

Extraordinary Trust Board meeting - Formal meeting, which is open to members of the public (to observe)

Thu 16 June 2022, 10:30 - 11:15

Virtually, 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).

06-1

To receive apologies for absence

David Highton

06-2

To declare interests relevant to agenda items

David Highton

Reports from Trust Board sub-committees

06-3

Audit and Governance Committee, 16/06/22 (incl. the Committee's 2021/22 Annual Report)

David Morgan

 Summary of Audit and Governance Committee, 16.06.22 (incl. AGC Annual Report 2021-22).pdf (9 pages)

Annual Report and Accounts

06-4

To approve the Trust's Annual Report, 2021/22 (incl. Annual Governance Statement)



David Morgan

 To approve the Trust's Annual Report, 2021-22 (incl. Annual Governance Statement).pdf (92 pages)

06-5

To approve the Trust's Annual Accounts 2021/22

David Morgan and Steve Orpin

-  Changes to Annual Accounts (and Annual Report) 2021-22.pdf (3 pages)
 -  To approve the Trust's Annual Accounts 2021-22.pdf (51 pages)
-

06-6

To approve the Management Representation Letter, 2021/22

David Morgan

-  To approve the Management Representation Letter, 2021-22.pdf (4 pages)
-

Quality items

06-7

To approve the Trust's Quality Accounts, 2021/22

Helen Callaghan


-  To approve the Trust's Quality Accounts 2021-22.pdf (46 pages)
-

Planning and strategy

06-8

To approve the Trust's updated planning submissions for 2022/23

Rachel Jones

-  To approve the Trust's updated planning submissions for 202223.pdf (11 pages)
-

06-9

To consider any other business

David Highton

06-10

To respond to any questions from members of the public

David Highton

Questions should relate to one of the agenda items above, and be submitted in advance of the Trust Board meeting, to Kevin Rowan, Trust Secretary, via kevinrowan@nhs.net.

Members of the public should also take note that questions regarding an individual's patient's care and treatment are not appropriate for discussion at the Trust Board meeting, and should instead be directed to the Trust's Patient Advice and Liaison Service (PALS) (mtw-tr.palsoffice@nhs.net).

Extraordinary Trust Board meeting – 16th June 2022

Audit and Governance Committee, 16/06/22 (incl. the Committee's 2021/22 Annual Report)	Committee Chair (Non-Executive Director)
<p>The Audit and Governance Committee is scheduled to meet, virtually via web conference, immediately before the Trust Board meeting on the 16th June 2022 (to review the draft final Annual Report and Accounts for 2021/22). The outcome of the meeting on the 16th June will be reported verbally to the Trust Board; however, the Audit and Governance Committee Annual Report for 2021/22, which was approved at the Committee's meeting on the 16th May 2022, has been enclosed in full in Appendix 1, as this forms part of the assurances the Board receives when considering the approval of the Trust Annual Report and Accounts</p>	
1. The Committee agreed that (in addition to any actions noted above): N/A	
2. The issues that need to be drawn to the attention of the Board are as follows: <ul style="list-style-type: none">▪ The Audit and Governance Committee Annual Report for 2021/22 is enclosed (Appendix 1)▪ The Committee will meet on 16th June, before the Trust Board, to review the final Annual Report and Accounts, and consider the findings from the External Audit. A verbal update on the outcome will be reported to the Trust Board on 16th June 2022	
Which Committees have reviewed the information prior to Board submission? <ul style="list-style-type: none">▪ 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

AUDIT AND GOVERNANCE COMMITTEE – MAY 2022**APPROVAL OF THE AUDIT AND GOVERNANCE COMMITTEE ANNUAL REPORT FOR 2021/22****CHAIR OF AUDIT AND GOVERNANCE COMMITTEE / TRUST SECRETARY**

- The NHS Executive published an Audit Committee Handbook in 1995. The Department of Health (DH) then published revised versions in 2001 and 2005. The Healthcare Financial Management Association (HFMA) published further revisions in 2011, 2014 and 2018. The 1995 and 2001 versions of the Handbook regarded the production of an Annual Report of the activities of NHS Audit Committees as best practice. The 2005 version made this into a requirement, and set out the minimum content for such an Annual Report.
- The 2018 version emphasises this requirement (“...the audit committee should prepare an annual report to the governing body that sets out how the committee has discharged its responsibilities and met its terms of reference), and stated that the Report should summarise the committee's work during the year and (as a minimum), confirm that:
 - “The organisation's system of risk management is adequate in identifying risks and allowing the governing body to understand the appropriate management of those risks”
 - “The committee has reviewed and used the assurance framework and believes that it is fit for purpose and that the ‘comprehensiveness’ of the assurances and the reliability and integrity of the sources of assurance are sufficient to support the governing body's decisions and declarations”
 - “There are no outstanding areas of significant duplication or omission in the organisation's systems of governance that have come to the committee's attention”.
- The Handbook states that the Report should also highlight the main areas that the Committee has reviewed and any particular concerns or issues that it has addressed. These could include:
 - “The reliability and quality of the organisation's financial reporting systems that 'sit' behind the financial position reported to the governing body”
 - “Any significant issues that the committee has considered in relation to the financial statements”
 - “Any major break-down in internal control that has led to a significant loss in one form or another”
 - “Any major weakness in the governance systems that has exposed. or continues to expose the organisation to an unacceptable risk”
 - “The reliability and quality of clinical information systems and clinical auditing processes and the extent to which the governing body can take assurance from these”
 - “An assessment of the performance of the external auditor”
 - “The value (financial and non-financial) of any non-audit services provided by the external auditors”
- The Handbook expects the Report to be presented to the Board promptly after the financial year-end and before it considers the main Trust Annual Report and statutory declarations. As a result, the Committee's Annual Report should make a general reference to the Committee's role in these matters
- The Handbook also lists the following as best practice for Audit Committee Annual Reports:
 - “The report should not be long (three or four pages should be sufficient) and may be drafted by the committee's secretary under the direction of the committee's chair”
 - “The committee chair should take overall responsibility for the report's preparation and share drafts of the report with committee members”
 - “The final draft report should be shared with the internal and external auditors, to ensure that it is consistent with their understanding, and with any other regular attendees to the committee, such as the CFO. However, the report must be owned by the committee itself”
 - “The report should go to all members of the governing body in advance of the meeting to agree the annual report and accounts”
 - “If the report includes any significant issues, these should be discussed by the audit committee chair with the chair of the governing body prior to the report being presented to the full governing body”
 - “Rather than just focus on process and the number/type of assurances considered during the

year, the report should seek to identify the outcome of the committee's work, its conclusions and actions taken".

- The draft Annual Report from the Audit and Governance Committee for 2021/22 is therefore enclosed, for approval. The draft covers the minimum content outlined above.
- Once approved, the Report will be submitted to the Trust Board meeting scheduled for 16/06/22, at which the Board will be asked to approve the Trust's Annual Report and Accounts for 2021/22

Reason for submission to the Audit and Governance Committee

Review, comment and approval

1. Introduction

This report summarises the key work areas of the Audit and Governance Committee during the period from 01/04/21 to 31/03/22. The report supports the primary role of the Committee in ensuring the adequacy and effective operation of the organisation's overall internal control system. The format of the report is informed by the guidance contained within the NHS Audit Committee Handbook (2018), and highlights work and outcomes in the following areas: Meetings and administration; Governance, Risk Management and Internal Control; Internal Audit; External Audit; The Audit and Governance Committee as Auditor Panel; Audit and Governance Committee assessment; and Audit and Governance Committee statement/declaration.

2. Meetings and administration

During 2021/22, the Audit and Governance Committee met five times, on 13/05/21, 23/06/21 (to recommend the approval of the Annual Accounts for 2020/21), 04/08/21, 03/11/21 and 02/03/22. The Committee also met once as the Trust's Auditor Panel¹, on 04/08/21.

All of the Trust's Non-Executive Directors (apart from the Chair of the Trust Board) are members of the Committee. The membership of the Committee during 2021/22 was as follows:

- David Morgan, Non-Executive Director (Chair)
- Maureen Choong, Non-Executive Director (Vice Chair)
- Sarah Dunnett, Non-Executive Director (until 31/12/21, when they left the Trust Board)
- Neil Griffiths, Non-Executive Director
- Emma Pettitt-Mitchell, Non-Executive Director
- Wayne Wright, Non-Executive Director (from 13/01/22, when they joined the Trust Board)

The attendance at each Audit and Governance Committee meeting in 2021/22 is shown below:

Member	Meetings in 2021/22					
	13/05/21	23/06/21	04/08/21	04/08/21 (as Auditor Panel)	03/11/21	02/03/22
David Morgan, Non-Executive Director (Chair)	✓	✓	✓	✓	✓	✓
Maureen Choong, Non-Executive Director (Vice Chair)	✓	✓	✓	✓	✓	✓
Sarah Dunnett, Non-Executive Director ²	✓	✓	Apologies	Apologies	✓ ³	
Neil Griffiths, Non-Executive Director	✓	✓	✓	✓	Apologies	✓
Emma Pettitt-Mitchell, Non-Executive Director	Apologies	✓	✓	Apologies	Apologies	Apologies
Wayne Wright, Non-Executive Director ⁴						✓ ⁵

The Committee's Terms of Reference were reviewed and agreed at the Committee meeting on 03/11/21, and approved by the Trust Board on 25/11/21. The Terms of Reference will next be subject to an annual review at the November 2022 Audit and Governance Committee meeting (and then be submitted for approval to the Trust Board in the same month).

¹ The Trust Board appointed the Audit and Governance Committee as the Trust's Auditor Panel in accordance with Schedule 4, Paragraph 1 of the Local Audit and Accountability Act 2014.

² Sarah Dunnett left the Trust Board (and therefore left the Committee) on 31/12/21

³ Sarah Dunnett was only present for part of the meeting

⁴ Wayne Wright joined the Trust Board, and therefore the Committee, on the 13/01/22

⁵ Wayne Wright was only present for part of the meeting

The Terms of Reference deliberately do not incorporate clinical audit processes, as this is left to the oversight of the Quality Committee and the Clinical Audit Overview Committee.

3. Governance, Risk Management and Internal Control

a. Board Assurance Framework (BAF) and Risk management

The outcome of the annual Internal Audit review of “Assurance Framework and Risk Management”, undertaken at the end of 2021/22 was not available at the time of this report.

During 2020/21, the Trust embarked on a “Strategy Deployment” programme which would transform the method by which the Trust selected, implemented, and monitored its objectives. The Audit and Governance Committee has been apprised of progress during the year, and it was then confirmed by the Trust Board on 25/03/21 that the “Strategy Deployment” process, and the monitoring and reporting of the objectives therein, would replace the BAF from 2021/22 onwards. The Trust Board and its sub-committees received assurance on the delivery of the Trust’s objectives via different means during 2021/22. Such means included a revised Integrated Performance Report (IPR). A Monthly Strategy Deployment Review session at the Executive Team Meeting (ETM) was implemented in March 2022 and will be a standing item monthly thereafter.

b. Counter fraud

The Committee has reviewed activity relating to counter fraud measures in 2021/22, via reports from the Local Counter Fraud Specialist (LCFS). The 2022/23 Counter Fraud “Risk Assessment and Strategic Work Plan” was approved at the meeting held on 02/03/22, and the “Counter Fraud Annual Report 2020/21” was received at the meeting held on the 04/08/21.

In 2021/22, the Committee agreed to undertake a formal assessment of the performance of the Trust’s Counter Fraud Service (Tiaa Ltd) for the first time, in response to such assessments being undertaken at other Trusts, and a report of the findings is scheduled for consideration at the Committee’s meeting on 16/05/22.

c. Relationship with the Trust Board

The reporting from the Committee to the Trust Board takes place via a written summary report of each meeting, presented by the Committee Chair. The report is based on a template, and covers the key matters considered at the meeting; details of the Internal Audit reviews that were discussed; any “high” priority outstanding actions from Internal Audit reviews; the actions agreed at the Committee; and any issues that need to be drawn to the attention of the Board.

d. Head of Internal Audit Opinion

The Head of Internal Audit Opinion for 2021/22 states that “My overall opinion is that Reasonable assurance can be given that there is a generally sound system of internal control, designed to meet the organisation’s objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk”. The last sentence of the Opinion reflects the fact that some reviews undertaken by Internal Audit during 2021/22 resulted in a “limited assurance” conclusion (see section 4). As is the case with all reviews with such a conclusion, the details have been, or will be, considered at the Audit and Governance Committee; with the relevant Director in attendance and actions to address the weaknesses identified in controls are monitored as part of the routine reports that Internal Audit submit to that Committee.

e. Annual Governance Statement

The Annual Governance Statement for 2021/22 was reviewed at the Audit and Governance Committee on 16/05/22, as part of the draft Annual Report and Accounts for 2021/22.

Based on this, the detailed work of the Audit and Governance Committee summarised above, and its Internal and External Auditor work programme, the Annual Governance Statement is consistent with the view of the Audit and Governance Committee on the Trust's system of Internal Control, and the Committee supports the Trust Board's approval of the Statement, which is scheduled to take place on 16/06/22.

4. Internal Audit

The 2021/22 Internal Audit plan was agreed by the Audit and Governance Committee at its meeting on 03/03/21. The output from the plan at the date of this Annual Report is listed below.

System reviewed	Type	Assurance assessment (substantial, reasonable or limited?)
Data Quality of KPIs (RTT and Clinic Cancellations)	Assurance	Reasonable Assurance
Estates Procurement	Assurance	Limited Assurance
Divisional Plans from Staff Survey and Pulse Surveys	Assurance	Reasonable Assurance
Post Implementation Review – Network Core Replacement	Assurance	Substantial Assurance
Doctors Appraisals and Revalidation	Assurance	Reasonable Assurance
Configuration Management Database (CMDB) Review	Assurance	Reasonable Assurance
Management of Post Follow Up	Assurance	Reasonable Assurance
Retention of International Nurses	Assurance	Reasonable Assurance
CFA – Financial Accounting and Non-Pay Expenditure	Compliance	Reasonable Assurance
CFA - Payroll	Compliance	Reasonable Assurance
Duty of Candour	Assurance	Reasonable Assurance
Consent	Assurance	Reasonable Assurance
Data Security and Protection Toolkit	Advisory	N/A (part 1 of the review does not include an assurance opinion. The opinion will be provided once part 2 is completed in June 2022 due to the national timeframe for submission being delayed)
Data Quality of KPIs (RTT and ED Waiting Times)	Assurance	Not yet available
Processes for Dealing with Data Quality Issues	Assurance	Not yet available
Bed / Trolley Management	Assurance	Not yet available
Assurance Framework and Risk Management	Assurance	Not yet available

In 2021/22, a revised approach was agreed for the formal assessment of the evaluation of the Trust's Internal Audit Service (Tiaa Ltd) wherein the evaluation would alternate between an in-depth evaluation survey, to provide comparison data, and a brief single question survey, for qualitative data. The Committee undertook a brief single question survey for the formal

assessment of the performance of the Trust's Internal Auditors (Tiaa Ltd) for 2021/22, and a report of the findings is scheduled for consideration at the Committee meeting on 16/05/22.

The Committee reviews the reliability and quality of clinical information systems via the Internal Audit process, and in particular via the review of "Data Quality of Key Performance Indicators", which forms part of the Internal Audit plan each year. However, as is noted above, although the 2021/22 review started, it was not completed at the time of this report.

5. External Audit

The Committee received the External Auditor's Annual report for 2020/21⁶ on 04/08/21. The key issues reported were as follows:

- An unqualified opinion on the Trust's financial statements was given on 28/06/21
- The Trust presented draft financial statements for audit in accordance with the national deadline and pandemic lockdown restrictions that existed at the time. The financial statements were supported by a good set of working papers. The finance team responded promptly and efficiently to queries during the course of the audit
- The Trust's Annual Report, including the Annual Governance Statement, was provided on a timely basis with the draft financial statements with supporting evidence
- The external auditors issued a group return to the National Audit Office in respect of Whole of Government Accounts, which did not identify any issues for the group auditor to consider
- The external auditors referred a matter to the Secretary of State on 28/06/21 under section 30(a) of the Local Audit and Accountability Act 2014 in relation to the Trust's continued breach of its break-even duty for the three-year period ending 31/03/21.

The Value for Money arrangements section in the Annual Report stated that "We have not identified any significant weaknesses and therefore do not make any key recommendations".

The government did not require external auditors to complete a review of NHS Trusts' Quality Accounts for 2021/22, as a result of the COVID-19 pandemic.

The External Audit plan and fee for 2021/22 was approved by the Committee on 02/03/22.

In 2021/22, a revised approach was agreed for the formal assessment of the evaluation of the Trust's External Audit Service (Grant Thornton UK LLP) wherein the evaluation would alternate between an in-depth evaluation survey, to provide comparison data, and a brief single question survey, for qualitative data. The Committee undertook an in-depth evaluation survey for the formal assessment of the performance of the External Audit Service (Grant Thornton UK LLP) for 2021/22, and a report of the findings is scheduled for consideration at the Committee meeting on 16/05/21.

6. The Audit and Governance Committee as Auditor Panel

As noted above, the Trust Board has appointed the Committee as the Trust's Auditor Panel in accordance with Schedule 4, Paragraph 1, of the Local Audit and Accountability Act 2014. The Audit and Governance Committee as Auditor Panel advises the Trust Board on the selection, appointment and removal of external auditors, and on the maintenance of independent relationships with such auditors.

The Chair and Vice-Chair of the Audit and Governance Committee act as Chair and Vice-Chair (respectively) of the Auditor Panel, and when undertaking the role of the Auditor Panel, the membership comprises the entire membership of the Audit and Governance Committee, with no additional appointees. This means that all members of the Auditor Panel are independent, Non-Executive Directors. The Auditor Panel generally meets on the same day as the Audit and Governance Committee, but Auditor Panel business is identified via a separate agenda (with separate minutes taken), and members deal with these matters as Auditor Panel members, not as Audit and Governance Committee members.

⁶ Previously known as the Annual Audit Letter

At the Audit and Governance Committee as Auditor Panel meeting on 04/08/21, the external audit contract position was reviewed, as the Trust was in the final year of the two-year extension to the existing contract. The panel agreed the procurement approach and draft specification for the Trust's External Audit Service from 2022/23; which was subsequently submitted to the 'part 2' Trust Board meeting in September 2021, for information.

7. Audit and Governance Committee assessment

At the Committee's meeting on 02/03/22, the process for the Committee's self-evaluation was reviewed and it was agreed that an alternating approach between an in-depth evaluation survey, to provide comparison data, and a brief single question survey, for qualitative data would be adopted. The process for the Committee's self-evaluation for 2021/22 was agreed as a brief single question survey opposed to the in-depth evaluation survey which consisted of:

1. An initial assessment, through the completion of a checklist of fact-based questions by the Trust Secretary and
2. Individual, evaluative feedback through completion of a self-assessment form by Committee members and routine attendees

The report of the findings of the evaluation was scheduled for considered at the Committee's meeting on 16/05/22.

8. Examples of the outcome of the Committee's work, conclusions and actions taken

Although the Committee inevitably has a focus on obtaining assurance from processes, the following examples illustrate the outcome of the Committee's work, its conclusions and the actions taken:

- The Director of Estates and Facilities was invited to attend the Committee's meeting on 13/05/21 to respond to the "Review of Processes for the Management of Post" Internal Audit review
- The Director of IT and Divisional Director of Operations for Cancer Services were invited to attend the Committee's meeting on 13/05/21 to respond to the "Assurance Review of Oncology ICT Healthcheck" Internal Audit review
- The Associate Director of Procurement was invited to attend the Committee's meeting on 04/08/21 to respond to the "Assurance review of Roche Managed Service Contract" Internal Audit review
- The Chief People Officer and Deputy Chief People Officer, Workforce and Systems were invited to attend the Committee's meeting on 03/11/21 to respond to the "Appraisal Review of Effective Use of ESR" Internal Audit Review
- The Director of Estates and Facilities was invited to attend the Committee's meeting on 03/11/21 to respond to the "Assurance Review of Estates Procurement" Internal Audit review

9. Audit and Governance Committee statement / declaration

The Audit and Governance Committee can confirm that:⁷

- The Trust's Annual Governance Statement for 2021/22 is consistent with the view of the Audit and Governance Committee on the Trust's system of internal control, and the Committee supports the Trust Board's approval of the Statement.
- The system of risk management in the Trust is adequate in identifying risks and allowing the Trust Board to understand the appropriate management of those risks.
- There are no areas of significant duplication or omission in the systems of governance in the Trust that have come to the Committee's attention and not been adequately resolved.
- There has been no major breakdown in internal control that has led to a significant loss in one form or another for 2021/22.

⁷ In previous year's Audit and Governance Committee Annual Reports, the Committee also declared that it had "reviewed and used the Board Assurance Framework and believes that it is fit for purpose and that the 'comprehensiveness' of the assurances and the reliability and integrity of the sources of assurance are sufficient to support the Trust Board's decisions and declarations". However, as noted above, the "Strategy Deployment" process, and the monitoring and reporting of the objectives therein, replaced the BAF from 2021/22 onwards. This statement was not therefore relevant for 2021/22.

- There has been no major weakness in the governance systems that has exposed, or continues to expose, the Trust to an unacceptable risk.

David Morgan,
Chair of the Audit and Governance Committee,
Maidstone and Tunbridge Wells NHS Trust
May 2022

Approval of Annual Report 2021/22 (including Annual Governance Statement)	Chair of the Audit and Governance Committee
<p>NHS Trusts are required by statute¹ to produce an Annual Report. The minimum content for such Annual Reports is prescribed by the Department of Health and Social Care, through its Group Accounting Manual (GAM). The GAM also states that “Beyond this [minimum context] however, the entity must take ownership of the document and ensure that additional information is included where necessary to reflect the position of the NHS body within the community and give sufficient information to meet the requirements of public accountability”.</p> <p>The Annual Governance Statement (which is included within the Annual Report) is subject to separate guidance, issued by NHS England / Improvement. The Executive Team Meeting (ETM) is required “To review and endorse the Trust’s Annual Governance Statement, prior to it being considered at the Audit and Governance Committee and Trust Board”, and the Statement was reviewed and endorsed at the ETM on 10/05/22.</p> <p>The Annual Report (including Annual Governance Statement) for 2021/22 was duly written to ensure compliance with the aforementioned guidance, and using a similar template/format used for the 2020/21 Annual Report.</p> <p>The draft Annual Report is required to be provided to the external auditors, as part of their audit of the financial accounts. Certain information contained in the “Remuneration and Staff Report” section is “subject to audit” and is referred to in the audit opinion. This content is marked in the Report as “subject to audit”. Other quantitative aspects of the Annual Report are reviewed by auditors to ensure consistency with the accounts, and to ensure that the requirements of the GAM have been met.</p> <p>The Audit and Governance Committee reviewed an earlier version of the Annual Report on 16/05/22 and requested some amendments. Such amendments have been made in the enclosed version, which is submitted for approval. The same version will be reviewed at a further meeting of the Committee on the morning of 16/06/22. The Committee will be asked to review the Annual Report in detail, and recommend that the Trust Board approves the document. The outcome of the Committee’s review will be reported at the Trust Board meeting on 16/06/22.</p> <p>The “full final text of ‘audited’ annual report” is required to be submitted to NHS England / Improvement by noon on 22/06/22, with the audited annual accounts. This text does not need to have final formatting for printing, but should be the final text”. There may be some minor layout/design changes between then and the publication date², which at the time of writing the report remains under consideration by NHS England / Improvement. However, any such changes will be cosmetic, and not material to the content. The Trust Board should also note that:</p> <ul style="list-style-type: none"> ▪ The Trust’s Annual Report usually contains a summary of the Trust’s Quality Accounts. This is not mandated, but considered to be beneficial for readers. However, following the COVID-19 situation it was felt to be more appropriate to replace the summary with a cross reference to the Quality Accounts for 2021/22, which will be available on the Trust’s website, once approved by the Trust Board (these have been submitted to the Trust Board under a separate item). ▪ Following the COVID-19 situation the Department of Health and Social Care (DHSC) has reinstated the reporting requirements for staff sickness absence data. However, it was confirmed that inclusion of comparator data for previous reporting periods was not required. ▪ The financial Accounts will be inserted in full, at the back of the Annual Report, once finalised (these have been submitted to the Trust Board under a separate item) ▪ The Auditors’ report will be added once received, after the audit has been completed 	

¹ The National Health Service and Community Care Act 1990

² The Department of Health and Social Care requires each NHS Trust to publish its 2021/22 Annual Report and Accounts available on its website, and also send to NHS England / Improvement as a single document.

Which Committees have reviewed the information prior to Trust Board submission?

- Audit and Governance Committee, 16/05/22 (earlier draft of the Annual Report) and 16/06/22 (the enclosed draft)

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

To review and approve the Annual Report (including Annual Governance Statement) for 2021/22

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

Annual report and accounts

2021-2022



About this Annual Report

The National Health Service and Community Care Act 1990 requires NHS Trusts to produce an Annual Report. Its content and format must follow the guidance issued by the Department of Health and Social Care (in the form of a 'Group Accounting Manual'). The specific requirements for Annual Reports for 2021/22 are that NHS bodies must publish a single Annual Report and Accounts (ARA) document, comprising the following:

- ▶ A Performance Report (which must include an overview, and a performance analysis)
- ▶ An Accountability Report (which must include: a Corporate Governance Report and a Remuneration and Staff Report¹)
- ▶ The Financial Statements

Beyond the minimum content required by the Department of Health and Social Care (DHSC), the Trust is expected to include additional information to reflect the position of the Trust within the community and meet the requirements of public accountability. The Report is divided into the following sections:

- ▶ "Performance Report for 2021/22", which is split into:
 - An overview. This includes an overview summary; the purpose and activities of the Trust; the Chair and Chief Executive's report; a 'snapshot of the year'; key developments; the key issues and risks affecting delivery of the Trust's objectives; an explanation of the adoption of the going concern basis; and a Performance summary
 - A Performance analysis, which includes details of how the Trust measures performance; the Trust's development and performance in 2021/22; and a review of financial performance for 2021/22
 - A summary of the Trust's Quality Accounts for 2021/22
 - A Sustainability Report. This follows the standard reporting format from the NHS Sustainable Development Unit.
- ▶ "Accountability Report for 2021/22", which is divided into the following sections:
 - "Corporate Governance Report for 2021/22", which includes:
 - A Directors' report (providing details about the Trust Board; a Statement regarding Directors' disclosure to auditors; attendance at Trust Board meetings; Directors' interests; the Trust's Management Structure; complaints performance and the Trust's application of the 'Principles for Remedy' guidance; disclosure of "incidents involving data loss or confidentiality breaches"; & details of Emergency Preparedness arrangements)
 - The "Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust"
 - A "Statement of Directors' responsibilities in respect of the accounts"
 - The "Annual Governance Statement for 2021/22"
 - "Remuneration and Staff Report for 2021/22" (including details of 'off-payroll' engagements)
 - The "Parliamentary Accountability and Audit Report"
- ▶ "Financial Statements for 2021/22", including details of Pension Liabilities, exit packages and severance payments; and staff sickness absence data
- ▶ Independent Auditor's report to the Directors of Maidstone and Tunbridge Wells NHS Trust.

The Annual Report and Accounts were approved by the Trust Board of Maidstone and Tunbridge Wells NHS Trust on **16th June 2022**.

¹ The Trust is not required to produce a Parliamentary Accountability and Audit Report, and therefore the required disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included within the Financial Statements and Notes to the Accounts where relevant.

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Performance report for 2021-2022: Overview



The purpose of the overview section

This overview aims to equip the reader with a broad understanding of the Trust, its purpose, the key risks to the achievement of its objectives, and an outline of its performance during 2021/22. For those wishing to read in more detail about the Trust's achievements, the issues it faced and its financial situation, further detail is provided in the rest of the Annual Report and Accounts.

The purpose and activities of Maidstone and Tunbridge Wells NHS Trust

Maidstone and Tunbridge Wells NHS Trust (the Trust) is a large acute hospital Trust in the south east of England. The Trust was legally established on 14th February 2000², for the purposes specified in section 5(1) of the National Health Service and Community Care Act 1990 i.e. to be responsible for the ownership, provision and management of hospitals or other establishments or facilities. The Trust's mission, as defined in its Strategy, is to be there for our patients and their families in their time of need, and to empower our staff so that they can feel proud and fulfilled in delivering the best care for our community; while the Trust's vision is "Exceptional people, outstanding care". The Trust provides a full range of general hospital services and some areas of specialist complex care to around 600,000³ people living in West Kent and East Sussex; and also provides some aspects of specialist care to a wider population.

The Trust's core catchment areas are Maidstone and Tunbridge Wells and their surrounding boroughs. It employs over 6,900 full and part-time staff, and operates from three main sites (Maidstone Hospital, Tunbridge Wells Hospital and the Crowborough Birth Centre), but also manages services at Kent and Canterbury Hospital and outpatient services at several community locations.



In September 2021 the Trust Board approved a Business Case for the provision of a Community Diagnostic Centre (CDC), by the Trust, on behalf of West Kent Integrated Care Partnership (ICP), following approval of 'early adopter' status by NHS England / Improvement.

In September 2021 the Trust Board approved the centralisation of complex inpatient medical and surgical gastroenterology at Tunbridge Wells Hospital, to enable the development of a dedicated Digestive Diseases Unit (DDU).

In February 2022, following a 14-week engagement period, the Trust Board approved the centralisation of the inpatient cardiology service and the cardiac catheter laboratories at Maidstone Hospital to enable the

² See [The Maidstone and Tunbridge Wells National Health Service Trust \(Establishment\) Order 2000](#)

³ Based on the population for which the Trust would be the default service provider for a blue-light ambulance response; the Trust's population 'footprint' is subject to variation dependent on specific service provisions.

delivery of a 7-day service which provides improved quality of care, service efficiencies, minimised waits and enhanced patient experience (subject to the approval of a Full Business Case in 2022/23).

Tunbridge Wells Hospital is a Private Finance Initiative (PFI) hospital⁴ and the majority of the site provides single bedded en-suite accommodation for inpatients in a modern, state of the art environment. It is a designated Trauma Unit, undertakes the Trust's emergency surgery and is the main site for Women's and Children's, and Orthopaedic services.

Maidstone Hospital benefits from its central county location. It hosts the Kent Oncology Centre, providing specialist Cancer services to around two million people across Kent and East Sussex, the fourth largest oncology service in the country. The Trust offers PET/CT (Positron Emission Tomography – Computed Tomography) services in a dedicated building and has a rolling programme to upgrade its Linear Accelerator radiotherapy machines. The Trust also provides sexual health services to the population of Kent and Medway. The Maidstone site also has a state-of-the-art Birth Centre, a dedicated ward for respiratory services and an Academic Centre with a 200-seat auditorium. The Education Centre at Tunbridge Wells Hospital, with its full resuscitation simulation suite, enables the Trust to offer excellent clinical training. The Trust has strong clinical, academic and research links with London hospitals, including joint appointments. Many staff are nationally recognised for excellence in their fields.

The Trust is registered with the Care Quality Commission (CQC) to provide the following Regulated Activities:

- ▶ Assessment or medical treatment for persons detained under the Mental Health Act 1983 (at Maidstone and Tunbridge Wells Hospitals)
- ▶ Diagnostic and screening procedures (at Maidstone and Tunbridge Wells Hospitals)
- ▶ Family planning services (at Maidstone and Tunbridge Wells Hospitals)
- ▶ Maternity and midwifery services (at Maidstone and Tunbridge Wells Hospitals and Crowborough Birthing Centre)
- ▶ Surgical procedures (at Maidstone and Tunbridge Wells Hospitals)
- ▶ Termination of pregnancies (at Tunbridge Wells Hospital)
- ▶ Treatment of disease, disorder or injury (at Maidstone and Tunbridge Wells Hospitals)



For further details of the Trust's CQC Registration, see www.cqc.org.uk/provider/RWF/registration-info.

The Trust's objectives and organisational structure are detailed elsewhere within this Annual Report. Details of the Trust's business model and environment, organisational structure, objectives and strategies can be found within the Performance Report Overview and Performance Analysis.

⁴ The PFI Project Company is "Kent and East Sussex Weald Hospital Ltd" (KESWHL)

A message from the Chair of the Trust Board and Chief Executive

For all of us 2021/22 has been a year of achievement and dedication but also one of shock and horror as we learnt about the appalling crimes committed by David Fuller. The families of his victims have been unimaginably hurt by his crimes and our apologies and heartfelt sympathies are with each of them. We remain committed to supporting the independent inquiry into the mortuary offences committed by Fuller and will make any improvements it may recommend.

Over the last 12 months we have continued to respond to the impact of COVID-19 and have also faced a fresh set of challenges – treating the thousands of people whose care has been disrupted by pandemic pressures. It has been an incredibly difficult year in so many ways but also a year which has showcased what our exceptional staff at MTW excel at; an unwavering commitment to providing outstanding patient care.

The country is learning to live with COVID-19 but while the virus circulates in our communities' important safety measures remain in place to keep our patients and staff safe. These infection prevention protocols and the impact of the Covid virus on our staff have directly affected the number of patients we can care for. With the additional increase in hospital attendances and the pressures on social care impacting our ability to discharge patients, across the NHS we face major challenges.

But throughout this year the hard work, resilience and care shown by our staff has been exceptional and we are immensely proud of all they have achieved. Across MTW we have sustained our levels of performance, continuing to be one of the best performing trusts for emergency care, providing our patients with some of the fastest access to cancer treatment in England and reducing the large number of patients waiting for planned care.

Despite the many impacts of the pandemic we would like to highlight a number of achievements:

- ▶ Organisational development - in May last year we launched our MTW story, sharing the strategic priorities we will be focusing on to take MTW to outstanding. These are based on staff feedback and what we have learnt from other excelling trusts. This was followed by the launch of our Exceptional Leaders development programme for 300 senior leaders - a key step in helping us deliver our Exceptional people, outstanding care vision and based on staff feedback on what good leadership looks like.
- ▶ Staff engagement - almost 3,500 MTW staff completed the annual survey and MTW scored above the national average for acute trusts in five out of the seven NHS People Promise themes. These positive results demonstrate the improvements we are making as a Trust while continuing to respond to the pandemic challenges. Some of the most encouraging themes in the results are: staff recognising our compassion and inclusivity and recommending MTW as a place to work and to receive treatment.
- ▶ Performance – continued delivery of the 62-day cancer access standard, consistently in the top 10 nationally for Emergency Department performance, a reduction in the number of long waiting patients from almost 1,000 to zero.
- ▶ Finance – achieved the financial plan for 2021/22 and delivered a significant capital programme, investing in the infrastructure and services of the Trust. Looking forward, the changes to the financial regime in 2022/23 will require additional focus to ensure we continue to deliver the financial plan and restore elective care

- ▶ Service developments – at Tunbridge Wells Hospital the Trust built a new Paediatric Emergency Department, upgraded the facilities within the Pharmacy Aseptic Unit and began work on a new academic teaching and accommodation building for medical students and trainee doctors. At Maidstone Hospital work began on a Barn Theatres project which will expand elective theatre capacity for both the Trust and the wider health system. Diagnostic capacity was increased with the opening of a new Community Diagnostic Centre close to Maidstone Hospital and this will be expanded further in 2022/23.
- ▶ Digital developments – the introduction of a new electronic bed management system has seen the time a hospital bed is empty more than half and also reduced the time it takes to get a patient from the Emergency Department (ED) into a bed. A new Electronic Patient Record system was also introduced across the Trust in the summer of 2021. This system demonstrates our enthusiasm and energy in embracing change and technology to provide better outcomes for our patients and introduces a number of key benefits. These include saving staff time, improving the uniformity of notes and ensuring a smoother patient experience.

Looking ahead we will continue to prioritise the health and wellbeing of staff, building on the psychological and practical support introduced in 2021/22. We will focus on recruitment – launching a dedicated recruitment website and a number of major recruitment campaigns to attract people who share our values. The Trust will continue to develop a Digestives Diseases Unit with surgery and medicine working together to increase the range and quality of services for patients. We will also design complex cardiology services, with dedicated cardiac wards, a Coronary Care Unit and Cardiac Catheter laboratories, improving the access of complex cardiology services. As we develop these plans collaboration is crucial across the health and care sector and we will continue to develop our partnerships with health, local authority and the voluntary and community sectors.

We look forward with confidence to the year ahead and would like to take this opportunity to thank all our staff and volunteers for their incredible efforts. There is of course more to do but we have a great deal to be proud of and by working together we will take MTW to outstanding.



Insert signature

Miles Scott, Chief Executive

16th June 2022



Insert signature

David Highton, Chair of the Trust Board

16th June 2022

Snapshot of 2021/22

April 2021



MTW was delighted to announce the appointment of Joanna Haworth as the Trust's new chief nurse. Jo previously held the post of deputy chief nurse at King's College Hospital in London and has held a number of senior nursing leadership roles in the NHS. She has a commitment to outstanding care which delivers the best possible experience for patients and staff and is a powerful advocate for partnership working. Jo took over from Claire O'Brien, who retired after five years at MTW and more than 41 years working in the NHS.

May 2021

In May we launched our MTW story, sharing with colleagues the strategic priorities we will focus on to take our trust to outstanding. These are based on staff feedback and what we have learnt from other excelling trusts. This was followed by the launch of our Exceptional Leaders development programme for 300 senior leaders - a key step in helping us deliver our

Exceptional people, outstanding care vision and based on staff feedback on what good leadership looks like.



June 2021

Emergency Department staff celebrated the roll out of a new electronic patient record (EPR) system to support joined up patient care across the Trust. Within the first three weeks the EPR system created 21,000 documents, made nearly 40,000 orders for tests and referrals, collected nearly 30,000 specimens and received 170,000 results. This system ensures staff have access to records in one place

which saves time and duplication and marks a significant step in our journey to going paperless.

July 2021

New state-of-the-art technology is helping MTW to deliver outstanding care by ensuring patients get the right care, in the right place, at the right time. Thanks to a wall of computer screens in the Care Co-ordination Centre (CCC) at Maidstone Hospital, a team of specialist staff can see in real time, how many beds need cleaning or are clean and ready for patients as well as those where people are being discharged. The bed management system has enormous benefits for both staff and patients, reducing the time a hospital bed is empty and the time it takes to get a patient from the Emergency Department into a bed. Time is also given back to nurses and ward staff to care for patients.



August 2021

Groundbreaking work began on the construction of a new medical student accommodation and academic building at Tunbridge Wells Hospital. The new state-of-the-art six storey building will provide teaching facilities and high-quality accommodation for 144 medical students and trainee doctors a year. Once fully established, it will place 120 additional Kent and Medway Medical School students with MTW every 12 months – a 315% increase in the total number of students the Trust currently takes.

September 2021

Two milestones were celebrated in September – Tunbridge Wells Hospital marked 10 years of being fully operational and Maidstone Birth Centre celebrated 10 years since it first opened its doors. Over the last decade Tunbridge Wells Hospital has cared for 742,000 people through its Emergency Department, carried out 142,000 operations, delivered 1,874,000 outpatient appointments and delivered 53,000 babies.





October 2021

Cancer patients at MTW are receiving some of the fastest access to treatment in the UK as the Trust achieved the national standard for treating patients within 62 days for 24 months in a row. Against the backdrop of the Covid-19 pandemic MTW continued all cancer treatments, quickly moving many face to face

appointments to video and telephone consultations and only bringing in patients to site who were urgently required. The Trust also introduced a number of changes to improve its cancer waiting times and respond to the rise in demand, including investing in staff, upskilling more nurses to be able to deliver chemotherapy treatment, improving diagnostic equipment and facilities and introducing new treatment pathways.

November 2021

As part of a staff winter wellbeing programme MTW invested in additional resources to support colleagues with their mental health and wellbeing. Staff wellbeing lounges were refurbished on each site to provide welcoming and restful spaces for staff to relax and recharge. Wellbeing partners were recruited to work alongside the divisions to offer support and signposting to wellbeing services to managers and staff. Food wagons make regular visits, delivering lunch to both hospitals, and events including acupuncture, massage sessions and art therapy proved popular with staff. Alongside the Winter Wellbeing programme, we also launched the #OnlyHuman campaign, with tips and tools aimed at encouraging staff to look after themselves and also actively look out for the wellbeing of their colleagues.



December 2021

The cranes moved in and work began on the new Paediatric Emergency Department at Tunbridge Wells Hospital. The department is co-located with our main Emergency Department (ED) and will provide easy access to support from adult ED staff and resus facilities. The unit is also located within close proximity to radiology and theatres. Once fully operational, the new unit will offer a child friendly environment with appropriate facilities for parents, children and carers alongside separate red and green triage rooms to support infection prevention and control protocols. Our teams and patients will also have access to two high dependency rooms, seven examination cubicles and a minor injuries room.

January 2022

Thanks to an innovative new pilot programme which checks for signs of certain types of cancer MTW can quickly tell patients if they do or do not have the disease. The Trust is the only organisation across Kent and Medway taking part in the two-year pilot where patients swallow a tiny camera, known as a colon capsule endoscopy, to check for signs of cancer and provide a diagnosis within hours. Since the launch of the programme in June 2021, the Trust has performed colon capsule endoscopies on 147 patients and has been able to tell 100 people they do not have cancer much earlier than would have previously been possible.



February 2022

Prime Minister Boris Johnson and Chancellor of the Exchequer Rishi Sunak met staff and patients during a visit to the Kent Oncology Centre at Maidstone Hospital. The Trust, which runs the centre, provides specialist cancer services to around 1.9 million people across Kent, Medway and East Sussex. The Prime Minister praised the staff who provide cancer patients at the centre with some of the fastest access to treatment in England. The country's senior politicians were joined by local MPs Helen Grant, Tracey Crouch and Helen

Whately. The group talked to radiographers and medical physicists in the new multi-million-pound CT and LINAC suites, hearing first-hand about the importance of these machines in diagnosing and treating cancer.

March 2022

Different. Not Less – a campaign that aims to improve care for patients with learning disabilities or autism, was launched across our hospitals. The campaign promotes a better understanding of autism and learning disabilities and supports the delivery of equality in care for all patients. It encourages staff to avoid making assumptions about autistic patients or those with learning disabilities and to listen to them and their families. MTW has organised autism reality experience training for staff to help increase understanding of the hypersensitivity that can be caused by the actions of others and by the hospital environment. The training provides the experience of what autism is like and how simple changes to clinical practice and the hospital environment can improve the hospital experience for autistic patients or those with learning disabilities.



Key issues and risks affecting delivery of the Trust's key objectives

The Trust Board agreed the following key Vision Goals / Targets; and associated Breakthrough objectives for 2021/22:

- ▶ To increase the percentage of staff that recommended the Trust as a good place to work, as per the findings of the Quarterly Climate Survey.
 - To increase the Quarterly Climate Survey response rates to provide a larger sample base to be able to assess those that recommend the Trust as a place to work
- ▶ To reduce the number of incidents resulting in patient harm by March 2022.
 - To reduce the number of slips, trips and falls (rate per 1,000 occupied bed days)
- ▶ To ensure that no patient waits longer than 52 weeks for treatment by April 2022; and,
- ▶ To achieve the Referral To Treatment (RTT) standard by April 2022.
 - To ensure activity levels for Theatres match those pre-COVID-19
 - To ensure activity levels for first outpatient appointments match those pre-COVID-19
 - To ensure activity levels for follow up outpatient appointments match those pre-COVID-19
 - To ensure activity levels for Magnetic Resonance Imaging (MRI) diagnostics match those pre-COVID-19
 - To ensure activity levels for computerised tomography (CT) diagnostics match those pre-COVID-19
 - To ensure activity levels for Non-Obstetric Ultrasound (NOUS) diagnostics match those pre-COVID-19
- ▶ To maintain the national Friends and Family Test (FFT) positive response rate for inpatients.
 - To implement 'Always Events' which will include a focus on seeing an increase in response rates across all FFT domains to meet the national response rate target for inpatients.
- ▶ To maintain the national Friends and Family Test (FFT) positive response rate for Accident and Emergency (A&E) patients.
 - To implement 'Always Events' which will include a focus on seeing an increase in response rates across all FFT domains to meet the national response rate target for Accident and Emergency (A&E) patients
- ▶ To maintain the national Friends and Family Test (FFT) positive response rate for Maternity Services.
 - To increase response rates across all the Trust's FFT domains to meet the national target response rate for Maternity Services
- ▶ To maintain the national Friends and Family Test (FFT) positive response rate for outpatients.
 - To increase response rates across all the Trust's FFT domains to meet the national target response rate for Outpatients
- ▶ To reduce the number of non-elective bed days to a monthly average of less than 550, which represents approximately a 10% reduction on the current number of non-elective bed days.
 - To reduce the average non-elective bed days relating to patients with high and very high acuity ambulatory emergency care (AEC) conditions by 10%
- ▶ To deliver the Trust's financial plan for 2021/22, including operational delivery of the Trust's capital investment plan.
- ▶ To reduce the amount of money the Trust spends on premium workforce spend from c.£48m to target level by April 2022.

The key issues and risks affecting delivery of these objectives are described in the monthly Integrated Performance Report and primarily within the top contributors section of the Counter Measures Summaries for the Breakthrough Objectives (as described in the Trust's Strategy Deployment Review (SDR) process, and monitored by the Trust Board through the Integrated Performance Report – see the "Annual Governance Statement for 2021/22" (pages 54 to 65)). These are summarised below. Details of how the Trust actually performed against these objectives are provided in the "Performance analysis" section (pages 18 to 27).

To increase the percentage of staff that recommended the Trust as a good place to work, as per the findings of the Quarterly Climate Survey



The key recognised risks to delivery of the associated breakthrough objectives were:

- People, which included sufficient capacity for staff to complete the Climate Survey.
- Process, which included concerns from Trust staff in relation to the anonymity of responses.
- Equipment, which included access issues for non-desk-based staff due to the Climate Survey being conducted online.
- Management, which included lack of communication to Trust staff of the actions which had been implemented in response to the findings from previous Climate surveys.

To reduce the number of incidents resulting in patient harm by March 2022

The key recognised risks to delivery of the objective were:

- Education, which included non-elective radiology diagnostic errors; and insufficient National Early Warning Score (NEWS) 2 training.
- Equipment, which included clinical observation machines not being digitally linked to the 'Sunrise' Electronic Patient Record (EPR).
- Process, which included inconsistent COVID-19 screening during admission; inconsistent enhanced care assessments; and inconsistent falls risk screening during admission.
- Workforce, which included nursing and midwifery staffing shortages; and staff 'burnout'.
- Clinical Pathways, which included insufficient Mental Health pathway capacity for patients with acute care needs.
- Patient profile, which included increased frailty and acuity of acute medical and surgical patients; and high levels of non-elective activity.
- Environment, which included the requirement for bathroom environments to be optimised for fall reduction; and the challenges associated with the provision of visual observations in ward areas with an increased number of side rooms.

To ensure that no patient waits longer than 52 weeks for treatment by April 2022

The key recognised risks to delivery of this objective were:

- Environment, such as the temporary closure of two surgical theatres at Tunbridge Wells Hospital
- People / Patients, which included the Trust's vacancy rate; cancellation of appointments at short notice due to patient sickness; the impact of COVID-19 on the Trust's sickness absence rate
- Process, which included under utilisation of surgical theatre capacity; and late commencement of surgical theatre operating lists

However, it should be noted that the number of patients waiting longer than 52 weeks for treatment was report as zero as of the March 2022 Trust Board meeting and therefore the objective was fully delivered ahead of the original timescale.

To achieve the Referral To Treatment (RTT) standard by April 2022

The key recognised risks to delivery of the associated breakthrough objective/s were:

- Environment, which included reduced theatre capacity at Tunbridge Wells Hospital due to staffing shortages and increased non-elective activity; and reduced outsourcing of activity to the Independent Sector due to COVID-19 sickness absence and lack of capacity.
- People, which included staffing vacancies and sickness absence rates.
- Equipment, which included reduced capacity for Pathway 3 patients resulting in an increased length of stay.
- Communication, which included an increased rate of 'Did Not Attend' outpatient appointments.
- Process, which included reduced theatre utilisation and under booking of available capacity.



To maintain the national Friends and Family Test (FFT) positive response rate for Inpatients, Accident and Emergency Patients; Maternity Services; and Outpatients⁵

The key recognised risks to delivery of this objective were:

- Environment, which included a reduction in the display of FFT information; and the lack of a centralised storage for FFT feedback cards.
- Measurement, which included the lack of availability of baseline data; that the Netcall and IQVIA data and associated management resided with separate teams within the Trust; and insufficient resources to establish action drivers.
- People, which included the impact of operational pressures on the capacity for staff to provide and advertise the FFT; and poor engagement with the FFT process.
- Equipment, which included a lack of hardware for the provision of FFTs.
- Policy / Communication, which included staff awareness of the FFT; the lack of a standardised approach for the display of information for staff; and a lack of consistent messaging.
- Process / methods, which included issues associated with the upload of historic data; delays in postal submissions; loss of paper FFTs; lack of clarity regarding the ordering process for FFTs.

To reduce the number of non-elective bed days to a monthly average of less than 550, which represents approximately a 10% reduction on the current number of non-elective bed days

The key recognised risks to delivery of this objective were the COVID-19 pandemic; delays in discharging medically optimised for discharge patients; and staffing vacancies.

⁵ It should be noted that the four key Friends and Family Test (FFT) Vision Goals / Targets were grouped into one heading, due to the overlap of the key recognised risks to the delivery of the associated Breakthrough objectives.

To deliver the Trust's financial plan for 2021/22, including operational delivery of the Trust's capital investment plan

The key recognised risk to delivery of this objective were failure to deliver the savings outlined within the Trust's Cost Improvement programme (CIP); failure to maintain a sufficient cash balance; and increased capital expenditure beyond that which was outlined within the Trust's capital programme for 2021/22, although the impact of additional capital funding beyond the original forecast should be acknowledged.

Adoption of the 'going concern' basis

The DHSC Group Accounting Manual (GAM) requires the management of the Trust to consider the following public sector interpretation of IAS 1 in respect of applying the going concern assumption when preparing its accounts. In para 4.18 it states: "For non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern. DHSC group bodies must therefore prepare their accounts on a going concern basis unless informed by the relevant body or DHSC sponsor of the intention for dissolution without transfer of services of function to another entity. A trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up".

The Executive Team Meeting and Finance and Performance Committee have assessed the Trust's ability to continue for the foreseeable future in the light of the GAM guidance and have prepared the 2021/22 accounts on a "going concern" basis following consideration of the following:

- ▶ There has been no expectation raised in the public arena that healthcare services will not continue to be provided from the two hospital sites. There are no plans to dissolve the Trust or to cease services without transfer to any other NHS body.
- ▶ National NHS Provider/Commissioner Planning guidance has been published by NHSE/I that outlines the process and framework for funding arrangements within which NHS Commissioners and Providers will operate during 2022/23.
- ▶ The Trust has submitted its 5-year capital plan to the Kent and Medway Integrated Care System (ICS) which manages the overall resource level within the system in April 2022.
- ▶ The Trust is an active participant and fully engaged in financial planning with both Kent and Medway ICS/ Integrated Care Board (ICB) designate leads as well as locally within the West Kent Health and Care Partnership (HCP) locality.
- ▶ The Trust will have signed contracts in place for the provision of healthcare services in 2022/23. The Trust contracts will be held with the local commissioning bodies for patient care in Kent & Medway, Sussex, Surrey Heartlands and South East London. In addition, regional contracts for Specialised Commissioning, Public Health and Health and Justice will be agreed, signed and effective from April 2022 with NHS England. The planned financial regime provides certainty for income and cash flows for the full financial year 2022/23.



- ▶ The Trust has no working capital loans and is not anticipating requiring support in 2022/23.
- ▶ The Trust does not consider that there are any material uncertainties to the going concern basis.

For these reasons, the Trust has prepared its 2021/22 annual accounts using the going concern basis in line with the GAM guidance.

Performance summary for 2021/22

Performance against the Trust's agreed objectives, including the delivery of the financial plan, is described in detail in the "Development and performance in 2021/22" section (pages 20 to 21). The Trust's performance activities can be found in full within the monthly Trust Board reports, which are available for review at <https://tinyurl.com/MTWTBReports>. Further details on the performance standards for quality of care can be found in the Trust's Quality Accounts for 2021/22, which will be made available in full on the Trust website (www.mtw.nhs.uk).

Performance report for 2021-2022: Performance analysis



measured and monitored via the Strategy Deployment Review process, which is described in more detail in the "Annual Governance Statement for 2021/22" later in this Annual Report. In addition to this, the Trust continues to use nationally-published information (where available), to compare performance. This includes national staff and patient surveys and national clinical audits.

The Trust monitors its progress against the recommendations from its most recent CQC report (March 2018) through an Action Plan "Tracker" which is monitored through the Trust's Quality Improvements Committee.

Details of the Trust's accountability issues are outlined within the "Annual Governance Statement for 2021/22" (pages 54 to 65) which includes any significant internal control issues reported for the financial year; details of any personal data-related incidents are included within the "Corporate Governance Report for 2021/22" section (page 37 to 66); and details of any finance related accountability issues would be reported via the "Financial Performance 2021/22" section (page 23 to 27) where applicable (however there were no such issues for 2021/22).

The link between Key Performance Indicators (KPIs), risk and uncertainty

The Trust uses a wide range of KPIs to identify areas of risk and uncertainty. Where these risks and uncertainties can be controlled, these are aimed to be included within the Trust's plans. However, if monitoring of KPIs reveals that performance is at variance from the Trust's plans, mitigating actions may be implemented. The wide range of information collated means that the relationship between different pieces of information is very complex and the Trust engages the specialist analytical skills of staff within the Finance Department, People and Culture Function and Business Intelligence departments to identify themes, variance from plans etc., and to advise on potential actions to address variances, or recommend enacting of mitigations.

Development and performance in 2021/22

The 'key issues and risks affecting delivery of the Trust's objectives' were described earlier in the Report (pages 13 to 16). The Trust's actual performance against each of its 2021/22 objectives is described below.

To increase the percentage of staff that recommended the Trust as a good place to work, as per the findings of the Quarterly Climate Survey

❑ This objective was not met as the year end position reported at the April 2022 Trust Board meeting was 64.4% (against a target of 80%). However a number of actions were developed to support the attainment of the Trust's target which included the introduction of a QR code to increase accessibility for Trust staff; the introduction of a Lead Recruitment and Retention Matron to address staffing vacancies and reduce the Trust's turnover rate; the approval of a Business Case for the recruitment of international nurses (in March 2022); and the development of a dedicated recruitment website in conjunction with a number of major recruitment campaigns.



To reduce the number of incidents resulting in patient harm by March 2022

❑ This objective was not met as 188 incidents of harm were reported at the end of 2021/22 (against a target of 100 incidents of harm). However, a range of actions were taken during 2021/22, which included a robust

focus on the recruitment and retention of nursing and midwifery staff to increase support of safe staffing levels; the introduction of the Trust's Health and Wellbeing offering to reduce staff fatigue in light of the COVID-19 pandemic; and the establishment of a Trust-wide Falls Quality Improvement workstream.

To ensure that no patient waits longer than 52 weeks for treatment by April 2022

■ This objective was met as the Trust reduced the number of patients waiting longer than 52 to weeks to zero, as reported to the March 2022 Trust Board meeting.

To achieve the Referral To Treatment (RTT) standard by April 2022

■ This objective was not met as the Trust's position at the end of 2021/22 was 70.8% (against an internal target of 79% and a national target of 92%); the failure to obtain the target was associated with an increase in the backlog of outpatient appointments due to the COVID-19 pandemic; a reduction in the utilisation of clinic appointments due to an increased 'did not attend' rate; an increase in patient length of stay due to a lack of pathway 3 capacity and a reduction in internal activity due to the closure of an operating theatre at Tunbridge Wells Hospital as a result of staffing shortages and increased non-elective activity. However, a number of actions have been developed to improve the Trust's performance, which includes the implementation of a flow improvement week and the increase of activity to 110% of pre-COVID-19 levels.

To maintain the national Friends and Family Test (FFT) positive response rate for Inpatients, Accident and Emergency Patients; Maternity Services; and Outpatients⁶

■ This objective was met as the Friends and Family Test (FFT) positive response rate for Inpatients was 97.7% (against a target of 95%); the positive response rate for Accident and Emergency (Emergency Department (ED)) was 93.7% (against a target of 87.0%); the positive response rate for Maternity Services was 100% (against a target of 95.0%) and the positive response rate for Outpatients was 86.4% (against a target of 84.0%).

To reduce the number of non-elective bed days to a monthly average of less than 550, which represents approximately a 10% reduction on the current number of non-elective bed days

■ This objective was not met as a monthly average of less than 550 non-elective bed days was not achieved for six consecutive months during 2021/22. This was due to a lack of available Pathway 3 capacity for Medial Optimised for Discharge (MOFD) patients; staffing vacancies and sickness absence rates; an increase in 'open' escalation capacity, including escalation into Same Day Emergency Care (SDEC) areas; and a sustained increase in ED attendances.

To deliver the Trust's financial plan for 2021/22, including operational delivery of the Trust's capital investment plan.

■ This objective was met as the Trust has delivered its financial plan for 2021/22 (subject to audit).

Equality and performance in 2021/22

Public Sector Equality Duty

The Trust is committed to the development of a culture of inclusion where all people are valued and respected for their individual differences. We positively contribute to the advancement of equality and good relations within the design of our policies; in the support of our staff networks; and the goals designed using

⁶ It should be noted that the four key FFT Vision Goals / Targets were grouped into one heading, due to the overlap of the key recognised risks to the delivery of the associated Breakthrough objectives.

performance against the Workforce Race Equality Standard, the Workforce Disability Equality Standard and the Gender Pay Gap to meet the Public Sector Equality Duty.

Equality, Diversity and Human Rights

The Trust's activity and policies in this area are explained in the Accountability Report (page 37 onwards).

Equality of service delivery

The Trust has carried out analysis of patients waiting over 18, 40 and 52 weeks for treatment (as part of the Referral to Treatment standard) using various characteristics such as age, gender, ethnicity and deprivation⁷ (IMD) to look for any outliers. This analysis has been carried out at speciality level and the results are shared with operational colleagues to factor into their service planning and operational delivery. The Trust intends to repeat this work for other standards within the NHS constitution, such as access to treatment in our Emergency Departments, Cancer Services and Diagnostics. This information will be regularly refreshed and incorporated into operational planning and service monitoring processes.

The Trust will also endeavour to collaborate with partners across the West Kent Health and Care Partnership (HCP) to identify any unwarranted variation in terms of access to services and outcomes in relation to equality.

Activities the Trust is undertaking to promote equality of service delivery

The Trust has developed a three stage process for addressing health inequalities, which is outlined below:

- ▶ Stage one (completed): Develop a baseline position of the Trust's current position using quantitative data analysis; with a descriptive analysis of health inequalities which included race, sex, age and deprivation, in conjunction with a statistical analysis to adjust for any confounding variables.
- ▶ Stage two (in progress): Identify and target 'at risk' populations for qualitative analysis in conjunction with partner organisations including the Kent and Medway Clinical Commissioning Group (CCG) and local government organisations to reach and discuss the challenges with local communities; development of a revised Patient Experience Strategy which helps address health inequalities; and engagement with 'hard to reach' communities.
- ▶ Stage three (to commence on completion of stage two): Development of Corporate and Divisional action plans supported by individual initiatives.

Patient feedback and protected characteristics

The Trust received a total of 22,461 Friends and Family Test (FFT) survey responses during 2021/22. The overall percentage of respondents that reported a 'very good' or 'good' experience of care was 96.5% and with 1.3% respondents reporting a 'poor' or 'very poor' experience of care.

From the responses received 25.8% were from men, 45% from women, >0.1% identified as transgender and 28.7% did not confirm their gender identity. Almost 4% of responses were from representatives from a Black Asian and Minority Ethnic (BAME) background, however almost 28% of respondents did not declare their ethnicity.

Less than 0.01% of respondents identified a disability, long-term health or mental health condition.

The majority of submissions (62%) were provided by people aged 16 to 54 and 65 to 84. Under 16s, the 55 to 64 age group and those over 85 had a lower response rate during 2021/22.

⁷ Using the Indices of multiple deprivation (IMD), which are widely-used datasets within the UK to classify the relative deprivation of small geographical areas

Financial performance in 2021/22

For the financial year 2021/22 the Trust reported a surplus of £0.2m, which was £0.2m better than plan. The finance regime for 2021/22 was different to previous years in response to the Covid 19 pandemic. The Trust had to work within the Kent and Medway system funding envelope; the year was split into two halves and a plan was required for each half.

There were some aspects of the plan which were not met. The key drivers of this variance are:

- ▶ Clinical Supplies was underspent by £1.7m.
- ▶ A legal case provision of £2.3m.
- ▶ Public Dividend Capital (PDC) was higher than planned by £0.6m.
- ▶ Additional income received for trade and education £1.4m.



Income and Expenditure (financial performance)

The table below compares the Trust's income and expenditure plan to the year-end financial position.

Statement of Comprehensive Income	2021/22 (plan) £m	2021/22 (actual) £m	Variance £m
Income	595.7	625.4	29.7
Operating expenses	(579.6)	(593.0)	(13.4)
Operating surplus / (deficit):	16.1	32.4	16.3
Finance income	0.0	0.0	0.0
Finance expense	(14.5)	(14.5)	0.0
PDC dividend charge	(2.8)	(3.4)	(0.6)
Net finance costs	(17.3)	(17.9)	(0.6)
Other gains / (losses)	0.0	0.0	0.0
Surplus / (deficit) for the year before technical adjustments	(1.2)	14.5	15.7
Technical adjustments	1.2	(14.3)	(15.5)
Surplus / (deficit) for the year after technical adjustments	0.0	0.2	0.2

The Trust incurred additional expenditure pressures arising in the year after the plan was set. The Trust also received funding to support these pressures. The main pressures were the employers' NHS pension contribution increase of £13.8m, Pay Award £4.2m and COVID-19 PPE costs of £2.0m. These were funded by NHS England/NHS Improvement. There were also additional services agreed after the plan was set which came to £11.0m which were funded by commissioners.

Income

The Trust's income was £625.4m which was above plan by £29.7m by the end of the financial year. The main variances relate to centrally received income of £20.0m and commissioning income agreed after plan of £11.0m. There was an over achievement of pathology trade income and education income of £1.4m, this was offset by a reduction in clinical income of £2.7m in line with underspends in expenditure.

The majority (91%) of the Trust's income is from CCGs or NHS England.

Operating expenses

The Trust's expenditure was £593.0m which was £13.4m adverse to plan. The Trust incurred expenditure that was not in the original plan. This related to £21.4m of central national transactions (Covid-19 PPE £3.4m; pay award £4.2m; employer's pension contribution £13.8m) funded by associated national income; and additional NHSE commissioned and funded services of £11.0m. There was an increase in legal provision costs of £2.3m which was offset by underspends in clinical supplies of £1.7m. The expenditure included an additional £2.1m of costs to respond to COVID-19 which was in line with plan. This was offset by the impact of a net reversal of previous impairments of £16.8m arising from the increase in property valuations.

Finance costs

The Public Dividend Charge (3.5% on net average assets) was higher than planned by £0.6m. This was principally driven by a higher than planned year end property valuation.

Technical adjustments

There was a nationally provided stock adjustment for PPE usage of £1.4m offset by an impairment of £16.8m.

Cost Improvement Programme (CIP)

The Trust had an external (NHSE/I) savings target for 2021/22 of £3.7m which consisted of £0.8m in H1 (April to September) and £2.9m in H2 (October to March 22). The Trust delivered savings of £2.6m which was £1.1m adverse to plan.

Capital expenditure plan

During the year the Trust made capital investments of £26.6m including £0.4m of assets funded from donated or charitable fund sources. Significant elements of the programme were:

- ▶ £10m on building and estates backlog projects, including £1.4m on the new Paediatric Emergency Department at TWH; £1.2m of infrastructure works at TWH to support the Kent Medical School Accommodation project; £1.1m on the Oncology Outpatients' Unit at Maidstone; £1.0m on additional office accommodation at Maidstone; £2.5m enabling works for the proposed Barn Theatre development at Maidstone; and £1.2m on enabling works for major diagnostic and radiotherapy equipment. The PFI company invested £0.8m of lifecycle capital in maintaining TWH.
- ▶ £1.6m invested in the ongoing EPR and EPMA (electronic prescribing) programme; £1.6m from national funds on ICT schemes to support elective recovery (patient tracking, referral management and digital theatre systems, audio-visual facilities including a video consultation platform); £0.9m for digital diagnostic and maternity systems; £1m on device replacement (PCs/laptops) and £0.7m on network and telephony infrastructure. In addition £0.3m was invested in further cyber resilience.
- ▶ Equipment replacement and investment schemes included: £4.6m invested in two replacement Linear Accelerators at Maidstone, including ancillary equipment. The main machines were funded from NHSE national capital. Spending of £1.2m on Barn Theatre equipment; £2.0m of Diagnostic replacement equipment including £0.7m SPEC CT and £0.2m Community Diagnostic Centre equipment; £0.4m on Imaging and Endoscopy Academy equipment; £1.8m of replacement or additional equipment for wards, theatres, ITU and emergency services, including £0.4m of donated equipment.

The Trust's statutory (i.e. legal) duties

As an NHS Trust, the organisation has a number of statutory financial duties, which are explained below.

External Finance Limit (EFL)

The Trust is required to demonstrate that it has managed its cash resources effectively by staying within an agreed limit on the amount of cash it can borrow and spend. In 2021/22 the Trust met its target with a year-end position of a balanced EFL.

Capital Resource Limit (CRL)

The Trust is expected to manage its capital expenditure within its agreed CRL. For 2021/22 the Trust's CRL was £26.63m and the Trust spent £26.18m.

Break-even duty

Each NHS Trust has a statutory duty to break-even taking one year with another, measured as the Income and Expenditure position adjusted for specific technical exclusions. This duty is formally measured over a three-year period or a five-year period if agreed with the Department of Health and Social Care.

The Trust's last formal three-year break-even cycle commenced in 2013/14 and was not met by the end of the period in 2015/16. The Trust has achieved break even surpluses and met its NHSEI control totals in each of the last three financial years. The Trust is not in any financial recovery regime relating to its historic accumulated deficit but is required to achieve the in-year break-even position agreed as part of the Kent and Medway ICS system control totals. The Trust has achieved an in-year break-even duty surplus in 2021/22 of £0.2m which was slightly better than plan and its system control total requirement.

Accounting Issues

The Accounts have been prepared in accordance with guidance issued by the Department of Health and Social Care and in line with International Financial Reporting Standards (IFRS) as applied in the Department of Health and Social Care Group Accounting Manual. The accounts were prepared under the "Going Concern" concept in line with the Department of Health and Social Care Group Accounting Manual requirements for management consideration. This has been set out in the "Overview" section above.

External Auditors

The Trust's External Auditors are Grant Thornton UK LLP. Their charge for the year was £86,600 excluding VAT (in 2020/21 this was £82,100 excluding VAT). No audit of the Quality Accounts has been required in 2021/22. Grant Thornton UK LLP did not undertake any non-audit work for the Trust in 2021/22.

Looking forward to 2022/23

The business planning process has been reinstated both nationally and internally this year following a shortened version in previous years in response to COVID-19. The Trust will have signed contracts in place for the provision of healthcare services in 2022/23. The Trust contracts will be held with the local commissioning bodies for patient care in Kent & Medway, Sussex, Surrey Heartlands and South East London. In addition, regional contracts for Specialised Commissioning, Public Health and Health and Justice will be agreed, signed and effective from April 2022 with NHS England. The planned financial regime provides certainty for income and cash flows for the full financial year 2022/23.



The Trust is planning to deliver a breakeven position in 2022/23. The plan includes £9.5m of income and expenditure to support COVID-19. There is a Cost Improvement programme of £20m and a contingency of £2.2m. The plan includes increased funding for inflation, in particular energy and the PFI contract. There are also increased costs in depreciation and PDC as a result of national capital funding received in recent years and the increase in the property valuation.

Statement of Comprehensive Income	2022/23 (Plan) £m
Income	630.6
Operating expenses	-609.5
Operating surplus / (deficit):	21.1
EBITDA%	7.5%
Finance income	0.0
Finance expense	-16.5
PDC dividend charge	-5.8
Net finance costs	-22.3
Other gains / (losses)	0.0
Surplus / (deficit) for the year (before technical adjustments)	-1.2
Technical adjustments	1.2
Surplus / (deficit) for the year (after technical adjustments)	0.0

Capital allocations and expenditure are managed at the ICS system level. For 2022/23 the Trust's agreed initial control total is £10.58m comprising £8.63m of internally generated and financed resource and £1.95m of system PDC relating to the Hyper Acute Stroke Unit. In addition the Trust will be funded for the PFI Lifecycle costs (£1.3m). The Trust's plan also includes £29m anticipated national funding to support the Barn Theatre Development (subject to full business case approval) and £27.8m of in-year IFRS 16 new lease capital resource, which is also subject to approval. This includes the costs of the Kent and Medway Medical School Accommodation building on the TWH site that the Trust will be leasing.

Countering fraud, bribery and corruption



The Trust has a range of policies and procedures in place to identify and respond to risks of fraud, bribery and corruption, including an "Anti-Fraud, Bribery and Corruption Policy and Procedure"; "Gifts, Hospitality, Sponsorship and Interests Policy and Procedure"; "Standing Financial Instructions", "Risk Management Policy and Procedure", "Serious Incidents (SI) Policy and Procedure", and the "Freedom to speak up: raising concerns policy and procedure" as well as policies relating to, for example, employee verification checks etc. Such Policies are available to all staff via the Trust's Intranet system. The Trust's Local Counter Fraud Specialist (LCFS) is a mandated consultee for such Policies. In addition, the LCFS undertakes a programme of work for the Trust which aims to prevent, deter and detect fraudulent activity. The outcomes of the work are reported to the Audit and Governance Committee, which in turn provides a summary report on its own activity to the Trust Board.

Quality Accounts 2021/22

The Trust's Quality Accounts for 2021/22, which are scheduled to be approved by the Trust Board in June 2022, can be found on the Trust's website (www.mtw.nhs.uk), or the Trust's page on the NHS England and Improvement website (<https://www.england.nhs.uk/publication/maidstone-and-tunbridge-wells-nhs-trust/>).

Performance report for 2021-2022: Sustainability report





As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising cost of natural resources. The commitment to this agenda was reaffirmed in the NHS Long Term Plan with clear targets on

carbon and air pollution. Demonstrating that we consider the social, economic and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

In order to fulfil our responsibilities for the role we play, Maidstone and Tunbridge Wells NHS Trust has the following sustainability mission statement located in our Green Plan: "The provision of Sustainable and Resilient Healthcare and Buildings to ensure Healthy People and Places in Maidstone and Tunbridge Wells NHS Trust".

As the largest public sector emitter of carbon emissions, the health system has a duty to respond to meet the targets which are entrenched in law.

The pandemic and the increased activity associated with it has had a significant impact on the emissions associated with the supply chain and procurement activities of the Trust, and has seen a reduction in recycling performance. We are pleased to report that many data sets are returning to pre-pandemic levels and we are committed to maintaining this reduction where operationally possible.



Policies

In order to embed sustainability within our business it is important to explain where in our process and procedures sustainability features.

One of the ways which we embed sustainability is through the use of a Green Plan within the Trust. Our Green Plan has been reviewed in the last 12 months and approved by the Trust board. We are establishing a Green Committee to drive our sustainability performance in the next 12 months, the committee will be representative of all departments and services and will be led by a member of the Trust Executive.

We also recognise that our procured services have a substantial sustainability impact. Part of the tender process identifies the key elements of every product to ensure that it is suitable for the Trust. The Trust also requires suppliers to confirm the products adhere to the NHS terms and conditions. This ensures compliance with the environmental and sustainability requirements.

Our statement on Modern Slavery is that the Trust uses NHS terms and conditions. The Modern Slavery act is included within these terms and Conditions and suppliers must confirm they comply as part of any contract they sign with us.

We comply with the Public Services (Social Value) Act by ensuring that at least 10% of our tenders relates to social and environmental impact of the services being procured. If they are critical to that service, then they will be included within the KPI's for ongoing monitoring and management.

We are proud to have recruited a sustainability / net zero buyer to our procurement team who will take a lead in ensuring that all procured services deliver value for money and align to our net zero trajectory and commitments.

As an organisation that acknowledges its responsibility towards creating a sustainable future we help achieve that goal by running awareness campaigns that promote the benefits of sustainability to our staff and encouraging all members of the organisation to act in a sustainable manner.

Adaptation

Climate change brings new challenges to our organisation, both in direct effects to the healthcare estates, but also to patient health. Examples of recent years include the effects of heat waves, extreme temperatures and prolonged periods of cold, floods, droughts etc. Our board approved plans address the potential need to adapt the delivery of the organisation's activities and infrastructure to climate change and adverse weather events.

Events such as heatwaves, cold snaps and flooding are expected to increase as a result of climate change. To ensure that our services continue to meet the needs of our local population during such events we have developed and implemented a number of policies and protocols in partnership with other local agencies.

Green Space and Biodiversity

The Trust recognises that its grounds and green spaces are an asset, both due to the natural capital that they represent as a habitat and ecosystem but also as a resource for local communities to utilise and enjoy. The Trust continues to work with Kent Wildlife Trust to develop and maintain the site in a manner that is sympathetic to nature and wildlife.

We also continue to work with a wide range of volunteers and partners to provide spaces within the hospital grounds where patients and visitors can access non clinical environments to improve mental and physical wellbeing.

Partnerships

The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner. Crucially for us as a provider, evidence of this commitment will need to be provided in part through contracting mechanisms.

For commissioned services our CCG's are NHS Kent and Medway CCG and NHS East Sussex CCG.

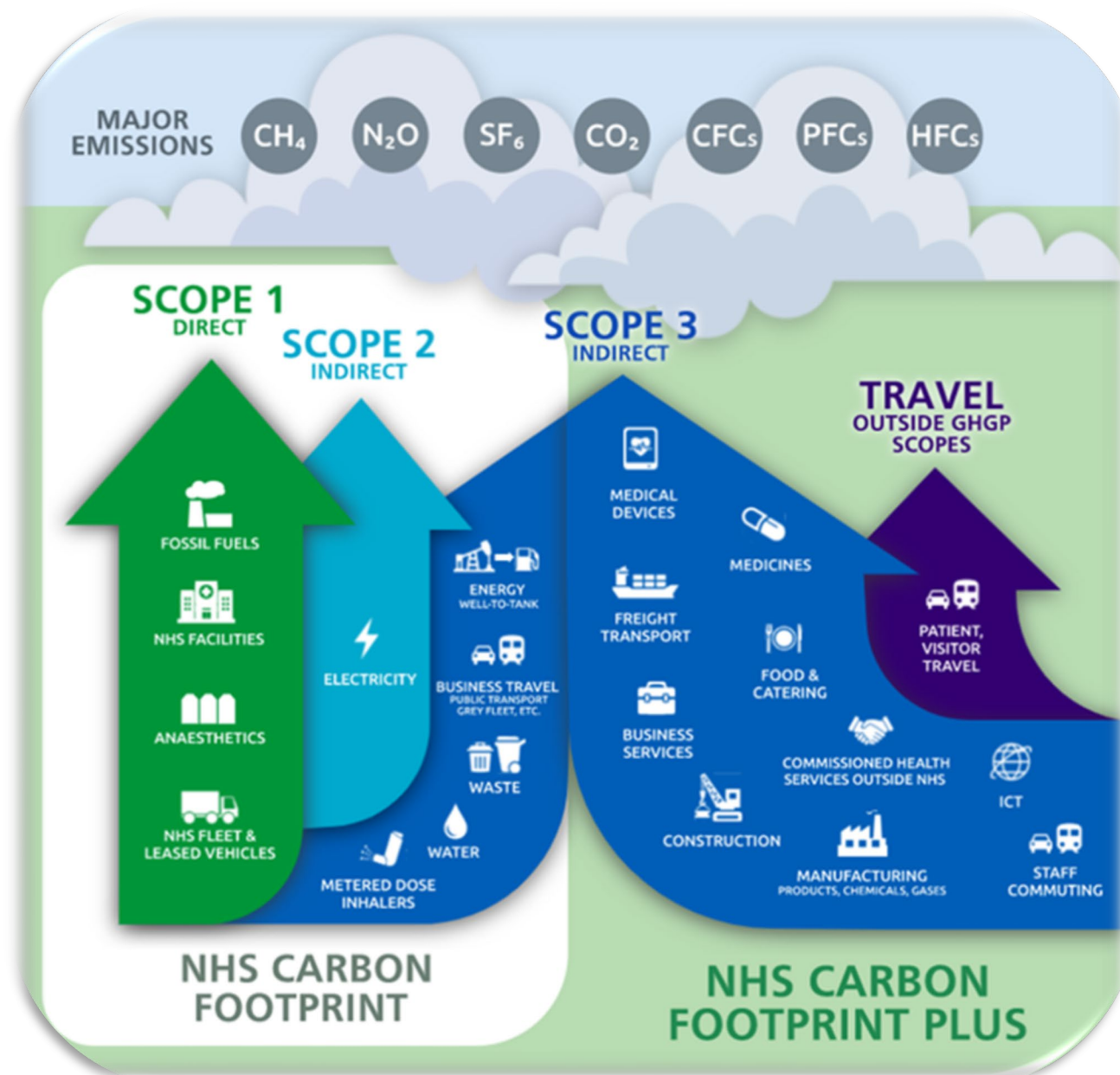
Performance

Organisation

Since the 2007 baseline year, the NHS has undergone a significant restructuring process and one which is still on-going. In the last year the Trust has commissioned 3 new areas which has resulted in a larger operational footprint.

Context info	2007/8	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Floor space (m ²)	109,896	138,533	138,533	138,533	138,533	134,083	133,111	134,371
Number of staff (WTE)	3,969	4,678	5,130	5,022	5,153	5,313	5,866	6,220 ⁸

The NHS has responded to the amended Climate Change Act by committing to be net zero by 2040 for the emissions that are directly controlled, called the NHS carbon footprint, and then net zero by 2045 for the emissions that are influenced, called the NHS carbon footprint plus.

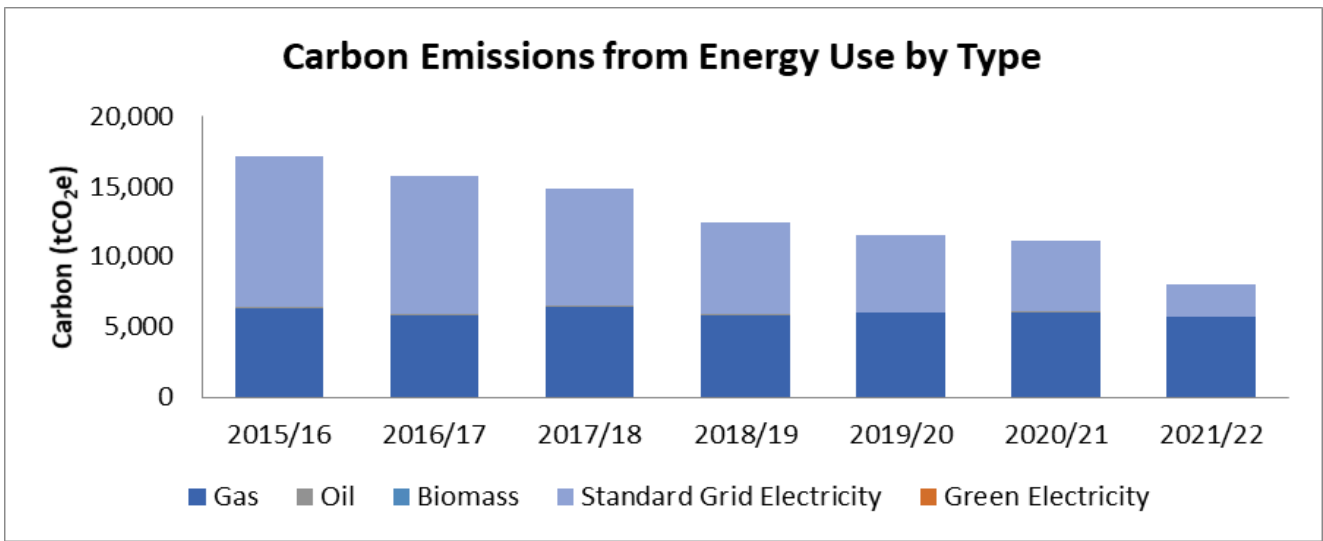
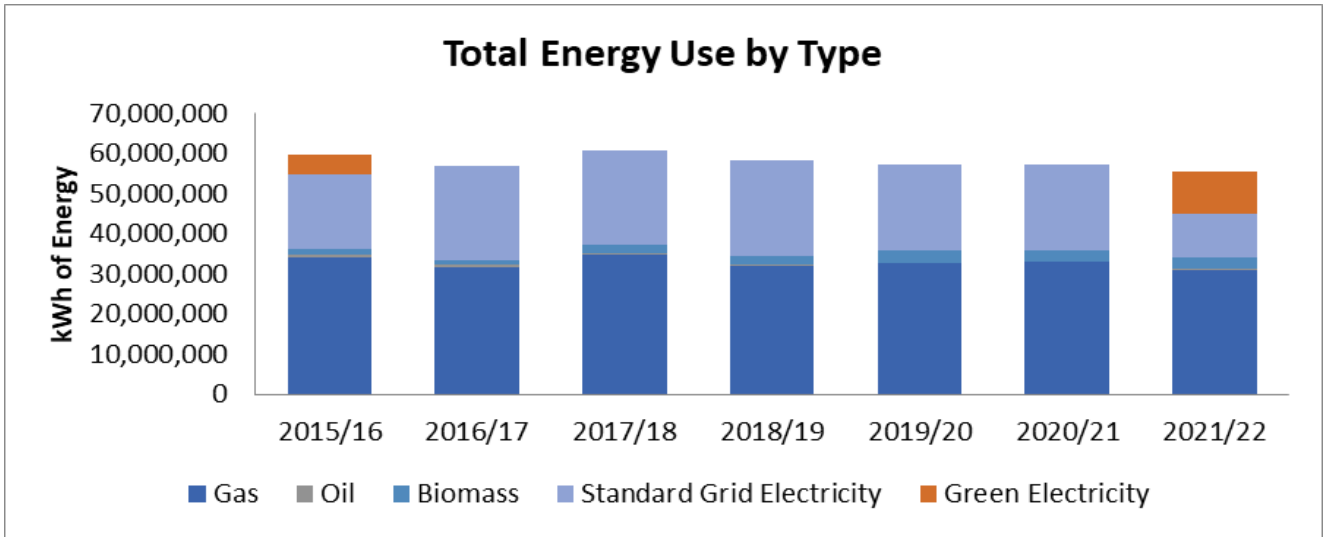


⁸ Readers will note that this figure is different to the WTE figure reported in the "Staff numbers and costs" table within the "Remuneration and Staff Report". This difference arises because there is a difference between "contracted", "worked" and "paid" staff; and the figure in the "Staff numbers and costs" table is an average over the year and is based on when staff are paid (therefore any staff on unpaid leave i.e. maternity leave, long term sickness absence etc. do not feature)

Energy

Managing energy is one aspect of reducing carbon emissions. Maidstone and Tunbridge Wells NHS Trust has spent £7,025,269 on energy in 2021/22, which is a 65% increase on energy spend from last year. We recognise that this is significant and reflects that the Trusts energy contracts expired in October 2021 and we were forced to reprocure during a very volatile time in the international energy markets.

The Trust used the opportunity to procure new contracts to move to a 100% renewable energy contract for electricity, allowing us to report a zero emissions factor for electricity used since 1st October 2021.



The Trust has continued to drive down energy consumption with a 0.49% reduction in electricity consumption and a 5.74% reduction in gas consumption against last year. Total energy consumption is down 3.6% against last year.

Resource		2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Gas	Use (kWh)	34,139,781	31,605,108	34,671,340	31,855,591	32,475,249	32,920,550	31,032,244
	tCO ₂ e	6,284	5,804	6,385	5,860	5,971	6,053	5,684
Oil	Use (kWh)	635,116	532,926	313,362	280,800	273,640	224,294	230,310
	tCO ₂ e	172	147	86	78	70	58	59
Biomass	Use (kWh)	1,301,508	1,092,859	2,044,204	2,362,000	3,029,000	2,701,000	2,677,000
	tCO ₂ e	0	0	0	0	0	0	0
Electricity	Use (kWh)	18,564,756	23,456,861	23,799,662	23,661,820	21,578,000	21,452,491	10,917,054
	tCO ₂ e	10,673	9,748	8,319	6,482	5,515	5,001	2,318
Green Electricity	Use (kWh)	4,892,105	0	0	0	0	0	10,437,727
	tCO ₂ e	0	0	0	0	0	0	0
Total energy kWh		59,533,266	56,687,754	60,828,568	58,160,211	57,355,889	57,298,335	55,294,335
Total Energy tCO ₂ e		17,129	15,699	14,790	12,420	11,556	11,112	8,061
Total energy spend		£ 3,919,681	£3,835,790	£4,535,611	£4,912,381	£4,762,269	£4,263,339	£7,025,269

N.B. tCO₂e = Tonnes of CO₂ equivalent. This is used to measure the equivalent CO₂ concentration which causes the same level of absorption in the atmosphere for other greenhouse gases.

Paper

The movement to a Paperless NHS can be supported by staff reducing the use of paper at all levels, this reduces the environmental impact of paper, reducing cost of paper to the NHS and can help improve data security. The progress made in the last year has been significant and we are proud to have reduced our paper use by 29% from 2020/21 levels.

Paper		2017/18	2018/19	2019/20	2020/21	2021/22
Volume used	Tonnes	61	90	62	68	48
Carbon emissions	tCO ₂ e	58	85	58	64	45

Travel

We can improve local air quality and carbon emissions through the way we design travel and our services. We have a clear policy on healthy travel for our organisation and we promote healthy and sustainable travel to our stakeholders (staff, patients and the public).

Every action counts and we are a lean organisation trying to realise efficiencies across the board for cost and carbon (CO₂e) reductions. We support a culture for active travel to improve staff wellbeing and reduce sickness. Air pollution, accidents and noise all cause health problems for our local population, patients, staff and visitors and are caused by cars, as well as other forms of transport.

Category	Mode	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Patient & visitor travel	Miles ^Δ	107,404,988	112,158,231	115,563,332	121,747,529	118,743,943	110,617,477	120,604,241
	Miles	38,841.48	40,535.15	41,178.09	44,890	41,040	38,232	33,282
Business travel & fleet	Miles	1,319,789	1,037,636	1,059,360	0	569,989	265,695	735,082
	tCO ₂ e	477	375	377	0	197	92	243
Staff commute	Miles	4,493,769	4,927,968	4,824,221	4,824,221	5,105,793	5,637,226	5,977,420
	tCO ₂ e	1,625	1,781	1,719	1,779	1,765	1,948	1,650

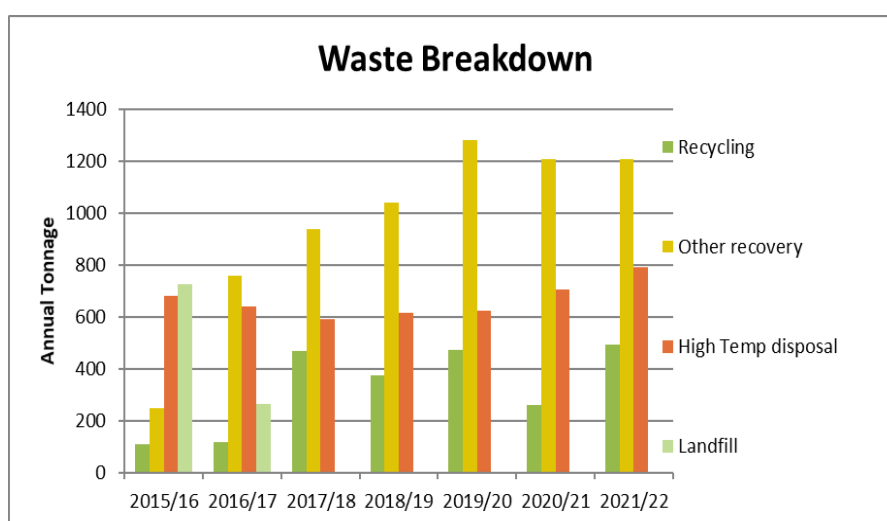
N.B. tCO₂e = Tonnes of CO₂ equivalent. This is used to measure the equivalent CO₂ concentration which causes the same level of absorption in the atmosphere for other greenhouse gases.

^Δ Totals for previous years have been re-stated due to patient & visitor travelled mileages and associated carbon footprint being automatically calculated using externally provided intensity figures

Waste

We are pleased to report that the recycling rate has increased significantly in the last year and is now sitting at pre-pandemic levels, giving us a firm foundation to improve upon next year.

N.B. High temperature ("High Temp") disposal is the incineration of clinical waste. There is no energy recovery from this process at the current time.



The Trust sends domestic waste to an 'energy from waste' facility, and this is classed as "Other recovery". Energy from waste cannot be classed as recycling, as that refers to taking a used item, turning it into a raw material and using that as a basis to manufacture a new product. 'Energy from waste' is about recovering the embedded energy within a product and is lower down the waste hierarchy, this being: reduce (the amount of waste being produced); reuse (items in their existing form); recycle (into new products); recover (the embedded energy); or dispose (through landfill).

Waste		2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Recycling	(tonnes)	107	115	468	372	472	258	494
	tCO ₂ e	2	2	7	8	8	5	10
Other recovery	(tonnes)	248	756	937	1040	1281	1206	1208
	tCO ₂ e	16	16	15	15	27	25	25
High Temp disposal	(tonnes)	679	639	592	614	621	704	792
	tCO ₂ e	149	141	190	192	137	155	175
Landfill	(tonnes)	724	265	0	0	0	0	0
	tCO ₂ e	177	82	0	0	0	0	0
Total Waste (tonnes)		1758	1775	1997	2026	2374	2168	2494
Total Waste tCO ₂ e		333	241	211	215	174	186	211
Recycling (% all waste)		6%	6%	23%	18%	20%	12%	20%

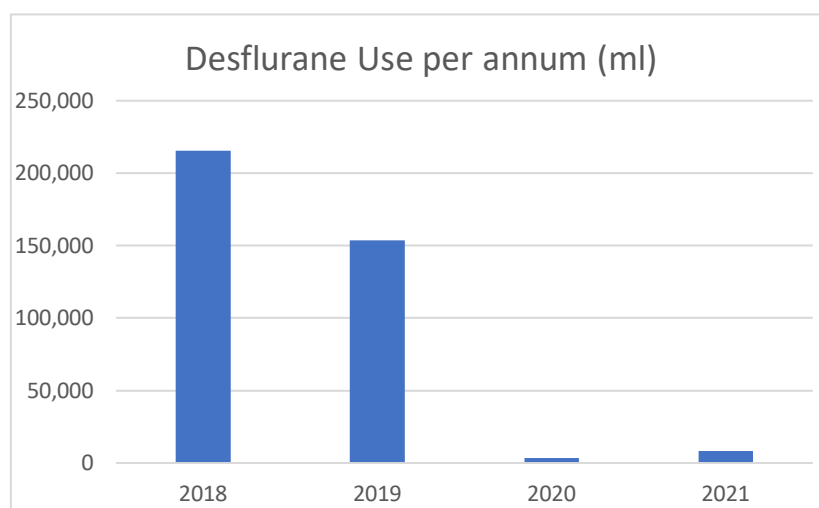
Finite resource use - water

The water consumption has now returned to pre-pandemic levels, this is partially due to the increased footfall when compared to last year.

Water		2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Mains	m ³	205,246	209,205	225,383	211,936	237,616	218,494	234,048
	tCO ₂ e	187	190	205	193	216	199	213
Water & Sewage Spend		£582,869	£661,990	£761,100	£758,895	£959,889	£768,234	£835,040

Anaesthetic Gasses

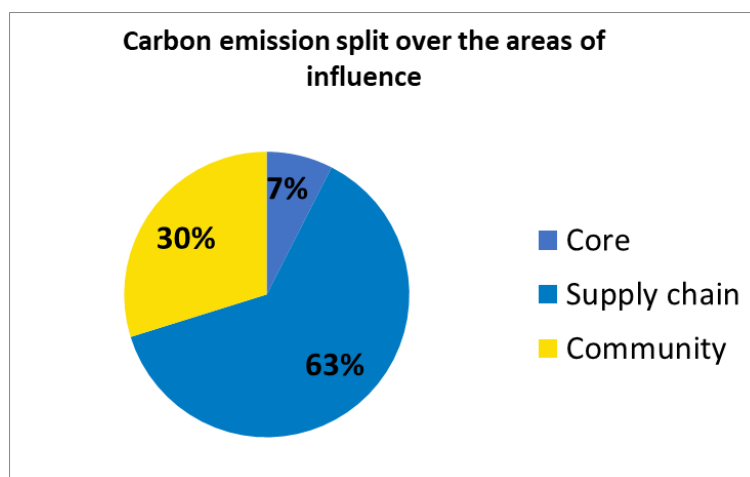
As a Trust we recognise that anaesthetic gasses are significant contributors to climate change, and that some gasses are much more harmful than others. Desflurane is the most harmful and we are proud to have reduced the usage of the gas by 96% against our levels in 2018/19. We are committed to maintaining this level of reduction and eliminating desflurane use as much as possible in the Trust.



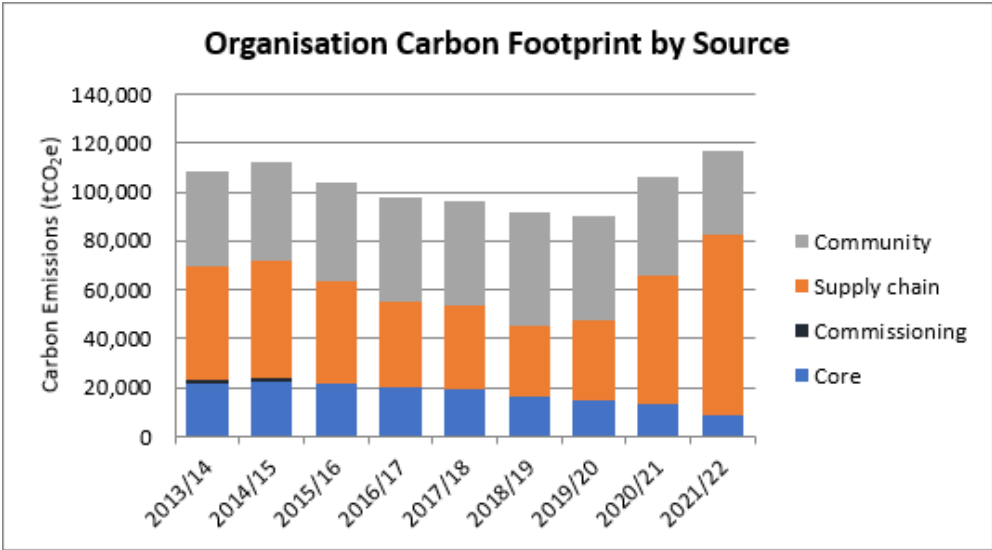
Modelled Carbon Footprint

The data presented so far in this report largely refers to the sources responsible for the "NHS Carbon Footprint", however we recognise that the "NHS Carbon Footprint Plus" produces a significantly larger footprint and this has been calculated below.

The measurement of supply chain emissions is not a precise art and the methodologies used are evolving on an annual basis as more and more data becomes available. This means that the figures being reported are always indicative and not precise however the proportions of the total footprint are largely accurate.



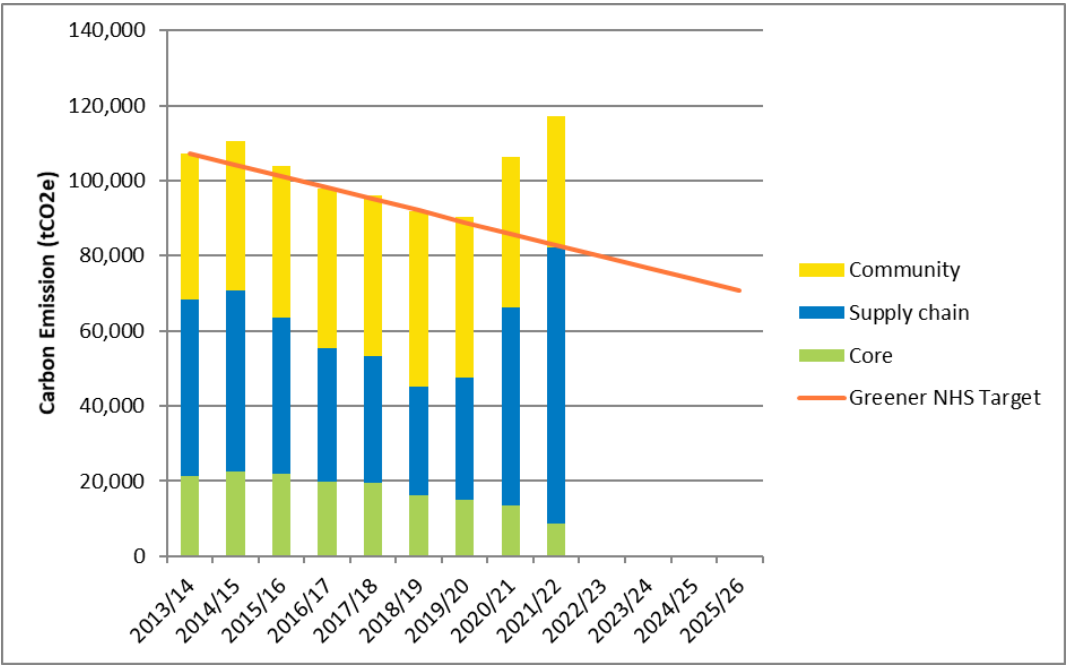
N.B. "Core" emissions are the emissions from the direct activities of the Trust. They include emissions from electricity, gas, fuel from vehicles and generators, biomass, water and sewerage, fugitive emissions from anaesthetic gases, and business travel and mileage. They are calculated by applying intensity metrics to the available data. "Community" emissions are calculated by taking the patient contact caseload figure and applying a similar metric to represent patients' travel to and from the hospitals. "Community" emissions also include a value to cover the commute of Trust staff to and from their workplace.



Modelled trajectory

We are committed to meeting both the legal requirements of the climate change act and the targets established by Greener NHS by reducing our emissions in line with the trajectory above.

We acknowledge that emissions associated with our supply chain have grown in recent years. This is partially due to increased operational output and expenditure and partially attributed to new data being available for analysis.



Declaration

I confirm adherence to the reporting framework in respect of the Performance Report.

Miles Scott, Chief Executive

16th June 2022

Accountability report for 2021-2022: Corporate governance report



Directors' report

The Trust Board

The Trust Board meets every month (with the exception of August) in public (a 'Part 1' meeting). Following HM government's guidance on social distancing, the Trust Board meeting was 'livestreamed' to the Trust's YouTube channel (<https://www.youtube.com/channel/UCBVg9L-3FLrluzYSc29211EQ>) to enable members of the public to observe the proceedings. The agenda and reports for the meetings, which took place via a webconference, were made available via the Trust's website (see www.mtw.nhs.uk/about-us/trust-board/). The Trust Board formally operates in accordance with its Terms of Reference, the Trust's Standing Orders, Scheme of Matters Reserved for the Board and Scheme of Delegation, and Standing Financial Instructions.

The role of the Trust Board is to determine strategy and policy for the Trust, to monitor in-year performance against plans, to ensure accountability by holding the organisation to account for the delivery of strategy, and to ensure the Trust is well managed and governed. The Trust Board comprises the roles of Chair (Non-Executive), five other Non-Executive Directors (voting members), the Chief Executive, and four other voting members of the Executive Team. Six other non-voting Directors also attend Trust Board meetings, and contribute to its deliberations and decision-making. The Non-Executive Directors (NEDs) bring a range of skills and expertise from outside the NHS; their role is to hold the members of the Executive Team to account.



The Trust Board membership underwent the following changes during the course of the year

- ▶ Sue Steen, Chief People Officer, joined the Trust Board on 01/04/21
- ▶ Claire O'Brien, Chief Nurse, left the Trust Board on 25/06/21
- ▶ Gemma Craig, joined the Trust Board as Acting Chief Nurse on 26/06/21, and left the Trust Board on 22/07/21
- ▶ Jo Haworth, Chief Nurse, joined the Trust Board on 03/08/21
- ▶ Sarah Dunnett OBE, Non-Executive Director, left the Trust Board on 31/12/21
- ▶ Wayne Wright, Non-Executive Director, joined the Trust Board on 13/01/22

The Trust Board also held two 'away days' in the year, in June 2021 (which focused on Exceptional People, Outstanding Care (EPOC) programme, including the Strategy Deployment Review (SDR) process and the development of the Trust's Estates Strategy) and December 2021 (which focused on the Trust Reserve Mentoring programme and the governance arrangements associated with the development of an Integrated Care System (ICS) / Integrated Care Board (ICB)). The programme of Trust Board Seminars that was established in 2017/18 was temporarily suspended during 2021/22, as such no Trust Board Seminars were held within the reporting period.

Trust Board Members

Taking into account the wide experience of all Trust Board Members, the balance and completeness of the Board is considered to be appropriate. At the end of 2021/22, the Trust Board had the following members:



David Highton

Chair of the Trust Board*

David joined the Trust Board on 8th May 2017. Prior to this he was Ministerial Advisor on Private Sector Involvement and Public Private Partnership to the Minister of Public Health in Qatar. Since 2011 he has been Executive Director of Corporate Development at Hamad Medical Corporation, the main public hospital provider in Qatar. Over that time he has also been Chair of Sussex Health Care Audiology Ltd, a business delivering age-related hearing assessments in the community in Surrey, Sussex and Berkshire, and a Director of Clearview Healthcare, a Delhi-based company providing operator managed equipment services to the growing private hospital market in India. Prior to moving to Qatar, David worked in the independent health sector, including being director of his own consulting company and heading up Business Development for Medihome Ltd, a successful acute home healthcare provider. David was an NHS Chief Executive from 1991 to 2003, including the Chelsea and Westminster Hospital NHS Trust and the Oxford Radcliffe Hospitals NHS Trust. Originally a Chartered Accountant, David worked in publishing, property services, the brewing industry, an industrial starches business and in the City, before joining the NHS as a Finance Director in 1990. David, who is married and has a grown-up family, has strong links with Kent, having spent his childhood in Meopham and Sittingbourne, and currently lives in Whitstable.



Miles Scott

Chief Executive*Σ

As the Trust's "Accountable Officer", Miles is responsible for the overall development and performance of the Trust. In addition to being a Board member, he attends several Board sub-committees. Miles joined the Trust on 8th January 2018. Miles has over 30 years' experience in the NHS encompassing acute, community and mental health services, the Department of Health and the King's Fund. Most recently, he worked at a national level with NHS Improvement (NHSI), focusing on its establishment as a new national organisation and leading the national Ambulance Improvement Programme with NHS England. He was previously Chief Executive of St George's University Hospitals Foundation Trust (2011 to 2016) and prior to that Chief Executive at Bradford Teaching Hospitals NHS Foundation Trust (2005 to 2011) and Harrogate and District NHS Foundation Trust (2001 to 2005). Miles is married to Abbie and has two children. He lives in south west London with his family.



Sean Briggs

Chief Operating Officer*Σ

Sean joined the Trust as Chief Operating Officer designate in October 2018 and became the substantive Chief Operating Officer and member of the Trust Board in December 2018. Sean has a broad experience working within a variety of healthcare settings, but has spent most of this time in the acute setting in hospitals such as St George's NHS Foundation Trust and Epsom and St Helier Hospital where he held a number of senior managerial roles. Sean is passionate about improving clinical engagement and patient care across the Trust, and has a strong track record in improving hospital operational performance whilst delivering a number of high profile clinical strategic changes, most notably the development of the 24/7 Thrombectomy service at St George's.



Maureen Choong

Non-Executive Director*

Maureen joined the Trust Board in August 2017 as an Associate Non-Executive Director, and was then appointed as a substantive Non-Executive Director in November 2017. She is a Registered Nurse with over 40 years of clinical and leadership experience within the NHS, prior to her retirement in 2016 from her role as Clinical Quality Director with NHSI. Her previous roles included Deputy Chief Nurse with NHS London and both clinical and Director roles in NHS trusts. Since retirement, Maureen has worked with Health Education England as an Improvement Associate. In addition to her role on the Trust Board, Maureen chairs the Patient Experience Committee and Quality Committee, and is Vice-Chair of the Audit and Governance Committee; and a member of the Remuneration and Appointments Committee. Maureen is married with two stepchildren and lives in Kent.

* Denotes Trust Board members with voting rights

Σ Denotes member of the Executive Team



Karen Cox

Associate Non-Executive Director

Professor Karen Cox joined the Trust Board at the end of June 2019. Karen is currently Vice-Chancellor and President of the University of Kent. Karen graduated from King's College London with a BSc (Hons) and her Registered General Nurse (RGN) qualification in 1991. She has held a number of clinical posts in Oxford, Southampton, Gloucestershire and Nottingham, specialising in Oncology and Community Health Care (District Nursing). Karen completed her PhD at the University of Nottingham, funded by the Cancer Research Campaign and was appointed a Professor in 2002. She served as Head of the School of Nursing from 2002 until 2007, joined the senior leadership team as a Pro Vice-Chancellor from 2008 until 2013 and became Deputy Vice Chancellor from 2013 to 2017. Karen is also a board member of the Nursing and Midwifery Council (NMC). In addition to her role on the Trust Board, Karen is a member of the Charitable Funds Committee, and People and Organisational Development Committee.



Richard Finn

Associate Non-Executive Director

Richard Finn joined the Trust Board in November 2019. He is currently Managing Director of Richard Finn Ltd, an international management consultancy, where he specialises in providing advice on change, organisation development, governance and leadership. Previously he was a Managing Director at Penna PLC, a Director at Crane Davies and Marketing Director at Henley Distance Learning, a division of Henley Management College. Richard has a London BSC(Econ) and Cert Ed (FE), an MA in Management from the University of Kent and C.Dir from the Institute of Directors. He has been a Fellow of the Chartered Institute of Personnel and Development, Institute of Directors and the Chartered Institute of Marketing. He is a member of the Kent Business Advisory Board. Richard was Chairman of Kent Music from 2007 to 2017, he is a member of the Nominations and Governance & Audit Committees of the Lord's Taverners and as a Liveryman was Chairman of the Pro-Bono Committee of the Livery Company of Management Consultants. Richard has lived all his married life in Kent and currently lives in Detling. In addition to his role on the Trust Board, Richard is the Vice Chair of the People and Organisational Development Committee and a member of the Finance and Performance Committee.



Neil Griffiths

Non-Executive Director*

Neil joined the Board as an Associate Non-Executive Director in June 2018, and was appointed a substantive Non-Executive Director in February 2019, when he also assumed the chair of the Finance and Performance Committee. Neil is a career healthcare executive and Board leader with over 25 years public and private sector experience. His career has included strategic, operational, change management and commercial roles in and around hospitals in the UK. Neil was previously a Board member and Deputy Chief Executive at University College London Hospitals NHS Foundation Trust, a leading acute academic hospital provider in the UK. Neil's other career experience includes helping lead the team and development of the McKinsey Hospital Institute (MHI) in the UK as part of a global initiative for McKinsey & Company to develop analytical tools and performance improvement support for hospitals. Neil is currently Managing Director of TeleTracking Technologies in the UK, a global leader in the provision of services and technology supporting healthcare organisations to improve productivity and patient flow. Neil is also a member of the Audit and Governance and Remuneration and Appointments Committees. Neil has been a local resident for 12 years, is married with two children and lives in Tunbridge Wells.



Jo Haworth

Chief Nurse*^Σ

Jo joined the Trust Board in August 2021. Jo has been qualified as a Registered General Nurse for over 20 years. She initially specialised in Emergency Nursing at The Royal London Hospital where she worked for over 15 years. Jo has since held a number of senior nursing leadership positions in a wide range of clinical services, including community and mental health services across London. Latterly she has been the Deputy Chief Nurse at King's College Hospital NHS Foundation Trust. Jo has a particular interest in the connection between mental and physical health and is passionate about improving this for patients.

* Denotes Trust Board members with voting rights

Σ Denotes member of the Executive Team



Amanjit Jhund

Director of Strategy, Planning and Partnerships^Σ

Amanjit joined the Board in October 2018. Prior to joining the Trust, Amanjit was Director of Strategy and Transformation at Croydon Health Services NHS Trust, and previously worked as an Expert on Healthcare Systems and Services for McKinsey and Company in London. Amanjit is a doctor by background and first joined the NHS 12 years ago, working in hospitals in both Scotland and England gaining experience in a wide variety of medical specialties. Amanjit holds a professional registration with the General Medical Council and has degrees in both medicine and physiology.



Peter Maskell

Medical Director^{*Σ}

Peter joined the Trust Board in February 2017. Peter qualified from The Royal Free Hospital School of Medicine in 1995. He trained in general and elderly medicine at St Thomas' Hospital/Brighton and Sussex University Hospital, where he also studied for an MSc in gerontology and cognitive decline. Peter became a Consultant in General and Geriatric Medicine with an interest in Stroke medicine at the Trust in 2005, and became clinical lead in 2007. Peter was then appointed as Medical Director of Kent Community Health NHS Foundation Trust in 2012 and during his time there, the Trust attained Foundation Trust status and a 'good' rating from the CQC. Clinically, Peter continues to have interests in Stroke, frailty and liaison geriatrics.



David Morgan

Non-Executive Director^{*}

David joined the Trust Board in August 2019. His career has been spent in natural resources, chemicals and technology. He worked for Johnson Matthey plc for twenty years, including ten years as an executive director, and has served on the boards of a number of other companies, both in the UK and internationally. He is currently the chair of a battery development and manufacturing company, AMTE Power plc and of Nova Pangaea Technologies Limited, a biofuels business. He was previously chair of Nordgold, a gold mining company, deputy chair of an energy technology company, SFC Energy AG, and the senior independent director at the Royal Mint. David is a chartered accountant, having qualified with KPMG, and chairs the Trust's Audit and Governance and Charitable Funds Committees. Away from work David volunteers as a mentor to staff and students at Imperial College who are looking to start their own businesses; having previously chaired the advisory board of the Department of Chemistry at Imperial. David has lived in Kent for over twenty years and is married with three sons



Sara Mumford

Director of Infection Prevention and Control

Sara joined the Trust Board in November 2007 and attends a number of Board sub-committees. She leads the Trust's infection prevention strategy. Sara is also a Consultant Microbiologist, and is the Deputy Medical Director. Sara joined the Trust in 2007, and has previously worked as Consultant Microbiologist at East Kent Hospitals University NHS Foundation Trust, and as a Consultant in Communicable Disease Control (CCDC) at Kent Health Protection Unit.



Steve Orpin

Deputy Chief Executive / Chief Finance Officer^{*Σ}

Steve is responsible for providing information and advice to the Trust relating to all financial management issues. Steve joined the Trust Board in April 2014 from Medway NHS Foundation Trust, where he had been Deputy Director of Finance; including a 12-month spell as Director of Finance. Steve has held various positions within the Finance function in a number of NHS organisations across London and the South East in an NHS career spanning over 20 years. Steve is a Fellow of Chartered Association of Certified Accountants and holds an MBA. In addition to his role on the Board, Steve attends several Trust Board sub-committees.

* Denotes Trust Board members with voting rights

Σ Denotes member of the Executive Team



Emma Pettitt-Mitchell
Non-Executive Director*

Emma joined the Trust Board in June 2018 as an Associate Non-Executive Director and was appointed as a substantive Non-Executive Director in August 2019. Emma is a highly experienced senior executive with over 21 years' experience with one of the largest retailers (UK and globally) and FTSE 100 company. Uniquely Emma has worked extensively as a Director in both the private and public sector, previously working for Kent County Council. Emma is also an experienced executive and team coach. Emma lives in Kent with her husband and 3 children. In addition to her role on the Trust Board, Emma chairs the People and Organisational Development Committee, is Vice Chair of the Patient Experience Committee and is a member of the Audit and Governance Committee and Remuneration and Appointments Committee.



Sue Steen
Chief People Officer^Σ

Sue joined the Trust in April 2021. She has over 25 years' experience of working in the public and not for profit sector, starting her career as a trainee in Coventry City Council. She was previously Deputy Chief Executive, People and Organisational Strategy, at St John in New Zealand where she lived for four years. Prior to this she was the Director of Corporate Services at the National Crime Agency and previously Director of Human Resources and Governance at South Western Ambulance NHS Foundation Trust. Sue has a Human Resources background and is passionate about employee engagement, building highly motivated teams and positive working environments where people can thrive. She is driven by working in community and health related services that make a difference in people's lives. Sue is married to Steve, and between them they have four grown children. She loves travelling, theatre and spending time with family and friends



Jo Webber
Associate Non-Executive Director

Jo Webber joined the Trust Board at the end of November 2019. Jo is currently Chair of In Control, a national charity working for an inclusive society supporting people with disabilities to live independently. Jo graduated from Surrey University with a BSc (Hons) in Human Biology, is a Registered General Nurse (RGN) with a specialist District Nursing qualification and has a Masters degree in Primary Health Care. She has held board level operational and clinical management posts in Community Health and Primary Care Trusts in Nottingham. In 2004 Jo moved to the NHS Confederation, working for eight years analysing the impact of new health policy on health and social care and working nationally to influence its development and delivery. She was a Trustee of the Burdett Trust for Nursing for nine years, giving grants to support nursing research and leadership development. She has a keen interest in improving joint working and integration within and between the NHS and local government, both nationally and on a local level, to deliver better co-ordinated and more responsive services for patients and their carers. In addition to her role on the Trust Board, Jo is Vice-Chair of the Quality Committee and a member of the Charitable Funds Committee.



Wayne Wright
Non-Executive Director*

Wayne joined the Trust Board in January 2022. Wayne has worked in some of the most celebrated corporate entities as well as fast growing medium sized businesses at senior and board levels. His experience is in the building of businesses from the bottom up with a clear understanding of the strategic elements essential in driving successful growth. With a scientist background he is named on nine patents. Wayne has investments in healthcare businesses in the UK and US, and for the last 20 years has led [W]sq solutions, a small boutique entrepreneur coaching organisation that works with fast growing businesses in accelerating growth and profitability. His corporate and turnaround experience for venture capitalists and the serving of those high growth businesses, have created learning and principles that have been packaged into his new book, 'The Ten Commandments of Business Growth' and discussed in depth through his new breakthrough online course for business leaders and their executive teams 'Business Growth, Strategy and Execution Course'. Wayne is active in the Maidstone community where he has lived for over 20 years with his wife and grown up family. He currently owns Maidstone Warriors Basketball Club, the largest youth basketball club in the Kent region and is active in his local church, The Vine, which has a strong reputation in the Maidstone community and schools for supporting those in financial and physical need. In addition to his role on the Trust Board, Wayne is a member of the Quality Committee, and Remuneration and Appointments Committee.

* Denotes Trust Board members with voting rights

Σ Denotes member of the Executive Team

Gemma Craig, Acting Chief Nurse (who joined the Trust Board on 26th June 2021, and left the Trust Board on 22nd July 2021) also served on the Trust Board during 2021/22.

Sarah Dunnett OBE, Non-Executive Director (who left the Trust Board on 31st December 2021) also served on the Trust Board during 2021/22.

Claire O'Brien, Chief Nurse (who left the Trust Board on 25th June 2021) also served on the Trust Board during 2021/22.

Statement regarding Directors' disclosure to auditors

Each Director can confirm that they know of no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and; has taken "all the steps that they ought to have taken" to make themselves aware of any such information and to establish that the auditors are aware of it.

Attendance at Trust Board meetings

There were 11 formal and 2 extraordinary Trust Board meetings in 2021/22. Attendance at each meeting is shown below:

Trust Board Member	April 2021	May 2021	June 2021	8 th July 2021	29 th July 2021	September 2021	October 2021	11 th November 2021	25 th November 2021	December 2021	January 2022	February 2022	March 2022
David Highton, Chair of the Trust Board	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Miles Scott, Chief Executive	✓	✓	✓	✓	✓	✓	✓	✓	✓	Apologies	✓	✓	✓
Sean Briggs, Chief Operating Officer	✓	Apologies	✓	Apologies	✓	Apologies	✓	✓	✓	✓	✓	✓	✓
Maureen Choong, Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karen Cox, Associate Non-Executive Director	✓	✓	✓	Apologies	✓	✓	✓	Apologies	✓	✓	✓	✓	✓
Gemma Craig, Acting Chief Nurse	N/A	N/A	N/A	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sarah Dunnett, Non-Executive Director	✓	Apologies	✓	✓	✓	✓	✓	✓	✓	✓	N/A	N/A	N/A
Richard Finn, Associate Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Neil Griffiths, Non-Executive Director	✓	✓	✓	✓	✓	Apologies	Apologies	✓	✓	✓	Apologies	✓	✓
Jo Haworth, Chief Nurse	N/A	N/A	N/A	N/A	N/A	✓	✓	Apologies	✓	✓	✓	✓	✓
Amanjit Jhund, Director of Strategy, Planning and Partnerships	✓	✓	Apologies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peter Maskell, Medical Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Apologies	✓	✓
David Morgan, Non-Executive Director	✓	✓	✓	✓	✓	✓	Apologies	✓	✓	✓	✓	✓	✓
Sara Mumford, Director of Infection Prevention & Control	✓	✓	✓	✓	Apologies	✓	✓	✓	Apologies	Apologies	✓	✓	✓
Claire O'Brien, Chief Nurse	✓	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Steve Orpin, Deputy Chief Executive / Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emma Pettitt-Mitchell, Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	Apologies	✓	✓	✓	✓	✓
Sue Steen, Chief People Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jo Webber, Associate Non-Executive Director	✓	✓	Apologies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wayne Wright, Non-Executive Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓	✓

Appointment and evaluation of Trust Board Members' performance

The Chair of the Trust Board and its Non-Executive Directors are independently appointed by NHS England / Improvement (NHSE/I) (operating at the NHS Trust Development Authority legal entity). The Chief Executive and other Executive posts serving on the Trust Board are appointed by the Trust in liaison with NHSE/I. All members of the Trust Board are subject to a performance framework through which:

- ▶ The Chair of the Trust Board is appraised via a national framework operated by NHSE/If;
- ▶ Non-Executive Directors and the Chief Executive are appraised by the Chair of the Trust Board; and
- ▶ Members of the Executive Team are appraised by the Chief Executive.

Trust Board Members are also subject to an annual self-assessment in accordance with the fit and proper persons requirements (FPPR⁹) for Directors. No concerns have been raised in relation to this in 2021/22.

Directors' interests

The Trust Board and other committees routinely ask that any interests relevant to agenda items be declared at each meeting. In addition, a Register of Directors' interests is maintained. The interests recorded on the Register at the end of 2021/22 for those on the Board at the end of that year were as follows:

Trust Board Member	Details of notifiable interest
David Highton, Chair of the Trust Board	<ul style="list-style-type: none"> ▪ Strategic Health Industry Adviser for Servita Group Ltd ▪ Chairman, Demelza House Children's Hospice ▪ Owner and Director, Hyperium Ltd ▪ Director of ACG Lettings Limited; a property lettings business bequeathed to Demelza by legacy ▪ Chair of Buckinghamshire Healthcare NHS Trust
Miles Scott, Chief Executive	<ul style="list-style-type: none"> ▪ Chair of the Kent and Medway Cancer Alliance ▪ Chair of the Kent and Medway Elective Care Programme Board ▪ Chair of the Kent and Medway Pathology Network ▪ Chair of the Kent and Medway Imaging Network
Sean Briggs, Chief Operating Officer	None
Maureen Choong, Non-Executive Director	<ul style="list-style-type: none"> ▪ Special Advisor: Care Quality Commission (CQC)
Karen Cox, Associate Non-Executive Director	<ul style="list-style-type: none"> ▪ Vice Chancellor and President, University of Kent ▪ Board Member and Trustee, Nursing and Midwifery Council ▪ Royal College of Nursing Member ▪ Member of University of Kent Multi Academy Trust ▪ Member Universities UK membership Committee ▪ Board Member Kent, Surrey and Sussex Applied Research Collaborative ▪ Director of South East Local Enterprise Partnership ▪ Board Director of Universities and Colleges Employers Association (UCEA)
Richard Finn, Associate Non-Executive Director	<ul style="list-style-type: none"> ▪ Director of Richard Finn Ltd ▪ Director of Goring Place ▪ Director of Detling Community Interest Company
Neil Griffiths, Non-Executive Director	<ul style="list-style-type: none"> ▪ Managing Director of TeleTracking Technologies ▪ Advisory Council Member, Staff College
Jo Haworth	<ul style="list-style-type: none"> ▪ Trustee of Mosaic Clubhouse
Amanjit Jhund, Director of Strategy, Planning and Partnerships	<ul style="list-style-type: none"> ▪ Member of UK Labour Party
Peter Maskell, Medical Director	None
David Morgan, Non-Executive Director	<ul style="list-style-type: none"> ▪ Chairman Nova Pangea Technologies Limited ▪ Chairman and Non-Executive Director of AMTE Power PLC ▪ Chairman, Piazza Barnaloft Management Limited ▪ Son works for Grant Thornton UK LLP
Sara Mumford, Director of Infection Prevention & Control	None
Steve Orpin, Deputy Chief Executive / Chief Finance Officer	<ul style="list-style-type: none"> ▪ Non-Executive Director of NHS Innovations South East
Emma Pettitt-Mitchell, Non-Executive Director	<ul style="list-style-type: none"> ▪ Non-Executive Director of ELM Business Consultancy Ltd ▪ Associate for Bridgethorne Ltd
Sue Steen, Chief People Officer	None
Jo Webber, Associate Non-Executive Director	<ul style="list-style-type: none"> ▪ Chair of "In Control Partnerships" Charity ▪ Daughter in Law is Non-Executive Director of East Sussex Hospitals Trust ▪ Daughter in Law is Non-Executive Director of 2-gether Support Solutions ▪ Daughter in Law is Non-Executive Director of Westfield Health Insurance
Wayne Wright, Non-Executive Director	<ul style="list-style-type: none"> ▪ Limited Liability Partnership Designated Member of [w]sq International LLP ▪ Director of Kytappo Health Technologies Limited ▪ Director of PayPill LLC

N.B. Some Directors' notifiable interests changed during the year. Further details can be obtained from the Trust Secretary, who can be contacted via Maidstone Hospital, Hermitage Lane, Maidstone, Kent ME16 9QQ

⁹ As introduced by The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

(or see www.mtw.nhs.uk/about-the-trust/trust-board.asp). The interests of Trust Board Members who left the Board during 2021/22 can also be obtained from the Trust Secretary.

Pension Liabilities

Details of how the Trust treats Pension Liabilities are outlined in the Principal Financial Statements (within Note 9).

Trust Board sub-committees

The Trust Board has a number of sub-committees, to assist it in meeting its role and duties. Further details are provided in the “Annual Governance Statement for 2021/22” section later in the Annual Report.

The Trust’s Management Structure

The Trust is organised into a number of corporate and clinical Divisions. The former includes Corporate Nursing, Emergency Planning and Response, Communications, Estates and Facilities, IT, Finance, Human Resources, Security, and Trust Management. The latter comprise 24 Clinical Directorates, as follows:

Division	Directorate
Medicine and Emergency Care	<ul style="list-style-type: none"> ▶ Emergency Medicine ▶ Acute Medicine and Geriatrics ▶ Medical Specialties
Women’s, Children’s and Sexual Health	<ul style="list-style-type: none"> ▶ Children’s Services ▶ Women’s Services ▶ Sexual Health
Cancer Services	<ul style="list-style-type: none"> ▶ Clinical Haematology ▶ Oncology ▶ Cancer and Performance ▶ Outpatients ▶ Medical Physics
Diagnostics and Clinical Support	<ul style="list-style-type: none"> ▶ Pathology ▶ Pharmacy ▶ Imaging ▶ Therapies ▶ COVID Swabbing and Testing Services
Surgery	<ul style="list-style-type: none"> ▶ General Surgery ▶ Surgical Specialties ▶ Theatres and Critical Care ▶ Orthopaedics ▶ Head and Neck ▶ Private Patient Unit
Central Operations	<ul style="list-style-type: none"> ▶ Flow ▶ Operations

Each Division and Directorate is overseen by a clinical management team (triumvirate). The triumvirate is led by a Chief of Service with overall responsibility for the leadership & management of their area. Chiefs of Service are supported by a Deputy Chief of Service; Divisional Director of Operations (DDO) and Divisional Director of Nursing and Quality (DDNQ), or equivalent. There is a Clinical Director (CD) for each Directorate and Directorate management teams follow the same triumvirate format as Divisions with Clinical Directors, General Managers, Lead Matrons and Other Professional Leads. All work together to agree annual & strategic plans for their services, are responsible for clinical & operational performance, resource and, communicating and engaging with staff.

Complaints: Ready to listen, ready to learn

The Trust strives to deliver the highest standards of care and treatment for all our patients, but despite the best efforts of staff, we do not always get things right. In order to learn and improve our services, we encourage patients and relatives to tell a member of staff as soon as they can, to allow us to put things right as soon as possible. However, for circumstances where concerns cannot be resolved in this way, the Trust has a formal complaints process. In 2021/22, the Trust received 614 formal complaints (in 2020/21, this was 389), and 57.9% of complaints received were responded to within the agreed timescale (in 2020/21, this was 71.3%).

The Trust's Complaints and Patient Advice and Liaison Service (PALS) – Annual Report (which is due for publication in summer 2022) (www.mtw.nhs.uk/patients-visitors/talk-to-us/making-a-complaint/) provides further detail on: the number of complaints received; the number of complaints which were well founded (upheld); the number of complaints referred to the Parliamentary and Health Service Ombudsman (PHSO); the subject matter of the complaints received; any matters of general importance arising from those complaints or the way in which the complaints were handled; any matters where action has been or is to be taken to improve services as a consequence of those complaints.

'Principles for Remedy'

The Trust applies the 'Principles for Remedy' guidance issued by the PHSO as part of its Policy and Procedure for Management of Concerns and Complaints. Under the Trust's Policy, financial remedy is only considered when a complaint is upheld and the complainant has clearly suffered a financial loss as a result of a service failure or breach of a Trust policy. In such circumstances, the Trust will consider paying a sum that restores the person to the position they would have been in prior to the circumstances which necessitated the complaint.

The amount of financial remedy is agreed between the Complaints and PALS Manager and senior Directorate management team, with input from Legal Services as required. During 2021/22, the Trust offered financial remedy in one case, totalling £55.00 (for a taxi fare). This process excludes any claims for clinical negligence, which are pursued under the Trust's Claims Management Policy.



Disclosure of personal data-related incidents

The Trust had three Serious Incident Requiring Investigation involving personal data that met the criteria for reporting to the Information Commissioner's Office (ICO) (i.e. a 'Level 2' severity incident) as follows.

Date of incident (month)	Nature of incident	Number affected	How patients were informed	Lessons learned
July 2021	Technical failure – failure of images to transfer between short and long data term storage	One thousand six hundred	The affected individuals were contacted by telephone and letter	The Trust notified this breach to the ICO who considered the case in light of the technical and organizational measures in place to ensure the security of personal data. The ICO decided not to take action.
June 2021	Unauthorised disclosure	One	The affected individual was contacted by telephone	The Trust notified this breach to the ICO who considered the case and were satisfied that appropriate disciplinary measures were taken in this instance.
May 2021	Non-secure disposal - Paperwork	Seventy		<p>The Trust notified this breach to the ICO who considered the case and concluded that no further action was necessary on this occasion. The reasons for the ICO decision included:</p> <ul style="list-style-type: none"> • The document was located by a responsible individual employed by a partner organization and therefore the likelihood of data misuse was limited; • Appropriate actions were taken to retrieve the documentation and therefore the breach was contained • Appropriate disciplinary procedures were followed

The Trust also had the following severity 'Level 1' data-related incidents in the year:

Category	Nature of Incident	Total
A	Corruption or inability to recover electronic data	1
B	Disclosed in error	129
C	Lost in transit	11
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	16
F	Non-secure disposal – hardware	1
G	Non-secure disposal – paperwork	1
H	Unloaded to website in error	0
I	Technical security failing (including hacking)	0
J	Unauthorised access/disclosure	9
K	Other	1

Policy on setting charges

The Trust has complied with HM Treasury's guidance on setting charges for information, as set out in Chapter 6 of HM Treasury's "Managing Public Money" guidance.



Emergency planning, response and recovery

As a Category One responder under the Civil Contingencies Act 2004, the Trust has specific statutory duties in relation to emergency planning and response. In addition the Trust has other obligations as required by contracts and performance standards set by NHS England. The following section describes the key areas of focus during 2021/22.

The Emergency Planning and Response Team have been heavily involved in the Trust's response to Operation Sandpiper as well as monitoring and responding to new challenges.

Incident Co-ordination Centre (ICC)

The Incident Co-ordination Centre (ICC) was developed in response to the command and control requirements of the COVID-19 pandemic to ensure rapid decision making and it is intended that the ICC be continued into "business as usual". The Trust has recognised the benefits provided by the ICC and it will continue as the new Trust Coordination Centre. A new build is under development at Maidstone Hospital which will open early in 2022/23 to provide bespoke facilities for utilisation in conjunction with the Central Operations Team.



Staffing

The Emergency Planning & Response team recruited additional staff in 2021/22 and in 2022/23 will host two students for yearlong placements helping to develop the next generation of NHS Emergency Planning Officers.

Business Continuity

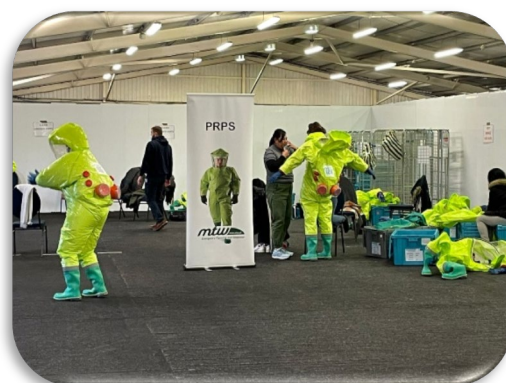
During 2021/22 focus was afforded to Business Continuity plans including the development of new templates in conjunction with the provision of further training and awareness materials to support the Trust's Divisions. The Trust's Business Continuity plans were instrumental in the implementation of the 'Sunrise' Electronic Patient Record (EPR). Additional work in relation to Communications Resilience and the provision of public helplines was also undertaken in 2021/22.

Exercises and training

Despite the impact of the COVID-19 restrictions and the associated social distancing guidelines several training exercises were conducted in 2021/22 which included a Paediatric Surge Capacity event and a Multi-agency alerting exercise.

A comprehensive range of training was provided within the reporting period, both in a face to face / in-person setting and virtually via e-learning packages.

Additional training material, including videos, were produced in 2021/22.



Adverse Weather and Winter Preparedness

The Emergency Planning & Response team continued to work with partner organisations on the development of seasonal planning and contingencies for adverse weather conditions.

Assurance

NHS England carry out an annual assurance process and this year the Trust was once again rated fully compliant. A number of areas of good practice were highlighted.

Helicopters

The Emergency Planning and Response team continue to operate the Trust's two helipads, working closely with the various helicopter service providers to ensure the provision of safe 24-hour facilities.



Safety Advisory Groups (SAGs)

The Trust continued to offer advice and guidance to any events that came under Sevenoaks District Council, Tonbridge & Malling Borough Council, Maidstone Borough Council and Tunbridge Wells Borough Council. The focus of the guidance was directed at adequate medical cover and Emergency Department admission avoidance.



Incidents

There were three fire incidents in this reporting period where the team were involved for advice including a minor fire in an ambulance on the Emergency Department (ED) Ambulance bay; smoke reported in WHSmith in September 2021; and a skip fire in October 2021. All incidents were effectively and rapidly dealt with.

A thunderstorm caused very heavy rainfall in July 2021 causing flooding outside Maidstone ED requiring the attendance of Kent Fire & Rescue Service.

On the 30th of July 2021 a major incident was declared by the South East Coast Ambulance Service (SECamb) in response to a chemical incident in Aylesford. The Trust plan was effectively activated using the Everbridge Alerting platform. Through close liaison between the Emergency Planning & Response team, Site Management and SECamb Incident Commanders plans were made that enabled the incident to be rapidly stood down to a local response. It is always impressive to see how Trust staff respond to these calls.

In December 2021 flooding affected services that MTW provide at Sevenoaks Hospital. The Emergency Planning & Response team supported the Division to provide services at alternative locations.

It should be acknowledged that throughout the reporting period the Trust continued to respond to the challenges associated with the COVID-19 pandemic. The Emergency Planning & Response also provided support for the response to Operation Sandpiper as part of the Trust Tactical Team.

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- ▶ There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- ▶ Value for money is achieved from the resources available to the Trust;
- ▶ The expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- ▶ Effective and sound financial management systems are in place; and;
- ▶ Annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Insert Signature

Miles Scott,

Chief Executive

Insert date

Statement of Directors' responsibilities in respect of the accounts

The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the Directors are required to:

- ▶ Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- ▶ Make judgements and estimates which are reasonable and prudent;
- ▶ State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and;
- ▶ Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The Directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy.

By order of the Trust Board

Insert signature

Insert signature

Miles Scott, Chief Executive

Steve Orpin, Chief Finance Officer

Insert Date

Insert Date

Annual Governance Statement for 2021/22

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of Maidstone and Tunbridge Wells NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that Maidstone and Tunbridge Wells NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Maidstone and Tunbridge Wells NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Maidstone and Tunbridge Wells NHS Trust for the year ended 31st March 2022 and up to the date of approval of the annual report and accounts.



Capacity to handle risk

The ways in which leadership is given to the risk management process

Risks are identified, analysed and controlled in accordance with the Trust's Risk Management Policy and Procedure. The overall Executive Lead for risk management is the Chief Nurse, who is supported in this role by a range of staff, including the Trust Secretary and Risk and Compliance Manager. A number of specific risk-related roles are also held by Trust Board Members, as follows:

- ▶ The Chief Nurse is the Senior Information Risk Owner (SIRO).
- ▶ The Medical Director is the Caldicott Guardian and the Responsible Officer (for Medical Revalidation).
- ▶ The Chief Executive is the Board Level Director (with fire safety responsibility)¹⁰.
- ▶ The Chief Operating Officer is the Security Management Director¹¹ and the Accountable Emergency Officer for Emergency Preparedness, Resilience & Response (EPRR)¹².

¹⁰ Required by "Firecode – fire safety in the NHS. Health Technical Memorandum 05-01: Managing healthcare fire safety"

¹¹ Required by the "Secretary of State Directions to NHS Bodies on Security Management Measures 2004 (amended 2006)"

¹² Required by The Health and Social Care Act 2012

- ▶ The Chair of the Audit and Governance Committee is the security management Non-Executive Director (NED) champion¹⁰.
- ▶ The Chair of the Quality Committee is Maternity board safety champion.

The Trust has a Risk Register in place, which is subject to an annual review by the Trust's Internal Audit function (which is provided by TIAA Ltd). The review for 2021/22 gave an overall assessment of TBC *[N.B. the outcome is not available at the time this Statement was drafted]*.



The ways in which staff are trained or equipped to manage risk in a way appropriate to their authority and duties (including the guidance provided to them and the ways in which the Trust seeks to learn from good practice)

The Trust has in place a range of systems to prevent, deter, manage and mitigate risks and measure the associated outcomes. In addition to the Trust's Risk Management Policy and Procedure, a comprehensive range of risk management policies and guidance is made available to staff.

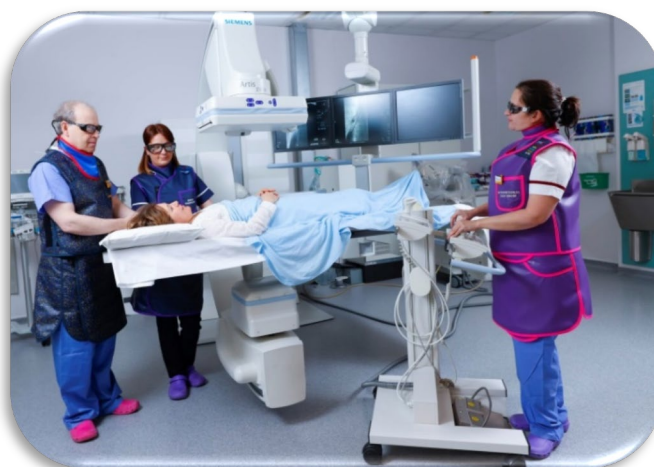
This includes the policies and procedures for risk assessment, incident reporting, managing complaints, investigation of incidents, health and safety, and 'being

open' to staff and patients (to support the statutory Duty of Candour). Additional

advice on good practice can be obtained from a range of professional and specialist staff. The remit of the Trust's Quality Governance department includes patient safety/clinical risk management; clinical governance; clinical audit; complaints; the Patient Advice and Liaison Service (PALS); legal services; and research and development. The systems to oversee staff health and safety are managed via the Estates department, but there is close liaison with other relevant staff. In addition, Directorates and sub-specialities have clinical governance and risk leads. There is a forum for clinical governance and risk management within each Directorate and within the majority of clinical sub-specialities.

Trust staff are involved in risk management processes in a variety of ways, including raising any concerns they may have (anonymously, if they so wish) via a range of methods, including via the Freedom to Speak Up Guardian or their Deputy; being aware of their responsibility to report and act upon any incidents that occur; being involved in risk assessments; and attending regular training updates.

The Trust's mandatory induction and ongoing training programme for all staff reflects the need for staff to have a sound basis in managing risks relating to Information Governance, Infection Prevention and Control, fire safety, Safeguarding, Health and Safety and Moving and Handling. Non-mandatory training is also available to staff on a wide range of issues relating to risk management, both general (e.g. risk assessment) and in response to specific risks (e.g. falls prevention), whilst in-house support and advice on risk management is also available (which includes advice relating to patient safety, health and



safety, Emergency Planning & Response and information governance. Certain types of risk are also addressed via the engagement of external expertise. For example, the risk of fraud is managed and deterred via the appointment of a Local Counter Fraud Specialist (LCFS).

The Trust's advisers on risk seek to learn from best practice from a variety of means, including continuing professional development and via networking with counterparts from other organisations.

The risk and control framework

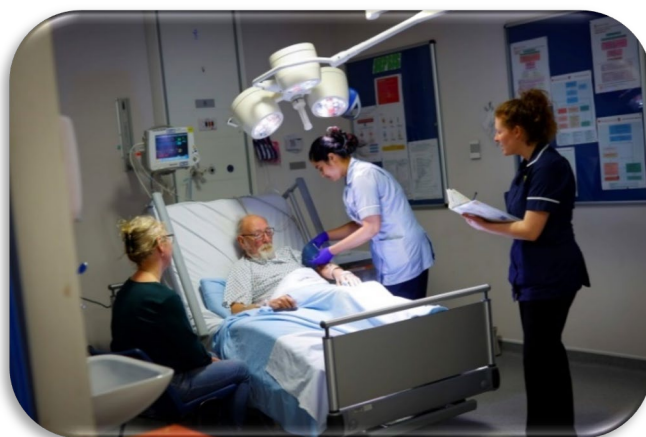
The key elements of the Risk Management policy (including the way in which risk (or change in risk) is identified, evaluated, and controlled; and how risk appetites are determined)

Risks are identified, analysed and controlled in accordance with the Trust's Risk Management Policy and Procedure. Mitigations are aimed to be identified in advance (where appropriate), so that these can be applied should the identified risk materialise. Most risks are identified at local level and initially managed by department managers. Identified risks are added to the Risk Register and are then either managed locally or escalated through the Trust's management and/or committee structure. The Trust's competent persons (individuals with specialist skills, knowledge and qualifications that are assessed by external bodies who are able to advise managers and employees on all aspects of health, safety and risk) identify hazards within their area of expertise, and undertake Trust-wide risk assessments for hazards that affect multiple areas. Risks are identified, analysed and controlled in accordance with the Trust's Risk Assessment Policy and Procedure and guidance documents, which includes grading risks for their potential impact and likelihood of harm using a standard Risk Categorisation Matrix. The risk score determines the priority, response and level of management required to manage the risk. Risk appetite is the level of risk the Trust will accept for a particular type of risk. When a risk is assessed the uncontrolled risk score is determined, along with a target risk score, which indicates the risk rating that would be considered as satisfactory. This target risk score should be set as high as can be tolerated, and constitutes the risk appetite for that risk.

The key elements of the quality governance arrangements (including how the quality of performance information is assessed and how assurance is obtained routinely on compliance with Care Quality Commission (CQC) registration requirements)

The Trust's Quality Governance arrangements are overseen via the Quality Committee, which receives a report from each Division whenever it meets in its 'main' form¹³. The Quality Committee then aims to seek and obtain assurance on the effectiveness of the Trust's structures, systems and processes to enable delivery of the Trust's objectives relating to quality of care (as well as oversee quality within the clinical divisions).

Clinical audit is supported by a central team, within the Clinical Governance department, and is primarily overseen by the Clinical Audit Overview Committee. The investigation of, and learning from, incidents are predominantly managed within Directorates and discussed at Divisional, Directorate and specialist clinical governance meetings. Serious Incidents (SIs) are discussed and monitored at a corporate level via the Learning and Improvement (SI) Panel, and an SI report is submitted to each 'main' Quality Committee.



¹³ The Quality Committee meets monthly, with each alternate month being a 'main' meeting (which involves a broad membership and discussion of a wide range of subjects) or a 'deep dive' (which involves a smaller membership and discussion of a small number of targeted subjects)

Complaints are managed by the central complaints team in partnership with the relevant Directorates and Divisions. The rate of new complaints and percentage of complaints responded to within target are monitored monthly at the Trust Board, while detailed reports on Complaints and Patient Advice and Liaison Service (PALS) contacts are received by the 'main' Quality Committee and also the Patient Experience Committee.

Compliance with CQC registration requirements is ultimately assessed via inspections by the CQC, and the Trust was subject to such inspections in the latter part of 2017 (which resulted in an overall assessment of "Requires Improvement"). However, regular engagement events have taken place with the CQC during 2021/22. Although such engagement events do not affect the Trust's formal assessment rating, the CQC have provided positive feedback on the areas that have been covered by these events.

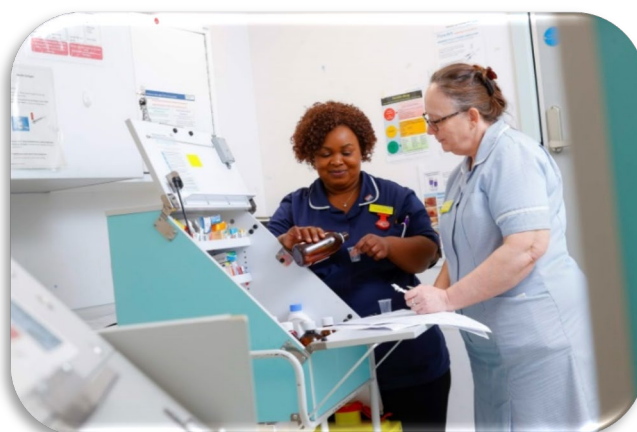
The Trust's preparations and planning for CQC inspections are fully integrated and embedded as part of the Trust's 'business as usual' quality improvement agenda, and overseen by a Quality Improvement Committee, which is accountable to the Executive Team Meeting (ETM) via the Chief Nurse. The ETM and 'main' Quality Committee receive regular reports on progress with the Trust's ambition to achieve an "Outstanding" rating by the CQC.

How risks to data security are being managed and controlled

Risks to data security are managed and controlled via a range of methods, and the Trust undertakes an assessment against the National Data Guardian's ten data security standards. That assessment is primarily done via the Data Security and Protection Toolkit, and the Trust made a "Standards Met" Toolkit submission for the 2020/21 year in June 2021. The Trust is required to make its submission for the 2021/22 Toolkit by the end of June 2022.

Brief description of the organisation's major risks (including how they are/will be managed and mitigated and how outcomes are/will be assessed)

The objectives for 2021/22 were approved by the Trust Board in April 2021, and were grouped under six "strategic themes": People; Patient Safety & Clinical Effectiveness; Patient Access; Patient Experience; Systems; and Sustainability. Each theme had a "Problem Statement", "Vision statement", and "Target and goal" (which later evolved into "Breakthrough objectives").



The main risks to the achievement of these key objectives (i.e. the issues that could prevent the objectives being achieved) are described within the monthly Integrated Performance Report (IPR), the format of which underwent a significant transformation during 2021/22. In addition, a number of risks were rated as 'red' in 2021/22. Red-rated risks are reviewed and validated at the ETM (see below) each quarter. The underlying risks have been discussed at the Trust Board and its sub-committees throughout 2021/22, and each associated risk assessment describes the efforts being made and/or planned to manage and mitigate the risk, and the Trust's Risk and Compliance Manager oversees the regular reviews of the assessments with the relevant risk leads.

Are the Trust's services well-led (under NHS Improvement's well-led framework)?

The CQC inspection in 2017 that was referred to above rated the Trust as "Good" for the Well-led domain. It is likely that the Trust will be assessed again by the CQC during 2022/23.

The principal risks to compliance with the NHS provider licence, condition 4, and actions identified to mitigate these risks

In May 2021, the Trust Board completed the required self-certification (for 2020/21) that the Trust could meet the obligations set out in the NHS Provider Licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012, and to have regard to the NHS Constitution); and that it complied with governance requirements (condition FT4(8)). The Trust Board confirmed full compliance, on the basis of the content of the Trust's Annual Report, and Annual Governance Statement for 2020/21. The Trust Board will be asked to undertake the required self-certification for 2021/22 at its meeting in May 2022, and it will again be proposed that full compliance be confirmed.

The key ways in which risk management is embedded in the activity of the organisation

As noted earlier in this Statement, risks are identified, analysed and controlled in accordance with the Trust's Risk Management Policy and Procedure, and a range of supporting systems and processes are in place to embed risk management activity. For example:

- ▶ The Trust's mandatory induction and ongoing training programme for all staff reflects the need for staff to have a sound basis in managing risks relating to Information Governance, Infection Prevention and Control, fire safety, Safeguarding, Health and Safety and Moving and Handling.
- ▶ Incident reporting is openly encouraged across the Trust, and lessons learned from incident investigations are disseminated and promoted (including via the "Governance Gazette" newsletter produced by the Quality Governance department).
- ▶ Risk is regularly discussed at a wide range of forums, including the Trust Board and its sub-committees (which sets the tone for discussions at Divisional-, Directorate- and departmental-levels forums)
- ▶ Risk management is incorporated into the Trust's planning and Cost Improvement Programme (CIP) arrangements, via the Quality Impact Assessment (QIA) process.

Maidstone and Tunbridge Wells Hospital NHS Trust Incident Reporting Form (DIF1)

This form should be used for reporting All incidents (including near misses).
 Completion of this form does not constitute an admission of liability of any kind by any person.

If you are reporting an Anonymous incident, please use the following link: Anonymous Incident report.
 If you are reporting an Extended wait event, please use the following link: Extended wait report.
 If you are reporting a Patient fall, please use the following link: Patient falls report.
 If you are reporting a Medication incident, please use the following link: Medication report.
 If you are reporting a Patient Transport delays, please use the following link: Patient Transport delay.
 If you are reporting a Pressure ulcer, please use the following link: Pressure ulcer report.
 If you are reporting a Radiology Equipment incident, please use the following link: Radiology Equipment report.
 If you are reporting a Staff shortage event, please use the following link: Staff shortage report.
 If you are reporting a Traceability of Blood components event, please use the following link: Blood components report.

Click the button to view and select from the list of available options for that field.
 Dates must be entered in the format dd/mm/yyyy. Alternatively, click the button to select the date from a calendar.
 Click the icon for help with a particular field.
 For assistance with completing this form, please phone x28967 or please email The Data team.

Incident details

★ Description of the incident

Enter facts, not opinions.
 Please DO NOT use upper case or mention names.
 USE job titles or the word patient to define people involved/affected.

★ Immediate action taken

Remedial action taken at the time of the incident or to prevent re-occurrence.
 List actions taken / proposed.

The key ways in which the Trust ensures that short, medium and long-term workforce strategies and staffing systems are in place (which assure the Trust Board that staffing processes are safe, sustainable and effective)

The Trust complies with the "Developing Workforce Safeguards"¹⁴ recommendations via the following methods:

- ▶ A bi-annual review of safe staffing levels is led by the Chief Nurse, using a combination of historical data, professional judgement and reference to quality outcomes. The reviews follow the National Quality Board's 2016 guidance¹⁵ cover the necessary three components (i.e. evidence-based tools, professional judgement and outcomes).
- ▶ The Trust has a workforce plan that is submitted to NHS England/Improvement (NHSE/I) along with the annual financial and activity plans. The Trust Board discusses all of these plans before submission.
- ▶ The ETM received regular updates during 2021/22 on progress against the Trust's recruitment plan.
- ▶ Service changes including those related to skill mix and the introduction of new roles are subject to a QIA process led by the Medical Director and Chief Nurse.
- ▶ The Trust Board reviews workforce metrics on each month, via the IPR, to ensure that workforce challenges and risks are understood as part of the wider context of service delivery.
- ▶ Where there are critical service risks in relation to staffing and the safe delivery of care these, along with their associated mitigations are escalated to the Trust Board and external regulators as required.
- ▶ The Trust's People and Organisational Development Committee (a sub-committee of the Trust Board, which is chaired by a Non-Executive Director) meets every month. The Committee provides assurance to the Board in the areas of people development, planning, performance and employee engagement, and works to assure the Trust Board that the Trust has the necessary strategies, policies and procedures in place to ensure a high performing and motivated workforce that supports success.



Care Quality Commission (CQC) registration

The Trust is fully compliant with the registration requirements of the CQC.

Register of interests

The Trust has an established "Gifts, hospitality, sponsorship and interests policy and procedure". However, it has not yet implemented NHS England "Managing Conflicts of Interest in the NHS" guidance and has not therefore published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff within the past twelve months, as required by the "Managing Conflicts of Interest in the NHS" guidance. The Trust's Audit and Governance Committee (which receives reports of declarations made

¹⁴ "Developing workforce safeguards - Supporting providers to deliver high quality care through safe and effective staffing" (NHS Improvement, October 2018)

¹⁵ "Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time" (National Quality Board, July 2016)

under the "Gifts, hospitality, sponsorship and interests policy and procedure") has however been kept informed of the Trust's plans regarding the guidance, which the Trust intends to implement in full in 2022/23.

NHS Pension scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Obligations under equality, diversity and human rights legislation

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Obligations under the Climate Change Act and the Adaptation Reporting requirements

The Trust has undertaken risk assessments and has plans in place which take account of the "Delivering a Net Zero Health Service" report under the Greener NHS programme. This is primarily driven via the Trust's Green Plan, which was approved by the Trust Board in May 2021, and is scheduled to be approved next in June 2022.

Review of economy, efficiency and effectiveness of the use of resources

A range of processes are applied to ensure that the Trust's resources are used economically, efficiently and effectively. The monitoring of this is primarily overseen by the Trust Board, Finance and Performance Committee and Audit and Governance Committee, although the People and Organisational Development Committee, Quality Committee and Remuneration and Appointments Committee have all participated in this oversight during 2021/22. The Trust's annual Internal Audit plan for 2021/22 included a range of reviews relating to this area, including "Critical Financial Assurance – Financial Accounting and Non Pay Expenditure", and "Critical Financial Assurance – Payroll", which achieved overall assessment of "Reasonable Assurance".

Information governance

The Trust had three serious incidents involving personal data that met the criteria for reporting to the Information Commissioner's Office (ICO), as described within NHS Digital's Data Security and Protection Toolkit, during 2021/22. All three were subject to an internal investigation and remedial action was taken. The ICO confirmed it was satisfied that appropriate measures were taken for all three incidents.

Data quality and governance

The controls in place to ensure the accuracy of data (including the quality and accuracy of elective waiting time data)

The following processes are in place to assure the quality and accuracy of elective waiting time data (and to manage the risks to such quality and accuracy):

- ▶ The Trust has a Data Quality Steering Group, chaired by the Deputy Chief Executive/Chief Finance Officer.
- ▶ The Trust has a "Patient access to elective care policy", which covers the management of waiting lists at all stages of a referral to treatment pathway. The Policy also states the responsibilities of key staff, including those relating to data quality.

- ▶ The Trust also has an “Information Lifecycle Management Policy and Procedure”, which describes the Trust’s general approach to data quality; and a Data Quality Strategy, which has been developed by the Data Quality Steering Group to ensure alignment with NHS Digital’s Provider Data Quality Assurance Framework.
- ▶ There is a validation process involving operational, management and information leads, to assure the quality of local and national waiting times reporting/data.



The quality of performance information is primarily assessed via the Internal Audit programme, and in particular via the review of “Data Quality of Key Performance Indicators”, which forms part of the Internal Audit plan each year. The “Data Quality of Key Performance Indicators” that was undertaken as part of the 2020/21 Internal Audit plan (and which was issued in July 2021) covered clinic cancellations less than 6 weeks and 18 Weeks Referral to Treatment (RTT) incomplete pathway indicators, and gave an overall assessment of “Reasonable Assurance”.

In addition, the Trust’s contract with the Clinical Commissioning Group (CCG) includes a requirement to have a Data Quality Improvement Plan (DQIP). The governance processes defined in the contract mean that any data quality issues relating to our RTT or cancer waiting times can be raised and resolved via that route. The Trust’s commissioners receive copies of the Trust’s performance reports, as well as information provided to them via NHSE/I, to support the performance management of the Trust’s services (with the aim of ensuring the achievement of key targets such as the RTT and cancer waiting time standards). Any associated data quality issues are raised as part of this dialogue and are managed via the technical groups established under the contract and documented in the DQIP. Furthermore, all trusts now have to submit a weekly copy of their RTT waiting list (Patient Tracking List, or PTL) to NHSE/I and they have developed a Data Quality assurance report that is linked to this called “LUNA”. All Trusts had the target to reach an RTT PTL confidence level of 95% by December 2021. The Trust achieved this standard and at the end of 2021/22 the confidence level stands at 99.38%.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within Maidstone and Tunbridge Wells NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Trust Board, Audit and Governance Committee and Quality Committee and plans to address weaknesses and ensure continuous improvement of the system are in place.

The Head of Internal Audit Opinion for 2021/22 states that “TIAA is satisfied that, for the areas reviewed during the year, Maidstone and Tunbridge Wells NHS Trust has reasonable and effective risk management, control and governance processes in place. This opinion is based solely on the matters that came to the attention of TIAA during the course of the internal audit reviews carried out during the year and is not an

opinion on all elements of the risk management, control and governance processes or the ongoing financial viability or your ability to meet financial obligations which must be obtained by Maidstone and Tunbridge Wells NHS Trust from its various sources of assurance”.

The Audit and Governance Committee approves the Internal Audit plan for the year and receives details of the findings from each of the Internal Audit reviews that are undertaken. Summary reports of relevant Internal Audit reviews are also submitted to the Trust Management Executive (TME), Finance and Performance Committee, People and Organisational Development Committee, and 'main' Quality Committee during the year.

Although a number of the Internal Audit reviews completed in 2021/22 resulted in an overall 'Reasonable assurance' assessment, one led to an assessment of 'Limited assurance'. This related to Estates Procurement, and the Director of Estates and Facilities was invited to attend the Audit and Governance Committee meeting on 03/11/21 to respond to the review.

The role of the Trust Board in maintaining and reviewing the effectiveness of the system of internal control

The Trust Board meets every month (with the exception of August) in public (a 'Part 1' meeting). All but one of Trust Board's meetings in 2021/22 were held 'virtually', as a result of the COVID-19 pandemic, and the requirement to meet in public was met via the Trust Board's meetings being broadcast live on the internet, via the Trust's YouTube channel. The agenda and reports for all 'Part 1' Trust Board meetings are available via the Trust's website.



The agenda for Trust Board meetings is mainly focused around the key aspects of operational performance; quality; planning and strategy; assurance and policy; and reports from sub-committees. A separate ('Part 2') meeting is held on the same day as the meeting held in public, to consider confidential matters, in accordance with the Public Bodies (Admission to Meetings) Act 1960.

A 12-month rolling forward programme of agenda items is actively managed to ensure the Board receives the information, and considers the matters it requires to perform its duties efficiently and effectively.

A key part of the information the Board receives at each meeting in public is an IPR, which contains up-to-date details of performance across a range of indicators.



The role of the Trust Board's sub-committees and other key forums in maintaining and reviewing the effectiveness of the system of internal control

The Trust Board operates with the following sub-committees (which are listed alphabetically):

- ▶ The Audit and Governance Committee. This supports the Trust Board by critically reviewing the governance and assurance processes on which the Board places reliance. This therefore incorporates reviewing Governance, Risk Management and Internal Control; oversight of the Internal and External Audit, and Counter Fraud functions. The Committee also undertakes detailed review of the Trust's Annual Report and Accounts, is the Trust's Auditor Panel (in accordance with Schedule 4, Paragraph 1, of the Local Audit and Accountability Act 2014). The Committee is chaired by a Non-Executive Director, and meets five times each year (including a specific meeting to review the Annual Report and Accounts prior to the Trust Board being asked to approve these). All other Non-Executives Directors (apart from the Chair of the Trust Board) are members.
- ▶ The Charitable Funds Committee. This aims to ensure that the Maidstone and Tunbridge Wells NHS Trust Charitable Fund is managed efficiently and effectively in accordance with the directions of the Charity Commission, relevant NHS legislation and the wishes of donors, which includes reviewing, and agreeing the Charitable Fund Annual Report and financial accounts, for approval by the Trust Board. The Committee is chaired by a Non-Executive Director, and usually meets three times per year, although it met five times during 2021/22.
- ▶ The Finance and Performance Committee. This aims to provide the Trust Board with: assurance on the effectiveness of financial management, treasury management, investment and capital expenditure and financial governance; an objective assessment of the financial position and standing of the Trust; and advice and recommendations on all key issues of financial management and financial performance. In addition, the Committee receives assurance on informatics (including Information Technology) strategies and plans, and on plans and proposals for major development and investment in Information Technology. The Committee is chaired by a Non-Executive Director, and meets monthly.
- ▶ The Patient Experience Committee. This considers the effectiveness of the Trust's progress in utilising the learning from patient and service users experience of Trust services in order to improve, and identify the level of inclusion achieved for patients and service users by Trust operations. The Committee is chaired by a Non-Executive Director, and meets quarterly. In addition to Trust staff, its membership includes representatives from the Trust's catchment area, Healthwatch Kent, and from Leagues of Friends of Maidstone and Tunbridge Wells Hospitals.
- ▶ The People and Organisational Development Committee. This provides assurance to the Board in the areas of people development, planning, performance and employee engagement; and works to assure the Trust Board that the Trust has the necessary strategies, policies and procedures in place to ensure a high performing and motivated workforce that supports success. The Committee is chaired by a Non-Executive Director and meets monthly.
- ▶ The Quality Committee. This aims to seek and obtain assurance on the effectiveness of the Trust's structures, systems and processes to enable delivery of the Trust's objectives relating to quality of care. The Committee is chaired by a Non-Executive Director and meets monthly. On alternate months, the Committee meets in the form of a 'deep dive', with a reduced membership, to enable a small number of subjects to be scrutinised in greater detail.
- ▶ The Remuneration and Appointments Committee. This reviews, on behalf of the Trust Board, the appointment of members of the Executive Team, to ensure such appointments have been undertaken in accordance with Trust Policies. It also reviews the remuneration, allowances and terms of service of such staff; reviews (with the Chief Executive) the performance of members of the Executive Team; oversees

appropriate contractual arrangements for such staff (including the proper calculation and scrutiny of termination payments, taking account of such national guidance, as appropriate); and considers and approves, on behalf of the Trust Board, proposals on issues which represent significant change. The Committee is chaired by the Chair of the Trust Board, and meets on an ad-hoc basis (although it met three times during 2021/22).

Although not a Trust Board sub-committee, the ETM enables key clinical and managerial issues to be discussed, debated, developed, scrutinised, monitored and agreed and/or approved. The ETM meets every week, is chaired by the Chief Executive and its membership comprises all members of the Executive Team, the five Divisional Chiefs of Service, the Deputy Medical Director and the Director of Estates. The ETM is authorised to make decisions on any matter that is not reserved for the Trust Board or its sub-committees.

The TME, which meets quarterly, supports the delivery of robust risk management policies and processes and the identification and addressing of all key risk issues. The meeting is chaired by the Chief Executive and its membership comprises circa 50 senior clinical and managerial leaders from across the Trust.

In addition to the above committees, there are a range of other forums, structures and processes in place to oversee and manage any issues relevant to particular aspects of risk and governance. In this respect, the Trust has, for example, an Infection Prevention and Control Committee; a Health and Safety Committee; a Drugs, Therapeutics and Medicines Management Committee; an Information Governance Committee; and a Joint Safeguarding Committee.

Significant internal control issues

The following significant internal control issues¹⁶ have been identified in 2020/21:

1. Four "Never Events" were declared at the Trust in 2021/22. These related to a wrong side nerve block in theatres; a mis-placed nasogastric (NG) tube within Medicine and Emergency Care; a retained swab following a caesarean section in the delivery theatres; and a retained guide wire in surgery / Intensive Care Unit (ICU). The incidents were subject to scrutiny through the SI investigation process, and the Quality Committee, to aim to ensure that lessons were learnt to prevent recurrence.
2. In December 2021, HM Coroner issued the Trust with a Regulation 28 ("Report to Prevent Future Deaths") report, following the Inquest into the death (in October 2021) of one of the Trust's patients. HM Coroner identified some factors that they regarded as a "gross failure to provide basic medical care that would have prolonged but probably would not have saved [the patient's] life". The Trust duly wrote to HM Coroner in January 2021 to explain the actions that had been taken, and would be taken in the future, to learn from the incident, and prevent it from recurring.

¹⁶ The Trust considered the following criteria when identifying if any significant internal control issues had occurred during 2021/22: Might the issue prejudice achievement of priorities? Could the issue undermine the integrity or reputation of the NHS? What view does the Audit and Governance Committee take on this point? What advice has internal or external audit given? Could delivery of the standards expected of the Accountable Officer be at risk? Has the issue made it harder to resist fraud or other misuse of resources? Did the issue divert resources from another significant aspect of the business? Could the issue have a material impact on the accounts? Might national or data security or integrity be put at risk?

3. On 15/12/20, Kent Police notified the Trust of their inquiries relating to a former Trust/Interserve/Mitie employee, David Fuller, committing offences under the Sexual Offences Act 2003 in the mortuary at Tunbridge Wells Hospital. Fuller subsequently pleaded guilty, on 08/10/21, to a range of offences against 78 identified deceased persons within the mortuaries at Tunbridge Wells Hospital and the now-closed Kent and Sussex Hospital. Fuller's mortuary-related offences were made public on 01/11/21 and on 08/11/21, in an Oral Statement to Parliament, the Secretary of State for Health and Social Care announced an independent inquiry into the issues raised by the actions of David Fuller. That Inquiry was formally launched on 18/01/22, and its Terms of Reference were published on 23/02/22. The Trust is cooperating fully with the Inquiry, and although a range of actions have been taken in response to Fuller's criminal activity, the Trust will respond to the Inquiry's findings once published.

Conclusion

The Trust has maintained a sound system of internal control during 2021/22, and has identified only three significant internal control issues during the year. These are described above, in the body of the Annual Governance Statement.

Sign here

Miles Scott, Chief Executive

16th June 2022

Accountability Report for 2021-2022: Remuneration and staff report



Our staff

NHS national staff survey

Our aim is to provide high quality compassionate care for our patients that is underpinned by providing high quality compassionate care for our staff. The NHS National Staff Survey, our culture work and our climate surveys are important methods for us to hear the views of our staff. The thoughts, experiences and opinions of everyone across the organisation are vital in gauging how well we are providing the care and support needed to our staff to progress us on our journey to becoming the best place to work.



Making sure our staff are happy and healthy at work is a top priority for the Trust and we're delighted that our latest NHS Staff Survey results reflect this.

Our 2021 NHS National staff survey saw 52% of staff sharing their views with us (3385 staff). With the national average response rate for acute Trusts being 46% and with the continuing challenges of Covid, we're really pleased to see that more staff are happy with the standard of care provided and would be happy for friends and family to be cared for by our teams. Our levels of staff engagement and morale scored higher than the national average for other acute trusts too.

But our highest score compared to the national average was achieved under the theme 'We are always learning', showing that we have a strong learning ethos with staff feeling they have opportunities to develop their careers and improve their knowledge and skills, and felt supported to develop their potential.

We know there is still more work to do to sustain these improvements and address the areas that we need to focus on and improve. These include how we recognise and reward staff, involve staff in making decisions about work and people's experience of compassion at work. Work is already underway in some of these areas with the development of our Exceptional Leaders programme which focuses on compassionate and inclusive leadership, and a programme of work to deliver our inclusion and diversity strategy.

The full staff survey results are available at: <http://www.nhsstaffsurveyresults.com/>

Employee benefits

The details within this section relating to staff benefits, analysed by staff grouping, are included in accordance with section 411 of the Companies Act 2006.

Staff numbers and costs (subject to audit)

Average ¹⁷ staff numbers	Permanently employed (WTE) ¹⁸	Other (WTE)	Permanently employed (expenditure) (£000s)	Other (expenditure) (£000s)
Medical and dental	890	78	97,924	11,055
Ambulance staff	9	0	571	0
Administration and estates	1213	46	47,145	3,451
Healthcare assistants and other support staff	1907	4	56,072	285
Nursing, midwifery and health visiting staff	1788	125	91,709	7,816
Nursing, midwifery and health visiting learners	0	0	0	0
Scientific, therapeutic and technical staff	571	30	30,182	2,157
Healthcare Science Staff	215	0	11,647	19
Social Care Staff	0	0	0	0
Other	0	0	0	0
Apprenticeship levy	0	0	1,418	0
Employers Pension Contribution 6.3%	0	0	13,854	0
Total	6593	283	350,523	24,783
Staff engaged on capital projects (excluded from above)	1	0	117	1

The permanently employed staff costs are further analysed into their component elements in the table below:

The analysis of staff costs by main elements of costs:

Analysis of staff costs	2021/22 Permanently employed (£000s)	2020/21 Permanently employed (£000s)
Salaries and wages	273,407	255,636
Social security costs	30,126	26,419
Apprenticeship levy	1,418	1,277
Pension cost - employer contributions to NHS pension scheme	31,738	29,422
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	13,854	12,824
Pension cost - other*	98	76
Total	375,424	325,654

Exit packages (subject to audit)

The figures disclosed below relate to exit packages agreed in the year. The actual date of departure might be in a subsequent period, and the expense in relation to the departure costs may have been accrued in a previous period. The data here is therefore presented on a different basis to other staff cost and expenditure notes in the accounts.

¹⁷ The average number of employees is calculated as the whole time equivalent number of employees under contract of service in each week in the financial year, divided by the number of weeks in the financial year.

¹⁸ This excludes any staff on unpaid leave (and therefore does not equate to the WTE reported within the Sustainability Report)

Exit package cost band (including any special payment element)	*Number of compulsory redundancies	*Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Whole numbers only	£5	Whole numbers only	£0005	Whole numbers only	£0005	Whole numbers only	£5
Less than £10,000	None	0	20	60	20	60	None	0
£10,000 - £25,000	None	0	3	44	3	44	None	0
£25,001 - £50,000	None	0	0	0	None	0	None	0
£50,001 - £100,000	None	0	0	0	None	0	None	0
£100,001 - £150,000	None	0	0	0	None	0	None	0
£150,001 - £200,000	None	0	0	0	None	0	None	0
>£200,000	None	0	0	0	None	0	None	0
Total	None	0	23	104	23	104	None	0

Exit packages – disclosures (excluding compulsory redundancies)	Number of exit package agreements	Total Value of agreements	Number of exit package agreements	Total Value of agreements
	2021/22	(£0005)	2020/21	(£0005)
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	23	104	16	65
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non contractual payments requiring HMT approval *	0	0	0	0
Total	23	104	16	65
Non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

Note * this includes any non-contractual severance payment following judicial mediation and amounts relating to non-contractual payments in lieu of notice.

Staff engagement and consultation (understanding and learning from the views of staff)

The Trust meets formally on a regular basis with local Trade Union representatives, via the Joint Consultative Forum (JCF) and Joint Medical Consultative Committee (JMCC), to discuss key issues and agree relevant employment policies and procedures. Staff are formally consulted when organisational or other work changes are proposed and have the opportunity to comment and input into proposed changes.

Information is cascaded to all staff through a monthly “Team Brief” meeting which is led by the Chief Executive and is undertaken virtually. A weekly Chief Executive’s update and “MTW News” newsletter are also issued to all staff via email, enabling messaging on matters of note. In addition, key news items are communicated daily via the Pulse – an electronic communication sent to each staff member via email.

The Trust’s Freedom to Speak Up Guardian (FTSUG) submitted reports to the Trust Board each quarter during 2021/22. The FTSUG aims to ensure that patients are cared for in a safe way and that staff are able to raise

concerns that they feel are not being heard or are unable to raise with management. It is also the Guardian's role to listen in confidence, note concerns and raise issues through the appropriate channels.

Exceptional People, Outstanding Care programme

The Trust launched its Exceptional People Outstanding Care cultural and leadership programme during 2021. The programme recognises the importance of culture and leadership in an organisation's success.

The programme, built on a foundation of compassionate leadership and coaching, emphasises staff wellbeing. This is key to supporting our staff as we continue to adjust to providing acute care in an environment where we are adapting to live with COVID-19.

Initially delayed due to the COVID-19 pandemic, the programme launched in June 2021 and the third cohort of leaders are currently going through the programme in Spring 2022. Evaluation of the programme is underway.



The next phase of leadership development is in design. This will evolve the rollout of leadership development to all people leaders in the Trust and is designed in three phases. It aims to launch in September 2022, aligned to the ambitions of the Trust's People and Culture Strategy 2022.

Education and Development

The Trust is committed to the ongoing development of its staff. There is an Academic Centre on both sites, including the newly built centre at Tunbridge Wells Hospital, providing a dedicated teaching space and library for all staff to utilise.

By working with colleagues in Equality, Diversity and Inclusion, Wellbeing, Occupational Health, Organisational Development, Medical Education, Nursing, Allied Health Professionals and many others we have been able to develop opportunities for students and staff, enabling them to support the Trust to develop as a clinically led organisation. Knowing that Trusts with a strong learning and educational ethos are safer, have better clinical outcomes, retain staff, and become an employer of choice for applicants, we are committed to continuing to create a supportive and engaging environment in which our staff can develop and grow.

There has been a significant amount of work focused on developing apprenticeship opportunities within the Trust. This has resulted in the Trust meeting and then exceeding the national 2.3% target for the first time and are currently at 2.73% with a 45/55 split between existing staff and new recruits respectively, following an apprenticeship development pathway. The Career Development team managing apprenticeships won an award in 2021 for Public Sector Employer for Apprenticeships in recognition of their ongoing work to provide apprenticeship opportunities for current staff as well as at the point of recruitment.

MTWLearning is a learning platform utilised by all staff to support their training needs - both online learning and the booking of face to face sessions. It has been significantly developed to meet the growing requirements of the Trust as well as supporting staff to access training, development and wellbeing opportunities. The annual appraisal has been enhanced in line with the Trust promoting regular wellbeing conversations between staff and managers and nurturing the development staff career aspirations.

As part of the journey for the Trust becoming a well led organisation there has been significant investment in the leadership development of senior staff within the organisation. Over 300 senior leaders have attended the MTW Exceptional Leaders training programme with many more scheduled. Following this success, there are plans in place to develop and create leadership programmes for all staff, at all levels so that we can continue to develop high quality leadership across the organisation.

Equal opportunities

We are committed to providing services and employment to our diverse community. To do this effectively it is essential that we promote equity, embrace diversity and treat all of our patients, relatives, staff and service users with civility, dignity and respect. This means that we treat people as individuals and ensure that everyone is given the opportunities they deserve by identifying barriers and removing them.



Celebrating the diversity of our workforce ensures that we have a representative, supported and well-led organisation where staff perform to their best ability within an environment that promotes civility, dignity and respect.

Black, Asian and Minority Ethnic (BAME) employees

Launched in March 2021 by the NHSE/I EDI team, the Six National Actions are set to focus the attention of NHS organisations on race disparity within the workforce. The focus on overhauling recruitment seeks to give form to the target set by Sir Simon Stevens in 2020 of achieving 19% BAME representation across all staff pay bands by 2025.

The work undertaken by MTW over the past year has set the foundations of success and created a platform to launch the Six National Actions.

We successfully delivered our first Reverse Mentoring programme which saw the whole Trust Board being mentored by BAME staff from a wide range of roles.

Eight staff from the BAME community at MTW entered the KMICS BAME mentoring programme in September 2021. Matched with mentors across the system, the focus for the individuals was on their career development.

We piloted an innovative de-biased recruitment process and trained 25 EDI Recruitment Representatives to support recruiting panels in understanding how to run de-biased shortlisting and interviews.

Our White Ally programme launched supporting the See ME First badge scheme; we have delivered training on race equality and developed an EDI module drawing on both our Trust data and the lived experiences of our BAME staff for our ongoing Exceptional Leaders programme.

In the coming year we plan to support our BAME staff further by:

- ▶ Introducing values based recruitment practices
- ▶ Implementing a robust and de-biased talent and succession planning process
- ▶ Providing resources to educate all staff on race equality

LGBT+ employees

Restrictions on events have continued to take their toll on this vibrant network but it didn't stop them launching the very first MTW Pride event in July. With members of the network and their allies, they visited all the main MTW sites with stands and goodie bags at each and a further 100 staff signed up to the NHS Rainbow Badge pledge.

Work continues with teams on developing inclusive environments for our staff and patients, ensuring that appropriate language is used in documentation and inclusive representation in our imagery. The maternity team are following in the footsteps of Brighton NHS Trust by implementing a Gender Inclusive toolkit that supports trans and non binary birthing people.

MTW have also been invited to join an extended pilot of the NHS Rainbow Badge Phase 2 assessment scheme. Over the coming months, we will be assessed on:

- ▶ How inclusive our HR policies are
- ▶ Training and confidence levels of our staff when providing care for LGBT+ patients and their carers
- ▶ Training and confidence levels of our staff when providing support for LGBT+ colleagues
- ▶ The inclusive behaviours of our staff towards patients
- ▶ How inclusive are services are
- ▶ How inclusive we are as an employer

Disabled employees

The DisAbility network has continued to grow in size and have held monthly meetings hosting activities related to disabilities open to the whole Trust including the support provided by Occupational Health with reasonable adjustments, introduction of the staff health passport and supporting staff with autism in the workplace.



Three peer support networks have launched from the DisAbility network including a carer's network, autism support group and chronic pain support group. The networks play active roles as subject matter experts to the Trust in developing services, developing our senior leadership training programmes and supporting campaigns such as Different Not Less, which focuses on our patients and colleagues with autism.

We have launched the Staff Health Passport which helps to guide conversations between staff and managers about health conditions and adjustments required; launched the Disability Leave policy providing staff with additional leave to support appointments connected to their long term health conditions and became the second NHS Trust in Kent to obtain Disability Confident Leader status demonstrating our commitment and leadership skills in:

- ▶ Actively attracting and recruiting disabled people
- ▶ Promoting a culture of being disability confident

Fair and inclusive recruitment

We are embarking upon a journey at the Trust that will see changes to the way we recruit to roles including Consultant grades by introducing EDI Recruitment Champions. These staff have been provided with the skills to identify bias within shortlisting and interview processes and given the confidence to challenge in a supportive manner to ensure that fairness and equity occurs within our recruitment processes.

Please note that the data for Trust Board Members is not included within the "Staff [head count]" data, to avoid double counting, even though 8 of the 17 Trust Board members are substantive members of staff.

Gender	Staff [head count]		Trust Board Members	
Male	1653 (1568)	23.8% (23.9%)	10 (9)	58.8% (52.9%)
Female	5298 (4983)	76.2% (76.1%)	7 (8)	41.2% (47.1%)
Grand total	6951 (6551)	-	17 (17)	-

Ethnic group	Staff [head count]		Trust Board Members	
A White – British	3960 (3928)	57.0% (60.0%)	14 (15)	82.4% (88.2%)
B White – Irish	53 (55)	0.8% (0.8%)	1 (1)	5.9% (5.9%)
C White - Any other White background	478 (476)	6.9% (7.3%)	0 (0)	0% (0%)
C2 White Northern Irish	1 (2)	> 0.1% (>0.1%)	0 (0)	0% (0%)
C3 White Unspecified	1 (1)	> 0.1% (> 0.1%)	0 (0)	0% (0%)
CA White English	1 (0)	> 0.1% (> 0.1%)	0 (0)	0% (0%)
CF White Greek	3 (3)	> 0.1% (> 0.1%)	0 (0)	0% (0%)
CK White Italian	1 (1)	> 0.1% (> 0.1%)	0 (0)	0% (0%)
CP White Polish	6 (8)	0.1% (0.1%)	0 (0)	0% (0%)
CU White Croatian	1 (1)	> 0.1% (> 0.1%)	0 (0)	0% (0%)
CX White Mixed	1 (0)	> 0.1% (0%)	0 (0)	0% (0%)
CY White Other European	14 (16)	0.2% (0.2%)	0 (0)	0% (0%)
D Mixed - White & Black Caribbean	17 (15)	0.2% (0.2%)	0 (0)	0% (0%)
E Mixed - White & Black African	21 (15)	0.3% (0.2%)	0 (0)	0% (0%)
F Mixed - White & Asian	38 (32)	0.5% (0.5%)	0 (0)	0% (0%)
G Mixed - Any other mixed background	43 (31)	0.6% (0.5%)	0 (0)	0% (0%)
GA Mixed - Black & Asian	1 (1)	> 0.1% (> 0.1%)	0 (0)	0% (0%)
GC Mixed - Black & White	1 (1)	> 0.1% (>0.1%)	0 (0)	0% (0%)
GD Mixed - Chinese & White	0 (0)	0% (0%)	0 (0)	0% (0%)
GE Mixed - Asian & Chinese	1 (1)	> 0.1% (> 0.1%)	0 (0)	0% (0%)
GF Mixed - Other/Unspecified	3 (1)	> 0.1% (> 0.1%)	0 (0)	0% (0%)
H Asian or Asian British - Indian	662 (594)	9.5% (9.1%)	1 (1)	5.9% (5.9%)
J Asian or Asian British - Pakistani	93 (67)	1.3% (1.0%)	0 (0)	0% (0%)
K Asian or Asian British - Bangladeshi	29 (22)	0.4% (0.3%)	0 (0)	0% (0%)
L Asian or Asian British - Any other Asian background	347 (328)	5.0% (5.0%)	0 (0)	0% (0%)
LA Asian Mixed	5 (5)	0.1% (0.1%)	0 (0)	0% (0%)
LB Asian Punjabi	0 (1)	0% (>0.1%)	0 (0)	0% (0%)
LE Asian Sri Lankan	1 (0)	> 0.1% (0%)	0 (0)	0% (0%)
LF Asian Tamil	2 (2)	> 0.1% (>0.1%)	0 (0)	0% (0%)
LH Asian British	2 (3)	> 0.1% (> 0.1%)	0 (0)	0% (0%)
LJ Asian Caribbean	2 (1)	> 0.1% (>0.1%)	0 (0)	0% (0%)
LK Asian Unspecified	4 (3)	0.1% (>0.1%)	0 (0)	0% (0%)
M Black or Black British - Caribbean	31 (25)	0.4% (0.4%)	1 (0)	5.9% (0%)
N Black or Black British - African	243 (197)	3.5% (3.0%)	0 (0)	0% (0%)
P Black or Black British - Any other Black background	20 (14)	0.3% (0.2%)	0 (0)	0% (0%)
PB Black Mixed	0 (0)	0% (0%)	0 (0)	0% (0%)
PC Black Nigerian	13 (9)	0.2% (0.1%)	0 (0)	0% (0%)
PD Black British	1 (4)	> 0.1% (0.1%)	0 (0)	0% (0%)
PE Black Unspecified	0 (1)	0% (>0.1%)	0 (0)	0% (0%)
R Chinese	47 (31)	0.7% (0.5%)	0 (0)	0% (0%)
S Any Other Ethnic Group	164 (149)	2.4% (2.3%)	0 (0)	0% (0%)
SA Vietnamese	0 (1)	0% (>0.1%)	0 (0)	0% (0%)
SB Japanese	4 (4)	0.1% (0.1%)	0 (0)	0% (0%)
SC Filipino	25 (18)	0.4% (0.3%)	0 (0)	0% (0%)
SD Malaysian	3 (2)	> 0.1% (>0.1%)	0 (0)	0% (0%)
SE Other Specified	4 (4)	0.1% (0.1%)	0 (0)	0% (0%)
Z Not Stated / Undeclared	604 (476)	8.7% (7.3%)	0 (1)	0% (0%)
Total	6951 (6551)	-	17 (17)	-

Age	Staff [head count]		Trust Board Members	
Less than or equal to 20 years	63 (55)	0.9% (0.8%)	0 (0)	0% (0%)
21 to 25	501 (472)	7.2% (7.2%)	0 (0)	0% (0%)
26 to 30	869 (810)	12.5% (12.4%)	0 (0)	0% (0%)
31 to 35	1006 (852)	14.5% (13.0%)	1 (1)	5.9% (5.9%)
36 to 40	767 (668)	11.0% (10.2%)	0 (1)	0% (5.9%)
41 to 45	821 (851)	11.8% (13.0%)	2 (2)	11.8% (11.8%)
46 to 50	941 (882)	13.5% (13.5%)	1 (2)	5.9% (11.8%)
51 to 55	840 (832)	12.1% (12.7%)	6 (3)	35.3% (17.6%)
56 to 60	670 (672)	9.6% (10.3%)	2 (2)	11.8% (11.8%)
61 to 65	366 (355)	5.4% (5.4%)	2 (3)	11.8% (17.6%)
66 to 70	76 (75)	1.1% (1.1%)	2 (2)	11.8% (11.8%)
71 years or over	31 (27)	0.4% (0.4%)	1 (1)	5.9% (5.9%)

Please note that the data for Trust Board Members is not included within the "Staff [head count]" data, to avoid double counting, even though 8 of the 17 Trust Board members are substantive members of staff.

Staff sickness absence

The staff sickness absence for 2021/22 is reported below:¹⁹

Figures converted by the Department of Health and Social Care (DHSC) to best estimates of required data items		Statistics produced by NHS Digital from Electronic Staff Record (ESR) Data Warehouse		
Average Full Time Equivalent (FTE) 2021	Adjusted FTE days lost to Cabinet Office definitions	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE ²⁰
6,007	56,640	9.4	2,192,610	91,883

N.B. This data is provided via the Department of Health and Social Care (DHSC) (as it is necessary to reconcile NHS Electronic Staff Record data with the 'Cabinet Office' data reported by central Government, to permit aggregation across the NHS)²¹. The sickness absence figures reported for 2021/22 are actually for the calendar year 2021 (i.e. January to December 2021). However, the DHSC considers the figures for the calendar year to be a reasonable proxy for the financial year. It should be noted that the reporting requirement was suspended for 2020/21 due to the COVID-19 pandemic, however information for the previous reporting period is available on the [NHS Digital website](#).



Health and Safety at Work

The Trust is committed to ensuring the health and safety of its employees, patients, visitors, volunteers, contractors and others affected by its activities. It aims to provide safe and healthy working conditions and seeks the support of staff in achieving this. The use of risk assessment to identify, assess and manage risk is key to health and safety management within the Trust. During the year:

- ▶ The number of non-patient safety incidents reported increased to pre-pandemic levels. There were 2447 in 2021/22 compared with 2147 in 2020/21, an increase of around 14%.

¹⁹ The Electronic Staff Record (ESR) does not hold details of the normal number of days worked by each employee. Data on days available and days recorded sick are based on a 365-day year.

²⁰ Average Annual Sick Days per FTE has been estimated by dividing the estimated number of FTE-days sick by the average FTE, and multiplying by 225 (the typical number of working days per year).

²¹ There may be inconsistencies between this data and the statutory basis for accounts, in terms of the organisation against which staff are reported for a particular month.

- ▶ There was a significant increase in incidents of violence and harassment against staff. The incidents are largely attributable to patients diagnosed with dementia or those suffering from a mental health crisis. Work is ongoing to mitigate the risk.
- ▶ A security audit was carried out and the findings are being evaluated and actioned. Body worn video has been rolled out and the Security team have been encouraged to report all incidents via Datix.
- ▶ At the end of March 2022, the number of reports to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 remained at 22 in 2021/22, the same number as in 2020/21. This does not include COVID-19-related occupational disease RIDDOR reports.
- ▶ The Trust stance on reporting COVID workplace disease RIDDOR has changed. The continued vaccination programme and change in Government guidelines for the general public outside of hospital settings decreased the likelihood of workplace versus community transmission and the ability to accurately attribute workplace acquired COVID infection. As a result the number of COVID RIDDOR reports decreased significantly.
- ▶ 2022/23 will see a significant increase in construction on both sites, including the student medical accommodation at Tunbridge Wells Hospital and the barn theatres at Maidstone Hospital. The Safety Team are consulted in all relevant matters involved with the construction process.
- ▶ Significant work is being carried to make sites safer for patients with mental health issues. The Safety Team will be leading on a workstream aimed at addressing the issue of the increase in patients presenting with mental health issues on both sites.
- ▶ A new health and safety audit tool is operational to streamline the health and safety inspection process. In addition, the Risk module in Datix is being developed to provide a more robust system for monitoring health and safety management compliance than the package currently in place.
- ▶ QR codes are to be placed in prominent locations around the sites to allow for quick and easy recording and reporting of safety concerns. This will be primarily aimed at members of the public and those who would not normally report using the Trust Datix incident reporting system.

“Senior Managers” remuneration

In accordance with Section 234b and Schedule 7a of the Companies Act, as required by NHS Bodies, this report includes details regarding “senior managers” remuneration. In the context of the NHS, this is defined as: “Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments”.

It is usually considered that the regular attendees of the entity’s Board meetings are its “Senior Managers”, and the Chief Executive has confirmed that the definition of “Senior Managers” only applies to Trust Board Members (refer to the ‘Directors’ Report’ for further details). With the exception of the Non-Executive Directors (whose remuneration is set by NHSI) all “Senior Managers” are on “Very Senior Manager” (VSM) contracts and salaries are agreed with each individual.

The Trust Board has established a Remuneration and Appointments Committee to advise and assist in meeting its responsibilities to ensure appropriate remuneration, allowances and terms of service for the Chief Executive, Directors and other key senior posts (refer to the Annual Governance Statement for 2021/22 for further details of the Remuneration and Appointments Committee).

The Chief Executive and Directors' remuneration is reviewed annually and decisions are based on market rates, national pay awards and performance. Reward is primarily through salary adjustment, although non-recurrent awards can be used to recognise exceptional achievements. Pay rates for Non-Executive Directors of the Trust are determined in accordance with national guidelines, as set by NHSI.

Remuneration for the Chair of the Trust Board is also set by NHSI.



The Directors are normally on permanent contracts and subject to a minimum of 6 months' notice period; the Chief Executive's notice period is six months. Contract, interim and seconded staff will all have termination clauses built into their letters of engagement, which will be broadly in line with the above. All Director contracts contain a 'Fit and Proper Person' clause stating that the post holder will be unable to continue as a Trust Board Member should they meet any of the criteria for being "unfit" within The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Termination arrangements are applied in accordance with statutory regulations as modified by Trust or National NHS conditions of service agreements, and the NHS pension scheme. The Remuneration and Appointments Committee will agree any severance arrangements following appropriate approval from NHSI and HM Treasury as appropriate. The figures included in the tables below show details of salaries, allowances, pension entitlements and any other remuneration of the Trust's 'Senior Managers' i.e. non-recurrent awards etc.

There are no staff sharing arrangements in place for any of the Trust's senior managers.

Salaries and allowances for the year ending 31st March 2021 (subject to audit)

Comparatives for the year ending 31st March 2020 are shown in brackets below the figure for 2020/21.

Name and title (alphabetical by surname) N.B. Dates of service are for the full 2021/22 year unless otherwise disclosed	(a) Salary (bands of £5,000)	(b) Taxable expense payments and other benefits in kind, to the nearest £100	(c) Annual performance- related pay and bonuses (bands of £5,000)	(d) Long-term performance- related pay and bonuses (bands of £5,000)	(f) All pension- related benefits (bands of £2,500)	(g) TOTAL (columns a - f) (bands of £5,000)	(h) Payments or compensation for loss of office
	£000	£ A	£000	£000	£000	£000	£000
Sean Briggs, Chief Operating Officer	145-150 (135-140)	0 (0)	N/A (N/A)	N/A (N/A)	55.0-57.5 (30-32.5)	200-205 (165-170)	N/A (N/A)
Maureen Choong, Non- Executive Director	10-15 (10-15)	0 (0)	N/A (N/A)	N/A (N/A)	0 (0)	10-15 (10-15)	N/A (N/A)
Karen Cox, Associate Non- Executive Director ±	0 (0)	0 (0)	N/A (N/A)	N/A (N/A)	0 (0)	0 (0)	N/A (N/A)
Gemma Craig, Acting Chief Nurse (between 26/06/21 – 22/07/21)	25-30 0	0 (0)	N/A (N/A)	N/A (N/A)	0 (0)	25-30 (0)	N/A (N/A)
Sarah Dunnett, Non- Executive Director (until 31/12/2021)	5-10 (10-15)	0 (0)	N/A (N/A)	N/A (N/A)	0 (0)	5-10 (10-15)	N/A (N/A)
Richard Finn, Associate Non-Executive Director	10-15 (10-15)	0 (0)	N/A (N/A)	N/A (N/A)	0 (0)	10-15 (10-15)	N/A (N/A)
Neil Griffiths, Associate Non-Executive Director	10-15 (10-15)	0 (0)	N/A (N/A)	N/A (N/A)	0 (0)	10-15 (10-15)	N/A (N/A)
Joanna Haworth, Chief Nurse (started 03/08/21)	85-90 (0)	0 (0)	N/A (N/A)	N/A (N/A)	130.0-132.5 (0)	220-225 (0)	N/A (N/A)
David Highton, Chair of the Trust Board	45-50 (35-40)	0 (0)	N/A (N/A)	N/A (N/A)	0 (0)	45-50 (35-40)	N/A (N/A)
Amanjit Jhund, Director of Strategy, Planning & Partnerships	115-120 (115-120)	0 (0)	N/A (N/A)	N/A (N/A)	27.5-30.0 (27.5-30.0)	140-145 (140-145)	N/A (N/A)
Peter Maskell, Medical Director Ψ	200-205 (200-205)	0 (0)	N/A (N/A)	N/A (N/A)	0 (20.0-22.5)	200-205 (225-230)	N/A (N/A)
David Morgan, Non- Executive Director	10-15 (10-15) ²²	0 (0)	N/A (N/A)	N/A (N/A)	0 (0)	10-15 (10-15)	N/A (N/A)
Sara Mumford, Director of Infection Prevention and Control Ψ	195-200 (195-200)	0 (0)	N/A (N/A)	N/A (N/A)	82.5-85.0 (75.0-77.5)	280-285 (270-275)	N/A (N/A)
Claire O'Brien, Chief Nurse μ (retired 25/06/21)	45-50 (130-135)	0 (0)	N/A (N/A)	N/A (N/A)	0 (12.5-15.0)	45-50 (145-150)	N/A (N/A)
Steve Orpin, Deputy Chief Executive / Chief Finance Officer	165-170 (155-160)	0 (0)	N/A (N/A)	N/A (N/A)	95.0-97.5 (32.5-35.0)	265-270 (190-195)	N/A (N/A)
Emma Pettitt-Mitchell, Non-Executive Director	10-15 (10-15)	0 (0)	N/A (N/A)	N/A (N/A)	0 (0)	10-15 (10-15)	N/A (N/A)
Miles Scott, Chief Executive	225-230 (225-230)	0 (0)	N/A (N/A)	N/A (N/A)	0 (0)	225-230 (225-230)	N/A (N/A)
Sue Steen, Chief People Officer (started 01/04/21)	140-145 (0)	0 (0)	N/A (N/A)	N/A (N/A)	152.5-155.0 (0)	290-295 (0)	N/A (N/A)
Jo Webber, Associate Non- Executive Director	10-15 (10-15) ²³	0 (0)	N/A (N/A)	N/A (N/A)	0 (0)	10-15 (10-15)	N/A (N/A)

Λ £ hundreds are used for taxable expense payments, and other benefits (column (b)). All other columns are in £ thousands

Ψ Drs Maskell and Mumford hold clinical roles in the Trust alongside their responsibilities as Senior Managers. In relation to Dr Maskell the nil value in the year for his pension relates to a salary sacrifice scheme being taken out within 2021/22 resulting in a small negative value.

± Karen Cox does not receive remuneration from the Trust

μ Claire O'Brien retired in June 2021 and took her pension, this results in a decrease between this years and the prior year

Pension benefits for the year ending 31st March 2021²⁴ (subject to audit)

Name and title ^Ψ (alphabetical by surname)	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 st March 2022 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 st March 2022 (bands of £5,000)	(e) Cash Equivalent Transfer Value ^Λ at 1 st April 2021	(f) Real increase in Cash Equivalent Transfer Value ^Σ	(g) Cash Equivalent Transfer Value ^Λ at 31 st March 2022	(h) Employee's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Sean Briggs, Chief Operating Officer	2.5-5.0	0	25-30	0	218	18	259	0
Gemma Craig, Acting Chief Nurse ± (between 26/06/21 – 22/07/21)	0	0-2.5	20-25	45-50	0	87	363	0
Joanna Haworth, Chief Nurse ± (started 03/08/21)	5.0-7.5	10-12.5	45-50	110-115	0	120	939	0
Amanjit Jhund, Director of Strategy, Planning & Partnerships	0-2.5	0	5.0-10.0	0	79	7	103	0
Peter Maskell, Medical Director	0-2.5	0	30-35	60-65	589	425	594	0
Sara Mumford, Director of Infection Prevention and Control	5.0-7.5	2.5-5.0	70-75	90-95	1108	85	1223	0
Claire O'Brien, Chief Nurse ^μ (retired 25/06/21)	0	0	55-60	165-170	1378	0	0	0
Steve Orpin, Deputy Chief Executive / Chief Finance Officer	2.5-5.0	10-12.5	65-70	140-145	1028	98	1140	0
Miles Scott, Chief Executive [¥]	0	0	0	0	0	0	0	0
Sue Steen, Chief People Officer ± (started 01/04/21)	7.5-10.0	0	5-10.0	0	0	97	117	0

- ^Ψ As Non-Executive Directors (and Associate Non-Executive Directors) do not receive pensionable remuneration; there are no entries in respect of pensions for Non-Executive Directors
- ^Λ A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with the Occupational Pension Schemes (Transfer Values) Regulations 2008. Please however note that the CETV values at 31/03/21 and 31/03/22 may have been calculated using different methodologies, and this may have impacted the "Real increase in Cash Equivalent Transfer Value" figure in the table
- ^Σ Real Increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period
- [¥] Miles Scott did not make any contributions into the NHS Pension Scheme in 2021/22
- ^μ Claire O'Brien retired in June 2021 and took her pension, this results in no closing CETV value at 31st March 2022
- [±] Where new starters have joined throughout 2021-22 they will not have a CETV for the 1st April 2022 but will have a closing CETV value at 31st March 2022.

Please also note that the benefits and related CETVs do not allow for a potential adjustment arising from the McCloud judgement (a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design).

Fair pay disclosure (subject to audit)

The remuneration of the highest paid director has remained unchanged between years. The median pay of all other staff has increased due to pay awards and a greater proportion of expenditure being on agency staff. The table below shows the changes and analyses remuneration between salary and allowances and performance pay and bonus components.

²⁴ The Trust only makes contributions into the NHS pension scheme and the National Employment Savings Trust (NEST) scheme

Percentage change for the highest paid director:

2021-22	Percentage change for highest paid director	Percentage change for employees as a whole
Salary and allowances	0%	4.96%
Performance pay/bonuses	0%	0%

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The banded remuneration of the highest paid director in the financial year 2021/22 was £227,500 (2020/21 £227,500). The relationship to the remuneration of the organisation's workforce is disclosed in the pay ratio table below.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. The distinction between total remuneration and salary is performance related pay and bonuses. Bonuses and PRP were not paid to staff in the current year and therefore the figures are the same.

Pay Ratio's – highest paid director compared with organisation workforce at 25th, Median and 75th percentile:

Year	25th percentile total remuneration ratio	25th percentile salary ratio	Median total remuneration ratio	Median salary ratio	75th percentile total remuneration ratio	75th percentile salary ratio
2021-22	9.9 : 1	9.9 : 1	7.0 : 1	7.0 : 1	4.9 : 1	
2020-21	N/A	N/A	7.4 : 1	N/A	N/A	N/A

N/A items were not required for reporting in 2020/21

Annualised employee remuneration (including temporary staff):

2021-22 (£)	All employees £	Highest Paid Director £	Ratio
25 th Percentile	23,059	227,500	
Median (50 th) percentile	32,306	227,500	
75 th percentile	46,031	227,500	4.9

2020-21 (£)	All employees	Highest Paid Director	Ratio
Median (50 th) percentile	30,615	227,500	7.4

The ratio of the remuneration of the highest paid director to the median pay of all employees has reduced from 7.4 : 1 last year to 7.0 : 1 this year. The remuneration of the highest paid director has remained unchanged but the median pay of other staff increased due to a pay award and a greater proportion of expenditure being on agency staff.

In 2021/22, 0 (2020-21, 0) employees received remuneration in excess of the highest paid director. Remuneration (excluding the highest paid director) ranged from £13,909 to £225,459 (2020-21, £12,569 to £227,209).

Reporting relating to the review of tax arrangements of public sector appointees

As part of the Review of Tax arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23rd May 2012, the Trust in common with all public bodies, is required to publish information in relation to the number of 'off-payroll' arrangements meeting the specific criteria set by the Treasury.

Individuals that are 'on-payroll' are subject to Pay As You Earn (PAYE), with income tax and employee National Insurance Contributions (NICs) deducted by the Trust at source. Individuals engaged to provide services to the Trust but who do not have PAYE and NICs deducted at source are 'off-payroll'.



All off-payroll engagements as of 31st March 2022, for more than £245 per day and lasting for longer than six months

	Number
Number of existing engagements as of 31 st March 2022	6
Of which, the number that have existed...	
for less than one year at the time of reporting =	3
for between one and two years at the time of reporting =	1
for between two and three years at the time of reporting =	1
for between three and four years at the time of reporting =	0
for four or more years at the time of reporting =	1

All existing off-payroll engagements have at some point been subject to a risk based assessment, as to whether assurance was required that the individual is paying the right amount of tax. Where necessary, that assurance has been sought.

New off-payroll engagements between 1st April 2021 and 31st March 2022, for more than £245 per day that last longer than six months

	Number
Number of new engagements, or those that reached six months in duration, between 1 st April 2021 and 31 st March 2022	6
Of which...	
Number not subject to off-payroll legislation	0
Number subject to off-payroll legislation and determined as in-scope of IR35	0
Number subject to off-payroll legislation and determined as out of scope of IR35	6
Number of engagements reassessed for compliance or assurance purposes during the year	4
Number of engagements that saw a change to IR35 status following the consistency review	0

Off-payroll Board member / Senior Official engagements

Number of off-payroll engagements of Board members and/or senior officials with significant financial responsibility, during the year	0
Number of individuals that have been deemed "Board members and/or senior officers with significant financial responsibility", during the financial year. This figure includes both off-payroll and on-payroll engagements	20

Expenditure on consultancy staff

The Trust's internal expenditure on consultancy staff for 2021/22 was £3,135k, a decrease of £720k from previous financial year (£3,855k in 2020/21). This decrease related to IT development projects including Electronic Patient Records implementation reducing consultancy required.

Declaration

I confirm adherence to the reporting framework in respect of the Accountability Report.

Insert signature

Miles Scott, Chief Executive

Insert date

Accountability and audit report for 2021-2022:
Independent auditor's report to the directors
of Maidstone and Tunbridge Wells NHS Trust



Independent auditor's report to the Directors of Maidstone and Tunbridge Wells NHS Trust

Report on the Audit of the Financial Statements

To be supplied by External Audit

Insert signature

Paul Cuttle

Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor Crawley

16th June 2022

Glossary of NHS terms

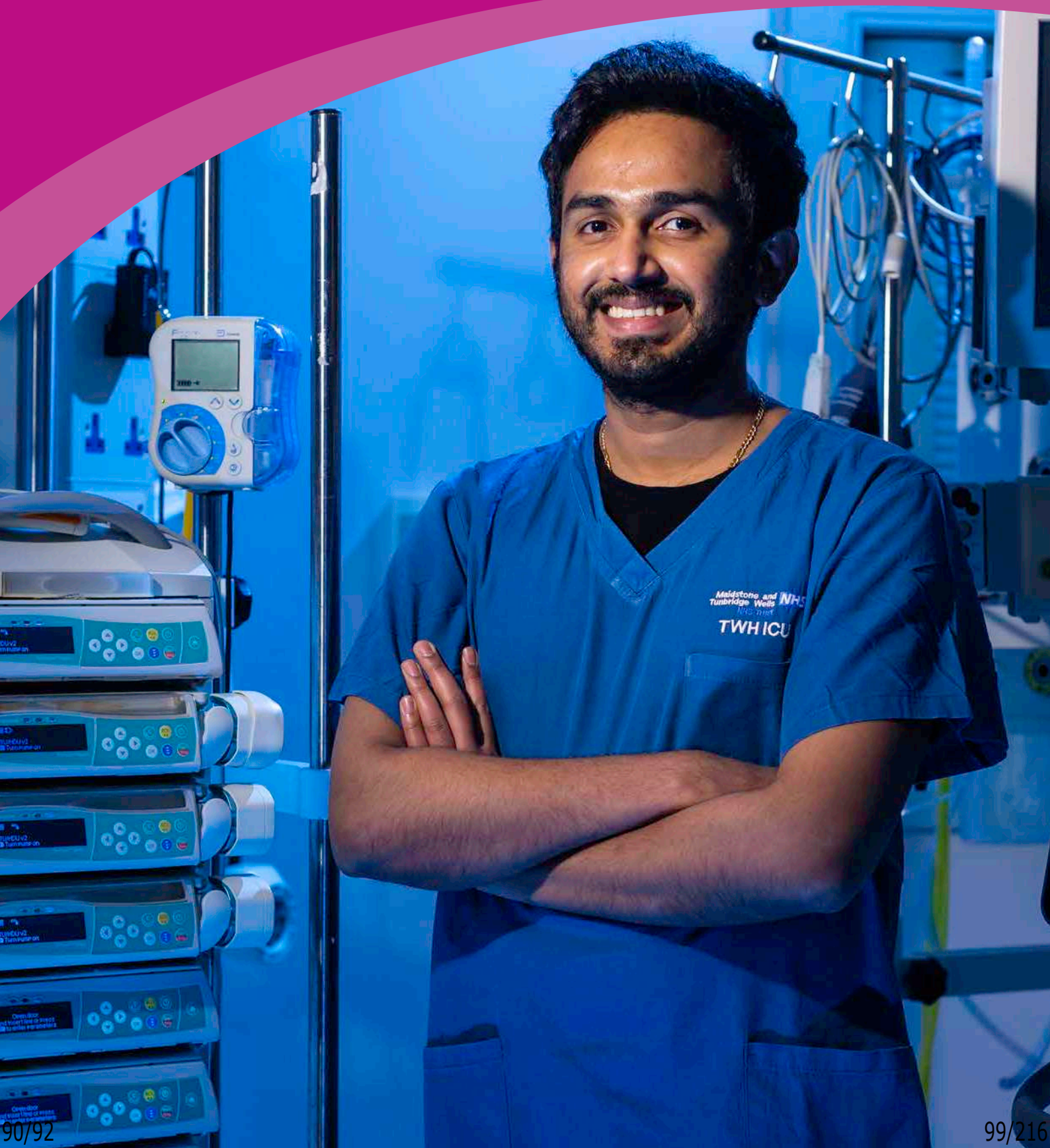
Term	Definition/explanation
Accident and Emergency (A&E)	Also referred to as Emergency Department (ED).
Acute Care	Acute care refers to the medical and surgical treatment provided by a hospital.
Acute Medical Unit (AMU)	An AMU is the first point of entry for patients referred to hospital as emergencies by their GP and those requiring admission from the Emergency Department.
Allied Health Professionals (AHPs)	AHPs is an umbrella term for therapists, chiropodists, dietitians, occupational therapists, orthoptists, paramedics, physiotherapists, prosthetists, psychologists, psychotherapists, radiographers, and speech and language therapists among others.
Ambulatory (Care)	A service where some conditions may be treated without the need for an overnight stay in hospital.
Acute Stroke Unit (ASU)	An acute neurological ward providing specialist services for people who have had a new suspected stroke.
Care Quality Commission (CQC)	A body that regulates all health & social care services in England. The CQC ensures the quality & safety of care in hospitals, dentists, ambulances, & care homes, and the care given in people's own homes. It is an executive non-departmental public body, sponsored by the Department of Health & Social Care.
Clinical Commissioning Group (CCG)	CCGs are clinically-led statutory NHS bodies, created following the Health and Social Care Act 2012, responsible for the planning and commissioning of health care services for their local area. CCGs are membership bodies, with local GP practices as the members.
Clinical Governance	Clinical Governance is the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence can flourish.
Commissioning	The process of planning, agreeing and monitoring services, ranging from the health-needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment.
Control total	A figure calculated by NHSI, on a Trust by Trust basis, which represents the minimum level of financial performance, against which the Trust's Board/ Governing Body and Chief Executives must deliver in 2021/22, and for which they will be held directly accountable.
Coronavirus disease	Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes.

Term	Definition/explanation
Cost Improvement Programme (CIP)	Sets out the savings that an NHS organisation plans to make to reduce its expenditure/increase efficiency. It is used to close the gap between the income received by the NHS body and expenditure incurred in any one year.
Commissioning for Quality and Innovation (CQUIN)	Introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care. The key aim of the CQUIN framework is to secure improvements in the quality of services and better outcomes for patients.
Datix	The Trust's incident reporting and risk management system.
Delayed Transfer of Care (DTC)	According to NHS England, a 'delayed transfer of care' occurs when an adult inpatient in hospital is ready to go home or move to a less acute stage of care but is prevented from doing so. Sometimes referred to in the media as 'bed-blocking', delayed transfers of care are a problem as they reduce the number of beds available to other patients who need them, as well as causing unnecessarily long stays in hospital for patients.
Duty of Candour	The Duty of Candour makes it a statutory obligation for all NHS England organisations to be open and transparent with patients, their families, and their carers about the causes of any unexpected harm that results from a person's treatment.
Elective treatment	Treatment that is not urgent and can be planned.
Electronic Patient Record (EPR)	An EPR is the systematised collection of patient and population electronically-stored health information in a digital format. These records can be shared across different health and care settings.
Emergency Department (ED)	Also known as Accident and Emergency (A&E).
Escalation	The term used to describe circumstances when clinical areas of the Trust, not ordinarily designated for non-elective inpatient care, are required to be used for that purpose due to non-elective demand.
Freedom of Information	The Freedom of Information Act 2000 is an Act of Parliament of the United Kingdom that creates a public "right of access" to information held by public authorities.
Friends and Family Test (FFT)	A feedback tool, launched in April 2013, that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience.
Getting It Right First Time (GIRFT)	A national programme, led by frontline clinicians and designed to improve the quality of care within the NHS by reducing unwarranted variations. GIRFT tackles variations in the way services are delivered across the NHS, and shares best practice between trusts, identifying changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings.

Term	Definition/explanation
Hyper Acute Stroke Unit (HASU)	A dedicated Stroke unit bringing experts and equipment under one roof to provide world class treatment 24 hours a day.
Integrated Care System (ICS)	ICSs brings together local organisations to redesign care and improve population health, creating shared leadership and action to deliver the 'triple integration' of primary and specialist care, physical and mental health services, and health with social care.
Inpatient	A person who stays in hospital for one or more nights.
Length of Stay (LOS)	The period of time a patient remains in hospital or other healthcare facility as an inpatient.
Marginal Rate Emergency Tariff (MRET)	An adjustment made to the amount a provider of emergency services is reimbursed to encourage health economies to redesign emergency services and manage patient demand for those services. A provider is paid a percentage of the national price for each patient admitted as an emergency over and above a set threshold.
NHS England (NHSE)	An executive non-departmental public body, sponsored by the Department of Health and Social Care, which leads the NHS in England. It sets the priorities and direction of the NHS and encourages and informs the national debate to improve health and care.
NHS Improvement (NHSI)	The body responsible for overseeing NHS Trusts, and independent providers that provide NHS-funded care. It supports providers to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.
Non-elective treatment	Treatment that is not planned, but requires admission to hospital
Outpatient	A person who goes to a hospital for treatment or assessment, but does not stay overnight.
Patient Advice and Liaison Service (PALS)	A service within an NHS Trust offering confidential advice, support and information on health-related matters. It provides a point of contact for patients, their families and their carers.
Pandemic	An epidemic that has spread over several countries/continents, usually affecting a large number of people.
Patient experience	A term used for individual and collective feedback. (1) Individual patient's feedback about their experiences of care or a service e.g. whether they understood the information they were given, their views on the cleanliness of the hospital where they were treated. (2) A combination of all the intelligence held about what patients experience in services, drawing on a range of sources including complaints, compliments, etc.
Patient flow	The course of patients between staff, departments and organisations along a pathway of care.
Patient pathway	The route that a patient will take from entry into a hospital or other healthcare setting until the patient leaves. A template pathway can be created for common services and operations (e.g. emergency care pathway).

Term	Definition/explanation
Public Sector Equality Duty	The public sector equality duty (PSED) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities.
Provider Sustainability Fund (PSF)	A fund held by NHS England and NHS Improvement that is available to providers when they have met their control total.
Referral to Treatment (RTT)	The waiting time calculated from the date the Trust receives a referral, to the date the patient either receives treatment or a decision is made that no treatment is required.
Ring-fenced beds	Beds allocated for a specific category of patient / treatment (e.g. Stroke or elective orthopaedic beds), not used for general medical patients when the hospital is busy.
Social Distancing	Measures taken to reduce person-to-person contact in a given community, with a goal to stop or slow down the spread of a contagious disease.
Serious Incident (SI)	Events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. SIs can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation's ability to deliver ongoing healthcare.
Sustainability and Transformation Partnership (STP)	STPs are 44 areas covering all of England, where local NHS organisations and councils have drawn up proposals to improve health and care in the areas they serve. STP can also stand for 'sustainability and transformation plan', plans drawn up in each of these areas setting out practical ways to improve NHS services and population health in every part of England. They aim to help meet a 'triple challenge' set out in the NHS Five Year Forward View – better health, transformed quality of care delivery, and sustainable finances.
Virtual Wards	Virtual Wards provide a community-based service using systems, processes and staffing similar to a hospital ward but without the physical building. Virtual Wards provide multi-disciplinary care to patients at high risk of unplanned hospital admission based on the forecasts of a predictive risk model. Using the staffing, systems and daily routines of a hospital ward with a social worker as a key member of the team, they deliver highly co-ordinated preventive care at home to people at high predicted risk.
Wellbeing	Wellbeing is broadly understood to be the state of being physically and mentally healthy and happy. Wellbeing also refers to how satisfied people feel with their lives as a whole, their sense of purpose, and how in control they feel about their lives, their employment and their social and professional relationships with others.

Financial statements: 2021-2022



Thank you for your support

A handwritten signature in blue ink, appearing to read 'Miles Scott'.

Miles Scott, Chief Executive

A handwritten signature in blue ink, appearing to read 'David Highton'.

David Highton, Chair of the Trust Board

The Trust receives support and well wishes from patients, carers, stakeholders, volunteers, and fundraisers.

This support is expressed in a varied number of ways, including compliments sent directly to the Trust; letters sent to the local media; comments posted on social media; participation in the Patient Experience Committee; attendance at Trust Board meetings and the Annual General Meeting and fundraising to buy much needed equipment, to name but a few. This support is highly valued by the Trust's staff and the Board - without this, the Trust's task would be far harder. Thank you all.

taking
p r i d e

Maidstone and Tunbridge Wells NHS Trust

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Our PRIDE values



**Changes to the Annual Accounts (and
Annual Report) for 2021/22**

**Chair of the Audit and Governance Committee
/ Deputy Chief Executive/Chief Finance Officer**

The items in the enclosed report have been amended, in agreement with the external auditors, since the Trust Board agenda and reports were issued on 10/06/22. This includes some associated items within the Annual Report.

Which Committees have reviewed the information prior to Board submission?

- Audit and Governance Committee, 16/06/22

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

To note the changes and approve the Annual Accounts (and Annual Report) for 2021/22

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

The following are additional changes made since the audit paper was written which have been agreed with the auditors:

Changes in presentation on the primary statements:

The Trust received £1.584m income from various organisations (including Health Education England, NHS England and Kent & Medway CCG) for specific services that would not be provided until 22/23. The counterparties did not provide the Trust with agreement to defer this income into 22/23. The Trust took the view that under IAS 37 the contract agreement was sufficient to create an obligating event at the year-end such that the Trust could recognise provisions for the corresponding expenditure that it was obligated to spend to provide the services. The auditors disagreed with this approach and following discussion the Trust has agreed to change the approach to defer the income and to reverse the expenditure provisions.

There is no net change to the Statement of Comprehensive Income (SoCI) nor to the overall Statement of Financial Position (Balance Sheet), although there are changes within the SoCI and SoFP at component line level. There are also changes to the relevant Notes.

Statement of Comprehensive Income (page 1)

£000's	From	To	Variance
Other operating income	44,543	43,036	(1,507)
Other operating expenses	(592,945)	(591,438)	1,507

Statement of Financial Position (Page 2):

The Trust has agreed to reverse the provisions and move the income to deferred

£000's	From	To	Variance
Provisions	(7,287)	(5,703)	(1,584)
Deferred Income	(2,063)	(3,647)	1,584

Note: one set of provisions was netted off against income but has been corrected in unwinding the transactions.

Statement of Cashflows (page 5)

£000's	From	To	Variance	Reason
Increase / (decrease) in payables	3,667	5,251	1,584	Recode of income to deferred income.
Increase in provisions	4,687	3,103	(1,584)	Recode of income to deferred income.

Other notes that the Income/expenditure and provisions to deferred income has affected are:

Note 4 – Other operating income:

	From	To	Variance
Education & Training	13,254	12,522	(732)
Non-patient care services to other bodies	17,185	16,410	(775)
			(1,507)

Note 6.1 – Operating expenses:

	From	To	Variance
Staff and executive Directors (also note 8)	375,306	374,642	664
Supplies and services clinical	46,185	46,171	14
Premises	24,894	24,879	15
Education and Training	3,357	2,949	408
Other	2,935	2,529	406
			1,507

Note 22 – Other Liabilities:	From	To	Variance
Deferred income	2,063	3,647	1,584
Note 25 – Provisions:	From	To	Variance
Other – arising in year	1,823	239	(1,584)

Other changes made are as follows:

Statement of Cashflows (page 5)

During 21/22 Kent & Medway CCG “netted” down income that they paid to the Trust to deduct the 20/21 SLA overpayment of £7.5m. The Trust has agreed to gross up the receivables and payables in the cash flow.

£000's	From	To	Variance
Increase in receivables	(12,668)	(20,242)	(7,574)
Increase / (decrease) in payables	(3,907)	3,667	7,574

Disclosure notes amended:

Page 18 - note 1.26 amended values in additional finance costs on lease liabilities from £848k to £797k.

Annual Report Changes

Page 78 – Pension benefits for the year ending 31st March 2022, the date has been updated from 2021 to 2022.

Page 78 – Peter Maskell “Real increase in cash equivalent transfer value” has been amended from £474k value to zero, following an additional review with the auditors.

Page 23 onwards – updated table of SoCI performance for 21/22 reflecting the deferral of income/reversal of expenditure provision adjustment together with the associated commentary.

[end of report]

Trust Board meeting – 16th June 2022

To approve the Annual Accounts, 2021/22

Chair of the Audit and Governance Committee

The Annual Accounts for 2021/22 are enclosed.

The Accounts, along with the External Auditors' findings, will be reviewed in detail at the Audit and Governance Committee on 16th June 2022.

The Audit and Governance Committee will be asked to recommend that the Trust Board approves the Accounts, and a verbal update on the outcome of the Committee's review will be given at the Trust Board meeting.

Once approved, the Accounts will be signed, and submitted to the External Auditors for their opinion, the Trust will then submit via the NHSI portal and also post the original set to NHSI by noon Tuesday 22nd June 2022.

Which Committees have reviewed the information prior to Trust Board submission?

- Audit and Governance Committee, 16/05/22 (pre-audit draft)
- Audit and Governance Committee, 26/06/22

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

To review and approve the Annual Accounts for 2021/22

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

Annual accounts for the year ended 31 March 2022

Statement of Comprehensive Income

		2021/22	2020/21
	Note	£000	£000
Operating income from patient care activities	3	580,855	496,048
Other operating income	4	44,543	68,148
Operating expenses	6, 8	-592,945	-550,300
Operating surplus from continuing operations		32,453	13,896
Finance income	11	18	9
Finance expenses	12	-14,528	-14,694
PDC dividends payable		-3,369	-1,285
Net finance costs		-17,879	-15,970
Other gains / (losses)	13	-37	16
Surplus / (deficit) for the year from continuing operations		14,537	-2,058
Surplus / (deficit) for the year		14,537	-2,058

Other comprehensive income

Will not be reclassified to income and expenditure as taken to the Revaluation Reserve:

Impairments	7	12,345	-2,778
Revaluations	17	4,842	1,930
Total comprehensive income / (expense) for the period		31,724	-2,906

Note - Adjusted financial performance (control total basis):

The Trust's surplus for 2021/22 was £14.5m. NHS England and Improvement excludes the impact of certain transactions - impairments, revaluations, capital grants and the net impact of "push stock" received from DHSC bodies - for the purpose of measuring NHS Trust's financial performance. After adjusting for these transactions, the Trust's adjusted financial performance surplus for the year is £0.2m as shown in the table below. The table does not form part of the Statement of Comprehensive Income and represents a note to the accounts.

Adjusted financial performance (control total basis):

Surplus / (deficit) for the period	14,537	-2,058
Remove net impairments not scoring to the Departmental expenditure limit	-16,051	4,699
Remove I&E impact of capital grants and donations	268	-730
Remove net impact of inventories received from DHSC group bodies for COVID response	1,477	-1,581
Adjusted financial performance surplus	231	330

Statement of Financial Position

		31 March 2022	31 March 2021
	Note	£000	£000
Non-current assets			
Intangible assets	14	11,332	10,658
Property, plant and equipment	15	339,794	298,452
Receivables	19	2,891	2,816
Total non-current assets		354,017	311,926
Current assets			
Inventories	18	9,158	9,988
Receivables	19	28,670	16,812
Cash and cash equivalents	20	11,838	26,221
Total current assets		49,666	53,021
Current liabilities			
Trade and other payables	21	-45,734	-48,934
Borrowings	23	-7,132	-6,830
Other financial liabilities	24	0	0
Provisions	25	-7,287	-3,226
Other liabilities	22	-2,063	-2,454
Total current liabilities		-62,216	-61,444
Total assets less current liabilities		341,467	303,503
Non-current liabilities			
Borrowings	23	-176,111	-183,152
Provisions	25	-2,421	-1,800
Total non-current liabilities		-178,532	-184,952
Total assets employed		162,935	118,551
Financed by			
Public dividend capital		274,005	261,345
Revaluation reserve		46,246	29,170
Income and expenditure reserve		-157,316	-171,964
Total taxpayers' equity		162,935	118,551

The notes on pages 6 to 49 form part of these accounts.

Name

Position

Date

Chief Executive Officer
16th June 2022

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2021 - brought forward	261,345	29,170	-171,964	118,551
Surplus for the year	0	0	14,537	14,537
Other transfers between reserves	0	-111	111	0
Impairments	0	12,345	0	12,345
Revaluations	0	4,842	0	4,842
Public dividend capital received	12,660	0	0	12,660
Taxpayers' and others' equity at 31 March 2022	274,005	46,246	-157,316	162,935

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2020 - brought forward	216,405	30,139	-170,027	76,517
(Deficit) for the year	0	0	-2,058	-2,058
Impairments	0	-2,778	0	-2,778
Revaluations	0	1,930	0	1,930
Transfer to retained earnings on disposal of assets	0	-121	121	0
Public dividend capital received	44,940	0	0	44,940
Taxpayers' and others' equity at 31 March 2021	261,345	29,170	-171,964	118,551

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

		2021/22	2020/21
	Note	£000	£000
Cash flows from operating activities			
Operating surplus		32,453	13,896
Non-cash income and expense:			
Depreciation and amortisation	6.1	17,777	13,828
Net impairments	7	-16,051	4,699
Income recognised in respect of capital donations	4	-377	-1,392
(Increase) / decrease in receivables and other assets		-12,668	19,286
(Increase) / decrease in inventories		830	-1,095
Increase / (decrease) in payables and other liabilities		-3,907	7,208
Increase / (decrease) in provisions		4,687	1,624
Net cash flows from / (used in) operating activities		22,744	58,054
Cash flows from investing activities			
Interest received		18	9
Purchase of intangible assets		-3,004	-3,160
Purchase of PPE and investment property		-24,241	-27,636
Sales of PPE and investment property		42	16
Receipt of cash donations to purchase assets		290	251
Net cash flows from / (used in) investing activities		-26,895	-30,520
Cash flows from financing activities			
Public dividend capital received		12,660	44,940
Public dividend capital repaid		0	0
Movement on loans from DHSC		-974	-27,696
Movement on other loans		-361	-351
Capital element of PFI, LIFT and other service concession payments		-5,402	-5,349
Interest on loans		-240	-342
Other interest		-4	-5
Interest paid on PFI, LIFT and other service concession obligations		-14,291	-14,407
PDC dividend (paid) / refunded		-1,620	-1,458
Net cash flows from / (used in) financing activities		-10,232	-4,668
Increase / (decrease) in cash and cash equivalents		-14,383	22,866
Cash and cash equivalents at 1 April - brought forward		26,221	3,355
Cash and cash equivalents at 31 March	20.1	11,838	26,221

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern.

Trust Management have assessed the Trust's ability to continue for the foreseeable future in the light of the GAM guidance. The Trust is planning to compile the 2021/22 accounts on a "going concern" basis following consideration of the following:-

- There has been no expectation raised in the public arena that healthcare services will not continue to be provided from the two hospital sites. There are no plans to dissolve the Trust or to cease services without transfer to any other NHS body.
 - National NHS Provider/Commissioner Planning guidance has been published by NHSE/I that outlines the process and framework for funding arrangements within which NHS Commissioners and Providers will operate during 2022/23.
 - The Trust submitted a draft 5 year capital plan to the ICS which manages the overall resource level within the patch with final plans expected to be submitted in April 2022.
 - The Trust is an active participant and fully engaged in financial planning with both ICS/ICB designate leads as well as locally within the West Kent Health and Care Partnership (HCP) locality.
 - The Trust will have signed contracts in place for the provision of healthcare services in 2022/23. The Trust contracts will be held with the local commissioning bodies for patient care in Kent & Medway, Sussex, Surrey Heartlands and South East London. In addition, regional contracts for Specialised Commissioning, Public Health and Health and Justice will be agreed, signed and effective from April 2022 with NHS England. The planned financial regime provides certainty for income and cash flows for the full financial year 2022/23.
 - The Trust has no working capital loans and is not anticipating requiring support in 2022/23.
 - The Trust does not consider that there are any material uncertainties to the going concern basis.
- For these reasons, the Trust will prepare its Accounts using the going concern basis in line with the GAM guidance.

Note 1.3 Interests in other entities

The Trust does not have interests in subsidiaries, associates, joint ventures or joint operations and the Trust does not consolidate its charitable funds on the basis that the value is not material

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 and 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements.

In 2021/22 the Trust received block funding from its main contracted commissioners, where funding envelopes were set nationally for all directly commissioned services and out of area commissioned services. Locally commissioned services were set at a local Integrated Care System level using national guidance. Block contract arrangements were set for individual NHS providers directly with the lead commissioners. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund has been accounted for as variable consideration.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Education Income

The Trust received income from Health Education England (HEE) for education and training of medical and non-medical trainees as well as other associated training support costs. Revenue is in respect of training provided and is recognised when performance obligations are satisfied when training has been performed. All performance obligations are undertaken within the financial year and is as agreed and invoiced to HEE, see note 4.

Non Patient care services to other bodies

The Trust supplies a range of staff and goods to a range of customers, and also rents out facilities. For these services, revenue is recognised as and when performance obligations are satisfied during the period covered by the recharge.

Note 1.6 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Interest revenue is accrued on a time basis, by reference to the principal outstanding and interest rate applicable.

Note 1.7 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

The Trust participates in the National Employees Savings Trust (NEST) scheme as an alternative to those employees who are not eligible to join the NHS Pension Scheme. This came into effect in July 2013 for this Trust as part of the auto enrolment requirements introduced by the Government. NEST is a defined contribution scheme with a phased employer contribution rate which was 3% for 2021/22, the rate remains at 3% from April 2022.

Note 1.8 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.9 Discontinued operations

The Trust does not have any discontinued operations.

Note 1.10 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives. In respect of buildings, the Trust has determined that it is appropriate to depreciate the component blocks of the two hospital sites separately, as this takes into consideration the age and condition of the asset components and their differing depreciation profile and follows the external valuation schedules. The individual elements (e.g. walls, floors, lifts, heating etc.) within these blocks are not deemed to be significant in relation to the block assets.

Subsequent expenditure:

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the current value at the date of revaluation less any impairment.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institution of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

The financial year 2021/22 is the second year following the five-year cyclical valuation period. In keeping with the Trust's policies, the Trust commissioned professional valuers, Montagu Evans LLP, to carry out a desk top valuation at 31st March 2022. The lead relationship partner from Montagu Evans LLP is qualified to BSc MRICS. The results are recorded in property, plant and equipment notes 15 and 17.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income. Any residual balance in the revaluation reserve in respect to an individual asset is transferred to the retained earnings reserve on disposal of the asset.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

The sale must be probable i.e.:

- Management are committed to a plan to sell the asset
- An active programme has begun to find a buyer and complete the sale
- The asset is being actively marketed at a reasonable price
- The sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
- The actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Note 1.11 Private Finance Initiative (PFI)

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with HM Treasury's *FReM*, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Service received

The fair value of services received in the year is recorded under the relevant expenditure within 'operating expenses' in the Statement of Comprehensive Income.

PFI Asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value or, if lower, at the present value of the minimum lease payments, in accordance with the principles of IAS 17. Subsequently, the assets are measured at current value in existing use, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

PFI Liability

A PFI liability is recognised at the same time as the PFI Assets are recognised. It is measured initially at the same amount as the initial value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Cost' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allowed as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the NHS Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term accrual or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the NHS Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the NHS Trust's Statement of Financial Position.

Other assets contributed by the NHS Trust to the operator

Assets contributed (e.g. cash payments, surplus property) by the NHS Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the NHS Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	Max life
	Years	Years
Buildings, excluding dwellings	5	60
Plant & machinery	2	15
Transport equipment	5	20
Information technology	3	10
Furniture & fittings	10	20

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.12 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits, e.g., the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Information technology	2	7
Software licences	3	5

Note 1.13 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

In 2020/21 and 2021/22, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.14 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.15 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

The Trust does not have any embedded derivatives that have different risks and characteristics to the host contracts; therefore the Trust does not have any financial assets/liabilities at fair value through profit and loss.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

The Trust has used historic data for the last two years to assess the expected credit loss rates that should be applied to trade debtor categories, taking into account the materiality of debtor classes. During 2020/21 the Trust re-assessed the ageing debt classes for the main categories of trade debtor and assessed their expected credit loss characteristics in the light of the current economic situation due to the C-19 pandemic. The Trust revised its assessment to provide for all main trade classes with debt balances over 60 days. The exception to this are Direct Debits where debtors are repaying in accordance to a repayment plan and therefore this is a zero credit loss assessment; overseas visitors and any companies in liquidation are provided in full as soon as the debt is recognised. For 2021/22 the Trust has continue to assess these categories and decided to retain the basis as 2020/21.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.16 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as a lessee**Finance leases**

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The Trust as a lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.17 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2022:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	0.47%	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.70%	0.18%
Long-term	After 10 years up to 40 years	0.95%	1.99%
Very long-term	Exceeding 40 years	0.66%	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2022:

	Inflation rate	Prior year rate
Year 1	4.00%	1.20%
Year 2	2.60%	1.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 1.30% in real terms (prior year: minus 0.95%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 25.1 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.18 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 26 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 26, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.19 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.20 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.21 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.22 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.23 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made through insurance cover had the Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.24 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2021/22.

Note 1.26 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The Trust's incremental borrowing rate will be defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	60,214
Additional lease obligations recognised for existing operating leases	-60,214
Changes to other statement of financial position line items	0
Net impact on net assets on 1 April 2022	0
 Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	-5,786
Additional finance costs on lease liabilities	-848
Lease rentals no longer charged to operating expenditure	0
Other impact on income / expenditure	0
Estimated impact on deficit in 2022/23	-6,634
 Estimated increase in capital additions for new leases commencing in 2022/23	25,941

From 1 April 2022, the principles of IFRS 16 will also be applied to the Trust's PFI liabilities where future payments are linked to a price index representing the rate of inflation. The PFI liability will be remeasured when a change in the index causes a change in future repayments and that change has taken effect in the cash flow. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred. This is expected to increase the PFI liability on the statement of financial position upon transition to IFRS 16. The effect of this has not yet been quantified.

Note 1.27 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements. For 2021/22 the Trust has identified the following critical judgements that are required to be disclosed under IAS 1 paragraph 122. All other material judgements within this financial year relate to estimations and are disclosed in the relevant notes:

Assets relating to Land and Buildings are subject to a desktop valuation as at 31st March 2022, complete on an "modern equivalent asset" basis. An exiting use value alternative is used which assumes the assets would be replaced with a modern equivalent, i.e. not a building of identical design - but with the same service provision as the existing assets which reflects the challenges healthcare providers face when utilising NHS Estate. Under the Trust's alternative modern equivalent asset valuation, the modern alternative hospitals are of the same service potential but on a smaller physical footprint to serve the catchment area of population.

The Trust's PFI contract at inception as meeting the IFRIC 12 principles as a service concession arrangement so that the Trust immediately recognised an infrastructure asset and a corresponding finance lease liability, under IAS 17. No change to the underlying contract has subsequently occurred to alter that judgement and the concession continues to be judged as and recognised as on-SOFP.

Note 1. Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Material areas including estimates within the 2021/22 accounts are as follows:

Property, Plant and Equipment valuation including PFI infrastructure assets; estimation of the valuation of Property and Land is based upon professional valuer methodologies for applying modern equivalent asset concepts to the estimation of depreciated replacement cost. This methodology assumes a modern asset equivalent (MEA) approach to valuation of Trust's specialised assets, with replacement buildings being of the same service potential. Inherent within the MEA valuation approach, using the depreciated replacement cost, is the Build Cost Information Service Indices (BCIS) input. The carrying value of build assets valued under DRC approach was £271.6m (part of the £285.2m land and buildings disclosed in note 15). The valuer uses the latest BCIS information closest to the date of valuation in valuing the Trust's specialised assets. Significant changes in the BCIS indices used valuations would result in a significantly lower or higher carrying value of building assets held by the Trust. For example a 10% decrease in percentage change in the building assets would result in a decrease in asset values by £27m over the next financial year with an estimated decrease to PDC of £0.5m.

Note 2 Operating Segments

Maidstone and Tunbridge Wells NHS Trust reports under a single segment of Healthcare. The Board of Directors, led by the Chief Executive, is the chief operating decision maker within the Trust. It is only at this level that the overall financial and operational performance of the Trust is measured.

The Trust has considered the possibility of reporting two segments, relating to Healthcare and Non Healthcare Income, but this does not reflect current Trust Board reporting practice which reports on both the aggregate Trust position and by Directorate. Each of the significant directorates are deemed to have similar economic characteristics under the Healthcare banner and can therefore be aggregated in accordance with the requirements of IFRS 8.

The Trusts income is predominantly from contracts for the provision of healthcare with Clinical Commissioning Groups and NHS England. This accounts for 91% of the Trust total income. Disclosure of all material transactions with related parties is included within note 34 to these financial statements. There are no other parties that account for more than 10% of total income.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	2021/22	2020/21
	£000	£000
Acute services		
Block contract / system envelope income	529,330	465,001
High cost drugs income from commissioners (excluding pass-through costs)	9,192	2,575
Other NHS clinical income	4,655	4,207
All services		
Private patient income	922	677
Elective recovery fund	15,602	0
Additional pension contribution central funding	13,854	12,824
Other clinical income	7,300	10,764
Total income from activities	580,855	496,048

The Elective Recovery Framework (ERF) was introduced in 2021/22 to help the NHS in the recovery programme for Elective care following the COVID-19 pandemic. The aim of the ERF fund was to give Systems access to additional financial support to allow delivery of significant reductions to the number of patients waiting for treatment in excess of 52 weeks.

The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Included within Other Clinical Income are Sexual Health contracts with Local Authorities, Overseas Patients, Injury Cost Recovery scheme and bowel screening service.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2021/22	2020/21
	£000	£000
NHS England	106,296	104,378
Clinical commissioning groups	462,901	382,002
Other NHS providers	3,436	3,442
NHS other	0	1
Local authorities	5,327	4,177
Non-NHS: private patients	922	677
Non-NHS: overseas patients (chargeable to patient)	400	189
Injury cost recovery scheme	707	326
Non NHS: other	866	856
Total income from activities	580,855	496,048
Of which:		
Related to continuing operations	580,855	496,048
Related to discontinued operations	0	0

The income movement in Clinical Commissioning Groups (CCG) income is partly a result of the increased funding given to the Trust to support the Covid-19 pandemic response but also funding to cover growth, inflationary pressures, Stroke reconfiguration, Independent Sector Provider use and additional top-up funds to cover the increased costs during the pandemic.

NHS injury cost recovery income is subject to a provision for impairment of receivables, previously the Trust has calculated this estimate using historical information for each main site. For 2021/22 the Trust was consistent with the prior year and has provided in full for all debt up to and including 2020/21 and debt relating to 2021/22 the Trust is using the DHSC given rate of 23.76% (2020/21 - 22.43%).

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2021/22	2020/21
	£000	£000
Income recognised this year	400	189
Cash payments received in-year	118	138
Amounts added to provision for impairment of receivables	281	217
Amounts written off in-year	337	11

Note 4 Other operating income

	2021/22			2020/21		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	1,734	0	1,734	1,347	0	1,347
Education and training	13,254	792	14,046	11,634	513	12,147
Non-patient care services to other bodies	17,185	0	17,185	14,189	0	14,189
Reimbursement and out of envelope top up funding	6,441	0	6,441	29,038	0	29,038
Receipt of capital grants and donations	0	377	377	0	1,392	1,392
Charitable and other contributions to expenditure	0	1,970	1,970	0	7,743	7,743
Rental revenue from operating leases	0	188	188	0	107	107
Other income	2,602	0	2,602	2,185	0	2,185
Total other operating income	41,216	3,327	44,543	58,393	9,755	68,148
Of which:						
Related to continuing operations			44,543			68,148
Related to discontinued operations			0			0

Reimbursement and out of envelope top up funding included within other operating income relates to swabbing, vaccination and rapid testing costs which are reimbursed through a separate regime to the base top up.

Within Charitable and other contributions to expenditure - In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021/22 the Trust received £1,970k of items purchased by DHSC (2020/21: £7,690k).

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2021/22	2020/21
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	0	0

Due to the change in finance regime for 2020-21 which continued throughout 2021-22; NHS Providers and Commissioners transact via block contract arrangements, the provider's entitlement to income does not vary based on the treatment of individual patients.

Note 5.2 Fees and charges

HM Treasury requires disclosure of fees and charges income. The following disclosure is of income from charges to service users where income from that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

	2021/22	2020/21
	£000	£000
Income	1,346	669
Full cost	-2,248	-2,334
Surplus / (deficit)	-902	-1,665

This income relates to Car Parking £0.89m and Catering £0.46m. The Trust under national guidance gave free car parking to all staff across the hospital sites. The Trust was unable to avoid the majority of the costs as they are fixed in nature.

Note 6.1 Operating expenses

	2021/22	2020/21
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	7,194	6,302
Purchase of healthcare from non-NHS and non-DHSC bodies	20,127	6,381
Staff and executive directors costs	375,306	342,645
Remuneration of non-executive directors	149	126
Supplies and services - clinical (excluding drugs costs)	46,185	45,234
Supplies and services - general	5,142	7,206
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	60,688	52,880
Inventories written down	0	673
Consultancy costs	3,135	3,855
Establishment	2,625	2,465
Premises	24,894	20,556
Transport (including patient travel)	2,599	1,994
Depreciation on property, plant and equipment	16,030	12,409
Amortisation on intangible assets	1,747	1,419
Net impairments	-16,051	4,699
Movement in credit loss allowance: contract receivables / contract assets	736	757
Increase/(decrease) in other provisions	0	0
Change in provisions discount rate(s)	22	184
Fees payable to the external auditor		
audit services- statutory audit	104	99
other auditor remuneration (external auditor only)	0	0
Internal audit costs	117	104
Clinical negligence	18,899	19,070
Legal fees	1,416	272
Insurance	1,836	539
Education and training	3,357	3,466
Rentals under operating leases	4,614	4,804
Redundancy	0	189
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	5,631	5,417
Car parking & security	3,147	2,131
Hospitality	16	0
Losses, ex gratia & special payments	45	585
Other services, e.g. external payroll	300	350
Other	2,935	3,489
Total	592,945	550,300
Of which:		
Related to continuing operations	592,945	550,300
Related to discontinued operations	0	0

Included within 2021-22 legal fees and insurance are provisions relating for a specific legal case, these were reported in losses and special payments for the prior year.

The movement within Purchase of healthcare from non-NHS and non-DHSC bodies relates to the use of independent sector for elective activity, Community Diagnostic Centre (CDC) MRI And CT capacity and Post Covid Assessment Service (PCAS).

Included within supplies and services - clinical are £3.4m (2020-21 £5.4m) of consumables donated from DHSC group bodies for Covid response.

Net impairments within note 6.1 above include reversals for 2021/22, please see note 7.

The audit fees included within Note 6.1 above are reported as the gross position, the value excluding VAT for 2021/22 is £86.6k (2020/21 £82.1k).

Note 6.2 Other auditor remuneration

The Trust has no other auditors remuneration

Note 6.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2 million (2020/21: £2 million).

Note 7 Impairment of assets

	2021/22 £000	2020/21 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	-16,051	4,699
Total net impairments charged to operating surplus / deficit	-16,051	4,699
Impairments charged to the revaluation reserve	-12,345	2,778
Total net impairments	-28,396	7,477

The Trust commissioned its independent professional valuers to undertake a desktop valuation as at the 31st March 2022 to support its assessment of year end property valuations. The result of the valuation has been a net increase in property values leading to a net reversal of previous impairments of £16m charged to the Income and Expenditure account. In addition an assessment of the current value in existing use has been undertaken for IT devices (PCs, Laptops and iPads) based on the valuation model used by the Trust, in accordance with the Trust's policy 1.9. For 2021/22 the assessment totalled £0.2m (2020-21 £1.3m). These two impairment entries make up the change in market price figure in note 7.

The net impairments charged to the revaluation reserve is an in-year impairment against the business reserve of £0.2m less reversal of previous balance sheet impairment (£12.6m).

Both the gross impairments and the reversals are disclosed in note 15.3.

Note 8 Employee benefits

	2021/22	2020/21
	Total	Total
	£000	£000
Salaries and wages	275,679	255,636
Social security costs	27,959	26,419
Apprenticeship levy	1,376	1,277
Employer's contributions to NHS pensions *	45,592	42,246
Pension cost - other	35	76
Temporary staff (including agency)	24,783	19,490
Total gross staff costs	375,424	345,144
Recoveries in respect of seconded staff	0	0
Total staff costs	375,424	345,144
Of which		
Costs capitalised as part of assets	118	2,310

Further information on staff benefits by category of staff, exit packages and staff sickness absence is reported in the remuneration and staff section of the Trust's annual report.

* The employer contribution rate for NHS pensions increased from 14.3% to 20.6% totalling £13.9m (£12.8m 2020/21 excluding administration charge) from 1st April 2020. For 2021-22, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on provider's behalf. The full cost and related funding have been recognised in these accounts.

Note 8.1 Retirements due to ill-health

During 2021/22 there were 3 early retirements from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is £109k (£12k in 2020/21).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>.

Included within the employee benefits note are employer contributions to NHS Pension scheme £45.6m (£42.2m 2020-21) and other pensions scheme which are NEST and 247 time NEST totalling £98k (£76k 2020-21).

The Trust participates in the National Employees Saving Trust (NEST) scheme as an alternative to those employees who are not eligible to join the NHS Pension Scheme. This came into effect in July 2013 for this Trust as part of the auto enrolment requirements introduced by the Government. NEST is a defined contribution scheme with a phase employer contribution rate of 3% for 2021-22 and remains at 3% for 2022-23. Trust contributions under the NEST scheme for the 2021-22 financial year totalled £35k (£23k 2020-21).

Note 10 Operating leases

Note 10.1 Maidstone And Tunbridge Wells NHS Trust as a lessor

This note discloses income generated in operating lease agreements where Maidstone And Tunbridge Wells NHS Trust is the lessor.

The Trust leases an element of land on the Maidstone Hospital site to a day nursery contractor and also receives income from various shops in the reception area of Maidstone Hospital.

	2021/22 £000	2020/21 £000
Operating lease revenue		
Minimum lease receipts	188	107
Total	188	107
	31 March 2022	31 March 2021
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	188	188
- later than one year and not later than five years;	703	751
- later than five years.	729	891
Total	1,620	1,830

Note 10.2 Maidstone And Tunbridge Wells NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Maidstone And Tunbridge Wells NHS Trust is the lessee.

The top five material leases are given in detail below:

Apogee - Lease of photocopiers and printers under a managed service arrangement, £657k (£657k 2020-21). The contract is expected to complete in March 2024.

MGIF - lease of Springwood Road staff accommodation. The Trust entered into an operating lease arrangement on the 29th March 2019 with MGIF including an initial leaseback of the existing staff residences whilst planning permission is sought by the landlord to redevelop the site, including the provision of new staff accommodation. The overarching lease is structured in different tiers, with the initial period phasing into a 40 year primary term lease on the new accommodation, structured into two interlinked lease periods, with an ultimate option for the Trust to acquire the property for fair value at the end of the arrangement. The current rent is £558.3k per annum; the rent for the new accommodation will be £960k per annum, subject to RPI uplifts annually, with a cap and collar arrangement. It is anticipated that the new accommodation will reach practical completion in June 2022. The Trust manages the tenancies with staff and receives the sublease rentals.

WGIF - lease of 32 High Street, Pembury for staff residences, rental of £240k per annum, subject to 5 yearly RPI reviews. The Trust entered into a 25 year operating lease on the 21st February 2019 expiring in February 2044, with a landlord only break clause in February 2033. The Trust manages the tenancies with staff and receives the sublease rentals.

MCH Ltd - operating lease of a modular Acute Medical Unit at Maidstone Hospital for an 8 year term that commenced on the 20th February 2020. The annual rental is a fixed at £993k.

MCH Ltd - two individual operating leases for single storey modular car parks, one at Maidstone Hospital and one at Tunbridge Wells Hospital. The arrangement for each lease is for seven years and commenced on the 31st March 2020. The annual rent for the Maidstone car park is £379k and for Tunbridge Wells is £313k. Both rental levels are fixed for the period.

	2021/22 £000	2020/21 £000
Operating lease expense		
Minimum lease payments	5,204	5,325
Contingent rents	0	0
Less sublease payments received	-590	-521
Total	4,614	4,804
	31 March 2022	31 March 2021
	£000	£000
Future minimum lease payments due:		
- not later than one year;	6,217	5,630
- later than one year and not later than five years;	20,396	16,082
- later than five years.	46,638	47,577
Total	73,251	69,289
Future minimum sublease payments to be received	-46,892	-44,027

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2021/22	2020/21
	£000	£000
Interest on bank accounts	18	9
Total finance income	18	9

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2021/22	2020/21
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	238	281
Interest on late payment of commercial debt	4	5
Main finance costs on PFI and LIFT schemes obligations	9,540	9,816
Contingent finance costs on PFI and LIFT scheme obligations	4,751	4,591
Total interest expense	14,533	14,693
Unwinding of discount on provisions	-5	1
Total finance costs	14,528	14,694

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2021/22	2020/21
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	4	5

Note 13 Other gains / (losses)

	2021/22	2020/21
	£000	£000
Gains on disposal of assets	42	16
Losses on disposal of assets	-79	0
Total gains / (losses) on disposal of assets	-37	16
Total other gains / (losses)	-37	16

All gains and losses on disposals of assets relates to disposals of Plant, Property and Equipment, primarily on medical equipment and vehicles

Note 14.1 Intangible assets - 2021/22

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2021 - brought forward	2,257	10,567	7,209	20,033
Additions	17	327	2,660	3,004
Reclassifications	108	6,519	-7,210	-583
Disposals / derecognition	-406	-3,384	0	-3,790
Valuation / gross cost at 31 March 2022	1,976	14,029	2,659	18,664
Amortisation at 1 April 2021 - brought forward	888	8,487	0	9,375
Provided during the year	273	1,474	0	1,747
Disposals / derecognition	-406	-3,384	0	-3,790
Amortisation at 31 March 2022	755	6,577	0	7,332
Net book value at 31 March 2022	1,221	7,452	2,659	11,332
Net book value at 1 April 2021	1,369	2,080	7,209	10,658

The main AUC projects are: 1) Digital Theatre £1.2m; 2) EPMA (part of EPR rollout) £1.1m; 3) Patient Tracking £0.4m and 3) Digital Maternity £0.3m.

Note 14.2 Intangible assets - 2020/21

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2020 - as previously stated	2,208	9,743	0	11,951
Transfers by absorption	0	0	0	0
Additions	0	254	2,906	3,160
Reclassifications	49	608	4,303	4,960
Disposals / derecognition	0	-38	0	-38
Valuation / gross cost at 31 March 2021	2,257	10,567	7,209	20,033
Amortisation at 1 April 2020 - as previously stated	612	7,382	0	7,994
Provided during the year	276	1,143	0	1,419
Disposals / derecognition	0	-38	0	-38
Amortisation at 31 March 2021	888	8,487	0	9,375
Net book value at 31 March 2021	1,369	2,080	7,209	10,658
Net book value at 1 April 2020	1,596	2,361	0	3,957

Note 15.1 Property, plant and equipment - 2021/22

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2021 - brought forward	12,454	240,809	9,132	91,252	610	20,130	2,797	377,184
Additions	0	3,781	12,635	4,380	0	2,834	0	23,630
Impairments charged to operating expenses	0	-1,027	0	0	0	-205	0	-1,232
Impairments charged to the revaluation reserve	-157	-55	0	0	0	0	0	-212
Reversal of impairments credited to operating expenses	0	17,283	0	0	0	0	0	17,283
Reversal of impairments credited to the revaluation reserve	983	11,574	0	0	0	0	0	12,557
Revaluations	224	-1,481	0	0	0	0	0	-1,257
Reclassifications	0	917	-8,986	5,617	236	2,799	0	583
Disposals / derecognition	0	0	0	-12,108	-270	-6,959	-291	-19,628
Valuation/gross cost at 31 March 2022	13,504	271,801	12,781	89,141	576	18,599	2,506	408,908
Accumulated depreciation at 1 April 2021 - brought forward	0	165	0	64,161	374	11,406	2,626	78,732
Provided during the year	0	6,118	0	6,998	35	2,777	102	16,030
Revaluations	0	-6,099	0	0	0	0	0	-6,099
Reclassifications	0	0	0	0	0	0	0	0
Disposals / derecognition	0	0	0	-12,029	-270	-6,959	-291	-19,549
Accumulated depreciation at 31 March 2022	0	184	0	59,130	139	7,224	2,437	69,114
Net book value at 31 March 2022	13,504	271,617	12,781	30,011	437	11,375	69	339,794
Net book value at 1 April 2021	12,454	240,644	9,132	27,091	236	8,724	171	298,452

Note - the adjustments within the disposal/derecognition line relates to housekeeping exercise clearing zero Net Book Value assets that have been sold or scrapped. For further analysis on Assets Under Construction can be found in Note 15.4.

Note 15.2 Property, plant and equipment - 2020/21

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2020 - as previously stated	12,414	245,957	8,797	88,926	652	22,148	2,797	381,691
Additions	0	4,721	8,260	8,594	236	8,370	0	30,181
Impairments	0	-8,382	0	0	0	-1,262	0	-9,644
Reversals of impairments	35	2,132	0	0	0	0	0	2,167
Revaluations	5	-4,080	0	0	0	0	0	-4,075
Reclassifications	0	461	-7,925	2,078	0	426	0	-4,960
Disposals / derecognition	0	0	0	-8,346	-278	-9,552	0	-18,176
Valuation/gross cost at 31 March 2021	12,454	240,809	9,132	91,252	610	20,130	2,797	377,184
Accumulated depreciation at 1 April 2020 - as previously stated	0	110	0	67,642	652	19,726	2,374	90,504
Provided during the year	0	6,060	0	4,865	0	1,232	252	12,409
Revaluations	0	-6,005	0	0	0	0	0	-6,005
Disposals / derecognition	0	0	0	-8,346	-278	-9,552	0	-18,176
Accumulated depreciation at 31 March 2021	0	165	0	64,161	374	11,406	2,626	78,732
Net book value at 31 March 2021	12,454	240,644	9,132	27,091	236	8,724	171	298,452
Net book value at 1 April 2020	12,414	245,847	8,797	21,284	0	2,422	423	291,187

Note 15.3 Property, plant and equipment financing - 2021/22

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2022									
Owned - purchased	13,504	98,234	0	12,781	27,815	437	11,309	69	164,149
On-SoFP PFI contracts and other service concession arrangements	0	173,305	0	0	0	0	0	0	173,305
Owned - donated/granted	0	78	0	0	2,196	0	66	0	2,340
NBV total at 31 March 2022	13,504	271,617	0	12,781	30,011	437	11,375	69	339,794

Note 15.4 Property, plant and equipment financing - 2020/21

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2021									
Owned - purchased	12,454	88,379	0	9,132	24,643	236	8,646	171	143,661
On-SoFP PFI contracts and other service concession arrangements	0	152,202	0	0	0	0	0	0	152,202
Owned - donated/granted	0	63	0	0	2,448	0	78	0	2,589
NBV total at 31 March 2021	12,454	240,644	0	9,132	27,091	236	8,724	171	298,452

Assets Under Construction (AUC) in year additions of £15.3m relates to Build £5.8m, Plant & Machinery £6.3m, IT £0.6m and Intangible £2.7m. These are assets at 31st March 2022 which are classed as "work in progress" and were not available for use at the end of 2021-22.

The main AUC projects are: 1) Maidstone Barn Theatre enabling works £2.5m; 2) Linac 3M £2.3m; 3) linac 2M £1.9m; 4) Pembury infrastructure works £1.2m; 5) Maidstone Oncology Outpatients Build £1.1m; 6) Barn Theatre equipment £1.1m; 7) Maidstone Office accommodation build £1m and 8) Spect CT £0.7m.

The Trust spent £23m on tangible assets and £3m on intangible assets from its capital resources in 2021-22. The main items were as follows: £1.4m on Paeds ED build at TWH; £6.9m Electronic Patient Record project; £2.5m on Linear Accelerator Machine; £1m on an MRI at Maidstone; £0.8m on interventional X-Ray machine; £3.3m of estates backlog, renewal and PFI Lifecycle; £0.5m on IT equipment for Endoscopy; £0.6m on upgrades to Servers

Note 16 Donations of property, plant and equipment

In the financial year 2021-22 the Trust recognised donated assets of £0.4m including Trust purchased and centrally procured loan equipment. The Trust acquired eleven assets from charitable funds and laptops and accessories from a Grant. The most significant purchases were two ultrasound machines for £0.1m and two vascular ultrasounds for £0.08m, Lung function Machine for £0.04m and three Bladder Scanners £0.02m. The remaining balance relates to eight transport ventilators which have been formally transferred from DHSC in 2021/22 totalling £0.09m.

Note 17 Revaluations of property, plant and equipment

The Trust's depreciation on tangible assets (including donated) in the year was £16m and amortisation for intangible assets £1.7m.

The Trust has carried out housekeeping exercise on its zero valued assets held in its asset register. Throughout 2021-22 the Trust reviewed these assets and de-recognised any zero valued assets (excluding Build and Land) that the Trust confirmed as having been disposed. Going forward the Trust will continue to review any zero valued assets held.

This is the Trust second year following its full valuation in accordance with the five year cyclical valuation period. In keeping with the Trust previous practice a desktop valuation was commissioned from independent professional valuers, Montagu Evans LLP. This was undertaken on the Trust's Land and Building assets as at 31st March 2022. The lead relationship partner from Montagu Evans LLP is qualified to BSc MRICS.

Specialist properties (main hospitals) have been valued on Depreciation Replacement Cost (DRC) using the Modern Equivalent Assets (MEA) valuation concept and taking into account the Trust's previous approach to the application of MEA e.g. the PFI property valued excluding recoverable VAT. Non specialised buildings and land have been valued on an Existing Use Value (EUV) basis in line with RICS guidelines.

The 31st March 2022 valuation resulted in an overall increase in the carrying value of the Trust's Land and Property assets as at the 31st March of £33.6m, of which £1m is an in year charge to I&E impairments and £17.3m reversed previous I&E impairments; both of these are reflected in operating expenses. (£0.2m) relates to an in year impairment charge to the revaluation reserve and £12.6m reversed previous impairments taken to the revaluation reserve. The upward valuations are driven by an overall increase in the building costs (BCIS) indices reflecting the market. This included some component assets driven by specific BCIS elements there was an increase of £4.8m with no previous reversal to the revaluation reserve. The valuer considered the remaining useful economic lives of the assets taking into account backlog and capital work undertaken between valuations, and the age and condition of the properties.

The valuer has reported that at the valuation date property markets are functioning sufficiently to provide an adequate quantum of market evidence on which to base the opinions of value. The valuer has continued to exercise professional judgement in providing the valuation; the Trust has reviewed and challenged the valuation in detail and is satisfied that this remains the best information to the Trust.

Fixtures and Fittings are carried at depreciated historic cost as this is not considered to be materially different from fair value. The Trust has reviewed its Plant and Machinery assets to ensure that both the value and the remaining lives are held at the correct values. An assessment of current value in existing use of IT devices (PCs, Laptops and iPads) assets has been carried out based on a valuation model as advised by Trust's experts, this is in accordance with the Trust's policy 1.9.

Note 18 Inventories

	31 March 2022 £000	31 March 2021 £000
Drugs	4,074	3,209
Consumables	1,100	1,089
Consumables donated from DHSC group	104	1,581
Energy	224	108
Other	3,656	4,001
Total inventories	9,158	9,988
of which:		
Held at fair value less costs to sell	0	0

Inventories recognised in expenses for the year were £67,261k (2020/21: £56,932k). Write-down of inventories recognised as expenses for the year were £0k (2020/21: £673k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 19.1 Receivables

	31 March 2022 £000	31 March 2021 £000
Current		
Contract receivables	19,649	7,239
Allowance for impaired contract receivables / assets	-1,589	-1,358
Prepayments (non-PFI)	6,308	5,206
PDC dividend receivable	0	1,136
VAT receivable	3,386	3,702
Other receivables	916	887
Total current receivables	28,670	16,812
Non-current		
Contract receivables	1,127	1,474
Allowance for impaired contract receivables / assets	-1,127	-924
PFI lifecycle prepayments	1,565	1,201
Other receivables	1,326	1,065
Total non-current receivables	2,891	2,816
Of which receivable from NHS and DHSC group bodies:		
Current	8,919	5,769
Non-current	1,326	1,065

The majority of trade is with Clinical Commissioning Groups (CCGs) as commissioners for NHS patient care services. As CCGs are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary. The calculation for the allowance of other impaired receivables has been amended to reflect the change in IFRS 9 accounting standards for provision of expected credit losses. Please see note 19.2 for further information.

The most significant elements within current contract receivables are 1) £5.7m recharge costs relating the Kent and Medway Medical School (KMMS) accommodation project; 2) £1.6m of swabbing cost recharge to NHSE; 3) £1.5 ERF income to K&M CCG and 4) £1m High Cost Drugs recharges

Note 19.2 Allowances for credit losses

	2021/22		2020/21	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	2,282	0	1,556	0
New allowances arising	2,320	0	1,403	0
Reversals of allowances	-1,584	0	-646	0
Utilisation of allowances (write offs)	-302	0	-31	0
Allowances as at 31 Mar 2022	2,716	0	2,282	0

Following the implementation of IFRS 9 in 2018-19 the Trust is required to measure the loss allowance of lifetime expected credit losses at initial recognition of the debt being raised. This is assessed by looking at classes of debtor with common credit characteristics.

The expected credit loss is only applied to trade debtors. NHS organisation are excluded from the calculation as NHS debt is considered to be part of "intra-company" transactions. It does also apply to Local Authorities.

Under IFRS 9 the Trust attributed the trade debtors into six categories grouped by similar characteristics with assessment based on prior year debt write off levels. Due to Covid 19 and the heightened risk to the economy the Trust has taken a prudent view and for all trade debt categories these are now fully provided for over 60 days

Injury Cost recovery – The Trust is continuing with the same approach for 21/22 as it took in 20/21. The Trust has provided in full for all prior year debt, and for 2021/22 the Trust will be using the DHSC given rate of 23.76% (2021-22.43%).

Note 19.3 Exposure to credit risk

The Trust adheres to best practice in credit control activities which includes referral to an external debt collection agency and formal litigation procedures if required to trace debtors and seek to recover overdue debt. In addition the majority of the Trust's revenue comes from contracts with other public sector bodies which in turn are supported by underlying contractual agreements and specific payment terms. As a result, it is deemed that the Trust has a low exposure to credit risk.

Expected credit losses for contract and other receivables are reviewed on a regular basis taking account of historic, current and forecast information to determine a sufficient and appropriate level of allowance for impaired contract and other receivables.

Note 20.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2021/22	2020/21
	£000	£000
At 1 April	26,221	3,355
Net change in year	-14,383	22,866
At 31 March	11,838	26,221
Broken down into:		
Cash at commercial banks and in hand	23	23
Cash with the Government Banking Service	11,815	26,198
Total cash and cash equivalents as in SoFP	11,838	26,221

Note 20.2 Third party assets held by the trust

Maidstone And Tunbridge Wells NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2022	31 March 2021
	£000	£000
Monies on deposit	1	0
Total third party assets	1	0

Note 21.1 Trade and other payables

	31 March 2022 £000	31 March 2021 £000
Current		
Trade payables	8,938	13,093
Capital payables	5,813	6,110
Accruals	26,671	26,648
Social security costs	161	5
Other taxes payable	177	0
PDC dividend payable	613	0
Other payables	3,361	3,078
Total current trade and other payables	45,734	48,934
Of which payables from NHS and DHSC group bodies:		
Current	5,251	11,291

Included within Accruals value above is an estimate for annual leave untaken of £4m (2020-21 £4.7m).

Note 21.2 Early retirements in NHS payables above

The Trust has no early retirements

Note 22 Other liabilities

	31 March 2022 £000	31 March 2021 £000
Current		
Deferred income: contract liabilities	2,063	2,454
Total other current liabilities	2,063	2,454

Note 23.1 Borrowings

	31 March 2022 £000	31 March 2021 £000
Current		
Loans from DHSC	983	985
Other loans	461	443
Obligations under finance leases	0	0
Obligations under PFI, LIFT or other service concession contracts	5,688	5,402
Total current borrowings	7,132	6,830
Non-current		
Loans from DHSC	4,458	5,432
Other loans	571	949
Obligations under PFI, LIFT or other service concession contracts	171,082	176,771
Total non-current borrowings	176,111	183,152

The Trust has two remaining capital investment loans totalling £5.4m with the Department of Health and Social Care. The £11m (current remaining balance £2.2m) loan received on the 15th March 2010 has a final repayment date of 15th March 2025, with a fixed interest rate of 3.91% and the loan of £6m (current remaining balance £3.2m) taken out on the 15th December 2010 has a final repayment date of 15th September 2035 at a fixed rate of 4.73%.

The Trust also has Salix loans total value of £1m which appears in "other loans" in both current and non current borrowings, this relates to improving the energy efficiency of the Trust. These loans are repayable over 5 years and is interest free. Salix Finance Ltd provides interest-free Government funding to the public sector to improve their energy efficiency, reduce carbon emissions and lower energy bills.

Under IFRS 9 the loan values also include their associated interest charges.

Note 23.2 Reconciliation of liabilities arising from financing activities - 2021/22

	Loans from DHSC £000	Other loans £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2021	6,417	1,392	182,173	189,982
Cash movements:				
Financing cash flows - payments and receipts of principal	-974	-361	-5,402	-6,737
Financing cash flows - payments of interest	-240	0	-9,541	-9,781
Non-cash movements:				
Application of effective interest rate	238	0	9,540	9,778
Other changes	0	1	0	1
Carrying value at 31 March 2022	5,441	1,032	176,770	183,243

Note 23.3 Reconciliation of liabilities arising from financing activities - 2020/21

	Loans from DHSC £000	Other loans £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2020	34,174	1,743	187,522	223,439
Cash movements:				
Financing cash flows - payments and receipts of principal	-27,696	-351	-5,349	-33,396
Financing cash flows - payments of interest	-342	0	-9,816	-10,158
Non-cash movements:				
Application of effective interest rate	281	0	9,816	10,097
Carrying value at 31 March 2021	6,417	1,392	182,173	189,982

Note 24 Other financial liabilities

The Trust has no other financial liabilities

Note 25 Provisions for liabilities and charges analysis

	Pensions: injury benefits	Legal claims	Lease dilapidations	2019/20 Clinicians' pension reimbursements	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2021	495	1,105	2,254	1,092	80	5,026
Change in the discount rate	22	0	0	0	0	22
Arising during the year	0	2,433	387	258	1,823	4,901
Utilised during the year	-25	-192	0	0	0	-217
Reclassified to liabilities held in disposal groups	0	0	0	0	0	0
Reversed unused	-19	0	0	0	0	-19
Unwinding of discount	-5	0	0	0	0	-5
At 31 March 2022	468	3,346	2,641	1,350	1,903	9,708
Expected timing of cash flows:						
- not later than one year;	25	3,346	1,989	24	1,903	7,287
- later than one year and not later than five years;	443	0	86	62	0	591
- later than five years.	0	0	566	1,264	0	1,830
Total	468	3,346	2,641	1,350	1,903	9,708

Pension Injury Benefit costs relates to two ill health injury benefits calculated by current payment made by NHS Pensions Agency adjusted for average life expectancy using tables published by the National Statistics Office. Legal Claims include estimates notified by NHS Resolution.

Legal claims are notified at year end to the Trust from NHS resolution and other solicitors that the Trust engages with.

Lease dilapidations relates to provisions of leased properties of £1.1m and equipment of £1.5m

The Clinicians' Pension Scheme relates to clinicians who are members of the NHS Pension Scheme and who as a result of work undertaken in the previous tax year (2019-20) face a tax charge in respect of the growth of their NHS pension benefits above their pension savings annual allowance threshold will be able to have this charge paid by the NHS Pension Scheme. The NHSE have used the information provided by Government Actuary's Department (GAD) and Business Services Authority (BSA) and calculated a national 'average discounted value per nomination'. The Trust has followed the guidance and based its provision on this estimated value and applied it to the Trusts data as reported in the NHS Digital's NHS workforce Statistics - November 2019' consultant headcount data which is the same basis that NHSE have used for the National provision within its accounts.

Note 25.1 Clinical negligence liabilities

At 31 March 2022, £407,689k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Maidstone And Tunbridge Wells NHS Trust (31 March 2021: £266,300k).

Note 26 Contingent assets and liabilities

	31 March 2022	31 March 2021
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	-30	-43
Gross value of contingent liabilities	-30	-43
Amounts recoverable against liabilities	0	0
Net value of contingent liabilities	-30	-43
Net value of contingent assets	0	0

Contingent liability for 2021/22 relates to legal claims notified by NHS Resolution of £30k

Note 27 Contractual capital commitments

	31 March 2022	31 March 2021
	£000	£000
Property, plant and equipment	2,355	350
Intangible assets	120	326
Total	2,475	676

Note 28 Other financial commitments

The Trust has no commitments to make under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement).

Note 29 On-SoFP PFI, LIFT or other service concession arrangements

The Trust signed a PFI project agreement on 26th March 2008 for the new Tunbridge Wells Hospital at Pembury. The main building was handed over by the contractor in phases in December 2010 and May 2011 and recognised in the Trust's accounts accordingly. By joint agreement with the Trust's PFI partner the final phase of car parking & landscaping were completed and handed over early in January 2012, although contractual phasing and unitary payments were kept in line with the project agreement completion date of September 2012. The arrangement covers the provision of buildings, hard facilities management services and lifecycle replacement (building & engineering asset renewals). Under the project agreement the Trust has agreed expectations for the provision of these services and has termination options on default. The land remains the Trust's asset throughout the concession. The concession is due to run for 30 years until 2042 when the building will revert to the Trust. The annual unitary payment was contracted at £16.9m at 2005/06 prices, and is subject to an annual uplift by Retail Price Index which for the 2021/22 year was 1.37%. The RPI uplift for 2022/23 is 8.18%.

Note 29.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2022	31 March 2021
	£000	£000
Gross PFI, LIFT or other service concession liabilities	291,071	306,014
Of which liabilities are due		
- not later than one year;	14,939	14,942
- later than one year and not later than five years;	58,559	59,344
- later than five years.	217,573	231,728
Finance charges allocated to future periods	-114,301	-123,841
Net PFI, LIFT or other service concession arrangement obligation	176,770	182,173
- not later than one year;	5,688	5,402
- later than one year and not later than five years;	24,728	24,229
- later than five years.	146,354	152,542

Note 29.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2022	31 March 2021
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	769,146	744,896
Of which payments are due:		
- not later than one year;	28,747	26,567
- later than one year and not later than five years;	124,181	113,114
- later than five years.	616,218	605,215

Note 29.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2021/22	2020/21
	£000	£000
Unitary payment payable to service concession operator	26,345	25,989
Consisting of:		
- Interest charge	9,540	9,816
- Repayment of balance sheet obligation	5,402	5,349
- Service element and other charges to operating expenditure	5,428	5,257
- Capital lifecycle maintenance	823	315
- Revenue lifecycle maintenance	0	0
- Contingent rent	4,751	4,591
- Addition to lifecycle prepayment	401	661
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	203	160
Total amount paid to service concession operator	26,548	26,149

Note 30 Off-SoFP PFI, LIFT and other service concession arrangements

The Trust has no Off- SoFP schemes

Note 31 Financial instruments

Note 31.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with commissioners and the way those commissioners are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust's treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2022 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its capital resourcing limit as approved by DHSC. The Trust is not, therefore, exposed to significant liquidity risks.

Note 31.2 Carrying values of financial assets

	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
Carrying values of financial assets as at 31 March 2022				
Trade and other receivables excluding non financial assets	18,953	0	0	18,953
Other investments / financial assets	0	0	0	0
Cash and cash equivalents	11,838	0	0	11,838
Total at 31 March 2022	30,791	0	0	30,791

	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
Carrying values of financial assets as at 31 March 2021				
Trade and other receivables excluding non financial assets	8,224	0	0	8,224
Other investments / financial assets	0	0	0	0
Cash and cash equivalents	26,221	0	0	26,221
Total at 31 March 2021	34,445	0	0	34,445

Note 31.3 Carrying values of financial liabilities

	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2022			
Loans from the Department of Health and Social Care	5,441	0	5,441
Obligations under finance leases	0	0	0
Obligations under PFI, LIFT and other service concession contracts	176,770	0	176,770
Other borrowings	1,032	0	1,032
Trade and other payables excluding non financial liabilities	40,878	0	40,878
Other financial liabilities	0	0	0
Provisions under contract	0	0	0
Total at 31 March 2022	224,121	0	224,121

	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2021			
Loans from the Department of Health and Social Care	6,417	0	6,417
Obligations under finance leases	0	0	0
Obligations under PFI, LIFT and other service concession contracts	182,173	0	182,173
Other borrowings	1,392	0	1,392
Trade and other payables excluding non financial liabilities	44,120	0	44,120
Other financial liabilities	0	0	0
Provisions under contract	0	0	0
Total at 31 March 2021	234,102	0	234,102

Note 31.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2022 £000	31 March 2021 £000
In one year or less	57,263	60,491
In more than one year but not more than five years	61,547	63,428
In more than five years	219,614	234,026
Total	338,424	357,945

Note 31.5 Fair values of financial assets and liabilities

The Trust uses the book value (carrying value) as a reasonable approximation of fair value.

Note 32 Losses and special payments

	2021/22		2020/21	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	19	13	15	18
Fruitless payments and constructive losses	0	0	0	0
Bad debts and claims abandoned	182	545	18	16
Stores losses and damage to property	0	0	0	0
Total losses	201	558	33	34
Special payments				
Compensation under court order or legally binding arbitration award	0	0	0	0
Extra-contractual payments	0	0	0	0
Ex-gratia payments	60	525	27	18
Special severance payments	0	0	0	0
Extra-statutory and extra-regulatory payments	0	0	0	0
Total special payments	60	525	27	18
Total losses and special payments	261	1,083	60	52
Compensation payments received		0		0

The Trust has no individual cases that exceed £300k.

In keeping with policy 1.24 this note includes losses and compensations paid and accrued but excludes provisions which are reported under Note 24.

Ex-gratia payments within 2021-22 include special payments relating to 1 case totalling £494k for overtime corrective payments (Flowers judgement), this was provided for within 2020/21 but paid in 2021-22.

Note 33 Gifts

There were no gifts made by the Trust in 2021/22.

Note 34 Related parties

During the year none of the Department of Health and Social Care Ministers, Trust Board members or members of the key management staff, or parties related to any of them, have undertaken any material transactions with Maidstone and Tunbridge Wells NHS Trust

The Department of Health and Social Care (DHSC) is regarded as a related party. During the year 2021/22 the Trust has received £12.7m Capital funding in the form of PDC. The Trust also has loans with DHSC, interest paid within the year £0.2m, principal repayment of £1m. The trust has also had a significant number of material transactions with other entities for which the Department is regarded as the parent department e.g. NHSE/I. Other public sector bodies are recognised as relevant who are not part of the DHSC group e.g. HMRC. The following entities with material transactions of more than £1m are listed below:

East Sussex CCG
Kent and Medway CCG
South East London CCG
West Sussex CCG
NHS England
Health Education England
Kent Community Foundation Trust
East Kent University Hospitals Foundation Trust
Medway NHS Foundation Trust
Dartford and Gravesham NHS Trust
HMRC
NHS Pension Authority
NHS Resolution
NHS Supply Chain
NHS Blood and Transplant
NHS Property Services
Kent County Council

The Trust has also received revenue and capital payments from the Charitable Funds that it controls, the trustees for which are also members of the Trust Board. The Trust has not consolidated the Charitable Funds on the grounds of materiality to the Trust (see policy note 1.3). The transactions between the Trust and the Charity (Maidstone and Tunbridge Wells NHS Charitable Fund - charity registration number 1055215) are however material to the charity and therefore are disclosed below. Please note that this disclosure is based on the draft unaudited position of the charity. The audited accounts of the charity will be available later this year.

	2021-22	2020-21
	£000s	£000s
Total charitable resources expended with the Trust	210	217
Closing creditor (monies owed to the Trust by the Charity)	43	407
Total income received by the Charity in the reporting period	202	540
Total Charitable Funds at end of the reporting period	1,082	1,083

Note 35 Prior period adjustments

The Trust has not made any prior period adjustments

Note 36 Events after the reporting date

The Trust has no events after the reporting date

Note 37 Better Payment Practice code

	2021/22	2021/22	2020/21	2020/21
	Number	£000	Number	£000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	116,545	263,629	92,876	218,998
Total non-NHS trade invoices paid within target	111,769	245,894	89,409	205,094
Percentage of non-NHS trade invoices paid within target	95.9%	93.3%	96.3%	93.7%
NHS Payables				
Total NHS trade invoices paid in the year	2,448	34,396	3,194	39,080
Total NHS trade invoices paid within target	2,061	33,284	2,099	33,006
Percentage of NHS trade invoices paid within target	84.2%	96.8%	65.7%	84.5%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 38 External financing limit

The Trust is given an external financing limit against which it is permitted to underspend

	2021/22	2020/21
	£000	£000
Cash flow financing	20,306	-11,322
External financing requirement	20,306	-11,322
External financing limit (EFL)	20,306	-7,032
Under / (over) spend against EFL	0	4,290

Note 39 Capital Resource Limit

	2021/22	2020/21
	£000	£000
Gross capital expenditure	26,634	33,341
Less: Disposals	-79	0
Less: Donated and granted capital additions	-377	-1,392
Plus: Loss on disposal from capital grants in kind	0	0
Charge against Capital Resource Limit	26,178	31,949
Capital Resource Limit	26,627	32,361
Under / (over) spend against CRL	449	412

Note 40 Breakeven duty financial performance

	2021/22	2020/21
	£000	£000
Adjusted financial performance surplus / (deficit) (control total basis)	231	330
Remove impairments scoring to Departmental Expenditure Limit	0	0
Add back non-cash element of On-SoFP pension scheme charges	0	0
IFRIC 12 breakeven adjustment	0	0
Breakeven duty financial performance surplus / (deficit)	231	330

There is no adjustment for the PFI (IFRIC 12) accounting as the on-balance sheet impacts to I&E are currently lower than the equivalent off-balance sheet reporting

Note 41 Breakeven duty rolling assessment

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		189	1,710	300	129	-12,374	157
Breakeven duty cumulative position	-3,260	-3,071	-1,361	-1,061	-932	-13,306	-13,149
Operating income		311,889	322,176	345,101	367,391	375,714	403,310
Cumulative breakeven position as a percentage of operating income		(1.0%)	(0.4%)	(0.3%)	(0.3%)	(3.5%)	(3.3%)

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	-23,413	-10,918	-10,790	20,324	7,587	330	231
Breakeven duty cumulative position	-36,562	-47,480	-58,270	-37,946	-30,359	-30,029	-29,798
Operating income	400,930	430,502	440,269	473,169	513,056	564,196	625,398
Cumulative breakeven position as a percentage of operating income	(9.1%)	(11.0%)	(13.2%)	(8.0%)	(5.9%)	(5.3%)	(4.8%)

The Trust's last formal 3 year break-even cycle commenced in 2013/14 and was not met by the period in 2015/16. The Trust has achieved in year break even duty surpluses and met it NHSEI control totals in each of the last three financial years. The Trust is not in any formal recovery regime relating to recovering its historic accumulated deficit but is required to achieve the in year breakeven position agreed as part of the overall Kent & Medway Integrated Care System (ICS) control total. The Trust reported a surplus of £0.2m in 2021/22 which was slightly better than plan and its system control total requirement.

Approval of Management Representation Letter, 2021/22	Chair of Audit and Governance Committee
<p>The approval of the Management Representation Letter from the Trust is a formal part of the Annual Accounts process.</p> <p>The Letter is drafted by the Trust's External Auditors following the completion of their audit of the Annual Accounts.</p> <p>The enclosed Letter is scheduled to be reviewed and agreed at the Audit and Governance Committee on 16/06/22, with the intention that the Committee recommend that the Trust Board approves the Letter. A verbal update on the outcome of the Audit and Governance Committee's review will be given at the Trust Board meeting on 16/06/22.</p> <p>If the Audit and Governance Committee agrees, the Trust Board is asked to approve the Letter. If approved, the Letter will then be signed, on behalf of the Trust Board, and submitted to the External Auditors.</p>	
Which Committees have reviewed the information prior to Board submission? <ul style="list-style-type: none"> Audit and Governance Committee, 16/06/22 	
Reason for submission to the Board (decision, discussion, information, assurance etc.) ¹ <p>Review and approval</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

Our Ref: SO/jr

Steve Orpin

Grant Thornton UK LLP

Deputy Chief Executive / Chief Finance Officer

30 Finsbury Square

Trust Management

London

Maidstone Hospital

EC2A 1AG

Hermitage Lane

Maidstone

16th June 2022

Kent ME16 9QQ

Dear Sirs

Maidstone & Tunbridge Wells NHS Trust Financial Statements for the year ended 31 March 2022

This representation letter is provided in connection with the audit of the financial statements of Maidstone and Tunbridge Wells NHS Trust for the year ended 31 March 2022 for the purpose of expressing an opinion as to whether the Trust financial statements are presented fairly, in all material respects in accordance with International Financial Reporting Standards and the Department of Health and Social Care Group Accounting Manual 2021/22 and applicable law.

We confirm that to the best of our knowledge and belief having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

Financial Statements

- i. We have fulfilled our responsibilities for the preparation of the Trust's financial statements in accordance with International Financial Reporting Standards and the Department of Health and Social Care Group Accounting Manual 2021/22 ("the GAM"); in particular the financial statements are fairly presented in accordance therewith.
- ii. We have complied with the requirements of all statutory directions affecting the Trust and these matters have been appropriately reflected and disclosed in the financial statements.
- iii. The Trust has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance. There has been no non-compliance with requirements of any regulatory authorities that could have a material effect on the financial statements in the event of non-compliance.
- iv. We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud.
- v. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable. Such accounting estimates include the valuation of land and buildings. We are satisfied that the material judgements used in the preparation of the financial statements are soundly based, in accordance with the GAM and adequately disclosed in the financial statements. We understand our responsibilities includes identifying and considering alternative, methods, assumptions or source data that would be equally valid under the financial reporting framework, and why these alternatives were rejected in favour of the estimate used. We are satisfied that the methods, the data and the significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in accordance with the GAM and adequately disclosed in the financial statements.

Chairman: David Highton Chief Executive: Miles Scott
Trust Headquarters: Maidstone Hospital, Hermitage Lane, Maidstone, Kent ME16 9QQ
Telephone: 01622 729000

- vi. In calculating the amount of income to be recognised in the financial statements from other NHS organisations we have applied judgement, where appropriate, to reflect the appropriate amount of income expected to be derived by the Trust in accordance with the International Financial Reporting Standards and the GAM. We are satisfied that the material judgements used in the preparation of the financial statements are soundly based, in accordance with International Financial Reporting Standards and the GAM, and adequately disclosed in the financial statements. There are no other material judgements that need to be disclosed.
- vii. We acknowledge our responsibility to participate in the Department of Health and Social Care's agreement of balances exercise and have followed the requisite guidance and directions to do so. We are satisfied that the balances calculated for the Trust ensure the financial statements and consolidation schedules are free from material misstatement, including the impact of any disagreements.
- viii. Except as disclosed in the financial statements:
 - a. there are no unrecorded liabilities, actual or contingent
 - b. none of the assets of the Trust has been assigned, pledged or mortgaged
 - c. there are no material prior year charges or credits, nor exceptional or non-recurring items requiring separate disclosure.
- ix. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards and the GAM.
- x. All events subsequent to the date of the financial statements and for which International Financial Reporting Standards and the GAM require adjustment or disclosure have been adjusted or disclosed.
- xi. We have only accrued for items received before the year-end.
- xii. We have considered the adjusted misstatements, and misclassification and disclosures changes schedules included in your Audit Findings Report. The Trust financial statements have been amended for these misstatements, misclassifications and disclosure changes and are free of material misstatements, including omissions.
- xiii. The financial statements are free of material misstatements, including omissions.
- xiv. Actual or possible litigation and claims have been accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards.
- xv. We have no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.
- xvi. We have updated our going concern assessment. We continue to believe that the Trust's financial statements should be prepared on a going concern basis and have not identified any material uncertainties related to going concern on the grounds that:
 - a. the nature of the Trust means that, notwithstanding any intention to cease its operations in their current form, it will continue to be appropriate to adopt the going concern basis of accounting because, in such an event, services it performs can be expected to continue to be delivered by related public authorities and preparing the financial statements on a going concern basis will still provide a faithful representation of the items in the financial statements
 - b. the financial reporting framework permits the entry to prepare its financial statements on the basis of the presumption set out under a) above; and
 - c. the Trust's system of internal control has not identified any events or conditions relevant to going concern.

We believe that no further disclosures relating to the Trust's ability to continue as a going concern need to be made in the financial statements.

Information Provided

- xvii. We have provided you with:

Chairman: David Highton Chief Executive: Miles Scott
Trust Headquarters: Maidstone Hospital, Hermitage Lane, Maidstone, Kent ME16 9QQ
Telephone: 01622 729000

- a. access to all information of which we are aware that is relevant to the preparation of the Trust's financial statements such as records, documentation and other matters;
 - b. additional information that you have requested from us for the purpose of your audit; and
 - c. access to persons within the Trust via remote arrangements, where/if necessary, from whom you determined it necessary to obtain audit evidence.
- xviii. We have communicated to you all deficiencies in internal control of which management is aware.
- xix. All transactions have been recorded in the accounting records and are reflected in the financial statements.
- xx. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- xxi. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the Trust and involves:
 - a. management;
 - b. employees who have significant roles in internal control; or
 - c. others where the fraud could have a material effect on the financial statements.
- xxii. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, analysts, regulators or others.
- xxiii. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.
- xxiv. We have disclosed to you the identity of the Trust's related parties and all the related party relationships and transactions of which we are aware.
- xxv. We have disclosed to you all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

Annual Governance Statement

- xxvi. We are satisfied that the Annual Governance Statement (AGS) fairly reflects the Trust's risk assurance and governance framework, and we confirm that we are not aware of any significant risks that are not disclosed within the AGS.

Annual Report

- xxvii. The disclosures within the Annual Report fairly reflect our understanding of the Trust's financial and operating performance over the period covered by the Trust's financial statements.

Approval

The approval of this letter of representation was minuted by the Trust's Board at its meeting on 16th June 2022

Yours faithfully

Steve Orpin

Deputy Chief Executive / Chief Finance Officer

16th June 2022

Signed on behalf of the Trust Board

Chairman: David Highton Chief Executive: Miles Scott
 Trust Headquarters: Maidstone Hospital, Hermitage Lane, Maidstone, Kent ME16 9QQ
 Telephone: 01622 729000

To approve the Trust's Quality Accounts, 2021/22
Director of Quality Governance
(on behalf of the Chief Nurse)

Please find enclosed the Trust's Quality Accounts for 2021/22, for review and approval.

The Trust's directors are required under the Health Act 2009 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Services Regulations 2010).

In approving the Quality Accounts, directors are required to take steps to satisfy themselves of the following key criteria:

- The Quality Accounts presents a balanced picture of the Trust's performance over the period covered
- The performance information reported in the Quality Accounts is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Accounts, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Accounts is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The Quality Accounts have been prepared in accordance with Department of Health (DoH) guidance.
- The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Accounts.

The Quality Accounts in draft were submitted and reviewed at the Trust's Quality Committee meeting in May 2021. Following suggestions and amendments the Quality Accounts were circulated to the Trust's main external stakeholders at the end of May. Responses from the stakeholders are included in this final version (which confirm the accounts meet DoH guidance).

This year's accounts highlight the numerous positive improvements achieved against the background of the continued Covid-19 operational challenges. A small number of the quality priorities set last year have not been delivered, these are highlighted alongside an explanatory narrative.

The deadline for publication of Quality Accounts on the NHS website is 30th June 2022.

Which Committees have reviewed the information prior to Board submission?

- 'Main' Quality Committee, 11/05/22

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

To review and approve the Quality Accounts for 2021/22

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

Quality accounts

2021-2022



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Part one



Chief Executive's statement



On behalf of the Trust Board and staff across our organisation welcome to the 2021-2022 Quality accounts for Maidstone and Tunbridge Wells NHS Trust (MTW).

In a year dominated by our response to and recovery from the impact of COVID-19, these accounts detail how staff worked together to improve patient safety and experience and clinical effectiveness.

The innovation and commitment shown by colleagues drive our quality priorities. And while MTW has seen a large increase in attendances at our hospitals over the last year, we have continued to deliver the 62-day cancer access standard, are one of the top performing trusts in the country for Emergency Department performance and have reduced the number of long waiting patients* from almost 1,000 to zero.

The Trust's ability to provide timely, high quality care has been supported by our enthusiasm in embracing change and technology to provide better outcomes for our patients. This has been demonstrated by the introduction of a new electronic bed management system and Electronic Patient Record system which together ensure a better experience for patients.

Our aim is to deliver our vision of Exceptional People, Outstanding Care and to drive improvements in patient flow and care. This has been supported over the last year with the development of new infrastructure and services. These include:

- A new Community Diagnostic Centre near Maidstone Hospital
- A new Paediatric Emergency Department at Tunbridge Wells Hospital
- A new Surgical Assessment Unit at Tunbridge Wells Hospital – open seven days a week and enhancing the Trust's Same Day Emergency Care pathway
- Construction work for a new medical teaching and accommodation building at Tunbridge Wells Hospital
- New multi-agency frailty care pathways and the expansion of Acute Frailty Services
- An increase in the number of video clinic Outpatient appointments
- Upgrading facilities within the Pharmacy Aseptic Unit at Tunbridge Wells Hospital to meet the growing demand for chemotherapy products

Going forwards we will ensure clinicians, patients and partner organisations continue to be involved in developments as we focus on a number of key projects which include:

- Building a new innovative open-plan multi-occupancy theatre complex to support elective orthopaedic recovery at MTW and across the Kent and Medway system with each patient treated in a dedicated space with ultra-clean air canopies to reduce infections
- Expanding oncology capacity with the opening of an Oncology Outpatients Suite at Maidstone Hospital
- Launching reconfigured stroke services via a new Hyper Acute Stroke Unit and an Acute Stroke Unit
- Creating a centralised Digestive Diseases Unit – bringing together gastrointestinal, surgical and endoscopy services
- Reconfiguring complex cardiology services with dedicated cardiac wards, a Coronary Care Unit and cardiac catheter labs
- Improving the safety of maternity services by delivering against all the recommendations outlined in the 2022 Ockenden report
- Launching a new surgical bariatric service, enabling patients to receive treatment locally

To deliver our goals we need a healthy workplace culture. The annual NHS staff survey told us our levels of staff engagement and morale are strong and improving but staff wellbeing continues to be a priority. Over the last year we have worked hard to support both the physical and mental wellbeing of colleagues. With the launch of an exciting new recruitment website and ongoing targeted recruitment campaigns our aim is to further support our staff and the experience of patients by recruiting to all vacancies at MTW.

Research and development has a strong track record at the Trust and during 2021/22 MTW recruited 3,515 participants across 84 trials. Going forwards we plan to increase the number of research projects and offer more patients innovative treatments. Building on our achievements a new innovation team will be recruited this year to further develop partnerships with academia.

I want to end by expressing my sincere thanks to colleagues across every department at MTW for all that they have achieved over the last year. Their ambition, energy and compassion are driving performance and improvements in patient care and they should be very proud of their accomplishments as we look forward to the year ahead.

We welcome your feedback and will use it to shape our quality improvements over the next year. So please do share your thoughts and tell us how we are doing and what we can do better

If you have any comments or suggestions you can contact us in the following ways: Follow us on:



www.twitter.com/mtwnhs



maidstone-and-tunbridge-wells-nhs-trust



mtw_nhs_trust



www.facebook.com/mymtwhealthcare

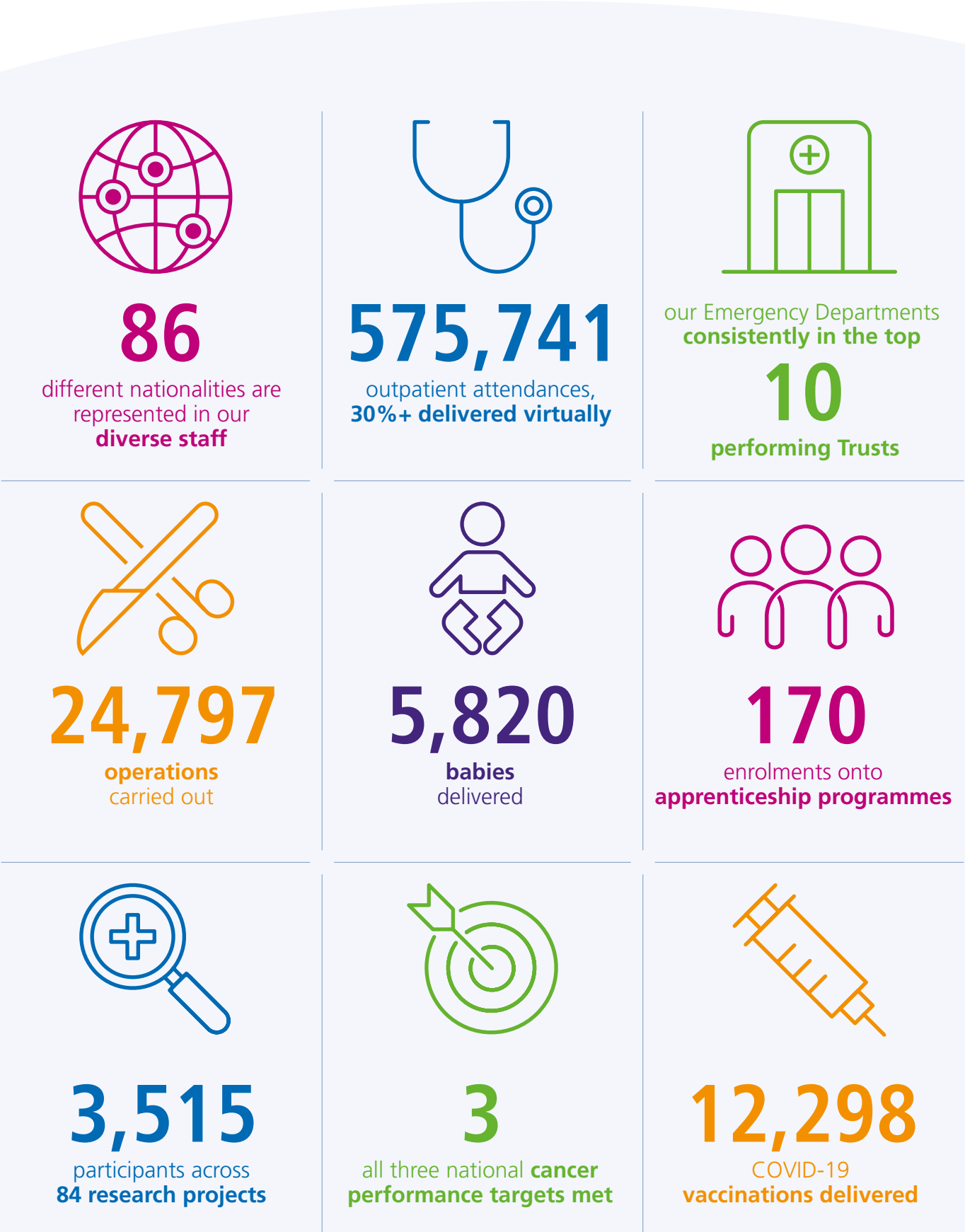
Miles Scott
Chief Executive

*Patients waiting over 52 weeks for elective treatment

Purpose of the Quality Account

Quality Accounts are reports to the public from providers of NHS healthcare service about the quality and standard of services they provide. Every acute NHS Trust is required by the Government to publish a Quality account annually. They are an important way for trusts to show improvements in the services they deliver to local communities. The quality of services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

Our year on a page



Our strategy, vision and values

Our mission

What we are striving to achieve is to be there for our patients and their families in their time of need and to empower our staff so that they can feel proud and fulfilled in delivering the best care for our community.

Our vision

Exceptional People, Outstanding Care.

Our PRIDE values are at the heart of what we do.



We have three objectives



Part two

Quality priorities for improvement

Every year the Trust sets quality priorities which represent areas where we would like to see significant improvement over the course of the next year.

These priorities are aligned with the Trust's Six Strategic "Themes", which have been developed by the Executive Team and our clinical leaders to ensure we are delivering outstanding services.

We've also worked hard to ensure our Quality objectives align to our broader strategic themes (see below) and our top 6 big corporate improvement projects (see

below). They are based on the output of our learning from our internal clinical audit programme, our regular thematic reviews from adverse events and listening to and reviewing patient feedback. We are confident that MTW's commitment to quality improvement means our leaders have the right skills to lead on improvement. This has been achieved by the Trust's "Strategy Deployment for Leaders Programme", where leaders of our departments, directorates and divisions have been supported to lead change and improvement workstreams.

Strategic themes



Patient experience: To meet our ambition of always providing outstanding health care quality we need people to have a positive experience of care and support.

Patient safety and clinical effectiveness: Working together to put quality at the heart of all that we do. Achieving outstanding clinical outcomes with no avoidable harm.

Patient access: Ensuring all our patients have access to the care they need to ensure they have the best chance of getting a good outcome.

Systems and partnerships: Working with partners to provide the right care and support, in the right place, at the right time.

Sustainability: Long-term sustainable services providing high quality care through optimising the use of our resources.

People: Creating an inclusive, compassionate and high-performing culture where our people can thrive and be their best self at work.

These are the key priorities that we need to focus on, that if we get right we will know we are delivering high quality care.

Corporate improvement projects

Sunrise EPR

Outstanding Care Programme

Health and wellbeing strategy

Workforce supply

Acute and urgent care

Outpatient transformation

Quality priorities 2022/23:



Patient safety

Aim

To sustain and further enhance robust processes to provide a supportive environment that recognises and reduces avoidable harm.

Priorities

- Improve our Sepsis Pathway.
- Improve the management of our patients at risk of falling.
- Improve our Maternity services safety performance.
- Improve our patient safety systems.
- Implement systems to measure our safety culture.
- Improve our patient safety education processes.
- Improve the systems in place to minimise risk to patients who have "Nasogastric Tube" care needs.
- Improve upon our Intracranial Haemorrhage clinical pathway.
- Develop processes to automate our data collection processes linked to clinical audit.
- Improve the safety of our medicines management systems by launching a new electronic prescribing and medicines administration (ePMA) system.
- Implement adaptable safe clinical pathways for emergency patients during the ongoing COVID-19 pandemic.



Patient experience

Aim

To ensure that patients have positive experiences in our care and are involved in developing and improving our services.

Priorities

- Redesign and launch a new patient experience improvement strategy with the help of our patient partners.
- Expand our current Patient Advice and Liaison Services to make them accessible 7-days a week.
- Improve our responsiveness to our patients who have cause to complain.
- Improve our patient experience services and processes.
- Work with our regional Integrated Care System (ICS) to improve upon how we share learning from patient experience across the region.
- Improve our end of life care support to our patients.
- Improve how we engage with our children and young people.
- Improve upon the experience and access to services of our patients who have cancer.



Clinical effectiveness

Aim

To improve the management of our patient journeys through the utilisation of evidence-based practice.

Priorities

- Improve our orthopaedic pathway by building a new innovative open-plan theatre.
- Deliver a new centralised Digestive Diseases Unit (DDU) at Tunbridge Wells Hospital.
- Improve monitoring for pregnant people experiencing hypertension.
- Launch a new surgical bariatric service.
- Improve our child mental health risk assessments.
- Improve our complex cardiology services.
- Finalise our plans to establish a Hyper Acute Stroke Unit and an Acute Stroke Unit.
- Embed our community diagnostic hub and services at our Hermitage Lane site.
- Re-embed our seven day services within our medical specialties.
- Ensure we retain our British Society for Gynaecological Endoscopy accreditation status for our endometrial services.
- Improve patient flow in our Emergency Departments (ED).
- Improve patient flow across our hospitals.
- Improve waiting times for our cancer patients.
- Improve the waiting times for our patients who are waiting for an operation.
- Improve our waiting times for our patients who are waiting for a scan or blood test.
- Improve reporting turnaround times for our patients who have had scans.

Quality priority one - improving patient safety



Sepsis pathway

We will improve our Sepsis Pathway.



Falls

We will improve the management of our patients at risk of falling in our hospitals.



Maternity

We will Improve our Maternity services safety performance.



Safety systems

We will improve our patient safety systems.



Measure safety

We will implement systems to measure our safety culture.



Education

We will improve our patient safety education processes.



Nasogastric

We will improve the systems in place to minimise risk to our patients who have "Nasogastric Tube" care needs.



Haemorrhage

We will improve upon our Intracranial Haemorrhage (bleeds on the brain) clinical pathway.



Patient safety data

We will develop processes to automate our patient safety data collection processes linked to clinical audit.



Medicine






We will optimise medicines use and improve safety around prescribing and medicines administration via a digital tool.







COVID-19

Implement adaptable safe clinical pathways for emergency patients during the ongoing COVID-19 pandemic.


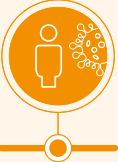
Improving patient safety

Aim	How will we make the improvement	How we will measure success
 <p>We will improve our Sepsis Pathway.</p>	Reviewing and improving our neutropenic sepsis pathway.	We will reduce adverse incidents resulting in harm linked to Sepsis management by 90%.
	Improving our sepsis safety netting processes in our Emergency Departments by improving our digital sepsis screening processes.	
	Redesigning and relaunching our Trust wide sepsis education programme.	
 <p>We will improve upon our management of inpatient falls.</p>	Trust Wide Quality Improvement Workstream One "Improving our patients environment and our specialist falls reduction equipment".	We will reduce our inpatient falls rate by 20%.
	Trust Wide Quality Improvement Workstream Two "Improving our processes and Improving our workforce"	
	Trust Wide Quality Improvement Workstream Three "Improving our Understanding of our patients evolving needs".	
 <p>We will Improve our Maternity performance linked to our antenatal gap and grow measurement processes and improving how we monitor Mothers for signs of high blood pressure.</p>	Via dedicated quality improvement projects, clinical leaders in maternity will be supported to identify opportunities to improve these specific pathways.	Having no adverse events linked to antenatal "Gap and Grow" measurements & the monitoring of hypertension.
 <p>We will improve the safety of our Maternity services by delivering against all of the patient safety recommendations as outlined in the 2022 Ockenden report & the 10 key elements of the National Better Births Plan.</p>	We will utilise existing "ward to board" governance and oversight structures to support the leaders in maternity services to track progress, unblock barriers to progress and demonstrate assurance against the key recommendations in the report.	Evidence will be collated and uploaded to our Trust Safety Systems which will demonstrate assurance that each required action has been completed.
	The maternity budget will be reviewed to ensure that a proportion of the budget is ring-fenced for training.	The proportion ring-fenced from the maternity budget for training will be reported in the 2022/23 Quality Accounts.
 <p>We will ensure MTW implements all of the recommendations as outlined in the new National Patient Safety Strategy (PSIRF) .</p>	Our PSIRF implementation group will continue to deliver on implementing the numerous changes to our systems and processes to ensure we are compliant with the new framework.	We will have produced a PSIRF compliant plan (Patient Safety Incident Response Plan) signed off by our Trust Executive Board and our ICS by October 2022.

Improving patient safety

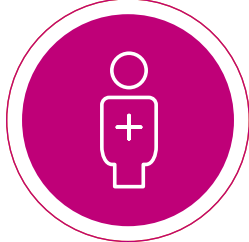
Aim	How will we make the improvement	How we will measure success
 <p>We will implement a new annual Trust wide safety culture measurement system and improve upon our patient safety training.</p>	We will launch the two new digital systems as part of our existing MTW E-learning (electronic staff learning) system.	90% of MTW's 6000 staff will have undertaken the basic patient safety module by June 2023 *which includes a safety culture measurement diagnostic.
 <p>We will improve upon the care of our patients who have nasogastric tube care needs.</p>	We will be redesigning and relaunching our trust wide Nasogastric Tube education plan and competency framework for our staff.	We will have launched the new plan and competency framework by August 2022 and by June 2023 60% of registered nurses in high use/acuity departments will have been trained and signed off as competent against the new framework.
 <p>We will improve upon our patient outcomes for patients who have suffered an "Intercranial Haemorrhage / bleed" by improving our adherence to national best practice guidance.</p>	The clinical teams will be supported to develop an improvement plan which benchmarks this clinical pathway against best practice.	Re-audit the Management of Intercranial Haemorrhage against national best practice guidance results.
 <p>We will work with our health informatics team and clinical leaders to automate 10% of our "clinical audit" data collection processes This will release more of our frontline clinical staff's time.</p>	We will work with our informatics leads to review the data available from our new electronic patient record "Sunrise", to automate 10% of our current nationally mandated clinical audits.	10% of the 51 current national clinical audits will be automated by June 2023.


Improving patient safety


Aim	How will we make the improvement	How we will measure success
 We will optimise medicines use and improve safety around prescribing and medicines administration via a digital tool i.e. Electronic Prescribing and Medicines Administration (EPMA) system.	The Sunrise / Informatics implementation project team and Pharmacy Directorate will lead on this funded Trust wide transformational change.	We will achieve 100% allergy documentation for our current baseline of 94%. The electronic discharge notification (EDN) will be sent to the GP within 24 hours of in-patient discharge (in all areas with live EPMA).
 We will implement adaptable safe clinical pathways for emergency patients during the ongoing COVID-19 pandemic.	Redesign the clinical pathways, creating flexible and reactive pathways, using appropriate infection prevention precautions, to manage COVID-19 risk.	In preparation for Winter 2022, the new pathways will be in place by November 2022.





Quality priority two - improving patient experience



Improvement strategy
With the help and input from our patient partners we will redesign and launch a new patient experience improvement strategy.



Advice and liason
We are expanding our current Patient Advice and Liaison Services to make them accessible 7-days a week.



Response to complaints
We will improve our responsiveness to our patients who have cause to complain.


Patient experience
We will improve our patient experience services and processes.

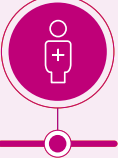




Share learning
We will work with our regional Integrated Care System (ICS) to improve upon how we share learning from patient experience across the region.


End of life
We will improve our end of life care support to our patients.








Engage
We will improve how we engage with our children and young people.


Cancer services
We will improve the experience and access to services for our patients who have cancer.

Improving patient experience


Aim	How will we make the improvement	How we will measure success
 <p>With the help and input from our patient partners we will redesign and launch a new patient experience improvement strategy.</p>	<p>We will ensure there is a focus on fully understanding the health inequalities that exist within our regional health system and ensuring we have an effective plan for addressing these inequalities.</p> <p>We will ensure our strategy has a clear focus on fully supporting the most vulnerable (adults and children) who use our services.</p> <p>We will ensure the strategy prioritises ensuring the care of our patients who are experiencing mental health problems in both an emergency and an inpatient setting has a clear focus on improving upon the care we give to this patient group.</p> <p>We will ensure the strategy incorporates a clear strategy to optimally support and listen to the needs of the carers of our patients.</p>	<p>The strategy will be ratified at our patient experience committee to ensure an improvement plan is launched for each of these 4 key objectives by September 2022.</p>
 <p>We will improve our ability to listen to and support our patients by expanding our Patient Advice and Liaison Services to make them 7-days a week.</p>	<p>Funding will be sought internally (via business planning) within the Trust to ensure our workforce models are reconfigured to support this change.</p>	<p>The service will launch as a seven-day service by June 2023.</p>
 <p>We will increase our internal capacity to better respond to our patients when things have gone wrong by changing our trust complaints handling target from 75% to 90% (the percentage of complaints responses being delivered within the timescale agreed with our patients).</p>	<p>Funding will be sought internally (via business planning) within the Trust to ensure our workforce models are reconfigured to support this change.</p>	<p>By September 2022 we will have amended our Trust complaints handling target and this will be reflected in our Trust Board Integrated Performance report.</p>
 <p>We will amend our patient experience workforce model to ensure it meets the recommendations detailed in the new complaints framework.</p>	<p>Funding will be sought internally (via business planning) within the Trust to ensure our workforce models are reconfigured to support this change.</p>	<p>The new workforce model and processes aligned to the latest national complaints' framework will be launched by June 2023.</p>

Improving patient experience


Aim	How will we make the improvement	How we will measure success
 <p>We will work with our regional Integrated Care Board to procure a system wide safety system (software) to promote learning across the system from adverse events.</p>	<p>We will work with the regional ICS (Integrated Care System) to engage with this initiative and support its implementation.</p>	<p>An ICS wide "Safety" system will be launched alongside a formalised process for sharing "safety" lessons and learning across the system.</p>
 <p>We will improve upon our end of life care by implementing the recommendations from the latest National End of Life Care Audit.</p>	<p>Via the End of Life Care Committee, the Trusts teams will be supported to deliver the improvements and recommendations made from our 2021/22 National End of Life Care Audit.</p>	<p>Assessing Trust compliance against 2022/23 National End of Life Care Audit report.</p>
 <p>Launching a new Children's Board to better support patient engagement and involvement in service developments.</p>	<p>Our division of Women's, Children's and Sexual Health Services will lead on developing and launching this forum.</p>	<p>By June 2023 The new Children's Board will be formally launched.</p>
 <p>Develop integrated supportive care services for our patients who have cancer working with partners to deliver effective wrap around services to prevent or treat the side effects of their treatment.</p>	<p>Our Cancer Services Division will be supported by our quality improvement teams to map best practice for this pathway and to develop and deliver an improved pathway for our cancer patients.</p>	<p>By June 2023 this quality improvement initiative will have been completed.</p>
 <p>Ensure we deliver improved and equal access to our cancer services via the utilisation of public health data to measure the impact of our cancer services.</p>	<p>This initiative will be commenced in 2022 and the outcomes and improvement plan tracked via our Trust's Cancer Board.</p>	<p>By June 2023 this quality improvement initiative will have been completed.</p>
 <p>Establishing two teenage and young adult cancer networks within the south east and participate in the development of a third network.</p>	<p>The Cancer Division will work collaboratively with the Women's, Children's & Sexual Health Services Division to establish these three key networks.</p>	<p>By June 2023 this quality improvement initiative will have been completed.</p>

Quality priority three - clinical effectiveness part 1

Improving our clinical pathways




Orthopaedic
Improving our orthopaedic pathway by building a new innovative open-plan theatre.




Digestive
Delivering a new centralised Digestive Diseases Unit at Tunbridge Wells Hospital.




Blood Pressure
Introducing improved monitoring for pregnant people experiencing hypertension (high blood pressure).




Bariatric Services
Launching a new surgical bariatric service.



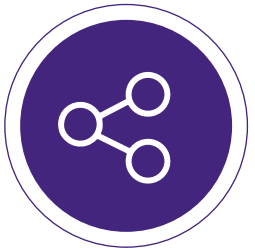
Child mental health
Improving our child mental health risk assessments.



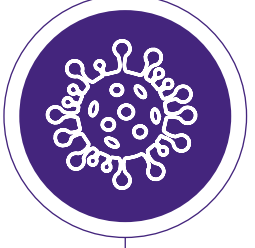
Cardiology
Improving our complex cardiology (heart) services.



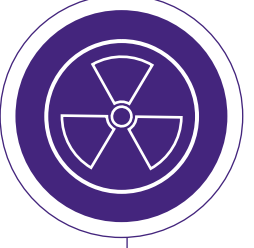
Stroke Unit
Finalising our plans to establish a Hyper Acute Stroke Unit and an Acute Stroke Unit.



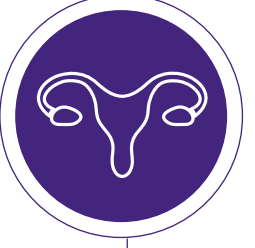
Diagnostic centre
Embedding our community diagnostic centre and services at our Hermitage Court site.



COVID
Re-embed our seven day services within our medical specialties during the ongoing global COVID-19 pandemic.







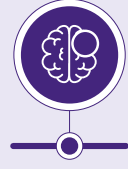


Radiotherapy
Buying new equipment in our radiotherapy services.







BSGE
Ensuring we retain our British Society for Gynaecological Endoscopy (BSGE) accreditation status for our endometrial services.

Part one - improving our clinical pathways

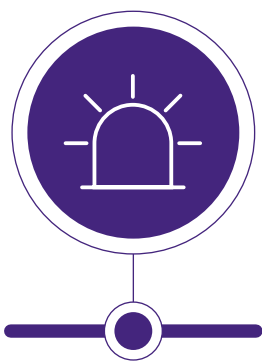
Aim	How will we make the improvement	How we will measure success
 Improving our orthopaedic pathway by building an innovative open-plan theatre.	Completing our development of an innovative open-plan theatre on the Maidstone Hospital site to provide a further four theatres for our patients. This will help us to further improve our care of our elective orthopaedic patients at Maidstone Hospital.	By June 2023 we will have opened our new Theatres and evidence will have been collected to demonstrate improved patient experience and increased operating activity.
 Delivering a new centralised Digestive Diseases Unit at Tunbridge Wells Hospital.	A new centralised Digestive Diseases Unit (DDU) will be launched at Tunbridge Wells Hospital, which will be Kent and Medway's first unit of this kind, bringing together gastrointestinal, surgical services, and endoscopy services. This will provide our patients with an improved multidisciplinary approach to their care.	By June 2023 the new DDU will have opened.
 Introducing improved monitoring for pregnant people experiencing hypertension (high blood pressure) .	We will introduce an improved process of monitoring for our pregnant people experiencing hypertension (high blood pressure).	By June 2023 the new process will be in place.
 Launch a new surgical bariatric service.	We will launch a new Tier 4 (surgical) bariatric service, to enable our patients to receive their surgery locally rather than travelling to providers in London and elsewhere.	By June 2023 the new service will have launched.
 Improving our child mental health risk assessments.	We will work with North East London Foundation NHS Trust (NELFT) and other hospitals in Kent and Medway to standardise and improve our paediatric mental health risk assessment processes.	By June 2023 a standardised risk assessment tool will have been developed across the network.
 Improving our complex cardiology (heart) services.	We will build a new cardiac catheter laboratory as part of our plans to expand our Coronary Care Unit (CCU) at Maidstone Hospital, centralising and improving upon our complex cardiology services at Maidstone Hospital.	By June 2023 the new cardiac catheter laboratory will be in place.
 Finalising our plans to establish a Hyper Acute Stroke Unit and an Acute Stroke Unit.	We will launch the reconfigured Stroke services via a new Hyper Acute Stroke Unit and an Acute Stroke Unit at our Maidstone Hospital.	By June 2023 the new stroke units will have launched.

Part one - improving our clinical pathways

Aim	How will we make the improvement	How we will measure success
 Embedding our community diagnostic services at our Hermitage Court site.	We will continue to embed services at our newly launched Community Diagnostic Centre at our Hermitage Court site next to Maidstone Hospital.	By June 2023 the new Community Diagnostic Centre will be demonstrating improvements in access and patient experience for our patients who require imaging.
 Re-embed our seven day services within our medical specialties during the ongoing global COVID-19 pandemic.	The 2019-21 establishing “Seven Day Hospital Services” workstream will be reviewed and plans put in place to recover any slippage in progress.	By June 2023 the Medicine and Emergency Care division will be able to demonstrate they are fully meeting the original ambitions of the “Seven Day Hospital Services” improvement workstream.
 Buying new equipment in our radiotherapy services.	We will continue to replace our existing radiotherapy provision with state of the art equipment, also establishing satellite units for radiotherapy provision so we can treat our patients closer to their homes.	By June 2023 the Diagnostic Division will be able to demonstrate that the new equipment has been bought and is in place for the benefit of our patients. Our new radiotherapy satellite units will also be in place.
 Ensuring we retain our BSGE accreditation status for our endometrial services.	With the arrival of a new Endometrial Services Lead in June 2022, the service will continue to be reviewed and modernised to ensure accreditation is retained at the next assessment.	By June 2023, the service will have retained their accreditation status.

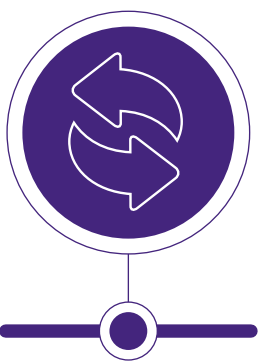
Quality priority three - clinical effectiveness part two

Improving our operational clinical effectiveness



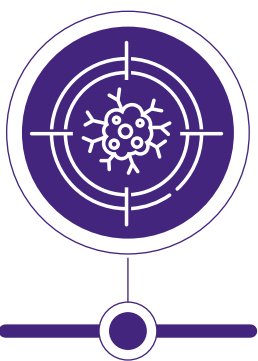
Emergency patient flow

Improving patient flow in our Emergency Departments (ED).



Hospital patient flow

Improving patient flow across our hospitals.



Cancer waiting times

Improving waiting times for our cancer patients.



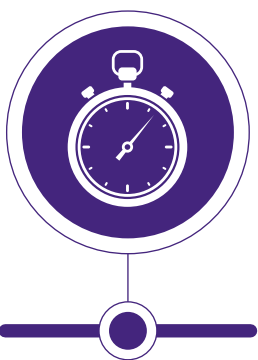
Operation waiting times

Improving the waiting times for our patients who are waiting for an operation.



Scan/blood test waiting times





Improving our waiting times for our patients who are waiting for a scan or blood test.





Provide report waiting times

Improving upon the time it takes for our services to review and provide reports for our patients who have had scans.

Part two - improving our operational clinical effectiveness

Aim	How will we make the improvement	How we will measure success
 Improving patient flow in our Emergency Departments.	Improving upon our current “Clinically Ready to Proceed” performance (currently 50%) within our Emergency Departments, whereby patients who ED have referred to a speciality are transferred to a ward (or our same day emergency care areas) within 60 minutes of the referral being made.	By May 2023 90% of our patients will be clinically made ready to proceed within 60 minutes of their referral being made.
	Continuing to deliver against the latest “12 hours in ED” standard which means we will aim for 98% of our patients to be admitted to a ward within 12 hours of their time of arrival in our Emergency Department. This is different to the previous national standard which was to admit a patient within a maximum of 12 hours from the clinical team’s decision to admit.	By May 2023 98% of our patients will be admitted to a ward within 12 hours of their time of arrival in our Emergency Department.
	Ensure that 90% of our patients receive an initial assessment in our Emergency Departments within 15 mins of their arrival.	By May 2023 90% of our patients will receive an initial assessment in our Emergency Departments within 15 mins of their arrival.
 Improving patient flow across our hospitals.	We will deliver improvements in our hospital patient flow via the delivery of our Trust wide “Safer Better Sooner” improvement programme. This will be based upon the improved utilisation of our digital patient “Tele Tracking” system to provide improved patient flow data to the benefit of our clinical, operational and support teams.	All actions from the improvement programme will be delivered by June 2023.
 Improving waiting times for our cancer patients.	We will continue to deliver against the national standards for cancer *MTW has managed to deliver this successfully for the last 30 months.	By May 2023 MTW will have met all of the operational standards for cancer.
 Improving the waiting times for our patients who are waiting for an operation.	We will continue to deliver a zero tolerance for elective 52 week breaches (people having to wait more than 52 weeks from the point of their referral to receiving their treatment by MTW).	By May 2023 we will have maintained our zero 52 week position.

Part two - improving our operational clinical effectiveness

Aim	How will we make the improvement	How we will measure success
 Improving our waiting times for our patients who are waiting for a scan or blood test.	We will ensure we increase our diagnostic capabilities to a minimum 120% of the activity levels we saw prior to the COVID-19 pandemic (2019/20). This means we will provide over 30,000 Magnetic Resonance Imaging (MRI) scans, 74,000 Computer Tomography (CT) scans and 56,000 ultrasound scans in 2022/23.	By May 2023 we will be able to demonstrate we have increased our diagnostic activity by 120% of 2019/20 levels.
 Improving upon the time it takes for our services to review and provide reports for our patients who have had scans.	We will improve upon our current reporting of outcomes for our diagnostic services in our radiology and histopathology teams.	By May 2023 we will be able to demonstrate improvements in the time taken to report patient scans and histopathology tests against 2021/22 activity levels.



Statements relating to the quality of NHS services provided

The Trust is registered with the Care Quality Commission (CQC) to provide the following Regulated Activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983 (at Maidstone and Tunbridge Wells Hospitals)
- Diagnostic and screening procedures (at Maidstone and Tunbridge Wells Hospitals)
- Family planning services (at Maidstone and Tunbridge Wells Hospitals)
- Maternity and midwifery services (at Maidstone and Tunbridge Wells Hospitals and Crowborough Birthing Centre)
- Surgical procedures (at Maidstone and Tunbridge Wells Hospitals)
- Termination of pregnancies (at Tunbridge Wells Hospital)
- Treatment of disease, disorder or injury (at Maidstone and Tunbridge Wells Hospitals)

The Nominated Individual for the Trust's Registration is Mrs Jo Haworth, Chief Nurse.

For further details of the Trust's CQC Registration, see www.cqc.org.uk/provider/RWF/registration-info.

During 2021/22 the Trust provided and/or subcontracted acute and specialised services to NHS patients through our contracts with Clinical Commissioning Groups, Kent County Council and NHS England. The Trust has subcontracted services to the Independent Sector Providers as part of the Prime Provider Model for elective care and in response to the COVID-19 pandemic for emergency admissions. The available data on the quality of care for all of these NHS services has been formally reviewed.

The income generated by the NHS services reviewed for quality purposes in 2021/22 represents 100% of the total income for the provider for the reporting period under all contracts, agreements and arrangements held by the provider for the provision of, or sub-contracting of, NHS services.

TIAA, our internal auditors undertook a range of audits to review the internal control environment at the Trust. TIAA undertook 13 assurance reviews in total, 1 assurance review provided significant assurance, 11 provided reasonable assurance and 1 provided limited assurance. There were no reviews that received no assurance. TIAA made 59 recommendations following the reviews of which 9 were urgent, 23 were important and 27 were routine.

Reviewing standards

To ensure that we are consistently providing services to the required standards the Maidstone and Tunbridge Wells NHS Trust supported a number of reviews of its services undertaken by external organisations during 2021/22, including the following:

- CQC engagement event – Maternity: Response to Ockenden report
- CQC engagement event – Outpatients transformation
- 2020/21 Annual finance external audit; Grant Thornton – completed June 2021
- 2020/21 Annual charitable funds account external audit; Grant Thornton – completed December 2021
- CRS VAT Consultancy – VAT compliance review of contracted out services – quarterly remote reviews
- General Medical Council – Trainee and Trainer Survey – April/May 2021
- United Kingdom Accreditation Service (UKAS) accreditation (Clinical Pathology accreditation (CPA/ISO 17043)) – South East England General Histopathology EQA scheme – August 2021
- UKAS accreditation (Clinical Pathology accreditation (CPA/ ISO 15189) – Microbiology – October 2021
- Medicines and Healthcare Products Regulatory Agency (MHRA) – Transfusion – March 2022
- CASPE (Clinical Accountability, Service Planning and Evaluation) (CHKS) (ISO 9001, CQC, Peer Review, TSR and Francis Rec.) Radiotherapy, Medical Physics (including E.M.E. Services), Chemotherapy, Clinical Trials, Oncology Outpatients, Clinical Haematology, admin and clerical – Site visit February 2022
- Environmental Health, Tunbridge Wells Hospital kitchen – August 2021(October 2021).

Internal reviews

Internally we have the following reviews to assess the quality of service provision:

- Due to recommence this year - our internal assurance inspections (based on CQC methodology)
- Due to recommence this year - internal PLACE (Patient-Led Assessments of the Care Environment) reviews
- Infection control reviews, including hand hygiene audits

- Executive led “walkabouts”
- Due to commence “Clinical Fridays” *Senior leaders undertake planned clinical / ward based activities
- Monthly Quality Checks for all clinical areas

The outcomes of these assessments are included within our triangulation process overseen at our Quality Improvement Committee, with the aim to identify good practice and learning to share across our teams and action plans are developed locally.



Clinical Audit

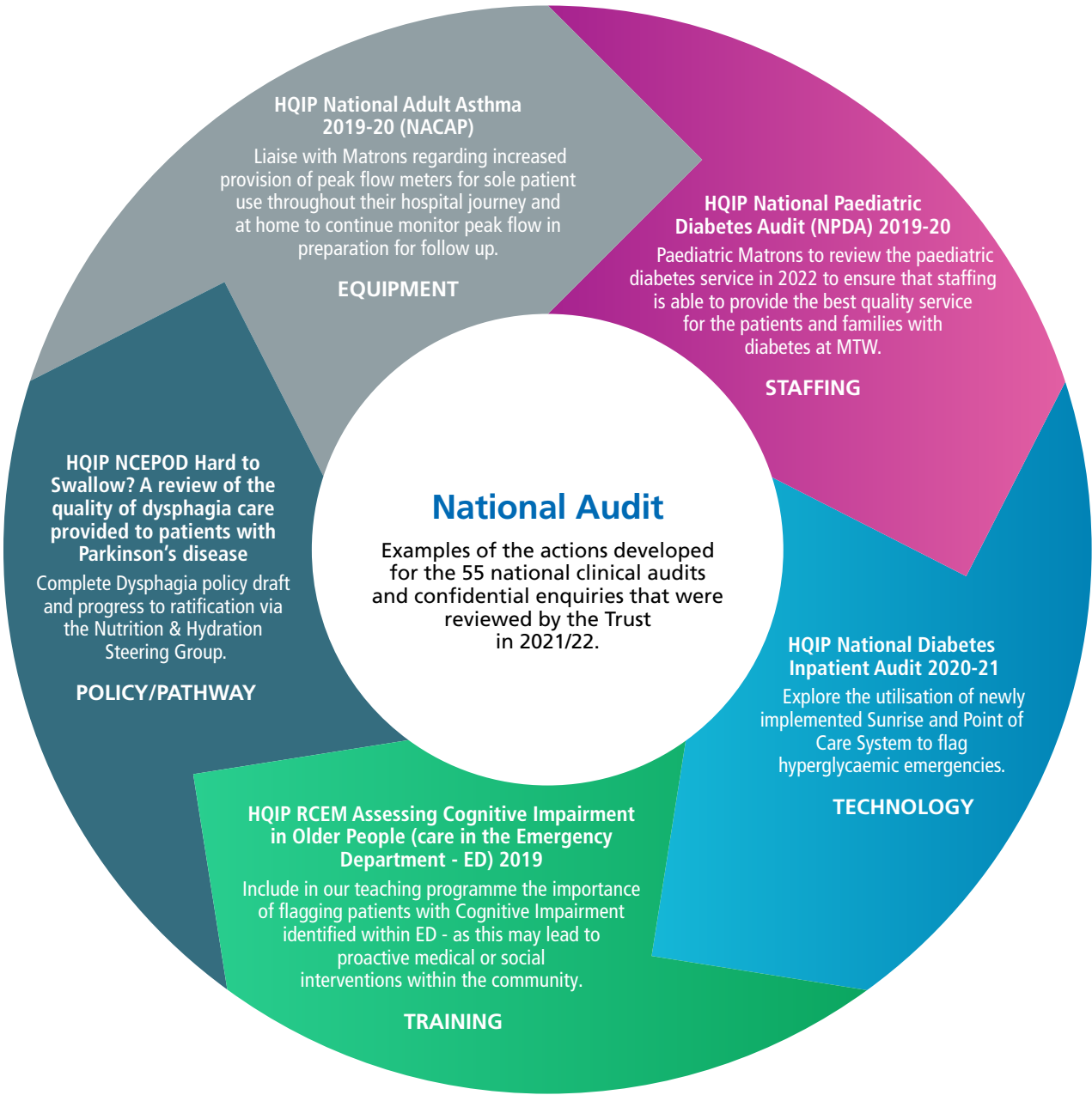
Participation in national clinical audits, national confidential enquiries and local clinical audit is mandated and provides an opportunity to stimulate quality improvement at Maidstone and Tunbridge Wells NHS Trust. Identified aspects of care are evaluated against specific criteria to ascertain compliance and quality. Where indicated, changes are implemented and further monitoring is used to confirm improvement in healthcare delivery. In 2021/22 MTW participated in 7 (100%) of relevant confidential enquiries and 91% (41/45) of all relevant national clinical audits. During the same period, MTW staff successfully completed 142 clinical audits of the 193 due to be completed (local and national) to

action plan stage. Actions plans were developed for the completed clinical audits that were not fully compliant; the actions developed fell into five categories – staffing, equipment, training, policy/pathway and technology (see infographics). The remaining audits are at various stages of completeness and will be monitored through to completion. In 2021/22, 38 national clinical audits and confidential enquiries published reports that covered the relevant health services provided by Maidstone and Tunbridge Wells NHS Trust. The Trust reviewed 9 of the national clinical audits and confidential enquiries that were published in 2021/22 and a further 46 national clinical audits and confidential enquiries that had been

carried over from 2020/21. Work continues on the remaining reviews. The COVID-19 pandemic continues to impact the progress of the clinical audit programme with our clinical colleagues prioritising their clinical work as advised by Sir David Sloman, Chief Operation Officer, NHS England and NHS Improvement in a letter to NHS Trusts on 24th December 2021 - “Given the importance of clinical audit in COVID and non-COVID care, clinical audit platforms will remain open for data collection. It should be noted clinical teams should always prioritise clinical care over data collection and submission”.

The list of Healthcare Quality Improvement Partnership (HQIP) national clinical audits and national confidential enquiries (NCEPOD National Confidential Enquiries into Patient Outcomes and Death) that Maidstone and Tunbridge Wells NHS Trust was eligible to participate in and participated in during 2021/22 can be found in Appendix A.

A full list of the clinical audits reviewed is available from the Trust upon request by contacting Clinical Audit - mtw-tr.ClinicalAudit@nhs.net

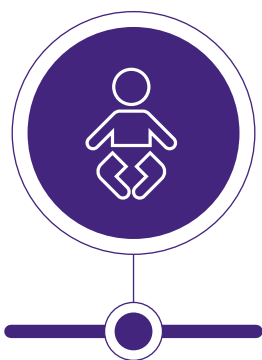


Research and Innovations

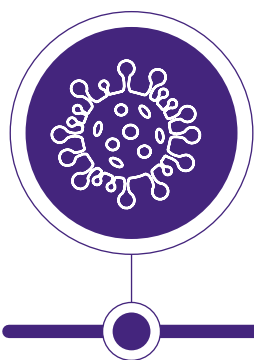
The Research and Development Department became the Research and Innovation Department in September 2021 and now supports the development of both new research and innovation projects. Under the leadership of Dr Oliver Blightman, a new Innovation team will be recruited in 2022/23 to develop partnerships with external partners in academia and local innovation hubs to advance innovation opportunities at MTW.

MTW recruited 3515 participants across 84 trials in 2021/22 which is comparable to pre-pandemic levels. Top recruiting research areas include reproductive health and childbirth (1611 participants), COVID-19(846) and critical care (non-COVID-19 studies 428).

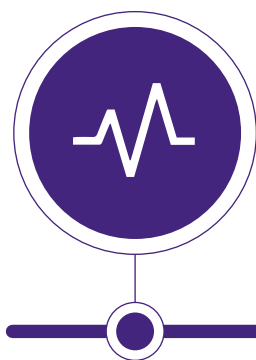
Recruiting areas



Reproductive health and childbirth
1611



COVID-19
846



Critical Care
428

2021/22 was the year our research teams returned to delivering research ‘business as usual’ on top of a busy portfolio of COVID-19 research. The research team opened all mandated COVID-19 trials during the pandemic and continued to support their delivery during 2021/22 by recruiting just under 1000 people to COVID-19 trials.

In December, MTW completed and closed the high-profile Novavax COVID-19 vaccine trial following the successful recruitment of over 100 volunteers. Just two months later, the vaccine was approved by the UK Medicines & Healthcare Products Regulatory Agency (MHRA) in February adding to the growing list of COVID-19 vaccines available to the UK population.

2021 saw our Emergency Departments embrace research and open their first cross-site study into Subarachnoid Haemorrhage in ED (The SHED Study) on 13th October. The study, led by the Trainee Emergency Research

Network (TERN) looks at the management of patients in emergency departments in the UK. Despite this being MTW’s first large-scale emergency-based trial, the Emergency Department teams exceeded the contracted recruitment and at the end of the year were the highest recruiting Trust in Kent, Surrey and Sussex, under the leadership of the Principle Investigator, Dr Ragavan Navaratnam.

The departments of Research and Innovation and Medical Education have been working with colleagues at the new Kent and Medway Medical School to prepare a work experience programme for medical students who will join the Trust on placement from 2023/24. Whilst on placement medical students will get to experience working on recruiting clinical trials, under the supervision of research consultants and the research team, and experience first-hand how to recruit patients to clinical trials.

During the summer of 2021, the Research and Innovation Team conducted a scoping exercise with staff in our stroke, digestive diseases and cardiology services to gain an understanding of their requirements for research. Plans are afoot to increase the number of research projects in these areas to offer more patients innovative treatments earlier. NHS England’s Core20PLUS5 programme invites research investigation into inequality of access to respiratory and cardiology services in particular, and both the Kent Surrey and Sussex Applied Research Collaboration and the Kent Surrey and Sussex Academic Health Science Network are providing support to healthcare services this coming year.

The MTW consultant body has a strong track record for successfully designing and opening their own studies for the benefit of patients in the region. 2021/22 saw a number of studies open and recruit patients in the following areas:

Living Donor Allograft for Anterior Cruciate Ligament Reconstruction study.

Led by Mr Nick Bowman, Trauma and Orthopaedic Consultant Surgeon. The aim of the study is to determine, in patients who are under 18 with a confirmed ACL rupture, whether parental donor hamstring tendon allograft is as effective as reported outcomes for autograft hamstring reconstruction in the same patient group. The study is open until the autumn 2022.

Non-invasive detection of axillary sentinel lymph nodes and nodal metastasis using ultrafast, super-resolution, dual-contrast enhanced ultrasound imaging in patients with breast cancer.

Led by Miss Karina Cox Consultant Breast and Oncoplastic Breast Surgeon. This study aims to develop a high-resolution imaging system for axillary sentinel lymph nodes in collaboration with Imperial Healthcare Trust, London. The study opened in February 2022 and the first patient was recruited at MTW in March.

The utility of Lung Ultrasound (LUS) to characterise lung recovery in patients with COVID-19.

Led by Dr Tuck-Kay Loke, Respiratory Physician, the study aims to determine the overall diagnostic accuracy of lung ultrasound as a test to identify pulmonary fibrosis as compared to CT Thorax scan in post-COVID patients.

SENTINUS: Technical feasibility and diagnostic accuracy of intradermal microbubbles and contrast enhanced ultrasound to identify sentinel lymph node metastases in breast cancer patients following training and mentorship of imaging specialists.

Led by Miss Karina Cox, Consultant Breast and Oncoplastic Breast Surgeon – the study aims to train imaging specialists to perform a contrast ultrasound test to find and biopsy armpit sentinel lymph nodes in patients with breast cancer and assess how effective the test is at finding cancerous deposits (metastases).



Goals agreed with commissioners

This section describes how the Commissioning for Quality and Innovation (CQUIN) payment framework is used locally. The intention of the CQUIN framework when it was initially introduced was to support the cultural shift within the NHS to ensure that quality is the organising principle for all NHS services. It provides a means by which payments made to providers of NHS services depends on the achievements of locally agreed quality and innovation goals.

Last year, due to COVID-19, the CQUIN programme was suspended for 2020/21. This year our clinical commissioning group has asked our Trust to focus on achieving the following key CQUINS.

- **Staff Flu Vaccines:** Ensuring a 90% uptake of flu vaccinations by frontline staff with patient contact.
- **National Early Warning Score:** Achieving 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, having a NEWS2 score, time of escalation (T0) and time of clinical response (T1) recorded.

- **Compliance with timed diagnostic pathways for cancer services:** Achieving 65% of referrals for suspected prostate, colorectal, lung and oesophago gastric cancer meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment pathways.
- **Treatment of community acquired pneumonia in line with BTS (British Thoracic Society) care bundle:** Achieving 70% of patients with confirmed community acquired pneumonia to be managed in concordance with relevant steps of BTS CAP Care Bundle.
Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions.

- **Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service:** Achieving 1.5% of acute trust inpatients having changes to medicines communicated with the patient's chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5, via a secure electronic message.









Statements from the CQC

The most recent inspection undertaken of the Trust took place during the period 18th October, 2017 to the 1st February, 2018 with the report published in March 2018. The overall rating for the Trust at that time was 'Requires Improvement'.

In 2019 the CQC reported that they had seen significant improvements since the 2017/18 inspection ago and although we have been rated as 'Requires Improvement', they acknowledged that significant and sustained

improvements had been made and we were moving towards a 'Good' rating.
The Trust monitors compliance with CQC registration requirements itself, primarily through a programme of in-house assurance visits/inspections and its quality governance framework. The Trust has not participated in any special reviews or investigations by the CQC during the last reporting period.



Overall rating for this trust	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive?	Requires improvement	
Are well-led?	Good	

Improving data quality

Maidstone and Tunbridge Wells NHS Trust is committed to providing services of the highest quality. Specifically, MTW needs to ensure its information is:

- Consistently captured;
- Recorded accurately;
- Securely shared within the boundaries of law.

NHS Number and General Medical Practice Code Validity

Data quality is also monitored for each submission the Trust is required to make throughout the year to NHS Digital, Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in the published data: which included the patient’s valid NHS number was (as at Month 11):

- 99.8% (99.8% 20/21) for Admitted Patient Care
- 100% (99.9% 20/21) for Outpatient Care
- 99.3% (99.0% 20/21) for Accident and Emergency Care

which included the patient’s valid General Medical Practice code was:

- 100% (100% 20/21) for Admitted Patient Care
- 100% (99.9% 20/21) for Outpatient Care
- 99.9% (99.9% 20/21) for Accident and Emergency Care

The Trust has developed a data quality dashboard to assist service.

Code Type	Percentage Correct	Data Quality section of Data Security Standard 1	
		Level of Attainment	
		Standards met	Standards exceeded
Primary Diagnosis	95%	90% or above	95% or above
Secondary Diagnosis	96.2%	80% or above	90% or above
Primary Procedure	98.3%	90% or above	95% or above
Secondary Procedure	94.9%	80% or above	90% or above

Clinical Coding
Clinical Coding 2021/22 Audit Scores

Clinical Coding Auditors:
We have an in house highly Trained Clinical Coding Audit Team

Data Security and Protection Toolkit (DSPT)

The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian’s 10 data security standards.

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

Organisations must make an annual submission supported by appropriate evidence to demonstrate that they are working towards or meeting the required standards.

The deadline for the DSPT 2021/22 submission 30 June 2022. The Trust continues with its preparations for submission and has requested TIAA to complete an independent audit of the evidence gathered by the Trust to support its submission. The assertions audited are selected by NHS Digital. The audit will test the evidence for completeness and validity.

In June 2021, the submission date for 2020/21, the Trust submitted a ‘Standards Met’ return.

The Senior Information Risk Owner keeps the Trust Board fully apprised of Information Governance issues affecting the organisation.

An Information Governance Committee oversees the Information Governance work within the Trust.

Improvement strategy:
We are also aligning with the Kent and Medway Coding Strategy


Training:
The training programme is delivered by Highly Trained NHS Digital Approved Trainers

Part three



Results and achievements against the 2021/22 quality priorities

The information below summarises the quality improvement priorities we set out to achieve during 2021/22.




Patient safety

Aim

To sustain and further enhance robust processes to provide a supportive environment that recognises and reduces avoidable harm.

Priorities

- Embedding a safety culture within the Trust through ongoing implementation of the National Patient Safety Strategy.
- Continue to develop a downward trend in avoidable healthcare associated infections.
- Increased focus on reducing the number of hospital acquired deep tissue injuries (DTI) and Category 2 pressure ulcers.
- Focus on reducing the number of inpatient falls resulting in harm.
- Improve the outcomes of our expectant parents and their babies.
- Improve the recognition and escalation of the deteriorating patient with specific focus on NEWS2 sepsis and diabetes.




Patient experience

Aim

To increase the opportunities available for patient involvement, interaction and gathering of views and feedback, which can then be utilised to improve services, pathways of care and the experience for all concerned.

Priorities

- Implementation of the Patient Engagement and Experience Strategy 'Making it Personal'.
- The delivery of excellent care for patients at End of Life (EoL) including the experience of the bereaved/families in the bereavement process.
- Sustain improvement in the timely completion of Duty of Candour notifications as part of a wider commitment to improve patients' and their carers' experience of adverse incidents and complaints.
- Embedding safeguarding practices in all aspects of clinical care.
- Implementation of the Dementia Strategy 2021-2024.
- Implementation of the Delirium agenda.
- Improving communications with community pharmacies to improve access to medicines for patients.
- Improve the experience of our expectant parents and their babies.



Clinical effectiveness

Aim

To improve the management of our patient journeys through the utilisation of evidence-based practice.

Priorities





- Improving the flow of patients into and out of our wards and departments.



This section will describe the results and achievements in greater detail against each of the quality priorities. Later in this section other significant improvements in patient care and quality initiatives are outlined to provide further examples of the implementation of the quality agenda within the Trust.

Patient safety





Aim: To sustain and further enhance robust processes to provide a supportive environment that recognises and reduces avoidable harm.

Priority: Embedding a safety culture within the Trust through ongoing implementation of the National Patient Safety Strategy.


What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Further improve the quality and timeliness of incident investigations to support the learning lessons agenda.	Increase in achievement of 60-day key performance indicator (KPI) in 2021/22 based on 2020/21 compliance figures.	In November 2021 we launched a dedicated improvement initiative to ensure our serious incident investigations are completed according to their deadline. By May 2022 we no longer had any overdue investigations and are continuing to work hard to ensure this is maintained.	 Completed, achieved
	Decrease in numbers of incidents breaching 45 day closure timeline, based on 2020/21 numbers.	There has been a significant reduction in the total number of incidents awaiting closure breaching (open longer than 45 working days from reported date), however there is still further work required to reach the target.	 Ongoing, partially achieved
Development of performance dashboards and reports that provide meaningful data to support departments and divisions.	Every ward to have a performance dashboard in place on Datix (the Trust's incident reporting system).	Directorate dashboards are now available on Datix.	 Completed, achieved
	Development of actions module (to monitor compliance with open actions from investigations) on Datix to drive performance and timely learning.	The Datix actions module went live in October 2021. The actions from April 2021 onwards for serious incident (SI) investigations have been uploaded onto the system and a process for overseeing their timely implementation has been launched.	 Completed, achieved

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Supporting all staff to share their patient safety experiences and to encourage their development of skills and practices to support patient safety.	Virtual investigation Root Cause Analysis (RCA) training sessions are now in place.	Virtual RCA training sessions provided during the pandemic via Microsoft Teams.	 Completed, achieved
	Design a qualitative process to evaluate staff experience of incident reporting and being involved in the Serious Incident process.	A survey was conducted in 2021 to evaluate our workforces experience of the incident / serious incident reporting process and the findings of this survey fed into our changes and improvements to our reporting processes. We have also built a process to measure and understand our safety culture into our newly launched safety syllabus for staff.	 Completed, achieved


Priority: Continue to develop a downward trend in avoidable healthcare associated infections, in particular.

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
To continue excellent practice in infection prevention and control (IPC) measures during the remobilisation of services as we move out of the COVID-19 pandemic.	Flexible and responsive systems in place for infection prevention and control of COVID-19 in line with national guidance.	National guidance has been implemented and updated throughout the pandemic. The IPC team work closely with clinical and operational teams to respond quickly to any changes.	 Completed, achieved
	Performance against the national IPC board assurance framework (BAF) is reviewed with evidence made available to the Trust Board.	The Director of Infection Prevention and Control has updated the IPC BAF regularly and presented it to the Trust Board whenever changes have been made.	 Completed, achieved
	Compliance of self-assessment with the Code of Practice of the Health and Social Care Act 2015 (the Hygiene Code) to be monitored through the Infection Prevention & Control Committee with periodic reports to the Trust Board.	The Director of Infection Prevention and Control has updated the IPC BAF regularly and presented it to the Trust Board whenever changes have been made.	 Completed, achieved
Gram negative bloodstream infections.	To achieve a year on year reduction of gram negative bacteraemia (whilst acknowledging national 5 year target of 50% reduction across the healthcare system by 2024/25).	Number of hospital acquired E.coli cases reduced from 55 to 45 cases per year.	 Ongoing, partially achieved

Priority: Increased focus on reducing the number of hospital acquired deep tissue injuries (DTI) and Category 2 pressure ulcers.





What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Reduce the number of hospital acquired deep tissue injuries (DTI) and Category 2 pressure ulcers.	10% decrease in number of hospital-acquired avoidable DTIs and Category 2 pressure ulcers by year end, based on 2020/21 numbers.	Unfortunately incidences of Category 2 and DTI pressure damage have increased by 22% in comparison to the previous year. This is attributed to the acuity and complexity of the patients during the continued COVID pandemic.	 Ongoing, not achieved

Priority: Focus on reducing the number of inpatient falls resulting in harm




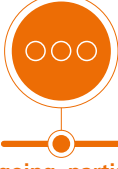
What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Reduce the number of inpatient falls resulting in harm.	5% reduction in number of falls resulting in harm (moderate, serious and death) compared with 2020/21 figures.	Unfortunately the Trust's rate of falls per 1,000 occupied bed days is above the Trust maximum limit of 6.0 at 8.2 at year end (7.8 for the previous year). Three Trust wide improvement workstreams have been set up to improve our falls performance.	 Ongoing, not achieved







Priority: Improve the outcomes of our expectant parents and their babies through:

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Delivery of the ten key elements of the maternity transformation plan, with specific focus on the Continuity of Carer's directive.	Continue to implement and embed the maternity transformation plan.	We have put in place plans to increase our midwifery staffing in order to meet the Continuity of Carer directive Our digital transformation continues and this includes implementing a Maternity Personal Health Record to provide access to electronic records. Our collaboration continues with our "Local Maternity Neonatal System" (LMNS).	 Ongoing, partially achieved
Aim to make measurable improvements in safety outcomes for women, their newborns and families in maternity and neonatal services, as set out in Better Births, the Ockenden report and the Transforming Perinatal Safety publication.	Aim to reduce the rate of stillbirths, maternal and neonatal deaths and neonatal brain injuries occurring during or soon after birth by 50% by 2025 through benchmarking against Saving Lives Care Bundle v2, ATAIN (Avoiding Term Admissions into Neonatal units) and Maternal and Neonatal Safety Collaborative (MatNeo).	Fetal Wellbeing Midwife and Smoking in Pregnancy Midwife in post to support Saving Babies Lives Care Bundle v2. Fetal Surveillance Lead Consultant Obstetrician and Lead Midwife appointed to support clinical staff with fetal monitoring. ATAIN meeting group monitors admissions to Neonatal Unit and identify learning and actions. MatNeo Group continues to engage with regional and national agenda.	 Ongoing, partially achieved
	To achieve the 'halve it' ambition we need to improve care for the populations more at risk of poor outcomes and safety champions can help drive this.	Our "Phoenix Continuity of Carer" team provide additional support to our vulnerable young pregnant caseload. We have also established a Maternity and Neonatal Safety Champion Meeting to ensure there is a forum to highlight and escalate concerns.	 Completed, achieved
	Effective use of Perinatal Mortality Review Tool (PMRT) process in all eligible cases.	All eligible cases are reviewed using the Perinatal Mortality Review Tool with the appropriate attendance, including clinicians external to the trust.	 Completed, achieved

Priority: Improve the recognition and escalation of the deteriorating patient with specific focus on:






What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
The correct use of NEWS2 and escalation algorithm.	To achieve 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+ having a NEWS 2 score, time of escalation and time of clinical response recorded. 90% of data recorded meeting Trust policy for escalation and clinical response timeframes.	NEWS 2 audits did not take place in 2021/22 as CQUINs (Commissioning for Quality & Improvement) Workstreams were stepped down during the COVID-19 pandemic. The CQUINs have been reactivated this year and data collection has already commenced.	 Paused
Sepsis.	Undertake quarterly audit of 50 sets of notes to assess screening for and treatment of sepsis.	Our sepsis screening audit has continued, but our screening numbers have declined secondary to operational pressures. We will work hard to improve our audit activity levels.	 Ongoing, partially achieved
	Report findings on a quarterly basis to the Sepsis Committee.	Our sepsis audit outcomes are reviewed at our quarterly meetings. This year we introduced Sepsis trollies to all inpatient areas. We were also able to introduce digital Sepsis screening tool into our electronic notes system.	 Completed, achieved
	The Sepsis Committee will propose improvement actions as a result of audit findings.	The Sepsis committee and improvement action plan is in place. This is an improving picture but further work is required.	 Ongoing, partially achieved

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Diabetes.	Undertake an audit of our Blood Glucose Monitoring and Hypoglycaemia guideline to assess the use of blood glucose monitoring form and algorithm.	An audit was completed in August 2021 and a re-audit is planned for September 2022 following the implementation of actions to improve the documentation of monitoring, treatment and follow up management of hypoglycaemic events in the Trust.	 Completed, achieved
	Complete the implementation of blood glucose monitoring connectivity meters and associated staff training.	All connectivity meters are now distributed and in place across the Trust. Trust targets for clinical staff training have been achieved.	 Completed, achieved
	Assessment of training levels for clinical staff in relation to diabetes and e-learning linked to the "Safer Use of Insulin".	The e-learning for 'Safer Use of Insulin' module was launched on the MTW Learning site in 2020. 2356 Trust staff were identified as needing to complete the module, so far 81% of these staff have undertaken the module.	 Ongoing, partially achieved
	Continue quarterly audits of prescription charts focusing on insulin prescribing and administration with identification of learning and action plans.	Our pharmacy team commenced this audit in the first quarter of the year with 1 day per month screening of prescription charts against audit criteria. Data has been received and shared with the Diabetes team. Analysis of the data and sharing of learning was limited due to pandemic situation. This improvement work continues.	 Ongoing, partially achieved





Patient experience

Aim: To increase the opportunities available for patient involvement, interaction and gathering of views and feedback, which can then be utilised to improve services, pathways of care and the experience for all concerned.




Priority: Implementation of the Patient Engagement and Experience Strategy 'Making it Personal'.

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Make the Patient Experience Lead role a substantive post to lead on the strategy.	Patient Experience Lead role in post and substantive.	The Patient Experience Lead is now substantive.	 Completed, achieved
Review the Patient Engagement and Experience Strategy in light of learning from the pandemic and amend if indicated.	Complete the review and implement the actions.	A full review of the strategy has been completed, work that has commenced and delivered is under evaluation to inform the priorities for the new strategy planned to launch in 2022 / 23.	 Ongoing, partially achieved
Design a qualitative process to evaluate our patients' and families' experience of our Serious Incident Process.	Survey completed, results analysed, findings shared.	This work has not progressed secondary to significant operational pressures. Plans are in place to recruit two patient representatives to assist in ensuring this is delivered in 2022/23.	 Ongoing, not achieved
Monitor implementation and delivery of the strategy quarterly at the Patient Experience Committee (PEC).	Presentations at the PEC.	A review of the 'Making it Personal' strategy was presented to the committee; highlighting the strength of work undertaken during the pandemic. Two areas of this work were recognised by Health Watch Kent and Medway and the team were presented with an award at a local event. There are areas of the strategy that have not been fulfilled; reconfiguring the priorities based on our patients voice and feedback is now the precedence which will be scrutinised during six monthly deep dives to the service and via the Patient Experience Committee.	 Completed, achieved
Re-design and re-launch the complaints satisfaction survey to enable improved understanding of the experience of making a complaint and assess effectiveness in meeting the needs of complainants.	Survey designed, undertaken, with results analysed and findings shared.	We have not been able to progress this important work due to the ongoing impacts of COVID-19 on visiting and the surge in complaints activity. This will be picked up in the coming year in line with launch of new complaints standards framework.	 Paused

Priority: The delivery of excellent care for patients at End of Life (EoL) including the experience of the bereaved/families in the bereavement process







What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Continue to undertake the Trust bereavement survey and maintain consistently good results.	Survey data collected, analysed and reviewed at the end of each financial year.	We have changed our processes during the pandemic for the Bereavement Survey to be sent out electronically.	 Completed, achieved
Improvement in the National End of Life Care (NACEL) survey results, based on most recent results.	Assessment of compliance to be completed to review Trust performance against national report when published.	We participated in the NACEL annual survey, we reviewed the medical records of 40 patients who died within the Trust during a defined time period. The next report is due in July 2022 and we hope to see it demonstrates an improved performance.	 Ongoing, partially achieved
Improvement in completion of individualised care plans (ICP) for End of Life, based on last audit results.	NACEL annual audit results.	The percentage of patients who were dying and had an ICP was marginally above the overall national result in the last published report. The next report is due in July 2022.	 Ongoing, partially achieved
Implementation of the AMBER Care Bundle across adult wards to improve communication (among clinicians, patients and their families) where recovery is uncertain and facilitate advance care planning and increased use of the treatment escalation plan (TEP), (part of ICP audit and NACEL).	AMBER Care Bundle fully implemented across the Trust.	We recruited project clinical nurse specialists. We also engaged and trained clinicians on defined wards to assist with this improvement work. However the project has been put on hold following some long term sickness in the team.	 Paused

Priority: Sustain improvement in the timely completion of Duty of Candour notifications as part of a wider commitment to improve patients and their carers' experience of adverse incidents and complaints




What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Refine our reporting to be linked to our Duty of Candour (DoC) performance.	Reporting capturing all three elements of Duty of Candour (verbal notification, written notification and sharing the findings of the investigation).	Our key performance indicators for DoC were refined in line with the regulatory requirements.	 Completed, achieved
Improved Duty of Candour compliance, based on 2020/21 figures.	Improved performance data in respect of DoC.	Our DoC performance has improved however this is still not at 100% and work needs to continue to sustain the improvements and to ensure that patients receive a timely and sincere duty of candour.	 Ongoing, partially achieved
Develop Duty of Candour dashboard on Datix.	Dashboard developed and in use.	A dashboard to show Duty of Candour compliance has been developed within the Trust incident reporting system.	 Completed, achieved




Priority: Embedding safeguarding practices in all aspects of clinical care

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Embed use of the tool developed last year to enable practitioners to ensure that mental capacity assessments (MCA) are documented appropriately.	Audit use of the MCA tool annually.	The electronic MCA Tool attached to the Sunrise system has been implemented and the MCA compliance has been audited.	 Completed, achieved
	Increase the number of staff trained in MCA level 2 & 3 training (monitored at our Safeguarding Committee on a quarterly basis).	The Trust reset MCA training compliance to zero and in March 2022 (1st month since the reset) the redesigned MCA training compliance was at 9.2% for MCA level 2 and 4.2% for MCA level 3.	 Ongoing, not achieved
Demonstrate the involvement of the patient and their representatives in decision making in relation to safeguarding.	Improve the standard of documented MCA assessments.	The outcome of the Trusts MCA audit, completed in November 2021, showed that staff are 30% compliant with documenting their assessments of capacity. Further work is required with staff to embed the use of this tool by practitioners.	 Ongoing, partially achieved
	Results to be shared with wards, actions to be developed.	MCA Audit results have been shared with the Ward Manager's cross-site meeting.	 Ongoing, partially achieved
	Results and action plans to be presented to Safeguarding Committee.	MCA Audit results were presented to the Trusts Safeguarding Committee in January 2022.	 Ongoing, partially achieved
Ensure that all Deprivation of Liberty Safeguard (DoLS) applications are supported by a documented assessment of capacity.	Improve the standard of documented DoLS applications.	Since April 2021 the Deprivation of Liberty Safeguards (DOLS) Office has advocated the use of an electronic DOLS application form. The Trust started using this form in November 2021. There is not a facility to attach a mental capacity assessment (MCA) to the form and so it was unknown if an MCA had been completed or not. The Trusts' database was reviewed and found that 81% had been completed, 8% had not been completed and 11% were unknown if the MCA had been completed.	 Ongoing, partially achieved

Priority: Implementation of the Dementia Strategy 2021-2024

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Monitor ward moves for people with dementia to ensure appropriate admission to the most appropriate bed first time where possible.	Monitor via a new dashboard and results to be reviewed at Dementia Strategy Group and actions identified.	Ward moves continue to be monitored via the Dashboard and reviewed at the Dementia Strategy Group (with improvement actions identified).	 Completed, achieved
Develop Patient Partners for people with dementia in collaboration with the Patient Experience Lead, to enable the ability to receive feedback directly from people with dementia.	Patient Partners for people with dementia to be developed and feedback reviewed.	Quarterly Carers Survey in place and results regularly reported to Strategy Group.	 Completed, achieved
Develop a proposal / business case for a multi-disciplinary team to provide an activity programme for people with dementia.	Proposal / business case to be developed in collaboration with multi-disciplinary team.	A Task and Finish Group was set up to work on this business case however progress has since been paused whilst discussions take place with the Frailty Team who have recently submitted a business case along similar lines. Aim to be reviewed in coming months.	 Paused



Priority: Implementation of the Delirium agenda

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Recruit a Delirium Nurse Facilitator for 1-year pilot.	Monitor business case KPIs once post holder recruited and report to Dementia Strategy Group.	Delirium Nurse Facilitator seconded into post and completed in March 2022. Team working through the next steps with the deputy chief nurse.	 Completed, achieved

Priority: Improving communication with community pharmacies to improve access to medicines for patients.

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Introduce remote dispensing of outpatient prescriptions.	Remote dispensing in place and available at local community pharmacies.	The capacity of local community pharmacies in Kent was assessed through the Local Pharmaceutical Committee. It was decided that we should continue to issue outpatients with FP10s to have their prescriptions dispensed at their local pharmacy.	 Completed, achieved

Priority: Improve the experience of our expectant parents and their babies







What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
The Patient Experience Midwife and Maternity Voices Partnership (MVP) working together to co-produce local maternity services.	Maternity Voices Partnership chair will conduct a review of information posters, website etc and provided a report. An action plan will be developed to address the findings.	Patient Experience Midwife post was piloted and well evaluated. Action plan is outstanding.	 Ongoing, partially achieved
Employing the use of patient advocates where appropriate.	The role of the patient advocate has not yet been clarified.	Staff encouraged to engage interpreters when appropriate and this is being incorporated into the new patient experience strategy.	 Ongoing, partially achieved








Clinical effectiveness




Aim: To improve the management of our patient journeys through the utilisation of evidence-based practice.

Priority: Improving the flow of patients into and out of our wards and departments.

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Increasing the effectiveness of ambulance handovers.	Ambulances should not wait more than 30 minutes to offload their patients (number waiting target <3%).	Since October 2021, this target has not been achieved, with the percentage waiting more than 30 minutes ranging between 7.6% & 12.3%.	 Ongoing, partially achieved
	Ambulances should not wait more than 60 minutes to offload their patients (number waiting target 0%).	Since October 2021, this target has not been achieved, with the percentage waiting more than 60 minutes ranging between 0.3% & 1.3%.	 Ongoing, partially achieved
New ED performance standards.	Emergency Department (ED) 95% patients to be seen, treated admitted or discharged within four hours of arrival.	The Trust achieved 83.83%, so did not meet the standard. ED attendances have returned to pre-pandemic levels. *Performance was upper quartile against national performance.	 Ongoing, partially achieved
	Emergency Department 50% of patients to be treated within <60 minutes of arrival	The Trust treated 61.5% of patients within 60 minutes of arrival achieving the standard, however this is a reduction on last year's figure of 71.8%.	 Completed, achieved
Improving the timeliness of discharge of patients from Intensive Care (ICU).	Adherence to the four hour target in 2021/22 of moving medically fit patients back to their specialty ward.	This has shown a deterioration from the 2020/21 performance. This is a reflection of the high pressure on acute general hospital beds from increased attendances and admissions and challenges in discharging patients into the community.	 Ongoing, partially achieved
	Decrease the number of night-time discharges from the Intensive Care Unit (10pm-7am), based on 2020/21 numbers.	Night time discharges have increased since the previous year, but remains comparable with other providers.	 Ongoing, partially achieved

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Ensuring all necessary support is in place to allow patients to leave hospital when it is planned for them to do so.	Improved communication with patients and families, measured by a reduction in the number of complaints and Patient Advice and Liaison Service (PALS) contacts relating to communication.	Unfortunately this performance deteriorated this year. 2020/21 PALS = 739 Formal complaints = 172. 2021/22 PALS = 1141 Formal complaints = 254.	 Ongoing, not achieved
	Improve our processes linked to “discharge medications” by the introduction of computers on wheels (COWs) and Omnicell (automated pharmacy management system) to expedite ward based dispensing.	The current timescale turnaround for dispensing on the wards is approximately half an hour depending on item numbers and the availability of staff. This is significantly faster than being supplied from the hospital dispensary and is proving very popular with ward staff who are starting to identify suitable patients to be included. Over 500 patients have benefitted from the fast TTO (to take out) service.	 Ongoing, partially achieved
Increasing the number of video clinics (currently using the Attend Anywhere platform)	10% of all outpatient activity to be carried out as video appointments.	30.7% outpatient appointments were delivered virtually this year.	 Completed, achieved
Ensure there is sufficient MRI capacity to cater for rapid diagnostics for our emergency, cancer and elective patients.	Develop and progress a fully managed MRI Service in line with the broader Trust needs linking in with external partners. Ensuring high quality service provision and reporting in a timely manner.	The MRI service is still under review but work has progressed at the community diagnostic centre to give us capacity on 2 more mobile scanners. A national initiative is under way to provide software to improve on time efficiencies and the impact of this will be measured later in 2022.	 Completed, achieved
Work to consolidate a high quality, timely and effective therapies service supporting both inpatient and outpatient activity.	Review and consider the changing needs of the Trust patient base and expectations in terms of delivery of service. Ensure all patients are seen within required timeframe and receive high quality and consistent support.	Recruitment and retention have been a priority, as a result staffing levels are improving. We have a reliable data system for evaluating activity, enabling us to adjust activity accordingly.	 Ongoing, partially achieved





Priority: Working towards the development of site-specific centres of excellence for Digestive Diseases and Stroke concentrating on new and improved ways of working which will support best practice and the opportunities for new roles.

What we set out to achieve	How we planned to measure our success	Our performance	Did we succeed?
Work to review the best practice diagnostic pathway for colorectal cancer patients in line with broader directional change. Work with surgery and cancer teams to ensure robust diagnostic radiological pathway for cancer pathway patients in line with national changes to avoid unnecessary delays.	Pathway reviewed, revised and implemented as appropriate.	The Colorectal Department worked with Cancer Services, Radiology and Endoscopy to review the straight to test (STT) protocol. The revised pathway incorporates minimally invasive procedures including both Virtual Colonoscopy and Capsule Endoscopy. The results of the GP initiated Quantitative Faecal Immunochemical Test (qFIT) on referral into the trust has supported streamlining the diagnostic pathway by removing this as a hospital initiated test.	 Completed, achieved
Development of a Digestives Diseases Unit on the TWH site.	Completed phases in the development of the Digestive Diseases Unit at TWH.	Phase 1. General Surgical reconfiguration is now complete. Phase 2. Centralisation of gastroenterology services at TWH planned to start May 2022.	 Ongoing, partially achieved
Development of stroke services in preparation for Hyper-Acute Stroke Unit (HASU) focusing specifically on the provision of stroke rehabilitation.	Aim is to commence building towards the end of the year to coordinate the build programme with the development of the innovative orthopaedic theatre.	The implementation plan for three hyper-acute stroke units (HASUs) in Kent and Medway, one of which will be on the Maidstone Hospital has continued to progress. The MTW stroke service has consolidated stroke inpatient services on the Maidstone site and increased staffing levels to ASU national guideline levels.	 Ongoing, partially achieved

Further review of quality performance




In addition to the information and tables provided in the above section reviewing progress against the 2021/22 quality priorities, other measures of quality performance are displayed below.

Emergency Department

Quality performance standard	Trust results	How did we do?
95% of patients should be seen, treated, admitted or discharged within 4 hours of arrival in Emergency Departments (ED).	The Trust did not achieve this standard. It saw 83.83% of patients within 4 hours of arrival in its ED.	 Ongoing, partially achieved
50.0% of patients arriving in the Emergency Departments to be treated within 60 minutes of arrival.	The Trust achieved this standard treating 61.5% of patients within 60 minutes of arrival.	 Completed, achieved
95% of patients arriving in the Emergency Department should be assessed within 15 minutes of arrival.	The Trust did not achieve this standard with 42.5% of patients arriving in the Emergency Department being assessed within 15 minutes of arrival.	 Ongoing, not achieved
Less than 8% of patients arriving in the Emergency Department should have an unplanned reattendance within 30 days.	The Trust did not achieve this standard with an estimated rate of 15% (+/- 1%) of patients reattending within 30 days and 8% (+/- 1%) of patients reattending within 7 days.	 Ongoing, not achieved








Cancer waiting time targets

Quality performance standard	Trust results	How did we do?
Cancer Waiting Time Targets: 93% of patients referred by their GP with suspected cancer are seen within two weeks.	The Trust has consistently achieved this standard. 94.3% of patients with suspected cancer were seen within two weeks during 2021-22.	 Completed, achieved
Cancer Waiting Time Targets: a maximum one month (31-day) wait from the date a decision to treat (DTT) is made to the first definitive treatment for all cancers.	The Trust has achieved this standard ensuring that 97.6% of patients who needed to start their treatment within 31 days did so.	 Completed, achieved
Cancer Waiting Time Targets: a maximum 62-day wait from referral from an NHS cancer screening service to the first definitive treatment for cancer.	The Trust achieved this standard of 85% of patients who needed to start their first definitive treatment within 62 days throughout 2021/22 at 85.5%.	 Completed, achieved



Other quality performance standards

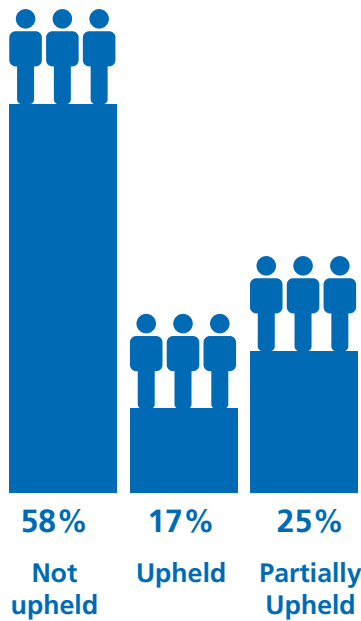
Quality performance standard	Trust results	How did we do?
18 week standard: 92% of patients on an incomplete pathway should be treated within 18 weeks.	The Trust did not achieve the national standard of 92% of patients on an Incomplete Pathway being treated within 18 weeks.	 Ongoing, not achieved
Cancelled operations standard: <0.8% of operations should be cancelled at the last minute.	The Trust did not achieve this standard with 0.9% of operations cancelled at the last minute against the national maximum limit of 0.8%.	 Ongoing, partially achieved
Venous thromboembolism (VTE) risk assessment standard: 95% of patients to be risk assessed for VTE on admission.	The Trust ensured that 95% of patients had a VTE Risk Assessment completed on admission to hospital in 2021-22 with an overall score of 96.8%.	 Completed, achieved
Reducing the number of patient falls.	The Trust's rate of falls per 1,000 Occupied Bed days is above the Trust maximum limit of 6.0, with performance equating to 8.2 at the year end.	 Ongoing, not achieved
Improving care for patients who have had a stroke standard: 80% of stroke patients to spend 90% of their time on a dedicated stroke ward.	80.3% of stroke patients spend 90% of their time on a dedicated stroke ward.	 Completed, achieved

Complaints

Maidstone and Tunbridge Wells NHS Trust has seen the number of complaints increase; our complaints still remain within the expected parameters for an organisation of our size. Supporting our patients to raise their concerns is important to us. This feedback helps to inform improvements to pathways of patient care for the organisation and helps inform education for our staff to support change and constant improvement. The Trust's rate of new complaints per 1,000 occupied bed days is within the expected range of between 1.32 and 3.92 at 2.80 for the year.

Complaints report summary
The Trust opened 614 complaint investigations in 2021/22, a 58% increase on the number of complaints opened 2020/21. This reflected the resumption of services across the Trust as part of the response to the COVID-19 pandemic. The Trust responded to 474 complaints during the same period. Using the guidance set by NHS Digital, as shown below, the majority of complaints were not upheld.

Outcome of formal complaints responded to in 2021/22 (n=474)



The Trust measures its performance in responding to complaints within either 25 or 60 working days (depending on the severity and complexity of each case). In 2021/22, this was achieved in 57.9% of cases.

Patient Advice and Liaison Service (PALS) dealt with 5834 contacts in 2021/2022. The main reasons for contacting PALS were:

- Concerns
- Information requests
- Liaison requests
- Messages
- Compliments

Patient surveys

The Trust employs a range of methods to gather feedback from patients including three different forms of patient surveys:

- National patient experience surveys
- Local patient surveys
- The Friends and Family Test (FFT)

National Patient Experience Surveys

The Trust participates in the national annual patient experience survey programme and undertakes all national surveys stipulated by the Care Quality Commission (CQC) each year.

During 2021/22 the Trust participated in three national patient surveys: Maternity Survey, Inpatient Survey and Children and Young People's Survey. The surveys were undertaken by IQVIA for our Trust. At the time of writing the results for the Maternity Survey and the Children and Young People's Patient Experience Survey were published on the Care Quality Commission website. The Trust is currently in the fieldwork process for the Inpatient Survey.

The Trust will be taking part in the Maternity Survey (MAT22), the Urgent and Emergency Care Survey (UEC22) and the Cancer Patient Experience Survey (CPES) in 2022/23.

Local Patient Surveys

All local surveys that are registered with the Patient Outcomes team are entered into a database and their progress is followed up to monitor completion. 23 local patient surveys were registered with the Patient Outcomes Team during 2021/22.

Friends and Family Test (FFT)

Friends and family feedback submission formally recommenced in January 2021, for December 2020 figures, however this reporting period was during the second peak of the pandemic and as such the submission rates are not reflective of previous years.

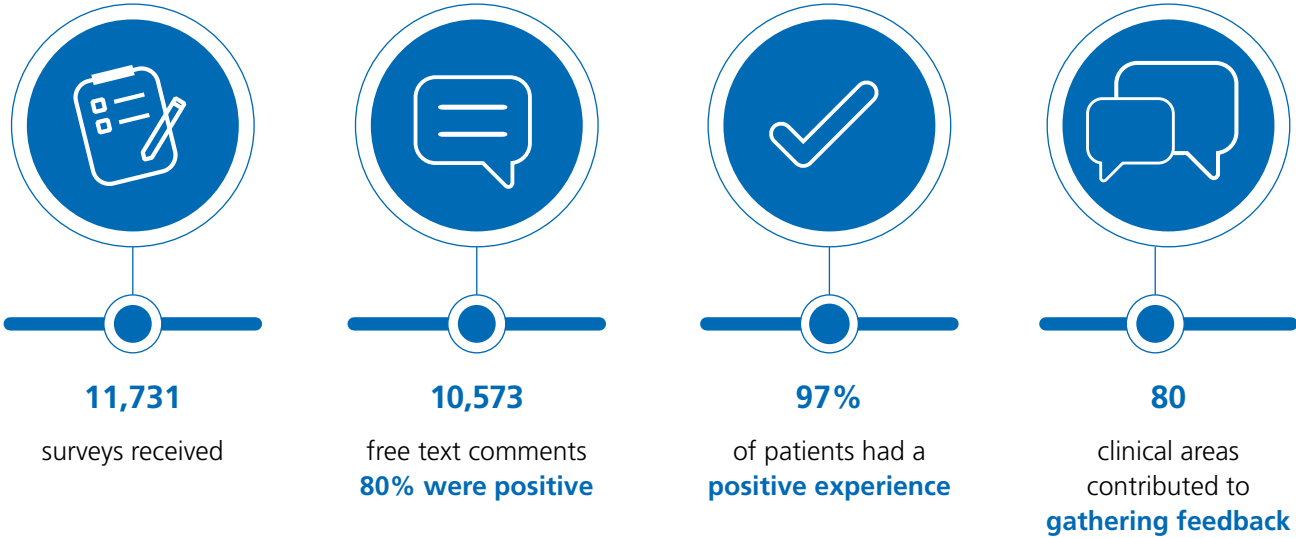
The Trust utilises a multi- modal approach to gathering FFT; paper surveys, online surveys, quick response (QR) code capture and Uniform Resource Locators (URLs) to ensure accessibility and inclusivity for all patients. Of late, the percentage of online capture outweighs the paper

submission route which provides a 'live' summary of feedback in which can be acted upon sooner.

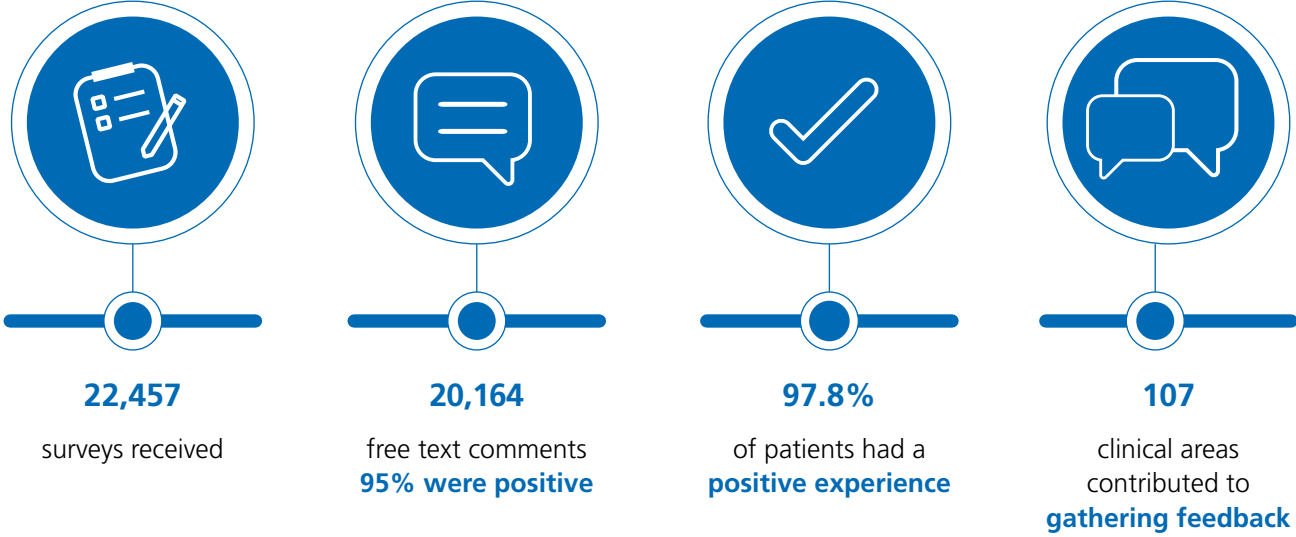
The priority for 2022/23 is to provide easier formats to feedback, such as short message service (SMS) text messages in high flow areas of admissions. The Trust did not achieve the target of 25% response rate for the Friends and Family Test given to patients after giving birth with a result of 13.5%. Of the responses received for patients accessing Maternity Services 97.9% were positive.

The Trust did not achieve the target of 25% response rate for the Friends and Family Test given to inpatients with a result of 12.4%. Of the responses received, 97.8% were positive. We continue to experience a trend in data which is concerning special cause and we are actioning the issues with the assistance of the project management team and a review of local FFT targets.

2020



2021



Improving our workplace culture

It is accepted that healthy workplace cultures in NHS organisations are crucial to ensuring the delivery of high-quality patient care. This year one of our key strategic ambitions is to **“Create an inclusive, compassionate and high performing culture where our people can thrive and be their best self at work”**

This year we will therefore outline in our quality accounts all of the important work being undertaken to understand our performance and to improve this important strategic aim.

Improving Our “Staff Voice”

One of the key themes of the People Promise is that staff have a voice. It’s really important that we encourage our staff to tell us what it’s like for them working at MTW. We have therefore adapted our quarterly “Climate

Survey” to ask key engagement questions from the “National NHS staff Survey” to help us to benchmark against other NHS Acute Trusts and track the success of improvements.

Staff Survey Results

We scored higher than average in 5 of the 7 key themes and didn’t fall below the national average for NHS Acute Trusts in any of the themes. The survey also showed that 74% of MTW staff recommended MTW as a place to receive treatment (national average 66.9%) and 66% of staff recommended MTW as a place to work (national average 58%).

You can see more detail linked to our performance on the following page.

Sue Steen, Director of People and Organisational Development said:

“This is great news for MTW as we see feedback on our quality of care and the friends and family test returning to and, in fact, improving upon pre-pandemic levels.

Our levels of staff engagement and morale are higher than the national average of other Acute Trusts which is encouraging news as the health and happiness of our staff is a priority for us.

The staff working here have told us that things are improving and as we continue on our Exceptional People, Outstanding Care journey we will act on their feedback and make sure that they continue to be supported to provide the best possible care to our community.”



2021 National NHS Staff Survey Results

The NHS Staff Survey is an important way for us to hear your views and feedback on what we need to do to make MTW a great place to work and to measure ourselves against other NHS organisations.

In 2021, the NHS Staff Survey was redesigned to track the progress against the seven elements of the People Promise.

This is a promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone. Here are some of the key highlights from the NHS Staff Survey under the People Promise, including how we compare to the average score for acute trusts, where we did well and the areas for improvement.



Key

- 😊 Where we did well
- 😞 Where we need to improve
- 📈 Better
- 📉 Same
- 0.0 Scores 0-10

52% shared their views (3385 staff)



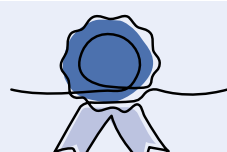
We are **compassionate and inclusive**

- 😊 Care of patients is the organisation's top priority
- 😊 Recommend MTW as a place to work

7.3

7.2
Compared to the average score for acute trusts

- 😞 Discrimination at work from a manager or colleague



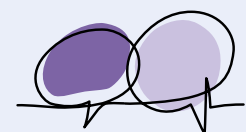
We are **recognised and rewarded**

- 😊 Recognition for good work
- 😊 Staff show appreciation to one another

5.9

5.8
Compared to the average score for acute trusts

- 😞 Level of pay



We each have **a voice that counts**

- 😊 Know what my work responsibilities are
- 😊 Feel safe to speak up about concerns

6.8

6.7
Compared to the average score for acute trusts

- 😞 Involved in deciding changes introduced affecting work area/team/department



We are **safe and healthy**

- 😊 Have adequate materials, supplies and equipment to do my work
- 😊 MTW takes positive action on health and wellbeing

5.9

5.9
Compared to the average score for acute trusts

- 😞 Experienced harassment, bullying or abuse at work from patients/ service users, their relatives or other members of the public



We are **always learning**

- 😊 Opportunities to develop career
- 😊 Opportunities to improve knowledge and skills

5.7

5.2
Compared to the average score for acute trusts

- 😞 My appraisal left me feeling that my work is valued by my organisation



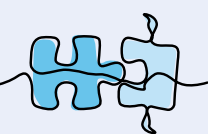
We work **flexibly**

- 😊 Good balance between work and home life
- 😊 MTW is committed to helping balance work and home life

6.0

5.9
Compared to the average score for acute trusts

- 😞 Able to approach immediate manager to talk openly about flexible working



We are **a team**

- 😊 The team has shared objectives
- 😊 Receive the respect deserved from colleagues

6.6

6.6
Compared to the average score for acute trusts

- 😞 Manager asks for my opinion before making decisions that affect my work

You said, we did – the story so far

- Continue to roll out Exceptional Leaders programme and the development of a Programme for all managers at the Trust focussing on compassionate and inclusive leadership
- Developing talent management and succession planning – focussing appraisals on personal development and career planning
- Improved the health and wellbeing offer to staff and increased access to support
- Mapping out a programme of work to support staff understanding of diversity and inclusion
- Launched individual recruitment campaigns for key specialty areas and developing new recruitment microsite

Supporting our staff

We have worked hard to create a workplace that supports both the physical and mental wellbeing of our staff. Developing a dedicated wellbeing team has been a priority for us; the team of psychologists, wellbeing partners and Organisational Development (OD) practitioners have been able to provide support to staff

individually and in teams whilst our events officer has created a schedule of holistic wellbeing activities for staff to enjoy.

We continue to develop internal Mental Health First Aiders, de-briefers and mediators to help our staff be well at work.



Supporting others



Mental and emotional wellbeing



Physical wellbeing



Financial wellbeing



Health and wellbeing resources for managers



COVID support

Here are some of the things our staff are telling us:

"My organisation has been excellent to work for during the COVID-19 pandemic. I have worked in various Trusts previously to this job and I would like to say how very well supported I have felt since joining the Trust, especially during the COVID-19 pandemic. I highly recommend the Trust to my colleagues in which 3 of them have joined the Trust and commented how happy they are, I also recommend the Trust to my family and friends. I now have a such a happy home/work life balance that I look forward to coming to work. I would like to say thank as I feel a very valued member of the team."

"I am very proud to work for MTW, they are committed to always putting patient care first whilst also focusing on staff welfare. I have worked for other NHS Trusts and Commissioners, but can honestly say that MTW is the best Trust I have worked for. MTW are also very supportive of career progression within the Trust."

Staff networks

Our staff networks have gone from strength to strength and have seen additional peer support groups develop over the last year; the Autism Support Group, Carer's Network, Chronic Pain Support Group and Senior Women

Leaders Network all provide opportunities to staff to share their unique lived experiences and provide support to one another.

Our Workforce Race Equality Standard (WRES) performance
The target for WRES performance is 1.0 (equity).

Relative likelihood of white staff being appointed from shortlisting compared to Black and Minority Ethnic (BME) staff.



Relative likelihood of BME staff entering the formal disciplinary process compared to white staff.



Relative likelihood of white staff accessing non-mandatory training and Continual Professional Development (CPD) compared to BME staff.



2020 National Staff Survey

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



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



Percentage of staff believing the Trust provides equal opportunities for career progression or promotion.



Percentage of staff personally experiencing discrimination at work from manager/ team leader or other colleagues.



We are working hard to improve our performance against the WRES standards. Over the next year our focus will continue to be

- Improving the education of our staff regarding race equality
- De-biasing our recruitment processes
- Developing our talent pools and succession planning

We are also working closely with our Divisions to help them to understand the diversity of their workforce and support them to achieve the NHS England/Improvement (NHSE/I) target of having 19% BME representation at all bands by 2025.

Improving our support to our Black, Asian and Minority Ethnic (BAME) employees

The Cultural and Ethnic Minorities Network (CEMN) is open to all Black, Asian and Minority Ethnic (BAME) staff

and White Allies. The Network's vision is to be open, fair, transparent and equitable.

The Network provides a platform for addressing concerns specific to the Ethnic Minority Communities with pastoral support for all members. The Network also supports MTW Ethnic Minority staff in professional and career development, and helps shape organisational policy, equality and diversity at a corporate level by being a stakeholder in issues related to Ethnic Minority staff, patients and service users. The Network curates twice monthly virtual meetings that have been a source of education and encouragement for staff and leaders across the Trust.

The CEMN has been supporting the Trust in making our recruitment processes and practices more inclusive in order to embed equality, diversity and inclusion across MTW.



The Six National Actions were launched in March 2021 by the Equality, diversity and health inequalities team (EDI) and are set to focus the attention of NHS organisations on race disparity within the workforce. The work undertaken by MTW and the CEMN over the past year has set the foundations of success and created a platform to launch the Six National Actions.

MTW successfully delivered our first Reverse Mentoring programme which saw the whole Trust Board being mentored by Ethnic Minority staff from a wide range of roles. Eight staff from the Ethnic Minority community at MTW entered the Kent and Medway Integrated Care System (KMIC) BAME mentoring programme in September 2021. Matched with mentors across the health system, the focus for the individuals was on their career development.

MTW piloted an innovative de-biased recruitment process and trained 25 EDI Recruitment Representatives to support recruiting panels understand how to run debiased shortlisting and interviews.

Our White Ally programme launched supporting the See ME First badge scheme; we have delivered training on race equality and developed an EDI module drawing on both our Trust data and the lived experiences of our Ethnic Minority staff for our ongoing Exceptional Leaders programme.

Our Workforce Disability Equality Standard performance

Non clinical staff	Disabled	Non Disabled	Unknown/Null
Bands 1 – 4	5.2%	68%	26.8%
Bands 5 – 7	4.1%	77.8%	18.1%
Bands 8a and 8b	4.1%	80.6%	15.3%
Bands 8c – 9 & VSM	0.0%	78%	22%

Clinical staff	Disabled	Non Disabled	Unknown/Null
Bands 1 – 4	3.6%	67.1%	29.3%
Bands 5 – 7	3.9%	69.7%	26.5%
Bands 8a and 8b	2.7%	72.4%	24.9%
Bands 8c – 9 & VSM	0%	78.6%	21.4%

Staff	Disabled	Non Disabled	Unknown/Null
Medical and Dental staff, Consultants	1.63%	60.9%	37.4%
Medical & Dental, Non Consultants career grade	0.77%	71.5%	27.6%
Medical & Dental, Medical and dental trainee grades	3.78%	85.6%	10.5%

Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff is 1.27
Relative likelihood of disabled staff entering the formal capability process compared to non disabled staff is 0

We celebrated being the second Trust in Kent to reach Disability Confident Leader status in 2021 which demonstrates our commitment to removing barriers to recruiting and retaining staff with disabilities. A new staff health passport to support discussions between managers and staff with long term health conditions has been introduced, which is structured to help managers create the best working conditions for their staff. Staff now have access to additional Disability Leave to support their need to attend appointments related to their long term health condition.

DisAbility
Our DisAbility network has continued to grow in size and we have held monthly meetings hosting activities related to disabilities open to the whole Trust including the support provided by Occupational Health with reasonable adjustments, introduction of the staff health passport and supporting staff with autism in the workplace.

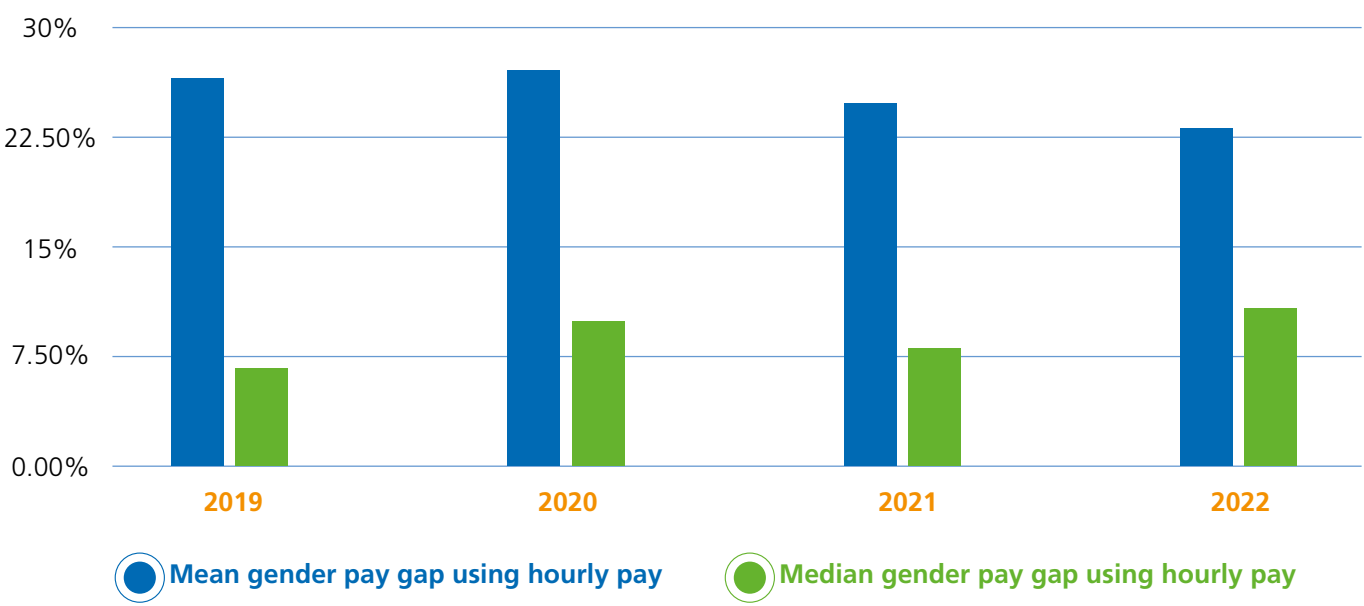
The network plays active roles as subject matter experts to the Trust in developing services, developing our senior leadership training programmes and supporting campaigns such as Different Not Less which focuses on our patients and colleagues with autism.

Pippa Meakins, the newly appointed Chair of the network, has shared her plans to:

- Promote the networks
- Hold acceptance and awareness events
- Improve training about disabilities
- Positively influence the recruitment process for people with disabilities
- Introduce a mentoring system for both staff and managers to provide positive experiences of disabilities for all



Gender pay gap



- Our focus to reduce the gender pay gap:**
- Workforce race disparity workshops
 - Review and update of the internal vacancies process
 - Full utilisation of our talent pool
 - Advertising flexible working options in all job roles
 - Promote HR policies e.g. shared parental leave
 - Access mentoring and coaching

LGBT+

Restrictions on events have continued to take their toll on this vibrant network but it didn't stop them launching the very first MTW Pride event in July. With members of the network and their allies, they visited all the main MTW sites with stands and goodie bags at each and a further 100 staff signed up to the NHS Rainbow Badge pledge.

Work continues with teams on developing inclusive environments for our staff and patients, ensuring that appropriate language is used in documentation and inclusive representation in our imagery. The maternity team are following in the footsteps of Brighton NHS Trust by implementing a Gender Inclusive toolkit that supports trans and non binary birthing people.

We have joined an extended pilot of the NHS Rainbow Badge Phase 2 assessment scheme. Over the coming months, we will be assessed on:

- How inclusive our HR policies are
- Training and confidence levels of our staff when providing care for lesbian, gay, bi and trans people (LGBT+) and their carers.
- Training and confidence levels of our staff when providing support for LGBT+ colleagues
- The inclusive behaviours of our staff towards patients
- How inclusive our services are
- How inclusive we are as an employer



Freedom To Speak Up (FTSU)

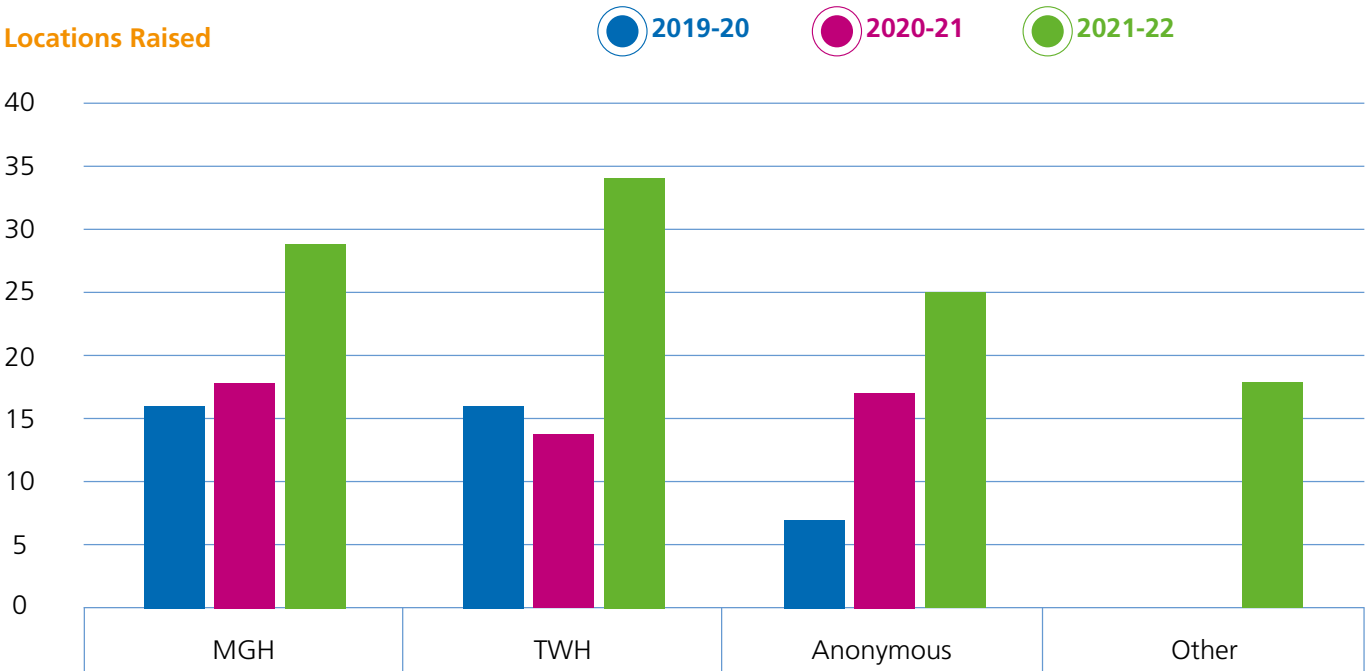
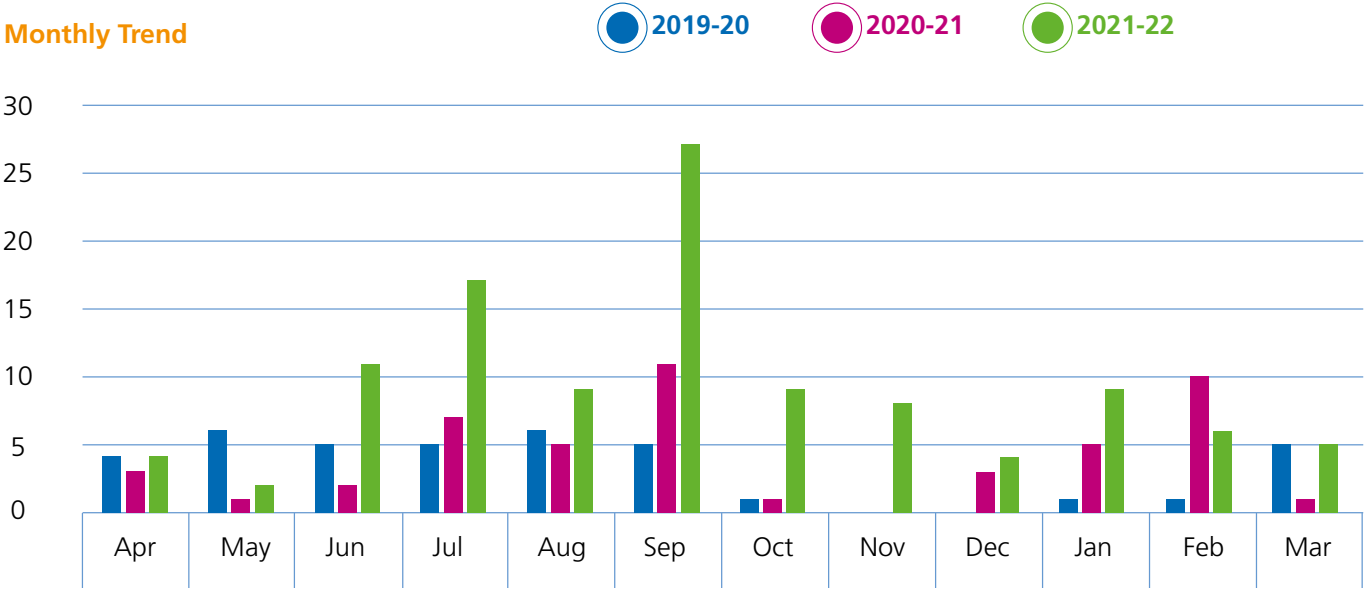
The FTSU function has now been operating for 3 years which affords us the opportunity to review data against potential trends. The Trust has moved from a position of reporting 0 concerns to appointing a Guardian at the end of 2018, reporting 40 concerns in 2019, 40 in 2020 when it appointed a Deputy at the end of November and 107 in 2021. We are encouraged as this suggests a clear relationship between the Trusts investment in the speaking up agenda and our staffs ability and willingness to raise concerns.

We have 31 Safe Space Champions (SSC) in different roles, across the Trust. The Safe Space Champion is there to promote the FTSU agenda, listening to concerns, signposting and informing colleagues of the support

available to our staff. Feedback from staff who have contacted SSC has been encouraging as they mention heightened levels of stress before speaking to the SSC and a sense of appreciation, relief and calmness after speaking with them.

Printed and digital materials have been distributed across the Trust with pictures of some SSC's to encourage staff to reach out to them.

The final module of the Freedom to Speak Up eLearning package was launched on 12 April. This module is developed for senior leaders throughout healthcare - including executive and non-executive directors, and will sit on the MTW Learning platform with the initial FTSU learning package for all staff.



Medical rota gaps

The overall fill rate of training posts across all grades and specialties was very high, including new training posts in Internal Medicine Training, Histopathology, Clinical Radiology, Clinical Oncology, Medical Oncology, Emergency Medicine and Neurology.

We have a number of initiatives which help to support our rotas. These include programmes for Clinical Fellowships, Senior Clinical Fellow Certificate of Eligibility for Specialist Registration (CESR), Chief Medical Registrars and the Medical Training Initiative for the recruitment of overseas doctors. Physician Associate and Advanced Practitioner roles continue to be recruited to and provide multi-professional support to our services and rotas.

Seven Day Services

From 2018, all NHS trusts have been required to report their activity and progress towards delivering high quality and consistent levels of service and care seven days a week. There are 10 defined standards for seven-day services, of which NHS England/Improvement (NHSE/I) classify four as key standards:

Standard 2: Time to Consultant Review
All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of their admission to hospital.

The Trust completed an audit in December 2021 reviewing the care of a sample of patients who were admitted as emergencies to the Trust in June 2021. Time to first consultant review within 14 hours of admission to hospital was 69% (86/123) compared to previous results 67.3% (66/98) in April 2018. Overall, more patients were included in this audit and the results have reassuringly not deteriorated despite the COVID-19 pandemic.

Standard 5: Diagnostics
Hospital inpatients must have scheduled seven-day access to diagnostic services. Consultant directed diagnostic tests and completed reporting will be available seven days a week.

We have previously reported our level of assurance against this standard but plan to review in 2022/23.

The Guardian of Safe Working reports to the Board on any rota issues that may be identified by trainees through the exception reporting which is a mechanism used by our trainees to inform of variations to their scheduled work.

The Guardian works closely with Medical Education and Departments and holds regular Junior Doctor Forum meetings.

The Trust followed Health Education England directives during the peak periods of the COVID-19 pandemic. During the last wave training continued and no trainees were redeployed

Standard 6: Consultant Directed Interventions
Hospital inpatients must have timely 24-hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines.

We have previously reported our level of assurance against this standard but plan to review in 2022/23.

Standard 8: On-going Review in High Dependency Areas
All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.

The Trust completed an audit in December 2021 reviewing the care of a sample of patients who were admitted as emergencies to the Trust in June 2021. Daily patient reviews by a consultant was measured at 79% (89/112 potential consultant reviews) which has improved when compared to previous results in April 2018 52% (81/157 potential consultant reviews). These are encouraging results achieved during the COVID-19 pandemic.

Learning from deaths (mortality reviews)

During the period March 2021 to February 2022, the Trust experienced higher mortality rates when compared to the same reporting period previously 2020/21. However we have continued to maintain our mortality rates largely below expected levels. The Hospital Standardised Mortality Ratio (HSMR) produced by "T Health" (Dr Foster) was under predicted levels except in October and November 2021 when there was a higher than expected number of in-hospital deaths. This was impacted by the COVID-19 pandemic and the way elective spells were counted and coded. Current HSMR is in the low bracket at 94.1 against the 100 target which means the Trust's current mortality rates are lower than expected.

The most recent Standardised Hospital Mortality Indicator (SHMI) data published by the Health and Social Care Information Centre (HSCIC) for the period December 2020 to November 2021 showed the Trust's SHMI as 0.94. The SHMI position is somewhat higher than the same period in last year's account. As a Trust, our SHMI continues to be favourable, with over 12 months running being a positive outlier.

During the period April 2021 to March 2022, there was a total of 1682 deaths in Maidstone and Tunbridge wells NHS Trust. Each death occurring in the hospital is a sad event impacting both the loved ones of the patient and the team responsible for providing their care. The Trust is committed to improving the quality of care provided to our patients and reviewing and learning from death forms part of this process.

The implementation of our Medical Examiner Service in September of 2020 has introduced an independent review of every death occurring in the hospital by a trained Medical Examiner (ME). The ME Service scrutinised 1635 (97%) of the 1682 deaths occurring in the hospital and raised 119 Structured Judgement Reviews (SJR's). Plans are ongoing to extend the ME Service to our community in 2022/2023. This will ensure all deaths within West Kent

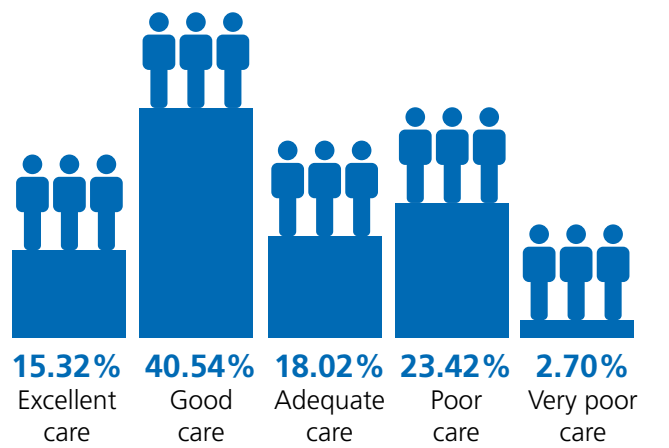
are scrutinised by the service and provide an opportunity for loved ones to raise concerns about quality of care received to an independent clinician.

An SJR is an in-depth review in addition to the ME scrutiny, providing quality and safety judgement scores on the phases and overall care received by a patient in their last episode of care within the hospital. Reviews are undertaken for several reasons including concerns over the care provided.

Learning from deaths identified in 2021/22 include:

- Sepsis was a theme highlighted by our mortality surveillance group (MSG) , process for the early diagnosis of sepsis has been an area of learning
- Improvements around communication especially with patient's family and/or loved ones is required. During the year there were cases that demonstrated good communication, however in other instances a clear opportunity to learn was highlighted.
- Specialist teams based on one site should ensure they fulfil their cross-site duties and management plans are communicated and documented in patient's notes on their behalf even if they are unable to physically attend to the patient.
- Do not attempt cardiopulmonary resuscitation (DNACPR) decisions should be enacted after discussions with the patient or next of kin (NOK) if the patient is unable to partake. Language barriers must not prevent this discussion which should involve a consultant or senior medical staff member.
- Better discharge planning and support to prevent unnecessary return to hospital for our patients undergoing end of life care.

2021/22 Completed structure reviews (n=111)



For all deaths scrutinised during the period April 2021 to March 2022, just over 7% required an SJR to be carried out. 111 of these SJRs were completed by the specially trained reviewers. 62 (55%) of the completed SJRs have a judgement of either "Excellent" or "Good care".

Once the SJR has been completed it is discussed at the Mortality Surveillance Group (MSG), chaired by the Chief of Medicine and Emergency Care and mortality leads who are consultants from divisions/directorates across the Trust. Learning from each case reviewed at MSG is fed back to directorates/divisions, some cases are discussed at divisional and directorate clinical governance meetings. In some rare instances, cases may be referred to the Trust's Serious Incident panel for review. A mortality report from MSG is presented by the Chief of Medicine and Emergency care to the Quality Committee and by the Medical Director to the Board.

National indicators

There are a variety of national indicators highlighted within the Outcomes Framework that each Trust is required to report on. Maidstone and Tunbridge Wells NHS Trust considers that this data is as described for the following reasons:

- The Trust submitted a ‘standards met’ Data Security and Protection Toolkit. As part of this process audits of clinical coding and non-clinical coding have been undertaken as well as completing the “completeness and validity checks”.
- In addition, three key indicators are selected and audited each year as part of the Trust’s assurance processes.

The NHS Outcomes Framework has five domains:

- 1 Preventing people from dying prematurely
- 2 Enhancing the quality of life for people with long-term conditions
- 3 Helping people to recover from episodes of ill health or following injury
- 4 Ensuring that people have a positive experience of care
- 5 Treating and caring for people in a safe environment and protecting them from avoidable harm

Domains 1 and 2: Preventing people from dying prematurely & enhancing the quality of life for people with long-term conditions

The Summary Hospital-level Mortality Indicator (SHMI) is the ratio between the number of patients who die following hospitalisation and the number that would be expected to die on the basis of average England figures. A ratio that is less than 1 indicates that less patients died at the Trust than expected. Trusts are categorised into one of three bands:

- Where Trust’s SHMI is ‘higher than expected’ – Band 1
- Where the Trust’s SHMI is ‘as expected’ – Band 2
- Where the Trust’s SHMI is ‘lower than expected’ – Band 3

In March 2022 the SHMI for Maidstone and Tunbridge Wells Trust was 0.93 (banded as level 2 ‘as expected’).

Summary Hospital-level Mortality Indicator (“SHMI”)	2021/22		2020/21	
	SHMI	Banding	SHMI	Banding
Maidstone and Tunbridge Wells NHS Trust	0.94	2	0.91	2
Best Performing Trust	0.72	3	0.73	3
Worst Performing Trust	1.19	1	1.12	1

Patients being treated by the palliative care team should have this recorded in their healthcare records and subsequently coded.

The percentage of patient deaths with palliative care coded	2021/22 (October 2020 – September 2021)	2020/21 (November 2019 – October 2020)
Maidstone and Tunbridge Wells NHS Trust	34%	36%
Lowest percentage Trust	12%	8%
Highest percentage Trust	63%	59%

Domain 3: Helping people to recover from episodes of ill health or following injury

The NHS asks patients about their health and quality of life before they have an operation, and about their health and the effectiveness of the operation afterwards. Data is collected in the form of a patient questionnaire. This helps to measure and improve the quality of care.

There are two surgical procedures for which Patient Reported Outcome Measures (PROMs) data is captured at Maidstone and Tunbridge Wells NHS Trust; Hip and Knee replacements. Up to three measures are used to assess the outcomes of these procedures. The most recent results published are for 2020/21 and have been uploaded on the NHS Digital website.

Data published in February 2022 (based on April 2020 to March 2021) shows an improvement in health gain following an operation for both surgical procedures with hip replacement surgery performing above national average for two of the three measures and knee replacement surgery performing slightly below the national average in two of the measures and slightly above national average in the remaining measure.

PROMS	Measures	MTW NHS Trust Adjusted Health Gain 2020/21	National Adjusted Health Gain 2020/21	Best Performer Adjusted Health Gain 2020/21	Worst Performer Adjusted Health Gain 2020/21
PROMS: hip replacement surgery	EQ-5D	0.447	0.465	0.576	0.391
	EQ-VAS	16.659	14.769	20.598	9.721
	Oxford Hip Score	22.807	22.597	26.293	17.453
PROMS: knee replacement surgery	EQ-5D	0.301	0.315	0.400	0.176
	EQ-VAS	7.786	7.274	13.115	-4.313
	Oxford Knee Score	15.442	16.714	20.152	11.793

Emergency readmissions to hospital shortly after being discharged are sometimes avoidable and may provide an indicator of the quality of care provided.

Prescribed data requirements	MTW NHS Trust		National average	
	Aged 0-15	Aged 16 and over	Aged 0-15	Aged 16 and over
Readmission rate to MTW within 28 days of being discharged from MTW	Elective 5.3%	Elective 8.6%	Elective 4.1%	Elective 3.8%
	Non-elective 5.9%	Non-elective 16.3%	Non-elective 9.4%	Non-elective 14.0%

Domain 4: Ensuring that people have a positive experience of care

Prescribed data requirements	2021/22 local and national data	2020/21 local and national data	National average
The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.	National Staff Survey 2021 (September – November) = 74%	National Staff Survey 2020 = 81.5%	National Staff Survey 2021 (September – November) = 66.9%

Prescribed data requirements	2021/22 local data	2020/21 local data	National average
The percentage of patients who were admitted to hospital and who were at risk assessed for venous thromboembolism during the reporting period.	96.8%	96.6%	95.5% (2019/20 data only available)
The rate per 100,000 bed days of cases of C. Difficile infection (healthcare associated) reported within the Trust amongst patients aged 2 or over during the reporting period.	29.6	27.4	26.8



New developments

Digestive Diseases Unit - the General Surgical reconfiguration is now complete and all inpatient and Emergency Care is provided on the TWH site with outpatients and day case surgery facilitated at Maidstone. There is an on-call Associate Specialist for the Maidstone site to provide General Surgical support to patients on the wards. The Surgical Reconfiguration was the first phase in the development of a Digestive Diseases Unit (DDU) at the Trust; a joint venture between the Surgical and Medical Divisions to provide a service delivering surgical and gastroenterology services to patients with Digestive Diseases on a single site delivering a multidisciplinary service. The next phase in the development of the DDU is the centralisation of gastroenterology services at the TWH which is planned to start in May 2022 and will be completed with a reconfiguration of wards to support this. Further surgical services to be developed as part of the DDU will include pH Manometry as well as Kent and Medway's first Tier 4 Bariatric Service.

Children's ED - the cranes moved in and work began on the new Paediatric Emergency Department at Tunbridge Wells Hospital in December 2021. The department is co-located with our main Emergency Department (ED) and will provide easy access to support from adult ED staff and resus facilities. The unit opened on 20th April 2022 and is also located within close proximity to radiology and theatres. The unit offers a child friendly environment with appropriate facilities for parents, children and carers alongside separate red and green triage rooms to support infection prevention and control protocols. Our teams and patients will also have access to two high dependency rooms, seven examination cubicles and a minor injuries room.

Cardiology reconfiguration - proposals to centralise inpatient cardiology and cardiac catheter lab services onto a single site in order to help us improve quality of care and create sustainable staffing levels were approved at Board level in February 2022. Centralising will allow us to develop a first-class cardiology service for our patients, in line with national best practice recommendations, as well as offering staff a positive working environment that gives them the opportunity to develop their skills and expertise. A business case has been submitted and work is anticipated to start in about 12 months.

Innovative orthopaedic open-plan theatres - the development of open-plan surgical areas where up to four patients can be treated in a dedicated space, with a specialised air canopy over each station to prevent the spread of infection. Preparatory works for a new theatre complex started at Maidstone Hospital in February 2022. The new block will include four theatres, a 20-bed inpatient ward and a 16-bed day case ward and will be built at the back of the hospital, next to the Renal Unit.

Once completed the theatres will not only expand orthopaedic surgical capacity at MTW but will also provide increased capacity across Kent, Medway and East Sussex and play an important part in elective recovery and the reduction of patient waiting times across the region.

Hyper-acute stroke units (HASUs) - the implementation plan for three hyper-acute stroke units in Kent and Medway, one of which will be on the Maidstone Hospital has progressed slowly. Building work is scheduled to start towards the end of 2022 to coordinate with the development of the innovative orthopaedic open-plan theatres. In the meantime, stroke inpatient services have been consolidated at MGH and two stroke rehabilitation initiatives developed in response to the COVID-19 pandemic; one in partnership with KCHFT with beds at Sevenoaks Hospital and one will Hilton Home Services, have since been robustly and positively evaluated and new contracts have been put in place.

Medical Student accommodation and academic building – work began August 2021; the new state-of-the-art six storey building will provide teaching facilities and high-quality accommodation for 145 medical students and trainee doctors a year. Once fully established, it will place 120 additional Kent and Medway Medical School students with MTW every 12 months – a 315% increase in the total number of students the Trust currently takes.



Additional areas of improvement 2021/22

Learning disability

Over a million people in England have a learning disability and they often experience poorer access to healthcare than the general population. The NHS Long Term Plan commits the NHS to ensuring all people with a learning

disability, autism, or both, can live happier, healthier and longer lives. In June 2018, NHS Improvement launched the National Learning Disability Improvement Standards for NHS trusts:



We have committed to deliver the three NHS Improvement priority standards to improve care delivery to patients and to work at ward level to train staff and deliver tangible improvements in care quality.

Key achievements 2021/2022

Respecting and protecting rights:

- The adults and young person learning disability oral sedation for minor interventions guidance was finalised and is already making a positive difference to those who struggle to access routine and urgent investigations due to their learning disability, behaviour or anxiety.
- The Trust has introduced easy read appointment letters and they are now routinely sent to all patients who are known to have a learning disability.
- This year the Trust pledged to the STOMP (Stopping over medication of people with a learning disability, autism or both) campaign. STOMP is now included in all learning disability training.
- Visitor cards were initiated, the purpose of these cards is to enable genuine carers to support patients with additional needs in the hospital throughout the pandemic when visiting was restricted.
- Following learning from a LeDeR (Learning Disability Mortality Review) involving a neighbouring Trust, the Learning Disability Outpatient Did Not Attend (DNA) data is now routinely scrutinised and followed up with individual patients by the learning disability liaison nurse.

Inclusion and engagement:

- The trust continues to involve people with a learning disability, autistic people and/or their family/supporters in new projects and acts upon feedback. A representative from a learning disability charity regularly attends and inputs into the patient experience committee.

Workforce:

- The different: not less campaign was formally launched in March 2022 to coincide with autism week. The campaign was designed to highlight the needs of those with learning disability and/or with autism with the overall aim of improving patient care.
- There continues to be a dedicated learning disability liaison nurse, employed to support adults with learning disabilities across the Trust.

Further action for 2022/23

- The Learning Disability readmission rate is slightly higher than other patient readmission rates. Further scrutiny of this is needed to implement plans to reduce the Learning disability readmission rate.
- In line with the National Learning Disability Improvement standards, an audit of the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documentation will be undertaken.
- Mandatory Learning Disability Training has been approved in parliament. The Trust was involved in the initial pilot training in December 2021, as and when the code of practice is published preparations to roll this out across The Trust will need to commence.

Care Co-ordination Centre powered by TeleTracking

The introduction of a new electronic bed management system has seen the time a hospital bed is empty more than half and also reduced the time it takes to get a patient from the Emergency Department (ED) into a bed.

All patients on admission will now be given a TeleTracking badge on a wrist band. At the point of discharge the badge will be removed and placed in a drop box which will then send a message to the Bed Turnaround Team via a handheld mobile device telling them that a bed needs cleaning and its location.

Once the bed and bed space have been cleaned and the bed made, the team will send an update via their mobile

device to the Care Co-ordination Centre telling them that the bed is clean and available for use. The centre then allocates the bed to a patient before sending a message to the Portering team so they can initiate a porter to move the patient.

This system demonstrates our enthusiasm and energy in embracing change and technology to provide better outcomes for our patients and introduces a number of key benefits. These include saving staff time, improving the uniformity of notes and ensuring a smoother patient experience.



Sunrise Electronic Patient Record

The Sunrise Electronic Patient Record (EPR) was deployed using a staggered approach at Maidstone Hospital and Tunbridge Wells Hospital during the summer of 2021. The areas that went live included the Emergency Departments, Paediatric Inpatients, Adult Inpatient wards, Outpatients, and Therapies.

An EPR is an electronic version of a patient's medical record that is maintained by an organisation over time and includes the key clinical information relevant to that person's care. This includes clinical notes, activity, medication, vital signs, past medical history, as well as the ability to order pathology tests and imaging, see results and make referrals. It also provides the ability to access other systems to ensure our clinicians have rapid access to the right information at the point of care.

In the year since we went live, we have seen:

- A significant reduction in the time taken to input data, supporting more effective processes.
- Rapid access to information, in one place, as clinical teams need it, wherever they are.
- Reduction in paper use through the addition of almost 100 different clinical documents that have to be completed by clinicians in different areas, as well as all the referral and testing documentation that has gone into the system.

- Reduced number of different systems used by healthcare staff.
- 1.5 million tests and imaging requests made electronically since go live.
- Just over 4 million results have been sent through to Sunrise.

The team continues to maintain and improve existing elements within Sunrise and is collaborating with other trusts in the county who also have Sunrise EPR (East Kent and Medway).

The next steps are to include electronic prescribing within Sunrise later in 2022/2023. This means that handwritten prescriptions, administration of medicine and pharmacy documentation on drug charts will move from paper to an electronic version.

In addition, work is also commencing to implement a further module into Sunrise for all documentation related to surgery including theatre scheduling, pre-assessment and anaesthetic records.



Awards

The Healthwatch Recognition Awards April 2022

Winner - Patient Partners

Excellence in involving people in commissioning and delivery of services.

For listening to Dementia Carers during the pandemic and creating a 'Carers Card' in response to Manometry as well as Kent and Medway's first Tier 4 Bariatric Service.



Health Tech Newspaper Now Awards February 2022

Finalist - Health Tech Team of the Year

A shared entry for the roll out of Windows 10, Allscripts Sunrise Electronic Patient Records (EPR) and the bed management system TeleTracking, plus ongoing work to make MTW a PaperLite organisation.



Royal College of Midwives Awards August 2021

Shortlisted - Midwife of the Year

Noella Aers, Interim Antenatal and Postnatal Matron.

Harriet Burke, Bereavement Support Midwife/Bariatric Service.



Royal College of Midwives Awards August 2021

Shortlisted - Innovation in Maternity Care

Birth planning infographics document designed to assist midwives and doctors in giving women clear information and local data from MTW.



Clinical Pharmacy Congress Awards September 2021

Shortlisted - Excellence in Hospital Pharmacy Practice

The Pharmacy team set up a highly successful drive-through pharmacy in just seven days during the height of the pandemic, which meant that our most vulnerable cancer patients were able to collect their vital medicines safely without having to step out of their car.



Patient Safety Awards September 2021

Highly Commended - Maternity and Midwifery Initiative of the Year Category

Birth planning infographics document designed to assist midwives and doctors in giving women clear information and local data from MTW.



HSJ Awards October 2021

Finalist - Driving Efficiency through Technology

The TeleTracking Bed Management System.



Qube Learning Awards October 2021

Winners - Public Sector Employer of the Year Category

In recognition of the hard work of MTW's apprentices during the pandemic (Learning and Development Team).



Part four

Appendices



Appendix A

National Clinical Audit participation 2021/22

In a letter dated 24th December 2021 from Sir David Sloman, Chief Operating Officer, NHS England and NHS Improvement titled “Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic”, Sir David Sloman stated “Given the importance of clinical audit in COVID and non-COVID care, clinical audit platforms will remain open for data collection. It should be noted clinical teams should always prioritise clinical care over data collection and submission.”

We are unable to provide percentages of cases submitted for every national clinical audit as work is still progressing on many of them. For some of these national clinical audits we are unlikely to achieve a 100% submission rate due to the additional pressures caused by COVID-19 on the clinical teams involved.

The national clinical audits and national confidential enquiries that Maidstone and Tunbridge Wells NHS Trust was eligible to participate in during 2021/22 are as follows:

National Clinical Audits 2021/22	Participation Y, N, N/A	% cases submitted	Comments
Adult Critical Care Case Mix Programme	Y	100%	
BAUS Urology Audits: Management of the Lower Ureter in Nephroureterectomy Audit	N		Directorate decision
British Thoracic Society - National Outpatient Management of Pulmonary Embolism	Y	66%	Estimate only
BTS - National Smoking Cessation 2021 Audit	Y	100%	
Elective surgery (National PROMs Programme) Hip Replacement, Knee Replacement	Y	100%	
NAP7: Perioperative Cardiac Arrest	Y	100%	
Falls and Fragility Audit Programme: National Audit of Inpatient Falls	Y	100%	
Falls and Fragility Audit Programme: National Hip Fracture Database	Y	66%	Data submission ongoing
Inflammatory Bowel Disease Programme / IBD Registry	N		Directorate decision
Learning Disabilities Mortality Review Programme	Y	100%	
MBRRACE-UK; Maternal Mortality surveillance and mortality confidential enquiries	Y	100%	
MBRRACE-UK; Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal morbidity confidential enquiries	Y	100%	
MBRRACE-UK; Perinatal mortality and morbidity confidential enquiries (term intrapartum related neonatal deaths)	Y	100%	
MBRRACE-UK; Perinatal Mortality Surveillance	Y	100%	

National Clinical Audits 2021/22	Participation Y, N, N/A	% cases submitted	Comments
MBBRACE; National mortality Review Tool	Y	100%	
National Adult Diabetes Inpatient Audit	N/A		Cancelled
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme – COPD Pulmonary Rehabilitation	Y		Data submission ongoing
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme – COPD Secondary Care	Y	70%	Data submission ongoing
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme – Adult Asthma Secondary Care	Y		Data submission ongoing
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme – COPD Secondary Care (Paediatric Asthma)	Y		Data submission ongoing
National audit of Breast Cancer in Older people	Y	100%	
National audit of Cardiac Rehabilitation	Y	100%	
National Audit of Care at the End of Life 2020	Y	100%	
National Audit of Dementia	N/A		Cancelled
National Audit of Seizure and Epilepsies in Children and Young Adults (Epilepsy 12)	Y	100%	
National Bowel Cancer Audit	Y	100%	
National Cardiac Arrest Audit	Y	100%	
National Cardiac Programme - Cardiac Rhythm Management	Y		Data submission ongoing
NCAP - Myocardial Ischaemia National Audit Project	Y	100%	
NCAP - National Audit of Percutaneous Coronary Interventions (Coronary angioplasty)	Y	100%	
National Comparative Audit of Blood Transfusion Programme - 2021 Audit of Patient Blood Management and NICE Guidelines	Y	100%	
National Comparative Audit of Blood Transfusion Programme - 2021 Audit of the perioperative management of anaemia in children undergoing elective surgery	Y	100%	
National Core Diabetes Audit	Y	100%	
National Diabetes Footcare Audit	Y	100%	Estimate

National Clinical Audits 2021/22	Participation Y, N, N/A	% cases submitted	Comments
National Diabetes Inpatient Audit – Harms	Y	100%	Data submission ongoing
National Early Inflammatory Arthritis Audit	Y	100%	
National Emergency Laparotomy Audit	Y	100%	
National Heart Failure Audit	Y	100%	
National Joint Registry	Y	>99%	
National Lung Cancer Audit	Y	100%	
National Maternity and Perinatal Audit	Y	100%	
National Oesophago-Gastric Cancer Audit	Y	100%	
National Ophthalmology Audit: Adult Cataract Surgery	N		Unable to submit due to software
National Paediatric Diabetes Audit	Y	100%	
National Pregnancy in Diabetes Audit	Y	100%	
National Prostate Cancer Audit	Y	100%	
NCEPOD: Transition from child to adult health services	Y	77%	Data submission ongoing
NCEPOD: Epilepsy	Y	83%	
Neonatal Intensive and Special Care	Y	100%	
Paediatric Inflammatory Bowel Disease Audit	Y	50%	Data submission ongoing
RCEM Severe Sepsis and septic shock (care in Emergency Departments)	N/A		Postponed
RCEM Pain in Children (care in emergency departments)	N		Directorate decision
Sentinel Stroke National Audit Programme	Y	93%	Data submission ongoing
Serious Hazards of Transfusion 2021 UK. National haemovigilance scheme	Y	100%	
Society for Acute Medicine Benchmarking Audit	Y	100%	
The Trauma Audit and Research Network	Y	100%	
Transurethral REsection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment	Y	100%	



MTW

|

Safer. Better. Sooner



Maidstone and Tunbridge Wells

NHS Trust

Patient Pledge

What you can expect from us:

✓ We commit to giving you the best possible care that we can

✓ We will treat you with respect, politeness and sensitivity

✓ Your spiritual and religious needs will be respected

✓ We will explain your care options and the risks involved to ensure you can give informed consent

✓ We are committed to involving you in the delivery of your health care

✓ Our aim is to not keep you in hospital for longer than necessary to reduce your risk of hospital acquired infection

✓ We will start planning for your discharge on admission, and keep you informed of your estimated discharge date

✓ We will listen, investigate and respond to all complaints and concerns

What we ask from you:

✓ Treat our staff with respect

✓ Participate in decision making

✓ Be proactive in planning for your discharge

✓ Work together to achieve realistic outcomes

✓ Be aware that hospital may not be the best place for you to be when recovering

✓ Take responsibility for your own health if you are able to

✓ Understand that for some patients, therapy is part of your recovery and it's important you participate if you are able

✓ Discuss your concerns with ward staff

What we ask of your nominated next of kin:

✓ Be involved in discussions and support you in making decisions

✓ Talk to us about what help and support you might need

✓ Support you in following agreed care plans

✓ Be respectful of decisions made by you

✓ Help us to get you home by supporting with the discharge plan and follow up services

✓ Provide us with up to date contact details





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Appendix C

Glossary

AMBER	Assessment; Management; Best Practice; Engagement; Recovery Uncertain	DH	Department of Health
ACL	Anterior Cruciate Ligament	DNACPR	Do not attempt cardiopulmonary resuscitation
AKI	Acute Kidney Injury	DoC	Duty of Candour
ASU	Acute Stroke Unit	DOLS	Deprivation of Liberty Safeguards
ATAIN	Avoiding Term Admissions into Neonatal units	DSPT	Data Security and Protection Toolkit
BAF	Board Assurance Framework	DTI	Deep tissue injury
BAME	Black, Asian and Minority Ethnic	DTT	Decision to treat
BME	Black and Minority Ethnic	ECIST	Emergency Care Intensive Support Team
BSGE	British Society for Gynaecological Endoscopy	E Coli	Escherichia coli
CAP	Clinical Audit Programme	ED	Emergency Department
CAS	Central Alerting System	EDI	Equality, Diversity and Inclusion
CASPE	Clinical Accountability, Service Planning and Evaluation	E-Learning	Learning conducted via electronic media e.g. the internet
CESR	Certificate of Eligibility for Specialist Registration	EME	Electronic Medical Engineering
CHKS	Caspe Healthcare Knowledge Systems	ENT	Ear, Nose and Throat
CCG	Clinical Commissioning Group	EoL	End of Life
CDI	Clostridium difficile infection	EoLC	End of Life Care
CDU	Clinical Decision Unit	EoT	End of Treatment
C.Dificile	Clostridium difficile	EPR	Electronic patient records
CEFM	Continuous Electronic Fetal Monitoring	FFT	Friends and Family Test
CEO	Chief Executive Officer	FTSU	Freedom to Speak Up
CEPOD	Confidential Enquiry into Peri-operative	F/Y	Financial Year
	Deaths	GDPR	General Data Protection Regulation
CNS	Clinical Nurse Specialist	GiRFT	Getting it Right First Time
CNST	Clinical Negligence Scheme for Trusts	GP	General Practitioner
COWs	Computers on wheels	HASU	Hyper-acute stroke unit
CPA	Clinical Pathology accreditation	HES	Hospital Episode Statistics
CPD	Continuing professional development	HQIP	Healthcare Quality Improvement Partnership
CQC	Care Quality Commission	HRG	Healthcare Resource Group
CQRG	Clinical Quality Review Group	HSCIC	Health and Social Care Information Centre
CQUIN	Commissioning for Quality and Innovation	IG	Information Governance
CRN	Comprehensive Local Research Network	IOL	Induction of Labour
CT	Computer Tomography	ICS	Integrated Care System
Datix	Trust's incident reporting system	ICU	Intensive Care Unit
		IPC	Infection prevention and control
		KMICS	Kent and Medway Integrated Care System

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Glossary

KPI	Key Performance Indicator
LGBT+	Lesbian, gay, bi and trans people.
LoS	Length of Stay
LUS	Lung Ultrasound
MCA	Mental Capacity Assessment
MCCD	Medical Certificate of Cause of Death
MDT	Multidisciplinary Team
ME	Medical Examiner
MGH	Maidstone General Hospital
MHRA	Medicines & Healthcare Products Regulatory Agency
MRI	Magnetic Resonance Imaging
MSG	Mortality Surveillance Group
MSK	Musculoskeletal
MTW	Maidstone and Tunbridge Wells NHS Trust
MVP	Maternity Voices Partnership
NACAP	National Asthma and COPD Audit Programme
NACEL	National Audit of Care at the End of Life
NCEPOD	National Confidential Enquiry into Patient Outcomes and Death
NEWS	National Early Warning Score
NG	Nasogastric Tube
NHFD	National Hip Fracture Database
NHS	National Health Service
NHS Digital	Aims to improve health and care by providing national information, data and IT services
NHSE	National Health Service England
NHSI	National Health Service Improvement
NHSE/I	NHS England/Improvement
NICE	National Institute for Health and Care
NICU	Neonatal Intensive Care Unit
NOK	Next of kin
NPDA	National Paediatric Diabetes Audit
NRLS	National Reporting Learning System
OD	Organisational Development
PALS	Patient Advice and Liaison
PDSA	Plan, Do, Study, Act
PEC	Patient Experience Committee

PHE	Public Health England
PLACE	Patient Led Assessment of Care Environment
PMRT	Perinatal Mortality Review Tool
PROMS	Patient Reported Outcome Measures
PSI	Patient Safety Incident
QI	Quality Improvement
RCA	Root Cause Analysis
R&D	Research and Development
RCEM	Royal College of Emergency Medicine
SHED	Subarachnoid Haemorrhage in Emergency Department study
SHMI	Summary Hospital Mortality Indicator
SI	Serious Incident
SJR	Structured judgement review
SLT	Speech and Language Therapy
SMR	Standardised Mortality Ratio
SMS	Short message text
SPC	Specialist Palliative Care
SSC	Safe Space Champions
SST	Straight to test
STP	Sustainability and Transformation Plans
Sunrise	Trust electronic patient records system
T&O	Trauma and Orthopaedics
TEP	Treatment Escalation Plan
TERN	Trainee Emergency Research Network
TSR	Towards Safer Radiotherapy
TTO	To take out
TWH	Tunbridge Wells Hospital
Ulysses	Trust's clinical audit management system
VAT	Value added tax
VSM	Very Senior Manager
VTE	Venous Thromboembolism
Waterlow Score	A score of the estimated risk for the development of a pressure ulcer by a patient
WRES	Workforce Race Equality Standard

Part five



Kent and Medway CCGs MTW Quality Account Comments 2021/2022

We welcome the Quality Account for Maidstone and Tunbridge Wells NHS Trust (MTW). The CCG has a responsibility to review the Quality Accounts of the organisation each year using the Department of Health's Quality Accounts checklist tool to ascertain whether all the required elements are included within the document and the CCG confirms that the Quality Account has been developed in line with the national requirements with all the required areas included.

Your report clearly sets out your key areas of quality focus for the coming year, by identifying ambitious priorities for 2022 for each of the three key quality domains: patient safety, patient experience and clinical effectiveness. It is evident that Quality Improvement continues to drive your work and we are excited about the development of new infrastructure and services as outlined in the report.

The innovative ways of working and positive changes to patient pathways seen in response to the pandemic has resulted in a positive response to and recovery from the impact of COVID-19. This can be seen in your Emergency Department performance indicators, 62-day cancer access performance, the significant reduction of patients waiting long periods for outpatient care and increase of virtual appointments offered.

We thank MTW for your candid assessment of the 2020/2021 priorities and note some significant developments, such as the new Community Diagnostic Centre, new Paediatric Emergency Department, new Surgical Assessment Unit, and implementation of the Care Coordination Centre. Clinical audit participation was robust, and the Research and Innovation Department continue to successfully design their own studies, and support both national and international research, most noticeably the high-profile Novavax COVID-19 vaccine trial, later approved by the UK MHRA and the CCG extend their congratulations.

We would like to thank all the staff at the trust for their hard work during this unprecedented time, both patient facing and support staff, reinforcing the Chief Executive's statement recognising "staff ambition, energy, and compassion" to provide outstanding care. The CCG recognise the impact of the 'Exceptional People, Outstanding Care' journey through staff engagement and the NHS National Staff Survey feedback.

The report clearly outlines the "Exceptional People, Outstanding Care" journey you are undertaking to "create an inclusive, compassionate and high performing culture where our people can thrive and be their best self at work". The DisAbility network has continued to grow, staff continue to engage with the Freedom to Speak Up function. The NHS Rainbow badge pilot has been extended and the Cultural and Ethnic Minorities Network (CEMN) continues to support the Trust in making our recruitment processes and practices more inclusive to embed equality, diversity, and inclusion across MTW.

Clinical Chair: Dr Navin Kumta
Accountable Officer: Paul Bentley

The continued relationship between the Trust and the CCG has allowed collaborative working which will develop into working together within our Integrated Care System (ICS). As the main provider of acute NHS services for the population in West Kent, the CCG Quality Team is proud to support the trust in their vision to provide: 'Exceptional People, Outstanding Care and to drive improvements in patient flow and Care' with the Trust's objectives; 'To be recognised as a caring organisation', 'To provide sustainable services' and 'To be improvement-driven across all areas'.

Throughout the report you have provided clear and measurable objectives for the coming year and have maintained the focus within the three clear domains, which gives the report a clear flow that will be easy to follow for members of the public who may have an interest in reading this report.

In conclusion, the report is well structured and highlights that the quality of patient care remains a clear focus for the organisation and at the forefront of service provision. The CCG thanks the organisation for the opportunity to comment on these accounts and looks forward to further strengthening the relationships with the organisation through continued collaborative working in the future.

Paula Wilkins
Executive Chief Nurse
Kent and Medway CCG



Members Suite

Kent County Council
Sessions House
County Hall
Maidstone
Kent
ME14 1XQ

The MTW NHS Trust Patient Experience Lead has confirmed that the Quality Accounts were received by our Patient Representatives for review and feedback on 7 June 2022.

Kent County Council's Health Overview and Scrutiny Committee has confirmed the receipt of the Maidstone & Tunbridge Wells NHS Trust's Quality Account on 27 May 2022.

Healthwatch Kent has confirmed the receipt of Maidstone and Tunbridge Wells NHS Trust's
Quality Account on 27 May 2022.

Maidstone Hospital

Hermitage Lane
Maidstone
Kent, ME16 9QQ

01622 729000

Tunbridge Wells Hospital

Tonbridge Road
Tunbridge Wells
Kent, TN2 4QJ

01892 823535

To approve the Trust's updated planning submissions for 2022/23	Director of Strategy, Planning & Partnerships
<p>The enclosed report provides information on the trusts operational planning submission on June 10th 2022 to the Kent and Medway Integrated Care System (ICS), pending Trust Board approval, in advance of system submission to NHS England/Improvement (NHSE/I) on June 20th as per national requirements. It is not anticipated that there will be queries raised by the ICS in advance of the system submission requiring further adjustments to the Trust's submission.</p> <p>There have been no changes to the activity and workforce elements of the operational plan from those approved by the Finance and Performance Committee on 24th April.</p> <p>Further iterations to the financial plan have made, resulting in a breakeven plan being submitted. Changes relating to the financial element of the operational plan submission are detailed in the enclosed report.</p> <p>Although there has been a positive response from Kent and Medway Clinical Commissioning Group (CCG) and NHSE/I colleagues regarding counting and coding changes relating to endoscopy pathway changes, the Trust has not yet received final approval from NHSE/I. However the financial plan assumes this change in the baseline which is a reduction in baseline of £2.3m for Elective Recovery Fund (ERF) purposes. There are two further counting and coding schemes included in the Trust's financial plan which increase the baseline; Ophthalmology (£1.5m) and prime provider for planned care (£4.2m).</p>	
<p>Which Committees have reviewed the information prior to Board submission? N/A</p>	
<p>Reason for submission to the Board For approval</p>	

Financial Plan 2022-23

Plan for Submission 20 June 2022

2022/23 Final Plan I&E Summary

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2022/23 Annual Plan
Income from Patient Care Activities	48.4	48.4	49.9	49.0	49.0	49.0	49.0	49.0	49.0	49.0	49.0	49.0	587.9
Other Income	3.5	3.5	3.3	3.5	3.5	3.5	3.6	3.6	3.6	3.7	3.8	3.7	42.7
Total Income	51.9	51.9	53.3	52.5	52.5	52.5	52.6	52.6	52.6	52.7	52.8	52.7	630.6
Medical Staff	-9.2	-9.2	-9.2	-8.9	-9.0	-8.9	-8.4	-8.4	-8.4	-8.4	-8.4	-8.3	-104.6
Nursing	-9.1	-9.2	-9.4	-9.2	-9.2	-9.2	-8.8	-8.7	-8.7	-8.7	-8.7	-8.7	-107.4
Scientific Therap & Tech Staff	-3.9	-3.9	-4.0	-3.8	-3.9	-4.0	-3.7	-3.8	-3.8	-3.8	-3.9	-3.8	-46.5
Qualified Ambulance + Paramed	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	0.0	0.0	0.0	0.0	0.0	0.0	-0.6
Support to Clinical Staff	-5.1	-5.2	-5.2	-5.1	-5.1	-5.1	-4.8	-4.8	-4.8	-4.8	-4.8	-4.8	-59.3
Support Staff	-1.4	-1.4	-1.4	-1.4	-1.4	-1.4	-1.4	-1.4	-1.4	-1.4	-1.4	-1.4	-17.1
A&C/Sen Man Staff	-2.8	-2.9	-3.0	-3.1	-3.0	-2.9	-2.9	-2.9	-2.9	-2.9	-2.9	-2.9	-35.2
Apprenticeship Levy	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-1.3
Total Pay	-31.7	-32.0	-32.3	-31.7	-31.8	-31.7	-30.1	-30.1	-30.2	-30.2	-30.2	-30.1	-372.2
Drugs & Medical Gases	-5.0	-5.0	-5.0	-4.9	-4.9	-4.9	-4.6	-4.6	-4.6	-4.6	-4.6	-4.6	-57.7
Clinical Negligence	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-1.6	-19.4
Premises	-2.6	-2.9	-2.7	-2.6	-2.6	-2.6	-2.5	-2.5	-2.5	-2.5	-2.5	-2.5	-31.0
Purch healthcare from non NHS	-2.2	-2.2	-1.9	-1.5	-2.0	-1.8	-1.9	-1.9	-1.9	-1.9	-1.9	-1.9	-23.1
Supplies and Services	-4.0	-4.3	-4.2	-4.2	-4.0	-4.2	-4.0	-4.0	-4.0	-4.0	-4.0	-4.0	-48.8
Other Non Pay	-2.6	-2.7	-2.8	-2.6	-2.2	-2.7	-2.7	-2.7	-2.7	-2.5	-2.5	-2.5	-31.0
Total Non Pay	-18.0	-18.7	-18.2	-17.4	-17.4	-17.9	-17.3	-17.3	-17.3	-17.2	-17.2	-17.2	-211.0
Depreciation	-2.0	-2.0	-2.0	-2.1	-2.1	-2.1	-2.2	-2.2	-2.2	-2.2	-2.2	-2.2	-25.4
Other Finance Costs	-1.4	-1.4	-1.4	-1.4	-1.4	-1.4	-1.4	-1.4	-1.4	-1.4	-1.4	-2.4	-17.5
Public Dividends Payable	-0.5	-0.5	-0.5	-0.5	-0.5	-0.5	-0.5	-0.5	-0.5	-0.5	-0.5	-0.5	-5.8
Total Finance Costs	-3.8	-3.8	-3.8	-3.9	-3.9	-3.9	-4.1	-4.1	-4.1	-4.1	-4.1	-5.1	-48.6
Technical Adjustment	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	-0.1	1.0	1.2
Total Deficit (-) / Surplus (+)	-1.5	-2.6	-1.1	-0.4	-0.5	-1.0	1.2	1.2	1.1	1.2	1.2	1.2	0.0

2022/23 Final Financial Plan

Plan 20 June 2022

The Trust is proposing to submit a financial plan for 2022/23 on 20 June 2022 with a breakeven position. This is an improvement of £7.6m from the plan submitted on 28 April 2022.

This is part of the Kent and Medway System plan which is expected to submit a breakeven position overall.

Key movements

Inflation – The Trust will receive an additional £3.4m to support inflationary pressures, this is based on an additional 0.7%. The expenditure plan has not been increased for any further inflationary pressures.

Non Recurrent Support – The Trust has received an additional £2.5m from Kent and Medway CCG, this is on a non recurrent basis.

Other changes – The Trust has reduced its expenditure plan by £1.7m. This reduces the level of mitigation available.

Risks

The plan includes £22m of risk which is detailed on slide 4.

Other movements and assumptions remain unchanged and are included as an appendix.

Key movements	£m
Draft plan submitted	-9.7
Finance Costs	-1.7
RPI increase	-0.3
Growth	1.8
Other changes	2.3
Plan submitted 28 Apr	-7.6
Inflation (additional 0.7%)	3.4
Non recurrent support	2.5
Other changes	1.7
Plan to be submitted 20 June	0.0

Risks

	Value £ m	Risk %	Risk Adjusted Value £ m
ERF Clawback	5.0	100%	5.0
CIP Delivery 2022/23	20.0	25%	5.0
CIP Delivery 2021/22	10.0	75%	7.5
Radiotherapy ERF baseline	2.0	100%	2.0
Net Inflation Pressure, additional 4% increase in all non pay	8.6	25%	2.2
Total Risks			21.7

There is a risk of ERF clawback if the activity plan underperforms, the clawback could apply even if elective capacity is reduced as a result of non-elective activity surges.

The plan assumes full delivery of CIP but there is a risk that this may not be fully delivered in 2022/23. Plans are being developed with Divisions with support from the PMO but the pause in CIP in the last 2 years means CIP programmes are at a less developed stage than in previous years.

There is a risk of ERF clawback for radiotherapy. The clinical treatment has changed, reducing the activity count per patient but the baseline has not been changed to reflect this.

The plan now includes increased contract values for contracts with embedded RPI increases. However there remains a further risk to general non pay price increases over and above the 2.8% funded for inflation. A 4% increase on all non pay would equate to an £8.6m cost pressure.

Mitigations

	£ m
Workforce availability	3.0
Annual Leave accrual reduces	4.0
Non recurrent income in year	2.2
COVID Reduction	3.5
Negotiate radiotherapy ERF baseline with Spec Comm	2.0
Reduce SD, CP or growth investments	4.8
Release of Contingency	2.2
Total Mitigations	21.7

In order to mitigate risks in the financial plan the Trust has identified the following potential mitigations, some of which require further development

- Workforce availability may limit recruitment ambitions
- Annual Leave accrual may reduce if staff are able to take their annual leave in full.
- Identify further non recurrent income support
- There is a potential benefit from a further reduction in COVID expenditure, this is being reviewed following changes to IPC. COVID expenditure is also being benchmarked across the system.
- Reduce the level of investments in Service Developments and Cost Pressures.
- Release of contingency

The mitigations offset the risks.

Next Steps

There are three areas for focus to deliver the plan;

1. Budgetary management – ensuring budget holders have a good understanding of their budgets, are managing within their budgets and taking action when adverse to plan.
2. Development of CIPs – the plan assumes delivery of CIPs so delivery of identified CIPs and development of further CIPs is essential.
3. Delivery of the elective activity plan within the financial plan

Appendices

- There are no changes to the follow so these are shown as appendices;
- Key assumptions and movements between draft submission and 28 April submission.
- Cost Improvement Plan
- Capital Plan

2022/23 Financial Plan submitted 28 April

Draft Plan

The Trust submitted a final financial plan for 2022/23 on 28 April 2022 with a deficit of £7.6m. This is part of the Kent and Medway System plan which is a deficit of £74.6m. These are an improvement on the draft submission of £2.1m for the Trust and £10.4m for the system.

Key Assumptions

Contracts have not yet been signed with commissioners but the values in the plan are following discussions with commissioners and assumed to be the final value.

There is an uplift for growth at 0.8% and inflation at 2.8%. There is a national efficiency ask of 1.1% and a local system efficiency of 1.2%.

The Trust has an internal CIP target of £20m for 2022/23 plus £10m of undelivered CIP from 21/22.

The plan currently includes an additional £19.3m of expenditure to support growth (£2.9m), cost pressures (£10.7m) and service developments (£5.7m).

The plan assumes additional resource in winter and that current escalation wards remain open with current staffing levels.

The plan includes £16.8m of risk which is detailed on slide 6.

Key movements	£m
Draft plan submitted	-9.7
Finance Costs	-1.7
RPI increase	-0.3
Growth	1.8
Other changes	2.3
Final plan submitted	-7.6

Key movements

Finance Costs – Values revised following year end position, significantly the increase in valuation, higher cash balance and change in LINAX depreciation had the following impact; depreciation revised value £0.4m, IFRS16 £0.5m, PDC £0.8m

RPI – PFI value changed based on February RPI value £0.3m above previous estimate.

Growth – The remaining growth expenditure plan has reduced by £1.8m to support the increased changes

Other changes – Other revisions to the plan resulted in a £2.3m benefit.

2022/23 Cost Improvement Plan

Efficiency Plan Risk £000				
	Pay	Non Pay	Income	Plan
High Risk	6,161	4,077	1,343	11,581
Medium risk	52	1,220	924	2,196
Low Risk	264	5,327	647	6,238
Total Efficiencies	6,477	10,624	2,914	20,015

Efficiency Plan Status £000				
	Pay	Non Pay	Income	Total
Fully Developed	0	689	174	863
Plans in Progress	211	1,831	1,353	3,395
Opportunity	795	5,143	1,387	7,325
Unidentified	5,471	2,961	0	8,432
Total Efficiencies	6,477	10,624	2,914	20,015

Efficiency Profile £000													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Recurrent	326	348	398	671	670	713	1,978	1,985	2,085	1,989	1,990	1,963	15,116
Non Recurrent	54	54	46	41	57	59	760	760	760	772	769	767	4,899
Total Efficiencies	380	402	444	712	727	772	2,738	2,745	2,845	2,761	2,759	2,730	20,015

The 2022/23 CIP target is £20.0m, there is an additional £10.0m CIP from 21/22 but this is not reported externally. Around £4.3m of CIP is either fully developed or plans in progress. There is a further £7.3m of opportunities identified. This leaves £8.4m of unidentified schemes.

The plan does assume that the CIP target will be met by the end of the year but some of this will be non recurrent CIPs.

2022/23 Capital Plan

Capital Spend plans	2022/23	2023/24	2024/25	2025/26	2026/27
	£'000	£'000	£'000	£'000	£'000
Estates Projects - b/f commitments	1,672	0	0	0	0
Estates - Backlog maintenance	1,323	2,000	2,015	3,964	3,547
ICT - b/f commitments	1,431	0	0	0	0
ICT - Devices	300	500	500	1,000	1,199
ICT - Infrastructure	350	500	500	1,000	1,000
ICT- Clinical applications/EPR	850	1,345	1,435	2,000	1,500
Equipment projects - b/f commitments	1,550	0	0	0	0
Linear Accelerator replacements	0	3,000	3,000	0	0
Equipment - backlog replacement	1,156	1,933	1,828	4,376	3,826
Total internal funds	8,632	9,278	9,278	12,340	11,072
ICS capital - HASU stroke reconfiguration	1,945	4,175	0	0	0
National funded projects					
TWH PFI Lifecycle	1,325	1,378	1,412	2,105	2,775
Barn Theatre	28,989	0	0	0	0
Critical Medical Imaging	0	0	2,300	0	0
Maidstone Theatres	0	0	0	0	20,000
Total national funding/tech sources	30,314	1,378	3,712	2,105	22,775
IFRS 16 Leases - capital spend					
Cardiology equipment	1,501	0	0	0	0
KMMS Accommodation	14,674	0	0	0	0
Leased vans	353	0	0	0	0
Unit A CDC additional works	294	0	0	0	0
Springwood Rd Accommodation	9,119	0	0	0	0
Remeasurement of existing leases	1,874	0	0	0	0
Total IFRS 16 capital spend	27,815	0	0	0	0
Total Capital Spend Plans (excl donated)	68,706	14,831	12,990	14,445	33,847

- The Trust has prepared its five year capital plan for agreement with the K&M ICS, who manage the local system balancing, and with NHSEI.
- For 2022/23 the Trust has an ICS internal resource control total of £8.6m which is generated from Trust internal resources (depreciation less loan/PFI/Lease repayments) but capped at the control total level. This resource has to fund prioritised key projects for Estates backlog, ICT renewal and Equipment replacement. The final prioritisation of this limited resource will be undertaken by the capital budget holders with the Divisions, taking account of business planning submissions, and agreed with the Executive Team.
- The Trust has an initial allocation of ICS system capital for 2022/23 relating to the system stroke reconfiguration plans. This will need to be reviewed and confirmed as the costs and timelines for the project are finalised.
- The Trust has also included an assumption of national funding for the Barn Theatre project – this figure has been agreed for use in the plans with the ICS, but the FBC is in development, so final figures and timelines will need to be confirmed, and approval from NHSEI/DHSC obtained.
- 2022/23 sees the change in lease accounting, bringing leases, rentals, equipment use under MSC/MES arrangements previously funded from revenue budgets onto the balance sheet, and capitalising the costs. The Trust has included assumptions of new leases in its capital plans, including the planned KMMS accommodation at TWH.