

# Kent HOSC

Maidstone and Tunbridge Wells  
NHS Trust (MTW) Presentation  
8<sup>th</sup> June 2018



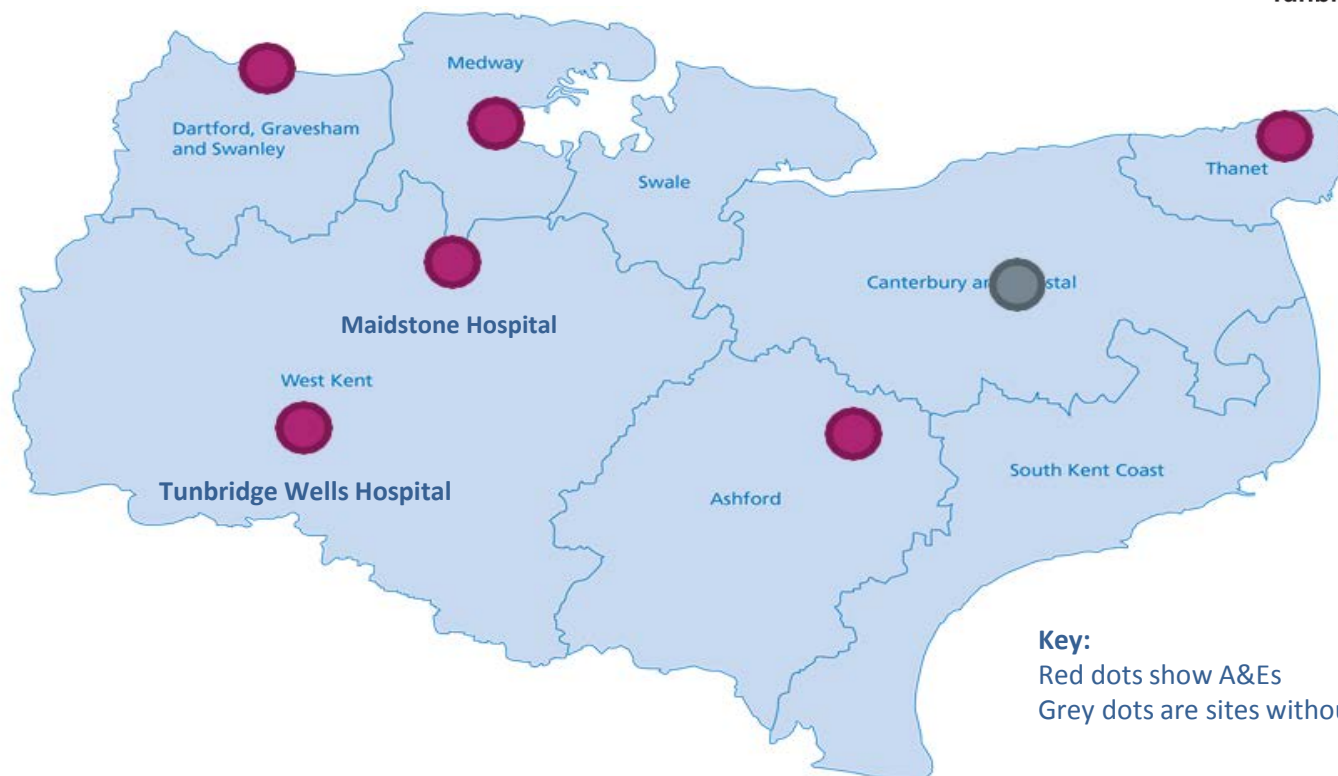
# Content:

- Introduction
- Finance
- Operational Performance
- CQC



# Introduction to MTW





**Key:**  
Red dots show A&Es  
Grey dots are sites without a front door

### Turnover for Kent Acute Trusts:

Medway FT £270m

Dartford and Gravesham £250m

Maidstone and Tunbridge Wells £450m

East Kent FT £560

# MTW Services By Site

## Maidstone Hospital

- 325 overnight beds
- Emergency Department
- Medical Admissions Unit
- Acute Frailty Unit
- Respiratory Ward
- Acute Stroke Service
- 10 operating theatres
- Eye, Ear & Mouth Unit (largest specialised eye unit in SE)
- Critical Care Unit
- Breast Care Unit
- Kent Oncology Centre (9 linacs on 2 sites)
- Midwife-led Birth Centre
- PET CT
- Academic Centre

## Tunbridge Wells Hospital

- Opened 2011
- First single room en-suite design in NHS
- 475 overnight beds
- 11 operating theatres
- Trauma Unit & all emergency surgery
- Acute Medical Unit
- Acute Frailty Unit
- Acute Stroke Service
- Main site for women's & children's care
- Education centre & simulation suite

## Other MTW services

- Crowborough Birth Centre
- Oncology Centre in Canterbury
- Outpatient services in the community

**5,000 staff – 800,000 patient visits a year – 170,000 A&E attendances**

**6,000 births - 110,000 operations - 510,000 OPD appointments**

# MTW Finance

*taking*



PATIENT FIRST - RESPECT - INNOVATION - DELIVERY - EXCELLENCE



# MTW Finances: FSM background to the deficit

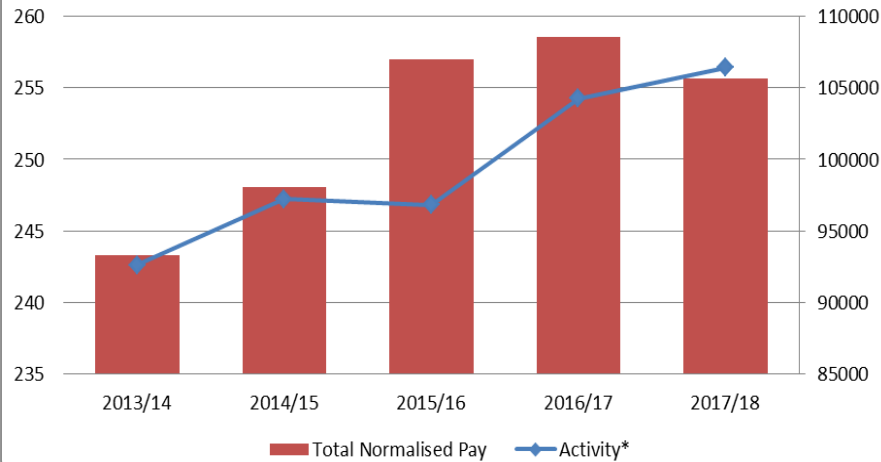
- MTW was placed in Financial Special Measures in July 2016 because
  - the Trust had not accepted its control total and was planning a significant deficit of £22.9m, (turnover £430m FY16/17)
  - The Trust was also identified at the time in the cohort of trusts with a pay spend increasing above national averages.
- The underlying deficit at the Trust had operated c £30m - £35m in previous years, supported by non-recurrent items e.g. tapering PFI support; high local prices for cancer activity, which were transitioning to national tariffs
- NHS Improvement appointed a Finance Improvement Director to work with us in the construction of a recovery plan. The FID's report identified a potential deficit of £42.7m and proposed a Financial Recovery Programme.

## Drivers of MTW Deficit: FID report, September 2016

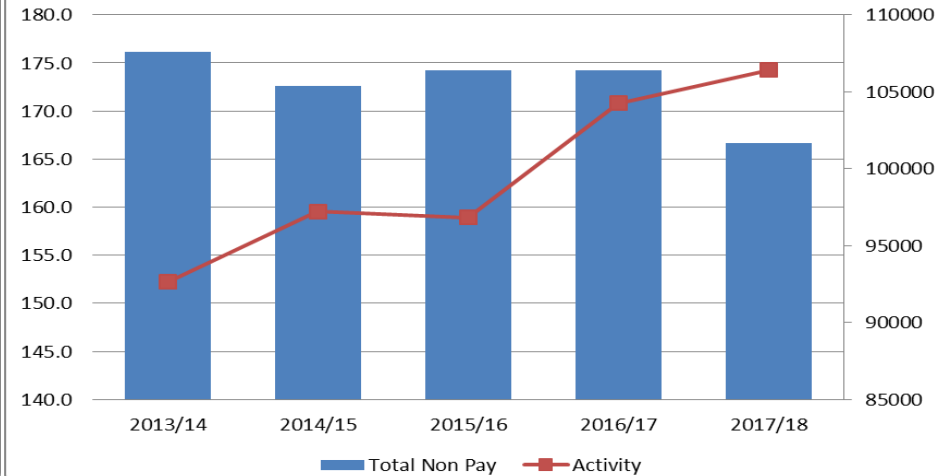
Deficit Driver	Comment	£m
1. CNST Premium	CNST Premium is £8.4m above the national average for an acute Trust	8.4m
2. Premium Pay Cost	Establishment MTW pay £7.5m higher than substantive costs due to agency premium for Nursing, Medical and STT posts	7.5m
3. Efficiencies	Further efficiencies required to cover the cost of the PFI	14.9m
4. Fines	Current forecast for commissioner fines during 16/17	5.8m
5. Activity Balance	Elective activity levels significantly lower than planned, resulting in the fixed cost base being higher than elective income. Driven by: increased non elective activity paid at marginal rate; high bed occupancy; higher than average DTOCs (6.1%)	6.1m
2016/17 Run Rate	Run rate Case based on months 1-4	£42.7m

# Financial Recovery to date

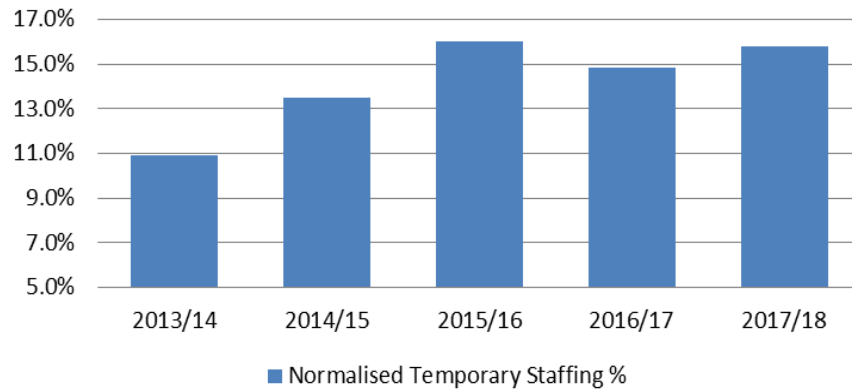
## Normalised Pay £m v In Patient Activity



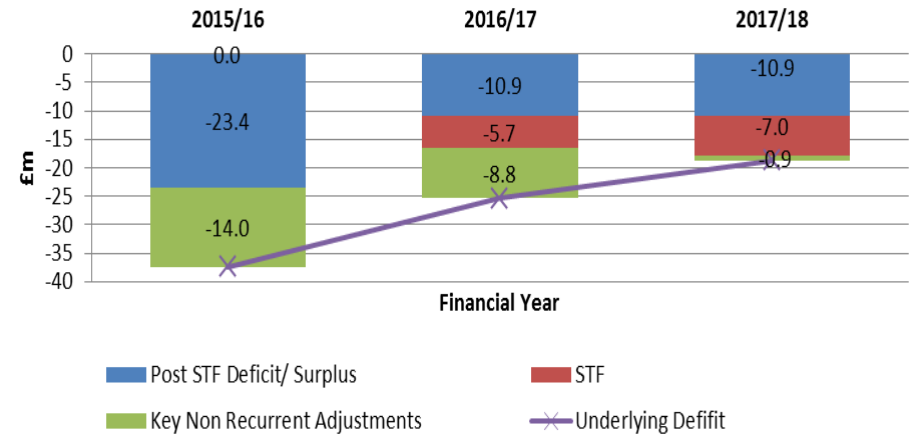
## Normalised Non Pay and Activity



## Normalised Pay % Substantive v Temporary

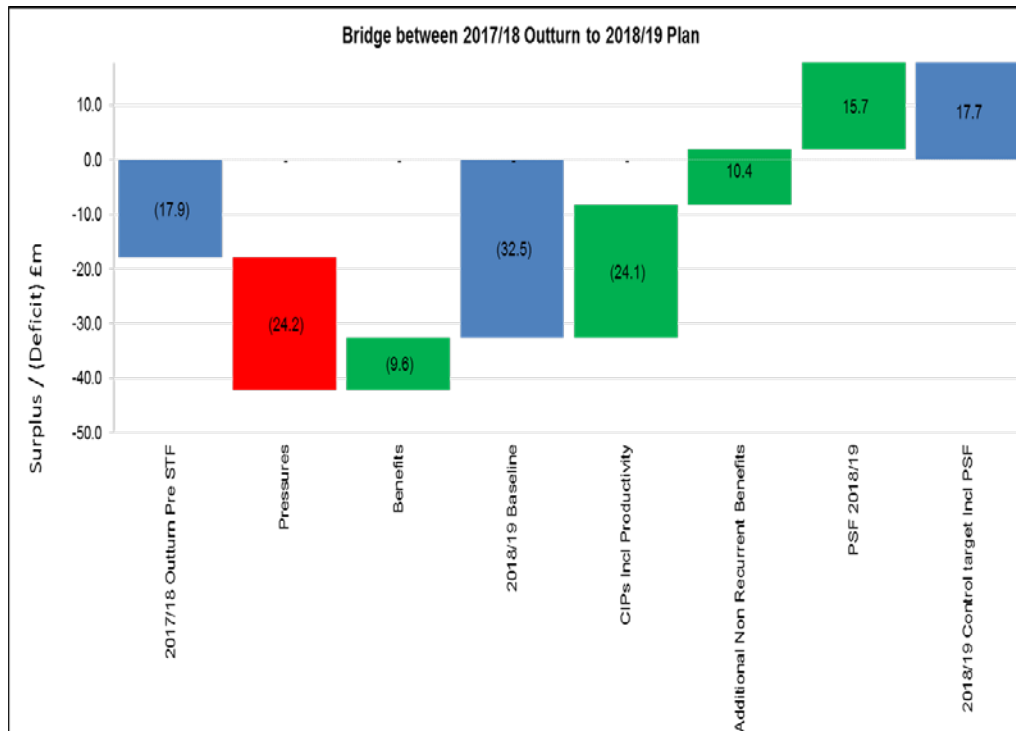


## Underlying deficit - FY15/16 to FY17/18





# FY18/19 Plan: making progress to recurring balance



## 2018/19 CIP Target

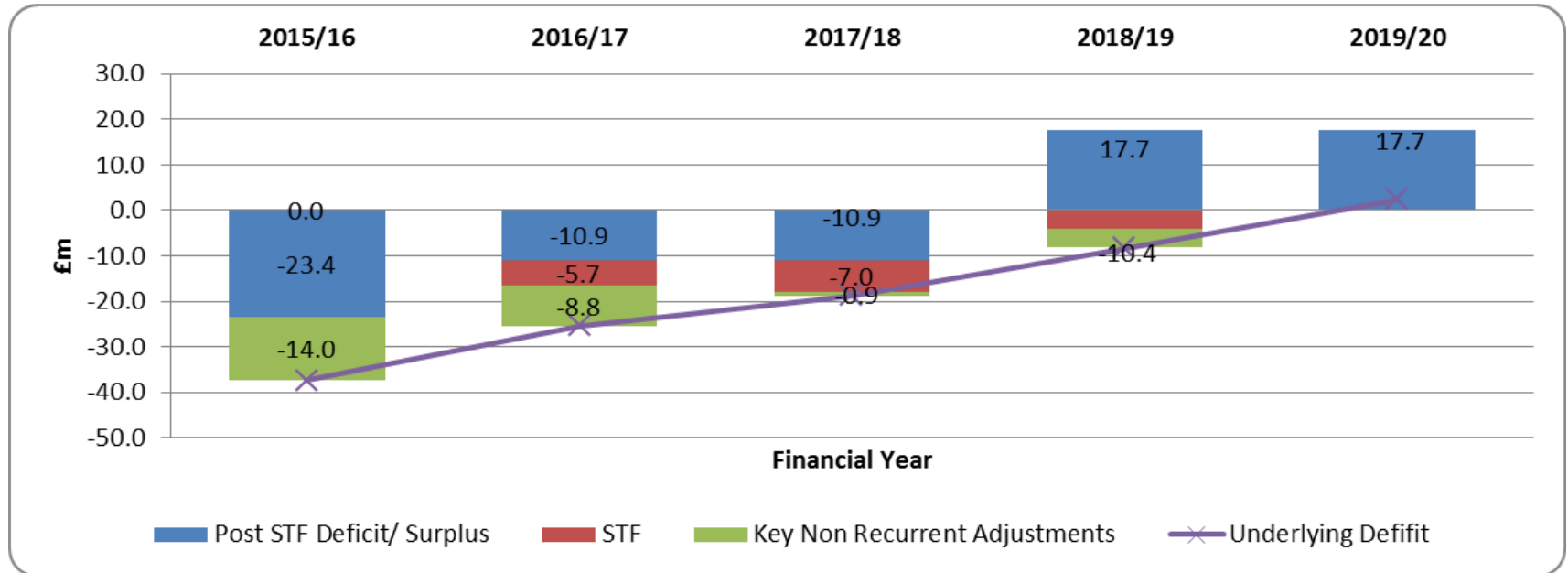
Programme	Target £000	Identified Target			Total Identified
		Green	Amber	Red	
Best Workforce	3,669	2,822	320	527	3,669
Best Patient Flow	8,795	1,114	6,066	1,615	8,795
Best use of Resources	10,459	5,683	1,414	3,362	10,459
Best Safe	0				0
Best Quality	1,184	909	0	275	1,184
<b>Total</b>	<b>24,107</b>	<b>10,528</b>	<b>7,800</b>	<b>5,779</b>	<b>24,107</b>

## 2018/19 NR Benefits

Programme	Target £000	Identified Target			Total Identified
		Green	Amber	Red	
Asset Sale	3,300	3,300			3,300
Other benefits	500		500		500
West Kent CCG Income	6,600			6,600	6,600
<b>Total</b>	<b>10,400</b>	<b>3,300</b>	<b>500</b>	<b>6,600</b>	<b>10,400</b>

Mitigations	£000				
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Release Trust Contingency Reserve	1,120	1,120	786	786	3,812
Restrict Pay Investment	750	750	750	750	3,000
System capacity to manage NEL demand – reduced costs	100	100	200	200	600
Asset Sale Review – other accommodation, laundry, etc.	0	0	0	2,000	2,000
Temp Staffing Controls (5% reduction)	465	462	513	533	1,973
<b>Total</b>	<b>2,435</b>	<b>2,432</b>	<b>2,249</b>	<b>4,269</b>	<b>11,385</b>

# Full recovery in FY19/20: recurring surplus plus PSF or equivalent



- The Trust's underlying position had been c£35m in 2013/14, 2014/15 and 2015/16
- The Trust reported a pre STF deficit in 2015/16 of £23.4m which reduced to a £17.9m in 2017/18.
- The Trusts underlying deficit (after adjusting for key non recurrent items) has reduced between years from £25.4m in 2016/17 to £18.7m in 2017/18, a reduction of £6.7m between years.
- The Trusts plan for 2018/19 is a underlying deficit of £8.4m but moving to a recurrent surplus position in 2019/20 this will be achieved by delivering £22.8m savings in 2019/20.

# Operational Performance

*taking*



PATIENT FIRST - RESPECT - INNOVATION - DELIVERY - EXCELLENCE

# Trust Performance Dashboard – Year to March 2018

Safe	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
	Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ Limit	Forecast	
*Rate C-Diff (Hospital only)	13.14	8.4	10.5	9.5	-1.1	- 0.8	11.5	9.5	
Number of cases C.Difficile (Hospital)	3	2	28	25	-3	- 2	27	25	
Number of cases MRSA (Hospital)	0	0	1	0	-1	0	0	0	
Elective MRSA Screening	98.0%	99.6%	98.0%	99.6%	1.6%	1.6%	98.0%	99.6%	
% Non-Elective MRSA Screening	97.0%	No data	97.0%	No data			95.0%	No data	
**Rate of Hospital Pressure Ulcers	1.31	1.02	2.62	2.12	- 0.51	- 0.89	3.01	2.27	3.00
***Rate of Total Patient Falls	6.22	6.58	6.07	5.98	- 0.09	- 0.02	6.00	5.98	
***Rate of Total Patient Falls Maidstone	4.76	4.84	5.30	5.51	0.21			5.51	
***Rate of Total Patient Falls TWells	7.28	7.69	6.64	6.28	- 0.36			6.28	
Falls - SIs in month	4	3	38	34	- 4				
VTE - SIs in month	0	4	8	13	5				
Number of Never Events	0	0	3	4	1	4	0	4	
Total No of SIs Open with MTW	28	59			31				
Number of New SIs in month	8	18	112	173	61	53			
***Serious Incidents rate	0.35	0.75	0.42	0.65	0.23	0.60	0.0584 - 0.6078	0.65	0.0584 - 0.6078
Rate of Patient Safety Incidents - harmful	0.69	0.64	0.75	1.12	0.37	- 0.11	0 - 1.23	1.12	0 - 1.23
Number of CAS Alerts Overdue	0	0			0	0	0		
VTE Risk Assessment - month behind	95.6%	95.1%	95.4%	95.4%	0.0%	0.4%	95.0%	95.4%	95.0%
Safety Thermometer % of Harm Free Care	97.3%	97.4%	96.6%	97.3%	0.7%	2.3%	95.0%		93.4%
Safety Thermometer % of New Harms	2.56%	2.57%	3.11%	2.55%	-0.56%	-0.5%	3.00%	2.55%	
C-Section Rate (non-elective)	12.9%	14.0%	11.9%	13.7%	1.77%	-1.3%	15.0%	13.7%	
Caring	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
	Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ Limit	Forecast	
Single Sex Accommodation Breaches	0	4	12	46	34	46	0	46	
****Rate of New Complaints	1.53	2.26	1.69	1.93	0.2	0.61	1.318- 2.02	1.93	
% complaints responded to within target	68.8%	52.1%	74.3%	60.2%	-14.2%	-14.8%	75.0%	60.2%	
****Staff Friends & Family (FFT) % rec care	76.6%	66.7%	76.6%	66.7%	-9.9%	-12.3%	79.0%	66.7%	
*****IP Friends & Family (FFT) % Positive	94.9%	94.4%	95.5%	95.3%	-0.2%	0.3%	95.0%	95.3%	95.8%
A&E Friends & Family (FFT) % Positive	92.6%	93.6%	90.7%	91.2%	0.5%	4.2%	87.0%	91.2%	85.5%
Maternity Combined FFT % Positive	91.5%	90.9%	93.6%	93.9%	0.3%	-1.1%	95.0%	93.9%	95.6%
OP Friends & Family (FFT) % Positive	84.1%	83.0%	83.0%	84.3%	1.3%			84.3%	

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

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

# Trust Performance Dashboard – Year to March 2018

Effectiveness	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
	Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ Limit	Forecast	
Hospital-level Mortality Indicator (SHMI)*****	Prev Yr: July 14 to June 15		1.0260	1.0440	0.0	0.0	Band 2	Band 2	1.0
Standardised Mortality HSMR	Prev Yr: Apr 15 to Mar 16		110.0	103.1	- 6.9	3.1	Lower confidence limit to be <100		100.0
Crude Mortality	1.1%	1.4%	1.3%	1.2%	-0.1%				
****Readmissions <30 days: Emergency	12.2%	13.3%	11.7%	12.8%	1.1%	-0.8%	13.6%	12.8%	14.1%
****Readmissions <30 days: All	11.4%	12.8%	11.0%	12.2%	1.3%	-2.4%	14.7%	12.2%	14.7%
Average LOS Elective	2.97	3.21	3.28	3.23	- 0.06	0.02	3.20	3.23	
Average LOS Non-Elective	7.83	7.73	7.63	7.41	- 0.22	0.61	6.80	7.41	
NE Discharges - Percent zero LoS	32.0%	41.6%	30.9%	37.2%	6.3%			37.2%	
*****FollowUp : New Ratio	1.77	1.70	1.80	1.69	- 0.11	0.17	1.52	1.69	
Day Case Rates	85.8%	87.0%	85.7%	86.5%	0.8%	6.5%	80.0%	86.5%	82.2%
Primary Referrals	10,443	9,691	116,852	118,091	1.1%	-1.0%	119,266	118,091	
Cons to Cons Referrals	5,234	3,779	61,475	52,319	-14.9%	-10.8%	58,644	52,319	
First OP Activity (adjusted for uncashed)	17,193	16,921	198,691	193,235	-2.7%	-4.2%	201,705	193,235	
Subsequent OP Activity (adjusted for uncashed)	32,206	23,057	371,479	322,072	-13.3%	-16.1%	383,906	322,072	
Elective IP Activity	647	469	7,599	6,484	-14.7%	-21.9%	8,303	6,484	
Elective DC Activity	3,842	3,115	44,648	41,165	-7.8%	-5.6%	43,602	41,165	
**Non-Elective Activity	4,714	5,406	52,151	58,289	11.8%	25.5%	46,435	58,289	
A&E Attendances (Inc Clinics. Calendar Mth)	13,959	15,563	164,934	172,090	4.3%	2.3%	168,161	172,090	
Oncology Fractions	6,463	5,473	71,785	65,371	-8.9%	-13.2%	75,273	65,371	
No of Births (Mothers Delivered)	495	463	5,977	5,976	0.0%	0.0%	5,977	5,976	
% Mothers initiating breastfeeding	80.8%	81.4%	82.9%	81.4%	-1.5%	3.4%	78.0%	81.4%	
% Stillbirths Rate	0.4%	0.21%	0.59%	0.31%	-0.3%	-0.2%	0.47%	0.31%	0.47%

# Trust Performance Dashboard – Year to March 2018

Responsiveness	Latest Month		Year/Qtr to Date		YTD Variance		Year End		Bench Mark
	Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ Limit	Forecast	
*****Emergency A&E 4hr Wait	85.1%	89.62%	87.1%	89.1%	2.0%	-1.0%	90.1%	89.1%	76.9%
Emergency A&E >12hr to Admission	0	1	0	7	7	7	0	7	
Ambulance Handover Delays >30mins	New	519	New	4,814				4,814	
Ambulance Handover Delays >60mins	New	67	New	663				663	
RTT Incomplete Admitted Backlog	916	2,692	916	2,693	1,777	1,433	1,259	2,693	
RTT Incomplete Non-Admitted Backlog	459	3,733	459	3,733	3,274	3,102	631	3,733	
RTT Incomplete Pathway	88.3%	79.8%	88.3%	79.8%	-8.5%	-11.4%	92%	79.8%	
RTT 52 Week Waiters	-	5	5	28	23	28	-	28	
RTT Incomplete Total Backlog	2,885	6,426	2,885	6,426	3,541	4,536	1,890	6,426	
% Diagnostics Tests WTimes <6wks	99.63%	99.2%	99.7%	99.2%	-0.5%	0.2%	99.0%	99.2%	
*Cancer WTimes - Indicators achieved	3	4	3	1	-	2	8	9	1
*Cancer two week wait	95.3%	87.6%	93.2%	86.6%	-6.6%	-6.4%	93.0%	89.8%	
*Cancer two week wait-Breast Symptoms	91.1%	88.7%	88.9%	86.0%	-2.9%	-7.0%	93.0%	85.1%	
*Cancer 31 day wait - First Treatment	95.5%	97.0%	96.2%	95.9%	-0.3%	-0.1%	96.0%	95.6%	
*Cancer 62 day wait - First Definitive	67.0%	67.6%	71.4%	67.6%	-3.8%	-14.1%	85.0%	70.6%	
*Cancer 62 day wait - First Definitive - MTW	71.7%	72.4%	71.7%	72.3%	0.6%		85.0%		
*Cancer 104 Day wait Accountable	11.0	7.5	101.0	73.0	-28.0	73.0	0	73.0	
*Cancer 62 Day Backlog with Diagnosis	78	99	78	99	21				
*Cancer 62 Day Backlog with Diagnosis - MTW	63	90	63	90	27				
Delayed Transfers of Care	7.11%	4.26%	6.72%	4.95%	-1.77%	1.45%	3.50%	4.95%	
% TIA with high risk treated <24hrs	72.7%	75.0%	81.7%	72.5%	-9.2%	12.5%	60%	72.5%	
*****% spending 90% time on Stroke Ward	87.5%	90.7%	88.5%	91.1%	2.6%	11.1%	80%	91.1%	
*****Stroke:% to Stroke Unit <4hrs	54.0%	42.3%	52.7%	55.9%	3.2%	-4.1%	60.0%	55.9%	
*****Stroke: % scanned <1hr of arrival	64.7%	61.5%	57.5%	64.4%	6.9%	16.4%	48.0%	64.4%	
*****Stroke:% assessed by Cons <24hrs	68.6%	91.8%	66.8%	80.8%	14.1%	0.8%	80.0%	80.8%	
Urgent Ops Cancelled for 2nd time	0	0	0	0	0	0	0	0	
Patients not treated <28 days of cancellation	3	4	6	32	26	32	0	32	
RTT Incomplete Pathway Monthly Plan is Trust Recovery Trajectory									
*CWT run one mth behind, YTD is Quarter to date, Monthly Plan for 62 Day Wait First Definitive is Trust Recovery Trajectory									
*** Contracted not worked includes Maternity /Long Term Sick **** Staff FFT is Quarterly therefore data is latest Quarter									

# Trust Performance Dashboard – Year to March 2018

Well-Led	Latest Month		Year to Date		YTD Variance		Year End		Bench Mark
	Prev Yr	Curr Yr	Prev Yr	Curr Yr	From Prev Yr	From Plan	Plan/ Limit	Forecast	
Income	41,494	37,735	430,536	437,278	1.6%	0.1%	436,716	437,278	
EBITDA	7,790	1,869	18,962	15,112	-20.3%	-60.3%	38,055	15,112	
Surplus (Deficit) against B/E Duty	5,252	(727)	(10,918)	(13,958)			6,673	(13,958)	
CIP Savings	3,846	2,408	24,552	22,476	-8.5%	-29.1%	31,721	22,404	
Cash Balance	1,197	1,473	1,197	1,473			1,000	1,000	
Capital Expenditure	10,721	6,127	14,743	11,344			16,948	11,344	
Establishment WTE	5,605.4	5,608.4	5,605.4	5,608.4	0.1%	0.0%	5,608.4	5,608.4	
Contracted WTE	5,165.0	5,022.0	5,165.0	5,022.0	-2.8%	-1.7%	5,109.5	5,109.5	
Vacancies WTE	440.4	586.5	440.4	586.5	33.2%	17.5%	498.9	498.9	
Vacancy Rate (%)	7.9%	10.5%	7.9%	10.5%	2.6%	1.6%	8.9%	8.9%	
Substantive Staff Used	4,966.9	4,926.0	4,966.9	4,926.0	-0.8%	-3.6%	5,109.5	5,109.5	
Bank Staff Used	476.6	523.3	476.6	523.3	9.8%	56.2%	335	335.0	
Agency Staff Used	160.3	329.8	160.3	329.8	105.8%	101.2%	164.0	164.0	
Overtime Used	37.9	46.9	37.9	46.9	23.9%				
Worked WTE	5,641.7	5,826.0	5,641.7	5,826.0		3.9%	5,608.4	5,608.4	
Nurse Agency Spend	(609)	(1,008)	(8,242)	(8,132)	-1.3%				
Medical Locum & Agency Spend	(1,630)	(1,936)	(15,004)	(16,200)	8.0%				
Temp costs & overtime as % of total pay bill	17.2%	20.5%	15.6%	16.4%	0.8%				
Staff Turnover Rate	11.5%	10.9%		11.7%	-0.5%	1.2%	10.5%	11.7%	11.05%
Sickness Absence	4.2%	4.0%		3.9%	-0.2%	0.6%	3.3%	3.9%	4.3%
Statutory and Mandatory Training	90.2%	87.3%		87.9%	-2.8%	2.9%	85.0%	87.9%	
Appraisal Completeness	86.9%	89.9%		89.9%	3.0%	-0.1%	90.0%	89.9%	
Overall Safe staffing fill rate	98.5%	100.9%	98.8%	98.3%	-0.5%		93.5%	98.3%	
****Staff FFT % recommended work	52.5%	61%	52.5%	61%	8.1%	-1.4%	62.0%	61%	
***Staff Friends & Family -Number Responses	619	33	619	33	-586				
*****IP Resp Rate Recmd to Friends & Family	25.2%	32.7%	23.3%	23.9%	0.6%	-1.1%	25.0%	23.9%	25.7%
A&E Resp Rate Recmd to Friends & Family	27.2%	18.8%	15.5%	15.3%	-0.1%	0.3%	15.0%	15.3%	12.7%
Mat Resp Rate Recmd to Friends & Family	27.7%	39.4%	26.6%	29.5%	2.9%	4.5%	25.0%	29.5%	24.0%
***** IP Friends and Family includes Inpatients and Day Cases			*****SHMI is at Band 2 "As Expected"			** NE Activity Includes Maternity			



# MTW's 'story of the month' for April 2018

## OPERATIONAL PERFORMANCE REPORT FOR APRIL -18

- The Trust delivered significantly above the expected trajectory in April, scoring 93.1% against a target of 88.0%. For the year 1718 we scored 89.1%, compared to 87.12% in 1617.
- We continue to perform significantly better than the national average on the 4 hour standard. In the past 3 months, we have scored at least 9 percentage points higher than the national average, and have been placed in the top 20% of performing trusts.
- A&E Attendances continue to increase. 1718 attendance (excluding Crowborough MIU) was 3.2% up on the previous year, and there was a significant increase in attendances between mid-November and early January which had no clear reason. April's attendances were 3.5% less than modelled and 1.1% less than the TDA trajectory, but 3.4% higher than Apr-17 (excluding Crowborough MIU)
- Non-Elective Activity (excluding Maternity) was 4.7% above plan & 14.0% higher than last April at 4,395 discharges. NE activity has been steadily increasing since early 2016, increasing by 25-30% since then. Much of this is driven by increased ED demand and our improved flow- through of ambulatory / assessment wards, and increased capacity in CDU.
- Non-Elective LOS was 7.46 days in April, vs 7.41 in 1718. It tends to go up by half a day or so in winter
- The average occupied bed days dropped sharply 729 per day, down from its record 868 in Feb.
- The intensive focus on managing capacity and flow remains in place with daily oversight at senior management and clinical level on the front door pathways and especially on reducing length of stay on the wards. The urgent care division are working collaboratively with system partners to address and change longstanding issues affecting patient transfers and discharges. The most effective changes to date have been:
  - Increased focus on AEC with twice daily board rounds on AMUs
  - Frail Elderly Unit at Maidstone, with a frailty manager in place from 14-May
  - Tunbridge Wells Acute Frailty Unit opened 21st March 2018 as planned on Ward 2 in 2 rooms
  - Focus on SAFER to achieve an improved length of stay.
  - Weekly review of the KPI dashboard to monitor improvements
  - Daily breach analysis & RCA reviews as appropriate
  - Winter "Capacity Huddles" commenced chaired by the COO
  - Implementation of Live Data dashboards to give an understanding of the current position
  - Continuing to work on the areas of improvement identified by 2020 Productivity – AEC, GP Streaming, Frailty and LOS.

# Update on the Care Quality Commission (CQC)

# Update on the Care Quality Commission (CQC) Report and Response

## 2018 Inspection



## 2015 Inspection



### Key

- Good
- Requires improvement
- Inadequate

M = Maidstone Hospital  
TW = Tunbridge Wells Hospital

# Inspection Report Recommendations

<b>SD1</b>	URGENT AND EMERGENCY SERVICES :The service should ensure significant and sustained improvements in the quality of patient records, including in relation to: risk assessments; triage assessments and observations; documentation of patient outcomes at the triage stage; use of the early warning score tools; pain relief; overall compliance with trust standards
<b>SD2</b>	SURGERY: The trust should implement systems to ensure that learning from incidents and complaints is shared and embedded
<b>SD3</b>	SURGERY The trust should embed a system of prioritisation to ensure holes in theatres department walls and doors are addressed in a timely fashion to minimise infection risk.
<b>SD4</b>	SURGERY The trust should embed a system to ensure all staff meet mandatory training targets.
<b>SD5</b>	SURGERY: The trust should take steps to ensure all shifts are staffed in line with staffing requirements.
<b>SD6</b>	SURGERY: The trust should implement a system to respond to patient complaints in compliance with timelines set out in the trust's complaint policy.
<b>SD7</b>	The Tunbridge Wells Hospital at Pembury should put a system and policy in place to ensure only clinically suitable patients are cared for on the escalated short stay surgery unit.
<b>SD8</b>	SURGERY: The Tunbridge Wells Hospital at Pembury should put a system in place to ensure all patients on the short stay surgery unit, including medical patients, have regular access to consultant care and consultants respond to requests for care on that ward.
<b>SD9</b>	SURGERY: The Tunbridge Wells Hospital at Pembury should work to retain and recruit staff members to address the vacancy rate of 26.6%, more than three times the hospital's target.
<b>SD10</b>	SURGERY: The Tunbridge Wells Hospital at Pembury should ensure patient starvation times are not longer than clinically necessary, and actively manage starvation times when there are delays.
<b>SD11</b>	SURGERY: The Tunbridge Wells Hospital at Pembury should implement systems to ensure patient's pain levels are pro-actively assessed and treated.
<b>SD12</b>	SURGERY: The Tunbridge Wells Hospital at Pembury should put a system in place to address paperwork issues which delay patient discharges.
<b>SD13</b>	CRITICAL CARE: The trust should ensure that there is a standard operating procedure in place for children who may be treated on the unit.
<b>SD14</b>	CRITICAL CARE: The trust should ensure all patient deaths are discussed at morbidity and mortality meetings.
<b>SD15</b>	CRITICAL CARE: The trust should ensure that overnight discharges are reduced.
<b>SD16</b>	CRITICAL CARE: The trust should ensure that all staff receive an appraisal.
<b>SD17</b>	CHILDREN & YOUNG PEOPLE: The trust should ensure children admitted to adult wards are cared for by staff with level 3 safeguarding training.