Maidstone and Tunbridge Wells NHS Trust

Trust Board Meeting ('Part 1') - Formal meeting, which is open to members of the public (to observe)

28 November 2019, 09:45 to 13:00
Pentecost / South Rooms, Academic Centre, Maidstone Hospital

Agenda

11-1
To receive apologies for absence

David Highton

11-2
To declare interests relevant to agenda items

David Highton

11-3
To approve the minutes of the 'Part 1' meeting on 31st October 2019

David Highton

Board minutes 31.10.19 (Part 1).pdf (8 pages)

11-4
To note progress with previous actions

David Highton

Board actions log (Part 1).pdf (2 pages)

11-5
Safety moment

Claire O'Brien / Peter Maskell

Safety Moment for Trust Board November 19 v1.pdf (5 pages)

11-6
Report from the Chair of the Trust Board

David Highton

Chair's report.pdf (1 pages)

11-7
Report from the Chief Executive

Miles Scott

Chief Executive's report (Nov 2019).pdf (2 pages)

Patient experience

11-8
A patient's experience of the Trust's services

N.B. A patient and/or their relative will attend for this item

Claire O'Brien & colleagues

11-9
Integrated Performance Report for October 2019

Miles Scott

IPR month 7.pdf (62 pages)

11-9.1
Safe (incl. planned and actual ward staffing for October 2019)

Claire O'Brien

11-9.2
Safe (infection control)

Sara Mumford

11-9.3
Effective

Peter Maskell

11-9.4
Caring

Claire O'Brien

11-9.5
Responsive

Sean Briggs

11-9.6
Well-Led (finance)

Steve Orpin

11-9.7
Well-Led (workforce)

Simon Hart

11-10
Proposals regarding the Board Assurance Framework 2019/20

Kevin Rowan

BAF proposals.pdf (1 pages)

Assurance and policy

11-11
7 Day Services board assurance self-assessment

Peter Maskell

7DS Board Assurance Self assessment.pdf (33 pages)

11-12
Ratification of Standing Orders, Standing Financial Instructions & Reservation of Powers and Scheme of Delegation (annual review)

Kevin Rowan

Ratification of revised SFIs and RoP & SoD.pdf (2 pages)

Reports from Trust Board sub-committees

11-13
Charitable Funds Committee, 29/10/18 (incl. approval of revised Terms of Reference and approval of the Annual Report & Accounts of the Charitable Fund, 2018/19)

David Morgan

Summary report from the Charitable Funds Cttee, 29.10.19 (incl. revised ToR and ARA 2018-19).pdf (39 pages)

11-14
Audit and Governance Committee, 05/11/19 (incl. approval of revised Terms of Reference)

David Morgan

Summary of Audit and Governance Cttee, 05.11.19 (incl. revised ToR).pdf (9 pages)

11-15
Quality Committee, 13/11/19

Sarah Dunnett

Summary of Quality C'ttee, 13.11.19.pdf (1 pages)

11-16
Finance and Performance Committee, 26/11/19 (incl. Quarterly progress update on Procurement Transformation Plan)

Steve Orpin / Neil Griffiths

Summary of Finance and Performance C'ttee 26.11.19 (final).pdf (1 pages)

FPC, 26.11.19 - Quarterly progress update on the PTP.pdf (8 pages)

11-17
To consider any other business

David Highton

11-18
To receive any questions from members of the public

David Highton

11-19
To approve the motion (to enable the 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

David Highton

Date of next meeting: 19th December 2019, 9.45am, Lecture Rooms 1 and 2, The Education Centre, Tunbridge Wells Hospital

MINUTES OF THE TRUST BOARD MEETING ('PART 1') HELD ON THURSDAY 31st OCTOBER 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)
	Peter Maskell	Medical Director	(PM)
	David Morgan	Non-Executive Director	(DM)
	Claire O'Brien	Chief Nurse	(COB)
	Steve Orpin	Chief Finance Officer	(SO)
	Emma Pettitt-Mitchell	Non-Executive Director	(EPM)
	Miles Scott	Chief Executive	(MS)
In attendance:	Karen Cox	Associate Non-Executive Director	(KC)
	Simon Hart	Director of Workforce	(SH)
	Amanjit Jhund	Director of Strategy, Planning & Partnerships	(AJ)
	Sara Mumford	Director of Infection Prevention and Control	(SM)
	Kevin Rowan	Trust Secretary	(KR)
	Christian Lippiatt	Freedom to Speak Up Guardian (for item 10-14)	(CL)
	Lindsey Reynolds	Lead Cancer Clinician (for part of item 10-8 – refer to the minute for details)	(LR)
	Katrina Sigston	Lead Practitioner, PreOperative Assessment (for part of item 10-8 – refer to the minute for details)	(KS)
	Frances Staples	Lead Practitioner, PreOperative Assessment (for part of item 10-8 – refer to the minute for details)	(FS)
Observing:	Alex Davies	Principal Clinical Scientist, Radiotherapy Physics, Maidstone and Tunbridge Wells NHS Trust	(AD)
	Gina Baines	Assistant Trust Secretary, Kent Community Health NHS Foundation Trust	(GB)
	Louise Thatcher	Inspector, the Care Quality Commission (CQC)	(LT)

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

10-1 To receive apologies for absence

There were no apologies but it was noted that Selina Gerard Sharp (SGS), NExT Director, would not be in attendance.

10-2 To declare interests relevant to agenda items

DH declared that he remained the interim chair of the Kent and Medway Sustainability and Transformation Partnership (STP).

10-3 To approve the minutes of the 'Part 1' meeting of 26th September 2019

The minutes were approved as a true and accurate record of the meeting, subject to the correction of the omission of DM from the list of those who were "Present".

Action: Amend the minutes of the 'Part 1' meeting of 26th September 2019 to reflect the approved correction (Trust Secretary, October 2019 onwards)

10-4 To note progress with previous actions (incl. proposed amendment to the Workforce Committee's Terms of Reference)

The circulated report was noted. The following action was discussed in detail:

- **09-19b ("Consider the appropriateness of the reporting arrangements/parent committee for the Health and Safety Committee")**. KR highlighted the Trust Board was asked approve to an amendment to the Workforce Committee's Terms of Reference (which were enclosed in Appendix 1) to make the Health and Safety Committee a sub-committee. The proposed amendment was duly approved as submitted.

10-5 Safety moment

COB referred to the relevant attachment and highlighted the key points therein, which included the plans to align children's and adults' safeguarding; the emphasis on encouraging staff to "think family"; and the work taking place regarding Deprivation of Liberty Safeguards (DoLS) (which included acknowledgement that the national DoLS framework was due to change in the future). COB also highlighted the work taking place in relation to the Mental Capacity Act (MCA) compliance. PM added that a medical lead had now been identified for MCA and safeguarding adults and the individual concerned would take up the post in the near future.

10-6 Report from the Chair of the Trust Board

DH reported that he was pleased to see the number of consultant appointments that had been made over the last month, which was probably the largest number he had been able to include in his monthly reports. DH added that he hoped that the success reflected that the Trust was a more attractive proposition for candidates. PM pointed out that the recruitment had been in areas that had been traditionally hard to recruit, which supported DH's hope.

DH also reported that the Trust was currently recruiting an Associate Non-Executive Director, and 16 applications had been received, 10 of which were very strong. DH added that interviews would be held on 07/11/19.

10-7 Report from the Chief Executive

MS referred to the relevant attachment and highlighted the following points:

- One of the PRIDE values that was discussed less often by the Trust Board was "Innovation", but the report contained a number of examples of innovative care, including Kangaroo Care; the rainbow crossing (which had been suggested by one of the Trust's porters); the virtual clinics in ophthalmology; and the Healthcare Financial Management Association (HFMA) award from the costing team. The presentation on the "MyPreOp" that would be given under item 10-8 was also important in that regard
- MS had discussed with SO the need to promote the idea that "innovation" was not 'invention', and implementing best practice at the Trust should be considered to be innovative

10-8 The implementation of the "MyPreOp" system

DH welcomed LR, KS and FS to the meeting. FS then gave a presentation that covered "The case for change"; "The benefits of a digital online assessment"; "The change process"; "The increase in patient flow"; "Issues going forward" (which included the large backlog in Trauma & Orthopaedics, the inadequacy of the screening undertaken in primary care before referral, the obesity epidemic, and the problems with space for the pre-assessment clinics); and "Would we go back?" (which included that the initiative had saved hundreds of pre-operative assessment appointment slots).

FS then opined that the Trust was missing an opportunity to extend the pre-operative service into peri-operative assessment, to ensure there was appropriate follow-up for patients, and avoid them from returning to the Trust under the care of medicine. FS added that the Trust's foundations were strong, based on her own observations & attendance at conferences, but investment was needed.

MS stated that FS had been typically modest about the fact that the Trust had the largest uptake of the "MyPreOp" system in the country. MS also asked that thanks be conveyed to all members of the team, particularly for the 'double-running' that had to be undertaken during the implementation.

MS then noted that his visit to see FS and her team had highlighted the use of printer-produced documentation and asked whether there was a plan to reduce that. FS confirmed there would be

no reason to print the MyPreOp documentation when the Sunrise Electronic Patient Record (EPR) was introduced.

MS also asked about the extent of the need to re-swob patients, but it was noted that the situation. had now been resolved.

DH then asked whether the content of the “issues” slide had indicated a need for more engagement with other departments. LR explained the actions that had been taken to engage with others but emphasised that the situation was such that there was a desperate need for change. KS added further details in relation to the engagement with the outpatients service, whilst LR explained the application of the Plan, Do, Study, Act (PDSA) methodology.

FS was then presented with some flowers, as a token of appreciation for her contribution to the Trust over the past several years (it was noted that FS would retire from the Trust at the end of that day). COB added that FS would be sorely missed. FS thanked the Trust Board for the opportunity to deliver the presentation but pointed out that a request had been made to implement the MyPreOp system three years ago.

[N.B. LR, KS and FS left the meeting at this point]

SDu noted FS’ comment regarding her previous request to implement the MyPreOp system and asked whether other, similar, requests had been made but not implemented i.e. what framework was in place to listen to, and consider, such ideas. MS replied that the key issue was to avoid creating a ‘bottle neck’ for decision-making by Members of the Executive Team, but to stimulate those with innovative ideas to implement these directly. MS asked AJ to comment on how this had been reflected in the business planning process for 2020/21. AJ explained the approach and added that he had been very pleased with the engagement of the Clinical Directorates, who had undertaken far more preparation than AJ had previously seen. SB added similar sentiments, whilst SO highlighted that one of the aspects that had tried to be emphasised over the past 18 months was for Directorates/Divisions to be ambitious and identify the support that was needed to achieve an outcome, rather than restricting ideas by presuming that barriers (including funding) would exist to implementation.

PM also noted that the Trust had an Innovations Committee, which was being re-invigorated, and an Interventional Procedures Committee (although that was focused on surgical procedures), and although there were likely to be many staff who had felt that their innovation had been constrained, the constraint was likely to be related to change management. PM added that the Chief of Service for Surgery was, for example, actively trying to establish a peri-operative team.

MC observed that it felt counterintuitive to have the word “committee” in the name of the “Innovations Committee”. MC also opined that the Trust needed to work with primary care to improve pre-referral assessment and she hoped that would be facilitated via the STP. The points were acknowledged.

KC asked how innovations aligned with the Trust’s priorities. SO stated that many new ideas were put forward that gave detailed information of costs, but scant detail of the benefits that would be delivered as a result, so further action was therefore required in that regard.

DM remarked that the largest issue with innovation was unintended consequences, and described a mentoring scheme he had experienced during his contact with a science and technology college. DM explained that the scheme advised those with ideas, to help them navigate through the system and avoid unintended consequences. DH acknowledged the validity of the point. MS add that he had some thoughts on the matter and agreed to discuss these with DM outside of the meeting.

Integrated Performance Report

10-9 Integrated Performance Report for September 2019

MS referred to the relevant attachment and highlighted that comments continued to be welcome in terms of the revised format.

10-9.1 Safe Infection Control

SM referred to the relevant attachment and highlighted the latest position for Clostridium difficile and gram negative bacteraemia infections.

10-9.2 Safe (incl. planned and actual ward staffing for September 2019)

COB referred to the relevant attachment and highlighted the latest position on patient falls, Serious Incidents (SIs) and Duty of Candour compliance. COB then referred to the "Safe Staffing" section and highlighted the key points therein, which included that the recently-recruited overseas nurses were currently working on supernumerary terms, but COB believed they had contributed to the reduced demand for temporary nursing staff.

DH noted that there had started to be a delay in obtaining slots for objective structured clinical examination (OSCE) places for overseas staff. COB confirmed that the identification of such slots had been challenging and there had been some resulting delays.

10-9.3 Effective (mortality)

PM referred to the relevant attachment and highlighted that the Hospital Standardised Mortality Ratio (HSMR) remained low, whilst the latest Summary Hospital-level Mortality Indicator (SHMI) data, which had been published on 29/10/19, showed an increase to 104.2, although this was still "as expected". PM added that he would ask the Mortality Surveillance Group to investigate the reasons for the increase.

PM then highlighted the latest position for emergency readmissions; noted the status of the Trust's newly introduced quality governance arrangements; and explained the reasons for the reduction in performance on stroke care, which included the recent non-submission of data to the Sentinel Stroke National Audit Programme (SSNAP). PM added that the transfer of the stroke service from Tunbridge Wells Hospital (TWH) to Maidstone Hospital (MH) was likely to continue to adversely affect performance on the stroke metrics, as the service was no longer providing seven-day consultant cover. DH asked for the reasons for the latter and PM explained. MS stated that the service was transferred in order to increase the level of cover (although the staffing issues had been mainly related to thrombolysis nurses) so further explanation was required as to why the Trust had deteriorated on a clinical Key Performance Indicator. PM elaborated on the reasons for the deterioration and emphasised that it had been known that the transfer would not provide the same level of medical cover, but the transfer had been made because of the nurse staffing challenges. PM added that a member of the medical staff had left independently of the transfer. MS asked PM what cover was available during the weekends when a stroke physician was not covering the service and PM gave assurance regarding the arrangements. PM also noted that the stroke service at MH had not previously offered seven-day consultant cover, so the transfer had actually improved the level of cover at MH.

DH noted that the full implementation of the joint Clinical Commissioning Groups decision, in February 2019, regarding the Hyper Acute Stroke Unit (HASU) at MH had been delayed until some Judicial Reviews of the had been heard. DH continued that the Reviews were due to be heard in the first week of December 2019, and the Trust was therefore unable to proceed with implementing the HASU until the Reviews had been concluded. PM confirmed that was the case and added that the Trust had been told it could not appoint any stroke consultants to the new service, to avoid disadvantaging other local organisations.

SB then commended all of the staff that had been involved in the transfer of the stroke service from TWH to MH.

10-9.4 Effective

This was covered under item 10-9.3.

10-9.5 Caring

COB referred to the relevant attachment and highlighted the latest position in relation to complaints and the Friends and Family Test (FFT).

10-9.6 Responsive

SB referred to the relevant attachment and highlighted the latest position in relation to the two-week, 31-day and 62-day Cancer waiting time targets, all three of which had been achieved for the first time in several years. SB also highlighted the problems that had been experienced by receiving delayed cancer referrals from neighbouring Trusts.

SB then reported the latest position in relation to the A&E 4-hour waiting time target and ambulance handover performance. SDu asked for clarification that ambulance attendances had increased by 20% in September, which was higher than the overall increase in attendances, and asked whether any work had been undertaken to understand the reasons why i.e. was it related to patient choice once they were in the ambulance. SB confirmed the increase and stated that there was no definitive reason, but MS clarified that ambulances had clear protocols in relation to which hospital they transferred patients to (i.e. patients did not have a choice), so the increase was likely to reflect the increased ambulance capacity that South East Coast Ambulance Service NHS Foundation Trust now had.

SB then continued and reported the latest position regarding Referral to Treatment (RTT) waiting time target performance, noting that the two main challenges were outpatients and access to the £3m risk reserve that the Trust had understood it would receive to deliver the 86.7% trajectory.

10-9.7 Well-Led (workforce)

SH referred to the relevant attachment and highlighted the latest position in relation to sickness absence and the flu vaccination campaign. SH added that the latter had been hampered by the batch delivery approach, as the Trust had now used all its current stock, whilst the Commissioning for Quality and Innovation (CQUIN) target was 80%, which was higher than the 78% that had been achieved for the last campaign.

SH then reported the latest position on recruitment, including the overseas nursing recruits, and noted that the Trust was on course to achieve its recruitment target. EPM added that the overseas recruitment had been explored in detail by the Workforce Committee.

SDu asked how the overseas nurses had been received by patients. COB stated that although the views of staff would soon be canvassed, the Trust had no plans to ask patients, but no negative feedback had been received to date. COB added that a group induction was being held that day and the recruitment had gone very well thus far. PM stated that he had had a great experience working with the overseas nurses on the ward and had found them to be incredibly competent.

10-9.8 Well-Led (finance)

SO referred to the relevant attachment and highlighted the latest financial performance, including the position on cash, Cost Improvement Programme (CIP) delivery and capital, which included the Trust's potential for securing funds to replace older clinical equipment, including a CT scanner, and the outcome of the Trust's bid for funding for Electronic Prescribing and Medicines Administration (EPMA), for which the Trust had been notified that it would be allocated £1.25m. SO added that the Trust was awaiting confirmation that the £6.4m of cash carried forward from 2018/19 would be granted Capital Resource Limit (CRL) coverage, to enable this to be spent on capital schemes during 2019/20. DH asked whether SO was confident that any capital funds received would be able to be spent by the end of March 2020. SO confirmed he was confident.

Quality items

10-10 Annual Report from the Director of Infection Prevention and Control (including Trust Board annual refresher training)

SM referred to the relevant attachment and highlighted the key points therein, which included that the format had been amended to mirror the compliance requirements of the 'Hygiene Code'. SM added that Clostridium difficile had been re-designated as "Clostridioides difficile", but the term "cdiff" would continue to be used.

SM also noted that the report referred to the "fingertips" website operated by Public Health England, which contained a wealth of information on comparative infection-related performance.

SM then referred to the "What the Board needs to know in order to fulfil its responsibilities in respect of Infection Prevention and Control" section, which represented the Trust Board's annual refresher training, and highlighted the key points therein, which included confirmation of the Trust's compliance with the Hygiene Code.

SM then concluded by highlighting the three key national priorities for Infection Prevention and Control: antimicrobial resistance, to reduce healthcare associated gram negative bloodstream infections by 50% by 2020/21; and the apportionment of c.diff infections.

Planning and strategy

10-11 The Winter Plan

SB referred to the relevant attachment and highlighted the key points therein, which included the mitigating actions to reduce the risk arising from the shortfall between the expected demand for inpatient beds and the available capacity. SB added that it was good to see the Chief of Service for Surgery involved in the daily "huddles". SB also highlighted the focus that would be placed on staff welfare. NG added that the winter plan had been discussed at the Finance and Performance Committee meeting on 29/10/19 and it had been recognised that the plan was based on the successful plan from the previous winter.

SDu noted that the mitigating actions still resulted in a shortfall of circa 40 inpatient beds so asked what would happen in a worst case scenario. SB explained the approach, which included the application of the Trust's escalation plan. MS pointed out that over the 26-weeks of the plan, the third largest gap in capacity was projected to occur in that current week, and although the Trust was not delivering the A&E 4-hour waiting time target that week, that context should be borne in mind. The point was acknowledged.

10-12 Update on the West Kent Integrated Care Partnership (ICP)

AJ referred to the relevant attachment and highlighted the key issues under the three main themes of engagement, population health management and governance. On the latter point, AJ emphasised that the West Kent Improvement Board would be replaced by a West Kent Development ICP Board. DH noted that the ICP would evolve over the next 18 months.

Assurance

10-13 Update from the Senior Information Risk Owner (SIRO) (incl. the current position on the Data Security and Protection Toolkit for 2019/20)

COB referred to the relevant attachment and highlighted the following points:

- The Information Governance Committee, which COB chaired, had the delegated responsibility for oversight of information governance
- "NHSX" now acted as the single voice for matters of cross-system Information Governance policy making and advice
- The Trust Board would see further details of the Trust's Data Security and Protection Toolkit when it was asked to approve the submission later in the year

DH asked whether Internal Audit reviewed the Data Security and Protection Toolkit submission before or after it was submitted. COB confirmed the review took place before the submission.

MS asked COB for her judgement on the areas in need of improvement. COB stated that there needed to be continued discipline in ensuring computer screens were locked, that patient records were kept secure, and that whiteboards in clinical areas were used appropriately (with information only recorded on a 'need to know' basis). COB added that there were also issues in relation to hard copy handover sheets, to ensure these were not mislaid. COB also stated that there was a need to engage people in the process and the Trust's Head of Information Governance was very good at such engagement.

10-14 Quarterly report from the Freedom to Speak Up Guardian

CL referred to the relevant attachment, the format of which had been revised since the previous report, and highlighted the key points therein, which included that the main theme of the concerns raised continued to be bullying and harassment. CL elaborated on the intricacies involved in handling bullying and harassment cases, and his support for the Trust adopting a shift in its approach from relying on whether there was irrefutable evidence of wrongdoing from recognition that an individual or team had been significantly affected by another person's behaviour.

CL then elaborated on the challenges he faced in meeting the demands of the Freedom to Speak Up Guardian role, given his paid role as Head of Occupational Health, and stated that he was reluctant to promote the Guardian role further, as if he was then unable to meet the needs of any increased demand, staff may be deterred from raising concerns in the future. CL added that the plan to allow him to devote more time to the Guardian role by increasing the resource within the Occupational Health department had not been successful.

CL then referred to the "Data Collection; Concerns Raised" section on page 4 of 4 and acknowledged that he had omitted to add the latest months' data to the first table.

DH referred to CL's comments regarding the demands on his time and asked whether other Trusts had more than one Freedom to Speak Up Guardian. CL replied that some Trusts employed Guardians in a sole role, either on a full-or part-time basis.

SO asked how the Trust's Freedom to Speak data compared to others. CL confirmed that comparative data was available but reflected the extent of each Trust's Guardian's role. SO also noted the limitations on CL's time but asked whether CL thought the Trust Board should consider how the overall Freedom to Speak support capacity could be increased. SDu stated that it was clear from CL's report that the function was being under-resourced and the Trust's approach appeared to be sub-optimal. SDu suggested that the issue be considered as part of the cultural and leadership review that was underway. MS instead stated that he would like to consider SDu's point along with a suggestion that had been made via the change Team that a PALS-type service for staff should be introduced.

MC noted that she and SH had discussed the resourcing of the Freedom to Speak function, but noted her concerns at the bullying and harassment points being raised, so confirmed that she supported the approach proposed by CL. SH confirmed there had been some discussions regarding the adoption of a less adversarial route to the formal grievance process.

DH then concluded the item by accepting MS' offer to explore the resourcing issue further via the Executive Team, but emphasised the need to be mindful of the core reason for having the Freedom to Speak Up Guardian role, which was to enable concerns regarding patient safety to be raised. The point was acknowledged.

Action: Consider, with the Executive Team, the points made at the Trust Board meeting on 31/10/19 regarding the resourcing of the Trust's Freedom to Speak Up Guardian (Chief Executive, October 2019 onwards)

Reports from Trust Board sub-committees

10-15 Workforce Committee, 26/09/19

The circulated report was noted.

10-16 Quality Committee, 03/10/19

The circulated report was noted. Questions were invited. None were received.

10-17 Finance and Performance Committee, 29/10/19

NG referred to the relevant attachment and highlighted the key points therein. Questions were invited. None were received.

10-18 Charitable Funds Committee, 29/10/18

DM confirmed that a written report would be submitted to the Trust Board meeting in November, but the key issues from the meeting were the agreement of revised Terms of Reference and agreement of the Charitable Fund Annual Report and Accounts for 2018/19.

10-19 To consider any other business

No other business was raised.

10-20 To receive any questions from members of the public (please note that questions should relate to one of the agenda items)

No questions were posed.

10-21 To approve the motion (to enable the Trust Board to convene its 'Part 2' meeting) that in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest

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

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]
10-14	Consider, with the Executive Team, the points made at the Trust Board meeting on 31/10/19 regarding the resourcing of the Trust's Freedom to Speak Up Guardian	Chief Executive	October 2019 onwards	The resourcing has been discussed with the Director of Workforce, who has agreed to submit a response to the issues raised at the Trust Board meeting to the Executive Team Meeting on 03/12/19

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
09-10	Consider how the Trust Board's sub-committees could be more directly involved in the oversight of the Board Assurance Framework (and the objectives therein)	Trust Secretary	November 2019	A meeting was held with the Non-Executive Director who raised the issue at the Trust Board meeting and some proposals were agreed. These were then discussed with the Chair of the Trust Board and submitted to the Audit and Governance Committee on 05/11/19. The Committee supported the proposals so these have now been submitted to the Trust Board on 29/11/19 under a separate agenda item.
09-19a	Compare the reported number of manual handling-related staff incidents with the number of manual handling-related Occupational Health referrals	Risk and Compliance Manager	November 2019	Discussion with the Head of Occupational Health led to an expectation that there would be limited crossover of reported cases, as some incidents only involve a very short lived injury that does not require Occupational Health input; whilst musculoskeletal problems may not have resulted from incidents. Review of the data supports this expectation. Of the seven work-related musculoskeletal / accident at work Occupational Health attendances since April 2019, two were reported as incidents on Datix this year. These were both Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reportable

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

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
				accidents at work (one trip and one slip). The other five were all musculoskeletal and only one incident report could be found on Datix (from October 2017) which was potentially linked, as the 2019 Occupational Health attendance was associated with a 'previous back injury at work'. The 28 musculoskeletal incidents (not all of which were injuries) that have been reported this year have been cross-referenced to Occupational Health attendances but no link has been identified. In conclusion, the staff that have experienced musculoskeletal incidents since April 2019 have not attended Occupational Health, and those that have attended Occupational Health have, generally, not completed an incident report. However, as noted above, this is in accordance with expectations.
10-3	Amend the minutes of the 'Part 1' meeting of 26th September 2019 to reflect the approved correction	Trust Secretary	November 2019	The minutes were amended

Actions not yet due (and still 'open')

Ref.	Action	Person responsible	Original timescale	Progress
N/A	N/A	N/A	N/A	N/A
				N/A

NHS Maidstone and Tunbridge Wells NHS Trust

Safety moment **Chief Nurse / Medical Director**

The Safety Moment for November has been focussed around the importance of Incident Reporting.

The enclosed report contains a summary of the key messages that have been shared each week.

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

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

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

The Safety Moment for November has been focussed around the importance of Incident Reporting.

A summary of the key messages that have been shared each week have been as follows:

Week One 01/11/19

Incident Reporting and Learning: What is an incident? What is a near miss?

What is an incident? - Any unintended or unexpected event that can;
- lead to death, disability, injury, disease or suffering to our patients, staff or members of public including theft or damage to personal property
- affects the services the Trust runs, the management of services, targets, budgets, assets or equipment, including security incidents
-

Why report an incident? - The reporting of incidents informs us as to what has happened.
Incident reporting is an essential management tool for the Patient Safety and Health and Safety Teams. Without this information we would not know what is happening to our patients or staff and we are unable to identify themes and trends across the Trust. Reporting helps make the Trust safer for our patients, for you and for our colleagues. Every incident reported and investigated could prevent another incident from occurring.

What is a Near Miss? - Any situation that could have resulted in an accident, injury or illness but did not, due to chance or timely intervention by another.

Why report a Near Miss? - Reporting, investigation and learning from a near miss can reduce the potential for an incident to occur. It is estimated that 10 reported near misses will result in 1 incident.

What should be reported? - EVERYTHING!
Every incident should be reported in accordance with the Trust incident reporting policy and procedure. Reports should be made as soon as possible following the incident occurring. There is a legal requirement to report ALL incidents. Some incidents have the potential to become Complaints or result in a Claim.

Policy and Procedures - For further information on Incident Investigation please refer to the Incident Management Policy and Procedure

Week Two 08/11/2019
Importance of reporting
NHS England and Improvement state that incident reporting allows us to:
- Work out what has gone wrong and why it has gone wrong
- Put learning in place and;
- Take action to reduce the risk of occurrence

Incident reporting allows timely learning and action to be put into place to proactively prevent and reduce the risk of the incident occurring again.
We can only fully understand and act on procedures and practices that contribute to incidents if we identify and find out:
- What went wrong – the incident report
- How it went wrong – the incident investigation, root cause and learning
- Why it went wrong – Care and Service Delivery Issues identified

What is the value in reporting?
For our Patients:
- Reduces harm
- Reduces potential increase in length of stay
- Reduces potential of further falls, pressure damage and hospital acquired infections
- Our patients feel safe and their families feel confident in leaving them in a safe environment

For our Staff:
- Reduces workplace accidents
- Reduces staff sickness and work related stress
- Promotes a safe place to work
- Our staff feel listened to and valued for raising concerns
- Positive effect on workers awareness and knowledge

For the Trust:
- Good Reputation
- Harm Free Trust
- Demonstrates a proactive response to incident reporting which aims to improve our CQC inspection outcomes

Promotes a safe place to work
- Reduced costs – sickness, claims

If we have a reputation as being a safe Trust, in turn we have happy and contented staff and patients will choose to receive their care with us which in turns increases activity.

Enables us to triangulate incidents with complaints and claims.
- Early identification
- Easier to respond to complaints
- Potential early identification of claims reduces costs and enables a good defence

Week Three 15/11/2019

How to report – What needs to be reported?

Staff were reminded of how they can report incidents in the Trust. In MTW we use a system called Datix which is accessed through the Intranet home page. Staff were given some practical tips as to how the incident form should be completed. The initial reporting of the incident is the start of the story – and should set out what has happened. Here are some of the tips that were given to our staff:

Please ensure names are not used within the incident description – refer to the people involved as patient, staff member or job title, or person affected.

Stick to the facts of what happened. Use the “beginning, middle, and end” model for your description; describe what was happening immediately before the incident, how the incident happened and what the outcome was.

Please do not use abbreviations as they mean different things to different people. Use layman’s terms where possible as the incidents are not always read by people with a clinical knowledge. Please do not use all capital letters.

Type of Incident:
- Patient Incidents
- An unintended or unexpected event that affected a patient, that led to or could have led to death, disability, injury, disease or suffering.
- Staff incidents
- An unintended or unexpected event that affected a member of staff, that led to or could have led to death, disability, injury, disease or suffering, including theft or damage to personal property.
- Trust Incidents
- An unintended or unexpected event that affected the services the Trust runs, the management of services, targets, budgets, assets or equipment, including security incidents.
- Public Incidents i.e. visitors, contractors, members of the public

- An unintended or unexpected event that affected someone other than staff or patients, that led to or could have led to death, disability, injury, disease or suffering, including theft or damage to personal property.

Additional information for reporting
Report any immediate actions taken which can include any treatment given to the person affected, and what was done to deal with the immediate cause of the incident.

Describe the actual Severity of Harm. This is the **actual** harm to patient at the time of the incident. If the immediate outcome is no obvious harm or near miss the severity of harm would be no harm. Please note that if an incident has an outcome which is serious or has resulted in death this must be flagged up with your immediate Matron / Manager and also to the Patient Safety Team and Risk Team immediately.

Week Four 22/11/2019

Learning Lessons

It is estimated that 1:10 patients in health care sustain harm that is potentially avoidable. Often these incidents highlight system errors that were not appreciated at the time of the event.
Investigation results in the identification of these system errors and the generation of solutions to prevent future incidents.

What do we mean by lesson learned?
Knowledge and understanding gained from experiences that should be taken into account for future actions. Instead of looking at human error look at the systems and processes behind the error and reflect on actions taken.

Why is it important to learn lessons?
When thinking about making changes in your departments, it might be beneficial to spend some time learning from past experiences. This will enable you to maximise and build on previous successes and avoid repeating previous mistakes. Sharing and implementing these lessons ultimately improves patient safety.

How do we learn lessons?
- By creating an open and honest environment within the trust – move away from blame
- Work together – person, team, directorate and trust to all take accountability
- It's about fact and learning, not judgement
- Share with your colleagues when things go right
- Knowledge can sometimes become 'trapped' within departments – share with the trust when changes have led to improvements
- Patient safety should be embedded as a core purpose, not just responding when things go wrong
-

Share - Learn - Action for improvement

Week Five 29/11/19

During this week we have been focussing on how we support a Just Culture and Accountability

MTW Staff Survey for 2018	
My organisation treats staff who are involved in an error, near miss or incident fairly	54.7% agreed / strongly agreed
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again	68.1% agreed / strongly agreed
We are given feedback about changes made in response to reported	54.9% agreed / strongly agreed

MTW Staff Survey for 2018	
errors, near misses and incidents	
I would feel secure raising concerns about unsafe clinical practice	67.0% agreed / strongly agreed
The last time you saw an error, near miss or incident that could have hurt staff or patients / service users, did you or a colleague report it?	95.4% reported observing at least one error, near miss or incident in the last month.

What do we mean by a 'Just Culture?'

- Speaking up for safety when we recognise unsafe actions
- Engage in reporting incidents, investigation and learning
- Focus on behaviours and safety
- Inspire vision and re-inforce change

What do we mean by 'Accountability?'

- Move away from blame
- Openness – incident investigations to include everyone
- Work together collectively each person, team, Directorate and Trust to take accountability
- We are not about judgement it's about fact and learning
- Engagement with staff to accept responsibility

To enable the Trust to achieve a Just Culture we need to think about the reasoning behind why we do not report incidents, and how can we change this way of thinking.

Think about why you do not report an incident
Reporting process too complicated?
Incident was not preventable?
No major patient consequences?
Fear of negative responses?

Think about why you should report an incident
It is my duty to do so
There is a policy in place to report incidents
Value learning from the incident
Want to be involved in the safe practice of our staff, patients and visitors

Working together
We need to work together to monitor, review and re-evaluate all that we do to ensure that we are carrying out the best work that we do.
We all need to engage in the process by showing that we are willing to learn from the errors that we make and not find blame in what has happened.
By taking responsibility we will be able to prevent the error from happening again

Next time there is an incident in your department think about;
What went well?
What went wrong?
What support can I provide?
What areas can be improved upon?
What is the next step?
What would you do differently?

The December Patient Safety Calendar is Learning Disability Awareness

Report from the Chair of the Trust Board **Chair of the Trust Board**

Associate Non-Executive Directors appointments
Two further Associate Non-Executive Directors have been appointed to the Trust Board, from 21/11/19. Jo Webber has been appointed for a four-year term, whilst Richard Finn has been appointed on a three-year term.

Jo is currently Chair of In Control, a national charity working for an inclusive society supporting people with disabilities to live independently, having graduated from Surrey University with a BSc (Hons) in Human Biology. Jo is also a Registered General Nurse (RGN) with a specialist District Nursing qualification, and has a Masters degree in Primary Health Care. She held board level operational and clinical management posts in Community Health and Primary Care Trusts in Nottingham before moving to the NHS Confederation in 2004, where she worked for eight years analysing the impact of new health policy on health and social care and working nationally to influence its development and delivery. Jo was also a Trustee of the Burdett Trust for Nursing for nine years, giving grants to support nursing research and leadership development.

Richard is currently Managing Director of Richard Finn Ltd, an international management consultancy, where he specialises in providing advice on change, organisation development, governance and leadership. Previously he was a Managing Director at Penna PLC, a Director at Crane Davies and Marketing Director at Henley Distance Learning, a division of Henley Management College. Richard has a London BSC(Econ) and Cert Ed (FE), an MA in Management from the University of Kent and C.Dir from the Institute of Directors. He has been a Fellow of the Chartered Institute of Personnel and Development, Institute of Directors and the Chartered Institute of Marketing. He is a member of the Kent Business Advisory Board and the Kent and Medway Economic Partnership Board, the Kent arm of the South East Local Enterprise Partnership (SELEP) Federation. Richard was Chairman of Kent Music from 2007 to 2017, is a member of the Nominations and Governance & Audit Committees of the Lord's Taverners, and as a Liveryman was Chairman of the Pro-Bono Committee of the Livery Company of Management Consultants.

Staff Star Awards 2019
I again had the privilege of presenting some of the awards at the very successful Staff Star Awards event on the evening of 15/11/19. Everyone involved in the event should feel proud of their contribution to the night and to the Trust in general, but I was particularly pleased to present the Chair's award to the joint winners of the Cytology Team at Maidstone Hospital and Ward 22 at Tunbridge Wells Hospital.

Consultant appointments
There have been no Advisory Appointment Committee meetings since my previous report to the Trust Board.

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

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

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

Report from the Chief Executive **Chief Executive**

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

1. We honoured colleagues from all areas of our hospitals at our annual Staff Stars and Long Service Awards this month. Our Staff Stars Awards marked the achievements of over 400 individuals and teams who have really made a difference to patient care, their service and hospital life. I was truly inspired by our winners' commitment, innovation and excellence to improve how we provide care to our patients. What really shone through was the enthusiasm and passion from our staff to deliver the very highest standards.

   Our Long Service Awards celebrated the commitment of our colleagues who have worked in the NHS for 30 years or more. I was delighted to be able to pay special tribute to Shirley Hollinshead, who has worked for the NHS for more than 50 years.

2. Wards across both hospitals have been enthusiastically taking part in our 10 Weeks of Christmas campaign aimed at improving how we care for our patients, ensuring they are cared for and treated quickly in the right bed. Each week there is a different focus with a range of prizes of grabs for the most improved unit. Thank you to all our staff for their efforts in supporting our drive to keep our hospitals running smoothly over the winter period.

3. I am pleased to confirm that we achieved the Two Week Wait (2ww) standard of 93% in September 2019 of ensuring patients with suspected cancer saw a specialist within the required timeframe. This is the first time we've hit this particular cancer standard since Sept. 2017. Thank you to our staff for working so hard to turn our cancer performance around.

4. We have launched our first ever dedicated Christmas charity appeal, which is raising money for our children's services. We're hoping to raise £30,000 over the next couple of months to help raise funds for specialist equipment for our younger patients. Anyone wishing to donate can do so by texting MTWKIDS to 70085.

5. I am delighted to announce that we have recruited to two Clinical Academic posts. Miss Karina Cox, a Consultant Breast and Oncoplastic Surgeon, and Dr Catherine Harper-Wynne, a Consultant Oncologist, both clinicians at MTW, were successfully appointed this month. They will be collaborating closely with the new Kent and Medway Medical School to develop the academic strategy, develop research programmes and deliver teaching in our hospitals.

6. Thank you to our staff who were involved in responding so effectively to a chemical incident, currently suspected to be a carbon monoxide leak, at an industrial unit in Maidstone. Staff across all departments worked quickly together to ensure we were prepared to receive potentially high numbers of casualties. The incident highlighted how robust and responsive our systems and processes are, and demonstrated the fantastic commitment of our staff to go the extra mile. Many of the people affected by the incident were treated at the scene and our hospitals received three patients for further assessments, who were subsequently discharged the same day.

7. Our Pathology directorate marked National Pathology Week, 4 – 8 November, with a series of events to celebrate the important contribution the services makes to patient care. Many staff participated in a behind-the-scenes tour of the cellular pathology laboratory and information stands were held in the main reception areas of both hospitals showcasing details about microbiology, blood sciences and pathology careers information.

8. The Occupational Therapy and Radiography teams also marked their national awareness days with a range of events including ward visits, cake sales and information displays promoting the vital work they do for patient care.

9. MTW had the honour of hosting a blood transfusion event this month for the South East Coast Regional Transfusion Committee. It was a special education day, which saw more than 70 delegates from across the region attend. Four members of MTW staff spoke at the event, which saw a range of educational and best practice topics covered.

10. My Executive colleagues and I were warmly welcomed recently by the senior leadership team at Western Sussex NHS Trust. The familiarisation visit was arranged as part of our goal to deliver excellent care and make MTW a great place to work, and was aligned to our ongoing Culture and Leadership programme. Western Sussex NHS Trust is an outstanding organisation and MTW has a clear ambition to be, and be recognised as, outstanding as well. Our team took away some key learning and great improvement ideas.

11. MTW welcomed NHS England's Improvement Team this month to see our groundbreaking Virtual Fracture Clinic in action. The team also visited our Sexual Health Services as part of their fact-finding mission.

12. Thank you to the Malling Lions Club for their donation of over £4,300 to our Kent Oncology Centre. The money raised will be used to help fund the cost of specialised radiotherapy equipment. The club made the donation in memory of former Lion, Gordon Turner, who sadly passed away in 2018 after frequent treatment at Maidstone Hospital.

13. Congratulations to our Security team who won a prestigious national award at the National Association of Healthcare Security. MTW picked up the Healthcare Security Team of the Year accolade, which recognised them for their excellent work with dementia patients, the quality of care they give and their knowledge and understanding of our patients.

14. I had the pleasure of presenting at Maidstone Hospital's League of Friends' annual seminar. It was fantastic to hear all the great work they've done this year in helping to raise funds to improve the patient experience. In the last 10 years, they've raised in excess of £2m – a fantastic achievement. A huge thank you to the League of Friends for all their support.

15. Congratulations to MTW's Emergency Laparotomy Team after being named as one of the top performing teams in the country in a recently published report. The latest results in the National Emergency Laparotomy Audit (NELA) report for the first quarter of 2019 puts MTW within the top 20 for performance out of 128 trusts. Within the top 20, the figures also show that the team at MTW was one of only two trusts to carry out over 60 laparotomies complying with national targets for best practice within this quarter, with many other organisations carrying out less than 10 of the procedures.

16. The Executive Directors and Chiefs of Service continue to meet weekly at Executive Team Meetings. Key areas of discussion over the past month have included:
    - Review and update on staff flu vaccination programme
    - Performance updates on cancer, Referral to Treatment (RTT) and Emergency Department
    - Update on development of West Kent Integrated Care Partnership and Kent & Medway Strategy Delivery Plan
    - Finance review and oversight
    - Discussions around additional staff welfare and wellbeing improvement projects
    - Review of our plan to become an Outstanding organisation
    - Shared learning and development of best practice in relation to Serious Incidents

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

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

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

Integrated Performance Report, October 2019	**Chief Executive / Members of the Executive Team**

Enclosed is Integrated Performance Report for month 7, 2019/20.

Which Committees have reviewed the information prior to Board submission?

- Finance and Performance Committee, 26/11/19 (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

NHS
Maidstone and Tunbridge Wells NHS Trust

Integrated Performance Report

October 2019

MTW
exceptional people, outstanding care

Maidstone and Tunbridge Wells NHS Trust

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Appendices (Page 17 onwards)

- Deep Dive into each CQC Domain
- Supporting dashboards for each CQC Domain
- Finance Report
- Safe Staffing Report

Scoring for Performance Wheel

Scoring within a Domain:

Each category within the Balanced scorecard is given an overall RAG rating based on the rating of the KPIs within the domain on a YTD basis that appear on the balance scorecard (below) :

Red = 3 or more red KPIs within the domain
Amber = 2 red KPI rating within the domain
Green = No reds and 2 amber or less within the domain

Overall Report Scoring:

Red = 4 or more red domains
Amber = Up to 3 red domains
Green = No reds and 3 or less amber domains

MTW exceptional people, outstanding care

Performance Wheel and Executive Summary

Previous Month (Sept-19)

Current Month (Oct-19)

2019/2020 Year to date

Executive Summary

The Trust has achieved the National Cancer 62 Day FDT Standard of 85% for two consecutive months. The Two Week Wait and 31 day FDT Standards were also achieved.

Nursing vacancies are being filled through local and overseas recruitment. This, along with normal levels of annual leave led to a significant increase in both the overall and nursing staff fill rate. There has been an improvement in the rate of Falls and SIs reported along with a significant improvement in complaints response times.

Activity levels remain below plan YTD and performance for the Referral to Treatment (RTT) standard has decreased to below trajectory in October at 82.76%. The non-admitted waiting list and backlog is showing an increasing trend for some key areas which is directly impacting on performance.

Achievement of the A&E 4 hour performance has been impacted by the continued high level of A&E Attendances and an increased admission rate, along with both Delayed Transfers of Care and Non-Elective average length of Stay (LOS) continuing to remain above plan. This resulted in there being less beds available for patients needing to be admitted to a bed from A&E and an increase in the use of escalated beds.

Performance Wheel and Executive Summary

Items for Escalation

- **C.Diff:** the number of cases of C.Diff decreased in October and continues to achieve the trajectory YTD.
- **E.Coli:** the number of cases of E.Coli is increasing to a high of 12 in October equating to a rate of 58.7 per 100,000 occupied beddays.
- **Falls:** Achieved the trajectory in October with no Serious Incidents relating to Falls.
- **Safe Staffing:** Nursing Safe Staffing fill rate increased significantly in October to 97.4% which is the highest level reported so far this year, above the average of last year and is above the target of 93.5%.
- **Stroke:** Performance against the metrics that constitute the Best Practice Tariff in August and September has been impacted by a combination of data completeness and validation, as well as annual and compassionate leave. The expectation is that compliance with the tariff will improve as the consultant stroke rota is fully filled along with improvements in the timeliness of data capture and validation.
- **Complaints:** Significant improvement in response times to 85.4%.
- **A&E Attendances:** are currently showing an annualised growth of 9.26%. October recorded the 3rd highest daily attendances ever.
- **A&E 4 hour Standard:** performance decreased further in October to a score of 88.89% against a trajectory target of 92.27%.
- **Referral to Treatment (RTT) Incomplete Pathway:** Performance decreased in October and is now below trajectory at 82.76%. The Trust Waiting List has decreased further to 29,846 but the backlog has increased to 5,064 due to the increase in the OP Backlog. The October position is still being validated and finalised therefore the performance may improve.
- **Cancer 2weeks (2ww):** Performance against the 2ww and 2ww breast symptoms has improved with both targets being achieved in September (93.1% and 98.2% respectively). October is also expected to achieve.
- **Cancer 62 Day:** Performance against this target has been achieved for two consecutive months (85.4% in September). However, this remains extremely challenging with October expected to be above 80% and close to the 85% target
- **Diagnostics Waiting Times <6 weeks:** Achieved the 99% national target at 99.3% for October.
- **Finance:** The Trusts surplus was £1.5m in October which was £0.2m better than forecasted however £1.3m adverse to plan. The Trust was £0.5m adverse against budgets and therefore did not achieve the requirement for PSF funding of £0.8m in October. The main pressures in the month related to overspending within Medical Staffing (£0.3m), higher than planned outsourcing of elective work (£0.8m), Private patient unit slippage (Net = £0.2m) , clinical income slippage (£0.1m) partly offset by release of £0.7m reserves, and £0.3m underspends within non-medical pay budgets.
- **Workforce (various):** Substantive recruitment has taken place and staffing fill rates have increased. Agency and bank usage decreased, reflecting the decrease in demand for temporary staffing. Short –term sickness levels increased which led to the sickness rate being above target. The staff turnover rate has increased slightly from 11.4% to 11.7% in October. Whilst the Vacancy Rate is improving month on month this still remains a key challenge for the Trust particularly for the Nursing Staff Group at 14.2%.

Summary Scorecard

Safe		Curr Month		Year to Date			Year End		Change on Prev Mth
ID	Key Performance Indicators	Plan	Actual	Prev Yr	Plan	Curr Yr	Plan	FOT	
S1	Rate C-Diff (Hospital only)	24.0	19.6	23.9	24.6	24.0	22.4	22.0	↑
S2	Number of cases C.Difficile (Hospital)	5	4	34	35	34	55	54	↑
S3	Number of cases MRSA (Hospital)	0	0	2	0	1	0	1	→
S4	Rate of E. Coli Bacteraemia	19.2	58.7	28.1	22.5	35.2	21.5	28.5	↘
S5	Rate of Hospital Pressure Ulcers	*0.90*	0.6	1.4	0.9	0.5	0.9	0.7	↗
S6	Rate of Total Patient Falls	*6.00*	5.33	*6.25*	6.00	6.11	*6.00*	6.00	↑
S7	Number of Never Events	*0*	0	1	0	1	0	1	→
S8	Number of New SIs in month	12	10	112	84	83	144	143	↑
S9	SIs not closed <60 Days Monthly Snapshot	24	25	-	24	25	24	24	↑
S10	Overall Safe staffing fill rate	93.5%	97.4%	96.7%	93.5%	94.4%	93.5%	94.4%	↑

Effective		Curr Month		Year to Date			Year End		Change on Prev Mth
ID	Key Performance Indicators	Plan	Actual	Prev Yr	Plan	Curr Yr	Plan	FOT	
E1	Hospital-level Mortality Indicator (SHMI)	Band 2	1.0412	1.0371	1.0371	1.0412	Band 2	Band 2	→
E2	Standardised Mortality HSMR	Lower conf <100	91.7	103.7	100.0	91.7	Lower conf	91.7	→
E3	% Total Readmissions	14.1%	15.0%	13.6%	14.1%	14.8%	14.1%	14.8%	↘
E4	Readmissions <30 days: Emergency	14.7%	15.7%	14.1%	14.7%	15.4%	14.7%	15.4%	↘
E5	Readmissions <30 days: Elective	6.9%	7.1%	7.1%	6.9%	7.6%	6.9%	7.6%	↗
E6	Stroke: Best Practice (BPT) Overall %	50.0%	36.5%	50.3%	50.0%	39.3%	50.0%	39.3%	↘
E7	% TIA <24hrs	60.0%	No data	82.7%	60.0%	56.8%	60.0%	56.8%	→
E8	Nat CQUIN: % Dementia Screening	90.0%	98.7%	99.8%	90.0%	92.8%	90.0%	92.8%	↗
E9	Nat CQUIN: % Dementia Risk Asssessed	90.0%	100.0%	89.3%	90.0%	94.9%	90.0%	94.9%	↗
E10	Nat CQUIN: % Dementia Referred to Specialist	90.0%	100.0%	98.3%	90.0%	98.9%	90.0%	98.9%	→

Caring		Curr Month		Year to Date			Year End		Change on Prev Mth
ID	Key Performance Indicators	Plan	Actual	Prev Yr	Plan	Curr Yr	Plan	FOT	
C1	Single Sex Accommodation Breaches	0	0	27	0	0	0	0	→
C2	Rate of New Complaints	3.92	2.93	2.16	2.95	2.40	2.93	2.61	↑
C3	% complaints responded to within target	75.0%	85.4%	65.3%	75.0%	62.0%	75.0%	67.6%	↑
C4	IP Resp Rate Recmd to Friends & Family	25.0%	8.0%	15.3%	25.0%	15.8%	25.0%	15.8%	↓
C5	IP Friends & Family (FFT) % Positive	95.0%	98.5%	94.2%	95.0%	95.2%	95.0%	95.2%	↗
C6	A&E Resp Rate Recmd to Friends & Family	15.0%	0.8%	4.2%	15.0%	9.6%	15.0%	9.6%	↓
C7	A&E Friends & Family (FFT) % Positive	87.0%	96.4%	91.4%	87.0%	87.5%	87.0%	87.5%	↑
C8	Mat Resp Rate Recmd to Friends & Family	25.0%	7.8%	18.2%	25.0%	24.8%	25.0%	24.8%	↓
C9	Maternity Combined FFT % Positive	95.0%	97.0%	95.0%	95.0%	94.5%	95.0%	94.5%	↗
C10	OP Friends & Family (FFT) % Positive	84.0%	82.3%	82.7%	84.0%	82.2%	84.0%	82.2%	↗

Responsive		Curr Month		Year to Date		Year End		Change on Prev Mth
ID	Key Performance Indicators	Plan	Actual	Prev Yr	Curr Yr	Plan	FOT	
R1	Emergency A&E 4hr Wait	92.3%	88.9%	92.8%	91.5%	91.7%	90.8%	↘
R2	Emergency A&E >12hr to Admission	0	0	2	0	0	0	→
R3	Ambulance Handover Delays >30mins	369	508	2267	3516	4428	5361	↑
R4	RTT Incomplete Pathway	86.4%	82.8%	80.7%	82.8%	86.7%	82.5%	↘
R5	RTT 52 Week Waiters (New in Month)	8	5	38	41	96	41	↗
R6	% Diagnostics Tests WTimes <6wks	99.0%	99.3%	99.5%	99.3%	99.0%	99.0%	↗
R7	Cancer two week wait	93.0%	93.1%	78.0%	93.1%	93.0%	93.1%	↗
R8	Cancer two week wait-Breast Symptoms	93.0%	98.2%	71.3%	98.2%	93.0%	98.2%	↑
R9	Cancer 31 day wait - First Treatment	96.0%	96.4%	95.1%	96.4%	96.0%	96.4%	↘
R10	Cancer 62 day wait - First Definitive	85.0%	85.4%	60.1%	85.4%	85.0%	85.4%	↘

Responsive - Flow		Curr Month		Year to Date		Year End		Change on Prev Mth
ID	Key Performance Indicators	Plan	Actual	Prev Yr	Curr Yr	Plan	FOT	
R11	Average LOS Non-Elective	6.50	6.64	6.94	6.92	6.40	6.92	↗
R12	Theatre Utilisation	90.0%	86.4%	91.3%	86.6%	90.0%	86.6%	↗
R13	Primary and Non-Primary Refs	18,024	15073	111,103	113280	199,052	195565	↘
R14	Cons to Cons Referrals	4,699	5955	42,307	42951	51,898	64,405	↘
R15	OP New Activity	20,477	19664	124,561	130345	226,133	223825	↘
R16	OP Follow Up Activity	31,395	29634	184,050	196074	346,845	339459	↘
R17	Elective Inpatient Activity	672	611	3,685	4060	7,426	7130	↘
R18	Day Case Activity	4,547	4088	25,983	27983	50,210	48739	↘
R19	Non Elective Activity (inc Maternity)	7,143	5755	37,188	38528	84,338	73553	↘
R20	A&E Attendances : Type 1	13,295	14298	90,317	98749	159,252	168488	↘

Well-Led		Curr Month		Year to Date		Year End		Change on Prev Mth
ID	Key Performance Indicators	Plan	Actual	Prev Yr	Curr Yr	Plan	FOT	
W1	Surplus (Deficit) against B/E Duty	2,812	1,535	- 495	2,203	6,897	6,897	→
W2	CIP Savings	2,119	1,728	7,009	12,605	22,328	22,328	→
W3	Cash Balance	33,567	30,327	12,640	30,327	3,000	3,000	→
W4	Capital Expenditure	1,343	378	2,034	2,002	14,448	13,820	→
W5	Finance use of Resources Rating	3	3	3	3	3	3	→
W6	Staff Turnover Rate (%)	10.0%	11.7%	9.1%	11.7%	10.0%	11.7%	↘
W7	Vacancy Rate (%)	8.0%	9.1%	10.7%	12.0%	8.0%	12.0%	↗
W8	Total Agency Spend	1,045	1,653	13,764	11,896	15,467	16,258	↗
W9	Statutory and Mandatory Training	90.0%	86.4%	87.1%	86.0%	90.0%	86.0%	↗
W10	Sickness Absence	3.3%	3.6%	3.4%	3.4%	3.3%	3.4%	↘

Target Indicator Key:	
On or above Target	
Review and Corrective Action required	
Significantly below target - urgent action required	
KPI Used in Performance Wheel Scoring	

Change on Previous Indicator Key:		Change on Previous Indicator Key:	
Significant improvement on Previous (>5%	↑	Deterioration on previous (<5%)	↘
Improvement on previous (<5%)	↗	Significant deterioration on previous (>5%)	↓
No Change	→		

Headlines

Safe:	Positives:	Challenges:
Lead Director(s): **Claire O'Brien/** **Peter Maskell**	**Infection Control:** There were 4 cases of C.difficile reported in October. Year to date the Trust remains on trajectory with 34 cases reported against a maximum limit of 35. Compliance in MRSA Screening for the Elective pathway remains above target. The number of gram negative blood stream infections and MSSA cases continue to remain lower than the levels reported in the previous year. **Falls:** The level of Falls has improved further this month with 109 Falls reported equating to a Rate of 5.33 per 1,000 occupied bed days, therefore achieving the trajectory. There were no Serious Incidents relating to Falls in October. **Serious Incidents (SI)s:** The number of SIs reported increased to 10 in October but remains below the maximum limit. Of these only 1 was related to Falls but although declared in October this incident occurred in September. **Incidents:** The rate of incidents that were severely harmful reduced further in October to 0.71 which is below the limit of 1.23. **Safe Staffing:** Following the lower level of nursing fill rate reported in August and September this has increased significantly in October at 97.4% which is the highest level reported so far this year, above the average of last year and is above the target of 93.5%.	**Infection Control:** The overall number of cases of E.Coli reported is now higher than the numbers reported in the previous year. The level reported for the Lord North Ward remains high. A deep dive has being undertaken. Performance for MRSA Screening in Non- Elective pathways dipped further at 91.6% in October. **Falls:** Despite the rate of Falls being below the maximum trajectory in October, YTD the rate remains slightly above at 6.1 against the maximum limit of 6.0. The rate of Falls for T&O continues to remain high **Incidents:** The number of incidents open for more than 45 days has increased further in October. Incidents of Abuse towards Staff decreased in October to 22 which is 69% of all incidents of aggression reported (32 in October). **Duty of Candour:** Supporting staff to complete the documentation to confirm that verbal duty of candour is being completed – whilst we know from anecdotal evidence that this is happening in practice this is not always documented. Improving the Organisations compliance with Duty of Candour is included in the Patient Safety Action Plan and is also monitored through the Mason Working Group.

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Headlines

Effective:	Positives:	Challenges:
Lead Director(s): **Peter Maskell**	**Mortality:** The Risk Adjusted Hospital Standardised Mortality Rate (HSMR) and SHMI are both within acceptable limits and the Trust is no longer an outlier. The HSMR has been below 100 for the last six reporting periods. **Emergency readmissions (Elective):** The level or emergency readmissions within 30 days of discharge for those who were originally admitted on an elective pathway has remained constant. **Patients with Dementia:** The percentage of patients screened for Dementia increased in September to 98.7% against the 90% national target and remains above target YTD (92.8%). The percentage of those that were risk assessed or referred to a specialist were required both achieved 100% compliance.	**Emergency Readmissions (Non-Elective):** There continues to be an increase in the emergency readmission rate for patients who were originally admitted on a non-elective pathway. This increase is attributed largely to the increased use of the short stay units. The cohort of patients that are treated on a same day emergency care (SDEC) pathway have a higher likelihood of re-attending and the SDEC models of care are designed to manage these patients within these settings, rather than requiring the patient to be admitted for a longer hospital spell. **Stroke:** Performance against the metrics that constitute the Best Practice Tariff in August and September has been impacted by a combination of data completeness and validation, as well as annual and compassionate leave. The expectation is that compliance with the tariff will improve as the consultant stroke rota is fully filled along with improvements in the timeliness of data capture and validation. **Access to Stroke Consultant (14hrs):** The new service provided at Maidstone will enable compliance with the 14 hr standard to improve, however until the consultant week rota is fully staffed the full potential will not be reached. **Time on a stroke ward (90%):** With full and timely data input and the known adequate capacity on the stroke units at Maidstone Hospital there is potential to achieve the target for patients spending 90% of their time on a Stroke Ward. Achievement of the target will only be hampered by any winter pressures.

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Headlines

Caring:	Positives:	Challenges:
Lead Director(s): **Claire O'Brien/** **Peter Maskell**	**Complaints:** The overall number of complaints received has remained fairly consistent month on month although October was above average. The Trust overall performance increased significantly to 85.4% in October, therefore achieving the 75% target. Divisional performance increased to 90.2% for October and is at 81.3% YTD which is above the 75% target. The number of overdue complaints has decreased in October to 52, below the average of 65 last year. **Friends and Family Survey:** Percentage positive has increased in all areas, however the level of responses was low. Inpatients increased to 98.5% (+4.4%), A&E increased to 96.4% (+10.7%), Maternity increased to 97.0% (+2.3%) and Outpatients increased to 82.3% (+1%) **Single Sex Accommodation:** Delivery of the Same Sex Accommodation (SSA) remains a priority, promoting privacy and dignity for our patients. There have been no mixed sex breaches reported since December 2019 **VTE Risk Assessment:** The Trust continues to consistently achieve the 95% National Target for patients receiving a VTE Risk Assessment	**Complaints:** Despite the increase in performance in October, YTD the percentage of complaints responded to within target it 62% which is below the 75% target. There is continued focus on sustaining the 75% target whilst continuing to reduce the number of overdue complaints.. **Friends and Family:** Response rates have varied widely in October due to it being the first month of the new reporting provider. A large percentage of the respondents have been manually entered , this process is only set to continue for November reporting. All areas have shown a large decrease in the first month of reporting due to the process changes. The focus is to ensure all divisional colleagues are engaged in in-bedding the new process into business as usual. Information regarding the process and collection has been shared with all areas, in particular for areas who are new to FFT. A training session is being arranged in November for teams to cascade access to the system and an FFT Walkabout has been arranged for 20th November to raise awareness, review process and identify any issues.

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Headlines

Responsive:	Positives:	Challenges:
Lead Director(s): **Sean Briggs**	**Emergency Flow:** In Emergency Departments (ED) an increasing number of patients are being streamed to the on-site GP, from 36.3 per day in 2018/19 to 42.3 per day so far this year – or around 9.2% of all A&E attendances **A&E admissions (SDEC):** The percentage of patients that are zero LoS (excluding Clinical Decision Unit (CDU) patients) is 25.6% YTD, compared to 22.1% for the same period last year. **Long Length of Stay (LLOS) Stranded Patients**: Patients with a length of stay (LOS) over 21 days has increased slightly in October but remains below the level reported last year **Hospital @ Home Scheme:** So far this year on average there have been 14 patients on the Hospital @Home scheme on a daily basis. This increased to 15.7 in October. Each patient on the Hospital@Home Scheme effectively frees up an acute bed. **Outpatient Efficiency (DNA Rates):** DNA Rates for both New and Follow Up have remained fairly consistent this year and are just above the target level of 5% for the Trust.	**ED Attendances:** The past 52 weeks have been 9.3% busier than the preceding 52, and 2019/20 attendance is forecast to be 8.4% higher than 2018/19. October recorded the 3rd highest daily attendances ever. **4 hour Emergency Access Standard:** A&E performance struggled in October for the 3rd month running with a score of 88.89% against a trajectory target of 92.27%. The drop is more pronounced at Maidstone, and is associated with an increased admission rate, and higher occupancy in the wards taking patients from ED. **Ambulance Handovers:** 30-60 minute reduced to 11.5% in Oct, whilst over 60 reduced to 1.5%. The 30-60min rate is 12.1% YTD compared to 8.9% for the equivalent period last year, and the >60min rate is 1.44% YTD compared to 1.22% last year (YTD). The number of ambulance arrivals is also higher than last year. **Beds:** Delayed Transfers of Care (DTOC) reduced to 4.38% in Oct, after spiking in September, but remain higher than plan. This, along with non-elective average length of stay (LOS) remaining slightly above plan has meant that bed occupancy remains high at around 92-95%. Many of the available beds are specialist or paediatric beds not available for general acute admissions. **New Outpatient Activity:** New Outpatient activity is 1.7% below plan YTD. However, for the main RTT Specialties this is 9% below plan YTD. Specialties furthest from plan remain ENT, Gastroenterology, Ophthalmology, and Trauma & Orthopaedics which is directly impacting on their achievement of their non-admitted RTT Trajectories. **Outpatient Efficiency (ERS Slot Availability):** The ERS Unavailable Slot %age remained high in Sep-19 (this runs 1 month behind) at 22.8%. Separate meetings have taken place with the specialities in order to implement a plan. ERS working group has been re-established. **Outpatient Utilisation:** The monthly utilisation figures have been averaging 65%. Although there are several data quality issues with the OP Utilisation figures resulting in them being understated performance remains below plan. **Cancellation of outpatient appointments with less than 6weeks notice:** This continues to be an area of concern at 15.3% YTD.

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Headlines

Responsive:	Positives:	Challenges:
Lead Director(s): **Sean Briggs**	**Inpatient Efficiency (Last Minute Cancellations):** The rate of last minute reportable cancellations remains below the 0.8% maximum limit at 0.6% YTD **Inpatient Efficiency (Theatre Utilisation):** Utilisation has increased slightly in October to 86.4% from 85.7%. **RTT Incomplete Pathway:** Despite the increase in October the backlog remains 1,388 lower than the March 18 position. **Cancer Waiting Times:** Performance against the 2 week wait and 2 week wait breast symptoms has improved month on month with both achieving the national target of 93% at 93.1% and 98.2% respectively. The current invalidated position for October remains on track for a possible achievement with 92.4% currently for 2ww and 94.1% for Breast Symptoms The Trust continues to consistently achieve the cancer standards for 31 day First Definitive Treatment. The Trust achieved the national target of 85% for the 62day standard for the second month in a row at 85.4% in September, therefore achieving the national target of 85%. **Diagnostic Waiting Times <6weeks:** Following the decrease in performance over the last four months, previous issues have now been resolved and the Trust has therefore achieved the national target of 99% at 99.3% in October	**Elective Activity:** Overall activity decreased by around 13 cases per working day in October compared to September and is 5.2% below plan YTD (DC is 5% below plan and IP are 6.8% below plan). The specialties furthest from plan YTD remain T&O, Ophthalmology, Urology, Cardiology and Gynaecology which is directly impacting achievement of the RTT admitted pathway trajectories. General Surgery is now above plan. **RTT Incomplete Pathway:** Performance decreased in October and is now below trajectory at 82.76%. The Trust Waiting List has decreased further to 29,846 but the backlog has increased to 5,064 due to the increase in the OP Backlog. The October position is still being validated and finalised therefore the performance may improve. The Trust is still reporting some 52 week breaches on a monthly basis (5 reported for October). All patients will have a harm review by the managing Consultant. One low harm has been found with the outcome being prolonged discomfort for the patient. No harm has been found for all of the others that have been completed Due to the lower levels of outpatient activity undertaken YTD the Trust OP Waiting List and backlog are above trajectory which has meant that the overall RTT Waiting List and Backlog are higher than trajectory. The IP backlog has decreased slightly. The Elective and Outpatient New Activity remain lower than plan which has led to an increase in the RTT Waiting List and backlog for some specialties. **Cancer Waiting Times:** Despite the achievement of the 62 Day target in both August and September, this remains a challenge . October is expected to be above 80% and close to the 85% target. Ongoing work continues to ensure sustainable processes and active management of the 62 day PTL and backlog

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Headlines

Well Led:	Positives:	Challenges:
Lead Director(s): **Steve Orpin/** **Simon Hart**	**Finance:** The Trust is forecasting to meet its control total by the end of the year. CIP delivery has under-performed by £0.4m in month 7. The Trust has delivered £12.6m savings YTD which is £0.6m favourable to plan (5% over performance). Favourable cash position at the end of month 7. Capital underspent against plan at the end of month 7 but all capital is committed in 19/20 **Vacancy Rate:** The Trust vacancy rate continues to show a gradual downward trend from a high of 13.3% in April to 9.1% in October (-4%). This downward trend has also been seen in both the Nursing (-6%) and Medical and Dental (-8.5%) Staff Groups. **Sickness Rate:** The overall sickness rate has increased to 3.6%, above the maximum limit of 3.3%, mainly due to an increase in short term sickness. YTD this is slightly above target at 3.4%. **Staff Appraisals:** The 2019/20 appraisal cycle is overall at 91.9% with Estates and Facilities, Women's, Children's and Sexual Health, Diagnostics and Clinical Support and Medical and Emergency Care all achieving in excess of 90%. **Annual Leave and Staff Fill Rate:** Annual Leave has reduced back to 9.8% in October and therefore this combined with the lower vacancy rate has meant that the overall staffing fill rate has also increased to 77%	**Finance:** £1.5m surplus in Month 7 which was £0.2m favourable to forecast but £1.3m adverse to plan. Variances within forecast of £8.2m are mitigated by the £0.9m additional income opportunities, full delivery of the CIP programme (£1m), Divisional Recovery plan (£6.2m) and release of remaining reserves (£0.1m). The level of improvement needed in Divisional positions has increased from last month, and represents a risk to the position. Medical staffing pay overspent YTD by £1.8m mainly within Medicine and Emergency Division (£1.3m) and Paediatrics (£0.6m). Substantive recruitment has taken place which should reduce agency spend. Nursing vacancies are being filled through local and overseas recruitment; this should see a reduction in temporary staffing spend which is assumed in the forecast. Shortfall year to date relating to private patient income. Private In patient's beds at TWH have opened in October which should increase the level of private patient income. The challenge is to ensure these beds are not escalated into by NHS patients impacting private patient activity. CIP forecasting to meet CIP target by the end of the year. If the I&E forecast moves adversely this will reduce the level of cash available. **Vacancy Rate:** Whilst the Vacancy Rate is improving month on month this still remains a key challenge for the Trust particularly for the Nursing Staff Group at 14.2%. **Key Vacancy risks:** remain Nursing for medical and T&O wards at TWH, Nursing for Emergency Departments (ED) on both sites but primarily TWH, TWH theatres, Consultant physicians, AMU and respiratory. **Staff Fill Rate (Excluding Medical Staff):** Whilst this has improved further this still remains a challenge for the Trust.

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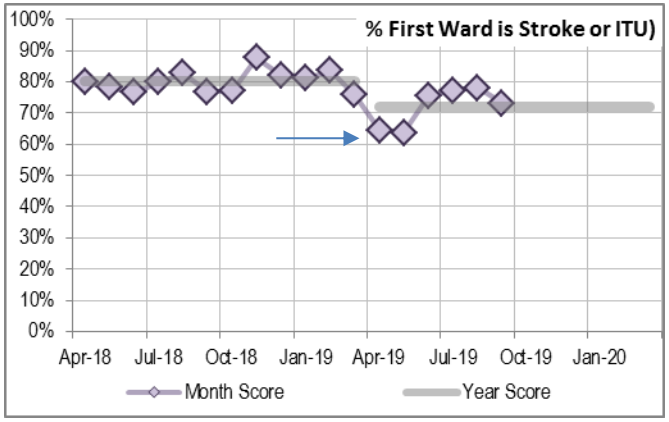
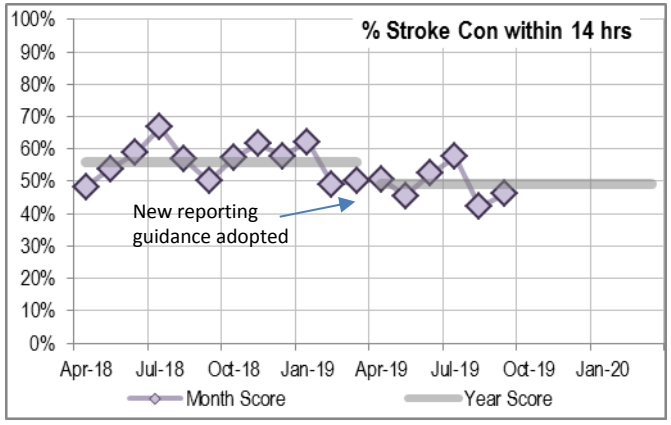
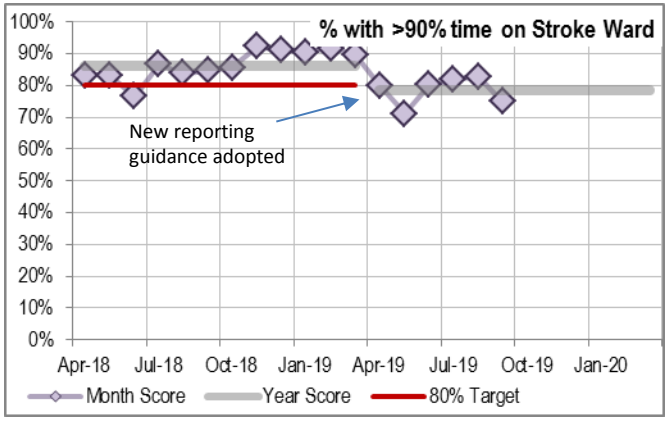
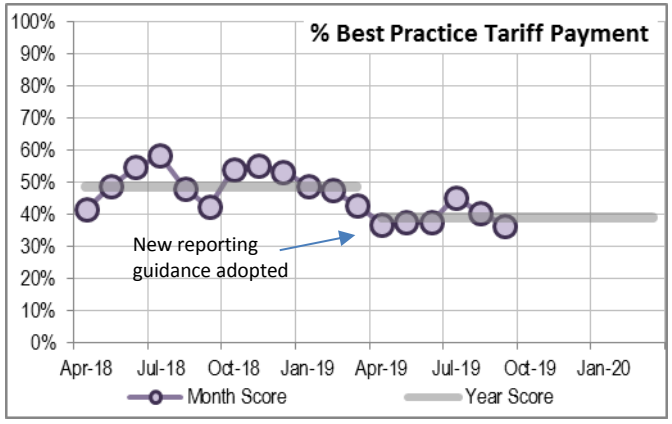
Escalation: Stroke Best Practice Indicators









Data is now reported one month behind (September) to allow time for the data to be fully captured and validated. The timeliness of data capture and reporting is being addressed with the service.

There are three main stroke indicators that constitute Stroke Best Practice.

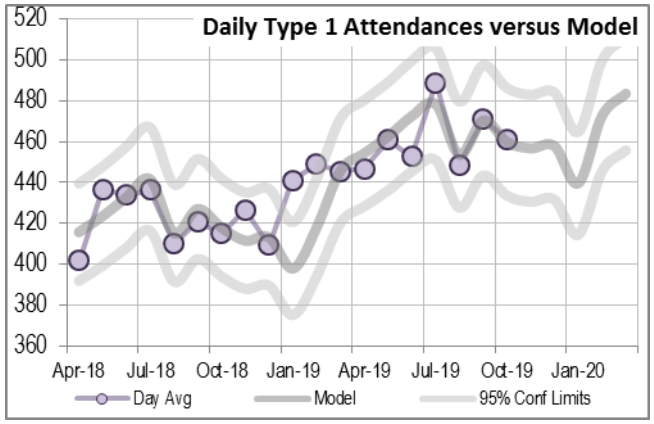
First Ward must be a Stroke Ward (or ITU): last year averaged 80.2%, but this year has reduced to 71.9% for Sep.

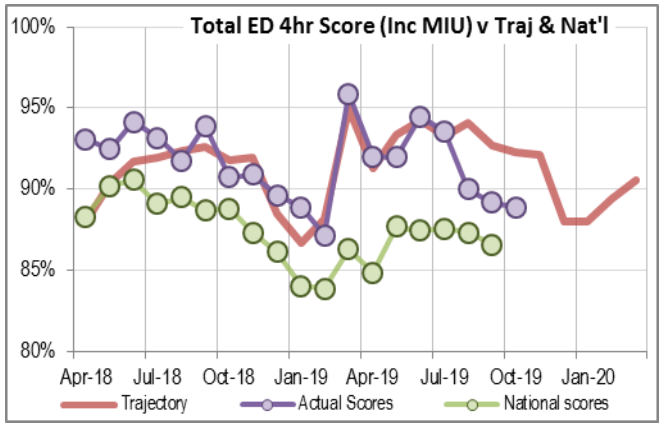
Stroke Consultant within 14 hrs: Performance has been lower in Aug and Sep due to a combination of annual and compassionate leave and data quality and completeness. The validated position for Sept has improved from the 23% (previously reported) to 46.2%.

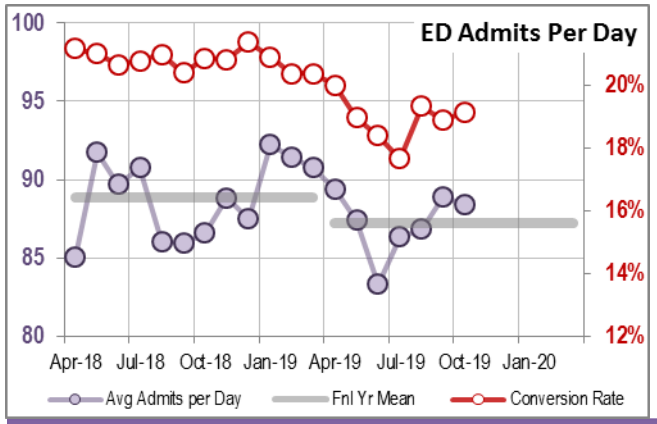
90% of Spell on Stroke Ward: a change in guidance means that this metric is now calculated differently. In 2018/19 was 86.2%, but this year is reported at 78.6%.

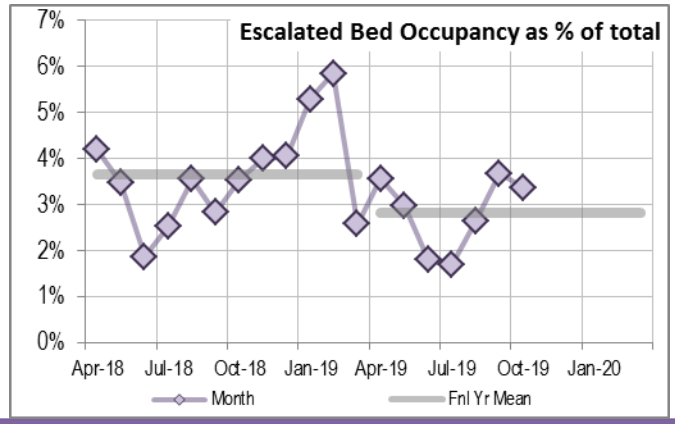
Summary:	Actions:	Assurance:
There are now three stroke indicators that constitute Stroke Best Practice. a) admitted direct to a stroke or intensive treatment ward, b) See a stroke consultant within 14 hours of arrival or their stroke if that happens on-site, c) Spend 90% of their spell on a stroke ward. 35.3% of patients this year have qualified by meeting all three indicators. In 2018/19, the percentage passing all 3 tests & qualifying for a Best Practice Tariff payment was 48.7%. The current rate for 2019/20 is 39.3% .	1.Stroke CNS team to monitor compliance against BPT 2. Stroke CNS team to investigate non-compliance 3. Current monitoring of these BPT targets have shown that any patient that spend any time on CDU before Stroke ward fails this target 4. Currently Stroke consultants cover 5 days a week 5 90% spell on Stroke often not achieved due to increased capacity issues on the MGH Site / due to diverts from TW	1.BPT data now sent fortnightly 2. Action plan now in place to monitor and validate data. 3. ED teaching by CNS team for early recognition of Stroke symptoms and early referral to Stroke to avoid transfer to CDU. It is not clinically appropriate for any suspected or conformed stroke to go to CDU 4. Post reconfiguration of Stroke services with seven day working will improve this target. 5. Daily identifying of most appropriate pts (end of Stroke pathway) to be first to move from Stroke.

Escalation: A&E Performance









Attendances: Type 1 attendances averaged 427.0 per day in 2018/19 – 7.1% up on the previous year. We are currently forecasting a 8.4% increase on that for 2019/20

October was almost exactly as expected at 461.2 per day. This represents the 3rd busiest month ever

4 Hr Time in Department: Performance has been down for 3 months now, coming in at 88.89% against an agreed trajectory of 92.27% for October

Escalated Bed Occupancy. Last year, escalated beds were an average of 3.6% of our total occupancy, rising to 5.8% in Feb-19. So far this year, we are at 2.8%, which is an improvement on last year. Oct was 3.4%

ED admits per day to main IP Ward: 2018/19 averaged 88.9 per day. Or 20.8% of attendances. This year we average 87.2 against much higher attendances, so the percentage is now 18.9%.

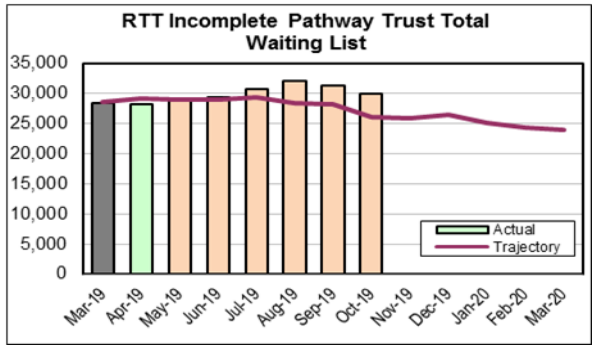
Ambulance Handovers: Last year, 9.9% of ambulances were delayed 30-60 mins, and 1.5% were delayed > 60. This year so far it's 12.1% delayed 30-60 mins and 1.4% >60. Sep spiked but Oct was better at 11.5% / 1.5%

Summary:	Actions:	Assurance:
Type 1 attendances are currently showing an annualised growth of 9.26% (last 52 weeks v preceding 52). October was the 3rd busiest month ever. A&E performance struggled again in October, with a score of 88.89% against a trajectory target of 92.27%. Both sites had difficulties in October, however TWH performance improved from September whilst Maidstone performance saw a decrease. YTD, the average Time in Department is now higher than last year at 3h26m. The non-elective average LOS is remaining fairly static and despite an improvement in DTOC in October this still remains high. The number of escalated beds used in October has increased but remains lower than last year.	SDEC continues to be embedded with 7 day cover on both sites. Improving processes for both AEC to increase referrals. Ambulance handover plan in place with increased SECAmb/ CCG/ MTW working. This will also support at the front door during times of increased pressure. Development of 10 weeks to Christmas to improve flow and hence the ED picture with good results around EDN completion earlier in the day. Continue to recruit a substantive workforce for the Emergency Departments. Identification of staff to support "hello" nurse on ongoing trial. Development of plan to support additional consultant sessions within Rapid Access Physiotherapy.	Work continuing to ensure all departments within Trust feel a part of the 4Hour Access Standard –Increased profile on ambulance handovers. Focused bed meetings on actions. Linking with NHSI on ambulance handovers/ flow ECIST visit to ED 5.11.19 to support ambulance handovers Multi-professional Huddle embedded daily at 08.30 Continued focus on staff provision and demand analysis. Commencement of winter planning to ensure bed capacity.

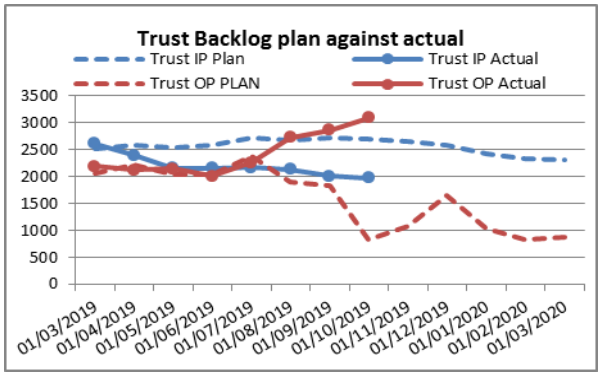
Escalation: RTT Incomplete Pathways

Trust	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Trajectory Total WL	28508	29152	28932	28908	29273	28433	28261	25964
Actual Total Waiting List	28412	28268	29027	29269	30705	32085	31344	29846
Actual IP Waiting List	6494	6045	6037	5978	6102	6009	5780	5769
Actual OP Waiting List	21918	22031	22521	22615	23623	24899	24295	22871
Trajectory Backlog	4146	4806	4578	4622	5089	4576	4543	3536
Actual Total Backlog	4797	4510	4305	4162	4430	4857	4865	5064
Actual IP Backlog	2611	2391	2157	2156	2158	2135	2004	1973
Actual OP Backlog	2186	2119	2148	2006	2272	2722	2861	3091
Trajectory % Performance	85.5%	83.5%	84.2%	84.01%	82.61%	83.9%	83.9%	86.4%
Actual Total % Performance	83.1%	84.0%	85.2%	85.8%	85.6%	84.8%	84.3%	82.8%

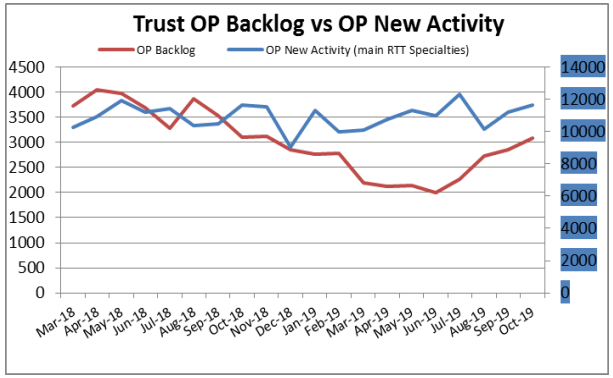
RTT performance decreased further in October and is now below the trajectory. **The October position is still being validated and finalised therefore the performance may improve.**



For the Trust the OP Waiting List and backlog remain above plan which has meant that the overall RTT Waiting List and Backlog are higher than plan.



The RTT backlog has increased further in October. This has been mainly due to the OP (non-admitted pathway) as the IP Backlog (admitted pathway) has been reducing.



This shows that despite an overall increase in New Outpatient Activity in September and October, following the significant decrease in August , the RTT non-admitted backlog increased in October due to lower activity levels in some areas.

RTT by Specialty: All Specialties were below trajectory for October with the exception of General Surgery, Urology, Diabetes and Endocrinology. The biggest variances were for Neurology (-21.2%), Rheumatology (-17%), Cardiology (-13%), Gastroenterology (-12.6%), Gynaecology (-9%), ENT (-8.1%) and Ophthalmology (-6%). General Surgery and Urology are now 3.8% above Trajectory and T&O is on trajectory. Gynaecology performance decreased by a further 5.7% for the second consecutive month and there was a decrease in performance for some of the medical specialties (most notably -5.8% for Rheumatology and -3% for Thoracic Medicine). ENT performance decreased by 3.4%. All specialties saw an increase in the OP Backlog with the exception of Urology and Neurology. Ophthalmology, ENT and Neurology OP Backlog account for the biggest proportion of the Trust OP Backlog (23%, 20% and 10% respectively)

RTT Backlog: The majority of the RTT backlog continues to be concentrated in surgical specialties as well as Neurology, Cardiology and Gastroenterology. These are being carefully monitored against forecasts and action plans on a weekly basis

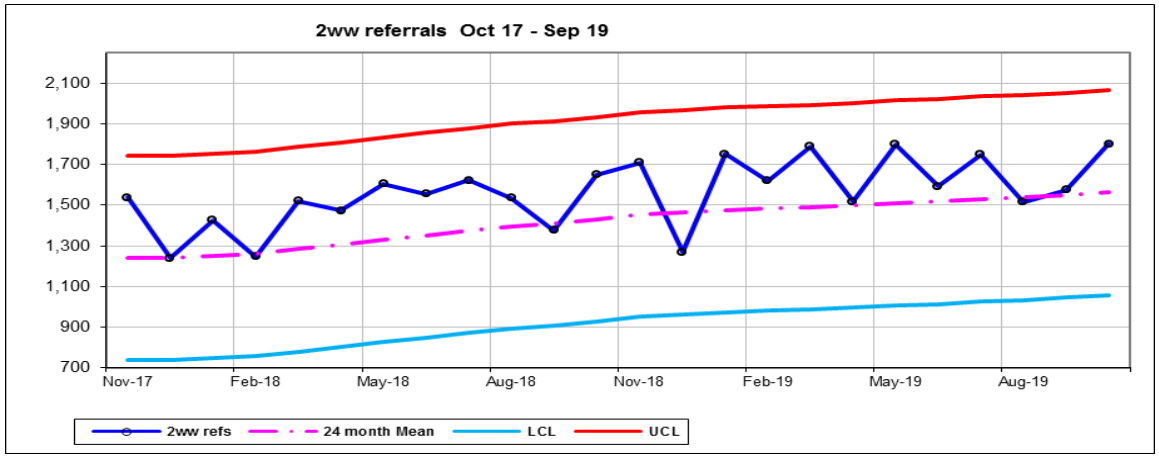
RTT 52 week Breaches: 5 reported for October (5 new for October). All patients will have a harm review by the managing Consultant. One low harm has been found with the outcome being prolonged discomfort for the patient. 52 Week Panel established.

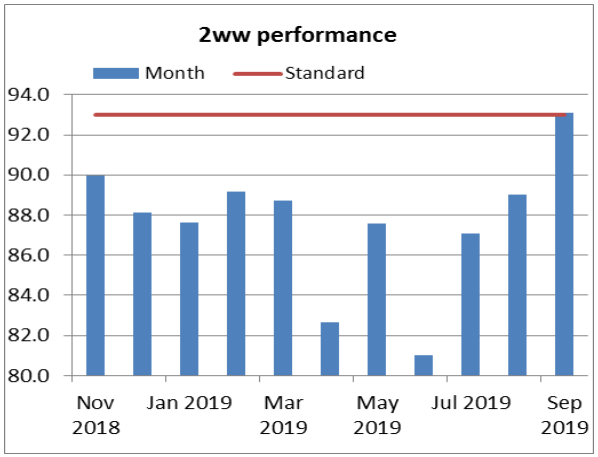
RTT Data Quality: Operational plan, risk assessment and QIA to be completed in order to review when the new reporting system can be implemented.

Diagnostics <6weeks: Performance increased to 99.3% in October, therefore achieving the target.

Summary:	Actions:	Assurance:
Performance decreased in October and is now below trajectory at 82.76%. The Trust Waiting List has decreased further to 29,846 but the backlog has increased to 5,064 which is 1,528 higher than the submitted trajectory of 3,536 due to the increase in the OP Backlog. The IP Backlog is reducing.	Continue to ensure achievement of Incomplete targets at an aggregate level by reducing RTT backlog through implementation of speciality plans. Review operational plan for RTT data quality project.	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 monitored daily ensure treatment occurs before 52 weeks. Risk assessment and QIA to be completed in order to review when the new reporting system can be switched on.

Escalation: Cancer Waiting Times – 2 Weeks





2ww GP referrals to MTW	Breast	Gynae	Haem	Head & Neck	Lower GI	Lung	Other	Upper GI	Urology	Total	BSYM	Breast total
2017	319	119	9	109	261	47	8	139	154	1164	165	404
2018	343	141	17	123	310	48	4	146	207	1289	141	484
2019 (Jan - Sep)	392	158	26	145	357	55	14	147	203	1657	157	549
% change last 12 mths	14.4%	11.7%	52.8%	18.3%	15.3%	12.9%	227.0%	0.5%	-1.8%	28.6%	11.8%	13.5%

Demand: There has been an increase in demand with 1803 incoming referrals for October, which is the highest number of new suspected cancer referrals since January 2019 and is an increase of 14.48% over the number of referrals received in September. Upper GI had a decrease in referrals between October and September, whereas all other tumour sites have increased – with Breast increasing by 24.9% and Urology 20.5%. Gynae had an 11.2% increase and the other tumour sites between 4% to 7% increase

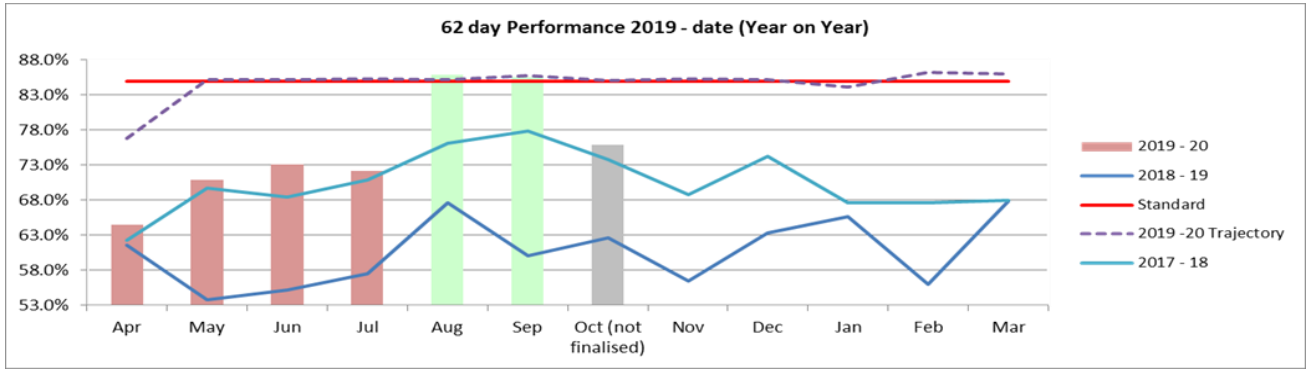
2 Week Wait (2WW) Performance:
Both the 2ww standard and the Breast Symptoms 2ww standard were achieved in September – with reportable totals of 93.1% for 2ww performance and 98.2% for Breast Symptoms

Gynae, Haematology, Head & Neck and Lower GI were below the 2ww standard but have performance figures between 89% & 91%

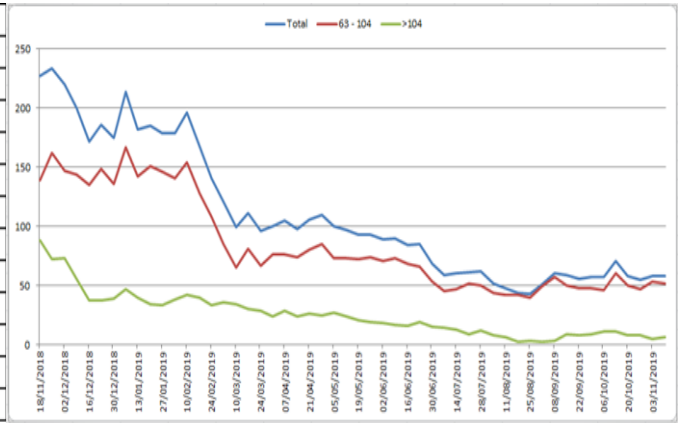
The current invalidated position for October remains on track for a possible achievement with 92.4% currently for 2ww and 94.1% for Breast Symptoms

Summary:	Actions:	Assurance:
The Trust achieved both the 2ww and the Breast Symptom 2ww standard in September and is in line for possible achievement again in October. However, there has been a significant increase in referrals of 14.48% from September with 1803 referrals received in October	Additional breast clinic capacity has taken breast to the best performing tumour group in August and September. Work has taken place to revise the LGI and UGI STT endoscopy booking process and ensure that patients are fully booked at point of telephone triage. Go live date is end of October. Appointment of a full-time 2WW coordinator will help to fill outstanding team vacancies. Identification of clinic space for children's cancer first seen appointments will allow the 2WW team to book directly into these	A new 2ww working group has been set up with involvement from General Managers across breast, urology, haematology and gynaecology. This group is focused on reducing patients booked past 7 days to ensure compliance with the 28 day standard. A report has been developed, and is reviewed daily, to highlight any un-booked 2ww appointments and any appointments booked after 7, 10 and 14 days. A new report to monitor patients unregistered on the system within 24 hours is in production to provide additional assurance that all patients with a 2WW referral are captured.

Escalation: Cancer Waiting Times – 62 Day



62 Day Performance						
September 2019	All reportable patients			MTW only patients		
	Total	Breach	%	Total	Breach	%
Breast	17.0	1.0	94.1	17	1	94.1
Gynae	8.5	1.0	88.2	6	1	83.3
Haematology	4.5	1.5	66.7	4	1	75.0
Head & Neck	5.5	1.5	72.7	2	1	50.0
Lower GI	14.0	1.0	92.9	13	0	100.0
Lung	13.5	5.0	63.0	10	3	70.0
Other	0.0	0.0	0.0	0	0	
Upper GI	7.5	0.0	100.0	7	0	100.0
Urology	32.5	4.0	87.7	31	3	90.3
TOTAL	103.0	15.0	85.4	90	10	88.9



The September reportable position was affected at monthly submission with a Unit Trust making a last minute change to the Inter-provider transfer dates without prior discussion or agreement with Maidstone. This has highlighted an area of risk which will require additional work on agreeing the validation and update processes for shared patients

Trust Performance: The Trust achieved the national target at 85.4% for the overall 62 day standard for September 2019 – which will be reflected correctly on the National Cancer Waiting Times database system following publication of the 6 monthly refresh in January.

The PTL is continuing to be managed with an overall % of less than 5% in the backlog. However, during the month of September, the number of patients from day 104 has increased to 10 and remains at this level through the beginning of October. Maintaining the improvement in the backlog position is driving up overall performance against the 62day standard.

Tumour Specific Performance: Breast, Lower GI and Upper GI all reported above 90% for the 62d standard in September. Gynae and Urology also achieved the 85% target with 88.2% and 87.7% respectively.
Performance in both Lung and Head & Neck has decreased in September with H&N reaching 72.7% and Lung dropping to 63.0% - lowest reportable site for MTW in September. Haematology remains consistent at 66.7%

Conversion rates for 2ww referrals: The overall conversion rate remains at 8.03%. This varies across the different tumour sites with the highest remaining as Lung converting an average 30.48% of referrals received and the lowest Head & Neck 2.31%

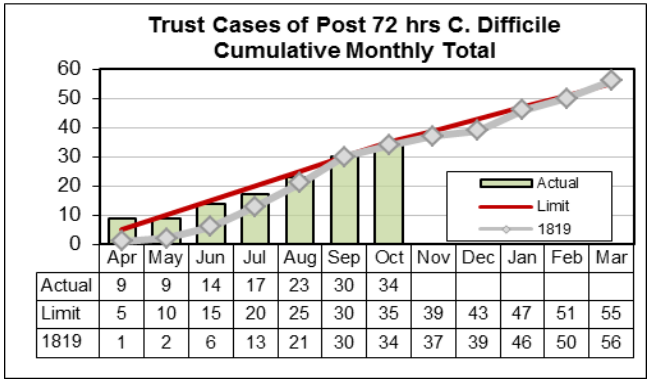
Summary:	Actions:	Assurance:
The continued management of the 62 day PTL has enabled the Trust to achieve the 62 day standard for two months running. All departments continue to work in setting up sustainable processes for ongoing achievement of the Cancer standards.	Action plans for each pathway, as part of the cancer transformation programme are being developed for each tumour site with timeframes and accountability clearly assigned. 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.	Daily huddles with each tumour site team are in place Daily PTLs with GMs and DDOs for all tumour sites with endoscopy, radiology, pathology and oncology presence. Weekly cancer performance meeting Harm reviews are conducted for all patients treated over 104 days. This is being led by the clinical director for cancer performance. Additional funding has been secured from the CCG and Cancer Alliance to support proposed actions and posts required to continue cancer pathway improvements.

NHS
Maidstone and Tunbridge Wells NHS Trust

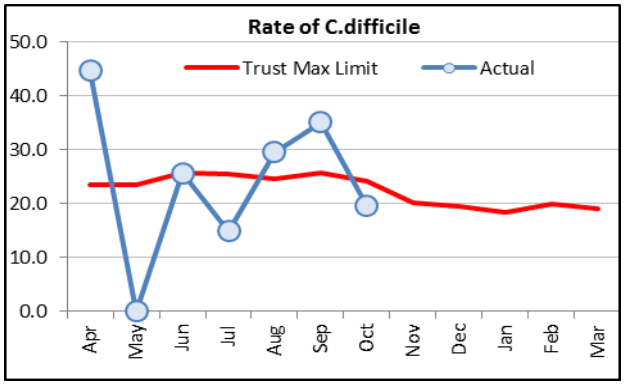
Appendices

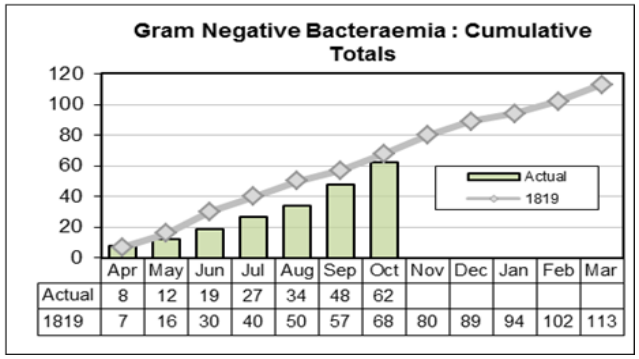
MTW
exceptional people, outstanding care

Safe	Infection Control	Oct-19

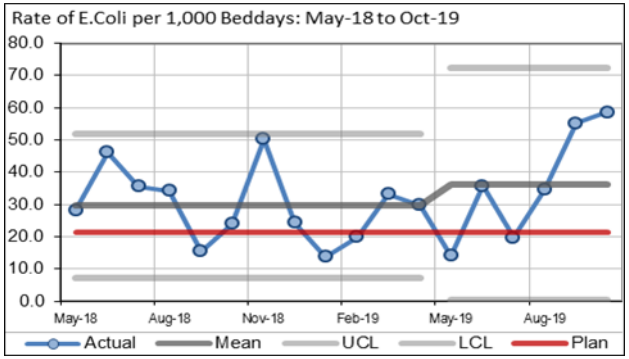


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual	9	9	14	17	23	30	34					
Limit	5	10	15	20	25	30	35	39	43	47	51	55
1819	1	2	6	13	21	30	34	37	39	46	50	56





	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual	8	12	19	27	34	48	62					
1819	7	16	30	40	50	57	68	80	89	94	102	113



Gram Negative Bacteraemia (E.Coli, Klebsiella, Pseudomonas): The overall level of Gram Negative Bacteraemia blood stream infections remains lower than the levels reported last year. In October there were 12 cases of E.Coli, 1 case of Klebsiella and 1 case of Pseudomonas reported. So far this year there have been 50 Cases of E.Coli, 8 cases of Klebsiella and 4 cases of Pseudomonas reported.

C.difficile: In October there were four cases of C.Difficile reported equating to a rate of 19.6 per 100,000 occupied beddays. Year to date there have been 34 cases reported against a maximum limit of 35 year to date.
MRSA Bacteraemia: No cases of Hospital Acquired MRSA Bacteraemia were reported in September (1 YTD).
The MRSA screening rate for the non-elective pathway reduced further in October to 91.6%, below the 95% target. Compliance for the Elective pathway continues to remain above the 98% target at 98.9%.

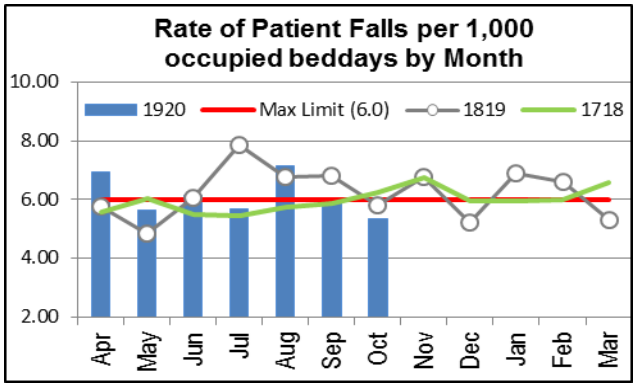
E.Coli: In October there were 12 cases of E.Coli reported equating to a rate of 58.7 per 100,000 occupied beddays. YTD 50 cases have been reported.

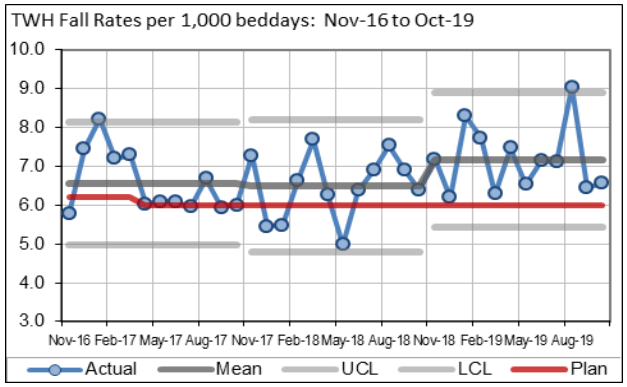
Of the 50 cases of E.Coli reported YTD, the biggest proportion remains for patients on the Lord North Ward at Maidstone Hospital with 15 (30%) compared to 5 (13%) for the same period in 2018/19.

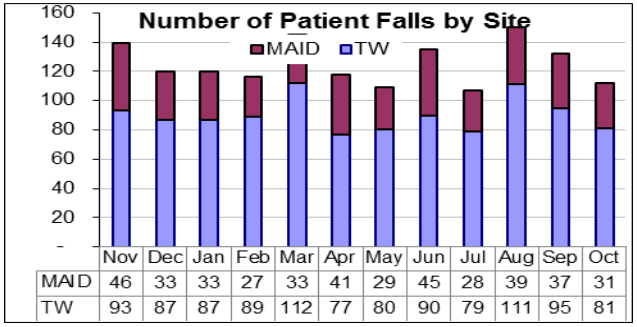
MSSA: So far in 1920 the number of cases reported is slightly above the levels seen in 1819

Summary:	Actions:	Assurance:
The level of cases of C.Difficile reduced in September to 4 and remains below the maximum limit YTD. Compliance for MRSA Screening for the Non-Elective Pathway reduced further in October and remains below target. Gram Negative Bacteraemia remains lower that the 1819 levels but there cotinues to be a higher level of cases of E.Coli reported, particularly for the Lord North Ward at Maidstone Hospital.	All new junior doctors receive infection control and antibiotic prescribing training. Rehydration stations and UTI diagnosis educational resources rolled out across Trust. Task and Finish group to implement control measures for gram negative blood stream infections. Deep dive to assess trends and preventable factors in Lord North E. coli in progress. Further trend analysis on E. coli is underway	Routine cleaning Solution changed to Diff X across the Trust. HPV and UVC light cleaning remains in place for C diff cases, carriers and multi resistant organisms. Weekly C. difficile huddle held by DIPC and ICT. C. diff and MSSA review panels continue with DIPC and Chief Nurse

Safe	Harm Free Care	Oct-19







	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
MAID	46	33	33	27	33	41	29	45	28	39	37	31
TW	93	87	87	89	112	77	80	90	79	111	95	81

For September the rate of Falls increased slightly to 6.58 for Tunbridge Wells. Maidstone decreased to 3.49. YTD TWH is 7.2 and MH is 4.4.

Severity of Harm 1920	Apr	May	Jun	Jul	Aug	Sep	Oct
No Harm	94	92	97	78	119	93	90
Low Harm	37	21	20	30	19	20	19
Moderate Harm	6	3	2	3	2	2	-
Severe Harm	2	4	1	5	5	3	-
Death	1	-	-	-	-	-	-
Total	140	120	120	116	145	118	109

SIs: There was one Falls SI declared in October but this related to an incident that occurred in September. There were no Serious Incidents relating to Falls in October.

Patients with Dementia: Falls for Patients with Dementia decreased in October at 8 compared to 24 (unvalidated) in the previous year. YTD there have been 90 compared to 195.

Harm Free Care: The percentage of Harm Free Care has decreased in October.

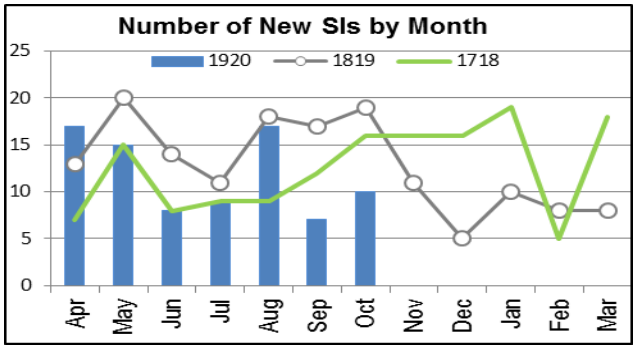
Falls: The level of Falls has improved further this month with 109 Falls reported equating to a Rate of 5.33 per 1,000 occupied bed days, therefore achieving the trajectory. Following the significant improvement at the Tunbridge Wells (TWH) site seen last month, this increased slightly in October and remains slightly above trajectory. Maidstone saw a further reduction in Falls in October and the rate of falls is now below the maximum trajectory.

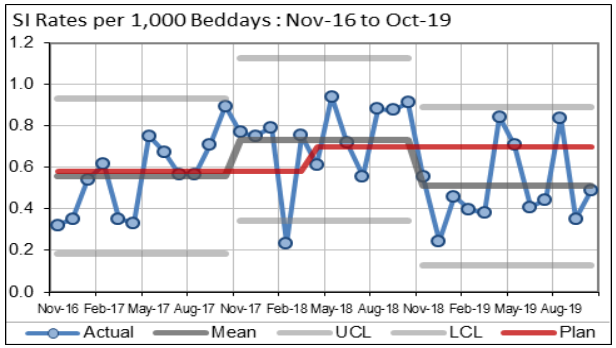
Falls by Division: Falls seen in the Medical and Emergency Care Division decreased in further in October and the rate of falls for both September and YTD remain lower than the previous year (6.6 compared to 7.3). The rate of Falls for T&O continues to remain high at 9.6 in October (8.6 YTD compared to 6.6 in the previous year).

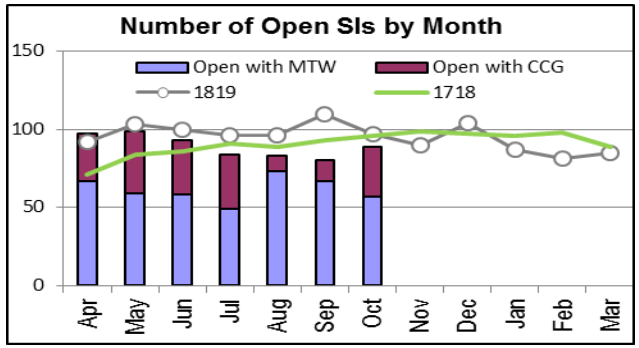
Pressure Ulcers: There were 4 hospital acquired pressure ulcers reported in October. YTD there have been 23 compared to 56 for the same period last year. The average number reported in 1819 per month was 6.

Summary:	Actions:	Assurance:
The level of Falls has improved further this month with 109 Falls reported equating to a Rate of 5.33 per 1,000 occupied bed days, therefore achieving the trajectory. The rate of Falls increased slightly for the Tunbridge Wells (TWH) site but decreased at the Maidstone (MH) site. There were no Serious Incidents relating to Falls in October.	Roll out plan for the NHSi Falls Collaborative project commenced in April 2019. NHSi project focussing on Lying and Standing Blood Pressure. Rollout across all inpatient areas completed by end of November 2019. Spot check audits continued to monitor sustainability of the compliance with lying and standing blood pressure.	Wards on the project is monitored through spot audit at week 4, 8 and 12 intervals followed by further spot audit at month 6, 9 and 12. This is to monitor progress, sustainability as well as opportunity to identify if further support required.

Safe	Serious Incidents (SIs)	Oct-19



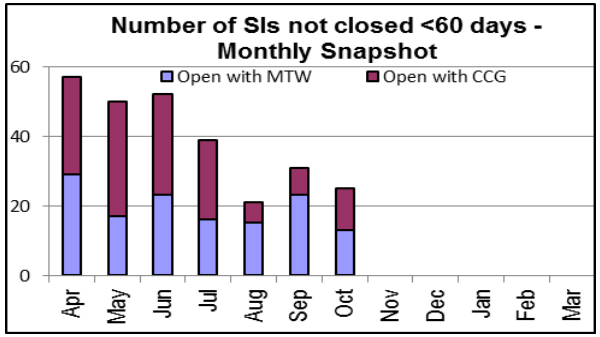




New SIs Category	Apr	May	Jun	Jul	Aug	Sep	Oct
Pressure Damage	1	1	-	-	-	-	-
Falls	3	6	1	3	7	2	1
Main	12	8	7	6	10	5	9
Total	16	15	8	9	17	7	10

SIs: The number of SIs reported increased in October to 10.

The rate of SIs reported per 1,000 beddays has increased to 0.49 which is below the limit of 0.70



Downgraded SIs: In October 1 SIs was downgraded.

The number of SIs open at the end of the month increased slightly to 82 in October and remains lower than the previous year. The number of SIs open which had passed their breach date and had not been closed within the 60 day target decreased in September to 25 (13 waiting for MTW and 12 waiting for the CCG). Of the 82 open 50 are waiting for closure by MTW and 32 are waiting for closure by the CCG. The largest proportion of Open SIs remains with the Medical and Emergency Care Division but this is improving.

Summary:	Actions:	Assurance:
The number of SIs reported increased in October to 10. The number of SIs open at the end of the month increased slightly and remains lower than the previous year. Performance for those being closed within the 60 day target improved in October to 25 SIs currently open that have passed their breach date for closure.	Clinical Governance Objectives and action plan in place to monitor performance and compliance Improvement action plan for Patient Safety performance including improved performance for SI breach dates. The action plan now includes the "must do's for Patient Safety from the National Patient Safety Strategy and is monitored through team meetings and at 1:1 supervision meetings. A schedule is to be devised for the Timothy Mason Learning events; the first of these will take place in March 2020.	The patient safety team has successfully recruited two Band 6 SI investigators. One came into post on 11th November and the second is due to join the team in December 2019. Once both are in post along with the Deputy Patient Safety, the Patient team will be fully resourced. SI Teleconferences taking place three times a week with patient safety and the Executives for decision on declaration of SI's. Use of the Governance Gazette to include monthly SI figures, lessons learnt from SI's, case studies and patient safety alerts.

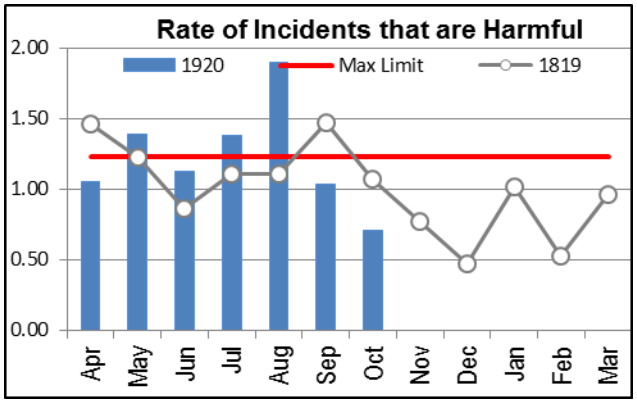
Learning from SIs and Falls Panels

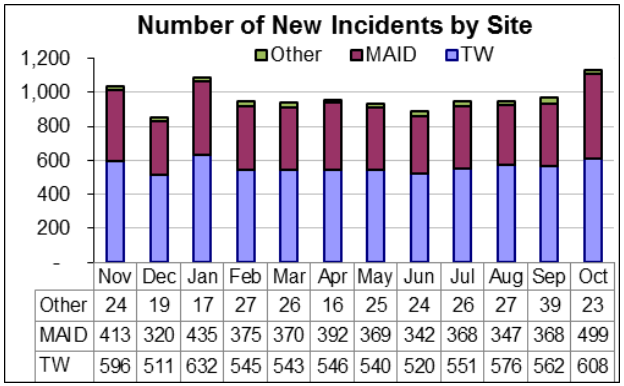
Learning from the Learning and Improvement Committees:

Care/Service Delivery Issue:	Learning:
Training and development of all staff in the recognition of possible injuries / non-accidental injury and ability to undertake appropriate intervention and escalation.	Ensure that the Safeguarding Supervision policy is available and fully embedded in practice. Staff to be informed regarding the policy and mandated to attend supervision groups. Organise, if required, a bespoke session to ensure key staff are captured at the earliest opportunity. Departments to support release of staff to undertake training
Ineffective waiting list management System management of patient waiting for Outpatient appointments	Review current control measures – are they appropriate? In place? Patients to be seen within NICE guidelines
Ineffective communication when patient not included on multi-disciplinary meeting (MDM). Decision making / communication	Ensure appropriate communication to enable a clear care management plan is implemented if the patient is not to be included on an MDM
Duty of Candour not followed and incident report not completed following being informed of incident Duty of Candour training Incident reporting	All staff to have a clear understanding of the statutory requirements of Duty of Candour Duty of Candour training to be completed Incidents to be reported by the person informed as soon after the event as possible – preferably on the same day

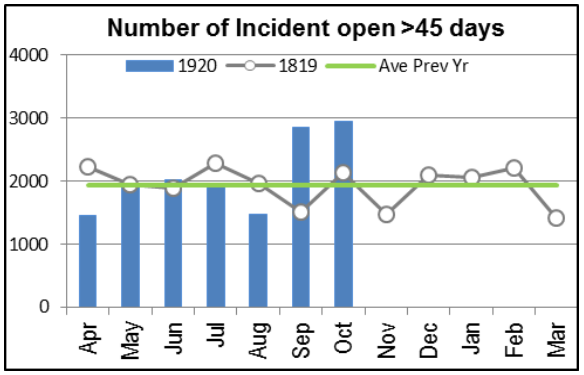
Learning from Falls Panel:	Learning:
Patient assessed as requiring falls alarm to have the device connected to alert staff when patient required assistance with mobilising.	Patient assessed as requiring falls alarm should have the device assembled and connected to alert staff.
Patient with recurrent falls did not have enhanced care assessment undertaken to inform on the level of monitoring required and requirement identified to ward patient being transferred to.	Enhance care assessment should be considered for patients having recurrent falls to determine the level of monitoring required and measures required handed over to receiving ward.
Patient to have assessment for risk of falls and preventative measure required immediately on admission to ward.	Assessment of risk of falls to be completed immediately on admission/ transfer to ward and measures required implemented to reduce the risk.
Post fall patient not assessed for injury and consideration on the appropriate moving and handling method.	Post Fall management of patient – to assess patient for injury and flat lifting using scoop stretcher if injury / fracture suspected
Patient at high risk of falls nursed in an area not appropriate for patient on trolley and at high risk of falls and not in the presence of staff.	Patient not to be nursed in area not designated as appropriate for patient group/type (trolley patient and high risk of falls)

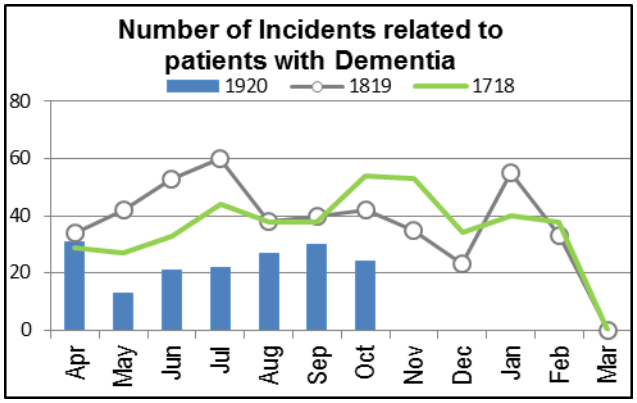
Safe	Incidents	Sep-19



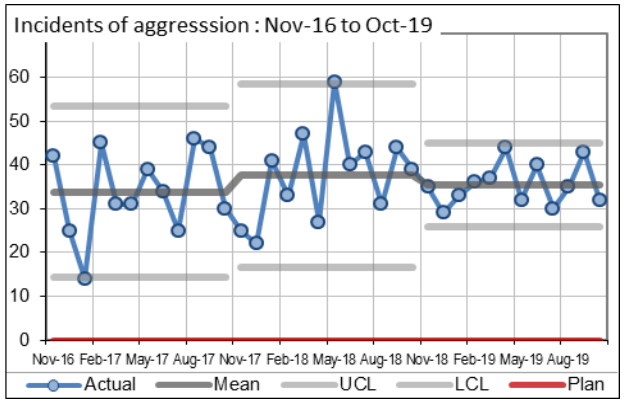


	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Other	24	19	17	27	26	16	25	24	26	27	39	23
MAID	413	320	435	375	370	392	369	342	368	347	368	499
TW	596	511	632	545	543	546	540	520	551	576	562	608





Incidents related to patients with Dementia decreased in October to 23 and remain lower than last year.



Incidents of Aggression (Abusive, violent, disruptive or self-harming behaviour)

The number of incidents open for more than 45 days increased further in October to 2,946.

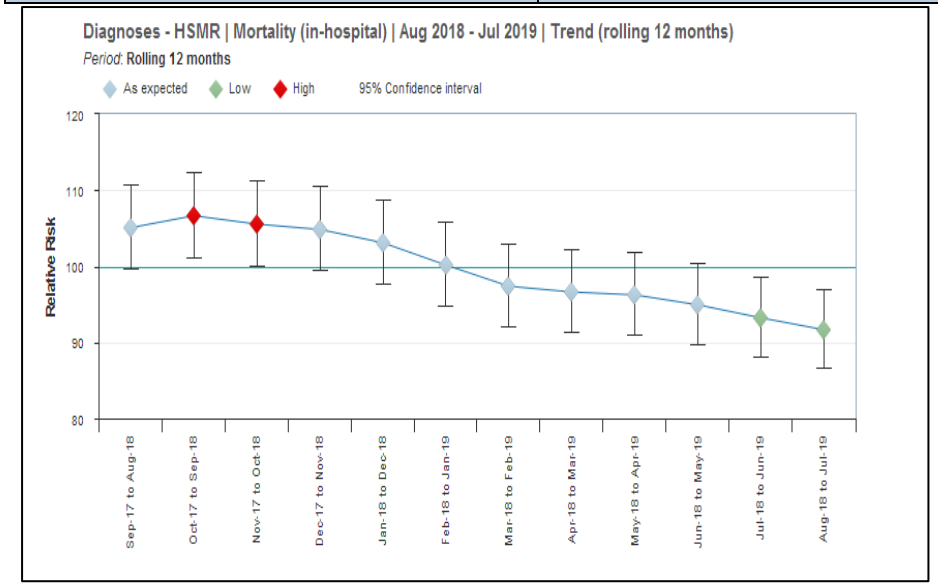
The Interim Datix Project Manager is facilitating ward based sessions to support with the closure of incidents

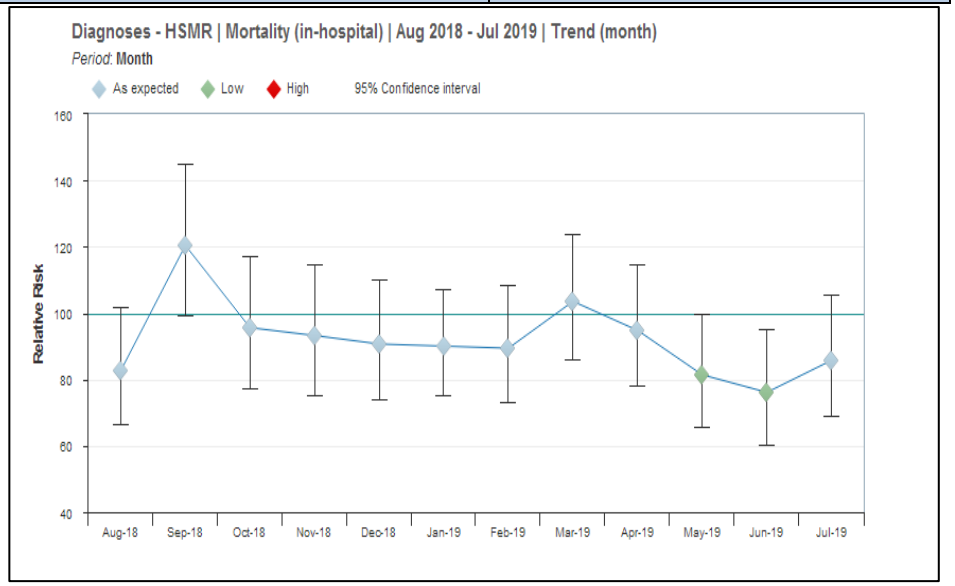
Incidents that are Severely Harmful: The rate of incidents that were severely harmful reduced further in October to 0.71 which is below the limit of 1.23.

Incidents of Abuse towards Staff: Incidents decreased in October to 22 which is 69% of all incidents of aggression reported (32 in October). This is below the average.

Summary:	Actions:	Assurance:
The rate of incidents that were severely harmful reduced further in October to 0.71 which is below the limit of 1.23. Following the significant increase in the number of incidents open for more than 45 days in September this has increased further in October to 2,946.	The monthly reports sent to the Directorates contain the number of open incidents and include the caveat that this must be reviewed and closed in a timely fashion. An improvement trajectory has been included within the Patient Safety Action plan. A "kick-off" meeting with Datix is yet to be organised. With the additional resource in the Patient Safety team; more hours will be allocated to the review and closure of incidents.	Oversight of incidents and learning disseminated to Divisional Governance meetings. Dementia incidents overseen and actions required discussed at Dementia Strategy meeting. Violence and / or aggression towards staff are overseen at Health & Safety Committee. The Patient Safety Manager attends CG Meetings. The Patient Safety Manager is attending Clinical Governance meetings to provide additional feedback and support.

Effective	Mortality	Oct-19





The Trust has seen significant improvements in the Relative Risk Rates & the Crude Rates since Oct-17, the volume of spells has continued to rise in the same period due to the change in casemix. This has resulted in the Trusts Expected Risk Rate reducing to 3.4%

The Maidstone HSMR site position is 91.2 & the TWH HSMR site position is 92.1.

Both the weekend & weekday HSMR Rate have significantly improved since Dec-17; 93.7 & 90.5 respectively as at Jul-19.

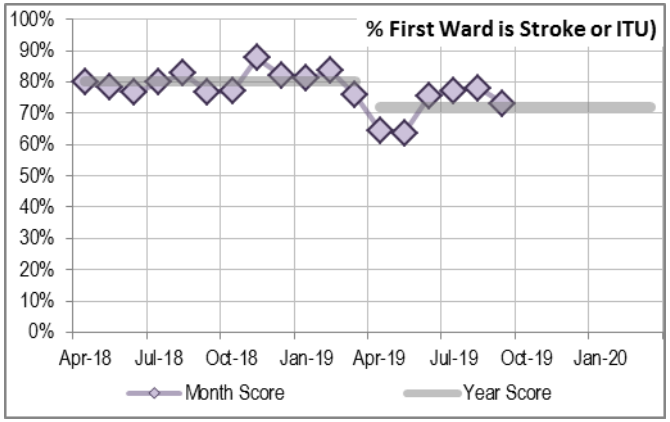
Respiratory Medicine is showing as a red risk with a weekday Relative Risk of 120.7 (161 deaths).

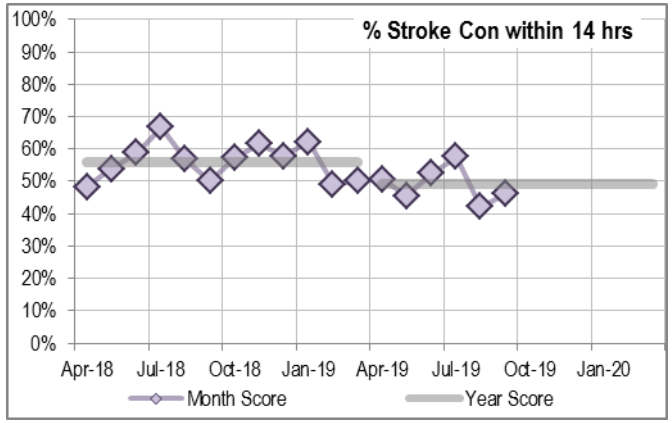
Work is progressing with the Datix Implementation group to introduce the new Datix IQ Cloud based system. When introduced this will also include the addition of a further module for Mortality.

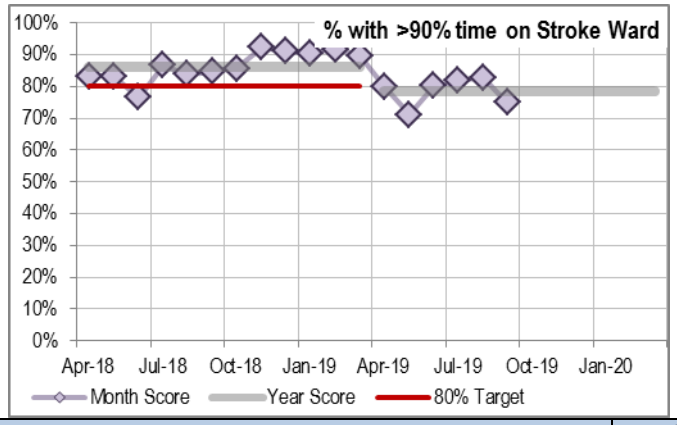
The intention is to move all Mortality reviews to an online reporting process. It is anticipated that the new Module should be made available to our Datix Project Manager and IT support during December 2019. Once we're in receipt of this we will then be able to start work on the transitioning of all our current mortality review paperwork onto the online system. Once the process has been tested and assurance provided that it will be able to report as needed there will be a launch of the revised process and a rollout of training to ensure that all clinicians are able to report and access the system. A Datix Bulletin is being published monthly to ensure that staff are kept informed of progress.

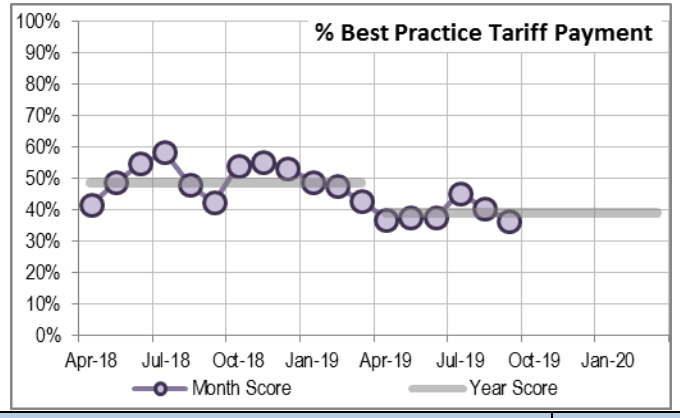
Summary:	Actions:	Summary:
The Risk Adjusted Hospital Standardised Mortality Rate (HSMR) and SHMI are both within acceptable limits and the Trust is no longer an outlier. The HSMR has been below 100 for the last six reporting periods. HSMR: August 2018 – July 2019 - 91.7 (86.6 – 97.0) SHMI: June 2018 - May 2019 - 104.12 (89.02 - 112.33)	**Mortality Review Audit –** 6 monthly review audit took place in October. Key learning has identified; delays in the recognition that the patient was dying and prompt palliation and use of the **End of life Care plan**. It is also recognised that many of these patients would have benefited from use of the **Amber Care bundle** to instigate those difficult conversations.	**Medical Examiner working group –** continues to meet on a monthly basis. JD's for the Medical Examiner Officer have been submitted for AfC banding. Dates for interview of the Medical Examiner are being identified with the Senior Coroner for Kent & Medway and conversations are taking place with the Regional Medical Examiner re Number of PA's required at MTW.

Effective	Stroke Best Practice Indicators	Oct-19









Data is now reported one month behind (September) to allow time for the data to be fully captured and validated. The timeliness of data capture and reporting is being addressed with the service.
There are three main stroke indicators that constitute Stroke Best Practice.

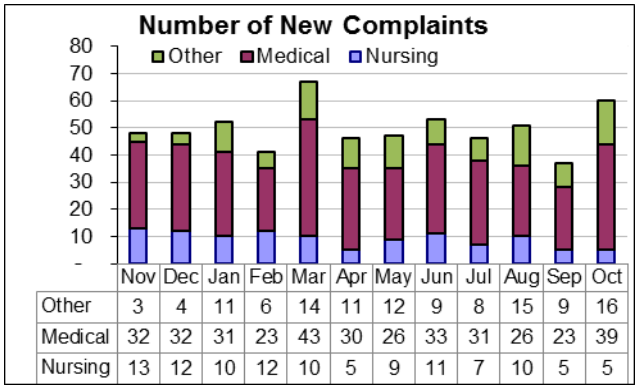
First Ward must be a Stroke Ward (or ITU): last year averaged 80.2%, but this year has reduced to 71.9% for Sep.

Stroke Consultant within 14 hrs: Performance has been lower in Aug and Sep due to a combination of annual and compassionate leave and data quality and completeness. The validated position for Sept has improved from the 23% (previously reported) to 46.2%.

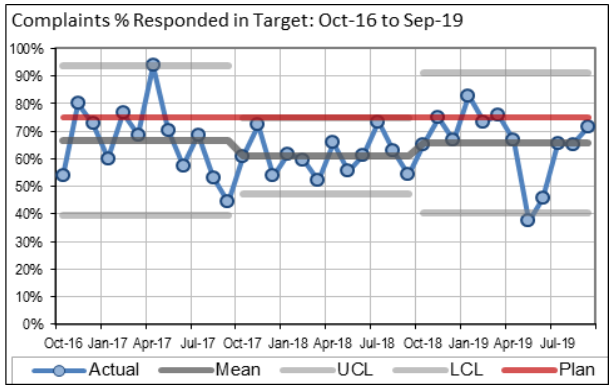
90% of Spell on Stroke Ward. a change in guidance means that this metric is now calculated differently. In 2018/19 was 86.2%, but this year is reported at 78.6%.

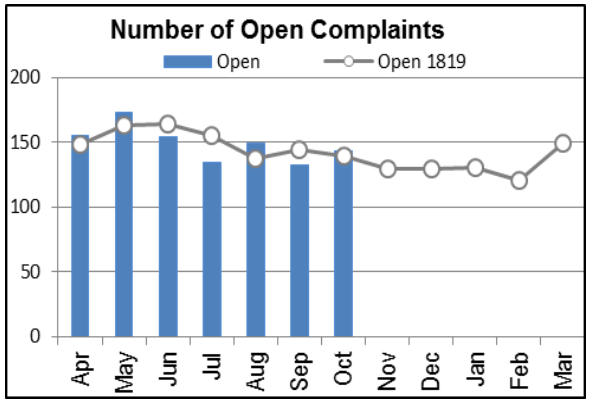
Summary:	Actions:	Assurance:
There are now three stroke indicators that constitute Stroke Best Practice. a) admitted direct to a stroke or intensive treatment ward, b) See a stroke consultant within 14 hours of arrival or their stroke if that happens on-site, c) Spend 90% of their spell on a stroke ward. 35.3% of patients this year have qualified by meeting all three indicators. In 2018/19, the percentage passing all 3 tests & qualifying for a Best Practice Tariff payment was 48.7%. The current rate for 2019/20 is 39.3%.	1.Stroke CNS team to monitor compliance against BPT 2. Stroke CNS team to investigate non-compliance 3. Current monitoring of these BPT targets have shown that any patient that spend any time on CDU before Stroke ward fails this target 4. Currently Stroke consultants cover 5 days a week 5 90% spell on Stroke often not achieved due to increased capacity issues on the MGH Site / due to diverts from TW	1.BPT data now sent fortnightly 2. Action plan now in place to monitor and validate data. 3. ED teaching by CNS team for early recognition of Stroke symptoms and early referral to Stroke to avoid transfer to CDU. It is not clinically appropriate for any suspected or conformed stroke to go to CDU 4. Post reconfiguration of Stroke services with seven day working will improve this target. 5. Daily identifying of most appropriate pts (end of Stroke pathway) to be first to move from Stroke.

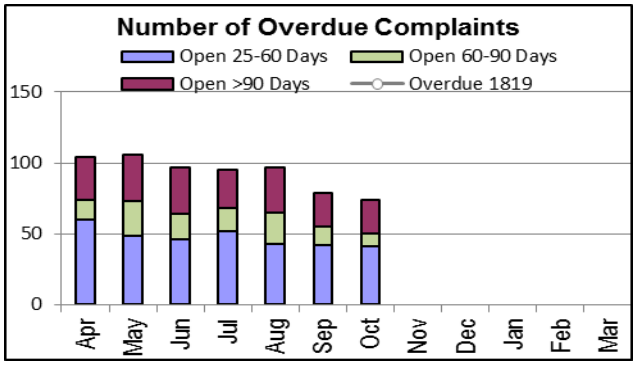
Caring	Complaints	Oct-19



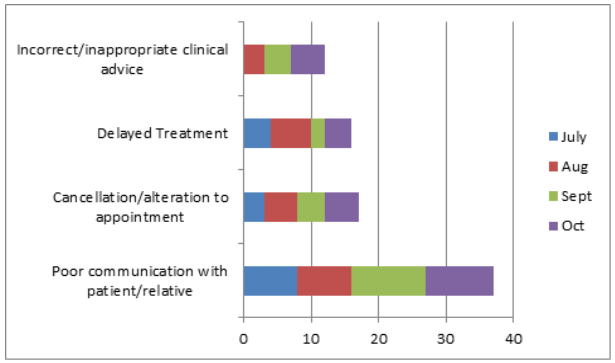
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Other	3	4	11	6	14	11	12	9	8	15	9	16
Medical	32	32	31	23	43	30	26	33	31	26	23	39
Nursing	13	12	10	12	10	5	9	11	7	10	5	5







Overdue complaints have decreased further in October to 52, below the average of 65 last year. The decrease was for those open between 60-90 days.



Top themes/subjects raised in complaints made about events that occurred in October 2019. There were no complaints relating to patients with Dementia (1 YTD).

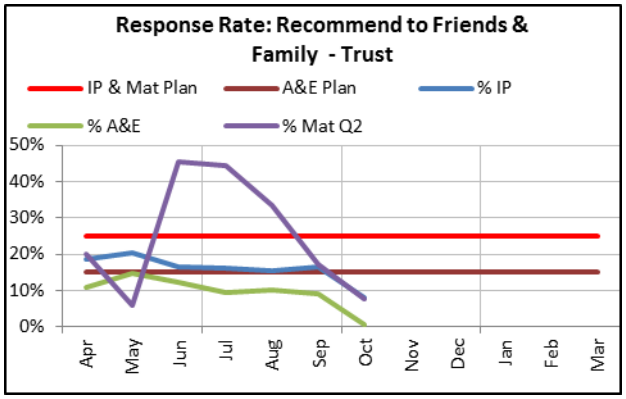
Open Complaints: The number of open complaints increased slightly in October. Of the 143 complaints currently open, the largest proportion is in both the Medical and Surgical Divisions, with the biggest increase being in medical specialties. Of the complaints open more than 90 days, 3 have been open for more than 6 months (decrease of 5 from last month)

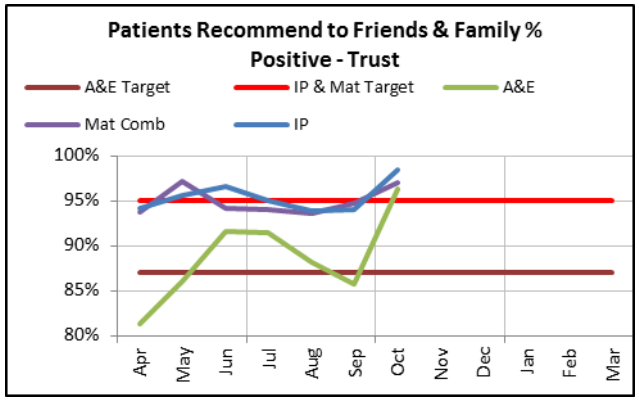
Themes of Complaints: The subject of complaints with the highest number remains poor communication with patients/relative, and numbers are beginning to increase month on month. Complaints about cancellations/alterations of appointments show an increasing trend.

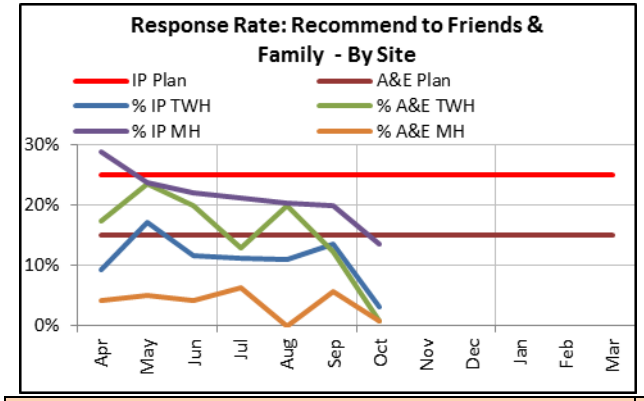
There were 20 compliments recorded in October, however not all compliments get recorded centrally.

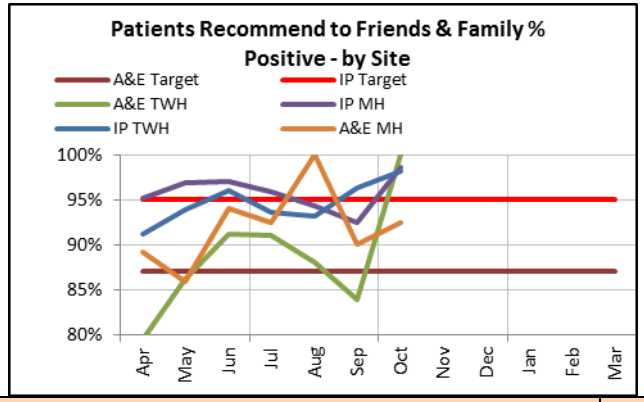
Summary:	Actions:	Assurance:
Performance increased significantly to 85.4% in October, thererfore achieving the 75% target. YTD performance remains below taret at 62%. Divisional performance increased to 90.2% for October and is at 81.3% YTD which is above the 75% target.	Second round of recruitment to Deputy Complaints and PALS Manager underway – interview date 28 November Prospective weekly reports sent to all directorates to support achievement of response target.	Continued regular monitoring of all open complaints with reports to CN. Learning published in the Governance Gazette.

Caring	Friends and Family Survey (FFT)	Oct-19









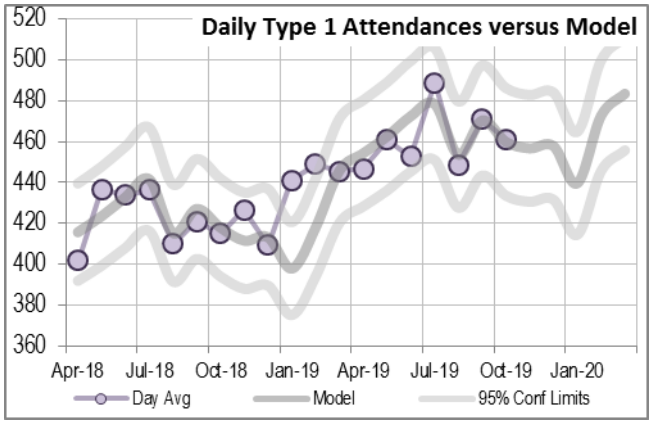
FFT Response Rates: IP, Maternity and A&E have shown large decrease in first month of reporting due to process changes. Overall Trust response rate has reduced to 3.1% for IP in October compared to 13.4% in September, against YTD position of 10.9%. OP response rate at 59% in October, second only to May's position of 62.5%.

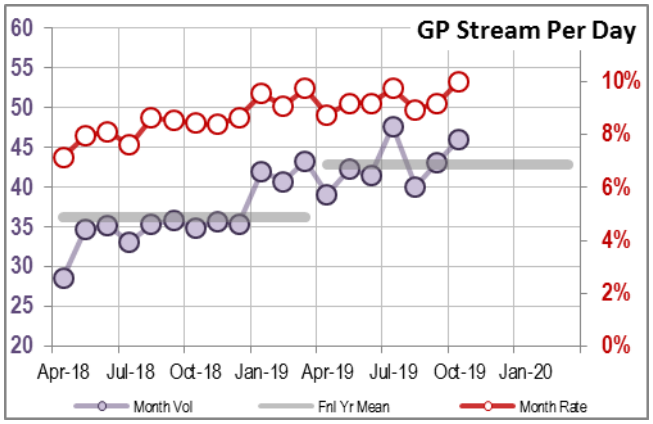
FFT By Site/Ward:

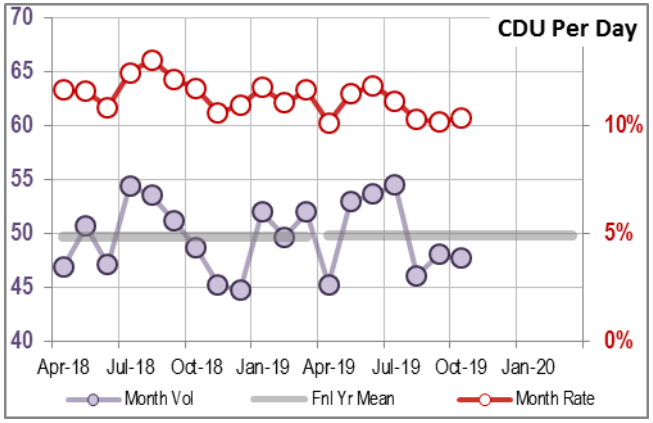
FFT Percentage Positive: Despite low response rates, percentage positive has increased in all four areas. Inpatients rate for Oct is 96.2% with YTD at 98.1% with both sides of Trust over 98% for October. Maternity performance for Q2 only (birthplace) shows 100% for Maidstone Birth Centre (MBC) with no respondents for TWH or Crowborough Birth Centre. A&E is at its higher % positive all year, despite a response rate of 0.8%. OP has remained with same response procedure with over 7000 responses in October. Satisfaction rate is at 82.3% in October with YTD 82.2%.

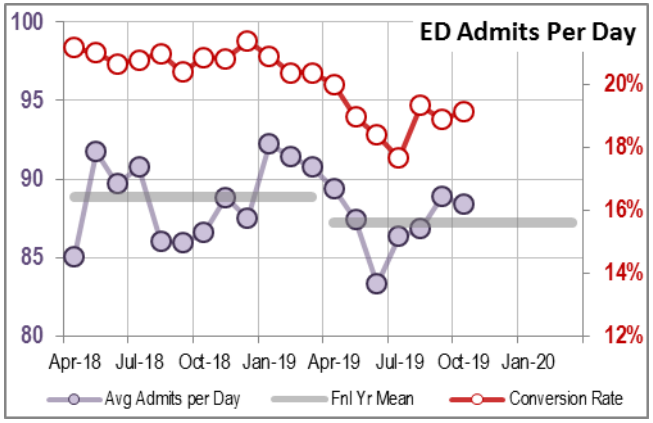
Summary:	Actions:	Assurance:
Response rates have varied widely in October due to it being the first month of the new provider. A large percentage of the respondents have been manually entered by the Patient Outcomes team, this process is only set to continue for November reporting.	Implementation meetings with new provider IQVIA to continue on a regular basis post go live to highlight and address any issues. Additional services now added who will be undertaking FFT with new provider. FFT Walkabout arranged for 20th November to raise awareness, review process and identify any issues. Additional Webex demonstration to be confirmed	Department logins now available to access new FFT system at local, directorate and divisional level and will be shared. Training session date to be confirmed for November for teams to cascade access to the system. Information regarding pocess and collection shared with all areas in particualr for areas who are new to FFT. Upload dates agreed and confirmed.

Responsive	Non-Elective Flow: Into Hospital	Oct-19









Attendances: Type 1 attendances averaged 427.0 per day in 2018/19 – 7.1% up on the previous year. We are currently forecasting a 8.4% increase on that for 2019/20

October was almost exactly as expected at 461.2 per day. This represents the 3rd busiest month ever

GP Stream: This averaged 36.3 per day (8.5% of arrivals) through 2018/19. So far this year it's 42.9 (9.3% of arrivals). A max of 66 slots are available per day across sites.

Clinical Decision Unit per day: In 2018/19, an average of 49.7 patients per day were admitted to CDU, but went no further. This was 11.6% of all attendances. So far this year it is 49.8 per day and 10.8% of attendances.

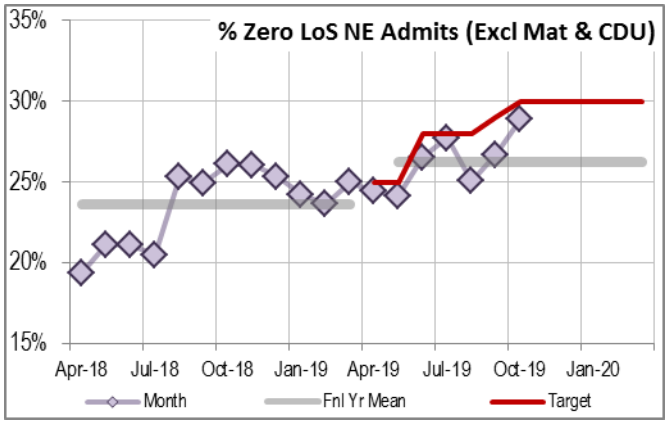
These patients are classed as NE admissions, but don't actually leave the ED, don't occupy a general or acute bed.

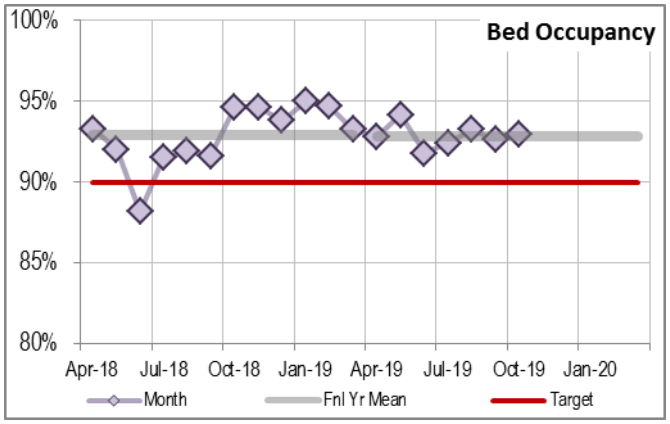
ED admits per day: This counts all patients leaving the Emergency Department to go into the main hospital. CDU patients only count here if they are transferred to another ward.

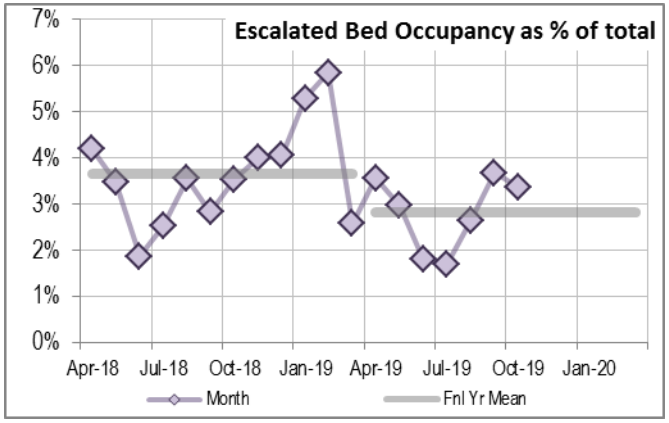
2018/19 averaged 88.9 per day. Or 20.8% of attendances. This year we average 87.2 against much higher attendances, so the percentage is now 18.9%.

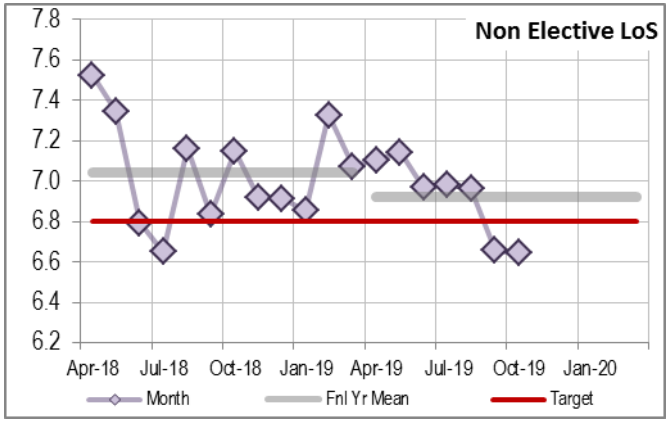
Summary:	Actions:	Assurance:
Type 1 attendances are currently showing an annualised growth of 9.26% (last 52 weeks v preceding 52). October was the 3rd busiest month ever. YTD, 9.3% of arrivals are streamed to GP, 61.2% are treated in ED, 10.8% are admitted to CDU but no further and 18.9% are admitted beyond CDU.	SDEC continues to be embedded with 7 day cover on both sites. Improving processes for both AEC to increase referrals. Ambulance handover plan in place with increased SECAmb/ CCG/ MTW working. Identification of key escalation phone numbers at SECAmb and roles/ responsibilities within MTW. This will also support at the front door during times of increased pressure. Development of 10 weeks to Christmas to improve flow and hence the ED picture with good results around EDN completion earlier in the day.	Work continuing to ensure all departments within Trust feel a part of the 4Hour Access Standard –Increased profile on ambulance handovers. Focused bed meetings on actions. Linking with NHSI on ambulance handovers/ flow ECIST visit to ED 5.11.19 to support ambulance handovers Multi-professional Huddle embedded daily at 08.30

Responsive	Non-Elective Flow: Bed Management	Oct-19









The percentage of Non Elective (NE) admits that are zero LoS has been rising as increasing numbers of patients go through Assessment / Ambulatory type wards. 23.7% in 1819, 26.3% so far this year, 28.9% in October. Excludes clinical decision (CDU) only patients & Maternity. CDU patients are not generally receiving treatment.

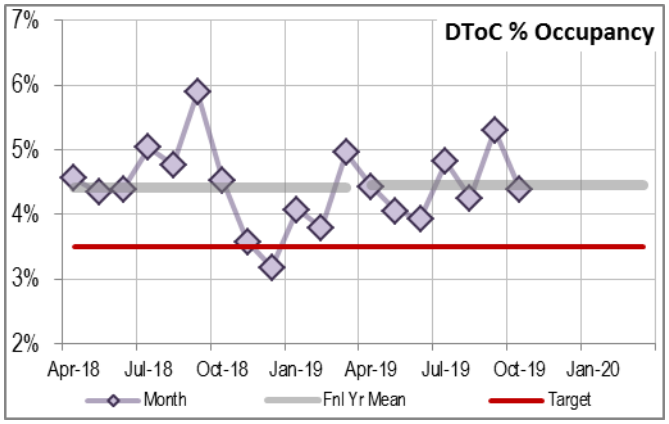
Bed occupancy averaged 92.9% last year (based on the 7am bed census). So far this year it's almost exactly the same. Bed occupancy tends to hit a minimum in late Spring / early Summer, but this has not happened this year. Many of the beds flagged as available on this census are paediatric, ITU or specialist wards not available for general NE admissions

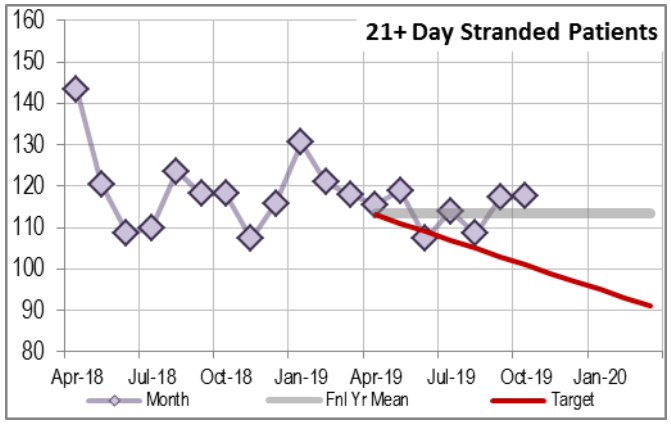
Escalated Bed Occupancy. Last year, escalated beds were an average of 3.6% of our total occupancy, rising to 5.8% in Feb-19. So far this year, we are at 2.8%, which is an improvement on last year. Oct was 3.4%

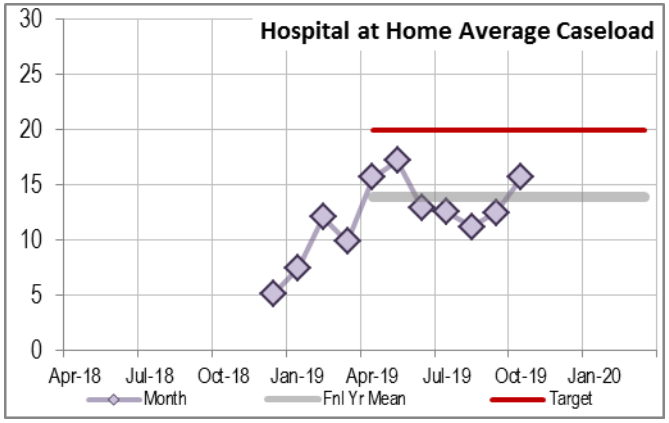
Non Elective Length of Stay (LoS) is something the Trust is actively trying to reduce, as it feeds directly into bed occupancy. Last year the Trust averaged 7.05 days. This year so far it's marginally lower at 6.92, but this difference is too low to be statistically significant.

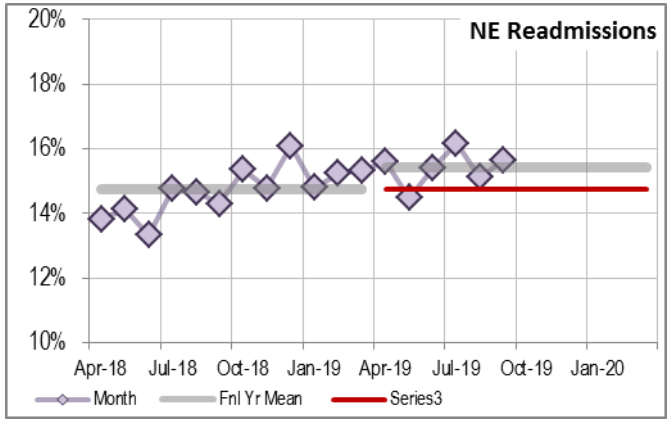
Summary:	Actions:	Assurance:
26.3% of all Non-elective (NE) admissions are now zero LoS (not counting CDU patients). Bed occupancy is consistently between 92% and 95%, but escalated beds are a significant improvement on the same period last year. Non-Elective length of stay (LoS) is marginally lower than last year at 6.92	SDEC Surgery building quotes have been requested, to improve patient experience with separate rooms for hot clinics. Clinical Utilisation Review (CUR) new lead has been identified, with plans to make the process BAU. NOF project has launched, all appropriate patients being transferred to Tonbridge Hospital for rehabilitation.	LOS reporting: % of non-elective take seen with 0 LOS Aug: 21.2, Sept: 24.6 Surgical 0 LOS Percent of Take: Aug: 38, Sept : 39.3 Non elective LOS in Medicine: Aug: 7.6 Sept 6.9.

Responsive	Non-Elective Flow: Out of Hospital	Oct-19









Delayed Transfers of Care (DToC) are (broadly) a subset of MFFD, representing patients whose care needs to be transferred to another provider via the Integrated Discharge Team. These were 4.42% of occupancies in 2018/19, and 4.46% so far this year. Sep spiked at 5.30%, but Oct is back down at 4.38%

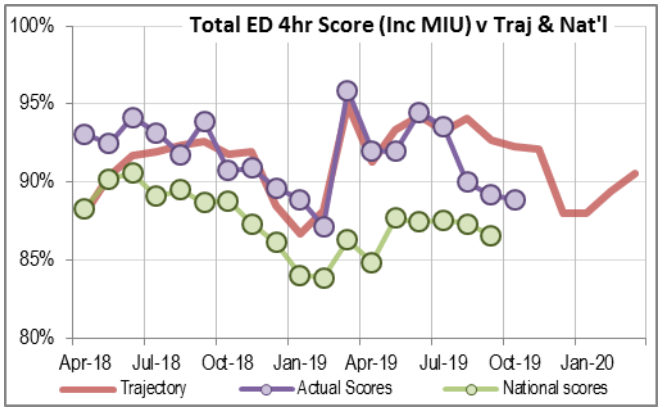
Stranded patients is a daily snapshot of the number of patients with a current LoS of 21 days or over. Last year, this averaged 119.5 patients. So far this year, we are at 113.5, and Oct was 117.5

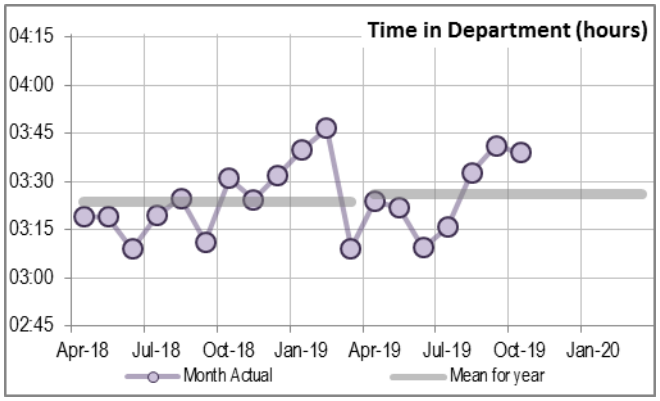
Hospital at Home is an average of the daily snapshot of patients on the H@H scheme. The intention is to run at around 20 patients. Every patient on the scheme effectively frees up a bed. This year we average 14.0, and Oct was 15.7

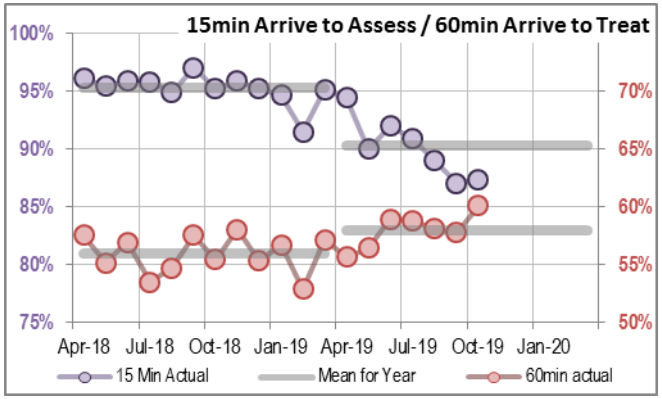
NE Readmissions. Averaged 14.7% in 2018/19, rising steadily through the year. This year's rate (to 30-Sep) is 15.4%. The latest month is generally prone to slight (~0.2%) undercounting. This is the official 30 day Readmission key performance indicator, with cancer and Mental Health patients excluded. Increasing use of short stay units applies upward pressure rates by counting patients who would otherwise have gone home from ED

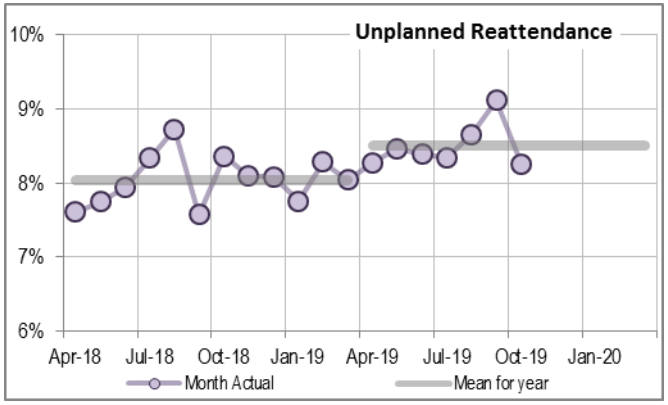
Summary:	Actions:	Assurance:
DToC had been coming down over time, but increased in September due to a reduction in exit pathways, especially PoC. Stranded patient's average is 113.5 so far this year compared to 119.5 last year, and the Hospital at Home scheme has effectively freed up 10-20 beds. Readmissions continues to rise, and is 15.4% so far this year, but much of this is a feature of increased SDEC. Staffing levels have created issues internally and externally over the summer period.	# NOF pathway to TCH to be embedded during November and December Increase numbers on hospital at home – still some reluctance to discharge to scheme – new model of clinical responsibility commenced 1/11/19 Care home turnaround scheme commenced mid-month – to be reviewed and PDSA cycles to be completed in November	- Daily sign off of Delayed transfer of Care at team leader level - Daily review of 21+ numbers - Long length of stay walk-arounds on 'long stay Tuesday' initiative. Escalation call to execs on Thursday morning to highlight issues - weekly review of #NOF patients across organisations to improve transfer process MFFD remains below target of 90

Responsive	A&E Performance Indicators	Oct-19









4 Hr Time in Department: Performance has been down for 3 months now, coming in at 88.89% against an agreed trajectory of 92.27% for October

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Total Time in Department averaged $3^h 24^m$ for Type 1 attendances through 2018/19. YTD the Trust is back at 3^h26^m compared to 3^h19^m for the equivalent part of 18/19. Oct was 3^h39^m

15 minute arrival to assessment performance was 95.35% for 2018/19, but is averaging 90.30% so far this year

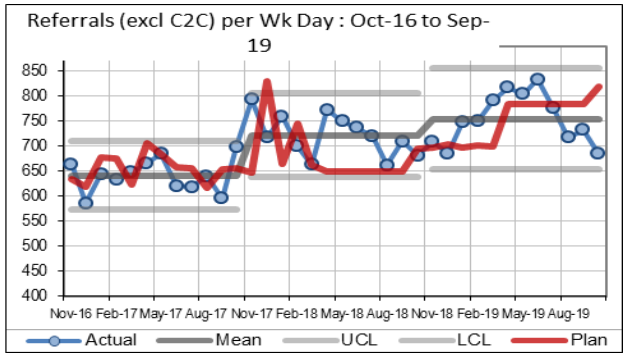
60 minute time to treatment averaged 55.89% for 2018/19, and are slightly higher this year at 57.98%

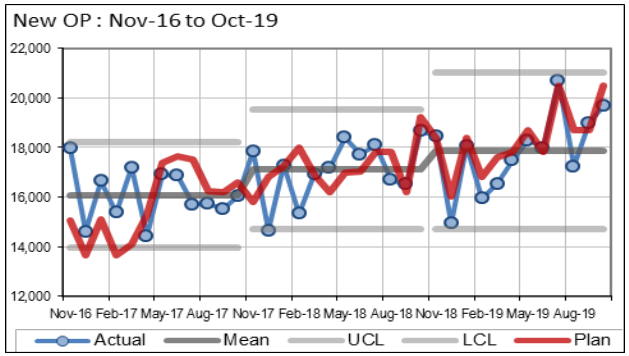
Unplanned re-attendance rate is a second unplanned visit, arriving less than 168 hours since the last attendance conclusion. This averaged 8.04% in 2018/19, and is 8.50% so far this year. Sep spiked at 9.08% but Oct is back down to 8.25%

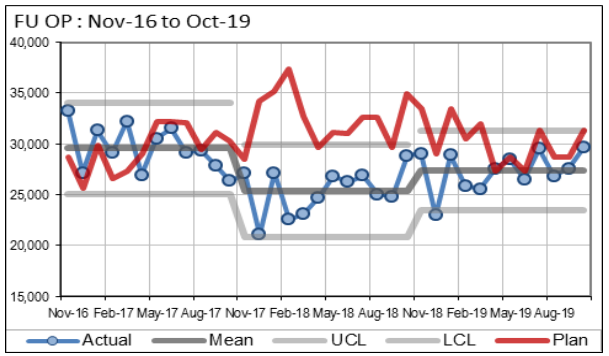
Ambulance Handovers: Last year, 9.9% of ambulances were delayed 30-60 mins, and 1.5% were delayed > 60. This year so far it's 12.1% delayed 30-60 mins and 1.4% >60. Sep spiked but Oct was better at 11.5% / 1.5%

Summary:	Actions:	Assurance:
Performance was 3.4 percentage points below target in October. YTD, the average Time in Department is now significantly up on the same as last year at 3^h19^m, 15 min pass rate is down to 90.30%, 60min pass rate is improved at 58.0%, and unplanned re-attendance rate is up significantly at 8.50%.	Continue to recruit a substantive workforce for the Emergency Departments. Identification of staff to support "hello" nurse on ongoing trial. Development of plan to support additional consultant sessions within Rapid Access Physiotherapy. Agreement to develop 7 bed Rapid Access Physiotherapy at Maidstone by Feb 2020 from Executives. Secure funding for trollies required to run efficient ED departments.	Continued focus on staff provision and demand analysis. Commencement of winter planning to ensure bed capacity.

Responsive	Elective Flow – Referrals and Outpatients Activity	Oct-19







Referrals: The level of Referrals (excluding Cons to Cons Referrals) reported decreased further in October to 685 per working day. This compares to 681 per working day in October last year. Referrals are always lower in the most recent month as there is an element of cashing up in the data and it is expected that the final total for October will increase to be a similar level to September. At the time of reporting last month referrals for September were 687 per working day but this has now increased by 45 to 732 per working day (+ 6%). Referrals are 3% below plan YTD. The level of referrals will need to be closely monitored over time to see if there is a decrease in demand.

There has been a 2% increase in Consultant to Consultant referrals YTD compared to the previous year.

New outpatient activity: Activity increased by 4% in October to above the average but remained 4% below plan in October and is 1.7% below plan YTD. Activity per working day was 11 lower than September and was 82 higher than October last year. Activity from July onwards has been adjusted slightly with an estimate of the activity being done in the Independent Sector but these are relatively small numbers. Overall all specialties saw an increase in activity in October compared to September except for T&O, Urology, Pain Management, Endocrinology and Paediatrics. General Surgery saw a 25% increase, Ophthalmology saw a 13% increase, Gastroenterology saw a 13% increase and Cardiology saw an18% increase.

The YTD variance from plan is mainly due to over-performance for specialties such as GUM, Maternity and Oncology. Without the non-RTT specialties included activity would be around 9% below plan YTD

New Outpatient Activity by Specialty: The specialties furthest from plan YTD remain ENT (-23.4%), Gastroenterology (-22.3%), Ophthalmology (-14.9%, and T&O (-13 %) which is directly impacting on their achievement of their non-admitted RTT Trajectories. Gynaecology remains 13.7% above plan YTD.

OP Follow Up Activity:

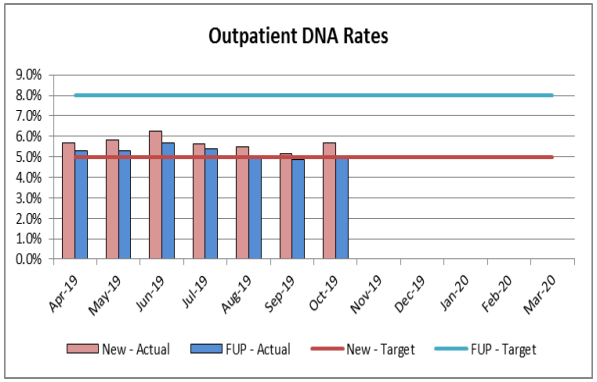
Follow up activity increased in October (the number per working day was 34 higher than September and 92 higher than October last year). Activity is now above the average. Activity was 5.6% below plan in October and 3.6% below plan YTD.

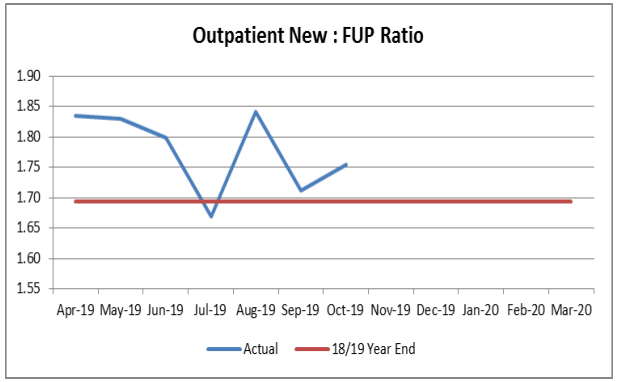
The key issues that contribute to lower than planned New Outpatient work remain:

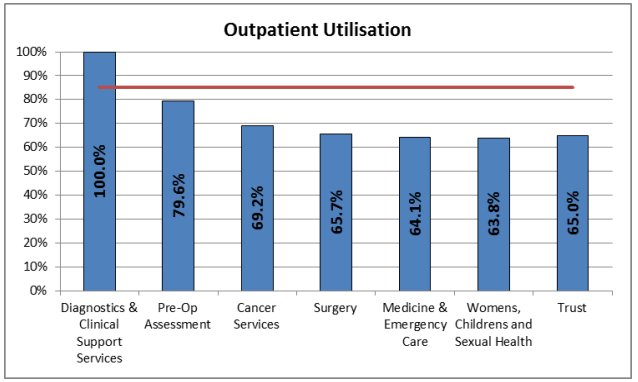
Ophthalmology is below the activity plan although there appears to be no issues with the triaging system.

Summary:	Actions:	Assurance:
Referrals are 3% below plan. New Outpatient activity is 1.7% below plan YTD. However, for the main RTT Specialties this is 9% below plan YTD. Specialties furthest from plan remain ENT, Gastroenterology, Ophthalmology, and Trauma & Orthopaedics	Musculo-skeletal (MSK) pathway proposal agreed with Kent Community Healthcare Foundation Trust (KCHFT) went live on 30-09-19. The analysis shown to date demonstrates that the non AIC (Aligned Incentive Contract) referrals are down specifically from the Swale area in T&O, Ophthalmology and ENT.	Regular performance meetings with KCHFT in progress. Performance has improved. Yearly trends review and weekly monitoring has been implemented to understand the decrease although early indication suggests no trends.

Responsive	Elective Flow – Outpatient Efficiency	Oct-19







New DNA Rate: The New OP DNA Rate showed a downward trend during 2018/19 from a high of 6.7%, the YTD average for 2019/20 is 5.68% however October saw an increase to 5.66% from 5.17% in September. Dietetics, Paediatric T&O & Speech Therapy saw an increase in their Oct-19 DNA Rate; 7.6%, 20.5% & 6.3% retrospectively. There has been significant improvement within Thoracic Medicine.

FUP DNA Rate: The Oct-19 FUP DNA Rate has increased to 5.02% from 4.86% in Sep-19, with a YTD position of 5.2%; the increase has been driven by an decline in Diabetes (10.4%), however Pain Management & Vascular Surgery saw an improvement (9.2% & 7.3% retrospectively). As a Trust we remain below the 8% target.

New:FUP: The New:FUP rate has increased very slightly, with Oct-19 increasing to 1.75 from 1.71 in Sep-19. The YTD New:FUP ratio for the Trust is 1.77.

Cancellations <6weeks of Outpatient Appointment: The cancellation of appointments <6weeks continues to be an issue at 15.3% YTD compared to a target of 8% with the majority of specialties higher than the target.

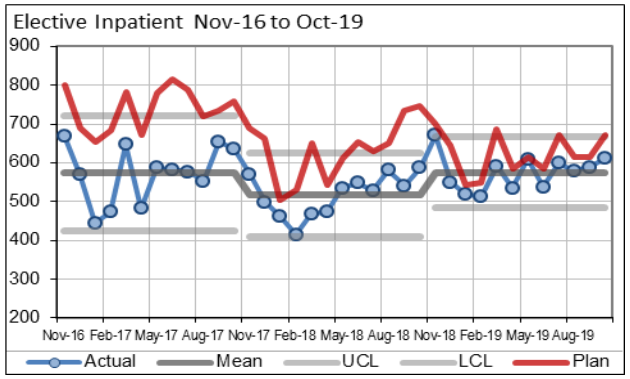
ERS Slot Unavailability: The ERS Unavailable Slot %age remained high in Sep-19 (this runs 1 month behind) at 22.8%. There is a particular issue in ENT (17%), Medical specialties (25.5%) and Gynaecology (66.7%). T&O saw an improvement in the ERS Unavailable Slot %age to 7.4%.

There are several data quality issues being discussed around the outpatient utilisation figures including allocating the 'unallocated' slots in the clinic templates to either a new or FUP slot. A piece of work is ongoing to identify the unused clinics and get them removed from the PAS system. The OP Utilisation figures are therefore currently understated.

The monthly utilisation figures have been averaging 65%. T&O Directorate has the highest utilisation YTD at 73.3% & Urology/Gynae Onc/Breast/Vasc Surgery has the lowest at 49.9%. There are still a considerable amount of uncashed up appointments in September & October (668, 1684 retrospectively) which will affect the utilisation. YTD utilisation is 65%.

Summary:	Actions:	Assurance:
There are some data quality issues regarding the outpatient utilisation figures so current performance is understated, however utilisation remains low in some areas. Following a downward trend seen last year DNA Rates have remained fairly static so far this year. ERS Slot unavailability was 22.8% in September.	Appointment Slot Issues (ASI's) continue to be monitored with the relevant speciality. Speciality templates remain an issue and are ongoing from the changeover to Allscripts Patient Administration System (PAS) in Oct 17. All templates need changing.	Daily report is being circulated to the specialities. Weekly report circulated to the DOO and action plans requested. Performance has improved. Plan to change the outpatient clinic templates is being explored.

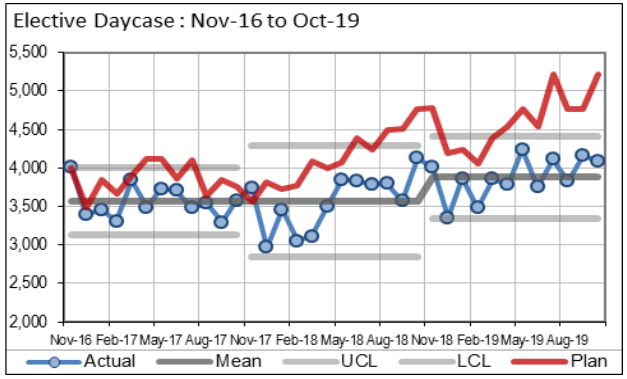
Responsive	Elective Flow – Inpatient Activity	Oct-19



Inpatient activity was 9.1% below plan in October & YTD is 6.8% below plan. This was a further 4% increase in activity compared to September. Activity per working day in October was almost exactly the same as September and was slightly higher than October last year.

T&O is 33.2% below plan YTD. Gynaecology is 30% below plan YTD, Ophthalmology remains 27% below plan YTD, Paediatrics is 40% below plan and Urology is 20% below plan YTD. Cardiology & ENT are 23% & 4% above plan YTD respectively.

Trauma & Orthopaedics elective activity has been adjusted slightly with an estimate of the activity being done in the Independent Sector for July onwards but these are relatively small numbers.



Daycase Activity was 10% below plan in October and 5% below plan YTD. Activity decreased in October. The number per working day was 13 lower than in September and 6 higher than October last year.

Both Surgery and Urology saw around a 20% increase in day case activity in October compared to September.

YTD T&O is 47% below plan, Ophthalmology is 27.6% below plan, Urology is 26.1% below plan, Gynaecology is 18.8% below plan and ENT is 15.7% below plan. Surgery is now 1.7% above plan YTD.

Total Elective Activity (IP and DC Combined):
Overall activity was 10% below plan in October & is 5.2% below plan YTD. Activity decreased in October by an average of 13 cases per working day compared to September.

T&O activity remains 43% below plan & Ophthalmology is 28% below plan YTD.

Surgery is now 1% above plan YTD. Gynaecology remains 23% below plan, Urology is 24% below plan, Cardiology is 21% below plan and ENT is 13% below plan.

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

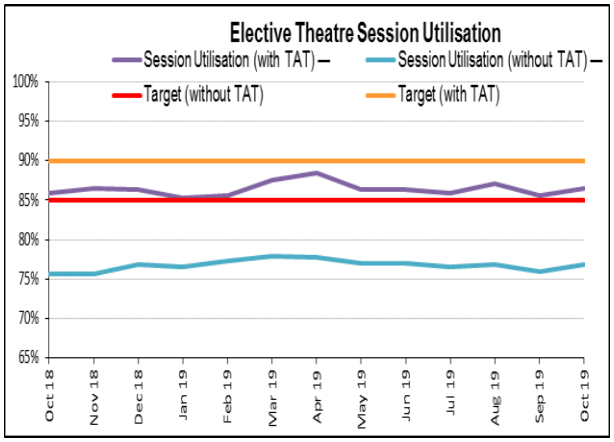
Key vacancies in consultant and trainee posts in a variety of specialties (Neurology & Endocrinology) Capacity issues in Ophthalmology.

The T&O efficiency plan commenced 15/08/19 and the Ophthalmology plan has been implemented and is progressing well.

The prime provider model activity is being closely monitored in order to assess if the data is being recorded accurately so that trends and activity numbers can be monitored.

Summary:	Actions:	Assurance:
Overall activity decreased by around 13 cases per working day in October compared to September and is 5.2% below plan YTD (DC is 5% below plan and IP are 6.8% below plan). The specialties furthest from plan YTD remain T&O, Ophthalmology, Urology, Cardiology and Gynaecology which is directly impacting achievement of the RTT admitted pathway trajectories. General Surgery is now above plan.	Weekly monitoring of the specialty activity plans including non-AIC, AIC and Independent Sector (IS) activity. Specialities have devised activity plans to get back on track.	Weekly monitoring via -6-4-2 scheduling meeting, weekly monitoring at RTT Patient Targeted List (PTL) meeting, daily review at the elective bed meetings. Weekly monitoring at the divisional finance meeting within planned care.

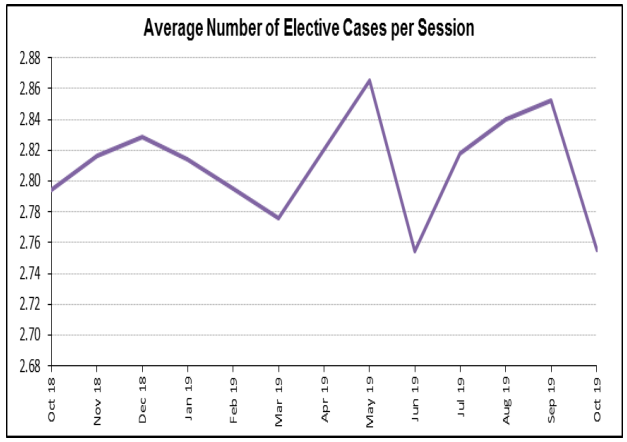
Responsive	Elective Flow – Inpatient Efficiency	Oct-19



Utilisation with TAT has increased slightly to 86.4% from 85.7%.

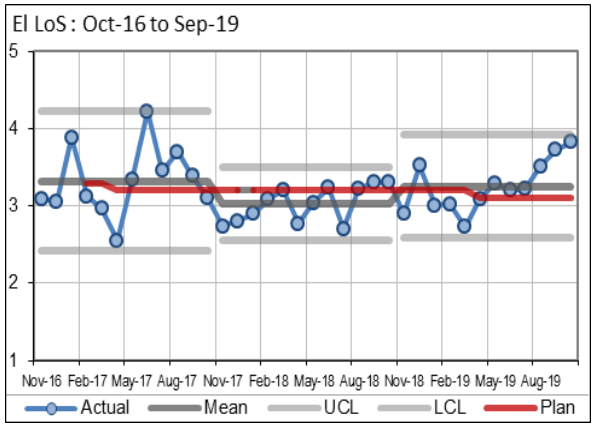
The number of elective theatre sessions that started within 15 minutes of the planned start time remained constant at 37-38%.

The rate of last minute reportable cancellations remains below the 0.8% maximum limit at 0.6% YTD. There have been 14 patients not re-scheduled within 28 days YTD.



There was an increase in theatre activity in Oct-19 (1760 operations) with 123 more operations being completed compared to Sep-19. The increase was predominantly in ENT & Urology (32 & 25 more operations respectively).

The activity equated to 76.5 elective cases per working day, a decrease from 78 in Sep-19.

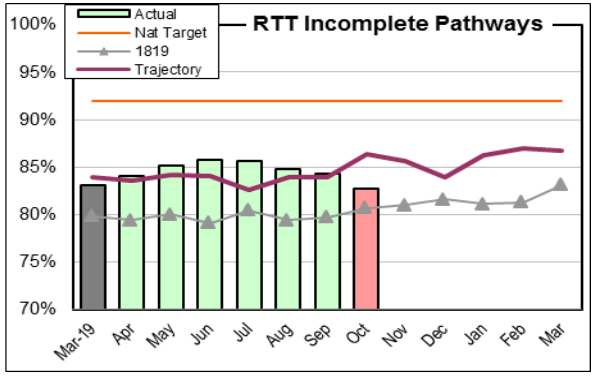


The Elective LOS has increased in October to 3.8 days against a plan of 3.1 days with the YTD position of 3.4 days.

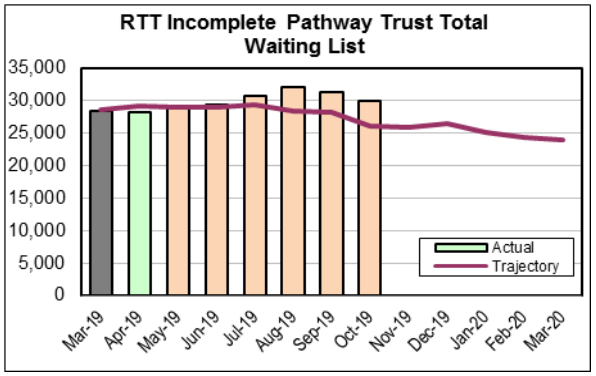
Area	YTD EL LOS
Trust	3.4
Surgical Specialties	3.0
T&O Directorate	3.1
Medical & Emergency Division	5.6

Summary:	Actions:	Assurance:
Theatre Utilisation with TAT has remained consistent for the last 7 months averaging 86.6%. The %age of theatre sessions that started within 15 minutes has remained consistant at 37-38% for the last 3 months. There was an increase in Theatre activity in Oct-19 however, this equated to a decrease of an average of 1.5 cases per working day.	Weekly monitoring of theatre scheduling. Increase in cancellations both reportable and non-reportable.	Reviewed at weekly PTL meeting Cancellation task and finish group has been implemented.

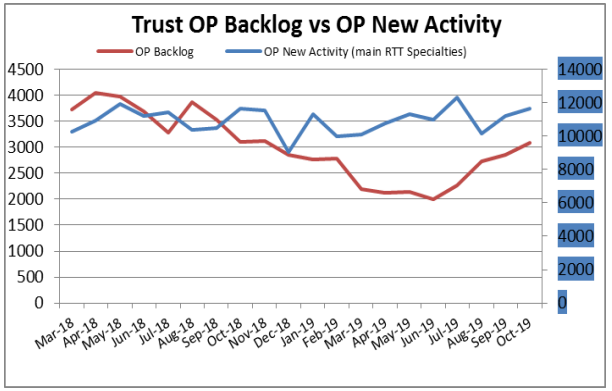
Responsive	RTT – Incomplete Pathway	Oct-19



RTT performance decreased further in October and is now below the trajectory. The October position is not currently finalised so may improve further.



For the Trust the OP Waiting List and backlog remain above plan which has meant that the overall RTT Waiting List and Backlog are higher than plan.



The RTT backlog has increased further in October. This has been mainly due to the OP (non-admitted pathway).

Trust	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Trajectory Total WL	28508	29152	28932	28908	29273	28433	28261	25964
Actual Total Waiting List	28412	28268	29027	29269	30705	32085	31344	29846
Actual IP Waiting List	6494	6045	6037	5978	6102	6009	5780	5769
Actual OP Waiting List	21918	22031	22521	22615	23623	24899	24295	22871
Trajectory Backlog	4146	4806	4578	4622	5089	4576	4543	3536
Actual Total Backlog	4797	4510	4305	4162	4430	4857	4865	5064
Actual IP Backlog	2611	2391	2157	2156	2158	2135	2004	1973
Actual OP Backlog	2186	2119	2148	2006	2272	2722	2861	3091
Trajectory % Performance	85.5%	83.5%	84.2%	84.01%	82.61%	83.9%	83.9%	86.4%
Actual Total % Performance	83.1%	84.0%	85.2%	85.8%	85.6%	84.8%	84.3%	82.8%

RTT performance has decreased in October to 82.8% and is now below trajectory. The overall waiting list has reduced but the backlog (patients who have been waiting over 18 weeks) has increased.

RTT by Specialty: All Specialties were below trajectory for October with the exception of General Surgery, Urology, Diabetes and Endocrinology. The biggest variances were for Neurology (-21.2%), Rheumatology (-17%), Cardiology (-13%), Gastroenterology (-12.6%), Gynaecology (-9%), ENT (-8.1%) and Ophthalmology (-6%). General Surgery and Urology are now 3.8% above Trajectory and T&O is on trajectory. Gynaecology performance decreased by a further 5.7% for the second consecutive month and there was a decrease in performance for some of the medical specialties (most notably -5.8% for Rheumatology and -3% for Thoracic Medicine).ENT performance decreased by 3.4%. All specialties saw an increase in the OP Backlog with the exception of Urology and Neurology. Ophthalmology, ENT and Neurology OP Backlog account for the biggest proportion of the Trust OP Backlog (23%, 20% and 10% respectively)

RTT Backlog: The majority of the RTT backlog continues to be concentrated in surgical specialties as well as Neurology, Cardiology and Gastroenterology. These are being carefully monitored against forecasts and action plans on a weekly basis

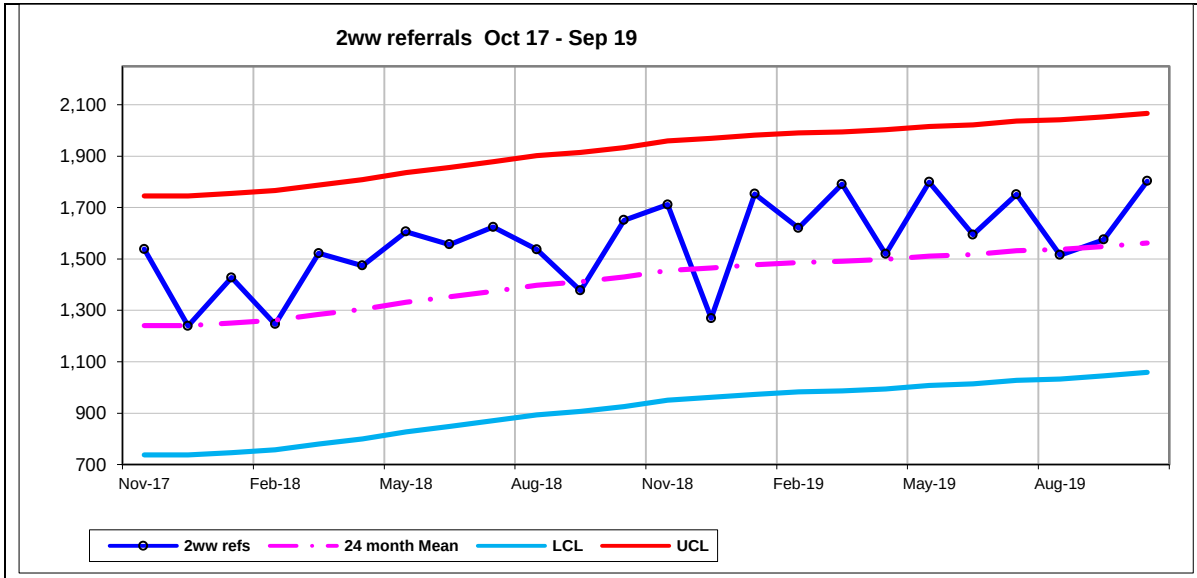
RTT 52 week Breaches: 5 reported for October (5 new for October). All patients will have a harm review by the managing Consultant. One low harm has been found with the outcome being prolonged discomfort for the patient. 52 Week Panel established.

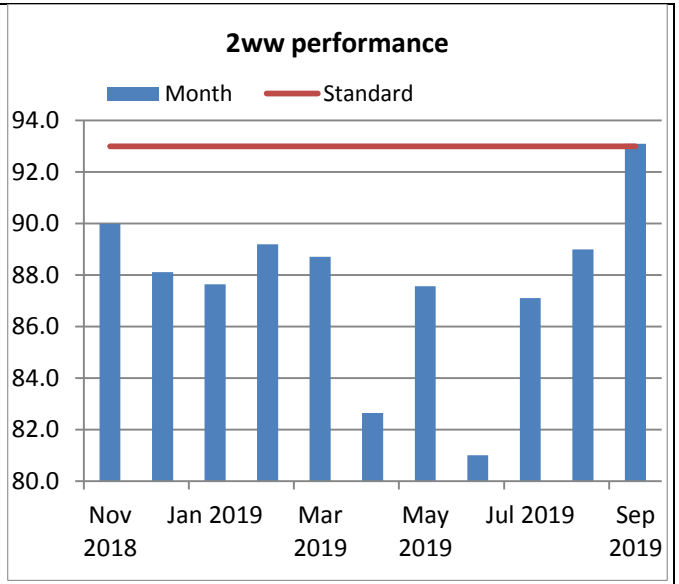
RTT Data Quality: Operational plan, risk assessment and QIA to be completed in order to review when the new reporting system can be implemented.

Diagnostics <6weeks: Performance increased to 99.3% in October, therefore achieving the target.

Summary:	Actions:	Assurance:
Performance decreased in October and is now below trajectory at 82.76%. The Trust Waiting List has decreased further to 29,846 but the backlog has increased to 5,064 which is 1,528 higher than the submitted trajectory of 3,536 due to the increase in the OP Backlog. The IP Backlog is reducing.	Continue to ensure achievement of Incomplete targets at an aggregate level by reducing RTT backlog through implementation of speciality plans. Review operational plan for RTT data quality project.	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 monitored daily ensure treatment occurs before 52 weeks. Risk assessment and QIA to be completed in order to review when the new reporting system can be switched on.

Responsive	Cancer Waiting Times – 2 Week Wait (2ww)	Oct-19





2ww GP referrals to MTW	Breast	Gynae	Haem	Head & Neck	Lower GI	Lung	Other	Upper GI	Urology	Total	BSYM	Breast total
2017	319	119	9	109	261	47	8	139	154	1164	165	404
2018	343	141	17	123	310	48	4	146	207	1289	141	484
2019 (Jan - Oct)	397	159	26	148	360	55	15	148	207	1678	160	557
% change last 12 mths	16.0%	12.4%	50.3%	20.3%	16.2%	13.8%	228.3%	1.8%	0.4%	30.2%	13.8%	15.2%

Demand: There has been an increase in demand with 1803 incoming referrals for October, which is the highest number of new suspected cancer referrals since January 2019 and is an increase of 14.48% over the number of referrals received in September.
Upper GI had a decrease in referrals between October and September, whereas all other tumour sites have increased – with Breast increasing by 24.9% and Urology 20.5%. Gynae had an 11.2% increase and the other tumour sites between 4% to 7% increase

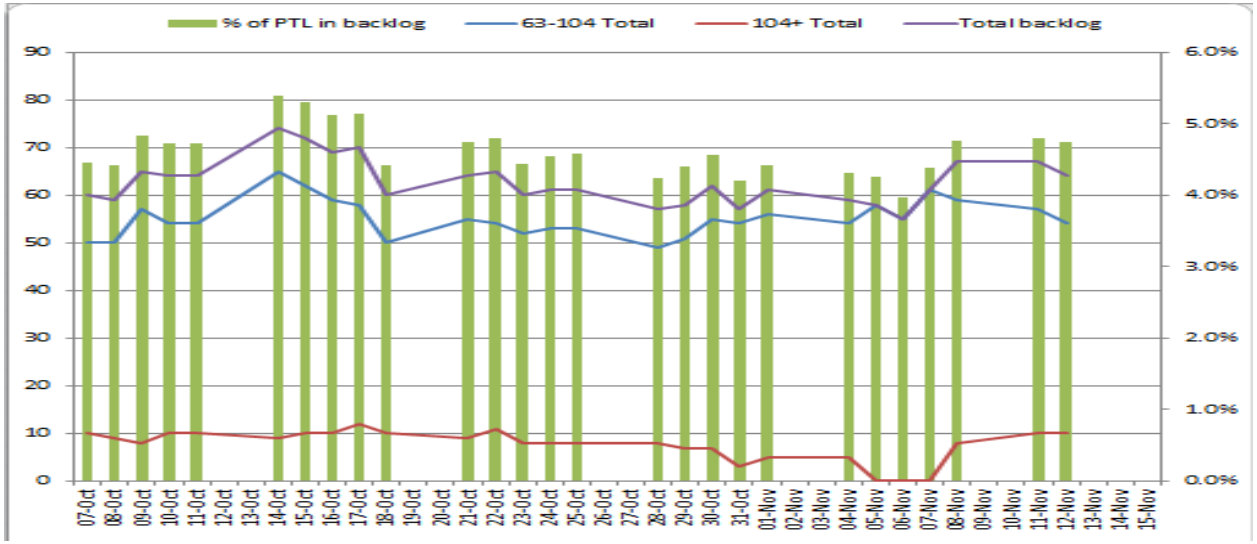
2 Week Wait (2WW) Performance:
Both the 2ww standard and the Breast Symptoms 2ww standard were achieved in September – with reportable totals of 93.1% for 2ww performance and 98.2% for Breast Symptoms

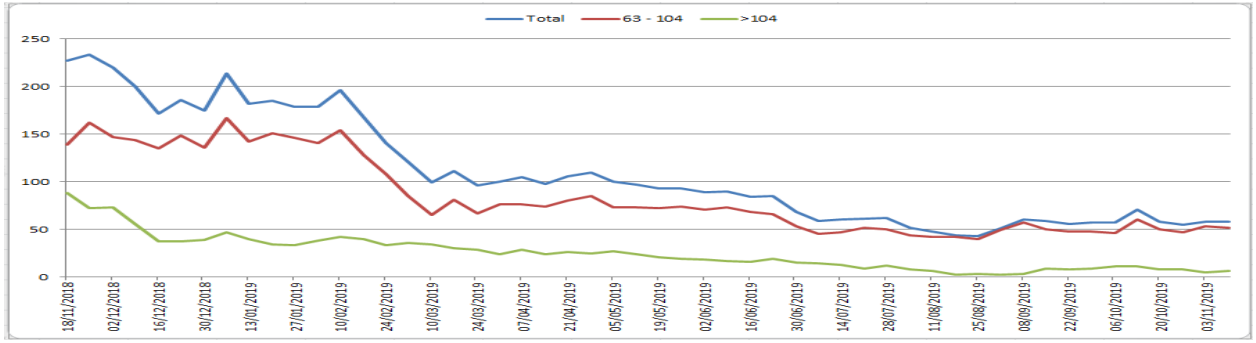
Gynae, Haematology, Head & Neck and Lower GI were below the 2ww standard but have performance figures between 89% & 91%

The current invalidated position for October remains on track for a possible achievement with 92.5% currently for 2ww and 94.1% for Breast Symptoms

Summary:	Actions:	Assurance:
The Trust achieved both the 2ww and the Breast Symptom 2ww standard in September and is in line for possible achievement again in October. However, there has been a significant increase in referrals of 14.48% from September with 1803 referrals received in October	Additional breast clinic capacity has taken breast to the best performing tumour group in August and September. Work has taken place to revise the LGI and UGI STT endoscopy booking process and ensure that patients are fully booked at point of telephone triage. During the first week of go live, booking days reduced from 10-14 to 7-10. Appointment of a full-time 2WW coordinator will help to fill outstanding team vacancies. Identification of clinic space for children's cancer first seen appointments will allow the 2WW team to book directly and significantly improve what is currently the worst performing tumour group.	A new 2ww working group has been set up with involvement from General Managers across breast, urology, haematology and gynaecology. This group is focused on reducing patients booked past 7 days to ensure compliance with the 28 day standard. A report has been developed, and is reviewed daily, to highlight any un-booked 2ww appointments and any appointments booked after 7, 10 and 14 days. A new report to monitor patients unregistered on the system within 24 hours is in production to provide additional assurance that all patients with a 2WW referral are captured.

Responsive	Cancer Waiting Times – PTL / Backlog	Oct-19





The total backlog remains at 4.8% of the overall PTL. The backlog is monitored in two sections – patients above Day 104 and patients between Days 63-103 The number of patients over Day 104 remains at around 10 patients for most days. Lower GI has 4 patients in this portion of the backlog (1 of which does not have a confirmed diagnosis yet) with other patients in Breast, Lung, Upper GI and Urology. Of the 10 patients currently over day 104, 6 of these patients were referred into MTW within the last 24 days, which means we can still treat them in target.

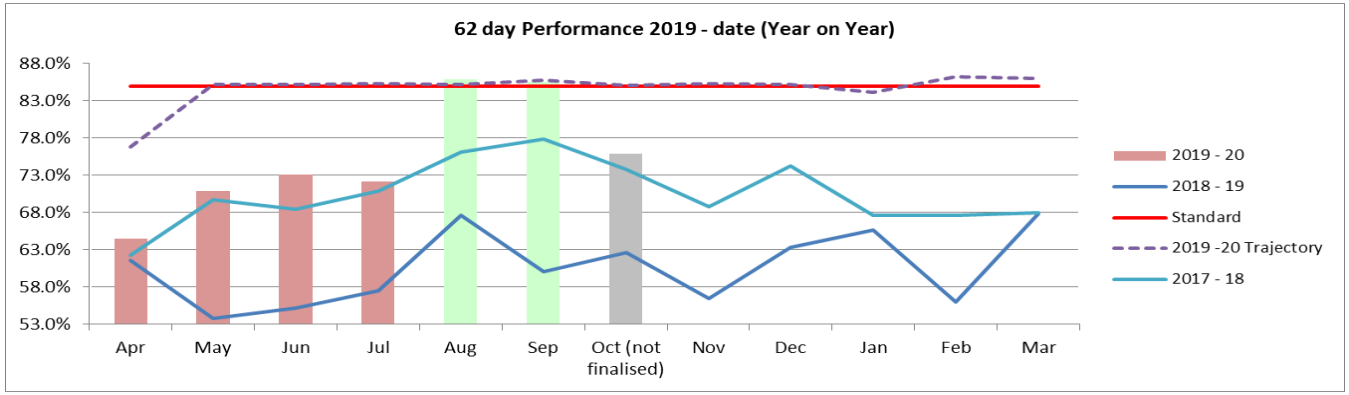
Whilst the position changes daily, at the time of compiling this report, there are 59 patients with pathways between days 63 and 103 (28 of which have a confirmed diagnosis). The majority of patients in this cohort are within 3 tumour sites, with 15 each in Urology and Lung and 12 in Haematology. There are 7 patients within the Upper GI pathways and a few others between Lower GI, Head & Neck, Gynae and Breast.

Of these patients between days 63 and 103, 11 have a treatment date confirmed.

There was a small increase in the overall PTL at the beginning of November with 1406 patients, but this has now returned to a total PTL of 1350.

Summary:	Actions:	Assurance:
The backlog position has remained consistent from September into October and November – with 70 patients overall - 10 of which are over day 104. The PTL continues to be managed between 1350 and 1400 patients	A new lung MDTC has been recruited, in addition to the navigator role, to provide more support at the treatment end of the pathway. 'All options' clinic for the prostate pathway and doubling the number of brachytherapy lists each week. Haematology clinic review to increase capacity.to see patients waiting for their first treatment.	Harm reviews are conducted for all patients treated over 104 days. Daily PTLs with GMs and DDOs for all tumour sites with endoscopy, radiology, pathology and oncology presence. Weekly cancer performance meeting to review breach risks and outstanding tumour site issues.

Responsive	Cancer Waiting Times – 62 Day FDT	Oct-19



62 Day Performance						
September 2019	All reportable patients			MTW only patients		
	Total	Breach	%	Total	Breach	%
Breast	17.0	1.0	94.1	17	1	94.1
Gynae	8.5	1.0	88.2	6	1	83.3
Haematology	4.5	1.5	66.7	4	1	75.0
Head & Neck	5.5	1.5	72.7	2	1	50.0
Lower GI	14.0	1.0	92.9	13	0	100.0
Lung	13.5	5.0	63.0	10	3	70.0
Other	0.0	0.0	0.0	0	0	
Upper GI	7.5	0.0	100.0	7	0	100.0
Urology	32.5	4.0	87.7	31	3	90.3
TOTAL	103.0	15.0	85.4	90	10	88.9

Upper GI treated 7.5 accountable patients in September with 100% achievement of the 62 day standard. The largest number of treatments on 62 day pathways were within the Urology site – reporting 32.5 of the 103 accountable treatments. With 4 accountable breaches Urology has successfully achieved 87.7% this month

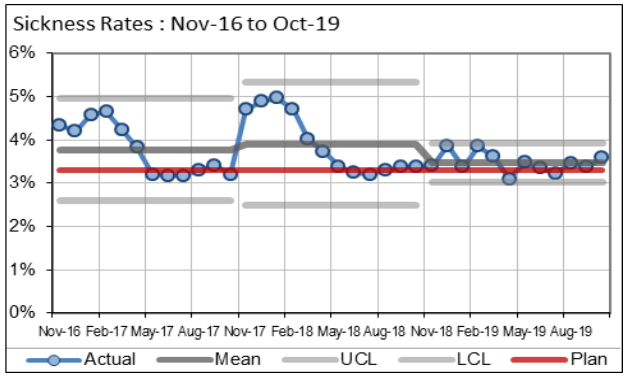
The September reportable position was affected at monthly submission with a Unit Trust making a last minute change to the Interprovider transfer dates without prior discussion or agreement with Maidstone. This has highlighted an area of risk which will require additional work on agreeing the validation and update processes for shared patients

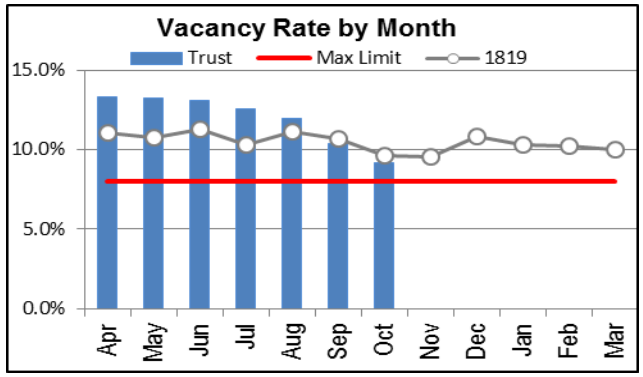
Trust Performance: The Trust is reporting an achievement of 85.4% for the overall 62 day standard for September 2019 – which will be reflected correctly on the National Cancer Waiting Times database system following publication of the 6 monthly refresh in January 2020
There has been a known decrease in achievement of first treatment within the 62 day period for October 2019. The current October position of 72.6% is not yet fully validated and the 34.5 accountable breaches are being reviewed. Breaches have occurred across all tumour sites with a possible 12.5 accountable breaches for Urology (including both MTW and tertiary pathways)
Tumour Specific Performance: Breast, Lower GI and Upper GI all reported above 90% for the 62d standard in September. Gynae and Urology also achieved the 85% target with 88.2% and 87.7% respectively.
Performance in both Lung and Head & Neck has decreased in September with H&N reaching 72.7% and Lung dropping to 63.0% - lowest reportable site for MTW in September. Haematology remains consistent at 66.7%

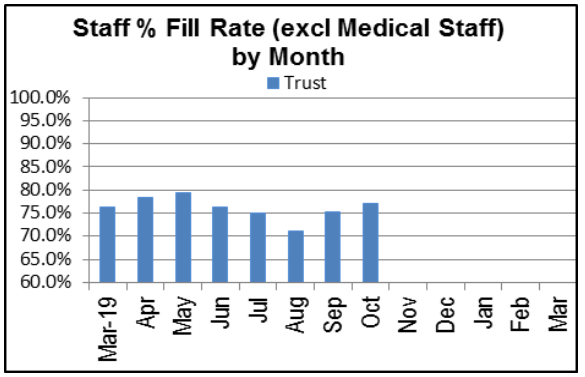
Conversion rates for 2ww referrals: The overall conversion rate remains at 8.03%. This varies across the different tumour sites with the highest remaining as Lung converting an average 30.48% of referrals received and the lowest Head & Neck 2.31%

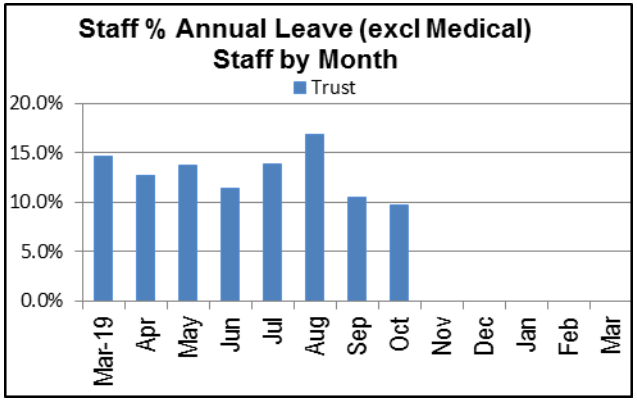
Summary:	Actions:	Assurance:
The continued management of the 62 day PTL has enabled the Trust to achieve the 62 day standard for two months running. All departments continue to work in setting up sustainable processes for ongoing achievement of the Cancer standards	Action plans for each pathway have been developed for each tumour site with timeframes and accountability clearly assigned. 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.	Daily huddles with each tumour site team are in place Additional funding has been secured from the CCG and Cancer Alliance to support proposed actions and posts required to continue cancer pathway improvements.

Well Led	Workforce	Oct-19









Annual Leave: The level of Annual Leave has reduced further in October at 9.8%.

Vacancy Rate: Overall vacancy rate has reduced by a further 1.3% across all staff groups. Both Nursing and Medical and Dental vacancy rate has reduced (-3.8% and -1.7% respectively)

	Vacancy %						
Staff Group	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**
Registered Nursing, Midwifery & HV	20.32%	19.86%	19.25%	19.25%	19.66%	18.03%	14.26%
Medical and Dental	16.55%	16.16%	15.59%	11.58%	11.25%	9.44%	7.78%
AHP	13.17%	14.48%	14.82%	13.68%	12.67%	11.35%	11.24%
Other ST&T	5.64%	10.92%	11.22%	9.70%	8.12%	7.00%	7.54%
Other	8.53%	8.39%	8.56%	8.93%	7.63%	6.12%	6.22%
Grand Total	**13.31%**	**13.27%**	**13.11%**	**12.63%**	**11.97%**	**10.40%**	**9.14%**

A further 39 overseas nurses joined the Trust in October with a further 48 due to start in November

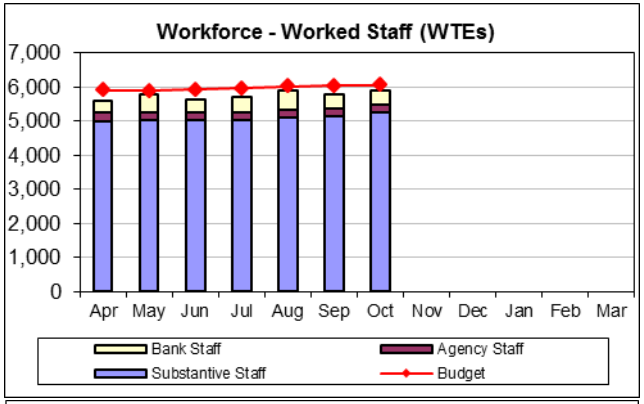
Overall Staff Fill Rate (excluding Medical Staff): Following the decrease over the summer months this has increased further in October, similar to previous levels

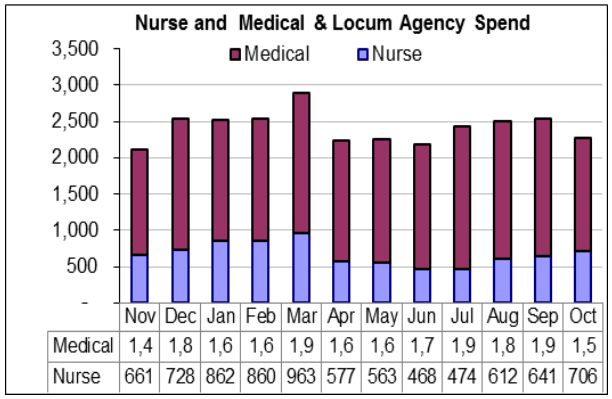
Sickness Rate: The overall sickness rate has increased to 3.6%, above the maximum limit of 3.3%, mainly due to an increase in short term sickness. YTD this is slightly above target at 3.4%.

Key Vacancy risks include: Nursing for Medical and Emergency Care on both sites but primarily TWH, TWH theatres vacancies have reduced but remain above average at TWH. Consultant physicians, AMU and respiratory. Areas with high vacancy rates continue to put pressure on agency rates

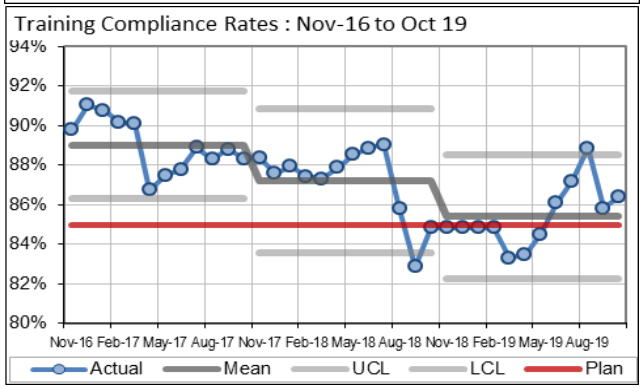
Summary:	Actions:	Assurance:
The Trust vacancy rate contintues to show a gradual downward trend from a high of 13.3% in April to 9.2% in October (-4%). This downward trend has also been seen in both the Nursing (-6%) and Medical and Dental (-8.5%) Staff Groups. Annual Leave has reduced back to 9.8% in October and therefore the overall staffing fill rate has also increased.	127 International nurses have arrived to date in 2019. A further 261 overseas nurses are due to join the Trust in the next few months. Successful intake of 50 new medical trainees in October. Key Medical focus on Oncology Consultant recruitment.	2020/21 Workforce planning is being supported by the HRBP and workforce information teams. These include recruitment and retention action plans and opportunities to use new roles and the apprenticships within directorates. Support for reconcilliation of unused contract hours identified on rosters to agree repayment plans..

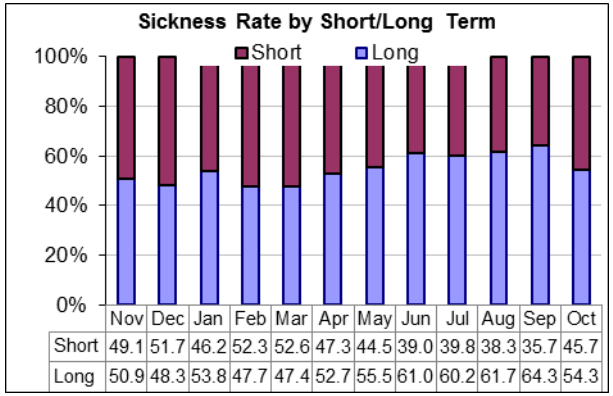
Well Led	Workforce	Oct-19





	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Medical	1,4	1,8	1,6	1,6	1,9	1,6	1,6	1,7	1,9	1,8	1,9	1,5
Nurse	661	728	862	860	963	577	563	468	474	612	641	706





	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Short	49.1	51.7	46.2	52.3	52.6	47.3	44.5	39.0	39.8	38.3	35.7	45.7
Long	50.9	48.3	53.8	47.7	47.4	52.7	55.5	61.0	60.2	61.7	64.3	54.3

Bank and Agency: The overall agency spend decreased in October but still remains above plan. Demand across all Staff groups except AHP's reduced in October with the largest reductions seen in both Nursing (287 shifts), HCA's (232 shifts) and Medical & Locum (92 shifts). The level of bank staff used increased for Nursing and AHP's

Quarter 2 FFT Staffing: Based on a very low level of responses, 77.8% said they would recommend the Trust for care and 72.2% said they would recommend the Trust as a place to work

Short Term Sickness: There has been a 10% increase in short term sickness from September to October, however this is similar to the levels reported in April and May before the dip in the Summer months

Mandatory Training: Performance improved to 86.4%. The areas that are below 80% compliance remain T&O, Acute Medicine & Geriatrics, Operational Management, Trust Management, Medical Education and Sexual Health. Key areas of improvement this month are Basic Life Support (+6.7%), Safeguarding Children Level 2 (+5.7%) and Venous Thromboembolism (+3.9%).

Appraisals: Performance has improved further to 91.9% for October. Most Divisions are above 90% with three between 87% and 90%.

Summary:	Actions:	Assurance:
The overall agency spend decreased in October but remains above plan. There has been a 10% increase in short-term sickness in October which has led to an increase in the overall sickness rate to 3.6% Following the drop in performance seen last month Mandatory Training compliance increased to 86.4% in October. Appraisal Compliance has increased further to 91.9%.	HR are supporting line managers with updates on staff hitting absence triggers and are following up to ensure that sickness meetings are held and OH referrals made. The National Staff Survey is now open and HRBPs are busy supporting divisions to boost our completion rate. Latest reponse rate is 40%	HR staff are working with line managers to ensure that all those on long term absence have a management plan in place. The flu vacination campaign continues with a current vaccination rate of 47.8% of frontline healthcare workers. We require 80% to hit the NHS target.

Safe		2018/19	2019/20	Q2			Q3			Q4			Q1			Q2			Q3	YTD	FOT	YTD Var from Plan
ID	Key Performance Indicators	Outturn	Target	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct			
S1	Rate of Cdifficile per 100,000 beddays	22.8	22.4	35.5	39.2	46.4	19.2	15.1	9.7	32.1	19.9	28.4	44.6	0.0	25.6	14.8	29.6	35.1	19.6	24.0	22.0	-2.6%
S2	CDifficile (Post 72hrs) - Hospital	56	55	7	8	9	4	3	2	7	4	6	9	0	5	3	6	7	4	34	54	-1
S3	MRSA Bacteraemia (Post 48hrs) Hospital	3	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	1	1
S3.1	% Elective MRSA Screening	98.0%	98.0%	98.7%	98.5%	98.7%	99.0%	99.0%	99.0%	98.0%	99.0%	98.0%	99.0%	99.1%	99.0%	99.0%	99.0%	99.0%	98.9%	98.9%	98.9%	0.9%
S3.2	% Non-Elective MRSA Screening	93.1%	95.0%	No data	No data	No data	93.0%	95.2%	95.0%	86.0%	92.5%	93.1%	89.0%	92.0%	90.0%	92.3%	95.0%	92.9%	91.6%	91.6%	91.6%	-3.5%
S4	Rate of E. Coli Bacteraemia per 100,000 beddays	28.1	21.5	35.5	34.3	15.5	24.0	50.3	24.3	13.8	19.9	33.2	29.8	14.1	35.8	19.8	34.5	55.1	58.7	35.2	28.5	12.8
S4.1	MSSA Bacteraemia (Post 48hrs)	19	19	2	5	0	1	0	1	2	0	2	1	3	0	4	1	6	0	15	20	1
S4.2	E. Coli Bacteraemia (Post 48hrs)	69	52	7	7	3	5	10	5	3	4	7	6	3	7	4	7	11	12	50	70	18
S4.3	Cases of Gram Negative Bactareamia	113	113	10	10	7	11	12	9	5	8	11	8	4	7	8	7	14	14	62	107	-6
S4.4	Catheters inserted	1,160	225	222	No data	No data	310	209	No data	No data	No data	205	213	224	245	181	212	191	278	278	278	53
S5	Rate of Hospital Acquired Pressure Ulcers	0.97	0.85	0.51	1.79	0.87	0.66	0.34	0.70	0.81	0.18	-	0.70	0.16	0.34	0.15	0.51	1.33	0.63	0.54	0.67	- 0.3
S5.1	Rate of All Pressure Ulcers	16.5	16.0	18.6	15.1	15.8	18.2	16.5	17.2	16.5	18.6	14.4	23.0	20.9	23.7	22.1	22.5	24.2	27.8	23.5	23.5	7.5
S5.2	Pressure Ulcers Grade 2	49	36	1	5	2	4	2	4	3	1	0	1	1	1	1	1	4	2	11	26	- 10
S5.3	Pressure Ulcers Grades 3	3	-	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
S5.4	Pressure Ulcers Grades 4	3	-	0	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	-
S5.5	Pressure Ulcers Deemed "Un-gradeable"	13	24	2	4	3	0	0	0	-	-	0	3	0	1	0	2	4	2	12	22	- 2
S5.6	Pressure Ulcers Total	68	60	3	11	5	4	2	4	5	1	0	4	1	2	1	3	8	4	23	48	- 12
S6	Rate of Patient Falls	6.21	6.00	7.86	6.76	6.80	5.81	6.79	5.21	6.88	6.58	5.31	6.94	5.66	6.14	5.68	7.14	5.91	5.33	6.11	6.02	0.11
S6.1	Rate of Patient Falls TWH	6.75	6.30	6.90	7.53	6.90	6.38	7.18	6.19	8.29	7.73	6.28	7.48	6.53	7.14	7.11	9.03	6.44	6.58	7.19	6.89	0.89
S6.2	Rate of Patient Falls MH	5.31	5.05	9.57	5.44	6.62	4.84	6.11	3.60	4.64	4.76	3.78	5.96	4.18	4.48	3.49	4.18	5.13	3.49	4.41	4.63	-0.59
S6.3	Falls resulting in "No Harm"	1,170	1,116	122	93	97	99	97	82	115	102	89	93	92	97	78	119	93	90	662	1127	11
S6.4	Falls resulting in "Low Harm"	312	300	39	35	29	18	34	22	31	26	16	37	21	20	30	19	20	19	166	291	- 9
S6.5	Falls resulting in "Moderate Harm"	33	24	7	5	2	2	3	2	2	2	6	6	3	2	3	2	2	0	18	28	4
S6.6	Falls resulting in "Severe Harm"	22	24	0	5	3	2	1	1	3	1	1	2	4	1	5	5	3	0	20	30	6
S6.7	Falls resulting in "Death"	2	-	0	0	1	0	0	0	0	1	0	1	0	0	0	0	0	0	1	1	1
S6.8	Total Number of Patient Falls	1,525	1,464	155	138	132	121	135	107	150	132	112	140	120	120	115	145	118	109	867	1477	13
S6.9	Total Number of Patient Falls TWH	1,033	996	87	97	85	84	90	79	111	95	81	93	87	87	89	112	77	80	625	1040	44
S6.10	Total Number of Patient Falls MH	492	468	68	41	47	37	45	28	39	37	31	46	33	33	27	33	41	29	242	437	- 31
S7	Never Events	1	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	1
S8	Number of New SIs in month	154	144	11	18	17	19	11	5	10	8	8	17	15	8	9	17	7	10	83	143	- 1
S8.1	Serious Incidents rate	0.63	0.59	0.56	0.88	0.88	0.91	0.55	0.24	0.46	0.40	0.38	0.84	0.71	0.41	0.44	0.84	0.35	0.49	0.58	0.58	0.00
S8.2	Number of Open Sis	97	95	96	96	110	97	90	104	87	81	85	97	99	93	84	83	80	82	82	82	- 13
S9	SIs not closed <60 Days Monthly Snapshot		24										57	50	52	39	21	31	25	25	25	1
S10	Overall Safe staffing fill rate	96.8%	93.5%	95.8%	94.3%	95.0%	99.2%	99.5%	95.3%	98.0%	95.8%	95.5%	94.8%	94.2%	94.0%	94.4%	93.4%	92.5%	97.4%	94.4%	94.4%	0.4%
S11	Safety Thermometer % of Harm Free Care	97.4%	95.0%	98.2%	98.3%	97.6%	97.3%	97.5%	98.4%	97.9%	98.5%	97.4%	97.5%	98.5%	98.0%	97.8%	98.3%	82.8%	85.7%	85.7%	85.7%	-95.0%
S11.1	Safety Thermometer % of New Harms	2.6%	3.0%	1.8%	1.7%	2.4%	2.6%	2.3%	1.6%	2.1%	1.5%	2.6%	2.4%	1.5%	1.9%	2.3%	1.7%	8.8%	6.5%	6.5%	6.5%	-3.0%
S12	Number of Central Alerting System Alerts Overdue	8	12	0	2	0	1	1	0	1	1	1	1	2	1	0	1	1	1	7	12	0
S13	Medication Errors - Low Harm	86	72	8	10	3	2	8	3	6	6	17	7	4	12	12	8	8	9	60	90	18
S13.1	Medication Errors - Moderate Harm	11	12	1	3	0	0	1	1	0	4	1	3	0	1	1	0	0	0	5	10	-2
S13.2	Medication Errors - Severe Harm	4	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
S14	Number of Incidents reported in month	11,737	11,700	1,083	1,088	950	1,026	1,033	850	1,084	947	939	954	934	886	945	950	969	1130	6768	11643	-57
S14.1	Rate of Incidents that are Harmful	1.01	1.23	1.11	1.10	1.47	1.07	0.77	0.47	1.01	0.53	0.96	1.05	1.39	1.13	1.38	1.89	1.03	0.71	1.21	1.09	-0.02
S14.2	Number of Incidents open >45 days	1,931	1,931	2,273	1,959	1,515	2,135	1,469	2,095	2,046	2,205	1,416	1448	1931	2025	1940	1478	2844	2946	2946	2946	1,015

Effective		2018/19 Outturn	2019/20 Target	Q2			Q3			Q4			Q1			Q2			Q3	YTD	FOT	YTD Var From Plan
ID	Key Performance Indicators			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct			
E1	Hospital-level Mortality Indicator (SHMI)	Band 2	Band 2	1.0440	1.0219	1.0219	1.0371	1.0244	1.0244	1.0391	1.0391	1.0391	1.0391	1.0296	1.0235	1.0165	1.0224	1.0363	1.0412	1.0412	1.0412	Band 2
E2	Standardised Mortality HSMR	Lower Confidence <100		106.70	105.80	104.80	103.70	102.40	103.30	102.30	101.20	99.40	96.30	97.20	92.70	93.10	91.50	91.50	91.70	91.7	91.7	-8.3
E2.1	Crude Mortality	1.00%	1.00%	0.94%	0.90%	1.14%	0.88%	0.77%	1.02%	1.25%	1.11%	1.07%	1.01%	0.85%	0.70%	0.86%	0.83%	1.00%	1.34%	0.88%	0.88%	-0.1%
E3	% Total Readmissions	14.11%	14.11%	14.22%	14.14%	13.67%	14.56%	13.95%	15.31%	14.35%	14.59%	14.71%	14.98%	13.71%	15.06%	15.45%	14.62%	15.01%	9.37%	14.81%	14.81%	0.7%
E4	Readmissions <30 days: Emergency	14.73%	14.73%	14.78%	14.67%	14.31%	15.36%	14.79%	16.09%	14.80%	15.23%	15.34%	15.60%	14.47%	15.42%	16.16%	15.12%	15.66%	9.70%	15.41%	15.41%	0.7%
E5	Readmissions <30 days: Elective	6.86%	6.86%	7.52%	8.06%	6.08%	5.66%	6.00%	5.96%	8.04%	6.58%	7.43%	7.94%	5.42%	10.30%	6.59%	8.59%	7.09%	5.30%	7.55%	7.55%	0.7%
E6	Stroke: Best Practice Tariff Overall %	43.1%	50.0%	58.3%	48.1%	42.3%	54.3%	55.4%	53.3%	49.1%	47.5%	43.1%	36.9%	37.9%	37.7%	45.5%	40.6%	36.5%	0.0%	39.3%	39.3%	-10.7%
E6.1	Stroke BPT Part 1: First Ward	75.9%	80.0%	80.0%	82.7%	76.9%	77.1%	87.7%	82.2%	81.1%	83.6%	75.9%	64.6%	63.6%	75.4%	77.3%	78.1%	73.1%	0.0%	71.9%	71.9%	-8.1%
E6.2	Stroke BPT Part 2: Cons <=14 Hours	50.0%	58.0%	66.7%	56.8%	50.0%	57.1%	61.5%	57.8%	62.3%	49.2%	50.0%	50.8%	45.5%	52.5%	57.6%	42.2%	46.2%	0.0%	49.2%	49.2%	-8.8%
E6.3	Stroke BPT Part 3: 90% Time on Stroke Ward	89.7%	80.0%	86.67%	83.95%	84.62%	85.71%	92.31%	91.11%	90.57%	91.80%	89.66%	80.0%	71.2%	80.3%	81.8%	82.8%	75.0%	0.0%	78.6%	78.6%	-1.4%
E7	% TIA <24hrs	64.7%	60.0%	29.2%	65.2%	63.2%	66.7%	70.6%	58.3%	91.7%	61.9%	42.1%	60.6%	53.3%	54.5%	57.7%	No data			56.8%	56.8%	2.8%
E8	Nat CQUIN: % Dementia Screening	98.8%	90.0%	99.6%	100.0%	99.8%	99.6%	99.8%	100.0%	100.0%	99.8%	98.8%	94.3%	92.3%	84.4%	91.0%	95.5%	98.7%	Data runs one month behind	92.8%	92.8%	-5.4%
E9	Nat CQUIN: % Dementia Risk Asssessed	98.7%	90.0%	94%	96%	90.0%	95.5%	100.0%	99.0%	100.0%	100.0%	98.7%	98.2%	93.9%	92.2%	96.4%	89.6%	100.0%		94.9%	94.9%	0.5%
E10	Nat CQUIN: % Dementia Referred to Specialist	100.0%	90.0%	98%	100%	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.1%	100.0%	100.0%	96.2%	100.0%	100.0%		98.9%	98.9%	-0.2%
E10.1	NE LOS for Patients with Dementia												7.6	9.2	7.9	9.9	9.3	9.5	8.5	9.0	0.0	0.0
E10.2	Readmissions <30 Days for Pt with Dementia												21.6%	22.1%	22.6%	29.5%	27.5%	18.8%	0.0%	23.5%	23.5%	-1.8%
E11	C-Section Rate (elective or non-elective)	27.9%	25.0%	26.9%	28.8%	24.0%	29.7%	30.2%	26.5%	31.3%	29.5%	27.0%	31.1%	32.3%	27.5%	28.6%	27.5%	29.6%	30.8%	15.4%	29.7%	-9.6%
E11.1	% Mothers initiating Breastfeeding	82.2%	78.0%	79.14%	84.02%	81.74%	77.72%	83.50%	80.45%	84.37%	84.01%	85.19%	83.3%	83.8%	79.3%	82.6%	80.9%	80.5%	81.5%	81.7%	81.7%	3.7%
E11.2	% Stillbirths Rate	0.17%	0.47%	0.20%	0.19%	0.20%	0.00%	0.20%	0.00%	0.42%	0.23%	0.21%	0.48%	0.39%	0.21%	0.00%	0.22%	0.83%	0.00%	0.30%	0.30%	-0.2%

Caring		2018/19 Outturn	2019/20 Target	Q2			Q3			Q4			Q1			Q2			Q3	YTD	FOT	YTD Var from Plan
ID	Key Performance Indicators			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct			
C1	Single Sex Accommodation Breaches	35	0	5	12	0	10	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C2	Rate of New Complaints	2.30	2.93	1.93	1.67	2.22	2.84	2.41	2.34	2.39	2.04	3.17	2.28	2.21	2.71	2.27	2.51	1.85	2.93	2.40	2.61	-0.55
C3	% complaints responded to within target	75.7%	75.0%	73.3%	62.8%	54.3%	65.3%	75.0%	66.7%	82.8%	73.3%	75.7%	66.7%	37.5%	45.7%	65.4%	65.1%	71.4%	85.4%	62.0%	67.6%	-13.0%
C3.1	Total Open Complaints	149	140	155	137	144	139	129	129	130	120	149	155	173	154	134	149	132	143	143	143	3
C3.2	Number of new complaints received	564	720	38	34	43	59	48	48	52	41	67	46	47	53	46	51	37	60	340	640	- 80
C3.3	Number of Nursing Complaints	107	108	8	5	7	9	13	12	10	12	10	5	9	11	7	10	5	5	52	97	- 11
C3.4	Number of Medical Complaints	353	336	24	21	26	41	32	32	31	23	43	30	26	33	31	26	23	39	208	348	12
C3.5	Number of Complaints open 60-90 days	182	180	15	18	11	12	10	11	13	12	19	14	25	18	16	22	13	9	117	192	12
C3.6	Number of Complaints open >90 days	349	348	36	37	43	29	25	20	19	18	20	30	33	33	27	32	24	24	203	348	-
C4	% IP Response Rate Friends & Family	17.9%	25.0%	19.5%	18.7%	20.1%	15.3%	24.5%	19.6%	18.7%	18.2%	17.9%	18.7%	20.4%	16.5%	16.0%	15.4%	16.6%	8.0%	15.8%	15.8%	-9.2%
C5	IP Friends & Family (FFT)% positive	94.8%	95.0%	94.2%	95.9%	93.8%	94.2%	93.7%	93.9%	93.5%	95.6%	94.8%	94.2%	95.6%	96.7%	95.1%	93.9%	94.0%	98.5%	95.2%	95.2%	0.2%
C6	% A&E Response Rate Friends & Family	8.9%	15.0%	12.1%	8.1%	12.3%	4.2%	21.2%	12.9%	5.4%	7.6%	8.9%	11.0%	14.6%	12.3%	9.6%	10.1%	9.1%	0.8%	9.6%	9.6%	-5.4%
C7	A&E Friends & Family (FFT) % positive	92.0%	87.0%	89.4%	92.6%	90.9%	91.4%	91.0%	89.9%	90.5%	91.3%	92.0%	81.2%	86.1%	91.6%	91.5%	88.1%	85.7%	96.4%	87.5%	87.5%	0.5%
C8	% Maternity Combined Q2 Response Rate	20.3%	25.0%	27.0%	9.9%	43.8%	18.2%	11.8%	23.9%	37.6%	26.2%	20.3%	20.1%	6.0%	45.5%	44.5%	33.4%	17.3%	7.8%	24.8%	24.8%	-0.2%
C9	Maternity Combined FFT % Positive	98.4%	95.0%	93.5%	98.0%	92.1%	95.0%	99.1%	90.4%	95.8%	96.5%	98.4%	93.8%	97.1%	94.2%	94.0%	93.6%	94.7%	97.0%	94.5%	94.5%	-0.5%
C10	OP Friends & Family (FFT) % Positive	81.2%	84.0%	85.2%	81.7%	83.9%	82.7%	84.1%	84.2%	84.4%	84.3%	81.2%	82.5%	82.5%	81.5%	82.1%	83.0%	81.3%	82.3%	82.2%	82.2%	-1.8%
C10.1	OP Friends & Family (FFT) Response Rate	68.5%	68.0%	66.2%	66.2%	67.4%	68.6%	68.8%	67.4%	69.0%	68.5%	68.5%	49.3%	62.5%	56.9%	55.4%	56.5%	51.3%	59.0%	55.9%	55.9%	-12.1%
C11	VTE Risk Assessment (%)	96.4%	95.0%	97.2%	95.4%	96.1%	96.9%	97.2%	96.5%	97.2%	97.4%	96.4%	96.9%	96.8%	97.1%	96.7%	96.6%	95.8%	Mth behind	96.8%	96.8%	1.8%

Responsive		2018/19	2019/20	Q2			Q3			Q4			Q1			Q2			Q3	YTD	FOT	YTD Var
ID	Key Performance Indicators	Outturn	Target	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct			From Plan
R1	A&E % 4hrs Arrival to Exit - Trust (Inc MIU)	91.86%	91.67%	93.16%	91.79%	93.93%	90.75%	90.93%	89.6%	88.91%	87.16%	95.85%	92.03%	91.96%	94.49%	93.55%	90.02%	89.20%	88.89%	91.46%	90.81%	-1.6%
R1.1	A&E % 4hrs Arrival to Exit - Maidstone	94.97%	95.23%	94.41%	93.42%	97.17%	96.26%	95.21%	92.22%	92.87%	90.80%	97.81%	94.24%	93.87%	95.81%	96.74%	89.62%	92.64%	90.15%	93.31%	93.38%	-2.7%
R1.2	A&E % 4hrs Arrival to Exit - TWells	85.80%	85.08%	88.79%	86.60%	88.45%	82.33%	84.05%	83.58%	81.32%	78.91%	92.60%	86.62%	86.94%	90.85%	87.98%	85.80%	81.33%	83.28%	86.10%	84.72%	-1.4%
R1.3	A&E Conversion Rate	20.8%	20.8%	20.8%	21.0%	20.4%	20.9%	20.8%	21.4%	20.9%	20.4%	20.4%	20.0%	19.0%	18.4%	17.7%	19.4%	18.9%	19.2%	18.9%	18.9%	#REF!
R1.4	A&E Left without being Seen Rate (%)	2.8%	2.8%	3.4%	3.2%	2.5%	2.3%	2.4%	2.5%	2.6%	3.3%	2.4%	2.8%	2.4%	2.5%	2.8%	2.8%	2.8%	2.4%	2.6%	2.6%	-0.1%
R1.5	A&E Time to Assessment 15 mins	95.3%	95.0%	95.9%	94.9%	97.0%	95.2%	95.9%	95.3%	94.7%	91.5%	95.2%	94.5%	90.0%	92.0%	90.9%	89.0%	87.0%	87.4%	90.3%	90.3%	-4.7%
R1.6	A&E Time to Treatment 60 mins	55.9%	55.9%	53.5%	54.7%	57.5%	55.4%	58.1%	55.3%	56.7%	52.9%	57.2%	55.7%	56.4%	58.9%	58.8%	58.1%	57.8%	60.1%	58.0%	58.0%	2.1%
R1.7	A&E Unplanned Re-Attendance Rate (%)	8.0%	8.0%	8.3%	8.7%	7.6%	8.4%	8.1%	8.1%	7.8%	8.3%	8.0%	8.3%	8.5%	8.4%	8.3%	8.7%	8.9%	8.3%	8.5%	8.5%	0.5%
R1.8	A&E Average Time in Department (Hours)	0.14	0.14	0.14	0.14	0.13	0.15	0.14	0.15	0.15	0.16	0.13	0.14	0.14	0.13	0.14	0.15	0.15	0.15	0.14	0.14	0.03
R2	A&E 12hr Breaches	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
R3	Ambulance Handover Delays >60mins	596	540	22	60	31	67	82	70	74	83	13	57	59	26	42	56	77	57	374	599	18.7%
R3.1	Ambulance Handover Delays >30mins	4,487	4,428	250	400	284	486	442	441	613	444	280	494	531	384	528	490	581	508	3516	5361	36.1%
R4	RTT Incomplete Pathway	83.12%	86.38%	80.4%	79.4%	79.7%	80.67%	81.01%	81.61%	81.10%	81.29%	83.12%	84.05%	85.17%	85.78%	85.57%	84.83%	84.34%	82.76%	82.76%	82.48%	-3.6%
R4.1	RTT Incomplete Admitted Backlog	2,606	2,315	3,434	3,348	3,065	2,930	2,867	2,779	2,829	2,781	2,606	2389	2154	2145	2136	2083	2000	1969	1969	1927	-27.0%
R4.2	RTT Incomplete Non-Admitted Backlog	2,182	872	3,298	3,911	3,578	3,200	3,235	2,886	2,781	2,807	2,182	2119	2149	2000	2250	2721	2924	3176	3176	3112	279.2%
R4.3	RTT Specialties Not Achieved Nat Target	9	0	11	12	10	10	9	9	9	9	9	9	10	9	9	11	11	12	71	71	71
R4.4	RTT Incomplete Total Backlog	4,788	3,186	6,732	7,259	6,643	6,130	6,102	5,665	5,610	5,588	4,788	4508	4303	4145	4386	4804	4924	5145	5145	5039	45.5%
R5	RTT 52 Week Waiters (New in Month)	8	8	6	4	8	8	11	5	7	8	8	6	10	3	3	6	8	5	41	41	-15
R6	% Diagnostics Tests WTimes <6wks	99.2%	99.0%	99.7%	99.6%	99.4%	99.5%	99.4%	99.1%	99.1%	99.5%	99.2%	99.1%	99.1%	98.7%	98.5%	96.5%	98.7%	99.3%	99.3%	99.0%	0.3%
R7	*Cancer two week wait	88.7%	93.0%	82.3%	76.4%	78.0%	86.5%	90.0%	88.1%	87.6%	89.2%	88.7%	82.6%	87.6%	81.0%	87.1%	89.0%	93.1%		93.1%	93.1%	0.1%
R8	*Cancer WT - Breast Symptons 2WW	73.2%	93.0%	67.5%	58.5%	71.3%	83.1%	81.7%	58.3%	69.4%	74.7%	73.2%	56.4%	65.2%	63.4%	81.7%	91.5%	98.2%		98.2%	98.2%	5.2%
R9	*Cancer 31 day wait - First Treatment	96.1%	96.0%	97.9%	96.2%	95.1%	96.2%	96.8%	97.2%	95.9%	96.2%	96.1%	96.5%	96.0%	96.8%	97.7%	97.2%	96.4%		96.4%	96.4%	0.4%
R9.1	*Cancer 31 day - Subs Treatment - Surgery	92.9%	94.0%	96.4%	96.2%	82.4%	92.0%	79.4%	100.0%	82.4%	96.0%	92.9%	87.1%	96.3%	96.7%	100.0%	86.2%	95.8%	Data rund one month behind	95.8%	95.8%	1.8%
R9.2	*Cancer 31 day - Subs Treatment - Drugs	99.0%	98.0%	100.0%	99.1%	98.7%	99.3%	98.7%	98.3%	96.7%	98.2%	99.0%	100.0%	100.0%	100.0%	98.9%	100.0%	99.0%		99.0%	99.0%	1.0%
R9.3	*Cancer 31 day Subs Treatment Radio	92.8%	94.0%	95.4%	97.6%	93.7%	98.2%	96.7%	99.2%	90.5%	94.5%	92.8%	92.5%	91.4%	94.3%	93.1%	93.4%	92.7%		92.7%	92.7%	-1.3%
R10	*Cancer 62 day wait - First Definitive	67.9%	85.0%	57.5%	67.7%	60.1%	62.6%	56.4%	63.3%	65.6%	56.0%	67.9%	64.5%	70.9%	73.1%	72.2%	86.3%	85.4%		85.4%	85.4%	0.4%
R10.1	*Cancer 62 day wait - First Definitive - MTW	72.8%	85.0%	59.3%	70.9%	65.1%	63.8%	58.8%	65.6%	69.2%	58.8%	72.8%	68.6%	80.4%	80.0%	78.4%	90.1%	88.9%		88.9%	88.9%	3.9%
R10.2	*Cancer WT - 62 Day Screening Referrals	74.4%	90.0%	79.5%	83.7%	69.0%	88.2%	97.3%	84.8%	80.6%	55.2%	74.4%	84.6%	87.8%	94.7%	80.0%	89.7%	91.7%		91.7%	91.7%	1.7%
R10.3	*Cancer WT - 62 Day Cons Specialist	82.4%	85.0%	61.5%	76.5%	40.0%	86.4%	72.2%	69.2%	64.0%	86.7%	82.4%	100.0%	41.7%	67.7%	65.5%	56.3%	55.6%		55.6%	55.6%	-29.4%
R11	Non-Elective LOS	6.90	6.40	6.56	6.95	6.70	7.04	6.83	6.80	6.71	7.22	6.75	7.10	7.14	6.97	6.98	6.96	6.66	6.64	6.92	6.92	42.2%
R11.1	Elective LOS	3.11	3.00	2.67	3.18	3.31	3.27	2.89	3.72	3.15	3.20	2.88	3.10	3.30	3.20	3.23	3.52	3.73	3.83	3.41	3.41	41.0%
R12	% Bed Occupancy	90.8%	90.0%	89.6%	90.5%	89.7%	92.8%	92.7%	91.2%	92.0%	93.4%	90.5%	92.0%	93.4%	90.1%	90.5%	91.6%	92.4%	No data	91.7%	91.7%	1.7%
R12.1	Occupied Beddays Average Per Day	673	673	636	659	647	671	663	663	703	716	681	672	684	652	653	655	665	660	663	672	-0.3%
R12.2	Delayed Transfers of Care	4.4%	3.5%	5.0%	4.8%	5.9%	4.5%	3.6%	3.2%	4.1%	3.8%	5.0%	4.4%	4.1%	3.9%	4.8%	4.3%	5.3%	4.4%	4.5%	4.5%	1.0%
R13	Theatre Utilisation (Elective)	90.5%	90.0%	86.4%	84.5%	87.6%	85.9%	86.5%	86.3%	85.5%	85.6%	87.0%	88.4%	86.4%	86.4%	85.8%	87.1%	85.6%	86.4%	86.6%	86.6%	-3.4%
R13.1	Day Case Rate	87.6%	87.1%	87.8%	86.8%	87.0%	87.9%	86.2%	87.5%	89.1%	88.4%	87.2%	87.6%	87.4%	87.5%	87.3%	86.9%	87.6%	87.0%	87.3%	87.2%	0.2%
R13.2	Cancelled Operations (last minute)	0.7%	0.8%	0.6%	0.8%	0.8%	0.7%	0.6%	0.6%	0.7%	1.2%	0.7%	0.79%	0.72%	0.45%	0.42%	0.66%	0.62%	0.70%	0.62%	0.62%	-0.2%
R13.3	Patients not treated <28 days of cancellation	26	0	4	2	0	6	2	0	1	2	1	4	3	1	2	1	0	3	14	14	14
R13.4	Urgent Ops Cancelled for 2nd time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
R14	Outpatient Utilisation	#REF!	85.0%	65.4%	64.2%	65.1%	64.4%	66.2%	63.5%	66.3%	66.4%	64.5%	66.8%	65.4%	65.5%	66.3%	64.3%	64.8%	62.3%	65.0%	65.0%	-20.0%
R14.1	Outpatient Follow Up : New Ratio	1.51	1.53	1.48	1.50	1.50	1.54	1.57	1.54	1.59	1.61	1.51	1.57	1.56	1.47	1.43	1.56	1.45	1.51	1.50	1.50	-3.0%
R14.2	Outpatient New DNA Rates	#REF!	5.0%	6.7%	6.4%	6.2%	6.4%	6.1%	5.7%	5.6%	5.0%	4.6%	5.7%	5.8%	6.2%	5.7%	5.5%	5.2%	5.7%	5.7%	5.7%	0.7%
R14.3	Outpatient Follow Up DNA Rates	#REF!	5.0%	8.3%	7.9%	7.4%	7.8%	7.4%	6.5%	6.6%	6.4%	6.2%	5.3%	5.3%	5.7%	5.4%	5.0%	4.9%	5.0%	5.2%	5.2%	0.2%

Responsive		2018/19 Outturn	2019/20 Target	Q2			Q3			Q4			Q1			Q2			Q3	YTD	FOT	YTD Var From Plan
ID	Key Performance Indicators			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct			
R15	Primary Referrals	124,181	139,143	11054	9974	9815	11011	10832	8502	10794	9679	9973	11563	11520	11068	11675	10084	10081	9826	75817	133336.6	-7.1%
R15.1	Non-Primary Referrals	63,092	59,909	5394	5205	4915	5209	5202	4833	5873	5040	5442	4774	5377	5598	6203	4969	5295	5247	37463	62229	6.6%
R15.2	Cons to Cons Referrals	68,987	51,898	6349	6026	5399	6378	6091	4718	5987	5126	4758	6357	6285	5725	6866	5909	5854	5955	42951	64405	41.1%
R16	OP New Activity	209,257	226,133	18278	16794	16615	18808	18590	15012	18294	16081	16719	17480	18291	17990	20680	17243	18997	19664	130345	223825	-1.7%
R16.1	OP Follow Up Activity	316,538	346,845	26978	25111	24880	28933	29129	23078	29068	25966	25247	27495	28529	26510	29523	26816	27567	29634	196074	339459	-3.6%
R17	Elective Inpatient Activity	6,171	7,426	521	568	527	554	622	460	450	435	519	535	610	538	599	579	588	611	4060	7130	-6.8%
R17.1	Day Case Activity	43,599	50,210	3749	3725	3523	4038	3871	3233	3692	3300	3520	3780	4244	3752	4118	3832	4169	4088	27983	48739	-5.0%
R17.2	Total IP & DC Activity	49,770	57,636	4270	4293	4050	4592	4493	3693	4142	3735	4039	4315	4854	4290	4717	4411	4757	4699	32043	55869	-5.2%
R18	Non Elective Activity (inc Maternity)	64,187	84,338	5344	5582	5245	5542	5272	5246	5749	5050	5682	5164	5564	5369	5914	5329	5433	5755	38528	73553	-21.9%
R19	A&E Attendances : Type 1	155,838	159,252	13526	12707	12627	12861	12793	12684	13668	12567	13809	13401	14282	13577	15157	13909	14125	14298	98749	168488	4.1%
R19.1	A&E Attendances : Total, inc MIU	191,156	195,883	16995	15716	15757	15766	15419	15316	16438	15276	16832	16642	17719	16925	18794	17329	17632	17347	122388	207076	4.4%
R20	Oncology Fractions	65,671	67,260	5605	5379	4698	5648	5994	5059	5867	5292	6010	6269	6196	5255	6052	5471	5121	5129	39493	67297	0.1%
R21	Number of Births (Mothers Delivered)	5,857	5,856	490	514	484	543	504	491	469	420	460	415	504	465	489	458	477	493	3301	5659	-3.4%

Well-Led		2018/19 Outturn	2019/20 Target	Q2			Q3			Q4			Q1			Q2			Q3	YTD	FOT	YTD Var From Plan
ID	Key Performance Indicators			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct			
W1	Surplus (Deficit) against B/E Duty	12,006	6,897	574	82	-1,014	3,075	2,030	136	-2,567	-457	13,359	-2,001	-71	-1,272	2,569	1,036	407	1,535	2,203	6,897	-35.7%
W2	CIP Savings	13,825	22,329	1,200	1,151	917	1,221	1,151	678	1,428	986	2,574	725	1,012	1,291	1,868	3,882	1,792	1,728	12,605	22,328	5.3%
W3	Cash Balance	10,405	3,000	18,207	14,126	13,493	12,640	8,566	12,766	7,956	10,625	10,405	41,294	39,537	44,793	56,821	45,854	42,824	30,327	30,327	3,000	-9.7%
W4	Capital Expenditure	19,185	14,448	327	365	82	547	1,106	2,420	295	430	12,900	358	45	380	149	250	442	378	2,002	13,820	-58.1%
W4.1	Income	465,038	502,732	41,154	38,606	36,805	40,695	40,821	38,634	37,148	34,981	44,309	40,150	41,400	40,363	43,400	41,228	40,971	42,902	290,413	498,273	-1.0%
W4.2	EBITDA	28,347	37,810	2,998	2,515	1,545	5,533	4,475	2,603	-104	-1,934	6,386	540	2,452	1,895	5,133	3,575	2,838	4,063	20,495	37,746	-4.3%
W5	Finance use of Resources Rating	3	3	4	4	4	3	3	3	3	4	3		3	3	3	3	3	3	3	3	0
W6	Staff Turnover Rate	9.1%	10.0%	9.9%	9.7%	9.4%	9.1%	9.2%	9.1%	8.9%	8.9%	9.1%	9.5%	9.8%	10.1%	10.8%	10.9%	11.4%	11.7%	11.7%	11.7%	1.7%
W7	Vacancy Rate (%)	10.0%	8.0%	10.3%	11.1%	10.7%	9.6%	9.6%	10.8%	10.3%	10.3%	10.0%	13.3%	13.3%	13.1%	12.6%	12.0%	10.4%	9.1%	12.0%	12.0%	4.0%
W7.1	Contracted WTE	5,153	5,442	5,049	5,069	5,064	5,148	5,017	5,124	5,139	5,145	5,153	5,147	5,105	5,122	5,169	5,219	5,323	5,393	5,393	5,393	-1.3%
W7.2	Establishment WTE	5,670	6,033	5,617	5,627	5,628	5,632	5,631	5,685	5,684	5,684	5,670	5,906	5,891	5,921	5,972	6,016	6,033	6,065	6,065	6,065	0.0%
W7.3	Substantive Staff Used	5,012	5,541	4,907	4,937	4,949	4,996	5,036	5,002	4,995	5,009	5,012	4,998	5,019	5,032	5,040	5,101	5,152	5,240	5,240	5,240	-6.3%
W7.4	Worked WTE	5,826	6,033	5,597	5,732	5,654	5,688	5,631	5,733	5,747	5,784	5,826	5,623	5,808	5,667	5,733	5,938	5,810	5,927	5,927	5,927	-2.3%
W7.5	Vacancies WTE	517	590	568	558	564	483	614	561	545	539	517	758	786	799	803	797	710	672	672	672	11.8%
W8	Total Agency Spend	22,651	15,830	2,113	2,072	1,901	1,787	1,734	1,747	1,901	2,097	1,408	1,649	1,655	1,531	1,852	1,770	1,786	1,653	11,896	16,258	0
W8.1	Nurse Agency Spend	-9,434	-3,190	-853	-847	-822	-823	-661	-728	-862	-860	-963	-577	-563	-468	-474	-612	-641	-706	-4,040	-4,040	30.1%
W8.2	Medical Locum & Agency Spend	-19,052	-10,223	-1,567	-1,585	-1,517	-1,261	-1,456	-1,806	-1,663	-1,674	-1,933	-1,656	-1,699	-1,718	-1,957	-1,886	-1,902	-1,573	-12,391	-12,391	22.3%
W8.3	Bank Staff Used	500	296	338	448	383	372	365	416	433	442	500	332	511	356	426	574	392	426	426	426	50.8%
W8.4	Agency Staff Used	277	196	310	302	277	271	229	270	283	286	277	249	241	243	233	229	234	226	226	226	19.9%
W8.5	Overtime Used	36	No data	42	46	46	49	-	45	37	47	36	45	37	35	35	33	33	35	35	35	No data
W8.6	Temp costs & overtime as % of total pay bill	No data	12.0%	16.6%	18.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.0%	16.1%	15.9%	17.1%	18.2%	17.8%	0	16.0%	16.0%	4.8%
W9	Statutory and Mandatory Training	83.3%	90.0%	89.0%	85.8%	82.9%	No data	No data	No data	No data	No data	83.3%	83.5%	84.5%	86.1%	87.2%	88.9%	85.8%	86.4%	86.0%	86.0%	-4.0%
W10	Sickness Absence	3.6%	3.3%	3.2%	3.3%	3.4%	3.4%	3.4%	3.9%	3.4%	3.8%	3.6%	3.1%	3.5%	3.3%	3.2%	3.5%	3.4%	3.6%	3.4%	3.4%	0.1%
W11	Staff FFT % recommended work	82.2%	57.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	82.2%	82.2%	82.2%	53.3%	53.3%	53.3%	72.2%	72.2%	72.2%	72.2%	72.2%	72.2%	15.2%
W11.1	Staff Friends & Family (FFT) % rec care	89.0%	80.0%	78.2%	78.2%	78.2%	78.2%	78.2%	78.2%	89.0%	89.0%	89.0%	75.3%	75.3%	75.3%	77.8%	77.8%	77.8%	77.8%	77.8%	77.8%	-2.2%
W12	Appraisal Completeness	92.0%	95.0%	76.5%	82.6%	84.7%	86.2%	88.1%	90.2%	91.0%	92.1%	92.0%	2.6%	11.7%	26.7%	78.2%	87.4%	89.8%	91.1%	91.1%	91.1%	-3.9%

REVIEW OF THE LATEST FINANCIAL PERFORMANCE

- The Trust's surplus including Provider Sustainability Fund (PSF) and Marginal Rate Emergency Tariff (MRET) funding was £1.5m in October which was £0.2m better than forecast however £1.3m adverse to plan. The Trust was £0.5m adverse to budget and therefore did not deliver PSF funding for the month (£0.8m).
- The Trust's normalised run rate (excluding PSF and MRET funding) in October was £0.4m surplus which was £1.1m adverse to plan.
- In October the Trust operated with an EBITDA surplus of £4.1m which was £1.4m adverse plan.
- The Trust's year to date surplus including PSF was £2.2m which was £1.2m adverse to plan. The key variances to budget were: Underperformance in Private Patient Income (£1.3m net), RTT Income reserve (£2m), £0.2m overspend against outsourcing, overspends within expenditure budgets (£1.9m) and PSF slippage of £0.8m. These pressures have been partly offset by release of prior year provisions (£1.8m) and release of £3.8m of reserves.
- The key current month variances are as follows:
  - Income adjusted for pass-through items is £1m adverse to plan, the main pressures relate to non-delivery of PSF (£0.8m), under delivery of Private Patient Income (£0.3m) and non-delivery of Referral to Treatment (RTT) risk reserve £0.3m partly offset by benefits in old year settlements (£0.5m).
  - Pay budgets adjusted for pass-through items overspent by £0.3m in October. The key overspends in the month were within Medical staffing (£0.3m) and Nursing (£0.2m) due to high level of temporary staffing usage. The pressure within Nursing and Medical staffing is predominantly within the Medical and Emergency division.
  - Non Pay budgets adjusted for pass through items overspent by £0.1m, after adjusting for release of non-pay overspent by £1m in October. The main pressure related to higher than planned outsourcing costs relating to patient choice activity.
- The Trust held £30.3m of cash at the end of October which is lower than the plan of £33.6m. The main variance relates to agency and pay costs including catch up on backlog agency invoices. The cash flow forecast is revised throughout the year to be in line with the I&E forecast outturn position. Both Qtr 1 and Qtr 2 contractual payments relating to the pathology managed service agreements totalling c£3.2m have been paid in October as a result of the invoices only just being received by the Trust. The closing outturn cash balance of the cash flow forecast is £3m which relates to the original planned carry forward of sale proceeds of £2m and the minimum £1m cash balance that the Trust is required to carry. The Trust has two working capital loans which are due to be repaid within 2020/21 totalling £26.1m.
- Following the recent announcements of new capital funding in 2019/20, the Trust reverted to the plan agreed in May 2019 but updated the use of the £6.4m asset sale resource to be applied to critical equipment and estates backlog schemes that could be delivered in this financial year. The Trust submitted a new business case for the CRL cover for this resource and is awaiting the DHSC decision; it also submitted the request for emergency capital for the CT scanner, but this is expected to be superseded by the national Diagnostic Equipment Fund. The Trust has signalled its willingness to receive capital funding from the Diagnostic fund which is planned for this financial year and 2020/21 (covering two CT scanners, a MRI and Mammography equipment).
- The Trust's bid for national Electronic Prescribing and Medicines Administration (EPMA) capital funding was approved at a level of £1.25m (against the bid of £1.48m).
- Outside of the £6.4m asset sale funding, the Trust's internally generated capital was planned at £4.85m for the year. This has reduced in year by c.£0.4m as a result of forecast underspend on depreciation resulting from the reduction in the overall programme value (removal of a external financing items) and slippage in the timing of schemes due to the planning issues around the national capital position Overall £4.0m is already spent or committed e.g. £1.88m EPR, £0.4m ICT, £0.4m equipment; and £1.3m estates schemes. Therefore the Trust has £0.45m

remaining that is not yet committed to cover all of its remaining capital requirements in 2019/20 (excluding donated asset funding).

- The Trust is forecasting to deliver the planned surplus including PSF and MRET of £6.9m however this includes £8.2m of mitigations to offset the variances to plan. The level of divisional expenditure reductions required to be delivered as part of the mitigation plan has increased. The movement is due notification of income risk associated with RTT risk reserve (£1.5m) and £0.5m reduction in Non-Elective risk reserve as well as £1m increase in costs associated with prime provider choice patients.
- To mitigate these overspends the Trust is focusing on identifying further Cost Improvement Programme (CIP)/Divisional recovery plans with monthly meetings taking place with Divisions and the Chief Finance Officer, Chief Operating Officer and Director of Workforce. The Trust is also in discussion with commissioners for an additional £1m additional income. The Trust will also have to release the remaining £0.1m of reserves therefore any investment decisions where funding is not secured would have to be offset through additional savings.

Maidstone and Tunbridge Wells NHS Trust

Trust Board Finance Report

Month 7
2019/20

Maidstone and Tunbridge Wells NHS Trust

Trust Board Finance Report for October 2019

Maidstone and Tunbridge Wells NHS Trust

1a. Dashboard

October 2019/20

	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	42.9	43.5	(0.6)	0.4	(1.0)		290.4	293.4	(3.0)	0.8	(3.8)		498.3	501.0	(2.8)	
Expenditure	(38.8)	(38.1)	(0.8)	(0.4)	(0.4)		(269.9)	(272.0)	2.1	(0.8)	2.8		(460.5)	(463.2)	2.7	
EBITDA (Income less Expenditure)	4.1	5.4	(1.4)	0.0	(1.4)		20.5	21.4	(0.9)	0.0	(0.9)		37.7	37.8	(0.1)	
Financing Costs	(2.6)	(2.6)	0.0	0.0	0.0		(17.9)	(18.3)	0.5	0.0	0.5		(31.3)	(32.0)	0.7	
Technical Adjustments	0.1	0.0	0.1	0.0	0.1		(0.4)	0.4	(0.8)	0.0	(0.8)		0.5	1.1	(0.6)	
Net Surplus / Deficit (Incl PSF and MRET)	**1.5**	**2.8**	**(1.3)**	**0.0**	**(1.3)**		**2.2**	**3.4**	**(1.2)**	**0.0**	**(1.2)**		**6.9**	**6.9**	**0.0**	
CIPs	1.7	2.1	(0.4)		(0.4)		12.6	12.0	0.6		0.6		22.3	22.3	(0.0)	
Cash Balance	30.3	33.6	(3.2)		(3.2)		30.3	33.6	(3.2)		(3.2)		3.0	3.0	0.0	
Capital Expenditure	0.4	1.3	1.0		1.0		2.0	4.8	2.8		2.8		13.8	14.4	0.6	
Capital service cover rating							4	3					4	4		
Liquidity rating							3	3					4	4		
I&E margin rating							2	1					1	1		
I&E margin: distance from financial plan							2	1					1	1		
Agency rating							4	3					3	3		
Finance and use of resources rating							3	2					3	3		

Summary:

- The Trusts surplus was £1.5m in October which was £0.2m better than forecasted however £1.3m adverse to plan. The Trust was £0.5m adverse against budgets and therefore did not achieve the requirement for PSF funding of £0.8m in October.
- Year to date the Trust is £1.2m adverse to plan, the key variances to budget were: Underperformance in Private Patient Income (£1.3m net), RTT Income reserve (£2m), £0.2m overspend against outsourcing, overspends within expenditure budgets (£1.9m) and PSF slippage of £0.8m. These pressures have been partly offset by release of prior year provisions (£1.8m), and release of £3.8m of reserves.
- The Trust has spent £4.7m more (65%) than the YTD agency ceiling set by NHSI (£11.8m per annum)
- The Trust has delivered £12.6m savings YTD which is £0.6m favourable to plan (5% favourable)

Key Points:

- The Trusts normalised run rate in October was £0.4m surplus pre PSF which was £1.1m adverse to plan (pre PSF).
- The Trust did not deliver the financial control target for October and therefore did not achieve the criteria for PSF funding resulting in a shortfall of £0.8m. PSF funding is secured on a quarterly basis and therefore if the Trust is able to recover £0.5m budget pressure in October and meet the plan in November and December the Trust would recoup this shortfall.
- The main pressures in the month related to overspending within Medical Staffing (£0.3m), higher than planned outsourcing of elective work (£0.8m), Private patient unit slippage (Net = £0.2m) , clinical income slippage (£0.1m) partly offset by release of £0.7m reserves, and £0.3m underspends within non medical pay budgets.

Risks:

- The Trust is forecasting to deliver the planned £6.9m surplus including PSF. The Trust has this month been notified of income challenges which has increased the value of mitigations required, the actions to achieve this and the risks of non delivery are shown in section 4.

1b. Summary Income & Expenditure (Exceptional Items)

Income & Expenditure October 2019/20

	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	41.9	42.2	(0.3)	0.4	(0.7)	282.9	286.3	(3.5)	0.8	(4.3)
Expenditure	(38.9)	(38.1)	(0.9)	(0.4)	(0.5)	(271.0)	(272.0)	0.9	(0.8)	1.7
Trust Financing Costs	(2.6)	(2.6)	0.0	0.0	0.0	(17.9)	(18.3)	0.5	0.0	0.5
Technical Adjustments	0.1	0.0	0.1	0.0	0.1	(0.4)	0.4	(0.8)	0.0	(0.8)
Net Revenue Surplus / (Deficit) before Exceptional Items	**0.4**	**1.5**	**(1.1)**	**0.0**	**(1.1)**	**(6.5)**	**(3.6)**	**(2.9)**	**0.0**	**(2.9)**
Exceptional Items	0.6		0.6		0.6	1.8		1.8		1.8
Net Position	**1.0**	**1.5**	**(0.5)**	**0.0**	**(0.5)**	**(4.7)**	**(3.6)**	**(1.1)**	**0.0**	**(1.1)**
PSF and MRET Funding	0.5	1.3	(0.8)	0.0	(0.8)	6.9	7.1	(0.2)	0.0	(0.2)
Net Revenue Surplus / (Deficit) Incl PSF, MRET and Exceptional Items	1.5	2.8	(1.3)	0.0	(1.3)	2.2	3.4	(1.2)	0.0	(1.2)

Key messages:
The Trust position before exceptional items was £1.1m adverse to plan in the month, the release of £0.5m old year income settlements and £0.1m expenditure benefits from 2018/19 reduced this variance to £0.5m deficit before PSF.

Income:
Income YTD net of pass-through related costs and exceptional items is £4.3m adverse to plan. The Trust has over performed against non AIC contracts by £0.5m which is offset by under delivery of Private Patient Income (£2.1m) and Cancer and RTT recovery plan income (£2.7m).

Expenditure:
Expenditure budgets net of pass-through and exceptional items are £1.7m favourable, the key favourable variances relate to: release of reserves (£3.3m), underspends relating to Cancer recovery plans (£0.7m), and Private Patient activity underperformance (£0.8m) . The key pressures within expenditure budgets relate to Medical Staffing (£1.7m) , CIP slippage (£0.7m) and drug overspend (£0.6m)

Reserves: The Trust has released £3.3m of reserves held to offset YTD pressures and has issued reserves to fund agreed business cases , the Trust has £0.1m remaining in contingency reserves.

PSF: The Trust did not deliver the financial control target for October and therefore did not achieve the criteria for PSF funding resulting in a shortfall of £0.8m.

2a. Income & Expenditure

Income & Expenditure October 2019/20

	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	34.2	34.2	(0.0)	0.0	(0.0)	226.6	228.3	(1.6)	0.0	(1.6)	389.9	390.0	(0.1)
High Cost Drugs and Devices	4.0	3.7	0.2	0.3	(0.1)	27.6	26.6	1.0	1.1	(0.1)	45.2	45.2	0.0
Total Clinical Income	**38.2**	**38.0**	**0.2**	**0.3**	**(0.1)**	**254.2**	**254.8**	**(0.6)**	**1.1**	**(1.7)**	**435.1**	**435.1**	**(0.1)**
PSF and MRET	0.5	1.3	(0.8)	0.0	(0.8)	6.9	7.1	(0.2)	0.0	(0.2)	14.4	13.8	0.6
Other Operating Income	4.2	4.2	(0.0)	0.0	(0.1)	29.3	31.5	(2.2)	(0.3)	(1.9)	48.8	52.0	(3.3)
Total Revenue	**42.9**	**43.5**	**(0.6)**	**0.4**	**(1.0)**	**290.4**	**293.4**	**(3.0)**	**0.8**	**(3.8)**	**498.3**	**501.0**	**(2.8)**
Substantive	(20.2)	(21.4)	1.1	(0.0)	1.1	(138.3)	(146.8)	8.4	0.4	8.0	(241.5)	(254.1)	12.6
Bank	(1.2)	(0.8)	(0.5)	0.0	(0.5)	(8.6)	(6.0)	(2.6)	0.0	(2.6)	(13.0)	(10.2)	(2.9)
Locum	(0.8)	(0.8)	(0.1)	0.0	(0.1)	(6.4)	(5.2)	(1.2)	0.0	(1.2)	(11.1)	(8.4)	(2.8)
Agency	(1.7)	(1.0)	(0.6)	0.0	(0.6)	(11.9)	(9.6)	(2.3)	0.3	(2.6)	(18.4)	(15.5)	(2.9)
Pay Reserves	(0.1)	0.1	(0.2)	0.0	(0.2)	(0.7)	(1.6)	0.9	0.0	0.9	(1.1)	(2.0)	0.9
Total Pay	**(24.1)**	**(23.8)**	**(0.3)**	**(0.0)**	**(0.3)**	**(165.9)**	**(169.2)**	**3.2**	**0.7**	**2.5**	**(285.2)**	**(290.1)**	**4.9**
Drugs & Medical Gases	(4.8)	(4.3)	(0.5)	(0.4)	(0.0)	(31.8)	(30.0)	(1.8)	(1.3)	(0.6)	(53.7)	(51.4)	(2.3)
Blood	(0.2)	(0.2)	(0.0)	0.0	(0.0)	(1.4)	(1.3)	(0.1)	0.0	(0.1)	(2.4)	(2.2)	(0.1)
Supplies & Services - Clinical	(2.9)	(2.8)	(0.1)	0.1	(0.2)	(19.5)	(19.9)	0.3	0.2	0.1	(33.0)	(33.9)	0.9
Supplies & Services - General	(0.4)	(0.4)	(0.0)	(0.0)	(0.0)	(3.0)	(3.1)	0.1	(0.0)	0.1	(5.1)	(5.3)	0.3
Services from Other NHS Bodies	(0.5)	(0.5)	(0.0)	0.0	(0.0)	(5.0)	(5.2)	0.2	0.6	(0.4)	(7.8)	(7.5)	(0.3)
Purchase of Healthcare from Non-NHS	(1.1)	(0.3)	(0.8)	0.0	(0.8)	(9.4)	(6.7)	(2.7)	(0.1)	(2.7)	(14.7)	(8.7)	(6.0)
Clinical Negligence	(1.5)	(1.5)	(0.0)	0.0	(0.0)	(10.3)	(10.3)	0.0	0.0	0.0	(17.6)	(17.6)	0.0
Establishment	(0.3)	(0.3)	(0.0)	0.0	(0.0)	(2.0)	(1.9)	(0.1)	0.0	(0.1)	(3.5)	(3.4)	(0.1)
Premises	(2.2)	(2.1)	(0.1)	(0.0)	(0.1)	(15.0)	(14.6)	(0.3)	0.1	(0.5)	(26.7)	(26.0)	(0.7)
Transport	(0.1)	(0.1)	(0.0)	0.0	(0.0)	(0.9)	(0.9)	0.0	(0.0)	0.0	(1.5)	(1.6)	0.1
Other Non-Pay Costs	(0.7)	(0.9)	0.2	(0.0)	0.2	(5.6)	(4.6)	(1.0)	(1.1)	0.1	(9.4)	(6.8)	(2.5)
Non-Pay Reserves	0.0	(0.9)	0.9	0.0	0.9	(0.0)	(4.3)	4.3	0.0	4.3	(0.0)	(8.6)	8.6
Total Non Pay	**(14.8)**	**(14.3)**	**(0.5)**	**(0.4)**	**(0.1)**	**(104.0)**	**(102.8)**	**(1.2)**	**(1.5)**	**0.3**	**(175.3)**	**(173.1)**	**(2.2)**
Total Expenditure	**(38.8)**	**(38.1)**	**(0.8)**	**(0.4)**	**(0.4)**	**(269.9)**	**(272.0)**	**2.1**	**(0.8)**	**2.8**	**(460.5)**	**(463.2)**	**2.7**
EBITDA	**4.1**	**5.4**	**(1.4)**	**0.0**	**(1.4)**	**20.5**	**21.4**	**(0.9)**	**0.0**	**(0.9)**	**37.7**	**37.8**	**(0.1)**
	0.0	*0.0*	*0.0*	*%*		*7.1%*	*7.3%*	*31.2%*	*0.0%*	*24.9%*	*7.6%*	*7.5%*	*2.3%*
Depreciation	(1.1)	(1.1)	(0.0)	0.0	(0.0)	(7.7)	(7.8)	0.1	0.0	0.1	(13.2)	(13.5)	0.3
Interest	(0.1)	(0.2)	0.1	0.0	0.1	(0.8)	(0.9)	0.1	0.0	0.1	(1.4)	(1.6)	0.2
Dividend	(0.1)	(0.1)	0.0	0.0	0	(0.9)	(0.9)	0	0.0	0	(1.6)	(1.6)	0
PFI and Impairments	(1.3)	(1.2)	(0.1)	0.0	(0.1)	(8.4)	(8.7)	0.2	0.0	0.2	(15.2)	(15.4)	0.2
Total Finance Costs	**(2.6)**	**(2.6)**	**0.0**	**0.0**	**0.0**	**(17.9)**	**(18.3)**	**0.5**	**0**	**0.5**	**(31.3)**	**(32.0)**	**0.7**
Net Surplus / Deficit (-)	**1.4**	**2.8**	**(1.4)**	**0.0**	**(1.4)**	**2.6**	**3.1**	**(0.5)**	**0.0**	**(0.5)**	**6.4**	**5.8**	**0.6**
Technical Adjustments	0.1	0.0	0.1	0.0	0.1	(0.4)	0.4	(0.8)	0.0	(0.8)	0.5	1.1	(0.6)
Surplus/ Deficit (-) to B/E Duty Incl PSF and MRET	**1.5**	**2.8**	**(1.3)**	**0.0**	**(1.3)**	**2.2**	**3.4**	**(1.2)**	**0.0**	**(1.2)**	**6.9**	**6.9**	**0.0**
Surplus/ Deficit (-) to B/E Duty Excl PSFand MRET	**1.0**	**1.5**	**(0.5)**	**0.0**	**(0.5)**	**(4.1)**	**(3.6)**	**(0.5)**	**0.0**	**(0.5)**	**(7.0)**	**(7.0)**	**0.0**

Commentary

The Trusts surplus including PSF was £1.5m in October which was £1.3m adverse to plan due to £0.5m slippage against budget and £0.8m slippage relating to non delivery of PSF.

Pass-through adjustments have been applied to account for: High Cost Drugs and devices, STP associated costs, and Research and Development costs.

Clinical Income excluding HCDs was on plan in October and adverse to plan £1.6m year to date. The key favourable variances in A&E (£0.2m) and Non-Electives (£0.6m) offset by Day Cases (£0.4m) Critical Care (£0.2m).

The Trust did not deliver the control total in October and therefore did not achieve £0.8m PSF funding for the month. The Trust received £0.6m additional bonus PSF in June relating to 2018/19, the bonus PSF is treated as a technical adjustment and therefore does not support the 2019/20 I&E position.

Other Operating Income excluding pass-through costs was adverse to plan in October by £0.1m. The main pressures in month were Private Patient Unit activity below planned levels (£0.3m) partly offset by £0.2m Education and Research income overperformance.

Pay budgets adjusted for pass-through items overspent by £0.3m in October. The key overspends in the month were within Medical staffing (£0.3m) and Nursing (£0.2m) due to high level of temporary staffing usage. The pressure within Nursing and Medical staffing is predominantly within the Medical and Emergency division.

Non Pay budgets adjusted for pass through items overspent by £0.1m, after adjusting for release of non pay overspent by £1m in October. The main pressure related to higher than planned outsourcing costs relating to patient choice activity.

The Trust is currently forecasting to deliver the planned surplus of £6.9m including PSF and MRET funding.

2b. Run Rate Analysis

Analysis of 13 Monthly Performance (£m's)

		Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Change between Months
Revenue	Clinical Income	33.7	35.5	33.1	32.4	30.6	34.5	35.2	36.4	34.3	37.9	36.3	35.9	38.2	2.3
	STF / PSF	1.3	1.3	1.3	0.0	0.0	12.8	0.9	0.9	1.5	1.0	1.0	1.0	0.5	(0.5)
	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	5.7	4.1	4.3	4.7	4.4	5.3	4.1	4.1	4.6	4.5	3.9	4.1	4.2	0.1
	Total Revenue	**40.7**	**40.8**	**38.6**	**37.1**	**35.0**	**52.6**	**40.2**	**41.4**	**40.4**	**43.4**	**41.2**	**41.0**	**42.9**	**1.9**
Expenditure	Substantive	(17.6)	(18.9)	(18.7)	(18.8)	(18.7)	(19.9)	(20.1)	(19.5)	(19.3)	(19.7)	(19.9)	(19.6)	(20.2)	(0.6)
	Bank	(1.0)	(1.1)	(1.2)	(1.2)	(1.3)	(1.4)	(1.3)	(1.1)	(1.1)	(1.2)	(1.3)	(1.2)	(1.2)	(0.0)
	Locum	(0.6)	(0.8)	(1.0)	(0.9)	(0.7)	(1.1)	(0.8)	(0.9)	(0.9)	(0.9)	(1.0)	(1.1)	(0.8)	0.3
	Agency	(1.8)	(1.7)	(1.7)	(1.9)	(2.1)	(1.4)	(1.6)	(1.7)	(1.5)	(1.9)	(1.8)	(1.8)	(1.7)	0.1
	Pay Reserves	0.4	(0.2)	(0.2)	(0.1)	(0.2)	(0.2)	(0.3)	(0.3)	(0.3)	(0.3)	0.7	(0.1)	(0.1)	0.0
	Total Pay	(20.7)	(22.7)	(22.8)	(23.0)	(23.0)	(23.9)	(24.2)	(23.5)	(23.1)	(23.9)	(23.3)	(23.9)	(24.1)	(0.2)
Non-Pay	Drugs & Medical Gases	(4.4)	(4.8)	(4.2)	(3.9)	(4.5)	(4.5)	(4.6)	(4.6)	(4.2)	(4.7)	(4.5)	(4.4)	(4.8)	(0.3)
	Blood	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	0.0
	Supplies & Services - Clinical	(3.1)	(3.0)	(3.1)	(3.0)	(2.8)	(2.7)	(2.7)	(2.7)	(2.8)	(3.0)	(2.6)	(2.8)	(2.9)	(0.1)
	Supplies & Services - General	(0.5)	(0.5)	(0.5)	(0.5)	(0.4)	(0.5)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.0)
	Services from Other NHS Bodies	(0.8)	(1.3)	(0.9)	(0.9)	(0.2)	(3.2)	(1.0)	(0.8)	(0.7)	(0.6)	(0.6)	(0.8)	(0.5)	0.3
	Purchase of Healthcare from Non-NHS	(0.3)	(0.2)	(0.3)	(0.3)	(0.4)	(0.5)	(1.5)	(1.7)	(1.6)	(1.2)	(1.2)	(1.1)	(1.1)	(0.0)
	Clinical Negligence	(1.6)	(1.3)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(0.0)
	Establishment	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.2)	(0.2)	(0.3)	(0.3)	(0.3)	(0.3)	(0.4)	(0.3)	0.1
	Premises	(1.7)	(1.5)	(1.8)	(2.6)	(1.9)	(2.3)	(2.3)	(2.2)	(2.4)	(1.9)	(2.1)	(1.9)	(2.2)	(0.3)
	Transport	(0.1)	(0.1)	(0.1)	(0.2)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.0)
	Other Non-Pay Costs	(1.1)	(0.4)	(0.3)	(1.0)	(1.5)	1.8	(0.5)	(0.5)	(0.7)	(1.2)	(1.0)	(1.0)	(0.7)	0.3
	Non-Pay Reserves	(0.4)	0.0	0.0	0.0	0.0	0.0	(0.5)	(0.4)	(0.4)	0.7	0.1	0.4	0.0	(0.4)
	Total Non Pay	(14.5)	(13.6)	(13.2)	(14.3)	(13.9)	(14.0)	(15.4)	(15.4)	(15.4)	(14.3)	(14.4)	(14.3)	(14.8)	(0.5)
	Total Expenditure	(35.2)	(36.3)	(36.0)	(37.3)	(36.9)	(38.0)	(39.6)	(38.9)	(38.5)	(38.3)	(37.7)	(38.1)	(38.8)	(0.7)
EBITDA	EBITDA	5.5	4.5	2.6	(0.1)	(1.9)	14.7	0.5	2.5	1.9	5.1	3.6	2.8	4.1	1.2
		14%	*11%*	*7%*	*0%*	*-6%*	*28%*	*1%*	*6%*	*5%*	*12%*	*9%*	*7%*	*9%*	
Other Finance Costs	Depreciation	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.0)	(1.1)	(0.2)
	Interest	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.0)
	Dividend	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	0.5	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	0.0
	PFI and Impairments	(1.4)	(1.2)	(1.2)	(1.2)	2.7	7.9	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.3)	(0.1)
	Total Other Finance Costs	**(2.7)**	**(2.5)**	**(2.5)**	**(2.5)**	**1.4**	**7.2**	**(2.6)**	**(2.6)**	**(2.5)**	**(2.6)**	**(2.6)**	**(2.4)**	**(2.6)**	**(0.2)**
Net Surplus / Deficit (-)	Net Surplus / Deficit (-)	2.8	2.0	0.1	(2.6)	(0.5)	21.9	(2.0)	(0.1)	(0.7)	2.5	1.0	0.5	1.4	1.0
Technical Adjustments	Technical Adjustments	0.3	0.0	0.0	0.0	0.0	(0.2)	0.0	0.0	(0.6)	0.0	0.0	(0.0)	0.1	0.1
Surplus/ Deficit (-) to B/E Duty Incl pSF	Surplus/ Deficit (-) to B/E Duty	3.1	2.0	0.1	(2.6)	(0.5)	21.7	(2.0)	(0.1)	(1.3)	2.6	1.0	0.4	1.5	1.1
Surplus/ Deficit (-) to B/E Duty Excl STF	Surplus/ Deficit (-) to B/E Duty	1.8	0.8	(1.1)	(2.6)	(0.5)	8.9	(2.9)	(1.0)	(2.8)	1.5	0.0	(0.6)	1.0	1.6

4a. Cost Improvement Plan

Savings by Division

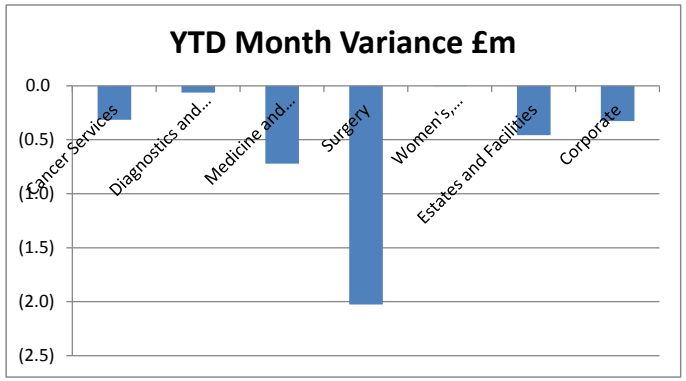
	Current Month			Year to Date			Forecast (Risk Adjusted)				
	Actual	*Original Plan*	*Variance*	*Actual*	*Original Plan*	*Variance*	*Forecast*	*Additional Savings*	*Revised Forecast*	*Original Plan*	*Variance*
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Cancer Services	(0.01)	0.12	(0.13)	0.53	0.85	(0.32)	0.76	0.06	0.82	1.45	(0.63)
Diagnostics and Clinical Support	0.31	0.25	0.06	1.81	1.87	(0.06)	2.81	0.13	2.93	3.11	(0.18)
Medicine and Emergency Care	0.43	0.52	(0.08)	2.21	2.93	(0.72)	4.43	0.22	4.65	5.46	(0.81)
Surgery	0.37	0.68	(0.31)	2.79	4.81	(2.03)	5.35	0.33	5.68	8.15	(2.47)
Women's, Children's and Sexual Health	0.18	0.21	(0.03)	1.47	1.47	(0.00)	2.41	0.10	2.51	2.56	(0.05)
Estates and Facilities	0.12	0.18	(0.05)	1.11	1.56	(0.46)	1.86	0.09	1.95	2.30	(0.34)
Corporate	0.11	0.18	(0.06)	0.87	1.20	(0.33)	1.31	0.08	1.40	2.09	(0.69)
Total	**1.52**	**2.13**	**(0.61)**	**10.78**	**14.70**	**(3.91)**	**18.93**	**1.01**	**19.94**	**25.12**	**(5.17)**
Internal Savings Plan stretch	0.20	(0.01)	0.22	1.82	(2.72)	4.55	2.38		2.38	(2.79)	5.17
Total	**1.73**	**2.12**	**(0.39)**	**12.61**	**11.97**	**0.63**	**21.32**	**1.01**	**22.33**	**22.33**	**(0.0)**

Savings by Subjective Category

	Current Month			Year to Date			Forecast (Risk Adjusted)				
	Actual	*Original Plan*	*Variance*	*Actual*	*Original Plan*	*Variance*	*Forecast*	*Additional Savings*	*Revised Forecast*	*Original Plan*	*Variance*
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Pay	0.61	0.46	0.15	3.82	2.29	1.54	6.63	0.21	6.84	4.58	2.26
Non Pay	(0.17)	0.40	(0.58)	(0.55)	0.75	(1.30)	(1.10)	0.12	(0.98)	2.54	(3.52)
Income	1.29	1.25	0.04	9.34	8.94	0.40	15.78	0.69	16.47	15.20	1.27
Total	**1.73**	**2.12**	**(0.39)**	**12.61**	**11.97**	**0.63**	**21.32**	**1.01**	**22.33**	**22.33**	**(0.00)**

Savings by NHSI RAG

	Current Month			Year to Date			Forecast (Risk Adjusted)				
	Actual	*Original Plan*	*Variance*	*Actual*	*Original Plan*	*Variance*	*Forecast*	*Additional Savings*	*Revised Forecast*	*Original Plan*	*Variance*
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Green	1.15	1.39	(0.23)	10.06	8.79	1.30	15.80		15.80	14.33	1.47
Amber	0.41	0.25	0.16	2.06	1.42	0.64	3.84		3.84	3.08	0.77
Red	0.17	0.48	(0.31)	0.48	1.75	(1.28)	1.68	1.01	2.69	4.92	(2.23)
Total	**1.73**	**2.12**	**(0.38)**	**12.61**	**11.97**	**0.67**	**21.32**	**1.01**	**22.33**	**22.33**	**(0.00)**



Comment

The Trust was adverse to plan in the month by £0.3m which was mainly relating to slippage within Operational efficiency (£0.5m) and Ward closure (£0.2m) partly offset by overperformance in workforce (£0.2m).

The Trust is £0.7m favourable YTD which is mainly due to overperformance within workforce savings (£1.9m) and Best use of Resources (£0.5m) offset by slippage within patient flow (£1.7m).

The Trust has an internal CIP plan of £25.1m with an external plan of £22.3m, therefore creating a savings stretch of £2.8m.

The divisions are currently forecasting to deliver £21.3m savings in 2019/20 which is £3.8m short of the internal stretch target of £25.1m and £1m short of the internal savings target.

The forecast is a reduction of £0.3m compared to last months forecast which is mainly due to £0.6m reduction associated with Prime Provider CIP which has been adjusted to reflect an increase in Independent sector usage associated with choice patients partly offset by an increase of £0.2m non recurrent workforce savings.

Maidstone and Tunbridge Wells NHS Trust

5a. Year End Forecast Run Rate £m

Year End Forecast October 2019/20

Forecast Trend

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	Budget	Variance
Clinical Income	35.2	36.4	34.3	37.9	36.3	35.9	38.2	35.8	35.4	37.1	34.5	37.1	434.1	435.1	(1.0)
PSF	0.9	0.9	1.5	1.0	1.0	1.0	0.5	0.5	0.5	0.5	0.5	0.5	9.5	13.8	(4.4)
Private Patients	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.2	0.3	0.3	0.3	0.3	2.2	5.1	(2.8)
Other Operating Income	4.0	4.0	4.4	4.4	3.8	3.9	4.1	3.7	3.6	3.6	3.6	3.6	46.6	47.0	(0.5)
Total Revenue	**40.2**	**41.4**	**40.4**	**43.4**	**41.2**	**41.0**	**42.9**	**40.2**	**39.7**	**41.5**	**38.9**	**41.6**	**492.4**	**501.1**	**(8.7)**
Substantive	(20.1)	(19.5)	(19.3)	(19.7)	(19.9)	(19.6)	(20.2)	(20.9)	(21.2)	(21.5)	(21.6)	(21.9)	(245.4)	(254.2)	8.8
Bank	(1.3)	(1.1)	(1.1)	(1.2)	(1.3)	(1.2)	(1.2)	(1.1)	(1.0)	(0.9)	(0.9)	(0.8)	(13.3)	(10.2)	(3.1)
Locum	(0.8)	(0.9)	(0.9)	(0.9)	(1.0)	(1.1)	(0.8)	(0.9)	(1.0)	(1.0)	(1.0)	(0.9)	(11.3)	(8.4)	(3.0)
Agency	(1.6)	(1.7)	(1.5)	(1.9)	(1.8)	(1.8)	(1.7)	(1.3)	(1.5)	(1.5)	(1.4)	(1.1)	(18.7)	(15.5)	(3.2)
Pay Reserves	(0.3)	(0.3)	(0.3)	(0.3)	0.7	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(1.2)	(2.0)	0.8
Total Pay	**(24.2)**	**(23.5)**	**(23.1)**	**(23.9)**	**(23.3)**	**(23.9)**	**(24.1)**	**(24.3)**	**(24.8)**	**(25.0)**	**(25.0)**	**(24.7)**	**(289.8)**	**(290.3)**	**0.5**
Drugs & Medical Gases	(4.6)	(4.6)	(4.2)	(4.7)	(4.5)	(4.4)	(4.8)	(4.6)	(4.5)	(4.5)	(4.5)	(4.5)	(54.5)	(51.4)	(3.1)
Clinical Supplies	(3.2)	(3.1)	(3.2)	(3.5)	(3.0)	(3.2)	(3.4)	(3.2)	(3.2)	(3.2)	(3.2)	(3.3)	(38.7)	(39.3)	0.6
Purchase of Healthcare from Non-NHS	(1.5)	(1.7)	(1.6)	(1.2)	(1.2)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(14.9)	(8.7)	(6.2)
Other Non-Pay Costs	(5.6)	(5.6)	(5.9)	(5.7)	(5.8)	(5.9)	(5.5)	(5.9)	(6.1)	(6.1)	(5.9)	(5.6)	(69.7)	(67.2)	(2.5)
Non-Pay Reserves	(0.5)	(0.4)	(0.4)	0.7	0.1	0.4	0	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	(6.4)	6.3
Total Non Pay	**(15.4)**	**(15.4)**	**(15.4)**	**(14.3)**	**(14.4)**	**(14.3)**	**(14.8)**	**(14.8)**	**(15.0)**	**(14.9)**	**(14.7)**	**(14.5)**	**(178.0)**	**(173.0)**	**(5.0)**
Other Finance Costs	(2.6)	(2.6)	(2.5)	(2.6)	(2.6)	(2.4)	(2.6)	(2.6)	(2.6)	(2.6)	(2.6)	(3.1)	(31.3)	(32.0)	0.7
Technical Adjustments	0.0	0.0	(0.6)	0.0	0.0	(0.0)	0.1	0.0	0.0	0.0	0.0	0.7	0.5	1.1	(0.6)
Surplus/ Deficit (-) to B/E Duty	**(2.0)**	**(0.1)**	**(1.3)**	**2.6**	**1.0**	**0.4**	**1.5**	**(1.4)**	**(2.6)**	**(1.0)**	**(3.3)**	**(0.1)**	**(6.3)**	**6.9**	**(13.2)**
Surplus/ Deficit (-) to B/E Duty Excl PSF	**(2.9)**	**(1.0)**	**(2.2)**	**1.5**	**0.0**	**(0.6)**	**1.0**	**(2.0)**	**(3.1)**	**(1.5)**	**(3.9)**	**(0.6)**	**(15.1)**	**(7.0)**	**(8.2)**
Plan Excluding PSF and MRET Funding	**(2.9)**	**(1.0)**	**(2.2)**	**1.5**	**0.0**	**(0.6)**	**1.5**	**(0.5)**	**(1.3)**	**0.3**	**(2.2)**	**0.5**	**(7.0)**	**(7.0)**	**(0.0)**
Total Mitigations / Recovery Actions	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0.0**	**0.3**	**2.3**	**2.3**	**3.2**	**8.2**	**0**	**8.2**
Revised Forecast Including Mitigations	**(2.9)**	**(1.0)**	**(2.2)**	**1.5**	**0.0**	**(0.6)**	**1.0**	**(1.9)**	**(2.9)**	**0.8**	**(1.5)**	**2.6**	**(7.0)**	**(7.0)**	**(0.0)**
Variance by month	0.0	0.0	0.0	0.0	0.0	0.0	(0.5)	(1.4)	(1.5)	0.6	0.7	2.2			
Variance by Quarter			0.0			0.0			(3.5)			3.4			

5a. Balance Sheet

October 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	October Reported	October Plan	Variance	September Reported	Full year Plan
Property, Plant and Equipment (Fixed Assets)	287.3	289.7	(2.4)	288.1	307.3
Intangibles	2.7	3.0	(0.3)	2.7	2.8
PFI Lifecycle	0.0	0.0	0.0	0.0	0.0
Debtors Long Term	1.7	1.4	0.3	1.6	1.4
Total Non-Current Assets	**291.7**	**294.1**	**(2.4)**	**292.4**	**311.5**
Current Assets	0.0	0.0	0.0	0.0	0.0
Inventory (Stock)	7.9	7.8	0.1	7.8	7.8
Receivables (Debtors) - NHS	23.2	30.5	(7.3)	16.7	24.7
Receivables (Debtors) - Non-NHS	14.3	13.0	1.3	14.5	9.2
Cash	30.3	33.6	(3.3)	42.8	3.0
Assets Held For Sale	0.0	0.0	0.0	0.0	0.0
Total Current Assets	**75.7**	**84.9**	**(9.2)**	**81.8**	**44.7**
Current Liabilities					
Payables (Creditors) - NHS	(5.2)	(4.6)	(0.6)	(7.2)	(5.1)
Payables (Creditors) - Non-NHS	(44.8)	(44.5)	(0.3)	(51.2)	(31.1)
Deferred Income	(17.6)	(12.0)	(5.6)	(16.9)	(2.6)
Capital Loan	(2.2)	(2.2)	0.0	(2.2)	(2.2)
Working Capital Loan	0.0	(16.9)	16.9	0.0	(26.1)
Other loans	(0.4)	(0.4)	0.0	(0.4)	(0.4)
Borrowings - PFI	(5.4)	(5.4)	0.0	(5.4)	(5.3)
Provisions for Liabilities and Charges	(1.5)	(1.5)	0.0	(1.5)	(1.5)
Total Current Liabilities	**(77.1)**	**(87.5)**	**10.4**	**(84.8)**	**(74.3)**
Net Current Assets	(1.4)	(2.6)	1.2	(3.0)	(29.6)
non-current liabilities: Borrowings - PFI > 1yr	(184.0)	(184.4)	0.4	(184.5)	(182.2)
Capital Loans	(6.9)	(6.9)	0.0	(6.9)	(6.6)
Working Capital Facility & Revenue loans	(26.2)	(26.2)	0.0	(26.2)	0.0
Other loans	(1.3)	(1.3)	0.0	(1.5)	(1.3)
Provisions for Liabilities and Charges- Long term	(1.0)	(1.0)	0.0	(0.9)	(1.0)
Total Assets Employed	**70.9**	**71.7**	**(0.8)**	**69.4**	**90.8**
Financed By:					
Capital & Reserves					
Public dividend capital	211.8	211.8	0.0	211.8	213.0
Revaluation reserve	31.8	31.8	0.0	31.8	46.2
Retained Earnings Reserve	(172.7)	(171.9)	(0.8)	(174.2)	(168.4)
Total Capital & Reserves	**70.9**	**71.7**	**(0.8)**	**69.4**	**90.8**

Commentary:
The overall working capital within the month results in a decrease in Debtors of £6m against plan with an increase in creditors of £0.9m compared to the revised plan submitted in May. The cash balance held at the end of the month is lower than the plan by £3.3m.

Non-Current Assets -
Capital additions for 2019/20 based on the plan submitted on 15th May are £14.8m with depreciation of £13.5m. Included within the capital additions are £0.4m donated assets. The planned spend for October was £1.3m with actual spend of £0.4m.

Current Assets -
Inventory of £7.9m is in-line with the planned value of £7.8m. The main stock balances are pharmacy £2.7m, TWH theatres £1.4m, Materials Management £1m and Cardiology £1.1m.
NHS Receivables have increased from September's position by £6.5m to £23.2m. Of the £23.2m reported balance, £10.7m relates to invoiced debt of which £2.6m is aged debt over 90 days. Invoiced debt over 90 days has slightly increased by £0.5m from the reported Septembers position of £2.1m. The remaining £12.5m relates to uninvoiced accrued income including quarter 2 PSF of £1.5m and work in progress - partially completed spells £2.7m. 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 £0.2m to £14.3m from the reported September position of £14.5m. Included within the £14.3m balance is trade invoiced debt of £2m and private patient invoiced debt of £0.9m. Also included within the £14.3m are prepayments and accrued income totalling £9.6m. Prepayments primarily relate to rates & annual service maintenance contracts, which will reduce throughout the year as they are expensed.
The cash balance of £30.3m is lower than the plan of £33.6m. The main variance relates to agency and pay costs including catch up on backlog agency invoices; an issue on overpayment of a set of ancillary staff around pay protection for a change in grading and bonuses; and the impact of the overseas nurse recruitment not in the original cash plan. The overpayment will be recovered so that the cash position will improve accordingly. the cash flow forecast is revised throughout the year to be in line with the I&E forecast outturn position.

Current Liabilities -
NHS payables have slightly decreased from September's reported balance by £2m to £5.2m. Non-NHS trade payables have also decreased by £6.4m giving a combined payables balance of £50m.

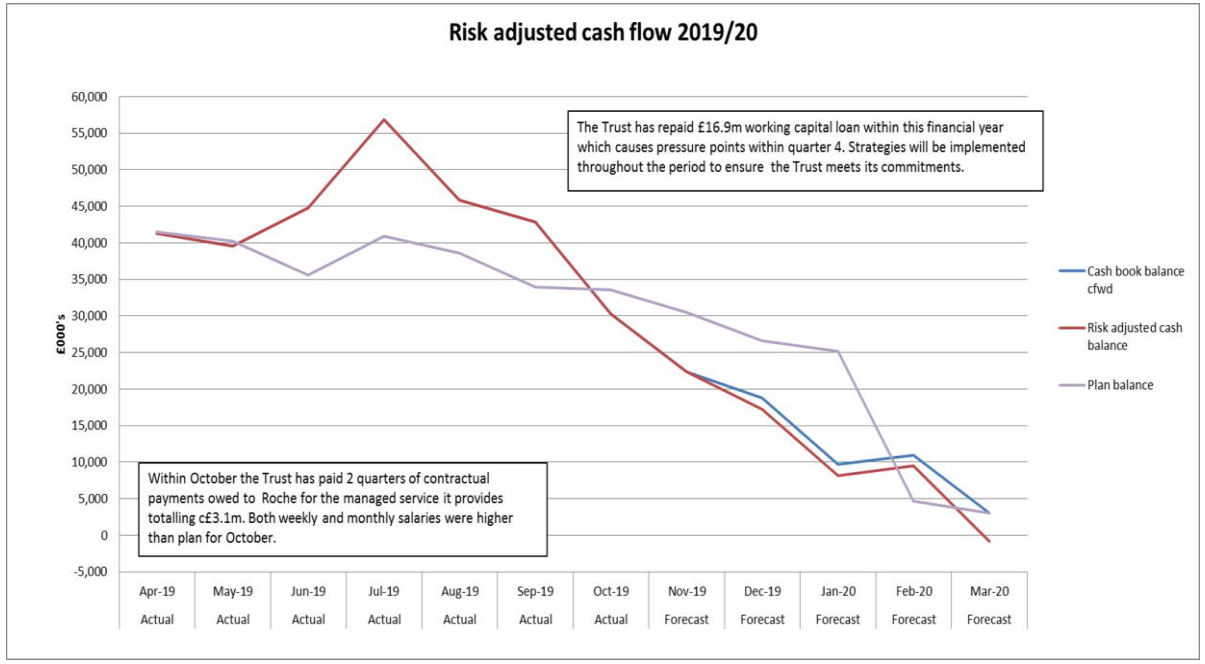
Of the £50m combined payables balances, £11m relates to actual invoices of which £5.6m are approved for payment and will be released when they fall due, the remaining balance of payables of £39m relates to uninvoiced accruals.
The Balance of £5.6m approved invoices at the end of October shows 99% are within 0-30 days outstanding.
Deferred income of £17.6m primarily is in relation to £10.5m advance contract payment received from WKCCG, Health Education England mth 8 and 9 funding £2.1m and NHSE £1m.

The Trust has 2 working capital loans totalling c£26.1m. The two loans are due to be repaid in 2020/21, £12.132m which is due to be repaid in October 2020 and the remaining £13.99m loan is based on a phased repayment plan throughout 2020/21 and are 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.

The public dividend capital increases by the end of the financial year by £1.3m. This is in relation to ICT - EPMA project expected to be received in quarter 4.
The increase between years for the revaluation reserve relates to the Trust forecasting a 5% increase in values on its building and land assets totalling £14.4m.

5b. | Cash Flow



Information on loans:

	Rate	Value £m's	19/20 Annual Repayment £m's	19/20 Annual Interest Paid £m's	Repayment Date
Revenue loans:					
Interim Revolving Working Capital Facility (IRWCF)	3.50%	12.132	0.00	0.43	19/10/2020
interim working capital loans	3.50%	13.990	0.00	0.49	18/03/2021
Capital investment loan					
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	15/09/2025
Capital investment loan	4.73%	6.000	0.24	0.16	15/09/2035
Other loans:					
Salix loan (interest free)	0.00%	2.217	0.37	0.00	2024/25

Commentary

The blue line shows the cash Trust's cash position for 2019/20 and the purple line shows the original plan values. The red risk adjusted line shows the position if the relevant risk items are not received.

The Trust's cash flow is based on the Income & Expenditure (I&E) plan and working capital adjustments from the Balance Sheet. If the I&E starts to move away from the plan, this will adversely effect the Trust's cash position.

The closing cash balance at the end of October 2019 was £30.3m which is slightly lower than plan of £33.6m. The main variance relates to agency and pay costs including catch up on backlog agency invoices. The cash flow forecast gets revised throughout the year to be in line with the in year I&E forecast outturn position.

The Trust paid the 2 quarters of the pathology managed services invoices of c£3.2m that the Trust had only recently received as mentioned in previous months report.

The cash flow balances in quarter 4 are low so strategies will need to be implemented to ensure its commitments are met. It is also important that the I&E remains to plan as if either of the income or expenditure adversely moves this will have a negative impact on the cash position.

The risk adjusted items relate to:
PSF funding which is received if certain targets are met. The cash flow has three quarters included as the income is received in arrears. Quarter 4 will be included within 2020/21 cash flow.

Within quarter 3 the Trust has external loan capital financing of £0.85m, if the funding is not received the capital expenditure will not be spent.
The Trust has planned to receive PDC funding of £1.48m in quarter 4, the £1.48m relates to ICT - EPMA project. If the funding is not received the capital expenditure will not be spent.

2020/21 pressures:
The Trust has two working capital loans which are due to be repaid in the next financial year totalling £26.122m. It is likely that the Trust will not have enough surplus cash to repay the total loan value in 2020/21. Therefore, the Trust will need to request the approval from NHSI to defer potentially both of these loans. Currently the deferral of loan repayments is only given for a year, therefore they will need to be repaid in 2021/22, so the Trust needs to generate cash surpluses in order to facilitate these repayments going forward.

5c. Capital Programme

Capital Projects/Schemes

	Year to Date			Forecast			*Committed & orders raised
	Plan	*Actual*	*Variance*	*Plan*	*Actual*	*Variance*	
	£000	£000	£000	£000	£000	£000	£000
Estates	1,158	551	607	6,588	2,550	-4,038	906
ICT	2,290	1,339	951	4,103	6,274	2,171	2,292
Equipment	913	111	802	3,163	4,403	1,240	446
PFI Lifecycle (IFRIC 12)	419	0	419	594	594	0	594
Donated Assets	-150	582	-732	400	900	500	881
Total Including Donated Assets	**4,630**	**2,583**	**2,047**	**14,848**	**14,721**	**-127**	**5,118**
Less donated assets	150	-582	732	-400	-900	-500	0
Total Excluding Donated Assets	**4,780**	**2,001**	**2,779**	**14,448**	**13,821**	**-627**	

Following the recent announcements of new capital funding in 2019/20, the Trust reverted to the plan agreed in May 2019 but updated the use of the £6.4m asset sale resource to be applied to critical equipment and estates backlog schemes that could be delivered in this financial year. The Trust submitted a new business case for the CRL cover for this resource and is awaiting the DHSC decision; it also submitted the request for emergency capital for the CT scanner, but this is expected to be superseded by the national Diagnostic Equipment Fund. The Trust has signalled its willingness to receive capital funding from the Diagnostic fund which is planned for this financial year and 2020/21 (covering two CT scanners, a MRI and Mammography equipment).

The Trust's bid for national EPMA capital funding was approved at a level of £1.25m (against the bid of £1.48m).

Outside of the £6.4m asset sale funding, the Trust's internally generated capital was planned at £4.85m for the year. This has reduced in year by c.£0.4m as a result of forecast underspend on depreciation resulting from the reduction in the overall programme value (removal of a external financing items) and slippage in the timing of schemes due to the planning issues around the national capital position Overall £4.0m is already spent or committed e.g. £1.88m EPR, £0.4m ICT, £0.4m equipment; and £1.3m estates schemes. Therefore the Trust has £0.45m remaining that is not yet committed to cover all of its remaining capital requirements in 2019/20 (excluding donated asset funding).

Oct-19		DAY				NIGHT				TEMPORARY STAFFING								Nurse Sensitive Indicators					Financial review		
Hospital Site name	Health Roster Name	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	Bank/Agency Usage	Agency as a % of Temporary Staffing	Bank / Agency Demand: RN/M (number of shifts)	Bank / Agency Demand: RN/M (number of shifts)	WTE Temporary demand RN/M	Temporary Demand Unfilled -RM/N (number of shifts)	Temporary Demand Unfilled - RM/M comparison of previous month	Overall Care Hours per pt day	FFT Response Rate	FFT Score % Positive	Falls	PU ward acquired	Comments	Budget £	Actual £	Variance £ (overspend)
MAIDSTONE	Stroke Unit (M) - NK551	96.4%	93.4%	-	100.0%	96.9%	101.6%	-	-	29.9%	53.1%	126	↓	8.89	20	↑	8.7	No resp	No resp	2	0	Bed occupancy between 22 - 25. 20 shifts unfilled and episodes of staff moves to support safe staffing levels across other ward areas.	134,289	137,224	(2,935)
MAIDSTONE	Cornwallis (M) - NS959	124.5%	147.5%	-	100.0%	106.8%	93.5%	-	-	29.8%	10.1%	37	↗	2.10	4	↗	7.2	22.5%	100.0%	1	0	Band 6 or 7 undertaking surgical bed management Monday - Friday to support organisation flow. Increased ward dependency reported on 5 episodes requiring additional staffing levels to support.	80,888	84,069	(3,181)
MAIDSTONE	Culpepper Ward (M) - NS551	102.0%	95.8%	-	-	100.1%	100.0%	-	-	21.3%	29.4%	70	↘	4.75	4	↗	10.9	59.3%	93.8%	2	0	1 fall above threshold	113,018	111,467	1,551
MAIDSTONE	John Day Respiratory Ward (M) - NT151	94.7%	119.2%	-	-	101.9%	103.2%	-	-	32.2%	44.0%	119	↓	8.35	7	↓	6.3	52.1%	100.0%	4	3	Ward supporting SPNs. Additional RN requests to support ward acuity on 3 ocassions.	132,265	154,878	(22,613)
MAIDSTONE	Intensive Care (M) - NA251	100.0%	106.9%	-	-	90.7%	-	-	-	9.8%	16.8%	55	↑	3.92	4	↗	26.8			1	0	1 fall above threshold. Staffing in line with bed occupancy recorded between 5-9 throughout the month.	163,371	170,880	(7,509)
MAIDSTONE	Pye Oliver (Medical) - NK259	100.2%	117.2%	-	-	111.8%	109.7%	-	-	30.0%	66.9%	165	→	10.97	43	↗	6.5	12.3%	85.7%	3	2	Increased fill rates due to RMN and enhanced care requirements throughout the month.	119,314	125,328	(6,014)
MAIDSTONE	Chaucer Ward (M) - NS951	108.6%	81.3%	-	-	105.6%	111.8%	-	-	38.2%	27.5%	145	↑	9.08	42	↗	5.9	No resp	No resp	5	2	1 fall above threshold. Increased demand to support staffing requirements with bed occupancy at 33 throughout the month and 42 unfilled shifts. Supporting supernumery shifts for SPNs.	165,185	93,906	71,279
MAIDSTONE	Whatman Ward - NK959	87.1%	86.6%	-	100.0%	159.0%	159.7%	-	-	45.5%	47.9%	152	↑	10.67	28	↑	13.3	Daycase		3	1	Increased fill rate at night due to unit escalation across 18 episodes. Reduced fill rate during the day with an increase in temporary staff demand and 28 unfilled shifts. SPN's support on ward.	95,747	123,727	(27,980)
MAIDSTONE	Lord North Ward (M) - NF651	98.3%	100.0%	-	-	98.9%	100.0%	-	-	18.3%	13.4%	47	↘	3.20	6	↓	6.8	15.4%	100.0%	0	1	Reduction in demand for temporary staff compared with previous months reporting.	88,181	103,769	(15,588)
MAIDSTONE	Mercer Ward (M) - NJ251	93.2%	118.8%	-	100.0%	98.9%	106.5%	-	-	24.5%	53.7%	95	↗	6.19	9	↘	6.3	50.0%	100.0%	5	0	Increased CSW fill rate to support enhanced care needs across 5 days.	119,487	113,092	6,395
MAIDSTONE	Edith Cavell (M) - NS459	1.4%	1.3%	-	-	4.8%	7.1%	-	-	2.9%	53.3%	7	↓	0.48	1	↓	-	Closed		Closed	0	Planned ward closure.	85,229	187	85,042
MAIDSTONE	Acute Medical Unit (M) - NG551	95.6%	88.9%	-	-	136.6%	188.7%	-	-	34.4%	33.8%	129	↘	8.39	44	↗	8.3	0.2%	100.0%	0	0	Increased fill rate at night due to ongoing escalation. Bed occupancy between 20 - 25 throughout the month. 44 unfilled shifts across the month	117,548	140,651	(23,103)
TWH	Ward 22 (TW) - NG332	104.5%	125.5%	100.0%	100.0%	109.7%	106.7%	100.0%	-	32.7%	32.5%	124	↗	8.43	48	↓	7.9	16.4%	100.0%	7	0	Enhanced care requirements recorded across 7 days / nights supported by additional Care support workers and RMN on 4 episodes. 48 unfilled shifts across the month which is a reduction from previous report.	900,083	870,736	29,347
TWH	Coronary Care Unit (TW) - NP301	101.5%	113.7%	-	-	100.1%	-	-	-	40.2%	39.6%	111	↑	6.60	27	↑	10.9	19.2%	100.0%	2	0	Increased staffing request in line with bed occupancy at 8 across 21 days. 27 unfilled shifts.	69,979	69,076	903
TWH	Ward 33 (Gynae) (TW) - ND302	91.9%	87.6%	-	-	101.1%	100.0%	-	-	17.8%	3.3%	57	↘	3.56	13	↗	10.0	11.9%	100.0%	0	0	13 unfilled shifts across the month.	81,468	88,054	(6,586)
TWH	Intensive Care (TW) - NA201	105.6%	105.0%	-	-	102.0%	93.5%	-	-	4.9%	3.3%	35	↑	2.22	7	↘	27.3			0	1	Unit escalation across 11 days.	190,571	184,703	5,868
TWH	Acute Medical Unit (TW) - NA901	83.0%	89.1%	-	100.0%	109.7%	100.0%	-	100.0%	36.6%	53.4%	279	↓	20.27	72	↓	8.4	3.6%	84.6%	7	0	1 fall above threshold. Reduced fill rate during the day due to vacancies and lack of available temporary staff. 72 shifts remained unfilled however, fill rate improved since previous month and demand reduced.	184,662	188,544	(3,882)
TWH	Surgical Assessment Unit (TW) - NE701	96.8%	92.6%	-	-	100.0%	100.0%	-	-	23.6%	1.8%	20	↗	1.41	3	↘	11.9			0	0	14 episodes of unit escalation	61,157	60,698	459
TWH	Ward 32 (TW) - NG130 (was ward 10)	108.5%	103.6%	-	-	101.1%	107.5%	-	-	0.0%	0.0%	0	↓	0.00	0	↓	9.8	No resp	No resp	4	0	Enhanced care requirements across 14 days / nights	115,442	148,014	(32,572)
TWH	Ward 11 (TW) - NG131	94.2%	111.6%	-	100.0%	105.6%	135.5%	-	-	36.1%	41.2%	138	↓	9.22	10	↓	6.5	No resp	No resp	4	0	Considered action to alter skill mix and increase CSW fill rate to support staffing levels.	119,152	132,711	(13,559)
TWH	Ward 12 (TW) - NG132	105.0%	133.8%	-	100.0%	104.3%	96.8%	-	-	35.0%	38.5%	137	↓	9.41	22	↓	6.8	No resp	No resp	9	1	3 falls above threshold. Skill mix adjustment for CSW support increasing CSW fill rate during the day.	126,007	141,919	(15,912)
TWH	Ward 20 (TW) - NG230	130.5%	104.1%	-	-	132.3%	103.0%	-	-	35.7%	47.1%	126	↑	8.91	14	↗	6.3	No resp	No resp	10	1	3 falls above threshold. Increased fill rate due to RMN requirements throughout the month. Increased temporary demand to support staffing levels and enhanced care needs.	112,116	139,335	(27,219)
TWH	Ward 21 (TW) - NG231	104.9%	140.2%	-	100.0%	99.3%	146.8%	-	-	33.3%	43.3%	139	↓	8.86	25	↓	7.1	No resp	No resp	7	1	1 fall above threshold. Increased CSW fill rate due to 1:1 enhanced care needs throughout the month.	144,590	156,982	(12,392)
TWH	Ward 2 (TW) - NG442	103.0%	112.7%	-	100.0%	104.3%	112.8%	-	-	31.5%	41.5%	115	↓	8.01	14	↓	7.7	No resp	No resp	8	0	1 fall above threshold. Slight increase in fill rates due to enhanced care requirements reported on 5 episodes during the month and support induction of new starters. Temporary staff requirements reduced this month	116,959	133,904	(16,945)
TWH	Ward 30 (TW) - NG330	88.5%	115.1%	-	100.0%	102.4%	124.7%	-	-	42.6%	16.3%	130	→	8.42	38	↘	6.2	No resp	No resp	8	1	3 falls above threshold. Reduced RN fill rate due to vacancies. Temporary demand requests remain consistent when compared with previous reporting month. 38 unfilled shifts. Enhanced care requirements requested throughout the month.	118,756	131,599	(12,843)
TWH	Ward 31 (TW) - NG331	91.8%	113.6%	-	100.0%	106.4%	102.2%	-	-	39.9%	42.4%	215	↓	13.60	60	↑	6.9	No resp	No resp	10	2	4 falls above threshold. Temporary demand request reduced since previous month reporting however an increase in unfilled shifts to 60 throughout the month.	130,352	143,526	(13,174)
Crowborough	Crowborough Birth Centre (CBC) - NP775	90.2%	95.1%	-	-	91.3%	100.5%	-	-	9.0%	0.0%	20	↘	1.00	0	↓		No resp	No resp	0	0		67,938	69,314	(1,376)
TWH	Midwifery (multiple rosters)	85.9%	80.9%	-	-	94.2%	81.5%	-	-	16.1%	15.9%	542	↓	31.62	83	↓	20.0	42.6%	97.0%	0	0	Reduced fill rate due to lack of available temporary staff. Delivery suite prioritised to ensure safe staffing levels. Recruiting actively within maternity.	686,082	689,024	(2,942)
TWH	Hedgehog Ward (TW) - ND702	53.8%	31.4%	-	-	88.7%	-	-	-	21.0%	39.7%	200	↓	12.47	36	↓	11.2	No resp	No resp	0	0	Bed occupancy range between 11 - 23 throughout the month. RMN requirements on 2 occasions. Recent consultation across paediatrics to change how teams works across speciality areas. Healthroster not yet in line with and is being worked on to reconfigure and match new way of working in teams. RN fill rate therefore continues to show an anomaly which is as a result of team reconfiguration and NOT a representation of fill rate on HH. Numbers satisfactory during month maintaining safe staffing levels and service delivery with a reduction in demand for temporary staffing and a reduction in unfilled shifts.	208,391	196,689	11,702
MAIDSTONE	Maidstone Birth Centre - NP751	93.2%	100.1%	-	-	99.9%	96.0%	-	-	14.5%	0.0%	35	↑	2.00	1	↘		92.5%	100.0%	0	0		72,476	60,743	11,733
TWH	SCBU (TW) - NA102	84.2%	308.4%	-	-	100.7%	-	-	-	15.5%	2.3%	97	↑	5.86	3	↘	13.7				0	Bed occupancy between 12-17 during the month. Unit in black escalation on 1 recorded day, Red on 14 days and Amber across 8 days. Planned Day unregistered was 172.5hours and the actual were 532 hours. These are the numbers that make up the 308% fill rate. (532/172.5) These numbers are inclusive of 84 Nursery Nurses which increase the fill rate of unregistered hours against a plan of 172.5. Roster to be realigned to reflect unregistered demand.	179,171	176,407	2,764
MAIDSTONE	Short Stay Surgery Unit (M) - NE751	84.1%	77.9%	-	-	108.7%	-	-	-	14.7%	38.9%	32	↓	2.00	3	↓	12.7			0	0	Staffing in line with bed occupancy fluctating between 3 and 12 with 3 weekend closures. Reduction in temporary demand across the month.	43,595	49,596	(6,001)
TWH	Short Stay Surgical Unit (TW) - NE901	144.1%	121.2%	-	-	146.8%	289.9%	-	-	95.9%	20.2%	165	↑	10.07	20	↓	7.5			1	0	1 fall above threshold. Increased fill rate to support unit esclation throughouth the month.	81,887	94,281	(12,394)
MAIDSTONE	Accident & Emergency (M) - NA351	73.2%	81.4%	-	-	96.4%	100.0%	-	-	23.5%	26.7%	240	↑	15.47	63	↑		0.8%	92.5%	0	0	MH - Redcued RN fill rate due to vancancies and lack of available temporay staff across 63 shifts. Increase in temporary demand for both ED's during October.	199,253	218,689	(19,436)
TWH	Accident & Emergency (TW) - NA301	79.9%	89.0%	-	100.0%	89.1%	98.5%	-	-	39.3%	56.8%	485	↑	33.53	106	↑		0.8%	100.0%	4	0	TWH - Reduced RN fill rate due to vacancies and lack of available temporary staff across 106 shifts	309,449	389,873	(80,424)
MAIDSTONE	Maidstone Orthopaedic Unit (M) - NP951	92.3%	90.6%	-	100.0%	93.6%	-	-	-	28.5%	9.8%	54	↘	3.74	3	↘	13.3			2	0	2 falls above threshold. Supporting SPN as supernumery time	43,805	51,914	(8,109)
MAIDSTONE	Peale Ward (M) - NE959	103.9%	114.4%	-	100.0%	100.0%	100.0%	-	-	8.7%	38.5%	27	↓	1.73	6	↗	8.2	No resp	No resp	1	0		81,233	73,251	7,982
																						Total Established Wards	**5,859,096**	**6,018,762**	**(159,666)**
																						Additional Capacity beds Cath Labs	40,411	42,118	(1,707)
																						Whatman	0	0	0
																						PP010 - PPU WELLS SUITE PEMBURY	-774,862	-723,352	(51,510)
																						Other associated nursing costs	3,053,883	3,071,488	(17,605)
																							8,178,528	**8,409,016**	**(230,488)**

RAG Key

Under fill / Overfill

Green: Greater than 90% but less than 110%

Amber Less than 90% OR greater than 110%

Red Less than 80% OR greater than 130%

RAG Key

↓ Reduction of greater than 5

↑ Increase of greater than 5

↗→ Remains equal to Or less than a difference of 5

Only complete sites your organisation is accountable for			Day								Night								Day				Night				Care Hours Per Patient Day (CHPPD)			
Ward name	Main 2 Specialties on each ward		Registered Nurses/Midwives		Non-registered Nurses/Midwives (Care Staff)		Registered Nursing Associates		Non-registered Nursing Associates		Registered Nurses/Midwives		Non-registered Nurses/Midwives (Care Staff)		Registered Nursing Associates		Non-registered Nursing Associates		Average fill rate - registered nurses/ midwives (%)	Average fill rate - non-registered nurses/midwives staff (%)	Average fill rate - Registered nursing associates (%)	Average fill rate - trainee nursing associates (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - nursing associates (%)	Average fill rate - trainee nursing associates (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours												
Acute Stroke	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2,022	1,949	1,511	1,412	0	0	240	240	1,397	1,353	704	715	0	0	0	0	96.4%	93.4%	No data	100.0%	96.9%	101.6%	No data	No data				
Cornwallis	100 - GENERAL SURGERY	101 - UROLOGY	1,229	1,529	696	1,027	0	0	48	48	1,001	1,069	341	319	0	0	0	0	124.5%	147.5%	No data	100.0%	106.8%	93.5%	No data	No data				
Culpepper (incl CCU)	320 - CARDIOLOGY	300 - GENERAL MEDICINE	1,577	1,609	1,107	1,060	0	0	0	0	1,364	1,366	341	341	0	0	0	0	102.0%	95.8%	No data	No data	100.1%	100.0%	No data	No data				
John Day	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	2,306	2,183	1,205	1,436	0	0	0	0	1,705	1,738	682	704	0	0	0	0	94.7%	119.2%	No data	No data	101.9%	103.2%	No data	No data				
Intensive Treatment Unit (ITU)	192 - CRITICAL CARE MEDICINE		3,259	3,260	167	179	0	0	0	0	2,829	2,565	0	0	0	0	0	0	100.0%	106.9%	No data	No data	90.7%	No data	No data	No data				
Pye Oliver	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1,637	1,640	1,494	1,751	0	0	0	0	1,023	1,144	1,023	1,122	0	0	0	0	100.2%	117.2%	No data	No data	111.8%	109.7%	No data	No data				
Chaucer	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1,652	1,794	1,929	1,568	0	0	0	0	1,364	1,441	1,023	1,144	0	0	0	0	108.6%	81.3%	No data	No data	105.6%	111.8%	No data	No data				
Lord North	370 - MEDICAL ONCOLOGY	800 - CLINICAL ONCOLOGY	1,775	1,744	648	648	0	0	0	0	1,116	1,104	372	372	0	0	0	0	98.3%	100.0%	No data	No data	98.9%	100.0%	No data	No data				
Mercer	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1,649	1,536	1,460	1,734	0	0	108	108	1,023	1,012	682	726	0	0	0	0	93.2%	118.8%	No data	100.0%	98.9%	106.5%	No data	No data				
Edith Cavel	300 - GENERAL MEDICINE		1,274	18	954	12	0	0	0	0	913	44	308	22	0	0	0	0	1.4%	1.3%	No data	No data	4.8%	7.1%	No data	No data				
Urgent Medical Ambulatory Unit (UMAU)	180 - ACCIDENT & EMERGENCY	300 - GENERAL MEDICINE	2,476	2,367	1,373	1,221	0	0	0	0	1,023	1,397	341	644	0	0	0	0	95.6%	88.9%	No data	No data	136.6%	188.7%	No data	No data				
Ward 22	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1,619	1,692	1,308	1,641	96	96	79	79	1,023	1,122	1,268	1,354	96	96	0	0	104.5%	125.5%	100.0%	100.0%	109.7%	106.7%	100.0%	No data				
Cornary Care Unit (CCU)	320 - CARDIOLOGY	300 - GENERAL MEDICINE	1,203	1,221	367	417	0	0	0	0	1,023	1,024	0	11	0	0	0	0	101.5%	113.7%	No data	No data	100.1%	No data	No data	No data				
Gynaecology/Ward 33	502 - GYNAECOLOGY	100 - GENERAL SURGERY	1,600	1,470	755	661	0	0	0	0	1,012	1,023	341	341	0	0	0	0	91.9%	87.6%	No data	No data	101.1%	100.0%	No data	No data				
Intensive Treatment Unit (ITU)	192 - CRITICAL CARE MEDICINE		3,464	3,658	372	391	0	0	0	0	2,728	2,784	341	319	0	0	0	0	105.6%	105.0%	No data	No data	102.0%	93.5%	No data	No data				
Medical Assessment Unit	180 - ACCIDENT & EMERGENCY	300 - GENERAL MEDICINE	3,367	2,796	1,375	1,225	0	0	196	196	2,139	2,346	1,058	1,058	0	0	12	12	83.0%	89.1%	No data	100.0%	109.7%	100.0%	No data	100.0%				
SAU	180 - ACCIDENT & EMERGENCY	100 - GENERAL SURGERY	1,116	1,080	396	367	0	0	0	0	682	682	341	341	0	0	0	0	96.8%	92.6%	No data	No data	100.0%	100.0%	No data	No data				
Ward 32	300 - GENERAL MEDICINE		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	No data	No data	No data	No data	No data	No data	No data	No data				
Ward 10	100 - GENERAL SURGERY		2,147	2,330	1,501	1,554	0	0	0	0	1,023	1,034	1,023	1,100	0	0	0	0	108.5%	103.6%	No data	No data	101.1%	107.5%	No data	No data				
Ward 11	100 - GENERAL SURGERY		2,295	2,162	1,281	1,430	0	0	84	84	1,364	1,441	682	924	0	0	0	0	94.2%	111.6%	No data	100.0%	105.6%	135.5%	No data	No data				
Ward 12	320 - CARDIOLOGY	301 - GASTROENTEROLOGY	2,040	2,141	1,242	1,662	0	0	84	84	1,023	1,067	1,364	1,320	0	0	0	0	105.0%	133.8%	No data	100.0%	104.3%	96.8%	No data	No data				
Ward 20	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1,290	1,683	1,686	1,756	0	0	0	0	1,023	1,353	1,023	1,054	0	0	0	0	130.5%	104.1%	No data	No data	132.3%	103.0%	No data	No data				
Ward 21	340 - RESPIRATORY MEDICINE	302 - ENDOCRINOLOGY	2,286	2,399	926	1,298	0	0	216	216	1,705	1,693	682	1,001	0	0	0	0	104.9%	140.2%	No data	100.0%	99.3%	146.8%	No data	No data				
Ward 2	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1,899	1,957	1,666	1,877	0	0	102	102	1,023	1,067	1,012	1,142	0	0	0	0	103.0%	112.7%	No data	100.0%	104.3%	112.8%	No data	No data				
Ward 30	110 - TRAUMA & ORTHOPAEDICS		2,103	1,862	1,335	1,536	0	0	48	48	1,012	1,037	1,023	1,276	0	0	0	0	88.5%	115.1%	No data	100.0%	102.4%	124.7%	No data	No data				
Ward 31	110 - TRAUMA & ORTHOPAEDICS		2,019	1,854	1,523	1,729	0	0	195	195	1,375	1,462	1,023	1,045	0	0	0	0	91.8%	113.6%	No data	100.0%	106.4%	102.2%	No data	No data				
Birth Centre (Crowborough).	501 - OBSTETRICS		814	734	357	339	0	0	0	0	742	678	357	358	0	0	0	0	90.2%	95.1%	No data	No data	91.3%	100.5%	No data	No data				
Midwifery Services (ante/post natal & Delivery Suite)	501 - OBSTETRICS		22,275	19,145	5,819	4,707	0	0	0	0	5,670	5,341	2,333	1,901	0	0	0	0	85.9%	80.9%	No data	No data	94.2%	81.5%	No data	No data				
Hedgehog	420 - PAEDIATRICS		5,400	2,904	653	205	0	0	0	0	2,367	2,098	0	290	0	0	0	0	53.8%	31.4%	No data	No data	88.7%	No data	No data	No data				
Birth Centre	501 - OBSTETRICS		851	794	372	372	0	0	0	0	671	670	333	320	0	0	0	0	93.2%	100.1%	No data	No data	99.9%	96.0%	No data	No data				
Neonatal Unit	420 - PAEDIATRICS		4,062	3,421	173	532	0	0	0	0	2,376	2,393	0	242	0	0	0	0	84.2%	308.4%	No data	No data	100.7%	No data	No data	No data				
MSSU	100 - GENERAL SURGERY		1,218	1,025	583	454	0	0	0	0	506	550	0	11	0	0	0	0	84.1%	77.9%	No data	No data	108.7%	No data	No data	No data				
Peale	100 - GENERAL SURGERY		1,217	1,265	543	621	0	0	158	158	682	682	341	341	0	0	0	0	103.9%	114.4%	No data	100.0%	100.0%	100.0%	No data	No data				
SSSU	100 - GENERAL SURGERY		1,271	1,831	562	681	0	0	0	0	517	759	265	768	0	0	0	0	144.1%	121.2%	No data	No data	146.8%	289.9%	No data	No data				
Whatman	300 - GENERAL MEDICINE		2,106	1,835	1,430	1,239	0	0	80	80	671	1,067	341	545	0	0	0	0	87.1%	86.6%	No data	100.0%	159.0%	159.7%	No data	No data				
MOU			910	840	768	696	0	0	12	12	682	638	0	22	0	0	0	0	92.3%	90.6%	No data	100.0%	93.6%	No data	No data	No data				
			88,129	76,636	39,387	36,869					47,676	47,211	21,078	22,856																
			0	0	0	0					0	0	0	0																

Proposals regarding the Board Assurance Framework 2019/20 **Trust Secretary**

When the Board Assurance Framework (BAF) was reviewed at the Trust Board in September 2019, it was agreed that the Trust Secretary should consider how the Trust Board's sub-committees could be more directly involved in the oversight of the Board Assurance Framework (and the objectives therein). A meeting was subsequently held with the Non-Executive Director who raised the issue at the Trust Board meeting and some proposals were agreed. These were then discussed with the Chair of the Trust Board and submitted to the Audit and Governance Committee on 05/11/19. The Committee supported the proposals so these have now been submitted to the Trust Board, for approval.

The proposals are as follows:

1. That the 12 objectives within the BAF be devolved for oversight by one or more Trust Board sub-committees. The proposed allocation is as follows

Objective (measure of success)	Sub-committee
1. Reduce our falls rate while in hospital to 6 per 1'000 bed days	Quality C'ttee
2. Reduce E. coli blood stream infections to 21.5 per 100'000 bed days by March 2020	Quality C'ttee
3. Improve complaints performance to 75% across all divisions and directorates by March 2020	Quality C'ttee / Pat. Experience C'ttee
4. Improve our vacancy rate to 9% by March 2020	Workforce C'ttee
5. Achieve staff engagement score of ≥ 7.2 within 2019/20	Workforce C'ttee
6. Establish functioning Digestive Diseases Unit by October 2019	Fin. and Perf. C'ttee
7. Build new AMU to enable a new Hyper Acute Stroke Unit (HASU) by winter 2019	Fin. and Perf. C'ttee / Pat. Experience C'ttee
8. Ensure that 85% or more of cancer patients are treated within 62 days	Quality C'ttee / Fin. and Perf. C'ttee
9. Ensure that 86.7% or more of patients wait no longer than 18 weeks from referral to treatment	Quality C'ttee / Fin. and Perf. C'ttee
10. Ensure that 91.67% or more of people presenting to our Accident and Emergency Departments wait no longer than 4 hours	Quality C'ttee / Fin. and Perf. C'ttee
11. Deliver a surplus of £6.9m in 2019/20 so that we can invest back into patient care	Fin. and Perf. C'ttee
12. Ensure that our Hospital Standardised Mortality Ratio (HSMR) is <100	Quality Committee

2. Reports on these objectives would then be submitted to each sub-committee i.e. thereby adopting the same model that is currently applied to the Finance and Performance Committee (which already receives the extracts of the BAF relevant to its role)
3. After each sub-committee has considered its objectives, the full BAF would then be considered by the Audit and Governance Committee. However, as the Audit and Governance Committee only meets each quarter, it is expected that each sub-committee's deliberations on the BAF would feature in the summary report from that Committee to the Trust Board i.e. before the Audit and Governance Committee was able to the report to the Board.
4. The full BAF would then be considered by the Trust Board, with the report presented by the Chair of the Audit and Governance Committee (but supported by the Trust Secretary and relevant members of the Executive Team)

No changes to the format of the BAF document are proposed. When the Audit and Governance Committee considered (and supported) the above proposals on 05/11/19, it was noted that the process would need to consider how conflicting viewpoints on the BAF would be managed.

Which Committees have reviewed the information prior to Board submission?

- Audit and Governance Committee, 05/11/19

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

Review and 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

7 Day Services board assurance self-assessment — Medical Director

Enclosed is a copy of the Trust's latest return in respect of the Trust's 7 Day Services Board Assurance Template (BAT) requirement, along with the 7 Day Services Strategy from Medicine & Emergency Care

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

7 Day Hospital Services Self-Assessment

Organisation	**Maidstone and Tunbridge Wells NHS Trust**
Year	**2019/20**
Period	**Autumn/Winter**

Maidstone and Tunbridge Wells NHS Trust: 7 Day Hospital Services Self-Assessment - Autumn/Winter 2019/20

Priority 7DS Clinical Standards

Template completion notes

Trusts should complete this template by filling in all the yellow boxes with either a free text assessment of their performance as advised or by choosing one of the options from the drop down menus.

Board/sub-committee that signed off this template as an accurate reflection of the Trust's position:	**Scheduled for November Board**
Date the template and supporting documentation went to Board/sub-committee:	**Scheduled for November Board**
Was this template accompanied by supporting documentation, if so what?	**Medicine and Emergency Care -7 Day Services Strategy**

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
Clinical Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.	The Trust has adopted a thorough assessment process to identify the compliance status of all service models which is triangulated with job plans. Following in 3 years of project effort, all Trust services are now compliant during weekdays for this standard. There now remains only a very small proportion of weekend activity in ENT, Urology and General Surgery (a total of 12.2 cases on Saturday and on Sunday - ENT = 2.5, Urology = 1.2 and Surgery = 8.5) that cannot currently be covered by on-site, job planned consultant cover until strategic plans deliver at the end of the financial year. During these periods, mitigating measures have been established for these services which include an evening virtual ward round on Saturdays and Sundays between the on-call Consultant and the resident senior middle grade tier. During the call, all new admissions and any medically active patients are reviewed. The Consultant will then attend if concerns are identified. To achieve full compliance by March 2020, strategic plans are in place which involve the appointment to consultant vacancies in general surgery and moving all of general surgery to a single site, this has been delayed from October 2019 until March 2020. Currently the oncall General Surgeon is often onsite during the weekend and will review admitted patients during this time. In Urology the 6th consultant has now taken up post and a 7th is joining the Trust in January 2020. It is therefore expected that Urology will be fully compliant by February 2020. In ENT, two business cases are being worked up for new consultants - one in H&N cancer and a generalist. There are an average of 2.5 non-elective admissions at weekends. These cannot currently be covered by resident consultants but are reviewed via a consultant virtual ward round. A Surgical, Ambulatory Emergency Centre (SAEC) model, is being considered to review any patients that require monitoring. It is anticipated that this will reduce the number of patients admitted further. The Trust will be undertaking its next casenote review in December 2019 to further inform its position.	Yes, the standard is met for over 90% of patients admitted in an emergency	No, the standard is not met for over 90% of patients admitted in an emergency	Standard Not Met

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 5: Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week: • Within 1 hour for critical patients • Within 12 hour for urgent patients • Within 24 hour for non-urgent patients	Q: Are the following diagnostic tests and reporting always or usually available on site or off site by formal network arrangements for patients admitted as an emergency with critical and urgent clinical needs, in the appropriate timescales?	Microbiology	Yes available on site	Yes available on site	Standard Met
		Computerised Tomography (CT)	Yes available on site	Yes available on site	
		Ultrasound	Yes available on site	Yes available on site	
	The upper GI endoscopies could be at risk to full compliance during out of hours periods until the 24/7 GI Bleed Rota is implemented (planned for Q4 2019/20). Currently, informal arrangements exist with London Teaching Hospitals for tertiary referrals out of hours when there is not a Gastro consultant on the GIM rota. However, these arrangements are not via a formal SLA.	Echocardiography	Yes available on site	Yes available on site	
		Magnetic Resonance Imaging (MRI)	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Upper GI endoscopy	No the test is only available on or off site via informal arrangement	No the test is only available on or off site via informal arrangement	

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 6: Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.	Q: Do inpatients have 24-hour access to the following consultant directed interventions 7 days a week, either on site or via formal network arrangements?	Critical Care	Yes available on site	Yes available on site	Standard Not Met
		Interventional Radiology	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Interventional Endoscopy	No the intervention is only available on or off site via informal arrangement	No the intervention is only available on or off site via informal arrangement	
		Emergency Surgery	Yes available on site	Yes available on site	
	The upper GI endoscopies could be at risk to full compliance during out of hours periods until the 24/7 GI Bleed Rota is implemented (planned for Q4 2019/20). Currently, informal arrangements exist with London Teaching Hospitals for tertiary referrals out of hours when there is not a Gastro consultant on the GIM rota. However, these arrangements are not via a formal SLA.	Emergency Renal Replacement Therapy	Yes available on site	Yes available on site	
		Urgent Radiotherapy	Yes available on site	Yes available on site	
		Stroke thrombolysis	Yes available on site	Yes available on site	
		Percutaneous Coronary Intervention	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Cardiac Pacing	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
Clinical Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.	The June BAT casenote audit showed a 82% compliance rate. As stated in standard 2 above, the Trust has adopted a thorough assessment process to identify the compliance status of all service models which is triangulated with job plans. For the once daily reviews, our service models are now compliant for Surgery, Urology, T&O, Paediatrics, Women's Health, Emergency Medicine, Clinical Haematology, Ophthalmology and Critical Care. Medical sub-specialties are currently unable to deliver a job planned daily ward round across both sites 7 days per week due to Consultant workforce constraints. This has been analysed in detail and is outlined in full in the attached updated Medicine & Emergency Care Division paper. This shows that in spite of various service model changes and best practice developments, 22 further Consultants would need to be in post (inclusive of the 4 existing vacancies) plus a number of additional/new roles such as physicians' assistants to cover both sites on a 24/7 basis. As previously stated, ENT have a very small amount of non-elective activity (average 2.5 per day) which cannot be guaranteed to have full resident cover due to the small number of consultants and two-site working. As stated in standard 2, a consultant workforce review is in progress, together with a review of improving ambulatory care options. For the twice-daily ward rounds, all patients who are ICS Level 2 or above receive a twice daily ward round via a combination of their specialty consultant and the ICU consultant Team (who are present 24/7). The exception is respiratory (NIV) patients who will need to be cohorted on one site to achieve this standard, (part of the Medicine & Emergency Care Division's paper attached).	Once Daily: No the standard is not met for over 90% of patients admitted in an emergency	Once Daily: No the standard is not met for over 90% of patients admitted in an emergency	Standard Not Met
		Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	

7DS Clinical Standards for Continuous Improvement

Self-Assessment of Performance against Clinical Standards 1, 3, 4, 7, 9 and 10

Standard 1: Involvement: MTW's new patient engagement strategy: "Making it personal – Improving the Experience of Patients and Carers' sets out to ensure that patient experience is everyone's responsibility. This builds on our organisation's values putting the patient at the patients for feedback on what they identified as their priorities for us to deliver, the latest of which was held in October 2019. There are ten key commitments in the strategy, of which patient involvement is both the golden thread through the strategy, as well as being one of th cultural shift that puts patients and staff at the heart of planning and decision making in a healthy, responsive organisation as envisaged in the Trust's Quality Strategy. Patient satisfaction reflects patient's involvement in decision making and their role as partners in improving th service users through feedback obtained in an accessible way for both patients and staff will provide the essential information gathering required to be responsive to make change and improvements. Our latest Friends & Family statistics show an overall position of 4.71/5.00 for our patients responded that they are likely to recommend our services. The results of the National In-patient Survey show a steadily improving picture (over the last 5 years of data) in respect of the fields that include information giving, involvement, understandable discussions embedding the strategy and the commitment to resourcing a dedicated Patient Experience Lead.

Standard 3: There is a multi-professional approach to the delivery of care to all patients across all ward areas daily. All AHP disciplines are allocated to specific wards as part of the multi-professional team. A holistic patient assessment is undertaken on every patient by the adm compliments the 14 hour consultant-led assessment). Discharge planning commences at the point of admission and involves the whole system Integrated Discharge Team (IDT) which works collaboratively with the Social Care and Community Nursing Teams. The Trust has also i a 7 day service to provide therapy as required to patients on discharge from hospital. Medicines' reconciliation is at 80% across the Trusts (which is higher than the National average).

Standard 4: The Trust's clinical disciplines undertake shift handovers twice daily, led by a senior clinical decision-maker, 7 days per week, where there are services 7 days a week. There are a few small exceptions (e.g.., weekend Urology) which is part of the workforce review ref and 7pm, 7 days per week. Site handovers take place 3 times per day at 09.00hrs, 13.00hrs and 16.30hrs, 7 days per week (during which complex patients are discussed). This includes all Divisions and AHPs. Not all handovers are recorded electronically but it is hoped that the ir (Sunrise) from Oct 19 will support a change. At night, the Clinical Site Manger participates in the medical handover to have oversight of the Trust position and highlight key concerns to the Critical Care Outreach team who are available 24/7.

Standard 7: Maidstone and Tunbridge Wells Hospitals do not yet have a formal Core 24 liaison psychiatry service. However, following on from our winter plan and a test of change we have put in place, Maidstone Hospital has access to urgent assessment in A&E 24/7. This has b service at Pembury. There is on-going discussion about developing a Core 24 Service that would offer a 24/7 psychiatric service to the whole hospital. A pilot model has been put in place which aims to provide a consistent 1 hour response to Maidstone A&E Department in line v principles, as supported by the Five Year Forward View for Mental Health. The Liaison Psychiatry Service (LPS) at Maidstone General Hospital will continue to operate from 8am to 8pm but will shorten their target response times from 2 hours to 1 hour for referrals from A&E an The Crisis Resolution Home Treatment (CRHT) team will provide dedicated resource to the A&E Department overnight, from 8pm to 8am, and continue to provide the same 1 hour response.

Standard 9: Confirmed by CCG. The system has the following services in place:
- Appropriate senior clinical expertise (e.g. via phone call), provided by NHS 111 CAS, the Home Treatment Service (HTS) and IC24 professional on scene line
- G4S provide a 7 day service with MTW's Tier 1 transport support
- Local A&E Delivery Board is the forum used to develop strong health and social care relationships

Standard 10: The Trust currently compiles a CLIPA (Complaints, Litigation, Incidents, PALs and Audit) report highlighting key issues identified and lessons learned which is circulated to every clinical area on a monthly basis. In addition a Trust-wide Governance Gazette and Medi concern. The Trust is in the process of implementing a 'Lessons Learned' programme across the organisation to support each Directorate to extract their monthly learning outcomes (via a new electronic system; Datix Cloud IQ system). This new system will also support a new w dashboard which has the ability to provide detailed searches on all fields. The Lessons Learned project will ensure that all learning outcomes are discussed and disseminated to all staff. This will be further supported through the recently launched revised monthly Directorate, D

7DS and Urgent Network Clinical Services

	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services
Clinical Standard 2	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust
Clinical Standard 5	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust
Clinical Standard 6	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust
Clinical Standard 8	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust

Assessment of Urgent Network Clinical Services 7DS performance (OPTIONA

Ratification of Standing Financial Instructions & Reservation of Powers and Scheme of Delegation (annual review) — **Trust Secretary**

The Trust has committed to reviewing the Trust's Standing Orders, Standing Financial Instructions (SFIs) and Reservation of Powers and Scheme of Delegation (SoD) each year. The three documents have duly been reviewed and updated, and some proposed changes were made. The documents were then circulated widely for consultation by email during October 2019 (which included all members of the Trust Board). The Audit and Governance Committee then reviewed and approved the full versions of the three documents at its meeting on 05/11/19. The Trust Board is therefore asked to "ratify" the three revised documents.

As was the case for the 2017 and 2018 review/ratification, the full documents, with the proposed changes shown as 'tracked' have been provided to Trust Board members as supplements to the formal 'pack' of Trust Board reports[1]. Board Members are therefore welcome to read the supplements, to obtain the precise details of the proposed changes, but are not expected to do so.

The main proposed changes to the SFIs are listed below:

- Clarification that the thresholds for approval of Business Case should take into account the total value of the investment, as stated in the Business Case
- Inclusion of clarification that it would be possible to approve a Business Case at the Outline Business Case (OBC) stage (although such approval should be contingent on there being no significant change in resource commitment at the Full Business Case (FBC) stage)
- Clarification that the threshold for assessing the total investment cost for Trust approval of service developments/revenue cases would not be expected to include the accumulative costs of new substantive posts (and that the assessment should just consider the annual costs of such posts)
- Addition of International Financial Reporting Standards (IFRS) 16 (leases) clause relating to the capitalisation of such arrangements from 1st April 2020
- Inclusion of a requirement for justification of direct awards made under a Procurement framework
- Housekeeping adjustments on format, updating policy document references titles

The main proposed changes to the Reservation of Powers and SoD are listed below:

- Addition of a further reserved power for the Trust Board (to approve the initial annual budget for the revenue maintenance/lifecycle and the capital white goods/furniture requirements for the Trust's new-build staff accommodation at Springwood Road, Maidstone)
- Clarification that the thresholds for approval of Business Case should take into account the total value of the investment, as stated in the Business Case
- Inclusion of clarification that it would be possible to approve a Business Case at the OBC stage (although such approval should be contingent on there being no significant change in resource commitment at the FBC stage)
- Clarification that the threshold for assessing the total investment cost for Trust approval of service developments/revenue cases would not be expected to include the accumulative costs of new substantive posts (and that the assessment should just consider the annual costs of such posts)
- Clarification that the authorisation of orders, tenders and competitive quotations is not required if approval of the associated development has already been granted via the approval of something other than a Business Case
- Amendment to reflect the principle that the threshold for the Trust Board's reservation to approve the write-offs of losses of £250,000 and over takes into account multiple invoices that are below the threshold individually but above the threshold when combined
- 'Housekeeping' changes (job titles, updating committee names etc.)

[1] The supplements have been made available via the Trust Board "documents" section of the Admincontrol meetings portal (for

The main proposed changes to the Standing Orders are listed below:

- Refinement of certain definitions
- Housekeeping changes (job titles, committee names etc., including consistent reference to "Trust Board" rather than "Board"))
- The inclusion of Crowborough Birth Centre, as one of the Trust's principal places of business
- Removal of the Patient Experience Committee as being the forum by which the Trust will involve and consult with its patients and public
- Confirmation that the final/definitive version of documents where the Seal has been affixed will be held by the Solicitors that issued the document
- Removal of references to credit refusals being check as part of the procedures to be applied in response to the "Fit and proper persons: Directors" Regulations

Which Committees have reviewed the information prior to Board submission?

- Audit and Governance Committee, 05/11/19 (full revised documents, for approval)
- Finance and Performance Committee, 27/11/19 (summary of proposed changes, for information)

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

Ratification

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

Charitable Funds Committee, 29/10/18 (incl. approval of revised Terms of Reference and approval of the Annual Report & Accounts of the Charitable Fund, 2018/19)

Committee Chair (Non-Executive Director)

The Charitable Funds Committee (CFC) met on 29th October 2019.

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

- The Committee confirmed its support for the decision to cease membership of the Association of NHS Charities as membership cost £1,000 per annum was not considered productive
- The Committee agreed to remove the "Safety Moment" from future Committee agendas on the basis of duplication of information
- The Committee's Terms of Reference were reviewed and the proposed changes were agreed. The revised Terms of Reference are enclosed in Appendix 1 (with the proposed changes shown as 'tracked'), for the Trust Board's approval. A discussion was then held on the role of the Committee in setting the fundraising strategy and objectives and it was agreed that a report would be submitted to the next meeting in March 2020, to facilitate a review of the Fundraising Strategy and objectives, taking into account the Trust's wider strategy. It was further agreed that the Trust Secretary should recirculate the approved Fundraising Strategy and charitable objects to Committee members to provide some context to the discussion
- The Charitable Fund Annual Report and Accounts for 2018/19 were reviewed and agreed, subject to one minor typographical correction. The Annual Report and Accounts are enclosed in Appendix 2 and the Trust Board is asked to approve these, to enable submission to the Charity Commission.
- The financial overview at Quarter 2 was considered and it was noted that there had been 17 specific donations over £1,000, one of which was a donation of £150,000 towards the total cost of the helipad at Maidstone Hospital (of £284,000). A discussion was then held on fundholders' need for training and it was agreed that the Head of Financial Services and Fundraising Manager would review the governance understanding and training requirement of staff fundholders and submit a proposal report to the Committee if that was considered necessary.
- The fundraising update highlighted the first fundraising Christmas appeal which aimed to raise £30,000 for paediatrics over six weeks from 13/11/19 using text donations with the appeal code "MTWKIDS". A discussion was also held on the merits of online donations and it was agreed that the Director of Strategy, Planning and Partnerships & Fundraising Manager would explore the governance implications and ease of use considerations of introducing online donations

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

- The "Trust Management Dir Fund" should be renamed as "The General Fund", to avoid confusion
- The Director of Strategy, Planning and Partnerships should explore the steps required to enable the Communication Department to provide an in-house video production service
- A separate "Paediatrics Christmas appeal" restricted fund should be created, to accommodate the donations from the 2019 appeal

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

- The Committee's Terms of Reference were reviewed and the proposed changes were agreed. The revised Terms of Reference are enclosed in Appendix 1, for the Trust Board's approval
- The Charitable Fund Annual Report and Accounts for 2018/19 were agreed and are enclosed in Appendix 2, for approval

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

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

1. Information, assurance
2. To approve the Committee's revised Terms of Reference (see Appendix 1)
3. To approved the Charitable Fund Annual Report and Accounts for 2018/19 (see Appendix 2)

[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: Revised Terms of Reference (for approval)

CHARITABLE FUNDS COMMITTEE

Maidstone and Tunbridge Wells NHS Trust

Terms of Reference

1. Purpose

The Charitable Funds Committee has been established as a sub-committee of the Trust Board to ensure that the Maidstone and Tunbridge Wells NHS Trust Charitable Fund is managed efficiently and effectively in accordance with the directions of the Charity Commission, relevant NHS legislation and the wishes of donors.

2. Membership

Membership of the Committee is as follows:

- The Committee Chair – a Non-Executive Director or Associate Non-Executive Director appointed by the Chair of the Trust Board
- The Committee Vice-Chair - a Non-Executive Director or Associate Non-Executive Director appointed by the Chair of the Trust Board
- The Chief Finance Officer
- The Director of Strategy, Planning and Partnerships
- The Head of Financial Services
- The Deputy Director of Finance (Financial Governance)
- The Trust Secretary

If a member cannot attend a meeting, they may send a representative in their place.

3. Quorum

The Committee shall be quorate when one Non-Executive Director (or Associate Non-Executive Director) and three other members~~one member of the Executive Team~~ are present. Deputies representing m~~M~~embers ~~of the Executive Team~~ will count towards the quorum.

4. Attendance

The Committee Chair may invite other staff, Non-Executive Directors (or Associate Non-Executive Directors) to attend, as required, to ~~meet~~fulfil the Committee's purpose and/or meet its duties~~objectives of the Committee~~.

5. Frequency

The Committee shall meet at least twice per financial year (and more frequently if required to fulfil ~~meet the~~ its purpose and/or meet its duties~~objectives of the Committee)~~.

6. Duties

The Committee will act on behalf of the Corporate Trustee (Maidstone and Tunbridge Wells NHS Trust) and will:

- Develop and approve the strategy and objectives of the Charitable Fund
- Ensure that the Charitable Fund complies with relevant law and with the requirements of the Charity Commission ~~as regulator~~; in particular ensuring the submission of Annual Returns and Accounts
- Oversee the development and delivery of the Trust's fundraising strategy
- Oversee the Charitable Fund's expenditure and investment plans, including:
  - Approving relevant policies and procedures
  - Agreeing approval and authorisation limits for expenditure from charitable funds
  - Considering applications for support (as recommended by the Head of Financial Services)
  - Approving and monitoring investment strategies

The specific duties of the Committee in relation to the Charitable Fund are to:

Policy matters

- To approve, on behalf of the corporate Trustee:
  - A Reserves policy (if considered by the Committee to be required)
  - An Investment strategy (and to formally review the strategy annually)
  - A Grant Making policy (if considered by the Committee to be required)
  - Guidance for fund-raising activities (if considered by the Committee to be required)

Operational matters

- To ~~A~~approve the annual management and administration fee payable to the Trust
- Be advised of and consider the application of all new legacies
- Approve proposals regarding the establishment of any new funds
- Authorise financial procedures and financial limits
- Receive details of any expenditure refused
- To approve the banking arrangements of Maidstone and Tunbridge Wells NHS Trust Charitable Fund
- To authorise expenditure at the limits reserved for the Committee ~~in accordance~~ (as stated in~~with~~ the Trust's Reservation of Powers and Scheme of Delegation)

Internal and External control

- To ~~S~~seek assurances that all income is secured and that expenditure is within the objects of the Maidstone and Tunbridge Wells NHS Trust Charitable Fund
- To ~~E~~ensure compliance of all statutory legislation and Charity regulations, and seek assurance on compliance
- To e~~E~~nsure there is adequate provision for the independent monitoring of investment activity
- To ~~R~~receive all relevant internal and external audit reports, and ensure compliance with any recommendations

Financial reporting

- To ~~R~~review income and expenditure reports for each of the reporting periods
- To ~~R~~review and agree the Principal Accounting Policies to be adopted
- To~~R~~review, and agree the Annual Report and Annual financial accounts for the Charitable Fund, for approval by the Trust Board
- To ~~R~~receive, where appropriate, the annual investment report
- To ~~E~~ensure the Chief Finance Officer is compliant with the reporting requirements of the Committee and the Trust Board (as the agent of the Trustee)
- To review Fundholders' spending plans

7. Parent committees and reporting procedure

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

A written summary report of each Charitable Funds Committee meeting will be provided to the Trust Board. The Chair of the Charitable Funds Committee will present the Committee report to the next appropriate~~available~~ Trust Board meeting.

8. Sub-committees and reporting procedure

The Charitable Funds Committee has no standing sub-committees, but may establish fixed-term working groups, as required, to support the Committee in meeting its~~the~~ duties ~~listed in these Terms of Reference~~.

9. Emergency powers and urgent decisions

The powers and authority which the Trust Board has delegated to the Charitable Funds Committee may, when an urgent decision is required between meetings, be exercised by the Chair of the Committee, after having consulted either the Chief Finance Officer or Director of Strategy, Planning and Partnerships. The exercise of such powers by the Committee Chair shall be reported to the next formal meeting of the Charitable Funds Committee, for formal ratification.

10. Administration

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

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

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

11. Review

The Terms of Reference of the Committee will be reviewed annually, and approved by the Trust Board

History

Agreed at Charitable Funds Committee, July 2014
Approved at Trust Board, September 2014
Agreed at Charitable Funds Committee, July 2015
Approved at Trust Board, September 2015
Agreed at Charitable Funds Committee, November 2016
Approved at Trust Board, December 2016
Agreed at Charitable Funds Committee, 16th October 2017
Approved at Trust Board, 29th November 2017
Agreed at Charitable Funds Committee, 27th November 2018 (annual review)
Approved at Trust Board, 20th December 2018
Agreed at Charitable Funds Committee, 29th October 2019 (annual review)
Approved at Trust Board, 28th November 2018

MTW Charity
exceptional people, outstanding care

NHS
Maidstone and Tunbridge Wells
NHS Trust

Annual Report and Accounts

For the year ended 31st March 2019

Charity Number 1055215

Contents

Charitable Funds Committee Foreword

The Charitable Fund continues to receive generous donations from individuals, groups and organisations. The Committee is grateful to all the Charity's supporters for the difference they make to the Trust's work.

Many people have been inspired to donate as a result of excellent care which either they, or their loved ones, have received.

The Charity was delighted to receive a major philanthropic gift from a family which has already made a significant impact to patient care. Following 'fantastic' treatment for bladder cancer Roy Sutcliffe and his wife Margaret donated £355,000 to the Kent Cancer Centre to buy equipment for diagnosing and treating urological cancers. This donation has helped the Trust to progress with pioneering work in cancer treatment and we are extremely grateful to the Sutcliffe family.

The Charity's first Fundraising Manager joined in November 2018 to drive income generation and diversify fundraising. In 2019 the Charitable Funds Committee endorsed a three year fundraising strategy which aims to significantly increase income with a focus on corporate partnerships and donor stewardship.

We are pleased that £720,329 of charitable expenditure was delivered to support patients including a significant charitable legacy which funded a major refurbishment of the Cardiac Catheterisation Lab at Tunbridge Wells Hospital.

Long-standing supporters such as the Peggy Wood Foundation, Maidstone and the League of Friends at both Maidstone and Tunbridge Well's sites continue to make vital donations via the Charity and their ongoing commitment is hugely valued by the committee.

We look forward to an exciting period of growth and diversification in charitable income which will make a difference to the lives of both patients and staff across the Trust.

Our performance

The charity aims to strategically grow its income and supporter base to add value to the patient and staff experience. Significant progress has already been made to develop corporate fundraising which has been identified as a key area for growth.

Our achievements

The Corporate Trustee (Trustee) presents the Maidstone and Tunbridge Wells NHS Trust Charitable Funds (the Charity's) Annual Report and the audited financial statements for the year ended 31st March 2019.

The financial statements set out on pages 19 to 34 comply with the charity's trust deed, Accounting Standards in the United Kingdom and the Statement of Recommended Practice (SORP) relevant to charities preparing their accounts in accordance with the Financial Reporting Standard (FRS) applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

Trustee Statement

The generosity of the many people who have raised funds, given donations and made provisions in their will, is recognised by the Trustee, the Charitable Funds Committee, and staff. The Trustee, Charitable Funds Committee and staff would like to express their sincere gratitude to all those who have made a contribution which has enabled the Charity to enhance the standard of care, services and facilities provided by Maidstone and Tunbridge Wells NHS Trust to patients, their relatives, visitors and staff.

The role of the Charity

Maidstone and Tunbridge Wells NHS Trust ('the Trust') is the Corporate Trustee of the charitable fund under paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990. The Charity is constituted by a Trust Deed and registered with the Charity Commission under charity number 1055215, and includes funds in respect of the hospitals of Maidstone and Tunbridge Wells NHS Trust.

During the year the Charity was situated on two main sites in Kent: Maidstone Hospital and Tunbridge Wells Hospital.

The Charity is a 'NHS Umbrella Charity' under which there are individual sub-funds that are held for administrative purposes, principally to respect the wishes of the donors.

Within the Umbrella there were a total of 38 individual funds at the 31st March 2019 with a total value of £1,170k. The number of funds in each category is as follows:

- 15 restricted funds[1].
- 2 endowment funds (capital in perpetuity) - only the net income to be spent, whilst the capital remains invested.
- 21 unrestricted[2] or designated[3] funds created for donations received for use by hospitals, wards and departments to reflect donors' wishes. These do not form a binding trust.

[1] Restricted funds are the funds of the charity that are required to be expended in a certain way, or limited to expenditure for a particular purpose.
[2] Unrestricted funds are the funds of the charity that may be spent entirely at the discretion of the Trustee
[3] Designated funds are funds set aside for designated purposes. Designated funds are unrestricted as the Trustee can remove the designation at any time

- The major funds within each of these categories are disclosed in Note 8 in the accounts.

The Corporate Trustee

Maidstone and Tunbridge Wells NHS Trust is the sole Corporate Trustee of the Charity.

The Trust Board effectively adopts the role of Trustee as defined by the Charity Commission (it is considered to be the agent of the Trustee). Individual members of the Trust Board are therefore not trustees under Charity Law.

Details of appointments and terminations within the financial year are tabled below:

Executive Directors	**Non-Executive Directors**	**Other Directors**
Miles Scott – Chief Executive	David Highton – Chair of the Trust Board	Sara Mumford – Director of Infection Prevention & Control
Stephen Orpin – Chief Finance Officer	Sarah Dunnett	
Jim Lusby – Deputy Chief Executive (left 30th April 2018)	Maureen Choong	
Peter Maskell – Medical Director	Nazeya Hussain	
Angela Gallagher – Chief Operating Officer (left 30th November 2018) Sean Briggs – Chief Operating Officer (Joined October 2018)	Neil Griffiths (Joined February 2019)	
Claire O'Brien – Chief Nurse	Steve Phoenix (left 31st December 2018)	
Simon Hart – Director of Workforce	Tim Livett (Left 28th February 2019)	
Amanjit Jhund – Director of Strategy, Planning and Partnerships (Joined 1st October 2018)	Emma Pettitt-Mitchell – Associate Non-Executive Director (Joined June 2018)	

None of the Members of the Trust Board have received any remuneration from the Charity in this financial year for work relating to their responsibilities for the Charity as agent of the Corporate Trustee (in 2018/19 this was also none)

The principal office of the Charity is:

Trust Headquarters,
Maidstone and Tunbridge Wells NHS Trust
Maidstone Hospital
Hermitage Lane
Maidstone
Kent ME16 9QQ

Principal advisors:

External Auditor Grant Thornton UK LLP 110 Bishopsgate London EC2N 4AY	Bankers National Westminster Bank Kent Corporate Business Centre PO Box 344 Maidstone Kent ME14 1AT
Solicitors Brachers Solicitors Somerfield House 59 London Road Maidstone Kent ME16 8JH	Bankers Scottish Widows 67 Morrison Street Edinburgh EH3 8YJ
Solicitors Capsticks Solicitors LLP 1 St George's House East St George's Road Wimbledon, London SW19 4DR	Bankers Santander Business Banking Bridle Road Bootle Merseyside L30 4GB
Investment Managers Charities Aid Foundation 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4TA	Bankers Clydesdale Bank 6/8 London Road Unit 5 Peveril Court Crawley RH10 8JB
	Bankers National Westminster Bank PLC (RBS/GBS) 2nd Floor 280 Bishopsgate London EC2M 4RB

Governance and Management of the Charity

Governance

The Board of Maidstone and Tunbridge Wells NHS Trust became responsible for the funds with effect from the 1st April 2000, following the merger of Kent and Sussex Weald NHS Trust, which was based at Tunbridge Wells, and Mid Kent Healthcare NHS Trust, which was located at Maidstone. The Trust Board delegates the daily stewardship of the funds to the Charitable Funds Committee, which within its annual programme of meetings, includes relevant training and updates as required to assist in the performance of its role as Trustee.

The Charitable Funds Committee plans to meet at least three times a year.

The proceedings and decisions of the committee are recorded. The minutes of each meeting are formally agreed by the Chair of the Committee and circulated to all members. A written summary of each Charitable Funds Committee is also submitted to the Trust Board.

Recruitment and Training of Trust Board and Charitable Funds Committee Members

All Trust Board and Committee members undertake an induction programme within the Trust upon joining. They are also able to focus on a particular area of the Trust in which they have a special interest or concern.

Management of the Charity

The management of the Charity is operated in accordance with the Trust's "Policies and Procedures for Charitable Funds", which are approved by the Charitable Funds Committee. There is a tightly controlled scheme of authorisation in place in order to spend the funds. This is achieved by delegating the day to day expenditure to the duly authorised Fund Holders. The Fund Holders consist mainly of senior department managers. Each individual Fund Holder is approved by the general manager or Clinical Director of the Directorate, and also made aware of the Trust's Standing Orders and Standing Financial Instructions, that apply to Charitable Funds. Each Fund Holder receives a detailed financial statement of the fund each month.

Risk Management

The major risks to the Charity have been assessed, and in the opinion of the Corporate Trustee, all necessary action has been taken and procedures have been put in place to minimise those risks wherever possible. The risk policies and financial controls of the Trust also apply to the Charitable Funds. The Corporate Trustee has identified that the main area of financial risk for the Charitable Funds is the performance of the investments.

To mitigate the risk of investment performance the Corporate Trustee has adopted a relatively low risk policy, but 50% of funds will remain exposed to those risks normally associated with investing in stocks and shares and regarded as medium to long term investment. The cash balances will be invested in bank accounts which have a low credit risk and are covered by the Financial Services compensation scheme up to a maximum of £85,000 per banking institution operating under a separate banking licence. The adopted policy is that the maximum investment is up to £85,000 in each banking institution outside the Government banking Scheme. Therefore there is no risk on these investments.

Investment Powers

The investment powers of the charitable fund are stated in the Declaration of Trust registered with the Charity Commission, which provides for the following:

‘‘*to invest the trust fund and any part thereof in the purchase of or at interest upon the security of such stocks, funds, securities or other investments of whatsoever nature and where so ever situate as the trustee in their discretion think fit but so that the trustees:*

a) shall exercise such power with the care that a prudent person of business would in making investments for a person for whom he felt morally obliged to provide;

b) shall not make any speculative or hazardous investment (and, for the avoidance of doubt, this power to invest does not extend to the laying out of money on the acquisition of futures or traded options);

c) shall not have power under this clause to engage in trading ventures; and

d) shall have regard to the need for diversification of investments in the circumstances of the Charity and to the suitability of proposed investments.’’

Investment strategy

The investment strategy of the charity is defined, by the charitable fund committee on behalf of the corporate trustee as follows:

“*to maximise total returns whilst minimising any risk to the total value of the fund in both the short to medium term.*”

The strategy identifies the current preferred investment mix for the charity as:

- 50% Cash;
- 25% Equities; and
- 25% Bonds.

The Charitable Funds Committee monitors the performance of the investments on a regular basis.

Professional Advisors

Grant Thornton UK LLP is the Trust’s appointed External Auditors. For the 2018/19 financial year, an independent examination will be carried out due to the charity’s gross income falling below £1m.

In addition, TIAA, the Internal Auditors of the Trust, review on a planned basis the systems and procedures put in place by the Corporate Trustee.

Aims and Objectives for the Public Benefit

The key objective of the Trustee of the Maidstone and Tunbridge Wells NHS Charity is to ensure that donations and legacies received are used in accordance with the wishes of the donor and the aims of the Trust. The Trustees therefore consider that the charity clearly falls within the definition of a public benefit entity under the terms of FRS 102.

The Corporate Trustee confirms that the guidance provided by the Charity Commission has been referred to with regard to the need for public benefit when reviewing their aims and objectives and future activities.

The purpose of the Charity is to provide benefit to the public by supporting the prevention and treatment of illness in all its forms and to promote research and education in healthcare through:

- Improving the patient and carer experience;
- Improving healthcare facilities and equipment;
- Facilitating high quality research programmes;
- Encouraging and supporting innovation in the development of services; and
- Supporting the training, personal development and welfare of staff.

The objects of the Charity are stated in the Trust deed as follows:-

"*The Trustees shall hold the trust fund upon trust to apply the income, and at their discretion, so far as may be permissible, the capital, for such purposes relating to Hospital Services (including Research), or to any other part of the Health Service associated with any hospital as the Trustees think fit.*"

The restricted funds have individual specified purposes that govern their use, in conjunction with the objects of the Charity.

Strategy for Achieving its Objectives

The Charitable Funds are used to support the overall objectives of the Trust, and include the provision of a wide range of equipment and facilities for both patients and staff. This allows the Trust to develop its services through new equipment and facilities and to provide training for staff which enhances their skills and knowledge allowing them to improve their contribution to the provision of its services to the public benefit.

The development of the Trust's services may be dependent on both the Charitable Funds and the funds received from the Exchequer. This interdependency provides opportunities for the Charity to contribute to services which make a greater impact than the cash sum would make on its own.

Reserves and Commitments

Charity Reserves as defined by Charities SORP (FRS 102) are those funds which become available to the charity to be spent at the Trustee's discretion in furtherance of the charity's objectives, excluding funds which are spent or committed or could only be realised through the disposal of fixed assets. These are therefore classified as 'free'.

The Corporate Trustee has not made any changes to policy during the year and still requires that commitments against each fund are made only when the resources needed are available.

Major items of expenditure for both goods and services are agreed in advance in order that the necessary liquid resources can be released from the Investment Managers on a planned and timely basis. None of the funds held by the Investment Managers are committed on a long term

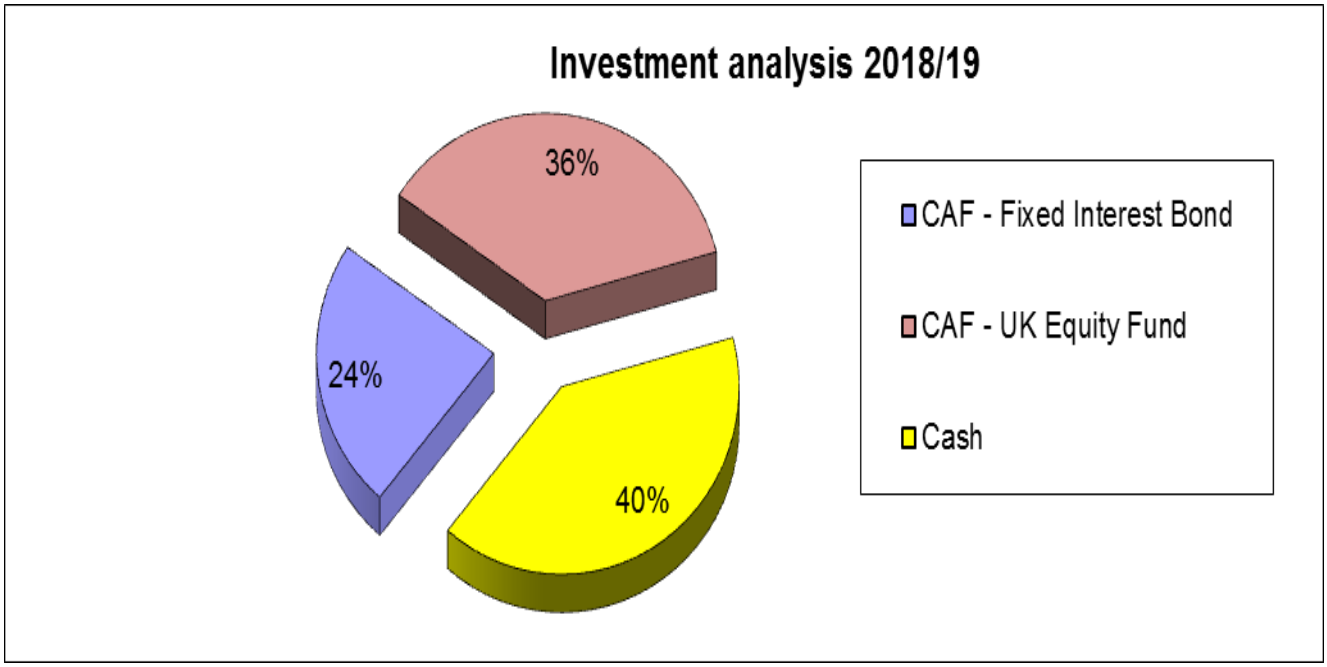
basis as the Corporate Trustee has a policy to put the funds to the best possible use as quickly as is reasonably possible, taking into consideration any particular restrictions imposed by individual donors.

Investment Performance

Investment income for the year was £19k (in 2017/18, £21k). In the current economic climate this is considered to indicate an acceptable performance for an investment strategy based on a low risk portfolio of investments. The total performance return on the portfolio of the investments (equity and bond) was a loss of £4k. This reflects a downturn in market performance compared with the previous year. The Trustee continues to review its investment strategy to seek to maximise its resources whilst maintaining liquidity and security of assets.

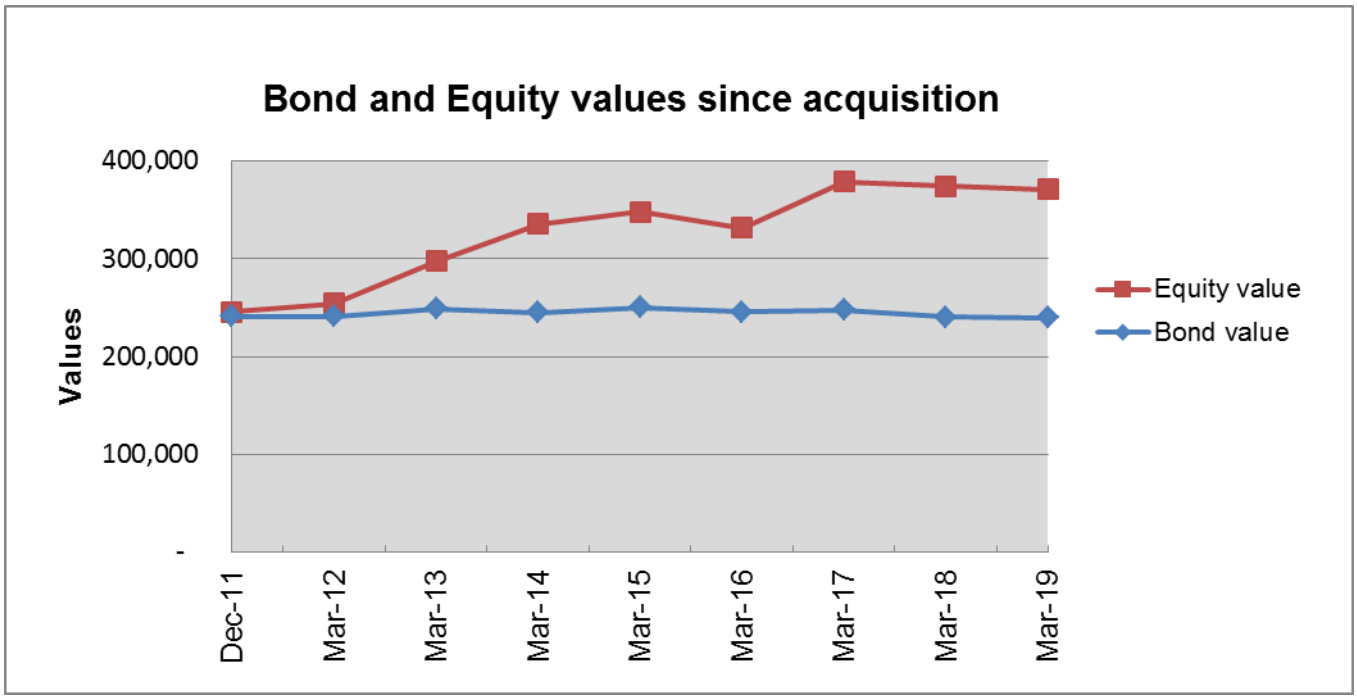
The value of equities and bonds varies according to market forces with the CAF bonds and equities portfolio decreasing in market value to £611k at 31 March 2019 (£615k at 31 March 2018). The cash investment at 31 March 2019 was £413k (£470k at 31 March 2018).

The current asset portfolio of cash and investment allocation totalling £1,086k at 31 March 2019 is shown in the following graph:



The cash allocation at 40% is slightly lower than the strategy of Cash of 50%. The bonds investment of 24% is lower than the 25% bond strategy; whilst the equities investment is higher at 36% than the planned strategy of 25%. Both the bond and equity investments have not performed well but are consistent with last year, although equity investments continue to perform better than bond investments over time.

The graph below demonstrates the performance of the bonds and equities since their purchase in December 2011.

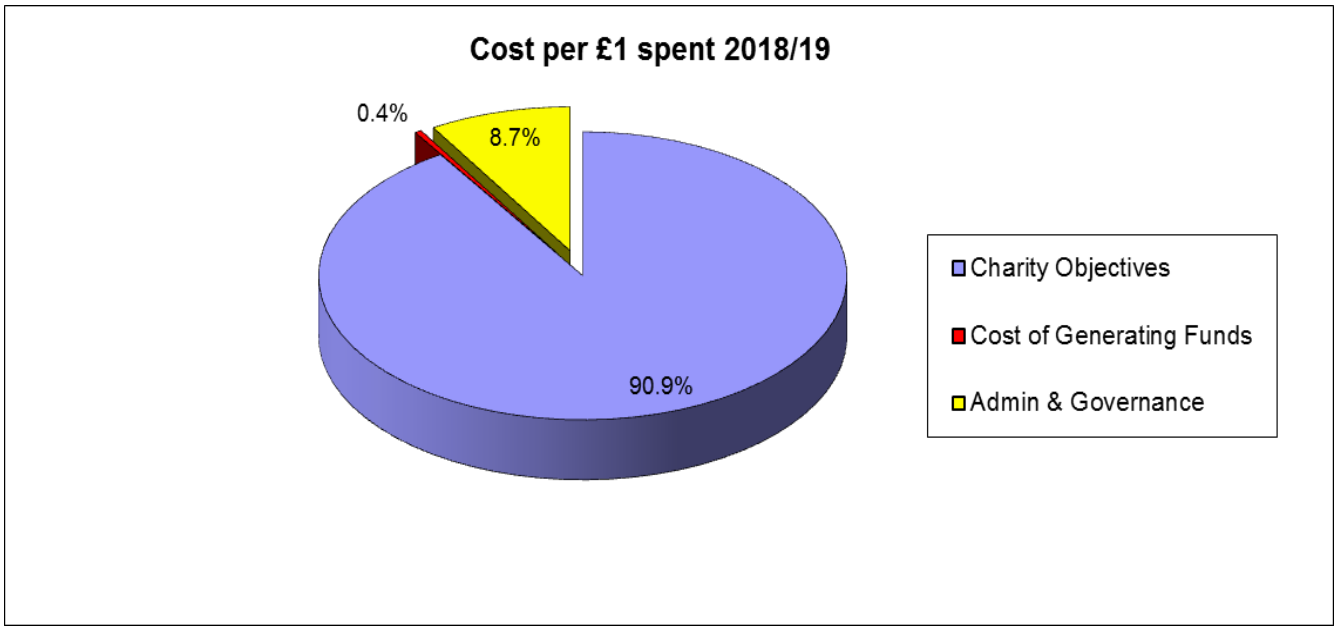


Performance of the portfolio is monitored and reviewed by the Charitable Funds Committee.

Achievement of public benefit

The Trust applies its charitable funds to enhance services and amenities for the public both as patients and visitors as well as staff through the purchase of equipment and support for projects.

The graph below shows that in this financial year for every £1 of expenditure, 91 pence was spent in achieving the objectives of the charity. This is more than the equivalent ratio for 2017/18 (86 pence) as a result of the administrative costs remaining relatively fixed whilst expenditure reduced in 2018/19.



Expenditure

Total resources expended by the Charity within this financial year were £753k (in 2017/18, £416k), breakdown as follows:

Contribution to NHS:

- £609k Medical Equipment (in 2017/18, £225k)
- £12k Sentinal 10 Network Holter & ABP software system
- £68k Governance costs (in 2017/18, £53k)

Staff Welfare:

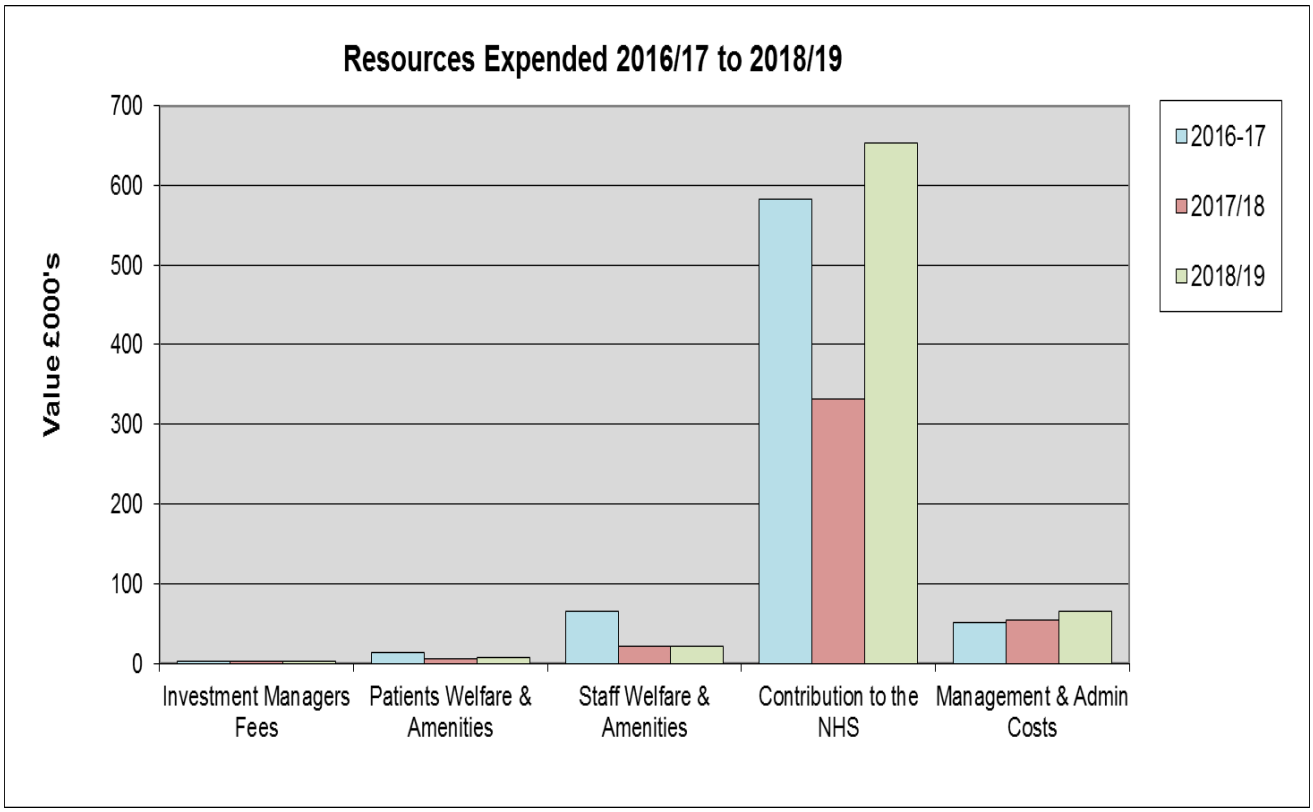
- £22k Staff Welfare and amenities (in 2017/18, £21k)

Patients Welfare:

- £7k patients welfare and amenities (in 2017/18, £6k)

Included within the governance cost of £65k are the internal management fees for administering the funds along with the Fundraiser Manager. The fees are agreed each year by the Trustees. These costs are charged proportionately across the individual funds on a quarterly basis.

The following graph provides an analysis and comparison with previous years:



Charitable expenditure for the year is detailed below.

Medical Equipment – Total spend £609k (in 2017/18, £225k)

Medical equipment has been purchased within the reporting year to provide additional resources to enhance the quality of treatment, services and amenities within the Trust.

The most significant purchases were:

- Cath Lab X-Ray system Table and haemodynamic (£459k)
- BK ultrasound system (£89k)
- Pathfinder SL Holter Analyser (27k)
- 3 x Giraffe Blue Spot Phototherapy lights (£9k)

A legacy funded an x ray and haemodynamic system at the Cardiac Catheterisation Lab

A donation from a former patient, Andy Winser, (Pictured below) generously funded a Sara-Stedy mobility aid.

Pioneering cancer treatment machine for patients with prostate cancer, funded by the donation from Mr and Mrs Sutcliffe

Patient Welfare and amenities – Total spend £7k (in 2017/18, £6k)

The most significant spends were:

- Complementary therapy (£2k)
- Patient examination tunics (£4k)

Staff Amenities and Welfare – Total spend £22k (in 2017/18, £21k)

Staff throughout the Trust 'go the extra mile' to ensure the best quality of care for patients. The corporate Trustee recognises this commitment and the hard work and care given to patients and to those who visit the Trust.

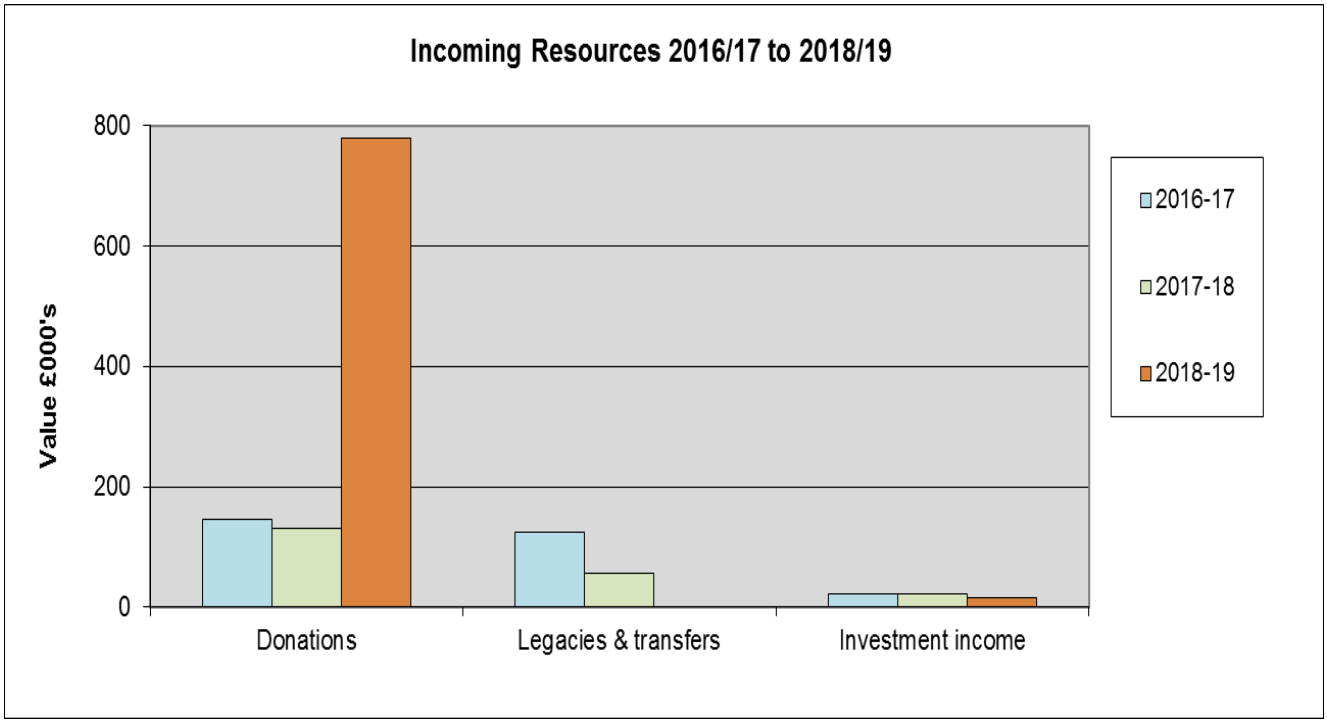
The majority of the expenditure (22%) is focussed on additional training, allowing staff to develop within their roles and allowing them to enhance patient care and experience.

Other – Total spend £43k (in 2017/18, £95k)

The most significant spend was on the purchase of 10 Sentinel Network Holter & ABP software systems totalling £12k and £9k on Renew MTW contract for DIASEND software which enables diabetes patients to record their data.

Income

The graph below shows an analysis of income sources for the current and two previous financial years:



The majority of income received by the Charity is from grateful patients and relatives who wish to support the Trust in appreciation of the work and care provided by the Trust staff.

A total of £780k was received from donations (in 2017/18, £131k) and £0k from legacies (in 2017/18, £56k).

The Trust received 3 significant (>£10k) donations from Mr and Mrs Sutcliffe £356k, £173k from Peggy Wood Foundation and £150k from County Air Ambulance.

Legacies

No income from legacies was received, reinforcing the need to diversify income streams. We will continue to promote gifts in wills as a way for people to support the Charity.

The Trust holds no material assets bequeathed to the charity but subject to a life tenancy interest held by a third party.

Online fundraising

The Charity's 'Just Giving' page received donations of more than £17k this year compared to £7k last year.

Intangible Income

The Statement of Financial Activity does not include any estimation of intangible income in respect of volunteers' services or the free use of Trust premises.

Looking Forward - our plans for the future

Work is continuing at pace to develop the Charity and make it a more vibrant and proactive organisation than ever before.

The Trustee is dedicated to strengthening the Charity, working in partnership with the Trust to achieve their aim to deliver an outstanding healthcare service for our patients.

The Charity aims to transform fundraising by raising awareness throughout local communities, engaging trusts, companies and foundations, and delivering a robust growth strategy. Fundraising development includes strategic fundraising appeals, engagement of philanthropists and investment in a customer relationship management system (CRM) to provide the best possible supporter experience for our donors.

The Trust is currently a member of the Association of NHS Charities and continues to work with other members to ensure best practice in the Charity's activities.

We look forward to working with new and existing supporters to continue adding value across the Trust.

Making donations

There are several ways people can donate including making online donations via www.justgiving.com/mtwnhscharitablefund. Please make cheques payable to Maidstone and Tunbridge Wells NHS Trust. Payments can also be made via Bacs on request or via the cashiers at our hospitals.

If you would like to find out more about the Charity, make a donation, or raise funds, please contact Laura Kennedy, Fundraising Manager, email laura.kennedy8@nhs.net or telephone 01622 226428.

Statement of Trustee responsibilities in respect of the Trustee Annual Report and the financial statements

Under charity law, the Corporate Trustee is responsible for preparing the Annual Report and the financial statements for each financial year which show a true and fair view of the state of affairs of the Charity and of the financial position at the end of the year.

In preparing these financial statements, the trustee is required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

The trustee is required to act in accordance with the trust deed of the charity, within the framework of trust law. They are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charity and the group and hence taking reasonable steps for the prevention and detection of fraud and other irregularities. They have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

The trustee is responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Statement as to disclosure to our auditors

In so far as the trustee is aware at the time of approving its Annual Report:

- there is no relevant information, being information needed by the auditor in connection with preparing their report, of which the group's auditor is unaware, and
- the trustee, having made enquiries of fellow directors and the group's auditor that they ought to have individually taken, have each taken all steps that he/she is obliged to take as a director in order to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

By Order of the Trustee

Signed:

David Highton,
Chair of the Trust Board
Maidstone and Tunbridge Wells NHS Trust

Date: 28th November 2019

Independent examiner's report to the trustees of Maidstone and Tunbridge Wells NHS Charitable Fund

I report on the accounts of Maidstone and Tunbridge Wells NHS Charitable Fund (the "charity") for the year ended 31 March 2019, which are set out on pages 20 to 35.

Your attention is drawn to the fact that the charity's trustee has prepared the charity's accounts in accordance with the Statement of Recommended Practice 'Accounting and Reporting by Charities preparing the accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015)' issued in May 2014 in preference to the Statement of Recommended Practice 'Accounting and Reporting by Charities: Statement of Recommended Practice (revised 2005)' issued in April 2005 which is referred to in the Charities (Accounts and Reports) Regulations 2008 but has been withdrawn. I understand that the charity's trustee has done this in order for the charity's accounts to give a true and fair view in accordance with United Kingdom Generally Accepted Accounting Practice effective for reporting periods beginning on or after 1 January 2015.

This report is in respect of an examination carried out under section 149(3) of the Charities Act 2011. This report is made solely to the charity's trustee, as a body, in accordance with the regulations made under section 154 of the Charities Act 2011. My work has been undertaken so that I might state to the charity's trustee those matters I am required to state to them in an independent examiner's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the charity and the charity's trustee, as a body, for my work, for this report or for the opinions I have formed.

Respective responsibilities of corporate trustee and examiner

The charity's corporate trustee is responsible for the preparation of the accounts. The charity's trustee considers that an audit is not required for this year under section 149(2) of the Charities Act 2011 and that an independent examination is needed.

It is my responsibility to:
- examine the accounts under section 149 of the Charities Act 2011;
- to follow the procedures laid down in the general Directions given by the Charity Commission under section 149(5) of the Charities Act 2011; and
- to state whether particular matters have come to my attention.

Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a comparison of the accounts with the accounting records kept by the charity. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustee concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair' view and the report is limited to those matters set out in the statement below.

Independent examiner's statement

In connection with my examination, no matter has come to my attention:

- which gives me reasonable cause to believe that in any material respect, the requirements:
  - to keep accounting records in accordance with section 130 of the Charities Act 2011; and
  - to prepare accounts which accord with the accounting records; and
  - to comply with the applicable requirements concerning the form and content of accounts set

out in the Charities (Accounts and Reports) Regulations 2008 have not been met, or
- to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Darren Wells

Grant Thornton UK LLP
Chartered Accountants
14 Haslett Ave West
Crawley
RH10 1HS

Date

Statement of Financial Activities for the year ended 31st March 2019

					2018/19	2017/18
	Note	Unrestricted Funds	Restricted Funds	Endowment Funds	**Total Funds**	Total Funds
		£000	£000	£000	**£000**	£000
Income	2					
Donations		447	333	0	**780**	131
Legacies		0	0	0	**0**	56
Total Donations and Legacies		**447**	**333**	**0**	**780**	**187**
Investment income		9	10	0	**19**	21
Total income		**456**	**343**	**0**	**799**	**208**
Expenditure	3					
Costs of generating funds	3.1	(3)	(0)	0	**(3)**	(3)
Charitable Activities						
Activities in furtherance of Charity's objectives	3.2	(195)	(556)	0	**(751)**	(413)
Total expenditure		**(198)**	**(556)**	**0**	**(754)**	**(416)**
Gains / (losses) on investments	4	(3)	(1)	0	**(4)**	(12)
Net income/expenditure		**254**	**(214)**	**0**	**41**	**(220)**
Fund transfer	4	0	0	0	**0**	0
Net movement in funds	4	255	(214)	0	**41**	(220)
Fund balances brought forward at 31 March 2018		275	846	8	**1,129**	1,350
Fund balances carried forward at 31st March 2019		**530**	**632**	**8**	**1,170**	**1,129**

The notes at pages 22 to 35 form part of these financial statements.
Please note there may be some rounding's within the numbers

Balance Sheet as at 31st March 2019

					2018/19	2017/18
	Note	Unrestricted Funds £000's	Restricted Funds £000's	Endowment Funds £000's	**Total Funds £000's**	Total Funds £000's
Fixed Assets	5					
Investments	5.1	278	333	0	**611**	615
Total Fixed Assets		**278**	**333**	**0**	**611**	**615**
Current Assets	**6**					
Cash at bank and in hand	6.1	184	221	8	**413**	470
Debtors due within one year	6.2	67	79	0	**146**	44
Total current Assets		**251**	**300**	**8**	**559**	**514**
Liabilities						
Creditors due within one year	7.1	0	0	0	**0**	0
Net Current Assets / (Liabilities)		**530**	**632**	**8**	**559**	**514**
Total Net Assets		**530**	**632**	**8**	**1,170**	**1,129**
Funds of the Charity	8					
Endowment Funds		0	0	8	**8**	9
Restricted Funds		0	632	0	**632**	846
Unrestricted Funds		530	0	0	**530**	275
Total Funds		**530**	**632**	**8**	**1,170**	1,129

For purposes of splitting assets / liabilities by category, restricted and unrestricted funds are categorised by transactions, whilst endowment funds are categorised only as cash.

The charitable funds financial statements were approved by the Trust Board on the 28th November 2019 and signed on its behalf as Trustee by:

_____ 28th November 2019

David Highton, **Date**

Chair of the Trust Board, Maidstone and Tunbridge Wells NHS Trust

Statement of cash flows at 31st March 2019

	Note	2018/19 £000's	2017/18 £000's
Cash flows from Operating activities:			
Net Income /Expenditure for the reporting period	4	41	(220)
Adjustments for:			
(Gains)/losses on investments	4	4	12
Dividends, interest and rents from investments	2	(19)	(21)
(increase)/Decrease in debtors	6.2	(103)	(44)
Increase/(decrease) in creditors	7.1	0	(358)
Net Cash provided by (used in) operating activities		**(76)**	**(631)**
Cash flows from investing activities:			
Dividends, interest and rents from investments		19	21
Net Cash provided by (used in) investing activities		**19**	**21**
Cash flows from financing activities		0	0
Change in cash and cash equivalents in the reporting period		(57)	(611)
Cash and cash equivalents at the beginning of the reporting period		470	1081
Cash and Cash equivalents at the end of the reporting period	6.1	413	470
Cash in hand		**413**	**470**

Notes to the financial statements for the year ended 31st March 2019

1. Principal accounting policies

1.1. Basis of preparation

The financial statements have been prepared in accordance with applicable Accounting and Reporting by Charities: Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) effective 1 January 2015 and the Charities Act 2011. A summary of the principal accounting policies, which have been applied consistently, are set out below.

The financial statements are prepared in accordance with the historical cost convention, except for Investments, which are included at market value. During the year, the Charity reviewed its accounting policies and made no changes.

The Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern and uncertainties affecting the current year's accounts. The charity ended the year with £1.2m in available funds which the trustees consider to be sufficient to ensure that the charity is able to meet its existing plans and obligations. The charity receives donations and legacies at differing levels from year to year but the underlying healthcare activities are continuing which supports a reasonable assumption of future donations. The Trustees are considering a range of proposals to enhance the visibility of the charity and to increase its fundraising effectiveness.

1.2. Reconciliation with previous generally accepted accounting practices

These accounts are continued to be prepared in accordance with FRS 102 and the charities SORP FRS 102.

Governance and administration costs are classified as a support cost and have therefore been apportioned between fundraising activities and charitable activities on a cost basis (see note 3). The Trustees consider this is an equitable treatment to avoid disadvantaging funds with high volume low value transactions. All funds attract administrative costs even without any expenditure as these have to be monitored, fund managers approached for future plans, investment transactions and overhead charges. The cost of the transaction does not necessarily reflect on the work involved to achieve that expenditure and therefore consistency is maintained by working with an activity cost based apportionment.

1.3. Income

Donations, grants, legacies and gifts in kind (voluntary Income)
All incoming resources are recognised once the charity has evidence of entitlement and it is probable (more likely than not) that the resources will be received and the monetary value can be measured with sufficient reliability. It is not the charity's policy to defer income.

Where there are terms or conditions attached to the incoming resource (particularly grants) then these must be met before the income is recognised as the entitlement will not be evidenced, or where there is uncertainty that the conditions can be met, and then the income is not recognised in the year. It is not the Charity's policy to defer income even where a pre-condition for use is imposed.

Legacies are accounted for as incoming resource either on receipt or where the receipt of the legacy is probable. Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the charity's control
- Where the amount of the legacy can be reliably estimated.
- Legacies which are subject to a life interest party are not recognised.

Where a reliable estimate cannot be identified, then the legacy is disclosed as a contingent asset.

Income resources from Capital Endowments are placed into an income fund when received. Income will be placed into funds in accordance with donors' wishes, but without forming a binding trust, unless a signed document is received and approved by Trustees.

Gifts in kind are valued at a reasonable estimate of their value to the Charity. Gifts donated for resale are included as income either when they are sold or at the estimated resale value after deduction of the cost to sell the goods.

Intangible Income
Intangible income, which comprises donated services or use of Trust property, is included in income at a valuation which is an estimate of the financial cost borne by the donor where such a cost is material, quantifiable and measurable. No income is recognised when there is no financial cost borne by a third party.

Investment Income
Investment Income and gains and losses on investments are credited / charged to the funds quarterly using the average fund balance to apportion the gain / loss.

1.4. Expenditure

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category of expense shown in the Statement of Financial Activities. All expenditure is recognised when the following criteria are met:

- There is a present legal of constructive obligation to make a payment to a third party – primarily to the Trust in furtherance of the charitable objectives.
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably.

The Trustees have control over the amount and timing of grant payments and are usually given with the condition that an item or service has been purchased. Conditions have to be met before the liability is recognised.

Irrecoverable VAT
Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

Allocation of support costs
Support costs are those costs which do not relate directly to a single activity. These include some staff costs, costs of administration, internal and external audit costs and IT support. These costs include recharges of appropriate proportions of the staff costs and overheads

from Maidstone and Tunbridge Wells NHS Trust and are apportioned on an average fund balance monthly across all funds.

Charitable activities
Expenditures are given as grants made to third parties (including NHS bodies) in furtherance of the charitable objectives of the funds. They are accounted for on an accruals basis, in full, as liabilities of the Charity when approved by the trustees and accepted by the beneficiaries.

Exceptional Items
Exceptional Items are shown on the face of the Sofa under the category to which they relate with further detail, where appropriate, provided in the notes.

Costs of generating funds
The costs of generating funds are the costs associated with generating income for the funds held on trust. This will include the costs associated with Investment Managers and other promotional and fundraising events including any trading activities.

Recognition of liabilities
Liabilities are recognised as and when an obligation arises to transfer economic benefits as a result of past transactions or events.

Analysis of grants
The Charity does not make grants to individuals. All grants are made to the Trust to provide for the care of NHS patients in furtherance of it charitable aims. The total cost of making grants, including support costs, is disclosed on the face of the Statement of Financial Activities and further analysis in relation to activity is provided in note 3.

1.5. Structure of funds

Unrestricted funds are general funds, which are available for use at the discretion of the Trustee in furtherance of the objectives of the Charity. Funds which are not legally restricted but which the Trustee has chosen to earmark for set purposes are designated funds.

Where there is a legal restriction or a binding agreement with a donor, on the purpose for which a donation may be use, the fund is classified in the accounts as a restricted fund.

Endowment Funds are funds that hold capital in perpetuity. Investment income resulting from these capital holdings may be utilised in accordance with the donor's wishes.

Transfers between funds are made at the discretion of the Trustee, taking account of any restrictions imposed by the donor.

The purposes of each fund with a balance in excess of £10,000 at the year-end are set out in note 8.1 to the financial statements.

1.6. Finance and Operating Leases

The Charity has no finance or operating leases

1.7. Fixed Assets

Tangible Fixed Assets
The Charity held no tangible fixed assets during the year.

Investments Fixed Assets
Investments held by the Trustee's investment advisers are included at closing market value at the balance sheet date. Any realised and unrealised gains and losses on revaluation or disposal are combined in the Statement of Financial Activities. All investments held are pooled across all of the funds. Please see investment strategy on page 7 for further information.

Investment properties
The Charity held no investment properties during the year

1.8. Stocks

The Charity held no stocks during the year

1.9. Gains and losses

Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later).

Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or date of purchase if later). Investment income and gains/losses are allocated quarterly according to the average fund balance, to the appropriate fund and included within the Statement of Financial Activities.

1.10. Cash and Cash equivalents

Cash is represented by the balance maintained in the charity bank accounts and is used to meet the operational costs of the charity as they fall due.

Cash equivalents are short term liquid investments held for a period of 3 months or less in interest bearing accounts that are readily convertible to cash with no risk of change in value.

As a requirement of FRS 102, a statement of cash flows has been included in the accounts to provide information about the ways in which the charity uses the cash generated by its activities and about changes in cash and cash equivalents held by the charity.

1.11. Financial Instruments

The Charity only has financial assets and financial liabilities that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of investments which are subsequently measured at fair value.

1.12. Pensions

The Charity has no employees.

1.13. Prior Year Adjustments

The Trust has not made any prior year adjustments

Due to the following tables being reported in thousands there may be some rounding anomalies, but the overall totals are correct

2. Income

				2018/19	2017/18
Voluntary Income	Unrestricted Funds	Restricted Funds	Endowment Funds	**Total Funds**	Total Funds
	£000	£000	£000	**£000**	£000
Donations	428	333	0	**761**	124
Donations – website	19	0	0	**19**	7
Legacies	0	0	0	**0**	56
Total Donations and Legacies	**447**	**333**	**0**	**780**	**187**
Investment income					
Dividends from investment portfolio	8	7	0	**15**	17
Interest from investment portfolio	0	1	0	**1**	2
Bank Interest	1	2	0	**3**	2
Total Investment income	**9**	**10**	**0**	**19**	**21**
Total incoming resources	**456**	**343**	**0**	**799**	**208**

3. Expenditure

3.1. Cost of generating funds				**2018/19**	2017/18
	Unrestricted Funds	Restricted Funds	Endowment Funds	**Total Funds**	Total Funds
	£000	£000	£000	**£000**	£000
Investment managers fees	(3)	(0)	0	**(3)**	(3)

				2018/19	2017/18
3.2. Charitable Activities	Unrestricted Funds	Restricted Funds	Endowment Funds	**Total Funds**	Total Funds
	£000	£000	£000	**£000**	£000
Patients welfare and amenities					
Hospitality	0	0	0	0	0
Other	(4)	0	0	(4)	(3)
Complementary Therapies	0	(2)	0	(2)	(3)
Total patients welfare and amenities	**(4)**	**(2)**	**0**	**(6)**	**(6)**
Staff welfare and amenities					
Training	(2)	(3)	0	(5)	(13)
Hospitality	0	0	0	0	0
Christmas Events	(1)	0	0	(1)	(0)
Other	(16)	(0)	0	(16)	(8)
Total staff welfare and amenities	**(19)**	**(3)**	**0**	**(22)**	**(21)**
Medical and Rehabilitation Equipment	(112)	(497)	0	(609)	(225)
Furniture and Fittings	(5)	0	0	(5)	(12)
Other	(21)	(22)	0	(43)	(95)
IT	(0)	(0)	0	(0)	(0)
Governance - Salaries & overheads	(31)	(30)	0	(61)	(51)
Governance - Audit Fees (external)	(2)	(1)	0	(3)	(3)
Total contribution to Maidstone and Tunbridge Wells NHS Trust	**(171)**	**(550)**	**0**	**(721)**	**(386)**
Total cost of charitable activities	**(195)**	**(556)**	**0**	**(751)**	**(413)**
Total resources expended	**(198)**	**(556)**	**0**	**(754)**	**(416)**

Employee Information

The Charity does not employ any staff directly, although members of the finance team support the governance and administration function of the Charity. Their costs have been included in the table above.

During the year none of the members of the NHS Trust Board or senior NHS staff or parties related to them were beneficiaries of the Charity. Neither the Corporate Trustee nor any member of the NHS Trust Board has received honoraria, emoluments, or expenses in the year and the Corporate Trustee has not purchased trustee indemnity insurance.

4. Net Movements in Funds

				2018/19	2017/18
	Unrestricted Funds	Restricted Funds	Endowment Funds	**Total Funds**	Total Funds
	£000	£000	£000	**£000**	£000
Net Incoming/(outgoing) resources before other recognised gains and losses	258	(213)	0	**45**	(208)
Gains/Losses on Investments	(3)	(1)	0	**(4)**	(12)
Total net movement in funds	**255**	**(214)**	**0**	**41**	(220)
Funds transfers	0	0	0	**0**	0
Total net movement in funds after transfers	**255**	**(214)**	**0**	**41**	(220)
Fund balances at 1st April 2018	275	846	8	**1,129**	1,350
Fund balances carried forward at 31st March 2019	**530**	**632**	**8**	**1,170**	1,129

5. Analysis of Movement of Fixed Asset Investments

5.1. Investments	Carrying value at 01/04/18	Additions to investment at cost	Disposals at carrying value	Net gain / (loss) on revaluation	**Carrying value at 31/03/2019**
	£000	£000	£000	£000	**£000**
CAF Bond Income Fund (UK)	241	0	0	(1)	**240**
CAF Equity Growth Fund (UK)	375	0	0	(3)	**372**
Total Fixed Asset Investments	**615**	**0**	**0**	**(4)**	**611**

6. Current Assets

6.1. Cash and cash investments	**2018/19**	2017/18
	Total Funds	Total Funds
	£000	£000
Cash Investments:		
Santander	**82**	82
Clydesdale	**87**	87
CAF	**80**	80
Operational Bank Accounts:		
Government Banking Service (GBS) bank account	**156**	200
Nat West bank account	**8**	21
Total Cash and Cash Investments	**413**	**470**

6.2. Debtors	2018/19	2017/18
	Total Funds	Total Funds
	£000	£000
Intercompany debtor between Trust exchequer and charity accounts	**146**	44
Total Debtors due within one year	**146**	**44**

7. Current Liabilities

7.1. Creditors	2018/19	2017/18
	Total Funds	Total Funds
	£000	£000
Amounts falling due within one year:		
Trade Creditors	**(0)**	9
Other Creditors	**(0)**	(0)
Intercompany creditor between the charity and the Trust exchequer account	**(0)**	(0)
Accruals	**(0)**	(9)
Total Creditors due within one year	**(0)**	**(0)**

8. Details of Funds

Description	Fund number	Fund Type	Balance 01-Apr-2018	Incoming Resources	Resources Expended	Gain & (losses) on revaluation & disposal of investment assets	Balance 31-Mar-2019
			£000	**£000**	**£000**	**£000**	**£000**
A.Haines – Capital in perpetuity	67020	Endowment	7	0	0	0	7
E.C.Beedle Fund - Capital in perpetuity	67010	Endowment	1	0	0	0	1
Total Endowment Funds			**8**	**0**	**0**	**0**	**8**

Description	Fund number	Fund Type	Balance 01-Apr-2018	Incoming Resources	Resources Expended	Gain & (losses) on revaluation & disposal of investment assets	**Balance 31-Mar-2019**
			£000	£000	£000	£000	**£000**
Cardiac Equip Fd Ms Crow Legacy	65450	Restricted	76	1	(43)	0	**33**
Cardio Equip TW Hayling Legacy	65460	Restricted	556	7	(480)	0	**83**
E&M Dir Diabetes Fund Tw	65410	Restricted	75	1	(24)	0	**51**
Oncology Centrifuge Fund	61490	Restricted	24	0	(1)	0	**23**
Oncology Equipment Fund	67170	Restricted	0	175	(0)	0	**175**
Oncology Prostate Equip Fund P Ward Legacy	61310	Restricted	9	2	(0)	0	**11**
Pierre Fabre Grant Fund	61720	Restricted	57	1	(3)	0	**55**
E&M Directorate - Frances Gibson Legacy	65180	Restricted	24	0	(1)	0	**23**
Maidstone Helipad Fund	66520	Restricted	0	150	0	0	**150**
Other Restricted Funds (closing balances <£10,000)			25	7	(3)	(1)	**27**
Total Restricted Funds			**846**	**343**	**(556)**	**(1)**	**632**

Description	Fund number	Fund Type	Balance 01-Apr-2018	Incoming Resources	Resources Expended	Gain & (losses) on revaluation & disposal of investment assets	Balance 31-Mar-2019
			£000	**£000**	**£000**	**£000**	**£000**
Trust Management Dir Fund	61000	Unrestricted	17	17	(20)	0	**14**
Emergency & Medical Directorate	61020	Unrestricted	13	8	(10)	0	**11**
Critical care Dir Fund	61060	Unrestricted	9	13	(6)	0	**16**
Surgery Directorate Fund	61140	Unrestricted	31	0	(5)	0	**27**
Cancer Services Fund	61350	Unrestricted	32	25	(27)	0	**30**
Sutcliffe Fund	61370	Unrestricted	0	358	(99)	(1)	**259**
Paediatric Dir Fund	61540	Unrestricted	8	7	(1)	0	**15**
Radiology Fund	61590	Unrestricted	39	4	(4)	0	**39**
Cardiac Fund	65400	Unrestricted	44	3	(7)	(2)	**39**
Haematology Development Fund	65600	Unrestricted	12	0	(1)	0	**11**
Peggy Wood Breast Care Centre	67160	Unrestricted	43	1	(4)	0	**40**
Other Unrestricted Funds (closing balances <£10,000)		Unrestricted	25	20	(17)	(1)	**28**
Total Unrestricted Funds			**275**	**456**	**(198)**	**(4)**	**530**

8.1. Nature and Purpose of Material Funds (Closing balance > £10,000)

Restricted Funds	**Nature and purpose of Fund**
Medical Equipment Maidstone	Supports Maidstone Hospital
Haematology Fund	Supports the Haematology Department at Maidstone Hospital
Oncology Equipment Fund	Supports the Oncology Centre for the purchase of Equipment.
Pierre Fabre Grant Fund	Supports the Oncology Department at Maidstone Hospital with specialist procedures.
Gastrointestinal Fund	Supports the Gastrointestinal Unit at Maidstone Hospital
Neurology Fund	Supports the Neurology Department at Tunbridge Wells Hospital
Oncology Centrifuge Fund	Supports the purchase of a centrifuge for the Oncology Centre
Oncology Prostate Equip Fund	Supports the purchase of Prostate equipment for the Oncology Centre
E&M Directorate Gibson Legacy Fund	Supports the Emergency & Medical Directorate
Cardio Equip Hayling Legacy Fund	Supports the Cardio Respiratory Unit at Tunbridge Wells Hospital
Cardiac Equip Crow Legacy Fund	Supports the Cardiac Unit at Maidstone Hospital
E&M Dir Diabetes Fund TW	Supports the Diabetic Unit at Tunbridge Wells Hospital
Maidstone Helipad Fund	Supports the build of the Helipad at Maidstone Hospital
Unrestricted Funds	
Trust Management Dir Fund	Supports Maidstone and Tunbridge Wells NHS Trust
Emergency & Medical Directorate	Supports the Emergency & Medical Directorate
Surgery Directorate Fund	Supports the Surgery Directorate
Cancer Services Fund	Supports the Cancer Services department
Radiology Fund	Supports the Radiology Department at Maidstone Hospital
Cardiac Fund	Supports the Cardio Respiratory Unit at Tunbridge Wells Hospital
Haematology Development Fund	Supports the development of Haematology across all sites of the Trust
Special Care Baby Unit Fund TW	Supports the Special Care Baby Unit at Tunbridge Wells Hospital
Peggy Wood Breast Care Centre	Supports the Peggy Wood Breast Care Centre
Sutcliffe Fund	Supports the purchase of medical equipment for the Haematology and Oncology departments

9. Charity Tax

Maidstone and Tunbridge Wells NHS Trust Charity is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2010 and therefore it meets the definition of a charitable trust for UK income tax purposes. Accordingly, the charity is potentially exempt from taxation in respect of income or capital gains received within categories covered by Part 10 Income Tax Act 2007 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

10. Related Parties

The Charity is established to hold the charitable funds of Maidstone and Tunbridge Wells NHS Trust.

During the year none of the NHS Trust Board or members of key management staff or parties related to them has undertaken any material transactions with Maidstone and Tunbridge Wells NHS Trust.

The Charity has made revenue and capital payments, in the form of grants, to Maidstone and Tunbridge Wells NHS Trust, the Corporate Trustee of the charity. In addition £65k (in 2017/18, £54k) was payable by the Charity to the Trust in respect of contribution to salaries and overheads to support the administration of the Charity. The amount owed at the balance sheet date to the Charity by the Trust was £146k, (in 2017/18, £44k). Total amount owed by the charity to the Trust for 2018/19 £0k (in 2017/18, £0k).

11. Events after the reporting year

The Trust does not have any events after the reporting period

Summary report from Audit and Governance Committee, 05/11/19 (incl. approval of revised Terms of Reference)	Committee Chair (Non-Executive Director)

The Audit and Governance Committee met on 5th November 2019.

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

- Under the "Review of actions from previous meetings", it was noted that the Executive Team Meeting had agreed that members of the Executive Team (i.e. in addition to the Chief Finance Officer) should attend the Audit and Governance Committee on a rotational basis. The Committee however confirmed that members of the Executive Team should only be invited to the Committee if there was a specific reason for their attendance
- The Terms of Reference were reviewed as part of the annual process and some proposed amendments were agreed. The revised Terms of Reference are enclosed in Appendix 1 (with the proposed changes 'tracked'), for the Trust Board's approval
- The Safety Moment considered at the Trust Board in October 2019 was considered but following a discussion it was agreed to remove the "Safety Moment" from future Committee agendas as it was a duplication of items considered at other meetings
- An update on proposals to revise the Board Assurance Framework process was considered and supported (this has been scheduled under a separate Trust Board agenda item)
- An update on progress with the Internal Audit plan for 2019/20 was reported and the process for the management of "limited assurance" reviews was discussed. It was confirmed that the Committee would continue with its current practice of not receiving the full reports of "limited assurance" reviews at its meetings, unless the Chair of the Committee deemed it necessary for the full report to be discussed.
- The Chief Operating Officer attended to give assurance on the responses to the outstanding audit recommendations in relation to the "discharge processes" and "activity and income reporting" internal audit reviews.
- The Committee confirmed the process for the review / survey of the Internal Audit service, subject to a minor amendment to the survey issued last year
- The new Local Counter Fraud Specialist attended to deliver the latest Counter Fraud update
- Under the External Audit 'Progress and emerging issues report', the need for the external auditor (Grant Thornton LLP) to increase the hours spent on the annual audit to comply with increasing regulatory demands (and the resulting increase in fees) was noted, as was the completion of the Independent Examination of the 2018/19 Charitable Fund Accounts
- The Committee confirmed the process for the review / survey of the External Audit service
- The Chief Finance Officer provided a verbal summary of the latest financial position
- Details of the latest losses & compensations data were received and the circa £350,000 loss arising from the failure of Carillion was discussed in detail (Carillion were the PFI contractor for Dartford and Gravesham NHS Trust and the Trust provided a laundry service to Darent Valley Hospital through Carillion). It was confirmed that the debt had already been fully provided for, but it was noted that the threshold for the Trust Board to authorise the write-off of losses was £250,000, and although each of the Carillion invoices was below that threshold, the Committee agreed that authorisation of the write-off of the loss should be by the Trust Board (as it should be regarded as one loss). It was also agreed that the Reservation of Powers and Scheme of Delegation should be amended to reflect the principle that the threshold for the Trust Board's reservation to approve the write-offs of losses of £250,000 and over takes into account multiple invoices that are below the threshold individually but above the threshold when combined
- The latest single tender / quote waivers data was reviewed
- The latest details of gifts, hospitality and sponsorship declared were noted and the Trust Secretary reported that plans had recently been announced to provide a free module on the Electronic Staff Record (ESR) that would enable electronic declarations to be made. It was noted that the Trust Secretary therefore needed to consider whether it would be beneficial to wait until that free module was made available or proceed with paying for the development to

the "MTW Learning" system
- Details of payments for compensation under legal obligation were received but following a discussion it was agreed to remove such reports from future Committee agendas, as it was determined that it was not an appropriate subject for the Committee to consider
- The Standing Orders, Reservation of Powers and Scheme of Delegation and Standing Financial Instructions were approved, following their annual review and revision (the documents have been submitted to the Trust Board separately, for ratification.
- The Committee re-affirmed the method of Committee self-assessment / compliance with Terms of Reference (which was to use the same method as the previous year)
- The Committee later reconvened as the Trust's Auditor Panel to consider the current contract for external audit. A separate from the Audit and Governance Committee as Auditor Panel has been submitted to the 'Part 2' Trust Board meeting

2. The Committee received details of the following completed Internal Audit reviews:
- "Winter Pressures" (which received a "Reasonable Assurance" conclusion)
- "Active Directory Follow Up" (which received a "Reasonable Assurance" conclusion)

3. The Committee was also notified of the following "Urgent" priority outstanding actions from Internal Audit reviews:
- "Activity and Income Recording" (it was recommended that the Allscripts activity data for Cardio-respiratory to be included within the monthly SLAM costing model provided to Finance (to ensure that the Trust has sufficient activity data available to support a contract variation with the Clinical Commissioning Groups). However, as noted above, assurance was given on the recommendation the by Chief Operating Officer

4. The Committee agreed that (in addition to any actions noted above):
- The Trust Secretary should confirm the date of the Audit and Governance Committee meeting in the summer of 2020

5. The issues that need to be drawn to the attention of the Board are as follows:
- The Terms of Reference were reviewed and some proposed amendments were agreed and the revised Terms of Reference are enclosed in Appendix 1, for approval
- The Trust Board is asked to authorise the write-off of the circa £350,000 loss arising from the failure of Carillion (further details are provided in Appendix 2)

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

Reason for receipt at the Board (decision, discussion, information, assurance etc.) [1]
1. Information and assurance
2. To approve the Committee's revised Terms of Reference (see Appendix 1)
3. To authorise the write-off of the circa £350,000 loss arising from the failure of Carillion (see Appendix 2)

[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: Revised Terms of Reference for the Audit and Governance Committee (for approval)

Audit and Governance Committee

NHS Maidstone and Tunbridge Wells NHS Trust

Terms of Reference

1. Constitution / Purpose

1.1 The Audit and Governance Committee has been established by the Trust Board as a non-executive sub-committee of the Trust Board. The Committee has no executive powers, other than those specifically delegated in these Terms of Reference.

1.2 The Committee supports the Trust Board by critically reviewing the governance and assurance processes on which the Trust Board places reliance. This therefore incorporates reviewing Governance, Risk Management and Internal Control (including the Board Assurance Framework (BAF)); & oversight of the Internal and External Audit, and Counter Fraud functions.

1.3 The Committee also undertakes detailed review of the Trust's Annual Report and Accounts.

1.4 The Trust Board has also appointed the Audit and Governance Committee as the Trust's Auditor Panel, in accordance with Schedule 4, Paragraph 1 of the Local Audit and Accountability Act 2014. The Auditor Panel will advise the Trust Board on the selection, appointment and removal of External Auditors, and on the maintenance of independent relationships with such Auditors.

2. Authority

2.1 The Committee is authorised by the Trust Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

2.2 The Committee is authorised to undertake all relevant actions to fulfil its role as the Trust's Auditor Panel.

3. Membership

3.1 The Committee shall be appointed by the Trust Board from amongst the Non-Executive Directors of the Trust (other than the Chair of the Trust Board), and shall consist of not less than three members. A Non-Executive Director Chair of the Committee will be appointed by the Trust Board, together with a Vice-Chair. If a Non-Executive Director member is unable to attend a meeting they will be responsible for finding a replacement to ensure quoracy for the meeting. The Chair and Vice-Chair of the Committee will also act as Chair and Vice-Chair (respectively) of the Auditor Panel.

3.2 Other individuals may be co-opted to become formal members of the Committee, to address issues of specific concern, at the discretion of the Committee Chair.

3.3 When undertaking the role of the Auditor Panel, the membership shall comprise the entire membership of the Audit and Governance Committee, with no additional appointees. This means that all members of the Auditor Panel are independent, Non-Executive Directors.

3.4 Conflicts of interests relevant to agenda items must be declared and recorded at the start of each meeting (including meetings of the Auditor Panel). If a conflict of interest arises, the Chair may require the affected member to withdraw at the relevant discussion or voting point.

4. Quorum

4.1 The Committee shall be quorate when two Non-Executive members are present (including either the Committee Chair or Vice Chair).

4.2 However, when the Committee is undertaking the role of the Trust's "Auditor Panel", the Committee shall be quorate when three Non-Executive members are present (including either the Committee Chair or Vice Chair)[2].

5. Attendance

5.1. The following will routinely attend meetings of the Committee (but will not be members):

- Associate Non-Executive Directors
- Chief Finance Officer
- Deputy Director of Finance (Financial Governance)
- Head of Internal Audit and/or other appropriate representatives
- External Audit Engagement Lead and/or other appropriate representatives
- Local Counter Fraud Specialist
- Trust Secretary

5.2 Members (listed above) are expected to be present at all meetings of the Committee. Those listed in section 5.1 are expected to be in attendance at all meetings of the Committee.

5.3 The Chief Executive ~~and ~~,other members of the Executive Team or any other member of staff will be invited to attend if the Committee is discussing areas of risk or assurance that are the responsibility of that individual and it is felt that their attendance is necessary to fully understand or address the issues

5.4 The Chief Executive may be invited to attend to discuss the process for assurance that supports the Annual Governance Statement; and the agreement of the Internal Audit annual plan. The decision as to whether to invite the Chief Executive for these items rests with the Committee Chair.

5.5 The Committee will meet privately with the External and Internal Auditors regularly, at the start of each meeting.

5.6 The Trust Secretary will provide appropriate support to the Chair and Committee members, and will be responsible for the administration of the Committee (see section 10).

5.7 The Chair may also invite others to attend when the Committee is meeting as the Auditor Panel. These invitees are not members of the Auditor Panel

6. Frequency of meetings

6.1 Meetings shall be held not less than four times a year. The Chair of the Committee will have the discretion to agree additional meetings in order to ~~adequately~~ fulfil ~~meet~~ the ~~objectives of the~~ 'Committee's purpose and/or meet its duties.

6.2 The External Auditor or Head of Internal Audit may request an additional meeting if they consider that one is necessary. Any member of the Trust Board may also put a request in writing to the Chair of the Committee for an additional meeting, stating the reasons for the request. The decision whether or not to arrange such a meeting will be at the sole discretion of the Chair of the Committee.

6.3 As a general rule, the Auditor Panel will meet on the same day as the Audit and Governance Committee. However, Auditor Panel business shall be identified via a separate agenda, and Audit and Governance Committee members shall deal with these matters as Auditor Panel members, not as Audit and Governance Committee members. The Auditor Panel's Chair

[2] Independent members of the Auditor Panel must be in the majority and there must be at least two independent members present or 50% of the auditor panel's total membership, whichever is the highest

shall formally state (and this shall be formally recorded) when the Auditor Panel is meeting in that capacity.

7. Duties

7.1 The duties of the Committee can be categorised as follows:

Governance, risk management and internal control

7.2 The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

7.3 In particular, the Committee will review the adequacy of:

7.3.1 All risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit Opinion, External Audit opinion or other appropriate independent assurances, prior to endorsement and/or approval by the Trust Board

7.3.2 The underlying assurance process that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements

7.3.3 The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.

7.3.4 The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud Authority (or successor bodies).

7.4 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from members of the Executive Team and managers, as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

7.5 This will be evidenced through the Committee's use of an effective BAF to guide its work and that of the audit and assurance functions that report to it.

7.6 As part of its integrated approach, the Committee will have effective relationships with other key committees, so that it understands processes and linkages. However, these other committees must not usurp the Audit and Governance Committee's role.

Internal Audit

7.7 The Committee shall ensure that there is an effective Internal Audit function established by management that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Committee, Chief Executive and Trust Board.

This will be achieved by:

7.6.1 Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal

7.6.2 Review and approval of the Internal Audit Charter (or equivalent), operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the BAF

7.6.3 Consideration of the major findings of Internal Audit work (and management's response), and ensure co-ordination between the Internal and External auditors to optimise audit resources

7.6.4 Ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation

7.6.5 Carrying out an annual review of the effectiveness of Internal Audit

External Audit

7.8 The Committee shall review the work and findings of the Trust's External Auditor and consider the implications & management's responses to their work. This will be achieved by:

- Consideration of the appointment and performance of the External Auditor
- Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the annual plan, and ensure co-ordination, as appropriate, with other External Auditors in the local health economy
- Discussion with the External Auditors of their evaluation of audit risks and assessment of the Trust and associated impact on the audit fee
- Review all External Audit reports, including the report to those charged with governance, agreement of the Annual Audit Letter (before submission to the Trust Board) and any work carried outside the annual audit plan, together with the appropriateness of management responses
- Ensuring that there is in place a clear framework for the engagement of external auditors to supply non audit service

Other assurance functions

7.9 The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, as it sees fit, and consider the implications to the governance of the organisation, in so far as they affect the Trust's agreed objectives. These will include, but will not be limited to, any reviews by Department of Health and Social Care's Arm's Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.)

Counter Fraud

7.10 The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud that meet NHS Counter Fraud Authority's (NHSCFA) standards and shall review the outcomes of Counter Fraud work. The Committee will ensure that any suspicions of fraud, bribery and corruption are referred to the NHSCFA.

Management

7.11 The Committee shall request and review reports and positive assurances from members of the Executive Team and managers on the overall arrangements for governance, risk management and internal control.

7.12 They may also request specific reports from individual functions within the organisation (e.g. clinical audit) as they may be appropriate to the overall arrangements.

Annual Report and Financial Reporting

7.13 The Committee shall monitor the integrity of the financial statements of the Trust and the formal announcements relating to the Trust's financial performance (in so far as they may affect the Trust's Annual Report and Accounts).

7.14 The Committee should ensure that the systems for financial reporting to the Trust Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Trust Board. This duty will usually be met via the commissioning of, and reviewing the outcome of, the Core Financial Assurance reviews within the annual internal audit programme.

7.15 The Committee shall review the Annual Report and Financial Statements before submission to the Trust Board, focusing particularly on:

- The wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee

- Changes in, and compliance with, accounting policies and practices
- Unadjusted mis-statements in the financial statements
- Significant judgements in preparation of the financial statements
- Significant adjustments resulting from the audit
- The letter of Management Representation
- Explanations for significant variances
- Qualitative aspects of financial reporting

Freedom to Speak Up~~Whistleblowing ("Speaking Out Safely")~~

7.16 The Committee shall support the Workforce Committee and Trust Board in reviewing the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently. The usual method of meeting this duty would be to commission an Internal Audit review of the arrangements, as the Committee sees fit.

Auditor Panel

7.17 As the Auditor Panel, the Committee shall advise the Trust Board on the selection and appointment of the Trust's External Auditor. This includes:

- Agreeing and overseeing a robust process for selecting the External Auditors in accordance with the Trust's normal procurement rules
- Making a recommendation to the Trust Board as to who should be appointed (ensuring that any conflicts of interest are dealt with effectively)
- Advising the Trust Board on the maintenance of an independent relationship with the appointed External Auditor
- Advising (if asked) the Trust Board on whether or not any proposal from the External Auditor to enter into a liability limitation agreement as part of the procurement process is fair and reasonable
- Advising on (and approving) the contents of the Trust's policy on the purchase of non-audit services from the appointed External Auditor
- Advising the Trust Board on any decision about the removal or resignation of the External Auditor

8. Parent committee and reporting procedure

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

8.2 The minutes of Committee meetings shall be formally recorded by the Trust Secretary. The Chair of the Committee shall also provide a brief written report to the Trust Board, summarising the issues covered at the meeting and drawing to the attention of the Trust Board any issues that require disclosure to the full Board, or require executive action.

8.3 The Committee will report to the Trust Board annually (via a written Annual Report) on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the BAF, the completeness and embeddedness of risk management in the organisation, and the integration of governance arrangements. The Annual Report should also describe how the Committee has fulfilled its Terms of Reference, and give details of any significant issues that the Committee considered in relation to the financial statements, and how these were addressed. The work of the Committee as the Trust's Auditor Panel should also be included.

8.4 The Committee shall undertake an annual self assessment to ensure the objectives of the Terms of Reference are being met.

8.5 The Chair must report to the Trust Board on how the Auditor Panel has discharged its responsibilities.

8.6 The Chair must draw to the attention of the Trust Board any issues that require disclosure to the Board in relation to Auditor Panel duties.

9. Sub-committees and reporting procedure

9.1 The Committee has no sub-committees.

10. Administrative arrangements

10.1 The Committee shall be supported administratively by the Trust Secretary, whose duties in this respect will include:

- Maintenance of a forward programme of work, setting out the dates of planned meetings and key agenda items
- Agreement of agenda for next meeting with Chair, allowing adequate notice for reports to be prepared which adequately support the relevant agenda item.
- Collation and distribution of agenda and reports one week before the date of the meeting
- Ensuring the minutes are taken and that a record is kept of matters arising and issues to be carried forward
- Advising the Committee on all pertinent areas

11. Emergency powers and urgent decisions

11.1 The powers and authority which the Trust Board has delegated to the Audit and Governance Committee may, when an urgent decision is required between meetings, be exercised by the Chair of the Committee, after having consulted at least one other~~two~~ Non-Executive Director member~~s~~. The exercise of such powers by the Committee Chair shall be reported to the next formal meeting of the Audit and Governance Committee, for formal ratification.

12. Review of Terms of Reference and Monitoring Compliance

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

History

Terms of Reference agreed by Audit and Governance Committee: April 2013
Terms of Reference approved by the Board: May 2013
Terms of Reference agreed by the Audit and Governance Committee, November 2014
Terms of Reference approved by the Trust Board, December 2014
Terms of Reference agreed by the Audit and Governance Committee, November 2015
Terms of Reference approved by the Trust Board, November 2015
Terms of Reference agreed by the Audit and Governance Committee, February 2016 (N.B. the Board had already authorised the Audit and Governance Committee to agree changes in relation to the Committee's role as Auditor Panel)
Terms of Reference agreed by the Audit and Governance Committee, November 2016
Terms of Reference approved by the Trust Board, November 2016
Terms of Reference agreed by the Audit and Governance Committee, November 2017
Terms of Reference approved by the Trust Board, November 2017
Terms of Reference agreed by the Audit and Governance Committee, December 2018
Terms of Reference approved by the Trust Board, December 2018
Terms of Reference agreed by the Audit and Governance Committee, November 2019
Terms of Reference approved by the Trust Board, November 2019

Appendix 2: Request to authorise the write-off of the circa £350,000 loss arising from the failure of Carillion

The Trust reports on bad debts once they have been approved for write-off. Following an extensive debt chasing process, the Trust is advised on the likelihood of recovering debts that have been referred to external debt collection agencies. After all opportunities to recover the debt have been exhausted, they are referred for authorisation to be written off.

The write-off of such debts is usually authorised by the Chief Finance Officer and then reported to the Audit and Governance Committee. However, at the Audit and Governance Committee on 05/11/19, a loss of £348.3k was reported.

The loss relates to a company (Carillion) that went into liquation in 2017. The Trust had a long standing contract with Carillion, who were the PFI provider for Dartford and Gravesham NHS Trust (DGT) (Maidstone and Tunbridge Wells NHS Trust provided services to that Trust, primarily around laundry supply, which Carillion paid).

The sudden collapse of the company on a nationwide basis in 2017/18 affected a number of PFI hospitals. The Trust liaised with DGT, who still required the service, but the Trust only continued with the supply once contracts were signed with the new company, who agreed to pay invoices from February 2018. This left the invoices that were outstanding from September 2017 to January 2018 unpaid. The Trust went through the liquidation process with the PwC insolvency team who were leading it. The Trust has filed claims to get refunded for the outstanding debt and is in contact with the administrators dealing with the liquidation (who have acknowledged the balance owed to the Trust but have warned the Trust not to expect any money due to the other large values owed by Carillion).

As soon as the company went into liquidation 100% of the invoices were fully provided for within the 2017/18 Income & Expenditure position, and the provision has been carried forward since then. Even though the debt is requested to be written-off, the Trust's claim is still lodged with the company and the Head of Financial Services is still in contact with them.

The Audit and Governance Committee considered the matter on 05/11/19 and recommended that the Trust Board could authorise the invoices to be written off with no impact to the Trust's financial position.

Summary report from Quality Committee, 13/11/19	Committee Chair (Non-Executive Director)

The Quality Committee met on 13th November (a 'main' meeting).

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

- The Associate Director, Quality Governance gave an update on the **response to the issues arising from the "Patient experience" item at the 'Trust Board meeting on 28/02/19** and it was confirmed that a 'closure' report from the Task and Finish Group should be scheduled for consideration at the 'main' Quality Committee in January 2020.
- The Director of Strategy, Planning and Partnerships attended to give an update on the **agreed approach with regards to replacement equipment**
- Most of the **reports from the five clinical Divisions** used the recently-issued template, which required the Division to report on their "Risks and escalation" and associated "Assurance" within the five domains of Safe, Effective, Caring, Responsive and Well Led. The issues raised included red-rated complaints; Serious Incidents (SIs); the Trust-wide action plan for diabetes; stroke care performance; Duty of Candour compliance; complaints response performance; and the various accreditations that had been obtained recently (i.e. the "Bliss" accreditation by the Neonatal ICU (NICU); the Joint Advisory Group (JAG) on GI endoscopy re-accreditation; and Histopathology's ISO accreditation). It was agreed that the Divisional Director of Nursing & Quality (DDNQ) for Medicine & Emergency Care should ensure that the Divisional report to future meetings includes further details of performance within the stroke service; and that the DDNQ for Surgery should ensure that the letter typing backlog in Trauma & Orthopaedics was reflected within the Division's risk register
- The DDNQ for Surgery gave **assurance on the process and outcome of the harm reviews of patients who had waited more than 52 weeks for treatment**
- An **update on End of Life Care** was given, which covered the Trust's performance on the National Audit of Care at the End of Life and the team's desire to introduce the AMBER (Assessment, Management, Best Practice, Engagement, Recovery uncertain) Care Bundle
- The Associate Director, Quality Governance gave the latest updates on **mortality**; **SIs;** and the implementation of **Quality Accounts priorities 2019/20**
- The report of the **Quality Committee 'deep dive' meeting on 03/10/19** was noted
- Reports were received from the **Quality Committee's sub-committees** (i.e. the Complaints, Legal, Incidents, PALS, Audit (CLIPA) group; Infection Prevention and Control Committee; Drugs, Therapeutics and Medicines Management Committee; Safeguarding Adults Committee; and Safeguarding Children Committee), along with the summary report from the Patient Experience Committee on 04/09/19
- The method for the 2019 **evaluation of the Quality Committee** was confirmed (and the survey to be issued for completion by each Committee member was agreed)

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

- The Divisional reporting template for the 'main' Quality Committee should be amended to reverse the order of "Risks and escalation" and "Assurance" column under each domain
- The Chief Nurse, Associate Director, Quality Governance / DDNQ for Cancer Services and Divisional Director of Operations for Diagnostics and Clinical Support should liaise to discuss the reporting of Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)-related issues and consider whether any action was necessary

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

- Although the Medical Director stated that he felt assured by the Divisional Director of Operations for Diagnostics & Clinical Support's assurance that from an outpatient perspective, the letter typing backlog in Trauma & Orthopaedics was the main specialty of concern, the Medical Director asked for the issue to be considered more carefully

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

NHS Maidstone and Tunbridge Wells NHS Trust

Summary report from the Finance and Performance Committee, 26/11/19	Committee Chair (Non-Exec. Director)

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

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

- The "Finance or performance moment" focused on **Medical staffing** and the Director of Workforce attended for a very useful discussion on the issue. Steady progress has been made to reduce the overall number of vacant posts since April. However, it still remains a challenge to recruit Consultants in certain areas, notably acute medicine, radiology and oncology. This requires new thinking and models in these specialities which is being worked through for consideration in the coming month or so.
- The **month 7 financial performance** was reviewed. October had been a challenging month with some pressure on pay budgets (medical and nursing) and the higher than planned levels of activity outsourcing. Actions are in place to address these issues. In addition a further concern relates to potentially lower funding than expected for Referral to Treatment (RTT) and cancer activity in support of meeting statutory access standards. There is a senior level dialogue with commissioners taking place to resolve the issue.
- The monthly **update on Wells Suite income** was given and progress noted. It was requested that further reports include target levels of activity against which progress could continue to be measured.
- The **month 7 non-finance related performance** was discussed, which included the A&E 4-hour, RTT and 62-day cancer waiting time targets. The Trust continues to face increasing levels of demand for urgent and emergency services which exceed levels assumed in the winter plan. As a result this was being reviewed, with particular attention being paid to the provision of senior level (Consultant) support for A&E to carefully manage the volumes of admissions. It was noted that the cancer performance against targets has been maintained. The winter plan will be discussed at the next Committee meeting.
- An **update on the RTT improvement programme** (which relates to data quality) was presented and the Committee noted the steady progress being made to reconcile RTT data
- The **case for the reconfiguration of complex elective inpatient gastrointestinal surgery from the Maidstone Hospital site to the Tunbridge Wells Hospital site** was reviewed (for which the Divisional Director of Operations and Chief of Service for Surgery attended), and the Committee confirmed it was content to recommend that the Trust Board approve the Case (a separate item regarding that approval has been scheduled for the 'Part 2' Trust Board on 28/11/19). The Committee recognised the huge amount of work that has been put to the case.
- The latest **quarterly progress update on the Procurement Transformation Plan** was discussed (which has been submitted separately to the Trust Board)
- The Committee was apprised of the **proposed changes to the Trust's Standing Financial Instructions, Standing Orders and Reservation of Powers and Scheme of Delegation**, following their annual review
- The Trust Secretary gave an **update on the Board Assurance Framework**, which included details of the proposals that would be considered by the Trust Board on 28/11/19
- The Committee confirmed that an **evaluation** should be undertaken for 2019, and agreed the survey to be completed by each member.
- It was confirmed that the **"performance moment" at the December 2019** meeting should be on outpatients and be given by the Chief Operating Officer.

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

- An "Update on the winter plan" should be scheduled at the Committee on 18/12/19

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

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

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

NHS
Maidstone and Tunbridge Wells NHS Trust

Finance and Performance Committee, 26/11/19: Quarterly progress update on Procurement Transformation Plan	**Chief Finance Officer / Chair of Finance and Performance C'ttee**

The Procurement Transformation Plan (PTP) was originally approved by the Trust Board on the 19th October 2016 and then submitted to NHS Improvement (NHSI) by the 31st October, which was the deadline for Board approved submissions. It was a requirement that every trust should have a PTP. The PTP is a document which outlines the procurement function within the trust and the key actions and activity within the trust to deliver the Lord Carter targets set within the document. NHSI then required all Trusts to update their Procurement Transformation Plans (PTP) in May 2018, signed off by the Trust Board.

Each PTP must have an action plan at the end of the report and it is the expectation that PTPs are agreed, and signed off, by the Trust Board. PTP guidance from NHS Improvement states that "Trusts will be asked to provide regular progress updates on their PTPs to their Trust's Board and NHS Improvement. These will take place quarterly and a template will be produced and shared this autumn to support with this process.

The enclosed quarterly report (which was considered by the Finance and Performance Committee on 26/11/19) sets out the latest performance against the updated Maidstone and Tunbridge Wells NHS Trust PTP including the revised Carter metrics.

Which Committees have reviewed the information prior to Board submission?
- Finance and Performance Committee, 26/11/19

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

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

1. INTRODUCTION

1.1 The Procurement Transformation Plan (PTP) was originally approved by the Trust Board on the 19th October 2016. A refreshed PTP was submitted to NHSI on 11th May 2018 in line with the most current requirements.

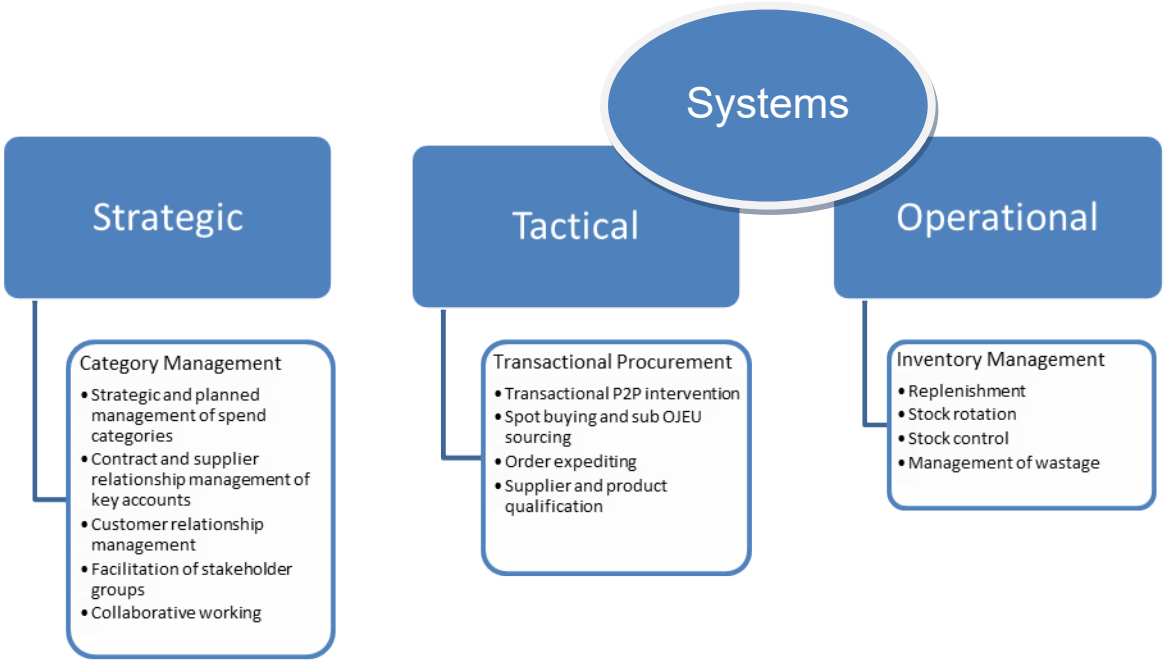
1.2 The PTP guidance from NHSI states that "Trusts will be asked to provide regular progress updates on their PTPs to their Trust's board and NHS Improvement. These will take place quarterly."

1.3 In January 2018, NHSI issued an amended set of procurement model hospital metrics. The model hospital has been updated with some of the new procurement metrics. This report reviews the latest quarterly performance against these metrics.

2. SUMMARY

2.1 Maidstone and Tunbridge Wells NHS Trust procurement team has been through a three year transformation programme. This programme was implemented as the Trust recognised the importance of the procurement function and the need to invest in this area. The business case for the transformation identified savings of £5million to be delivered in 3 years. The team delivered over £7million in the first three years thereby indicating the success of the transformation programme. The procurement team is now an integral part of every divisional CIP programme and expects to attend all CIP meetings and be involved in any new initiatives to ensure procurement are part of the planning to take forward new activity.

2.2 Maidstone and Tunbridge Wells NHS Trust (MTW) procurement team covers three key areas of procurement.



Strategic

2.3 Strategic procurement is a category management procurement function. The team covers all non-pay expenditure except for Pharmacy & Agency.

This team is focused on internal stakeholder relationship management; ensuring active and positive engagement throughout the procurement cycle all the way through to contract management stage. The team also covers external supplier management through the splitting of spend into discrete portfolios of categories. This allows a specialist focus on categories to

focus on value and total cost of ownership rather than exclusively price down savings initiatives.

Tactical

2.4 This is the more recognisable "purchasing" function managing purchase transactions with suppliers, unplanned sourcing activity and sub-OJEU or "tail" spend not managed through the strategic category management function. The team is also focused on catalogue management to ensure compliance with the Trust policy of No PO No Pay.

Operational

2.5 This function is more recognisable as the inventory management function responsible for the replenishment and distribution of goods throughout the organisation. This team is currently responsible for the Trust Omnicell inventory management system. They link with supplier change to identify product switches which support the Trust position on quality cost effective products.

Systems

2.6 This sits across the Tactical & Operational teams and covers the technology and manpower resource required to run and maintain the systems needed to drive efficient work practices which include Integra, Omnicell and GHX.

3. NEXT STEPS

3.1 **Strategic** – Procurement have submitted a plan to assist the Directorates deliver a CIP of £3.77million. The team identified areas where these savings could be delivered by the end of March 2020, including £0.87million of roll-over savings that commenced in 2018/19. A full procurement work programme is monitored by the MTW Best Use of Resources Board, chaired by the Chief Finance Officer, on a monthly basis.

The team has now delivered circa £3million of savings year on year for the past 4 years. Opportunities for straight forward 'price-down' savings are therefore diminishing and focus is shifting from the traditional purchasing approach to more of a commercial support function. This has been further influenced by the introduction of the national category towers whose function is to negotiate and standardise pricing across the NHS for 80% of the Trusts spend on goods.

The 2019/20 plan as submitted included £1.24m of in-year margin removal and price reduction that were estimated by SCCL in their top-slice impact statement.

3.2 **Tactical** – The team have implemented a full P2P system integrated with the finance system Integra2. This has the capacity to provide a full pathway from orders placed on the system, to the receipting of goods, invoicing and payment of the goods. This supports the work within the Trust on electronic purchase orders and catalogue management and we are working with our Catalogue Management provider to establish better catalogue pricing control and e-invoicing where possible with the ultimate aim of implementing a fully electronic PTP process. The system is now embedded so we will be looking at maximising its additional functionality and controls to drive quality data and opportunities.

3.3 **Operational** – The Trust has implemented an inventory management system, Omnicell within the high cost product areas such as Cardiac Cath Labs, Elective Theatres, Ophthalmology and Short Stay Theatres. This is currently a mixed model of an open system (bar-code scanning) and closed system (automated cabinets). The team is now focusing on regular par level reviews in their clinical areas to provide greater control of stock levels and availability.

3.4 **Systems** - The Omnicell system has enabled the Trust to monitor stock levels and identity the maximum and minimum stock levels to be held in each area. It also has the capability to allow tracking of stock issued to patient level. A high level review of the way we use this system has been undertaken. This has identified that we are not realising the full benefits of an automated

inventory management system. Discussions have been had with the service provider to review how we could improve the system. The second generation of Omnicell is now available (SystemX) which provides greater dashboard reporting functionality (a significant failing of the current system) as well as aligning the functionality to the requirements of Scan4Safety. We currently have circa £60k of credit with Omnicell but this is not sufficient to obtain the upgrade. The current quote stands at £171k for a 5 year license so, with the £60k credit a business case will need to be made for the upgrade of £22k per annum. This upgrade would also include an interface between Omnicell and our e-procurement system and an interface between Omnicell and our PAS system, both of which are required to allow us to implement the patient level costing functionality as well as instant patient implant and product recall information.

A review of how Omnicell was being utilised in Theatres at MGH has been undertaken in conjunction with the Theatre Manager. This project had the effect of reducing theatres' spend against budget by more than £100k. We are now in the process of replicating this work in all Omnicell areas (with the caveat that it does require additional resource and the full support of the Theatre team to be effective). An audit of products linked to Omnicell has been completed in all areas.

4. TRUST PROCUREMENT PERFORMANCE (RAG rating against updated Carter targets)

MEASURES		PERFORMANCE		COMMENTARY (INCLUDING WHAT HAS BEEN IMPLEMENTED SINCE SUBMISSION OF ORIGINAL PTP AND CONSIDERATION AS TO WHAT SUPPORT IS REQUIRED)
		CARTER TARGET	CURRENT	
1	Monthly cost of clinical and general supplier per 'WAU'	**WAU (£350)**	**£304**	The Trust has seen continual increase in activity year on year. Fixed costs have been stretched to minimise the increase of costs and sustain a low WAU.
2	Total % purchase order lines through a catalogue	**80%**	**95%**	The Trust has fully implemented an electronic P2P system integrated with finance. This includes a catalogue which enables end user ordering. Focus will now be given to how we can convert non PO spend and bring areas outside of Integra on board (such as Estates).
3a	% of invoice value matched to an electronic purchase order	**90%**	**94.1%**	The Trust has a strict no PO no Pay policy. There is also a PO exemption list that is authorised within the Trust SFIs. This includes some services from other NHS organisations.
3b	% by count of invoices matched to an electronically generated purchase order	**90%**	**88.3%**	
4	% of spend on a contract	**90%**	**Not yet reported**	A review of how we record Contracted and Quoted spend through Integra is underway which will allow us to start measuring and reporting on this metric.
5	Inventory Stock Turns	**NA**	**71 Days**	This number is in line with the previous quarter, but is still too high (our aim is to get down to 45 days). The expectation is that the new Omnicell Manager role and the time the Inventory Management team have been able to put into par level reviews should see this number start to reduce.
6	NHS Standards Self-Assessment Score (average total score out of max 3)			Level 1 standard assessment was completed in December 2017. MTW have now received formal ratification of the assessment.

MEASURES		PERFORMANCE		COMMENTARY (INCLUDING WHAT HAS BEEN IMPLEMENTED SINCE SUBMISSION OF ORIGINAL PTP AND CONSIDERATION AS TO WHAT SUPPORT IS REQUIRED)
		CARTER TARGET	CURRENT	
7	Purchase Price Benchmarking Tool Performance - % variance to median	**2.2%**	**1.59%**	This metric was previously reported as a £ figure, but is now reported as a % variance to median price within Model Hospital so this has been amended to align with the national metric. This has been fairly constant at 2.1% for the past 6 months, so this quarter shows a promising improvement.

5. Procurement Transformation Plan – Summary

5.1. Strategic

Staffing	• The Clinical Category manager role has been vacant since March. Our new recruit was due to start on 1st September but unfortunately pulled out 1 week before she was due to start. We have therefore gone out to advert for a third time and have appointed a new recruit who has started on 18th November. The recruit has a strong clinical background and demonstrated good commercial acumen. He does not have a history in procurement, but will bring a set of skills and knowledge to the team that we currently lack. • Our non-clinical specialist has now returned from long term sick (after 3 months). • We will be moving the Tactical team to be managed by the Strategic team to improve the value that they bring to the Procurement function. This will mean adapting our Category Support role into a Supervisory role which may involve a re-banding but will still fall within the department's budget (Band 5 to Band 6)
Achievements	• The team has over-delivered against the workplan year to date.
Challenges	• Vacancies and sickness have meant the team having to work across all specialties. This has identified that allocating staff with appropriate skills for the project supersedes experience in a particular field and as such we are looking to remove the specialist categories and have staff covering both clinical & non-clinical projects as appropriate. This also takes into account the additional responsibility being taken by the category towers for negotiating standard NHS pricing on clinical products. This should, in time, reduce the burden of clinical product procurement on the local team. • The change in focus from traditional tendering to a broader commercial support approach has identified a couple of weaknesses in the team. We are actively working to develop the skill sets to match the change in the expertise required.
Developments	• The team are now all trained on the Spend Comparison Services tool and proactive benchmarking has been embedded as business as usual. This is reflected in the reduction in our Variance to Median metric shown in Section 4 • An urgent need for specialist Inventory Management support in Theatres has been identified. Over-stocking, expired stock, unauthorised stock and poor supplier controls have been identified. These are occurring in areas that sit outside the control of the Procurement function but we have proposed a 6 month collaborative project with Theatres to resolve the issues

Risks/Issues	• SCCL are currently unable to provide an accurate report to show performance against the savings estimate provided in their Impact Statement. This has been the case since 1st April and we are therefore running at risk on £582,000 in year savings that they were expected to deliver. Whilst it is fair to assume that, once their reporting issues have been resolved, we will be able to show a contribution from SCCL backdated to 1st April, we are currently working on the presumption that they will not deliver anything and we are therefore actively looking to find ways to close the gap ourselves.

5.2. Transactional

Staffing	• We have been struggling with long term sickness in this team which has meant we have had to pull our Apprentice from the Systems team to provide cover. This has consequently put back the development of our contract register.
Achievements	• Order processing has been maintained despite the staffing issues
Challenges	• The level of Customer Service that we are able to offer our users has started to suffer due to the staffing issues. • We have tried to recruit temporary cover via the bank, but to no avail. If the situation continues we may have to seek special dispensation to employ cover from an outside agency.
Developments	• We are looking at a piece of Help Desk software to ease the burden on the team (cost c. £2,000 per annum). • We will be moving the team away from the Systems function and on to the Strategic function with effect from 1st October.
Risks/Issues	• A failure to resolve or temporarily support the staffing issues will have a negative impact on the level of customer service we are able to provide.

5.3. Operational

Staffing	• 1 long term sick, but we have been able to cover this by temporarily extending our 0.6 WTE to 1 WTE.
Achievements	• Service levels have been maintained and increased challenges have been made to both Theatres and Suppliers regarding poor stock control processes.
Challenges	• Staffing issues within the loading bay (which does not sit under procurement) continue to cause problems in the consistency of how goods are receipted and tracked. • We are experiencing an increase in the inappropriate use of NHSSC cages. These are not owned by the Trust and must be returned. Unfortunately they are constantly being stolen by other departments and as such we are running at risk of having goods delivered on pallets which creates a significant increase in workload.
Developments	• The existing Mat Man team have expressed an interest in taking on management of the loading bay. Initial discussions have been held with Facilities to move this forward. • We are therefore looking at solutions that could help to automate the delivery process [c.£30,000 per annum] • 1 further member of the team has applied to undertake an Apprenticeship course meaning that 8 of the 12 staff are now taking advantage of further education opportunities offered by the Trust.
Risks/Issues	• Continued challenges in the loading bay will affect the teams' ability to ensure products reach departments in a timely manner

5.4. Systems

Staffing	• Our Apprentice who had moved into this team has unfortunately not been able to contribute to developing our systems due to the need for cover in the Transactional team.
Achievements	• Increased focus on Omnicell is gradually reducing the barriers and reluctance of some clinical areas to utilise it correctly. • Communication between the teams has improved and all are now aligned on the need to manage our catalogues in a coordinated fashion
Challenges	• We are in urgent need of additional functionality in Omnicell & Integra which will require costly upgrades & interfaces.
Developments	• Now that Integra and Omnicell are embedded in the Trust, the team are working to identify more strategic ways of working. Projects include: o Scoping the implementation of a full electronic purchase to pay process o Further automation of catalogue management o Start to implement the principles of Scan4Safety through Omnicell [c. £20,000 per annum] o Exploring the benefits of an improved customer facing ordering platform to sit over Integra [c. £25,000 per annum] o Additional functionality that we can access through Omnicell
Risks/Issues	• Added value that can be driven by Systems will be lost to the Trust if we are unable to afford the required upgrades.

6. Processes & Policies

6.1. A review of our Rep policy has been undertaken leading to a tightening of its enforcement.
6.2. We have identified an urgent need to review the consignment stock procedures in Theatres and we will be setting up a jointly funded project with them to embed better controls.

7. Collaboration – Kent & Medway STP

7.1. We continue to lead and provide support on 2 of the 3 work-streams for the Kent Pathology project.
7.2. Following a review of the existing collaborative Orthopaedics contract between MTW & MFT, we are now working with the STP to look at the benefits of a Total Managed Service across our Orthopaedic theatres (and possibly extended into General Surgery). We are also actively trying to get Dartford and East Kent to engage in this project.

8. Risks and issues

8.1. Ongoing staffing challenges will cause a reduction in customer service levels if we are unable to recruit temporary cover.
8.2. Similarly, the Theatres stock management review project will not happen if we cannot find temporary backfill for 2 of our Inventory Management team.
8.3. If we cannot find ways of funding the Systems developments that are required we will not fully realise the benefits of our automated systems.
8.3.1. We believe we could release circa £30,000 from existing memberships and licenses to part fund the developments with potentially a further £20,000 of underspend identified against our non-pay budget which could be re-purposed.

9. RECOMMENDATION

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

Appendix 1 – Procurement action plan

Procurement objective	Action
Procurement strategy	Staff qualifications. An internal target has been set for 50% of procurement team qualified to an appropriate level of CIPS accreditation. Training matrix has been pulled together to identify the training requirements of all staff and link this to their role. This will support the Trust in achieving the level 2 procurement standard. There are currently four members of the team training for the CIPS level 4. Take responsibility for the Loading Bay to ensure we control all touch points outside of Finance in the Purchase to Pay process. Implement systems upgrades and developments to improve user experience, reporting functionality and product tracking.
Procurement workplan	The 2019/20 plan has been submitted and accepted at £3.77m.
Procurement Savings	At the end of Q2 we have delivered £132,000k above our YTD target for in year savings with a further £291,000 allocated to SCCL (but at risk). Savings of significance in this quarter are a £10,000 per month reduction in Doctors recruitment fees, a £40,000 saving on our intraocular lenses contract and a further £40,000 saving by switching our mop head supplier. Additionally we have achieved £800,000 of cost avoidance on capital projects.
Communication strategy	Communication to internal and external stakeholders. Focus on Trust policy to ensure adherence to spend restrictions as well as improved compliance. This is a key objective within the procurement strategy. Increase number of quarterly contract review meetings with key suppliers. The re-introduction of the Procurement Strategy Committee is required to start to bring us in line with the requirements of Level 2 accreditation.
Policies, processes and systems	Policies are reviewed and updated annually or at times of significant change.
Spend controls	Percentage of invoiced expenditure captured electronically through Purchase orders (P2P systems). This is monitored at the Trust finance committee and audit committee to ensure compliance. Improved processes to increase non-clinical spend covered by PO are planned. Improved processes to develop true electronic P2P.
People and Organisation	Achievement of the procurement standard level 1 and training programme to support level 2. This has been achieved and now officially signed-off. Now we have received this we have 12 months to work towards level 2. We will therefore now start working towards this accreditation.
Collaboration	Collaborative working with Medway & KCHFT wherever possible Pre-market engagement with suppliers now the norm. Discussions with private sector on ways in which we can work in partnership