Medway NHS
NHS Foundation Trust

MEETING IN PUBLIC OF THE TRUST BOARD
THURSDAY 2 FEBRUARY 2017, 12.30pm – 3.00pm
BOARDROOM, POST GRADUATE CENTRE, MEDWAY MARITIME HOSPITAL

Time	Item	Subject	Presenter	Format	Action
12.30pm	1.	Patient Stories – working with patients to learn from their experiences	Heidi Butcher, Healthwatch Medway	Presentation	For Noting
OPENING OF THE MEETING					
1.00pm	2.	Chair's Welcome	Chairman	Verbal	For Noting
	3.	Quorum	Chairman	Verbal	For Noting
	4.	Register of Interests	Chairman	Paper	For Noting
MEETING ADMINISTRATION					
1.05pm	5.	Minutes of the previous meeting held on 24 November 2016	Chairman	Paper	For Approval
	6.	Matters Arising Action Log	Chairman	Paper	For Noting
MAIN BUSINESS					
1.10pm	7.	Chair's Report	Chairman	Verbal	For Noting
1.15pm	8.	Chief Executive's Report	Chief Executive	Paper	For Noting
1.20pm	9.	STRATEGY Trust Recovery Plan – Phase 3 Robotic Surgical System	 Kevin Tallett Martin Sheriff	 Paper Paper	 For Discussion For Approval
1.40pm	10.	QUALITY a) IQPD *b) Old Format (Shadow papers):* *IQPR Report* *Clinical Operations Report* *Chief Quality Officer (IQPD)*	 Director of Nursing & Medical Director	 Paper Paper	 For Discussion
2.00pm	11.	PERFORMANCE a) Finance Report b) Communications Report c) Fire Safety Update *d) Old Format (Shadow papers):* *Clinical Operations Report* *Medical Director* *Director of Nursing*	 Director of Finance Director of Comms Director of Estates	 Paper Paper Paper Paper Paper Paper	 For Discussion For Discussion For Discussion

2.20pm	12.	GOVERNANCE a) Corporate Governance Report b) Corporate Risk Register and Board Assurance Framework c) Corporate Policy: Complaints	Director of Corporate Governance, Risk, Compliance & Legal	Paper Paper Paper	For Discussion For Discussion For Approval
2.35pm	13.	PEOPLE a) Workforce Report b) Safe Staffing c) Old Format (Shadow Papers): Workforce Report	Director of HR & OD Director of Nursing Director of HR & OD	Paper Paper Paper	For Discussion For Discussion For Discussion
REPORTS FROM BOARD COMMITTEES					
2.50pm	14.	Quality Assurance Committee Report	QAC Chair	Paper	For Noting
	15.	Finance Committee (including Investment & Contracts Committee)	Finance Chair	Verbal	For Noting
	16.	Integrated Audit Committee	Audit Chair	Paper	For Noting
FURTHER INFORMATION ITEMS					
2.55pm	17.	Quit Smoking – making care more effective	DHF	Paper	For Noting
AOB					
	18.	AOB	Chairman	Verbal	For Noting
	19.	Questions from members of the public relating to the Agenda	Chairman	Verbal	For Discussion
CLOSE OF MEETING					
	20.	Date of next meeting: 2nd March 2017 Boardroom, Post Graduate Centre, Medway Maritime Hospital			

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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
5.	Lesley Dwyer Chief Executive	• Member of the Corporate Trustees of Medway NHS Foundation Trust Charitable Funds
6.	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
7.	Anthony Moore Non-Executive Director	• Member of the Corporate Trustee of Medway NHS Foundation Trust Charitable Funds
8.	Joanne Palmer Non-Executive Director	• Member of the Corporate Trustee of Medway NHS Foundation Trust Charitable Funds
9.	Karen Rule Chief Nurse Designate	• Member of the Corporate Trustee of Medway NHS Foundation Trust Charitable Funds.
10.	Jan Stephens Non Executive Director	• Trustee of Medway Youth Trust • Member of the Corporate Trustee of Medway NHS Foundation Trust Charitable Funds.
11.	David Rice Company Secretary	• Director and shareholder of Shooters Hill Management Co Limited

Confidential Minutes

Medway NHS
NHS Foundation Trust

Public Board of Directors Meeting on 24/11/2016 held Trust Boardroom, Postgraduate Center, Medway Maritime Hospital

Members:	Name:	Job Title:	Initial
	Dr P Carter	Chairman	PC
	Mrs L Dwyer	Chief Executive	LD
	Ms G Alexander	Director of Communications	GA
	Dr T Bain	Chief Quality Officer	TB
	Mr D Cattell	Finance Director	DC
	Mr E Carmichael	Non-Executive Director	EC
	Mr J Devine	Director of Workforce	JD
	Dr D Hamilton-Fairley	Acting Medical Director	DH
	Mr M Jamieson	Non-Executive Director	MJ
	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
	Mrs L Stuart	Director of Corporate Governance, Risk, Compliance and Legal	LS
Attendees:	Mr B Stevens	Director of Clinical Operations, Co-ordinated Surgical Directorate	BS
	Mr K Tallett	Director of PMO	KT
	Mr D Rice	Trust Secretary	DR
Apologies:	Mr S Clark	Non-Executive Director	SC
Observers:	Mrs D King	Governor Board Representative	DK
	Members of the public/staff/Governors (6)		

QUALITY INSIGHT – CQC PRESENTATION

The Chief Executive delivered the presentation that would be given to the CQC as a part of the inspection on 29 and 30 November. The presentation was one of nine that would be made to the CQC.

The Chair and the other members of the Board considered that it was a good presentation. Mrs King, speaking on behalf of the governors, agreed that the presentation was an accurate reflection of the achievements that had been made at the Trust.

1. Welcome and Apologies for Absence

1.1 The Chairman welcomed everyone to the meeting. Apologies had been received from Stephen Clark.

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 27 October 2016 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.

6. Chairman's Report

6.1 The Chairman introduced himself to the meeting. He noted that he had started only three weeks previously and was grateful for the warm welcome he had received by the staff he had met

6.2 The Chairman commented that he would be acting as Interim Chair for approximately the next three months until a substantive Chair had been selected.

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 was ready for the CQC inspection on 29 and 30 November with all logistical arrangements in place.

- The publication of the 44 Sustainability and Transformation Plans had begun to take place and the one for Kent and Medway was likely to be published in the very near future.
- National and Regional Issues concerning the NHS included the junior doctors agreeing to work with the Government on the new contracts, a listening programme by the Department of Health into the experiences of patients with dementia and a Report from the Royal College of General Practitioners explained that the length of appointments was not sufficient for patients with multiple long-term conditions.
- The Trust's move to smoke-free was successful with smoking almost eliminated on site for which JS and DK provided positive anecdotal evidence.

8. Trust Recovery Plan

8.1 The Board noted the paper from Kevin Tallett, Director of the PMO and invited questions.

8.2 JS noted that there would be 48 inspectors at the forthcoming inspection and following a question it was confirmed that a half of them would have previous experience of the Trust.

9. IQPR Report

9.1 The Chief Quality Officer explained that there was a new simplified format for the IQPR dashboard which reflected the single overview platform.

9.2 The Chief Quality Officer noted that the CQC would focus on the data for death, severe harms and these related to falls and pressure ulcers. Swarm events had been arranged for pressure ulcer incidents, falls and nutrition as a part of a broader improvement programme.

9.3 The Trust had formally given notice to return to reporting treatment waiting times from 20th November and the CQC had been kept informed.

9.4 The CQC had closed 25 Serious Incident cases noting that the quality of the reports submitted by the Trust had significantly improved. The SI Rapid Response Review process made sure that any potential breaches were known as soon as possible and the process was also embedding learning.

9.5 EC noted that the new format was more informative although falls data did not appear to be included and TB confirmed that this would be reinstated.

9.6 JS noted that the emergency readmissions within 28 days had a monthly target of 5% and asked how this was to be achieved given the currently performance. TB explained that there was a detailed analysis of each patient on discharge which was expected to reduce the percentage of re-admissions in the longer term although DHF noted that there were a number of variables affecting performance in this area. There was a discussion about the national average and it was confirmed that this stood at 5%.

10. Clinical Operations Report

10.1 BS noted that the above average re-admission rate impacted on the ED performance, which in recent had seen an 11% increase of attendances. There would be a cross-specialty workshop to highlight and help mitigate such issues. RTT performance was on average around 77% between August and October with the target being 92%. The below target performance was due to a number of different demand and capacity factors. A review by the Intensive Support Team from NHSI had recommended a number of actions including the provision of 1-2 days a week resource and as a consequence diagnostic waits had improved from 60% to 90%.

10.2 BS reported that the endoscopy department had achieved its JAG accreditation and was one of only 24 trusts to have achieved this status. Whilst the formal JAG report had not been provided, the preliminary indications were very positive and the standard was towards the top end of what could be achieved.

10.3 JP queried whether outliers on the cancer two week wait target were actively monitored. It was confirmed that these were closely monitored in terms of any potential long term harm and there were no cases where patients had been detrimentally affected by a wait exceeding two weeks.

10.4 TM queried whether the Trust could have used outsourcing sooner to prevent the RTT backlog. BS responded that the independent sector had been used where possible, however, many patients did not meet the specific criteria to allow outsourcing. DC noted that this was an area that would be closely reviewed once the backlog had been cleared.

11. Medical Director's Report

11.1 The Medical Director noted that the National Institute for Health Research (NIHR) produces a Research Activity League Table detailing research activity across all NHS Trusts in England. Of a total of 450 trusts Medway was 22nd due to the high number of patients participating in research studies.

11.2 DHF noted that the Junior Doctors contract had been implemented for higher Obstetrics and Gynaecology trainees since October and the next group would be Foundation year 1 doctors moving over to the new contract in December 2016.

11.3 Dr Richard Leach, who had been a part of the GSTT buddying team, would be leaving Medway at the end of November 2016 and DHF asked the Board to join her in thanking Richard for his immense contribution in introducing the Medical Model, leading the introduction of mortality reviews and chairing the Clinical Effectiveness Group.

11.4 The Chairman acknowledged DHF's considerable work in dealing with the implementation of the junior doctors' contact.

12. Director of Nursing Report

12.1 The Director of Nursing introduced the Safe Staffing Report which provided an overview of the nursing and midwifery staffing levels and highlighted any workforce issues identified across the inpatient ward areas during the month of October 2016.

12.2 The Board was provided with an overview of nurse, midwifery staffing levels in inpatient areas which had proved a very challenging exercise. A review of staffing of inpatient wards had been undertaken. In light of developments since the review had started, it was recommended that the Trust maintained the current staffing for inpatient wards and for midwifery be increased by 5 full time equivalents.

12.3 The Director of Nursing noted that this approach did not present a risk to the Trust in relation to patient safety as there were robust arrangements in place to ensure the wards remain safely staffed. These included safe staffing checks twice a day, the relocation of staff or requesting that temporary staff maintain patient safety and a process for escalating staffing concerns where necessary to the Director of Nursing. JD endorsed the approach as set out in the paper.

12.4 The Director of Nursing noted that the Trust had reported 13 cases of CDiff to date therefore there was a high risk of breaching the 2016/17 trajectory of 20. The Trust had also reported 99 MRSA breaches due to increased activity and reduced patient flow. Whilst the number of Grade 2 pressure ulcer incidents had fallen by 8% those graded 3 and 4 had increased with 7 being recorded on Datix for the current year. There would be e-learning to improve the situation.

12.5 The Trust reported 99 breaches across a number of areas which was due to there being 1000 more ED attendees each month which represented a 12.5% increase on the same period last year.

12.6 There were a number of initiatives including the completion of “window audits” to improve privacy with opaque glass. There was a new improved pureed diet and work to improve the hydration of patients.

12.7 There was a discussion about the number of care hours provided to patients each day which was a metric from the Carter review, however, it needed to be considered carefully to ensure that there was a suitable benchmark against which to compare the Trust’s performance.

12.8 TM queried the interviewing of staff by Skype and if their actual performance was not to an acceptable level whether the Trust was able to refuse to continue employing them. JD explained that the selection process was carried out by an external company engaged by the Trust until July 2017 and if any staff were not deemed proficient the Trust would revert to the agency, although such action had not been necessary to date.

12.9 JP queried the Trust’s policy on the placement of patients who were pre and post-operative gender reassignment. The Director of Nursing responded that it was the patient’s choice as to whether they were placed on a male or female ward. JD suggested that this was a matter that should be covered by the terms of reference for the Quality and Diversity Group.

12.10 The Chairman queried whether it was possible to differentiate between those arriving at the Trust with pressure ulcers and those patients who had acquired them at the Trust. It was noted that the 7 pressure ulcers graded 2 & 3 were all acquired in the Trust and on the same ward. The Director of Nursing had noted that it was difficult to pinpoint specific factors that had led to increase in the number of pressure ulcers. The Trust had three CQUIN targets relating to pressure ulcers and these had been achieved for 2015-16.

13. Director of Workforce

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

- 40.4% of front line staff had received a flu vaccination which represented a significant improvement from 16.1% last month. The target was for 75% of front line staff to be vaccinated by the end of December.
- The Staff Friends and Family Survey had taken place between 15 August and 4 September 2016 and this had achieved a 42.9% response rate which was an improvement on the previous year.
- On resourcing the Trust vacancy rate at month 7 was 17% with Nursing and Midwifery at 26% and there had been a number of interventions in November 2016 including a recruitment campaign known as "Put Yourself in the Picture", recruitment events in both Kent and London and at schools, colleges and in particular Christchurch Canterbury University.
- Of some 20 Intensive Care vacancies 18 had been filled whilst the support worker vacancies had fallen significantly relieving the nurses of some work pressure.

13.2 JS queried whether there were any initiatives in place to encourage overseas staff to integrate into the local community. It was confirmed that there was a comprehensive package of support provided to overseas staff.

13.3 TM noted that some Trust accommodation had been sold and other sites refurbished and queried the status of the property that remained unsold. DC noted that three properties had been sold and that other properties were being refurbished and this had been funded by the proceeds raised from the sold properties.

14. Report of the Director of Finance

14.1 The Director of Finance highlighted the following points from his report which was taken as read:

- The Trust had not achieved the plan and the shortfall was £317k with the £600k swing in pay costs, which was predominately due to the change in phasing of the CIP plan.
- The increased activity led to the demand for more agency staff and the agency costs would not be met by the CCG.
- The Trust would be paid to meet the ED 4 hour target from the Sustainability Transformation Fund, however, the target could not be achieved because of the 12% in attendances and this matter needed to be appealed.

14.2 JS queried whether the current year contract with the CCG had been taken to arbitration and it was confirmed that it had and that a decision would be made shortly.

14.3 TM queried the fact that the Trust was not remaining within the constraints of the agency cap and as a result was in breach of loan agreement covenants. DC noted that this was reported to the lender every month and agreed that any consequences regarding this matter should be reported to the Board. The Chairman noted that many trusts were forced to breach the agency cap to ensure that patients were safe and received adequate care.

15. Corporate Governance Report

15.1 The Director of Corporate Governance, Risk, Compliance and Legal gave a summary of the following points from the Corporate Governance Report which was taken as read:

- Corporate Governance activity included continued streamlining of the corporate policies.
- The Trust had received favorable comment from NHS England and Medway CCG on the robustness of its EPRR arrangements.

16. Risk & Corporate Governance – Plans & Policies

16.1 LS explained that there was a corporate requirement for the Board to approve a **Winter Resilience Plan** (the ”Plan”). The Plan had been through various stages with the draft being disseminated to the North Kent CCGs on 21 October to fit in with the NHS England timescale for submission. The Board were assured that there was a Winter Resilience Plan in place and the Plan was **APPROVED**.

16.2 LS noted that a **Consent Policy** had been prepared as a high level overview of the organisation’s policy in the relevant key areas. This process would streamline the excessive number of policies. The Board were assured that this process was consistent with best practice and the Corporate Policy was **APPROVED.**

16.3 LS explained that a **Health & Safety Policy** (the “Policy”) and a **Health & Safety Strategy** (the “Strategy”) had been prepared to tighten up responsibilities and accountabilities across the Trust. The Board **APPROVED** both the Policy and the Strategy.

16.4 DC explained that a **Violence, Aggression and Disruptive Behaviour Policy** (the “Policy”) had been prepared.

- JS commented that Section 2 of the policy should make it clear that it was referring to both patients and visitors.
- JS also suggested that unacceptable behaviour should include racist comments which were sometimes directed at staff. LS responded that this point was clarified in the Standard Operating Procedure but it was agreed that this could be referred to in the Policy too.
- JS added that smoking whilst included as an unacceptable behaviour it was not shown as a discriminatory behaviour and this amendment was agreed.
- KR suggested that paragraph 1.10 that the wording “opt out of caring” could be rephrased and it was suggested that this could changed to “has the right to refuse care.”
- Subject to the suggested changes the Board **APPROVED** the Policy.

16.5 The **Medicines Management Policy** was withdrawn from the meeting.

16.6 The **Estates & Facilities Policy** (the “Policy”) was discussed and JS noted that an Memorandum of Understanding should be signed with Kent Police and it was confirmed that this would be done. DC confirmed that this was the first Estates and Facilities Policy for any trust nationwide. The Policy was **APPROVED** by the Board.

16.7 The **Finance Policy** was discussed and **APPROVED** by the Board.

16.8 It was confirmed that there were now 17 policies and these would be reviewed after the first twelve months and then they would be on a two year review cycle.

17. Corporate Risk & Assurance Framework

17.1 The Director of Corporate Governance explained that the Corporate Risk Register had been updated following an Executive Group review to take account of some mitigating actions.

17.2 LS noted that at a previous board meeting EC had a concern with the wording used for risk appetite regarding Quality and Patient Safety which stated “the Trust has a low appetite for options that impact on patient safety but has greater tolerance for service delivery that may be sub-optimal in terms of quality and patient safety”. The Executive group considered that the rating of “moderate” for risk appetite in connection with Quality and Patient Safety was appropriate for the Trust especially given that it was currently in Special Measures, however, EC considered that the score should be “low” on the basis that this was what should be the aim.

17.3 EC noted the considerable effort that had been taken in preparing the Assurance Framework, and he recognised that he was in the minority that the rating should be “low” rather than “moderate”. JS added that she considered it was worthy of a group discussion.

17.4 The Chairman queried whether the risk appetite as it stood was acceptable to EC and JS. JS commented that the Board needed to have a development session on risk appetite and she did not consider that text was the most appropriate. The Chairman commented that all views of board members were respected and suggested that the risk appetite be approved as it was currently drafted and a discussion be held outside of the meeting in order that contrary views could be aired.

18. Access Policy and NHS IST

18.1 TB noted that the Access Policy had been approved by the NHS Support team and by the Board at the last Trust Board Meeting.

19. Communications Report

19.1 The Board noted the report which was taken as read. GA explained that since the beginning of October there had been daily messages to staff, with Themes of the Week featuring priority areas for staff awareness such as infection prevention, medicines management and End of Life care. A forward plan would focus on the Sustainability and Transformation Plan for Kent and Medway which was about to be published.

20. Single Oversight Committee

20.1 The Chief Executive explained that the Trust was the second trust in the country to have a Single Oversight Committee which provided assurance to NHSE and NHSI that the Trust was focusing on recovery.

21. A&E Delivery Board

21.1 The Chief Executive explained that she was the Chair of the A&E Delivery Board which had representatives from across the healthcare system in north Kent. There was a proactive approach to resolving issues in a co-ordinated approach by reviewing the availability of primary care in the community and the number of nursing home places for those being discharged from the Trust.

22. Quality Assurance Committee Report

22.1 The Board noted the report which was taken as read. It was noted from the private meeting held earlier, the Director of Nursing would follow up on whether Canterbury Christchurch had removed pressure ulcer training from the postgraduate course.

23. Questions from the Governor Representative

23.1 Mrs King requested that it would be helpful if the Trust Board papers could be uploaded to the website a few days before the meeting to allow Governors to review the papers.

23.2 Mrs King asked if the Governors could be provided with information on Deprivation of Liberty. KR agreed to assist with this as a part of the Barbara's Story series of programmes.

23.3 Mrs Boutell requested whether Ann McKinnon could be provided with an area to hold a Christmas Fair to raise money for a children's Christmas party. LD explained that she had contacted Mrs McKinnon and would follow up.

23.4 Mrs Gallimore congratulated the Board on making the site smoke-free and she hoped the initiative would spread to the local community.

23.5 Mrs Gallimore reported that she had a positive impression when visiting ED and she was seen within two and a half hours of arrival.

23.6 Mr Hills commented that a member of staff had been rude to him. The Chair commented that this was inexcusable and apologized on behalf of the Trust.

23.7 Mr Hills commented that he understood that the hand sanitizers were being stolen and the gel consumed for its alcohol content. KR explained that the Trust would be placing the hand gel in tamper proof dispensers in future.

23.8 Mr Gallimore reminded the Trust to arrange membership drives in Sheppey and Sittigbourne.

24. Date of next meeting

The next meeting of the Trust Board will be held on Thursday 2 February 2017 in the Boardroom, Postgraduate Centre, Medway Maritime Hospital.

The meeting closed at 4.35 pm

Peter Carter: Date:
Chair

PUBLIC BOARD ACTION LOG
ITEM 06
Bd/17/01

Medway NHS
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.	Open (red)

Medway NHS
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Chief Executive's Report – January 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 you will read from the Board papers, it is fair to say that it has been a challenging time over the winter period at Medway. Like most NHS Trusts, we had an unprecedented demand for our services, particularly in the emergency department. Our staff across the hospital have coped extremely well, and I am proud of how hard our teams have worked together, with a built in level of resilience that wasn't there 18 months ago.

Never the less, it is important that we continue to work in collaboration with our partner organisations in shaping new models of care to better manage flow across the hospital, and across the local health economy.

2. At and Around Medway

- Brexit and EU staff

Given our focused work on nurse recruitment particularly from overseas, the Trust is undertaking a number of measures to support its EU workforce who are concerned about the potential impact of Brexit on their status in the UK.

This includes plans for a series of information sessions (hosted by the Director of HR&OD), messages of support (as featured in my recent weekly message), and a dedicated email address where individuals can register their questions.

- Freedom to Speak Up Guardians

As reported in previous Board reports, an internal recruitment campaign was carried out to select the Trust's first Freedom to Speak Up Guardian. The requirement for Trusts to establish this post was a recommendation from the report by Sir Robert Francis on the culture of the NHS. We had a fantastic response, and rather than appoint one guardian, we appointed six. The guardians will play a vital role in supporting the 'raising concerns' agenda at Medway, alongside the existing workplace listeners.

- CQC Inspection Outcome – East Kent University NHS Foundation Trust

One of our neighbouring Trusts, East Kent University NHS Foundation Trust, have recently undergone their CQC inspection and received the recommendation that it be taken out of "special measures". Whilst the overall rating remained at "requires improvement", the CQC's report indicated number of areas where significant improvements had been made, notable that there are no longer any elements that are rated as "inadequate". The final decision as to whether East Kent comes out of special measures will be made by NHS Improvement.

- CQC Inspection Outcome – East Sussex Healthcare NHS Trust

Another of our neighbouring Trust, East Sussex Healthcare NHS Trust, also underwent their CQC inspection. Unfortunately, despite showing signs of improvement, the CQC have recommended that they remain in special measures. The primary reason for this Trust remaining in special measures relates to concerns about the emnergency department performance.

- NHS Staff Survey

As you will be aware from previous reports, the NHS Staff Survey 2016 closed in December 2016. Whilst the reports are currently under a national embargo, I can say that over 2000 of our staff took part; which represents the highest response rate at Medway in over 5 years, and is 10% above the national average.

A more detailed report will be presented to the Trust Board once the national embargo has been lifted in February 2017.

- Sustainability & Transformation Programme (STP)

The Trust continues, with representation, to support the STP across a number of workstreams including finance, workforce and the hospital care programme.

Timescales for implementation are currently in discussion, but the Trust remains committed to the principles of the STP, in improving healthcare across Kent and Medway. More details will be provided over the coming months.

3. Away from Medway

- Health Minister Appointment

Lord O'Shaughnessy has been appointed as a minister at the Department of Health. He takes on the role of parliamentary under-secretary of state, as well as becoming a government whip. He is a former Downing Street aide, and was director of policy for David Cameron from May 2010 to October 2011.

The role was held by Lord Prior, who was moved to be parliamentary under-secretary at the Department for Business, Energy and Industrial Strategy.

- Safe, Sustainable and Productive Staffing Improvement Resources

NHS Improvement has launched draft improvement resources for setting staffing in learning disability services and acute adult inpatient services. These have been launched for comment and align with the National Quality Board's (NQB) improvement resource, Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time - safe, sustainable and productive staffing, published in July 2016. The consultation on these closes on 3rd February 2017. The draft adult in patient resource can be accessed via the following link: https://improvement.nhs.uk/resources/safe-staffing-improvement-resources-adult-inpatient-acutecare/ along with the opportunity to give feedback via an online survey.

The development of further setting-specific safe, sustainable and productive staffing improvement resources to help providers of NHS services implement NQB's expectations, are being led nationally by NHS Improvement and will cover:

- Mental health services
- Maternity services
- Children's services
- Urgent and emergency care
- Community nursing

The Board will receive further updates on progress with relevant resources in the next Nursing & Midwifery Safe Staffing paper, scheduled for April 2017.

- Learning, candour and accountability – A review of the way NHS Trusts review and investigate the deaths of patients in England – CQC December 2016

This review, published by the CQC, has been carried out in response to the very low number of deaths that were investigated in Southern Health's learning disability and mental health for older people's services, the most high profile of which was the death of 18 year old Conor Sparrowhawk.

The review reports on the processes and systems NHS trusts need to have in place to learn from problems in care before the death of a patient. Information was gathered from data supplied by NHS Trusts and from visits to a sample of Trusts including 4 acute trusts. The Trust was not one of those visited by the CQC for this

report. Information was also gained from surveys of families and carers and listening events.

Overall the report describes inconsistencies in the way the health system identifies, investigates and learns from deaths in healthcare. It is particularly critical of the lack of importance given to the views and concerns of families and carers of those who have died.

The seven key recommendations from the report are:-

Recommendation 1 – Learning from deaths needs much greater priority across the health and social care system.

Recommendation 2 – Healthcare providers should have a consistent approach to identifying and reporting, investigating and learning from the deaths of people using their services, and when appropriate, sharing this information with other services involved in a patient's care before their death.

Recommendation 3 – Bereaved relatives and carers must be treated as equal partners and receive honest and caring responses from health and social care providers with full explanation of processes of investigation, and accurate explanation of the reasons the person died and response to all the concerns they have raised.

Recommendation 4 - the deaths of people with a learning disability or severe mental illness should receive the appropriate attention at a local and national level.

Recommendation 5 – Systems and processes should be developed and implemented to ensure that all providers are aware when a patient dies and that information from reviews and investigations is collected in a standardised way.

Recommendation 6 – Investigation should focus on system analysis rather than individual errors and should be undertaken by staff who have had specialist training to do so and time protected in order that the investigations identify missed opportunities to improve care.

Recommendation 7 - To ensure that learning from deaths is given sufficient priority at a local level, provider boards and clinical commissioning groups must take action without delay on this report and implement national guidance when this becomes available.

- GP and 7 Day Services

GP surgeries have been told they must open seven days a week, offering extended hours from 8am to 8pm unless they can prove that there is not demand in their area. The Prime Minister has said that a major package of government funding will be 'contingent' on such a move. Surgeries may be asked to use an appointments tool to submit data to the Government on the exact number and type of appointments being offered to patients. GPs will also be asked to ensure more patients are able to book appointments online.

This is important context for Medway given that 38% of our local GPs are at or near retirement age.

- Redundancies at the Department of Health

More than 500 civil servant working for the Department of Health are to leave their jobs as part of a plan to reduce running costs by 30 per cent over five years. A total of 538 employees are to take voluntary redundancy over a period of months. Staff will be relocated from three existing offices to new premises in central London.

- Parliamentary & Health Service Ombudsman

The new Parliamentary and Health Service Ombudsman (PHSO) has been named as Rob Behrens. The PHSO holds government to account by considering complaints that government departments, public bodies or the NHS in England 'have not acted properly or fairly or have provided a poor service.'

Rob Behrens previously worked as the independent adjudicator for higher education in England and Wales and is currently a senior adviser to the European Network for Ombudsmen in Higher Education.

4. And Finally

I would like to take the opportunity to confirm the appointment of Dr Diana Hamilton-Fairley to the substantive Medical Director role. In addition, by way of an update, the search for a permanent Finance Director began in December 2016, with interviews scheduled for March 2017.

- End

Medway NHS
NHS Foundation Trust

Report to the Board of Directors

Board Date: January 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 : Key points are : • Update on progress • Identify key risks
Resource Implications	None
Risk and Assurance	Risks have been identified and mitigated
Legal Implications/Regulatory Requirements	Key vehicle for removing the Trust from Special Measures
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 ☑

Trust Recovery Programme Update – January 2017

1. EXECUTIVE SUMMARY

The Trust Recovery Programme has made slower progress over the Christmas period as the focus of the PMO remained with the CQC inspection and Perfect Week. The focus of the CQC Inspection allowed staff in the Trust to be focussed on a single key objective. As the Trust Improvement journey continues, the focus of the Trust Recovery Programme will be to look forwards and to re-focus the improvement journey into one of transformation and culture change as we continue to *Aim for Best*.

During the period the key PMO achievements included:

1. The CQC inspection and follow up inspections went well with no red flags or immediate items of concern identified during the visit. The draft report is awaited and expected to be available towards the end of February. The CQC Deputy Chief Inspector of Hospitals, Sir Ted Baker, is due to visit the Trust to meet with the Chair and Chief Executive on the 15th February. Following publication of the report the Trust will hold a Quality Summit with all interested groups focused on any actions arising from the report.
2. The Planned Care programme has continued to make progress looking to maximise early delivery through quick wins.
3. The Deteriorating Patient saw the launch of the Acute Response Team during December and the publication of the Green Book.
4. The Workforce programme remains focused on recruitment and control of agency spend with progress now being made at pace.
5. The Financial Recovery programme is on plan to deliver against the 2016/17 CIP target, work is underway to provide governance and structure towards the 2017/18 target and although clinical work is currently temporary on hold to support the Elective Strategy the work on Carter in Corporate areas continues both within the Trust and with the STP.

1. GOVERNANCE & STANDARDS PROGRAMME

The Trust hosted the CQC inspection in November and December 2016. This comprised of: staff focus groups; two day announced inspection; and four targeted unannounced inspections, focusing on Medicine, Surgery, Emergency Department and Critical Care. The Trust delivered ten service presentations as part of the announced inspection. Inspectors visited a range of services, talked to staff and patients and conducted interviews with Board members and other key individuals e.g. Trust Safeguarding Lead and Chief Pharmacist.

In addition, the Trust has received many data requests aligned to the themes of the onsite inspection detailed in the Corporate Governance report.

The inspection went well and did not highlight any red flags or immediate concerns for the Trust. The inspection team raised a number of issues for the Trust to investigate and action as required. The Chief Executive has provided a response to the CQC on the key issues. These centred on the following themes:

Safe	Effective	Caring	Responsive
• Nurse staffing • Safeguarding • Do Not Attempt Resuscitation • Infection Prevention and Control • Clinical Waste • Fire Safety • IV Fluids • Emergency equipment • Environmental cleanliness • Medicines Management	• End of Life Care	• Interpreter services • Communication with patients • Nursing handover	• Emergency Department • Patient flow

The CQC did not inform the Chief Executive of any regulatory action arising from the inspection within the designated ten day timescale following the inspection. The Trust's Chairman is meeting the CQC Deputy Chief Inspector of Hospitals and Head of Hospital Inspections on 15th February 2017 ahead of the report publication. The Trust will have a ten day timeframe within which it must complete factual accuracy checks on the report and submit suggested

amendments to the CQC before it is released in to the public domain. It is then expected that the Trust will host a Quality Summit shortly after this. This provides the local health and social care system an opportunity to agree a plan of action based on the inspection findings as set out in the inspection report.

In addition to hosting a lessons learned workshop with the Executive Recovery Group regarding the Trust's preparation for the inspection, the Programme Management Office has been working in partnership with the Head of Integrated Governance to ensure that the Trust is prepared for the publication of the report and the associated activities. We will also hold a short series of focus groups to gather additional feedback including a session with non-executives and governors.

2. PLANNED CARE PROGRAMME

The Planned Surgical Care Programme has made significant progress this period with good engagement from the surgical departments, clinicians and 'shop floor' staff. The fourth Board meeting held on 17th January was well attended.

Key programme activities include:

- The terms of reference for each Workstream have been ratified
- Current state mapping for all 3 workstreams has completed and improvement themes identified
- 12 Task and Finish groups have been identified to manage and deliver improvement activities
- Implementation of identified quick wins commenced in theatres, recovery and post-operative wards continues e.g. installation of 'Theatres Live' in theatres, introduction of early mobilisation initiative for post-operative staff and the introduction of daily checklists on emergency trolleys in theatres
- Newsletter (Cutting Edge) distributed to surgery via workstream leads to inform staff of workstream programmes
- Bench marking of best practice in Day Surgery, pre-assessment and post-operative care using NICE guidelines, Association of Anaesthetists, Royal College of Surgeons and Royal College of Anaesthetists guidelines and review of GSTT practice
- GST Theatre Subject Matter Expert, Shafarli O'Neil joined the programme on 10th January and will be part of Workstream 2

Medical outliers and the 'bedding' of Sunderland continue to impact surgical performance. The PMO are assisting with preparation of a business case to propose a new bed configuration and working methodology to allow effective delivery of elective surgery. The PMO also helped facilitate the Perfect Week which monitors patients who are not making progress to plan on their journey through the hospital. Using a

command and control approach, which operated separately to the business as usual operations, the team helped deal with 377 red day escalations, clearing 246 and affecting an additional 78 discharges all of which helped the Trust cope with the tremendous operational pressures seen over the Christmas/New Year period. The Perfect Week goals are now being examined to see what operational changes are needed to help improve flow and can be implemented over the next few weeks to sustain the improvements seen.

3. DETERIORATING PATIENT

Highlights for the programme include:

- The Acute Response Team was formally launched in December. The ART carry geographical bleeps and are supported by an on-going strategy to raise awareness of the team and professional standards. This is on-going via identified forums and briefings, screensavers, posters on wards, huddles and prompt cards which have been cascaded into clinical areas. Recruitment continues.
- The Green Book, a collection of algorithms for the management of acute clinical emergencies, was published at the end of 2016. The book is intended for the use of all individuals involved in the clinical care of patients. This was developed by Junior Doctors and is accessible in every clinical area as a 'go to' or quick reference guide. There are plans to develop an app to make the information more accessible.
- In December, the first DPP Link Nurse event was held. This was a recruitment and induction event for DPP 'ward champions' and saw a number of nursing staff attend to get an overview of the programme and understand expectations for their role in promoting and raising awareness of the DPP and the '*recognising, responding, reporting'* philosophy. The event proved to be a great opportunity to get feedback from front line staff and will continue.
- The programme team took part in the 'Safer Care seminar' as part of a trust-wide effort to promote patient safety.
- The Improving Safety campaign carries on with the continued production of the Improving Safety briefing and 'Safety Tuesdays' which sees the DPP team visit clinical areas and engage with front-line staff about the initiatives and processes relating to '*recognising, responding, reporting'*.

4. UNPLANNED CARE PROGRAMME

Closedown activities have commenced for the four work streams in the current phase of the Programme, with most activities complete and a few requiring re-planning. Progress has been impacted over the last 6 weeks due to the Hospital Escalation Status with operational staff having little/no time to focus on programme activities.

Re-planning of the Programme has commenced including:

- Identification of c75 improvement activities from various meetings/workshops
- Workshop held and some key activities/deliveries identified as priority
- Workshop held with Frailty Consultants to identify opportunities to improve discharge and flow
- Refreshing of Board Rounds

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).

Perfect Week:

In addition the programme has been actively supporting the Trust with running its Perfect Week, which is a pre-cursor to restarting elective activity after the Christmas period. The Perfect Week is aimed at reducing days that are of no value to the patient, in other words they are stuck at red. A green day is a day of value for the patient where the patient is receiving treatment that supports their pathway of care through to discharge.

The Trust formally ran the Perfect Week from Monday 9th January through to Sunday 15th January. A command and control approach was used with a senior manager acting as the Silver Controller and the Executive on Call acting as the Gold level escalation. The exercise was run separately from business as usual operations so that it did not interfere and the benefit could be clearly measured.

During the period a total of 377 items were escalated to the control room with 246 of those being resolved and 78 discharges being effected sooner than they would have been without this capability. The greater visibility of issues enabled both internal service providers and external partners to react quicker and we have estimated a minimum of 250 bed days were saved.

Given the success of the Perfect Week it was agreed to continue to run this in a modified state, with some limitations, while a sustainable longer term solution is developed. This will include a review of the Site Operations and Discharge functions to put patient management at the centre of a new Patient Coordination Centre.

5. WORKFORCE PROGRAMME

Significant progress continues to be made in many areas within Workforce Senior Recruitment

The HR & OD team has been very busy with recruitment over the previous months, we have been successful in the following key appointments and look forward to their arrivals.

Lisa Webb joins us on the 23 January as Head of Leadership & OD. Lisa previous role was as Head of the Learning and Development and OD service for 3 CCGs across Herts Valleys, Luton and Bedfordshire.

Leon Hinton joins us in March as the new Deputy Director of HR&OD. Leon joins us from Great Ormond Street Hospital for Children NHS Foundation Trust where he played an integral part in developing the strategic direction of the Trust. He was a main contributor to an improvement plan of the HR&OD function; this work led to the team winning a national award for the best improved HR team in 2015 .

Aline Christianne Contla-Robertson has been appointed as Head of Temporary Staffing and will join us in February. Aline has worked for Pulse agency for over 11 years where she has developed a wealth of knowledge about the NHS , temporary staffing and NHSI compliance. Her role as manager required her to adapt and develop the business strategies in order to compete within challenging and changing agency market.

General Recruitment

The Recruitment Team are continuing to develop our social media presence and build upon our 'Put yourself in the picture' campaign, The recruitment campaign was staggered over a 3 month campaign between November and January. The campaign reached across the region. The team are continuing to hold open days with the aim of attracting the best candidates and promoting the Trust as an employer of choice .

NICU & Paediatric services held an Open Day on the 26th January, and our general nursing / student nursing Open Day will be held on the 21st March.

KPMG are carrying out a new audit of the recruitment service, this time focusing on compliance. This audit process will begin on the 30 January.

The Recruitment Team, the Occupational Health Team and some senior nurses are undertaking a 3 month project with the aim of exploring and testing new approaches to nurses recruitment and retention. The key themes they are exploring are:

- Offering true flexible working for a fixed period
- Enhancement of the current assessment day to include tours, occupational health appointments and lunch with a MFT buddy
- Candidate engagement and keeping potential employees interested
- Reducing the time to hire to 28 days
- Offering bank workers substantive contracts, flexible hours or annualised hours
- Revitalising our advertising/ marketing
- Exploring Return to Practice

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EU and International Recruitment

We had 16 EU l nurses join the Trust in January. There is an ongoing recruitment campaign of EU nurses through the Medacs contract. The Medacs contract will continue until our target of 70 nurses is reached (25 outstanding). We are due to hold our next round of interviews via Medacs in March and the next cohort of EU nurses will arrive in/around 20th April.

In terms of international recruitment, the Trust appointed 8 NICU nurses from the Philippines in October and they are expected to arrive in August

The Trust have engaged with Harvey Nash to recruit 120 nurses from the Philippines across all disciplines. Trust delegates are due to fly out to the Philippines to conduct over 200 interviews week commencing the 28th March 2017.

Staff Engagement

The 2016 Staff Survey has closed, with the Trust achieving a much improved initial participation rate of 49.5%, the results of which will be analysed, shared and action plans developed during the first quarter of 2017.

6. TRANSFORMING OUTPATIENTS

The Transforming Outpatients programme has seen little progress over the past eight weeks due to a continued lack of governance structure and the need for work stream leads for the four projects. A meeting is being arranged with the key stakeholders to review the existing objectives for the Transforming Outpatients programme and to agree what format this work should take as part of the Trusts Phase Three Recovery programme.

7. FINANCIAL RECOVERY PROGRAMME

The Financial Recovery Plan is progressing to plan looking at both delivery in year and for the coming years. The focus of the plan is around four key areas:

1. CIPs 2016/17

The benefits realised on CIPs to Month 9 is £8.2m against the full year target of £12.6m. In month 9 full catch up on Nursing agency savings has happened however Locum savings run 1 month in arrears. Procurement savings on Integra orders and Supply Chain orders have also be validated.

Further savings are being reviewed with Income, full plans exist and current benefits on income (where costs are already being incurred) for this financial year are estimated at £2m, this validation will be completed by month 10 bringing the projected year end savings to Circa £12.5m against a target of £12.6m.

Governance is underway for the 17/18 CIP programme and due for completion the end of February the validation covers QIAs and Project briefs/Project Initiation Documents.

There are over 100 schemes in the Pipeline, they are working through the gateway of Project, QIA and Financial validation before they are approved for financial release.

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 £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

Work has temporarily stopped on the Carter validation of medical to help in the management of the perfect week for the Trust and to work on the development of a Trust Elective Management Strategy. Work does continue on Corporate Carter delivery.

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.

8. HEALTH INFORMATICS PROGRAMME

1. Electronic Order Comms Programme

    - The Order Comms Project team continue to work towards a June 17 go-live (subject to and linked to the North Kent Pathology Service). The PAS/RIS interface work originally planned for mid-February has now been postponed to mid-March due to complexities with agreeing timeframes across the County Wide installation (KMMIC).

2. Bed Management and Electronic Observations

    - A critical decision paper with several date options has been submitted to the Bed Management Project Board by way of an extraordinary meeting (scheduled for 26th January) to determine and agree a go-live date. This has been necessary in order to agree the release of clinical and operational staff for User Acceptance Testing and Training.
    - The above options paper also includes options for go-live as per original plan (3 Directorates sequentially) as well as options for alternative plans.

3. Electronic Document Management (EDM)

- The full Invitation to Tender (ITT) for EDM was issued in mid-January – responses will be reviewed during mid-February and a final business case will be prepared for the March Trust Board.

4. E-Referral

- A Senior Management review meeting has been scheduled for early February to discuss approach and engagement with this project, in support of CQUIN targets. Operatonal engagement thus far has been low, which has hampered progress.
-

5. Mobile Interoperability Gateway (MIG)

- MIG Web Viewer (Also known as the Summary Record Viewer or SRV) has been successfully deployed to Lister Ward, the Penguin Assessment Unit and the Surgical Assessment Unit and is currently being deployed to the Emergency Department.
- Planning work to integrate MIG with Symphony in ED is also on-going.

6. Child Protection Information Standards (CP-IS)

- The project team are preparing to launch CP-IS flags within the Teleologic (outpatient) system. This will be a first of type nationally, and a team from NHS Digital have also been involved in planning and deployment discussions.
- Further integration with Symphony on ED will form part of the upgrade to that solution.

7. Oasis PAS upgrade to version 2016.1

- At time of submission the final software patch (CU6) for the Allscripts PAS Upgrade is scheduled for 24th January. This will deliver the interfacing functionality needed for other key projects as well as remediate some of the underlying issues that have been experienced as a consequence of the main upgrade in November 2016. HI staff have been liaising with operational and emergency planning staff, all of whom will be on site to oversee the evening works. Business continuity packs have been prepared and deployed to ward areas (as was the case with the initial upgrade in Nov 16) to minimise impact to clinical areas.

8. Maternity Solution

- The pre-qualification questionnaire (PQQ) phase of the procurement has now completed, with early indications that 6 suppliers will be taken forward to ITT stage. The HI PMO team are working closely with Procurement and W & C teams to complete the full specification requirements in readiness to publish late January 2017.
- At present, the intended timeline is to present results and recommendations to Trust Board in early April 2017.

9. NHS Mail 2

- The national programme has experienced some technical difficulties linked to Skype and other additional solutions, which have delayed the national deployment plans. Accenture (solution provider for NHS England) have been asked to provide an updated cost to complete Trust migration during Q1 2017/18.

10. Other Programmes

- Chemotherapy E-Prescribing has experienced delays in the haematology patient migration, which now means that the March 31st NHSE deadline will not be met due to delays in validating the haematology regimens. Current estimates suggest a mid-May completion and this may financially impact the Trust
- Symphony Upgrade – The HI team are working with the ED team and the system supplier, to agree an upgrade plan (which includes an additional module for CP-IS in ED) for Spring 2017.
- 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.
- Digital Dictation and Voice Transcription – this 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 – HI PMO are preparing a business case in collaboration with key operational leads, to be presented to the Executive Group, where the feasibility, financial opportunity and strategic fit of this patient engagement solution will be discussed.
- Check In Kiosks – Planning for this phase of PAS linked functionality has been postponed pending the deployment of CU6 for PAS. Once complete, the HI team will work with W & C to pilot patient check in kiosks in Green Zone.

- Integration Programme – interfacing work has been slowed due to technical issues linked to the PAS upgrade. Once the CU6 patch has been deployed, this work will continue.

9. TRANSFORMING CARE PROGRAMME

Progress has been impacted over the last 6 weeks due to the Hospital Escalation Status with operational staff having little/no time to focus on programme activities. However, a number of activities have been completed and a re-launch of the programme will commence 23rd January.

The highlights for this period include:

- Privacy and Dignity
  - Commenced development of Privacy and Dignity policy
  - Baseline assessments in progress
  - Audit of privacy of all windows completed and plan to ensure make private windows as required
- Falls Prevention
  - Complete Audit of standing/lying Blood Pressure
  - New supplier of 'falls alert' wristbands identified – with improved availability and lower cost
  - List of all falls equipment 90% completed
- Food and Drink
  - Gained approval for thickened fluid solution and new pureed diet solution
  - MUST nutritional Audits completed
  - Awareness campaign for protected meal times implemented
  - Develop awareness campaign for specialist feeding equipment
  - Trust wide Nutrition audit completed
  - First phase of Mouth Care case studies completed
  - Base line assessment for denture loss numbers completed
- Communications
  - 10 * communications folders for training purposes completed and issued
  - Development of Communication training materials completed
  - Matron's Rounds trail completed in Surgery
- Pressure Care Management
  - Introduction of patient assessment for Pressure Care

        - Introduction of new Pressure Care management tools and aids rolled out
        - Communication and awareness launched for Pressure Care
    - Promotion of Continence
        - Baseline assessments completed
        - Incontinence Pads review completed
    - Medicine Management
        - Baseline assessment – Safety Thermometer completed
        - Authorisation for purchase new medicine trollies to be purchased
    - Discharge
        - Revision of Discharge policy commenced

Development of training programme for all staff regarding their discharge responsibilities started

10. RISKS TO DELIVERY

The Trust Recovery Programme has reached a key point in its current form. The excellent work done in preparing for the CQC Inspection has established a solid platform from which to build. The biggest risk to the programme is not to take the opportunity to re-focus the improvement journey into one of transformation and culture change. A separate paper has been prepared on planning the next phase of the programme

The board are asked to note progress

Kevin Tallett

Title:	Full Business Case for Acquisition of Robotic Surgical System		
Directorate:	Surgery	Speciality:	Urology
Authors:	Prof Matin Sheriff, Benn Best & Anil Patel	Contact Number:	8941

Key issues to be addressed: (*Please outline the main reason for the development of this business case proposal*)

1. Executive Summary

The purpose of this business case is to seek approval to purchase and implement the Robotic Surgical System. This system will initially be utilized for Urology procedures and later expanded to other disciplines particularly Colorectal and Gynaecology. The objective is to ensure our Trust is offering the latest innovative technology to further drive positive patient outcomes and secure future sustainability of the West Kent Urology Cancer Centre (WKUCC).

WKUCC has an established national and international reputation in complex laparoscopic urological surgery which has several advantages including smaller incisions, reduced post-operative pain, faster mobilisation and early discharge. However, there are major limiting factors in developing sustainable laparoscopic service. These include the acquisition and transfer of very difficult counter intuitive skills with a long learning curve. This has produced major challenges in both retention and recruitment of surgeons with complex laparoscopic skills.

Robotic surgery is a surgical tool, which facilitates complex laparoscopic procedures. The surgeon, sitting at a console views live images and conducts surgery by manipulating the camera and miniature instruments inside the patient's body through tiny incisions. The technical advantages include 3D vision, 10 x magnifications, tremor filtering & more advanced range of movements than possible with conventional laparoscopic surgery. In addition, the ergonomic position of the surgeon at the console reduces the musculoskeletal stresses inherent in conventional laparoscopy. The intuitive nature of robotic surgery significantly reduces the learning curve and facilitates faster skill transfer. Recruitment and retention is less challenging.

Robotic surgery over the last 20 years has revolutionised patient treatment and is rapidly becoming the standard of care and treatment of choice for both surgeon and patient. In UK, approximately 80% of all radical prostatectomies are now performed using the robot (British Association of Urological Surgeons audit report). In USA, this figure is 90%. There are now 64 centres in UK with this system. The numbers are expected to increase with greater sub-specialisation and centralisation of cancer surgery.

In February 2014 NHS England issued guidance to restrict the number of new market entrants offering robotic assisted surgery. However, following further review of evidence, which demonstrates improved outcomes in robotic prostatectomy (better potency, urinary continence, reduced positive margin rates, less post-operative pain and blood loss), in July 2015 NHS England published revised guidance stating: "*NHS England will commission robotic assisted surgical techniques for the treatment of prostate cancer (i.e., radical prostatectomy).*" This document specifically states as its aim "*to ensure that patients with localised prostate cancer are routinely offered robotic assisted surgery alongside other management options.*"

NHS England now recommends routine commissioning of several robotic procedures including Renal and Bladder surgery. Therefore, robotic surgery is here to stay with increasing number of patients choosing to transfer care to East Kent or Guys Hospital for this service.

The acquisition of robot will ensure future viability of WKUCC; further enhance our reputation and status as a cancer centre of excellence.

2. What is Robotic Surgery?

Minimally Invasive Surgery (MIS) has evolved rapidly over the past 25 years and is now established as the preferred treatment for many operations which historically were performed through large open incisions. MIS offers several advantages including reduced blood loss and transfusion requirements, reduced post-operative morbidity and quicker patient recovery. However, there is a major limiting factor in developing sustainable laparoscopic service which is the acquisition and transfer of very difficult counter intuitive skills with long learning curve.

The robotic surgical system is a MIS tool, which facilitates complex laparoscopic surgical procedures with natural intuitive motion which significantly reduces learning curve and allows for faster skill transfer. In addition, it provides surgeons with superior visualization, enhanced dexterity, greater precision and ergonomic comfort which allows more surgeons to perform MIS procedures involving complex dissection or reconstruction. This ultimately raises the standard of care for complex procedures, translating into numerous potential patient benefits (1-5).

The system is made up of three major elements; Patient Cart, Vision Stack and Console (Illustration 1). During surgery, the surgeon sits at a console with the robot positioned over the patient and views live 3D images of the patient's inner organs. Using hand and foot controls, extremely precise and delicate surgery can be performed through tiny incisions.

The technical advantages of this system include 3D vision, 10 x magnifications, tremor filtering, and a much more advanced range of movements than possible with conventional laparoscopic surgery. In addition, the ergonomic position of the surgeon at the console reduces the musculoskeletal stresses inherent in conventional laparoscopy

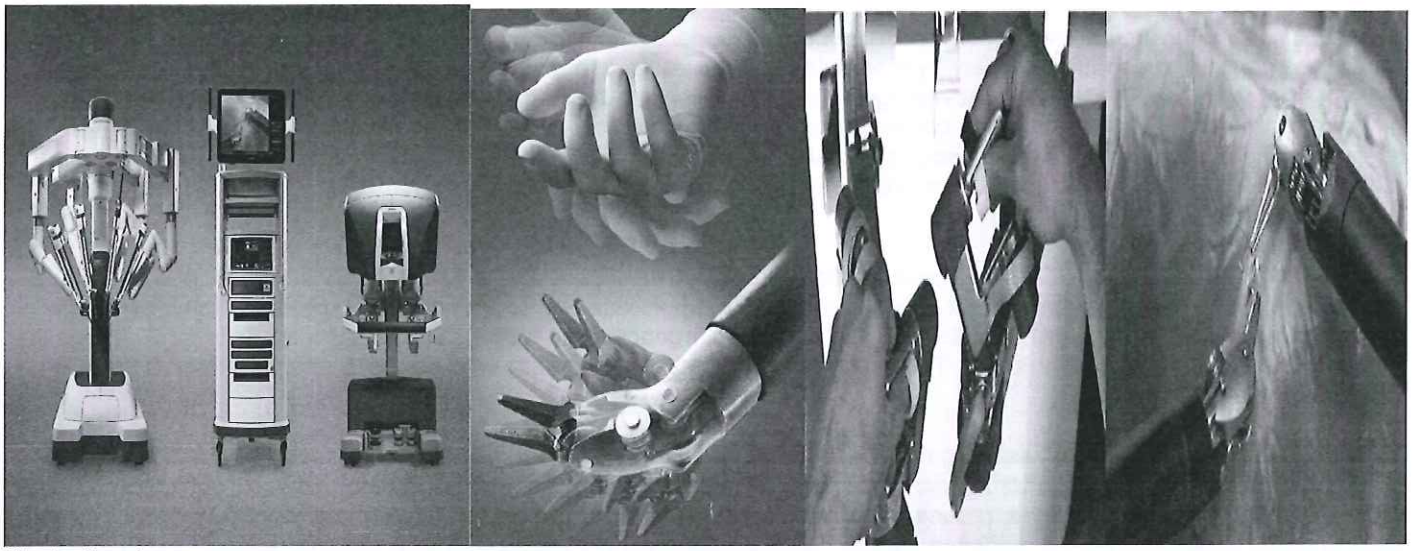

Illustration 1

Currently, there are only two commercially available systems namely the da Vinci, manufactured by Intuitive Surgical with over 3600 systems in operation world-wide with about 67 in the UK and Alf-X robot manufactured by Transenterix with one system in use world-wide.

3. Clinical Applications

The main driving specialty is Urology followed by Gynaecology and General Surgery. Last year in Europe over 64,000 Urology procedures were completed robotically with 7500 in the UK (Illustration 2).

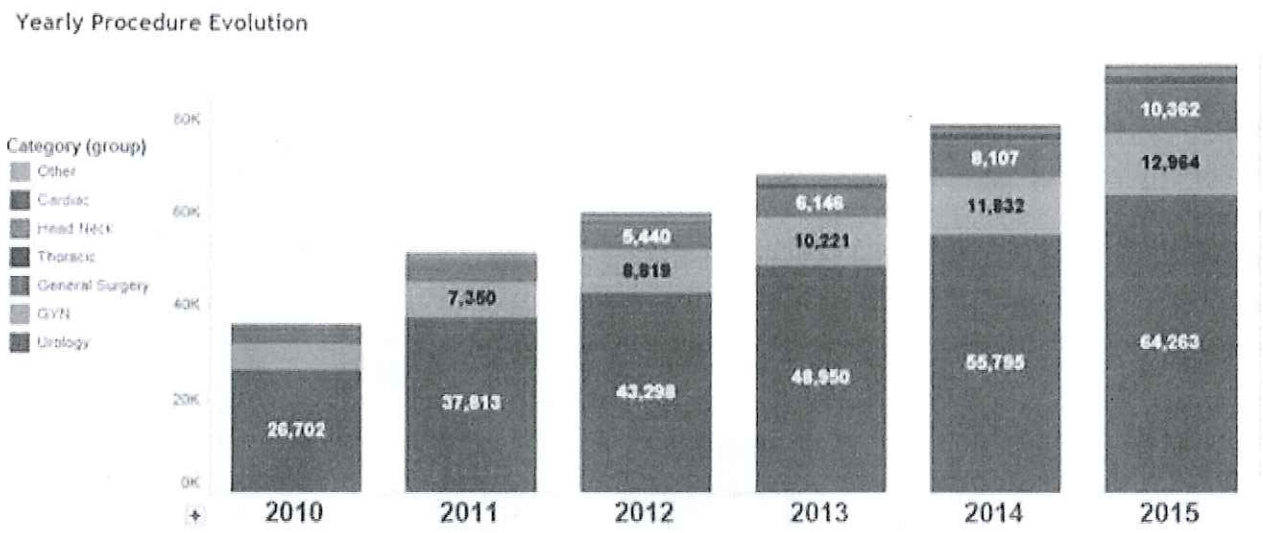

Illustration 2. European Robotic Procedure Growth from 2010 to 2015

One of the most commonly performed procedures worldwide is robotic assisted radical prostatectomy (RARP) for prostate cancer which is now the commonest cancer in men in the UK, accounting for 35,000 new diagnoses each year and second most common cause of cancer death in men after lung cancer accounting for 12% of all male cancer deaths.

Several other urological procedures are now undertaken robotically including radical and partial nephrectomies for kidney cancer and radical cystectomies and reconstruction for bladder cancer (Illustration 3).

Procedure	MFT Current Annual Volume
Radical Prostatectomies	128
Radical & Partial Nephrectomies	64
Radical Cystectomies & Reconstruction	16
Private Practice	?
Total	208

Illustration 3. Urological Procedures Suitable for Robotic Surgery at MFT

There is emerging evidence to suggest that a robotic assisted approach may be of benefit in Colorectal surgery, particularly for low anterior resections and Gynaecological Surgery specifically hysterectomies and endometriosis surgery. Other specialties such as Thoracic surgery and ENT are still at the development stage however with increasing shift towards robotic surgery (Illustration 4).

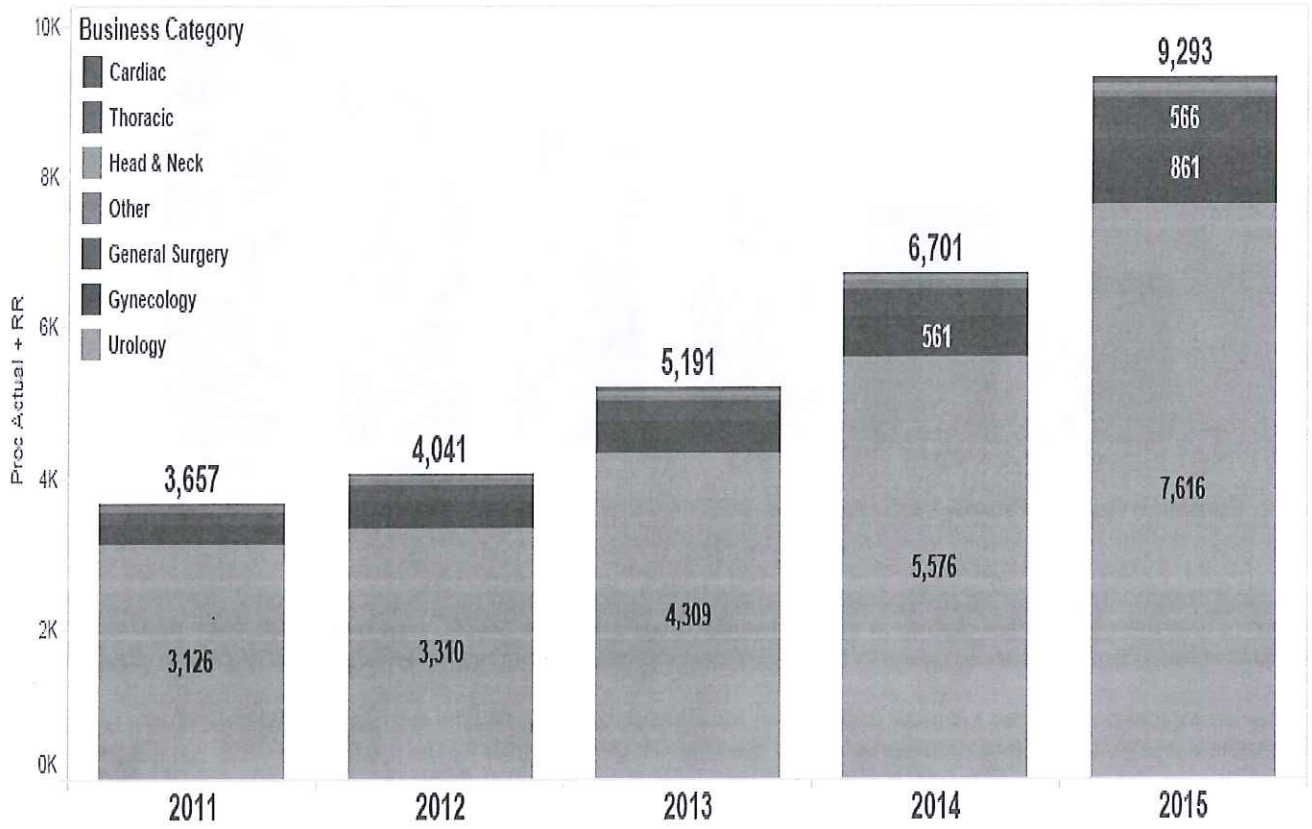

Illustration 4. UK Robotic Procedure Growth from 2011 to 2015

4. NICE and NHS England Guidance

The three main treatment options for men diagnosed with organ confined or localised prostate cancer are radical surgery (Open, laparoscopic or robotic), radiotherapy (External beam or brachytherapy) and active surveillance (Illustration 5).

Although there are no randomised controlled trials comparing all these options, radical surgery remains treatment of choice for increasing number of patients with major trend towards robotic approach (6-11).

In the most recent NICE guidance on the management of prostate cancer published in January 2014, commissioners are advised to provide the option of robotic surgery for treatment of localised intermediate and high risk prostate cancer (12).

Therefore, NHS England since 2014, routinely commissions robotic prostatectomies (13) and robotic partial nephrectomies (14).

Localised Disease

(For the management of complications and side effects of treatment see algorithm on page xxxiii)

- Should be treatment of choice in low-risk man who are suitable for radical treatment
- Include at least 1 re-biopsy
- If evidence of disease progression men should be offered radical treatment

- Use conformal radiotherapy
- Min mum dose 74Gy

	Low-risk men (PSA ≤ 10 ng/ml and Gleason score ≤ 6 and T1-T2a)	Intermediate risk men (PSA 10-20 ng/ml or Gleason score 7 or T2b-c)	High-risk men (PSA ≥ 20 ng/ml or Gleason score ≥ 8 or T3-T4)
Watchful waiting	◇	◇	◇
Active surveillance	✓	◇	X
Brachytherapy	◇	◇	X
Radical prostatectomy	◇	✓	✓
Radical radiotherapy	◇	✓	✓
Cryotherapy	X*	X*	X*
HIFU	X*	X*	X*

✓	Preferred treatment
◇	Treatment option
X	Not recommended
X*	Not recommended other than in the context of clinical trials

Illustration 5. Treatment Options for localised Prostate Cancer

5. Benefits of RARP for Prostate Cancer

There are several advantages (4-11).

- Less risk of complications
- Less chance of needing follow-up surgery
- Faster return of erectile function
- Better chance for return of urinary continence
- Less blood loss and need for a transfusion
- Shorter hospital stay

6. Benefits of Robotic Assisted Partial Nephrectomy for Kidney cancer

The robot offers an effective MIS option with the following advantages (14-19):

- Greater precision tumour excision
- Precise & faster intra-corporeal suturing for renal reconstruction with reduced warm ischemia times
- Improved chance of preserving the kidney
- Shorter operative time when compared to laparoscopic partial nephrectomy
- Shorter hospital stay
- Less blood loss

7. Benefits of Robotic Assisted Radical Cystectomy with Reconstruction for Bladder Cancer

Evidence suggests that while robotic compared to open cystectomy with reconstruction can require longer operative times, the robot offers several advantages (21-28):

- Lower risk of major complications including death
- Precise and rapid bladder removal with minimal blood loss
- Enhanced ability to preserve the neurovascular bundles in appropriately selected patients
- More rapid return to bowel function
- Shorter hospital stay
- Favourable operative, pathologic and short-term clinical outcomes including reduced analgesic requirements

8. Healthcare Technology Assessment

Several publications notably Hughes et al (29) provide compelling evidence to suggest that RARP results in reduced long-term health resource utilisation and downstream cost savings compared to open and laparoscopic radical prostatectomy. In addition, robot assisted surgery appears to be a cost saving alternative to existing surgical approaches to partial nephrectomy.

9. Advantages to Trust

There include:

• Improvement in quality of patient care

• Raise Trust profile and provide patients with a choice currently unavailable thereby address geographical healthcare inequality

• Consolidate Trust status as a major Urological Cancer Centre and strengthen our position as a future Regional Pelvic Cancer Centre by attracting Colorectal and Gynaecological cancer surgery

• Stop migration of patients to neighbouring trusts who already offer robotic surgery and help to attract additional patients through patient choice

• Maintain and enhance the Trusts position as a technological innovator in the field of surgery

• Provide leadership for training in advanced surgical techniques for surgical and nursing staff across the regional healthcare economy

10. Strategic Fit

The acquisition of the Robotic system is consistent with the Trust's wider vision which is to provide high class healthcare service and become destination of choice for the people of the region. Therefore, robotic surgical service is congruous with the Trusts strategic objectives through:

- Enhanced patient experience, safety and quality of care
- Improved productivity delivering more effective and efficient service
- Development of professional and sustainable workforce with a positive 'can do' attitude

The robotic system can facilitate the delivery of higher quality MIS service which is not possible with current standard technology. For technically challenging procedures operative times can be decreased and post-operative recovery and hospital stay can be further reduced. Reducing hospital stay is fundamentally beneficial to both hospital and patients. It

reduces bed costs which enables increased throughput leading to lower waiting times and improved productivity. This results in lower complication rates particularly hospital acquired infections.

Innovation is essential to ensure continued clinical improvement for patients but it is also important in enhancing the workforce, inspiring personal development and attracting the best staff. Patient safety is clearly paramount and robot assisted laparoscopic surgery has excellent safety tract record in experienced hands.

11. Support for Robot

This proposal is supported by:

- Surgical Directorate Board
- WKUCC Action Plan (drawn in response to recent external peer review & agreed by senior executive)
- MFT Cancer Board
- NHS England & NICE Guidance
- Patient Support Groups
- Other surgical disciplines (General Surgery & Gynaecology)
- Positive discussions with commissioners (NB: robotic activity sent to Guy's costs additional 17% MFF)

12. Clinical Governance

The robotic training pathway approved by the British Association of Urological Surgeons will be followed & executed through the Robotic Committee to ensure safe and efficient introduction of robotic procedures. This involves case observations, simulator, dry & wet skills laboratory training, proctored procedures and continuing audit (30-31). The audit will focus on recognised key areas including:

• Procedure type and volume.

• Prospective collection of morbidity data which would be classified using the validated Clavien system

• Oncological outcome data, i.e. pathological data and PSA follow up.

• Patient quality of life outcomes using validated questionnaires. It is envisaged that this would be included initially with the urology audit program and as part of local cancer network audit.

13. Establishment of Robotic Service

Correct implementation of new technology is essential to ensure safe & timely delivery of benefits to the patient at the program outset. The da Vinci surgical system is a complex and expensive device. Therefore, appropriate training of the entire team is essential. Approximately 4 months of will be required for the team to become fully trained and therefore whilst there will be inevitable impact on activity, it is envisaged that this will not be significant.

14. Post Project Evaluation

The Robotic Committee will audit & monitor the progress of the new system, particularly to ensure safety and efficiency of the theatre arrangements.

Brief outline of proposal:

Financial Case for the Robot

Option 1. Do Nothing

This carries a degree of risk because of the recognition by NHS England and NICE that robotic surgery is the new standard of care for several urological cancer procedures. Near MFT, there are two robotic centres, Kent and Canterbury and Guys Hospital London. Patients are increasingly requesting and many are migrating to these hospitals to seek robotic intervention.

Majority of the Urology Trainees are robotically not laparoscopically trained and therefore we are already experiencing difficulties with recruitment of skilled surgeons. This will undermine the long sustainability of WKUCC.

Option 2.) Lease

This is the preferred option and seen as the best long-term solution to ensure provision of high quality patient outcomes and viability of WKUCC.

Option 3.) Purchase

The robot can also be obtained through a capital purchase.

Note:

1) Please see Urology Robot Business case financial template(32)
2) The support costs in all three cases remain consistent across all the financial models and are only a high-level estimate. They have not been worked up as the pre-operation patient pathway remains unchanged in all cases.
3) Year-on-year inflation/ efficiencies are currently not included in the income or expenditure figures in any of the models; it is assumed that they will offset and be neutral to the position.

Option 1:	Do Nothing						
Start Date:		Year:	2017	Month:	April		
	Yr 0 2017-18 £000	Yr 1 2018-19 £000	Yr 2 2019-20 £000	Yr 3 2020-21 £000	Yr 4 2021-22 £000	Yr 5 2022-23 £000	Total £000
Income							
Clinical Income	1,081	1,081	1,081	1,081	1,081	1,081	6,489
Other Income	0	0	0	0	0	0	0
Direct Costs							
Pay	-656	-656	-656	-656	-656	-656	-3,939
Non-Pay	-359	-359	-359	-359	-359	-359	-2,155
Less: Cost Savings	0	0	0	0	0	0	0
Other Costs							
Support Costs	-58	-58	-58	-58	-58	-58	-345
Capital Charges	0	0	0	0	0	0	0
I&E Surplus / (Deficit)	8	8	8	8	8	8	50
Discounted Cash flow (NPV)	8	8	8	8	7	7	46
Capital Costs							
Building & Enabling Costs	0						0
Equipment	0						0
Total	0	0	0	0	0	0	0

The 'do nothing' option assumes no activity growth at all due to capacity issues (new trainees are not being trained in laparoscopic surgery). It shows a small year-on-year surplus and a £50k surplus over the 6-year term.

Option 2:	Lease the Da Vinci Robot						
Start Date:		Year:	2017	Month:	April		
	Yr 0 2017-18 £000	Yr 1 2018-19 £000	Yr 2 2019-20 £000	Yr 3 2020-21 £000	Yr 4 2021-22 £000	Yr 5 2022-23 £000	Total £000
Income							
Clinical Income	1,447	1,691	1,706	1,721	1,736	1,751	10,052
Other Income							0
Direct Costs							
Pay	-668	-668	-668	-668	-668	-668	-4,006
Non-Pay	-1,049	-908	-912	-916	-920	-924	-5,629
Less: Cost Savings	407	109	45	45	46	46	699
Other Costs							
Support Costs	-66	-61	-62	-63	-63	-64	-380
Capital Charges							0
I&E Surplus / (Deficit)	71	163	109	120	131	141	735
Discounted Cash flow (NPV)	71	158	102	108	114	119	671
Capital Costs							
Building & Enabling Costs							0
Equipment							0
Total	0	0	0	0	0	0	0

The lease option shows a significant improvement to the year-on-year surplus (and a £735k surplus over the 6-year term).

This in high levels terms are due to the following:

- Higher tariff available for Robotic surgery.
- More efficient surgical practice results in the freeing up of a Registrar to undertake three additional outpatient clinics per week, which will generate additional revenue.
- More efficient surgical practice will result in greater throughput and increased surgical activities in time.
- With a letter of intent dated Dec-16, greater discounts have been offered which include: free maintenance for the first year (£165k), discounted maintenance for the second year (£65k), £100k credit for the initial purchase robotic instruments and accessories, free training simulator, free simulator training for 4 staff, free procedural software upgrade, free freight and 4 days proctored procedures.

Option 3:	Purchase the Da Vinci Robot						
Start Date:		Year:	2017	Month:	April		
	Yr 0 2017-18 £000	Yr 1 2018-19 £000	Yr 2 2019-20 £000	Yr 3 2020-21 £000	Yr 4 2021-22 £000	Yr 5 2022-23 £000	Total £000
Income							
Clinical Income	1,447	1,691	1,706	1,721	1,736	1,751	10,052
Other Income							0
Direct Costs							
Pay	-668	-668	-668	-668	-668	-668	-4,006
Non-Pay	-700	-559	-563	-567	-571	-575	-3,536
Less: Cost Savings	407	109	45	45	46	46	699
Other Costs							
Support Costs	-66	-61	-62	-63	-63	-64	-380
Capital Charges	-401	-389	-378	-367	-355	-344	-2,234
I&E Surplus / (Deficit)	19	128	80	102	124	147	594
Discounted Cash flow (NPV)	-1,866	495	427	423	418	413	309
Capital Costs							
Building & Enabling Costs	0						0
Equipment	2,286						2,286
Total	2,286	0	0	0	0	0	2,286

The purchase option also shows a significant improvement to the year-on-year surplus (and a £594k surplus over the 6-year term). There are significant constraints placed on the Trust in obtaining capital funding and this would not be the favoured option.

Key risks and opportunities:

The clinical income in the financial modelling is based on the 2017/18 consultation tariff; there is a risk that the final tariff is less favourable. The financial models for both the lease and the purchase assume a reduction in activity for the first year due to a period of learning. There is a risk that the learning period takes longer than anticipated. Robotic surgery for Urology is just a starting point; if successful Robotic surgery could be extended to other specialties. Length of stay savings built into the model is only a conservative estimate; savings associated with Robotic surgery could be more significant. Commissioners' approval of FBC is pending and additional income assumed in FBC will be confirmed once approval is received.

Recommendation

The modelling clearly demonstrates that the greatest returns and highest NPV is achieved through leasing. Therefore, from operational and financial point of view, we recommend leasing the Option.

Please outline the Impact of not developing this case: *(Do nothing option)*

Should we choose not to approve this business case, the Trust is at risk of:

- Compromising patient outcomes by failure to comply with NICE and NHS England recognised standard of care
- Continuing patient migration to other hospitals offering robotic surgery
- Loss of reputation
- Reduced recruitment and retention
- Compromising the long-term sustainability of WKUCC

Outline project timescales: *(Please give planned dates for case approval, build competition, appointment to posts, case completion etc.)*

If FBC approved:

- Lease purchase January 2017
- Start robotic program by April 2017

Expected source and value of required funding:	Self-funded through release of savings	**Estimated Activity p.a.:**	208 procedures
Estimated Income per week)	See finance table	**Estimated Costs per weeks**	See finance table

Please detail any accommodation or equipment requirements: *(Please include estimated cost, useful economic life and what it replaces where appropriate)*

- Operating theatre (minimal changes required)
- Sterilisation of robotic scopes and instruments (IHSS can provide this provision already)

Please detail any other cost implications:

None

Please Describe any Changes to Existing Resources :*(For example reduction in existing staff, changes to clinical times/activity, change in use of existing clinical space/equipment, etc.)*

During the learning curve, there will be an increase in operating times. This will decrease rapidly with the correct intensive implementation and training program.

Please Detail any Impact on Other Departments or Directorates:

Increase activity for sterile services (IHSS have been consulted and approve of any plans).

Please Give a Brief Outline of the Implementation Plan:

- Implementation plan attached covering purchase, delivery, surgeon training and nurse training

Please Give a Brief Outline of the Key Benefits and Risks:

Benefits

- Patient offered recognised NICE and NHS England standard of care
- Improved patient experience
- Increase volume of procedures per list (moving from 2 to 3 procedures per day)
- Reduction of hospital stay of 0.5 days per procedure
- Reduction of blood loss from 500mls to 250mls
- Reduction in positive margin rates leading to reduce radiotherapy requirement
- Improved patient potency leading to reduced required for treatment erectile dysfunction
- Improved continence reducing the requirement for anti-incontinence treatment.
- Reduction in complication rates leading to lower readmission rate and the frequency of outpatient follow-up (according the NHS economic paper)
- Early discharge from clinic
- Ensures sustainability of the Urology service at Medway
- Opens training and research possibilities
- Attraction of additional patients and private practice
- Enhances the reputation of the trust locally and nationally

Risks

- Initial increased operating times
- Patients start to migrate to robotic centres
- Unsustainable laparoscopic program as it will reduce the hospitals ability to recruit appropriately trained surgeons.
- Loss of service

Does it meet Divisional Objectives and Priorities	Yes
Is it within the Division Business Plan?	Yes
Does the proposal resolve an issue identified within the Risk Register?	No
If yes is the risk identified in both the Trust and Divisional Annual Plan?	NA
Is the primary concern for the case to improve Patient Safety?	Yes
Is the primary concern for the case to improve Staff Safety?	Yes
Is the primary concern of the case to meet NHS set national quality targets?	Yes
Does the case address issues to maintain or ensure accreditation?	Yes
Does the case identify a more efficient method of service delivery?	Yes
Does the case contribute to the Division improvement programme?	Yes
Can the level of activity provided in the last 12 Months continue to be provided with or without this case being approved?	Yes
Is this case required to meet increased capacity requirements or demand growth?	No
Does the case involve the repatriation of activity from other providers?	Yes
If so has this been agreed and formally confirmed by the commissioner	Yes
Does this case represent an agreed service development to be offered by the Trust?	yes
Have all potentially affected Support Services (Clinical & Non-Clinical) been consulted and have the forecast impacts been formally recognised and agreed	Yes
Is this case related to a service change or investment requested by the commissioner?	yes
Has an existing divisional budget been identified in order to fund the required investment?	No

Certification,
Clinical aspects reviewed

Certified
Name JEROME WILLIAM
Position CLINICAL DIRECTOR, ELECTIVE SURGERY

Certification,
Financial and Workforce resource requirements reviewed

Finance
Certified
Name ANIL PATEL
Position HEAD OF OPERATIONAL FINANCE.

Human Resources
Certified
Name MARIA AITKEN.
Position HR BUSINESS PARTNER.

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3. Stephen Clark was appointed as a non-executive director on 1 January 2016.
4. Joanne Palmer was appointed as a non-executive director on 1 September 2015.
5. Lesley Dwyer was appointed as Chief Executive on 18 May 2015.
6. Phillip Barnes was acting Chief Executive between 27 June 2014 and 17 May 2015.
7. Paul Ryan was Acting Medical Director between 15 September 2014 and 29 April 2015.
8. Ghada Ramadan and Kirti Mukherjee were Acting Medical Directors between 29 April 2015 and 19 October 2015.
9. Diana Hamilton-Fairley was appointed Interim Medical Director on 19 October 2015
10. Steve Beaumont, Chief Nurse, left the Trust on 1 November 2015.
11. Karen Rule was appointed as Interim Director of Nursing on 19 October 2015.
12. Tim Bolot, Interim Director of Finance, left the Trust on 24 December 2015.
13. Darren Cattell was appointed as Interim Director of Finance on 25 January 2016.
14. Roberta Barker, Director of Workforce, left the Trust on 5 February 2016.
15. Rebecca Bradd was appointed as Acting Director of Workforce on 8 February 2016.
16. Morag Jackson, Chief Operating Officer, left the Trust on 11 November 2015.

Non-executive directors

Non-executive directors are appointed for a period of three years and can be appointed for a further period of three years.

Arrangements for the appointment and termination of appointment of non-executive directors are set out in the Trust's Constitution. The Constitution states that the Council of Governors has the power to appoint and remove the Chairman of the Trust and other non-executive directors. Removal can only happen if three quarters of the Council of Governors members approve the motion.

All non-executive directors are considered to be independent by the Board of Directors as per Monitor's[3] Code of Governance for NHS Foundation Trusts.

During the year appraisals were carried out for the non-executives. The appraisals were carried out by the Shena Winning, the Chair. The outcomes of these appraisals were received by the Governors' Nominations and Remuneration Committee in 2016.

The Senior Independent Director is responsible for appraising the Chair's performance and it is for the Council of Governors to agree the process by which the appraisal is undertaken. Martin Jamieson, Senior Independent Director, has undertaken an appraisal of Shena Winning during the financial period and this has been shared with the Council of Governors.

Executive team

In compliance with Monitor's Code of Governance, no executive director holds more than one non-executive directorship of an NHS Foundation Trust or other organisation of comparable size and complexity.

During the last 12 months there have been considerable changes to the Board of Directors, with some of these being interim appointments and some permanent directors moving on to pursue other employment opportunities. The Board has given careful consideration to the range of experience and the skills required to run an NHS Foundation Trust. Following the recruitment of Lesley Dwyer as a permanent Chief Executive to the Trust in May 2015, an experienced executive team was then recruited during Q3/Q4.

Appraisals have not yet been carried out for the current executive team in place as the majority of the executive directors started in the latter part of 2015/16.

3 As of 1 April 2016, Monitor has been replaced by NHS Improvement

Medway NHS
NHS Foundation Trust

Report to the Board of Directors

Board Date : 2nd February 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 in the form of a flash report of December's performance across all functions and key performance indicators. A full report will be presented to the next Board. Key points are: • There has been one **Never Event** reported in December within the Interventional Radiology service and subject to a Serious Incident investigation. • The Trust did not achieve the **four hour ED target** for December. Performance has dropped from 77.02% in November to 73.61% in December. The main reasons for this as outlined by the Operational Teams are; o Emergency Department (ED) attendances running 12% above last Decembers levels and 12.5% above plan so far this year. This is a 6% increase on Novembers figure o 11% increase in Ambulance attendances over the (already high month in) November o A further 1.9% increase in the number of Patients admitted in December over those admitted in November o Bed occupancy was 94.43% o Bed days lost to delayed transfers are up by 26% on the previous years figures • **Nationally**, ED attendances across England have risen by 4.5% and emergency admissions via ED by 3.5% in the past 12 months • The Trust has reported a total of 20 **12 hour breaches** in December, this compares to 3 in the whole of 2015, 48 in the whole of 2016 (including the 20 in December) and 48 so far in January 2017 • **HSMR** has again increased slightly in month to 101.5 and again although too early to say why other than seasonal variation, this is being reviewed. We remain on the same downward longer term trend line as previously reported and within benchmarked norms • This month saw a 54% increase in the number of **Mixed**

	Sex Accommodation breaches, these totalled 22 in December and were due to the Emergency Admission pressures. • At this stage of the month **RTT** reports are still being finalised however performance is expected to drop slightly due to the cancellation of most elective surgery towards the end of the month. • **Cancer targets** have not all been achieved however the 2 week wait performance improved by 12% to 91.18%. The performance for the two week wait for Breast Symptomatic remains above target for the second month running. The 31 day subsequent surgery cancer performance has decreased by 12% to 79.55% in month due to bed pressures outlined elsewhere. • There were 69 open **SIs**, an increase of 12 on November with 47 breaching timescales. Plans to close 45 by 28th February are in place • There were a higher number of **falls** in December (72) when compared to November (58) • We reported a 1% drop in the C section rate following recent work in our **Maternity** service • 35 complaints were reported in month, a decrease of 31% from the 45 in November • 87% of our staff have now had an **appraisal**, slightly down on last month by 1% • 87% of our staff have successfully completed **Mandatory Training**, the same level as last month.
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 ☒

Medway NHS
NHS Foundation Trust

Integrated Quality and Performance Dashboard

January 2017

Please note the data included in this report relates to **December** performance

To be read in conjunction with Board Executive portfolio updates.

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

10002

Patients visited our ED , which is a 6% increase on the previous month, with 73.61% seen within 4 hours, compared to 77.02% . 1988 of these Patients were admitted, a 1.9% increase on November

3587 Patients arrived at ED via ambulance which is over a 11% increase on last month

30.6%

Of ambulance patients were seen in under 15 minutes

There were 4897 admissions , 4947 patients were discharged. Bed Occupancy increased by 0.08% in December to 94.43%

21749

Patients attended an outpatient appointment with 10.1% DNA rate which is an increase of 0.9% on last month

December's Story....

394 Babies were delivered in the month of December (15 less than November) with Emergency C-Section rate reducing by 1% from previous month to 17.3%

HSMR has slightly increased from previous month to 101 - a slight increase in last months published figures

There were 72 total falls in December, compared to 58 in November

87% of staff have had an appraisal which is a 1% decrease on the previous month. Mandatory Training compliance remains at 87% for December

RTT Overall Incomplete Pathways for December was 77.00% which decreased by 1.52% on previous month. The trust also reported 9 x 52 week waiters which decreased by 5 from November

2 Week Wait cancer performance for November was 91.18% (reported one month in arrears) . This is a 12.13% increase on Octobers performance .

31 day subsequent treatment surgery cancer target has decreased by 12.12% to 79.55% in November (reported one month in arrears).

2 Week Wait symptomatic breast remains above target of 95% for two months in a row with a published performance for November 96.43%.

December's Performance…

89.19% of Patients waited under 6 weeks for diagnostic tests in the month of December, this has decreased by 1.31% since Novembers reported performance

Number of complaints made in November decreased by 31.37% from previous month to 35, with the number of complaint returns reducing to 7 from 11 in December

There were 22 Mixed Sex Accommodation breaches in December which was a 54.54% increase from November's performance

Safe Page 7

Legend: Compliant with target; Breaching target

Never Events 1.1.4 - There has been one never event within the Interventional Radiology service. An angioplasty was attempted on the incorrect leg. Duty of Candour has been undertaken with the patient, who has now received the correct procedure. The never event is currently being investigated as a serious incident.

Serious Incidents Current Position:

As at 31 December 2016 there were a total of 69 open Serious Incidents (SIs) (an increase of 12 from November), key issues of note are as follows:

- Open SIs within allocated timeframe – **22**
- Open SIs breaching the allocated timeframe – **47**
- It is anticipated that a minimum of 45 SI investigations will be closed by the end of February 2017

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

Mortality

1.4.1 The latest HSMR value (October 2015 – September 2016) is 101.5 and within benchmarked limits when compared with other Trusts nationally.

1.4.2 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 SHMI covers patients admitted to hospitals in England who died either while in hospital or within 30 days of being discharged.
- Between July 2015 and June 2016, there were approximately 8.9 million discharges, from which 284,000 deaths were recorded either while in hospital or within 30 days of discharge for the 136 hospital trusts covered. This includes deaths from other causes as well as deaths related to the reason for the hospital admission.

1.1.15 PUs grade 3 or 4 and falls to harm

The incidences of falls with harm (fracture) and grade 3 pressure ulcers increased in December. SI investigations are underway but a contributory factor is a likely to be the significant increase in patient bed days and the high acuity and complexity of patient care needs. The Trust has a zero tolerance approach to patient harm but it is important to note the incidences reported are total numbers not per 1000 bed days.

1.3.3 CDiff

The Trust has reported 16 CDiff cases to date. The risk of breaching our 16/17 trajectory of 20 is high. The infection team have been undertaking activities to increase staff awareness of policy and to enhance monitoring of infection control practice.

Please note the monthly safe staffing report (nursing) is reported to Board in a separate paper.

Effective Page 8

CQUIN - Please find attached an update on the CQUINs on Page 8.

Caring Page 9

There was an increase in MSA's from November to December (10-22). This was due to the high level of winter pressure experienced causing a lack of capacity.

- **A&E Position 4.2.3**

The ED saw 10,002 total attenders in December, an increase of 18% on December 2015, and 6% on the previous month. There were 3597 ambulance attendances, an increase of 12% on December 2015, and 10% on the previous month.
There was an average of 116 ambulances a day, with an average of 120 per day over the Christmas week (with a record total number of ambulance attenders over that week for Medway Hospital).

Since June 2016, MFT has consistently been the regional top performer for ambulance turn-around. The Trust fell to third place for December, seeing 76% more ambulances than the top performer; 30.6% of handovers were within 15 minutes.
Performance against the 4 hour standard was 73.61% for December.

The ED LOS (80th percentile) for December was 12 hours 46 minutes (increased from 11 hours 3 minutes in November), reflecting the Trust overcrowding. The 95th percentile was 16 hours 8 minutes; all patients in the 95th percentile were reviewed to identify pathway constraints. Weekly pathway mapping takes a robust look at which in-patient specialties account for significant numbers of breaches or lengths of stay.

Cancer

November's performance against the cancer waiting time standards is variable. There is an improvement in the 2 week wait and 62 day screening performance but deterioration against the 62 day GP standard.

- **31D** - The Trust failed to achieve the first definitive and subsequent surgical treatments but maintained compliance with the subsequent drug treatment standard.
Breaches in Lower GI & Urology were due to theatre/consultant availability and patient choice. Three reported Skin breaches have been adjusted to reflect patient choice and are now compliant and will be updated in the quarterly upload.
Urology have service improvement plans to change to surgeon allocation processes to avoid breaches.

- **62D 4.3.7** – The Trust failed to achieve compliance with the GP 62 day referral standard but achieved compliance with the screening standard.
  The reasons for Trust performance of 71.35% were varied due to patient choice, theatre capacity and diagnostic test delays.
  Urology-specific issues relating to availability of surgeons from other Trusts is being addressed through new surgical booking processes in the West Kent Urology Cancer Centre

- **4.3.9** The Trust was compliant with the 62 day screening standard at 100%.
  There is no consultant upgrade standard target but there was a single shared breach due to late referral.

Well Led Page 11

Recruitment and retention continues to be a Trust top priority and we continue to focus on our overseas nursing recruitment campaign along with exploring what incentives can be put in place to attract more nursing staff to the Trust.

Further work continues to ensure that we address compliance issues with price caps for our agency and locum staff and a further more rigorous process is in place. Christmas proved to be a very busy period for the booking of agency staff and we need to ensure that proper planning is undertaken by the Trust to ensure we cover all gaps in a cost effective and timely way.

An Associate Director of Workforce Development and OD joined the Directorate in December. Appraisal rates continue to improve in month and we have introduced a new system for mandatory training called Mollie. This system will allow staff much improved access to their training and will provide a more comprehensive reporting system for managers.

Enablers Page 12

Data Quality
Overall the Data Quality team have identified 144 DQ issues of which there are:

37 x closed issues (mainly migration issues now resolved)
98 x further classification required and agreed capping for business working progress
3 x currently in validation,
2 x open and diagnosed
1 x Open but still in diagnosis
3 x managed by the business but we are monitoring to ensure compliance

3. Safe

			RAG	Trend						Alignment		
		Monthly Target	Status	Oct-16	Nov-16	Dec-16	Movement	YTD avg	Data Quality	Carter	BDF	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	R	1.00	0.00	1.00	↑	0.1				✓
1.1.4.1	Never Events - Incidence Rate	0.00%	R	0.04%	0.00%	0.04%	↑	0.0			✓	
1.1.5	Incidents resulting in death (1 month in arrears)	0	R	3.00	1.00		↓	4.0				✓
1.1.6	Incidents resulting in severe harm (per 1000 bed days) (1 month in arrears)	0.11	R	0.00	0.60		↑	0.22				✓
1.1.7	Incidents resulting in moderate harm (per 1000 bed days) (1 month in arrears)	1.87	G	1.21	1.61		↑	1.7				✓
1.1.10	Incidents with moderate or severe harm with duty of candour response (1 month in arrears)	100%	R	19.0%	47.0%		↑	0.2				✓
1.1.14	Pressure ulcers (grade 2) attributable to trust	10	R	13.00	17.00	12.00	↓	9.7				✓
1.1.15	Pressure ulcers (grade 3&4)	0	R	0.00	2.00	4.00	↑	1.0				✓
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	0.0%	0.41%	0.39%	↓	0.6%			✓	
1.2.7	Emergency c-section rate	<15%	R	17.0%	18.3%	17.3%	↓					
1.3.1	MRSA screening of admissions	95%	R	97.0%	93.0%	89.5%	↓	94%				✓
1.3.2	MRSA bacteraemia (trust – attributable)	0	G	0.00	0.00	0.00	↔	1			✓	
1.3.3	C-Diff acquisitions (Trust-attributable; post 72 hrs)	2	G	4.00	1.00	1.00	↔	1			✓	✓
1.4.1	Hospital Standardised Mortality Ratio (HSMR) (2 months in arrears)	100	R		101.5		↑	102.8			✓	✓
1.4.1.2	Weekend Hospital Standardised Mortality Ratio (HSMR) (2 months in arrears)	100	R		104.0		↔				✓	
1.4.2	Summary Hospital-level Mortality Indicator (SHMI)	100	R		110		↔	115			✓	✓

Commentary	Actions
The SHMI covers patients admitted to hospitals in England who died either while in hospital or within 30 days of being discharged. Between July 2015 and June 2016, there were approximately 8.9 million discharges, from which 284,000 deaths were recorded either while in hospital or within 30 days of discharge for the 136 hospital trusts covered. This includes deaths from other causes as well as deaths related to the reason for the hospital admission.	Remedial Actions: A Falls SWARM learning event will be held on 26 January 2017 – Agreement has been received from the CCG to submit an aggregate report which will result in the closure of 19 SIs (14 breaching and 5 within allocated timeframe) A Pressure Ulcer SWARM learning event will be held in early February 2017 - Agreement has been received from the CCG to submit an aggregate report which will result in the closure of 10 SIs (7 breaching and 3 within allocated timeframe) ED are currently finalising the investigation into nine 12-hour trolley breaches (2 breaching and 7 within allocated timeframe) Outstanding evidence is currently being collated for a further 7 SIs that will receive closure from the CCG

Best of care
Best of people

4. Effective

		Monthly Target	Status	Trend						Alignment		
			Status	Oct-16	Nov-16	Dec-16	Movement	YTD avg	Data Quality	Carter	BCF	Quality Account / CQUIN
2.5.4	Emergency Readmissions within 28 days	5%	R	11%	7%	11%	↑	11%			✓	
2.6	Discharges before noon	25%	R	14%	12%	16%	↑	12%			✓	✓

CQUINS				
Indicator	**November Status**	**December Status**	**November Commentary**	**December Commentary**
NHS Staff and Wellbeing Physical, Mental & Physio			On target	Next reporting period is Q4
NHS Staff and Wellbeing food			The Baseline review is presently being undertaken. Some indicators are already achieved. Staff Menu to be reviewed shortly to introduce healthier options. High Risk remains with "League of Friends" shops within the hospital as their products do not meet the set critera.	Next reporting period is Q4
NHS Staff and Wellbeing flu			No update received	To be reported in Dec 2016. Awaiting update
Sepsis 2a			There is a large amount of audits which are required for this CQUIN, and so in order	Awaiting update
Sepsis 2b			to support nursing staff who are completing the audits, a business case for additional	Awaiting update
Antimicrobial Resistance 5a - reduction			Awaiting update	Awaiting update
Antimicrobial Resistance 5b - review			Awaiting update	Awaiting update
Joint Formulary			On target to deliver	Awaiting update
Medicines Reconcilliation			On target to deliver	Awaiting update
Review of patients on Oral Nutritional Supplements			On target to deliver	Awaiting update
Reduction in Community Acquired Pressure Ulcers			On target to deliver. However, investigations are not being completed in a timely manner and so there is currently about 20 investigations outstanding. A new process is being written and this will be in place by 1st December 2016.	Awaiting update
Discharge Before Midday			Target for Q3 is 30%. For October, reporting 14%	Awaiting update
Paediatric outpatient referral management system			On target. GPs have started to refer electronically for general paediatrics.	Awaiting update
Development of Electronic Discharge Note			On target to deliver. Received confirmation from CCG that achieved Q1 and Q2 milestone. Q2 reconcillation is yet to be completed.	Awaiting update
Paediatric asthma and wheeze pathway			Ashma nurse is engaging with families and re-training families on the use of inhaler and identifying other attributing factors to ashma. We have a dedicated ashma trained nurse until the end of December.	Awaiting update
Optimal Device			Data for Q1 and Q2 submitted to NHSE. Awaiting reconcillation	Awaiting data
Adult Critical Care Timely Discharge			Data for Q1 and Q2 submitted to NHSE. For Q2, 25% discharged within 4 hours, 32% discharged between 4 and 24 hours, 43% discharged after 24 hours. Awaiting reconcillation.	Awaiting data
Increase take up of School Immunisation			The action plan to increase uptake of school aged immunisations has been submitted to the PHE Screening & Immunisation Team (SIT)who are monitoring this on behalf of NHSE. Following a teleconference on 02.11.16 with the SIT and the NHSE commissioner it was agreed that there needs to be some further additions to the plan, and this will be re-submitted in the next two weeks.	Awaiting update

5. Caring

		Monthly Target	RAG Status	Trend Oct-16	Nov-16	Dec-16	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%*		85.2%	84.6%	85.8%	↑	85%			✓	
3.2.2	A&E: Friends and Family Test % extremely likely/likely to recommend	*65%*		78.2%	77.8%	70.5%	↓	75%			✓	
3.3.2	Maternity: Friends and family test % extremely likely/likely to recommend	*79%*		98.8%	99.5%	98.1%	↓	99%			✓	
3.1.3	Mixed Sex Accommodation breaches	*15*	R	99.00	10.00	22.00	↑	25.7			✓	
3.4.1	Number of Complaints	*45*	G	57.00	51.00	35.00	↓	46			✓	
3.4.2	Complaint Response Rate <30 days (2 months in arrears)	*85%*	R	63.0%				16%			✓	
3.4.3	Number of complaint returners	↓	G	2.00	11.00	7.00	↓	6.6			✓	

Commentary	Actions
There was an increase in MSA's from November to December (10-22). This was due to the high level of winter pressure experienced causing a lack of capacity	

Best of care
Best of people

6. Responsive

		Monthly Target	Status	Oct-16	Nov-16	Dec-16	Movement	YTD avg	Data Quality	Carter	SOF	Quality Account / CQUIN
			Status	Trend						Alignment		
4.1.1	RTT – Incomplete pathways (overall)	92%	R	77.89%	78.52%	77.00%	↓	76.54%			✓	
4.1.2	RTT - Treatment Over 52 Weeks	0	R	16	14	9	↓	17				
4.2.3	A&E 4 hour target	95%	R	79.82%	77.02%	73.61%	↓	80.50%			✓	
4.3.7	Cancer – 62 day urgent GP referrals (1 month in arrears)	85%	R	82.93%	71.35%		↓	79%			✓	
4.3.9	Cancer – 62 day screening (1 month in arrears)	90%	G	71.43%	100.00%		↑	81%			✓	
4.4.1	Diagnostic waits - under 6 weeks (1 month in arrears)	99%	R	93.36%	90.50%	89.19%	↓	92%			✓	
4.5.8	Patients seen by a stroke consultant within 24 hours (May to Jul figures reported)	95%	R	76.00%	45.00%	45.00%	↔	55%				✓
4.6.1	Average elective Length of Stay	<5	G	2.41	2.36	3.65	↑	2.3				✓
4.6.2	Average non-elective Length of Stay	<5	R	6.72	6.86	7.70	↑	3.7				✓
4.6.6	Average occupancy	90%	R	96.41%	94.35%	94.43%	↑	92%				✓

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

Commentary	Actions
Clinical markers are still performing well with 95-100% NEWS compliance. This is recorded through random, snapshot audits covering the 24 hour period. The corridor use ceased on the 4th October and has remained closed to patient care. 2WW – Trust has failed the GP 2 week wait but was compliant with the 2 week wait symptomatic breast standard. • Failure to comply with the 2ww standard is predominantly due to patient choice and cancellations and a lack of clinic capacity in Lower GI but much improved on recent months. • The Trust maintained compliance with the symptomatic breast standard.	The DTA process continues to be monitored through pathway mapping to assure it happens as soon as the necessity for admission is identified. Weekly breach meetings have commenced across directorates using the process mapping as the data source for discussion however have been sporadic for December as all teams focus on flow. 2000 Emergency Admissions for December, this is up on the 1779 admissions for November, the highest in over 5 months and almost 27% up on December 2015

7. Well led

		Monthly Target	Status	Trend						Alignment		
			Status	Oct-16	Nov-16	Dec-16	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%		⇔	48.8%			✓	
5.2.2	Staff Friends and Family – Recommend for care or treatment (Quarterly)	*79%*	R		73.1%		⇔	67.5%			✓	
5.3.7	Rolling annual turnover rate	*8%*	R	9.2%	8.9%	9.4%	↑	9%			✓	
5.3.7.1	Executive Team Turnover Rate	*TBA*		7.1%	0.0%	7.1%	↑	0%			✓	
5.3.8	Overall Sickness rate	*4.0%*	G	3.9%	3.9%	3.9%	↓	3.9%				
5.3.9	Sickness rate – Short term	*2.0%*	R	2.7%	2.7%	2.7%	↓	2.8%			✓	
5.3.10	Sickness rate – Long term	*1.0%*	R	1.2%	1.2%	1.2%	↑	1.1%			✓	
5.3.11	Temporary staff % of pay bill	*15%*	G	23.8%	25.0%		↓	23.4%			✓	
5.3.14	Starters	*N/A*		93	49	33	↓	87.7				
5.3.15	Leavers	*N/A*		99	22	47	↑	70.9				

Commentary	Actions
Please see Executive Summary	Please see Executive Summary

8. Enablers

		Monthly Target	Status	Trend						Alignment		
			Status	Oct-16	Nov-16	Dec-16	Movement	YTD avg	Data Quality	Carter	SOF	Integrity Account / CQUIN
7.2.1	APC – NHS number completeness (1 month in arrears)	*99%*	R	98.9%				98.8%				✓
7.2.8	A&E – Attendance disposal (1 month in arrears)	*99%*	R	96.2%				96.2%				✓
7.3.8a	RTT large No. of patients with an unknown clock start (1 month in arrears)	*11*	R	57	83		↑	51.0		✓		✓
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	351	325		↓	438.7		✓		✓
7.3.9b	RTT % cancelled referral, pathway still open (1 month in arrears)	*1%*	R	1.4%	1.3%		↓	1.6%		✓		✓
7.3.10a	RTT No. appt outcome suggest clock stop, pathway still open (1 month in arrears)	*103.50*	R	418	126		↓	461.17				
7.3.11a	RTT No. deceased patient with an open pathway (1 month in arrears)	*0.00*	G	0.00	0.00		↔	3.83				
7.3.13a	A&E No. missing breach reason on breached attendances (1 month in arrears)	*949*	R	1991	2157		↑	1123.0		✓		✓
7.3.13b	A&E % missing breach reason on breached attendances (1 month in arrears)	*50%*	R	100.0%	100.0%		↔	82.1%		✓		✓
7.3.17	Cancer 2ww invalid NHS Number (1 month in arrears)	*0.25*	R	1	8		↑	5.3		✓		✓
7.3.21	Cancer 2ww missing breach reason (1 month in arrears)	*13.25*	G	45	8		↓	32.6		✓		✓
7.3.22	Cancer 2ww % Oasis referral records missing on Infoflex (1 month in arrears)	*0.01*	G	0	0		↔	4%		✓		✓
7.3.25	Cancer 31 day missing primary diagnosis (1 month in arrears)	*2*	G	5	0		↓	9.6		✓		✓
7.3.29	Cancer 31 day missing breach reason (1 month in arrears)	*1.25*	G	2	0		↓	3.6		✓		✓
7.3.32	Cancer 62 day missing primary diagnosis (1 month in arrears)	*1.25*	G	5	1		↓	5.6		✓		✓
7.3.36	Cancer 62 day missing breach reason (1 month in arrears)	*1*	R	2	5		↑	6.4		✓		✓

Commentary	Actions
Please see Exec Summary	RTT – Continuing to support operational team with RTT Reporting RIS fussy matching validation Follow appointments with discharge but listed on a waiting list for appointment (4000 records). TCI/Admissions set at zero time on TCI Elective admission/spell not linked to waiting list record

Medway NHS
NHS Foundation Trust

Report to the Board of Directors

Board Date: 02nd February 2017

<table>
<tr><td>Title of Report</td><td>Monthly Operations Report</td></tr>
<tr><td>Reporting Officer</td><td></td></tr>
<tr><td>Lead Director</td><td>Margaret Dalziel, Ben Stevens, James Lowell</td></tr>
<tr><td>Responsible Sub-Committee</td><td>Performance Review and Assurance
Access Board
ED Improvement Group</td></tr>
<tr><td>Executive Summary</td><td>To provide the Board with an update on performance in the following areas:
<table>
<tr><th>Access target</th><th>Current month (%)</th><th>Target compliance (%)</th></tr>
<tr><td>RTT</td><td>77 ↓</td><td>85.4
(national 92)</td></tr>
<tr><td>Diagnostics</td><td>89.92 ↓</td><td>99</td></tr>
<tr><td>ED performance
(Novembers data)</td><td>73.61 ↑</td><td></td></tr>
<tr><td>Cancer performance (Novembers data)</td><td></td><td></td></tr>
<tr><td>2 week wait</td><td>91.15</td><td>93</td></tr>
<tr><td>2 week wait
Breast symptomatic</td><td></td><td></td></tr>
<tr><td>62 day referral</td><td></td><td></td></tr>
<tr><td>62 day Screening</td><td></td><td></td></tr>
<tr><td>62 day upgrade</td><td></td><td></td></tr>
<tr><td>62d GP standard</td><td>71.70</td><td>85</td></tr>
<tr><td>31 day surgical Rx</td><td>87.5</td><td>94</td></tr>
</table>
Medway NHS Foundation Trust formally to national RTT reporting as of November 2016.</td></tr>
<tr><td>Risk and Assurance</td><td>• Performance against the access standards for Emergency and RTT pathways does not meet the national targets.
• Action plans remain in place to support the maintenance of the improvement trajectory.</td></tr>
<tr><td>Legal Implications/Regulatory Requirements</td><td>The updates are provided in the context of national requirements for access and emergency pathway standards and against requirements from CQC inspections and improvement expectations.</td></tr>
<tr><td>Recovery Plan Implication</td><td>The subject matter of the report supports the recovery plan in the following areas:</td></tr>
</table>

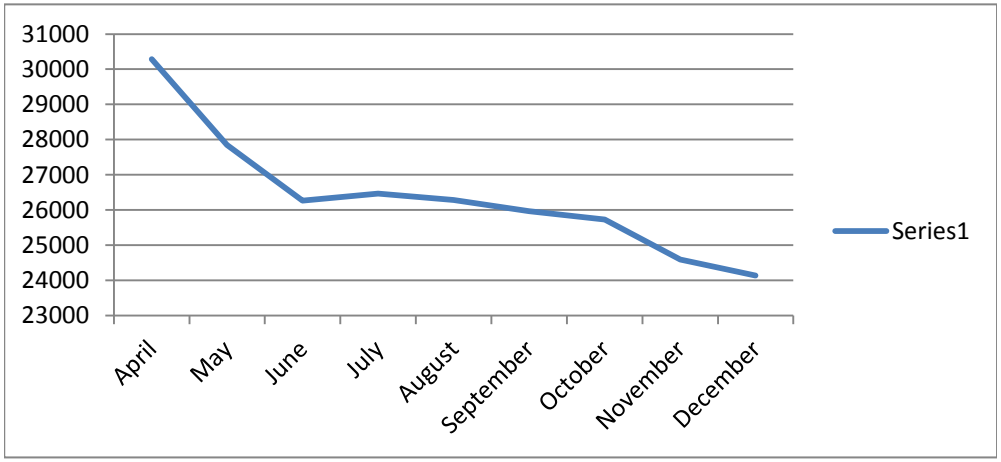
	• Continuing to modernise our Emergency Department and pathway, reducing the time it takes for patients to be seen and assessed. • Improving care for patients with cancer, reducing waiting times, replacing our scanners and providing additional capacity for patients to see specialists.
Quality Impact Assessment	QIA not required.
Purpose & Actions required by the Board : • **Assistance** • **Approval** • **Decision** • **Information**	The board are asked to note the contents of the report for information.
Recommendation	The report is provided for information only.

RTT Update – December Position

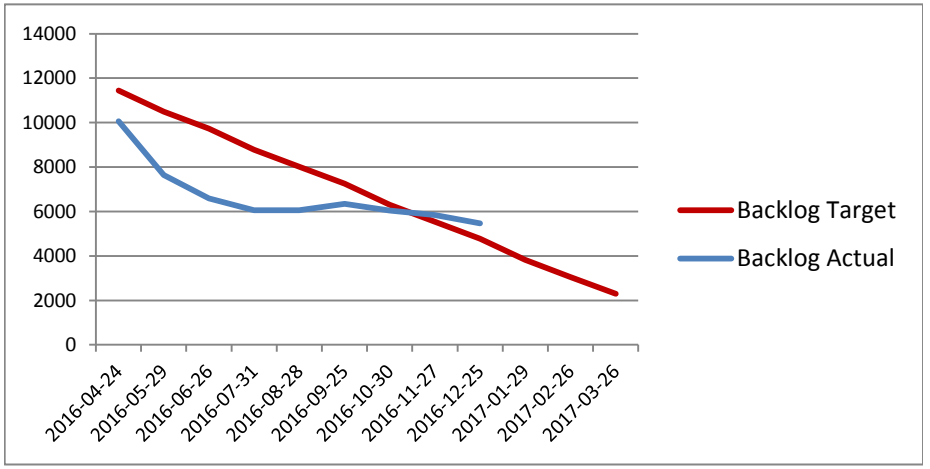
Summary of December position

- The trust returned to RTT reporting in November 2016.
- All organisations were required to implement an elective activity pause over the Christmas period. The dates of the elective pause were Monday 19th December to Monday 9th January. The pause was extended on instruction of NHSE pending completion of the perfect week exercise.
- The total incomplete waiting list size decreased by 457 patients across the month of December.
- Incomplete performance for December is 77.0%. This is a deteriorated position and behind trajectory.
- The current backlog size decreased in December by 372 patients however is behind trajectory and remains below trajectory.
- 52 week breaches decreased from 14 in November to 9 in December however this is above the trajectory.

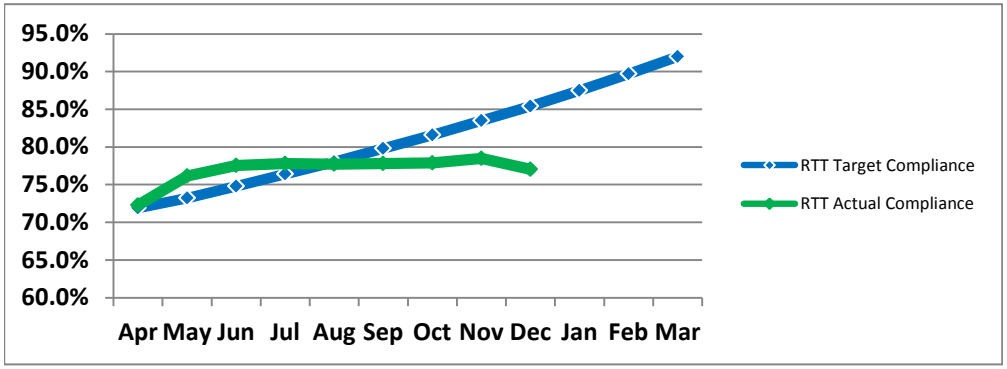
Total Waiting List Size



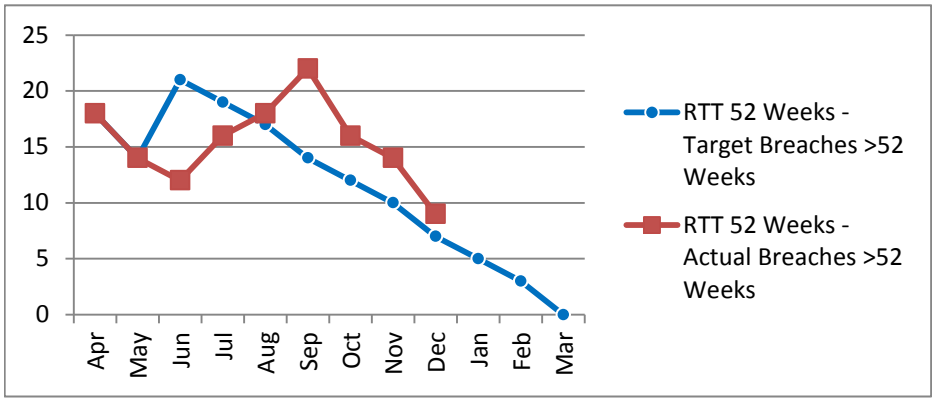
Backlog Actual vsTrajectory



Incomplete Trajectory & Performance



52+ Week Breaches Trajectory & Performance



18 week RTT Sustainability Plan

- The final Intensive Support Team diagnostic report was received in October an action plan based on the report has been developed and will form part of the overall RTT recovery plan.
- Additional outsourcing to the independent sector is underway
- Cardiology in-sourcing commenced in October. ENT in-sourcing will commenced in December
- The planned care programme work streams have now launched.
- No instances of severe or moderate harm have been identified in patients waiting more than 52 weeks for treatment

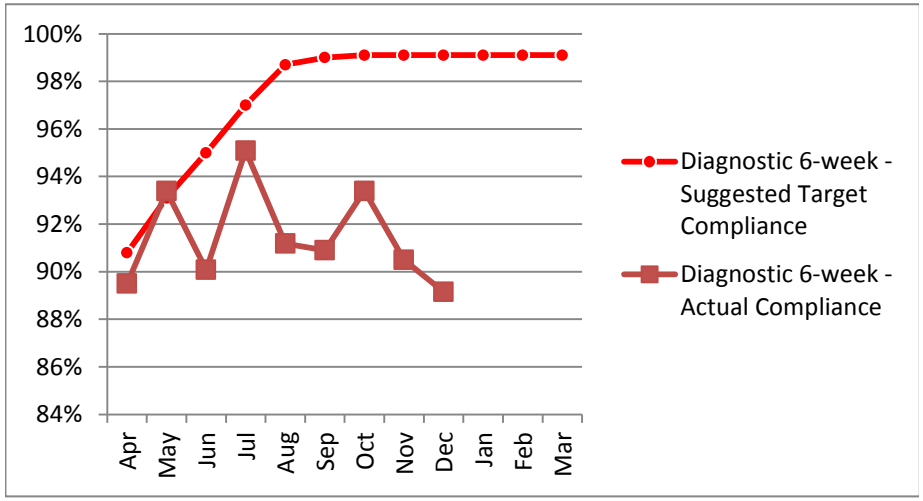
Diagnostic Update – October Position

Summary of October position

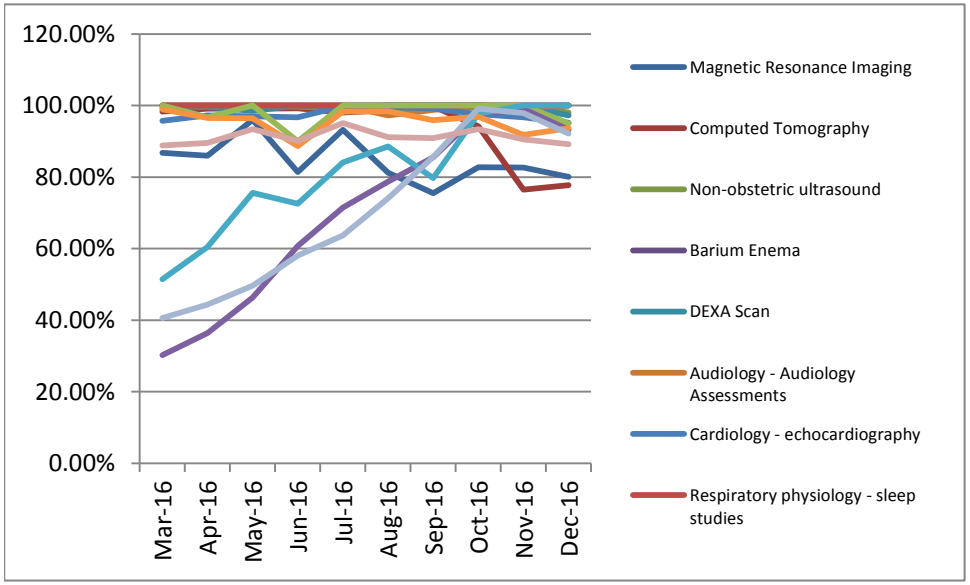
- Trust performance against the 6 week diagnostic target has deteriorated in December.
- Performance in the modalities of MRI and CT scanning has worsened.
- There is sustained performance in Flexi sigmoidoscopy, gastroscopy and colonoscopy a result of the additional capacity that has been introduced through the in-source model.

Diagnostic Performance

Access Standard - 99% within 6 weeks



Diagnostic Performance by Modality



Diagnostic Sustainability Plan

- Work is on-going to define the endoscopy estate required to deliver both JAG accreditation and the increasing demand.
- The in-source contract for endoscopy service will continue in support of a further reduction in waiting times .
- Additional capacity for MRI is in place with the leasing of a mobile scanner. The on-going requirement for the use of the mobile MRI to meet demand is currently being assessed.
- Discussions with the CCG to reduce direct access imaging demand are underway.
- Additional capacity is being sought from the independent sector.

ED Performance

Summary of December position

- The ED saw 10,002 total attenders in December, an increase of 18% on December 2015, and 6% on the previous month. There were 3597 ambulance attendances, an increase of 12% on December 2015, and 10% on the previous month.
- There was an average of 116 ambulances a day, with an average of 120 per day over the Christmas week (with a record total number of ambulance attenders over that week for Medway Hospital).
- Since June 2016, MFT has consistently been the regional top performer for ambulance turn-around. The Trust fell to third place for December, seeing 76% more ambulances than the top performer; 30.6% of handovers were within 15 minutes.
- Performance against the 4 hour standard was 73.61% for December.
- The ED LOS (80^{th} percentile) for December was 12 hours 46 minutes (increased from 11 hours 3 minutes in November), reflecting the Trust overcrowding. The 95th percentile was 16 hours 8 minutes; all patients in the 95th percentile were reviewed to identify pathway constraints. Weekly pathway mapping takes a robust look at which in-patient specialties account for significant numbers of breaches or lengths of stay.
- There were 4 12 hour breaches over the month of December. All occurred during black escalation days when the whole system was in OPEL 4 escalation. All patients were waiting for inpatient beds and in the follow up 24 and 72 hour reviews none came to any harm due to the prolonged period in ED.

CANCER

Summary of November position (one month in arrears)

November's performance against the cancer waiting time standards is variable. There is an improvement in the 2 week wait and 62 day screening performance but deterioration against the 62 day GP standard.

2WW – Trust has failed the GP 2 week wait but was compliant with the 2 week wait symptomatic breast standard.

- Failure to comply with the 2ww standard is predominantly due to patient choice and cancellations and a lack of clinic capacity in Lower GI but much improved on recent months.
- The Trust maintained compliance with the symptomatic breast standard.

31D - The Trust failed to achieve the first definitive and subsequent surgical treatments but maintained compliance with the subsequent drug treatment standard.

- Breaches in Lower GI & Urology were due to theatre/consultant availability and patient choice. Three reported Skin breaches have been adjusted to reflect patient choice and are now compliant and will be updated in the quarterly upload.
- Urology have service improvement plans to change to surgeon allocation processes to avoid breaches.

62D – The Trust failed to achieve compliance with the GP 62 day referral standard but achieved compliance with the screening standard.

- The reasons for Trust performance of 71.35% were varied due to patient choice, theatre capacity and diagnostic test delays.
- Urology-specific issues relating to availability of surgeons from other Trusts is being addressed through new surgical booking processes in the West Kent Urology Cancer Centre
- The Trust was compliant with the 62 day screening standard at 100%.
- There is no consultant upgrade standard target but there was a single shared breach due to late referral.

Medway NHS
NHS Foundation Trust

Board Report

Report date: 2nd February 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
Executive Summary	**The Finance Committee considered this report on the 26th January 2017. The Chair will provide an update on the information and assurances received.** **This report outlines;** **1. Summary Trust financial performance for M9, December 2016** **2. End of year risk to Income and Expenditure Forecast** **3. Capital reforecast** **4. CIP update** **5. Update on 2017-19 Contracting with Commissioners** **6. Update on Corporate Services Consolidation (Back office) under the Productivity work stream of the STP** **7. Update on 2016-17 CCG contract** **1.Trust Financial Performance** Key points are: • In summary the Trust delivered an in month performance in line with plan. This is **not a run rate performance but rather a cover of current income and cost in balance being covered by the release of limited reserves** • YTD the Trust has performed at the planned level • Emergency pressures have put considerable strain on the Trust operationally and financially in December • In addition in patient Elective Surgery was largely cancelled for almost the last two weeks of the month • 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£0.3m. • The Elective income shortfall is between £250-£300k per week so for December this was £500k • This variance to plan has been covered in month by

reserves and provisions but this coverage is running thin for Q4 when coupled with CIP underachievement (due largely to Emergency activity pressures). This impacts on the forecast as outlined below

The key drivers are outlined as:

- Emergency Department (ED) attendances running 13% above last Decembers levels and 12.5% above plan so far this year. This is a 6% increase on Novembers figure
- 11% increase in Ambulance attendances over the (already high month in) November
- A further 1.9% increase in the number of Patients admitted in December over those admitted in November
- Bed occupancy was 94.43%
- Bed days lost to delayed transfers are up by 26% on the previous years figures
- Workforce WTE are below plan substantively due to vacancies across clinical and corporate areas. We continue to use a high number of temporary staff to cover vacancies. **Recruitment and retention actions to increase substantive staff numbers continue.**
- The Trust continues to **rely on DH for cash support** for ongoing operations

2. End of year risk to forecast

- The Board agreed a stretch financial plan target of £43.8m deficit at the start of the year.
- The **Control Total** which is **non negotiable** in terms of achievement is £46.7m deficit. **This was also agreed by the Board**
- So far this financial year the Trust has reported monthly achievement of the £43.8m plan, this has continued up until Month 9, December 2016.
- This paper is provided to inform the Board of the considerable **emerging financial risk** to the achievement of the £43.8m deficit plan
- The risk predominantly arises as a result of the increase in unplanned emergency Patients seen and treated prior to, during and after the Christmas and the New Year period.
- The financial impact of this is to displace or stop almost all of the planned elective In Patient activity, with a net **income loss of c£250-£300k** per week. Members are asked to note that the Trust, like all others, has been asked to stop elective activity until after a perfect week has occurred (it has) and when it is safe to do so in relation to the level of Emergency Patients (it is being considered at the time of writing)
- A **best, most likely and worst case** forecast has been produced, this has been **agreed by the Executive** and has been presented in detail to the **Finance Committee** for consideration.
- In summary the revised forecast ranges from a worst

	case forecast of a further loss of £5m (with elective income and everything else going wrong) above the planned deficit of £43.8m to a best case deficit of £1.8m better than the £43.8m deficit. • The most likely forecast based on what we know at month 9 is a deficit of c£650k above the stretch target of £43.8m • The **Finance Committee agreed that the Control Total is the ABSOLUTE must achievement for the Trust.** Currently, due largely to factors outside our control **there is a high and likely unmitigated risk of not achieving the planned deficit whilst we are still planning to be within the Control Total deficit.** • The Executive Team will refine the forecast each month now until the year end and report this to the Finance Committee and the Board. • **Recovery actions are being agreed, these were discussed at the Finance Committee and include;** o Immediate elective IP activity outsourcing o Plan to return to a 75% level of internal elective activity o Medium to long term refinement of bed base o Medium term outsourcing of Medical/Surgical Patients that are suitable for outsourcing **3. Capital Reforecast** The Executive have undertaken a revised forecast for capital spend for the year ending 2016-17. Key points are : • The original plan for 2016-17 outlined a total capital spend of £28.2m of which £11.8m related to the ED refurbishment. The revised forecast for the current year, now shows a total forecast spend in year of £17.9m (of which £7.4m will relate to ED refurbishment). • The principal expenditure variances now forecast are as follows: • **ED refurbishment £4.4m variance**. The original plan was based upon tender submissions some six months in advance of the contract agreement. Following contract agreement in October a revised programme was compiled and spend is currently in line with the latest programme as agreed by the Board. • **IM and T £2.7m variance**. 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 NHST. Other IM&T variances relate to slippages in Infrastructure projects that are directly affected by limitations upon access within the hospital. • **Specific Business cases £2.1m variance** 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 variance.** 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.
- It is evident that the majority of spend variances are as a result of planned re-phasing that has been necessitated operationally. However as a result of this re-phasing the Trust will, in 2016-17, only draw upon funding that has been previously agreed and this is in accord with the national constraints upon capital funding in the current year.
- **Trust staff have been party to the reforecast and are able to mitigate the slippage of scheme risks**
- It should further be noted that the restrictions upon capital funding are likely to continue into 2017-18 and the **Board is asked to note that future external finance is only likely to be approved if bids to the DH are supported by very robust business cases that relate to critical investment** requirements.
- It should be noted that the original plan of £28.2m was dependent upon external finance of £17.7m. Of this sum £13.2m had been agreed but the remaining sum of £4.4m had not yet been approved by NHSI pending the agreement of a national capital funding regime.

4. CIP performance update

- The current forecast end of year CIP performance is outlined in the attached slide.
- Performance remains reasonably strong however is not at full plan delivery.
- The main reason for this is our inability to close bed based capacity as per the original CIP plan, this is due to Emergency Patients and operational pressures reported elsewhere on this agenda.

5. Update on 2017-19 Contracting with Commissioners

- As previously signalled to Board members during December the Executive recommended that the contracts with Commissioners be signed by the Chief Executive. This includes all CCGs and NHS England for Specialist Services.
- As outlined the contracts are;
    - all based on the National Tariff (minor exceptions) and the Payment by Results mechanism
    - therefore subject to actual payment for activity performed. There is of course always a risk that the Trust receives more or less Patient activity than planned and must use responsive and flexible operational planning
    - supported by the ST Fund in terms of operational performance and fines as in this year

	• Due to the accelerated timescales and the instruction from NHSI and NHSE to agree the contracts in line with the national timetable (an approach supported by the Executive),it was not possible to agree every last detail in the time available. • Therefore, in common with many contracts, a series of activities have been agreed and written within the contract documentation that will take place before 30th June 2017. These will lead to agreed contract variations, increasing or decreasing the contract value as appropriate. • These variations will include our income recovery programme items as previously signalled to the Board, any agreed service changes, reductions in penalties that will benefit the Trust and any jointly agreed QIPP or activity reduction schemes. • The contract values are therefore set at a point in time and are lower than the expected financial plan income value. This is again normal, it has a minor up-front cash impact but is expected to unwind quickly in year. The Trust Finance Committee will receive full assurance of this position as the detailed financial plan is explained. This will be reported to the Board by the Chair of the Finance Committee. • At this point there is no further risk to the Board to flag in terms of contract values and income levels. **6. Update on Corporate Services (Back Office) under STP** • System leadership under STP, MTW FD is lead officer • Services in scope listed • Joint meeting between NHSI, Trusts, external Consultancy and potential provider to review service scope, data collection phase • Corporate Services Governance board being set up to scope project • Service leads matrix now completed **7. Update on 2016-17 CCG contract** • Somewhat ironically this has still not been agreed despite the 2017-19 contact being signed. • One issue remains which the Trust has sought clarification from the joint Mediators. This is worth almost £0.9m recurrently so the Executive has considered this important to pursue. An update will be provided to the Finance Committee and on the Board.
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 Board 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 is 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 Board 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 Q3 and Q4 the financial risk associated with a lack of full CIP plans will rise. **The Board is asked to note that a new CIP policy has been developed. A CIP forecast has been produced and corrective actions expected. All CIP actions will be subject to a full Quality Impact Analysis (QIA) process. The monthly reforecast exercise will continue to highlight any CIP shortfall in the report to the Board.** • 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 Board is asked to note that mitigation includes close working with NHSI in the short term to agree improvement actions. The Executive Group has agreed that a further programme will be added to the Trust TRP, this is currently being scoped. Short term control and reporting actions have commenced. An update on the recruitment and retention actions is provided in the HRDs report. All actions will be subject to a full QIA process. This work is required for our Regulators but is also required to mitigate our trend increase in Agency pay costs.** • 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 Board 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 Board 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 autumn/winter 2016.** • Trust infrastructure and estate remains a risk due to age and condition. **The Board 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 ☒ x

Finance Report - APPENDICES

Month 9

2016/17

Best of care
Best of people

Medway NHS
NHS Foundation Trust

Finance Report for December 2016

1. Executive Summary

1a. Executive Summary (December 2016)

Key Messages	Report Reference
Activity and Income Summary A&E attendances continue with high volumes month on month, seeing a 23% increase compared to December 2015 making it the second highest month (after July) of A&E attendances in the current financial year so far. The YTD comparison between 16/17 and 15/16 is 13% up on 15/16. The majority of the increase in month 9 was seen in the less complex HRGS especially among patients requiring no investigation or significant treatment. A contract performance letter has been issued to the CCG in relation to the high level of A&E. Elective day cases are over in month by 194 spells (1344 spells over YTD) while inpatients are under in month by 120 spells (79 spells YTD). Within Daycases, Colorectal Surgery is over by 55 spells in month & 1186 spells YTD and Medical Oncology is over by 78 spells in month & 252 YTD; the two largest over performers. These are offset by underperformances in General Medicine (102 spells in month & 931 YTD), T&O (49 spells in month & 28 spells YTD) and ENT(41 spells in month and 204 spells YTD). Following a directive from NHSE, there was a pause on all EL activity from the 3rd week of month to accommodate the high level of emergency demand. In month 9, Elective activity was 182 spells lower than the month 8 level and 175 lower than the M1-8 YTD average. T&O remains the biggest under performer within the elective in-patients; 52 spells in month (169 spells YTD). DCs were 253 spells lower than the month level and 129 spells lower than the M1-8 YTD average. 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.	Page 17/18/19
Workforce Summary Workforce wte are below plan substantively (the plan has been rebased on run rate including vacancies) due to vacancies across clinical and corporate areas. The use of temporary staff continues however not all shifts are covered, from a safety perspective, number of breaches on the 1:8 ratio is now stable.	Page 20/21
Expenditure Summary Pay: lower than that of November mainly due to the inability to cover shifts via agency due to the holiday period. The agency improvement plan is in the process of being developed. Non Pay: Clinical supplies in month are below plan mainly due to CIP delivery and YTD is adverse to plan mainly due to external outsourcing to improve RTT performance and additional expenditure on supplies due to increased activity. Expenditure on drugs is favourable to plan in month mainly due to CIP delivery and reduced elective activity and favourable to plan YTD mainly due to high cost drugs reduced activity.	Page 9
Run Rate Analysis Overall: The clinical income and high cost drugs run rate reduces from the previous months reported position mainly relating to reduced elective and day case activity. Pay: The pay run rate reduced mainly due to agency expenditure. Substantive pay reduced mainly due to estimated one-off costs included for junior drs and consultants in the previous month. Non Pay: The non pay run rate is £7.4m a £0.4m reduction from month 8 mainly due to CIP delivery.	Page 16

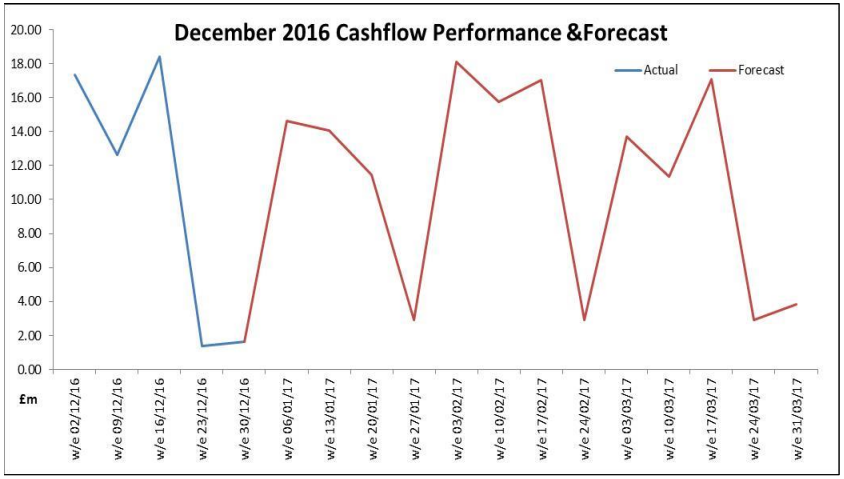
2. Liquidity

2a. Cash Flow

14 Week Forecast

	Actual				Forecast													
£m	w/e 02/12/16	w/e 09/12/16	w/e 16/12/16	w/e 23/12/16	w/e 30/12/16	w/e 06/01/17	w/e 13/01/17	w/e 20/01/17	w/e 27/01/17	w/e 03/02/17	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
BANK BALANCE BFWD	**1.19**	**17.36**	**12.62**	**18.43**	**1.39**	**1.64**	**14.64**	**14.04**	**11.43**	**2.92**	**18.11**	**15.77**	**17.04**	**2.92**	**13.71**	**11.34**	**17.06**	**2.92**
Receipts																		
NHS Contract Income	14.91	0.15	3.35	0.09	0.04	14.38	1.91	0.11	2.62	14.23	0.00	3.67	0.00	10.27	0.00	3.67	0.00	0.00
Other	0.30	0.28	0.81	0.48	0.37	0.93	2.03	0.34	0.25	2.72	0.65	0.34	0.25	2.72	0.65	0.34	0.25	0.25
Total receipts	**15.21**	**0.43**	**4.15**	**0.58**	**0.41**	**15.31**	**3.94**	**0.45**	**2.87**	**16.95**	**0.65**	**4.01**	**0.25**	**12.99**	**0.65**	**4.01**	**0.25**	**0.25**
Payments																		
Pay Expenditure (excl. Agency)	(0.07)	0.00	0.00	(13.83)	(0.01)	0.00	0.00	(5.77)	(7.82)	(0.03)	0.00	(2.22)	(11.37)	(0.03)	0.00	(2.22)	(11.37)	(0.03)
Non Pay Expenditure	0.21	(5.17)	(3.06)	(6.52)	1.63	(2.31)	(4.54)	(3.56)	(3.56)	(0.87)	(3.00)	(3.76)	(3.00)	(1.13)	(3.02)	(3.58)	(3.02)	(1.50)
Capital Expenditure	(0.65)	0.00	0.00	0.00	(1.77)	0.00	0.00	0.00	0.00	(2.20)	0.00	0.00	0.00	(1.96)	0.00	0.00	0.00	(1.51)
Total payments	**(0.51)**	**(5.17)**	**(3.06)**	**(20.35)**	**(0.15)**	**(2.31)**	**(4.54)**	**(9.33)**	**(11.38)**	**(3.10)**	**(3.00)**	**(5.98)**	**(14.37)**	**(3.12)**	**(3.02)**	**(5.80)**	**(14.39)**	**(3.05)**
Net Receipts / (Payments)	**14.70**	**(4.74)**	**1.09**	**(19.78)**	**0.26**	**13.00**	**(0.60)**	**(8.88)**	**(8.51)**	**13.85**	**(2.35)**	**(1.98)**	**(14.12)**	**9.87**	**(2.37)**	**(1.79)**	**(14.14)**	**(2.80)**
Funding Flows																		
FTFF/DOH - Revenue	0.00	0.00	4.61	0.00	0.00	0.00	0.00	6.27	0.00	0.00	0.00	3.25	0.00	0.00	0.00	6.65	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	0.85	0.00	0.00
STF Funding	1.47	0.00	0.11	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	2.94
PDC Capital	0.00	0.00	0.00	2.73	0.00	0.00	0.00	0.00	0.00	1.35	0.00	0.00	0.00	0.92	0.00	0.00	0.00	0.80
Loan Repayment/Interest payable	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	(0.02)
Dividend payable	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
Total Funding Flows	**1.47**	**0.00**	**4.71**	**2.73**	**0.00**	**0.00**	**0.00**	**6.27**	**0.00**	**1.35**	**0.00**	**3.25**	**0.00**	**0.92**	**0.00**	**7.50**	**0.00**	**3.72**
BANK BALANCE CFWD	**17.36**	**12.62**	**18.43**	**1.39**	**1.64**	**14.64**	**14.04**	**11.43**	**2.92**	**18.11**	**15.77**	**17.04**	**2.92**	**13.71**	**11.34**	**17.06**	**2.92**	**3.84**

Fig1. Cashflow Forecast



Commentary

This graph shows the actual cash profile for the Trust for December 2016; it also illustrates the Trust's forecasted cash profile up to the 31st March 2017. The Trust commenced December with £1.62m and ended the month with £1.67m. This balance complies with the minimum liquidity tramline required by DH (£1.4m).

The Trust does not have a Revenue Loan facility in place for 2016/17 to cover the anticipated deficit; however the mitigation for this is included within the Finance Risk Register (see extract below).

Finance Risk Register - the 16/17 Operational plan clearly outlines revenue funding requirements. Discussions are on-going with the DH to confirm the final requirement. Business cases for key capital investments have been prepared with NHSI and DH prior to approval of Board. The funding source will be secured prior to plans being finalised. Clarity of requirement for external funding has been signalled in the Operating Plan.

In December 2016 the Trust had no funds available to draw from the £21.3m Working Capital Facility (WCF). Therefore the Trust applied for a further uncommitted Loan Facility from the DH and PDC funding.

The Trust applied for and received an uncommitted loan from the DH of £4.61m, together with the PDC drawdown of £2.73m. It also utilised the £1.47m STP funding that was received late November and combined these receipts to support the Trust's cash requirement for December 2016.

NHSI current guidance is that the Trust will need to apply for a subsequent Uncommitted Loan Facility on a monthly basis to support its cash requirements. The Trust has applied for a £6.3m Uncommitted Loan Facility to support the cash requirement for January 2017.

It is anticipated that the Trust will also have access to the remaining £4.8m of Sustainability and Transformation Funding, however as the timings and profile of this receipt are currently uncertain and undetermined they are excluded from this forecast.

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 V3 of the plan
8 – 2	Agency nursing procured through approved frameworks and within maximum cap	Immediately	All agencies routinely used are compliant with frameworks. Following introduction of 1st April price cap compliance is stable but plans are being developed to put on a downward, improving trajectory.			The 1st April price cap resulted in an increase in the trajectory which needs to be managed
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 pre-approval.
8 – 4	Implementation of controls over VSMs and off-payroll workers	Immediately	In progress			Market Forces and compliance through Remuneration Committee
8 – 5	Review / benchmarking of Estates and Facilities costs	31st May 2016	Behind schedule.			Director of Facilities & Estates appointed and timing to be confirmed of benchmarking exercise
8 – 6	Produce an Estates strategy	Summer 2016	In progress			Estates strategy 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.			In relation to transactional services, SBS have now been engaged to undertake a review of processes and will be at the Trust during November 2016
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			

3. Financial Performance

3a. Consolidated Income & Expenditure

Consolidated I&E (December 2016)

	Current Month			Year to Date			Forecast	Annual	Variance
	Actual	*Plan*	*Variance*	*Actual*	*Plan*	*Variance*	*Actual*	*Plan*	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Revenue									
Clinical income	19,083	19,119	-36	176,693	174,204	2,489	235,652	230,924	4,728
High Cost Drugs	1,450	1,679	-229	15,542	15,489	53	20,617	20,785	-168
Other Operating Income	2,085	2,000	85	18,127	17,933	194	23,947	23,927	20
Total Revenue	**22,618**	**22,798**	**-180**	**210,362**	**207,626**	**2,736**	**280,216**	**275,636**	**4,580**
Expenditure									
Substantive	-13,566	-15,694	2,129	-122,799	-140,887	18,089	-164,082	-187,995	23,913
Bank	-846	-191	-655	-6,009	-2,748	-3,261	-7,779	-3,252	-4,527
Agency	-3,494	-1,288	-2,206	-29,154	-12,983	-16,171	-38,510	-17,061	-21,449
Total Pay	**-17,906**	**-17,174**	**-732**	**-157,961**	**-156,618**	**-1,343**	**-210,371**	**-208,308**	**-2,063**
Clinical supplies	-2,757	-2,857	100	-28,161	-26,146	-2,015	-37,466	-34,706	-2,760
Drugs	-1,687	-2,391	704	-22,512	-22,553	41	-29,577	-29,891	313
Consultancy	-35	-2	-33	-317	-893	576	-516	-939	423
Other non pay	-2,959	-2,745	-214	-24,580	-24,416	-164	-33,816	-32,611	-1,205
Total Non Pay	**-7,438**	**-7,995**	**558**	**-75,570**	**-74,008**	**-1,562**	**-101,375**	**-98,146**	**-3,229**
Total Expenditure	**-25,343**	**-25,169**	**-174**	**-233,531**	**-230,626**	**-2,905**	**-311,747**	**-306,454**	**-5,293**
EBITDA	**-2,725**	**-2,371**	**-354**	**-23,169**	**-23,000**	**-169**	**-31,531**	**-30,818**	**-713**
	-12%	*-10%*	*197%*	*-11%*	*-11%*	*-6%*	*-11%*	*-11%*	*-16%*
Post EBITDA									
Depreciation	-792	-813	21	-7,297	-7,292	-5	-9,693	-9,693	0
Interest	-192	-188	-4	-1,343	-1,422	80	-2,021	-2,021	0
Dividend	-119	-109	-10	-1,051	-980	-71	-1,307	-1,307	0
Profit on sale of asset	0	0	0	85	0	85	85	0	85
	-1,103	**-1,110**	**7**	**-9,605**	**-9,694**	89	**-12,936**	**-13,021**	**85**
Net (Surplus) / Deficit	**-3,828**	**-3,481**	**-347**	**-32,774**	**-32,694**	**-80**	**-44,467**	**-43,839**	**-628**
Adjustments (donations/asset disposal)	*22*	*13*	*9*	*-187*	*116*	*-303*	*-170*	*153*	*-323*
Net (Deficit) Adjusted	***-3,806***	***-3,468***	***-338***	***-32,961***	***-32,578***	***-383***	***-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 £3.8m deficit in month 9, adverse to plan by £0.3m. As at month 9 the Trust's annual forecast deficit for the year is £44.6m a deterioration of £0.9m from the previous month mainly due to reduced elective income offset by additional STF funding of £1m. This revised forecast 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 risks. Worse case FOT assuming STF is not received, arbitration and contract challenges not successful is £4.9m adverse to plan. Best case FOT is £1.8m favourable to plan assuming an improved position is achieved on elective income, CIP delivery and recruitment takes place reducing agency expenditure.

Clinical Income

A&E attendances continue with high volumes month on month, seeing a 23% increase compared to December 2015 making it the second highest month (after July) of A&E attendances in the current financial year so far. The YTD comparison between 16/17 and 15/16 is 13% up on 15/16. The majority of the increase in month 9 was seen in the less complex HRGS especially among patients requiring no investigation or significant treatment. A contract performance letter has been issued to the CCG in relation to the high level of A&E activity.

Following a directive from NHSE, there was a pause on all EL & DC activity from the 3rd week of the month to accommodate the high level of emergency demand. In month 9, Elective activity was 182 spells lower than the month 8 level and 175 lower than the M1-8 YTD average. DCs were 253 spells lower than the previous month and 129 spells lower than the M1-8 YTD average.

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.

Other Operating Income

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

Pay

Pay expenditure is £0.7m adverse to plan in month and YTD adverse by £1.3m mainly due to CIP non delivery and premium agency costs. Agency expenditure is £0.3m/ 7% lower than that of November mainly due to the inability to cover shifts via agency due to the holiday period. The agency improvement plan is in the process of being developed.

Non Pay

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

Directorate Reports

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

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 income during December. The revised FOT assumes further losses in income. Directorates have been requested to provide recovery plans 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. The Trust is currently not meeting the agreed A&E, RTT and Cancer improvement trajectory but as per the STF guidance the growth has been raised with the CCG and an appeal sent to NHSi for Q1 and Q2.

The clinical income contract with the main Commissioners is yet to be finalised. Arbitration papers have been submitted to NHSi and the Trust awaits the outcome.

3b. Run Rate Analysis - Financial

Anaylsis of 15 monthly performance - Financials

	Oct-15	Nov-15	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
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Revenue															
Clinical income	17.1	17.3	16.7	16.8	16.9	21.9	17.6	17.6	22.8	19.9	18.6	20.0	20.6	20.2	19.1
High Cost Drugs	1.7	1.6	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
Other Operating Income	2.0	2.0	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
Total Revenue	**20.8**	**20.8**	**20.3**	**20.4**	**20.9**	**25.6**	**21.4**	**21.4**	**26.8**	**23.8**	**22.2**	**24.2**	**24.4**	**23.6**	**22.6**
Expenditure															
Substantive	-12.8	-12.9	-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
Bank	-0.6	-0.6	-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
Agency	-3.0	-2.4	-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
Total Pay	**-16.4**	**-15.8**	**-17.0**	**-16.3**	**-16.7**	**-16.3**	**-16.8**	**-16.8**	**-17.8**	**-17.2**	**-17.5**	**-17.8**	**-17.6**	**-18.6**	**-17.9**
Clinical supplies	-2.8	-2.9	-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
Drugs	-2.5	-2.4	-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
Consultancy	-0.1	-0.1	-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
Other non pay	-2.9	-2.5	-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
Total Non Pay	**-8.4**	**-7.9**	**-8.3**	**-8.1**	**-8.5**	**-9.1**	**-8.8**	**-8.8**	**-8.9**	**-8.5**	**-8.6**	**-8.5**	**-8.2**	**-7.8**	**-7.4**
Total Expenditure	**-24.8**	**-23.7**	**-25.3**	**-24.5**	**-25.2**	**-25.5**	**-25.6**	**-25.6**	**-26.7**	**-25.7**	**-26.1**	**-26.3**	**-25.8**	**-26.4**	**-25.3**
EBITDA	**-4.0**	**-2.9**	**-5.0**	**-4.0**	**-4.3**	**0.1**	**-4.3**	**-4.2**	**0.1**	**-2.0**	**-3.9**	**-2.1**	**-1.3**	**-2.8**	**-2.7**
Post EBITDA															
Depreciation	-0.9	-0.9	-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
Interest	-0.1	-0.2	-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
Dividend	-0.3	-0.3	-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
Fixed Asset Impairment	0.0	0.0	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
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	0.0	0.0	0.1	0.0	0.0
	-1.3	**-1.3**	**-1.3**	**-1.3**	**-1.3**	**0.0**	**-1.0**	**-1.0**	**-1.0**	**-1.1**	**-1.1**	**-1.1**	**-1.0**	**-1.2**	**-1.1**
Net Surplus / (Deficit)	**-5.3**	**-4.2**	**-6.3**	**-5.3**	**-5.6**	**0.1**	**-5.3**	**-5.3**	**-0.9**	**-3.1**	**-5.0**	**-3.1**	**-2.4**	**-3.9**	**-3.8**
Revaluation Gain	0.0	0.0	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
Net Surplus / (Deficit)	**-5.3**	**-4.2**	**-6.3**	**-5.3**	**-5.6**	**0.4**	**-5.3**	**-5.3**	**-0.9**	**-3.1**	**-5.0**	**-3.1**	**-2.4**	**-3.9**	**-3.8**

3c. Clinical Activity

Clinical Activity by Point of Delivery (December 2016)

	Current Month			Prior Year In Month	Year to Date			Prior Year YTD
	Actual	*Plan*	*Variance*	*Actual*	*Actual*	*Plan*	*Variance*	*Actual*
PBR								
Elective Day Case	1,816	1,622	194	1,535	17,375	16,031	1,344	14,708
Elective Inpatient	450	570	-120	557	5,453	5,532	-79	5,262
Non Elective Inpatient	3,851	4,287	-436	4,226	35,666	35,224	442	34,548
Excess Bed Days	1,614	2,288	-674	2,288	13,669	19,032	-5,363	18,861
Outpatients	27,702	25,715	1,987	26,006	266,531	254,929	11,602	244,740
A&E (includes MEDOC)	9,900	8,385	1,515	8,158	86,735	78,837	7,898	77,775
Maternity Pathway	806	879	-73	878	8,060	8,078	-18	8,059
Direct Access Radiology	1,706	3,195	-1,489	1,221	15,208	38,191	-22,983	15,264
Adult Critical Care	766	933	-167	933	7,262	7,545	-283	7,545
Chemotherapy	552	777	-225	777	7,543	7,278	265	7,278
Total PBR	**49,164**	**48,651**	**512**	**46,579**	**463,502**	**470,677**	**-7,176**	**434,040**
Non PBR								
Direct Access	187,610	172,613	3,246	87,692	1,864,419	1,649,346	143,871	841,682
Paediatric & Neonatal Critical Care	938	939	-100	931	8,832	8,630	21	8,354
Excluded Devices	96	93	45	103	865	653	176	730
Other cost per case	2,192	3,272	-1,149	5,688	22,090	27,090	-2,464	54,408
Total Non PBR	**190,836**	**176,917**	**2,043**	**94,414**	**1,896,206**	**1,685,719**	**141,605**	**905,174**

Commentary

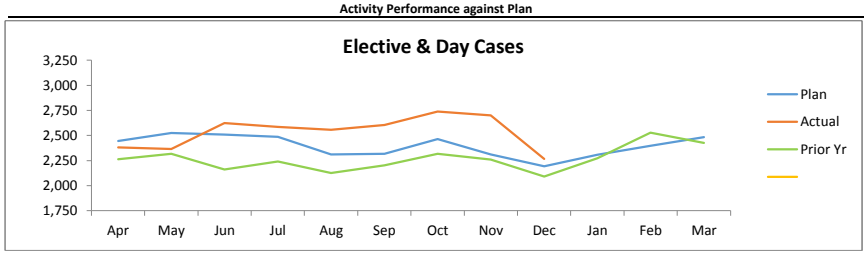
A&E attendances continue with high volumes month on month, seeing a 23% increase compared to December 2015 making it the second highest month (after July) of A&E attendances in the current financial year so far. The YTD comparison between 16/17 and 15/16 is 13% up on 15/16. The majority of the increase in month 9 was seen in the less complex HRGS especially among patients requiring no investigation or significant treatment. A contract performance letter has been issued to the CCG in relation to the high level of A&E.

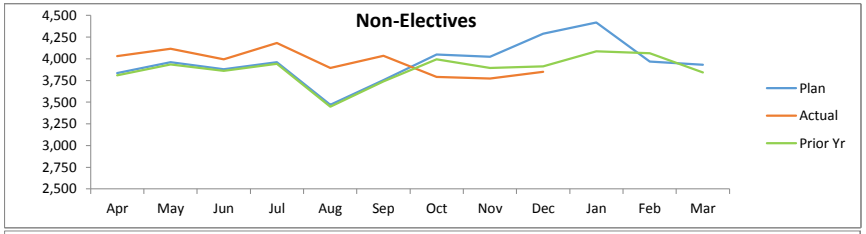
Elective day cases are over in month by 194 spells (1344 spells over YTD) while inpatients are under in month by 120 spells (79 spells YTD). Within Daycases, Colorectal Surgery is over by 55 spells in month & 1186 spells YTD and Medical Oncology is over by 78 spells in month & 252 YTD; the two largest over performers. These are offset by underperformances in General Medicine (102 spells in month & 931 YTD), T&O (49 spells in month & 28 spells YTD) and ENT(41 spells in month and 204 spells YTD).

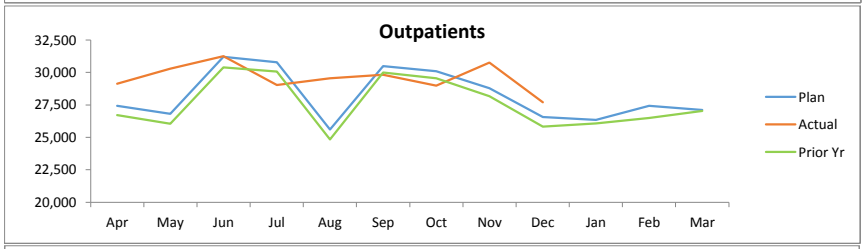
Following a directive from NHSE, there was a pause on all EL, DC & OP activity from the 3rd week of month to accommodate the high level of emergency demand. In month 9, Elective activity was 182 spells lower than the month 8 level and 175 lower than the M1-8 YTD average. T&O remains the biggest under performers within the elective in-patients 52 spells in month (169 spells YTD). DCs were 253 spells lower than the month 8 level and 129 spells lower than the M1-8 YTD average, while OP were 3051 and 2151 patients lower than the month 8 level and months 1-8 YTD average respectively.

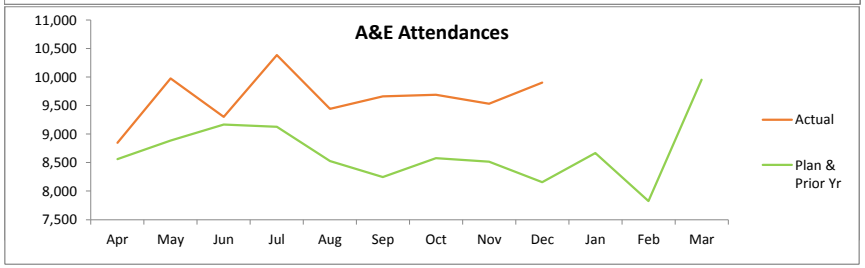
Excess bed days have continued to under perform against plan due to the impact of the medical model and the reduction of length of stay within the emergency Pathway.

Activity Performance against Plan









3d. Clinical Income

Clinical Income by Point of Delivery (December 2016)

	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	1.37	1.24	0.13	1.14	13.17	12.34	0.83	10.96
Elective Inpatient	1.10	1.57	-0.47	1.51	14.27	15.04	-0.77	13.67
Non Elective Inpatient	6.93	6.63	0.30	6.51	59.26	58.16	1.10	56.93
Emergency Readmissions	-0.19	-0.19	0.00	-0.29	-1.74	-1.74	0.00	-2.02
Emergency Marginal rate	-0.28	-0.27	-0.01	-0.36	-2.38	-2.39	0.01	-2.46
Excess Bed Days	0.37	0.55	-0.18	0.54	3.17	4.57	-1.40	4.47
Outpatients	3.34	3.32	0.02	3.28	32.77	32.20	0.57	30.50
A&E	0.97	0.80	0.17	0.77	8.77	7.63	1.14	7.43
Maternity Pathway	0.85	0.88	-0.03	0.90	8.24	8.03	0.21	8.14
Direct Access Radiology	0.15	0.13	0.02	0.09	1.34	1.58	-0.24	1.11
Adult Critical Care	0.76	0.97	-0.21	0.96	7.44	7.76	-0.32	7.68
Chemotherapy	0.08	0.11	-0.03	0.11	1.10	1.02	0.08	1.01
Total PBR	**15.45**	**15.74**	**-0.29**	**15.16**	**145.41**	**144.20**	**1.21**	**137.42**
Non PBR								
High Cost Drugs	1.45	1.68	-0.23	2.02	15.54	15.49	0.05	14.41
Direct Access	0.51	0.44	0.07	0.49	4.77	4.42	0.35	4.79
Paediatric & Neonatal Critical Care	0.58	0.83	-0.25	0.68	7.05	6.89	0.16	5.96
Excluded Devices	0.18	0.17	0.01	0.17	1.67	1.71	-0.04	1.64
Other cost per case	0.24	0.29	-0.05	0.28	2.38	2.65	-0.27	2.65
Block contracts	0.78	0.71	0.07	0.78	7.01	6.61	0.40	7.06
Outpatient efficiencies	0.00	-0.23	0.23	-0.25	-1.21	-2.05	0.84	-1.76
Total Non PBR	**3.74**	**3.89**	**-0.15**	**4.17**	**37.21**	**35.72**	**1.49**	**34.75**
CQUIN	0.21	0.36	-0.15	0.29	2.82	3.33	-0.51	2.62
Contract Penalties	0.00	0.00	0.00	-0.27	0.00	0.00	0.00	-3.26
Other Income Adjustments	0.21	0.06	0.16	0.00	0.00	0.34	-0.34	0.00
Sustainability & transformation Funding	0.70	0.70	0.00	0.00	6.30	6.30	0.00	0.00
Other Non-Contracted Income	0.06	0.05	0.01	0.00	0.45	0.47	-0.02	0.00
Provision	0.00	-0.08	0.08	-0.03	-1.02	-1.10	0.08	-0.16
Prior Month Adjustments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Others (RTA & Overseas)	0.16	0.08	0.08	0.00	1.07	0.57	0.50	0.00
Total	**20.53**	**20.80**	**-0.26**	**19.32**	**192.24**	**189.83**	**2.41**	**171.37**

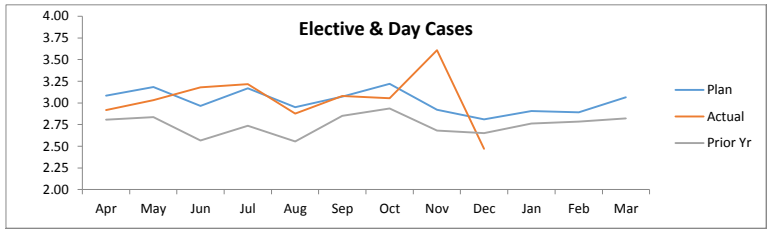
Commentary

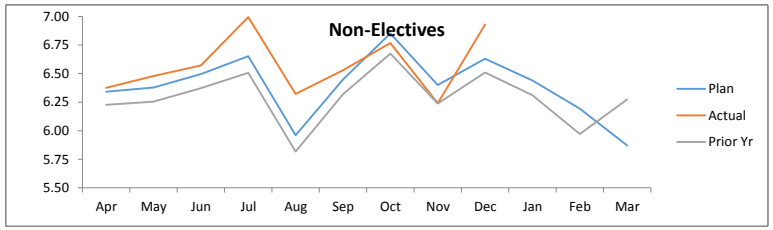
Non elective income is under plan in month but remains over plan YTD due to the rise in attendances in A&E (£0.2m plan in month vs £1.1m over plan YTD) even though the conversion rates from A&E have reduced from last year's level of 25.5% in December 2015 to 19.7% in December 2016). The Trust recorded a less acute casemix of A&E attendances in the month resulting in a less proportionate increase in A&E income. We are continuing to see a reduction in excess bed days (YTD 29% decrease between Dec 2015 and Dec 2016) as a result of the reduction in average LOS for non elective patients due to the impact of the medical model. Elective inpatients are £0.47m adverse to plan in month (£0.77m adverse YTD) as a result of the pause on all Elective activity due to emergency demand pressures on the instruction of NHS England.

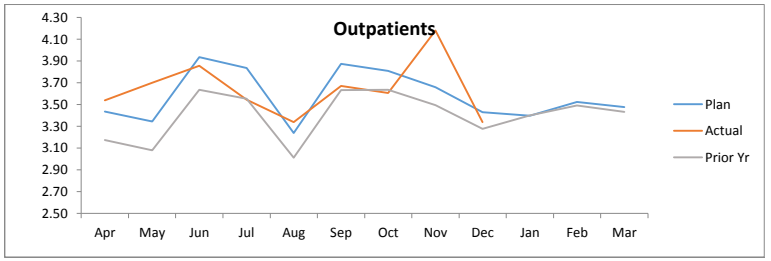
The contract with the main commissioners remains pending agreement and arbitration papers have been submitted to NHSi and the Trust is awaiting the outcome.

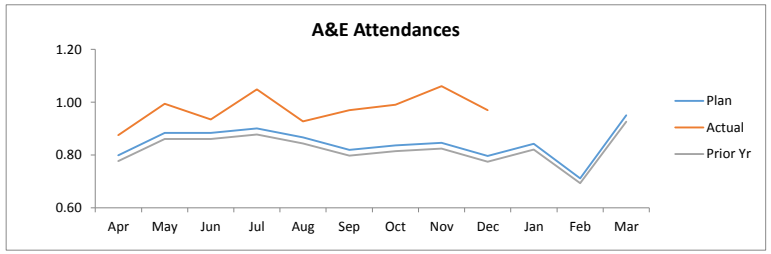
Contract penalties have not been applied in line with the Trust's acceptance and sign up to the Sustainability & Transformation Fund, however future period Sustainability & Transformation funding will be contingent upon achievement of the agreed performance trajectories. There are currently risks on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

Income Performance against Plan









3e. 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	180	216	-36	2.34	2.70	-0.36	2.29	21.33	23.92	-2.59	20.56
	Junior Medical	327	371	-44	1.95	2.21	-0.26	1.79	17.44	19.01	-1.57	15.43
	Nurses & Midwives	1098	1487	-390	3.89	5.02	-1.13	3.71	35.36	44.95	-9.59	34.03
	Scientific, Therapeutic & Technical	450	505	-55	1.40	1.54	-0.14	1.38	12.44	13.58	-1.14	11.99
	Healthcare Assts, etc.	463	546	-83	0.94	1.09	-0.15	0.92	8.62	9.83	-1.21	8.46
	Executives	6	9	-3	2.08	2.44	-0.36	1.77	18.18	21.51	-3.33	16.27
	Chair & NEDs	6	7	-1	0.00	0.01	-0.01	0.01	0.10	0.12	-0.02	0.10
	Admin & Clerical	809	959	-151	0.12	0.14	-0.02	0.13	1.08	1.22	-0.14	1.21
	Other Non Clinical	434	491	-57	0.85	0.85	0.00	0.83	8.25	7.68	0.57	7.54
	Pay Reserves	0	0	0	0.00	-0.30	0.30	0.00	0.00	-0.93	0.93	0.01
	Substantive Total	**3772**	**4591**	**-819**	**13.57**	**15.69**	**-2.13**	**12.80**	**122.80**	**140.89**	**-18.09**	**115.59**
Agency	Consultants	18	0	18	0.37	0.09	0.28	0.24	2.96	0.87	2.1	1.79
	Junior Medical	70	0	70	0.72	0.45	0.27	0.84	5.41	3.97	1.4	6.32
	Nurses & Midwives	290	0	290	1.43	0.37	1.06	1.66	11.93	4.27	7.7	10.55
	Scientific, Therapeutic & Technical	63	0	63	0.25	0.08	0.17	0.36	2.34	0.92	1.4	3.22
	Healthcare Assts, etc.	45	0	45	0.13	0.00	0.13	0.05	0.98	0.00	1.0	0.32
	Admin & Clerical	57	16	41	0.50	0.27	0.23	0.34	4.45	2.69	1.8	2.77
	Other Non Clinical	45	0	45	0.09	0.03	0.07	0.14	1.08	0.26	0.8	1.25
	Agency Total	**588**	**16**	**572**	**3.49**	**1.29**	**2.21**	**3.63**	**29.15**	**12.98**	**16.17**	**26.22**
Bank	Nurses & Midwives	57	0	57	0.31	0.12	0.19	0.16	1.96	1.11	0.9	1.70
	Scientific, Therapeutic & Technical	21	0	21	0.07	0.01	0.06	0.04	0.50	0.07	0.4	0.35
	Healthcare Assts, etc.	127	0	127	0.27	0.05	0.22	0.25	2.33	0.48	1.9	2.09
	Admin & Clerical	59	1	58	0.11	-0.03	0.14	0.12	0.88	0.76	0.1	0.98
	Other Non Clinical	40	15	25	0.09	0.04	0.05	0.03	0.33	0.33	0.0	0.26
	Bank Total	**304**	**16**	**288**	**0.85**	**0.20**	**0.65**	**0.58**	**6.01**	**2.75**	**3.26**	**5.38**
	Workforce Total	**4664**	**4623**	**41**	**17.91**	**17.17**	**0.73**	**17.01**	**157.96**	**156.62**	**1.34**	**147.19**

	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	198	216	-18	2.71	2.79	-0.08	2.53	24.29	24.79	-0.50	22.35
Junior Medical	397	371	26	2.67	2.66	0.01	2.63	22.85	22.98	-0.13	21.75
Nurses & Midwives	1,444	1,487	-43	5.63	5.51	0.12	5.53	49.25	50.33	-1.08	46.28
Scientific, Therapeutic & Technical	534	505	29	1.72	1.63	0.09	1.77	15.28	14.57	0.71	15.56
Healthcare Assts, etc.	635	546	89	1.34	1.14	0.20	1.21	11.93	10.31	1.62	10.87
Executives	6	9	-3	2.08	2.44	-0.36	1.77	18.18	21.51	-3.33	16.27
Chair & NEDs	6	7	-1	0.00	0.01	-0.01	0.01	0.10	0.12	-0.02	0.10
Admin & Clerical	925	976	-52	0.73	0.39	0.35	0.59	6.41	4.67	1.74	4.96
Other Non Clinical	519	506	13	1.03	0.92	0.12	1.00	9.66	8.27	1.39	9.05
Pay Reserves	0	0	0	0.00	-0.30	0.30	0.00	0.00	-0.93	0.93	0.01
Workforce Total	**4,664**	**4,623**	**41**	**17.91**	**17.18**	**0.73**	**17.01**	**157.96**	**156.62**	**1.34**	**147.19**

Commentary:

Pay expenditure is overspent compared to plan in month by £0.73m mainly due to CIP and premium agency costs. Increases on prior year in month expenditure are mainly due to increments, inflationary and national insurance increases of 3.3%.

Agency expenditure is £0.3m lower in month mainly due to the inability to cover shifts via agency due to the holiday period. The agency improvement plan is in the process of being developed.

Establishments have been set based on a run rate basis including vacancies and agreed opening budgets with Directorates. Further in year reviews are planned in all three clinical directorates to confirm required staffing levels following the demand and capacity analysis.

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.

3f. Run Rate Analysis - WTE / £

Anaylsis of 15 monthly performance - WTE

		Oct-15	Nov-15	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
		WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Substantive	Consultants	181	182	180	180	178	179	178	181	179	177	179	179	180	181	180
	Junior Medical	317	325	322	319	324	326	321	311	322	307	335	334	328	329	327
	Nurses & Midwives	1,075	1,088	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
	Scientific, Therapeutic & Technical	452	450	453	450	448	453	464	466	460	452	451	456	442	446	450
	Healthcare Assts, etc	468	465	472	465	466	477	471	465	457	461	450	457	458	459	463
	Executives	6	5	4	4	5	6	7	7	7	7	7	8	8	10	6
	Chair & NEDs	6	6	7	7	7	7	7	7	7	7	7	7	6	6	6
	Admin & Clerical	756	754	750	750	768	779	794	800	801	802	801	809	808	809	809
	Other Non Clinical	427	419	425	417	422	420	443	435	451	467	464	458	464	458	434
	Substantive Total	**3,689**	**3,694**	**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**
Agency	Consultants	13	11	10	8	11	14	10	13	14	16	19	25	20	18	18
	Junior Medical	53	64	54	59	51	59	50	52	51	54	59	65	68	61	70
	Nurses & Midwives	214	100	271	200	245	159	168	224	330	201	254	340	324	364	290
	Scientific, Therapeutic & Technical	56	54	54	52	55	49	44	52	61	55	61	28	35	54	63
	Healthcare Assts, etc	16	6	17	10	8	42	- 9	31	46	26	44	63	49	57	45
	Admin & Clerical	45	27	41	32	39	52	40	41	61	58	30	22	22	57	57
	Other Non Clinical	41	41	-	48	53	73	57	45	36	35	35	35	44	45	45
	Agency Total	**438**	**303**	**447**	**409**	**462**	**448**	**360**	**458**	**598**	**444**	**502**	**578**	**562**	**656**	**588**
Bank	Nurses & Midwives	45	43	41	47	49	92	58	58	46	51	47	44	53	57	57
	Scientific, Therapeutic & Technical	10	11	9	10	10	10	4	4	28	27	18	17	18	20	21
	Healthcare Assts, etc	120	113	105	118	108	91	91	91	153	120	117	108	114	124	127
	Admin & Clerical	46	49	47	48	50	42	36	36	19	62	106	51	59	78	59
	Other Non Clinical	11	12	13	9	11	10	3	3	1	4	9	3	13	45	40
	Bank Total	**233**	**228**	**215**	**232**	**228**	**245**	**192**	**192**	**247**	**264**	**297**	**223**	**257**	**324**	**304**
	Workforce Total	**4,359**	**4,225**	**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**

Anaylsis of 15 monthly performance - £

		Oct-15	Nov-15	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
		£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Substantive	Consultants	2.27	2.29	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
	Junior Medical	1.74	1.79	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
	Nurses & Midwives	3.69	3.71	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
	Scientific, Therapeutic & Technical	1.36	1.38	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
	Healthcare Assts, etc	0.92	0.92	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
	Executives	1.81	1.77	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
	Chair & NEDs	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.02	-
	Admin & Clerical	0.14	0.13	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
	Other Non Clinical	0.83	0.83	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
	Substantive Total	**12.78**	**12.83**	**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**
Agency	Consultants	0.26	0.11	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
	Junior Medical	0.68	0.66	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
	Nurses & Midwives	1.23	0.88	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
	Scientific, Therapeutic & Technical	0.36	0.39	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
	Healthcare Assts, etc	0.04	0.03	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
	Admin & Clerical	0.31	0.20	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
	Other Non Clinical	0.14	0.13	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
	Agency Total	**3.02**	**2.39**	**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**
Bank	Nurses & Midwives	0.17	0.17	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
	Scientific, Therapeutic & Technical	0.04	0.04	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
	Healthcare Assts, etc	0.25	0.25	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
	Admin & Clerical	0.11	0.12	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
	Other Non Clinical	0.03	0.03	0.04	0.02	0.03	0.02	0.03	0.01	0.00	-	0.02	0.01	0.09	0.10	0.09
	Bank Total	**0.60**	**0.60**	**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**
	Workforce Total	**16.40**	**15.82**	**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**

4. Balance Sheet

4. Balance Sheet

	Last Month	Current Month		
	Actual	Actual	Plan	Variance
	£m	£m	£m	£m
Non current Assets				
Property, Plant and Equipment	169.7	170.2	178.6	-8.3
Non NHS trade receivables	0.5	0.6	0.5	0.1
Non current Assets Sub Total	**170.2**	**170.8**	**179.1**	**-8.3**
Current Assets				
Inventories	6.6	6.8	6.4	0.4
Trade receivables	34.8	38.7	23.9	14.8
Other receivables	2.2	2.0	-1.3	3.3
Other current assets	4.9	4.9	1.5	3.4
Cash at bank	2.6	1.7	1.7	0.0
Current Assets Sub Total	**51.0**	**54.0**	**32.1**	**21.9**
Current Liabilities				
Trade payables	-18.8	-19.5	-16.3	-3.2
Other payables	-28.7	-26.8	-18.1	-8.8
Borrowings	-1.0	-1.0	-1.2	0.2
Provisions	0.0	0.0	-0.1	0.0
Other liabilities	-17.0	-18.2	-5.9	-12.3
Sub Total Current Liabilities	**-65.5**	**-65.5**	**-41.5**	**-24.0**
Net Current Assets	**-14.4**	**-11.5**	**-9.4**	**-2.2**
Non Current Liabilities				
Borrowings	-111.5	-116.1	-123.3	7.2
Provisions	-0.9	-0.9	-0.9	0.0
Other liabilities	0.0	0.1	0.0	0.1
Sub Total Non Current Liabilities	**-112.4**	**-116.9**	**-124.1**	**7.2**
Net Assets Employed	**43.4**	**42.3**	**45.6**	**-3.2**
Taxpayers' and Others' Equity				
Public Dividend Capital	129.5	132.2	135.5	-3.2
Retained Earnings	-118.3	-122.2	-122.1	0.0
Revaluation Reserve	32.3	32.3	32.3	0.0
	43.4	**42.3**	**45.6**	**-3.2**

Commentary

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

5. Capital

5a.Capital

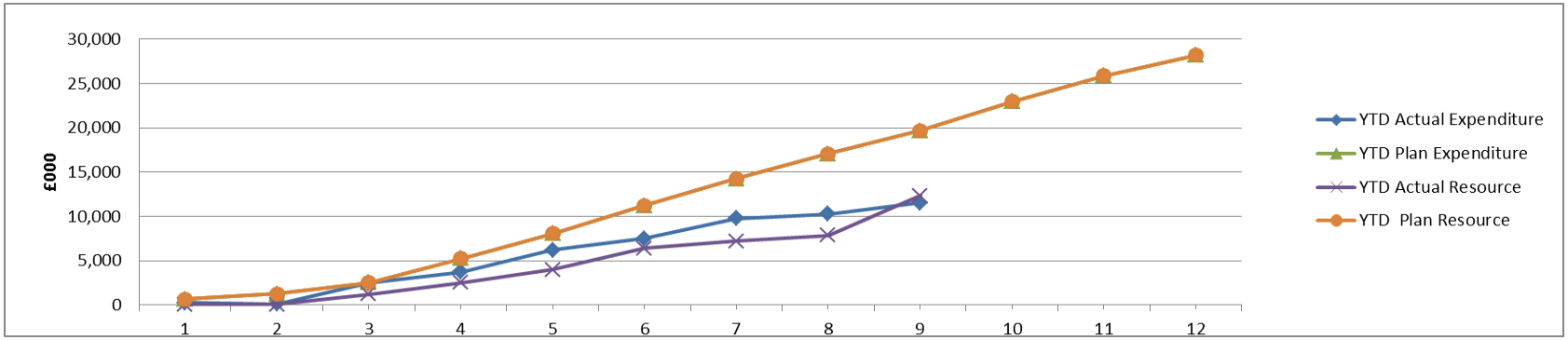
Capital Programme Summary

	Current Month			Year to Date			Annual
	Actual	Plan	Variance	Actual	Plan	Variance	Plan
	£m	£m	£m	£m	£m	£m	£m
Expenditure							
Recurrent Estates & Site Infrastructure	0.06	0.43	-0.37	3.17	3.85	-0.68	5.06
IM&T	0.09	0.78	-0.69	2.61	3.84	-1.24	5.90
Medical & Surgical Equipment	0.24	0.12	0.12	1.32	1.14	0.19	1.52
Specific Business Cases	0.44	0.46	-0.02	1.48	2.61	-1.12	3.88
Transform Projects (ED/AAU)	0.45	1.06	-0.61	2.98	8.27	-5.29	11.84
Total	**1.28**	**2.84**	**-1.56**	**11.56**	**19.71**	**-8.15**	**28.20**

Commentary

As at Month 9 the Capital programme shows a net undershoot against the original control total amounting to £8.15m. However it should be noted that this undershoot consists principally of projects that were due to be funded by external loans which have accordingly not yet been drawn. The Trust has therefore , for the period to date, efficiently matched funding with expenditure. The externally financed projects that are included within this overall slippage against the original plan are as follows:
- ED Refurbishment £5.29m. The project subsequently commenced in October 2016 with revised phasing.
- IT Projects £1.24m, principally the Telephony, EDM and infrastructure projects have been re-phased into 2017-18.
-Other business cases £1.12m. The 2nd CT scanner and the Medical HDU projects now planned to progress in 2017-18.

Capital Monthly Profile



CIP Delivery at Month 9

CIP's non Income	Value
Year to Date at Month 9	£8.2m
Recurrent at Month 9	£6.8m
Non-Recurrent at Month 9	£1.4m
Forecast to year end	**£10.6m**
Recurrent to year end	£9.0m
Non-recurrent to year end	£1.6m

Projects not delivered in Year: Closure of "Sapphire" £1.5m Histopathology contract overestimate £300k

Shortfall currently mitigated by release or reserves

CIP's 2017/18	
There are currently 127 pipeline ideas in the 2017/18 CIP file, these ideas are being progressed through the gateway of project initiation document, QIA and financial sign off. Target delivery for this is end of February.	

Medway NHS
NHS Foundation Trust

Report to the Board of Directors

Board Date : 2 February 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. Key points are : • Continued internal communications, with emphasis on priority messages • A focus on 'staying well in winter' communications, especially during period of extreme demand on services • A more proactive approach to internal and external engagement. .
Resource Implications	None
Risk and Assurance	NA
Legal Implications/Regulatory Requirements	NA
Recovery Plan Implication	The Communications Team's work is aligned with the recovery plan.
Quality Impact Assessment	NA
Recommendation	For noting by the Board
Purpose & Actions required by the Board :	Approval ☐ Assurance ☐ Discussion ☐ Noting ☒ x

COMMUNICATIONS REPORT: FEBRUARY 2017

EXECUTIVE SUMMARY

Now that we have a good range of communications channels in place, we are working towards a more planned, proactive approach to communications and engagement, both with our staff, and with external audiences.

It is essential that our communications are aligned with the strategic objectives and priorities of the Trust, and that we are building good relationships with our stakeholders. In what can seem a complex healthcare system, clarity of message is important, as is an understanding of how we can best reach our various audiences.

With this in mind, we use a range of methods to get our messages across including:

- Face to face
- Media relations
- Publications
- Social media
- Website and intranet
- Email.

We continually review our communications to ensure they are having impact.

ENGAGING COLLEAGUES

Since the beginning of the year we have been featuring a 'theme of the week' for staff messages. A key message is sent to staff mid-week, supported in our regular weekly email on Monday, and the Chief Executive's weekly message on Friday. This provides three opportunities to discuss the theme of the week. During January the messages have largely supported the 'perfect week' activity, aimed at improving hospital flow.

The team was involved in the promotion and branding of the successful Health and Wellbeing event that took place on 18 January. The aim of the event was to promote the opportunities available to staff to improve their health and wellbeing, including smoke-free support, slimming world, our in-house counselling service and even Shi Kon martial arts.

In the coming weeks we will be holding staff and senior manager briefings, and a 'back to the floor' day for members of the Executive Team.

MEDIA

In the run-up to Christmas, media coverage was largely positive, with several articles about our preparations for winter and how we respond to seasonal pressures, including a feature on the BBC Radio Kent breakfast show.

BBC South East also came to film staff and patients talking about how we tackle Delayed Transfers of Care through initiatives such as Home First. Matron Amanda Gibson was interviewed about the Medway approach.

On another day, Radio Kent interviewed Consultant Nurse Cliff Evans about the pressures cause by people drinking too much alcohol, and the knock-on effects for the hospital and emergency services.

In the period between Christmas and New Year, as the pressures on ED increased, we implemented a communications plan to raise awareness of how and where people could seek appropriate advice and treatment, including signposting to GPs, pharmacies, walk-in centres, the 111 service, and the Health Help Now app. We also asked our CCG colleagues to help us promote the messages through the press and social media, which they did.

We have continued to run these messages since the return from the holiday period, ensuring that our pressures are also seen the context of unprecedented demand across the healthcare system locally and nationally.

In the first week of January we also had coverage about a fire safety report produced by Kent Fire and Rescue Service for the Trust last summer which made a number of recommendations. The coverage focused on the concerns raised at the time, nonetheless, we were able to convey the progress that has been made since the report, emphasising the safety of the hospital.

Meanwhile, we continue to be proactive to raise awareness of initiatives that are making a difference to our patients, such as the Books for Babies programme on the Oliver Fisher Special Care Baby Unit that encourages parents to read to their premature babies, the 1,000th patient to be helped by our Home First initiative, and recognition for our Women's and Children's Directorate for their work to reduce tears in childbirth, leading to a better recovery and experience for women.

Finally, there has been press coverage of the start of consultation on the Medway Local Plan, which sets out a vision to reduce health inequalities, increase life expectancy and improve people's quality of life. The plan includes proposals to look at options for the redevelopment or relocation of the hospital. The Trust issued a joint statement with Medway Council and Medway CCG. The consultation on the Plan runs until 5 March.

DIGITAL COMMUNICATIONS AND SOCIAL MEDIA

Over the past 30 days we have engaged with 70,200 people on Twitter and 55,400 people on Facebook. We have gained 85 new followers on Twitter and 205 on our Facebook account, taking our total number of followers to 2,493 and 3,983 respectively. Key topics over the last month were Stay Well This Winter and the appropriate use of emergency services – particularly vital given the pressures being faced by the Emergency Department after Christmas.

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

COMMUNITY ENGAGEMENT

At the end of November we held a membership stand in the main entrance to the hospital, when Lead Governor Stella Dick accompanied by fellow Governor Renee Coussens, supported by the Communications Team, encouraged people to become members of the Trust. Another session is planned for February.

In December a Meet the Governors coffee morning was held at Sheppey Hospital when a number of good conversations took place with members of the public, and several signed up to become Members of the Trust. It was thought that there needed to be a review of the best times and days of the week to hold these sessions to maximise the opportunities to engage with people.

A members' event is planned for 7 February, focusing on developments in health informatics.

Meanwhile, as we continue to reach out into the community, we are working to produce a series of patient stories so that patient experience can be channelled to produce service improvements. This is currently in the planning stages.

And we are developing our networks locally to broaden the range of local people we are engaging with. Part of this involves hearing patient views on proposals for future service development, for example there will be an engagement event on 7 February as part of the ongoing review of vascular services in Kent and Medway.

POLITICAL ENGAGEMENT

Throughout December and January we have ensured our MPs and leading councillors are kept informed about our progress, and in particular about the pressures we are under and actions we are taking.

Rehman Chishti MP attended a briefing with Lesley Dwyer, and two members of the Kent Health Overview and Scrutiny Committee, the chair Cllr Mike Angell, and Sheppey representative Cllr Angela Harrison, visited the hospital for a meeting with Lesley and tour of certain areas.

We have also had visits from Department of Health representatives, including James Friend, who is an advisor to Jeremy Hunt. He met Lesley, Margaret Dalziel and others, and was shown how we are managing the current extreme demand.

Medway NHS
NHS Foundation Trust

Report to the Trust Board

Trust Board Date: 02/02/2017

Title of Report	Fire Safety
Presented by	Claire Lowe, Director of Estates and Facilities
Lead Director	Darren Cattell, Finance Director
Committees or Groups who have considered this report	Executive Group
Executive Summary	The purpose of this report is to update the Trust Board on the current fire safety Key points are : • Current Position • Actions Required • Structural Concerns
Resource Implications	None
Risk and Assurance	All risks are noted and are part of the Fire Action Plan
Legal Implications/Regulatory Requirements	Fire Regulatory Reform
Recovery Plan Implication	N/A
Quality Impact Assessment	N/A
Recommendation	N/A
Purpose & Actions required by the Board :	Approval ☐ Assurance ☐ Discussion ☒ Noting ☒

Medway NHS
NHS Foundation Trust

Board Report Fire Safety
7th January 2017

Author:	Bill Scott Interim Fire Adviser
Document Owner	Claire Lowe Director of Estates and Facilities / Fire Safety Manager

Best of care
Best of people

Board Report

Document History	
6th January 2017	Adverse commentary on BBC News regarding Fire Safety Standards at Medway Maritime NHS Trust

Consultation; None

1 Table of Contents

Board Report

1 Introduction

1.1 A copy of the KFRS peer to peer report was obtained by BBC South East News. A statement was issued by Darren Cattell and later that day an interview was carried out with Claire Lowe as the trust spokesperson. The comments extracted from the interview and put out on the early TV News did not portray the Trust in a positive manner because the emphasis was solely on where the Trust was in terms of fire safety and did not highlight the work which has been done to rectify the earlier situation.

2 Current Position

2.1 The current fire safety situation is focused on management of known risks regarding fire structure and emergency lighting with action plans in place to remove all known failings within the agreed time period accepted by the Fire Authority.

2.2 We are in a position of greater safety than at any time in the last 5 years, albeit that not all staff have received face to face training on local procedures and evacuation updates.

2.3 All risks are noted, and are part of the Fire Action Plan before the Board for January 2017, and which once endorsed by the Board will become the formal agreement with the Kent Fire Authority.

2.4 We have also removed the concerns over fire evacuation plans and standardised procedures for all areas; this is something which is in progress across the site and the staff training will be completed as agreed within the Fire Action Plan no later than the end of July 2017, new fire safety management personnel being in place to ensure that is achieved

2.5 Fire Drills are taking place, and more planned; these include patient areas and the high life risk locations; they are either practical in application or desktop exercises to test practice and procedures as well as decision making processes.

3 Actions Required

3.1 By the end of July 2017 we will have all staff trained face to face, reasonable fire evacuation plans in all areas, all high dependency locations plans having been tested and written up and added to location fire log books.

3.2 Fire drills will be ongoing for all areas over the next 24months, and procedures updated based upon the outcomes of those exercises; the higher life risk locations being the priority locations as agreed with the Fire Authority and which forms the backbone of the fire strategy of 2016.

3.3 Live fire training for all staff in high dependency patient locations will have commenced and will form part of the annual update of those staff as per the London fire reports, and the recommendations of the Royal Hospital Bath fire report, and to

reduce risks identified within the updated fire risk assessments of 2016, these having carried out in accordance with the RRO guidance, and based upon life risk not structural concerns

4 Structural concerns

4.1 It was suggested in the News reports that the Hospital building is unsafe, there are conflicting definitions involved in this process. We have areas that are non-compliant in terms of Building Regulations, and HTM standards, we are aware of those defects and failings and these have been discussed formally with the Fire Authority., where subsequently action plans have been put in place, work has commenced, some has been ongoing for nearly a year, the key difference is that now all work is prioritized according to the life risk value of those failings.

4.2 In the worst case scenario we can evacuate all locations individually in less than 15 minutes, that being the optimum target in any patient bed location, and based upon the structural weakness reducing protection from around 60minutes to potentially 45 minutes, the risk to life is very limited because staff are informed that until all problems are resolved they move through two areas to the place of safety, which in real terms offers around 90minutes of protection against the 60 minute advised in all legislation and guidance; we are therefore offering higher levels of protection / safety than with a perfect building because we know the risks and are managing them appropriately

The information in this report is based upon the reports already passed to Trust Board, the Fire Policies, Practices and Procedures regarding fire safety, and the Fire Action Plan discussed with Kent Fire Authority during period July – December 2016 and the audits of the CVQC during their formal audit of the Trust.

END OF REPORT
Bill Scott interim fire adviser

Fire Action Plan – November 2016 to 2022

1. EXECUTIVE SUMMARY

1.1. The Trust has been made aware of the issues around the fire safety precautions and has noted and agreed changes in the Fire Policy, Practices and Procedures. This Action Plan is to introduce the details of the long term requirements of fire safety to the Trust and what it means.

1.2. The next stage of actions required from the meeting held on the 18th October 2016 between the Trust and Kent Fire & Rescue Service is to put in place this Action Plan showing to the Fire Enforcing Authority how the Trust plans to best meet their obligations for fire safety compliance across the Trust in the most expedient and cost effective manner.

1.3. This Action Plan will remain in place for a period of up to 6 years as outlined below, and be subject to regular audit by the Kent Fire & Rescue Service which will be part of the formal agreement when put in place on their acceptance of the Trusts proposals outlined hereafter. The Trust will provide robust evidence of fire safety progression upon request that the plan is deemed as progressing at a reasonable level to mitigate all identified risks and failings. Should the Trust fail in its obligations held within this action plan the Trust understands the risk of enforcement action or improvement notices being imposed by the Fire Enforcing Authority.

1.4. The risks identified and periods indicated for rectification are based upon worst-case scenario; doing it this way enables the Trust where feasible to complete some tasks earlier than suggested.

1.5. The new Senior Fire Safety Adviser (Wayne Neville) who's role is to continue the management of this action plan on behalf of the Trust, and to liaise with the Fire Authority on a regular basis, advising them of any new hazards or issues that may arise, and working with them in minimising all identified risks and removing said failings. The Fire authority is aware of Wayne Neville commencing his role with the Trust and meetings are being arranged for formal introduction.

2. FIRE SAFETY TRAINING

2.1. The changes already carried out to the previous training regime will continue along the same lines, as they are deemed as appropriate to role and

responsibility, and define local actions necessary in any emergency that requires evacuation of patients in the safest and most appropriate manner

2.2. The new fire safety training officer Philip Williams, will be in post from the 23rd January 2017, and with Wayne Neville the Senior Fire Safety Advisor, they will further develop local action plans and work with staff in every location to ensure that by the end of July 2017 all evacuation plans will be in place and all staff will have received face to face training.

2.3. A regime of testing evacuation plans was commenced in the Trust in November 2016, and we are undertaking an exercise covering a fire scenario within Theatres / ITU, to see how much further the local plans need to be developed.

2.4. More evacuation exercises are planned for differing locations throughout the year and will increase in their intensity as more locations finalize their evacuation plans.

2.5. Live fire extinguisher training in line with the recommendations of the Five London Fires and Royal Hospital Bath reports has been costed, and a submission for funding for its provision by external contractors for 2017 is being processed; it is hoped that this will be able to be transferred to internal provision for 2018.

2.6. The advice from those reports specifically was to staff who have the confidence from having received practical training with extinguishers under controlled circumstances, can in high dependency areas negate any evacuation with a rapid intervention, and the confidence to do so only comes from that practical training; the Trust plan is to train as many staff as possible not just those from high dependency patient care areas, but catering, maintenance and fire wardens.

2.7. The interim fire officer has put together an e-learning package that matches those he has previously had accepted by the East Sussex and London Fire Authorities as appropriate to role and responsibility. This is currently being transferred into a suitable format to be added to the Trust intranet for access by all staff, this should be completed by February 2017

3. COMPARTMENTATION

3.1. The internal dividing fire walls, or compartmentation, as otherwise known when referring to the fire structure, are not fully in place throughout the main hospital building due to perforations made by contractors over a period of time which have been observed in assessments. It is not known what the full extent of these issues are; however; the new Senior Fire Safety Adviser will as part of his fire risk assessment role look at all risks including those of high level perforations, and will formulate a full report to the director of estates as part of that assessment process on a continuing basis throughout 2017. The Trust will then

have a more precise set of documentation providing information on the risks and works necessary. This will save on the long term costs of external contractors undertaking investigative work.

3.2. Contractors should then be assigned to commence rectification work which should be carried out by photographing each area before and after the work is completed. This provides the Trust and Fire Authority of compliance and the assurance necessary

4. EMERGENCY LIGHTING

4.1. The Buildings currently do not comply in most locations with the requirements of British Standard 5266 for provision of emergency lighting; this being a retrospective in enforcement and is something the Trust is aware of and has already commenced work. It is likely to be three years before full completion within all Trust premises, the legislation advising compliance, but flexible in its completion where such work is invasive in its undertaking.

4.2. To limit disruption, and depending on the program of works, the allocation of funding, and availability of contractors, it is possible to link some of the compartmentation work into the emergency lighting works; this will be assessed as works progress which will allow the time scales of works to be brought down.

5. FIRE ALARM SYSTEM

5.1. The Trust has an existing plan to improve the older Minerva system; however it was made aware on the 17th October 2016 that this system, which is still in use in a large part of the site, is no longer supported with components that become defective.

5.2. The fire risk assessments have identified that this older part of the system complies only with the original Red Book standards of pre-1991, where detection and means of providing warning are not compliant in installation with current HTM05-03ptB, or the Fire Safety Order requirements.

5.3. We have as a Trust endeavoured to find the simplest means of altering, adding to, and maintaining the Minerva system, and connecting that system to the newer parts of alarm installation within the main building during new and upgraded systems. The Trust has been advised that the Whole fire alarm system is to be upgraded. By changing from the current alarm system to a new design it will enable the system to be completely reprogrammed to minimize the Hospitals disruption during a fire alarm activation, to reduce the potential for unwarranted activations, and to provide simple and accessible information to enable staff at local level to make positive decisions for alarm activation management, further reducing disruption and speeding the process of system reinstatement.

5.4. Replacing the whole system may take up to 2 years once the design and installation methods are agreed and funding has been provided. It may prove possible to complete the new installation and testing without removing the old system thus ensuring an active and functional alarm system is in place throughout the installation process.

5.5. With a new system being installed the fire alarm system cause and affect programs can be upgraded to meet current and relevant standards and to better manage the movement of people around the Hospital building; this including lift controls and use.

6. EVACUATION LIFTS

6.1. The current issue around lifts is that they are not returning to ground level and are currently being accessible in an alarm zone location contrary to the requirement of HTM 05-03. 4.48 Part B, so as to prevent unauthorized persons from accessing the lifts, and entering a risk location without prior knowledge. To correct this requires the restructure of the cause and effect of the fire alarm system and something that is best re-programmed into a new installation rather than retrospectively into the old system; one that will be replaced.

6.2. Under current legislation it would be easier to change the lifts to “Evacuation Lifts” within the Red and Blue zone areas of the Hospital, where compliance with the Electrical Regulations 17th edition permits this. This is because of the structure of the premise, and the use of horizontal evacuation protocols which is acceptable to have additional lifts, all of the evacuation standard, and only the lift for access to the helipad as a firefighting lift.

6.3. The immediate response to enable lifts to be used now, was to issue keys to Security, which are held in the master key press, with copies to be carried by the Estates Response Team who respond to all fire alarm activations, so that existing lifts in adjacent and safe locations can be switched to cab control for the immediate evacuation of patients that would otherwise be at risk from moving them physically down stairs.

7. EQUALITY ACT 2010

7.1. The trust has for many years relied upon evacuation sheets / bed sheets for the transfer of patients vertically in an emergency; there has been a National acceptance by Fire Authorities on a risk basis since 2009 to use existing lifts even when not installed for evacuation purposes. The Trust has now adopted this stance and can, in agreement with estates management and the clinical site manager use lifts in adjacent zones for bed patient transfers between floors during an alarm situation. The controlled use for now, until evacuation lifts are in

place, is local management, this meaning a designated and trained person to control each lift in use. This is in place within the estates response staff.

7.2. The adopting of the recommendations of the Five London Fires report has now been reasonably met, specialist evacuation aides for Pembroke, Arethusa patients are expected to be delivered imminently, as are those for use by staff on the narrow stairways of Keats, Gundulph, Wakeley & Will Adams wards.

7.3. The use of differing evacuation aids is to enable staff to move patients down stairs without risk, to themselves as well as the patients, so the specialist equipment has to be effective, where in certain areas the bed sheets are not. Their use will require training specific to the location where they are in place. Location based fire training is the current standard and the new fire safety team will provide this training as part of the location based updates on an annual basis with records of training held.

7.4. The moving of Bariatric patients although presently not common in occurrence is quite often difficult and takes several members of staff to undertake the moves safely. The proposal for rapid evacuation of these patients from a place of risk to point of safety in an emergency was to look at, and test various pieces of equipment to enable minimal staff to move the patient in maximum safety.

7.5. We have reached that stage, and plan a final testing and trial of a Staminalift, a device that is battery powered. This moving equipment will fit 90% of the existing patterns of beds the Trust currently has in use, and will in an emergency allow one trained person to move a 600kg load of bed and patient, on their own, without risk in that process to either a staff member or patient.

7.6. Quotations have been sought and a business case for their purchase will be put in place, the cost advantage of this is that having purchased the equipment it would not remain idle just for emergency use, it could also be part of many improvements in management of patient moves and even heavy moves of other wheeled trolleys or cages thus limiting other potential health and safety & manual handling risks in such processes.

Report End

HW (Bill) Scott

Fire Safety Adviser

18th January 2017

Medway NHS
NHS Foundation Trust

Report to the Board of Directors

Board Date: 02nd February 2017

<table>
<tr><td>Title of Report</td><td>Monthly Operations Report</td></tr>
<tr><td>Reporting Officer</td><td></td></tr>
<tr><td>Lead Director</td><td>Margaret Dalziel, Ben Stevens, James Lowell</td></tr>
<tr><td>Responsible Sub-Committee</td><td>Performance Review and Assurance
Access Board
ED Improvement Group</td></tr>
<tr><td>Executive Summary</td><td>To provide the Board with an update on performance in the following areas:
<table>
<tr><th>Access target</th><th>Current month (%)</th><th>Target compliance (%)</th></tr>
<tr><td>RTT</td><td>77 ↓</td><td>85.4
(national 92)</td></tr>
<tr><td>Diagnostics</td><td>89.92 ↓</td><td>99</td></tr>
<tr><td>ED performance
(Novembers data)</td><td>73.61 ↑</td><td></td></tr>
<tr><td>Cancer performance (Novembers data)</td><td></td><td></td></tr>
<tr><td>2 week wait</td><td>91.15</td><td>93</td></tr>
<tr><td>2 week wait
Breast symptomatic</td><td></td><td></td></tr>
<tr><td>62 day referral</td><td></td><td></td></tr>
<tr><td>62 day Screening</td><td></td><td></td></tr>
<tr><td>62 day upgrade</td><td></td><td></td></tr>
<tr><td>62d GP standard</td><td>71.70</td><td>85</td></tr>
<tr><td>31 day surgical Rx</td><td>87.5</td><td>94</td></tr>
</table>
Medway NHS Foundation Trust formally to national RTT reporting as of November 2016.</td></tr>
<tr><td>Risk and Assurance</td><td>• Performance against the access standards for Emergency and RTT pathways does not meet the national targets.
• Action plans remain in place to support the maintenance of the improvement trajectory.</td></tr>
<tr><td>Legal Implications/Regulatory Requirements</td><td>The updates are provided in the context of national requirements for access and emergency pathway standards and against requirements from CQC inspections and improvement expectations.</td></tr>
<tr><td>Recovery Plan Implication</td><td>The subject matter of the report supports the recovery plan in the following areas:</td></tr>
</table>

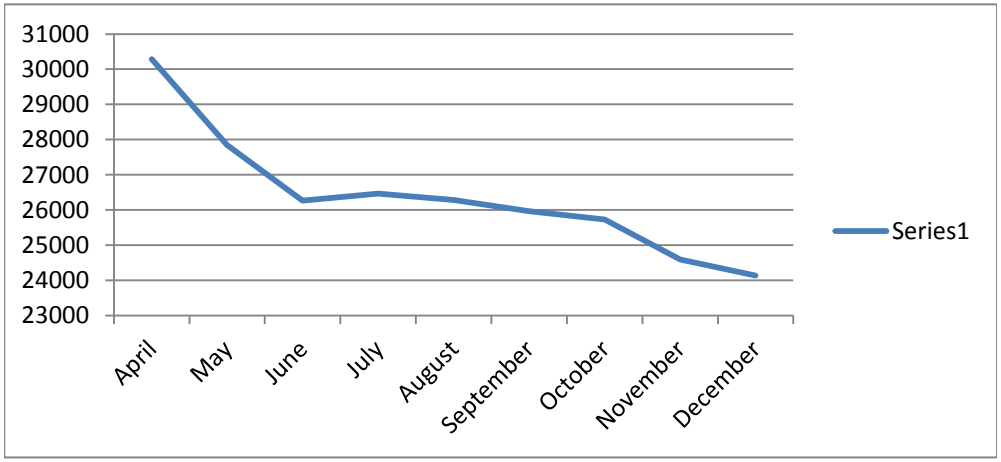
	• Continuing to modernise our Emergency Department and pathway, reducing the time it takes for patients to be seen and assessed. • Improving care for patients with cancer, reducing waiting times, replacing our scanners and providing additional capacity for patients to see specialists.
Quality Impact Assessment	QIA not required.
Purpose & Actions required by the Board : • **Assistance** • **Approval** • **Decision** • **Information**	The board are asked to note the contents of the report for information.
Recommendation	The report is provided for information only.

RTT Update – December Position

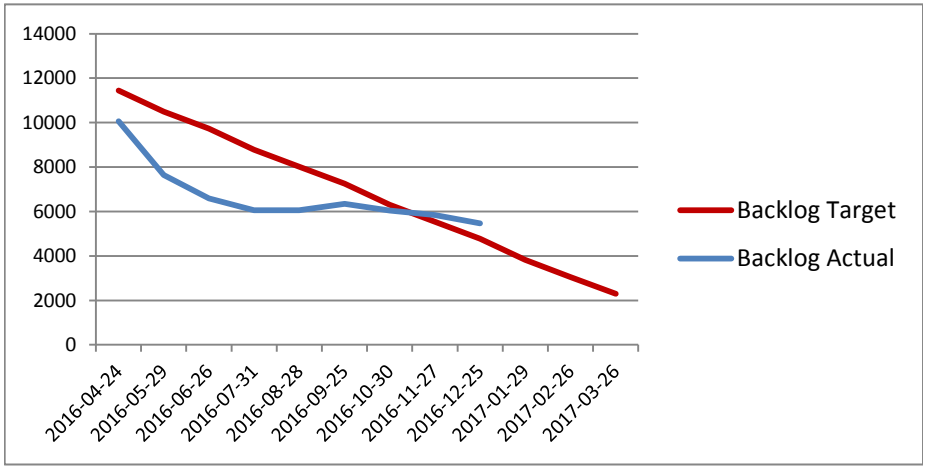
Summary of December position

- The trust returned to RTT reporting in November 2016.
- All organisations were required to implement an elective activity pause over the Christmas period. The dates of the elective pause were Monday 19th December to Monday 9th January. The pause was extended on instruction of NHSE pending completion of the perfect week exercise.
- The total incomplete waiting list size decreased by 457 patients across the month of December.
- Incomplete performance for December is 77.0%. This is a deteriorated position and behind trajectory.
- The current backlog size decreased in December by 372 patients however is behind trajectory and remains below trajectory.
- 52 week breaches decreased from 14 in November to 9 in December however this is above the trajectory.

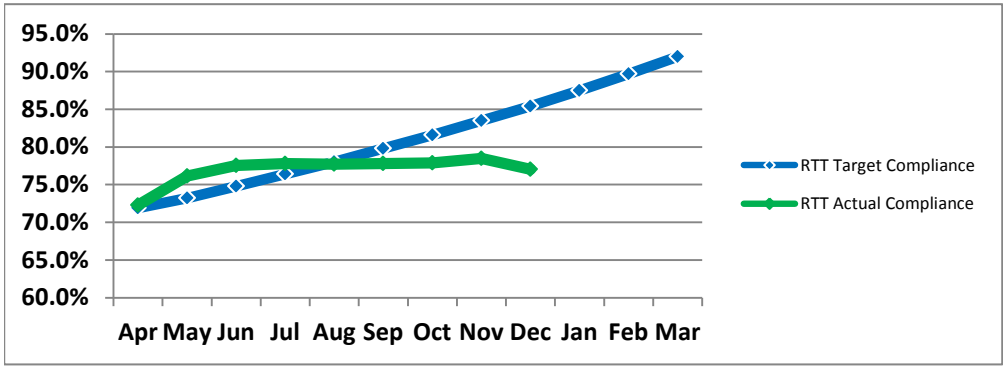
Total Waiting List Size



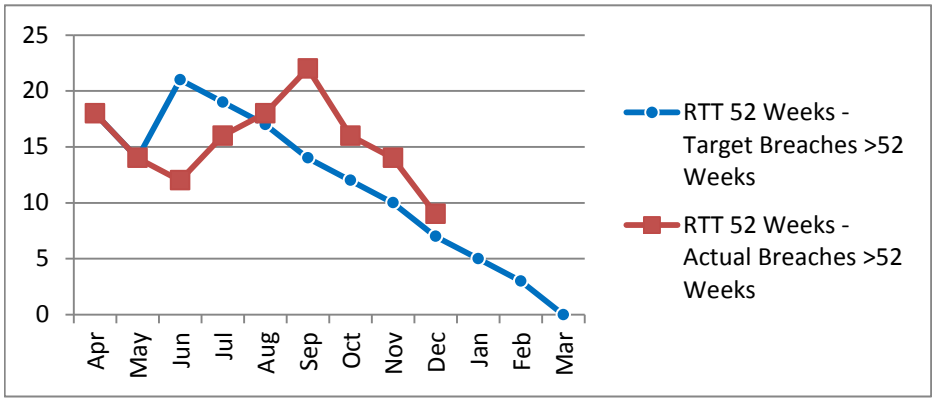
Backlog Actual vsTrajectory



Incomplete Trajectory & Performance



52+ Week Breaches Trajectory & Performance



18 week RTT Sustainability Plan

- The final Intensive Support Team diagnostic report was received in October an action plan based on the report has been developed and will form part of the overall RTT recovery plan.
- Additional outsourcing to the independent sector is underway
- Cardiology in-sourcing commenced in October. ENT in-sourcing will commenced in December
- The planned care programme work streams have now launched.
- No instances of severe or moderate harm have been identified in patients waiting more than 52 weeks for treatment

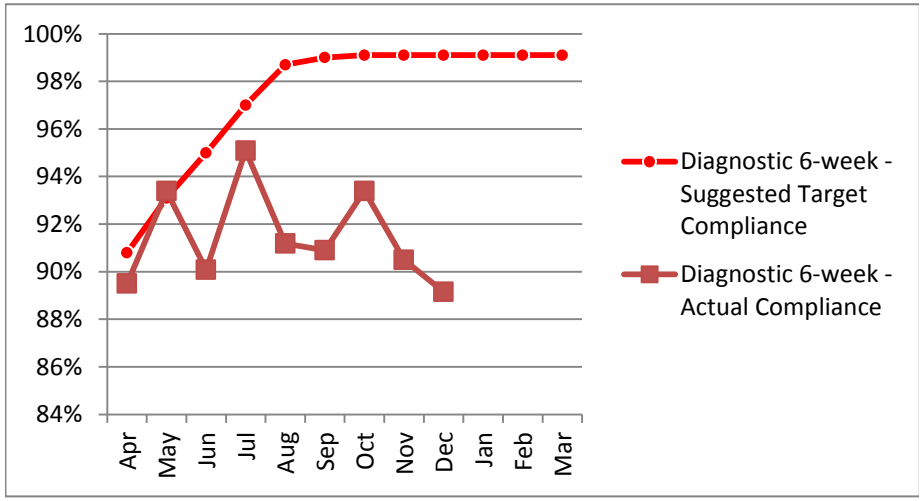
Diagnostic Update – October Position

Summary of October position

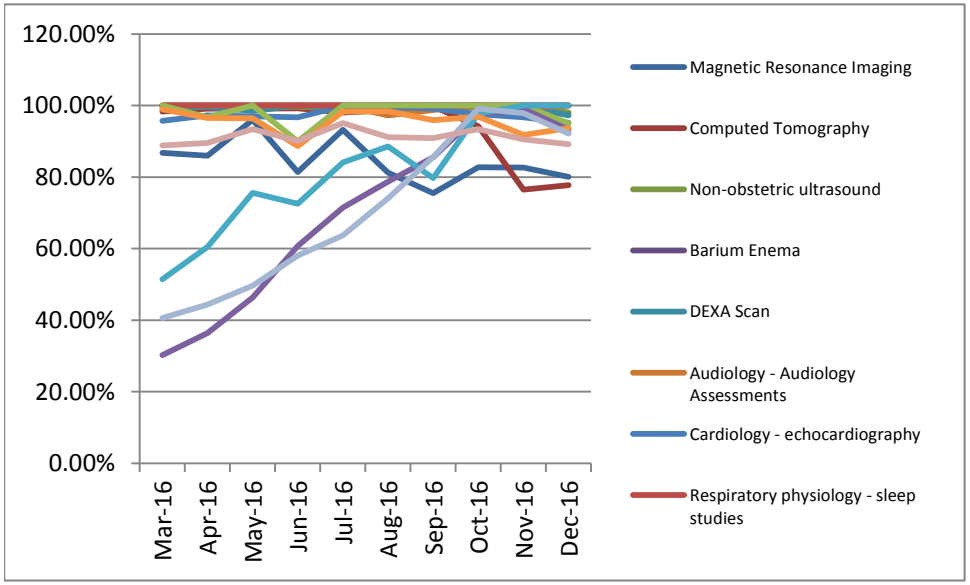
- Trust performance against the 6 week diagnostic target has deteriorated in December.
- Performance in the modalities of MRI and CT scanning has worsened.
- There is sustained performance in Flexi sigmoidoscopy, gastroscopy and colonoscopy a result of the additional capacity that has been introduced through the in-source model.

Diagnostic Performance

Access Standard - 99% within 6 weeks



Diagnostic Performance by Modality



Diagnostic Sustainability Plan

- Work is on-going to define the endoscopy estate required to deliver both JAG accreditation and the increasing demand.
- The in-source contract for endoscopy service will continue in support of a further reduction in waiting times .
- Additional capacity for MRI is in place with the leasing of a mobile scanner. The on-going requirement for the use of the mobile MRI to meet demand is currently being assessed.
- Discussions with the CCG to reduce direct access imaging demand are underway.
- Additional capacity is being sought from the independent sector.

ED Performance

Summary of December position

- The ED saw 10,002 total attenders in December, an increase of 18% on December 2015, and 6% on the previous month. There were 3597 ambulance attendances, an increase of 12% on December 2015, and 10% on the previous month.
- There was an average of 116 ambulances a day, with an average of 120 per day over the Christmas week (with a record total number of ambulance attenders over that week for Medway Hospital).
- Since June 2016, MFT has consistently been the regional top performer for ambulance turn-around. The Trust fell to third place for December, seeing 76% more ambulances than the top performer; 30.6% of handovers were within 15 minutes.
- Performance against the 4 hour standard was 73.61% for December.
- The ED LOS (80^{th} percentile) for December was 12 hours 46 minutes (increased from 11 hours 3 minutes in November), reflecting the Trust overcrowding. The 95th percentile was 16 hours 8 minutes; all patients in the 95th percentile were reviewed to identify pathway constraints. Weekly pathway mapping takes a robust look at which in-patient specialties account for significant numbers of breaches or lengths of stay.
- There were 4 12 hour breaches over the month of December. All occurred during black escalation days when the whole system was in OPEL 4 escalation. All patients were waiting for inpatient beds and in the follow up 24 and 72 hour reviews none came to any harm due to the prolonged period in ED.

CANCER

Summary of November position (one month in arrears)

November's performance against the cancer waiting time standards is variable. There is an improvement in the 2 week wait and 62 day screening performance but deterioration against the 62 day GP standard.

2WW – Trust has failed the GP 2 week wait but was compliant with the 2 week wait symptomatic breast standard.

- Failure to comply with the 2ww standard is predominantly due to patient choice and cancellations and a lack of clinic capacity in Lower GI but much improved on recent months.
- The Trust maintained compliance with the symptomatic breast standard.

31D - The Trust failed to achieve the first definitive and subsequent surgical treatments but maintained compliance with the subsequent drug treatment standard.

- Breaches in Lower GI & Urology were due to theatre/consultant availability and patient choice. Three reported Skin breaches have been adjusted to reflect patient choice and are now compliant and will be updated in the quarterly upload.
- Urology have service improvement plans to change to surgeon allocation processes to avoid breaches.

62D – The Trust failed to achieve compliance with the GP 62 day referral standard but achieved compliance with the screening standard.

- The reasons for Trust performance of 71.35% were varied due to patient choice, theatre capacity and diagnostic test delays.
- Urology-specific issues relating to availability of surgeons from other Trusts is being addressed through new surgical booking processes in the West Kent Urology Cancer Centre
- The Trust was compliant with the 62 day screening standard at 100%.
- There is no consultant upgrade standard target but there was a single shared breach due to late referral.

Medway NHS
NHS Foundation Trust

Report to the Board of Directors

Board Date : February 2017

Title of Report	Medical Director's Board Report
Presented by	Diana Hamilton-Fairley
Lead Director	Diana Hamilton-Fairley
Committees or Groups who have considered this report	None
Executive Summary	• Short summary of key highlight's attached
Resource Implications	None
Risk and Assurance	None
Legal Implications/Regulatory Requirements	None
Recovery Plan Implication	Not applicable
Quality Impact Assessment	Not applicable
Recommendation	
Purpose & Actions required by the Board :	Approval [x] Assurance [ ] Discussion [ ] Noting [x]

Medical Director's – February 2017

1. EXECUTIVE SUMMARY

1.1. This report outlines progress and development within the Medical Director's office and direct reports for the reporting period.

1.2. Progress has been steady across all areas with notable issues and progress identified as follows;

2. RESEARCH & DEVELOPMENT

Figure 1 presents the Trust performance (via patient participation numbers) since 2006 in studies adopted by the National Institute for Health Research (NIHR).

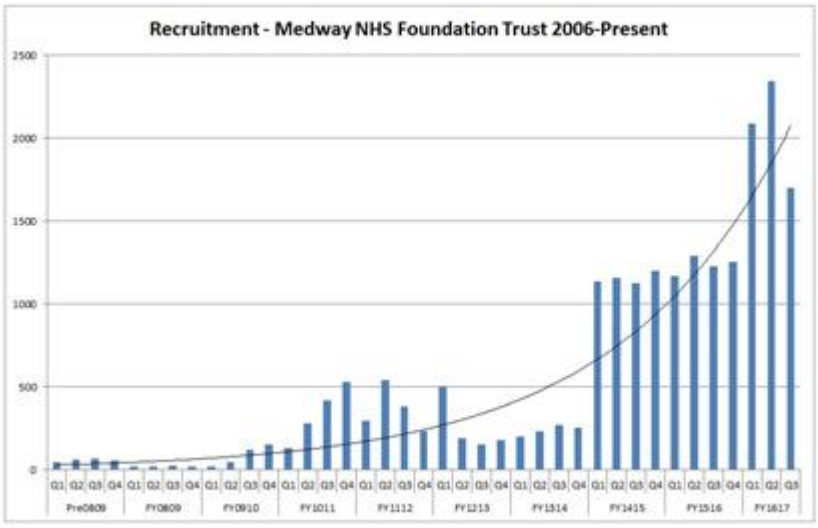


Figure 1. Trust performance represented via patient participation in studies adopted by the National Institute for Health Research (NIHR) since 2006.

Figure 2 presents the annual targets and actual recruitment since 2010 in NIHR adopted studies. The red/yellow column at the end shows proposed target of 2,160 for 2017/2018 which is 20% increase on 2016/2017 target, and the estimated figure (5,897) based on the planned studies.

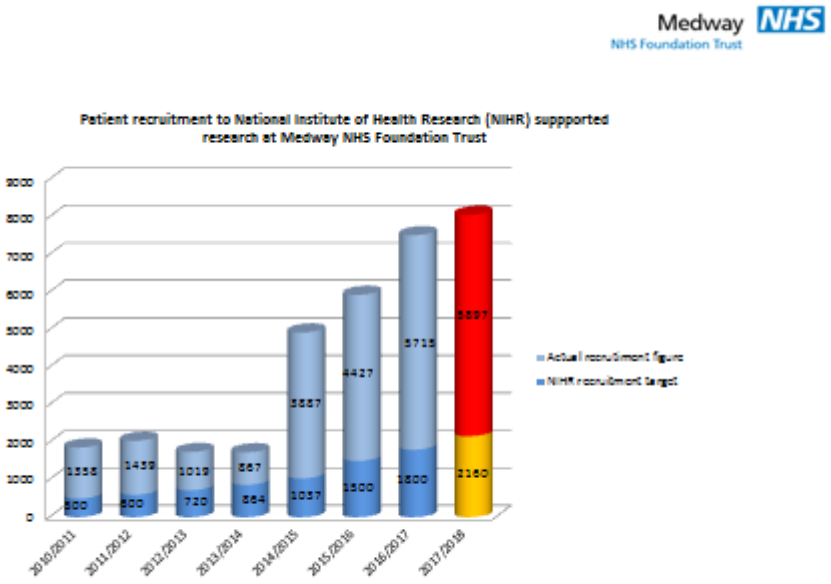


Figure 2. Targets and actual recruitment since 2010 in NIHR adopted studies and prediction for 2017/2018.

In 2016/2017 only 3 Commercial Trial were open whereas in 2017/2018 MFT is selected as a site for 10 Commercial Trials. The high number indicates that the confidence in Trust to deliver high quality research is being widespread.

In 2016/2017 the Trust sponsored 10 ‘home’ grown studies out of which 3 were adopted onto the NIHR portfolio. Notably CUPRIS, a project opened in collaboration with Commercial Company which had 254 patient participants and POPIN which had 388 patient participants.

7 collaborative grant applications with the academia were submitted in the last 12 months, totalling over £2m of funding. None have been successful yet but they are under review.

The funding by the Clinical Research Network Kent Surrey and Sussex (CRN KSS) for 217/2018 has been confirmed and it totals £829,176. The 2% increase in funding

allocation is non-proportional to the 56% increase in activity and the R&D Department are in negotiations with the network. Two further business cases totalling £100K are being submitted.

The total income in Investigators accounts in 2016/2017 is £300K (income from 2 years of research activity).

3. MEDICAL EDUCATION

3.2 Physicians Associates

On 5 January, Medway FT held a very successful Grand Round event to launch the new Physician Associate (PA) program. Lesley Dwyer opened the proceedings by welcoming all those attending, especially the first cohort of students who are due to start at the Trust on 30 January. Other speakers included Jo Piper, Programme Manager and Dr Natalie King, Head of the Kent, Surrey and Sussex School of Physician Associates, our University Partners at Canterbury Christ Church and also from Professor Hasib Ahmed who is our PA Champion for the program.

The meeting was well attended and there were lots of positive interactions with our consultants who will play a key role in the development of this profession here at Medway.

In feedback, Jo Piper wrote: "*Thank you so much for hosting the event yesterday and particularly for inviting all the students to be there. Fabulous for them to understand the wider implications of introducing PAs into a Trust and exactly how much work is being done behind the scenes to make it a smooth transition.*

The meeting was so positive – you have obviously done a lot of work within Trust in the run up and we are grateful."

4. DR RICHARD LEACH

Dr Richard Leach

Dr Richard Leach has returned to support the Actute and Continuing Care Directorate as Associate Medical Director.

Report to the Board of Directors

Board Date: 2 February 2017

Title of Report	Director of Nursing Update
Reporting Officer	Karen Rule, Director of Nursing
Lead Director	Karen Rule, Director of Nursing
Responsible Sub-Committee	N/A
Executive Summary	The increase in emergency activity, the utilisation of up to 56 escalation beds and a reduced temporary staff fill rate in December placed significant pressure on clinical teams. Despite this the Trust was able to maintain patient safety. **Safe Staffing** The Trust continues with a high level of activity and acuity demands, requiring high levels of nursing hours to deliver safe effective patient care. The percentage of overall shifts filled in December was 79.7%, a decrease fill rate of 6.5% on November, with the majority of these shifts filled by Agency staff (54.2%). This introduces a risk to patient safety but the processes in place to safely staff wards are robust and complied with by staff. Additional senior nursing support was put in place over the bank holiday period. **Infection** The Trust has reported 16 CDiff cases to date. The risk of breaching our 16/17 trajectory of 20 is high. The infection team have been undertaking activities to increase staff awareness of policy and to enhance monitoring of infection control practice. **Patient Harm** The incidences of falls with harm (fracture) and grade 3 pressure ulcers increased in December. SI investigations are underway but a contributory factor is a likely to be the significant increase in patient bed days and the high acuity and complexity of patient care needs. **Patient Safety - Deteriorating patients** The Trust continues to closely monitor indicators which demonstrate practice in recognising and responding to deteriorating patients. Compliance with NEWS and escalation standards is good and referrals to the Acute Response Team (ART) are increasing, resulting in more timely and appropriate management of deteriorating patients.
Risk and Assurance	**Activity** Continued pressure from emergency activity will stress the organisations ability to maintain patient safety. However it must be noted that the Trust has maintained patient safety during the month of December. **Safe Staffing**

	Nurse staffing levels remains a Trust quality risk. Actions to mitigate the risk of current staffing levels are in place and embedded.
Legal Implications/Regulatory Requirements	
Recovery Plan Implication	**Safe Staffing** As a key quality risk the ability to improve our staffing levels is critical to the delivery of our recovery actions. **Patient Safety** The ongoing work of the Deteriorating Patient Programme and the achievements to date continue to demonstrate the Trust commitment to delivering safe care.
Quality Impact Assessment	N/A
Purpose & Actions required by the Board : • **Assistance** • **Approval** • **Decision** • **Information**	The Board did not meet in December 2016. The information contained within this report is for the months of November and December 2016. The purpose of this report is to • Provide the Board with information • Advise the board of risks to patient safety and experience
Recommendation	The Board of Directors is asked to note the information contained in this report and the actions that are in place.

Monthly Safe Staffing Report

Introduction

The purpose of this staffing report is to:

- Provide an overview of the nursing and midwifery staffing levels and to highlight any workforce issues identified across the inpatient ward areas during the months of November 2016 and December 2016.
- Highlight any specific areas of concern or risk related to the nursing and midwifery workforce in the delivery of safe care.
- To provide the Board with an overview of nurse, midwifery staffing levels in inpatient areas as outlined in the Nurse Staff Guide 'How to ensure the right people, with the right skills are in the right place at the right time!' Published by the National Quality Board and the NHS Commissioning Board.

The UNIFY data submissions and Nursing, Midwifery and Care Staff Return is at Appendix 1 to 4.

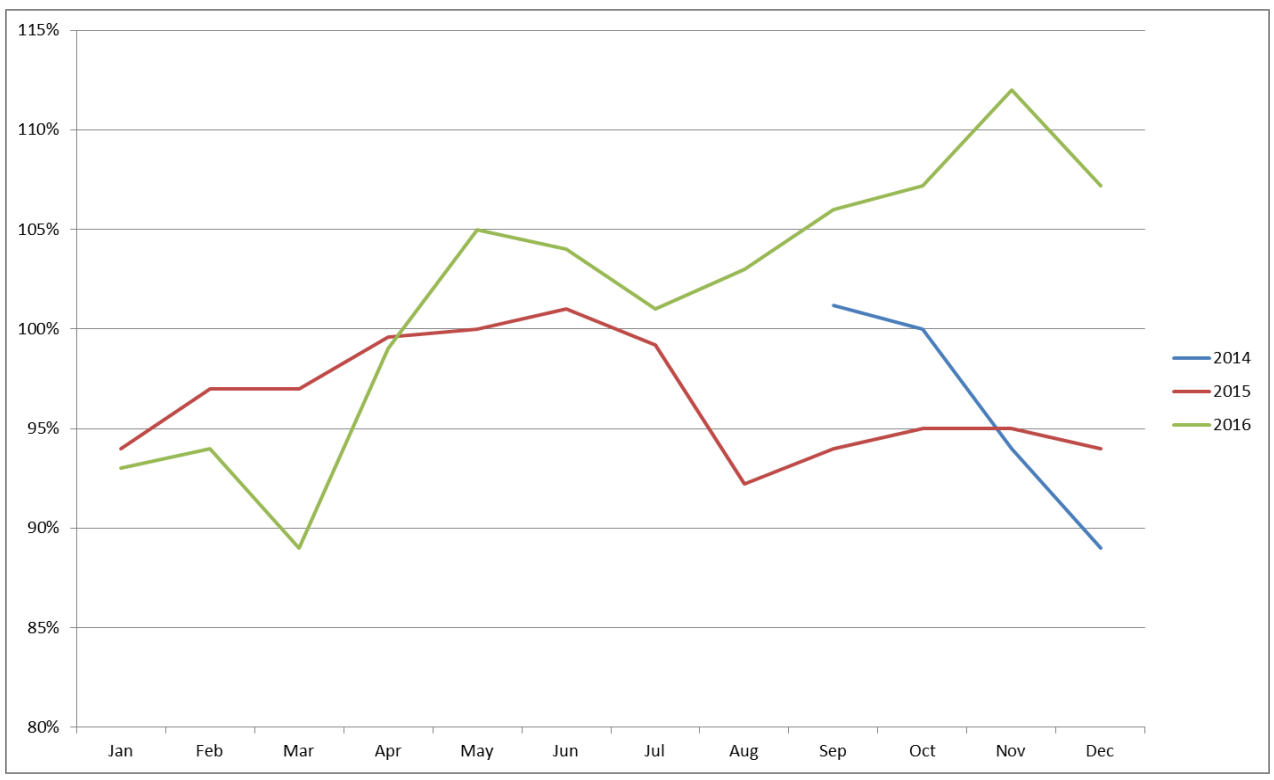
Planned versus actual hours

In November the actual hours worked was 12.1% above the planned hours. This is continued month on month increase and is at the highest since reporting began. In December the actual hours worked was 10% above the planned hours. Whilst this is decrease of 2.1% on the previous month and the first decrease in five months, in comparison with November and December 2015 it remains significantly higher.

The underlying reason behind this 2016 increase is the continuing high levels of activity across the trust necessitating the use of extra beds in line with the escalation procedure and a subsequent increase in staff to maintain patient safety. This also reflects the need to support many complex patients who need constant 1:1 supervision in order to maintain patient safety.

Figure one shows the accumulative overall fill rates as per month.

Figure 1 - Overall fill Rate September 2014- December2016



In November ten wards utilised over 10% or more actual hours then had been planned, with four wards recording over 40% of their planned hours. Keats (medical ward) recorded 77% over their planned hours, due to seven complex patients on the ward throughout November requiring 1:1 supervision. Victory (cohort MRSA ward) recorded 63% and Byron (elderly care) 50% over their planned hours to support an increased level of 1:1 supervision for complex patients. McCulloch (surgical ward) had 42% over their planned hours as extra beds continued to be open throughout November to support the increased levels of activity across the Trust. Other areas reporting over 10 % of actual hours include Tennyson and Milton (all elderly care wards) Arethusa (orthopaedic ward), Will Adams (medical Ward), Gundulph (short stay medical wards) and Ocelot (gynaecology).

During December ten wards utilised over 10% or more actual hours then had been planned, with three wards recording over 40% of their planned hours. Two medical wards Keats and Will Adams recorded 64% and 49% respectively over their planned hours, due to the continuing need to support complex patients on the ward throughout December requiring 1:1 supervision. McCulloch, a surgical ward had 58% over their planned hours as extra beds remained open throughout December to support the increased levels of activity across the Trust. Other areas reporting over 10 % of actual hours include the elderly care wards Milton (32%), Sapphire (12%) and Byron (32%). The surgical wards include Arethusa (30%) and Pembroke (13%) both orthopaedic wards, Ocelot (25%) a gynaecology ward and Victory (35%) a cohort MRSA ward over their planned hours.

The utilisation of more hours than planned is reflective of the above indicators, predominantly a need to support complex patients who need 1:1 supervision and to support with the high levels of acuity and dependency of our patients. An additional factor these past two months has been the significant number of medial patients outlying in surgical wards.

Temporary Staffing

There continues to be a high demand on the resources of temporary staffing. Temporary staffing requests for November totalled 100999.4 hours, which was a decrease of 2568.2 hours in demand from October. The percentage of overall shifts filled was 86.2%, an increase fill rate of 3.3%. Most of these shifts continued to be filled by Agency staff (57.2%) however temporary staffing continued to increase their fill rate to 28.9%. This was an increase in the last three months of 3.6%.

Temporary staffing requests for December totalled 108558.6 hours, which was an increase in demand of 7559.2 hours from November. The percentage of overall shifts filled was79.7%, a decrease fill rate of 6.5% on November, with the majority of these shifts filled by Agency staff (54.2%) against temporary staffing who filled 25.5% of shifts, a decrease of 3.4%.

The majority of the requests made in November and December were to cover vacancies, accounting for 63% of all requests in November and 84% in December. The other main reasons for requests are

- 1:1 specialing for our vulnerable patients - 17% November, 29% in December
- Staff sickness - 10% November, 14% December
- Provision of escalation beds due to operational pressures – 8% November, 18% December

Over the Christmas and New Year period the Trust's nurse staffing position was extremely poor. Despite efforts from the Directorate staff and the Temporary Staffing Service, 29% of shifts requested for this period remained unfilled (this figure is usually around 14%).

There appears to be 4 mains factors that led to poorly staffed areas during this time:

- The acuity of hospital meant that previously closed areas were opened, however no additional staff had been planned
- No clear staffing plans in place with priority areas identified
- High cancellations rate from both bank and agency staff
- A significant increase in late notice requests, reducing likelihood of filling shifts

The Trust put in place mitigation by taking the following action

- Some incentives offered to staff
- Additional attempts were made to obtain "pool" workers who could be allocated to critical wards by site
- Communications sent to all agencies outlining cancellations will not be accepted and workers must be replaced if cancelled
- Communication send to all RMNs that they would be required to look after groups of patients as opposed to 1:1 specialing
- Staffing/ Site meeting attended 4 times per day to give update on staffing levels and take any priority shifts forward

Starters and leavers

In November three registered Nurses commenced employment, alongside three registered Midwives and eleven Clinical Support Workers. In the same period four registered Nurses, two Midwives and five Clinical Support Workers left the organisation.

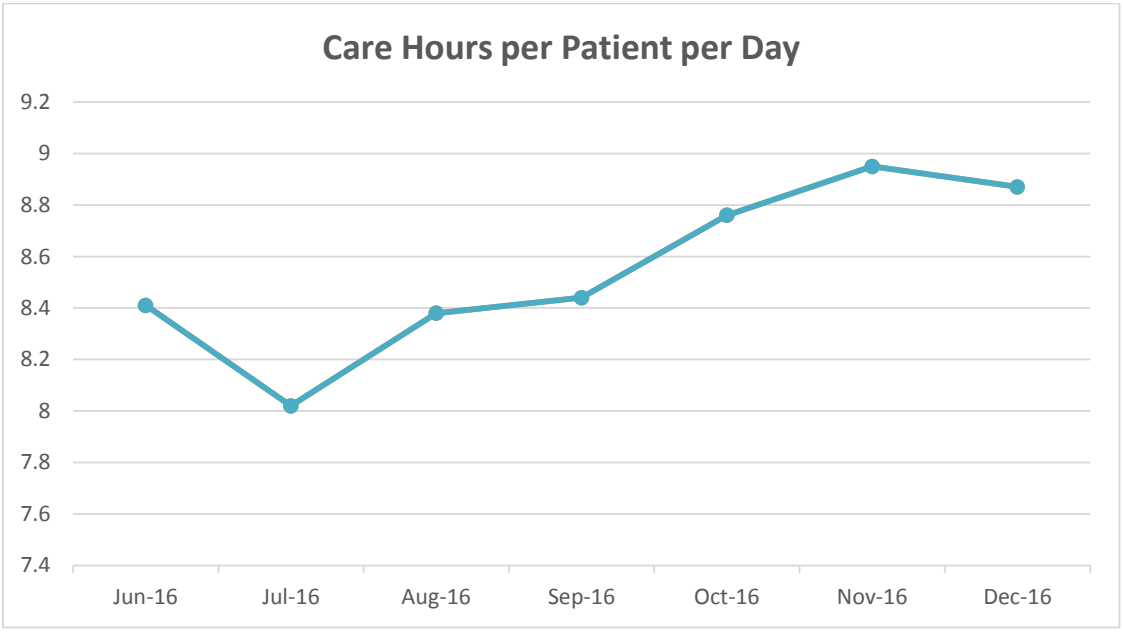
In December six registered Nurses and seven clinical support workers commenced employment. In the same period twelve registered Nurses, two Midwives and eight Clinical Support Workers left the organisation. During December six registered Nurses and seventeen clinical support workers joined temporary staffing.

CHPPD data

In response to the Carter review all Trusts are required to submit care hours per patient day (CHPDD) data. The overall figure for November was 8.95. The overall figure for December was 8.87. This remains consistent with the data since reporting started earlier in the year.

There remains a wide variance with the figures across wards and departments, with the Critical Care areas, The Birth Place and Delivery suite recording higher care hour's. Analysis of the data since recording starting shows that CHPPD data of individual wards and departments have been consistent. Please see figure 2 for the Trust overall CHPPD data

Figure 2 - Overall Trust Score for Care hours per patient per day



Staff Escalation

There were 41 escalations relating to staffing issues reported for November and 46 escalations reported in December. All escalations are reported via Datix. Analysis of these incidents identify that they mainly relate to shifts where there are less than agreed minimum staffing levels per shift. Actions were taken in line with the Trust escalation policy to mitigate risk and maintain patient safety. The small increase in escalations form November to December indicate the mitigating actions taken to maintain safe staffing were effective.

Augmented New Year BH weekend plan

The Trust put in place an augmented staffing plan to support the increased activity and to maintain patient safety over the bank holiday weekend.

- Nurse staffing reviewed at twice daily nurse staffing meetings 9am and 3pm in site office – matrons of the day and temp staffing coordinator in attendance
- Extended service hours for temporary staffing
- Phlebotomy service for ED
- Augmented senior nursing support on site for 3 days over New Year, Deputy Director of Nursing and Senior Matron on site during the day
- Senior Sister on night duty to provide additional site support

Recruitment activity

Recruiting to Nurse vacancies remains a significant risk to the Trust. This is compounded by the high turnover of nurses meaning that there is not a significant reduction in vacant posts despite increased recruitment activity. However there are 24 external candidates in the pipeline to commence employment in early 2017. Assessment days for Nurses and Clinical Support workers continue to be successful. In December 35 Clinical Support Workers (CSWs) attended assessment days and were offered posts, with a further 41 candidates booked to attend an assessment day on 23 January 2017.

Theatres held an open day event on the 14 December 2016 with 3 nurses showing an interest in this area of nursing. Another similar day is planned for May 2017 with a focus on attracting some newly qualified Operational Department Practitioners that will complete their training in June and July. There is a paediatric and NICCU recruitment event planned for 25 January 2017.

Links have been established with both partner universities and the Trust has attended their open days. Work is underway to formalise a procedure to employ our student nurses during their third year of training. The Circus Recruitment Campaign went live in November allowing Trust to gather a much wider reach of candidates and look to attract candidates who may not have considered the Trust as an employer. During November the Trust arranged

some tours of the hospital for students from Mid Kent College studying health and social care and are looking to undertake a career in health; this has resulted in 6 applications to the temporary staffing service whilst they complete their studies. A review of these days is taking place to ensure they remain compliant with the trust requirements. The senior nursing teams are continuing to work with the HR team to provide some extra narrative behind the job descriptions so as to ensure the jobs are appealing to the right applicants.

EU nurses

The Trust continues with work with MEDACS to recruit EU nurses. Following the programme of Skype interviews 16 general registered nurses are due to commence employment 3 January 2017, with a further 15 nurses due to join the trust in April 2017. Following a period of induction they will commence full time on the wards, initially working in a band 4 capacity and supported by the nursing teams until they attain their professional registration. Once in post they will continue to be supported by MEDACS to complete their IELTS preparation. These style interviews will recommence in March with Medacs aiming to provide us a further 35 nurses later in the year. Skype interviews have taken place for NICU nurses with conditional offers made to 12 nurses.

Harm to patients

Pressure Ulcers

In November the Trust reported 34 pressure ulcers of grade 2 and above. There were two Grade 3 pressure ulcers reported during the month. In December the Trust reported 26 pressure ulcers of grade 2 and above, of which four were grade 3. There were no reported grade 4 pressure ulcers. The incidences of grade 3 occurred across different wards and a review of these cases did not identify common themes.

Whilst the Trust has a zero tolerance approach to patient harm it is important to acknowledge the incidences reported are total numbers and do not take into account the significant increase in patient bed days and the high acuity and complexity of patient care needs.

The findings of a review of pressure area care and management was presented to the Quality Assurance Committee in November 2016. A Pressure Ulcer Swarm event is planned for early February 2017. The outputs of this event will be reviewed against the Trust tissue viability improvement plan.

Falls

During November 58 patients fell whilst in hospital. Two patients sustained moderate harm and one patient sustained a fractured neck of femur as a result of a fall. During December 72 patients fell whilst in hospital. Two patients' sustained factures as a result of a fall. Both of these patients were on Bronte ward , early investigations identify that both patients had underlying health issues which would have increased their risk despite interventions and one had refused to wear slipper socks. The SI investigations are ongoing.

Infection Prevention & Control

In October the Board was informed the Trust breached its Q2 trajectory for Clostridium Difficile (CDiff). The Trust reported a total of 2 CDiff acquisitions for November and December 2016 which brings 16/17 total to 16 to date. The risk of breaching our 16/17 trajectory of 20 is high.

The Infection Prevention and Control team ran a week of IPC activities in November. During the week they raised staff awareness of CDiff prevention through increased ward visits, stands and global communications.

Patient Safety – Deteriorating Patients

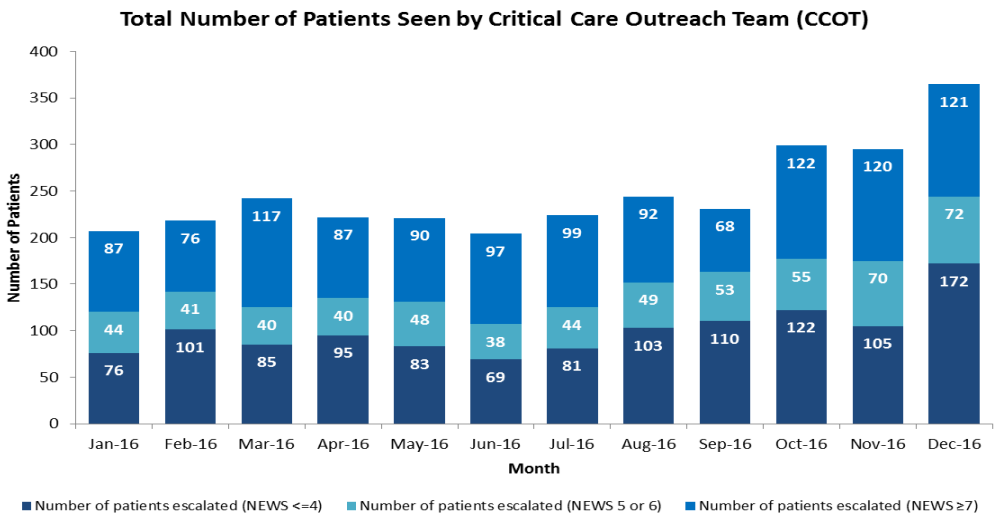
The Trust is closely monitoring indicators which demonstrate good and not so good practice in recognising and responding to deteriorating patients. In December the Trust had nine ward based cardiac arrests which is a decrease of one from November 2016.

NEWS audit results in December are similar to previous month demonstrating good compliance with recording and appropriate escalation of patient observations.

- 96.4% overall compliance with NEWS
- 95% compliance with escalation criteria

The number of referrals to the Acute Response Team (ART) increased from 295 in November to 365 in December, demonstrating appropriate escalation resulting in more timely and appropriate management of deteriorating patients.

The referrals to ART have increased by 40% compared to Q2 2016.



The increase in referrals during the month is partly due to;

- In month rise in acuity
- Launch of the Clinical Professional Standards in October
- Safety-week initiative in November
- Launch of the ART team model in December

The ART team has a vacancy factor, to mitigate against this and high acuity;

- Two additional ITU nurses have been employed each shift (to enable ICU escalation)
- The ED to ward / unit handover process has been reviewed and checks are in place to ensure patients do not leave ED without a NEWS score check

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Recommendations

The Board of Directors is asked to note the information contained in this report and the actions that are in place.

Appendices

Appendix One: UNIFY data submission and November 2016

Appendix Two: Nursing, Midwifery and Care Staff Return November 2016

Appendix Three: UNIFY data submission December 2016

Appendix Four: Nursing, Midwifery and Care Staff Return December 2016

Appendix 1 - Unify report – November 2016

Fill rate indicator return
Staffing: Nursing, midwifery and care staff

Org: RPA Medway NHS Foundation Trust

Period: November_2016-17

Please provide the URL to the page on your trust website where your staffing information is available

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

Comments

Validation alerts (see control panel)	Only complete sites your organisation is accountable for	Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
							Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff									
		Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Arethusa	110 - TRAUMA & ORTHOPAEDICS		1869	1,854	1,084	1,443	1,309	1,386	979	1,246	99.2%	133.1%	105.9%	127.3%	777	4.2	3.5	7.6
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Bronte WARD	340 - RESPIRATORY MEDICINE		1496.083333	1,336	1,093	1,046	1,058	1,068	705	703	89.3%	95.7%	101.0%	99.8%	540	4.5	3.2	7.7
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Byron	430 - GERIATRIC MEDICINE		1342.083333	2,104	1,060	1,392	934	1,570	990	1,417	156.8%	131.3%	168.2%	143.2%	780	4.7	3.6	8.3
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	CCU	320 - CARDIOLOGY		683	713	-	-	690	692	-	23	104.4%	-	100.3%	-	121	11.6	0.2	11.8
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Delivery	501 - OBSTETRICS		2887.5	2,855	558	561	2,868	2,868	516	504	98.9%	100.6%	100.0%	97.7%	200	28.6	5.3	33.9
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Dolphin (Paeds)	420 - PAEDIATRICS		3049.5	2,995	802	1,075	2,358	2,320	334	414	98.2%	134.0%	98.4%	124.1%	444	12.0	3.4	15.3
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Gundulph	300 - GENERAL MEDICINE		1506.983333	2,263	1,375	1,253	1,309	1,852	1,177	1,076	150.2%	91.1%	141.5%	91.4%	739	5.6	3.2	8.7
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Harvey	328-STROKE MEDICINE		1131.083333	1,384	1,561	1,293	990	1,209	1,013	1,002	122.3%	82.9%	122.1%	98.9%	722	3.6	3.2	6.8
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3607.25	3,516	-	-	3,038	3,082	-	-	97.5%	-	101.4%	-	258	25.6	0.0	25.6
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Keats	301 - GASTROENTEROLOGY	307-DIABETIC MEDICINE	1513.25	3,232	1,111	1,095	990	2,829	990	980	213.6%	98.6%	285.7%	98.9%	780	7.8	2.7	10.4
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Kent	501 - OBSTETRICS		1055.75	1,075	457	433	720	731	672	600	101.8%	94.7%	101.5%	89.3%	437	4.1	2.4	6.5
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Kingfisher SAU	100 - GENERAL SURGERY		1833.5	1,659	1,557	1,401	1,320	1,331	660	638	90.5%	90.0%	100.8%	96.7%	630	4.7	3.2	8.0
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Lawrence	823 - HAEMATOLOGY		1090	1,043	756	905	664	687	675	754	95.7%	119.7%	103.5%	111.7%	542	3.2	3.1	6.3
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	McCulloch	100 - GENERAL SURGERY		1376	1,865	1,044	1,458	990	1,621	990	1,321	135.5%	139.6%	163.7%	133.4%	871	4.0	3.2	7.2
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Medical HDU	192 - CRITICAL CARE MEDICINE		1375	1,431	340	333	1,024	1,029	345	357	104.1%	97.8%	100.5%	103.5%	165	14.9	4.2	19.1
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Milton	430 - GERIATRIC MEDICINE		1442.583333	1,857	1,296	1,386	1,013	1,574	1,013	956	128.7%	106.9%	155.5%	94.4%	780	4.4	3.0	7.4
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Nelson	320 - CARDIOLOGY		1521.5	1,412	1,206	1,115	990	989	660	747	92.8%	92.5%	99.9%	113.1%	704	3.4	2.6	6.1
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	NICU	422- NEONATOLOGY		3526.5	3,538	405	150	3,439	3,350	-	-	100.3%	37.0%	97.4%	-	823	8.4	0.2	8.6
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Ocelot	502 - GYNAECOLOGY		885	1,083	520	774	720	872	348	672	122.3%	148.9%	121.2%	193.1%	303	6.5	4.8	11.2
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Pearl	501 - OBSTETRICS		1110.75	1,215	672	644	1,080	1,056	360	360	109.3%	95.8%	97.8%	100.0%	342	6.6	2.9	9.6
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Pembroke	110 - TRAUMA & ORTHOPAEDICS		1420	1,512	1,182	1,196	990	1,199	990	1,023	106.4%	101.2%	121.1%	103.3%	779	3.5	2.8	6.3
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Phoenix	100 - GENERAL SURGERY		1761.616667	1,899	1,387	1,281	1,287	1,418	1,297	1,385	107.8%	92.3%	110.1%	106.8%	867	3.8	3.1	6.9
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Sapphire Ward	300 - GENERAL MEDICINE		1454	1,464	2,400	1,933	990	1,309	1,309	1,402	100.7%	80.5%	132.2%	107.1%	840	3.3	4.0	7.3
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	SDCC	100 - GENERAL SURGERY		2125	2,227	1,669	1,017	660	1,012	660	638	104.8%	61.0%	153.3%	96.7%	587	5.5	2.8	8.3
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Surgical HDU	192 - CRITICAL CARE MEDICINE		2046.75	2,193	391	293	1,650	1,645	-	22	107.1%	75.1%	99.7%	-	295	13.0	1.1	14.1
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Tennyson	430 - GERIATRIC MEDICINE		1458.166667	1,840	1,111	1,300	1,001	1,431	990	1,261	126.2%	117.1%	142.9%	127.4%	803	4.1	3.2	7.3
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	The Birth Place	501 - OBSTETRICS		1082.25	1,022	360	360	1,080	1,062	360	312	94.5%	100.0%	98.3%	86.7%	101	20.6	6.7	27.3
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Victory	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	1048.75	1,552	774	1,459	957	1,034	660	1,573	148.0%	188.4%	108.0%	238.3%	480	5.4	6.3	11.7
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Wakeley	300 - GENERAL MEDICINE		1733	1,683	1,353	1,294	1,193	1,384	1,193	1,361	97.1%	95.6%	116.1%	114.2%	729	4.2	3.6	7.9
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Will Adams	301 - GASTROENTEROLOGY	307-DIABETIC MEDICINE	1389.8	1,973	1,087	1,214	957	1,565	990	1,352	141.9%	111.7%	163.5%	136.5%	781	4.5	3.3	7.8

Medway NHS
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Appendix 2 - Nursing safe staffing return – November 2016

Fill rate indicator return

Staffing: nursing, midwfery and care staff

Dec-16

		Day				Night				Day		Night		Quality Metrics / Actual Incidents					Deputy Director of Nursing review			Internal KPIs				Care Hours Per Patient Day (CHPPD)			
		Registered Staff		Care Staff		Registered Staff		Care Staff																					
WARD	Beds	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 harm	Number of patient related medication errors - moderate to	Number of complaints relating to nursing care	DDON rag rating	Assurance statement	DDON signoff	Total Planned Hours (registered & care)	Total Actual Hours (registered & care)	Overall fill rate	Difference total Actual vs Planned hs	Difference total Actual vs Planned %	Cumulative count over the month of patients at 23:59 each day	Registered midwives / Nurses	Care Staff	Overall
Arethusa	27	1869	1,854	1084	1,443	1309	1,386	979	1,246	*99%*	*133%*	*106%*	*127%*	0	1	0	0	0				*5,241*	*5,929*	*113%*	*688*	*13%*	777	4.17	3.46	7.63
Bronte	18	1496.083	1,336	1093	1,046	1057.5	1,068	705	703	*89%*	*96%*	*101%*	*100%*	0	1	0	0	0			RN	*4,352*	*4,153*	95%	*198*	-5%	540	4.45	3.24	7.69
Byron	26	1342.083	2,104	1059.5	1,392	933.75	1,570	990	1,417	*157%*	*131%*	*168%*	*143%*	0	0	0	0	0			RN	*4,325*	*6,483*	*150%*	*2,158*	*50%*	780	4.71	3.60	8.31
CCU	4	683	713	0	-	690	692	0	23	*104%*	*#DIV/0!*	*100%*	*#DIV/0!*	0	1	0	0	0			RN	*1,373*	*1,428*	*104%*	*55*	*4%*	121	11.61	0.19	11.80
Delivery	15	2887.5	2,855	558	561	2868	2,868	516	504	*99%*	*101%*	*100%*	*98%*	4	0	0	0	1		unit safely staffed	KM	*6,830*	*6,788*	*99%*	*42*	*-1%*	200	28.61	5.33	33.94
Dolphin (Paeds)	34	3049.5	2,995	802	1,075	2357.5	2,320	333.5	414	*98%*	*134%*	*98%*	*124%*	0	0	0	0	0		unit safely staffed	KM	*6,543*	*6,804*	*104%*	*261*	*4%*	444	11.97	3.35	15.32
Gundulph	25	1506.983	2,263	1375	1,253	1309	1,852	1177	1,076	*150%*	*91%*	*141%*	*91%*	0	0	0	0	2				*5,368*	*6,444*	*120%*	*1,076*	*20%*	739	5.57	3.15	8.72
Harvey	24	1131.083	1,384	1560.5	1,293	990	1,209	1012.5	1,002	*122%*	*83%*	*122%*	*99%*	4	0	0	0	0		Harvey ward has had some short term sickness this month and are also reduced in band 6 cover. The Senior Sister has adjusted her hours to support the ward and the Matrons move staff to support. There were some occasions where there has not been enough staff through the directorate/Trust to enable cover to happen, in this case the matron for the area has supported.	RN	*4,694*	*4,887*	*104%*	*193*	*4%*	722	3.59	3.18	6.77
Intensive Care Unit	9	3607.25	3,516	0	-	3037.5	3,082	0	-	*97%*	*#DIV/0!*	*101%*	*#DIV/0!*	0	2	0	0	0				*6,645*	*6,597*	*99%*	*48*	*-1%*	258	25.57	0.00	25.57
Keats	27	1513.25	3,232	1111.333333	1,095	990	2,829	990	980	*214%*	*99%*	*286%*	*99%*	2	1	0	1	1			RN	*4,605*	*8,135*	*177%*	*3,531*	*77%*	780	7.77	2.66	10.43
Kent	24	1055.75	1,075	457	433	720	731	672	600	*102%*	*95%*	*102%*	*89%*	0	0	0	0	0		ward safely staffed	KM	*2,905*	*2,839*	*98%*	*66*	*-2%*	437	4.13	2.36	6.50
Kingfisher SAU	14	1833.5	1,659	1557	1,401	1320	1,331	660	638	*90%*	*90%*	*101%*	*97%*	0	0	0	0	0				*5,371*	*5,029*	*94%*	*342*	*-6%*	630	4.75	3.24	7.98
Lawrence	19	1090	1,043	756	905	663.75	687	675	754	*96%*	*120%*	*103%*	*112%*	0	0	0	0	0			RN	*3,185*	*3,388*	*106%*	*204*	*6%*	542	3.19	3.06	6.25
McCulloch	24	1376	1,865	1044	1,458	990	1,621	990	1,321	*136%*	*140%*	*164%*	*133%*	0	0	1	0	0				*4,400*	*6,263*	*142%*	*1,863*	*42%*	871	4.00	3.19	7.19
Medical HDU	6	1375	1,431	340	333	1023.5	1,029	345	357	*104%*	*98%*	*100%*	*103%*	1	0	0	0	0			RN	*3,084*	*3,150*	*102%*	*66*	*2%*	165	14.91	4.18	19.09
Milton	27	1442.583	1,857	1295.75	1,386	1012.5	1,574	1012.5	956	*129%*	*107%*	*155%*	*94%*	0	1	1	0	1			RN	*4,763*	*5,772*	*121%*	*1,009*	*21%*	780	4.40	3.00	7.40
Nelson	24	1521.5	1,412	1205.933333	1,115	990	989	660	747	*93%*	*92%*	*100%*	*113%*	0	0	0	0	1		Nelson ward has had some short term sickness this month. There were some occasions where there has not been enough staff through the directorate/Trust to enable cover to happen, in this case the matron for the area has supported.	RN	*4,377*	*4,263*	*97%*	*115*	*-3%*	704	3.41	2.64	6.05
NICU	25	3526.5	3,538	404.5	150	3438.5	3,350	0	-	*100%*	*37%*	*97%*	*#DIV/0!*	0	0	0	0	0		unit safely staffed	KM	*7,370*	*7,037*	*95%*	*333*	*-5%*	823	8.37	0.18	8.55
Ocelot	12	885	1,083	520	774	719.5	872	348	672	*122%*	*149%*	*121%*	*193%*	0	0	0	0	0		unit safely staffed	KM	*2,473*	*3,401*	*138%*	*928*	*38%*	303	6.45	4.77	11.22
Pearl	23	1110.75	1,215	672	644	1080	1,056	360	360	*109%*	*96%*	*98%*	*100%*	5	0	0	0	0		ward safely staffed	KM	*3,223*	*3,274*	*102%*	*51*	*2%*	342	6.64	2.93	9.57
Pembroke	27	1420	1,512	1181.983333	1,196	990	1,199	990	1,023	*106%*	*101%*	*121%*	*103%*	1	0	0	0	0				*4,582*	*4,930*	*108%*	*348*	*8%*	779	3.48	2.85	6.33
Phoenix	30	1761.617	1,899	1387.283333	1,281	1287	1,418	1297	1,385	*108%*	*92%*	*110%*	*107%*	1	2	0	0	0				*5,733*	*5,982*	*104%*	*249*	*4%*	867	3.82	3.07	6.90
Sapphire Ward	28	1454	1,464	2400	1,933	990	1,309	1309	1,402	*101%*	*81%*	*132%*	*107%*	0	1	0	0	0			RN	*6,153*	*6,108*	*99%*	*45*	*-1%*	840	3.30	3.97	7.27
SDCC	26	2125	2,227	1668.5	1,017	660	1,012	660	638	*105%*	*61%*	*153%*	*97%*	1	0	0	0	1				*5,114*	*4,894*	*96%*	*219*	*-4%*	587	5.52	2.82	8.34
Surgical HDU	10	2046.75	2,193	390.5	293	1650	1,645	0	22	*107%*	*75%*	*100%*	*#DIV/0!*	0	0	0	0	0				*4,087*	*4,153*	*102%*	*65*	*2%*	295	13.01	1.07	14.08
Tennyson	27	1458.167	1,840	1110.5	1,300	1001.25	1,431	990	1,261	*126%*	*117%*	*143%*	*127%*	0	1	0	0	0			RN	*4,560*	*5,832*	*128%*	*1,272*	*28%*	803	4.07	3.19	7.26
The Birth Place	9	1082.25	1,022	360	360	1080	1,062	360	312	*94%*	*100%*	*98%*	*87%*	11	0	0	0	0		ward safely staffed	KM	*2,882*	*2,756*	*96%*	*126*	*-4%*	101	20.64	6.65	27.29
Victory	18	1048.75	1,552	774.15	1,459	957	1,034	660	1,573	*148%*	*188%*	*108%*	*238%*	1	2	0	0	1				*3,440*	*5,618*	*163%*	*2,178*	*63%*	480	5.39	6.32	11.70
Wakeley	25	1733	1,683	1353.483333	1,294	1192.5	1,384	1192.5	1,361	*97%*	*96%*	*116%*	*114%*	1	3	0	0	0		There were 3 night shifts where the nursing establishment was short by 1 RN. In addition 1 band 6 nurse had planned sick leave for 1 week. The risk was mitigated by the redeployment of a band 6 from Gundulph ward. When staffing numbers fall short of expected on the night shift, the site practitioner will support the ward through Hospital rounding.	RN	*5,471*	*5,723*	*105%*	*251*	*5%*	729	4.21	3.64	7.85
Will Adams	26	1389.8	1,973	1087.2	1,214	957	1,565	990	1,352	*142%*	*112%*	*163%*	*137%*	0	0	0	0	0			RN	*4,424*	*6,103*	*138%*	*1,679*	*38%*	781	4.53	3.29	7.81
Trust total	**633**	**49,822**	**55,791**	**28,609**	**29,104**	**38,265**	**45,171**	**20,874**	**24,097**	***112.0%***	***101.7%***	***118.0%***	***115.4%***	**32**	**16**	**2**	**1**	**8**				**137,570**	**154,163**	**112%**	**16593**	**12.1%**	**17220**	5.86	3.09	8.95

Medway NHS
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Appendix 3 - Unify report – December 2016

Fill rate indicator return
Staffing: Nursing, midwifery and care staff

Org: RPA Medway NHS Foundation Trust

Period: December_2016-17

Please provide the URL to the page on your trust website where your staffing information is available

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

Comments

Validation alerts (see control panel)	Only complete sites your organisation is accountable for	Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day: Registered midwives/nurses		Day: Care Staff		Night: Registered midwives/nurses		Night: Care Staff		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Arethusa	110 - TRAUMA & ORTHOPAEDICS		1973	2,265	1,099	1,529	1,320	1,793	1,023	1,435	114.8%	139.1%	135.8%	140.3%	796	5.1	3.7	8.8
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Bronte WARD	340 - RESPIRATORY MEDICINE		1547	1,401	1,127	1,089	1,093	1,121	729	752	90.6%	96.6%	102.5%	103.2%	558	4.5	3.3	7.8
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Byron	430 - GERIATRIC MEDICINE		1537.333333	1,825	1,127	1,425	1,035	1,625	1,024	1,347	118.7%	126.4%	157.0%	131.5%	806	4.3	3.4	7.7
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	CCU	320 - CARDIOLOGY		721.75	704	-	-	713	730	-	-	97.5%	-	102.3%	-	126	11.4	0.0	11.4
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Delivery	501 - OBSTETRICS		2979.25	2,868	549	547	2,976	2,897	540	429	96.3%	99.6%	97.3%	79.4%	162	35.6	6.0	41.6
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Dolphin (Paeds)	420 - PAEDIATRICS		3140.4	3,174	698	973	2,473	2,507	357	460	101.1%	139.3%	101.4%	129.0%	419	13.6	3.4	17.0
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Gundulph	300 - GENERAL MEDICINE		1957	1,770	1,684	1,236	1,331	1,297	1,342	1,221	90.5%	73.4%	97.4%	91.0%	720	4.3	3.4	7.7
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Harvey	328-STROKE MEDICINE		1123.5	1,258	1,652	1,182	1,024	1,193	1,046	1,027	111.9%	71.6%	116.5%	98.2%	727	3.4	3.0	6.4
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3582.25	3,732	-	-	3,116	3,766	-	-	104.2%	-	120.9%	-	295	25.4	0.0	25.4
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Keats	301 - GASTROENTEROLOGY	307-DIABETIC MEDICINE	1517.916667	2,794	1,187	1,257	990	2,588	1,012	1,097	184.1%	105.9%	261.4%	108.4%	808	6.7	2.9	9.6
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Kent	501 - OBSTETRICS		1152.25	1,092	464	373	744	720	672	600	94.7%	80.4%	96.8%	89.3%	436	4.2	2.2	6.4
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Kingfisher SAU	100 - GENERAL SURGERY		1944	1,633	1,589	1,524	1,342	1,332	682	803	84.0%	95.9%	99.2%	117.7%	661	4.5	3.5	8.0
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Lawrence	823 - HAEMATOLOGY		1118.733333	1,002	820	915	698	732	698	811	89.5%	111.6%	105.0%	116.2%	464	3.7	3.7	7.5
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	McCulloch	100 - GENERAL SURGERY		1448.833333	2,254	1,065	1,524	979	1,882	1,012	1,463	155.6%	143.1%	192.2%	144.6%	938	4.4	3.2	7.6
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Medical HDU	192 - CRITICAL CARE MEDICINE		1460.666667	1,353	350	355	1,069	1,037	357	333	92.6%	101.3%	97.1%	93.4%	180	13.3	3.8	17.1
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Milton	430 - GERIATRIC MEDICINE		1586.5	2,002	1,310	1,708	1,033	1,597	1,046	1,254	126.2%	130.4%	154.6%	119.9%	806	4.5	3.7	8.1
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Nelson	320 - CARDIOLOGY		1523.833333	1,413	1,212	1,206	1,012	1,001	682	748	92.7%	99.5%	98.9%	109.7%	741	3.3	2.6	5.9
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	NICU	422- NEONATOLOGY		3671.25	3,624	420	150	3,565	3,508	-	-	98.7%	35.6%	98.4%	-	913	7.8	0.2	8.0
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Ocelot	502 - GYNAECOLOGY		909	884	518	851	745	758	372	674	97.2%	164.3%	101.7%	181.4%	340	4.8	4.5	9.3
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Pearl	501 - OBSTETRICS		1135.916667	1,194	726	555	1,116	1,092	372	312	105.2%	76.4%	97.8%	83.9%	352	6.5	2.5	9.0
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Pembroke	110 - TRAUMA & ORTHOPAEDICS		1512	1,430	1,166	1,400	1,012	1,231	1,023	1,265	94.5%	120.1%	121.6%	123.7%	794	3.4	3.4	6.7
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Phoenix	100 - GENERAL SURGERY		1827.783333	1,807	1,546	1,610	1,353	1,431	1,353	1,649	98.8%	104.2%	105.8%	121.9%	911	3.6	3.6	7.1
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Sapphire Ward	300 - GENERAL MEDICINE		1324.5	1,995	2,349	1,935	1,001	1,518	1,364	1,343	150.6%	82.4%	151.6%	98.4%	868	4.0	3.8	7.8
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	SDCC	100 - GENERAL SURGERY		1896.25	1,839	1,442	1,014	561	1,014	572	616	97.0%	70.3%	180.7%	107.6%	529	5.4	3.1	8.5
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Surgical HDU	192 - CRITICAL CARE MEDICINE		2105.85	2,142	406	312	1,705	1,743	-	22	101.7%	76.9%	102.2%	-	301	12.9	1.1	14.0
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Tennyson	430 - GERIATRIC MEDICINE		1617.666667	1,495	1,177	1,315	1,046	1,216	1,046	1,112	92.4%	111.8%	116.2%	106.3%	831	3.3	2.9	6.2
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	The Birth Place	501 - OBSTETRICS		1117	1,044	372	288	1,116	1,058	372	312	93.5%	77.4%	94.8%	83.9%	101	20.8	5.9	26.8
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Victory	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	1137.1	1,625	826	1,006	1,012	942	682	1,378	142.9%	121.8%	93.1%	202.0%	511	5.0	4.7	9.7
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Wakeley	300 - GENERAL MEDICINE		2006.5	1,655	1,608	1,351	1,350	1,328	1,373	1,339	82.5%	84.0%	98.4%	97.6%	769	3.9	3.5	7.4
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Will Adams	301 - GASTROENTEROLOGY	307-DIABETIC MEDICINE	1385.5	2,411	1,156	1,143	1,012	1,936	1,023	1,320	174.0%	98.9%	191.3%	129.0%	806	5.4	3.1	8.4
																			806	0.0	0.0	0.0

Medway NHS
NHS Foundation Trust

Appendix 4 - Nursing safe staffing return – December 2016

Fill rate indicator return

Staffing: nursing, midwfery and care staff

Jan-17

		Day				Night				Day		Night		Quality Metrics / Actual Incidents					Deputy Director of Nursing (Divisonal) review			Internal KPIs					Care Hours Per Patient Day (CHPPD)			
		Registered Staff		Care Staff		Registered Staff		Care Staff																						
WARD	Beds	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 harm	Number of patient related medication errors - moderate to	Number of complaints relating to nursing care	DDON rag rating	Assurance statement	DDON signoff	Total Planned Hours (registered & care)	Total Actual Hours (registered & care)	Overall fill rate	Difference total Actual vs Planned hs	Difference total Actual vs Planned %	Cumulative count over the month of patients at 23:59 each day	Registered midwives / Nurses	Care Staff	Overall
Arethusa	27	1973	2,265	1099	1,529	1320	1,793	1023	1,435	*115%*	*139%*	*136%*	*140%*	1	0	0	0	0		Staff in Arethusa and Pembroke work flexibly across the units to ensure safe staffing.	SH	*5,415*	*7,022*	*130%*	*1,607*	*30%*	796	5.10	3.72	8.82
Bronte	18	1547	1,401	1127	1,089	1092.75	1,121	728.5	752	*91%*	*97%*	*103%*	*103%*	1	0	2	0	0		Bronte ward has had some short term sickness this month. There were 4 patients on NIV and as such the ward required additional temporary staff to support the acuity. Not all agency/bank shifts were covered. To mitigate the risk Medical High Dependency Unit supported the ward. Staff were redeployed from other areas to maintain a safe environment	RN	*4,495*	*4,362*	*97%*	*-133*	*-3%*	558	4.52	3.30	7.82
Byron	26	1537.333	1,825	1127.25	1,425	1035	1,625	1023.75	1,347	*119%*	*126%*	*157%*	*132%*	0	3	0	0	0			RN	*4,723*	*6,221*	*132%*	*1,498*	*32%*	806	4.28	3.44	7.72
CCU	4	721.75	704	0	-	713	730	0	-	*98%*	*#DIV/0!*	*102%*	*#DIV/0!*	0	0	0	0	0			RN	*1,435*	*1,433*	*100%*	*-2*	*0%*	126	11.38	0.00	11.38
Delivery	15	2979.25	2,868	549	547	2976	2,897	540	429	*96%*	*100%*	*97%*	*79%*	1	0	0	0	1		delivery suite safely staffed by moving satff across the maternity unit	KM	*7,044*	*6,740*	*96%*	*-304*	*-4%*	162	35.58	6.02	41.60
Dolphin (Paeds)	34	3140.4	3,174	698	973	2472.5	2,507	356.5	460	*101%*	*139%*	*101%*	*129%*	1	0	0	0	0		safely staffed	KM	*6,667*	*7,113*	*107%*	*446*	*7%*	419	13.56	3.42	16.98
Gundulph	25	1957	1,770	1684.25	1,236	1331	1,297	1342	1,221	*90%*	*73%*	*97%*	*91%*	0	2	0	0	1		Due to sickness and unfilled agency/bank shift. There is a twice daily formal review of staffing that redeploys staff to mitigate the risk across Acute and Continuing Care	RN	*6,314*	*5,525*	*87%*	*-790*	*-13%*	720	4.26	3.41	7.67
Harvey	24	1123.5	1,258	1652	1,182	1023.75	1,193	1046.25	1,027	*112%*	*72%*	*116%*	*98%*	1	0	0	0	0		Due to sickness and unfilled agency/bank shift. There is a twice daily formal review of staffing that redeploys staff to mitigate the risk across Acute and Continuing Care	RN	*4,846*	*4,659*	*96%*	*-186*	*-4%*	751	3.26	2.94	6.20
Intensive Care Unit	9	3582.25	3,732	0	-	3116.25	3,766	0	-	*104%*	*#DIV/0!*	*121%*	*#DIV/0!*	1	0	0	0	0		Staffing in critical care work flexibly across the three units to ensure stafe staffing levels. Due to capacity issues on the wards a number of patients fit for ward care are unable to be transferred out of the unit. These patients do not require the same level of nursing support and nurse:patient ratios may be adjusted. In the month of December a high volume of patients required level 3 or level 2 support and additional staff were booked to ensure patients were cared for safely within other clinical environments	SH	*6,699*	*7,498*	*112%*	*800*	*12%*	295	25.42	0.00	25.42
Keats	27	1517.917	2,794	1187	1,257	990	2,588	1012	1,097	*184%*	*106%*	*261%*	*108%*	2	0	0	0	0			RN	*4,707*	*7,737*	*164%*	*3,030*	*64%*	808	6.66	2.91	9.57
Kent	24	1152.25	1,092	463.75	373	744	720	672	600	*95%*	*80%*	*97%*	*89%*	1	0	0	0	0		ward safely staffed	KM	*3,032*	*2,784*	*92%*	*-248*	*-8%*	436	4.15	2.23	6.39
Kingfisher SAU	14	1944	1,633	1589	1,524	1342	1,332	682	803	*84%*	*96%*	*99%*	*118%*	3	1	0	0	1		Due to operational pressures The assessment unit trolley spaces can be bedded. This adjusts the staffing ratio required on the ward. Shortfall is filled with temporary staff or the Matron and Ward Sister work clinically in the numbers to maintain safe	SH	*5,557*	*5,291*	*95%*	*-266*	*-5%*	682	4.35	3.41	7.76
Lawrence	19	1118.733	1,002	820.1666667	915	697.5	732	697.5	811	*90%*	*112%*	*105%*	*116%*	0	2	0	0	0		Increase number of short term sickness, one staff when on maternity leave and another staff went on secondment. The Senior Sister works clinically when there are shortfall in the planned hours. The is also a band 7 PDN role that supports the ward.		*3,334*	*3,460*	*104%*	*126*	*4%*	464	3.74	3.72	7.46
McCulloch	24	1448.833	2,254	1064.5	1,524	979	1,882	1012	1,463	*156%*	*143%*	*192%*	*145%*	2	0	0	0	0		A number of vulnerable patients are on the ward require specialist 1:1 nursing care and staffing levels are adjusted to meet this and maintain patient safety. Additionally the Ward	SH	*4,504*	*7,123*	*158%*	*2,619*	*58%*	938	4.41	3.18	7.59
Medical HDU	6	1460.667	1,353	350	355	1068.5	1,037	356.5	333	*93%*	*101%*	*97%*	*93%*	0	0	0	0	0		Sister and Matron work clinically in the numbers when staffing	SH	*3,236*	*3,077*	*95%*	*-159*	*-5%*	180	13.28	3.82	17.10
Milton	27	1586.5	2,002	1310	1,708	1033	1,597	1046.25	1,254	*126%*	*130%*	*155%*	*120%*	0	2	0	0	0		Staffing in critical care work flexibly across the three units to ensure safe staffing levels. Due to capacity issues on the wards a number of patients fit for ward care are unable to be transferred out of the unit. These patients do not require the	RN	*4,976*	*6,561*	*132%*	*1,585*	*32%*	806	4.47	3.68	8.14
Nelson	24	1523.833	1,413	1211.983333	1,206	1012	1,001	682	748	*93%*	*100%*	*99%*	*110%*	1	1	0	0	0		One band 6 nurse left the Trust. Shortfall in staffing was managed by the redeployment of staff	RN	*4,430*	*4,368*	*99%*	*-62*	*-1%*	741	3.26	2.64	5.90
NICU	25	3671.25	3,624	419.5	150	3565	3,508	0	-	*99%*	*36%*	*98%*	*#DIV/0!*	0	0	0	0	0		unit safely staffed	KM	*7,656*	*7,281*	*95%*	*-375*	*-5%*	913	7.81	0.16	7.97
Ocelot	12	909	884	517.5	851	744.5	758	371.5	674	*97%*	*164%*	*102%*	*181%*	0	0	0	0	0		ward safely staffed	KM	*2,543*	*3,166*	*125%*	*623*	*25%*	340	4.83	4.48	9.31
Pearl	23	1135.917	1,194	726.25	555	1116	1,092	372	312	*105%*	*76%*	*98%*	*84%*	7	0	0	0	0		ward safely staffed	KM	*3,350*	*3,153*	*94%*	*-197*	*-6%*	352	6.50	2.46	8.96
Pembroke	27	1512	1,430	1165.5	1,400	1012	1,231	1023	1,265	*95%*	*120%*	*122%*	*124%*	1	0	0	0	0		Staff in Arethusa and Pembroke work flexibly across the units to ensure safe staffing.	SH	*4,713*	*5,326*	*113%*	*613*	*13%*	794	3.35	3.36	6.71
Phoenix	30	1827.783	1,807	1545.516667	1,610	1353	1,431	1353	1,649	*99%*	*104%*	*106%*	*122%*	3	0	0	0	2		A number of vulnerable patients are on the ward require specialist 1:1 nursing care and staffing levels are adjusted to meet this and maintain patient safety. Additionally the Ward Sister and Matron work clinically in the numbers when	SH	*6,079*	*6,497*	*107%*	*418*	*7%*	911	3.55	3.58	7.13
Sapphire Ward	28	1324.5	1,995	2349	1,935	1001	1,518	1364	1,343	*151%*	*82%*	*152%*	*98%*	1	0	0	0	1			RN	*6,039*	*6,790*	*112%*	*751*	*12%*	868	4.05	3.78	7.82
SDCC	26	1896.25	1,839	1442	1,014	561	1,014	572	616	*97%*	*70%*	*181%*	*108%*	0	0	0	0	0		Due to operational pressures 12 unfunded beds are open on the ward. When staffing is short the Matron and Ward Sister work clinically in the numbers to maintain safe staffing levels. A planned closure across the bank holidays was cancelled due to significant operational pressures and a large number of patients requiring admission. The unit was re-opened with the use of substantive staff working additional duties and temporary staff.	SH	*4,471*	*4,483*	*100%*	*11*	*0%*	560	5.09	2.91	8.00
Surgical HDU	10	2105.85	2,142	405.5	312	1704.75	1,743	0	22	*102%*	*77%*	*102%*	*#DIV/0!*	0	0	0	0	0		Staffing in critical care work flexibly across the three units to ensure stafe staffing levels. Due to capacity issues on the wards a number of patients fit for ward care are unable to be transferred out of the unit. These patients do not require the same level of nursing support and nurse:patient ratios may be adjusted. In the month of December a high volume of patients required level 3 or level 2 support and additional staff were booked to ensure patients were cared for safely within other clinical environments	SH	*4,216*	*4,219*	*100%*	*3*	*0%*	301	12.91	1.11	14.02
Tennyson	27	1617.667	1,495	1176.75	1,315	1046.25	1,216	1046.25	1,112	*92%*	*112%*	*116%*	*106%*	0	1	0	0	0		Due to sickness and unfilled agency/bank shift. There is a twice daily formal review of staffing that redeploys staff to mitigate the risk across Acute and Continuing Care	RN	*4,887*	*5,139*	*105%*	*252*	*5%*	831	3.26	2.92	6.18
The Birth Place	9	1117	1,044	372	288	1116	1,058	372	312	*93%*	*77%*	*95%*	*84%*	11	0	0	0	0		unit safely staffed	KM	*2,977*	*2,702*	*91%*	*-275*	*-9%*	101	20.81	5.94	26.75
Victory	18	1137.1	1,625	825.5833333	1,006	1012	942	682	1,378	*143%*	*122%*	*93%*	*202%*	1	2	0	0	0		A number of vulnerable patients are on the ward require specialist 1:1 nursing care and staffing levels are adjusted to meet this and maintain patient safety. Additionally the Ward Sister and Matron work clinically in the numbers when staffing levels fall below recommended numbers.	SH	*3,657*	*4,951*	*135%*	*1,294*	*35%*	511	5.02	4.66	9.69
Wakeley	25	2006.5	1,655	1607.75	1,351	1350	1,328	1372.5	1,339	*82%*	*84%*	*98%*	*98%*	0	1	0	0	1		The risk level is due to unfilled agency/bank shifts. The Senior Sister worked clinically and staff were redeployed from other areas to maintain safety	RN	*6,337*	*5,673*	*90%*	*-664*	*-10%*	769	3.88	3.50	7.38
Will Adams	26	1385.5	2,411	1156	1,143	1012	1,936	1023	1,320	*174%*	*99%*	*191%*	*129%*	1	0	0	0	0			RN	*4,577*	*6,810*	*149%*	*2,233*	*49%*	806	5.39	3.06	8.45
Trust total	**633**	**51,961**	**55,680**	**29,642**	**29,771**	**39,540**	**46,591**	**21,772**	**25,119**	***107.2%***	***100.4%***	***117.8%***	***115.4%***	**40**	**15**	**2**	**0**	**7**				**142,914**	**157,161**	**110%**	**14248**	**10.0%**	**17745**	5.76	3.09	8.86

Medway NHS
NHS Foundation Trust

Report to the Board of Directors

Board Date: 2 February 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 ☐

Corporate Governance Report – December 2016 and January 2017

1. EXECUTIVE SUMMARY

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

2. CARE QUALITY COMMISSION

Inspection

The corporate governance team and the PMO have been closely aligned throughout the CQC Comprehensive Inspection Process, and continue to do so in preparing for the publication of the report and subsequent Quality Summit. More detail with regard to the initial feedback and resulting actions from the inspection is provided within the PMO Director's report to the Board.

In addition to the initial submissions of evidence requested by the CQC (over 1000 documents), the Trust has continued to receive a large volume of data requests from the inspection team. To date a further 241 sources of evidence have been provided. The services and themes include:

Services covered	No's	Themes
Children & Young People	25	Training data, environment audits, infection control
Critical Care	18	Fire evacuation, doctor and nurse rotas, Incident RCAs
End of Life Care	33	Training, activity, DNACPR, death certification
Maternity & Gynaecology	24	Directorate governance meetings, staffing, benchmarking
Medicine	12	Mixed sex, DOLS, ward acuity, JAG accreditation
Outpatients	54	Referral rates, PTL meeting minutes, RTT figures, staff meetings
Pharmacy	2	PGD lists, syringe driver training
Surgery	10	RCAs, complaints, recovery delays, fasting times
Trust wide	30	Black escalation, staff turnover, bank/agency usage
Urgent & Emergency Care	33	Fire and major incident management, records audits, RCAs

3. RISK AND REGULATION QUALITY ASSURANCE

Audit

The planned audit of our Risk Management framework by our internal auditors KPMG commenced on 17 January and the outcome report is planned to go to the Audit Committee on 2 March 2017. We have provided KPMG with a large amount of documentation in terms of Risk management Strategy, Policy, Procedures and Guidance, along with meeting papers for the Executive group and Trust Board, with relevant minute extracts from the Quality Improvement Group, Quality Assurance Committee. KMPG will also undertake sample testing of various directorate and programme risk registers and relevant meeting papers and minutes to test that the policy and procedures are being embedded and that the relevant groups and committees are fulfilling their responsibilities around risk management, review and escalation.

Corporate Risk Register and Board Assurance Framework

The Corporate Risk Register and BAF went to the Executive Group on 18 January for review and update, the results of which are being presented to the Trust Board this month as a separate item. This will form the pattern of reporting going forward, with monthly reporting to Execs and bi-monthly to Board.

4. HEALTH AND SAFETY

A suitably qualified Health & Safety auditor has been sourced to undertake a full health and safety compliance assessment on a fixed term contract throughout January – March 2017. She will be assessing compliance using a professional audit tool published by the NHS Staff Council Health, Safety and Wellbeing Partnership Group http://www.nhsemployers.org/~/media/Employers/Publications/workplace-health-safety-standards.pdf

The audit comprises of 20 key sections covering:

- The management of health and safety
- Incident reporting
- Provision of an occupational health service
- Slips and trips

- Musculoskeletal disorders/manual handing
- Electric proofing beds
- Violence and aggression/challenging behaviour
- Lone working
- Work related stress
- Bullying and harassment
- Hazardous substances
- Management of sharps
- Work equipment
- Display screen equipment
- Legionella
- The workplace
- Radiation
- First aid
- Working Time Directive (including night workers)
- New and expectant mothers

This benefits the Trust by way of conducting a full, independent audit of the Trust's health and safety systems to enable it to see any weaknesses so it can make the necessary improvements.

5. COMPLAINTS

The Complaints Policy has been finalised and is attached separately for Board approval. The Director of Corporate Governance, Risk, Compliance and Legal provided a detailed update on changes in the management of complaints and a performance update to the Quality Assurance Committee on 19 January 2017.

6. DOCUMENTATION MANAGEMENT

Work on streamlining policies continues. The table below shows the status of the 17 corporate policies. Meetings have been scheduled with the owners of the policies which are outstanding.

Corporate Policy	Document Owner	Status
Complaints	Director of Corporate Governance, Risk, Compliance and Legal	Going to Board for approval 2 February 2017
Duty of Candour	*Chief Quality Officer	Approved; Available on intranet

		*Medical Director and Director of Nursing have been asked to confirm who will take over responsibility for this policy
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. A meeting with the Deputy Director of Workforce and OD has been scheduled
Information Governance	Director of Corporate Governance, Risk, Compliance and Legal	Approved; Available on intranet
Medicines Management	Medical Director	Not yet approved
Patient Care and Management	Director of Nursing	First draft written
Risk Management	Director of Corporate Governance, Risk, Compliance and Legal	Approved; Available on intranet

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 still required.
Serious Incidents	*Chief Quality Officer	Approved; Available on intranet *Medical Director and Director of Nursing have been asked to confirm who will take over responsibility for this policy
Standards of Business Conduct	Company Secretary	First draft written
Violence, Aggression and Disruptive Behaviour	Security Director (currently Director of Finance)	Approved; Available on intranet

7. EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE

The main focus for the EPRR Team over this period has been in relation to monitoring warnings and alerts. Met Office Warnings are of interest operationally as cold weather has a direct impact on the health of our population. Snow was a recent challenge that the Trust was well prepared for with good evidence of joint working between many functions across the Trust in accordance with the Adverse Weather Plan and overarching Winter Resilience Plan.

8. GOVERNANCE

The Head of Integrated Governance and the Director of Corporate Governance, Risk, Compliance & Legal are undertaking a review of the effectiveness of the existing Clinical Governance arrangements (corporate structure) and at Directorate

level, basing this on the governance arrangements of the Acute and Continuing Care Directorate. The purpose of this is to understand the internal governance within the clinical directorates and that of the wider clinical governance structure, including the meetings hierarchy and then the onward reporting to the next meeting in the hierarchy up to the Trust Executive Group.

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). The Trust is currently sourcing an external reviewer to undertake this work. More details on the framework are available via: www.gov.uk/government/uploads/system/uploads/attachment_data/file/422057/Well-led_framework_April_2015.pdf

Medway NHS
NHS Foundation Trust

Report to the Trust Board

Date: 02 February 2017

Title of Report	**Corporate Risk Register and Board Assurance Framework**
Presented by	Lynne Stuart
Lead Director	Lynne Stuart, Director of Corporate Governance, Risk, Compliance and Legal
Committees or Groups who have considered this report	Executive Group 18.01.2017
Executive Summary	• A Summary Corporate Risk Register (CRR) report is given at appendix 1, with the full Corporate Risk Register Report at appendix 2. • The CRR has been reviewed and revised following the Executive Group on 18 January 2017, with updates detailed within the report. • The Board Assurance Framework (BAF) is given at appendix 3. An associated corporate risk related to objective 2 will be added to the CRR and BAF.
Resource Implications	N/A
Risk and Assurance	Set out in report.
Legal Implications/Regulatory Requirements	The Board is responsible for ensuring that the organisation has appropriate risk management processes in place to deliver its strategic and operational plans and comply with the registration requirements of the quality regulator. This includes systematically assessing and managing its risks. These include financial, corporate and clinical risks. For Foundation Trusts, this also includes risks to compliance with the terms of authorisation. The Trust Board is accountable for ensuring a system of internal control and stewardship is in place which supports the achievement of the organisation's objectives.
Recovery Plan Implication	Governance and Standards
Quality Impact Assessment	N/A
Recommendation	The Board are asked to:- • Review the Corporate Risk Register (CRR) • Review the Board Assurance Framework (BAF).
Purpose & Actions required by the Board :	Approval ☐ Assurance ☑ Discussion ☑ Noting ☐

Corporate Risk Register and Board Assurance Framework – February 2017

1. EXECUTIVE SUMMARY

1.1. A Summary Corporate Risk Register (CRR) report is given at appendix 1, with the full Corporate Risk Register Report at appendix 2.

1.2. The CRR has been reviewed and revised following the Executive Group meeting on 18 January 2017, with updates detailed below.

1.3. The Board Assurance Framework is given at appendix 3. An associated corporate risk related to objective 2 will be added to the CRR and BAF.

2. CORPORATE RISK REGISTER (CRR)

2.1. A Summary Corporate Risk Register (CRR) report is given at appendix 1.

2.2. The full Corporate Risk Register report from RiskAssure is given at appendix 2. Review following the Executive Group meeting on 18.01.2017 has resulted in some changes being made in terms of risk title and description, but no changes to scoring; the changes are as follows:-

a) **CRR-2016-010 – Performance,** risk title changed to Operational Performance

b) **CRR-2016-009B - Patient Flow – Regulatory Intervention**, this risk has been moved to the closed risk register, with the associated risk impact and control being added to the Corporate Compliance Risk CRR-2016-011 and the linked risk ACC-2016-016 Therapies, Patient equipment for discharge moved to the Corporate Operational Performance Risk (CRR-2016-010). All other linked risks are linked to CRR-2016-009 described below section c).

c) **CRR-2016-009A - Patient Flow – Patient Safety Risk,** this risk number has been changed to CRR-2016-009 as there is no longer a distinction between 009A and 009B on the active register.

d) **CRR-2016-011 – Compliance –** Further information added to risk impact and control as described in section b) above.

3. BOARD ASSURANCE FRAMEWORK (BAF)

3.1. The latest Board Assurance Framework (BAF) is given at appendix 3; this is currently under review by Executives.

3.2. The Board Assurance Framework (BAF) shows that for Trust Objective 2. ***Innovation: We will embrace innovation and digital technology to support the best of care*** there is no associated Corporate risk, this is under review by the Director of Finance (who has recently taken on responsibility for Informatics) and will be added to the CRR and BAF in due course.

4. INTERNAL AUDIT

4.1. The Trust Risk Management arrangements are subject to internal audit by the Trust's auditors KPMG during January and February 2017. A report will go to the Audit Committee meeting scheduled for 02.03.2017.

5. REGULAR REVIEW OF DIRECTORATE RISK REGISTERS

5.1. A series of reviews of the Directorate and Programme risk registers have been timetabled across the Trust, to challenge risk articulation and scoring and support teams in effective risk management going forward.

6. APPENDICES

1. Summary Corporate Risk Register
2. Corporate Risk Register
3. Board Assurance Framework

Appendix 1 Summary Corporate Risk Register Report

Risk Ref	Risk Title / Brief Description	Risk Domain	Risk Owner	Current Score			Target Score	Score Trend			Date Risk added
				C	L	R = C x L		Last Month	Last 3 Months	Last 6 Months	
CRR-2016-001	**Safe Nurse Staffing –** Nursing staff shortages may lead to sub optimal care, impacting on patient safety processes and clinical outcomes	Patient Safety	Director of Nursing	4	4	16	4 (2x2)	⟺	↓		26.09.16
CRR-2016-010	**Operational Performance –** Failure to meet national performance standards results in delayed diagnosis and harm to patients, financial penalties and reputation damage.	Quality / Audit	Chief Executive	4	4	16	4 (2x2)	⟺	⟺		26.09.16
CRR-2016-005	**Emergency Department –** Physical restrictions in the layout of ED lead to overcrowding which impacts on patient care. Resus and Trolleys area of the ED are not suitable for the service provided, or big enough to accommodate the potential number of people using the service at any one time.	Service / Business Interruption	Director of Clinical Ops ACC	3	5	15	4 (2x2)	⟺	⟺		26.09.16
CRR-2016-002	**Safe Medical Staffing –** Inability to recruit sufficient numbers of suitably qualified medical staff, may lead to sub optimal care, impacting on patient safety processes and clinical outcomes.	Patient Safety	Medical Director	4	3	12	4 (2x2)	⟺	⟺		26.09.16
CRR-2016-007	**Estates –** The combination of under investment in a dilapidated estate and the absence of a coherent strategic approach to the management of estates mean that the infrastructure does not meet business needs and capital funding and resources may be insufficient to deliver what is required.	Service / Business Interruption	Director of Estates	4	3	12	4 (2x2)	⟺	↓		26.09.16
CRR-2016-008	**Equipment Failure –** Significant high value equipment that is out of date and past its replacement date may not be reliable or fit for purpose impacting on service delivery and income.	Service / Business Interruption	Finance Director	4	3	12	4 (2x2)	⟺	⟺		26.09.16

Risk Ref	Risk Title / Brief Description	Risk Domain	Risk Owner	Current Score			Target Score	Score Trend			Date Risk added
				C	L	R = C x L		Last Month	Last 3 Months	Last 6 Months	
CRR-2016-009	**Patient Flow - Patient Safety Risk –** Due to failure to meet operational performance standards and maintain effective patient flow there is a risk of delayed diagnosis, treatment and/or discharge of patients.	Patient Safety	Director of Nursing	4	3	12	4 (2x2)	⟺	N/A		17.11.16
CRR-2016-015	**Finance –** Failure to achieve planned financial control total through Cost Improvement Plans and Carter Review efficiencies across the Trust affects the financial sustainability and Going Concern assessment of the Trust.	Finance	Finance Director	4	3	12	6 (2x3)	⟺	⟺		26.09.16
CRR-2016-003	**Reduced capacity and capability in non-nursing and medical staff groups –** Reduced capacity and capability across the organisation impacts on delivery of operational objectives and may compromise patient care	Staffing Competence	Director of HR & OD	3	3	09	4 (2x2)	⟺	↓		26.09.16
CRR-2016-004	**Safeguarding –** Failure to protect vulnerable children and adults may cause harm and potential reputation damage due to inadequacies in meeting statutory responsibilities	Patient Safety	Director of Nursing	3	3	09	4 (2x2)	⟺	⟺		26.09.16
CRR-2016-006	**Medicines management –** Pharmacy support and resourcing does not meet Trust requirements impacting on patient care and outcomes. Inability to recruit sufficient suitably qualified pharmacists and other staff to adequately meet the needs of all Trust services results in a risk to prescribing management and storage of medicines across the Trust.	Staffing Competence	Director of Clinical Ops ACC	3	3	09	4 (2x2)	⟺	⟺		26.09.16
CRR-2016-011	**Compliance –** The Trust may not be compliant with key statutory and mandatory requirements. This may lead to patient harm, regulator interventions and reputation damage	Compliance Audit Governance	Director of Corporate Governance, risk, compliance & Legal	3	3	09	4 (2x2)	⟺	⟺		26.09.16

Risk Ref	Risk Title / Brief Description	Risk Domain	Risk Owner	Current Score			Target Score	Score Trend			Date Risk added
				C	L	R = C x L		Last Month	Last 3 Months	Last 6 Months	
CRR-2016-013	**Training and appraisal rates –** Poor training and appraisal rates may result in an inability to retain a high quality, trained workforce, impacting detrimentally on quality and safety of care to patients	Organisational Development	Director of HR & OD	3	3	09	4 (2x2)	⟺	⟺		26.09.16
CRR-2016-012	**Deteriorating patient –** Tools and skills in recognising and escalating deterioration in patients is not embedded successfully in the Trust leading to poor outcomes for patients	Patient Safety	Medical Director	4	2	8	04 (2x2)	⟺	↓		26.09.16
CRR-2016-014	**Learning from incidents, complaints and claims and application of Duty of Candour-** Learning from incidents, complaints and claims is not structured and formalised across the Trust meaning that learning opportunities are not adequately disseminated and further patient harm may result from repeat incidents.	Quality / Audit	Medical Director	2	4	8	04 (2x2)	⟺	⟺		26.09.16

Risk Matrix					
	Likelihood				
Consequence	**1 Rare**	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost Certain**
5 Catastrophic	5 Moderate	10 High	15 Extreme	20 Extreme	25 Extreme
4 Major	4 Moderate	8 High	12 High	16 Extreme	20 Extreme
3 Moderate	3 Low	6 Moderate	9 High	12 High	15 Extreme
2 Minor	2 Low	4 Moderate	6 Moderate	8 High	10 High
1 Negligible	1 Low	2 Low	3 Low	4 Moderate	5 Moderate

Appendix 2.

Detailed Corporate Risk Register Report - Ordered by Highest Risk

Medway NHS Foundation Trust

Corporate Risk Register

Corporate Risk Register

Corporate Risk Register

Risk Ref:	Risk Title / Controls	Description of Risk / Update on Control	Risk Type	Consequence	Likelihood	Initial Risk	Current Risk Score	Target Risk Score	Impact of Risk:	Risk Owner	Ultimate Accountable Owner	Date Risk Raised	Date Risk Closed	Evidence
CRR-2016-001	Safe Nurse Staffing	Nursing staff shortages may lead to sub optimal care, impacting on patient safety processes and clinical outcomes	Corp_Patient Safety	5	4	20	16 (4x4)	04 (4x4)	Potential patient harm incidents. Potential complaints and claims. Increased agency use and associated increased cost. Potential regulatory action by CQC. Potential increased staff stress and potential increased staff sickness	Karen Rule	Director of Nursing	26/09/2016		Dermatology: Nursing staff recruitment Inability of Resourcing team to fulfil the level of vacancy requirements Inability to Provide Interventional Radiology On-Call Service Low number of exit interviews conducted and limited understanding of staff leaving reasons. Neurology, Rheumatology and Dermatology: Staffing levels: Nursing and medical. Neurology: Nurse recruitment Shortage of NICU nursing staff Temporary staffing fill requirements. Inability of Temporary Staffing Team to fulfil the level of staffing requests.

Risk Mitigation/Controls	Update on Control Effectiveness	Action Required & Gaps in Control	Control Owner	Review Date
Reviewing staff on a daily basis, shift by shift relocating staff to ensure safety. Vacant posts being filled by agency staff where possible and ensuring robust induction for these staff – recruitment plan in place to recruit to roles on a permanent basis.		New advertising recruitment campaign for the region to be launched October – targeting nurses. Business Critical posts identified and extra recruitment resource and priority given. Streamlining recruitment process to make it easier/quicker for candidates to apply. Recruitment exhibition stands at both the BMJ, RCN and AGM Conferences in London October and November. Overseas recruitment for NICU nurses and EU nurses active as part of the recruitment plan.	Karen Rule	28/12/2016

Risk Ref:	Risk Title / Controls	Description of Risk / Update on Control	Risk Type	Consequence	Likelihood	Initial Risk	Current Risk Score	Target Risk Score	Impact of Risk:	Risk Owner	Ultimate Accountable Owner	Date Risk Raised	Date Risk Closed	Evidence

CRR-2016-010	**Operational Performance**	Failure to meet national performance standards results in delayed diagnosis and harm to patients, financial penalties and reputation damage.	Corp_Quality / Audit	4	4	16	16 (4x4)	04 (2x2)	Potential moderate/serious harm events due to delayed diagnosis and subsequent treatment, poor patient experience with potential for complaints and claims. Financial penalties Reputational damage	Lesley Dwyer	Chief Executive	26/09/2016		Cancer targets and patients on the waiting lists Cancer Waiting Time Performance and Compliance Failure to to meet 18 Week Target Neurology: review list Stroke Unit does not meet 7 day SSNAP Standards due to Therapy provision and Consultant workforce The Trust is not meeting the 18w RTT THERAPIES Patient equipment for discharge

Risk Mitigation/Controls	Update on Control Effectiveness	Action Required & Gaps in Control	Control Owner	Review Date
In relation to the 18 week target, the Surgical Directorate has initiated outsourcing. Capacity and Demand models have been implemented and there is a new Lead in post to review and challenge performance. Cancer waiting times and performance - Weekly monitoring of Patient tracking list (PTL), agreed trajectory and breach reports. RCA's to interrogate reasons for delays and to implement remedial actions. Cancer remedial action and improvement plan in place. Mortality reviews are in place in all specialities within the Directorates and are taking place routinely. Trust Mortality Learning Coordinator in place and assisting with the quality of reviews and their outcomes. Mortality Data scrutinised at all levels of the Directorate Governance Structures.	PTL meetings and subsequent actions taken are impacting on the theatre lists. Trust Mortality performance is showing significant improvements, HSMR's are improving with the exception of 'acute and unspecified Renal Failure' which remains an outlier. AKI reporting app has been launched, Outreach team review and visit identified patients daily.	For oversight Executive further sub groups are in development, Performance Review Meetings are taking place. Reporting structure and templates have been developed and disseminated to Executives on 14.06.2016.	Lesley Dwyer	19/12/2016

Risk Ref:	Risk Title / Controls	Description of Risk / Update on Control	Risk Type	Consequence	Likelihood	Initial Risk	Current Risk Score	Target Risk Score	Impact of Risk:	Risk Owner	Ultimate Accountable Owner	Date Risk Raised	Date Risk Closed	Evidence

CRR-2016-005	**Emergency Department**	Physical restrictions in the layout of ED leads to overcrowding which impacts on patient care. Resus and Trolleys area of the ED are not suitable for the service provided, or big enough to accommodate the potential number of people using the service at any one time.	Corp_Service/Business Interruption	3	5	15	15 (3x5)	04 (2x2)	Potential patient harm events. Increased complaints and potential claims Inability to comply with statutory regulations and meet patient care targets, leading to adverse financial and reputational loss.	Margaret Dalziel	Director of Clinical Operations - ACC	26/09/2016		Cohorting practice Delay in assessment of patients referred to specialist team. Elderly: Patient capacity-number of patients Inappropriate referrals to the Gynaecology Assessment Unit (GAU) Length of stay of psychiatry patients in ED Management of Trauma patients Patient Records Manual/Electronic Section 31 notice Security

Risk Mitigation/Controls	Update on Control Effectiveness	Action Required & Gaps in Control	Control Owner	Review Date
Controls have been put in place as detailed in cohorting escalation policy. Patients in all ED are being frequently reviewed to ensure patient safety and prompt escalation were appropriate.	Latest audits show improvement in all clinical indicators associated with cohorting area.	ED new build project underway in staged process to ensure patient safety.	Margaret Dalziel	19/12/2016

Risk Ref:	Risk Title / Controls	Description of Risk / Update on Control	Risk Type	Consequence	Likelihood	Initial Risk	Current Risk Score	Target Risk Score	Impact of Risk:	Risk Owner	Ultimate Accountable Owner	Date Risk Raised	Date Risk Closed	Evidence
CRR-2016-002	**Safe Medical Staffing**	Inability to recruit sufficient numbers of suitably qualified medical staff, may lead to sub optimal care, impacting on patient safety processes and clinical outcomes.	Corp_Patient Safety	4	3	12	12 (4x3)	04 (2x2)	Potential patient harm incidents. Potential complaints and claims. Increased locum use and associated increased cost Potential regulatory action by CQC	Diana Hamilton-Fairley	Medical Director	26/09/2016		Acute ONcology and Cancer: Insufficient Consultant provision Dermatology: risk that the trust will not be able to recruit substantively into the vacant posts of Dermatologists and to cover for maternity leave Inability of Resourcing team to fulfil the level of vacancy requirements Medcial Staffing Medical Model Staffing Neurology, Rheumatology and Dermatology: Staffing levels: Nursing and medical. Surgery - Inappropriate Transfer of Paediatric Patients

Risk Mitigation/Controls	Update on Control Effectiveness	Action Required & Gaps in Control	Control Owner	Review Date
Medical model and patient surveillance e.g NEWS in place to prioritise patient safety. Use of regular agency staff to ensure consistency. Recruitment of locum consultants while substantive appointments are made.		Consultants: Targeted recruitment strategy. Out to advert for approved posts Further Business Cases for Consultant posts being completed and submitted Junior Doctors: Negotiations with Deanery, recruitment of non training rotations doctors, MIT roles. Physician associates and other roles to support medical teams.	Diana Hamilton-Fairley	28/12/2016

Risk Ref:	Risk Title / Controls	Description of Risk / Update on Control	Risk Type	Consequence	Likelihood	Initial Risk	Current Risk Score	Target Risk Score	Impact of Risk:	Risk Owner	Ultimate Accountable Owner	Date Risk Raised	Date Risk Closed	Evidence
CRR-2016-007	Estates	The combination of under investment in a dilapidated estate and the absence of a coherent strategic approach to the management of estates means that the infrastructure does not meet business needs and capital funding and resources may be insufficient to deliver what is required	Corp_Service/Business Interruption	4	4	16	12 (4x3)	04 (2x2)	Service disruption due to estates issues may impact adversely on patient safety. Potential regulatory action due to non compliance with building regulations. Financial impact of remedial action leading to non compliance with financial restrictions placed on the Trust.	Claire Lowe	Director of Estates and Facilities	26/09/2016		End of life infrastructure: Theatre Exposure to bodily fluids Fire Alarm System Fire doors Inadequate drainage Inadequate storage and maintenance of Patient Records Inappropriate Recovery Environment Medical High Dependency Unit Non Compliance with HBN Regulations Roof of Deceased Records Library Void fire compartmentation Water infrastructure Water leak detection

Risk Mitigation/Controls	Update on Control Effectiveness	Action Required & Gaps in Control	Control Owner	Review Date
New Director of Estates and Facilities in post prioritising work required. Estates Infrastructure Governance Group developed, Estates business continuity plans in place.		Business Impact Assessment for Estates Project Team and Operational Estates procedure in place since August 2016. Various business cases underway across the Trust in relation to Estate improvements required.	Claire Lowe	19/12/2016

Risk Ref:	Risk Title / Controls	Description of Risk / Update on Control	Risk Type	Consequence	Likelihood	Initial Risk	Current Risk Score	Target Risk Score	Impact of Risk:	Risk Owner	Ultimate Accountable Owner	Date Risk Raised	Date Risk Closed	Evidence

Risk Ref:	Risk Title / Controls	Description of Risk / Update on Control	Risk Type	Consequence	Likelihood	Initial Risk	Current Risk Score	Target Risk Score	Impact of Risk:	Risk Owner	Ultimate Accountable Owner	Date Risk Raised	Date Risk Closed	Evidence
CRR-2016-008	Equipment Failure	Significant high value equipment that is out of date and past its replacement date may not be reliable or fit for purpose impacting on service delivery and income	Corp_Service/Business Interruption	4	3	12	12 (4x3)	04 (2x2)	Potential for service disruption with adverse impact on patient care. Inability to meet the demands of the service with potential for delayed diagnosis and or treatment. Increased maintenance costs with associated financial impact.	Darren Cattell	Director of Finance	26/09/2016		Age of ENT Outpatient Washer Fire Alarm System Fire doors Loss of Ability to Provide Fluoroscopy Service Mortuary Fridges Maintenance and Repair PHARMACY Isolators in aseptics- Malfunction Risk of malfunctioning robot

Risk Mitigation/Controls	Update on Control Effectiveness	Action Required & Gaps in Control	Control Owner	Review Date
Risk based Medical Devices replacement programme in place for up to 150k replacement , annual replacement programme but 10% of overarching allocated budget retained as contingency for ongoing urgent replacement. Business case as required over 150k replacement.	All reported controls being applied	Consideration of alternative funding arrangements, such as managed equipment services to provide advance budgeting of equipment within services.	Darren Cattell	20/02/2017

Risk Ref:	Risk Title / Controls	Description of Risk / Update on Control	Risk Type	Consequence	Likelihood	Initial Risk	Current Risk Score	Target Risk Score	Impact of Risk:	Risk Owner	Ultimate Accountable Owner	Date Risk Raised	Date Risk Closed	Evidence
CRR-2016-009	Patient Flow - Patient Safety Risk	Due to failure to meet operational performance standards and maintain effective patient flow there is a risk of delayed diagnosis, treatment and/or discharge of patients.	Corp_Patient Safety	4	3	12	12 (4x3)	04 (2x2)	Potential avoidable moderate / serious harm to patients Potential regulatory intervention	Karen Rule	Director of Nursing	17/11/2016		Bed Occupancy averages 97-99% across the Trust (15/16) Elderly: Referrals grading Management of the rehabilitation element of the trauma pathway. Patient Flow Through the Hospital

Risk Mitigation/Controls	Update on Control Effectiveness	Action Required & Gaps in Control	Control Owner	Review Date
Implementation of improvement programmes (as part of the Trust Recovery Programme), including in relation to: a) Reducing delays to the diagnosis and treatment of patients (e.g. Medical model, Planned Care and Outpatients) b) Identifying risks to patients and preventing them from crystallising (deteriorating patients, transforming nursing care, governance and standards); and c) Ensuring we have appropriate numbers of sufficiently skilled staff (workforce)	Improved performance against key safety and operational performance indicators (KPIs).	Delivery of Recovery programme remains in progress; regulatory standards are not yet consistently achieved (in some cases with much still to be done). Contractual operational performance improvement trajectories are not being achieved.	Karen Rule	20/02/2017

Risk Ref:	Risk Title / Controls	Description of Risk / Update on Control	Risk Type	Consequence	Likelihood	Initial Risk	Current Risk Score	Target Risk Score	Impact of Risk:	Risk Owner	Ultimate Accountable Owner	Date Risk Raised	Date Risk Closed	Evidence

Risk Ref:	Risk Title / Controls	Description of Risk / Update on Control	Risk Type	Consequence	Likelihood	Initial Risk	Current Risk Score	Target Risk Score	Impact of Risk:	Risk Owner	Ultimate Accountable Owner	Date Risk Raised	Date Risk Closed	Evidence
CRR-2016-015	**Finance**	Failure to achieve planned financial control total through Cost Improvement Plans and Carter Review efficiencies across the Trust affects the financial sustainability and Going Concern assessment of the Trust.	Corp_Finance	4	3	12	12 (4x3)	06 (2x3)	Potential for further licence conditions and regulatory action Increased pressure on staff to meet efficiency targets whilst maintaining quality of patient care. Insufficient funding for on-going service commitments in staff and suppliers; investment in Estates, IT and equipment. Services provided are sub-optimal and open to criticism from Regulators under an inspection regime.	Darren Cattell	Director of Finance	26/09/2016		Cost Improvement Programs (CIPs) Financial Performance Income Level Liquidity Patient Level Costing (PLICS) and Service Line Repoting (SLR) Sustainability & Transformation Plan (STP)

Risk Mitigation/Controls	Update on Control Effectiveness	Action Required & Gaps in Control	Control Owner	Review Date
Directorates have been engaged in budget setting & all budgets formally signed off. Monthly reporting of actual vs. budget performance reviewed at Performance Review Meetings (PRMs) and presented to the Board. The Cost Improvement Programs(CIPs) process has been amended to include a gateway from Idea to CIP; to RAG rate the schemes with a monthly review process. The target for 2016/2017 is 4% (£12.6m) but with a contingency of £1.8m. Review of all income opportunities by specialist external resource working with the Trust team. Income analysis by speciality now reported in monthly Finance Reports. Liquidity: Operational plan clearly outlines revenue funding requirements. On-going discussion with DH to confirm requirements. Business cases for key capital investments prepared with NHSi and DH prior to approval of Board. Funding source secured prior to plans being finalised. Clarity of requirement for external funding signalled in Operational Plan. Development of financial recovery plan.	All reported controls being applied.	Plans to implement Patient Level Costing (PLICS) and Service Line Reporting (SLR) 2016/2017, Key enabler for Trust deficit reduction. A Programme Management Office (PMO) Director has been appointed and is working with Finance to develop an assurance and governance regime and to monitor and control the delivery of CIPs to target. Finalisation and agreement of financial recovery plan, subsequent implementation. Engagement with the Sustainability & Transformation Plan (STP)	Darren Cattell	19/12/2016

Risk Ref:	Risk Title / Controls	Description of Risk / Update on Control	Risk Type	Consequence	Likelihood	Initial Risk	Current Risk Score	Target Risk Score	Impact of Risk:	Risk Owner	Ultimate Accountable Owner	Date Risk Raised	Date Risk Closed	Evidence
CRR-2016-003	**Reduced capacity and capability in non nursing and medical staff groups**	Reduced capacity and capability across the organisation impacts on delivery of operational objectives and may compromise patient care	Corp_Staffing/ Competence	4	3	12	09 (3x3)	04 (2x2)	Potential patient harm events, reputational impact, increased stress on existing staff and potential recruitment and retention issues. May impact on Trust ability to meet statutory requirements.	James Devine	Director of HR & OD	26/09/2016		Community Paediatrics â€“ Delay in typing clinic letters. Lack of Sufficient WTE Pharmacy Support to Critical Care Patient Safety Team PHARMACY Provision of home care services by the commercial sector PHARMACY Staffing Resources for QI programmes SI Investigators Staffing THERAPIES Therapy Staffing

Risk Mitigation/Controls	Update on Control Effectiveness	Action Required & Gaps in Control	Control Owner	Review Date
In In house bank introduced in March 2016. Fill rates increased. Regular Locum and agency staff where possible to improve consistency, with rolling recruitment adverts in many areas. Emphasis on local induction and training to enhance capability. Working with agencies to address agency capping arrangements, and directorates to recruit to roles where bank/agency is in place		Service reviews and staff recruitment where required underway in many areas.	James Devine	28/12/2016

Risk Ref:	Risk Title / Controls	Description of Risk / Update on Control	Risk Type	Consequence	Likelihood	Initial Risk	Current Risk Score	Target Risk Score	Impact of Risk:	Risk Owner	Ultimate Accountable Owner	Date Risk Raised	Date Risk Closed	Evidence
CRR-2016-004	**Safeguarding**	Failure to protect vulnerable children and adults may cause harm and potential reputation damage due to inadequacies in meeting statutory responsibilities	Corp_Patient Safety	3	3	9	09 (3x3)	04 (2x2)	Potential failure to protect vulnerable adults & children leading to patient harm events. Failure to meet statutory requirements may lead to regulatory action. Financial impact due to potential penalties and claims. Adverse reputational impact.	Karen Rule	Director of Nursing	26/09/2016		Elderly Medicine: Falls risks Elderly: Referrals grading Increasing safeguarding activity (e.g. referrals and training requirements) Safeguarding referral process Safeguarding vulnerable adults Staff understanding of MCA and DOLS

Risk Mitigation/Controls	Update on Control Effectiveness	Action Required & Gaps in Control	Control Owner	Review Date
Safeguarding team resource increased & Safeguarding team visible in clinical areas to support staff. Content of mandatory training reviewed. Additional training session in place. Resources to support staff understanding & management of safeguarding - policies, protocols, quick guide manuals on all wards, generic e-mail for safeguarding team, safeguarding page on intranet		Interim staff employed until substantive appointments made. Review of safeguarding activity & resource required.	Karen Rule	19/12/2016

Risk Ref:	Risk Title / Controls	Description of Risk / Update on Control	Risk Type	Consequence	Likelihood	Initial Risk	Current Risk Score	Target Risk Score	Impact of Risk:	Risk Owner	Ultimate Accountable Owner	Date Risk Raised	Date Risk Closed	Evidence
CRR-2016-006	Medicines management	Pharmacy support and resourcing does not meet Trust requirements impacting on patient care and outcomes. Inability to recruit sufficient suitably qualified pharmacists and other staff to adequately meet the needs of all Trust services results in a risk to prescribing management and storage of medicines across the Trust.	Corp_Staffing/ Competence	3	3	9	09 (3x3)	04 (2x2)	Potential for medication errors and omissions due to lack of pharmacy support, leading to potential patient harm events. Increased stress on existing staff with an adverse impact on recruitment and retention.	Margaret Dalziel	Director of Clinical Operations - ACC	26/09/2016		Lack of Sufficient WTE Pharmacy Support to Critical Care Medicine Management - precribing and administration Medicine Managment - stoarge PHARMACY - MEDICINES MANAGEMENT 1) Poor Prescribing 2) Mismanagement of Controlled drugs 3) Inappropriate administration of medicines / omitted doses 4) Medicines Management Committee attendance PHARMACY Storage/ temperature management of medicines on wards externally to pharmacy Research governance - pharmacy department compliance Undetected medication errors

Risk Mitigation/Controls	Update on Control Effectiveness	Action Required & Gaps in Control	Control Owner	Review Date
Drug charts are reviewed on ward round. Double checking of prescription charts by nurses. Use of locum staff were possible with emphasis on local induction. Drug charts sent to pharmacy to review and validate, wards can contact pharmacy with queries.		Ongoing recruitment is in place, Prescribing audit required to find where pharmacist is most needed, along with skill mix review. Critical Care - Business Case being developed by Pharmacy with the input of the Clinical Director to request additional pharmacy support. Ambient temperature monitoring project pharmacy are working with estates and equipment services to identify a trust-wide room temperature monitoring system.	Margaret Dalziel	19/12/2016

Risk Ref:	Risk Title / Controls	Description of Risk / Update on Control	Risk Type	Consequence	Likelihood	Initial Risk	Current Risk Score	Target Risk Score	Impact of Risk:	Risk Owner	Ultimate Accountable Owner	Date Risk Raised	Date Risk Closed	Evidence

CRR-2016-011	**Compliance**	The Trust may not be compliant with key statutory and mandatory requirements. This may lead to patient harm, regulator interventions and reputation damage	Corp_ Compliance/Audit/Governance	3	3	9	09 (3x3)	04 (2x2)	Patient safety may be adversely affected. Potential for regulatory action and financial penalties. Potential restrictions on the Trust's healthcare licences, up to an including service closures. Potential imposition of Trust Special Administrator and/or removal of Trust Board and Council of Governors members. Increased regulatory oversight, diverting management resources from core activities Reputational damage with potential for adversely affecting staff recruitment and retention.	Lynne Stuart	Dir. of Corp. Governance, Risk, Compliance & Legal	26/09/2016		Breach of Construction (Design and Management) Regulations Breast unit accomodation inadequate for the volume of patients, resultiing in non-compliance with QA action plan and service safety. Care Quality Commission registration Clinical Effectiveness Team CQC and Patient Safety Equality Delivery System - Board requirements Equality Delivery System - non implementation Failure to adhere to NHS Provider Licence Standard Conditions information sharing with independent healthcare provider - VIRGIN Medical High Dependency Unit Non Compliance with HBN Regulations Medway NHS FT (MFT) and Darrenth Valley Hospital (DVH) Pathology Joint Venture Record retention periods applied inappropriately or not applied at all Resilient Major Incident Communications Cascade SI Breaches

Risk Mitigation/Controls	Update on Control Effectiveness	Action Required & Gaps in Control	Control Owner	Review Date
Development of Trust Recovery Programme (work streams relate to quality, operational performance and financial improvement)Patient safety controls in place as described in relation to Corporate Patient safety risks e.g. Nurse and Medical Staffing. CQC Registration: - Governance Standards work Programme within the Programme Management Office Implementation of CQCAssure to provide automated process for self-assessment and collection and overview of results. NHS Provider Licence Standard Conditions:- Regular meetings and reporting and submissions to NHS Improvement; submission of self-assessment templates to NHS Improvement (NHSI) in accordance with the Risk Assessment Framework.	11.01.2017 Risk Domain changed to Compliance Audit Governance, this risk moved to closed for audit trail.	14 November 2016: All directorate challenge sessions have taken place. What is a common gap across both the fundamental standards and the KLOE assessments is that very few review dates have been set and only a very few actions have been identified. The Corporate Governance team continues to provide both support and challenge to Executive and Operational Directors in completing their assessments and for ensuring that there is a system in place within their respective directorates for on-going monitoring and review. Further quality assurance and testing of these reviews will continue over the next two weeks and a more detailed progress report will be provided to the November Board. being addressed through dialogue with directorates.	Lynne Stuart	20/02/2017

Risk Ref:	Risk Title / Controls	Description of Risk / Update on Control	Risk Type	Consequence	Likelihood	Initial Risk	Current Risk Score	Target Risk Score	Impact of Risk:	Risk Owner	Ultimate Accountable Owner	Date Risk Raised	Date Risk Closed	Evidence
CRR-2016-013	**Training and appraisal rates**	Poor training and appraisal rates may result in an inability to retain a high quality, trained workforce, impacting detrimentally on quality and safety of care to patients	Corp_Organisational Development	3	3	9	09 (3x3)	04 (2x2)	Potential for patient harm events with increased complaints and claims, associated financial and reputational loss. Staff not able to perform effectively in their roles, adverse impact on staff recruitment and retention.	James Devine		26/09/2016		Appraisal compliance. Employees failing to attend mandatory training sessions for IG. Failure to achieve 95% target for IG Toolkit Local induction - all staff including agency Non-compliance in mandatory training requirements. Poor compliance with mandatory moving and handling training

Risk Mitigation/Controls	Update on Control Effectiveness	Action Required & Gaps in Control	Control Owner	Review Date
Mandatory Training:- Trust wide Development and implementation of action plan. Data provided weekly to Directorates & HR Business Partners (HRBPs). Information Governance (IG) All staff required to undertake annual (IG) training. New IG Manager appointed 01.06.16; programme of work and identification of specific problem areas is being developed Moving & Handling:-Review of training availability and accessibility has identified more workplace based training is required. A recovery trajectory plan is now in place. Mental Capacity Act & Deprivation of Liberty (MCA & Dols): Content of mandatory training reviewed. Additional training session in place. Safeguarding team resource increased. Safeguarding team visible in clinical areas to support staff. Appraisal:- Directorates agreeing trajectories of compliance with HR Business Partners (HRBP). New achievement review replaced appraisal Sept 16, simplifies process.			James Devine	19/12/2016

Risk Ref:	Risk Title / Controls	Description of Risk / Update on Control	Risk Type	Consequence	Likelihood	Initial Risk	Current Risk Score	Target Risk Score	Impact of Risk:	Risk Owner	Ultimate Accountable Owner	Date Risk Raised	Date Risk Closed	Evidence
CRR-2016-012	**Deteriorating patient**	Tools and skills in recognising and escalating deterioration in patients is not embedded successfully in the Trust leading to poor outcomes for patients	Corp_Patient Safety	4	3	12	08 (4x2)	04 (2x2)	Potential patient harm events, potential for increased complaints and claims with associated adverse financial impact and reputational damage.	Diana Hamilton-Fairley	Medical Director	26/09/2016		Capacity and flow of patients Imaging Recovery Room and inability to recover patients in an appropriate environment Patient Flow Through the Hospital Recognition and escalation of the deteriorating patient

Risk Mitigation/Controls	Update on Control Effectiveness	Action Required & Gaps in Control	Control Owner	Review Date
National Early Warning Score (NEWS) training for substantive and agency staff. NEWS training for all nursing staff now mandatory and compliance is being monitored. Outreach Team and Site team supporting nurses. Matrons and Senior Sisters working clinical shifts on a regular basis to monitor and supervise care. Audit of NEWS and other aspects of care. Block booking of agency. Review of staffing levels on a day by day, shift by shift basis.		Acute & Continuing Care Directorate Business case to be submitted for practice development nurses on wards.	Diana Hamilton-Fairley	19/12/2016

Risk Ref:	Risk Title / Controls	Description of Risk / Update on Control	Risk Type	Consequence	Likelihood	Initial Risk	Current Risk Score	Target Risk Score	Impact of Risk:	Risk Owner	Ultimate Accountable Owner	Date Risk Raised	Date Risk Closed	Evidence
CRR-2016-014	**Learning from incidents, complaints and claims and application of Duty of Candour**	Learning from incidents, complaints and claims is not structured and formalised across the Trust meaning that learning opportunities are not adequately disseminated and further patient harm may result from repeat incidents.	Corp_Quality / Audit	2	4	8	08 (2x4)	04 (2x2)	Dissatisfaction of users and commissioners of the service, potential increased complaints and claims. Reputational damage Increased burden on staff time to investigate repeated events.	Diana Hamilton-Fairley	Medical Director	26/09/2016		Clinical negligence claims and inquest outcomes Learning from serious incidents

Risk Mitigation/Controls	Update on Control Effectiveness	Action Required & Gaps in Control	Control Owner	Review Date	
Learning events are being rolled out across the Trust. Learning from serious incidents is included in the F1/F2 doctors training sessions, grand rounds, Nursing and Quality Forum. Feedback from serious incident investigations facilitated by the Patient Safety Team relating to the teams and trends. Action plan monitoring undertaken in the SI monitoring group. Deep dives into the actions will be undertaken regularly to provide assurance. Newsletter is being published. 07/09/16 - first swarm event took place looking at SI's. Trajectory has been set to reduce the Serious Incident investigation breach rate and is being monitored monthly. Directorates are identifying investigators, investigation tracker is in place and an escalation framework . Developed closer working arrangements between Patient Safety Team and Legal Services. Weekly meetings held. Developing process for reporting and triangulation of claims and inquest data with other patient safety metrics.	Complaints process revised Sept 16 and improved methodology has been implemented.	Deep dives into the actions will be undertaken regularly to provide assurance. Newsletter is being published.	Diana Hamilton-Fairley	19/12/2016	

Strategic Objective One

Our People: We will enable our people to give their best and achieve their best

Strategic Blueprint

We will have effective and appreciative leadership throughout the organisation, creating a high performance environment where staff have clarity about what is expected of them, receive regular feedback and understand that poor performance will be addressed. Our employees will be engaged, committed to continuous improvement and embrace change. We will be an employer of choice.

Lead Directors

Director of Human Resources and Organisational Development (HR & OD), Medical Director, Director of Nursing.

Risk Register Reference

Corporate Risk Register: CRR-2016-001, CRR-2016-003, CRR-2016-006, CRR-2016-004, CRR-2016-013.

Strategic Risks	Indicators	Corporate Risk Register	Initial Risk (C X L)	Current Risk (C X L)	Gaps in Controls / Assurance
The Trust is unable to attract, recruit and retain high quality staff impacting on a continued dependency on temporary staff and safe staffing levels, affecting quality of care, and financial costs.	Vacancy rates. Temporary staff usage rates.	Nursing staff shortages may lead to sub optimal care, impacting on patient safety processes and clinical outcomes. Inability to recruit sufficient numbers of suitably qualified medical staff may lead to sub optimal care, impacting on patient safety processes and clinical outcomes. Reduced capacity and capability across the organisation impacts on delivery of operational objectives and may compromise patient care. Pharmacy support & resourcing does not meet Trust requirements impacting on patient care & outcomes.	15 (5 x 3)	15 (5x3)	Recruitment activity and resourcing initiatives are in place but are not filling the resourcing gap. Director of Nursing provides a report on nursing staff gaps but there is not a comparable equivalent from other professional leads/functions. Therefore, whilst there is an organisational view of nursing staff this does not provide a complete picture and there may be gaps in workforce that the Board are not aware of. A Strategic Workforce Group was established as a sub-group of the Executive Group, but it does not appear to meet regularly and there has been no reporting to the Executive

Strategic Risks	Indicators	Corporate Risk Register	Initial Risk (C X L)	Current Risk (C X L)	Gaps in Controls / Assurance
					Group. The Equality and Diversity Group Terms of Reference indicates onward reporting to the Executive Group, however there has not been any reporting or evidence of progress provided to the Executive Group.
Workforce diversity is not achieved due to a lack of strategic focus and oversight on statutory and contractual equality and diversity obligations.	Workforce Race Equality Standards (WRES). Equality Delivery System (EDS2) outputs		9 (3 x 3)	9 (3 x 3)	EDS2 process has not commenced Board champion not identified Lack of Board understanding/focus on the requirements due to absence of board development or induction in this area
Trust may not have stable and effective leadership and well trained, competent staff at all levels.	Appraisal rates, Induction rates, Mandatory training rates, Leadership development programme, Management development programme.	The Trust may not be compliant with key statutory and mandatory requirements. This may lead to patient harm, regulator interventions and reputation damage. Poor training and appraisal rates may result in an inability to retain a high quality, trained workforce, impacting detrimentally on quality and safety of care to patients. Learning from incidents, complaints and claims is not structured and formalised across the Trust meaning that learning opportunities are not adequately disseminated and further patient harm may result from repeat incidents.	9 (3 x 3)	9 (3 x 3)	Formal development plans for middle and frontline staff Training needs analysis has not been undertaken/formalised in a way that gives organisational oversight and enables a planned approach to addressing training needs or areas of risk Mandatory training and appraisal rates are insufficient in some areas Organisational development planning has not mapped out a culture change programme; diagnostic around prevailing culture has not been undertaken Structured succession planning and talent management approach is not in place

Strategic Risks	Indicators	Corporate Risk Register	Initial Risk (C X L)	Current Risk (C X L)	Gaps in Controls / Assurance
Staff are unable to participate in learning and development opportunities due to staffing shortages.	Mandatory training rates, Learning and development programme and take-up, Appraisal rates, Induction rates.	Poor training and appraisal rates may result in an inability to retain a high quality, trained workforce, impacting detrimentally on quality and safety of care to patients.	8 (2 x 4)	8 (2 x 4)	Migrating data from Oracle Learning System (OLM) to Medway on Line Learning & Interactive Education System (MOLLIE). Jan 2017, WIRED (Workforce Information Reporting Engine Database) no longer updated to track training and appraisal rates, MOLLIE not fully functional as training history being migrated, resulting in incomplete data and difficulty in assessing areas of poor training and appraisal rates.

Assurance Providers		
First Line (Business Management)	**Second Line (Corporate Oversight)**	**Third Line (Independent)**

The Director of Nursing provides a monthly report to the Board which details the previous month's Unify data, areas of risk, mitigations in place and plans going forward.	Performance against the Key Performance Indicators (KPIs) agreed within the Trust Recovery Plan which is reviewed and monitored at the fortnightly Executive Recovery Committee which reports direct to the Board, but with oversight by the Clinical Council on a monthly basis.
	
	Workforce Report to the Board by Director of HR & OD and PID developed Performance Review meetings with Directorates / ToR and framework.
	Monitoring of quality and safety indicators via clinical governance framework:
	• Quality Assurance Committee;
	• Quality Improvement Group; with upward reporting from the following
	  ○ Patient Safety Group (with upward reporting from Resuscitation and Acute Deterioration Group, Hospital Transfusion and Thrombosis Group, and Nutrition group)
	  ○ Patient Experience Group (with upward reporting from End of Life Care Group and Food Quality Focus Group);
	  ○ Clinical Effectiveness and Research Group (with upward reporting from Clinical Audit & NICE Guidance Compliance Group, Mortality & Morbidity and Clinical Outcomes Group,
		Monthly Quality Oversight Committee with NHSI, CQC, CCGs
		
		Weekly reporting on KPIs via a conference call with the CCG, NHSI and the CQC
		
		Published monthly Unify data
		
		Board/Executive visits to ward areas
		
		Trust Wide (CQC) and Service Specific regulatory bodies review service outputs as an assessment of staffing levels, these include evidence of staff meetings, mandatory training percentages, appraisal rates, responsiveness to incident reporting and follow up investigations and actions complete, audit performance and non-conformance management, training and competency records, equipment maintenance logs, staff feedback

Assurance Providers		
First Line (Business Management)	**Second Line (Corporate Oversight)**	**Third Line (Independent)**
	Research & Development and Innovation Governance Group and Research Operational Group); ○ Medicines Management Group (with upward reporting from Drugs & Therapeutics Group, Safe Sedation Group and Medical Gases Group); ○ Safeguarding Assurance Group (with upward reporting from Children and Adult Safeguarding Group); ○ Infection & Anti-Microbial Stewardship Group (with upward reporting from Water Safety Group and Decontamination Group)	mechanisms and the results of these.
Director of HR & OD	Equality and Diversity Annual Report to Board	Reporting to Commissioners on WRES outputs
Weekly reporting to Directors of Clinical Operations and Executives provides data on recruitment, appraisal, induction, mandatory training rates Directorate Management Board and Programme Board structure and upward reporting to Quality Improvement Group and Performance Review meetings	Monthly reporting to the Board	Local Supervising Authority Audit Report (Supervision of Midwives)
Director of HR & OD reporting	Directorate Management Board and Programme Board structure and upward reporting to Quality Improvement Group and Performance Review meetings	

Actions to address gaps in control / assurance

Strategic Objective Two

Innovation: We will embrace innovation and digital technology to support the best of care

Strategic Blueprint:

We will protect people from harm, giving them treatments that work and ensuring that they have a good experience of care. We will create an open and sharing environment where research and innovation can flourish achieving dual aims of enhancing the quality of patient care and contributing to the financial sustainability of the organisation. We will have a culture where staff are given the opportunity, training and resources to research and innovate. We will proactively develop partnerships with other organisations, underpinned by robust governance arrangements, to enable execution and exploitation of innovation projects to benefit the population that we serve.

We will do this by increasing the availability of modern technology and quality information systems. We will take a whole systems approach to implementing a digital strategy that will result in providing real time access to patient information across all providers of healthcare in Kent and Medway.

Lead Directors

Director of Finance

Risk Register Reference

Corporate Risk Register: (No specific risk on corporate register, risks identified below are on Directorate registers, risk report to Execs suggests adding a Corporate Risk re innovation and digital technology and Director of Finance is reviewing the position).

Strategic Risks	Indicators	Corporate Risk Register	Initial Risk (C X L)	Current Risk (C X L)	Gaps in Controls / Assurance
The Trust remains behind peers in the implementation of technology and is reliant on outmoded systems. The Trust does not have the requisite financial resources to introduce all technical innovations that are needed. Although the Trust has made progress in implementing technology it is still	Business Case submissions to Executive Group for approval	Knowledge of privacy impact assessment (PIA) requirements for new informatics projects is deficient, new projects with IG impact may not be subject to a PIA at the outset meaning that IG issues are not surfaced at an early stage. The risk of the storage solution running out of capacity means that MNHSFT would be in a	9 (3x3)	9 (3x3)	Corporate Informatics Group (CIG) Terms of Reference indicates onward reporting to the Executive Group, however reporting is not taking place. Project Change Advisory

Strategic Risks	Indicators	Corporate Risk Register	Initial Risk (C X L)	Current Risk (C X L)	Gaps in Controls / Assurance
reliant on multiple outmoded systems and multiple interfaces. Whilst capital funding may be allocated, financial resources required to accelerate implementation may not be available.		position whereby support of the existing systems and storage requirements of users across the MNHSFT stops due to a lack of space. GE RIS disc failure, Failure of 2 disks within Pembury 7 RAID array for GE RIS occurred on 28/08/16 caused reporting failure during w/c 29/08/16 - as a KMMIC shared solution MFT Health Informatics unable to affect corrective actions locally and are reliant on GE remediation plan to restore and support service. MFT is still vulnerable to a reoccurrence.			Board and intentional upward reporting to Corporate Informatics Group and Executive Group, however reporting to Executive Group is not taking place.
Developing and aligning a digital strategy to meet Sustainability and Transformation Plan (STP) aspirations could mean that local improvements that have been developed or already approved do not then get implemented as the STP changes the direction of travel from the original concept. This may cause delays in implementing local improvements and cause developments designed to improve patient care to stagnate if STP partners are not aligned around the digital strategy.	Digital Strategy in place Health Informatics Project Management plans implementation reporting (% outstanding)		9 (3x3)	9 (3x3)	STP governance is not developed Resources are not aligned to STP requirements; staff are internally focussed dealing with Trust issues
A culture and environment for innovation where staff are encouraged to innovate or feel confident with modern technology requires development and time commitment and creating the conditions for innovation is difficult when staff are focussing on dealing with fundamental issues such as staff shortages and preparing for regulatory inspections.	Research income Successful project implementation outcomes		9 (3x3)	9 (3x3)	Research governance - lacks clarity or reporting to Executive / Board on research and innovation initiatives R&D team are unclear about routes for approval; Research governance is unclear and there is a lack of

Strategic Risks	Indicators	Corporate Risk Register	Initial Risk (C X L)	Current Risk (C X L)	Gaps in Controls / Assurance
This may impede progress and support for innovation, impacting detrimentally on sustainability improvements designed to improve patient care.					clarity about where initiatives can be approved Limited capacity and capability in Business Intelligence function: seeking sharing opportunities with other Kent acute trusts.

Assurance Providers		
First Line (Business Management)	**Second Line (Corporate Oversight)**	**Third Line (Independent)**
Health Informatics Risk Register maintenance and review process Health Informatics Programme Management Office	Reporting to Trust wide PMO / Executive Recovery Group updates and oversight Data Quality Group Terms of Reference and onward reporting to CIG	
Chief Executive's and Medical Director's integration into STP process.	Chief Executive's reporting to Board on wider STP developments	External review of STPs and monitoring of health economy progress in development and implementation
Speciality/Programme Board and upward reporting in the Directorate governance structure	Research Group reporting upwards to Clinical Effectiveness and Research Group Medical Devices & Equipment Group and upward reporting to Compliance and Risk Group / Escalation to Executive Group	

Actions to address gaps in control / assurance
Jan 2017: Executives have been reminded about the need to submit Key Issues Reports to the Executive Group once a sub-group has met.

Strategic Objective Three

Integrated Health Care: We will work collaboratively with our local partners to provide the best of care and the best patient experience

Strategic Blueprint

Working strategically, as a trusted partner in the Sustainability and Transformation Plan we will work with partner organisations and the public to transform out-of-hospital care through the integration of primary, community and social care and re-orientate elements of traditional acute hospital care into the community. We will work collaboratively and progressively, ensuring that protecting our local Trust interests does not stand in the way of achieving benefits for the wider health economy and public.

Lead Directors

Chief Executive, Director of Finance, Medical Director.

Risk Register Reference

Corporate Risk Register: CRR-2016-005, CRR-2016-008, CRR-2016-010.

Strategic Risks	Indicators	Corporate Risk Register	Initial Risk (C X L)	Current Risk (C X L)	Gaps in Controls / Assurance
Partners do not work strategically for the greater good and are not willing to sacrifice local interests. Delivery of transformation remains an aspiration rather than a reality; Other providers interests' may not be aligned and there may be resistance to change from within the organisation or the local authority Confidence and trust in the leadership is undermined by	Representation and contribution to key strategic groups/ meetings Clinical engagement with wider health economy (via Clinical Council)	Physical restrictions in the layout of ED may lead to overcrowding within the department which may impact on patient care. Resus and Trolleys area of the ED are not suitable for the service provided, or big enough to accommodate the potential number of people using the service at any one time. Significant high cost equipment that is out of date and past its replacement date may not be reliable or fit for purpose impacting on service delivery and income Poor patient flow throughout the hospital impacts on performance, results in sub-optimal care for patients	15 (3 x 5)	15 (3 x 5)	

Strategic Risks	Indicators	Corporate Risk Register	Initial Risk (C X L)	Current Risk (C X L)	Gaps in Controls / Assurance
negative inspection reports and CQC "Inadequate" ratings; failing to exit Special Measures after Nov 2016 Inspection, may lead to a decline in the reputation of the Trust amongst stakeholders		and discharge delays Failure to meet national performance standards results in delayed diagnosis and harm to patients, financial penalties and reputation damage. Failure to protect vulnerable children and adults may cause harm and potential reputation damage due to inadequacies in meeting statutory responsibilities.	9 (3 x 3)	9 (3 x 3)	

Assurance Providers		
First Line (Business Management)	**Second Line (Corporate Oversight)**	**Third Line (Independent**
Chief Executive's monthly report to Board. Medical Director's report to Board	Board approved STP; governance arrangements for STP are that accountability / decision making rests with each component organisation EPRR Group and Local Health Resilience Partnership representation - onward reporting to the Board	Medway Council Overview and Scrutiny Committee Medway Health and Wellbeing Board Monthly Quality Oversight Committee with NHSI, CQC, CCGs NHS England Assurance Process (EPRR) External regulatory standards require accredited and regulated services to assess the quality of services they commission by the review of service level agreements and quality outputs of the service, e.g. result turnaround times, participation in external quality assurance schemes etc. E.g. a Clinical Pathology Accreditation (CPA) accreditation requirement.

Actions to address gaps in control / assurance

Strategic Objective Four

Financial Stability: We will deliver financial sustainability and create value in all that we do

Strategic Blueprint

We will maximise efficiency in service delivery and operational management. We will be outward looking, actively working in partnership with the wider health economy through the Kent and Medway Sustainability and Transformation Plan to maximise efficiency opportunities in workforce, back-office functions, digital strategy and estates utilisation.

Lead Directors
Director of Finance
Risk Register Reference
Corporate Risk Register: CRR-2016-015, CRR-2016-007

Strategic Risks	Indicators	Corporate Risk Register	Initial Risk (C X L)	Current Risk (C X L)	Gaps in Controls / Assurance
The Trust's Going Concern assessment is threatened by failure to achieve its planned deficit reduction and budget for 2016/17 resulting in further licence conditions and potential regulatory action; failure to deliver financial recovery plans and Carter Review efficiencies, threatening long term sustainability; inability to operate without central funding (loans) which restricts the financial operation of the organisation and its autonomy which may impact on its ability to bring about required organisational changes; failure to work with local partners to develop a financially sustainable organisation/system and develop genuine changes in patient experience and health outcomes, for the longer term;	Cost Improvement Plans (CIPs) achievement Use of contingency / reserves Carter benchmark data and performance against targets Signed contracts with Commissioners	Failure to achieve planned deficit reduction through Cost Improvement Plans and Carter Review efficiencies across the Trust affects the financial sustainability and Going Concern assessment of the Trust. The combination of under investment in a dilapidated estate and the absence of a coherent strategic approach to the management of estates means that the infrastructure does not meet business needs	12 (4 X 3)	12 (4 X 3)	

Strategic Risks	Indicators	Corporate Risk Register	Initial Risk (C X L)	Current Risk (C X L)	Gaps in Controls / Assurance
failure to receive all the income for activity due to validation issues with the Commissioner or stretched commissioning budgets.		and capital funding and resources may be insufficient to deliver what is required,			

Assurance Providers		
First Line (Business Management)	**Second Line (Corporate Oversight)**	**Third Line (Independent)**
Scheme of Delegation and authorisation levels Business planning process Financial Recovery Plan Interim Director of Finance appointed Budgetary Control Framework in place from April 2016 ensuring that budget holders have clear responsibilities and accountability and they are supported by training alongside robust budgets. National agency caps; monitoring by procurement team of contracts for agency workers Investments and Contracts Committee Cost Improvement Plans	Estates and Capital Group Integrated Audit Committee oversight of financial governance systems Monthly Finance Report to Board includes status report on compliance with Loan Terms from DH Finance Committee established, meeting scheduled for 26.01.2017. Finance Report to Board	External audit of financial accounts and core financial systems Regular submissions to NHSI - NHS Improvement's monitoring of adherence to loan conditions Internal audit reports

Actions to address gaps in control / assurance

Medway NHS
NHS Foundation Trust

Report to the Board of Directors

Board Date: 2 February 2017

Title of Report	Corporate Policy: Complaints Management
Presented by	Lynne Stuart
Lead Director	Lynne Stuart, Director of Corporate Governance, Risk, Compliance and Legal
Committees or Groups who have considered this report	Executive Group
Executive Summary	Further to discussions between the Chief Executive and the Executive Group, it was resolved to map all policies, Standard Operating Procedures (SOPs) and Administrative Guidance Notes (AGNs) under one of a number of overarching Policy Areas with a high level Board approved Corporate Policy covering each area. The Corporate Policy is intended to be a high level overview of the organisation's policy in the relevant area, with the detailed instructions / guidance being laid out in supporting documentation which is referenced in the Corporate Policy and therefore linked to the overarching policy document. The corporate policy areas are: • Information Governance • Consent • Complaints • Serious Incidents • Safeguarding • Emergency Planning, Resilience and Response • Human Resources/employee handbook • Health and Safety / Fire Safety • Standards of Business Conduct • Medicines Management • Risk Management • Patient Care and Management • Security and Estates • Duty of Candour • Finance Accordingly, the Corporate Policy for Complaints Management has been drafted and is attached for Board approval.
Resource Implications	N/A
Risk and Assurance	Currently there is an excessive number of policies, SOPs and

	AGNs in place and linkage between associated documentation may lack clarity and purpose. The process of creating an overarching Corporate Policy for each area is supported by a review of background documentation and the culling of documents which are superfluous or out of date. The process will streamline document management processes across the Trust.
Legal Implications/Regulatory Requirements	Corporate Policies are being drafted to reflect legal and regulatory requirements.
Recovery Plan Implication	Governance and Standards
Quality Impact Assessment	N/A
Recommendation	The Executive Group have reviewed the policy and recommend that the Board approves the new Corporate Policy for Complaints Management.
Purpose & Actions required by the Board :	Approval ☑ Assurance ☐ Discussion ☐ Noting ☐

Medway NHS
NHS Foundation Trust

CORPORATE POLICY: Complaints Management

Author:	Lyndsay Barrow, Clinical Nurse Lead for Complaints Lynne Stuart, Director of Corporate Governance, Risk, Compliance and Legal
Document Owner:	Lynne Stuart, Director of Corporate Governance, Risk, Compliance and Legal
Revision No:	6
Document ID Number	POLCGR005
Approved By:	Trust Board
Implementation Date:	February 2017
Date of Next Review:	February 2018

Best of care
Best of people

Complaints Management Policy

Document Control / History	
Revision No	**Reason for change**
1	General Review
2	General Review
3	New legislation
4	General Review and update
4.1	Insert new section - Complaints Requiring Reimbursement
4.2	Add QC in monitoring and review table
4.3	General Review and update
5.0	General Policy Review – duty of candour, directorate responsibilities.
6.0	Changes in response to new process and responsibilities

Consultation
Director of Nursing
Head of Patient Experience
Directorate Governance Leads
Executive Group
Chief Executive

Complaints Management Policy

Table of Contents

Complaints Management Policy

To be read in conjunction with any policies listed in Trust Associated Documents.

1 Introduction

1.1 This Policy outlines the Trust's commitment to dealing with complaints about its services and provides information on how we manage, respond to and learn from complaints made about our services.

1.2 The Trust's Policy on complaints management is to meet the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 - Statutory Instrument 2009/309 ("the Regulations"), conform to the NHS Constitution and reflect the recommendations from the Francis Report (2013).

1.3 The Trust will treat complaints seriously and ensure that complaints, concerns and issues raised by patients, relatives and carers are properly investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner. The outcome of any investigation, along with resulting actions will be explained to the complainant.

1.4 The Trust's policy is to follow the "Good Practice Standards for NHS Complaints Handling" (Sept 2013) outlined by the Patients Association:

1.4.1 Openness and Transparency – well publicised, accessible information and processes, and understood by all those involved in a complaint;

1.4.2 Evidence based complainant led investigations and responses. This will include providing a consistent approach to the management and investigation of complaints;

1.4.3 Logical and rational in our approach;

1.4.4 Systematically respond to complaints and concerns in appropriate timeframes;

1.4.5 Provide opportunities for people to offer feedback on the quality of service provided;

1.4.6 Provide complainants with support and guidance throughout the complaints process;

1.4.7 Provide a level of detail appropriate to the seriousness of the complaint;

1.4.8 Identify the causes of complaints and take action to prevent recurrences;

1.4.9 Effective and implemented learning – use "lessons learnt" as a driver for change and improvement;

1.4.10 Ensure that the care of complainants is not adversely affected as a result of making a complaint;

1.4.11 Ensure that Medway NHS Foundation Trust meets its legal obligations;

1.4.12 Act as a key tool in ensuring the good reputation of Medway NHS Foundation Trust.

1.5 The complaints system also incorporates the Parliamentary and Health Service Ombudsman's 'Principles of Good Complaints Handling, Principles of Good Administration and Principles for Remedy' which include:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

2 Purpose / Aim and Objective

2.1 The purpose of this Policy is to provide a framework for dealing with complaints relating to services provided by Medway NHS Foundation Trust and to ensure that patients, relatives, carers and all other users of services have their complaints and concerns dealt with in confidence and impartiality, with courtesy and empathy in a timely and appropriate way.

2.2 It is also intended for distribution to patients and members of the public who require more detailed information than that contained in the Trust's leaflet Compliments, Comments, Concerns, and Complaints.

2.3 It is intended that the Trust's complaints procedures:

2.3.1 Provide a single process which deals with complaints

2.3.2 Provide a flexible approach to investigating complaints locally and to providing people with a rapid, open, and honest response

2.3.3 Are fair to staff and complainants alike.

2.3.4 Enable the Trust to use the information it receives from patients' complaints to improve its services for patients.

2.3.5 Use complaints as an opportunity to gain insight into the patient experience and improve the quality of care and treatment and overall experience.

2.3.6 Ensure the Trust works in conjunction with other appropriate agencies to ensure that a single co-ordinated response is sent in respect of complaints which involve two or more organisations when requested by the complainant.

3 Definitions

3.1 A **complaint or concern** is an expression of dissatisfaction about an act, omission or decision, either verbal or written, and whether justified or not, that requires a response. Patients may not always use the word "complaint." They may offer a

comment or suggestion which can be extremely helpful but it is important to recognise those "comments" which are really complaints and need to be handled as such.

3.2 **Regulations** - Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 - Statutory Instrument 2009/309. The Regulations set out the statutory framework that the Trust follows including

3.2.1 Persons who can make complaints

3.2.2 Duty to handle complaints

3.2.3 Complaints about the provision of health services

3.2.4 Complaints not required to be dealt with

3.2.5 Duty to co-operate

3.2.6 Time limit for making a complaint

3.2.7 Procedure before investigation

3.2.8 Investigation and response

3.2.9 Forms of communication, Publicity, Monitoring, Annual Reports

3.2.10 Full details of the Regulations are available via: http://www.legislation.gov.uk/uksi/2009/309/contents/made

4 (Duties) Roles & Responsibilities

4.1 **Trust Board**

4.1.1 Responsible for approving the Trust's Corporate Policy for complaints management.

4.1.2 Responsible for reviewing and approving the annual report to the Board on complaints.

4.1.3 Responsible for understanding the statutory framework for management of complaints and assuring itself on the adequacy of the Trust arrangements for meeting requirements.

4.2 **Chief Executive**

4.2.1 In accordance with the Regulations the Chief Executive is the designated "Responsible Person".

4.2.2 Overall accountability for ensuring the Trust's Corporate Policy for complaints management meets the statutory requirements as set out in the Regulations.

4.2.3 Responsible for approving and signing complaints response letters. Regulation 4 (2) of the Regulations allows the functions of the Responsible Person to be performed by any person authorised by Medway NHS Foundation Trust to act on the Responsible Person's behalf. Accordingly,

Medway NHS Foundation Trust has delegated responsibility for signing of complaints within the parameters set out in appendix 1.

4.3 **Director of Corporate Governance, Risk, Compliance and Legal**

4.3.1 Is responsible for complaints management and is the designated "Complaints Manager" required by the Regulations. Complaints management is managed operationally by the Complaints Team.

4.4 **Complaints Team**

4.4.1 Is responsible for the implementation and co-ordination of the Trust's complaints policy.

4.4.2 Is responsible for ensuring all complaints are read and recorded, and that responses are coordinated and completed in accordance with the Regulations.

4.4.3 Is responsible for the collation and submission of any returns required in relation to complaints.

4.4.4 Is responsible for the preparation of the annual report in relation to complaints.

4.4.5 Is the Systems Manager for the Trust's complaints management system with responsibility for ensuring the correct usage and application of the system and the extraction of data to meet reporting requirements.

4.5 **Directors of Clinical Operations**

4.5.1 The Directors of Clinical Operations have operational responsibility to ensure that their directorate has adequate procedures and resources for investigating and responding to complaints in accordance with the requirements of the Regulations.

4.5.2 They also have responsibility for ensuring that there are effective Directorate governance processes for reviewing and embedding the learning from complaints.

4.6 **Directorate Governance Lead**

4.6.1 Has responsibility for following the Trust procedure for managing and reviewing the complaints it receives; the focus of which will be to review and, where necessary, change practice, develop learning outcomes and improve the quality of patient care.

4.6.2 Directorate reports will be provided for review through the directorate's governance structure detailing the work being undertaken to learn from complaints. Good practice initiatives will be shared across the organisation and issues of concern will be addressed through the Trust's governance and performance process.

4.6.3 Has responsibility for allocating complaints to an Investigating Manager and ensuring that they respond in accordance with the established procedures.

4.6.4 Where recommendations or action plans are produced by the Parliamentary and Health Service Ombudsman following their investigations, it is the responsibility of the Directorate Governance Lead to implement and monitor these recommendations and plans. All Parliamentary and Health Service Ombudsman recommendations will be reported through the Directorate Governance set out in SOP0218 Complaints Outcome Audit.

4.6.5 The Directorate Governance Lead is responsible for identifying when an action plan is required. The Directorate will complete the action plan and monitor it until closed when it can be uploaded to Datix.

4.7 Directorate Governance Facilitators/Administrators

4.7.1 In circumstances whereby local resolution continues in the form of a meeting with directorate staff members in an attempt to provide remedy to the complainant, directorate governance staff will coordinate the meeting arrangements in a timely manner and ensure that a record of the meeting is taken (this may be written or recorded) and that notes or the recording will be uploaded onto Datix.

4.7.2 Are responsible for ensuring that all evidence relating to the complaint and its investigation is uploaded onto Datix ensuring the integrity of the audit trail and completeness of the complaint record on Datix. On some occasions, a patient safety review or serious incident will be necessary as part of the complaint and these documents must be scanned into Datix.

4.7.3 Are responsible for providing a complaints management service to the Directorate Programme, including the analysis of the complaint, setting up meetings, gathering of information required to respond to the complainant, ensuring that the complaint is responded to within the specified timeframe.

4.7.4 Collate and analyse patient experience data both quantitative and qualitative (complaints, PALs, surveys, Friends and Family etc.) identifying emerging and consistent themes and trends. Provide patient experience reports at both speciality and programme level.

4.7.5 Co-ordinate the Duty of Candour process, ensuring that outcomes are communicated and recorded and included within complaint responses.

4.8 Investigating Manager

4.8.1 Has a responsibility to thoroughly investigate the concerns raised in each complaint. Statements will be gained from the relevant staff involved. All statements and supporting information will be forwarded to the Directorate Governance team for uploading onto Datix, which is the Trust's complaints database.

4.8.2 Has responsibility for ensuring the completion of the Complaints Outcome Audit form for every complaint they are the designated Investigating Manager.

4.9 **Staff**

4.9.1 Staff and managers on the wards, in clinics and at reception desks are those most likely to receive verbal concerns or complaints. The first responsibility of anyone who receives a complaint or concern is to ensure that the immediate health care needs of the patient concerned are being met. This may require urgent action before any matters relating to the complaint are tackled. The recipient should then seek a full understanding of the complaint, including any aspects which might not be immediately apparent. This needs to be undertaken with tact and sensitivity. Complainants should be encouraged to speak openly and freely about their concerns and be assured that whatever they say will be treated in confidence. Staff should refer to the procedures in Handling Verbal Concerns SOP0219 for further guidance

4.9.2 The aim should always be to satisfy the complainant that his or her concerns are being treated seriously, to offer an apology and an explanation and to take the necessary action to resolve the complaint. Any response given to a complainant which refers to matters of clinical judgement must be agreed by the clinician concerned and, in the case of medical care, by the consultant concerned. A record of such complaints should be made and managed within the directorate.

4.9.3 All staff should feel empowered to manage a complainant's concerns, however it is recognised that this will not always be the case. If the member of staff feels they cannot help the complainant further they should contact their immediate line manager. This manager should make the complainant a priority and should try to allay all fears and put the situation right. This may or may not be followed up in writing or with a telephone call; this is dependent on the situation. If the complainant remains dissatisfied and wishes to pursue it further then the complainant will be advised of the formal complaint process and provided with the Trust's complaints leaflet.

4.10 **Patient Advice and Liaison Service (PALS)**

4.10.1 Is responsible for promoting their service across the organisation to patients, and acting as the first point of contact for complainants as it is the right of every member of the public to contact them to help them resolve a situation.

5 Policy Framework

5.1 **Medway NHS Foundation Trust** is committed to complying with statutory, mandatory and best practice requirements through a supporting framework of documents:

SOP0190 - Complaints Procedure This procedure outlines the process for how we deal with complaints received.
GUCGR026 - Complaints - Responding to Letters of Complaint This document provides guidance on how to respond positively to complaint letters

allowing staff to apologise to our patients if something has gone wrong.
OTCGR187 - Complaints - Process Flowchart A flowchart detailing the process from the beginning to end including timeframes.
Complaints Patient Information Leaflets PIL00001114 - Complaints - Easy Read PIL000001583-B - Complaints Leaflet - POLISH PIL000001583 - Complaints / PALS Leaflet - patient experience PIL000001583-C - Complaints Leaflet - SLOVAK PIL000001583-A - Complaints Leaflet - RUSSIAN A leaflet for patients that tells them our process for making a complaint.
Complaints – Supporting Procedures
SOP0219 - Complaints - Handling Verbal Concerns
SOP0217 - Complaints - Process for Managing Persistent and Unreasonable Contact in relation to Complaints
SOP0220 - Complaints - Datix
SOP0235 - Complaints - Datix Web
SOP0218 - Complaints - Complaints Outcome Audit and TEMPLATE - Complaints - Complaints Outcome Audit Form

6 Accessible Information Standard

6.1 When responding to complaints, the Trust will comply with the requirements of The Accessible Information Standard, which aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. The Standard tells organisations how they should make sure that patients and service users, and their carers and parents, can access and understand the information they are given. This includes making sure that people get information in accessible formats.

6.2 The Standard also tells organisations how they should make sure that people get support from a communication professional if they need it, and about changing working practices to support effective communication. By law (section 250 of the Health and Social Care Act 2012), all organisations that provide NHS care or adult social care have been required to follow the Standard in full from 31 July 2016 onwards.

6.3 The Standard says that patients, service users, carers and parents with a disability or sensory loss should:

6.3.1 Be able to contact, and be contacted by, services in accessible ways, for example via email, text message or Text Relay.

6.3.2 Receive information and correspondence in formats they can read and understand, for example in audio, braille, easy read or large print.

6.3.3 Be supported by a communication professional at appointments if this is needed to support conversation, for example a British Sign Language interpreter.

6.3.4 Get support from health and care staff and organisations to communicate, for example to lip-read or use a hearing aid.

7 Principles underpinning complaints handling

7.1 People complain for many different reasons. The vast majority of people receiving NHS services do not set out to become complainants, so when they do express a concern, or raise a complaint, we recognise that it is usually a significant thing for them to do.

7.2 When members of the public raise matters with the Trust if things have gone wrong we commit to:

7.2.1 Signposting them to the relevant organisation if responsibility for dealing with the complaint does not rest with the Trust;

7.2.2 Inviting the complainant to have a say in how the case is handled and how things are to be put right;

7.2.3 Providing an honest and open response to all the concerns;

7.2.4 Providing a thorough and detailed explanation concerning events leading up to the complaint;

7.2.5 Providing an apology where things have gone wrong;

7.2.6 Providing an explanation to the complainant concerning what the organisation will learn from this experience, with the reassurance that other patients will have a better outcome as a consequence;

7.2.7 Where possible, contract to provide care or treatment to reinstate the patient to the point at which the complaint was made;

7.2.8 Consider making a financial contribution to the complainant if they have suffered a financial loss as a direct consequence.

7.3 No one should be discriminated against or treated badly as a result of making a complaint or raising a concern. Where the complainant is a patient, it is important that their right to quality care is not compromised by their complaint and that they are not treated adversely.

7.4 It is important to listen and react appropriately when patients, carers or relatives express a concern or make a complaint. Not everything that patients, relatives and carers raise as a concern is necessarily a “complaint”. Most complaints and concerns can and should be resolved informally by the people to whom they were

addressed or by their immediate manager. All possibilities should be explored in an attempt to resolve the complaint positively.

7.5 Where patients find it difficult to complain, or are unable to complain, the Trust will welcome complaints from a close family member or a patient advocate in appropriate circumstances. When someone complains on behalf of a patient, the organisation will need to satisfy itself that the patient has agreed to their information being shared for the purposes of investigation and resolution of the complaint.

7.6 Information received from a complainant will remain confidential and be communicated only to those people who need to know. Specific patient information will be anonymised wherever possible.

7.7 The Trust's complaints leaflet will be published on the Trust's website and be available to patients upon request.

7.8 If the complainant is dissatisfied with the final response of the Trust, s/he has the right to take their complaint to the Parliamentary and Health Service Ombudsman.

8 Matters Excluded from the NHS Complaints Procedure and this Policy

8.1 The following complaints are excluded from the scope of the NHS Complaints Procedure:

8.1.1 A complaint made by a Trust employee about any matter relating to their contract of employment;

8.1.2 A complaint made by another NHS body which relates to contractual arrangements with the Trust;

8.1.3 A complaint which is or has been investigated by the Parliamentary and Health Service Ombudsman;

8.1.4 A complaint relating to a failure to comply with a request for information under the Freedom of Information Act 2000;

8.1.5 An oral complaint which is resolved to the complainant's satisfaction although understanding that feedback about the service can help continuous improvement;

8.1.6 A matter that has already been investigated under the complaints regulations;

8.1.7 A matter arising out of an alleged failure to comply with a data subject request under the Data Protection Act 1998;

8.1.8 If a complaint is also part of an ongoing police investigation or legal action it will be discussed with the relevant police authority or legal advisor and only continue as a complaint if it does not compromise the police or legal action.

8.2 The Trust will write and explain the reasons for not dealing with the complaint.

9 Who may Complain and Timescales for Complaints

9.1 The Trust will act on complaints from people who are receiving, or have recently received, the services which it provides. People may complain on behalf of existing or former patients, where this is the explicit wish of the patient and consent has been given. They may also complain on behalf of a patient who is not competent to give consent, for example because he or she is too ill at the time or because they have parental responsibility or for a patient who has died. The Trust will establish that the person is able to act on behalf of the patient. Particular attention will be given to the need to respect the confidentiality of the patient and any known wishes expressed by the patient before death.

9.2 A complaint should always be made as soon as possible after the incident in question. The Trust will not normally investigate a complaint which is made more than 12 months after the event giving rise to it. The Trust may use its discretion to extend the time limit in cases where, for example, the complainant has suffered particular distress or trauma which prevented him or her from complaining earlier, where it is still possible to investigate the complaint effectively and efficiently.

9.3 The target response time for all complaints is 30 working days, unless the complainant agrees to a longer period in which case the response should be sent within the agreed period. For complex complaints or those where a Serious Incident investigation is required it may be appropriate to seek the complainant's agreement to a target of 60 working days to allow sufficient time for the investigation and resulting report. The target for a response to a complaint relating to two or more agencies is likely to be longer than 30 working days, but should be agreed with the complainant. The response should include information on what action the complainant should take if they remain dissatisfied with the response. Where it is not possible to provide a full reply within 30 working days, or within the timescale agreed with the complainant, contact should be made with the complainant by the directorate explaining the reason for the delay and the anticipated timescale for resolution. The Trust aims to answer 85% of complaints within 30 working days.

9.4 The Trust leaflet entitled Compliments, Concerns, Comments and Complaints, giving guidance on the complaints procedure which will be made freely available in all patient areas. Complainants will also be advised that written complaints may be sent via email directly to the Complaints Team. The leaflet provides details of advocacy services that can support people in making a complaint.

9.5 The Trust recognises the role mediation and conciliation can play in resolving complaints. If a complaint warrants mediation or conciliation in order to resolve matters, this should be discussed with the Director of Clinical Operations. The use of external mediation services will be considered on a case by case basis.

10 Complaints Requesting Reimbursement

10.1 Complaints may contain an explicit request for reimbursement of costs incurred for travelling or parking when travelling to hospital for clinic appointments that are cancelled without prior notification. In cases such as these the Director of Clinical

Operations will consider the request made by the complainant and include the decision on reimbursement in their response including the rationale for the decision taken. Funds for reimbursement will be paid from directorate funds. This is in conjunction with the Parliamentary and Health Service Ombudsman's Principles for Remedy. This is only appropriate for patients undergoing care and treatment provided by Medway NHS Foundation Trust. In the case of a complaint where another organisation is involved reimbursement must be considered separately by that specific organisation.

10.2 Where a request is made for reimbursement of onsite parking costs due to cancelled clinic appointments, or cancelled treatment, the Director of Clinical Operations will consider reimbursing the costs in full only if no attempt was made to contact the patient to warn them of the cancellation. It is reasonable to expect that contact should be made by the most appropriate means in the circumstances such as by text, mobile phone, email or letter. Additional parking costs incurred for late running clinics will not be reimbursed.

10.3 No other costs (eg. salary, petrol) will be reimbursed. This is recognising that the NHS has finite resources that must be prioritised on patient care.

10.4 Patients remain responsible for their personal belongings whilst on Trust premises. Therefore, requests for reimbursement of lost property will not be considered further unless the items were handed over to the Trust for safekeeping and a receipt issued by the Trust. Patients will be signposted to their home insurers for reimbursement.

11 Complaints and Legal Action

11.1 Where the complaint is made concurrently with a legal claim or shortly after the legal claim has already been notified to the Trust, the Complaints Team will take legal advice from the Trust's Legal Services Team, who in giving that legal advice shall have regard to the current law and guidance which is relevant, about whether the complaint should be dealt with at that time or whether it should be put into abeyance pending resolution of the legal claim.

11.2 The default position is that the Director of Clinical Operations will ensure they investigate the complaint concurrently with the legal claim unless advised in the alternative by Legal Services.

12 Parliamentary and Health Service Ombudsman Procedure

12.1 Where a complainant is dissatisfied with the response received from the Trust and the outcome of any further attempts to resolve the complaint locally has not been accepted, he or she may make a request to the Parliamentary and Health Service Ombudsman for review of the complaint. Any requests received by the Trust must be forwarded to the Ombudsman within the timescales specified.

12.2 The information produced by the Parliamentary and Health Service Ombudsman describing its role, should be made available to complainants on request – http://www.ombudsman.org.uk/make-a-complaint/how-to-complain

12.3 The Trust will respond promptly to the Parliamentary and Health Service Ombudsman, and in accordance with any targets set by them. All correspondence and records which are requested for their investigation will be coordinated through the Complaints Team.

13 Disruptive and unreasonably persistent complainants

13.1 There are a small number of complainants who, because of the frequency of their contact with the Trust, hinder the Trust's consideration of their, or other people's, complaints. We refer to such complainants as 'persistent complainants' and, in exceptional cases, where this contact is unreasonable, we will take action to limit their contact with the Trust.

13.2 The decision to restrict access to our service is taken at a senior executive level and any restrictions imposed are appropriate and proportionate.

13.3 In all cases we will write to tell the complainant why we believe their behaviour falls into this category, and request that they change it.

13.4 If the behaviour continues, we will write to the complainant explaining that we are limiting their access to the Trust. We will also tell them how they can complain if they disagree with that decision.

13.5 Advice for staff on handling unreasonable, regular or persistent complainants is found in a separate SOP Process for Managing Persistent and Unreasonable Contact in relation to Complaints

13.6 The Trust follows NHS England (NHSE) guidance on dealing with persistent and unreasonable contact set out in appendix two of the NHSE Complaints Policy which is available via this link: https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-jul16.pdf

14 Monitoring and Review

What will be monitored	How/Method/ Frequency	Lead	Reporting to	Deficiencies/ gaps Recommendations and actions
Policy review	First review in one year and then every three years	Executive Director for Complaints Team	Executive Group / Board	
30 working day response target	Central Complaints Team / DATIX table demonstrating the status of complaints / Monthly	Complaints Team	Director of Clinical Operations	Where issues are identified the Complaints Team will work directly with the directorate governance leads
Complaints analysed and trends identified	Monthly via DATIX	Complaints Team	Directorate Governance groups Quality	Where gaps are recognised, action plans will be put into place by each directorate governance lead

What will be monitored	How/Method/ Frequency	Lead	Reporting to	Deficiencies/ gaps Recommendations and actions
			Improvement Group	
Overdue complaints and directorate response times	Central Complaints Team liaise with the appropriate Directorates where matters of concern arise	Complaints Team	Directorate Governance Leads / Directors of Clinical Operations	Review DATIX fields and tables
Turnaround times regarding collaboration with external organisations	Monthly	Complaints Team	Directorates and External organisations	Review DATIX fields and tables
The number of Ombudsman requests	Monthly	Complaints Team	Directorate Governance Leads / Directors of Clinical Operations	Review DATIX fields and tables. Where gaps are recognised, action plans will be put into place and recorded
Changes as a result of formal complaints	Changes in practice discussed at monthly directorate and governance meetings	Directorate Governance Leads / Directors of Clinical Operations	Directorate Management Board	Each Directorate will complete the Complaints Outcome Audit in order to demonstrate learning and where necessary a change of practice

15 Training and Implementation

15.1 Staff Training

15.1.1 The Director of Corporate Governance, Risk, Compliance and Legal is responsible for ensuring that the training requirements for staff are identified and met.

15.1.2 Directorate Governance Leads will be responsible for ensuring that all staff receive the relevant training in complaint management provided by the Trust in order to address their specific needs.

15.1.3 All staff need to know how to react and what to do if someone makes a complaint as the initial response may either help resolve the situation on the spot or provide the complainant with the reassurance that their concerns will be treated appropriately.

15.1.4 The Trust will provide training and support for all staff required to deal with complaints from or on behalf of the Trust.

16 References

POLCGR005 - CORPORATE Complaints Management Policy
OTCGR187 - Complaints - Process Flowchart
SOP0190 - Complaints Procedure
GUCGR026 - Complaints - Responding to Letters of Complaint
SOP0235 - Complaints - Datix Web
SOP0220 - Complaints - Datix
SOP0219 - Complaints - Handling Verbal Concerns
SOP0218 - Complaints - Complaints Outcome Audit
SOP0217 - Complaints - Process for Managing Persistent and Unreasonable Contact in relation to Complaints
PATIENT INFORMATION LEAFLETS
PIL00001114 - Complaints - Easy Read
PIL00001583-B - Complaints Leaflet - POLISH
PIL00001583-A - Complaints Leaflet - RUSSIAN
PIL00001583-C - Complaints Leaflet - SLOVAK
PIL00001583 - Complaints / PALS Leaflet - patient experience

Appendix 1

Initial assessment of complaint	Type of complaint	Level of investigation, response period and signatory
Low level (Green) - formal complaint	Simple, non-complex complaints e.g. Cancelled outpatient appointment/admission Waiting time	Simple investigation required. Response may be provided verbally or in writing by the **Matron/Service Manager**, with the complainant's agreement. Response period – Within **10 working days** from receipt of complaint by Complaints Team; or within a timescale agreed with the complainant. Alternatively a written response can be signed by the **Director of Clinical Operations or Deputy Director of Nursing.**
Medium level (Amber) – formal complaint	May be several issues and/or involve clinical care	More detailed investigation involving clinical matters. Response to be signed by **Director of Clinical Operations** unless: • Complaint crosses more than one directorate – in which case either the **Director of Nursing or Medical Director** can sign; a judgment will need to be made as to which of these is most appropriate in light of the complaint issues • Investigation results in initial assessment changing from amber to red • Is subject to an incident / Serious Incident investigation Response period – within **30 working days** from receipt of complaint by complaints team or within timescale agreed with the complainant.
High level (Red) – formal complaint	Complex complaint involving several Directorates or more than one organisation. Issues may have been investigated as a Serious Incident (or need to be) or may have	Detailed investigation with option to obtain advice from Associate Medical Director/Lead Clinician. Response to be signed by **Chief Executive** Response period within **60 working days** or to a timescale agreed with complainant

	the potential for legal action.	
	MP's involvement Solicitor's involvement	Response period within **30 working days** or to a timescale agreed with complainant

END OF DOCUMENT

Workforce Report

Trust Board Meeting

James Devine
Executive Director of HR&OD
January 2017

Best of care
Best of people

Medway NHS
NHS Foundation Trust

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 are areas of significant focus. This report provides an updated trajectory which reflects the current turnover position across nursing, together with the planned activity over the next 12 months. In short, whilst acknowledging further work is required on retention, the increased efforts over recent months show an improving position from Q2 of the 2017/17 financial year. In turn, this will support the reduction and reliance of temporary staffing usage & expenditure.

This report also provides the current position on the core five workforce metrics at a directorate level. These five metrics are; turnover, sickness, vacancy rate, appraisal and mandatory training. The table provided in the report also shows a trend position from the previous reporting period. Appraisal rates and mandatory training compliance have improved significantly during the previous 3-6 months, and are currently at their highest level in 2 years. It is acknowledged that these levels of compliance require ongoing monitoring in order to be sustained. Turnover remains above the tolerance level, and within this report, a specific table is provided on turnover by staff group. There is much work to do on turnover, and alongside the incentives mentioned above, further work has begun to review specific staff groups and areas; in particular, nursing shows more leavers than those who started over the past 12months. Vacancy rate remains high, but this reflects the temporary staff usage; never the less, the work outlined above on resourcing is intended to begin to reduce the number of vacancies across the hospital

Temporary staffing spend remains high (no significant change from previous months), however, a robust plan is now in place to challenge usage of all temporary staffing, including interims, with weekly challenge sessions introduced. In addition, in December 2016, all bookings were centralised, with a clear approval process for instances where temporary workers pay would exceed the NHSI price cap.

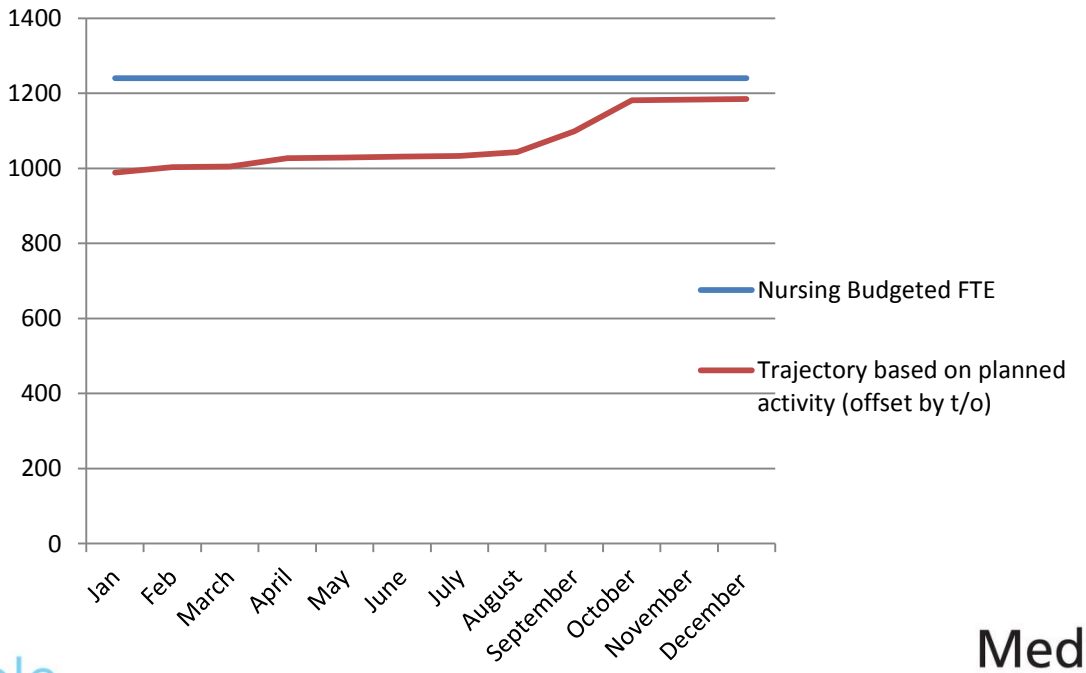
Other workforce updates provided in this report refer to the influenza campaign and the Trusts achievement of a 74.93% immunisation rate (compared to 39% in 2015); this being in the top 5 Trusts in the UK; an update on progress of the workforce strategy (due in April 2017), and the substantive appointment of the Medical Director, and the process we have begun to appoint a substantive Finance Director.

FEATURED: Nurse Recruitment

There has been much activity with regard to nurse recruitment since the last workforce report being presented to the Trust Board. Following successful assessment days and international recruitment (EU), recruited 41 clinical support workers, and 22 qualified nurses since the last reporting period.

The graph below shows the trajectory based on planned activity, offset by turnover, of when the hospital will get closer to recruiting to nursing roles on a substantive basis (up to existing budgeted levels of establishment), which includes the international recruitment attempts

Other key initiatives ongoing include a dedicated nurse recruitment campaign (starting in January 2017) which includes the review of incentives; and analysis of exit data to ascertain why individuals leave the Trust. The HR&OD team are also currently reviewing the stability index across directorates to review whether there are specific areas of the hospital with particularly high turnover.



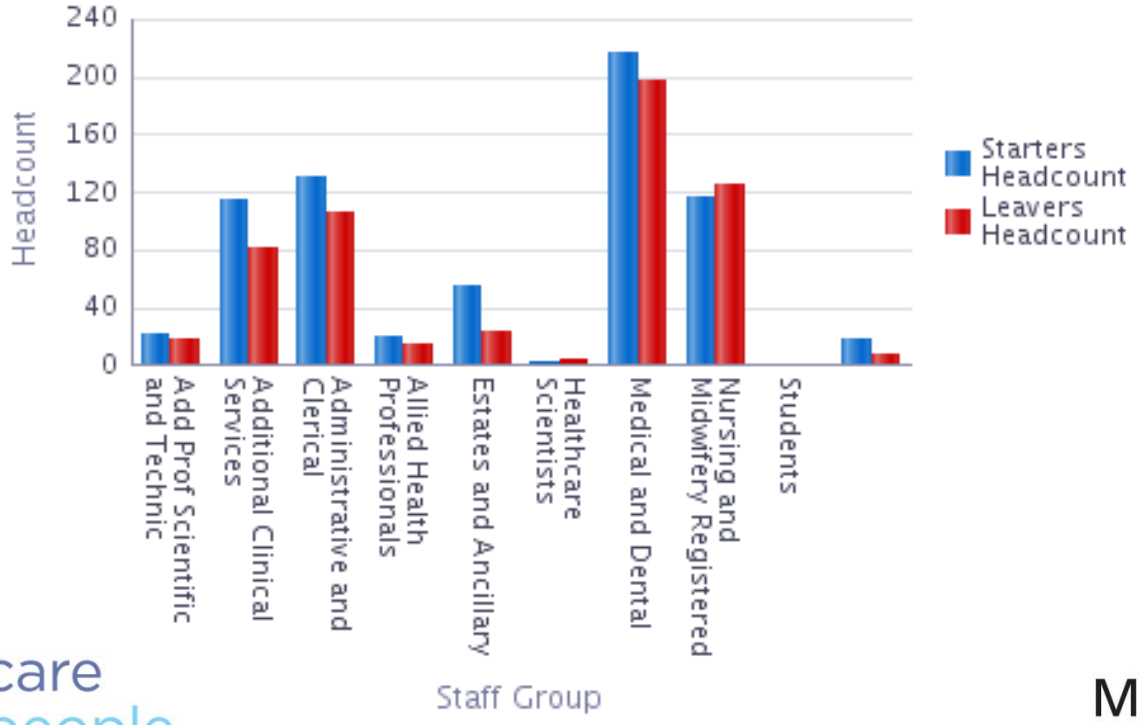
Directorate Metrics

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%	↔	10%	↔
Sickness rate (4%)	4%	↔	4%	↔	4%	↔	2%	↔
Vacancy rate (12%)	18%	↑	22%	↔	11%	↔	14%	↓
Appraisal (95%)	89%	↑	82%	↑	93%	↓	91%	↑
Mandatory Training (95%)	86%	↑	86%	↑	91%	↑	86%	↑

The table above shows performance across five core indicators by directorate. It is encouraging to note that turnover has reduced or remained the same across the Trust, with vacancy rates also reducing or remaining unchanged with the exception of ACC (increase of 1%). Appraisal rates have increased in this reporting period with the exception of C&W (decrease of 1%), whilst mandatory training compliance has increased across all four directorates. Sickness absence also remains unchanged at 4% across the clinical directorates, and 2% across corporate areas.

Turnover – Staff Group

Retention has been a long standing issue for the Trust. With limited information previously available on areas with high turnover, the table below now shows turnover by staff group during the current financial year. Using this information, and data taken from the new online exit questionnaire, this will allow us to design bespoke interventions to address areas of concern. The new online exit questionnaire was recently launched and it is envisaged that the data will be presented on a quarterly basis alongside the turnover data (which is provided monthly). Unsurprisingly, the nursing turnover indicates more leavers than starters this year; it is anticipated that with the current nurse recruitment drive, and incentives, this will have a positive effect. It is worth noting that the turnover detailed under medical & dental includes junior doctors rotation – for future reporting, these will be removed.



Temporary Staffing Spend

Temporary staffing spend remains high, with a slight increase in the number of requests during December 2016 compared to previous months; this was primarily driven by an increase in nursing requests from around 100,000 hours in previous months, to just over 108,000 hours in the current reporting period. The majority (65%) of bookings were requests to cover vacancies. The temporary staffing service were able to fill 80% of these requests in December 2016, leaving an unfilled rate of 20%.

Usage of Interims

A full review is currently being undertaken with regard to the usage of interim workers across the Trust. All directorates will attend a challenge session at the end of January 2017 with the Chief Executive and Director of HR&OD, with a view to discussing current levels of spend, plans to cease usage of interim workers, and support required to do this. The Head of Resourcing and Deputy Finance Director now also hold weekly reviews of non-clinical temporary staffing usage.

Compliance with NHSI Requirements

In December 2016, the Executive Team approved a paper submitted by the Executive Director of HR&OD with regard to centralising all bookings for temporary workers (including agency) with a revised authorisation/approval process. This is aimed at tightening control of usage and spend, with greater oversight. In turn, this will allow our finance and HR&OD teams to work alongside directorates to design better recruitment interventions and reduce expenditure.

In centralising bookings, this will also enable to the Trust to work toward better compliance with the NHSI price caps, which support the delivery of the Trusts financial plans for 2017/18.

Other workforce updates

74.93%

2016 Influenza Immunisation Campaign at MFT

The occupational health team, and our peer vaccinators have administered over 2000 doses of the flu vaccination since 01 September 2016. This gives the Trust a flu vaccination rate of 74.93% and places us as the seventh best performing Trust in the NHS. This is a significant improvement on the 2015/16 rate of 39%.

2,000

Number of staff that took part in the NHS Staff Survey

(results are embargoed until February 2017)

A further, more detailed report will be provided at a future Trust Board meeting once the embargo has been lifted.

Development of the Workforce Strategy

Work continues, as planned on the development of the workforce strategy. It is intended that this work will be completed by March 2017, with the strategy being live from April 2017.

Executive Recruitment

The Trust appointed Dr Diana Hamilton-Fairley as substantive Medical Director in December 2016. The process for a substantive Finance Director began in December 2016, with interviews scheduled for March 2017.

The Trust Board are asked to note the content of this report.

Medway NHS
NHS Foundation Trust

Report to the Board of Directors

Board Date: 2 February 2017

Title of Report	Director of Nursing Update
Reporting Officer	Karen Rule, Director of Nursing
Lead Director	Karen Rule, Director of Nursing
Responsible Sub-Committee	N/A
Executive Summary	**Safe Staffing** The Trust continues with a high level of activity and acuity demands, requiring high levels of nursing hours to deliver safe effective patient care. The percentage of overall shifts filled in December was 79.7%, a decrease fill rate of 6.5% on November, with the majority of these shifts filled by Agency staff (54.2%). This introduces a risk to patient safety but the processes in place to safely staff wards are robust and complied with by staff. Additional senior nursing support was put in place over the bank holiday period.
Risk and Assurance	**Safe Staffing** Nurse staffing levels remains a Trust quality risk. Actions to mitigate the risk of current staffing levels are in place and embedded.
Legal Implications/Regulatory Requirements	
Recovery Plan Implication	**Safe Staffing** As a key quality risk the ability to improve our staffing levels is critical to the delivery of our recovery actions.
Quality Impact Assessment	N/A
Purpose & Actions required by the Board : • **Assistance**	The Board did not meet in December 2016. The information contained within this report is for the months of November and

• **Approval** • **Decision** • **Information**	December 2016. The purpose of this report is to provide the Board with information.
Recommendation	The Board of Directors is asked to note the information contained in this report and the actions that are in place.

Director of Nursing Update: November and December 2016

Monthly Safe Staffing Report

Introduction

The purpose of this staffing report is to:

- Provide an overview of the nursing and midwifery staffing levels and to highlight any workforce issues identified across the inpatient ward areas during the months of November 2016 and December 2016.
- Highlight any specific areas of concern or risk related to the nursing and midwifery workforce in the delivery of safe care.
- To provide the Board with an overview of nurse, midwifery staffing levels in inpatient areas as outlined in the Nurse Staff Guide 'How to ensure the right people, with the right skills are in the right place at the right time!' Published by the National Quality Board and the NHS Commissioning Board.

The UNIFY data submissions and Nursing, Midwifery and Care Staff Return is at Appendix 1 to 4.

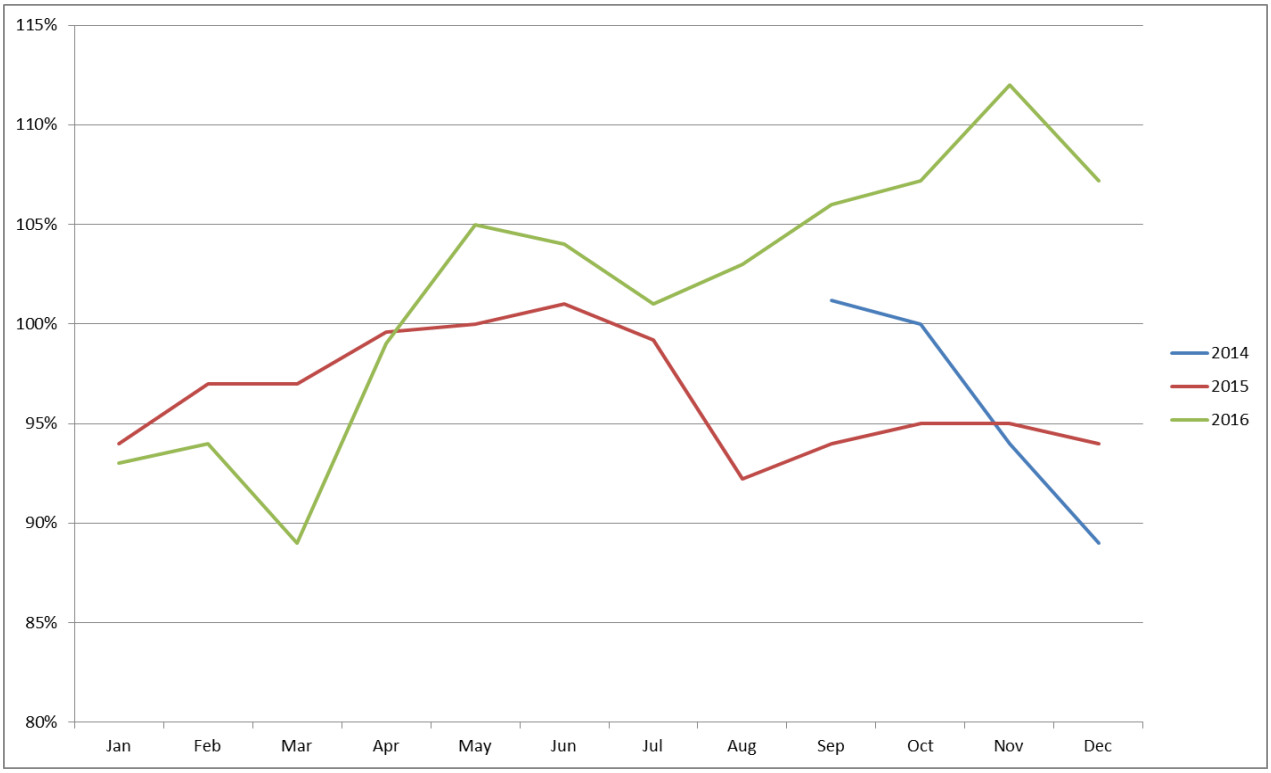
Planned versus actual hours

In November the actual hours worked was 12.1% above the planned hours. This is continued month on month increase and is at the highest since reporting began. In December the actual hours worked was 10% above the planned hours. Whilst this is decrease of 2.1% on the previous month and the first decrease in five months, in comparison with November and December 2015 it remains significantly higher.

The underlying reason behind this 2016 increase is the continuing high levels of activity across the trust necessitating the use of extra beds in line with the escalation procedure and a subsequent increase in staff to maintain patient safety. This also reflects the need to support many complex patients who need constant 1:1 supervision in order to maintain patient safety.

Figure one shows the accumulative overall fill rates as per month.

Figure 1 - Overall fill Rate September 2014- December2016



In November ten wards utilised over 10% or more actual hours then had been planned, with four wards recording over 40% of their planned hours. Keats (medical ward) recorded 77% over their planned hours, due to seven complex patients on the ward throughout November requiring 1:1 supervision. Victory (cohort MRSA ward) recorded 63% and Byron (elderly care) 50% over their planned hours to support an increased level of 1:1 supervision for complex patients. McCulloch (surgical ward) had 42% over their planned hours as extra beds continued to be open throughout November to support the increased levels of activity across the Trust. Other areas reporting over 10 % of actual hours include Tennyson and Milton (all elderly care wards) Arethusa (orthopaedic ward), Will Adams (medical Ward), Gundulph (short stay medical wards) and Ocelot (gynaecology).

During December ten wards utilised over 10% or more actual hours then had been planned, with three wards recording over 40% of their planned hours. Two medical wards Keats and Will Adams recorded 64% and 49% respectively over their planned hours, due to the continuing need to support complex patients on the ward throughout December requiring 1:1 supervision. McCulloch, a surgical ward had 58% over their planned hours as extra beds remained open throughout December to support the increased levels of activity across the Trust. Other areas reporting over 10 % of actual hours include the elderly care wards Milton (32%), Sapphire (12%) and Byron (32%).

The surgical wards include Arethusa (30%) and Pembroke (13%) both orthopaedic wards, Ocelot (25%) a gynaecology ward and Victory (35%) a cohort MRSA ward over their planned hours.

The utilisation of more hours than planned is reflective of the above indicators, predominantly a need to support complex patients who need 1:1 supervision and to support with the high levels of acuity and dependency of our patients. An additional factor these past two months has been the significant number of medial patients outlying in surgical wards.

Temporary Staffing

There continues to be a high demand on the resources of temporary staffing. Temporary staffing requests for November totalled 100999.4 hours, which was a decrease of 2568.2 hours in demand from October. The percentage of overall shifts filled was 86.2%, an increase fill rate of 3.3%. Most of these shifts continued to be filled by Agency staff (57.2%) however temporary staffing continued to increase their fill rate to 28.9%. This was an increase in the last three months of 3.6%.

Temporary staffing requests for December totalled 108558.6 hours, which was an increase in demand of 7559.2 hours from November. The percentage of overall shifts filled was79.7%, a decrease fill rate of 6.5% on November, with the majority of these shifts filled by Agency staff (54.2%) against temporary staffing who filled 25.5% of shifts, a decrease of 3.4%.

The majority of the requests made in November and December were to cover vacancies, accounting for 63% of all requests in November and 84% in December. The other main reasons for requests are

- 1:1 specialing for our vulnerable patients - 17% November, 29% in December
- Staff sickness - 10% November, 14% December
- Provision of escalation beds due to operational pressures – 8% November, 18% December

Over the Christmas and New Year period the Trust's nurse staffing position was extremely poor. Despite efforts from the Directorate staff and the Temporary Staffing Service, 29% of shifts requested for this period remained unfilled (this figure is usually around 14%).

There appears to be 4 mains factors that led to poorly staffed areas during this time:

- The acuity of hospital meant that previously closed areas were opened, however no additional staff had been planned
- No clear staffing plans in place with priority areas identified
- High cancellations rate from both bank and agency staff

- A significant increase in late notice requests, reducing likelihood of filling shifts

The Trust put in place mitigation by taking the following action

- Some incentives offered to staff
- Additional attempts were made to obtain “pool” workers who could be allocated to critical wards by site
- Communications sent to all agencies outlining cancellations will not be accepted and workers must be replaced if cancelled
- Communication send to all RMNs that they would be required to look after groups of patients as opposed to 1:1 specialing
- Staffing/ Site meeting attended 4 times per day to give update on staffing levels and take any priority shifts forward

Starters and leavers

In November three registered Nurses commenced employment, alongside three registered Midwives and eleven Clinical Support Workers. In the same period four registered Nurses, two Midwives and five Clinical Support Workers left the organisation.

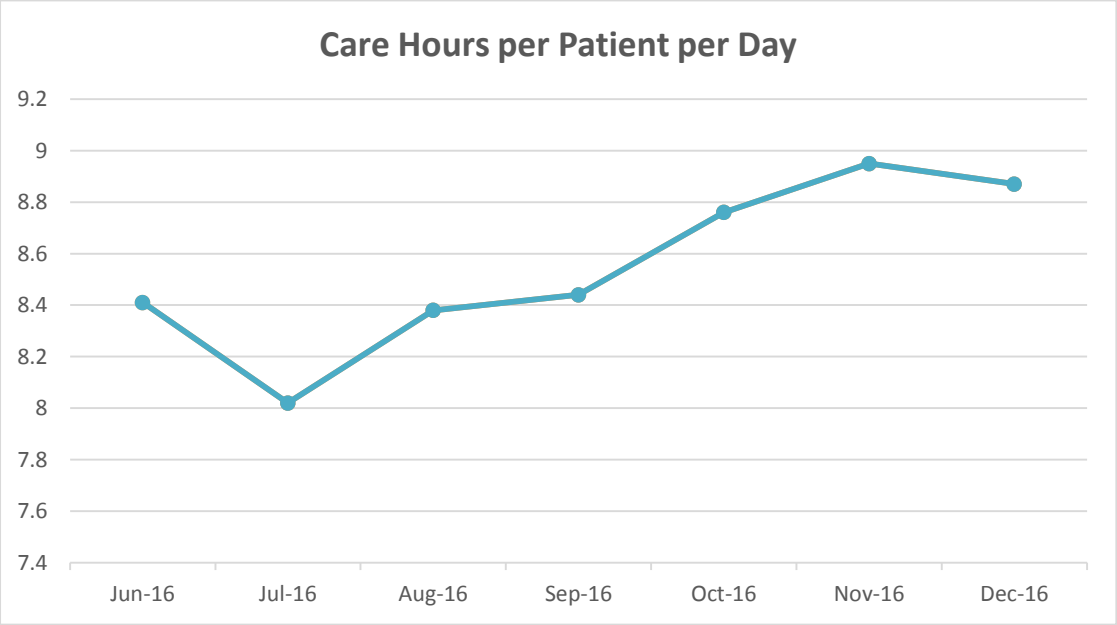
In December six registered Nurses and seven clinical support workers commenced employment. In the same period twelve registered Nurses, two Midwives and eight Clinical Support Workers left the organisation. During December six registered Nurses and seventeen clinical support workers joined temporary staffing.

CHPPD data

In response to the Carter review all Trusts are required to submit care hours per patient day (CHPDD) data. The overall figure for November was 8.95. The overall figure for December was 8.87. This remains consistent with the data since reporting started earlier in the year.

There remains a wide variance with the figures across wards and departments, with the Critical Care areas, The Birth Place and Delivery suite recording higher care hour’s. Analysis of the data since recording starting shows that CHPPD data of individual wards and departments have been consistent. Please see figure 2 for the Trust overall CHPPD data

Figure 2 - Overall Trust Score for Care hours per patient per day



Staff Escalation

There were 41 escalations relating to staffing issues reported for November and 46 escalations reported in December. All escalations are reported via Datix. Analysis of these incidents identify that they mainly relate to shifts where there are less than agreed minimum staffing levels per shift. Actions were taken in line with the Trust escalation policy to mitigate risk and maintain patient safety. The small increase in escalations form November to December indicate the mitigating actions taken to maintain safe staffing were effective.

Augmented New Year BH weekend plan

The Trust put in place an augmented staffing plan to support the increased activity and to maintain patient safety over the bank holiday weekend.

- Nurse staffing reviewed at twice daily nurse staffing meetings 9am and 3pm in site office – matrons of the day and temp staffing coordinator in attendance
- Extended service hours for temporary staffing
- Phlebotomy service for ED
- Augmented senior nursing support on site for 3 days over New Year, Deputy Director of Nursing and Senior Matron on site during the day
- Senior Sister on night duty to provide additional site support

Recruitment activity

Recruiting to Nurse vacancies remains a significant risk to the Trust. This is compounded by the high turnover of nurses meaning that there is not a significant reduction in vacant posts despite increased recruitment activity. However there are 24 external candidates in the pipeline to commence employment in early 2017. Assessment days for Nurses and Clinical Support workers continue to be successful. In December 35 Clinical Support Workers (CSWs) attended assessment days and were offered posts, with a further 41 candidates booked to attend an assessment day on 23 January 2017.

Theatres held an open day event on the 14 December 2016 with 3 nurses showing an interest in this area of nursing. Another similar day is planned for May 2017 with a focus on attracting some newly qualified Operational Department Practitioners that will complete their training in June and July. There is a paediatric and NICCU recruitment event planned for 25 January 2017.

Links have been established with both partner universities and the Trust has attended their open days. Work is underway to formalise a procedure to employ our student nurses during their third year of training. The Circus Recruitment Campaign went live in November allowing Trust to gather a much wider reach of candidates and look to attract candidates who may not have considered the Trust as an employer. During November the Trust arranged some tours of the hospital for students from Mid Kent College studying health and social care and are looking to undertake a career in health; this has resulted in 6 applications to the temporary staffing service whilst they complete their studies. A review of these days is taking place to ensure they remain compliant with the trust requirements. The senior nursing teams are continuing to work with the HR team to provide some extra narrative behind the job descriptions so as to ensure the jobs are appealing to the right applicants.

EU nurses

The Trust continues with work with MEDACS to recruit EU nurses. Following the programme of Skype interviews 16 general registered nurses are due to commence employment 3 January 2017, with a further 15 nurses due to join the trust in April 2017. Following a period of induction they will commence full time on the wards, initially working in a band 4 capacity and supported by the nursing teams until they attain their professional registration. Once in post they will continue to be supported by MEDACS to complete their IELTS preparation. These style interviews will recommence in March with Medacs aiming to provide us a further 35 nurses later in the year. Skype interviews have taken place for NICU nurses with conditional offers made to 12 nurses.

Appendices

Appendix One: UNIFY data submission and November 2016

Appendix Two: Nursing, Midwifery and Care Staff Return November 2016

Appendix Three: UNIFY data submission December 2016

Appendix Four: Nursing, Midwifery and Care Staff Return December 2016

Appendix 1 - Unify report – November 2016

Fill rate indicator return
Staffing: Nursing, midwifery and care staff

Org: RPA Medway NHS Foundation Trust

Period: November_2016-17

Please provide the URL to the page on your trust website where your staffing information is available

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

Comments

Validation alerts (see control panel)	Only complete sites your organisation is accountable for	Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
							Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff									
		Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Arethusa	110 - TRAUMA & ORTHOPAEDICS		1869	1,854	1,084	1,443	1,309	1,386	979	1,246	99.2%	133.1%	105.9%	127.3%	777	4.2	3.5	7.6
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Bronte WARD	340 - RESPIRATORY MEDICINE		1496.083333	1,336	1,093	1,046	1,058	1,068	705	703	89.3%	95.7%	101.0%	99.8%	540	4.5	3.2	7.7
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Byron	430 - GERIATRIC MEDICINE		1342.083333	2,104	1,060	1,392	934	1,570	990	1,417	156.8%	131.3%	168.2%	143.2%	780	4.7	3.6	8.3
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	CCU	320 - CARDIOLOGY		683	713	-	-	690	692	-	23	104.4%	-	100.3%	-	121	11.6	0.2	11.8
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Delivery	501 - OBSTETRICS		2887.5	2,855	558	561	2,868	2,868	516	504	98.9%	100.6%	100.0%	97.7%	200	28.6	5.3	33.9
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Dolphin (Paeds)	420 - PAEDIATRICS		3049.5	2,995	802	1,075	2,358	2,320	334	414	98.2%	134.0%	98.4%	124.1%	444	12.0	3.4	15.3
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Gundulph	300 - GENERAL MEDICINE		1506.983333	2,263	1,375	1,253	1,309	1,852	1,177	1,076	150.2%	91.1%	141.5%	91.4%	739	5.6	3.2	8.7
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Harvey	328-STROKE MEDICINE		1131.083333	1,384	1,561	1,293	990	1,209	1,013	1,002	122.3%	82.9%	122.1%	98.9%	722	3.6	3.2	6.8
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3607.25	3,516	-	-	3,038	3,082	-	-	97.5%	-	101.4%	-	258	25.6	0.0	25.6
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Keats	301 - GASTROENTEROLOGY	307-DIABETIC MEDICINE	1513.25	3,232	1,111	1,095	990	2,829	990	980	213.6%	98.6%	285.7%	98.9%	780	7.8	2.7	10.4
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Kent	501 - OBSTETRICS		1055.75	1,075	457	433	720	731	672	600	101.8%	94.7%	101.5%	89.3%	437	4.1	2.4	6.5
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Kingfisher SAU	100 - GENERAL SURGERY		1833.5	1,659	1,557	1,401	1,320	1,331	660	638	90.5%	90.0%	100.8%	96.7%	630	4.7	3.2	8.0
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Lawrence	823 - HAEMATOLOGY		1090	1,043	756	905	664	687	675	754	95.7%	119.7%	103.5%	111.7%	542	3.2	3.1	6.3
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	McCulloch	100 - GENERAL SURGERY		1376	1,865	1,044	1,458	990	1,621	990	1,321	135.5%	139.6%	163.7%	133.4%	871	4.0	3.2	7.2
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Medical HDU	192 - CRITICAL CARE MEDICINE		1375	1,431	340	333	1,024	1,029	345	357	104.1%	97.8%	100.5%	103.5%	165	14.9	4.2	19.1
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Milton	430 - GERIATRIC MEDICINE		1442.583333	1,857	1,296	1,386	1,013	1,574	1,013	956	128.7%	106.9%	155.5%	94.4%	780	4.4	3.0	7.4
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Nelson	320 - CARDIOLOGY		1521.5	1,412	1,206	1,115	990	989	660	747	92.8%	92.5%	99.9%	113.1%	704	3.4	2.6	6.1
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	NICU	422- NEONATOLOGY		3526.5	3,538	405	150	3,439	3,350	-	-	100.3%	37.0%	97.4%	-	823	8.4	0.2	8.6
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Ocelot	502 - GYNAECOLOGY		885	1,083	520	774	720	872	348	672	122.3%	148.9%	121.2%	193.1%	303	6.5	4.8	11.2
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Pearl	501 - OBSTETRICS		1110.75	1,215	672	644	1,080	1,056	360	360	109.3%	95.8%	97.8%	100.0%	342	6.6	2.9	9.6
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Pembroke	110 - TRAUMA & ORTHOPAEDICS		1420	1,512	1,182	1,196	990	1,199	990	1,023	106.4%	101.2%	121.1%	103.3%	779	3.5	2.8	6.3
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Phoenix	100 - GENERAL SURGERY		1761.616667	1,899	1,387	1,281	1,287	1,418	1,297	1,385	107.8%	92.3%	110.1%	106.8%	867	3.8	3.1	6.9
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Sapphire Ward	300 - GENERAL MEDICINE		1454	1,464	2,400	1,933	990	1,309	1,309	1,402	100.7%	80.5%	132.2%	107.1%	840	3.3	4.0	7.3
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	SDCC	100 - GENERAL SURGERY		2125	2,227	1,669	1,017	660	1,012	660	638	104.8%	61.0%	153.3%	96.7%	587	5.5	2.8	8.3
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Surgical HDU	192 - CRITICAL CARE MEDICINE		2046.75	2,193	391	293	1,650	1,645	-	22	107.1%	75.1%	99.7%	-	295	13.0	1.1	14.1
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Tennyson	430 - GERIATRIC MEDICINE		1458.166667	1,840	1,111	1,300	1,001	1,431	990	1,261	126.2%	117.1%	142.9%	127.4%	803	4.1	3.2	7.3
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	The Birth Place	501 - OBSTETRICS		1082.25	1,022	360	360	1,080	1,062	360	312	94.5%	100.0%	98.3%	86.7%	101	20.6	6.7	27.3
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Victory	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	1048.75	1,552	774	1,459	957	1,034	660	1,573	148.0%	188.4%	108.0%	238.3%	480	5.4	6.3	11.7
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Wakeley	300 - GENERAL MEDICINE		1733	1,683	1,353	1,294	1,193	1,384	1,193	1,361	97.1%	95.6%	116.1%	114.2%	729	4.2	3.6	7.9
		RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Will Adams	301 - GASTROENTEROLOGY	307-DIABETIC MEDICINE	1389.8	1,973	1,087	1,214	957	1,565	990	1,352	141.9%	111.7%	163.5%	136.5%	781	4.5	3.3	7.8

Medway NHS
NHS Foundation Trust

Appendix 2 - Nursing safe staffing return – November 2016

Fill rate indicator return

Staffing: nursing, midwfery and care staff

Dec-16

		Day				Night				Day		Night		Quality Metrics / Actual Incidents					Deputy Director of Nursing review			Internal KPIs				Care Hours Per Patient Day (CHPPD)			
		Registered Staff		Care Staff		Registered Staff		Care Staff																					
WARD	Beds	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 harm	Number of patient related medication errors - moderate to	Number of complaints relating to nursing care	DDON rag rating	Assurance statement	DDON signoff	Total Planned Hours (registered & care)	Total Actual Hours (registered & care)	Overall fill rate	Difference total Actual vs Planned hs	Difference total Actual vs Planned %	Cumulative count over the month of patients at 23:59 each day	Registered midwives / Nurses	Care Staff	Overall
Arethusa	27	1869	1,854	1084	1,443	1309	1,386	979	1,246	*99%*	*133%*	*106%*	*127%*	0	1	0	0	0				*5,241*	*5,929*	*113%*	*688*	*13%*	777	4.17	3.46	7.63
Bronte	18	1496.083	1,336	1093	1,046	1057.5	1,068	705	703	*89%*	*96%*	*101%*	*100%*	0	1	0	0	0			RN	*4,352*	*4,153*	95%	*198*	-5%	540	4.45	3.24	7.69
Byron	26	1342.083	2,104	1059.5	1,392	933.75	1,570	990	1,417	*157%*	*131%*	*168%*	*143%*	0	0	0	0	0			RN	*4,325*	*6,483*	*150%*	*2,158*	*50%*	780	4.71	3.60	8.31
CCU	4	683	713	0	-	690	692	0	23	*104%*	*#DIV/0!*	*100%*	*#DIV/0!*	0	1	0	0	0			RN	*1,373*	*1,428*	*104%*	*55*	*4%*	121	11.61	0.19	11.80
Delivery	15	2887.5	2,855	558	561	2868	2,868	516	504	*99%*	*101%*	*100%*	*98%*	4	0	0	0	1		unit safely staffed	KM	*6,830*	*6,788*	*99%*	*42*	*-1%*	200	28.61	5.33	33.94
Dolphin (Paeds)	34	3049.5	2,995	802	1,075	2357.5	2,320	333.5	414	*98%*	*134%*	*98%*	*124%*	0	0	0	0	0		unit safely staffed	KM	*6,543*	*6,804*	*104%*	*261*	*4%*	444	11.97	3.35	15.32
Gundulph	25	1506.983	2,263	1375	1,253	1309	1,852	1177	1,076	*150%*	*91%*	*141%*	*91%*	0	0	0	0	2				*5,368*	*6,444*	*120%*	*1,076*	*20%*	739	5.57	3.15	8.72
Harvey	24	1131.083	1,384	1560.5	1,293	990	1,209	1012.5	1,002	*122%*	*83%*	*122%*	*99%*	4	0	0	0	0		Harvey ward has had some short term sickness this month and are also reduced in band 6 cover. The Senior Sister has adjusted her hours to support the ward and the Matrons move staff to support. There were some occasions where there has not been enough staff through the directorate/Trust to enable cover to happen, in this case the matron for the area has supported.	RN	*4,694*	*4,887*	*104%*	*193*	*4%*	722	3.59	3.18	6.77
Intensive Care Unit	9	3607.25	3,516	0	-	3037.5	3,082	0	-	*97%*	*#DIV/0!*	*101%*	*#DIV/0!*	0	2	0	0	0				*6,645*	*6,597*	*99%*	*48*	*-1%*	258	25.57	0.00	25.57
Keats	27	1513.25	3,232	1111.333333	1,095	990	2,829	990	980	*214%*	*99%*	*286%*	*99%*	2	1	0	1	1			RN	*4,605*	*8,135*	*177%*	*3,531*	*77%*	780	7.77	2.66	10.43
Kent	24	1055.75	1,075	457	433	720	731	672	600	*102%*	*95%*	*102%*	*89%*	0	0	0	0	0		ward safely staffed	KM	*2,905*	*2,839*	*98%*	*66*	*-2%*	437	4.13	2.36	6.50
Kingfisher SAU	14	1833.5	1,659	1557	1,401	1320	1,331	660	638	*90%*	*90%*	*101%*	*97%*	0	0	0	0	0				*5,371*	*5,029*	*94%*	*342*	*-6%*	630	4.75	3.24	7.98
Lawrence	19	1090	1,043	756	905	663.75	687	675	754	*96%*	*120%*	*103%*	*112%*	0	0	0	0	0			RN	*3,185*	*3,388*	*106%*	*204*	*6%*	542	3.19	3.06	6.25
McCulloch	24	1376	1,865	1044	1,458	990	1,621	990	1,321	*136%*	*140%*	*164%*	*133%*	0	0	1	0	0				*4,400*	*6,263*	*142%*	*1,863*	*42%*	871	4.00	3.19	7.19
Medical HDU	6	1375	1,431	340	333	1023.5	1,029	345	357	*104%*	*98%*	*100%*	*103%*	1	0	0	0	0			RN	*3,084*	*3,150*	*102%*	*66*	*2%*	165	14.91	4.18	19.09
Milton	27	1442.583	1,857	1295.75	1,386	1012.5	1,574	1012.5	956	*129%*	*107%*	*155%*	*94%*	0	1	1	0	1			RN	*4,763*	*5,772*	*121%*	*1,009*	*21%*	780	4.40	3.00	7.40
Nelson	24	1521.5	1,412	1205.933333	1,115	990	989	660	747	*93%*	*92%*	*100%*	*113%*	0	0	0	0	1		Nelson ward has had some short term sickness this month. There were some occasions where there has not been enough staff through the directorate/Trust to enable cover to happen, in this case the matron for the area has supported.	RN	*4,377*	*4,263*	*97%*	*115*	*-3%*	704	3.41	2.64	6.05
NICU	25	3526.5	3,538	404.5	150	3438.5	3,350	0	-	*100%*	*37%*	*97%*	*#DIV/0!*	0	0	0	0	0		unit safely staffed	KM	*7,370*	*7,037*	*95%*	*333*	*-5%*	823	8.37	0.18	8.55
Ocelot	12	885	1,083	520	774	719.5	872	348	672	*122%*	*149%*	*121%*	*193%*	0	0	0	0	0		unit safely staffed	KM	*2,473*	*3,401*	*138%*	*928*	*38%*	303	6.45	4.77	11.22
Pearl	23	1110.75	1,215	672	644	1080	1,056	360	360	*109%*	*96%*	*98%*	*100%*	5	0	0	0	0		ward safely staffed	KM	*3,223*	*3,274*	*102%*	*51*	*2%*	342	6.64	2.93	9.57
Pembroke	27	1420	1,512	1181.983333	1,196	990	1,199	990	1,023	*106%*	*101%*	*121%*	*103%*	1	0	0	0	0				*4,582*	*4,930*	*108%*	*348*	*8%*	779	3.48	2.85	6.33
Phoenix	30	1761.617	1,899	1387.283333	1,281	1287	1,418	1297	1,385	*108%*	*92%*	*110%*	*107%*	1	2	0	0	0				*5,733*	*5,982*	*104%*	*249*	*4%*	867	3.82	3.07	6.90
Sapphire Ward	28	1454	1,464	2400	1,933	990	1,309	1309	1,402	*101%*	*81%*	*132%*	*107%*	0	1	0	0	0			RN	*6,153*	*6,108*	*99%*	*45*	*-1%*	840	3.30	3.97	7.27
SDCC	26	2125	2,227	1668.5	1,017	660	1,012	660	638	*105%*	*61%*	*153%*	*97%*	1	0	0	0	1				*5,114*	*4,894*	*96%*	*219*	*-4%*	587	5.52	2.82	8.34
Surgical HDU	10	2046.75	2,193	390.5	293	1650	1,645	0	22	*107%*	*75%*	*100%*	*#DIV/0!*	0	0	0	0	0				*4,087*	*4,153*	*102%*	*65*	*2%*	295	13.01	1.07	14.08
Tennyson	27	1458.167	1,840	1110.5	1,300	1001.25	1,431	990	1,261	*126%*	*117%*	*143%*	*127%*	0	1	0	0	0			RN	*4,560*	*5,832*	*128%*	*1,272*	*28%*	803	4.07	3.19	7.26
The Birth Place	9	1082.25	1,022	360	360	1080	1,062	360	312	*94%*	*100%*	*98%*	*87%*	11	0	0	0	0		ward safely staffed	KM	*2,882*	*2,756*	*96%*	*126*	*-4%*	101	20.64	6.65	27.29
Victory	18	1048.75	1,552	774.15	1,459	957	1,034	660	1,573	*148%*	*188%*	*108%*	*238%*	1	2	0	0	1				*3,440*	*5,618*	*163%*	*2,178*	*63%*	480	5.39	6.32	11.70
Wakeley	25	1733	1,683	1353.483333	1,294	1192.5	1,384	1192.5	1,361	*97%*	*96%*	*116%*	*114%*	1	3	0	0	0		There were 3 night shifts where the nursing establishment was short by 1 RN. In addition 1 band 6 nurse had planned sick leave for 1 week. The risk was mitigated by the redeployment of a band 6 from Gundulph ward. When staffing numbers fall short of expected on the night shift, the site practitioner will support the ward through Hospital rounding.	RN	*5,471*	*5,723*	*105%*	*251*	*5%*	729	4.21	3.64	7.85
Will Adams	26	1389.8	1,973	1087.2	1,214	957	1,565	990	1,352	*142%*	*112%*	*163%*	*137%*	0	0	0	0	0			RN	*4,424*	*6,103*	*138%*	*1,679*	*38%*	781	4.53	3.29	7.81
Trust total	**633**	**49,822**	**55,791**	**28,609**	**29,104**	**38,265**	**45,171**	**20,874**	**24,097**	***112.0%***	***101.7%***	***118.0%***	***115.4%***	**32**	**16**	**2**	**1**	**8**				**137,570**	**154,163**	**112%**	**16593**	**12.1%**	**17220**	5.86	3.09	8.95

Appendix 3 - Unify report – December 2016

Fill rate indicator return
Staffing: Nursing, midwifery and care staff

Org: RPA Medway NHS Foundation Trust

Period: December_2016-17

Please provide the URL to the page on your trust website where your staffing information is available

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

Comments

Validation alerts (see control panel)	Only complete sites your organisation is accountable for					Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
	Hospital Site Details		Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
	Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Arethusa	110 - TRAUMA & ORTHOPAEDICS		1973	2,265	1,099	1,529	1,320	1,793	1,023	1,435	114.8%	139.1%	135.8%	140.3%	796	5.1	3.7	8.8
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Bronte WARD	340 - RESPIRATORY MEDICINE		1547	1,401	1,127	1,089	1,093	1,121	729	752	90.6%	96.6%	102.5%	103.2%	558	4.5	3.3	7.8
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Byron	430 - GERIATRIC MEDICINE		1537.333333	1,825	1,127	1,425	1,035	1,625	1,024	1,347	118.7%	126.4%	157.0%	131.5%	806	4.3	3.4	7.7
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	CCU	320 - CARDIOLOGY		721.75	704	-	-	713	730	-	-	97.5%	-	102.3%	-	126	11.4	0.0	11.4
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Delivery	501 - OBSTETRICS		2979.25	2,868	549	547	2,976	2,897	540	429	96.3%	99.6%	97.3%	79.4%	162	35.6	6.0	41.6
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Dolphin (Paeds)	420 - PAEDIATRICS		3140.4	3,174	698	973	2,473	2,507	357	460	101.1%	139.3%	101.4%	129.0%	419	13.6	3.4	17.0
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Gundulph	300 - GENERAL MEDICINE		1957	1,770	1,684	1,236	1,331	1,297	1,342	1,221	90.5%	73.4%	97.4%	91.0%	720	4.3	3.4	7.7
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Harvey	328-STROKE MEDICINE		1123.5	1,258	1,652	1,182	1,024	1,193	1,046	1,027	111.9%	71.6%	116.5%	98.2%	727	3.4	3.0	6.4
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3582.25	3,732	-	-	3,116	3,766	-	-	104.2%	-	120.9%	-	295	25.4	0.0	25.4
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Keats	301 - GASTROENTEROLOGY	307-DIABETIC MEDICINE	1517.916667	2,794	1,187	1,257	990	2,588	1,012	1,097	184.1%	105.9%	261.4%	108.4%	808	6.7	2.9	9.6
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Kent	501 - OBSTETRICS		1152.25	1,092	464	373	744	720	672	600	94.7%	80.4%	96.8%	89.3%	436	4.2	2.2	6.4
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Kingfisher SAU	100 - GENERAL SURGERY		1944	1,633	1,589	1,524	1,342	1,332	682	803	84.0%	95.9%	99.2%	117.7%	661	4.5	3.5	8.0
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Lawrence	823 - HAEMATOLOGY		1118.733333	1,002	820	915	698	732	698	811	89.5%	111.6%	105.0%	116.2%	464	3.7	3.7	7.5
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	McCulloch	100 - GENERAL SURGERY		1448.833333	2,254	1,065	1,524	979	1,882	1,012	1,463	155.6%	143.1%	192.2%	144.6%	938	4.4	3.2	7.6
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Medical HDU	192 - CRITICAL CARE MEDICINE		1460.666667	1,353	350	355	1,069	1,037	357	333	92.6%	101.3%	97.1%	93.4%	180	13.3	3.8	17.1
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Milton	430 - GERIATRIC MEDICINE		1586.5	2,002	1,310	1,708	1,033	1,597	1,046	1,254	126.2%	130.4%	154.6%	119.9%	806	4.5	3.7	8.1
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Nelson	320 - CARDIOLOGY		1523.833333	1,413	1,212	1,206	1,012	1,001	682	748	92.7%	99.5%	98.9%	109.7%	741	3.3	2.6	5.9
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	NICU	422- NEONATOLOGY		3671.25	3,624	420	150	3,565	3,508	-	-	98.7%	35.6%	98.4%	-	913	7.8	0.2	8.0
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Ocelot	502 - GYNAECOLOGY		909	884	518	851	745	758	372	674	97.2%	164.3%	101.7%	181.4%	340	4.8	4.5	9.3
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Pearl	501 - OBSTETRICS		1135.916667	1,194	726	555	1,116	1,092	372	312	105.2%	76.4%	97.8%	83.9%	352	6.5	2.5	9.0
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Pembroke	110 - TRAUMA & ORTHOPAEDICS		1512	1,430	1,166	1,400	1,012	1,231	1,023	1,265	94.5%	120.1%	121.6%	123.7%	794	3.4	3.4	6.7
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Phoenix	100 - GENERAL SURGERY		1827.783333	1,807	1,546	1,610	1,353	1,431	1,353	1,649	98.8%	104.2%	105.8%	121.9%	911	3.6	3.6	7.1
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Sapphire Ward	300 - GENERAL MEDICINE		1324.5	1,995	2,349	1,935	1,001	1,518	1,364	1,343	150.6%	82.4%	151.6%	98.4%	868	4.0	3.8	7.8
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	SDCC	100 - GENERAL SURGERY		1896.25	1,839	1,442	1,014	561	1,014	572	616	97.0%	70.3%	180.7%	107.6%	529	5.4	3.1	8.5
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Surgical HDU	192 - CRITICAL CARE MEDICINE		2105.85	2,142	406	312	1,705	1,743	-	22	101.7%	76.9%	102.2%	-	301	12.9	1.1	14.0
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Tennyson	430 - GERIATRIC MEDICINE		1617.666667	1,495	1,177	1,315	1,046	1,216	1,046	1,112	92.4%	111.8%	116.2%	106.3%	831	3.3	2.9	6.2
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	The Birth Place	501 - OBSTETRICS		1117	1,044	372	288	1,116	1,058	372	312	93.5%	77.4%	94.8%	83.9%	101	20.8	5.9	26.8
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Victory	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	1137.1	1,625	826	1,006	1,012	942	682	1,378	142.9%	121.8%	93.1%	202.0%	511	5.0	4.7	9.7
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Wakeley	300 - GENERAL MEDICINE		2006.5	1,655	1,608	1,351	1,350	1,328	1,373	1,339	82.5%	84.0%	98.4%	97.6%	769	3.9	3.5	7.4
	RPA02	MEDWAY MARITIME HOSPITAL - RPA02	Will Adams	301 - GASTROENTEROLOGY	307-DIABETIC MEDICINE	1385.5	2,411	1,156	1,143	1,012	1,936	1,023	1,320	174.0%	98.9%	191.3%	129.0%	806	5.4	3.1	8.4
																		806	0.0	0.0	0.0

Medway NHS
NHS Foundation Trust

Appendix 4 - Nursing safe staffing return – December 2016

Fill rate indicator return

Staffing: nursing, midwfery and care staff

Jan-17

		Day				Night				Day		Night		Quality Metrics / Actual Incidents					Deputy Director of Nursing (Divisonal) review			Internal KPIs					Care Hours Per Patient Day (CHPPD)			
		Registered Staff		Care Staff		Registered Staff		Care Staff																						
WARD	Beds	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 harm	Number of patient related medication errors - moderate to	Number of complaints relating to nursing care	DDON rag rating	Assurance statement	DDON signoff	Total Planned Hours (registered & care)	Total Actual Hours (registered & care)	Overall fill rate	Difference total Actual vs Planned hs	Difference total Actual vs Planned %	Cumulative count over the month of patients at 23:59 each day	Registered midwives / Nurses	Care Staff	Overall
Arethusa	27	1973	2,265	1099	1,529	1320	1,793	1023	1,435	*115%*	*139%*	*136%*	*140%*	1	0	0	0	0		Staff in Arethusa and Pembroke work flexibly across the units to ensure safe staffing.	SH	*5,415*	*7,022*	*130%*	*1,607*	*30%*	796	5.10	3.72	8.82
Bronte	18	1547	1,401	1127	1,089	1092.75	1,121	728.5	752	*91%*	*97%*	*103%*	*103%*	1	0	2	0	0		Bronte ward has had some short term sickness this month. There were 4 patients on NIV and as such the ward required additional temporary staff to support the acuity. Not all agency/bank shifts were covered. To mitigate the risk Medical High Dependency Unit supported the ward. Staff were redeployed from other areas to maintain a safe environment	RN	*4,495*	*4,362*	*97%*	*-133*	*-3%*	558	4.52	3.30	7.82
Byron	26	1537.333	1,825	1127.25	1,425	1035	1,625	1023.75	1,347	*119%*	*126%*	*157%*	*132%*	0	3	0	0	0			RN	*4,723*	*6,221*	*132%*	*1,498*	*32%*	806	4.28	3.44	7.72
CCU	4	721.75	704	0	-	713	730	0	-	*98%*	*#DIV/0!*	*102%*	*#DIV/0!*	0	0	0	0	0			RN	*1,435*	*1,433*	*100%*	*-2*	*0%*	126	11.38	0.00	11.38
Delivery	15	2979.25	2,868	549	547	2976	2,897	540	429	*96%*	*100%*	*97%*	*79%*	1	0	0	0	1		delivery suite safely staffed by moving satff across the maternity unit	KM	*7,044*	*6,740*	*96%*	*-304*	*-4%*	162	35.58	6.02	41.60
Dolphin (Paeds)	34	3140.4	3,174	698	973	2472.5	2,507	356.5	460	*101%*	*139%*	*101%*	*129%*	1	0	0	0	0		safely staffed	KM	*6,667*	*7,113*	*107%*	*446*	*7%*	419	13.56	3.42	16.98
Gundulph	25	1957	1,770	1684.25	1,236	1331	1,297	1342	1,221	*90%*	*73%*	*97%*	*91%*	0	2	0	0	1		Due to sickness and unfilled agency/bank shift. There is a twice daily formal review of staffing that redeploys staff to mitigate the risk across Acute and Continuing Care	RN	*6,314*	*5,525*	*87%*	*-790*	*-13%*	720	4.26	3.41	7.67
Harvey	24	1123.5	1,258	1652	1,182	1023.75	1,193	1046.25	1,027	*112%*	*72%*	*116%*	*98%*	1	0	0	0	0		Due to sickness and unfilled agency/bank shift. There is a twice daily formal review of staffing that redeploys staff to mitigate the risk across Acute and Continuing Care	RN	*4,846*	*4,659*	*96%*	*-186*	*-4%*	751	3.26	2.94	6.20
Intensive Care Unit	9	3582.25	3,732	0	-	3116.25	3,766	0	-	*104%*	*#DIV/0!*	*121%*	*#DIV/0!*	1	0	0	0	0		Staffing in critical care work flexibly across the three units to ensure stafe staffing levels. Due to capacity issues on the wards a number of patients fit for ward care are unable to be transferred out of the unit. These patients do not require the same level of nursing support and nurse:patient ratios may be adjusted. In the month of December a high volume of patients required level 3 or level 2 support and additional staff were booked to ensure patients were cared for safely within other clinical environments	SH	*6,699*	*7,498*	*112%*	*800*	*12%*	295	25.42	0.00	25.42
Keats	27	1517.917	2,794	1187	1,257	990	2,588	1012	1,097	*184%*	*106%*	*261%*	*108%*	2	0	0	0	0			RN	*4,707*	*7,737*	*164%*	*3,030*	*64%*	808	6.66	2.91	9.57
Kent	24	1152.25	1,092	463.75	373	744	720	672	600	*95%*	*80%*	*97%*	*89%*	1	0	0	0	0		ward safely staffed	KM	*3,032*	*2,784*	*92%*	*-248*	*-8%*	436	4.15	2.23	6.39
Kingfisher SAU	14	1944	1,633	1589	1,524	1342	1,332	682	803	*84%*	*96%*	*99%*	*118%*	3	1	0	0	1		Due to operational pressures The assessment unit trolley spaces can be bedded. This adjusts the staffing ratio required on the ward. Shortfall is filled with temporary staff or the Matron and Ward Sister work clinically in the numbers to maintain safe	SH	*5,557*	*5,291*	*95%*	*-266*	*-5%*	682	4.35	3.41	7.76
Lawrence	19	1118.733	1,002	820.1666667	915	697.5	732	697.5	811	*90%*	*112%*	*105%*	*116%*	0	2	0	0	0		Increase number of short term sickness; one staff when on maternity leave and another staff went on secondment. The Senior Sister works clinically when there are shortfall in the planned hours. The is also a band 7 PDN role that supports the ward.		*3,334*	*3,460*	*104%*	*126*	*4%*	464	3.74	3.72	7.46
McCulloch	24	1448.833	2,254	1064.5	1,524	979	1,882	1012	1,463	*156%*	*143%*	*192%*	*145%*	2	0	0	0	0		A number of vulnerable patients are on the ward require specialist 1:1 nursing care and staffing levels are adjusted to meet this and maintain patient safety. Additionally the Ward Sister and Matron work clinically in the numbers when staffing	SH	*4,504*	*7,123*	*158%*	*2,619*	*58%*	938	4.41	3.18	7.59
Medical HDU	6	1460.667	1,353	350	355	1068.5	1,037	356.5	333	*93%*	*101%*	*97%*	*93%*	0	0	0	0	0		Staffing in critical care work flexibly across the three units to ensure safe staffing levels. Due to capacity issues on the wards a number of patients fit for ward care are unable to be transferred out of the unit. These patients do not require the	SH	*3,236*	*3,077*	*95%*	*-159*	*-5%*	180	13.28	3.82	17.10
Milton	27	1586.5	2,002	1310	1,708	1033	1,597	1046.25	1,254	*126%*	*130%*	*155%*	*120%*	0	2	0	0	0			RN	*4,976*	*6,561*	*132%*	*1,585*	*32%*	806	4.47	3.68	8.14
Nelson	24	1523.833	1,413	1211.983333	1,206	1012	1,001	682	748	*93%*	*100%*	*99%*	*110%*	1	1	0	0	0		One band 6 nurse left the Trust. Shortfall in staffing was managed by the redeployment of staff	RN	*4,430*	*4,368*	*99%*	*-62*	*-1%*	741	3.26	2.64	5.90
NICU	25	3671.25	3,624	419.5	150	3565	3,508	0	-	*99%*	*36%*	*98%*	*#DIV/0!*	0	0	0	0	0		unit safely staffed	KM	*7,656*	*7,281*	*95%*	*-375*	*-5%*	913	7.81	0.16	7.97
Ocelot	12	909	884	517.5	851	744.5	758	371.5	674	*97%*	*164%*	*102%*	*181%*	0	0	0	0	0		ward safely staffed	KM	*2,543*	*3,166*	*125%*	*623*	*25%*	340	4.83	4.48	9.31
Pearl	23	1135.917	1,194	726.25	555	1116	1,092	372	312	*105%*	*76%*	*98%*	*84%*	7	0	0	0	0		ward safely staffed	KM	*3,350*	*3,153*	*94%*	*-197*	*-6%*	352	6.50	2.46	8.96
Pembroke	27	1512	1,430	1165.5	1,400	1012	1,231	1023	1,265	*95%*	*120%*	*122%*	*124%*	1	0	0	0	0		Staff in Arethusa and Pembroke work flexibly across the units to ensure safe staffing.	SH	*4,713*	*5,326*	*113%*	*613*	*13%*	794	3.35	3.36	6.71
Phoenix	30	1827.783	1,807	1545.516667	1,610	1353	1,431	1353	1,649	*99%*	*104%*	*106%*	*122%*	3	0	0	0	2		A number of vulnerable patients are on the ward require specialist 1:1 nursing care and staffing levels are adjusted to meet this and maintain patient safety. Additionally the Ward Sister and Matron work clinically in the numbers when	SH	*6,079*	*6,497*	*107%*	*418*	*7%*	911	3.55	3.58	7.13
Sapphire Ward	28	1324.5	1,995	2349	1,935	1001	1,518	1364	1,343	*151%*	*82%*	*152%*	*98%*	1	0	0	0	1			RN	*6,039*	*6,790*	*112%*	*751*	*12%*	868	4.05	3.78	7.82
SDCC	26	1896.25	1,839	1442	1,014	561	1,014	572	616	*97%*	*70%*	*181%*	*108%*	0	0	0	0	0		Due to operational pressures 12 unfunded beds are open on the ward. When staffing is short the Matron and Ward Sister work clinically in the numbers to maintain safe staffing levels. A planned closure across the bank holidays was cancelled due to significant operational pressures and a large number of patients requiring admission. The unit was re-opened with the use of substantive staff working additional duties and temporary staff.	SH	*4,471*	*4,483*	*100%*	*11*	*0%*	560	5.09	2.91	8.00
Surgical HDU	10	2105.85	2,142	405.5	312	1704.75	1,743	0	22	*102%*	*77%*	*102%*	*#DIV/0!*	0	0	0	0	0		Staffing in critical care work flexibly across the three units to ensure stafe staffing levels. Due to capacity issues on the wards a number of patients fit for ward care are unable to be transferred out of the unit. These patients do not require the same level of nursing support and nurse:patient ratios may be adjusted. In the month of December a high volume of patients required level 3 or level 2 support and additional staff were booked to ensure patients were cared for safely within other clinical environments	SH	*4,216*	*4,219*	*100%*	*3*	*0%*	301	12.91	1.11	14.02
Tennyson	27	1617.667	1,495	1176.75	1,315	1046.25	1,216	1046.25	1,112	*92%*	*112%*	*116%*	*106%*	0	1	0	0	0		Due to sickness and unfilled agency/bank shift. There is a twice daily formal review of staffing that redeploys staff to mitigate the risk across Acute and Continuing Care	RN	*4,887*	*5,139*	*105%*	*252*	*5%*	831	3.26	2.92	6.18
The Birth Place	9	1117	1,044	372	288	1116	1,058	372	312	*93%*	*77%*	*95%*	*84%*	11	0	0	0	0		unit safely staffed	KM	*2,977*	*2,702*	*91%*	*-275*	*-9%*	101	20.81	5.94	26.75
Victory	18	1137.1	1,625	825.5833333	1,006	1012	942	682	1,378	*143%*	*122%*	*93%*	*202%*	1	2	0	0	0		A number of vulnerable patients are on the ward require specialist 1:1 nursing care and staffing levels are adjusted to meet this and maintain patient safety. Additionally the Ward Sister and Matron work clinically in the numbers when staffing levels fall below recommended numbers.	SH	*3,657*	*4,951*	*135%*	*1,294*	*35%*	511	5.02	4.66	9.69
Wakeley	25	2006.5	1,655	1607.75	1,351	1350	1,328	1372.5	1,339	*82%*	*84%*	*98%*	*98%*	0	1	0	0	1		The risk level is due to unfilled agency/bank shifts. The Senior Sister worked clinically and staff were redeployed from other areas to maintain safety	RN	*6,337*	*5,673*	*90%*	*-664*	*-10%*	769	3.88	3.50	7.38
Will Adams	26	1385.5	2,411	1156	1,143	1012	1,936	1023	1,320	*174%*	*99%*	*191%*	*129%*	1	0	0	0	0			RN	*4,577*	*6,810*	*149%*	*2,233*	*49%*	806	5.39	3.06	8.45
Trust total	**633**	**51,961**	**55,680**	**29,642**	**29,771**	**39,540**	**46,591**	**21,772**	**25,119**	***107.2%***	***100.4%***	***117.8%***	***115.4%***	**40**	**15**	**2**	**0**	**7**				**142,914**	**157,161**	**110%**	**14248**	**10.0%**	**17745**	5.76	3.09	8.86

Medway NHS
NHS Foundation Trust

Report to the Board of Directors

Board Date: January 2017

Title of Report	Workforce Update
Presented by	James Devine, Executive Director of HR & OD
Lead Director	James Devine, Executive Director of HR & OD
Committees or Groups who have considered this report	n/a
Executive Summary	The purpose of this report is to advise on the activities relating to workforce. Key points are : • Update for Nursing recruitment and ongoing campaign • Monitoring and control of temporary staffing spend
Resource Implications	None
Risk and Assurance	Staffing levels remain a significant risk and interventions are in place to mitigate this through 1. Undertaking a recruitment campaign (EU) in January 2017 2. Undertaking a review of nurse incentives 3. Ensuring a cost effective temporary staffing service 4. Driving up the levels of mandatory training and appraisal
Legal Implications/Regulatory Requirements	Staffing levels, staff engagement, leadership and culture have been identified as areas of urgent 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 of the Recovery plan.
Quality Impact Assessment	n/a
Recommendation	Information
	Approval ☐ Assurance ☐ Discussion ☐ Noting ☒ (x)

Workforce Update – January 2017

1. EXECUTIVE SUMMARY

Work within the Directorate continues to focus on predominantly nursing recruitment. We have had increased nursing recruitment this month and we continue our campaign within both the EU and internationally - continuing in January 2017. We are beginning to explore new approaches to nurse recruitment and retention.

Temporary staffing remains high with an increased number of placements in the month of December – mainly nursing. Our in-house temporary bank service were able to fill 80% of requests in month. A full review of the use of temporary staffing is currently underway and directorate challenge sessions will be introduced in January 2017. Moving forward all bookings will be centralised and revised approval processes put in place so that we are able to work towards meeting NHSI caps.

Compliance with key people metrics continue to improve. Turnover has reduced in month or remained the same across the Trust and we have introduced an online exit survey. Appraisal rates along with mandatory training compliance have increased within the reporting period.

The national NHS Staff Survey is now closed and we expect our results in February 2017.

We had a successful flu campaign - our final rate was 74.93% which met 75% of the CQUIN target although this is being discussed with CCG.

Kay Abbs joined the Directorate as Associate Director of Workforce Development & OD, focussing on leadership as a priority

2. STAFFING

Mandatory training/ Learning Management System

Mandatory training compliance reached 87%; its highest position in 2 years.

The new learning management system MOLLIE (Medway On Line & Interactive Education) went live on 25 October and the roll out to the whole organisation was complete in December.

The team are still working with the software to ensure that we are able to report accurately on training data following the migration, but this work is due to be complete in early February 2017

Achievement Review

The achievement review rate has risen to 86.69%. A number of actions remain in place to improve performance across departments and individuals including directorate trajectories, long standing non-compliant individuals being identified and achievement reviews arranged. These actions are still being reviewed weekly.

Local Induction

Compliance for local induction reached 69% in December, the highest for 3 years. A number of actions remain in place as part of the review of onboarding including the recruiting manager's information pack which places explicit emphasis on the importance of an effective local induction and its impact on improving staff retention. An online local induction confirmation form was launched in November alongside the current paper version will aid accessibility and improvement in reporting.

Agency/ Bank Staff Local Induction

The recorded rate of local induction for agency workers is reported as 60% in December 2016. This is a slight reduction on the previous months and was as a result of the significant numbers of new agency workers undertaking assignments over the Christmas period and the decrease in substantive staff available to undertake local induction. The temporary staffing team is withholding payment of noncompliant agency workers and restricting those workers until local induction is completed. The team are undertaking ward walks every week to ensure that induction literature is distributed, relevant agency staff are targeted and to collect any completed agency worker induction packs and record them on the HealthRoster system. In addition, the importance of the agency induction continues to be reiterated to the agency providers and the senior nursing staff on the wards/units. The agency worked induction booklet has been revised and is in an electronic format. The Temporary Staffing Manager is continuing to visit all relevant Senior Sisters / Charge Nurses to provide management information and ensure inductions are undertaken swiftly.

SafeCare Live and e rostering

SafeCare Live was launched in October 2016. This has been rolled out through Acute and Continuing Care and the Coordinated Surgical Directorates.

A number of areas have all been trained on Safe Care Live and the rostering team are monitoring usage. Initial feedback has been positive. The nursing teams have reported improvement in ease of moving staff and finalising shifts.

8 non-nursing units have now been set up on the eRoster system including the Housekeeping teams. Initial feedback has been positive and managers can see the benefits of using the tool including the use of eTimesheets.

The rollout of eExpenses commenced with Community Midwives and COaST who will be using the system for January 2017 claims. A schedule has been produced to roll out the eExpenses portal to all other areas by July 2017.

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Drop in training sessions and class room based demonstrations of Employee Online have been arranged weekly until July 2017 to ensure all staff have access to training and support.

3. RESOURCING

There have been a number of resourcing interventions taking place in December 2016; The recruitment team continuing to develop the Trust's social media presence and build upon our 'Put yourself in the picture' recruitment campaign, The recruitment campaign was staggered over a 3 month campaign between November 2016 and January 2017. The campaign reached across the Kent region. The recruitment team are continuing to hold open days with the aim of attracting the best candidates and promoting the Trust as an employer of choice

In addition, the Trust has attended recruitment events in Kent and London, and there has been a review of the benefits package, the candidate pack and the retention incentives. A number of assessment centres for nursing and administrative & clerical took place in December 2016.

<u>Recruitment activities</u>

- *Assessment days*

There continue to be fortnightly Assessment Days for recruitment for substantive and bank for Nursing, CSW and Admin & Clerical. Other staff group assessment days are being arranged as necessary.

- *Events and open days*

The recruitment events undertaken this month include:

- 5 December 2016– CSW Assessment Day – Total Successful 6
- 8 December 2016 – Nursing Assessment Day – Total Successful: 8
- 20 December 2016 – CSW Assessment Day – Total Successful: 35
- 22 December 2016 – Nursing Assessment Day – Total Successful: 1

- *EU recruitment*

A programme of Skype interviews is being undertaken to recruit the remainder of the commissioned 70 nurses. The HR team have been actively working with the agency and have:

- 17 nurses and 3 midwives in post from earlier recruitment
- An additional 16 nurses arrived from the EU (Spain, Italy and Greece) on the 3 January 2017 via Medacs agency
- 16 EU nurses via Medacs are scheduled to arrive the 20 April 2017
- Skype interviews are currently being arranged for March to on-board a further 25 EU nurses via Medacs. It is anticipated the successful 25 nurses will commence in post late July, early August.

- *International recruitment*

As a result of Skype interviews which took place in November 2016, 8 NICU nurses via MSI agency are scheduled to arrive from the Philippines in late August 2017.

200 interviews have been arranged to on-board 120 nurses across a number of disciplines from the Philippines. Harvey Nash Recruitment agency is managing this recruitment campaign for the Trust. Interviews will take place week commencing 28 March 2017. Trust delegates will fly to Manila to undertake the interviews. We anticipate that the first cohort of successful nurses will begin arriving in the UK from September 2017.

The Trust has appointed 6 doctors as part of the MTI scheme. An additional 8 candidates will be interviewed in March. These placements will be used to address the vacancies at junior doctor level.

- *Other Campaigns / Activities / Initiatives*

The recruitment team, the occupational health team and some senior nurses are undertaking a 3 month project with the aim of exploring and testing new approaches to nurses recruitment and retention. The key themes there are exploring are:

- Offering true flexible working for a fixed period
- Enhancement of the current assessment day to include tours, occupational health appointments and lunch with a MFT buddy
- Candidate engagement and keeping potential employees interested
- Reducing the time to hire to 28 days
- Offering bank workers substantive contracts, flexible hours or annualised hours
- Revitalising our advertising/ marketing
- Exploring Return to Practice

<u>Temporary Staffing Service</u>

In order to promote transparency concerning agency usage the Trust has establish rules with clear levels of financial signoff for agency requisitioning. Effective from 23 December 2016, all requests for temporary workers are made via the Bank team. This will improve compliance with NHSI directives and NHSI reporting and ensure the best value for money is being obtained for each and every assignment.

A number of other initiatives are in progress to support agency spend reduction. The Head of Resourcing has met with a number of agency providers who have agreed to come within cap over the coming months. Additionally, from February 2017 the Head of Resourcing and the Deputy Director of Finance will hold weekly 'challenge' sessions with managers utilising non-medical, non-clinical agency workers. The sessions will cover all new requests and extension requests.

Demand for nursing (registered and unregistered) reached 108,559 hours in December 2016, (approximately 690 WTE) with the majority of bookings to cover vacancies (65%). Unfilled shifts for all nursing staff increased to 20% in December. Nursing staffing reviews are being undertaken twice a day to ensure we have sufficient numbers. Any areas that require urgent attention are being identified and an action plan is being put in place to ensure good staffing numbers.

The Doctors Bank rolled out Trust wide in December 2016. A number of agency doctors are in the process of joining the Trust bank.

The second Regional Temporary Staffing Forum was held at Kent & Medway Partnership Trust on 10th November to continue discussion around collaborative working. Key priority working areas were identified as agency and bank rate reviews and recruitment to bank practices.

Increased efficiencies within the Temporary Staffing Team for the coming months include maximising utilisation of electronic booking platforms and moving away from any manual processes to improve efficiency

Retention

A new online exit interview process was launched on 21 November 2016 to ensure that all leavers are captured and given the opportunity to have an exit interview.

4. STAFF ENGAGEMENT, DIVERSITY AND CULTURE CHANGE

This work stream is focussing on high impact activities to improve staff engagement and support diversity and culture change within the organisation.

Raising Concerns and Every Person Counts

The Raising Concerns campaign launched in November 2016 and continues with Work Place Listeners,Freedom to Speak Up Guardians and Occupational Health .

Flu campaign

Whilst the flu campaign is still ongoing until the end of February 2017, the CQUIN target was applicable on the number of frontline staff vaccinated up to and including the 31st December 2016. The data submitted for this period provided the Trust with an overall uptake rate for eligible staff of 74.93%. A decision will be considered by the CCG as to whether several forms received after the catchment date but for staff vaccinated within the allotted timeframe will be considered. These will take the Trust over the 75% threshold thereby securing the full CQUIN amount. The current vaccination figure for frontline staff within the Trust is 75.6%.

Equality and Diversity

The Equality and Diversity Group continue to build an effective working model and a work plan to support the delivery of the Equality objectives is in place with allocated leads. The BME, LGBT and disabled Staff Forum leads have been identified and staff forums are took place in December.

National NHS Staff Survey

The annual NHS Staff Survey commenced on 26 September and it ran until 02 December 2016. The Trust achieved a response rate of 49.5%; which was 10% above the average across the NHS. The full results will be available in February 2017.

5. LEADERSHIP AND DEVELOPMENT

The work stream to focus on developing our existing and emerging leaders and provide learning access to all staff continues.

Leadership development

Cohorts 7 & 8 of the Management Development Programme (MDP) completed this month with 14 participants. 41 participants have been trained so far with 23 booked for cohorts 9 & 10 A further 6 cohorts are scheduled presently.

The Bitesize programme continues to be popular with additional dates and topics being added on a regular basis. 147 members of staff have attended so far. A further 16 workshops covering a diverse range of topics are currently scheduled to March 2017.

The complete Leadership and Management programmes for 2017 are currently being planned.

The pan-Medway leadership programme continues to be a success, with the Trust invited to a senior partner event in November 2016 to discuss better collaboration across Medway for our future workforce.

END

Quality Assurance Committee (QAC) Chair's Report
19 January 2017

This was a good meeting of the QAC. The three Directorates attended together, and there was a strong synergy from this representation, which I would be keen to see continue.

On the down side, some of the papers were only made available rather late in the approach to the meeting, and this reduced the value which members could obtain from them.

While reviewing the minutes of the previous meeting, in which the possibility of changing the frequency of meetings had been mooted, the Committee agreed to continue to meet monthly until at least April, by which time the deliberations of the Care Quality Commission should be known. The Committee also agreed that, for convenience of sequencing, it would be content to receive the Integrated Quality & Performance Dashboard (IQPD) one month in arrears, on the understanding the Quality Improvement Group would flag-up any particularly pressing issues.

We heard the quarterly report from the Acute & Continuing Care Directorate:

- Of note, there had a been a considerable number of complaints recorded, particularly with regard to a lack of medical and nursing care and attention. Poor attitude and poor communication seem to be recurring features.
- While overall the rate of falls appears to be lower than in 2015, we are still seeing some falls to fracture.
- The Committee examined a Coroner's Regulation 28 report (to prevent future deaths), in which there had been poor fluid balance recording and failure to escalate. Actions to prevent a recurrence include a greater focus on induction of agency staff.
- The Committee discussed the methods by which important messages from inquests are circulated within the Trust. Reports go to the Directorate in question and, at Trust level, are scrutinized by the Patient Safety Team and also the Mortality and Morbidity meeting.

QAC received a comprehensive update on complaint handling. Much effort has gone into clearing the considerable backlog. I have recommended previously that we must not slip back. However, there has been little training in complaints handling for over a year, and the Trust has 6 sessions forecast in February/March. It is vital that Directorates commit to enabling their staff to attend.

The Committee reviewed Infection Control, focusing on the C. Diff 'spike' before Christmas. The fact that it was a spike, which was brought back down, indicates that control measures worked, but to prevent exceeding our target we need to see improved initial diagnosis, better use of the '48-hour antibiotic decision' and better communications between doctors and nurses (and vice versa).

The Chief Pharmacist provided a paper on Medicines Management. The effort put in around temperature monitoring, checking for expired medicines and Controlled Drug audits for CQC must be maintained as the norm.

The Associate Medical Director provided a comprehensive report on Patient Safety. Mortality continues to show encouraging downward trends. However, Chronic Obstructive Pulmonary Disease is above the national benchmark. This is a wider societal issue in our area, which will take time to address, but the Trust has been granted a Darzi Fellow to study the issue.

The Committee reviewed the draft report on its effectiveness. It was decided that further value could be added by providing updates on recommendations and observations. It was agreed that

the final version of the report could be timed to assist with the Trust's Quality Account.

We examined the Integrated Quality and Performance Dashboard. This has been a challenging month for the Trust, with a significant number of escalation beds open. The staff have responded well to the demand, but this will be difficult to sustain. The increased pressure has seen adjustments to the Site Office/Trust Operations Room. It would seem reasonable to embed these coping mechanisms for routine running.

Under AOB, Mr Nagler, the Public Representative, discussed whether a Quality Management System might be applied to the hospital as a whole. It was thought that the Board Assurance Framework would effectively meet this function, and that QAC could benefit from a briefing on that subject by about Easter.

In February QAC will hear another patient story, examine clinical effectiveness, including preventable deaths, and reconsider the deteriorating patient. Additionally, any developments on patient safety from the risk register should be included.

E B Carmichael
Non-Executive Director; Chair, Quality Assurance Committee
21 January 2017

Integrated Audit Committee report, December 2016

The Integrated Audit Committee ("the Committee") meets quarterly, and is established to provide the Board with an independent and objective review of its financial and non-financial systems, information, compliance with laws and regulations governing the NHS.

The Committee's last meeting was held on 1 December 2016.

The Committee consists of a minimum of three non-executive Directors.

At the last meeting the following areas were discussed:

1. **Report of the Internal Auditor (KPMG)**
   - KPMG reported that it had completed reviews of serious incidents and non-medical recruitment;
   - KPMG set out a summary of the internal audit work to be performed before the meeting of the Integrated Audit Committee in March 2017 which included cost improvement plans, the risk assurance framework and the estates strategy;
   - KPMG explained that the work carried out under the Counter Fraud summary including meeting with the Overseas Visitors Manager to identify key fraud themes, highlighting potential weaknesses of any controls surrounding the existing procedures so that they could be improved;
   - A report by KPMG focussing on the recruitment of non-medical staff provided significant assurance with minor opportunities for improvement; and
   - It was agreed that a clear process was needed to be created to follow up on a recommendation from the internal auditors.

2. **Report of the External Auditor (Deloitte)**
   - Deloitte provided an Audit Plan 2016-17 and it was agreed that:
     (a) there would be an increase in the materiality percentage from 1% to 2% in line with other trusts;
     (b) A timetable for the production of the Annual Report was in the course of production by the Trust and would be circulated to Deloitte; and
     (c) Deloitte would be completing their third and final year of appointment in 2017 and their re-appointment would be discussed at the next meeting of the Committee and the Council of Governors.

3. **PwC Reference Cost Audit Report**
   - PwC's report included an action plan to address any overspending issues at the Trust to ensure alignment to the Carter Review.

4. **Single Tender Waivers**
   - There was a general reduction in Single Tenders Waivers; and
   - Training was being rolled out for the directorates.

5. **Gifts and Hospitality Policy**
   - KPMG were carrying out a review of the Trust's gifts, hospitality and sponsorship arrangements to ensure that there was a workable policy.

Stephen Clark
Chair, Integrated Audit Committee
27.01.2017

NHS
Medway
Clinical Commissioning Group

Title of meeting:	Commissioning Committee – clinical accreditation	**Date:**
Title of report:	Draft Medway policy to enable care and treatments to be safer and more effective through encouraging smokers to quit – *Quit smoking for better, safer care*	
Reporting Officer:	Dr Andrew Burnett, Interim Director for Public Health, Medway Council	
Lead Member:		
FOI status:	This draft paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test. The CCG confirms that following exemption applies: s22 (Information intended for future publication)	

Purpose: This paper is for

Assurance		Approval		Decision	X	Information	

Background

Why is this being put forward for accreditation?

Following a joint Medway CCG, Medway Hospital, Medway Council proposal to the Medway Health and Well-being Board earlier this year, work has progressed to develop ways in which to enable more people to quit smoking to improve the clinical effectivenesss of any care that they are receiving (especially for long-term conditions) and to reduce risks and improve the clinical effectiveness of elective surgical interventions.

This paper is a first draft of a proposed joint CCG/acute trust policy to support clinicians of all types and in all sectors to enable this to be put in to practice.

Prior Clinical Review

Detail of clinical involvement in work-up

Meetings have been held with doctors, nurses, therapists and managers in both primary and secondary care services and the outcomes of these discussions have informed he development of this draft policy.

Evidence base

Brief list of evidence used to support – e.g. NICE, research, national group, etc.

The appendix, which is not yet completed, provides an overview of the impact of smoking on people's health and health care and the benfits of quitting, and, where possible, quantifies risks and benefits to better enable clinicians to discuss matters with their patients.

References to source documents of both the draft policy and the appendix are provided.

Key issues / Impact considered

Key things that have already been debated/ considered and how they are taken account of in the final document

There has been substantial approval in clinician meetings for the principles of clinicians of all types and in all settings encouraging and enabling more people to quit smoking as part of their treatment, especially in the context of both improving the effectiveness of care for, and the reduction of risks to, patients.

These clinicians have expressed a desire for formal approval of such an approach at the highest levels in both the CCG and the acute trust to support all clinicians in this approach and to facilitate discussions in patient consultations of all types.

These clinicians generally agreed that the referring/supervising clinician should raise the topic of smoking cessation and make a referral to an appropriate smoking cessation service but that clinicians responsible for specialist care have an equivalent responsibility to reinforce the importance of quitting smoking and to make a referral if this has not been done or their patient has not attended.

These clinicians also requested the provision of quantified risks and benefits of smoking and quitting and this will be completed (as far as possible – the evidence-base is extensive) before the proposed policy is finalised.

Is a communications plan required to communicate any changes following the decision of the committee in regard to this report? (please tick)

Yes X	

If yes please briefly state comms plan below, including expected timelines.

A comprehensive communications plan will be required in all care sectors, including social care, to engage front line care professionals and to inform the public and their elected representatives and patient-representative organisations.

Purpose: This paper is for **APPROVAL**

Report History: This paper is (please tick)			
Newly produced	**X**	An amendment to an already approved document	

Recommendation:
The Committee is asked to approve the document. **The Committee's attention is in particular directed to the proposed ways of working for clinicians to enable delivery of this policy**

Strategic Objective Links:
Objective 1: Prevention - To prevent people becoming ill and to support people to live healthy and well through a systematic approach in primary care that identifies patients at risk. We will achieve this working closely with the Medway Public Health team and our community provider. **Objective 3: Better Care** - A focused approach to prevention and early diagnosis will lead to better care options and management for individual patients; which will lead to better outcomes. Focusing on promoting patient responsibility to choose well when accessing the right services at the right time and in the most appropriate place and empowering patients to be better able to self manage their own conditions. **Objective 4: Better Integration** - Where patients need the support or intervention of community care, secondary care, social services or the voluntary sector this should be a seamless transition both to that provider and from that provider. **Objective 6: Quality** - Improve quality to ensure services are safe, efficient and effective. **Objective 7: Finance** - Ensure value for money, directing resources to maximise benefit to make the best use of public money. **Objective 8: Engagement** - We will strive to be a great CCG that embeds meaningful patient and member practice engagement into our decision making processes. **Objective 9: Governance and Accountability** - We will ensure that the CCG is truly accountable to its population and has appropriate arrangements in place to discharge its functions effectively, efficiently and economically, in accordance with the statutory framework and best practice principles of good governance and transparency.

Identified Risks and Risk Management Action:
(i) Failure to adequately engage and support clinicians of all types in the principle and process of the proposed policy. Mitigation: ensure adequate promotion of the policy and training for clinicians, on-going support for clinicians, and adequate provision of smoking cessation services (ii) External perception that the purpose of the policy is to ration services, and/or

delay treatment, and/or that it is discriminatory

Mitigation: the policy is written with, hopefully, a clear and sole emphasis on improving the effectiveness and safety of care through encouraging and enabling smokers to quit.

Proposals are made to enable people who smoke to:

(i) only be considered for smoking cessation where any delay in possible surgery is clinically appropriate, having balanced potential risks and benefits of the proposed treatment and the continuation of smoking,

(ii) opt out of smoking cessation referral,

(iii) receive a proposed admission date based on their agreed proposed smoking quit date,

(iv) still have treatment – subject to informed consent concerning relative risks and benefits – should they be unsuccessful in quitting, and

(v) in the case of non-surgical treatment, to have, or continue to have, treatment should they decline or be unsuccessful in quitting, subject to informed consent concerning relative risks and benefits.

The risk of not implementing this proposed policy is that there will be more avoidable morbidity and mortality and avoidable increased pressure on NHS and social care services.

Resource Implications & Finance approval:

Resources will be required to: (i) adequately promote the proposed approach, (ii) train clinicians and provide on-going support, (iii) provide sufficient smoking cessation services.

Communications and Engagement Considerations

This approach was first discussed and approved as a potential way forward to improve patient safety and clinical effectiveess at a Medway Health and Well-being Board, which was held in public. No other formal arangements have yet been made for public engagement pending finalisation of the proposed policy but this will be needed.

There have been a number of meetings with clinicians of all types in primary and secondary care to identify how best to implement the proposal.

The policy has been drawn up to emphasise patient safety and clinical effectiveness.

Sustainable Development Management Plan implications:

	No:

If yes, briefly explain how and what aspect of the SDMP it supports.

Legal Implications including Equality and Diversity Assessment:
The proposed policy does not restrict patient acces to treatment other than through an informed consent process whereby treatment may be delayed pending successful smoking cessation in order solely to improve clinical effectiveness and to reduce risks for the patient.

Next Steps:
Subject to comments and amendments (and completion of the appendix by the author) this policy needs to be considered by the CCG's governing body, Medway Hospital's trust board, and Medway Health & Well-being Board. Engagement of other NHS provider organisations and social care providers is highly desirable.

Appendices:
An appendix is included in the paper.

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Medway policy to enable care and treatments to be safer and more effective through encouraging smokers to quit

QUIT SMOKING FOR BETTER, SAFER CARE

DRAFT 2

1. Introduction

This is a policy for both Medway CCG and Medway Hospital NHS Foundation Trust to support clinicians in encouraging their patients to quit smoking as an adjunct to the treatment of any condition and, as clinically appropriate, in advance of elective surgical procedures.

1.1. Context

Smoking tobacco is the single greatest cause of preventable death and ill-health[i] and is causally linked to many conditions affecting almost all parts of the body.[ii] It is also a significant cause of avoidable treatment complications, treatment failures and prolonged hospital stays. There is also strong evidence that smokers who have surgery are at higher risk of complications and poorer outcomes.[iii, iv]

2. The purpose of this policy

Smoking cessation services are provided by Medway Council's public health team in a variety of locations. This policy is intended to make it easier for clinicians of all types to raise the subject of smoking risks and to refer their patients for advice and support in quitting.

Specifically, this policy is intended to enable people to quit smoking:

- as an adjunct to any treatment to increase its clinical effectiveness, as many drugs are adversely affected by chemicals in tobacco smoke and many conditions are aggravated by continued smoking (and continuing smoking in any circumstances increases a person's risk of developing avoidable disease and disability and of premature death); and
- where it is clinically appropriate, sufficiently far in advance to allow a gap of four to six weeks of smoking abstinence prior to elective surgery.

3. What is the evidence for this?

A summary of evidence-based quantified risks and the general effects of smoking on health and on various treatments can be found in the appendix. Briefly, there is a plethora of scientific evidence smoking tobacco, including exposure to second-hand smoke ('passive smoking') substantially increases the risk of avoidable death from a number of conditions, is causally related to, or aggravates, many conditions which are not necessarily fatal, interferes with the metabolism of many drugs and reduces the effectiveness of a number of treatments and/or counters their effect on the body in other ways, and increases the risk of complications and death from surgery.

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i See: http://www.who.int/mediacentre/factsheets/fs339/en/ (accessed 29 November 2016)

ii Surgeon General. *The Health Consequences of Smoking – 50 years of Progress. A Report of the Surgeon General*. US Department of Health and Human Services. 2014. See: http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm (accessed 29 November 2016)

iii Turan A, Mascha EJ, Roberman D, Turner PL, You J et al. Smoking and perioperative outcomes. *Anaesthesiology* 2011; 114: 837-46

iv See; http://www.rcoa.ac.uk/sites/default/files/Joint-briefing-Smoking-Surgery.pdf (accessed 4 November 2016)

4. Ethical considerations

Normally, four ethical considerations are taken into account when determining the appropriateness of health care services. These are discussed in the following sub-sections.

4.1 Respect for personal autonomy – requires that we help people to make their own decisions (for example, by providing important information), and respect those decisions (even when we may believe that a patient's decision may be inappropriate),[v] noting that this does not require us to provide a clinical service or treatment simply because someone says that they want it when considering the various risks and benefits and availability of resources of all types and other ethical considerations of a proposed treatment.

4.2 Beneficence – emphasises the moral importance of 'doing good' to others, entailing doing what is 'best' for a patient or group of people,[v, vi] noting that doing good for one person may prevent us from doing good for another (for example, because of the opportunity cost of a clinical intervention and/or its potential complications) and that it is not possible to provide benefit for everybody because resources of all types are limited.

4.3 Non-maleficence – requires that we should seek not to harm patients, and, because most treatments carry some risk of doing some harm as well as doing good – and in the context of this policy, a patient continuing to smoke can do harm – all the potential goods and harms and their probabilities must be weighed to decide what, overall, is in a patient's best interests.[v, vi]

4.4 Distributive justice – recognises that time and resources do not allow every patient to have the 'best possible' treatment and that decisions must be made about which treatments can be offered within a health care system – this principle of distributive justice emphasises two points:

- people in similar situations should normally have access to similar health care, and
- when determining what level of health care should be available for one group, we must take into account the effect of such a use of resources on others (that is, the opportunity costs).[v]

In making the ethical consideration of distributive justice, it is necessary to consider the potential impact of denying other people access to services and treatments because of the avoidable increased risks of complications, reduced treatment effectiveness and the need for additional services (such as ITU admission) potentially caused by someone continuing to smoke when receiving treatment.

v Parker M, Hope T. *Ways of thinking about medical ethics*. In *Ethics*. The Medical Publishing Company Ltd. 2000

vi The question of who should be the judge of what is 'best' is often interpreted as focusing on what an objective assessment by a relevant health professional would determine as in the patient's best interests, with the patient's own views being considered through the principle of respect for patient autonomy, the two only conflicting when a competent patient chooses a course of action that might be thought of as not in their best interests [Parker M, Hope T. *Ways of thinking about medical ethics*. In *Ethics*. The Medical Publishing Company Ltd. 2000]

5. Putting this in to practice

5.1 Prior to referral of a smoker for assessment where elective surgery is a treatment option

Clinicians of all types and in all settings making referrals of people who are smokers where elective surgery is a possible treatment option are asked to:

- explain to their patients that being a smoker at the time of surgery will increase the risk of death, cardiac arrest, heart attack, chest infection, sepsis and septic shock, impaired wound healing, treatment failure, other complications, prolonged hospital stay and risk of hospital readmission, whereas being abstinent for some 4-8 weeks before surgery will reduce these risks;
- provide brief advice on stopping smoking;[vii]
- automatically refer their patients to Medway Council's smoking cessation service unless the patient expressly refuses consent for this; and
- informs the clinician to whom they are referring their patient that this has been done.

5.2 Prior to referral of a smoker for assessment or treatment of any type, or during any type of treatment in any care setting

Clinicians of all types and in all settings making referrals of people who are smokers for assessment or treatment of any condition, or during any type of treatment in any clinical setting are asked to:

- explain to their patients that being a smoker is very likely to aggravate their condition and/or reduce the effectiveness of their treatment as well as increase their risk of developing other conditions;
- provide brief advice on stopping smoking;
- automatically refer their patients to Medway Council's smoking cessation service unless the patient expressly refuses consent for this;[viii] and
- informs the clinician to whom they are referring their patient, or who is jointly responsible for the patient's care, that this has been done.

5.3 On seeing a referred patient in a consultation following a referral or as part of an on-going treatment programme

Clinicians of all types and in all settings are asked to check the current smoking status of their patients and for all those who are current smokers they are asked to:

- explain to their patients that being a smoker is very likely to aggravate their condition and/or reduce the effectiveness of their treatment as well as increase their risk of developing other conditions;

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vii Brief advice from a clinician is known to motivate people to quit [Raw M, McNeill A, West R. Smoking cessation: evidence-based recommendations for the healthcare system. *Br Med J* 1999; 318:182 and Stead LF, Lancaster T. Physician advice for smoking cessation (Review). The Cochrane Collaboration. 2008], with substantially higher quit rates being achieved through concomitant referral to specialised services

viii Making a referral in this way, such that a person has to actively opt-out of it rather than opt-in, substantially increases uptake whilst preserving people's autonomy. A variety of documents concerning 'nudge' and behavioural change can be found here: http://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/hsmc-library/snappy-searches/Nudge.pdf (accessed 29 November 2016)

- where surgery is being considered, explain to their patients that being a smoker at the time of surgery will increase the risk of death, cardiac arrest, heart attack, chest infection, sepsis and septic shock, impaired wound healing, treatment failure, other complications, prolonged hospital stay and risk of hospital readmission, whereas being abstinent for some 4-8 weeks before surgery will reduce these risks;
- provide brief advice on stopping smoking; and
- unless they are already receiving support to quit smoking, automatically refer their patients to Medway Council's smoking cessation service unless the patient expressly refuses consent for this.

5.4 Dealing with people who decline to quit smoking or who are unable to do so despite one or more attempts supported by an evidence-based service

It can take a smoker many attempts to become permanently abstinent[ix] but even stopping for a short time before elective surgery can be of benefit.[x] However, some people will not be willing to even attempt to quit or may fail to do so (although each period of quitting, even if brief, is a step toward abstinence and should be encouraged). In these circumstances, clinicians are requested to:

- in discussion with their patient, assess the balance of clinical benefits and clinical risks of the proposed treatment in someone who continues to smoke;
- be sure that the patient understands the risks of having the proposed treatment if they continue to smoke and document this fact in their clinical records;
- ensure that the patient's GP/consultant/other relevant clinicians are aware of the patient's decision to go ahead with the proposed treatment despite the increased risks because of their continued smoking; and
- make appropriate arrangements for the patient to have the proposed treatment.

6. Next steps

Subject to finalisation of this policy and its appendix we will need to:

- obtain formal approval from Medway CCG Governing Body;
- obtain formal approval from the board of Medway Hospital NHS Foundation Trust;
- see which other trusts providing health care services to Medway residents may wish to also take up this approach;
- seek endorsement from the members of the Medway Health and Well-being Board;
- develop and implement a plan for engagement of all clinicians of all types;

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ix Chalton M, Diemert L, Cohen JE, Bondy SJ et al. Estimating the number of quit attempts it takes to quit successfully in a longitudinal cohort of smokers. *Br Med J Open* 2016; 6:e011045 doi:10.1136/bmjopen-2016-011045

x Whilst it is best to stop smoking at least 6-8 weeks before planned surgery, doing so later than this may still be beneficial. For example, stopping smoking just four weeks before surgery has been shown in a randomised controlled trial to reduce post-operative complications, [Lindstrom D, Azodi OS, Wladis A, Tennesen H, Linder S et al. Effects of a postoperative smoking cessation intervention on postoperative complications: a randomised trial. *Ann Surg* 2008; 248: 739-45] and stopping smoking at least three weeks before surgery has been shown to reduce the incidence of poor wound healing following plastic surgery procedures. [Michioki K, Masashi N, Hideo T, Seiko H, Yoshihiko K. Determination of the duration of pre-operative smoking cessation to improve wound healing after head and neck surgery. *Anaesthesiology*. 2005; 102: 892-6]

- develop and implement a communication plan for the public, patient representative bodies, and the public's elected representatives; and
- ensure that local smoking cessation services have sufficient capacity to support an increase in referral rates.

Dr Andrew Burnett
Interim Director for Public Health, Medway Council
30 November 2016

Appendix: Smoking and the safety and effectiveness of health care

NB This appendix is not yet complete nor, necessarily, in its final format

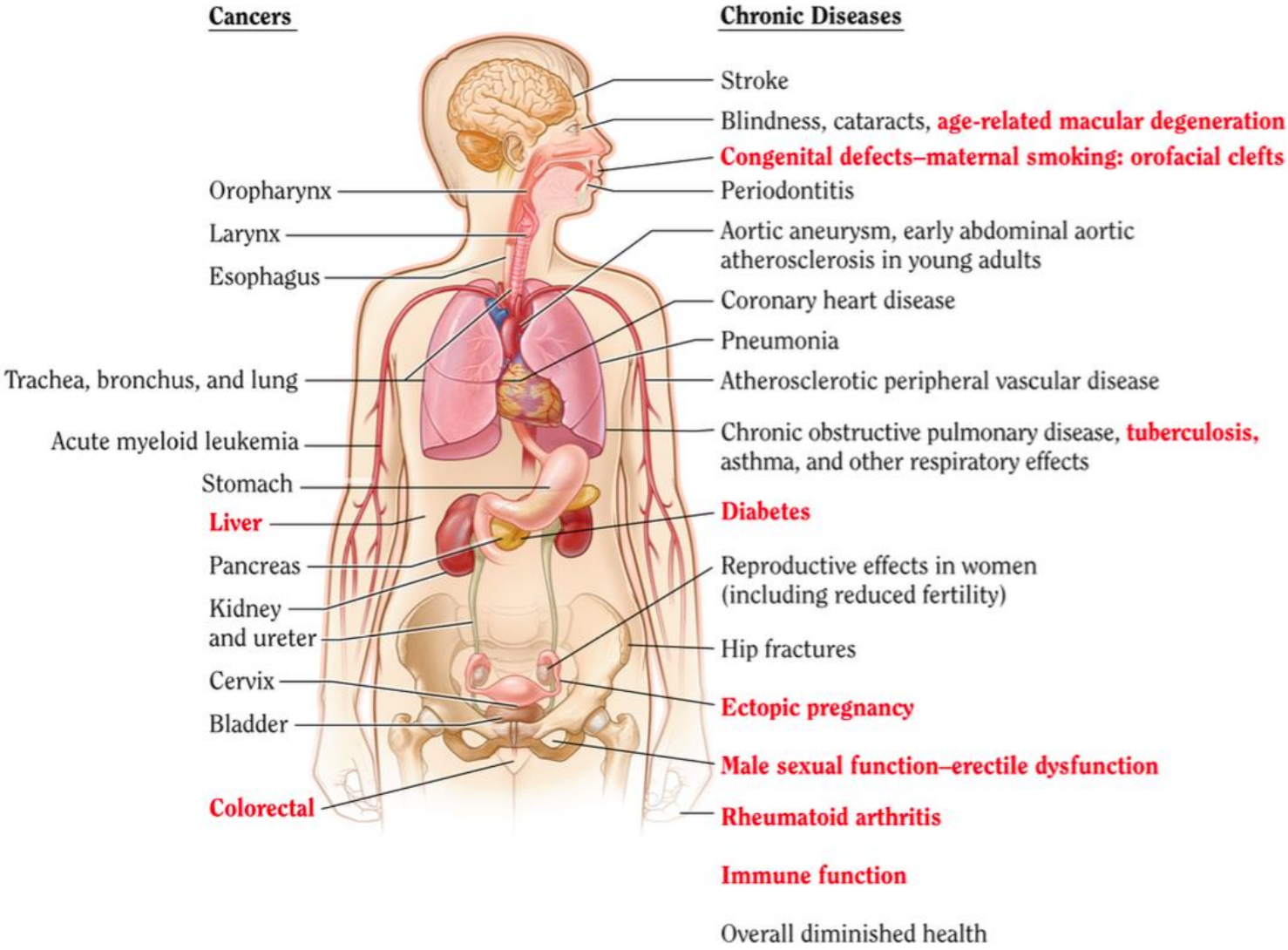
1. Introduction

This appendix provides a brief overview of conditions caused or aggravated by smoking and the proportion of deaths and other adverse outcomes that are attributable to smoking. It also provides an overview of the evidence of the impact of smoking on the safety and effectiveness of treatment for a variety of conditions and surgical interventions.

2. Causal linkage of smoking to disease and death

Smoking is causally linked to a large number of conditions affecting almost all parts of the body, as depicted in Figure 1.

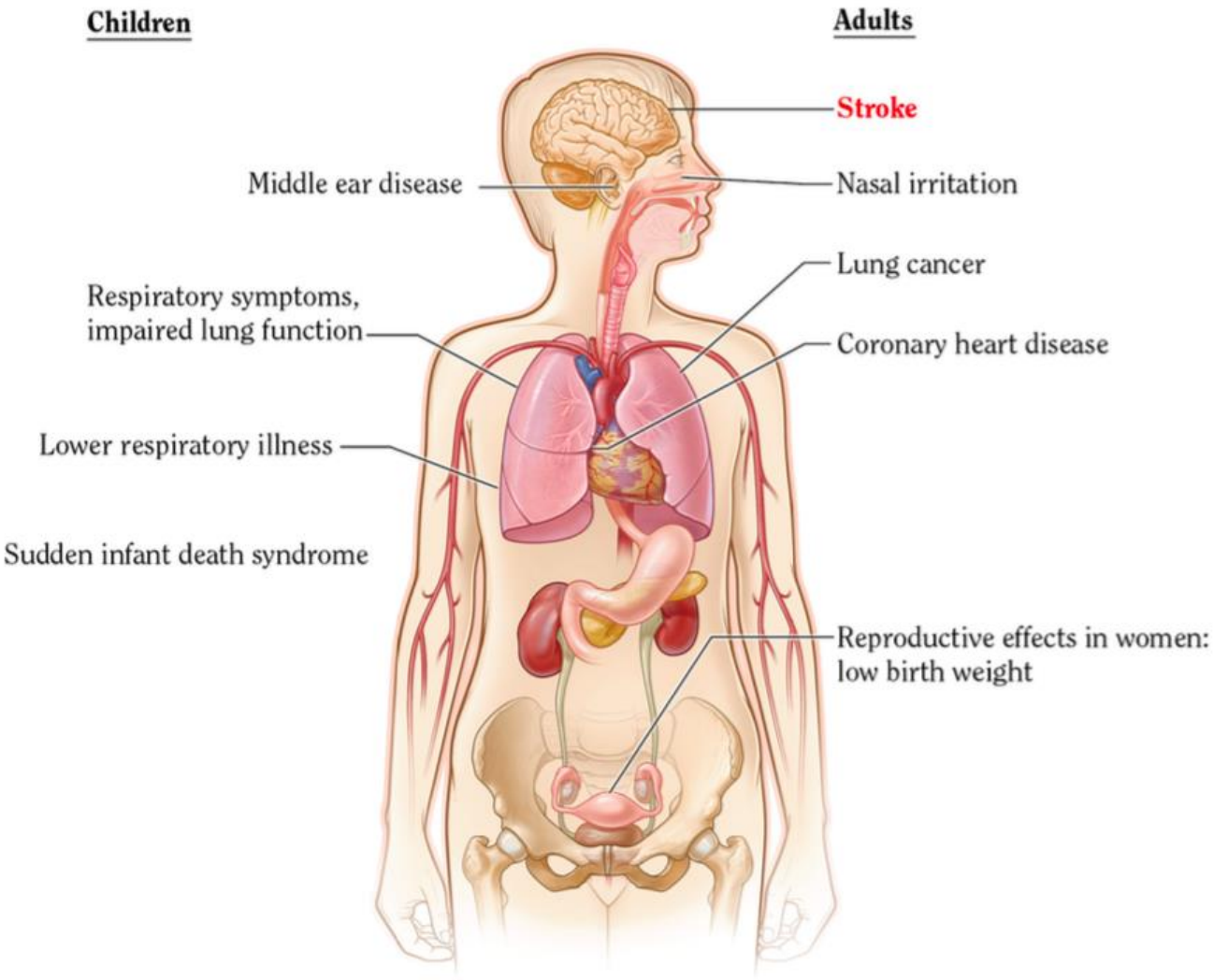
Figure 1: Conditions causally linked to smoking[1]



Note: Conditions highlighted in red are new ones causally linked to smoking identified in the Surgeon General's 2014 report from which this diagram has been taken.

Second-hand smoke (that is, 'passive smoking') is also causally linked to a large number of conditions, as depicted in Figure 2.

Figure 2: Conditions causally linked to exposure to second-hand smoke[1]



Note: Conditions highlighted in red are new ones causally linked to smoking identified in the Surgeon General's 2014 report from which this diagram has been taken.

The proportion of deaths in England attributable to smoking for various causes are shown in Table 1.

Table 1: The proportion of all deaths from specific conditions in England caused by smoking[2]

Condition	Men (%)	Women (%)
CANCERS		
Lung, trachea, bronchus	86	72
Larynx	80	74
Oesophagus	68	59
Bladder	43	28
Kidney and renal pelvis	33	8
Stomach	24	11

Pancreas	22	24
Myeloid leukaemia	21	9
RESPIRATORY DISEASE		
Chronic obstructive pulmonary disease	83	79
Pneumonia, influenza	23	13
PEPTIC ULCER DISEASE		
Stomach and duodenal ulcer	51	44
CIRCULATORY DISEASES		
Aortic aneurysm	61	54
Atherosclerosis	26	11
Other heart disease	17	10
Ischaemic heart disease	15	10
Other arterial disease	16	17
Cerebrovascular disease	12	6
ALL DEATHS	21	13

Smoking is also causally related to, or aggravates, many conditions which are not necessarily fatal, including:[1,3]

Heart and circulatory system: such as Beurger's disease; peripheral vascular disease;

Respiratory system: such as asthma, common cold, rhinitis, influenza, tuberculosis;

Gastrointestinal system: such as colonic polyps, Crohn's disease, peptic ulcer, gingivitis, periodontitis, bone loss leading to tooth loss, tooth discolouration;

Musculoskeletal system: such as injuries to muscles, tendons and joints, neck pain, back pain, osteoarthritis, rheumatoid arthritis;

Eyes: such as cataract, macular degeneration, nystagmus, optic neuropathy, fungal eye infections, tobacco amblyopia, diabetic retinopathy, optic neuritis;

Skin: such as psoriasis, premature skin ageing;

Reproductive system: such as reduced female fertility (30%), premature menopause (average 1.74 years), male impotence, reduced sperm count, reduced sperm motility, reduced ability of sperm to penetrate ovum, increased abnormally-shaped sperm; and

Other: such as depression, hearing loss, multiple sclerosis, type 2 diabetes.

3. The impact of smoking on the safety and effectiveness of different treatments

Surgery

3.1.1. An overview of the risks of being a smoker at the time of surgery

There is strong evidence that people who continue to smoke when they have surgery are at higher risk of complications and poorer outcomes. In a study of over 600,000 patients, these risks, in comparison to non-smokers, include odds ratios for:[4]

- death: 1.38 (95% CI 1.11–1.72);
- pneumonia: 2.09 (95% CI 1.80–2.43);
- cardiac arrest: 1.57 (95% CI 1.10–2.25);
- myocardial infarction: 1.80 (95% CI 1.11-2,92);
- superficial or deep incisional infections: respectively, 1.30 (95% CI 1.20-1.42) and 1.42 (95% CI 1.21-1.68);
- sepsis: 1.30 (95% CI 1.15-1.46);
- organ space infections: 1.38 (95% CI 1.20-1.60); and
- septic shock: 1.55 (95% CI 1.29-1.87).

And in a joint briefing by the Faculty of Public Health, the Royal College of Surgeons of Edinburgh, the Royal College of Anaesthetists and Action on Smoking in Health,[5] it was identified that, following surgery, smokers:

- have higher risks of lung and heart complications;[6,7,8]
- have higher risks of post-operative infection;[9,10,11]
- have impaired wound healing;[12,13]
- require longer stays in hospital and need higher doses of drugs;[14]
- are more likely to be admitted to an intensive care unit;[15] and
- have an increased risk of emergency readmission to hospital.[14]

Other studies have shown that, for example:

- the effect of smoking on lower limb arterial bypass grafts is to increase the risk of graft failure 3.09-fold (95% CI 2.34-4.08, p<0.00001);[16]
- in a prospective trial of 200 patients undergoing tibial osteotomy for knee deformity, the risk ratio for delayed bone healing was 2.7 (95% CI 1.5-4.7) in smokers;[17]
- in patients with tibial fractures, smoking significantly increases the risk of delayed bony union or non union by a factor of 3-18 times that of non-smokers,[18] increases the time to union (32 weeks for smokers, 28 weeks for non-smokers p=0.05),[19] and smokers are more likely to develop osteitis from open tibial fractures (27% in smokers vs 9% in non-smokers p=0.04);[20]
- in patients undergoing total hip or total knee replacement, current smokers are more likely than never-smokers to have surgical site infections (odds ratio 1.14 [95% CI 1.16-1.72], pneumonia (odds ratio 1.53 [95% CI 1.10-2.14], stroke (odds ratio 2.61 [95% CI 1.26-5.41], and one-year mortality (odds ratio 1.63 [95% CI 1.31-2.02];[21]

- in a nested cohort study of more than 600,000 patients undergoing major surgery, current smokers had an increased risk of postoperative death of 1.17 (95% CI 1.10-1.24);[22]
- postoperative pulmonary complications in patients undergoing thoracotomy are more likely in smokers than in non smokers (19-23% vs 8%, p=0.03), and pneumonia is more likely in smokers than non-smokers (11% vs 3%, p<0.05);[23]
- current smokers are more likely to experience complications in cosmetic procedures such as –
  - breast reduction surgery: smokers are more likely to experience impaired wound healing (p= 0.03);[24] with wound-related complications occurring more often in smokers (35% vs 13% [p,0.001]) with a 2.3 times higher risk of developing complications and a 3.3 times higher risk of developing a wound infection,[25]
  - expander/implant breast reconstruction: smokers are 2.2 times as likely to develop complications as non-smokers (p<0.001), and the five times more likely to experience reconstructive failure (p<0.001),[26]
  - pedicle flap breast reconstruction: smokers are more likely to experience mastectomy flap necrosis than non-smokers (18.9% vs 9% [p=0.005]) and more likely to experience donor site complications (25.6% vs 10% [p=0.001]),[27]
  - facelift surgery: smokers are more likely to experience haematoma formation (p=0.049),[28]
  - muscle flap procedures: smokers are more likely to experience complications (such as partial muscle flap necrosis) than non-smokers (p<0.005) or ex-smokers (p<0.002),[29]
  - abdominoplasty: smokers are more likely to experience wound dehiscence than non-smokers (p<0.01), wound healing problems before discharge (47.9% vs 14.8%);[30]
- current smokers are more likely than non-smokers or ex-smokers following bowel surgery for cancer, diverticular disease or inflammatory bowel disease to experience post-operative morbidity (odds ratio 1.3 [95% CI 1.21-1.40]) or post-operative mortality (odds ratio 1.5 [95% CI 1.11-1.94]);[31]
- current smokers undergoing bariatric surgery are twice as likely to die as non-smokers (odds ratio 2.05 [95% CI 1.67-2.52 p<0.0001]),[32] those who are smokers within one year of gastric bypass surgery are 1.5 times more likely than non-smokers to develop surgery-related problems within one month of surgery (odds ratio 1.457 [95% CI 1.058-2.005]) including venous thromboembolism (odds ratio 6.7 [95% CI 1.9-23.57]);[33]
- smokers undergoing laparotomy are four times more likely to develop an incisional hernia than non-smokers (odds ratio 3.93 [95% CI 1.82-8.49]);[34] and
- smokers are more likely to experience groin hernia recurrence following surgical repair than non-smokers (odds ratio 2.22 [95% CI 1.19-4.15]).[35]

An overview of quitting smoking before surgery

Quitting smoking 6-8 weeks before surgery has been shown in a randomised controlled trial to reduce the overall complication rate (18% in the intervention group vs 52% in the control group, p=0.0003), with the most significant effects being found in –

- wound-related complications (5% vs 31% p=0.001),
- cardiovascular complications (0% vs 10%, p=0.08), and
- the need for secondary surgery (4% vs 15%, p=0.07).[36]

Further, quitting just four weeks before surgery has been shown in randomised controlled trials to reduce the risk of post-operative complications of all types (21% in the smoking cessation group, 41%, p=0.03), with a relative risk reduction of 49%, and the number needed to treat being just 5 (95%CI 3-40).[37]

Other studies of various types have shown, or confirmed, that:

- quitting smoking 3-8 weeks before surgery significantly reduces the risk of serious postoperative complications such as wound infection and cardiopulmonary complications;[38]
- quitting smoking 6-8 weeks before elective knee or hip surgery reduces post-operative complications (18% in quitters vs 52% in smokers, relative risk reduction 65% [95% CI 42-83], number needed to treat 3 [95% CI 2-6]), and reduced wound-related postoperative complications (5% in quitters vs 31% in smokers, relative risk reduction 83% [95% CI 48-95], number needed to treat 4 [95% CI 2-8]);[39]
- quitting smoking before surgery reduces the risk of post-operative complications by 41% (95% CI 15-59, p= 0.01); with each week of cessation increasing the magnitude of effect by 19%, with at least four weeks' pre-operative smoking abstention having a statistically significantly larger effect (p = 0.04); with smoking cessation reducing total complications (relative risk 0.76 [95% CI 0.69-0.87]), wound healing complications (relative risk 0.73 [95% CI 0.61-0.87]), and pulmonary complications (relative risk 0.81 [95% CI 0.70-0.93]);[40] and
- quitting smoking, or at least reducing smoking by 50%, 6-8 weeks before surgery reduces overall post-operative complications (18% in quitters/reducers vs 52% in current smokers, p = 0.0003) with the greatest benefits being for wound complications (5% vs 31%, p = 0.001), cardiovascular complications (0% vs 10%, p = 0.08), and secondary surgery (4% vs 15%, p = 0.07).[41]

3.1.2. *Exploding a myth. Stopping smoking before surgery does **not** increase risks*

In 1989, a prospective study of 192 consecutive patients reported that those who stopped smoking two months or less before surgery had a higher rate of pulmonary complications than those who quit more than two months beforehand although the difference found was not statistically significant.[42] This paper seems to have led to some thinking that quitting smoking before surgery actually increased risks, but this has been shown to be a myth. Various studies and systematic reviews since have shown that:

- quitting smoking within two months of surgery does not increase pulmonary complications;[43,44]
- an initial increase in cough is unlikely to occur among relatively healthy smokers who stop smoking;[45] and
- nicotine withdrawal symptoms do not seem to be a clinically significant problem in the perioperative period for most smokers.[46]

3.2. Diabetes

3.2.1. *Smoking as a risk factor for diabetes*

Smoking has been shown to be a causative risk factor for type-2 diabetes in a number of studies, for example:

- new smoking quitters and current smokers, in comparison with never-smokers and after adjusting for age, race, gender, education, adiposity, physical activity, lipid levels and blood pressure, have been found to have hazard ratios for diabetes of 1.73 (95% CI 1.19-2.53) and 1.31 (95% CI 1.04-1.65), respectively, with no statistically significant increased risk for former smokers compared with never smokers;[47]
- after controlling for other risk factors, men who smoke 25 or more cigarettes a day have been shown to have a relative risk of developing diabetes of 1.94 (95% CI 1.25-3.03) compared with non-smokers;[48]
- increased smoking rates in both men and women increases the incidence of diabetes, with men smoking two or more packs a day having a 45% higher diabetes rate than never-smoking men, the increased rates being 74% in women, whilst quitting smoking reduces the rate to that of never-smokers after five years in women and ten years in men;[49] and
- increased smoking duration also increases the risk of developing diabetes (odds ratio 2.47 [95% CI 1.03-5.93] for 40 or more years' smoking vs non-smokers).[50]

3.2.2. *Smoking in pregnancy and the risk of subsequent diabetes in both mother and offspring*

Not only are smokers more at risk of developing diabetes but there is evidence that maternal smoking in pregnancy increases the risk of both early onset type-2 diabetes and non-diabetic obesity in offspring independent of those offsprings' subsequent smoking habits.[51]

3.2.3. *The effect of smoking in diabetes on the complications of diabetes*

Having diabetes nearly doubles mortality from all causes in comparison with those who do not have diabetes (relative risk 1.85 [95% CI 1.79-1.92]).[52] However, amongst those with diabetes, smokers have a still higher risk of death than those who do not smoke (relative risk 1.55 [95% CI 1.46-1.64]) for all-cause mortality and that, compared with never-smokers with diabetes, former smokers with diabetes are at moderately raised risk of all-cause mortality (relative risk 1.19 [95% CI 1.11-1.28]).[53]

3.2.4. *The benefits to diabetes control of stopping smoking*

Whilst smoking increases insulin resistance,[54,55] quitting smoking has been shown to reduce it[56] and to improve HbA1C levels in people with diabetes (change -0.70% vs expected 0.0% [p = 0.0001]).[57]

3.2.5. *The increased risk of death in people with diabetes who smoke and the benefits of quitting*

Adjusting for gender and for age, the hazard ratio of death from any cause in people with diabetes is 1.28 (95% CI 1.27-1.29),[58] but this increases to 1.48 (95% CI 1.34-1.64) for people with diabetes who smoke and 1.54 (95% CI 1.31-1.82) for coronary heart disease mortality, with an increased risk in former and current smokers but more so for the latter.[59]

In terms of reducing the excess risks of smoking in diabetes in men, benefit only becomes apparent after five years of smoking cessation and becomes similar to that

of never smokers with diabetes after some 20 years and the risks of increased weight that can occur with quitting smoking being outweighed by the benefits of stopping smoking.[60]

In another review of the the excess risk of death in women due to the combination of diabetes and smoking seems to be tobacco dose-related. A prospective 20-year follow-up study of 7,401 women with diabetes, adjusting for age and cardiovascular risk factors, found the following relative risks of death compared to never-smokers with diabetes:

- 1.31 (95% CI 1.11-1.55) for past smokers;
- 1.43 (95% CI 0.96-2.14 – not statistically significant) for current smokers of 1-14 cigarettes/day;
- 1.64 (95% CI 1.24-2.17) for current smokers of 15-34 cigarettes/day; and
- 2.19 (95% CI 1.32-3.65) for current smokers of 35 or more cigarettes/day.[61]

Importantly, the authors of this study found that women with diabetes who had stopped smoking for ten or more years had a relative risk of mortality of 1.11 (0.92-1.35) compared to never-smokers. This difference was not statistically significant suggesting that the excess mortality risk due to smoking was reduced to that of never-smokers, or, at least, was substantially reduced.

3.3. Rheumatoid arthritis

Inflammatory rheumatic diseases are associated with a substantial increase in atherosclerosis, especially in young women, and considerably increase the risk of cardiovascular-related death.[62] In people with rheumatoid arthritis, compared to those who have never smoked, current smokers have nearly twice the risk of dying from any cause (relative risk 1.98 [95% CI 1.56-2.53]), especially circulatory disease and lung cancer, with a decreasing risk with each year of smoking abstinence.[63]

3.4. Respiratory system diseases

Smoking is the major risk factor for the development, aggravation and/or progression of various respiratory diseases including chronic obstructive pulmonary disease (COPD).ÍÍ

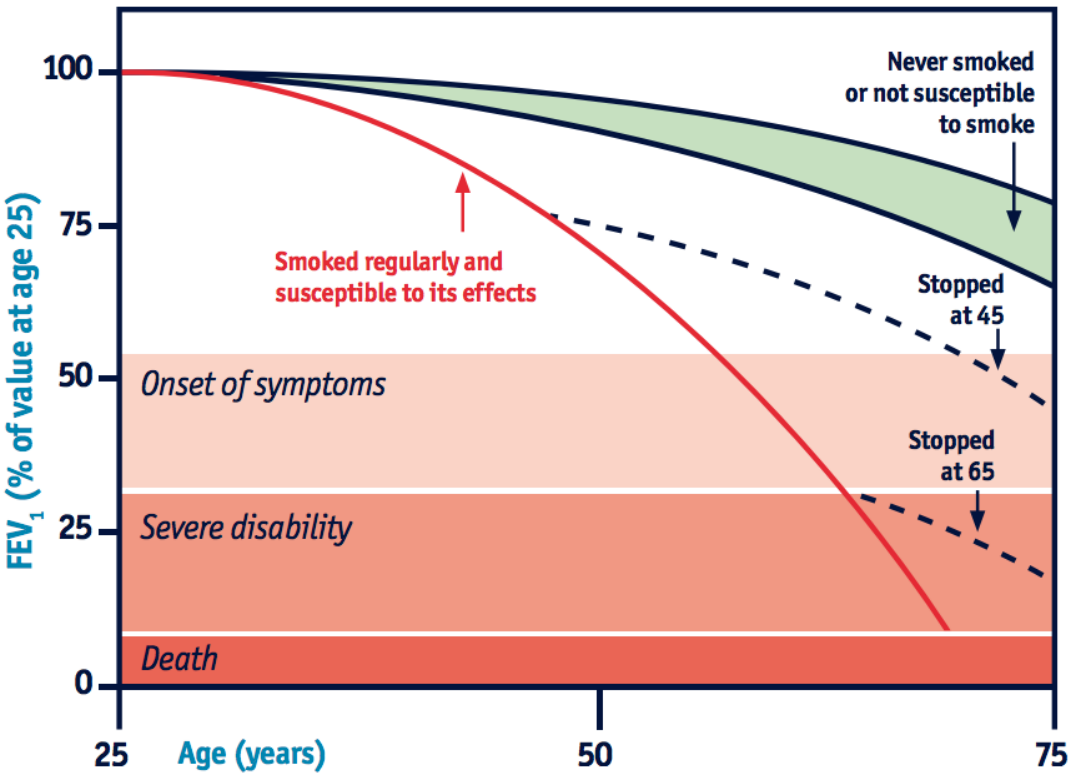
Smoking causes asthma in adults: the risk of developing asthma is statistically significantly higher in smokers (odds ratio 1.33 [95% CI 1.00-1.77]) and in ex-smokers (odds ratio 1.49 [95% CI 1.12-1.97]) compared with never-smokers.[64]

Smoking in people with asthma reduces the effect of short-term treatment with steroids drugs such as theophylline and leads to poorer symptom control,[65,66] whilst non-smokers with asthma have statistically significantly better morning peak expiratory flow rates following inhaled fluticasone than smokers with asthma (prospective, double blind randomised controlled trial).[67]

Smoking cessation in people with asthma improves lung function, symptoms, medication use and asthma-specific quality of life scores,[68,69] and, in one study with no significant differences between former smokers and non-smokers.[70]

Whilst current smokers have age-standardised rates of chronic cough four to five times that of never-smokers (32.3% vs 6.6% in men and 24.6% vs 5.2% in women), chronic cough reduces within a year in quitters and within 2-5 years of stopping, 89-99% of the difference between ex-smokers and never-smokers is accounted for.[71]

Whilst the airways obstruction caused by smoking is irreversible, stopping smoking means that further rates of loss of FEV_1 will revert to that of the normal ageing process, as shown in the diagram below.[72]



he impact of smoking and quitting on FEV1

Smoking cessation has been shown to be the most effective way to reduce the decline of respiratory function in people with COPD, halving the rate in quitters,[73] with the greatest effect in those who remain non-smokers.[74] It also reduces exacerbations (hazard ratio 0.78 [95% CI 0.75--.87]) with the magnitude of benefit increasing with duration of non-smoking (linear trend 0.001 over ten years),[75] and reduces the rate of hospitalisation by 43% (hazard ratio 0.57 [95% CI 0.33-0.99]) in quitters but not in those who simply cut down.[76]

Whilst smokers tend to die, on average, ten years younger than non-smokers, stopping smoking leads to gains in life expectancy (stopping at age 60, 50, 40, 30 years gains 3, 6, 9 and 10 years life expectancy, respectively).[77]

Smoking cessation after diagnosis of early stage lung cancer improves outcomes: continued smoking is associated with a significantly increased risk of all-cause mortality (hazard ratio 2.94 [95% CI 1.15-7.54]) and recurrence (hazard ratio 1.86 [95% CI 1.01-3.41]) in early stage non-small cell lung cancer, and in limited stage small cell cancer, continued smoking significantly increases the risk of all-cause mortality (hazard ratio 1.86 [95% CI 1.33-2.59]), the development of a second primary tumour (hazard ratio 4.31 [95% CI 1.09-16.98]) and recurrence (hazard ratio 1.26 [95% CI 1.06-1.5]).[78]

Cigarette smoking quadruples the risk of developing invasive pneumococcal respiratory disease in active smokers in comparison to non-smokers (odds ratio 4.1 [95% CI 2.4-7.3]) and in passive smokers by more than double (odds ratio 2.5 [95% CI 1.2-2.5]).[79]

Smoking is an independent risk factor for Legionnaire's disease (odds ratio 3.48 [95% CI 2.09-5.79]).[80]

The common cold is more common in smokers than non-smokers (in one study the relative risk was 1.5 (95% CI 1.1-1.8)[81] and in another it was 2.23 (05% CI 1.03-4.82).[82]

Influenza infections are more common in smokers than non-smokers (68.5% vs 47.2% p<0.001)[83] and the symptoms are more severe (odds ratio 1.44 [95% CI 1.03-2.01]) and smokers experience a 44% increase in complications.[84]

Adult smokers who develop chickenpox are much more likely to develop pneumonia than non-smokers (p=0.032)[85] perhaps by a factor of fifteen.[86]

Studies show that the odds ratio for developing TB in current smokers vs non-smokers is raised: being 1.16 (95% CI 1.27-2.02) and 2.90 (95% CI 2.60-3.30) in ever-smokers vs non-smokers in one study,[87] 2.17 (95% CI 1.29-3.63) in heavy smokers vs non-smokers in another,[88] and 2.6 (95% CI 1.1-5.9) in a third, [89] with the risk of death from TB in smokers being statistically significantly higher.[90,91]

3.5. Meningococcal disease

Maternal smoking is the strongest independent risk factor for invasive meningococcal disease in children (up to age 18 years) (odds ratio 3.8 [95% CI 1.6-8.9]).[92] Smokers and those exposed to second-hand smoke are more likely to have nasopharyngeal meningococcal colonisation than non-smokers,[93] active and passive smoking being independent risk factors for such colonisation.[94,95]

3.6. Otitis media

Recurrent otitis media of sufficient severity to require tympanostomy is more likely to occur in children exposed to second-hand smoke (p=0.04),[96] especially maternal smoking.[97]

3.7. To be completed…

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