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

Thu 17 December 2020, 09:45 - 13:00

Virtual meeting, via webconference

Maidstone and Tunbridge Wells NHS Trust

Agenda

Please note that members of the public will be able to observe the meeting, as it will be broadcast live on the internet, via the Trust's YouTube channel (www.youtube.com/channel/UCBV9L-3FLrIuzYSc29211EQ).

12-1.
To receive apologies for absence

David Highton

12-2.
To declare interests relevant to agenda items

David Highton

12-3.
To approve the minutes of the 'Part 1' Trust Board meeting of 26th November 2020

David Highton

Board minutes 26.11.20 (Part 1).pdf (7 pages)

12-4.
To note progress with previous actions

David Highton

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

12-5.
Report from the Chair of the Trust Board

David Highton

Chair's report.pdf (1 pages)

12-6.

Report from the Chief Executive

Miles Scott

Chief Executive's report December 2020 v1.pdf (2 pages)

12-7.
Update on Phase three (of NHS response to COVID-19) performance and 9-week plan (incorporating the winter plan)

Sean Briggs

Update on Phase three performance.pdf (12 pages)

12-8.
Integrated Performance Report (IPR) for November 2020 (incl. planned and actual ward staffing for Nov. 2020)

Miles Scott and colleagues

IPR for Nov 2020 (incl. planned and actual ward staffing).pdf (33 pages)
Planned and actual ward staffing for November.pdf (2 pages)

Planning and strategy

12-9.
Update on the progress with the provision of accommodation for students from the Kent and Medway Medical School

Amanjit Jhund

Update on the progress with the provision of accommodation for students from the Kent and Medway Medical School.pdf (8 pages)

12-10.
Update on the Trust's planning for 2021/22

Amanjit Jhund

Update on the Trust's planning for 2021-22.pdf (6 pages)

Quality items

12-11.
Quarterly mortality data

Peter Maskell

Quarterly mortality data.pdf (18 pages)

Assurance and policy

12-12.
Infection prevention and control board assurance framework

Sara Mumford

Infection prevention and control board assurance framework, December 2020.pdf (38 pages)

Reports from Trust Board sub-committees

12-13.
People and Organisational Development Committee, 20/11/20 (incl. Guardian of Safe Working Hours Annual Report 2019/20) and 11/12/20

Emma Pettitt-Mitchell

The report from the meeting on 11/12/20 will be verbal.

Summary of People and Organisational Development Cttee, 20.11.20 (incl. Annual report from Guardian of Safe Working Hours).pdf (5 pages)

12-14.
Charitable Funds Committee, 24/11/20 (incl. approval of revised Terms of Reference and approval of the Annual Report and Accounts of the Charitable Fund, 2019/20))

David Morgan

Summary of Charitable Funds Cttee, 24.11.20 (incl. approval of revised Terms of Reference and ARA 2019-20).pdf (40 pages)

12-15.
Patient Experience Committee, 01/12/20 (incl. approval of revised Terms of Reference)

Maureen Choong

Summary report of Patient Experience Cttee, 01.12.20 (incl. revised Terms of Reference).pdf (6 pages)

12-16.
Quality Committee, 10/12/20

Sarah Dunnett

Summary of Quality C'ttee, 10.12.20.pdf (1 pages)

12-17.

Proposal to amend the Quality Committee's Terms of Reference (in relation to the quorum requirements for Quality Committee 'deep dive' meetings)

Kevin Rowan / Sarah Dunnett

Porposed amendment to QC ToR.pdf (1 pages)

12-18.
Finance and Performance Committee, 15/12/20

Neil Griffiths

Summary of Finance and Performance C'ttee 15.12.20.pdf (1 pages)

12-19.
To consider any other business

David Highton

12-20.
To approve the motion (to enable the Board to convene its 'Part 2' meeting) that...

David Highton

in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960,representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

MINUTES OF THE TRUST BOARD MEETING ('PART 1') HELD ON THURSDAY 26TH NOVEMBER 2020, 9.45 A.M, VIA WEBCONFERENCE

NHS Maidstone and Tunbridge Wells NHS Trust

FOR APPROVAL

Present:	David Highton	Chair of the Trust Board	(DH)
	Sean Briggs	Chief Operating Officer	(SB)
	Maureen Choong	Non-Executive Director	(MC)
	Sarah Dunnett	Non-Executive Director	(SDu)
	Neil Griffiths	Non-Executive Director	(NG)
	Peter Maskell	Medical Director	(PM)
	David Morgan	Non-Executive Director	(DM)
	Claire O'Brien	Chief Nurse	(COB)
	Steve Orpin	Deputy Chief Executive/Chief Finance Officer	(SO)
	Emma Pettitt-Mitchell	Non-Executive Director	(EPM)
	Miles Scott	Chief Executive	(MS)
In attendance:	Karen Cox	Associate Non-Executive Director	(KC)
	Richard Finn	Associate Non-Executive Director	(RF)
	Amanjit Jhund	Director of Strategy, Planning & Partnerships	(AJ)
	Cheryl Lee	Director of Workforce	(CL)
	Sara Mumford	Director of Infection Prevention and Control	(SM)
	Jo Webber	Associate Non-Executive Director	(JW)
	Kevin Rowan	Trust Secretary	(KR)
Observing:	The meeting was livestreamed on the Trust's YouTube channel.		

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

11-1 To receive apologies for absence

No apologies were received.

11-2 To declare interests relevant to agenda items

NG declared his role as the Managing Director of TeleTracking Technologies.

11-3 To approve the minutes of the 'Part 1' Trust Board meeting of 22nd October 2020

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

11-4 To note progress with previous actions

The submitted report was noted and the following action was discussed in detail:

- **10-9 ("Consider how the Trust's overseas nursing staff recruitment programme could be evaluated to inform the future plans to meet the needs of overseas recruits and ensure all staff were content to work in the environment in which they were placed.").** COB reported that progress was being made, and some questions would be circulated via an online survey to the staff who had been recruited, as well as the staff who worked with the new recruits. DH therefore proposed that further progress be reported to the Trust Board in either January or February 2021. COB confirmed she could provide an update in January 2021.

11-5 Report from the Chair of the Trust Board

DH referred to the relevant attachment and highlighted that four consultants had been appointed. DH also thanked staff for their continued efforts despite significant pressure. DH continued that the entire local system was under pressure and a strong mutual aid system was in place, which meant that the Trust's sites had experienced significant challenges as a result of the need to accept ambulance diverts from Medway NHS Foundation Trust (MFT). DH stated that the Trust was therefore helping its own population as well as the population served by other local Trusts, and the new integrated approach across the Sustainability and Transformation Partnership (STP), which

was aiming to become an Integrated Care System (ICS), meant the Trust had duties to respond in the way it had, but that response had made the situation more difficult to manage. DH also noted that there were regular meetings with regional leaders as well as with the Chief Executives of other local Trusts, but the Trust was at present primarily an importer of mutual aid, rather than an exporter, so the local population deserved an explanation.

DH then highlighted that the Trust was one of four that were shortlisted as the acute or specialist Trust of the year in the Health Service Journal (HSJ) Awards; while the Trust had been chosen as the South East Regional Winner in "The Excellence in Urgent and Emergency Care" category of the NHS Parliamentary Awards 2020, and would now contest the national Parliamentary Awards.

11-6 Report from the Chief Executive

MS referred to the relevant attachment and highlighted the key points therein, which included that the Trust had now exceeded its spring peak of COVID-19 cases, and cases were still rising. MS added that there were also far more nosocomial infections than had previously been the case, which matched the situation across the country.

MS continued that in terms of COVID-19 testing, the ability to access large-scale testing was important and the Trust now had access to as many PCR tests as it needed for clinical use, but was still awaiting the delivery of rapid testing equipment, which meant that patients still had to be admitted before the result of their test was known. MS did however note that lateral flow device testing was being expanded to staff quicker than expected so home testing would start from w/c 30/11/20. MS also reported that the Trust was planning for a COVID-19 vaccine to be deployed to staff early in December, and CL's and SB's team had held a 'walk-through' event on 25/11/20, to test the arrangements for mass vaccination.

MS then highlighted that the Trust had been awarded a prestigious research grant via Karina Cox, who was one of the joint appointments with the Kent and Medway Medical School (KMMS).

11-7 Integrated Performance Report (IPR) for October 2020 (incl. an update on progress with the Perinatal Mortality Review Tool; and planned and actual ward staffing for Oct. 2020)

MS referred to the relevant attachment and highlighted that the Executive Team Meeting (ETM) considered the issues that had been highlighted via the IPR and the ETM on 01/12/20 would consider a more detailed review of the "Falls" and Safe Staffing" indicators. COB then referred to the "Falls" indicators and explained the action that had been taken, including the work on standing and lying blood pressure. COB also explained that the Stroke Unit had been able to recruit additional staff, and elaborated on the discussions she had held with the Falls Prevention Practitioner to understand the reasons for falls, which included the age profile of patients, to enable appropriate action to be taken. COB also noted that there was a proposal to make falls training mandatory.

COB then referred to the "Safe Staffing" data and explained the factors affecting the performance. COB noted that some gaps had arisen from staff who needed to shield, or be absent from work because of COVID-19. COB added that the Trust would implement the "Safe Care" system, to enhance the monitoring and oversight of patients' acuity more effectively, and it was likely that she would provide an update on that to the People and Organisational Development Committee.

SM then referred to the infection control data and reported that the situation was stable for non-COVID-19 infections and although the Trust had seen seven cases of c-difficile in October, the cases for the year to date were in accordance with the trajectory. SM also reported that there had been a reduction in gram-negative infections compared to the previous year. SM then noted that 23 patients had been admitted with COVID-19 infections in October 2020, one of which was hospital-acquired, and the number of COVID-19 admissions was very challenging.

SM then referred to the ten-point plan that Trusts had been asked to adhere to, which were listed in the "Key Actions: It is the Board's responsibility to ensure that…" section on pages 14 to 16 of 16 of the report submitted under item 11-8, and explained the actions the Trust had taken on each

step. SM added that the Infection Prevention and Control Board Assurance Framework, which had previously been submitted to the Trust Board, would be submitted again to the December 2020 meeting, and then submitted regularly after that. SM also noted that clinical areas had been encouraged to improve ventilation by opening windows as much as possible, as that had proved to be effective in reducing infection in other areas.

SM then reported that patients were being tested 48 hours prior to their discharge if they were being discharged to a nursing home, but the Trust was asking patients to self-isolate for two weeks before they were admitted to hospital for elective care. SM also pointed out that the Trust had declared a hospital-wide outbreak for Maidstone Hospital (MH), to enable hospital-wide measures to be taken to address the situation.

PM then referred to the “Effective” domain and reported that mortality remained low, while the stroke service continued to operate under difficult circumstances, and the ETM received a regular report on stroke. PM noted that the development of the Hyper Acute Stroke Unit (HASU) could not however proceed without approval by the Secretary of State for Health and Social Care, and Best Practice Tariff (BPT) remained below the 50% target, but progress had been made in identifying a location for the stroke rehabilitation service. PM added that the number of non-stroke patients from Medway that had been referred to the MH Stroke Unit had been higher than expected, so discussions were underway to understand the reasons.

SO then referred to the “Well-led” domain and reported that the Trust’s position in October was in accordance with the Trust’s forecast, and a surplus had been generated, although it was expected that deficits would occur in future months. SO continued that overall there would be an underlying break-even position, but adjustments had been made to take into account the possibility that some staff may be unable to take their full quota of Annual Leave during 2020/21 because of the COVID-19 situation. CO added that the cash position remained strong but some re-balancing was expected later in the year.

CL then also referred to the “Well-led” domain and reported that the Trust’s appraisal rate was now at 89%. CL also reported that 93% of front-line staff, and 89% of staff overall, had been vaccinated against flu, which was higher than many other Trusts. CL noted that the Trust was working towards an end date of 30/11/20 and clinics would be held daily, including over the weekend on 28/11/20 and 29/11/20. CL added that she was focusing on developing an ‘attraction strategy’, which was linked to the recruitment of the substantive Chief People Officer.

CL then reported on COVID-19 vaccine, and pointed out that there needed to be a seven-day gap between the flu COVID-19 vaccines. CL continued that the Trust had been told it would be given seven days’ notice of the delivery of the vaccines, which could be as early as w/c 30/11/20, although it was not yet known which vaccine would be delivered, so it was presumed that vaccinations would be given w/c 07/12/20 or 14/12/20, but the situation was fast-moving. CL also reported that 70 staff had agreed to administer the vaccine and a rota was being developed.

DH then noted that the sites where the COVID-19 vaccines would be delivered had been set, and not all Trusts had been included, so asked whether it was definitely known that the Trust would receive the vaccine. CL confirmed that she understood the Trust would receive the vaccine while other local Trusts would be given a duty to vaccinate staff at other Trusts. DH asked whether vaccines would be given at both of the Trust’s main hospital sites. CL confirmed it was intended to use the Education/Academic Centres at both sites. SM added that the 50 Trusts referred to by DH had whole-store licences and were therefore able to store the vaccines. DH asked whether that included the Pfizer/BioNTech vaccine. SM replied that she understood East Kent Hospitals University NHS Foundation Trust (EKHUFT) had freezer storage facilities to enable that vaccine to be stored at the required -70°C. CL added that the intention was to vaccinate staff within five days of the vaccine being received.

COB then referred to the Perinatal Mortality Review Tool report, which had been prepared by the Deputy Head of Midwifery, and explained that the Tool was intended to help understand how and why a baby had died, to learn for the Trust and also share with the family. COB also highlighted the plans to involve external parties in the process, to maintain the high level of challenge.

Planning and strategy

11-8 Update on Phase three (of NHS response to COVID-19) performance, the OPEL and COVID-19 escalation framework, and 16-week plan (incorporating the winter plan)

SB referred to the relevant attachment and highlighted the key points therein, which included that the Trust had continued to deliver strong performance in relation to the cancer access, Emergency Department (ED) 4-hour waiting time, and Referral to Treatment (RTT) targets. SB also noted that the 52-week waiting list now only contained 238 patients, although the intention to reduce that list further would need to be revised in light of the aforementioned pressures faced by the Trust and the mutual aid being provided to other Trusts.

SB then reported that a decision had been made to 'surge' the Trust's ICU capacity, which meant that such capacity would be doubled, but that decision had only been made when the situation across the local system had been considered. SB continued that five to six theatre lists would therefore be lost each day, which was a significant amount of reduced activity, and rotas would have to be changed for a minimum of four weeks, although it could be for six weeks or even longer. SB added that the Trust was also working with Independent Sector Providers (ISPs) to see if they had additional capacity, although activity undertaken by ISPs would involve the same anaesthetists working at the Trust. SB therefore concluded that staffing was the largest risk, both in terms of shortages, and also morale, but the announcement of the aforementioned HSJ Award shortlisting had been a great boost.

DH noted that the Trust had a lower percentage of COVID-19 patients in Critical Care compared to the first wave, which meant that more COVID-19 patients were on non-invasive ventilation. DH therefore asked whether the aforementioned 'surge' in ICU capacity was based on the anticipation that patients on non-invasive ventilation would need invasive ventilation in the future. PM replied by explaining that there was an interface between medical care, respiratory care, and the ICU, and the transfer of patients to the ICU depended on several factors, including patient factors, nurse staffing ratios and clinicians on the wards. PM added that if COVID-19 patients were managed on wards, and thereby left ICU beds free, there was a risk that mutual aid would be requested from other Trusts, which would then use those ICU beds. PM added that dexamethasone was having a beneficial effect on COVID-19 patients, so the conversion rate from non-invasive ventilation to ICU had reduced from that seen during the first wave.

NG referred to outpatients, and in particular the use of remote appointments, and asked for a comment. SB noted that the Outpatient Clinical Board had met earlier that week and the Clinical Director for outpatients had emphasised the need to extend the use of virtual appointments. SB added that some areas had responded well to the challenge but others needed to do more.

11-9 Capital funding and expenditure for 2020/21

SO referred to the relevant attachment and highlighted the key points therein, which included that it was unusual for the capital programme to still be in a state of flux in December. SO added that clear and enacted plans were in place for a significant proportion of the forecast programme, but a decision was required on the remainder. SO continued that it was important to ensure that schemes could be delivered, although the Trust would be able to bring forward schemes from the 2021/22 capital programme, to enable these to be mobilised at short notice. SO then confirmed that the finalised details would be reported to the Finance and Performance Committee.

DH asked for assurance that funding would be able to expended during 2021/22, to avoid losing any underspend if there was slippage in the programme. SO gave the requested assurance and explained that some of the schemes that could be mobilised were multi-year, so the required approvals had already been given. SO concluded that he was therefore confident there would be no underspend, but he also had to ensure there was no overspend. The point was acknowledged.

11-10 To approve a Business Case for a replacement Linear Accelerator (LinAc) at Kent and Canterbury Hospital

AJ referred to the relevant attachment, which had been written by the Director of Medical Physics, and highlighted the key points therein, which included that preferred option was to replace the "LA3C" LinAc at Kent and Canterbury Hospital with a "Truebeam" LinAc, undertaking the minimal bunker enabling works required to install the LinAc, and to then move the LinAc into a new build facility at a later date. SO added that the cost of the project was divided into two, with the purchase of the LinAc and IT software included in the capital programme for 2021/22, while the enabling works included in the programme for 2022/23. SO then confirmed that the funding for the first part was included in the capital programme that was discussed under item 11-9.

DH noted that the Case included circa £200k for the refurbishment of the existing bunker, despite that not being the original intention, but the delays in the development of the East Kent Oncology Centre had led to that additional cost needing to be incurred. AJ confirmed that DH's understanding was correct.

DM then referred to the statement on page 10 of 20 that "The support of EKHUFT is, therefore, essential to the delivery of this project" and asked whether that was just a statement of obvious risk or an indication of something else. AJ confirmed that it was the former, and gave assurance that EKHUFT colleagues had been very supportive of the Business Case.

The Business Case for a replacement Linear Accelerator (LinAc) at Kent and Canterbury Hospital was approved as submitted.

11-11 Communications resourcing plan

AJ referred to the relevant attachment and highlighted that an earlier version had been considered at the People and Organisational Development Committee on 20/11/20. AJ then highlighted that there had been a significant increase in output from the Communications Team and also drew attention to the plans to improve the Trust's internet and intranet sites. AJ also referred to the new graphics that had been erected across the Trust's sites, to showcase the Trust's achievements, along with the recruitment of additional staff in the Communications Team, which included an in-house graphic designer. CL commended the recruitment of an in-house graphic designer, as that would help with the aforementioned 'attraction strategy'.

RF commended the report but referred to the "Our workplan to deliver a new and improved Communications service" section on page 8 of 8 and asked where the development of the communications strategy belonged in the workplan. AJ replied that the workplan on page 8 was focused on operational issues, but confirmed that work on the communications strategy was underway, and the Associate Director of Organisational Development had been asked to work with the Communications team on that strategy. AJ added that that work had however been deferred because of the current circumstances, but it was still intended to have a strategy in January 2021.

Board Assurance Framework

11-12 Review of the Board Assurance Framework 2020/21

DM referred to the relevant attachment and highlighted the key points therein, which included a detailed review of each of the nine project aims. A discussion was then held on the long lead-in time for Project Aim/objective 5 (Education/ KMMS) and DM asked whether some interim indicators should be considered. MS noted that the entire plan was dependent on a series of sequential steps. DH asked when a phased implementation plan for the KMMS student accommodation would be developed but AJ confirmed that a plan had already been developed, & he could submit an update to the Finance and Performance Committee or Trust Board as required. DH proposed that an update be submitted to the Trust Board in December 2020. This was agreed.

Action: Submit a detailed "Update on the progress with implementing the project aim relating to the Kent and Medway Medical School" to the Trust Board in December 2020 (Director of Strategy, Planning and Partnerships, December 2020)

DM then referred to objective/Project Aim 6 and noted that the Estates and Facilities strategy would be submitted as scheduled in January 2021. MS however asked AJ whether that timescale was still likely, given the impact of COVID-19 on the estates and facilities team. AJ stated that he understood that timescale was still accurate but there may be some slippage as further discussion was required. DH confirmed that it would be acceptable for the strategy to be submitted to the Trust Board with options that were not fully determined. The point was acknowledged.

DM then pointed out that the Trust Board was asked to consider whether further assurances were required for Project Aims/objectives 7 and 8, which was an action from when the BAF was reviewed at the Audit and Governance Committee. It was agreed that the Trust Board received adequate assurance on objective 7, and that objective did not therefore need to be allocated to a sub-committee for oversight. DH asserted that he expected the Trust's strategy to be the remit of the Trust Board and the key point was therefore not to delegate that objective to a sub-committee, but to ensure that appropriate Trust Board time was allocated to the issue. MS pointed out that the Trust Board had Seminars and 'Away Days' to enable such discussion to occur. DH agreed. It was then also agreed that the Trust Board received adequate assurance on objective 8, given that some of the situation was outside the Trust's control. DH also noted that the issues relevant to objective 8 would be discussed at the Trust Board 'Away Day' on 02/12/20. EPM also noted that SO and CL would submit some further assurances on objective 8 to the People and Organisational Development Committee in January 2021.

DM then concluded the item by confirming that the BAF was serving its proper purpose and providing the assurances as intended.

Assurance and policy

11-13 Update from the Senior Information Risk Owner (SIRO) (incl. the current position on the Data Security and Protection Toolkit for 2020/21)

COB referred to the relevant attachment and highlighted the key points therein, which included a detailed description of the 10 areas within the 2019/20 workplan. COB added that the Trust was awaiting the release of the next Data Protection and Security Toolkit but was able to submit a "standards met" Toolkit submission for 2019/20, on 29/09/20.

DM referred to the "Unsupported Systems" section, noted that was a key issue for cyber security, and asked how many systems were affected. COB reported that the work on quantity was still in progress, but gave assurance that she did not believe any significant systems were unsupported.

Reports from Trust Board sub-committees

11-14 People and Organisational Committee, 15/10/20 (as the Workforce Committee) (incl. quarterly report from the Guardian of Safe Working Hours) and 20/11/20

EPM referred to the relevant attachment and highlighted that progress was being made with the Committee and its areas of work. The quarterly report from the Guardian of Safe Working Hours was also noted.

11-15 Quality Committee, 16/10/20 and 11/11/20

SDu referred to the relevant attachments and highlighted the key points therein, which included the further review of maternity care that had been undertaken at the Quality Committee 'deep dive' meeting, which had provided the required assurance. SDu also noted that the water quality testing item at the same meeting had been useful but had led to discussions as to whether the governance framework was appropriate for providing Trust Board assurance. SDu stated that she would therefore consider the matter further.

11-16 To approve a proposal for the Quality Committee to replace the People and Organisational Development Committee as the 'parent' committee of the Health and Safety Committee

DH referred to the relevant attachment and highlighted the rationale for the proposed change. Questions were invited. None were received. The proposal was approved as submitted.

11-17 Audit and Governance Committee, 04/11/20 (incl. approval of revised Terms of Reference)

DM referred to the relevant attachment and highlighted the key points therein, which included a proposed change to the Terms of Reference and proposed deferral of the annual review of the Standing Orders, Standing Financial Instructions and Reservation of Powers and Scheme of Delegation. Questions were invited. None were received.

The revised Terms of Reference were approved as submitted. The deferral of the annual review of the Standing Orders, Standing Financial Instructions and Reservation of Powers and Scheme of Delegation was also approved.

11-18 Finance and Performance Committee, 24/11/20

NG referred to the relevant attachment and highlighted the key points therein, which included the update on the Electronic Patient Record (EPR) that had been given by the Programme Director for EPR (Sunrise) and Digital Transformation.

11-19 Charitable Funds Committee, 24/11/20

DH noted that a written report would be submitted to the Trust Board in December 2020, so asked DM to highlight any key issues. DM noted that there had been discussion regarding the dispersal of charitable funds and a report had been requested to be submitted to the next Charitable Funds Committee meeting.

11-20 To approve revised Terms of Reference for the Remuneration and Appointments Committee (annual review)

DH referred to the relevant attachment and highlighted the proposed change. Questions were invited. None were received. The revised Terms of Reference were approved as submitted.

11-21 To consider any other business

KR asked the Trust Board to delegate the authority to the 'Part 2' Trust Board meeting scheduled for later that day to approve a Business Case for Moorfields Eye Hospital demobilisation from Darent Valley Hospital and transfer of ophthalmology activity to the Trust. The requested authority was duly granted.

11-22 To approve the motion (to enable the Board to convene its 'Part 2' meeting) that in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest

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

NHS Maidstone and Tunbridge Wells NHS Trust

Log of outstanding actions from previous meetings **Chair of the Trust Board**

Actions due and still 'open'

Ref.	Action	Person responsible	Original timescale	Progress[1]
N/A	N/A	N/A	N/A	N/A N/A

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
11-12	Submit a detailed "Update on the progress with implementing the project aim relating to the Kent and Medway Medical School" to the Trust Board in December 2020.	Director of Strategy, Planning and Partnerships	December 2020	The requested update was submitted to the Trust Board meeting on 17/12/20, although the report was more specifically focused on progress with the provision of accommodation for students from the Kent and Medway Medical School, to better reflect the queries raised at the Trust Board on 26/11/20.

Actions not yet due (and still 'open')

Ref.	Action	Person responsible	Original timescale	Progress
10-9	Consider how the Trust's overseas nursing staff recruitment programme could be evaluated to inform the future plans to meet the needs of overseas recruits and ensure all staff were content to work in the environment in which they were placed.	Chief Nurse	January 2021 (extended from October 2020 onwards at the Trust Board meeting on 26/11/20)	Consideration is being given as to how a survey could be undertaken of the overseas nurses that have been recruited in the last year and the staff who have supported them.
09-12	Arrange for the Responsible Officer's Annual Report for 2020/21 to include details of the key messages arising from medical staff appraisals (rather than just the statistics associated with such appraisals)	Medical Director	September 2021	The report is not scheduled to be considered at the Trust Board until September 2021
09-13	Ensure that the Health & Safety Annual Report for 2020/21 included content on water-related safety issues	Chief Operating Officer (via the Risk and Compliance Manager)	September 2021	The report is not cheduled to be onsidered at the Trust Board until September 2021

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

NHS Maidstone and Tunbridge Wells NHS Trust

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

Consultant appointments

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

Date of AAC	Title	First name	Surname	Department	Potential / Actual Start date
21/10/2020	Yet to accept offer			Histopathology	Yet to accept offer
21/10/2020	Dr	Jay	Halbert	Paediatrics	February 2021
21/10/2020	Dr	Nadia	Mustafa	Paediatrics	March 2021
11/12/20	Yet to accept offer			Trauma & Orthopaedics	Yet to accept offer

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

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

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

Report from the Chief Executive **Chief Executive**

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

1. You will have heard the good news that the MHRA have approved the first COVID 19 vaccine for use in the UK with the rollout already beginning at vaccination hubs across the nation. The Trust has been working on its own mass vaccination plans for some time and is ready to go live as soon as we have deliveries confirmed, however at the time of writing we do not yet have a delivery date confirmed or know how much of the vaccine we will receive. This vaccine has to be given in two doses, a month apart and has special storage and administration requirements – it is at the moment only possible to carry these out on the main hospital sites at Maidstone and Tunbridge Wells Hospitals. Once delivery is confirmed, we plan to deliver the COVID vaccine to all staff in a 12 hour (8am-8pm) mass vaccination clinic over 7 consecutive days.

2. A significant rise in Covid-19 cases in our local community means we've seen a rapid increase in coronavirus patients being admitted to our hospitals. This change in situation has meant additional measures have been implemented to help the Trust deal effectively with this second wave of infection. On Friday 20 November we made the difficult decision to tighten visiting restrictions at Maidstone Hospital which was followed by Tunbridge Wells Hospital on Wednesday 9 December. Given the continued rising rate of infection in the region and because of our responsibility to support the NHS across the whole of Kent and Medway, we've made the difficult decision to reduce our elective operating programme from next week. Emergencies, clinically urgent and cancer operations will still of course continue.

3. To ensure we support our staff and patients as much as possible during the this challenging time, we're appealing for staff members, working at all levels across the Trust, to sign up to become volunteer One Team Runners offering help and support which will benefit both our staff and patients. The extra pressure that our clinical staff are feeling during this challenging time can make it difficult for them to deal with some of the non-clinical tasks such answering the phone, and collecting patient property from reception let alone taking a break.

4. Our maternity and neonatal teams will be undertaking the UNICEF Baby Friendly Stage 2 Assessment later this month. Once achieved, it will demonstrate that we have an educated workforce working in these areas who can help support parents and babies to bond and build positive relationships especially through skin to skin contact, ensure parents and babies are not separated without a justifiable cause, help parents who choose to breastfeed become successful in doing so, and that those who choose to bottle feed their baby do so safely and as responsively as possible and that they use feeding time as a bonding experience. We wish them the best of luck with the assessment.

5. Over 5,000 members of staff received the flu vaccination, which is great news in keeping our patients protected. A huge thank you to the Occupational Health team and our vaccinators for their outstanding work.

6. As of 4 December, we've distributed out over 2300 boxes of Covid-19 lateral flow tests, which provide asymptomatic staff with results in 30 minutes. We have also recently taken delivery of another 4500 to test the rest of the staff which will be fully rolled out by 18 December. Our cancer, 'super green', outbreak and critical care areas are now all covered with testing capacity. The Trust has received 8 rapid testing machines – 4 on each site with a further two to be operational in the next couple of weeks – which can provide a result within 90 minutes and will increase total capacity to 120 tests a day/840 per week from January. The new machines help ensure patients follow the correct pathway for infection prevention control and will be used for the rapid testing of patients going to emergency theatres, in maternity for people having

emergency C sections as well as other priority areas.
Which Committees have reviewed the information prior to Board submission? N/A
Reason for submission to the Board (decision, discussion, information, assurance etc.) [1] Information and assurance

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

NHS
Maidstone and Tunbridge Wells NHS Trust

Update on Phase three (of NHS response to COVID-19) performance and 9-week plan (incorporating the winter plan)	**Chief Operating Officer and Colleagues**

The enclosed report provides information on Phase three (of NHS response to COVID-19) performance and 9-week plan (incorporating the winter plan). It also includes an update on Infection Prevention and Control in relation to COVID-19.

Which Committees have reviewed the information prior to Board submission?

- Finance and Performance Committee, 15/11/20 (in part)
- Executive Team Meeting (ETM), 15/11/20 (in part)

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

Discussion

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

Phase 3 Activity

Weekly Exec Update

November 2020

Electives
Diagnostics
Outpatients
Cancer

MTW

NHS
Maidstone and Tunbridge Wells
NHS Trust

Summary

Electives	Outpatients	Diagnostics	Cancer
• 52 week patients has slightly decreased again this week to 233 • Impact from COVID system pressures affecting activity • Moving to OPEL 3 status has affected delivery of activity targets	• Target is to achieve 100% of activity (compared to 2019 activity) • November achieved 100% of follow-ups. • December has currently booked in 76% of activity. 100% of follow ups booked in. • Patient cancellations and DNA rates have increased due to second lockdown and wave 2.	• CT – exceeded target for October • NOUS – on track depending on recruitment • Endoscopy have made significant progress and are now on track to target • MRI – increasing capacity using temporary mobile scanner and outsourcing.	• Referrals are back up to pre-Covid levels and are on average 108% compared to 2019. • Every patient that had their treatment postponed due to Covid has now been treated. • We achieved 85.6% in August, against a national standard of 85%. We are one of only four Trusts in the country to have hit the standard for 12 months in a row.

Elective Activity

What is the objective?

Phase 3: "In October at least 90% of their last year's activity for both overnight electives and for outpatient/daycase procedures, ri8ing to 100% in November (while aiming for 80% in September);"

How have we performed so far?

- November Activity is 85% against a target of 100%.
- Current surgical actual activity for December is predicted to be 43% but this may reduce further due further theatre cancellations
- Weekly PTL's continue to monitor performance and long waiting patients.

		Target for Nov at 100% of Nov-19	Var from 100% Nov-19 Target	% achieved of Nov-19 Actual	Target for Dec at 100% of Dec-19	Var from 100% Dec-19 Target	% achieved of Dec-19 Actual
Division	**Specialty**	100%	Nov-20	Nov-20	100%	Dec-20	Dec-20
Surgery Total		**1642**	**-438**	**73%**	**1369**	**-866**	**37%**
Medicine & Emergency Care Total		**729**	**-22**	**97%**	**683**	**-664**	**3%**
Women, Children and Sexual Health Total		**286**	**18**	**106%**	**243**	**-198**	**19%**
Cancer Services Total		**52**	**68**	**231%**	**40**	**-40**	**0%**
Diagnostics & Clinical Support Services Total		**200**	**-68**	**66%**	**182**	**-182**	**0%**
Total (excluding endoscopies)		**2909**	**-442**	**85%**	**2517**	**-1950**	**23%**
(incl Endos)	GENERAL SURGERY	1064	-111	90%	973	-854	12%
(incl Endos)	GASTROENTEROLOGY	791	-362	54%	609	-477	22%
Total (including endoscopies)		**4458**	**-903**	**80%**	**3829**	**-2924**	**24%**

Electives - December

Are we on track for November ?

- As anticipated November was a challenging month due to the impact of COVID in the community and neighbouring trusts. Surgery activity was 48% against target

What is the plan to address any shortfall?

- Surgical Division plan being mobilised but with continuing theatre cancellations due to ITU capacity delivering 100% of Phase 3 plan for December will not be realised.
- Focus for December activity is to maintain cancer and urgent patients.
- Further challenges with the increase in OPEL status to 3 affecting activity through theatres

		Dec-19 Actuals (Excl Endos)	Target for Dec at 100% of Dec-19	Weekly Aim for 100%	Actual Activity (exc IS Activity)	
Division	**Specialty**		100%		06-Dec	% of 2019
Surgery	TRAUMA & ORTHOPAEDICS	211	211	53	21	**33%**
	OPHTHALMOLOGY	407	407	102	65	**48%**
(excl Endos)	GENERAL SURGERY	208	208	52	28	**47%**
	UROLOGY	183	183	46	33	**68%**
	ENT	96	96	24	24	**62%**
	PAIN MANAGEMENT	130	130	33	0	**0%**
	ORTHOPAEDIC PAEDS	35	35	9	3	**38%**
	BREAST SURGERY	55	55	14	17	**94%**
	VASCULAR SURGERY	9	9	2		
	GYNAECOLOGICAL ONCOLOGY	35	35	9	5	**67%**
Surgery Total		**1369**	**1369**	**342**	**196**	**48%**
Medicine & Emergency Care	GENERAL MEDICINE	302	302	76	72	**96%**
(excl Endos)	GASTROENTEROLOGY	62	62	16	18	**103%**
	CARDIOLOGY	111	111	28	17	**47%**
	THORACIC MEDICINE	40	40	10	2	**22%**
	CARE OF THE ELDERLY	2	2	1	0	**0%**
	RHEUMATOLOGY	133	133	33	36	**110%**
	NEUROLOGY	14	14	4	3	**92%**
	STROKE MEDICINE	0	0	0	0	
	ENDOCRINOLOGY	19	19	5	5	**80%**
Medicine & Emergency Care Total		**683**	**683**	**171**	**153**	**84%**
Women, Children and Sexual Health	GYNAECOLOGY	173	173	43	34	**68%**
	PAEDIATRICS	70	70	18	17	**78%**
Women, Children and Sexual Health Total		**243**	**243**	**61**	**51**	**71%**
Cancer Services	ONCOLOGY	20	20	5	20	**235%**
	HAEMATOLOGY	20	20	5	13	**289%**
Cancer Services Total		**40**	**40**	**10**	**33**	**254%**
Diagnostics & Clinical Support Services	INTERVENTIONAL RADIOLOGY	182	182	46	0	**0%**
Diagnostics & Clinical Support Services Total		**182**	**182**	**46**	**0**	**0%**
Total (excluding endoscopies)		**2517**	**2517**	**629**	**433**	**60%**
(incl Endos)	GENERAL SURGERY	973	973	243	167	**63%**
(incl Endos)	GASTROENTEROLOGY	609	609	152	66	**33%**
Total (including endoscopies)		**3829**	**3829**	**957**	**620**	**56%**

RTT Weekly Performance – 52 week patients

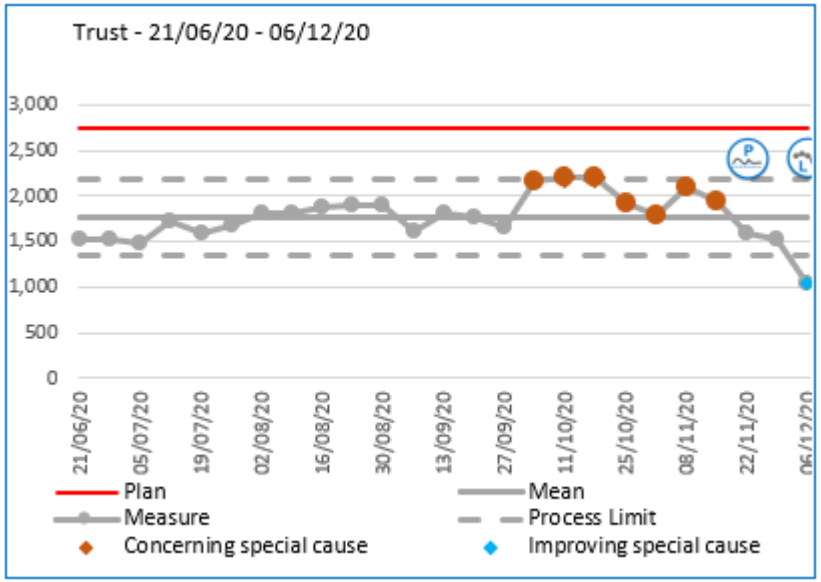
	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Trajectory	396	386	355	372	331	314	278	209
Actual	380	318	276					

Weekly performance		
Waiting list size	Backlog	Performance
28,668	7,562	73.62%

40 plus week waits	02/12/2020	11/12/2020
40-52	1726	1850
Over 52 weeks	233	232

- October monthly performance increased again this month by 7% to 73.35%
- 52 week breaches continue to decrease weekly number reduced to 232 against the trajectory of 355
- Clinical Reviews for all patients over 52 weeks
- Maximising capacity in the IS to mitigate loss of elective activity for suitable specialties
- National Clinical Prioritisation Programme being rolled out to directorates and Clinicians reviewing all inpatients over 40 weeks

Weekly referrals SPC chart



Date recorded is date of referral, some referrals not on PAS yet. Reduction in last few weeks is likely to be due to time delay rather than true reduction. However does appear to be ongoing reduction in referrals, presumably related to lockdown 2.

RTT Performance – Trajectory and IS

The tables on the right show the RTT trajectory for the current financial year, including a best case scenario if we can secure additional funding to create additional capacity in IS.

Best?- Assumes a reduced level of internal capcity and demand in early months ramping up (and new level being sent to IS) but also additional capacity (in IS)													
Scenario 4	Feb-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Total Waiting List	30414	27869	28220	26765	26924	27796	27678	21900	20324	19482	18209	17961	18309
Total Backlog	3817	8675	10865	12613	13701	11728	9210	7294	6516	6337	6269	6580	7200
% Performance	87.4%	68.9%	61.5%	52.9%	49.1%	57.8%	66.7%	66.7%	67.9%	67.5%	65.6%	63.4%	60.7%

The tables below show MTW activity carried out in the Independent Sector (IS) by speciality., for surgery only and for whole pathway.

SURGERY ONLY Activity by Speciality	Plan per week Q3	Plan per week Q4	06/12/2020	13/12/2020	20/12/2020	27/12/2020	03/01/2021	10/01/2021	17/01/2021	24/01/2021	31/01/2021	07/02/2021	14/02/2021	21/02/2021	28/02/2021	Total
T&O	43	20	33	27	31	11	0	24	7	6	8	5	0	4	0	338
Pain Management	33	33	29	27	34	0	0	0	0	0	0	0	0	0	0	508
Ophthalmology	19	7	4	0	7	0	0	0	1	0	0	0	0	0	0	115
General Surgery	5	3	1	2	6	0	0	0	0	0	0	0	0	0	0	33
Gynaecology	10	1	1	1	1	0	0	0	0	0	0	0	0	0	0	27
Urology	12	4	0	6	1	3	0	0	0	0	0	0	0	0	0	47
Total	122	68	68	63	80	14	0	24	8	6	8	5	0	4	0	1068

NEW OPA WHOLE PATHWAY ONLY Activity by Speciality	Plan per week	Plan per week Q4	06/12/2020	13/12/2020	20/12/2020	27/12/2020	03/01/2021	10/01/2021	17/01/2021	24/01/2021	31/01/2021	07/02/2021	14/02/2021	21/02/2021	28/02/2021	Total
T&O	51	30	22	40	16	14	2	9	5	7	3	1	1	0	0	489
Pain Management	2	2	4	6	1	1	0	0	0	0	0	0	0	0	0	43
Ophthalmology	18	5	2	3	3	2	0	0	4	0	0	0	0	0	1	35
General Surgery	12	6	2	8	8	2	1	4	2	1	1	0	1	0	0	58
Gynaecology	15	8	9	7	5	2	1	1	3	3	2	0	0	0	0	82
Urology	2	1	1	1	0	1	0	0	0	0	0	0	0	0	0	32
ENT	2	2	2	4	0	0	0	1	0	1	0	0	0	0	0	15
Total	102	54	43	70	34	23	4	15	14	12	6	1	2	0	1	754

Endoscopy Activity

November Total: Achieved 86% of last year's activity for endoscopy (97% excluding bowel scope)

Dec-19 Actuals	Target for Dec at 100% of Dec-19	Var from 100% Dec-19 Target	% achieved of Dec-19 Actual		Dec-19 Actuals excl Bowel Scope	Target for Dec at 100% of Dec-19	Var from 100% Dec-19 Target	% achieved of Dec-19 Actual
	100%	Dec-20	Dec-20			100%	Dec-20	Dec-20
675	675	-231	66%		675	675	-231	66%
270	270	-34	87%		146	146	90	162%
419	419	41	110%		419	419	41	110%
1364	1364	-224	**83.6%**		1240	1240	-100	**92.0%**

On the Day Cancelations:

CAU team are now delivering a 7 day cover enabling the department to contact patients easier to ensure all capacity booked and anticipate a reduction in DNA's

Week Commencing 19/10/20-23/10/20	
Too Short Notice	18
Does not want to come to hospital due to COVID	7
Inconvenience of swabbing/self-isolating	12
Pt has another date/ other hospital	5
Work Commitments	10
No Transport	7
Half Term/Child Care	30
Alternative Date	4
Busy	4
On Holiday	5
Unwell	9
Can't attend swab	2
Doesn't regularly check post	1
Declined- does not want procedure	2
Already Booked	2
Not stopped Tablets/not taken prep	2
Total	120

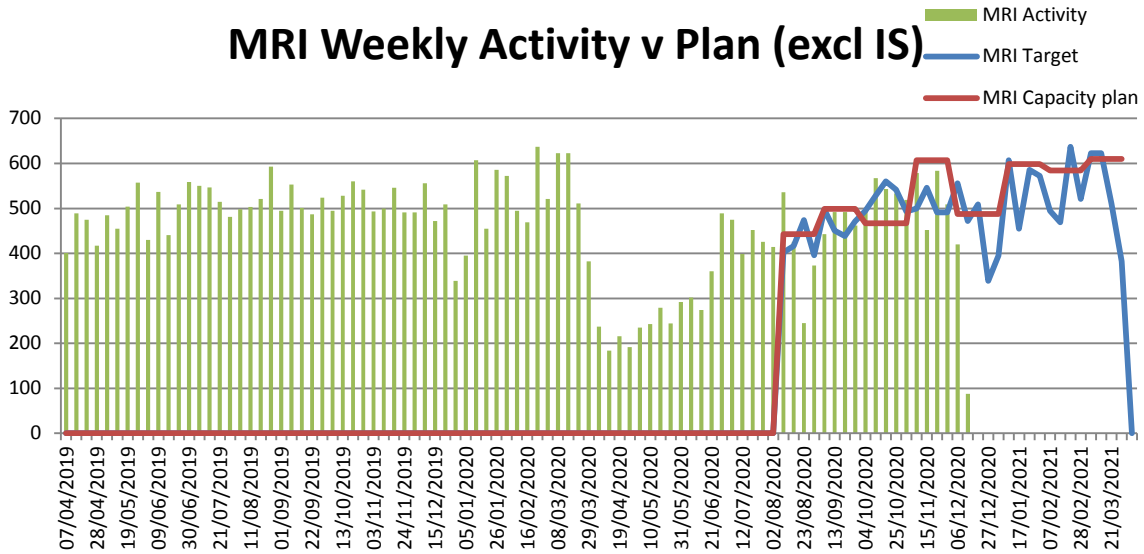
Diagnostic Activity – Trend

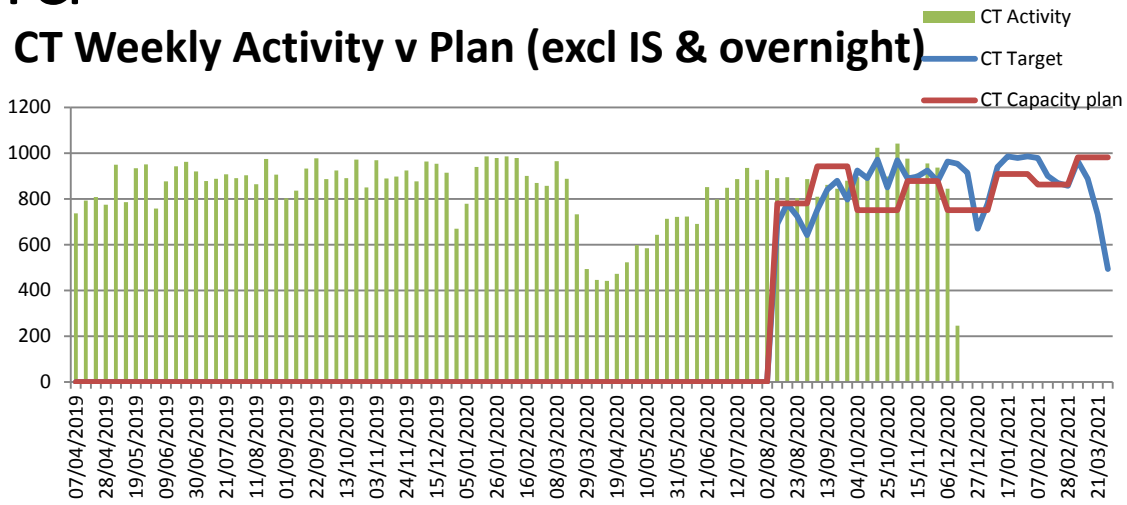
What was the objective?

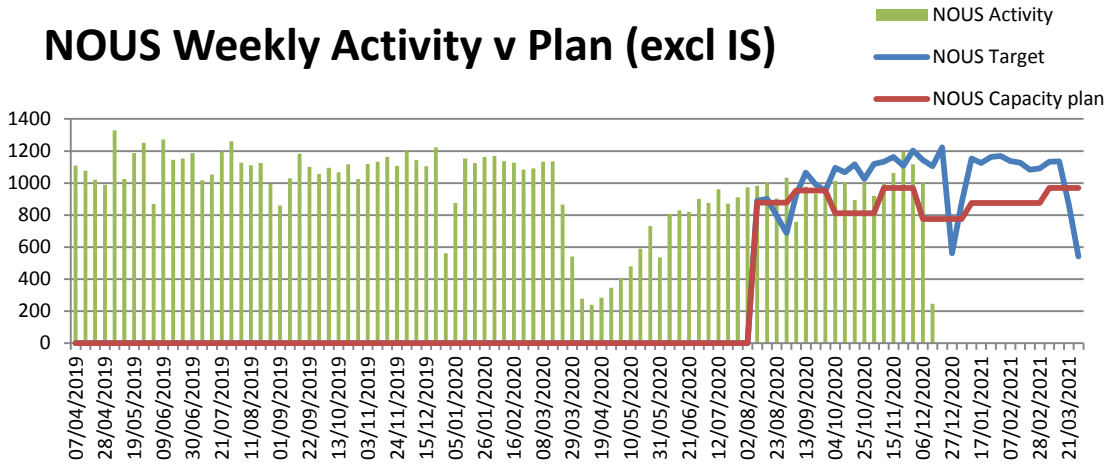
Phase 3: "This means that systems need to very swiftly return to at least 90% of their last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October."

How have we performed so far?

- CT and non-obstetric ultrasound activity were above plan and met the 90% target in August and September. CT achieved over 100% for Octobers activity.
- MRI activity was above the 100% target in November.







Outpatients Activity - November

Are we on track for November?

- For the end of November we current have 97% of 2019's activity for November.
- As seen on the diagram there is still activity to be retrospectively added for the final week of November.

Where we at currently?

- Due to the second lockdown we are monitoring the patient cancellation rates and DNA's. We are seeing slightly higher DNA rate especially in Paediatric clinics.
- Also seeing more patient last minute cancellations due to self isolation and track and trace.
- We are planning to focus on ensuring we meet the 100% new target.

	07/11/2020		14/11/2020		21/11/2020		28/11/2020		05/12/2020	
Phase 3	Booked in	% of 2019	Booked in	% of 2019	Booked in	% of 2019	Booked in	% of 2019	Booked in	% of 2019
General Surgery	1032	121%	1055	123%	1061	124%	1035	121%	209	86%
Urology	537	119%	408	91%	524	116%	536	119%	122	95%
Trauma & Orthopaedics	903	100%	803	89%	848	94%	808	89%	139	54%
Ear, Nose & Throat (ENT)	331	78%	417	99%	359	85%	377	89%	79	66%
Ophthalmology	1532	95%	1500	93%	1615	100%	1517	94%	327	71%
General Medicine	27	84%	32	100%	25	78%	14	44%	10	111%
Gastroenterology	197	101%	189	97%	204	105%	208	107%	42	75%
Clinical Haematology	204	152%	166	124%	208	155%	259	193%	82	216%
Cardiology	370	103%	397	110%	407	113%	327	91%	34	33%
Thoracic Medicine	290	115%	255	101%	316	125%	253	100%	71	99%
Neurology	224	122%	202	110%	225	122%	150	82%	56	108%
Rheumatology	225	107%	231	110%	229	109%	187	89%	34	57%
Paediatrics	607	88%	667	97%	645	93%	463	67%	105	53%
Geriatric Medicine	83	108%	77	100%	98	127%	96	125%	5	23%
Gynaecology	407	124%	343	104%	430	131%	357	109%	75	80%
OtherTFCs	930	92%	869	86%	800	79%	795	78%	144	50%
Total	7899	102%	7611	99%	7994	104%	7382	96%	1534	70%

*Other includes: Gynae-onc, audiology, diabetes, endocrinology, pain management, cardiothoracic surgery

Outpatients Activity - December

What have we submitted for October?

- For December as of the 9th December we have 76% of 2019's activity booked in.

Where are the current shortfalls?

- The first week of December is showing over 100%
- Making sure to highlight the importance of keeping activity up during the second wave of Covid.

	05/12/2020		12/12/2020		19/12/2020		26/12/2020		02/01/2021	
Phase 3	Booked in	% of 2019	Booked in	% of 2019	Booked in	% of 2019	Booked in	% of 2019	Booked in	% of 2019
General Surgery	686	136%	764	108%	636	90%	195	28%	62	12%
Urology	381	129%	444	108%	462	112%	234	57%	135	46%
Trauma & Orthopaedics	597	103%	640	79%	542	67%	280	34%	154	27%
Ear, Nose & Throat (ENT)	258	117%	393	127%	324	105%	217	70%	82	37%
Ophthalmology	1068	106%	1359	96%	1447	102%	743	52%	505	50%
General Medicine	13	51%	5	14%	2	6%	2	6%	2	8%
Gastroenterology	100	89%	153	97%	257	163%	137	87%	100	89%
Clinical Haematology	115	120%	239	178%	198	148%	198	148%	83	87%
Cardiology	203	94%	131	43%	130	43%	76	25%	67	31%
Thoracic Medicine	147	100%	167	81%	183	89%	111	54%	61	42%
Neurology	178	132%	179	95%	120	64%	45	24%	23	17%
Rheumatology	149	107%	218	112%	242	124%	173	89%	72	52%
Paediatrics	406	99%	336	58%	287	50%	98	17%	84	20%
Geriatric Medicine	61	158%	66	122%	56	104%	27	50%	14	36%
Gynaecology	303	160%	279	105%	243	92%	134	51%	87	46%
OtherTFCs	575	105%	614	80%	614	80%	324	42%	123	22%
Total	5240	112%	5987	92%	5743	88%	2994	46%	1654	35%

*Other includes: gynae-onc, audiology, diabetes, endocrinology, pain management, cardiothoracic surgery

Cancer Performance

Wait to First Seen (2 week wait) 93% national standard

- We have increased capacity to ensure patients referred in can be seen within 14 days, despite the increasing number of referrals.
- We have seen an increase in referrals from other areas in Kent, which we are currently auditing to identify specific numbers and where they are coming from.
- In September we achieved the 2ww target for the 13th month in a row with 96.3% of patients seen within 14 days of referral.
- Referrals are back up to pre-Covid levels and are on average 108% compared to 2019.

62 day First Definitive Treatment

- We have now achieved the cancer 62 day standard for 14 months in a row, submitting our September performance at 86.1%.
- Every patient that had their treatment postponed due to Covid has now been treated.
- Key areas of focus:
  - Oncology – IPT process across Kent and Medway and plan to keep booking timeframes between 7-10 days.
  - Radiology capacity – CT guided biopsy capacity in line with cancer demand
  - Working with tertiary centres to understand changes in services as a result of lockdown and increased NHS pressure.

28 day Faster Diagnosis (shadow monitoring)

- Performance against the 28 day FDS is a key focus for the next 2 months this year. This will involve working with the clinical services to ensure two things: 1) we improve data completeness by ensuring they have the processes in place to identify how/when patients are told they do or do not have cancer within 28 days, and 2) implementing new and innovative ways of maximising front end pathway efficiency to ensure that the patient is contacted with a yes / no diagnosis of cancer within the expected timeframe.
- The introduction of this standard was delayed at a national level but we have continued to monitor performance internally.

NHS Maidstone and Tunbridge Wells NHS Trust

Integrated Performance Report (IPR) for November 2020 (incl. planned and actual ward staffing for Nov. 2020)	**Chief Executive / Members of the Executive Team**

The IPR for month 8, 2020/21, is enclosed, along with the monthly finance report.

Please note the latest 'planned vs actual' nurse staffing data will be issued once available as a supplementary report.

Which Committees have reviewed the information prior to Board submission?

- Finance and Performance Committee, 15/12/20 (IPR)
- Executive Team Meeting, 15/12/20 (IPR)

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

Review and discussion

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

NHS
Maidstone and Tunbridge Wells NHS Trust

Integrated Performance Report

November 2020

MTW
exceptional people, outstanding care

NHS
Maidstone and Tunbridge Wells NHS Trust

Contents

Appendices (Page 22 onwards)

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

MTW
exceptional people, outstanding care

Key to KPI Variation and Assurance Icons

Variation			Assurance			
						
Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or higher pressure due to (H)igher or (L)ower values	Common cause - no significant change	'Pass' Variation indicates consistently - (P)assing of the target	'Hit and Miss' Variation indicated inconsistency - passing and failing the target	'Fail' Variation indicates consistently - (F)ailing of the target	Data Currently unavailable or insufficient data points to generate SPC

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low(L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is upwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

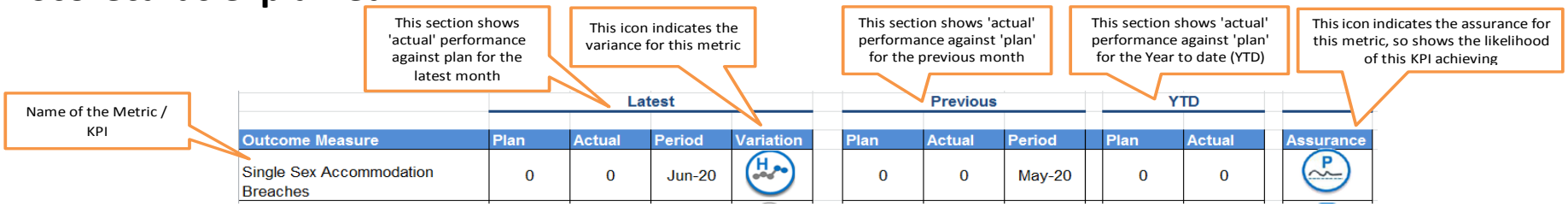
Maidstone and Tunbridge Wells NHS Trust

Escalation Rules:

Areas are escalated for reporting if:

- They have special cause variation (positive or negative) in their performance
- They have a change in their assurance rating (positive or negative)

Scorecards explained



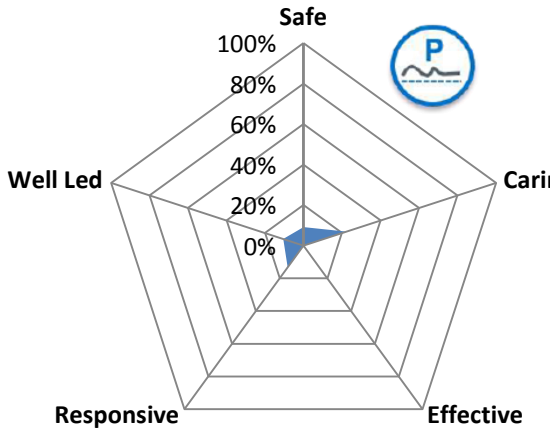
Further Reading / other resources

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes are number of videos explaining the approach and a series of case studies – these can be accessed via the following link - https://improvement.nhs.uk/resources/making-data-count

MTW exceptional people, outstanding care

Executive Summary

Consistently Passing



Consistently Passing:
The following Key Performance Indicators are all consistently achieving the target:

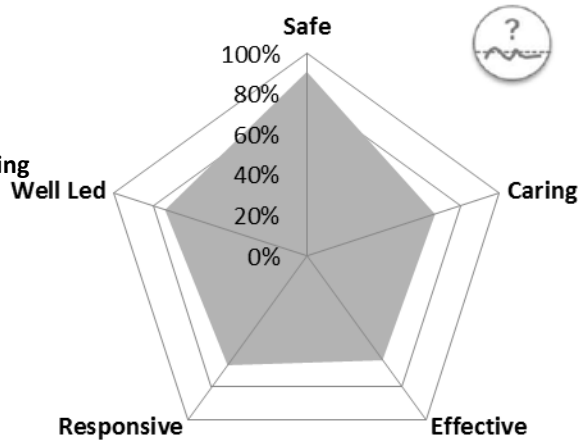
Safe:
- Trust Mortality (HMSR)

Caring:
- Mixed Sex Accommodation Compliance
- VTE Risk Assessment

Responsive:
- Cancer 62 Day Waiting Times Standard
- Cancer 2 week Waiting Times Standard

Well-Led:
- Mandatory Training Compliance
- Number of specialist services

Hit and Miss



Hit and Miss:
The following Key Performance Indicators are experiencing inconsistency (passing or failing target)

Safe:
- Safe Staffing, Infection Control Indicators, Incident Reporting, Harm Free Care Indicators

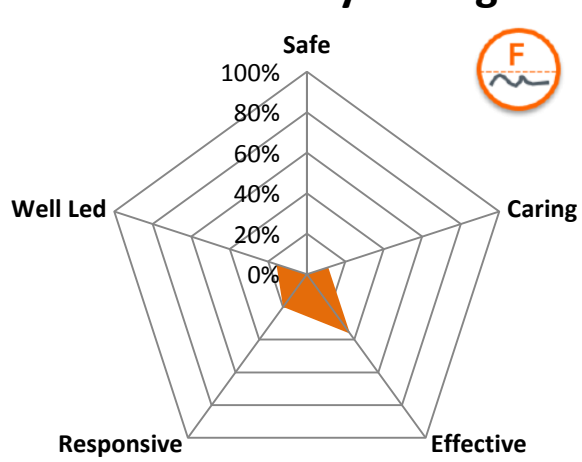
Effective:
- Outpatients DNA Rates and Hospital Cancellations, Readmissions Indicators, Stroke Indicators

Caring:
- Complaints Indicators, Friends & Family Percentage Positive and Friends & Family Response Rates – Maternity & Outpatients

Responsive:
- RTT performance, Diagnostics Waiting Times, Theatre Utilisation, Cancer 31 Day Standard
- A&E 4hr Standard, Ambulance Handovers, Super-Stranded Patients, Bed Occupancy, NELOS

Well-Led:
- Capital Expenditure, Cash Balance
- Sickness Rates, Vacancy Rates, Appraisals, Staff Friends & Family Rates

Consistently Failing



Consistently Failing:
The following Key Performance Indicators are all consistently failing the target:

Caring:
- Friends and Family Response Rate for Inpatients

Effective:
- Percentage of Non-Face to Face Outpatient Appointments
- Outpatient Utilisation
- Outpatient – Calls answered within 1 or 3 minutes

Responsive:
- RTT Number of >40 week Waiters
- RTT Number of >52 week Waiters
- Cancer PTL – size of Backlog

Well-Led:
- Agency Staff used
- Agency Spend
- Turnover Rate

Executive Summary Scorecard

Current Month Overview of KPI Variation and Assurance Icons

	Variation					Assurance				Total
Trust Domains		L	H	L	H	P	F	?	No SPC	
CQC Domain Safe										
Infection Control	3		1					4		4
Harm Free Care	2							2		2
Incident Reporting	1		1					2		2
Safe Staffing	1	1						2		2
Mortality				1		1				1
Safe Total	***7***	***1***	***2***	***1***	***0***	***1***	***0***	***10***	***0***	***11***
CQC Domain Effective										
Outpatients	4	1		1	1		4	3		7
Quality & CQC	3			1				4		4
Strategy - Estates									5	5
Effective Total	***7***	***1***	***0***	***2***	***1***	***0***	***4***	***7***	***5***	***16***
CQC Domain Caring										
Complaints	2							2		2
Admitted Care	4					2		2		4
ED Care									2	2
Maternity Care	2							2		2
Outpatient Care	1							1		1
Caring Total	***9***	***0***	***0***	***0***	***0***	***2***	***0***	***7***	***2***	***11***
CQC Domain Responsive										
Elective Access	1	2	2				2	3		5
Acute and Urgent Access	1			3				4	1	5
Cancer Access	1			1	2	2	1	1	1	5
Diagnostics Access		1						1		1
Bed Management	1							1		1
Responsive Total	***4***	***3***	***2***	***4***	***2***	***2***	***3***	***10***	***2***	***17***
CQC Domain Well-Led										
Staff Welfare	2							2	5	7
Finance and Contracts	2				1		1	2	3	6
Leadership		1			1			2	1	3
Strategy - Clinical and ICC	1		1	3	1	1		5	1	7
Workforce	3		1	1	1	1	2	3		6
Well-Led Total	***8***	***1***	***2***	***4***	***4***	***2***	***3***	***14***	***10***	***29***
Trust Total	***35***	***6***	***6***	***11***	***7***	***7***	***10***	***48***	***19***	***84***

Corporate Scorecard by CQC Domain

Safe

ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
S2	Number of cases C.Difficile (Hospital)	4	6		?
S6	Rate of Total Patient Falls	5.80	8.74		?
S7	Number of Never Events	0	1	H	?
S8	Number of New SIs in month	11	22		?
S10	Overall Safe staffing fill rate	93.5%	92.4%	L	?

Responsive

ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
R1	Emergency A&E 4hr Wait	89.2%	91.5%		?
R4	RTT Incomplete Pathway - Estimate	85.1%	75.6%	L	?
R6	% Diagnostics Tests WTimes <6wks - Estimate	99.0%	84.0%	L	?
R7	Cancer two week wait	93.0%	96.2%	H	P
R10	Cancer 62 day wait - First Definitive	85.0%	85.3%	H	P

Effective

ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
E2	Standardised Mortality HSMR	Lower conf <100	90.2	L	P
E3	% Total Readmissions	14.6%	15.0%		?
E6	Stroke: Best Practice (BPT) Overall %	50.0%	38.1%		?
R11	Average LOS Non-Elective	6.40	5.99	L	?
R12	Theatre Utilisation	90.0%	85.3%		?

Well-Led

ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
W1	Surplus (Deficit) against B/E Duty	No data	No data	No SPC	No SPC
W2	CIP Savings	Suspended due to COVID-19		No SPC	No SPC
W7	Vacancy Rate (%)	9.0%	7.1%	L	?
W8	Total Agency Spend	1,699	1,692		F
W10	Sickness Absence	3.3%	3.7%		?

Caring

ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
C1	Single Sex Accommodation Breaches	0	0		P
C3	% complaints responded to within target	75.0%	72.7%		?
C5	IP Friends & Family (FFT) % Positive	95.0%	97.4%		?
C7	A&E Friends & Family (FFT) % Positive	87.0%	No data due to COVID-19	No SPC	No SPC
C10	OP Friends & Family (FFT) % Positive	84.0%	83.5%		?

Variation			Assurance			
H L	H L		P	?	F	No SPC
Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or higher pressure due to (H)igher or (L)ower values	Common cause - no significant change	'Pass' Variation indicates consistently - (P)assing of the target	'Hit and Miss' Variation indicated inconsistency - passing and failing the target	'Fail' Variation indicates consistently - (F)ailing of the target	Data Currently unavailable or insufficient data points to generate SPC

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low(L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is upwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

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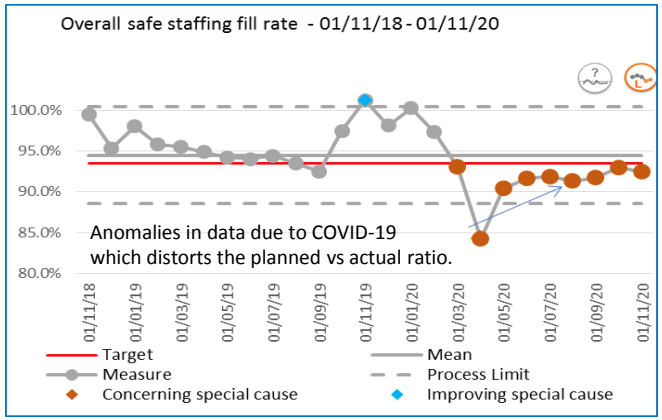
Safe - CQC Domain Scorecard

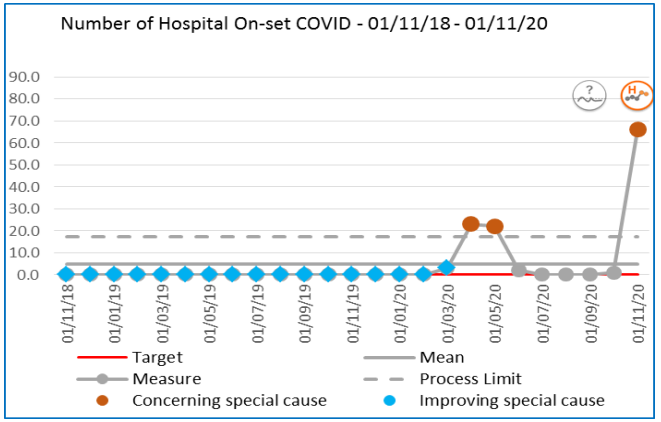
Reset and Recovery Programme: Patient and Staff Safety

	Latest				Previous			YTD		
Outcome Measure	**Plan**	**Actual**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Safe Staffing Levels	93.5%	92.4%	Nov-20		93.5%	93.0%	Oct-20	93.5%	90.9%	
Sickness Rate - Covid	0.0%	0.2%	Oct-20		0.0%	0.3%	Sep-20	0.0%	0.7%	
Infection Control - Hospital Acquired Covid	0	66	Nov-20		0	1	Oct-20	0	114	
Infection Control - Rate of Hospital C.Difficile per 100,000 occupied beddays	19.6	34.9	Nov-20		19.6	39.8	Oct-20	24.0	25.8	
Infection Control - Number of Hospital acquired MRSA	0	0	Nov-20		0	0	Oct-20	0	3	
Infection Control - Rate of Hospital E. Coli Bacteraemia	19.6	23.3	Nov-20		19.6	17.1	Oct-20	33.9	26.7	
Number of New SIs in month	11.0	22.0	Nov-20		11	5	Oct-20	88	78	
Rate of Total Patient Falls per 100,000 occupied beddays	5.8	8.7	Nov-20		5.8	6.5	Oct-20	5.8	7.5	
Rate of Hospital Acquired Pressure Ulcers per 1,000 admissions	2.3	1.9	Nov-20		2.3	2.0	Oct-20	2.3	2.1	
Standardised Mortality HSMR	100.0	90.2	Nov-20		100.0	91.9	Oct-20	100.0	90.2	
Never Events	0	1	Nov-20		0	1	Oct-20	0	2	

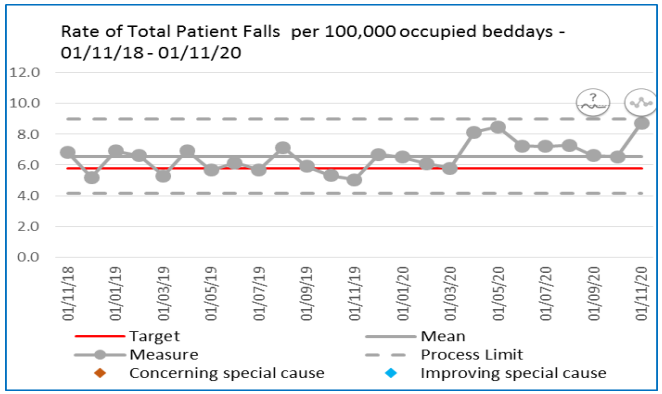
Safe - Reset and Recovery Programme: Patient and Staff Safety



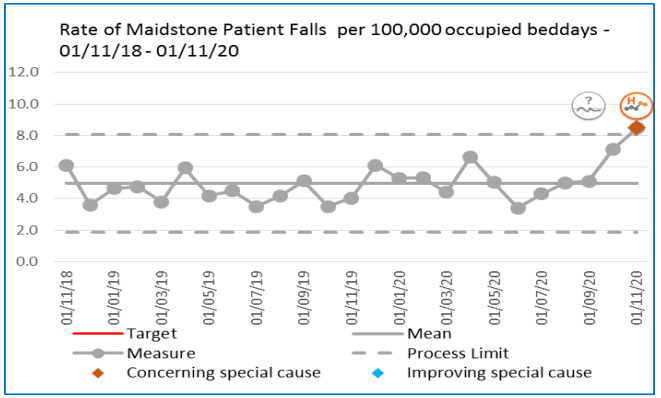
November-20
92.4%
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Target (Internal)
93.5%
Target Achievement
Metric is experiencing variable achievement



November-20
66
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Max Target (Internal)
0
Target Achievement
Metric is experiencing variable achievement



November-20
8.74
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Max Target
5.8
Target Achievement
Metric is experiencing variable achievement



November-20
8.45
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Max Target (Internal)
5.0
Target Achievement
Metric is experiencing variable achievement

Summary:

Never Event: One Never Event reported in relation to retained swabs. This is being investigated. The level of **Hospital On-set COVID** has increased significantly in November (66).

Safe Staffing Fill Rate: The level reported has decreased slightly and remains below usual levels. This metric is experiencing special cause variation of a concerning nature. There has not been any staffing level risk to wards however there has been an increase in staffing requirements to delivery care safely in line with new pathways. There continue to be some anomalies in the data that reflect operational decisions to open and close clinical areas in response to the COVID Pandemic which has distorted the planned vs actual ratio.

Falls: Whilst the overall rate for the Trust remains in common cause variation the number of Falls at Maidstone is showing an increasing trend to a high of 64 (rate of 8.45) in November (which is now at a similar rate to Tunbridge Wells) . Those reported for TWH remain in common cause variation.

Actions:

Never Event is being investigated and immediate actions were put in place to prevent re-occurrence. The full RCA investigation will be presented at the Learning and Improvement Main (SI) Panel on the 22nd of December.

The Trust has admitted 266 patients with Covid-19 infection during November, including 66 cases of hospital acquired infection. Awareness of the importance of compliance with PPE, Social Distancing and Hand Hygiene has been raised with staff. There has been an increase in SIs in November of which 13 related to Covid Outbreaks.

Discussions held with Lead Matron for ED. Information and resources provided to support staff with assessment for patients at risk of falls. Reminders for department staff to increase vigilance and completion of Lying and standing blood pressure for patients with history of recent falls or age 65+.

Assurance:

Monthly meetings with divisional leads and staff bank are ongoing to review temporary staffing requirements across all areas. The Trust has launched "Safe Care" to enhance the monitoring and oversight of patients acuity more effectively and support decisions around staffing requirements. Early adopter areas actively inputting data live. All staffing levels are reviewed for every shift, every day with oversight monitored by the Senior Leadership Team and appropriate redeployment to ensure safe staffing levels are met.

We continue to monitor the falls incidents to identify any themes or trends. This is discussed at Slips, trips and Falls Group to inform directorates' representatives and share any learning.

We continue to monitor falls across all areas. Resources for assessment of patient at risk of falls made available to support with early identification of falls risk to aid identification and implementation of measures to reduce risk.

Effective - CQC Domain Scorecard

Reset and Recovery Programme: Outpatients

	Latest				Previous			YTD		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Percentage of Non-face to face OP activity / Total activity	40.0%	38.3%	Nov-20		40.0%	39.5%	Oct-20	40.0%	47.6%	
OP Utilisation	85.0%	52.8%	Nov-20		85.0%	52.8%	Oct-20	85.0%	50.7%	
Outpatient DNA Rate	5.0%	6.4%	Nov-20		5.0%	5.8%	Oct-20	5.0%	5.4%	
Outpatient Hospital Cancellation	20.0%	21.0%	Nov-20		20.0%	20.6%	Oct-20	20.0%	26.4%	
Outpatient Cancellations < 6 weeks	10.0%	15.7%	Nov-20		10.0%	15.5%	Nov-20	10.0%	19.4%	
Calls Answereed in under 1 min	75.0%	26.2%	Nov-20		75.0%	24.4%	Nov-20	75.0%	38.3%	
Calls Answereed in under 3 min	100.0%	47.0%	Nov-20		100.0%	46.3%	Nov-20	100.0%	62.8%	

Organisational Objectives: Quality and CQC

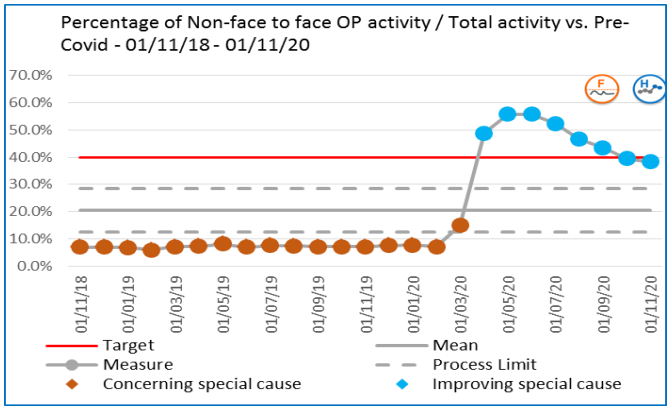
	Latest				Previous			YTD		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Total Readmissions <30 days	14.6%	15.0%	Oct-20		14.6%	15.1%	Sep-20	14.6%	15.2%	
Non-Elective Readmissions <30 days	15.2%	15.4%	Oct-20		15.2%	15.5%	Sep-20	15.2%	15.4%	
Elective Readmissions < 30 Days	7.8%	9.7%	Oct-20		7.8%	9.7%	Sep-20	7.8%	10.2%	
Stroke Best Practice Tariff	50.0%	38.1%	Nov-20		50.0%	43.9%	Oct-20	50.0%	46.9%	

Effective - CQC Domain Scorecard

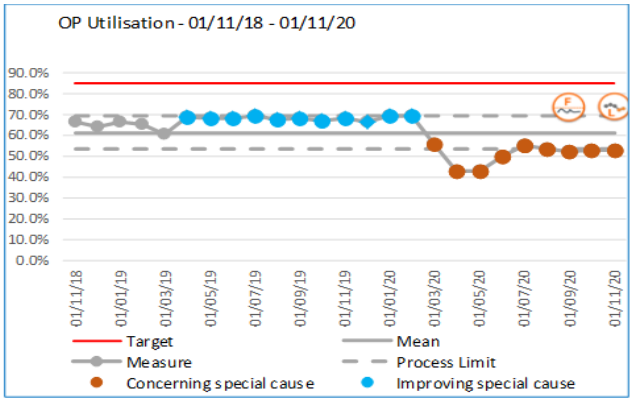
Organisational Objectives: Strategy - Estates

	Latest				Previous			YTD		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Utilised and unutilised space ratio	Under review	100:0	Nov-20	No SPC	Under review	100:0	Oct-20	Under review	100:0	No SPC
Footprint devoted to clinical care vs non clinical care ratio	Under review	4.4:1	Nov-20	No SPC	Under review	4.4:1	Oct-20	Under review	4.4:1	No SPC
Admin and clerical office space in (sqm)	Under review	5808	Nov-20	No SPC	Under review	5808	Oct-20	Under review	5808	No SPC
Staff occupancy per m2	Under review	23.3	Nov-20	No SPC	Under review	23.5	Oct-20	Under review	23.5	No SPC
Energy cost per staff	Under review	£ 903.93	Nov-20	No SPC	Under review	£ 815.38	Oct-20	Under review	£ 709.7	No SPC

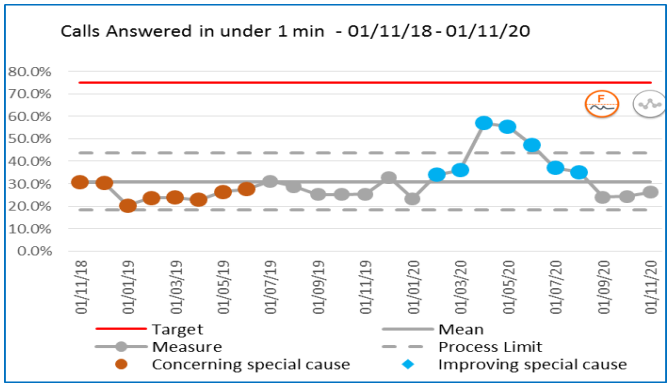
EFFECTIVE- Reset and Recovery Programme: Outpatients



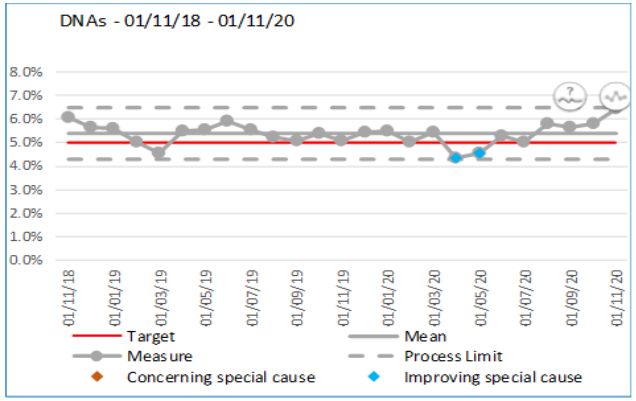
Nov-20
38.3
Variance Type
Metric is currently experiencing special cause variation
Target (Internal)
75%
Target Achievement
Metric is constantly failing the target



Nov-20
52.8%
Variance Type
Metric is currently experiencing special cause variation of a worsening position
Target (Internal)
85%
Target Achievement
Metric is constantly failing the target



Nov-20
26%
Variance Type
Metric is currently experiencing common cause variation
Target (Internal)
75%
Target Achievement
Metric is constantly failing the target



Nov-20
6.4%
Variance Type
Metric is currently experiencing common cause variation
Max Target (Internal)
5%
Target Achievement
Metric is experiencing variable achievement

Summary:

As the number of Covid-19 patients decreased, the number of face to face outpatient appointments has been able to increase again and therefore the percentage that are being seen virtually has decreased. However the overall level of activity being seen virtually or face to face has increased.

As expected due to the COVID-19 pandemic outpatient utilisation levels have decreased and remain lower than usual levels. The number of calls that is answered within 1 minute is constantly failing the target , this has started to increase however is still far off the target.

DNA rates have increased due to the second Covid wave

Actions:

Outpatient attendances have been impacted by COVID-19 but where clinically appropriate appointments have been moved to either a telephone or virtual appointment to avoid cancellations & DNAs.

The Trust is reviewing the demand and capacity as part of the Reset and Recovery Programme for Outpatients.

Appointments are being reassessed as to what can be converted and cancelled due to the second wave.

Assurance:

Outpatient recovery plan is being considered with the different speciality teams and will be implemented with support from PMO.

The demand and capacity remodelling has been completed and shared with the divisions. This is being reviewed to ensure we are aiming to achieve the phase 3 targets. Weekly monitoring of this is being undertaken in the performance meetings to ensure achievement of the target.

Caring - CQC Domain Scorecard

Organisational Objectives – Quality & CQC

	Latest				Previous			YTD		
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Single Sex Accommodation Breaches	0	0	Nov-20		0	0	Oct-20	0	0	P
Rate of New Complaints	3.9	2.3	Nov-20		3.9	3.4	Oct-20	3.0	2.3	?
% complaints responded to within target	75%	72.7%	Nov-20		75%	80.6%	Oct-20	75%	76.2%	?
IP Resp Rate Recmd to Friends & Family	25%	7.9%	Nov-20		25%	16.4%	Oct-20	25%	12.3%	?
IP Friends & Family (FFT) % Positive	95%	97.4%	Nov-20		95%	98.0%	Oct-20	95%	96.8%	?
A&E Resp Rate Recmd to Friends & Family	15%	No data due to COVID-19	Nov-20	No SPC	15%	No data due to COVID-19	Oct-20	15%	No data due to COVID-19	No SPC
A&E Friends & Family (FFT) % Positive	87%		Nov-20	No SPC	87%		Oct-20	87%		No SPC
Mat Resp Rate Recmd to Friends & Family	25%	20.9%	Nov-20		25%	21.1%	Oct-20	25%	27.1%	?
Maternity Combined FFT % Positive	95%	98.6%	Nov-20		95%	100.0%	Oct-20	95%	99.1%	?
OP Friends & Family (FFT) % Positive	84%	83.5%	Nov-20		84%	82.1%	Oct-20	84%	81.9%	?
% VTE Risk Assessment	95%	96.9%	Nov-20		95%	96.9%	Oct-20	95%	96.5%	P

Responsive- CQC Domain Scorecard

Reset and Recovery Programme - Elective Care

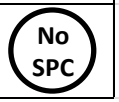
	Latest				Previous			YTD		
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
RTT (Incomplete Pathways) performance against trajectory	85.1%	75.6%	Nov-20	L	85.1%	73.3%	Oct-20	85.1%	75.6%	?
Number of patients waiting over 40 weeks	0	1776	Nov-20	H	0	1673	Oct-20	0	11334	F
52 week breaches (new in month)	5	128	Nov-20	H	5	147	Oct-20	40	1030	F
Access to Diagnostics (<6weeks standard) - estimate	99.0%	84.0%	Nov-20	L	99.0%	84.0%	Oct-20	99.0%	84.0%	?
Average for new appointment	10.0	10.1	Nov-20		10.0	10.3	Oct-20	10.0	10.1	?
Theatre Utilisation	90.0%	85.3%	Nov-20		90.0%	84.9%	Oct-20	90.0%	81.5%	?

Reset and Recovery Programme – Acute & Urgent Care

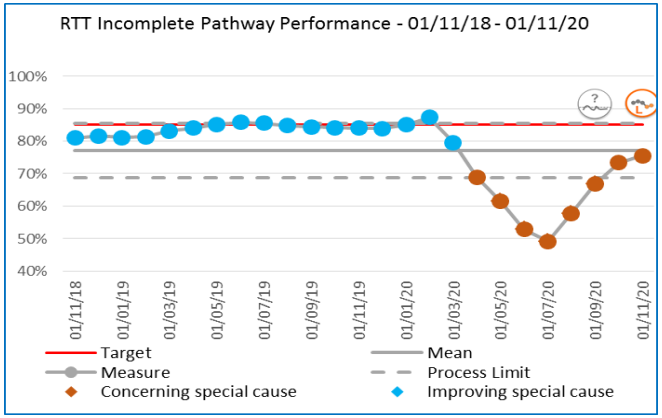
	Latest				Previous			YTD		
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Referrals to ED from NHS 111	Coming December 20		Nov-20	No SPC	Coming December 20		Oct-20	Coming December 20		No SPC
A&E 4 hr Performance	89.2%	91.2%	Nov-20		89.2%	96.0%	Oct-20	89.2%	96.5%	?
Super Stranded Patients	80	75	Nov-20	L	80	69	Oct-20	80	75	?
Ambulance Handover Delays Rate > 30mins	7.0%	5.6%	Nov-20	L	7.0%	3.5%	Oct-20	7.0%	5.6%	?
Bed Occupancy	90.0%	86.2%	Nov-20		90.0%	88.6%	Oct-20	90.0%	66.1%	?
NE LOS	6.4	6.0	Nov-20	L	6.4	6.2	Oct-20	6.4	5.9	?

Responsive - CQC Domain Scorecard

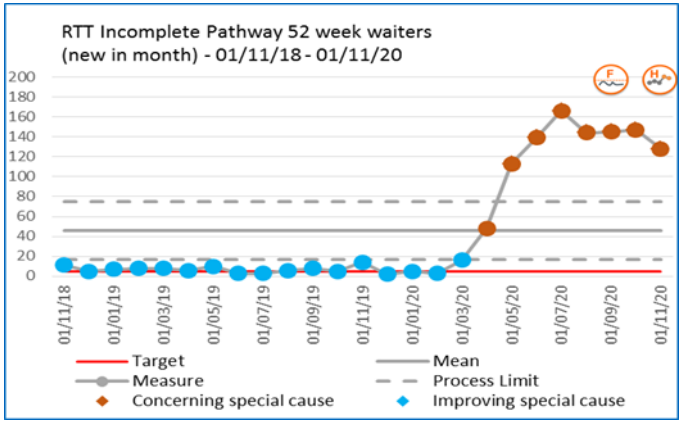
Reset and Recovery Programme – Cancer Services

	Latest				Previous			YTD		
Outcome Measure	**Plan**	**Actual**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Cancer - 2 Week Wait	93.0%	96.2%	Oct-20		93.0%	96.2%	Sep-20	93.0%	96.2%	
Cancer - 31 Day	96.0%	99.4%	Oct-20		96.0%	99.4%	Sep-20	96.0%	99.4%	
Cancer - 62 Day	85.0%	85.3%	Oct-20		85.0%	85.3%	Sep-20	85.0%	85.3%	
Size of backlog	30	63	Nov-20		30	63	Oct-20	30	63	
28 day Target	Coming Soon		Oct-20		Coming Soon		Sep-20	Coming Soon		

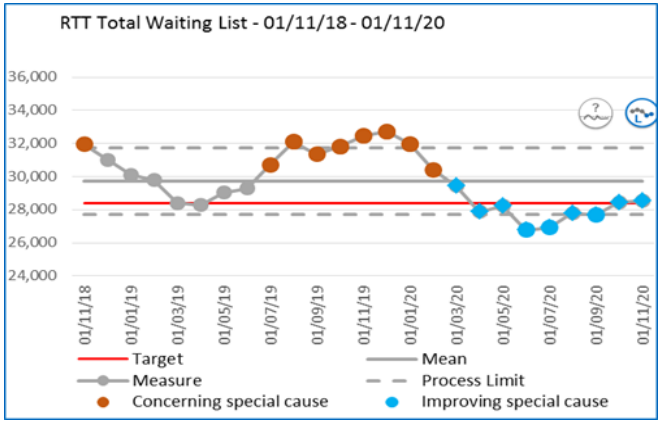
RESPONSIVE- Reset and Recovery Programme: Elective



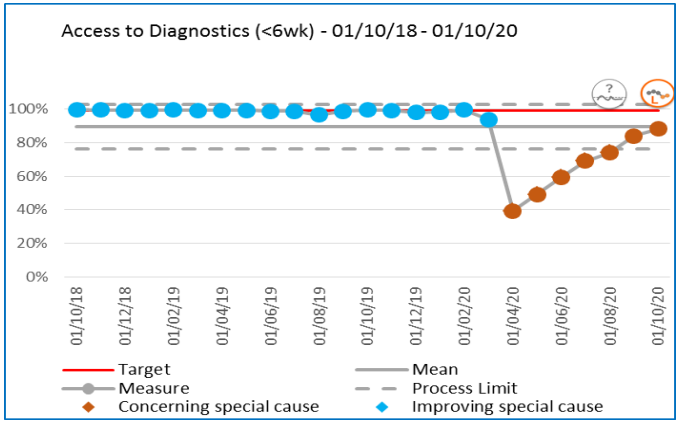
Nov-20
75.6%
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Target (Internal)
86.3%
Target Achievement
Metric consistently failing the target



Nov-20
124
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Max Target (Internal)
8
Target Achievement
Metric is consistently failing the target



Nov-20
28,521
Variance Type
Metric is currently experiencing special cause variation of an improving nature
Target (Internal)
28,412
Target Achievement
Metric is experiencing variable achievement



Oct-20
85.1%
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Target
99%
Target Achievement
Metric is experiencing variable achievement

Summary:

Although elective activity levels had significantly increased in October, due to the COVID-19 pandemic & the impact of wave 2 the YTD activity remains low for both elective and outpatient appointments which have adversely impacted the RTT performance. The November performance has increased slightly to 75.6% (unvalidated position). The Total Waiting List has remained static this month as the level of referrals decreased due to lockdown.

The elective activity levels have decreased by 6% (excluding IS activity) in November compared to October and OP New Activity has remained consistent for 2 months. Large scale cancellations of elective activity has resulted in admitted electives & daycases reducing by 47% on normal levels YTD and New Outpatient activity has reduced by around 26% & follow up by around 7% YTD on normal activity levels.

Following the significant decrease in performance for diagnostic waiting times due to the COVID-19 Pandemic this has been improving for both endoscopy and imaging and is now at 84% in November (estimate).

Actions:

To increase elective activity to pre Covid levels - ongoing

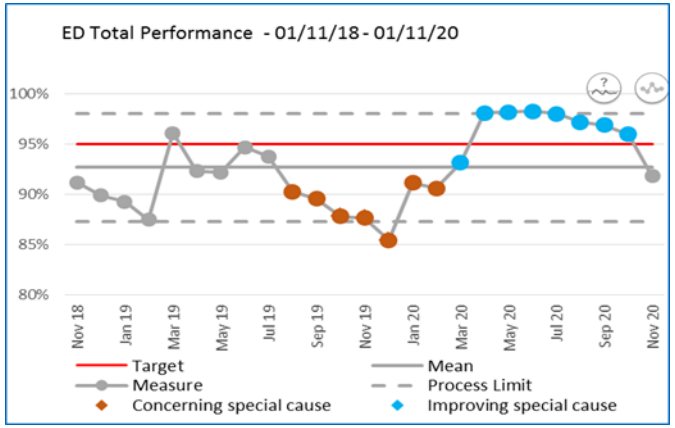
To decrease long waiting patients - ongoing

Assurance:

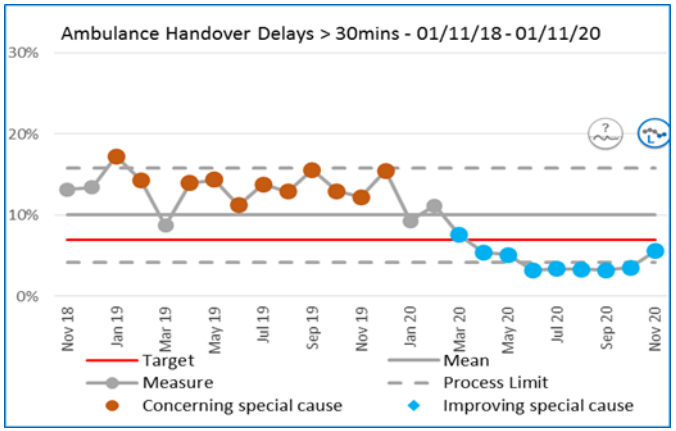
We currently have a reduced theatre schedule running due to increasing the ITU surge beds. Cancer patients and clinically urgent patients only being facilitated. Whole patient pathways continue to be transferred to the IS and suitable backlog patients are also being transferred in line with available IS capacity.

Long waiting patients continue to be monitored although the backlog will increase due to the amount of cancellations. Daily review ongoing in line with organisation and system overview.

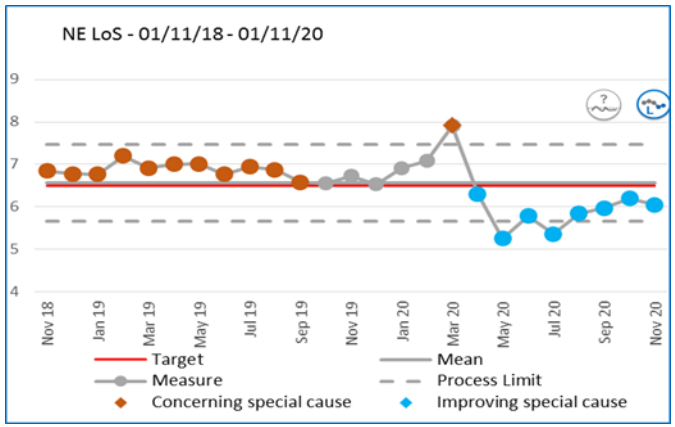
Responsive - Reset and Recovery Programme: Emergency Care



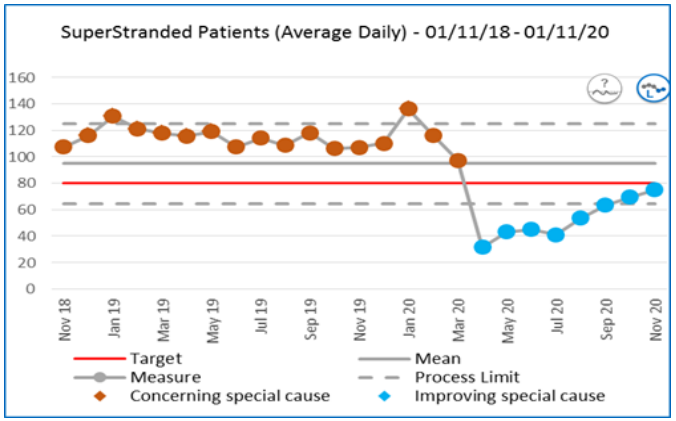
Nov-20
91.77%
Variance Type
Metric is currently experiencing common cause variation
Target
95%
Target Achievement
Metric is experiencing variable achievement



Nov-20
5.6%
Variance Type
Metric is currently experiencing Special Cause Variation of an improving nature
Max Limit (Internal)
7.0%
Target Achievement
Metric is experiencing variable achievement



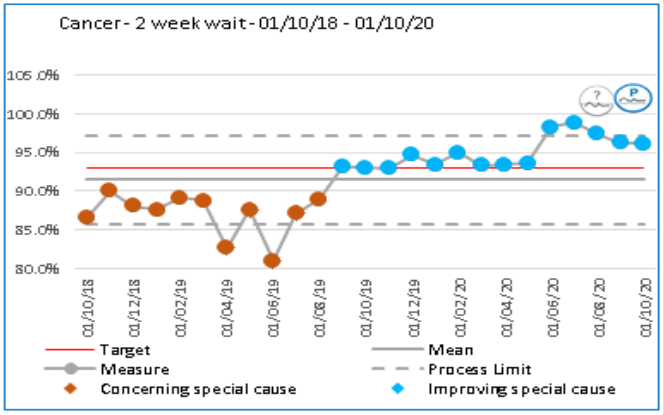
Nov-20
6.05
Variance Type
Metric is currently experiencing Special Cause Variation of an improving nature
Max Limit (Internal)
6.5
Target Achievement
Metric is experiencing variable achievement



Nov-20
75.0
Variance Type
Metric is currently experiencing Special Cause Variation of an improving nature
Max Limit (Internal)
80
Target Achievement
Metric is experiencing variable achievement

Summary:	Actions:	Assurance:
- ED 4hr performance (inc MIU) had been above 98.0% for 4 months, but dipped to 95.98% in October & 91.77% in November. (Type 1) Arrivals were 15% below model in November. - Ambulance delays had settled into 3.0-3.5%, but have spiked at 5.6% in November. Ambulance diverts & covid have both been factors. - NE LoS spiked in March as a consequence of many long LoS patients being discharged in preparation for COVID-19. Since then, LoS has come down by around 1 day, but is showing signs of increasing. Superstranded patients came down to less than half it's previous levels, but rose to 75.0 in November.	Development of ED improvement action plan to support flow throughout Trust including key areas such as increasing admin support for nursing teams, highlighting Teletracking issues with project team for resolution on a daily basis and working with specialty teams to improve referral/ handover to specialty admitted patients. In addition will continue to ensure that ED staff have appropriate training/ mentoring/ buddy system to improve performance at peak times.	Work continuing to ensure all departments within Trust feel a part of the 4Hour Access Standard –Increased profile on breaches and key themes eg diagnostic availability or specialty review. Focused bed meetings on actions. System call put in on a daily basis where required when system is tight. Think 111 First to be implemented from November to support triage by minors patients by 111.

RESPONSIVE- Reset and Recovery Programme: Cancer



Oct-20

96.2%

Variance Type

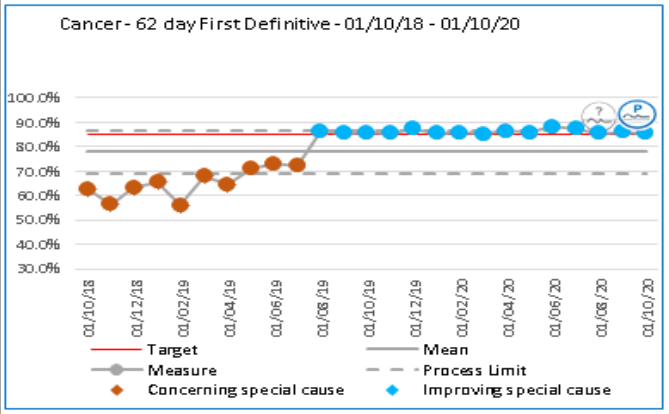
Metric is currently experiencing Special Cause Variation of an improving nature

Max Target (Internal)

93%

Target Achievement

Metric is currently achieving the target



Octt-20

85.3%

Variance Type

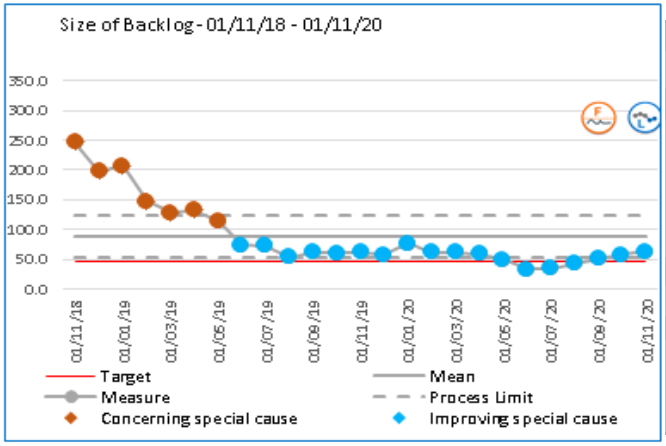
Metric is currently experiencing Special Cause Variation of an improving nature

Max Target (Internal)

85%

Target Achievement

Metric is currently achieving the target



Nov-20

63

Variance Type

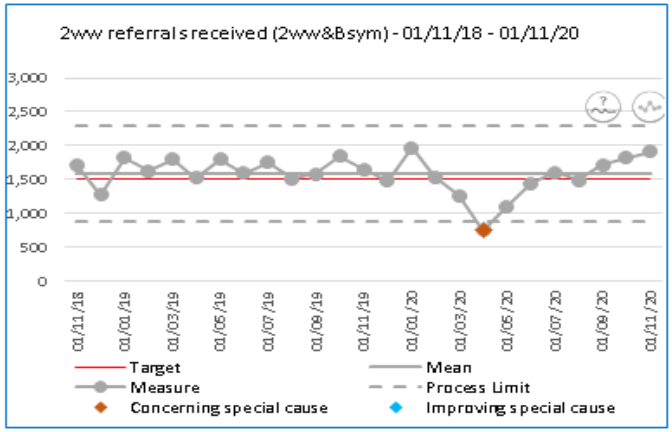
Metric is currently experiencing Special Cause Variation – trend is showing a positive performance below the mean

Max Target

45

Target Achievement

Metric is consistently failing to achieve the target set locally



Nov-20

1912

Variance Type

Metric is currently experiencing Common Cause Variation

Max Target (Internal)

1500

Target Achievement

Metric is experiencing variable achievement (will achieve target some months and fail others)

Summary:

The Trust has continued to achieve both the 62 day First Definitive treatment and the 2 week wait first seen targets, with 85.3% and 96.2% respectively

The number of incoming 2ww referrals has continued to through November and the average is now 119% of pre Covid-19 numbers compared to January / February 2020. This is again consistent with previous variation

Although the Total PTL numbers have risen to above 1500, the overall size of the backlog is being maintained with an average of 63 patients in November (which remains at 3.8% of the total PTL)

Actions:

Ongoing work is needed engage all services further and to ensure that both the 28day FDS and the 62d performance targets can be met

Services that were stopped during Covid-19 have recommenced (e.g. endoscopy and major surgery) and we continue to see increased activity

Following initial delays due to Covid-19, we are continuing with recruitment to STT nursing roles to support the new pathways that have been developed, and scoping the need for additional roles to support the sustainability of the cancer 62 day target.

Assurance:

The ongoing daily huddles with each tumour site team are in place and monitoring the growth in the PTL as referral numbers return to pre-Covid levels. Management of the daily PTLs continues to give oversight and hold services to account for patient next steps. Diagnostic services attend these huddles to escalate booking or reporting delays on the day

The weekly performance meetings continue to oversee the cancer performance and include funding initiatives and quality assurance i.e. 104 day clinical harm reviews .

Well Led - CQC Domain Scorecard

Reset and Recovery Programme: Staff Welfare

	Latest				Previous			YTD		
Outcome Measure	**Plan**	**Actual**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Climate Survey - Engagement: Number of people completing the Climate survey	Improving Quarterly	688	Sep-20	No SPC	Improving Quarterly	738	Jun-20	Improving Quarterly	738	No SPC
Climate Survey - Percentage of staff who feel fully supported in their role		67.0%	Sep-20	No SPC		72.0%	Jun-20		72.0%	No SPC
Climate Survey - Percentage of staff who feel the Trust has a genuine concern for their safety		68.0%	Sep-20	No SPC		71.0%	Jun-20		71.0%	No SPC
Climate Survey - Percentage of staff who feel able to cope with the demands that are being		69.0%	Sep-20	No SPC		76.0%	Jun-20		76.0%	No SPC
Health and Wellbeing: How many calls received	40	22	Nov-20		40	33	Oct-20	40	482	
Health and Wellbeing: What percentage of Calls related to Mental Health Issues	44%	32%	Nov-20		44%	52%	Oct-20	44%	44%	

Organisational Objectives: Workforce

	Latest				Previous			YTD		
Outcome Measure	**Plan**	**Actual**	**Period**	**Variation**	**Plan**	**Actual**	**Period**	**Plan**	**Actual**	**Assurance**
Sickness	3.3%	3.7%	Nov-20		3.3%	3.3%	Oct-20	3.3%	4.0%	
Turnover	10.0%	11.9%	Nov-20	H	10.0%	12.3%	Oct-20	10.0%	11.9%	F
Vacancy Rates - Estimate	9.0%	7.1%	Nov-20	L	9.0%	8.0%	Oct-20	9.0%	7.1%	
Use of Agency	0	240	Nov-20		0	237	Oct-20	0	240	F
Appraisal Completeness	95.0%	89.9%	Nov-20		95.0%	86.8%	Oct-20	95.0%	89.9%	
Stat and Mandatory Training	85.0%	89.9%	Nov-20	H	85.0%	90.3%	Oct-20	85.0%	89.9%	P

Well Led - CQC Domain Scorecard

Reset and Recovery Programme: Finance & Contracts

	Latest				Previous			YTD		
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Surplus (Deficit) against B/E Duty	No data		Nov-20	No SPC	No data		Oct-20	No data		No SPC
CIP Savings	Suspended		Nov-20	No SPC	Suspended		Oct-20	Suspended		No SPC
Cash Balance	54,389	69,090	Nov-20	H	54,389	58,144	Oct-20	54,389	69,090	?
Capital Expenditure	2,141	1,475	Nov-20		2,141	1,771	Oct-20	12,189	7,563	?
Agency Spend	1,699,321	1,691,906	Nov-20		1,699,321	1,735,554	Oct-20	8,027,389	11,293,189	F
Use of Financial Resources	2	No data	Nov-20	No SPC	2	No data	Oct-20	No data		No SPC

Reset and Recovery Programme: ICC

	Latest				Previous			YTD		
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Nursing vacancies - Estimate	13.5%	10%	Nov-20	L	13.5%	10.0%	Oct-20	13.5%	0.0%	?
Covid Positive - number of patients	0	266	Nov-20	H	0	40	Oct-20	0	646	?

Well Led - CQC Domain Scorecard

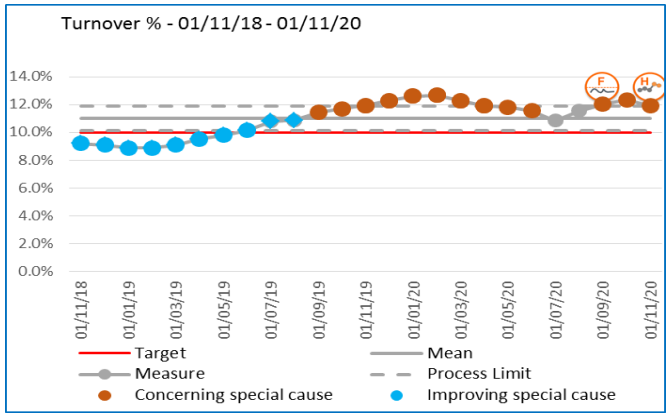
Organisational Objectives - Strategy – Clinical

	Latest				Previous			YTD		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Number of specialist services	35	30	Nov-20	L	35	30	Oct-20	35	240	P
Elective Spells in London Trusts from West Kent	329	154	Aug-20	L	329	127	Jul-20	329	2,215	?
Service contribution by division	Coming January 21		Nov-20	No SPC	Coming December 20		Oct-20	Coming December 20		No SPC
Research grants (£)	114	105	Nov-20		114	141	Oct-20	114	787	?
Number of advanced practitioners	25	31	Nov-20	H	25	31	Oct-20	25	31	

Organisational Objectives – Exceptional People

	Latest				Previous			YTD		
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Staff Friends and Family % recommended work	57.0%	72.2%	Nov-20	L	57.0%	72.2%	Oct-20	57.0%	72.2%	?
Staff Friends and Family % recommended care	80.0%	77.8%	Nov-20	H	80.0%	77.8%	Oct-20	80.0%	77.8%	P
Equality, Diversity and Inclusion reducing inequalities metrics / dashboard	Coming April 21		Nov-20	No SPC	Coming April 21		Oct-20	Coming April 21		No SPC

WELL LED- Operational Objective: Workforce



November-20

11.9%

Variance Type

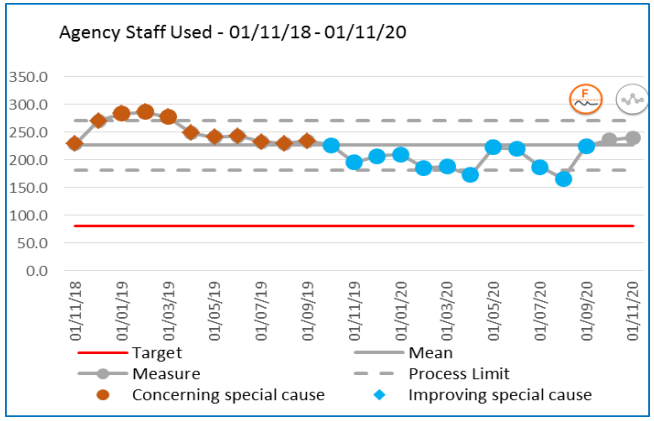
Metric is currently experiencing Special Cause Variation of a concerning nature

Max Target (Internal)

10%

Target Achievement

Metric is consistently failing the target



November-20

240

Variance Type

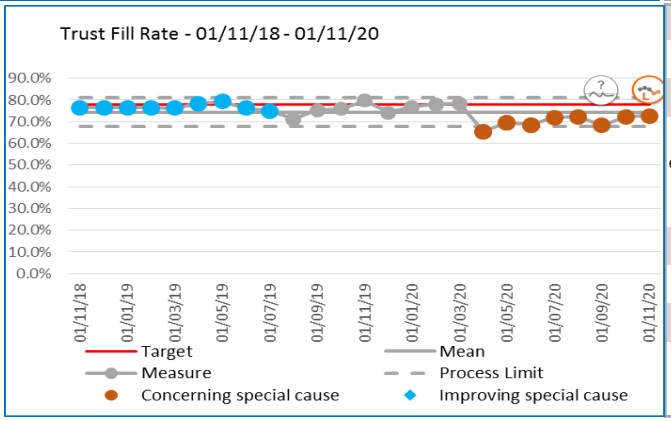
Metric is currently experiencing Common Cause Variation

Max Target (Internal)

81

Target Achievement

Metric is consistently failing the target



November-20

72.7%

Variance Type

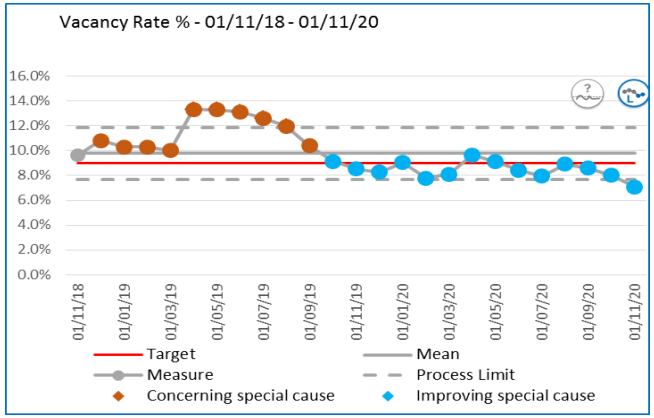
Metric is currently experiencing Special Cause Variation of a concerning nature

Target (Internal)

78%

Target Achievement

Metric is experiencing variable achievement



November-20

7.1%

Variance Type

Metric is currently experiencing Special Cause Variation of an improving nature

Max Limit (Internal)

9.0%

Target Achievement

Metric is experiencing variable achievement

Summary:

The Turnover rate for the last 12 months is experiencing special cause variation of a concerning nature.

The level of Agency staff used has shown a marginal increase which is understandable given Covid-19 second wave impacts. There are also some areas which continue to challenge the Trust due to the roles being on the shortage occupation list, and we continue to work with colleagues to consider innovative solutions for MTW.

The Trust fill Rate is below the target level of 78% and is experiencing special cause variation of a concerning nature. This has been affected by the Nursing Staff Fill Rate . There are anomalies in the data that reflect operating decisions to open and close clinical areas in response to the COVID Pandemic which distorts the planned vs actual ratio.
The Vacancy Rate remains below the Trust maximum limit and is therefore experiencing special cause variation of an improving nature.

Actions:

We have continued to refine our survey approach to build on the success of the Climate survey to use similar approaches in refreshing exit surveys (which will be relaunched in Jan 2021) and new joiner (onboarding) surveys. We're progressing the use of Climate survey data to drive local interventions to aid retention and implementing action plans. Turnover can be impacted by quality of managers and leaders. We are progressing Exceptional Leaders and gathering plans around front line leadership development. We continue our Ward Manager Programme.

Agency usage, although higher than plan has continued to reduce year on year with ongoing plans to migrate agency staff. Bank fill within Nursing had continued to increase month on month with an 18.9% increase in fill rate; however the Covid-19 second wave is impacting as staff may already be working extra shifts and because of Covid-19 illness or self isolation requirements or school closures.

Ongoing recruitment and delivery of international nurse recruitment programme continues. Identifying vacancy hotspots to deliver targeted recruitment solutions, eg a new social media campaign in December for admin and clerical staff. We are reviewing process improvements for Bank Only workers to become Permanent Staff.

Assurance:

Delivery of 2020/21 Workforce plans are supported by the HRBP and workforce information teams. Divisions are reviewing existing workforce and recruitment plans and staff engagement and retention work is supported by divisional action plans for the national staff survey and local pulse checks. Progress against these action plans is reviewed in Divisional Performance reviews.

Following the successful bid for money from the centre for international nurse recruitment HRBPs are working up plans on recruitment hotspot areas across all areas, not solely focusing on nursing, and are working with leadership teams to look at alternative solutions. The recruitment team have also encouraged & worked with the Wingman Volunteers leading to their successful recruitment to MTW.

Bank team continue to work closely with the site team on finding solutions to reduce agency spend. Due to the impact of Covid-19, we are paying enhanced rates for Bank staff (including Bank Only workers) to mitigate staff shortages, encourage staff to pick up bank shifts and reduce wider agency spend up until 31/01/2021.

The Trust is developing a Staff Hub / Cell to respond to Covid pressures. As community transmission of Covid-19 remains very high, the ability to respond may become more limited, especially if staff and Bank Only workers are impacted. School closures are also currently having a big impact. This is also expected for Christmas.

NHS
Maidstone and Tunbridge Wells NHS Trust

Appendices

MTW
exceptional people, outstanding care

Supporting Narrative

Executive Summary

The Trust has achieved both the National Cancer 62 Day FDT Standard and the 2 week wait standard each month for over a year now, throughout the Covid-19 pandemic, reporting 85.3% and 96.2% respectively for October 2020. The increase in second wave Covid has impacted performance in some areas with the A&E 4hr standard dipping below the national target for the first time this year at 91.77% in November. The RTT performance remained similar in November as we continue with the Trust's Reset and Recovery Programme, however the full impact of only Cancer and clinically urgent patients being facilitated in order to increase ITU surge capacity from the end of November is likely to be seen in December. Elective activity was 6% lower than October, however first outpatient attendances increased by a further 4% and remain at more than 90% of the activity seen last year. The lower activity levels continue to adversely impact the RTT performance and of the constitutional standards the RTT and Diagnostics standards remain the most at risk due to the decrease in capacity (with the impact of social distancing and use of PPE) and the uncertainty as to the likely level of demand.

Key Performance Items:

- **Infection Control:** Both the rate of C.Difficile and E.Coli are experiencing common cause variation and variable achievement of the target. Cases of Gram Negative Bacteraemia and MSSA have remained lower than last year. The Trust has admitted 266 patients with Covid-19 infection during November, including 66 cases of hospital acquired infection. Awareness of the importance of compliance with PPE, Social Distancing and Hand Hygiene has been raised with staff. There has been an increase in SIs in November of which 13 related to Covid Outbreaks.

- **Falls:** The overall rate of Falls is experiencing common cause variation but remains above the maximum limit of 5.8 at 8.74 for November, 7.5 YTD. The rate of Falls at Maidstone is showing an increasing trend, particularly in the Medical and Care of the Elderly specialties, with the overall rate now at a similar rate to Tunbridge Wells. There have been challenges around staffing impacting on fill rate for request for temporary staff to deliver enhanced care for patients at risk of falls. Information and resources have been provided to support staff with assessment for patients at risk of fall and reminders have been given to department staff to increase vigilance and completion of Lying and standing blood pressure for patients with history of recent falls or age 65+.

- **Pressure Ulcers:** The level of hospital acquired pressure ulcers has remained consistent and is experiencing common cause variation. The rate of all pressure ulcers (including those who already had a pressure ulcer on admission) remains a concern. COVID 19 pandemic self isolation and social distancing guidance are likely to have led to patients declining care in the community leading to an increase in community acquired pressure ulcers. The Trust is monitoring patients admitted with pressure ulcers and liaising with the local community and neighbouring acute trusts to identify themes and trends.

- **Never Events:** One Never Event reported for the month in relation to retained swabs. This is being investigated and appropriate action has been put in place to prevent re-occurrence. The full RCA investigation will be presented at the Learning and Improvement Main (SI) Panel

- **Stroke:** Performance for November decreased further to 38.1% which is below the 50% Best Practice internal target (may increase with late data recording). All of the three stroke indicators continue to experience common cause variation and inconsistency.

- **A&E 4 hour Standard:** Performance in November reduced further to below the national target for the first time this year at 91.77%. There have been considerable changes to working practices and patient pathways in response to the COVID-19 Pandemic including the assessment of all patients at the front door on both sites by the First Contact Practitioner to stream the patients effectively or redirect to MIUs along with "Think 111 First" being implemented in November to support triage by minors patients by 111. In addition the Trust is developing an ED improvement action plan to support flow throughout Trust. The pandemic reduced A&E attendance to 55-60% of the normal levels in early April. They have since been steadily increasing and are now fairly steady at around 85% of normal levels (including an increase from other areas as we provide mutual aid). Minor attendances have reduced more than major attendances which is shown by an increase in the conversion rate to admission with emergency admissions almost back to previous levels.

- **Ambulance Handover Delays**: The level of Ambulance Handover delays had improved, holding steady at around 3.0-3.5% of all handovers delayed 30 mins or longer. This spiked at 5.6% in November. Ambulance diverts from other Trust and second wave Covid have both been factors. This continues to experience special cause variation of an improving nature.

Supporting Narrative Continued

- **Referral to Treatment (RTT) Incomplete Pathway:** As expected due to the COVID-19 pandemic activity levels continue to remain low for both elective and outpatient appointments. Due to the need to only facilitate cancer and clinically urgent patients from the end of November activity was 6% lower than October, however first outpatient attendances have increased by a further 4% and remain at more than 90% of the activity seen last year. This has adversely impacted the RTT performance. November performance has increased slightly to 75.6% (not finalised) but the full impact of the reduced activity will not been seen until next month. The level of more than 52 week waiters has decreased in November. Diagnostics waiting < 6 weeks performance has decreased to 84% in November (estimate).

- **Outpatient Activity Face to Face vs Virtual:** The number of face to face outpatient appointments has been able to increase again over the last few months and therefore the percentage that are being seen virtually has decreased. However the overall level of activity being seen virtually or face to face has increased. The increased use of Virtual vs Face to Face outpatient appointments (where clinically appropriate) is part of the Trust's Reset and Recovery Programme.

- **Cancer 62 Day:** The Trust has continued to achieve the 62 day standard throughout the Covid-19 pandemic, reporting 85.3% for October 2020. Although September had an increase in treatment numbers, these have reduced again in October, with 85 patients being treated (which is 65% of the average from 2019)

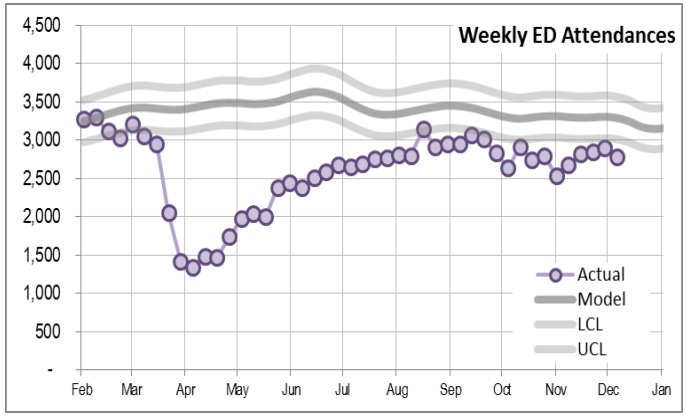
- **Cancer 2weeks (2ww):** The Trust has maintained achievement of the 2ww standard reporting 96.2% for October 2020. The recent five months of improved performance is likely due to the lower than expected number of 2ww referrals and the Trust continuing to appoint suspected cancer patients as a priority, utilizing the virtual clinics where possible. Breast Symptoms performance achieved the standard at 96.9% for October.

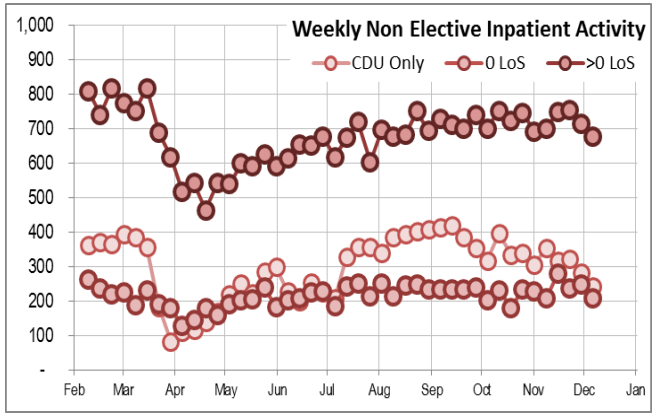
- **Cancer 2weeks (2ww) Referrals:** After the drop in referral numbers at the beginning of April due to COVID-19, incoming referral numbers have increased through November with an overall average of 119% over the same period last year. These increased numbers continued during the second lockdown phase and have carried over to the beginning of December 2020.

- **Finance:** The Trust has delivered the financial plan generating a £2.8m surplus. The Trusts financial plan is broken into two elements based on two different financial regimes. In the first 6 months of the financial year the Trust received retrospective top income support up to a breakeven position however this has now changed (from 1st October) to a traditional budget approach where the Trust needs to deliver the financial plan set on the 22nd October which is based on a fixed level of income from commissioners his plan includes an allocation to fund COVID related spend (£11.2m). The Trusts underlying variance excluding the impact of COVID costs and retrospective funding (Month 1-6) is £8.3m favourable to plan, the key variances to plan are: Drugs (£3.3m) mainly due to reduction in Oncology and Ophthalmology high cost drugs, pay underspends (£4.8m) mainly within Nursing (£3.5m), STT (£1.7m), A&C and Support to clinical staff (£0.4m) staff groups due to higher than planned vacancies, £1.1m underspend within clinical supplies due to reduction in elective activities, and £1.9m relating to delays in investment associated with Stroke, ITU extension and Recovery and Reset developments . These underspends are partly offset by pressures associated with Car Parking (£0.3m), Laundry (£0.2m increase in dilapidation reserve), RTA income recovery adjustment for 2016/17 and 2017/18 (£0.4m), reduction in block payment from commissioners (£0.4m - net underspend), EPR project costs (£0.3m), income reductions within Diagnostics relating to independent sector activity (£0.3m), investments associated with Ive and Teletracking (£0.3m), increase in reserves(£0.1m) and £0.1m 2019/20 clinical income contract settlement.

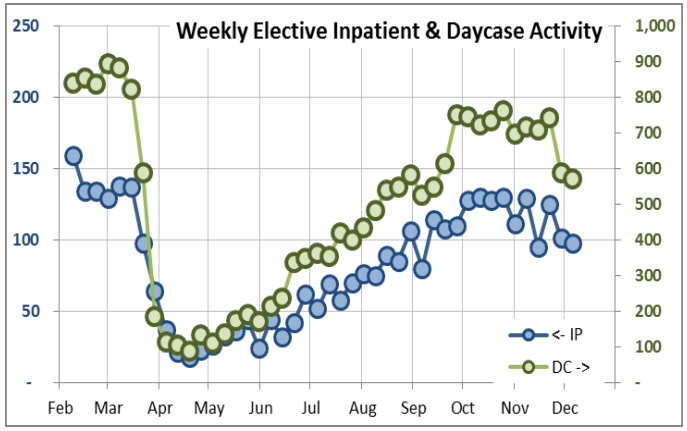
- **Workforce:** The Safe Staffing Nursing Fill Rate has decreased slightly and remains below usual levels which has impacted on the overall fill rate. There has not been any staffing level risk to wards. Agency usage, although higher than plan has continued to reduce year on year with ongoing plans to migrate agency staff. The Turnover rate has decreased slightly but is consistently failing the target. Climate survey data is being used to drive local interventions to aid retention. Sickness levels increased in November as expected for this time of year, however both confirmed Covid & self isolation have increased since late October as our Covid patient numbers have increased. The Trust is developing a Staff Hub / Cell to respond to Covid pressures. As community transmission of Covid-19 remains very high, the ability to respond may become more limited, especially if staff and Bank Only workers are impacted. School closures are also currently having a big impact. This is also expected for Christmas. Performance for Statutory and Mandatory Training continues to consistently achieve the target.

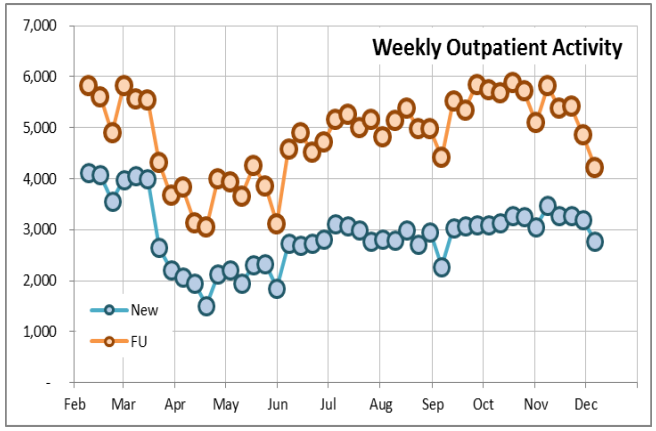
Escalation: COVID-19





ED Attendances: Attendances fell by around 60% against model at the height of the pandemic. This recovered steadily until September, but has since fallen back slightly, and is now around 15% down on model. The ongoing pandemic & the move to the Urgent Treatment Centre model where the more minor attendances are booked via NHS 111 is expected to keep attendances down over the winter.





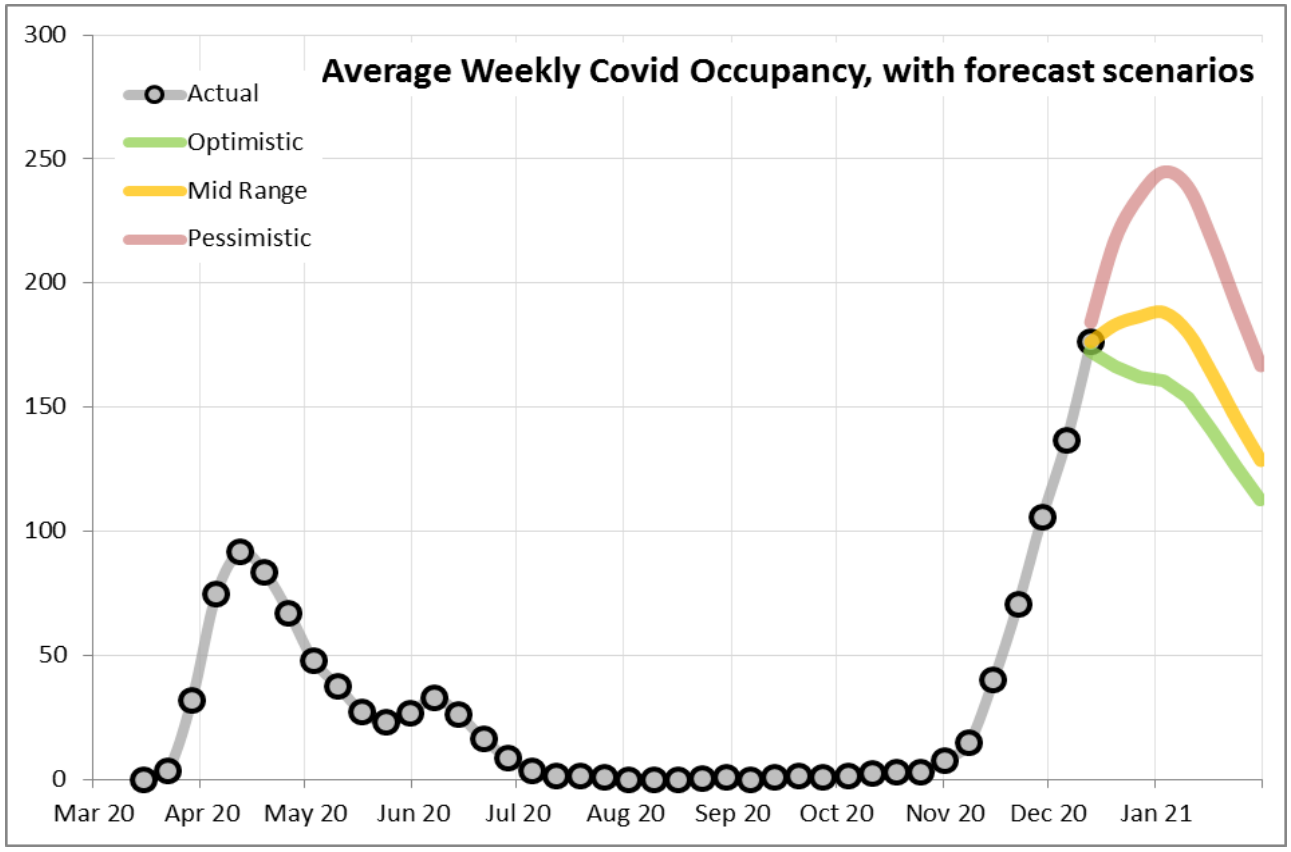
Emergency Admissions: Non-zero emergency admissions have settled in to being around 10% down on normal through the Autumn, whilst SDEC activity is back to normal or slightly above. CDU Only was higher than normal over the summer, but has come down in recent weeks, possibly as a result of higher numbers of Covid patients in the hospital changing the patient flows

Elective / Daycase Activity: Large scale cancellations of elective activity has resulted in admitted electives reducing by 75-80% on normal levels, and daycases also 80-85%. They have both recovered steadily until October, as the Trust restart & recovery programmes came into effect, but have been brought down in recent weeks by the effects of the 2nd wave of the Pandemic

Outpatient Activity: Similarly with elective activity, outpatients recovered to a little below normal into the Autumn, but has been reduced in recent weeks, especially FU activity .

Summary : Almost all types of activity had had recovered into the range of normal to 20% down on normal during September / October, and has been pushed down in recent weeks by the 2nd wave of the pandemic. However, despite us having approaching twice as many Covid patients now as in October, general activity levels have only been brought down by another 10 or 20%.

Escalation: COVID-19



The Mid-range forecast sees us in the 180-200 range by the end of the month, and the pessimistic at 235-260.

Please note that any increase in LoS of these patients will push the occupancy upwards, and this is a very real risk, as increasing numbers of staff going sick could affect discharges, and the winter weather always applied upward pressure on LoS.

There is also a risk that if infections in care homes suddenly increases, even modest numbers of additional frail & elderly Covid patients could take up even more beds.

These forecasts are now being reviewed daily.

Forecast Models

Business Intelligence has developed a model of bed occupancy for the next couple of months, based on an estimate of incoming Covid admissions, and applying observed LoS profiles to the patients coming in. This model re-bases daily depending on actual occupancy.

The three scenarios are based on the average daily admissions over the past 21 days.

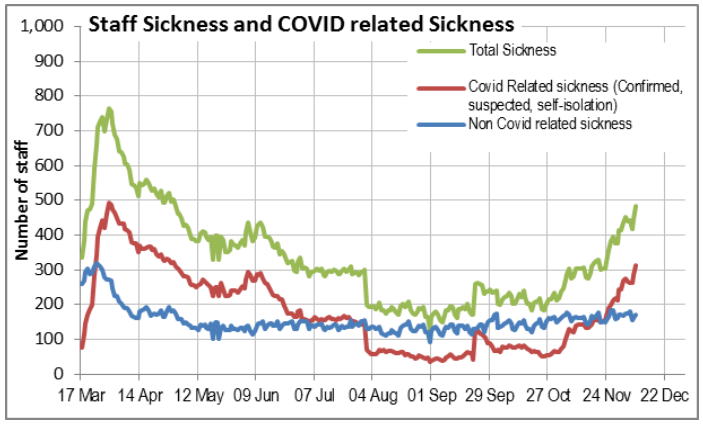
Midrange projects the average for the last 21 days, currently 14.0 per day, and projects it forwards for the next 21 days, then allows a 4% fall-off per day

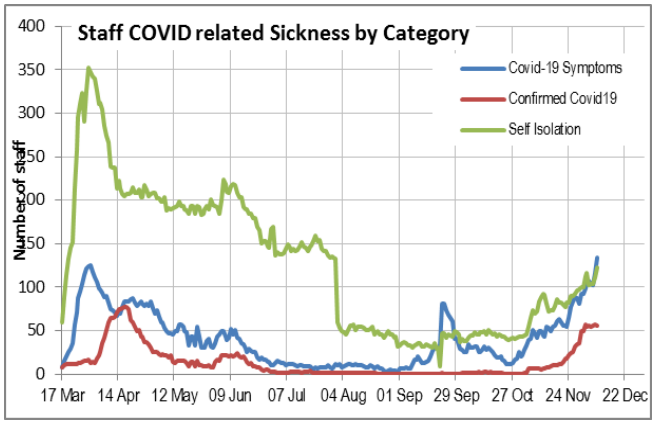
The pessimistic forecast assumes the same, but with a 50% increase on top, to 21.0 per day. This is an extra 147 patients coming in.

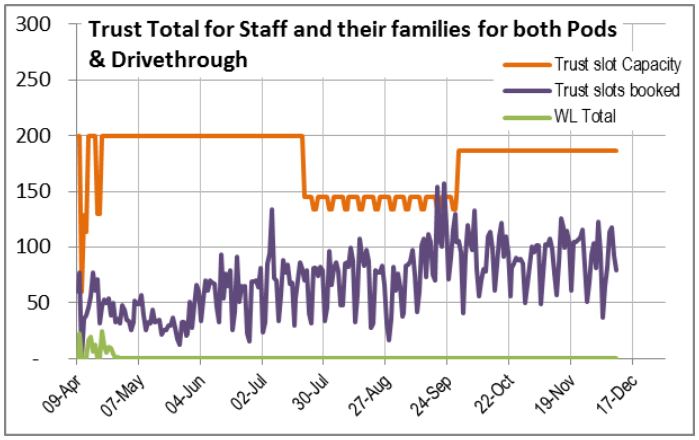
Optimistic projects with a 25% reduction, or 10.5 per day.

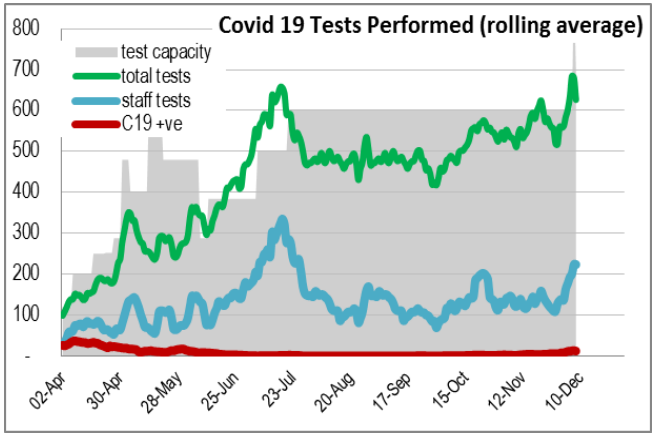
The optimistic & optimistic are informed by local case-counts, which according to figures to 03-Dec, are steadily increasing. Medway is also considered, as we are taking Medway overspill.

Escalation: COVID-19









Staff Non-Covid related sickness peaked at just over 300 in late March, but is now back at normal levels for the time of year (average 150-190 per day).

Covid-19 Related Sickness: The COVID-19 related sickness which includes; confirmed cases, suspected cases and self-isolation increased sharply at first, peaking at just under 500 at the end of March, went under 100 over Summer but is now back down over 300. This is a combination of confirmed & unconfirmed symptomatic & self isolation

Self-Isolation: Similar to Covid related sickness, this peaked in early April (~350), fell to under 50 through the Autumn, but has since come back up sharply in recent weeks & at 08-Dec stood at 123

Swabbing: Overall Trust slot capacity for staff and their families increased throughout April and is currently at 200 slots available per day (a slot could have 1 to 6 people attending depending how many in the family require swabbing). The number of tests booked has been gradually (but erratically) increasing since the spring

Pathology – COVID-19 Tests Performed: Total tests have again exceeded testing capacity, as we are now outsourcing some of our tests. We are currently averaging just around 600-700 total tests, and over 200 a day on our staff. The percentage of tests showing positive has started to come back up.

Summary: Summary: Non-Covid related sickness is at the sort of levels we expect, but both Covid related, confirmed Covid & self isolation have increased since late October as our Covid patient numbers have increased

Additional Metrics – in development

Metric	Domain	Corp. Ob / R&R Prg.
Reduction in number of paper blood and X-ray requests received within MTW	Effective	EPR
Reduction in number of requests for paper records from health records	Effective	EPR
Reduction in print costs for pre- printed paperwork	Effective	EPR
Reduction in missing records reported as incidents	Effective	EPR
Reduction in duplicate tests being ordered	Effective	EPR
Dementia rate	Effective	ICP / External
Mental health – Children – Hospital admissions as a result of self harm (age 1(	Effective	ICP / External
Frailty – Admissions due to falls	Effective	ICP / External
System financial performance (£)	Effective	ICP / External
West Kent estates footprint (sqm)	Effective	ICP / External
Number of staff home working against plan	Well Led	Social Distancing / Home
Staff swabbing compliance against guidelines	Well Led	Social Distancing / Home
Compliance with risk assessments e.g. BAME / at-risk staff / VDU	Well Led	Social Distancing / Home
Use of associated technology e.g. MS Teams	Well Led	Social Distancing / Home
Staff reporting having the equipment they need to comply with rules	Well Led	Social Distancing / Home
Implementation of Teletracking	Well Led	ICC
PPE availability	Well Led	ICC
Number of medical students at Trust	Well Led	Education / KMMS
Number of clinical academic posts	Well Led	Education / KMMS
Number of non-medical educators	Well Led	Education / KMMS
% of students reporting a good or better educational experience	Well Led	Education / KMMS
% of medical students retained as FY1s	Well Led	Education / KMMS

The metrics listed above have been removed from the main report whilst the Business Intelligence Team work with Corporate Objective and Programme Leads to source the required to report against these, then they will be reintroduced to the report.

Please note that some metrics relate to programmes that are not live at this point e.g. Tele-tracking and Sunrise, so these will be included at the appropriate time.

REVIEW OF LATEST FINANCIAL PERFORMANCE

- The Trust delivered the year to date (£2.8m surplus) and November's financial plan (£0.7m surplus).
- The plan set for October to March was set at a system level with the financial risk held by the commissioner, as a result the Trust is currently assuming the net underspend to plan in the month of £0.4m will be given back to the commissioner.
- The Trusts financial plan is broken into two elements based on two different financial regimes. In the first 6 months of the financial year the Trust received retrospective top income support up to a breakeven position however this has now changed (from 1st October) to a traditional budget approach where the Trust needs to deliver the financial plan set on the 22nd October which is based on a fixed level of income from commissioners. This plan includes an allocation to fund COVID related spend (£11.2m).
- In line with NHSE/I reporting guidance the values reported in this month exclude any impact associated with the Elective incentive scheme. It is currently anticipated this will be managed at a system level.
- The Trust has identified financial pressures (increase in costs and reduction in income) due to COVID 19 of £24.1m year to date (£2.5m in November).
- The Trusts underlying variance excluding the impact of COVID costs and retrospective funding (Month 1-6) is £8.3m favourable to plan, the key variances to plan are:
  - Drugs underspend mainly due to reduction in Oncology and Ophthalmology high cost drugs (£3.3m)
  - Pay underspends mainly within Nursing (£3.5m), STT (£1.7m), A&C and Support to clinical staff (£0.4m) staff groups due to higher than planned vacancies (£4.8m)
  - Clinical supplies underspend (£1.1m) due to reduction in elective activities.
  - Delay in investments associated with Stroke, ITU extension and Recovery and Reset (£1.9m)
  - RTA income recovery adjustment for 2016/17 and 2017/18 (£0.4m)
  - Car Parking lights pressure (£0.3m)
  - Laundry increase in dilapidation reserve (£0.2m)
  - Reduction in block payment from commissioners (£0.4m - net underspend to plan)
  - EPR project costs pressure (£0.3m)
  - Income reductions within Diagnostics relating to independent sector activity (£0.3m)
  - Investments associated with Ive programme and Teletracking (£0.3m)
  - Increase in contingency reserves (£0.1m).

- The key current month variances are as follows:
  - Income excluding Top up income support and pass-through related costs is £1.1m adverse to plan. This is mainly due to the actual level of COVID spend being below plan (£0.4m), reduction in block payment from commissioners (£0.4m - net underspend) and reduction in high cost drug income for specialist commissioning.
  - Pay budgets adjusted for pass-through items were £0.9m favourable in November which was mainly a result of underspends against the central held budgets for Stroke, ITU Extension and Recovery and Reset developments (£0.8m). There has been a reclassification of some staff from Admin and Clerical to Support to clinical staff which has distorted the current month variance.
  - Non Pay budgets adjusted for pass through items underspent by £0.2m in November. The Trust underspent by £0.3m on central held budgets associated with Stroke, ITU extension and Recovery and Reset developments and also benefited by a year to date adjustment associated with Health Care at Home drugs (£0.5m). These benefits were partly offset by overspends within purchase of healthcare from Non NHS bodes (£0.4m) and a increase in doubtful debt relating to overseas visitors and trade debt (£0.2m).
- The closing cash balance at the end of November 2020 is £69.1m which is more than the cash plan of £54.4m. The higher than normal cash balance is due to the Trust receiving an advance block SLA payment in April from the six main CCG's as per the national agreement totalling c.£36.6m. The Trust is assuming the repayment of the "advance" element of the block income in March 2021 within the cash flow forecast. Additionally in November the Trust received income

relating to December which has been deferred to ensure the income received is matched against the December expenditure. There has also been a delay in the approval and commencement of capital projects therefore the cash flow phasing for the spending is back-ended which also contributes to the high current cash balance.

- Capital spend by the end of month seven is £6.08m of which £2.7m relates to Covid-19 equipment, ICT and estates costs – these costs have all been submitted to NHSEI Regional team as part of the funding claims. NHSEI have notified the Trust that £322k has been approved by DHSC. The remaining Phase 1 schemes (£2.5m) are still under consideration along with the Phase 2 bids, we have been informed that the Phase 1 spend will take priority for additional funding. The Trust has received £412k of CRL relating to the 2019/20 C-19 spend, this reduces the risk of the remaining funding requirement to £2.1m. The main other areas expenditure are £1.16m related to the ongoing EPR programme, £1m relating to the IVE Programme, £0.3m related to Estates schemes running across the year end (e.g. the RAP scheme in A&E) and £0.4m relating to equipment schemes..
- In addition to the previously notified national PDC awards, the Trust has also been notified of £1.7m of capital PDC for endoscopy equipment and £1m for Cyber Security. The STP has confirmed to the Trust an additional £2.4m of system capital funding (a combination of release of ring fenced reserve and slippage in other Trusts) to cover critical care, ophthalmology and radiology homeworking schemes.
- The Trust is forecasting to deliver the financial plan (breakeven with the exception of annual leave carry over accrual estimated to be £5m).

Maidstone and Tunbridge Wells NHS

IS Trust

1. Dashboard

November 2020/21

	Current Month						Year to Date						Annual Forecast			
	Actual £m	*Plan* £m	*Variance* £m	Pass-through £m	*Revised Variance* £m	*RAG*	*Actual* £m	*Plan* £m	*Variance* £m	Pass-through £m	*Revised Variance* £m	*RAG*	*Actual* £m	*Plan* £m	*Variance* £m	*RAG*
Income	46.4	47.3	(0.9)	0.0	(0.9)		352.5	347.8	4.7	(0.8)	5.5		539.2	535.3	3.9	
Expenditure	(43.1)	(44.1)	1.0	(0.0)	1.0		(329.6)	(324.6)	(5.1)	0.8	(5.9)		(512.9)	(509.0)	(3.9)	
EBITDA (Income less Expenditure)	3.3	3.2	0.1	0.0	0.1		22.8	23.3	(0.4)	0.0	(0.4)		26.3	26.3	0.0	
Financing Costs	(2.7)	(2.6)	(0.1)	0.0	(0.1)		(20.3)	(20.5)	0.2	0.0	0.2		(32.2)	(32.2)	0.0	
Technical Adjustments	0.0	0.0	(0.0)	0.0	(0.0)		0.3	0.1	0.2	0.0	(2.7)		0.9	0.9	0.0	
Net Surplus / Deficit (Incl Top Up funding	**0.7**	**0.7**	**(0.0)**	**0.0**	**(0.0)**		**2.8**	**2.8**	**0.0**	**0.0**	**(0.0)**		**(5.0)**	**(5.0)**	**0.0**	
Cash Balance	69.1	54.4	14.7		14.7		69.1	54.4	14.7		14.7		1.0	1.0	0.0	
Capital Expenditure (Incl Donated Assets)	1.5	2.1	0.7		0.7		7.6	12.2	12.2		12.2		26.6	18.4	(8.1)	

Summary Current Month:

- The Trust delivered the financial plan in November by achieving a £0.7m surplus position. In line with national guidance this included £1m additional income support associated with COVID swabbing and testing. The plan set for October to March was set at a system level with the financial risk held by the commissioner, as a r esult the Trust is currently assuming the net underspend to plan of £0.4m will be given back to the commissioner.

The Trust in November has identified £2.5m of costs associated with COVID 19 this was £0.4m less than the income incorporated into the plan.

- A shortfall in the available workforce has caused delays to the anticipated investments associated with Stroke, ITU extension and Recovery and Reset developments, the Trust has underspent by £1.1m against these projects. The Trust also benefited by £0.3m back dated Education and Training funding. These underspends were o ffset by a increase in use of independent sector (£0.4m) ,reduction in RTA income due to one off adjustment associated with 2016/17 and 2017/18 income recovery (£0.4m), reduction in block payment from commissioners (£0.4m - net underspend) and the inclusion of potential costs associated with Flowers overtime legal case (£0.3m for this financial year).

Year to date overview:

- The Trust has delivered the financial plan generating a £2.8m surplus. The Trusts financial plan is broken into two elements based on two different financial regimes. In the first 6 months of the financial year the Trust received retrospective top income support up to a breakeven position however this has now changed (from 1st October) to a traditional budget approach where the Trust needs to deliver the financial plan set on the 22nd October which is based on a fixed level of income from commissioners his plan includes an allocation to fund COVID related spend (£11.2m).

- The Trusts underlying variance excluding the impact of COVID costs and retrospective funding (Month 1-6) is £8.3m favourable to plan, the key variances to plan are:

Drugs (£3.3m) mainly due to reduction in Oncology and Ophthalmology high cost drugs, pay underspends (£4.8m) mainly within Nursing (£3.5m), STT (£1.7m), A&C and Support to clinical staff (£0.4m) staff groups due to higher than planned vacancies, £1.1m underspend within clinical supplies due to reduction in elective activities, and £1.9m relating to delays in investment associated with Stroke, ITU extension and Recovery and Reset developments. These underspends are partly offset by pressures associated with Car Parking (£0.3m), Laundry (£0.2m increase in dilapidation reserve), RTA income recovery adjustment for 2016/17 and 2017/18 (£0.4m), reduction in block payment from commissioners (£0.4m - net underspend), EPR project costs (£0.3m), income reductions within Diagnostics relating to independent sector activity (£0.3m), investments associated with Ive and Teletracking (£0.3m), increase in reserves(£0.1m) and £0.1m 2019/20 clinical income contract settlement.

Risks:

- The has the following key income assumptions included within the year to date position.
  - The Trust won't be notified by NHSI/E of the final retrospective top up value for September (£4.6m) until mid December.
  - The Trust has £1.8m income included in the position to offset the costs of COVID swabbing which is in line with the guidance. NHSE/I are currently reviewing Octobers cost (£0.8m) and will then notify the Trust of the funding they will receive in mid December with Novembers (£1m) to be notified in January.
- In line with national guidance the financial position does not reflect any impact (positive or negative) associated with the Elective Initiative Scheme (EIS). This scheme will impact the level of income the Trust can recognise and is dependent on delivering the activity levels.

2. COVID 19 Expenditure and Income Impact

2020/21 Summary of Cost Reimbursement

Total Revenue (£000s):	20,943

Breakdown by Allowable Cost Type	£000s
Expanding medical / nursing / other workforce	1,465
Sick pay at full pay (all staff types)	247
COVID-19 virus testing (NHS laboratories)	2,460
Remote management of patients	2
Support for stay at home models	38
Direct Provision of Isolation Pod	7
Plans to release bed capacity	0
Increase ITU capacity (incl Increase hospital assisted respiratory support capacity, particularly mechanical ventilation)	1,580
Segregation of patient pathways	7,535
Enhanced PTS	0
Business Case (SDF) - Ageing Well - Urgent Response Accelerator	0
Existing workforce additional shifts	1,075
Decontamination	266
Backfill for higher sickness absence	1,837
NHS 111 additional capacity	0
Remote working for non patient activites	314
National procurement areas	1,900
Other	424
COVID-19 virus testing- rt-PCR virus testing	1,791

Summary: Loss of income

Total (£000s):	3,173

Breakdown by income type	£s
Car parking income	1,353
Catering	218
Pathology Trade Income	120
Private Patient Income	946
Research and Development	200
Other	335

Grand Total

Total (£000s):	24,116

Commentary:
The Trust has identified the financial impact relating to COVID to be £24.1m, which includes £20.9m associated with additional expenditure and £3.2m due to lost income (mainly commercial income).

The main cost includes purchase of PPE, pathology testing, staff welfare such as providing meals, purchase of IT equipment and software licenses to enable staff working from home. Additional shifts required in ED, ITU areas, sickness cover, additional on calls and extended opening hours for support teams.

The Trust will be notified in December of the final retrospective top up funding for relating to September (£4.6m) as well as the Swabbing testing income (£1.8m).

NHS Maidstone and Tunbridge Wells NHS Trust

Integrated Performance Report (IPR) for November 2020 (planned and actual ward staffing for Nov. 2020) — **Chief Nurse**

The 'planned vs actual' nurse staffing data for November 2020 is enclosed.

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

Reason for receipt at the Board (decision, discussion, information, assurance etc.) [1]
Review and discussion

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

Nov-20		DAY				NIGHT				TEMPORARY STAFFING						Nurse Sensitive Indicators				Financial review		
Hospital Site name	Health Roster Name	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	Bank/Agency Usage	Agency as a % of Temporary Staffing	Bank / Agency Demand: RN/M (number of shifts)	WTE Temporary demand RN/M	Temporary Demand Unfilled -RM/N (number of shifts)	Overall Care Hours per pt day	FFT Response Rate	FFT Score % Positive	Falls	PU ward acquired	Budget £	Actual £	Variance £ (overspend)
MAIDSTONE	Stroke Unit (M) - NK551	86.0%	93.5%	-	100.0%	185.8%	96.6%	-	-	44.5%	53.0%	378	25.79	86	6.9	0.0%	0.0%	12	1	274,745	286,651	(11,906)
MAIDSTONE	Cornwallis (M) - NS959	112.2%	93.1%	-	100.0%	97.0%	186.6%	-	-	31.8%	5.0%	59	3.89	12	8.6	0.0%	0.0%	0	0	79,076	105,285	(26,209)
MAIDSTONE	Culpepper Ward (M) - NS551	46.0%	91.1%	-	-	47.5%	99.8%	-	-	18.0%	14.3%	50	3.52	12	5.1	0.0%	0.0%	1	0	109,802	112,749	(2,947)
MAIDSTONE	John Day Respiratory Ward (M) - NT151	87.0%	90.9%	-	-	106.3%	108.5%	-	-	40.7%	25.5%	159	11.29	43	6.8	0.0%	0.0%	7	0	146,351	142,407	3,944
MAIDSTONE	Intensive Care (M) - NA251	99.3%	129.9%	-	-	86.7%	90.0%	-	-	19.9%	0.7%	147	9.30	40	23.0			1	1	204,135	203,259	876
MAIDSTONE	Pye Oliver (Medical) - NK259	81.0%	86.8%	-	-	96.7%	98.8%	-	-	28.2%	31.5%	117	7.06	36	6.2	5.9%	100.0%	3	0	120,984	121,766	(782)
MAIDSTONE	Chaucer Ward (M) - NS951	0.0%	0.0%	-	-	0.0%	0.0%	-	-	0.0%	No hours	No Demand	No Demand	No Demand	0.0	0.0%	0.0%	-	0	165,204	21,592	143,612
MAIDSTONE	Whatman Ward - NK959	96.1%	71.0%	-	100.0%	155.0%	110.0%	-	-	38.3%	20.6%	109	7.46	16	7.4	14.3%	100.0%	7	1	105,263	108,394	(3,131)
MAIDSTONE	Lord North Ward (M) - NF651	90.0%	99.3%	-	100.0%	95.4%	86.7%	-	-	14.6%	13.2%	30	2.05	9	23.4	95.0%	100.0%	3	0	101,686	107,257	(5,571)
MAIDSTONE	Mercer Ward (M) - NJ251	86.6%	84.7%	-	-	102.1%	107.6%	-	-	21.7%	28.3%	95	6.32	35	6.5	0.0%	0.0%	10	0	120,121	112,718	7,403
MAIDSTONE	Edith Cavell (M) - NS459	74.2%	72.9%	-	100.0%	81.7%	186.7%	-	-	52.0%	41.2%	203	14.33	66	7.1	0.0%	0.0%	4	1	143,841	102,919	40,922
MAIDSTONE	Acute Medical Unit (M) - NG551	90.9%	90.9%	-	-	131.1%	170.0%	-	-	20.6%	23.8%	92	6.17	29	10.8	0.0%	0.0%	5	0	147,015	135,477	11,538
TWH	Ward 22 (TW) - NG332	85.1%	84.5%	-	100.0%	93.2%	101.7%	-	-	41.3%	36.2%	159	11.00	43	6.0	1.0%	100.0%	13	1	142,269	141,768	501
TWH	Coronary Care Unit (TW) - NP301	97.7%	86.7%	-	-	96.5%	-	-	-	17.1%	23.5%	54	3.33	12	12.5	119.4%	100.0%	0	0	110,164	65,626	44,538
TWH	Ward 33 (Gynae) (TW) - ND302	102.5%	97.4%	-	-	100.0%	100.0%	-	-	18.3%	0.0%	46	2.74	0	15.2	4.9%	100.0%	1	0	111,169	115,665	(4,496)
TWH	Intensive Care (TW) - NA201	145.3%	187.8%	-	-	135.6%	179.4%	-	-	23.5%	0.0%	147	9.46	5	35.7			0	0	292,824	281,244	11,580
TWH	Acute Medical Unit (TW) - NA901	95.0%	86.4%	-	100.0%	96.1%	97.6%	-	-	21.3%	16.9%	158	10.78	51	9.0	0.0%	0.0%	7	0	194,428	191,504	2,924
TWH	Surgical Assessment Unit (TW) - NE701	116.4%	159.6%	-	-	100.0%	100.0%	-	-	27.6%	0.0%	46	2.70	2	14.0			0	0	68,191	80,008	(11,817)
TWH	Ward 32 (TW) - NG130	104.4%	94.4%	-	100.0%	81.0%	70.0%	-	No Hours	13.7%	0.0%	32	2.30	5	8.2	0.0%	0.0%	3	0	131,644	127,010	4,634
TWH	Ward 10 (TW) - NG131	112.6%	103.5%	-	100.0%	105.0%	128.3%	-	-	26.5%	11.1%	90	6.06	14	6.9	2.8%	100.0%	8	0	124,141	137,130	(12,989)
TWH	Ward 11 (TW) Winter Escalation 2019 - NG144	26.7%	32.8%	-	-	59.9%	18.2%	-	-	22.7%	46.0%	108	6.00	52	7.1	0.0%	0.0%	3	1	7,056	15,410	(8,354)
TWH	Ward 12 (TW) - NG132	101.3%	74.3%	-	100.0%	119.9%	96.6%	-	-	27.0%	34.0%	112	7.14	27	6.5	32.4%	95.5%	14	0	126,668	142,033	(15,365)
TWH	Ward 20 (TW) - NG230	203.9%	102.9%	-	No Hours	123.2%	114.9%	-	-	51.5%	33.5%	165	11.41	37	6.7	0.0%	0.0%	8	3	151,966	153,631	(1,665)
MAIDSTONE	Foster Clarke Ward - NR359	-	-	-	-	-	-	-	-	83.6%	41.1%	304	19.28	151	2.1	0.0%	0.0%	8	0	-137	60,461	(60,598)
TWH	Ward 21 (TW) - NG231	90.9%	91.7%	-	100.0%	98.7%	100.0%	-	-	26.0%	19.4%	153	10.03	64	6.8	8.5%	83.3%	7	0	143,551	142,590	961
TWH	Ward 2 (TW) - NG442	102.5%	91.2%	-	100.0%	99.0%	133.7%	-	No Hours	36.9%	6.3%	117	7.68	40	7.9	65.5%	88.9%	10	0	138,330	135,012	3,318
TWH	Ward 30 (TW) - NG330	115.2%	96.9%	-	100.0%	101.1%	98.9%	-	-	21.2%	5.9%	59	3.24	7	7.1	0.0%	0.0%	3	1	139,933	136,373	3,560
TWH	Ward 31 (TW) - NG331	100.1%	95.1%	-	100.0%	95.6%	100.6%	-	-	27.7%	5.4%	100	5.89	13	6.8	0.0%	0.0%	5	1	149,938	141,636	8,302
Crowborough	Crowborough Birth Centre (CBC) - NP775	77.2%	105.9%	-	-	100.8%	93.3%	-	-	9.2%	0.0%	20	1.41	0		64.3%	98.6%		0	84,530	86,314	(1,784)
TWH	Midwifery (multiple rosters)	88.5%	56.4%	-	-	96.3%	90.2%	-	-	13.8%	3.3%	479	27.15	43	24.3			1	0	**682,204**	**699,079**	**(16,875)**
TWH	Hedgehog Ward (TW) - ND702	133.3%	36.8%	-	-	133.7%	-	-	-	52.6%	67.5%	268	18.43	24	13.2	0.0%	0.0%	2	0	193,997	185,166	8,831
MAIDSTONE	Maidstone Birth Centre - NP751	120.5%	84.4%	-	-	98.3%	96.6%	-	-	19.6%	0.0%	21	1.31	0		0.0%	0.0%	0	0	73,531	74,636	(1,105)
TWH	SCBU (TW) - NA102	79.0%	774.0%	-	100.0%	94.2%	-	-	-	13.5%	0.0%	98	5.11	3	20.1				0	177,213	182,790	(5,577)
TWH	Short Stay Surgical Unit (TW) - NE901	61.6%	38.5%	-	-	59.5%	28.6%	-	-	36.6%	25.4%	98	6.96	33	12.2			0	0	23,537	38,851	(15,314)
MAIDSTONE	Accident & Emergency (M) - NA351	113.5%	69.7%	-	-	139.4%	149.6%	-	-	50.4%	24.6%	408	27.63	94		0.0%	0.0%	3	0	303,333	298,218	5,115
TWH	Accident & Emergency (TW) - NA301	93.1%	97.0%	-	100.0%	105.8%	139.6%	-	-	43.8%	32.6%	468	32.66	104		0.0%	0.0%	5	0	431,553	454,255	(22,702)
MAIDSTONE	Maidstone Orthopaedic Unit (M) - NP951	67.1%	61.2%	-	No Hours	84.8%	-	-	-	10.2%	0.0%	14	0.98	1				0	0	56,893	52,708	4,185
MAIDSTONE	Peale Ward COVID - ND451	63.5%	77.5%	-	100.0%	90.0%	63.3%	-	-	12.8%	28.1%	62	4.09	31	147.4	0.0%	0.0%	0	0	185,040	65,683	119,357
MAIDSTONE	Chronic Pain Escalation - NE959	84.2%	86.5%	-	100.0%	96.7%	6.7%	-	-	5.5%	0.0%	15	0.75	1	19.9	0.0%	0.0%	2	0	58,692	60,645	(1,953)
MAIDSTONE	Short Stay Surgery Unit (M) - NE751	108.6%	88.1%	-	-	85.0%	-	-	-	19.9%	2.9%	20	1.38	4	18.5	0	0	1	0	44,037	41,792	2,245
																Total Established Wards				**6,064,918**	**5,867,712**	**197,206**
																Cath labs				48,416	38,530	9,886
																Whatman				0	0	0
																Ward 32 (Wells Suite) (TW) - PP010				-530	0	-530
																				3,911,837	3,995,097	-83,260
																				10,024,641	**9,901,339**	**123,302**

RAG Key

Under fill

Overfill

Green: Greater than 90% but less than 110%

Amber Less than 90% OR greater than 110%

Red Less than 80% OR greater than 130%

RAG Key

↓ Reduction of greater than 5

↑ Increase of greater than 5

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

NHS Maidstone and Tunbridge Wells NHS Trust

Update on the progress with the provision of accommodation for students from the Kent and Medway Medical School	**Director of Strategy, Planning and Partnerships**

It was agreed at the November 2020 Trust Board meeting that an update on the progress with implementing the project aim relating to the Kent and Medway Medical School should be submitted to the December 2020 meeting. The report is enclosed.

Which Committees have reviewed the information prior to Board submission?

- Executive Team Meeting, 08/11/20

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

Information and assurance

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

KMMS Medical School Accomodation

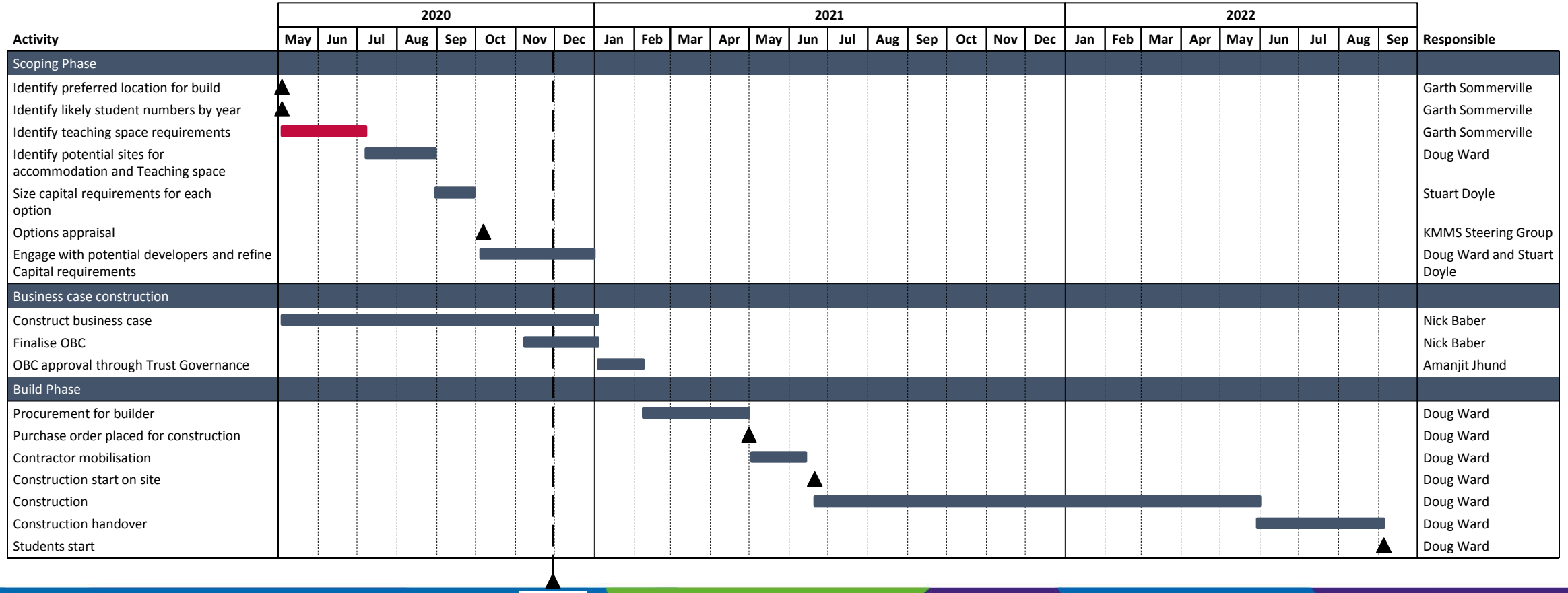
Executive Team Update
1st December 2020

MTW

NHS
Maidstone and Tunbridge Wells NHS Trust

We targeted a January date for completion of the KMMS Accommodation OBC and apart from identifying teaching space are on course to deliver this

Behind schedule



Due to the implications of IFRS16 we were focused on trying to realise option 2c for financing but are now pressing ahead with option 2b

Option 1 - **(Do Minimum) Refurbished Estate and piecemeal additional provision** to accommodate the students in current dispersed accommodation and 'spot procure' additional accommodation across Pembury Tunbridge Wells Towns

Option 2 - **New Accommodation Block at the TWH at Pembury.** Sourced via one of four procurement options

2a An MTW purchased and managed build. MTW responsible for finding capital and capital charges, utilities, rates facilities IT and fitting out. MTW responsible for room allocation and receives all rental income, billing individual students.

2b MTW leases a privately built unit. A private company builds the unit on MTW land and MTW leases the accommodation from the company. MTW may or may not outsource the management and running. MTW receives the rental income from students and pays the private company a fixed lease. With IFRS 16 this type of contract is expected to be capitalised

2c An independent, privately built and managed accommodation unit for MTW students. MTW provides a licence for a private company to build and run a unit at Pembury. The company manages the entire process, arranges and bills students. MTW provides no "guarantees" on student volumes. MTW may have minor involvement in facilities such as cleaning. With IFRS 16 this type of contract may not be capitalised

2d An independent, privately built and managed accommodation unit providing accommodation to a range of students from other organisations not just MTW. MTW provides a licence for a private company to build and run a unit at Pembury. The company manages the entire process, arranges and bills students. MTW provides no "guarantees" on student volumes. MTW may have minor involvement in facilities such as cleaning. With IFRS 16 this type of contract may not be capitalised

We have worked up several demand scenarios and given the changes to IFRS16 are currently focusing on a mixed use scenario at TWH to accommodate both medical students and other staff types.

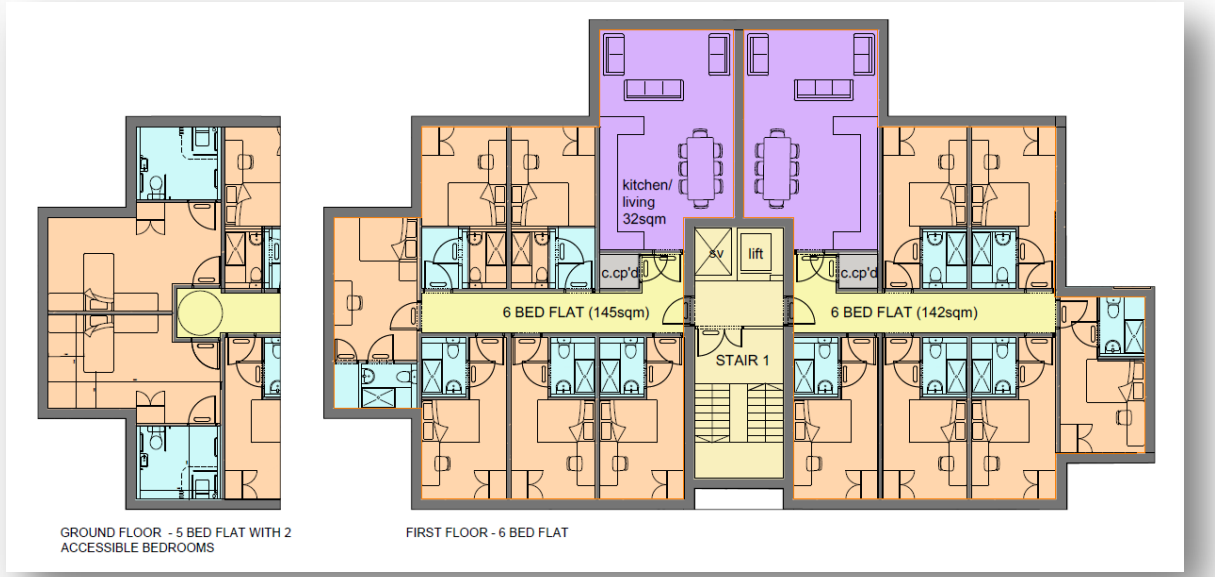
Scenario 2

Accommodation Requirement	Current allocation		2022/23		2023/24		2024/25	
	Maidstone	TW	Maidstone	TW	Maidstone	TW	Maidstone	TW
KMMS medical student	0	0	10	30	20	60	40	80
Current medical students (Kings/St Georg)	14	24	14	24	14	24	14	24
FY1s doctors	30	30	30	30	30	30	30	30
F2 doctors	6	1	4	4	4	4	4	4
SHO/Middle grades /Spec/Fellow	8	0	5	5	5	5	5	5
Consultants	4	1	3	3	3	3	3	3
Student Nurses	2	0	2	0	2	0	2	0
Nurses	22	0	15	15	15	15	15	15
Other staff	12	0	8	8	8	8	8	8
TOTAL	**98**	**56**	**91**	**119**	**101**	**149**	**111**	**179**
Capacity			**160**	**180**	**160**	**180**	**160**	**180**
Residual availability			**69**	**61**	**59**	**31**	**39**	**11**

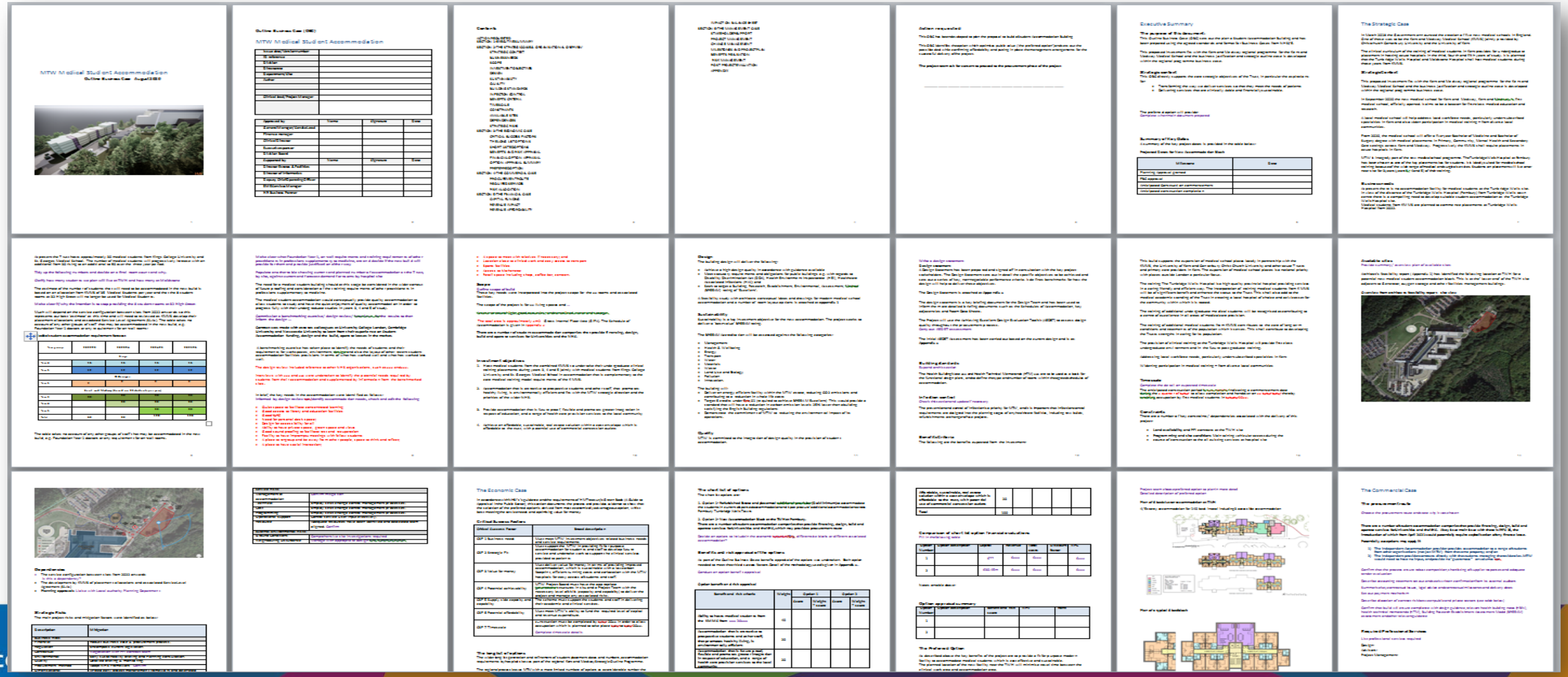
Notes on the demand assumptions reflected in the table

- Accommodation for medical students estimate of split by site as per title of each table
- MTW allocated 40 KMMS medical students per KMMS year group
- F2 doctors uplifted over current by one unit of accommodation and equalised demand across sites
- SHOs/ middle grades. Uplift 25% , 2 unit of accommodation and equalise across sites
- Consultants. Uplift one unit of accommodation and equalise demand across sites
- Nurses. Increase requirement by 36% to account for unmet demand and international recruitment. Additional 8 units and equalise demand
- Other includes CSW, allied professionals, and administration. Increase by 33% to account for unmet demand and international recruitment, 4 units
- Includes use of the 160 Maidstone units by Sept 2021
- Includes ongoing use of high street Pembury 40 units

Detailed plans on the accommodation requirement of 140 rooms have been worked up including the requirement for accessible bedrooms



The medical school accommodation outline business case is under construction with a targeted date of January for Trust Board approval in line with the Project Brief



While we will focus on developing an OBC based on Option 2b we are continuing to pursue option 2c as a backup

Next Steps

Option 2b

Capability assessment of potential providers being undertaken by procurement team for potential modular build
Strategy, Finance, Estates and Facilities and Procurement teams to meet with potential suppliers w/c 14th Dec to determine:

- Terms of lease and if this development would require NHSI/E approval
- Feasibility of modular build and delivery timeline

OBC under construction being prepared for January Board but this timeline will be difficult to achieve given the Christmas period plus the short time frame to have the appropriate approvals pre-January board (e.g. business case review panel, executive team sign off e.t.c.) it is therefore proposed that similar to the Springwood Road development to allow the work to proceed at pace but to ensure appropriate governance a group is convened with the Non-Executive Directors (2-3 NEDs with membership from Finance and Performance and People committee) to provide oversight to the development of the OBC.

Option 2c

Follow up meeting to be held between Medical School (Chris Holland), HEE (Liz Hughes) and MTW with proposal on accommodation funding being top sliced and allocated directly to medical school to contract directly with a third party developer in December (date TBC)

Teaching space requirements

Pete Maskell and Amanjit Jhund to meet with Medical Education team and Estates and Facilities team to bottom out teaching space requirements on 18th Dec and incorporate into final build plans

NHS Maidstone and Tunbridge Wells NHS Trust

Update on the Trust's planning for 2021/22	**Director of Strategy, Planning and Partnerships**

Please find enclosed an update on the Trust's planning for 2021/22.

Which Committees have reviewed the information prior to Board submission?

- Finance and Performance Committee, 15/12/20

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

Review and discussion.

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

2021/22 Operating Plan

Update
11th December 2020

MTW

NHS
Maidstone and Tunbridge Wells
NHS Trust

We have now launched our operational planning for 2021/22

- We have **delayed launching our operational planning round this year due to the uncertainties surrounding COVID 19 and the work undertaken on Phase 3** planning

- While we still have **no indication of national timeframes or guidance** we have launched our internal process to ensure that we plan for a successful 2021/22

- We recognise that these are exceptional times for our clinical and operational teams and so **to reduce the burden** on them will:

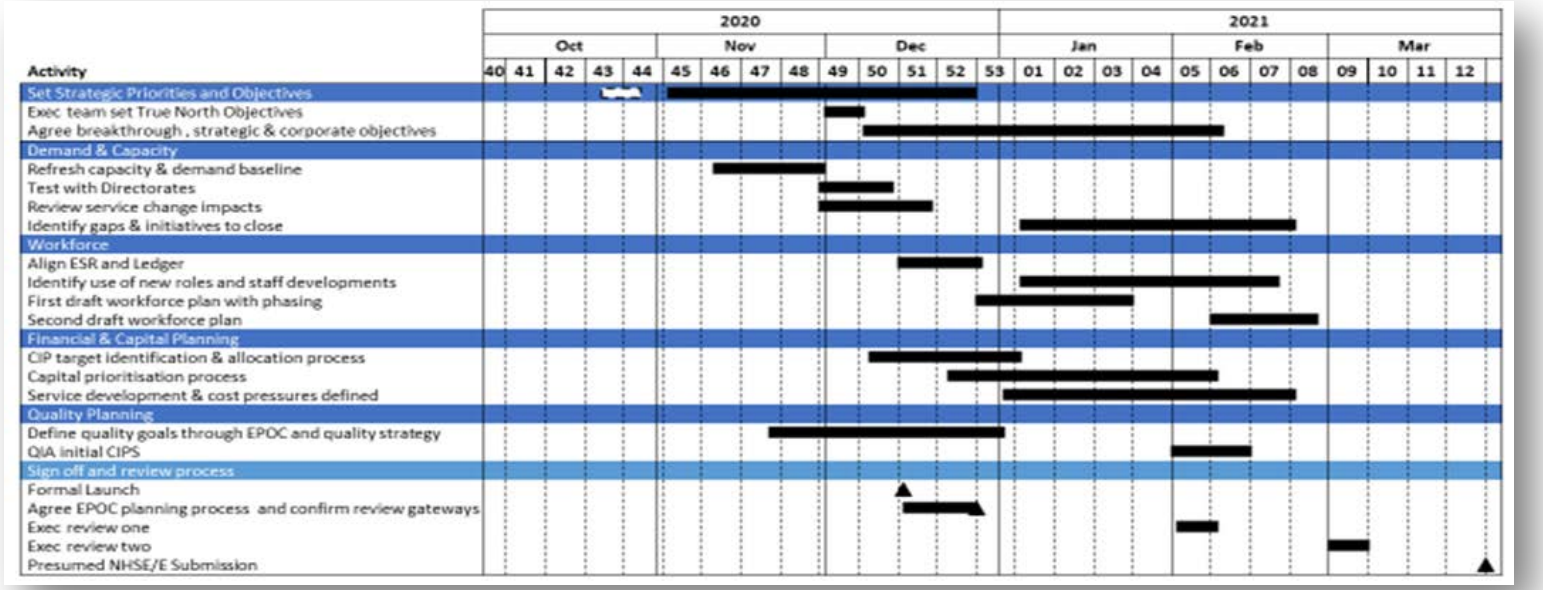
    1. **Build upon phase 3 plans** wherever possible rather than “reinventing the wheel”

    2. **Use pre-existing divisional and executive forums** wherever possible (e.g. senior ops, CNMT e.t.c.) rather than scheduling additional meetings on top of what is an already busy workload for our teams (the one exception to this will be the executive challenge sessions that we will run as in previous years)

    3. **Streamline the process** wherever possible to focus on what we need as a trust to be successful in the next financial year, e.g. Targeted approach to CIP development

    4. **Improve the corporate support** offer to divisions through alignment in messaging and approaches to workforce & budgetary planning

Detailed operating plan guidance has been issued with a key focus this year on improving the triangulation between constituent parts of the plan



We have worked on improving standard definitions this year to simplify the approach for divisions and directorates and defining the reconciliation process in more detail

Activity	Definition		Workforce	Definition		Financial	Definition	Who	When
Aligned Core Capacity across ESR and Ledger	Annual Activity Plan based on full establishment. This will include agreed business cases / service developments only. This EXCLUDES waiting list initiatives.	=	Core Establishment	Establishment plan excluding Bank and Agency staff and assumes fully established by substantive staff. This will include agreed business cases / service developments only	=	Core Budget	Financial representation of Establishment plan (This will include agreed business cases / service developments only)	Budget Holder Finance Business Partner HR Business Partner	End December 2020
The above will be used to assess the underlying position.									
Activity Plan	Monthly activity profile to account for delays in recruitment etc	=	Workforce plan*	Workforce plan to show planned staff working this will include Substantive, Agency and Bank staff*	=	Forecast Plan	Financial representation of workforce plan	Directorate Performance and Planning Managers BI BP Finance BP HR BP	By 15th Jan 2021
The above is compared to the demand. Service transformational changes and or developments can then be identified to close the gap.									
Developments	Activity through change of practises and or proposed investments (i.e. WLI sessions)	=	WTE changes	WTE impact of proposed developments	=	Financial Changes	£ impact of proposed developments	As above plus, Transformation team	30th Jan 2021
These developments will be phased and indicated if recurrent or non recurrent, Exec Review meetings									
Activity Plan Including agreed Developments	*Activity Forecast + Developments*	=	*Final Workforce Plan*	*Workforce Plan + WTE Changes*	=	*Final Financial Plan*	*Financial Plan + Financial Changes*	*Directorate Performance & Planning Managers* *Business Intelligence BP* *HR & Finance BP*	*12th Feb 2021*

5

Appendix 2: Establishment Reconciliation Guidance

1) Intro

This exercise is focusing on the budgeted establishment. Establishment information held on ESR doesn't currently reconcile to establishment on Integra as shown in the table below. The main reason for the difference is that when new positions have been created on ESR any old positions they replace have not been closed or removed.

	ESR	Integra	Difference
Current Establishment	8,676.6	6,162.6	2,514.0

Definitions	
ESR – Electronic Staff Register	Staff database used for payroll Provides financial information to Integra
Integra – Finance Ledger	Reports financial position Workforce plan uploaded to Ledger
Establishment	The number of posts agreed by account code and cost centre
Workforce Plan	The number of posts expected to be in post including temporary staff
Position Number	The reference used in ESR for each post or group of posts within the establishment. There can be more than one position number per account code and cost centre. Further detail is given in section 2.

2) Position Numbers

a) Position numbers consist of different attributes which include pre-defined List of Values maintained at national level. For example, the Job role is defined as a Role within a main Staff Group and every Position has a Job associated with it that also links to professional registration and compliance requirements necessary for the role.

b) It is important to ensure the established Full Time Equivalent (FTE) and staff are associated to position numbers which are linked to the correct cost centre, subjective code, banding, position title, staff group, and role as multiple variations of attributes can exist in one cost code combination. This also applies to position numbers with the exact same position titles, for example, some vacancies classed as Theatre Practitioners can be covered by a Nurse (Nursing and Midwifery staff group) registered with the NMC, or an ODP (Allied Health Staff group) registered with the HCPC so although they are covering a 'nursing' post, their staff group, registration and occupation code will be different therefore requiring a position number specific to their role and registration.

c) An employee can only be attached to one position number per assignment and a position that exists at the time they are recruited, but a new position can be created for a date in the future and people recruited into it at a later date.

Key next steps prior for December

1. **Reconciliation of Establishment across ESR and the finance Ledger.** HR business partners will be reaching out to work with all budget holders to support managers in this exercise. This is a key piece of work to agree the workforce establishment and underpin the development of the workforce plan and a financial baseline for pay.

2. **Review and Refresh Capacity Templates.** Phase 3 capacity returns are being used as the baseline position for 21/22 planning purposes. Services are asked to work with BI colleagues, who will be sharing baseline capacity positions and reaching out to schedule meetings

3. **Identify any Quality must do's that are not currently funded.**

4. **Begin development of Cost Improvement Programmes.**

Quarterly mortality data **Medical Director**

This report is submitted in line with guidance from the National Quality Board, March 2017. This stipulates that Trusts are required to collect and publish on a quarterly basis specified information on deaths. This should be through a paper and an agenda item to a public board meeting in each quarter to set out the Trust's policy and approach and publication of the data and learning points.

This report also provides an update into the further actions that have subsequently been taken to understand and improve our Trust position, as a previous outlier, in regard to the Hospital Standardised Mortality Ratio (HSMR).

This report is based upon the Trust's most recent data, published by Dr Foster for the period of August 2019 to July 2020.

Which Committees have reviewed the information prior to Board submission?

- Quality Committee, 11/11/20

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

Information, assurance and discussion

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

Mortality Surveillance Group Report

September 2020

Hospital Standardised Mortality Ratio (HSMR)

The HSMR is a calculation used to monitor death rates in a trust. The HSMR is based on a subset of diagnoses which give rise to around 80% of in-hospital deaths. HSMRs are based on the routinely collected administrative data often known as Hospital Episode Statistics (HES), Secondary Uses Service Data (SUS) or Commissioning Datasets (CDS).

Measuring hospital performance is complex. Dr Foster understands that complexity and is clear that HSMRs should not be used in isolation, but rather considered with a basket of other indicators that give a well-rounded view of hospital quality and activity.

HSMR Current Performance

The standard HSMR calculation uses a 12 month rolling view of our performance. The latest results of this are shown below in Fig. 1. The 12 months August 2019 to July 2020 show our HSMR to be 91.9, which is slightly lower than last month's figure 93.3.

Figure 1 Rolling 12 Month view

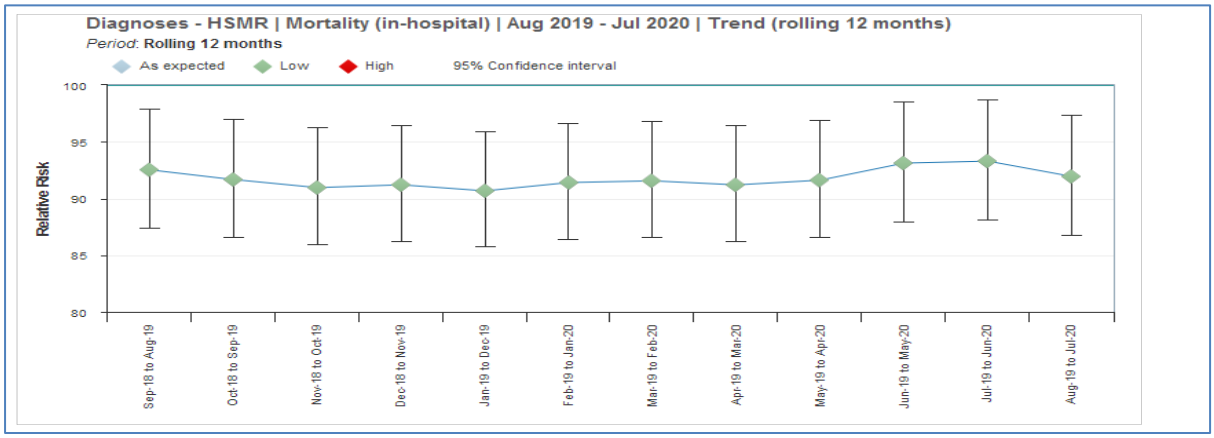
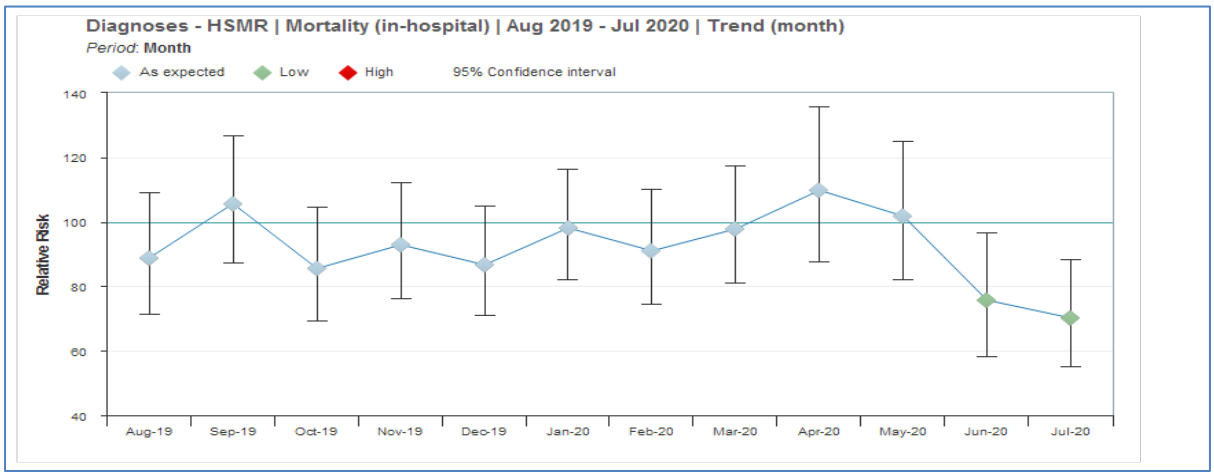


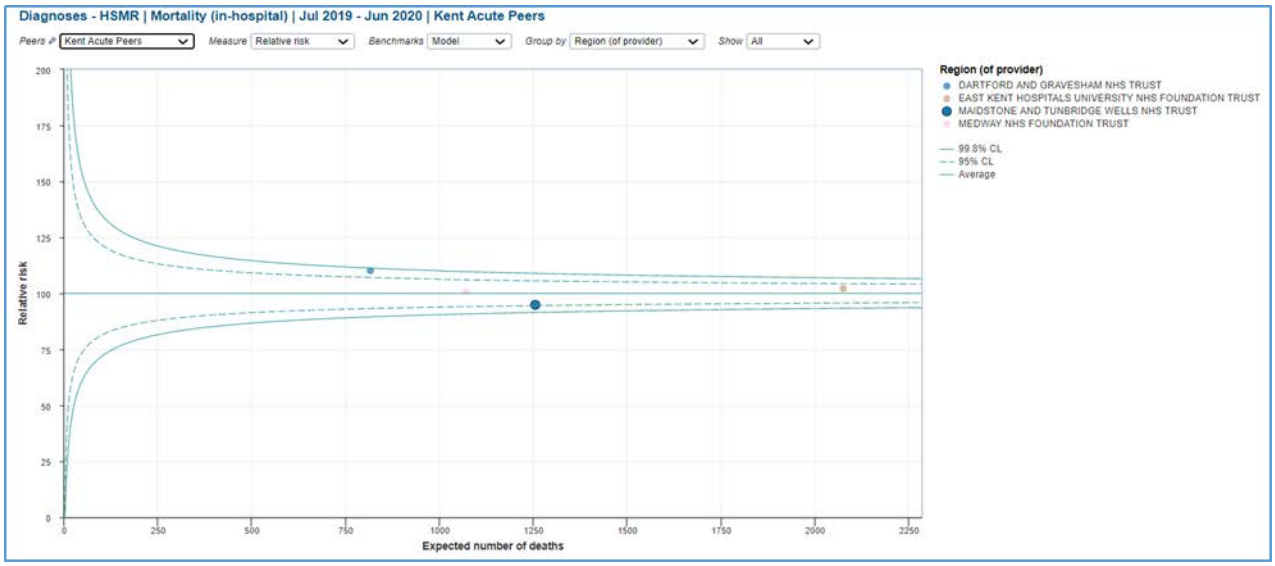
Fig. 2 shows a monthly view of our HSMR performance. The latest month should be viewed with caution as this often shows a false position due to the lag in coding activity. Viewing the previous month, so July 2020 in this case, shows that the Trust's position has decreased to 70.2 from 75.7 in June 2020.

Figure 2 Monthly view



Below are the HSMR figures for the Trust if based on a regional level rather than national level.

Kent Region HSMR (regional rebased)	Superspells	% of All	Spells	Observed	Crude rate (%)	Expected	Expected rate (%)	Observed-expected	Relative risk	Low CI	High CI
All	142427	100.00	142914	5292	3.72	5292	3.72%	0	100	97.32	102.73
EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	50574	35.51	50704	2133	4.22	2114.2	4.18%	18.8	100.8	96.65	105.26
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	37457	26.30	37631	1186	3.17	1267.74	3.38%	-81.74	93.55	88.3	99.03
DARTFORD AND GRAVESHAM NHS TRUST	28417	19.95	28484	901	3.17	828.68	2.92%	72.32	108.73	101.74	116.07
MEDWAY NHS FOUNDATION TRUST	25979	18.24	26095	1072	4.13	1081.38	4.16%	-9.38	99.13	93.29	105.25



CUSUM (Cumulative SUM control chart) Alerts

CUSUM is a method of identifying areas where there are an unexpected cumulative number of mortalities which have been following treatment for a specific diagnosis; this can be both due to more and less than expected deaths. The below chart (Fig. 3) demonstrates the diagnosis groups where the Trust has received negative alerts when using A 'high' (99%) detection threshold over the past 12 months.

Figure 3 Diagnosis with negative CUSUM Alerts

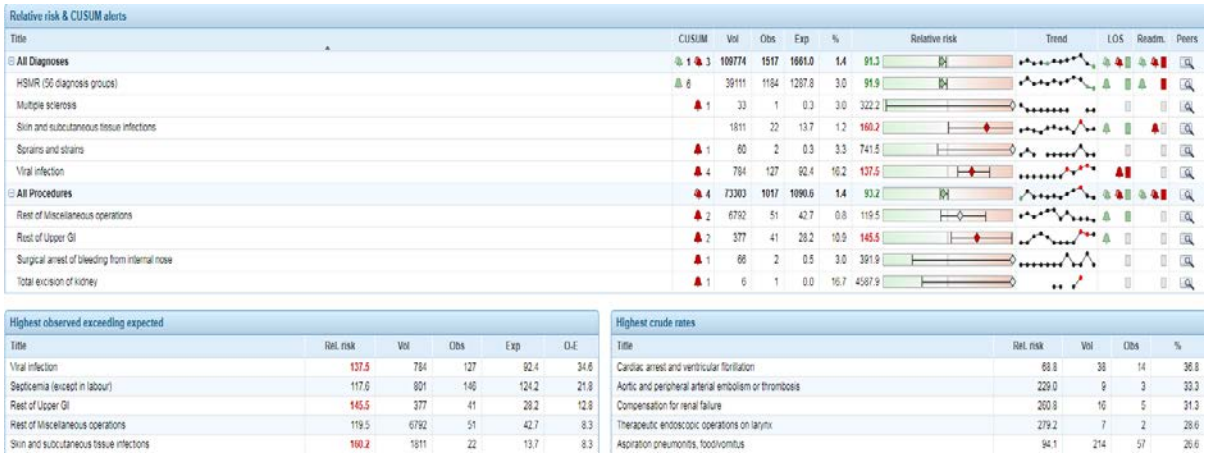
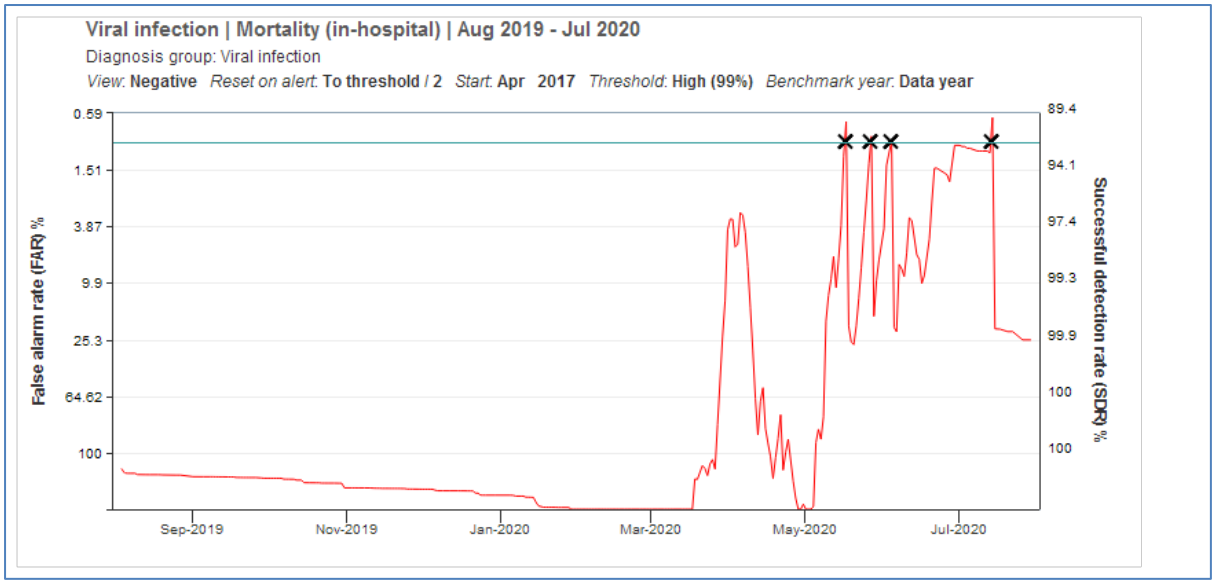


Figure 4a shows the CUSUM alert point for Viral infection which has shown as having a red relative risk of 137.5 in August 2019 to July 2020, the patient level backing data for these alerts is supplied to the coding department to review.



These spikes relate to 784 inpatient spells of which 407 use ICD10 discharge codes for COVID-19 from 1 March to 30 July 2020.

	Discharged	RIP	Total
U07.1 COVID-19, virus detected	235	104	339
U07.2 COVID-10, virus not identified	52	16	68
Dr F Total	287	120	407
ICC Patient Tracker reported numbers	317	138	455

We are aware there is a discrepancy within the reported numbers and this is currently under review.

Benchmarking

Dr Foster enables us to benchmark our performance against our peers. There are various peer groups available e.g. GIRFT and Carter groups. Figures 5a and 5b demonstrate that the Trust is in a good position amongst comparable organisations.

Figure 5 Benchmarking against Regional acute non-specialist trusts (August 2019 to July 2020)

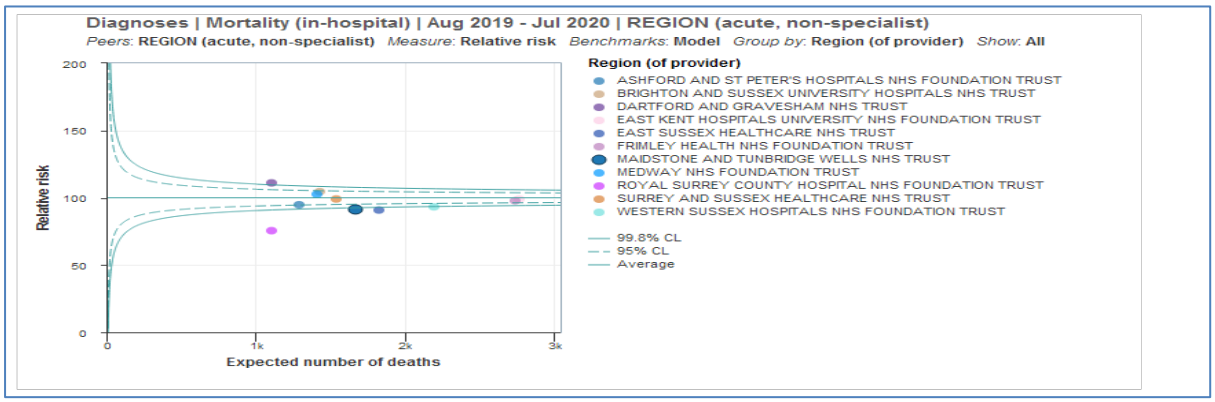


Figure 5a HSMR Peer Comparison (Peer region – acute. This has now been set as default by Dr Foster)

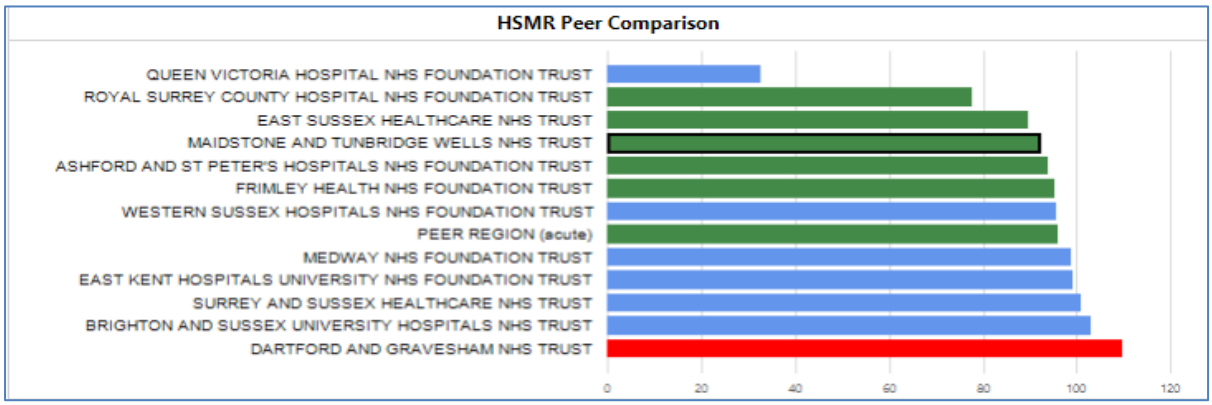


Figure 5b HSMR and Influencers

Mortality Influencers				
Performance	Site	Trust	Peer	National
HSMR		91.9	96.0	100.1
SMR		91.3	96.4	100.8
Non-elective (HSMR)		96.6	96.4	100.0
Weekday, emergency (HSMR)		95.7	95.2	98.5
Weekend, emergency (HSMR)		101.2	100.5	105.1
Saturday, emergency (HSMR)		95.0	99.9	104.9
Sunday, emergency (HSMR)		108.3	100.7	105.1
Coding/Casemix	Site	Trust	Peer	National
% Non-elective deaths with palliative care (HSMR)		38.7%	37.9%	33.8%
% Non-elective spells with palliative care (HSMR)		3.9%	4.7%	4.3%
% Spells in Symptoms & Signs chapter		7.7%	6.7%	6.5%
% Non-elective spells with Charlson comorbidity score = 0 (HSMR)		48.0%	43.7%	42.3%
% Non-elective spells with Charlson comorbidity score = 20+ (HSMR)		10.5%	13.5%	14.0%
% Non-elective spells in Risk Band (0-10%) (HSMR)		85.2%	82.5%	83.3%

HSMR –Supplementary Analysis

The Trust has seen significant improvements in the Relative Risk Rates & the Crude Rates since October 2017, the volume of spells has continued to rise in the same period due to the change in casemix.

a. HSMR Relative Risk v Spells v Crude Rate v Expected Rate

Figure 6 HSMR – Relative Risk

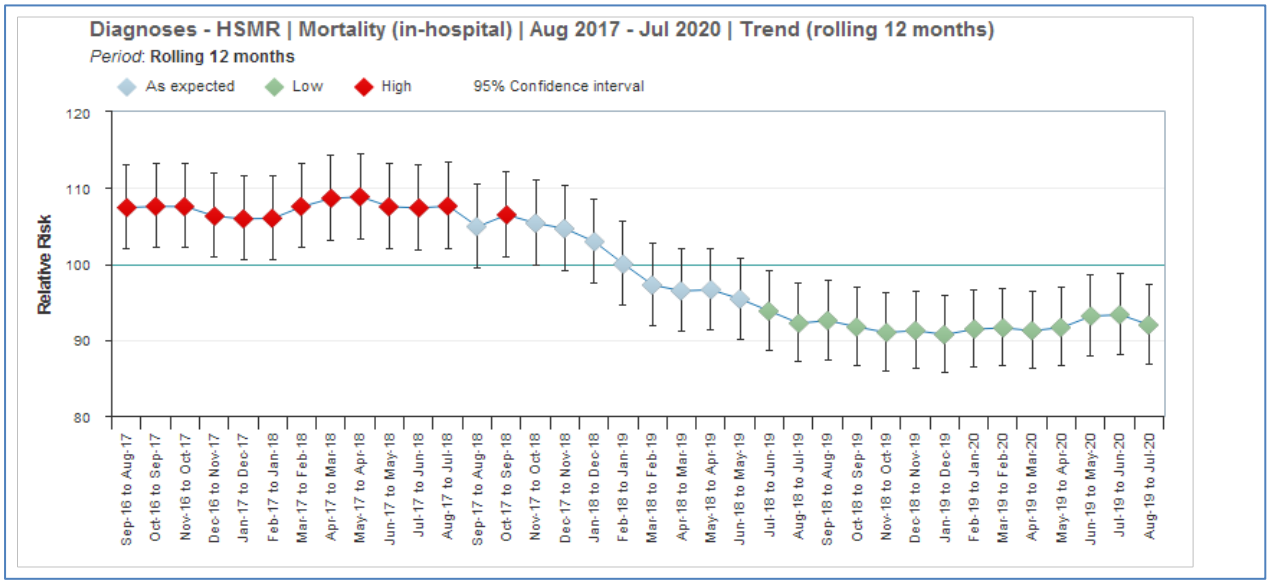
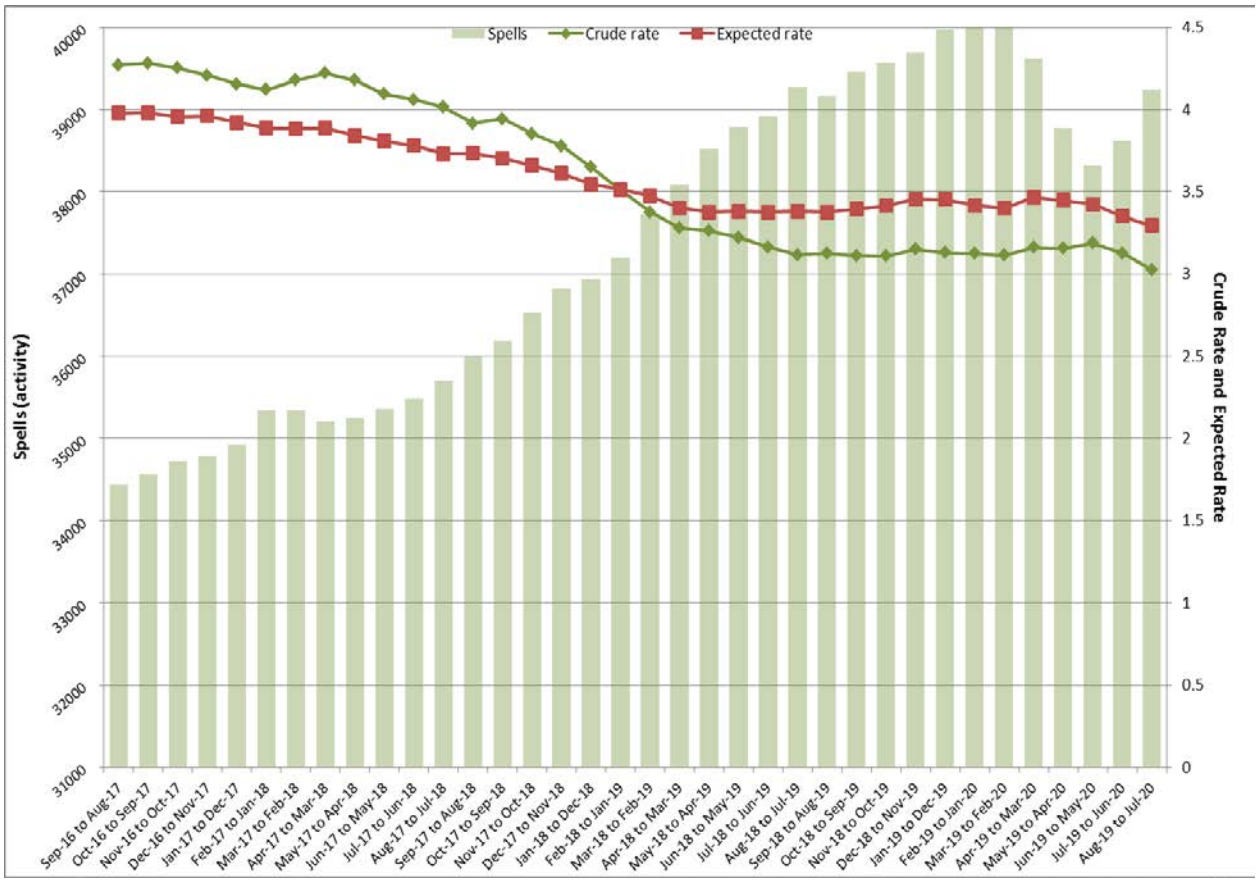


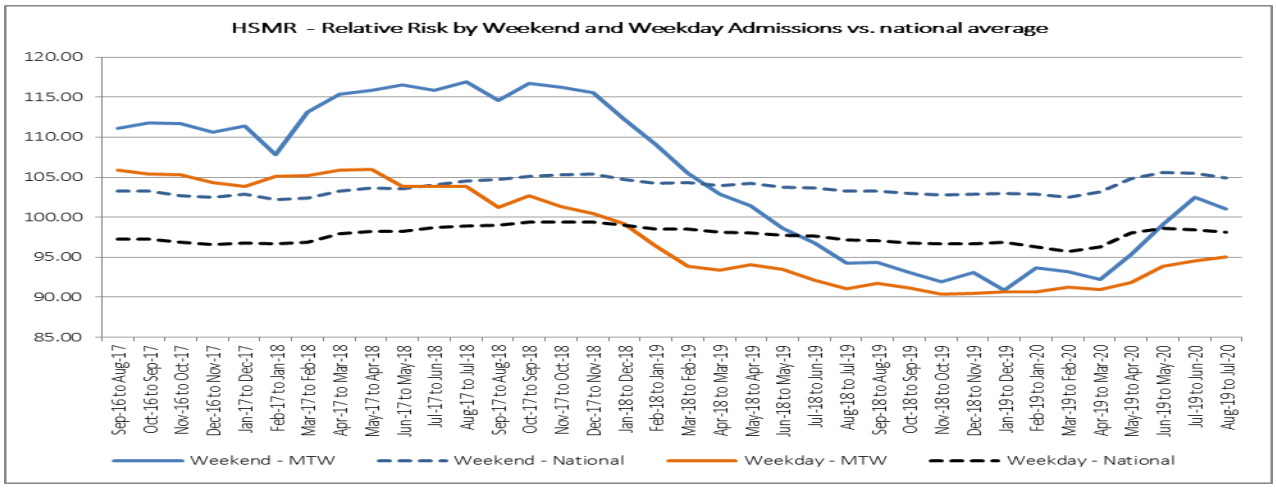
Figure 7 Spells against Crude Rate and Expected Rate



b. Weekend vs. Weekday Admissions

The Seven Day Services programme is focused around reducing variation in performance and mortality forms part of the scope of this work. The latest period has a HSMR of 101.0 (102.5 last month) for weekends and 95.0 (94.5 last month) for weekday admissions, both the weekday & weekend rates are significantly lower than where the Trust was at the beginning of the year.

Figure 8 HSMR for Weekend & Weekday admissions vs. the National Average (NE Admissions)



The site split of the Weekday deaths for August 2019 to July 2020 is Maidstone – 83.7 (a decrease from last month of 84.9) & TWH – 94.8 (a decrease from 95.9 last month).

The site split of the Weekend deaths for August 2019 to July 2020 is Maidstone – 97.6 (a decrease from 99.0 last month) & TWH – 104.7 (a decrease from 106.1 last month).

Latest analysis shows that patients admitted to the Trust on any day of the week have an 'as expected' or 'low' level of relative risk of death, previously Saturdays has a high relative risk.

c. HSMR – by site

Figure 9 shows the HSMR split by site. The HSMR at the Maidstone site has decreased to 87.0 from 88.4 last month; the Tunbridge Wells site has decreased to 97.1 from 98.4 last month.

Figure 9 HSMR by site

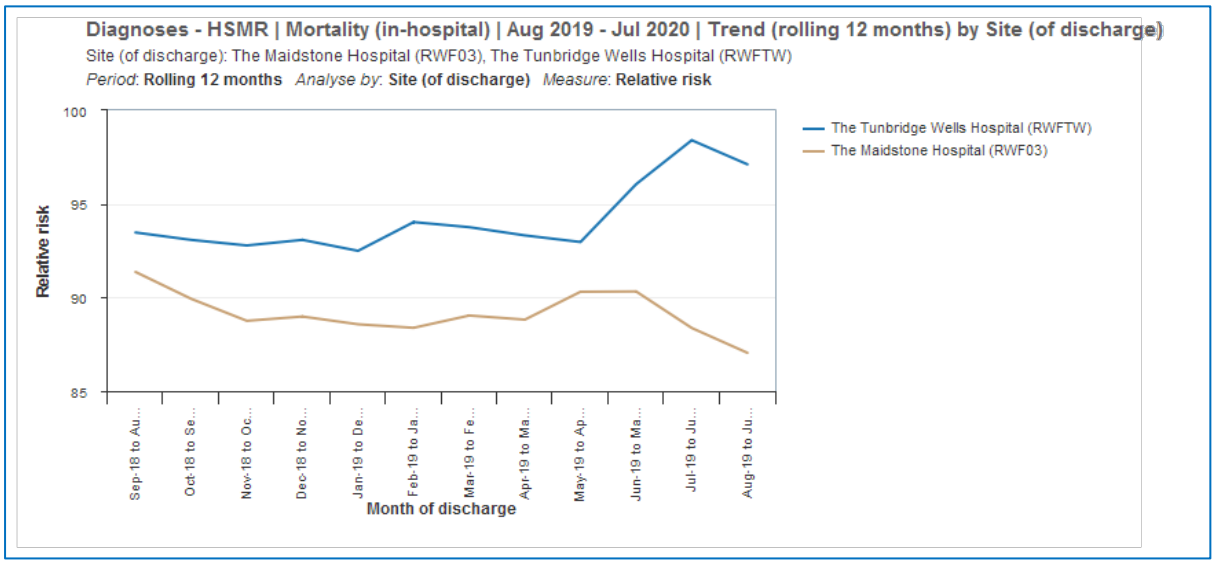
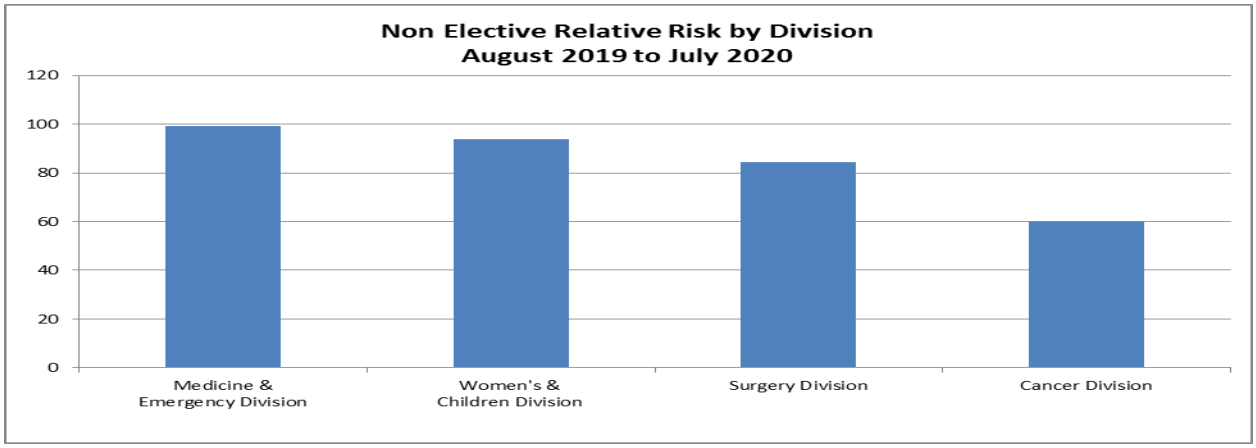


Figure 10 Divisional Non Elective Relative Risk

All four divisions within the Trust have a non-elective relative risk within the expected range.



Expected Deaths - Comorbidities

There are various factors that influence the level of 'expected' deaths assigned to a Trust for the purposes of reporting the HSMR these include; Sex, Age, Diagnosis, type, time and month of admission, Socio-economic factors, palliative care and diagnosis/procedure subgroups. One of the key factors is patients Co-morbidities (based on Charlson score) as this informs the Trust's casemix. Of the 1517 deaths recorded in the period August 2019 to July 2020, 202 had no comorbidities recorded (13.32%).

Charlson comorbidity conditions

Charlson comorbidity conditions
Acute myocardial infarction
Cancer
Cerebral vascular accident
Congestive heart disease
Connection tissue disorder
Dementia
Diabetes
Diabetes complications
HIV
Liver disease
Metastatic cancer
paraplegia
Peptic ulcer
Peripheral vascular disease
Pulmonary disease
Renal disease
Severe liver disease

Zero Co-morbidities by Site – All Ages

	Trust	TWH	Maid
Aug-19	20	8	12
Sep-19	14	9	5
Oct-19	17	7	10
Nov-19	13	7	6
Dec-19	25	15	10
Jan-20	27	12	15
Feb-20	24	13	11
Mar-20	23	12	11
Apr-20	17	8	9
May-20	10	9	1
Jun-20	7	6	1
Jul-20	5	1	4
All	**202**	**107**	**95**

Specialties with Zero Comorbidities – All Ages

	May-19-Apr-20		Jun-19-May-20		Jul-19-Jun-20		Jul-19-Aug-20	
Specialty (of discharge)	**Deaths**	**%age**	**Deaths**	**%age**	**Deaths**	**%age**	**Deaths**	**%age**
Geriatric Medicine	72	34%	71	34%	74	35%	66	33%
Respiratory Medicine	35	16%	34	16%	34	16%	34	17%
General Medicine	37	17%	34	16%	32	15%	30	15%
General Surgery	19	9%	20	10%	18	8%	18	9%
Gastroenterology	9	4%	9	4%	11	5%	10	5%
Cardiology	5	2%	5	2%	5	2%	5	2%
Endocrinology	6	3%	7	3%	8	4%	7	3%
Stroke Medicine	16	8%	16	8%	16	8%	18	9%
Clinical Haematology	3	1%	3	1%	3	1%	3	1%
Trauma & Orthopaedics	3	1%	4	2%	4	2%	4	2%
Well Babies	1	0%	0	0%	#N/A	#N/A	#N/A	#N/A
Urology	2	1%	2	1%	1	0%	1	0%
Accident & Emergency	4	2%	4	2%	2	1%	2	1%
Neonatology	0	0%	0	0%	1	0%	1	0%
Anaesthetics	1	0%	1	0%	2	1%	2	1%
All	213		210		203		202	

Figure 11 Deaths with a Charlson score of zero recorded by age

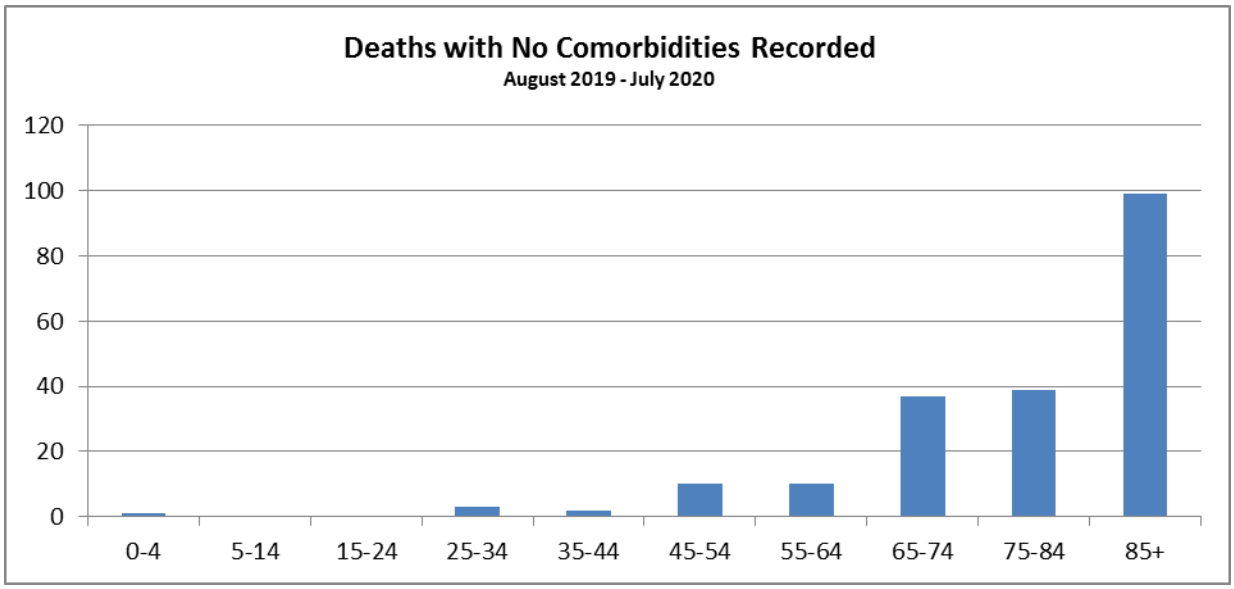
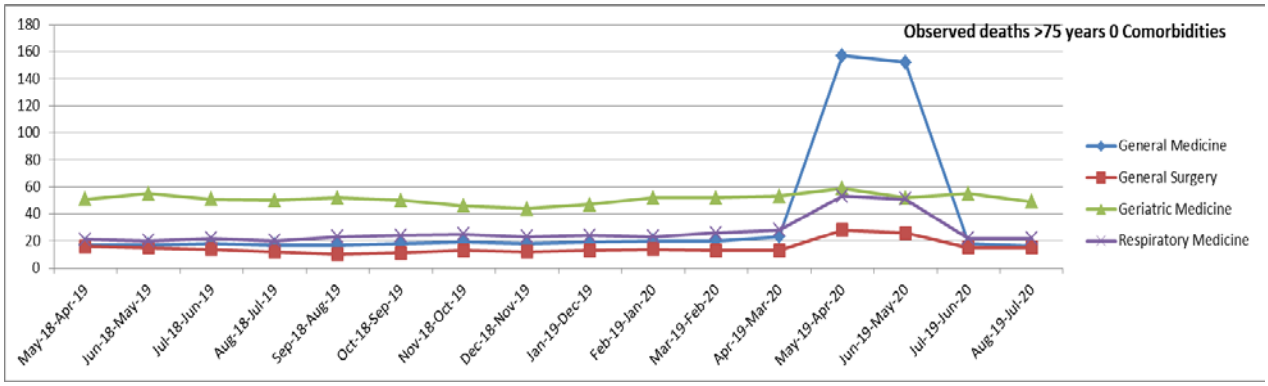
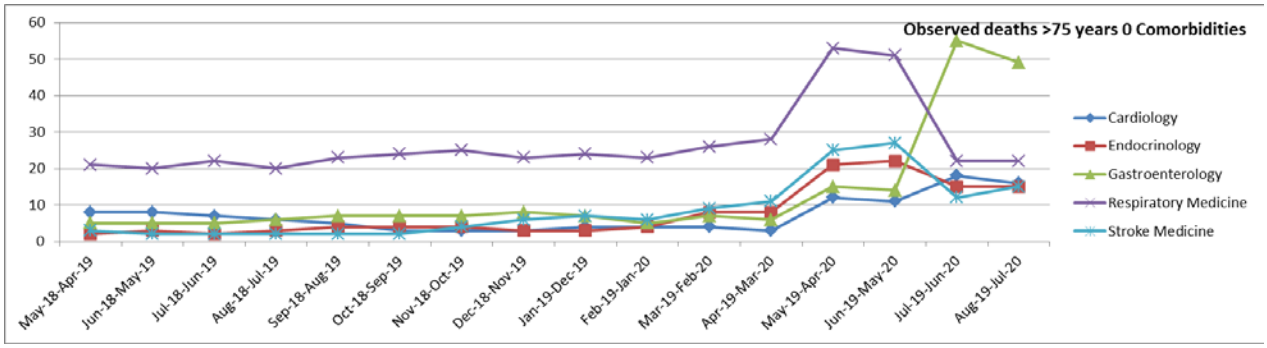


Figure 12 Deaths (>75 years) with a Charlson score of zero recorded by speciality (at discharge) with >10 observed deaths.



All other Specialties that normally have <10 observed deaths



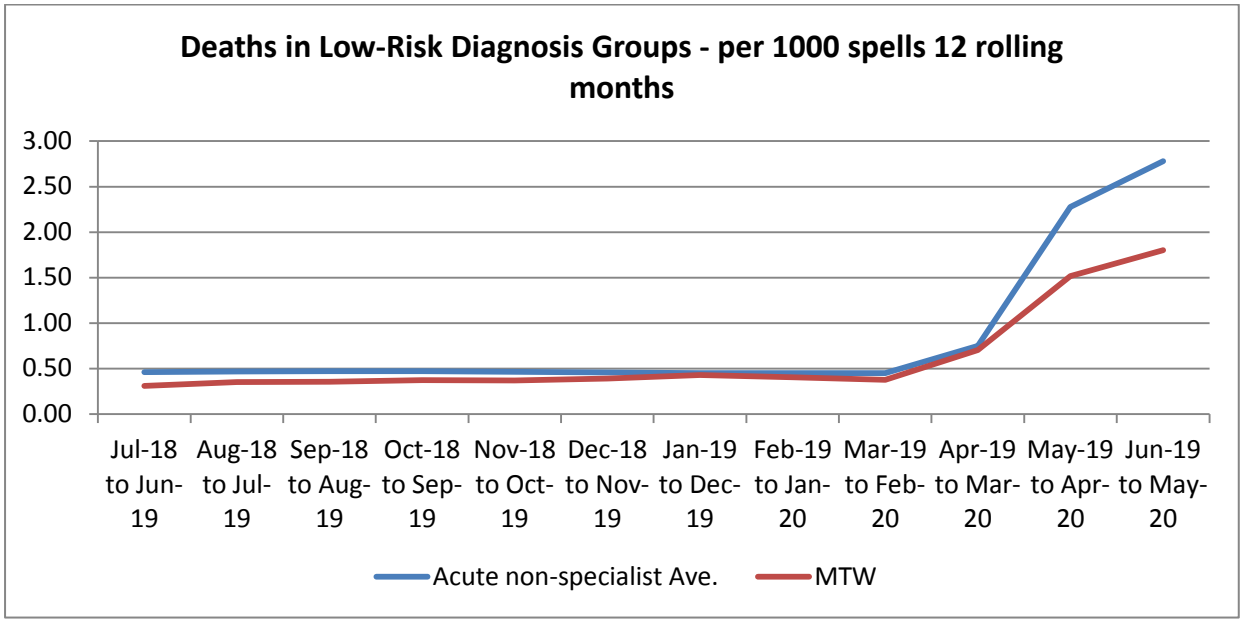
Benchmarking of deaths with Zero Comorbidities - 75 Year +

Trust (local acute peers)	All deaths	Zero Comorbidities	%
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	1138	264	23.2%
FRIMLEY HEALTH NHS FOUNDATION TRUST	1937	324	16.7%
EAST SUSSEX HEALTHCARE NHS TRUST	1335	199	14.9%
WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	1675	293	17.5%
ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	919	122	13.3%
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	1184	201	17.0%
DARTFORD AND GRAVESHAM NHS TRUST	898	153	17.0%
MEDWAY NHS FOUNDATION TRUST	1060	145	13.7%
EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	2063	245	11.9%
SURREY AND SUSSEX HEALTHCARE NHS TRUST	1182	103	8.7%
ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	****	****	0
All	**14040**	**2127**	**15.1%**

Deaths in Low Risk Diagnosis Groups

This is a metric used by the CQC in their insight report and MTW historically was flagged as being consistently worse than average for this measure, hence its inclusion in this report. MTW is now below the Acute, Non Specialist Trusts average when looking at deaths in low risk diagnosis groups. The current average is 0.62 which is below the national average of 0.83.

Figure 13 Deaths in Low Risk Diagnosis Groups – this looks like we are at 0 due to the spike in the national average figures. We in fact range from 0.46 Jul-18 to Jun-19 to 2.78 Jun-19 to May-20.

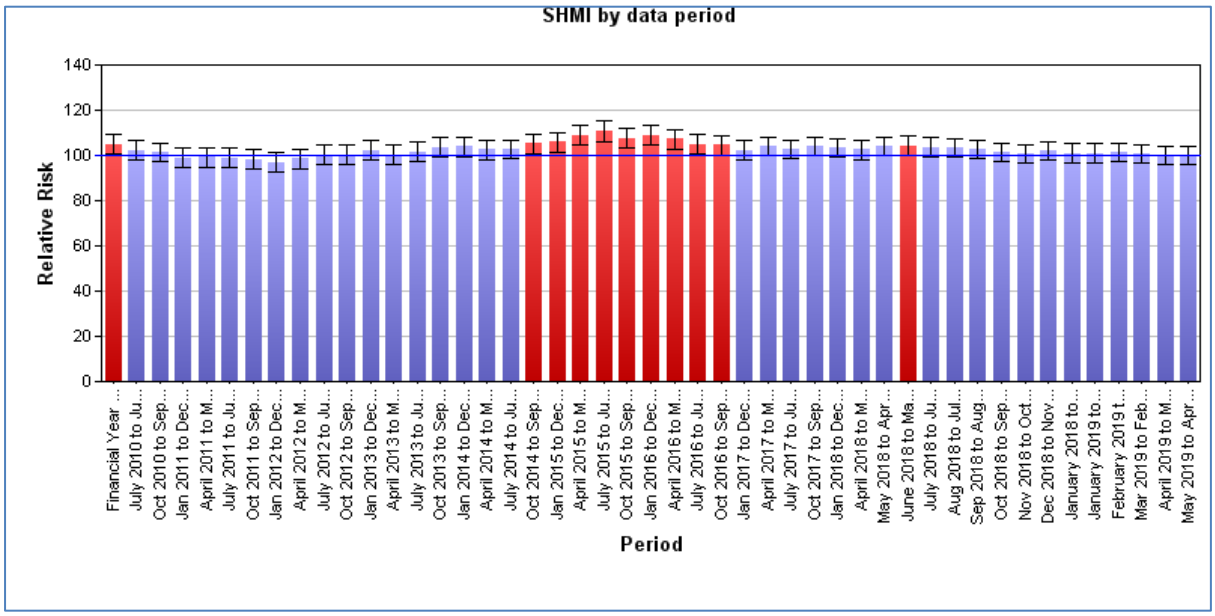


There were 85 deaths in a low risk group in the last 12 months, these deaths breakdown as follows. Those in red are deemed 'significant' by Dr Foster.

Diagnosis group	Total
Viral infection (includes Covid-19)	68
Oesophageal disorders	4
Abdominal hernia	3
Other connective tissue disease	2
Other nervous system disorders	2
Alcohol-related mental disorders	1
Osteoarthritis	1
Rheumatoid arthritis and related disease	1
Other upper respiratory infections	1
Multiple sclerosis	1
poisoning by psychotic agents	1
Total	**85**

Summary Hospital-Level Mortality Indicator (SHMI)

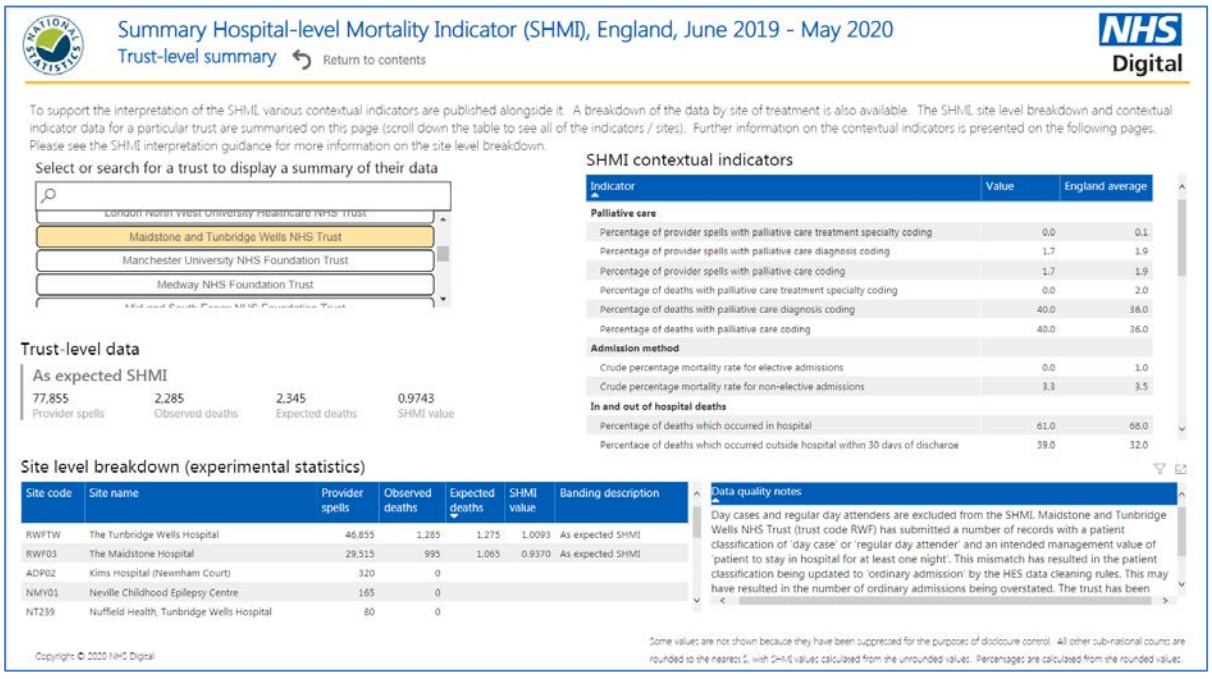
SHMI is a measure of mortality and performance which includes all deaths in hospital regardless of diagnosis, in addition to all those individuals who die within 30 days of discharge from hospital.



SHMI published by HSCIC for the period August 2019 to July 2020 shows SHMI as 0.9743 which is banded as level 2 “as expected”.

SHMI – Breakdown by Site and Contextual Indicators

The information below shows the SHMI broken down by site as well as an overview of the contextual indicators. These are shown in more detail in the following sections. These are all either the same or better that the national average with the exception of the percentage of spells with a primary diagnosis which is a sign or symptom. It is suggested that this is reviewed by the Clinical Coding Team.


Summary Hospital-level Mortality Indicator (SHMI), England, June 2019 - May 2020

Trust-level summary Return to contents

NHS Digital

To support the interpretation of the SHMI various contextual indicators are published alongside it. A breakdown of the data by site of treatment is also available. The SHMI site level breakdown and contextual indicator data for a particular trust are summarised on this page (scroll down the table to see all of the indicators / sites). Further information on the contextual indicators is presented on the following pages. Please see the SHMI interpretation guidance for more information on the site level breakdown.

Select or search for a trust to display a summary of their data

Maidstone and Tunbridge Wells NHS Trust
Manchester University NHS Foundation Trust
Medway NHS Foundation Trust

Trust-level data

As expected SHMI

77,855	2,285	2,345	0.9743
Provider spells	Observed deaths	Expected deaths	SHMI value

SHMI contextual indicators

Indicator	Value	England average
Palliative care		
Percentage of provider spells with palliative care treatment specialty coding	0.0	0.1
Percentage of provider spells with palliative care diagnosis coding	1.7	1.9
Percentage of provider spells with palliative care coding	1.7	1.9
Percentage of deaths with palliative care treatment specialty coding	0.0	2.0
Percentage of deaths with palliative care diagnosis coding	40.0	36.0
Percentage of deaths with palliative care coding	40.0	36.0
Admission method		
Crude percentage mortality rate for elective admissions	0.0	1.0
Crude percentage mortality rate for non-elective admissions	3.3	3.5
In and out of hospital deaths		
Percentage of deaths which occurred in hospital	61.0	68.0
Percentage of deaths which occurred outside hospital within 30 days of discharge	39.0	32.0

Site level breakdown (experimental statistics)

Site code	Site name	Provider spells	Observed deaths	Expected deaths	SHMI value	Banding description
RWFTW	The Tunbridge Wells Hospital	46,855	1,285	1,275	1.0093	As expected SHMI
RWF03	The Maidstone Hospital	29,515	995	1,065	0.9370	As expected SHMI
ADP02	Kims Hospital (Newnham Court)	320	0			
NMY01	Neville Childhood Epilepsy Centre	165	0			
NT239	Nuffield Health, Tunbridge Wells Hospital	80	0			

Data quality notes

Day cases and regular day attenders are excluded from the SHMI. Maidstone and Tunbridge Wells NHS Trust (trust code RWF) has submitted a number of records with a patient classification of 'day case' or 'regular day attender' and an intended management value of 'patient to stay in hospital for at least one night'. This mismatch has resulted in the patient classification being updated to 'ordinary admission' by the HES data cleaning rules. This may have resulted in the number of ordinary admissions being overstated. The trust has been

Some values are not shown because they have been suppressed for the purposes of disclosure control. All other sub-national counts are rounded to the nearest 5, with SHMI values calculated from the unrounded values. Percentages are calculated from the rounded values.

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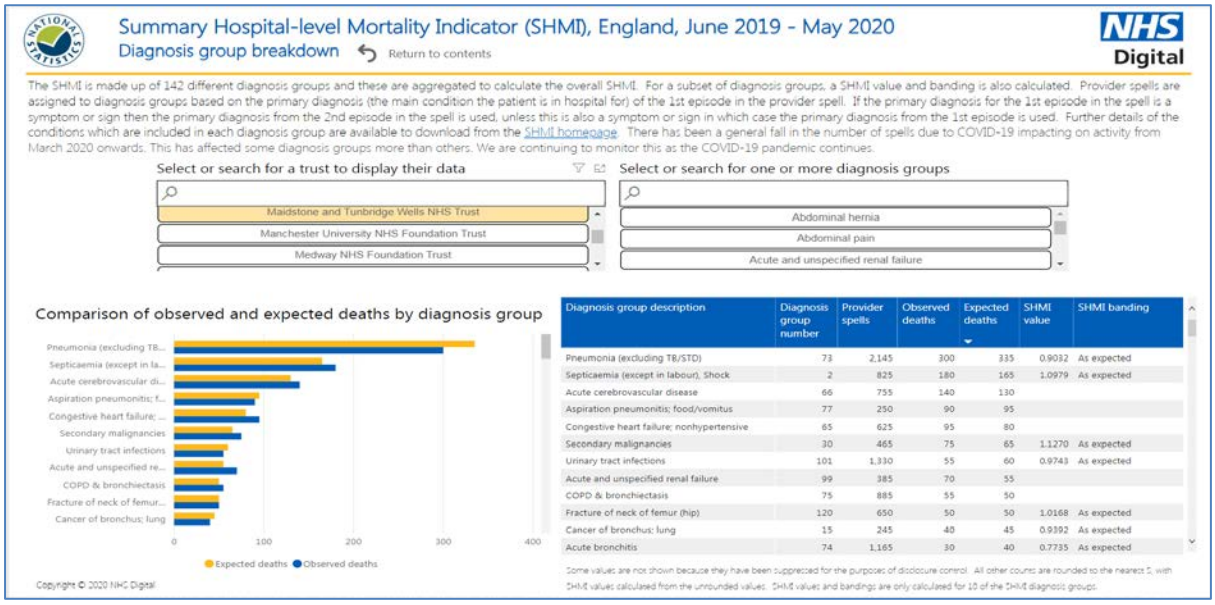
SHMI – Breakdown by Diagnosis Group.

As can be seen there are some diagnosis groups where the observed deaths exceeds those expected. There are unsurprisingly some correlation with the HSMR for example Acute Bronchitis and Acute Renal Failure, but other are not highlighted as they fall outside the ten diagnosis groups that inform the SHMI rating and do not have a CUSUM alert in relation to HSMR.



The full range of SHMI data can be found following this link:

https://app.powerbi.com/view?r=eyJrIjoiNmM4NTY0YzAtZTY3NS00MTAxLWI1YWItM2NkY2RkNGNiZDdhIiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9

SHMI - Supplementary information

In the pack of information provided as part of the SHMI release each quarter, there is information included about depth of coding. As can be seen from the table below, MTWs mean depth of coding for non-elective admissions is equal to the national average but is still higher than our local acute peers. This also highlights that our coding of secondary diagnosis is rich as the maximum has been reached.

a. SHMI - Supplementary information: Depth of Coding

Provider name	Mean coding depth for non-elective admissions	Maximum number of secondary diagnosis codes for non-elective admissions
ENGLAND	5.3	19
ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	5.5	11
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	4.9	19
DARTFORD AND GRAVESHAM NHS TRUST	3.7	19
EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	4.6	19
EAST SUSSEX HEALTHCARE NHS TRUST	6.3	19
FRIMLEY HEALTH NHS FOUNDATION TRUST	4.3	19
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	5.1	19

MEDWAY NHS FOUNDATION TRUST	4.9	19
ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	6.4	19
SURREY AND SUSSEX HEALTHCARE NHS TRUST	6.7	19
WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	5.9	19

b. SHMI - Supplementary information: Palliative Care Coding

Information is also included about our palliative care coding and as can be seen below, the Trust's coding is slightly higher than the England levels. Previously this had been an area where MTW fell below the national average, so this shows an improved position.

Provider name	Observed deaths (c)	Number of deaths with palliative care diagnosis coding (e)	Number of deaths with either palliative care speciality or diagnosis coding (f)	Percentage of deaths with palliative care diagnosis coding (h)	Percentage of deaths with either palliative care speciality or diagnosis coding (i)
ENGLAND	276,629	100,038	100,718	36	36
ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	1,545	585	600	38	39
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	2,155	875	875	41	41
DARTFORD AND GRAVESHAM NHS TRUST	1,435	610	610	43	43
EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	3,830	1,275	1,275	33	33
FRIMLEY HEALTH NHS FOUNDATION TRUST	3,510	1,550	1,550	44	44
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	2,285	925	925	40	40
MEDWAY NHS FOUNDATION TRUST	1,810	835	835	46	46
ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	1,180	670	670	57	57
SURREY AND SUSSEX HEALTHCARE NHS TRUST	1,795	820	820	46	46
WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	3,055	1,145	1,145	37	37

c. SHMI - Supplementary information: Deaths split by deprivation quintile

The pack includes a breakdown of deaths split by deprivation quintile and the following table highlights the proportion of deaths at MTW in each. This shows that 4.0% of our deaths fell in quintile 1 'most deprived', whereas 34.0% of our deaths fall into quintile 5 'least deprived'. This profile is significantly different than the national average and our local acute peers.

Provider name	Percentage of deaths in deprivation quintile 1 (Most)	Percentage of deaths in deprivation quintile 2	Percentage of deaths in deprivation quintile 3	Percentage of deaths in deprivation quintile 4	Percentage of deaths in deprivation quintile 5 (Least)
ENGLAND	21	20	20	20	18
ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	*	13	19	26	42
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	10	12	20	27	27
DARTFORD AND GRAVESHAM NHS TRUST	13	22	23	23	21
EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	20	22	26	24	8
FRIMLEY HEALTH NHS FOUNDATION TRUST	2	12	16	21	47
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	4	12	25	25	34
MEDWAY NHS FOUNDATION TRUST	24	28	21	17	10
ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	1	3	13	26	56
SURREY AND SUSSEX HEALTHCARE NHS TRUST	1	14	25	26	33
WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	6	18	32	25	19

* indicates value suppressed for the purposes of disclosure control

SHMI - Supplementary information: % of Deaths in the Community

The table below shows the number of deaths that occurred in the community within 30 days of discharge from the Trust. This shows that MTW is higher than the national average.

Provider name	Observed deaths	Number of deaths which occurred in hospital	Number of deaths which occurred outside hospital	Percentage of deaths which occurred in hospital	Percentage of deaths which occurred outside hospital
ENGLAND	276,629	187,004	89,625	68	32
ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	1,545	1,050	495	68	32
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	2,155	1,495	665	69	31
DARTFORD AND GRAVESHAM NHS TRUST	1,435	1,000	435	70	30
EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	3,830	2,355	1,475	61	39
FRIMLEY HEALTH NHS FOUNDATION TRUST	3,510	2,350	1,160	67	33
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	2,285	1,405	880	61	39
MEDWAY NHS FOUNDATION TRUST	1,810	1,240	570	69	31
ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	1,180	750	435	64	37
SURREY AND SUSSEX HEALTHCARE NHS TRUST	1,795	1,235	560	69	31
WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	3,055	2,020	1,030	66	34

Mortality Reviews

The Trust is required to review all in-hospital deaths following the Mortality Review Process. The results of these reviews are then collated and reported to ensure that any learning from deaths are identified and shared.

a. Trust & Specialty overview – April - August 2020 (reported one month in arrears) **–** Key <75% red, 75-95% amber, ≥95% green

Trust		Jan-20	Feb-20	Mar-20	2019/20		Apr-20	May-20	Jun-20	Jul-20	Aug-20	YTD
No of Deaths		164	138	171	1636		165	149	103	109	108	752
No of Completed Reviews		143	108	136	1409		106	106	69	80	67	485
%age completed reviews		**87.2%**	**78.3%**	**79.5%**	**86.1%**		64.2%	71.1%	67.0%	73.4%	62.0%	64.5%
No of Un-reviewed Deaths		21	30	35	227		59	43	34	29	41	267
%age completed reviews		**Jan-20**	**Feb-20**	**Mar-20**	**2019/20**		**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**YTD**
A&E		**50.0%**		**100.0%**	**99.1%**		100.0%	100.0%	83.3%	100.0%	100.0%	97.4%
Acute Medicine		**89.1%**	**78.9%**	**78.4%**	**86.8%**		61.7%	74.5%	69.1%	71.9%	60.3%	63.2%
Specialist Medicine		**76.5%**	**70.6%**	**80.8%**	**85.4%**		55.6%	74.1%	56.3%	68.4%	56.3%	62.6%
Surgery		**100.0%**	**90.9%**	**100.0%**	**82.6%**		100.0%	60.0%	66.7%	73.3%	55.6%	68.6%
Trauma & Orthopaedics		**90.0%**	**100.0%**	**90.9%**	**56.4%**		50.0%	25.0%	50.0%	100.0%	60.0%	58.8%
Head & Neck					**100.0%**		0.0%				0.0%	0.0%
Urol, Gonc, Breast, Vasc		**66.7%**	**20.0%**	**25.0%**	**87.5%**		0.0%	0.0%				0.0%
Cancer & Haematology					**100.0%**				0.0%	0.0%		0.0%
Children's												
Women's & Sexual Health		**100.0%**			**100.0%**				100.0%			100.0%
Trust Total		**87.2%**	**78.3%**	**79.5%**	**86.1%**		64.2%	71.1%	67.0%	73.4%	62.0%	64.5%

The table above shows the results for Q4 2019-20 and April – Aug 2020 as at November 2020.

During April 2019 – March 2020, 53 deaths have had an SJR completed which is 3.2% of the total deaths to date.

Mortality Steering Group

The Mortality Steering group is responsible for supporting the Trust in providing assurance that all hospital associated deaths are proactively monitored, reviewed, reported and where necessary, investigated. In addition it is to ensure that lessons are learned and actions implemented to improve outcomes.
Each Directorate has a nominated Mortality Lead with the key objective of ensuring that the Mortality review process is embedded locally and that deaths that have raised concern are fed-back to the Group from the Directorate and in addition that learning from the Directorates to the MSG and vice versa is sustained.

Learning from Mortality Reviews includes the need for:

- Clear and comprehensive documentation
- Prompt assessment and treatment of pressure areas
- Prompt VTE assessment and preventative measures
- Thorough assessment prior to discharge from the Emergency Department
- Prompt recognition of patients who are at end of life.

The following practice was highlighted in Mortality Reviews:

- Support and comfort provided by the Multidisciplinary team support to a family was commended
- Good involvement of specialist teams to inform decision making
- Timely interventions and decision making for a patient at end of life
- Appropriate information given to a patient about the risks of surgery and conservative management
- Good senior input provided out of hours
- Good Consultant involvement from ICU.

Medical Examiner Service Update

The medical examiner service scrutinised 43 of the 123 deaths in September. At the time of reporting there had been 86 deaths so far in October and 71 of these were scrutinised. 23 of the total scrutinised cases took over three days to complete. Learning has been identified with regards to teams releasing a doctor to complete the summary of death document. This needs to happen as soon as possible after death. If it doesn't, this can adversely impact the experience of our bereaved families.

Since the last update, the service has:

- Scheduled a meeting in November to take place with key stakeholders including members of staff from KCHFT, the local hospice, GPs and the CCG, to implement the rollout of the medical examiner service in the community
- Held the first governance meeting for the medical examiner service
- Presented the background and detail of the service to the CDs, TME and the Quality Committee
- Provided training sessions on the service to the junior doctors
- Disseminated learning and comms to the junior doctors on the timely completion of the summary of death document
- Set up a database to collect information required to report to the national medical examiner service
- Reported activity to October and November's Mortality Surveillance Group.

Next steps include:

- Start to report nationally on a quarterly basis
- Establish regular governance meetings for the service
- Establish the working group in the community for the rollout of the service.

NHS Maidstone and Tunbridge Wells NHS Trust

Infection prevention and control board assurance framework	Director of Infection Prevention and Control

The Trust Board will recall that the infection prevention and control board assurance framework was submitted to June 2020 meeting. It was noted at the Trust Board meeting in November 2020 that an updated infection prevention and control board assurance framework would be submitted to December 2020 and monthly thereafter. The latest report is enclosed.

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

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

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

Infection Prevention and Control board assurance framework

Summary of changes:
Additional questions have been added to the BAF to reflect restore and recovery actions. These are identified in red on the document.

Other updates include:
Section 1:

- De-escalation of patients from Covid to non-Covid wards is permitted 14 days after positive test provided that the patient is immunocompetent, has had no fever for 48 hours and has respiratory improvement
- Twice weekly outbreak meetings are held to manage outbreaks across the Trust
- IPC induction and mandatory training e-learning package changed to National learning package which includes Covid-19
- The move to on-line training has reduced face to face training for donning and doffing PPE. Additional training to be provided for new starters co-located with FIT testing

Section 2:

- Disinfectant products routinely available for cleaning workstations in non-clinical areas
- Windows in ward bays and side rooms to be opened for 15 minutes 3 times per day to improve ventilation

Section 4

- Introduction of partners into antenatal ultrasound

Section 5

- Additional day 3 swab implemented from November

Section 6

- Return to work swab no longer required for staff who test positive

Section 8

- Near patient testing facility live from 7.12.20

Section 10

- Newly established “staffing hub” designed to proactively review staffing absence and ensure that ward shifts are effectively covered, supporting safe staffing.

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure:			
• infection risk is assessed at the front door and this is documented in patient notes	• ED triage in place at front door on both sites. Patients assessed with temperature check and observations prior to booking in. Infection risk assessed and documented in ED notes and Symphony. Copy of ED notes in in-patient record for admitted patients. Pathway documented and agreed with CRG and ICC • Temperature checks in place at front door for obstetric patients and accompanying birth partner. Elective C section patients have Covid swab 48 hours prior to admission. Pathway documented and agreed with CRG and ICC • All patients and visitors have temperature check at front door. Mask provided to patients and visitors who do not have face coverings • Checks in place at oncology entrance		
• patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission	• Patients with confirmed Covid infection cohorted in specified wards. Patients moved for escalation of care and de-escalation from ICU care only.		

	• Stated aim is to keep confirmed cases in Covid cohort area throughout their inpatient stay. Where step-down is necessary for clinical reasons, PHE guidance is followed. Patients must be 14 days post positive swab, be apryexial for 48 hours without anti-pyretic medication and have some respiratory improvement. ITU and immunocompromised patients must have negative swabs prior to de-escalation		
• compliance with the national guidance around discharge or transfer of COVID-19 positive patients	• National guidance followed in all cases. Local guidance developed from national guidance and published through daily staff Bulletin and Covid pages on intranet. • Two negative swabs required for patients discharged to residential care. • Some beds available in designated homes for persistently positive patients		
• Monitoring of IPC practices, ensuring resources are in place to enable compliance with IPC practice	• IPC audits continue to monitor practice including hand hygiene. Ward audits and IPC triangulation audits reported through IPCC • PPE stocks closely monitored to ensure supplies available • PPE posters on all wards. • IPC policies available on the intranet		

• Monitoring of compliance with PPE, consider implementing the role of PPE guardians/safety champions to embed and encourage best practice	• PPE audits ongoing and reviewed at Infection Prevention and Control Committee • PPE officers on duty every day. Educational, supportive and monitoring role. Advise on PPE use. Induction training for new staff • Sessional mask wearing guidance implemented. Masks provided for non-patient facing staff	• Move to online training has restricted PPE donning and doffing training	• PPE officers to provide PPE training at the same time as FIT testing for new starters
• Staff testing and self-isolation strategies are in place and a process to respond if transmission rates of Covid-19 increase	• Symptomatic staff testing by PCR is in place and available both on and off site • Asymptomatic testing by PCR for oncology and elective green pathway has been in place since June • Escalation plan in place with trigger points for increasing asymptomatic testing • Lateral flow roll-out plan in place • Occupational Health and local managers assess risk of staff contacts of positive cases	• Lateral flow testing not available to all staff yet	• 2300 kits distributed to green pathway staff and outbreak ward staff • PCR testing available if needed for outbreak investigation
• Training in IPC standard infection control and transmission-base precautions are provided to all staff • IPC measures in relation to Covid-19 should be included in all staff induction and mandatory training	• All staff receive infection control training at induction which includes a section on Covid-19 • National e-learning package level 1 and 2 in place since November. Face to face training prior to this. • All clinical staff have annual infection prevention and control training (level 2)		

	which includes Covid-19 • Non-clinical staff have bi-annual training (level1) which includes Covid-19 • Additional ad hoc training on ward during IPC visits		
• All staff are regularly reminded of the importance of wearing face masks, hand hygiene and maintaining physical distance both in and out of work	• Extensive communication with staff on face masks, hand hygiene and space through staff Pulse publication, posters, social media etc. • All staff wear face masks • Hand hygiene audits reported to IPCC – no concerns		
• All staff (clinical and non-clinical) are trained in putting on and removing PPE; know what PPE they should wear for each setting and context; and have access to PPE that protects them for the appropriate setting and context as per the PHE national guidance	• National guidance on PPE implemented within Trust. FIT testing for FFP3 masks in place with resources identified and PPE project team managing resources on day to day basis. • Dedicated FIT testing team in place on both sites. • New staff FIT tested as part of induction as required • Regular discussion at executive level. • Procurement lead sits in ICC • Active monitoring of PPE burn rate and stocks • All patient facing staff trained in use of PPE and supported by PPE officers • Use of powered air respirators	• Availability of differing types of FFP3 masks is variable	• Active management of stocks by procurement leads. Electronic monitoring system in place • Repeated FIT testing required on new mask stocks • Investment in reusable respirator masks

	monitored through site offices with documented log and cleaning • Regular updates provided to staff through ICC and daily bulletin • PPE guidance available on Covid page of Trust intranet • Posters and signage with PPE information in donning and doffing areas.		
• national IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	• DIPC and deputy DIPC responsible for checking for updates to national guidance and advising executive team. • Updates shared with staff in daily Covid Bulletin and Covid intranet page • DIPC is SRO for Patient and Staff Safety work stream • IPC team support ward staff in implementing changes • IPC team work arrangements flexed to provide 24/7 cover during escalation • IPC leadership on key work streams		
• changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted	• DIPC is member of exec team and updates as required • Covid update is standing item on Board agenda		
• risks are reflected in risk registers and the Board Assurance Framework where appropriate	• ICC risk register reflects IPC risks associated with Covid-19 • DIPC attends Trust Board meetings		

• robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	• All pre-existing IPC risk assessment processes and policies remain in place for non-Covid-19 infections • Trust compliant with Hygiene Code prior to pandemic. • IPC team reinforce practice at ward level	• IPC PPE requirements for non-Covid infections are superseded by Covid requirements. Additional risks recognised eg for C. difficile and Covid co-infection	• IPC team advising on a case-by-case basis. Variation to some policies required. Documented on ICNet.
• that Trust CEOs or the executive responsible for IPC approve and personally signs off, all data submissions via the daily nosocomial sit rep. This will ensure the correct and accurate measurement and testing of patient protocols are activated in a timely manner	• Signed off by Head of ICC under delegated authority from CEO • Daily analysis shared with senior staff		
• ensure Trust board has oversight of ongoing outbreaks and action plans	• Ongoing outbreaks discussed at daily exec strategic command meetings • Twice weekly outbreak meetings for Trust chaired by DIPC • DIPC updates to Board at every meeting • IPCC reports to Quality Committee		

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas	• Covid cohort areas on both sites including respiratory HDU and ICU escalation areas. • ICU training programme for non-ICU trained staff required to work on ICU. • Consultant anaesthetist rota to provide 24/7 on site ICU cover. • ICU-trained nurse/patient ratio decreased during escalation with additional staff to assist. • Covid wards fully staffed. Consultant of the week rota for senior medical cover • IPC team and PPE officer support to Covid wards • Respiratory HDU staffed by respiratory trained nurses and consultants • NIV patients cared for by trained staff		
• designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	• Cleaning standards in place for cleaning during the pandemic. • Facilities staff trained in donning and doffing PPE and FIT tested where appropriate.		

• decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance	• Decontamination and terminal cleaning completed according to national guidelines. • HPV and UVC decontamination available when required • All surfaces cleaned with Diff X including walls • In-house cleaning teams in place • Cleaning audits reported to IPCC and divisions • Lapses in cleaning standards reported as Datix incidents and investigated with shared learning		
• increased frequency, at least twice daily, of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance	• Increased frequency of cleaning complies with national guidance • Regular cleaning audits undertaken and results monitored. • Audits reported to IPCC		
• Cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (ICPT) should be consulted on this to ensure that this is effective against enveloped viruses	• Diff X confirmed as suitable cleaning agent for enveloped viruses by IPCT		

• Manufacturer's guidance and recommended product contact time' must be followed for all cleaning/disinfectant solutions/products as per national guidance	• Manufacturer's guidance is followed in all areas • Instructions are displayed where needed • Environmental cleaning policy reflects manufacturers requirements		
• 'frequently touched' surfaces, eg door/toilet handles, patient call bells, over-bed tables and bed rails, should be decontaminated at least twice daily and when known to be contaminated with secretions, excretions or body fluids	• In place since June 20 • Ward staff clean high-touch surfaces including keyboards and telephones • Disinfectant wipes available for cleaning workstations in non-clinical areas		
• Electronic equipment, eg mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily	• Staff advised to clean equipment as in guidance. • Pre-existing guidance for clinical areas		
• Rooms/areas where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily)	• Regular twice daily cleaning in place		
• linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken	• All linen from Covid cohort wards treated as infectious linen • Laundry is compliant with HTM 01-04 • Laundry report goes to IPCC and Health and Safety committee		

• single use items are used where possible and according to Single Use Policy	• Single use items used widely across the Trust. • Policy in place and available to staff on the Trust intranet		
• reusable equipment is appropriately decontaminated in line with local and PHE and other national policy	• The provider of surgical reusable instrument decontamination for MTW: IHSS Ltd: is run in accordance with audited quality management systems. • The service is accredited to EN ISO 13485:2012 and MDD 93/42/EEC-Annex V. • In respect of Covid-19 all processes have been assessed to meet the current guidance. Additional precautions and measures have been put in place in line with local, PHE and national policy.		
• ensure cleaning standards and frequencies are monitored in non-clinical areas with actions in place to resolve issues in maintaining a clean environment	• Non-clinical areas are part of the cleaning audit schedule. Action plans developed where areas fail audit		
• ensure the dilution of air with good ventilation e.g. open windows, in admission and waiting areas to assist the dilution of air	• Tunbridge Wells Hospital was constructed fourteen years ago and is designed with ventilation supply and extract systems in clinical, rest, dining and administration areas. The ventilation in this building is compliant with the NHS Health Technical Memoranda HTM 03-01. HTM 03-01 specifies a high standard of supply and		

	extract ventilation design with single pass air supply and no recirculation of internal for infection control purposes. • Maidstone Hospital was constructed in 1986. The building is a "Nucleus Design" hospital constructed on design concept of natural ventilation rather than mechanical ventilation by the use of opening windows. Operating Theatres and pharmaceutical production areas all installed with HTM 03-01 ventilation systems. • Windows in ward bays and side rooms to be opened for 15 minutes 3 times per day to improve ventilation		
• there is evidence organisations have reviewed the low risk Covid pathway, before choosing and decision made to revert to general purpose detergents for cleaning as opposed to widespread use of disinfectants	• A Covid-active disinfectant (DiffX) has been used throughout the pandemic response. • Any change would be made only with the approval and recommendation of the DIPC and IPC Team through the IPCC		
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and process are in place to ensure: • arrangements around antimicrobial stewardship are maintained	• Antimicrobial stewardship continues as for pre-Covid. • Antimicrobial stewardship group has	• Routine ward based audits suspended for April and May	• C. difficile PII audits continuing • Reports to IPCC

	continued to meet throughout. ASG reports to Drugs, Therapeutics and Medicines Management Committee • Antimicrobial report to IPCC • Training for new doctors has continued • Ward pharmacists review prescribing • Guidance for antibiotic prescribing in Covid patients issued by ASG • Prescribing of antibiotics is low compared with peer K&M organisations • Audits and reporting restarted and maintained in second wave		reinstated for June
• mandatory reporting requirements are adhered to and boards continue to maintain oversight	• Mandatory reporting of antimicrobial usage has continued. • IPCC and DTMMC report to Quality committee		
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • implementation of national guidance on visiting patients in a care setting	• Visitors permitted only on compassionate grounds and to assist patients with specific needs • Birth partner allowed. Both parents can visit in neonatal unit. Covid testing in place to facilitate this. • Outpatients have accompanying person only when required for care		

• areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas clearly marked with appropriate signage and have restricted access	needs • Review of visiting is included in objectives of Patient and Staff Safety work stream • All visitors have temperature checks at the front door • Mask provided to patients and visitors who do not have face coverings • Support in place for relatives to deliver patient property • Ethics committee have reviewed Visiting policy • Viewings of deceased patients have continued in the Trust mortuary including for patients diagnosed with Covid-19 • Visiting suspended at Maidstone Hospital as a result of high numbers of cases during second wave. • Introduction of partners to antenatal scans • Signage is in place to identify Covid areas and advise on PPE requirements on entry • Restricted access by swipe card only is in place • Advice is given at points of entry relating to PPE, visiting expectations and managing hygiene • Masks are available at the exit of all Covid areas allowing change of mask on leaving the area	• Challenges to decision due to Tier 3 designation and staff concerns	• Ultrasound trained medical staff to assist with routine scans

• information and guidance on COVID-19 is available on all Trust websites with easy read versions	• Information for staff is available on the Trust intranet Covid page • Coronavirus information for the public can be found at https://www.mtw.nhs.uk/2020/06/latest-information-on-the-coronavirus/	• Easy read version not yet available	• Information currently under review prior to submission to the Accessible Information Standard group for conversion into easy read.
• infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	• For inter-departmental transfer, handover of information by telephone or accompanying nurse • PHE guidance on discharge of patients is implemented. Local guidance based on national guidance is published on trust intranet Covid page and has been shared through ICC bulletin. • Integrated discharge team manages discharge of patients to residential care facilities. • Designated care home beds now available • All patients being discharged to residential care have Covid test 48 hours before expected date of discharge with result available. • Any patients self-isolating following confirmed Covid contact receive a letter explaining their need to self-isolate. Medically fit patients may complete their self-isolation at home • Staff use appropriate PPE for all patient transfers • All patients have EDN on discharge		

• there is clearly displayed and written information available to prompt patients' visitors and staff to comply with hands, face and space advice	• Posters prominently displayed in public areas • Hand, Face and Space logo on trust Covid internet pages		
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • Screening and triaging of all patients as per IPC and NICE guidance within all health and other care facilities must be undertaken to enable early recognition of COVID-19 cases	• Contacts of positive cases tested twice a week for 14 days whilst inpatients • All non-elective admitted patients (suspected and non-suspected) are tested for Covid-19 in ED, SAU, EGAU, Woodlands unit or delivery suite. Suspected medical patients are admitted directly to side rooms on Covid cohort ward awaiting results. Non-suspected patients remain in AAU/AMU until results available. Surgical, T&O, gynae, paediatric and obstetric patients admitted directly to single room on specialty ward pending results. Pathways in place and agreed through CRG and ICC. • All suspected patients who do not		

	require admission are tested prior to discharge from ED. Positive cases are followed up by ED with results to provide anticoagulation therapy. Pathway approved by ICC • Patients screened day 1, 3 and 5-7		
• front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms and to segregate them from non COVID-19 cases to minimise the risk of cross-infection as per national guidance	• ED triage in place at front door on both sites. Patients assessed with temperature check and observations prior to booking in. • Triage nurse performs infection risk assessment and patient directed through red or green pathway for further assessment and separation. Pathway documented and agreed with CRG and ICC • Red and green pathways are accommodated separately in different zones of ED • Isolation room available for immunocompromised and shielding patients in ED • Temperature check and triage in place at front door for obstetric patients and accompanying birth partner. Elective C section patients have Covid swab 48 hours prior to admission. Pathway documented and agreed with CRG and ICC • All elective patients have Covid swab 24-48 hours prior to admission including patients for outpatient procedures		

	• All patients and visitors entering through main entrances have temperature check and are given masks • Paediatric patients triaged in paediatric assessment area which is zoned for Covid risk • All pathways documented and agreed with CRG and ICC and published on Covid page of Trust Intranet		
• staff are aware of agreed template for triage questions to ask	• Standard triage template supported y electronic system (Symphony) and printed version		
• triage undertaken by clinical staff who are trained and competent in the clinical case definition and patient is allocated appropriate pathway as soon as possible	• Triage carried out by senior nursing staff. • Immediate allocation of patient to pathway • Obstetric triage in place with senior midwife. Labour ward has designated red and green beds		
• face coverings are used by all outpatients and visitors	• All patients asked to wear a face mask on entering ED. • All outpatients and visitors wear masks except for those carrying exemption certificates • Masks provided at front entrance if required • Information on Trust website to support		
• facemasks are available for patients with respiratory	• Face masks available for all patients		

symptoms			
• provide clear advice to patients on use of facemasks to encourage the use of surgical facemasks by all inpatients in the medium and high risk pathways if this can be tolerated and does not compromise their clinical care	• All inpatients encouraged to wear face masks if tolerated, especially when leaving the bedside		
• ideally segregation should be with separate spaces, but there is potential to use screens eg to protect reception staff	• Reception staff are protected with screens in all areas • ED reception has physical separation of staff by Perspex screens • Perspex screens on outpatient reception areas, outpatient pharmacy and main entrance reception • Cubicles in ED majors are separated by solid walls • Social distancing in place in waiting areas		
• for patients with new-onset symptoms, isolation, testing and instigation of contact tracing is achieved until proven negative	• Patients who develop symptoms after admission are tested promptly and moved to side room on Covid ward. The rationale for testing is documented in the patient's notes • Contact tracing carried out if patient tests positive. Business Intelligence programme in place to track contacts • Patients exposed to confirmed case are isolated and given information and duty of candour letter. Medically fit patients who are discharged to their		

• patients attending for routine appointments who display symptoms of COVID-19 are managed appropriately	own home continue to self-isolate at home. • Patients from residential care are swabbed prior to discharge and care facility informed of the result. IDT manage discharge to residential care. • Suspected patients who test negative have medical review prior to step down to non-Covid ward. Those who continue to be suspected cases have repeat testing and remain in side room on Covid ward • All patients who test negative on admission are re-tested at 5-7 days in line with national guidance. Additional day 3 swab implemented in November • All laboratory result submitted to PHE for national track and trace • All outpatients have temperature checking at the front door. • Patients with fever are reviewed by clinician to determine whether to continue with appointment or to go home to self-isolate and rebook		
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • Separation of patient pathways	• Separate entrances for staff and		• Face to face training

and staff flow to minimize contact between pathways. For example this could include provision of separate entrances/exits (if available) or use of one-way entrance/exit systems, clear signage and restricted access to communal areas	patients • Stay left signs in corridors • Visitors and patients not permitted to use staff catering facilities		widely available. • PPE videos available • On-line package remains valid for non-covid infections
• all staff (clinical and non- clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe	• Local induction for new staff. PPE officers provide training. • Dedicated FIT testing team. All results recorded and database maintained • Nurse in Charge of a shift ensures bank and agency staff aware of PPE expectations • Online training for medical care of Covid patients • ICU training in place for non-ICU trained staff • PPE officers provide face to face training on wards. • IPC team provide training to staff • Mandatory IPC e-learning package includes Covid-19. National package in use		
• all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it	• Donning and Doffing videos available on Trust intranet site. • PPE officers provide workplace training. • PPE helpers available in ICU		

	• Donning and doffing areas provided on Covid wards • FIT testing available for all staff who require it and when available masks change. • Signage and posters displayed in donning and doffing areas		
• a record of staff training is maintained	• Fit testing and cleaning of reusable masks records maintained • Records maintained of formal IPC training • On line learning and development system records mandatory training		
• appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed	• Re-use of visors and cleaning guidelines available and communicated through daily staff bulletin from ICC • Guidelines in place for cleaning of re-useable respirator masks • Individual reusable respirator masks allocated • Site team holds records of reusable air powered respirator use and cleaning • EME support monitoring and management of powered air respirators • Other PPE will only be re-used with ICC and IPC agreement and release of clear guidance		
• any incidents relating to the re-use of PPE are monitored and	• All incidents relating to PPE reported as datix incidents		

appropriate action taken	• Risk assessments in place for reusable respirator masks and air powered respirators • Incidents investigated and learning shared • ICC monitors incidents and takes urgent action as required		
• adherence to PHE national guidance on the use of PPE is regularly audited	• PPE audits ongoing and reported to IPCC		
hygiene facilities (IPC measures) and messaging are available for all patients/individuals, staff and visitors to minimize Covid-19 transmission such as:			
• hand hygiene facilities including instructional posters	• Hand wash basins widely available. • Instructions on all splash backs • Sanitising gel widely available including entrances to all clinical areas		
• good respiratory hygiene measures	• All staff, outpatients and visitors wear masks • Inpatients encouraged to use masks as much as tolerated and always when leaving the bedside		
• maintaining physical distancing of 2m wherever possible unless wearing PPE as part of direct care	• Social distancing encouraged • Signage on doors stating maximum occupancy • Additional breakout areas available		

• frequent decontamination of equipment and environment in both clinical and non-clinical areas	• Disinfectant wipes available in both clinical and non-clinical areas • I am clean stickers in use • Domestic and nursing cleaning in place on wards • High touch areas frequently disinfected		
• clear advice on the use of face coverings and face masks by patients/individuals, visitors and by staff in non-patient facing areas	• PPE posters widely displayed • Non-clinical areas assessed for Covid-secure status • Advice widely publicised through staff Pulse magazine and Trust internet and intranet pages		
• staff regularly undertake hand hygiene and observe standard infection control precautions	• Ward based audits in place. • Triangulation audits completed monthly by IPCT. • Directorates report to IPCC		
• The use of hand air dryers should be avoided in all clinical areas. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination, as per national guidance	• All hand wash basins are co-located with paper towel dispensers		
• Guidance on hand hygiene, including drying should be clearly displayed in all public toilet areas as well as staff toilets	• All hand wash sinks have hand washing and drying guidance on back boards in both clinical and public areas		

• staff understand the requirements for uniform laundering where this is not provided for on site • all staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance if they or a member of their household display any of the symptoms.	• Scrubs are worn on all Covid wards and several other wards and clinical areas. • Scrubs are laundered by the Trust laundry and staff are advised not to take them off-site • Staff launder their own uniforms. Guidance has been published through the daily bulletin and Covid intranet page. • Uniform bags gifted to the Trust provided for staff to carry uniform home and launder with uniform. • All staff advised to travel to and from work in their own clothes and change on site • Staff changing and shower facilities provided on both sites • Staff sickness line available to report symptoms • Information on symptoms of Covid shared widely including posters, staff bulletin and intranet site • Staff testing available in drive through facility and on-site testing pods. On-line appointment system in place. Also available for family members and partner organisations • All staff members testing positive for Covid-19 have their result delivered by occupational health. • Occupational Health support and maintain contact with self-isolating staff • Staff testing positive self-isolate for a minimum of 14 days.		

• A rapid and continued response through ongoing surveillance of rates of infection transmission within the local population and for hospital/organization onset cases (staff and patients/individuals) • Positive cases identified after admission who fit the criteria for investigation should trigger a case investigation. Two or more positive cases linked in time and place trigger and outbreak investigation and are reported • Robust policies and procedures are in place for the identification of and the management of outbreaks of infection	• Lateral flow testing currently being rolled out across the Trust • Community rates of infection are continuously monitored with information disseminated to senior managers • Discussed at strategic command meetings • Daily sitrep analysis available to managers • Outbreaks declared according to national guidance • All outbreaks are investigated and Serious Incidents declared. • Concise investigation and consistent Terms of reference developed • Twice weekly outbreak meetings • IIMARCH forms completed for all outbreaks • Outbreak policy in place • Active management by infection control team • Lab results available in real time via emailed list		
7. Provide or secure adequate isolation facilities			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to			

ensure: • Restricted access between pathways if possible (depending on the size of the facility, prevalence/incidence rate low/high) by other patients/individuals, visitors or staff	• Pathways clearly identified and approval process in place • Surgical green pathway implemented and reviewed according to prevalence of infection • Visitors are not permitted in Covid positive areas		
• Areas/wards are clearly signposted, using physical barriers as appropriate so patients/individuals and staff understand the different risk areas	• Signage in place • Wards accessible by swipe access • Restricted access to Covid areas		
• patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate	• All suspected and confirmed Covid patients are placed in designated cohort wards. Suspected cases are placed in side-rooms until test results are available	• A designated self-contained area or wing is not available for the treatment and care of Covid patients. No separate entrance is available	• Access is through closed doors with swipe card card access. • Not used as staff/visitor throughfare
• areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance	• Cohort bays have privacy curtains between the beds to minimise opportunities for close contact. • Separated from non-segregated areas by closed doors • Signage displayed warning of the segregated area to control entry • Cohort areas differentiate the level of care (general, respiratory HDU, Covid ICU) • Paediatric confirmed patients isolated		

• patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	in single rooms with en-suite facilities • Pre-existing IPC policies continue to apply. • Some variance required to meet the requirements of Covid levels of PPE and co-infected patients • Active management of side room provision by ICP team		
8. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
There are systems and processes in place to ensure: • Ensure screens taken on admission are given priority and reported within 24 hours • Regular monitoring and reporting of the testing turnaround times with focus on the time taken from the patient to time result is available • testing is undertaken by competent and trained individuals	• Laboratory pathways in place to ensure priority for ED samples. Red bags in use. • Staff symptomatic testing prioritized via another pathway. • Turnaround times closely monitored • Results usually available within 24 hours • Testing undertaken by registered BMS staff with documented competencies. • Method validated prior to diagnostic testing		

• patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance	• In house testing turnaround time of less than 24 hours • Tests sent to Pillar 2 labs when demand outstrips capacity • Extended laboratory working hours to deliver service • All non-elective patients are tested on admission • All positive patient results are phoned to ward by IPCN and provided to site team and ICC. • All results reported to PHE via Co-surv • All elective patients are tested 24-48 hours prior to admission • Online booking for staff and elective patient testing. • Weekly testing for all patient-facing staff by end of June 2020 • All staff positive results are delivered by Occupational health staff • Staff results sent by text message directly from on-line system • Antibody testing available to all patients and staff on request • Near patient testing go-live 7.12.20		
• regular monitoring and reporting that identified cases have been tested and reported in line with the testing protocols (correctly recorded data)	• All positive inpatients reported directly to IPC team and site practitioners via email • All staff positives reported to Occupational Health via email		

• screening for other potential infections takes place	• All positives reported to consultant microbiologists • Results directly authorized and available in real time • MRSA, MSSA, GRE, and CPE screening continues as in pre-covid policies • All routine diagnostic microbiology continues including C difficile.		
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure that: • staff are supported in adhering to all IPC policies, including those for other alert organisms	• IPC team supports wards. All wards visited daily. Full range of policies and procedures in place. • Advice available from IPC team and consultant microbiologists. On call rotas in place. • All IPC policies reviewed and in date		
• any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff	• DIPC and deputy DIPC responsible for checking for updates to national guidance and advising executive team. • Updates shared with staff in daily Covid Bulletin and Covid intranet page • IPC team support ward staff in implementing changes		

• all clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance	• All clinical waste related to possible, suspected or confirmed Covid-19 cases is disposed of in the Category B (orange) clinical waste stream.		
• PPE stock is appropriately stored and accessible to staff who require it	• PPE central stocks held on both main sites • Active management of stock levels by procurement to ensure safe levels of stock • Regular (twice daily) deliveries of PPE to clinical areas. • Central email address for PPE orders. • Reusable masks distributed to named staff as required following FIT testing		
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Appropriate systems and processes are in place to ensure: • staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	• Staff risk assessment in place. Managers advised to ensure all staff risk assessed. Risk assessment developed with BAME network and Ethics committee • Redeployment opportunities and working from home enabled for high risk staff • Staff welfare programme in place		

	including wobble rooms, free food, breakout areas, psychological support. • Staff sickness phone line in use.		
• that risk assessments are undertaken and documented for any staff members in an at risk shielding group, including Black, Asian and minority ethnic (BAME) and pregnant staff	• 93% of BAME staff have risk assessment completed • 80% of 'at risk' staff have had a risk assessment completed • Weekly return submitted		• HRBPs/divisions have plan in place to complete outstanding risk assessments
• staff required to wear FFP3 reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	• FIT testing in place including training on fit, maintenance and cleaning. • Powered air respirators available for staff who fail all fit testing • Individual use reusable respirator masks available • FIT testing register held in ICC		
• staff who carry out fit test training are trained and competent to do so	• Dedicated FIT testing team in place and fully trained		
• all staff required to wear an FFP respirator have been fit tested for the model being used and this should be repeated each time a different model is used	• All staff required to wear a FFP respirator are fit tested • Fit testing on new models available as required		
• a record of the fit test and result is given to and kept by the trainee and centrally within the	• A database of FIT testing outcomes is maintained. • Staff provided with information identifying the type of mask to be worn		

organisation • for those who fail a fit test, there is a record given to and held by trainee and centrally within the organisation of repeated testing on alternative respirators and hoods • for members of staff who fail to be adequately fit tested a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm • a documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health • following consideration of reasonable adjustments e.g. respiratory hoods, personal re-usable FFP3, staff who are unable to pass a fit test for an FFP respirator are redeployed using the nationally agreed algorithm and a record kept in staff members personal record and Occupational health service	• As above • Re-usable masks and hoods are available for staff who fail FIT testing with disposable masks • Records are kept and stored electronically • If all respirator options are unsuitable staff work from home wherever possible • Manager works with HR to identify re-deployment opportunities • New opportunities to work with vaccination teams available • Discussions are documented and records stored electronically • An electronic system is in place to record and store details for risk assessments and any necessary mitigation to support individual members of staff. Any redeployment decision is retained as part of this record. This process adopts and follows the nationally agreed algorithm		

record • boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board	• database of all staff maintained and includes record of all FIT testing • Weekly assurance template submitted by divisions against rotas • All staff not tested provided with FIT testing prior to shift • All areas have access to powered air respirators • ICC and site team receive assurance template for weekend shift		
• Consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross-over of care pathways between panned and elective care pathways and urgent and emergency care pathways, as per national guidance	• Patient and Staff Safety workstream (part of Reset and Recovery programme) has defined the principles to be used when developing elective pathways • Green pathways for elective care developed. • Weekly executive and divisional meeting to discuss progress and interdependencies • Staff screened for Covid-19 • Ward areas maintained as secure with minimal footfall • Theatre SOP in place designating green and red pathways to avoid cross over		
• All staff adhere to national guidance on social distancing wherever possible, particularly if not wearing a facemask and in	• Staff social distancing in corridors and queues. • Work to ensure that office spaces are socially distanced with risk assessments completed.		

non-clinical areas	• CCG review identified good practice in social distancing interventions • Staff working from home wherever possible • Consideration to 7 day working and shifts to reduce the number of staff in non-clinical areas. • All ward staff to wear masks at all times on wards from 1 June • Continual mask wearing guidance implemented for patient facing staff from 10 June. Non-patient facing staff from 22 June • Computers on wheels provided in some areas to support social distancing • Managers asked to review all office space to ensure social distancing in COO letter 12 June. • Managers also requested to review staff working patterns and breaks to reduce the number of non-clinical staff working on site at any time • Additional breakout areas created on both sites including outdoor space		
• health and care settings are COVID-19 secure workplaces as far as practical, that is, that any workplace risk(s) are mitigated maximally for everyone	• All non-clinical areas assessed for Covid security. • Maximum occupancy identified on signage • Disinfectant wipes available to staff in non-clinical areas to clean workstations • Homeworking support package including training and IT kit in place for staff who now work at home		

• staff are aware of the need to wear facemask when moving through COVID-19 secure areas.	• Advice given to staff to don masks whenever moving around Covid secure area • Continued communication via team brief, Pulse and Directors communications to re-iterate "hands – face – space" campaign		
• staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing	• Staff welfare programme in place including wobble rooms, free food, breakout areas, psychological support/ first aiders. • Staff sickness phone line in use and covered daily, 7 days from 1st December 2020, providing advice and information on sickness, swabbing and other COVID sickness questions. • Newly established "staffing hub" designed to proactively review staffing absence and ensure that ward shifts are effectively covered, supporting safe staffing. • Roll out of lateral flow underway • ICC monitors sickness • Occupational health support staff who are self-isolating and shielding. • Managers support staff working from home. Home working toolkit published • All staff able to access testing via on-line booking system • Symptomatic staff can access testing • Weekly asymptomatic testing to be		

• staff that test positive have adequate information and support to aid their recovery and return to work.	rolled out to all patient facing staff by end of June • Review of cases of staff Covid infection to identify any key themes and learning • Trust-wide Pulse survey in April and May. Results reviewed at executive and divisional level. Learning identified • Occupational health support Covid-positive staff and advise on return to work and re-testing • Psychological support available		

Summary report from the People and Organisational Development Committee, 20/11/20 (incl. The Guardian of Safe Working Hours Annual Report (covering October 2019 to September 2020))	**Committee Chair (Non-Exec. Director)**

The People and Organisational Development Committee met on 20th November 2020 (virtually, via webconference).

The key matters considered at the meeting were as follows:

- The **actions from previous meetings** were reviewed
- The Committee received the latest **monthly update on the latest workforce Key Performance Indicators (KPIs)** which included an update on the metrics which would be included in future reports for regretted turnover.
- The Director of Workforce provided the latest **update on the plans to improve the Human Resources function**, and it was agreed that the Director of Workforce should circulate the link to the in-house graduate management video to Committee members for information
- The Associate Director of Organisational Development gave the latest **update on the relevant aspects of the 'reset and recovery' programme** wherein the support which had been provided to staff during throughout the COVID-19 pandemic was highlighted.
- The Committee received an **update on the Strategy Deployment programme**, wherein it was agreed that the Chief Finance Officer should ensure that the Chair of the People and Organisational Development Committee is informed of whether the "True North" Meeting with Western Sussex NHS Foundation Trust and Catalysis was able to be held in a face to face setting and of any further developments in regards to timeline for the implementation of the Exceptional People, Outstanding Care Programme.
- The latest **Bi-monthly Exceptional Leaders programme update** was reviewed and it was agreed that the Director of Workforce should Ensure that a framework was provided to managers as part of the "Manager's toolkit" to highlight the expectations of managers following conversations held with team members. It was also agreed that the Associate Director of Organisational Development should liaise with the Programme Director for EPR (Sunrise) and Digital Transformation to investigate the impacts of the Electronic Patient Record 'go live' on the implementation of the Exceptional Leaders Programme, in regards to the innovations that could be provided by staff.
- The Associate Director of Organisational Develop gave an **update on the latest 'MTW Climate Survey'** during which they outlined the key themes that had emerged and highlighted the support that would be provided to the Trust's Divisions for the development of action plans in response to the findings.
- The Committee reviewed the **National NHS staff survey 2019 and staff pulse survey, June 2020: The Division's 'plan on a page' and corporate action plan** report wherein an update on the progress against the action plan in response to the National NHS staff survey 2019 was noted.
- The **Guardian of Safe Working Hours Annual Report (covering October 2019 to September 2020)** was reviewed (and this is enclosed in Appendix 1, for information and assurance).
- The **Freedom to Speak Up Guardian gave their latest quarterly report**, which included an update on the Trust's progress with the provision of the flu vaccination to staff.
- The **relevant aspects of the Board Assurance Framework (BAF)** were reviewed, and it was agreed that the Chief Finance Officer and Director of Workforce should provide further assurance in regards to the objectives allocated to the Committee within the Board Assurance Framework for 2020/21 to the January 2021 meeting.
- The Committee received the **summary report from the Health & Safety Committee** wherein it was agreed that the Trust Secretary should liaise with the Chair of the Trust Board to confirm if the Health & Safety Committee should continue to be a sub-committee of the People and Organisational Development Committee
- Under the review of the process and underlying causes for **salary overpayments and**

underpayments it was agreed that the Director of Workforce should submit an update on Electronic Staff Record (ESR) data quality to the February 2021 meeting

- The Committee's **forward programme** was noted
- Under **Any Other Business** the Committee was informed of an proposed name change to the Trust's Human Resources Function

In addition to the actions noted above, the Committee agreed that: N/A

The issues from the meeting that need to be drawn to the Board 's attention as follows: N/A

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

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

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

PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE – NOVEMBER 2020

NHS Maidstone and Tunbridge Wells NHS Trust

THE GUARDIAN OF SAFE WORKING HOURS ANNUAL REPORT (COVERING OCTOBER 2019 TO SEPTEMBER 2020)	**GUARDIAN OF SAFE WORKING HOURS**

It is outlined within "Schedule 06 – Guardian of Safe Working Hours" of the "Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016" that the Trust Board must receive a Guardian of Safe Working Hours report no less than once per quarter, which should include data on all rota gaps on all shifts. The required quarterly report is submitted via the People and Organisational Development Committee as part of the Committee's summary report to the Trust Board.

An internal decision was made to combine these quarterly reports into an Annual Report which covers each cohort of junior doctors and therefore does not follow the reporting schedule for the financial year, however covers a full year period of October to September. The latest report is enclosed which will be submitted to the December 2020 Trust Board as an Appendix to the "Summary report from the People and Organisational Development Committee.

Key points:

- The period of working during the COVD-19 pandemic as a junior doctor has been a challenging time with all Trust staff having been excellently supported
- In total there were 330 exception reports filed within the period
- No departmental fines were incurred during the period
- No 'work schedule reviews' were instigated
- Exception report response from Clinical Supervisors was good in general, however the new 7 day completion time and resolution remains a challenge.
- The Trust has 372 doctors in training.

Reason for circulation to People and Organisational Development Committee (decision, discussion, information, assurance etc.)

Information and assurance

Annual Report:

The Trust currently has 372 doctors in training.

In August 2016 the new Terms & Conditions of Service (TCS) for doctors in training were first introduced and in August 2019 these were updated. There have been no subsequent updates during this period

Standard practice at induction is that all our doctors in training receive a presentation from the Guardian for Safe Working Hours providing information on the Contract Terms & Conditions, method and reasons raising Exception Reports, the review process for Exception Reports and how outcomes from reports raised are dealt with.

It is always reiterated to our Doctors in Training that the Trust welcomes appropriate Exception Reports and that unless the Guardian is made aware of issues regarding safe working conditions he is unable to deal with these or to make improvements.

It was a great pleasure over this period to have two senior SPRs in Medicine sharing the post of Chief Registrar. They have given support to the Guardian by highlighting and identifying possible resolutions with issues that may not necessarily reach the Guardian via the Exception Reporting or Junior Doctor Forum route. This post was introduced by our trust and has been well received amongst the trainee doctors.

Exception reports raised during the period October 2019 – 2020:

1st quarter 137

2nd quarter 122

3rd quarter 13

4th quarter 58

Total: 330

It should be noted that the third quarter is within the 1st wave of the pandemic and numbers likely correspond to the reduced work intensity of the doctors in training on the wards.

The majority of reports filed are again from FY1/FY2 doctors and mainly relate to extra hours worked.

The reasons given for the additional hours worked are identical to previous years. They include last minute staff shortages due to sickness, volume of clinical work needing addressing and to attending to patients who become very unwell towards the end of the doctors shift.

The Guardian is assured that Exception Reports are rarely raised relating to inadequate supervision.

One issue that still remains is delays in Clinical Supervisors responding to Exception Reports in the appropriate time frame. Although this is a small proportion of the reports it still requires follow up by the Guardian.

The reasons for the delays include doctors in training assigning the incorrect Clinical Supervisor on the DRS4 system or when the correct Clinical Supervisor has been assigned they delay responding to the report.

The Guardian is aware that the timeframe is difficult due to clinical commitments and finding time to meet and discuss reports with trainees to resolve issues.

Medical Staffing team have supported the Guardian to improve response times for closing Exception Reports by contacting Clinical Supervisors to remind that the 7-day response time is approaching.

As Guardian, I have been particularly impressed with the doctors in training work ethic during the COVID-19. This potentially could have been a very challenging time for maintaining the physical and mental health of our junior medical staff and indeed the rest of the trust's staff.

The senior management were very quick to institute initiatives to maintain the morale of staff such as removing parking charges, providing free food to staff, setting up a 'wobble' rooms to provide psychological "first aid" support and 8am-9pm pastoral care from the senior education team at both post graduate centres.

Other initiatives over the period include 'sleep pods' being allocated to the paediatric and anaesthetic departments, hot food being readily available 24/7 from a vending machine.

This year's GMC survey covered the period March-May 2020. It was voluntary for the Trainees to complete and there was an increased emphasis on how doctors were affected by the pandemic. Overall results for the Trust on 'Health and Wellbeing' were positive – no red flags and a green for the question, 'I had easy access to a catering facility providing suitable food'.

Lastly areas to be improved on, or developed on for the next year include:

- A continued effort to speed up the process of exceptions reports being responded to in an appropriate time frame. Medical staffing advisor to undertake this role.
- Maintain the conversation between speciality rota coordinators to share good practice and initiatives, when designing rotas and dealing with rota shortages etc.
- Encourage trainee doctors to contact their clinical supervisors early, if they envisage an on-going issue, which generate a number of related exception reports
- I have been in discussions with the education centre in reinvigorating social amenities for staff at both sites

Charitable Funds Committee, 24/11/20 (incl. approval of revised Terms of Reference and approval of Annual Report and Accounts of the Charitable Fund, 2019/20))	**Committee Chair (Non-Executive Director)**

The Charitable Funds Committee (CFC) met on 24th November 2020 virtually, via webconference).

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

- The **actions from previous meetings** were reviewed
- The **Terms of Reference** were reviewed as part of the annual process and some proposed amendments were agreed. The revised Terms of Reference are enclosed in Appendix 1 (with the proposed changes 'tracked'), for the Trust Board's approval.
- The Committee considered and agreed a **proposal regarding the Committee's risk management function**.
- The Committee agreed **the proposals regarding the training requirements of staff fund holders** which included the intended revision of the Trust's "Policies and procedures for charitable funds" and additional training for fund holders.
- The **Charitable Fund Annual Report and Accounts for 2019/20** were reviewed and agreed. The Annual Report and Accounts are enclosed in Appendix 2 and the Trust Board is asked to approve these, to enable submission to the Charity Commission.
- The **financial overview at Month 7** was considered and it was noted that:
  - The fund balance stood at £976k, an increase of £213k since 1st April 2020
  - 58 specific donations had been received exceeding £1k totalling £281.2k. The largest single donation was £127.5k from NHS Charities Together for COVID-19
  - No requests for expenditure had been refused during the period
  - In total the Trust had received £212.9k from donations for COVID-19
  - It was agreed that the Fundraising Manager and Chair of the Charity Management Committee should submit a report outlining the Trust's proposed fundraising priorities, fundraising initiatives and proposed expenditure, for 2021/22 to the meeting in March 2021 (having first been considered by the Charity Management Committee)
- The Committee undertook an **annual review of the Investment Strategy** wherein no changes were proposed due to the market risks associated with COVID-19.
- The Committee reviewed **a proposal for the management and administration fee for 2020/21** and the Committee **approved the proposal** as submitted
- A **Fundraising update (including an update from the Charity Management Committee)** was provided wherein it was agreed that the Fundraising Manager should amend future reports from the Charity Management Committee to reflect the formally approved name of the Committee (i.e. amend "Charity Ops Committee" to "Charity Management Committee")
- The Committee received an **update on proposed partnership with Maggie's Centres**

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

- The Chief Finance Officer should Liaise with the Trust Secretary, Head of Financial Services and Fundraising Manager and submit a proposal to the March 2021 meeting regarding the delegation of authority to the Charity Management Committee for the approval of expenditure

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

- The Committee's Terms of Reference were reviewed and the proposed changes were agreed. The revised Terms of Reference are enclosed in Appendix 1, for the Trust Board's approval
- The Charitable Fund Annual Report and Accounts for 2019/20 were agreed and are enclosed in Appendix 2, for approval

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

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

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

CHARITABLE FUNDS COMMITTEE

Terms of Reference

Maidstone and Tunbridge Wells NHS Trust

1. Purpose

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

2. Membership

Membership of the Committee is as follows:

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

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

3. Quorum

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

4. Attendance

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

5. Frequency

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

6. Duties

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

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

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

Policy matters

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

- o A Grant Making policy (if considered by the Committee to be required)
- o Guidance for fundraising activities (if considered by the Committee to be required)

Operational matters

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

Internal and External control

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

Financial reporting

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

7. Parent committees and reporting procedure

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

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

8. Sub-committees and reporting procedure

The Committee has the following sub-committee:

- The Charity Management Committee

A written summary report from each sub-committee will be received at each meeting of the Charitable Funds Committee. The Terms of Reference of each sub-committee will be reviewed, and approved, at the Charitable Funds Committee every year.

The Charitable Funds Committee may also establish fixed-term working groups, as required, to support the Committee in meeting its duties as it, or the Trust Board, sees fit.

9. Emergency powers and urgent decisions

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

10. Administration

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

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

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

11. Review

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

History

Agreed at Charitable Funds Committee, July 2014
Approved at Trust Board, September 2014
Agreed at Charitable Funds Committee, July 2015
Approved at Trust Board, September 2015
Agreed at Charitable Funds Committee, November 2016
Approved at Trust Board, December 2016
Agreed at Charitable Funds Committee, 16th October 2017
Approved at Trust Board, 29th November 2017
Agreed at Charitable Funds Committee, 27th November 2018 (annual review)
Approved at Trust Board, 20th December 2018
Agreed at Charitable Funds Committee, 29th October 2019 (annual review)
Approved at Trust Board, 28th November 2019
Agreed at Charitable Funds Committee, 24th March 2020 (to include the Charity Management Committee as a sub-committee)
Approved at Trust Board, 30th April 2020
Agreed at Charitable Funds Committee, 24th November 2020 (annual review)
Approved at Trust Board, 17th December 2020

Annual Report and Accounts

For the year ended 31st March 2020

Charity Number 1055215

Contents

Fundraising Foreword

This year the Charitable Fund received total income of £700,000 from individuals, groups and organisations in the form of generous donations, legacies and fundraising activities.

Every donation is important and many people have been inspired to donate as a result of excellent care which either they, or their loved ones, have received from the Trust.

This year raising awareness of the Charity has continued at pace both internally and externally via regular marketing and engagement. As part of our challenge events development Fundraising invested in a modest number of running places at key events.

2020 marked the Covid-19 pandemic with the exceptional NHS response generating a new supporter base and awareness of NHS charities. As a member of NHS Charities Together (NHSCT) and an active member, the Charity is working hard to maximise fundraising.

Fundraising continues to work in partnership with divisions and donors to enhance the patient and staff experience. Examples include the Neonatal Unit's new video messaging service which has been funded for two years, following a corporate donation. This service has supported families and helped to reduce separation anxiety.

Thank you to all our fantastic fundraisers and supporters.

Laura Kennedy
Fundraising Manager

Our performance

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

Our achievements

The Corporate Trustee (Trustee) presents the Maidstone and Tunbridge Wells NHS Trust Charitable Funds (the Charity's) Annual Report and the audited financial statements for the year ended 31st March 2020.

The financial statements set out on pages 19 to 34 comply with the charity's trust deed, Accounting Standards in the United Kingdom and the Statement of Recommended Practice (SORP) relevant to charities preparing their accounts in accordance with the Financial Reporting Standard (FRS) applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

Trustee Statement

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

The Trustees and the Trust wish to extend our thanks for the kind generosity that we have received since the start of the pandemic in March 2020. With your support our staff and patients have benefited from the improved services and facilities that your donations have funded within 2020/21.

The role of the Charity

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

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

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

Within the Umbrella there were a total of 43 individual funds at the 31st March 2020 with a total value of £763k. The number of funds in each category is as follows:

- 18 restricted funds[1].

[1] Restricted funds are the funds of the charity that are required to be expended in a certain way, or limited to expenditure for a particular purpose.

- 2 endowment funds (capital in perpetuity) - only the net income to be spent, whilst the capital remains invested.
- 23 unrestricted[2] or designated[3] funds created for donations received for use by hospitals, wards and departments to reflect donors' wishes. These do not form a binding trust.
- The major funds within each of these categories are disclosed in Note 8 in the accounts.

The Corporate Trustee

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

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

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

Executive Directors	**Non-Executive Directors**	**Other Directors**
Miles Scott – Chief Executive	David Highton – Chair of the Trust Board	Sara Mumford – Director of Infection Prevention & Control
Stephen Orpin – Deputy Chief Executive / Chief Finance Officer	David Morgan	
Peter Maskell – Medical Director	Sarah Dunnett	
Sean Briggs – Chief Operating Officer	Maureen Choong	
Claire O'Brien – Chief Nurse	Neil Griffiths	
Simon Hart – Director of Workforce	Nazeya Hussain (left Trust Board on 21st June 2019)	
Amanjit Jhund – Director of Strategy, Planning and Partnerships	Jo Webber – Associate Non-Executive Director	
	Emma Pettitt-Mitchell – Associate Non-Executive Director	
	Karen Cox – Associate Non-Executive Director	
	Richard Finn – Associate Non-Executive Director	

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

The principal office of the Charity is:

Trust Headquarters,

[2] Unrestricted funds are the funds of the charity that may be spent entirely at the discretion of the Trustee
[3] Designated funds are funds set aside for designated purposes. Designated funds are unrestricted as the Trustee can remove the designation at any time

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

Principal advisors:

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

Governance and Management of the Charity

Governance

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

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

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

Recruitment and Training of Trust Board and Charitable Funds Committee Members

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

Management of the Charity

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

Risk Management

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

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

Investment Powers

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

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

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

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

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

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

Investment strategy

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

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

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

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

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

Professional Advisors

Grant Thornton UK LLP is the Trust’s appointed External Auditors. For the 2019/20 financial year, an independent examination will be carried out as the charity’s gross income falls below £1m.

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

Aims and Objectives for the Public Benefit

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

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

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

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

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

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

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

Strategy for Achieving its Objectives

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

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

Reserves and Commitments

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

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

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

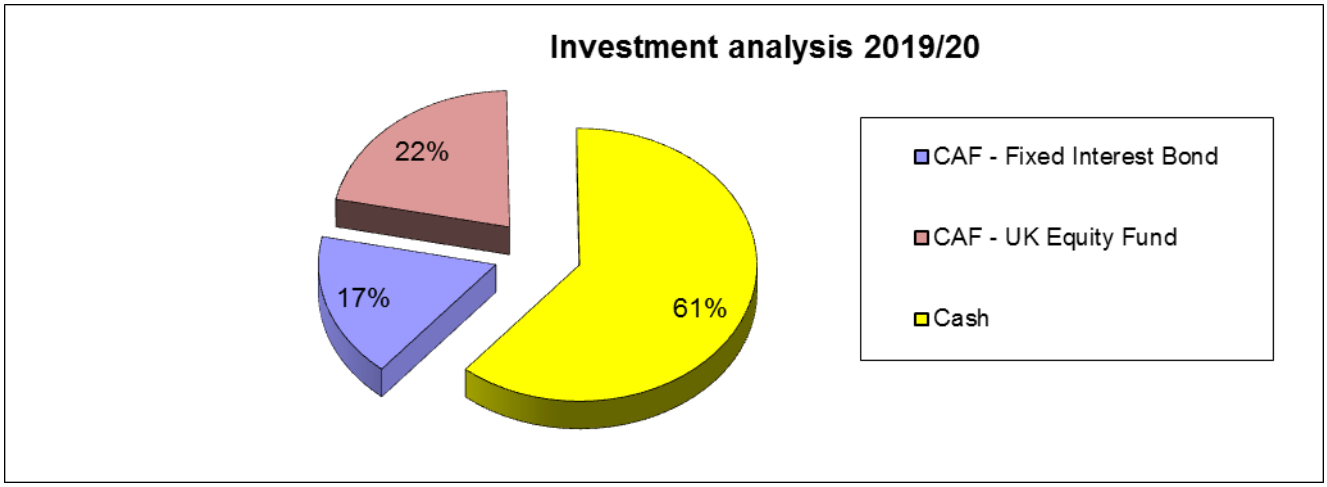
basis as the Corporate Trustee has a policy to put the funds to the best possible use as quickly as is reasonably possible, taking into consideration any particular restrictions imposed by individual donors.

Investment Performance

Investment income for the year was £22k (in 2018/19, £19k). In the current economic climate this is considered to indicate an acceptable performance for an investment strategy based on a low risk portfolio of investments. The total performance return on the portfolio of the investments (equity and bond) was a loss of £89k. This reflects a significant downturn in market performance compared with the previous year which has been attributed, in part, to the Covid-19 pandemic. The Trustee continues to review its investment strategy to seek to maximise its resources whilst maintaining liquidity and security of assets.

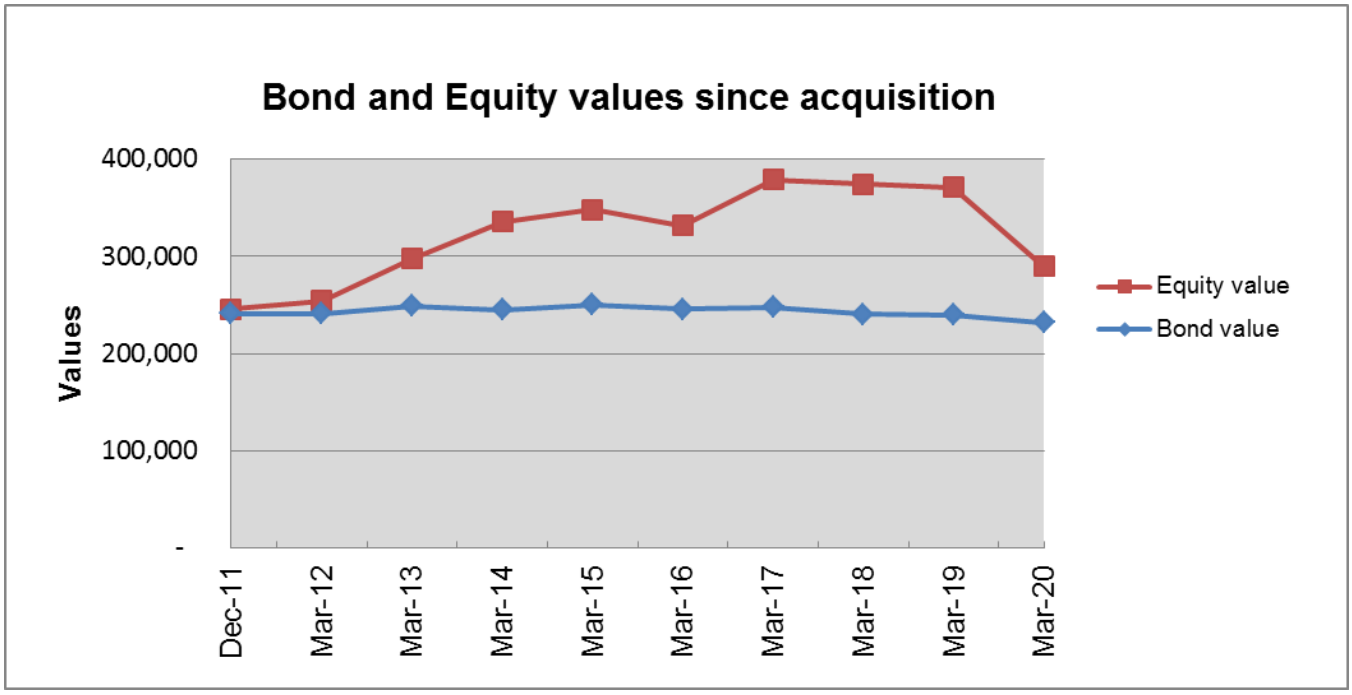
The value of equities and bonds varies according to market forces with the CAF bonds and equities portfolio decreasing in market value to £522k at 31 March 2020 (£611k at 31 March 2019). The cash investment at 31 March 2020 was £830k (£413k at 31 March 2019).

The current asset portfolio of cash and investment allocation totalling £1,352k at 31 March 2020 is shown in the following graph:



The cash allocation at 61% is currently higher than the strategy of Cash of 50%. The bonds investment of 22% is lower than the 25% bond strategy; and the equities investment is also lower at 17% than the planned strategy of 25%. Both the bond and equity investments have not performed well this year due to the influence of the Covid pandemic on the money markets so the valuation has fallen, reducing their proportion of the total.

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

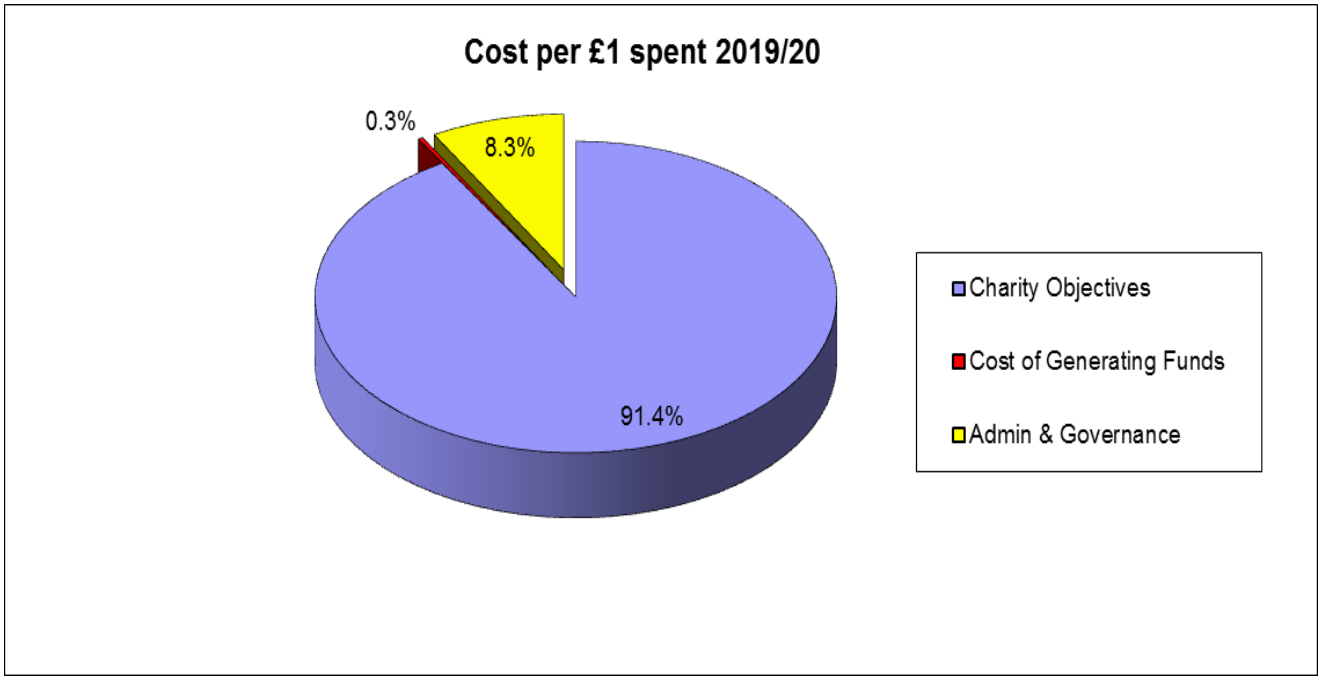


Performance of the portfolio is monitored and reviewed by the Charitable Funds Committee.

Achievement of public benefit

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

The graph below shows that in this financial year for every £1 of expenditure, 91 pence was spent in directly achieving the objectives of the charity. This has remained the same as the equivalent ratio for 2018/19 (91 pence).



Expenditure

Total resources expended by the Charity within this financial year were £1,041k (in 2018/19, £753k), breakdown as follows:

Contribution to NHS:

- £549k Medical Equipment (in 2018/19, £609k)
- £300k Construction of Helipad

Support and fundraising cost:

- £86k Support and fundraising costs (in 2018/19, £68k)

Staff Welfare:

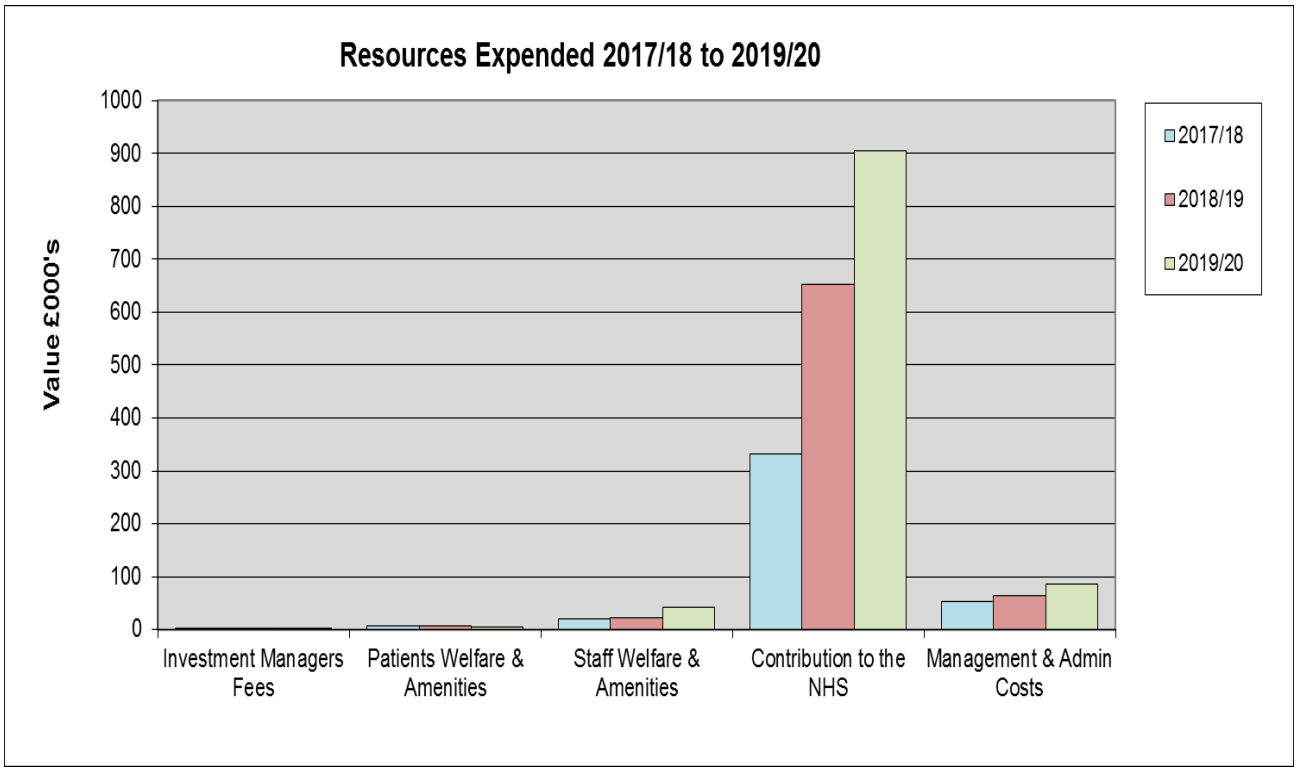
- £43k Staff Welfare and amenities (in 2018/19, £22k)

Patients Welfare:

- £5k patients welfare and amenities (in 2018/19, £7k)

Included within the governance cost of £86k are the internal management fees for financially administering the funds and the costs of the Fundraiser Manager. The fees are agreed each year by the Trustees. These costs are charged proportionately across the unrestricted funds whose balance is greater than £1k on a quarterly basis.

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



Charitable expenditure for the year is detailed below.

Medical Equipment – Total spend £549k (in 2018/19, £609k)

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

The most significant purchases were:

- Artis Zee floor mounted cardiology system for Magnetic Navigation (£92k)
- BK 3000 ultrasound system (£83k)
- Pinpoint camera stack Laparoscope (£172k)
- 20 sets of Cystoscopes and 30 degree flexiline telescopes with biopsy adaptor for Urology Theatres (£80k)

"Thanks to charitable funds 20 fully packaged cystoscopy sets are now frequently used in Urology Theatres and have upgraded our existing equipment. These sets will continue to benefit patients for the next two decades."

Figure 1 Camera stack Laparoscope

Figure Cystoscopy Full Sets

Figure 2 BK 300 Ultrasound

Figure 3: Donations helped to fund the Rainbow Badge initiative giving staff a way to show that their place of work offers open, non-judgemental and inclusive care for all who identify as LGBTQ+

Patient Welfare and amenities – Total spend £5k (in 2018/19, £7k)

The most significant spends were:

- Production of a video to go onto the MTW website to provide information and reassurance to patients coming into the hospital for Cancer treatment (£1.3k)
- Patient dignity tunics for Cancer Services (£2k)

Staff Amenities and Welfare – Total spend £43k (in 2018/19, £22k)

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

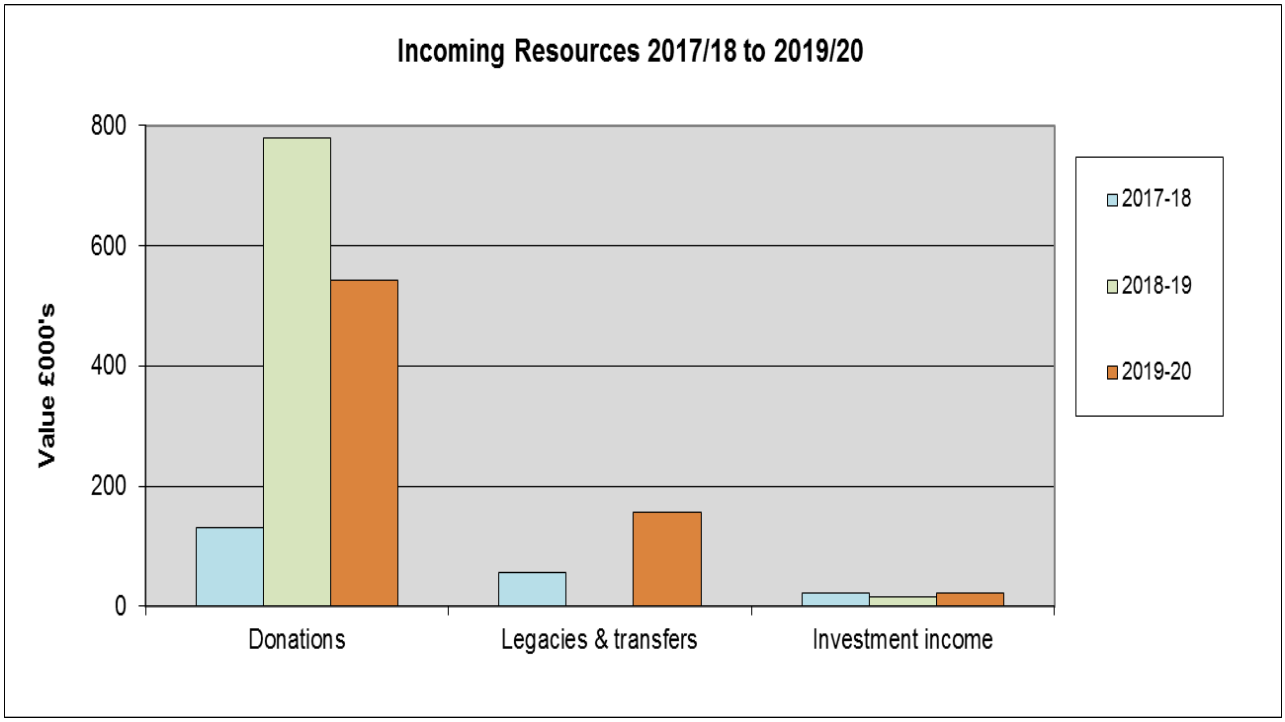
The majority of the expenditure (79%) is focussed on additional training, allowing staff to develop within their roles and allowing them to enhance patient care and experience.

Other – Total spend £356k (in 2018/19, £43k)

The most significant spend was on the construction of a new Helipad at Maidstone Hospital (£300k). The new facility was formally opened by the Princess Royal on Wednesday 11th December 2019 and was fully funded by the HELP appeal (Helicopter Emergency Landing Pads).

Income

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



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

A total of £543k was received from donations (in 2018/19, £780k) and £157k from legacies (in 2018/19, £0k).

The Trust received 5 significant (>£10k) donations from County Air Ambulance £150k; £195k from Peggy Wood Foundation; £14k from Kent & Sussex Darts League; £22k from Morrison's and £20k from AFJ Clifford

Legacies

The Trust received 3 legacies this year totalling £157k (£0k in 2018/19), £139k from the Late Eileen Elsie Maskell; £17k from the Late John Anthony Hennessy and £.06k from the Late Daisy Ellen Bird.

We will continue to promote gifts in wills as a way for people to support the Charity.

Online fundraising

The Charity's 'Just Giving' page received donations of more than £19k this year (£19k 2018/19).

This year we also extended the choice of online platforms to include Virgin Money Giving.

Intangible Income

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

Looking Forward - our plans for the future

Work is continuing at pace to develop the Charity and make it a more vibrant and proactive organisation than ever before. The Trustee is dedicated to strengthening the Charity, working in partnership with the Trust to achieve their aim to deliver an outstanding healthcare service for our patients.

The Trust is currently a member of NHS Charities Together and continues to work in partnership with members to ensure best fundraising practice.

We look forward to working with new and existing supporters to enhance the patient, carer and staff experience.

Making donations

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

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

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

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

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

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

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

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

Statement as to disclosure to our auditors

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

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

By Order of the Trustee

Signed:

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

Date: ……

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

I report on the accounts of Maidstone and Tunbridge Wells NHS Charitable Fund (the "charity") for the year ended 31 March 2020, which are set out on pages 19 to 34.

Independent examiner's statement

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

- which gives me reasonable cause to believe that in any material respect, the requirements:
  - to keep accounting records in accordance with section 130 of the Charities Act 2011; and
  - to prepare accounts which accord with the accounting records; and
  - to comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008

  have not been met, or
- to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Basis of independent examiner's statement

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

Respective responsibilities of corporate trustee and examiner

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

It is my responsibility to:

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

Your attention is drawn to the fact that the charity's trustee has prepared the charity's accounts in accordance with the Statement of Recommended Practice 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) issued in October 2019 in preference to the Statement of Recommended Practice 'Accounting and Reporting by Charities: Statement of Recommended Practice (revised 2005)' issued in April 2005 which is referred to in the Charities (Accounts and Reports) Regulations 2008 but has been withdrawn. I understand that the charity's trustee has done this in order for the charity's accounts to give a true and fair view in accordance with United Kingdom Generally Accepted Accounting Practice effective for reporting periods beginning on or after 1 January 2019.

Use of this report

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

Darren Wells

CPFA

Grant Thornton UK LLP
Chartered Accountants
London

[Date**]**

Statement of Financial Activities for the year ended 31st March 2020

					2019/20	2018/19
	Note	**Unrestricted Funds**	**Restricted Funds**	**Endowment Funds**	**Total Funds**	Total Funds
		£000	£000	£000	**£000**	£000
Income	2					
Donations		361	182	0	**543**	780
Legacies		18	139	0	**157**	0
Total Donations and Legacies		**379**	**321**	**0**	**700**	780
Investment income		14	8	0	**22**	19
Total income		**393**	**329**	**0**	**722**	799
Expenditure	3					
Costs of generating funds	3.1	(2)	0	0	**(2)**	(3)
Charitable Activities						
Activities in furtherance of Charity's objectives	3.2	(449)	(590)	0	**(1,039)**	(751)
Total expenditure		**(451)**	**(590)**	**0**	**(1,041)**	(754)
Gains / (losses) on investments	4	(39)	(50)	0	**(89)**	(4)
Net income/expenditure		**(97)**	**(311)**	**0**	**(408)**	41
Fund transfer	4	0	0	0	**0**	0
Net movement in funds	4	**(97)**	**(311)**	**0**	**(408)**	41
Fund balances brought forward at 31 March 2019		530	632	8	**1,170**	1,129
Fund balances carried forward at 31st March 2020		**433**	**321**	**8**	**762**	1,170

The notes at pages 24 to 35 form part of these financial statements.
Please note there may be some rounding's within the numbers

Balance Sheet as at 31st March 2020

					2019/20	2018/19
	Note	**Unrestricted Funds**	**Restricted Funds**	**Endowment Funds**	**Total Funds**	Total Funds
		£000	**£000**	**£000**	**£000**	£000
Fixed Assets	5					
Investments	5.1	299	223	0	**522**	611
Total Fixed Assets		299	223	0	**522**	611
Current Assets	6					
Cash at bank and in hand	6.1	471	351	8	**830**	413
Debtors due within one year	6.2	0	0	0	**0**	146
Total current Assets		**471**	**351**	**8**	**830**	**559**
Liabilities						
Creditors due within one year	7.1	(338)	(252)	0	(589)	0
Net Current Assets / (Liabilities)		**133**	**99**	**8**	**241**	**559**
Total Net Assets		**432**	**322**	**8**	**762**	**1170**
Funds of the Charity	8					
Endowment Funds		0	0	8	**8**	8
Restricted Funds		0	322	0	**322**	632
Unrestricted Funds		432	0	0	**432**	530
Total Funds		**432**	**322**	**8**	**762**	**1170**

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

The charitable funds financial statements were approved by the Trust Board on the 17th December 2020 and signed on its behalf as Trustee by:

_____ _____

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

Statement of cash flows at 31st March 2020

	Note	**2019/20 £000's**	**2018/19 £000's**
Cash flows from Operating activities:			
Net Income /(Expenditure) for the reporting period	4	(408)	41
Adjustments for:			
(Gains)/losses on investments	4	89	4
Dividends, interest and rents from investments	2	(22)	(19)
(increase)/Decrease in debtors	6.2	146	(103)
Increase/(decrease) in creditors	7.1	589	0
Net Cash provided by (used in) operating activities		**394**	**(76)**
Cash flows from investing activities:			
Dividends, interest and rents from investments		22	19
Net Cash provided by (used in) investing activities		**22**	**19**
Cash flows from financing activities		0	0
Change in cash and cash equivalents in the reporting period		416	(57)
Cash and cash equivalents at the beginning of the reporting period		413	470
Cash and Cash equivalents at the end of the reporting period	6.1	830	413
Cash in hand		**830**	**413**

1. Principal accounting policies

1.1. Basis of preparation

The financial statements have been prepared in accordance with applicable Accounting and Reporting by Charities: Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) effective 1st January 2019 and the Charities Act 2011. A summary of the principal accounting policies, which have been applied consistently, are set out below.

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

The Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern and uncertainties affecting the current year's accounts. The charity ended the year with £763k in available funds which the trustees consider to be sufficient to ensure that the charity is able to meet its existing plans and obligations. The charity receives donations and legacies at differing levels from year to year but the underlying healthcare activities are continuing which supports a reasonable assumption of future donations. The Trustees are considering a range of proposals to enhance the visibility of the charity and to increase its fundraising effectiveness.

Whilst the Covid-19 pandemic has had a negative impact on our charity's ability to generate income from investments, this has not made a material impact in the 2019/20 financial year, as the outbreak was at the end of March 2020.

1.2. Reconciliation with previous generally accepted accounting practices

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

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

1.3. Income

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

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

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

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

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

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

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

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

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

1.4. Expenditure

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

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

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

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

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

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

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

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

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

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

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

1.5. Structure of funds

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

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

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

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

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

1.6. Finance and Operating Leases

The Charity has no finance or operating leases

1.7. Fixed Assets

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

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

Investment properties
The Charity held no investment properties during the year

1.8. Stocks

The Charity held no stocks during the year

1.9. Gains and losses

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

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

1.10. Cash and Cash equivalents

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

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

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

1.11. Financial Instruments

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

1.12. Pensions

The Charity has no direct employees but does charge costs relating to finance support staff and the full costs of the fundraiser. These employees are contracted by the Trust and pension liabilities are charged as part of the recharge.

1.13. Prior Year Adjustments

The Trust has not made any prior year adjustments

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

2. Income

				2019/20	2018/19
Voluntary Income	Unrestricted Funds	Restricted Funds	Endowment Funds	**Total Funds**	Total Funds
	£000	£000	£000	**£000**	£000
Donations	344	180	0	**524**	761
Donations – website	17	2	0	**19**	19
Legacies	18	139	0	**157**	0
Total Donations and Legacies	**379**	**321**	**0**	**700**	**780**
Investment income					
Dividends from investment portfolio	11	6	0	**18**	15
Interest from investment portfolio	1	1	0	**2**	1
Bank Interest	1	1	0	**2**	3
Total Investment income	**13**	**8**	**0**	**22**	**19**
Total incoming resources	**392**	**329**	**0**	**722**	**799**

3. Expenditure

3.1. Cost of generating funds				**2019/20**	2018/19
	Unrestricted Funds	Restricted Funds	Endowment Funds	**Total Funds**	Total Funds

	£000	£000	£000	**£000**	£000
Investment managers fees	(2)	(0)	0	**(2)**	(3)

				2019/20	2018/19
3.2. Charitable Activities	Unrestricted Funds	Restricted Funds	Endowment Funds	**Total Funds**	Total Funds
	£000	£000	£000	**£000**	£000
Patients welfare and amenities					
Hospitality	0	0	0	0	0
Other	(5)	0	0	(5)	(4)
Complementary Therapies	0	0	0	0	(2)
Total patients welfare and amenities	**(5)**	**(0)**	**0**	**(5)**	**(6)**
Staff welfare and amenities					
Training	(33)	(1)	0	(34)	(5)
Hospitality	0	0	0	0	0
Christmas Events	(6)	0	0	(6)	(1)
Other	(3)	(0)	0	(3)	(16)
Total staff welfare and amenities	**(42)**	**(1)**	**0**	**(43)**	**(22)**
Medical and Rehabilitation Equipment	(275)	(274)	0	(549)	(609)
Furniture and Fittings	(40)	0	0	(40)	(5)
Other	(15)	(0)	0	(15)	(43)
Building Costs	(3)	(299)	0	(301)	(0)
Governance - Salaries & overheads	(68)	(15)	0	(84)	(61)
Governance - Audit Fees (external)	(1)	(1)	0	(2)	(3)
Total contribution to Maidstone and Tunbridge Wells NHS Trust	**(402)**	**(590)**	**0**	**(991)**	**(721)**
Total cost of charitable activities	**(449)**	**(590)**	**0**	**(1039)**	**(751)**

				2019/20	2018/19
3.2. Charitable Activities	Unrestricted Funds	Restricted Funds	Endowment Funds	**Total Funds**	Total Funds
	£000	£000	£000	**£000**	£000
Total resources expended	**(451)**	**(590)**	**0**	**(1041)**	**(754)**

Employee Information

The Charity does not employ any staff directly, although members of the finance team support the governance and administration function of the Charity and a full time Fundraiser is employed by the Trust and recharged in full to the Charity. Their costs have been included in the table above.

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

4. Net Movements in Funds

				2019/20	2018/19
	Unrestricted Funds	Restricted Funds	Endowment Funds	**Total Funds**	Total Funds
	£000	£000	£000	**£000**	£000
Net Incoming/(outgoing) resources before other recognised gains and losses	(58)	(261)	0	**(319)**	45
Gains/Losses on Investments	(39)	(50)	0	**(89)**	(4)
Total net movement in funds	**(97)**	**(311)**	**0**	**(408)**	41
Funds transfers	0	0	0	**0**	0
Total net movement in funds after transfers	**(97)**	**(311)**	**0**	**(408)**	41
Fund balances at 1st April 2019	530	632	8	**1,170**	1,129
Fund balances carried forward at 31st March 2020	**433**	**321**	**8**	**762**	1,170

5. Analysis of Movement of Fixed Asset Investments

5.1. Investments	Carrying value at 01/04/2019	Additions to investment at cost	Disposals at carrying value	Net gain / (loss) on revaluation	**Carrying value at 31/03/2020**
	£000	£000	£000	£000	**£000**
CAF Bond Income Fund (UK)	240	0	0	(8)	**232**
CAF Equity Growth Fund (UK)	372	0	0	(81)	**290**
Total Fixed Asset Investments	**611**	**0**	**0**	**(89)**	**522**

6. Current Assets

6.1. Cash and cash investments	**2019/20**	2018/19
	Total Funds	Total Funds
	£000	£000
Cash Investments:		
Santander	**82**	82
Clydesdale	**87**	87
CAF (closed August 2019)	**0**	80
Operational Bank Accounts:		
Government Banking Service (GBS) bank account	**540**	156

Nat West bank account	**120**	8
Total Cash and Cash Investments	**830**	**413**

6.2. Debtors	**2019/20**	2018/19
	Total Funds	Total Funds
	£000	£000
Intercompany debtor between Trust exchequer and charity accounts	**0**	146
Total Debtors due within one year	**0**	**146**

7. Current Liabilities

7.1. Creditors	**2019/20**	2018/19
	Total Funds	Total Funds
	£000	£000
Amounts falling due within one year:		
Trade Creditors	**(0)**	(0)
Other Creditors	**(0)**	(0)
Intercompany creditor between the charity and the Trust exchequer account	**(587)**	(0)
Accruals	**(2)**	(0)
Total Creditors due within one year	**(589)**	**(0)**

8. Details of Funds

Description	Fund number	Fund Type	Balance 01-Apr-2019	Incoming Resources	Resources Expended	Gain & (losses) on revaluation & disposal of investment assets	Balance 31-Mar-2020
			£000	**£000**	**£000**	**£000**	**£000**

A.Haines – Capital in perpetuity	67020	Endowment	7	0	0	0	7
E.C.Beedle Fund - Capital in perpetuity	67010	Endowment	1	0	0	0	1
Total Endowment Funds			**8**	**0**	**0**	**0**	**8**

Please note that there may be some rounding's within the following numbers:

Description	Fund number	Fund Type	Balance 01-Apr-2019	Incoming Resources	Resources Expended	Gain & (losses) on revaluation & disposal of investment assets	**Balance 31-Mar-2020**
			£000	£000	£000	£000	**£000**
Cardiac Equip Fd Ms Crow Legacy	65450	Restricted	33	2	(13)	(3)	**18**
Cardio Equip TW Hayling Legacy	65460	Restricted	83	1	21*	(10)	**95**
E&M Dir Diabetes Fund Tw	65410	Restricted	51	1	0	(7)	**46**
Oncology Centrifuge Fund	61490	Restricted	23	0	(1)	(3)	**20**
Oncology Equipment Fund	67170	Restricted	175	7	(175)	(6)	**0**
Oncology Prostate Equip Fund P Ward Legacy	61310	Restricted	11	0	(1)	(2)	**9**
Pierre Fabre Grant Fund	61720	Restricted	55	1	(2)	(7)	**47**
E&M Directorate - Frances Gibson Legacy	65180	Restricted	23	0	(1)	(3)	**19**
Maidstone Helipad Fund	66520	Restricted	150	151	(301)	(0)	**0**
Other Restricted Funds (closing balances <£10,000)			27	167	(117)	(9)	**70**
Total			**632**	**330**	**(589)**	**(50)**	**322**

Restricted Funds							

- The value of £21k appears as a positive balance in expenditure instead of a negative as the Trust was accruing for expenditure that was planned for at the end of 2018/19 but then didn't happen so the accrual was reversed out in 2019/20.

Description	Fund number	Fund Type	Balance 01-Apr-2019	Incoming Resources	Resources Expended	Gain & (losses) on revaluation & disposal of investment assets	Balance 31-Mar-2020
			£000	**£000**	**£000**	**£000**	**£000**
General Fund	61000	Unrestricted	14	35	(26)	(2)	**21**
Emergency & Medical Directorate	61020	Unrestricted	11	4	(7)	(1)	**6**
Critical care Dir Fund	61060	Unrestricted	16	30	(22)	(3)	**21**
Surgery Directorate Fund	61140	Unrestricted	27	7	(20)	(3)	**11**
Cancer Services Fund	61350	Unrestricted	30	56	(45)	(5)	**36**
Sutcliffe Fund	61370	Unrestricted	259	3	(236)	0	**25**
Paediatric Dir Fund	61540	Unrestricted	15	6	(14)	(2)	**5**
Radiology Fund	61590	Unrestricted	39	2	(14)	(4)	**23**
Cardiac Fund	65400	Unrestricted	39	3	(11)	(5)	**26**
Haematology Development Fund	65600	Unrestricted	11	1	(4)	(1)	**8**
Peggy Wood Breast Care Centre	67160	Unrestricted	40	197	(12)	(9)	**215**
Other Unrestricted Funds (closing balances <£10,000)		Unrestricted	28	50	(42)	(4)	**35**
Total Unrestricted Funds			**530**	**393**	**(451)**	**(39)**	**432**

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

Restricted Funds	**Nature and purpose of Fund**
Haematology Fund	Supports the Haematology Department at Maidstone Hospital
Pierre Fabre Grant Fund	Supports the Oncology Department at Maidstone Hospital with specialist procedures.
Oncology Centrifuge Fund	Supports the purchase of a centrifuge for the Oncology Centre
Cardio Equip Hayling Legacy Fund	Supports the Cardio Respiratory Unit at Tunbridge Wells Hospital
Cardiac Equip Crow Legacy Fund	Supports the Cardiac Unit at Maidstone Hospital
E&M Dir Diabetes Fund TW	Supports the Diabetic Unit at Tunbridge Wells Hospital
E&M Directorate Gibson Legacy	Supports the emergency & Medical Directorate
Maskell equipment Legacy	Supports equipment purchases at Tunbridge Wells Hospital
Unrestricted Funds	
General Fund	Supports Maidstone and Tunbridge Wells NHS Trust
Surgery Directorate Fund	Supports the Surgery Directorate
Cancer Services Fund	Supports the Cancer Services department
Radiology Fund	Supports the Radiology Department at Maidstone Hospital
Cardiac Fund	Supports the Cardio Respiratory Unit at Tunbridge Wells Hospital
Special Care Baby Unit Fund TW	Supports the Special Care Baby Unit at Tunbridge Wells Hospital
Peggy Wood Breast Care Centre	Supports the Peggy Wood Breast Care Centre
Sutcliffe Fund	Supports the purchase of medical equipment for the Haematology and Oncology departments

9. Charity Tax

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

10. Related Parties

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

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

The Charity has made revenue and capital payments, in the form of grants, to Maidstone and Tunbridge Wells NHS Trust, the Corporate Trustee of the charity. In addition £86k (in 2018/19, £65k) was payable by the Charity to the Trust in respect of contribution to salaries and overheads to support the administration and fundraising activities of the Charity. The amount owed at the balance sheet date to the Charity by the Trust was £0k, (in 2018/19, £146k). Total amount owed by the charity to the Trust for 2019/20 £589k (in 2018/19, £0k).

11. Events after the reporting year

The Trust does not have any events after the reporting period

Summary report from the Patient Experience Committee, 01/12/20 (incl. approval of revised Terms of Reference)	**Committee Chair (Non-Executive Director)**

The Patient Experience Committee (PEC) met on 1st December 2020.

The key matters considered at the meeting were as follows:

- The a**ctions from previous meetings** were reviewed.
- The **Terms of Reference** were reviewed as part of the annual process and some proposed amendments were agreed, it was also agreed that the Assistant Trust Secretary should ensure that the Committee's Terms of Reference are updated to combine purpose one and purpose two into a singular purpose and replace the duty "To maintain awareness of the developments with the Kent and Medway Sustainability and Transformation Partnership (STP)" with "To maintain awareness of the developments with the Kent and Medway Integrated Care System (ICS)", prior to submission to the Trust Board for approval in December 2020. The revised Terms of Reference, with the requested amendments incorporated are enclosed in Appendix 1 (with the proposed changes 'tracked'), for the Trust Board's approval. Additionally it was agreed that the Director of Strategy, Planning and Partnerships should submit an "update on the evolution of integrated care (incl. the Trust's next steps)" to the March 2021 meeting.
- The Committee received an **update on the Trust's Stroke rehabilitation service** wherein it was agreed that the Programme Director for Stroke should liaise with the Deputy Chief Nurse and Interim Patient Experience Lead to consider the method by which updates on the patient experience aspects of stroke services at the Trust are submitted to the Committee (including the experiences of relatives and staff involved in the pathway).
- The Committee undertook a **review of complaints (including complaints related to COVID-19 and the steps being taken to address the issues raised)** which included the continuing focus on the improvement of communication across the Trust and the steps being taken to minimise the impacts on patients and their relatives.
- The Committee reviewed the **learning in regards to communication with patients during COVID-19 and the steps to be implemented to improve communication with patients** wherein it was agreed that the Deputy Chief Nurse should Investigate the problems reported at the December 2020 meeting in regards to the main entrance security procedures at the Maidstone Hospital entrance (including considering the utilisation of a volunteer hub, it was also agreed that the Director of Strategy, Planning and Partnerships should liaise with the Director of Emergency Planning and Communications to consider the method by which patients could be assured that if they are delayed attending their appointment due to the security procedures in place at the Trust's hospital entrances they would still be seen.
- The Committee reviewed the **feedback from patient catering questionnaires** wherein the key areas of improvement were highlighted and it was agreed that the General Manager, Facilities should ensure that the fruit and vegetables provided to patients by the Trust's catering service were of an easily consumable size, and including considering the use of segmented or chopped fruit.
- The Committee considered its **Forward Programme** and the following agreements were made for the Assistant Trust Secretary:
  - Schedule a "Consideration of the future frequency of Patient Experience Committee meetings" item for the March 2021 meeting
  - Schedule a "how are we ensuring the optimum experience of patients and their families in a COVID-19 environment (including along the entirety of the treatment pathway)" item for the March 2021 meeting
  - Schedule a virtual "informal Patient Experience Committee" meeting for six weeks' time
- Under **Any Other Business** it was agreed that the Interim Patient Experience Lead should liaise with the relevant Transformation Programme Manager to investigate the inclusion of appointment delay times on the "lobby" screen for virtual appointments

In addition to the actions noted above, the Committee agreed:

- The Committee's Terms of Reference were reviewed and the proposed changes were agreed.

The revised Terms of Reference are enclosed in Appendix 1, for the Trust Board's approval
The issues that need to be drawn to the attention of the Board are as follows: N/A
Which Committees have reviewed the information prior to Board submission? ▪ N/A
Reason for submission to the Board (decision, discussion, information, assurance etc.)[1] Information and assurance

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

PATIENT EXPERIENCE COMMITTEE

TERMS OF REFERENCE

NHS Maidstone and Tunbridge Wells NHS Trust

1. Purpose

The Committee's purpose is to

~~1. Aim to capture the patient and public perception of the services delivered by Maidstone and Tunbridge Wells NHS Trust~~ consider the effectiveness of the Trust's progress in utilising the learning from patient and service users experience of Trust services in order to improve, and

~~2.~~1. ~~Monitor any aspect of patient experience, on behalf of the Trust Board (or at the request of any Board sub-committee or other relevant Trust committee), as required~~Identify the level of inclusion achieved for patients and service users by Trust operations

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2. Membership

From the Trust:

- Non-Executive Director or Associate Non-Executive Director (Chair)
- Non-Executive Director or Associate Non-Executive Director (Vice Chair)
- Chief Nurse
- ~~Director of Finance~~Director of Strategy, Planning and Partnerships
- Deputy Chief Nurse (x 1)
- ~~Associate~~ Deputy Director of~~for~~ Quality Governance
- Complaints & PALS Manager
- ~~Trust Secretary~~ Patient Experience Lead
- Patient Experience Lead for Maternity Services

External to the Trust:

- Public representatives from the Trust's catchment area
- Representatives from patient and carer support groups within the Trust's catchment area
- Representative from Healthwatch Kent (1)
- Representative from the local Independent Health Complaints Advocacy service (1)
- Representative from the League of Friends of the Maidstone Hospital (1)
- Representative from the League of Friends of Tunbridge Wells Hospital (1)

3. Attendance and quorum

The Committee will be quorate when ~~4~~ 3 members from the Trust (including 1 Non-Executive Director or Associate Non-Executive Director) and 3 members external to the Trust are present. Members may request a deputy to attend meetings in their place. Such a deputy will count towards the quorum.

All other Non-Executive Directors (including the Chair of the Trust Board), Associate Non-Executive Directors, and members of the Executive Team are entitled to attend any meeting of the Committee.

Any Trust staff member, including trainees, who request the opportunity to observe the meeting are welcome, subject to capacity.

~~The Associate Director of Nursing (or equivalent) from each Clinical Division will be invited to attend each meeting.~~

~~All other Non-Executive Directors (including the Chair of the Trust Board), Associate Non-Executive Directors, and Executive Directors are entitled to attend any meeting of the Committee.~~

~~A representative from the 'Doctors in training' (Junior Doctors) and/or junior members of other healthcare professions working at the Trust will be invited to attend each meeting, and provide a report on their reflections of the patient experience related matters relevant to their role.~~

~~A representative from West Kent Clinical Commissioning Group (CCG) will be invited to attend each meeting, and provide a report on relevant matters.~~

The Chair/s of the Patient Experience Committee's sub-committee will be invited to attend certain meetings, to provide a report on the sub-committee's activity.

The Committee Chair may also invite others to attend, as required, to meet the Committee's duties.

4. Frequency of meetings

Meetings will be generally held quarterly.
Additional meetings will be scheduled as necessary at the request of the Chair.

5. Duties

- To positively promote the Trust's partnership working with its patients~~ and public~~
- To aim to capture the perspective of patients ~~and the public, and present the patients' and public's perception of the Trust's services~~and present their experience of the Trust's services.
- ~~To oversee the development of patient information within the Trust, via the Patient Information Leaflet Group (PILG)~~To consider the standard and accessibility of patient and/or carer information within the Trust, via any relevant forum, including the Patient Information Leaflet Group (PILG).
- ~~To contribute to the development of Trust Policies, procedures, and strategies in so far as they relate to patient experience~~To consider the impact of Trust Policies, procedures, and strategies in so far as they relate to patient experience.
- To advise on priorities for patient surveys~~ and on the~~, methods for obtaining local patient feedback and identify exemplar practice.
- ~~To act as the primary forum by which the Trust will involve and consult with its patients and public on:~~
  - ~~The planning of the provision of its services~~
  - ~~Proposals for changes in the way those services are provided, and~~
  - ~~Significant decisions that affect the operation of those services~~
- To monitor (via the receipt of reports) the following subjects:
  - Findings from the national NHS patient surveys (along with a response)
  - Friends and Family Test findings (and response, if required)
  - Findings from local patient surveys
  - Findings from relevant Healthwatch Kent 'Enter & View' visits (with a response, if relevant)
  - ~~Comments from NHS Choices/'My NHS', and Social Media~~
  - Complaints and PALS contacts information
  - ~~Progress against the "Patient Experience" priorities in the Trust's Quality Accounts~~
  - Patient experience-related findings from Patient-led Assessments of the Care Environment (PLACE)
  - ~~Patient experience-related findings from the "Patient Representative Working Group", as required~~
- To review the work being undertaken by the Trust's ~~Clinical Directorates~~ Divisions in relation to improving patient and service user experience.
- To receive reports on the outcome of the patient partner teams.
- To maintain awareness of the developments with the Kent and Medway Integrated Care System (ICS) ~~Sustainability and Transformation Partnership (STP)~~.
- To support the work by the Trust to consult with patient and public on:
  - The planning and provision of services
  - Proposals for changes in the way those services are provided, and

- Significant decisions that affect the operation of those services in particular with regard to inclusion and service user confidence in services.

6. Parent committees and reporting procedure

The Patient Experience Committee is a sub-committee of the Trust Board. The Committee Chair will report its activities to the next Trust Board meeting following each Patient Experience Committee meeting.

Any relevant feedback and/or information from the Trust Board will be reported by Executive and Non-Executive members (including Associate Non-Executive Directors) to each meeting of the Committee, by exception.

The Committee's relationship with the Quality Committee is covered separately, below.

7. Sub-committees and reporting procedure

The following sub-committees will report to the Patient Experience Committee through their respective chairs or representatives following each meeting:

- Patient Information Leaflet Group (PILG)
- Patient Representative Group

The frequency of reporting will depend on the frequency of sub-committee meetings.

Quality Committee

The Quality Committee may commission the Patient Experience Committee to review a particular subject, and provide a report. Similarly, the Patient Experience Committee may request that the Quality Committee undertake a review of a particular subject, and provide a report.

The Patient Experience Committee should also receive a summary report of the work undertaken by the Quality Committee, for information/assurance (and to help prevent any unnecessary duplication of work). The summary report submitted from the Quality Committee to the Trust Board should be used for the purpose. Similarly, a summary report of the Patient Experience Committee will be submitted to the Quality Committee. The summary report submitted from the Patient Experience Committee to the Trust Board should be used for the purpose.

8. Administration

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

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

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

9. Emergency powers and urgent decisions

The powers and authority of the Patient Experience Committee may, when an urgent decision is required between meetings, be exercised by the Chair of the Committee, after having consulted with either the Chief Nurse or Director of Finance. The exercise of such powers by the Committee Chair shall be reported to the next formal meeting of the Patient Experience Committee, for formal ratification.

10. Review

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

History

- Terms of Reference (amended) agreed by the Patient Experience Committee, 14th October 2009
- Terms of Reference (amended) agreed by the Patient Experience Committee, 4th October 2010
- Terms of Reference (amended) approved by the Patient Experience Committee, 3rd October 2011
- Terms of Reference (amended) agreed by the Patient Experience Committee, 6th February 2012
- Terms of Reference (amended) approved by Patient Experience Committee, 7th March 2013
- Terms of Reference (amended) approved by the Trust Board, 29th April 2015
- Terms of Reference (amended) agreed by the Patient Experience Committee, 7th March 2016
- Terms of Reference (amended) approved by the Trust Board, 23rd March 2016
- Terms of Reference (amended) agreed by the Patient Experience Committee, 8th March 2017
- Terms of Reference (amended) approved by the Trust Board, 29th March 2017
- Terms of Reference approved by Trust Board, 18th October 2017 (to add Associate Non-Executive Directors to the membership)
- Terms of Reference (amended) agreed by the Patient Experience Committee, 7th March 2018
- Terms of Reference (amended) agreed by the Patient Experience Committee, 5th July 2018
- Terms of Reference (amended) approved by the Trust Board, 26th July 2018
- Terms of Reference (amended) agreed by the Patient Experience Committee, 1st December 2020
- Terms of Reference (amended) approved by the Trust Board, 17th December 2020

Summary report from Quality Committee, 10/12/20 Committee Chair (Non-Exec. Director)

The Quality Committee met (virtually, via webconference) on 10th December 2020 (a Quality Committee 'deep dive' meeting).

1. **The key matters considered at the meeting were as follows:**
   - The **progress with previous actions** was noted, but it was agreed to re-open one of the actions that had been proposed to be closed (for the Director of Estates and Facilities to "Liaise with representatives from East Kent Hospitals University NHS Foundation Trust to confirm what assurance they required in relation to water quality within their satellite Renal Unit at Maidstone Hospital") until the outcome of the liaison was confirmed.
   - The Clinical Director for Acute Medicine & Geriatrics, Programme Director for Stroke and other colleagues attended for an **update on progress with the provision of stroke services**. The presentation gave a comprehensive overview of the status of the current service, which included the challenges arising from the increasing number of COVID-19 positive patients on the Stroke Unit; and the continued frustration at the lack of a determination by the Secretary of State for Health and Social Care on the establishment of Hyper Acute Stroke Units in Kent and Medway. The Committee commended the department on the amount of progress that had been made in the face of increased demand and uncertainty. The problems caused by the breakdown of the CT and MRI scanners was also raised and the Medical Director explained the plans to address the situation.
   - The Acting Head of Learning & Development and Associate Director of Organisational Development attended for a detailed **overview of training provision**. The presentation explained the challenges to delivering the wide array of training provided to staff very well, and outlined the comprehensive plans to develop the Learning and Development service over the next few years.
   - The Trust Secretary also gave a presentation on **progress with policies that have passed their review dates** and it was agreed that he would develop a forward plan/pipeline of the Trust-wide policies that were required to be approved and ratified over the coming months. It was further agreed that an "Update on progress with policies that have passed their review dates" should be scheduled at the Quality Committee 'deep dive' meeting in February 2021.
   - A discussion was held on the **items that should be scheduled for scrutiny at future Quality Committee 'deep dive' meetings**, and it was agreed that the meeting in February 2021 should also consider a "Review of health and safety assurance".

2. **In addition to the agreements referred to above, the meeting agreed that:** N/A

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

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

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

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

NHS
Maidstone and Tunbridge Wells NHS Trust

Proposal to amend the Quality Committee's Terms of Reference (in relation to the quorum requirements for Quality Committee 'deep dive' meetings)	**Trust Secretary / Chair of the Quality Committee**

The quorum requirements for the Quality Committee 'deep dive' meeting are that two members from the Chief Nurse, Medical Director and Chief Operating Officer need to be present at the meetings. The option of allowing deputies attending in the absence of one of the three individuals has previously been considered but was not preferred at that time. However, given the increasing possibility that operational challenges may lead to one or more of those three individuals not being able to be present (such as occurred at the meeting on 10/12/20, when the meeting was not quorate, despite a deputy being in attendance for the Chief Nurse), the Chair of the Committee has confirmed (after the Quality Committee 'deep dive' meeting on 10/12/20) that the option of allowing deputies to count towards quorum at Quality Committee 'deep dive' meetings should be enacted. The same arrangement already exists for the Finance and Performance Committee.

The Trust Board is therefore asked to approve the proposed amendment. It should be noted that this arrangement is not proposed for meetings of the 'main' Quality Committee meetings (unless the Trust Board wishes to make that amendment too).

Which Committees have reviewed the information prior to Board submission?
- N/A (although the issue was discussed with the Chair of the Quality Committee on 10/12/2)

Reason for submission to the Board (decision, discussion, information, assurance etc.) [1]
Approval of the proposal to enable deputies attending the Quality Committee 'deep dive' meeting for members of the Executive Team to count towards the quorum requirements

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

NHS Maidstone and Tunbridge Wells NHS Trust

Summary report from the Finance and Performance Committee, 15/12/20	**Committee Chair (Non-Exec. Director)**

The Committee met on 15th December, via a webconference. The length of the meeting was reduced to enable the relevant members of the Executive Team to prioritise their time to respond to the current significant operational pressures faced by the Trust.

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

- The Committee received a written report & verbal update from the Chief Executive regarding **Phase three (of NHS response to COVID-19) performance and the 9-week plan (incorporating the winter plan)**. It was noted that performance through until the end of November was in line with the planned recovery of all activity. However, the continued severe challenges from the increasing number of COVID-19 inpatients in December has resulted in reduced levels of routine elective surgical activity, although clinically urgent and cancer surgery is continuing. The Committee expressed its support for the measures that had been taken to respond to the situation but requested further information relating to safe staffing levels over the next few weeks. It was noted that the Executive Team Meeting were reviewing the situation and further discussion would take place at the Trust Board
- The **month 8 non-finance related performance** was noted.
- The **financial performance for month 8** was reviewed, which included efforts being made to fund initiatives to support clinical areas in coping with current operational pressures, and the challenges in recruiting the required number of ward staff. Some further ideas were suggested and the Chief Finance Officer agreed to arrange for consideration to be given to the over-recruitment of portering and domestic staff, to aid the swift turnaround of inpatient beds (and thereby support clinical areas with the current operational pressures). The Chief Finance Officer also agreed to explore the need to purchase additional short-term diagnostic capacity (i.e. CT and MRI scans), following the concerns raised by the stroke service team at the Quality Committee 'deep dive' meeting on 10/12/20.
- The latest **quarterly update on the Trust's Use of Resources assessment** was given and the adverse impact of the COVID-19 period on the assessment process was highlighted. It was therefore agreed to schedule the next update for the meeting in June 2021.
- The Head of Strategy and System Integration attended to give an **update on the 2021/22 operating plan**, which included the approach to develop the Cost Improvement Programme (CIP). It was however noted that the national planning guidance had not yet been issued and the future financial framework had not yet been confirmed, so the current plans would likely need to change in due course.
- The programme of **reviews of previously approved Business Cases** covered the implementation of the Business Case for Point of Care Testing, and it was noted that the implementation remained broadly on schedule. It was confirmed that the scheduled three-monthly updates should continue.
- The relevant aspects of the **Board Assurance Framework (BAF)** were reviewed, which included the recent progress with implementing the Electronic Patient Record (EPR).
- The **recent findings from relevant Internal Audit reviews** were considered, which included the outcome of the reviews on "Estates Procurement", "Data Quality of Key Performance Indicators" and "Management of Post".

2. In addition to the agreements referred to above, the Committee agreed that: N/A

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

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

Reason for receipt at the Board (decision, discussion, information, assurance etc.)
Information and assurance