

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

Thu 25 March 2021, 10:00 - 12:15

Virtual Meeting, via webconference

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-3FLrluzYSc29211EQ).

03-1. To receive apologies for absence

David Highton

03-2. To declare interests relevant to agenda items

David Highton

03-3. To approve the minutes of the 'Part 1' Trust Board meeting of 25th February 2021

David Highton

 Board minutes, 25.02.21 (Part 1).pdf (8 pages)

03-4. To note progress with previous actions

David Highton

 Board actions log (Part 1).pdf (2 pages)

03-5. Report from the Chair of the Trust Board

David Highton

 Chair's report.pdf (1 pages)

03-6.

Report from the Chief Executive

Miles Scott

 Chief Executive's report.pdf (2 pages)

Assurance and policy 1

03-7.

Emergency Planning Annual Report, 2020 and future emergency planning

John Weeks

N.B. The item has been scheduled for 10.15am.

Please note that a presentation will also be given at the meeting.

 Emergency Planning Response Annual Report 2020.pdf (36 pages)

Performance

03-8.

Update on the plans for de-escalation and recovery

Sean Briggs

This will be a verbal report.

03-9.

Integrated Performance Report (IPR) for February 2021 (incl. planned and actual ward staffing for Feb. 2021)

Miles Scott and colleagues

 IPR for Feb 2021 (incl. planned and actual ward staffing).pdf (36 pages)

Planning and strategy

03-10.

Update on the future financial regime

Steve Orpin

 Update on the future financial regime.pdf (2 pages)

Quality items

03-11.

Quarterly mortality data

Peter Maskell

 Quarterly mortality report.pdf (26 pages)

Workforce

03-12.

The findings of the national NHS staff survey 2020

Cheryl Lee

 NHS staff survey 2020.pdf (70 pages)

Assurance and policy 2

03-13.

Review of the Board Assurance Framework 2020/21

David Morgan

 Board Assurance Framework 2020-21.pdf (12 pages)

03-14.

Infection prevention and control board assurance framework

Sara Mumford


 IPC BAF.pdf (47 pages)

Reports from Trust Board sub-committees

03-15.

Audit and Governance Committee, 03/03/21

David Morgan

 Summary of Audit and Governance Committee, 03.03.21.pdf (3 pages)

03-16.

Patient Experience Committee, 04/03/21

Maureen Choong

 Summary of Patient Experience Committee, 04.03.21.pdf (2 pages)

03-17.

Quality Committee, 10/03/21

Sarah Dunnett

 Summary of Quality C'ttee, 10.03.21.pdf (1 pages)

03-18.

People and Organisational Development Committee, 19/03/21

Emma Pettitt-Mitchell

 Summary of People and Organisational Development Cttee, 19.03.21.pdf (1 pages)

03-19.

Finance and Performance Committee, 23/03/21

Neil Griffiths

N.B. The report will be issued after the meeting on 23/03/21.

03-20.

Approval of an Outline Business Case (OBC) for the Kent and Medway Medical School (KMMS) accommodation

Amanjit Jhund

 KMMS OBC.pdf (96 pages)

03-21.

Charitable Funds Committee, 23/03/21

David Morgan

This will be a verbal report.

03-22.

To consider any other business

David Highton

03-23.

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.

03-24.

**MINUTES OF THE TRUST BOARD MEETING ('PART 1') HELD ON
THURSDAY 25TH FEBRUARY 2021, 10 A.M, VIA WEBCONFERENCE**

FOR APPROVAL

Present:	David Highton	Chair of the Trust Board	(DH)
	Sean Briggs	Chief Operating Officer (except for part of item 02-7 – refer to the relevant minute for the specific details)	(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)
	Doug Ward	Director of Estates and Facilities (for item 02-10)	(DW)

The meeting was livestreamed on the Trust's YouTube channel.

02-1 To receive apologies for absence

There were no apologies.

02-2 To declare interests relevant to agenda items

SDu declared that she was an interim Non-Executive Director at East Kent Hospitals University NHS Foundation Trust.

02-3 To approve the minutes of the 'Part 1' Trust Board meeting of 28th January 2021

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

02-4 To note progress with previous actions

The submitted report was noted.

02-5 Report from the Chair of the Trust Board

DH referred to the relevant attachment and thanked the staff, noting the significant reduction in COVID-19 inpatients and Critical Care patients that had occurred since the previous Trust Board. DH added that he hoped that reduction had enabled some staff to have a break. DH then noted that the report submitted under item 02-7 would consider the Trust's recovery.

DH also referred to the publication of the government's "Integration and Innovation..." white paper regarding the intended legislation for Integrated Care Systems (ICSs), and stated that the Trust Board would need to consider the implications, given the intended legal duty to collaborate. DH added that the development would provide a significant context that would affect the Trust's future.

DH then referred to the Consultant cardiothoracic radiologist that had been appointed and commended the team involved for being able to attract such an excellent candidate.

02-6 Report from the Chief Executive

MS referred to the relevant attachment and firstly highlighted the following points in relation to the aforementioned “Integration and Innovation...” white paper:

- The document contained an important set of proposals that needed to be considered, but the key issues were clear. It was however important to view the proposals in the context of the events over the past ten years, and in particular the reforms introduced by the Health and Social Care Act 2012, which had made it difficult for the NHS to act in a coherent way. The white paper should therefore be seen as an attempt to re-connect the responsibilities of the NHS while maintaining the division between commissioning services and providing such services.
- The proposals included a clear statement to place ICSs on a statutory footing and giving ICSs the commissioning budgets that currently sat with Clinical Commissioning Groups (CCGs). ICSs needed to therefore prepare for such changes.
- The proposed changes to competition and procurement would have less of a direct impact on the Trust, but would have an impact on other local organisations.
- The proposals would also combine NHS England and NHS Improvement into the same organisation, which would be known as NHS England.
- Proposals regarding social care and mental health would be published at a later point.

MS then reported that a new Single Oversight Framework (SOF) had also been introduced, which explained how Trusts and ICSs would be performance-managed and rated in the future. MS continued that the current process of segmentation would continue and described the criteria for each of the four segments. MS added that there would be clear exit criteria for Trusts placed in Segments 3 (for providers receiving mandated support for significant concerns) and 4 (for providers in special measures). MS confirmed that the Trust was currently in Segment 2 and Trusts could not be placed in Segment 1 unless they were rated as “Outstanding” by the Care Quality Commission. MS then gave his observations on both proposed developments, and emphasised that the Trust needed to focus on how it could optimise the developing arrangements.

MS then highlighted the following points from the remainder of the submitted report:

- The Kent and Medway Sustainability and Transformation Partnership (STP) was expected to be accredited as an ICS from April 2021.
- The leaders across the ICS expected the Kent and Medway ICS to be placed in Segment 3, but it had been agreed that the ICS should aim to be placed in Segment 2 as soon as possible, although that commitment had yet to be formally agreed.
- The Infant Feeding Team had achieved Stage 2 Accreditation from Unicef’s UK Baby Friendly Initiative.
- The Trust’s graduate scheme continued to develop, which would be an important part of the Trust’s future.

EPM referred to the latter point and noted that SDu and MC had commended the graduate scheme at the latest meeting of the People and Organisational Development Committee.

02-7 De-escalation and recovery

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

- Some of the Trust’s staff would present to the Health Service Journal next week, as the Trust had been shortlisted for the “Acute or Specialist Trust of the Year” award.
- The Trust wanted to ensure that staff welfare and quality were at the forefront of efforts to recover. The recovery plans had been discussed at the Executive Team Meeting (ETM) on 23/02/21, and the plans would be developed to reflect that discussion, as well as the plans that CL had submitted in relation to staff welfare.
- The number of patient falls and pressure ulcers had not been at the desired level over the past few months, so the Trust wanted to ensure there was improvement in such areas. The de-escalation of ward areas would also have a positive impact on quality.
- Some of the thoughts and processes from “Strategy Deployment” work would be embedded. Three key topics would be focused on: falls, pressure ulcers and most likely length of stay, although the latter was not yet confirmed.

- In terms of elective care, the number of patients waiting over 52 weeks for treatment had now returned to over 500, which was a similar number to that seen after the first wave of COVID-19.
- The Quality and Finance and Performance Committees had been briefed on the work being done in outpatients, and although progress had been made, there was much more to be done.
- There was still a need to focus on Emergency Department (ED) 4-hour waiting time target performance, and the pathways across the sites, as modelling had been undertaken on attendances, and these were expected to increase.
- It was acknowledged that more was required on patient communication, to ensure patients were aware when they would be treated, so a specific team would focus on that.
- A team had also been established to respond to the increase in maternity referrals.

[N.B. SB had to leave the meeting at this point due to internet connection problems. DH therefore invited CL to report on the staff welfare aspects of the Trust's recovery]

CL referred to the staff welfare aspects and reported that the "ACT" initiative had commenced, to ensure there was a focus on "Annual Leave", "Conversations" and "Team development". CL then elaborated on the three aspects, and acknowledged the support that would need to be given to help staff and line managers implement the expected behaviours.

CL then reported on the Business Case that she intended to submit to the Business Case Review Panel and ETM ahead of the starting date of the Trust's new Chief People Officer.

[N.B. SB re-joined the meeting at this point]

MS then referred to the submitted report and added his observations on the areas of focus. DH noted that he looked forward to receiving progress reports at the next two Trust Board meetings, and commended the focus on staff welfare.

SDu then referred back to MS' earlier comments regarding the work to achieve a Segment 2 SOF rating for the Kent and Medway ICS, and asked how such efforts aligned with the Trust's own plans and ambitions. MS replied that the Trust should have a very clear objective to reach Segment 1 as soon as possible, but some of the actions required to achieve Segment 1 would involve working with partners in the local system, including with GPs. MS continued that he believed the ICS' SOF rating needed to be incorporated into the Trust's future development, as it would not be enough to, for example, deliver ED 4-hour waiting time target performance at the expense of Referral to Treatment (RTT) target performance, while diagnostic capacity would also be important. The point was acknowledged.

RF commended the report, and in particular the "ACT" initiative, as it was imperative that the Trust learned what it could from the recent past, ensured high-quality conversations were taking place with staff, and facilitated the rebuilding of teams. RF therefore asked what resources would be allocated to support the ACT initiative. CL replied that she believed there was a role for facilitators to support line managers, and some facilitation support was already available internally, although some external support would also be required. CL added that targeted coaching support would be given to specific line managers, to enable them to effectively discharge their duties to their staff; while it was also intended to include a message in the Corporate Team Brief meeting w/c 01/03/21. MS added that it was important for the Trust Board to consider whether the Trust's ambition had been sufficiently resourced, and that therefore needed to be borne in mind when the budget for 2021/22 was reviewed. The point was acknowledged.

02-8 Integrated Performance Report (IPR) for January 2021 (incl. an update on progress with the Perinatal Mortality Review Tool; and planned and actual ward staffing for Jan. 2021)

MS referred to the relevant attachment and firstly highlighted that the report contained data for January 2021, which was during the peak of the second wave of COVID-19 cases. MS continued that the quality aspects of care would focus on "Always events", and also noted that the performance SB would report was a testament to the sustainability that had been developed within the Trust's clinical services.

COB then referred to the “Safe” domain and reported the following points:

- The number of patient falls had reached 199, which was the Trust’s highest monthly number. Seven of the incidents had resulted in significant injury. The incidents had been reviewed and it had been concluded that they had arisen from not being able to undertake ward rounds, due to staffing shortages; not being able to provide the required levels of enhanced care; and not undertaking the expected falls risk assessments. The situation had however much improved for February 2021.
- January also saw an increase in the number of hospital-acquired pressure ulcers, and it had been agreed at the latest Quality Committee ‘deep dive’ meeting that a joint review of pressure ulcers and falls would be undertaken at a future meeting.
- Safe staffing levels were not as the Trust wanted, but there had been an improvement. The anomalies in the reporting figures still remained but the implementation of the SafeCare IT system was still intended, and that should address such anomalies.
- There had been 19 Serious Incidents (SIs) in January, but seven of these were the aforementioned falls, and eight were COVID-19 related outbreaks.

SM then referred to the infection control aspects of the “Safe” domain and reported the following points:

- The Trust remained under trajectory for clostridioides difficile rates.
- 598 COVID-19 patients had been seen by the Trust in January 2021, which included 66 cases i.e. 11%, of hospital-acquired infections. That rate was encouraging as the rest of the country had seen rates of above 20%. There remained very good compliance with Personal Protective Equipment (PPE) and social distancing.

PM then referred to the “Effective” domain and reported the following points:

- The Hospital Standardised Mortality Ratio (HSMR) continued to decrease.
- The Medical Examiner service was being expanded to include community deaths.
- The Best Practice Tariff (BPT) indicator for stroke was circa 50%, which was the target, and PM expected that to increase once the stroke estate had been developed as intended.
- Gram negative infections had reduced.

COB then referred to the “Caring” domain and reported the following points:

- The Friends and Family Test (FFT) response rate still required considerable work, but such work was taking place with the ED.
- The complaints response rate target had been achieved, at 86.5%.

SB then referred to the “Responsive” domain and reported the following points:

- The RTT target was the largest performance challenge, as had been noted under item 02-7.
- The 62-day cancer waiting time target had been achieved for 18 months in a row.
- The Trust had been the country’s top performing acute Trust on the ED 4-hour waiting time target.

JW noted that the IPR included an indicator on “Referrals to ED from NHS 111”, for which no data was currently available, but asked SB for further details. SB confirmed that analysis was taking place but the issue was not causing a pressure at present.

SO then referred to the financial aspects of the “Well-led” domain & reported the following points:

- The financial position remained strong and the Trust continued to operate within the funding it had been allocated.
- The cash position was good, but there would be an equalisation in March 2021, as the Trust would not receive a cash payment that month, as it had received a double payment at the start of 2020/21.
- The capital programme had been challenging that year, as a consequence of the funding issues during 2020/21. Since the last Trust Board meeting, it had been confirmed that the capital that had been spent at the start of the COVID-19 first wave would be funded in full, although that would present challenges in ensuring the full capital programme was expended in 2020/21. If the programme was spent as intended, the Trust’s capital expenditure would be circa £28m, which would be one of the largest amounts the Trust had ever spent. That meant that some

long-standing equipment-related risks would be able to be addressed, while end-user IT equipment would be replaced to ensure Windows 10 was able to be operated.

DH welcomed the confirmation of the capital funding that the Trust had spent in April 2020, and commended SO for the flexibility that he and his team had applied.

NG pointed out that the IPR had been discussed by the Finance and Performance Committee on 23/02/21, and it had been agreed that further work would be done in relation to the “Consistently Passing”, “Hit and Miss” and “Consistently Failing” aspects. SO acknowledged that more work was needed on the IPR, but highlighted that the Trust’s IPR was one of the exemplars used to showcase the Statistical Process Control (SPC) to other Trusts.

CL then referred to the workforce aspects of the “Well-led” domain & reported the following points:

- The numbers of staff who were COVID-19 positive or needing to self-isolate had reduced.
- The Trust had had a very good response to the latest “Pulse” survey, and the findings revealed an improvement in the level of staff feeling supported and other welfare-related aspects. The People and Organisational Development Committee had received further details and heard that work would take place with the Divisions to develop their ‘plans on a page’
- The Trust was scheduled to recruit to the two Associate Director posts within workforce, and there had been strong fields of candidates for both posts.

DM acknowledged the improvements in the IPR but noted that he felt more work was required on the assurance markers, as many aspects seemed to be close to achieving the target, and DM believed it was important to make a distinction between the targets it was acceptable to just miss, and those where that was not the case. MS asked whether DM’s comment was general or related to the workforce aspects of the “Well-led” domain. DM confirmed it was the former. SO explained that he intended to submit a 3 x 3 matrix to the next Finance and Performance Committee meeting and explained that he believed the matrix would provide the assurance being sought.

Planning and strategy

02-9 Update on the short-term solution for the transfer of ophthalmology activity to the Trust, and on progress with agreeing the preferred long-term option

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

- The Trust had entered into the arrangement on the proviso of capital and other aspects.
- The Trust had entered into an agreement with Medway NHS Foundation Trust (MFT), but MFT had reneged on that at the ‘eleventh hour’, so an alternative arrangement had to be developed.
- The Trust was working to replace staff from Dartford and Gravesham NHS Trust, as only five (out of 22 originally identified) had transferred under the Transfer of Undertakings (Protection of Employment) Regulations. The team was however confident there would be full recruitment to the vacant posts, although there were no operational challenges posed, as the activity had declined because of COVID-19.
- During the period of uncertainty regarding the future of the service, referrals to the Trust from patients with Dartford postcodes had increased by circa 100% when referrals from all other postcodes had significantly reduced. This had therefore reinforced one of the Trust’s hypotheses i.e. that referrals to the Trust would increase if the Trust did not provide the service.
- The preferred long-term solution was still to utilise MFT’s day surgery procedure suite and discussions had taken place with the Executive Director of Health Improvement at the Kent and Medway CCG regarding access to that facility. Problems had emerged but it had been agreed that the Trust should identify such capacity as being critical for its reset & recovery plans & the CCG would seek to ring-fence such activity as part of the system’s recovery plans. The long-term preferred solution had however not yet been finalised so further discussion was needed.

EPM asked whether there had been any patient feedback on the service. AJ replied he had not seen any such feedback but confirmed he would check with the team and confirm.

Action: Check and confirm that feedback was being sought from the patients being treated by the ophthalmology service that transferred from Darent Valley Hospital in February 2021 (Director of Strategy, Planning and Partnerships, February 2021 onwards)

SDu referred to the statement of page 3 of 6 that “26 stranded patients remained with Operose Health, an agreement was originally reached on 29/1/21 that these patients would transfer to MTW, it subsequently transpired that there were more than 70” and asked whether such patients were being actively managed and treated by the alternatives, and therefore not coming to harm. AJ confirmed that such patients were being actively managed and treated by the alternatives but he could not guarantee that there would be no harm. AJ continued that he would therefore need to check that harm reviews would be undertaken as such patients were under the management of Operose Health and the CCG. SDu acknowledged the point but clarified that she wanted confirmation.

Action: Check and confirm with Operose Health and NHS Kent and Medway CCG that harm reviews would be undertaken for the 70 ‘stranded’ patients whose treatment had not transferred to the Trust, following the transfer of the ophthalmology service from Darent Valley Hospital (Director of Strategy, Planning and Partnerships, February 2021 onwards)

DH however asked for further details of such patients’ circumstances. AJ gave the requested explanation and highlighted that it had been part of the original agreement that the responsibility for such patients would remain under the CCG.

02-10 Update on the renewal of the staff residential accommodation at Springwood Road, Maidstone

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

- The building of the two new accommodation blocks was taking place, although it had been interrupted by both COVID-19 and difficult sub-soil conditions, so they would now be ready in June 2022, which was later than originally expected.
- The developer had asked the Trust whether it would be interested in having more accommodation if they changed their plans for the site (which had originally been intended for housing), given the building difficulties involved. The Trust had expressed an interest, but this would represent a change to the original Business Case that was approved by the Trust Board.

MS added that he needed to check with SO that the Trust would not pay for the delay. SO confirmed that that was his understanding.

MC asked whether any opportunity costs would be lost from the delay i.e. in terms of income. MS noted that the only opportunity costs arising would be in the delayed availability of the accommodation. DH elaborated on the details of the Business Case and confirmed that there would be no loss of significant revenue opportunities.

DH then asserted that use of the refurbishment and additional floor should only be considered if the Trust was sure it could fill the accommodation with students, and he was reluctant to accept the risk contractually.

EPM asked whether there was any impact to the original Business Case that required reconsideration by the Finance and Performance Committee. It was confirmed that was not necessary.

SDu asked whether the soundproofing of the building would be fit for a ‘24/7’ occupancy. MS noted that the design aspects had been considered at the time the Business Case had been approved, but confirmed that could be explored with the contractors, as the building was still in construction, although the building would not be owned by the Trust. DH clarified that the Trust had no direct contract with the developer, as the Trust could only have a contract with the funder because of the details of the arrangement, so the Trust did not therefore have any direct influence over the design of the building. SDu acknowledged the point.

Assurance and policy

02-11 Infection prevention and control board assurance framework

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

- The risk of the Burkholderia aenigmatica organism had now been downgraded, so there was no longer a major alert although there was still guidance about sterile antiseptic gel.
- An additional robotic UV-C light, called “THOR” had been procured by the Trust.
- The cleaning robot, “Ellie”, had been promoted on social media and had received very positive reviews. It would be programmed to sing “Happy birthday” to children on Riverbank,
- Partners would be allowed to attend ante-natal appointments in the very near future.
- The day after SM had submitted the report, a new version of the framework had been issued, so future reports would look completely different.

DH noted that the Trust now had five “THOR” UV-C light machines but asked whether that number was adequate for the Trust’s needs. SM confirmed that had been considered and she was confident the number was correct.

Reports from Trust Board sub-committees

02-12 People and Organisational Development Committee, 22/01/21 (incl. quarterly report from the Guardian of Safe Working Hours) and 19/02/21

EPM referred to the relevant attachments, thanked the Assistant Trust Secretary for producing the report from 19/02/21 so quickly and invited questions or comments. DM referred to the summary report from the meeting on 22/01/21 and noted that the draft Internal Audit plan for 2021/22 would soon be reviewed at the Audit and Governance Committee, so asked what had led to the Committee’s proposal that the “Retention of International Nurses” review be included in the plan. EPM deferred to CL who explained the rationale. DM noted that further discussions may need to be held, as it may not be appropriate for an Internal Audit review to cover the aspects described by CL. The point was acknowledged.

02-13 Quality Committee, 10/02/21

SDu referred to the relevant attachment, highlighted the work on policies that had passed their review dates and commended the plans regarding the new-look people policies that had been shared with the People and Organisational Development Committee. KR also pointed out that the “Percentage of Trust policies within review date” was now included in the IPR on page 23 of 45.

02-14 Finance and Performance Committee, 23/02/21

NG referred to the relevant attachment and invited questions or comments. None were received.

02-15 To consider any other business

COB noted that the Perinatal Mortality Review Tool (PMRT) had not been discussed under item 02-8, so referred to the report submitted under that item and highlighted the following points:

- Perinatal mortality was reported to MMBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK), and six baby losses had been reported in the last quarter. A summary of each baby had been included in the report.
- Three main learning points had arisen from the six cases, namely that all pregnant persons with a history of PET should be referred to a consultant when they were booked; placentas should not be placed in formalin until a decision regarding post-mortem had been decided; and Intra-ossous access should be achieved as soon as possible where there had been two failed attempts at umbilical vein catheter.
- SDu, as the Non-Executive Director maternity champion, would be invited to attend a series of events relating to the work.
- It was expected that further information would be submitted to the Trust Board in due course.

Questions were invited. None were received.

02-16 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.

Trust Board Meeting – March 2021

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'
02-9a	Check and confirm that feedback was being sought from the patients being treated by the ophthalmology service that transferred from Darent Valley Hospital in February 2021.	Director of Strategy, Planning and Partnerships	February 2021	It was confirmed that feedback from patients is being sought, although that has been limited due to the reduced activity in lockdown. Patients that have transferred are contacted and asked a series of questions to determine how smooth their transfer has been, what impact the change has made on them and their experience of the ongoing care the Trust is providing. The initial findings from such feedback was provided to the Vice Chair of the Patient Experience Committee on 26/02/21 (as they had posed the question at the Trust Board meeting on 25/02/21), and is available to any other Trust Board member on request (from the Trust Secretary).
02-9b	Check and confirm with Operose Health and NHS Kent and Medway CCG that harm reviews would be undertaken for the 70 'stranded' patients whose treatment had not transferred to the Trust, following the transfer of the ophthalmology service from Darent Valley Hospital.	Director of Strategy, Planning and Partnerships	March 2021	The Surgery Division have confirmed with Operose Health that clinical reviews on all 'stranded' patients are being carried out. This process is similar to but different from the harm reviews that would be undertaken by the Trust. The Surgical Team is also confirming with Operose that these reviews are being undertaken on a regular basis and the duration between reviews.

¹ Not started On track Issue / delay Decision required

Actions not yet due (and still 'open')

Ref.	Action	Person responsible	Original timescale	Progress
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 scheduled to be considered at the Trust Board until September 2021

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
17/3/21	Dr	Gabor	Seres	Emergency Medicine	TBC
17/3/21	Dr	Siti Rozaimariawaty	Abd Rahman	Emergency Medicine	TBC
17/3/21	Dr	Jamie	Manuell	Emergency Medicine	TBC
17/3/21	Dr	Roshin Mirza	Sudesh	Emergency Medicine	TBC
17/3/21	Dr	Ragavan	Navaratnam	Emergency Medicine	TBC

Which Committees have reviewed the information prior to Board submission?

N/A

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

Information

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

Report from the Chief Executive**Chief Executive**

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

1. After a particularly challenging winter due to the relentless nature of the second wave of Covid-19, the Trust is now looking forward to restarting services whilst also ensuring that staff morale is at the centre of our recovery plan. As a trust, we want to restore patient care as quickly as possible, in a safe way that also supports our staff to be able to continue providing this care in a sustainable way and as of 1 March we have been able to begin to restart some elective and outpatient services and will be welcoming the re-opening of further theatres in the coming days alongside resuming our Short Stay Unit at Maidstone and recently re-opening our Orthopaedic Unit. We're also now aiming on resuming pre-Covid theatre schedules in the coming weeks at both sites as well as restarting further services in gynaecology and endoscopy, with a focus on having our elective services fully up and running from 6 April 2021. In addition, as of 17 March 2021 we're also pleased to be able to welcome back partners to 20 week antenatal scans, following a negative PCR test managed through our Oakwood Park centre and pod at Tunbridge Wells.
2. Our vaccination centre at Maidstone Hospital re-opened on Monday 8 March for second doses after a three week break, with 88% of our workforce having their first jabs and over 18% already having both doses. Although second doses are now being rolled-out further, we are still ensuring any colleagues who haven't yet had their first dose are still able to do so with colleagues who haven't yet had their first dose being proactively contacted to ensure them the opportunity is still there to do so. We're also putting a particular focus on encouraging staff groups with slightly lower uptakes on the vaccination and of course also continuing to offer the vaccine to our most vulnerable patients in Oncology alongside our partner organisations.
3. Our latest staff survey results have been published, showing some very positive results across the organisation despite an incredibly challenging year for everyone. In this latest survey we've received really positive feedback in terms of our health and wellbeing support for staff – with a 10% increase in the number of staff believing that we take action on health and wellbeing issues. It's also important to note that this is 5% above the national average when compared with other acute trusts. Another highlight from the survey is an increase in staff morale across the organisation with the Trust has working hard to put in place a range of support for staff such as Project Wingman, mental health support such as the Wobble Rooms and a Staff Psychological Wellbeing Service, free refreshments, free parking and also rolling out IT equipment so as many staff as possible can work from home. The survey also shows a 3% increase in staff morale across the organisation and a sharp decrease in the number of staff stating that they wish to leave the Trust – very positive feedback against the backdrop of one of the most difficult years the NHS has ever had to face. These results show that our staff have felt supported during this challenging time, but as with all surveys, it is an opportunity to reflect and review where the Trust could do better, with the results now being examined in detail with engagement sessions with staff held, action plans drafted and put in place over the next six months to explore the areas we need to develop further. Our overall response rate was 52%, beating last year's record by 1%.
4. In addition to our staff survey, our latest Climate Survey also received the biggest response rate to date so far with almost 1000 colleagues replying in just over a week, at a time the Trust was experiencing the second wave of Covid-19. Taking the survey helps ensure all our people are supported, valued and cared for, especially during these unprecedented and challenging times and the latest data shows encouraging findings compared to our previous Climate Survey in September 2020, showing increased levels of staff feel things have improved within the last few weeks at work, more staff feel fully supported in their role and the Trust having a genuine concern for their safety. There's also further positive statistics such as a huge uptake

in staff groups such as nursing responding and a great appreciation for our vaccination centre and One Team Runner initiatives. The results of the survey also showed great Staff Friends and Family Scores, recommending the Trust as both a place to receive care and as a place to work and we're also seeing the positive impact of managers taking time to check in with staff and colleagues also feeling more positive and under less pressure.

5. As a thank you to all staff for their fantastic work, commitment and dedication in facing the Covid-19 pandemic over the last year, the decision has been taken to award colleagues an extra day of leave in 2021/22. This is just a small token of appreciation to our teams for everything they have done to support our patients during this unprecedented time – we hope they are able to use the extra day to spend time with their loved ones.
6. With the decrease in the number of Covid infections both in our hospitals and in the community, we are reviewing our visiting policy with a view to allow limited visiting for our non-Covid patients from the week beginning 29th March, to coincide with the next phase of the lifting of lock-down. This will be in line with the latest NHS guidance which allows one visitor who is close to the patient for a limited period each day. The compassionate visiting for those at the end of life will continue and different arrangements are already in place for intensive care, children and women during child birth. We also continue to have iPads and phones available to ensure that patients can keep in touch with their loved ones during their hospital stay.
7. Birth Thoughts has been launched by the Trust's Maternity team to help improve people's mental health following childbirth. The service is a weekly clinic which provides people who have birthed with MTW, and live in the West Kent area, with the opportunity to talk about their birth experience and explore their thoughts and feelings with a Midwife during the postnatal period. The service was set up in response to NHS England's Better Births report's 5-year plan which aims to provide better postnatal mental health care.
8. I am pleased to welcome Sue Steen, our new Chief People Officer, with effect from 1 April. With over 12 years HR Director experience, Sue will play a key role in contributing to our MTW vision Exceptional People: Outstanding Care and providing strategic leadership of our People agenda, including responsibility for Organisation Development, Culture & Leadership, Equality, Diversity and Inclusion amongst many more projects. Cheryl Lee, our interim Director of Workforce, will sadly leave her role on 31 March 2021 and I would like to take this opportunity, on behalf of us all, to wish Cheryl every success in the future and thank her sincerely for her work whilst here at MTW, especially our COVID-19 vaccination roll-out.

Which Committees have reviewed the information prior to Board submission?

N/A

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

Information and assurance

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

Trust Board meeting – March 2021

**Emergency Planning Annual Report, 2020
and future emergency planning**

**Director of Emergency Planning &
Communications**

The Emergency Planning & Response Annual Report for 2020 is enclosed. A brief presentation will also be given at the Trust Board meeting.

Which Committees have reviewed the information prior to Board submission?

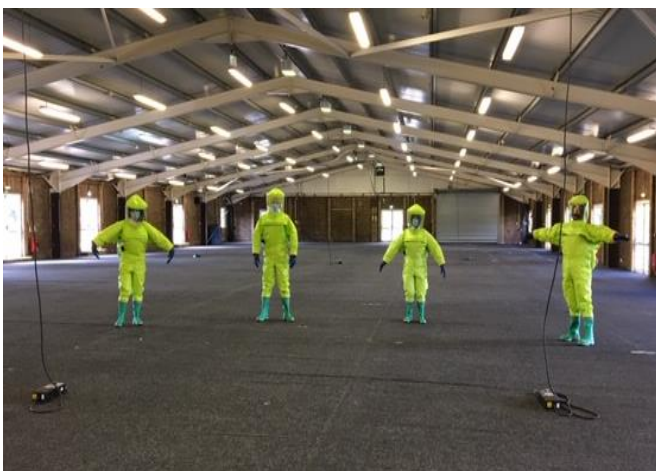
- Executive Team Meeting (ETM), 02/03/21

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

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

Emergency Planning & Response Annual Report 2020



1. Introduction

- 1.1 This report summarises the Emergency Planning & Response Teams' activities since January 2020.
- 1.2 The Trust, as a Category One responder as defined by the Civil Contingencies Act 2004 has specific statutory duties in relation to emergency planning and response. In addition, the organisation has other obligations as required by contracts and performance standards set by NHS England.
- 1.3 The work of the Emergency Planning & Response Team has had to change its focus to deal with the challenges of the Pandemic. The approach the team have taken has remained patient focused, prioritising the welfare of staff. During the year training and other resilience activities were suspended or restricted to enable focus on the pandemic response.
- 1.4 The Trust continued to invest in resilience by recruiting to an additional senior emergency planning professional and recruiting the existing student post into a substantive position.

2. EU Exit and Transition

Extensive planning for EU transition planning presented the Trust with multiple challenges in assessing the level of risk in a dynamic political landscape. The Trust remained in a strong position for EU Transition due to the work undertaken prior to the pandemic. There was a high level of risk due to the geographical location of the Trust and the uncertain European response. Extensive plans were written to manage the consequences of traffic congestion, supply chain disruption, communications, command, and control.

3. Incident Co-ordination Centre (ICC)

- 3.1 There was considerable command and control activity and the ICC established in the Trust management Meeting Room soon became too small. A fully operational Incident Control Centre was established in the Trust HQ corridor. The team would like to thank the Patient Safety Team for moving out to enable this to happen. The Emergency Planning & Response team have filled the role of Tactical Advisor to the Tactical Commander for its duration to date. This centre has been successful and has continued to run every day in actual or virtual format. The Trust intends to continue this activity into business as usual. The team also instituted a logging system with trained loggists to ensure decisions and key actions were logged.
- 3.2 In addition the team instituted several staff orientated actions later taken over by the staff welfare workstream and the ICC. These included breakout spaces in both academic centres with food and drink provided, a daily newsletter called PULSE to update staff on key actions and a daily Common Operating Picture distributed to managers.
- 3.3 A trained Emergency Planning Specialist has been in the ICC every day it has been operational providing advice and support and on call 24/7.

4. Swabbing Pods and Swabulance

- 4.1 At the outbreak of the pandemic in February 2020 the Government prioritised community testing and so the team worked with South East Coast Ambulance to organise a daily "swabulance" in conjunction with other providers to go to people's homes and take swabs. This created significant work working out rotas and taking calls. This continued until March 14th when NHS 111 took over responsibility.
- 4.2 At the start of February the Trust was required to establish Coronavirus Assessment Pods to prevent contamination of the emergency departments. On February 7th in conjunction with Estates the Trust installed a pod at each site which was ready within the week to be able to isolate, test and assess potentially infected people. The team in conjunction with Infection Control quickly wrote operational

plans for the use of the pods.

- 4.3 At the beginning of April the team were instrumental in setting up the first swabbing site for staff and elective patients using land at the Hop Farm in Paddock Wood to try and ensure equal distance between both sites. The Swabulance continued to go to those unable to travel.
- 4.4 The team also took calls from Microbiology at the start of the pandemic for those testing positive to ensure joined up response from the sites.
- 4.5 The work of divisions supporting these initiatives such as Estates & Facilities, Infection Control and Microbiology and Clinical Site Managers has been outstanding.

5. Nightingale Hospital

As the pressure of the Pandemic grew, central Government decided to develop Nightingale Hospitals to help care for the Covid patients in large central locations. The team were involved in development of plans to create one at the Kent County Showground in Detling where the team and the estates department worked with contractors and armed forces to scope out the possibilities. The site was not needed however it proved the ability of the Trust to quickly respond.

6. Personal Protective Equipment (PPE)

- 6.1 The ability of the trust to ensure all staff had adequate PPE when caring for patients with Covid 19 was a challenging task when the supply of these items could not be guaranteed from central stock or independent suppliers with the turbulence in the supply chain. The team worked tirelessly with procurement, corporate nursing and the divisions every week ensuring that we had sufficient supplies and that we had the right staff on duty that had been fit tested to ensure staff were always safe.

7. Oxygen Supply to Clinical Areas

- 7.1 With the increasing demand on our oxygen supply at Maidstone, The Emergency Planning & Response team worked with estates to understand what could be done to improve the flow to meet demand. A program of testing to ensure we understood what the site threshold was and the maximum litres per minute that could be delivered in each clinical area was undertaken. These assisted managers working on escalation plans. The team then pulled together a report to allow On-call Managers to understand the issue to help them manage the capacity out of hours.

8. Adverse Weather and Winter Preparedness

- 8.1 The 2020 annual winter exercise had to be converted into a seminar event at Detling with partners which was beneficial. Planning continued as the Emergency Planning & Response team worked with key departments to ensure that their business continuity plans had been reviewed where required. All contingencies such as snow clearing and 4x4 transport to get isolated critical staff on site were addressed by the relevant Divisions.

9. Exercises and Training

- 9.1 The Emergency Planning and Response teams exercise program had to cease this year due to the Pandemic. Training had to either be cancelled or adapted to maintain social distancing rules which presented some challenges.
- 9.1 In February 2020 a tabletop exercise was undertaken to assess the organisations readiness for the pandemic – this featured many scenarios that were played out during the pandemic and stood the organisation in good stead.
- 9.2 The Chemical Biological Radiation and Nuclear event (CBRNe) training had to be maintained to ensure

the trust maintained the capability to respond to such an event. The trust has always been the leaders in this training across Kent and last year Medway NHS Foundation Trust recognised the need to be involved in the high-level training that is delivered.

- 9.3 E-Learning was developed by the team to reduce as much of the face to face training and made available on the trust intranet. Larger venues were booked, with strict infection prevention control measures undertaken to ensure staff safety for the limited practical sessions.
- 9.4 Loggist training was considered essential with the seriousness of the Pandemic, the trust recognised the requirement of a Loggist seven days a week, twelve hours a day in the Incident Control Centre. This training had to be delivered face to face so more sessions with fewer staff in larger rooms was undertaken by the team.

10. Assurance

- 10.1 The trust has a good record of full compliance on the NHS England/CCG annual assurance, and this year whilst the process changed in light of the pandemic, the outcome for the organisation was fully compliant as we continue to deliver at an exceptional standard.

11. Safety Advisory Groups (SAGs)

- 11.1 The trust has continued to offer advice and guidance to any events that come under Sevenoaks District Council, Tonbridge & Malling Borough Council, Maidstone Borough Council and Tunbridge Wells Borough Council that may have been held as the restriction from the pandemic began to be lifted in the summer. The focus of the guidance whilst directed at adequate medical cover and provisions for inclement weather also included advice on infection prevention and control measures and social distancing.

12. Vaccination Centre

- 12.1 The need for mass vaccination had been considered by the team back in February 2020. Team had a tested plan on the shelf written and exercise tested during the Olympics in 2012. This plan was effective and ready to use. This was the basis of the vaccination centre plan that has delivered over 15,000 vaccinations. It was up and running in December 2020 despite tight timescales and the hospital responding to a second wave covid outbreak. This vaccination centre has been hugely successful receiving acclaim from the Secretary of State for Health & Social Care in Parliament and praise from local Members of Parliament.

13. The rest of the year

- 13.1 The team were invited on board HMS Kent in March 2020 as guests. The team were delighted to take a couple of nurses to use the occasion to mark Intentional Year of the Nurse.
- 13.2 A Heatwave in the Summer activated the organisations heatwave plans. The effects of the heatwave were made worse by staff having to wear PPE. In addition, heavy snow also tested Winter plans in February 2021.

14. Conclusion

- 14.1 The trust remains in a strong position due to the investment in the team and the number of staff attended training during 2019.
- 14.2 The Board are asked to acknowledge the achievements of all divisions in ensuring the Trust responded to a level 4 emergency effectively and recognize the need to release staff to attend training going forward, due to both the limited training undertaken this year, the new staff we have employed and the

recognised benefits of staff being trained to respond to emergencies.

A year in pictures.....



HMS Kent





**Kent
Police**



HM Coast



Kent Fire &
Rescue Service



Air Ambulance
Kent Surrey Sussex

**To all our Emergency Services &
Armed Services Partners**

**You are part of our family too and
we want support you**

Supporting each other.....

Please help yourself to a tea or coffee



CORONAVIRUS

If you have arrived back from China or other specified place within the last 14 days

or

had contact with somebody with Coronavirus,

and

do you have any of these symptoms?



Cough



Fever



Shortness of
breath

If yes, please call NHS 111

Find out more at gov.uk/coronavirus



SMOKING IS PROHIBITED
IN THIS AREA

ALL WAREHOUSE AND GARAGES IN THIS
DISTRICT ARE SMOKING FREE



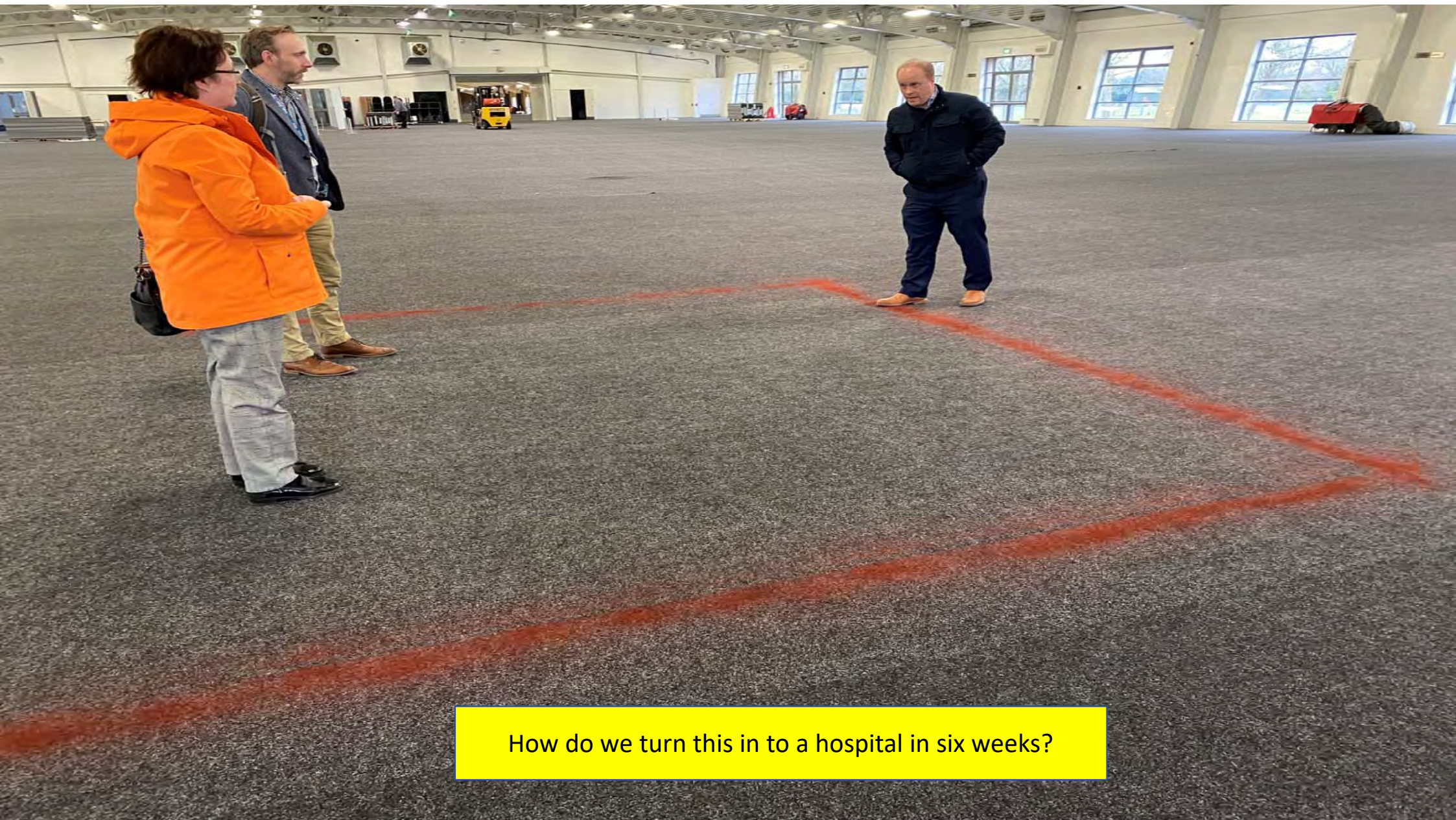




The brilliant Incident Coordination Centre



Donations included 12000 Easter Eggs, hampers and mothers day flowers!



How do we turn this in to a hospital in six weeks?



HM Government

NHS

Coronavirus

Isolate your household

Stay at home

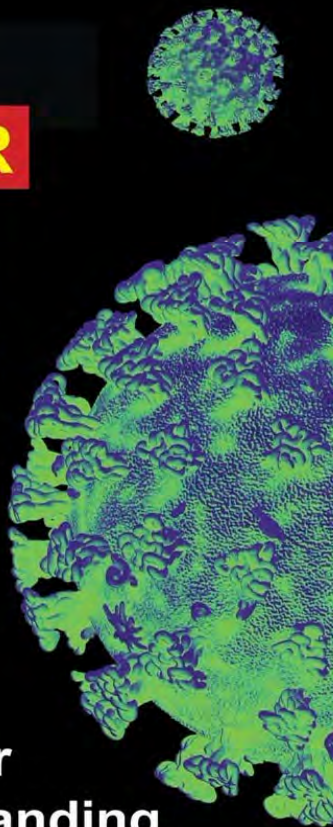
DO NOT ENTER

the hospital unless
it is an emergency;
you have an urgent
appointment; or
you are NHS staff.

CORONAVIRUS

PROTECT
YOURSELF
OTHERS &
THE NHS

Thank you for
your understanding.

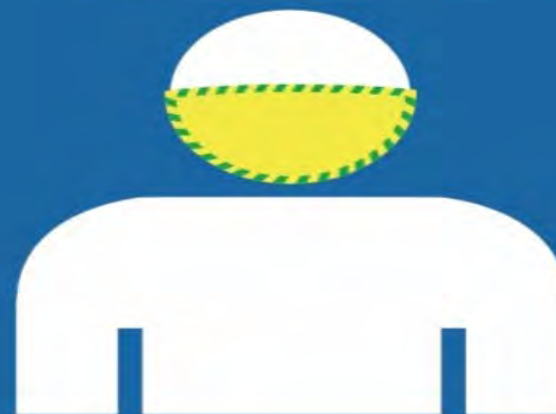


HM Government

NHS

CORONAVIRUS STAY ALERT TO STAY SAFE

A FACE COVERING MUST BE WORN AT ALL TIMES
IN THIS HOSPITAL



If you don't have a face covering (that covers your
mouth and nose) please speak to a member of staff.

STAY ALERT ► CONTROL THE VIRUS ► SAVE LIVES



Staff redeployed – Learning & development to staff food & ODPs to Intensive Care!



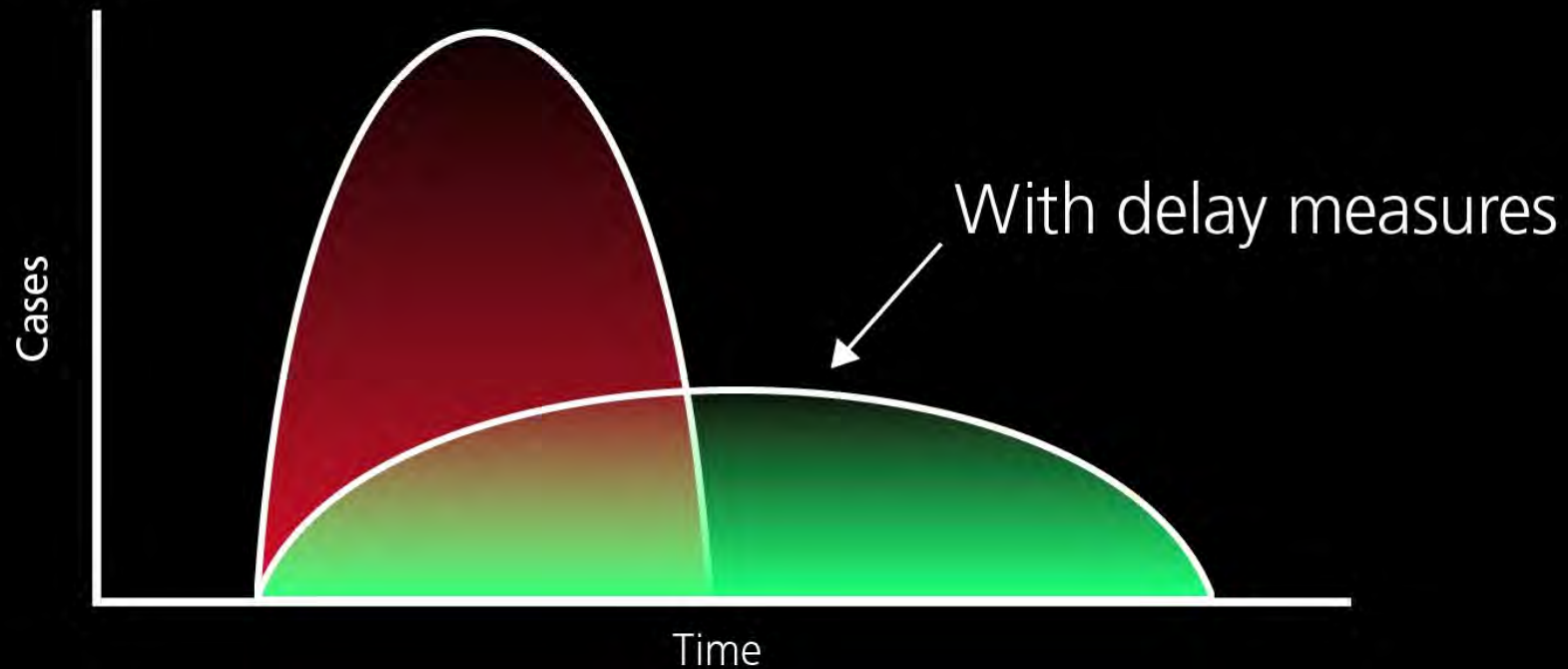


Channel 4 broadcast from our hospitals



Coronavirus

Flattening the epidemic curve





NHS
Maidstone and
Tunbridge Wells
NHS Trust

PLEASE JOIN ME

I'm clapping for
the NHS heroes
at MTW





Thank you
for everything
you're doing

MTW *heroes*

#clapforcarers



Project Wingman vounteers










Maidstone and Tunbridge Wells NHS Trust

Supporting our staff with Project Wingman

Project Wingman is putting smiles on the faces of NHS workers across the country – now it's coming to Maidstone and Tunbridge Wells Hospitals.

Furloughed airline crew volunteers have set up a first class lounge in our staff restaurants so that our teams can rest and recharge.

mtw.nhs.uk





projectwingman.co.uk



Beat the Heat



Stay out of sun in the middle of the day



Stay hydrated – drink plenty of water



Wear high factor sun block



Close curtains, windows & blinds in the day – open at cooler times



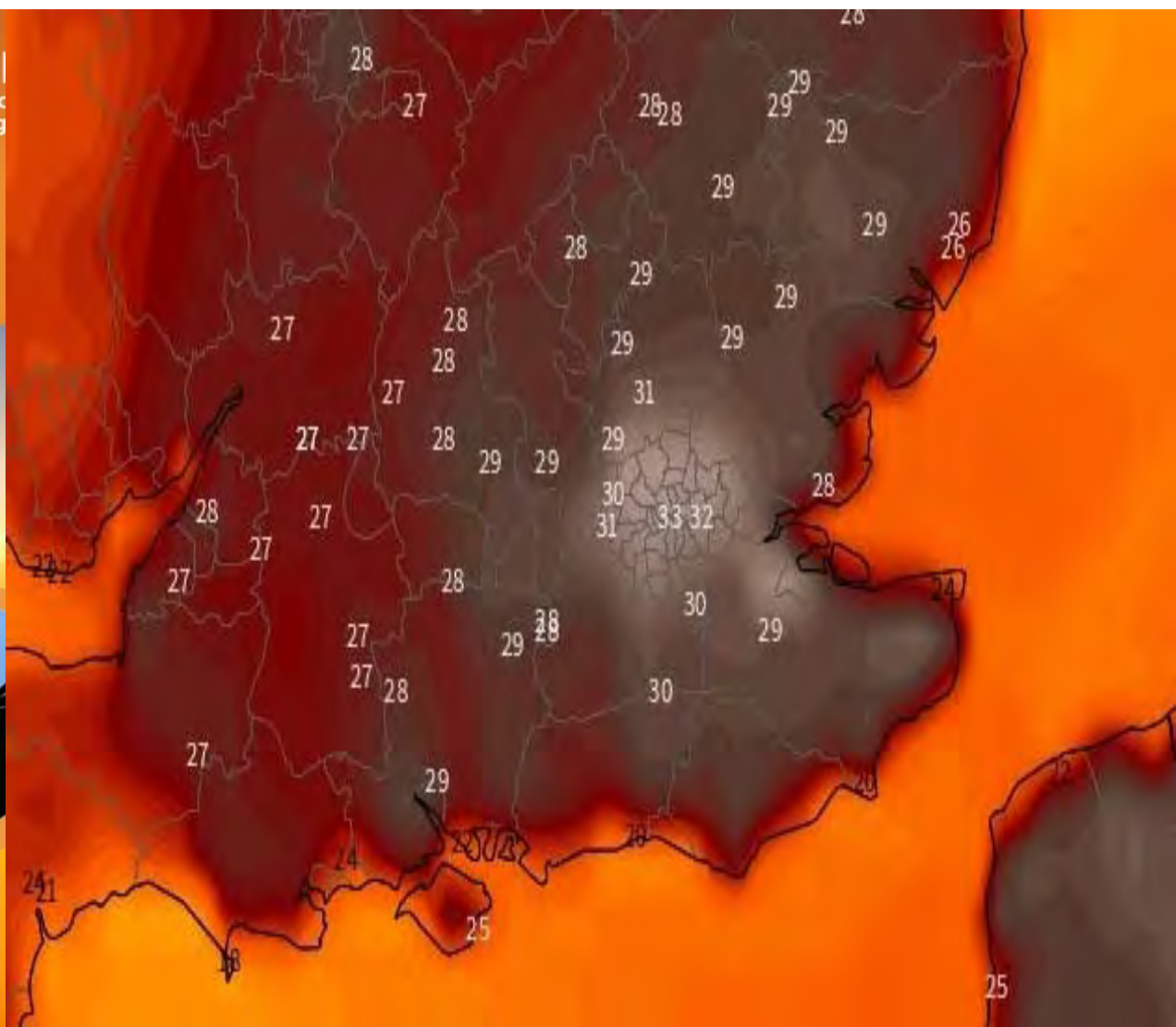
Turn off unnecessary electrical equipment



Keep an eye on room temperatures



mtw.nhs.uk





Exceptional people,
outstanding care

COVID-19 PANDEMIC RESPONSE

**You've been
amazing. Thank
you for everything
you've done.**

NHS
Maidstone and
Tunbridge Wells
NHS Trust



mtw.nhs.uk





EU Transition Planning Exercise

Introduction





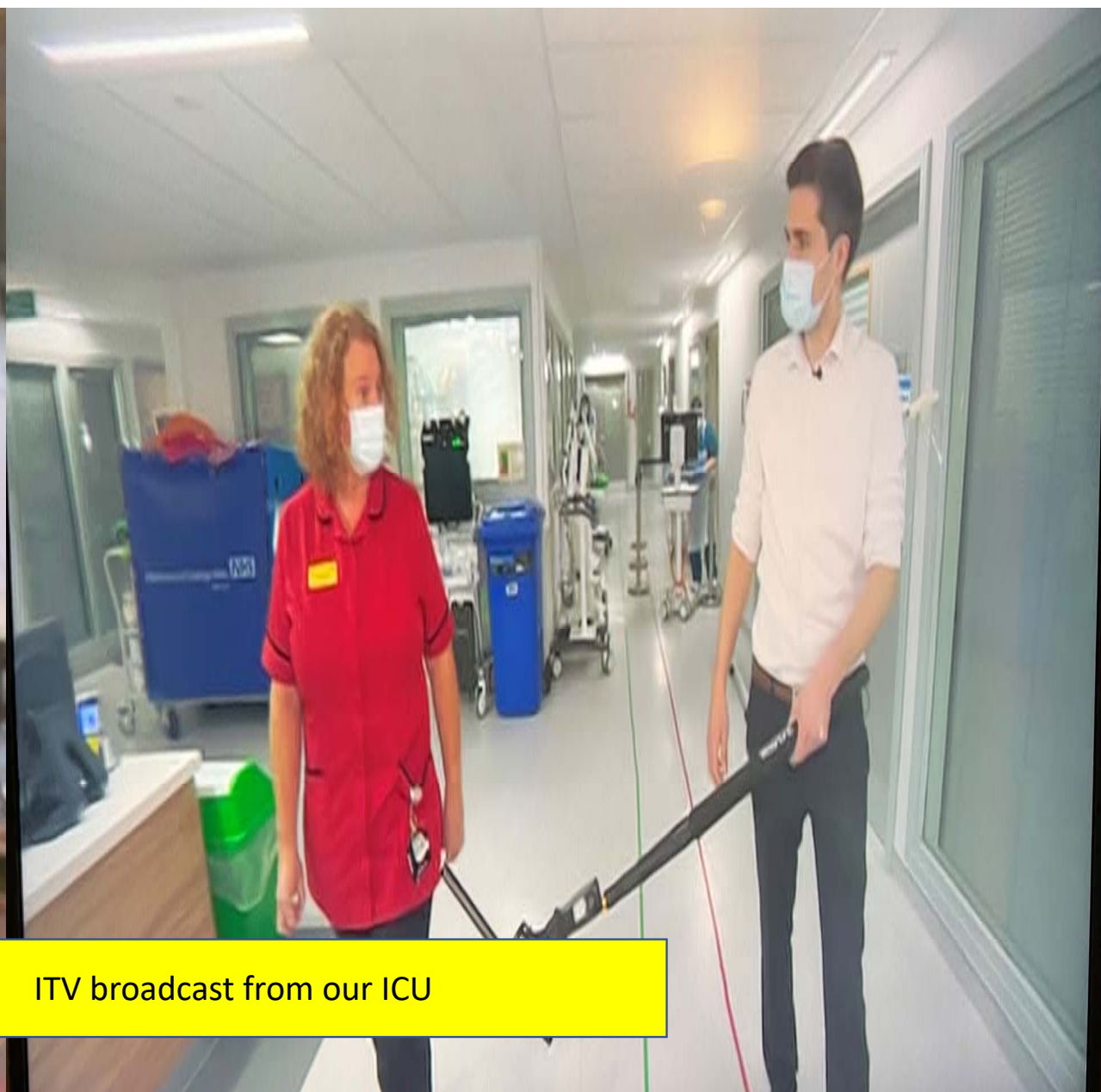
8000 mince pies!

Merry Christmas

AND A HAPPY NEW YEAR



Thank you to all of you, your families and friends for everything you have done in 2020 – we are looking forward to a bright and amazing 2021 at MTW!



ITV broadcast from our ICU



Tier 1 - Medium

Tier 2 - High

Tier 3 - Very High

Tier 4 - Stay at Home



© Charlie Mackesy

"They say there's a pot of
gold there" said the boy

"Yes - that's the nurses, doctors,
cleaners, carers and delivery people."
said the horse "and you."

HSJ AWARDS
2020

Partnered with



CELEBRATING 40 YEARS OF HEALTHCARE EXCELLENCE

WE ARE PROUD TO BE A FINALIST

**Acute or Specialist Trust
of the Year**



Over 15000 first doses given – second doses underway



Partnership working together



A year brought to you mainly with lots of coffee!




**KEEP
CALM**
AND LET THE
**EMERGENCY
PLANNING OFFICER**
HANDLE IT



Trust Board meeting – March 2021

Integrated Performance Report (IPR) for February 2021 (incl. planned and actual ward staffing for Feb. 2021)	Chief Executive / Members of the Executive Team
The IPR for month 11, 2020/21, is enclosed, along with the monthly finance report and the latest 'planned vs actual' nurse staffing data.	
Which Committees have reviewed the information prior to Board submission? <ul style="list-style-type: none">▪ Finance and Performance Committee, 23/03/21 (IPR)▪ Executive Team Meeting, 16/03/21 (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

Integrated Performance Report

February 2021

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| • Key to Icons and scorecards explained | Page 3 |
| • Radar Charts by CQC Domain & Executive Summary | Page 4 |
| • Summary Scorecards | Pages 5-6 |
| • CQC Domain level Scorecards and escalation pages | Pages 7-23 |

Appendices (Page 24 onwards)

- Supporting Narrative
- COVID-19 Special
- Additional Metrics (in development)
- Finance Report
- Safe Staffing Report

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

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.

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

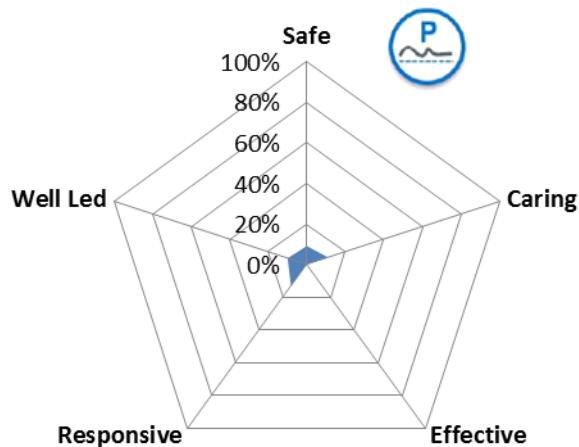
Name of the Metric / KPI	Latest				Previous			YTD		Assurance
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	
Single Sex Accommodation Breaches	0	0	Jun-20		0	0	May-20	0	0	

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>

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

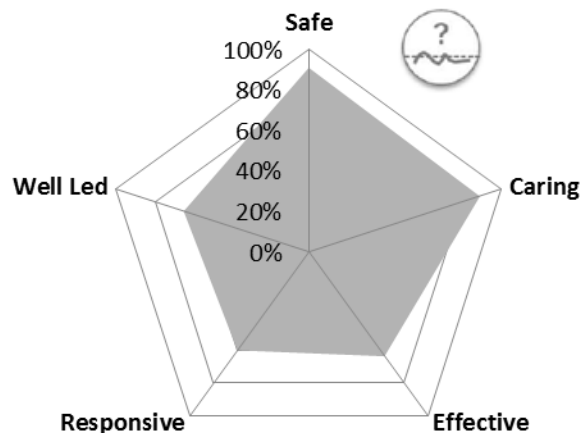
Responsive:

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

Well-Led:

- Mandatory Training Compliance
- Staff Friends & Family Recommended to work

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, Friends & Family Response Rates – Inpatients, Maternity & Outpatients

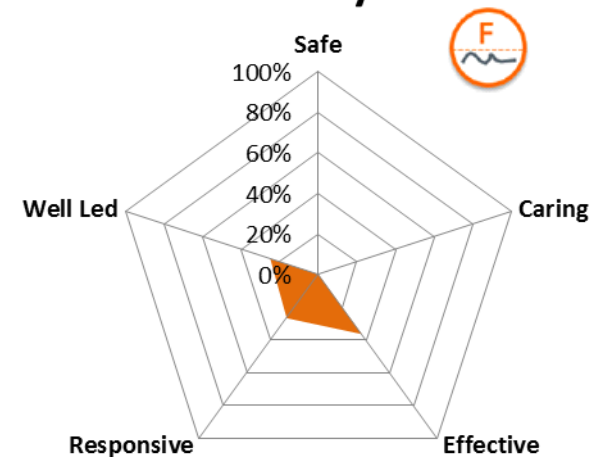
Responsive:

- Diagnostics Waiting Times, Cancer 31 Day Standard, Cancer PTL – size of Backlog
- A&E 4hr Standard, Ambulance Handovers, Super-Stranded Patients, Bed Occupancy, NELOS

Well-Led:

- Capital Expenditure, Cash Balance, Sickness Rates, Vacancy Rates, Appraisals, Health and Well-Being and Clinical Strategy Indicators

Consistently Failing



Consistently Failing:

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

Effective:

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

Responsive:

- RTT performance
- RTT Number of >40 week Waiters
- RTT Number of >52 week Waiters
- Theatre Utilisation

Well-Led:

- Agency Staff used
- Agency Spend
- Turnover Rate
- Friends & Family Recommended Care
- Percentage of Trust policies within review date

Executive Summary Scorecard

Current Month Overview of KPI Variation and Assurance Icons

	Variation					Assurance				Total
Trust Domains										
CQC Domain Safe										
Infection Control	3			1				4		4
Harm Free Care	2							2		2
Incident Reporting	2							2		2
Safe Staffing	2							2		2
Mortality				1		1				1
Safe Total	9	0	0	2	0	1	0	10	0	11
CQC Domain Effective										
Outpatients	2	1	1		3		4	3		7
Quality & CQC	2		1		1			4		4
Strategy - Estates									5	5
Effective Total	4	1	2	0	4	0	4	7	5	16
CQC Domain Caring										
Complaints	2							2		2
Admitted Care	3				1	1		3		4
ED Care									2	2
Maternity Care	2							2		2
Outpatient Care	1							1		1
Caring Total	8	0	0	0	1	1	0	8	2	11
CQC Domain Responsive										
Elective Access	2	1	2				4	1		5
Acute and Urgent Access	4							4	1	5
Cancer Access	4					2		2	1	5
Diagnostics Access		1						1		1
Bed Management	1							1		1
Responsive Total	11	2	2	0	0	2	4	9	2	17
CQC Domain Well-Led										
Staff Welfare	2							2	4	6
Finance and Contracts	2				1		1	2	3	6
Leadership					2	1	1		1	3
Strategy - Clinical and ICC	2		1	2	2		1	6	1	8
Workforce			3	1	2	1	2	3		6
Well-Led Total	6	0	4	3	7	2	5	13	9	29
Trust Total	38	3	8	5	12	6	13	47	18	84

Corporate Scorecard by CQC Domain

Safe					
ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
S2	Number of cases C.Difficile (Hospital)	4	3		
S6	Rate of Total Patient Falls	5.80	7.15		
S7	Number of Never Events	0	0		
S8	Number of New SIs in month	11	3		
S10	Overall Safe staffing fill rate	93.5%	86.2%		

Effective					
ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
E2	Standardised Mortality HSMR	Lower conf <100	85.1		
E3	% Total Readmissions	14.6%	15.2%		
E6	Stroke: Best Practice (BPT) Overall %	50.0%	57.8%		
R11	Average LOS Non-Elective	6.40	6.59		
R12	Theatre Utilisation	90.0%	81.6%		

Caring					
ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
C1	Single Sex Accommodation Breaches	0	0		
C3	% complaints responded to within target	75.0%	87.5%		
C5	IP Friends & Family (FFT) % Positive	95.0%	99.1%		
C7	A&E Friends & Family (FFT) % Positive	87.0%	No data due to COVID-19		
C10	OP Friends & Family (FFT) % Positive	84.0%	85.2%		

Responsive					
ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
R1	Emergency A&E 4hr Wait	85.3%	96.0%		
R4	RTT Incomplete Pathway	87.0%	65.3%		
R6	% Diagnostics Tests WTimes <6wks	99.0%	84.4%		
R7	Cancer two week wait	93.0%	94.3%		
R10	Cancer 62 day wait - First Definitive	85.0%	85.2%		

Well-Led					
ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
W1	Surplus (Deficit) against B/E Duty	911	911		
W2	CIP Savings	Suspended due to COVID-19			
W7	Vacancy Rate (%)	9.0%	5.6%		
W8	Total Agency Spend	1,719	2,046		
W10	Sickness Absence	3.3%	6.8%		























Variation			Assurance				
Special cause of concerning nature or higher pressure due to (H)higher or (L)lower values	Special cause of improving nature or higher pressure due to (H)higher or (L)lower 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.

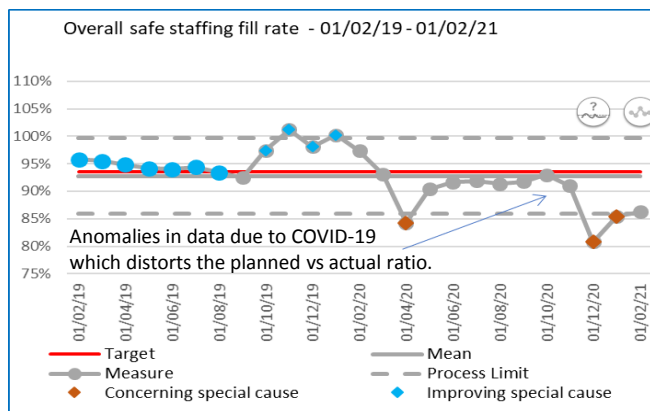
Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (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.

Safe - CQC Domain Scorecard

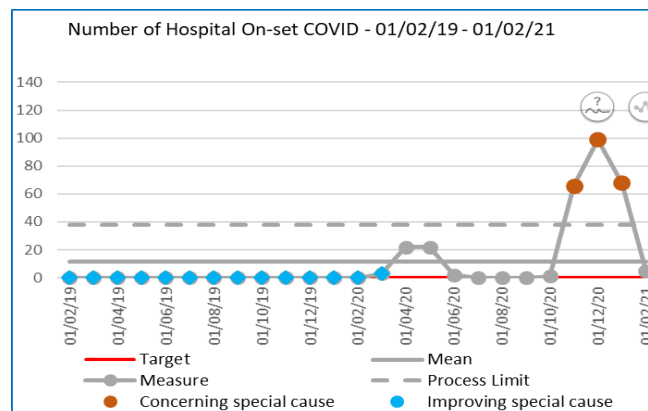
Reset and Recovery Programme: Patient and Staff Safety

	Latest				Previous			YTD		
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Safe Staffing Levels	93.5%	86.2%	Feb-21		93.5%	85.4%	Jan-21	93.5%	88.9%	
Sickness Rate - Covid	0.0%	2.9%	Jan-21		0.0%	3.2%	Dec-20	0.0%	1.3%	
Infection Control - Hospital Acquired Covid	0	5	Feb-21		0	68	Jan-21	0	285	
Infection Control - Rate of Hospital C.Difficile per 100,000 occupied beddays	19.6	19.7	Feb-21		19.6	30.7	Jan-21	22.6	26.5	
Infection Control - Number of Hospital acquired MRSA	0	0	Feb-21		0	0	Jan-21	0	3	
Infection Control - Rate of Hospital E. Coli Bacteraemia	24.6	26.3	Feb-21		24.6	30.7	Jan-21	31.4	28.3	
Number of New SIs in month	11.0	3.0	Feb-21		11	19	Jan-21	121	122	
Rate of Total Patient Falls per 100,000 occupied beddays	5.8	7.2	Feb-21		5.8	10.2	Jan-21	5.8	8.0	
Rate of Hospital Acquired Pressure Ulcers per 1,000 admissions	2.3	2.8	Feb-21		2.3	3.5	Jan-21	2.3	2.4	
Standardised Mortality HSMR	100.0	85.1	Feb-21		100.0	86.3	Jan-21	100.0	85.1	
Never Events	0	0	Feb-21		0	0	Jan-21	0	2	

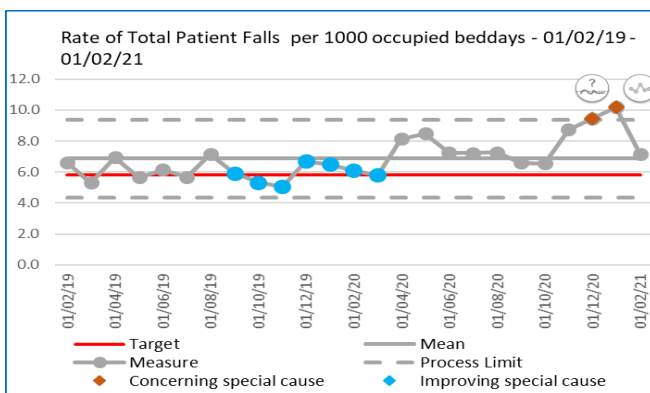
Safe - Reset and Recovery Programme: Patient and Staff Safety



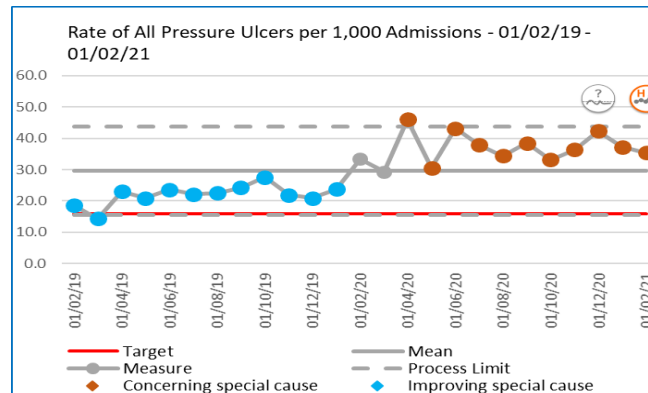
February-21
86.2%
Variance Type
Metric is currently experiencing common cause Variation
Target (Internal)
93.5%
Target Achievement
Metric is experiencing variable achievement



February-21
5
Variance Type
Metric is currently experiencing common cause Variation
Max Target (Internal)
0
Target Achievement
Metric is experiencing variable achievement



February-21
7.2
Variance Type
Metric is currently experiencing common cause Variation
Max Target
5.8
Target Achievement
Metric is experiencing variable achievement



February-21
35.4
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Max Target (Internal)
16.0
Target Achievement
Metric is experiencing variable achievement

Summary:

The level of **Hospital On-set COVID** has decreased from the high level seen in wave 2 of Covid and is now back within common cause variation.

Safe Staffing Fill Rate: The level reported has increased marginally from the lower levels reported for January but remains below usual levels, enough to return to common cause variation. The staffing levels have been significantly impacted due to COVID related absence alongside the requirement to increase capacity, staff escalation areas and deliver care in line with new pathways. There continues 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 in addition to roster management of staff redeployment.

Falls: The number of Falls has now reduced significantly across both sites and the overall rate for the Trust is now in now within common cause variation.

Pressure Ulcers: The rate of all pressure ulcers is experiencing special cause variation of a concerning nature. Hospital Acquired Pressure Ulcers is now within common cause variation.

Actions:

The Trust admitted 128 patients with Covid-19 infection during February, including 5 cases of probable or definite hospital acquired infection (4% of the total). This is a reduction from 11% in January. 1 outbreak of Covid-19 was identified in February. The Kent variant of Covid-19 has been found to be endemic in Kent and Medway and nationally. Key messages on the importance of PPE, social distancing and hand hygiene continue to be raised with staff. Focus on reminding staff to continue with lateral flow testing and appropriate registering of results

Daily staffing huddles continue which review prospectively the nursing staff rosters to enable planning and action to ensure staffing is as safe as possible across the whole Trust; and to ensure joint working between the nursing teams and the Bank office. Bank team members are now engaging with Matrons at the daily afternoon huddle to update on fill rate, key areas to focus on and deployment of staffing from the established Rapid response unit.

We continue to monitor falls rate monthly across the trust and on individual wards. Risk assessment on the increased falls rate was completed and has been added to risk register with further reviews of actions planned. We are in the process of organising a 'Deep Dive' presentation in conjunction with the Falls practitioner to be presented at the Quality committee in April. We are looking to see if the patients admitted with COVID presented with increased rates of falls and pressure ulcers whilst they were inpatients.

Assurance:















Patients and visitors wear masks and are encouraged to undertake hand hygiene regularly. Outbreak control measures implemented on affected wards and areas including contact tracing and quarantine of patient contacts. Lateral flow testing available for all staff. Rapid testing available in ED on both sites.

Daily staffing huddles with divisional leads and staff bank are ongoing to review substantive and temporary staffing requirements across all areas. The Trust launched "Safe Care" to enhance the monitoring and oversight of patients acuity more effectively and support decisions around staffing requirements. Whilst the initial roll out phase has been paused temporarily the templates for all rosters have been completed so that this can be used as an oversight tool for staffing until more areas adopt full utilisation of this. Training has been shared with DDNQ's and next 3 departments identified to implement safe care. All staffing levels are reviewed for every shift, every with oversight monitored by the Senior Leadership Team and appropriate redeployment to support staffing levels across the trust. Increased multi professions representation are on the wards to help support the nursing staff.









Continuing to monitor falls across all areas. Themes and trends for falls discussed at Fall Group meeting. To raise awareness and as staffing improves, some of the challenges in implementing preventative measures should ease.

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	40.0%	45.0%	Feb-21		40.0%	48.9%	Jan-21	40.0%	46.9%	
OP Utilisation	85.0%	43.7%	Feb-21		85.0%	41.7%	Jan-21	85.0%	45.9%	
Outpatient DNA Rate	5.0%	5.9%	Feb-21		5.0%	6.3%	Jan-21	5.0%	5.7%	
Outpatient Hospital Cancellation	20.0%	30.6%	Feb-21		20.0%	50.0%	Jan-21	20.0%	29.8%	
Outpatient Cancellations < 6 weeks	10.0%	25.8%	Feb-21		10.0%	42.7%	Feb-21	10.0%	23.0%	
Calls Answered in under 1 min	75.0%	66.0%	Feb-21		75.0%	57.0%	Feb-21	75.0%	42.9%	
Calls Answered in under 3 min	100.0%	86.0%	Feb-21		100.0%	78.0%	Feb-21	100.0%	66.8%	

Organisational Objectives: Quality and CQC

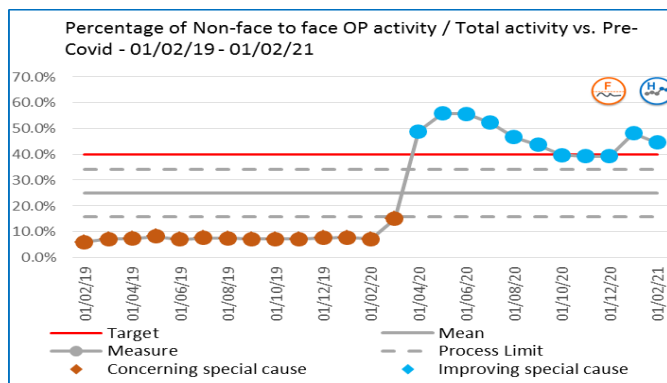
	Latest				Previous			YTD		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Total Readmissions <30 days	14.6%	15.2%	Jan-21		14.6%	13.5%	Dec-20	14.6%	14.9%	
Non-Elective Readmissions <30 days	15.2%	15.2%	Jan-21		15.2%	13.8%	Dec-20	15.2%	15.2%	
Elective Readmissions < 30 Days	7.8%	14.9%	Jan-21		7.8%	6.0%	Dec-20	7.8%	9.5%	
Stroke Best Practice Tariff	50.0%	57.8%	Feb-21		50.0%	59.3%	Jan-21	50.0%	53.1%	

Effective - CQC Domain Scorecard

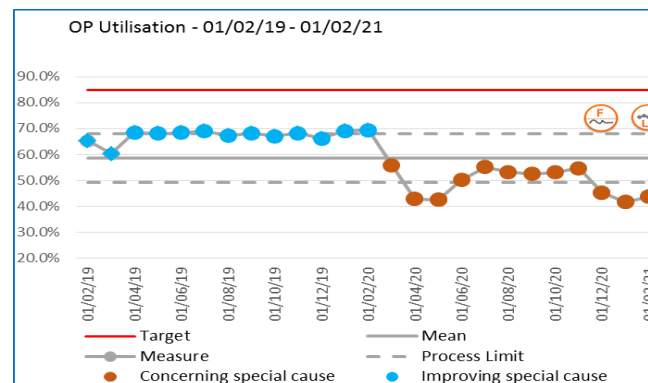
Organisational Objectives: Strategy - Estates

	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	Feb-21	No SPC	Under review	100:0	Jan-21	Under review	100:0	No SPC
Footprint devoted to clinical care vs non clinical care ratio	Under review	4.4:1	Feb-21	No SPC	Under review	4.4:1	Jan-21	Under review	4.4:1	No SPC
Admin and clerical office space in (sqm)	Under review	5808	Feb-21	No SPC	Under review	5808	Jan-21	Under review	5808	No SPC
Staff occupancy per m2	Under review	22.6	Feb-21	No SPC	Under review	23.1	Jan-21	Under review	23.4	No SPC
Energy cost per staff	Under review	£ 963.07	Feb-21	No SPC	Under review	£ 1,082.60	Jan-21	Under review	£ 799.5	No SPC

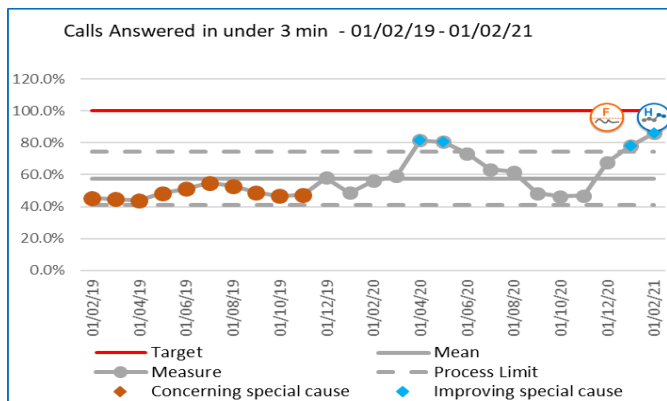
Effective - Reset and Recovery Programme: Outpatients



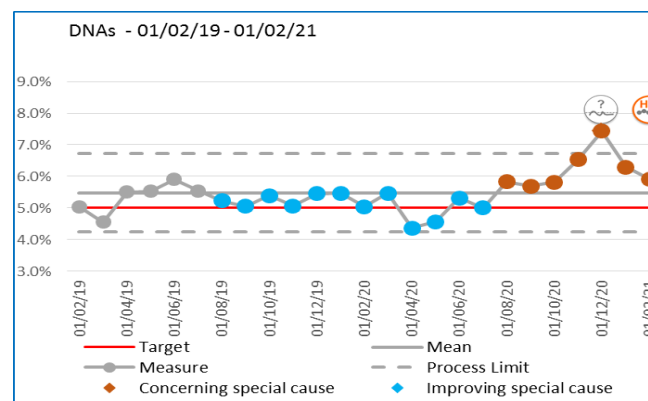
Feb-21
45.0%
Variance Type
Metric is currently experiencing special cause variation of an improving nature
Target (Internal)
40%
Target Achievement
Metric is consistently failing the target



Feb-21
43.7%
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Target (Internal)
85%
Target Achievement
Metric is consistently failing the target



Feb-21
86%
Variance Type
Metric is currently experiencing special cause variation of an improving nature
Target (Internal)
100%
Target Achievement
Metric is consistently failing the target.



Feb-21
5.9%
Variance Type
Metric is currently experiencing common cause variation
Max Target (Internal)
5%
Target Achievement
Metric is experiencing variable achievement

Summary:

Following a decreasing trend in recent months the percentage of non-face to face OP Activity has increased and is experiencing special cause variation of an improving nature.

As expected due to the COVID-19 pandemic outpatient utilisation levels have decreased and remain lower than usual levels.

The level of call being answered within 3 minutes continues to not meet the target, but is experiencing special cause variation of an improving nature.

DNA's are now experiencing special cause variation of a concerning nature and variable achievement of the target.

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. This includes viewing the clinic templates to ensure that utilisation is a true reflection.

Appointments are being reassessed as to what can be converted and cancelled due to the second wave. Activity is currently being assessed now we are in Opel 3 to see what clinics can start up again. Activity is beginning to restart so should see an increase in volume of activity and reduction in cancellations.

Assurance:

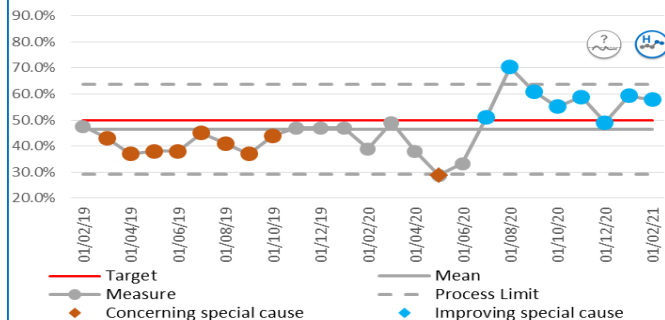
Outpatient restart and recovery plan is being considered with the different speciality teams and will be implemented with support from PMO.

The demand and capacity remodelling has been completed and shared with the divisions. This is being reviewed to ensure we are aiming to achieve reset and recovery targets and that activity where clinically appropriate remains virtual.

Weekly meeting with specialties regarding clinics restarting is being undertaken to ensure we operate safely and the most efficient possible.

Effective - Organisational Objectives: Stroke & Readmissions

Stroke BPT - Pass Rate - 01/02/19 - 01/02/21



Feb-21

57.8%

Variance Type

Metric is currently experiencing special cause variation of an improving nature

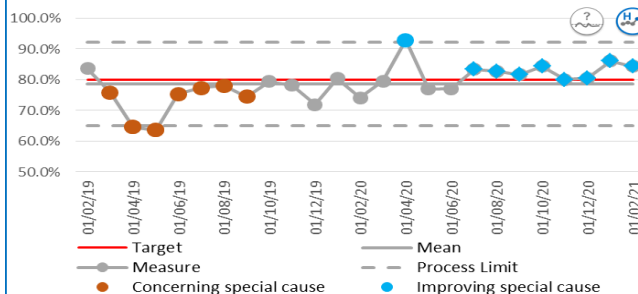
Target (Internal)

50%

Target Achievement

Metric is experiencing variable achievement

Stroke BPT -First ward is stroke ward or ITU - 01/02/19 - 01/02/21



Feb-21

84.4%

Variance Type

Metric is currently experiencing special cause variation of an improving nature

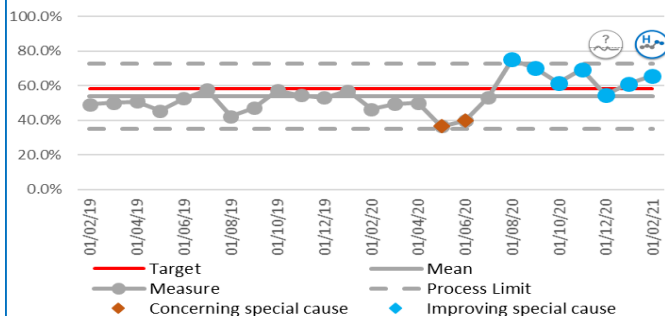
Target (Internal)

80%

Target Achievement

Metric is experiencing variable achievement

Stroke BPT - Have seen a consultant within 14 hours of admission - 01/02/19 - 01/02/21



Feb-21

65.6%

Variance Type

Metric is currently experiencing special cause variation of an improving nature

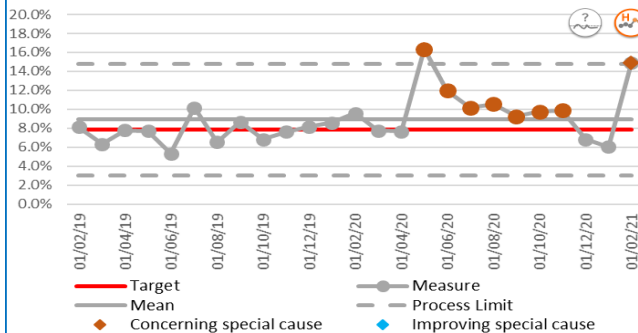
Target (Internal)

58%

Target Achievement

Metric is experiencing variable achievement

Elective Readmits - 01/02/19 - 01/02/21



Feb-21

14.9%

Variance Type

Metric is currently experiencing special cause variation of a concerning nature

Max Target (Internal)

7.8%

Target Achievement

Metric is experiencing variable achievement

Summary:

Stroke Best Practice Tariff (BPT) indicators are experiencing special cause variations of an improving nature. Increased activity after the Medway stroke reconfiguration (by around 30 a month) is a contributing factor to this improvement. All Stroke indicators have met the targets for the last two consecutive months.

Elective Readmission Rates are experiencing a special cause variation of a concerning nature. A contributing factor to this is data quality issues that are being investigated by the Medical Division.

Actions:

Increasing staffing in line with ASU standards is assisting with meeting the BPT standards.

Review of stroke pathway supporting improvement including development of a stroke assessment bay to take patients more rapidly from ED























Assurance:

Initiative with pre alert with SECAMB is diverting patients from MH ED so is assisting flow

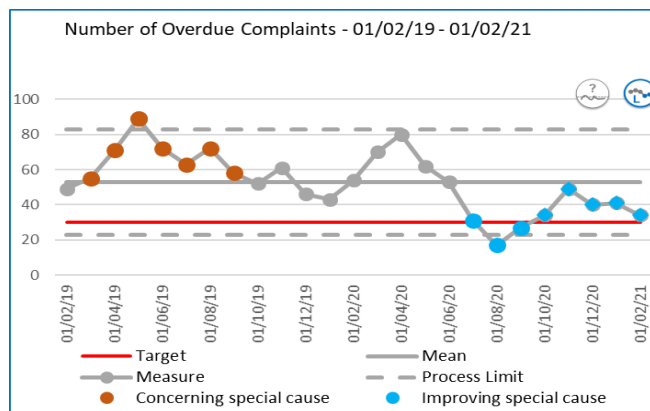
Further review of the pathway is underway as staffing improves and Network plans develop

Caring - CQC Domain Scorecard

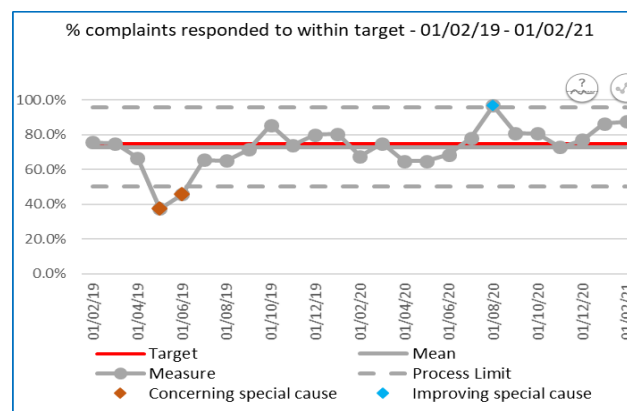
Organisational Objectives – Quality & CQC

Outcome Measure	Latest				Previous			YTD		Assurance
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	
Single Sex Accommodation Breaches	0	0	Feb-21		0	0	Jan-21	0	0	
Rate of New Complaints	3.9	1.8	Feb-21		3.9	2.2	Jan-21	2.9	2.2	
% complaints responded to within target	75%	87.5%	Feb-21		75%	86.5%	Jan-21	75%	78.4%	
IP Resp Rate Recmd to Friends & Family	25%	10.0%	Feb-21		25%	3.8%	Jan-21	25%	0.0%	
IP Friends & Family (FFT) % Positive	95%	99.1%	Feb-21		95%	97.4%	Jan-21	95%	0.0%	
A&E Resp Rate Recmd to Friends & Family	15%	No data due to COVID-19	Feb-21		15%	No data due to COVID-19	Jan-21	15%	No data due to COVID-19	
A&E Friends & Family (FFT) % Positive	87%		Feb-21		87%		Jan-21	87%		
Mat Resp Rate Recmd to Friends & Family	25%	2.7%	Feb-21		25%	11.1%	Jan-21	25%	22.5%	
Maternity Combined FFT % Positive	95%	98.0%	Feb-21		95%	89.4%	Jan-21	95%	98.0%	
OP Friends & Family (FFT) % Positive	84%	85.2%	Feb-21		84%	85.3%	Jan-21	84%	82.9%	
% VTE Risk Assessment	95%	95.6%	Feb-21		95%	94.3%	Jan-21	95%	96.5%	

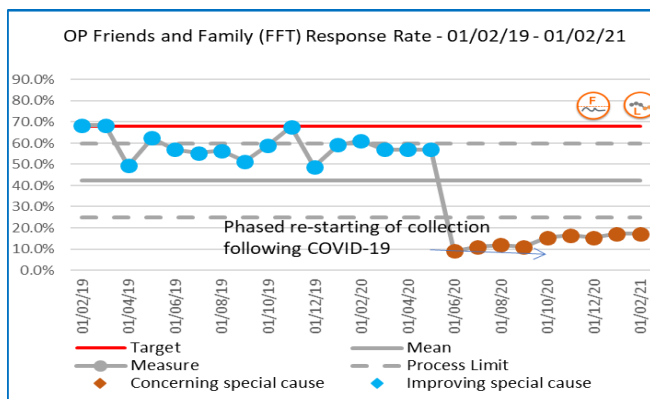
Caring - Organisational Objective: Quality and CQC



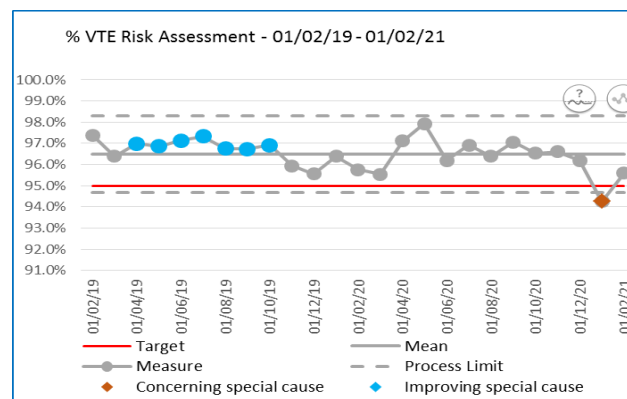
Feb-21
34
Variance Type
Metric is currently experiencing special cause variation of an improving nature
Max Target (Internal)
60
Target Achievement
Metric is experiencing variable achievement



Feb-21
87.5%
Variance Type
Metric is currently experiencing common cause variation
Target (Internal)
75%
Target Achievement
Metric is experiencing variable achievement



Feb-21
17.2%
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Target
68%
Target Achievement
Metric is consistently failing the target



Feb-21
95.6%
Variance Type
Metric is currently experiencing common cause variation
Target (National)
95%
Target Achievement
Metric is experiencing variable achievement

Summary:

Complaints: The number and rate of new complaints received continues to remain consistent experiencing common cause variation. However performance for the number of overdue complaints are once again experiencing special cause variation of an improving nature. YTD compliance is now achieving the target at 78.4%.

Outpatient Friends and Family Response Rate continues to experience special cause variation of a concerning nature.

FFT reporting restarted Jan 21 during the height of the 2nd wave of the pandemic. Due to significant staffing issues over this time FFT was not prioritised. In addition, there was a reduction in FFT responses with IQVIA for February by 10% from January due to an online outage with the company.

VTE Risk Assessment is now experiencing common cause variation and has improved to above the target from February. Delays in data entry are reducing.

Actions:

Complaints: Regular meetings with key divisional staff reinstated to monitor progress on open complaints. New format weekly reports issued with particular emphasis on overdue cases. Realignment of complaints leads' portfolios to address fluctuations in activity between divisions. – under ongoing review.

OP FFT: OP Matron working with OPT & PE team to increase use of surveys / responses. IPADS purchased and VCA survey to be reconfigured with service leads post pandemic

FFT: Re-engage with clinical leads in FFT, meetings to re-commence end of March. Global communications to all areas to highlight key areas of focus; card collection points, online survey availability.

VTE: Delays in data input due to the wards been under considerable pressure due to significant staffing issues through December and January impacted the performance reported, however these issues have now been resolved and performance is back to above the target.

Assurance:













Complaints: Continued regular monitoring of all open complaints with reports to CN. Learning and key messages published in the Governance Gazette. Continued compliance despite operational challenges and no significant reductions in complaint activity.

OP FFT: continual engagement with heads of service / PE team
FFT: Monthly FFT meeting recommending end of March to engage with leads and identify key issues for escalation to PE Team. The action driver functionality to be complete by end of April 2021. IQVIA online outage now resolved.













VTE: Continued communication with the Coding Team and Monthly progress updates to clinical areas and leads.

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) performance against trajectory (not finalised)	87.0%	65.3%	Feb-21			87.0%	71.0%	Jan-21	87.0%	65.3%	
Number of patients waiting over 40 weeks	0	1628	Feb-21			0	1919	Jan-21	0	17049	
52 week breaches (new in month)	2	413	Feb-21			2	335	Jan-21	22	1921	
Access to Diagnostics (<6weeks standard)	99.0%	84.4%	Feb-21			99.0%	74.9%	Jan-21	99.0%	84.4%	
Average for new appointment	10.0	7.7	Feb-21			10.0	7.0	Jan-21	10.0	7.7	
Theatre Utilisation	90.0%	81.6%	Feb-21			90.0%	77.4%	Jan-21	90.0%	82.0%	

Reset and Recovery Programme – Acute & Urgent Care

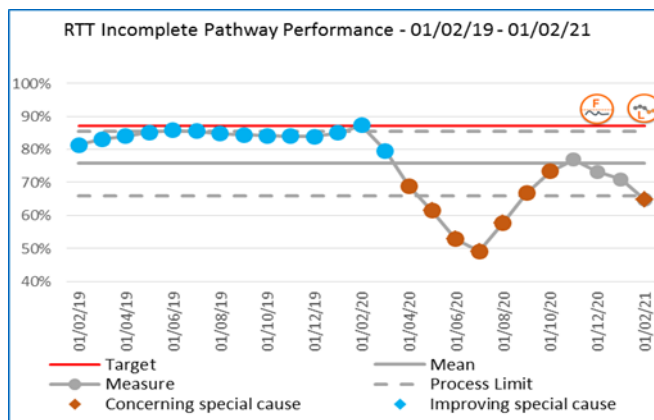
	Latest					Previous			YTD		
Outcome Measure	Plan	Actual	Period	Variation		Plan	Actual	Period	Plan	Actual	Assurance
Referrals to ED from NHS 111	Coming April 21		Feb-21			Coming April 21		Jan-21	Coming April 21		
A&E 4 hr Performance	85.3%	96.0%	Feb-21			85.3%	87.7%	Jan-21	85.3%	94.6%	
Super Stranded Patients	80	82	Feb-21			80	101	Jan-21	80	82	
Ambulance Handover Delays Rate > 30mins	7.0%	4.9%	Feb-21			7.0%	6.9%	Jan-21	7.0%	4.9%	
Bed Occupancy	90.0%	87.8%	Feb-21			90.0%	93.3%	Jan-21	90.0%	66.1%	
WTE LOS	6.4	6.6	Feb-21			6.4	7.7	Jan-21	6.4	6.2	

Responsive - CQC Domain Scorecard

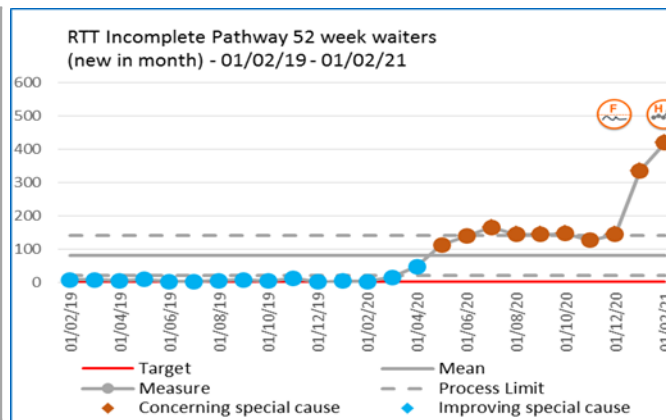
Reset and Recovery Programme – Cancer Services

	Latest					Previous			YTD		
Outcome Measure	Plan	Actual	Period	Variation		Plan	Actual	Period	Plan	Actual	Assurance
Cancer - 2 Week Wait	93.0%	94.3%	Jan-21			93.0%	94.3%	Dec-20	93.0%	94.3%	
Cancer - 31 Day	96.0%	96.1%	Jan-21			96.0%	96.1%	Dec-20	96.0%	96.1%	
Cancer - 62 Day	85.0%	85.2%	Jan-21			85.0%	85.2%	Dec-20	85.0%	85.2%	
Size of backlog	30	68	Feb-21			30	68	Jan-21	30	68	
28 day Target	Coming Soon		Jan-21			Coming Soon		Dec-20	Coming Soon		

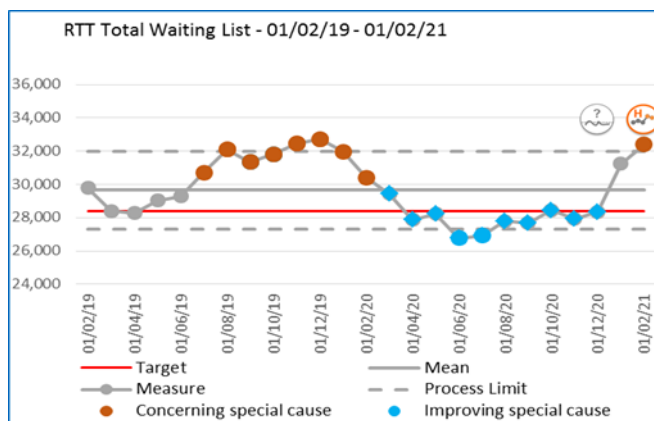
Responsive - Reset and Recovery Programme: Elective



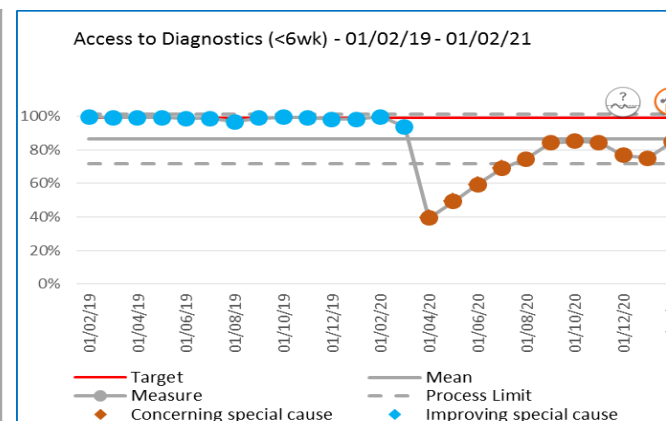
Feb-21
65.3%
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Target (Internal)
86.3%
Target Achievement
Metric consistently failing the target



Feb-21
413
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



Feb-21
32,234
Variance Type
Metric is currently experiencing special cause variation of an improving nature
Target (Internal)
28,412
Target Achievement
Metric is experiencing variable achievement



Feb-21
84.4%
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Target
99%
Target Achievement
Metric is experiencing variable achievement

Summary:

Due to the COVID-19 pandemic & the impact of wave 2 the YTD activity remains low for both elective & outpatient appointments which have adversely impacted the RTT performance. The February performance has dropped to 65.3% & the Total Waiting List has increased this month due to the closure of theatres & the cancellation of routine elective activity.

Large scale cancellations of elective activity throughout the year has resulted in admitted electives & daycases reducing by 45% compared to normal levels YTD. New Outpatient activity has reduced by around 28% & follow up activity by around 11% YTD compared to normal activity levels.

Following the decrease in performance for diagnostic waiting times during the first wave this had been improving for both endoscopy and imaging but is now once again experiencing special cause variation of a concerning nature. The areas of concern relate to Ultrasound, DEXA and ECHO's. Performance is showing signs of recovery with an increase in February.

Actions:

Demand and capacity for all specialities has been reviewed in order to reset the recovery plan for elective care. ITU demand has decreased which has meant that theatres have been re-opening in a phased plan to commence recovering activity.

Robust monitoring of patients in order to maximise clinic and theatre time and increase productivity.

To increase capacity and improve the waiting times of Ultrasounds, DEXA and ECHO's.

Assurance:

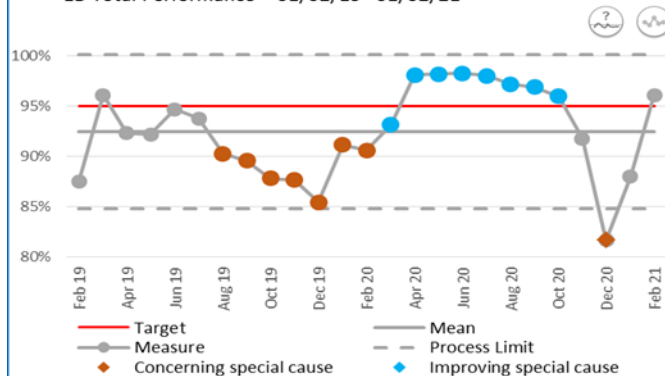
Clinical Priority 1 and 2 patient activity is being maintained and P3 and P4 activity has commenced both internally and in the Independent Sector. All internal theatres will fully re-open on 6 April. Long waiting patients are in the process of being treated or are being scheduled for treatment.

Weekly PTL meetings with patient level detail have re-commenced to ensure patients are treated in chronological order as timely as possible. Further recovery plan is being devised and includes increased use of the Independent Sector. 6-4-2 meeting has re-commenced.

The below plan are in place to aid with recovering activity;
Ultrasound – issue with AQP patients. Improvement plan in place with the CCG.
DEXA – capacity issues, outsourcing to Darent Valley Hospital
ECHO's – capacity issues, cardiology devising a recovery plan.

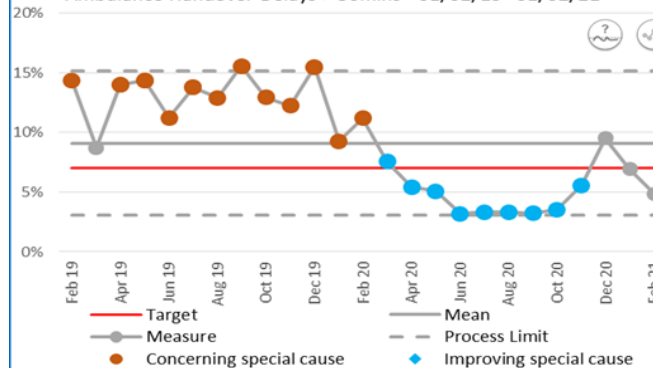
Responsive - Reset and Recovery Programme: Emergency Care

ED Total Performance - 01/02/19 - 01/02/21



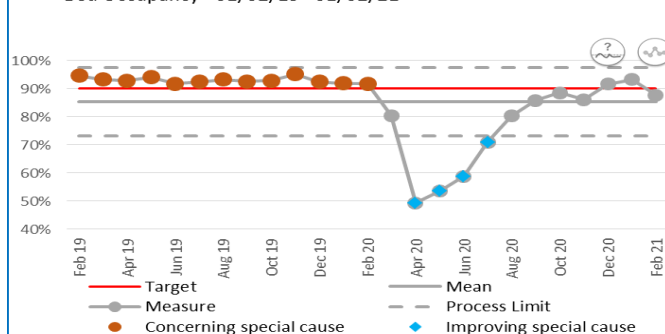
Feb-21
96.1%
Variance Type
Metric is currently experiencing common cause variation
Target
95%
Target Achievement
Metric is experiencing variable achievement

Ambulance Handover Delays > 30mins - 01/02/19 - 01/02/21



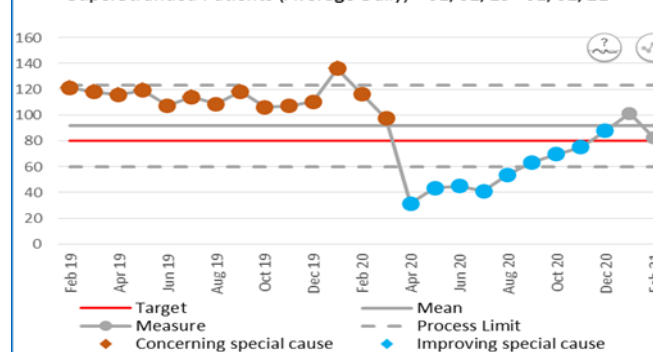
Feb-21
4.9%
Variance Type
Metric is currently experiencing common cause variation
Max Limit (Internal)
7.0%
Target Achievement
Metric is experiencing variable achievement

Bed Occupancy - 01/02/19 - 01/02/21



Feb-21
87.8%
Variance Type
Metric is currently experiencing common cause variation
Max Limit (Internal)
90%
Target Achievement
Metric is experiencing variable achievement

SuperStranded Patients (Average Daily) - 01/02/19 - 01/02/21



Feb-21
82.3
Variance Type
Metric is currently experiencing common cause variation
Max Limit (Internal)
80
Target Achievement
Metric is experiencing variable achievement

Summary:

ED 4hr performance (inc MIU): Following the downward trend seen during the height of the second wave this is now starting to recover and is back to experiencing common cause variation (96.1% in February). Arrivals (Type 1) were 26.3% below model in February. Ambulance delays had settled into 3.0-3.5%, but increased during the height of the second wave due to divers for mutual aid and Covid. This is now starting to recover and is back to experiencing common cause variation (4.9% in February). Total bed occupancy dropped to under 50% during the first wave of covid but had been steadily increasing to a high of 93.3% in January. This is starting to recover and is now experiencing common cause variation. Superstranded patients had been showing a steady increase over the last seven months but is now once again experiencing common cause variation.

Actions:

Flow Coordinators appointed across both sites. Developing cross-site rota plus appropriate competencies.

Development of 11/UTC in progress to extend service. Discussion with IC24 to increase referrals from ED to IC24 from April 21. IC24 contract extended by 1 year by CCG

Power BI report in development with four main KPIs to give daily info on key KPI's. Shadowing of new ED clinical standards from April 21 although no targets currently set.

4 WTE ED Consultant posts with interview date in March to support RAP

Development of improved handover times to reduce number of over 30 mins handovers in preparation for targets/winter.

Assurance:

Directorate/ Divisional meetings to review figures, with appropriate escalation.

CQC Focus Group Re-instated with Clinical Leads

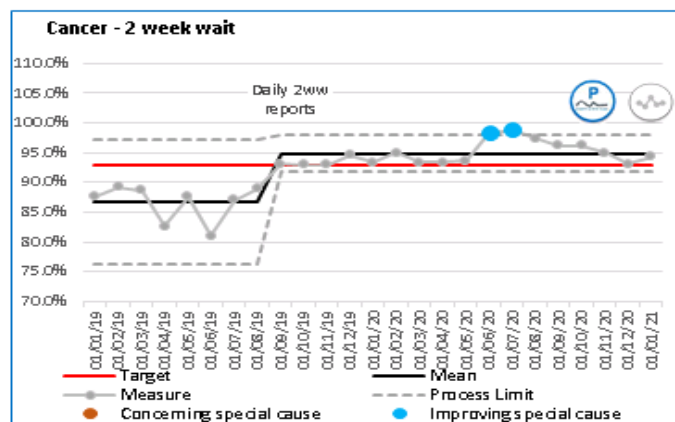
What's App groups in place to promote improved communications with larger team, giving daily performance updates.

Twice weekly meetings with Site Clinical Leads to ensure adequate junior ward/ on call cover for Medicine with Rota Team.

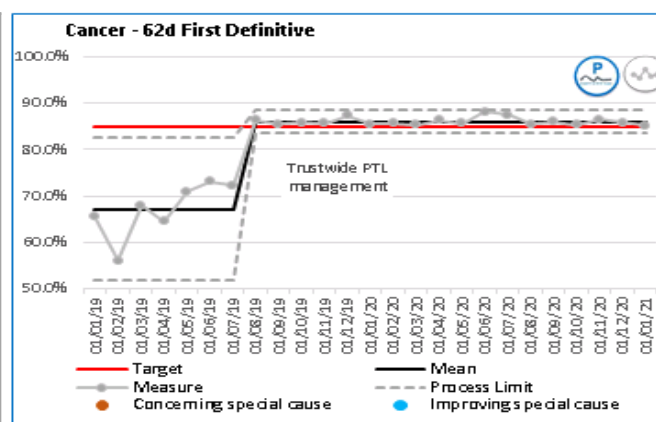
Good working relationship with SECAmb.

Visit from Director of OPs East Kent week commencing 15th March to share processes.

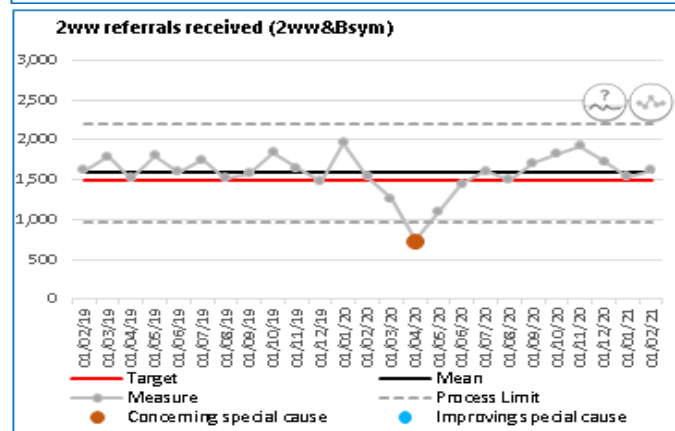
Responsive - Reset and Recovery Programme: Cancer



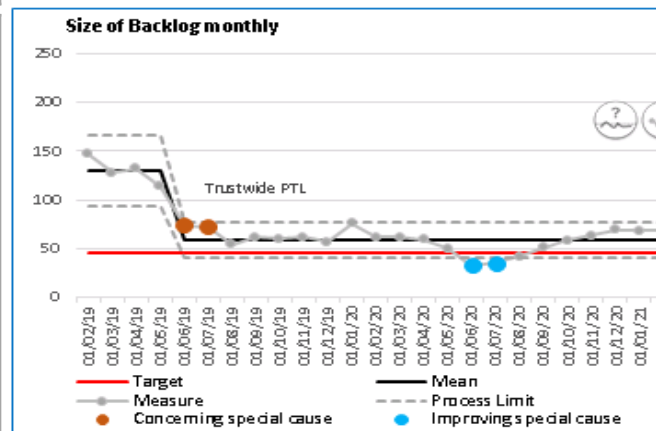
Jan-21
94.3%
Variance Type
Process change Sept 2019 now showing common cause variation
Max Target (Internal)
93%
Target Achievement
Metric is currently achieving the target



Jan-21
85.2%
Variance Type
Process change Aug 2019 now showing common cause variation
Max Target (Internal)
85%
Target Achievement
Metric is currently achieving the target



Feb-21
1620
Variance Type
Metric is currently experiencing Common Cause Variation
Max Target
1500
Target Achievement
Metric is experiencing variable achievement of locally set target



Feb-21
68
Variance Type
After improvement in process from June 2019 – metric is experiencing common cause variation
Max Target (Internal)
45
Target Achievement
Metric is experiencing variable achievement of locally set target

Summary:

The 2ww standard continues to achieve the 93% target, reporting a current mean of 94.8% which is significantly improved from the previous mean of 86.7% to September 2019. The Trust has continued achievement of the 62 day standard and is reporting a current mean of 86.1% (above the 85% target) which is an improvement from the previous mean of 66.7% reported up to August 2019. The 2ww referral numbers have returned to previous numbers with 1620 referrals received in February 2021 – this remains within expected variation. The backlog on the 62d PTL is being consistently managed within expected variation limits

Actions:

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

Recruitment of additional roles designed to support the continuation of renewed pathways during Covid is underway. This includes: STT nurses, pathway navigators and oncology flow coordinators.

Cancer Covid pathways have been reviewed to ensure the implementation of national guidance and the continuation of effective and efficient cancer diagnostics and treatments

Assurance:

The ongoing daily huddles with each tumour site team are in place and monitoring the growth in the PTL as referral numbers fluctuate. 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 pathway reviews. 28 day FDS meetings have been reinstated in preparation for national monitoring of this target. Paper to executive team to highlight any changes and key information across each of the cancer pathways.

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	909	Jan-21	No SPC		Improving Quarterly	688	Sep-20		Improving Quarterly	688	No SPC
Climate Survey - Percentage of staff who feel fully supported in their role		69.0%	Jan-21	No SPC			67.0%	Sep-20			67.0%	No SPC
Climate Survey - Percentage of staff who feel the Trust has a genuine concern for their safety		71.0%	Jan-21	No SPC			68.0%	Sep-20			68.0%	No SPC
Climate Survey - Percentage of staff who feel able to cope with the demands that are being		69.0%	Jan-21	No SPC			69.0%	Sep-20			69.0%	No SPC
Health and Wellbeing: How many calls received	40	14	Feb-21			40	22	Jan-21		40	459	
Health and Wellbeing: What percentage of Calls related to Mental Health Issues	44%	34%	Feb-21			44%	64%	Jan-21		44%	51%	

Organisational Objectives: Workforce





	Latest					Previous				YTD		
Outcome Measure	Plan	Actual	Period	Variation		Plan	Actual	Period		Plan	Actual	Assurance
Sickness	3.3%	6.8%	Jan-21			3.3%	7.3%	Dec-20		3.3%	4.4%	
Turnover	10.0%	11.4%	Feb-21			10.0%	11.3%	Jan-21		10.0%	11.9%	
Vacancy Rates	9.0%	5.6%	Feb-21			9.0%	6.2%	Jan-21		9.0%	5.6%	
Use of Agency	0	296	Feb-21			0	224	Jan-21		0	296	
Appraisal Completeness	95.0%	90.8%	Feb-21			95.0%	90.6%	Jan-21		95.0%	89.9%	
Stat and Mandatory Training	85.0%	89.7%	Feb-21			85.0%	89.8%	Jan-21		85.0%	89.9%	

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	- 911	- 911	Feb-21			- 911	- 677	Jan-21		896	896	
CIP Savings	Suspended		Feb-21			Suspended		Jan-21		Suspended		
Cash Balance	37,452	69,560	Feb-21			37,452	70,170	Jan-21		37,452	69,560	
Capital Expenditure	2,695	1,888	Feb-21			2,695	3,282	Jan-21		17,100	14,419	
Agency Spend	1,719,176	2,046,320	Feb-21			1,719,176	1,598,757	Jan-21		13,272,031	16,584,637	
Use of Financial Resources	2	No data	Feb-21			2	No data	Jan-21		No data		

Reset and Recovery Programme: ICC

	Latest					Previous				YTD		
Outcome Measure	Plan	Actual	Period	Variation		Plan	Actual	Period		Plan	Actual	Assurance
Nursing vacancies	13.5%	10.1%	Feb-21			13.5%	10.1%	Jan-21		13.5%	0.0%	
Covid Positive - number of patients	0	128	Feb-21			0	604	Jan-21		0	2137	

Well Led - CQC Domain Scorecard

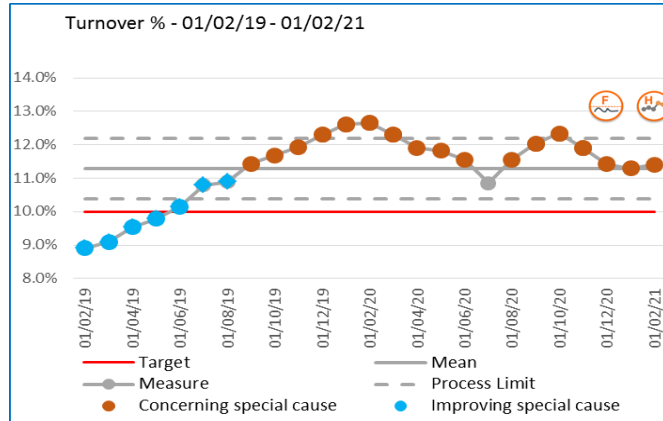
Organisational Objectives - Strategy – Clinical

	Latest					Previous				YTD		Target
Outcome Measure	Plan	Actual	Period	Variation		Plan	Actual	Period		Plan	Actual	Assurance
Number of specialist services	35	30	Feb-21			35	30	Jan-21		35	330	
Elective Spells in London Trusts from West Kent	329	290	Nov-20			329	202	Oct-20		329	3,728	
Service contribution by division	Coming April 21		Feb-21			Coming April 21		Jan-21		Coming April 21		
Research grants (£)	114	157	Feb-21			114	163	Jan-21		114	1,185	
Number of advanced practitioners	25	31	Feb-21			25	31	Jan-21		25	31	
Percentage of Trust policies within review date	90.0%	76.4%	Feb-21			90.0%	82.8%	Jan-21		90.0%	76.4%	

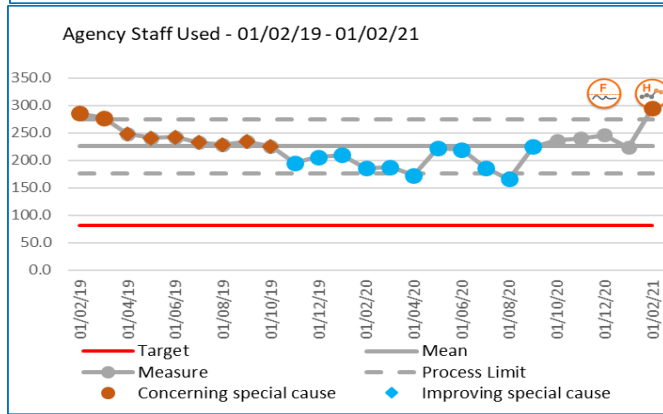
Organisational Objectives – Exceptional People

	Latest					Previous				YTD		
Outcome Measure	Plan	Actual	Period	Variation		Plan	Actual	Period		Plan	Actual	Assurance
Staff Friends and Family % recommended work	70.0%	71.3%	Feb-21			70.0%	71.3%	Jan-21		70.0%	71.3%	
Staff Friends and Family % recommended care	80.0%	81.4%	Feb-21			80.0%	81.4%	Jan-21		80.0%	81.4%	
Equality, Diversity and Inclusion reducing inequalities metrics / dashboard	Coming April 21		Feb-21			Coming April 21		Jan-21		Coming April 21		

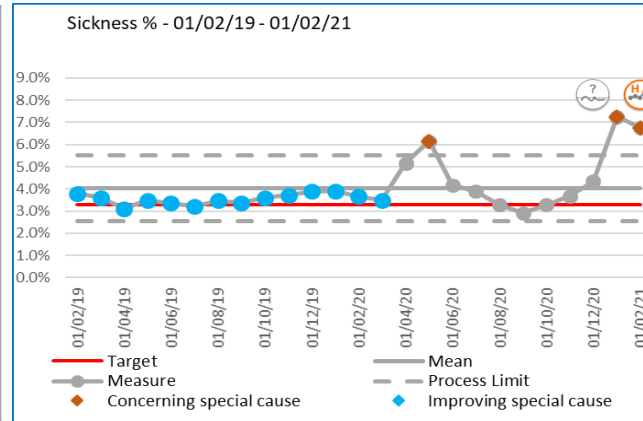
Well Led - Operational Objective: Workforce



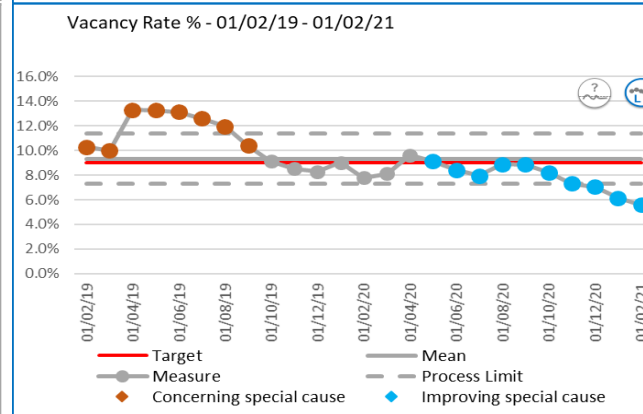
February-21
11.4%
Variance Type
Metric is currently experiencing Special Cause Variation of a concerning nature
Max Target (Internal)
10%
Target Achievement
Metric is consistently failing the target



February-21
296
Variance Type
Metric is currently experiencing Special Cause Variation of a concerning nature
Target (Internal)
81
Target Achievement
Metric is consistently failing the target



January-21
6.8%
(One Month Behind)
Variance Type
Metric is currently experiencing Special Cause Variation of a concerning nature
Max Target (Internal)
3.3%
Target Achievement
Metric is experiencing variable achievement



February-21
5.6%
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 now experiencing special cause variation of a concerning nature and is consistently failing the target.

The level of Sickness decreased in January compared to December (data reported one month behind) to 6.8% (of which 2.9% was COVID related sickness). Whilst a drop from the previous month, this indicator continues to experience special cause variation of a concerning nature.

The level of Agency staff used has shown a considerable increase and is its highest in the last 2 years. It is showing a special cause variation of a concerning nature.

The Vacancy Rate remains below the Trust maximum limit and is therefore experiencing special cause variation of an improving nature.

Actions:

Sickness - Inevitably, the Pandemic and winter pressures have impacted. We have been actively monitoring and modelling the impact on staff staffing and will continue to do so. We have recently seen sickness level start to fall and is heavily impacted by and reflective of pandemic and seasonal related illness.

The Workforce (People) Function has 4 areas of focus: Temporary Staffing (Staff Hub) Recruitment, Vaccinations and Staff Welfare. We have completed the last Climate survey in February and preparing action plans to act on the results to drive local interventions to aid retention and implementation plans. Turnover can be impacted by quality of managers and leaders and we are working with HRBPs to help managers with this.

In January and February we continued to see a significant increase in Nursing demand on temporary staffing. Agency usage, although higher than plan has continued to reduce year on year with ongoing plans to migrate agency staff. 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. A further update will be provided in the next IPR.

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.

The recruitment team continue to work on various initiatives to support vacancies: They are also working with the Nursing leads to devise nursing workforce plans for the next financial year. There are 94 international nurses in the pipeline, and five arriving this weekend. The team have worked hard with the facilities manager to secure a Quarantine hotel for international new starters, the pastoral care support package was quickly adapted to meet the new quarantine rules for new starters coming to the UK from a "Red List" country. The team are currently reviewing the actions plans for next year with the aim to launch these at the beginning of April.

The Trust has developed a Staffing Hub and the bank team continue to work closely with the site team and matrons on finding solutions to reduce agency spend. Due to the impact of Covid-19, we are continuing to pay enhanced rates for Bank staff to mitigate staff shortages, encouraging staff to pick up bank shifts and reduce wider agency spend up until 28/02/2021 with a review of future incentives taking place.

Appendices

Supporting Narrative

Executive Summary

The Trust continues to achieve both the National Cancer 62 Day FDT Standard and the 2 week wait standard, reporting 85.3% and 94.3% respectively. Following the downward trend seen over the last few months A&E 4hr performance is now back to experiencing common cause variation at 96.1% in February (highest performance nationally for Acute Trusts). RTT performance decreased further in February. However as ITU demand has decreased theatres have been re-opening in a phased plan to commence recovering activity. Cancer and Clinically urgent activity is being maintained, however non-cancer and routine activity has now commenced both internally and in the Independent Sector. Early indications are that activity (and RTT performance) has started to recover. All internal theatres will fully re-open on 6th April 2021. Demand and capacity analysis has been undertaken for all specialities in order to reset the recovery plan for elective care. Some of the patient safety and quality indicators are showing signs of improvement as the bed occupancy and staffing issues start to reduce.

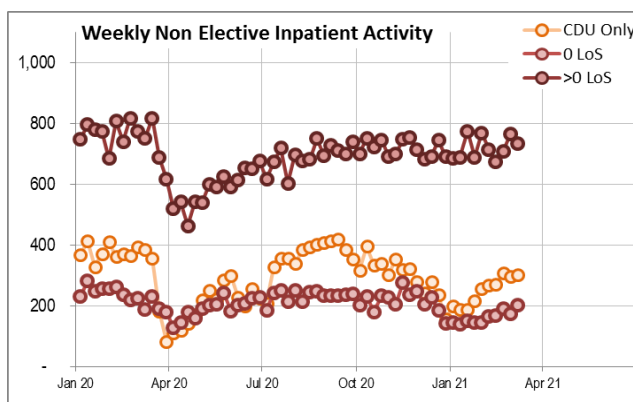
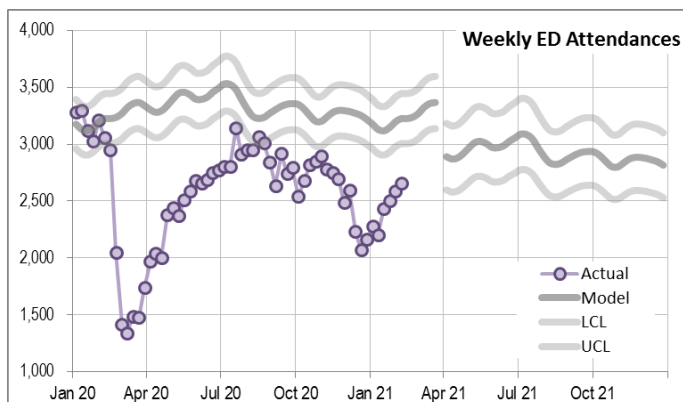
Key Performance Items:

- **Infection Control:** Both the rate of C.Difficile and E.Coli are experiencing common cause variation and variable achievement of the target. The Trust admitted 128 patients with Covid-19 infection during February, including 5 cases of probable or definite hospital acquired infection (4% of the total). This is a reduction from 11% in January. One outbreak of Covid-19 was identified in February. The Kent variant of Covid-19 has been found to be endemic in Kent and Medway and nationally. Key messages on the importance of PPE, social distancing and hand hygiene continue to be raised with staff. Focus on reminding staff to continue with lateral flow testing and appropriate registering of results
- **Falls:** The number of Falls has decreased across both sites, particularly in the Medical and Care of the Elderly specialties. The overall rate for the Trust is now once again experiencing common cause variation and variable achievement of the target. One SI relating to Falls was reported. Falls rate continue to be monitored monthly across the trust and on individual wards. Risk assessment on the increased falls rate was completed and has been added to risk register with further reviews of actions planned.
- **Pressure Ulcers:** The rate of hospital acquired pressure ulcers has decreased and has returned to common cause variation. The higher level of Deep Tissue Injuries (DTIs), particularly in the Medical and Care of the Elderly specialties has returned to previous levels. Total pressure ulcers (including community acquired) continues to experience special cause variation of a concerning nature. There are preparations for a 'Deep Dive' presentation in conjunction with the Falls practitioner to be presented at the Quality committee in April. One goal is looking to see if the patients admitted with COVID presented with increased rates of falls and pressure ulcers whilst they were inpatients.
- **Incidents and SIs:** The level of SIs reported decreased significantly to 3. Of these, 1 related to Falls, 1 related to a treatment delay, and 1 related to an Obstetric Incident. The level of incidents reported and the rate of incidents that are severely harmful has also reduced in February to 0.42 and has now dropped below the maximum limit of 1.23.
- **Stroke:** Three of the four Stroke Indicators, including the overall Best Practice Indicator, are now experiencing special cause variation of an improving nature and variable achievement of the target. All four indicators have achieved the internal targets for two consecutive months and performance may increase further with late data recording.
- **A&E 4 hour Standard and Flow:** Following the downward trend seen during the height of the second wave this is now starting to recover and is back to experiencing common cause variation (96.1% in February). The Trust continues to implement the ED improvement action plan to support flow throughout the Trust with Flow Coordinators appointed across both sites. Development of 111/Urgent Treatment Centre (UTC) is in progress to extend the service. A&E Attendances had been fairly steady at around 85% of normal levels but were 26% below model. Emergency admissions are 10% to 15% below expected levels. Total Bed Occupancy had been steadily increasing from pandemic levels to a high in January but is starting to recover and is now experiencing common cause variation. Both Medical Outliers and Super-Stranded Patients are also starting to recover. The A&E Conversion rate is showing an increasing trend due to the decrease in minor injury attendances.
- **Ambulance Handover Delays:** Ambulance delays had settled into 3.0-3.5%, but increased during the height of the second wave due to divers for mutual aid and Covid. This is now starting to recover and is back to experiencing common cause variation (4.9% in February).

Supporting Narrative Continued

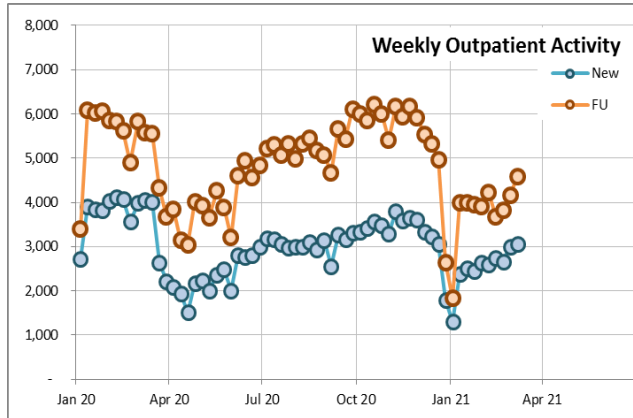
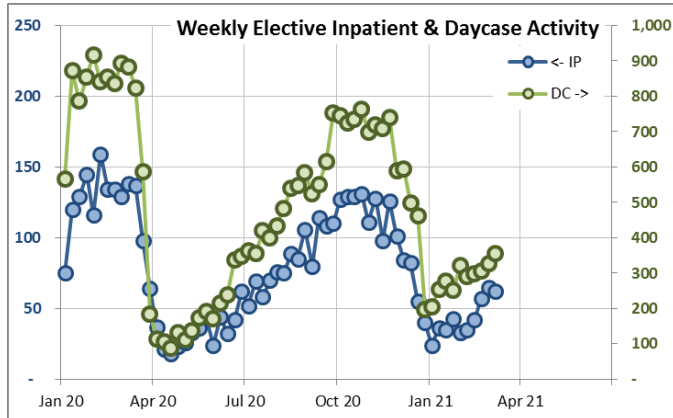
- **Referral to Treatment (RTT) Incomplete Pathway:** RTT performance decreased further to 65.28%. However, as ITU demand has decreased theatres have been re-opening in a phased plan to commence recovering activity with all internal theatres fully re-opening on 6th April 2021. Non-cancer and routine activity has now commenced. Weekly PTL meetings with patient level detail have re-commenced to ensure patients are treated in chronological order as timely as possible. Further recovery plan is being devised which includes increased use of the Independent Sector. The number of patients waiting >52 weeks has increased further. Long waiting patients are in the process of being treated or are being scheduled for treatment. Diagnostics waiting <6 weeks performance is starting to recover increasing to 84.4% in February.
- **Cancer 62 Day:** From August 2019, when the Trust implemented robust PTL management with service managers across the Trust, the 62 day standard has shown an improved performance and has consistently achieved the 85% standard (reporting 85.3% for January 2021). A process step change has been applied to reflect this and this shows a significant improvement, where the calculated mean up to August 2019 was 66.7% and is now 86.1%, consistently above the target of 85%. The updated chart now reports common cause variation as confirmation of a currently stable process. The 62d Backlog has remained at 4% of the total PTL.
- **Cancer 2weeks (2ww):** From September 2019, there has been a continued improvement in the achievement of the 2ww first seen standard, with a consistent achievement of the target (reporting 94.3% for January 2021). The recent 5 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. A process step change has been applied to this metric, which shows the improved performance increasing from a calculated mean of 86.7% up to September 2019 to 94.8% currently, consistently above the target of 93%.
- **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 the remainder of 2020, with some months reporting in excess of 114% over the same period in 2019. Overall the numbers of referrals being processed through the 2ww office has returned to expected numbers and is reporting common cause variation.
- **Finance:** The Trust has delivered the year to date financial plan generating a £0.9m 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, this plan includes an allocation to fund COVID related spend (£11.2m). The Trusts key variances to the plan set from October (month 7) are: Income £2.7m adverse to plan, this is due to £2m 'pass back' of net underspend to CCG, £400k RTA income adjustment and £200k sexual health revised contract value. Pay budgets are £4.1m surplus which is mainly due to delays in investments associated with Stroke, ITU extension and Recovery and Reset developments (£5.9m) partly offset by increase in COVID pay related spend associated with the second wave. Non pay budgets are £1.6m adverse to plan due to agreed investments within EPR, Patient flow, IT projects and rates review.
- **Workforce:** The Safe Staffing Nursing Fill Rate has increased but remains below usual levels which has impacted on the overall fill rate. Daily staffing huddles with divisional leads and staff bank continue to review prospectively the nursing staff rosters to enable planning and action to ensure staffing is as safe as possible across the whole Trust. Increased multi professions representation are on the wards to help support the nursing staff. The level of Agency staff used has shown a considerable increase and is its highest in the last two years. It is showing special cause variation of a concerning nature. The bank team continue to work closely with the site team and matrons on finding solutions to reduce agency spend. The Turnover rate remains similar and is consistently failing the target. Climate survey data is being used to drive local interventions to aid retention. Following the high sickness levels reported in December (reported one month behind) as expected this has improved in January (6.8%) but remains high experiencing special cause variation of a concerning nature. Of the 6.8% reported 2.9% was COVID related sickness which is an improving picture. Early indications are that this has improved further in February. The non-Covid related sickness remains at expected levels for this time of year. The level of Stress/Anxiety and Depression related sickness saw an increasing trend at the height of the Covid Waves. The Trust Daily Staff Hub / Cell continued to respond to Covid pressures during February but this is now easing as the number of Covid patients within the Trust is decreasing.

Escalation: COVID-19



ED Attendances: Attendances fell to around 40% of normal at the peak of Wave 1 and around 60% at peak Wave 2. Attendances are recovering again, but changes in public behaviour towards ED, and the move to the UTC model are likely to apply downward pressure on ED numbers going forwards.

The model for ED attendances has been reset from Apr-21, baselined at 80% of 2019 levels. This will adjust in response to observed levels.



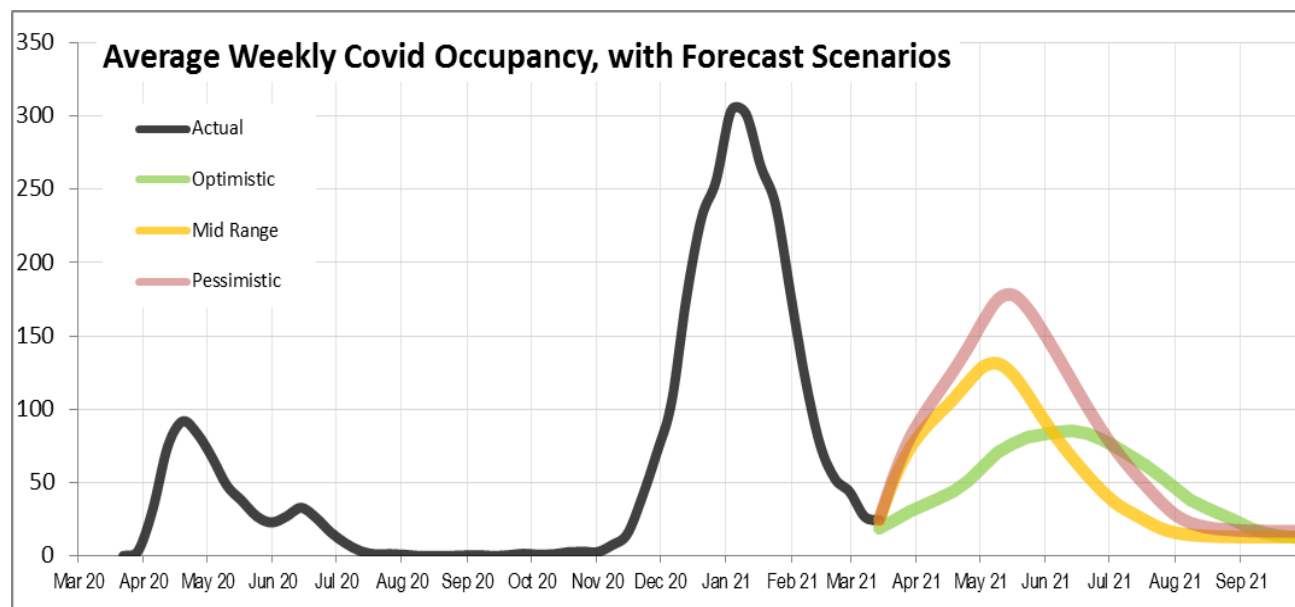
Emergency Admissions: Non-zero emergency admissions remained remarkably steady through Wave 2, whilst SDEC activity was pushed down by 10-20%, and CDU by 40-50% - though these were more driven by operational changes to patient flow around assessment & CDU capacity.

Elective / Daycase Activity: Large scale cancellations of elective activity resulted in admitted electives reducing to just 20-30% of normal levels, and daycases to just 10-20% in Wave 1, and again in Wave 2, though not quite as dramatic. Numbers are recovering, though both are around 30-40% of normal.

Outpatient Activity: Along similar though less dramatic lines as elective activity, outpatients were pushed down to 40-50% of normal in both waves, with Wave 2 co-inciding with the normal sharp dip over Xmas & New Year

Summary : Almost all types of activity had recovered into the range of normal to 20% down on normal during September / October, then were hit again in Wave 2. Recovery is now underway

Escalation: COVID-19



Covid occupancy peaked at 334 on Mon 04-Jan, exceeding our worst case scenario forecasts at the time. The new, more infectious variant had not been recognised at that point, and change in trajectory of community infection rates did not become visible until the third week of December

With schools returning & public behaviour changing, infection levels have a high probability of starting to pick up again in the younger, less medically vulnerable populations. This was observed in the Autumn, when case counts started to rise in the younger population, but hospital admissions remained very low until a few weeks later, when infections started to rise in older populations.

Current forecasts have a 'reasonably optimistic' scenario peaking at a Covid positive occupancy of 50-100 over the Summer. Poorer adherence to social distancing brings it up to 100-150, and does so sooner. However, this scenario sees the pandemic start to burn itself out sooner as the percentage of the population with resistance to the virus, either from vaccination or prior infection, hits the critical 70-75% 'herd immunity' level.

The worst case scenario is a 10% reduction in vaccine efficacy, either from poorer uptake, supply problems or more resistant mutations. This small reduction sees occupancy back in the 150-200 levels. Any further reductions would send rates even higher, and delay the population reaching herd immunity.

Forecast Models

BI has developed a model of bed occupancy for the next couple of months, based on forecasts of incoming Covid admissions provided by KMCCG, and applying observed LoS profiles to the patients coming in. This model re-bases daily depending on actual occupancy.

The three scenarios are :

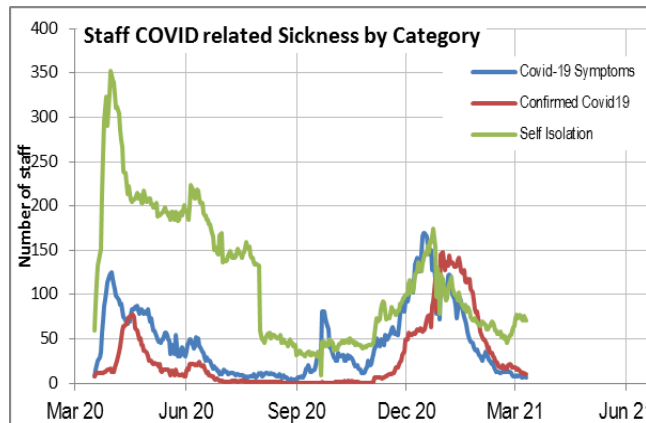
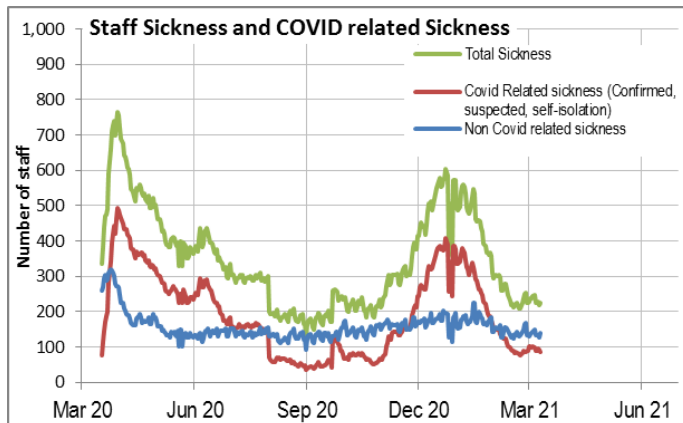
Optimistic (green) based on lockdown relaxations and the vaccination program proceeding according to Government plans as at the beginning of March

Mid-Range (amber) as the optimistic, but with poorer adherence to social distancing.

Pessimistic (red) as the mid range, but with a 10% reduction in the effectiveness of the vaccination program

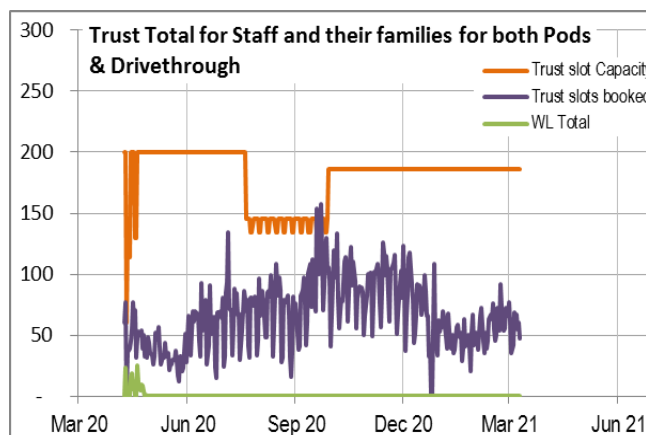
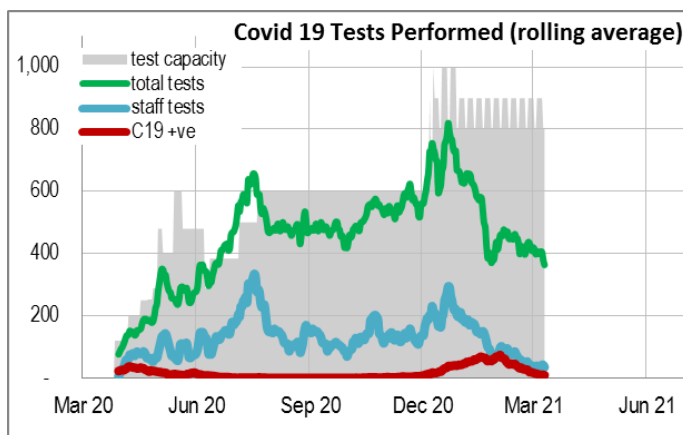
Actual admissions are currently tracking **below** the forecast generated by the most optimistic scenario. However, the scenarios are extremely sensitive to public behaviour & the effectiveness of the vaccine, so it would not take much to change this.

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 140-170 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, came back to 350-400 over Xmas, but is now back down to <100. 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, then came up sharply, peaking at ~170 just before Xmas. It's now at around 50-70

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 increased gradually into the autumn, but has since fallen back under 50 a day

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 400-500 total tests after peaking at ~800 just before Xmas, and now under 50 a day on our staff. The percentage of tests showing positive is now re-approaching zero after peaking in late Jan.

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

Around 84.2% of MTW staff have received their first vaccine dose, and 14.0% both doses. Rates are significantly higher in older staff, with over 90% of staff over 40 having at least had the first dose

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 10-17)	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 the latest financial performance

- The Trust delivered the year to date (£0.9m surplus) and February financial plan (£0.9m deficit).
- In line with NHS England/Improvement (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 £34.2m year to date (£2.5m in February).
- The Trust's 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-19-related spend (£11.2m).
- The Trusts key variances to the plan set from October (month 7) are:
 - Income £2.7m adverse to plan, this is due to £2.0m 'pass back' of net underspend to Clinical Commissioning Group (CCG), £0.4m RTA income adjustment and £0.2m sexual health revised contract value.
 - Pay budgets are £4.1m surplus which is mainly due to delays in investments associated with Stroke, ITU extension and Recovery and Reset developments (£5.9m) partly offset by increase in COVID pay related spend associated with the second wave.
 - Non-pay budgets are £1.6m adverse to plan due to agreed investments within Electronic Patient Record (EPR), Patient flow, IT projects and rates review
- The key current month variances are as follows:
 - Income excluding pass-through related costs is £0.5m adverse to plan. Sexual Health income underachieved by £0.2m due to a year to date adjustment to match to the contract funding arrangements, £0.2m is offset as a technical adjustment relating to donated asset and car parking income was £0.1m below plan.
 - Pay budgets adjusted for pass-through items were £0.6m favourable in February which was mainly a result of underspends against the central held budgets for Stroke, ITU Extension and Recovery and Reset developments (£1.7m). The total pay spend in February was the highest spend this financial year (£28.9m) which was an increase of £0.5m between months. The main increase in spend was within agency staff which increased across all staff groups.
 - Non-Pay budgets adjusted for pass through items overspent by £0.5m in February. Underspends associated with reduction of Elective activity were offset by one off revenue purchases mainly relating to IT and rates rebate consultancy fees.
- The closing cash balance at the end of February 2021 is £69.6m which is higher than the cash plan of £37.4m. The higher than normal cash balance is due to the Trust receiving March's monthly block Service Level Agreement (SLA) income in February from the main CCG's as per the national agreement totalling c.£42.5m. Due to the Trust receiving these advance block payments the cash flow forecast is assuming that it will not receive any block income in March 2021; additionally within March the Trust is passing back income to K&M CCG to support achievement of the system break even plan therefore reducing the cash balance.
- In addition a further reason for the high cash balance is due to the capital expenditure being back-ended although the Trust is anticipating receiving and paying the associated invoices these are likely to happen in late March. The cash flow is also forecasting to pay March's Tax, NI, Pension and PFI Unitary Payment which would normally be paid in April. NHSE/I have confirmed that the Trust can carry forward a higher closing cash balance, therefore the trust is forecasting to increase the carry forward from £1m to £9m to support the payment of commitments within the first two weeks of April until the month 1 Block SLA is received on April 15th. The cash carry forward value could be increased further if any of the capital invoices are not received and paid in March.
- Capital spend at the end of month 11 is £14.4m; main areas of spend to date are £2.9m relates to Covid-19 equipment, ICT and estates costs; £1.9m related to the ongoing EPR programme; £2.1m relating to ICT schemes, mainly the IVE programme on device replacement; £2.0m on the Urgent and Emergency Care (UEC) projects (including the new Surgical Assessment Unit at TWH); £0.9m related to backlog and renewal Estates schemes; and £1.5m relating to general

equipment scheme with another £1.7m spent on the endoscopy equipment funded from national Public Dividend Capital (PDC).

- High levels of capital spend remains to be made in the final month of the year; some of this is the continuation of schemes already in progress e.g.
 - EPR: £0.9m
 - Estates schemes: £0.7m
 - UEC project: £0.5m

But some significant elements have only been ordered in the last two months, including:

- ICT spend on additional devices and network access switch costs: £2.4m
- Linear Accelerator replacement at Canterbury: £2.1m
- Medical equipment orders including CT SIM for Oncology: £2.1m
- Breast screening equipment replacement, including additional national funding in month: £1.1m
- The Trust has also received agreement to spend additional capital in the month, as a result of overall system slippage elsewhere, which is being spent on a range of schemes, including further medical equipment and ICT investments. The Trust forecast resource is therefore now £31.7m. The schemes are capable of being delivered in 2020/21, though this will require significant offsite storage for the ICT devices, and some of the equipment.
- All these schemes are projected to be completed by 31st March, and are being actively managed including the schemes particularly dependent on supply chain positions. Some of the equipment and IT kit will be held in storage for the Trust with accompanying letters of ownership or vesting certificates as at the end of the financial year.
- The Trust is forecasting to deliver the financial plan (breakeven) before the annual leave carry over accrual. The current assessment for the carry over annual leave accrual is £4m which is £1m less than the plan value (£5m).

1. Dashboard

February 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	46.6	46.9	(0.4)	0.1	(0.5)		491.5	488.5	3.0	(0.9)	3.9		534.7	535.3	(0.5)	
Expenditure	(44.9)	(45.0)	0.0	(0.1)	0.1		(462.8)	(459.0)	(3.8)	0.9	(4.6)		(508.1)	(508.9)	0.9	
EBITDA (Income less Expenditure)	1.6	2.0	(0.3)	(0.0)	(0.3)		28.7	29.5	(0.7)	(0.0)	(0.7)		26.7	26.3	0.4	
Financing Costs	(2.6)	(2.7)	0.1	0.0	0.1		(28.2)	(28.7)	0.5	0.0	0.5		(31.9)	(32.2)	0.3	
Technical Adjustments	0.0	(0.2)	0.2	0.0	0.2		0.3	0.1	0.2	0.0	0.2		1.2	0.9	0.3	
Net Surplus / Deficit (Incl Top Up funding :	(0.9)	(0.9)	0.0	0.0	0.0		0.9	0.9	(0.0)	(0.0)	(0.0)		(4.0)	(5.0)	1.0	
Cash Balance	69.6	37.5	32.1		32.1		69.6	37.5	32.1		32.1		9.0	1.0	8.0	
Capital Expenditure (Incl Donated Assets)	1.9	2.7	0.8		0.8		14.4	14.9	0.4		0.4		31.7	18.4	13.3	

Summary Current Month:

- The Trust delivered the financial plan in February by achieving a £0.9m deficit.
- The Trust has underperformed against income budgets by £0.5m in the month, £0.2m is offset as a technical adjustment relating to donated assets, Sexual Health income underachieved by £0.2m due to a year to date adjustment to match to the contract funding arrangements and car parking income was £0.1m below plan.
- The Trust was £0.1m favourable against expenditure budgets, overspends within non pay £0.5m relating to one off revenue purchases this was offset by underspends within pay (£0.6m) mainly associated with the delays in investments associated with Stroke, ITU extension and Recovery and Reset developments.
- The Trust in February has identified £2.5m of costs associated with COVID 19. Excluding Swabbing and Vaccination centre costs (pass through costs) the level of spend incurred was £0.45m more than the funding incorporated into the plan.

Year to date overview:

- The Trust has delivered the financial plan generating a £0.9m 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, this plan includes an allocation to fund COVID related spend (£11.2m).
- The Trusts key variances to the plan set from October (month 7) are: Income £2.7m adverse to plan, this is due to £2m 'pass back' of net underspend to CCG, £400k RTA income adjustment and £200k sexual health revised contract value. Pay budgets are £4.1m surplus which is mainly due to delays in investments associated with Stroke, ITU extension and Recovery and Reset developments (£5.9m) partly offset by increase in COVID pay related spend associated with the second wave. Non pay budgets are £1.6m adverse to plan due to agreed investments within EPR, Patient flow, IT projects and rates review.

Forecast:

- The Trust is forecasting to deliver the financial plan (breakeven) before the annual leave carry over accrual. The current assessment for the carry over annual leave accrual is £4m which is £1m less than the plan value (£5m).

Risks:

- The Trust has the following key income assumptions included within the year end forecast.
 - The Trust has £4.1m income included in the forecast to offset the costs of COVID swabbing and vaccination costs. The Trust year to date has incurred £3.5m, NHSE/I are currently reviewing this cost and will then notify the Trust of the funding they will receive, it is anticipated the funding will be confirmed by the end of March 21.
 - 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.
 - Independent Sector usage, the forecast includes £0.75m of costs associated with the use of the independent sector for both Prime Provider and backlog activity. The Trust is working with the system to secure this additional funding from national allocations therefore fully mitigating this risk.

2. COVID 19 Expenditure and Income Impact

2020/21 Summary of Cost Reimbursement

Total Revenue (£000s):	30,917
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Breakdown by Allowable Cost Type	£000s
Expanding medical / nursing / other workforce	3,898
Sick pay at full pay (all staff types)	403
COVID-19 virus testing (NHS laboratories)	2,344
Remote management of patients	45
Support for stay at home models	76
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)	2,686
Segregation of patient pathways	10,868
Enhanced PTS	0
Business Case (SDF) - Ageing Well - Urgent Response Accelerator	0
Existing workforce additional shifts	1,211
Decontamination	286
Backfill for higher sickness absence	2,439
NHS 111 additional capacity	0
Remote working for non patient activities	373
National procurement areas	2,010
Other	602
COVID-19 virus testing- rt-PCR virus testing	3,505
COVID-19 - Vaccination programme'	81
COVID-19 virus testing - Rapid / point of care testing	83

Summary: Loss of income

Total (£000s):	3,247
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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	409

Grand Total

Total (£000s):	34,164
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Commentary:

The Trust has identified the financial impact relating to COVID to be £34.2m, which includes £30.9m associated with additional expenditure and £3.2m due to lost income (mainly commercial income).

The main cost includes costs associated with virus testing , expansion of ITU capacity, purchase of PPE, 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 has £3.7m income included in the position to offset the costs of COVID swabbing , rapid testing and vaccination programme which is in line with the guidance. NHSE/I are currently reviewing this cost and will then notify the Trust of the funding they will receive, it is anticipated the funding will be confirmed by the end of March 21.

Feb-21		DAY				NIGHT				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	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 Agency Hours	Agency as a % Agency Hours					FFT Response Rate	FFT Score % Positive	Falls	PJ ward acquired	Budget £	Actual £	Variance (overspend) £
MAIDSTONE	Stroke Unit (M) - NK551	81.1%	92.8%	-	100.0%	86.4%	103.6%	-	-	33.4%	36.9%	290	19.49	70	7.5	0.0%	0.0%	12	1	321,623	183,435	138,188
MAIDSTONE	Cornwallis (M) - NS959	103.6%	87.0%	-	100.0%	106.0%	180.0%	-	-	32.3%	17.4%	48	3.05	7	8.3	0.0%	0.0%	2	0	79,076	101,330	(22,254)
MAIDSTONE	Culpepper Ward (M) - NS551	94.9%	94.9%	-	-	78.5%	92.9%	-	-	24.2%	33.5%	52	3.74	20	4.9	0.0%	0.0%	1	0	109,802	101,415	8,387
MAIDSTONE	John Day Respiratory Ward (M) - NT151	101.2%	100.8%	-	-	112.9%	107.1%	-	-	54.5%	34.5%	151	10.57	30	5.8	0.0%	0.0%	3	1	146,351	173,277	(26,926)
MAIDSTONE	Intensive Care (M) - NA251	132.8%	161.2%	-	-	115.6%	138.2%	-	-	14.2%	1.2%	96	5.88	28	47.4	0.0%	0.0%	0	0	233,077	230,583	2,494
MAIDSTONE	Pye Oliver (Medical) - NK259	79.0%	69.2%	-	-	102.4%	97.6%	-	-	28.3%	42.2%	128	7.79	49	6.0	39.0%	100.0%	4	1	120,984	143,806	(22,822)
MAIDSTONE	Whatman Ward - NK959	76.1%	90.9%	-	100.0%	97.3%	137.0%	-	-	32.0%	28.9%	96	6.39	19	7.7	0.0%	0.0%	4	1	109,421	119,763	(10,342)
MAIDSTONE	Lord North Ward (M) - NF651	92.0%	67.9%	-	100.0%	93.8%	82.1%	-	-	11.1%	6.4%	25	1.77	4	6.9	0.0%	0.0%	1	1	101,703	96,893	4,810
MAIDSTONE	Mercer Ward (M) - NJ251	109.1%	84.9%	-	-	107.1%	115.5%	-	-	27.3%	35.5%	84	5.55	14	8.8	0.0%	0.0%	3	1	120,121	115,020	5,101
MAIDSTONE	Edith Cavell - NE751	78.0%	92.2%	-	No Hours	90.2%	82.1%	-	-	43.1%	24.5%	129	9.16	37	7.3	0.0%	0.0%	0	0	44,037	84,419	(40,382)
MAIDSTONE	Acute Medical Unit (M) - NG551	81.2%	87.3%	-	-	133.3%	200.0%	-	-	33.8%	19.1%	122	8.19	51	10.9	0.0%	0.0%	2	1	153,409	143,335	10,074
TWH	Ward 22 (TW) - NG332	82.9%	97.5%	-	100.0%	92.9%	125.9%	-	-	40.6%	30.4%	123	8.71	37	6.4	3.5%	100.0%	8	0	142,269	141,092	1,177
TWH	Coronary Care Unit (TW) - NP301	85.5%	95.2%	-	-	85.7%	-	-	-	22.9%	18.5%	78	4.45	38	12.2	245.8%	100.0%	0	1	74,317	61,020	13,297
TWH	Ward 33 (Gynae) (TW) - ND302	96.2%	75.4%	-	-	98.2%	96.4%	-	-	32.8%	3.5%	51	3.13	4	6.3	35.2%	100.0%	0	0	111,169	108,960	2,209
TWH	Intensive Care (TW) - NA201	256.0%	107.7%	-	-	143.6%	83.9%	-	-	30.9%	0.0%	184	12.26	5	26.7	0.0%	0.0%	0	0	352,077	348,352	3,725
TWH	Acute Medical Unit (TW) - NA901	86.4%	70.4%	-	100.0%	95.0%	110.1%	-	-	24.4%	16.8%	164	11.40	58	9.8	13.0%	100.0%	8	0	201,232	201,752	(520)
TWH	Surgical Assessment Unit (TW) - NE701	97.4%	95.4%	-	-	57.5%	84.3%	-	-	3.4%	0.0%	3	0.23	2	186.4	0.0%	0.0%	0	0	68,191	63,382	4,809
TWH	Ward 32 (TW) - NG130	89.0%	78.2%	-	100.0%	65.2%	95.7%	-	100.0%	11.9%	5.6%	30	2.04	9	7.8	0.0%	0.0%	0	0	131,644	113,082	18,562
TWH	Ward 10 (TW) - NG131	97.5%	106.6%	-	100.0%	93.8%	107.1%	-	-	36.3%	15.0%	122	8.00	22	6.4	0.0%	0.0%	4	1	124,141	142,568	(18,427)
TWH	Ward 11 (TW) Winter Escalation 2019 - NG144	15.2%	13.7%	-	-	19.0%	10.7%	-	-	8.5%	16.5%	52	3.45	32	8.2	0.0%	0.0%	1	0	7,056	58,705	(51,649)
TWH	Ward 12 (TW) - NG132	90.2%	92.4%	-	100.0%	101.2%	104.1%	-	-	28.8%	14.9%	83	4.93	23	6.3	13.0%	100.0%	7	1	128,675	138,743	(10,068)
TWH	Ward 20 (TW) - NG230	87.2%	101.7%	-	No Hours	110.7%	106.2%	-	-	37.1%	20.9%	133	9.54	47	5.9	8.0%	100.0%	16	1	154,123	137,823	16,300
MAIDSTONE	Foster Clarke Ward - NR359	19.2%	31.9%	-	No Hours	25.0%	15.8%	-	-	5.3%	22.8%	22	1.57	13	10.1	0.0%	0.0%	0	0	-137	92,365	(92,502)
TWH	Ward 21 (TW) - NG231	88.5%	108.5%	-	100.0%	82.0%	112.5%	-	-	24.8%	21.6%	128	8.30	65	6.5	1.8%	100.0%	9	0	145,708	135,907	9,801
TWH	Ward 2 (TW) - NG442	84.6%	90.6%	-	100.0%	97.6%	126.2%	-	No Hours	28.5%	6.5%	123	7.14	59	7.7	74.6%	95.5%	9	0	142,495	134,215	8,280
TWH	Ward 30 (TW) - NG330	92.0%	80.4%	-	100.0%	103.6%	107.1%	-	-	29.9%	2.0%	106	6.19	35	6.0	0.0%	0.0%	2	0	139,933	154,980	(15,047)
TWH	Ward 31 (TW) - NG331	85.6%	78.9%	-	100.0%	85.7%	141.6%	-	-	43.6%	19.2%	172	10.81	61	6.7	0.0%	0.0%	6	3	149,938	145,752	4,186
Crowborough	Crowborough Birth Centre (CBC) - NP775	41.7%	101.7%	-	-	82.5%	23.4%	-	-	1.9%	0.0%	6	0.38	0	-	22.2%	98.0%	0	0	84,530	75,473	9,057
TWH	Midwifery (multiple rosters)	79.4%	54.0%	-	-	78.3%	88.7%	-	-	15.3%	0.0%	590	34.13	67	23.5			1	0	682,204	744,002	(61,798)
TWH	Hedgehog Ward (TW) - ND702	116.0%	86.0%	-	-	115.8%	-	-	-	29.1%	33.5%	110	7.39	8	11.1	1.5%	100.0%	0	0	193,997	156,539	37,458
MAIDSTONE	Maidstone Birth Centre - NP751	102.5%	100.1%	-	-	94.5%	98.8%	-	-	11.2%	0.0%	10	0.65	0		0.0%	0.0%	0	0	73,531	75,795	(2,264)
TWH	SCBU (TW) - NA102	81.0%	722.7%	-	100.0%	94.5%	-	-	-	20.6%	0.0%	126	6.82	6	15.5	0.0%	0.0%	0	0	177,213	195,642	(18,429)
TWH	Short Stay Surgical Unit (TW) - NE901	37.5%	96.2%	-	-	38.5%	95.9%	-	-	22.5%	4.7%	55	3.66	7	10.8	0.0%	0.0%	0	0	23,537	57,426	(33,889)
MAIDSTONE	Accident & Emergency (M) - NA351	117.0%	70.8%	-	-	141.5%	140.7%	-	-	53.9%	26.1%	460	30.99	135		0.0%	0.0%	0	0	303,333	317,105	(13,772)
TWH	Accident & Emergency (TW) - NA301	83.8%	83.8%	-	100.0%	90.0%	118.2%	-	-	42.8%	42.5%	526	36.57	150		0.0%	0.0%	6	0	389,970	490,769	(100,799)
MAIDSTONE	Maidstone Orthopaedic Unit (M) - NP951	26.9%	25.0%	-	No Hours	31.2%	-	-	-	1.3%	0.0%	2	0.06	0		0.0%	0.0%	0	0	56,893	41,005	15,888
MAIDSTONE	Peale Ward COVID - ND451	60.1%	58.0%	-	100.0%	93.9%	58.9%	-	-	15.0%	18.1%	122	8.68	81	9.4	3.1%	100.0%	2	0	211,039	80,220	130,819
MAIDSTONE	Respiratory Enhanced Care - NS459	68.0%	81.7%	-	100.0%	66.1%	207.1%	-	-	40.5%	41.9%	209	15.24	108	16.1	0.0%	0.0%	0	0	143,841	117,488	26,353
MAIDSTONE	Short Stay Surgery Unit (M) - NE959	81.3%	26.8%	-	100%	94.6%	7.14%	-	-	3%	0	9	0.31	0	18.2	0%	0%	0	0	58,692	59,461	(769)
Total Established Wards																				6,011,215	6,082,897	(71,682)
Cath labs																				44,033	40,382	3,651
Whatman																				0	0	0
Ward 32 (Wells Suite) (TW) - PP010																				-530	-530	0
Chaucer																				7,847	-1,395	9,242
Other associated nursing costs																				4,515,122	3,664,032	851,090
																				10,577,687	9,785,385	792,302

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%

Trust Board meeting – March 2021

Update on the future financial regime**Deputy Chief Executive/Chief Finance Officer**

The enclosed report updates the Trust Board on the future financial regime for 2021/22.

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

Introduction

As we approach the start of a new financial year it would be normal for the NHS to be clear about the financial regime, the funding approach, the contractual position and the activity and performance requirements before the year starts. Following the impact of COVID-19 on the NHS as a whole, particularly over the last 5 months, the planning process is significantly different this year. It means that we do not have the necessary level of detail and understanding, at this stage, to produce the normal financial plan that we would normally present at this stage. Instead, this report provides an update on the current understanding and makes some proposals about how the Trust proceeds with an expectation of a more detailed report being presented to both Finance and Performance Committee and Trust Board in April 2021

Revenue funding

It had been reasonably well communicated that the general financial regime for Quarter 1 21/22 would be similar to the regime in place for Q3 and Q4 20/21. It has been recently confirmed that this is now going to be the case for Quarter 1 and Quarter 2 21/22. While this gives us the general parameters in which we will operate – system level funding and a block payment approach, continued COVID-19 funding, etc. – we still await complete details of how the previous regime will be amended for Quarter 1 and Quarter 2. Further details are likely to emerge and be confirmed over the next few weeks.

In addition to the regime we also do not have confirmation of the exact quantum of funding to be made available and paid. National and regional work remains ongoing, however we should receive more details towards the end of March, beginning of April. We understand that the funding will be based on the Quarter 3 20/21 run rate, amended for non-recurrent impacts. We are currently undertaking some modelling to ascertain, based on assumptions, if this causes us any particular issues. This could mean that we have to discuss with commissioners if additional funding is available or may require us to reduce costs to fit within the envelope provided.

One area of particular focus will be the mechanism to access the additional £1bn of funding held nationally for elective recovery and waiting list reduction. Currently no details on the access to this funding have been made available, however we are continuing to work with independent sector providers to ensure that we are on a trajectory to provide additional capacity, even where that means we are going at risk at the current time. We are concerned, though, that if incentives are offered to do additional work too quickly that this will provide an impact on our workforce who themselves need time to recover.

Capital funding

System capital funding envelopes for 21/22 have been shared. These indicate a significant reduction of £16m from the capital available in 20/21 - £93m down to £77m. At this level it is highly unlikely that all items contained within organisational capital plans are affordable. The Sustainability and Transformation Partnership (STP) will be writing to providers within Kent and Medway in the week beginning 22nd March with the capital funding available based on the national methodology. Each provider is expected to submit a balanced capital plan for a submission by 12th April 2021. On receipt of the information from the STP, the Executive Team will review and begin constructing an approach to how we can take forward our ambitions for 21/22 and beyond, although a degree of prioritisation is likely to be necessary.

Financial planning

High level timetables shared this week suggest a planning submission for Quarters 1 and 2 in May and final submission in June – although there is some concern about an apparent disconnect on timing between financial and operational plans – currently, final operational plans will be submitted after financial plans.

Originally the planning process was described as “light touch” however the requirements to provide an operational plan, workforce plan, financial plan and overarching narrative feel more substantial, although the detail is still awaited. It is understood that further conversations are happening at a regional and system level to harmonise these approaches.

Quarterly mortality data	Medical Director
<p>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.</p>	
<p>Which Committees have reviewed the information prior to Board submission?</p> <ul style="list-style-type: none">▪ Quality Committee, 10/03/21	
<p>Reason for submission to the Board (decision, discussion, information, assurance etc.) ¹</p> <p>Information, assurance and discussion</p>	

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

Mortality Surveillance Group Report

February 2021

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 December 2019 to November 2020 show our HSMR to be 85.1, which is lower than last month's figure 86.3.

Figure 1 Rolling 12 Month view

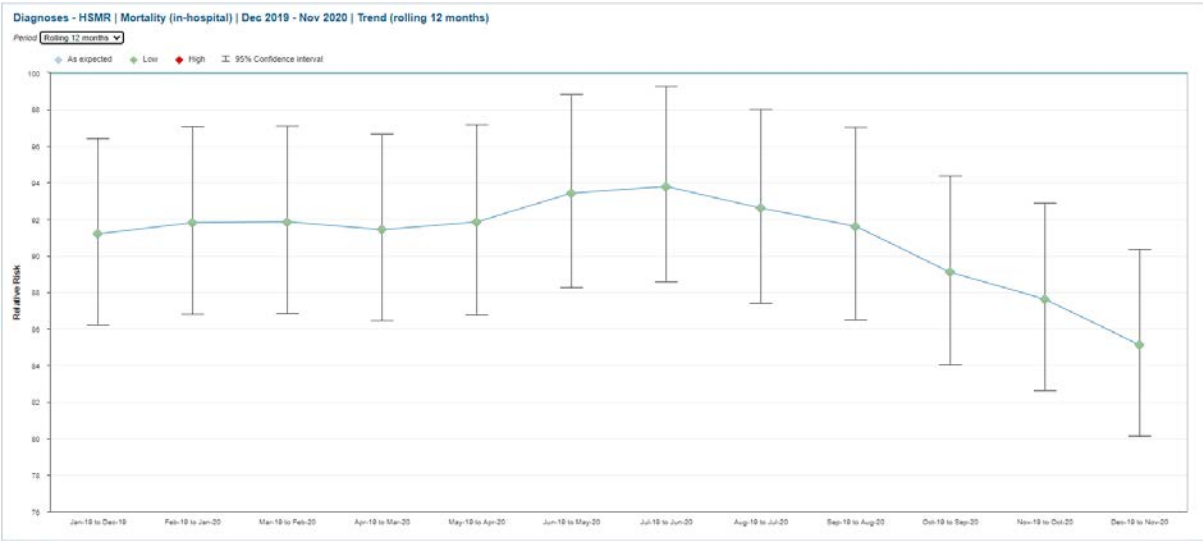


Fig. 2 shows a monthly view of our HSMR performance. The latest month should be viewed with caution as this often shows a false position due to the lag in coding activity. Viewing the previous month, so October 2020 in this case, shows that the Trust's position has decreased to 68.3 from 75.9 in September 2020.

Figure 2 Monthly view

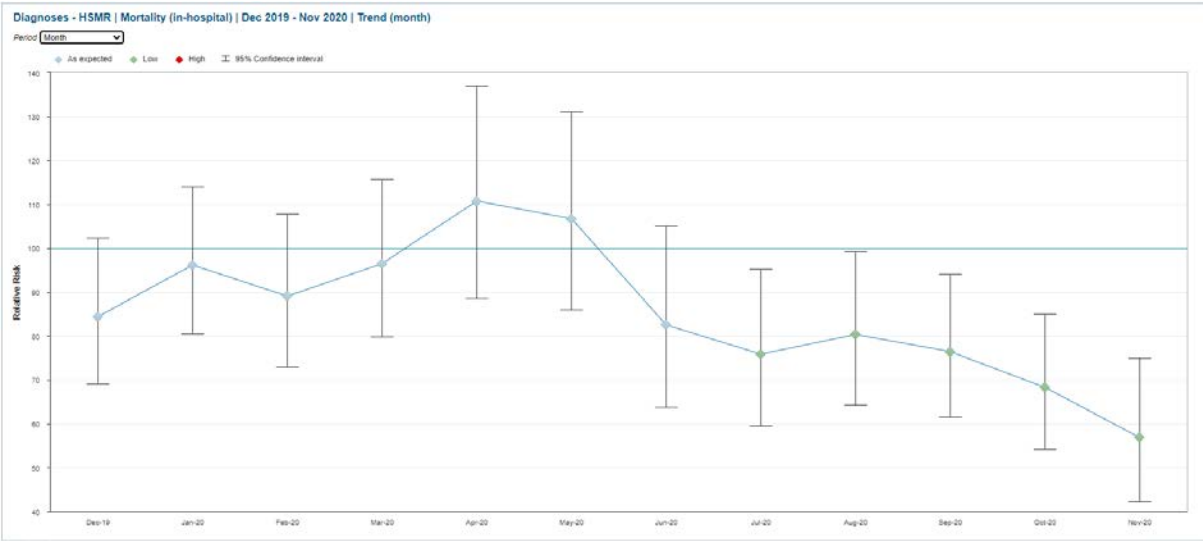
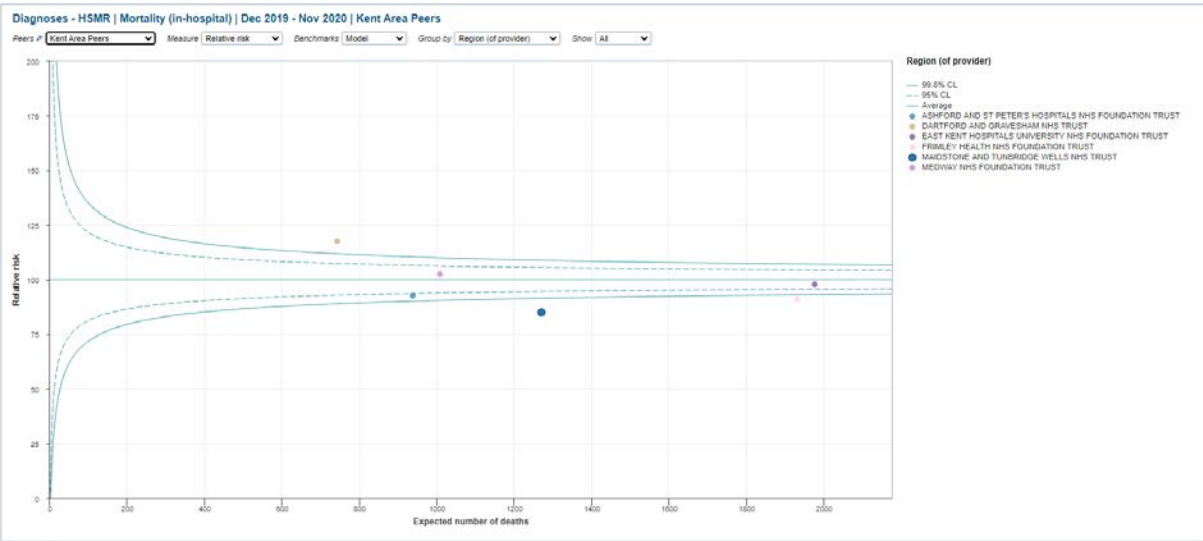


Figure 3 Local Peers



Kent Area Peers	Superspells	% of All	Spells	Observed	%	Expected	%	O-E	RR	LO	HI
All	206,150	100.0%	207,205	7,555	3.7%	7867.3	3.8%	-312.3	96.0	93.9	102.4
EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	46,070	22.3%	46,285	1,935	4.2%	1976.2	4.3%	-41.2	98.0	93.6	102.4
FRIMLEY HEALTH NHS FOUNDATION TRUST	44,200	21.4%	44,725	1,760	4.0%	1931.8	4.4%	-171.8	91.2	87.0	95.6
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	42,403	20.6%	42,517	1,882	2.6%	1271.3	3.0%	-169.3	85.1	80.1	90.3
DARTFORD AND GRAVESEND NHS TRUST	27,470	13.3%	27,520	875	3.2%	743.0	2.7%	132.0	117.5	109.8	125.6
MEDWAY NHS FOUNDATION TRUST	25,095	12.2%	25,165	1,035	4.1%	1008.3	4.0%	26.7	102.6	96.5	109.1
ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	20,910	10.1%	20,995	870	4.2%	939.2	4.5%	-69.2	92.6	86.6	99.0

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. 4) demonstrates the diagnosis groups where the Trust has received negative alerts when using A ‘high’ (99%) detection threshold over the past 12 months.

Figure 4 Diagnosis Groups with negative CUSUM Alerts

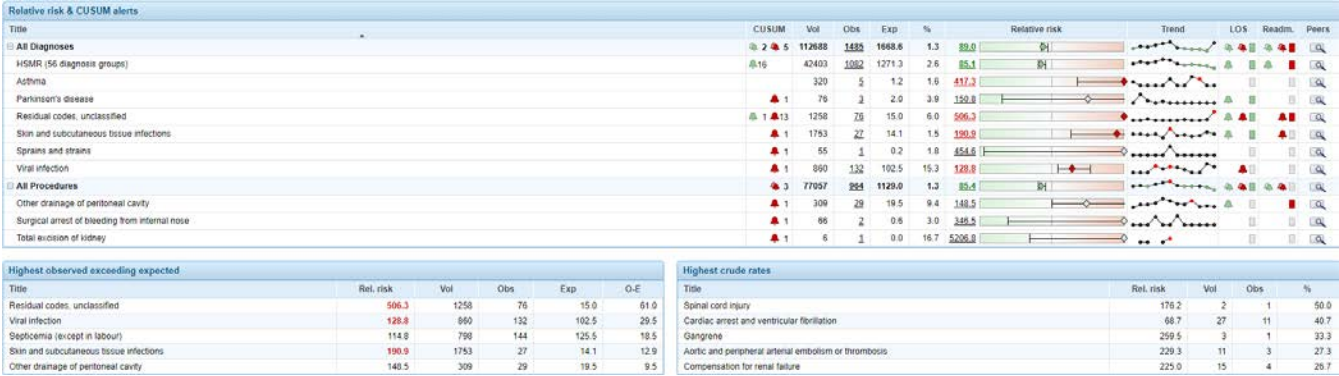
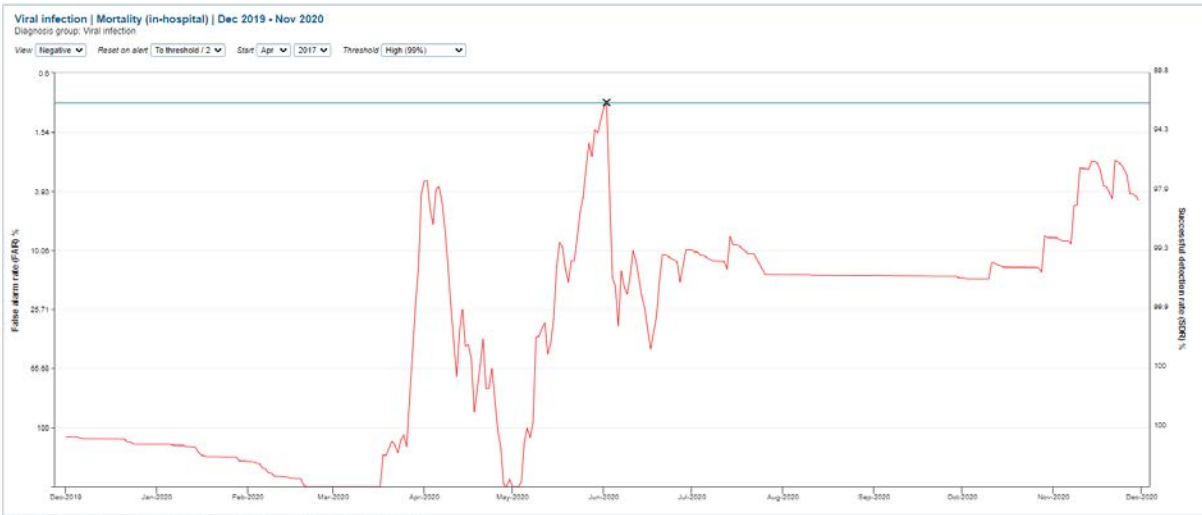
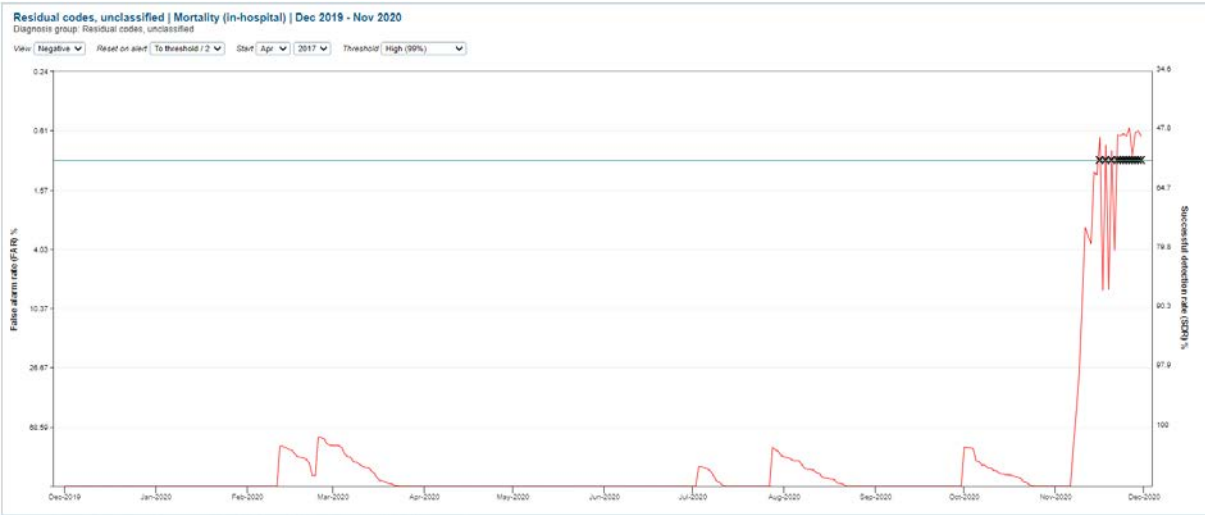


Figure 5a shows the CUSUM alert point for Viral infection which has shown as having a red relative risk of 128.5 in the period December 2019 to November 2020, the patient level backing data for these alerts is supplied to the coding department to review.



These spikes relate to 810 inpatient spells of which 419 use ICD10 discharge codes U071 and U072 for COVID-19 in the period.

Figure 5b shows the CUSUM alert point for Residual Codes, Unclassified which has shown as having a red relative risk of 506.3 in the period December 2019 to November 2020, the patient level backing data for these alerts is supplied to the coding department to review as this group has alerted a number of times in a short period.



This is believed to be caused by a technical issue with the creation of the SUS datasets, which is being analysed by the relevant team.

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 6 and 6a demonstrate that the Trust is in a good position amongst comparable organisations with Good or Outstanding CQC status.

Figure 6a Benchmarking Good/Outstanding CQC Status

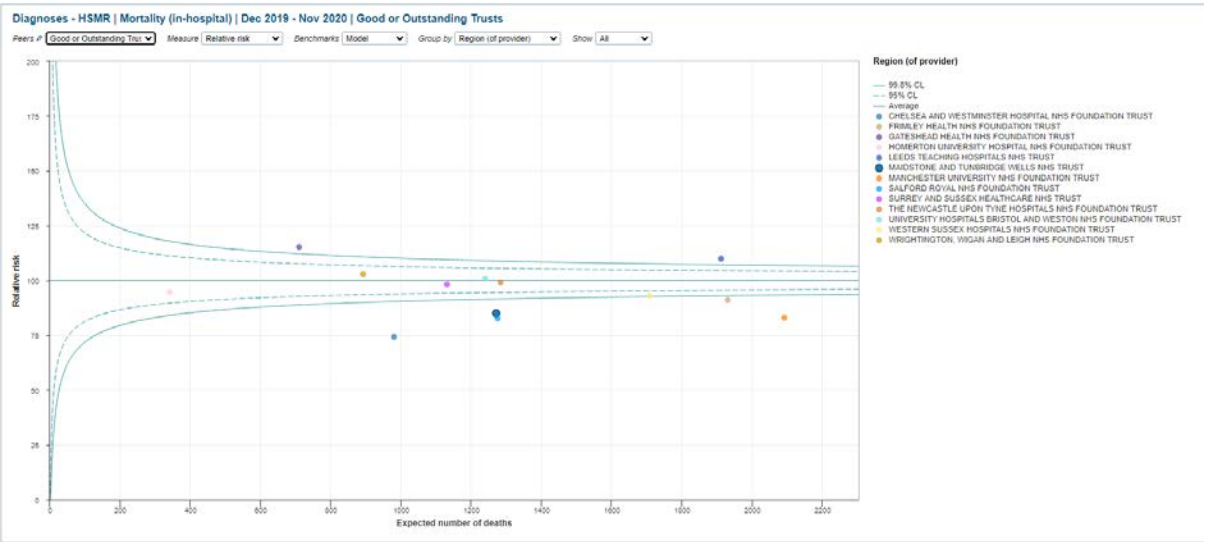


Figure 6b HSMR Peer Comparison



HSMR –Supplementary Analysis

The Trust has seen significant improvements in the Relative Risk Rates and 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 7 HSMR – Relative Risk

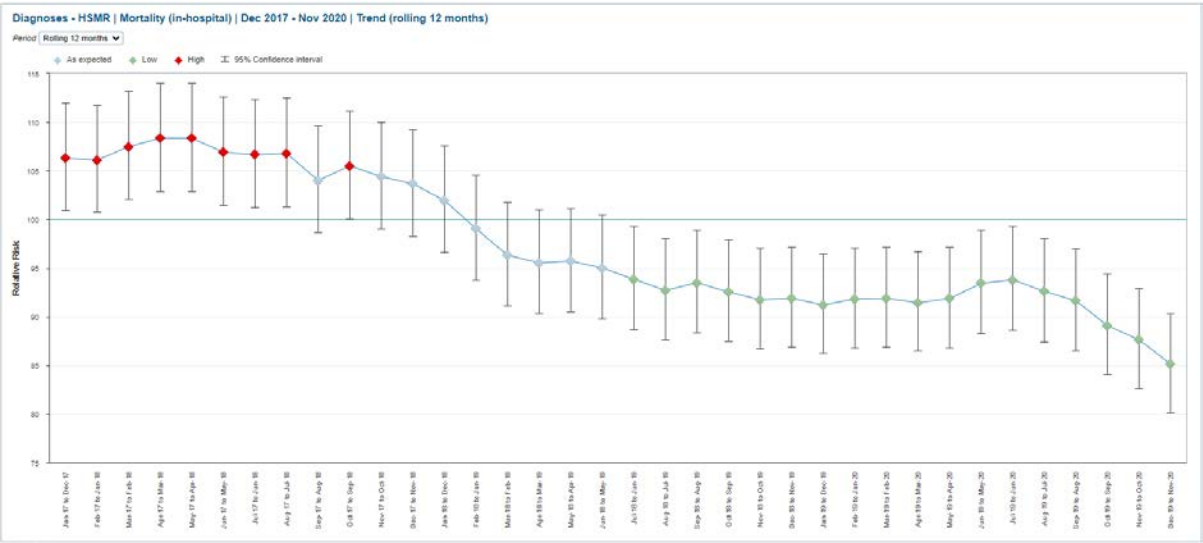
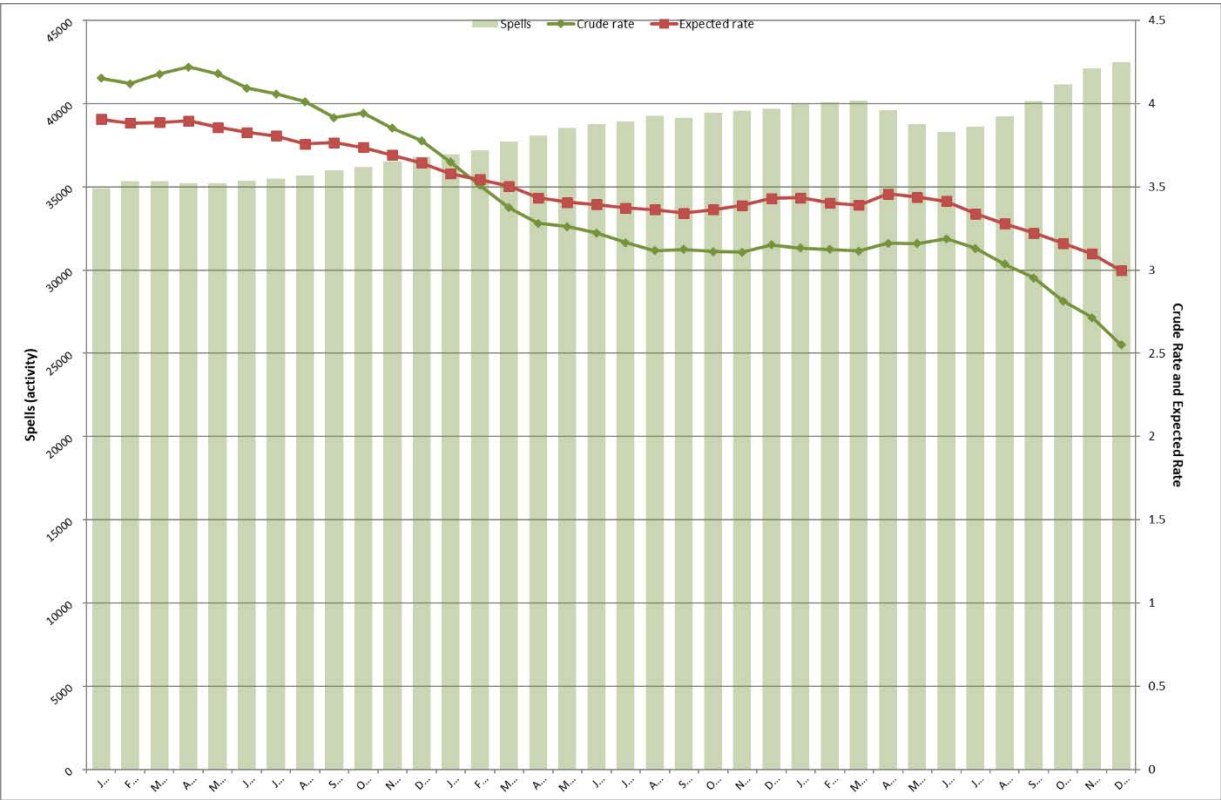


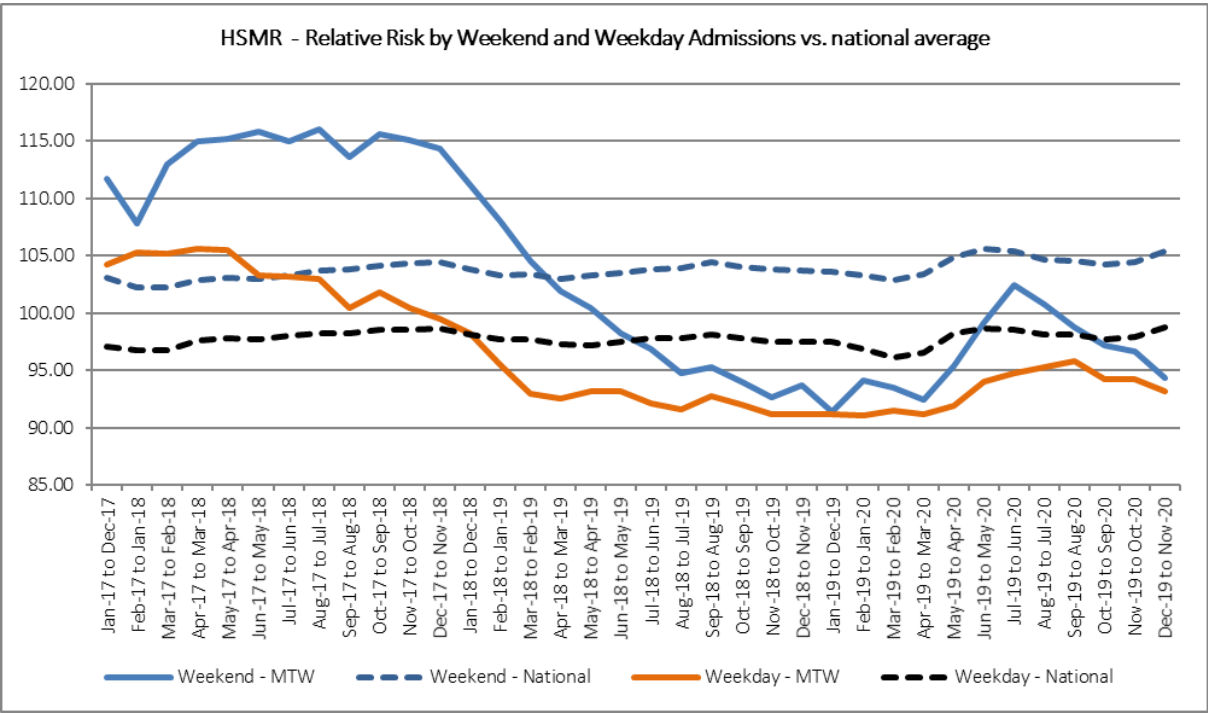
Figure 8 Spells against Crude Rate and Expected Rate



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 94.3 (96.0 last month) for weekends and 93.1 (92.8 last month) for weekday admissions.

Figure 9 HSMR for Weekend & Weekday admissions vs. the National Average (NE Admissions)



The site split of the Weekday deaths for December 2019 to November 2020 is Maidstone – 77.3 (a decrease from 78.0 last month) and TWH – 87.8 (a decrease from 88.9 last month).

The site split of the Weekend deaths for November 2019 to October 2020 is Maidstone – 89.0 (a decrease from 92.8 last month) and TWH – 99.1 (a slight decrease from 100.5 last month).

c. HSMR – by site

Figure 10 shows the HSMR split by site. The HSMR at the Maidstone site has decreased to 77.2 from 81.4 last month; the Tunbridge Wells site has decreased to 87.8 from 91.5 last month.

Figure 10 HSMR by site

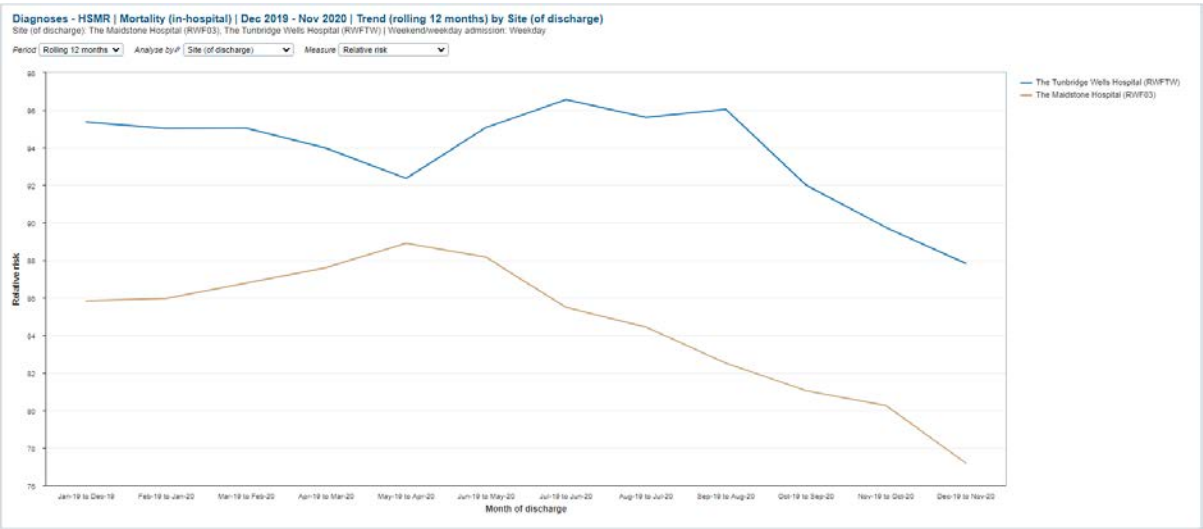
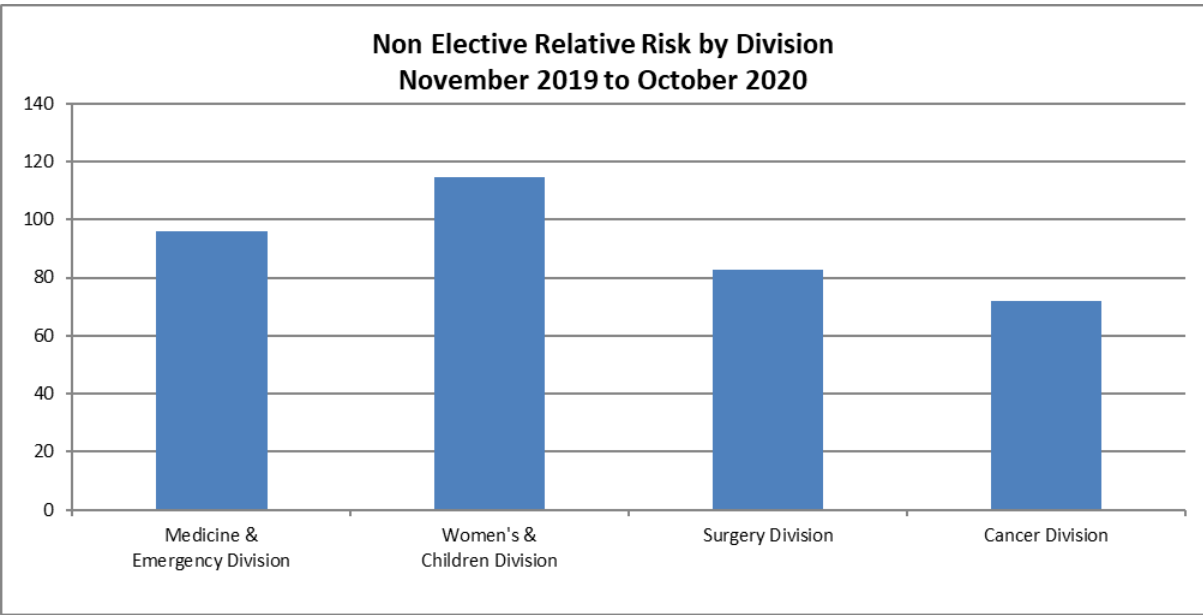


Figure 11 Divisional Non Elective Relative Risk

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 patient's Co-morbidities (based on Charlson score) as this informs the Trust's casemix. Of the 1,485 deaths recorded in the period December 2019 to November 2020, 185 had no comorbidities recorded (12.5%).

Zero Co-morbidities by Site – All Ages

	Trust	TWH	%	Maid	%
Dec-19	25	15	60	10	40.0
Jan-20	27	12	44.4	15	55.6
Feb-20	24	13	54.2	11	45.8
Mar-20	22	12	54.5	10	45.5
Apr-20	17	8	47.1	9	52.9
May-20	10	9	90	1	10.0
Jun-20	7	6	85.7	1	14.3
Jul-20	5	1	20	4	80.0
Aug-20	18	12	66.7	6	33.3
Sep-20	11	3	27.3	8	72.7
Oct-20	16	11	68.8	5	31.3
Nov-20	5	3	60	2	40.0
All	187	105	56.1	82	43.9

Specialties with Zero Comorbidities – All Ages

	Oct-19-Sep-20		Nov-19-Oct-20		Dec-19-Nov-20	
Specialty (of discharge)	Deaths	%age	Deaths	%age	Deaths	%age
Geriatric Medicine	66	33%	65	33%	61	32%
Respiratory Medicine	32	17%	34	17%	34	18%
General Medicine	30	15%	27	15%	26	14%
General Surgery	17	9%	14	9%	15	8%
Stroke Medicine	17	9%	14	9%	12	6%
Gastroenterology	11	5%	12	5%	11	6%
Endocrinology	7	3%	9	3%	11	6%
Cardiology	6	2%	6	2%	6	3%
Clinical Haematology	3	1%	3	1%	5	3%
Trauma & Orthopaedics	4	2%	4	2%	4	2%
Anaesthetics	2	1%	2	1%	2	1%
Accident & Emergency	2	1%	1	1%	1	1%
Neonatology	1	0%	1	0%	1	1%
Urology	0	0%	0	0%	0	0%
Obstetrics	0	0%	0	0%	0	0%
All	201		202		187	

Figure 12 Deaths with a Charlson score of zero recorded by age

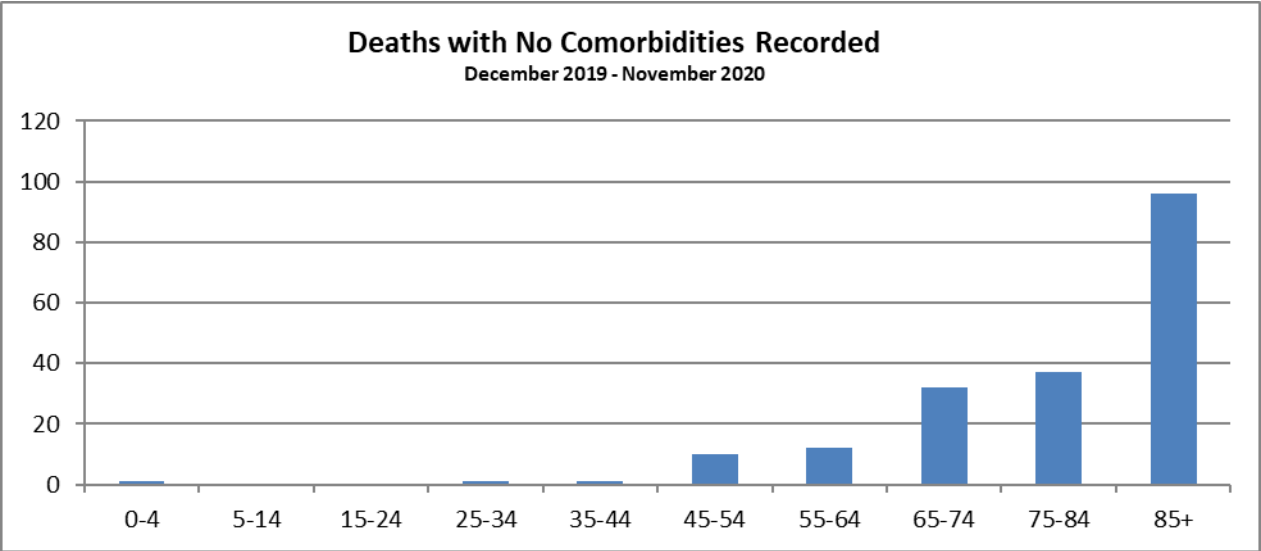
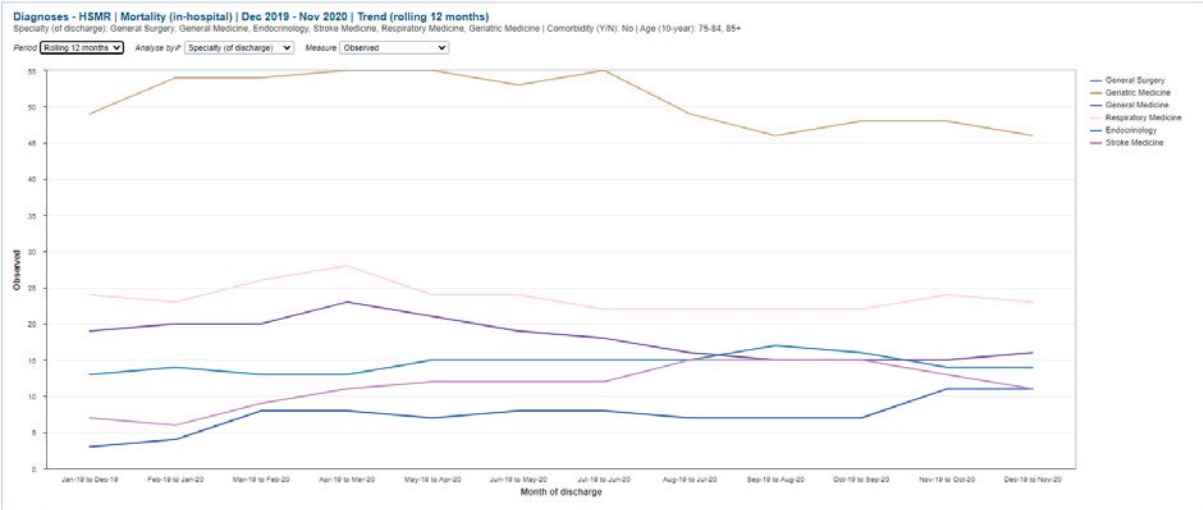


Figure 13 Deaths (>75 years) with a Charlson score of zero recorded by speciality (at discharge) with >10 observed deaths.



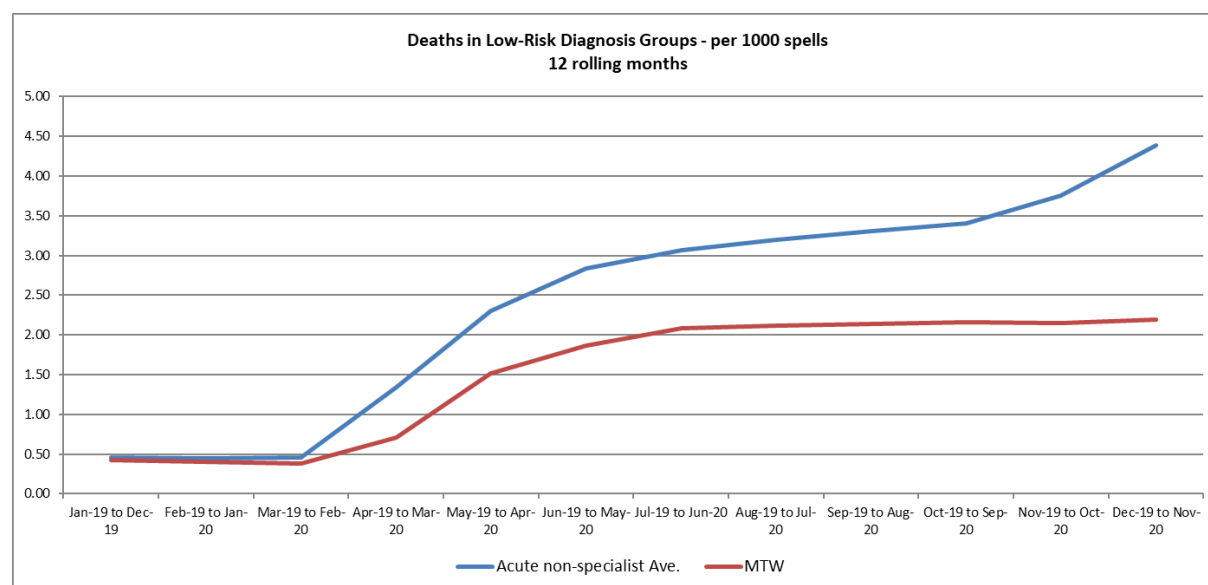
Benchmarking of deaths with Zero Comorbidities - 75 Year +

Trust (CQC Good/Outstanding)	All deaths	Zero Comorbidities	%
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1275	260	20.4%
HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	325	65	20.0%
WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	1590	290	18.2%
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	1082	190	17.6%
LEEDS TEACHING HOSPITALS NHS TRUST	2100	365	17.4%
FRIMLEY HEALTH NHS FOUNDATION TRUST	1760	280	15.9%
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	1735	270	15.6%
UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST	1250	200	16.0%
GATESHEAD HEALTH NHS FOUNDATION TRUST	820	125	15.2%
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	730	105	14.4%
SALFORD ROYAL NHS FOUNDATION TRUST	1055	140	13.3%
WRIGHTINGTON WIGAN AND LEIGH NHS FOUNDATION TRUST	920	95	10.3%
SURREY AND SUSSEX HEALTHCARE NHS TRUST	1110	100	9.0%
All	15755	2485	15.8%

Deaths in Low Risk Diagnosis Groups

MTW is now below the Acute, Non Specialist Trusts average when looking at deaths in low risk diagnosis groups. The Trust's average across the period shown below is 2.18 which is below the national average of 4.39. This is a metric used by the CQC in their insight report and historically, MTW was flagged as being consistently worse than average for this measure, hence its inclusion in this report.

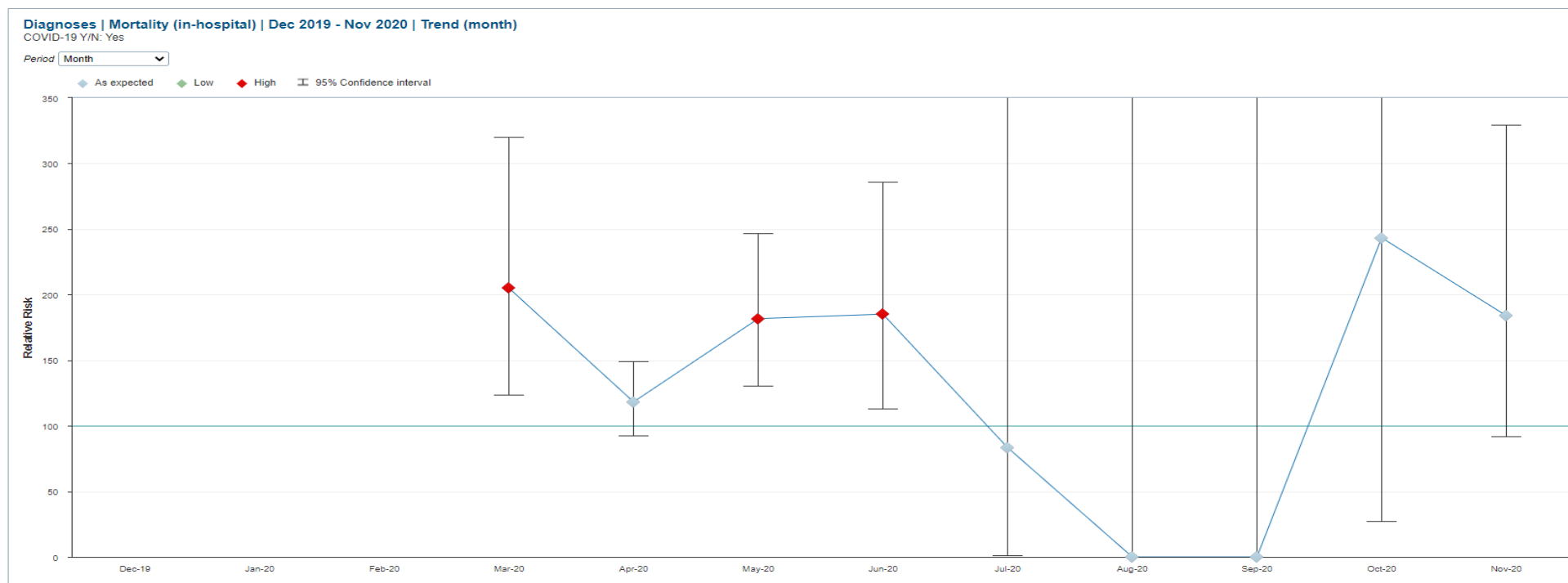
Figure 14 Deaths in Low Risk Diagnosis Groups



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)	70
Abdominal hernia	4
Oesophageal disorders	3
Other connective tissue disease	2
Abdominal pain	1
Anxiety, somatiform, dissociative, and personality disorders	1
Osteoarthritis	1
Other nervous system disorders	1
Other upper respiratory infections	1
poisoning by psychotic agents	1
Total	85

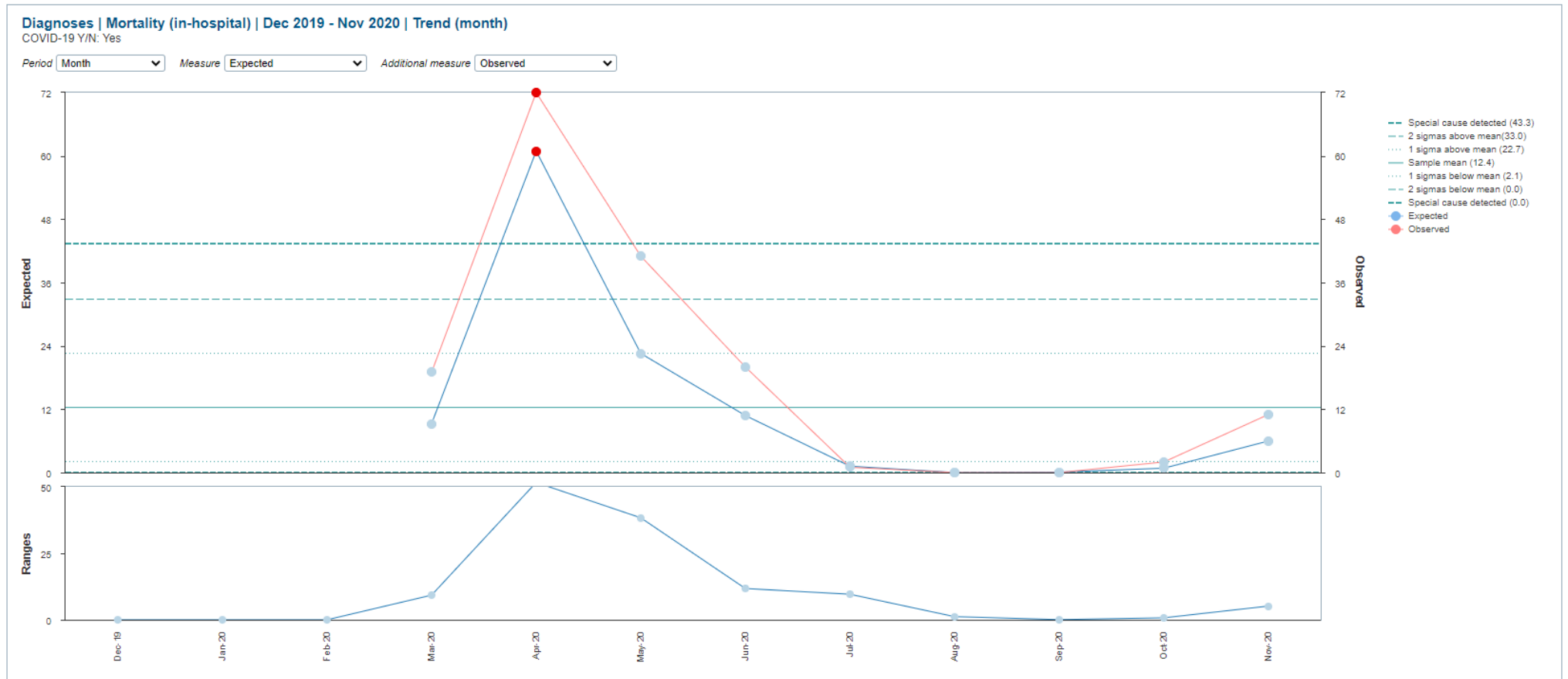
Covid-19 Analysis - Adjusted Mortality for MTW



Trend (month)	Superspells	% of All	Spells	Observed	%	Expected	%	O-E	RR	LO	HI
All	651	100.0%	654	166	25.5%	111.6	17.1%	54.4	148.7	126.9	173.1
<input type="checkbox"/> Dec-19	0	0.0%	0	0	-	0.0	-	-	-	-	-
<input type="checkbox"/> Jan-20	0	0.0%	0	0	-	0.0	-	-	-	-	-
<input type="checkbox"/> Feb-20	0	0.0%	0	0	-	0.0	-	-	-	-	-
<input type="checkbox"/> Mar-20	43	6.6%	43	19	44.2%	9.3	21.6%	9.7	205.0	123.4	320.1
<input type="checkbox"/> Apr-20	251	38.6%	251	72	28.7%	60.9	24.3%	11.1	118.2	92.5	148.9
<input type="checkbox"/> May-20	123	18.9%	124	41	33.3%	22.6	18.3%	18.4	181.7	130.4	246.5
<input type="checkbox"/> Jun-20	72	11.1%	74	20	27.8%	10.8	15.0%	9.2	185.1	113.0	285.9
<input type="checkbox"/> Jul-20	10	1.5%	10	1	10.0%	1.2	12.0%	-0.2	83.4	1.1	463.9
<input type="checkbox"/> Aug-20	2	0.3%	2	0	0.0%	0.0	0.7%	-0.0	0.0	0.0	27682.3
<input type="checkbox"/> Sep-20	5	0.8%	5	0	0.0%	0.1	1.6%	-0.1	0.0	0.0	4527.9
<input type="checkbox"/> Oct-20	18	2.8%	18	2	11.1%	0.8	4.6%	1.2	243.3	27.3	878.5
<input type="checkbox"/> Nov-20	127	19.5%	127	11	8.7%	6.0	4.7%	5.0	184.0	91.7	329.2

This shows the Trust as an outlier in March, May and June for Covid deaths. The benchmark is of course very unstable and is rebuilt each month by Dr Foster, but is likely to continue to show the Trust alerting in these months.

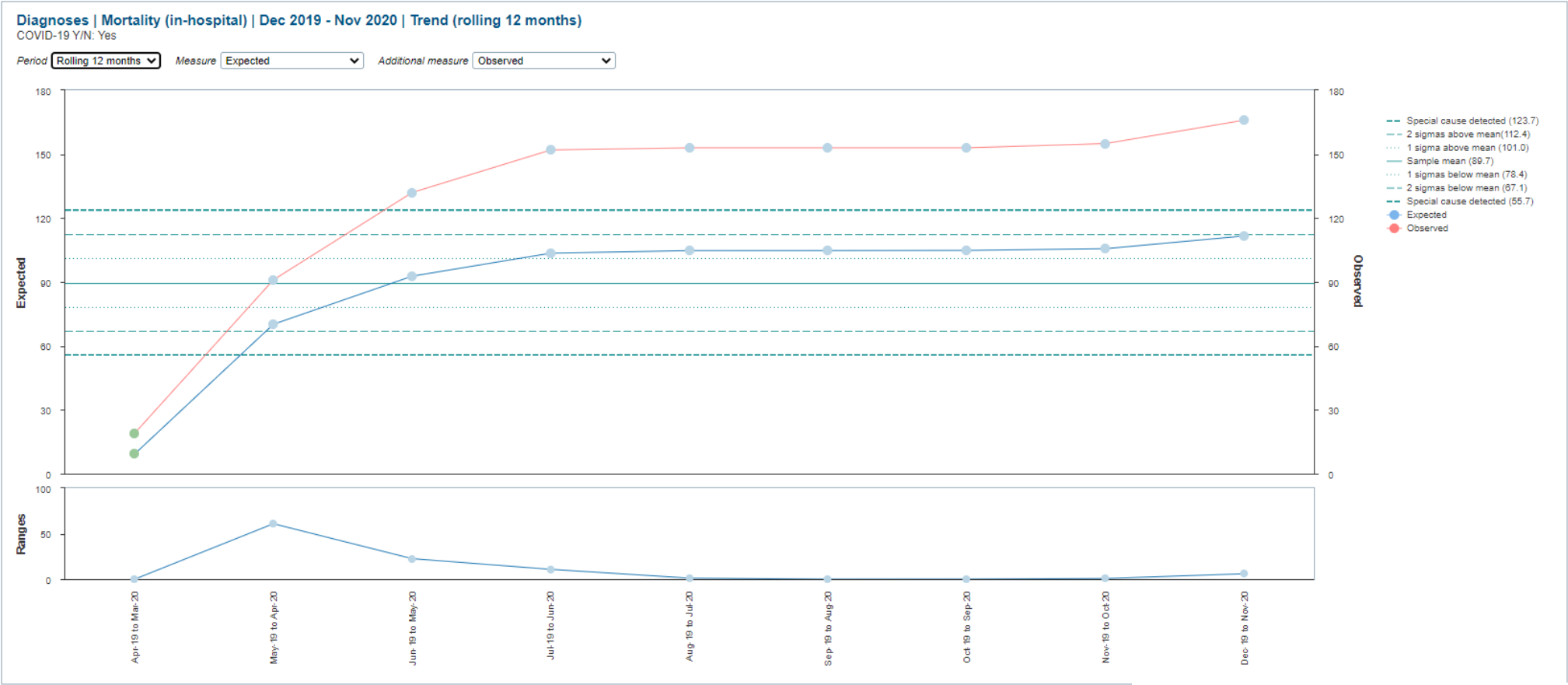
Covid-19 Analysis - Observed vs. Expected Monthly



This shows the observed deaths for MTW exceed those expected for the period (based on Dr Foster's model).

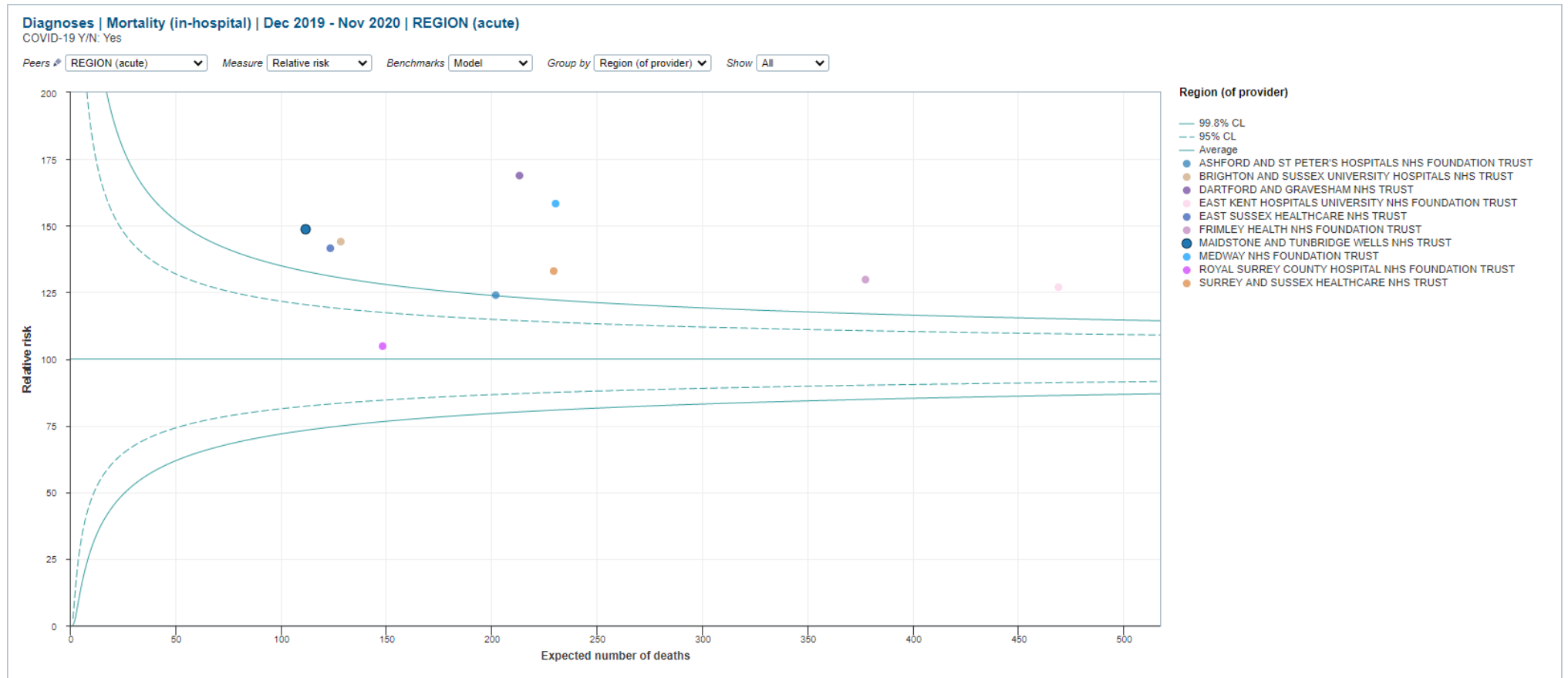
Covid-19 Analysis - Observed vs. Expected

12 Rolling Months



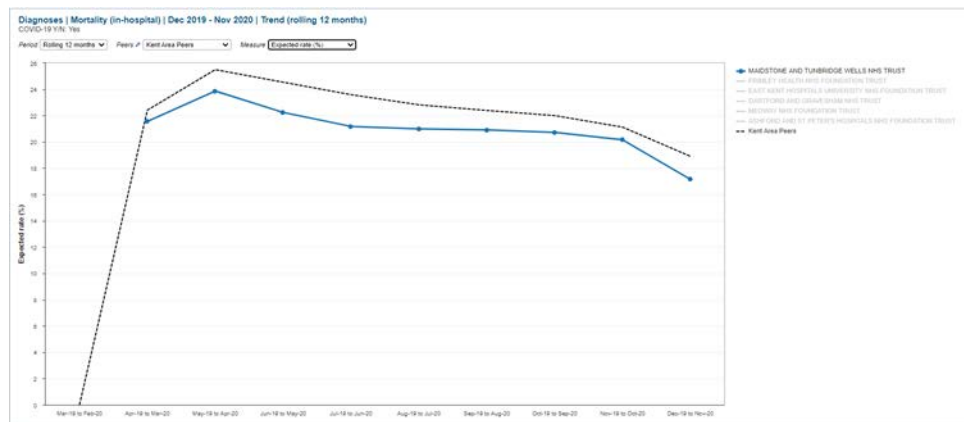
The same is shown for the rolling 12 month view i.e. the observed deaths for MTW exceed those expected for the period (based on Dr Foster's model).

Covid-19 Analysis - Adjusted mortality compared to peers

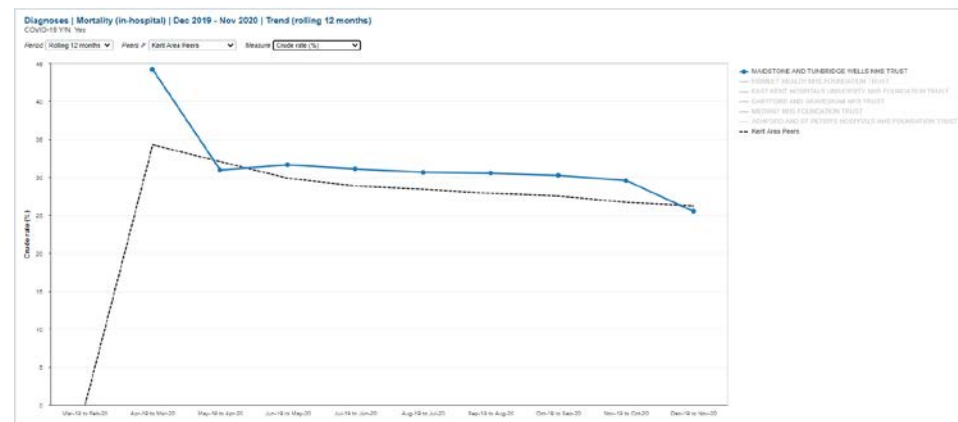


This continues to show MTW outside the confidence limits. With the exception of EKHUFT (who are on the line) all other trusts in Kent are outliers.

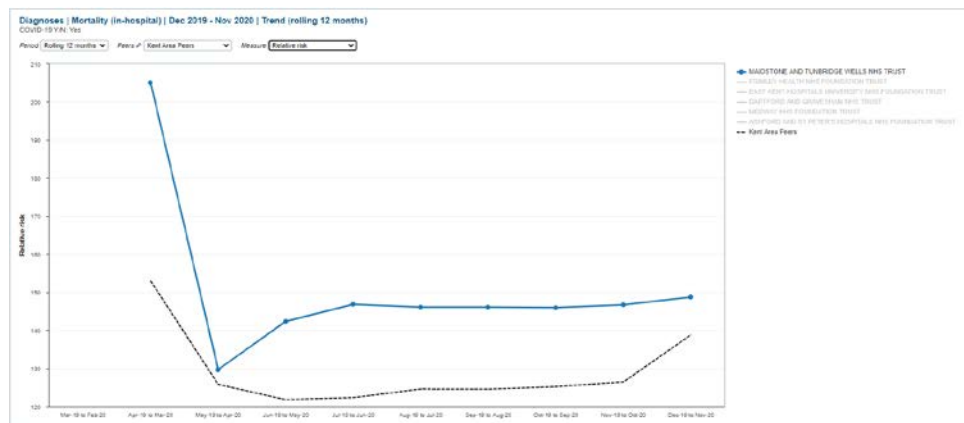
Covid – Expected Rate compared to Kent peers 12 Month Rolling Trend



Covid – Crude Rate compared to Kent peers 12 Month Rolling Trend



Covid – Adjusted Mortality compared to Kent peers 12 Month Rolling Trend



Comments: as shown in the three graphs, the crude Covid-19 death rate for MTW has dipped below our Kent peers. The Trust also exceeded the expected deaths assigned by Dr Foster's model as shown on Page 13, which translated into a higher relative risk.

The relative risk for the Trust is higher than the benchmark set by the Kent peer group.

Excess deaths by ICP

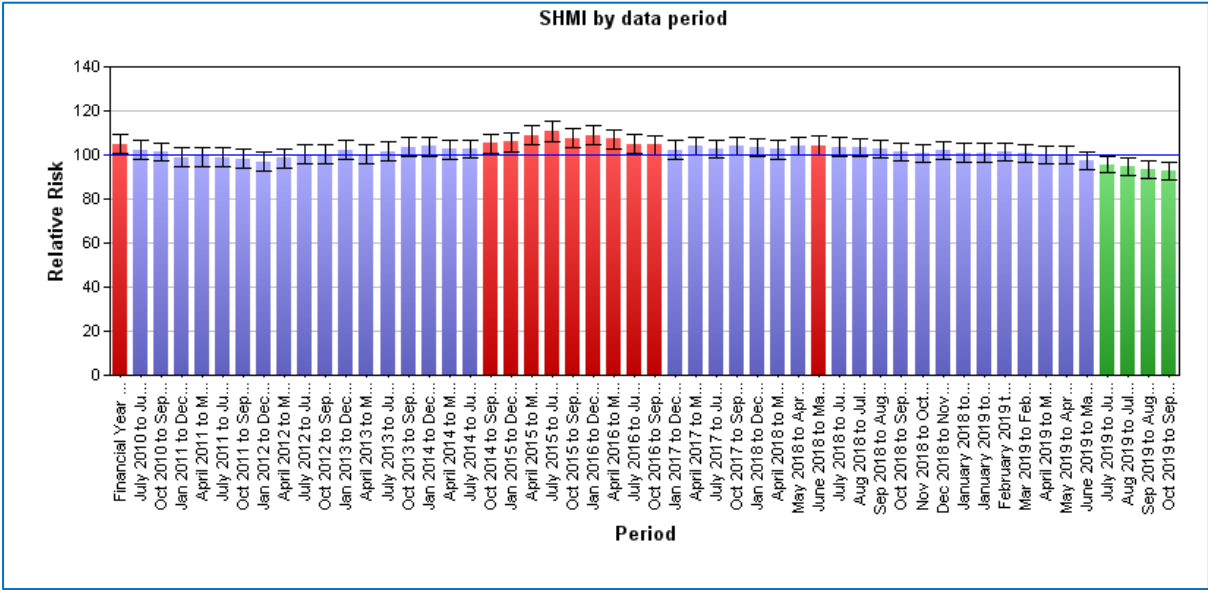
Summary of deaths between Monday 16th March to Sunday 27th December by ICP in K&M

Item	DGS	EK	MS	WK	K&M total
2020 death registrations	1,848	6,244	3,093	3,401	14,586
Baseline (2017-19)	1,692	5,522	2,653	3,215	13,082
Difference	156	722	440	186	1,504
Percentage difference	9%	13%	17%	5.8%	11%

Source: Kent Resilience Forum Deaths Process Management Group
Death Registrations analysis and modelling
14/01/21

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 October 2019 to September 2020 shows SHMI as 0.9244 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 than 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, October 2019 - September 2020

Trust-level summary
Return to contents

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

Trust-level data

As expected SHMI

86,565	2,255	2,440	0.9244
Provider spells	Observed deaths	Expected deaths	SHMI value

Site level breakdown (experimental statistics)

Site code	Site name	Provider spells	Observed deaths	Expected deaths	SHMI value	Banding description
RWFTW	The Tunbridge Wells Hospital	49,830	1,245	1,275	0.9733	As expected SHMI
RWF03	The Maidstone Hospital	35,270	1,010	1,155	0.8739	As expected SHMI
ADP02	Kims Hospital (Newnham Court)	355	0			
NMY01	Neville Childood Epilepsy Centre	105	0			
NT239	Nuffield Health, Tunbridge Wells Hospital	75	0			

SHMI contextual indicators

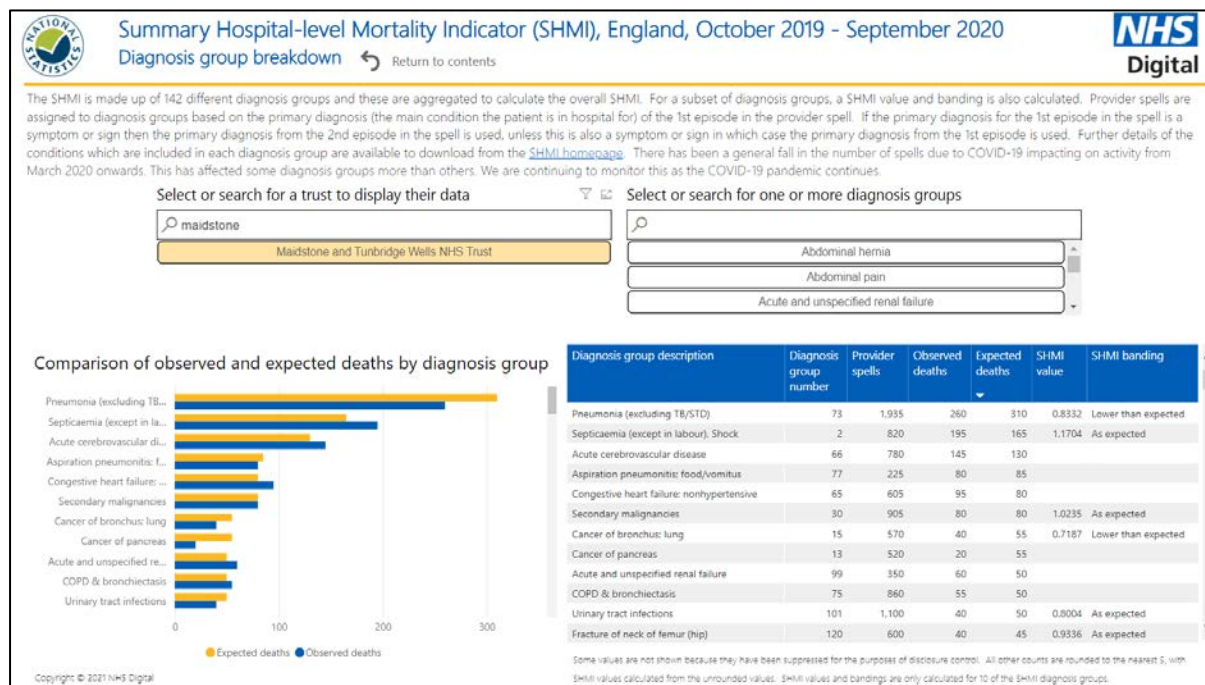
Indicator	Value	England average
Palliative care		
Percentage of provider spells with palliative care treatment specialty coding	0.0	0.1
Percentage of provider spells with palliative care diagnosis coding	1.4	1.9
Percentage of provider spells with palliative care coding	1.4	1.9
Percentage of deaths with palliative care treatment specialty coding	0.0	2.0
Percentage of deaths with palliative care diagnosis coding	37.0	36.0
Percentage of deaths with palliative care coding	37.0	36.0
Admission method		
Crude percentage mortality rate for elective admissions	0.0	1.0
Crude percentage mortality rate for non-elective admissions	3.4	3.6
In and out of hospital deaths		
Percentage of deaths which occurred in hospital	60.0	66.0
Percentage of deaths which occurred outside hospital within 30 days of discharge	40.0	34.0
Deprivation		

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

SHMI – Breakdown by Diagnosis Group

As can be seen there are some diagnosis groups where the observed deaths exceeds those expected. There is unsurprisingly some correlation with the HSMR for example Acute Bronchitis and Acute Renal Failure, but others 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=eyJrIjoiaM4NTY0YzAtZTY3NS00MTAxLW11YWItM2NkY2RkNGNiZDdhliwidCI6IjUwZjYwNzFmLWJiZmUtNDAXYS04ODAzLTY3Mzc0OGU2MjllMlIsImMiOiJh9>

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.

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	5.6	19
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	5.1	19
FRIMLEY HEALTH NHS FOUNDATION TRUST	4.7	19
GATESHEAD HEALTH NHS FOUNDATION TRUST	6.7	13
HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	5.9	19

LEEDS TEACHING HOSPITALS NHS TRUST	5.8	19
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	5.2	19
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	5.7	19
SALFORD ROYAL NHS FOUNDATION TRUST	7.1	13
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	5.4	19
SURREY AND SUSSEX HEALTHCARE NHS TRUST	7.2	19
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	5.2	19
UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST	5.4	19
WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	6.5	19
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	6.3	13

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	Number of deaths with palliative care diagnosis coding	Number of deaths with either palliative care specialty or diagnosis coding	Percentage of deaths with palliative care diagnosis coding	Percentage of deaths with either palliative care specialty or diagnosis coding
ENGLAND	265,543	95,589	96,307	36	36
LEEDS TEACHING HOSPITALS NHS TRUST	3,620	1,110	1,110	31	31
UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST	2,285	760	760	33	33
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	2,390	845	845	35	35
GATESHEAD HEALTH NHS FOUNDATION TRUST	1,380	510	510	37	37
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	2,255	830	830	37	37
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	2,225	925	925	42	42
WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	2,975	1,235	1,235	42	42
FRIMLEY HEALTH NHS FOUNDATION TRUST	3,255	1,400	1,400	43	43
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,620	695	695	43	43
SURREY AND SUSSEX HEALTHCARE NHS TRUST	1,725	795	795	46	46
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	2,990	1,445	1,445	48	48
HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	500	245	245	49	49
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	1,475	770	770	52	52
SALFORD ROYAL NHS FOUNDATION TRUST	1,575	880	880	56	56

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% of our deaths fell in quintile 1 'most deprived', whereas 35% 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	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
ENGLAND	21	20	20	20	18
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	8	29	28	14	11
FRIMLEY HEALTH NHS FOUNDATION TRUST	2	12	16	21	47
GATESHEAD HEALTH NHS FOUNDATION TRUST	33	28	14	18	7
HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	52	42	3	*	*
LEEDS TEACHING HOSPITALS NHS TRUST	37	15	17	18	13
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	4	11	25	25	35
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	36	19	13	16	15
SALFORD ROYAL NHS FOUNDATION TRUST	43	21	15	12	9
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	50	20	16	10	5
SURREY AND SUSSEX HEALTHCARE NHS TRUST	1	14	26	26	32
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	39	17	15	11	16
UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST	21	20	18	24	15
WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	6	17	32	26	19
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	34	23	13	18	11

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	265,543	175,791	89,752	66	34
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	2,255	1,350	910	60	40
WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	2,975	1,905	1,070	64	36
FRIMLEY HEALTH NHS FOUNDATION TRUST	3,255	2,110	1,140	65	35
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,620	1,050	570	65	35
HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	500	345	160	69	32
SURREY AND SUSSEX HEALTHCARE NHS TRUST	1,725	1,170	555	68	32
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	2,225	1,540	680	69	31
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	2,390	1,655	735	69	31
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	1,475	1,040	440	71	30
LEEDS TEACHING HOSPITALS NHS TRUST	3,620	2,525	1,095	70	30
UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST	2,285	1,615	670	71	29
GATESHEAD HEALTH NHS FOUNDATION TRUST	1,380	1,000	380	72	28
SALFORD ROYAL NHS FOUNDATION TRUST	1,575	1,135	440	72	28
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	2,990	2,205	785	74	26

SHMI - Supplementary information: % of provider spells with a primary diagnosis which is a symptom or sign

The table below shows the percentage of provider spells with a primary diagnosis which is a symptom or sign. This shows that MTW is higher than the national average.

Provider name	Number of spells with a primary diagnosis which is a symptom or sign	Number of spells	Percentage of spells with a primary diagnosis which is a symptom or sign
ENGLAND	1,079,514	8,199,616	13.2
LEEDS TEACHING HOSPITALS NHS TRUST	9,065	101,920	8.9
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	14,045	144,720	9.7
HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	4,010	40,020	10
FRIMLEY HEALTH NHS FOUNDATION TRUST	13,060	101,855	12.8
SURREY AND SUSSEX HEALTHCARE NHS TRUST	6,265	48,125	13
SALFORD ROYAL NHS FOUNDATION TRUST	5,550	42,255	13.1
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	13,410	101,905	13.2
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	9,640	70,400	13.7
UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST	11,975	87,410	13.7
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	11,560	83,730	13.8
GATESHEAD HEALTH NHS FOUNDATION TRUST	4,000	29,020	13.8
WEST SUFFOLK NHS FOUNDATION TRUST	5,005	32,940	15.2

WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	6,405	41,025	15.6
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	13,780	86,565	15.9

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.

There were 632 Trust deaths April to August 2020; 432 of these deaths were reviewed. From these; 18 SJRs were requested (3 per 100 deaths).

The most up to date figures for April to August 2020 are noted below:

Trust	Q1			Q2		Apr to Aug
2020	Apr	May	Jun	Jul	Aug	Total
No of Deaths	164	149	102	109	108	632
No of Completed Reviews	106	106	69	80	71	432
%age completed reviews	64.63%	71.14%	67.65%	73.39%	65.74%	68.35%
No of Unreviewed Deaths	58	43	33	29	37	200

The breakdown for each specialty is as follows:

Reviewed - YES	Year - 2020					
	Discharge Month					
Directorate	Apr	May	Jun	Jul	Aug	YTD
Acute Medicine & Geriatrics	71	73	46	46	43	279
Medical Specialties	15	20	9	13	10	67
General Surgery	10	9	6	11	6	42
Orthopaedics	1	1	1	2	3	8
Urology, Gynae Onc, Breast & Vascular Surgery	0	0	0	0	0	0
Theatres & Critical Care	1	0	0	1	0	2
Clinical Haematology	0	0	1	0	0	1
Head & Neck	1	0	0	0	0	1
A&E	7	3	6	7	9	32
Total Deaths Reviewed	106	106	69	80	71	432

Reviewed - NO	Year - 2020					
	Discharge Month					
Directorate New2	Apr	May	Jun	Jul	Aug	YTD
Acute Medicine & Geriatrics	42	23	19	18	25	127
Emergency Medicine	1	2	2	0	0	5
Medical Specialties	12	7	7	6	6	38
General Surgery	0	6	3	4	3	16
Orthopaedics	1	3	1	0	2	7
Urology, Gynae Onc, Breast & Vascular Surgery	1	2	0	0	0	3
Theatres & Critical Care	1	0	0	0	0	1
Clinical Haematology	0	0	1	1	0	2
Head & Neck	0	0	0	0	1	1
A&E	0	0	0	0	0	0
Total Deaths Unreviewed	58	43	33	29	37	200

This data is the record of deaths between April – August 2020 as the Medical Examiner Service commenced in September 2020. After discussion at the Mortality Surveillance Group and in agreement with the Executive Team, it was agreed that due to the level of risk attached to the 200 cases that have not been reviewed (3 per 100 deaths continue to SJR stage), these cases will not be reviewed and resource will instead be applied to the completion of the backlog of SJRs.

Medical Examiner Service

The service commenced scrutiny in September.

	Number of deaths	Number scrutinised	% reviewed	Number that took over 3 calendar days to complete (of those applicable, not including Coroner cases)
September 2020	123	43	35%	14
October	105	97	92%	11
November	152	149	98%	39
December	319	238	75%	132
January 2021	353	347	98%	245

Challenges faced by the service since commencement:

- IT and availability of scanners
- Timeliness of scrutiny, doctors not completing the summary forms on time
- Significant amount of deaths in a short space of time, causing at first a backlog of summaries outstanding from doctors which was quickly brought under control. This then resulted in a backlog within the service
- Short staffed due to sickness and medical examiners being required to deliver frontline care
- Drafted in temp medical examiners to provide cover, which took further time due to induction and becoming familiar with the processes.

Mortality Steering Group (MSG)

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.

The terms of reference and roles of the mortality leads and reviewers were discussed and agreed at January's MSG to confirm the flow of information and learning from the meeting to the directorates.

Learning from Mortality Reviews identified the need for:

- Comprehensive and clear documentation around VTE assessment
- End of life discussions with the family could have happened a day earlier when it was apparent that the patient was deteriorating significantly.

The following practice was highlighted in Mortality Reviews:

- Timely senior reviews
- Excellent end of life planning evidenced by excellent documentation
- Full Resus protocol and all possibilities considered and acted upon
- Family consulted with at the end of the patient's life
- Good teamwork between teams looking after the patient and escalation once AKI recognised.

Next steps include:

- Addressing the backlog of structured judgement reviews
- Start work on the action plan in response to the TIAA audit findings (which found reasonable assurance).

The findings of the national NHS staff survey 2020 Director of Workforce

The “Summary Benchmark Report” of the Trust’s findings from the national NHS staff survey for 2020 are enclosed.

A further report on the survey findings will be issued ahead of the Trust Board meeting.

Which Committees have reviewed the information prior to Board submission?

- People and Organisational Development Committee, 19/03/21
- Executive Team Meeting (ETM), 23/03/21

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

Maidstone and Tunbridge Wells NHS Trust

2020 NHS Staff Survey

Summary Benchmark Report

Maidstone and Tunbridge Wells NHS Trust

2020 NHS Staff Survey



Organisation details

Completed questionnaires **3,199**

2020 response rate **52%**

➤ [See response rate trend for the last 5 years](#)

Survey details

Survey mode **Mixed**

Sample type **Census**

This organisation is benchmarked against:

Acute and Acute &
Community Trusts



2020 benchmarking group details

Organisations in group: **128**

Median response rate: **45%**

No. of completed questionnaires:
402,201

Key features

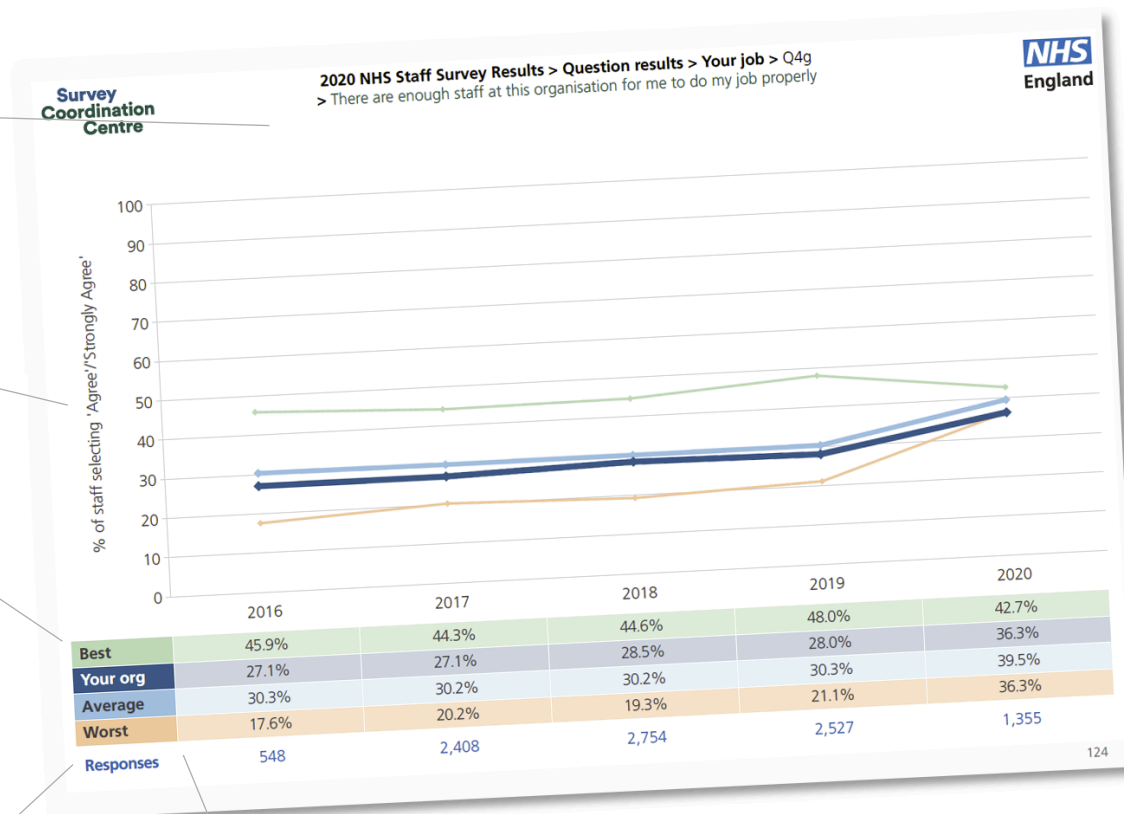
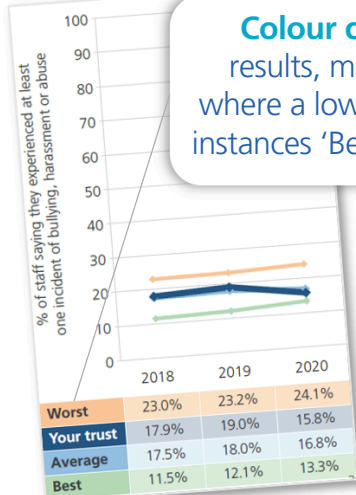
Question number and text
(or the theme) specified
at the top of each slide

Question-level results are always
reported as percentages; the **meaning
of the value** is outlined along the axis.
Themes are always on a 0-10pt scale
where 10 is the best score attainable

Colour coding highlights best / worst
results, making it easy to spot questions
where a lower percentage is better – in such
instances 'Best' is the bottom line in the table

 **Keep an eye out!**

Number of responses
for the organisation
for the given question



'Best', 'Average', and 'Worst' refer to the
benchmarking group's best, average and worst **results**



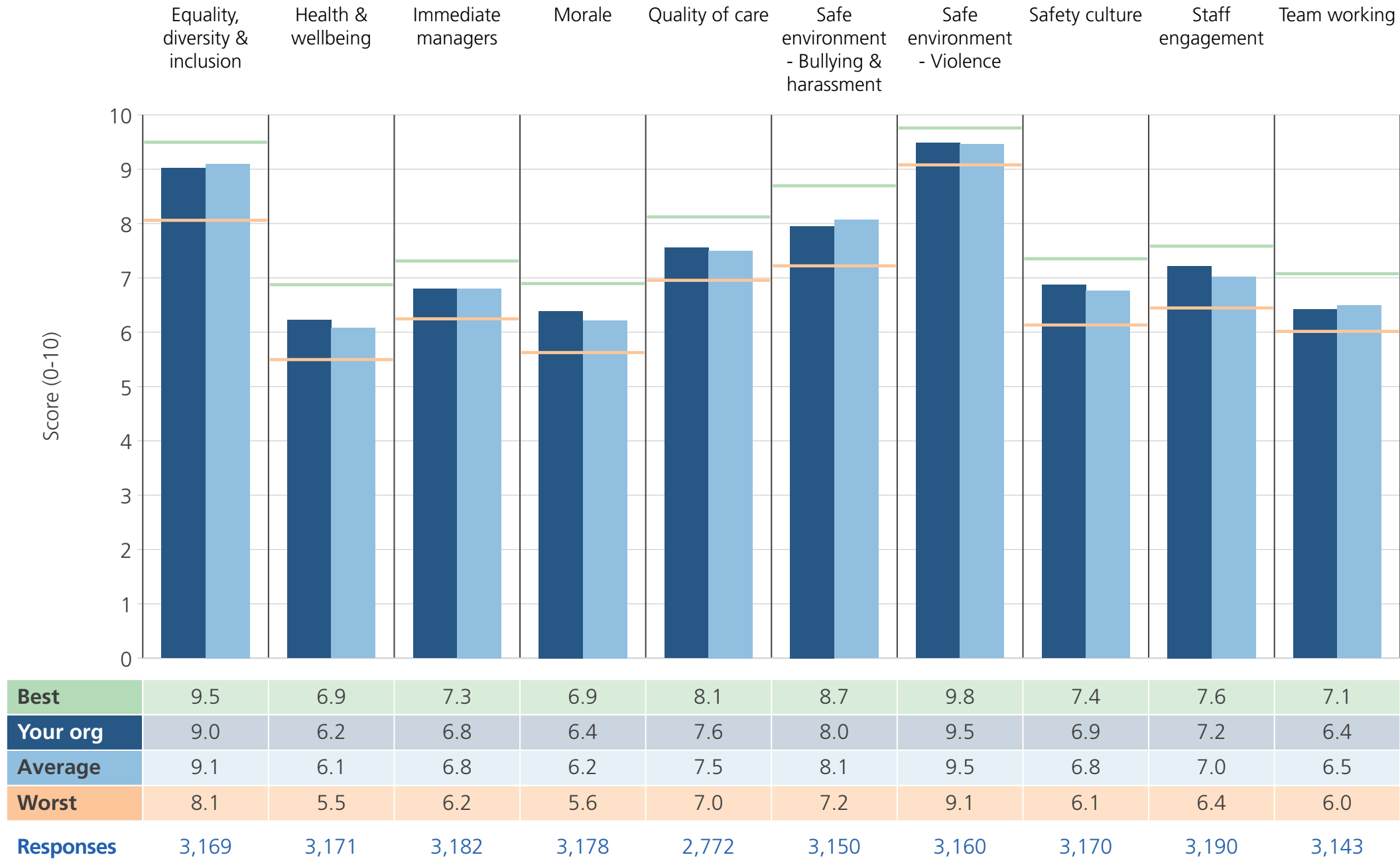
Full details on how the scores are calculated are provided in the **Technical Document**, under the Supporting Documents section of our [results page](#)

Theme results

The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in the charts are comparable for this theme, however these figures are not directly comparable to the results reported in previous years. For more details please see the [technical document](#).

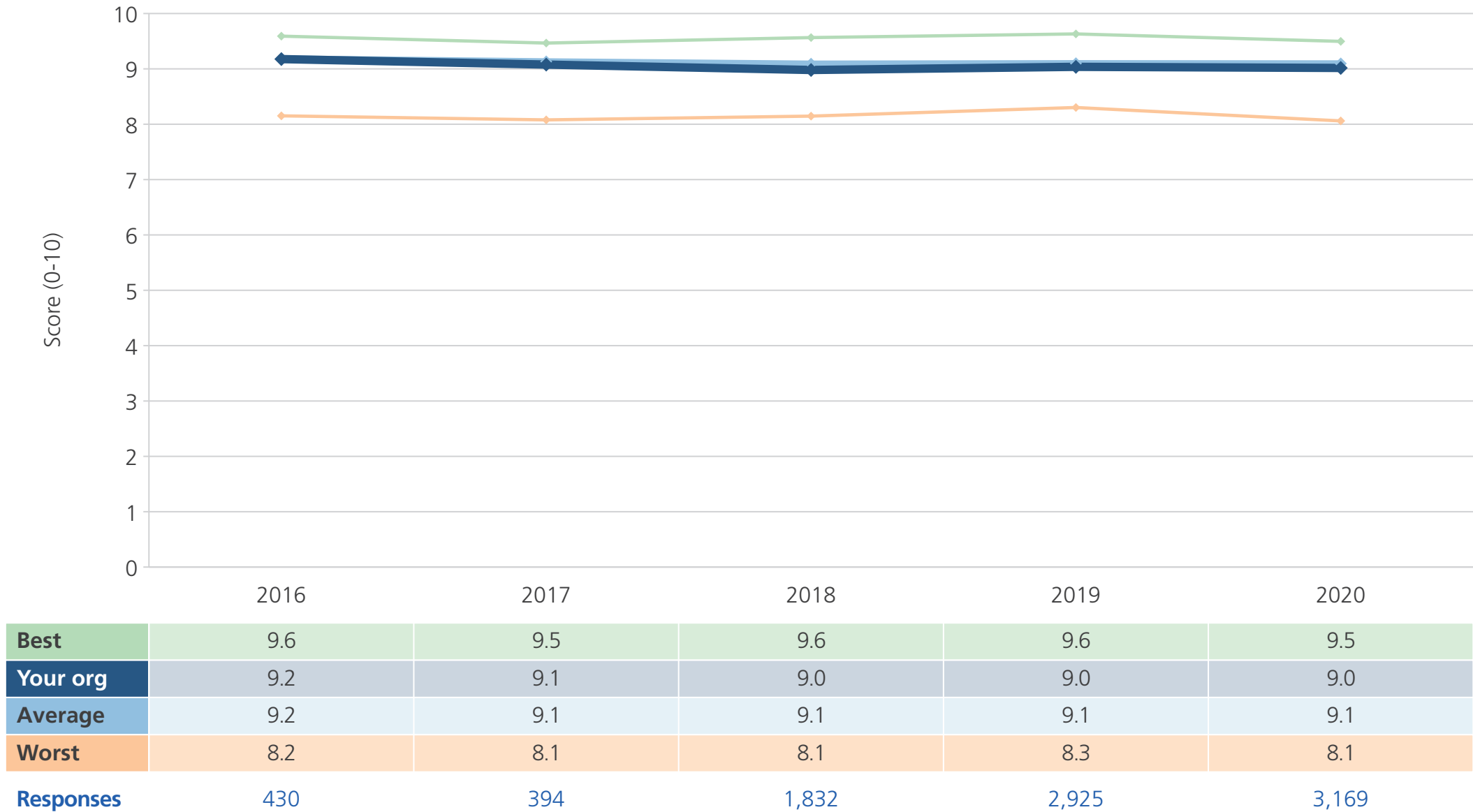
Maidstone and Tunbridge Wells NHS Trust

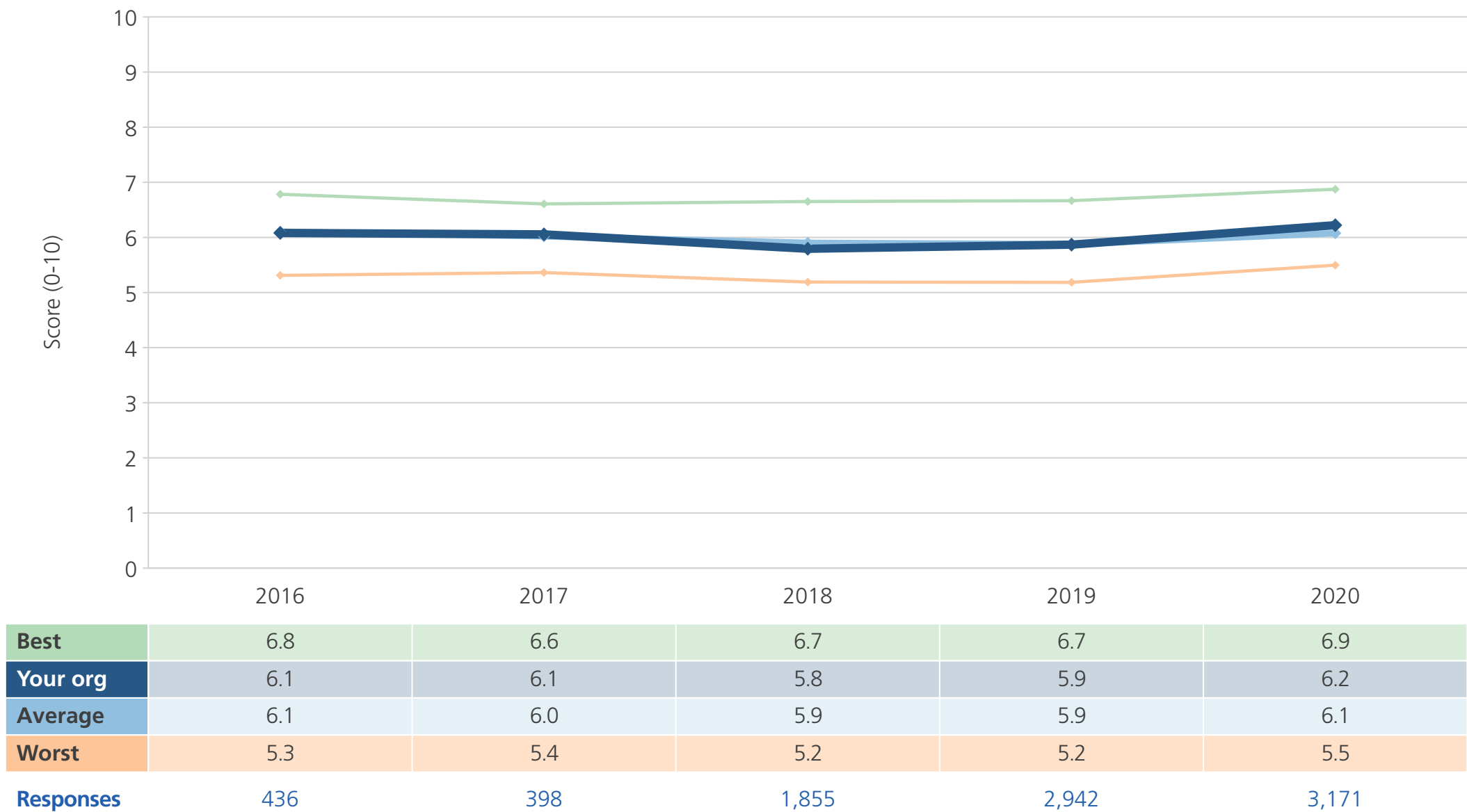
2020 NHS Staff Survey Results

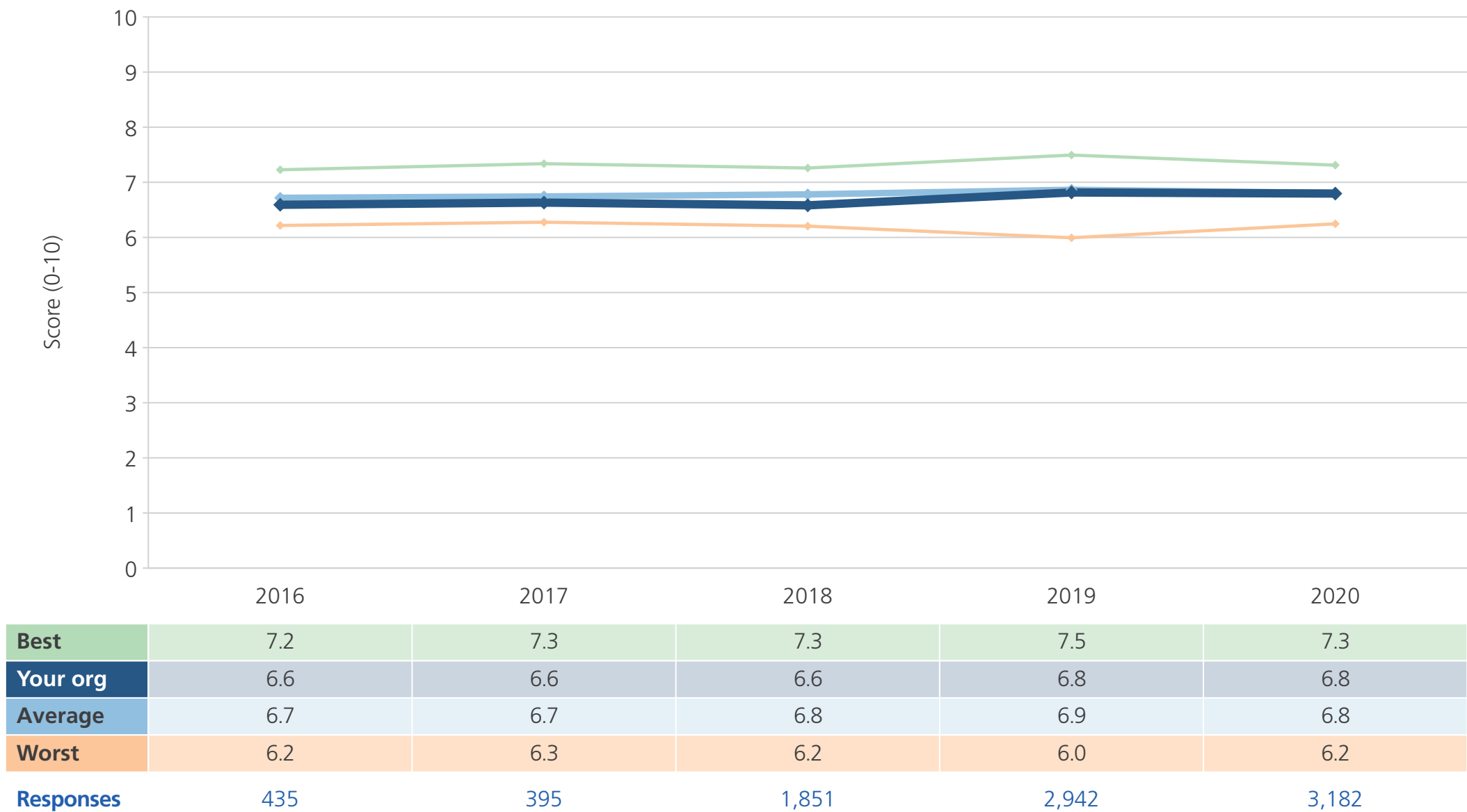


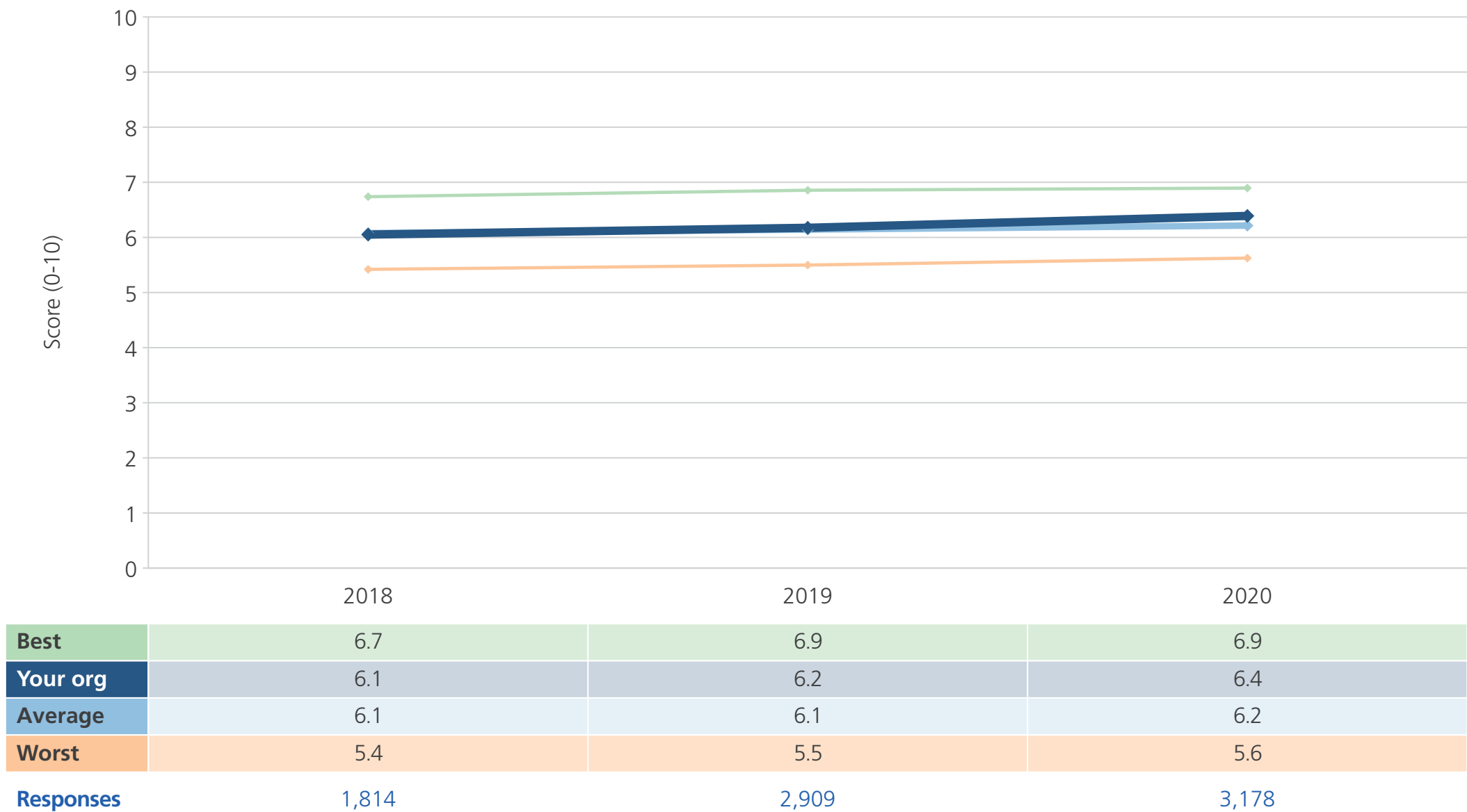
Theme results – Trends

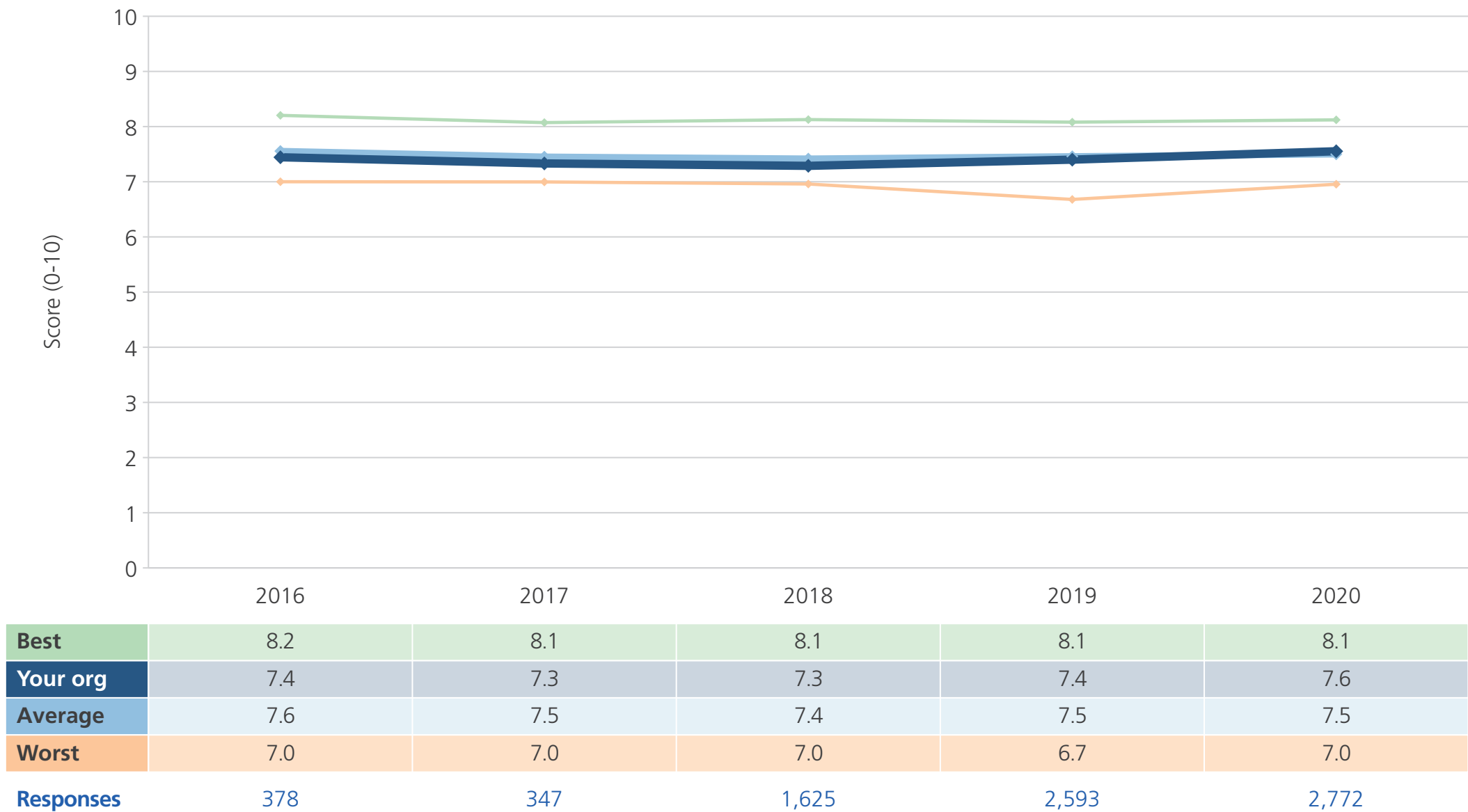
Maidstone and Tunbridge Wells NHS Trust
2020 NHS Staff Survey Results

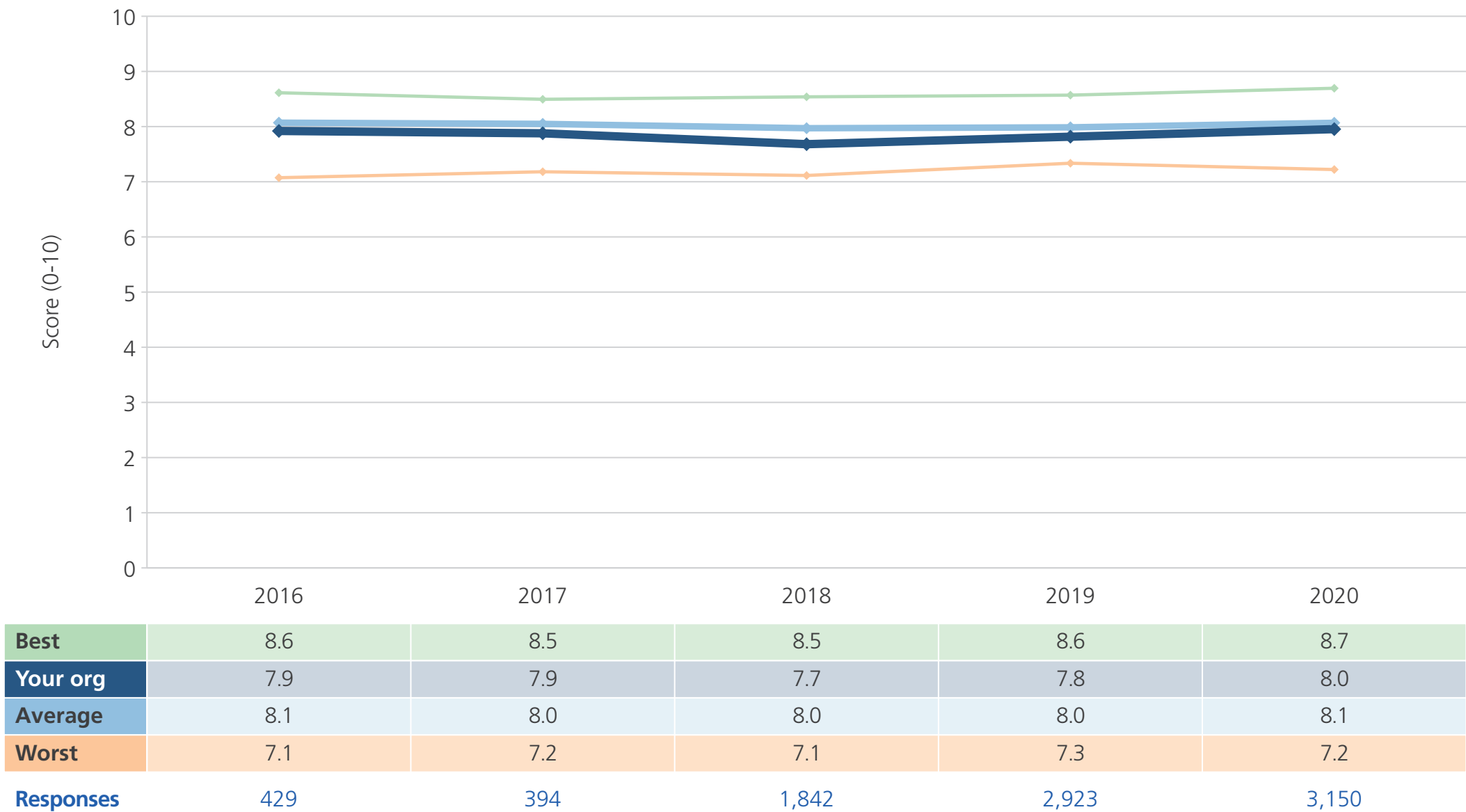


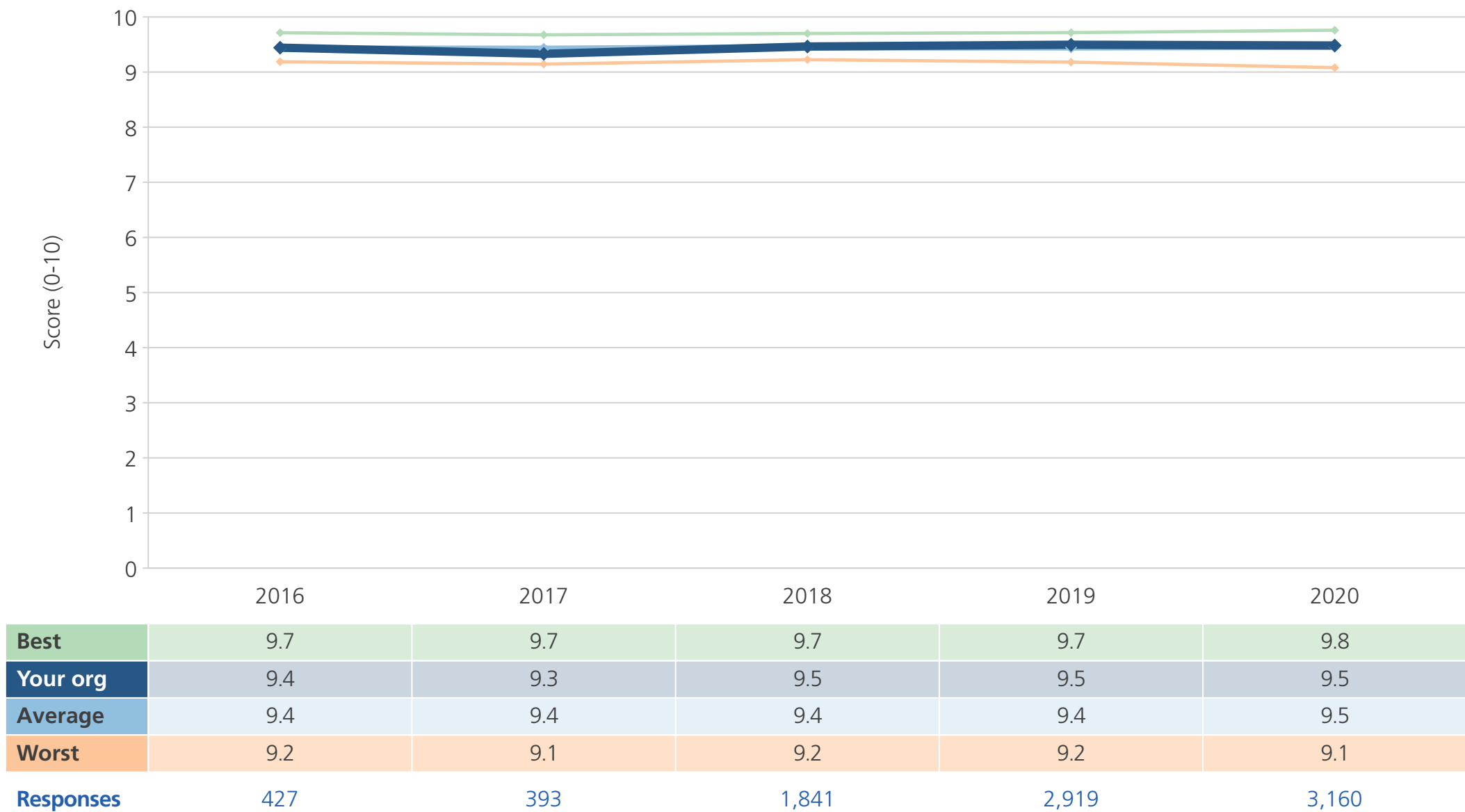


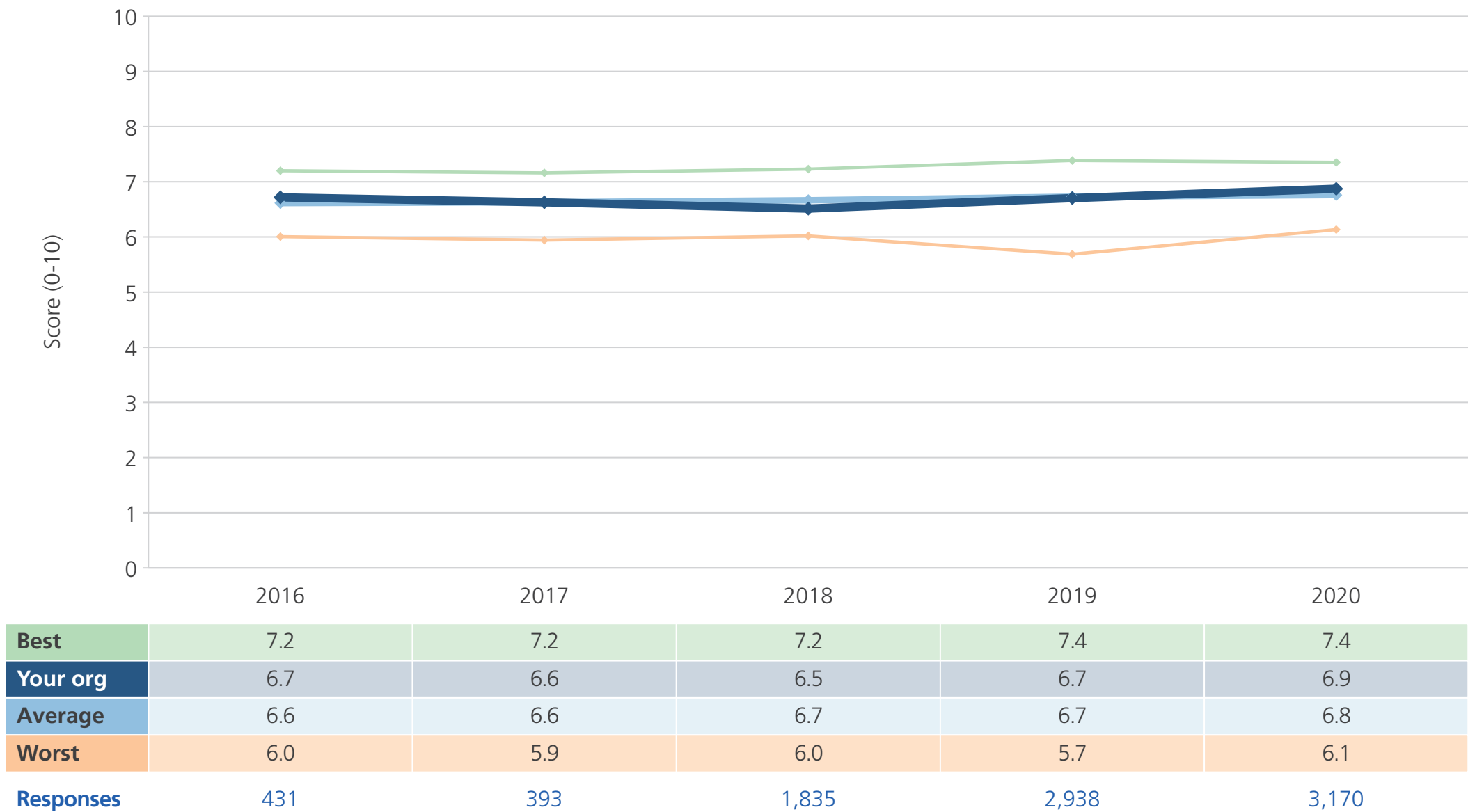


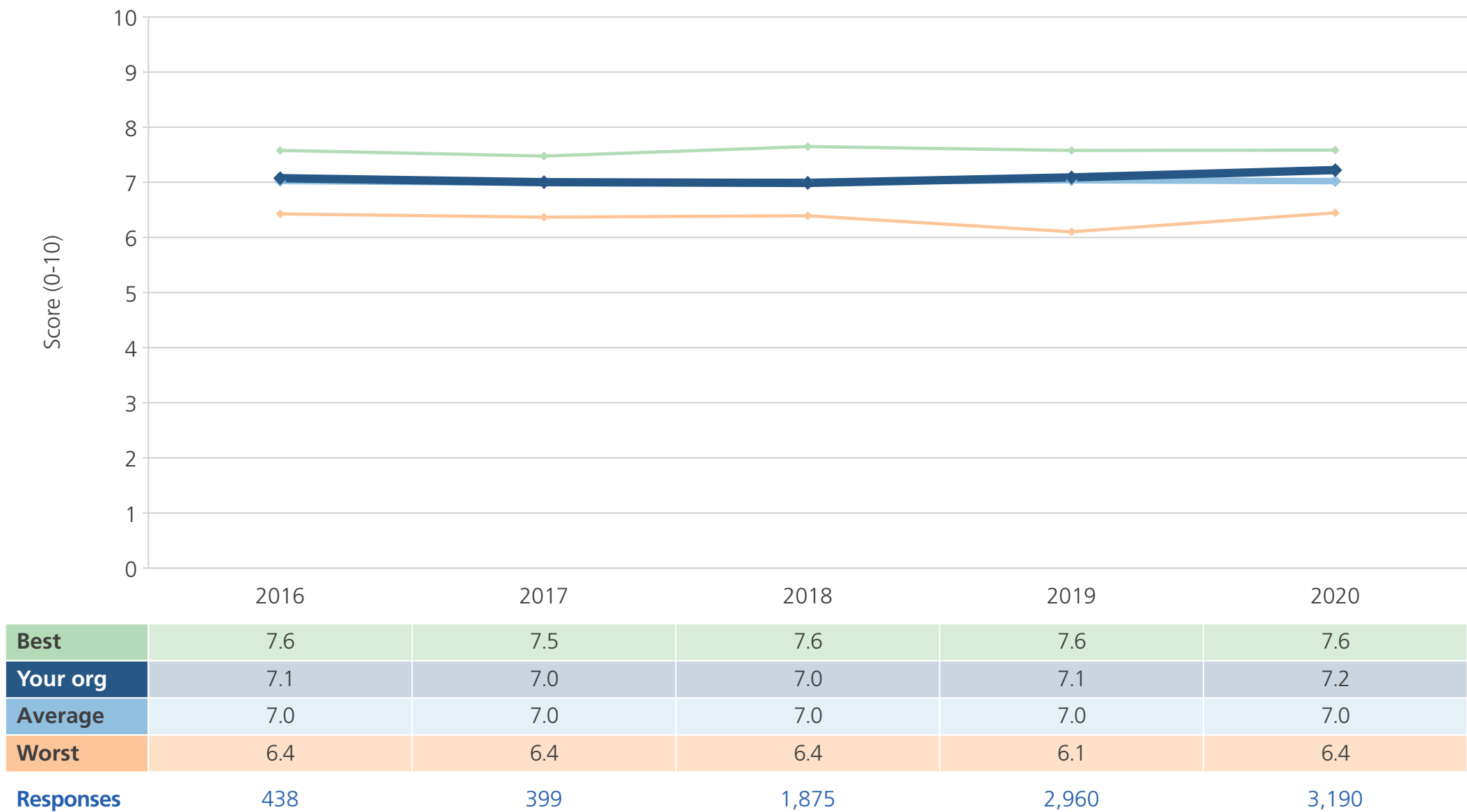


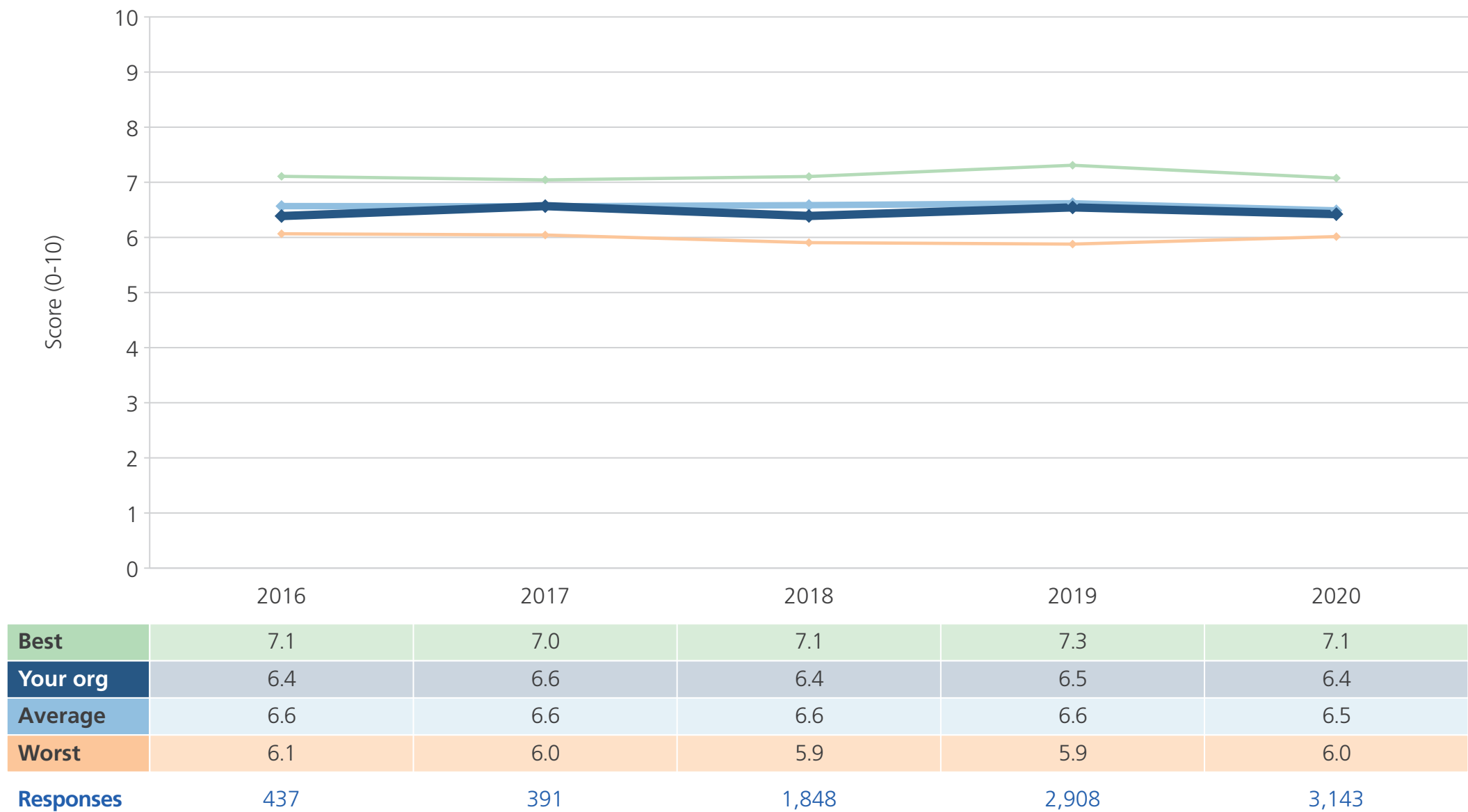












Theme results – Covid-19 classification breakdowns

Maidstone and Tunbridge Wells NHS Trust
2020 NHS Staff Survey Results

Covid-19 questions

Staff were asked four classification questions relating to their experience during the Covid-19 pandemic:

- | | | |
|--|--|--|
| a. Have you worked on a Covid-19 specific ward or area at any time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have you been redeployed due to the Covid-19 pandemic at any time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have you been required to work remotely/from home due to the Covid-19 pandemic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Have you been shielding? | <input type="checkbox"/> Yes, for myself | <input type="checkbox"/> Yes, for a member of my household |
| | | <input type="checkbox"/> No |

The charts on the following pages show the breakdown of theme scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of the highest, average and lowest scores for similar organisations.

Comparing your data

To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of results. As such, a degree of caution is advised when interpreting your results.

Further information

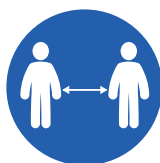
Results for these groups of staff, including data for individual questions, are also available via the [online dashboards](#). Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.



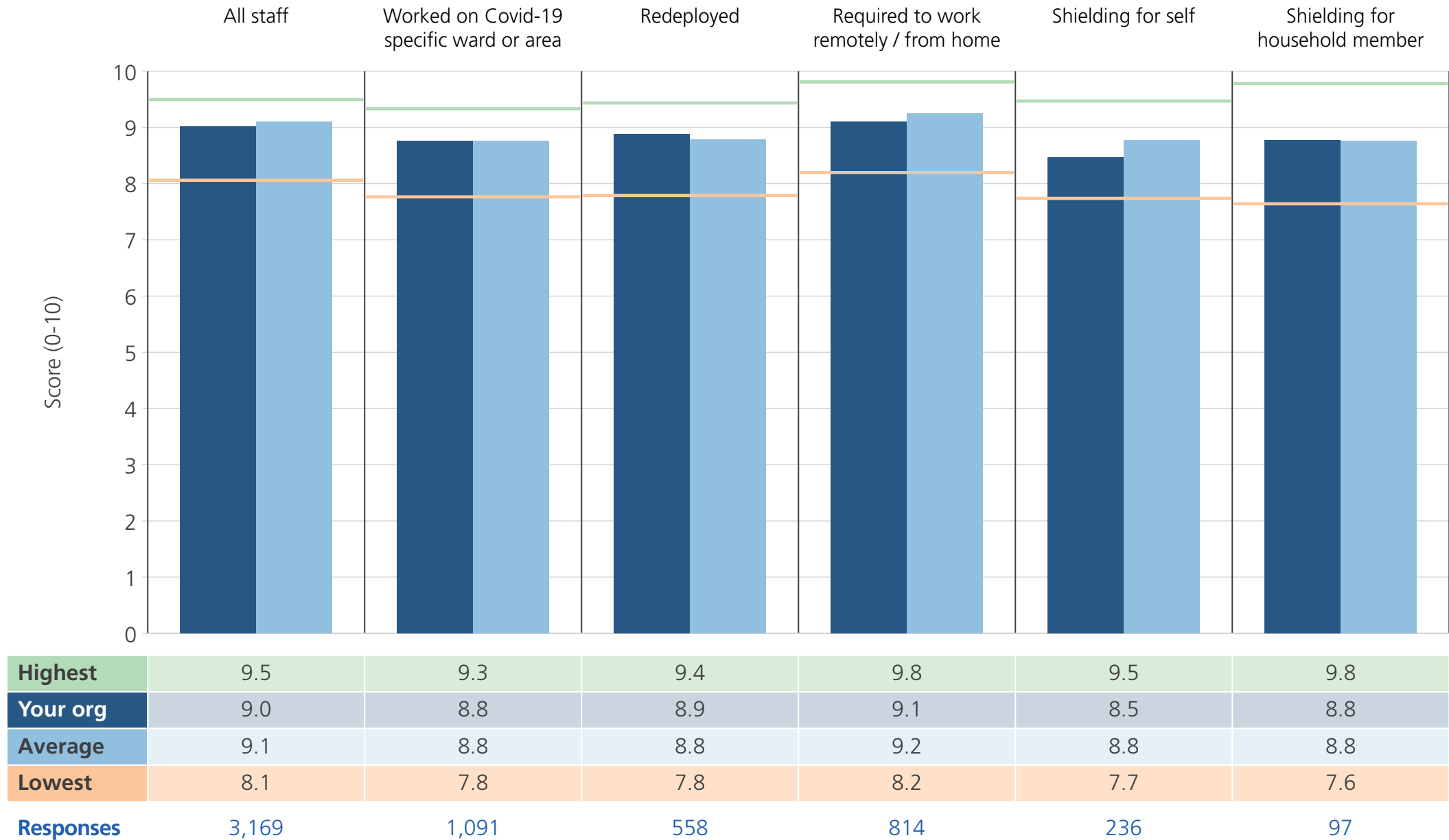
HANDS

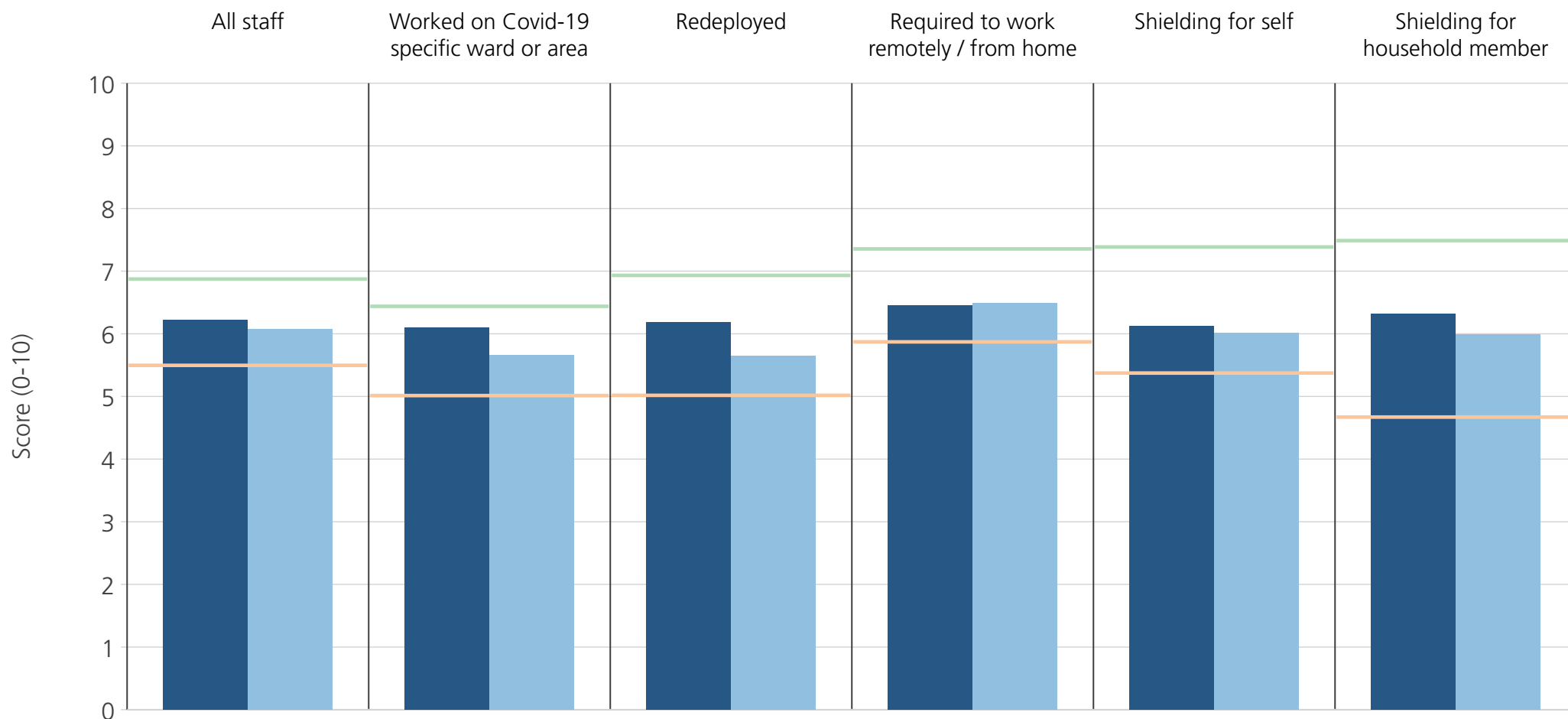


FACE



SPACE





Highest	6.9	6.4	6.9	7.4	7.4	7.5
Your org	6.2	6.1	6.2	6.5	6.1	6.3
Average	6.1	5.7	5.6	6.5	6.0	6.0
Lowest	5.5	5.0	5.0	5.9	5.4	4.7

Responses

3,171

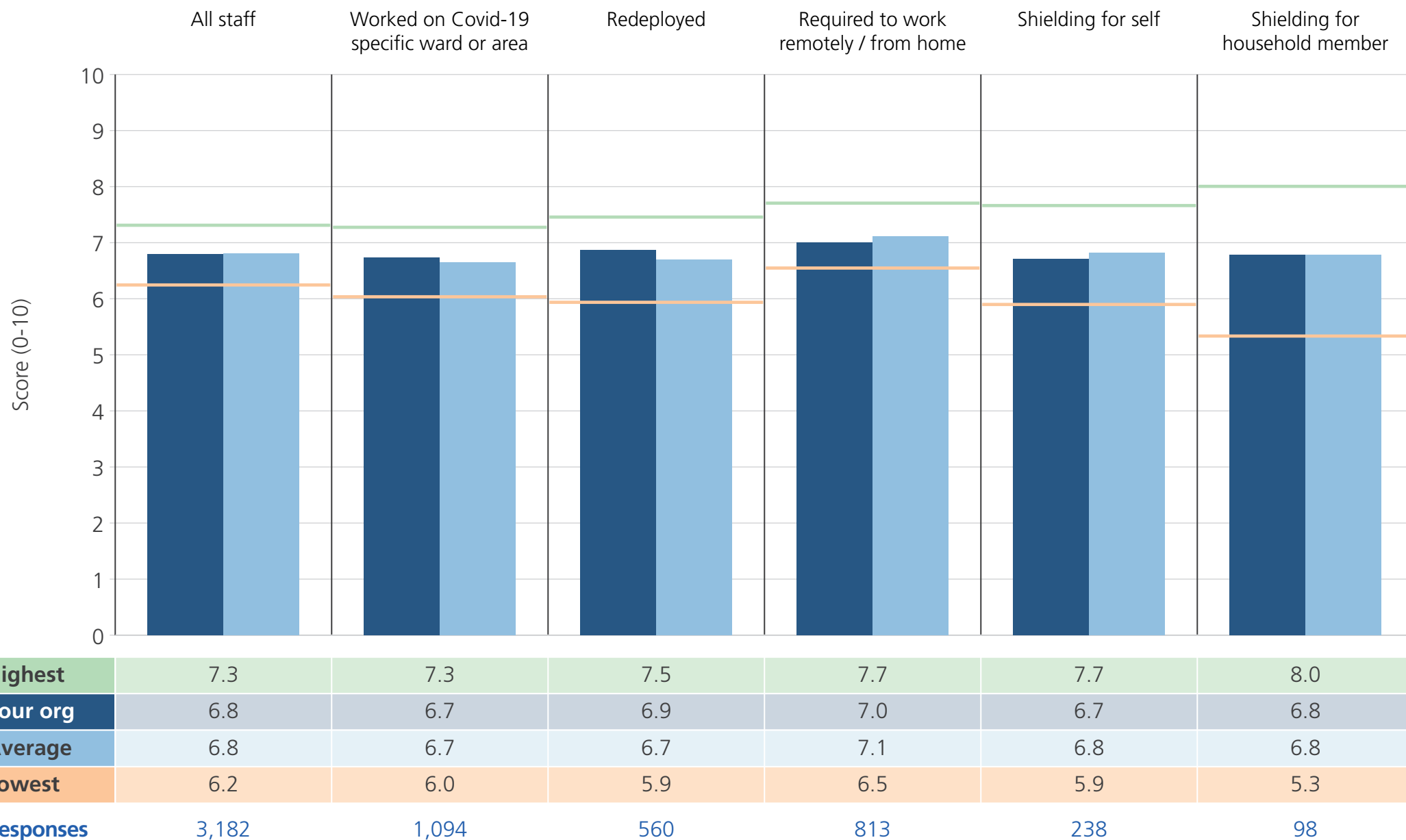
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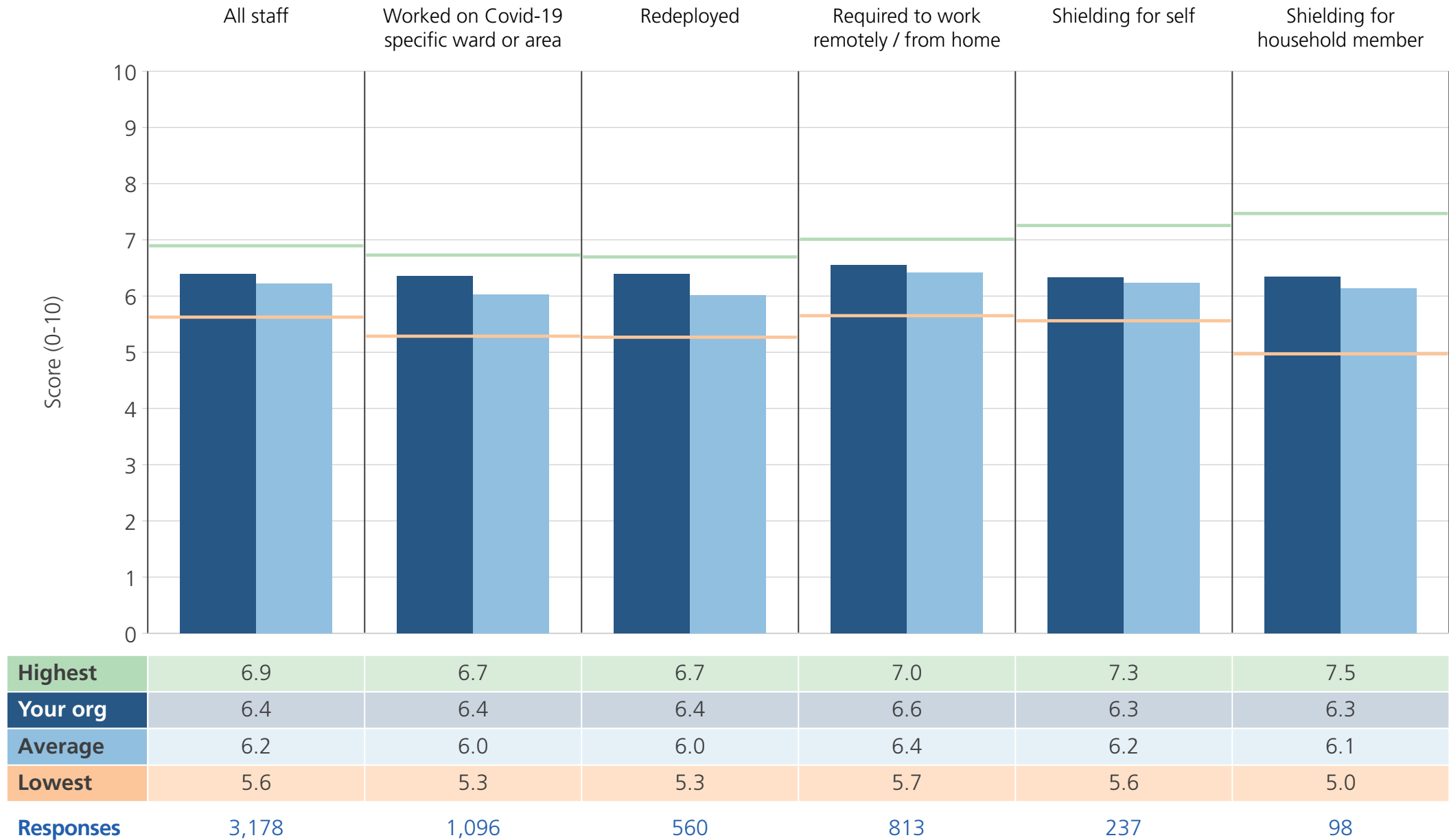
559

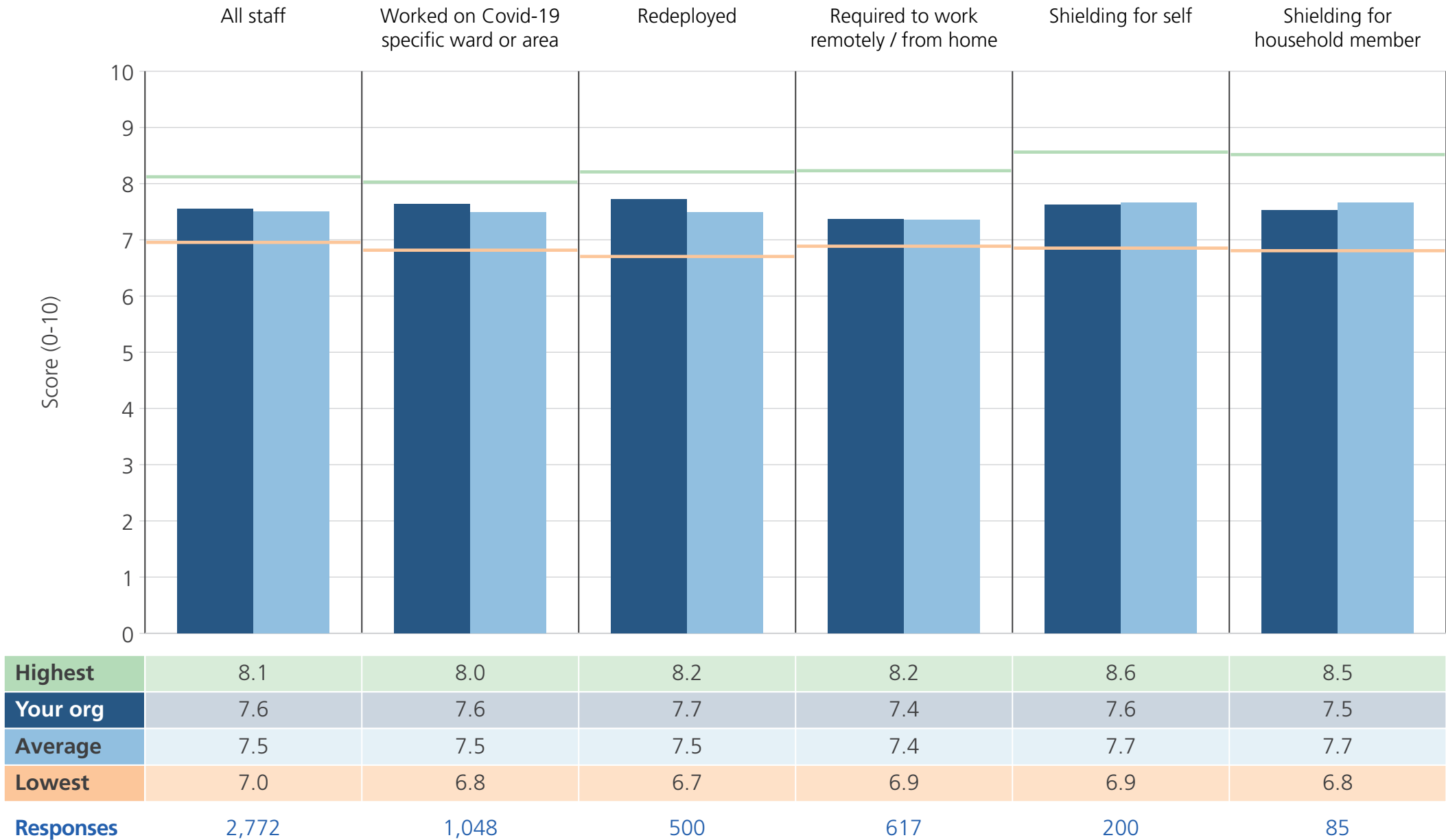
810

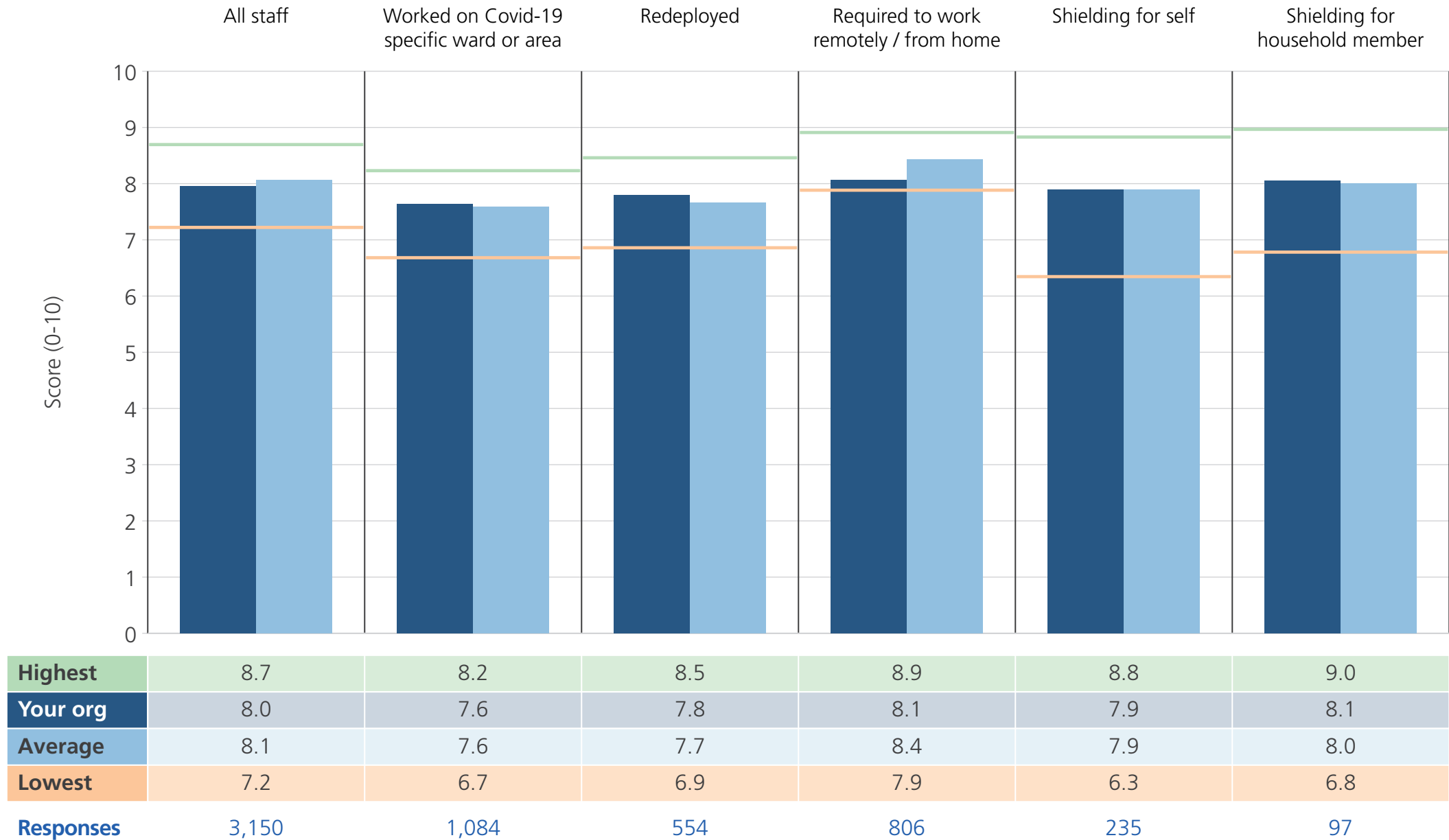
237

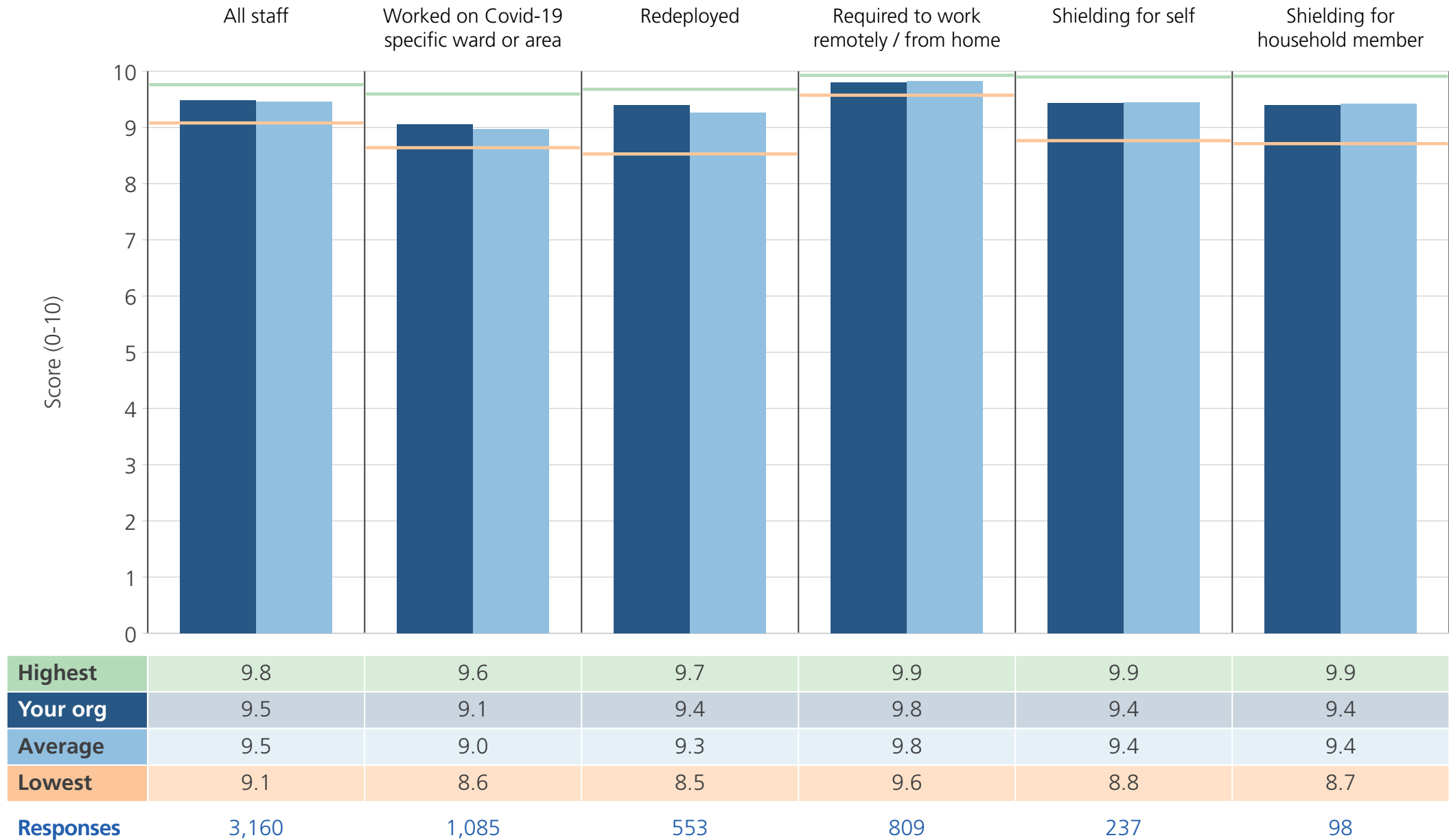
97

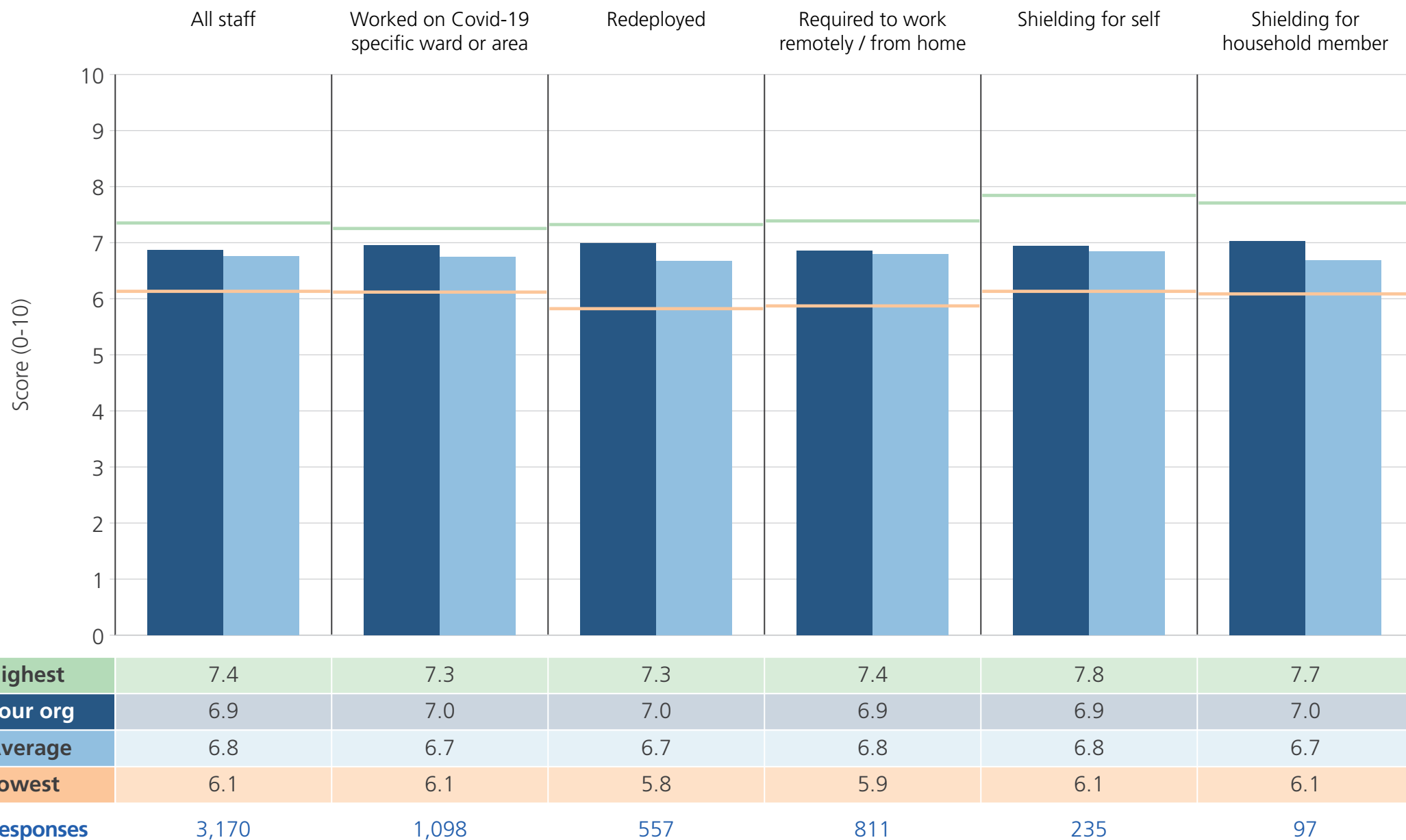


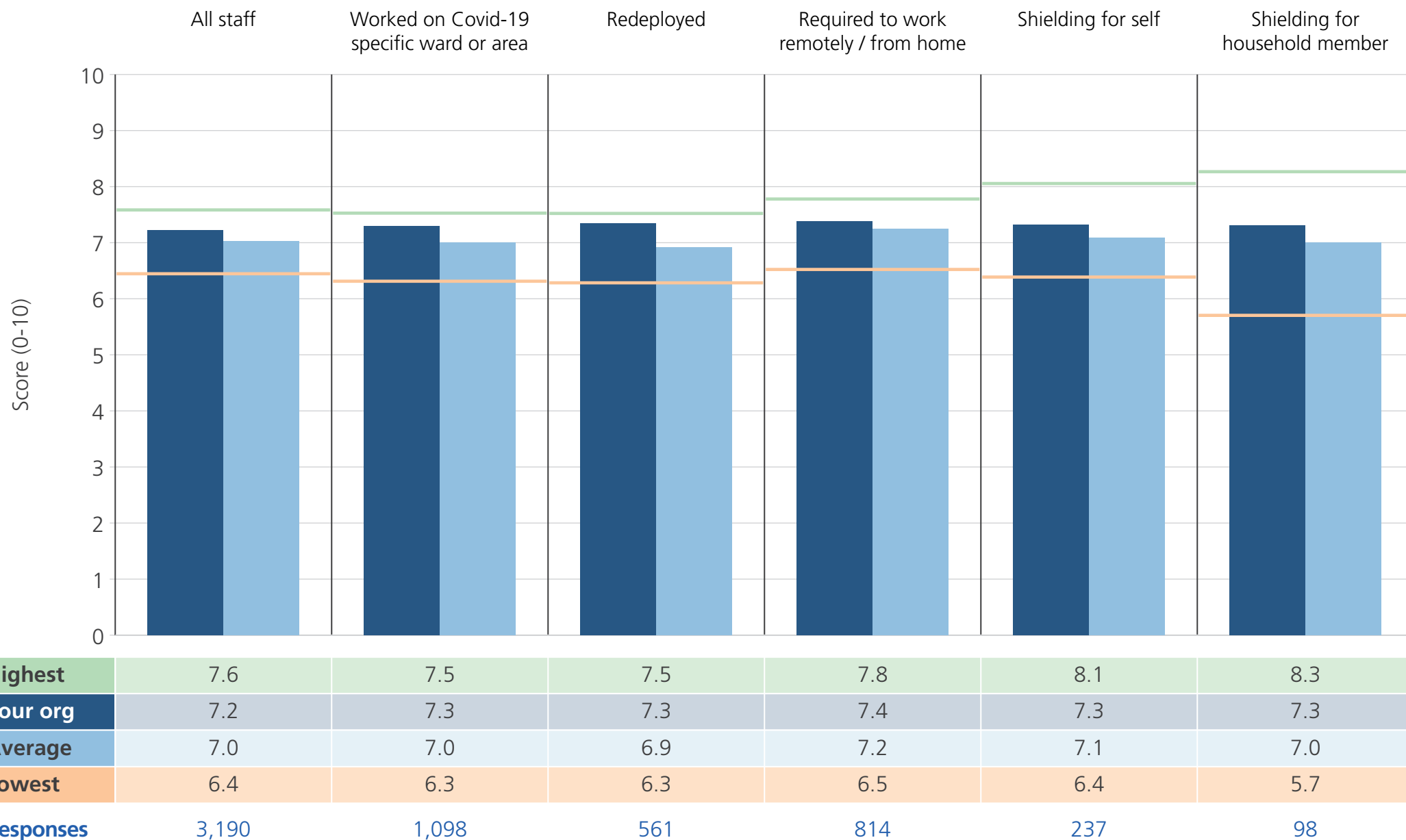


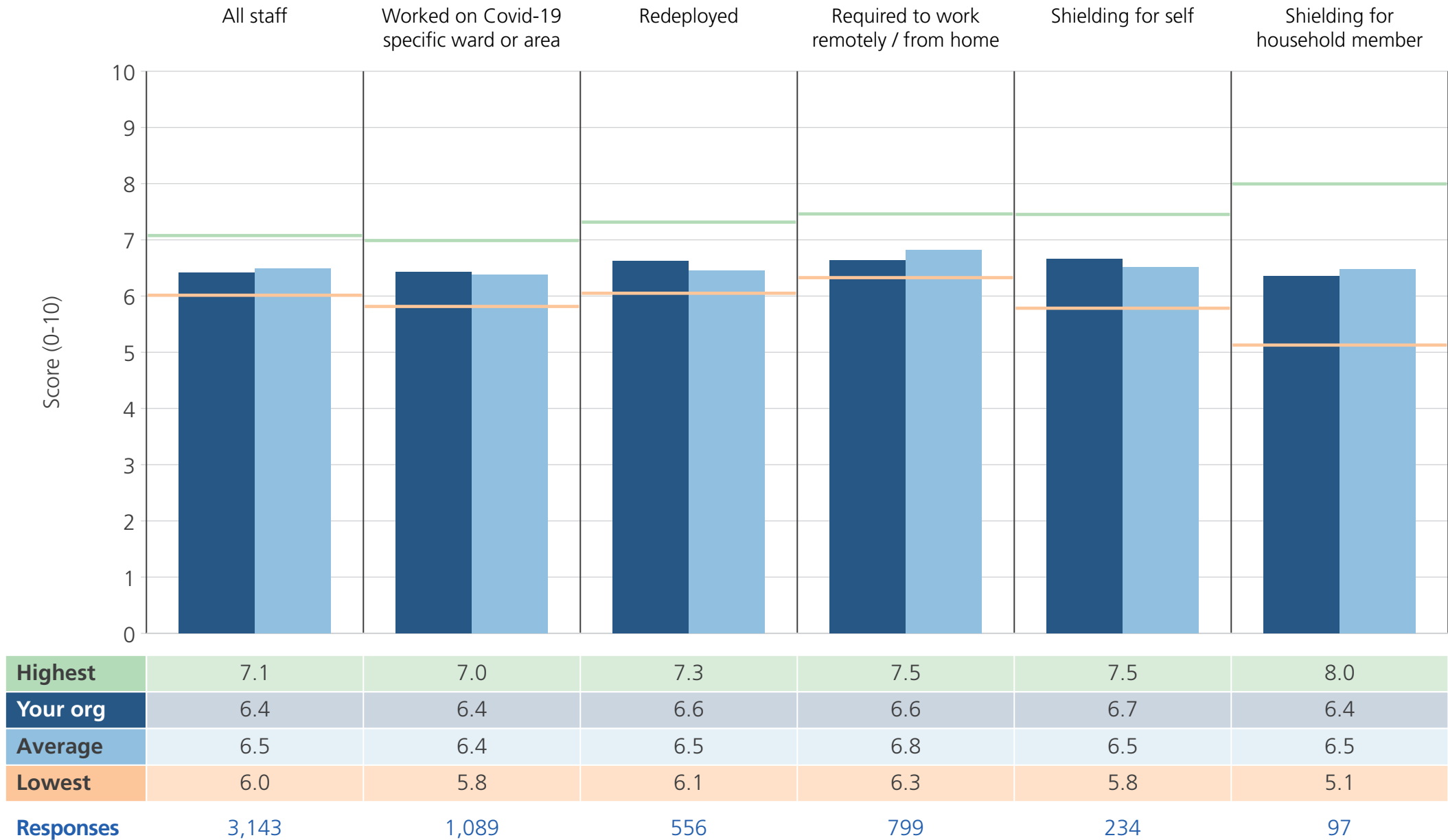










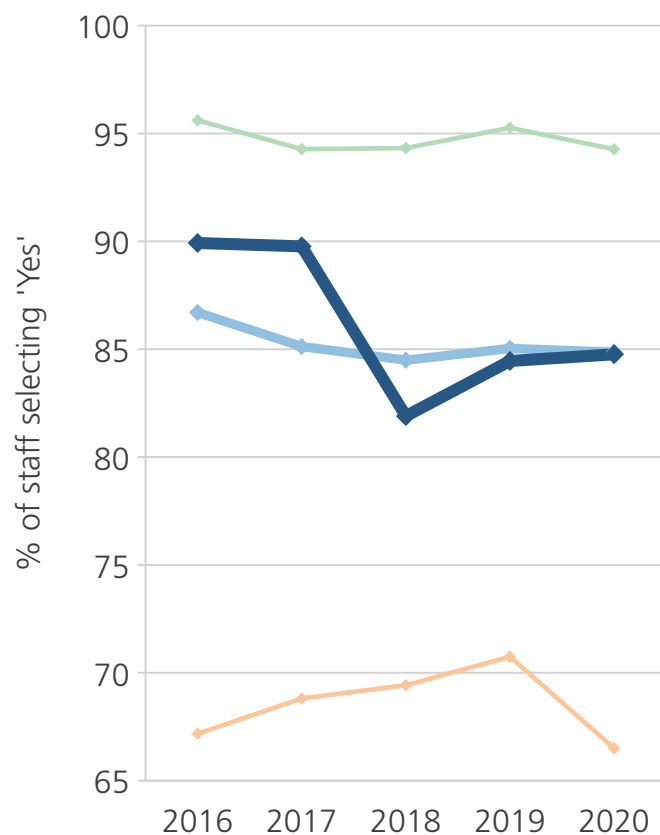


Theme results – Detailed information

Maidstone and Tunbridge Wells NHS Trust
2020 NHS Staff Survey Results

Q14

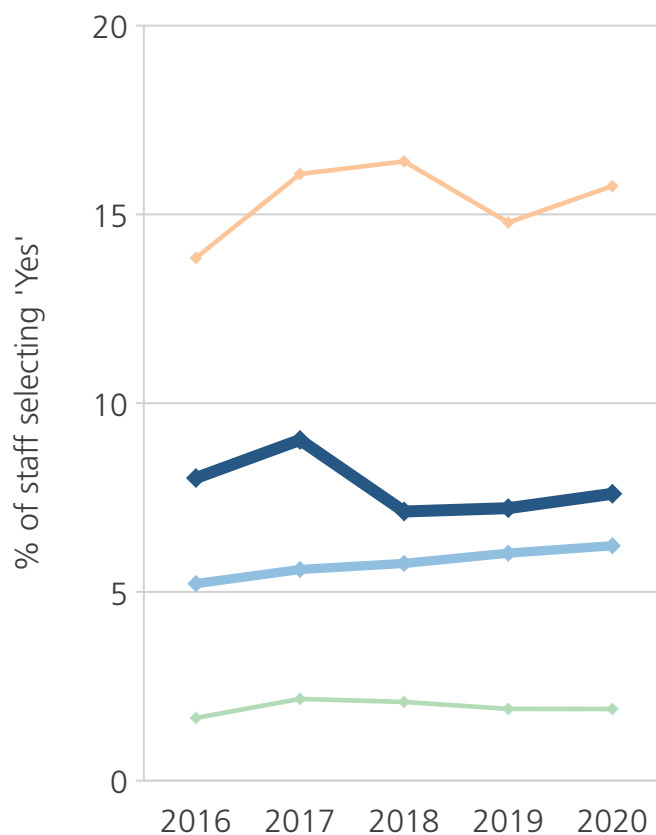
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



Best	95.6%	94.3%	94.3%	95.3%	94.3%
Your org	89.9%	89.8%	81.9%	84.5%	84.8%
Average	86.7%	85.1%	84.5%	85.0%	84.9%
Worst	67.2%	68.8%	69.4%	70.7%	66.5%

Q15a

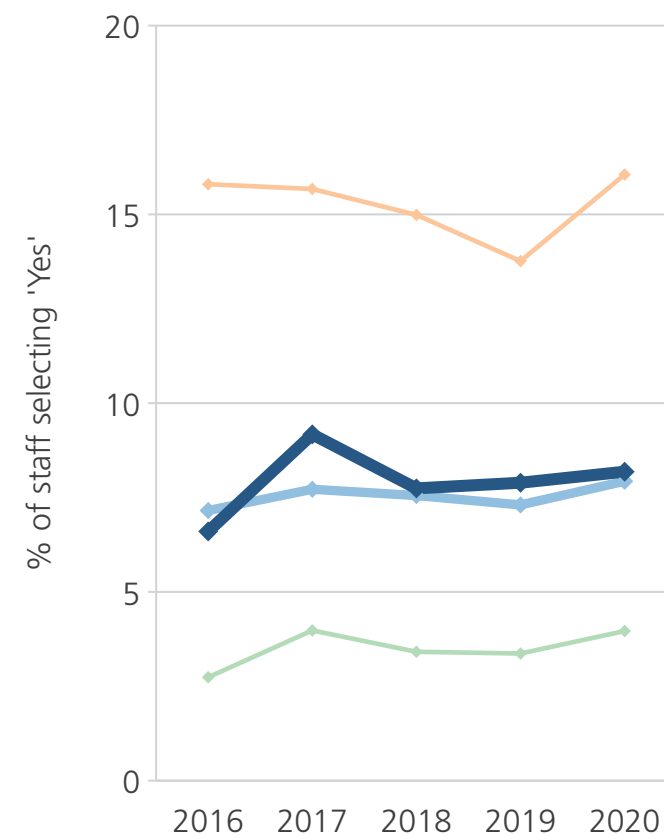
In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



Worst	13.8%	16.1%	16.4%	14.8%	15.7%
Your org	8.0%	9.0%	7.1%	7.2%	7.6%
Average	5.2%	5.6%	5.8%	6.0%	6.2%
Best	1.7%	2.2%	2.1%	1.9%	1.9%

Q15b

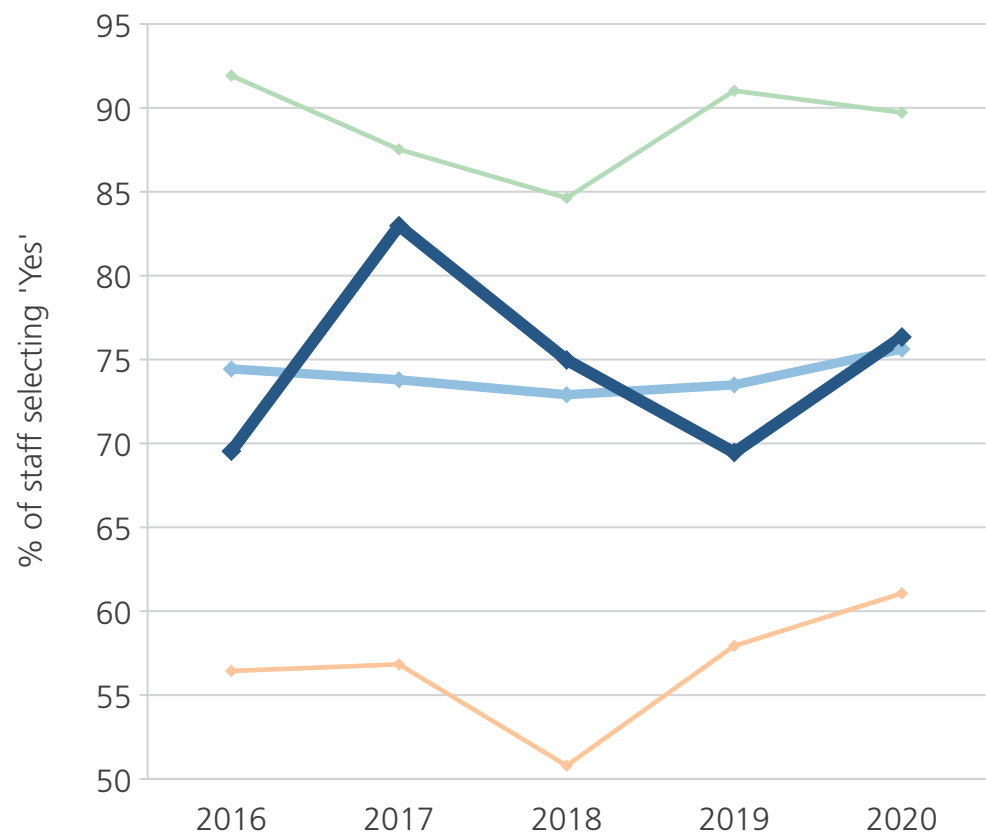
In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



Worst	15.8%	15.7%	15.0%	13.8%	16.1%
Your org	6.6%	9.2%	7.7%	7.9%	8.2%
Average	7.2%	7.7%	7.6%	7.3%	7.9%
Best	2.7%	4.0%	3.4%	3.4%	4.0%

Q26b

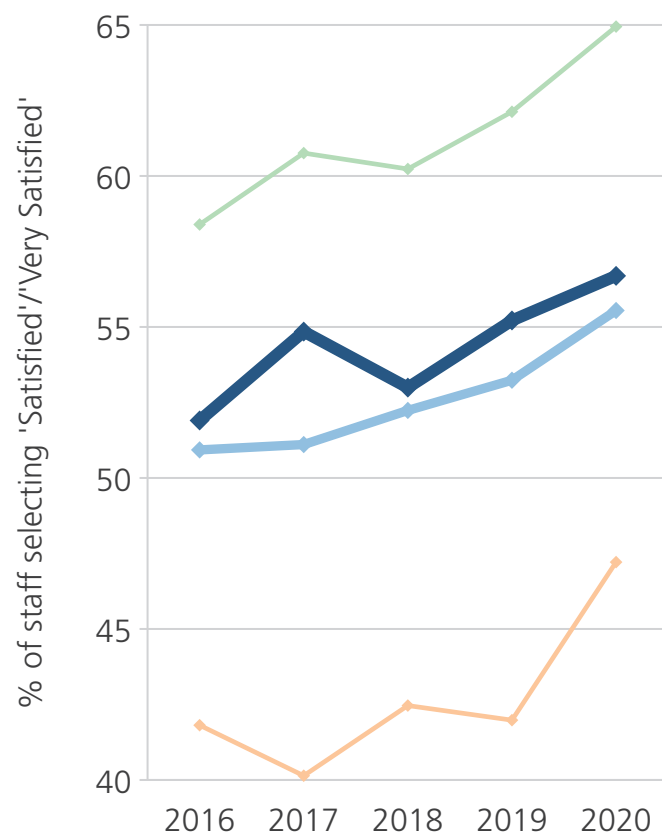
Has your employer made adequate adjustment(s)
to enable you to carry out your work?



Best	91.9%	87.5%	84.6%	91.0%	89.7%
Your org	69.5%	83.0%	75.0%	69.5%	76.3%
Average	74.4%	73.8%	72.9%	73.5%	75.6%
Worst	56.4%	56.8%	50.8%	57.9%	61.1%

Q5h

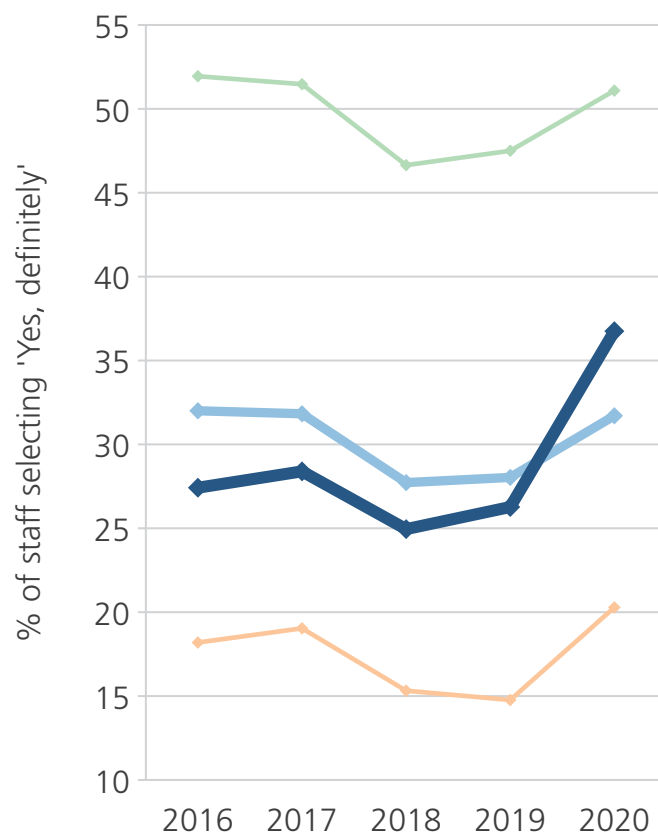
The opportunities for
flexible working patterns



Best	58.4%	60.8%	60.2%	62.1%	64.9%
Your org	51.9%	54.8%	53.0%	55.2%	56.7%
Average	50.9%	51.1%	52.2%	53.2%	55.5%
Worst	41.8%	40.1%	42.5%	42.0%	47.2%

Q11a

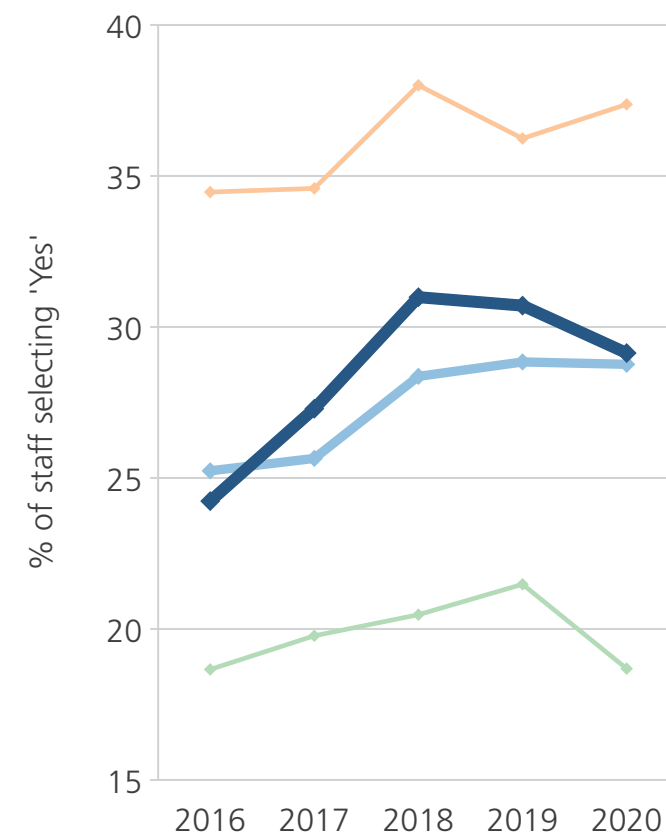
Does your organisation take positive
action on health and well-being?



Best	51.9%	51.5%	46.6%	47.5%	51.1%
Your org	27.4%	28.4%	25.0%	26.3%	36.7%
Average	32.0%	31.8%	27.7%	28.0%	31.7%
Worst	18.2%	19.0%	15.3%	14.8%	20.3%

Q11b

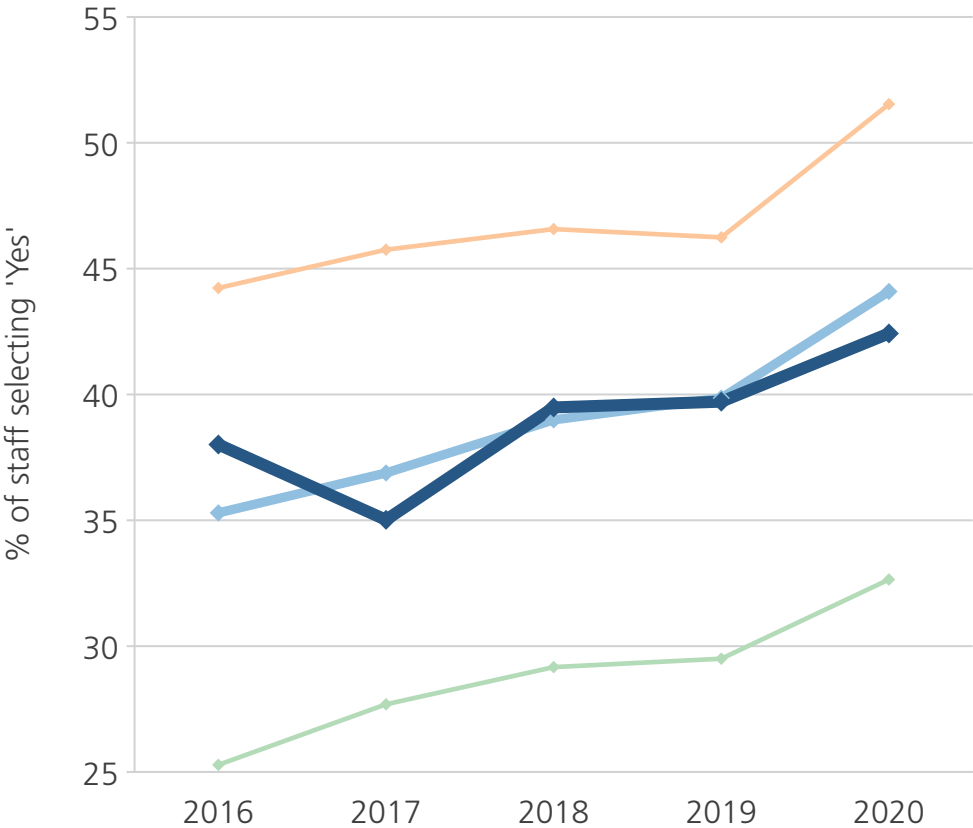
In the last 12 months have you
experienced musculoskeletal problems
(MSK) as a result of work activities?



Worst	34.5%	34.6%	38.0%	36.2%	37.4%
Your org	24.2%	27.3%	31.0%	30.7%	29.1%
Average	25.2%	25.6%	28.4%	28.8%	28.8%
Best	18.7%	19.8%	20.5%	21.5%	18.7%

Q11c

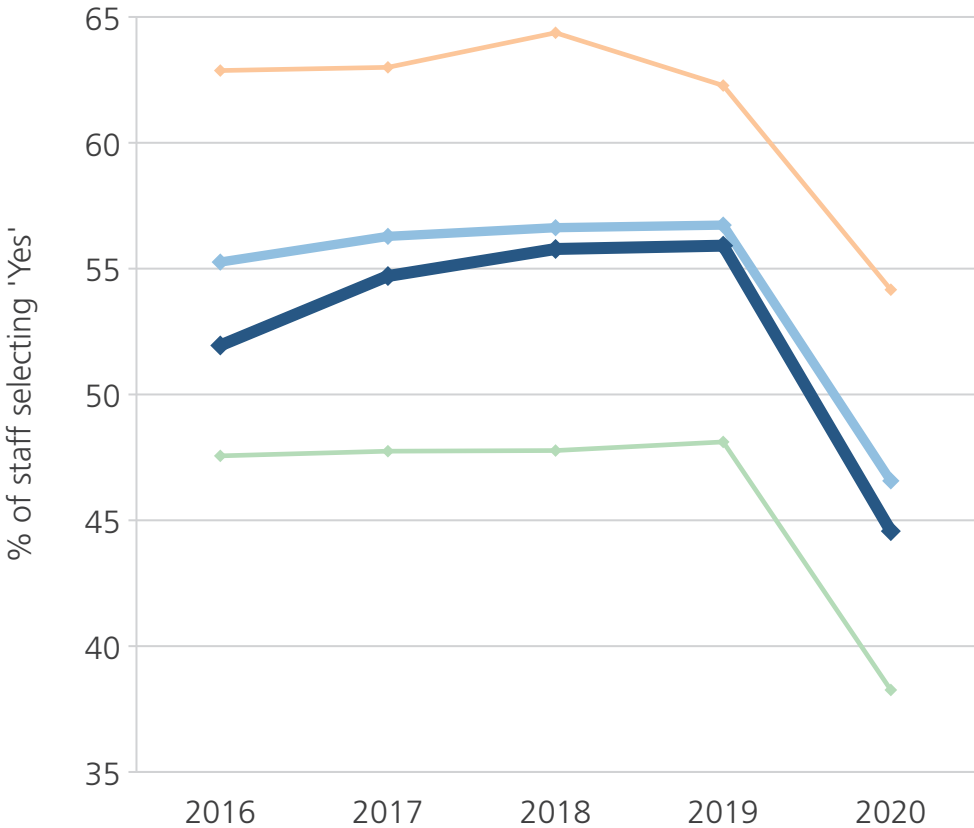
During the last 12 months have you felt unwell as a result of work related stress?



Worst	44.2%	45.8%	46.6%	46.2%	51.5%
Your org	38.0%	35.0%	39.5%	39.7%	42.4%
Average	35.3%	36.9%	39.0%	39.9%	44.1%
Best	25.3%	27.7%	29.2%	29.5%	32.6%

Q11d

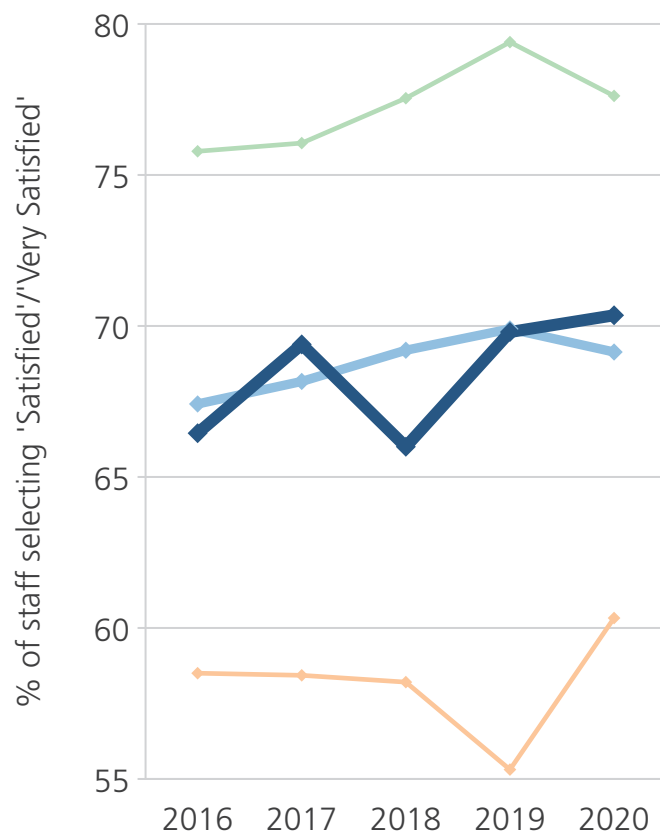
In the last three months have you ever come to work despite not feeling well enough to perform your duties?



Worst	62.9%	63.0%	64.4%	62.3%	54.2%
Your org	51.9%	54.7%	55.8%	55.9%	44.6%
Average	55.3%	56.3%	56.6%	56.7%	46.6%
Best	47.6%	47.7%	47.8%	48.1%	38.3%

Q5b

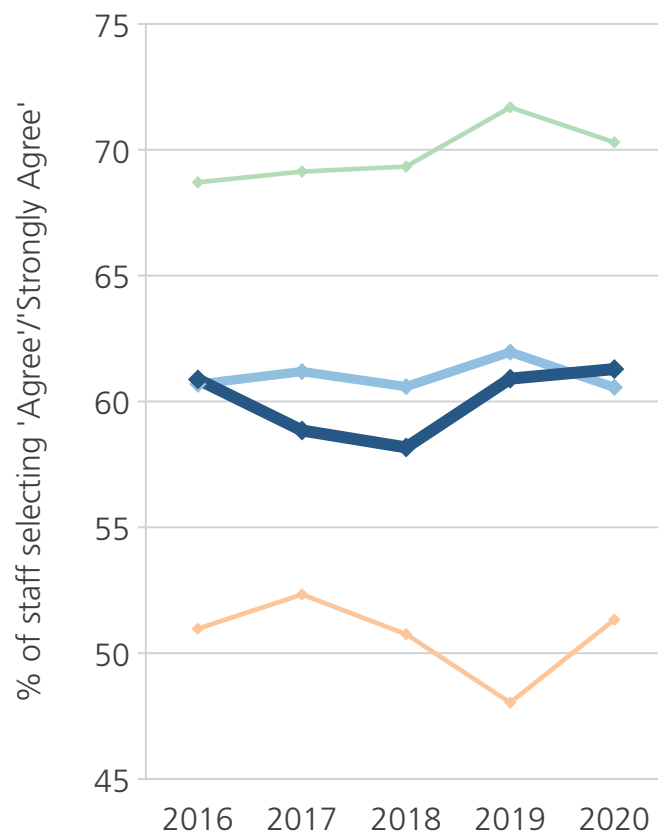
The support I get from
my immediate manager



Best	75.8%	76.1%	77.5%	79.4%	77.6%
Your org	66.4%	69.4%	66.0%	69.8%	70.4%
Average	67.4%	68.2%	69.2%	69.9%	69.1%
Worst	58.5%	58.4%	58.2%	55.3%	60.3%

Q8c

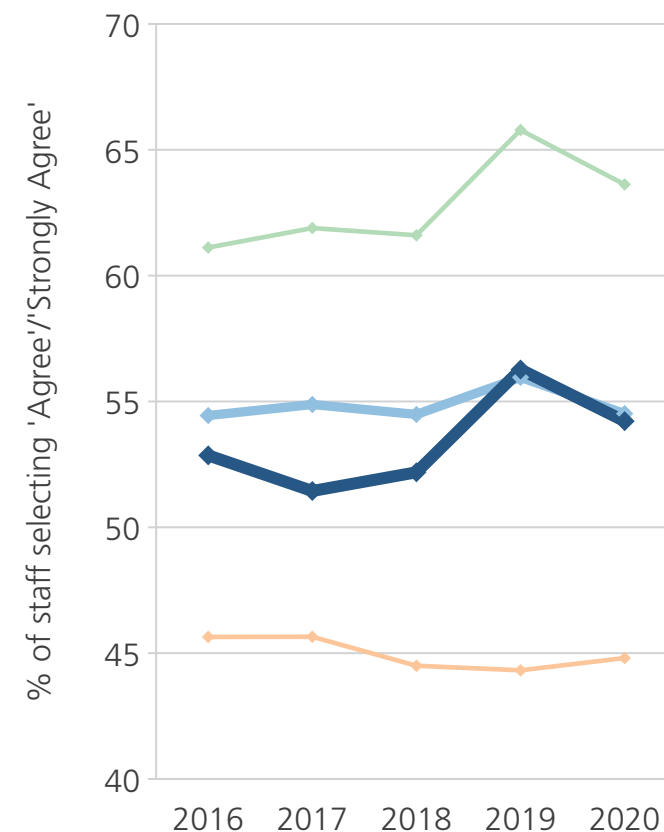
My immediate manager gives
me clear feedback on my work



Best	68.7%	69.1%	69.3%	71.7%	70.3%
Your org	60.9%	58.8%	58.2%	60.9%	61.3%
Average	60.7%	61.2%	60.6%	62.0%	60.6%
Worst	51.0%	52.3%	50.8%	48.0%	51.3%

Q8d

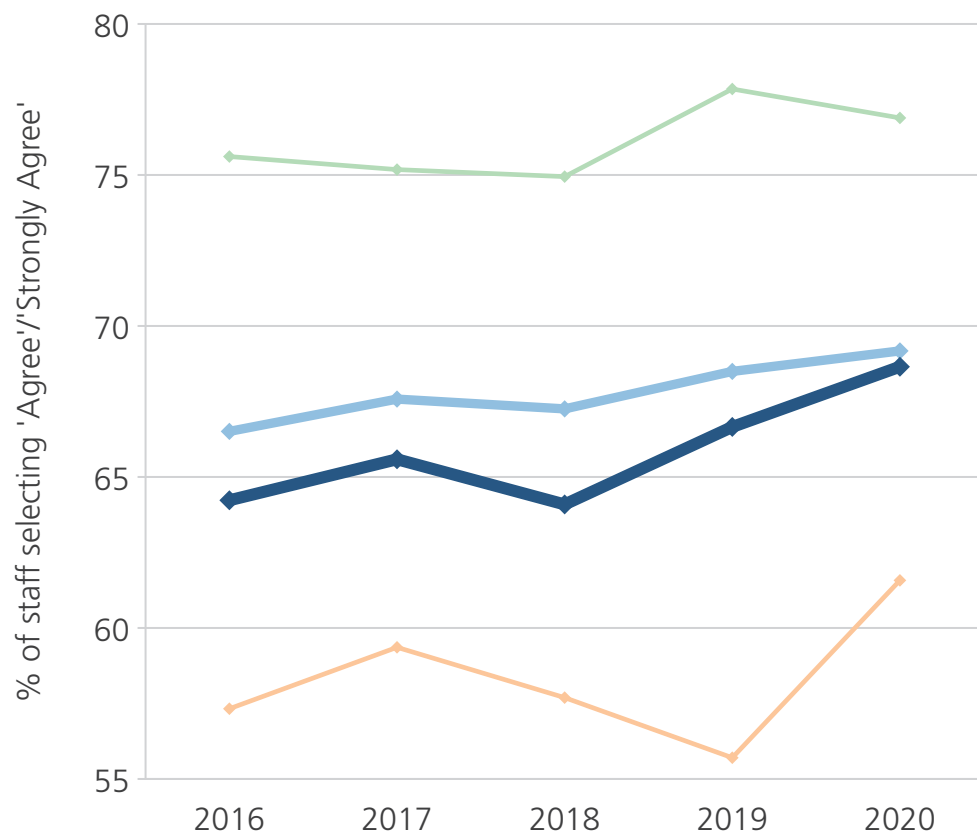
My immediate manager asks
for my opinion before making
decisions that affect my work



Best	61.1%	61.9%	61.6%	65.8%	63.6%
Your org	52.9%	51.4%	52.2%	56.3%	54.2%
Average	54.4%	54.9%	54.5%	56.0%	54.5%
Worst	45.6%	45.7%	44.5%	44.3%	44.8%

Q8f

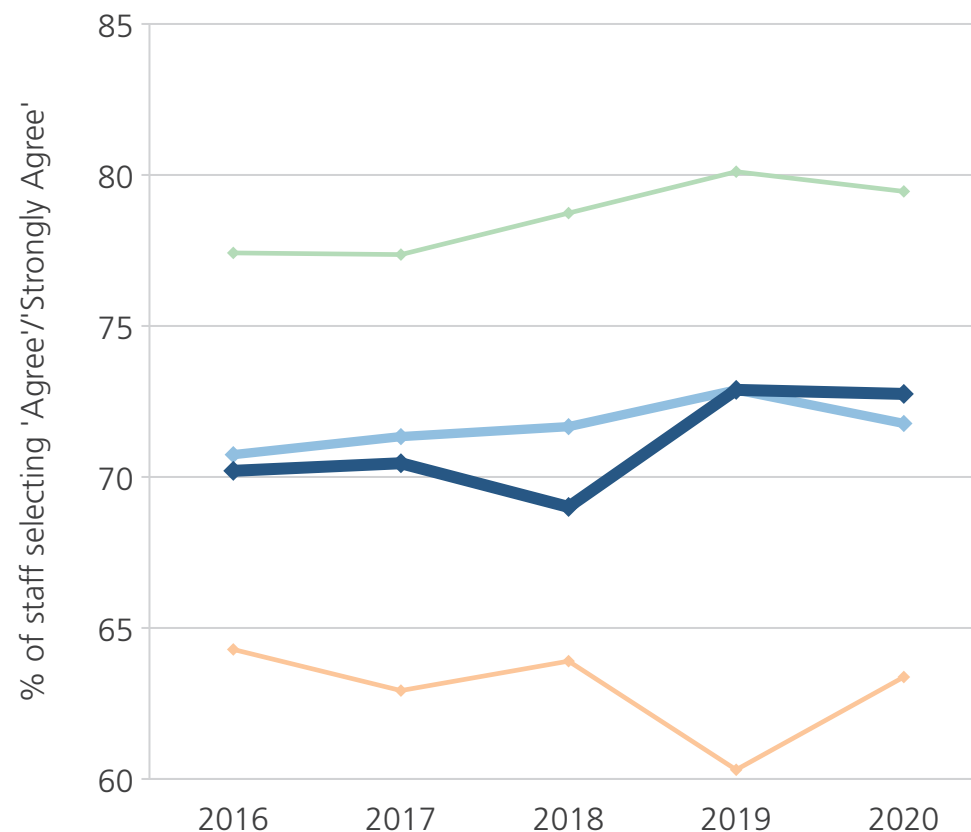
My immediate manager takes a positive interest in my health and well-being



Best	75.6%	75.2%	74.9%	77.8%	76.9%
Your org	64.2%	65.6%	64.1%	66.7%	68.6%
Average	66.5%	67.6%	67.3%	68.5%	69.2%
Worst	57.3%	59.4%	57.7%	55.7%	61.6%

Q8g

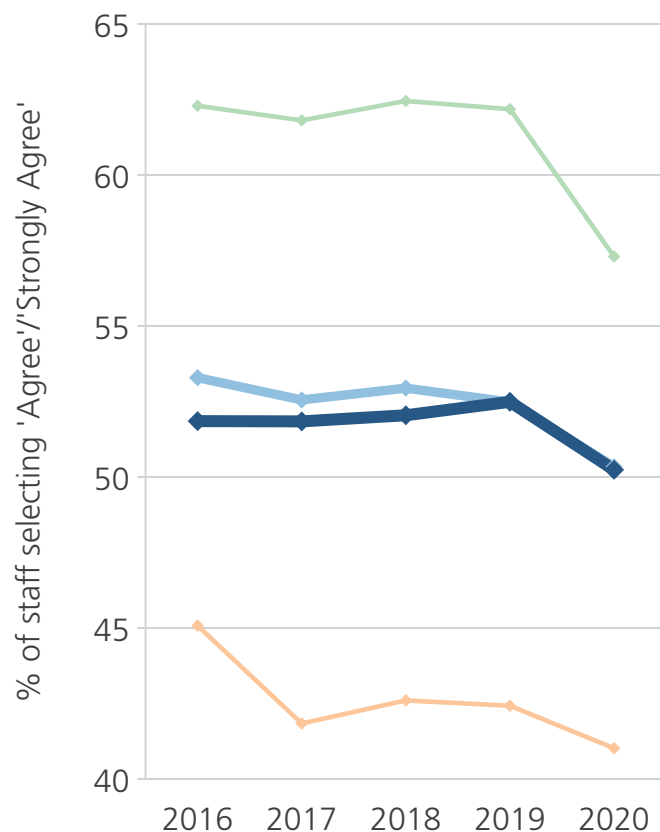
My immediate manager values my work



Best	77.4%	77.4%	78.7%	80.1%	79.5%
Your org	70.2%	70.5%	69.0%	72.9%	72.7%
Average	70.7%	71.3%	71.7%	72.9%	71.8%
Worst	64.3%	62.9%	63.9%	60.3%	63.4%

Q4c

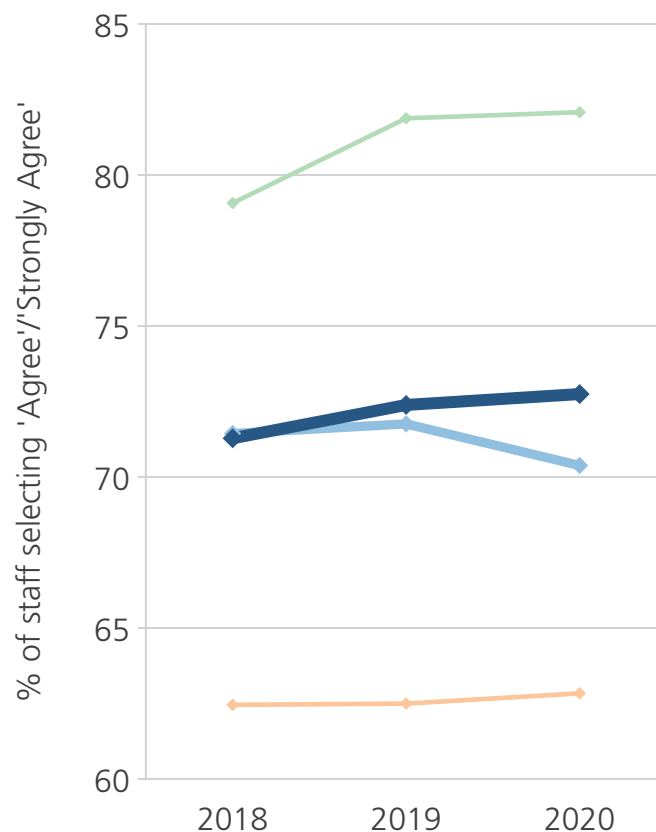
I am involved in deciding on changes introduced that affect my work area / team / department



Best	62.3%	61.8%	62.5%	62.2%	57.3%
Your org	51.8%	51.8%	52.0%	52.5%	50.2%
Average	53.3%	52.6%	52.9%	52.5%	50.3%
Worst	45.1%	41.8%	42.6%	42.4%	41.0%

Q4j

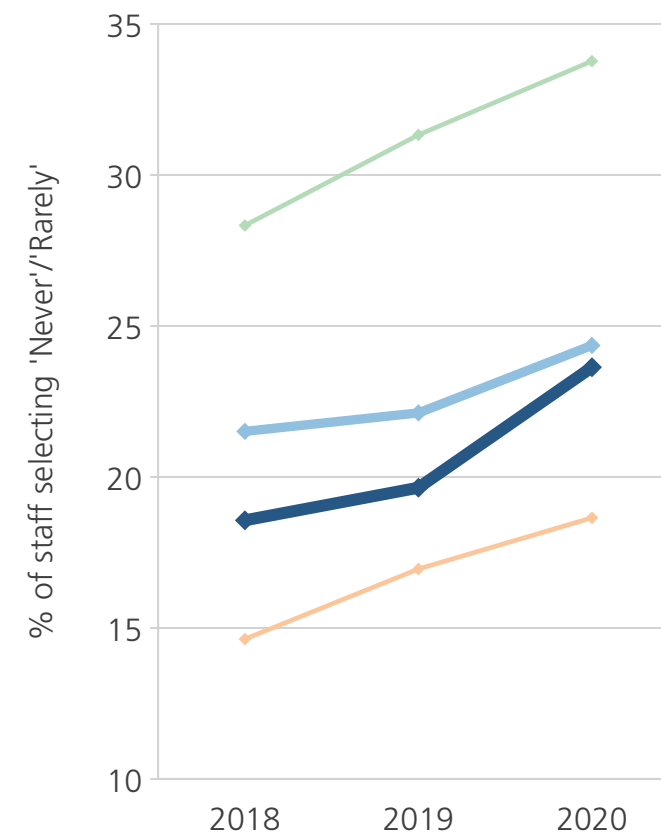
I receive the respect I deserve from my colleagues at work



Best	79.1%	81.9%	82.1%
Your org	71.3%	72.4%	72.7%
Average	71.4%	71.8%	70.4%
Worst	62.5%	62.5%	62.8%

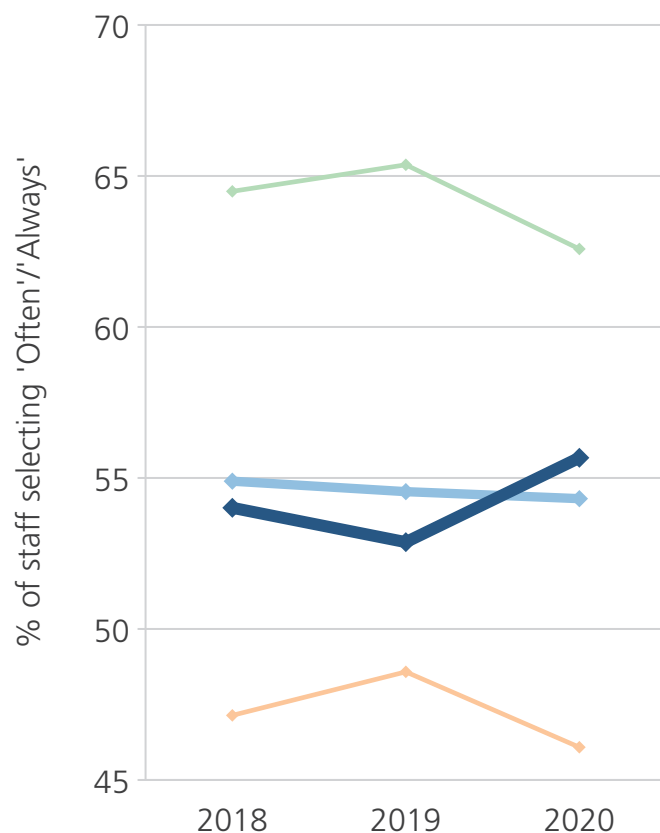
Q6a

I have unrealistic time pressures



Best	28.3%	31.3%	33.8%
Your org	18.6%	19.6%	23.6%
Average	21.5%	22.1%	24.4%
Worst	14.6%	17.0%	18.6%

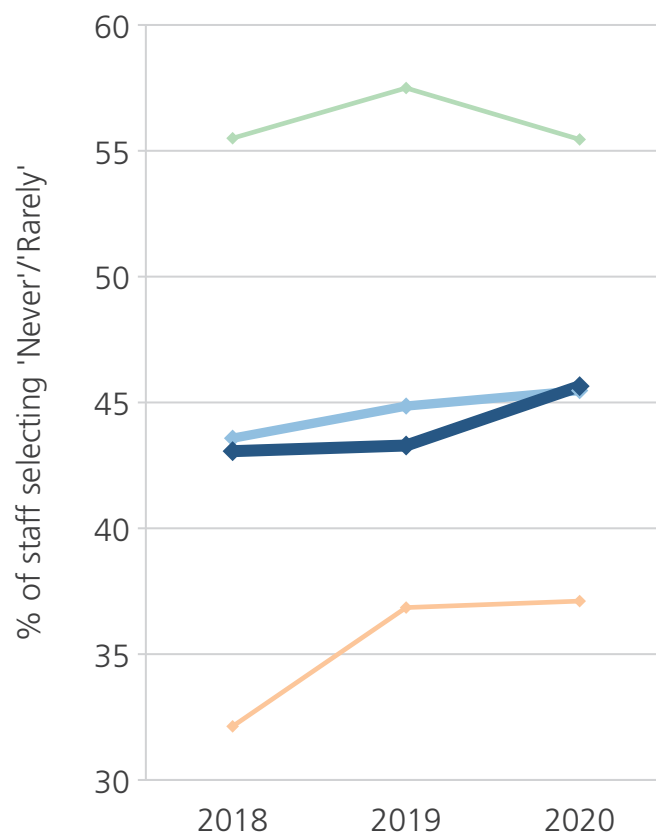
Q6b

I have a choice in deciding
how to do my work

Best	64.5%	65.4%	62.6%
Your org	54.0%	52.9%	55.7%
Average	54.9%	54.5%	54.3%
Worst	47.1%	48.6%	46.1%

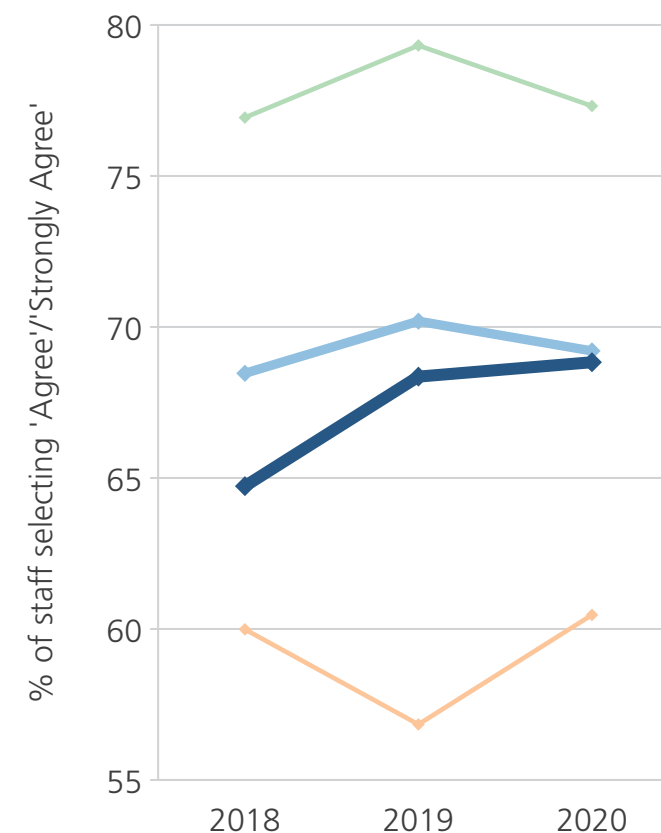
Q6c

Relationships at work are strained



Best	55.5%	57.5%	55.5%
Your org	43.1%	43.3%	45.6%
Average	43.6%	44.9%	45.5%
Worst	32.1%	36.9%	37.1%

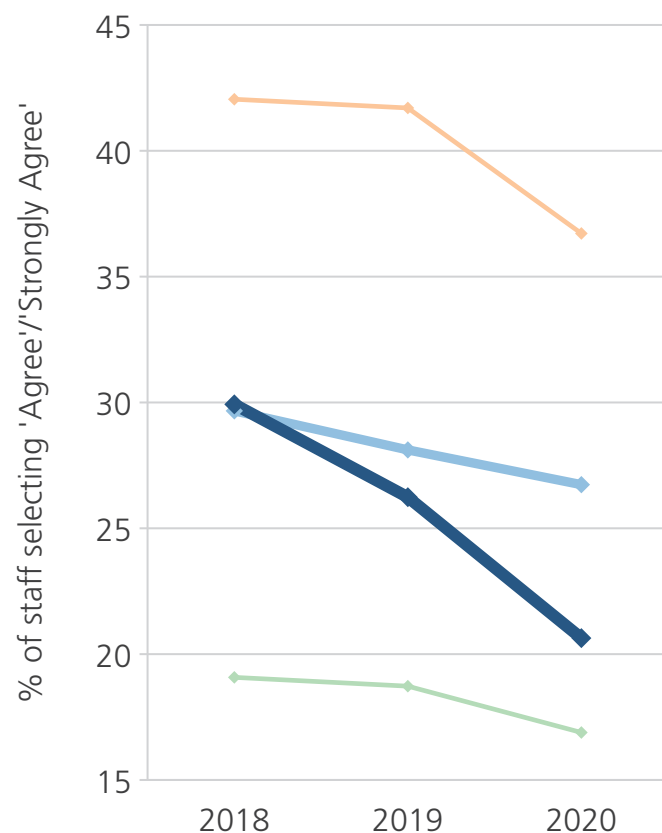
Q8a

My immediate manager
encourages me at work

Best	76.9%	79.3%	77.3%
Your org	64.7%	68.4%	68.8%
Average	68.5%	70.2%	69.2%
Worst	60.0%	56.8%	60.5%

Q19a

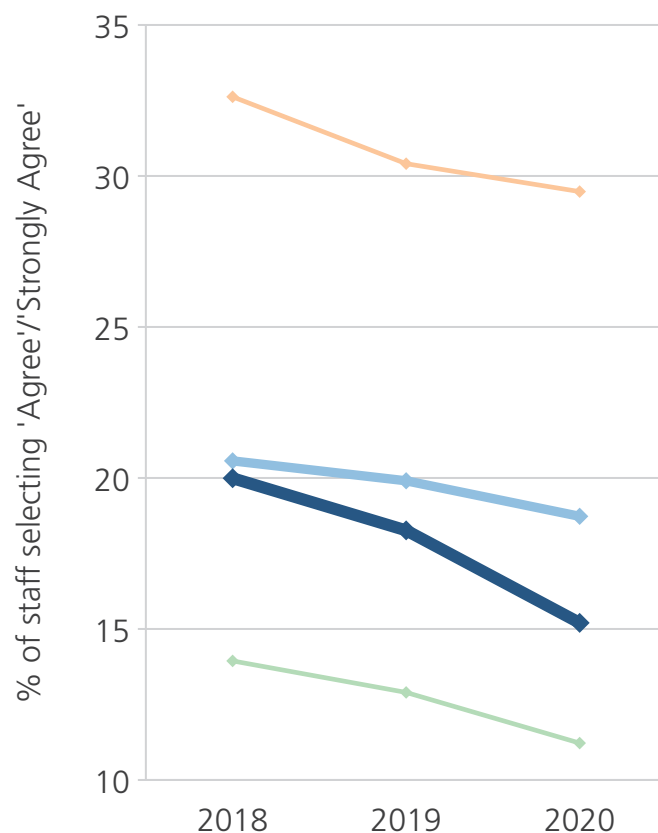
I often think about
leaving this organisation



Worst	42.0%	41.7%	36.7%
Your org	29.9%	26.2%	20.6%
Average	29.7%	28.1%	26.7%
Best	19.1%	18.7%	16.9%

Q19b

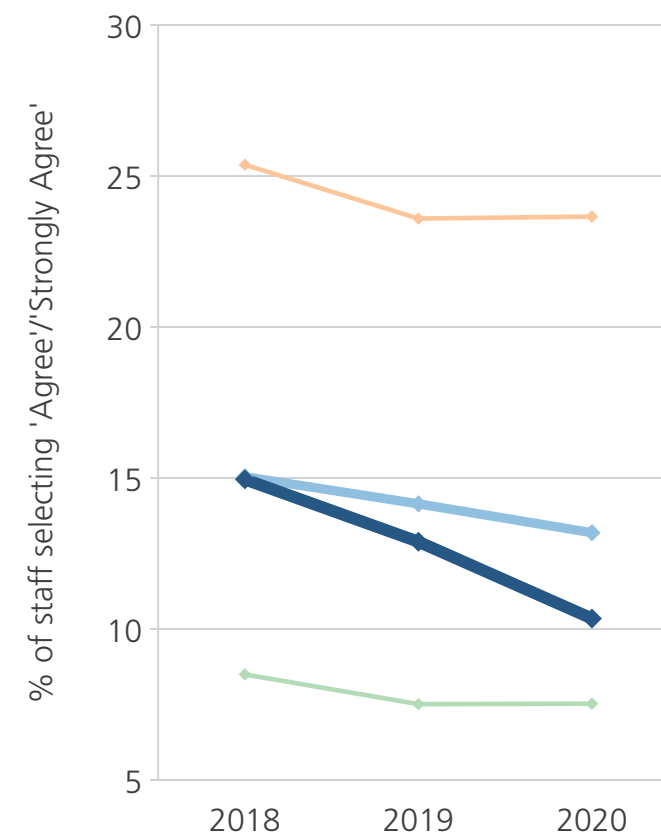
I will probably look for a job at a new
organisation in the next 12 months



Worst	32.6%	30.4%	29.5%
Your org	20.0%	18.3%	15.2%
Average	20.6%	19.9%	18.7%
Best	13.9%	12.9%	11.2%

Q19c

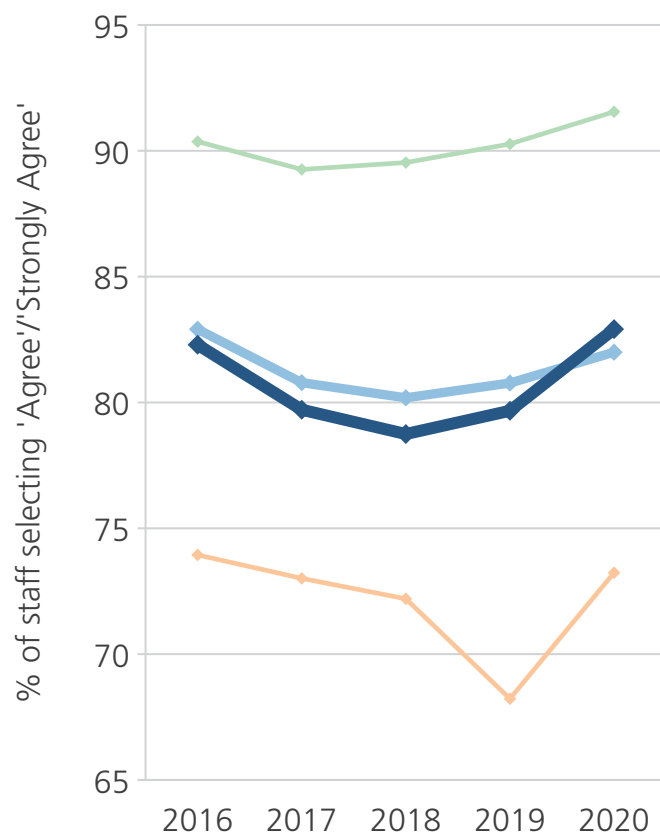
As soon as I can find another
job, I will leave this organisation



Worst	25.4%	23.6%	23.7%
Your org	15.0%	12.9%	10.3%
Average	15.0%	14.1%	13.2%
Best	8.5%	7.5%	7.5%

Q7a

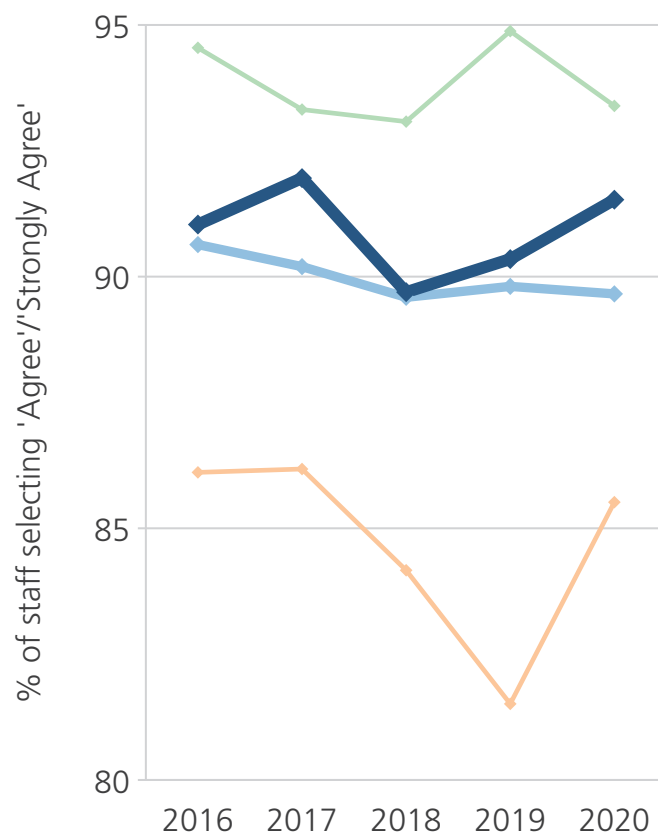
I am satisfied with the quality of care I give to patients / service users



Best	90.4%	89.3%	89.5%	90.3%	91.6%
Your org	82.3%	79.7%	78.7%	79.7%	82.9%
Average	82.9%	80.8%	80.2%	80.8%	82.0%
Worst	73.9%	73.0%	72.2%	68.2%	73.2%

Q7b

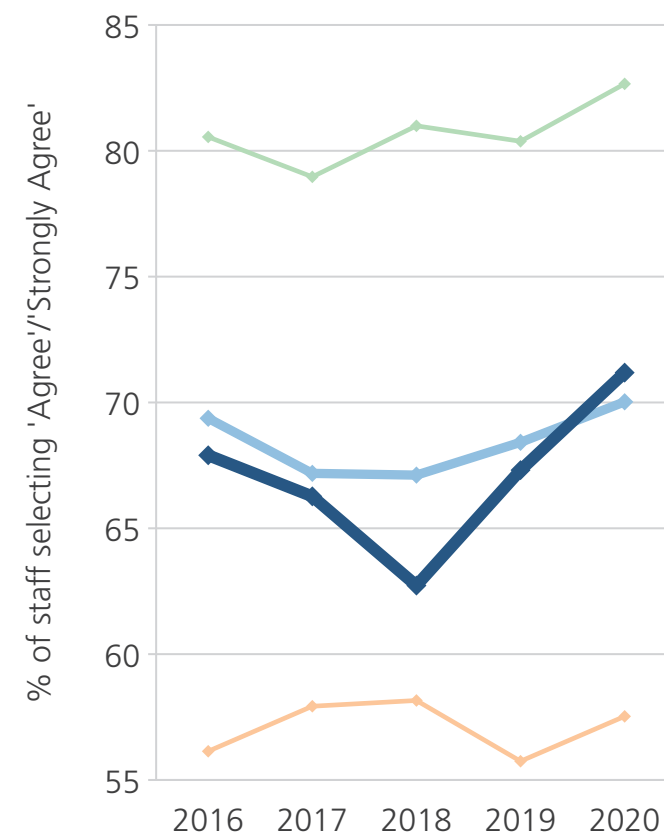
I feel that my role makes a difference to patients / service users



Best	94.5%	93.3%	93.1%	94.9%	93.4%
Your org	91.0%	92.0%	89.7%	90.3%	91.5%
Average	90.6%	90.2%	89.6%	89.8%	89.7%
Worst	86.1%	86.2%	84.2%	81.5%	85.5%

Q7c

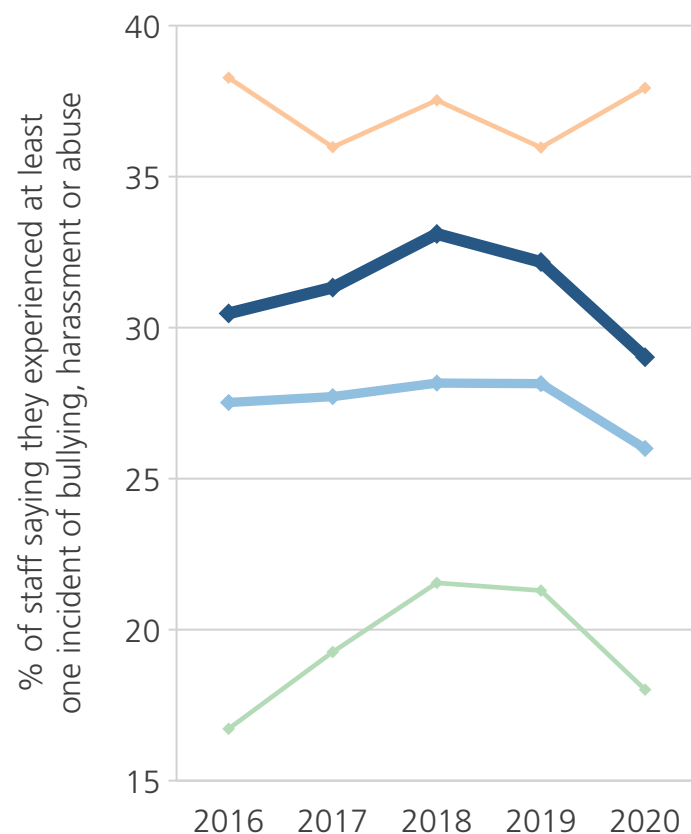
I am able to deliver the care I aspire to



Best	80.6%	79.0%	81.0%	80.4%	82.7%
Your org	67.9%	66.3%	62.7%	67.3%	71.2%
Average	69.4%	67.2%	67.1%	68.4%	70.0%
Worst	56.1%	57.9%	58.2%	55.7%	57.5%

Q13a

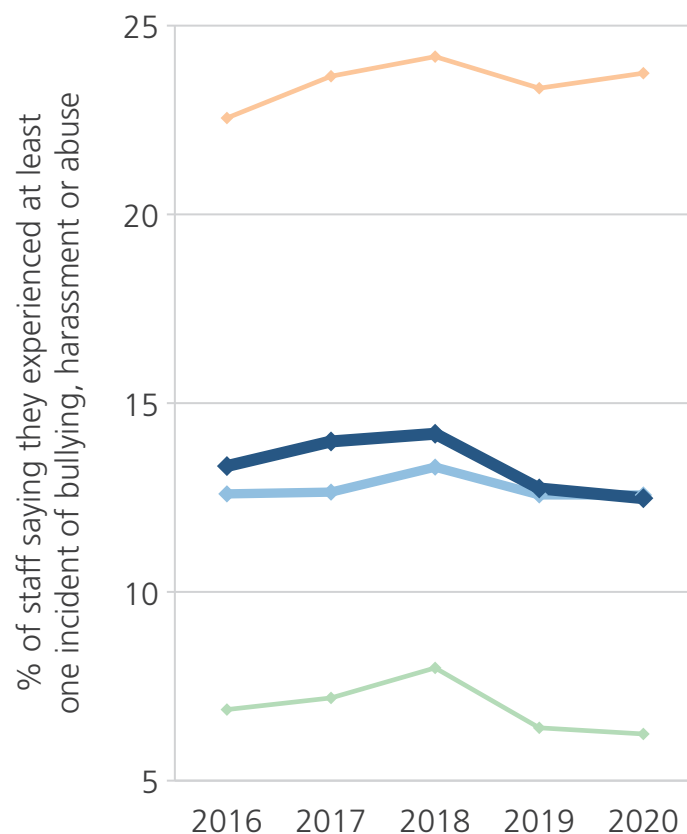
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?



Worst	38.3%	36.0%	37.5%	36.0%	37.9%
Your org	30.5%	31.3%	33.1%	32.2%	29.0%
Average	27.5%	27.7%	28.2%	28.1%	26.0%
Best	16.7%	19.3%	21.5%	21.3%	18.0%

Q13b

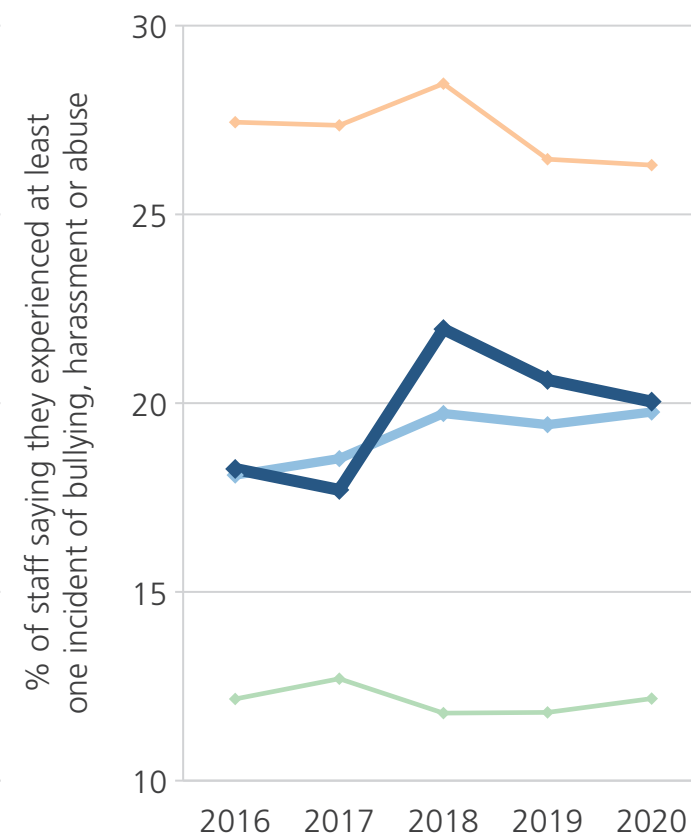
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?



Worst	22.6%	23.7%	24.2%	23.3%	23.7%
Your org	13.3%	14.0%	14.2%	12.7%	12.5%
Average	12.6%	12.6%	13.3%	12.6%	12.6%
Best	6.9%	7.2%	8.0%	6.4%	6.2%

Q13c

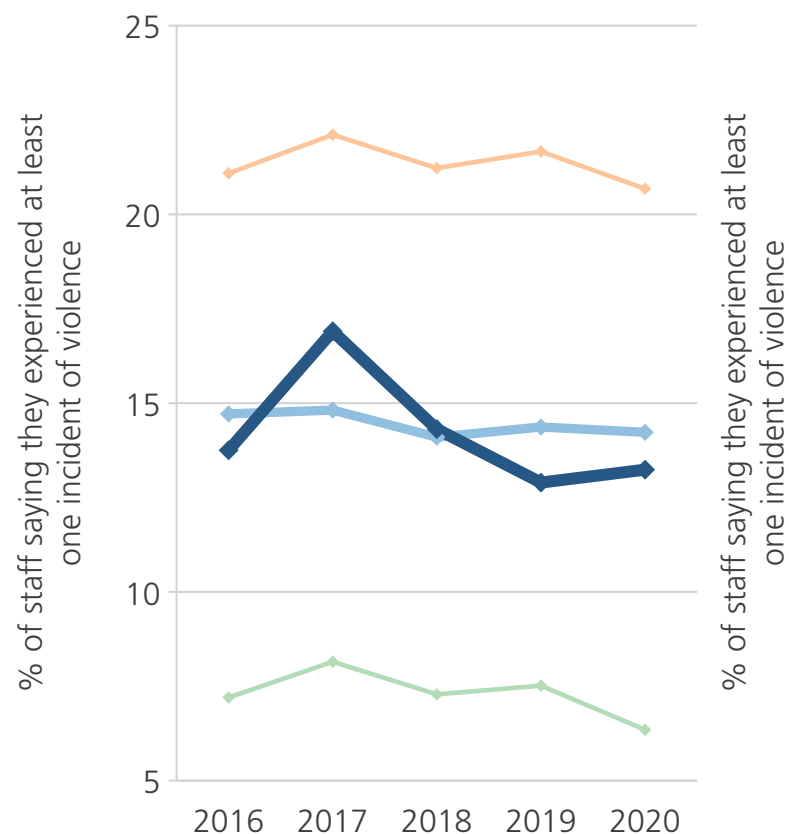
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



Worst	27.4%	27.4%	28.5%	26.5%	26.3%
Your org	18.3%	17.7%	22.0%	20.6%	20.0%
Average	18.1%	18.5%	19.7%	19.4%	19.8%
Best	12.2%	12.7%	11.8%	11.8%	12.2%

Q12a

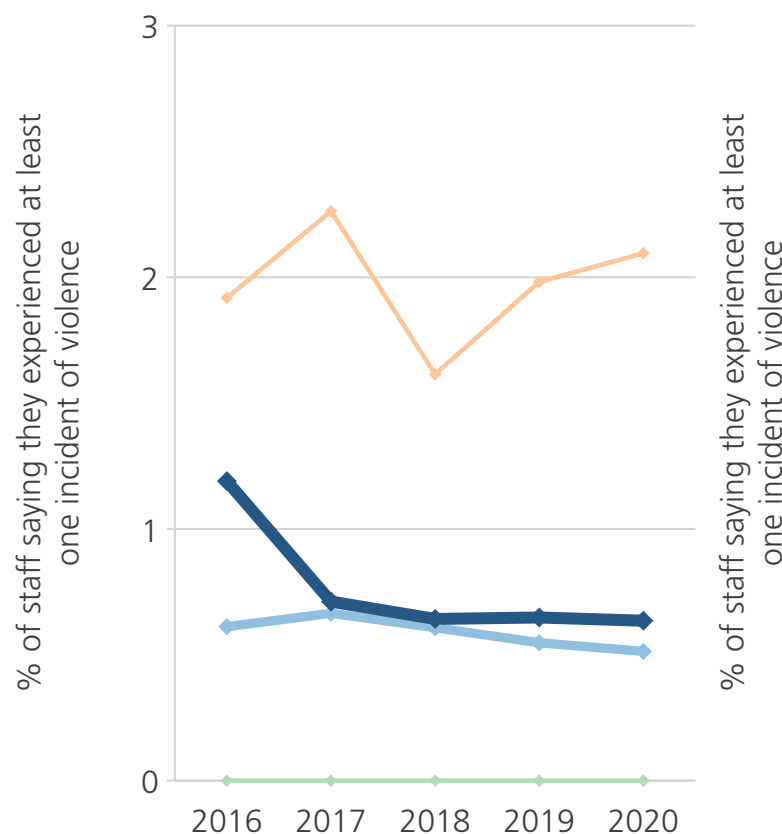
In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?



Worst	21.1%	22.1%	21.2%	21.7%	20.7%
Your org	13.8%	16.9%	14.3%	12.9%	13.2%
Average	14.7%	14.8%	14.1%	14.4%	14.2%
Best	7.2%	8.1%	7.3%	7.5%	6.3%

Q12b

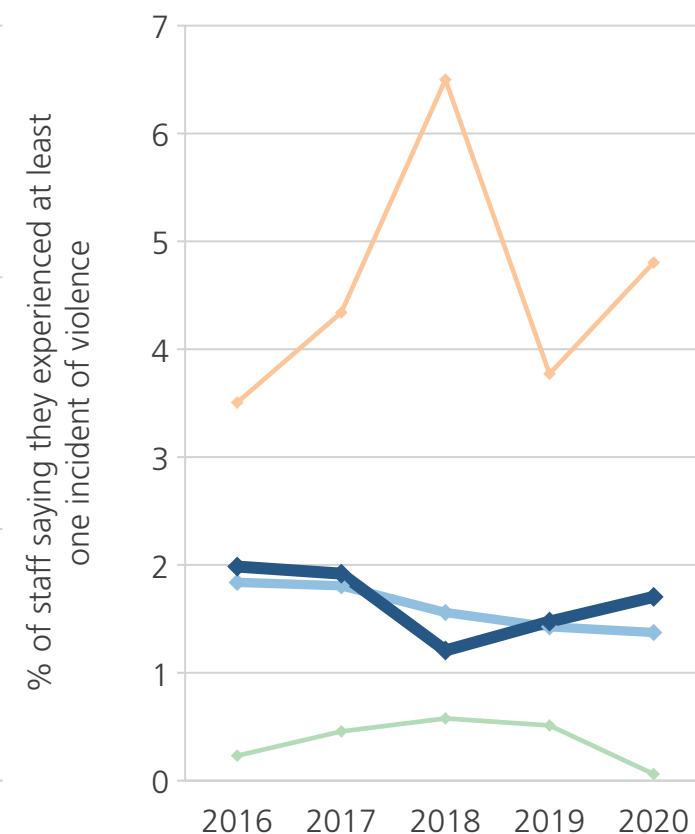
In the last 12 months how many times have you personally experienced physical violence at work from managers?



Worst	1.9%	2.3%	1.6%	2.0%	2.1%
Your org	1.2%	0.7%	0.6%	0.6%	0.6%
Average	0.6%	0.7%	0.6%	0.5%	0.5%
Best	0.0%	0.0%	0.0%	0.0%	0.0%

Q12c

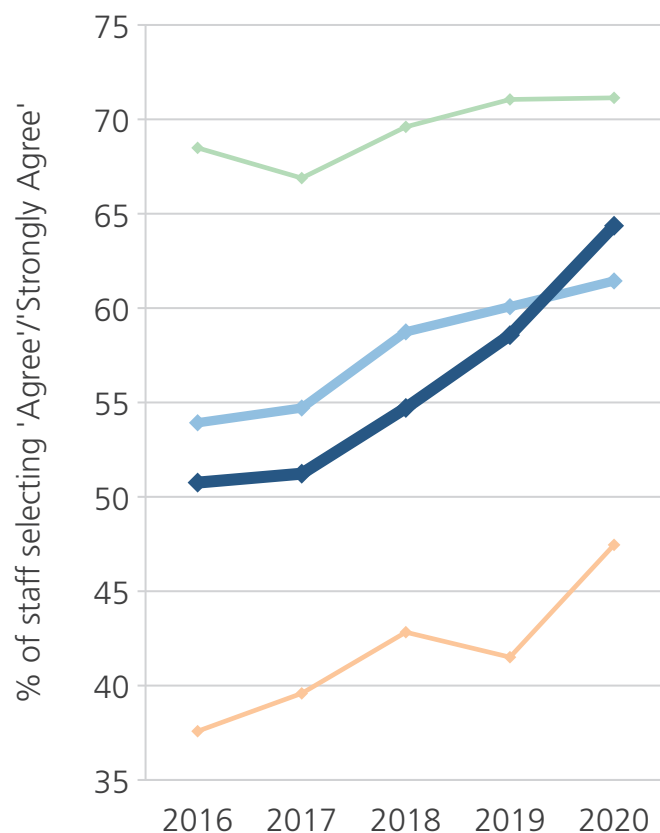
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?



Worst	3.5%	4.3%	6.5%	3.8%	4.8%
Your org	2.0%	1.9%	1.2%	1.5%	1.7%
Average	1.8%	1.8%	1.6%	1.4%	1.4%
Best	0.2%	0.5%	0.6%	0.5%	0.1%

Q16a

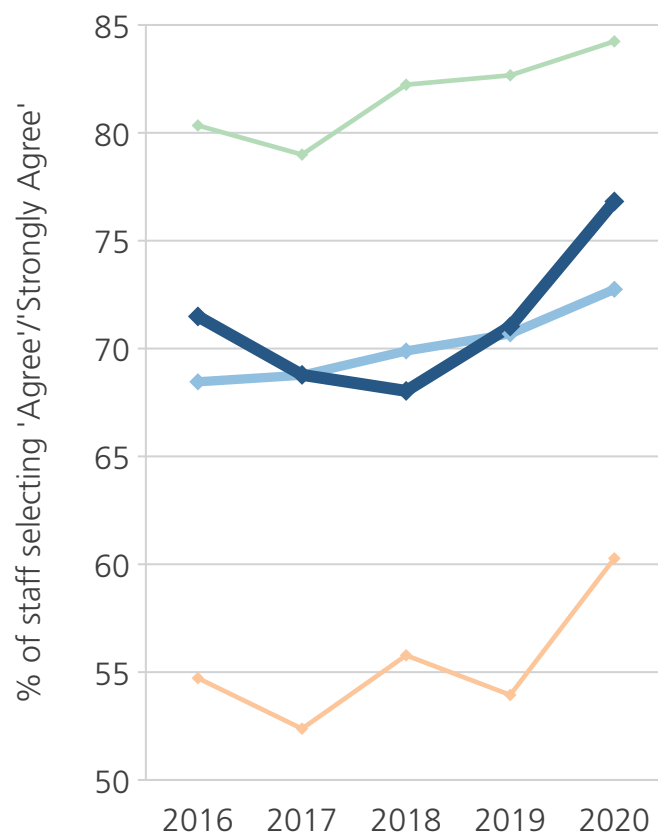
My organisation treats staff who are involved in an error, near miss or incident fairly



Best	68.5%	66.9%	69.6%	71.1%	71.1%
Your org	50.8%	51.2%	54.7%	58.6%	64.4%
Average	53.9%	54.7%	58.7%	60.1%	61.4%
Worst	37.6%	39.6%	42.8%	41.5%	47.5%

Q16c

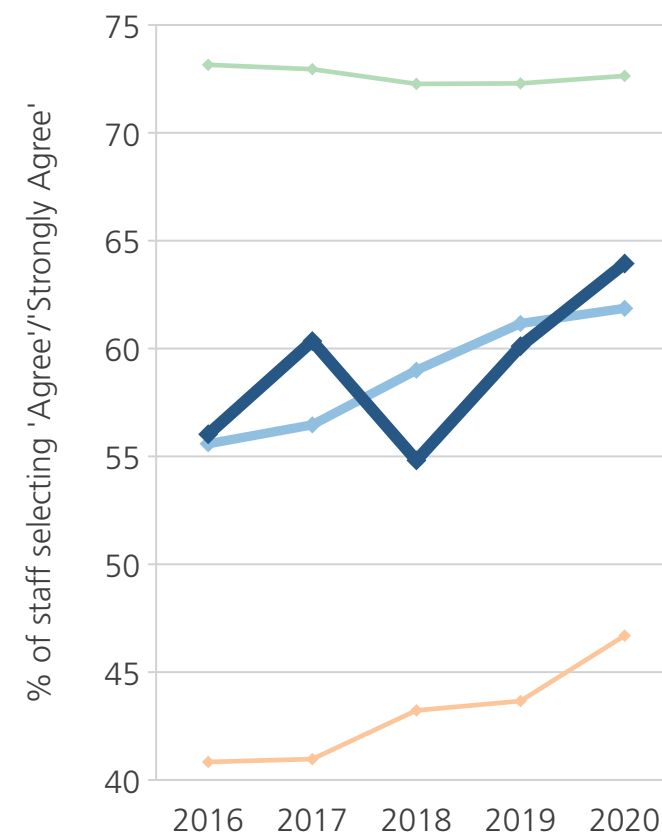
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again



Best	80.3%	79.0%	82.2%	82.7%	84.2%
Your org	71.5%	68.8%	68.0%	71.0%	76.8%
Average	68.5%	68.8%	69.9%	70.7%	72.7%
Worst	54.7%	52.4%	55.8%	53.9%	60.3%

Q16d

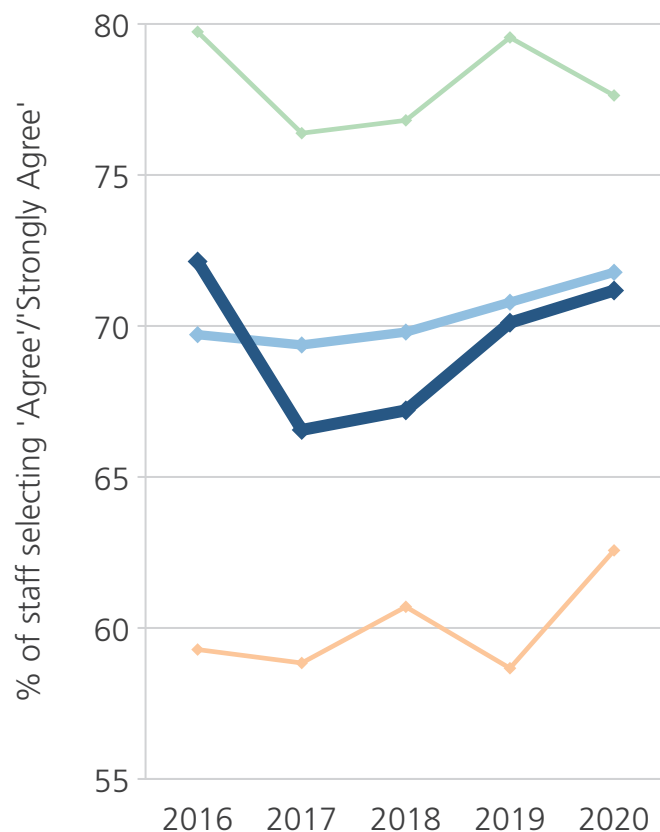
We are given feedback about changes made in response to reported errors, near misses and incidents



Best	73.2%	73.0%	72.3%	72.3%	72.6%
Your org	56.0%	60.3%	54.8%	60.1%	63.9%
Average	55.6%	56.5%	59.0%	61.2%	61.9%
Worst	40.8%	41.0%	43.2%	43.7%	46.7%

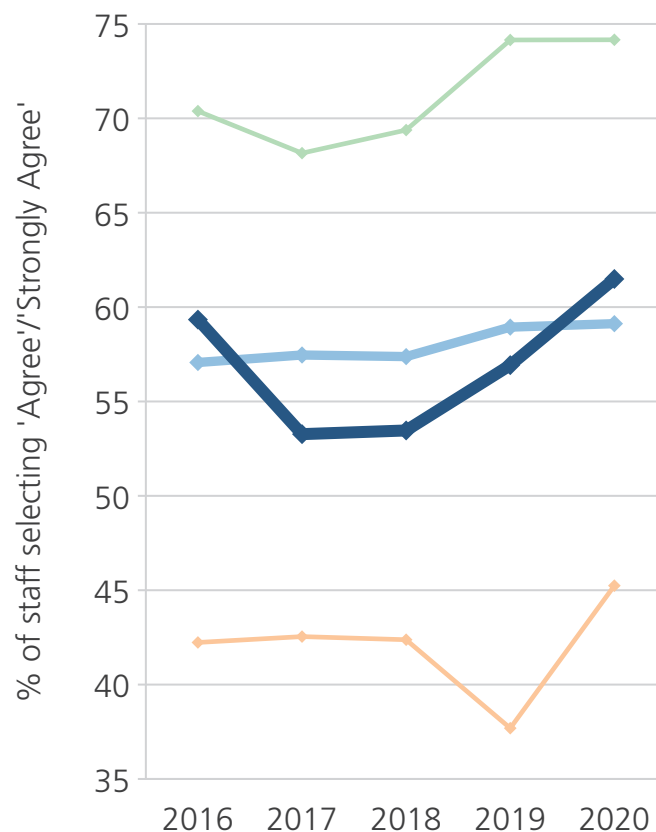
Q17b

I would feel secure raising concerns about unsafe clinical practice



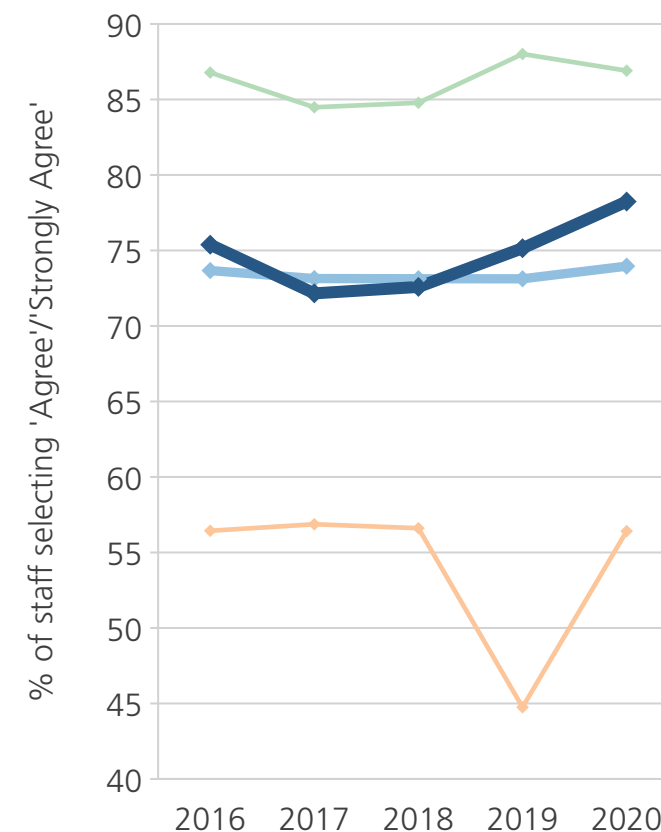
Q17c

I am confident that my organisation would address my concern



Q18b

My organisation acts on concerns raised by patients / service users



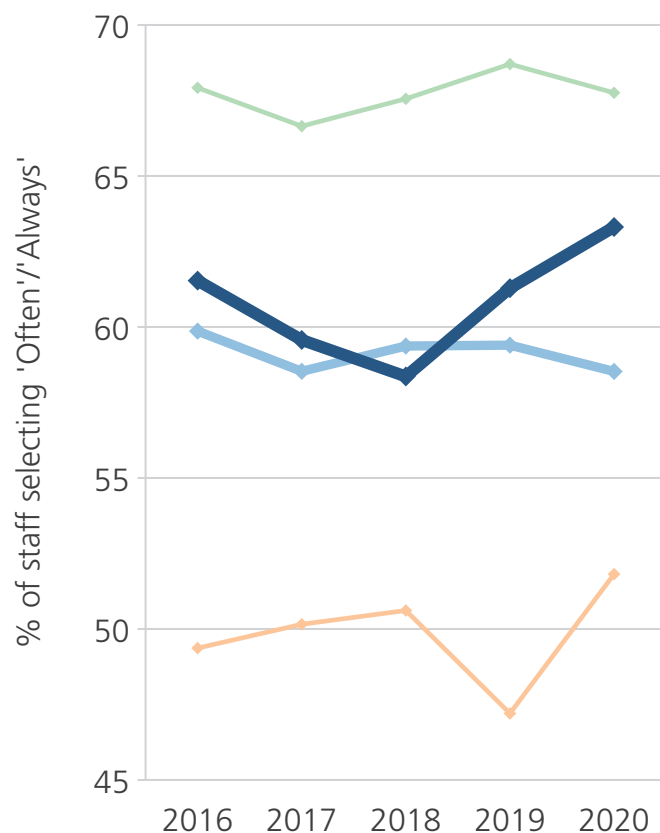
Best	79.7%	76.4%	76.8%	79.6%	77.6%
Your org	72.1%	66.6%	67.2%	70.1%	71.2%
Average	69.7%	69.4%	69.8%	70.8%	71.8%
Worst	59.3%	58.8%	60.7%	58.7%	62.6%

Best	70.4%	68.2%	69.4%	74.2%	74.2%
Your org	59.3%	53.3%	53.5%	56.9%	61.5%
Average	57.1%	57.5%	57.4%	58.9%	59.1%
Worst	42.2%	42.5%	42.4%	37.7%	45.2%

Best	86.8%	84.5%	84.8%	88.0%	86.9%
Your org	75.4%	72.2%	72.6%	75.1%	78.2%
Average	73.7%	73.1%	73.1%	73.1%	74.0%
Worst	56.4%	56.9%	56.6%	44.8%	56.4%

Q2a

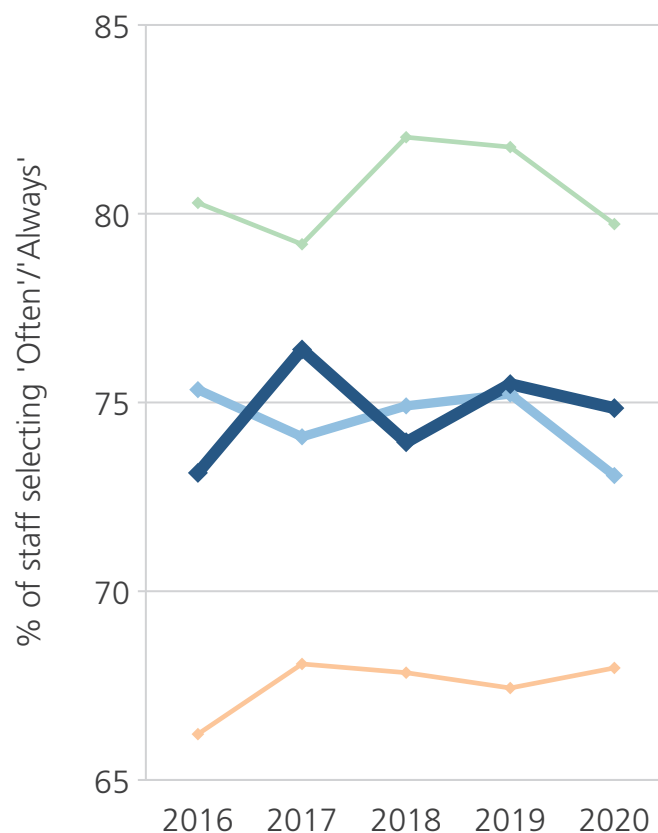
I look forward to going to work



Best	67.9%	66.6%	67.6%	68.7%	67.8%
Your org	61.5%	59.6%	58.4%	61.3%	63.3%
Average	59.9%	58.5%	59.4%	59.4%	58.5%
Worst	49.4%	50.2%	50.6%	47.2%	51.8%

Q2b

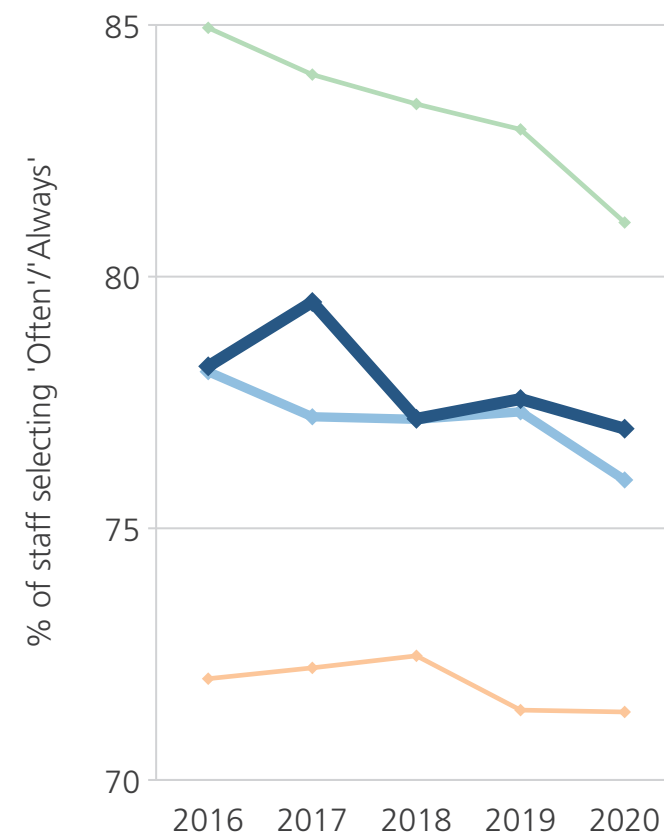
I am enthusiastic about my job



Best	80.3%	79.2%	82.0%	81.8%	79.7%
Your org	73.1%	76.4%	73.9%	75.5%	74.9%
Average	75.3%	74.1%	74.9%	75.2%	73.1%
Worst	66.2%	68.1%	67.8%	67.4%	68.0%

Q2c

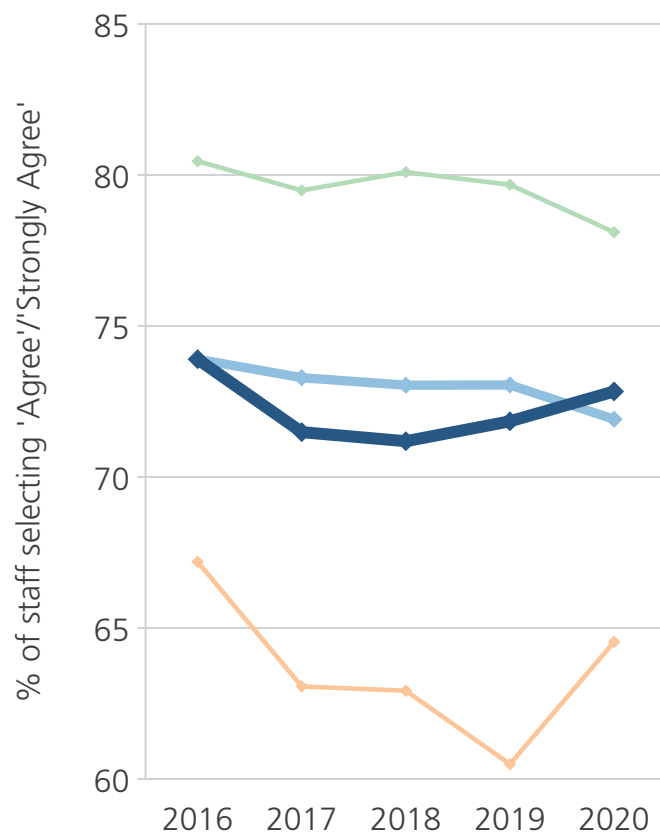
Time passes quickly when I am working



Best	84.9%	84.0%	83.4%	82.9%	81.1%
Your org	78.2%	79.5%	77.2%	77.6%	77.0%
Average	78.1%	77.2%	77.2%	77.3%	76.0%
Worst	72.0%	72.2%	72.5%	71.4%	71.4%

Q4a

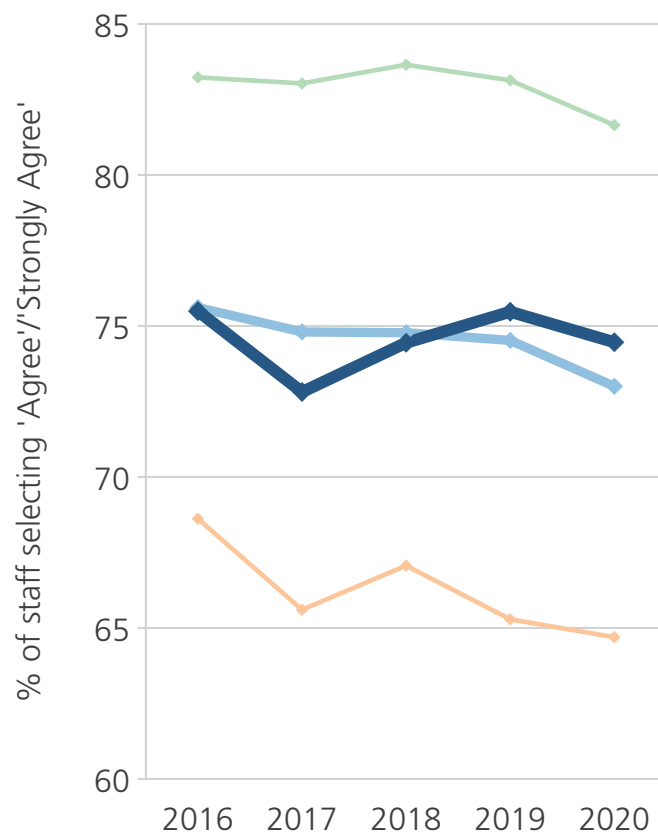
There are frequent opportunities
for me to show initiative in my role



Best	80.5%	79.5%	80.1%	79.7%	78.1%
Your org	73.9%	71.5%	71.2%	71.8%	72.8%
Average	73.9%	73.3%	73.0%	73.0%	71.9%
Worst	67.2%	63.1%	62.9%	60.5%	64.5%

Q4b

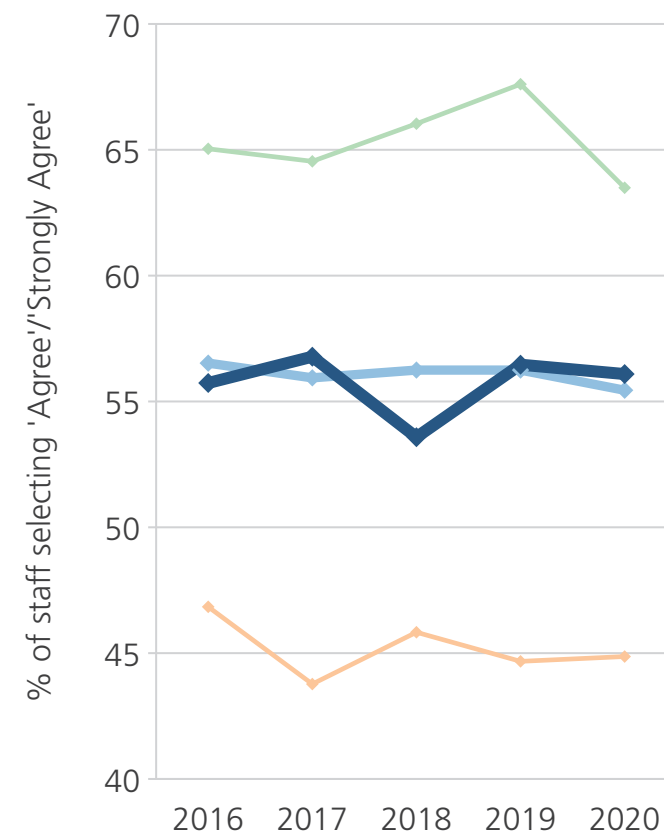
I am able to make suggestions
to improve the work of
my team / department



Best	83.2%	83.0%	83.6%	83.1%	81.7%
Your org	75.5%	72.8%	74.4%	75.5%	74.5%
Average	75.6%	74.8%	74.8%	74.5%	73.0%
Worst	68.6%	65.6%	67.1%	65.3%	64.7%

Q4d

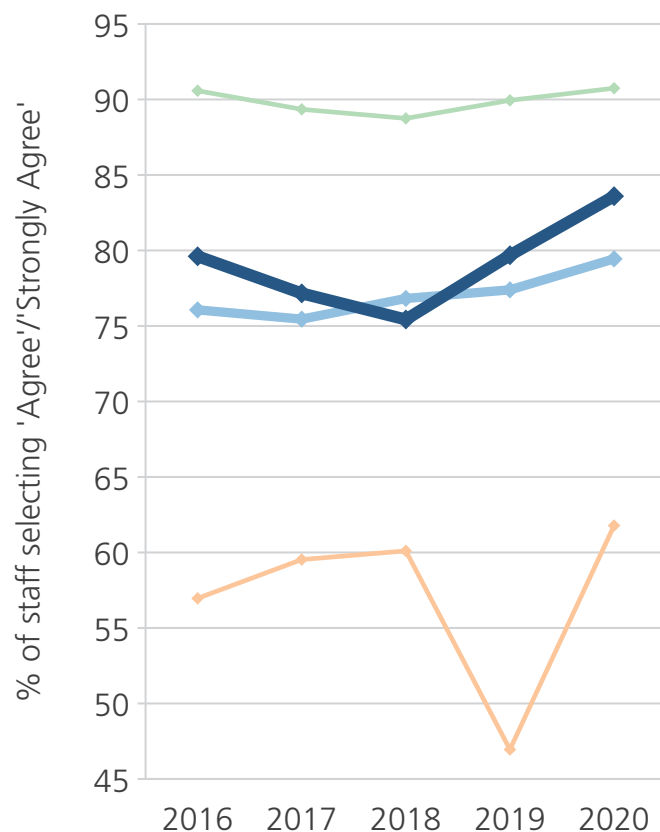
I am able to make improvements
happen in my area of work



Best	65.0%	64.5%	66.0%	67.6%	63.5%
Your org	55.7%	56.8%	53.6%	56.5%	56.1%
Average	56.5%	55.9%	56.2%	56.2%	55.4%
Worst	46.8%	43.8%	45.8%	44.7%	44.9%

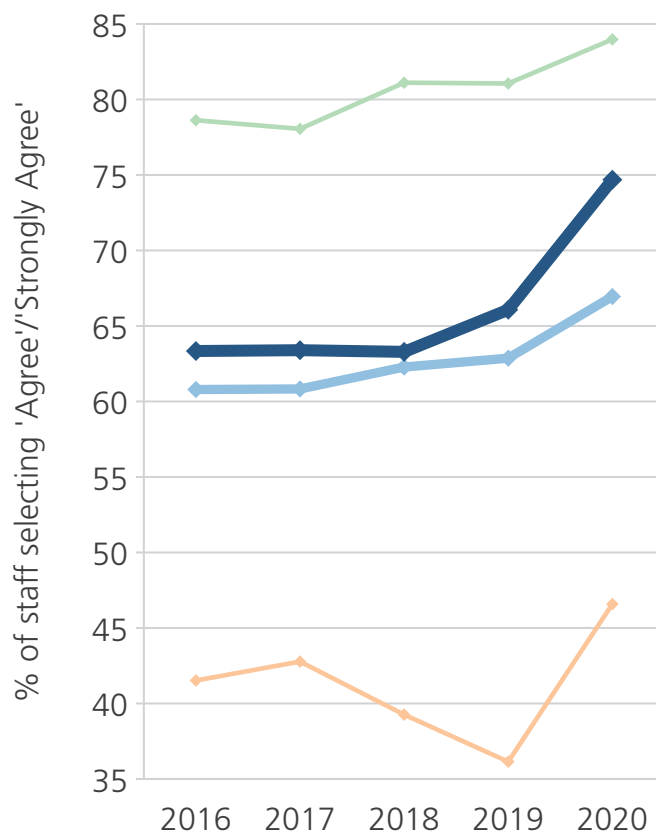
Q18a

Care of patients / service users
is my organisation's top priority



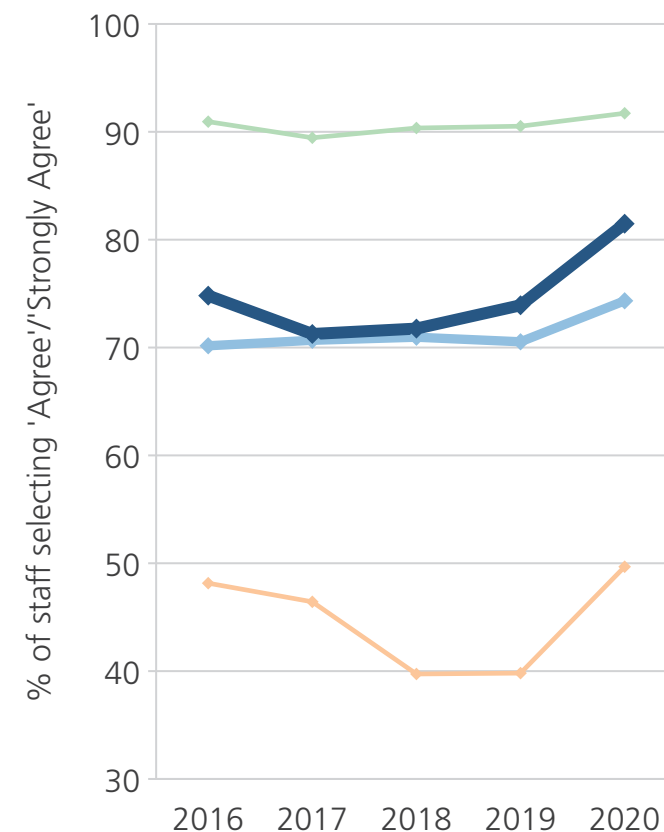
Q18c

I would recommend my
organisation as a place to work



Q18d

If a friend or relative needed treatment
I would be happy with the standard
of care provided by this organisation



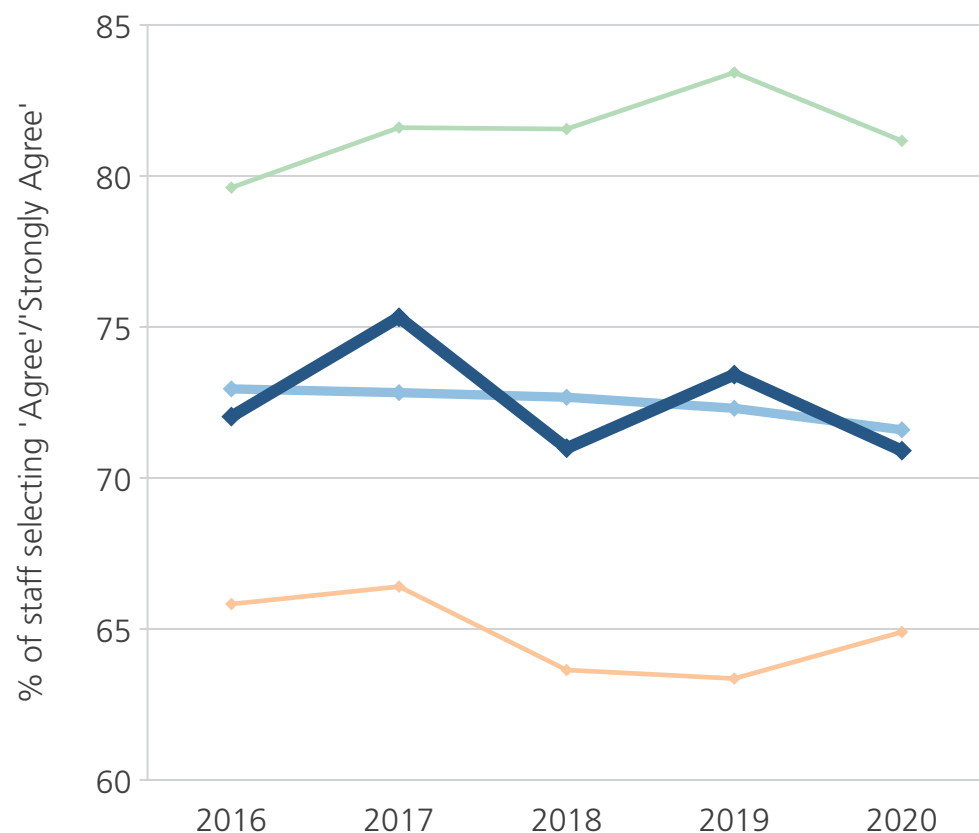
Best	90.6%	89.3%	88.7%	89.9%	90.7%
Your org	79.6%	77.2%	75.4%	79.7%	83.6%
Average	76.1%	75.5%	76.8%	77.4%	79.4%
Worst	57.0%	59.5%	60.1%	47.0%	61.8%

Best	78.6%	78.1%	81.1%	81.1%	84.0%
Your org	63.3%	63.4%	63.3%	66.1%	74.7%
Average	60.8%	60.8%	62.3%	62.9%	66.9%
Worst	41.5%	42.8%	39.3%	36.1%	46.6%

Best	90.9%	89.4%	90.4%	90.5%	91.7%
Your org	74.8%	71.3%	71.8%	73.9%	81.5%
Average	70.2%	70.7%	71.0%	70.5%	74.3%
Worst	48.2%	46.4%	39.7%	39.8%	49.7%

Q4h

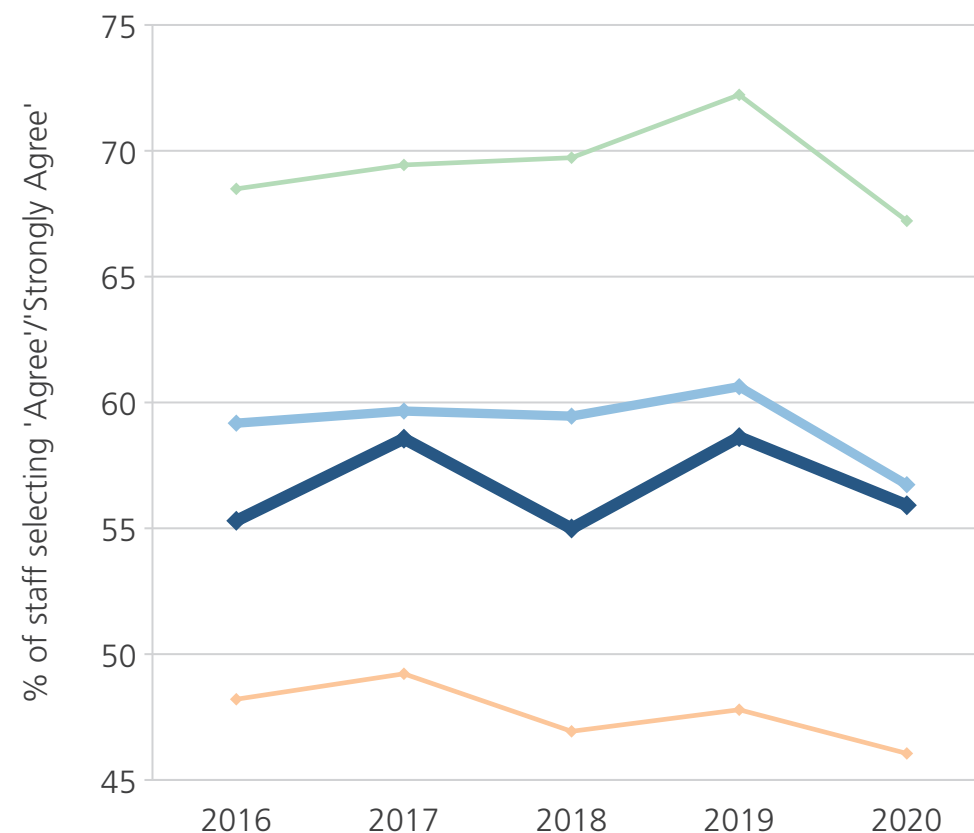
The team I work in has a set of shared objectives



Best	79.6%	81.6%	81.6%	83.4%	81.2%
Your org	72.0%	75.3%	71.0%	73.4%	70.9%
Average	72.9%	72.8%	72.7%	72.3%	71.6%
Worst	65.8%	66.4%	63.6%	63.4%	64.9%

Q4i

The team I work in often meets to discuss the team's effectiveness



Best	68.5%	69.4%	69.7%	72.2%	67.2%
Your org	55.3%	58.6%	55.0%	58.6%	55.9%
Average	59.2%	59.7%	59.5%	60.6%	56.7%
Worst	48.2%	49.2%	46.9%	47.8%	46.1%

Workforce Equality Standards

Maidstone and Tunbridge Wells NHS Trust
2020 NHS Staff Survey Results

This section contains data required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Full details of how the data are calculated are included in the Technical Document, available to download from our [results website](#).

Workforce Race Equality Standard (WRES)

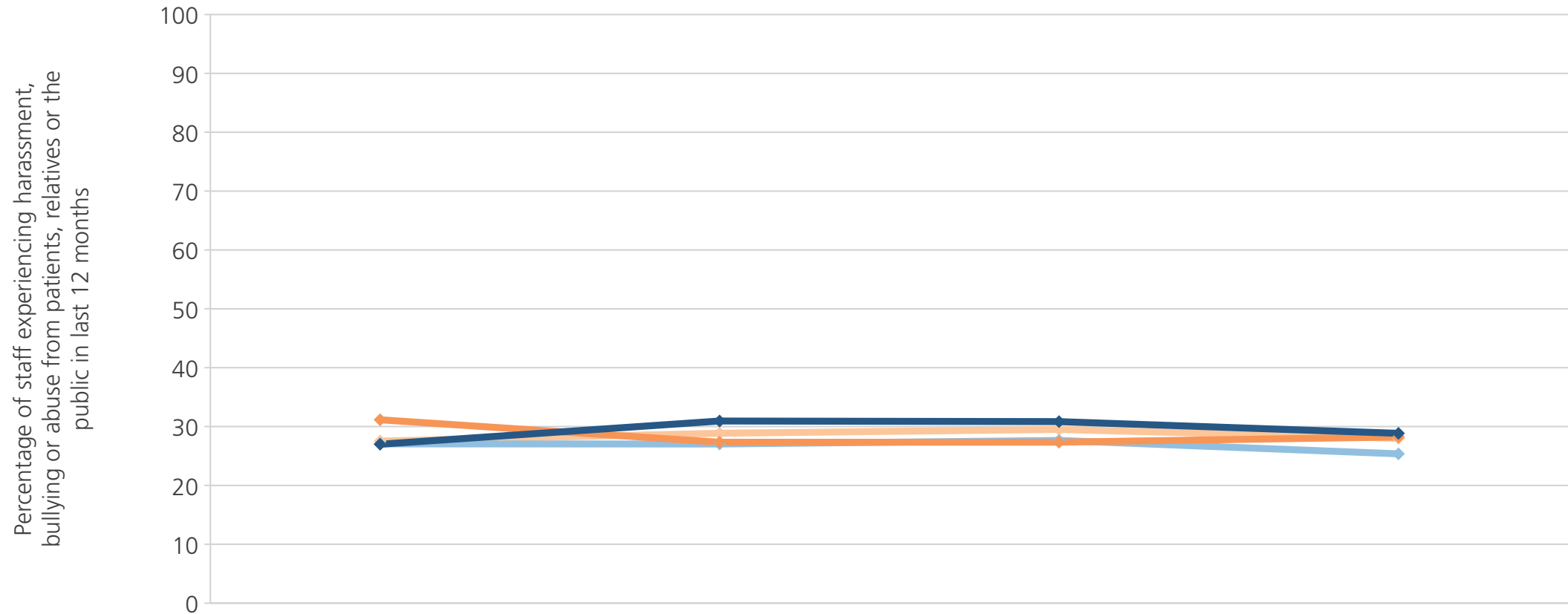
- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2017, 2018 and 2019 trust/CCG and benchmarking group median results for q13a, q13b&c combined, q14, and q15b split by ethnicity (by white / BME staff).

Workforce Disability Equality Standard (WDES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018 and 2019 trust/CCG and benchmarking group median results for q5f, q11e, q13a-d, and q14 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q26b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.
- The WDES breakdowns are based on the responses to q26a ***Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?*** In 2020, the question text was shortened and the word 'disabilities' was removed but the question and WDES results still remain historically comparable.

Workforce Race Equality Standard (WRES)

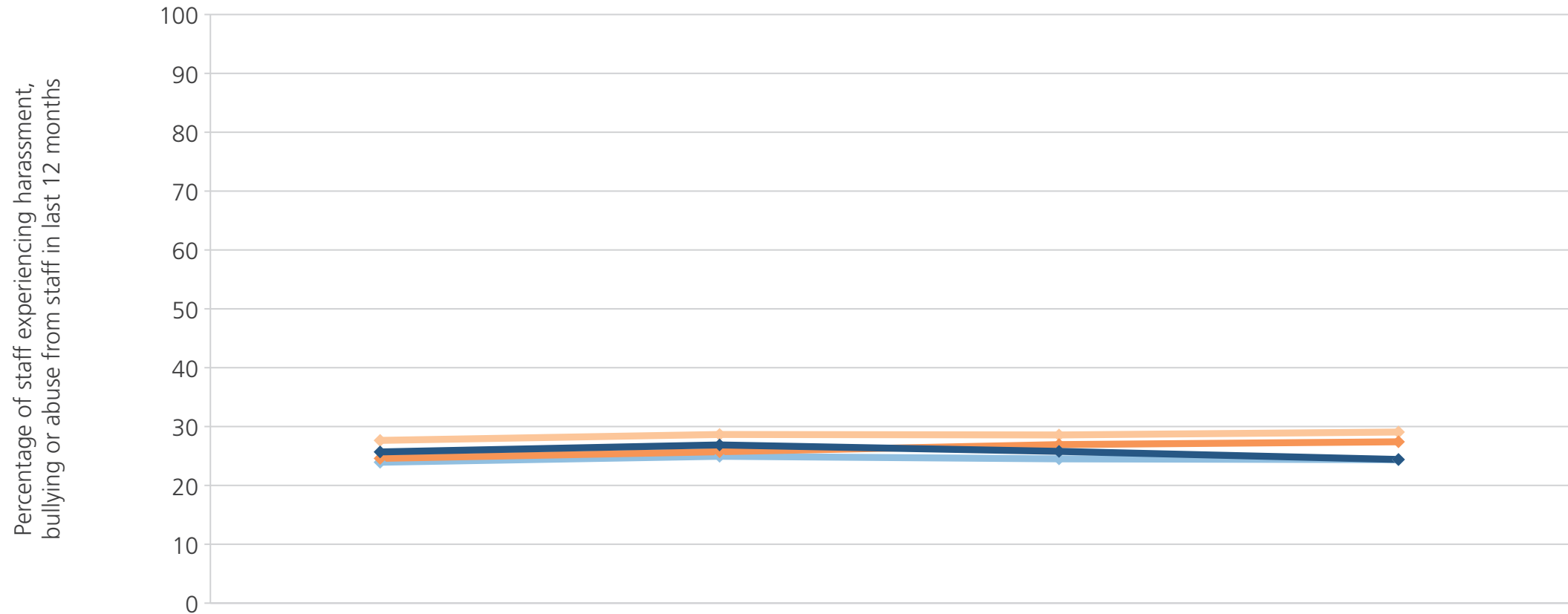
Maidstone and Tunbridge Wells NHS Trust
2020 NHS Staff Survey Results



White: Your org	27.0%	30.9%	30.8%	28.8%
BME: Your org	31.1%	27.3%	27.3%	28.2%
White: Average	27.1%	27.0%	27.6%	25.4%
BME: Average	27.5%	28.9%	29.5%	28.0%

White: Responses	326	1,490	2,338	2,437
BME: Responses	61	311	534	666

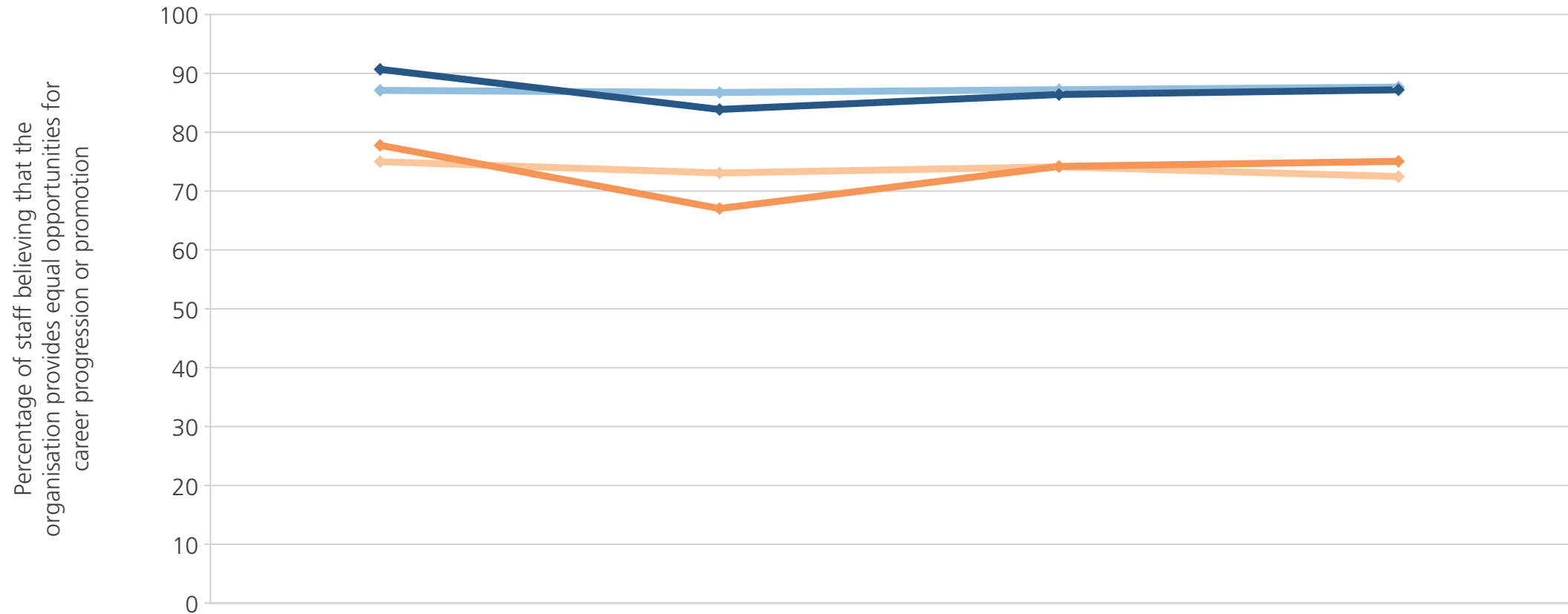
Average calculated as the median for the benchmark group



White: Your org	25.7%	26.9%	25.8%	24.4%
BME: Your org	24.6%	25.7%	26.9%	27.4%
White: Average	23.9%	24.9%	24.5%	24.4%
BME: Average	27.6%	28.7%	28.6%	29.1%

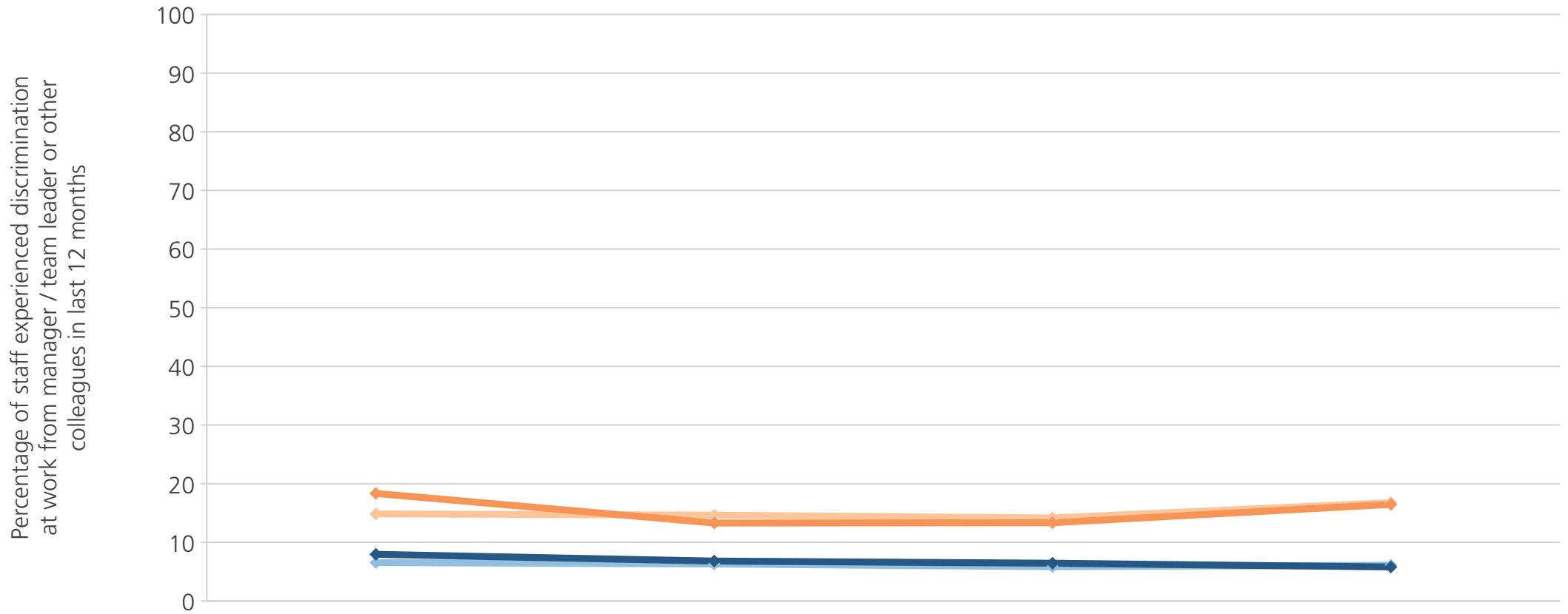
White: Responses	327	1,492	2,335	2,446
BME: Responses	61	311	531	664

Average calculated as the median for the benchmark group



	2017	2018	2019	2020
White: Your org	90.7%	83.9%	86.4%	87.2%
BME: Your org	77.8%	67.0%	74.2%	75.1%
White: Average	87.1%	86.8%	87.2%	87.7%
BME: Average	75.0%	73.1%	74.1%	72.5%
White: Responses	204	992	1,545	1,720
BME: Responses	36	179	341	409

Average calculated as the median for the benchmark group



	2017	2018	2019	2020
White: Your org	8.0%	6.8%	6.4%	5.8%
BME: Your org	18.3%	13.3%	13.3%	16.5%
White: Average	6.5%	6.3%	5.8%	6.1%
BME: Average	14.8%	14.6%	14.2%	16.8%

White: Responses

327

BME: Responses

60

1,485

301

2,316

525

2,450

662

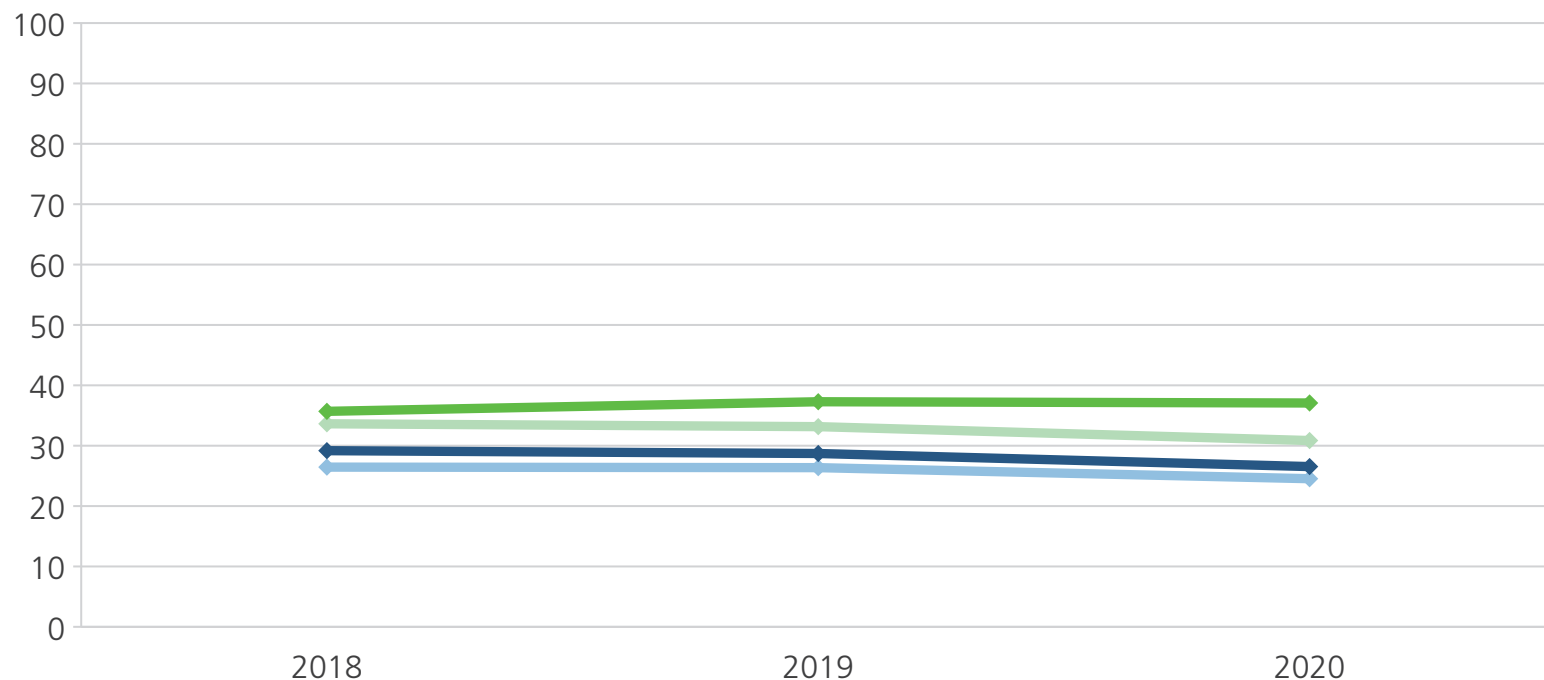
Average calculated as the median for the benchmark group

Workforce Disability Equality Standard (WDES)

The approach to calculating the benchmark median scores and the way in which the data for Q13d are reported has changed this year. These changes have been applied retrospectively so historical data shown in the average calculations and all figures for Q13d are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the [technical document](#).

Maidstone and Tunbridge Wells NHS Trust
2020 NHS Staff Survey Results

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



Staff with a LTC or illness: Your org	35.7%	37.3%	37.1%
Staff without a LTC or illness: Your org	29.2%	28.7%	26.5%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%
Staff without a LTC or illness: Average	26.5%	26.4%	24.5%

Staff with a LTC or illness: Responses

325

515

588

Staff without a LTC or illness: Responses

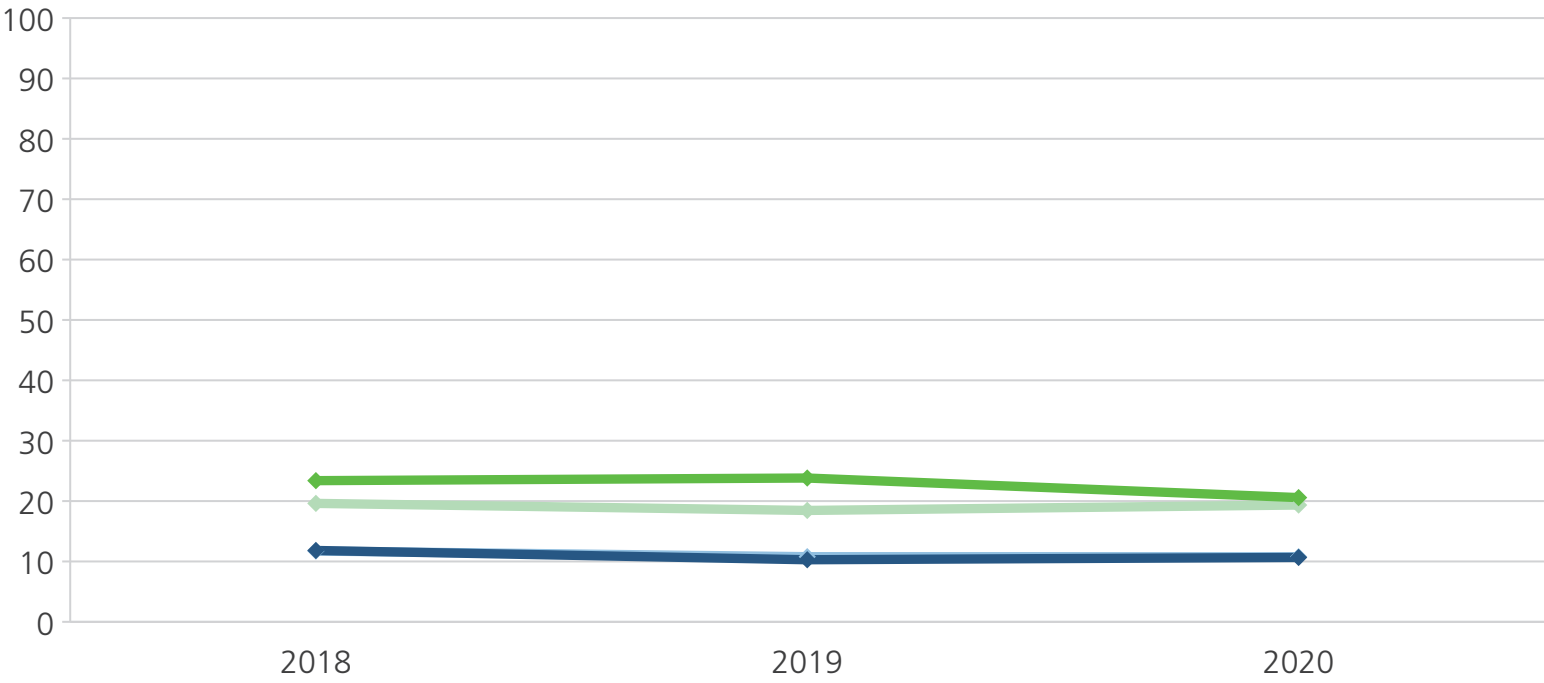
1,484

2,379

2,528

Average calculated as the median for the benchmark group

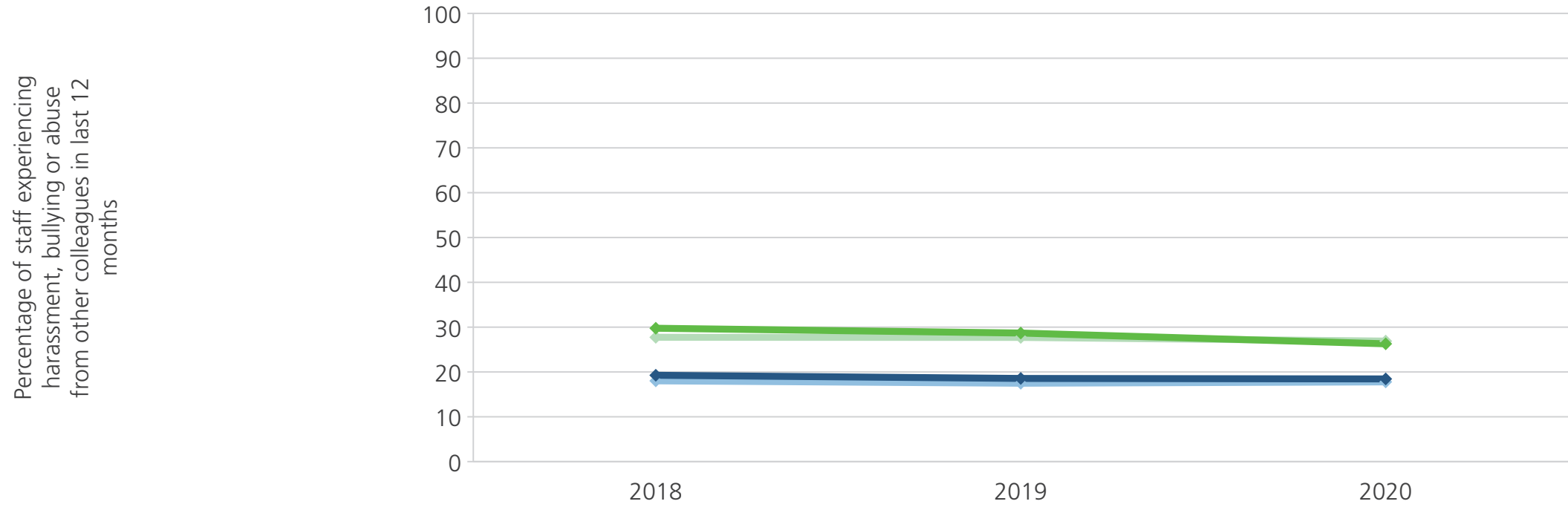
Percentage of staff experiencing
harassment, bullying or abuse
from manager in last 12 months



Staff with a LTC or illness: Your org	23.4%	23.8%	20.6%
Staff without a LTC or illness: Your org	11.8%	10.3%	10.7%
Staff with a LTC or illness: Average	19.6%	18.5%	19.3%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%

Staff with a LTC or illness: Responses	325	508	588
Staff without a LTC or illness: Responses	1,472	2,363	2,513

Average calculated as the median for the benchmark group

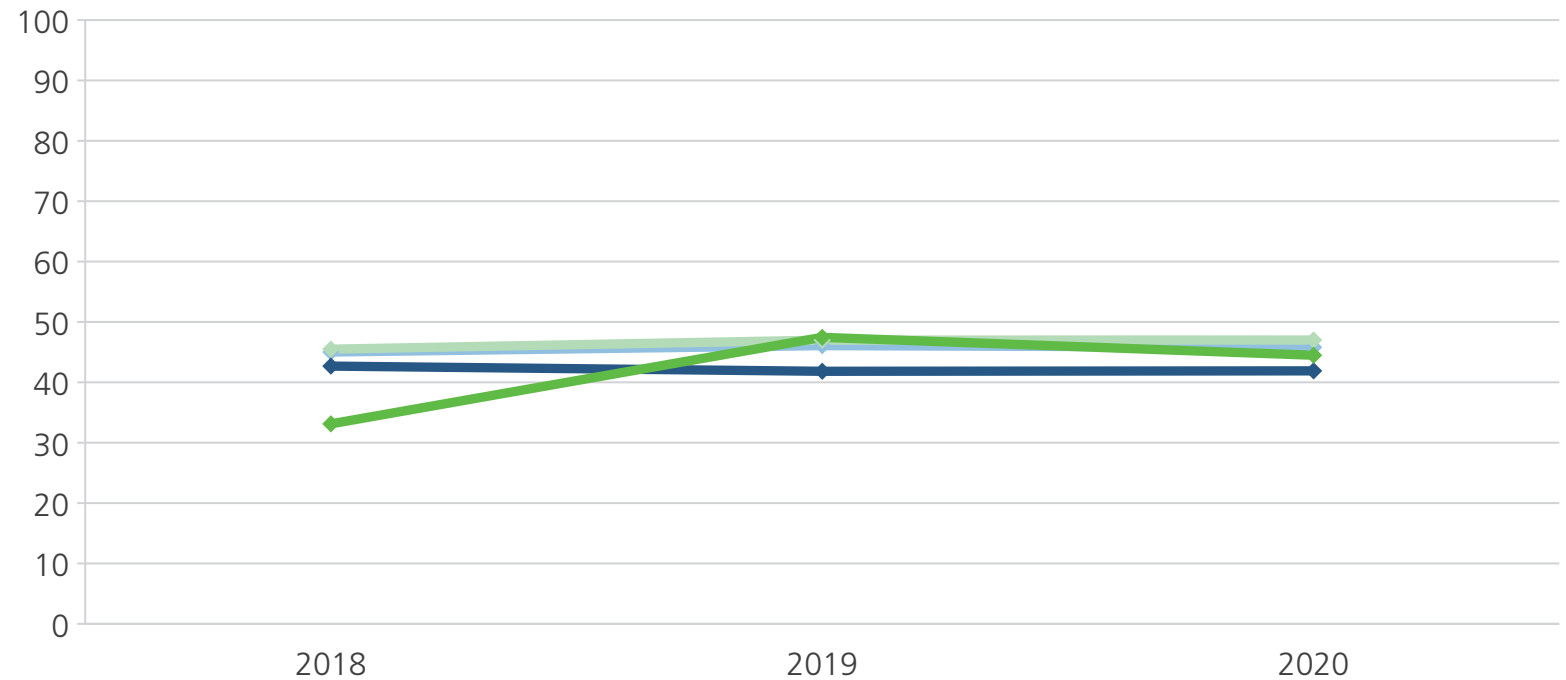


Staff with a LTC or illness: Your org	29.8%	28.7%	26.3%
Staff without a LTC or illness: Your org	19.3%	18.6%	18.4%
Staff with a LTC or illness: Average	27.7%	27.7%	26.9%
Staff without a LTC or illness: Average	18.0%	17.5%	17.8%

Staff with a LTC or illness: Responses	326	502	586
Staff without a LTC or illness: Responses	1,469	2,312	2,488

Average calculated as the median for the benchmark group

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it



Staff with a LTC or illness: Your org	33.1%	47.5%	44.5%
Staff without a LTC or illness: Your org	42.7%	41.8%	41.9%
Staff with a LTC or illness: Average	45.5%	47.0%	47.0%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%

Staff with a LTC or illness: Responses

157

255

281

Staff without a LTC or illness: Responses

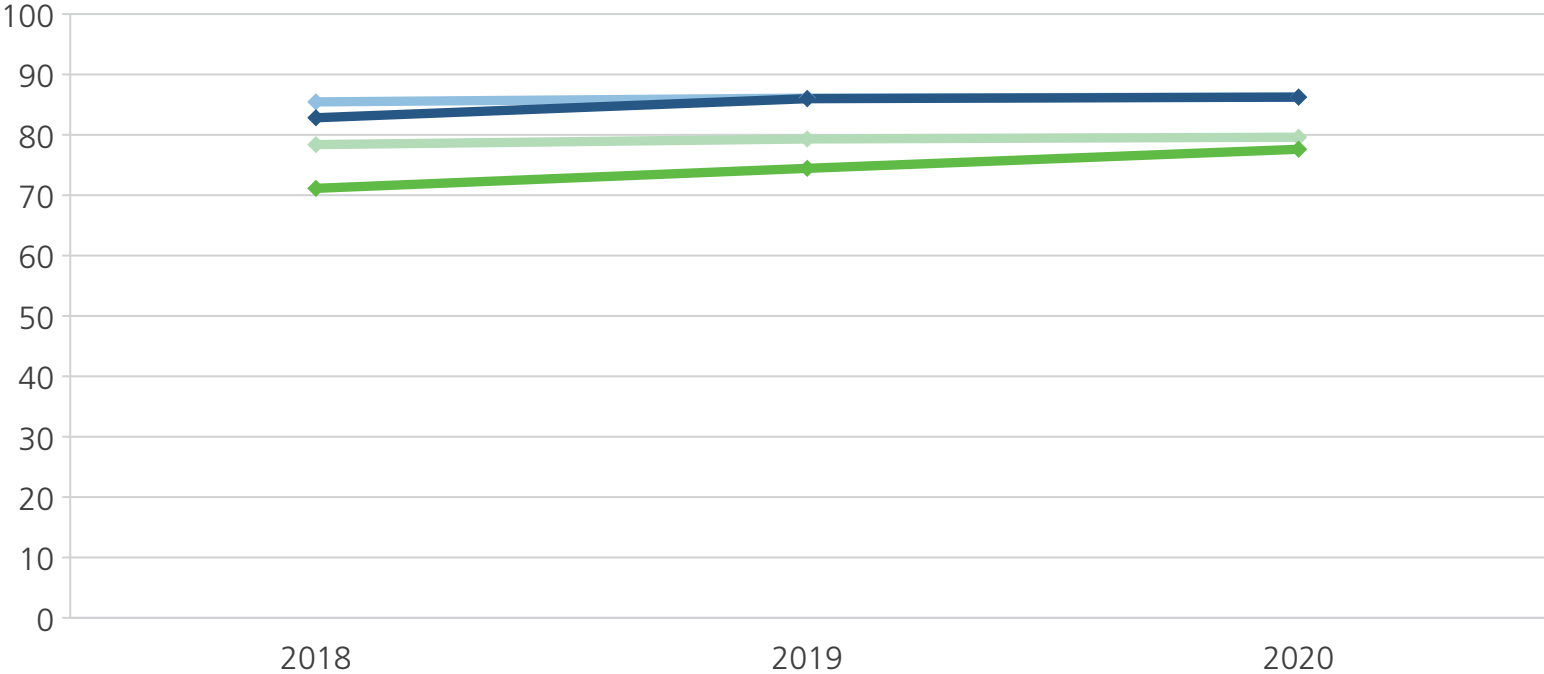
506

820

821

Average calculated as the median for the benchmark group

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion

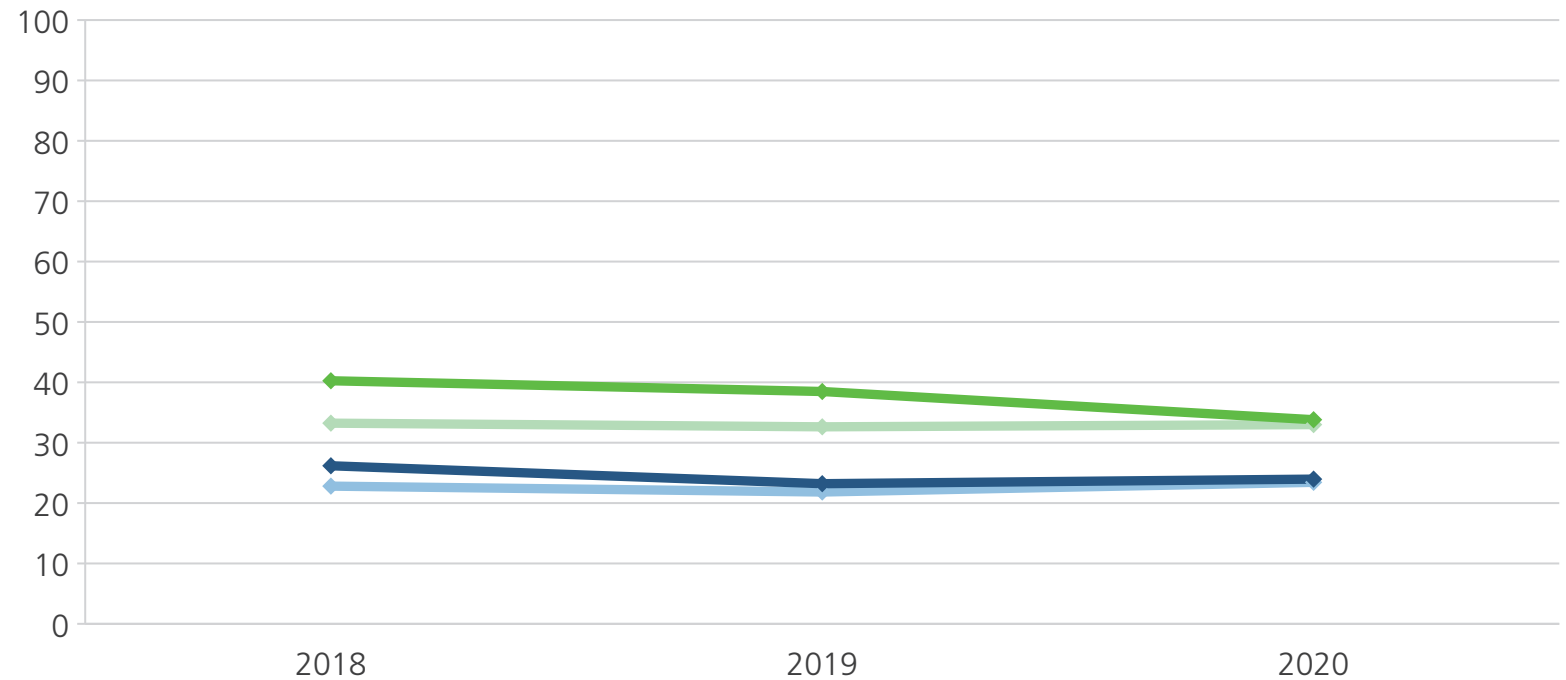


Staff with a LTC or illness: Your org	71.1%	74.4%	77.6%
Staff without a LTC or illness: Your org	82.8%	86.0%	86.2%
Staff with a LTC or illness: Average	78.4%	79.3%	79.6%
Staff without a LTC or illness: Average	85.5%	86.1%	86.3%

Staff with a LTC or illness: Responses	194	317	393
Staff without a LTC or illness: Responses	984	1,577	1,737

Average calculated as the median for the benchmark group

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



Staff with a LTC or illness: Your org	40.3%	38.5%	33.8%
Staff without a LTC or illness: Your org	26.2%	23.2%	24.0%
Staff with a LTC or illness: Average	33.2%	32.6%	33.0%
Staff without a LTC or illness: Average	22.8%	21.8%	23.4%

Staff with a LTC or illness: Responses

231

395

352

Staff without a LTC or illness: Responses

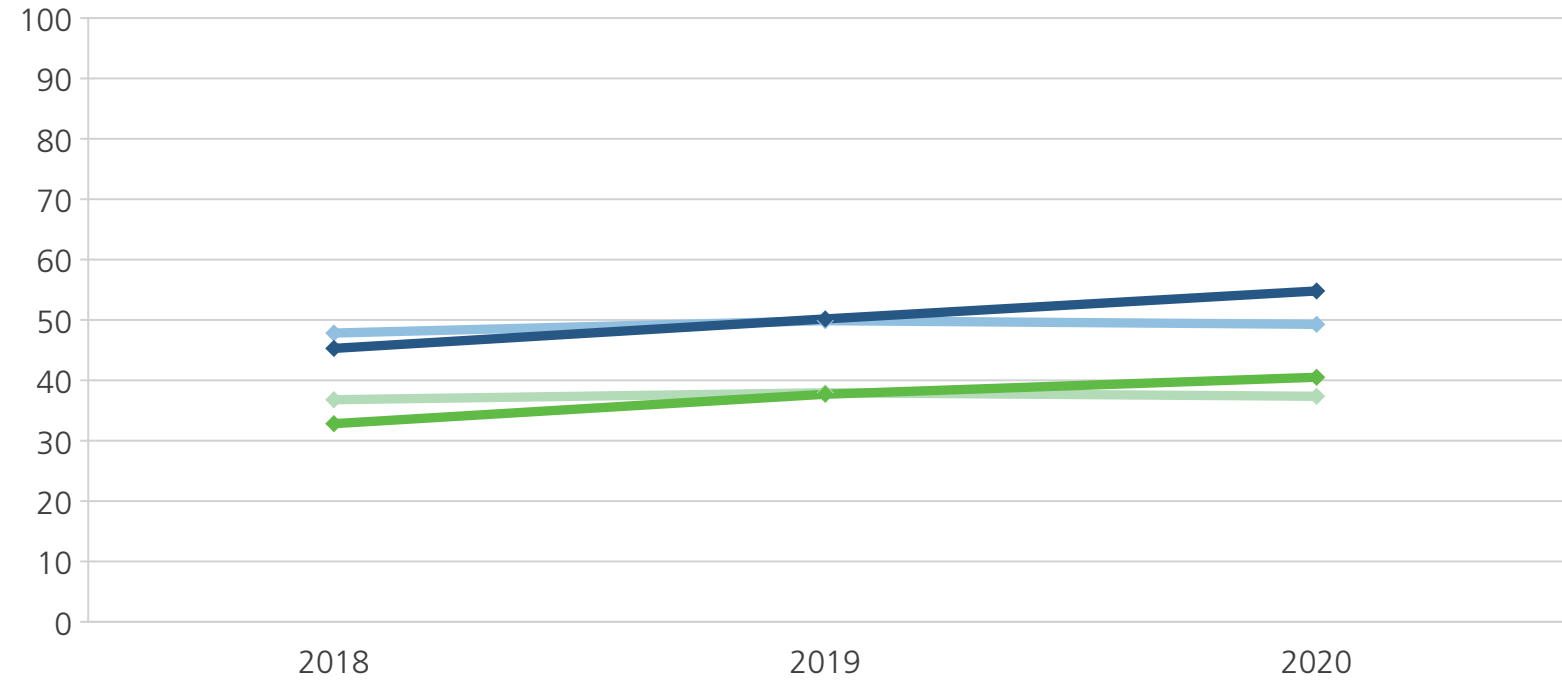
741

1,189

1,018

Average calculated as the median for the benchmark group

Percentage of staff satisfied with
the extent to which their
organisation values their work

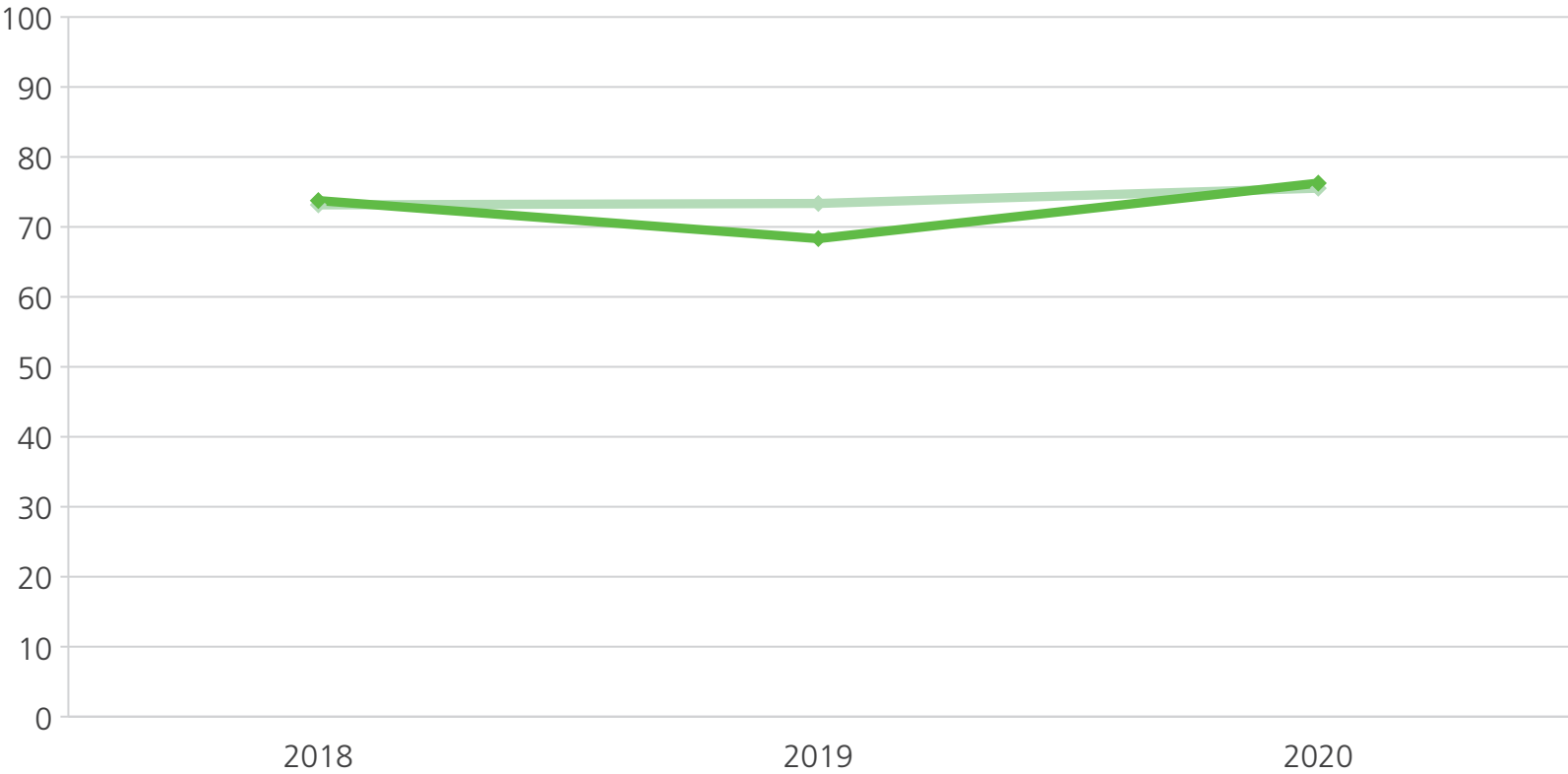


Staff with a LTC or illness: Your org	32.8%	37.7%	40.5%
Staff without a LTC or illness: Your org	45.3%	50.2%	54.8%
Staff with a LTC or illness: Average	36.8%	37.9%	37.4%
Staff without a LTC or illness: Average	47.8%	49.9%	49.3%

Staff with a LTC or illness: Responses	326	512	590
Staff without a LTC or illness: Responses	1,475	2,366	2,540

Average calculated as the median for the benchmark group

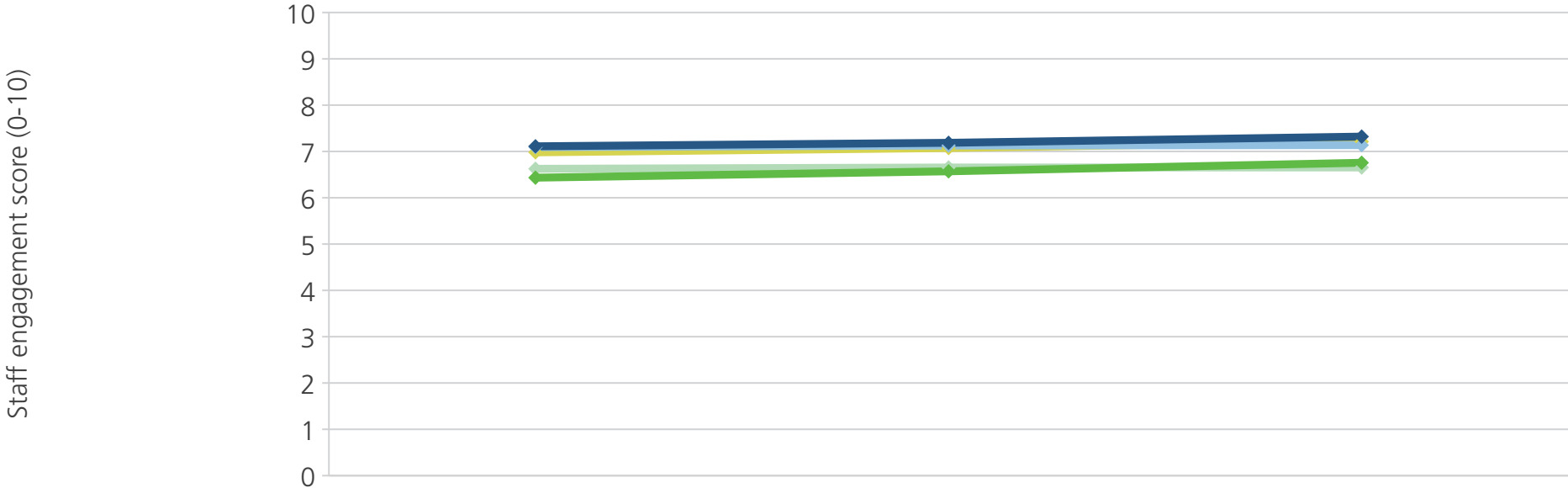
Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work



Staff with a LTC or illness: Your org	73.8%	68.3%	76.3%
Staff with a LTC or illness: Average	73.1%	73.4%	75.5%

Staff with a LTC or illness: Responses 202 322 358

Average calculated as the median for the benchmark group



Organisation average	7.0	7.1	7.2
Staff with a LTC or illness: Your org	6.4	6.6	6.8
Staff without a LTC or illness: Your org	7.1	7.2	7.3
Staff with a LTC or illness: Average	6.6	6.7	6.7
Staff without a LTC or illness: Average	7.1	7.1	7.1

Organisation Responses	1,875	2,960	3,190
Staff with a LTC or illness: Responses	330	517	595
Staff without a LTC or illness: Responses	1,488	2,387	2,555

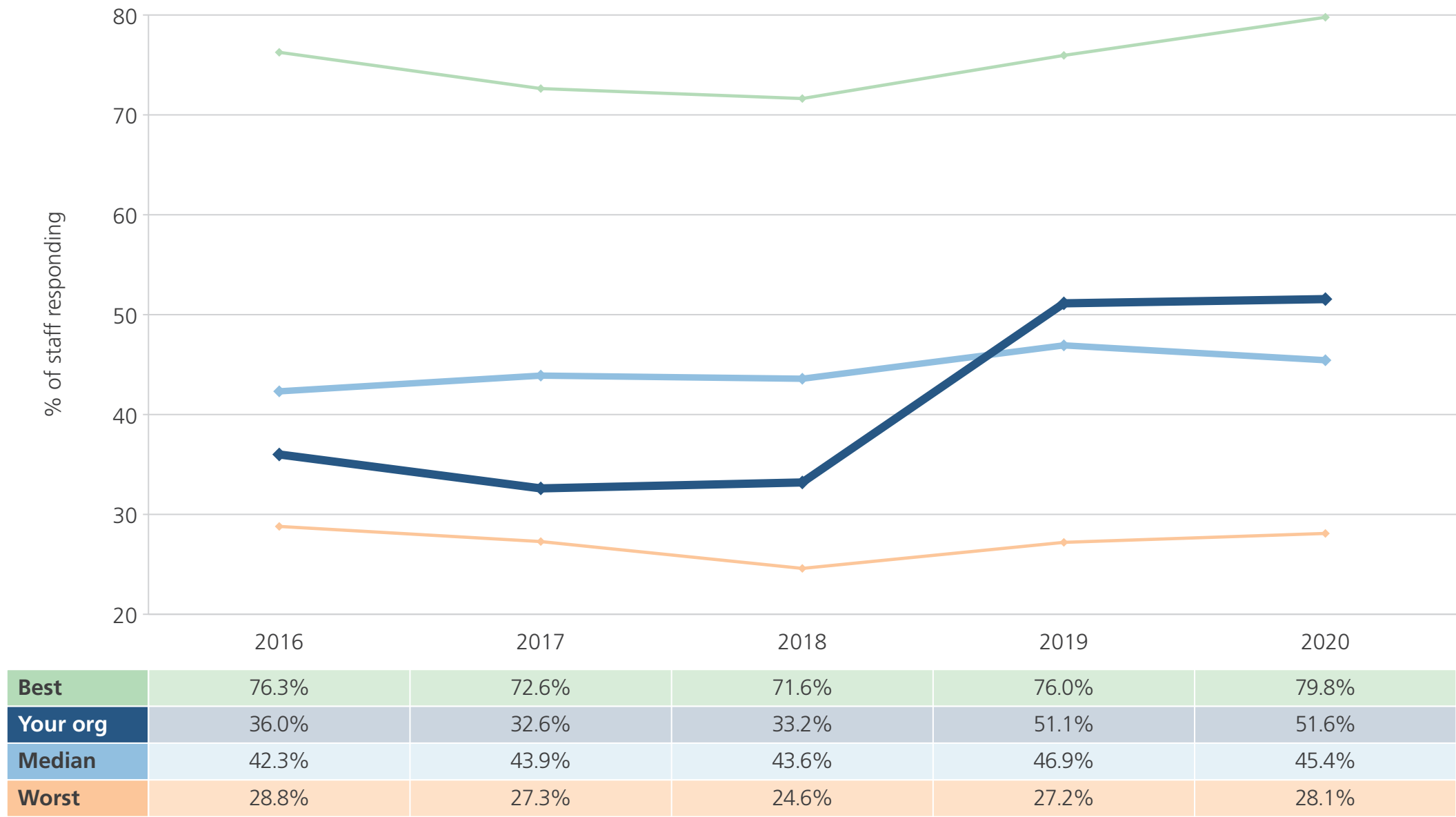
Average calculated as the median for the benchmark group

Appendices

Maidstone and Tunbridge Wells NHS Trust
2020 NHS Staff Survey Results

Appendix A: Response rate

Maidstone and Tunbridge Wells NHS Trust
2020 NHS Staff Survey Results



Appendix B: Significance testing - 2019 v 2020 theme results

Maidstone and Tunbridge Wells NHS Trust
2020 NHS Staff Survey Results

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2020 score is significantly higher than last year's, whereas ↓ indicates that the 2020 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	9.0	2925	9.0	3169	Not significant
Health & wellbeing	5.9	2942	6.2	3171	↑
Immediate managers †	6.8	2942	6.8	3182	Not significant
Morale	6.2	2909	6.4	3178	↑
Quality of care	7.4	2593	7.6	2772	↑
Safe environment - Bullying & harassment	7.8	2923	8.0	3150	Not significant
Safe environment - Violence	9.5	2919	9.5	3160	Not significant
Safety culture	6.7	2938	6.9	3170	↑
Staff engagement	7.1	2960	7.2	3190	↑
Team working	6.5	2908	6.4	3143	↓

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

† The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in this table are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the [technical document](#).

**Review of the Board Assurance Framework
2020/21**
**Chair of the Audit and Governance
Committee**
The management of the Board Assurance Framework (BAF) and link with the Risk Register

The BAF is the document through which the Trust Board identifies the main risks to the Trust meeting its objectives, and ensures adequate controls are in place to manage those risks. The BAF model applied at the Trust is based on the most accepted model of best practice¹. The ultimate aim of the BAF is to help ensure that the Trust's objectives are met. The BAF is managed by the Trust Secretary, who liaises with the relevant member of the Executive Team to update it through the year. The BAF differs from the Risk Register as the BAF only includes risks that pose a threat to the achievement of the Trust's objectives (and the risks listed on the BAF are not required to be subject to a detailed risk assessment/risk-rating). There are therefore some red-rated risks on the Risk Register that are not referenced in the BAF. These are however managed via the Risk Register. However, the selection of objectives took into account the risks faced by the Trust.

Objectives for 2020/21

The Trust Board originally approved key objectives for 2020/21 at its meeting on 30/04/20, subject to some changes being made to the format of the objectives' structure, and enhancing the precision of one of the proposed objectives. However, the objectives agreed by the Trust Board at that point did not take into account the objectives within the 'reset and recovery' programme. The Executive Team Meeting (ETM) considered a set of objectives that were related to the Trust's 'reset and recovery' programme on 07/07/20, and the Chief Executive confirmed that such objectives would be submitted to the Trust Board, on 23/07/20, for approval. The Trust Board duly considered some revised objectives at its meeting on 23/07/20. It was agreed that the objectives should be amended, to reflect the comments at that meeting, but the Trust Board agreed that the "Project aims" associated with the objectives should form the basis of the 2020/21 BAF. Ten "Project aims" were submitted to the Trust Board, but two² have since been combined, to reflect the comments made at the meeting. The nine current "Project aims" are therefore as follows:

1. Finance and Contracts: To deliver the Trust's financial plan, which is set within the context of its financial strategy, and underpinned by a robust, sustainable recurrent surplus.
2. Operational Performance: To improve the management of our patient journeys through the utilisation of evidence-based practice to ensure good quality care and achievement of the constitutional access standards within agreed resources.
3. Quality and CQC: To deliver high quality care to our patients and carers and be recognised as an outstanding organisation.
4. Electronic Patient Record (EPR): Delivery of Allscripts' EPR solution "Sunrise"; aligning and supporting the wider strategic objective of digitally transforming MTW to improve patient outcomes through providing safer and more efficient care.
5. Education/Kent and Medway Medical School (KMMS): To enable fulfilment of MTW's role in the delivery of an integrated reputable, high quality educational programme and student experience for KMMS students in line with the KMMS curriculum; provision of necessary student accommodation and teaching infrastructure at Maidstone Hospital (MH) and Tunbridge Wells Hospital (TWH) in time for the first intake of KMMS students on 01/09/22.
6. Strategy - Estates: To define an estates and facilities strategy and plan for MTW informed by both the clinical strategy and Reset and recovery workstreams.
7. Strategy – Clinical: To define the future state (short medium and long term) configuration options for a range of clinical services with timelines and plans for implementation.
8. Integrated Care Partnership (ICP)/External: To oversee and enable the ICP Development in West Kent and ensure appropriate stakeholder engagement and participation in MTW's work (e.g. in clinical strategy development).
9. Organisational Development and Workforce: Make MTW a great place to work - For MTW to be an excellent organisation that puts staff engagement, well-being and experience at the fore

¹ [HM Treasury: Assurance frameworks](#)

² "For MTW to be an excellent organisation that puts staff engagement, well-being and experience at the fore front to nurture a place where people want to come to work, stay, be proud and enable staff to be exceptional, to provide outstanding care and services to our patients and communities." and "To recruit and develop the exceptional people we need to deliver outstanding care for our community"

front to nurture a place where people want to come to work, stay, be proud and enable staff to be exceptional by recruiting, retaining and developing exceptional people to deliver outstanding care for our communities.

Process for oversight

Although the objectives within the BAF for 2020/21 were not approved by the Trust Board until 23/07/20, most of the objectives within the BAF have still been devolved for oversight by one or more Trust Board sub-committees (and reports on the objectives are submitted to each sub-committee meeting). The full BAF is then considered by the Audit and Governance Committee, and then by the Trust Board, with the report presented by the Chair of the Audit and Governance Committee (supported by the Trust Secretary and relevant members of the Executive Team).

Submission to other forums

The BAF was submitted to the following forums prior to being submitted to the Trust Board:

- The ETM on 19/01/21 and 09/02/21 (the full BAF)
- The 'main' Quality Committee on 13/01/21 and 10/03/21 (objective 3)
- The Trust Management Executive (TME) on 20/01/21 (the full BAF)
- The Finance and Performance Committee on 15/12/20, 26/01/21 and 23/02/21 (objectives 1, 2, 4 and 6)
- The People and Organisational Development Committee on 11/12/20, 22/01/21 and 19/02/21 (objectives 5 & 9)
- The Audit and Governance Committee on 03/03/21 (the full BAF)

The future of the BAF

When the full BAF was reviewed by the Audit and Governance Committee on 03/03/21 it was agreed that the Committee's Chair should ensure that a discussion was held at the March 2021 'Part 1' Trust Board meeting regarding the effectiveness of the BAF in relation to the assurance it provided. However, Trust Board members will be aware, most recently from the Trust Board Seminar on 18/02/21, of the work taking place regarding "Strategy Deployment", and the development of "True North" objectives (and the associated monitoring and reporting programme). Discussions have been held with the Chair of the Trust Board and Chief Executive, and the Chief Executive confirmed at the ETM on 02/03/21 that the True North process, and the monitoring and reporting of the objectives therein, would replace the Trust's BAF from 2021/22 onwards. The Trust Board is therefore asked to confirm that position. If so, the final BAF report the Trust Board (and Audit and Governance Committee) will receive is the 2020/21 year-end review of the BAF, in May.

Review by the Trust Board

This is the second time during 2020/21 that the Trust Board has seen the populated BAF. Trust Board members are asked to review and critique the content.

Which Committees have reviewed the information prior to Board submission?

- The Executive Team Meeting (ETM) on 19/01/21 and 09/02/21 (the full BAF)
- The 'main' Quality Committee on 13/01/21 and 10/03/21 (objective 3)
- The Trust Management Executive (TME) on 20/01/21 (the full BAF)
- The Finance and Performance Committee on 15/12/20, 26/01/21 and 23/02/21 (objectives 1, 2, 4 & 6)
- The People and Organisational Development Committee on 11/12/20, 22/01/21 and 19/02/21 (objectives 5 & 9)
- The Audit and Governance Committee on 03/03/21 (the full BAF)

Reason for receipt at the Board (decision, discussion, information, assurance etc.) ³

1. Review and discussion
2. To confirm that the True North process, and the monitoring and reporting of the objectives therein, will replace the Trust's BAF from 2021/22 onwards.

³ 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

Project aim*Objective*

- 1 Finance and Contracts: To deliver the Trust's financial plan, which is set within the context of its financial strategy, and underpinned by a robust, sustainable recurrent surplus

What *could* prevent this project aim being achieved? (including external factors)*Risks to objective*

- | | |
|--|--|
| 1. Uncertainty of the change in finance regime for 2020/21.
2. If there was a lack of senior leadership and commitment.
3. If there were poor financial controls (or if good controls were poorly applied).
4. The additional funding to support COVID-19 could reduce the focus on meeting the financial plan. | 5. If the Trust's plans for 2020/21 had been developed without consideration of best practice elsewhere.
6. If there was insufficient engagement with external stakeholders, particularly given the Clinical Commissioning Group (CCG) restructuring taking place in 2020/21.
7. If there is a change in the financial circumstances of commissioners, requiring them to take further action to manage demand. |
|--|--|

What actions have been taken in response to the above issues?*Controls*

- | | |
|---|--|
| a. The Trust has an internal financial plan for months 1 to 6 approved by the Trust Board in line with the revised financial arrangements.
b. Directorate budgets have been set for months 1 to 6.
c. External stakeholder engagement continues, although contracts are paused nationally, the Trust is working with its Kent and Medway Sustainability and Transformation Partnership (STP) partners. This includes an agreed STP plan for capital.
d. To support the finance department there is currently additional senior finance resource supporting Integrated Care Partnership (ICP) development and the Estates review. | e. A Financial Improvement plan (which was previously labelled "Future Finance", but which is now called "Passion for Excellence") was launched in September 2020 (and the Finance and Performance Committee received a report on the plan in November 2020)
f. A Financial Strategy is being developed to support future years.
g. The Trust's leadership development programme is expected to benefit the delivery of all the Trust's key objectives.
h. A 'reset and recovery' investment plan has been agreed to support the 'reset and recovery' workstreams.
i. Monthly forecast meetings are taking place with the Divisions. |
|---|--|

Where can assurance be obtained on the performance and actions taken to date?*Sources of assurance*

- | | |
|--|--|
| 1. Monthly financial performance reports to the Finance and Performance Committee and Trust Board. | 2. Monthly Divisional Performance Reviews.
3. The weekly financial 'flash' report considered at the Executive Team Meeting (ETM). |
|--|--|

Member of the Executive Team responsible for delivery of the project aim: Chief Finance Officer / Deputy Chief Executive

Trust Board sub-committee responsible for oversight: Finance and Performance Committee

Update on progress with the project aim (at February 2021)

- The Trust has delivered a break-even position for months 1 to 10 and plans to meet its financial plan for 2020/21.
- The financial arrangements for month 7 onwards have now been confirmed. The Trust has submitted a financial plan for months 7 to 12 of 2020/21. This is part of a Kent and Medway System Plan.
- The monthly Divisional Performance Reviews have been paused as a result of the COVID-19 pandemic and response. However monthly Divisional forecast meetings with the Deputy Director of Finance (Financial Performance) have continued as have monthly reports to the Finance and Performance Committee and Trust Board.
- Engagement with Divisions on the "Passion for Excellence" programme has also paused as a result of the COVID-19 pandemic and response, but will be resumed as soon as possible.

Project aim 2 Operational Performance: To improve the management of our patient journeys through the utilisation of evidence-based practice to ensure good quality care and achievement of the constitutional access standards within agreed resources	Objective
What <i>could</i> prevent this project aim being achieved? (including external factors) 1. Lack of managerial focus or clinical engagement. 2. COVID-19. 3. Additional out of area demand 4. Lack of discharge capacity 5. Shortage of capacity during winter.	Risks to objective
What actions have been taken in response to the above issues? a. Operational performance meetings are held across cancer, the Emergency Department (ED), Referral to Treatment (RTT), outpatients and stranded patients. b. A number of investments have been made to support operational targets. c. A Quarter 4 Recovery Plan has been implemented d. Reset and recovery transformation forums have been set up. e. The Trust's leadership development programme is expected to benefit the delivery of all the Trust's key objectives.	Controls
Where can assurance be obtained on the performance and actions taken to date? 1. Weekly reports to the Executive Team Meeting. 2. Monthly reports to each Finance and Performance Committee and Trust Board.	Sources of assurance
Member of the Executive Team responsible for delivery of the project aim: Chief Operating Officer	
Trust Board sub-committee responsible for oversight: Finance and Performance Committee	
Update on progress with the project aim (at February 2021) <ul style="list-style-type: none"> ▪ The Trust is one of only two Trusts in the country to meet the 62-day cancer waiting time target for 18 months in a row. ▪ The Trust is now the top acute Trust in the country for ED care. ▪ There will be a focus on outpatient and elective activity recovery over the next three months with a view of eliminating 52-week waiting time breaches. ▪ There is a plan to recover the RTT position to 92% by the end of the 2021/22 financial year being developed. Progress this financial year has sadly stalled due to COVID pressures. 	

Project aim 3 Quality and CQC: To deliver high quality care to our patients and carers and be recognised as an outstanding organisation	Objective
What <i>could</i> prevent this project aim being achieved? (including external factors) 1. The potential for teams to lose focus on quality improvement plans due to competing priorities. 2. Further surge of COVID-19 cases resulting in potential redeployment of staff. 3. Uncertainty in the future changes in the Care Quality Commission (CQC) inspection methodology. 4. Over-reliance on the corporate team leading on the improvement work. 5. Reduced local ownership and engagement with action plans.	Risks to objective
What actions have been taken in response to the above issues? a. Local development and ownership of action plans. b. Embedding the 'business as usual' approach to quality improvement – revisiting the Key Lines of Enquiry (KLOE) self-assessments. c. Implementation of a range of initiatives to observe and share best practice. d. Regular planned engagement and communication with our CQC colleagues. e. Support to divisions with 'deep dive' reviews of services as identified and report to the Quality Committee 'deep dive' meeting. f. The Trust's leadership development programme is expected to benefit the delivery of all the Trust's key objectives.	Controls
Where can assurance be obtained on the performance and actions taken to date? 1. Monthly progress reports on action plans to the Quality Improvement Committee (QIC). 2. The 'main' Quality Committee will receive progress reports every other month. 3. Monthly progress reports to the divisional performance reviews. 4. Monthly report to the Executive Team Meeting. 5. Divisional reporting in clinical governance meetings.	Sources of assurance
Member of the Executive Team responsible for delivery of the project aim: Chief Nurse / Medical Director	
Trust Board sub-committee responsible for oversight: Quality Committee	
Update on progress with the project aim (at February 2021) <ul style="list-style-type: none"> There has been 100% completion of self-assessments against KLOEs completed for each division. Directorate and Divisional actions have been completed by teams. These are scheduled to be updated monthly and progress reported to the QIC, but due to COVID-19 the last QIC took place in November 2020. The next QIC meeting is on 11/02/21 and will be an informal update on current position. A stocktake meeting was held in January 2021 to review next steps and priorities. The identification of new priority areas is informed by emerging quality and safety themes. There are ongoing discussions and engagement with the Trust's CQC lead. The Trust will review the CQC's "Consultation on changes for more flexible and responsive regulation", and will contribute before the consultation closes (23/03/21). Peer Reviews with services are scheduled to take place from February 2021, to review actions undertaken and impact on their self-assessment. Key areas of organisational focus are addressed with the agreed workstreams in place as needed. The most recent CQC engagement event was on 21/12/20 and the Trust is in discussion to arrange the next event following the current COVID-19 surge. 	

Project aim		Objective
4 Electronic Patient Record (EPR): Delivery of Allscripts' EPR solution "Sunrise"; aligning and supporting the wider strategic objective of digitally transforming MTW to improve patient outcomes through providing safer and more efficient care		
What <i>could</i> prevent this project aim being achieved? (including external factors)		Risks to objective
1. The Trust's capacity and capability to manage the volume of change required for EPR & other high-priority initiatives. 2. A second wave of COVID-19 cases resulting in staff not being able to be released for testing or training over the next six months 3. A lack of operational management engagement resulting in subject matter experts and clinical staff not being made available to the EPR Programme Team.		4. A lack of clinical engagement leading to the Trust's requirements not being properly understood and poor-quality solutions being provided. 5. Windows 10 rollout & its alignment with Sunrise. 6. The capacity and capability of the IT Team to deliver and support the Sunrise Infrastructure.
What actions have been taken in response to the above issues?		Controls
a. The Trust's reset of priorities includes EPR as a core deliverable for 2020/21. b. COVID-19 secure facilities are internally being identified to support EPR testing and training. c. Divisional leads have been appointed to support implementation plans including releasing staff for testing and training. d. The redevelopment of the Digital Transformation Strategy as part of the Trust's focus on the reset agenda. e. The Chief Clinical Information Officer (CCIO) is actively engaged with the programme communication and messaging, and there is Directorate representation on the Programme Boards.		f. EPR Showcase and demo events are planned through the run up to go-live. g. A detailed EPR communications plan is in place. h. Milestones have been set to ensure there is no impact on Sunrise. i. A weekly technical IT meeting is held that feeds into EPR Enablers Board, ensuring progress against milestones is achieved (including reviewing the IT resource to support the Sunrise deployment). j. The Trust's leadership development programme is expected to benefit the delivery of all the Trust's key objectives. k. The Trust's Digital Transformation Strategy was approved by the Trust Board in October 2020
Where can assurance be obtained on the performance and actions taken to date?		Sources of assurance
1. Monthly clinical workstream meetings. 2. Monthly update to EPR Programme Board. 3. Monthly update reports to the Executive Team Meeting (ETM).		4. Monthly Digital Transformation Board meetings. 5. Bi-monthly reporting to the Finance and Performance Committee.
Member of the Executive Team responsible for delivery of the project aim:		Medical Director
Trust Board sub-committee responsible for oversight:		Finance and Performance Committee
Update on progress with the project aim (at February 2021)		
<ul style="list-style-type: none"> User Acceptance Testing (UAT) 4 completed on 18/12/20 as planned – 122 issues were identified including 35 'go live' blockers which have now all been addressed The Sunrise 18.4 upgrade has been completed. UAT 5 was due to start 11/01/21 – however due to second COVID surge staff were not able to be released to attend. Due to the delay in the UAT 5 programme, the 'go live' for April has been reviewed and reset to mid-June 2021. The testing has now been rescheduled for 01/03/21. In the interim, the EPR programme team continues to test and retest end-to-end pathways ahead of UAT 5. Data Priming Round 5 commenced and is due to complete in February 2021. Data Quality Analysts have been recruited to support the validation and work is ongoing The Ive programme / Windows 10 rollout is scheduled to support the Sunrise Go-Live. The Trust is currently working with Allscripts to resolve a printing issue with PAS, but is still on track to deliver the roll out as planned with 3 weeks of contingency A managed service solution being explored with Allscripts to support IT capacity and capability 		

Project aim		Objective
5 Education/Kent and Medway Medical School (KMMS): To enable fulfilment of MTW's role in the delivery of an integrated reputable, high quality educational programme and student experience for KMMS students in line with the KMMS curriculum; provision of necessary student accommodation and teaching infrastructure at Maidstone Hospital and Tunbridge Wells Hospital in time for the first intake of KMMS students on 01/09/22		
What <i>could</i> prevent this project aim being achieved? (including external factors)		Risks to objective
1. Lack of timely information from KMMS re student numbers and curriculum & learning objectives, to enable early resource planning and accommodation scoping. 2. Availability of resources required by individual specialities/Departments to provide for student placements. 3. Inadequate infrastructure / space (in particular outpatient/ clinic space) to support teaching.		4. The need to co-ordinate where possible to maximise opportunities to develop learning environment with other developments in the Trust. 5. Job plan risks re incorporation of additional Programmed Activities (Pas) for medical student Educational/Clinical Supervisor responsibilities. 6. Insufficient accommodation available for students' arrival on placement in September 2022.
What actions have been taken in response to the above issues?		Controls
a. Executive oversight and scrutiny through appointment of Medical Director as chair of the KMMS Steering Group and for senior liaison with KMMS (numbers and accommodation data were last pursued on 23/09/20) b. Establishment of a formal structure for management of the project with three key workstreams and associated governance (Estates & Facilities; Engagement; and Placements) c. Detailed planning undertaken to assure that the Trust has the capacity re accommodation & clinical infrastructure to meet the expected significant increase in the number of students on placement.		d. Involvement of the Trust's outpatients lead to proactively address concerns re outpatient/clinic space. e. Recognition of KMMS as core deliverable within the Trust's reset of priorities. f. Job planning risks will be addressed by the Engagement workstream. g. The Trust's leadership development programme is expected to benefit the delivery of all the Trust's key objectives.
Where can assurance be obtained on the performance and actions taken to date?		Sources of assurance
1. Bi-monthly steering group meetings, with subsequent report to the Executive Team Meeting (ETM). 2. Bi-weekly Non-Executive Director oversight meetings on the accommodation project		3. Bi-monthly review of progress with accommodation project by the ETM. 4. An update on the student accommodation project has been scheduled for the Trust Board in December 2020
Member of the Executive Team responsible for delivery of the project aim:		Medical Director
Trust Board sub-committee responsible for oversight:		People and Organisational Development Committee
Update on progress with the project aim (at February 2021)		
<ul style="list-style-type: none"> An encouraging meeting was held with the KMMS Undergraduate Programme Director/Deputy Dean on 05/11/20 to discuss the detailed KMMS placement questionnaire submitted by the Trust. The Programme Specification Curriculum was received 23/11/20. Detailed planning and identification of resource implications is underway through the Specialty Lead Groups. Clinical teaching facilities are being defined for inclusion in design of new build facilities and teaching space close to ward areas The medical school accommodation build design and location was agreed with the Non-Executive Director oversight group on 02/02/21 and is being submitted for formal planning approval. 		

Project aim		Objective
6 Strategy - Estates: To define an estates and facilities strategy and plan for MTW informed by both the clinical strategy and Reset and recovery workstreams		
What <i>could</i> prevent this project aim being achieved? (including external factors)		Risks to objective
1. Previously failure to perform in the allotted time scale was a risk. The Estates Strategy has now been drafted and is complete, apart from the incorporation of the capital expenditure allocations which are unknown at the time of drafting this document.		
What actions have been taken in response to the above issues?		Controls
a. Effective project management implementation for the development of the Estates strategy with project milestones and a fixed delivery date. b. Ensuring the Estates Strategy milestones for development were met by regular review. c. Implementation at the early stages and following through with the regular peer review of the Estates Strategy with colleagues in the Strategy, Planning and Partnerships Directorate. d. The Estates Strategy has now been drafted and past to the Director of Strategy, Planning and Partnerships. The Estates Strategy is now subject to review by the Chief Executive, subject to approval and insertion of any amendments the Estates Strategy will then be submitted to the Executive Team Meeting (ETM) for agreement and onward transmission to the Trust Board, for approval.		e. Regular contact with external NHS partners and the Sustainability and Transformation Partnership (STP) as the Estates document is formed. f. The incorporation of the Estates strategy into the overall redevelopment work that has been undertaken in the formation of a Trust wide control development plan and effective creation of an Estates Asset Space register. g. The Trust's leadership development programme is expected to benefit the delivery of all the Trust's key objectives. The Trust's leadership development programme is now underway and adds an additional dimension for the overall Estates strategy to integrate with other Trust strategic and operational plans.
Where can assurance be obtained on the performance and actions taken to date?		Sources of assurance
1. From the documentation that is being incorporated into the Trust's Premises Asset Model (PAM) document which is maintained in the Estates department. 2. Estates Strategy documentation can be actioned on the Estates shared network drive for scrutiny once approved.		3. The Estates Strategy plan is incorporated in the Estates and Facilities annual operational plan where progress is referenced. 4. The "Update on the response to the external Estates and Facilities review" reports which are scheduled at the Finance and Performance Committee every three months 5. The "Six-monthly update on Estates and Facilities" submitted to the Trust Board
Member of the Executive Team responsible for delivery of the project aim:		Chief Executive (through the Director of Estates and Facilities)
Trust Board sub-committee responsible for oversight:		Finance and Performance Committee (on the basis that the Trust Board agreed in June 2020 that future "update on the response to the external Estates and Facilities review" reports should be submitted to the Finance and Performance Committee instead of the Trust Board).
Update on progress with the project aim (at February 2021)		
<ul style="list-style-type: none"> The Trust Estates strategy has now been drafted and subject to amendment will be submitted to the ETM for approval and onward transmission to the Trust Board no later than the end of February 2021 (although consideration is being given to the scheduling of a Trust Board Seminar on the draft strategy in the first instance, which may mean the Trust Board's formal approval is not sought until March 2021). Progress has been consistent despite the imposition of the COVID-19 pandemic. Regular meetings take place with the Director of Strategy, Planning Partnerships Directorate which are fruitful and result in strategic capital development of estate planning and implementation of estate capital investment schemes. 		

Project aim		Objective
7 Strategy – Clinical: To define the future state (short medium and long term) configuration options for a range of clinical services with timelines and plans for implementation		
What <i>could</i> prevent this project aim being achieved? (including external factors)		Risks to objective
1. Lack of clarity on future state options due to COVID-19.	3. Lack of project management support and disconnect between strategy and implementation.	
2. Lack of availability of capital for implementation.	4. Lack of Divisional and Directorate engagement.	
What actions have been taken in response to the above issues?		Controls
a. Short to medium term options to incorporate ongoing effects of COVID-19 while long term options do not.	d. Divisions and Directorates are identifying their own internal project lead to ensure that strategic developments are owned by Divisions with individuals being directed by the Strategy and Transformation teams.	
b. Alternative funding options to NHS capital are being explored in parallel to strategy development.	e. The Trust's leadership development programme is expected to benefit the delivery of all the Trust's key objectives.	
c. A plan for hand off between strategy development and implementation is being worked up with the Director of Transformation.		
Where can assurance be obtained on the performance and actions taken to date?		Sources of assurance
1. The Executive Team Meeting (ETM) Finance and Performance Committee and Trust Board will review Business Cases developed as a result of Strategy development.	2. All plans are to be placed on the Aspyre IT system to ensure transparency and ability for scrutiny at any time.	
Member of the Executive Team responsible for delivery of the project aim:		Director of Strategy, Planning and Partnerships
Trust Board sub-committee responsible for oversight:		N/A – Trust Board to provide oversight (this was confirmed by the Trust Board on 26/11/20)
Update on progress with the project aim (at February 2021)		
<ul style="list-style-type: none"> Cardiology is progressing, with market testing running from February to April 2021 to inform an options appraisal and Outline Business Case (OBC) for partnership or NHS solutions. Imaging is progressing with an OBC for partnership being prepared following the Trust Board's approval of the Strategic Outline Case (SOC) for Radiology Clinical Strategy Magnetic Resonance Imaging & Cross-Sectional Reporting on 22/10/20. Market testing to inform a preferred option within the OBC is being undertaken, with completion due by the end of April 2021. The implications of the Richards Review ("Recovery and Renewal – Report of the Independent Review of Diagnostic Services for NHS England", which was published in November 2020) and the development of Community Diagnostic Hubs is being considered, with the timings of national guidance and funding opportunities influencing OBC development. 		

Project aim		Objective
8 Integrated Care Partnership (ICP) /External: To oversee and enable the ICP Development in West Kent and ensure appropriate stakeholder engagement and participation in MTW's work (e.g. in clinical strategy development).		
What <i>could</i> prevent this project aim being achieved? (including external factors)		Risks to objective
1. Lack of Sustainability and Transformation Partnership (STP) /Clinical Commissioning Group (CCG) funding for essential purposes (e.g. clinical backfill). 2. Lack of appropriate population health data for decision making and priority setting.		3. Lack of Trust between system partners. 4. Lack of delegated authority to support streamlined and quick decision making.
What actions have been taken in response to the above issues?		Controls
a. A proposal for funding key elements of ICP development has been created and agreed with all three other ICPs and being considered by CCG. b. Discussions are being held with Kent and Medway CCG on the importance of a centralised data function and West Kent analytic function being set up in conjunction with the Head of Business Intelligence and the GP Federation.		c. The governance of ICP has been evolved from pre-existing structures to ensure that the trust generated over the preceding years is not denuded d. A Scheme of Delegation is being created to allow for rapid decisions and actions to support transformational change. e. The Trust's leadership development programme is expected to benefit the delivery of all the Trust's key objectives.
Where can assurance be obtained on the performance and actions taken to date?		Sources of assurance
1. The ICP Development Board (which is attended by the Trust's Chief Executive as the Senior Responsible Officer (SRO)) oversees the development of the West Kent ICP.		2. The Trust Board 'Away Day' on 02/12/20 was focused on the latest local and national developments regarding ICS' and ICPs. 3. The Executive Team Meeting (ETM) considered the latest local and national developments regarding ICS' and ICPs on 15/12/20.
Member of the Executive Team responsible for delivery of the project aim:		Director of Strategy, Planning and Partnerships
Trust Board sub-committee responsible for oversight:		N/A – Trust Board to provide oversight (this was confirmed by the Trust Board on 26/11/20)
Update on progress with the project aim (at February 2021)		
<ul style="list-style-type: none"> The ICP has successfully moved to phase two of its governance structures. Transformational priorities have been defined in conjunction with clinical and professional board reviewing population health data. The resourcing for ICP development is being discussed with Kent and Medway CCG – Final resource allocations have been ratified and the recruitment of a new programme director role has begun. 		

Project aim

- 9 Organisational Development and Workforce: Make MTW a great place to work - For MTW to be an excellent organisation that puts staff engagement, well-being and experience at the fore front to nurture a place where people want to come to work, stay, be proud and enable staff to be exceptional by recruiting, retaining and developing exceptional people to deliver outstanding care for our communities

What could prevent this project aim being achieved? (including external factors)

Risks to objective

Strategic objective for People - Creating a genuinely great place to work where I can come to work and be my best self. Our vision is that we recruit and develop exceptional people and create the conditions for success so that they can deliver outstanding care. Our vision is dependent on an engaged, motivated workforce who love their work and feel well supported. Our Exceptional People, Outstanding Care vision is inconsistently applied. We cannot categorically say that all of our staff; irrespective of where they work have a consistently exceptional experience at work. We cannot say that we support and develop each and every one of our leaders so that they understand how their role can create the culture required deliver this standard.

Specific factors:

1. The impact of the COVID-19 pandemic and 'reset and recovery' needs, especially in light of the second wave and the impact on wellbeing on staff, especially fatigue, psychological wellbeing and the risk of 'burnout'. There is a need to recover our people before we recover our services and significant short- and medium-term impacts, especially if the pandemic resurges in any 3rd wave.
2. The ability of staff to be able to create the interventions at pace required, especially with the engagement, wellbeing & staff experience agenda or broader 'People Strategy', including the Equality, Diversity and Inclusion initiatives required by the NHS People Plan and the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).
3. A national shortage / availability of certain staff groups.
4. The need to join up and ensure governance oversight of the transformation agenda for Strategy Deployment, specifically:
 - (a) Strategy Deployment through the Western Sussex Partnership (Patient First Improvement System (PFIS) / PFIP for Leaders) agenda.
 - (b) Digitalisation, specifically the roll out of Electronic Patient Record (EPR) and the need for Organisation Development (OD) / change management support for behaviours to realise the proposed benefits.
 - (c) the Exceptional People Outstanding Care (EPOC), including the staff welfare programme and Culture and Leadership Programme (CLP) and associated staff engagement plans; and
 - (d) the Exceptional Leaders programme

This is especially important for key themes of trusting staff, desired behaviours (including leadership behaviours), compassionate & inclusive leadership and patient experience ('Key Themes').
5. Organisation readiness for and timing of Strategy Deployment initiatives. They are coinciding and involving the same staff groups with limited capacity to support, especially in June 2021.
6. Lack of support or visibility of senior leaders to ensure alignment of the golden thread of 'Board to Ward' and the 'People Agenda' on Key Themes.
7. Insufficient or non-aligned communications of narrative, actions and information to staff.
8. Insufficient investment to date in senior leadership development, middle management development or Culture and Leadership Programme actions.
9. Staff not empowered to implement or deliver service changes.

What actions have been taken in response to the above issues?

Controls

- a. The establishment of EPOC workstream to deliver the Organisation Development and COVID-19 'reset and recovery' agendas to support the Trust's strategic objectives and planned partnership working with Western Sussex Hospitals NHS Foundation Trust.
- b. CLP: commissioning of Phase 2 (Design) with the team, which while paused during the COVID-19 second wave and Operational Pressures Escalation Level (OPEL) 4 is now being restarted.
- c. Exceptional Leaders: while launch has been deferred from January to June 2021, we continue
- f. Better consistency, coordination and integration with engagement and communications, including liaison with the Culture and Ethnic Minorities Network (CEMN) and other staff groups.
- g. Review of feedback from the NSS when available and planning to address disconnect between Bullying and Harassment and aspiration for the Trust to be a great place to work and 'outstanding' on all five of the Care Quality Commission (CQC) domains.
- h. Review of coaching and mentoring to specifically support COVID-19 'reset and recovery',

<p>to progress design and integrate with the Trust strategic agenda and ensuring any content is contextualised accordingly.</p> <p>d. Consideration of elements for a MTW People Strategy to reflect the strategic intent of the new NHS People Plan and NHS People Promise.</p> <p>e. Reviewing and refined staff survey planning, including new COVID-19 and patient experience focus in both the National Staff Survey (NSS) and MTW Climate surveys and the development of divisional action plans based on the results as part of Divisional Performance Reviews (DPRs).</p>	<p>psychological wellbeing, CEMN, and middle manager groups.</p> <p>i. The Trust's leadership development programme is expected to benefit the delivery of all the Trust's key objectives.</p>								
<p>Where can assurance be obtained on the performance and actions taken to date? <i>Sources of assurance</i></p> <table border="0"> <tr> <td>1. CLP Phase 2 Discovery Report and Feedback – planned to be taken to Board in April 2021.</td><td>5. Divisional Performance Reviews.</td></tr> <tr> <td>2. Exceptional Leaders Phase 1 Discovery Report and Feedback.</td><td>6. Other updates to the Executive Team Meeting and People and Organisational Development Committee.</td></tr> <tr> <td>3. Integrated Performance Report (IPR) metrics and monthly KPI reporting to the People & Organisation Development Committee.</td><td>7. Staff Friends and Family Test (FFT) (NB now part of the MTW Quarterly Climate Survey w. e. f January 2021) and patient experience data correlation. (NB MTW opted in to the optional patient experience questions in the 2020 NSS).</td></tr> <tr> <td>4. Staff survey data, including the national NHS staff survey data (embargoed until March 2021) and quarterly MTW Climate Survey data.</td><td></td></tr> </table>		1. CLP Phase 2 Discovery Report and Feedback – planned to be taken to Board in April 2021.	5. Divisional Performance Reviews.	2. Exceptional Leaders Phase 1 Discovery Report and Feedback.	6. Other updates to the Executive Team Meeting and People and Organisational Development Committee.	3. Integrated Performance Report (IPR) metrics and monthly KPI reporting to the People & Organisation Development Committee.	7. Staff Friends and Family Test (FFT) (NB now part of the MTW Quarterly Climate Survey w. e. f January 2021) and patient experience data correlation. (NB MTW opted in to the optional patient experience questions in the 2020 NSS).	4. Staff survey data, including the national NHS staff survey data (embargoed until March 2021) and quarterly MTW Climate Survey data.	
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<p>Member of the Executive Team responsible for delivery of the project aim: Chief Finance Officer / Deputy Chief Executive</p>									
<p>Trust Board sub-committee responsible for oversight: People and Organisational Development Committee</p>									
<p>Update on progress with the project aim (at February 2021)</p> <ul style="list-style-type: none"> ▪ The above was fully updated on 5 February 2021 and reflects the latest position. ▪ We were advised in the w/c 01/02/21 that the embargo on the National Staff Survey results will be lifted on 12/03/21. Further updates will be provided after that. ▪ The latest MTW Climate Survey will close on 08/02/21. ▪ During February, consideration will be given to agree the way forward to join up and ensure governance oversight of the transformation agenda for Strategy Deployment 									

Infection prevention and control board assurance framework	Director of Infection Prevention and Control
<p>The infection prevention and control board assurance framework was submitted to the 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.</p>	
<p>Which Committees have reviewed the information prior to Board submission? N/A</p>	
<p>Reason for submission to the Board (decision, discussion, information, assurance etc.) ¹ Information, assurance and discussion</p>	

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

Infection Prevention and Control board assurance framework

The IPC BAF is required to be updated and reviewed by the QC and Trust Board on a monthly basis during the Covid-19 pandemic

New questions, listed here, have been added to the BAF since it was last reported – these are highlighted in red in the document. Some of the new questions are updates of previous questions and for this reason only new information in the responses is highlighted in red:

Section 1:

- There are pathways in place which support minimal or avoid patient bed/ward transfers for duration of admission unless clinically imperative
- That on occasions when it is necessary to cohort COVID or non-COVID patients, reliable application of IPC measures are implemented and that any vacated areas are cleaned as per guidance
- Implementation of twice weekly lateral flow antigen testing for NHS patient facing staff, which include organizational systems in place to monitor results and staff test and trace
- Additional targeted testing of all NHS staff, if your Trust has a high nosocomial rate, as recommended by your local and regional infection prevention and control/Public Health team
- There are visual reminders displayed communicating the importance of wearing face masks, compliance with hand hygiene and maintaining physical distance both in and out of the workplace
- This Board Assurance Framework is reviewed and evidence of assessments are made available and discussed at Trust Board
- There are check and challenge opportunities by the executive/senior leadership teams in both clinical and non-clinical areas

Section 2:

- Assurance processes are in place for monitoring and sign off terminal cleans as part of outbreak management
- Monitor adherence to environmental decontamination with actions in place to mitigate any identified risk
- Monitor adherence to the decontamination of shared equipment with actions in place to mitigate any identified risk

Section 5:

- facemasks are available for all patients and they are always advised to use them
- To achieve 2 metre social and physical distancing in all patient care areas
- Patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts traced promptly
- There is evidence of compliance with routine patient testing protocols in line with [Key actions: infection prevention and control and testing document](#)

Section 6:

- Staff maintain social distancing (2m+) when travelling to work (including avoiding car sharing) and remind staff to follow public health guidance outside of the workplace

Section 8:

- That all emergency patients are tested for COVID-19 on admission
- That those inpatients who go on to develop symptoms of COVID-19 after admission are re-tested at each point symptoms arise
- That those emergency admissions who test negative on admission are retested on day 3 of admission, and again between 5-7 days post admission
- That sites with high nosocomial rates should consider testing COVID negative patients daily
- That those being discharged to a care home are being tested for COVID-19 48 hours prior to discharge (unless they have tested positive within the previous 90 days) and result is communicated to receiving organization prior to discharge
- That those being discharged to a care facility within their 14-day isolation period should be discharged to a designated care setting, where they should complete their remaining isolation
- That all elective patients are tested 3 days prior to admission and are asked to self-isolate from the day of their test until the day of admission

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
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			
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> infection risk is assessed at the front door and this is documented in patient notes 	<ul style="list-style-type: none"> 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 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> there are pathways in place which support minimal or avoid patient bed/ward transfers for duration of admission unless clinically imperative That on occasions when it is necessary to cohort COVID or non-COVID patients, reliable application of IPC measures are implemented and that any vacated areas are cleaned as per guidance Monitoring of IPC practices, ensuring resources are in place to enable compliance with IPC practice 	<ul style="list-style-type: none"> 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 afebrile for 48 hours without anti-pyretic medication and have some respiratory improvement. ITU and immunocompromised patients must have negative swabs prior to de-escalation Covid contacts are cohort according to date of exposure All contacts are nursed in side rooms or bays with the doors shut All contacts are swabbed twice a week for 14 days Cohorts with the same isolation date may be merged if necessitated by bed pressure IPC audits continue to monitor practice including PPE and hand hygiene. Ward audits and IPC triangulation audits reported through IPCC PPE stocks closely monitored to 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> ○ Staff adherence to hand hygiene? ○ Staff social distancing across the workplace ○ Staff adherence to wearing fluid resistant surgical facemasks (FRSM) in: <ul style="list-style-type: none"> ▪ a) clinical ▪ b) non-clinical setting ● Monitoring of compliance with wearing appropriate PPE, consider implementing the role of PPE guardians/safety champions to embed and encourage best practice ● Implementation of twice weekly lateral flow antigen testing for NHS patient facing staff, which include organizational systems in place to 	<ul style="list-style-type: none"> ensure supplies available ● PPE posters on all wards. ● IPC policies available on the intranet ● Concerns re new variant and high level of staff sickness have led to the Trust recommending FFP3 masks for all staff on Covid wards. Initially for a month but now extended due to delays in second dose vaccination ● Maximum occupancy notices on all non-clinical doors rooms and clinical offices ● PPE and hand hygiene 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 ● PPE officers provide PPE training to new starters ● 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 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>monitor results and staff test and trace</p> <ul style="list-style-type: none"> Additional targeted testing of all NHS staff, if your Trust has a high nosocomial rate, as recommended by your local and regional infection prevention and control/Public Health team 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 	<ul style="list-style-type: none"> Escalation plan in place with trigger points for increasing asymptomatic testing Positive lateral flow followed up with PCR Occupational Health and local managers assess risk of staff contacts of positive cases All staff now have lateral flow kits except for those within 3 months of Covid infection Results recorded on on-pine platform Weekly performance report to execs Plan in place to refresh supplies for those running out of kit Tests also available for bank and agency staff All staff on outbreak wards have lateral flow checked and additional swabs as necessary for PCR Outbreaks closely monitored by IPC team Additional targeted testing has not been necessary to date 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 20. 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>induction and mandatory training</p> <ul style="list-style-type: none"> 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 	<p>Face to face training prior to this.</p> <ul style="list-style-type: none"> 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 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 management of stocks by procurement leads. Electronic monitoring system in place Active monitoring of PPE burn rate and stocks Reusable masks and air powered respirators available for those who fail FIT testing All patient facing staff trained in use of 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> There are visual reminders displayed communicating the importance of wearing face masks, compliance with hand hygiene and maintaining physical distance both in and out of the workplace national IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way 	<ul style="list-style-type: none"> PPE and supported by PPE officers Use of powered air respirators 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. Repeat FIT testing available for those affected by national withdrawal of one type of FFP3 mask 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 Posters widely displayed throughout the Trust Screensavers for Hands Space Face 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 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted risks are reflected in risk registers and the Board Assurance Framework where appropriate robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens 	<ul style="list-style-type: none"> 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 Emerging risk of <i>Burkholderia aenigmatica</i> infection associated with the use of multi-use bottles of ultrasound gel on ITU. Information shared with clinicians and sterile single patient use gel implemented (risk stepped down but recommendations on u/s gel stand) DIPC is member of exec team and updates as required Covid update is standing item on Board agenda ICC risk register reflects IPC risks associated with Covid-19 DIPC attends Trust Board meetings All pre-existing IPC risk assessment processes and policies remain in place and in date for non-Covid-19 infections Trust compliant with Hygiene Code prior to pandemic. 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> that Trust Chief Executive, the Medical Director or the Chief Nurse approves and personally signs off, all daily 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 This Board Assurance Framework is reviewed and evidence of assessments are made available and discussed at Trust Board ensure Trust board has oversight of ongoing outbreaks and action plans 	<ul style="list-style-type: none"> 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. Signed off by Head of ICC under delegated authority from CEO Daily analysis shared with senior staff IPC Board Assurance Framework is updated by the DIPC and reviewed monthly at Trust Board. Evidence base is available as required Ongoing outbreaks discussed at daily exec strategic command meetings Twice weekly outbreak meetings for Trust chaired by deputy DIPC – stood down to weekly in January 21 DIPC updates to execs and Board at 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> There are check and challenge opportunities by the executive/senior leadership teams in both clinical and non-clinical areas 	<ul style="list-style-type: none"> every meeting IPCC reports to Quality Committee Daily sitrep of open outbreaks from IPCT Execs and senior managers visit clinical and non-clinical areas regularly 		
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas 	<ul style="list-style-type: none"> 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 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas. decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance Assurance processes are in place for monitoring and sign off for terminal cleans as part of outbreak management 	<ul style="list-style-type: none"> 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 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 Deep clean programme for wards as they are de-escalated is being planned Existing UVC light decontamination technology to be employed Additional robotic UVC resource (Thor) procured Cleaning robot for public areas Nurse in charge checks cleans and signs off IPC team advise on cleaning levels for outbreak management 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> 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 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 Manufacturer's guidance and recommended product contact time' must be followed for all cleaning/disinfectant solutions/products <p>As per national guidance:</p> <ul style="list-style-type: none"> 'frequently touched' surfaces, eg door/toilet handles, patient call bells, over-bed tables and bed 	<ul style="list-style-type: none"> Increased frequency of cleaning complies with national guidance Regular cleaning audits undertaken and results monitored. Audits reported to IPCC Diff X confirmed as suitable cleaning agent for enveloped viruses by IPCT Manufacturer's guidance is followed in all areas Instructions are displayed where needed Environmental cleaning policy reflects manufacturers requirements In place since June 20 Ward staff clean high-touch surfaces including keyboards and telephones Disinfectant wipes available for 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>rails, should be decontaminated at least twice daily and when known to be contaminated with secretions, excretions or body fluids</p> <ul style="list-style-type: none"> Electronic equipment, eg mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily 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) linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken single use items are used where possible and according to Single Use Policy reusable equipment is appropriately decontaminated in line with local and PHE and other 	<p>cleaning workstations in non-clinical areas</p> <ul style="list-style-type: none"> Staff advised to clean equipment as in guidance. Pre-existing guidance for clinical areas Regular twice daily cleaning in place 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 used widely across the Trust. Policy in place and available to staff on the Trust intranet The provider of surgical reusable instrument decontamination for MTW: IHSS Ltd: is run in accordance with audited quality management systems. 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>national policy</p> <ul style="list-style-type: none"> ensure cleaning standards and frequencies are monitored in non-clinical areas with actions in place to resolve issues in maintaining a clean environment ensure the dilution of air with good ventilation e.g. open windows, in admission and waiting areas to assist the dilution of air 	<ul style="list-style-type: none"> 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. Non-clinical areas are part of the cleaning audit schedule. Action plans developed where areas fail audit 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 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> Monitor adherence to environmental decontamination with actions in place to mitigate any identified risk Monitor adherence to the decontamination of shared equipment with actions in place to mitigate any identified risk 	<p>Theatres and pharmaceutical production areas all installed with HTM 03-01 ventilation systems.</p> <ul style="list-style-type: none"> Windows in ward bays and side rooms to be opened for 15 minutes 3 times per day to improve ventilation A Covid-active disinfectant (DiffX) has been used throughout the pandemic response. Cleaning audits carried out by domestic, nursing and estates MDT according to schedule. Reported to and monitored by IPCC Wards also received audit results Additional checks in outbreak areas Commode cleaning audited with triangulation audits in addition. Reported to IPCC Other cleaning of nursing equipment monitored daily by matrons as part of daily ward checks and included on MDT cleaning audits 		
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
<p>Systems and process are in place to ensure:</p> <ul style="list-style-type: none"> arrangements around 	<ul style="list-style-type: none"> Antimicrobial stewardship continues as 	<ul style="list-style-type: none"> Routine ward based 	<ul style="list-style-type: none"> C. difficile PII audits

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>antimicrobial stewardship are maintained</p> <ul style="list-style-type: none"> mandatory reporting requirements are adhered to and boards continue to maintain oversight 	<p>for pre-Covid.</p> <ul style="list-style-type: none"> Antimicrobial stewardship group has 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 Information on national increase of Aspergillus infection in Covid patients in the ITU setting has been shared with ITU clinicians Mandatory reporting of antimicrobial usage has continued. IPCC and DTMMC report to Quality committee 	<p>audits suspended for April and May 20</p>	<p>continuing</p> <ul style="list-style-type: none"> Reports to IPCC reinstated for June 20
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			
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> implementation of national guidance on visiting patients in a 	<ul style="list-style-type: none"> Visitors permitted only on compassionate grounds and to assist 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
care setting	<p>patients with specific needs</p> <ul style="list-style-type: none"> • 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 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 following risk assessment, vaccination of staff, provision of FFP3 masks for sonographers and pre-scan testing for pregnant woman and partner 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> • 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 • information and guidance on COVID-19 is available on all Trust websites with easy read versions • infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved 	<ul style="list-style-type: none"> • 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 • 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/2020/12/latest-information-on-the-coronavirus/ • 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 	<ul style="list-style-type: none"> • Easy read version not yet available 	<ul style="list-style-type: none"> • Information currently under review prior to submission to the Accessible Information Standard group for conversion into easy read.

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> there is clearly displayed and written information available to prompt patients' visitors and staff to comply with hands, face and space advice 	<ul style="list-style-type: none"> 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 Posters prominently displayed in public areas Hand, Face and Space logo on trust Covid internet pages Posters in wards to encourage patients to wear face masks 		
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			
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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, 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> 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 	<p>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.</p> <ul style="list-style-type: none"> 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 Patients on non-covid pathway have Covid point of care test in A&E. 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 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> staff are aware of agreed template for triage questions to ask triage undertaken by clinical staff 	<ul style="list-style-type: none"> 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 Standard triage template supported by electronic system (Symphony) and printed version Triage carried out by senior nursing 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>who are trained and competent in the clinical case definition and patient is allocated appropriate pathway as soon as possible</p> <ul style="list-style-type: none"> face coverings are used by all outpatients and visitors facemasks are available for all patients and they are always advised to use them provide clear advice to patients on use of facemasks to encourage the use of surgical facemasks by all inpatients (particularly when moving around the ward) if this can be tolerated and does not compromise their clinical care ideally segregation should be with separate spaces, but there is potential to use screens eg to 	<p>staff.</p> <ul style="list-style-type: none"> Immediate allocation of patient to pathway Obstetric triage in place with senior midwife. Labour ward has designated red and green beds 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 Face masks available for all patients and patients advised to use them rather than own face coverings Inpatients encouraged to use masks as much as tolerated and always when leaving the bedside Posters in ward bays and patient information available Reception staff are protected with screens in all areas 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>protect reception staff</p> <ul style="list-style-type: none"> To achieve 2 metre social and physical distancing in all patient care areas for patients with new-onset symptoms, isolation, testing and instigation of contact tracing is achieved until proven negative 	<ul style="list-style-type: none"> 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 Vaccination centre has been organized with social distancing and separate spaces 2m minimum bed spacing in all wards and ED Outpatients waiting areas are socially distanced 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 own home 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> Patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts traced promptly There is evidence of compliance with routine patient testing protocols in line with Key actions: infection prevention and control and testing document 	<p>continue to self-isolate at home.</p> <ul style="list-style-type: none"> Patients from residential care are swabbed prior to discharge and care facility informed of the result. IDT manage discharge to residential care. 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 results submitted to PHE for national track and trace 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 Any patients with new symptoms after admission are tested and isolated until the result is known All patients who test negative on admission are re-tested at day 3 then 5-7 days in line with national guidance. National guidance followed in all cases. Local guidance developed from national guidance and published through daily staff Bulletin and Covid pages on intranet. Negative patients swabbed within 48 hours of expected discharge date for 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> patients attending for routine appointments who display symptoms of COVID-19 are managed appropriately 	<ul style="list-style-type: none"> discharge to residential care facility and result available before transfer Post-covid patients (14+days since diagnosis) are not re-swabbed prior to discharge unless immunocompromised. Covid positive patients within 14 days of diagnosis requiring discharge to care facility are only discharged to designated centres Revised guidance issued removing the need for negative swabs in de-escalated patients and restricting the requirement for negative swabs prior to discharge 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 Patients for elective admission who are unwell on the day of admission despite a negative pre-admission Covid swab have a medical review to determine if their planned treatment can proceed. 		
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			
Systems and processes are in place to ensure:			

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> Separation of patient pathways 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 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 all staff providing patient care and working within the clinical 	<ul style="list-style-type: none"> Separate entrances for staff and patients Stay left signs in corridors Visitors and patients not permitted to use staff catering facilities 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 Donning and Doffing videos available on Trust intranet site. 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>environment are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it</p> <ul style="list-style-type: none"> a record of staff training is maintained adherence to PHE national guidance on the use of PPE is regularly audited with actions in place to mitigate any identified risk <p>Hygiene facilities (IPC measures) and messaging are available for all patients/individuals, staff and visitors to minimize Covid-19 transmission such as:</p> <ul style="list-style-type: none"> hand hygiene facilities including 	<ul style="list-style-type: none"> PPE officers provide workplace training. PPE helpers available in ICU Donning and doffing stations 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 Fit testing records maintained Records maintained for cleaning of reusable masks Records maintained of formal IPC training On line learning and development system records mandatory training PPE audits ongoing and reported to IPCC Combined hand hygiene and PPE audit in place Action plans for non-compliance Hand wash basins widely available. 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>instructional posters</p> <ul style="list-style-type: none"> • good respiratory hygiene measures • maintaining physical distancing of 2m wherever possible unless wearing PPE as part of direct care • Staff maintain social distancing (2m+) when travelling to work (including avoiding car sharing) and remind staff to follow public health guidance outside of the workplace • frequent decontamination of equipment and environment in both clinical and non-clinical areas • clear visually displayed advice on the use of face coverings and face masks by patients/individuals, 	<ul style="list-style-type: none"> • Instructions on all splash backs • Sanitising gel widely available including entrances to all clinical areas • All staff, outpatients and visitors wear masks • Inpatients encouraged to use masks as much as tolerated and always when leaving the bedside • Social distancing encouraged • Signage on doors stating maximum occupancy • Additional breakout areas available • Covid secure offices identified • Staff advised of social distancing rules and to avoid car sharing • Reminders on intranet and in daily Pulse to follow public health advice at all times • 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 • PPE posters widely displayed • Non-clinical areas assessed for Covid-secure status 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>visitors and by staff in non-patient facing areas</p> <ul style="list-style-type: none"> • staff regularly undertake hand hygiene and observe standard infection control precautions • 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 • Guidance on hand hygiene, including drying should be clearly displayed in all public toilet areas as well as staff toilets • staff understand the requirements for uniform laundering where this is not provided for on site 	<ul style="list-style-type: none"> • Advice widely publicised through staff Pulse magazine and Trust internet and intranet pages • Ward based audits in place. • Triangulation audits completed monthly by IPCT. • Directorates report to IPCC • All hand wash basins are co-located with paper towel dispensers • All hand wash sinks have hand washing and drying guidance on back boards in both clinical and public areas • 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 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> 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. 	<p>the daily bulletin and Covid intranet page.</p> <ul style="list-style-type: none"> 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 if symptomatic and 10 days if asymptomatic throughout. Lateral flow testing available for all clinical staff. 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Positive lateral flow tests confirmed by PCR Post-vaccine infection followed up with additional swab and blood for antibody testing. Enhanced surveillance forms completed on-line 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 –under review Twice weekly outbreak meetings IIMARCH forms completed for all outbreaks Outbreaks reported via national online platform Outbreak policy in place 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
of infection	<ul style="list-style-type: none"> Active management by infection control team Lab results available in real time via emailed list 		
7. Provide or secure adequate isolation facilities			
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> 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 Areas/wards are clearly signposted, using physical barriers as appropriate so patients/individuals and staff understand the different risk areas patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate areas used to cohort patients with 	<ul style="list-style-type: none"> 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 except in compassionate circumstances Signage in place Wards accessible by swipe access Restricted access to Covid areas All suspected and confirmed Covid patients are placed in designated cohort wards. Suspected cases are placed in side-rooms until test results are available 	<ul style="list-style-type: none"> A designated self-contained area or wing is not available for the treatment and care of Covid patients. No separate entrance is available 	<ul style="list-style-type: none"> Access is through closed doors with swipe card card access. Not used as staff/visitor throughfare

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance</p> <ul style="list-style-type: none"> patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement 	<ul style="list-style-type: none"> 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 in single rooms with en-suite facilities Windows in all ward areas opened for 15 minutes three times per day to improve ventilation 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			
<p>There are systems and processes in place to ensure:</p> <ul style="list-style-type: none"> testing is undertaken by competent and trained individuals 	<ul style="list-style-type: none"> Testing undertaken by registered BMS staff with documented competencies. Method validated prior to diagnostic 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance 	<p>testing</p> <ul style="list-style-type: none"> 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 available with 8 machines at Maidstone and 4 at TWH 24/7 service for near patient testing across the Trust 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> Regular monitoring and reporting of the testing turnaround times with focus on the time taken from the patient to time result is available regular monitoring and reporting that identified cases have been tested and reported in line with the testing protocols (correctly recorded data) screening for other potential infections takes place That all emergency patients are tested for COVID-19 on admission That those inpatients who go on to develop symptoms of COVID-19 	<ul style="list-style-type: none"> Turnaround times closely monitored Results usually available within 24 hours All positive inpatients reported directly to IPC team and site practitioners via email All staff positives reported to Occupational Health via email 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. All patients on the green (non covid) pathway have point of care (SAMBA) testing on admission All patients on the red pathway have point of care (LIAT) tests when available and/or PCR Any inpatient who develops symptoms of Covid has a laboratory PCR test and clinical review 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>after admission are re-tested at the point symptoms arise</p> <ul style="list-style-type: none"> That those emergency admissions who test negative on admission are retested on day 3 of admission, and again between 5-7 days post admission That sites with high nosocomial rates should consider testing COVID negative patients daily That those being discharged to a care home are being tested for COVID-19 48 hours prior to discharge (unless they have tested positive within the previous 90 days) and result is communicated to receiving organization prior to discharge That those being discharged to a care facility within their 14-day isolation period should be discharged to a designated care setting, where they should 	<ul style="list-style-type: none"> All patients who test negative on admission are re-tested in line with national guidance on day 3 and day 5-7 Testing guidance is published in the daily Pulse and available on the intranet Trust nosocomial rate is in line with national experience. Daily swabbing has not been implemented Contacts of Covid patients are swabbed twice weekly for 14 days All patients who have been negative throughout their inpatient stay are tested 48 hours prior to discharge to a care home Results are shared with the receiving care facility Post-Covid patients are not tested further for 90 days unless they develop new symptoms All patients within 14 days of initial diagnosis of Covid who require discharge to a care facility are discharged to a designated care setting. 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>complete their remaining isolation</p> <ul style="list-style-type: none"> That all elective patients are tested 3 days prior to admission and are asked to self-isolate from the day of their test until the day of admission 	<ul style="list-style-type: none"> All elective patients are tested 3 days prior to admission and asked to self-isolate until admission Some patients are required to self-isolate for a longer period due to their underlying illness Plan under development to return to national guidance for all patients following decrease in community prevalence 		
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections			
<p>Systems and processes are in place to ensure that:</p> <ul style="list-style-type: none"> staff are supported in adhering to all IPC policies, including those for other alert organisms any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff 	<ul style="list-style-type: none"> 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 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 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> all clinical waste and linen/laundry related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance PPE stock is appropriately stored and accessible to staff who require it 	<ul style="list-style-type: none"> All clinical waste related to possible, suspected or confirmed Covid-19 cases is disposed of in the Category B (orange) clinical waste stream. New guidance for disposal of lateral flow tests and vaccination centres – current practice already in line with guidance All linen from patients on amber and red pathways treated as infectious linen 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			
<p>Appropriate systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological 	<ul style="list-style-type: none"> Staff risk assessment in place. Managers advised to ensure all staff risk assessed. Risk assessment developed with BAME network and 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>wellbeing is supported</p> <ul style="list-style-type: none"> 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 staff required to wear FFP3 reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained staff who carry out fit test training are trained and competent to do so all staff required to wear an FFP respirator have been fit tested for the model being used and this 	<p>Ethics committee</p> <ul style="list-style-type: none"> 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. 93% of BAME staff have risk assessment completed 80% of 'at risk' staff have had a risk assessment completed Weekly return submitted 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 Dedicated FIT testing team in place and fully trained All staff required to wear a FFP respirator are fit tested 		<ul style="list-style-type: none"> HRBPs/divisions have plan in place to complete outstanding risk assessments

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>should be repeated each time a different model is used</p> <ul style="list-style-type: none"> a record of the fit test and result is given to and kept by the trainee and centrally within the 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 	<ul style="list-style-type: none"> Fit testing on new models available as required A database of FIT testing outcomes is maintained. Staff provided with information identifying the type of mask to be worn 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 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> • 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 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 • 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 	<ul style="list-style-type: none"> • 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 • 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 • 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 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> All staff adhere to national guidance on social distancing wherever possible, particularly if not wearing a facemask and in non-clinical areas 	<p>interdependencies</p> <ul style="list-style-type: none"> 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 Staff social distancing in corridors and queues. Work to ensure that office spaces are socially distanced with risk assessments completed. 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 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> 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 staff are aware of the need to wear facemask when moving through COVID-19 secure areas. staff absence and well-being are monitored and staff who are self-isolating are supported and able to 	<p>COO letter 12 June.</p> <ul style="list-style-type: none"> 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 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 Advice given to staff to don masks whenever moving around Covid secure areas Continued communication via team brief, Pulse and Directors communications to re-iterate “hands – face – space” campaign Staff welfare programme in place including wobble rooms, free food, breakout areas, psychological support/ 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
access testing	<p>first aiders.</p> <ul style="list-style-type: none"> • 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 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 • Staff vaccination centre established and vaccine available to all Trust staff 		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<ul style="list-style-type: none"> staff that test positive have adequate information and support to aid their recovery and return to work. 	<p>and offered to some partner agencies</p> <ul style="list-style-type: none"> Occupational health support Covid-positive staff and advise on return to work and re-testing Psychological support available Occupational Health maintain a list of staff who test positive more than 10 days post-vaccination. Support provided and additional swab and blood tests arranged. Enhanced surveillance completed on-line 		

The Audit and Governance Committee met on 3rd March 2021.

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

- Under the **Review of actions from previous meetings** it was agreed that the Trust Secretary should ensure ensure that the update for action 02-17ii (“Remind the Executive Team of the requirement to declare posts under the criteria within the “Gifts, Hospitality, Sponsorship & Interests Policy” (once agreed)”) to the May 2021 Committee meeting included a definitive deadline for the production of the revised “Managing Conflicts of Interests Policy and Procedure”.
- The Committee agreed a **request to defer the annual review of the Standing Orders (SOs), Standing Financial Instructions (SFIs) and Reservation of Powers and Scheme of Delegation (SoD)** until at least autumn 2021, and the Trust Board is asked to approve that request. The rationale is included in Appendix 1.
- Under **follow up from the Trust Board ‘Away Day’ discussion on Integrated Care System/Integrated Care Partnership on 02/12/20 - Consideration of what, if any, action was required by the Committee** a discussion was held regarding the Committee’s role in governance at the Trust and it was agreed that the Trust Secretary should review and consider, what, if any, amendments are required to the Committee’s Terms of Reference to ensure they accurately reflected the Committee’s role in governance at the Trust.
- The committee reviewed the **Board Assurance Framework (BAF) for 2020/21** and it was agreed that the Chair of the Audit and Governance Committee should ensure that a discussion was held at the March 2021 ‘Part 1’ Trust Board meeting regarding the effectiveness of the BAF in relation to the assurance it provided. It was also agreed that the Trust Secretary should ensure that future “Review of the Board Assurance Framework...” reports clearly highlighted any amendments since the last review by the Committee, by utilising the ‘red-lining’ technique.
- The Committee reviewed the **findings from the review/survey of Internal Audit service** and it was agreed that the Director of Audit, Tiaa Ltd (Head of Internal Audit) should submit a response to the 2020 “Findings from the review/survey of Internal Audit service” (focusing on the responses scoring a “1”, “2” or “Not able to say”) which included what, if any, amendments were required to the intended process for the review/survey of the Internal Audit service to the Committee meeting on 13/05/21.
- The Committee confirmed the intended process for the **review/survey of the Internal Audit service**, subject to any amendments proposed by the Head of Internal Audit.
- The Committee reviewed the **findings from the review/survey of External Audit service** and it was agreed that the Director, Audit, Grant Thornton should submit a response to the 2020 “Findings from the review/survey of External Audit service” (focusing on the “Not able to say” responses) which included what, if any, amendments were required to the intended process for the review/survey of the external Audit service to the meeting on 13/05/21.
- The Committee confirmed the intended process for the **review/survey of the External Audit service**, subject to any amendments proposed by the Director, Audit, Grant Thornton UK.
- The Committee reviewed the **findings from Committee self-assessment / compliance with Terms of Ref.**
- The Committee re-affirmed the method of **Committee self-assessment / compliance with Terms of Reference** (which was to use the same method as the previous year)
- The latest **details of gifts, hospitality and sponsorship** were declared which included an update on the “Managing Conflicts of Interests Policy and Procedure”
- The Director of IT attended the meeting to provide a **response to the “Active Directory Outstanding Audit Recommendations” within the November 2020 “Update on progress with the Internal Audit plan for 2020/21 (incl. progress with actions from previous Internal Audit reviews)” report** wherein the Committee was provided with assurance that the implementation of the Ive programme would address the “Active Directory

Outstanding Audit Recommendations”

- An **update on progress with the Internal Audit plan for 2020/21 (incl. progress with actions from previous Internal Audit reviews)** was reported. The list of recent Internal Audit reviews is shown below (in section 2).
- The **Internal Audit plan for 2021/22** was approved, however it was agreed that the Chief Finance Officer should liaise with the Head of Internal Audit to identify capacity within the Internal Audit plan for 2021/22 for a review of the Phase 1 ‘Go Live’ implementation of the Electronic Patient Record. It was subsequently agreed that Director of Audit, Tiaa Ltd (Head of Internal Audit) and Audit Manager, Tiaa Ltd should develop the scope of an Internal Audit review of the phase 1 ‘go live’ implementation of the Electronic Patient Record
- The **Internal Audit Charter was approved** as submitted and the Committee confirmed that the annual review and approval of the charter should continue to be scheduled each year.
- The latest **Counter Fraud update** was received.
- The **Counter Fraud Annual Work Plan for 2021/22** was approved as submitted.
- The latest **“Audit Progress Report and Sector Update” from External Audit** was received and a discussion was held regarding the “Revised auditing standard: Auditing Accounting Estimates and Related Disclosures”
- The **External Audit plan for 2020/21** was approved as submitted.
- Under the **update on the 2020/21 accounts process** the Committee approved the accounting policies and approach to accounting estimates and the revised submission deadlines for the annual accounts was noted.
- The Chief Finance Officer provided a **summary of the latest financial issues** which included the planned capital expenditure for the remainder of 2020/21.
- The **latest losses & compensations data** was noted.
- The **latest single tender / quote waivers data** was reviewed.
- Under the **forward programme** it was agreed that the Assistant Trust Secretary should schedule a **review of the Risk Register at the Committee’s meeting in May 2021**.
- The Committee undertook an **evaluation of the meeting** and it was agreed that the Trust Secretary should ensure that the relevant Director/owner for all Internal Audit “Limited Assurance” reports is invited to the corresponding Committee meeting to discuss the findings

2. The Committee received details of the following completed Internal Audit reviews:

- “Oncology ICT Healthcheck” (which received a “Limited Assurance” conclusion due to a lack of disaster recovery testing and planning)
- “New Training System including Appraisal Processes” (which received a “Reasonable Assurance” conclusion)
- “Critical Financial Assurance – Financial Accounting and Non Pay Expenditure” (which received a “Reasonable Assurance” conclusion)
- “Mortality Review Process” (which received a “Reasonable Assurance” conclusion)
- “Management of Post” (which received a “Limited Assurance” conclusion due to inconsistent working practices & a lack of up-to-date documented guidance regarding processes)

3. The Committee was also notified of the following “Urgent” priority outstanding actions from Internal Audit reviews: N/A

4. The Committee agreed that (in addition to any actions noted above): N/A

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

- The Committee agreed to defer the annual review of the SOs, SFIs and SoD
- It was agreed that a discussion should be held at the March 2021 ‘Part 1’ Trust Board meeting regarding the effectiveness of the Board Assurance Framework in relation to the assurance it provided

Which Committees have reviewed the information prior to Board submission?

- N/A

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

1. Information and assurance
2. To approve the deferral of the annual review of the SO, SFIs and SoD (see Appendix 1)

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

Appendix 1: Rationale for request to defer the annual review of the Standing Orders, Standing Financial Instructions and Reservation of Powers and Scheme of Delegation

AUDIT AND GOVERNANCE COMMITTEE – MARCH 2021



REQUEST TO DEFER THE ANNUAL REVIEW OF THE STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS AND RESERVATION OF POWERS AND SCHEME OF DELEGATION

TRUST SECRETARY

At its meeting in November 2020, the Audit and Governance Committee approved a request to defer the next scheduled annual review of the Trust's Standing Orders, Standing Financial Instructions and Reservation of Powers and Scheme of Delegation, which usually takes place in the autumn. The Trust Board then confirmed its support for the deferral at its meeting later in November 2020.

The deferral request arose from the uncertainty regarding the future financial regime and the development of the wider healthcare system (in terms of the Integrated Care Partnership and Integrated Care System), and reflected the previous experience of external changes, which demonstrated that the optimum method for reflecting such changes in the three aforementioned documents is to enable such changes to be discussed and debated in other forums before being included in revised versions of the documents.

The request was for a deferral until at least early 2021, as it was hoped there would be more certainty by that point. This has not however proved to be the case, and as the Finance and Performance Committee was informed at its meeting on 23/02/21 (when updating on the development of the Trust's financial strategy, which has been delayed), considerable uncertainty remains regarding the future financial framework, both nationally and locally. At the Trust level, a new Chief People Officer is also due to start in post in April 2021.

The Committee is therefore asked to approve a further request to defer the annual reviews until the autumn of 2021. It is acknowledged that this will, in effect, equate to a request to dispense with the annual review that was due in November 2020. However, as was noted when the Committee approved the previous request, the annual review is an internal requirement, so deferral will not cause any external issues.

The Committee is therefore asked to approve a request that the next review of the Trust's Standing Orders, Standing Financial Instructions and Reservation of Powers and Scheme of Delegation takes place in the autumn of 2021.

If the request is approved, the Trust Board will be asked (via the summary report from the Audit and Governance Committee) to confirm its support at its meeting in March 2021.

Reason for submission to the Audit and Governance Committee

To approve a request that the next review of the Trust's Standing Orders, Standing Financial Instructions and Reservation of Powers and Scheme of Delegation takes place in the autumn of 2021.

**Summary report from the Patient Experience Committee,
04/03/21**
**Committee Chair
(Non-Executive Director)**

The Patient Experience Committee (PEC) met on 4th March 2021.

The key matters considered at the meeting were as follows:

- The **actions from previous meetings** were reviewed.
- The Programme Director for Stroke attended to provide an **update on Stroke services** which included details of the increased utilisation of the Stroke rehabilitation pathways.
- The Director of Strategy, Planning and Partnerships provided a detailed **update on the evolution of integrated care** which included the Trust's next steps wherein the following actions were agreed for the Director of Strategy, Planning and Partnerships:
 - Investigate the provision of a single point of access for stakeholder engagement with the West Kent Integrated Care Partnership
 - Circulate the revised timeline for the "West Kent Integrated Care Partnership – our transformational priorities moving forwards" section of the "Update on the evolution of integrated care (incl. the Trust's next steps)" to the Chair and Vice Chair of the Committee for review
 - Submit an update on the progress with the development of integrated care within the Kent and Medway Health and Social Care System, which included a summary of stakeholder engagement to the Committee's meeting in June 2021
- The committee considered how the Trust was **ensuring the optimum experience of patients and their families in a COVID-19 environment including along the entirety of the treatment pathway** wherein the Committee was informed of the new initiatives that had been developed at the Trust to support the patient experience and it was agreed that the Deputy Chief Nurse should liaise with the Matron for Head and Neck to investigate how the issues reported in relation to the Trust's interim provision of Ophthalmology activity at Sevenoaks Hospital could be addressed. It was also agreed that the Chief Nurse and Deputy Chief Nurse should provide a further update to the "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)" report to the Committee's meeting in June 2021.
- The Committee received an **Update from Healthwatch** which included details of the "stroke flier" which had been developed for the Trust.
- The Committee undertook a **review of the latest complaints**.
- Dr Iona Bell, Consultant Gastroenterologist and Nutrition Lead, reported the **findings from the Independent Review of NHS Hospital Food, and gave details of the Trust's response** which included both the catering and clinical actions that would be implemented and it was agreed that the Assistant Trust Secretary should schedule an "Update on the progress with the Trust's response to the findings from the report of the Independent Review of NHS Hospital Food" to the Committee's meeting in June 2021, and each meeting thereafter.
- The Committee considered its **Forward Programme** and it was agreed that the Assistant Trust Secretary should schedule an update on the provision of care for patients with Dementia to the Committee's meeting in June 2021. It was also agreed that the Divisional Director of Nursing and Quality for Cancer Services should submit an update on the Trust's outpatient transformation plans, which focused on the patient experience aspect of the transformation plans to the Committee's meeting in June 2021.
- The Committee considered of the **future frequency of Committee meetings** and received **notification regarding the method by which the Committee will meet** for the remainder of 2021, wherein it was agreed that the Assistant Trust Secretary should schedule an "Informal Patient Experience Committee" for six weeks after each formal Patient Experience Committee meeting for the remainder of 2021.
- Under **Any Other Business** it was agreed that the Chief Nurse should invite the Trust's Learning Disability Liaison Nurse to attend the Committee's meeting in June 2021 to provide an update on the provision of care for patients with learning disabilities. It was also agreed that the Divisional Director of Nursing and Quality for Cancer Services should submit an update on End

of Life Care to the Committee's meeting in June 2021
In addition to the actions noted above, the Committee agreed: N/A
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? <ul style="list-style-type: none"> ▪ 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

Summary report from Quality Committee, 10/03/20

Committee Chair
(Non-Executive Director)

The Quality Committee met on 10th March (a 'main' meeting), via virtual means.

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

- The issues raised from the **reports from the clinical Divisions** included an update from the Trust's Sepsis Committee; an update on the response to the Ockenden review of maternity services; staffing issues; the Divisional Serious Incidents; the focus on staff welfare during de-escalation and recovery; and the impact of COVID-19 on quality. Under the Diagnostics & Clinical Support Services it was agreed that the Divisional Director of Operations, Diagnostics & Clinical Support Services should Liaise with the Divisional Director of Nursing and Quality, Cancer Services to investigate the methods utilised within the Cancer Services Division to support the involvement of next of kin (where appropriate) in clinical discussions during periods of restricted visiting. Under the Surgery Divisional Governance report it was agreed that the Divisional Director of Nursing & Quality, Surgery should Ensure that future summary reports from the Trust Sepsis Committee, as part of the Surgery Divisional Governance report, included assurance in relation to progress with the Trust's Sepsis action plan. Under the Women's, Children's & Sexual Health it was agreed that All Chiefs of Service and Divisional Directors of Nursing & Quality Identify, via the clinical governance meetings, any external resourcing that was required to support the provision of care for mental health concerns.
- The Medical Director reported on the **output from the COVID-19 Ethics Committee and Clinical Reference Group**.
- The Deputy Chief Operating Officer gave an **update on harm reviews for patients who have waited a long time**, wherein it the revised process from April 2021 was detailed.
- The Deputy Chief Nurse gave an **update on the work to achieve an 'Outstanding' CQC rating**.
- The latest **Serious Incidents (SIs)** were reported by the Director of Infection Prevention and Control.
- The Chief of Service, Medicine & Emergency Care gave the latest **update on mortality**, which included the impact the new Medical Examiner role was having on mortality reviews.
- The **recent findings from relevant Internal Audit reviews; relevant aspects of the Board Assurance Framework** and report from the last **Quality Committee 'deep dive' meeting** were noted.
- Reports were received from the **Committee's sub-committees** (the Complaints, Legal, Incidents, PALS, Audit and Mortality (CLIPAM) group; the Infection Prevention and Control Committee; The Joint Safeguarding Committee; the Drugs, and Therapeutics and Medicines Management Committee; and the Health and Safety Committee), and revised Terms of Reference for the latter Committee were approved.

- 2. In addition to the agreements referred to above, the meeting agreed that:** the Divisional Director of Operations, Diagnostics & Clinical Support Services should Liaise with the Chief Operating Officer to ensure that the "Update on the plans for de-escalation and recovery" report to the 'Part 1' Trust Board in March 2021 included details of the uptake of the second dose of the COVID-19 vaccine by Trust Staff and the impact of the utilisation of the Academic Centre for the Trust's Vaccination campaign on education at the Trust.

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

Summary report from the People and Organisational Development Committee, 19/03/21	Committee Chair (Non-Exec. Director)
<p>The People and Organisational Development Committee met on 19th March (virtually, via webconference).</p> <p>The key matters considered at the meeting were as follows:</p> <ul style="list-style-type: none"> ▪ It was the outgoing Director of Workforce's last Committee meeting of the and Committee members commended the individual for their contribution to the Trust over the past six months. ▪ The findings from the Committee's evaluation for 2021 were discussed and it was agreed that the Committee should adopt a 'main' and 'deep dive' approach for future meetings. It was also agreed that the Committee Chair should ensure item presenters give an "Executive summary" of the submitted report. The former change will require an amendment to the Committee's Terms of Reference, so these will be reviewed and agreed at the Committee's meeting in April 2021 before being submitted to the Trust Board, for approval. ▪ The monthly update on the latest People Key Performance Indicators (KPIs) was given and it was agreed that the Director of Workforce should undertake further work in relation to the concerns raised at the meeting in relation to staff turnover. ▪ A Health and Wellbeing Strategy was reviewed, and it was agreed that the Director of Workforce should submit the final version of the Strategy to a future meeting of the Committee, following the approval of the Strategy by the Executive Team Meeting. ▪ The Director of Workforce gave a useful review of the measures which had been implemented to improve the Trust's Human Resources Function over the past six months. ▪ The findings from the national NHS staff survey 2020 and latest Trust climate survey were reviewed and it was agreed to submit a further report on the national NHS staff survey 2020 to the Committee's meeting in April 2021. ▪ An update was given on the Trust's COVID-19 vaccination campaign, which highlighted the Trust's comparatively good performance. ▪ The priority workforce risks on the Trust's Risk Register were reviewed and the further work required was acknowledged. It was agreed to submit a further report on the relevant aspects of the Trust's risk register to the Committee's meeting in April 2021 ▪ The Committee evaluation at the end of the meeting acknowledged the need to consider all the issues that should be covered in the Committee's forward programme, and it was agreed that the Committee Chair and Trust Secretary should liaise to review and amend the forward programme in light of the changes agreed in response the Committee's evaluation for 2021, and the other actions agreed at the Committee on 19/03/21. 	
<p>In addition to the actions noted above, the Committee agreed that:</p> <ul style="list-style-type: none"> ▪ The Committee Chair and Trust Secretary should liaise to consider and confirm when the first Committee 'deep dive' meeting should be scheduled. ▪ The Director of Workforce should consider and propose an appropriate month to schedule a Committee 'deep dive' meeting on leadership development. 	
<p>The issues from the meeting that need to be drawn to the Board 's attention as follows: N/A</p>	
<p>Which Committees have reviewed the information prior to Board submission? N/A</p>	
<p>Reason for receipt at the Board (decision, discussion, information, assurance etc.)¹ Information and assurance</p>	

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

Approval of an Outline Business Case (OBC) for the Kent and Medway Medical School (KMMS) accommodation **Director of Strategy, Planning and Partnerships**

The enclosed draft Outline Business Case (OBC) sets out the case for the provision of student accommodation related to the Kent and Medway Medical School and associated academic space on the Tunbridge Wells Hospital site.

The OBC is not yet fully completed. The areas that remain to be completed are:

- 1) Choice of preferred construction contractor. Tenders are being returned on Friday 19th March 2021. As well as preferred contractor decision the tender results will also allow updating of the financials within the OBC to reflect the tender responses.
- 2) Securing an Operating Lease under IAS17. This can only be progressed once the tenders are returned.

The OBC will be updated before the KMMS Accommodation Oversight Group on 30th March 2021 with the preferred contractor recommendation, the Operating lease assessment, and the financial outputs from the tendering exercise. The current financials include an estimate for the lease cost based on 32 Springwood Road and 32 High Street existing leases.

The preferred contractor appointment will be for the detailed design of the new accommodation prior to the developer providing the Trust with a final cost for the new premises. At the same time the Trust expects to obtain planning permission. Once the final cost is known and planning permission is received the Full Business Case will be submitted (likely to be June 2021).

The financial impact (based on the current OBC before tender return) of the preferred options is as follows, an overall £661k deficit over the 25 years assumed in the lease:

Revenue changes associated with the preferred investment option									
Revenue changes	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 - 2046-47 £000	Total £000
Total income	270	0	1,220	1,567	1,751	1,723	1,723	34,454	42,707
Pay	0	0	144	144	144	144	144	2,880	3,600
Non Pay expenditure	270	461	1,518	1,518	1,518	1,518	1,523	31,147	39,472
Other (non-operating) expenditure									0
Capital charges & depreciation	0	0	59	57	55	54	52	20	296
Total costs	270	461	1,721	1,719	1,717	1,715	1,719	34,046	43,368
Net financial benefit	0	-461	-500	-152	34	7	4	408	-661

Most of the capital investment in the new facility will be provided by a third party with their costs being recouped via the operating lease. The Trust will incur some capital costs relating to IT and audio-visual equipment and some furniture – an initial investment of £269k has been assumed. This would be incurred in 21/22.

Governance process

The Finance and Performance Committee will review the draft OBC noting the outstanding items on 23/03/21 and make a recommendation to the Board. Assuming that the recommendation is to approve the OBC the Board is being asked to approve the draft OBC as it stands and delegate authority to the KMMS Accommodation Oversight Group on 30/03/21 for the outstanding issues:

- 1) Appointment of preferred construction contractor.
- 2) Approval of final OBC financials after tender receipt and
- 3) Acceptance of Operating Lease assessment

If the tender returns do not include an acceptable Operating Lease offer and the Trust has to seek further options, or the lease offer is contentious and needs Auditor sign off, then this could delay the timeline.

One financial area to be confirmed via the lease tendering process is life cycle responsibility which may also impact the final finances.

There may be early enabling works that need approval at this stage; this should be clarified within the tender submissions and from the work being concluded by the Estates team. It may be therefore that some of these costs (included in the overall cost envelope) become Trust capital as opposed to being included within the lease cost. This will be clarified in the update to the Oversight Group financials.

It should also be noted that the commitment to the contractor for the stage 1 design work will be before Planning Permission is received and will therefore be at risk. This is necessary to avoid delay to the project impacting on the delivery by 31/03/22.

The Board is therefore also asked to confirm its approval to proceed at risk in relation to the contractor appointment for stage 1 and any early enabling works that will be detailed in the papers to the Oversight Group.

Please Note in addition to the case itself the following annexes and appendices are available on the "documents" section of Admincontrol:

- Annex One - Kent and Medway Medical School Full Business Case
- Annex Two – Stage One tender documentation
- Annex Three – Planning application documentation
- Annex Four – Pre-application Planning documentation
- **Appendix One - Engagement plan**
- **Appendix Two – Summary of medical student engagement feedback**
- **Appendix Three – Design brief**
- **Appendix Four – Tunbridge Wells Hospital location assessment**
- Appendix Five - BREEAM pre-assessment report March 2021 – available under separate cover
- Appendix Six – Financial Model
- Appendix Seven– Project plan
- Appendix Eight– Project Execution Plan – To follow on Monday 22nd April
- Appendix Nine – Risk register – To follow on Monday 22nd April
- Appendix Ten – Quality Impact Assessment
- Appendix Eleven– Comprehensive Investment Appraisal (CIA) Model – available under separate cover
- Appendix Twelve- Benefits Monetisation

Those in bold above are already included in the business case; the rest are listed as being 'available under separate cover'. The planning and pre-app are both packs of documents in their own right.

Which Committees have reviewed the information prior to Board submission?

- KMMS Accommodation Oversight Group, 16/03/21

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

1. To approve the OBC, noting the outstanding issues, and delegate authority to the KMMS Accommodation Oversight Group the areas for final approval.
2. Approve the principle of proceeding at risk for contractor 1st stage appointment and early enabling works commitment before Planning Permission is received.

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

Outline Business Case for the provision for Kent and Medway Medical School student accommodation



Issue date/Version number/ Author	Draft version 1.0 Nick Baber /Andy Whiting
ID reference	Draft 1.0
Division	Trust Management
Directorate	Strategy/Estates
Department/Site	Medical Education / TWH
Clinical lead/Project Manager	

Approved by	Name	Signature	Date
General Manager/Service Lead	Chris White		
Finance manager	Stuart Doyle		
Clinical Director	Dr Garth Somerfield		
Executive sponsor	Dr Amanjit Jhund		
Division Board	Trust Management		
Supported by	Name	Signature	Date
Director Estates & Facilities	Doug Ward		
Director of Informatics			
Deputy Chief Operating Officer			
EME Services Manager			
HR Business Partner			

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1 Executive Summary

1.1 Introduction

This business case is being submitted to the Maidstone and Tunbridge Wells (MTW) Trust Board. The outline business case (OBC) sets out the case for leasing a 145 bedded student and staff accommodation block with associated academic space to be built on the Tunbridge Wells Hospital site.

The Trust has tendered for a development partner and plans to select a partner by the end of March. In parallel the Trust is obtaining assurance on the operating lease from its auditors. An extraordinary meeting of the KMMS Accommodation Oversight Group will be held on 30th March to sign-off the contractor appointment and lease.

The initial contractor appointment will be for the detailed design of the new accommodation prior to the developer providing the Trust with a final lease cost for the new premises. At the same time the Trust expects to obtain planning permission. Once the final cost is known and planning permission is received, a full business case will be submitted.

1.2 The strategic case

In 2016 the Government announced plans to increase the number of medical students trained in the UK by 1,500 (+25%) in response to the shortage of medical staff and an over reliance of overseas recruitment to fill NHS vacancies. The increase is centred on five new medical schools including the Kent and Medway Medical School (KMMS). KMMS, a partnership between The University of Kent and Canterbury Christchurch University, opened in September 2020 and it will deliver 100 undergraduate places annually and a five-year undergraduate programme resulting in joint degrees from both institutions in Bachelor of Medicine and Bachelor of Surgery. The medical school will aim to also address workforce shortage in priority areas by developing doctors in specialities that are currently under-represented in Kent and Medway. The medical school will clinical placements in primary, community, mental health and secondary care settings. The Trust has been chosen as one of the placement providers for students on the basis of the wide. The Trust has been chosen as one of the clinical placement providers for students on the basis of the wide range of medical and surgical services operated from the Trust's hospitals. Students on clinical placement need to live close to their placement hospitals for years three, four and five of their course.

In common with much of the NHS, the Trust has recorded significant clinical vacancies over recent years which the Trust has attempted to mitigate by recruiting from overseas; all overseas recruits are offered staff accommodation for the first few months after joining the Trust. In 2019/20 223 overseas staff were recruited, but only 75 could be accommodated in MTW-managed accommodation meaning the Trust had to help the 148 individuals source accommodation across the area. The Trust intends to continue with this recruitment strategy making it imperative to be able to offer new members of staff moving to the country, an immediate and suitable housing solution whilst they settle into their new role, organisation, environment and country.

The provision of good quality staff accommodation is critical for MTW to support KMMS medical student placements and ongoing overseas recruitment. The Trust currently provides 154 units of

staff accommodation split between Maidstone and Pembury. At present there is no accommodation on the Tunbridge Wells Hospital (TWH) site. All staff accommodation is leased with the Trust operating the facilities. 160 units of new accommodation are being built for the Trust in Maidstone to replace existing older accommodation blocks.

The business need, this case responds to is:

- The provision of new units of student accommodation for KMMS students hosted at MTW. This need commences in September 2022 and the estimated 140 students represent entirely new tenants.
- The provision of accommodation for existing medical students hosted across MTW from Kings College University and St Georges Medical schools. This cohort of staff are already accommodated elsewhere as far as possible.
- The provision of accommodation for approximately 60 Foundation Year¹ One (FY1) medical trainees who work across the Trust. This cohort are currently, predominantly accommodated at 32 High Street, Pembury.
- The provision of accommodation for other Trust staff, particularly those recruited from overseas.

The project objectives are as follows:

- **Investment objective one** – to provide appropriate living accommodation and academic facilities to medical students from the combined KMMS to undertake their undergraduate clinical training placements during years 3, 4 and 5 jointly with medical students from Kings College University and St. Georges Medical School in accommodation that is complementary to the 'core medical training model' requirements of the KMMS.
- **Investment objective two** – to provide accommodation and a learning environment that is attractive to prospective students and other staff, which promotes healthy living, is environmentally efficient and fits with the MTW strategic direction and the priorities of the wider NHS.
- **Investment objective three** – to provide accommodation that is future proof, flexible and promotes greater integration in respect of education, and a range of health care provision services to the local community.
- **Investment objective four** – to achieve an affordable, sustainable, real estate solution within a cost envelope which is affordable to the Trust.
- **Investment objective five** – to support the Trust to recruit overseas staff by providing short-term accommodation for their initial few months in the UK.

The investment will directly benefit the Trust, medical students and overseas recruits as well as KMMS and local people.

¹ Foundation Year medical trainees ("junior doctors") have graduated from medical school and are in the first two years (FY1 and FY2) of their medical training. A satisfactory completion of FY2 will lead to the award of a Foundation Programme Certificate of Completion (FPCC) which confirms that the foundation doctor is ready to enter a core, specialty or general practice training programme from FY3 onwards.

The main risks to delivery of the project and the benefits assumed are identified below.

Risk	Mitigation
Affordability	Value engineering, seeking additional sources of income and considering alternate use for part of the building
IAS17 Operating lease compliance	The Trust will enter into an operating lease and is working with advisers to ensure compliance with accounting standards
Planning permission	Early engagement via pre-application, with planners. Trust enjoys a good relationship with the local planners
Procurement delay	Two stage tender process to bring preferred contractor on board whilst design is being finalised (see commercial case)
Construction delay due to Covid, Brexit or supply side shortages	Early engagement with potential contractors
Under occupancy/ void risks	The accommodation will be available to students from King's and St George's medical schools, new overseas recruits and junior doctors as well as KMMS students. Accommodation could be offered to other groups if necessary.

The risks if the project is not undertaken are:

- The negative impact on ability to be a provider for the KMMS. The current provision of staff accommodation cannot support an acute provider training facility to the KMMS. Loss of training status puts at risk income from Health Education England (HEE), totalling over £3m by year four.
- Similar negative impact on the Trust's ability to recruit from overseas.

1.3 The economic case

The Trust consider a long list of options to deliver the proposed new accommodation. The long listing process considered:

- What accommodation should be provided?
- What number of units of accommodation should be provided?
- Where should the accommodation block be built?
- Who should operate the accommodation?
- How should any new build accommodation block be funded?
- How should additional units of accommodation be secured?

The longlist was considered against the project objectives and critical success factors resulting in the following shortlist of options being agreed:

- Option 1 - (Do Minimum) spot purchase 140 additional accommodation across Pembury and Tunbridge Wells towns.

- Option 2 – 140 additional units of accommodation for medical students, junior doctors and overseas staff split 140 at TWH funded by third party capital and secured via long leases.
- Option 3 – 180 additional units of accommodation for medical students, junior doctors and overseas staff at TWH funded by third party capital and secured via leases.
- Option 4 – 140 additional units of accommodation for medical students, junior doctors and overseas staff split 100 at TWH funded by third party capital and secured via long leases, and a further 40 spot purchased.

The rationale behind the shortlist of options is that:

- The Trust's accommodation needs extend beyond KMMS medical students, so it makes sense to include other medical students (e.g. those from King's and St George's) as well as new staff from overseas, in the scheme. The inclusion of these additional groups also reduces under occupancy risk that could occur as the KMMS builds up student numbers in its early years post-opening.
- The number of units of accommodation to be built is based on the Trust's assessment of future demand across all categories of potential tenant and the Trust's knowledge of the supply of rental accommodation in the local market.
- The most deliverable location for any new unit is on the Tunbridge Wells Hospital site because the site is controlled by MTW and medical students have expressed a desire to be accommodated within close proximity to one or other of the two main hospitals. The needs of the curriculum dictate that two thirds of student time is best spent at The Tunbridge Wells Hospital. There is no obviously developable site close to Maidstone Hospital.
- The Trust already operates its own accommodation blocks in Maidstone and Pembury through partnerships with developers i.e. a lease and operate model. This model is proven to work and MTW has the expertise to extend the model to this scheme.
- The Trust does not have sufficient capital available to fund the construction and the capital available via the STP, has been allocated for clinical priorities. The operating lease model is in line with existing MTW strategy for support accommodation.

The second step in the selection of a preferred option was to select the preferred option by appraising the short list through:

- An economic appraisal.
- A non-monetisable benefit and risk appraisal.

The economic appraisal considered capital and revenue costs associated with each option plus costed risks and monetisable benefits.

The table below illustrates the results of the economic appraisal.

Table 1: Net present values by option – detail

Net present social value (£000's)	Option 1	Option 2	Option 3	Option 4
Capital	£0.00	-£224.50	-£224.50	-£224.50
Revenue	-£24,920.05	-£25,481.51	-£30,736.22	-£25,687.57
Net contribution	£15,083.87	£27,787.29	£30,307.04	£25,369.97
Costed risks	£0.00	-£1,462.43	-£1,770.25	-£1,090.20
Non-cash releasing benefits	£0.00	£9,432.18	£9,432.18	£9,432.18
Societal benefits	£0.00	£34,111.47	£34,296.28	£34,111.47
Net societal value	-£9,836.18	£44,162.51	£41,304.53	£41,911.35
Cost benefit ratio	0.61	2.63	2.26	2.55

Option 2 has the highest (best) cost benefit ratio so represents the preference based on NSPV measured over the life of the accommodation block.

The key differences between the four options are:

- A unit of spot purchased accommodation is more expensive for MTW to rent (£900 per month) than the equivalent cost of a unit of accommodation in the new block (£624 per month inclusive of VAT).
- Costed risks are a mix of risks that do not vary between the three new build options and risks that are proportional to the size of the new accommodation block, hence the largest block (Option 3) having the highest costed risk.
- Societal benefits are marginally higher in Option 3 due to the need to employ more facilities staff to operate the larger accommodation block. Other societal and non-cash releasing benefits are the same across options 2, 3 and 4 (see below for explanation of the monetised benefits assumed for the business case).

The second step in the appraisal of the short list was the assessment of non-monetisable benefits and risks. The completed appraisal of non-monetisable benefits and risks is shown below.

Table 2: Non-monetisable benefits and risks appraisal

Criterion	Weighting	Option 1	Option 2	Option 3	Option 4
	Raw/ weighted scores				
Ability to hosts medical students from KMMS from Autumn 2022	40%	1/40	4/160	4/160	2/80
Accommodation that is attractive to prospective students and other staff, that promotes healthy living, is environmentally efficient	20%	1/20	4/80	4/80	3/60
Accommodation that is future proof, flexible and promotes greater integration in respect of education, and a range of health care provision services to the local community	20%	1/20	4/80	4/80	3/60
Affordable, sustainable, real estate solution within a cost envelope which is affordable to the Trust, with potential use of commercial concession outlets	20%	2/40	3/60	2/40	3/60
Option total score/ weighted score		5/120	15/380	14/360	11/260
Option Rank (1 best, 4 worst)		4	1	2	3

The rationale for the relative scores was as follows.

Option1 – Spot purchase 140 units of accommodation. The Trust engaged several agents to search for suitable accommodation for overseas recruitment in the area. Suitable supply is very short, with nothing approaching the full size available and specification available. This option is considered extremely unlikely to deliver the required accommodation, provide attractive, sustainable and affordable accommodation. The average rent per unit the Trust receives is £250 for the first 3 months and £500/month thereafter. The average cost per unit in the Pembury area (using the High Street Pembury location as benchmark) is £500/month. Individual units ‘spot purchased’ are likely to be more expensive than a large block on a pre agreed terms. There is minimal capital expenditure for this option. This option is unlikely to enable the Trust to accommodate students and receive associated income.

Option 2 - 140 room accommodation block. The size of build takes advantage of economies of scale, but the option retains some flexibility through the use of existing alternate accommodation such as the 40 rooms at High Street Pembury.

Option 3 - 180 room accommodation block. 180 units would place the entire current projection of demand for accommodation at TWH into one building. It will enable the Trust to offer more KMMS medical students accommodation and so could present an opportunity for the Trust to be a major provider of academic placements in Kent and Medway. This opportunity is not without risk.

Option 4 - 100 room accommodation block and 40 units of spot purchased accommodation. A 100 unit build and spot purchased accommodation leads to higher per unit costs and risk to income from unguaranteed spot leases.

The preferred option has been identified by considering the non-monetisable benefits and risk score together ‘in the round’ with the net present value of monetisable costs and benefits.

Table 3: Summary of appraisal outcome

Option Number	Option description	Benefit and risk score	Non-financial benefits rank	NPSV 26 years (£m)
1	Do minimum	120	4	(£9.8m)
2	140 new build.	380	1	£44.2m
3	180 new build	320	2	£41.4m
4	100 new build	260	3	£42.0m

The preferred option for the scheme is **Option 2 (140 unit new build)**. Option 2 is ranked best for both NPSV and non-financial benefits. The preferred option will deliver:

- Approximately (see detailed numbers below) 140 units of accommodation comprising in a new build staff/ student accommodation block on the TWH site.
- The 140 units will be available for:
 - KMMS medical students
 - Junior doctors
 - Overseas recruits.
- The new accommodation facility will be third party funded.
- The new accommodation facility will be operated by MTW.

The new accommodation facility would comprise:

- 140/145 units of accommodation arranged predominantly in six bedrooms clusters of living accommodation (**whilst the selection was based on 140 units, the actual design identified the opportunity to increase the number of units to 145**).
- Six accommodation units would meet disability access standards.
- Study space outside of bedrooms on the ground floor.
- A learning hub also on the ground floor.
- A gross internal area of 4,771m².
- A total of 218m² of academic space.

MTW will adopt a lease and operate model for the building which is consistent with the operational model the Trust uses at its other accommodation blocks. MTW will provide the accommodation supervisor, cleaning and security staff.

The proposed occupation plan is that:

- By 2024/25 a total of 138 KMMS, King's and St George's medical students and, FY1 and FY2 junior doctors will all be accommodated from the start of their placement.
- New students and trainees starting at TWH in 2021/22 and 2022/23 will be informed that their room at the High Street or Springwood will be of fixed duration pending completion of the new building.

1.4 The commercial case

The scope of works to be procured is:

- The design, procurement, construction and completion of the new 145 unit accommodation and associated academic facility at TWH.
- The lease of the new accommodation block for the maximum possible period of years for qualification as an operating lease model.

The Trust is using a two-stage tender process due to the urgency of the scheme and the requirement to complete the build by March 2022 (the March 2022 deadline is important to avoid funding complexity linked to the change in lease accounting and NHS capital allocations). A two-stage tender process allows the early appointment of a contractor, prior to the completion of all the information required to enable them to offer a fixed price. In the first stage, a limited appointment is agreed allowing the contractor to begin work and in the second stage a fixed price is negotiated for delivery of the agreed contract. The Trust issued the first stage tender on 22nd February 2021 and through this stage, MTW will appoint a contractor to complete the design and provide a schedule of rates that can be used to establish the construction price for the second stage tender. A contractor will be appointed under stage one by the

end of March assuming confirmation of an operating lease and that the Trust Board is content to proceed with the appointment ahead of planning permission being received.

In stage two, MTW will invite the stage one contractor to provide a fixed price based upon a full technical package of information (including architects detailed design drawings, construction details, specification, schedules, structural engineer's information, mechanical and electrical strategy, BREEAM strategy, landscaping details et). The target date for agreement of the second stage tender submission is June 2021 where no less than 90% cost certainty will need to be achieved.

The Trust submitted the full planning application in early March 2021. The planning application was for the **construction of a new 145-bedroom purpose built student accommodation, academic learning hub and ancillary plant and services along with associated landscaping. Access, parking, cycle/bin storage and other works.**

The full planning application followed a pre-application advice request which was submitted in February 2021 and which was supported by a draft design and access statement, draft plans and site photos, the initial landscape assessment and tree survey and the initial ecological assessment. The pre-application engagement with Tunbridge Wells Borough Council's (TWBC) planners was positive. TWBC acknowledged the very special circumstances surrounding the need for the development which is within the greenbelt. The planners also acknowledged that the impact upon conservation and heritage is very low even though the site sits within an area of archaeological importance. They supported the proposed new building plans as being lower and subservient to the main hospital and the way that the building will blend into the surrounding woodland. Planners also welcomed the commitment to the BREEAM excellent standard and the provision of renewable energy on site is regarded as a major benefit.

The proposed development complies with all relevant standards and guidance.

1.5 The financial case

Most of the capital investment in the new facility will be provided by a third party with their costs being recouped via the operating lease of £[TBC] per annum. The Trust will incur some capital costs relating to IT and audio-visual equipment and some furniture – an initial investment of £269k has been assumed.

The revenue impact on the Trust of the preferred option, is shown in the table below.

Table 4: Impact on the Trust's income and expenditure account²

Revenue changes	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 - 2046-47 £000	Total £000
Total income	270	0	1,220	1,567	1,751	1,723	1,723	34,454	42,707
Pay	0	0	144	144	144	144	144	2,880	3,600
Non Pay expenditure	270	461	1,518	1,518	1,518	1,518	1,523	31,147	39,472
Other (non-operating) expenditure									0
Capital charges & depreciation	0	0	59	57	55	54	52	20	296
Total costs	270	461	1,721	1,719	1,717	1,715	1,719	34,046	43,368
Net financial benefit	0	-461	-500	-152	34	7	4	408	-661

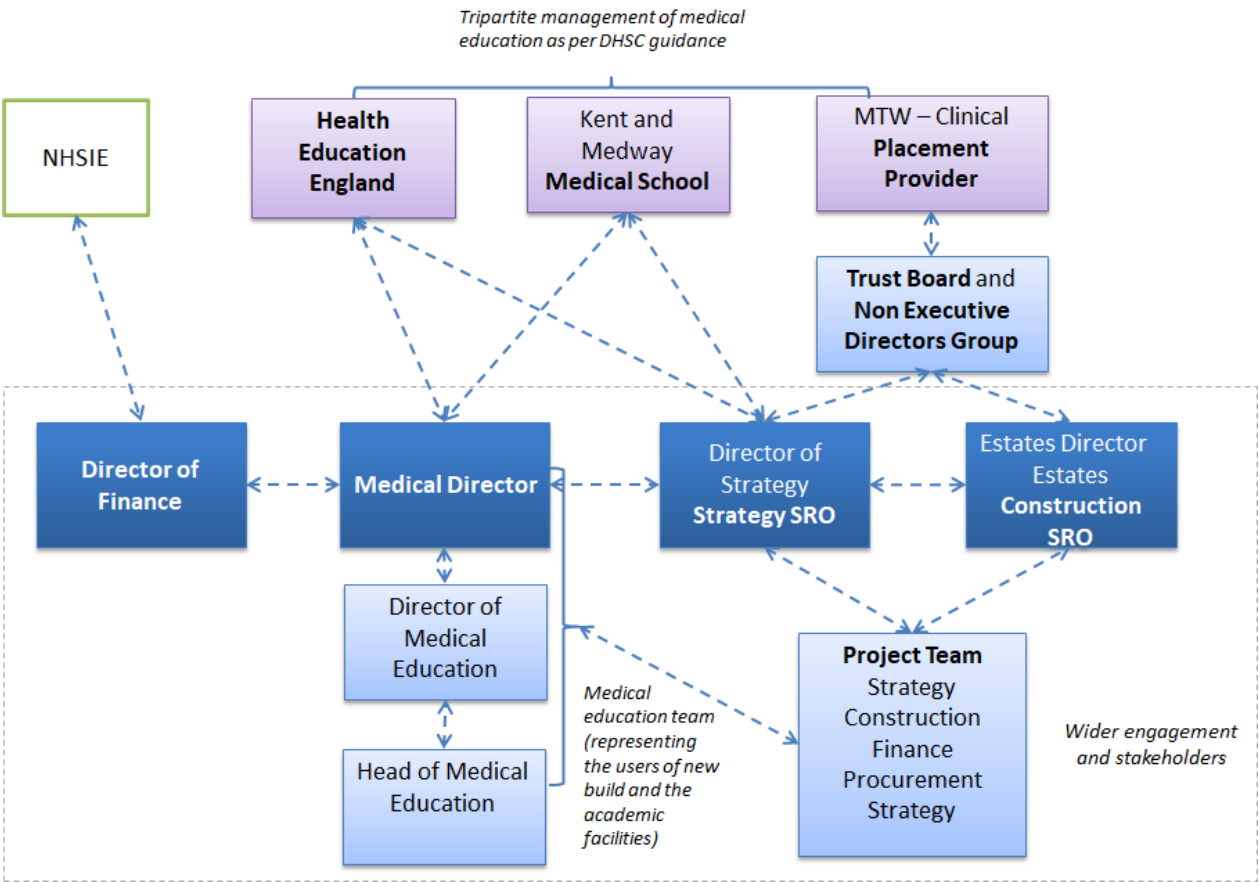
² The costs shown in 2020/21 are fees and are funded from Trust outturn.

There will be a net profit from the accommodation from its third year of opening. The key financial risk is that the Trust will carry the void risk relating to any unlet units of accommodation (as per the existing arrangements for the rest of the MTW staff accommodation estate).

1.6 The management case

The project governance structure is shown below.

Figure 1: Accommodation project governance structure



The MTW project team has been supported by a number of professional advisers:

The key project milestones are shown below (NHSEI have confirmed that they do not need to review the business case).

Table 5: Project milestones

Milestone	Date
Trust Board review outline business case	25 th March 2021
KMMS Accommodation Oversight Group meeting to approve contractor appointment and lease	30 th March 2021
Appoint contractor for stage 1 (detailed design)	31 st March 2021
Planning period	Mid-March to mid-June 2021
Planning decision	End June 2021

Milestone	Date
Stage 1 (detailed design)	31 st March to 30 th June 2021
Appoint contractor stage 2 (construction)	1 st July
Mobilisation	Early July 2021
Construction	Mid-July 2021 – March 2022
Handover	March 2022
Occupation	1 st April 2022
First KMMS students	September 2022

Benefits realisation is concerned with putting in place the management arrangements required to ensure that the benefits detailed in the economic case are delivered. A detailed benefits realisation plan is being developed alongside this business case.

Project risks will be managed using the RAID (risks, assumptions, issues and dependencies) management process.

The project team has engaged with stakeholders throughout the development of these plans.

1.7 Conclusion

The development represents an exciting opportunity for MTW to cement its reputation and position as a key provider of medical student training in partnership with KMMS (as well as King's and St George's). A modern, fit for purpose accommodation block on the TWH site is expected to help the Trust attract medical students to MTW and brings the additional benefit of being an additional resource to support the Trust in attracting new staff from overseas. The proposal has the support of KMMS and local authority planners meaning it should be available to students at the start of the 2022/23 academic year.

2 Introduction

2.1 Purpose of this business case

The outline business case (OBC) sets out the case for the construction and lease of a Student Accommodation Building. The new accommodation block would open in April 2020 and therefore be available to students for the start of the 2022/23 academic year.

2.2 Scope of the business case

The scope of this business case is the development of student accommodation on the Tunbridge Wells Hospital site. The proposed investment is driven by the Kent and Medway regional programme for the Kent and Medway Medical School (KMMS) and the associated regional programme business case (see Annex One).

This business case does not cover academic operational plans to meet KMMS curriculum including the provision of academic facilities such as simulation for KMMS students which are best situated within a hospital environment.

2.3 Structure of the OBC

The OBC is consistent with the latest guidance from NHS Improvement (NHSI)³ on the development of business cases using the Five Case Model and is structured as follows:

- The **strategic case** sets out the strategic context and the case for change together with the supporting investment objectives for the scheme.
- The **economic case** demonstrates that the Trust has selected the option which best meets the existing and future demands of the service and optimises value for money.
- The **commercial case** outlines procurement and contractual issues associated with the development.
- The **financial case** confirms the funding arrangements and affordability, and summarises the impact on the Trust's balance sheet.
- The **management case** demonstrates that the scheme is achievable and can be delivered successfully to time, cost and quality.

The development of business cases is illustrated in the diagram below.

³ Capital regime, investment and property business case approval guidance for NHS Trusts and Foundation Trusts, NHSI, 2016.

Figure 2: The business case process



This OBC focuses on steps 4 to 7.

2.4 Support

The Trust’s engagement plan (through which support for the project will be solicited) is attached at Appendix One.

2.5 Approvals

This business case is being submitted to the Maidstone and Tunbridge Wells (MTW) NHS Trust Board. The OBC represents the ‘stage 1’ checkpoint at which the request to the Trust Board is for consent for the project team to proceed to the procurement phase of the project. Once the procurement has been completed a full business case will be produced at which, the project team will seek approval for the investment to be made.

3 The Strategic Case

3.1 Introduction to the strategic case

The purpose of the strategic case is to first set out the national and local (Kent and Medway, and Trust) context for the proposed investment before then describe the project's objectives, benefits, critical success factors and risks.

3.2 The strategic context

3.2.1 Medical staff training

In 2016 the Government announced plans to increase the number of medical students trained in the UK by 1,500 (+25%) in response to the shortage of medical staff and an over reliance of overseas recruitment to fill NHS vacancies. The additional places were to be provided through a mix of expanding numbers at existing medical schools and through the creation of entirely new medical schools.

In March 2018 the Government announced the creation of five new medical schools for England. The new schools are based at:

- Anglia Ruskin University, Chelmsford.
- A collaboration between the University of Nottingham and University of Lincoln.
- The University of Sunderland.
- Edge Hill University.
- The University of Kent working in collaboration with the Canterbury Christ Church University to operate the Kent and Medway Medical School (KMMS).

The new medical school for Kent and Medway has been described as 'an essential boost' for improving health and care for the people of Kent and Medway by the Chief Executive of the region's Partnership of NHS and Social Care leaders.

The new medical schools were selected to be aligned to areas of the country that were experiencing the greatest recruitment challenges – the idea is that a local medical school will help address local workforce needs, particularly under-subscribed specialties across Kent and will also aim to widen participation in medical training from under-represented local communities.

The KMMS is supported by Brighton and Sussex Medical School as the 'parent partner' institution. Brighton and Sussex Medical School is the UK's top-ranking undergraduate medical school for overall student satisfaction and works extensively with NHS organisations throughout the South East. The new Medical School will deliver 100 undergraduate places annually and a five-year undergraduate programme resulting in joint degrees from both institutions in Bachelor of Medicine and Bachelor of Surgery. The medical school will aim to also address, workforce shortage in priority areas by developing doctors in specialities that are currently under-represented in Kent and Medway.

KMMS opened in September 2020. The medical school will offer a five-year Bachelor of Medicine and Bachelor of Surgery degree with medical placements in primary, community, mental health and secondary care settings, and the curriculum provides for undergraduate placement in host acute hospitals in student's third, fourth and fifth years of study.

The Trust has been chosen as one of the placement providers for students on the basis of the wide range of medical and surgical services operated from the site. Students on clinical placement need to live close to their placement hospitals for years three, four and five of their course - see Appendix Two which discusses the findings from engagement with medical students.

3.2.2 Workforce shortages

NHS clinical staff shortages are well reported and the Trust has recorded significant clinical vacancies over recent years - the table below illustrates vacancy patterns by key staff group, since April 2020.

Table 6: MTW vacancy rates by staff group

Staff group	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Registered Nures, Midwives & Health Visitors	13%	12%	13%	13%	13%	12%	10%	10%	11%	10%
Allied Health Professionals	11%	11%	12%	13%	11%	10%	8%	8%	7%	6%
Medical	9%	8%	9%	5%	9%	8%	6%	6%	6%	6%
Other Scientific, Therapeutic and Technical Staff	8%	11%	8%	9%	8%	6%	11%	11%	10%	9%
Other	7%	7%	5%	5%	6%	7%	7%	6%	5%	4%
All staff	10%	9%	8%	8%	9%	9%	8%	7%	7%	6%

MTW strategy has been to mitigate establishment gaps by recruiting from overseas and all overseas recruits are offered staff accommodation for the first few months after joining the Trust. In 2019/20 223 overseas staff were recruited, but only 75 could be accommodated in MTW-managed accommodation meaning the trust had to help the 148 individuals source spot purchased accommodation across the area. The Trust intends to continue with this recruitment strategy making it imperative to be able to offer new members of staff moving to the country, an immediate and suitable housing solution whilst they settle into their new role, organisation, environment and country.

The provision of staff accommodation is a key resource in mitigating workforce shortages because being able to offer affordable good quality accommodation can help:

- Attract and retain quality staff.
- Staff to manage shift patterns more easily as they will have limited distance to travel to and from work.
- Enable key staff to get to work and home again in severe weather thereby ensuring business continuity across MTW services.
- Enable staff to support each other through their training.
- To build a strong community spirit among staff.

3.2.3 The estate

This business case is entirely consistent with the Trust's refreshed estate strategy from January 2021.

3.3 Current provision of staff accommodation across the Trust

MTW currently provides the following staff accommodation:

- Maidstone residences, Springwood Road, Maidstone - Birch House, Chestnut House, Hawthorne House, Magnolia House and Rowan House, which together provide 114 units of accommodation. The buildings were originally owned by the Trust before being sold in March 2019 on a sale and lease back basis. The Trust retains the freehold for the land.
- 32 High Street, Pembury (junior doctors' accommodation) which provides 40 units of accommodation approximately one mile from Tunbridge Wells Hospital. This property was also Trust owned until being sold and leased back under a separate deal.

All staff accommodation is leased with the Trust operating the facilities.

160 units of accommodation are being built on the site of two former Trust owned accommodation blocks in Maidstone, by an external provider. The Trust will rent all of these units on completion. The units will be suitable for a variety of MTW students and staff. Once the new accommodation blocks are open, Birch House, Chestnut House, Hawthorne House, Rowan House and Magnolia House will be demolished and this portion of the site, redeveloped for private housing.

At present there is no accommodation on the Tunbridge Wells Hospital (TWH) site with residential accommodation in the vicinity of Tunbridge Wells Hospital being limited to the 40 units at 32 High Street, Pembury which is an 18 minute walk from the hospital.

The costs and income relating to MTW's existing staff accommodation are summarised below.

Table 7: Staff accommodation income and expenditure

	£000s
Income from accommodation ⁴	£707
Springwood Road, Maidstone (114 units) lease cost	(£552)
32 High St, Pembury (40 units) lease cost	(£240)
Net annual cost to MTW	£85

3.4 The business need

The business need, this business case responds to is:

- The provision of new units of student accommodation for KMMS students. This need commences in September 2022 and the students represent entirely new tenants.
- The provision of accommodation for existing medical students hosted across MTW from Kings College University and St Georges Medical schools. This cohort of staff are already accommodated elsewhere as far as possible.
- The provision of accommodation for approximately 60 Foundation Year⁵ One (FY1) medical trainees who work across the Trust. This cohort are currently, predominantly accommodated at 32 High Street, Pembury.
- The provision of accommodation for other Trust staff, particularly those recruited from overseas. This cohort are currently typically offered a six-month lease whilst they settle into life in the UK.

⁴ Trust employees pay £250 per month for first three months and then £500 per month thereafter.

⁵ Foundation Year medical trainees ("junior doctors") have graduated from medical school and are in the first two years (FY1 and FY2) of their medical training. A satisfactory completion of FY2 will lead to the award of a Foundation Programme Certificate of Completion (FPCC) which confirms that the foundation doctor is ready to enter a core, specialty or general practice training programme from FY3 onwards.

The education department undertook a detailed assessment of the curriculum and has calculated the requirement for medical student accommodation split 80 (66.6%) of places at TWH and 40 (33.3%) of places at Maidstone Hospital. Nursing leads have then added requirements for overseas staff recruitment with the resulting overall forecast demand for accommodation being as per the tables below.

Table 8: Total demand for accommodation and potential capacity

Accommodation Requirement	Current		2022/23		2023/24		2024/25	
Staff Group	Maidstone	TWH	Maidstone	TWH	Maidstone	TWH	Maidstone	TWH
KMMS medical student	0	0	13	27	27	53	40	80
Current medical students (Kings/St Georges)	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 /Specialists/Fellows	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 (including overseas)	22	0	81	79	67	53	54	26
Other staff	12	0	8	8	8	8	8	8
TOTAL FORECAST DEMAND	98	56	160	180	160	180	160	180

Springfield Maidstone	114*		160		160		160	
32 High Street, Pembury		40		40		40		40
TOTAL EXISTING CAPACITY	114	40	160	40	160	40	160	40
Shortfall	(16)	16	0	140	0	140	0	140

The table indicates that the accommodation shortfall is at TWH.

3.5 Response to the case for change

This proposed investment responds to the case for change and complements the 2019 Springwood Road development.

3.5.1 Project investment objectives

The project objectives are as follows:

- **Investment objective one** – to provide appropriate living accommodation and academic facilities to medical students from the combined KMMS to undertake their undergraduate clinical training placements during years 3, 4 and 5 jointly with medical students from Kings College University and St. Georges Medical School in accommodation that is complementary to the 'core medical training model' requirements of the KMMS.
- **Investment objective two** – to provide accommodation and a learning environment that is attractive to prospective students and other staff, which promotes healthy living, is environmentally efficient and fits with the MTW strategic direction and the priorities of the wider NHS.
- **Investment objective three** – to provide accommodation that is future proof, flexible and promotes greater integration in respect of education, and a range of health care provision services to the local community.
- **Investment objective four** – to achieve an affordable, sustainable, real estate solution within a cost envelope which is affordable to the Trust.
- **Investment objective five** – to support the Trust to recruit overseas staff by providing short-term accommodation for their initial few months in the UK.

3.5.2 Benefits

The desired benefits associated with the investment have been identified and the links between these benefits and the investment objectives are shown in the table below. Each benefit has been assigned a category from the following list:

- CRB - cash releasing benefits (e.g. reduced staff agency costs).
- Non-CRB - financial benefits, but not cash releasing (e.g. staff time saved; economic benefits).
- QB - quantifiable benefits (e.g. fewer complaints).
- Qual - non-quantifiable or qualitative benefits (e.g. improved reputation).

Table 9: Linking benefits to objectives

Objectives	Desired benefits	Metrics	Benefit to
IO1 - to provide appropriate living accommodation and academic facilities to medical students from the combined KMMS to undertake their undergraduate clinical training placements during years 3, 4 and 5 jointly with medical students from Kings College University and St. Georges Medical School in accommodation that is complementary to the 'core medical training model' requirements of the KMMS	MTW has sufficient accommodation capacity to meet demand for local clinical placements from the KMMS (QB)	Demand for accommodation and units of supply	KMMS medical students KMMS MTW
	MTW has sufficient accommodation capacity to meet demand for local clinical placements from King's and St George's medical schools (QB)	Demand for accommodation and units of supply	King's & St George's medical students King's & St George's medical schools MTW
	Supports the expansion of medical school places in partnership with the KMMS, the University of Kent and Canterbury Christ Church University and other acute Trusts and primary care providers in Kent and Medway (QB)	Number of KMMS medical students hosted at MTW	UK NHS K&M system Wider society
	Enables delivery of the national policy to expand medical school places outside of London (QB)	Number of medical school places available at KMMS	UK NHS K&M system Wider society
	Students get an early introduction to clinical research studies that are active in Kent and Medway and many will wish to progress these in their	Number of students progressing research studies linked to MTW	Medical students MTW researchers

Objectives	Desired benefits	Metrics	Benefit to
	studies (QB)		
	Development of a positive supporting learning environment is a boost for the whole team of staff in the Trust (QB)	Staff satisfaction metrics for impacted clinical teams	Medical students MTW clinical teams
	Positive impact on morale of senior clinicians in that they are directly supporting the next generation of doctors working in the area (QB)	Staff satisfaction metrics for impacted senior clinicians	MTW clinicians
	The hard gained knowledge and experience of our senior clinicians is passed on to the next generation of doctors (Qual)	n/a	MTW clinicians
	Provides medical students with access to high quality training at one of the largest and most modern leading hospitals outside of London (Qual)	n/a	Medical students
IO2 – to provide accommodation and a learning environment that is attractive to prospective	Sufficient capacity to accommodate all junior doctors requesting staff accommodation (QB)	Demand for accommodation and units of supply	Junior medical staff MTW

Objectives	Desired benefits	Metrics	Benefit to
students and other staff, which promotes healthy living, is environmentally efficient and fits with the MTW strategic direction and the priorities of the wider NHS	The incorporation of training medical students from KMMS will be of significant benefit and enhance the status of MTW including raising the academic standing of the Trust (QB)	Number of research papers published by Trust staff. Number of research grants Research rankings	MTW
	Contributes towards building a centre of excellence for clinical education at MTW (QB)	Student feedback Teaching rankings for KMMS and MTW	MTW Medical students Doctors in training Other clinical trainees
	Helps to widen participation in medical training including from diverse local communities (QB)	Participation rates for under represented communities	Local communities
	Positive impact on medical recruitment particularly for dynamic academic and research inclined clinicians (QB)	Recruitment and retention rates for relevant disciplines	MTW
	Opportunity to tailor curriculum and experience to areas of practice the Trust and Region wish to develop (Qual)		MTW Medical students
	Improved clinical academic tripartite collaboration between the HEE,		KMMS MTW

Objectives	Desired benefits	Metrics	Benefit to
	KMMS and between provider Trusts in K&M (Qual)		Other K&M providers
	Promotion of research and academically active clinicians (Qual)		MTW clinicians
	Raise profile of local research and promote a more research active environment (Qual)		MTW
	Medical students on site able to provide hands on support to existing studies (Qual)		Medical students
IO3 – to provide accommodation that is future proof, flexible and promotes greater integration in respect of education, and a range of health care provision services to the local community	Fit for purpose modern accommodation facility (QB)	Accommodation meets all relevant standards	Medical students Junior doctors Overseas recruits
	Future proofed - flexible capacity (QB)	Quantum of 'flex' accommodation available via spot purchase - impact of MTW/ KMMS plans on local rental market supply side	MTW Staff requiring accommodation
	Accommodation provided close to one or both MTW hospitals (QB)	Location of accommodation and travel time to hospital sites	Staff in accommodation
	Strengthens the profile of the Trust both in the general community and in the clinical community (Qual)		MTW Local community

Objectives	Desired benefits	Metrics	Benefit to
	Boosts pride in the local community of their local strong health service which will be training the next generation of doctors (Qual)		MTW Local community
	A shared benefit to our local towns of attracting, welcoming, hosting and facilitating the training of our own next generation of doctors (Qual)		MTW Local community
	Promotes confidence in the quality of MTW services Which are seen to be of teaching unit standard (Qual)		MTW Local community
	Creates education facilities that MTW can rent out (CRB)		MTW
IO4 – to achieve an affordable, sustainable, real estate solution within a cost envelope which is affordable to the Trust	Third party capital is used to fund the development, thereby reducing the potential call on scarce Trust/ STP capital funds (CRB)	Quantum of capital injected by third party provider	MTW K&M system
	Accommodation solution is affordable to MTW against the wider context of 'doing nothing' (Non-CRB)	Economic and financial case metrics e.g. impact on surplus position, cashflow etc	MTW K&M system
	Lease is an operating lease which can be funded from outside of the CDEL	Transaction outside of CDEL	MTW Medical students

Objectives	Desired benefits	Metrics	Benefit to
	limit in 2021/22 (Non-CRB)		KMMS
IO5 - to support the Trust to recruit overseas staff by providing short-term accommodation for their initial few months in the UK.	Sufficient staff accommodation to support overseas recruits settle in the UK (QB)	Demand for accommodation and units of supply	Overseas recruits MTW
	Reduction in MTW use of agency staff in difficult to recruit posts (CRB)	Agency staff use	MTW
	Increase in number of permanent staff employed (Non-CRB)	Number of permanent staff and retention rates	MTW
	Helps to address local workforce needs, particularly under-subscribed specialties in Kent (Qual)	Number of permanent staff and retention rates	MTW
	Positive impact on medical staff retention particularly hard to recruit specialties (CRB)	Recruitment and retention rates/ reduction in number of recruitment exercises	MTW

3.5.3 Critical success factors

In line with HM Treasury Project Business Case guidance, the following critical success factors (CSFs) apply to this business case. Options can only be shortlisted if they meet these CSF.

Table 10: Critical success factors

Critical success factor	Description
CSF 1 Business needs	Must meet MTW investment objectives related business needs and service requirements
CSF 2 Strategic Fit	Must support the MTW in providing fit for purpose accommodation for students and staff to develop future service and undertake work to support the clinical services provided to patients
CSF 3 Value for money	Must deliver value for money in terms of providing improved accommodation, which is sustainable with a low carbon footprint, efficient running costs and co-location with the MTW hospitals for easy access of students and staff.
CSF 4 Potential achievability	MTW Project Board must have the appropriate governance structures in situ and a Project Team with the necessary level of skills (capacity and capability) to deliver the project and manage any associated risks.
CSF 5 Supply side capacity and capability	The scheme must support the students and staff in delivering their academic and clinical services.
CSF 6 Potential affordability	Must meet MTW's ability to fund the required level of capital and revenue expenditure. The Trust is constrained in access to capital and therefore seeks an operational lease
CSF 7 Timescale	Construction must be completed by March 2022 in order to allow occupation which is planned to take place 1st April 2022. This together with leasing requirements constrains choice to modular build

3.5.4 Constraints and dependencies

The following constraints and dependencies apply:

- Sufficient student accommodation places must be available in time for the September 2022 start of the 2022/23 academic year. Student placement dates and student numbers, and therefore, total accommodation requirements were set out in the Kent and Medway Medical School Strategic Outline Programme.
- The accommodation must be close to Tunbridge Wells Hospital (sufficient accommodation will exist close to Maidstone Hospital once the new Springwood Road development is complete).

The following dependency applies:

- The project assumes the new Springwood Road accommodation is available from 2022/23.
- The development by KMMS of placement allocations and associated service level agreement which will confirm student numbers.
- Planning approval from Tunbridge Wells planners.

3.5.5 Risks

The main risks to delivery of the project and the benefits assumed are identified below.

Risk	Mitigation
Affordability	Value engineering, seeking additional sources of income and considering alternate use for part of the building
IAS17 Operating lease compliance	The Trust will enter into an operating lease and is working with advisers to ensure compliance with accounting standards
Planning permission	Early engagement via pre-application, with planners. Trust enjoys a good relationship with the local planners
Procurement delay	Two stage tender process to bring preferred contractor on board whilst design is being finalised (see commercial case)
Construction delay due to Covid, Brexit or supply side shortages	Early engagement with potential contractors
Under occupancy/ void risks	The accommodation will be available to students from King's and St George's medical schools, new overseas recruits and junior doctors as well as KMMS students. Accommodation could be offered to other groups if necessary.

The risks if the project is not undertaken are:

- The negative impact on ability to be a provider for the KMMS. The current provision of staff accommodation cannot support an acute provider training facility to the KMMS. Loss of training status puts at risk income from Health Education England (HEE), totalling over £3m by year four.
- Similar negative impact on the Trust's ability to recruit from overseas.

4 The Economic Case

4.1 Introduction to the economic case

The economic case appraises the social, environmental and economic costs, benefits and risks for the short-listed options and identifies the preferred option: the option most likely to offer the best social value for delivery of the project.

The economic case is ‘step 4’ in the HM Treasury Project Business Case guidance.

Figure 3: Step 4

Step 4	Determining potential VfM
Action 9	Revisit the Strategic Outline Case (SOC) and confirm the short-list
Action 10	Prepare the economic appraisals for short-list options
Action 11	Undertake benefits appraisal
Action 12	Undertake risk appraisal
Action 13	Select preferred option and undertake sensitivity analysis

4.2 Long list of options

HM Treasury and NHSEI guidance require the use of the ‘options framework’ approach to reduce the long list of potential solutions to the business need, to a credible short list. This process considers choices available to the Trust which can be loosely described as choices amount ‘what’, ‘where’, ‘when’, ‘who’, ‘how’ and ‘funding source’. The choices applicable to this business case are:

- What accommodation should be provided?
- What number of units of accommodation should be provided?
- Where should the accommodation block be built?
- Who should operate the accommodation?
- How should any new build accommodation block be funded?
- How should additional units of accommodation be secured?

The options under each choice are tested against the project investment objectives and CSFs. Options that fail to meet objectives and CSFs have been eliminated; those meeting both have been shortlisted to form part of the OBC options and where possible a ‘preferred way forward’ has been identified.

4.2.1 Choice one – what accommodation should be provided?

This choice is about the scope of the business case. The long list of options is:

- 'Business as usual' - MTW provides accommodation for junior doctors and overseas staff only.
- Medical student only accommodation
- Medical student and junior doctor accommodation
- Medical student, junior doctor and overseas staff accommodation.

The evaluation of the long list options against the project objectives and CSFs is shown below.

Table 11: Options Framework – accommodation scope

	BAU	Minimum	Intermediate	Maximum
1. Accommodation scope	1.0 No change i.e. MTW provides accommodation for junior doctors and overseas staff only	1.1 Medical student only accommodation	1.2 Medical student and junior doctor accommodation	1.3 Medical student, junior doctor and overseas staff accommodation
IO1 - to provide appropriate living accommodation and academic facilities to medical students from the combined KMMS to undertake their undergraduate clinical training placements during years 3, 4 and 5 jointly with medical students from Kings College University and St. Georges Medical School in accommodation that is	No - Fails this objective	Yes - meets this objective	Yes - meets this objective	Yes - meets this objective

	BAU	Minimum	Intermediate	Maximum
1. Accommodation scope	1.0 No change i.e. MTW provides accommodation for junior doctors and overseas staff only	1.1 Medical student only accommodation	1.2 Medical student and junior doctor accommodation	1.3 Medical student, junior doctor and overseas staff accommodation
complementary to the 'core medical training model' requirements of the KMMS				
IO2 – to provide accommodation and a learning environment that is attractive to prospective students and other staff, which promotes healthy living, is environmentally efficient and fits with the MTW strategic direction and the priorities of the wider NHS	No - Fails this objective	In part – does not meet the objective for junior doctors and overseas staff	In part – does not meet the objective for overseas staff	Yes - meets this objective
IO3 – to provide accommodation that is future proof, flexible and promotes greater integration in respect of education, and a range of health care provision services to the local	No - Fails this objective	Yes - meets this objective	Yes - meets this objective	Yes - meets this objective

	BAU	Minimum	Intermediate	Maximum
1. Accommodation scope	1.0 No change i.e. MTW provides accommodation for junior doctors and overseas staff only	1.1 Medical student only accommodation	1.2 Medical student and junior doctor accommodation	1.3 Medical student, junior doctor and overseas staff accommodation
community				
IO4 – to achieve an affordable, sustainable, real estate solution within a cost envelope which is affordable to the Trust	Yes, affordable because no cost	Unknown until full costings are done	Unknown until full costings are done	Unknown until full costings are done
IO5 - to support the Trust to recruit overseas staff by providing short-term accommodation for their initial few months in the UK.	No - Fails this objective	No - Fails this objective	No - Fails this objective	Yes - achieves this objective
CSF 1 Business needs	No – fails this CSF	Partial met	Partial met	Fully met
CSF 2 Strategic Fit	No – fails this CSF	Meets this CSF	Meets this CSF	Meets this CSF
CSF 3 Value for money	No	Unknown	Unknown	Unknown
CSF 4 Potential achievability	Yes	Yes	Yes	Yes
CSF 5 Supply side capacity and capability	N/A	Some risk	Some risk	Some risk
CSF 6 Potential affordability	Yes	Unknown	Unknown	Unknown
CSF 7 Timescale	Yes	Some risk	Some risk	Some risk

	BAU	Minimum	Intermediate	Maximum
1. Accommodation scope	1.0 No change i.e. MTW provides accommodation for junior doctors and overseas staff only	1.1 Medical student only accommodation	1.2 Medical student and junior doctor accommodation	1.3 Medical student, junior doctor and overseas staff accommodation
Conclusion	Retain as BAU	Reject	Reject	Preferred Way Forward (PWF)

4.2.2 Choice two – how many units of accommodation should provided?

The long list of options is:

- Business as usual – no additional units
- 140 additional units
- 180 additional units.

The evaluation of the long list options against the project objectives and CSFs is shown below.

Table 12: Options Framework – number of units of accommodation

	BAU	Minimum	Maximum
2. Number of units of accommodation	2.0 No change	2.1 140 additional units	2.2 180 additional units
IO1	Fails	Yes - meets this objective	Yes - meets this objective
IO2	N/A	N/A	N/A
IO3	N/A	N/A	N/A
IO4	No	Unknown	Unknown, but likely to be most expensive

2. Number of units of accommodation	BAU	Minimum	Maximum
	2.0 No change	2.1 140 additional units	2.2 180 additional units
IO5	Fails	Yes - meets this objective	Yes - meets this objective
CSF1	No – fails this CSF	Met	Met
CSF2	No – fails this CSF	Meets this CSF	Meets this CSF
CSF3	No	Unknown	Unknown, but likely to be most expensive
CSF4	Yes	Yes	Yes
CSF5	N/A	Some risk	Some risk
CSF6	Yes	Unknown	Unknown, but likely to be most expensive
CSF7	Yes	Some risk	Some risk
Conclusion	Retain as BAU	PWF	Shortlist

4.2.3 Choice three – where should any new accommodation blocks be built?

The long list of options is:

- *‘Business as usual’ – there is no BAU options.*
- At Tunbridge Wells
- At Maidstone
- At both sites.

The evaluation of the long list options against the project objectives and CSFs is shown below.

Table 13: Options Framework – where

	Intermediate 1	Intermediate 2	Maximum
3. Location if new blocks	3.0 Tunbridge Wells	3.1 Maidstone	3.2 Both
IO1	Yes - meets this objective	Yes - meets this objective	Yes - meets this objective
IO2	Yes - meets this objective	Yes - meets this objective	Yes - meets this objective
IO3	Yes - meets this objective	Yes - meets this objective	Yes - meets this objective
IO4	Unknown	Unknown	Unknown, but split site risks being less affordable
IO5	Yes - meets this objective	Yes - meets this objective	Yes - meets this objective
CSF1	Yes - meets this objective	Met	Met
CSF2	Met	Met	Met
CSF3	Unknown	Unknown	Unknown, but split site risks being less affordable
CSF4	Met	Potentially not met as land not identified	Uncertainty over delivering Maidstone
CSF5	Some risk	Some risk	Some risk
CSF6	Unknown	Unknown	Unknown
CSF7	Met	Potentially not met as land not identified	Uncertainty over delivering Maidstone
Conclusion	PWF	Reject	Reject

4.2.4 Choice four – who should operate new accommodation?

The long list of options is:

- 'Business as usual' – MTW would lease and operate any new accommodation as per the existing arrangements elsewhere.
- Specialist accommodation providers – a private company would operate the accommodation.

The evaluation of the long list options against the project objectives and CSFs is shown below.

Table 14: Options Framework – operation of the accommodation

4. Who operates the new blocks	BAU	Maximum
	4.0 MTW Trust	4.1 Specialist accommodation provider
IO1	Yes - meets this objective	Yes - meets this objective
IO2	Yes - meets this objective	Yes - meets this objective
IO3	Yes - meets this objective	Yes - meets this objective
IO4	Yes - meets this objective	Uncertain
IO5	Yes - meets this objective	Yes - meets this objective
CSF1	Meets CSF	Meets CSF
CSF2	Meets CSF	Meets CSF
CSF3	Meets CSF	Uncertain
CSF4	Meets CSF	Uncertain
CSF5	Meets CSF	Likely to be met
CSF6	Uncertain	Uncertain
CSF7	Meets CSF	Uncertain
Conclusion	PWF	Reject

4.2.5 Choice five – How will accommodation blocks be funded?

The long list of options is:

- ‘Business as usual’ – traditional NHS capital funding
- Third party capital funded build for any new accommodation blocks.

The evaluation of the long list options against the project objectives and CSFs is shown below.

Table 15: Options Framework – funding

	BAU	Maximum
5. Who operates the new blocks	5.0 NHS capital	5.1 Third party capital
IO1	N/A	N/A
IO2	N/A	N/A
IO3	N/A	N/A
IO4	Likely to meet objective	Uncertain
IO5	N/A	N/A
CSF1	N/A	N/A
CSF2	N/A	N/A
CSF3	Likely to meet objective	Uncertain
CSF4	Not met because NHS capital is not available for the project	Met
CSF5	N/A	N/A
CSF6	Likely to meet objective	Uncertain
CSF7	Not met because NHS capital is not available for	Met

	BAU	Maximum
5. Who operates the new blocks	5.0 NHS capital	5.1 Third party capital
	the project	
Conclusion	Reject	PWF

4.2.6 Choice six – How should additional units of accommodation be secured?

The long list of options is:

- Secured tenure – the Trust would either own the building or would secure the accommodation through a long lease.
- Spot purchasing of accommodation.
- Mix of both.

The evaluation of the long list options against the project objectives and CSFs is shown below.

Table 16: Options Framework – security of tenure

	BAU	Intermediate	Maximum
6. Who operates the new blocks	6.0 Secured tenure (owned or long lease)	6.1 Spot purchased	6.2 Mix
IO1	Meets objective	Objective not met	Meets objective
IO2	Meets objective	Objective not met	Meets objective
IO3	Meets objective	Objective not met	Meets objective
IO4	N/A	N/A	N/A
IO5	Meets objective	Meets objective	Meets objective
CSF1	Meets CSF	Unlikely to meet CSF	Meets CSF

	BAU	Intermediate	Maximum
6. Who operates the new blocks	6.0 Secured tenure (owned or long lease)	6.1 Spot purchased	6.2 Mix
CSF2	Meets CSF	Uncertain	Meets CSF
CSF3	Unknown	Unknown	Unknown
CSF4	Meets CSF	Unlikely to meet CSF	Meets CSF
CSF5	Meets CSF	Uncertain	Meets CSF
CSF6	N/A	N/A	N/A
CSF7	Meets CSF	Uncertain	Meets CSF
Conclusion	PWF	Reject	Shortlist

4.2.7 The resulting short-list of options

The outcome of the options framework appraisal of the longlist for each choice is combined to derive a shortlist of options.

Table 17: Options Framework – Summary of short-listed options

Choices	BAU	Preferred Forward	Way Rejected	More ambitious
What accommodation should be provided?	1.0	1.3	1.0, 1.1 & 1.2	n/a
What number of units of accommodation should be provided?	2.0	2.1	2.0	2.2
Where should the accommodation block be built?	n/a	3.0	3.1 & 3.2	n/a
Who should operate the accommodation?	4.0	4.0	4.1	n/a
How should any new build accommodation block be funded?	5.0	5.1	5.0	n/a
How should additional units of accommodation be secured?	6.0	6.0	6.1	6.2

Based on the summary above the shortlist of options is:

- Option 1 - (Do Minimum) spot purchase 140 additional accommodation across Pembury and Tunbridge Wells towns.
- Option 2 – 140 additional units of accommodation for medical students, junior doctors and overseas staff split 140 at TWH funded by third party capital and secured via long leases.
- Option 3 – 180 additional units of accommodation for medical students, junior doctors and overseas staff at TWH funded by third party capital and secured via leases.

- Option 4 – 140 additional units of accommodation for medical students, junior doctors and overseas staff split 100 at TWH funded by third party capital and secured via long leases, and a further 40 spot purchased.

The rationale behind the shortlist of options is that:

- The Trust's accommodation needs extend beyond KMMS medical students, so it makes sense to include other medical students (e.g. those from King's and St George's) as well as new staff from overseas, in the scheme. The inclusion of these additional groups also reduces under occupancy risk that could occur as the KMMS builds up student numbers in its early years post-opening.
- The number of units of accommodation to be built is based on the Trust's assessment of future demand across all categories of potential tenant and the Trust's knowledge of the supply of rental accommodation in the local market.
- The most deliverable location for any new unit is on the Tunbridge Wells Hospital site because the site is controlled by MTW and medical students have expressed a desire to be accommodated within close proximity to one or other of the two main hospitals. There is no obviously developable site close to Maidstone Hospital.
- The Trust already operates its own accommodation blocks in Maidstone and Pembury through partnerships with developers i.e. a lease and operate model. This model is proven to work and MTW has the expertise to extend the model to this scheme.
- The Trust does not have sufficient capital available to fund the construction and the capital available via the STP, has been allocated for clinical priorities. The operating lease model is in line with existing MTW strategy for support accommodation.

4.3 The appraisal of the options short list

The second step in the selection of a preferred option was to select the preferred option by appraising the short list through:

- An economic appraisal.
- A non-monetisable benefit and risk appraisal.

4.3.1 Economic appraisal of costs and benefits

The economic appraisal has been undertaken for all four options, in line with HM Treasury guidance set out in the Green Book and associated guidance⁶ using the Comprehensive Investment Appraisal (CIA) model to determine the net present social value (NPSV) of each shortlisted option.

The costs and monetised benefits included in the CIA are:

- Capital costs in addition to the construction (and related project costs), for example the cost of audio-visual equipment and IT infrastructure.
- The annual lease cost (assuming an operating lease) through which the partner will recover their initial capital investment (construction cost etc) and interest.

⁶ Guide to Developing the Project Business Case, 2018, HM Treasury

- Staff costs for the additional facilities management staff required to operate the accommodation.
- Other ongoing non-pay costs associated with operating the accommodation e.g. utilities.
- Rental income from MTW staff and medical students.
- Contribution towards the cost of the academic space from Trust education funding.
- Income from third party use of the premises.
- Costed risks.
- Monetisable benefits.

VAT is excluded from the CIA model because it is a circular flow across the public sector. Normally income from other NHS bodies, such as HEE would also be excluded for the same reason, however, in this instance the CIA is being presented from the perspective of MTW rather than the whole public sector, so this income flow is included.

The economic appraisal has been carried out over the expected life of the operating lease (25 years assumed at this stage) plus the project period (2021/22). Costs and monetised benefits in future years have been discounted at 3.5%.

An important differentiator between the options is the assumed number of staff in accommodation – the table below summarises each option once the new accommodation blocks reach ‘steady state’ occupancy.

Table 18: Occupancy by option

	Spot purchase 140 rooms £000	145 new build £000	180 new build £000	100 new build + 40 spot purchase £000
KMMS students	80	80	80	80
current Medical students Kings+ St Georges	24	24	24	24
FY1 Doctors	27	27	27	27
F2 Doctors	3	3	3	3
Student nurses/ overseas	2	6	6	2
SHO/Middle Grades/Specialists/Fellows	0	0	0	0
Consultants	0	0	0	0
Other staff	0	0	18	0
Total	136	140	158	136

The other key financial assumptions are summarised below.

Table 19: Financial assumptions

	OPTION 1 Spot purchase 140 rooms £000	OPTION 2 145 new build £000	OPTION 3 180 new build £000	OPTION 4 100 new build + 40 spot purchase £000
Notes (10th March 2021):-				
Main assumptions				
All costs and income at 2020/2021 prices	✓	✓	✓	✓
Income				
£500 per month rent for 12 months of year for all medical students (KMMs+ St G+ Kings)	✓	✓	✓	✓
£750 per month rent for 12 months of year for all non medical students (Overseas/ FY1/ FY2/ Others)	✓	✓	✓	✓
£500 additional contribution per month for 12 months of year for KMMs students (40 year 1, 80 year 2 then 120 thereafter)	X	✓	✓	✓
Rental income Academic Centre out of hours/ when not used for Medical students £1k per week averaged 52 weeks £1,000 per time	X	✓	✓	✓
40 Void rooms first 6 months	X	✓	✓	X
Costs				
Spot rate at £900 per month based on current market intelligence	✓	N/A	N/A	✓
Lease cost per annum based on 32 High Street/ Springwood comparators for 25 years per room (not capital cost estimate)	N/A	✓	✓	✓
Pay costs for domestic staff £144k - cleaning of communal areas not rooms linked	N/A	✓	✓	✓
Other non pay costs (electricity/ maintenance/ rates etc) based on equivalent prorata costs from 32 High Street/ Springwood	N/A	✓	✓	✓

The table below illustrates the results of the economic appraisal.

Table 20: Net present social value by option

Net present social value (£000's)	Option 1	Option 2	Option 3	Option 4
Incremental costs	-£24,920.05	-£27,168.43	-£32,730.97	-£27,002.27
Incremental benefits	£15,083.87	£71,330.94	£74,035.50	£68,913.62
Net societal value	-£9,836.18	£44,162.51	£41,304.53	£41,911.35
Cost benefit ratio	0.61	2.63	2.26	2.55

Option 2 has the highest (best) cost benefit ratio so represents the preference based on NSPV measured over the life of the accommodation block. The table below breaks down the detail of costs and benefits between options.

Table 21: Net present values by option – detail

Net present social value (£000's)	Option 1	Option 2	Option 3	Option 4
Capital	£0.00	-£224.50	-£224.50	-£224.50
Revenue	-£24,920.05	-£25,481.51	-£30,736.22	-£25,687.57
Net contribution	£15,083.87	£27,787.29	£30,307.04	£25,369.97
Costed risks	£0.00	-£1,462.43	-£1,770.25	-£1,090.20
Non-cash releasing benefits	£0.00	£9,432.18	£9,432.18	£9,432.18
Societal benefits	£0.00	£34,111.47	£34,296.28	£34,111.47
Net societal value	-£9,836.18	£44,162.51	£41,304.53	£41,911.35
Cost benefit ratio	0.61	2.63	2.26	2.55

The key differences between the four options are:

- A unit of spot purchased accommodation is more expensive for MTW to rent (£900 per month) than the equivalent cost of a unit of accommodation in the new block (£624 per month inclusive of VAT).

- Costed risks are a mix of risks that do not vary between the three new build options and risks that are proportional to the size of the new accommodation block, hence the largest block (Option 3) having the highest costed risk.
- Societal benefits are marginally higher in Option 3 due to the need to employ more facilities staff to operate the larger accommodation block. Other societal and non-cash releasing benefits are the same across options 2, 3 and 4 (see below for explanation of the monetised benefits assumed for the business case).

The difference between the total number of accommodation units available and demand from medical students (KMMS plus King's and St George's students), will be available to support future overseas recruitment. However to avoid double counting benefits, no associated monetised benefit (e.g. reduced spend on agency staff) has been ascribed to this business case because a separate overseas recruitment business case will be prepared within which this benefit will be monetised.

The benefits which have been monetised are based on the KMMS full business case and are the benefit of:

- More medical staff being trained as a result of the investment in a new accommodation block. This benefit is costed at £52k a year following each student's graduation up until Year 25. The number of additional medical students graduating is the difference between the annual intake of 40 students and the assumption that 30 students would have been placed with MTW without accommodation i.e. a net gain of ten students/ future medics per intake. By Year 25 the gain is +220 medics monetised at £52k per annum each.
- The benefit of healthcare provided to the general public from the additional ten medical students per intake for the duration of their placement at MTW. This benefit has been monetised at £27k per student.
- The benefit to the national economy of creating additional jobs linked to the accommodation block. The monetary value of this benefit is based on a salary of typical facilities management role salary of £18k per annum.
- A small additional benefit to the local economy resulting from spending by medical students. Once again this benefit is only applied to the ten extra students assumed to have been attracted to MTW as a result of the accommodation provision and the methodology used is as per the KMMS case.

4.3.2 The non-monetisable benefits appraisal

The second step in the appraisal of the short list was the assessment of non-monetisable benefits and risks. The criteria against which options were assessed was based on project objectives one to four (objective five relates specifically to overseas recruitment and this was not considered directly relevant to the absolute need to provide KMMS accommodation by March 2022). The four criteria were weighted as per the table below.

Table 22: Criteria weighting

Criterion	Weighting
Ability to hosts medical students from KMMS from Autumn 2022	40%
Accommodation that is attractive to prospective students and other staff, that promotes healthy living, is environmentally efficient	20%
Accommodation that is future proof, flexible and promotes greater integration in respect of education, and a range of health care provision services to the local community	20%
Affordable, sustainable, real estate solution within a cost envelope which is affordable to the Trust, with potential use of commercial concession outlets	20%
Total	100%

The completed appraisal of non-monetisable benefits and risks is shown below.

Table 23: Non-monetisable benefits and risks appraisal

Criterion	Weighting	Option 1	Option 2	Option 3	Option 4
	Raw/ weighted scores				
Ability to hosts medical students from KMMS from Autumn 2022	40%	1/40	4/160	4/160	2/80
Accommodation that is attractive to prospective students and other staff, that promotes healthy living, is environmentally efficient	20%	1/20	4/80	4/80	3/60
Accommodation that is future proof, flexible and promotes greater integration in respect of education, and a range of health care provision services to the local community	20%	1/20	4/80	4/80	3/60
Affordable, sustainable, real estate solution within a cost envelope which is affordable to the Trust, with potential use of commercial concession outlets	20%	2/40	3/60	2/40	3/60
Option total score/ weighted score		5/120	15/380	14/360	11/260
Option Rank (1 best, 4 worst)		4	1	2	3

The rationale for the relative scores was as follows.

Option1 – Spot purchase 140 units of accommodation. The Trust engaged several agents to search for suitable accommodation for overseas recruitment in the area. Suitable supply is very short, with nothing approaching the full size available and specification available. This option is considered extremely unlikely to deliver the required accommodation, provide attractive, sustainable and affordable accommodation. The average rent per unit the Trust receives is £250 for the first 3 months and £500/month thereafter. The average cost per unit in the Pembury area (using the High Street Pembury location as benchmark) is £500/month. Individual units ‘spot purchased’ are likely to be more expensive than a large block on a pre agreed terms. There is minimal capital expenditure for this option. This option is unlikely to enable the Trust to accommodate students and receive associated income.

Option 2 - 140 room accommodation block. The size of build takes advantage of economies of scale, but the option retains some flexibility through the use of existing alternate accommodation such as the 40 rooms at High Street Pembury.

Option 3 - 180 room accommodation block. 180 units would place the entire current projection of demand for accommodation at TWH into one building. It will enable the Trust to offer more KMMS medical students accommodation and so could present an opportunity for the Trust to be a major provider of academic placements in Kent and Medway. This opportunity is not without risk.

Option 4 - 100 room accommodation block and 40 units of spot purchased accommodation. A 100 unit build and spot purchased accommodation leads to higher per unit costs and risk to income from unguaranteed spot leases.

4.4 Identification of the preferred option

The preferred option has been identified by considering the non-monetisable benefits and risk score together ‘in the round’ with the net present value of monetisable costs and benefits.

Table 24: Summary of appraisal outcome

Option Number	Option description	Benefit and risk score	Non-financial benefits rank	NPSV 26 years (£m)
1	Do minimum	120	4	(£9.8m)
2	140 new build.	380	1	£44.2m
3	180 new build	320	2	£41.4m
4	100 new build	260	3	£42.0m

The preferred option for the scheme is **Option 2 (140 unit new build)**. Option 2 is ranked best for both NPSV and non-financial benefits.

4.5 Sensitivities

Sensitivities have been run through the CIA to identify the point at which the NPSV preference would switch from Option 2 to an alternate option. Under the base case Option 2 has a NPSV approximately £2.2m higher than the next best option (Option 4) measured and discounted over 26 years. The switching point at which Option 4 would become the preference is a change in NPSV of £135k or more per year. This could be any combination of lower income, higher costs, higher costed risks or lower monetised benefits. The key to an analysis of sensitivities is to identify factors which either only impact the finances of the preferred option or which disproportionately impact the preferred option.

An important distinguishing factor between Option 2 and the next 'best' option (Option 4) is the number of units in the new block (145 in Option 2 compared to 100 under Option 4) and under Option 2 MTW will pay for all 145 units regardless of occupancy, whilst under Option 4 the commitment could only be for 100 units (depending upon any contracts related to 'spot purchased' accommodation). A reduction of £135k income per annum equates to the total income received from 10.7 students (income being a 50/50 split of room rent and undergraduate funding), so if there were more than an average of 10.7 fewer students per year and the resulting accommodation voids could not be filled with other paying staff, then Option 4 would become the preference over Option 2. This preference assumes under Option 4 the Trust would simply not spot purchase an average of 10.7 now void, units of accommodation.

Increases in the costs of the accommodation block are less likely to switch the preference unless significant and / or disproportionately skewed towards Option 2 costs. Whilst a £135k annual cost increase represents a relatively modest increase of 8.1% in the revenue costs of Option 2, any increase in revenue costs would be likely impact both options to some degree even though the accommodation block is smaller under Option 4; for example a £135k increase in the costs of maintaining 145 units may well translate into a proportionate £93k increase under Option 4.

In summary although it is possible to identify switching points and the most credible would be a decline in student numbers, the Trust's response would be to offer the accommodation for rent to other Trust staff. Option 2 is, therefore confirmed as remaining the preferred option.

4.6 Description of the preferred option

The preferred option will deliver:

- Approximately (see detailed numbers below) 140 units of accommodation in a new build staff/ student accommodation block on the TWH site
- The 140 units will be available for:
 - KMMS medical students
 - Junior doctors
 - Overseas recruits.
- The new accommodation facility will be third party funded.
- The new accommodation facility will be operated by MTW.

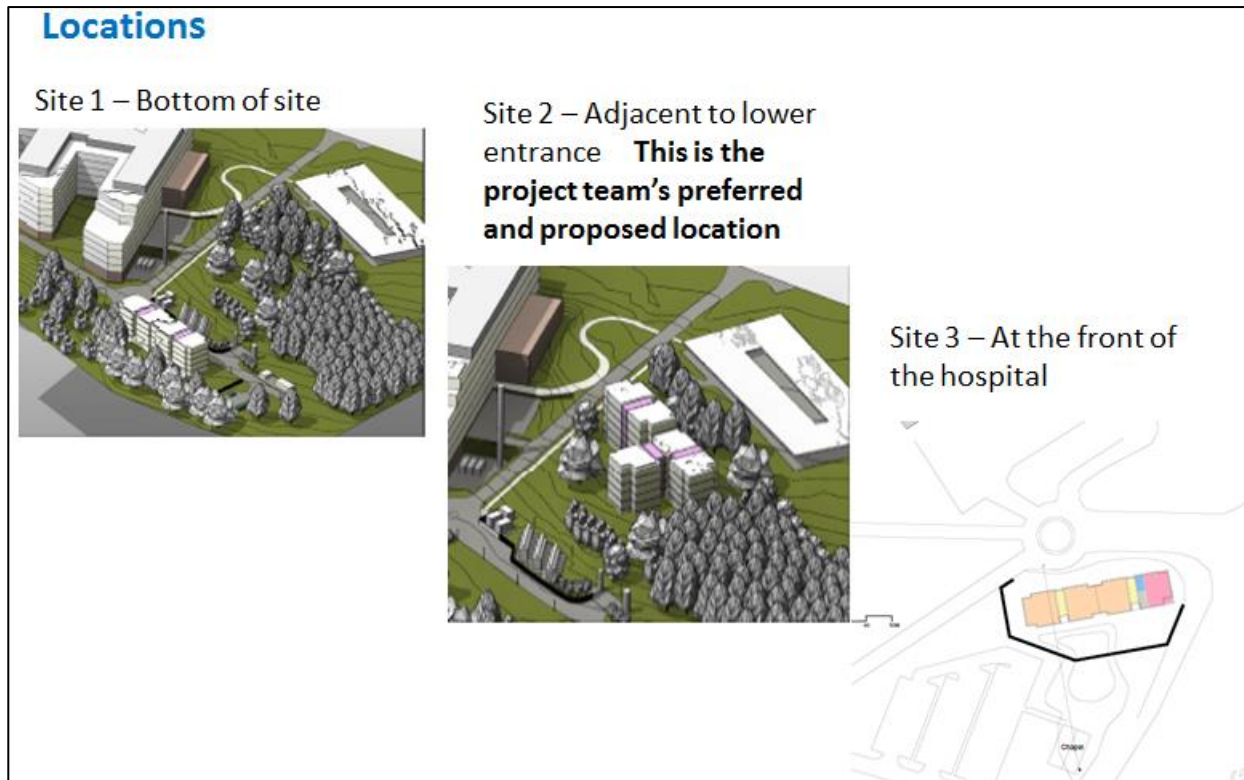
The new accommodation facility would comprise:

- 140/145 units of accommodation arranged predominantly in six bedrooms clusters of living accommodation (**whilst the selection was based on 140 units, the actual design identified the opportunity to increase the number of units to 145**).
- Six accommodation units would meet disability access standards.
- Study space outside of bedrooms on the ground floor.

- A learning hub also on the ground floor.
- A gross internal area of 4,771m².
- A total of 218m² of academic space.

4.6.1 Site options

The project team considered three alternate site options to deliver the preferred option at TWH. The options are shown in the figure below.



Site one was rejected because:

- The site location presents challenges for access and aspect towards the existing plant.
- Limitations on capacity; 138 beds maximum with insufficient academic and non-residential space to meet functional accommodation needs.

Site three was also rejected because it would not be acceptable to local authority planners (the block would be too close to the existing listed chapel) and the block would suffer from noise from the A21.

Site two which is close to existing plant and the existing staff entrance to TWH was selected.

4.6.2 Design brief and design options

A 'non-technical' brief was used to brief the architects (see Appendix Three). Eight options for the design of the new facility were then considered with **Design Option J being selected**. A summary of the factors behind the choice of site and design can be found in Appendix Four together with plans for each rejected option can be found.

Site two, Option J will deliver a six-storey block which would be in a woodland setting close to the staff entrance to the main TWH.

Figure 4: Site option 2 massing



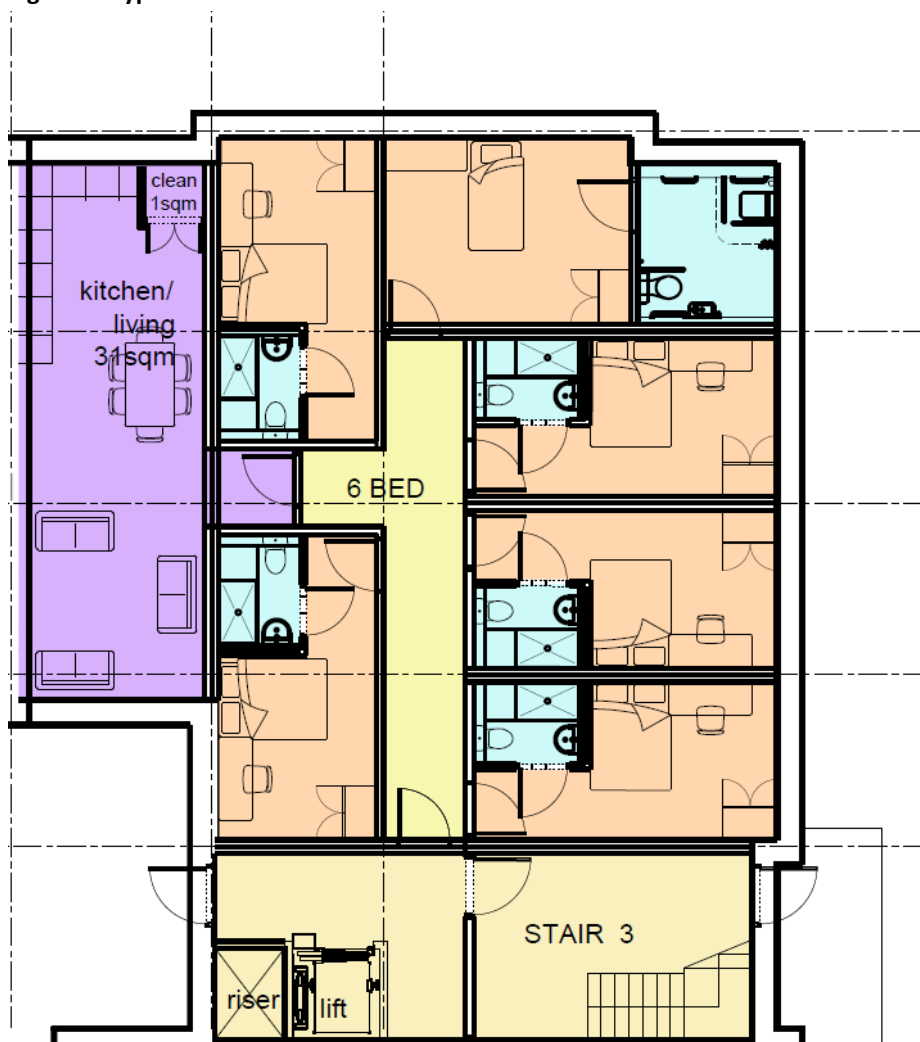
The design of the accommodation has been consulted upon widely (see Appendix Two). Accommodation is arranged over six floors as per the plans below.

Figure 5: Floor plans



A more detailed plan of a typical six bed cluster is shown below.

Figure 6: Typical six bed cluster



4.6.3 Management

MTW will adopt a lease and operate model for the building which is consistent with the operational model the Trust uses at its other accommodation blocks. MTW will provide the accommodation supervisor, cleaning and security staff.

4.6.4 Facility occupation plan

The proposed occupation plan takes account of the following factors:

- The current 40 occupants of 32 High Street, Pembury are mostly FY1/ FY2 and King's/ St George's students who will be finishing their placements over the next two to three years.
- Accommodating all the medical students and trainees on clinical placement in the TWH side of Trust, in the new build at TWH is considered the best way to foster a campus feel to the facility.
- 32 Pembury High Street will be used for new overseas staff, substantive medical staff and other key staff.
- The ramping up of KMMS student numbers in 2022/23 and 2023/24 before reaching their maximum in 2024/25.

Based on these considerations, the accommodation plan is that:

- By 2024/25 a total of 138 KMMS, King's and St George's medical students and, FY1 and FY2 junior doctors will all be accommodated from the start of their placement.
- New students and trainees starting at TWH in 2021/22 and 2022/23 will be informed that their room at the High Street will be of fixed duration pending completion of the new building.

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Table 25: Planned accommodation allocation

Accommodation Requirement	Current		2022/23		2023/24		2024/25	
Staff Group	Maidstone	TW	Maidstone	TW	Maidstone	TW	Maidstone	TW
KMMS medical student	0	0	13	27	27	53	40	80
Current medical students (Kings/St Georges)	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 /Specialists/Fellows	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 (including overseas)	22	0	81	79	67	53	54	26
Other staff	12	0	8	8	8	8	8	8
TOTAL FORECAST DEMAND	98	56	160	180	160	180	160	180

Springwood Maidstone	114*		160		160		160	
High Street Pembury. TW		40		40		40		40
New build TWH				140		140		140
TOTAL PLANNED CAPACITY	114	40	160	180	160	180	160	180

5 The Commercial Case

5.1 Introduction to the commercial case

The commercial case sets out procurement and contractual issues associated with the preferred option, and sets out the actions in ‘step 5’ of the Green Book.

Figure 7: Step 5

Step 5	Preparing for the potential Deal
Action 14	Determine procurement strategy
Action 15	Determine service streams and required outputs
Action 16	Outline potential risk apportionment
Action 17	Outline potential payment mechanisms
Action 18	Ascertain contractual issues and accountancy treatment

5.2 The scope of works to be procured

The scope of works to be procured is:

- The design, procurement, construction and completion of the new 145 unit accommodation and associated academic facility at TWH.
- The lease of the new accommodation block for the maximum possible period of years for qualification as an operating lease model.

5.3 Procurement strategy

5.3.1 Procurement option selection

There are a wide range of procurement options open to the Trust to deliver the project. The options are summarised in the table below.

Table 26: Procurement options

Procurement option	Detail
Competitive dialogue	<p>Competitive dialogue is an EU compliant tendering process whereby Trusts can allow for bidders to develop creative solutions in response to outline requirements. The Trust would need to have a set specification of what it wanted to achieve with specific outputs, but it can then develop solutions with the bidders around flexible aspects of the tender.</p> <p>Depending on the complexity of the requirement, Competitive dialogue can take between six to nine months but provides the opportunity to create a solution through dialogue using the specialist knowledge of the bidders.</p> <p>It is suitable for complex contracts where aspects are fixed, and some aspects are up for discussion.</p> <p>Risks - if the Trust has failed to scope the project before approaching the market, the tender will be too open to interpretation. The process can then</p>

Procurement option	Detail
	become extended as solutions are developed, considered and rejected or fine-tuned. In this circumstance the process can be time consuming and resource heavy
Open tender	<p>An open tender is a standard OJEU compliant tendering process whereby the open EU market is approach for a fixed set of deliverables (the contract). This differs from a competitive dialogue as the contract deliverables are set from the tender date and are not changed or discussed through the process. As this is a more straight-forward process it is usually a much quicker and more simple process to follow than competitive dialogue.</p> <p>Open OJEU tenders can be completed within 10 weeks. It is suitable for contracts where the client has specific set deliverables that will not change and there are a limited number of suppliers in the market.</p> <p>The risks of this approach are that because deliverables cannot change once the contract is tendered, these need to be 100% fit for purpose before the tendering process starts or the client risks the contract let not meeting requirements. If deliverables change, the client must start the tendering process afresh. Additionally, where there are a large number of potential suppliers in the market, the Trust may be swamped with responses and each has to be afforded equal treatment evaluation which can be very time consuming.</p>
Restricted Tender	A restricted tender follows broadly the same process as an open tender but with the addition of a pre-qualifying stage which allows for shortlisting of potential bidders before they are invited to tender. This removes the risk of being swamped with bids but adds an additional two weeks to the process.
Framework	The use of a framework is a quicker compliant route to market as suppliers are pre-selected and appointed to the framework through an earlier tender process, typically for three to five years. Depending on the terms of the framework, contracts can either be awarded after a mini competition amongst framework suppliers or via a direct award to one supplier. Under a mini-competition, bidders are typically given 4 weeks to submit a tender. The contract is also for a fixed set of deliverables. Access to a framework for a supplier is limited to the point of tender so any new entrants to the market or suppliers who failed to submit a bid at the time are required to wait until the framework is re-tendered to gain access. The Trust is therefore limited to receiving bids only from those suppliers that are on the framework.

After considering the procurement options, the Trust has selected the framework route and has decided to use the NHS Shared Business Services Modular Buildings Framework. The modular buildings framework provides a compliant route to access modern methods of construction. This framework agreement includes the purchase, hire or lease of modular solutions, including, offsite building solutions, modular hospital buildings, patient offload departments (PODs) and education solutions. The framework

for modular buildings provides bespoke solutions to client needs, from office space to student accommodation, and from care homes to homeless shelters. The framework is open to the NHS, local authorities, schools, academies, 6th form colleges, universities, the MOJ, MOD, and other public sector organisations.

The process ensures robust competition, shortlisting of supplier responses and adequate tender evaluation.

5.3.2 The procurement process

The Trust is using a two-stage tender process due to the urgency of the scheme and the requirement to complete the build by March 2022. A two-stage tender process allows the early appointment of a contractor, prior to the completion of all the information required to enable them to offer a fixed price. In the first stage, a limited appointment is agreed allowing the contractor to begin work and in the second stage a fixed price is negotiated for delivery of the agreed contract. The Trust issued the first stage tender on 22nd February 2021 (see Annex Two) and through this stage, MTW will appoint a contractor to complete the design and provide a schedule of rates that can be used to establish the construction price for the second stage tender. A contractor will be appointed under stage one by the end of March.

In stage two, MTW will invite the stage one contractor to provide a fixed price based upon a full technical package of information (including architects detailed design drawings, construction details, specification, schedules, structural engineer's information, mechanical and electrical strategy, BREEAM strategy, landscaping details et). The target date for agreement of the second stage tender submission is June 2021 where no less than 90% cost certainty will need to be achieved.

5.4 Land acquisition and disposals

No land acquisition or disposal is associated with the scheme, however, the third-party developer will be given the right to erect a six-storey building on Trust land at TWH. The Trust will then lease the building from the developer for the maximum period allowable to qualify as an operating lease.

5.5 Risk transfer

Each risk has been allocated to the party best able to manage it. This is indicated in the table below and will be reviewed in detail at FBC stage.

Table 27: Risk Transfer

Risk Category	Potential allocation		
	Trust	Construction partner	Shared
Design risk			✓
Construction and development risk		✓	
Transition and implementation risk			✓
Availability and performance risk			✓
Operating risk	✓		

Risk Category	Potential allocation		
	Trust	Construction partner	Shared
Variability of revenue risks	✓		
Control risks	✓		
Residual value risks	✓		
Financing risks	✓		
Legislative risks			✓
Other project risks			✓

5.6 Potential payment mechanism

MTW will lease the accommodation block. The lease will therefore be the mechanism through which the selected developer will recoup their capital investment.

5.7 Contractual issues

The appointed contractors will execute the enabling works and main construction works under the JCT Design and Build Contract (DB), 2016 Edition incorporating the NHS Shared Business Services framework for Modular Buildings.

5.8 Planning

5.8.1 Planning permission

The Trust submitted the full planning application in early March 2021. The planning application was for the **construction of a new 145-bedroom purpose built student accommodation, academic learning hub and ancillary plant and services along with associated landscaping. Access, parking, cycle/bin storage and other works.** The planning application documentation is available under separate cover as Annex Three.

The full planning application followed a pre-application advice request which was submitted in February 2021 (see Annex Four) and which was supported by a draft design and access statement, draft plans and site photos, the initial landscape assessment and tree survey and the initial ecological assessment. The pre-application engagement with Tunbridge Wells Borough Council's (TWBC) planners was positive. TWBC acknowledged the very special circumstances surrounding the need for the development which is within the greenbelt. The planners also acknowledged that the impact upon conservation and heritage is very low even though the site sits within an area of archaeological importance. They supported the proposed new building plans as being lower and subservient to the main hospital and the way that the building will blend into the surrounding woodland. Planners also welcomed the commitment to the BREEAM excellent standard and the provision of renewable energy on site is regarded as a major benefit. It is also important to note that the Net Biodiversity Gain report commissioned to support the planning application shows the recommended habitat layout results in a net gain of 0.86 (16.07%) habitat units and net gain of 1.23 (445.73%) hedgerow units.

5.8.2 Surveys and reports

The Trust commissioned the following reports to support the pre-planning application:

- Initial ecological review
- Initial landscape review.

The following surveys support the planning application (these are all available under separate cover):

- Planning statement, incorporating Green Belt Very Special Circumstances Case
- BREEAM
- Design and access statement
- Acoustic/noise assessment
- Flood risk and drainage assessment
- Landscape and visual impact assessment
- Planting strategy
- Ecology
- Arboricultural
- Net biodiversity gain
- Preliminary UXO risk assessment
- Ground investigation
- Air quality
- Fire
- Renewable energy
- Site and building security
- Transport assessment and travel plan.

5.9 Compliance with NHS/ government standards and guidance

The proposed development complies with standards and guidance as set out below.

5.9.1 Building regulations

All relevant building regulations will be complied with.

5.9.2 Sustainability

Sustainability is a key investment objective for the new accommodation. The project seeks to deliver a BREEAM 'Excellent' rating. The building will:

- Deliver an energy efficient facility within the MTW estate, reducing CO2 emissions and contributing to a reduction in whole life costs.
- Target six credits under Ene 01 (required to achieve BREEAM Excellent). This would provide a standard that will have a reduction in carbon emission levels 25% lower than abuilding satisfying the English Building regulations.
- Demonstrate the commitment of MTW to reducing the environmental impact of its operations.

The BREEAM pre-assessment score was 'Excellent' based on a target score of 73.8% and a potential score of 77.71% (see Appendix Five).

5.9.3 Quality

MTW is committed to the integration of design quality in the provision of student accommodation. All suppliers of the accommodation need to have the following accreditations or their equivalent in place:

- ISO 9001 – Quality Management
- ISO 14001 – Environmental Management
- ISO 18001 - Occupational Health and Safety Management

5.10 Modern methods of construction

The facility will be a modular build.

5.11 Impact on other site users

No other site users are negatively impacted by the proposed development. Disruption during the build period will be minimised.

5.12 Accountancy treatment

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6 The Financial Case

6.1 Introduction to the financial case

The financial case considers the affordability of the project to the Trust. The incremental impact of the investment MTW wishes to make is presented and the overall impact the investments would have on the Trust’s financial position is also shown. It covers ‘Step 6’ in the HM Treasury guidance.

Figure 8: Step 6

Step 6	Ascertaining affordability and funding requirement
Action 19	Prepare financial model and the financial appraisals.

6.2 Financial appraisal methodology

The financial case differs from the economic case in several important aspects:

- It only considers the preferred option unlike the economic appraisal which considered all short-listed options.
- The focus of the financial case is affordability as measured by the impact on the Trust’s income and expenditure (I&E) account, balance sheet and cashflow, as opposed to net present values.
- Depreciation and interest on public dividend capital (PDC) are included.
- VAT is included.

The following assumptions and factors underpin the financial appraisal:

- The appraisal has been undertaken only on costs that vary because of the scheme to clearly show the overall impact of the preferred option on the Trust’s overall financial position.
- All costs and income are shown at 2020/2021 prices.
- An operating lease is assumed.
- Capital costs, for those items funded directly by MTW e.g. audio-visual equipment, have been worked up by the Trust’s cost advisers.
- 145 bedrooms will be rented to a mix of medical students and MTW staff. Rents will be £500 per month for all medical students and £750 for all other staff.
- Trust Education funding (from Health Education England undergraduate funds) of £500 per month per student for academic space within the new block.
- There will be 40 void rooms for the first six months.
- The lease cost is based on 32 High Street and Springwood as comparators.
- £144k per year in facilities staff costs will be incurred.
- Other non-pay costs (electricity/ maintenance/ rates etc) are based on equivalent pro-rata costs from 32 High Street/ Springwood.

6.3 Capital investment

Most of the capital investment in the new facility will be provided by a third party with their costs being recouped via the operating lease of £[TBC] per annum. The Trust will incur some capital costs relating to IT and audio-visual equipment and some furniture – an initial investment of £269k has been assumed.

6.4 Revenue impact

The revenue impact on the Trust of the preferred 145 unit option, is shown in the table below.

Table 28: Impact on the Trust's income and expenditure account⁷

Revenue changes	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 - 2046-47 £000	Total £000
Total income	270	0	1,220	1,567	1,751	1,723	1,723	34,454	42,707
Pay	0	0	144	144	144	144	144	2,880	3,600
Non Pay expenditure	270	461	1,518	1,518	1,518	1,518	1,523	31,147	39,472
Other (non-operating) expenditure									0
Capital charges & depreciation	0	0	59	57	55	54	52	20	296
Total costs	270	461	1,721	1,719	1,717	1,715	1,719	34,046	43,368
Net financial benefit	0	-461	-500	-152	34	7	4	408	-661

There will be a net profit from the accommodation from its third year of opening. The key financial risk is that the Trust will carry the void risk relating to any unlet units of accommodation (as per the existing arrangements for the rest of the MTW staff accommodation estate). The modelled occupancy rates for the various tenant categories are shown below.

Table 29: Occupancy assumptions by tenant group

Tenant group	Occupancy assumed
KMMS students	100%
current Medical students Kings+ St Georges	100%
FY1 Doctors	90%
F2 Doctors	75%
Student nurses/ overseas	90%
SHO/Middle Grades/Specialists/Fellows	100%
Consultants	100%
Other staff	50%

6.5 Impact on cash flow

The use of the operating lease financing model means that the costs of this investment will spread over the 25 year period of the lease as opposed to the Trust/ NHS needing to fund the initial construction and fit out cost from capital funds.

Rental receipts, pay and non-pay costs will flow relatively evenly throughout the period.

6.6 Impact on the balance sheet

The lease on the new accommodation block will be an operating lease under IAS17 [\[Expand\]](#)

6.7 Affordability conclusion

⁷ The costs shown in 2020/21 are fees and are funded from Trust outturn.

The financial model can be found as Appendix Six.

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7 The Management Case

7.1 Introduction to the management case

The management case describes governance arrangements and project milestones. It demonstrates that the project is well managed, is likely to be delivered successfully and will enable the project objectives and benefits to be fully realised. The management case covers ‘step 7’ in the Green Book.

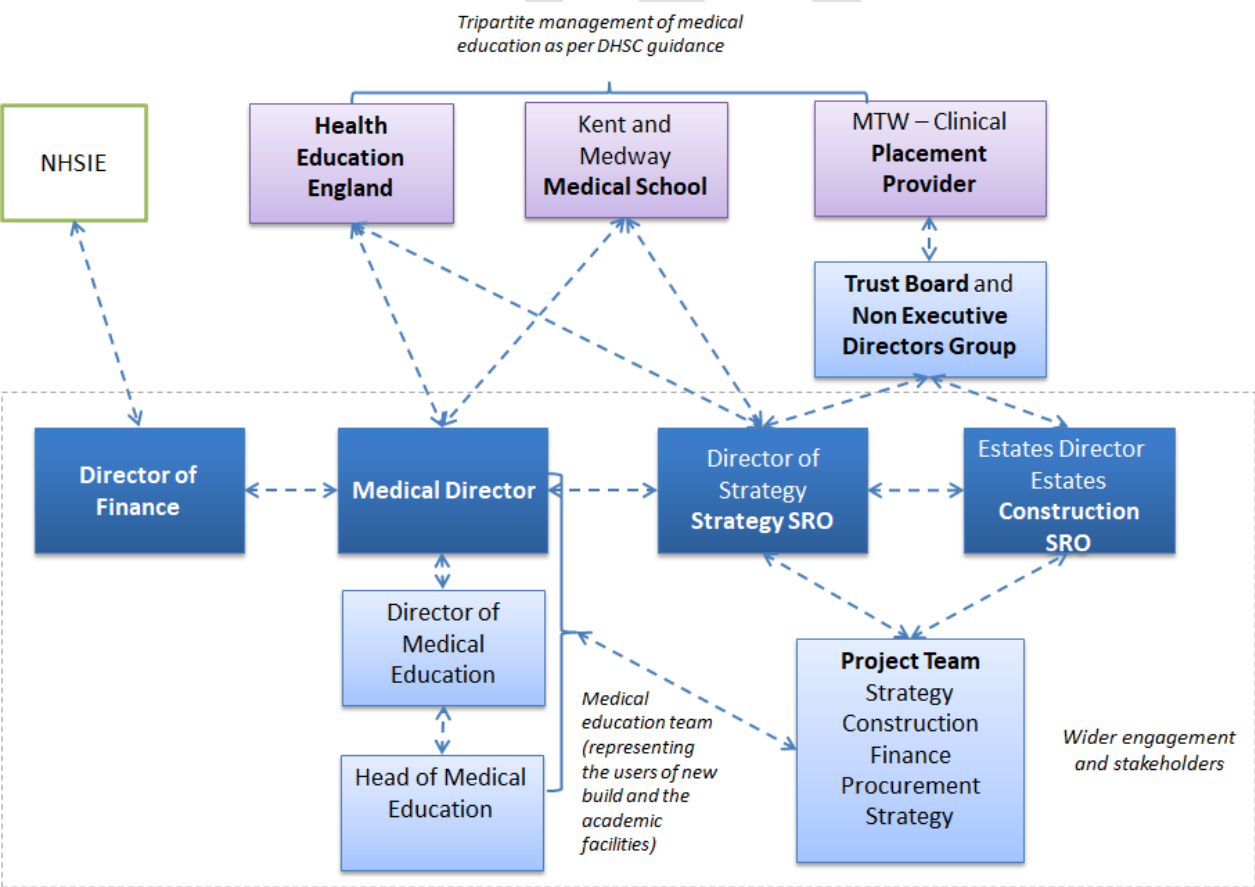
Figure 9: Step 7

Step 7	Planning for successful delivery
Action 20	Plan project management – strategy, framework and plans
Action 21	Plan change and contract management – strategy, framework and plans
Action 22	Plan benefits realisation – strategy, framework and plans
Action 23	Plan risk management – strategy, framework and plans
Action 24	Plan project assurance and Post-Project Evaluation – strategy, framework and plans

7.2 Project governance arrangements

The project governance structure is shown below.

Figure 10: Accommodation project governance structure



The MTW project team has been supported by the following professional advisers:

- Hazle McCormack Young LLP – Project Architects
- Adrian James - Acoustician
- Allen Scott – Landscape
- CTP Consulting Engineers - Engineering
- DHA Planning – Planning Consultants
- DHA Transport – Highways advice
- ETA Projects – Site infrastructure design consultancy
- Greenspace Ecological Solutions – Arboricultural and Ecology
- Innovation Fire – Fire Consultant
- Jane Simpson – Access Consultant
- Primely Ltd – Unexploded Ordinance
- Southdowns – Air Quality
- WT Partnership – Project Management, Principal designer and Cost Consultant
- XDA Consulting Ltd – BREEAM Assessment
- Rubicon Health Consulting – business case.

7.3 Project plan

The key project milestones are shown below.

Table 30: Project milestones

Milestone	Date
Trust Board review outline business case	25 th March 2021
KMMS Accommodation Oversight Group meeting to approve contractor appointment and lease	30 th March 2021
Appoint contractor for stage 1 (detailed design)	31 st March 2021
Planning period	Mid-March to mid-June 2021
Planning decision	End June 2021
Stage 1 (detailed design)	31 st March to 30 th June 2021
Appoint contractor stage 2 (construction)	1 st July
Mobilisation	Early July 2021
Construction	Mid-July 2021 – March 2022
Handover	March 2022
Occupation	1 st April 2022
First KMMS students	September 2022

The project plan can be found in Appendix Seven.

7.4 Project execution plan

[DN add]

The project execution plan is available as Appendix Eight.

7.5 Benefits realisation

Benefits realisation is concerned with putting in place the management arrangements required to ensure that the benefits detailed in the economic case are delivered. A detailed benefits realisation plan is being developed alongside this business case. The high-level benefits realisation plan is designed to:

- Identify the benefits and responsibility for their delivery.
- Establish baseline measurement where possible.
- Quantify benefits.
- Assign responsibility for the actual realisation of benefits throughout the key phases of the project.
- Periodically assess realisation and initiate any actions required.
- Record further expected benefits identified during the project.
- Measure outcomes.

The table below is the benefits realisation plan linked to this business case.

Table 31: Benefits realisation plan

Benefit Description	Enablers/ required to benefit	actions to deliver	Measures	Baseline	Target	Timescale	Responsibility
MTW has sufficient accommodation capacity to meet demand for local clinical placements from the KMMS (QB)	New accommodation opened. Existing accommodation retained. MTW hosting of KMMS students	Demand for and accommodation units of supply	0 units for KMMS students	+140 units of accommodation	By start of 2022/23 academic year	Project team	
MTW has sufficient accommodation capacity to meet demand for local clinical placements from King’s and St George’s medical schools (QB)	Existing accommodation retained i.e. no loss of accommodation. New accommodation opened to prevent competition from KMMS students	Demand for and accommodation units of supply	38 units	38 units	Ongoing	Estates	
Supports the expansion of medical school places in partnership with the KMMS, the University of Kent and Canterbury Christ Church University and other acute Trusts and primary care providers in Kent and Medway (QB)	New accommodation opened. Existing accommodation retained.	Number of KMMS medical students hosted at MTW	0 students	+40 students (year 1) +80 students (year 2) +120 students (year 3)	2022/23 2023/24 2024/25	Project team	
Enables delivery of the national policy to expand medical school places	New accommodation opened.	Number of medical school places available at				KMMS supported by MTW	

Benefit Description	Enablers/ required to benefit	actions to deliver	Measures	Baseline	Target	Timescale	Responsibility
outside of London (QB)	Existing accommodation retained		KMMS				
Students get an early introduction to clinical research studies that are active in Kent and Medway and many will wish to progress these in their studies (QB)	Medical students from King’s, St George’s and K&M medical schools hosted by MTW	Number of students progressing research studies linked to MTW	38 students (King’s & St George’s)	158 students	By 2024/25 academic year	MTW and project team	
Development of a positive supporting learning environment is a boost for the whole team of staff in the Trust (QB)	New accommodation incorporating academic space opened	Staff satisfaction metrics for impacted clinical teams	TBC	n/a	From 2022/23 academic year	MTW and project team	
Positive impact on morale of senior clinicians in that they are directly supporting the next generation of doctors working in the area (QB)	Increase in number of medical students hosted at MTW	Staff satisfaction metrics for impacted senior clinicians	TBC	n/a	From 2022/23 academic year	Senior clinicians and project team	
The hard gained knowledge and experience of our senior clinicians is passed on to the next generation of doctors (Qual)	Medical students hosted by MTW	n/a	n/a	n/a	Ongoing	Senior clinicians and project team	
Provides medical students with access to high quality training at one of the largest and most modern leading hospitals outside of London (Qual)	Medical students hosted by MTW	Number of medical students hosted	38 students (King’s & St George’s)	158 students	By 2024/25 academic year	MTW and project team	
Sufficient capacity to accommodate all junior doctors requesting staff	New accommodation	Demand for accommodation and	75 juniors in	78 juniors in	2023/24	Project team	

Benefit Description	Enablers/ required to benefit	actions to deliver	Measures	Baseline	Target	Timescale	Responsibility
accommodation (QB)	opened. Existing accommodation retained		units of supply	accommodation	accommodation		
The incorporation of training medical students from KMMS will be of significant benefit and enhance the status of MTW including raising the academic standing of the Trust (QB)	Medical students hosted by MTW		Number of research papers published by Trust staff. Number of research grants Research rankings	TBC	TBC	From 2022/23 academic year	Senior clinicians and researchers
Contributes towards building a centre of excellence for clinical education at MTW (QB)	New accommodation opened.		Student feedback Teaching rankings for KMMS and MTW	TBC	TBC	From 2022/23 academic year	Project team
Helps to widen participation in medical training including from diverse local communities (QB)	Medical students hosted by MTW		Participation rates for underrepresented communities	TBC	TBC	From 2022/23 academic year	Project team
Positive impact on medical recruitment particularly for dynamic academic and research inclined clinicians (QB)	New accommodation opened.		Recruitment and retention rates for relevant disciplines	TBC	TBC	From April 2022	Project team
Opportunity to tailor curriculum and experience to areas of practice the Trust and Region wish to develop (Qual)	Medical students hosted by MTW		Curriculum subjects	n/a	n/a	From 2022/23 academic year	KMMS and MTW

Benefit Description	Enablers/ required to benefit	actions to deliver	Measures	Baseline	Target	Timescale	Responsibility
Improved clinical academic tripartite collaboration between the HEE, KMMS and between provider Trusts in K&M (Qual)	Medical students hosted by MTW	n/a	n/a	n/a	n/a	From 2022/23 academic year	KMMS, HEE and MTW
Promotion of research and academically active clinicians (Qual)	Medical students hosted by MTW	n/a	n/a	n/a	n/a	From 2022/23 academic year	MW and research staff
Raise profile of local research and promote a more research active environment (Qual)	Medical students hosted by MTW	n/a	n/a	n/a	n/a	From 2022/23 academic year	MW and research staff
Medical students on site able to provide hands on support to existing studies (Qual)	Medical students hosted by MTW	n/a	n/a	n/a	n/a	From 2022/23 academic year	MW and research staff
Fit for purpose modern accommodation facility (QB)	New accommodation opened. Existing accommodation retained	Accommodation meets all relevant standards	Six-facet scores, BREEAM scores	BREEAM excellent, improved six-facet scores and occupancy rates	From April 2022	Project team and estates	
Future proofed - flexible capacity (QB)	New accommodation opened. Existing accommodation retained. Spot purchase of additional capacity	Quantum of 'flex' accommodation available via spot purchase - impact of MTW/ KMMS plans on local rental market supply side	0	TBC (as required)	Ongoing	Estates	
Accommodation provided close to	New accommodation	Location of	Current distances	No worsening of	Ongoing	Estates	

Benefit Description	Enablers/ required to benefit	actions to deliver	Measures	Baseline	Target	Timescale	Responsibility
one or both MTW hospitals (QB)	opened. Existing accommodation retained		accommodation and travel time to hospital sites	and travel times	travel time		
Strengthens the profile of the Trust both in the general community and in the clinical community (Qual)	KMMS students hosted		TBC	TBC	TBC	From 2022/23 academic years	Project team
Boosts pride in the local community of their local strong health service which will be training the next generation of doctors (Qual)	KMMS students hosted		TBC	TBC	TBC	From 2022/23 academic years	Project team
A shared benefit to our local towns of attracting, welcoming, hosting and facilitating the training of our own next generation of doctors (Qual)	KMMS students hosted		TBC	TBC	TBC	From 2022/23 academic years	Project team
Promotes confidence in the quality of MTW services Which are seen to be of teaching unit standard (Qual)	MTW accredited to host KMMS students		Education accreditation	TBC	TBC	From 2022/23 academic years	MTW
Creates education facilities that MTW can rent out (CRB)	New facility opened		Rental income	£0	TBC	2022/23 onwards	Estates
Third party capital is used to fund the development, thereby reducing the potential call on scarce Trust/ STP capital funds (CRB)	Contract agreed		Quantum of capital injected by third party provider	n/a	Approx. £17m	2021	Project team
Accommodation solution is affordable to MTW against the wider	Value engineering, accommodation		Economic and financial case metrics e.g. impact	TBC	TBC	From 2022/23	Project team

Benefit Description	Enablers/ required benefit	actions to deliver	Measures	Baseline	Target	Timescale	Responsibility
context of 'doing nothing' (Non-CRB)	income		on surplus position, cashflow etc from Reduction in agency and recruitment costs				
Lease is an operating lease which can be funded from outside of the CDEL limit in 2021/22 (Non-CRB)	Operating lease in place		Transaction outside of CDEL	n/a	Operating lease in place ahead of opening	March 2022	Project team
Sufficient staff accommodation to support overseas recruits settle in the UK (QB)	New accommodation opened. Existing accommodation retained		Demand for accommodation and units of supply	TBC	TBC	From 2022/23	Project team and estates
Reduction in MTW use of agency staff in difficult to recruit posts (CRB)	New accommodation opened. Existing accommodation retained		Agency staff use	TBC	TBC	From 2022/23	Project team and clinical teams
Increase in number of permanent staff employed (Non-CRB)	New accommodation opened. Existing accommodation retained		Number of permanent staff and retention rates	TBC	TBC	From 2022/23	Project team and clinical teams
Helps to address local workforce needs, particularly under-subscribed specialties in Kent (Qual)	New accommodation opened		Number of permanent staff and retention rates	TBC	TBC	From 2022/23	Project team and clinical teams

Benefit Description	Enablers/ required to benefit	actions to deliver	Measures	Baseline	Target	Timescale	Responsibility
Positive impact on medical staff retention particularly hard to recruit specialties (CRB)	Existing accommodation retained		Recruitment and retention rates/ reduction in number of recruitment exercises	TBC	TBC	From 2022/23	Project team and clinical teams

7.6 Risk management

The Trust uses the RAID (risks, assumptions, issues and dependencies) management process to manage risks. RAID has a simple step by step process of:

- Raising a risk, assumption, issue or dependency item.
- Registering the item in the RAID register with a description of the item and the impact.
- Assessing the probability of the item occurring, the severity if it were to occur and the proximity i.e. likely timescale of occurrence.
- Assigning actions including actions relating to dependencies.
- Implementing actions.
- Monitoring and reporting RAID.

The risk register can be found in Appendix Nine.

7.7 Change management

The construction and fit out will be overseen by the Director of Estates and Facilities Management. The project plan will ensure that there is clear communication with the key stakeholders and that disruption to other site users is minimised.

7.8 Post-project and programme evaluation

A post project evaluation will be undertaken to improve future project briefing, project management and implementation for future projects. The review will consider both process issues (the post-evaluation review) and outcome issues (the post-implementation review).

7.9 Quality impact assessment

The assessment can be found in Appendix Ten.

7.10 Communications and engagement

The project team has engaged with stakeholders throughout the development of these plans. The engagement plan as at mid-February 2021 is attached in Appendix One.

8 Conclusion

The development represents an exciting opportunity for MTW to cement its reputation and position as a key provider of medical student training in partnership with KMMS (as well as King's and St George's). A modern, fit for purpose accommodation block on the TWH site is expected to help the Trust attract medical students to MTW and brings the additional benefit of being an additional resource to support the Trust in attracting new staff from overseas. The proposal has the support of KMMS and local authority planners meaning it should be available to students at the start of the 2022/23 academic year.

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9 Annexes

The following annexes are all available under separate cover.

Annex One - Kent and Medway Medical School Full Business Case

Annex Two – Stage One tender documentation

Annex Three – Planning application documentation

Annex Four – Pre-application Planning documentation

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10 Appendices

Appendix One - Engagement plan

Appendix Two – Summary of medical student engagement feedback

Appendix Three – Design brief

Appendix Four – Tunbridge Wells Hospital location assessment

Appendix Five - BREEAM pre-assessment report March 2021 – available under separate cover

Appendix Six – Financial model – available under separate cover

Appendix Seven – Project plan

Appendix Eight – Project Execution Plan – available under separate cover

Appendix Nine – Risk register

Appendix Ten – Quality Impact Assessment

Appendix 11 – Comprehensive Investment Appraisal (CIA) Model – available under separate cover

Appendix 12 – Monetised benefits workings – available under separate cover

Appendix one – engagement plan

Responsible	Who to engage	What for	How and when	Comments
Pete Maskell and Amanjit Jhund supported by Garth Sommerfield and Pamela Leventis	Health Education England	To familiarise HEE with the proposal and design To check meets standards. Obtain evidence of support. academic matters To learn of any matters arising	Phased series of discussions, including obtaining written support if possible, with relevant contact. Need by 8 th March	Note: MTW Finance department will also be engaging with HEE on financial issues
Pete Maskell and Amanjit Jhund supported by Garth Sommerfield and Pamela Leventis	KMMS	To familiarise KMMS with the proposal and design To obtain written assurance the scheme meets expectations. Obtain written assurance of student numbers to clarify student and academic matters. To learn of any matters arising	Phased series of discussions with relevant contact. By 8 th March at latest	Note: MTW Finance department will also be engaging with KMMS on financial issues
Pete Maskell supported by Chris White /Medical education team and facilities	Current medical students/ F1/F2 and those assigned to MTW in the next year	Ensure current and new students and F1 and F2 are informed of proposed changes to their living arrangements	Face to face meeting via TEAMS followed up by written correspondence with regular quarterly (min) updates on progress. Before new student intake	Support from facilities around any formal notice required of change in living arrangements
Pete Maskell supported by GS/ PL and Chris White /Medical education team and facilities	Current medical education leads and consultants/ senior nurses etc with interest in medical education	Keep education team up to date with progress of scheme	Item on relevant agendas when <ul style="list-style-type: none"> • Out to Tender • Investment approved. • Construction in progress • Construction complete. 	
Steve Orpin supported by Lorraine Mills	Health Education England	Financial flows arising from the new students. Allocations/ timing/ flexibility	Phased series of discussions with relevant contact including written evidence of allocation / timing/ flexibility if possible. Feb 2021	Appropriate 'Tri-partite' discussions KMMS/ HEE/MTW as per guidance
Steve Orpin supported by Lorraine Mills	KMMS	Financial flows arising from the new students. Allocations/ timing/ flexibility	Phased series of discussions with relevant contact including written evidence of allocation / timing/ flexibility if possible. Feb 21	Appropriate 'Tri-partite' discussions KMMS/ HEE/MTW as per guidance
Amanjit Jhund	Clinical Commissioners	Notify CCG of intention and seek written statement of support and advise of progress of scheme	Discussion followed by written communication to CGG Strategy Director Feb 21	

Responsible	Who to engage	What for	How and when	Comments
Amanjit Jhund	ICP/ ICS / KMPT	Update on progress with scheme	Item on current agenda Feb/ Mar 21	
Doug Ward	TWBC Planning department	Critical – Planning Permission	Formal and informal Ongoing	
Doug Ward	KCC Highways	Approvals		
Doug Ward	Fire and rescue	Certification		

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Appendix two – summary of medical student engagement feedback

Medical student accommodation needs to provide quality environment to allow students to study and to progress fully with their undergraduate studies in years 3, 4 and 5 of study.

An 'Accommodation Forum' was formed and a consultation exercise took place to identify the needs of students and their requirements for workspace and general environment. The design and layout of other recently built student accommodation facilities was reviewed in terms of what has worked well and what has worked less well. The summary of the findings is included in Appendix 1.

Contact was also made with estates colleagues at University College London, Cambridge University and Newcastle University to learn from their experience on Student Accommodation funding, design and the build, operate leases in the market.

From engagement and benchmarking, the key needs in the accommodation were identified as follows:

- Location. The very strong message from all the groups is that they want accommodation close to their placement which, based on the current service configuration, means both sites. However, with the exception of the Maidstone F1s, if they had to choose a site it would be TWH. A transport service between accommodation and sites that is free, reliable and regular is essential. Some are happy to switch rooms/sites halfway through a rotation if it meant not having to travel between sites.
- Configuration of 6-8 rooms plus a communal kitchen/ diner/lounge area for flat occupants is preferred (similar to Pembury). A model of 4 storeys with Levels 1-3 as stand-alone flats and Level 0 as the recreational area was cited as the ideal. Recreational area should provide for lounge/TV, areas for recreational games (pool table, darts etc.) and shared study.
- FY1s preferred a separate kitchen/dinner/lounge area incorporated in their flat(s) and although they liked the idea of a communal area, they would not want this at the expense of an area in their flats.
- Room size not considered important as long as room for a bed, desk for private study with a desk of sufficient size to accommodate a laptop and plenty of wardrobe/storage space.
 - Single bed adequate for single block rotations.
 - Queen sized bed for whole year placement preferable to allow for longer stay comfort and visiting partners.
- En-suite facilities: as enjoyed at Pembury, are important, particularly powerful showers. Students said toilets are not such a high priority as they would accept that there may be shared toilet facilities within a group of rooms.
- WiFi: working, reliable and the facility to use Ethernet hard wired is essential and very high on the priority list.
- Laundry facilities featured as high importance by both students and F1s.

At other student placements Laundry facilities are available in kitchens at no cost or in central facilities at significantly less cost than the £2.80 for a wash and £1.30 for a dryer at MTW. Dryers not considered essential by medical students as long as there were folding dryers and room to use them. Sufficient washing machines for residents important with a change dispenser/card option if there is

a cost. More washing machines/dryers will be needed if students are in situ all year as will not return to London with washing. FY1s were concerned that if washing machines not available in flats at no cost, they should be available at a reasonable cost and sufficient for the number of residents. If there was a charge, then there should be a change dispenser.

- TVs: no need for TVs in rooms as generally use laptops for streaming, but requirement for TV in kitchen/diner/lounge area in each flat and a good-sized TV in the communal areas that has the facility for input from external sources such as Laptops, iPads, etc.
- Fridges Year 4 students considered that larger fridge was required for flats.
- Thermostats in rooms: common theme was that rooms were often too hot to sleep at night.
- Power sockets: sufficient number in room is essential as students have a number of different devices charging and some in use at the same time.
- Lighting: ensure fit for purpose, i.e. for studying in desk area and reading in bed was important. Not keen on automatic timer for lights – this caused issues and unreliable.
- Curtains/blinds: FY1s felt that there should be 'blackout' type curtains or blinds to ensure that those sleeping during the day post-nights can do so.
- Post: somewhere safe for post to be delivered/collected
- Parking/Bike Shelter: Sufficient parking and secure bike shelter essential and more so if the students are in situ for the whole year.
- On site presence: Not essential for someone to be on site 24/7 as long as it was clear where problems/maintenance issues could be reported today and night and they were dealt with quickly.
- Security: students stressed the importance of security. This was in the light of a recent incident at another Kent site.

NOTES OF ACCOMMODATION FOCUS GROUP

Focus Groups held:

- Year 5 Medical Students (4 attendees) – 13th Nov 18
- TWH FY1s (18 attendees) – 16th Nov 18
- Maidstone FY1s (18 attendees) – 10th Jan 19
- Year 4 Medical Students (14 attendees) – 14th Jan 19

In responding to questions and stating their views some students pointed out that their responses/preferences would be different depending on whether they were in the Accommodation for individual Blocks or a whole year(s). The difference being that if they were here for individual Blocks, they would still have their London accommodation to use at weekends, but if here for the whole year they would not have their alternative London accommodation which would place more of a premium on facilities and on being close to local amenities. Although some of the King's students do come back to the Trust for more than one placement, currently some King's and all of St Georges' students are with us for single block rotations.

	Single Block Rotations	Whole Year Placement
	<ul style="list-style-type: none"> • Preference for the vast majority is 	<ul style="list-style-type: none"> • Accommodation in town centres or

Site	<p>for location as close to the hospital placement as possible (no more than 10 mins walk) rather than town centre.</p> <ul style="list-style-type: none"> • Ideally, they would all want to minimise travel time between sites, therefore accommodation at both sites is preferable. Students and some F1s were happy to switch rooms/site during rotation if block placements allowed if this avoids travelling between sites. • If forced to choose a site, based on current configuration of services, it would be TWH on the basis that this is the 'hot' site and Women's & Children's primarily based at TW and therefore where the majority of the placement would be spent. • If accommodation not within 10 mins of either site then a reliable and regular (every 15 mins at peak times) bus service needs to be in place, stopping close to the accommodation and more frequent at peak times. • Students had no preference to be colocated with F1s – concern over waking up F1s who may have been on nights so feeling was that student only flats would be preferable. There was the same concern with on-call rooms. Year 4 students considered it important that they were in flats with their fellow students as this was good for shared learning. 	<p>closer to amenities is attractive on the basis that the students would not have a 'base' back at KCL so would be spending more time (incl. weekends) in this accommodation. However, they would not see this as preferable to accommodation close to the hospital sites.</p> <ul style="list-style-type: none"> • Again, if accommodation not within 10 mins of either site then a reliable and regular (every 15 mins at peak times) bus service needs to be in place, stopping close to the accommodation and more frequent at peak times. • No preference to be colocated with F1s – concern over waking up F1s who may have been on nights so feeling was that student only flats would be preferable. • FY1s at both sites wanted sufficient on-call rooms to be included in any future build. • FY1s at Maidstone were very clear that any accommodation for them had to be near their place of work and not involve a bus/car journey. • Some FY1s at Maidstone would be content to switch accommodation during their year in order to be close to their place of work.
<p><u>Summary</u></p> <p>The very strong message from all the groups is that they want Accommodation close to their placement which, based on the current service configuration, means both sites. However, with the exception of the Maidstone F1s, if they had to choose a site it would be TWH. A transport service between Accommodation and sites that is free, reliable and regular is essential. Some are happy to switch rooms/sites halfway through a rotation if it meant not having to travel between sites.</p>		

<p>Layout/ Wish List</p>	<ul style="list-style-type: none"> • <u>Configuration</u> of 6-8 rooms plus a communal kitchen/ diner/lounge area for flat occupants is preferred (similar to Pembury). A model of 4 storeys with Levels 1-3 as stand-alone flats and Level 0 as the recreational area was cited as the ideal. Recreational area should provide for lounge/TV, areas for recreational games (pool table, darts etc) and shared study. • FY1s preferred a separate kitchen/dinner/lounge area incorporated in their flat(s) and although they liked the idea of a communal area, they would not want this at the expense of an area in their flats. • <u>Room size</u> not considered important as long as room for a bed, desk for private study with a desk of sufficient size to accommodate a laptop and plenty of wardrobe/storage space. <ul style="list-style-type: none"> ○ Single bed adequate for single block rotations. ○ Queen sized bed for whole year placement preferable to allow for longer stay comfort and visiting partners. • <u>En-suite facilities</u>: as enjoyed at Pembury, are important, particularly powerful showers. Students said toilets are not such a high priority as they would accept that there may be shared toilet facilities within a group of rooms. • <u>WiFi</u>: working, reliable and the facility to use Ethernet hard wired is essential and very high on the priority list. • <u>Laundry facilities</u> featured as high importance by both students and F1s. • At other student placements Laundry facilities are available in kitchens at no cost or in central facilities at significantly less cost than the £2.80 for a wash and £1.30 for a dryer at MTW. Dryers not considered essential by medical students as long as there were folding dryers and room to use them. Sufficient washing machines for residents important with a change dispenser/card option if there is a cost. More washing machines/dryers will be needed if students are in situ all year as will not return to London with washing. FY1s were concerned that if washing machines not available in flats at no cost, they should be available at a reasonable cost and sufficient for the number of residents. If there was a charge, then there should be a change dispenser. • <u>TVs</u>: no need for TVs in rooms as generally use laptops for streaming, but requirement for TV in kitchen/diner/lounge area in each flat and a good-sized TV in the communal areas that has the facility for input from external sources such as Laptops, iPads, etc. • <u>Fridges</u> Year 4 students considered that larger fridge was required for flats. • <u>Thermostats in rooms</u>: common theme was that rooms were often too hot to sleep at night. • <u>Power sockets</u>: sufficient number in room is essential as students have a number of different devices charging and some in use at the same time. • <u>Lighting</u>: ensure fit for purpose, i.e. for studying in desk area and reading in bed was important. Not keen on automatic timer for lights – this caused issues and unreliable. • <u>Curtains/blinds</u>: FY1s felt that there should be ‘blackout’ type curtains or blinds to ensure that those sleeping during the day post-nights can do so. • <u>Post</u>: somewhere safe for post to be delivered/collected • <u>Parking/Bike Shelter</u>: Sufficient parking and secure bike shelter essential and more so if the students are in situ for the whole year. • <u>On site presence</u>: Not essential for someone to be on site 24/7 as long as it was clear where problems/maintenance issues could be reported today, and night
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	<p>and they were dealt with quickly.</p> <ul style="list-style-type: none"> • <u>Security</u>: students stressed the importance of security. This was in the light of a recent incident at another Kent site. • <u>Community Hub</u>: If a 'community hub' was created with more accommodation then the preference would be for recreational facilities. Those mentioned were: <ul style="list-style-type: none"> ○ sports pitch. ○ external area to relax/eat in the warmer months. ○ gym
<p><u>Summary</u></p> <p>Overall, accommodation with 6-8 en-suite rooms to a flat with a shared kitchen/diner/lounge area is favoured. Laundry facilities can either be with individual flats or shared for a block but should be reasonably priced and sufficient to ensure occupants have easy access to a machine.</p> <p>There is strong preference amongst students in particular for a shared communal recreational area for the accommodation block in addition to the above.</p> <p>Much would depend on the size of accommodation blocks, but something with, say, 3 x 6-8 room flats from level 1 to 3 and the ground floor providing a lounge/TV area, a recreational area (e.g. pool/darts) and a separate shared study area with desks and computers would be ideal.</p> <p>This layout and configuration would stand regardless of where the accommodation was sited and whether students were here for individual rotations or the whole year.</p>	

Appendix three – design brief

- Needs to be within easy walking distance of the main hospital.
- Delivery by 31 March 2022 which dictates that a Modular build is preferred but to look and 'feel' like a permanent build.
- Attractive, make the most of long-range views.
- Long lasting. Low environmental impacts
- Access to natural light, good acoustics
- Minimise disruption on site and reduce build time to have accommodation ready by March 2022.

The following functional requirements are needed:

- A place for KMMS students and staff to live, learn and work.
- 5% of flats designed specifically for those with accessible living needs.
- Studio rooms with double bed space and ensuite facilities
- Cluster flat facilities including shared kitchen, dining and social facilities for every 6 rooms.
- Shared Laundry facilities
- Shared space for Reception, Security and Facilities Management office
- Secure access
- Easy access for wheelchair users
- Good use of the sloping topography of the site and views
- Indoor social area with big screen (sport watching), mobile televisions and comfy movable chairs for use by students out of hours – possible pool table area.
- Outdoor covered social space (+ table tennis) / quiet seating space (giant chess) to take advantage of location and views (small budget to upgrade existing sunken garden area?)
- Bicycle store
- Parking spaces for emergency access, disabled parking and drop off only.
- Bin storage space

The facility needs to include a multi-purpose Digital Learning Hub

A space suitable for flexible use enabled by a combination of movable dividers/ levels/ openings.

An area equipped to allow students to gather in a relaxed environment whilst studying and accessing online materials. It should allow for collaborative learning activities, collective engagement with webinars etc. (big screen) and small group work. The versatile space could be subdivided into smaller discrete teaching spaces. This facility would recognise that students need to work both independently and collaboratively in accessing e-resources/ campus-based educational material etc. The space will allow students to work in 'tutorial groups'/'breakout groups' and to present/share their work with their peers.

Minimum specification:

A Training Hub large enough for 40+ students and capable of splitting into 3 separate rooms by retractable walls. Area needs to be sized to allow 5 groups of 8 students to simultaneously split into separate teaching groups.

Screen at both ends as well as on one wall in the middle section.

40+ chairs with retractable rests for laptops.

5 x Mobile screens/televisions for small group teaching.

WiFi connectivity. Modern AV which can link into Theatres across site and facilitates synchronous and asynchronous teaching.

An academic office

A separate area equipped to allow students to gather in a relaxed environment whilst studying and accessing online materials.

The building design will deliver the following:

- Achieve a high design quality in accordance with guidance available.
- Meet statutory requirements and obligations for public buildings e.g. with regards to Disability Discrimination Act (DDA), Health Environment Inspectorate (HEI), Healthcare Associated Infections (HAI); and
- Seek to target a Building, Research, Establishment, Environmental, Assessment, Method (BREEAM) rating of 'Excellent'.

The following comparable facilities set the standard:

- Northumbria University. Student accommodation. Five-storey 206-bed modular student accommodation constructed using prefabricated modules, on Clarence Street in Shieldfield, Newcastle, by Sir Robert McAlpine and Premier Interlink.
- University of Chester. Student accommodation. Modular construction, 224 Room Pods, all studio rooms with en-suite and kitchenette facilities, providing a high-quality living and study area for students using contemporary design specifications. Including cleaning rooms, roofing cassettes, stairwells and associated corridor cassettes. Elements Europe with Morgan Sindall.

Appendix four – location options summary



Appendix Four - TW
location options sumr

DRAFT

Appendix seven – project plan



KMMS gant chart
v3j.xlsx

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Appendix ten – Quality Impact Assessment

Clinical Effectiveness	
Have clinicians been involved in the design?	
Yes. Clinical leads from medical education	
Has any appropriate evidence been used in the design?	
Yes. All relevant NHS Estates Guidance	
Are relevant Clinical Outcome Measures already being monitored by the Division/Directorate? If yes, list. If no, specify additional outcome measures where appropriate.	
Yes in the full benefits realisation plan	
Are there any risks to clinical effectiveness?	
No	
Have the risks been mitigated?	
N/A	
Have the risks been added to the departmental risk register and a review date set?	
N/A	
Are there any benefits to clinical effectiveness? If yes, list	
Long term benefits of increased medical training and staff recruitment	
Patient Safety	
Has the impact of the change been considered in relation to:	
Infection Prevention and Control?	Y
Safeguarding vulnerable adults/ children?	Y
Current quality indicators?	Y
Quality Account priorities?	Y
CQUINS?	Y
Are there any risks to patient safety?	
No	
Have the risks been mitigated?	
N/A	
Have the risks been added to the departmental risk register and a review date set?	
N/A	
Are there any benefits to patient safety? If yes, list	
Not immediately as result of build	
Patient experience	
Has the impact of the redesign on patients/ carers/ members of the public been assessed? If no, identify why not.	
Local Authority Planning Permission for build	
Has the impact of the change been considered in relation to:	

<ul style="list-style-type: none"> Promoting self-care for people with long-term conditions? Tackling health inequalities? 				
Not directly applicable				
Does the redesign lead to improvements in the care pathway?				
Supports a quality life- long learning environment				
Are there any risks to the patient experience?				
No				
Have the risks been mitigated?				
N/A				
Have the risks been added to the departmental risk register and a review date set?				
N/A				
Are there any benefits to the patient experience? If yes, list				
N/A				
Equality & Diversity				
Has the impact of redesign been subject to an Equality Impact Assessment?				
Local authority approvals and meets all sections of Disability Discrimination Act				
Are any of the 9 protected characteristics likely to be negatively impacted?				
No				
Has any negative impact been added to the departmental risk register and a review date set?				
N/A				
Service				
What is the overall impact on service quality? – please tick one box				
Improves quality	<input checked="" type="checkbox"/>	Maintains quality	<input type="checkbox"/>	Reduces quality