

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

30 January 2020, 09:45 to 13:00
Pentecost / South Rooms, The Academic Centre, Maidstone Hospital

Agenda

- 01-1**
To receive apologies for absence
- 01-2**
To declare interests relevant to agenda items
- 01-3**
To approve the minutes of the 'Part 1' meeting of 19th December 2019

David Highton

David Highton

David Highton

 Board minutes 19.12.19 (Part 1).pdf (6 pages)

- 01-4**
To note progress with previous actions

David Highton

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

- 01-5**
Safety moment

Claire O'Brien / Peter Maskell

 Safety Moment.pdf (4 pages)

- 01-6**
Report from the Chair of the Trust Board

David Highton

 Chair's Report.pdf (1 pages)

- 01-7**
Report from the Chief Executive

Miles Scott

 Chief Executive's report January 2020 final.pdf (2 pages)

Patient Experience

- 01-8**
A patient's experiences of the Trust's services
N.B. A patient will attend for this item, at 10.15am

Claire O'Brien & colleagues

- 01-9**
Integrated Performance Report for December 2019

Miles Scott

 IPR month 9.pdf (36 pages)


01-9.1	
Safe (incl. planned and actual ward staffing for December 2019)	Claire O'Brien
01-9.2	
Safe (infection control)	Sara Mumford
01-9.3	
Effective	Peter Maskell
01-9.4	
Caring	Claire O'Brien
01-9.5	
Responsive	Sean Briggs
01-9.6	
Well-Led (finance)	Steve Orpin
01-9.7	
Well-Led (workforce)	Simon Hart

Planning and strategy

01-10	
Briefing on the current situation in relation to the stroke service	Peter Maskell / Sean Briggs

 Stroke Update January 2020.pdf (28 pages)

01-11	
Approval of the Trust's Corporate Strategy and Clinical Strategy and key choices and implications for the supporting strategies	Amanjit Jhund

 Trust's Corporate Strategy and Clinical Strategy and key choices and implications for the supporting strategies.pdf (41 pages)

01-12	
Update on the Trust's 2020/21 plan	Amanjit Jhund / Steve Orpin

 Update on the Trust's Plan.pdf (4 pages)

01-13	
Kent County Council's five year plan consultation	Amanjit Jhund

 KCC's Five Year Plan.pdf (13 pages)

01-14	
Approval of the Business Case for the 'Ive Programme'	Steve Orpin

 Approval of the business case for the 'Ive Programme'.pdf (89 pages)

Assurance

01-15	
Quarterly report from the Freedom to Speak Up Guardian	Christian Lippiatt
N.B. This item has been scheduled for 12.30pm	



FTSU Board Report January 2020.pdf

(5 pages)

01-16

Emergency Planning Annual Report, 2019

N.B. This item has been scheduled for 12.40pm

John Weeks



Emergency Response Annual Report 2019.pdf

(38 pages)

Reports from Trust Board sub-committees

01-17

Quality Committee, 15/01/20

Sarah Dunnett



Summary of Quality C'ttee, 15.01.20.pdf

(2 pages)

01-18

Finance and Performance Committee, 28/01/20

N.B. This report will be issued after the meeting on 28/01/20

Neil Griffiths

01-19

To approve revised Terms of Reference for the Remuneration & Appointments Committee

David Highton



Rem and App'tment Cttee ToR.pdf

(3 pages)

01-20

To consider any other business

David Highton

01-21

To receive any questions from members of the public

Please note that questions should relate to one of the agenda items

David Highton

01-22

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: 27th February 2020, 9.45am, Lecture Rooms 1 and 2, The Education Centre, Tunbridge Wells Hospital

**MINUTES OF THE TRUST BOARD MEETING ('PART 1') HELD ON
THURSDAY 19TH DECEMBER 2019, 9.45A.M, AT TUNBRIDGE WELLS
HOSPITAL**



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)
	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)
	Gemma Craig	Deputy Chief Nurse (representing the Chief Nurse)	(GC)
	Richard Finn	Associate Non-Executive Director	(RF)
	Simon Hart	Director of Workforce	(SH)
	Amanjit Jhund	Director of Strategy, Planning & Partnerships	(AJ)
	Sara Mumford	Director of Infection Prevention and Control	(SM)
	Jo Webber	Associate Non-Executive Director	(JW)
	Kevin Rowan	Trust Secretary	(KR)
	John Clulow	Lead Practitioner in Acute and Emergency Medicine (for item 12-8)	(JC)
	Peter Martin	Physician Associate Tutor (for item 12-8)	(PMa)
	Dave Merrett	Consultant Radiographer (for item 12-8)	(DMe)
	Jessica Plail	Physician Associate Lead (for item 12-8)	(JP)

12-1 To receive apologies for absence

Apologies were received from Claire O'Brien (COB), Chief Nurse. However it was noted that GC was attending in COB's place.

12-2 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).

12-3 To approve the minutes of the 'Part 1' meeting on 28th November 2019

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

12-4 To note progress with previous actions

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

- **11-5 ("Arrange for the scheduling of "Safety moment" items at Trust Board sub-committees to be discussed at the Trust Board 'Away Day' on 04/12/19 (in light of the recent decision by the Charitable Funds and Audit and Governance Committees to remove that item from their forward programmes)").** DH noted that a decision was required and KR highlighted the key aspects of Appendix 1. Following a discussion, the Trust Board agreed that a "Safety Moment" item should be reinstated to those Trust Board sub-committees that had agreed to cease the item (i.e. the Finance and Performance, Charitable Funds and Audit and Governance Committees), and introduce the item to those Trust Board sub-committees that had not previously scheduled one (i.e. the Quality, Workforce and Remuneration and Appointments Committees). It was further agreed that the report submitted to the "Safety Moment" at the Trust Board should be submitted to each Trust Board sub-

committee, and that the Chair of that sub-committee should determine how the Committee should consider the item/report.

Action: Enact the Trust Board's decision regarding the consideration of a "Safety Moment" item at Trust Board sub-committees (Trust Secretary, December 2019 onwards)

12-5 Safety moment

COB referred to the relevant attachment and highlighted the key points therein. MC asked whether there was an easy-read version of the SWAN end of life care campaign leaflet that was shown on page 16 of 106. GC stated that such a leaflet was not produced at present but confirmed this could be done and agreed to make the necessary arrangements.

Action: Arrange for an easy-read version of the SWAN end of life care campaign leaflet to be produced (Deputy Chief Nurse, December 2019 onwards)

12-6 Report from the Chair of the Trust Board

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

- The NHS Providers' Chairs and Chief Executive's meeting had emphasised the importance of patient safety
- There had been successful Advisory Appointments Committee panels in Radiology and Medical Oncology

12-7 Report from the Chief Executive

MS referred to the relevant attachment and highlighted that the recent royal visit had been very successful, and he would be working with colleagues to develop a programme of similar visits. MS added that he would welcome the involvement of as many Trust Board Members as possible.

SDu asked for an update on the Judicial Review relating to the decision regarding the Hyper Acute Stroke Units. DH explained that the Judicial Review had been heard but the judge's ruling would not be made until January 2020. MS proposed that a briefing on the current situation in relation to the stroke service be submitted to the January 2020 Trust Board meeting, to be given by PM and SB. This was agreed.

Action: Submit a briefing to the January 2020 Trust Board meeting on the current situation in relation to the stroke service (Medical Director / Chief Operating Officer, January 2020)

PM then added some further context and MS confirmed that all staff working in the stroke service had received a briefing on the current situation.

Staff Experience

12-8 Physician Associates and Advanced Clinical Practitioners

JP firstly gave a presentation that covered "Who am I?"; "PAs at MTW"; "Development of my role"; "Conflict of interest with junior doctors?"; "What is it like to work with PAs?"; "What PAs say..."; "Students and the Internship Programme"; and "Where next...". JC and DMe then gave a presentation that covered "Background"; "Experiences"; "Lessons learned"; and "Next steps".

MS remarked that it was interesting to note the differences between the developments but he was interested in the presenters' thoughts as to how to develop the roles into careers that would promote staff to stay at the Trust. JC explained the successes that had been achieved in promoting the newly developed roles in his area, with a view to negating the need for staff to seek work in London. DMe added further detail on the work taking place in relation to 'credentialling' and gave his perspective on his own development during the 16 years he had been at the Trust.

JW asked about the assurance associated with the roles, given the low numbers of staff involved. JC confirmed he was accredited by an external body and explained the clinical governance framework in which he worked. JC added that there were also national interest groups and a national forum. PMa then explained the local and national governance arrangements for Physician Associates, adding that the roles were supervised, not independent practitioners, so their work

would always be supervised by a consultant. SM pointed out that the General Medical Council had announced their intention to regulate the profession.

JC and GC then elaborated on the national and local governance arrangements in place for Advanced Clinical Practitioners (ACPs).

PM commended the presenters for their inspirational approach. SDu echoed PM's sentiments and asked whether there was anything the Trust Board could do to support the further development of the roles. JC described some of the barriers they faced from some specialties that were reluctant to accept referrals from ACPs, but noted that he would soon be attending the Clinical Directors' Committee to seek the Clinical Directors' support in overcoming such barriers. DMe added further details on how he had changed his own approach to ACPs over time.

Integrated Performance Report

12-9 Integrated Performance Report for November 2019

12-9.1 Safe (incl. update on progress with the Perinatal Mortality Review Tool (PMRT); and planned and actual ward staffing for November 2019)

GC referred to the relevant attachment and firstly highlighted the key aspects of the PMRT. GC then highlighted the latest position in relation to falls, which noted that the subject had been discussed at a recent Quality Committee 'deep dive' meeting.

GC then reported the key issues relating to the planned and actual ward staffing data. DH asked for details of the plans to reduce the demand for temporary staffing. GC explained the work taking place in that regard and SH added further details. DH asked about the temporary staff that had been engaged for long periods of time and GC explained the approach being taken with such staff.

KC asked about the incidents of abuse towards staff and asked if there were any trends. GC explained that work was taking place to identify any trends.

MC then asked what progress had been made on compliance with the duty of candour. SM explained the work underway to improve compliance but acknowledged that more was required. MC asked whether consultants accepted the responsibility for compliance with the duty. SM replied that consultants accepted the responsibility for verbal notification but more work was needed to ensure such notification was documented. PM confirmed that he would provide the appropriate level of support to any consultant that required this.

12-9.2 Safe (infection control)

SM referred to the relevant attachment and highlighted the key issues, which included the latest flu situation, and which noted that January was expected to be the peak month for flu cases. DH remarked that paediatrics had been under increased pressure recently. SM confirmed there had been significant pressure in paediatrics but there had only been one reported case of flu.

12-9.3 Effective

PM referred to the relevant attachment and invited questions, noting that mortality-related aspects would be covered under item 12-10. None were received.

12-9.4 Caring

GC referred to the relevant attachment and highlighted the latest position in relation to complaints response performance and the Friends and Family Test (FFT) response rate.

12-9.5 Responsive

SB referred to the relevant attachment and highlighted the latest position on the A&E 4-hour waiting time target, which included that the Trust had been listed in a recent national press release as being within the top 10 of performers nationwide. SB elaborated on the hard work undertaken

by staff in response to the significant pressures they faced. SB then described the key actions that would be taken over the next few weeks to improve patient flow, including on discharge planning.

SB then noted that the final position for Referral to Treatment (RTT) Performance was not yet available but gave details of the expected performance.

SB then confirmed that all of the Trust's cancer access targets had been met. DH noted that the Finance and Performance Committee had also been told that the local Cancer Alliance had been rated as the best performing Alliance in the country. SB confirmed that was correct and commended the Chief of Service for Cancer Services for his role in the improvement.

SDu commended the position on cancer performance but asked about the sustainability of performance. SB highlighted the importance of ensuring the waiting list backlog was kept at its current level as if that started to increase, sustainability would be adversely affected. SB also explained the other factors affecting sustainability, noting that the Executive Team Meeting had recently viewed some initial proposals from the Cancer Services team.

NG then noted that at its meeting on 18/12/19 the Finance and Performance Committee had considered the challenges in outpatients, which was acknowledged to be the next major priority area. SB agreed and elaborated on the issue.

12-9.6 Well-Led (finance)

SO referred to the relevant attachment and highlighted that the Trust's year to date surplus including Provider Sustainability Fund (PSF) monies was £2.2m which was £2m adverse to plan. SO then reported the latest position regarding the capital programme and gave assurance regarding the Trust's ability to spend the full amount of available capital funds by the end of 2019/20. SO also noted that efforts would be made to publicise the significant amount of capital expenditure the Trust had undertaken over the last year. A discussion was then held on the capital programme during which PM suggested that the aforementioned communication to staff explain the revenue-based schemes that had been introduced as an alternative to capital funding. SO acknowledged the suggestion.

DH then asked for further details on the diagnostic imaging equipment and SO provided the requested explanation. MS also highlighted the importance of the Trust's strategy addressing the need to have a proper replacement programme for major radiology equipment.

12-9.7 Well-Led (workforce)

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

- Sickness absence was rising and the issue was concentrated within the Women's and Children's Services Division and Estates and Facilities
- The flu vaccination rate was just over 70% which was in accordance with the trajectory. The Commissioning for Quality and Innovation (CQUIN) target was 80% and the Trust-set target was 85%. A further drive on uptake would be made after the Christmas period
- The Trust's national NHS staff survey response rate had experienced a marked improvement

RF noted that staff turnover had increased, asked whether there were any hotspots, and also for the cost of replacing staff who had left. SH gave details of the areas with the highest levels of voluntary turnover and gave assurance that the issue had been discussed during Divisional Performance Reviews (DPRs). SH added that he did not have data available on the cost. RF suggested that the issue continue to be an area of focus. The suggestion was acknowledged.

RF then highlighted the importance of responding to the issues raised via the national NHS staff survey, to further increase the response rate. MS confirmed the Trust had committed to such action and SH confirmed that an action plan would be considered at the Workforce Committee.

DM also emphasised the importance of obtaining more detailed feedback via staff focus groups. The suggestion was acknowledged.

Quality

12-10 Quarterly mortality data

PM referred to the relevant attachment and highlighted the key points therein, which included the latest position on the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI). PM added that the recent increase in SHMI had been investigated by the Mortality Surveillance Group and the Group had concluded that the factors driving the increase were the same as those that had triggered the HSMR-related CUSUM alerts the Trust had been subject to previously. PM did however highlight that the SHMI continued to be rated “as expected”.

PM then highlighted the lessons learned and noted that he had asked the Associate Director, Quality Governance to work with the Palliative Care team in response to the issues identified.

MC gave assurance that the Chair of the Mortality Surveillance Group had responded well to scrutiny at the last meeting of the ‘main’ Quality Committee.

MC noted that many of the lessons learned focused on documentation and queried whether that subject should be considered for inclusion in the Internal Audit programme for 2020/21. PM confirmed that he would propose that subject during the forthcoming meeting he had scheduled with the Trust’s Internal Auditors.

Planning and Strategy

12-11 Approval of the Business Case for the expansion of car parking at Maidstone and Tunbridge Wells Hospitals

It was noted that it had now been agreed that the Business Case should be considered in the ‘Part 2’ Trust Board meeting scheduled for later that day, due to the Case containing commercially confidential information. KR then asked the Trust Board to delegate the authority to that ‘Part 2’ Trust Board meeting to approve the Business Case for additional car parking capacity at Maidstone Hospital and Tunbridge Wells Hospitals. The requested authority was duly delegated.

12-12 Update on the Trust’s planning for 2020/21

AJ referred to the relevant attachment and highlighted the key points therein, which noted that national planning guidance had not yet been issued and also emphasised the desire to embed the Quality, Service Improvement and Redesign (QSIR) methodology into the business planning process. AJ also noted that the development of the Division’s plans had been highly variable.

SB then highlighted the need to obtain funding to achieve a 92% performance on the RTT waiting time standards, noting that a performance of 86.7% had been commissioned in 2019/20. DH remarked that he understood the NHS Constitutional standards would likely change. MS elaborated on his understanding.

A discussion was then held on the work required to achieve a balanced position within the Trust’s plan for 2020/21.

Reports from Trust Board sub-committees

12-13 Workforce Committee, 28/11/19

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

12-14 Patient Experience Committee, 02/12/19

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

12-15 Quality Committee, 05/12/19

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

12-16 Finance and Performance Committee, 18/12/19

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

12-17 To consider any other business

There was no other business.

12-18 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.

12-19 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

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
12-5	Arrange for an easy-read version of the SWAN end of life care campaign leaflet to be produced	Chief Nurse (N.B. originally allocated to the Deputy Chief Nurse)	December 2019 onwards	<div></div> <p>The Trust Board's request has been discussed with the Learning Disability Liaison Nurse and End of Life Care (EoLC) Clinical Nurse Specialist and it has been agreed to consider the benefit of an easy-read version of the SWAN end of life care campaign leaflet at the EoLC Steering Committee meeting on 28/01/20</p>

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
12-4	Enact the Trust Board's decision regarding the consideration of a "Safety Moment" item at Trust Board sub-committees	Trust Secretary	January 2020	A "Safety Moment" item has been added to the forward programmes of all Trust Board sub-committees, and started to be considered by those forums that had not previously had such an item scheduled in January 2020
12-7	Submit a briefing to the January 2020 Trust Board meeting on the current situation in relation to the stroke service	Medical Director / Chief Operating Officer	January 2020	The requested briefing has been submitted to the January 2020 Trust Board meeting

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

1

Not started

On track

Issue / delay

Decision required

Trust Board meeting – January 2020

Safety Moment	Chief Nurse / Medical Director
<p>The Safety Moment for January has been focussed on Complaints.</p> <p>The enclosed report contains a summary of the key messages that have been shared each week.</p>	
Which Committees have reviewed the information prior to Board submission? <ul style="list-style-type: none">Finance and Performance Committee, 28/01/20	
Reason for receipt at the Board (decision, discussion, information, assurance etc.) ¹ <p>Information and discussion</p>	

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

Week One 03/01/2020

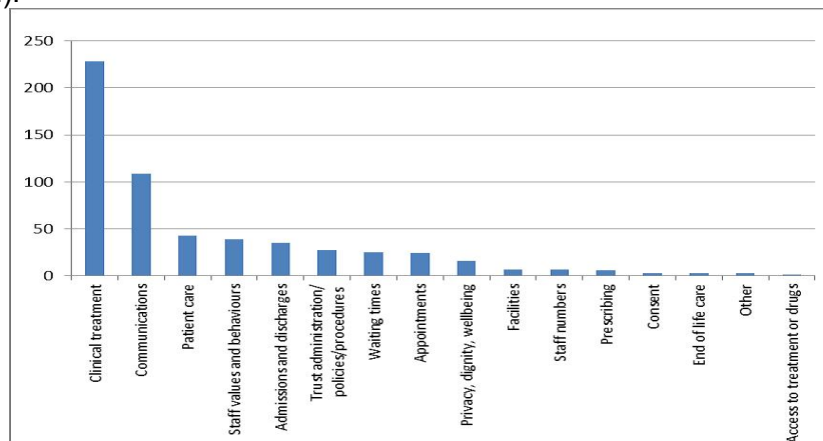
Complaints Data

Every quarter, the Trust is required to submit data to NHS Digital via the Health and Social Care Data Collection Service. (HSCDCS) This includes data on the number of complaints received, the number of complaints we uphold, the issues raised in complaints we have received, the staff groups involved in the complaints and the clinical service areas responsible. The complaints team capture a range of data from every formal complaint it receives.

Fast facts:

In the first two quarters of 2019-20, the Trust received 261 complaints.

- We recorded a total of 576 individual subjects from these complaints (see graph for more information).



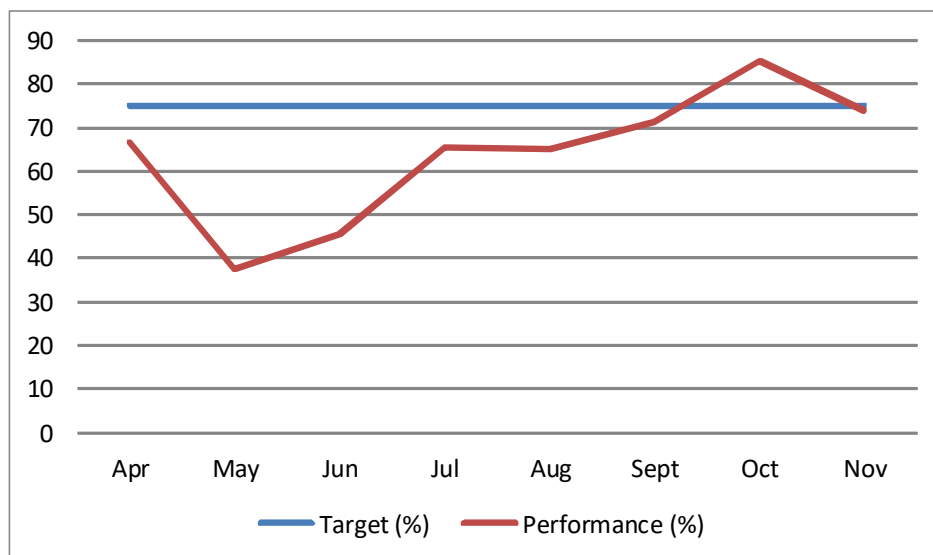
Week Two 10/01/2020

Responding to complaints

The Trust aims to respond to all low and medium risk complaints within 25 working days and all high risk complaints within 60 working days. The additional time allowed for high risk complaints takes into account that the complaint may also be the subject of a serious incident investigation.

As different organisations have different internal targets for responding to complaints, we also allow 60 working days to respond to complaints where there are multiple agencies involved.

At MTW, we aim to respond to 75% of complaints within the timeframes described above. Our performance year to date is 56.8%. With the tremendous efforts of divisional teams the response rates at the latter part of the year have improved and are now consistently reaching the target that we have set for the Trust.



Why does it matter? - Apart from the fact that responding quickly to complaints is the right thing to do for our patients, the Trust's responsiveness to complaints is a quality indicator for the CQC when they inspect the Trust.

How can I help? –

There are a number of issues which impact on our ability to provide timely, high quality and compassionate complaint responses. You can help by:

- Ensuring healthcare records are correctly tracked on Allscripts
- Maintaining high quality clinical records, ensuring all interventions are documented, with a date, time, name and signature
- Providing comments/information when requested by the complaints team, within the required timeframe; Making sure you respond to all the issues you have been asked to comment/provide information on
- Providing fact based information which can be supported with evidence as much as possible
- Providing information in accessible language – avoid complex medical terms and/or provide an explanation for what they mean
- Identifying where things didn't go as well as they could have and importantly detailing what we have and will do to improve this for other patients in the future.

Week Three 17/01/2020

Communication and complaints

One of the key themes raised in our complaints relates to clinical treatment, however we know after fully exploring many of the complaints where this is raised, what becomes clear is that often, the issue that caused people to complain relates to communication rather than clinical care.

There's a lot we can think about in relation to communication and what we can do to improve this, some suggestions to reflect on:

- **Saying sorry** – say it as much as you need to! Is the clinic running late? Has it taken a few minutes to respond to a call bell? Saying sorry in a meaningful way at an early point shows the patient/relative that we care and can often defuse situations.
- **“Hello, my name is.....”** – do you always introduce yourself to patients/relatives? The Trust supports the “Hello, my name is.....” initiative and it is a good opener when meeting a patient/relative for the first time.
- **Listening** – Patients and relatives can feel as though staff are not listening to them. It can be useful to use reflective listening techniques to reassure patients/relatives that you have heard them.
- **Inconsistency** – think about how worried you would be if one clinician told you one thing and the next clinician told you something completely different. Would you feel safe in our care? Do you always check your patient's understanding of their diagnosis/care plan/treatment before sharing further information?
- **Ensuring commitments are met** – we frequently hear from people that staff said they would do something, but this didn't get followed up. This causes anxiety and a loss of confidence in the Trust. If you make a commitment to do something, make sure this can be completed, and if it can't, go back to the patient and explain.
- **Logistics** – are you in an appropriate environment to have this conversation? Can you be overheard? Do you need to find a quiet room/area to speak with a patient/relative? Can you turn your mobile phone/bleep off or give it to someone else to manage for a moment while you have this conversation?
- **Non-verbal communication** – are you conscious of your body language when you are speaking with a patient/relative? Are you maintaining good eye contact? Do you look engaged in the conversation?

If we take a moment to consider how we are being received by the patient/relative/carer, this will help avoid complaints arising in the first place.

Week Four 24/01/2020

Learning from complaints

Whilst complaints can often be viewed negatively, they always provide a valuable insight into the experiences of our patients and service users and offer us opportunities to review and reflect on the services we provide. The publication of the Francis report reinvigorated the need for all NHS Trusts to listen to and importantly, learn, take action and make changes from complaints. Some examples of action taken at MTW following complaints investigations completed since April 2019 include:

- Spot checks carried out on medical ward to look for documentation of allergies
- Review and revision of directorate processes to ensure that all enquiries received via PALS are responded to in a timely manner
- Maternity service exploring options for how they can provide relevant information within mothers' discharge letters when baby requires onward care under primary care services
- Radiology reviewing identification policy with the support of the safeguarding adults team to ensure that patients with impaired capacity are able to have outpatient investigations completed. This will include increased liaison with care homes to improve communication and use of alternative identification methods (eg photographs)
- Ward team added car parking concessions to their main notice board to make relatives aware of parking options
- Additional checks implemented by radiology clerical team to ensure imaging requests to third party providers are completed
- Teaching delivered to PET staff around the difference between chemo- and immunotherapy to prevent imaging delays
- Additional mouthcare training delivered to ward team
- Endoscopy patient information leaflet reviewed and updated
- Gastroenterology patients requiring 'hot' scans will be discussed with radiology in advance so that they are aware of the potential for them to present out of hours – this will prevent missed opportunities to perform investigations.
- Manual handling training delivered to radiology staff
- Surgical clinic letter template revised to provide greater clarity for patients regarding which clinic they were being invited to attend
- Paediatrics developing a patient/carer information leaflet around CAMHS to help manage expectations

Week Five 31/01/2020

Feedback following complaints

Every complainant is invited to provide feedback to us on their experience of making a complaint. This is offered via an online survey tool. However, we will shortly be launching a new initiative to invite staff involved in complaint investigations to also provide feedback on their experience of the process. We recognise that having a complaint made against you or your service can be upsetting and impact on confidence and we want to make sure that the corporate teams are doing all we can to minimise this and to offer support or signpost you to support to you during the process. If you have been asked to respond to any part of a complaint, following the closure of the complaint, you will be sent a link to allow you to complete a short online survey. The responses will be completely anonymous, but will be used by the corporate team to try to assess the impact of complaints on staff members and ensure that adequate support mechanisms are in place.

If you are involved in a complaint investigation, there are a number of sources of support available to you. These include: your line manager/supervisor; educational leads/PDN's; the central complaints team and occupational health. Other sources of support include the employee assistance programme (EAP) which is free to access and available 24-hours a day. You can contact their helpline on 0800 030 5182 – visit the [intranet](#) for more information.

The March Patient Safety Calendar is focussed around accessible information.

Report from the Chair of the Trust Board

Chair of the Trust Board

Consultant appointments

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

Date of AAC	Title	First name	Surname	Department	Potential/Actual Start date
09/01/2020	Dr	Jonathan Leck	Hart	Neuro radiology	TBC
16/01/2020	Dr	Dimitrios	Mermerelis	Microbiology	TBC
22/01/2020	Dr	Jolanta	Lapczynska	Breast Radiology	TBC

Which Committees have reviewed the information prior to Board submission?

N/A

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

Information

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

Report from the Chief Executive**Chief Executive**

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

1. Planning applications have been submitted to increase the number of car parking spaces at both hospital sites. Subject to final designs and planning, we are looking to increase parking spaces by 175 spaces for Tunbridge Wells Hospital and 200 spaces for Maidstone Hospital. This will help ease congestion on our hospital sites at peak times.
2. MTW continues to remain in the top 10 performing Emergency Departments (ED) in the country. Despite unprecedented demand with high numbers of acutely unwell people needing our care and support – ED attendances are up by 11% on last year – the Trust is managing this pressure effectively. To help us respond to this rise in demand, MTW must develop new and innovative ways of working to ensure our patients are able to access emergency care services in a prompt and timely way.

Over the next month we are implementing changes to enhance our Same Day Emergency Care (SDEC) pathways, so that medical and surgical patients flow through a single assessment unit; using senior clinicians' expertise right from the start of a patient's journey to help us triage, treat and manage ambulatory patients differently; and opening a dedicated Planned Treatment Unit (PTU) for medical patients who receive planned infusions or Intravenous (IV) antibiotics.

By making these changes, we will free up space in our Acute Medical Units (AMU) so that we can assess and treat emergency patients more quickly.

3. Thank you to the Corke family who donated £5,000 to help fund equipment for the Chartwell Suite at Maidstone Hospital. Raymond and Jackie Corke, of Tonbridge, raised the money after holding race nights and afternoon tea events. The donation was organised by the family as thank you to MTW following Mr Corke's regular treatment in the Chartwell Suite for Leukaemia and other illnesses since 2008.
4. In partnership with Arriva, MTW is trialling a new bus service for patients and staff. The H1 links Maidstone Hospital with the London Road Park and Ride car park. The trial forms part of MTW's sustainable travel plans to encourage people to use alternative methods of transport to and from the hospital.
5. MTW has launched a new and improved care model for those who are pregnant. Continuity of Carer has been introduced in the Crowborough and High Weald area of north east Sussex. The new model, which is part of the national Maternity Transformation Programme, means those who register their pregnancy in Crowborough will now be cared for by the same team of six to eight midwives. The team will be based at Crowborough Birthing Centre. This consistency in care means people will see a familiar face throughout their pregnancy, labour and post-birth. The Trust will gradually roll the service out across the rest of its maternity services at Maidstone Birth Centre and Tunbridge Wells Hospital.
6. A new accessible courtyard garden has been unveiled at Maidstone Hospital after undergoing a makeover. The tranquil space was revamped with a new seating area, stepping stones around raised flower beds which contain sensory plants, new benches and bins plus a water feature. Thank you to the League of Friends who came up with the idea and Bovis Homes Group, Croudace Homes Ltd, The Whitehead Monckton Charitable Foundation, Kent County Council's Combined Member Grant Scheme, who together funded the £16k project, and also Gallagher Aggregates, who donated materials.

7. As part of our ambition to be an outstanding organisation, MTW is kicking off a two month project to identify the improvements we can make to our estates and facilities. This will help us enhance the hospital environment and services we provide for both patients and staff.
8. MTW's Kent Oncology Centre is hosting a range of events to mark World Cancer Day on 4 Day. They include an information marketplace, an opportunity for staff, visitors and patients to write their pledge to help make a lasting, positive change against cancer and a behind-the-scenes guided tour of one of the Trust's Linear Accelerator machines, with a chance to meet some of our expert staff.
9. 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:
 - a. Cancer transformation and sustainability
 - b. Managing emergency care demands during the winter
 - c. Culture and leadership programme and upcoming staff focus groups
 - d. Updates on additional car parking provision at both hospital sites
 - e. Clinical academic appointments
 - f. Performance updates on RTT
10. The Sustainable Health Care in East Kent Joint Committee has confirmed that two options for improving hospital services in east Kent have now been shortlisted and will be included in a pre-consultation business case to be reviewed by NHS England and NHS Improvement, and clinical leaders. The pre-consultation business case must be approved by NHS England and NHS Improvement's national team before a consultation can begin.

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

Trust Board meeting – January 2020

Integrated Performance Report, December 2019

**Chief Executive /
Members of the Executive Team**

Enclosed is Integrated Performance Report for month 9, 2019/20.

Which Committees have reviewed the information prior to Board submission?

- Finance and Performance Committee, 28/01/20 (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

Integrated Performance Report

December 2019

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Appendices (Page 18 onwards)

- 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

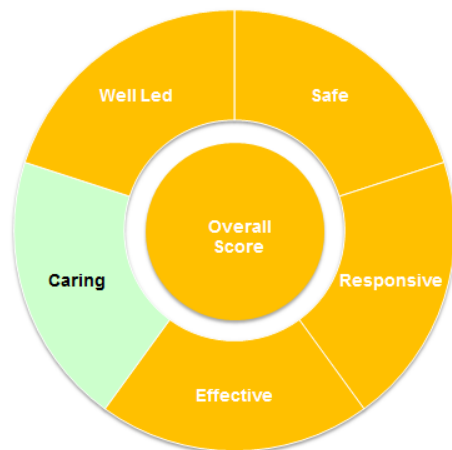
Amber = Up to 3 red domains

Green = No reds and 3 or less amber domains

Note: Detailed dashboards and a deep dive into each CQC Domain are available on request - mtw-tr.informationdepartment@nhs.net

Performance Wheel and Executive Summary

Previous Month (Nov-19)



Current Month (Dec-19)



2019/2020 Year to date



Executive Summary

The Trust has achieved the National Cancer 62 Day FDT Standard of 85% for four consecutive months. All Cancer Waiting Times Targets were achieved in November for the second consecutive month.

The overall fill rate reduced back to 74.9% in December which was impacted by a further increase in the sickness rate to 3.9% along with an expected increase in the rate of Annual Leave taken due to the Christmas/New Year period. However, the nursing staff fill rate remained above plan at 98.1%. Despite this, the rate of Pressure Ulcers and Falls increased in December, particularly at the Maidstone site which may have been impacted by the need to move experienced staff to ensure that our escalation areas have been safely managed with appropriately skilled staff.

Activity levels remain below plan YTD (particularly for Outpatients). Performance for the Referral to Treatment (RTT) standard has decreased slightly in December but is above the revised recovery trajectory at 83.6%. The non-admitted pathway waiting list and backlog continue to show an increasing trend for some key areas and the admitted pathway waiting list and backlog has increased in December, due to a decrease in elective activity, which is directly impacting on performance. However, an RTT recovery plan for Quarter 4 (January to March 2020) has now been implemented. The December position is not currently finalised so may improve further.

Achievement of the A&E 4 hour standard has been impacted by the continued high level of A&E Attendances. Non-elective patient flow has also been impacted by the an increase in admissions, Delayed Transfers of Care and average length of Stay (LOS) continuing to remain above plan. This has resulted in there being less beds available for patients requiring an admission from A&E, leading to an increase in the use of escalated beds (8.8% of all occupied beds in December).

Performance Wheel and Executive Summary

Items for Escalation

- **Infection Control:** With the 1 case of C.Diff reported in December the Trust is now back below the maximum trajectory YTD. Cases of E.Coli continue to decrease and the rate is now below the maximum trajectory.
- **Harm Free Care:** The rate of Pressure Ulcers and Falls increased, particularly at the Maidstone site this month. Overall there were 15 hospital acquired pressure ulcers reported in December equating to a rate of 2.3 per 1,000 occupied beddays. In line with NHSi guidelines the Trust has changed the way that pressure ulcers are recorded to include Deep Tissue Injuries (DTIs). This has coincided with an overall increase in pressure ulcers in December which is being investigated. The Trust rate of Falls is now slightly above trajectory YTD.
- **Stroke:** Performance against the metrics that constitute the Best Practice Tariff has been impacted by a combination of data completeness and validation, as well as annual and compassionate leave. However, performance for patients who met all three indicators has improved in December. 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.
- **A&E Attendances:** are currently showing an annualised growth of 10.7%. December was the fourth busiest month ever.
- **A&E 4 hour Standard:** performance decreased further in December to a score of 85.05% against an agreed trajectory of 87.99% for December and has been below plan now for the last five consecutive months. Despite this the Trust is consistently in the 10 best performing Trusts in England.
- **Referral to Treatment (RTT) Incomplete Pathway:** Performance decreased marginally in December to 83.56% but is above the revised recovery trajectory of 82.29%. The Trust Waiting List has increased slightly to 31,876 and the backlog has increased to 5,406 due to the decrease in elective activity (-13.7 elective cases per working day) and Theatre Utilisation (84.3%). The OP Backlog remained similar to last month. The December position is not currently finalised so may improve further
- **Cancer 2weeks (2ww):** Performance against the 2ww and 2ww breast symptoms targets have been achieved for three consecutive months (93.0% and 95.2% respectively in November). December is also expected to achieve both targets.
- **Cancer 62 Day:** Performance against this target has been achieved for four consecutive months (85.6%) with December expected to achieve .
- **Diagnostics Waiting Times <6 weeks:** Performance dropped to 98% in December and therefore did not achieve the target. This was caused mainly by capacity issues in Endoscopy and CT Scanning over Christmas.
- **Finance:** The Trust recovered £0.5m overspend from previous months and therefore fully achieved the quarter 3 PSF funding resulting in £2m surplus (£2.1m favourable to plan including PSF and MRET). The Trust implemented the mitigations as per month the month 8 forecast in month 9 which included the following key elements: QIPP adjustment (£1.3m), Capitalisation of EPR project costs (£0.7m), release of fines provision (£0.2m) and incorporation of 2019/20 Sussex risk reserves (£0.2m). Year to date the Trust is £0.1m favourable to plan, the key variances to budget were: Underperformance in Private Patient Income (£1.5m net), RTT Income reserve (£2.6m), £2m CIP slippage, £0.3m overspend against outsourcing, overspends within expenditure budgets (£2.6m). These pressures have been partly offset by release of prior year provisions (£3.5m), release of £3.6m of reserves and QIPP income (£1.3m).
- **Workforce (various):** Following the increase in the staffing fill rate seen last month due to the substantive recruitment that has taken place, this reduced back to 74.9% in December, however the nursing staff fill rate remained above plan at 98.1%. The overall rate was impacted by a further increase in the sickness rate to 3.9% along with an expected increase in the rate of Annual Leave taken due to the Christmas/New Year period. The Agency and bank usage remained similar to the previous month and delays in the availability of OSCE examinations and the length of supernumerary time for some overseas nurse recruits have contributed to a slower than expected reduction in nurse agency expenditure. The vacancy rate decreased further to 8.3%, in December, slightly above plan

Summary Scorecard

Safe		Curr Month		Year to Date		Year End		Change on Prev Mth	Responsive		Curr Month		Year to Date		Year End		Change on Prev Mth	
ID	Key Performance Indicators	Plan	Actual	Prev Yr	Curr Yr	Plan	FOT		ID	Key Performance Indicators	Plan	Actual	Prev Yr	Curr Yr	Plan	FOT		
S1	Rate C-Diff (Hospital only)	19.5	4.7	21.3	22.3	22.4	21.5	↑	R1	Emergency A&E 4hr Wait	88.0%	85.0%	92.2%	90.3%	91.7%	89.8%	↔	
S2	Number of cases C.Difficile (Hospital)	4	1	39	41	55	53	↑	R2	Emergency A&E >12hr to Admission	0	0	2	0	0	0	→	
S3	Number of cases MRSA (Hospital)	0	0	3	1	0	1	→	R3	Ambulance Handover Delays >30mins	369	641	3150	4649	4428	5756	↓	
S4	Rate of E. Coli Bacteraemia	19.5	14.0	30.1	31.6	21.5	21.5	↑	R4	RTT Incomplete Pathway (October)	83.3%	83.6%	81.6%	83.6%	86.7%	84.9%	↔	
S5	Rate of Hospital Pressure Ulcers	1.3	2.3	1.5	1.6	1.3	1.5	↓	R5	RTT 52 Week Waiters (New in Month)	8	3	54	58	96	58	↑	
S6	Rate of Total Patient Falls	6.00	6.69	6.19	6.06	6.00	6.00	↓	R6	% Diagnostics Tests WTimes <6wks	99.0%	98.0%	99.1%	98.0%	99.0%	99.0%	↔	
S7	Number of Never Events	0	0	1	1	0	1	→	R7	Cancer two week wait	93.0%	93.0%	90.0%	93.0%	93.0%	93.0%	→	
S8	Number of New SIs in month	12	13	128	102	144	138	↓	R8	Cancer two week wait-Breast Symptoms	93.0%	95.2%	81.7%	95.2%	93.0%	95.2%	→	
S9	SIs not closed <60 Days Monthly Snapshot	24	11	-	11	24	11	→	R9	Cancer 31 day wait - First Treatment	96.0%	97.2%	96.8%	97.2%	96.0%	97.2%	→	
S10	Overall Safe staffing fill rate	93.5%	98.1%	96.9%	95.6%	93.5%	95.6%	↔	R10	Cancer 62 day wait - First Definitive	85.0%	85.6%	56.4%	85.6%	85.0%	85.6%	→	
Effective		Curr Month		Year to Date		Year End		Change on Prev Mth	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		ID	Key Performance Indicators	Plan	Actual	Prev Yr	Curr Yr	Plan	FOT		
E1	Hospital-level Mortality Indicator (SHMI)	Band 2	1.0331	1.0244	1.0331	Band 2	Band 2	→	R11	Average LOS Non-Elective	6.40	6.54	6.94	6.87	6.40	6.87	↔	
E2	Standardised Mortality HSMR	Lower conf <100	91.0	103.3	91.0	Lower conf <100	91.0	→	R12	Theatre Utilisation	90.0%	84.3%	91.3%	86.4%	90.0%	86.4%	↔	
E3	% Total Readmissions	14.1%	15.3%	13.6%	14.8%	14.1%	14.8%	↔	R13	Primary and Non-Primary Refs	15,673	13115	140,472	145901	199,052	196056	↔	
E4	Readmissions <30 days: Emergency	14.8%	15.9%	14.1%	15.4%	14.8%	15.4%	↔	R14	Cons to Cons Referrals	4,086	5264	53,116	55243	51,898	68,320	↔	
E5	Readmissions <30 days: Emergency (excl SDE	14.0%	14.8%	13.8%	14.8%	14.0%	14.8%	↔	R15	OP New Activity	17,806	16835	158,163	166985	226,133	223964	↔	
E6	Readmissions <30 days: Elective	6.8%	8.2%	7.1%	7.7%	6.8%	7.7%	↔	R16	OP Follow Up Activity	27,323	24598	236,257	252735	346,845	340122	↔	
E7	Stroke: Best Practice (BPT) Overall %	50.0%	43.9%	50.0%	40.2%	50.0%	40.2%	↔	R17	Elective Inpatient Activity	585	557	4,767	5318	7,426	7189	↔	
E8	Nat CQUIN: % Dementia Screening	90.0%	98.8%	99.8%	93.4%	90.0%	93.4%	↔	R18	Day Case Activity	3,954	3532	33,087	35675	50,210	48326	↔	
E9	Nat CQUIN: % Dementia Risk Assessed	90.0%	96.2%	90.3%	104.7%	90.0%	104.7%	↔	R19	Non Elective Activity (inc Maternity)	5,726	5882	47,706	49950	67,606	66759	↔	
E10	Nat CQUIN: % Dementia Referred to Specialist	90.0%	98.0%	98.6%	99.0%	90.0%	99.0%	↔	R20	A&E Attendances : Type 1	13,093	14560	115,794	127487	159,252	170070	↔	
Caring		Curr Month		Year to Date		Year End		Change on Prev Mth	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		ID	Key Performance Indicators	Plan	Actual	Prev Yr	Curr Yr	Plan	FOT		
C1	Single Sex Accommodation Breaches	0	0	35	0	0	0	→	W1	Surplus (Deficit) against B/E Duty	-	53	2,039	1,671	4,267	6,897	6,897	→
C2	Rate of New Complaints	3.92	2.01	2.21	2.34	2.93	2.47	↔	W2	CIP Savings	2,077	1,847	8,838	16,174	22,339	22,329	↔	
C3	% complaints responded to within target	75.0%	80.0%	66.7%	65.5%	75.0%	68.0%	↑	W3	Cash Balance	26,629	23,239	12,766	23,239	3,000	3,000	→	
C4	IP Resp Rate Recmd to Friends & Family	25.0%	17.1%	19.6%	16.4%	25.0%	16.4%	↔	W4	Capital Expenditure	1,590	2,033	5,560	4,232	14,448	15,634	→	
C5	IP Friends & Family (FFT) % Positive	95.0%	96.5%	93.9%	95.4%	95.0%	95.4%	↔	W5	Finance use of Resources Rating	2	3	3	3	2	3	→	
C6	A&E Resp Rate Recmd to Friends & Family	15.0%	12.1%	12.9%	9.1%	15.0%	9.1%	↑	W6	Staff Turnover Rate (%)	10.0%	12.3%	9.1%	11.9%	10.0%	11.9%	↔	
C7	A&E Friends & Family (FFT) % Positive	87.0%	87.3%	89.9%	87.5%	87.0%	87.5%	↔	W7	Vacancy Rate (%)	8.0%	8.3%	10.7%	11.3%	8.0%	11.3%	↔	
C8	Mat Resp Rate Recmd to Friends & Family	25.0%	16.3%	23.9%	22.4%	25.0%	25.0%	↔	W8	Total Agency Spend	1,275	1,520	17,245	14,490	17,738	18,574	↔	
C9	Maternity Combined FFT % Positive	95.0%	99.7%	90.4%	95.4%	95.0%	95.4%	↔	W9	Statutory and Mandatory Training	90.0%	85.8%	87.1%	86.1%	90.0%	86.1%	↔	
C10	OP Friends & Family (FFT) % Positive	84.0%	82.2%	84.2%	82.5%	84.0%	84.0%	↔	W10	Sickness Absence	3.3%	3.9%	3.4%	3.5%	3.3%	3.5%	↔	
Target Indicator Key:									Change on Previous Indicator Key:									
On or above Target									Significant improvement on previous (>5%)			↑	Deterioration on previous (<5%)				↔	
Review and Corrective Action required									Improvement on previous (<5%)			↔	Significant deterioration on previous (>5%)				↓	
Significantly below target - urgent action required									No Change			→						
KPI Used in Performance Wheel Scoring																		

Headlines

Safe:	Positives:	Challenges:
<p>Lead Director(s): Claire O'Brien/ Peter Maskell</p>	<p>Infection Control: Compliance in MRSA Screening for the Elective pathway remains above target.</p> <p>There was one case of C.difficile reported in December. The Trust is therefore back on trajectory with 41 cases against a maximum limit of 43</p> <p>The number of cases of E.coli decreased further to 3 cases reported in December equating to a rate of 14.0 per 100,000 occupied beddays which is below the phased trajectory of 19.5 as at December reducing to 19.0 by the end of the year.</p> <p>Serious Incidents (SIs): SIs open at the end of the month decreased further which is the lowest number reported so far this year. Performance for those being closed within the 60 day target improved further in December to 11 SIs currently open that have passed their breach date for closure.</p> <p>Incidents: The rate of incidents that were severely harmful increased in December to 0.89 but remains below the maximum limit of 1.23.</p> <p>Safe Staffing: This has decreased in December to 98.1% but remains significantly above the target of 93.5%.</p>	<p>Infection Control: Performance for MRSA Screening in Non- Elective pathways improved in December to 94.1% but remains slightly below the target of 95%.</p> <p>Falls: The level of Falls has increased in December to 143 equating to a Rate of 6.69 per 1,000 occupied bed days. The main increase was at the Maidstone site where the rate increased to 6.11 which is above the trajectory of 5.00, the highest level reported at this site so far this year and just below the upper control limit. The rate is now slightly above trajectory YTD.</p> <p>Pressure Ulcers: In line with NHSi guidelines the Trust has changed the way that pressure ulcers are recorded to include Deep Tissue Injuries (DTIs). This has coincided with an overall increase in the number of hospital acquired pressure ulcers (HPAU) with 15 reported for December equating to a rate of 2.3 The increase was on both sites of the Trust</p> <p>Serious Incidents (SIs): The number of SIs reported increased back to previous levels in December at 13. Of these 3 were related to Falls and 4 were related to consent issues.</p> <p>Incidents: The number of incidents open for more than 45 days increased in December to 2,088 which is slightly above the average of last year.</p> <p>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.</p>

Headlines

Effective:	Positives:	Challenges:
<p>Lead Director(s): Peter Maskell</p>	<p>Mortality: The Risk Adjusted Hospital Standardised Mortality Rate (HSMR) and SHMI are both continue to remain within acceptable limits. The HSMR has been below 100 for the last seven reporting periods.</p> <p>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%</p> <p>Patients with Dementia: The percentage of patients screened for Dementia increased further in November to 98.8% against the 90% national target and remains above target YTD (93.4%). The percentage of those that were risk assessed or referred to a specialist where required both continue to remain significantly above target.</p>	<p>Emergency Readmissions: Following discussion with the Medical Director it was decided to show the rate of emergency readmissions within 30 days of discharge (non-elective) excluding SDEC (those on a same day emergency care pathway) as well as the total rate of emergency readmissions within 30 days of discharge (non-elective) due to the increased use of short stay units. Performance is monitored against local targets based on improving to above the average of last year. Performance deteriorated slightly for both indicators in December and both remain slightly above the target (average of last year).</p> <p>Emergency readmissions (Elective): The level of emergency readmissions within 30 days of discharge for those who were originally admitted on an elective pathway has increased and is slightly above the target.</p> <p>Stroke: Performance against the metrics that constitute the Best Practice Tariff has been impacted by a combination of data completeness and validation, as well as annual and compassionate leave. However, performance for patients who met all three indicators has improved in December. 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.</p> <p>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.</p> <p>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.</p>

Headlines

Caring:	Positives:	Challenges:
<p>Lead Director(s): Claire O'Brien/ Peter Maskell</p>	<p>Complaints: The overall number of complaints received has remained fairly consistent month on month.</p> <p>The percentage of complaints responded to within target increased in December back to 80% and is therefore above the 75% target. YTD performance remains below target at 65.5%.</p> <p>Divisional performance increased to 96% for December and is at 82.8% YTD which is above the 75% target.</p> <p>Friends and Family Survey: The Percentage positive performance for December was above plan in all areas with the exception of Outpatients which was slightly below plan.</p> <p>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</p> <p>VTE Risk Assessment: The Trust continues to consistently achieve the 95% National Target for patients receiving a VTE Risk Assessment</p>	<p>Friends and Family: Response rates continue to fluctuate for all four areas and all areas remains below plan YTD.</p> <p>Information regarding process and collection shared with all areas in particular for areas who are new to FFT.</p> <p>In house poster being reviewed and re-designed. Training session delivered 12th December</p>

Headlines

Responsive:	Positives:	Challenges:
<p>Lead Director(s): Sean Briggs</p>	<p>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 46.8 per day so far this year – or around 10.1% of all A&E attendances. December recorded the highest ever rate at 51.2 per day</p> <p>A&E admissions (SDEC): The percentage of patients that are zero LoS (excluding Clinical Decision Unit (CDU) patients) is 26.1% YTD, compared to 22.1% for the same period last year.</p> <p>Outpatient Efficiency: 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 (New - 5.7%, FUP – 5.2%).</p>	<p>ED Attendances: The past 52 weeks have been 10.71% busier than the preceding 52, and 2019/20 attendance is forecast to be 9.1% higher than 2018/19. December recorded the 4th busiest month ever.</p> <p>4 hour Emergency Access Standard: A&E performance has been extremely challenging over the last three months with a score of 85.04% against a trajectory target of 87.99% in December. Whilst performance has struggled across both sites there have been particular issues that have impacted on the Maidstone site performance over the last five months which have caused more breaches than expected.</p> <p>Emergency Admissions from A&E to a main Ward: Whilst both the volume & overall % of A&E Attendances that are then admitted onto a main ward is lower than last year YTD (19.0% compared to 20.8%) the numbers are spiking, and December recorded its highest ever level at 93.4 per day.</p> <p>Beds: Delayed Transfers of Care (DTC) decreased to 4.30% in December (best performance in the last four months) but remains above plan. This, along with non-elective average length of stay (LOS) remaining slightly above plan has meant that bed occupancy remains high at 93.7% in December and there has been an increased use of escalated beds (8.8% of total occupancy). Many of the available beds are specialist beds not available for general acute admissions.</p> <p>New Outpatient Activity: Activity is 1.3% below plan YTD. However, for the main RTT Specialties this is 10% 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.</p> <p>Outpatient Efficiency: The ERS Unavailable Slot %age remained high in Nov-19 at 25.9%. Separate meetings have taken place with the specialties in order to implement a plan. An ERS working group has been re-established. Cancellation of outpatient appointments with less than 6weeks notice continue to be an area of concern at 15% YTD.</p>

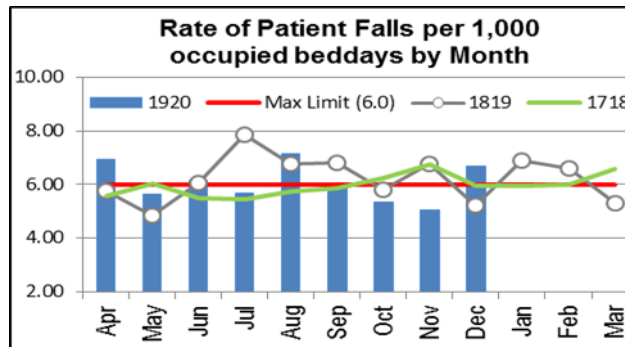
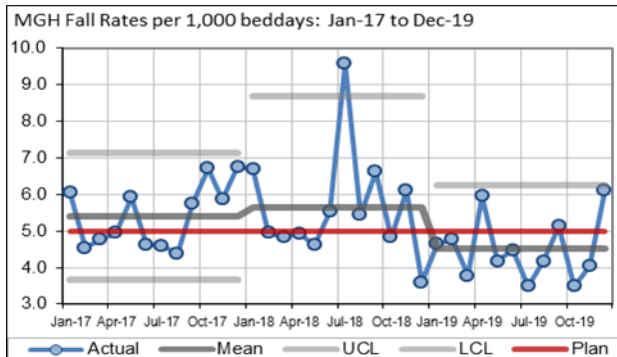
Headlines

Responsive:	Positives:	Challenges:
<p>Lead Director(s): Sean Briggs</p>	<p>Inpatient Efficiency (Last minute cancellations): The rate of last minute reportable cancellations remains below the 0.8% maximum limit at 0.6% YTD</p> <p>Inpatient Efficiency (Theatre Utilisation): Utilisation has dropped in December to 84.3%.</p> <p>Cancer Waiting Times: For a second consecutive month the Trust has achieved all reportable Cancer Waiting Times standards, including 85.6% for the 62 day standard, 93% for the 2ww and 95% for the Breast 2ww standard.</p> <p>The 62 day standard has now been achieved for four consecutive months and both the 2ww and Breast 2ww standards have been achieved for three consecutive months.</p>	<p>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.</p> <p>Elective Activity: Overall activity reduced in December to 9.9% below plan and is now 4.9% below plan YTD (DC is 5% below plan and IP are 4.3% below plan YTD). 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 remains above plan. Some of the speciality initiatives submitted in the speciality business plans have not been funded. RTT recovery plan from Jan – March 20 has been implemented.</p> <p>Inpatient Efficiency (Theatre Utilisation): Theatre Utilisation with TAT had remained consistent for this financial year, averaging 86.3% but dipped to 84.3% in Dec-19. The decrease in Theatre activity equated to a decrease of an average of 13.7 elective cases per working day.</p> <p>RTT Incomplete Pathway: Performance decreased marginally in December to 83.56% but is above the revised recovery trajectory of 82.29%. The Trust Waiting List has increased slightly to 31,876 and the backlog has increased to 5,406 due to an increase in the IP Backlog. The OP Backlog remained similar to last month.</p> <p>The Trust is still reporting some 52 week breaches on a monthly basis (3 new reported for December). All patients will have a harm review by the managing Consultant. Due to the lower levels of outpatient activity undertaken YTD and the lower level of IP Activity undertaken particularly in December the Trust Waiting List and backlog are above trajectory .</p> <p>The Elective and Outpatient New Activity remain lower than plan YTD (-4.9%) and (-10%) for RTT Specialties respectively, which has led to an increase in the RTT Waiting List and backlog for some specialties.</p> <p>Diagnostic Waiting Times <6weeks: The Trust did not achieve the national target in December at 98% against the target of 99%.</p>

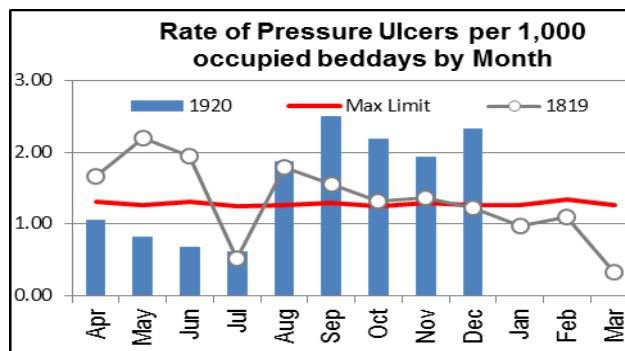
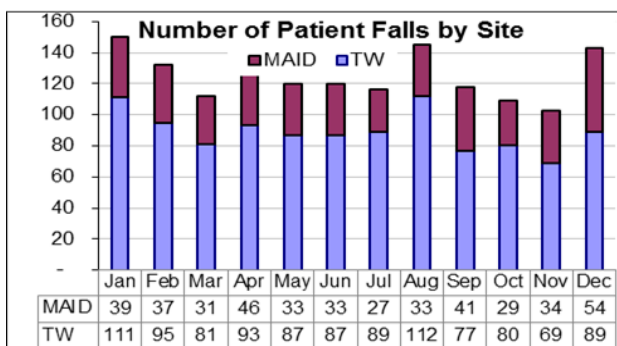
Headlines

Well Led:	Positives:	Challenges:
<p>Lead Director(s): Steve Orpin/ Simon Hart</p>	<p>Finance: The Trust recovered £0.5m overspend from previous months and therefore is on plan resulting in full PSF payment for quarter 3.</p> <p>The Trust is forecasting to meet its control total by the end of the year.</p> <p>CIP delivery has under-performed by £0.2m in month 9. The Trust has delivered £16.2m savings YTD which is on plan.</p> <p>The Trust's overall capital programme is forecast to outturn at £15.6m (excluding donated assets and PFI Lifecycle). This includes the use of £6.4m of asset sale funding (capital resource approved recently by DHSC); the recently notified £2.1m of national Diagnostic Funding to purchase two CT scanners, a MRI and Mammography equipment, and £1.25m of national funding for the Electronic Prescribing Medicines programme (EPMA).</p> <p>Vacancy Rate: The overall Trust vacancy rate decreased further to 8.3%, in December, slightly above plan and remains 4% lower than at the beginning of the financial year. The increase in December has been as a result of additional posts being put into the establishment as part of the winter escalation plan.</p> <p>Staff Appraisals: The 2019/20 appraisal cycle is overall at 91.8% 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%.</p>	<p>Finance: The Trust is implementing financial recovery plans and currently has £1.4m of additional mitigations to deliver the plan.</p> <p>Medical staffing pay overspent YTD by £2.2m mainly within Medicine and Emergency Division (£1.8m) and Paediatrics (£0.7m). Substantive recruitment has taken place, controls on temporary bookings and review of bank rates have been implemented which should reduce agency spend.</p> <p>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. However the Trust has opened 2 escalation wards earlier than planned which would increase the number of staff required.</p> <p>Shortfall year to date relating to private patient income. Private In patient's beds at TWH have opened in October but as yet we have not seen the expected increase in private patient income. There has also been escalation of NHS patients into these beds.</p> <p>If the I&E forecast moves adversely this will reduce the level of cash available.</p> <p>Sickness Rate: The overall sickness rate has increased further to 3.9% in December, above the maximum limit of 3.3% and just below the upper control limit. YTD this is slightly above target at 3.5%. 76.6% of frontline staff have received flu vaccinations against a CQUIN target of 80% (to be achieved by the end of February) The Trust target is 85%</p> <p>Annual Leave and Staff Fill Rate: There was a significant increase in Annual Leave in December to 12.9% due to the Christmas/New Year period. This, along with an increase in sickness levels meant that the overall staff fill rate also reduced to 74.9%</p>

Escalation: Harm Free Care



Falls: The level of Falls has increased in December to 143 equating to a Rate of 6.69 per 1,000 occupied bed days. The rate is now slightly above trajectory YTD. The main area contributing to the increase is in the Acute & Geriatric Directorate, with a particular increase at the Maidstone site. This has led to the overall rate of Falls at Maidstone increasing to 6.11 which is above the trajectory of 5.00, the highest level reported at this site so far this year and just below the upper control limit. TWH remains above trajectory at 7.09 against 6.30.



Falls by Division: Falls seen in the Medical and Emergency Care Division increased in December to 8.0 (with a reduction for specialist medicine) but remain below the maximum trajectory as well as the level reported in the previous year YTD (6.7 compared to 7.3). The rate of Falls for T&O has reduced further in November to 4.4 (7.9 YTD) compared to 7.8 in the previous year (6.7 YTD).

Pressure Ulcers: There has been an increase in the number of hospital acquired pressure ulcers (HAPU) with 15 reported for December equating to a rate of 2.3 against a maximum limit of 1.3. The increase was on both sites of the Trust.

Summary:

The level of Falls has increased in December to a rate of 6.69 per 1,000 occupied bed days and is now slightly above trajectory for both the month and YTD. There were 3 Serious Incidents relating to Falls declared in December.

In line with NHSi guidelines the Trust has changed the way that pressure ulcers are recorded to include Deep Tissue Injuries (DTIs). This has coincided with an overall increase in the number of hospital acquired pressure ulcers (HAPU) with 15 reported for December equating to a rate of 2.3. The increase was on both sites of the Trust

Actions:

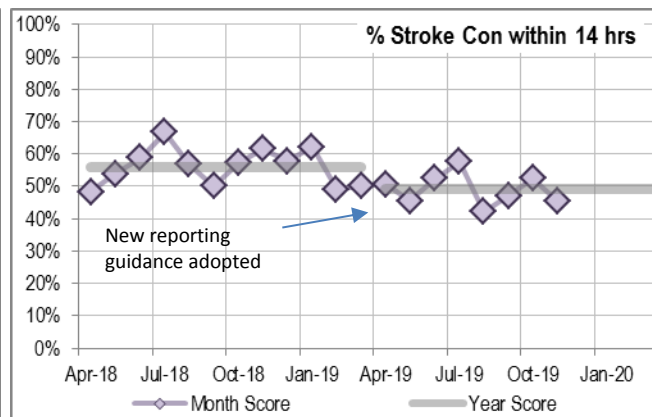
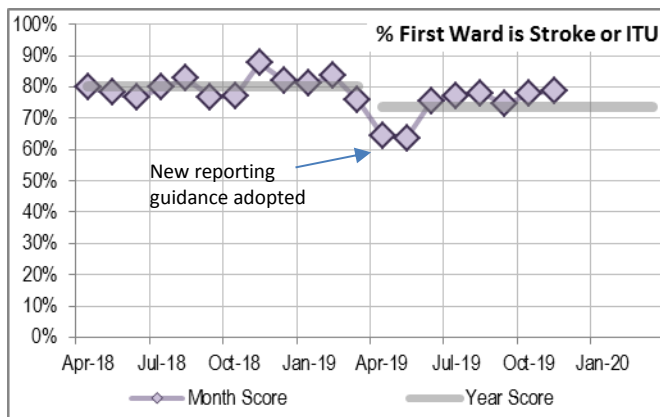
Roll out plan for the NHSi Falls Collaborative project commenced in April 2019. NHSi project focussing on Lying and Standing Blood Pressure. Rollout across all inpatient areas completed by end of November 2019. Spot check audits continued to monitor sustainability of the compliance with lying and standing blood pressure. We will be undertaking a deep dive review into all of the pressure ulcer incidents to identify any key themes from the point of attendance in ED to admission. Raised awareness of the role of the Link nurses for tissue viability at ward level. To enhance provision of education from the tissue viability team

Assurance:

Wards on the Falls 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.

The senior nursing team will be supporting the deep dive into the increase in hospital acquired pressure ulcers and this will be monitored through the Nursing midwifery and AHP forum

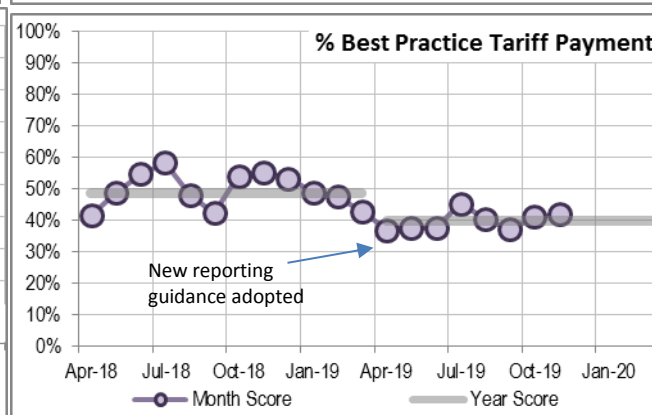
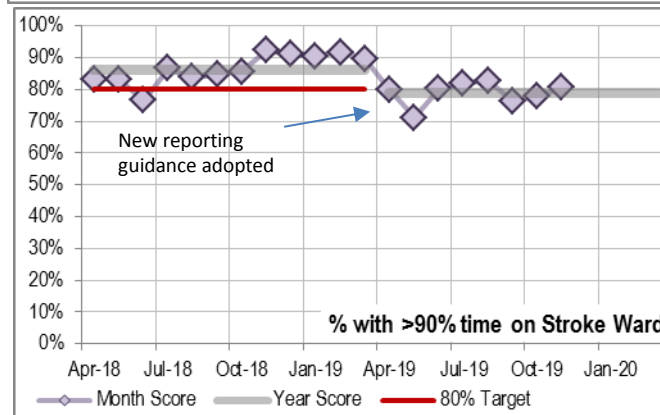
Escalation: Stroke Best Practice Indicators



Data is now reported one month behind (October) 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 3 main stroke indicators that constitute Stroke Best Practice Tariff.

First Ward must be a Stroke Ward (or ITU): last year averaged 80.2%, but this year has reduced to 73.6% to end of Nov.



Stroke Consultant within 14 hrs:

Performance has been lower in Aug, Sep Oct and Nov due to a combination of annual & compassionate leave, and data quality & completeness. The YTD position to the end of Nov is 49.3%

90% of Spell on Stroke Ward. Changes in the guidance means that this metric is now calculated differently to the reported results last year. In 2018/19, we would have scored 86.2% under the new methodology, but this year is reported at 78.9%.

Summary:

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. 40.0% 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 would have been 48.8%.

Post reconfiguration of Stroke services with seven day working will improve this target.

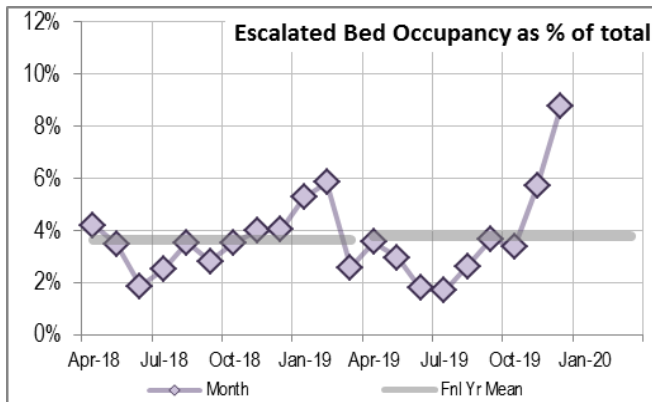
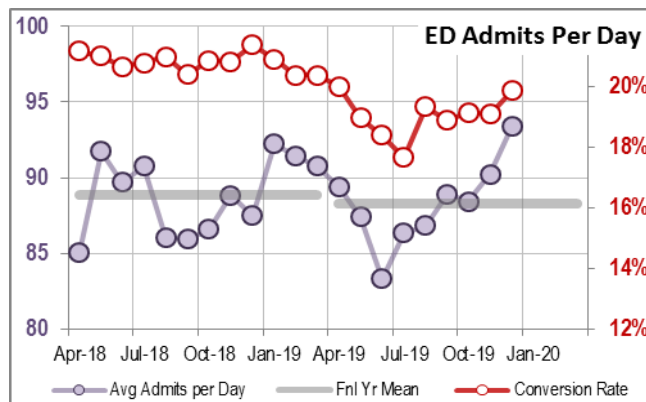
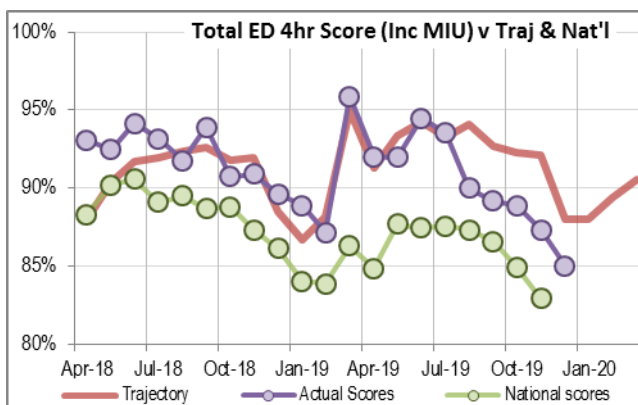
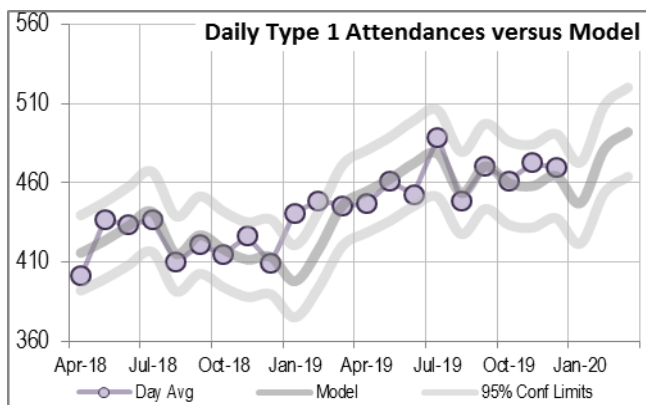
Actions:

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. 90% spell on Stroke currently not always achieved due to increased capacity issues on the MGH Site minimal Stroke patients chosen to move during rehab stage to other outlying wards
5. Daily identifying of most appropriate pts (end of Stroke pathway) to be first to move from Stroke.

Assurance:

1. BPT data now sent fortnightly , and with validation of coding by the CNS team this continues to improve.
2. 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
3. We are covering about 80% of weekends with stroke consultants and have full time cover during the week. We will need to recruit one further stroke consultant to get up to 100%. When a stroke consultant is not available, all stroke patients are reviewed by a Consultant Physician.

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 9.1% increase on that for 2019/20. December was 1.2% higher than expected at 469.7 per day. This represents the 4th busiest month ever at a time when we expect attendances to be easing off into the winter.

4 Hr Time in Department: Performance has been down for five months now, coming in at 85.05% against an agreed trajectory of 87.99% for December. Despite this, we are consistently in the 10 best performing Trusts in England

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 3.8%, with much of that seen in the past 6-8 weeks. Escalated beds tends to spike in January / February

ED admits per day to main IP Ward 2018/19 averaged 88.9 per day, or 20.8% of attendances. This year we averaged 88.2 against much higher attendances, so the percentage is now 19.1%. December saw the highest ever daily rate of 93.4.

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 12.2% delayed 30-60 mins and 1.46% >60. Dec was 13.7% / 1.81%

Summary:

Type 1 attendances are currently showing an annualised growth of 10.7%. December was the 4th busiest month ever. Both sites have had difficulties over the last five months but there have been particular issues that have impacted on the Maidstone site performance which have caused more breaches than expected. YTD, the average Time in Department is now higher than last year at 3hr33m. (with December at 4hr00m). The non-elective average LOS and DTOC have both shown a slight improvement but remain above plan which has meant that bed occupancy was 93.7% in December and there has been an increased use of escalated beds (8.8% of total in December).

Actions:

SDEC running 7 days per week. Commencing trial of Medical Consultant in ED in Jan to support SDEC streaming. Ambulance handover plan in place with increased SECamb / CCG/ MTW working. Extremely challenging weekend on 20 – 22 Dec for ambulance handovers. Improvement seen in handover performance. New ED Consultant in place with additional ED consultant starting March. Nursing planned to be fully recruited by June 2020. EDPs supporting "hello" nurse on ongoing trial on both sites. Further developing the GP in ED service to enable more patients to be streamed. Delay to RAP build at Maidstone due to delay on AMU build.

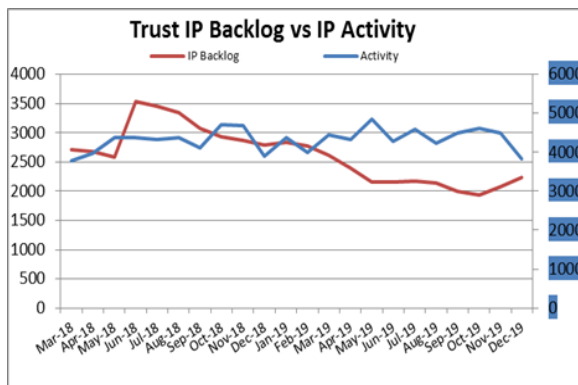
Assurance:

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. Working with A&E Delivery Board on monthly basis to support region wide issues/ actions. System call put in on a daily basis where required when system is tight. Audit run in both EDs to identify opportunity for GP flow. Winter escalation wards are open to support flow and maintain ED Performance. Maintaining top 10 ED performance in the country consistently. Regular site meetings/ winter huddles to support decision making.

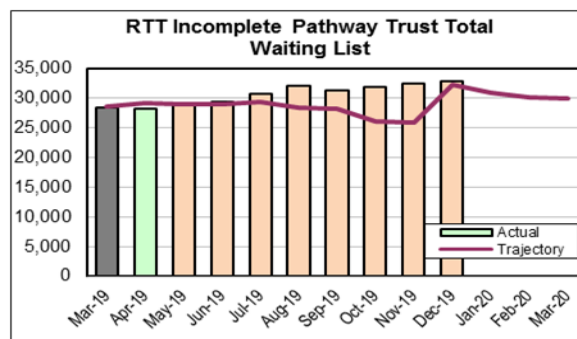
Escalation: RTT Incomplete Pathways

Trust	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Trajectory Total WL	28508	29152	28932	28908	29273	28433	28261	25964	25959	32154
Actual Total Waiting List	28412	28268	29027	29269	30705	32085	31344	31828	32446	32876
Actual IP Waiting List	6494	6045	6037	5978	6102	6009	5780	5742	5932	6118
Actual OP Waiting List	21918	22028	22519	22607	23615	24892	24290	24880	25172	25372
Trajectory Backlog	4146	4806	4578	4622	5089	4576	4543	3536	3740	5379
Actual Total Backlog	4797	4510	4305	4162	4430	4856	4865	4977	5128	5285
Actual IP Backlog	2611	2391	2157	2156	2158	2135	2004	1932	2079	2229
Actual OP Backlog	2186	2119	2148	2006	2272	2721	2861	3045	3049	3056
Trajectory % Performance	85.5%	83.5%	84.2%	84.01%	82.61%	83.9%	83.9%	86.4%	85.6%	83.3%
Actual Total % Performance	83.1%	84.0%	85.2%	85.8%	85.6%	84.8%	84.3%	84.1%	84.0%	83.6%

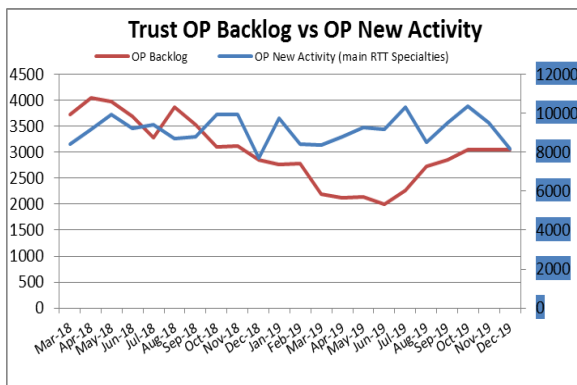
RTT performance has decreased slightly in December to 83.6% but is above the revised recovery trajectory. The overall waiting list and backlog (patients who have been waiting over 18 weeks) has increased.



This shows the decrease in Elective Activity in December as well as the RTT admitted backlog which was showing a downward trend but has increased in December due to the decrease in activity levels



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



This shows the decrease in New Outpatient Activity in December as well as the RTT non-admitted backlog which is showing an upward trend due to the decrease in activity levels.

RTT by Specialty: All specialties saw a small dip in performance in December with the exception of Ophthalmology, Cardiology, Diabetes, Endocrinology and Neurology which saw a small improvement. All Specialties were above their recovery trajectory for December.

Ophthalmology, T&O, Gynaecology, Cardiology, Diabetes, Neurology and Paediatrics saw a reduction in their OP Backlog, whilst the others saw a small increase. However, all specialties saw an increase in their Elective backlog with the exception of General Surgery.

Ophthalmology, ENT and Neurology OP Backlog account for the biggest proportion of the Trust OP Backlog (21%, 20% and 11% 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: 8 reported for December (3 new for December). All patients will have a harm review by the managing Consultant. 52 Week Panel established.

RTT Data Quality: This has become business as usual and is monitored weekly at the Access Performance meeting.

Diagnostics <6weeks: Performance decreased to 98% in December, therefore not achieving the target.

Theatre Utilisation: Theatre Utilisation with TAT had remained consistent for this financial year, averaging 86.3% but dipped to 84.3% in Dec-19. The decrease in Theatre activity equated to a decrease of an average of 13.7 elective cases per working day.

Summary:

Performance decreased marginally in December to 83.56% but is above the revised recovery trajectory of 82.29%. The Trust Waiting List has increased slightly to 31,876 and the backlog has increased to 5,406 due to a decrease in elective activity and subsequent increase in the IP Backlog. The OP Backlog remained similar to last month.

Actions:

Some of the speciality initiatives submitted in the speciality business plans have not been funded. RTT recovery plan from Jan – March 20 has been implemented.

Review operational plan for RTT data quality project.

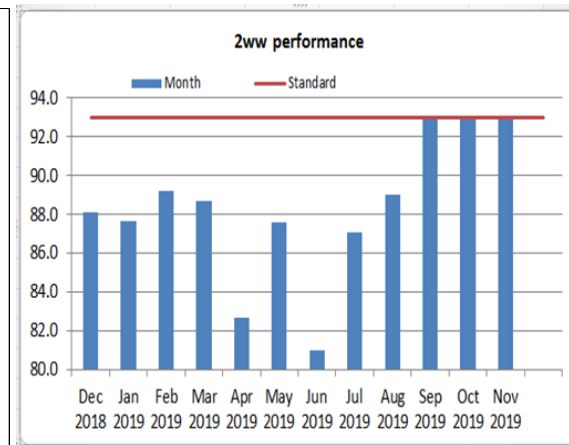
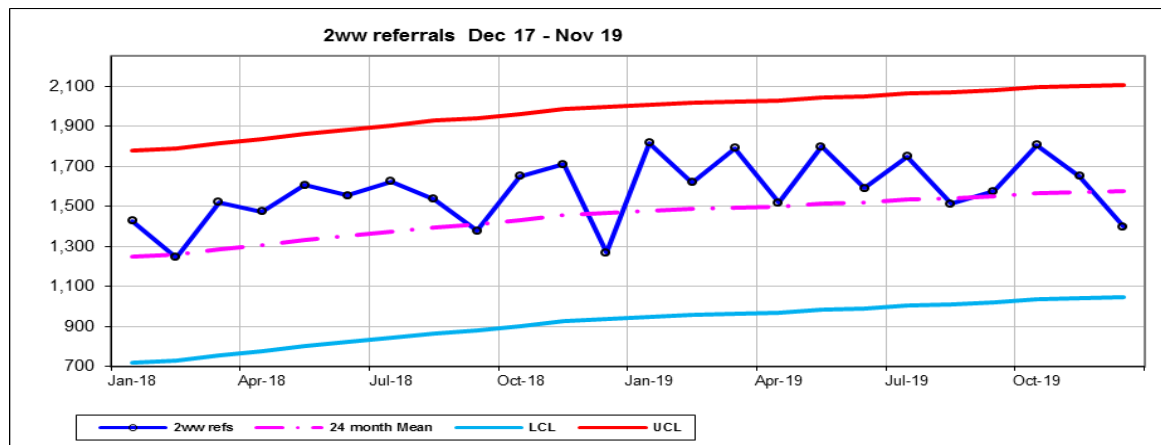
Assurance:

Weekly monitoring of the specialty plans for activity, diagnostics, and theatre scheduling, backlog and waiting list size, through the Access Performance meetings and specialty meetings.

All patients over 40 weeks monitored daily ensure treatment occurs before 52 weeks.

This has become business as usual and is monitored weekly at the Access Performance meeting.

Escalation: Cancer Waiting Times – 2 Weeks



2ww GP referrals to MTW	Breast	Gynae	Haem	Head & Neck	Lower GI	Lung	Other (inc Brain)	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 - Dec)	390	156	24	145	358	53	5	145	209	1653	155	544
% change last 12	13.7%	10.3%	41.7%	18.5%	15.6%	10.2%	18.9%	-0.7%	1.0%	28.2%	10.0%	12.5%

Demand: Numbers of referrals continued to decrease and with 1399 2ww referrals (excluding screening) for December this was the lowest monthly total for 2019

Whilst Lung referrals had a 31.5% increase from November, all other major Tumour sites had reduced numbers of referrals in December – especially Breast (reduction of 30.4%) and Lower GI (reduction of 23.45%)

However, the average totals per tumour site (as above) show a continued growth year on year with a total growth of 28% over last year

2 Week Wait (2WW) Performance:

This is the 3rd consecutive month that the Trust has achieved the 2ww standard – reporting 93% for November 2019. The Trust has continued to achieve the standard for Breast Symptoms and has reported 95.2% for November

Breast, Gynae, Upper GI and Haematology all achieved the 2ww standard, with Head & Neck, Lung, Lower GI and Urology achieving between 89% and 91%

The current unvalidated position for December is 94% with 84 first seen breaches.

Summary:

The Trust has successfully achieved both the 2ww and the Breast Symptoms standards for a 3rd consecutive month.

Following the seasonal decrease in numbers of 2ww referrals, December had an 18% reduction in 2ww referrals over November 2019

However, there has been an overall increase in the number of 2ww referrals received of 28% over 2018

Actions:

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. Identification of clinic space for children's cancer first seen appointments has allowed the 2WW team to book directly and significantly improve what is currently the worst performing tumour group.

The lung team have set up a new one-stop clinic process (w/c 6th Jan), which will allow 2ww patients to be scanned and then seen in clinic within the same day. This aims to significantly reduce the pathway length.

Assurance:

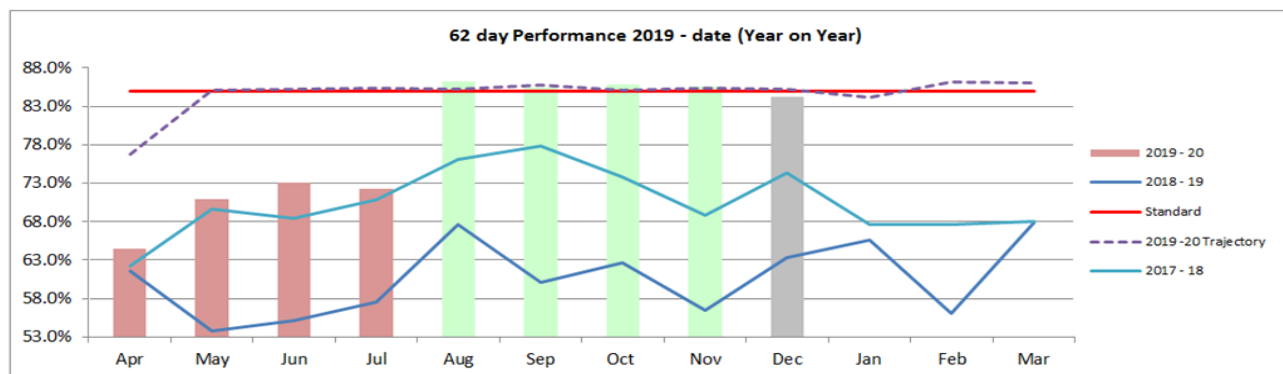
A 2ww working group has been set up with involvement from General Managers across breast, urology, haematology and gynaecology. This group is focused on reducing patients booked past 7 days to ensure compliance with the 28 day standard.

A 2ww action log monitors transformation and development, and holds services to account.

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



Trust Performance: For a 4th consecutive month, the Trust has achieved the 62 day standard, reporting 85.6% for November 2019. This is a significant improvement from last year where the Trust reported 56.4% for November 2018.

Tumour Specific Performance: Progressing from the best 2ww performances in August & September, Breast has reported 100% over 23 first definitive treatments for November 2019.

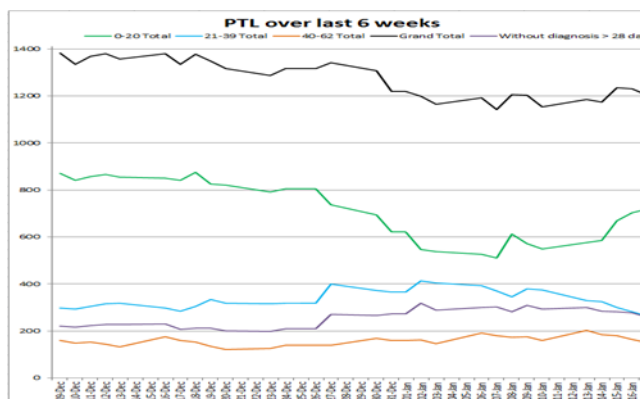
Gynae, Lower GI, Lung and Upper GI have all achieved the 62d Standard and Urology has reported just below the target at 80.2% - with the highest number of 62d treatments (43) Haematology and Head & Neck have reported below target at 66.7% and 63.6% respectively

The current, unvalidated position for December is 84.2% as at 17th January 2020

For a second consecutive month, the Trust is reporting achievement of all the reportable Cancer Waiting Times Standards

Conversion rates for 2ww referrals: The overall conversion rate has not changed from previous months and remains at 8%. With variations across the different tumour sites, Lung remains the highest, converting an average 23.13% of referrals received and the lowest from 2ww referrals is Head & Neck at 2.44%

62 Day Performance						
November 2019	All reportable patients			MTW only patients		
	Total	Breach	%	Total	Breach	%
Breast	23.0	0.0	100.0	23	0	100.0
Gynae	13.5	1.0	92.6	10	1	90.0
Haematology	7.5	2.5	66.7	7	2	71.4
Head & Neck	5.5	2.0	63.6	2	1	50.0
Lower GI	15.5	1.5	90.3	15	1	93.3
Lung	7.0	1.0	85.7	4	0	100.0
Other	3.0	1.0	66.7	3	1	66.7
Upper GI	7.0	0.5	92.9	5	0	100.0
Urology	43.0	8.5	80.2	38	4	88.9
TOTAL	125.0	18.0	85.6	105	10	90.5



Although the overall PTL has decreased by 19% during December, the total backlog has increased. From week commencing 13th January 2020, the PTL reflects a continued recovery of the overall backlog position, following the increase noted at the end of December 2019

Summary:

For a second consecutive month the Trust has achieved all reportable Cancer Waiting Times standards, including 85.6% for the 62 day standard. The Cancer Team are continuing to actively validate all breach and high risk pathways and specific attention is being paid to Interprovider Transfers to ensure that all patients referred are valid and ready for treatment. Although the overall PTL has decreased by 19% during December, the total backlog has increased, however from mid January the PTL reflects a continued recovery of the overall backlog position, following the increase at the end of December 2019.

Actions:

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. 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.

Assurance:

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. 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.

Appendices

Making Data Count

Integrated Performance Report Development

The Board received a presentation from NHS England and Improvement at the December Board Away Day on 'Making Data Count', a national campaign designed to improve Board-level assurance through the use of Statistical Process Control charts (SPCs). This approach is consistent with the QSIR methodology that managers across MTW are being trained in and feedback following the session was positive, with the Board expressed a desire to adopt this approach in the Trust's performance reporting.

As discussed at the session, there is a significant amount of work required to redevelop the current report into the new format. As the coverage of metrics in the report is not expected to change at this stage, the majority of the underlying data required exists with enough historic date to show the trends needed. The main body of work required is structural and presentational. NHS E&I suggested that this work could take 2-3 months to complete, with incremental releases of the format being introduced during that period. The Trust's BI Team have followed that advice in setting the timeline for the development plan.

A mocked up version of the new corporate scorecard with SPCs has been included as an example to illustrate how this would look using the metrics on the current scorecard (the 25 metrics that feed into the Performance Wheel). Please is overleaf.

Next Steps

As explained the structure of the report will need to be revised and the pages reformatted. SPCs will need to be set up for relevant metrics and the required amount of historic data collated for each to generate the charts. The BI Team will develop a simple project plan and some sample pages for review and approval for the various sections of the report.

Governance

It is proposed that the development of the report is overseen by the Finance and Performance Committee, with monthly updates being provided until the redevelopment of the report has been completed.

Timescales

As explained, changes to the report will be phased in, with the full redevelopment of the report being completed ready for Month 1 (April 2020) reporting, which will be submitted to the May Board.

Example - New Trust Performance Summary Scorecard

Safe

ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
S2	Number of cases C.Difficile (Hospital)	4.0	1.0		
S6	Rate of Total Patient Falls	6.00	6.69		
S7	Number of Never Events	0	0		
S8	Number of New SIs in month	12	13		
S10	Overall Safe staffing fill rate	93.5%	98.1%		

Effective

ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
E2	Standardised Mortality HSMR	Lower conf <100	91.0		
E3	% Total Readmissions	14.1%	15.3%		
E6	Stroke: Best Practice (BPT) Overall %	50.0%	43.9%		
R11	Average LOS Non-Elective	6.40	6.54		
R12	Theatre Utilisation	90.0%	84.3%		

Caring

ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
C1	Single Sex Accommodation Breaches	0	0		
C3	% complaints responded to within target	75.0%	80.0%		
C5	IP Friends & Family (FFT) % Positive	95.0%	96.5%		
C7	A&E Friends & Family (FFT) % Positive	87.0%	87.3%		
C10	OP Friends & Family (FFT) % Positive	84.0%	82.2%		

Responsive

ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
R1	Emergency A&E 4hr Wait	88.0%	85.0%		
R4	RTT Incomplete Pathway	83.3%	83.6%		
R6	% Diagnostics Tests WTimes <6wks	99.0%	98.0%		
R7	Cancer two week wait	93.0%	93.0%		
R10	Cancer 62 day wait - First Definitive	85.0%	85.6%		

Well-Led

ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
W1	Surplus (Deficit) against B/E Duty	- 53	2,039		
W2	CIP Savings	2,077	1,847		
W7	Vacancy Rate (%)	8.0%	8.3%		
W8	Total Agency Spend	1,275	1,520		
W10	Sickness Absence	3.3%	3.9%		

Variation

Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

REVIEW OF LATEST FINANCIAL PERFORMANCE

- The Trust in December was £2.1m favourable to plan. The Trust recovered £0.5m overspend from previous months and therefore fully achieved the quarter 3 PSF funding resulting in £2m surplus (£2.1m favourable to plan including PSF and MRET). The Trust implemented the mitigations as per month the month 8 forecast in month 9 which included the following key elements: QIPP adjustment (£1.3m), Capitalisation of EPR project costs (£0.7m), release of fines provision (£0.2m) and incorporation of 2019/20 Sussex risk reserves (£0.2m)
- The Trust's normalised run rate (excluding PSF and MRET funding) in December was £3m deficit which was £1.7m adverse to plan.
- In December the Trust operated with an EBITDA surplus of £4.5m - £2m adverse to plan.
- Year to date the Trust is £0.1m favourable to plan, the key variances to budget were: Underperformance in Private Patient Income (£1.5m net), RTT Income reserve (£2.6m), £2m CIP slippage, £0.3m overspend against outsourcing, overspends within expenditure budgets (£2.6m). These pressures have been partly offset by release of prior year provisions (£3.5m), release of £3.6m of reserves and QIPP income adjustment (£1.3m).
- The Trust delivered the month 8 forecast, the main movements to forecast were: Prime Provider charges for October and November higher than previously estimated (£0.2m), increase in costs relating to clinical supplies (£0.2m) which was mainly within Facilities (£0.1m due to higher than planned catering and decontamination charges) offset by clinical income overperformance (£0.2m) and car parking development charges £0.2m less than forecasted although these costs will be incurred between January and March.
 - The key current month variances are as follows:
 - Income adjusted for pass-through items is £2.7m favourable to plan, the main variance to plan relate to PSF over performance (£1.5m) due to recovery of previous months financial overspend against plan and clinical income over performance (£1.4m) due to release of QIPP provision (£1.3m).
 - Pay budgets adjusted for pass-through items overspent by £0.5m in December. The key overspends in the month were within Medical staffing (£0.4m) and Nursing (£0.2m) due to high level of temporary staffing usage partly offset by underspends within A&C and STT staff groups. The pressure within Medical staffing is predominantly within the Medical and Emergency division (£0.2m) and Womens and Childrens Division (£0.2m).
 - Non Pay budgets adjusted for pass through items and release of reserves overspent by £1m in December. The main pressure related to higher than planned outsourcing costs relating to patient choice activity (£1m) with overspends in clinical supplies and services from NHS bodies offset by capitalisation of EPR project costs.
- The closing cash balance at the end of December 2019 was £23.2m which is slightly lower than plan of £26.6m. Primarily the variance relates to YTD agency spend which is higher by c£2.8m compared to the cash plan.
- The Trust has received approval to convert the proceeds from the asset sales in 2018/19 to capital totalling £6.3m for 2019/20, with the remaining £2m being carried forward to 2020/21 as per the original plan.
- As the Trust's planned I&E surplus of £6.7m was not itself sufficient to generate the cash required to repay the working capital loan. The Trust even with the additional PSF bonus still needs to implement strategies, to ensure that it achieves its year end cash limit during quarter 4. It is important that the I&E remains to plan as if either of the income or expenditure moves adversely this will have a negative impact on the cash position.
- The overall capital programme FOT is £15m (excluding donated and PFI Lifecycle). This includes Internally Generated capital of £4.85m, £6.4m asset sales, £2.08m Diagnostic Funding and £1.25m EPMA. The internally generated capital of £4.85m 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 £13.5m is already spent or committed (excluding donated and PFI Lifecycle) e.g. ICT; EPR/EPMA £5.28m, Infrastructure £0.7m, Equipment; £0.9m general equipment, £2.1m CTs x 2, MRI & Mammography, £1.8m equipment from asset sales (includes balance of costs for Diagnostics) and Estates; £2.7m for backlog, Linac enabling and additional schemes from the asset sale.

- The Trust is forecasting to deliver the planned surplus including PSF and MRET of £6.9m however this includes £1.4m of risks to the financial position. To mitigate these overspends the Trust is focusing on identifying further £0.4m of CIPs/Divisional recovery plans, identify revenue costs that could be capitalised (£0.2m) and additional income opportunities (£0.9m).

Trust Board Finance Report

Month 9
2019/20

Trust Board Finance Report for December 2020

1. Executive Summary

- a. Dashboard
- b. I&E Summary

2. Financial Performance

- a. Consolidated I&E
- b. I&E Run Rate

3. Cost Improvement Programme

- a. Savings by Division

4. Year End Forecast

- a. Trust Forecast run rate

5. Balance Sheet and Liquidity

- a. Balance Sheet
- b. Cash Flow
- c. Capital Plan

1a. Dashboard

December 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	44.3	40.9	3.4	0.1	3.3	■	374.5	375.6	(1.1)	1.1	(2.3)	■	502.9	501.1	1.8	■
Expenditure	(39.3)	(38.4)	(0.9)	(0.1)	(0.8)	■	(346.4)	(348.3)	1.8	(1.1)	3.0	■	(464.3)	(463.3)	(1.1)	■
EBITDA (Income less Expenditure)	5.1	2.5	2.5	(0.0)	2.5	■	28.0	27.3	0.7	0.0	0.7	■	38.6	37.8	0.8	■
Financing Costs	(2.5)	(2.9)	0.4	0.0	0.4	■	(22.9)	(23.8)	1.0	0.0	1.0	■	(31.4)	(32.0)	0.6	■
Technical Adjustments	(0.5)	0.3	(0.8)	0.0	(0.8)	■	(0.9)	0.7	(1.6)	0.0	(1.6)	■	(0.3)	1.1	(1.4)	■
Net Surplus / Deficit (Incl PSF and MRET)	2.0	(0.1)	2.1	(0.0)	2.1	■	4.3	4.2	0.1	0.0	0.1	■	6.9	6.9	0.0	■
CIPs	1.8	2.1	(0.2)		(0.2)	■	16.2	16.2	0.0		0.0	■	22.3	22.3	0.0	■
Cash Balance	23.2	26.6	(3.4)		(3.4)	■	23.2	26.6	(3.4)		(3.4)	■	3.0	3.0	0.0	■
Capital Expenditure	2.0	1.6	(0.4)		(0.4)	■	4.2	8.8	4.5		4.5	■	15.6	14.4	(1.2)	■
Capital service cover rating							4	3	■				4	4	■	
Liquidity rating							4	3	■				4	4	■	
I&E margin rating							1	1	■				1	1	■	
I&E margin: distance from financial plan							1	1	■				1	1	■	
Agency rating							4	3	■				4	3	■	
Finance and use of resources rating							3	3	■				3	3	■	

Summary:

- The Trust recovered £0.5m overspend from previous months and therefore fully achieved the quarter 3 PSF funding resulting in £2m surplus (£2.1m favourable to plan including PSF and MRET). The Trust implemented the mitigations as per month the month 8 forecast in month 9 which included the following key elements: QIPP adjustment (£1.3m), Capitalisation of EPR project costs (£0.7m), release of fines provision (£0.2m) and incorporation of 2019/20 Sussex risk reserves (£0.2m).
- Year to date the Trust is £0.1m favourable to plan, the key variances to budget were: Underperformance in Private Patient Income (£1.5m net), RTT Income reserve (£2.6m), £2m CIP slippage, £0.3m overspend against outsourcing, overspends within expenditure budgets (£2.6m). These pressures have been partly offset by release of prior year provisions (£3.5m), release of £3.6m of reserves and QIPP income (£1.3m).
- The Trust has spent £5.5m more (62%) than the YTD agency ceiling set by NHSI (£11.8m per annum)
- The Trust has delivered £16.2m savings YTD which is on plan.

Key Points:

- The Trusts normalised run rate in December was £3m deficit pre PSF which was £1.7m adverse to plan (pre PSF).
- The Trust delivered the month 8 forecast, the main movements to forecast were: Prime Provider charges for October and November higher than previously estimated (£0.2m), increase in costs relating to clinical supplies (£0.2m) which was mainly within Facilities (£0.1m due to higher than planned catering and decontamination charges) offset by clinical income overperformance (£0.2m) and car parking development charges £0.2m less than forecasted although these costs will be incurred between January and March.

Risks:

- The Trust is forecasting to deliver the planned £6.9m surplus including PSF. In order to deliver the financial plan the Trust must deliver £1.5m of mitigations in the remaining 3 months to offset risks to the financial position. These risks and mitigating actions are shown in section 4..

1b. Summary Income & Expenditure (Exceptional Items)

Income & Expenditure December 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	40.2	39.7	0.6	0.1	0.5	362.3	366.0	(3.7)	1.1	(4.8)
Expenditure	(39.3)	(38.4)	(0.9)	(0.1)	(0.8)	(349.2)	(348.3)	(1.0)	(1.1)	0.2
Trust Financing Costs	(2.5)	(2.9)	0.4	0.0	0.4	(22.9)	(23.8)	1.0	0.0	1.0
Technical Adjustments	(0.5)	0.3	(0.8)	0.0	(0.8)	(0.9)	0.7	(1.6)	0.0	(1.6)
Net Revenue Surplus / (Deficit) before Exceptional Items	(2.1)	(1.3)	(0.7)	(0.0)	(0.7)	(10.7)	(5.5)	(5.3)	0.0	(5.3)
Exceptional Items	1.3		1.3		1.3	4.8		4.8		4.8
Net Position	(0.8)	(1.3)	0.6	(0.0)	0.6	(5.9)	(5.5)	(0.5)	0.0	(0.5)
PSF and MRET Funding	2.8	1.3	1.5	0.0	1.5	10.2	9.6	0.6	0.0	0.6
Net Revenue Surplus / (Deficit) Incl PSF, MRET and Exceptional Items	2.0	(0.1)	2.1	(0.0)	2.1	4.3	4.2	0.1	0.0	0.1

Key messages:

The Trust position before exceptional items was £10.7m adverse to plan in the month, the Trust released £1.3m relating to QIPP adjustment in the month to mitigate other budget pressures.

Income:

Income YTD net of pass-through related costs and exceptional items is £5.4m adverse to plan. The main pressures relate to under delivery of Private Patient income (£2.6m) and slippage within Cancer and RTT recovery plan funding (£3.2m).

Expenditure:

Expenditure budgets net of pass-through and exceptional items are £0.2m favourable, the key favourable variances relate to: release of reserves (£3.6m), underspends relating to Cancer recovery plans (£0.7m), and Private Patient activity underperformance (£1.1m). The key pressures within expenditure budgets relate to Medical Staffing (£2.4m), CIP slippage (£1.7m), Nursing overspend (£0.6m) and drug overspend (£0.8m).

Reserves: The Trust has now fully committed its contingency reserves and therefore any net developments requiring investment will need to be offset by additional savings.

PSF: The Trust recovered the YTD overspend and therefore fully delivered the quarter 3 PSF income. The Trust received £0.6m bonus PSF relating to 2018/19 which is treated as a technical adjustment and therefore does not contribute to the delivery of the 2019/20 control total.

2a. Income & Expenditure

Income & Expenditure December 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	33.2	31.8	1.4	0.0	1.4	291.1	292.3	(1.1)	0.0	(1.1)	392.8	390.0	2.8
High Cost Drugs and Devices	3.9	3.7	0.2	0.2	(0.0)	35.4	34.0	1.4	1.5	(0.1)	45.2	45.2	0.0
Total Clinical Income	37.1	35.5	1.6	0.2	1.3	326.5	326.2	0.3	1.5	(1.2)	437.9	435.1	2.8
PSF and MRET	2.8	1.3	1.5	0.0	1.5	10.2	9.6	0.6	0.0	0.6	14.4	13.8	0.6
Other Operating Income	4.4	4.1	0.3	(0.1)	0.4	37.8	39.7	(2.0)	(0.3)	(1.6)	50.5	52.1	(1.5)
Total Revenue	44.3	40.9	3.4	0.1	3.3	374.5	375.6	(1.1)	1.1	(2.3)	502.9	501.1	1.8
Substantive	(20.8)	(21.4)	0.6	(0.0)	0.6	(179.5)	(189.6)	10.1	0.4	9.7	(242.7)	(254.2)	11.6
Bank	(1.3)	(0.9)	(0.4)	0.0	(0.4)	(11.2)	(7.6)	(3.6)	0.0	(3.6)	(14.8)	(10.2)	(4.6)
Locum	(1.1)	(0.7)	(0.4)	0.0	(0.4)	(8.7)	(6.6)	(2.1)	0.0	(2.1)	(11.7)	(8.4)	(3.3)
Agency	(1.5)	(1.3)	(0.2)	0.0	(0.2)	(14.5)	(11.8)	(2.6)	0.3	(3.0)	(19.0)	(15.8)	(3.3)
Pay Reserves	(0.1)	(0.1)	(0.0)	0.0	(0.0)	(0.2)	(1.8)	1.6	0.0	1.6	(0.5)	(2.0)	1.5
Total Pay	(24.8)	(24.3)	(0.5)	(0.0)	(0.5)	(214.1)	(217.4)	3.3	0.7	2.6	(288.6)	(290.5)	1.9
Drugs & Medical Gases	(4.6)	(4.3)	(0.3)	(0.3)	(0.0)	(41.1)	(38.5)	(2.6)	(1.8)	(0.8)	(54.8)	(51.4)	(3.4)
Blood	(0.2)	(0.2)	0.0	0.0	0.0	(1.8)	(1.7)	(0.1)	0.0	(0.1)	(2.4)	(2.2)	(0.1)
Supplies & Services - Clinical	(3.0)	(2.8)	(0.2)	0.1	(0.2)	(25.4)	(25.5)	0.1	0.3	(0.2)	(34.0)	(33.9)	(0.1)
Supplies & Services - General	(0.5)	(0.5)	(0.0)	0.0	(0.0)	(4.0)	(4.0)	(0.0)	0.0	(0.0)	(5.3)	(5.3)	0.1
Services from Other NHS Bodies	(0.5)	(0.5)	0.0	0.1	(0.1)	(6.0)	(6.2)	0.1	0.7	(0.5)	(7.7)	(7.6)	(0.2)
Purchase of Healthcare from Non-NHS	(1.2)	(0.2)	(1.0)	0.0	(1.0)	(11.8)	(7.2)	(4.6)	(0.1)	(4.5)	(15.3)	(8.6)	(6.8)
Clinical Negligence	(1.4)	(1.5)	0.0	0.0	0.0	(13.2)	(13.2)	0.0	0.0	0.0	(17.6)	(17.6)	0.0
Establishment	(0.4)	(0.3)	(0.1)	0.0	(0.1)	(2.8)	(2.5)	(0.3)	0.0	(0.3)	(3.7)	(3.4)	(0.3)
Premises	(1.8)	(2.3)	0.5	(0.0)	0.5	(18.7)	(19.1)	0.4	0.1	0.4	(25.6)	(26.0)	0.4
Transport	(0.1)	(0.1)	(0.0)	0.0	(0.0)	(1.2)	(1.2)	0.0	(0.0)	0.0	(1.6)	(1.6)	(0.0)
Other Non-Pay Costs	(0.6)	(0.6)	(0.0)	0.0	(0.1)	(6.8)	(6.0)	(0.8)	(1.1)	0.3	(8.1)	(7.3)	(0.8)
Non-Pay Reserves	0.0	(0.8)	0.8	0.0	0.8	0.4	(5.7)	6.2	0.1	6.1	0.4	(7.8)	8.2
Total Non Pay	(14.4)	(14.1)	(0.3)	(0.1)	(0.2)	(132.3)	(130.9)	(1.4)	(1.9)	0.4	(175.7)	(172.7)	(3.0)
Total Expenditure	(39.3)	(38.4)	(0.9)	(0.1)	(0.8)	(346.4)	(348.3)	1.8	(1.1)	3.0	(464.3)	(463.3)	(1.1)
EBITDA	5.1	2.5	2.5	(0.0)	2.5	28.0	27.3	0.7	0.0	0.7	38.6	37.8	0.8
	0.0	0.0	0.0	%		7.5%	7.3%	-63.0%	0.0%	-31.4%	7.7%	7.5%	41.9%
Depreciation	(1.1)	(1.1)	0.0	0.0	0.0	(9.8)	(10.1)	0.3	0.0	0.3	(13.1)	(13.5)	0.4
Interest	(0.1)	(0.1)	0.0	0.0	0.0	(1.0)	(1.2)	0.1	0.0	0.1	(1.4)	(1.6)	0.2
Dividend	(0.1)	(0.1)	0.0	0.0	0	(1.2)	(1.2)	0	0.0	0	(1.6)	(1.6)	0
PFI and Impairments	(1.2)	(1.5)	0.3	0.0	0.3	(10.8)	(11.4)	0.5	0.0	0.5	(15.4)	(15.4)	0.0
Total Finance Costs	(2.5)	(2.9)	0.4	0.0	0.4	(22.9)	(23.8)	1.0	0	1.0	(31.4)	(32.0)	0.6
Net Surplus / Deficit (-)	2.6	(0.4)	2.9	(0.0)	2.9	5.2	3.5	1.7	0.0	1.7	7.2	5.8	1.4
Technical Adjustments	(0.5)	0.3	(0.8)	0.0	(0.8)	(0.9)	0.7	(1.6)	0.0	(1.6)	(0.3)	1.1	(1.4)
Surplus/ Deficit (-) to B/E Duty Incl PSF and MRET	2.0	(0.1)	2.1	(0.0)	2.1	4.3	4.2	0.1	0.0	0.1	6.9	6.9	0.0
Surplus/ Deficit (-) to B/E Duty Excl PSF and MRET	(0.8)	(1.3)	0.6	(0.0)	0.6	(5.4)	(5.5)	0.1	0.0	0.1	(7.0)	(7.0)	0.0

Commentary

The Trust recovered £0.5m overspend from previous months and therefore fully achieved the quarter 3 PSF funding resulting in £2m surplus (£2.1m favourable to plan including PSF and MRET.) The Trust implemented the mitigations as per month the month 8 forecast in month 9 which included the following key elements: QIPP adjustment (£1.3m), Capitalisation of EPR project costs (£0.7m), release of fines provision (£0.2m) and incorporation of 2019/20 Sussex risk reserves (£0.2m).

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 above plan in December by £1.4m and adverse to plan by £1.1m year to date. The key favourable variances before AIC adjustment are in Non-Electives (£0.3m), Electives (£0.3m) and Other income (£1m) offset by Day Cases (£0.4m) Oncology Fractions (£0.1m), Adult Critical Care (£0.2m) and the AIC adjustment (£0.4m).

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 £0.1m adverse to plan in December. The main pressures in month were Private Patient Unit activity below planned levels (£0.3m) partly offset by over performance within Education income (£0.1m) and Injury recovery (£0.1m).

Pay budgets adjusted for pass-through items overspent by £0.5m in December. The key overspends in the month were within Medical staffing (£0.4m) and Nursing (£0.2m) due to high level of temporary staffing usage partly offset by underspends within A&C and STT staff groups. The pressure within Medical staffing is predominantly within the Medical and Emergency division (£0.2m) and Womens and Childrens Division (£0.2m).

Non Pay budgets adjusted for pass through items and release of reserves overspent by £1m in December. The main pressure related to higher than planned outsourcing costs relating to patient choice activity (£1m) with overspends in clinical supplies and services from NHS bodies offset by capitalisation of EPR project costs.

2b. Run Rate Analysis

Analysis of 13 Monthly Performance (£m's)

		Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Change between Months
Revenue	Clinical Income	33.1	32.4	30.6	34.5	35.2	36.4	34.3	37.9	36.3	35.9	38.2	35.2	37.1	2.0
	STF / PSF	1.3	0.0	0.0	12.8	0.9	0.9	1.5	1.0	1.0	1.0	0.5	0.5	2.8	2.3
	High Cost Drugs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)
	Other Operating Income	4.3	4.7	4.4	5.3	4.1	4.1	4.6	4.5	3.9	4.1	4.2	4.0	4.4	0.4
	Total Revenue	38.6	37.1	35.0	52.6	40.2	41.4	40.4	43.4	41.2	41.0	42.9	39.7	44.3	4.6
Expenditure	Substantive	(18.7)	(18.8)	(18.7)	(19.9)	(20.1)	(19.5)	(19.3)	(19.7)	(19.9)	(19.6)	(20.2)	(20.4)	(20.8)	(0.5)
	Bank	(1.2)	(1.2)	(1.3)	(1.4)	(1.3)	(1.1)	(1.1)	(1.2)	(1.3)	(1.2)	(1.2)	(1.3)	(1.3)	0.0
	Locum	(1.0)	(0.9)	(0.7)	(1.1)	(0.8)	(0.9)	(0.9)	(0.9)	(1.0)	(1.1)	(0.8)	(1.2)	(1.1)	0.1
	Agency	(1.7)	(1.9)	(2.1)	(1.4)	(1.6)	(1.7)	(1.5)	(1.9)	(1.8)	(1.8)	(1.7)	(1.1)	(1.5)	(0.4)
	Pay Reserves	(0.2)	(0.1)	(0.2)	(0.2)	(0.3)	(0.3)	(0.3)	(0.3)	0.7	(0.1)	(0.1)	0.6	(0.1)	(0.7)
	Total Pay	(22.8)	(23.0)	(23.0)	(23.9)	(24.2)	(23.5)	(23.1)	(23.9)	(23.3)	(23.9)	(24.1)	(23.3)	(24.8)	(1.5)
Non-Pay	Drugs & Medical Gases	(4.2)	(3.9)	(4.5)	(4.5)	(4.6)	(4.6)	(4.2)	(4.7)	(4.5)	(4.4)	(4.8)	(4.7)	(4.6)	0.0
	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)	(2.8)	(2.7)	(2.7)	(2.7)	(2.8)	(3.0)	(2.6)	(2.8)	(2.9)	(2.9)	(3.0)	(0.1)
	Supplies & Services - General	(0.5)	(0.5)	(0.4)	(0.5)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.5)	(0.5)	0.0
	Services from Other NHS Bodies	(0.9)	(0.9)	(0.2)	(3.2)	(1.0)	(0.8)	(0.7)	(0.6)	(0.6)	(0.8)	(0.5)	(0.6)	(0.5)	0.1
	Purchase of Healthcare from Non-NHS	(0.3)	(0.3)	(0.4)	(0.5)	(1.5)	(1.7)	(1.6)	(1.2)	(1.2)	(1.1)	(1.1)	(1.1)	(1.2)	(0.1)
	Clinical Negligence	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.4)	0.0
	Establishment	(0.3)	(0.3)	(0.3)	(0.2)	(0.2)	(0.3)	(0.3)	(0.3)	(0.3)	(0.4)	(0.3)	(0.4)	(0.4)	(0.0)
	Premises	(1.8)	(2.6)	(1.9)	(2.3)	(2.3)	(2.2)	(2.4)	(1.9)	(2.1)	(1.9)	(2.2)	(1.9)	(1.8)	0.1
	Transport	(0.1)	(0.2)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.0)
	Other Non-Pay Costs	(0.3)	(1.0)	(1.5)	1.8	(0.5)	(0.5)	(0.7)	(1.2)	(1.0)	(1.0)	(0.7)	(0.6)	(0.6)	(0.1)
	Non-Pay Reserves	0.0	0.0	0.0	0.0	(0.5)	(0.4)	(0.4)	0.7	0.1	0.4	0.0	0.5	0.0	(0.5)
	Total Non Pay	(13.2)	(14.3)	(13.9)	(14.0)	(15.4)	(15.4)	(15.4)	(14.3)	(14.4)	(14.3)	(14.8)	(13.9)	(14.4)	(0.5)
	Total Expenditure	(36.0)	(37.3)	(36.9)	(38.0)	(39.6)	(38.9)	(38.5)	(38.3)	(37.7)	(38.1)	(38.8)	(37.2)	(39.3)	(2.0)
EBITDA	EBITDA	2.6	(0.1)	(1.9)	14.7	0.5	2.5	1.9	5.1	3.6	2.8	4.1	2.5	5.1	2.6
Other Finance Costs	7%	0%	-6%	28%	1%	6%	5%	12%	9%	7%	9%	6%	11%		
	Depreciation	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)	(1.0)	(1.1)	(1.0)	(1.1)	(0.0)
	Interest	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.0)
	Dividend	(0.1)	(0.1)	(0.1)	0.5	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	0.0
	PFI and Impairments	(1.2)	(1.2)	2.7	7.9	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.3)	(1.2)	(1.2)	0.0
	Total Other Finance Costs	(2.5)	(2.5)	1.4	7.2	(2.6)	(2.6)	(2.5)	(2.6)	(2.6)	(2.4)	(2.6)	(2.5)	(2.5)	(0.0)
Net Surplus / Deficit (-)	Net Surplus / Deficit (-)	0.1	(2.6)	(0.5)	21.9	(2.0)	(0.1)	(0.7)	2.5	1.0	0.5	1.4	(0.0)	2.6	2.6
Technical Adjustments	Technical Adjustments	0.0	0.0	0.0	(0.2)	0.0	0.0	(0.6)	0.0	0.0	(0.0)	0.1	0.0	(0.5)	(0.6)
Surplus/ Deficit (-) to B/E Duty Incl pSF	Surplus/ Deficit (-) to B/E Duty	0.1	(2.6)	(0.5)	21.7	(2.0)	(0.1)	(1.3)	2.6	1.0	0.4	1.5	0.0	2.0	2.0
Surplus/ Deficit (-) to B/E Duty Excl STF	Surplus/ Deficit (-) to B/E Duty	(1.1)	(2.6)	(0.5)	8.9	(2.9)	(1.0)	(2.8)	1.5	0.0	(0.6)	1.0	(0.5)	(0.8)	(0.3)

3a. Cost Improvement Plan

Savings by Division

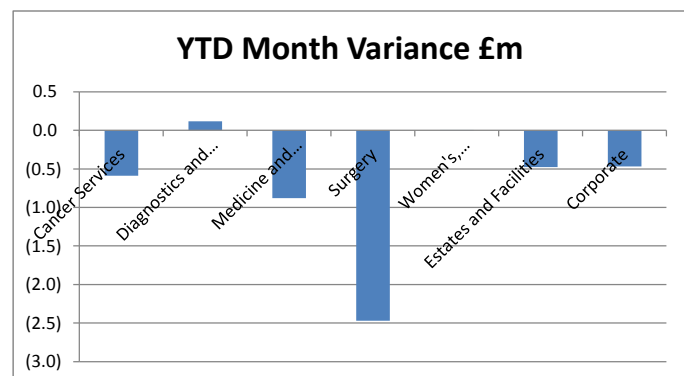
	Current Month		
	Actual	Original Plan	Variance
	£m	£m	£m
Cancer Services	(0.02)	0.12	(0.14)
Diagnostics and Clinical Support	0.30	0.25	0.06
Medicine and Emergency Care	0.44	0.52	(0.08)
Surgery	0.52	0.67	(0.15)
Women's, Children's and Sexual Health	0.23	0.21	0.02
Estates and Facilities	0.18	0.15	0.03
Corporate	0.10	0.18	(0.08)
Total	1.74	2.09	(0.35)
Internal Savings Plan stretch	0.10	(0.01)	0.12
Total	1.85	2.08	(0.23)

Savings by Subjective Category

	Current Month		
	Actual	Original Plan	Variance
	£m	£m	£m
Pay	0.61	0.46	0.15
Non Pay	(0.05)	0.36	(0.40)
Income	1.28	1.25	0.03
Total	1.85	2.08	(0.23)

Savings by NHSI RAG

	Current Month		
	Actual	Original Plan	Variance
	£m	£m	£m
Green	1.36	1.37	(0.01)
Amber	0.35	0.22	0.12
Red	0.14	0.48	(0.34)
Total	1.85	2.08	(0.23)



Year to Date		
Actual	Original Plan	Variance
£m	£m	£m
0.51	1.10	(0.59)
2.49	2.37	0.12
3.08	3.96	(0.88)
3.68	6.15	(2.47)
1.89	1.89	0.00
1.41	1.89	(0.48)
1.08	1.55	(0.47)
14.14	18.91	(4.77)
2.04	(2.75)	4.79
16.17	16.16	0.02

Year to Date		
Actual	Original Plan	Variance
£m	£m	£m
5.16	3.22	1.93
(0.89)	1.49	(2.38)
11.90	11.44	0.46
16.17	16.16	0.02

Year to Date		
Actual	Original Plan	Variance
£m	£m	£m
12.82	11.49	1.33
2.74	1.90	0.84
0.62	2.77	(2.15)
16.17	16.16	0.02

Forecast (Risk Adjusted)				
Forecast	Additional	Revised	Original Plan	Variance
	Savings	Forecast		
£m	£m	£m	£m	£m
0.58	0.08	0.66	1.45	(0.8)
3.09	0.16	3.26	3.11	0.1
4.13	0.29	4.42	5.46	(1.0)
5.15	0.43	5.58	8.15	(2.6)
2.45	0.14	2.58	2.56	0.0
1.88	0.12	2.00	2.30	(0.3)
1.33	0.11	1.44	2.09	(0.6)
18.61	1.33	19.94	25.12	(5.2)
2.40		2.40	(2.79)	5.2
21.01	1.33	22.34	22.33	0.0

Forecast (Risk Adjusted)				
Forecast	Additional	Revised	Original Plan	Variance
	Savings	Forecast		
£m	£m	£m	£m	£m
6.51	0.27	6.78	4.58	2.2
(1.27)	0.15	(1.12)	2.54	(3.7)
15.77	0.91	16.67	15.20	1.5
21.01	1.33	22.34	22.33	0.0

Forecast (Risk Adjusted)				
Forecast	Additional	Revised	Original Plan	Variance
	Savings	Forecast		
£m	£m	£m	£m	£m
16.06		16.06	14.33	1.7
3.84		3.84	3.08	0.8
1.11	1.33	2.44	4.92	(2.5)
21.01	1.33	22.34	22.33	0.0

Comment

The Trust was adverse to plan in the month by £0.2m which was mainly relating to slippage within Operational efficiency (£0.4m) partly offset by over performance in workforce (£0.1m).

The Trust is delivering the YTD plan which is mainly due to over performance within workforce savings (£2.3m) and Best use of Resources (£0.7m) offset by slippage within patient flow (£2.9m).

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 £21m savings in 2019/20 which is £4.1m short of the internal stretch target of £25.1m and £1.3m short of the internal savings target.

4a. Year End Forecast Run Rate £m

Year End Forecast December 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	35.2	37.1	37.5	34.6	38.7	437.3	435.1	2.1
PSF and MRET	0.9	0.9	1.5	1.0	1.0	1.0	0.5	0.5	2.8	0.5	0.5	0.5	11.8	13.8	(2.1)
Private Patients	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.2	1.6	5.1	(3.4)
Other Operating Income	4.0	4.0	4.4	4.4	3.8	3.9	4.1	3.9	4.3	3.7	3.7	4.6	48.7	47.0	1.6
Total Revenue	40.2	41.4	40.4	43.4	41.2	41.0	42.9	39.7	44.3	41.8	39.0	44.1	499.3	501.1	(1.7)
Substantive	(20.1)	(19.5)	(19.3)	(19.7)	(19.9)	(19.6)	(20.2)	(20.4)	(20.8)	(21.0)	(21.0)	(21.1)	(242.7)	(254.3)	11.6
Bank	(1.3)	(1.1)	(1.1)	(1.2)	(1.3)	(1.2)	(1.2)	(1.3)	(1.3)	(1.2)	(1.2)	(1.2)	(14.8)	(10.2)	(4.6)
Locum	(0.8)	(0.9)	(0.9)	(0.9)	(1.0)	(1.1)	(0.8)	(1.2)	(1.1)	(1.0)	(1.0)	(1.0)	(11.7)	(8.4)	(3.3)
Agency	(1.6)	(1.7)	(1.5)	(1.9)	(1.8)	(1.8)	(1.7)	(1.1)	(1.5)	(1.6)	(1.5)	(1.4)	(19.0)	(15.9)	(3.2)
Pay Reserves	(0.3)	(0.3)	(0.3)	(0.3)	0.7	(0.1)	(0.1)	0.6	(0.1)	(0.1)	(0.1)	(0.1)	(0.5)	(2.0)	1.5
Total Pay	(24.2)	(23.5)	(23.1)	(23.9)	(23.3)	(23.9)	(24.1)	(23.3)	(24.8)	(25.0)	(24.8)	(24.7)	(288.6)	(290.7)	2.0
Drugs & Medical Gases	(4.6)	(4.6)	(4.2)	(4.7)	(4.5)	(4.4)	(4.8)	(4.7)	(4.6)	(4.6)	(4.6)	(4.6)	(54.8)	(51.4)	(3.4)
Clinical Supplies	(3.2)	(3.1)	(3.2)	(3.5)	(3.0)	(3.2)	(3.4)	(3.4)	(3.5)	(3.3)	(3.3)	(3.3)	(39.3)	(39.3)	(0.0)
Purchase of Healthcare from Non-NHS	(1.5)	(1.7)	(1.6)	(1.2)	(1.2)	(1.1)	(1.1)	(1.1)	(1.2)	(1.2)	(1.2)	(1.1)	(15.3)	(8.6)	(6.8)
Other Non-Pay Costs	(5.6)	(5.6)	(5.9)	(5.7)	(5.8)	(5.9)	(5.5)	(5.2)	(5.1)	(5.8)	(5.5)	(5.5)	(67.2)	(66.1)	(1.1)
Non-Pay Reserves	(0.5)	(0.4)	(0.4)	0.7	0.1	0.4	0	0.5	0	0	0	0	0.4	(7.3)	7.7
Total Non Pay	(15.4)	(15.4)	(15.4)	(14.3)	(14.4)	(14.3)	(14.8)	(13.9)	(14.4)	(14.9)	(14.6)	(14.5)	(176.3)	(172.6)	(3.6)
Other Finance Costs	(2.6)	(2.6)	(2.5)	(2.6)	(2.6)	(2.4)	(2.6)	(2.5)	(2.5)	(2.5)	(2.5)	(3.5)	(31.4)	(32.0)	0.6
Technical Adjustments	0.0	0.0	(0.6)	0.0	0.0	(0.0)	0.1	0.0	(0.5)	(0.0)	(0.0)	0.7	(0.3)	1.1	(1.4)
Surplus/ Deficit (-) to B/E Duty	(2.0)	(0.1)	(1.3)	2.6	1.0	0.4	1.5	0.0	2.0	(0.6)	(2.9)	2.0	2.8	6.9	(4.1)
Surplus/ Deficit (-) to B/E Duty Excl PSF	(2.9)	(1.0)	(2.2)	1.5	0.0	(0.6)	1.0	(0.5)	(0.8)	(1.1)	(3.4)	1.5	(8.4)	(7.0)	(1.4)
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)
Variance to Plan Excl PSF Pre Mitigations	0.0	0.0	0.0	0.0	0.0	0.0	(0.5)	0.0	0.6	(1.4)	(1.2)	1.1	(1.4)	0	(1.4)
Variance by Quarter			0.0			0.0			0.1			(1.6)			
Total Mitigations / Recovery Actions	0	0	0	0	0	0	0	0	0	0	0.1	1.3	1.4	0	1.4
Revised Forecast Including Mitigations	(2.9)	(1.0)	(2.2)	1.5	0.0	(0.6)	1.0	(0.5)	(0.8)	(1.1)	(3.3)	2.9	(7.0)	(7.0)	(0.0)
Variance by month	0.0	0.0	0.0	0.0	0.0	0.0	(0.5)	0.0	0.6	(1.4)	(1.1)	2.4			
Variance by Quarter			0.0			0.0			0.1			(0.1)			

5a. Balance Sheet

December 2020

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

£m's	Reported	December Plan	Variance	November Reported	Full year Plan	Revised FOT
Property, Plant and Equipment (Fixed Assets)	287.6	291.5	(3.9)	286.7	307.6	309.7
Intangibles	2.3	2.9	(0.6)	2.4	2.8	2.8
PFI Lifecycle	0.0	0.0	0.0	0.0	0.0	0.0
Debtors Long Term	1.8	1.4	0.4	1.7	1.4	1.4
Total Non-Current Assets	291.7	295.8	(4.1)	290.8	311.8	313.9
Current Assets	0.0	0.0	0.0	0.0	0.0	0.0
Inventory (Stock)	8.5	7.9	0.6	8.2	7.8	7.8
Receivables (Debtors) - NHS	25.0	28.1	(3.1)	21.0	24.7	24.7
Receivables (Debtors) - Non-NHS	13.5	12.5	1.0	14.5	9.2	9.2
Cash	23.2	26.6	(3.4)	28.4	3.0	3.0
Assets Held For Sale	0.0	0.0	0.0	0.0	0.0	0.0
Total Current Assets	70.2	75.1	(4.9)	72.1	44.7	44.7
Current Liabilities						
Payables (Creditors) - NHS	(5.8)	(5.5)	(0.3)	(6.1)	(5.1)	(5.1)
Payables (Creditors) - Non-NHS	(42.4)	(39.1)	(3.3)	(43.3)	(31.2)	(32.0)
Deferred Income	(12.6)	(8.0)	(4.6)	(14.1)	(2.6)	(2.6)
Capital Loan	(2.3)	(2.2)	(0.1)	(2.2)	(2.2)	(2.2)
Working Capital Loan	0.0	(16.9)	16.9	0.0	(26.1)	(26.1)
Other loans	(0.4)	(0.4)	0.0	(0.4)	(0.4)	(0.4)
Borrowings - PFI	(5.4)	(5.4)	0.0	(5.4)	(5.3)	(5.3)
Provisions for Liabilities and Charges	(1.5)	(1.5)	0.0	(1.5)	(1.5)	(1.5)
Total Current Liabilities	(70.4)	(79.0)	8.6	(73.0)	(74.4)	(75.2)
Net Current Assets	(0.2)	(3.9)	3.7	(0.9)	(29.7)	(30.5)
non-current liabilities: Borrowings - PFI > 1yr	(183.0)	(183.4)	0.4	(183.5)	(182.2)	(182.2)
Capital Loans	(6.9)	(7.7)	0.8	(6.9)	(6.6)	(6.2)
Working Capital Facility & Revenue loans	(26.4)	(26.1)	(0.3)	(26.3)	0.0	0.0
Other loans	(1.3)	(1.3)	0.0	(1.3)	(1.3)	(1.3)
Provisions for Liabilities and Charges- Long term	(1.0)	(1.0)	0.0	(1.0)	(1.0)	(1.0)
Total Assets Employed	72.9	72.4	0.5	70.9	91.0	92.7
Financed By:						
Capital & Reserves						
Public dividend capital	211.8	211.8	0.0	211.8	213.2	215.2
Revaluation reserve	31.8	31.8	0.0	31.8	46.2	46.2
Retained Earnings Reserve	(170.7)	(171.2)	0.5	(172.7)	(168.4)	(168.7)
Total Capital & Reserves	72.9	72.4	0.5	70.9	91.0	92.7

Commentary:

The overall working capital within the month results in a decrease in Debtors of £2.5m against plan with an increase in creditors of £7.8m compared to the revised plan submitted in May. The cash balance held at the end of the month is lower than the plan by £3.4m.

Non-Current Assets -

The FOT for 2019/20 capital additions are c£16.5m of which £0.9m relates to donated assets. The YTD spend upto and including December is £4.2m against a plan of £8.8m. 2019/20 is the fifth year in the current five year cyclical valuation period. A full valuation will be undertaken in March 2020 by the Trust's professional valuers Montagu Evans LLP.

Current Assets -

Inventory of £8.5m is slightly higher than the planned value of £7.9m. The main stock balances are pharmacy £3.3m, TWH theatres £1.4m, Materials Management £1m and Cardiology £1.1m. NHS Receivables have increased from the November's position by £4m to £25m. Of the £25m reported balance, £11.2m relates to invoiced debt of which £2.46m is aged debt over 90 days. Invoiced debt over 90 days has remained consistent from the November position of £2.46m. The remaining £13.8m relates to uninvoiced accrued income including quarter 3 PSF of £2.3m 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 has reduced by £1m to £13.5m from the reported November position of £14.5m. Included within the £13.5m balance is trade invoiced debt of £2.4m and private patient invoiced debt of £1.2m. Also included within the £13.5m are prepayments and accrued income totalling £8.3m. Prepayments primarily relate to rates & annual service maintenance contracts, which will reduce throughout the year as they are expensed.

The closing cash balance at the end of December 2019 was £23.2m which is slightly lower than cash plan of £26.6m. Primarily the variance relates to ytd agency spend is higher by c£2.8m compared to the cash plan.

In December the Trust received confirmation from NHSI that the proceeds from the asset sales in 2018/19 which have been carried forward can now be used to fund capital projects. The cash release against these projects has been built in from January to March.

The Trust is using the cash forecast to invest available funds weekly in the National Loans Funds which currently earns an interest rate of 0.70% compared to the RBS rate of 0.64%.

Current Liabilities -

NHS payables have decreased from November's reported balance by £0.3m to £5.8m. Non-NHS trade payables have reduced slightly to £42.4m from £43.3m giving a combined payables balance of £48.2m.

Of the £48.2m combined payables balances, £10.1m relates to actual invoices of which £4m are approved for payment and will be released when they fall due, the remaining balance of payables of £38.1m relates to uninvoiced accruals. Deferred income of £12.6m primarily is in relation to £6.3m advance contract payment received from WKCCG, and £2.1m from High Weald CCG and £1.9m relating to Maternity Pathway.

Non current liabilities:

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. 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.

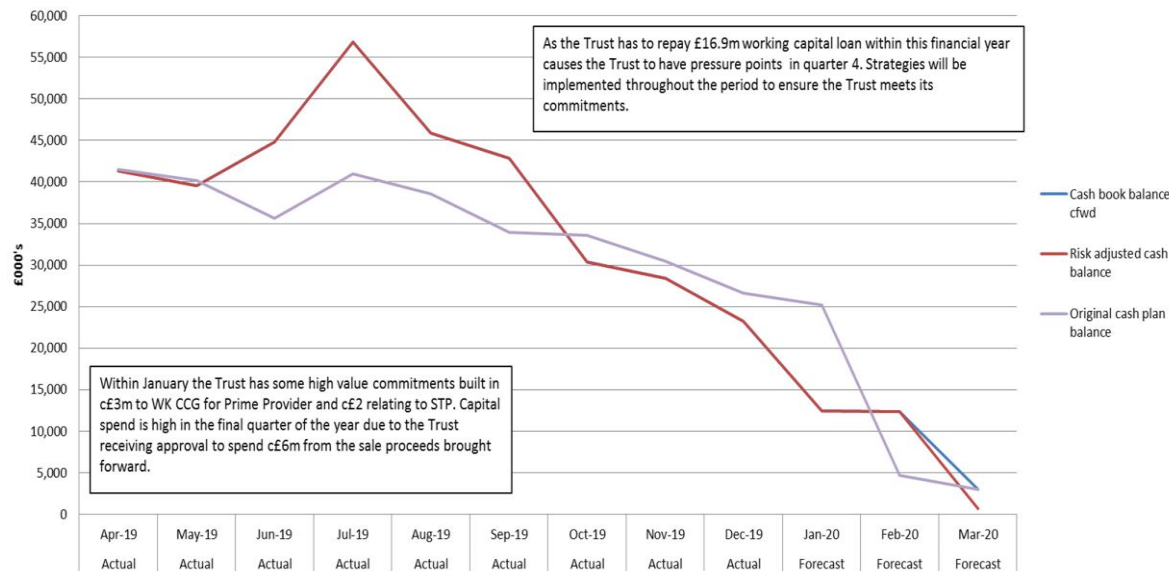
Forecast outturn:

The public dividend capital increases by the end of the financial year by £3.4m. £1.3m is in relation to ICT - EPMA project and £2.1m for Diagnostic funding to purchase an MRI and 2 CT scanners, the funding for both the projects are 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 buildings and land assets totalling £14.4m.

5b. | Cash Flow

Risk adjusted cash flow 2019/20



Commentary

The blue line shows the 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 cash balance of £23.2m is lower than the plan of £26.6m. The cash flow original plan is based on the I&E original plan, during the year as the I&E forecast position gets revised the cash flow forecast also gets revised. There are differences between the I&E and the cash flow, where the I&E can spread costs over the life of the contract but the cash will be impacted at the time it is paid.

For the first seven months of 2019/20 the Trust had higher cash balances than the original cash plan expectation due to:
The Trust receiving £8.4m PSF bonus in July as a result of achieving the financial position in 2018/19.

The Trust has received income on a monthly basis from CCG's relating to Prime Provider contracts, however the Trust is carrying forward the cash c£3.8m as we are waiting for invoices to be received, with the main invoice of c£2m from WK CCG for May and June activity. The capital plan expected to have spent £7.3m up to the end of November but has only spent £2.8m therefore the remaining project costs have been phased over the last quarter of the financial year.

Due to the Trust having surplus cash as result of the items above, the Trust was able to repay the working capital loan earlier in the year than the plan of February - the loan was for £16.9m. The Trust has just received approval to convert the proceeds from the asset sales in 2018/19 to capital totalling £6.36m for 2019/20, with the remaining £2m being carried forward to 2020/21 as per the original plan.

As the Trust's planned I&E surplus of £6.7m was not itself sufficient to generate the cash required to repay the working capital loan the Trust even with the additional PSF bonus the Trust still needs to implement strategies, it is important that the I&E remains to plan as if either of the income or expenditure moves adversely 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.

In qtr 4 the Trust has planned to receive PDC funding of £3.37m, £1.25m relates to ICT - EPMA project and £2.1m for Diagnostic equipment. If the funding is not received the capital expenditure will not be spent.

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
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5c. Capital Programme

Capital Projects/Schemes

	Year to Date			Forecast			*Committed & orders raised
	<i>Plan</i>	<i>Actual</i>	<i>Variance</i>	<i>Plan</i>	<i>Actual</i>	<i>Variance</i>	
	£000	£000	£000	£000	£000	£000	£000
Estates	2,988	473	2,515	6,588	2,550	-4,038	2,333
ICT	2,990	3,329	-339	4,103	6,852	2,749	6,188
Equipment	2,363	251	2,112	3,163	5,639	2,476	4,780
PFI Lifecycle (IFRIC 12)	419	0	419	594	594	0	594
Donated Assets	300	643	-343	400	900	500	900
Total Including Donated Assets	9,060	4,695	4,365	14,848	16,535	1,687	14,796
Less donated assets	-300	-643	343	-400	-900	-500	0
Total Excluding Donated Assets	8,760	4,053	4,707	14,448	15,635	1,187	

The overall capital programme FOT is £15m (excluding donated and PFI Lifecycle). This includes Internally Generated capital of £4.85m, £6.4m asset sales, £2.08m Diagnostic Funding and £1.25m EPMA. The internally generated capital of £4.85m 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 £13.5m is already spent or committed (excluding donated and PFI Lifecycle) e.g. ICT; EPR/EPMA £5.28m, Infrastructure £0.7m, Equipment; £0.9m general equipment, £2.1m CTs x 2, MRI & Mammography, £1.8m equipment from asset sales (includes balance of costs for Diagnostics) and Estates; £2.7m for backlog, Linac enabling and additional schemes from the asset sale.

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

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Only complete sites your organisation is accountable for

Only complete sites your organisation is accountable for			Day												Night												Day												Night												Care Hours Per Patient Day (CHPPD)			
Main 2 Specialities 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		Registered Nursing Associates		Non-registered Nursing Associates		Average fill rate -registered nurses/midwives (%)		Average fill rate -non-registered nurses/midwives (%)		Average fill rate -Registered nursing associates (%)		Average fill rate -Trainee nursing associates (%)		Average fill rate -registered nurses/midwives (%)		Average fill rate -Trainee nursing associates (%)		Average fill rate -Registered 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												
Ward name	Speciality 1	Speciality 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	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	1,880	2,215	1,222	1,060	0	0	338	338	1,364	1,354	682	880	0	0	0	0	117.8%	86.8%	No data	100.0%	99.3%	129.0%	No data	No data																												
John Day	300 - GENERAL SURGERY	310 - UROLOGY	1,246	1,991	633	1,249	0	0	84	84	1,023	1,036	341	308	0	0	0	0	111.7%	165.7%	No data	100.0%	101.2%	95.3%	No data	No data																												
Colebridge Unit (CCU)	320 - CARDIOLOGY	300 - GENERAL MEDICINE	1,705	1,539	1,489	1,304	0	0	0	0	1,364	1,322	341	330	0	0	0	0	85.1%	87.5%	No data	No data	96.9%	96.8%	No data	No data																												
Cornevalis	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	1,980	2,201	1,509	1,439	0	0	0	0	1,705	1,673	682	704	0	0	0	0	111.3%	95.4%	No data	No data	109.8%	103.2%	No data	No data																												
Intensive Treatment Unit (ITU)	302 - CRITICAL CARE MEDICINE	300 - GENERAL MEDICINE	3,405	3,593	319	356	0	0	0	0	2,890	2,682	0	0	0	0	0	0	108.7%	49.0%	No data	No data	92.8%	No data	No data	No data																												
Pye Oliver	200 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1,687	1,574	1,526	1,687	0	0	0	0	1,023	1,047	1,023	924	0	0	0	0	93.3%	130.5%	No data	No data	102.2%	95.3%	No data	No data																												
Chaucer	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	2,037	2,412	1,513	1,882	0	0	0	0	1,342	1,428	1,353	1,298	0	0	0	0	118.5%	98.4%	No data	No data	106.4%	95.9%	No data	No data																												
Lord North	370 - MEDICAL ONCOLOGY	800 - CLINICAL ONCOLOGY	1,732	1,627	636	739	0	0	0	0	1,116	1,092	372	420	0	0	0	0	94.0%	116.2%	No data	No data	87.8%	112.9%	No data	No data																												
Morley	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1,652	1,561	1,423	1,561	0	0	136	136	1,023	1,023	682	659	0	0	0	0	94.5%	109.8%	No data	100.0%	100.0%	95.7%	No data	No data																												
Edith Cavell	300 - GENERAL MEDICINE	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																												
Urgent Medical Ambulatory Unit (UMAU)	180 - ACCIDENT & EMERGENCY	300 - GENERAL MEDICINE	2,458	2,239	1,432	1,277	0	0	0	0	1,001	1,331	341	604	0	0	0	0	91.1%	89.2%	No data	No data	132.9%	177.0%	No data	No data																												
Ward 12	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1,638	1,824	1,540	1,617	0	0	60	60	1,001	1,034	1,364	1,309	0	0	0	0	111.4%	106.0%	No data	100.0%	104.2%	96.1%	No data	No data																												
Cornevalis Unit (CCU)	300 - CARDIOLOGY	300 - GENERAL MEDICINE	1,399	1,371	365	421	0	0	0	0	1,023	1,012	0	0	0	0	0	0	114.4%	115.4%	No data	No data	98.9%	98.9%	No data	No data																												
Gynaecology/Ward 33	502 - GYNAECOLOGY	100 - GENERAL SURGERY	1,583	1,471	770	843	0	0	0	0	1,023	1,023	341	330	0	0	0	0	92.9%	109.0%	No data	No data	100.0%	96.8%	No data	No data																												
Intensive Treatment Unit (ITU)	302 - CRITICAL CARE MEDICINE	300 - GENERAL MEDICINE	3,412	3,705	372	358	0	0	0	0	2,728	2,682	341	308	0	0	0	0	108.6%	96.1%	No data	No data	105.6%	90.3%	No data	No data																												
Medical Assessment Unit	180 - ACCIDENT & EMERGENCY	300 - GENERAL MEDICINE	2,286	2,443	1,346	1,690	0	0	207	207	2,139	2,253	1,058	1,069	0	0	12	12	80.4%	125.0%	No data	100.0%	105.3%	101.0%	No data	100.0%																												
SAU	180 - ACCIDENT & EMERGENCY	100 - GENERAL SURGERY	1,119	1,068	370	454	0	0	0	0	682	682	341	330	0	0	0	0	95.4%	122.8%	No data	No data	100.0%	96.8%	No data	No data																												
Ward 32	300 - GENERAL MEDICINE	300 - GENERAL MEDICINE	2,127	1,842	1,511	1,105	0	0	0	0	1,023	1,100	1,023	1,023	0	0	0	0	86.6%	86.3%	No data	No data	107.5%	100.0%	No data	No data																												
Ward 30	300 - GENERAL SURGERY	0	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 11 Winter Expedition 2019 TW	100 - GENERAL SURGERY	0	990	971	1,013	615	0	0	0	0	990	993	990	891	0	0	0	0	98.0%	60.7%	No data	No data	105.9%	87.7%	No data	No data																												
Ward 11 (TW) - NG131	100 - GENERAL SURGERY	301 - GASTROENTEROLOGY	2,263	2,679	1,295	1,239	0	0	63	63	1,364	1,396	682	803	0	0	0	0	118.4%	95.7%	No data	100.0%	102.4%	117.7%	No data	No data																												
Ward 12	300 - CARDIOLOGY	301 - GASTROENTEROLOGY	2,039	2,284	1,496	1,959	0	0	84	84	1,023	1,210	1,342	1,254	0	0	22	22	112.0%	131.0%	No data	100.0%	118.3%	93.4%	No data	100.0%																												
Ward 20	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	909	1,521	2,056	1,635	0	0	0	0	1,023	1,274	1,048	1,331	0	0	0	0	107.3%	79.5%	No data	No data	124.1%	138.7%	No data	No data																												
Foster Winter Expedition 2019 IM	1,646	1,207	1,429	860	0	0	0	0	0	0	704	690	1,012	583	0	0	0	0	73.3%	60.1%	No data	No data	140.6%	57.6%	No data	No data																												
Ward 21	340 - RESPIRATORY MEDICINE	302 - ENDOCRINOLOGY	2,471	2,176	1,026	985	0	0	132	132	1,705	1,793	682	770	0	0	0	0	104.6%	96.0%	No data	100.0%	105.2%	112.9%	No data	No data																												
Ward 2	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1,786	2,094	1,608	1,733	0	0	54	54	1,023	1,056	924	1,045	0	0	33	33	117.3%	102.1%	No data	100.0%	121.5%	115.0%	No data	100.0%																												
Ward 30	110 - TRAUMA & ORTHOPAEDICS	0	2,024	2,318	1,499	1,734	0	0	33	33	1,023	1,091	1,331	1,374	0	0	0	0	115.1%	114.7%	No data	100.0%	106.6%	103.3%	No data	No data																												
Ward 33	110 - TRAUMA & ORTHOPAEDICS	0	2,005	2,326	1,556	1,677	0	0	188	188	1,364	1,298	1,023	1,089	0	0	0	0	116.0%	107.8%	No data	100.0%	95.2%	106.4%	No data	No data																												
North Central (Crownborough)	501 - OBSTETRICS	809	705	357	345	0	0	0	0	0	737	673	357	358	0	0	0	0	87.1%	96.8%	No data	No data	91.3%	100.3%	No data	No data																												
Midwifery Services (Leeds) Local & Delivery Suite	901 - OBSTETRICS	22,654	18,720	7,239	3,862	0	0	0	0	0	5,687	5,288	2,677	2,000	0	0	0	0	82.9%	54.7%	No data	No data	99.0%	74.7%	No data	No data																												
Hedgebrook	420 - PAEDIATRICS	2,159	2,804	293	333	0	0	0	0	0	2,135	2,228	0	184	0	0	0	0	102.0%	113.8%	No data	No data	102.9%	No data	No data	No data																												
Birt Centre	501 - OBSTETRICS	836	881	12	12	0	0	0	0	0	686	646	329	307	12	12	0	0	103.0%	100.0%	No data	No data	94.2%	93.5%	No data	No data																												
Neonatal Unit	420 - PAEDIATRICS	4,097	2,999	165	441	0	0	0	0	0	2,389	2,007	0	242	0	0	0	0	73.2%	267.3%	No data	No data	84.0%	No data	No data	No data																												
MSU	100 - GENERAL SURGERY	1,192	934	711	568	0	0	0	0	0	484	550	0	11	0	0	0	0	78.1%	79.9%	No data	No data	113.6%	No data	No data	No data																												
Prose	100 - GENERAL SURGERY	1,226	1,398	543	564	0	0	158	158	682	671	341	332	0	0	0	0	113.7%	103.0%	No data	100.0%	96.4%	103.2%	No data	No data																													
SSU	100 - GENERAL SURGERY	1,324	2,223	540	593	0	0	0	0	0	495	758	253	660	0	0	0	0	168.0%	109.7%	No data	No data	153.0%	260.7%	No data	No data																												
Wharman	300 - GENERAL MEDICINE	2,075	1,939	1,398	1,450	0	0	116	116	682	1,056	341	330	0	0	0	0	93.4%	103.7%	No data	100.0%	154.8%	96.8%	No data	No data																													
MSU	0	930	706		591	0	0	0	0	0	682	531	0	23	0	0	0	0	76.7%	75.0%	No data	No data	77.8%	No data	No data	No data																												

Stroke Service Update

Chief Operating Officer / Medical Director

It was agreed at the Trust Board on 19th December 2019 that a “Stroke Service Update” should be provided to the January Trust Board.

The Stroke Service Update is enclosed.

Which Committees have reviewed the information prior to Board submission?

- Executive Team Meeting, 21/01/20

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

Discussion and decision (Refer to the specific items in the report)

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 paper aims to update the Board on the following areas related to the Maidstone and Tunbridge Wells (MTW) stroke service:

1. Judicial and Independent progress

As of 22nd January, there is no news regarding the outcome of either the IR or JR processes. If the outcome is favourable and the proposal for HASU/ASU's upheld then the STP will request capital to be brought forward to allow MTW and Dartford and Gravesham NHS Trust (Darent Valley Hospital – DVH) to commence estates work. The outcome may uphold some elements of the JR/IRs and require more work to be undertaken in some areas, but to continue in others. Currently this is difficult to assess and elements of the programme that require either capital or revenue funds are unable to progress.

2. Estates Phasing

The estates team have plans drawn up and a contractor ready to start work on the surveys on the MTW stroke development. The advice from the STP is not to spend money until the JR/IR are completed and published however the Trust has £200k capital which could be used to commence the work should this be deemed appropriate. The risk to this is that this money would be redefined as revenue if the stroke programme was further delayed or changed.

The phasing of the work for the development of the new HASU/ASU has been recast by the estates team and due to the delays in starting the programme of work the HASU/ASU is unlikely to go live in April 21. The phasing shows that the new go live date would be the beginning of July 2021 however this is dependent on being able to use winter escalation capacity to decant stroke beds into while work is underway. This would mean building during the winter months of 2020/21; something the Trust has avoided in the past, as well as the loss of winter escalation beds. These could be reprovided in another currently empty ward if deemed appropriate.

3. Service Performance

Service performance shows some encouraging improvements with a reduction in average length of stay (ALoS) for stroke discharges to 12.7 days since the move. Prior to the move the same ALoS was 18.8 days. More work is required to understand the range of length of stay and to clarify the bed usage in the stroke unit and Chaucer ward by other specialties.

Best Practice Tariff performance is steady since the beginning of the year but planned improvements in flow and discharge and improvements to the consultant week day and weekend ward cover will improve the BPT performance in the coming months.

4. Stroke Unit Update

The 55 bedded unit is working effectively across the two wards. Both wards are fully established with registered ward nurses. There is a challenge with clinical support worker (CSW) recruitment on Chaucer ward where there are 11 vacancies. These are being effectively managed and 7 staff are due to start on the ward in the near future. Sickness has reduced but is still above target. There have been no formal complaints and very positive feedback from patients and family members. There has been 1 Serious Incident. The MDT and multidisciplinary working is promising with improved communications. Development work with staff on the unit continues with the development of competencies specific to stroke.

5. Partnership Working

The new ambulance flows as a result of the move from TWH to MH and working well and the repatriation protocol is now being used with both DVH and SaSH. There have been challenges with ED flows as a result of the move and the service is currently reviewing the pathway for patients from ED to the stroke unit to reduce the pressure on ED.

There is concern regarding the potential impact of the current delays to the HASU/ASU go live date on the Medway NHS Foundation Trusts stroke service. The concern centres around Medway's ability to maintain a robust stroke service beyond April 2020, the original go live date, which will impact on the flows to both MTW and DVH where capacity will not be sufficient to manage the increase in demand. The Trust has undertaken a risk assessment and the STP are aware of the concerns and will support the management of the issue if it arises after the outcome of the JR/IR.

6. Service improvement and readiness plan for HASU/ASU

The stroke programme is continuing to develop the service improvement plan for stroke which will include improvements in staffing, improvements to rehabilitation, implementation of relevant policies and procedures and a focus of staff recruitment, training and development in readiness for the HASU/ASU. Work on implementing a more effective patient pathway will be critical to the implementation plan and will focus on improving patient experience as well as effective capacity and demand management.

Subject: The Maidstone and Tunbridge Wells Stroke Service Stroke Service
To: Trust Board
From: Sean Briggs, Chief Operating Officer, Maidstone and Tunbridge Wells NHS Trust
Date: 30th January 2020
Purpose: Stroke Service Update

This update includes:

1. Judicial and Independent Reviews Update
2. Estates Phasing
3. Service Performance
4. Stroke Unit Update
5. Partnership Working
6. Service improvement and readiness plan for HASU/ASU

1. Judicial and Independent Reviews Update

As outlined in the December update the Judicial Review ran from 3rd – 6th December 2019 and the Independent Review recommendation had been made to the Secretary of State for Health and was awaiting confirmation.

As of 22nd January, there is no news regarding the outcome of either the IR or JR processes.

If the JR/IR outcomes are favourable and support the continuation of the HASU/ASU model for Kent and Medway the STP will complete the full business case (FBC) in February and put through all Trust and Programme governance structures. The aim is to submit the FBC to NHSE/I by April 2021. To prevent delays to the estates programmes the STP will negotiate the early release of some capital so work can continue. The delay to the IR/JR decisions will push the timescale out further than April 2021 for West Kent, due to changes to the estates timelines for both MTW and DVH.

2. Estates Phasing and Timeline

The Network cannot proceed without the JR/IR approval and the capital to start the programme of estates work. The Trust has requested £200k of capital for Q4 2019/20 to commence the site survey work. It was anticipated that MTW could still meet the April 2021 deadline for delivery however having reviewed the timeline with the estates team (**appendix 1**) it is apparent that the earliest the estates plan could be delivered is the beginning of July 2021. This assumes:-

- The JR/IR decisions come before February and are favourable
- The Trust uses £200k of current capital to start the process. The Trust has worked to secure £200k capital to start this work and the stroke programme would benefit from an early start to the estates work. The decision to use the money without the IR/JR outcome poses risks which could result in the capital being rebadged as revenue if there is significant delay and/or change to the Network plan for HASU/ASU. The STP has been clear that the programme of work for all three Trusts is to continue without spending money. The estates department are confirming with contractors the amount of work they could do in Q4 assuming the JR/IR outcome is forthcoming.
- The STP are successful in securing early release of capital from April 2020
- The capital phasing of £6.25m for the build is phased over the programme of estates work to ensure the revised programme stays on track.
- The Trust is able to manage the winter months in 2020/21 by switching escalation beds from Foster Clark to Edith Cavell. This assumes Edith Cavell is not allocated for other use going forward. If this is not possible other solutions for winter capacity will need to be explored.

If these assumptions are not realised either in part or full the timeline is likely to slip further. This will be at least 6 months if the winter escalation beds cannot be reprovided in another area or winter capacity managed via different clinical pathways. The timeline on release of capital from NHSE/I for the build cannot be confirmed at this stage but the aim is to confirm costs as per the programme of work as summarised in **appendix 1** and agree the phasing of the release of capital over the life of the estates work.

The Trust has previously confirmed that a work around to deliver the HASU/ASU and rehabilitation beds across different clinical areas would be possible for a short period of time. This can be explored further however this may not have merit as MTW cannot go live with the HASU/ASU until DVH is also ready to do so. This is due to the change in flows required to ensure both HASU/ASUs take the right patients to spread the workload effectively in West Kent. DVH have indicated that the timescale are likely to be challenging due to the confines of site development of their PFI although they have not confirmed their potential delay.

Given the impact of the delays the STP will propose a revised start date for West Kent of July 2021 in the FBC.

3. Service Performance

The 55 bed unit on the Maidstone site is settling into two areas – the stroke unit for the acute phase and Chaucer ward for continued stroke rehabilitation

Table 1 below show all admissions to the two stroke wards (ward 22 at TWH and the stroke unit at MH) since April 2019. The sharp fall off on the TWH site in October is as a result of the move of the TWH stroke ward to MH. Activity has remained consistent although November and December look relatively low. This is to be expected as a portion of patients admitted in these months will not yet be discharged and therefore not be counted as their spell has not yet been coded and compiled.

Table 2 shows the best practice tariff discharges from the stroke unit which remains in line with the activity expectation. The graph in **table 3** shows the average length of stay (ALoS) for all confirmed stroke patients (coded on discharge) for the year to date. The ALoS was 18.8 days for the 387 stroke discharges from 1st April - 6th October 2019. For the period 21st October 2019 – 5th January 2020, the ALoS was 12.7 days for 141 patients. As well as overall reduction, the ALoS has been more consistent since the move of ward 22 to MH and the consolidation of the stroke unit onto one site. If the ALoS of the discharges between 21st October 2019 and 5th January 2020 had the same ALoS as April to October 2019 the bed day usage would have increased by 861 days over the period. It is early days since the service consolidation but the picture at this early stay is encouraging.

More analysis is being undertaken as it appears stroke patients have not used all bed days available on the ASU and Chaucer ward. Work on occupancy and usage by patients admitted with other than a stroke is underway. In terms of the impact of the move on the TWH site the number of calls to the stroke CNS and medical staff from 30th September to 31st December was 118 which is an average of 1-2 patients a day. Of this number 39 (33%) were actual strokes, 16 were transferred and 23 patients were inpatients at TWH and were managed on site. TWH benefits from Stroke CNS and medical staff on site each day to cover the TIA clinics and deliver teaching and support to ED and ward staff. TIA clinics performance on both sites shows significant improvement in November when compared with earlier in 2019. Waiting times performance against the national standard show TWH at green (72%) for high risk patients seen within 24 hours and green (96%) for low risk patients seen within 7 days, and MH is at amber (67%) for high risk patients and green (78%) for low risk patients.

In terms of the Best Practice Tariff performance against the standards are currently as follows:-

1. First ward is a stroke ward – average performance is 64% year to date
2. Seen by a consultant within 14 hours – average performance is 50% year to date
3. 90% of inpatient stay in a stroke ward – average performance is 80% year to date
4. Overall average of 40% year to date with improvement to an average of 42% over the last 5 months

Planned changes to the pathway and management of patient flows aim to improve standards 1 and 2. The medical staffing cover for stroke has improved (outlined in section 4) to give more consistent cover for the stroke service and we anticipate an increased performance to around 75% with the implementation of plans to extend the consultant working day and increase weekend cover. Further improvement above this is unlikely until further consultant recruitment is achieved.

Table 1

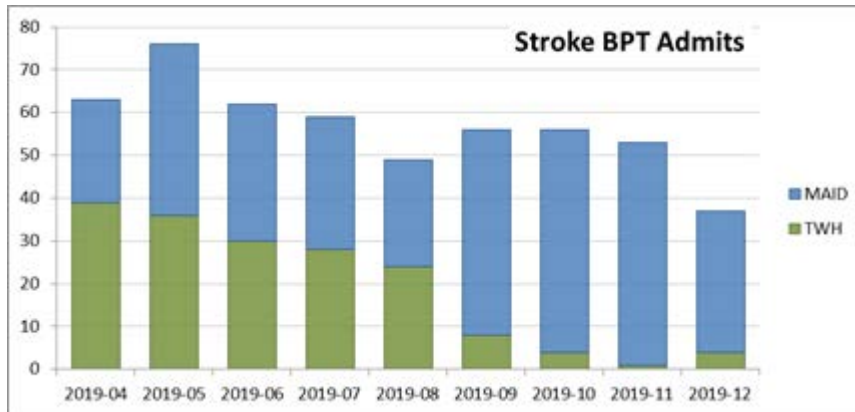


Table 2

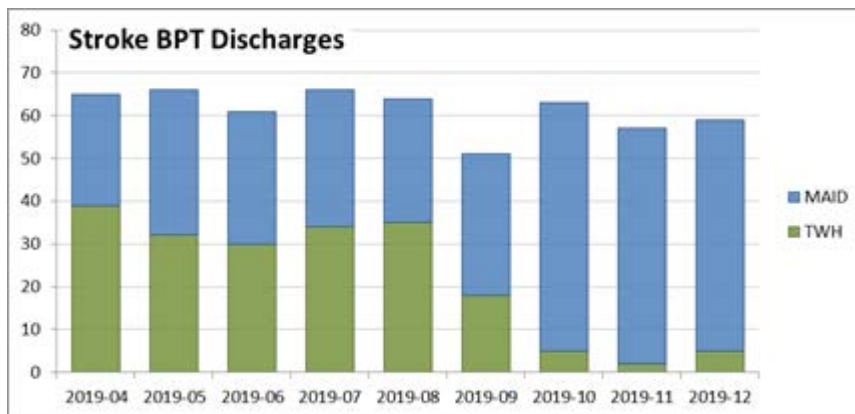
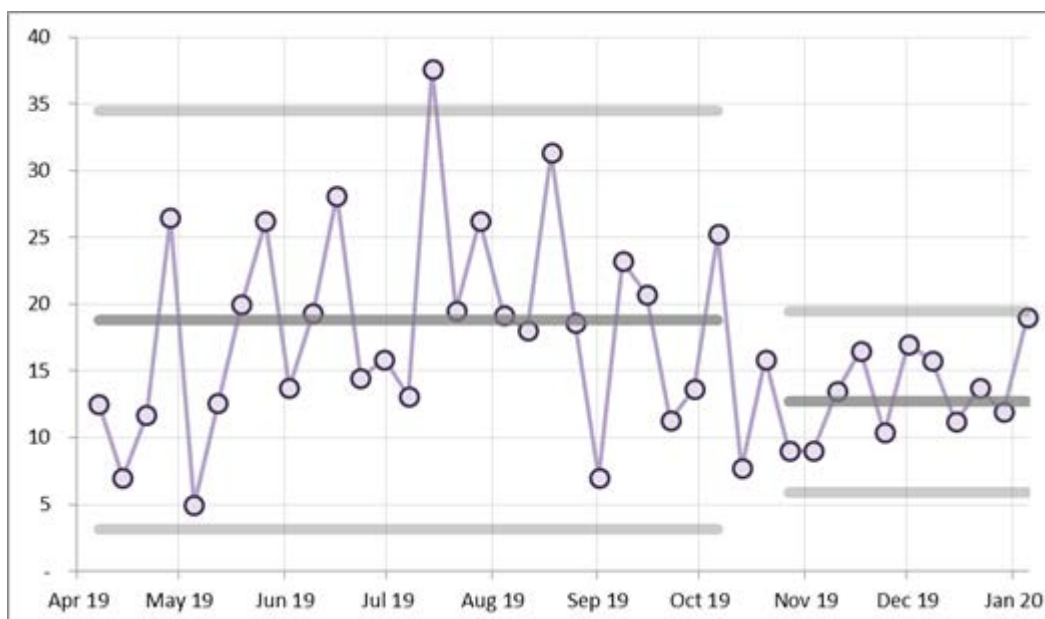


Table 3



SNNAP performance for the July – September 2019 quarter remains static at a B rating for Maidstone Hospital and a C rating for Tunbridge Wells Hospital. Improving the SSNAP rating will form part of the action plan for the Stroke Programme as it progresses towards a HASU/ASU.

4. The Current Stroke Unit:

The key issues to update are as follows:-

- Nursing vacancies on the acute stroke unit are very low with only 1 band 6 stroke assessor post vacant and out to advert. Chaucer ward is fully established with registered nurses but has 11 CSW vacancies. One post will be filled in January with 6 others going through the recruitment process. This is putting pressure on Chaucer ward and the two areas are working closely together to manage the service. OT recruitment remains a challenge and is being actively managed through overseas and local recruitment.
- Nursing sickness in November was 8.7% on Chaucer and 7.5% on ASU. Both areas reduced in December to 5.7% and 6.1% respectively. Both areas are above the 3.5% target but good progress is being made. SALT has had higher than average sickness but has been backfilling with temporary staff to prevent service impact.
- Stroke assessor cover has been reviewed to increase from 1 to 2 staff on between 08.00 and 23.00 to give more support to ED and support the timely flow of patients. This will include CNS support between 8.00 and 16.00. We await the outcome of the recruitment process to confirm the implementation date. This will be achieved within budget.
- The medical rota for stroke and general medicine is working well, with regular board rounds, ward rounds and MDTs to support the flow of patients from ASU to Chaucer and to discharge. The consultant weekend cover is much improved and more equitable since the move. Although previously the cover on the TWH site meant that most weekends were covered by one consultant this was brittle being dependant on one individual. The previous service on the MH meant that there was only consultant cover specifically for stroke 1 in 4 weekends. The service now means that the service is covered at weekend by the three substantive MH consultants 1 in 6 weekends, by the Medical Director 1 in 8 weekends and by the TWH stroke consultant 1 in 4 weekends. This adds up to approximately four fifths of weekend being covered by a consultant who is on call for the stroke specialty and is present for a ward round on Saturday and Sunday. Full cover will not be achieved without another stroke consultant on the rota and this will be resolved with recruitment for the HSU/ASU. There is currently no budget for another post.
- A ward manager and therapist meeting to review working relationships and service improvements was very positive
- Weekly teaching continues on the unit and monthly meetings are in place for the wards to share learning.
- Successful festive planning to ensure beds were available over the period and achieved 10 ring fenced beds.
- Falls are below trajectory
- There has been positive patients feedback
- No formal complaints in December, 1 PALS regarding transport is being investigated
- Chaucer has had 2 safeguarding alerts regarding moving and handling and bespoke training is in place for staff.
- Three incidents of pressure damage on Chaucer and 1 SI relating to a hospital acquired VTE. An action plan is in place.

- Success in securing League of Friends support for therapy equipment for the sum of £14.5k. Further bids for orthoptic equipment, ward equipment and a dedicated ultrasound machine are being developed. All relevant clinical staff have been/are being involved in the process.

The above outlines a challenging but improving picture for the stroke service which is improving quality and will contribute to the readiness plan for the HASU/ASU.

5. Partnership Working:

The change in flows for the ambulance service is working effectively. A number of walk in patients continue to arrive at TWH. There is a pathway in place for assessment and administration of thrombolysis (if required), prior to transfer to the MH site. The CNS and stroke medical staff on the TWH site are doing regular teaching sessions for ward and ED staff. There has been some challenge from SaSH regarding MTW stroke patients attending there. To mitigate the impact on SaSH the MTW Matron for stroke is liaising with them to agree the same protocol as for DVH in terms of repatriating MTW stroke patients.

The ED on the MH site is experiencing a higher pressure with stroke patients as a result of the move. The Stroke Operational Group is discussing a possible change to the stroke pathway to reduce the pressure on ED by reducing the time stroke and stroke mimic patients spend in the department. A proposal and draft pathway is being developed and will act as an interim arrangement prior to the implementation of direct admissions once the HASU/ASU is developed. The proposal will focus on developing an assessment area within the inpatient stroke service which will enable the time spent in ED for stroke patients to be substantially reduced. The proposal will be available for discussion in late February. There is also some concern that the increase in ED attendances on the MH site is above that which would be anticipated for stroke patients. More analysis is required to understand what this increase is and where in the catchment area the patients are coming from but an early view does not confirm this

There is concern that the delay to the Network development of HASU/ASUs could lead to a challenge in West Kent if Medway Maritime Hospital NHS Trust is unable to sustain their stroke service until the delayed go live date. Although this is not confirmed the STP are aware of the concerns and once the timeline is confirmed work within the Network with the aim of understanding the Medway challenge and support the continuation of current service until the go live date for the HASU/ASUs or a phased transfer of activity if this is deemed appropriate. MTW are suitably concerned regarding the impact on ED as well as the stroke unit of what could be a substantial increase in stroke activity so have undertaken a risk assessment to determine the level of risk and mitigating actions, including working with the STP and Medway Maritime Trust to phase to maintain the service for as long as safely possible and to phase the movement of the flows from the Medway catchment to MTW. This requires confirmation by the stroke operational and steering groups and the Divisional Governance Board. The risk assessment is at **appendix 2**.

6. Service Improvement and Readiness for HASU/ASU:

The stroke service is continuing to work on service improvements to build on the quality of service. A refocussed improvement plan in support of the implementation of the HASU/ASU is being developed and the following actions have also taken/are also taking place:

- Submission of a fully costed transitional recruitment plan to the STP.
- Confirmation of the HASU/ASU establishment after 'go live' for the STP to complete the Full Business Case
- Confirmation of the capital requirement
- Confirmation of the rehabilitation establishment for the 22 rehabilitation beds, which forms part of the STP rehabilitation business case due to completion by April 2021 to enable delivery at the same time as the HASU/ASU go live
- Repeat of the STP rehabilitation audit (originally carried out in Q4 of 2018/19) to confirm rehabilitation activity assumptions
- Contribution to the STP IT programme for stroke
- Worked with other HASU/ASU sites and STP on shared network policies. To be confirmed via the Trust policy approval process in the coming months
- Development of a refined set of local KPIs as a monitoring and development tool. A draft has been agreed by the Stroke Operations Group and the feasibility of easy access to the information is being confirmed by the information team.
- Review and update of the Stroke Programme Governance structure to be agreed and confirmed the Operational meeting on 14th January 2020 with a confirmation of the objectives for the next stage of the programme of work to include measures to improve BPT and SSNAP performance.
- Review of the Stroke Programme risk register (**appendix 3**)
- Development of a co-design workshop to work with stroke survivors and families to ensure current and future stroke services take into account their views. Co-design workshop is scheduled for 4th February 2020.
- Reviewed estates plan which estimates a quarter slippage on the delivery of the stroke estates programme (from early April to early July 2021) if winter escalation can be managed using other capacity. A work around is possible if deemed appropriate but this will depend on the timescale for delivery of DVH. The impact of this on the stroke service is being considered and will be fully assessed once the timeline is confirmed.

7. **Appendices:**

Appendix 1: Estates Update

Appendix 2: Risk Assessment – Medway Stroke Service

Appendix 3: Stroke Programme Risk Register

Appendix 1 – Stroke Programme Update, Trust Board, 30th January 2020

Estates Review

January 2020

HASU/ASU Revised Timeline

Item	Phase	Weeks	End date	Comments
1	Planning and design work	10	31 st March 2020	Only achievable if submitted to contractors by 1 st February Will require up to £200k capital to be agreed even if no JR/IR outcome is received Not reversible so if the JR/IR is not favourable the £200k will be put into revenue in 2020/21
2	Detailed design work and quantum of costs	12	1 st June 2020	Confirmation of capital would be required from NHSE/I, then onto the contractor to enable continuation to next phase
3	Design review and mobilisation	8	1 st August 2020	
4	Alteration and modification works to vacated AMU	14	Mid November 2020	Capital to be available to Trust
5	Relocation to stroke service from ASU and Chaucer ward to modified AMU and Foster Clark	2	1 st December 2020	Foster Clark is current escalation ward. Option to use Edith Cavell as escalation to enable to programme of work to continue. If this is not possible this will result in a delay of up to 6 months for delivery of the new HASU/ASU
6	Alteration and modification works to existing ASU and Chaucer ward	24	1 st June 2021	If '5' above cannot be delivered due to winter beds this will move to 1 st October 2021 assuming winter escalation beds close on 1 st April 2021
7	Relocation of stroke services to newly developed area	4	End June 2021	Slippage of 3 months if the winter escalation can be managed and construction can go ahead.

Appendix 2 – Stroke Services Risk Assessment Trust Board – 30th January 2020

Maidstone and Tunbridge Wells NHS Trust: risk assessment form

Risk assessment title

The impact for MTW of the potential unsustainability of Medway stroke services.

This assessment is a legal requirement of the 'Management of Health and Safety at Work Regulations-1992' (MOHSAW), enabled as part of the 'Health and Safety at Work Act -1974'.

Definitions: **Hazard:** Anything that has the potential to cause harm, loss or damage to individuals, services, the organisation or the environment.
Risk: Risk is the likelihood of potential harm being realised.

All employees have a duty under the 'Management of Health and Safety at work Regulations – 1999', to inform the employer of any shortcomings of this assessment. Employees must use all machinery, equipment, substances, safety devices etc in accordance with any relevant training and instructions provided by the employer. Employees must inform a manager of any serious/imminent dangers found at work, also of any shortcomings of the employer's health and safety arrangements.

Location

Stroke Unit/Chaucer Ward at Maidstone Hospital and associated services (ED, Therapies,)

Description of risk

The delays to the implementation of the HASU/ASU model of stroke care in Kent and Medway has shifted the initial timeline. Originally the HASU/ASUs in West Kent (DVH and MTW) were to go live in March 2020. Due to the Judicial Reviews/Independent Review challenges, the go live has been delayed for at least a year.

Medway NHS Foundation Trust is currently providing acute stroke inpatient services. If the outcome of the JR/IR is not favourable towards Medway this MAY result in staff leaving their stroke unit and ultimately render the acute stroke service at Medway unviable. If the original timeline was still a possibility this would be manageable, however the delay means that potentially MTW could receive up to 78% of the Medway flow to Maidstone Hospital. If the flow out of MTW to DVH did not correspond the result would be too many admissions for the current stroke service to manage at Maidstone.

The risk relates to potential increase in demand into the stroke services at MTW at a time not established and without the resources in place to manage such an increase. These are summarised as:-

- Increase in demand of up to 78% (circa 350 patients per year) of the current Medway flow to the Maidstone Hospital site with no incremental controlled phasing of the activity. The increase in stroke mimics would mirror the increase in confirmed strokes (one mimic to every 3 confirmed strokes) and this would further compound the impact of increased activity on the MH site.
- Insufficient capacity in terms of beds and staffing to manage the increase in demand and inability to increase capacity without a phased plan.

Risk assessment form

Written by: J Harris, Risk Manager

Review date: March 2019

Document issue no.: 6.0

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- Increase in ED attendances and AMU activity which will put pressure on the service and impact on the 4 hour waiting time performance, ambulance handover targets and hospital patient flow.
- Insufficient capacity in RAP and Resus in the ED to cope with an increase in activity.

Who could be harmed and how

Patients with a stroke or suspected stroke: Potential delays in assessment and/or delivery of care due to increased demand could impact adversely on patient quality of care (acute and rehabilitation), patient outcomes and patient experience.

Emergency Department Patients: Impact on other patients in ED waiting for assessment and care.

Staff: Additional demand specifically on the Stroke Unit and Chaucer Ward at Maidstone Hospital could potentially impact staff job satisfaction and increase stress. Also diversion of stroke patients to Maidstone Hospital would impact Emergency Department staff at Maidstone who would have to potentially cope with increased demand/patient flow through the department.

Trust reputation/Kent and Medway Stroke Network reputation may be impacted if care due to the increase in activity is deemed to reduce quality and potential impact on SSNAP and other access targets.

Assessors

JoAnne Cutting, Programme Director for Stroke
Elaine Cheney, Project Nurse, Stoke Programme

Reason for assessment:

Reconfiguration of Stroke Services by Kent and Medway Stroke Network and delays to implementation of the programme.

Replaces First assessment

Assessment date

16th December 2019

Review date

31st January 2020

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What control measures are in place to control this risk – how are risks currently managed ?	Control measures in place or proposed:	Is it effective?
	1. All MTW stroke inpatient services are on one site at Maidstone. Consolidation of resources to improve efficiency while maintaining quality of care – work ongoing.	No not in isolation – These actions have been in place since 24th September 2019 and further bedding down of the changes in service are required to measure efficiencies/reductions in LOS.
	2. Undertake modelling to determine capacity and capability requirements to meet the additional demand	To be confirmed – Items 2-5 in progress.
	3 Develop and implement plan to improve stroke patient flow and reduce average LOS for stroke patients, in order to create bed capacity to manage an unscheduled but anticipated increase in demand, including: <ul style="list-style-type: none"> a) A particular focus on rehabilitation, to enable a reduction in rehabilitation beds at Maidstone from 33 to 22. This will reduce usage creating bed capacity for an increase in demand. b) Robust repatriation protocols. c) Effective Sussex diverts. d) Rapid repatriation of stroke mimics. 	Items 6-8 are unlikely to be progressed until the outcome of the JR/IR process in early 2020.
	4 Work with ED on the development of a streamlined stroke pathway for admissions to ASU to reduce impact on ED, with a first step in early 2020 of implementing a patient pathway for Stroke/TIA/Mimic patients that ensures they are transferred to the ASU as soon as possible via CT. Develop the pathway further in the second half of 2020 to direct admits to HASU/ASU. Work with ED/AMU/Site Managers to provide clarity about the pathway for medical patients with unconfirmed diagnosis that are identified as non-stroke medical patients – to ensure these patients are transferred from ED to the appropriate clinical team/ward as soon as possible or repatriated to the appropriate Trust. Develop the capacity in RAP 5 HR strategy to identify additional resources and skill mix requirements to ensure the right skilled workforce are in place to support the change and maintain quality outcomes.	

	6 Work with DVH and SECAMB on management of flows from MTW to DVH (22% in business case)	
	7 Work with STP and Medway to plan and control the flow from Medway to MH to allow MTW to manage resource implications until go live	
	8 Develop plans to manage increase in resources should either a sudden or phased reduction at Medway occur - for discussion and agreement with Division and Trust Board	

Initial risk evaluation :
What are the possible outcomes

1. That Medway stroke unit becomes challenged and non-functional soon after the outcome of the JD/IR
2. MTW and DVH work with Medway to support the continuation of the service and develop a phased transition plan for stroke ASU patients with robust repatriation to Medway for rehabilitation.
3. Unknown timeline will result in insufficient staff and resources to manage the increase in stroke patients to MH – financial, service and safety risks

Severity / consequence of the risk “1 to 5”	4 Likely	Likelihood / probability of occurrence with control measures in place “1 to 5”	4 significant	Overall risk score (SxL) “1 to 25”	16	Overall risk rating “colour”	RED
Is this residual risk acceptable?	No - Red due to the uncertainty and unknown timeline.						
Do significant risks remain - are further actions required?	Yes – Due to the possibility of an immediate impact on MTW stroke/ED services of the Independent Review and the Judicial Review outcomes, prior to the implementation of the new HASU/ASU stroke reconfiguration. If the outcome of the IR and JRs support the proposed new configuration which ultimately moves stroke services from Medway Hospital.						
All significant unresolved risks must be added to the risk register				Date added to the risk register TBC			

Recommended action plan

No.	Action (additional control measure)	Anticipated costs	Person responsible	Target date
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1	Reduction in LOS in current stroke service	TBC	GM/Matron for Stroke	3 months
2	Development of draft plan with STP, SECAMB and DVH to manage any change in Medway stroke unit viability prior to the new go live date	TBC	Programme Director for Stroke	TBC
3	Staff competencies, recruitment, HR strategy for ASU stroke	TBC	Matron for Stroke/Lead Nurse for Stroke	3 months
4.	Work collaboratively with ED/AMU staff to mitigate the impact on ED performance and patient flow, including a change in the stroke/TIA/Mimic pathway	TBC	Programme Director for Stroke	31 st March 2020
5.	Development of robust KPIs and performance monitoring processes via a Stroke performance dashboard	TBC	Programme Director for Stroke	Draft by 31 st January 2020

Target risk evaluation							
Severity / consequence of the risk "1 to 5"	4	Likelihood / probability of occurrence with control measures in place "1 to 5"	3	Overall risk score (SxL) "1 to 25"	12	Overall risk rating "Colour"	AMBER
Is this residual risk acceptable?	This is particularly difficult to determine at this stage without further discussion with partners and stakeholders and without the outcome of the IR/JRs which should be known in January 2020.						
Do significant risks remain - after actions completed?	Partially, due to uncertainty of the current situation.						
All significant unresolved risks must be added to the risk register				Date added to the risk register			

Appendix 1 – Stroke Programme Update, Trust Board, 30th January 2020

Estates Review

January 2020

HASU/ASU Revised Timeline

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Appendix 2 – Stroke Services Risk Assessment Trust Board – 30th January 2020

Maidstone and Tunbridge Wells NHS Trust: risk assessment form

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Location

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Description of risk

The delays to the implementation of the HASU/ASU model of stroke care in Kent and Medway has shifted the initial timeline. Originally the HASU/ASUs in West Kent (DVH and MTW) were to go live in March 2020. Due to the Judicial Reviews/Independent Review challenges, the go live has been delayed for at least a year.

Medway NHS Foundation Trust is currently providing acute stroke inpatient services. If the outcome of the JR/IR is not favourable towards Medway this MAY result in staff leaving their stroke unit and ultimately render the acute stroke service at Medway unviable. If the original timeline was still a possibility this would be manageable, however the delay means that potentially MTW could receive up to 78% of the Medway flow to Maidstone Hospital. If the flow out of MTW to DVH did not correspond the result would be too many admissions for the current stroke service to manage at Maidstone.

The risk relates to potential increase in demand into the stroke services at MTW at a time not established and without the resources in place to manage such an increase. These are summarised as:-

- Increase in demand of up to 78% (circa 350 patients per year) of the current Medway flow to the Maidstone Hospital site with no incremental controlled phasing of the activity. The increase in stroke mimics would mirror the increase in confirmed strokes (one mimic to every 3 confirmed strokes) and this would further compound the impact of increased activity on the MH site.
- Insufficient capacity in terms of beds and staffing to manage the increase in demand and inability to increase capacity without a phased plan.
- Increase in ED attendances and AMU activity which will put pressure on the service and impact on the 4 hour waiting time performance, ambulance handover targets and hospital patient flow.
- Insufficient capacity in RAP and Resus in the ED to cope with an increase in activity.

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Who could be harmed and how

Patients with a stroke or suspected stroke: Potential delays in assessment and/or delivery of care due to increased demand could impact adversely on patient quality of care (acute and rehabilitation), patient outcomes and patient experience.

Emergency Department Patients: Impact on other patients in ED waiting for assessment and care.

Staff: Additional demand specifically on the Stroke Unit and Chaucer Ward at Maidstone Hospital could potentially impact staff job satisfaction and increase stress. Also diversion of stroke patients to Maidstone Hospital would impact Emergency Department staff at Maidstone who would have to potentially cope with increased demand/patient flow through the department.

Trust reputation/Kent and Medway Stroke Network reputation may be impacted if care due to the increase in activity is deemed to reduce quality and potential impact on SSNAP and other access targets.

Assessors

JoAnne Cutting, Programme Director for Stroke
Elaine Cheney, Project Nurse, Stoke Programme

Reason for assessment:

Reconfiguration of Stroke Services by Kent and Medway Stroke Network and delays to implementation of the programme.

**Replaces
First assessment**

Assessment date

16th December 2019

Review date

31st January 2020

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This copy – REV6.0

What control measures are in place to control this risk – how are risks currently managed ?	Control measures in place or proposed:	Is it effective?
	1. All MTW stroke inpatient services are on one site at Maidstone. Consolidation of resources to improve efficiency while maintaining quality of care – work ongoing.	No not in isolation – These actions have been in place since 24th September 2019 and further bedding down of the changes in service are required to measure efficiencies/reductions in LOS.
	2. Undertake modelling to determine capacity and capability requirements to meet the additional demand	To be confirmed – Items 2-5 in progress.
	3 Develop and implement plan to improve stroke patient flow and reduce average LOS for stroke patients, in order to create bed capacity to manage an unscheduled but anticipated increase in demand, including: a) A particular focus on rehabilitation, to enable a reduction in rehabilitation beds at Maidstone from 33 to 22. This will reduce usage creating bed capacity for an increase in demand. b) Robust repatriation protocols. c) Effective Sussex diverts. d) Rapid repatriation of stroke mimics.	Items 6-8 are unlikely to be progressed until the outcome of the JR/IR process in early 2020.
	4 Work with ED on the development of a streamlined stroke pathway for admissions to ASU to reduce impact on ED, with a first step in early 2020 of implementing a patient pathway for Stroke/TIA/Mimic patients that ensures they are transferred to the ASU as soon as possible via CT. Develop the pathway further in the second half of 2020 to direct admits to HASU/ASU. Work with ED/AMU/Site Managers to provide clarity about the pathway for medical patients with unconfirmed diagnosis that are identified as non-stroke medical patients – to ensure these patients are transferred from ED to the appropriate clinical team/ward as soon as possible or repatriated to the appropriate Trust. Develop the capacity in RAP 5 HR strategy to identify additional resources and skill mix requirements to ensure the right skilled workforce are in place to support the change and maintain quality outcomes.	

	6 Work with DVH and SECAMB on management of flows from MTW to DVH (22% in business case)	
	7 Work with STP and Medway to plan and control the flow from Medway to MH to allow MTW to manage resource implications until go live	
	8 Develop plans to manage increase in resources should either a sudden or phased reduction at Medway occur - for discussion and agreement with Division and Trust Board	

Initial risk evaluation :

What are the possible outcomes

1. That Medway stroke unit becomes challenged and non-functional soon after the outcome of the JD/IR
2. MTW and DVH work with Medway to support the continuation of the service and develop a phased transition plan for stroke ASU patients with robust repatriation to Medway for rehabilitation.
3. Unknown timeline will result in insufficient staff and resources to manage the increase in stroke patients to MH – financial, service and safety risks

Severity / consequence of the risk “1 to 5”	4 Likely	Likelihood / probability of occurrence with control measures in place “1 to 5”	4 significant	Overall risk score (SxL) “1 to 25”	16	Overall risk rating “colour”	RED
Is this residual risk acceptable?	No - Red due to the uncertainty and unknown timeline.						
Do significant risks remain - are further actions required?	Yes – Due to the possibility of an immediate impact on MTW stroke/ED services of the Independent Review and the Judicial Review outcomes, prior to the implementation of the new HASU/ASU stroke reconfiguration. If the outcome of the IR and JRs support the proposed new configuration which ultimately moves stroke services from Medway Hospital.						
All significant unresolved risks must be added to the risk register				Date added to the risk register TBC			

Recommended action plan

No.	Action (additional control measure)	Anticipated costs	Person responsible	Target date
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1	Reduction in LOS in current stroke service	TBC	GM/Matron for Stroke	3 months
2	Development of draft plan with STP, SECAMB and DVH to manage any change in Medway stroke unit viability prior to the new go live date	TBC	Programme Director for Stroke	TBC
3	Staff competencies, recruitment, HR strategy for ASU stroke	TBC	Matron for Stroke/Lead Nurse for Stroke	3 months
4.	Work collaboratively with ED/AMU staff to mitigate the impact on ED performance and patient flow, including a change in the stroke/TIA/Mimic pathway	TBC	Programme Director for Stroke	31 st March 2020
5.	Development of robust KPIs and performance monitoring processes via a Stroke performance dashboard	TBC	Programme Director for Stroke	Draft by 31 st January 2020

Target risk evaluation							
Severity / consequence of the risk "1 to 5"	4	Likelihood / probability of occurrence with control measures in place "1 to 5"	3	Overall risk score (SxL) "1 to 25"	12	Overall risk rating "Colour"	AMBER
Is this residual risk acceptable?	This is particularly difficult to determine at this stage without further discussion with partners and stakeholders and without the outcome of the IR/JRs which should be known in January 2020.						
Do significant risks remain - after actions completed?	Partially, due to uncertainty of the current situation.						
All significant unresolved risks must be added to the risk register				Date added to the risk register			

Who has been notified of this risk?		
Job title / responsibility	Name	Date notified
Department manager	Gaynor Gibbons, Matron for Stroke Vicky Williams, Lead Nurse for Stroke Fiona Redman, GM for ED James MacDonald, Consultant/CD	
Directorate risk lead	Presented at Divisional Governance Board	18.12.19
Others	Presented at Stroke Operational Board in December 2019 Presented at Stroke Steering Group in January 2020	

Discussion and conclusions

This assessment is only valid if shared with all relevant staff. The attached signatory sheet must be signed by all staff to demonstrate that they have read and understood the assessment. It also evidences that the staff are aware of the hazard, the control measures and their legal duties. It is the manager’s responsibility to ensure that staff understand this assessment and may have to consider language issues.

Authorisation

Signature of area manager accepting assessment and action plan:

.....

Date actions agreed

Date actions completed

CONFIRMATION STAFF HAVE READ AND UNDERSTOOD THE ASSESSMENT

[illegible]

RISK LOG: STROKE Version 9_7.1.2020												
No	Risk Title	Risk Description	Date Identified	Impact	Likelihood	Score	Mitigating Actions	Residual Risk	Owner	Comments	Closure Date	
1	GOVERNANCE											
1.1	Independent Review by Secretary of State for Health/Judicial Review by Courts	Risk that decision is overturned for development of HASU at Maidstone and scheme will not be able to proceed.	Feb-19	5	3	AMBER	Progress with planning but obtain Trust Board/STP approval prior to implementation of plan.Do not implement any plans that are not reversible.	AMBER	Programme Director for Stroke	Oct 19: JR scheduled for 3-5 Dec and IR decision not expected until after JR resolved. Dec 19: JR ruling scheduled for January 2020. IR ruling with Secretary of State and will not be made public until after Election.		
2	FINANCE ASSESSMENT AND CONTROL											
2.1	Business case/Finance	Risk that capital and revenue submitted in business case is insufficient for implementation of the service	Jan-19	4	4	RED	●Deep dive completed to confirm capital, staffing and revenue costs ● detailed costs obtained from contractor ● activity model for the STP OBC/FBC confirmed ● Transition costs completed and confirmed for STP OBC/FBC ●Rehab costs confirmed ● No implementation of any HASU plans that are not reversible and no progress on HASU build until capital confirmed. ●New AMU build to progress with MTW Capital Funding.	GREEN 3x3=9	Programme Director Stroke			
3	HR/WORKFORCE											
3.1	Recruitment and Retention	Lack of staff to run the service due to challenges of staff recruitment nationally. Time delay in being able to commence recruitment due to the Independent Review/JR - which could lead to insufficient staff in post and risks to retention of current staff in post. Risk to skill mix if too many senior postholders wish to TUPE to MTW from Medway	22.11.18	5	4	20 RED	●Mapping of current workforce skills to future workforce skills to identify gap and how current workforce can be best utilised ● Further development of Trust workforce development strategies ● Identification of potential ways to recruit from overseas●Raise profile of new opportunities in Stroke ●Arrange Open Day and recruitment events●Collaborate with Stroke Network on recruitment strategy and events●Organise bespoke recruitment material (with STP) ● Ensure realistic phasing of release of funding for recruitment and timeline for go live ● Monitor staff retention and put plans in place to support current staff. ● Engage with TUPE process as soon as possible to identify potential staff and their preferences●Ensure HR processes followed - ensure staff given appropriate information/communication at interview●Include clear terms of job in offer letters ● If insufficient posts at senior level available - follow HR process to reallocate or explore other options.	AMBER (3x4=12)	Lead Matron/Therapist/Clinician & HR Lead	Oct: Overseas recruitment in progress. Stroke service at TWH now moved to MH on one site. Edith Cavell Ward closed, which has supported staffing establishment for Stroke. Dec 19: Forecast for full nursing establishment on ASU/Chaucer by February 2020. Further recruitment to HASU establishment will depend on timeline for release of revenue.There are potentially 1x8and 7 and 4x8and 6 postholders at Medway that may want to TUPE to MTW		
3.2	OT Vacancies	OT unfilled vacancies as nationally difficult to recruit to these posts	15.10.19	4	4	RED	●Risk assessment undertaken by OT Clinical Manager and actions in place including recruitment from overseas ● Investigate use of CSW generic role to support .	AMBER (3x4=12)	OT Clinical Manager			
4	CLINICAL/OPERATIONAL											
4.1	Demand and capacity	Risk that demand outstrips capacity and that bed numbers are insufficient	Mar-19	3	4	12 AMBER	●Detailed analysis of demand and capacity undertaken ●Implement plans to optimise patient flow and reduce LOS ●Monitor activity once open ●Implement Trust escalation policy and procedures ●Agree fall back position with STP across the stroke network.	GREEN (3x3=9)				
4.2	Training and Competency of Staff	Potential risk that staff are not competent in stroke care	Oct-19	3	4	12 AMBER	● Plan and implement an ongoing stroke training and development programme for staff. ●Implement competency framework and assess staff against it. ●Monitor progress and performance	GREEN				
4.3	Radiology	Risk that there is insufficient Radiology services capacity to meet the increase in demand for the new HASU/ASU	Oct-18	4	3	12 AMBER	● Action plan agreed with Radiology ●Training being agreed for carotid Doppler's at MH	GREEN		2019: Meeting with Susies White - Action Plan agreed.		
5	REHABILITATION											
5.1	Delays in repatriation	Potential for delays in repatriation of patients to neighbouring Trusts including acute hospitals and community rehabilitation services due to lack of capacity which would impact adversely on patient flow at Maidstone.	26.3.19	4	3	12 AMBER	●Develop links with Community rehab services at Medway/Sussex ● Consider joint posts and ways to integrate smooth working of the pathway●Develop clear pathway and protocols for repatriation and escalation of issues. ● Share and agree repatriation protocols with neighbouring Trusts and STP Network	GREEN	Leads for Therapy/Lead Stroke Nurse	Oct 19: Protocol agreed with DVH Jan 2020: Protocols being agreed to SASH and Medway. Protocols also required for repatriation back to MH.		
6	TRANSITIONAL PLANNING											
6.1	Medway Stroke Service	Risk that Medway stroke service may become unsustainable and close before HASU/ASU go live. Activity would be moved to Maidstone Hospital before capacity or capability to respond to demand is in place. (It is anticipated that up to 78% of current Medway stroke activity will flow to MH.) This will have adverse impact on stroke services and the quality of patient care. It may also have an impact on ED performance (4 hour access target/ambulance handover target/quality of patient care) as the department may not have sufficient staffing/Resus capacity to manage the increased activity.	31.10.18	4	4	20 RED	● Detailed Risk Assessment completed December 2019 with mitigating actions:●Consolidation of resources to improve efficiency. ● Confirm modelling of capacity and capability to meet demand ●Plan in place to reduce LOS ●Develop robust repatriation protocols and work with neighbouring Trust to agree and implement ●Develop stroke pathway to reduce impact on ED in collaboration with ED/AMU/Clinical Site Managers ● Work with STP Network and Secamb to manage any changes in Medway stroke services prior to HASU/ASU go live	AMBER (4x3 = 12)	Programme Director for Stroke	Oct 19: Delays to go live due to JR/IR increases the risk of Medway service uncertainty and causes a continued risk for MTW. A risk assessment was completed in December 2019.		
6.2	Transport	It will become more difficult for some visitors and carers to travel to visit patients from some geographical locations	Feb-19	3	4	12 AMBER	● Work with STP/the voluntary transport services to identify changes to the services that would be beneficial ● Develop comms materials to aid signposting to appropriate services ● Learn from Oncology Centre and replicate	GREEN				
3e.4	Capacity during Stroke Unit/Chaucer refurbishment	The move of Stroke Unit/Chaucer to Old AMU and Foster to enable refurbishment of this footprint will reduce the bed base by 5 - from 55 beds to 50 beds (AMU=22 & Foster =28), which will create a pinch point for capacity during this phase of the programme.	1.1.10	4	4	16 RED	● Identify timeline and dates for this refurbishment phase (particularly if it intersects with winter) ●Explore potential to prioritise refurb of the bay of 4 beds on Chaucer (adjacent to old AMU) to release these beds early or explore other options to maintain bed base at 54-55.	TBC	Estates Project Manager/Programme Director			
7	CONSTRUCTION											
7.1	Timeline	Delays in construction timeline due to Independent Review/JR, availability of capital funding and /or any potential delays in completion of AMU build. This would prevent HASU/ASU going live in at the time planned in 2021.	Feb-19	4	4	16 RED	●Progress planning and preparation ●Obtain clarity on critical path and timelines related to anticipated positive outcome of JRs/IR and release of capital funding● Request interim capital from Trust Board if appropriate to enable preparatory works to continue on schedule● Obtain agreement for a modular build for AMU to reduce build time from 1 year to 6 months	GREEN	Estates Project Manager/ Programme Director	Oct: March 2020 go live date has been delayed due to IR/JRs. New timeline is go live in July 2021, dependent on funding being released in Jan 2020. AMU build commenced and on track for completion Dec 2019.		
4a	I.T. AND PROCUREMENT											
4.1	Capital allocation	Insufficient capital to cover procurement requirements	Mar-19	4	4	16 RED	●Identify shortfall ●Request additional capital in full business case or consider alternative options e.g. utilise kit from TWH stroke service, submit bids to League of Friends and also fund raise.	GREEN	Project Nurse/Programme Director	Oct 19: Equipment and furniture transferred to MH from W22, which will support any shortfalls. LoF approached for support and are willing to support.		

Impact					
	2	1	2	3	4
Likelihood	1= Rare - may occur only in exceptional circumstances. So unlikely probability is close to zero	L	L	M	H
	2 = Unlikely - could occur at some time although unlikely. Probability is 1 - 25%.	L	L	M	M
	3 = Possible - reasonable chance of occurring. Probability is 25 - 50%	L	M	M	H
	4 = Likely - likely to occur. Probability is 50 - 75%	L	M	H	E
	5 = Almost Certain - Most likely to occur than not. Probability is 75 -100%	M	M	H	E

Impact	1 = Negligible
	2 = Low - The Trust will face some issues
	3 = Moderate - The Trust will face some difficulties which may have a small impact on its ability to deliver quality services
	4 = Significant - The Trust will face some major difficulties which are likely to undermine its ability to deliver quality services
	5 = Extreme - The Trust will face serious difficulties and will be unable to deliver services on a daily basis

RED	very high risk	>15
Amber	high risk	11 and 15
Green	moderate risk	4 and 10
Blue	low risk	<4

No	Risk Title	Risk Description		Date Identified	Impact	Likelihood	Score	Mitigating Actions	Residual Risk	Owner	Comments	Closure Date		
2.2	Business Case submission/Finance	Risk that business case will not be approved by MTW Board in timescale required (Dec 2018) to ensure DMBC is presented in January and capital cannot be secured		22.11.18	5	4	20 RED	<ul style="list-style-type: none"> •Appoint Programme Manager to lead •Identify key milestones to submission, monitor and escalate to resolve issues •Troubleshoot all issues efficiently and obtain advice from STP where necessary 		Deputy Director of Finance	Business case submitted and approved at Board in January 2019	CLOSED 22.1.19		
3a.2	Retention	Potential that MTW is unable to retain the stroke clinical workforce at TWH due to low staff morale and uncertainty in the system and as a result, stroke services at TWH become increasingly unsustainable		22.11.18	4	4	16 RED	<ul style="list-style-type: none"> •Develop communications and engagement plan for the implementation phase that specifically considers messaging to staff • Ongoing programme of clinical engagement •Clarify tipping point at which services would be unsustainable due to staffing levels and monitor 	AMBER	HR Lead	Sept 19: Proactive move of services to MH from W22 at TWH due to concerns above sustainability of the service at TWH.	Closed 1.10.19		
3b.2	Patient pathway	Potential that Dartford will not be ready in March 2020 - this could increase flow to HASU services at Maidstone and overload the system at Maidstone		Jan-19	3	3	9 AMBER	<ul style="list-style-type: none"> •Liaise with STP and Dartford to obtain agreement that both HASUs go live at the same time even if this results in a delay to go live. 	GREEN	Programme Dir	Oct 19: It is agreed that West Kent (MH & DVH) go live at the same time.	Closed 1.10.19		
3b.5	Thrombolysis at TWH out of hours	As no stroke services will be on site at TWH, there is a risk that self-presenting patients or in-patients at TWH will not receive appropriate assessment and time-critical intervention e.g. thrombolysis		2.4.19	5	4	20 RED	<ul style="list-style-type: none"> •Ensure Stroke CNS on site at TWH Monday to Friday to undertake assessment and intervention as necessary (majority of stroke patients present in hours). •Ensure A&E ENPs and other identified staff retain their assessment skills in relation to stroke and are 	GREEN	Nurse Lead for	A protocol for walk-in stroke patients and in-patient stroke patients has been developed as part of the required W22 move to MH in September 2019.	Closed 1.10.19		
3e.2	TWH Stroke Services	Unable to continue TWH Stroke Services on Ward 22 until March 2020 due to lack of staff retention		Dec-18	5	4	20 RED	<ul style="list-style-type: none"> • Staff engagement strategy •HR strategy and consultation process • SECAMB divert overnight to support the service •Put plans in place to transfer services to Maidstone during Feb 2020 •Identify trigger point to flag up in advance if TWH service at risk (e.g. number of assessors or RNs in post) and monitor. • Ensure contingencies in place for Maidstone to pick up service early. 	16 RED	Lead Matron/HR Lead	W22 Transition Group set up and move to MH successfully planned and implemented to mitigate this risk	Closed 1.10.19		

3a1.5	ISSUE											
	OT Vacancies	OT unfilled vacancies		15.10.19				<ul style="list-style-type: none"> Full risk assessment being undertaken by OT Clinical Manager. Explore generic Stroke CSW role to support OT service 		OT Clinical Manager		

Approval of the Trust's Corporate Strategy and Clinical Strategy and key choices and implications for the supporting strategies

Director of Strategy, Planning and Partnerships

The enclosed report provides information on Trust's Corporate Strategy and Clinical Strategy and key choices and implications for the supporting strategies for approval.

Which Committees have reviewed the information prior to Board submission?

- Executive Team 21/01/20

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

For information & 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

Supporting strategy deliverables and timelines

January 2020

We are currently working on the 3 remaining supporting strategies and aim to complete them all by the end of the financial year

Strategy	Deliverables	Timeframe and process
Financial Strategy	<ul style="list-style-type: none"> • Historical context • Current position and issues • Cash and I&E position • Five year financial trajectories for the Trust including: <ul style="list-style-type: none"> • Do nothing scenario • Developments in clinical strategy • High level Trust view for end of March not detailed directorate view which will follow in due course • ICP/ICS Contractual changes • Overview of supporting strategies: <ul style="list-style-type: none"> • Procurement • OD • Transformation 	<p>Lead: Hannah Ferris</p> <p>Initial draft to F&P in February</p> <p>End of March for completed Strategy</p>
Estates and Facilities Strategy	<ul style="list-style-type: none"> • Updated Development Control Plan • Assessment of current PFI contract (costs, length and options for exiting with implications) • Full review of Maidstone Estate with CAD drawing • Assessment of clinical co-adjacencies • Review of current estates and potential sites • Determination of recommended disposals and acquisitions 	<p>Lead: Doug Ward</p> <p>DCP End of February</p> <p>End of March for completed Strategy</p>
People Strategy	<ul style="list-style-type: none"> • Strategic themes • Primary interventions across strategic themes • Recruitment profile across 3 year timeframe • Implementation plan against 3 year timeframe 	<p>Lead: Simon Hart</p> <p>End of March for completed Strategy</p>

We will have to engage externally with our clinical strategy once signed off pre-publication

When do we engage?	Which organisations do we engage with?	Who do we target?
Engagement already taken place around draft strategy	• West Kent CCG	Ian Ayres Bob Bowes Adam Wickings Mark Atkinson
	• NHSE/I regional team	Vaughan Lewis Tom Edgell Simon McKenzie Caroline Beardall
	• Specialist commissioning	Sue Whiting
Engagement to take place	• Acute providers in Kent	CEOs, MDs and Directors of Strategy
	• STP	Glenn Douglas Michael Ridgewell Rachel Jones
	• ICP	CEOs of constituent NHS organisations and ICPDB representatives (e.g. Paul Bentley and Gerrard Sammon) PCN CDs KCC – Penny Southern Borough and District Council CEOs ² HOSC Chair

MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

OUR STRATEGY



OUR TRUST

We are a large acute hospital Trust in the south east of England.

We provides a full range of general hospital services and some aspects of specialist complex care to around 590,000 people living in the south of West Kent and the north of East Sussex

We have a team of over 5000 full and part-time staff.

We provide specialist cancer services to around 1.8 million people across Kent and East Sussex via the Kent Oncology Centre, which is sited at Maidstone Hospital, and at Kent and Canterbury Hospital in Canterbury.

We also provide outpatient clinics across a wide range of locations in Kent and East Sussex.



WORKING WITH OTHERS

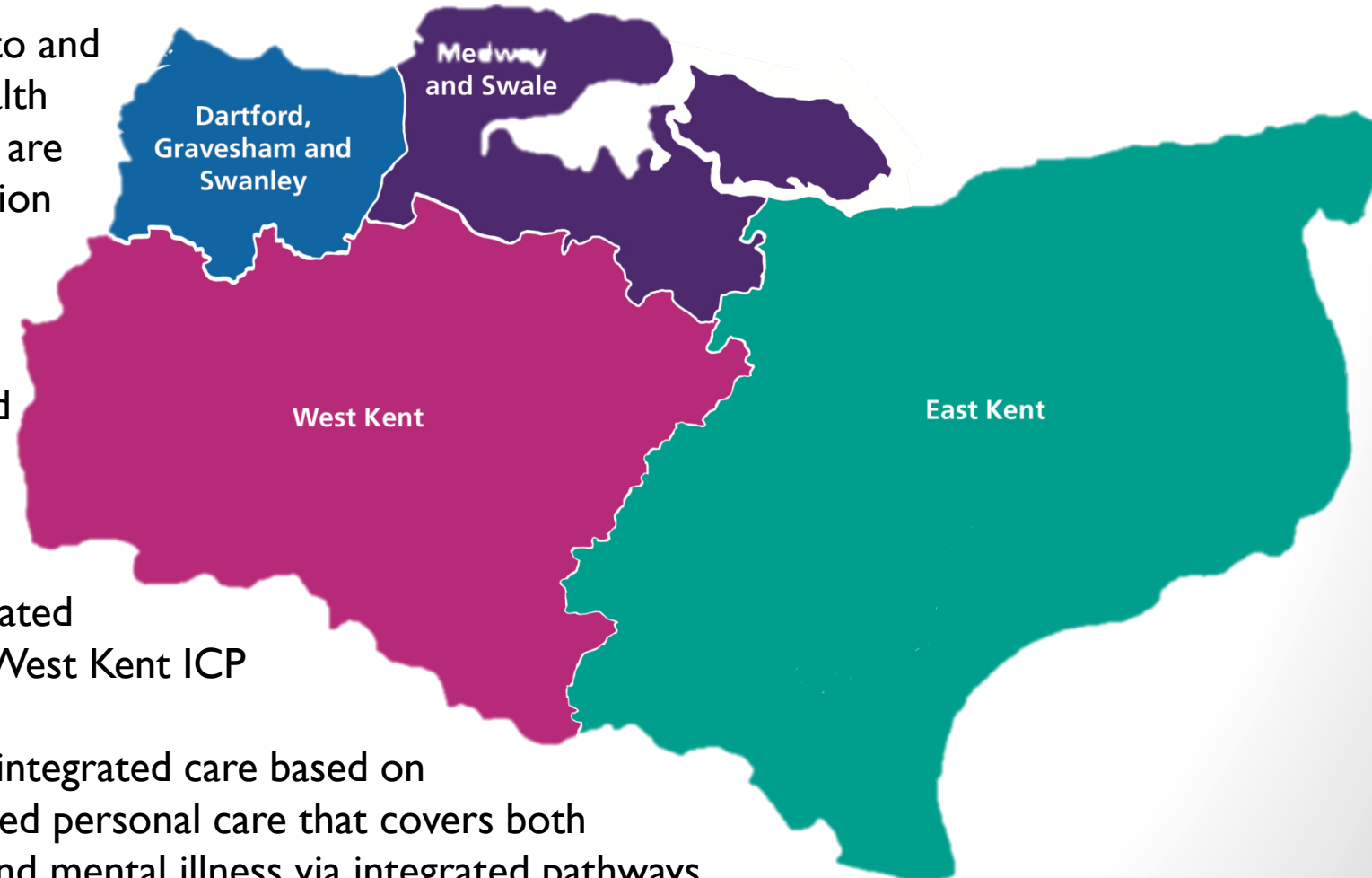
Maidstone and Tunbridge Wells NHS Trust is part of the Kent wide Strategic Transformation Partnership

This partnership is in the process of evolving into and Integrated Care System (ICS) that will bring health and social care together across Kent so that we are providing the best possible care for our population in the most appropriate place.

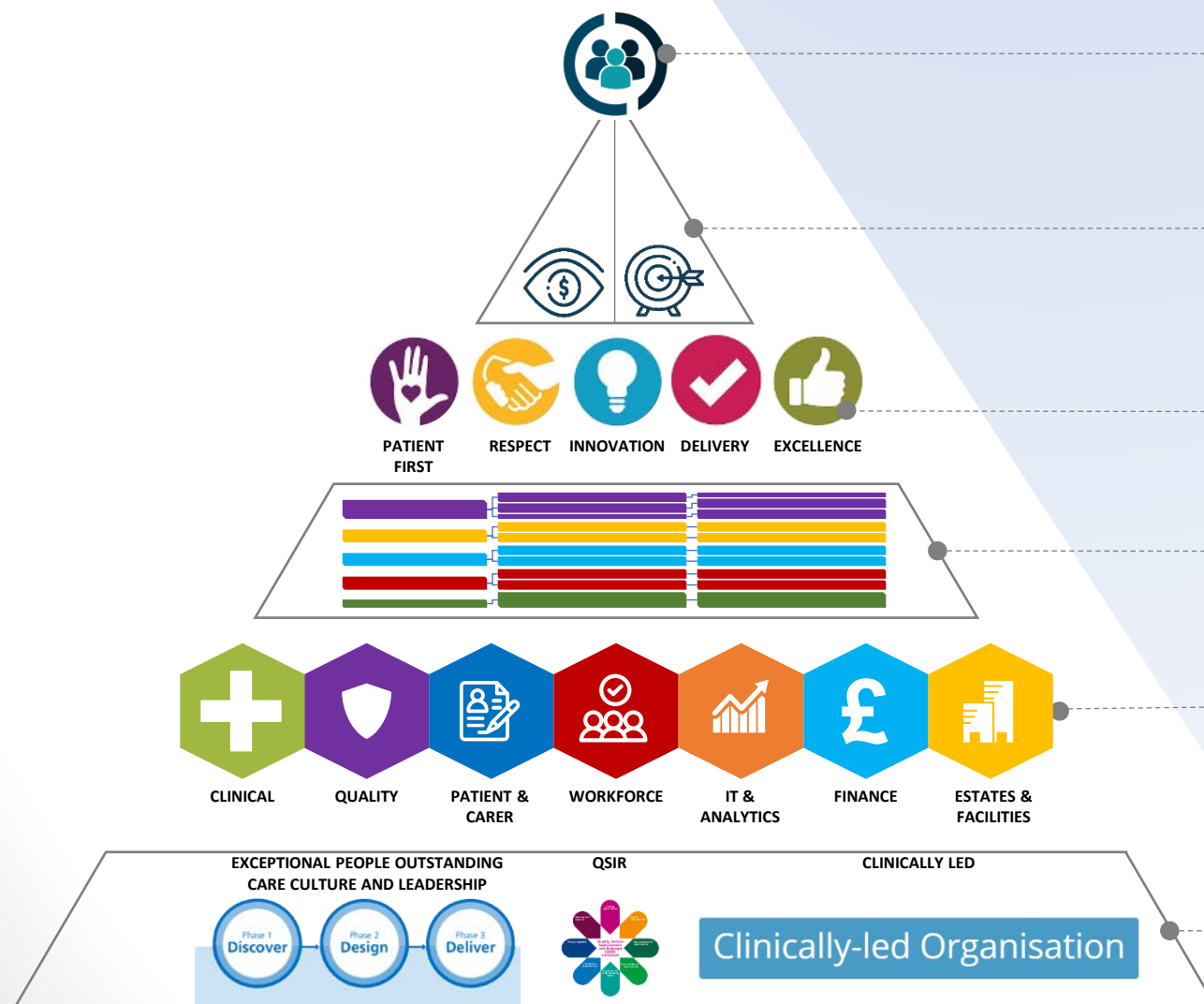
This will mean working more closely than ever with our colleagues from the county, district and borough councils to ensure that we are working holistically across Kent

Within the Kent wide ICS there will be 4 Integrated Care Partnerships (ICP) with MTW within the West Kent ICP

We are proposing working towards a model of integrated care based on population health needs and holistic, individualised personal care that covers both planned and unplanned care for both physical and mental illness via integrated pathways across primary, secondary and social care with an emphasis on prevention and care in the community.



OUR STRATEGY PYRAMID



At the very heart of everything we do are our **patients, their loved ones and our staff**

Our **vision statement** defines where we want to be and the care we aspire to provide to our patients and staff while our **mission statement** tells you how we intend to get there

Our **PRIDE values** sit at the heart of everything we do and help translate our mission and vision into meaningful change on the ground

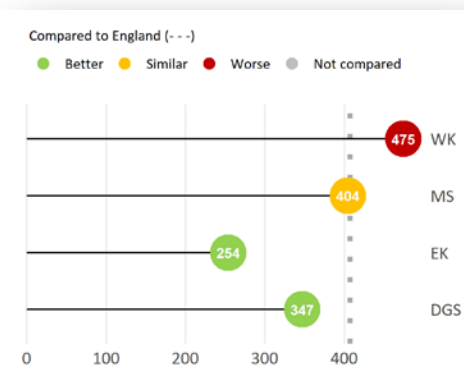
We set **Trust wide objectives** so that you can see how we intend to deliver on our PRIDE values during the year

Our **supporting strategies** set out the way our individual services and functions will support our Trust wide aims and objectives

The delivery of our objectives and strategies are driven by our **QSIR improvement methodology**, our **leadership and culture programs** and our **clinically led structure**

AT THE VERY HEART OF OUR STRATEGY ARE THE PEOPLE WE SERVE

The West Kent ICP is one of 4 in Kent and Medway. The population that we serve is predominantly based around the 65 and under age bracket however over the next 20 years we expect to see that change substantially as the over 85 cohort grows exponentially compared to other age cohorts. This will increase pressure on public services unless we think differently about how we provide care for the whole population of West Kent.



While we have a similar life expectancy at birth for both Males and Females (81.2 and 84.5 respectively) to that of the rest of England (79.6 and 83.1) we have significantly lower rates of smoking, obesity and alcohol misuse compared to both the rest of Kent and Medway and the rest of England. On screening rates again we have better statistics than the rest of England and the best in Kent and Medway when it comes to screening for breast, bowel or cervical cancer.



One area however where we lag behind both the rest of England and other ICPs in Kent is Hospital admissions as a result of self-harm for the 10-24 year old cohort. We are working on this as one of the key priorities for the ICP to address through community mental health services.

The other area where in West Kent we lag behind both England and other ICPs within Kent and Medway is in Emergency hospital admissions due to falls in people aged 65 and over, where again we are working with partners on a comprehensive frailty approach across the ICP to address this, while within MTW reducing falls is one of our key objectives for 2019/20

OUR MISSION AND VISION STATEMENT



Mission

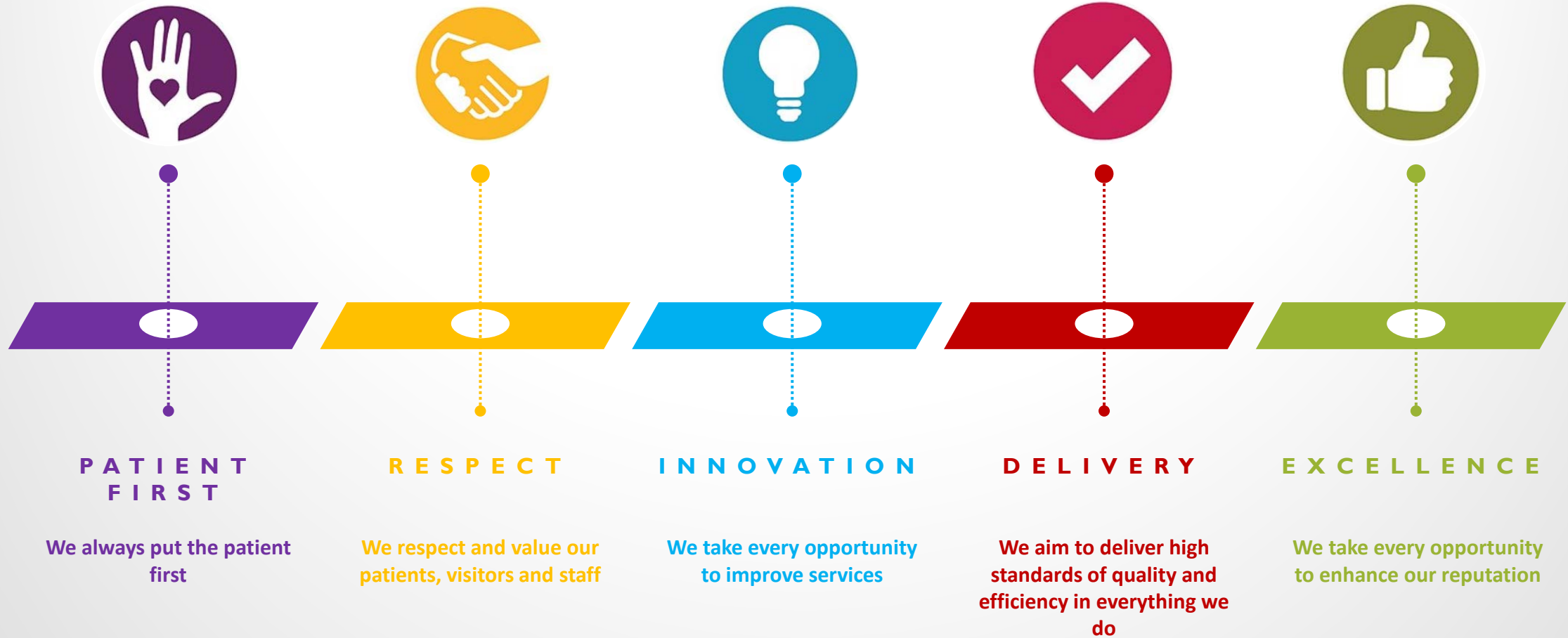
Our mission is to be there for our patients and their families in their time of need and to **empower** our staff so that they can feel **proud** and **fulfilled** in delivering the best care for our community



Vision

Outstanding hospital services
delivered by exceptional people

OUR PRIDE VALUES ARE AT THE HEART OF EVERYTHING WE DO



WE SET OUR OBJECTIVES AGAINST OUR PRIDE VALUES



PATIENT FIRST

1



We will embed a culture of safety improvement. We will actively seek out the views of patients, relatives and visitors and use this to improve the care we provide

RESPECT

2



We will make MTW a great place to work and ensure that we value and listen to our staff

INNOVATION

3



We will continually improve the way we provide our services to ensure that our services meet the needs of the people we serve

DELIVERY

4



We will treat people in a timely consistent manner making the best possible use of our resources to do so

EXCELLENCE

5



We will consistently go above and beyond for our patients to deliver the best care possible

WE MAKE SURE THAT YOU CAN HOLD US TO ACCOUNT ON OUR OBJECTIVES

OBJECTIVE	WHAT WE WILL FOCUS ON	HOW YOU CAN TELL IF WE SUCCEED
 <p>We will embed a culture of safety improvement. We will actively seek out the views of patients, relatives and visitors and use this to improve the care we provide</p>	<p>We will reduce the number of patients experiencing a fall while in hospital</p> <p>We will reduce the number of patients acquiring an E-coli infection while in hospital</p> <p>We will respond to complaints in a timely and consistent manner</p>	<p>Reduce our fall s rate while in hospital to 6 per 1'000 bed days</p> <p>Reduce E-Coli blood stream infections to 21.5 per 100'000 bed days by March 2020</p> <p>Improve complaints performance to 75% across all divisions and directorates by March 2020</p>
 <p>We will make MTW a great place to work and ensure that we value and listen to our staff</p>	<p>We will reduce the number of vacant posts we have in the Trust</p> <p>We will improve how involved, motivated and satisfied our staff are</p>	<p>Improve our vacancy rate to 9% by March 2020</p> <p>Achieve staff engagement score of ≥ 7.2 within 2019/20</p>
 <p>We will make MTW a great place to work and ensure that we value and listen to our staff</p>	<p>We will optimise the care across our two hospital sites</p> <p>We will work with partners to develop the best possible models of care across the region</p>	<p>Establish functioning Digestive Diseases Unit by October 2019</p> <p>Build new AMU to enable a new Hyper Acute Stroke Unit (HASU) by winter 2019</p>
 <p>We will treat people in a timely consistent manner making the best possible use of our resources to do so</p>	<p>We will ensure that our cancer patients receive their treatment as quickly as possible</p> <p>We will carry out elective treatments as quickly as possible</p> <p>We will review and treat patients in our accident and emergency room as quickly as possible</p> <p>We will spend the taxpayers money wisely to ensure that we can invest as much as possible into patient care</p>	<p>Ensure that 85% or more of cancer patients are treated within 62 days</p> <p>Ensure that 86.7% or more of patients wait no longer than 18 weeks from referral to treatment</p> <p>Ensure that 91.67% or more of people presenting to our Accident and Emergency Departments wait no longer than 4 hours</p> <p>Deliver a surplus of £6.9m in 2019/20 so that we can invest back into patient care</p>
 <p>We will consistently go above and beyond for our patients to deliver the best care possible</p>	<p>We will ensure that the number of patients that die in our hospital is as low as possible and remains below the level that would be expected</p>	<p>Ensure that our Hospital Standardised Mortality Ratio is <100</p>

OUR TRUST STRATEGY IS UNDERPINNED BY 6 MORE DETAILED STRATEGIES

CLINICAL STRATEGY

Our Clinical Strategy has been built bottom up by the constituent services working through their plans for improving the care we provide

QUALITY STRATEGY

Our Quality Strategy has been co-created around three core quality objectives of creating a safety focussed culture, continuously improving patient and staff experience with clinically effective services, learning the lessons from our care delivery within a blame-free culture

PATIENT AND CARER STRATEGY

Our patient and carer strategy explores the 'Patient Experience,' what our patients and carers want, and what the Trust is striving to achieve. It sets out to improve, sustain and develop essential aspects of care and how we measure progress.

FINANCIAL STRATEGY

Our financial strategy explains how we prioritise our developments and how we ensure that everything we do delivers value for money for the tax payer.



WORKFORCE STRATEGY

Our workforce strategy focuses on both how we can provide the most effective care to our patients and how we can develop and empower our staff

IT AND INFORMATICS STRATEGY

Our IT and Informatics Strategies explain how we will use technology and advanced analytics to deliver personalised care to our population and enable truly cross organisational working

ESTATES AND FACILITIES STRATEGY

Our estates and facilities strategy details how we will develop our hospital sites to enable both the best care today and in the future

OUR QI METHODOLOGY DRIVES OUR STRATEGIC CHANGE ON THE GROUND

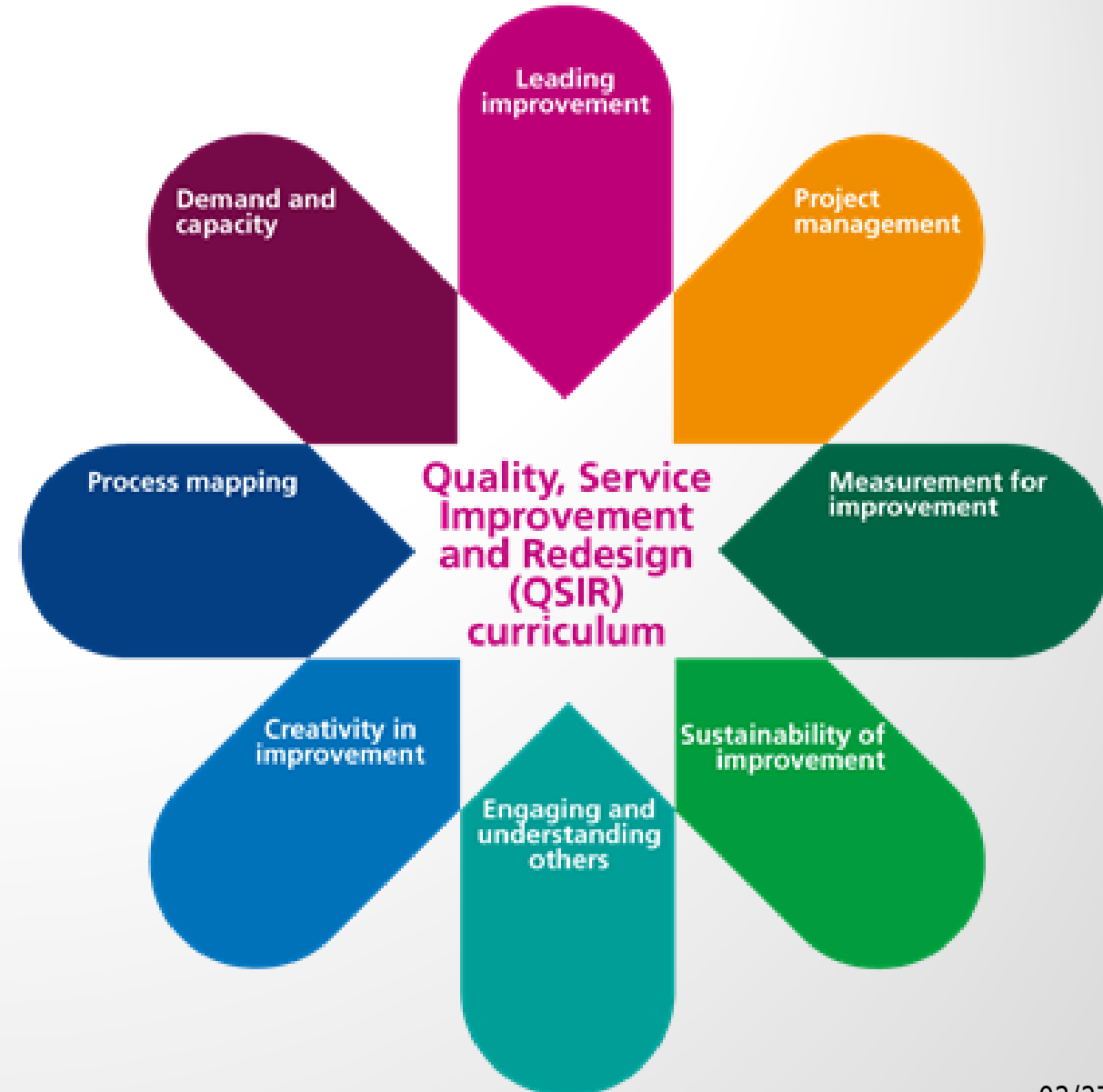
At MTW we are committed to continually improving the care you and your loved ones receive

All of our strategy formulation is clinically led to ensure that we are putting the quality of your care at the forefront of how we develop as a Trust

We have also trained all of our staff in our Quality Improvement methodology (QSIR) to ensure that improving care is everyone's business at MTW

Our teams use this methodology to:

- Plan and implement their strategies
- Develop specific Quality Improvement Projects to improve our services
- Identify and implement small scale every day changes to ensure that every day we make things better
- Plan their divisional and directorate business needs for the year ahead





MTW

exceptional people, outstanding care



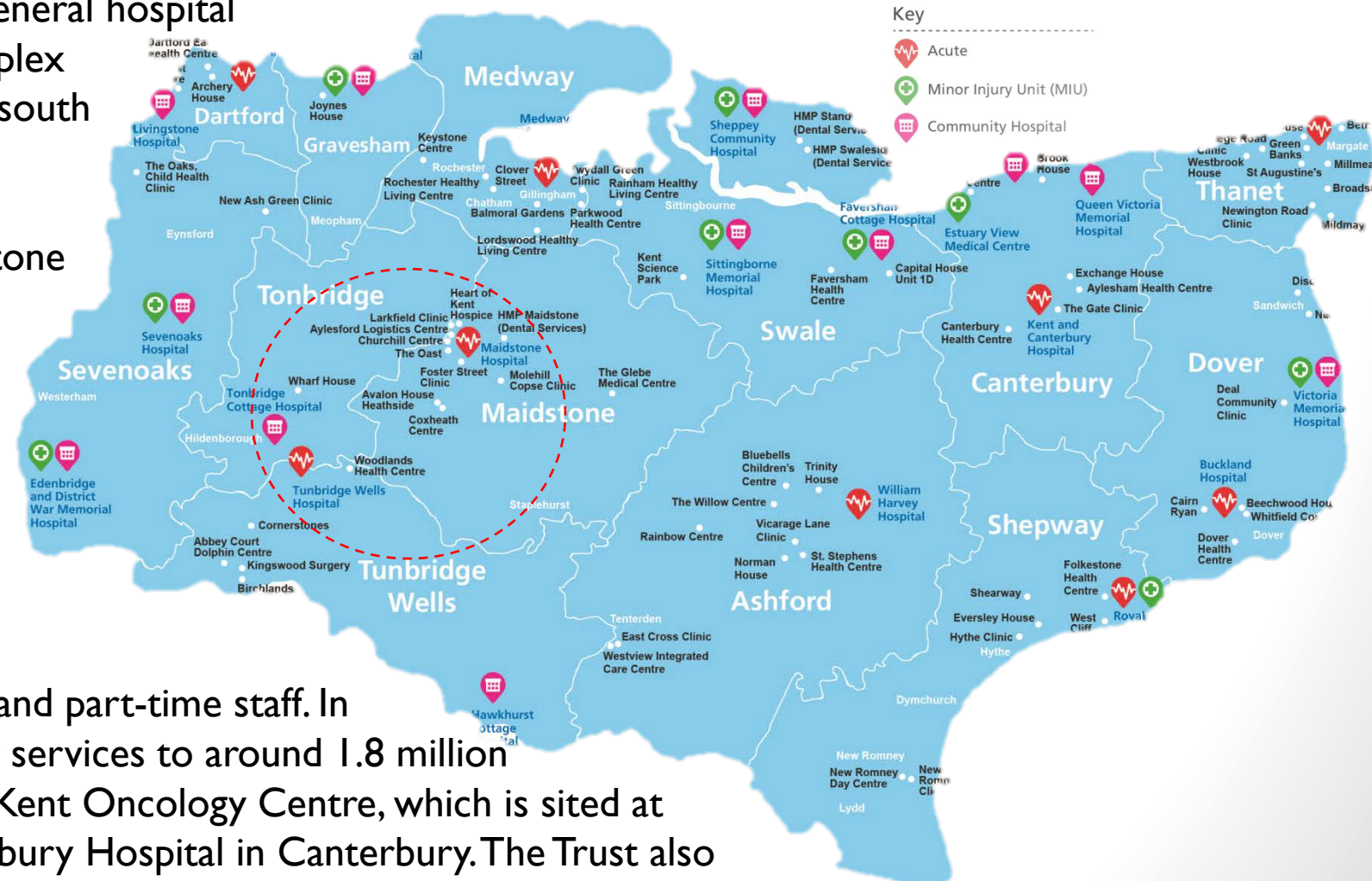
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST



Maidstone and Tunbridge Wells NHS Trust (also known as MTW) is a large acute hospital Trust in the south east of England. We provide a full range of general hospital services and some aspects of specialist complex care to around 590,000 people living in the south of West Kent and the north of East Sussex.

The Trust's core catchment areas are Maidstone and Tunbridge Wells and their surrounding boroughs. We operate from two main clinical sites: Maidstone Hospital and Tunbridge Wells Hospital at Pembury. The latter is a Private Finance Initiative (PFI) hospital and provides mainly single bedded en-suite accommodation for inpatients.

The Trust employs a team of over 5000 full and part-time staff. In addition, the Trust provides specialist cancer services to around 1.8 million people across Kent and East Sussex via the Kent Oncology Centre, which is sited at Maidstone Hospital, and at Kent and Canterbury Hospital in Canterbury. The Trust also provides outpatient clinics across a wide range of locations in Kent and East Sussex.



WE ARE A CLINICALLY LED ORGANISATION

In 2018 we moved to a clinically led structure to put our expert clinicians at the heart of everything we do.

Our Chief Executive and management team are supported by 5 clinical experts who oversee each of our clinical divisions

The Chiefs of Service are each experienced and respected clinical leaders who oversee not only the management functions of their divisions but also set strategic direction

Each of the strategies in this document have been developed and designed by the Chiefs of Service and their specialty teams to ensure that everything we do at Maidstone and Tunbridge Wells NHS Trust is clinically led



Mr MILES SCOTT

CHIEF EXECUTIVE OFFICER OF
MAIDSTONE AND TUNBRIDGE
WELLS NHS TRUST



Dr PAUL SIGSTON

CONSULTANT ANAESTHETIST

CHIEF OF SERVICE FOR
DIAGNOSTICS AND CLINICAL
SUPPORT SERVICES



Dr SARAH FLINT

CONSULTANT OBSTETRICIAN AND
GYNAECOLOGIST

CHIEF OF SERVICE FOR WOMENS,
CHILDREN'S & SEXUAL HEALTH



Dr HENRY TAYLOR

CONSULTANT ONCOLOGIST

CHIEF OF SERVICE FOR
CANCER SERVICES



Dr LAURENCE MAIDEN

CONSULTANT
GASTROENTEROLOGIST

CHIEF OF SERVICE FOR MEDICINE
AND EMERGENCY CARE

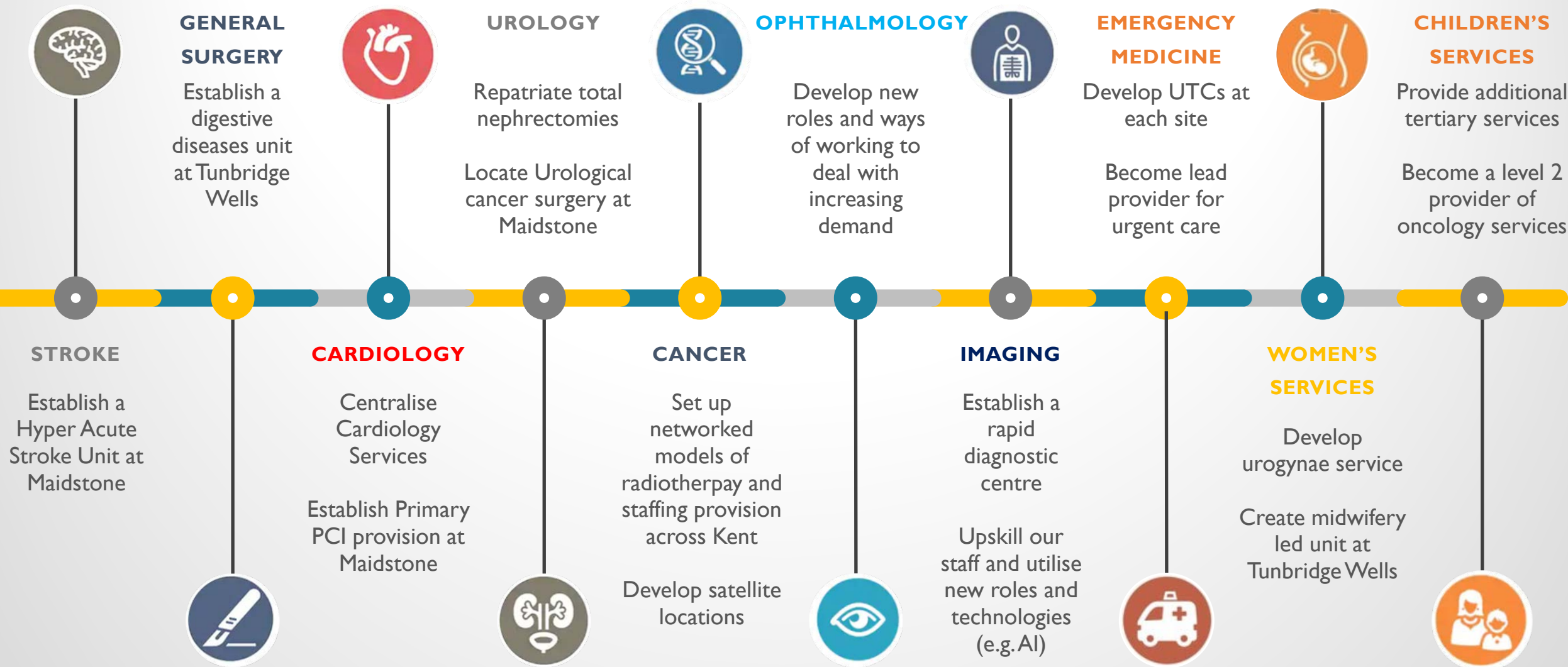


Dr GREG LAWTON

CONSULTANT
ANAESTHETIST

CHIEF OF SERVICE FOR
SURGERY

OUR CLINICAL STRATEGY HAS BEEN BUILT BOTTOM UP BY OUR SPECIALTIES



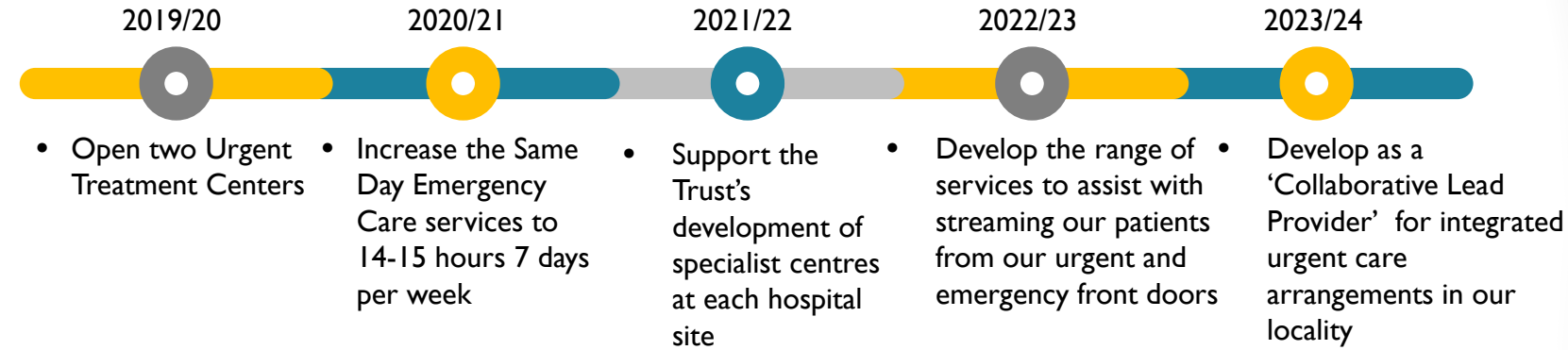
EMERGENCY MEDICINE

OUR VISION

To provide and deliver outstanding care for emergency and medical patients, in an innovative, sustainable, consistent and equitable manner through our professional and caring staff.'

Manage the growth in demand for emergency services in an efficient and sustainable way

OUR 5 YEAR PLAN



WHAT OUR TEAM THINK OF THE PLANS



"The environment in which we provide services is changing rapidly. We need to ensure that we are not only resilient but continue to be highly successful."

Nick Sinclair
DIVISIONAL
DIRECTOR

THE PEOPLE THAT HAVE APPROVED THIS PLAN

Dr Laurence Maiden
CHIEF OF SERVICE AND
CONSULTANT
GASTROENTEROLOGIST



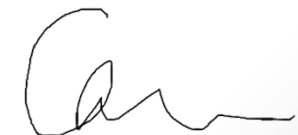
Sally Foy
DIVISIONAL DIRECTOR OF
NURSING AND QUALITY



Nick Sinclair
DIVISIONAL DIRECTOR OF
OPERATIONS



Dr Jim MacDonald
CLINICAL LEAD AND ED
CONSULTANT



OUR CURRENT SERVICE

We have an A&E department at Maidstone Hospital and an A&E and Trauma Unit at Tunbridge Wells Hospital.

MTW has committed to work closely with community providers to reduce attendances by treating patients at home

“We still have more we need to do, but we’re building on the good actions we’ve already taken that are delivering results and have implemented a robust plan to improve our performance and patient experience.”

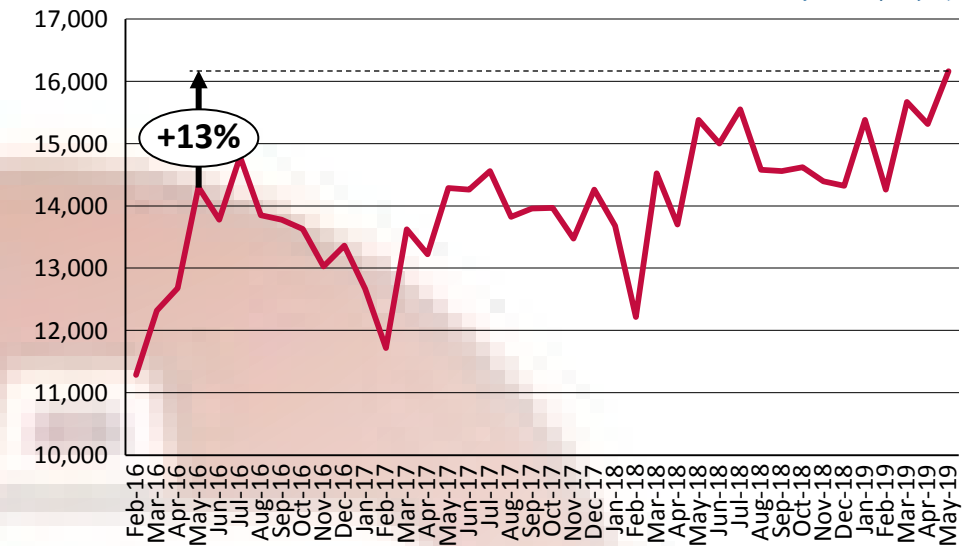
STRENGTHS OF THE CURRENT SERVICE

- Introduced streaming criteria directly to Ambulatory Emergency Care (AEC) to facilitate a timely clinical review
- Increased GP hours within the Emergency Department (ED) in 2018 -19

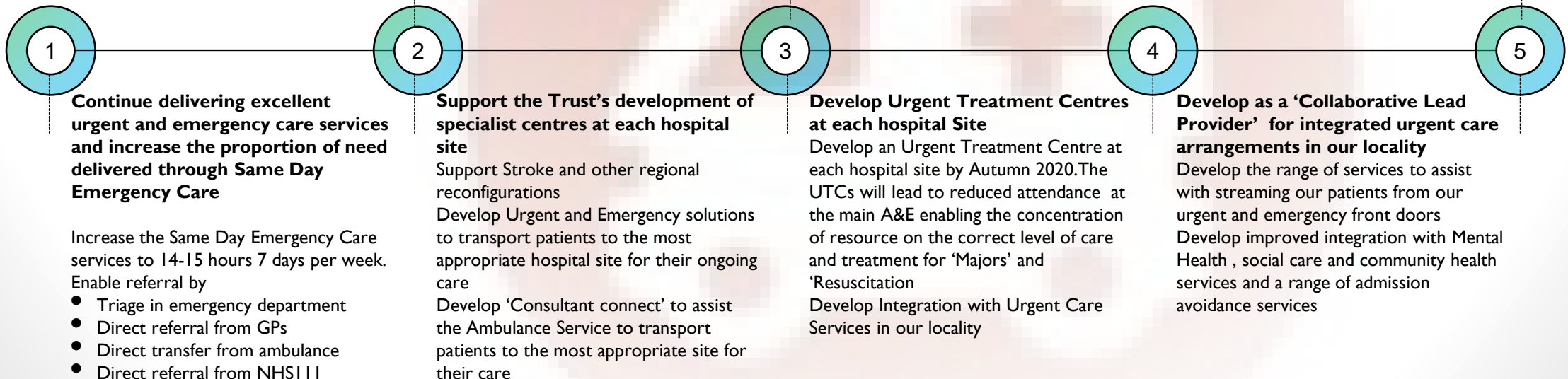
WEAKNESSES OF THE CURRENT SERVICE

- There has been a need for the improvement in the consistent recognition and rapid treatment of sepsis in our emergency and inpatient departments
- 4 hr waits and ambulance handovers standards under significant pressure

ED ATTENDANCES BY MONTH



THE CHANGES WE WANT TO MAKE

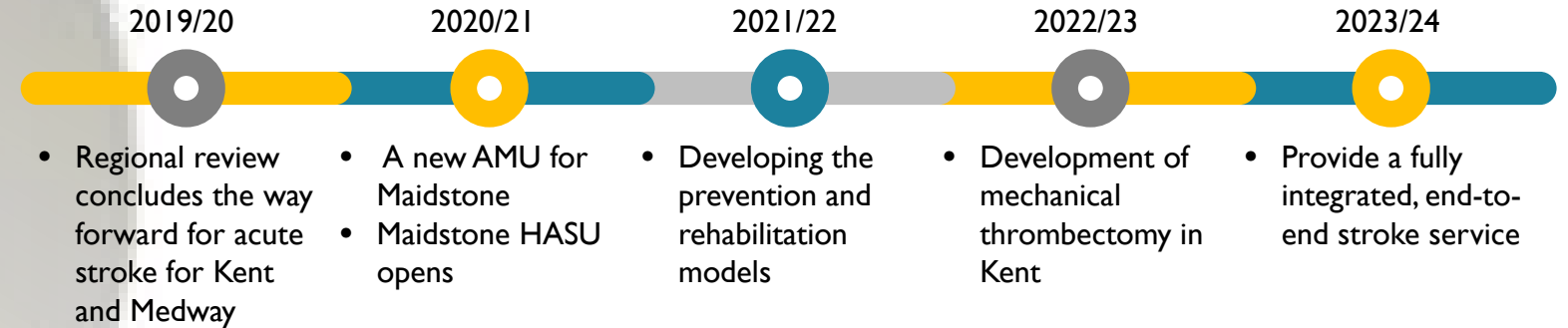


OUR VISION

Our vision is that stroke services for patients across the whole of Kent and Medway will meet the latest national standards and best practice recommendations.

This means improving prevention; urgent care during a stroke; and rehabilitation of those at risk or who suffer a stroke.

OUR 5 YEAR PLAN



“We are determined to provide the highest quality stroke services for our patients”

Eleanor Doherty – Senior Physiotherapist,

Catherine Mandri – Senior Neuro Physiotherapist

Jodie Holland – Occupational therapist for Stroke



THE PEOPLE THAT HAVE APPROVED THIS PLAN

Dr Laurence Maiden
CHIEF OF SERVICE AND
CONSULTANT
GASTROENTEROLOGIST



Sally Foy
DIVISIONAL DIRECTOR OF
NURSING AND QUALITY



Nick Sinclair
DIVISIONAL DIRECTOR OF
OPERATIONS



Dr Chris Thom
CLINICAL LEAD AND
CONSULTANT STROKE
PHYSICIAN

OUR CURRENT SERVICE

Currently, MTW runs two of the six acute stroke units in Kent and Medway.

The Kent and Medway STP has undertaken a review of urgent stroke services. Following a public consultation the Joint Committee of Clinical Commissioning Groups agreed to reduce the number of stroke units for Kent and Medway, from six to three. These will be located at Darent Valley Hospital in Dartford, Maidstone Hospital and William Harvey Hospital in Ashford. The Maidstone HASU has a planned go live of March 2020

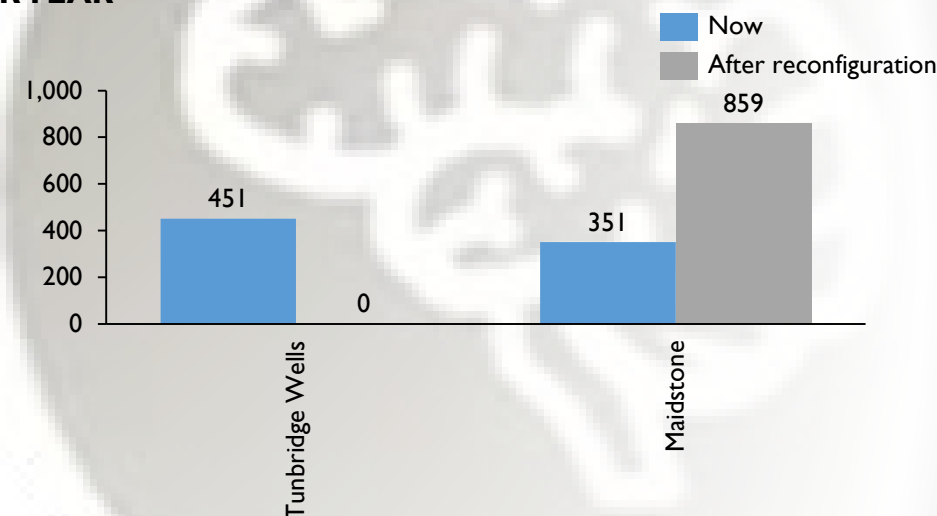
STRENGTHS OF THE CURRENT SERVICE

- MTW runs two units whose teams have achieved the best scoring SSNAP results in Kent and Medway. 'A' rating at Maidstone and 'B' at TWH. The rest of the units in Kent have 'D' ratings (Jan to Mar 2019)

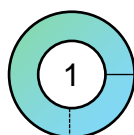
WEAKNESSES OF THE CURRENT SERVICE

- MTW service is challenged by the requirement for the two teams to consolidate to one team on one hospital site and provide HASU services from a larger geographical catchment across West Kent and Medway
- Challenged to achieve the best practice tariff requirements particularly the requirement to spend most, (90%) of their stay on the stroke unit.

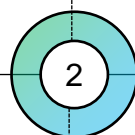
PATIENTS ADMITTED PER YEAR



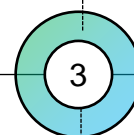
THE CHANGES WE WANT TO MAKE



Develop a hyper acute stroke unit and acute stroke unit with in-patient rehabilitation beds at Maidstone Hospital
Develop AMU and Chaucer Ward into a new Stroke Unit, combining HASU and ASU. Rehabilitation facilities, including a physio gym, to remain in existing location. Develop a new Acute Medical Unit. All inpatient stroke service provision at Tunbridge Wells Hospital will cease, centralising all acute services at Maidstone. This will be part of a Kent and Medway network of three HASU/ASUs which will work together to meet staffing requirements.



Implement the HASU clinical benefits
The HASU will have continuous access to a consultant with expertise in stroke medicine, with consultant review 7 days per week. Scans will be staged according to clinical priority with stroke a prioritised service for scanning. Stroke nurses will be trained to request scans to eliminate any delays. The CTA (CT angiography) service will be provided by a stroke consultant in the first instance followed by radiology report next working day



Maximise staffing across the network. The new HASU/ASU unit at Maidstone will be one of three operating as part of Kent and Medway Stroke network. They will work together to maximise staffing across the network, supported through shared Kent and Medway recruitment activities, deployment of staffing across units to meet needs through transparent and flexible rostering and shared decision making enabled through Kent and Medway electronic rostering, staff rotations and Kent and Medway flexible contractual arrangements. This will allow MTW to meet its workforce requirements on an on-going basis.



Improve Stroke rehabilitation
The Maidstone HASU and ASU will be fully integrated with the new K&M stroke rehabilitation pathways once that rehabilitation service once it is implemented. However, provision must be made at Maidstone Hospital for in-patient rehabilitation services to continue until then



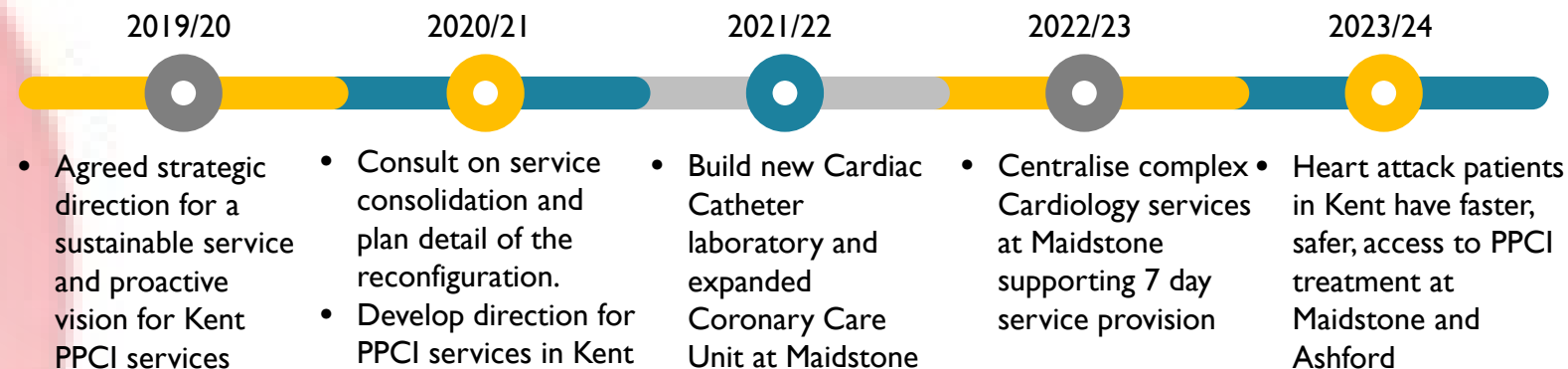
CARDIOLOGY

OUR VISION

Our vision for Cardiology is to provide the very best care available, strengthening the service with the expectation that Cardiology services in Kent will be consolidated and position the Trust to be the second Kent PPCI centre.

Work together, developing our team, to deliver excellent, innovative 7-day services that meet the national standards and the complex needs of our patients

OUR 5 YEAR PLAN



WHAT OUR TEAM THINK OF THE PLANS



“These changes will enhance patient care and provide staff with increased opportunities for development”

Audrey Timbers
CARDIAC NURSE
SPECIALIST

THE PEOPLE THAT HAVE APPROVED THIS PLAN

Dr Laurence Maiden
CHIEF OF SERVICE AND
CONSULTANT
GASTROENTEROLOGIST



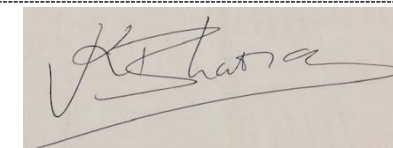
Sally Foy
DIVISIONAL DIRECTOR OF
NURSING AND QUALITY



Nick Sinclair
DIVISIONAL DIRECTOR OF
OPERATIONS



Dr Vinay Bhatia
CLINICAL LEAD AND
CONSULTANT CARDIOLOGIST



OUR CURRENT SERVICE

Cardiology at MTW is currently provided at both our sites, we have:

- A cardiac cath lab at both Maidstone and Tunbridge Wells Hospitals
- A Coronary Care Unit at each hospital (6 beds at TWH, 6 at Maidstone)
- Patients admitted at both sites. If they require an angioplasty intervention they may be transferred to TWH. If they require a electrophysiological intervention they may be transferred to Maidstone.

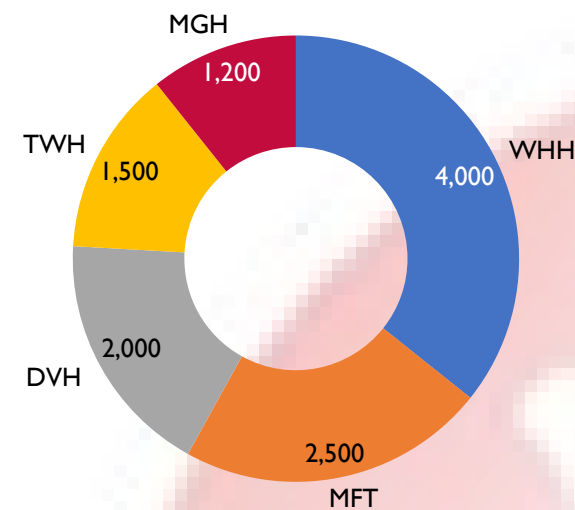
STRENGTHS OF THE CURRENT SERVICE

- The same care is provided at both sites to patients

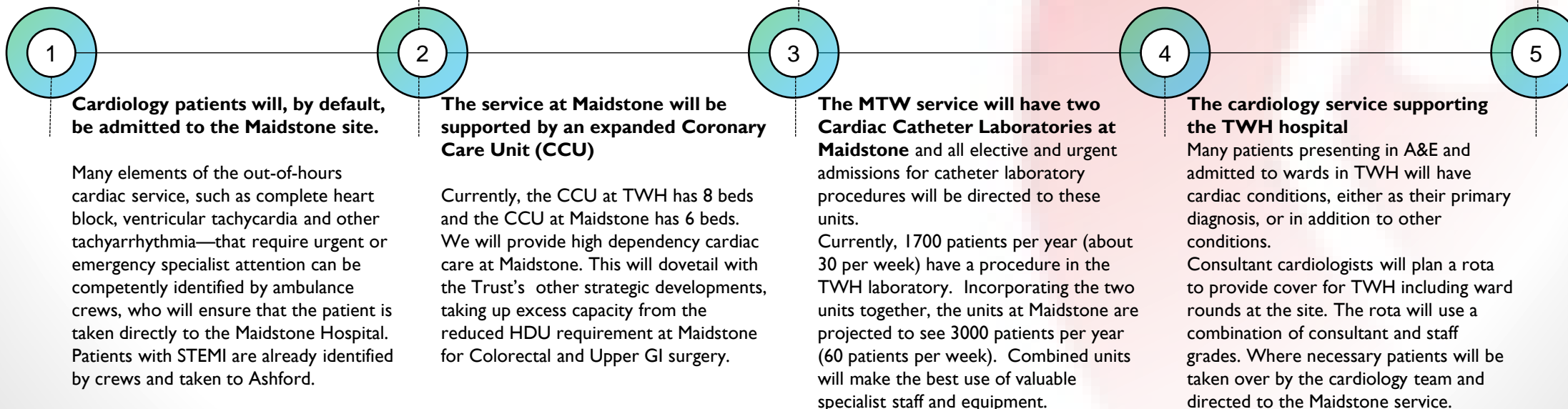
WEAKNESSES OF THE CURRENT SERVICE

- We have 2 small units compared to neighboring hospitals
- We do not meet minimum procedure volume on coronary angioplasty
- Delays for transfers for patients
- Difficult to recruit and retain staff
- Cannot meet 7 day standards

PATIENTS ADMITTED PER YEAR



THE CHANGES WE WANT TO MAKE

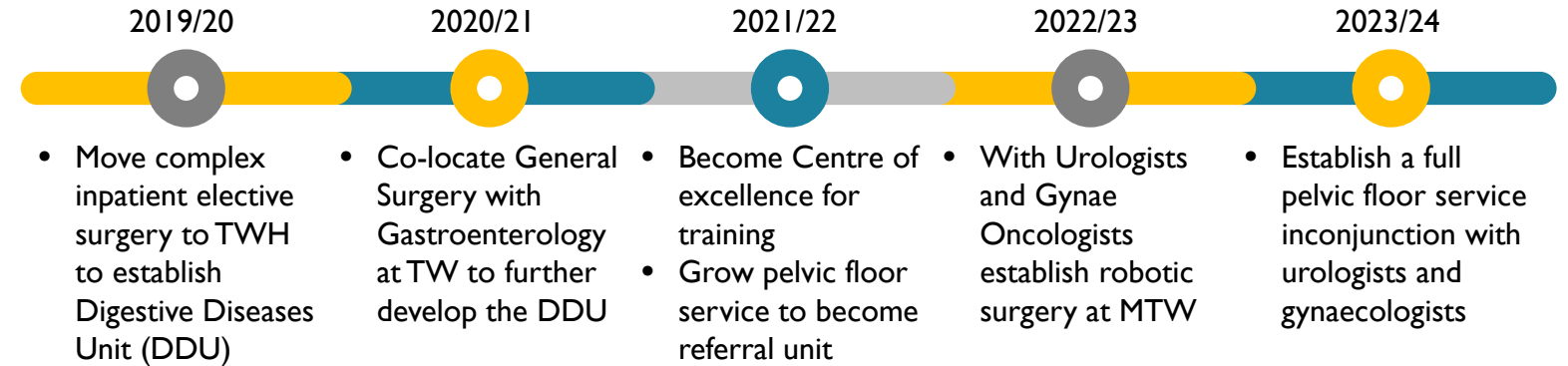


GENERAL SURGERY

OUR VISION

Our vision for General Surgery is to provide an exceptional level of care to the people of West Kent. We want to make sure that we work side by side with our non-surgical colleagues to provide truly seamless joined up care both in and out of the hospital whilst leveraging the very best of cutting edge technologies and new techniques for our patients

OUR 5 YEAR PLAN



WHAT OUR TEAM THINK OF THE PLANS



“We are all really excited about the prospect of a digestive diseases unit at Tunbridge Wells, it’ll allow us to provide the best possible care for our patients”

Sally Batley
MATRON

THE PEOPLE THAT HAVE APPROVED THIS PLAN

Dr Greg Lawton
CHIEF OF SERVICE AND
CONSULTANT ANAESTHETIST



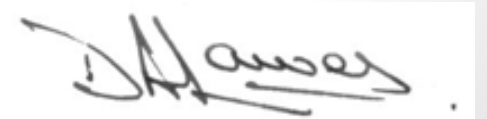
Sharon Page
DIVISIONAL DIRECTOR OF
NURSING AND QUALITY



Sarah Davies
DIVISIONAL DIRECTOR OF
OPERATIONS



Mr Danny Lawes
CLINICAL DIRECTOR AND
CONSULTANT SURGEON



GENERAL SURGERY



OUR CURRENT SERVICE

There are 80 thousand patient visits to MTW surgery service each year. Patients can access outpatient consultation, day case admission and endoscopy at both hospital sites.

Emergency admissions are all at TWH site, the complex elective inpatient admissions centre is the Maidstone Hospital site

Maidstone is the hub for West Kent for pre-planned complex and cancer surgery including breast surgery

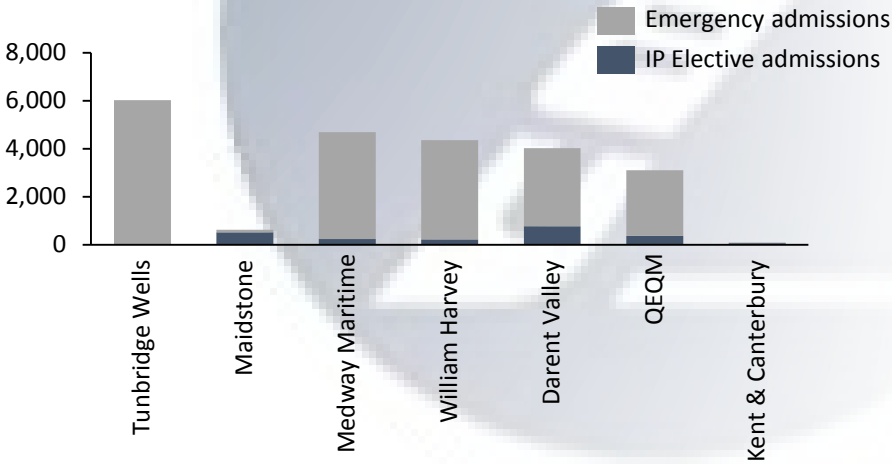
STRENGTHS OF THE CURRENT SERVICE

- Statistically better than expected, case mix adjusted, mortality rates and length of stay

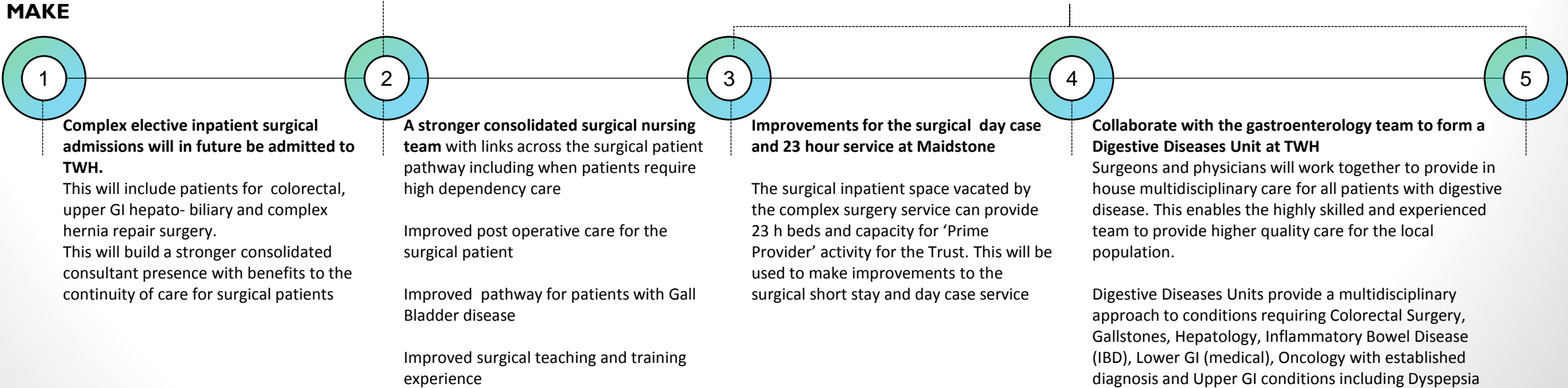
WEAKNESSES OF THE CURRENT SERVICE

- The busiest emergency surgical unit in Kent with a consultant workforce split across sites.
- Gaps in the continuity of care, leading to delays and patient transfer
- Difficult to recruit specialist staff leading to high expenditure on locum cover
- Fragmentation of junior doctor training
- Difficulty meeting seven day standards

SURGICAL PATIENTS ADMITTED PER YEAR



THE CHANGES WE WANT TO MAKE



OPHTHALMOLOGY

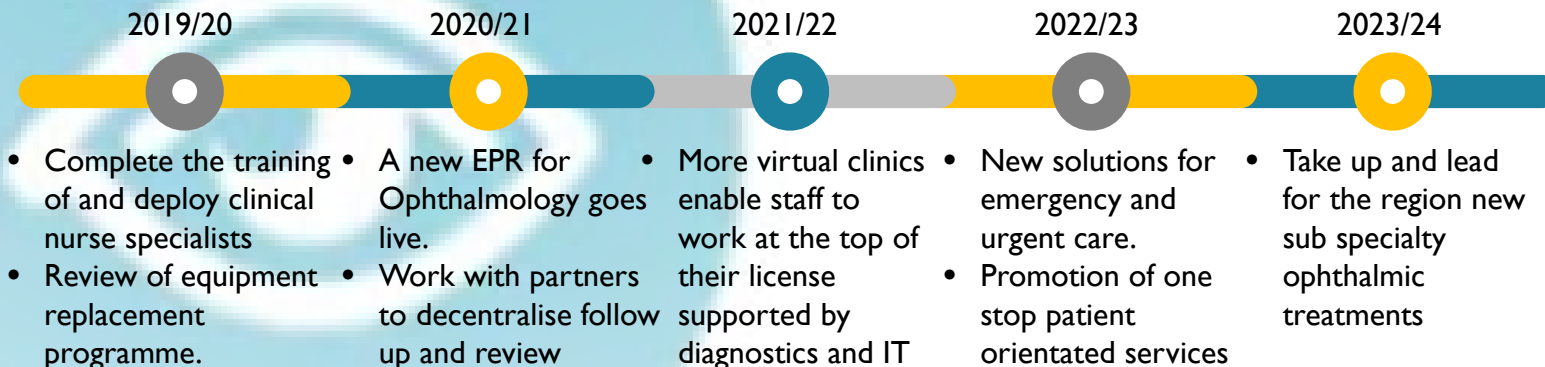
OUR VISION

'It takes vision to see beyond tomorrow...'

Procuring modern dedicated ophthalmic EPR systems and enhancing the roles of paramedical staff will be crucial in our response to increasing demand. This will enable us to decentralise elements of care that can be safely managed out of, but supported, by the Hospital Eye Service.

We will develop our ability to provide an efficient high volume surgical service and continue to develop our leading role in the region with sub specialty expertise

OUR 5 YEAR PLAN



WHAT OUR TEAM THINK OF THE PLANS



"The developing strategy for our ophthalmic services is very useful and exciting"

Mr Luke Membrey
CLINICAL DIRECTOR
AND CONSULTANT
OPHTHALMIC
SURGEON

THE PEOPLE THAT HAVE APPROVED THIS PLAN

Dr Greg Lawton
CHIEF OF SERVICE AND
CONSULTANT ANAESTHETIST



A handwritten signature in black ink, appearing to read 'G Lawton'.

Sharon Page
DIVISIONAL DIRECTOR OF
NURSING AND QUALITY



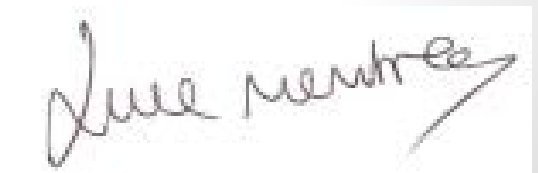
A handwritten signature in black ink, appearing to read 'Sharon Page'.

Sarah Davies
DIVISIONAL DIRECTOR OF
OPERATIONS



A handwritten signature in black ink, appearing to read 'Sarah Davies'.

Mr Luke Membrey
CLINICAL DIRECTOR AND
CONSULTANT
OPHTHALMIC SURGEON



A handwritten signature in black ink, appearing to read 'Luke Membrey'.

OUR CURRENT SERVICE

The Department of Ophthalmology at the Eye Ear and Mouth Unit (EEMU) Maidstone is the largest specialised eye unit in the South-East of England, serving a total population of 1 million. The service has 16 consultant ophthalmic surgeons each specialising in a particular branch of ophthalmology. Together with a full range of health care professionals the team ensures that there is treatment available for all eye conditions locally.

The ophthalmology service provided over 125,000 outpatient consultations last year, more than any other department at MTW

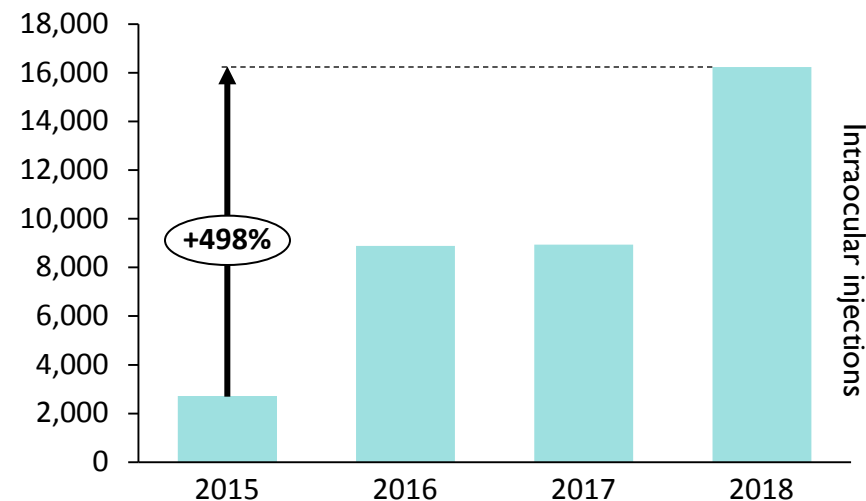
STRENGTHS OF THE CURRENT SERVICE

- MTW ophthalmology is a major training unit for postgraduate speciality trainees

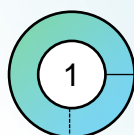
WEAKNESSES OF THE CURRENT SERVICE

- Ophthalmology services nationally are challenged by increasing demand from chronic eye disease requiring long term follow up and regular treatment procedures (e.g. for intraocular injections)
- Follow up in clinically indicated time difficult
- A lack of an ophthalmic electronic patient record
- Space constraints for service development

INTRAOCCULAR INJECTIONS BY YEAR

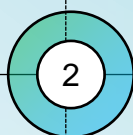


THE CHANGES WE WANT TO MAKE



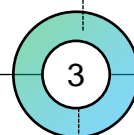
Ensure that we develop the right capacity to deal with the growth in demand for our services

Audit outpatient clinics in order to assist in creating a map of chronic condition pathways
Integrate an ophthalmic EPR across the hospital and the community service to enable seamless care in and out of the hospital



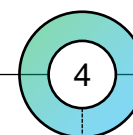
Use new approaches to increase our capacity

Continue to develop virtual clinics to benefit patients, especially those with diabetes, glaucoma and age related macular degeneration
Maximise one stop clinics to reduce unnecessary repeat visits for patients
Improve the cataract operating list productivity
For patients with medical retinal conditions develop non-ophthalmologist injectors



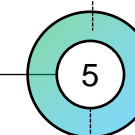
Develop new roles and team members to effectively deliver care

Devolve non-consultant dependant tasks to HCPs. Develop a range of Health care Professionals (HCP) to work at the top of their license in support of the service, including optometrists and nurse specialists using a comprehensive suite of high quality equipment
Maximise the effectiveness of Community Ophthalmic Team (COT)



Develop our urgent and out of hospital services

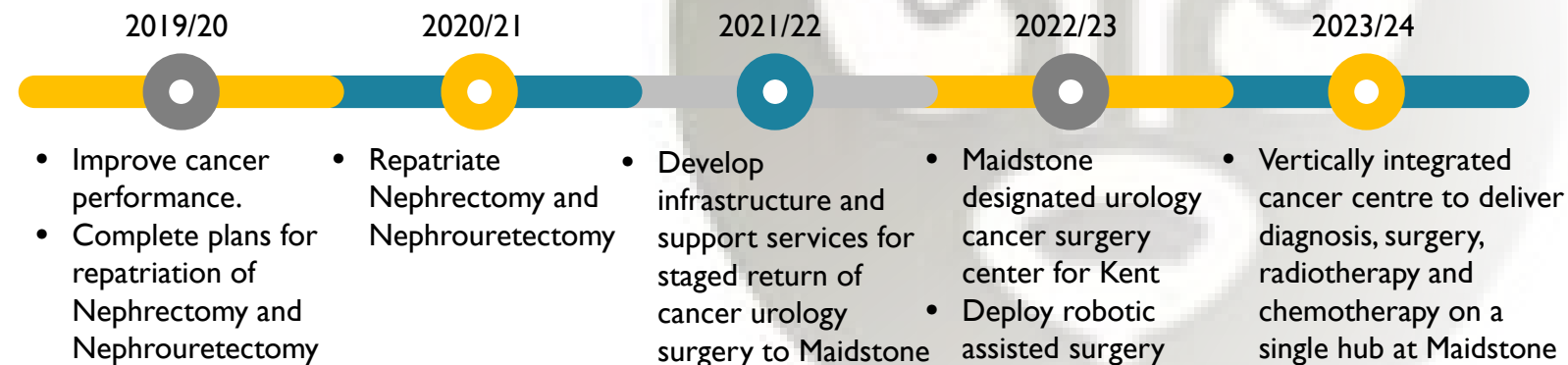
Develop the ophthalmic urgent care service
Work with partners to develop a plan for an out of hospital care centre to deal with high volume routine assessment and procedures



OUR VISION

The urology team are dedicated to providing high quality care which is safe, personal and effective. Urology was the first branch of surgery to use endoscopic and key-hole techniques. We continue to advance our practice and standards and reduce variability in patient outcomes. We will attract, educate and support high a quality, patient focussed, urology team.

OUR 5 YEAR PLAN



WHAT OUR TEAM THINK OF THE PLANS



“To improve patient care we need to co-locate complex benign and cancer surgical services.

We want to Create a vertically integrated cancer centre to deliver diagnosis, surgery, radiotherapy and chemotherapy on a single hub at Maidstone”

Mr Alastair Henderson
CONSULTANT
UROLOGIST

THE PEOPLE THAT HAVE APPROVED THIS PLAN

Dr Greg Lawton
CHIEF OF SERVICE AND
CONSULTANT ANAETHETIST



Sharon Page
DIVISIONAL DIRECTOR OF
NURSING AND QUALITY



Sarah Davies
DIVISIONAL DIRECTOR OF
OPERATIONS



Mr Mark Cynk
CLINICAL LEAD AND
CONSULTANT UROLOGIST



OUR CURRENT SERVICE

MTW runs outpatient and diagnostic urology services from both hospital sites with admitted patient services concentrated at the Maidstone Hospital site. MTW is the regional oncology centre and specialist urology services MTW provides include brachytherapy and complex procedures for benign prostatic hypertrophy including laser prostatectomy. The is a Urology investigation unit and day case services on both hospital sites. The cancer urology specialist surgery and MDT for West Kent is based at Medway

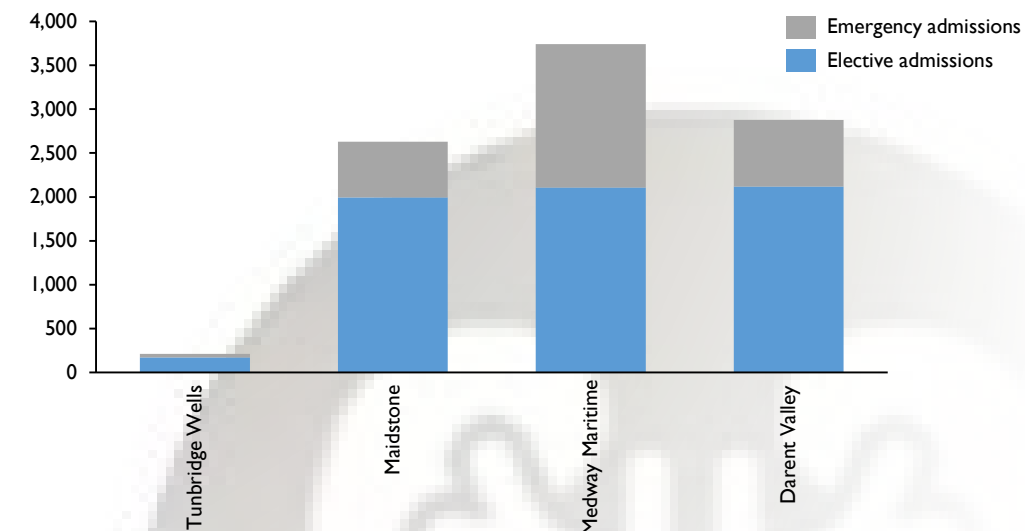
STRENGTHS OF THE CURRENT SERVICE

- Strong reputation with good recruitment
- 7 consultant urologists with 4 cancer surgeons
- Cancer center on site

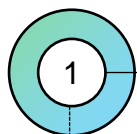
WEAKNESSES OF THE CURRENT SERVICE

- Lack of integration and continuity for patient care arising from cancer urological surgery at Medway
- Disruption to consultant's work plan from split site working with Medway
- Four small and aging main operating theatres at Maidstone
- Vascular support split across the Trust .

PATIENTS ADMITTED PER YEAR



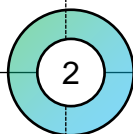
THE CHANGES WE WANT TO MAKE



Phase 1: Repatriate local demand for Nephrectomy and Nephroureterectomy from Medway Maritime Hospital to Maidstone Hospital

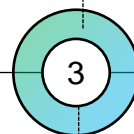
These procedures do not need to be performed in the regional specialist surgery centre

The projections is that MTW would have 61 total nephrectomy and 6 nephroureterectomy per year. This requires an extra 34 all day theatre sessions per year



Phase 2: Work towards Maidstone site becoming the specialist urological cancer centre MDT for West Kent co locating the urology cancer surgery with the Cancer Centre at Maidstone.

In addition to the additional activity in phase 1 this development is forecast to bring to the trust 230 complex urological cancer cases which will require a significant level of additional theatre capacity, approaching 3 all day sessions/ week

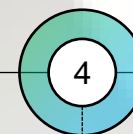


Enhance Interventional imaging capacity

24/7 Interventional Uro-radiology facilities are required for the Complex Cancer Surgery Centre work

Develop improved vascular cover

The provider of vascular support is split across the Trust . TWH is covered GSTT of the SE Thames Vascular Network. Maidstone is currently covered predominantly from Canterbury



Develop robotic assisted surgery

With robotic assistance the surgeon can perform complex tasks that would otherwise have exceeded his/her abilities with conventional laparoscopy and would be associated with an increased morbidity if performed by laparotomy



WOMEN'S SERVICES

OUR VISION

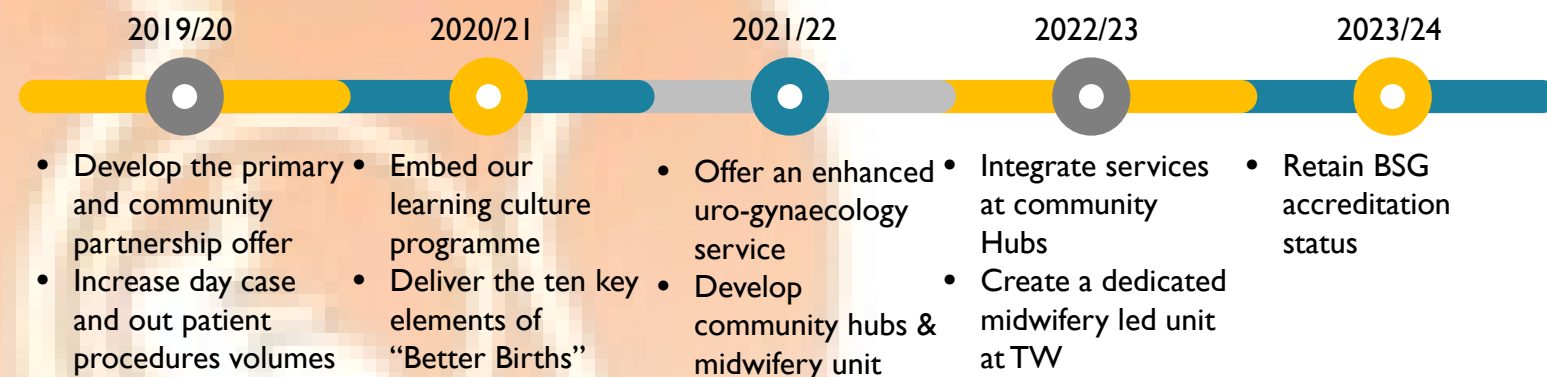
To integrate our services , promoting collaborative service provision, through working with patients to promote patient centred care.

Develop our Quality and safety services aiming for excellence at all times based on a culture of shared learning from incidents and feedback.

Invest in our staff to make Women's services a great place to work.

Continue to develop our specialist services.

OUR 5 YEAR PLAN



WHAT OUR TEAM THINK OF THE PLANS

"We are dedicated to promoting quality health, health care and well-being of women and girls across our community"

Louise Swaminathan
MIDWIFE



THE PEOPLE THAT HAVE APPROVED THIS PLAN

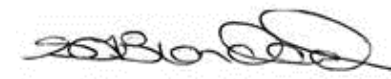
Dr Sarah Flint

CHIEF OF SERVICE AND
CONSULTANT
OBSTETRICIAN AND
GYNAECOLOGIST



Sarah Blanchard Stow

HEAD OF MIDWIFERY AND
QUALITY



Kym Sullivan

DIVISIONAL DIRECTOR OF
OPERATIONS



Ms Wunmi Ogunnoiki

CLINICAL DIRECTOR AND
CONSULTANT
OBSTETRICIAN AND
GYNAECOLOGIST



WOMEN'S SERVICES

OUR CURRENT SERVICE

At Maidstone and Tunbridge Wells NHS Trust we provide both Maternity and gynaecology services. We provide the highest and safest standards of care for mothers and babies. Our maternity services have been rated the best in the country following a review by NHS England.

The department of Gynaecology provides a complete range of care for medical conditions specific to women. General gynaecological outpatient clinics are held at both hospitals. In addition specialist outpatient clinics are held in the following areas; Pelvic pain, Menopause, Hormone replacement therapy and implant clinics, Abnormal bleeding clinics and Infertility clinics

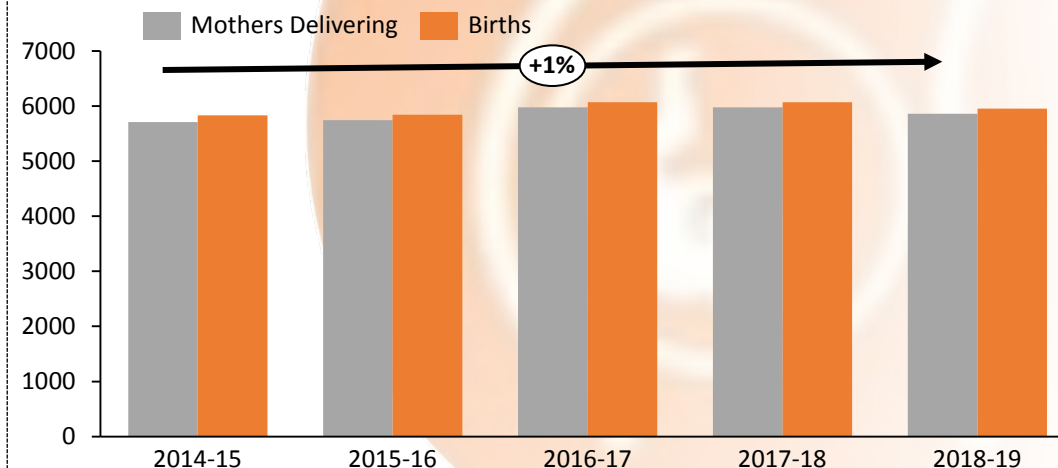
STRENGTHS OF THE CURRENT SERVICE

- Recognized as national best choice for place of birth
- Strong international research & training collaboration
- Multi-speciality and MDT working
- High quality Obs. & gynae ultrasound service
- BSG accredited endometriosis service

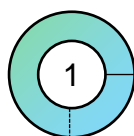
WEAKNESSES OF THE CURRENT SERVICE

- Don't maximize the opportunities to engage with patients or act upon their feedback
- Some patient pathways are fragmented, especially at the acute and community interface

BIRTHS AND DELIVERIES PER YEAR



THE CHANGES WE WANT TO MAKE

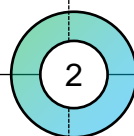


Deliver all ten key elements of "Better Births" as outlined in the NHS Long Term Plan.

Encourage more out of hospital deliveries

Introduce rotational roles for sonographers

Facilitate rooming-in for parents with babies on the Special Care Baby Unit

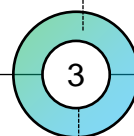


Enhance our clinical expertise and further develop our service offer
Expand and develop our uro-gynae service

Ensure retention of BSG accreditation status for Endometriosis services.

Accelerate innovation and quality through expanding our research and QI.

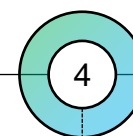
Developing a learning culture around reporting and mistakes.



Ensure patients are treated in the right place at the right time through maximising the opportunities to transfer activities into day case and out patient settings.

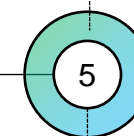
Develop the community day case offer, Leverage technological advancements such as "myosure".

Integrate services at community hubs
Create dedicated Midwifery led unit at Tunbridge Wells Hospital



Develop the community gynaecology service as a primary and secondary care partnership.

Integrate gynaecology and sexual health services where clinically appropriate. Remote monitoring for expectant mothers with hypertension, avoiding the need to come to hospital or community sites and replacing it with remote at home monitoring



CHILDREN'S SERVICES

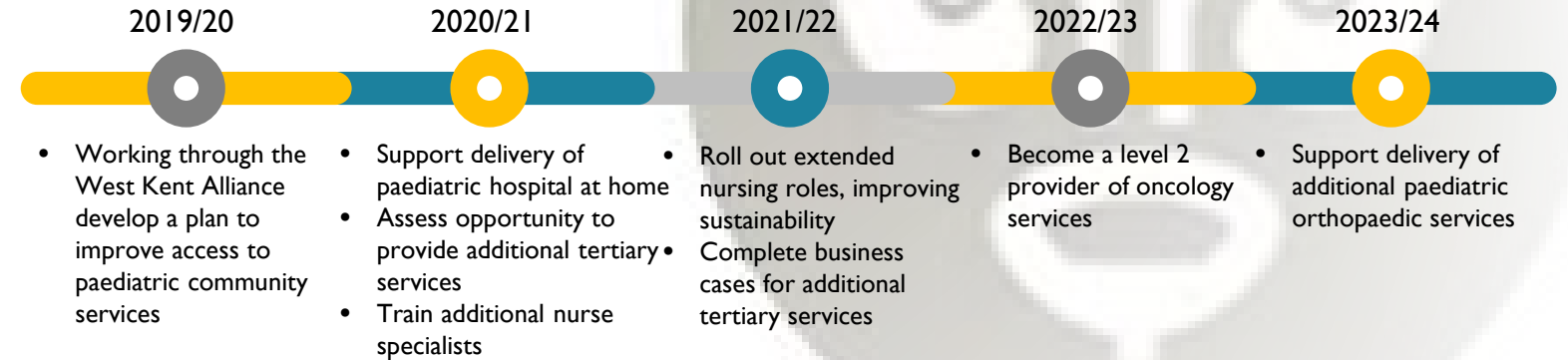
OUR VISION

To be a first class provider of choice of Paediatric care for patients in West Kent and further afield.

Putting infants, children, young people and their families at the heart of what we do, with and for them.

Ensure care is provided at the right time in the right location.

OUR 5 YEAR PLAN



WHAT OUR TEAM THINK OF THE PLANS



“Working with our partners to improve the availability of care in the community will significantly support our vision of putting families at the heart of what we do.”

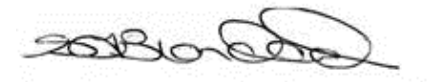
Kym Sullivan
DIVISIONAL DIRECTOR OF OPERATIONS

THE PEOPLE THAT HAVE APPROVED THIS PLAN

Dr Sarah Flint
CHIEF OF SERVICE AND CONSULTANT
OBSTETRICIAN AND GYNAECOLOGIST



Sarah Blanchard Stow
HEAD OF MIDWIFERY AND QUALITY



Kym Sullivan
DIVISIONAL DIRECTOR OF OPERATIONS



Hamudi Kisat
CLINICAL LEAD AND CONSULTANT
PAEDIATRICIAN



CHILDREN'S SERVICES

OUR CURRENT SERVICE

We provide a seven day consultant led service with a number of specialist services such as diabetes, respiratory and orthopaedics, and a tertiary service for Gastroenterology. We also provide a range of day case medical and surgical procedures for a number of conditions. Ambulatory care is available on both of our main hospital sites, as are out patient services, where we also deliver a number of clinics in our local communities.

We provide care for very sick children through our neonatal and high dependency units. We have a small community nursing team who help families to get the care they need outside a hospital setting.

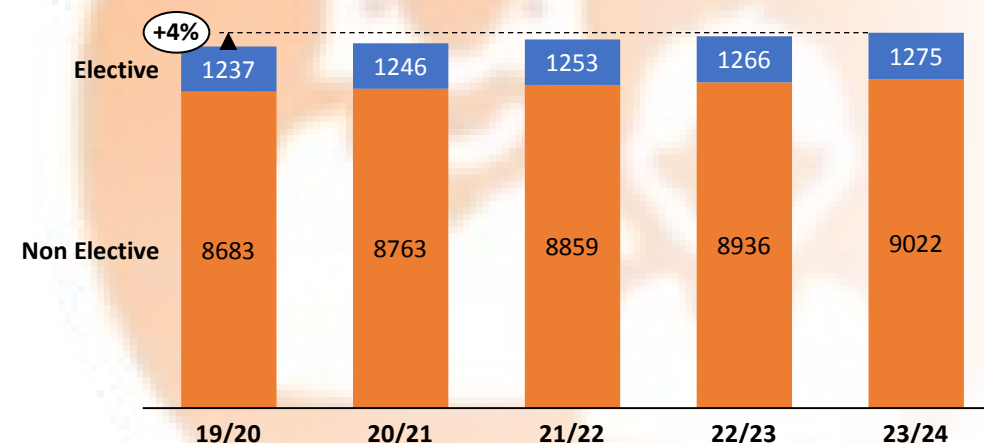
STRENGTHS OF THE CURRENT SERVICE

- Rated good in CQC report, excellent NICU peer review in 2018
- Meeting 7 day service standards
- Achieving HDU level 1 standards
- Compliant facing the future standards 2015
- No issues in nursing recruitment and retention

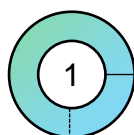
WEAKNESSES OF THE CURRENT SERVICE

- Difficulty recruiting registrar medical staffing & our Junior Dr survey indicates improvements required .
- Children's community team is subscale and there is fragmentation of services
- No Hospital at home so children have to stay in hospital longer than necessary.

PAEDIATRIC ADMISSIONS

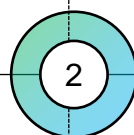


THE CHANGES WE WANT TO MAKE



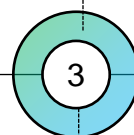
Working with partners to develop the out of hospital service offer.

Creating service models which enable more children to be treated in a community and at home setting reducing the needs for attending hospital and reducing the time they spend in hospital following an admission.



Build on the success of our nursing advanced practitioner service to address the challenges in medical workforce.

Enabling a sustainable workforce , improving junior medical workforce conditions and creating additional career development opportunities for nurses and other non medical professionals.



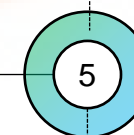
Explore the opportunities to deliver more specialist services locally, reducing the need for children and families to travel to London for care.

Developing an appraisal of our ability to deliver level two oncology and further specialist orthopaedic services in partnership with trauma and orthopaedic services



Improve the way in which young people who are becoming adults and requiring ongoing care are transitioned between services.

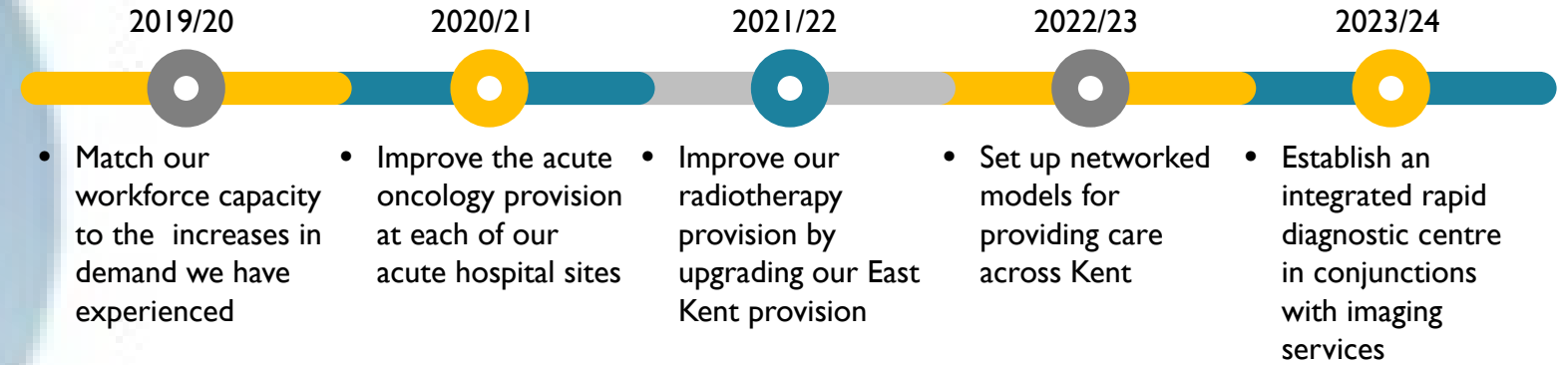
Implement the Ready Steady Go model with a key worker or specialist nurse providing continuity of service transition.



OUR VISION

As the Kent Oncology Centre our vision is to provide seamless, fast and effective care to the people of Kent. We are dedicated to working with our partners in Kent and Medway and beyond to ensure the population we serve get world class care within their own county. We constantly look to improve our services by taking advantage of closer working relationships with other NHS and third sector organisations.

OUR 5 YEAR PLAN



WHAT OUR TEAM THINK OF THE PLANS

“Our Cancer team is dedicated to providing world class care ”

Karen McDonald
HAEMATOLOGY
MATRON

THE PEOPLE THAT HAVE APPROVED THIS PLAN

Dr Henry Taylor
CHIEF OF SERVICE AND
CONSULTANT
ONCOLOGIST



Charlotte Wadey
DIVISIONAL DIRECTOR OF
NURSING AND QUALITY



Katherine Goodwin
DIVISIONAL DIRECTOR OF
OPERATIONS



OUR CURRENT SERVICE

As the Kent Oncology Centre we provide oncology services to Kent, Medway and East Sussex. We provide outpatient clinics at both of the Trust's hospitals, The Conquest, Darent Valley, Kent & Canterbury, Medway Maritime, QEOM and William Harvey Hospitals.

The Kent Oncology Centre provides a full range of chemotherapy and supportive treatments MTW Hospitals and Radiotherapy services in Maidstone and Kent & Canterbury Hospitals.

Brachytherapy is provided at Maidstone Hospital for gynaecological and prostate cancers.

An 18 bedded inpatient haemato-oncology ward provides inpatient treatments for haematological cancers

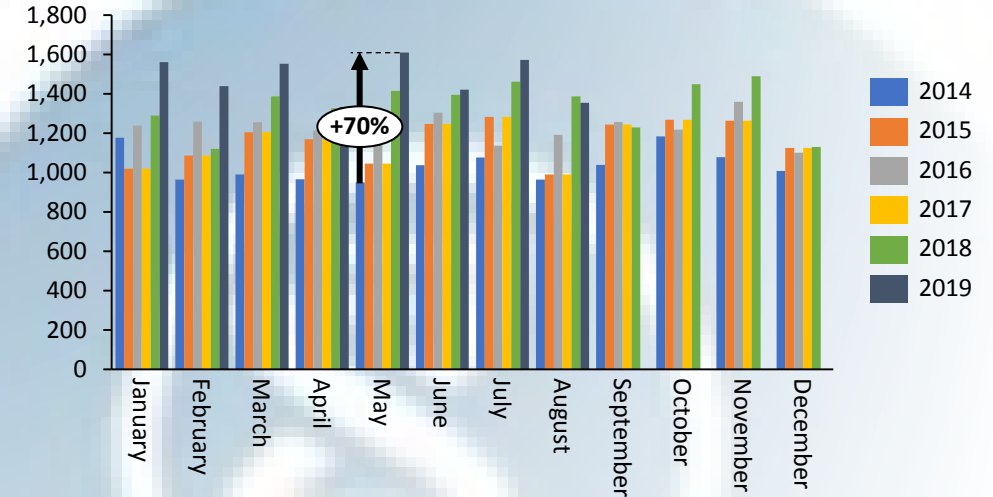
STRENGTHS OF THE CURRENT SERVICE

- Wide range of services provided across Kent
- Expert clinicians in multiple parts of the county
- Achieving the national standard on cancer
- Good working relationships already in place with third sector organisations

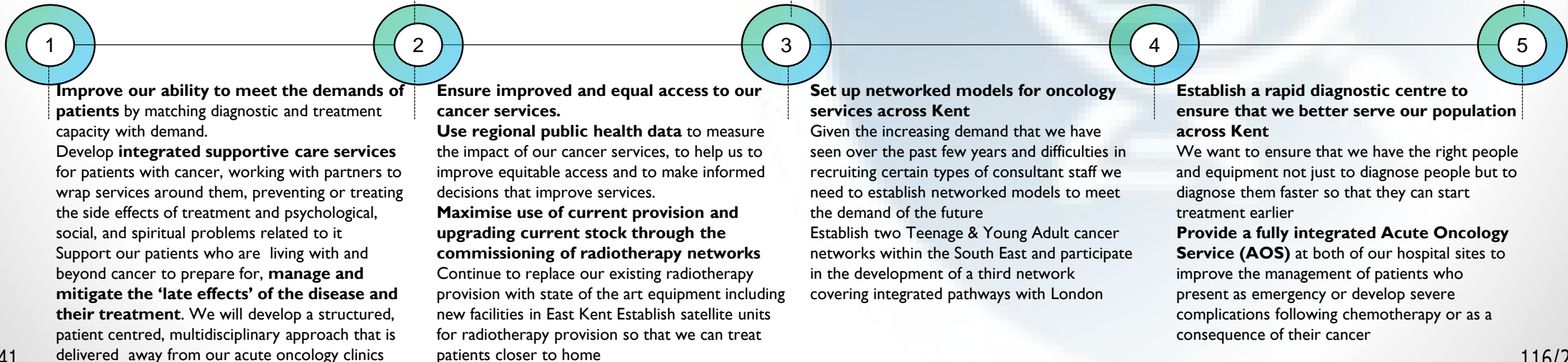
WEAKNESSES OF THE CURRENT SERVICE

- Ageing equipment especially for radiotherapy provision in some parts of the county
- Iniquities in access to some types of care in different parts of the county
- Increases in demand and problems with recruitment necessitate a new approach to workforce

SUSPECTED CANCER REFFERALS



THE CHANGES WE WANT TO MAKE

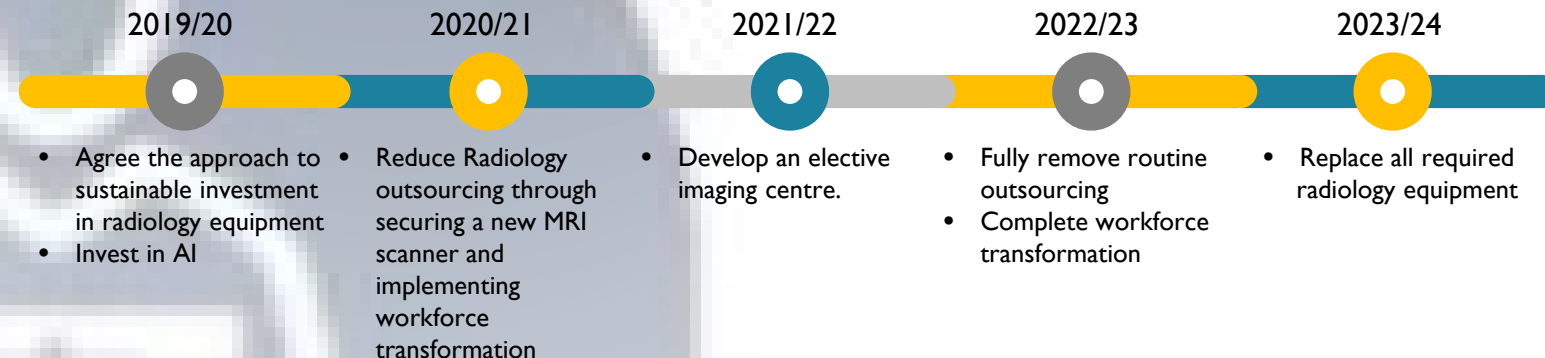


OUR VISION

We deliver over 250,000 patient contacts each year, however we are unable to offer comprehensive services due to a lack of capacity and ageing equipment. Our vision is to provide to providing high quality imaging and interventional services which are safe, personal and effective.

As national leaders in radiography lead reporting we aim to expand the scope of practice for radiographers, enabling our radiologists to focus on the most complex activities. We will remove the requirement for routine outsourcing through workforce, estate and equipment transformation programmes.

OUR 5 YEAR PLAN



WHAT OUR TEAM THINK OF THE PLANS



“We have an exciting opportunity to secure sustainable radiology services.”

Ceri Davies
LEAD
SUPERINTENDENT
RADIOGRAPHER

THE PEOPLE THAT HAVE APPROVED THIS PLAN

Dr Paul Sigston
CHIEF OF SERVICE AND
CONSULTANT ANAETHETIST



Neil Bedford
DIVISIONAL DIRECTOR OF
OPERATIONS



Dr Antony Gough-Palmer
CLINICAL DIRECTOR AND
CONSULTANT
RADIOLOGIST



OUR CURRENT SERVICE

We provide acute & elective diagnostic and interventional radiology services at both acute hospital sites.

We have CT, MRI, ultrasound, X-Ray and nuclear medicines services on both sites. At Tunbridge Wells we also provide a DEXA service, and at Maidstone there is a PET CT service.

Radiology is pivotal in a significant number of patient journeys such as cancer pathways. We also provide a comprehensive GP direct access service.

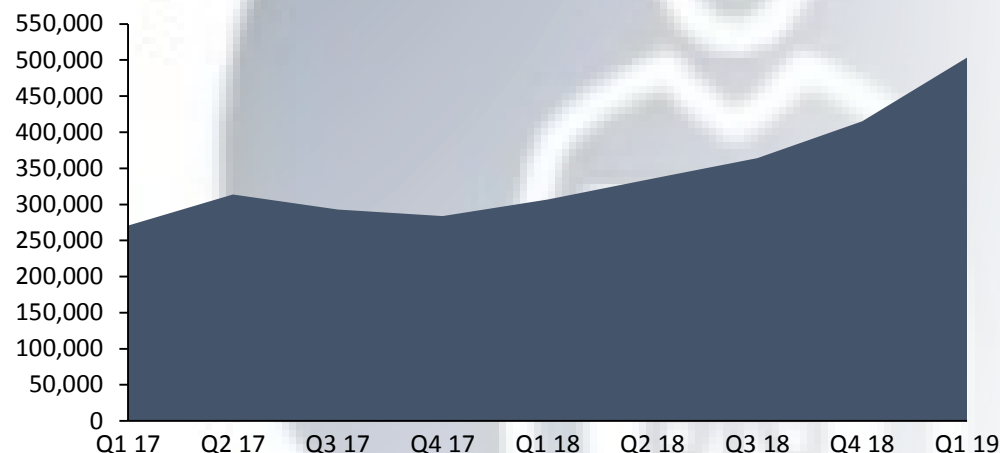
STRENGTHS OF THE CURRENT SERVICE

- National leader in Radiographer lead reporting
- Our interventional service is world renowned for palliative care procedures

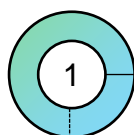
WEAKNESSES OF THE CURRENT SERVICE

- We struggle to replace and procure new equipment
- The demand on services means we do not have a sustainable workforce model
- We are reliant on significant outsourcing for MRI scanning and reporting of CT and MRI,
- Supporting cancer performance is a key challenge for radiology services to deliver

MRI OUTSOURCING COSTS (£)



THE CHANGES WE WANT TO MAKE

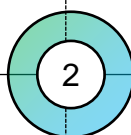


Optimise and upskill the radiology workforce.

Expanding the career development opportunities for radiographers and non medical staff.

Improving recruitment and retention.

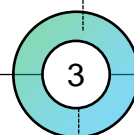
Releasing medical time to deliver the most complex activities



Develop a sustainable equipment replacement and procurement approach

Enabling the trust to be at the forefront of medical equipment advances in technology

Mitigate risks associated with lack of capital and downtime impact on performance.



Create a future proof service offer, to:

Support the trust in meeting in delivery of constitutional standards, and it's education strategy.

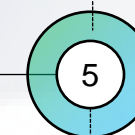
Position MTW to take advantage of future radiology opportunities such as service consolidation and sub specialisation.



Establish an elective diagnostic centre.

To meet our ambitions to support cancer and elective care pathways we will establish an elective unit which will optimise productivity and patient flow.

We will look to streamline patient pathways to maximise every contact with radiology services.





MTW

exceptional people, outstanding care

Update on the Trust's 2020/21 plan

**Director of Strategy, Planning and
Partnerships / Chief Finance Officer**

An update on the Trust's 2020/21 plan is enclosed.

Which Committees have reviewed the information prior to Board submission?

- Finance and Performance Committee, 28/01/20
-

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

For information & 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

1. Intro

A plan covering finance activity and workforce was submitted as part of the STP 5 year plan in November 2019. The Trust is required to have a balanced plan for the year 2020/21. The plan has been updated following Business Planning with the Clinical Divisions and Corporate Directorates.

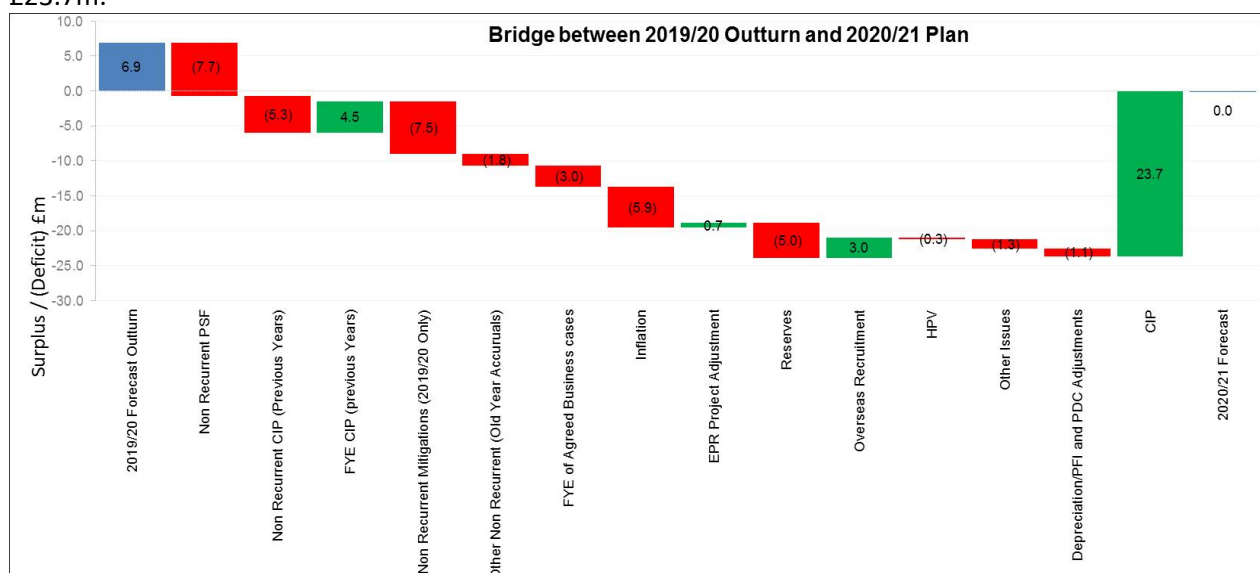
Current guidance from National bodies suggest the timetable for submission of the 2020/21 operating plan will be:

- 5th March first submission
- 29th April final submission
- 27th March -contract sign off

Formal guidance is still awaited

FINANCIAL PLAN

2. The Long Term Plan produced in November 19 showed a CIP requirement for 2020/21 of £23.7m.



- 2.1. Following Business Planning a number of additional pressures are emerging;
- 2.1.1.CIP FYE benefit has reduced by £1.7m
 - 2.1.2.FYE of Business Cases has increased by £1.5m, this includes the Car Park and Learning and Development.
 - 2.1.3.Inflation has increased by £2.4m
 - 2.1.4.Cost Pressures identified and workforce changes £7.0m including IFRS 16,
 - 2.1.5.Service Developments of £9.4m including 7 day services, cancer recovery, additional winter escalation
- 2.2. These emerging issues, if unchallenged, would significantly increase the requirement for further savings to keep the financial plan in balance. The Finance Team is proposing to Executives a revised approach to financial planning in advance of next year to support the creation of a deliverable plan.

3. Cost Improvement Programme (CIP)

CIP Identified The CIP plans are currently come to £6.2m which is significantly below the required target. Divisions need to focus on transformational changes to reduce costs. Currently Surgical Reconfiguration is the only significant transformational CIP schemes.

ACTIVITY PLAN

3.1. Demand and Capacity

- 3.1.1. Divisions have been working on their demand and capacity profiles since September based on the process that was undertaken for 19/20 operational planning. As of the latest review of the demand and capacity initiatives presented by the Divisions during business planning it has been identified that not all initiatives are reflected in the plan. There is still further work to confirm the size of the demand and capacity gap and the mitigating actions to close this. The demand profile has been constructed to assume no aspect of outsourcing other than patient choice. The initial model was on month 5 forecast, this has been revised with month 8 forecast. There are only a small number of areas with significant movement from month 5 to month 8, therefore Divisions are only asked to review these areas. The business planning leads will focus on areas with significant gaps. These are currently T&O, ENT, Ophthalmology for elective work. The A&E growth and impact on non elective admissions is also being reviewed.
- 3.1.2. Action: Divisions to confirm all demand and capacity initiatives are included in the financial plan.
- 3.1.3. Action: Deep dive for elective key areas identified, led by Bob Cook (Deputy Director of Strategy). This will include demand and capacity assumptions, waiting list size and 'shape', scrutiny and challenge of mitigations to close demand and capacity gaps.
- 3.1.4. Action: Deep dive for A&E and Non Elective, review of admissions, attendances, SDEC usage. Impact of increase in attendances on admissions.

WORKFORCE PLAN

4. Workforce plans

- 4.1. Divisions have constructed an initial view of 2020/21 workforce requirements including phasing of workforce plans.
- 4.2. Additional work is required to:
 - 4.2.1. Determine the required workforce based on revised demand and capacity calculations
 - 4.2.2. Finalise proposed service developments post challenge and identify if alternative types and grades of staff can be used in some cases
 - 4.2.3. Determine critical interdependencies and compile interrelated workforce recruitment timelines, and demand and capacity interactions. (e.g. for the proposals around medical 7 day services these need to clearly show the relationship between the recruitment of staff to satisfy 7 day service provision against the demand and capacity gaps currently experienced by divisions and also the proposals around developing a digestive diseases unit at Tunbridge Wells).
 - 4.2.4. Action: For proposals with complex inter-relationships (e.g. 7 day services)focused workshops to be held jointly chaired by COO and Director of Strategy to determine future state workforce requirements.

5. Next Steps

- 5.1. The emerging financial position of the plan, if unchallenged, is likely to be unsustainable in the short to medium term. A significant amount of further work on challenging assumptions and limiting investments will be necessary to emerge with a deliverable financial plan before the start of the year.
- 5.2. Even with those challenges, it is likely that the Trust will have to deliver an increased level of CIP next year to balance its plan and its previous investments. Transformation Team resources are being re- tasked to work in increasing CIP identification, including further transformation work.

Trust Board meeting – January 2020

Kent County Council's five year plan consultation	Director of Strategy, Planning and Partnerships
The enclosed report provides information on "Kent County Council's five year plan consultation" for the Trust Boards information.	
Which Committees have reviewed the information prior to Board submission? <ul style="list-style-type: none">Executive Team 28/01/20	
Reason for submission to the Board (decision, discussion, information, assurance etc.) ¹ For information & 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

KCC'S Five Year Plan – a summary

'Your Future, Our Priority'

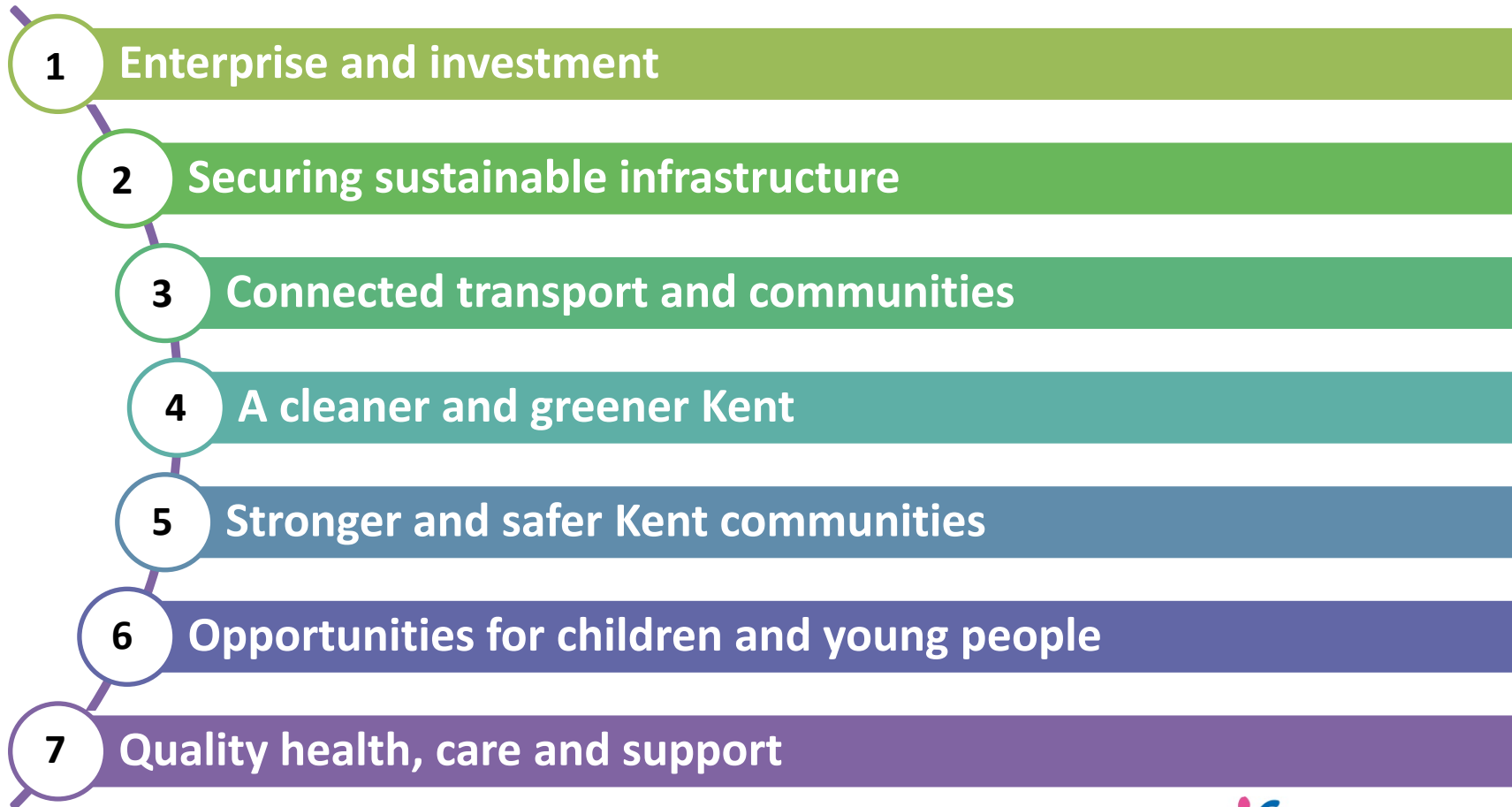
An MTW response to KCC's consultation on the draft plan

30th Jan 2020

Background & Context

- Five year plan consultation runs until 17th February 2020.
- The plan has seven outcomes (shown on the next slide) which do not appear to represent a significant shift from KCCs previously stated strategic outcomes of:
 - Children and young people in Kent get the best start in life
 - Kent communities feel the benefits of economic growth by being in-work, healthy, and enjoying a good quality of life
 - Older and vulnerable residents are safe and supported, with choices to live independently

The Seven Outcomes set out in KCC's Five Year Plan



There are a number of Kent wide challenges relevant to MTW

- The Kent population is predicted to increase by 16% with the proportion of over 65's rising by 57.5%, over 85's by 131% by 2036/8, and 1,400 additional citizens with SEND requirements predicted. The likely consequence of this is a disproportionate increase in healthcare demand.
- Kent is a significant outlier in air quality standards, with 39 areas being near or below the national air quality standard, and there is a doubling of freight vehicle movement predicted over the next decade



What do they mean by this outcome?

Taking an economic development role to accelerate growth faster across all of Kent, but with a particular focus on deprived communities. KCC is seeking to explore devolution opportunities to reform public service funding.

There is a desire to sustain and transform the urban environment through investment into Kent town centres, and to support district & borough councils in achieving local planning ambitions.

Development of Kent as a great place to live and work through skills development and quality jobs aligned innovation and supporting Kent businesses to develop.

KCC's 1-2 year objectives to deliver this outcome

- Prioritise short term action in the Kent Enterprise & Productivity strategy
- Work with business to understand need and facilitate targeted support
- Develop an all ages skills strategy, promoting apprenticeships, vocational & technical training
- Broker conversation with Government on devolution

KCC's 2-5 year objectives to deliver this outcome

- Deliver the ambitions in the Enterprise and Productivity Strategy
- Ensure there are good employment opportunity for all skill levels in Kent
- Leverage additional powers and funding
- Actively promote business parks, enterprise, innovation and tourism zones

KCC's long term ambitions

Realise the economic potential of Kent.

Develop and retain skilled people with good quality employment opportunities

Collaboration with others

Work with partners to develop and invest in business opportunities.

Work with partners to define a collective lobbying position on funding and devolution.

Ask of Government

Open the opportunities of devolution and public service reform.

Secure additional and fair funding share from UK share prosperity and Future High Streets funds.

Key questions for the board/likely impact on the trust and potential feedback.

We welcome the focus on economic development in the most deprived areas and the positive impact economic prosperity can have on healthcare utilisation. We feel it would be helpful to reference the geographic areas and opportunities identified within the West Kent Joint Strategic Needs Assessment in the development of this outcome.

Maidstone and Tunbridge Wells NHS Trust is a significant employer in Kent and we welcome the opportunity to work in partnership on skills development, and understanding our likely future workforce needs and how this may support KCCs ambitions around quality jobs for Kent.

Are there opportunities for MTW to influence the development of the Kent skills and training offer to maximise our ability to attract, train and retain staff, particularly in difficult to recruit to roles? Can this outcome support MTW requirements around apprenticeship, diversity etc.?

2 Securing sustainable infrastructure



NHS

**Maidstone and
Tunbridge Wells**
NHS Trust

What do they mean by this outcome?

With an increasing population and demographic change, KCC consider that an 'infrastructure first' approach is critical before further housing growth. Physical infrastructure needs to be complemented by essential transport, education, digital and health services. There needs to be a balance of affordable housing options and consideration of housing density in urban areas. Transport infrastructure needs to be sustainable and well-connected to support people's journeys to work and learn and respond to future modal shifts including smart infrastructure and flexible/remote working. KCC wish to respond to the Government's shift towards universal connectivity by securing the maximum investment in Kent's future digital infrastructure.

KCC's 1-2 year objectives to deliver this outcome include:

- Update approach and guidance on developer contributions, refresh the Kent and Medway Growth and Infrastructure Framework, refresh the Kent Design Guide to influence good quality design in new housing developments
- Develop the right provision of extra care housing and accommodation options for children, young people and adults
- Deliver the £2.8 million Kent 'Top-Up Voucher' to help those communities and businesses in the hardest-to-connect locations get faster broadband, particularly supporting rural businesses
- Improve approach for KCC's capital programmes and projects.

KCC's 2-5 year objectives to deliver this outcome

- Champion the need for climate resilience and flooding to be considered as part of planning for new developments
- Progress Kent's Broadband Delivery UK (BDUK) programme, to put in place the 'future ready' digital infrastructure
- Develop a Kent Digital Infrastructure Plan to maximise national investment

KCC's long term ambitions

Champion an 'infrastructure first' approach so housing growth is complemented by sufficient physical, economic, cultural and social infrastructure

Future ready infrastructure to embrace the opportunities of digital and mobile innovation

A strong, collective approach with partners to maximise developer contributions

Collaboration with others

Work with partners in Kent and Medway, councils and Kent leaders, to secure funding, maximise developer contributions and tackle digital connectivity

Ask of Government

Leverage national investment and a fair share of the future UK Shared Prosperity Fund, for infrastructure quality housing, and digital investment the County needs.

Key questions for the board. Potential feedback on issues relevant to the MTW

MTW are supportive of the infrastructure policies outlined in the Draft Plan.

Focus on housing and accommodation for older Kent residents would be very welcomed and supported. Underpinning any form of accommodation is the need to ensure optimum independence along with 'wrap around' access to services (health, social care and the third sector) when needed.

Models such as intergenerational care villages (as developed in Holland) should be considered and explored as a potential option. Consideration should be given to the evidence that support therapeutic environments for care for example for residents living with Dementia

Care home and domiciliary care providers are under significant pressure. New ways of working through integrated care systems present opportunities for a larger, at scale approach across wider geographic localities without losing the focus on 'local' need.



Maidstone and
Tunbridge Wells
NHS Trust

What do they mean by this outcome?

Transport connectivity and accessibility, both across and throughout Kent, vital for the county and UK economy. Good transport connectivity is essential for Kent’s businesses to operate and grow. KCC will work with regional partners on integrated transport solutions to meet the needs of our growing population and Kent’s commuters. At a community level, access to affordable, reliable and frequent public transport, particularly bus transport, is vitally important in people’s daily lives. Promotion of alternative public transport, walking and active travel options as a viable and safe alternative to car travel. Accessible, inclusive public services that meet people’s needs

KCC’s 1-2 year objectives to deliver this outcome

- Improve the condition of KCC controlled highways and pavements. Develop bus and rail strategies.
- Provide sustainable transport solutions to rural communities throughout Kent
- Integrate information on alternative journey options to car travel.

KCC’s 2-5 year objectives to deliver this outcome

- Deliver on the Local transport plan, Highways Capital Plan and highways asset management.
- Update the Rail Action Plan, to promote an integrated rail approach, including passenger and freight services
- Deliver the Active Travel Strategy to increase the use of sustainable travel options
- Create safer cycle routes with segregated lanes to encourage behaviour change
- Promote car sharing in new developments to improve air quality

KCC’s long term ambitions

- Improve the quality and condition of Kent’s highways
- Create a coordinated public transport network
- Promote sustainable alternatives to car travel to improve health and wellbeing, and to protect air quality and the natural environment
- Encourage communities to be more cohesive, strong and resilient.

Collaboration with others

Work with partners in Kent and Medway, councils and Kent leaders, to develop transport and connect communities

Ask of Government

Devolve powers and funding to Local Authorities to help improve the quality and accessibility of the public transport network, particularly powers to improve bus transport
Deliver a sustainable long term lorry parking solution for Kent
Appropriate Government investment in smart border infrastructure

Key questions for the board. Potential feedback on issues relevant to the MTW

MTW are **encouraged by the recognition of wider determinants of health**, extending far beyond traditional healthcare facilities in KCC’s objectives to achieve connected transport and communities.

It would be good to see transport for children be specifically addressed. Developing pathways to support greater physical activity through walking and cycling, would be a **contribution to the reduction in childhood obesity**. We would also propose that routes to schools be prioritised.

It will also be important to ensure that **walking, cycling and public transport are the first choice of travel when planning community infrastructures**, such as new health facilities. MTW would also like to see prioritisation of access and new supporting transport infrastructure to the current hospitals in Maidstone and Tunbridge Wells. **In recent years access to Maidstone Hospital via Hermitage lane** has become a particular issue for our patients and for staff.

We would encourage the inclusion of a requirement for the **provision of cycling facilities for children within all residential and commercial developments**.



What do they mean by this outcome?

Looking after the physical environment, especially town centres, local streets and public parks with a joined-up response on issues such as recycling, air quality, litter and graffiti and fly tipping. Protecting Kent’s natural and historical environment that improves quality of life, health and wellbeing. Air quality matters for Kent residents and it is a high priority for the Council. Take active leadership of the environment agenda. Delivering clean growth and working towards net zero carbon emissions by 2050. KCC has formally recognised the UK Environment and Climate Emergency.

A collective response to environmental challenges such as pollution, energy efficiency and fuel poverty. New developments need to design in sustainability, including efficient insulation and electric charging points for cars. Support the expansion of Kent-based companies in the offshore wind sector

KCC’s 1-2 year objectives to deliver this outcome

- Take ownership of the environment agenda as a council, working towards net zero.
- Develop and approve a tree policy, promote environmental standards. Work with Kent Youth County Council to develop an environment communications and engagement campaign

KCC’s 2-5 year objectives to deliver this outcome

- Promote the use of electric charging points for cars, plant one tree for every resident, as part of a drive for carbon reduction and air quality
- Improve the quality of high street environments, and protecting green spaces
- Leverage funding to improve energy efficiency in homes across Kent, lowering people’s energy costs and tackling fuel poverty. Promote the green infrastructure network to enhance wellbeing and as an important community asset, including public rights of way and parks

KCC’s long term ambitions

Create a 21st Century ‘Garden of England’ for health and wellbeing, tourism and business location. Deliver an accelerated target of net zero emissions by 2030

Collaboration with others

Joint working to tackle fly tipping and litter

Deliver the Kent and Medway Energy and Low Emissions Strategy to improve air quality

Encourage businesses to use green technology in their operations

Deliver the Kent Nature Partnership’s Biodiversity Strategy,

Ask of Government

Accelerate their response to the 25 Year Environment Plan and the UK’s climate emergency.

Consider legislative change in sustainable waste management,



Key questions for the board. Potential feedback on issues relevant to the MTW.

KCC may aim for an accelerated target of **net zero emissions by 2030**. **How should MTW respond?**

What green technology can MTW encourage in our operations?

MTW are encouraged by KCC’s commitment to the availability of open and **good quality green spaces that can enhance wellbeing** outcomes for all ages, and especially those of children.

It is important that there is provision and maintenance of play/exercise equipment for all ages, promotion of using assets, to increase engagement with green spaces and green infrastructure. Additionally, **safe child friendly green spaces will promote public confidence and encourage families and carers to use these**.

New buildings should be **well-insulated and sufficiently ventilated to avoid the health problems** associated with damp, heat and cold, particularly for vulnerable groups, such as those with existing health conditions (e.g. children with asthma and those with cardiovascular conditions) and people with poor mobility.



What do they mean by this outcome?

The residents of Kent will feel connected to their community and citizens work together to solve problems and support each other developing a Civil Society Strategy. There is an emphasis on the role of the voluntary sector in developing a strong sense of social responsibility and investment in voluntary, community and social enterprise sectors.

Although Kent is a safe county there is a recognition of opportunities through joint response and the role of the Kent Community Safety Team to tackle issues related to gangs, knife crime, radicalisation and domestic abuse.

Delivering on core purpose of safeguarding for adults and children.

Improving rural community connectivity through a Rural Strategy.

KCC's 1-2 year objectives to deliver this outcome

- Deliver road safety interventions
- Deliver Civil Society and Rural Strategies
- Transform funding for and promotion of the VCSE sector

KCC's 2-5 year objectives to deliver this outcome

- Develop a task force in key target areas for rapid multi-agency problem solving
- Progress a Volunteering Charter to value and encourage volunteering
- Develop a new model of governance to enhance the role of Elected Members in supporting and championing local communities.

KCC's long term ambitions

- Support the resilience and sustainability of the VSCE sector
- An effective joined up response with partners on the issues that communities care about

Collaboration with others

- Renew the relationship with the VSCE sector
- Kent Police working with a number of partners on interventions.

Ask of Government

- Deliver sustainable funding for Civil Society Strategy, rural community development and statutory responsibilities relating to domestic abuse.

Key questions for the board/likely impact on the trust and potential feedback.

We welcome the ambition to create a civil society strategy and sense of community within this chapter. It could be acknowledged that NHS organisation are rooted within specific geographic areas, and serve as anchors within their community, contributing to the wider development. Exploring the role of MTW during the creation of civil society strategy is recommended.

We welcome the commitment to safeguarding and reducing violence and abuse which impact directly on NHS service demand. Ensuring the NHS is part of the multi-agency task force is recommended.



What do they mean by this outcome?

County that works for all children, statutory responsibilities mean we play an important role in providing quality school places, giving children the healthiest start in life and protecting vulnerable children and families from harm.

There are areas that need improvement for our children and young people, including to support those with special educational needs and disabilities (SEND) and improving the take up of quality early education.

Adopting a healthy lifestyle during and after pregnancy, with support of health visiting services. Early years are critical. KCC commissions services to improve the health of the population, which includes health checks for school age children. 1 in 5 primary school children in Kent are obese or overweight so KCC works to set healthy habits for life around healthy eating and nutrition.

KCC works to support children adolescents and families with focus on prevention, improving mental health, quality education and developing skills for life

KCC’s 1-2 year objectives to deliver this outcome

Ensure children have the best start in early years, improve uptake of uptake of high quality early education. Improve services for children with SEND.

Use the Headstart programme to enhance young people’s resilience and emotional wellbeing.

Promote opportunities for young people to pursue a future career in the health and social care sector

Implement Council Tax discounts for care leavers

KCC’s 2-5 year objectives to deliver this outcome

Raise school standards, improve school placement stability and enhance emotional and mental health support in schools. Commission high quality child and adolescent mental health services. Maximise the Apprenticeship Levy to promote new opportunities and career pathways for young people

KCC’s long term ambitions

Give children the best start in life through excellent early years and public health services, support families and children, with secure appropriately funded education, social care and public health. Improve the education and skill levels of young people in Kent

Collaboration with others

Strengthen the universal offer by working with voluntary, public, and private providers to provide safe places for young people to undertake positive activities, to get help from all the services they need in one place and to explore integrated ways of supporting children and families

Ask of Government

Deliver sustainable, fair funding models for children’s education, social care, public health, mental health disability services.

Key questions for the board/likely impact on the trust and potential feedback.

MTW are encouraged by KCC’s plan to **promote opportunities for young people to pursue a future career in the health and social care sector** and will welcome further collaborative working on this objective.

MTW supports KCC objectives to promote healthy habits for life around healthy eating and nutrition. Further more we consider **it essential for health promotion that there be adequate access for children in specialist and mainstream education to functional outdoor space to learn and play.**

What do they mean by this outcome?

The promotion of personal and community responsibility for health and wellbeing, reducing health inequalities across Ken, going further an faster in the most deprived communities.
 Actively improving the wider determinants of health, and focussing on prevention.
 Creating sustainable funding and models of service delivery for those requiring social care support through integrated health, care and support agenda.
 Developing digital interventions and local care models to provide high quality proactive care maximising independence.
 Transforming the quality of support for mental health services

KCC’s 1-2 year objectives to deliver this outcome

- Communicate KCCs role as a key partner in the ICS.
- Develop a health and wellbeing strategy for Kent.
- Deliver pilots in two distinct communities to test how intervention contribute to ‘Starting Well, Living Well and Ageing Well.

KCC’s 2-5 year objectives to deliver this outcome

- Use JSNA and case for change priorities as the evidence base for commissioning and service interventions to reduce health inequalities across Kent.
- Expand social prescribing.
- Deliver public health action plan and campaigns which support our statutory responsibilities
- Develop a Whole Council Technology Strategy.

KCC’s long term ambitions

- Develop a sufficient and sustainable social care market.
- A sustainable way to deliver social care and public health.
- Harness the opportunities of digital innovation.

Collaboration with others

- Support the development of the K&M ICS and NHS Long Term Plan
- Support Local care models
- Progress ‘6 Ways to Wellbeing’

Ask of Government

- Clarity on funding via the Social Care Green Paper
- Enhance NHS funding for prevention and allow communities to shape spend.
- Clarity on the role of local authorities in health transformation.



Key questions for the board/likely impact on the trust and potential feedback.

Healthcare services are vital to maintaining and improving the quality of life for Kent residents, we welcome the ongoing commitment of Kent County Council to the development of the Kent & Medway ICS, and support of delivering the outcomes in the NHS Long Term Plan.

From a West Kent perspective it is imperative that KCC are equally active and committed to the development of the West Kent ICP and opportunities to work in partnership to transform service deliver and address health inequalities. There are opportunities e.g. One public estate, which may support development of integrated, affordable and sustainable health and social care which can only be achieved through partnership working.

,

1. Note KCC's 5 year strategy with 7 outcomes and the draft objectives to achieve them
2. Note key issues and the proposed feedback
3. Advise for any changes or additions to proposed feedback

The Business Case for the 'Ive programme' has been removed because it contains commercially sensitive information. Please direct any enquires to the Trust Secretary's office.

Trust Board meeting – January 2020

Report from the Freedom to Speak Up Guardian

Freedom to Speak Up Guardian

Enclosed is the latest report to the Board by the Freedom To Speak Up Guardian (FTSUG).

Which Committees have reviewed the information prior to Board submission?

- N/A

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

The Trust Board is asked to read the report and discuss the content and recommendations

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

Board of Directors (Public)

Freedom To Speak Up Guardian Report

Action Requested / Recommendation

The Trust Board is asked to read the report and discuss the content and recommendations.

Summary

This is the second report to the Board by the Freedom To Speak Up Guardian (FTSUG) which now outlines and identifies trends, issues and the resource requirement to move the FTSU agenda forward.

Author; Christian Lippiatt, Freedom To Speak Up Guardian

Date; 15th January 2020

Freedom To Speak Up Non-Executive Director Maureen Choong

Freedom To Speak Up Executive Lead Simon Hart

Freedom To Speak Up Guardian Christian Lippiatt



Introduction

The FTSU Agenda is to;

- Protect patient safety and the quality of care
- Improve the experience of workers
- Promote learning and improvement

By ensuring that;

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

National Guardians Office (NGO) Case Reviews

The latest case review was published in September 2019 regarding the handling of 2 cases referred to it by workers from Northwest Ambulance Service NHS Trust, indicating that the Trusts response to their speaking up had not been in accordance with good practice. The Trust was visited by the Guardians Office early last year, who then returned in May 2019 with NHSI to discuss provisional findings from the review with Trust leaders. There were 7 findings;

1. The Trust had two policies surrounding raising concerns and speaking up. The existence of multiple policies did not best promote speaking up. The NGO has a policy template Trusts are recommended to use and will provide a revised template later in 2020. MTW has one policy; Freedom To Speak Up which is based on the NGO's template and has been ratified subject to minor amendments which will be completed by the end of January 2020 for publication on the Trust intranet.
2. There was a lack of clarity over the scope of the FTSUG's role and whether certain issues were outside of the Guardian's remit to support workers to raise. The NGO states that support should be provided to workers regardless of the type of matter involved, and that support could be continued regardless of what route the investigation took. Within MTW all issues are taken on by the Guardian and whilst some may be directed to more appropriate avenues, the worker is still supported and contacted to ensure their issue is addressed appropriately.
3. The two workers did not feel they were thanked by the Trust for raising their safety concerns. Within MTW, during the first contact with the Guardian, the worker is thanked for raising their concern. Where meetings are facilitated with a senior manager within the area of concern, the senior manager also thanks the worker for raising their concern.
4. The workers were concerned that investigation undertaken by the Trust was conducted by an individual who they regarded as potentially conflicted and therefore not independent. The Trust has a further layer of senior review of investigations, recommendations and outcomes. However, the perception of conflict was not suitably addressed. In line with the national template, MTW's policy on investigations arising from FTSU concerns specifies a "someone suitably independent (usually from a different part of the organisation)". As part of the discussions with the worker, the FTSUG at MTW regularly checks in with the worker on who they are happy for the Guardian to talk to and involve. Potential conflicts of interest are explored to understand what the actual or perceived conflict is in order to ensure suitable managers / investigators are involved.
5. Timeliness and handling of the investigation were of concern to the workers. It was unclear to the workers and staff involved under what policy or process the investigation was being conducted. It was felt they were not kept informed of progress or how long it may last. It is acknowledged the size and complexity of an NHS organisation does affect timescales on investigations, notwithstanding that, at MTW where a formal investigation is required, the Guardian would liaise with the worker to help keep them informed alongside

the investigating officer as well as ensure there was clarity and transparency around what was being investigated, by whom and under what policy/ process.

6. Some staff from the Trust who were spoken to by the NGO expressed the belief that there were poor attitudes towards female employees. At MTW, the workforce is approximately 76% female. The Guardian is part of all staff networks and actively promotes equality working closely with the Head of Staff Engagement and Equality in a bid to ensure all staff feel comfortable and invited to speak up and that they will be supported regardless of any diverse characteristic they may identify with.
7. Mediation was offered at the end of the investigation process, however the workers had said they did not want mediation. It was identified that the Trust could have better communicated the use and purpose of mediation better. At MTW we do not have a formal mediation process, however there are a small number of individuals at MTW who offer mediation. From the Guardian's perspective there is greater scope for the use of mediation in resolving issues rather than following formal bullying and harassment or grievance processes.
8. The Trust has 12 volunteer FTSU Champions. There was some uncertainty around their role and scope of involvement in speaking up issues as well as impartiality between supporting workers and not being "on their side". At MTW we have a small number of FTSU Ambassador. This is still in its infancy, but it is clear the role of the ambassador is to promote speaking up, make it easy for staff to contact someone about concerns, but that the Ambassador passes the concern to the Guardian to manage,

Themes / Issues

There has only been one concern raised since November 2019, this was in relation to bullying and harassment.

Growing the Speaking Up Agenda

This has been recognised by the Board and there is support to suggest a business case to fund 2 days a week rather than 1 day per week would be considered favourably. There is a further proposal to consider a deputy to the Guardian role 2 days per week to further increase capacity.

Networking

The Guardian continues to attend Regional and Local Network Meetings as well as internal networks, inductions and events where possible.

Data Collection; Concerns Raised

'19/'20 Month	No. of contacts	Anonymous	All Open Cases
April	4	1	1
May	6	2	2
June	5	2	1
July	5	4	0
August	6	2	0
September	5	0	0
October	1	0	0
November	0	0	0
December	0	0	0
January			
February			
March			
Total	33	11	4

Quarter	Month/Year	No. of Contacts
Q1	April-June '18	0
Q2	July-September '18	0
Q3	October-December '18	2
Q4	January-March '18	8
Total	2018/19	10

Quarter	Month/Year	No. of Contacts
Q1	April-June '19	15
Q2	July-September '19	16
Q3	October-December '19	1
Q4	January-March '20	
Total	2019/20	32

Staff Group	Number
Estates & Facilities	3
Nursing	4
Midwifery	0
Medical	1
AHP's	1
Clinical Support	9
A&C	4
Unknown	10
Total	32

Theme	Number
Patient Safety	4
Bullying/ Harassment	13
Fraud	1
Health & Safety	5
Other	9
Total	32

Emergency Planning & Response Annual Report	Director of Emergency Planning & Response & Communications
<p>The enclosed report provides information on the activity of the Emergency Planning & Response Team for the period from the last report in November 2018 to December 2019. It summarises incidents and performance against the NHS England Core standards.</p> <ul style="list-style-type: none"> ▪ The Board should note that the Trust are rated fully compliant again ▪ The team continue to maintain and enhance partnerships with other agencies ▪ The team continue to provide innovative exercising & training opportunities. 	
<p>Which Committees have reviewed the information prior to Board submission?</p> <ul style="list-style-type: none"> ▪ Executive Team 07/01/20 ▪ Trust Management Executive (TME) 22/01/20 	
<p>Reason for submission to the Board (decision, discussion, information, assurance etc.) ¹</p> <p>For information & discussion</p>	

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

Emergency Planning, Response & Recovery Annual Report 2019



taking

p r i d e



1 Introduction

- 1.1 This report summarises the Emergency Planning & Response Team over the last twelve months.
- 1.2 The Trust as a Category One responder under the Civil Contingencies Act 2004 has specific statutory duties in relation to emergency planning and response. In addition the organisation has other obligations as required by contracts and performance standards set by NHS England.
- 1.3 During the year the team were able to withdraw from East Kent Hospitals NHS Foundation Trust after three years assisting them to build resilience.
- 1.4 In this report period the Accountable Emergency Officer post was filled by Sean Briggs Chief Operating Officer.

2. Emergency Planning & Response

- 2.1 The Annual Report would not be complete without reference to the extensive work carried out in preparations for the UK's exit from the European Union. The team worked on planning for both the March and October dates. There was a huge additional workload with both internal and external multi agency planning including transport disruption, supplies & procurement, accommodation, staffing and business continuity.
- 2.2 This workload curtailed other resilience work being taken forward but the Trust was in a good position to withstand the foreseeable effects of a no deal EU Exit. The Board received regular updates on planning for this event.

3 Adverse Weather

- 3.1 Although the winter of 2018/2019 was notable for its lack of significant cold weather – the Trust did experience sudden snow and ice across the North Downs which resulted in disruption for staff and patients. The importance of personal preparedness was highlighted and the need to ensure cars are winter ready.
- 3.2 In July 2019 record breaking heat affected the South East and near continent resulting in heatwave plans being activated. This year the Trust as part of its making MTW a great place to work brought in ice cream vans which staff found beneficial. A review of heatwave plans has identified the need for Estates to begin a programme of work to install active cooling in some areas at Maidstone that are prone to high temperatures.

4 Partnership Working

- 4.1 This year the EPRR team have continued their work to make and enhance effective partnerships with other agencies.
- 4.2 Relationships with helicopter providers have been enhanced as have relationships with other Category one responders, voluntary providers, armed forces and local businesses.

5 Helipads & Helicopters

- 3.1 In the summer the first flight in to Tunbridge Wells Hospital of the children's air ambulance took place – flying a baby from Hull Royal Infirmary to Tunbridge Wells. This allowed the baby to be flown door to door and prevented a long road journey.
- 3.2 The Trust received funding via the HELP appeal in May to start work on a new helipad at Maidstone Hospital. This was completed in October 2019 and received its first flight in November 2019 allowing Civil Aviation sign off for both day and night use. The Trust now has 24 hour helipads at both main hospital sites.
- 3.3 In December the facility was officially opened by HRH The Princess Royal and provided an excellent opportunity to showcase the Trust and Air Ambulance charity's 30th Anniversary.
- 3.4 Relationships with HM Coastguard have also gone from strength to strength – this year on Christmas Day they landed to visit Hedgehog Ward to cheer up the children on Christmas Day and also visit staff on duty.

6. Resilience Awards

- 4.1 In June 2019 our annual resilience awards were given out by Deputy Chief Executive Steve Orpin and went to the Procurement Team for the huge amount of work on the EU Exit planning, the Trust transport team for support in training and EU Exit and the security teams for their support during helicopter landings and developing lock down procedures.

7. Exercises & Training

- 7.1 In June 2019 Exercise Boyles took place at Tunbridge Wells Hospital. This live exercise tested the response to a fire within the theatre complex. The exercise included Kent Fire & Rescue Service, Kent Police, South East Coast Ambulance Service and Interserve. It tested Communications, Command & control, JESIP principles and evacuation procedures.
- 7.2 In October 2019 Exercise Oakwood UXB was a table top exercise in conjunction with Kent & Medway Partnership NHS Trust. It had representation from Explosive ordnance Division from the Ministry of Defence, Police, Fire, Ambulance and Maidstone Borough Council. This exercise examined the issues relating to an unexploded Second World War bomb unearthed on the Maidstone Hospital site.
- 7.3 In October 2019 another table top exercise in conjunction with IT examined the issues relating to a Cyber Attack.
- 7.4 Several Communications Exercises have taken place throughout the year testing both the alerting cascade and the internal emergency alerting process.
- 7.5 Exercise EU Exit took place in March to look at EU Exit principles for the organisation.
- 7.6 The Trust has been represented at a number of other Kent & Medway NHS and multi-agency exercises.
- 7.7 The current MTW Command Accreditation Training Scheme has been hugely successful this year. Training has been provided to all other acute hospitals in Kent & Medway along with Trusts in Sussex.
- 7.8 MTW have continued to lead on CBRN Training across the county with joint training at the county showground proving once again to be successful in building teams to operate to the same standard across the county.

7.9 This year the team has revised e learning packages with new video to provide additional opportunities for training.

7.10 A live lockdown exercise at Tunbridge Wells Hospital has helped revise lockdown plans.

8. Emergency Planning & Response Team

8.1 LHRP & LRF

The trust continues to be represented at the Local Health Resilience Partnership (LHRP) with other parts of the Kent & Medway Health Economy contributing where required. The trust continues to support the activities of the Kent Local Resilience Forum through membership of sub groups and working groups to support multi agency planning, training and response.

8.2 During the year the team have forged effective and positive relationships with Salisbury NHS Trust. This has allowed visits to take place to share learning from the Nerve Agent incident but also other good practice not just related to EPRR.

8.3 At the end of 2018 the team were invited to Parliament by Helen Grant MP who heard about the teams work.

8.4 The team are keen to learn from business and charities and were welcomed by Premier Foods at their factory to understand how business continuity is managed in a business environment. The team saw how business continuity of the production of food stuffs like PAXO stuffing was maintained.

8.5 In the summer the Trust was visited by the National NHS England EPRR Lead and the Regional Lead who were keen to see how MTW did emergency planning to a high standard.

8.6 The trust has again recruited a student post for a year providing extensive experience in EPRR and allowing a new generation of NHS EPRR practitioners to start their careers.

9. SAG

The trust continues to represent the NHS on local authority safety advisory groups in Sevenoaks District Council, Tonbridge & Malling, Maidstone and Tunbridge Wells Borough Councils. These groups contribute to community safety by screening licensing for large public events allowing the NHS to monitor medical provision and crowd welfare and thus reduce the potential affects to ED as well as other admission avoidance measures such as recommending on site pharmacy provision or inclement weather precautions.

10. Trauma Network

Emergency Planning remain a core member of the Trust Trauma Board and also work with the Trauma Network. An excellent relationship with Emergency Planning Staff at Kings College Hospital has led to the establishment of South East London, Kent & Medway Trauma Network Emergency planning Committee which allows the whole network to look at seamless planning and response across the network including London Ambulance Service and South East Coast Ambulance Service along with all the Acute NHS Trusts in the Network.

11. Major Incident

- 11.1 On November 6th 2019 a major incident was declared by the South East Coast Ambulance Service alerting both Maidstone and Tunbridge Wells Hospital. A large number of casualties were reported suffering from the effects of chemical exposure at a farm near Maidstone.
- 11.2 The debriefs have not all taken place as some involve other partner agencies and these will contribute to the final report.
- 11.3 The response to the incident by Trust staff was exemplary. As with any incident response there are learning points which the Trust Resilience Committee will take forward to see if the plans should be revised.

12. Assurance

- 10.1 The CCG and NHS England carry out an annual assurance process and this year the organisation was once again rated fully compliant. A number of areas of good practice were highlighted.
- 10.2 The team continue to receive the highest possible level of support from the chief operating officer and the non-executive director holding the EPRR portfolio.

13 Conclusion

- 13.1 The trust remains well prepared for emergencies.
- 13.2 The board is asked to support the concept that staff must be released for training and attendance at training is regarded as a key priority.
- 13.3 The trust remains in strong position but can only maintain this with continued adequate funding and commitment from the Divisional Senior Management teams. Divisions need to ensure that Business Continuity and Resilience is high up on their Divisions work plans.

Any time, any place, anywhere!



End of 2018 – Winter 2018/19

- Welcomed Sean Briggs as Accountable Emergency Officer to MTW
- Team attended Parliament as guests of Helen Grant MP
- Limited adverse weather

November 2018



February 2019





February 2019

Spring 2019

Out of the single market, in control of our borders and free from European law: the PM finally sets out her strategy for leaving the EU

May's bold terms for Brexit



an a bad deal

May eases Brexit f
K will walk away

s threat over exclusion • Brussels unease

thr
A.M. STEEL OF THE NEW IRON LADY

VIEW
AURANT
228
NO MONEY
NO PROBLEM
WHAT TO DO
YOUR BONUS

DEAL OR NO DEAL WE WILL LEAVE EU



May to give us deal or y crushed
here big firms if punished



IT'S MAY WAY OR THE HIGHWAY

PM confirms UK will seek a bespoke free trade arrangement after leaving the Single Market but warns EU she is prepared to walk away, saying "No deal for Britain is better than a bad deal for Britain"

PM'S 12 COMMANDMENTS

BREXODUS

May spells out how Britain will leave the EU

Warns UK will walk away from a 'bad deal'



DON'T CALL ME MAYBE!

- Steady PM plays hardball with EU
- Europe will be in tiny pieces if it pushes us
- MPs get a vote but deal or no deal, we are out
- Pound soars on strength of speech



By TOM NEWTON DUN
BRITAIN will go it alone if it does not get a Brexit deal, Theresa May declared yesterday. The PM said that she laid out her 12-point plan for our EU departure. It includes leaving the single market to control immigration. But Mrs May, 55, warned leaders trying to push us to a "soft Brexit" deal. It also stated last night she is holding open the prospect of a general election in 2019 if vote shows her Brexit deal.

Theresa May will walk out of Brexit talks with out of a black direct. In a stark warning, she said attempting to impose a last-minute agreement would be "a catastrophic act of self-harm". She said for Britain to survive, there is a deal that the British, she said.

get final binding votes on any deal, but instead they will not be allowed to back direct. In a stark warning, she said attempting to impose a last-minute agreement would be "a catastrophic act of self-harm". She said for Britain to survive, there is a deal that the British, she said.

BREXIT ULTIMATUM

Brexit means...

UK will quit single market and customs union

Parliament to vote on final deal

Britain will leave without a trade deal - if Europe cannot provide good terms



So now we know: Brexit means hard Brexit

...and if MPs don't like May's deal, she'll take us out anyway

WHAT THERESA MAY'S STRATEGY MEANS P47

Revealed: plans for Doomsday no-deal Brexit

Food, petrol and medicines would run out



WEDNESDAY
19 DECEMBER 2018
Number 2518

**Revealed:
top 20 books
this Christmas**

P5



BBC NEWS

PS2-55

GUIDE FOR GRINCHES P28

Britain moves to 'war footing' for a no-deal Brexit

- » Shock as public and businesses are told to prepare for 'hard' split from EU
- » Airlines, lorries, ferries and medicine supplies all face major impact
- » 3,500 British troops placed on standby to deal with any crisis
- » Economists warn of blow to UK jobs and trade with Europe
- » Downing Street denies ministers are considering state of emergency



Summer 2019



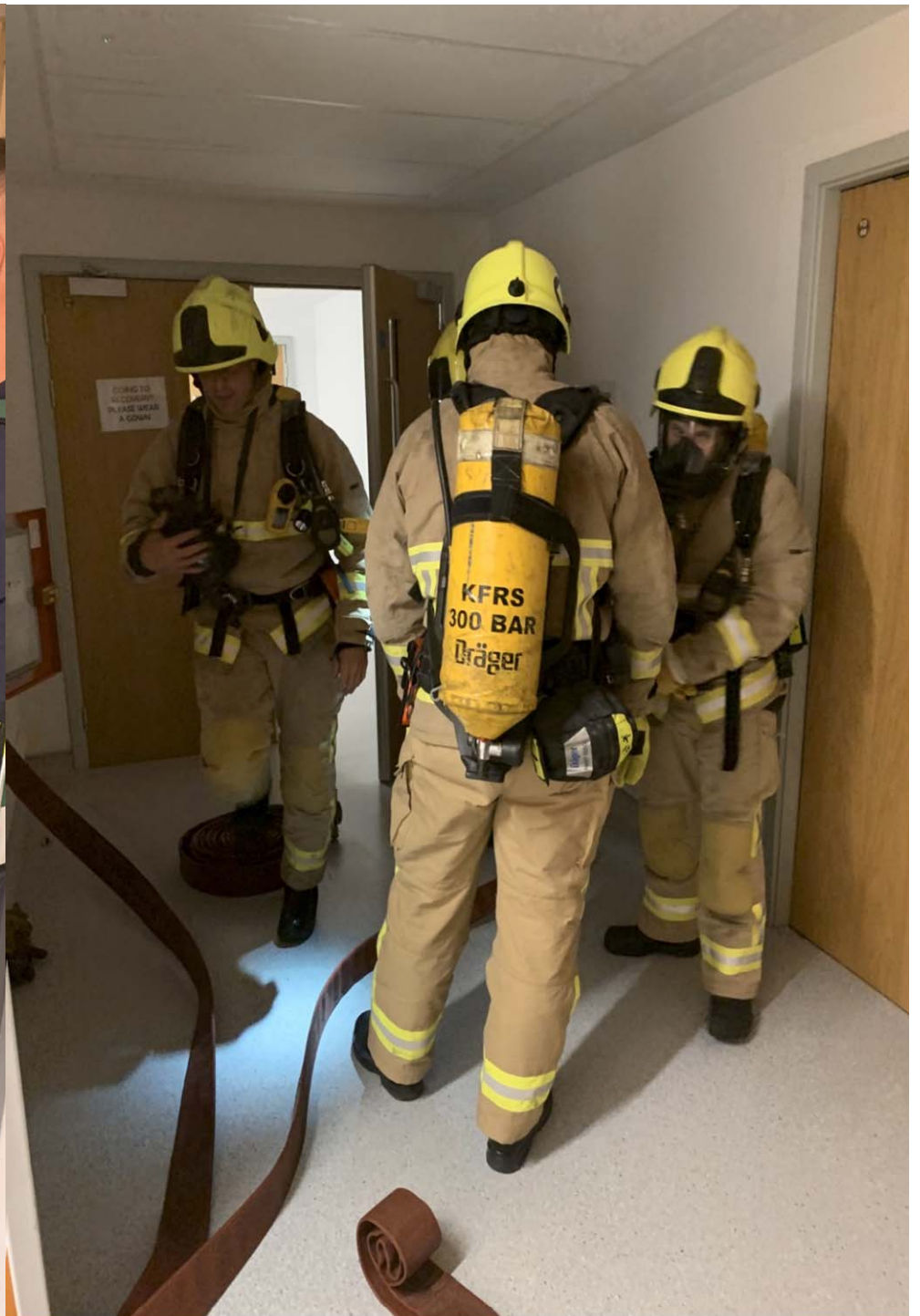


June 2019





June 2019



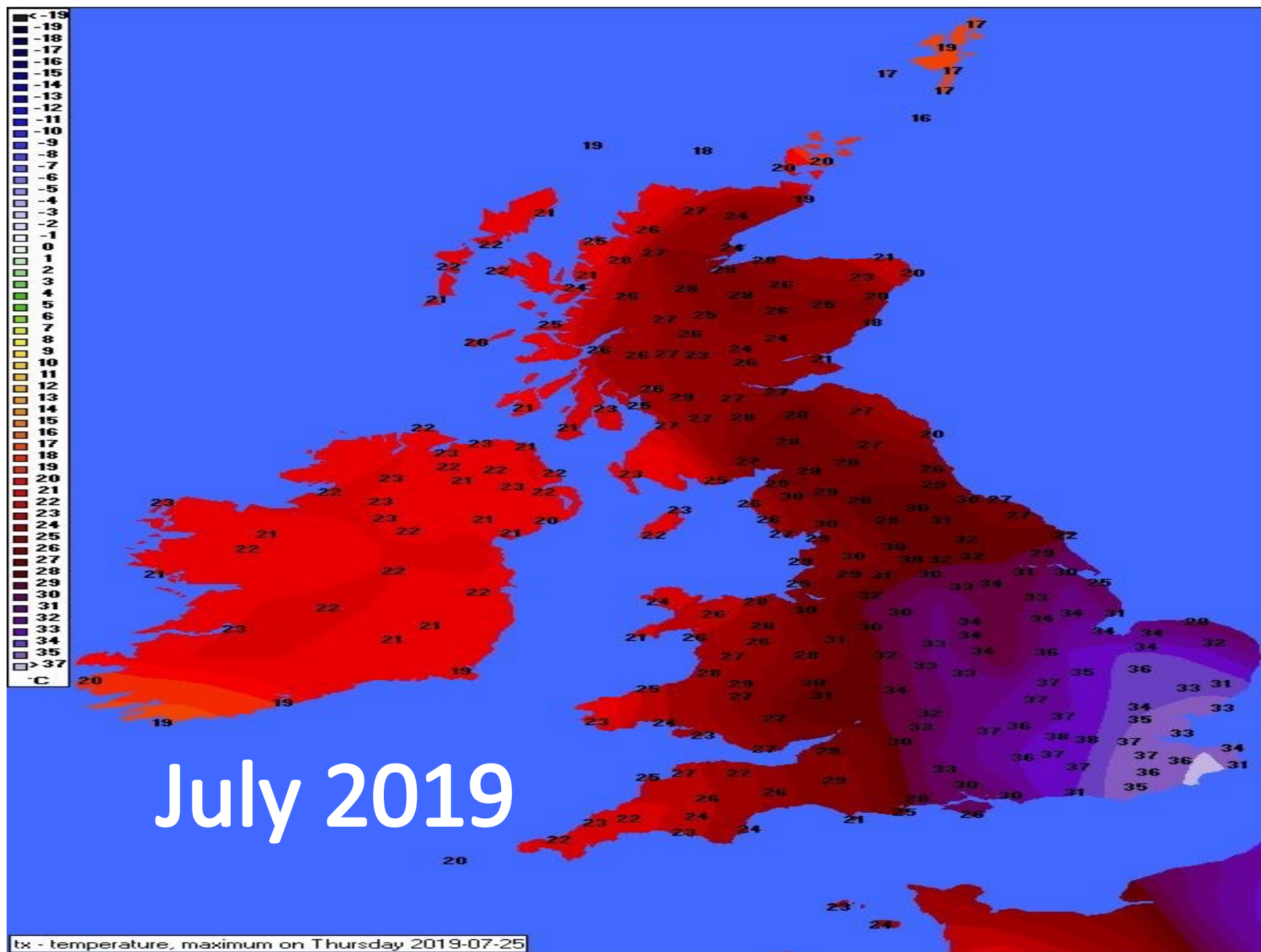


June 2019





July 2019





July 2019

July 2019





August 2019

Autumn 2019



September 2019

October 2019

Get ready for Brexit



Prepare for Brexit at
[gov.uk/brexit](https://www.gov.uk/brexit)



October 2019

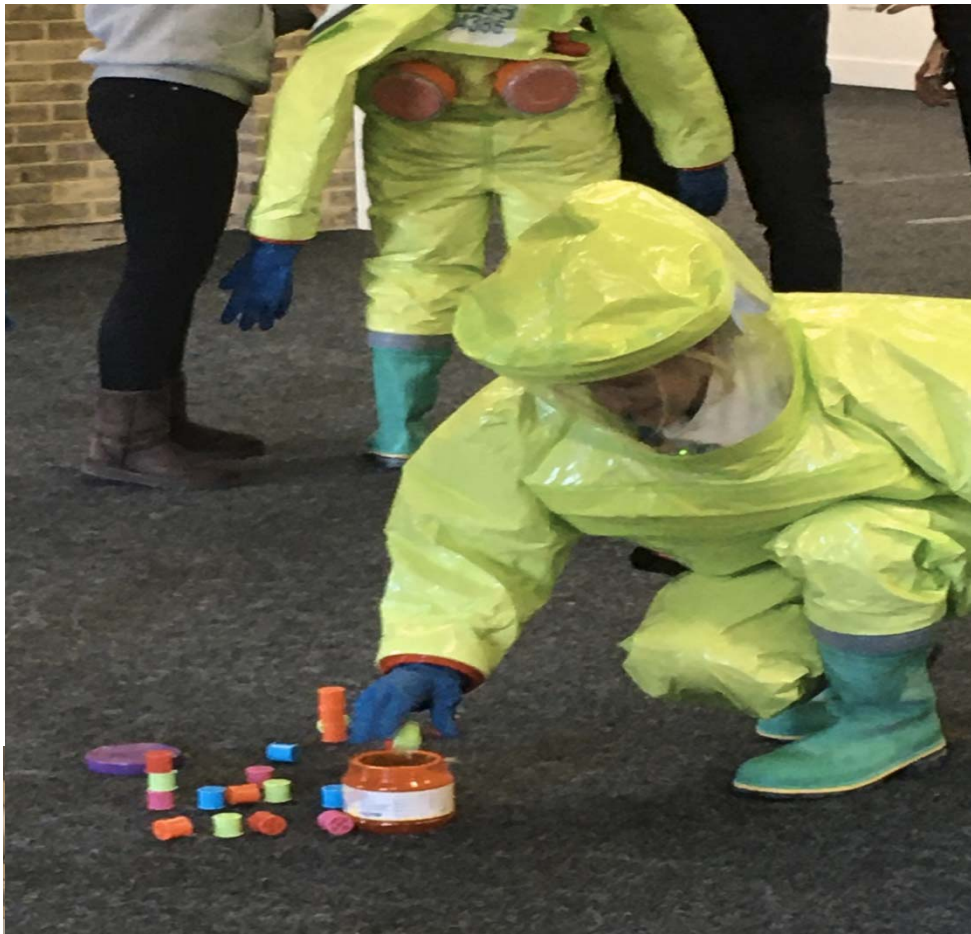




October 2019

November 2019





November 2019



Evening Standard 
@standardnews

Paramedics treating 57 after 'chemical leak' in Maidstone



Paramedics treating 57 after 'chemical leak' in Maidstone
standard.co.uk



November 2019

Winter 2019



December 2019

Are you **MTW** Winter Ready?



Make sure you're prepared
for when the weather
changes and the
temperature drops.

Any Questions?



Summary report from Quality Committee, 15/01/20

Committee Chair
(Non-Executive Director)

The Quality Committee met on 15th January (a 'main' meeting).

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

- The Committee considered its first **"Safety Moment"** item, following the Board's decision in December 2019 that all Board sub-committees should have such an item at each meeting
- The Deputy Medical Director gave a **closure report regarding the response to the issues arising from the "Patient experience" item at the Trust Board meeting on 28/02/19** and the Committee confirmed it was content for the task and finish group to be closed. The report however highlighted that a "Mason learning event" has been scheduled for 31/03/20 and Divisions were asked to send as many staff as they could to the event.
- The issues raised from the **reports from the five clinical Divisions** included the timely discharge of patients from ICU (for which it was agreed that the Divisional Director of Nursing & Quality (DDNQ) for Medicine & Emergency Care would arrange for the bed meetings to consider prioritising the allocation of available ward beds to patients who were ready for discharge from ICU); red-rated risks; the latest Serious Incidents (SIs); the increase in incidents relating to patient transport in the Oncology Directorate; the problems with the current Laboratory Information Management System (LIMS) (for which it was agreed that the Chief of Service, Diagnostics & Clinical Support would check and confirm the timescale for the STP-wide implementation of the replacement LIMS); and the latest stroke care position
- The Associate Director, Quality Governance submitted a **refresh of the Quality Strategy** (including the quality priorities), and asked for comments on the proposed changes ahead of a revised Strategy being submitted to the 'main' Quality Committee in March 2020 (for agreement), to enable a revised Strategy to then be submitted to the Trust Board, for approval. It was agreed that the revised Strategy included reference to the clinical quality benefits of the implementation of Phase 2 of the Electronic Patient Record (EPR).
- The Chief of Service, Medicine & Emergency Care gave the latest **update on mortality**
- The Deputy Medical Director reported the **latest position on SIs**, which included an update on compliance with the duty of candour
- The Chief Nurse delivered the **update on complaints** (for quarters 1 & 2 of 2019/20), which highlighted the recent improvement in complaints response rate
The Chief Nurse also gave an **update on the Quality Impact Assessment (QIA) process** which included the QIA training that had been introduced
- The Trust Secretary reported the **relevant aspects of the Board Assurance Framework (BAF)** for the first time, following the Trust Board's decision to allocate the BAF objectives across Trust Board sub-committees
- The **draft Internal Audit plan for 2020/21** was reviewed and it was agreed that the Trust Secretary should request that the scope of the review of "Mandatory Estates Safety Checks" included the testing of compliance checks within frontline services
- The report of the **Quality Committee 'deep dive' meeting on 05/12/19** was noted
- Reports were received from two of the **Committee's sub-committees** (the Complaints, Legal, Incidents, PALS, Audit (CLIPA) group; and Drugs, and Therapeutics and Medicines Management Committee), along with the **summary report from the Patient Experience Committee** held on 02/12/19
- The **findings from the Committee's 2019 evaluation** were discussed & it was confirmed that the Committee should continue to operate as per its current processes, but that members should reflect on the format of the Divisional report template & on their contribution

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

- The Chief of Service and DDNQ for Surgery should ensure that the latest position on the timely discharge of patients from ICU was reported in the Division's next report to the 'main' Quality Committee in March 2020
- The DDNQ for Medicine & Emergency Care should ensure that the Divisional report to future 'main' Quality Committee meetings includes details of performance in the stroke service

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

Which Committees have reviewed the information prior to Board submission? N/A
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Reason for receipt at the Board (decision, discussion, information, assurance etc.) ¹ Information and assurance
--

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

Trust Board meeting – January 2020

To approve revised Terms of Reference for the Remuneration & Appointments Committee	Chair of the Remuneration and Appointments Committee
<p>Some minor amendments to the Remuneration and Appointments Committee's Terms of Reference were proposed, and agreed, at the Remuneration and Appointments Committee meeting held on 19th December 2019. These are shown as 'tracked' in the pages below.</p> <p>The Trust Board is required to approve the Terms of Reference & is therefore requested to do so.</p>	
Which Committees have reviewed the information prior to Board submission? <ul style="list-style-type: none">▪ Remuneration and Appointments Committee, 19/12/19	
Reason for submission to the Board (decision, discussion, information, assurance etc.) ¹ Approval	

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

REMUNERATION AND APPOINTMENTS COMMITTEE

TERMS OF REFERENCE

1. Purpose

In accordance with the Code of Conduct and Code of Accountability², a Remuneration and Appointments Committee is constituted by the Trust Board.

2. Membership

- The Chair of the Trust Board (Chair of Committee)
- All Non-Executive Directors

The Vice Chair of the Committee will be the Vice Chair of the Trust Board.

Members are expected to attend all relevant meetings.

3. Quorum

The Committee shall be quorate when the Chair and ~~two~~2 Non-Executive Directors are in attendance.

4. Attendance

The following are invited to attend each main meeting:

- Chief Executive
- Director of Workforce
- Associate Non-Executive Directors

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

5. Frequency of Meetings

Meetings will be scheduled according to need, but there will be a minimum of one meeting per year.

6. Duties

- 6.1 To review, on behalf of the Trust Board, the appointment of members of the Executive Team and other staff appointed on Very Senior Manager (VSM) contracts, to ensure such appointments have been undertaken in accordance with Trust Policies.
- 6.2 To review, on behalf of the Trust Board, ~~as required and at least annually~~, the remuneration, allowances and terms of service of members of the Executive Team and other staff appointed on VSM contracts, to ensure that they are fairly rewarded for their individual contribution to the organisation; and by having proper regard to whether such remuneration is justified as reasonable.
- 6.3 To review, with the Chief Executive, the performance of members of the Executive Team and other staff appointed on VSM contracts, ~~as required at least annually~~.
- 6.4 To oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments, taking account of such national guidance, as appropriate. Any non-contractual payment to a staff member must be first reviewed and approved by the Committee.
- 6.5 To consider and approve, on behalf of the Trust Board, proposals on issues which represent significant change, e.g. "Agenda for Change" implementation, Consultant contract/incentive scheme³.

² Department of Health, 1994 (and subsequent revisions)

³ The Committee will not consider matters relating to individual posts covered under the Agenda for Change national framework, or matters relating to individual medical staff

7. Parent Committee and reporting procedure

The Remuneration and Appointments Committee is a sub-committee of the Trust Board.

The Chair of the Remuneration and Appointments Committee will determine the extent (and format) to which the detailed activities of the Committee are reported to the Trust Board.

8. Sub-committees and reporting procedure

The Remuneration and Appointments Committee has no sub-committees, but may establish fixed-term working groups, as required, to support the Committee in meeting the duties listed in these Terms of Reference

9. Administration

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

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

10. Emergency powers and urgent decisions

The powers and authority of the Remuneration and Appointments Committee may, when an urgent decision is required between meetings, be exercised by the Chair of the Committee, after having consulted the ~~Chief Executive~~Vice Chair or the Chair of the Audit and Governance Committee. The exercise of such powers by the Committee Chair shall be reported to the next formal meeting of the Committee, for formal ratification.

11. Review of Terms of Reference

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

History

- Revised Terms of Reference agreed by the Remuneration Committee, 24/06/15
- Revised Terms of Reference approved by the Trust Board, 22/07/15
- Revised Terms of Reference agreed by the Remuneration and Appointments Committee, 25/01/17
- Revised Terms of Reference approved by the Trust Board, 22/02/17
- Revised Terms of Reference agreed by the Remuneration and Appointments Committee, 23/01/18
- Revised Terms of Reference approved by the Trust Board, 01/03/18
- Revised Terms of Reference agreed by the Remuneration and Appointments Committee, 29/03/18 (to list Chief Executive among those invited to attend each meeting, and note the change in secretariat function)
- Revised Terms of Reference approved by the Trust Board, 26/04/18
- Revised Terms of Reference agreed by the Remuneration and Appointments Committee, 19/12/19
- Revised Terms of Reference approved by the Trust Board, 30/01/20