Agenda

NHS Medway NHS Foundation Trust

Public Meeting of the Trust Board

Date: On 06 April 2017 at 12.30pm – 3pm

Location: Boardroom, Postgraduate Centre, Medway Maritime Hospital

Item	Subject	Presenter	Time	Action
1.	Presentation 'The Medway Model'	Caroline Selkirk	12.30pm	Note
Opening of the Meeting				
2.	Chair's Welcome	Chairman	1.00pm	Note
3.	Quorum	Chairman		Note
4.	Register of Interests	Chairman		Note
Meeting Administration				
5.	Minutes of the previous meeting held on 2 March 2017	Chairman	1.05pm	Approve
6.	Matters Arising Action Log	Chairman		Note
Main Business				
7.	Chair's Report	Chairman	1.10pm	Note
8.	Chief Executive's Report	Chief Executive	1.15pm	Note
9.	Strategy a) STP Update b) Trust Improvement Plan	Medical Director & Chief Executive Chief Executive	1.25pm	Note Discussion
10.	Quality a) Summary of Quality Issues arising from CQC Report b) IQPR c) NG Safety Alert	Director of Nursing & Medical Director	1.45pm	Discussion Discussion Discussion
11.	Performance a) Finance Report b) Communications Report	Director of Finance Director of Comms	2pm	Discussion Discussion

Agenda

12.	Governance a) Corporate Governance Report b) Senior Information Risk Owner Report (SIRO)		2.15pm	Assurance Assurance
13.	People a) Workforce Report b) Workforce Strategy c) Staff Survey Feedback	Director of HR & OD	2.25pm	Discussion Approve Discussion
14.	Board delegation to Integrated Audit Committee to approve Annual Report	Company Secretary	2.45pm	Approve
Reports from Board Committees				
15.	Quality Assurance Committee Report	QAC Chair	2.50pm	Note
16.	Finance Committee Report	Finance Chair		Note
17.	Integrated Audit Report	Audit Chair		Note
AOB				
18.	Any other business	Chairman	2.55pm	Note
19.	Questions from members of the public relating to the Agenda	Chairman		Discussion
Close of Meeting				
20.	Date and time of next meeting 4th May 2017 Boardroom, Post Graduate Centre, Medway Maritime Hospital			

Apologies: Lynne Stuart, Director of Corporate Governance, Risk, Compliance and Legal
Karen Rule, Director of Nursing
Tony Moore, Non-Executive Director

NHS Medway NHS Foundation Trust

MEDWAY NHS FOUNDATION TRUST

REGISTER OF INTERESTS FOR BOARD MEMBERS

1.	Ewan Carmichael Non-Executive Director	• Timepathfinders Ltd • Member of the Corporate Trustee of Medway NHS Foundation Trust Charitable Funds
2.	Peter Carter Chairman	• Non-Executive Director NEAB; National Employees Advisory Board to the Armed Services • ALAMAC External Advisor to ALAMAC Company that works with a number of NHS Trusts • KPMG Occasional Consultant with KPMG • Hon Fellow at Royal College of General Practitioners
3.	Darren Cattell Interim Director of Finance	• Director and shareholder of Mill Street Consultancy Limited • Member of the Corporate Trustee of Medway NHS Foundation Trust Charitable Funds
4.	Stephen Clark Non-Executive Director	• Pro-Chancellor and chair of Governors Canterbury Christ Church University • Deputy Chairman Marshalls Charity • Chairman 3H Fund Charity • Non-Executive Director Nutmeg Savings and Investments • Member Strategy Board Henley Business School • Business mentor Leadership Exchange Scheme with Metropolitan Police • Member of the Corporate Trustee of Medway NHS Foundation Trust Charitable Funds • Chair of the Medway NHS Foundation Trust Integrated Audit Committee • Access Bank UK Limited – Non Executive Director
5.	James Devine Director of HR & OD	• Member of the London Board for the Healthcare People Management Association
6.	Lesley Dwyer Chief Executive	• Member of the Corporate Trustees of Medway NHS Foundation Trust Charitable Funds
7.	Diana Hamilton-Fairley Medical Director	• Director of Education Transformation at Guy's and St. Thomas' Hospitals NHS FT • Member of London Clinical Senate Council • Elected Fellows Representative for London South for RCOG • Member of the Corporate Trustee of Medway NHS Foundation Trust Charitable Funds
8.	Anthony Moore Non-Executive Director	• Member of the Corporate Trustee of Medway NHS Foundation Trust Charitable Funds

9.	Joanne Palmer Non-Executive Director	• Member of the Corporate Trustee of Medway NHS Foundation Trust Charitable Funds • Lloyds Bank (Fountainbridge 1) Limited • Lloyds Bank (Fountainbridge 2) Limited • Halifax Premises Limited • Gresham Nominee1 Limited • Gresham Nominee 2 Limited • Lloyds Commercial Properties Limited • Lloyds Bank Properties Limited • Lloyds Commercial Property Investments Limited • Target Corporate Services Limited
10.	Karen Rule Chief Nurse Designate	• Member of the Corporate Trustee of Medway NHS Foundation Trust Charitable Funds.
11.	Jan Stephens Non Executive Director	• Trustee of Medway Youth Trust • Member of the Corporate Trustee of Medway NHS Foundation Trust Charitable Funds. • Trustee of The Foord Almshouses
12.	David Rice Company Secretary	• Director and shareholder of Shooters Hill Management Co Limited

Meeting in Public

Medway NHS
NHS Foundation Trust

Board of Directors Meeting in Public on 02/03/2017 held Trust Boardroom, Postgraduate Centre, Medway Maritime Hospital

Members:	Name:	Job Title:	Initial
	Dr P Carter	Chairman	PC
	Mrs L Dwyer	Chief Executive	LD
	Mr D Cattell	Interim Finance Director	DC
	Mr E Carmichael	Non-Executive Director	EC
	Mr S Clark	Non-Executive Director	SC
	Mr J Devine	Director of Workforce	JD
	Dr D Hamilton-Fairley	Medical Director	DHF
	Mr T Moore	Non-Executive Director	TM
	Mrs J Palmer	Non-Executive Director	JP
	Mrs K Rule	Director of Nursing	KR
	Mrs J Stephens	Non-Executive Director	JS
Attendees:	Ms G Alexander	Director of Communications	GA
	Ms H Butcher	Healthwatch Medway	HB
	Mrs M Dalziel	Director of Clinical Operations (Acute & Continuing Care Directorate)	MD
	Mr J Lowell	Director of Clinical Operations, Womenand Children Directorate	JL
	Mrs K McIntyre	Deputy Director of Nursing for Women and Children Directorate	KMc
	Mrs L Stuart	Director of Corporate Governance, Risk, Compliance and Legal	LS
	Mr K Tallett	Director of PMO	KT
	Mr D Rice	Trust Secretary	DR
Observers:	Mrs D King	Governor Board Representative	DK

	Members of the public/staff/Governors (8)

Items were taken out of order but the minutes correspond to the order on the agenda.

PATIENT STORY

The Chairman welcomed HB from Healthwatch Medway ("Healthwatch") to the meeting. HB introduced Mr Moore, his daughter and a family friend.

PC welcomed Mr Moore and invited him to describe the care his late wife had received at the Trust in December 2016. Mr Moore talked about the experience that his wife had while in hospital, highlighting areas where he felt improvements could be made, in particular around communication between consultants and nurses, and with the family. Mr Moore wished to highlight the story to ensure that improvements were put in place and that patients and their loved ones were listened to. Mr Moore's family was hugely supportive of the Trust and had, in memory of his late wife, raised £1,700 for Lawrence Ward.

The Chairman thanked Mr Moore and his family for showing the courage to recount their experience and for the generosity in fundraising for the Trust. The Chair explained that the case was undergoing a comprehensive review and awaited the return of the consultant involved, from abroad to complete the findings. Mr Moore and his family would be kept informed when the internal investigation had been completed.

1. Welcome and Apologies for Absence

1.1 The Chairman welcomed everyone to the meeting. No apologies had been received.

2. Quorum

2.1 The Chairman confirmed that a quorum was present.

3. Register of Interests

3.1 The Chairman noted that the register of interests had been included in the board pack and if there were any changes required to be made they should be passed to the Trust Secretary.

4. Minutes of the Previous Meeting

4.1 The minutes of the meeting held on 2 February 2017 were **APPROVED** for signature as a true and accurate account of the meeting subject to minor amendments.

5. Matters Arising – Action Log

5.1 The Board of Directors RECEIVED the Action Log which was noted and updated accordingly.

5.2 JS noted that at the last meeting it had been agreed that the Medical Director's Report would be reinstated, however, this had not been included in the Board pack. LD noted that the

Executive had decided not to retain specific reports from the previous board paper format and suggested that the Board should be able to obtain the necessary assurances from the new format of papers.

6. Chairman's Report

6.1 The Chairman noted that a panel comprising Anne Eden from NHSI, Nikki Cole, Chair of East Kent Hospitals University NHS Foundation Trust, himself and three Governors had interviewed five candidates for the role of Chairman. Following detailed questioning, the panel had been unanimous in agreeing to the appointment of Stephen Clark with effect from 1 April 2017. The Chairman noted that he would continue as Interim Chair up to 31 March 2017.

7. Chief Executive's Report

7.1 The Chief Executive presented her report which was taken as read and it was noted that:

- The Trust continued to face challenges following the high winter demand.
- The draft CQC report following the November 2016 inspection was expected soon after 6 March and would be checked for factual accuracy and public release on 17 March.
- NHSI had released an update on the state of the NHS that day but it related to the situation in August 2016 and not to the Trust's status at the time of the November inspection.
- The national results of the NHS Staff Survey would be released on 7 March and it was anticipated that the report would show considerable improvement with increased levels of engagement.
- On 20 March a contingent of Medway staff will fly to Manila and undertake a week of interviews to recruit over 100 nurses and this would hopefully develop into an ongoing relationship.
- The Trust continued to support the Kent and Medway STP across a number of workstreams and a public document would be published in April 2017.

7.2 In response to a query from JS, LS noted that the result of the CQC inspection had waited until the staff survey could be released and as this was a key indicator as to how the Trust was performing.

8. Strategy

8.1 **Trust Recovery Update**

8.1.1 The Chairman welcomed Kevin Tallett, Director of the PMO to the meeting.

8.1.2 The paper was taken as read. KT highlighted that the Transforming Care programme had been revitalized following a slow down over the Christmas and New Year period.

8.1.3 DC noted that the bed management system had gone live earlier that day.

9. Quality – IQPD

9.1 DC gave an overview noting that the Trust did not achieved the four hour ED target for January 2017. The continued high demand had led to a fall in elective surgery and a four- fold increase in the number of patients waiting longer than 52 weeks for treatment. The Trust was constantly monitoring 12 hour breaches, of which there had been 16 in January, and Mixed Sex Accommodation breaches which had increased by 68% in the month.

9.2 EC queried the trend for the deteriorating statistics in the IQPR. KR responded that with regard to C-diff acquisitions there had been seven cases, the highest number of cases since April 2016, taking the count to 22 cases for the year, with 20 out of 22 cases involving Acute and Continuing Care (ACC) patients. The main themes from post infection reviews showed that inappropriate antimicrobial prescribing and poor antimicrobial stewardship were secondary to poor diagnoses. There would be a SWARM event held in March to identify learning from CDiff breaches in January. KR noted that an action had been established to spotlight the top 5 wards with the highest number of pressure ulcers and this formed part of a comprehensive tissue viability trust wide improvement plan.

9.3 DHF updated the Board noting that, as at 31 January 2017, there were 88 open Serious Incidents (SIs) but this was positive as it demonstrated a higher level of reporting. Some 21 SIs were submitted to the CCG SI Panel and confirmation had been received that all of these would be closed during February. There was better discussion of the themes arising from SIs therefore there was a greater element of learning arising as a consequence.

9.4 DNH noted that the HSMR had slightly decreased from the previous month to 101.4 which showed a downward trend.

9.5 MD noted that there had been higher than expected demand in ED. Throughout the period, the Trust remained one of the highest performers in the region in relation to ambulance handover time compliance, and was working collaboratively with SECAMB regarding immediate handovers in periods of high demand.

9.6 MD explained that there was a backlog of patients in the Trust due to increased levels of acuity and also delays in appropriate care packages being established by local authorities.

9.7 MD noted that December's performance against the cancer waiting time standards had improved on the previous month, with the exception of the 62 day screening standard, which was below the trajectory although an improvement on November's performance.

9.8 JS noted the falls data was missing from the IQPD and it was agreed that it would be reinstated.

ACTION: It was agreed that the falls data should be included in the IQPD.

9.9 It was noted that the IQPR referred to a higher level of reporting within the Trust which demonstrated a more open and transparent culture. The improved levels of reporting would be further investigated at meetings of the Quality Assurance Committee.

9.10 JS queried the increase in the level of re-admissions from 11% in December to 17% in January. MD confirmed that this related mainly to elderly patients whose acuity was more severe and where they had reduced resources which made readmission more likely. DC noted that the readmission rate could be split out to make it clear how many of these related to the elderly.

ACTION: It was agreed that the re-admission data should be split out to show the figures for elderly patients.

9.11 JS noted that the emergency c-section rate was decreasing. KMc noted that there was daily monitoring of likely cases which included foetal blood sampling and information was being fed back regularly to clinicians.

9.12 TM queried whether the planned outsourcing could help progress on diagnostics. It was noted that this was an ongoing review and there was an action plan to be signed off by the CCGs.

9.13 JP queried the implications on the Trust of the increased level of demand. LD confirmed that the Trust had not been able to close the escalation ward which had been opened in December 2015, however, this was to ensure that safety was never compromised. DHF added that the major setback was the "elective pause" which had been enforced in order to cope with the unprecedented winter demand pressures on the NHS. KR added that the complaints backlog was increasing and the transforming care project had also slowed.

10. Performance

10.1 Director of Nursing Report

10.1.1 The report was taken as read.

10.1.2 TM noted that the actual hours worked was 11.6% above the planned hours and that this demonstrated the continuing high levels of activity across the Trust. It was also due to the number of vulnerable patients needing 1:1 supervision to maintain patient safety. KR noted that, in conjunction with the Mental Health Trust there were a number of actions the Trust was deploying to up-skill staff in the level of care they could provide. Furthermore, the recorded data took account of the levels of acuity in line with the Carter recommendations.

10.2 Finance Report

10.2.1 DC explained that the Trust's financial performance for January 2017 (month 10) had been affected by ED attendances running above planned and previous levels and, in addition, the Elective Patient activity pause and the resulting loss of income.

10.2.2 DC commented that the Trust had delivered monthly performance out of line with the plan for the first time in the current financial year and this amounted to a £320k deficit above the planned £36m deficit.

10.2.3 DC noted that forecast capital spend had been revised in month 9 to £18m against an original plan of £28m. The forecast had been reviewed by the Executive and presented to the Finance Committee and it had been assured that this was a realistic forecast.

10.2.4 DC noted that under the CIP programme the end of year forecast was for cost savings of £10.9m compared to the plan of £12.6m. Whilst the closure of the escalation ward had not been achieved, the CIP performance for the current financial year was better than for the previous year.

10.2.5 DC noted that the 2016-17 and 2017-19 contracts with commissioners had been signed.

10.2.6 There was a discussion around the Executive's considerable achievement of ensuring that the deficit was maintained within the control total for which there would be positive implications in securing STP funding.

10.2.7 Further to a query from EC there was a discussion on the major factors for the Trust's financial pressures and these were highlighted as the fall in elective work and agency spend, the latter of which would be alleviated by the Philippine nursing recruitment drive.

10.2.8 DC noted that the Board would be presented with details of the Financial Recovery Plan and how it linked to the business plan at the Board meeting in May. This would include a plan to reduce the non-clinical headcount across the Trust.

10.2.9 JD noted that for the current financial year 20% of the agency spend related to administration staff, however, from 1 April 2017 no such staff would be allowed to be recruited on a temporary basis.

10.2.10 TM suggested that it would be helpful if the Executive could project the level of staff it was likely to need in future years. DC confirmed that such projections would be included within the Financial Recovery Plan.

10.2.11 JP queried whether financial improvements could be continued year on year and DC noted that a structure was in place which engaged with clinical operations to continue delivering cost improvements in the coming years and this had been endorsed by the clinical directorates. JL added that, for the Women & Children Directorate, a two to three year perspective was being taken on where financial improvements could be made. GA noted that there was a communications element to cost improvements and that senior managers needed to understand them in order that all staff were better informed.

10.2.12 JS queried that, given the elective pause, how the staff affected were being deployed at the Trust. LD noted that there was an element of "catch-up"

taking place with appraisals and other administrative matters. There was caution about extending the outpatient appointments as this could compound the elective activity backlog.

10.3 Communications Report

10.3.1 GA noted that the Communications team was focusing on the forthcoming publication of the CQC report. There would be communications directed at staff, stakeholders, members, governors and non-executive directors. The report would be distributed under an embargo with the final publication scheduled for 17 March.

10.3.2 There had been discussions with health and social care partners about how to engage with the local community regarding the Sustainability and Transformation Plan. An update had been prepared and there would be conversations with the public across Medway and Swale about the reasons for the changes and how this will ensure that patients receive the best possible care in future.

10.3.3 The results of the staff survey would be published on 7 March and this will be followed up with an action plan to ensure that the Trust responds to the staff feedback.

10.3.4 TM queried the status of the Stop Smoking initiative and the views of the Executive team. KMc noted that the campaign had been very successful and the Trust had been cited by "The Guardian" as an exemplar in dealing with the issue. It was planned to retain the no-smoking wardens in place until October 2017.

10.3.5 DC noted that GA would be working with Claire Lowe, Director of Estates to ensure that the local residents were aware of the ED rebuild from 13 March as this would involve the delivery of the modular units which could cause some short-term disruption within the immediate vicinity of the hospital.

11. Governance

Corporate Governance Report

11.1 The paper was taken as read. The Director of Corporate Governance, Compliance, Risk and Legal explained that the "Well Lead" review, which is a mandatory requirement, was being arranged and that a number of providers had been contacted. The fieldwork would be carried out between April and June with a Board workshop held in July. NHSI had been contacted and had endorsed the proposed timeline and approach to the review.

11.2 JS queried the CQC fundamental standards in the context of having a consistent approach on visiting hours. KR responded that the Trust was reviewing visiting hours and the first initiative was to establish a pilot scheme following "John's campaign" which advocated more flexible visiting for patients with dementia. Depending on the

success of this scheme, the Trust could consider rolling more flexible visiting hours out across the Trust.

12. People

Workforce Report

12.1 The Board took the paper as read. JD highlighted the following from the report:

12.1.1 Nurse recruitment – the international campaigns in both Europe and the Philippines were on track.

12.1.2 Temporary Staffing – this remained a fundamental part of the CIP programme. There was a focus on the non-clinical use of staff and there was an initiative to convert agency staff to the Trust's in-house bank. NHSI had announced that substantive staff would not be able to work as agency staff with effect from April 2017.

12.2 TM queried if the Trust was prepared for the IR35 tax legislation which was designed to combat tax avoidance by workers supplying their services via a limited company. JD explained that where an individual worked through a company the Trust required them to provide confirmation that the employee paid the appropriate levels of tax and NI.

12.3 JS queried the levels of mandatory corporate training and JD confirmed that the Trust was taking action with the introduction of the Mollie system which would encourage better levels of compliance.

13. Quality Assurance Committee Report

13.1 The Board noted the report. EC summarised that the Michelle Woodward had provided an update on the Quality Account and the Quality Report. Denise Thompson had presented on Clinical Effectiveness but with 344 ongoing projects it was necessary for emerging significant problems to be highlighted to the Quality Assurance Committee.

14. Finance Committee

14.1 The Board noted the report. TM noted that the Terms of Reference had been finalised by the Finance Committee. The Board **APPROVED** the Terms of Reference of the Finance Committee.

15. Integrated Audit Committee

15.1 The Integrated Audit Committee had met the previous day (1 March) and SC gave a verbal update noting that the Audit Plan for 2016-2017 was on track and a workplan for 2017-18 had been agreed. It was noted that the Trust Board would be asked to delegate its authority to the Integrated Audit Committee to approve the Annual Report and Financial Statements for 2016-2017.

Action: The Board would be asked to delegate its authority to approve the Annual Report and Financial Statements for 2016-17 to the Integrated Audit Committee.

16. Questions from the members of the public

16.1 Mr Stephens raised a question about outpatient appointments being moved to healthy living centres and there was a concern that patients may not receive the specialized care and treatment they require and other conditions may not be diagnosed. DHF noted that in some cases the specialists from the Trust would attend the healthy living centers and therefore the same level of treatment would be available. PC commented that appointments with specialist nurses was a positive step as they had a detailed knowledge and patients should be assured that they would therefore receive high levels of care.

16.2 Mr Stephens asked whether there was a process to ensure that patients who were bedridden, and had no visiting family and friends, could use their debit cards to access money from the Trust cashpoints to enable them to purchase items during their stay at the Trust. KR noted that the matter would be discussed with the League of Friends to see what could be introduced.

ACTION: KR to investigate arrangements for immobile patients to be able to use debit cards at the Trust.

16.3 Mrs Coussens wished to thank Mr Moore and his family for their bravery in recounting the events surrounding the treatment of his wife whilst at the Trust and asked if apprentice nurses were trained to provide compassionate nursing. PC agreed that this was a core quality which all nurses should have and KR added that it was a vital part of the current apprenticeship training.

17. Any other business

It was noted that the Board meeting would be the last chaired by PC. SC, on behalf of the Trust Board wanted to thank PC for his time at the Trust as Interim Chair and to wish him all the very best for the future.

18. Date of next meeting

The next meeting of the Trust Board will be held on Thursday 6 April 2017 in the Boardroom, Postgraduate Centre, Medway Maritime Hospital.

The meeting closed at 2.50 pm.

Peter Carter: Date:
Chair

PUBLIC BOARD ACTION LOG
ITEM 08

NHS Medway NHS Foundation Trust

Action No.	Meeting Raised	Minute Ref	Details	Lead	Progress	Status (RAG)
PUB-0364	28/07/16	13.1	People & Organisational Development Strategy to be brought back before the next Performance meeting with any comments to be provided to the Acting Director of Workforce prior to the meeting	Director of Workforce	23/09/16 – New Director of Workforce to progress, April 2017 meeting. See item 13 of the April agenda.	Open (red)
PUB – 0368	02/02/17	14.3	JD and JL to provide the Governors with information on the arrangement for transgender members of staff and patients.	Director of Workforce & Director of Women's and Children	02/03/17 – Following the appointment of the Head of Equality and Diversity in March, a presentation will be provided to the April COG.	Open (red)
PUB - 0369	02/02/17	15.4	DC and GA agreed to investigate if drilled down information could be provided on the infographics in the IQPR.	Director of Finance & Director of Communications	02/03/17 – There will be development work to link reporting once the Trust website is set up.	Open (red)
PUB - 0370	02/03/17	9.8	It was agreed that the falls data should be included in the IQPD	Medical Director	06/04/17 – The IQPR has been updated, see item 10 of the agenda.	Closed (green)
PUB - 0371	02/03/17	9.10	It was agreed that the re-admission data should be split out to show the figures for elderly patients.	Director of Finance	06/04/17 – The analysis of re-admission data would be reflected in the information provided to the May meeting.	Open (red)
PUB - 0372	02/03/17	15.1	The Board would be asked to delegate its authority to approve the Annual Report and Financial Statements for 2016-17 to the Integrated Audit Committee.	Trust Secretary	06/04/17 – see item 14 on the agenda.	Closed (green)
PUB - 0373	02/03/17	16.2	KR to investigate arrangements for immobile patients to be able to use debit cards at the Trust.	Director of Nursing	06/04/17 – Director of Nursing discussing with League of Friends.	Open (red)

NHS Medway NHS Foundation Trust

Chief Executive's Report – March 2017

This report provides the Trust Board with an overview of matters to bring to the Board's attention on a range of strategic and operational issues, some of which are not covered elsewhere on the agenda for this meeting

The Board is asked to note the content of this report.

1. Opening Summary

As mentioned in my previous report, the Trust's Quality Summit was held on 17 March to receive the report from CQC's inspection of the Trust in November 2017. The summit followed an established two-part format: the presentation of CQC's findings and the Trust's response; and a series of table discussions to identify a small number of high impact, system-wide actions which would maintain the momentum of improvement reflected in the CQC report.

The specific further quality improvements required are currently being planned in detail and will be incorporated into the next phase of the Trust's wider recovery programme. These will be submitted to the CQC within 28 days of the quality summit, having first been discussed with regulators.

As you will also read from the Board papers, it continues to be a challenging time following the winter period at Medway – which is reflected in CQC's concerns in relation to the responsiveness of the organisation.

Although demand for our services, particularly in the emergency department, remains high, we are starting to see a positive impact from the actions we are taking to better manage flow across the hospital. Our performance against the 4 hour A&E waiting time target continues to show incremental improvements, although we still have a large numbers of patients who no longer require acute care in our beds. We have made good progress on improving the management of flow – especially on discharge processes – following the implementation of the Trust's Clinical Coordination Centre on 14 March

2. At and Around Medway Foundation Trust

Trust recovery programme – next steps

- Work is well under way to develop the next stage of the Trust's recovery programme, which should now be called the Improvement Programme, and is subject to a separate paper [reference]. In summary it builds on Phase 2 of the Recovery Programme with items rolled over as the programme is re-energised following the CQC report and recognises the changes being driven through the STP which impact the hospital and wider health economy.
- The buddy agreement with Guys and St Thomas' NHS Foundation Trust (GSTT) has now come to an end, in line with the timescales we had formally agreed with NHS Improvement. An event is planned for 25 April to recognise the impact of the support from GSTT, to which

you have all been invited.

- Although we benefited greatly from this arrangement, it is now appropriate that we move into a new improvement phase where we no longer require the support of a single trust to deliver changes. We will continue to learn from other high performing organisations, such as we have done with the Clinical Coordination Centre.

Emergency Department construction

- The rebuild of the Emergency Department at Medway Maritime Hospital has entered an exciting phase with the delivery of the pre-constructed building modules for the new facility. The modules have now been lowered into place by crane, constructing the new facility as they arrived on site.
- The building work is part of the £18m rebuilding and refurbishment project to update the Emergency Department at the hospital, substantially increasing its capacity and providing a brighter, more pleasant environment for patients, the public and staff. The eye-catching units, some up to 11m long, arrived by road over a period of two weeks in March this year.
- Now that they are in place, work will start on the interior of the modules including placing floors and walls, wiring and other interior fixtures. The work needed to complete the build is substantial, but is still on course for the new unit to handover in December this year.

Workforce and Recruitment

- **NHS Staff Survey results**
    - As I mentioned in last month's report, the results of the NHS Staff Survey were made available on 7 March 2017. A presentation summarising our results will be presented to the Trust Board meeting [agenda item 9b].
    - A series of Improvement workshops will work in addition to, and in collaboration, with local plans made in each Directorate. Improvement Workshops will focus on the cultural changes the Directorates plan to make and will be designed to ensure that a range of staff members can contribute.
        - Improvement Owners will be identified as a result of these workshops and will be offered support and development in the skills required to deliver their changes from the HR/OD team. The HR infrastructure provides staff to support innovation and staff engagement as required by the plan.
        - Outcomes of these Workshops can be shared organisationally, and cross Directorate work encouraged and supported.

- **Nurse recruitment in the Philippines**
    - As you will read from the Board papers, the international recruitment drive plan commenced on 20 March with a contingent of Medway staff conducting a week of interviews in Manilla. 241 nurses have been offered posts at the Trust – although there is normally a high dropout rate for international nurses during the

accreditation process.

- **Board recruitment update**
    - The recruitment process for a substantive Director of Finance continues; interviews with a strong field of candidates were held on 30 March 2017 and a preferred candidate has been selected.

Recognition for service excellence

- **NHS Kent, Surrey & Sussex's leadership and innovation awards**
    - Dr Sanjay Suman, Consultant Geriatrician was awarded for excellence in "Out of Hospital Care" for the Trust's Proactive Assessment Clinic for the Elderly programme.

      The Trust has been working alongside Medway Council and local GP services since June 2016 to enable elderly local residents to continue to live healthy and independent lives with the support from the expanding number community centres opening across Medway. It has also meant that patients that need medical care but do not require emergency care at the hospital can be treated efficiently and with high quality expertise at their nearby centre.
    - The Trust was also finalist in two other categories:
        - Dr Ghada Ramadan, Deputy Medical Director for the Women and Children's directorate, for 'Excellence in Quality and Safety'; and
        - The Human Resources and Communications team for 'Outstanding Team Achievements for Business Professionals'
- **Royal College of Midwives' Johnson's Award for Excellence in Maternity Care**
    - The Trust's maternity team were awarded for their outstanding achievement in reducing third and fourth degree tears in women during childbirth from a national average of almost 6% to just 1%.
    - This has been accomplished through the introduction of "STOMP" - a prevention method designed in its entirety by the team at Medway. The method focusses on position, speed and coaching techniques during childbirth, reducing both the amount and severity of injuries that women can face.

Service changes

- **Swale School Nursing contract**
    - 31 March saw the end of our contract to provide School Nursing services to the population of Swale. The service is now contracted to cover the entire of Kent, and will be provided by KCHFT (who already provided the service for the rest of Kent).

  - We all fought hard to win the School Nursing contract for the entire of Kent and came very close to being successful; although the clinical quality of our bid was very strong, unfortunately, we did not have the established infrastructure to provide county wide services or organisational experience at mobilising such a contract.

- **'Core 24' mental health liaison services**
  - It was announced today that KMPT have been offered national funding to provide a fully staffed team operating 24/7 at MFT, offering a one hour response to emergency mental health referrals in A&E.
  - This will be of significant benefit to our patients requiring these services, who often have long waits in ED awaiting the specialist treatment that they require.

STP update

- The Trust continues, with representation, to support the Kent and Medway STP across a number of workstreams including finance, workforce and the hospital care programme. This includes the establishment of a North Kent and Medway delivery board has now been established (which I am chairing) to provide increased focus on the actions which need to be taken more locally to deliver on the system wide STP changes.

3. Away from MFT

National NHS priorities

- **Next Steps on the Five Year Forward View**
  - The 'next steps' document was published by NHS Improvement and NHS England on 31 March 2017. It outlines progress on the ambitions set out in the Five year forward view since its original publication in October 2014, defines what still needs to be achieved over the next two years, and how this will be achieved.
  - It also outlines priorities for the service specifically in 2017/18, and proscribes actions which should be taken to achieve the requisite changes by providers, commissioners and national bodies. These priorities include:
    - Delivering financial balance across the NHS;
    - Improving A&E performance (see below for further details);
    - Strengthening access to GP & primary care services; and
    - Improving cancer and mental health services
  - The document also provides key areas of clarification for STPs, accountable care system and accountable care organisation integration models, and outlines new policy changes associated with these models (such as the alignment of NHS Improvement's Single Oversight Framework with STP-level metrics)

- **Department of Health mandate to NHS England**
    - The Department of Health published the government's 2017/18 mandate to NHS England on 21 March 2017. This was c. 3 months later than is typically the case; media reports indicated that this was due to the Government and HM Treasury's concerns over the NHS' financial and emergency care performance, and limited progress on the implementation of STPs.
    - The mandate sets the government's objectives for NHS England, as well as its budget. In doing so, the mandate sets direction for the NHS, and helps ensure the NHS is accountable to parliament and the public. The 2017/18 mandate maintains the approach set out in the 2016/17 mandate, which set out seven enduring objectives to 2020.
    - Key deliverables set out in the 2017/18 mandate, as relevant to acute trusts, include:
        - Roll out of 7 day services in hospitals for four priority clinical standards[1] and five specialist services[2];
        - Meeting agreed standards in relation to A&E, diagnostics, RTT and cancer performance, including
            - Delivering aggregate A&E performance above 90% by September 2017 and 95% by the end of 2018 (with the majority of trusts achieving by March 2018)
        - Reducing NHS-related DTOC to 3.5% of occupied hospital bed days
    - The 2017/18 NHS mandate means that in return for a smaller funding allocation than was provided in 2016/17, NHS trusts are being asked to:
        - Absorb a forecast 5.2% demand and cost increase;
        - Deliver the required NHS constitutional performance targets, for example the 95% A&E four hour standard, the 18 week elective surgery standard and the cancer targets; and
        - Eliminate the provider sector financial deficit and deliver a minimum zero aggregate provider sector financial balance

NHS Finances

- **Key messages from the 2017/18 budget for health (and social) care include**
    - An extra £2bn will be provided over three years for local authorities to fund social care, with £1bn available for 2017/18; see below for further details
    - Non-financial measures to identify and support areas that are struggling with high levels of delayed transfers of care will also be provided [no further details available at this stage].

[1] These are not defined in the NHS mandate
[2] Vascular, Stroke, Major trauma, Heart attack, paediatric intensive care

- £100m in capital funding for A&E departments to invest in measures to help reduce demand – including increased GP provision in A&E. The Trust is developing its formal application for funding; the deadline is 10 April.
- £325m in capital funding over three years for the small number of STPs that are already in a position to implement their plans, with a promise of a multi-year capital funding announcement for the remaining STPs in the 2017 autumn budget.

- **Increased Adult Social Care funding**
  - Councils will receive an additional £2 billion over the next three years for social care, £1 billion of which will be provided in 2017-18, to address concerns over adult social care provision. The new funding will be paid as a Department for Communities and Local Government (DCLG) grant to councils; a small number of conditions are attached to the grant to ensure that the funding is to be spent on reducing pressures on the NHS and stabilising the social care provider market
  - There is a clear expectation that both the number of people are waiting for discharge from hospital and how long they are waiting will be reduced as a result of this additional funding.

- **NHS Pay Review Body**
  - Following recommendations from the independent pay review bodies, the NHS Pay Review Body and the Doctors' and Dentists' Review Body, the government has accepted a 1% pay rise for doctors, dentists and all NHS staff on Agenda for Change contracts for 2016 to 2017.
  - All staff on Agenda for Change contracts, such as nurses, midwives, paramedics and healthcare assistants will receive a 1% increase in pay next year (April 2017). Junior doctors and Consultants will also receive a 1% increase next year, as a result of separate decisions by the government.

Regulatory

- **Expansion of Financial Special Measures**
  - NHS Improvement announced that East Kent Hospitals University had been placed into financial special measures on 2 March, although it exited quality special measures on the same date. Three more trusts were to be placed into financial special measures on 22 March (St George's University Hospitals, Northern Lincolnshire and Goole, and University Hospitals of North Midlands).
  - There are now eight trusts in financial special measures (Croydon Health Services Trust and Norfolk and Norwich University Hospitals FT exited in February 2017).

- Although NHS Improvement has not published criteria for a trust being placed into financial special measures, I understand that the Trust currently does not meet any of those which are used.

- **Potential creation of A&E Special Measures**
  - There have been conflicting media reports that NHS Improvement plan to introduce an "A&E Special Measures" regime. NHS Improvement has now stated that they are not currently planning to do so.

NHS
Medway
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Report to the Board of Directors

Board Date: 6 April 2017

Title of Report	Sustainability and Transformation Plan – Case for Change
Presented by	Diana Hamilton-Fairley
Lead Director	Medical Director
Committees or Groups who have considered this report	Discussion in this meeting is on the final published version. Earlier versions have been discussed previously in previous Board meetings. Board members have had opportunity to feedback on and contribute to earlier versions as part of the process of developing this document, which has been compiled by the Kent and Medway Clinical Board, part of the Kent and Medway Sustainability and Transformation Plan programme.
Executive Summary	A Case for Change has been produced as we progress work on the Kent and Medway Sustainability and Transformation Plan. We all want health and social care services that can meet our needs now and in the future. The NHS in Kent and Medway, Kent County Council and Medway Council do their best to offer safe, compassionate and high-quality care. However, we face new challenges that mean we need to change the way we work to improve care and get better value for the money we have available. As our population grows, and more people live with long-term conditions, the demands on our services are changing and increasing. Services are not necessarily designed for today's or future needs, and it is becoming harder to keep up with rising costs. What's more we aren't making the most of opportunities to improve health and wellbeing, prevent illness and support people to manage existing conditions and to stay independent. The Kent and Medway Case for Change describes the current situation and why change is necessary. The technical case for change provides a detailed evidence base. A public-facing summary version has also been produced. Both documents have been published and can be found at www.kentandmedway.nhs.uk In terms of our response to the Case for Change, work is going

	on across Kent and Medway, and at local level, to start to address the issues raised. Our collective ambition (as leaders of health and social care in Kent and Medway) is set out in the Kent and Medway Sustainability and Transformation Plan published in November 2016. Our local response is also part of ongoing strategy and development work led by Medway NHS Foundation Trust's Board.
Resource Implications	None
Risk and Assurance	NA
Legal Implications/Regulatory Requirements	NA
Recovery Plan Implication	The STP and Trust improvement plan are aligned
Quality Impact Assessment	
Recommendation	The Board is asked to review and consider the Kent and Medway sustainability and transformation programme Case for Change, and to acknowledge and support this evidence as a basis for developing plans to improve health and wellbeing, clinical outcomes and patient experience within the funding available across Kent and Medway in the future.
Purpose & Actions required by the Board :	Approval [x] Assurance [ ] Discussion [ ] Noting [ ]

Transforming health and social care in Kent and Medway

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Our case for change

What's this about?

We all want health and social care services that can meet our needs now and in the future. The NHS in Kent and Medway, Kent County Council and Medway Council do their best to offer safe, compassionate and high-quality care. However, we face new challenges that mean we need to change the way we work to improve care and get better value for the money we have available.

As our population grows, and more people live with long-term conditions, the demands on our services are changing and increasing. Services are not necessarily designed for today's or future needs, and it is becoming harder to keep up with rising costs. What's more we aren't making the most of opportunities to improve health and wellbeing, prevent illness and support people to manage existing conditions and stay independent.

This booklet – our case for change – describes the current situation and why change is necessary. We want you to get involved to help shape and influence good health and social care in your area.

Why do we need a case for change?

We are publishing this case for change to explain more about the thinking behind a draft plan called the Sustainability and Transformation Plan that was launched in November 2016.

What is the plan?

The draft plan explains our vision for the future. Our ambition is to put local people at the heart of services, helping people to stay well and independent in their own homes and communities and avoid being admitted to hospital. It sets out how we want to:

- improve the health and wellbeing of local people
- deliver high-quality, joined-up health and social care
- offer access to the right care and support in the right place, at the right time
- make sure NHS and social care staff are not under so much pressure that they can't deliver the caring ethos of the NHS and social care
- better meet people's needs within the funding we have available
- build health and care services that are sustainable for years to come.

Local care

Our first priority is to develop more and better local care services, which bring together all the services you currently get from your GP, as well as a range of additional services such as:

- urgent care and care for non-life-threatening injuries
- diagnostic tests
- ante and post-natal maternity care
- community and district nursing
- mental health support
- social care eg. help with washing, dressing and using the toilet
- physiotherapy
- dementia care.

Bringing together primary, community, mental health and social care services will mean we can offer joined-up care in people's homes and local communities. We recognise we will need to increase our capacity in these areas in order to achieve this.

Having high-quality local care services with greater capacity will relieve some of the pressure on our hospitals. It will reduce the need for people to go to hospital for treatment and services that in the future could be provided more locally.

Hospital care

Some people will always need specialist and intensive care that can – and should – only be available in hospital. We need to make sure our hospitals can deliver the quality of care people need and that they can leave hospital as soon as possible, safely supported by local care services. This will improve medical outcomes for people and their experience of health services. Over time it will also reduce dependency on hospitals which then releases resources back into local care services.

How will the new way of delivering services benefit you?

You can expect to see:

- joined-up services to treat and care for you at home and support you to leave hospital
- as soon as you're medically fit to leave "your own bed, is the best bed" with the right care and support in place
- health and social care professionals coming together to work as a single team for your local area, able to access your records 24 hours a day (with your consent)
- a modern approach to health and social care services using the best technology, from booking your appointment online to virtual (but secure) consultations, online assessment and diagnostic systems, and advice on apps to monitor your health
- timely appointments with the right professional
- care for you as a whole, for both your physical and mental health
- regular monitoring if you have complex health conditions affecting your physical or mental health, or both
- more support from voluntary and charitable organisations who have great expertise and local knowledge and already play such an important part in our communities
- better access to health improvement advice and services to help you improve and manage your own health and so reduce your risk of serious illness
- "social prescribing" - information to help you access relevant support from voluntary, charitable and local community groups or services
- quality hospital care when you need it – and more care, treatment and support out of hospital when you don't.

Read the Kent and Medway vision for securing the future of our services at www.kentandmedway.nhs.uk/stp

There is already lots of good work happening in our area. Individual services are finding ways to work more effectively, to join up health and social care and to better design services around the needs of local people. You can find out more about this work on our website at www.kentandmedway.nhs.uk/casestudies. We need to build on this good work across the whole of Kent and Medway.

More detailed plans for changing the NHS and social care in Kent and Medway are now being drawn up by groups of local doctors, hospital chief executives, patient groups and councils. At the end of this booklet there is more information about how you can get involved and contribute to the more detailed plans.

About health and social care in Kent and Medway

Understanding the health and social care needs of local people, and how these are likely to change over time, helps us plan for the future and make better use of resources (that's technology, money, staff and buildings). We also need to have a clear picture of how current ways of working are getting in the way of our ambition to keep people well, independent and out of hospital, so we can see what needs to change.

All of us, the people who use services, are changing. The good news is we are living longer, but this means the way the NHS and social care work needs to change to meet the needs of an ageing population. We are living with more long-term conditions, such as diabetes, dementia and heart disease which increases demand for health and care services. But the type of services we need are not necessarily the same sorts of services we have always had.

Some of our services were designed to meet the needs of people in the 1960s, 70s, and 80s. We know there are better ways of organising how we care for people. For example, we offer a lot of tests, treatments and services in big hospitals which could be safely offered in people's homes, health centres or local communities.

We also don't have enough professionals working in local communities in a joined-up way. Our current ways of working mean it is harder to support people who have a number of health and care needs. People who are frail, or who have multiple health conditions, can quickly get unwell and end up in hospital. This is because we don't always spot when someone is at risk of getting worse early enough, and then put the right care in place in their home or community so they don't need to go into hospital.

While most of the contact people have with health and social care happens outside of hospital, we spend most of our budget on acute hospital care because big hospitals cost more to run than community services. We know we could safely deliver more services in local communities, more cost-effectively and more conveniently for local people.

Local services

In Kent and Medway we have:

249 GP practices

4 organisations providing community care

4 hospital trusts providing services across **7** acute hospitals

3 organisations providing mental health care

13 community hospitals

1 ambulance trust

2 local authorities providing social care

466 independently run social care providers

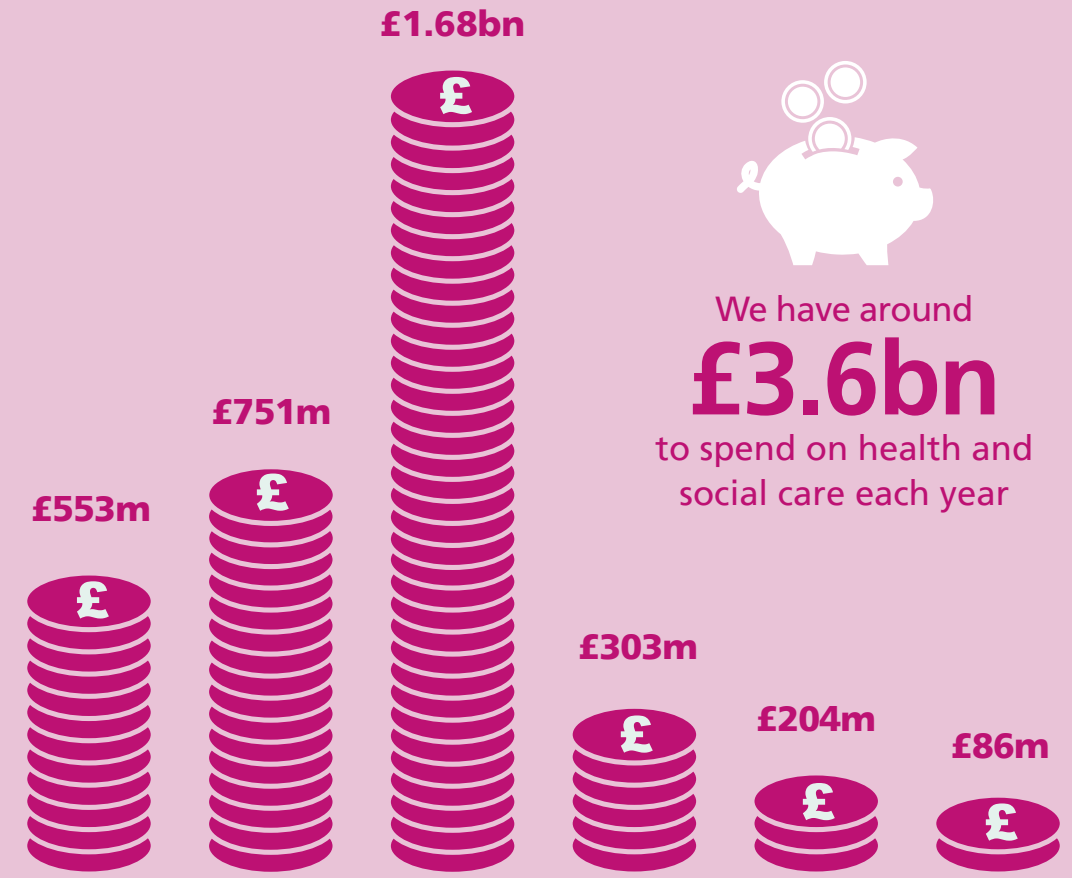
303 independently run residential and nursing care homes

394 dentist practices

157 optician practices

More than **335** pharmacies

Health and social care budget

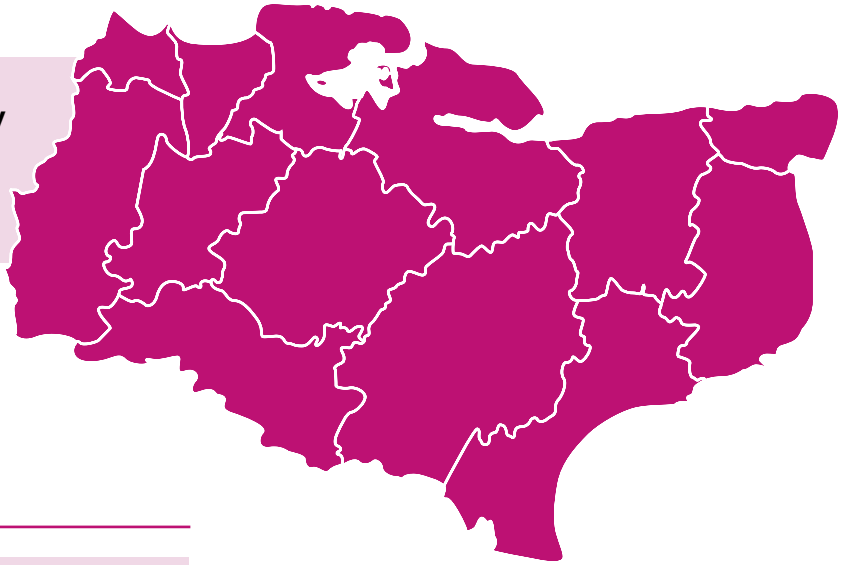


We have around **£3.6bn** to spend on health and social care each year

*70% of people who receive social care pay for it themselves, so the amount spent on social care in total is over £1billion.

Local needs

There are approximately 1.8 million people living in Kent and Medway.



The local population is growing rapidly

The number of people living in Kent & Medway is predicted to rise by almost a quarter by 2031.

This increase is higher than the average across England. This is because local people are living for longer and because people are moving into the area.

Local people are living longer and older people tend to have additional health needs

While it's good news that people are living longer, an ageing population often means increasing demand for services to keep people well or help them when they are not. We need to change what we currently do to better support older people in our area.

Lots of people are living with long-term conditions

Over 528,000 - that's almost one in three - local people live with one or more significant long-term health conditions.

Many long-term conditions like diabetes, high blood pressure or breathing problems (such as COPD - chronic obstructive pulmonary disease) can be well managed, improved or even prevented if people can get the right support easily and quickly.

36 of 184.

Too many people are living unhealthy lifestyles and are at risk of developing conditions that are preventable

In Kent and Medway, on average around one in five people smoke, but in some areas it is as high as 30%. Around ten per cent of adults are obese and more than a quarter don't get enough physical activity. All these lifestyle factors increase the risk of developing a serious illness.

There are unacceptable differences in health across Kent and Medway

Women in the most deprived areas of Thanet live on average 22 years less than those in the least deprived.

With the right help it can be possible to prevent the main causes of early death which are often linked to things like obesity, smoking and childhood poverty.

Many people (including children) have poor mental health, often alongside poor physical health

We know that mental health is as important as physical health.
The percentage of adults and children living with mental ill-health in Kent and Medway is roughly in line with the rest of England, but mental health problems are more common in people living in the most deprived areas. We want to better support everyone with mental health needs.

If we carry on working in the way we are, we cannot meet the current and future needs of local people with our existing budgets

We are very unlikely to see any more significant increases in health and social care budgets in the near future. Our budgets are not rising at the same pace as costs and demand. Our health budget is already overspent by £110m in 2016/17.

If we don't change how we work and spend our money for the greatest benefit, we will be overspent by £486m by 2020/21.

What you've told us you want from local services

We know from ongoing discussions with local communities, and research done by Healthwatch, that local people would like:

- more support to help people live healthy lives
- the NHS and social care working more efficiently and offering higher quality care
- the NHS and social care to work in a more joined-up way
- quick action when you become unwell or need extra help
- care to be as close to home as possible
- appointments that are easy to book and at convenient times.

Find out more about how your local NHS has listened to and acted on your views over recent years on our website.

The challenges we face

We are facing some big challenges in health and social care. We need to address these quickly to improve the health and wellbeing of local people, increase the quality of local services and work within our budget.

We need to focus more on supporting people so they don't get ill in the first place

Most people are currently healthy, but many are at risk of developing long-term health conditions such as diabetes and heart disease. Currently only two per cent of health and social care funding is spent on preventing people becoming ill.

This is about £86 million a year, but we spend around £3.4 billion on treating ill-health.

Between 2009 and 2013, around 1,600 early deaths each year could have been avoided with the right early help and support. For example, the lung condition chronic obstructive pulmonary disease (COPD) is a common cause of early death, however most cases (85%) are caused by smoking.

We need to focus ill-health prevention and public health work in areas of Kent and Medway with the greatest needs. We need to actively encourage and give practical support to people to help them find realistic ways to improve their long-term health and wellbeing.

GPs and their teams are understaffed and not able to deliver the quality of care they would like

If staffing in Kent and Medway were in line with the national average there would be 245 more GPs and 37 more practice nurses.

However, we can't recruit the doctors and nurses we need as there are not enough who want to live and work in Kent and Medway. This means we have a lot of staff vacancies. Primary care teams are doing their best in difficult circumstances but not being able to recruit enough staff means local people can't always get appointments quickly and sometimes have long waiting times once they are in the surgery. These types of problems in primary care can mean diseases are not detected early enough or existing conditions get worse. This isn't good enough for patients, or the staff who care for them, and puts increased pressure on hospital and mental health services.

Services and outcomes for people with long-term conditions are poor

Often people with long-term conditions do not get enough support to manage their health and wellbeing, and this can lead to unplanned time in hospital.

Evidence shows that as many as four in 10 emergency hospital admissions could be avoided if the right care was available outside hospital.

Carers are also not receiving enough support. Fewer than half of local carers are satisfied with their experience of care and support.

Many people in hospital could be better cared for elsewhere

Evidence shows that every day around 1,000 people in Kent and Medway are in a hospital bed when they no longer need to be.

This equates to about one in three people in hospital at any one time. These people may still need help and care, but it could be given more appropriately elsewhere if the right services were available.

People don't want to be in hospital if they don't need to be and staying in hospital longer than necessary can be harmful. For example, extended hospitals stays can increase the risk of infection, may lead to muscle wastage and could make it less likely for people to return to their previous level of independence. It is also expensive – it costs £220 a day to care for someone in an acute hospital bed when they are not actively receiving treatment, and this money could be better used elsewhere.

Having people stuck in hospital leads to knock-on delays that can cause, for example, long waits in A&E or cancelled operations because beds are not available for planned or emergency admissions.

Services for the most seriously ill patients need 24-hour access to specialist staff, tests and equipment

Some services for seriously ill people in Kent and Medway find it hard to offer a full service round-the-clock, and to meet expected standards of care. For example, all stroke patients who are medically suitable should get clot busting drugs within 60 minutes of arriving at hospital. They require specialist diagnostic tests and highly skilled expertise to deliver this. None of the hospitals in our area currently meet this standard for all patients.

Even if there was more funding available, there is a shortage of skilled staff, especially senior doctors, to cover rotas 24 hours a day, seven days a week.

Not having enough senior doctors on hand all the time can mean worse outcomes for patients. Essential support services that help people get discharged from hospital such as pharmacy, social care and mental health liaison are also not available at the weekend.

We know from evidence elsewhere that bringing services together to create larger specialist units, for example for stroke, would improve outcomes for patients and the quality of care available. We would have more specialists to cover the service all the time, and specialist staff would see enough patients with the same illness or condition to keep up their levels of expertise.

Planned care – such as going into hospital for a hip operation or having an x-ray – is not as efficient as it could be

There is variation across Kent and Medway in how often GPs refer people to see a hospital specialist. Once patients have been referred there is variation in the tests and treatments they get. This means some people get referrals, tests and treatments they don't need, and others don't get the care they should. Unnecessary referrals, tests and treatments also waste valuable resources. Planned care is often disrupted by emergency and unplanned hospital admissions, meaning appointments and operations get cancelled at the last minute.

Cancer care does not always meet national standards

Cancer is a major cause of death and survival rates could be much better. Most of Kent and Medway is below the England average when it comes to diagnosing cancer at its earliest stage. This is partly because of lack of awareness of the symptoms of cancer leading to delays in diagnosis, and because not enough people take up the offer to have screening for cancer. Once cancer is suspected, waiting times for diagnostic tests, to see a specialist and then for treatment, sometimes do not meet national standards.

People with mental ill-health have poor outcomes and access to services is not good enough

People with a serious mental illness die on average 15 to 20 years earlier than the general population.

There is a lot of evidence that links poor physical health with mental illness and vice versa. For example, having depression doubles the risk of developing heart disease and people with depression have significantly worse survival rates from cancer and heart disease. We know that a lot of people are not happy with mental health services, particularly for crisis care.

Services could be run more productively

The efficiency of our hospitals is broadly in line with other hospitals of a similar type across England in many of the ways they spend money, and some are among the most efficient. However, healthcare organisations in Kent and Medway know they could do more to reduce costs and run services more efficiently. For example, by working together they could have more buying power and get lower prices for commonly used goods and equipment.

It is estimated that approximately £190m of savings could be made if services were run as efficiently as top performing hospitals in England.

Putting the right foundations in place

In order to deliver our plan, there are three foundation areas that must be working well:

Being able to attract, recruit and retain the right staff

There are currently high levels of staff vacancies, turnover and temporary staff in most areas. There is also a shortage of skilled staff in some areas.

Having the right buildings

We are fortunate to generally have good quality buildings, however we don't use some of our buildings as effectively as we could, to deliver health and social care services.

Excellent information technology and information management systems

None of the organisations in Kent and Medway think they currently have the IT and information management systems they need to share information across organisations in a way that will better support the delivery of high-quality care.

There have never been better reasons to update the way services are organised in Kent and Medway. Our desire to make services better for patients and staff, and the challenges we face, combined with the financial pressure health and social care services are under, explain why things cannot stay as they are.

Our ambition for the future

Our ambition for the future is described in detail in our draft Sustainability and Transformation Plan. We have published this case for change to explain more about the reasons behind the ambition set out in the draft plan.

Our plan explains how we want to address the challenges described here, and take advantage of the opportunities, to make our local health and social care services sustainable for the future.

What will our plans mean for health and care in Kent and Medway?

Better health and wellbeing

- services which meet the needs of our changing population, as people age, and more people move into Kent and Medway
- reductions in health inequalities (unfair differences in health and life expectancy that people experience in some parts of the county) and death rates from preventable conditions
- more services to prevent and manage long-term health conditions such as diabetes and lung disease.

Better standards of care

- people cared for in the right place and able to get high-quality, accessible social care across Kent and Medway
- fewer attendances at accident and emergency departments, and fewer emergency admissions to hospital beds
- local providers of health and social care consistently delivering high-quality services, which meet nationally-recognised clinical quality standards.

Better use of staff and funds

- ability to attract, retain and grow a talented workforce – and use our staff to the best effect
- some of our specialist clinical staff and equipment consolidated so they can work more effectively across a wider population as expert teams
- a balanced budget for health and social care across Kent and Medway.

Get involved

We hope this case for change will help to get local people - patients, users of services, carers and health and social care staff - talking in more detail about what should happen next. We want you to get involved in shaping plans for health and social care in Kent and Medway.

During 2017 there will be lots of ways to influence what happens next, including public events and meetings, online surveys and joining your local patient participation group or health network. For more information visit www.kentandmedway.nhs.uk/getinvolved

Sign up now

Now you have read this booklet please subscribe to our newsletter at www.kentandmedway.nhs.uk/subscribe. By signing up you'll be kept up to date on all the opportunities to share your views and ideas with us as our plans develop.

If you would like this document in an alternative format or language, please contact us on **km.stp@nhs.uk**

Si vous voulez ce document en format rechange, vous pouvez nous contactez a km.stp@nhs.uk

Ja vēlaties šo dokumentu citā formātā vai valodā , lūdzu, sazinieties ar mums pa telefonu km.stp@nhs.uk

Ak by ste chceli tento dokument v inom formate alebo inom jazyku, prosim kontaktujte nas na km.stp@nhs.uk

Jeśli chcieliby Państwo ten dokument w innym formacie lub języku, prosimy o kontakt km.stp@nhs.uk

Jei norėtumėte šį dokumentą gauti alternatyviu formatu, ar kalbą, susisiekite su mumis numeriu km.stp@nhs.uk

Daca doriti ca acest document sa fie in alt format sau alta limba, va rog sa ne contactati la km.stp@nhs.uk

यदि तपाईलाई यो दश्तावेज वैकल्पिक ढाँचामा वा अन्य भाषामा चाहिएमा हामीलाई km.stp@nhs.uk सम्पर्क गर्नुहोस।

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NHS Medway NHS Foundation Trust

Report to the Board of Directors

Board Date: March 2017

Title of Report	Trust Recovery Programme Update
Presented by	Kevin Tallett
Lead Director	Kevin Tallett, PMO Director
Committees or Groups who have considered this report	Executive Recovery Group
Executive Summary	The purpose of this report is to update the Board on progress of the Trust Recovery Programme, identify key risks and discuss next steps. Key points to note are: 1. The CQC report was received, checked for factual accuracy and returned to the CQC within 36 hours which was a fantastic achievement. The report was published under embargo on 16 March and released to the public 17 March. The Quality Summit was also held on 17 March and was a great success with the Trust and its partners and regulators coming together to hear the results and plan the way forwards. 2. The Planned Care programme has been making good progress with excellent engagement from staff which is in line with the CQC findings. 3. The Deteriorating Patient programme also continues to make progress notably with recruitment activity for the Acute Response Team and ongoing awareness campaigning. 4. The Unplanned Care programme has completed its close down activities for Phase 2. A key success has been the launch of the Clinical Coordination Centre following the lessons learned in the Perfect Week and specifically 'lifting and shifting' best practice from other Trusts. Performance is showing positive signs of improvement. 5. The Transforming Outpatients programme has also wound down with a clear set of actions captured for Phase3 around outpatient efficiency, out of hospital integrated pathways (working with MaSCOE) and reconfiguration of the outpatient experience including communications, check-in, etc. 6. The Financial Recovery programme is working to a deadline of

	the end of March with presentations to the executive in April and the Board in May. It is focused around the four key areas of cost improvement, Income, Carter Model hospital and the Sustainability & Transformation Plan. CIP's for 2016/17 have been achieved and the Trust is well positioned to hit the financial targets for 2017/18. 7. The Health informatics programme … 8. The transforming care programme continues to make good progress primarily in awareness of the new ways of working, etc. Further progress has been made with discharge materials and a first phase training module which will be available next month. 9. The Trust Improvement Programme Phase 3 has been initially scoped and will be subject of a separate paper. The next phase of improvement is based on the Trust strategic objectives, key focus areas, CQC improvement plan and newly additions such as 7 day working and tissue viability programmes. It builds on the achievements of Phase 2. Key risks remain around sustainability, resources, pace and focus.
Resource Implications	Resource new PMO team and approve budget for 2017/18. This will be subject to separate process.
Risk and Assurance	Risks have been identified and mitigated as far as possible. The replacement of the current PMO team has not yet been mitigated but work is in progress by the Chief Executive to do so.
Legal Implications/Regulatory Requirements	Key vehicle for removing the Trust from Special Measures (now achieved) and to continue to drive improvement.
Recovery Plan Implication	Fully aligned
Quality Impact Assessment	Covered by individual programmes
Recommendation	The board are asked to discuss and note the report
Purpose & Actions required by the Board :	Approval ☐ Assurance ☑ Discussion ☑ Noting ☐

NHS
Medway
NHS Foundation Trust

Trust Recovery Programme Update – March 2017

1. EXECUTIVE SUMMARY

1. The CQC report was received, checked for factual accuracy and returned to the CQC within 36 hours which was a fantastic achievement. The report was published under embargo on 16 March and released to the public 17 March. The Quality Summit was also held on 17 March and was a great success with the Trust and its partners and regulators coming together to hear the results and plan the way forwards.
2. The Planned Care programme has been making good progress with excellent engagement from staff which is in line with the CQC findings.
3. The Deteriorating Patient programme also continues to make progress notably with recruitment activity for the Acute Response Team and ongoing awareness campaigning.
4. The Unplanned Care programme has completed its close down activities for Phase 2. A key success has been the launch of the Clinical Coordination Centre following the lessons learned in the Perfect Week and specifically 'lifting and shifting' best practice from other Trusts. Performance is showing positive signs of improvement.
5. The Transforming Outpatients programme has also wound down with a clear set of actions captured for Phase3 around outpatient efficiency, out of hospital integrated pathways (working with MaSCOE) and reconfiguration of the outpatient experience including communications, check-in, etc.
6. The Financial Recovery programme is working to a deadline of the end of March with presentations to the executive in April and the Board in May. It is focused around the four key areas of cost improvement, Income, Carter Model hospital and the Sustainability & Transformation Plan. CIP's for 2016/17 have been achieved and the Trust is well positioned to hit the financial targets for 2017/18.
7. The Health informatics programme completed the PAS/RIS interface work in March and the Extramed Bed Management Solution was deployed to all Acute and Continuing Care (ACC) areas the Surgical Departments will deploy April and Women & Children early May. Chemotherapy E-Prescribing will not hit the 31st March deadline, the project team are now working towards a May/June completion.
8. The Transforming Care programme continues to make good progress primarily in awareness of the new ways of working, etc. Further progress has been made

with discharge materials and a first phase training module which will be available next month.

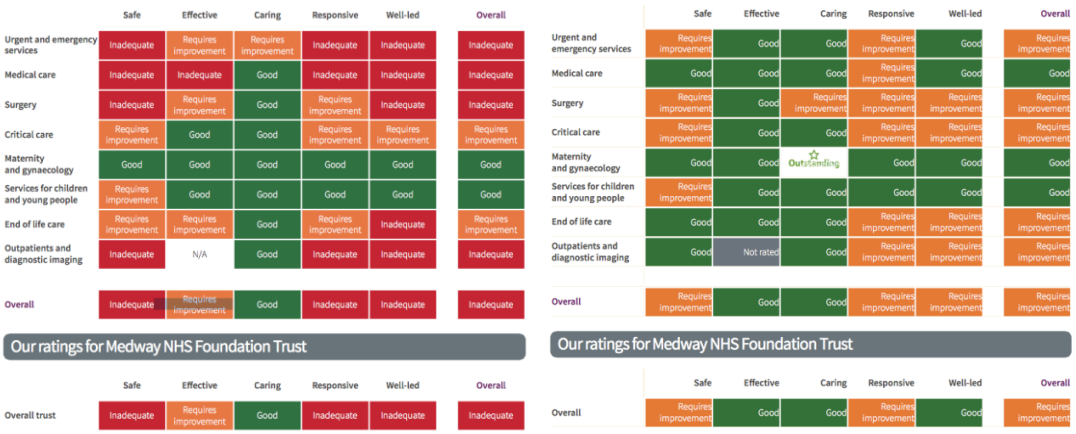
9. The Trust Improvement Programme Phase 3 has been initially scoped and will be subject of a separate paper. The next phase of improvement is based on the Trust strategic objectives, key focus areas, CQC improvement plan and newly additions such as 7 day working and tissue viability programmes. It builds on the achievements of Phase 2.
10. The PMO have created The Medway Improvement Hub which establishes a single source of information and resources that will enable the Trust to continue its improvement journey. The Hub contains a range of Continual Improvement and Creative Problem Solving tools together with Programme Methods & Standards and is a repository for Programme Documentation (Phase 2 and Phase 3). It has a Discussion Forum which can be used by the Improvement Community together with a Wiki (as in Wikipedia like) capability to grow local knowledge and learning.
11. Key risks remain around sustainability, resources, pace and focus. The PMO have created The Medway Improvement Hub which establishes a single source of information and resources that will enable the Trust to continue its improvement journey. The Hub contains a range of Continual Improvement and Creative Problem Solving tools together with Programme Methods & Standards and is a repository for Programme Documentation (Phase 2 and Phase 3). It has a Discussion Forum which can be used by the Improvement Community together with a Wiki (as in Wikipedia like) capability to grow local knowledge and learning.

1. GOVERNANCE & STANDARDS PROGRAMME

The recent focus of the programme has been on: receipt of the inspection report; preparing the Trust for the Quality Summit; and production of the Trust's CQC Improvement Plan.

- Inspection report
  - The draft report was received by the Trust on 8th March 2017. The Programme Manager and Head of Integrated Governance worked in partnership with the Chief Executive and senior team to review the draft report, highlight inaccuracies and opportunities to further strengthen inspection findings. The Trust submitted the factual accuracy return to the CQC on 10th March (morning). The Trust received the final report for on 10th March 2017 (afternoon) for publication on 17 March

- As the Board is already aware, the CQC have given the Trust an overall rating of Requires Improvement, and NHS Improvement has confirmed that the Trust will exit the Quality and Safety Special Measures regime. The inspection results for 2015 and 2017 are displayed below for comparison:



Our ratings for Medway NHS Foundation Trust	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Requires improvement	Requires improvement	Inadequate	Inadequate	Inadequate
Medical care	Inadequate	Inadequate	Good	Inadequate	Inadequate	Inadequate
Surgery	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
Critical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
Outpatients and diagnostic imaging	Inadequate	N/A	Good	Inadequate	Inadequate	Inadequate
Overall	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate

Our ratings for Medway NHS Foundation Trust	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Medical care	Good	Good	Good	Requires improvement	Good	Good
Surgery	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Critical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Good	Good	Outstanding	Good	Good	Good
Services for children and young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Medway NHS Foundation Trust	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate

Our ratings for Medway NHS Foundation Trust	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

2015 2017

- Quality Summit
  - An established working group planned and delivered the Trust's Quality Summit on 17th March 2017. This was attended by just under 100 healthcare system partners. The event was led by NHS Improvement and the Care Quality Commission. Part A of the event involved the Head of Hospital Inspection (CQC) presenting the key inspection findings, and the Chief Executive presented the organisational response. Part B was a workshop for healthcare system partners to discuss the current challenges which the Trust experiences, and how the system can better work together to ensure the improvement in quality and safety of patient care is sustained. The output of this will be circulated by the Head of Integrated Governance, Katy White and is also included in the phase 3 programme.
- CQC Improvement Plan
  - The CQC report stated 13 Must Do (Requirement notice actions) and 20 Should Do actions, in addition to other observations which highlight further opportunities for the Trust to improve. This information has formed the Trust's CQC Improvement Plan. Executive responsibility will be assigned to ensure all actions are cleared as quickly as possible.

2. PLANNED CARE PROGRAMME

The Planned Surgical Care Programme continues to make steady progress. There is excellent engagement staff and the desire to make a difference. The Programme will continue beyond the end of the Buddying agreement with GSTT and work is underway to ensure that all documentation is up to date and available to the Directorate and that a full handover takes place as part of the close out of Phase2 of the Trust Recovery Programme.

Workstream 1 - Pre-theatre:

- Enhanced Recovery – The Orthopaedic enhanced recovery group has commenced and will run alongside the colorectal work. A formal launch of the enhanced recovery approach is now planned
- Pre-assessment – review of best practice units across the country is being used to develop the most appropriate model for this service in Medway
- High Dependency Unit bookings – Analysis of mordacity / mortality tool for use in pre-assessment is underway to ensure that the right patients are identified as requiring an HDU bed. Scheduling process is under review
- Pre-Operative Care Unit (POCU) – paused until elective surgery re-commences
- Day Surgery – Ring fencing of beds is working well. Day surgery productivity is improving and next steps are to ensure that the correct cases are listed and day surgery activity is increased

Workstream 2 - Peri Operative

- Paediatric Recovery – Awaiting outcome of Directorate review of GSTT report to establish next steps
- Recruitment and retention – work underway to develop a training and development approach for theatres. Learning taken from A&E
- Theatre scheduling – Review and revision of the theatre booking and scheduling process has commenced in preparation of the surgery re-launch

Workstream 3 – Post Operative

- Recovery – work is progressing well with good engagement from recovery staff, therapies, post op ward staff and the anaesthetic team
- Post op optimisation – This task and finish group has been paused until elective surgery recommences
- Supported early discharge – Paused until elective surgery recommences

3. DETERIORATING PATIENT

The Deteriorating Patient Programme has continued to make good progress. The following are some of the highlights:

- Recruitment to the Acute Response Team continues with interviews held weekly in March.
- The programme was shortlisted as part of a joint application for the Kent Surrey Sussex Leadership & Innovation Awards.
- The DPP Link Nurse event proved a success in February and plans are underway to hold another in April with a focus on fluid balance. This session will also be extended to clinical support workers.
- The next Improving Safety campaign week is being planned for April 2017. This will follow on from the successful campaign which launched in October 2016 in which the week was dedicated to showcasing and profiling the 3Rs philosophy of Recognising, Responding, and Reporting.
- The Improving Safety Notice has been developed and will be used to cascade learning via patient stories. These will be supported by the Programme dashboard.

4. UNPLANNED CARE PROGRAMME

Closedown activities have completed for the four work streams with the outstanding deliverables either being absorbed into business as usual or for inclusion in the Trust Improvement Programme (Phase 3).

The ongoing embedding of the Medical Model will be included in the Trust Improvement Programme (Phase 3) to ensure sustainability and long term benefits are achieved.

The Medway & Swale A&E delivery board (LAEDB) agreed on 26 Jan to implement step changes to the system-wide processes for managing unplanned care demand, in relation to:

- Expanding the clinical support for care homes (to reduce ED demand and improve discharge processes);
- Improving Primary Care services at the ED front door (to improve ED demand management); and
- Introducing integrated, system-wide patient 'case management' processes from Decision To Admit (to improve internal flow, discharges and system capacity utilisation).

Clinical Co-ordination Centre:

The PMO has been actively supporting the development and launch of the new Clinical Co-ordination Centre (CCC), which went live on Tuesday 14th March.

The main focus of the CCC will ensure operational efficiency and high-quality patient journeys with one cohesive team, without boundaries, ensuring that all key individuals and teams are working together to offer a consistent pathway from admission to discharge.

There have been initial underlying improvements in KPI's. Weekly ED 4hr performance improved to 81.5% (the last time performance was above 80% was the week ending 23rd October, 2016). Outliers reduced from 54 on Monday 13th March: to 33 on Friday 17th March. Assessment areas have been kept clear overnight and there has been an increased use of the discharge lounge.

The operation of the CCC and associated processes will be an iterative learning process, with improvements being continuously applied to maximise efficiency and flow ensuring that the CCC remains fit for purpose as it expands to cover the whole Trust over the next few months.

5. WORKFORCE PROGRAMME

The Programme is now awaiting the rollout of phase 3.

6. TRANSFORMING OUTPATIENTS

With Phase Two of the Trust's transforming outpatients programme now wound down, the next sets of actions are being developed. Currently there are three workstreams identified for Phase Three:

1. Outpatient efficiency

Following a complete review of outpatient performance data for all specialities, plans will be developed to improve clinic utilisation. These will include a reduction in DNA rate and patient and hospital initiated cancellations. To reduce follow-up ratios, alternative methods for managing follow-up appointments will be designed (such as telephone, online and nurse/AHP led clinics). A new QlikView outpatients 'dashboard' will be developed to allow operational staff access to all clinic utilisation data in one location.

2. External outpatient models.

This workstream continues to make good progress under the MaSCOE (Medway and Swale Centre for Organisational Excellence) planned care programme which is being managed by Swale and Medway CCGs. There are six specialities represented (Gastroenterology, ENT, Orthopaedics, Dermatology, Cardiology and Respiratory). In March 2017 Gastroenterology, Cardiology and Respiratory are expected to finalise a number of new integrated pathways.

3. Reconfiguration of the outpatient experience

Further meetings are planned for March and April to agree the content for this work stream. The key actions will include the existing e-Referral project, a complete redesign of outpatient communication methods and improvements in outpatient flow (including changes in wayfinding and the potential for electronic check-in kiosks).

7. FINANCIAL RECOVERY PROGRAMME

The Financial Recovery Plan is progressing to plan, a draft document will be completed by the end of March, this will be presented to the Board in May. For this year and future years focus of the plan is around four key areas:

1. CIPs 2016/17 & 2017/18

The benefits realised on CIPs to Month 11 is £10.8m, the forecast to year end is currently £12.1m against the £12.6m target. There is a variance to finance reported CIPs, this is reconciled below and catch up will happen in month 12:

Area	CIP Declared £'000	£	Notes
Total Per PMO	10,853		
Total per Finance	10,841		
Sale of properties profits not recognised		285,116	Net profits recognisable as CIPs
Over release of procurement savings in finance		(468,223)	To be identified
PMO underspend CIP not reported in Finance		200,000	No release by finance as yet

Drugs savings unsubstantiated in PMO		(4,800)	To be identified
Total	12	12,093	

Income benefits over and above the £10.8m have started to materialise. To date the benefits are £1.8m with an anticipated value to year end of £2.2m.

The total CIPs and Income benefits delivery for 2016/17 is forecast to be £14.3m.

Governance is underway for the 17/18 CIP programme the validation covers QIAs and Project briefs/Project Initiation Documents. To date 27 schemes have been completed. The estimated CIP from these schemes is £15.3m, at this stage they have been risk adjusted down to an estimated £10.5m benefit.

There are an additional 86 schemes in the Pipeline, they are working through the gateway of Project, QIA and Financial validation before they are approved for financial release. Most of the remaining schemes are believed to be small value.

2. Income

There has been work undertaken to validate income that has not been claimed by the trust or related to incorrect penalties. Currently there are 23 projects representing potential income opportunities of approximately £8m of which it is expected £2.2m will be validated in the financial year 16/17 with the majority of the benefit being taken in 2017/18.

Approval has been given for a project manager to deliver the validation and transfer methods to directorates for income lost schemes.

3. Carter Model Hospital

Data packs for the work to be undertaken on the Model Hospital work have been completed, it is anticipated this work will start in April 2017. It is part of the Trust phase 3 strategy and will be a key element of CIP delivery in 2018/19.

4. Sustainability & Transformation Plan

We continue to work with the STP on future opportunities through the newly formed productivity work stream.

We are in the process of concluding negotiations on both Pathology and Laundry services working in collaboration with DVH and MTW respectively, both of these

collaborative pieces of work will run in our Cater work stream and also form future blueprints for the STP.

5. HEALTH INFORMATICS PROGRAMME

Electronic Order Comms Programme

- The Order Comms Project team have re-initiated work streams following the Board's approval for the North Kent Pathology Service. Revised timelines are currently being prepared to outline new milestones and adjusted go-live dates for the Trust and for the local GP's / CCG.
- The PAS/RIS interface work was successfully completed over the weekend of 18th and 19th March. This means that PAS Patient demographics are now being fed into the GE RIS system, reducing double keying by staff and also reducing Clinical Risk.

Bed Management and Electronic Observations

- The Extramed Bed Management Solution was deployed to all Acute and Continuing Care (ACC) areas (14 in total) during the afternoon and evening of Thursday 2nd March.
- Whilst there were some initial teething problems, these were well within the tolerance of a project of this scale and were more focused on user issues and screen configuration than clinical risk factors. The HI Project Team have provided evening, weekend and daily floor walking and training support and the system is now becoming embedded normal practice in ACC and the response to the new technology and the large touch screens on the wards has been very positive.
- The team are now working towards taking the Surgical Departments live (16 in total) and are currently aiming towards Wednesday 5th April. Training numbers and trained staff on shifts are being reviewed as we head closer to the go live date to ensure that the solution has safe and sufficient coverage in support of the go-live. Once again the HI Project team will be providing evening and weekend face to face support.
- Women and Children's (W&C) will be due to go-live in early May.
- Work is now also starting up for the electronic observations and deteriorating patient alerting phase of this programme. The Technical teams have now completed the installation of the Air Watch Mobile Device Management Solution. This is the software that will control, encrypt and safely manage the 400 mobile devices that the nursing teams and clinicians will use to collect the patient

observations at the bedside and that the clinician's will receive the deterioration alerts on.

Electronic Document Management (EDM)

- Tenders responses have now been collated and scoring of these is being finalised. Supplier demonstrations were completed on 27th and 28th February and scoring of these will also form part of the output recommendations. The HI Project Team will be preparing a full business case for the Executive and the Board in April/May.

E-Referral

- Following the review of a briefing and options paper, the programme is being re-shaped in conjunction with the Director of Operations for Surgical and Co-ordinated care to look at work streams that will support the move for all GP referrals to be made via the national Electronic Referral System and achieve compliance with the CQUIN targets for 17/18.

Mobile Interoperability Gateway (MIG)

- MIG Web Viewer (Also known as the Summary Record Viewer or SRV) has now been in use in key areas of the Trust for some 3-4 months now. The next phase of this programme will be to integrate the MIG within the Symphony system in ED and reduce the need for clinicians to log into two different systems to find the GP patient information they need. This will form part of the Symphony Upgrade now being scheduled for early summer.
- The follow on phase will then be to integrate MIG with the Trust's Teleologic Outpatient system in order that clinicians in outpatient clinics also have the GP Patient information at their fingertips. This will be planned for Q2/3 of this Financial Year (subject to approval of business case to fund the integration work with supplier).

Child Protection Information Standards (CP-IS)

- These flags which alert staff to children on the Child Protection or Looked After registers are now being tested by the HI Team and will also be tested by NHS Digital's National programme team w/c 27th March. NHS Digital are undertaking site visits and testing with our team as this is a first of type nationally.
- The CP-IS flag also forms part of the Symphony upgrade in the Summer, at which point ED staff will also be alerted to at risk children automatically.

Maternity Solution

- Scoring of supplier tender responses is now being completed. Supplier demonstrations have been undertaken between 2nd to 9th March, and results of these will also form part of the output recommendations. The project team are currently preparing a final business case with recommendations in readiness for the Executive and the Board in April/May.

NHS Mail 2

- Planning for the migration of all medway.nhs.uk users to nhs.net mail accounts is now underway and the HI Team anticipate that this will be completed by late Q1/early Q2 17/18.

Women and Children's – Re-commissioning of Medway Community Child Health Services

- The HI Team are now supporting the W&C Team in preparing a bid for the upcoming re-commissioning of child health services. An IT work stream has been established under the over-arching project governance and will be focusing on moving the current Paediatric paper processes onto appropriate digital solutions.

Other Programmes

- Chemotherapy E-Prescribing continues despite not meeting the March 31st deadline – the project team are now working towards a May/June completion date for this phase (with Paediatric regimens to come on line in the autumn)
- Symphony Upgrade – The HI team have now confirmed an order with EMIS (Supplier of Symphony) to upgrade the version of Symphony, add in an SSRS reporting module, Integrate the MIG and integrate the CP-IS flags. Exact dates for deployment are yet to be agreed but it is anticipated that this will be deployed late Q1 17/18. The upgrade is expected to take between 6 and 8 hours and will be scheduled for a mid-week 1am start to minimise clinical risk and disruption to the ED.
- E-Prescribing – Pharmacy and HI PMO are awaiting a proposal from an E-Prescribing specialist to inform the scope of the programme and prepare a business case. There is also a possibility that this may become part of collaborative work streams under the Kent STP.
- Digital Dictation and Voice Transcription – requires a full scope and business case to be prepared for the 17/18 financial year. It is anticipated to achieve this successfully, including all functionality benefits; Trust wide will involve an 18 month deployment.

- DrDoctor – The business case submitted to the Executive Group on 15th February is being revised and will be re-submitted to the Executive in the coming weeks.
- Check In Kiosks – Planning for this phase of PAS linked functionality will commence after Easter and will be focusing on deployment in Green Zone for the W&C Directorate.
- Integration Programme – interfacing work with other IT systems has now re-commenced post the go live of the Bed Management solution.
- Telephony Services and systems – the Core IT team are now investigating options for the Trust's telephony and lines as the sections of the current solution and infrastructure are becoming out dated.

6. TRANSFORMING CARE PROGRAMME

Good progress has been made across a number of workstreams, with key 'awareness' campaigns being run to highlight changes that are being/have been implemented, to engage staff and ensure understanding of new process, procedures and ways of working.

Further progress has been made on the revised Discharge training materials, with the commencement of filming and development of support materials underway to create the First Phase generic training module which will be available next month for pilot rollout. Another key outcome for April is the establishment of action learning sets for Ward Sisters to work together on improving pressure care on wards.

The focus over the next few months will be on the continued delivery of activities across the workstreams, along with ensuring that changes are adopted and become the norm in caring for the Trust's patients.

The Programme and its objectives of improving the fundamental aspects of care and the quality of nursing care has been referenced on a number of occasions in the CQC report, confirming the importance of this programme and recognising it as the key component of the Nursing Strategy.

Finally, Bev Critchlow has left the Trust and the Programme has been handed over to Julie Murray, Head of Standards and Practice with the aim of ensuring that Transforming Care becomes sustainable 'business as usual.'

7. TRUST IMPROVEMENT PROGRAMME PHASE 3

The work to define the next phase, of what should now be called the Improvement Programme, has continued and is subject to a separate paper. In summary it builds on Phase 2 of the programme with items rolled over as the programme is re-energised following the CQC report and recognises the changes being driven through the STP which impact the hospital and wider health economy.

8. RISKS TO DELIVERY

The Trust Improvement Programme is well placed to use the 'bounce' created by an excellent CQC report to minimise the risks associated with the next phase of the programme which fall mostly in the areas of focus, pace, resources and capacity.

The Board are asked to note progress.

Kevin Tallett

Medway NHS
NHS Foundation Trust

Report to the Board of Directors

Board Date : April 6th 2017

Title of Report	Quality Issues arising from the CQC report
Presented by	Diana Hamilton-Fairley / Simone Hay
Lead Director	Diana Hamilton-Fairley
Committees or Groups who have considered this report	None
Executive Summary	Following the publication of the CQC report on the 16th March 2017 the 13 must dos(MD) and 20 Should-dos (SD) have been put into an improvement plan (attached). This update concentrates on the MD recommendations in the Safe, Responsive and well led areas that pertain to Quality of care; These are MD01 regarding our continued high numbers of Mixed –sex accommodation breaches. *The CCC has this as a priority as the majority are in the assessment units when bedded*. MD02 Consultant cover in ED needs to meet the minimum requirements of 16 hours per day – *ongoing recruitment strategies* MD03 Policy for appropriate medical professional to accompany patients transferred from ED to imaging – under review MD04 / 5 Ensure staffing levels on ITU and CCU meet the standards required including a supernumerary nurse (same as 2015) – *ongoing recruitment strategy* MD07 Ensure all staff have the appropriate level of training in Safeguarding in adult, children's, theatres. *Training programmes in place, timetabling to achieve the standard is ongoing*. MD08 / 09 Handwashing and compliance with infection control measures in patients in isolation MD13 Ensure staff record medicine fridge temperatures daily – *digital recording is being introduced across the trust*
Resource Implications	None identified at present
Risk and Assurance	Will be monitored through the QAC
Legal Implications/Regulatory Requirements	No regulatory requirements from the CQC
Improvement Plan Implication	Integrated into the Improvement Plan
Quality Impact Assessment	Not applicable
Recommendation	For discussion
Purpose & Actions required by the Board :	Approval [ ] Assurance [ ] Discussion [x] Noting [x]

Progress BRAG rating		
	Blue	Action has been completed and there is evidence that the action has embedded in daily practice.
	Red	The action is off track and unrecoverable on the current timescale. Requires a re-plan.
	Amber	The action is off track and plans are being put in to place to mitigate the delay. The action is expected to return to the planned delivery date.
	Green	Action is on track to deliver on time.

RN = Requirement Notice

IMPROVEMENT PLAN

Medway NHS
NHS Foundation Trust

Ref	Recommendation	Source	CQC Domain	Fundamental Standard	Executive Lead	Operational Lead	Action Required	Due Date	Method of Measuring Compliance	BRAG Rating	Signpost to evidence of full compliance	Latest Commentary
MD01 (RN)	The Trust must ensure people using services should not have to share sleeping accomodation with others of the opposite sex.	Quality Report Published 17 March 2017	Responsive	Regulation 10: Dignity and Respect	Director of Nursing	Director of Clinical Operations ACC			Monitored via PRM		Integrated Quality Performance Dashboard (IQPD)	
	All staff to be trained and clear of the regulation regarding same sex accomodation.	Quality Report Published 17 March 2017	Well Led	Regulation 10: Dignity and Respect	Director of Nursing	??			% Compliance with training for relevant staff		MOLLIE	
MD02 (RN)	Ensure the consultant cover in the emergency department meets the minimum requirements of 16 hours per day, as established by the Royal College of Emergency Medicine.	Quality Report Published 17 March 2017	Safe	Regulation 18: Staffing	Director of Clinical Operations ACC	Clinical Director - Emergency Medicine Programme			TBC		ED Doctors Rota initially then E-roster	
MD03 (RN)	Ensure that an appropriate policy is in place ensuring that patients transferred to the diagnostic imaging department from the emergency department are accompanied by an appropriate medical professional	Quality Report Published 17 March 2017	Safe	Regulation 18: Staffing	Director of Clinical Operations ACC	General Manager - Emergency Medicine Programme			Audit of number of patients attending imaging with/out appropriate supervision		SOP - Q-Pulse Audit - TBC	
MD04 (RN)	Ensure the intensive care unit meets the minimum staffing requirements of the Intensive Care Society, including in the provision of a supernumerary nurse in charge.	Quality Report Published 17 March 2017	Safe	Regulation 18: Staffing	Director of Clinical Operations CSD	Deputy Director of Nursing - CSD			Monitored via PRM		E-Roster	
MD05 (RN)	Ensure staffing levels in the CCU maintain a nurse to patient ration of 1:2 at all times	Quality Report Published 17 March 2017	Safe	Regulation 18: Staffing	Director of Clinical Operations ACC	Deputy Director of Nursing - ACC			Monitored via PRM		E-Roster	
MD06 (RN)	Ensure that all staff receive an annual appraisal (achievement review).	Quality Report Published 17 March 2017	Well Led	Regulation 18: Staffing	Director of HR & OD	Directors of Clinical Operations (All)			Monitored via PRM		MOLLIE	
MD07 (RN)	Ensure that staff have appropriate mandatory training, with particular reference to adult safeguarding level two and children safeguarding level two where compliance was below the hospital target of 80%.	Quality Report Published 17 March 2017	Safe	Regulation 18: Staffing	Director of Nursing	Directors of Clinical Operations (All)			Monitored via PRM		MOLLIE	
	Ensure all staff working in recovery main theatres and nursing staff looking after children (including in recovery) on Sunderland day unit have Safeguarding Level three training in line with the 'intercollegiate document,safeguarding children and young people: role and competences for health care staff, March 2014'.	Quality Report Published 17 March 2017	Safe	Regulation 18: Staffing	Director of Clinical Operations CSD	General Manager - Perioperative Programme			Monitored via PRM		MOLLIE	
MD08 (RN)	Ensure all staff clean their hands at the point of care in accordance with the WHO 'five moments for hand hygiene'.	Quality Report Published 17 March 2017	Safe	Regulation 12: Safe care and treatment	Director of Nursing	Deputy Directors of Nursing (All)			Monthly Hand Hygiene Audits reviewed at Programme level Quality and Safety Meetings		Monthly IP&C Stats	
MD09 (RN)	Ensure compliance with recommendations when isolating patients with healthcare associated infections.	Quality Report Published 17 March 2017	Safe	Regulation 12: Safe care and treatment	Director of Nursing	Deputy Directors of Nursing (All)			TBC		TBC	
MD10 (RN)	Ensure clinical areas are maintained in a clean and hygienic state, and the monitoring of cleaning standards falls in line with national guidance.	Quality Report Published 17 March 2017	Safe	Regulation 12: Safe care and treatment	Interim Director of Finance	Director of Estates and Facilities			TBC		TBC	
MD11 (RN)	Ensure flooring within the services for chidren and young people is intact in accordance with Department of Health's Health Building Note 00-09.	Quality Report Published 17 March 2017	Safe	Regulation 12: Safe care and treatment	Director of Clinical Operations W&C	Director of Estates and Facilities			TBC		TBC	
MD12 (RN)	Review the provision for children in the recovery area of theatres and Sunderland Dy Unit to ensure compliance with the Royal College of Surgeons, standards for children's surgery.	Quality Report Published 17 March 2017	Safe	Regulation 12: Safe care and treatment	Director of Clinical Operations W&C	General Manager - Perioperative Programme			TBC		TBC	
MD13 (RN)	Ensure staff record medicine fridge temperatures daily to ensure medicines remain safe (Fridges ED)	Quality Report Published 17 March 2017	Safe	Regulation 12: Safe care and treatment	Director of Clinical Operations ACC	Senior Matron - Emergency Medicine Programme			Daily Safe to Care Checklist Audit		ED Quality and Safety meeting minutes	
MD14	Ensure fire safety is a priority. *(Although the Trust has taken steps to make improvements the CQC found some areas where fire safety and staff understanding needed to be improved).*	Quality Report Published 17 March 2017	Safe	Regulation 15: Premises and Equipment	Interim Director of Finance	Director of Estates and Facilities	Fire Safety Action plan in place		Monitored via Fire, Health & Safety Group (quarterly)		Action plan status	
MD15	Take action to ensure emergency equipment (including drugs) are appropriately checked and maintained (Minors ED).	Quality Report Published 17 March 2017	Safe	Regulation 12: Safe care and treatment	Director of Clinical Operations ACC	Senior Matron - Emergency Medicine Programme			Daily Safe to Care Checklist Audit		ED Quality and Safety meeting minutes	
MD16	Ensure end of life (EoLC) patients have face-to-face access to EoLC or palliative care services seven days a week.	Quality Report Published 17 March 2017	Responsive	Regulation 09: Person-centred care	Director of Nursing	Head of Nursing, Standards & Practice			TBC		TBC	
SD01	Ensure the electronic flagging system for safeguarding children in the children's emergency department is fully embedded into practice.	Quality Report Published 17 March 2017	Safe	Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment	Director of Clinical Operations W&C	Senior Matron - Emergency Medicine Programme			Monthly audit of practice reported to Safeguarding Board until embedded		Safeguarding Board Minutes	

Ref	Recommendation	Source	CQC Domain	Fundamental Standard	Executive Lead	Operational Lead	Action Required	Due Date	Method of Measuring Compliance	BRAG Rating	Signpost to evidence of full compliance	Latest Commentary
SD02	Review safeguarding paperwork to ensure it can be easily identified in patient's records.	Quality Report Published 17 March 2017	Safe	Regulation 12: Safe care and treatment	Director of Nursing	Head of Safeguarding			TBC		TBC	
SD03	Ensure there is a system in place to identify Looked after Children (LAC) in the children's emergency department.	Quality Report Published 17 March 2017	Safe	Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment	Director of Clinical Operations W&C	Senior Matron - Emergency Medicine Programme			Monthly Audit of practice and reporting to Safeguarding Board until embedded		Safeguarding Board Key Issues Report to QIG	
SD04	Enhance play specialist provision in line with national guidance.	Quality Report Published 17 March 2017	Effective	Regulation 09: Person-centred care	Director of Clinical Operations W&C	General Manager - Acute & Community Paediatric Programme			TBC		W&C Directorate Management Board minutes	
SD05	Ensure children's names and ages or not visible to the public, in compliance with the trusts 'Code of conduct for Employees in Respect of Confidentiality' policy.	Quality Report Published 17 March 2017	Safe	Regulation 17: Good Governance	Director of Clinical Operations W&C	Senior Matron - Acute & Community Paediatric Programme			TBC		W&C Directorate Management Board minutes	
SD06	Ensure compliance with NICE QS94, and ensure children, young people and their parents or carers are able to make an informed choice when choosing meals, by providing them with details about the nutritional content.	Quality Report Published 17 March 2017	Effective	Regulation 14: Meeting Nutritional and Hydration Needs	Director of Clinical Operations W&C	Senior Matron - Acute & Community Paediatric Programme			TBC		W&C Directorate Management Board minutes	
SD07	Identify risks for the outpatient risk register.	Quality Report Published 17 March 2017	Well Led	Regulation 17: Good Governance	Director of Clinical Operations CSD	General Manager - Outpatients & Imaging Programme	OPD risks are captured on the Coordinated Surgical Directorate risk register in relation to RTT		TBC		RiskAssure	
SD08	Begin monitoring the availability of patient records in outpatient clinics.	Quality Report Published 17 March 2017	Safe	Regulation 12: Safe care and treatment	Director of Clinical Operations CSD	General Manager - Outpatients & Imaging Programme			TBC		TBC	
SD09	Ensure that referral to treatment times improve in line with the national targets.	Quality Report Published 17 March 2017	Responsive	Regulation 12: Safe care and treatment	Director of Clinical Operations CSD	?? All DCOps			TBC		TBC	
SD10	Monitor the turnaround times for production of clinic letters to GPs following clinic appointments.	Quality Report Published 17 March 2017	Responsive	Regulation 12: Safe care and treatment	Director of Clinical Operations CSD	General Manager - Outpatients & Imaging Programme			TBC		TBC	
SD11	Ensure there is sufficient resource in allied health professionals teams to meet the rehabilitation needs of patients (ICU Physiotherapists).	Quality Report Published 17 March 2017	Safe	Regulation 18: Staffing	Director of Clinical Operations ACC	Head of Therapies			TBC		TBC	
SD12	Ensure medical cover in the CCU is provided to an extent that nurses are fully supported to provided safe levels of care.	Quality Report Published 17 March 2017	Safe	Regulation 18: Staffing	Director of Clinical Operations ACC	Clinical Director - Acute Specialist Medicine			TBC		TBC	
SD13	Medicines and IV fluids should be stored securely and safely .	Quality Report Published 17 March 2017	Safe	Regulation 12: Safe care and treatment	Director of Nursing	Deputy Directors of Nursing (All)			TBC		TBC	
SD14	Ensure equipment cleaning is thorough, including the undersides of equipment (maternity and clinical cleaning).	Quality Report Published 17 March 2017	Safe	Regulation 12: Safe care and treatment	Director of Clinical Operations W&C	Head of Midwifery			TBC		TBC	
SD15	Ensure there is a policy or guidelines in place in regards to babies' identification.	Quality Report Published 17 March 2017	Effective	Regulation 17: Good Governance	Director of Clinical Operations W&C	Head of Midwifery			TBC		TBC	
SD16	Display 'do not disturb' signs on the delivery suite rooms.	Quality Report Published 17 March 2017	Caring	Regulation 10: Dignity and Respect	Director of Clinical Operations W&C	Head of Midwifery			TBC		TBC	
SD17	Ensure complaints are responded to in accordance with the trust's policy for responding to complaints.	Quality Report Published 17 March 2017	Responsive	Regulation 16: Receiving and Acting on Complaints	Director of Corporate Governance & Risk	Directors of Clinical Operations (All)			Via PRM		Corporate Governance Compliance Dashboard	
SD18	Meet the national standards for Referral to treatment times (RTT) for medical care services and continue to reduce the average length of stay of patients.	Quality Report Published 17 March 2017	Responsive	Regulation 12: Safe care and treatment	Director of Clinical Operations ACC	??			TBC		TBC	
SD19	The driving gas for nebulised therapy should be specified in individual prescriptions	Quality Report Published 17 March	Safe	Regulation 12: Safe care and treatment	Medical Director	Chief Pharmacist			TBC		TBC	
SD20	Continue to address issues with flow to improve performance against national standards.	Quality Report Published 17 March 2017	Responsive	Regulation 12: Safe care and treatment	Director of Clinical Operations ACC	? All DCOps	For inclusion in the Trust Improvement Programme (Phase 3).		TBC		TBC	
SD21	Repair/replace the two patient call bells in the majors overflow area.	Quality Report Published 17 March 2017	Safe	Regulation 15: Premises and Equipment	Director of Clinical Operations ACC	Senior Matron - Emergency Medicine Programme			TBC		TBC	
SD22	Install a hearing loop in the emergency department reception area.	Quality Report Published 17 March 2017	Responsive	Regulation 15: Premises and Equipment	Director of Clinical Operations ACC	General Manager - Emergency Medicine Programme			TBC		TBC	
SD23	Consider how staff are made aware of internal escalation processes.	Quality Report Published 17 March 2017	Responsive	Regulation 12: Safe care and treatment	Director of Clinical Operations ACC	Senior Matron - Emergency Medicine Programme			TBC		TBC	
SD24	Take action to ensure patients recover from surgery in appropriate wards where their care needs can be met.	Quality Report Published 17 March 2017	Responsive	Regulation 12: Safe care and treatment	Director of Clinical Operations CSD	??			TBC		TBC	
SD25	The trust should take action to ensure there is sufficient access to equipment. In particular, sufficient sling hoists for patients on Arethusa and Pembroke Wards and sufficient access to computers for staff throughout the surgical directorate.	Quality Report Published 17 March 2017	Safe	Regulation 15: Premises and Equipment	Director of Clinical Operations CSD	Directors of Clinical Operations CSD			TBC		TBC	
SD26	Improve the provision of side rooms for end of life care (EoLC) patients on wards and improve facilities for relatives to stay by the bedside.	Quality Report Published 17 March 2017	Responsive	Regulation 09: Person-centred care	Director of Nursing	Deputy Directors of Nursing (All)			TBC		TBC	

Ref	Recommendation	Source	CQC Domain	Fundamental Standard	Executive Lead	Operational Lead	Action Required	Due Date	Method of Measuring Compliance	BRAG Rating	Signpost to evidence of full compliance	Latest Commentary
SD27	Improve the timescales for provision of Death certificates.	Quality Report Published 17 March 2017	Responsive	Regulation 09: Person-centred care	Director of Clinical Operations CSD	General Manager - Outpatients & Imaging Programme			TBC		TBC	

Medway NHS
NHS Foundation Trust

Report to the Board of Directors

Board Date : 05th April 2017

Title of Report	Integrated Quality Performance Dashboard - Update
Presented by	N/A
Lead Reporting Director	Darren Cattell Director of Finance, however **Executive Team accountability**
Committees or Groups who have considered this report	Quality Assurance Committee Quality Improvement Committee
Executive Summary	To inform Board Members of February's performance across all functions and key performance indicators. A full report will be presented to the next Board. Key points are: • The Trust did not achieve the **four hour ED target** for February. Performance has increased from 71.96% in January to 76.17% in February. The main reasons for under achievement against the 4 hour ED Target as outlined by the Operational Teams are; o Flow issues caused by an increase in critical attendances and in outliers o The whole system of Medway and Swale indicated a high level of pressure o Bed occupancy was 94.64% • The Trust has reported a total of 8 **12 hour breaches** in February compared to 16 reported in January. • **HSMR** has increased slightly to 102.9 when compared to the previous rolling 12 month period. We remain within benchmarked limits when compared with other Trust's nationally. • This month saw a doubling of the number of **Mixed Sex Accommodation** breaches, these totalled 56 in February. • **RTT** performance has seen a small decrease in performance at 76.45% from 77.02%, however remains above the revised trajectory following the elective pause.

	• **Cancer targets** have not all been achieved. The 2 week wait performance decreased by 7% to 89.16%. The performance for the two week wait for Breast Symptomatic remains above target for the fifth month running. • There were decrease number of **falls** in February (59) when compared to January (103) • 46 complaints were reported in month, an decrease of 31% from the 67 in January • 84.55% of our staff have now had an **appraisal**, slightly down on last month by 0.5%
Resource Implications	N/A
Risk and Assurance	See report
Legal Implications/Regulatory Requirements	N/A
Recovery Plan Implication	Supports the Recovery Plan in the following areas: Workforce, Data Quality, Nursing, Finance
Quality Impact Assessment	See report as appropriate
Recommendation	N/A
Purpose & Actions required by the Board :	Approval ☐ Assurance ☐ Discussion ☐ Noting ☒

NHS Medway NHS Foundation Trust

Integrated Quality and Performance Report

March 2017

Please note the data included in this report relates to **February** performance. Executive updates are now included within this report.

Best of care Best of people

Contents

Legend					
↑↓	Performance has improved since the previous month.	↑↓	Performance has deteriorated since the previous month.	↔	Performance has not changed since the previous month.

Best of care
Best of people

8460 Patients visited our ED , which is a **7% decrease** on the previous month, with **76.17%** seen within 4 hours, compared to 71.96% . **1670** Patients were admitted, with a **decreased** conversion rate of **19.7%** compared to 20.4% in January

There were **4707** total patient admissions in February, and **4722** patients were discharged.

Bed Occupancy **decreased** by **1.86%** in February to **94.64%**.

2761 patients arrived at ED via ambulance which is over a **15.07% decrease** on last month

38.1% Of ambulance patients were seen in under 15 minutes

February's Story....

364 Babies were delivered in the month of February (**66** less than January) with the Emergency C-Section rate **increasing** by **1.53%** from the previous month to **17.58%**

HSMR has slightly **increased** from the previous month to **102.93** - a slight increase compared to January's value of **101.4**

84.55% of staff have had an appraisal which is a **0.47% decrease** on the previous month

24156 Patients attended an outpatient appointment with **8.8%** DNA rate which is a decrease of **0.3%** on last month

There were **59** total falls in February, compared to **103** in January; a significant improvement

RTT Overall Incomplete Pathways for February was **76.45%** which decreased by **0.57%** on previous month. The trust also reported **34** x 52 week waiters which increased by **14** from January

31 day subsequent treatment surgery cancer target has decreased by **17.24%** to **82.76%** in January (reported one month in arrears)

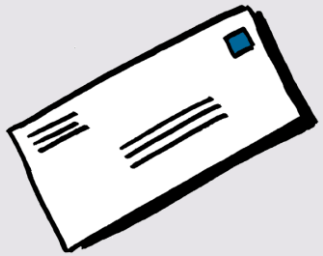
2 Week Wait symptomatic breast consistently remains above target of **93%** in January with performance of **94.32%**

2 Week Wait cancer performance for January was **89.16%** (reported one month in arrears) . This is a **7.33%** decrease on December's performance

February's Performance....

95.43% of Patients waited under 6 weeks for diagnostic tests in the month of February, this has increased by **4.59%** since January's reported performance

Number of complaints received in February at **46** decreased from those received in January by **31.3%**. In February **34%** of complaints previously received were responded to within 30 working days



There were **56** Mixed Sex Accommodation breaches in February which was a **51.35%** increase from January's performance

Safe

Legend: Compliant with target / Breaching target

Serious Incidents

As at 28 February 2017 there are a total of 47 open Serious Incidents (SIs). The key issues of note are as follows:

- Open SIs within allocated timeframe – **28**
- Open SIs breaching the allocated timeframe – **19**

- SIs closed by the CCG SI panel during February 2017 - **21**
- **28** SIs have been submitted for closure at the March CCG SI Panel – including the aggregate falls report produced from the SWARM learning event held in January 2017
- SIs retracted during February 2017 – 11 (9 x 12 hour breaches incorrectly classified, 1 x SDTI classified incorrectly as a grade 3 pressure ulcer, 1 x impact fracture incorrectly classified as a fall to #NOF)

Remedial Actions:

- A Pressure Ulcer SWARM learning event was held on 23 February 2017 - Agreement has been received from the CCG to submit an aggregate report which will result in **the closure of 13 SIs** (7 breaching and 6 within allocated timeframe): The aggregate report will be submitted during March for review at the April CCG SI Closure Panel
- The new Trust SI Panel will hold its first meeting on 7 March 2017 – focus will be on adherence to the national NHSE SI framework and learning the lessons

MRSA – One case in the month, the RCA has been completed. The findings show that this is likely to be an endogenous infection rather than a healthcare infection. We are awaiting the decision at arbitration as to whether or not the case will be attributed to the Trust or to a third party.

C Diff There were two cases within the month, both RCA's have been completed, showing one case was avoidable and one was unavoidable. The two cases were on the same ward but with different ribotypes indicating that there was no cross transmission. The ward remains under enhanced infection control measures.

Falls There was a slight decrease in number of falls to fracture within month. Following a SWARM event in February a falls prevention strategy is in place with specific interactions that were implemented in February, such as Funky Frames.

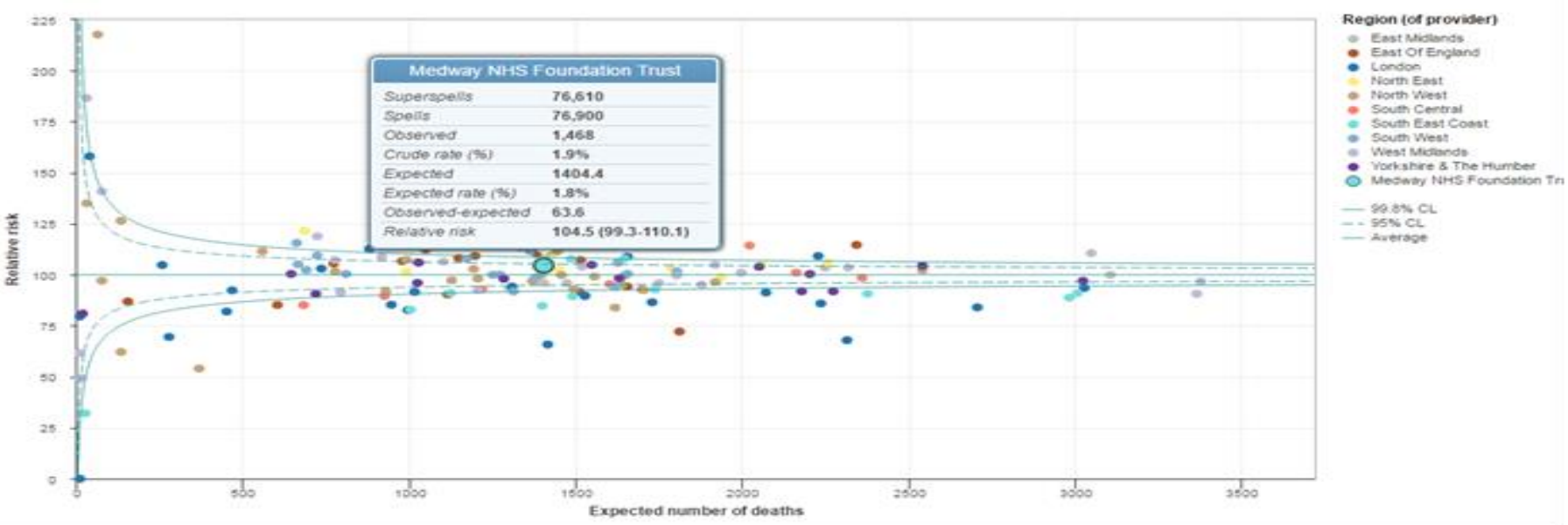
74 of 184.

Mortality

The Trust's position within the published mortality indicator, the Hospital Standardised Mortality Ratio (HSMR) continues to sit just above the baseline of 100.

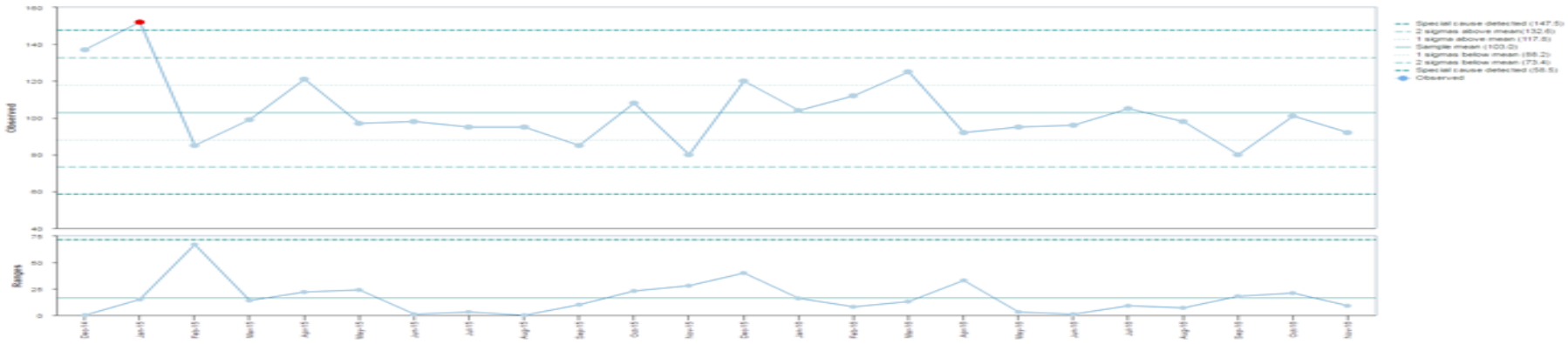
The latest HSMR value (December 2015—November 2016) is 104.5 (figure 1) and is within benchmarked limits when compared with other Trust's nationally, however it does represent a slight increase when compared to the previous rolling 12 month period.

Figure 1

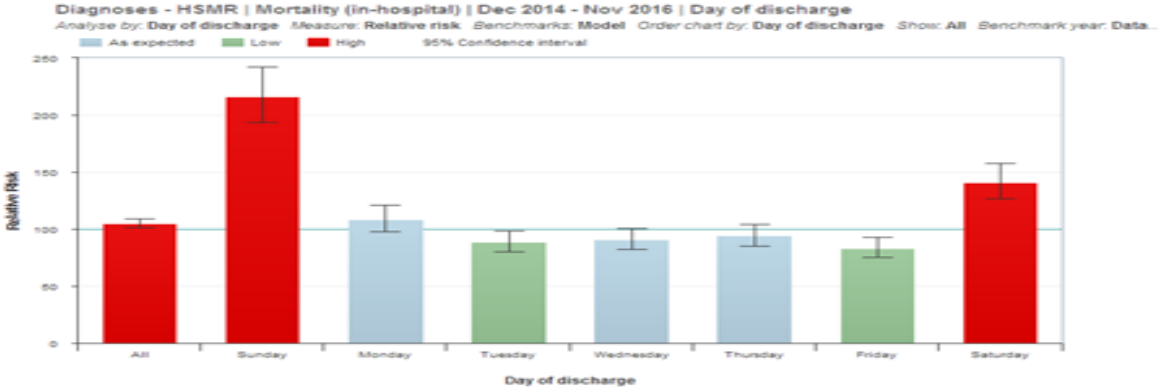


The in month HSMR for November 2016 sits just below the baseline at 99.1, the in month HSMR trend over the last 24 month period that can be reported (December 2014 – November 2016) is shown in Figure 2.

Figure 2



- The Hospital Standardised Mortality Ratio (HSMR) (December 2014 – November 2016) for mortalities with Saturday or Sunday as day of discharge is statistically significantly high (Figure 3). The Coordinated Care and Surgery Directorate have carried out a full review of all deaths since July 2016 including by day of surgery and subsequent death, surgeon, hour of surgery, emergency versus elective, complications following surgery that may contribute to mortality. They have found no trends on any of these parameters and are now going to look at depth of coding as we are below the national average. This was presented to QAC in March 2017.



The latest Summary Hospital-level Mortality Indicator (SHMI) value for the Trust (July 2015 – June 2016) is 1.10 and is 'as expected' when viewed in relation to other Trusts nationally. The data for the next SHMI period (October 2015 – September 2016) will be released on 23rd March 2017 and the Trust is optimistic this indicator will continue to show improvement.

Effective Page 10

CQUIN – Please see CQUIN update under effective.

Caring Page 10

- **Complaints**
  In December, responding to complaints within 30 working days dropped by 16% to 34%. This drop in performance is attributable to operational pressures taking priority as well as the backlog team leaving at the end of November. Further work continues to improve performance and Trust oversight. A communications campaign on complaints management has recently been rolled out, together with training for staff. Datix Web will be used from 1 April and this will show granularity of performance, helping clinical directorates to identify exactly where performance is not meeting Trust requirements.

Responsive Page 10

- **ED**
  8460 attenders in February was 7% decrease on January's activity resulting in an improvement of the 4 hour performance of 76.1% Of these attenders 2761 were ambulance attenders, which was a 15% decrease on January. There were 1647 emergency admissions down by 10% from previous month but an increase from this time last year. However the decrease in activity was result of two weeks were numbers went to below average. Over the other weeks the site was mostly in internal black escalation (Opel level 4) with the whole system of Medway & Swale mostly at Opel Level 3 indicating a high level of pressure within all providers in ability to provide enough beds or placements , either hospital or community, for the demand. This is reflected in the flow indicators in ED with increased delays at both 80th and 95th percentile, and a total of 2 reportable 12 hour breaches through the month, due to unavailability of inpatient beds. Throughout MFT has remained one of the highest performers in the Region in relation to Ambulance handover time compliance, and has worked collaboratively with SECAMB to mitigate the risk of Immediate Handover (IA) which has occurred regularly due to surge pressures on both systems.

RTT

RTT performance is 76.45% a decrease of 0.57% on the previous month, this remains better than the revised trajectory agreed with the CCG and NHSi. Some elective activity has been cancelled in order to support the management of emergency demand. The management of elective activity is being supported through further use of the independent sector.

Cancer

- **2WW** - The Trust failed to meet the 2 week wait standard across four tumour sites. This was predominantly due to lack of clinic capacity, due to consultant vacancy for Skin (including children) but also patient choice and availability across e remaining non-compliant tumour sites.

- The Trust is compliant with the 2 week wait symptomatic breast standard

- **31D** - The Trust has marginally failed to achieve the 31 day first definitive treatment standard. This is as a result of four shared Urology patients.

  Three patients originated from Maidstone; two of which had surgery dates agreed with the referring Trust outside of the standard and a further breach with no details regarding delays prior to referral. One patient originated from Darent Valley where surgery was delayed due to reduced theatre capacity over the Christmas holiday period.

  The Trust failed to meet the 31 day subsequent surgery treatment standard. Two skin patient breaches were as a result of patient choice to delay surgery and the third was due to reduced theatre capacity over the Christmas period. One Urology breach was due to cancellation by the Trust due to bed availability and the second patient was delayed due to the requirement for a Cardiologist opinion prior to surgery.

  The Trust is compliant with the 31 day subsequent drug treatment standard. The Trust failed to meet the 62 day GP referral standard. Pathway breaches were varied due to complex pathways, delays to diagnostic tests and patient cases being discussed across numerous MDTs.

- **62D** - The Trust failed to meet the 62 day screening service standard as a result of one Lower GI patient. The Bowel Cancer Screening Programme wrote to the patient's GP regarding suitability for a procedure due to current medication. Unfortunately the GP did not respond for four months which delayed the initial diagnostic test.

  There is no performance standard for 62 consultant upgrades. The two breaches in Lung were as a result of patient choice due to availability and needle phobia requiring additional diagnostics.

Well Led Page 12

Recruitment and retention remain the areas of significant focus. The increased recruitment efforts over recent months show an improving position with the highest number of starters for some months. This will support the reduction and reliance on temporary staffing usage and expenditure.

Extensive work has been undertaken regarding temporary staffing usage and this has resulted in a significantly improved position.

Enablers Page 13

The data quality team are continuing to work through the follow up review lists specialty by specialty. The validation of the Neurology and Neuro-otology review lists is now complete. The secretaries responsible for managing the review lists have been briefed and provided with further training to enable them to manage the lists going forward.

The team have now started to validate the review lists and overall care pathways for West Kent Dermatology patients to support the transition of the patient's care to the West Kent Providers by the end of March 2017.

The data quality team have also started to validate records affected by an OASIS bug that allows appointments to be booked and not linked to a referral, and subsequently the patient is potentially not being monitored against an RTT pathway. There are currently 316 appointments affected.

3. Safe

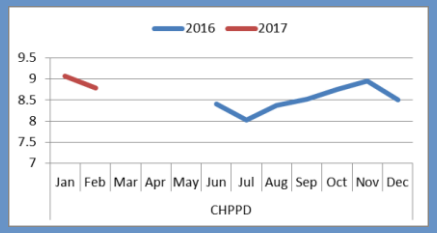
		Monthly Target	RAG Status	Trend Dec-16	Trend Jan-17	Trend Feb-17	Trend Movement	Trend YTD avg	Data Quality	Alignment Carter	Alignment SOF	Alignment Quality Account / CQUIN
1.1.3.2	Potential under-reporting of patient safety incidents (Quarterly)	Information on NRLS under review from DOH.										
1.1.4	Never events	0	G	1.00	0.00	0.00	⇔	0.2				✓
1.1.4.1	Never Events - Incidence Rate	0.00%	G	0.04%	0.00%	0.00%	⇔	0.0			✓	
1.1.5	Incidents resulting in death	0	R	1.00	7.00	7.00	⇔	4.2				✓
1.1.6	Incidents resulting in severe harm (per 1000 bed days)	0.11	R	0.60	0.39	0.29	↓	0.24				✓
1.1.7	Incidents resulting in moderate harm (per 1000 bed days)	1.87	R	1.61	1.95	2.30	↑	1.7				✓
1.1.10	Incidents with moderate or severe harm with duty of candour response	100%	R	47.0%	58.5%	71.7%	↑	13.6				✓
1.1.14	Pressure ulcers (grade 2) attributable to trust	10	R	12.00	13.00	11.00	↓	11.0				✓
1.1.15	Pressure ulcers (grade 3&4)	0	G	4.00	0.00	0.00	⇔	1.2				✓
1.1.17	Patient falls with moderate or severe harm (per 1000 bed days)	0.2	G	0.13	0.13	0.07	↓	0.1				
1.1.18	Falls per 1000 bed days	6.63	G	4.68	6.55	4.23	↓	5.2				
1.1.19	Number of falls to fracture (per 1000 bed days)	0.2	G	0.13	0.25	0.07	↓	0.2				
1.1.20	NHS England/NHS Improvement Patient Safety Alerts Outstanding	0	G	0.00	0.00	0.00	⇔	0.0			✓	
1.1.21	% Duty of Candour with first letter	*Datix system being reconfigured to allow accurate data capture.*										
1.2.2	New VTEs - point prevalence in month	0.36%	R	0.4%	0.62%	1.01%	↑	0.6%			✓	
1.2.7	Emergency c-section rate	<15%	R	17.3%	16.6%	18.1%	↑	17.2%				
1.3.1	MRSA screening of admissions	95%	R	84.1%	93.4%	92.9%	↓	93%				✓
1.3.2	MRSA bacteraemia (trust – attributable)	0	R	0.00	0.00	1.00	↑	0			✓	
1.3.3	C-Diff acquisitions (Trust-attributable; post 72 hrs)	2	G	1.00	7.00	2.00	↓	2			✓	✓
1.4.1	Hospital Standardised Mortality Ratio (HSMR) (2 months in arrears)	100	R		102.9		↑	102.3			✓	✓
1.4.1.2	Weekend Hospital Standardised Mortality Ratio (HSMR) (2 months in arrears)	100	R		108.2		⇔	105.3			✓	
1.4.2	Summary Hospital-level Mortality Indicator (SHMI)	100	R		110		⇔	112			✓	✓

Commentary	Actions
Incident Data for February is a provisional picture pending full validation, which will be completed under best practice guidelines by the end of March.	Please see Executive Summary

Safe Staffing – Nursing Update - Highlights

Care Hours per Patient per Day

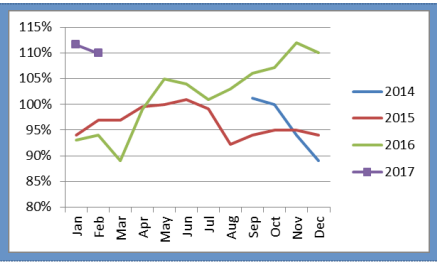
We have continued to see good performance with the CHPPD remaining above 8 since April 2016.



Further work is being undertaken to ensure wards are adequately staffed for their activity, and patients remain safe.

Safe Staffing

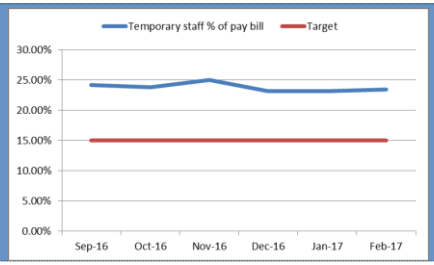
There has been a small decrease in the amount of actual hours worked vs plan, as hospital activity has reduced.



Staffing issues are being risk assessed daily, with staff being deployed from other areas where appropriate.

Temporary Staffing

The Trust remains below target for Temporary Staffing.



The Trust is working to transfer staff from Agencies to the Trust's staffing bank, to reduce the Agency spend.

Staffing Levels – Nursing & Clinical Support Workers

			Day				Night				Day		Night		Quality Metrics / Actual Incidents					Associate Chief Nurse (Divisonal) review	
			Registered Staff		Care Staff		Registered Staff		Care Staff												
Directorate	WARD	Bed	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	*Average fill rate - registered staff (%)*	*Average fill rate - care staff (%)*	Average fill rate - registered staff (%)	Average fill rate - care staff (%)	Number of escalations of nurse staffing	Number of hospital acquired Pressure Ulcers grade 2 and above	Number of Falls withmoderate to severe har	Number of patient related medication errors - moderate to severe harm	Number of complaints relating to nursing care	ACND rag rating	Assurance statement
Acute & Continuing Care	Bronte Ward	18	1318	1163	1014	947	987	975	635	646	*88%*	*93%*	*99%*	*102%*	0		0	0	0		The ward sister worked clinically to support the ward. When the acquity of the ward is high staff receive support from Medical High Dependency Unit
Acute & Continuing Care	Byron Ward	26	1245	1585	918	1537	923	1361	945	1111	*127%*	*167%*	*148%*	*118%*	0		0	0	0		
Acute & Continuing Care	CCU	4	631	658	0	0	644	674	0	0	*104%*		*105%*		0		0	0	0		
Acute & Continuing Care	Gundulph	25	1813	1194	1511	1225	1210	1243	1210	1143	*66%*	*81%*	*103%*	*94%*	6		0	0	1		There are a number of long term vacancies and recuritment plan is implemented. The agency nurses that previously rostered did not renew their contract. The ward sister works clinically. A risk assessment completed and is reviewed weekly. This include temporary staffing looking ahead and prioritising at risk shifts. on a daily basis staffing is review and were appropriate staff redeployed from other areas.
Acute & Continuing Care	Harvey Ward	24	1010	1355	1467	1233	923	1200	934	1087	*134%*	*84%*	*130%*	*116%*	1		0	0	1		
Acute & Continuing Care	Keats Ward	27	1372	1504	1071	1028	924	1235	924	957	*110%*	*96%*	*134%*	*104%*	0		0	0	0		
Acute & Continuing Care	Lawrence Ward	19	991	1010	791	866	619	720	630	641	*102%*	*110%*	*116%*	*102%*	0		0	0	0		
Acute & Continuing Care	Milton Ward	27	1308	1864	1047	1845	923	1338	900	1499	*143%*	*176%*	*145%*	*167%*	0		0	0	0		
Acute & Continuing Care	Nelson Ward	24	1365	1168	1065	1178	924	981	616	754	*86%*	*111%*	*106%*	*122%*	0		0	0	0		
Acute & Continuing Care	Sapphire Ward	28	1433	1364	2132	2098	902	1210	1232	1360	*95%*	*98%*	*134%*	*110%*	1		0	0	0		
Acute & Continuing Care	Tennyson Ward	27	1605	1111	1122	1155	945	944	945	1014	*69%*	*103%*	*100%*	*107%*	0		0	0	0		The ward sister works clinically and staffing is reviewed on a daily basis. 121 specials were used for 2 patients
Acute & Continuing Care	Wakeley Ward	25	1712	1314	1424	1288	1249	1204	1249	1260	*77%*	*90%*	*96%*	*101%*	0		0	0	0		The Ward sister works clinically and staffing is reviewed on a daily basis. Staff are redeployed from other areas when appropriate
Acute & Continuing Care	Will Adams Ward	26	1324	1233	1060	1295	913	924	902	1199	*93%*	*122%*	*101%*	*133%*	0		0	0	1		
Co-ordinated Surgical	Arethusa Ward	27	1707	2617	1014	1346	1221	1584	924	1934	*153%*	*133%*	*130%*	*209%*	0		0	0	1	G	Staff in Arethusa and Pembroke work flexibly across the units to ensure safe staffing.
Co-ordinated Surgical	ICU	9	3364	2954	0	0	3071	2923	0	0	*88%*		*95%*		0		0	0	0		ITU activity was uncharacteristically low and on occasions there were a number of empty beds. Staffing was adjusted
Co-ordinated Surgical	Kingfisher SAU	14	1663	1890	1388	1463	1232	1562	616	616	*114%*	*105%*	*127%*	*100%*	0		0	0	1		Due to operational pressures The assessment unit trolley spaces can be bedded. This adjusts the staffing ratio
Co-ordinated Surgical	McCulloch Ward	24	1413	1981	982	1464	924	1432	913	1537	*140%*	*149%*	*155%*	*168%*	0		0	0	1		A number of vulnerable patients are on the ward require specialist 1:1 nursing care and staffing levels are adjusted
Co-ordinated Surgical	Medical HDU	6	1287	1298	325	310	966	958	322	354	*101%*	*95%*	*99%*	*110%*	0		0	0	0		Staff work flexibly across all critical care areas to ensure safe staffing levels.
Co-ordinated Surgical	Pembroke Ward	27	1376	1237	1014	1409	913	1177	924	1187	*90%*	*139%*	*129%*	*129%*	0		0	0	0		Staff in Arethusa and Pembroke work flexibly across the units to ensure safe staffing.
Co-ordinated Surgical	Phoenix Ward	30	1665	2007	1333	1372	1221	1552	1199	1254	*121%*	*103%*	*127%*	*105%*	0		1	0	0		A number of vulnerable patients are on the ward require specialist 1:1 nursing care and staffing levels are adjusted
Co-ordinated Surgical	SDCC	26	1920	1779	1383	943	605	1133	594	592	*93%*	*68%*	*187%*	*100%*	1		0	0	0		The Day Surgery / 23 hr stay unit has been bedded due to operational activity. Staffing ratio's have been adjusted and
Co-ordinated Surgical	Surgical HDU	10	1979	1922	345	383	1519	1571	0	22	*97%*	*111%*	*103%*		0		0	0	0		Staff work flexibly across all critical care areas to ensure safe staffing levels.
Co-ordinated Surgical	Victory Ward	18	1031	1658	704	980	924	920	616	1545	*161%*	*139%*	*100%*	*251%*	0		0	0	0		A number of vulnerable patients are on the ward require specialist 1:1 nursing care and staffing levels are adjusted
Women & Childrens	Delivery Suite	15	2680	2658	530	539	2688	2669	468	466	*99%*	*102%*	*99%*	*100%*	0		0	0	0		safe staffing across the unit
Women & Childrens	Dolphin (Paeds)	34	2900	2734	652	1045	2243	2206	322	368	*94%*	*160%*	*98%*	*114%*	0		0	0	0		safe staffing across the unit
Women & Childrens	Kent Ward	24	922	946	423	417	672	672	588	551	*103%*	*99%*	*100%*	*94%*	0		0	0	0		safe staffing across the unit
Women & Childrens	NICU	25	3194	3059	195	150	3151	3037	0	0	*96%*	*77%*	*96%*		0		0	0	0		unit closed to mainatin patient safety
Women & Childrens	Ocelot Ward	12	807	920	479	787	685	675	336	682	*114%*	*164%*	*99%*	*203%*	0		0	0	0		safe staffing maintained
Women & Childrens	Pearl Ward	23	1019	1110	642	612	1008	1002	336	324	*109%*	*95%*	*99%*	*96%*	10		0	0	0		safe staffing
Women & Childrens	The Birth Place	9	1011	980	336	336	1002	986	336	336	*97%*	*100%*	*98%*	*100%*	5		0	0	0		safe staffing
	Trust total	**633**	**47,063**	**48,273**	**26,362**	**29,246**	**36,128**	**40,065**	**19,615**	**24,436**	***102.6%***	***110.9%***	***110.9%***	***124.6%***	**24**	**0**	**1**	**0**	**6**		

Commentary

On-going daily assessments are in place to ensure safe staffing across acute and surgical care to ensure all areas are covered appropriately.

Actions

Recruitment plan in place to increase staffing.
Ward sisters are working clinically when staffing requires them to do so.
Work is ongoing to look at the role of the CSW for 1:1 when required.

Safe Staffing– Nursing Update KPIs

		Monthly Target	RAG Status	Trend Dec-16	Jan-17	Feb-17	Movement	YTD avg	Trend	Data Quality
1.5.2	Vacancy Rate (Overall)	8%	R		33.95%	31.65%	↓	0.3		
1.5.3	Total Vacancies (WTE)	TBC			397.33	398.79	↑	398.1		
1.5.4	Vacancy Rate (Band 5)	TBC			50.18%	46.23%	↓	0.5		
1.5.5	Vacancy Rate (Band 6)	TBC			47.24%	35.70%	↓	0.41		
1.5.6	Vacancy Rate (CSW)	TBC			16.33%	16.33%	↔	0.2		
1.5.7	Nursing Starters	TBC			21	10	↓	15.5		
1.5.8	Nursing Leavers	TBC			11	7	↓	9.0		
1.5.9	CWS Starters	TBC			38	23	↓	30.5		
1.5.10	CWS Leavers	TBC			9	3	↓	6.0		
1.5.11	Rolling annual turnover rate	8%	R		9.00%	9.67%	↑	0.1		
1.5.12	Total WTE % Substantive	85.00%	R	81.32%	77.94%	82.22%	↑	0.8		
1.5.13	Total WTE % Bank	TBC		6.56%	5.65%	6.65%	↑	0.1		
1.5.15	Total WTE % Agency	15.00%	G	12.13%	16.41%	11.14%	↓	0.13		
1.5.16	Safe Staffing	94.00%	G	110.0%	111.6%	110.0%	↓	110.5%		
1.5.17	CHPPD	8.00	G	8.51	9.07	8.78	↓	879%		

Please note all indicators with a TBC target will be developed with a calculated baseline once 6 months of data is available.

Commentary	Actions
The trust has held 2 nursing assessment days and 2 CSW assessment days. We have a similar timetable for March. There has also been an increase in the bank staffing we are recruiting.	Exit interviews and themes will be available next month for the last quarter, with a focus on retention.

4. Effective

		Monthly Target	Status	Trend						Alignment		
			Status	Dec-16	Jan-17	Feb-17	Movement	YTD avg	Data Quality	Carter	SOF	Quality Account / CQUIN
2.5.4	Emergency Readmissions within 28 days	5%	R	11.4%	17.0%	9.8%	⇩	11%			✓	
2.6	Discharges before noon	25%	R	16.3%	13.7%	14.3%	⇧	14%			✓	✓

National CQUIN Value				
Ref.	**December Status**	**January Status**	**Dec-16**	**Jan-17**
NHS Staff and Wellbeing Physical, Mental & Physio			Next reporting period is Q4	Next reporting period is Q4
NHS Staff and Wellbeing food			Next reporting period is Q4	Exploring a vending machine with healthy options. Action plan has been updated and will be sent to Commissioners in February 2017 to ascertain provisional confirmation of Q4 achievement.
NHS Staff and Wellbeing flu			MFT has submitted data on the ImmForm website CQUIN target date is 31st December 2016, and final data for December 2016 was submitted on ImmForm on 12th January 2017. An additional 4 eligible immunisations were provided in quarter 3, but are not included in the ImmForm data as forms were not received by 31st December. Actual Imms Given: Eligible Staff = 3,2017. Received flu vaccine = 2,407. % = 75.05%. Reported on ImmForm: Received flu vaccine: 2,403. % = 74.93%	Next reporting period is Q4
Sepsis 2a			Partially achieved at 5%	Targets for Q3 have been met but CCG report that we have failed to date because we have not submitted data to Unify. Realistically for Q4 we will struggle to meet the 90% target. In
Sepsis 2b			Achieved Q3	
Antimicrobial Resistance 5a - reduction			On target to deliver. Bal and Prina (CCG pharmacist) confirmed with Busola that Q2 has been met. Awaiting reconcillation for Q3	Q3 reconcillation being completed, but initial report from the CCG is that we have failed to achieve this CQUIN for Q3.
Antimicrobial Resistance 5b - review			On target to deliver. Bal and Prina (CCG pharmacist) confirmed with Busola that Q2 has been met. Awaiting reconcillation for Q3	Q3 reconcillation being completed, but initial report from the CCG is that we have failed to achieve this CQUIN for Q3.
Joint Formulary			E-referral is functioning and referrals are being electronically received into the department since September 2016.	E-referrals is continuing successfully. Commissioner has confirmed Q3 achieved. On target for Q4. Plans are in place to incorporate this into the Trust e-referral system.
Medicines Reconcilliation			As previously agreed with the CCG, the Ante-natal and Post-natal revised templates went "live" on 5th December 2016 as planned. A meeting was held with the CCG on the 9th December 2016 to confirm this and that further templates will "go live" in Q4 as agreed. MFT and CCG have agreed to revalidate the baseline report. Q3 achieved	On target to achieve
Review of patients on Oral Nutritional Supplements			Data submitted for Q3.	Commissioner has confirmed that Q3 targets have been achieved. Some further clarity has been requested. COAST are seeing the benefit and have indicated that they will continue with this.
Reduction in Community Acquired Pressure Ulcers			Data for Q3 submitted to NHSE. Awaiting reconcillation for Q1, Q2 and Q3.	Awaiting reconcillation by NHSE
Discharge Before Midday			Data for Q3 submitted to NHSE. For Q3, 25% discharged within 4 hours, 45% discharged between 4 and 24 hours, 30% discharged after 24 hours. Awaiting reconcillation for Q1, Q2 and Q3	Awaiting reconcillation by NHSE
Paediatric outpatient referral management system			The action plan to increase uptake of school aged immunisations has been submitted to Public Health.	This is on target to achieve Q4. There is a risk for 2017-19 as we have lost the KCC school nursing tender and will be losing 8 school nurses on 1st April 2017.
Development of Electronic Discharge Note			Awaiting update	On target to achieve
Paediatric asthma and wheeze pathway			Awaiting update	Commissioner has confirmed that Q3 targets have been achieved. Some further clarity has been requested. COAST are seeing the benefit and have indicated that they will continue with this.
Optimal Device			Data for Q3 submitted to NHSE. Awaiting reconcillation for Q1, Q2 and Q3.	Awaiting reconcillation by NHSE
Adult Critical Care Timely Discharge			Data for Q3 submitted to NHSE. For Q3, 25% discharged within 4 hours, 45% discharged between 4 and 24 hours, 30% discharged after 24 hours. Awaiting reconcillation for Q1, Q2 and Q3	Awaiting reconcillation by NHSE
Increase take up of School Immunisation			The action plan to increase uptake of school aged immunisations has been submitted to Public Health.	This is on target to achieve Q4. There is a risk for 2017-19 as we have lost the KCC school nursing tender and will be losing 8 school nurses on 1st April 2017. Awaiting reconcillation by Public Health

5. Caring

		Monthly Target	RAG Status	Trend Dec-16	Jan-17	Feb-17	Movement	YTD avg	Data Quality	Alignment Carter	SOF	Quality Account / CQUIN
3.1.2	Admitted: Friends and Family Test % extremely likely/likely to recommend	*83%*	G	85.8%	88.0%	85.4%	↓	86%			✓	
3.2.2	A&E: Friends and Family Test % extremely likely/likely to recommend	*65%*	G	70.5%	78.6%	78.5%	↓	76%			✓	
3.3.2	Maternity: Friends and family test % extremely likely/likely to recommend	*79%*	G	98.1%	98.5%	98.5%	⇔	99%			✓	
3.1.3	Mixed Sex Accommodation breaches	*15*	R	22.00	37.00	56.00	↑	27.7			✓	
3.4.1	Number of Complaints	*45*	R	35.00	67.00	46.00	↓	47			✓	
3.4.2	Complaint Response Rate <30 days (2 months in arrears)	*85%*	R	34.0%				48%			✓	
3.4.3	Number of complaint returners	↓	G	7.00	7.00	4.00	↓	6.8			✓	

Commentary	Actions
Complaints - In December, responding to complaints within 30 working days dropped by 16% to 34%. This drop in performance is attributable to operational pressures taking priority as well as the backlog team leaving at the end of November. **F&FT** - Sustained performance at green for likely to recommend. **MSA** - Increase in mixed sex accommodation breaches due to increased activity through the emergency pathways and bed occupancy rate above 96%. This resulted in delays in step downs from the critical care areas to single sex wards.	**Complaints** - Further work continues to improve performance and Trust oversight. A communications campaign on complaints management has recently been rolled out, together with training for staff. Datix Web will be used from 1 April and this will show granularity of performance, helping clinical directorates to identify exactly where performance is not meeting Trust requirements.

6. Responsive

		Monthly Target	Status	Trend						Alignment		
			Status	Dec-16	Jan-17	Feb-17	Movement	YTD avg	Data Quality	Carter	SOF	Quality Account / CQUIN
4.1.1	RTT – Incomplete pathways (overall)	92%	R	77.01%	77.02%	76.45%	↓	76.92%			✓	
4.1.2	RTT - Treatment Over 52 Weeks	0	R	9	20	34	↑	18				
4.2.3	A&E 4 hour target	95%	R	73.61%	71.96%	76.17%	↑	78.39%			✓	
4.3.1	Cancer – 2 week wait (1 month in arrears)	93%	R	96.49%	89.16%		↓	84.36%				
4.3.2	Cancer - 2 Week Wait Breast (1 month in arrears)	93%	G	93.41%	94.32%		↑	90.96%				
4.3.3	Cancer - 31 day first treatment (1 month in arrears)	96%	R	97.70%	95.92%		↓	93.75%				
4.3.4	Cancer – 31 day subsequent treatments – surgical (1 month in arrears)	94%	R	100.00%	82.76%		↓	91.18%				
4.3.5	Cancer – 31 day subsequent treatments - drug (1 month in arrears)	98%	G	100.00%	100.00%		↔	99.58%				
4.3.6	Cancer - 62 day consultant upgrade (1 month in arrears)	N/A	R	100.00%	71.43%		↓	80.43%				
4.3.7	Cancer – 62 day urgent GP referrals (1 month in arrears)	85%	R	77.97%	76.19%		↓	78%			✓	
4.3.9	Cancer – 62 day screening (1 month in arrears)	90%	R	100.00%	85.71%		↓	87%			✓	
4.4.1	Diagnostic waits - under 6 weeks (1 month in arrears)	99%	R	89.19%	90.84%	95.43%	↑	92%			✓	
4.5.8	Patients seen by a stroke consultant within 24 hours (Jun to Aug figures reported)	95%	R	45.00%	45.00%	47.00%	↑	54%				✓
4.6.1	Average elective Length of Stay	<5	G	3.65	3.50	2.04	↓	2.6				✓
4.6.2	Average non-elective Length of Stay	<5	R	7.70	6.89	6.65	↓	6.4				✓
4.6.6	Average occupancy	90%	R	94.43%	96.49%	94.64%	↓	93%				✓

Please note that indicators have been reduced since previous month to reflect the Single Oversight Framework and Quality Account

Commentary	Actions
Please see Executive Summary	Please see Executive Summary

Best of care
Best of people

7. Well led

		Monthly Target	Status	Trend						Alignment		
			Status	Dec-16	Jan-17	Feb-17	Movement	YTD avg	Data Quality	Carter	SOF	Quality Account / CQUIN
5.2.1	Staff Friends and Family – Recommend as place to work (Quarterly)	*62%*	R		57.7%		↔	58.0%			✓	
5.2.2	Staff Friends and Family – Recommend for care or treatment (Quarterly)	*79%*	R		73.1%		↔	73.0%			✓	
5.3.7	Rolling annual turnover rate	*8%*	R	9.4%	10.0%	10.0%	↔	9%			✓	
5.3.7.1	Executive Team Turnover Rate	*TBA*		7.1%	0.0%	7.1%	↑	3%			✓	
5.3.8	Overall Sickness rate	*4.0%*	G	3.89%	3.92%	3.93%	↑	3.9%				
5.3.9	Sickness rate – Short term	*2.0%*	R	2.7%	2.7%	2.8%	↑	2.7%			✓	
5.3.10	Sickness rate – Long term	*1.0%*	R	1.2%	1.2%	1.2%	↓	1.2%			✓	
5.3.11	Temporary staff % of pay bill	*15%*	R	23.1%	25.4%	23.4%	↓	23.5%			✓	
5.3.14	Starters	*N/A*		33	89	67	↓	77.5				
5.3.15	Leavers	*N/A*		47	46	32	↓	58.5				

Commentary	Actions
See Exec Summary	See Exec Summary

8. Enablers

		Monthly Target	Status	Trend: Dec-16	Jan-17	Feb-17	Movement	YTD avg	Data Quality	Alignment: Carter	SOF	Quality Account / CQUIN
7.2.1	APC – NHS number completeness (2 month in arrears)	99%	R	99.2%				98.9%				✓
7.2.8	A&E – Attendance disposal (2 month in arrears)	99%	R	97.8%				96.6%				✓
7.3.8a	RTT large No. of patients with an unknown clock start (1 month in arrears)	11	R	68	140		↑	65.4		✓		✓
7.3.8b	RTT % of patients with an unknown clock start (1 month in arrears)	0	R	0	0		↔	0.0				
7.3.9a	RTT No. cancelled referral, pathway still open (1 month in arrears)	99.25	R	226	201		↓	373.5		✓		✓
7.3.9b	RTT % cancelled referral, pathway still open (1 month in arrears)	1%	G	0.9%	0.8%		↓	1.4%		✓		✓
7.3.10a	RTT No. appt outcome suggest clock stop, pathway still open (1 month in arrears)	103.50	G	35	30		↓	337.60				
7.3.11a	RTT No. deceased patient with an open pathway (1 month in arrears)	0.00	R	10.00	4.00		↓	3.70				
7.3.13a	A&E No. missing breach reason on breached attendances (1 month in arrears)	949	R	2638	2561		↓	1521.7		✓		✓
7.3.13b	A&E % missing breach reason on breached attendances (1 month in arrears)	50%	R	100.0%	100.0%		↔	87.5%		✓		✓
7.3.17	Cancer 2ww invalid NHS Number (1 month in arrears)	0.25	R	0	3		↑	4.8		✓		✓
7.3.21	Cancer 2ww missing breach reason (1 month in arrears)	13.25	G	2	10		↑	24.8		✓		✓
7.3.22	Cancer 2ww % Oasis referral records missing on Infoflex (1 month in arrears)	0.01	G	0	0		↔	0%		✓		✓
7.3.25	Cancer 31 day missing primary diagnosis (1 month in arrears)	2	G	0	0		↔	6.7		✓		✓
7.3.29	Cancer 31 day missing breach reason (1 month in arrears)	1.25	R	1	4		↑	3.0		✓		✓
7.3.32	Cancer 62 day missing primary diagnosis (1 month in arrears)	1.25	R	0	2		↑	4.2		✓		✓
7.3.36	Cancer 62 day missing breach reason (1 month in arrears)	1	R	7	7		↔	6.4		✓		✓

Commentary	Actions
The data quality team are continuing to work through the follow up review lists specialty by specialty. The validation of the Neurology and Neuro-otology review lists is now complete. The secretaries responsible for managing the review lists have been briefed and provided with further training to enable them to manage the lists going forward. The team have now started to validate the review lists and overall care pathways for West Kent Dermatology patients to support the transition of the patient's care to the West Kent Providers by the end of March 2017. The data quality team have also started to validate records affected by an OASIS bug that allows appointments to be booked and not linked to a referral, and subsequently the patient is potentially not being monitored against an RTT pathway. There are currently 316 appointments affected	Validation of West Kent Dermatology patients review lists and overall pathways Validation of appointments not linked to a referral

Medway NHS
NHS Foundation Trust

Report to the Board of Directors

Board Date: 6 April2017

Title of Report	NHS Improvement Patient Safety Alert (July 2016) Stage Two:-Nasogastric Tube Misplacement: Continuing risk of death and severe harm.
Presented by	Diana Hamilton-Fairley
Lead Director	Diana Hamilton-Fairley
Committees or Groups who have considered this report	Patient Safety Group - 2 March 2017
Executive Summary	Despite previous alerts by the National Patient Safety Agency (2005, 2011 and 2013), NHS Improvement has identified that local and national risks remain in the interpretation of the nasogastric tube position and placement. NHS Improvement issued a National Patient Safety Alert Stage Two:-Nasogastric Tube Misplacement: Continuing risk of death and severe harm (appendix 1) in July 2016, directing it specifically at Trust Boards in order that they can be assured that the systems and processes that are in place to prevent misplacement of nasogastric tubes are sufficiently robust. This directive is outside of the Trust's Standard Operating Procedure for managing Patient Safety Alerts, whereby the Patient Safety Group has responsibility for such oversight. The key points set out in this report are:- 1. The identification of a named Executive Director responsible for the delivery of the actions required in this alert. 2. The findings from a centrally co-ordinated assessment of the Trust's arrangements for the safe management of nasogastric feeding tubes 3. The key findings from that assessment and the action plan (appendix 2) which was developed in response to the alert to ensure all the critical safety requirements are being met.

Resource Implications	The majority of actions have been completed within business as usual arrangements. However, additional resource implications include education and training for all nursing and medical staff in Nasogastric tube insertion, placement checks (pH & X-ray) and on-going daily care/monitoring.
Risk and Assurance	There remains a risk of misplacement of a nasogastric feeding tube which could potentially result in patient harm or death, should the revised Standard Operating Procedures (SOPs) and Protocols not be adhered to, and until all relevant staff have gone through the revised training programme. However the Board should be assured that this risk is significantly mitigated as a result of the actions taken which include:- • Review and update of related SOPs, Protocols and documentation; • Standardising all equipment across the Trust; • Monitoring incidents closely for trends, near misses and other nasogastric tube related concerns; • On-going education and competency based training for both medical and nursing staff across the Trust.
Legal Implications/Regulatory Requirements	NHS Improvement requires the Trust to be compliant with all actions highlighted in this Alert by 21/04/2017
Recovery Plan Implication	N/A
Quality Impact Assessment	N/A
Recommendation	The Board is recommended to take assurance from this report that all of the required actions in relation to this alert have been or are being implemented and applied within the Trust.
Purpose & Actions required by the Board :	Approval ☐ Assurance ☒ Discussion ☐ Noting ☐

NHS
Medway
NHS Foundation Trust

NHS Improvement Patient Safety Alert (July 2016) Stage Two: -Nasogastric Tube Misplacement: Continuing risk of death and severe harm **April 2017**

1. EXECUTIVE SUMMARY

1.1. Use of misplaced nasogastric and oro-gastric tubes was first recognised as a patient safety issue by the National Patient Safety Agency (NPSA) in 2005 and three further alerts have been issued by the NPSA and NHS England between 2011 and 2013. Introducing fluids or medication into the respiratory tract or pleura via misplaced nasogastric or oro-gastric tube is a 'Never Event'. Never Events are considered wholly preventable where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.

1.2. Between September 2011 and March 2016, 95 Never incidents have been reported by Trusts to the National Reporting and Learning systems (NRLS) with regard to medicine or fluid being introduced into the respiratory tract or pleura via a misplaced nasogastric/ oro-gastric tube. Although, in context of over 3 million nasogastric/ oro-gastric tubes were being used in the NHS within that period, the incidents show that risks to patient safety persist. There has been one such occurrence at MFT in September 2011.

1.3. Checking tube placement before use via pH testing of aspirate and, when necessary, x-ray imaging is essential in preventing harm. Misinterpretation of x-rays by medical staff is the most common type of error, followed by nursing staff and pH testing, unapproved tube placement checking methods (e.g. Whoosh Test) and communication failures, resulting in tubes not being checked.

1.4. NHS Improvement's review of local investigations suggests problems with organisational processes for implementing previous alerts therefore this Patient Safety Alert is directed at Trust boards and the processes that support clinical governance. It is not directed at frontline staff.

1.5. This report is structured in accordance with the actions set out in the alert.

2. ACTION 1 – IDENTIFY A NAMED EXECUTIVE DIRECTOR

2.1 The Named Executive Director identified to lead the actions set out in this alert is Diana Hamilton-Fairley, Medical Director.

3. ACTION 2 – CENTRALLY CO-ORDINATED SYSTEMS ASSESSMENT

3.1. Using the resources supplied by NHS Improvement, a centrally coordinated assessment of whether MFT has robust systems for supporting staff to deliver safety-critical requirements for initial nasogastric and oro-gastric tube placement checks was undertaken as per the criteria below:

Policies and Protocols

3.2. A review of the local policies and protocols took place and it was determined that an update of the nasogastric insertion policy was required in the form of a Standard Operating Procedure. The flowchart for the placement and confirmation of Nasogastric Tube positions in both adults and children was also updated and now forms part of the 'Fine Bore Nasogastric Feeding Tube Daily Check Sheet'.

Patient Information

3.3. A Patient Information Leaflet has now been produced as this had not been available to inform patients of the care they should expect to receive.

Incident Reporting

3.4. The process for routine monitoring and investigation of incidents for trends or near misses and related concerns now includes specialist review by the Nutrition Matron and Nutrition Specialist Nurse with reference points to the NPSA/ NICE guidance, whereas previously there was no guidance to the investigator as to what should have been considered during the investigation.

Use of safe and standardised equipment

3.5. A review of all nasogastric tube stock has been undertaken and all adult nasogastric tubes have now been standardised across the Trust including fully Radio-opaque nasogastric tubes with a visible tip, clearly visible external numbered markings every cm along the Nasogastric tube, a safety guide-wire that can be secured in position and removed post confirmation of the tubes position and pH indicator Strips which are NPSA compliant and standardised.

Competency Based Training for nasogastric tube insertion and position confirmation for nursing and medical staff

3.6. A decision tree for placement and confirming the position of the Nasogastric Tube has now been approved as part of the daily documentation sheet and therefore readily accessible to use each time a decision needs to be made when checking tube position, thereby aiding and standardising the decision making process.

3.7. Evidence based competency training for staff on insertion of Nasogastric Tubes and the ongoing monitoring/ daily care including pH testing and confirming nasogastric tube position, feeding and giving medications, managing tube blockages etc is being rolled out within all wards. Education on nasogastric tube insertion and position confirmation will be included into the local induction of the agency nurse and included in the Induction booklet by the end of April 2017.

3.8. Only the following can confirm Nasogastric Tube position when an X-ray is required; Consultant Physicians and Surgeons, Radiologists, Anaesthetists and Registrars trained in doing so. An F1 can look at the X-ray but must be second checked by one of the above and both names clearly documented and that it is *'safe to feed'* in the patients notes.

Clinical documentation and checklists

3.9. An Insertion Record Label (Located in the Nasogastric Tube pack) is now used to document the insertion of all nasogastric tubes and confirmation of the tube position. This includes pH testing and actions taken if an X-Ray is required. This must be affixed within the patient notes contemporaneously.

3.10. Bedside documentation regarding pH testing, the nasogastric tube length, the position of the tube in the nostril and daily checks on how the tube is secured on is all now incorporated into one 'Fine Bore Nasogastric Feeding Tube Daily Check Sheet'. The Flowchart for placement and confirming Nasogastric Tube position is on the reverse to aid decision making.

4. CONCLUSION

4.1 Despite previous alerts by the National Patient Safety Agency (2005, 2011 and 2013) NHS Improvement has identified that local and national risks remain in the interpretation of the nasogastric tube position and placement.

4.2 The board has been informed through this report that a review of the processes for nasogastric insertion and confirming tube position at MFT has been undertaken. A gap analysis action plan has been formulated from the assessment and the

resulting actions implemented across the Trust. Documentation has been reviewed and updated. Education and competency-based training is being rolled out within the Trust. Equipment has been standardised across all areas and all equipment adheres to NPSA 'Safety' requirements.

4.3 The Trust Standing Operating Procedure for managing Patient Safety Alerts (appendix 3) has also been reviewed and was approved by the Compliance and Risk Group in January 2017.

4.4 This report is presented to the Board in order that it can be assured that the processes that are in place within Medway Foundation Trust to prevent misplacement of nasogastric tubes are sufficiently robust.

NHS Improvement

Patient Safety Alert

Nasogastric tube misplacement: continuing risk of death and severe harm

22 July 2016

Alert reference number: NHS/PSA/RE/2016/006

Alert stage: Two - Resources

Use of misplaced nasogastric and orogastric tubes[1] was first recognised as a patient safety issue by the National Patient Safety Agency (NPSA) in 2005[2] and three further alerts were issued by the NPSA and NHS England between 2011 and 2013.[3-5] Introducing fluids or medication into the respiratory tract or pleura via a misplaced nasogastric or orogastric tube is a Never Event. Never Events are considered 'wholly preventable where guidance or safety recommendations that provide strong systemic protective barrier are available at a national level, and should have been implemented by all healthcare providers.'[6]

Between September 2011 and March 2016, 95 incidents were reported to the National Reporting and Learning System (NRLS) and/or the Strategic Executive Information System (StEIS) where fluids or medication were introduced into the respiratory tract or pleura via a misplaced nasogastric or orogastric tube. While this should be considered in the context of over 3 million nasogastric or orogastric tubes being used in the NHS in that period,[7] these incidents show that risks to patient safety persist. Checking tube placement before use via pH testing of aspirate and, when necessary, x-ray imaging, is essential in preventing harm.

Examination of these incident reports by NHS Improvement clinical reviewers shows that misinterpretation of x-rays by medical staff who did not appear to have received the competency-based training required by the 2011 NPSA alert is the most common error type. Other error types involve nursing staff and pH tests, unapproved tube placement checking methods, and communication failures resulting in tubes not being checked. The reports included 32 incidents where the patient subsequently died, although given many patients were critically ill before the tube was introduced, it is not always clear whether the death was directly related to the misplaced tube.

Review of local investigations into these incidents suggests problems with organisational processes for implementing previous alerts. This Patient Safety Alert is therefore directed **at trust boards** (or their equivalent in other providers of NHS funded care) and the processes that support clinical governance. It is NOT directed at frontline staff. Some of the implementation issues identified were:

- problems with systems to ensure staff who were checking tube placement had received competency-based training
- problems with ensuring bedside documentation formats include all safety-critical checks
- problems maintaining safe supplies of equipment, particularly radio-opaque tubes and CE-marked pH test strips.

The resource set that accompanies this alert provides a range of support for trust boards (or their equivalents) to assess whether previous nasogastric tube guidance has been implemented and embedded within their organisations improvement.nhs.uk/resources/resource-set-initial-placement-checks-nasogastric-and-orogastric-tubes. It includes briefings to help non-executives and governors to understand the issues, summaries of safety-critical requirements of past alerts, self-assessment/assurance checklists, and learning from reported incidents.

Actions

Who: All organisations where nasogastric or orogastric tubes are used for patients receiving NHS-funded care

When: To commence as soon as possible and to be completed by 21 April 2017

1. Identify a named executive director* who will take responsibility for the delivery of the actions required in this alert.
2. Using the resources supplied with this alert, undertake a centrally co-ordinated assessment of whether your organisation has robust systems for supporting staff to deliver safety-critical requirements for initial nasogastric and orogastric tube placement checks.
3. If the assessment identifies any concerns, use the resources supplied with this alert to develop and implement an action plan to ensure all safety-critical requirements are met.
4. Share this assessment and agree any related action plan within relevant commissioner assurance meetings.
5. Share the key findings of this assessment and the main actions that have been taken in the form of a public board paper.**

* For organisations that are not trusts/foundation trusts and do not have executive directors, a role with equivalent senior responsibility should be identified.

**For organisations without a board, an equivalent publically available alternative to a board paper should be identified eg a report on a public-facing website.

See page 2 for references

Alert reference number:	NHS/PSA/RE/2016/006
Alert stage:	Two - Resources

Resources

Patient safety incident reporting

For detail of dates and search strategy within the National Reporting and Learning System (NRLS) and the Strategic Executive Information System (StEIS) see page x of the supporting *initial placement checks for nasogastric and orogastric tubes resource set* on the NHS Improvement website improvement.nhs.uk/resources/resource-set-initial-placement-checks-nasogastric-and-orogastric-tubes

References

1. Hanna G, Phillips, L, Priest O & Zhifang N (201) Improving the safety of nasogastric feeding tube insertion A report for the NHS Patient Safety Research Portfolio July 2010 www.birmingham.ac.uk/Documents/college-mds/haps/projects/cfhep/psrp/finalreports/PS048ImprovingthesafetyofnasogastricfeedingtubeinsertionREVISEDHannaetal.pdf
2. National Patient Safety Agency - Reducing the harm caused by misplaced nasogastric feeding tubes 2005 www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=59794&p=4
3. National Patient Safety Agency Patient Safety Alert: Reducing the harm caused by misplaced nasogastric feeding tubes in adults, children and infants 2011 www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=129640
4. National Patient Safety Agency Rapid Response Report: Harm from flushing of nasogastric tubes before confirmation of placement 2012 www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=133441
5. NHS England Patient Safety Alert: Stage 1 - Placement devices for nasogastric tube placement DO NOT replace initial placement checks 2013 www.england.nhs.uk/wp-content/uploads/2013/12/psa-ng-tube.pdf
6. NHS England Never Events Policy and Framework 2015 www.england.nhs.uk/patientsafety/never-events/
7. Page 9 of the supporting *initial placement checks for nasogastric and orogastric tubes resouirce set* on the NHS Improvement website improvement.nhs.uk/resources/resource-set-initial-placement-checks-nasogastric-and-orogastric-tubes

Stakeholder engagement

- Medical Specialities Patient Safety Expert Group
- Children and Young People's Patient Safety Expert Group
- Surgical Services Patient Safety Expert Group
- Patient Safety Steering Group

For details of the membership of the NHS Improvement patient safety expert groups and steering group see www.england.nhs.uk/ourwork/patientsafety/patient-safety-groups/

Action Plan

Medway NHS
NHS Foundation Trust

Accountable Lead: Diana Hamilton-Fairley Alison Streatfield & Paula Price **Action Plan Completion Date: 21/04/2017**

Objectives List of actions	**Tasks** What you need to do to achieve the action	**Success Criteria** How will you identify success	**Target Date**	**Resources** What or who can help you complete the action	**Owner**	**Current position**	**Actual Date**	**Evidence Source**
Identify a named executive director who will take responsibility for the delivery of the actions required in this alert	Decide on who will be the Executive Director	Named Executive Director identified	15/09/2016		Diana Hamilton-Fairley	Complete	22/03/2017	**NPSA July 2016** *Nasogastric tube misplacement: continuing risk of death and severe harm*
Undertake a centrally coordinated assessment whether our organisation has robust systems for supporting staff to deliver safety-critical requirements for initial nasogastric and orogastric tube placement checks	• **Local Policies and Protocols** Review Policy & Procedure for NGT Insertion & Maintenance Flow Chart against NPSA (2016)	Updated Policy & Procedure and Flow Chart	23/03/2017	SOP- Insertion & monitoring of nasogastric Tubes Flow chart reviewed and changed (Awaiting approval and to be uploaded onto the Trust Intranet)	Paula Price Paula Price	Complete	22/03/2017	Audit results Review at Patient Safety Group In date Policies uploaded on trust intranet

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Action Plan

Medway NHS
NHS Foundation Trust

National Safety Guidance Investigators of incidents to refer to NPSA/ NICE guidance in reporting	Review reporting and use NPSA in investigating reporting	Incident reporting includes reference to NPSA/ NICE guidance	21/03/ 2017			Complete	22/03/2017	Datix includes reference to NPSA (2016)
Use of Safe standardised Equipment in line with NPSA (2016) standards	Review Trust equipment • Use of radio-opaque NGT's with externally visible length markings • pH paper is CE marked for use on human aspirate	Appropriate equipment is ordered and used within the trust (evidence through audit) Pharmacy aware not to order OLD Nasogastric Tubes and to remove from clinical areas.	06/02/ 2017	Email sent to procurement to remove all old stock of NGT Second Email sent to Pharmacy who supply Old NGT to remove from the ward areas. Second Email sent to both Matrons & Senior Sisters to ensure OLD stock removed from the wards. Confirmed children's wards use of NGT & pH paper – to remove	Paula Price	Complete	22/03/2017	All areas within the Trust using Enteral UK Feeding tubes NPSA (2016) compliant All areas using Merck pH indicator paper All areas of trust using pH paper NPSA Compliant

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Action Plan

				old stock Confirmed ICU uses same NGT as trust NICU own stock of NGT Vygon pH paper is NPSA compliant Merck Plan to change to enteral GBUK – Rep will roll out pH training across				
Competency Based Training that reflects all the safety-critical requirements in NGT insertion, determining position and aftercare to nursing staff	• Review training and competency frameworks for NGT insertion/care	• Regular practical and theoretical training • Competencies and due updates registered on database and regularly updated	21/04/2017	Nutrition Nurse Specialist to roll out training across trust Maintain a database of competent staff and training/updates	Paula Price	On target	22/03/2017	Regular Training rolled out as pop-up sessions across the trust Database in situ/use
Competency Based Training that reflects all the safety-critical requirements in	• Include process of determining NGT position X-ray	Training for junior doctors in NGT insertion, and	30/04/2017	Doctors to be aware of policy for checking NGT position by x-ray	Zaki Hasan	On target	22/03/2017	Regular Training

Action Plan

Medway NHS
NHS Foundation Trust

NGT insertion, determining position and aftercare to Medical Staff		determining position on X-ray Follow correct Trust procedure		(F1 need to be second checked) • Anaesthetist • Trained Medical/surgical Registrar • Consultant				Database in situ/use
Clinical documentation formats and checklists	Review structure of documentation & checklist to record NGT insertion and subsequent checking requirements	Trust wide use of structured documentation	21/04/2017	Documentation & checklist completed PP to see Tracy Kelly (Format) Awaiting Approval PP to organise roll out of new paperwork with training	Paula Price	Near completion	22/03/2017	Wards using and completing appropriate documentation Audit results Approval from Patient Safety Group
Share this assessment and agree any related action plan with relevant commissioner assurance meetings	Present at Patient Safety Group meeting Executive Director to present to board Trust		02/03/2017	PP to send Jo Adams all documentation to circulate to members of PSG.	Paula Price Alison Streatfield Katy White Diana Hamilton-Fairley	Complete	22/03/2017	NMAS PSG Meeting

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Action Plan

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NHS Foundation Trust

Share the key findings of this assessment and the main actions that have been taken in the form of a public board paper	Written Board paper to be completed for Board Meeting by 23/03/17 Present to Board meeting on 06/04/17		23/03/2017	AS & PP to complete Board Paper with support from KW	Alison Streatfield Paula Price	Complete	22/03/2017	Trust Board Meeting

Overdue | On target | Near completion | Complete

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Standard Operating Procedure

Patient Safety - Alerts Dissemination Process

Relevant to:

Central Alerting System (CAS) Liaison Officer, responsible recipients and all staff

Purpose of Guidance:

The aim of this procedure is to promote an effective, systematic and auditable approach to the distribution of all Safety Alerts, to minimise risks to patients and to staff.

Process to Follow:

The CAS Liaison Officer will identify a nominated responsible recipient in each Directorate and the relevant departments of the Trust to ensure alerts are reaching them. Acknowledgement returns to the CAS Liaison Officer (Head of Integrated Governance) must be made within three working days of receipt of the CAS alert or earlier if so required by individual alerts. In turn, these alerts will be reviewed at the relevant specialty, programme, directorate and Trust level governance meetings and recorded as such.

The procedure will differ slightly for different types of CAS notices.

Medical Device Alerts, Drug Alerts and NHS Estates and Facilities Safety Alerts

On receipt of these via the CAS Liaison Officer, the alert message accompanied with a dated request for a response will be forwarded by e-mail to the relevant nominated recipient(s) for:

- Direct response or further dissemination and action through their area of responsibility or representation.
- Notifying the Liaison Officer of the actions taken where applicable and within the timescales stated on alert.
- Notifying the Liaison Officer where there is no action required, or that the department concerned does not hold or operate any of the equipment or device.
- The Liaison Officer will receive feed back via email from the nominated recipient(s) within agreed timescales.
- Oversight of compliance against all Device Alerts will be through the Medical Devices and Equipment Management Group.
- Oversight of compliance against all Estates Alerts will be through the Facilities Management Group.
- Oversight of compliance against all Medicines Alerts will be through the Medicines Management Group.
- Assurance that this procedure is effective and that all alerts are being dealt with appropriately will be through the Compliance and Risk Group which reports into the Executive Group.
- The Liaison Officer will provide feedback to the Department of Health via the CAS system when action to implement the recommendations contained in the alert is:- being assessed as to relevance to the Trust; if no action is required; when action is in hand/ ongoing; when the action is completed and within the required timescale(s) as set by the CAS.

- The Liaison Officer will maintain a spread-sheet to verify the efficacy of the system and assist in the reminder process to nominated recipients.
- Safety alerts will be distributed individually and not accumulated and distributed together.
- Where required, copies will be forwarded to the relevant Executive Director for information and action if appropriate.

National Patient Safety Alert (NPSA) – Patient Safety Alert/Notice

On receipt of a patient safety alert from NHS Improvement, the CAS Liaison Officer will determine the relevance and distribution of the alert notice in consultation with the Medical Director, Associate Medical Director (Quality and Safety) and/ or the Director of Nursing as appropriate.

- All NPSA alerts that are required to, will have a nominated executive lead. Usually this will be either the Medical Director or the Director of Nursing (however not all alerts require this).
- All NPSA alerts will have a designated implementation lead. The lead will be identified and agreed between the Associate Medical Director (Quality and Safety) and the Head of Integrated Governance. Usually this will be the Clinical Lead or a clinical specialist relative to the safety alert – whichever is the most appropriate.
- Where appropriate a steering group will be convened by the Head of Integrated Governance which will also include the designated implementation lead. The steering group will meet at appropriate timescales throughout the timeframe of the alert.
- An action plan to include the recommendations from the safety alert will be developed from this meeting.
- The implementation lead will be responsible for updating the action plan on a regular basis and for submitting updated plans to the Patient Safety Group for monitoring throughout the duration of the alert and for formally approving the sign-off of the alert. The exception to this process is when the Patient Safety Alert is related to a medicine in which case the Medicines Management Group will fulfil this function.
- Where required, the executive lead will be responsible for authorising the Head of Integrated Governance to notify NHS Improvement, via the CAS, that all of the required actions have been implemented within the timescale set.

The Liaison Officer will ensure that any relevant alerts/notices are placed on the agenda of the Patient Safety Group meetings for discussion and action.

The Compliance and Risk Group will monitor compliance with all safety alerts on a quarterly basis which will thereafter inform the Executive Group.

Implications of not following procedure

Failure to follow this procedure could result in patient harm and lead to poor/ non-compliance with national guidance.

Standard Operating Procedure
Patient Safety - Alerts Dissemination Process

Useful Contacts:

CAS Liaison Officer – Katy White

Medicines and Healthcare products Regulatory Agency (MHRA)

NHS Estates

NHS Improvement

Chief Medical Officer

MHRA Device Alerts/Device Bulletins can be accessed and downloaded from the MHRA website at: - http://www.medical-devices.gov.uk

The CAS website is situated within the public domain; therefore members of the public may log onto the system and will have access to the alert information, including the time taken for the Trust to action and close down the relevant notice.

Monitoring the Process:

Compliance with safety alert notifications	Quarterly report to the Compliance and Risk Group	Head of Integrated Governance	Executive Group	Addressed via a Report and an Action plan implemented at Directorate/ Corporate level	Any necessary changes and progress will be monitored by the Trust Liaison Officer

National Definitions:

The CAS is an electronic system operated by the Department of Health, and provides a mechanism for the swift despatch of a number of safety related alert and information notices, comprising of:

- Medical Device and Medicine related Alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA).
- Safety Notices and Safety Bulletins from NHS Estates and Facilities.
- Patient Safety Alerts, Safer Practice Notices, Rapid Response Reports, Patient Safety Observatory and from NHS Improvement.
- Chief Medical Officer notices

Alert Categories

- **Immediate Action**: Used in cases where there is a risk of death or serious injury and where the recipient is expected to take immediate action.
- **Action:** Used where the recipient is expected to take action where it is necessary and to issue repeat warnings on long standing problems, or to support or follow-up manufacturer's field notices.

Standard Operating Procedure
Patient Safety - Alerts Dissemination Process

- **Update:** Used to update the recipient about previously reported incidents or series of incidents, possibly on a topical or device group basis, and where further follow-up safety information is judged to be beneficial.
- **Information Request:** Used to alert users about a specific issue that may become a problem and where the CAS is requesting feedback.

Reference Material:

STRCS014 - Patient Safety Strategy - STRCS014

Approval Signatures:

Edition No:	**3**	**SOP No:**	**SOP0061**
Produced by:	**Head of Integrated Governance – Katy White**		
Distribution:	**Intranet**		
Date Approved:	**16 January 2017**		
Approved by:	**Compliance and Risk Group**		
Review date:	**15 January 2019**		
Person responsible for review:	**Head of Integrated Governance – Katy White**		

Medway NHS
NHS Foundation Trust

Board Report

Report date: 6th April 2017

Title of Report	Report of the Director of Finance
Presented by	Darren Cattell, Director of Finance
Lead Director	Darren Cattell, Director of Finance
Committees or Groups who have considered this report	Executive Group Finance Committee 30-3-17
Executive Summary	This report summarises the M11, year to date and forecast financial performance of the Trust against the agreed plan. **The Finance Committee discussed this report on 30th March 2017. A report from the Chair of the Finance Committee is elsewhere on this agenda and provides the Board with assurance over financial performance.** **Key headlines are**: 1. In month performance was £100k worse than the planned deficit 2. Reforecast to 31st March 2017 – The Trust is expecting to deliver a year end position at (worst case) or better than the £46.6m Financial Control total 3. Expenditure – Agency costs continue to be above plan but actions described are reducing run rate. This is expected to continue under 2017-18 CIP 4. Income – elective income has partly recovered in month following the elective activity restart and dedicated Sunderland day case beds. In month on plan, ytd £1m shortfall baked in to the reforecast 5. Income – The Trust has started the process of agreeing a year end settlement with the CCGs and NHSE. 6. CIP – the year end forecast for CIP is delivery to plan 7. Cash – the Trust ended the financial year with £1.7m in the bank rather than the required £1.4m. 8. Capital – At M11, the Trust is still on track to deliver the revised forecast of £17.9m to 31st March 2017

This report outlines;

1. Summary Trust financial performance for M11, February 2017
2. End of year risk to Income and Expenditure Forecast
3. Capital reforecast
4. CIP update

1.Trust Financial Performance

The key drivers for the months financial performance are outlined in the IQPR on this agenda and are the same as reported in previous months:

- Emergency Department (ED) attendances and subsequent admissions running 13% above last years levels and 11% above previous months levels
- Elective Patient activity pause and the loss of income/contribution although in month this has partly recovered including the return of the Sunderland Day Surgery Unit to day case surgery
- High cost Agency staff, particularly Doctors and Nurses and high volume Agency usage for Admin and Clerical staff

Key points on the financials are:

- In summary the Trust delivered an in month performance £100k **out of line** with the in-month plan. To date this is a value of a £400k deficit above the plan of the £40.2m deficit.
- During the height of the elective pause, the Elective income shortfall was between £250-£300k per week. This has recovered in month as in house surgery has recommenced in line with the plan and outsourcing has increased resulting in Surgical income delivering to plan in February. However there is still a year to date shortfall of £1m.
- Additional Emergency activity is at a premium (Agency) cost. In addition income for this activity is only seen at 70% of tariff, a loss of c£0.4m however emergency income, after this deduction, was c£1.0m higher than expected for February.
- Further significant variances are;
    - WTE and Agency costs in the Acute and Continuing Care have reduced in month due to Specialling staff reductions however are still above total planned levels (£600k). Work continues to reduce this WTE and unplanned cost
    - Unachieved CIPs in the Coordinated Surgical Care Directorate (£250k). Work continues on 2017-18 CIP plans

2. End of year risk to forecast

- At M11 ytd, the Trust is reporting a deficit of c£460k

	above plan. We are expecting M12 performance to break even and therefore end the year with a c£500k deficit above the stretch target plan of £43.8m.
	• This is within the control total of £46.6m.
	• The most significant risk to this reported position is income recovery from CCGs. This could add a further £2m to this deficit position. If this were the case the Trust would still end the year with a deficit of £46.3m which is within the control total of £46.6m. To mitigate this risk a year end settlement is being pursued.
	• **Recovery actions have been agreed, these were discussed at the M10 Finance Committee and include;**
	  ○ Immediate elective IP activity outsourcing **DONE**
	  ○ Plan to return to a 75% level of internal elective activity **DONE**
	  ○ Immediate enhanced ERoster controls **DOING**
	  ○ Staff wte review in key staff groups **PLANNING**
	  ○ Medium to long term refinement of bed base **PLANNING**
	
	3. Capital Reforecast
	• At M9 the Executive undertook a detailed revised forecast for capital spend for the year ending 2016-17.
	• This was reported to the Finance Committee where it was supported and this was reported to the February Board.
	• In summary this was a forecast spend of c£18m against an original plan of c£28m.
	• Members will recall the major reasons for the variances were explained
	• The Executive have reviewed this forecast and assurance was provided that **this was still the most realistic forecast** following operational input into planned spending levels
	
	4. CIP performance update
	• The current CIP performance to M11 is a delivery of £10.8m which is on plan. The current end of year forecast for CIP achievement is £12.6m against a plan of £12.6m
	• The Executive were pleased with performance and congratulated staff on this progress when compared to previous years.
	• CIP planning for 2017-18 is outlined elsewhere on this agenda as requested

Resource Implications	As outlined

Risk and Assurance	• The high level of ED demand is creating multiple knock on adverse effects on the Trust's financial position such as the reliance on premium rate agency staff at short notice, the displacement of elective capacity by emergency patients, the increase in non-elective admissions which attract only a marginal tariff and additional unexpected demand pressures on achieving both our ED access and RTT targets. This is likely to lead to financial risk in achieving the Sustainability and Transformation Fund (STF), the financial plan stretch target deficit as well as a number of key quality standards. **The Finance Committee is asked to note that mitigating work continues with the CCGs to identify actions to reduce the demand impact, however currently the impact is low. The financial risk to the end of year plan remains high and likely as outlined in the report. Executive Director Colleagues continue to manage the quality risks on a daily basis, this is reported elsewhere on this agenda.** • A number of Trust Directorates/Services are financially performing ahead of plan. A smaller number are not. The risk is currently mitigated by other areas where they are ahead of plan. **The Finance Committee is asked to note those areas behind plan have been agreed with Directorates as part of the PRM process and a rectification plan for each is being prepared.** • In Q4 the financial risk associated with a lack of full CIP plans will rise. **A CIP forecast has been produced and corrective actions expected. Currently the Trust is on track to deliver the full year impact of CIP targets as at M11. All CIP actions will be subject to a full Quality Impact Analysis (QIA) process.** • A current reputational and financial risk is the Agency cost above cap and outside of framework. Our current usage and cost is above expected levels. This remains a high and likely risk to our loan conditions. **The Finance Committee is asked to note that mitigation includes close working with NHSI in the short term to agree improvement actions. Short term control and reporting actions have commenced including enhanced controls under ERostering our Nurse staffing rostering system. An update on the recruitment and retention actions is provided in the HRDs report. All actions will be subject to a full QIA process.** • A rising risk to report is a lack of formal agreement to payment to all activity performed by the Trust due to a lack of contract agreement with the North Kent

	Commissioners. **The Finance Committee is asked to note that the Executive continue to work closely with Commissioners to mitigate this risk by agreeing payment plans for activity.** • Inefficient use of Trust resources remains a risk due to assurance gaps in the financial controls environment. **The Finance Committee is asked to note that work has already commenced to enhance the financial controls environment as part of the Trust Financial Recovery Plan and will further roll out through the Spring of 2017 as part of the Trust FRP.** • Trust infrastructure and estate remains a risk due to age and condition. **The Finance Committee is asked to note that improvements have already commenced on both minor and major works, including ED. Operational staff are involved in these improvements, communications have been increased to outline timescales for the improvements. Risk assessments are now completed for areas and action plans are being developed.**
Legal Implications/Regulatory Requirements	Lack of achievement of the agreed control total will lead to Further Regulatory actions. Inappropriate Estate and insufficient Facilities lead to higher than acceptable risk to Patients, visitors and staff and could lead to further regulatory action.
Recovery Plan Implication	Financial Recovery is one of the nine programmes of Phase 2 Recovery.
Quality Impact Assessment	All actions will follow an appropriate QIA process
Recommendation	**The Board is asked to note the report**
Purpose & Actions required by the Board :	Approval ☐ Assurance ☐ Discussion ☐ Noting ☒

Finance Report - APPENDICES

Month 11

2016/17

Best of care
Best of people

Medway NHS
NHS Foundation Trust

Finance Report for February 2016

1. Liquidity
    a. Cash Flow
    b. Loan Conditions

2. Financial Performance
    a. Consolidated I&E
    b. Run Rate Analysis - Financial
    c. Clinical Activity
    d. Clinical Income
    e. Workforce
    f. Run rate analysis Pay

3. Balance Sheet

4. Capital

5. Cost Improvement Programme

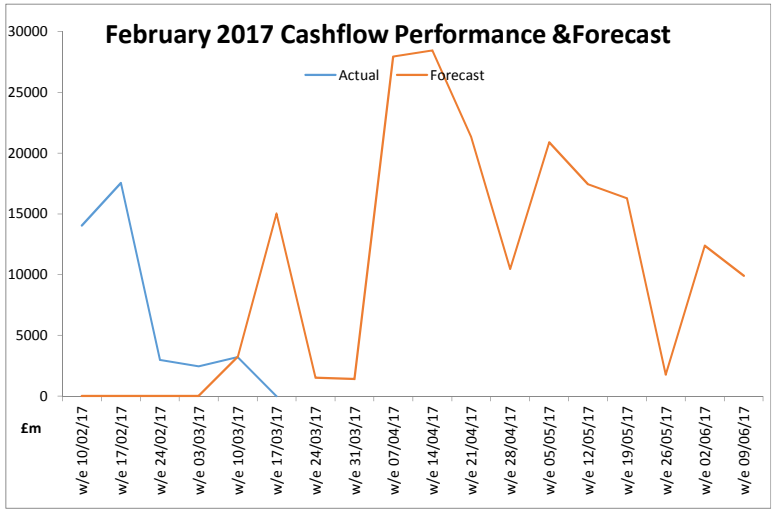
2. Liquidity

2a. Cash Flow

14 Week Forecast

	Actual				Forecast													
£m	w/e 10/02/17	w/e 17/02/17	w/e 24/02/17	w/e 03/03/17	w/e 10/03/17	w/e 17/03/17	w/e 24/03/17	w/e 31/03/17	w/e 07/04/17	w/e 14/04/17	w/e 21/04/17	w/e 28/04/17	w/e 05/05/17	w/e 12/05/17	w/e 19/05/17	w/e 26/05/17	w/e 02/06/17	w/e 09/06/17
BANK BALANCE B/FWD	**15.46**	**14.04**	**17.55**	**2.97**	**2.46**	**3.23**	**15.00**	**1.51**	**1.41**	**27.93**	**28.44**	**21.32**	**10.47**	**20.89**	**17.43**	**16.29**	**1.76**	**12.38**
Receipts																		
NHS Contract Income	0.88	3.10	0.17	2.00	0.37	5.51	0.41	0.85	29.60	3.88	0.00	0.00	13.45	0.00	3.88	0.00	13.45	0.00
Other	0.59	1.45	0.76	0.32	0.48	1.44	0.30	0.30	0.20	0.76	1.95	0.25	0.25	0.67	0.34	0.25	0.34	0.67
Total receipts	**1.47**	**4.55**	**0.93**	**2.32**	**0.85**	**6.95**	**0.71**	**1.15**	**29.80**	**4.64**	**1.95**	**0.25**	**13.70**	**0.67**	**4.22**	**0.25**	**13.79**	**0.67**
Payments																		
Pay Expenditure (excl. Agency)	0.00	(2.22)	(11.77)	0.00	0.00	(2.22)	(11.72)	(0.03)	0.00	0.00	(5.92)	(7.85)	0.00	0.00	(2.22)	(11.52)	(0.03)	0.00
Non Pay Expenditure	(2.89)	(2.07)	(3.74)	(0.88)	(2.34)	(2.38)	(2.25)	0.29	(3.28)	(4.12)	(3.15)	(3.26)	(3.28)	(4.12)	(3.15)	(3.26)	(3.15)	(3.15)
Capital Expenditure	0.00	0.00	0.00	(1.96)	0.00	0.00	0.00	(1.51)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total payments	**(2.89)**	**(4.28)**	**(15.51)**	**(2.84)**	**(2.34)**	**(4.60)**	**(13.96)**	**(1.25)**	**(3.28)**	**(4.12)**	**(9.07)**	**(11.11)**	**(3.28)**	**(4.12)**	**(5.37)**	**(14.78)**	**(3.18)**	**(3.15)**
Net Receipts/ (Payments)	**(1.42)**	**0.26**	**(14.58)**	**(0.52)**	**(1.49)**	**2.35**	**(13.26)**	**(0.10)**	**26.52**	**0.51**	**(7.12)**	**(10.86)**	**10.42**	**(3.46)**	**(1.15)**	**(14.53)**	**10.62**	**(2.48)**
Funding Flows																		
FTFF/DOH - Revenue	0.00	3.25	0.00	0.00	0.00	6.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FTFF/DOH - Capital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STF Funding	0.00	0.00	0.00	0.00	0.00	4.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PDC Capital	0.00	0.00	0.00	0.00	2.27	0.00	0.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Loan Repayment/Interest payable	0.00	0.00	0.00	0.00	0.00	(0.27)	(1.03)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dividend payable	0.00	0.00	0.00	0.00	0.00	(0.65)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	**3.25**	**0.00**	**0.00**	**2.27**	**9.42**	**(0.24)**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
BANK BALANCE C/FWD	**14.04**	**17.55**	**2.97**	**2.46**	**3.23**	**15.00**	**1.51**	**1.41**	**27.93**	**28.44**	**21.32**	**10.47**	**20.89**	**17.43**	**16.29**	**1.76**	**12.38**	**9.90**

Fig1. Cashflow Forecast



Commentary

The opening cash balance for February 2017 was £3.5m, with a closing balance of £1.7m. This slightly exceeds the minimum liquidity level (£1.4m) required by DH by £0.3m.

The graph shows actual cashflow for February and projected weekly cashflow up to and including 9 June 2017.

Receipts in the month were £21.7m, plus £3.2m loans & funding, therefore the total cash inflow for February was £24.9m. Payments, including capital in the month were £26.7m.

The Trust has received £40.5m of deficit loan funding YTD which includes £21.3m working capital facility recently converted to a lower interest rate loan and £19.2m in uncommitted loans. As the Trust is permitted to drawdown up the level of the deficit a further £6.1m will be drawn in March.

In addition to the deficit loan the Trust has also received £3.7m STF YTD, with total funding expected of £9.4m. £4.2m of this will be received in March, the remaining balance relating to an underpayment for Q1 & Q2 which has been successfully appealed. Confirmation on when payment is expected has been requested.

Monthly payments for 16/17 have averaged at £26.9m, 55% relating to payroll costs. £8.4m per month for direct salary payments and £5.9m employer costs. Monthly receipts (excluding loans & STF) for 16/17 have averaged at £23m, it should be noted that this includes a double contract payment from the main CCGS in April but monthly payments at 15/16 contract rates due to the 2016/17 contract only recently having been agreed. YTD the monthly shortfall has therefore averaged at £3.9m.

As we draw close to the financial year end and to the limit of the deficit loan the March cashflow forecast is tight and payments will need to be managed carefully to maintain the £1.4m required by DH at the end of the year. In addition the timely conclusion of year end settlements with the Commissioners will help alleviate cash pressures.

2b. Loan agreement - status of compliance with additional terms

The full year revenue support loan agreement with the Department of Health requires the Trust to comply with a number of additional terms. These have been agreed by the Board and are summarised here, along with the current status of each and required timeframes for compliance.

Loan Agreement Clause	Description	Implementation Timeframe	Progress	Compliance with Loan Status	Risk to Organisation	Comments
8 – 1	Notification to Monitor / DH if anticipating to miss reforecast and require additional cash support	Immediately if anticipating missing reforecast and not less than 2 months prior to requiring the cash support	Trust reported a V3 plan on 29 June in line with new control totals. NHSi/DH are aware of revenue and capital funding required in 16/17			Trust is reporting an operating deficit within the Control Total
8 – 2	Agency nursing procured through approved frameworks and within maximum cap	Immediately	Notice given to agencies breaching the cap. Action plan in place to substitute the non-framework agency nurses with bank and framework workers.			All non-framework usage to be eliminated by 1st April 2017.
8 – 3	Consultancy spend in excess of £50K pre-approved by Monitor	Immediately	Working through all business cases with Monitor team.			No new contracts introduced without prior approval.
8 – 4	Implementation of controls over VSMs and off-payroll workers	Immediately	In progress			Review completed
8 – 5	Review / benchmarking of Estates and Facilities costs	31st May 2016	In progress			We are benchmarking via the annual ERIC return as well as against live information on the Model Hospital portal.
8 – 6	Produce an Estates strategy	Summer 2016	In progress			Estates strategy is moving at pace but is an emerging and changing strategy and needs to be developed in conjunction with overall Trust strategy.
8 – 7	Use P21+ Procurement framework for publicly funded capital work	Immediately	Major capital works are being undertaken for the ED project. Specific dispensation was sought from Monitor for these works to be tendered outside of the P21+ contract.			ED redevelopment of Majors using P21+
8 – 8	Commission an assessment from SBS of benefit in outsourcing Finance, Accounting and Payroll services	9th May 2016	Payroll is being provided by SBS since February 2016. Outsourcing of other Finance and Accounting services to be further reviewed.			STP Finance Working Group assessing and producing business case
8 – 9	Assess benefit of outsourcing staff bank provider	9th May 2016	Completed - benefit is in moving in-house with a go-live date of 26th March 2016.			
8 – 10	Review savings opportunities in increased usage of NHS Supply Chain and provide copies of medical capital asset register and procurement plans	9th May 2016	Savings opportunities from using NHS Supply Chain are regularly reviewed by Procurement. Medical capital asset register is available.			
8 – 11	Test savings opportunities in use of CCS framework	9th May 2016	CCS framework used			
8 – 12	Become a member of the EEA portal and report relevant activity	Not specified	Member since 2010, activity is reported.			
8 – 13	Provide access to relevant authorised individuals to allow monitoring of progress on above conditions	Immediately	On-going			

2. Financial Performance

2a. Consolidated Income & Expenditure

Consolidated I&E (February 2017)

	Current Month			Year to Date (YTD)			Annual		
	Actual	*Plan*	*Variance*	*Actual*	*Plan*	*Variance*	*Forecast*	*Plan*	*Variance*
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Revenue									
Clinical income	18,624	17,933	691	208,411	204,515	3,896	227,204	222,722	4,481
High Cost Drugs	1,623	1,685	-63	18,949	18,945	4	20,663	20,785	-122
STF Income	1,040	700	340	8,444	7,700	744	9,400	8,400	1,000
Other Operating Income	2,074	1,980	94	22,412	21,749	663	24,406	23,729	678
Total Revenue	**23,360**	**22,298**	**1,062**	**258,216**	**252,909**	**5,307**	**281,673**	**275,636**	**6,037**
Expenditure									
Substantive	-13,953	-15,416	1,463	-150,536	-171,966	21,430	-164,433	-187,659	23,225
Bank	-797	-168	-629	-7,518	-3,056	-4,462	-8,268	-3,224	-5,044
Agency	-3,551	-1,532	-2,019	-36,641	-15,553	-21,088	-40,024	-16,952	-23,072
Total Pay	**-18,302**	**-17,116**	**-1,186**	**-194,695**	**-190,575**	**-4,120**	**-212,726**	**-207,834**	**-4,891**
Clinical supplies	-3,098	-2,781	-317	-34,182	-31,529	-2,653	-37,359	-34,309	-3,050
Drugs	-2,411	-2,349	-62	-27,420	-27,624	204	-29,621	-29,898	277
Consultancy	-12	-26	14	-474	-937	463	-494	-939	445
Other non pay	-2,864	-2,965	101	-30,530	-30,521	-9	-33,005	-33,474	470
Total Non Pay	**-8,384**	**-8,121**	**-263**	**-92,605**	**-90,611**	**-1,995**	**-100,479**	**-98,620**	**-1,859**
Total Expenditure	**-26,686**	**-25,237**	**-1,449**	**-287,300**	**-281,185**	**-6,115**	**-313,204**	**-306,454**	**-6,750**
EBITDA	**-3,326**	**-2,939**	**-387**	**-29,084**	**-28,276**	**-808**	**-31,532**	**-30,819**	**-713**
	-14%	*-13%*	*-36%*	*-11%*	*-11%*	*-15%*	*-11%*	*-11%*	*-12%*
Post EBITDA									
Depreciation	-763	-792	29	-8,830	-8,876	47	-9,693	-9,693	0
Interest	-172	-203	31	-1,713	-1,823	109	-2,021	-2,021	0
Dividend	-119	-109	-10	-1,289	-1,198	-91	-1,307	-1,307	0
Profit on sale of asset	194	0	194	278	0	278	278	0	278
	-861	**-1,104**	**244**	**-11,554**	**-11,897**	**343**	**-12,743**	**-13,020**	**278**
Net (Surplus) / Deficit	**-4,187**	**-4,043**	**-144**	**-40,638**	**-40,173**	**-464**	**-44,274**	**-43,839**	**-435**
Adjustments (donations/asset disposal	*-172*	*13*	*-185*	*-335*	*140*	*-475*	*-363*	*153*	*-516*
Net (Deficit) Adjusted	***-4,359***	***-4,030***	***-329***	***-40,973***	***-40,033***	***-939***	***-44,637***	***-43,686***	***-951***

Please note, the adjusted deficit reflects the Trusts performance against the NHSi control totals.

Commentary

Net (Surplus) / Deficit and Forecast Outturn

The Trust reported a £4.2m deficit in month 11, adverse to plan by £0.1m. As at month 11 the Trust's annual forecast deficit for the year is £44.3m. The FOT is £0.4m adverse to plan but remains below the Trust's control total of £46.6m (CT) and assumes additional funding from NHSi of £1m as the forecast is to deliver £1m better than our CT. A detailed forecast outturn (FOT) has been prepared and the Trust is required to closely monitor the FOT for the remainder of the year due to the material income risks. Worse case FOT assuming STF is not received and contract challenges not successful is £3.2m adverse to plan.

Clinical Income

A&E attendances continue with high volumes month on month, seeing a 11% increase compared to February 2016. The YTD comparison between 16/17 and 15/16 is a13% increase. Elective and daycase activity during February has increased due to increased outsourcing, the return of a dedicated day case unit part way through the month and reduced medical outliers in surgical areas. There has also been an acuity change within A&E from minor injuries to more complex presentations. Excess bed days have continued to under perform against plan due to the impact of the medical model and the reduction of length of stay within the emergency pathway. In addition due to the 28 days in February a reduction from previous months activity is observed. The contract with the main commissioners has been agreed resulting in the loss of paediatric HDU income following contract mediation. Meetings have commenced with Commissioners to negotiate year-end settlements.

Other Operating Income

Other income YTD is favourable to plan mainly due to increased activity in the A&CC Directorate (increased pathology tests to other providers).

Pay

Pay expenditure is £1.2m adverse to plan in month mainly due to CIP non delivery, agency costs due to increased acuity of patients and pending recruitment. YTD is adverse by £4.1m mainly due to CIP non delivery and premium agency costs related to increased emergency activity. The pay run rate increased on substantive staff as recruitment progressed with a reduction in run rate in agency staff as staff transferred to the bank/fixed term posts. In addition reduced nursing agency costs were reported due to skill mix reviews on the wards for specialling costs.

Non Pay

Clinical supplies in month are adverse to plan mainly due to increased activity offset by CIP delivery. YTD is adverse to plan mainly due to external outsourcing to improve RTT performance, additional expenditure on supplies due to increased activity offset by CIP delivery. Expenditure on drugs is adverse to plan in month due to increased high cost drugs activity and YTD favourable mainly due to CIP delivery and reduced planned activity.

CIP

The Trust has delivered £10.8m CIP as per plan and the FOT assumes £12.6m delivery as per plan.

Directorate Reports

The income and expenditure position by Directorate is detailed later in the report.

Capital and Cash

Risks and Mitigations

There is a risk of continuing reduced planned elective and day case activity due to the pressure of emergency flows during winter months which has already resulted in a substantial reduction in clinical income during December, January and February. Although in February elective and day case income increased due to the return of a dedicated day case unit and it is likely that March will see a further increase. The revised FOT assumes income levels similar to February adjusted for working days. Directorate recovery plans are being monitored at the PRM. A high level of CIP remains unidentified in the Surgical and Estates and Facilities Directorates and continues to be challenged at the PRM. This is mitigated by increased CIP delivery on drugs and clinical supplies, underspends in other areas and reserves.

Sustainability & Transformation funding will be contingent upon achievement of the agreed performance trajectories or a successful appeal decision.

2b. Run Rate Analysis - Financial

Anaylsis of 15 monthly performance - Financials

	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Revenue															
Clinical income	16.7	16.8	16.9	21.9	16.9	16.9	22.1	19.2	17.9	19.3	19.9	19.5	18.4	19.6	18.6
High Cost Drugs	1.7	1.7	1.7	1.7	1.8	1.6	1.8	1.7	1.6	2.0	1.8	1.7	1.5	1.8	1.6
STF Income					0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	1.0
Other Operating Income	1.9	1.9	2.4	2.0	1.9	2.1	2.3	2.1	2.0	2.2	2.0	1.8	2.1	2.3	2.1
Total Revenue	**20.3**	**20.4**	**20.9**	**25.6**	**21.4**	**21.3**	**26.9**	**23.7**	**22.2**	**24.2**	**24.4**	**23.6**	**22.6**	**24.5**	**23.4**
Expenditure															
Substantive	-12.8	-13.1	-13.1	-12.9	-13.5	-13.5	-13.7	-13.6	-13.7	-13.7	-13.6	-14.0	-13.6	-13.8	-14.0
Bank	-0.6	-0.6	-0.6	-0.8	-0.6	-0.5	-0.6	-0.8	-0.7	-0.6	-0.6	-0.9	-0.8	-0.7	-0.8
Agency	-3.6	-2.7	-3.0	-2.8	-2.6	-2.8	-3.6	-2.8	-3.1	-3.6	-3.5	-3.8	-3.5	-3.9	-3.6
Total Pay	**-17.0**	**-16.4**	**-16.7**	**-16.5**	**-16.8**	**-16.8**	**-17.9**	**-17.2**	**-17.5**	**-17.9**	**-17.7**	**-18.6**	**-17.9**	**-18.4**	**-18.3**
Clinical supplies	-3.0	-2.7	-3.1	-3.6	-3.2	-3.4	-3.4	-3.4	-3.3	-3.2	-2.8	-2.7	-2.8	-2.9	-3.1
Drugs	-2.4	-2.4	-2.4	-2.6	-2.7	-2.9	-2.7	-2.5	-2.7	-2.8	-2.5	-2.1	-1.7	-2.5	-2.4
Consultancy	-0.1	-0.2	-0.2	-0.1	0.0	-0.1	0.0	-0.1	0.0	-0.1	0.0	0.1	0.0	-0.1	0.0
Other non pay	-2.7	-2.9	-2.8	-2.7	-2.9	-2.4	-2.9	-2.6	-2.6	-2.4	-2.9	-3.0	-3.0	-3.1	-2.9
Total Non Pay	**-8.3**	**-8.1**	**-8.5**	**-9.0**	**-8.8**	**-8.8**	**-9.0**	**-8.6**	**-8.6**	**-8.5**	**-8.2**	**-7.8**	**-7.4**	**-8.7**	**-8.4**
Total Expenditure	**-25.4**	**-24.5**	**-25.2**	**-25.5**	**-25.6**	**-25.6**	**-26.9**	**-25.8**	**-26.1**	**-26.4**	**-25.9**	**-26.4**	**-25.3**	**-27.1**	**-26.7**
EBITDA	**-5.1**	**-4.1**	**-4.3**	**0.1**	**-4.2**	**-4.3**	**0.0**	**-2.1**	**-3.9**	**-2.2**	**-1.5**	**-2.8**	**-2.7**	**-2.6**	**-3.3**
Post EBITDA															
Depreciation	-0.9	-0.9	-0.9	-0.3	-0.8	-0.8	-0.8	-0.8	-0.8	-0.8	-0.8	-0.9	-0.8	-0.8	-0.8
Interest	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.2	-0.2	-0.2	-0.2	-0.2	-0.2	-0.2
Dividend	-0.3	-0.3	-0.3	0.2	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1
Fixed Asset Impairment	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Profit on sale of asset	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.2
	-1.3	**-1.3**	**-1.3**	**0.0**	**-1.0**	**-1.0**	**-1.0**	**-1.0**	**-1.1**	**-1.1**	**-1.0**	**-1.2**	**-1.1**	**-1.1**	**-0.9**
Net Surplus / (Deficit)	**-6.3**	**-5.4**	**-5.6**	**0.1**	**-5.3**	**-5.3**	**-1.0**	**-3.1**	**-5.0**	**-3.3**	**-2.5**	**-3.9**	**-3.8**	**-3.7**	**-4.2**
Revaluation Gain	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Net Surplus / (Deficit)	**-6.3**	**-5.4**	**-5.6**	**0.4**	**-5.3**	**-5.3**	**-0.9**	**-3.1**	**-5.0**	**-3.1**	**-2.4**	**-3.9**	**-3.8**	**-3.7**	**-4.2**

2c

Clinical Activity by Point of Delivery (February 2017)

	Current Month			Prior Year In Month	Year to Date			Prior Year YTD
	Actual	*Plan*	*Variance*	*Actual*	*Actual*	*Plan*	*Variance*	*Actual*
PBR								
Elective Day Case	1,905	1,832	73	1,810	20,803	19,571	1,232	18,202
Elective Inpatient	362	566	-204	569	6,137	6,697	-560	6,412
Non Elective Inpatient	3,516	3,966	-450	3,907	43,303	43,608	-305	42,788
Excess Bed Days	2,083	1,795	288	1,795	18,369	22,363	-3,994	22,192
Outpatients	25,910	27,415	-1,505	26,677	317,574	308,690	8,884	297,545
A&E (includes MEDOC)	8,718	7,976	742	7,828	104,708	95,588	9,120	94,269
Maternity Pathway	820	912	-92	912	9,935	9,945	-10	9,926
Direct Access Radiology	0	5,359	-5,359	1,978	0	48,838	-48,838	19,315
Adult Critical Care	1,072	770	302	770	9,267	9,227	40	9,227
Chemotherapy	485	702	-217	702	8,914	8,784	130	8,784
Total PBR	**44,871**	**51,293**	**-6,422**	**46,948**	**539,010**	**573,311**	**-34,301**	**528,660**
Non PBR								
Direct Access	208,605	199,830	8,775	102,525	2,262,797	2,042,537	220,260	1,043,299
Paediatric & Neonatal Critical Care	720	928	-208	931	10,482	10,629	-147	10,320
Excluded Devices	94	82	12	92	1,061	815	246	917
Other cost per case	2,467	3,202	-735	6,284	27,318	33,649	-6,331	66,708
Total Non PBR	**211,886**	**204,042**	**7,845**	**109,832**	**2,301,658**	**2,087,630**	**214,029**	**1,121,244**

Commentary

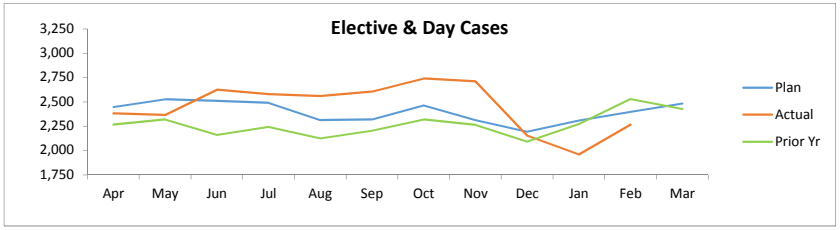
A&E attendances continue with high volumes month on month, seeing a 11% increase in Feb 17 compared to Feb 16. There are fewer minor injuries appearing because of national publicity about attending A&Es, but these are replaced by A&E patients with a higher level of acuity. The YTD comparison between 16/17 and 15/16 is a 11% increase.

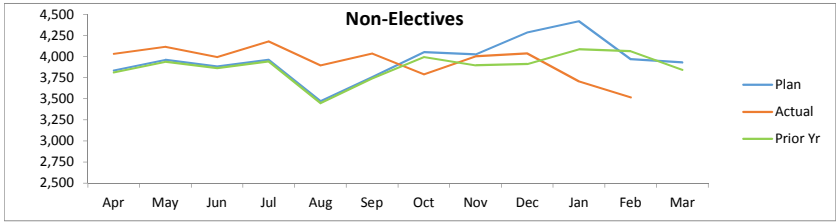
Day cases are over performing in month by 73 spells while Electives are under performing in month by 204 spells, however this is offset by YTD overperformance in outpatients of 8884 attendances and increased emergency work. Critical care over performance is a result of 2 long stay patients being discharged.

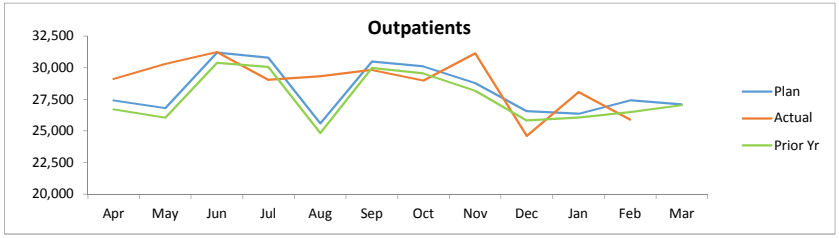
Excess bed days have continued to under perform against plan due to the impact of the medical model and the reduction of length of stay within the emergency Pathway.

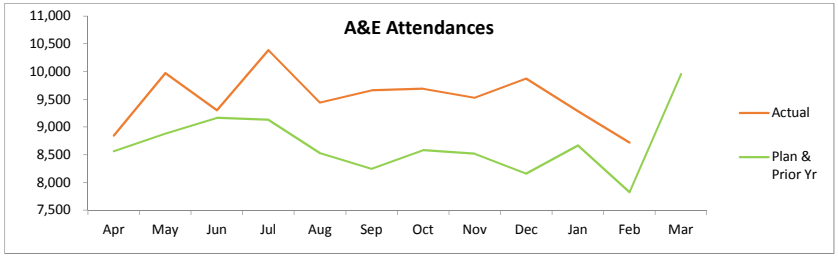
In addition due to the 28 days in February a reduction from previous months activity is observed.

Activity Performance against Plan









2d. Clinical Income

Clinical Income by Point of Delivery (February 2017)

	Current Month			Prior Year In Month	Year to Date			Prior Year YTD
	Actual £m	*Plan* £m	*Variance* £m	*Actual* £m	*Actual* £m	*Plan* £m	*Variance* £m	*Actual* £m
PBR								
Elective Day Case	1.63	1.39	0.24	1.35	16.25	15.01	1.24	13.57
Elective Inpatient	1.02	1.50	-0.48	1.50	16.16	18.16	-2.00	16.68
Non Elective Inpatient	6.72	6.19	0.53	6.08	73.15	70.79	2.36	69.31
Emergency Readmissions	-0.19	-0.19	0.00	0.00	-2.12	-2.12	0.00	-2.02
Emergency Marginal rate	-0.26	-0.27	0.01	-0.26	-3.21	-2.92	-0.29	-2.94
Excess Bed Days	0.46	0.41	0.05	0.41	4.21	5.35	-1.14	5.24
Outpatients	3.19	3.53	-0.34	3.39	38.87	39.13	-0.26	37.17
A&E	0.85	0.71	0.14	0.69	10.63	9.18	1.45	8.94
Maternity Pathway	0.87	0.97	-0.10	0.97	10.25	9.97	0.28	10.10
Direct Access Radiology	0.00	0.22	-0.22	0.15	0.00	2.01	-2.01	1.40
Adult Critical Care	1.14	0.74	0.40	0.73	9.56	9.44	0.12	9.34
Chemotherapy	0.08	0.10	-0.02	0.10	1.31	1.23	0.08	1.22
Total PBR	**15.51**	**15.30**	**0.21**	**15.11**	**175.06**	**175.23**	**-0.17**	**168.01**
Non PBR								
High Cost Drugs	1.62	1.69	-0.07	0.00	18.95	18.95	0.00	0.00
Direct Access	0.71	0.53	0.18	0.53	8.04	5.45	2.59	5.87
Paediatric & Neonatal Critical Care	0.60	0.79	-0.19	0.71	7.81	8.63	-0.82	7.50
Excluded Devices	0.16	0.17	-0.01	0.16	2.00	2.09	-0.09	2.00
Other cost per case	0.25	0.27	-0.02	0.27	2.92	3.20	-0.28	3.20
Block contracts	0.75	0.66	0.09	0.78	8.43	8.44	-0.01	8.63
Outpatient efficiencies	-0.12	-0.23	0.11	-0.22	-1.31	-2.50	1.19	-2.20
Total Non PBR	**3.97**	**3.88**	**0.09**	**2.23**	**46.84**	**44.26**	**2.58**	**25.00**
CQUIN	0.44	0.36	0.08	0.30	4.70	4.06	0.64	3.20
Contract Penalties	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-3.26
Sustainability & transformation Funding	1.04	0.70	0.34	0.00	8.44	7.70	0.74	0.00
Other Non-Contracted Income	0.06	0.05	0.01	0.00	0.56	0.57	-0.01	0.00
Provision	-0.12	-0.08	-0.04	-0.03	-1.32	-1.17	-0.15	-0.40
Prior Month Adjustments	0.31	0.03	0.28	0.00	0.39	-0.21	0.60	0.00
Others (RTA & Overseas)	0.08	0.08	0.00	0.00	1.14	0.72	0.42	0.00
Total	**21.29**	**20.32**	**0.97**	**17.61**	**235.81**	**231.16**	**4.65**	**192.55**

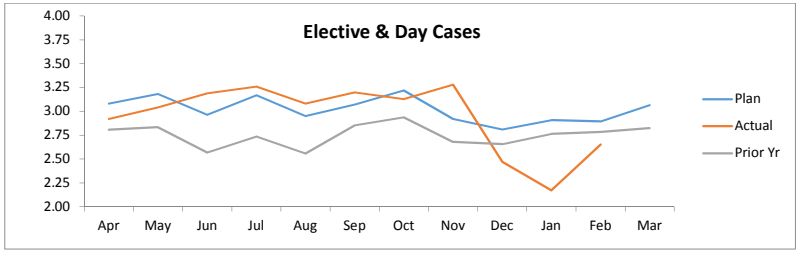
Commentary

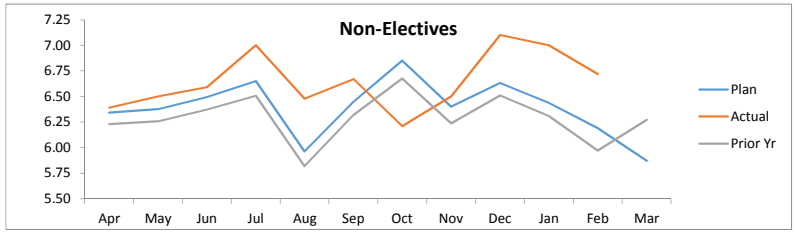
A&E income is over performing in month 11 by £140k and is over performing YTD by £1450k. Non elective income is over performing in month mainly in General Medicine, Cardiology and Geriatrics . Whilst non elective activity has increased it attracts a lower tariff compared to planned care and is subject to the marginal rate cap. Elective and day case income increased compared to the previous month mainly due to the return of a dedicated day case unit and reduced medical outliers in surgical areas. In addition due to the 28 days in February a reduction from previous months income will be observed.

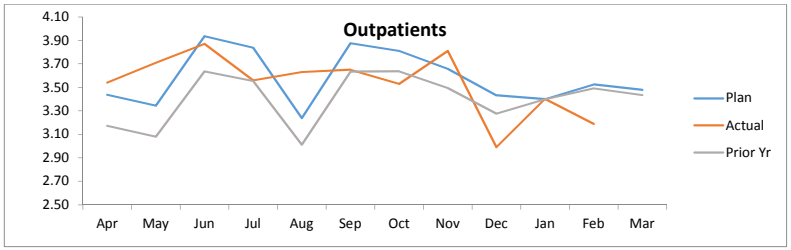
The contract with the main commissioners has been agreed resulting in the loss of paediatric HDU income following contract mediation. Meetings have commenced with Commissioners to negotiate year-end settlements.

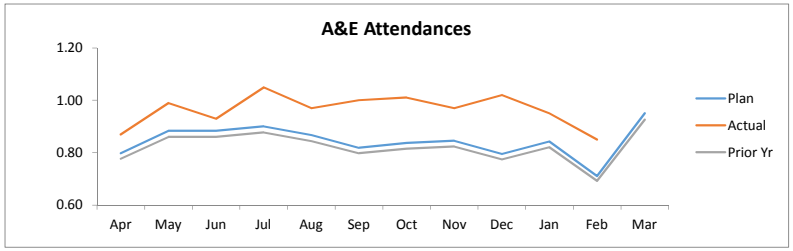
Contract penalties have not been applied in line with the Trust's acceptance and sign up to the Sustainability & Transformation Fund, however future period Sustainability & Transformation funding will be contingent upon achievement of the agreed performance trajectories. There are currently risks on achieving the A&E, RTT and Cancer trajectories which the Trust will be appealing against. Traditional contract penalties will not be applied in line with NHS Improvement guidance.

Income Performance against Plan









2e. Workforce

		Current Month						Prior Year In Month	Year to Date			Prior Year YTD
		Actual	*Plan*	*Variance*	*Actual*	*Plan*	*Variance*	*Actual*	*Actual*	*Plan*	*Variance*	*Actual*
		WTE	WTE	WTE	£m	£m	£m	*£m*	£m	£m	£m	*£m*
Substantive	Consultants	178	216	-38	2.46	2.42	0.04	2.20	26.18	29.05	-2.87	24.68
	Junior Medical	321	371	-51	1.86	2.20	-0.34	1.93	21.31	23.41	-2.11	19.31
	Nurses & Midwives	1134	1487	-352	4.14	5.01	-0.87	3.75	43.41	54.97	-11.56	41.35
	Scientific, Therapeutic & Technical	448	506	-58	1.42	1.54	-0.12	1.35	15.26	16.66	-1.40	14.67
	Healthcare Assts, etc.	472	547	-76	0.97	1.09	-0.12	0.90	10.61	12.01	-1.40	9.83
	Executives	7	9	-2	2.07	2.43	-0.36	1.81	22.32	26.35	-4.03	19.70
	Chair & NEDs	6	7	-1	0.01	0.01	0.00	0.01	0.12	0.14	-0.03	0.12
	Admin & Clerical	821	955	-135	0.10	0.14	-0.04	0.19	1.26	1.49	-0.23	1.49
	Other Non Clinical	438	486	-48	0.92	0.86	0.05	0.84	10.06	9.43	0.63	9.21
	Pay Reserves	0	0	0	0.00	-0.29	0.29	0.00	0.00	-1.55	1.55	0.02
	Substantive Total	**3,823**	**4,585**	**-762**	**13.95**	**15.42**	**-1.46**	**13.00**	**150.54**	**171.97**	**-21.43**	**140.38**
Agency	Consultants	20	0	20	0.37	0.08	0.29	0.24	3.74	0.87	2.9	2.22
	Junior Medical	53	0	53	0.64	0.49	0.15	0.59	6.66	4.95	1.7	7.61
	Nurses & Midwives	339	0	339	1.69	0.62	1.07	1.34	15.44	5.15	10.3	12.83
	Scientific, Therapeutic & Technical	37	0	37	0.10	0.08	0.02	0.32	2.64	1.08	1.6	3.93
	Healthcare Assts, etc.	63	0	63	0.19	0.00	0.19	0.02	1.49	0.00	1.5	0.37
	Admin & Clerical	47	14	33	0.41	0.23	0.18	0.34	5.35	3.17	2.2	3.42
	Other Non Clinical	51	0	51	0.16	0.03	0.13	0.14	1.32	0.33	1.0	1.53
	Agency Total	**611**	**14**	**597**	**3.55**	**1.53**	**2.02**	**3.01**	**36.64**	**15.55**	**21.09**	**31.92**
Bank	Nurses & Midwives	64	0	64	0.24	0.12	0.11	0.18	2.40	1.36	1.0	1.87
	Junior Medical	1	0	1	0.01	0.00	0.01	0.00	0.01	0.00	0.0	0.00
	Scientific, Therapeutic & Technical	3	0	3	0.01	0.01	0.00	0.04	0.53	0.09	0.4	0.43
	Healthcare Assts, etc.	134	0	134	0.31	0.05	0.25	0.24	2.94	0.59	2.4	2.59
	Admin & Clerical	64	1	63	0.15	-0.06	0.21	0.12	1.16	0.61	0.5	1.21
	Other Non Clinical	44	15	29	0.08	0.04	0.04	0.03	0.48	0.41	0.1	0.30
	Bank Total	**310**	**16**	**294**	**0.80**	**0.17**	**0.63**	**0.60**	**7.52**	**3.06**	**4.46**	**6.39**
	Workforce Total	**4,743**	**4,615**	**129**	**18.30**	**17.12**	**1.19**	**16.61**	**194.69**	**190.57**	**4.12**	**178.70**

	Current Month						Prior Year In Month	Year to Date			Prior Year YTD
	Actual	*Plan*	*Variance*	*Actual*	*Plan*	*Variance*	*Actual*	*Actual*	*Plan*	*Variance*	*Actual*
Staff Group:	WTE	WTE	WTE	£m	£m	£m	*£m*	£m	£m	£m	*£m*
Consultants	197	216	-18	2.83	2.50	0.33	2.45	29.93	29.92	0.01	26.90
Junior Medical	375	371	4	2.51	2.69	-0	2.53	27.98	28.36	-0.38	26.92
Nurses & Midwives	1,538	1,487	51	6.07	5.75	0.32	5.27	61.25	61.48	-0.23	56.06
Scientific, Therapeutic & Technical	487	506	-19	1.52	1.63	-0.10	1.71	18.43	17.83	0.60	19.03
Healthcare Assts, etc.	669	547	121	1.47	1.14	0.33	1.16	15.03	12.60	2.43	12.79
Executives	7	9	-2	2.07	2.43	-0.36	1.81	22.32	26.35	-4.03	19.70
Chair & NEDs	6	7	-1	0.01	0.01	0.00	0.01	0.12	0.14	-0.03	0.12
Admin & Clerical	931	970	-39	0.65	0.31	0.35	0.66	7.77	5.28	2.49	6.12
Other Non Clinical	533	501	32	1.16	0.93	0.22	1.00	11.86	10.17	1.70	11.04
Pay Reserves	0	0	0	0.00	-0.29	0.29	0.00	0.00	-1.55	1.55	0.02
Workforce Total	**4,743**	**4,615**	**129**	**18.30**	**17.12**	**1.19**	**16.61**	**194.69**	**190.57**	**4.12**	**178.70**

Commentary:

Pay expenditure is overspent compared to plan in month by £1.19m mainly due to CIP and premium agency costs due to emergency demand pressures. Increases on prior year in month expenditure are mainly due to increments, inflationary and national insurance increases of 3.3% and agency costs.

The pay run rate increased on substantive staff as recruitment progressed with a reduction in run rate in agency staff as staff transferred to the bank/fixed term posts. Reduced nursing agency costs are due to skill mix reviews on the wards for specialling costs.

Establishments have been set based on a run rate basis including vacancies and agreed opening budgets with Directorates.

Wte for agency and bank staff for the majority of areas are included in the substantive wte as they are covering established posts whereas the financial premium cost is included in the agency/bank budget. The planned agency wte relates to the PMO as these are non recurrent posts.

3h. Run Rate Analysis - WTE / £

Analysis of 15 monthly performance - WTE

		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
		WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Substantive	Consultants	180	180	178	179	178	181	179	177	179	179	180	181	180	179	178
	Junior Medical	322	319	324	326	321	311	322	307	335	334	328	329	327	321	321
	Nurses & Midwives	1,076	1,066	1,077	1,102	1,110	1,107	1,105	1,089	1,084	1,097	1,105	1,106	1,098	1,118	1,134
	Scientific, Therapeutic & Technical	453	450	448	453	464	466	460	452	451	456	442	446	450	448	448
	Healthcare Assts, etc	472	465	466	477	471	465	457	461	450	457	458	459	463	455	472
	Executives	4	4	5	6	7	7	7	7	7	8	8	10	6	5	7
	Chair & NECs	7	7	7	7	7	7	7	7	7	7	6	6	6	6	6
	Admin & Clerical	750	750	768	779	794	800	801	802	801	809	808	809	809	812	821
	Other Non Clinical	425	417	422	420	443	435	451	467	464	458	464	458	434	433	438
	Substantive Total	**3,689**	**3,658**	**3,695**	**3,749**	**3,795**	**3,779**	**3,789**	**3,768**	**3,778**	**3,805**	**3,801**	**3,804**	**3,772**	**3,777**	**3,823**
Agency	Consultants	10	8	11	14	10	13	14	16	19	25	20	18	18	19	20
	Junior Medical	54	59	51	59	50	52	51	54	59	65	68	61	70	62	53
	Nurses & Midwives	271	200	245	159	168	224	330	201	254	340	324	364	290	366	339
	Scientific, Therapeutic & Technical	54	52	55	49	44	52	61	55	61	28	35	54	63	50	37
	Healthcare Assts, etc	17	10	8	42	- 9	31	46	26	44	63	49	57	45	82	63
	Admin & Clerical	41	32	39	52	40	41	61	58	30	22	22	57	57	51	47
	Other Non Clinical	-	48	53	73	57	45	36	35	35	35	44	45	45	45	51
	Agency Total	**447**	**409**	**462**	**448**	**360**	**458**	**598**	**444**	**502**	**578**	**562**	**656**	**588**	**675**	**611**
Bank	Nurses & Midwives	41	47	49	92	58	58	46	51	47	44	53	57	57	39	64
	Junior Medical	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	Scientific, Therapeutic & Technical	9	10	10	10	4	4	28	27	18	17	18	20	21	6	3
	Healthcare Assts, etc	105	118	108	91	91	91	153	120	117	108	114	124	127	121	134
	Admin & Clerical	47	48	50	42	36	36	19	62	106	51	59	78	59	67	64
	Other Non Clinical	13	9	11	10	3	3	1	4	9	3	13	45	40	41	44
	Bank Total	**215**	**232**	**228**	**245**	**192**	**192**	**247**	**264**	**297**	**223**	**257**	**324**	**304**	**274**	**310**
	Workforce Total	**4,351**	**4,299**	**4,385**	**4,442**	**4,347**	**4,429**	**4,634**	**4,476**	**4,577**	**4,606**	**4,619**	**4,784**	**4,664**	**4,726**	**4,743**

Analysis of 15 monthly performance - £

		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
		£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Substantive	Consultants	2.29	2.29	2.23	2.26	2.31	2.37	2.33	2.38	2.33	2.30	2.48	2.48	2.34	2.40	2.46
	Junior Medical	1.75	1.95	1.93	1.81	1.86	1.83	1.91	1.88	1.99	1.95	1.96	2.10	1.95	2.01	1.86
	Nurses & Midwives	3.74	3.74	3.77	3.73	3.97	3.95	4.00	3.89	3.91	3.92	3.92	3.91	3.89	3.91	4.14
	Scientific, Therapeutic & Technical	1.35	1.36	1.35	1.32	1.45	1.43	1.42	1.38	1.38	1.42	1.18	1.39	1.40	1.40	1.42
	Healthcare Assts, etc	0.93	0.95	0.95	0.94	0.99	0.95	0.97	0.96	0.94	0.97	0.94	0.96	0.94	1.02	0.97
	Executives	1.78	0.09	0.19	0.06	1.98	2.01	2.00	2.01	2.01	2.02	2.03	2.04	2.08	2.06	2.07
	Chair & NECs	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.02	-	0.01	0.01
	Admin & Clerical	0.13	1.82	1.83	1.91	0.11	0.11	0.13	0.15	0.12	0.13	0.10	0.10	0.12	0.09	0.10
	Other Non Clinical	0.83	0.83	0.84	0.82	0.91	0.87	0.91	0.93	0.96	0.94	0.93	0.96	0.85	0.89	0.92
	Substantive Total	**12.81**	**13.04**	**13.11**	**12.83**	**13.59**	**13.52**	**13.69**	**13.59**	**13.65**	**13.67**	**13.56**	**13.96**	**13.57**	**13.78**	**13.95**
Agency	Consultants	0.24	0.18	0.24	0.29	0.24	0.26	0.31	0.37	0.37	0.44	0.31	0.29	0.37	0.41	0.37
	Junior Medical	0.84	0.70	0.59	0.60	0.66	0.54	0.50	0.56	0.60	0.64	0.57	0.62	0.72	0.61	0.64
	Nurses & Midwives	1.66	0.94	1.34	0.80	0.72	0.96	1.68	1.01	1.18	1.58	1.56	1.81	1.43	1.82	1.69
	Scientific, Therapeutic & Technical	0.36	0.39	0.32	0.25	0.28	0.28	0.31	0.27	0.26	0.14	0.24	0.29	0.25	0.21	0.10
	Healthcare Assts, etc	0.05	0.02	0.02	0.06	0.04	0.08	0.12	0.06	0.11	0.16	0.12	0.15	0.13	0.31	0.19
	Admin & Clerical	0.34	0.31	0.34	0.55	0.53	0.50	0.50	0.40	0.52	0.42	0.56	0.52	0.50	0.49	0.41
	Other Non Clinical	0.14	0.14	0.14	0.20	0.15	0.14	0.13	0.14	0.09	0.17	0.10	0.08	0.09	0.08	0.16
	Agency Total	**3.63**	**2.68**	**3.01**	**2.76**	**2.63**	**2.76**	**3.55**	**2.81**	**3.13**	**3.55**	**3.47**	**3.76**	**3.49**	**3.94**	**3.55**
Bank	Nurses & Midwives	0.16	0.19	0.19	0.38	0.20	0.24	0.22	0.30	0.17	0.16	0.10	0.27	0.31	0.20	0.24
	Junior Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01
	Scientific, Therapeutic & Technical	0.03	0.03	0.04	0.04	0.00	0.01	0.10	0.08	0.06	0.06	0.06	0.06	0.07	0.02	0.01
	Healthcare Assts, etc	0.23	0.28	0.24	0.20	0.22	0.22	0.29	0.28	0.26	0.24	0.26	0.28	0.27	0.30	0.31
	Admin & Clerical	0.11	0.11	0.12	0.10	0.14	0.07	-0.05	0.13	0.21	0.09	0.05	0.14	0.11	0.12	0.15
	Other Non Clinical	0.04	0.02	0.03	0.02	0.03	0.01	0.00	0.00	0.02	0.01	0.09	0.10	0.09	0.07	0.08
	Bank Total	**0.58**	**0.63**	**0.62**	**0.75**	**0.59**	**0.54**	**0.56**	**0.79**	**0.72**	**0.57**	**0.55**	**0.85**	**0.85**	**0.71**	**0.80**
	Workforce Total	**17.02**	**16.35**	**16.74**	**16.34**	**16.81**	**16.82**	**17.80**	**17.19**	**17.50**	**17.79**	**17.58**	**18.58**	**17.91**	**18.43**	**18.30**

3. Balance Sheet

	Last Month	Current Month		
	Actual	Actual	Plan	Variance
	£m	£m	£m	£m
Non current Assets				
Property, Plant and Equipment	170.1	171.6	183.2	-11.6
Non NHS trade receivables	0.6	0.5	0.5	-0.1
Non current Assets Sub Total	**170.7**	**172.1**	**183.7**	**-11.6**
Current Assets				
Inventories	6.5	6.7	6.4	0.4
Trade receivables	25.4	25.5	22.9	2.6
Other receivables	1.8	2.2	-1.3	3.5
Other current assets	18.8	17.8	1.1	16.7
Cash at bank	3.5	1.6	1.7	-0.1
Current Assets Sub Total	**56.0**	**53.7**	**30.7**	**23.0**
Current Liabilities				
Trade payables	-17.7	-17.3	-15.8	-1.4
Other payables	-28.6	-30.0	-17.7	-12.4
Borrowings	-1.0	-1.0	-1.2	0.2
Provisions	-0.1	-0.1	-0.1	0.0
Other liabilities	-17.5	-16.8	-3.3	-13.5
Sub Total Current Liabilities	**-64.9**	**-65.1**	**-38.0**	**-27.1**
Net Current Assets	**-8.9**	**-11.5**	**-7.3**	**-4.1**
Non Current Liabilities				
Borrowings	-122.4	-125.6	-136.2	10.6
Provisions	-0.9	-0.9	-0.9	0.0
Other liabilities	0.0	-0.2	0.0	-0.2
Sub Total Non Current Liabilities	**-123.2**	**-126.7**	**-137.1**	**10.4**
Net Assets Employed	**38.7**	**33.9**	**39.3**	**-5.4**
Taxpayers' and Others' Equity				
Public Dividend Capital	132.2	132.2	136.6	-4.3
Retained Earnings	-125.8	-130.6	-129.6	-1.0
Revaluation Reserve	32.3	32.3	32.3	0.0
	38.7	**33.9**	**39.3**	**-5.4**

Commentary

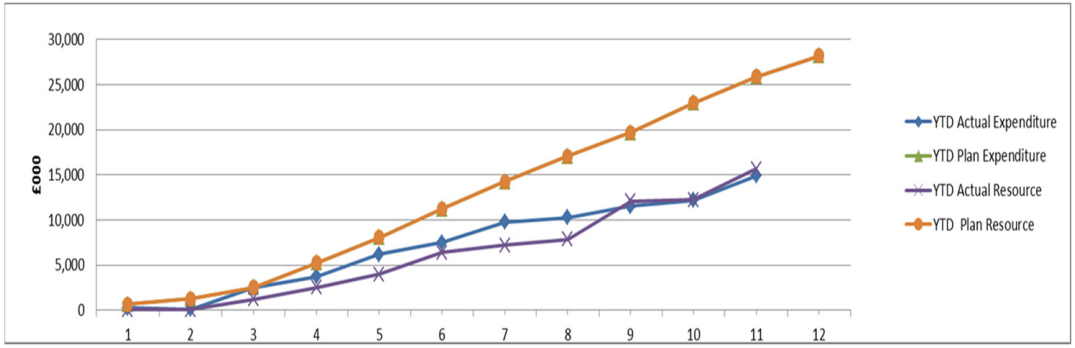
For the commentary relating to the balance sheet please refer to section 5a and 5b for Capital, 2a for Cashflow, 4b for debtors and 4c for creditors in the detailed pack available from Finance.

4.Capital Summary

Capital Programme Summary

	Current Month			Year to Date (YTD)			Revised Annual Forecast		
	Actual	Plan	Variance	Actual	Plan	Variance	Original Plan	Forecast Out-turn	Forecast Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Expenditure									
Recurrent Estates & Site Infrastructure	0.73	0.36	0.37	3.74	4.62	-0.88	5.06	4.03	1.04
IM&T	0.29	0.78	-0.49	2.89	5.44	-2.55	5.90	3.21	2.69
Medical & Surgical Equipment	-0.02	0.12	-0.14	1.37	1.44	-0.07	1.52	1.52	0.00
Specific Business Cases	0.37	0.46	-0.09	1.59	3.63	-2.05	3.88	1.70	2.18
Transform Projects (ED/AAU)	1.33	1.06	0.27	5.30	10.77	-5.47	11.84	7.54	4.30
Total	**2.69**	**2.77**	**-0.09**	**14.88**	**25.90**	**-11.02**	**28.20**	**18.00**	**10.20**

Capital Monthly Profile



Commentary

As at Month 11 the capital programme shows a net undershoot against the original control total amounting to £11m. This continues to be in line with the latest forecast for the year end position reported to the DH in month 9. It should be noted that this undershoot will consist principally of projects that require funding by external loans which will therefore be carried forward to 2017-18 in order to finance the re-phased programmes.

The principal forecast variances are as follows:

ED Refurbishment £4.3m -The project was subsequently commenced in October 2016 with a programme that has revised the original phasing.
IT Projects £2.69m - This consists principally of Telephony project (£1m) and Electronic Data management (£700k) each of which have been re-phased operationally into 2017-18. Other variances relate to Bed Management (£200k) and Electronic Order Communications (£300k) which has been impacted by the timetable for the joint pathology project with Dartford and Gravesham NHS Trust.
Specific Business cases £2.1m - Consisting principally of 2nd CT Scanner (£1m) Medical HDU design (£0.3m) GS1 Inventory (£0.25m). These projects have been re-phased into coming months as a result of operational constraints or efficiencies.
Estates Infrastructure works £1m - This has arisen partly as a result of the legal administration of one of the Trust's principal contractors. The progress of other works projects has been affected directly by the need to gain access to busy clinical areas.
Medical Equipment - Whilst this is forecast to achieve the original plan the Trust is rapidly progressing the delivery of around £600k orders to be received before the year end.

Whilst any change to the original phasing of a capital programme may present a risk, in this instance all changes have been discussed and agreed with the relevant clinical or operational teams and where necessary mitigating actions put in place. Slippages this year have principally arisen as a result of over optimistic planning or necessary constraints upon access to busy clinical areas.

6a. 2016/17 Cost Improvement Programme Summary

	Acute & Continuing Care Directorate £'000	Co-Ordinated Surgery Directorate £'000	Women & Children Directorate £'000	Facilities & Estates £'000	Corporate £'000	Central £'000	Trust Total £'000
Directorate Schemes	1,826	1,709	1,102	231	808	240	**5,916**
Medicine Management						1,650	**1,650**
Procurement	1,785	455	133		1	901	**3,275**
TOTAL	**3,611**	**2,164**	**1,235**	**231**	**809**	**2,791**	**10,841**

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Report to the Board of Directors

Board Date: 6 April 2017

Title of Report	Communications report
Presented by	Glynis Alexander
Lead Director	Director of Communications
Committees or Groups who have considered this report	Not applicable
Executive Summary	The purpose of this report is to summarise the communications highlights of the last month. The focus has been to maximise opportunities arising from the CQC report to communicate the extensive improvements made by the trust, and to engage stakeholders in next steps. This report details the successful implementation of our communications strategy, including the extensive media coverage achieved, depth of internal engagement, and social media interactions.
Resource Implications	None
Risk and Assurance	NA
Legal Implications/Regulatory Requirements	NA
Recovery Plan Implication	The Communications Team's work is aligned with the improvement plan.
Quality Impact Assessment	NA
Recommendation	For noting by the Board

NHS Medway NHS Foundation Trust

Purpose & Actions required by the Board :	Approval ☐ Assurance ☐ Discussion ☐ Noting ☒ x

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Communications report – April 2017

1. EXECUTIVE SUMMARY

1.1. Over the past month there has been intensive communication and engagement activity in support of our CQC report.

1.2. In the run-up to publication there was preparation for the potential outcomes, along with support for the quality summit. At the time of publication and since, the focus has been on achieving the widest possible spread through news channels, key stakeholders and local networks.

1.3. The aims were to ensure staff and external stakeholders were aware of the content of the report, including the areas that were praised by the CQC as well as those that were identified for further improvement.

1.4. We wanted to ensure that staff felt valued and that their morale was boosted as a result of the positive comments in the report and the overall endorsement for the trust's improvement.

1.5. We were also keen to build confidence in the trust within the community as a result of the good news.

1.6. In addition to maximising the opportunities offered by the CQC outcome, communications activity has centred on:

- Publicising improvement milestones such as the arrival of the modular units as part of the ED redevelopment
- Messaging about how we are dealing with attendance pressures and managing flow
- Supporting publication of the STP case for change document
- Delivering a new website for the trust.

2. ENGAGING COLLEAGUES

2.1. We continue to keep staff informed through a range of communications – all-staff email updates, weekly messages from the Chief Executive, themes of the week, and News@Medway, as well as utilising other tools such as screensavers and posters.

2.2. However, we do not just rely on written communications. Face-to-face opportunities are considered essential for good staff engagement, in particular for those staff who are not office based.

2.3. Team meetings, huddles, etc and encouraged to ensure staff have a chance to discuss and raise questions.

2.4. When the CQC was published a staff briefing session was held in the staff restaurant, attended by hundreds of people, who heard the news first-hand from the Chief Executive.

2.5. The next day members of the Executive Team visited staff across the hospital, making sure the news had reached all areas, and thanking staff for their hard work and contribution to the significant improvements noted in the report.

2.6. Following publication day, senior managers briefed their own staff in more detail, supported by communications materials.

2.7. The next steps will involve engaging staff in phase three of the trust's improvement plan, including addressing the areas for further work identified in the CQC report.

3. MEDIA

3.1 There was extensive coverage of the CQC report in the media. The team had arranged for coverage on regional broadcast media, including pre-recorded filming and interviews of senior staff by BBC South East and ITV Meridian, which ran on the Friday the report was released.

3.2 Other interviews were arranged with BBC Radio Kent and the Kent Messenger group, which ran the story across its papers in the area, including the Medway Messenger and its Swale and Sheerness titles.

3.3 We also placed pieces about the report with the Health Service Journal and The Times, providing a national platform for the Trust's achievements.

3.4 In addition to reporting of the CQC report, we have achieved coverage by placing expert spokespeople, such as Professor Rahul Kanegaonkar who was interviewed on radio about vertigo, and by highlighting newsworthy initiatives such as our apprentice scheme, featuring a 48-year-old apprentice who defies the stereotype.

4. SOCIAL MEDIA

4.1 Over the past 28 days we have engaged with 64,500 people on Twitter and 98,384 people on Facebook. We have gained 117 new followers on Twitter and 222 on our Facebook account, taking our total number of followers to 2,661 and

4,456 respectively. Key topics over the last month were Public Health England's smoke-free report that commends our smoke-free efforts, national Nutrition and Hydration Week and World Book Day.

4.2 We continue to engage with local and national health organisations and stakeholders with our posts retweeted/shared by a number of followers, including NHS Employers South, Healthwatch Medway and Medway CCG.

4.2 Following our CQC announcement we saw an increase of traffic of 18,000 users to our Twitter page and 150 to our Facebook page. Key stakeholders who engaged with us on social media were Jeremy Hunt, Secretary of State for Health, Philip Dunne, Minister of State for Health, local MPs and councillors, and organisations such as the CQC and NHS Improvement. Our top post reached 64,987 users on Facebook and was shared 395 times.

5. STAKEHOLDER ENGAGEMENT

5.1 We delivered a comprehensive programme of engagement with our stakeholders for the launch of our CQC report. To ensure that our key partners and stakeholders were kept fully involved, and their ongoing personal support for the Trust was appropriately acknowledged, personal verbal briefings were given by our Chief Executive to our local MPs, senior colleagues in our CCGs and neighbouring health organisations, and local councillors who have a health portfolio and/or undertake health scrutiny and the Chair of Healthwatch.

5.2 Our governors and members receive regular updates from the Chairman providing news on the Trust's progress and developments.

5.3 A successful members' event took place in early March, when attendees were able to share their views about quality priorities for the trust for the next 12 months. This week our CQC report outcomes were discussed at another member event.

5.4 Our governors will also consider quality priorities at the Council of Governors meeting on 11 April.

5.5 A programme of members events and governor coffee mornings has been planned for the year.

5.6 The Chief Executive and Director of Communications attended the Medway Health and Adult Social Care Committee to update members about the CQC report, when there was resounding support for the trust's achievements.

6. COMMUNITY ENGAGEMENT

6.1 Discussions are continuing with health and social care partners about how we will engage our local communities in the Sustainability and Transformation Plan.

6.2 Following the publication of the case for change document, it is important that local people are kept informed about progress on the STP in Medway, and have an opportunity to share their views at the appropriate time.

6.3 Meanwhile, we are developing our external networks to ensure we are holding discussions with as broad a range of local residents as possible, including harder to reach groups.

6.4 An Engagement Officer joined the trust in late March. She will support delivery of the trust's engagement strategy, including working to involve local people are able to input into discussions about service improvement.

NHS Medway NHS Foundation Trust

Report to the Board of Directors

Board Date: 6 April 2017

Title of Report	Corporate Governance Report
Presented by	Lynne Stuart
Lead Director	Lynne Stuart
Committees or Groups who have considered this report	
Executive Summary	The report outlines current activity and issues in corporate governance.
Resource Implications	N/A
Risk and Assurance	The report outlines the progress of a number of Trust wide initiatives designed to improve corporate governance arrangements.
Legal Implications/Regulatory Requirements	N/A
Recovery Plan Implication	Continuing the work to improve our corporate and clinical governance which will support both safe and high quality patient care and a productive working culture for staff.
Quality Impact Assessment	N/A
Recommendation	The Board are requested to note the report and the assurance and risks stated.
Purpose & Actions required by the Board :	Approval ☐ Assurance ☑ Discussion ☐ Noting ☐

NHS Medway NHS Foundation Trust

Corporate Governance Report – 6 April 2017

1. EXECUTIVE SUMMARY

1.1. The report gives a brief overview of corporate governance activity and issues arising.

2. CARE QUALITY COMMISSION

Inspection

2.1. Following the inspection by the CQC in November and December 2016, the Trust received the findings from the inspection in the form of a draft Quality Report on 8 March. There was an opportunity for the Trust to respond regarding any factual inaccuracies contained therein and the final report was published on 17 March 2017.

2.2. The overarching findings from the report show that there has been significant improvement across a number of areas since the previous inspection in August 2015, however the CQC did identify that there were still improvements required. The last stage in the inspection process is the Quality Summit, which was held on 17 March, jointly led by the CQC and NHS Improvement. Almost one hundred participants were present at this event including the MFT Board of Directors and other Senior Managers, our Commissioners, members of the Medway and Kent Councils and a number of health and education partners from across the region.

2.3. More detail regarding the findings is provided within the PMO Director's report to the Board. An Improvement Plan is currently being developed in response to the findings, although some of the actions identified had already been undertaken.

Internal Compliance Monitoring

2.4. There is a rolling programme of internal compliance monitoring against the Regulatory Fundamental Standards. This month a full review of the following standards and supporting evidence took place:

Reg	Standard	Executive	Compliance status	Action
11	Need for consent	Director of Corporate Governance, Risk, Compliance	Requires Improvement	The Trust Consent Audit findings were presented at the Trust audit day on 16 October 2016. The Consent policy and associated procedures have all been fully revised and are available to all

Reg	Standard	Executive	Compliance status	Action
		and Legal		staff on the intranet. A second legal training seminar on consent took place in February 2017 and was well attended. Currently there is a requirement for all relevant staff to undertake consent training as a 'one-off' however it has been recommended to the Clinical Council that there should be 3 yearly consent training. Overall Safeguarding training shows insufficient numbers trained for the Trust to be assured that staff recognise when a person lacks capacity to give consent to treatment. This is being addressed.
18	Staffing	Director of Workforce and OD	Requires Improvement	Improvements required in relation to improved Achievement Review compliance and Mandatory training rates.
19	Fit and proper persons employed	Director of Workforce and OD	Good	KPMG Internal Audit undertaken in November 2016 found significant assurance with minor improvements required. In addition, a revised performance management and disciplinary policy are in place across the Trust.
20A	Requirement as to display of performance assessments	Director of Finance	Good	All posters and the website widget have been replaced with the new ratings on 17 March 2017.

Relationship management

2.5. A very productive meeting was held on 22 February between the Chief Executive, the Head of Integrated Governance, the new CQC Inspector allocated to our Trust and our Relationship Holder. Going forward we will be having bi-monthly 'Business As Usual' meetings with them. The CQC stressed that they are keen to engage

with our staff and we have invited them to attend a Clinical Council meeting and a Nursing and Midwifery Quality Forum in due course.

2.6. We were advised at that meeting that there is no longer a need to send separate and individual Deprivation of Liberty Safeguard (DoLS) notifications to the CQC for every patient where a DOLS is applied. However to keep them apprised of notifications on a weekly basis, we are sending the register of all DOLS applications which the Safeguarding team maintain.

3. RISK AND REGULATON QUALITY ASSURANCE

Audit

3.1. The Internal Audit Report from KPMG of the Trust's Risk Management arrangements has been received with the Assurance Rating of "*Significant Assurance with Minor Improvement Opportunities*", which is in line with our forecast rating. The report was presented at the Trust Audit Committee Meeting on 1 March 2017. The improvement opportunities identified were also identified within the Corporate Governance Directorate and form part of the Business Plan and Objectives for the Risk Management team going forward. A statement to this effect has been included within the Annual Governance Statement.

4. HEALTH AND SAFETY

External Compliance Assessment

4.1. The Health and Safety compliance assessment previously notified to the Board is due for completion on 31 March 2017.

5. DOCUMENTATION MANAGEMENT

Corporate Policies

5.1. Streamlining all of the Trust's policies and procedural documents continues. The table below shows the status of the 17 corporate policies:

Corporate Policy	Document Owner	Status
Complaints	Director of Corporate Governance, Risk, Compliance and Legal	Approved; Available on intranet
Duty of Candour	Medical Director	Approved; Available on

Corporate Policy	Document Owner	Status
		intranet
Emergency Preparedness, Resilience and Response	Director of Corporate Governance, Risk, Compliance and Legal	Approved; Available on intranet
Estates, Facilities and Security	Director of Finance	Approved; Available on intranet
Finance	Director of Finance	Approved; Available on intranet
Fire Safety	Director of Finance	Approved; Available on intranet
Health and Safety	Director of Corporate Governance, Risk, Compliance and Legal	Approved; Available on intranet
HR	Director of Workforce and OD	There are a number of SOPS and related documents however there is currently no overarching Corporate HR Policy. The Deputy Director of Workforce and OD is taking this forward.
Information Governance	Director of Corporate Governance, Risk, Compliance and Legal	Approved; Available on intranet
Medicines Management	Medical Director	First draft written. A framework of SOPs will be reviewed against the 'Marsden Manual' once implemented.
Patient Care and Management	Director of Nursing	First draft written. Awaiting implementation of the 'Marsden Manual'; the draft policy will be reviewed against the 'Marsden Manual' once implemented.
Risk Management	Director of Corporate Governance, Risk, Compliance and Legal	Approved; Available on intranet

Corporate Policy	Document Owner	Status
Safeguarding	Director of Nursing	The Trust follows Kent & Medway Adult Safeguarding policies and protocols however a corporate policy stating this, and identifying roles and responsibilities, is underway.
Serious Incidents	Medical Director	Approved; Available on intranet
Standards of Business Conduct	Company Secretary	Awaited
Violence, Aggression and Disruptive Behaviour	Security Director (currently Director of Finance)	Approved; Available on intranet

6. EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE

Exercise Watling Street

6.1 The Trust took part in the South East London Kent and Medway (SELKaM) Emergo Major Incident Trauma Network Exercise on 08/03/2017.This was a remote Exercise feeding Puppet Casualties in, via email to be triaged, to determine if they could be managed within our resources or required secondary transfers to a Trauma Centre.

6.2 The Trust played an Emergency Department Exercise Table, Tactical Control Room Exercise Table and a Small Strategic Exercise Table (there was no Media Play in the scope).

6.3 All evidence created at the exercise was sent to Public Health England on 15/03/2017. An internal evaluation report for the Trust is being created by the Head of Corporate Compliance and Resilience with the Final Report from Public Health England expected in April. Lessons identified from the internal evaluation and final report will be presented in a paper to the Trust EPRR Group in May.

7 GOVERNANCE

Review of the Effectiveness of the Trust's Governance Arrangements

7.1 An internal review of the effectiveness of the governance arrangements of the Acute and Continuing Care Directorate has been underway since February with recommendations being fed back to the leadership team.

7.2 The Director of Corporate Governance and the three Directors of Clinical Operations are reviewing what changes will need to be made within the Directorates going forward to ensure that there is a consistent approach to governance.

7.3 A training needs analysis for all directorate level staff involved in governance activities has been completed and a training programme has been developed which will be rolled out from April 2017.

7.4 Following the undertaking of a review of the effectiveness of the governance of the Trust's Clinical Governance Framework earlier this year, a training programme has been put in place and a suite of resource documents and templates have been prepared by the Head of Integrated Governance and the Director of Governance, Risk, Compliance and Legal to help support Chairs and Administrators of Groups in understanding the importance of their respective roles and in fulfilling their functions more effectively; the outcome being to provide greater first and second level assurance to the Board on the quality and safety of patient care.

External Governance review

7.5 Under NHSI's Risk Assessment Framework and in line with the Code of Governance for Foundation Trusts, FTs are expected to carry out an external review of their governance every three years. NHSI have previously agreed that the Trust could postpone their review until the early part of 2017 (the previous review having been undertaken in September 2013). Foresight at GE Healthcare Finnamore have been appointed to undertake this review from April and it is expected to take 12 weeks with outcomes to be shared at a Board workshop on 6 July. The Board will be called upon to undertake a self-assessment survey as an initial step in the programme.

8 INFORMATION GOVERNANCE

8.1 A comprehensive update on Information Governance is provided separately in the SIRO's report to the Board.

NHS Medway NHS Foundation Trust

9. COMPLAINTS

9.1 Complaints performance remains challenging. Latest data shows that only 34% of complaints received in December were responded to within 30 days (compared to 51% for November). The decline in performance has been attributed to operational pressures.

9.2 Efforts to improve performance have included a communications campaign during February together with training from an experienced Complaints Manager from Guys and St Thomas' NHS Trust. More than 100 members of staff involved in investigating and responding to complaints have undertaken the training during February and March with excellent feedback received from participants.

9.3 The implementation of the Datix-Web system for complaints management from 1 April 2017 will serve as a key tool for improving performance as it will show granular performance data which can be used in directorates as well as for the Performance Review Meetings.

Medway NHS
NHS Foundation Trust

Report to the Board of Directors

Board Date: 6 April 2017

Title of Report	Senior Information Risk Owner – End of Year Report
Presented by	Lynne Stuart
Lead Director	Lynne Stuart, Director of Corporate Governance, Risk, Compliance and Legal and SIRO
Committees or Groups who have considered this report	Information Governance Group on 6 March 2017
Executive Summary	The report provides an end of year assurance update to the Board from the SIRO. The SIRO reports to the Board half-yearly. The previous report to the Board was in September 2016. The SIRO implements and leads the NHS Information Governance (IG) risk assessment and management processes within the Trust and advises the Board on the effectiveness of information risk management across the Trust. The SIRO is supported in the fulfilment of this by an Information Governance Group, which meets quarterly, reporting to the Executive Group via the Compliance and Risk Group. The Report details key aspects of the information governance work programme undertaken under the management of the Information Governance Manager. Responsibilities of the SIRO include working with colleagues inside and outside the organisation to: • Establish an effective Information Governance Framework • Act as the champion for information risk within the organisation • Build networks with peers and organisations that can provide essential support • Ensure compliance with regulatory, statutory and organisational information security policies and standards • Ensure all staff are aware of the necessity for information assurance and of the risks affecting the organisation's corporate information • Establish a reporting and learning culture to allow the organisation to understand where problems exist and develop strategies (policies, procedures and awareness campaigns) to prevent problems occurring in the future The SIRO manages information risk from a business, not a technical perspective.

Resource Implications	N/A
Risk and Assurance	Current risks that are being managed with mitigating actions are: • Poor information governance standards practiced by staff • Inadequate storage and maintenance of Patient Records • Employees failing to undertake mandatory training on IG. • Record retention periods applied inappropriately or not applied at all • Inappropriate sharing of PID with external groups • Poor compliance and standards of records management practice in respect of archiving health records. The impact of these risks are: Breach of Data Protection Act; potential enforcement action by Information Commissioner's Office and fines; loss of reputation; distress to patients caused by confidentiality breaches. The Board can be assured that there is a structured programme and plan to address deficiencies. During 2016/17 mitigating actions were put in place to manage these risks whilst the IG improvement plan progressed. The improvement plan continues into 2017/18 and risks will need to continue to be effectively managed. All risks have Risk Owners that have responsibility for managing the risks and reviewing the effectiveness of the mitigating actions. The Information Governance Group collectively reviews the risks and scoring at its quarterly meetings. As the improvement plan has progressed during 2016/17 the following risks have been approved for closure by the Information Governance Group, in recognition that the improvements have sufficiently mitigated the risks to a tolerable level: • Contract staff breach IG requirements • Poor data quality leading to failure to meet IG Toolkit requirements • Information sharing with other providers (this was specific to legacy arrangements that came to light when the community contract transitioned from Kent Community Health NHS Foundation Trust to Virgin Healthcare) • Knowledge of privacy impact assessment requirements for new informatics projects is deficient
Legal Implications/Regulatory Requirements	There are a range of complex legal and professional obligations that limit, prohibit or set conditions in respect of the management, use and disclosure of information and, similarly, a range of statutes that permit or require information to be used or disclosed. Additionally various Codes of Practice apply to the NHS, full details of which are available here: http://systems.digital.nhs.uk/infogov/codes The IG Toolkit is an online system which allows organisations to assess themselves or be assessed against Information Governance policies and standards, thus ensuring a structured

	approach to compliance with information governance requirements. Records management practices are not currently fulfilling all the requirements of the Data Protection Act. On 1 March 2017 the Executive Group approved a business case to address this during 2017.
Recovery Plan Implication	Continuing the work to improve our corporate and clinical governance, which will support both safe and high quality patient care and a productive working culture for staff.
Quality Impact Assessment	N/A
Recommendation	The Board are requested to note the report and the assurance and risks stated.
Purpose & Actions required by the Board :	Approval ☐ Assurance ☑ Discussion ☐ Noting ☐

NHS
Medway
NHS Foundation Trust

Senior Information Risk Owner (SIRO): Annual Report to the Board 2016-17

6 April 2017

1. EXECUTIVE SUMMARY

1.1. The Trust's Information Governance toolkit has closed at a score of 66% - satisfactory. A number of aspects have weak evidence and addressing these with a view to improvement is factored into the IG Strategy for 2017-18.

1.2. As at 2 March 2017 81% of staff had completed IG training against the target of 95%. For this 2016-17 IG toolkit submission Trusts have not been required to evidence compliance due to the closure of the NHS Digital training platform.

1.3. Freedom of Information Act requests - volumes have increased by 33% on the same period last year (668 against 501 requests) with an average achievement of 56% against a KPI of 85%. A review of the Trust Publication Scheme has evidenced a number of areas of non-compliance and a project is scoped for 2017-18 to work with service areas to improve transparency in the Trust business activities.

1.4. Data Protection Act Subject Access Request compliance – 2007 requests have been received April 2016 to Feb 2017 with an average compliance performance achievement of 86% against a KPI of 85%.

1.5. Central Government has made a public commitment that all public bodies with more than 150 staff must publish all FOIA requests and responses where information is provided, and also publish their performance on responding in a timely manner. The trust will be implementing this with the launch of the new Trust website.

1.6. The incoming General Data Protection Regulation becomes enforceable law on 25 May 2018. A project is strategized to assess the Trust's current compliance with the revised legislation and generate recommendations for action on gaps identified.

2. BACKGROUND

2.1. This is the concluding 2016-17 report from the Trust Senior Information Risk Owner (SIRO) to the Trust Board as required by the Department of Health. The report details the six areas of the IG Work Programme and feeds back on areas of statutory performance oversight.

2.2. A half-year report was submitted to the Board in September 2016.

NHS Medway NHS Foundation Trust

3. RECOMMENDATIONS

3.1. For the Board to note the concluding status of the 2016-17 information governance toolkit.

3.2. For the Board to note the Information Governance work programme undertaken during 2016/17.

3.3. For the board to note the level of security breaches that will be reported via the Trust annual report (appendix 1).

4. INFORMATION GOVERNANCE WORK PROGRAMME 2016-17

Background

4.1. The Trust submitted a baseline score of 63% "Unsatisfactory" as at July 2016 – which is typical at an early stage of toolkit compliance validation. The previous published figure submitted as at 31 March 2016 was 73% - Satisfactory. A number of requirements did score an advanced level of compliance (rated as level 3 – the highest level) in 2015-16, however once level three is attained the bar is raised year on year and fresh evidence must be submitted.

4.2. Following a review of the previously loaded evidence a heatmap of Trust compliance suggested a number of amber or red areas where the pre-loaded evidence from earlier years did not meet the requirements of the Toolkit. As a result, all prior evidence was removed and evidence rebuilt from a zero baseline. This process has further highlighted several areas where requirements had not been robustly met e.g. meeting the requirements of the NICE Clinical Guideline 138 Quality standard 15 statements 12 & 13 [Patient Experience] which had initially been issued in 2012. In such cases where there was no evidence to support the requirement the Trust is submitting strategies for improvement for 2017-18.

March 2017 position

4.3. The Trust has submitted a final position of 66% which is a 'Satisfactory' level of compliance.

4.4. This ensures our continuing access to a secure N3 connection and data sharing facilitated through the Kent and Medway Information sharing protocol. Within this level of achievement there are a number of areas where the evidence utilized remains weak and these will form a basis for improvement for 2017-18, together with an audit schedule to ensure that IG audits are embedded features of the business. We are being made aware that the format (and some requirements) will change for 2017-18 potentially moving to RAG rated compliance.

5. IG WORKSTREAM SUMMARIES

IG Management

5.1. An overarching IG Corporate Policy was published in 2016, with updates to:

- The IG Framework
- IG strategy
- Data Protection policy
- Freedom of Information Policy

5.2. New SOP on information sharing with the police was published to provide guidance to staff on managing requests for information.

5.3. The IG Group has been embedded with representation from:

- Clinical Coding
- Health Informatics
- Medical Records
- IT
- Business Intelligence
- Information Governance

5.4. Compliance with mandatory training remains an issue. Overarching compliance data as at 1/3/2017 as generated by the MOLLIE system is below:

Information Governance			
	Staff Count	Staff Compliant	Overall
Womens and Childrens	790	692	87.59%
Co-ordinated Surgical	1306	1034	79.17%
Acute and Continuing	1362	1096	80.47%
Corporate	497	360	72.43%
Facilities and Estates	527	462	87.67%
Total	**4482**	**3644**	**81.30%**

(Excluding Bank staff)

Confidentiality and Data Protection Assurance

Data sharing:

5.5. Revised SoPs under V4 of the Kent and Medway Information Sharing Framework with Medway Community Health and Virgin Healthcare were established to ensure legitimacy to information sharing.

5.6. V5 of the Framework was completed with partner organisations, but is not yet implemented.

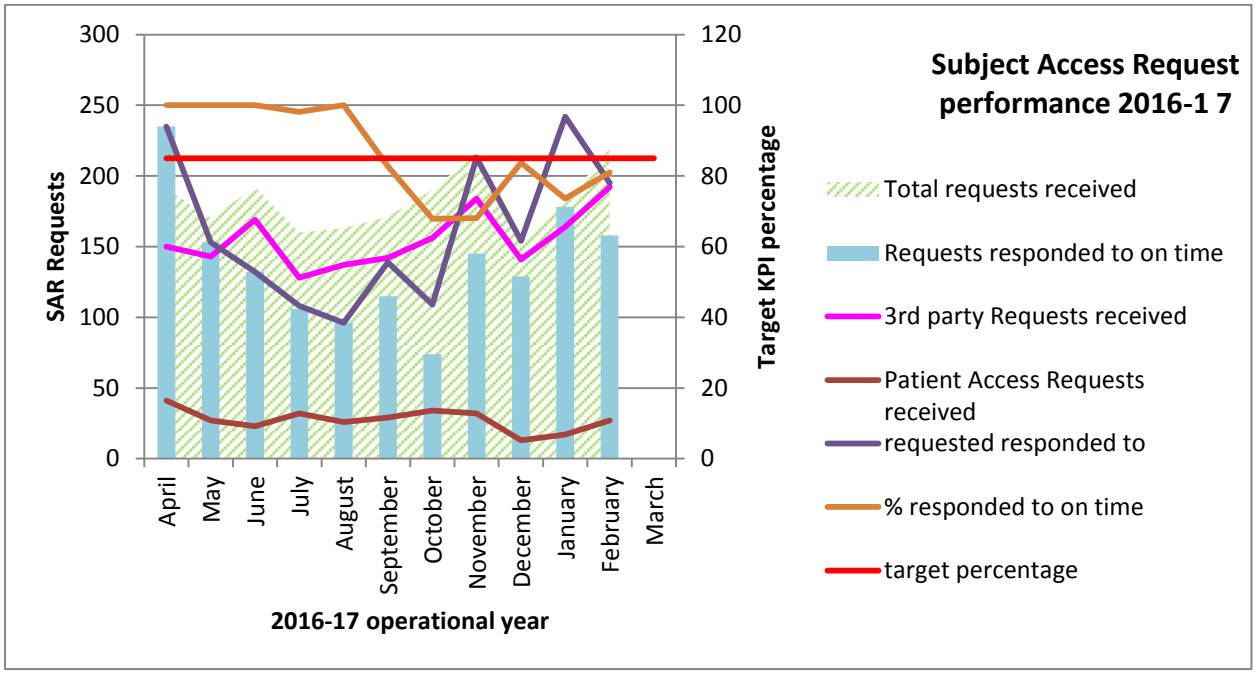
5.7. A strategic review of Information Sharing (together with Data flow mapping) has been scheduled for 2017-18 to establish the legal basis for processing. This is required by the General Data Protection Regulation which becomes law on 25 May 2018.

Subject Access Compliance:

5.8. DPA requests received by the Trust between 1 April 2016 – 28 February 2017

	3rd party Requests	Patient requests	Total Received	Total responded to*	Total responded to on time	% responded to on time
April	150	41	191	235	235	100
May	143	27	170	153	153	100
June	169	23	192	132	132	100
July	128	32	160	108	106	98
August	137	26	163	96	96	100
September	142	29	171	139	115	83
October	156	34	190	109	74	68
November	184	32	216	213	145	68
December	141	13	154	154	129	84
January	164	17	181	242	178	74
February	192	27	219	195	158	81
Total to date	**1706**	**301**	**2007**	**1776**	**1521**	**86**

* This figure may be more than the volume received in month because of the rolling nature of the statutory response deadline



5.9. The Trust has a KPI of responding to 85% within the statutory deadline. In September 2016 the Trust adopted a pre-payment approach to Subject Access. There has been difficulty in obtaining accurate and timely finance reports since the inception of this approach, which has impacted compliance with the 40 calendar day timescale for completion. This is evident in the graphic data above. In January 2017 Finance amended their reporting mechanism and it is anticipated this will improve both timeliness and accuracy of the data received. Cumulatively however the Trust has maintained the 85% KPI.

Information Security Assurance

5.10. The overarching leadership of the Trust's key information assets transferred to Health Informatics at the end of the 2015-16 operational year. A System Managers Group has been established with issues escalating to the Corporate Informatics Group. For 2017-18 a strategic assurance mechanism is under development to ensure consistency of approach across the identified key assets with the formation of a formal Information Asset Owner Group in line with central government and NHS Digital requirements.

5.11. The Trust's Registration Authority responsibilities transferred from the Corporate Governance Directorate to Health Informatics in May 2016. The compliance plan for 2016-17 was established late into the operational year. For 2017-18 this will be strategised and form part of an over-arching IG audit schedule.

Audit of Access to patient information

5.12. Access to patient information is on a need-to-know basis and any access must be for a legitimate reason. The Trust is required to evidence that it maintains a watching brief on the transition of staff joining, leaving or moving within the Trust to ensure that only those who need to access systems are authorised to do so. Systems managers are required to review access in line with the current Audit of Access to Confidential Information Policy and submit an assurance statement to the IG Manager on an annual basis.

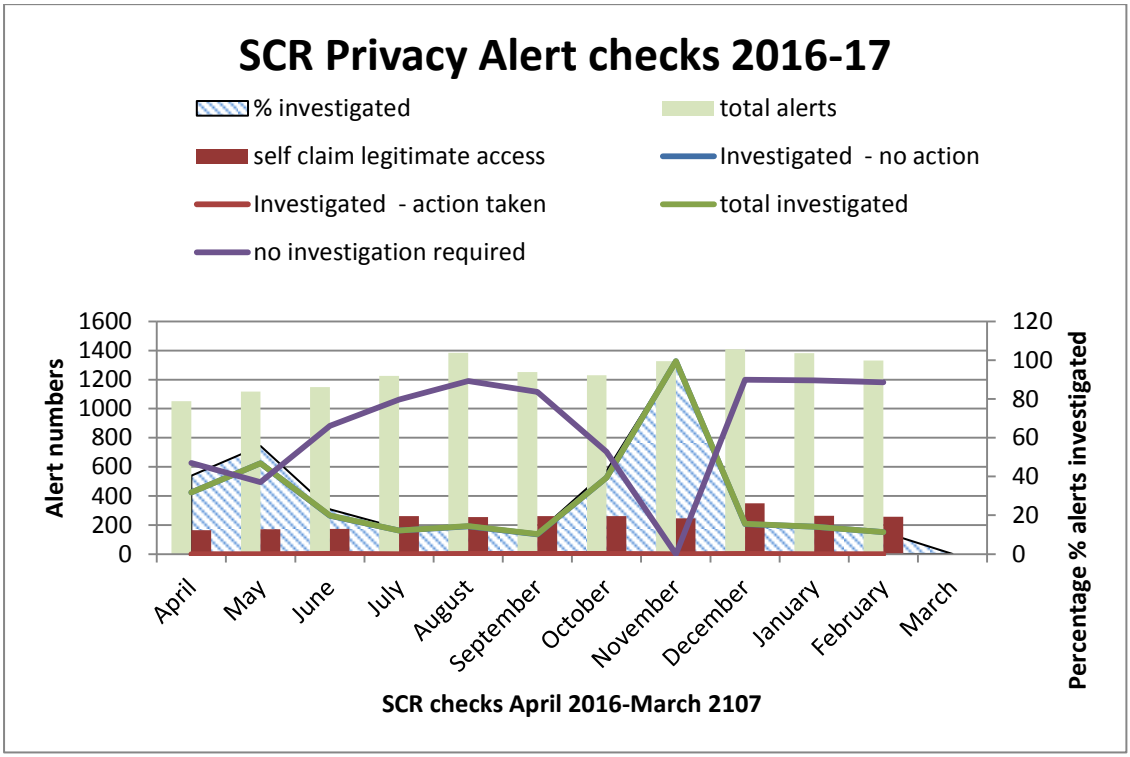
Assurances received:	Assurances outstanding:
• Oasis PAS • ILab • JAC (pharmacy) • Euroking • ESR • Galaxy • Safersleep • Endosoft	• E-Referral • EDN • PACS/RIS/IEP • Symphony

5.13. There have been three recorded allegations of staff inappropriately accessing patient records. These matters are referred to HR to investigate under the appropriate process. To unlawfully access personal information including medical records is a criminal offence under s55 of the DPA. In 2016 there were two successful prosecutions of former NHS staff by the ICO for inappropriately accessing records of estranged family members and friends.

Summary Care Record (SCR):

5.14. Every organisation that has access to SCRs must monitor the SCR viewing activities of users. Alerts are generated on the SCR when users override the information governance controls in place. Activities that trigger an alert are:

- When a clinician makes a self-declaration that there is a legitimate reason for overriding the control
- Emergency access of SCR (i.e. without gaining permission e.g. the patient is unconscious or confused)
- Within the Trust the main users are Pharmacy staff, who utilise the SCR to view current medication and allergies for patients who are admitted to the Trust.
- The Trust is required to audit a minimum of 10% of all SCR alerts – this minimum temperate check basis has been adopted since June 2016, hence the drop in cases investigated
- Very few issues are encountered; those that are can be summarised as:
  - New style NHS numbers not recognised on PAS
  - Duplicate NHS numbers
  - Duplicate patient records on PAS with different spelling of names
  - Delays in admitting patients on PAS

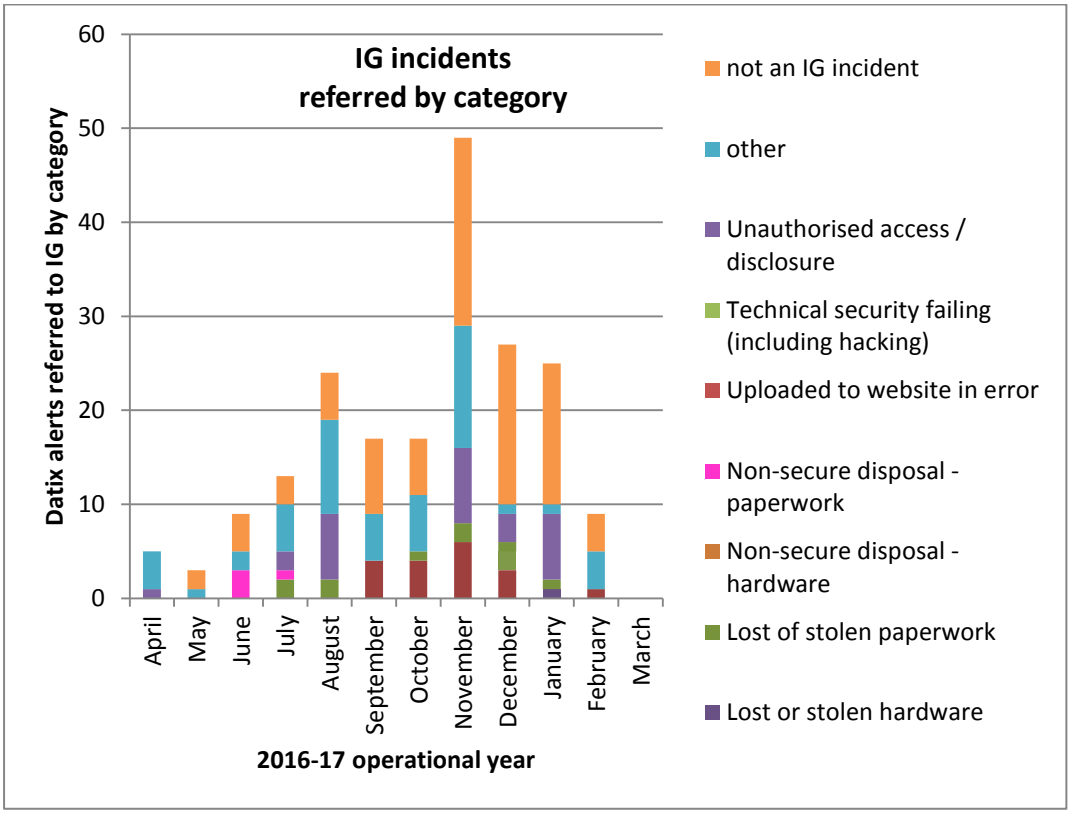


Reportable breaches and near misses:

5.15. A summary of breaches and near misses is tabulated below (to Feb 2017) - a fuller breakdown (as will appear in the Trust annual report with data to March

2017) is at Appendix 1.

Category	NHS digital rating	Definition	Total: April 2016 – February 2017
Serious Incident Requiring Investigation	2	Loss of multiple patient or very high sensitive patient records where the information has either not been recovered or recovered after an external	8
Incidents	1	A breach of confidentiality, data protection identified by a member of the public	0
Near miss	0	A loss of data within the Trust, or breach of Trust IG policy, identified by a member of staff and not a member of the public	114
Complaint	n/a	Patient complaints to the Trust about a breach of confidentiality or data protection	0



Notified themes from 'other' breach notifications:

- Handover x 7 incidents:
- Notes - dropped in Trust grounds / premises
- Handover between staff noted as ineffective
- Patient notes misfiled x 10 incidents
- Service users covertly filming on Trust premises x 2 incidents

- Patient information sent to the wrong address (hardcopy) x 5
- Backing data for payment submitted with patient identifiable data x 2
- Lost laptop x 1
- Sharing log-ins x 1
- Research project commenced (using patient identifiable data) without ethics approval x 1

Clinical Information Assurance

5.16. The initial aspect of this area requires appropriately skilled Clinical Records Managers and Records Management strategies to be in place. This activity has been undertaken by the General Manager of Imaging and Outpatients pending a dedicated strategy being implemented.

5.17. Data Quality strategy approved by Board in 2016.

5.18. Clinical audit of consent has been executed with output report viewed by the SIRO and monitored via quality governance.

5.19. Casenote tracking audit executed.

Secondary Use Assurance

5.20. A strategy has been developed, and responsibility assigned, for involving clinical/care staff in quality checking information derived from the recording of clinical/care activity as per toolkit requirements.

5.21. An annual clinical record keeping audit has been executed by the Head of Clinical Effectiveness in adherence with Clinical Classifications Service requirements. Recommendations have been actioned including updating the clinical coding policy and procedure document.

5.22. Clinical coding audit scores confirmed level 2 toolkit accuracy was achieved.

Corporate Information Assurance

Corporate Records Management

5.23. The Trust is required to evidence that it has effective systems and processes governing the management of both health and corporate information. Corporate information is required to be classified and captured under guidance within the Information Governance Alliance Records Management Code of Practice and evidenced via an audit mechanism that requires a full audit of at least four areas of activity within the Trust on an annual basis. Details of corporate records have historically been maintained on a corporate records database.

5.24. In line with NHS Digital's 'An approach to Records Management' guidance an initial review of four areas was undertaken in quarter four of 2016-17. This review showed that effective maintenance of corporate records is not an embedded feature of Trust activities and that there had been very limited maintenance of the database. Paper records appear to be retained without

reference to retention periods, with significant volume of documents stored without review.

5.25. The Trust has not been able to evidence compliance with requirements; however in mitigation a strategy to improve the position during 2017-18 has been uploaded as evidence to the toolkit.

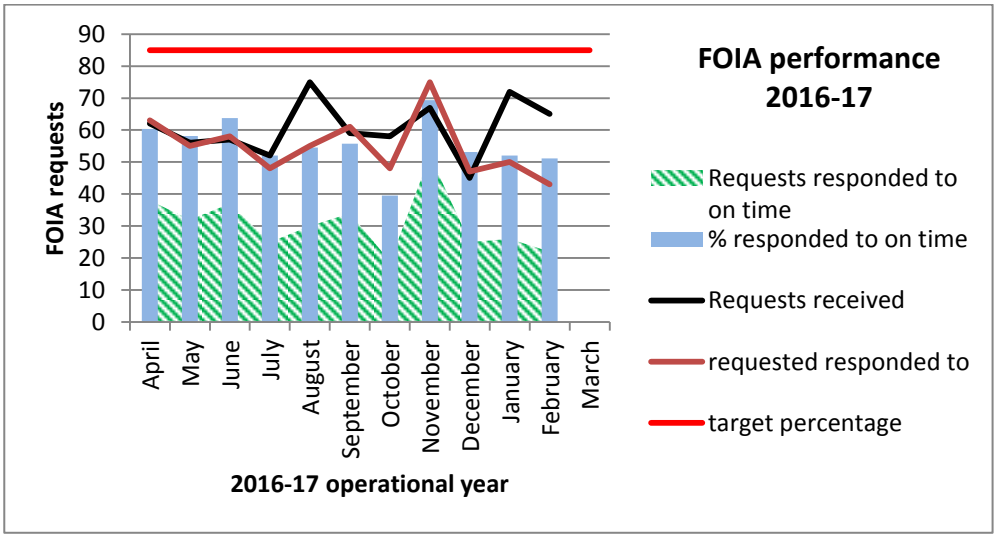
Freedom of Information Act (FOI) Requests

5.26. FOI requests received by the Trust between 1 April 2016 – 28 February 2017

	Requests Received	Responded to	Responded to in time	Performance level %
April	62	63	38	60
May	56	55	32	58
June	57	58	37	64
July	52	48	25	52
August	75	55	30	55
September	59	61	34	56
October	58	48	19	40
November	67	75	52	69
December	45	47	25	53
January	72	50	26	52
February	65	43	22	51
Performance to date	668	603	340	56%

* This figure may be more than the volume received in month because of the rolling nature of the statutory response deadline

FOI requests are running approximately 33% higher than in 2015-16



5.27. The Trust has a KPI of responding to 85% within the statutory deadline. Performance has been consistently poor throughout the operational year and the Trust cannot achieve its KPI for 2016-17. The profile of FOI has been

highlighted at Executive level with training on the statutory obligations and correct application of the FOI Act delivered by the Director of Corporate Governance, Risk, Compliance & Legal to the leadership team. With the launch of the new Trust website a formal disclosure log will be established with all requests received and information supplied published for the first time – this is in keeping with ICO best practice. With the launch of the new website Trust compliance performance will also be published as required by the Cabinet Office in May 2016.

5.28. During 2017-18 a comprehensive review of the Trust's compliance with the ICO requirements for its Publication Scheme is scheduled, with specific reference to the requirements within the 'Definitions' document for the NHS. The current Scheme is out of date in many areas where webpage owners have not maintained the information to be published.

NHS Medway NHS Foundation Trust

APPENDIX 1

The table below details information security breaches reported to the ICO during the 2016-17 operational year as it will appear in the Trust annual report and accounts – the format is as required by NHS Digital.

Of these reported breaches, the ICO has closed seven without further action after initial investigation has taken place. The remaining case from September 2016 remains open with the ICO.

SUMMARY OF SERIOUS INCIDENTS REQUIRING INVESTIGATION INVOLVING PERSONAL DATA AS REPORTED TO THE INFORMATION COMMISSIONER 2016-17				
Date of Incident (month)	Nature of incident	Nature of data involved	Number of data subjects potentially affected	Notification Steps
June 2016	Disclosed in error – inadequately protected electronic storage device (USB)	Full patient name Hospital number Address Telephone number Allergies MRSA status Admission and discharge date Gender Diagnosis Details of care Medication prescribed Doctor details	1500	Information Commissioner's Office (ICO)
Further action on information risk	The organisation no longer uses unencrypted memory sticks – all devices are now AES256 encrypted			
June 2016	Lost / stolen paperwork (notebook)	Two formats: Format one - • Patient name • NHS number • Bed • Ward • Summary of treatment Format two also contained: • Patient home address	50-100	ICO
Further action on information risk	A process review was undertaken with the staff to ensure that going forward only minimum patent information was carried on a daily basis.			
July 2016	Disclosed in error (email)	Patient name Address Highly sensitive personal information	1	ICO

NHS Medway NHS Foundation Trust

SUMMARY OF SERIOUS INCIDENTS REQUIRING INVESTIGATION INVOLVING PERSONAL DATA AS REPORTED TO THE INFORMATION COMMISSIONER 2016-17				
Date of Incident (month)	Nature of incident	Nature of data involved	Number of data subjects potentially affected	Notification Steps
Further action on information risk	Staff reminded of correct procedures for transferring patient information between .net and medway.nhs.uk email accounts			
August 2016	Non-secure disposal – paperwork	All records were from 2013 Patient name Diagnosis Summary medical plan or nursing plan	101-300	ICO only
Further action on information risk	Dedicated communications plan to all staff in relation to secure and appropriate destruction of ward handover sheets			
August 2016	Disclosed in error	Patient name Patient ID number Date of Birth Summary diagnosis	11-50	ICO only
Further action on information risk	Dedicated communications plan to all staff in relation to secure transportation of patient details whilst within the hospital grounds			
September 2016	Non-secure disposal – paperwork	Patient name Date of birth Patient ID/NHS number Address Details of existing conditions Pregnancy details Family details Ethnicity details GP name	1500+	ICO only
Further action on information risk	Local investigation into practices and procedures at an NHS site based in the community. Review of staff training for staff involved.			
Dec 2016	Lost or stolen paperwork *(Xrays destroyed in a fire)*	Xray details	1500+	ICO only
Further action on information risk	Review of contractual arrangements with supplier and retention periods.			
January 2017	Disclosed in error (email)	Patient name Home address Month & year of birth	1250	ICO only

NHS Medway NHS Foundation Trust

SUMMARY OF SERIOUS INCIDENTS REQUIRING INVESTIGATION INVOLVING PERSONAL DATA AS REPORTED TO THE INFORMATION COMMISSIONER 2016-17				
Date of Incident (month)	Nature of incident	Nature of data involved	Number of data subjects potentially affected	Notification Steps
		Patient gender and ethnicity (coded) Patient date of admission, discharge, and length of stay Treating consultant specialty – coded Treatment - coded		
Further action on information risk	Review of training for new staff within team, review and revision to practices and procedures.			
March 2017	Disclosed in error (*backing data for invoice payments*)	Patient full NHS number (& for 197 full name) Date of birth Patient gender GP code Location code Hospital No Specimen type Clinician & speciality	2440	CCG & ICO
Further action on information risk	Revision and review to practices and procedures, Review of staff training			

This table highlights the IG Datix alerts raised April 2016 to February 2017 that did not meet the criteria for referral to the ICO, as classified by the requirements of NHS Digital.

SUMMARY OF OTHER PERSONAL DATA RELATED INCIDENTS IN 2016-17		
Category	**Breach type**	**Total**
A	Corruption or inability to recover electronic data	0
B	Disclosed in error	17
C	Lost in transit	2
D	Lost or stolen hardware	1
E	Lost or stolen paperwork	9
F	Non-secure Disposal – hardware	0
G	Non secure disposal – paperwork	4
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	0
J	Unauthorized access / disclosure	28
K	Other	48

NHS Medway NHS Foundation Trust

Report to the Board of Directors
Board Date: April 2017

Title of Report	Workforce Report
Presented by	James Devine, Executive Director HR & OD
Lead Director	James Devine, Executive Director HR & OD
Committees or Groups who have considered this report	Executive Team
Executive Summary	This workforce report to the Trust Board focusses on the core workforce risks, and looks to provide assurance that robust plans are in place to mitigate and remedy these risks. In addition, the report provides an update on the broader workforce agenda across the hospital. As seen from the Trust risk register, recruitment and retention remain the areas of significant focus. This report provides an updated position with regard to the nursing recruitment and retention position in particular, but also summarises the work commenced on Consultant recruitment; whilst acknowledging further work is required in these areas, the increased efforts over recent months show an improving position. This will support the reduction and reliance on temporary staffing usage & expenditure The international recruitment plan for nursing was presented in the previous Trust Board paper. This work commenced on 20 March 2017, with the aim of recruiting around 120 qualified nurses, with primarily senior nursing colleagues undertaking interviews. A total of 241 nurses were offered posts at MFT; however, consideration should be given to the normal withdrawal rate of international nurses, together with the requirement to pass the IELTS test (International English Language Testing System (an English language proficiency test for higher education). In addition, the UK based nurse recruitment plan launched at the end of February 2017 with advertising in a range of print, online and social media platforms. This being a collaborative piece of work between the HR&OD and the nursing directorates. To date, we have made a further 35 offers of employment to registered nurses and 29 clinical support workers. This report also summarises the position with regard to temporary staffing usage, and the extensive work undertaken to better manage this, particularly around the use of non-clinical agency interims. This has resulted in a significantly improved position with both reduction in spend, and movement from agency to the in-house bank, this reducing

	agency premiums. Other updates provided include progress on the NHS Staff Survey and the Equality & Inclusion agenda. A summary of results from the first review of the new online exit survey is also provided; this shows the reasons why staff have left the Trust, together with a summary of survey responses. These results will be reported quarterly, with comparison data shown from the next quarter results.
Resource Implications	None
Risk and Assurance	• Nurse Recruitment • Temporary Staffing Spend The following activities are in place to mitigate this through: 1. Targeted campaign to attract local and national nurses 2. Update on overseas campaign 3. Ensuring a robust temporary staffing service 4. Review of temporary staffing usage, particularly agency usage, currently in use at Medway
Legal Implications/Regulatory Requirements	Staffing levels and use of temporary/agency workers have been identified as areas that need improvement by the Trust and our regulators.
Recovery Plan Implication	Workforce is a priority programme as part of the Recovery plan and is a key enabler for organisational delivery as part of the plan.
Quality Impact Assessment	n/a
Recommendation	Information
Purpose & Actions required by the Board :	Approval [ ] Assurance [ ] Discussion [x] Noting [x]

NHS Medway NHS Foundation Trust

WORKFORCE REPORT – MARCH 2017

TRUST BOARD MEETING

1. Introduction

This workforce report to the Trust Board focusses on the core workforce risks, and looks to provide assurance that robust plans are in place to mitigate and remedy these risks. In addition, the report provides an update on the broader workforce agenda across the hospital

2. Recruitment

2.1 The enhanced activity with regard to nurse recruitment has continued since the last paper presented to the Trust Board

2.2 The international campaigns in both Europe and the Philippines remain on track, and the UK campaign launched at the end of February 2017. On the latter, the Trust has partnered with award winning media company TMP Worldwide (TMPW) who work with many NHS Trusts across the country on providing expert resourcing campaigns.

2.3 The recruitment plans highlighted in earlier Trust Board papers are now beginning to show dividends with again a higher number of qualified nurses and Clinical Support Workers being offered roles and commencing employment than in previous months. This improved position is supported by a lower number of leavers that normal, albeit retention of nurses remains a priority. The table below summarises the position on offers made, starters and leavers for February 2017.

Role	Offers made in month	Actual Starters	Actual Leavers
Qualified Nurses	35	11	14
Clinical Support Workers	29	18	6
Associate Practitioners	2	4	0

2.4 We have also commenced work on a targeted doctor recruitment programme. It is envisaged that the diagnostic work will be completed in April 2017, with marketing and advertising commencing in May 2017. This will focus on both junior doctor and Consultant vacancies, particularly in areas with high vacancy rates, or difficulty to fill roles. Further updates on progress will be provided to the Board in the coming months.

3. Directorate Metrics

3.1 The table below shows performance across five core indicators by directorate. Turnover, at 9% YTD, remains slightly above the tolerance level of 8%. Sickness absence remains below the tolerance level of 4% at 3.9% YTD.

3.2 Both appraisal and mandatory training rates have improved since the last reporting period, and the HR Business Partners are working with directorates to devise robust plans which better support the achievement review approach as opposed to an annual appraisal system which was replaced in late 2016. The Learning & Development team are also working with subject matter experts to undertake a training needs analysis to review the staff groups required to undertake training (and levels), and the frequency requirements; this in turn is aimed at ensuring that we reach higher levels of compliance, and limit the time away from the workplace.

• Indicator	Acute & Continuing Care (FTE)	Trend from previous month	Co-ordinated Surgical (FTE)	Trend from previous month	Women & Children (FTE)	Trend from previous month	Corporate (FTE)	Trend from previous month
Turnover rate (8%)	10%	↓	8%	↓	9%	↔	14%	↓
Sickness rate (4%)	3%	↓	3%	↓	3%	↓	2%	↔
Vacancy rate	16%	↓	21%	↓	11%	↔	15%	↑
Appraisal (95%)	88%	↑	78%	↓	92%	↑	83%	↓
Mandatory Training (95%)	73%	↔	75%	↔	80%	↔	66%	↑

4. Temporary Staffing

4.1 Expenditure on agency reduced in February 2017 by £600k when comparing to January 2017. Some of this can be attributed to the conversion of agency workers to bank, acknowledging that further work is currently being undertaken on reviewing areas of continued reliance on temporary staffing, with dedicated support from HR Business Partners to devise plans to recruit on a substantive basis. This will be reviewed at the monthly performance reviews.

4.2 Requests for temporary staffing to cover nursing and doctor vacancies reflected past trend with 10,891 shifts requested in February; positively, there was again a slight increase in the fill rate; 85% of nursing requests, and 85% medical locum requests were covered.

4.3 During January 2017, in order to comply with the NHS Improvement rules, all directorates attended a challenge session with the Chief Executive and Executive Director of HR&OD, to discuss levels of agency usage, with particular focus on the usage of non-clinical agency workers earning above the price cap set by NHS Improvement.

4.4 As a result, the Trust has been able to report that there are now no non-clinical interim agency workers earning in excess of the value that requires approval from NHS Improvement.

4.5 A number of agency workers have reduced rates to now comply with the NHSI price cap, with 86 agency workers having either joined or are in the process of joining the Trusts in-house bank (resulting in the removal of agency premium); this includes 20 doctors, 19 CSWs and 37 nurses. Where negotiation has resulted in both parties not being able to agree rates that sit within the price cap, we have issued notice that their placements will end.

5. Other Workforce Updates

5.1 Update on Equality and Inclusion

Previous papers to the Trust Board have summarised the work required on the development of an Equality Delivery Scheme (EDS), with an initial indicative timeframe for completion of March 2017.

The main purpose of the EDS is to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS, NHS organisations can also be helped to deliver on the public sector Equality Duty (PSED).

This is an important and significant piece of work. As a result of a paper submitted by the Director of HR&OD in January 2017, the Executive Team approved the appointment of a Head of Equality & Inclusion. The appointed candidate commences employment at the Trust on 03 April 2017, with a clear objective of completing the EDS2 for MFT.

5.2 Update on NHS Staff Survey

The results of the NHS Staff Survey were made available on 07 March 2017. A presentation summarising our results will be presented to the Trust Board meeting; however main highlights include:

- Response rate of 49.5%; this is a 12% increase on last year, and 10% above the national average
- We have significantly improved in 44 areas, and significantly worsened in only 1.

5.3 Exit Survey Analysis

A new online exit survey was launched in December 2016, with the aim of individuals completing the survey during their notice period to increase the response rate.

Since the launch, over 50 staff have completed the survey (in the previous 12 months using the paper survey, we had 2 responses). The results are summarised below.

Top 3 reasons for leaving the Trust	16% - better career opportunities 10% - better work life balance 10% - lack of training/development
Would you work for the Trust again	55% - yes 45% - no
Would you recommend the Trust as a place to work	56% - yes 44% - no
Did you have a good relationship with your line manager	73.46% (yes - agree, strongly agree, very strongly agree) 26.54% (no – disagree, strongly disagree, very strongly disagree)
I had opportunities to develop	58% - yes 42% - no

We will continue to review the survey data quarterly, and look to identify trends (also reviewing the NHS staff survey results).

- End

Our Workforce Strategy

April 2017 – March 2019

Author:	James Devine, Director of HR&OD
Document Owner	James Devine, Director of HR&OD
Revision No:	1.0
Document ID Number	
Approved By:	
Implementation Date:	
Date of Next Review:	

Best of care
Best of people

Strategy

Document Control / History	
Revision No	**Reason for change**
1.0	Document creation

Consultation

Table of Contents

Strategy

1 Developing Our Strategy

1.1 Our workforce strategy aims to be transformational. The workforce agenda in the NHS has evolved significantly over recent years, and we must ensure that our commitment to providing the best of care, with the best of people is reflected in the way, who, and where we deliver care in the future.

1.2 This two year strategy looks to underpin our journey from better, to best, to brilliant. This isn't just an aspiration; it must become a reality if we are to retain talent at Medway. More so, it is what our patients deserve.

1.3 The creation of this strategy has been a collaborative effort. We have sought to understand what the organisation wants and needs from a future workforce, and ensure that this is intrinsically linked to the operating plan, and the financial model. Wider reading and existing research also inform this strategy

1.4 Our workforce strategy is underpinned by four pillars, which are linked to our hospital values. These are:

1.5 Implementing this strategy will support the Trust to achieve its overall vision and strategic objectives. Importantly it also details the changes that need to be made to enable the organisation to move forward and adapt to the changing environment of the NHS. It provides a long term strategic framework under which a number of more detailed projects will be developed to address specific challenges or development priorities.

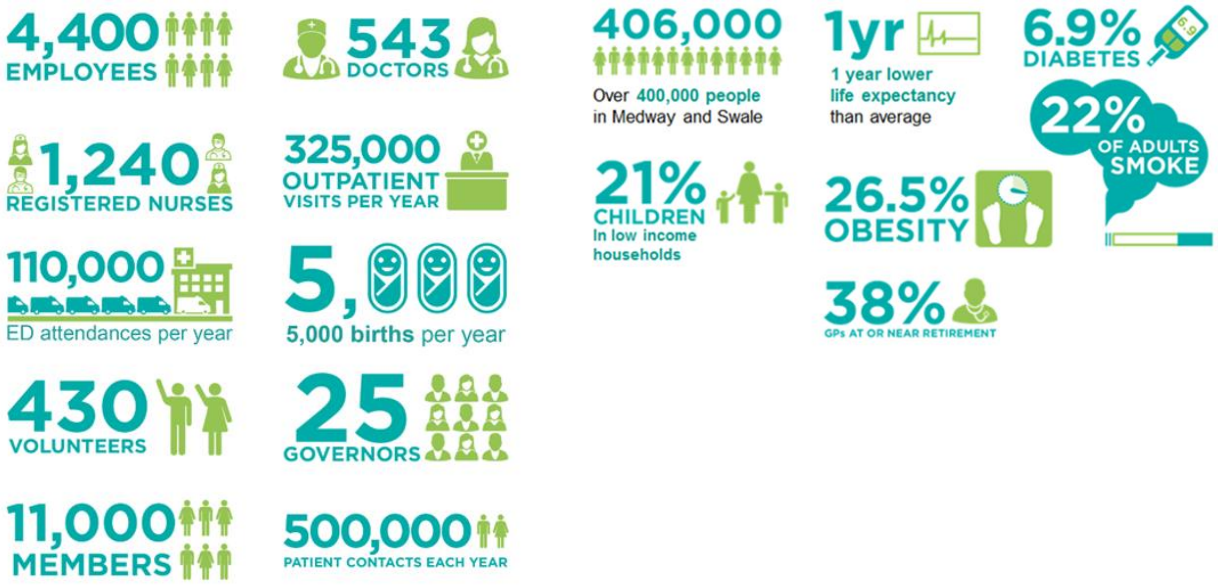
1.6 The strategy and delivery plan will be reviewed and refreshed in parallel with the annual business planning cycle to ensure it remains aligned with the Trust's vision and emerging priorities and to take account of internal and external changes in light of new HR evidence and best practice.

2 Introducing Medway

2.1 Medway NHS Foundation Trust (MFT) is regarded as a medium size acute hospital, based in Gillingham, Kent.

2.2 Situated in Gillingham, our hospital is the largest single hospital in Kent and was the first Trust in Kent to gain Foundation Trust status. We are one of the largest employers in the area with around 4,400 staff and have an annual turnover of more than £260 million. Our workforce is supported by over 400 volunteers, 25 Staff & Public Governors, and over 11,000 members.

2.3 Last year alone, we provided care for nearly 500,000 patient cases, including almost 100,000 attendances at our Emergency Department, 311,470 outpatients, we delivered 5,000 babies, performed 146,113 clinical procedures and we cared for 77,734 patients on our wards. The community we serve is diverse, with higher obesity levels, and diabetic patients when comparing to the rest of the UK.



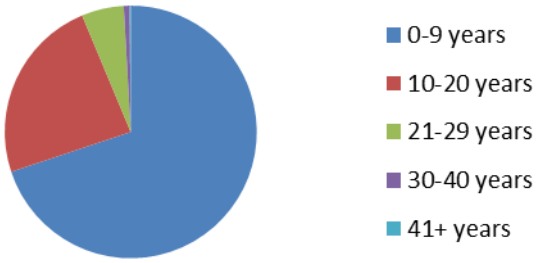
3 Current Workforce Profile

3.1 The workforce across the hospital primarily sit under five core directorates. These are:

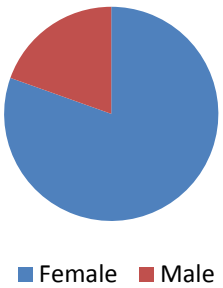
- Acute & Continuing Care
- Coordinated Surgical
- Women & Childrens
- Corporate
- Estates & Facilities

*numbers are headcount and do not include students	Acute & Continuing Care	Coordinated Surgery	Women & Children	Corporate	Estates & Facilities
Nursing & Midwifery	347	388	431	38	0
Medical & Dental	178	208	112	36	0
Healthcare Scientist	49	2	0	0	0
Allied Health Professional	52	97	0	0	0
Ancillary	0	1	2	12	479
Admin & Clerical	250	306	123	315	42
Additional Clinical Support	393	244	114	19	18
Professional, Technical & Therapeutic	84	47	0	2	0

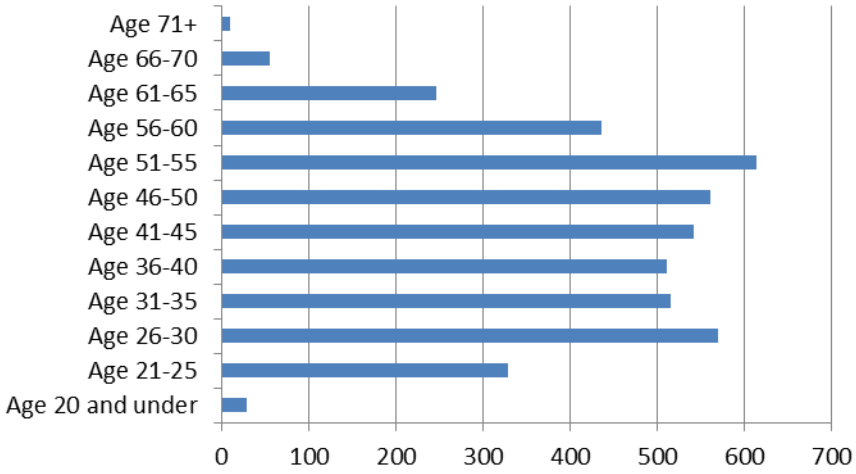
3.2 In terms of length of service at the hospital, the table below shows that the vast majority (3,059) of our workforce has less than 10 years' service at the hospital.



3.3 The gender split reflects the NHS workforce, with the table below showing a very prominent female (3,548) workforce.



3.4 The age profile of the workforce at MFT shows the highest proportion of staff (headcount) in the age range of 46 to 55 years of age.



4 The National NHS Workforce Agenda

4.1 There are a significant number of national initiatives that have and continue to impact the workforce agenda in the NHS. This strategy draws upon the work of the Nuffield Trust (Reshaping the Workforce, 2016), Francis Report (2013), Lord Carter Review (Operational Productivity & Performance in NHS Acute Hospitals, 2015) and the Apprenticeship Levy (Enterprise Bill) particularly, but acknowledges there are many others which have, and will influence the workforce agenda.

4.2 All of these initiatives, together with the current financial pressures across the public sector will impact the way that services are commissioned and delivered. More so for the purposes of this strategy, they will influence how and where healthcare, across the sector is delivered, as well as who delivers it. The time of traditional workforce models has now passed, and the NHS, and MFT must think innovatively and creatively in order to provide the best of care, with the best of people.

5 The Local Context

5.1 Best of Care, Best of People is our vision for healthcare for our patients and local community launched in April 2016. The Trust strategic objectives have also been refreshed:

5.2 Our vision and strategic objectives can only be realised through engagement of our people, our patients, our partners and our community and by tackling health inequalities and by promoting a culture of equality and inclusion. Our values and behaviours were developed with our people who support our commitment to a values based approach to everything we do.

5.3 The Trust is also part of the Kent and Medway Sustainability and Transformation Plan (as part of the 5 Year Forward View implementation) which is in its development and will likely have a significant impact on the way health and social care is delivered and the workforce required to achieve this.

5.4 In addition to the STP, we must see a healthcare workforce across the health economy, and not the historical isolation which has increased competition, and unnecessarily increased remuneration of particular roles where the labour market conditions are such that these are in both short supply, and business critical. We must therefore be better prepared to truly work in partnership, and look toward integrated workforce models.

6 Best Size

6.1 The pressure of the modern financial climate in the NHS means the need to best size MFT over the coming two years is essential, whilst the lessons from the Francis report rightly demand improvements in quality of care and compassion.

6.2 In reconciling the demands of a complex population, fewer resources and better quality care, MFT is not alone but we will need our workforce to be fully engaged and not just numerically matched to the challenge or appropriately skilled.

6.3 This will mean reviewing the way in which healthcare is delivered over the next 2 years, and who it is delivered by. This will not only mean working with our partners much more closely than we previously have, but will also mean potentially viewing the workforce across a wider healthcare model than just at MFT. There are a number of workforce plans which look to address the challenge, these include:

- Current acute services that could be provided outside of a hospital setting
- Automation
- Expanding roles across the health economy
- New roles to manage the supply/demand model; particularly with regard to nursing, and doctor roles.

7 Best Cost

7.1 The Trust will be faced with a number of choices about where to invest limited resources and to identify where investment can lead to a change in its existing service portfolio. The Trust will also need to work in partnership with partners to provide the best of care across the health economy. In addition, there will no doubt be difficult decisions to be made about the services provided by, and at Medway.

The themes of efficiency are:

- Patient flow redesign & Bed base
- Use of technology and automation
- Role redesign (particularly in areas where high temporary staffing spend occurs, and labour market conditions evidence a dearth in supply)

7.2 We must also continue to tackle, at greater pace, the normalisation of temporary staffing usage. This is an expensive way to manage vacancies, and we must provide a greater focus on continuity of care, combined with the existing focus of best care with a substantive workforce.

7.3 Above all, planning more robustly is a key driver to ensure MFT has the financial capacity for the workforce it needs to develop and deliver services in the future. Greater alignment of longer term workforce planning with finance and anticipated service demands is essential.

7.4 Over time, modelling for our workforce plan will be driven by our service demand and will factor in the wider context such as resourcing patterns, demographics, new providers, technological changes and opportunities for income generation.

8 Best Culture

8.1 During times of significant change, addressing the cultural issues will no doubt be a challenge. Understanding that the organisation has been subject to regulatory scrutiny since being placed in special measures in 2013, this has meant that many staff accepted a culture of being done to, as opposed to leading the change agenda.

8.2 The next 2 years must be about continuing the improvement journey from better, to best, to brilliant – and engaging our workforce to believe in this. This will not be easy, but with a range of initiatives, and embedding the values, this must be a priority for us. This will include:

- Further embedding of the freedom to speak up guardians, and workplace listener roles.
- Career planning, talent management and succession planning. We would aim to target areas of short skills and high attrition in particular to help staff see, plan and secure their careers within this invigorated organisation.
- Staff survey as an indicator of engagement
- A series of 'Better, Best, Brilliant' surveys to actively engage in becoming an open and sharing organisation.

9 Best Future

9.1 The future is very exciting for MFT. Continuing to deliver the best of care, with the best of people must remain at the forefront of our minds, as we look to design a workforce that supports the long-term sustainability of our hospital.

9.2 Many things will underpin this; this strategy however provides focus on four core areas in order to ensure that they are achievable with demonstrable outcomes. These include:

- The Apprenticeship Levy
- Nurse & Consultant roles of the future
- Resourcing
- Leadership Development

9.3 By 2020, the Government initiative indicates that 1% of the NHS workforce will be apprentices. At MFT, this is a significant piece of work, as the need to engage with partners has never been greater. Designing an apprenticeship model for Medway as a community, as opposed to Medway as a hospital will be how we collectively maximise the levy, but also provide better apprenticeships for the young people of Medway.

9.4 The supply of nurses and doctors particularly mean that we must rethink future models. These models will include a greater number of Nurse Consultant, Physician Associates, Nurse Associate, Senior Clinical Support Worker and Clinical Partner roles, to name a few. This will be the only way we manage existing vacancies, and reduce the significant spend on temporary staffing.

9.5 It is imperative that we fully engage clinical staff in leadership roles in order to deliver high quality patient care. With a change in skill mix, a more team based approach to healthcare which is delivered in a wide range of settings, such as telemedicine, will be needed which will impact on the future deployment of trained doctors and nurses.

9.6 Resourcing covers recruitment, contingent workforce (temporary staffing) and retention. The objectives of the Trust strategy are to ensure that the Trust has the best numbers of staff, with the best skills and attitudes, and to ensure that turnover is kept at an optimal level.

9.7 High volume recruitment plans will be developed, which project permanent recruitment demand over a rolling 12 months. International hiring is needed in some cases and we will need to become better organised and flexible to meet these demands.

9.8 An integrated Staff Bank management model is being better defined. This will enable this facility to operate one centralised booking system for all staff groups across all sites, providing electronic flows of demand data, remote access to booking and authorisation and the ability to submit and approve on line time sheets for direct payroll submission.

9.9 Leadership development is key to retention, and improving capability. We must have a leadership model at the core, but be agile enough to design bespoke leadership and OD interventions which support particular staff groups, teams and individuals.

10 Implementing our Workforce Strategy – Best Success

Year 1

Best Size

Introduction of innovative roles that meet demand and bridge vacancy rate to less than 13% across staff groups

Robust resourcing plans in place to address critical roles

Introduction of schemes that reduce the headcount and/or paybill, but safely manage patient care

Measuring Success

- Progress against vacancy plans
- Progress against resourcing plans
- Trust profile monitoring and dynamic structuring

Best Cost

A reduction (in line with the financial plan) in the usage of temporary staffing spend

Demonstrable improvement in retention across all staff groups

Measuring Success

- Active reduction in temporary spend
- Improved retention of workforce
- Improved stability of workforce

Best Culture

Implementation of a regular 'better, best, brilliant' survey to actively engage in becoming an open and sharing organisation (with 60% response rate)

Introduction of a 'careers at MFT' programme

Measuring Success

- Survey engagement rate of 60%+
- Improvement of better, best, brilliant scores
- Impact review of careers programme

Best Future

Development of a talent managenent system that builds a high quality leadership pipeline for the top 20 critical roles at MFT

50% increase in the number of apprentices

Leadership development programme in place to suipport all staff groups (inc coaching and mentoring)

Measuring Success

- Critical roles leadership pipeline in place
- Apprenticeships to meet target
- Impact review of leadership development

Strategy

Year 2

Best Size

A reduction in the size of MFT to mirror the change in patient pathway redesign

Shared roles across the health economy

Measuring Success

- Trust profile monitoring and dynamic structuring
- Review shared role impact

Best Cost

Investment in technology solutions which reduce manpower hours and cost, where relevent

Measuring Success

- Monitoring working time reductions (time and cost)

Best Culture

Emotional intelligence (EI) testing within the recruitment process for specific roles to ensure a 'best fit' between our values and those who wish to lead our people

Improvement in response rate and factors associated with 'every person counts' - NHS Staff Survey

Measuring Success

- EI analysis of Trust at different points in time
- Improved engagement score NHS Staff Survey
- Improved score, every person counts

Best Future

Partnership model in place with regard to the apprenticeship levy across Medway

New roles at MFT which safeguard the future of service for local residents but are right for the wider health economy

Measuring Success

- Review impact of partnership model
- Review employment profile of local residents

11 References

Document	Ref No
References:	
Trust Associated Documents:	

END OF DOCUMENT

NHS Medway NHS Foundation Trust

Report to the Board of Directors
Board Date: 6 April 2017

Title of Report	Delegation of Authority to Integrated Audit Committee
Presented by	David Rice, Trust Secretary
Lead Director	David Rice, Trust Secretary
Committees or Groups who have considered this report	
Executive Summary	The Annual Report and Financial Statements for 2016-17 are required to be approved and signed off by the Trust Board before 31 May 2017. The Trust Board meetings were changed to the first week of the month at the beginning of the year and, therefore as the accounts will not be finalised by the next meeting on 2 May, it is proposed that the Trust Board delegates its authority to the Integrated Audit Committee to approve the final version of the accounts at its meeting on 22 May. The Trust Board will however be provided with a copy of the latest version of the accounts at its meeting on 2 May for its comment. A draft resolution is attached for the Trust Board's consideration and approval.
Resource Implications	None
Risk and Assurance	The paper provides assurance that the process of production of the Annual Report and Financial Statements 2016-17 is being actively managed.
Legal Implications/Regulatory Requirements	The proposal will ensure compliance with the regulatory timeframe.
Recovery Plan Implication	n/a
Quality Impact Assessment	n/a
Recommendation	The Trust Board is recommended to approve the delegation.
Purpose & Actions required by the Board :	Approval [x] Assurance [ ] Discussion [ ] Noting [ ]

NHS Medway NHS Foundation Trust

RESOLUTION:

"Following a discussion, the Trust Board **RESOLVED** that the Integrated Audit Committee (the "Committee") be delegated the authority to approve the final version of the Annual Report and Financial Statements 2016-17 at the meeting of the Committee to be held on 22 May 2017."

Key Issues Report

NHS Medway NHS Foundation Trust

From a meeting of Quality Assurance Committee held on 16/03/2017

Report to:	**Board of Directors**	**Date of meeting:**	**16/03/2017**	**1**
Presented by:	**Ewan Carmichael, Chair Quality Assurance Committee**	**Prepared by:**	**Ewan Carmichael, Chair Quality Assurance Committee**	

Matters for escalation	1. Complaints building backlog and needs to be addressed. 2. Better communications required regarding "Do Not Resuscitate documentation".
Other matters considered by the group:	3. Review of intervals and sequencing of future meetings. 4. Review of Richard Leach's response to a query from CCG relating to mortality over the period Sep 15 to Aug 16. 1. Review of the quarterly report from the Coordinated Surgical Care Directorate. 2. A draft policy on allegations made against staff was reviewed being the major category of abuse.
Key decisions made/ actions identified:	1. Board Assurance Framework to be reviewed at a future meeting.
Risks:	Click here to enter text.
Assurance:	1. Michelle Woodward explained the work taking place on the Quality Account Priorities which would feed into the Annual Report and Financial Statements. 2. Lynne Stuart provided a format for the QAC annual work plan.

Key Issues Report

Medway NHS
NHS Foundation Trust

Attendance Log: shade out dates when member was not in post/not a member. Put x for any meetings missed regardless of reason and use ✓ to mark attendance. Only members (as laid out in the terms of reference) need to be included – not attendees.

Name and Job Title of Member	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Ewan Carmichael, NED & Chair												✓
Vivien Bouttell, Governor Representative												✓
Peter Carter, Chair												x
Lesley Dwyer, Chief Executive												x
Diana Hamilton-Fairley, Medical Director												✓
Martin Nagler, Patient Representative												✓
Karen Rule, Director of Nursing												✓
Jan Stephens, NED												✓

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Best of people

Key issues report

Medway NHS
NHS Foundation Trust

Quality Assurance Committee (QAC) Chair's Report

16 Mar 2017

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Key Issues Report

NHS Medway NHS Foundation Trust

From a meeting of Finance Committee held on 30/03/2017

Report to:	**Board of Directors**	**Date of meeting:**	**06/04/2017**
Presented by:	**Tony Moore Chair Finance Committee**	**Prepared by:**	**Tony Moore Chair Finance Committee**

1

Matters for escalation	1. Risk to planned year end forecast identified following elective pause, contract mediation outcome and income target achievement remains. Control Total achievement absolute requirement confirmed by the Executive and supported by Finance Committee
Other matters considered by the group:	1. Month 11 financial performance including Capital forecast 2. CIP performance ytd and forecast including risk and mitigations 3. 2017-18 Contract risks for CCG QIPPs and Trust Provider Intentions 4. Financial Recovery Plan development status and next step timescales 5. STP finance update 6. Business Cases a. North Kent Pathology Service project update - noted b. ED – assurance received over ongoing project management 7. Contracts Database from Procurement 8. 2017-19 Operational Plan sign off given no change to the December Board commitment of delivery of the financial control totals 9. Board Assurance Framework – all risks had been discussed during the meeting
Key decisions made/ actions identified:	1. Simplified reporting for income and focus on wte as part of the finance/workforce report

Key issues report

Risks:	The Finance section of the Board Assurance Framework was considered. All risks apart were considered by the Committee under the agenda.
Assurance:	Assurance was provided on; 1. Financial reporting including CIPs, Capital and Cash management 2. 2017-19 Operational Plan refresh due diligence 3. Risk identification and risk management under the Board Assurance Framework was covered 4. Development and timescales of the FRP (to be presented to the Board at the next meeting) 5. ED and Pathology integration project governance

Key Issues Report

Medway NHS
NHS Foundation Trust

Attendance Log: shade out dates when member was not in post/not a member. Put x for any meetings missed regardless of reason and use ✓ to mark attendance. Only members (as laid out in the terms of reference) need to be included – not attendees.

Name and Job Title of Member	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Insert name and job title												
Tony Moore NED Chair										Y	Y	Y
Jo Palmer, NED										Y	X	X
Stephen Clark NED										X	X	Y
Lesley Dwyer CEO										X	Y	Y
Darren Cattell Finance Director										Y	Y	Y
James Devine, Director of Workforce & OD										Y	X	Y
Glynis Alexander Director of Communications										Y	X	Y

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Key Issues Report

NHS Medway NHS Foundation Trust

From a meeting of Integrated Audit Committee held on 01/03/2017

Report to:	**Board of Directors**	**Date of meeting:**	**01/03/2017**	**1**
Presented by:	**Stephen Clark, Chair, Integrated Audit Committee**	**Prepared by:**	**Stephen Clark, Chair Integrated Audit Committee**	

Matters for escalation	1. Gifts & Hospitality policy to be reviewed and updated. 2. Revision of procedures around management of conflicts of interest which will be introduced from 1 June 2017.
Other matters considered by the group:	3. Terms of Reference to be revised by adding an explanatory appendix of work carried out by the Trust. 4. KPMG internal auditors have carried out two projects, Overseas Visitors and Gifts & Hospitality. 5. Internal Audit 2016-17 on track. 6. Internal Audit Work Plan 2017-18 agreed. 7. Serious Incidents procedure under review.
Key decisions made/ actions identified:	1. Need to review Gifts & Hospitality policy. 2. Review of changing requirements on conflicts of interest.
Risks:	Click here to enter text.
Assurance:	1. Committee noted that of 19 recommendations from KPMG, 10 had been implemented. 2. .

Key Issues Report

Medway NHS
NHS Foundation Trust

Attendance Log: shade out dates when member was not in post/not a member. Put x for any meetings missed regardless of reason and use ✓ to mark attendance. Only members (as laid out in the terms of reference) need to be included – not attendees.

Name and Job Title of Member	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Insert name and job title												
Stephen Clark NED Chair												Y
Tony Moore, NED												Y
Jo Palmer NED												Y
Lesley Dwyer CEO												X
Darren Cattell Finance Director												Y
Lynne Stuart, Director of Corporate Governance												Y

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