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

Thu 29 July 2021, 09:45 - 12:15

Virtual Meeting, via webconference

NHS
Maidstone and Tunbridge Wells
NHS Trust

Agenda

Please note that members of the public will be able to observe the meeting, as it will be broadcast live on the internet, via the Trust's YouTube channel (www.youtube.com/channel/UCBV9L-3FLrluzYSc29211EQ).

07-5
To receive apologies for absence

David Highton

07-6
To declare interests relevant to agenda items

David Highton

07-7
To approve the minutes of the 'Part 1' Trust Board meetings of 24th June 2021 and 8th July 2021

David Highton

- Board minutes, 24.06.21 (Part 1).pdf (9 pages)
- Extraordinary Board minutes, 08.07.21 (Part 1).pdf (3 pages)

07-8
To note progress with previous actions

David Highton

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

07-9
Report from the Chair of the Trust Board

David Highton

- Chair's report.pdf (1 pages)

07-10
Report from the Chief Executive

Miles Scott

Chief Executive's report.pdf (2 pages)

Integrated Performance Report

07-11
Integrated Performance Report (IPR) for June 2021

Miles Scott and colleagues

IPR for June 2021 (incl. planned and actual ward staffing).pdf (34 pages)

Planning and strategy

07-12
Update on the implementation of the Electronic Patient Record (EPR) (incl. details of performance metrics)

Peter Maskell

EPR implementation.pdf (8 pages)

07-13
Response to the queries posed about the Trust's Green Plan at the Trust Board meeting on 27/05/21

Miles Scott

Green plan queries.pdf (5 pages)

07-14
To approve the Full Business Case (FBC) for the Kent and Medway Medical School (KMMS) accommodation

Amanjit Jhund

FBC for the KMMS Acommodation.pdf (124 pages)

Quality items

07-15
Safeguarding update (Annual Report to Board, including Trust Board annual refresher training)

Aoife Cavanagh

Safeguarding update.pdf (32 pages)

Assurance and policy

07-16
Quarterly report from the Freedom to Speak Up Guardian

Christian Lippiatt and Ola Gbadebo-Saba

N.B. This item has been scheduled for 11.20am.

FTSU quarterly report.pdf (8 pages)

Reports from Trust Board sub-committees

07-17
Quality Committee, 14/07/21

Sarah Dunnett

Summary of Quality C'ttee, 14.07.21.pdf (1 pages)

07-18
People and Organisational Development Committee, 23/07/21

Richard Finn

Summary of People and Organisational Development Cttee, 23.07.21.pdf (1 pages)

07-19
Finance and Performance Committee, 27/07/21

Neil Griffiths

N.B. The report will be issued after the meeting on 27/07/21.

07-20
Charitable Funds Committee, 28/07/21

David Morgan

N.B. This will be a verbal report.

Other matters

07-21

Annual review of the Trust Board's Terms of Reference

David Highton

Revised Terms of Reference for Trust Board.pdf (6 pages)

07-22
To consider any other business

David Highton

07-23
To approve the motion (to enable the Board to convene its 'Part 2' meeting) that...

David Highton

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

MINUTES OF THE TRUST BOARD MEETING ('PART 1') HELD ON THURSDAY 24TH JUNE 2021, 9:30 A.M, THE LOMBARD ROOM, HOTEL DU VIN, ROYAL TUNBRIDGE WELLS

NHS Maidstone and Tunbridge Wells NHS Trust

FOR APPROVAL

Present:	David Highton	Chair of the Trust Board	(DH)
	Sean Briggs	Chief Operating Officer	(SB)
	Maureen Choong	Non-Executive Director	(MC)
	Sarah Dunnett	Non-Executive Director	(SDu)
	Neil Griffiths	Non-Executive Director	(NG)
	Peter Maskell	Medical Director	(PM)
	David Morgan	Non-Executive Director	(DM)
	Claire O'Brien	Chief Nurse	(COB)
	Steve Orpin	Deputy Chief Executive/Chief Finance Officer	(SO)
	Emma Pettitt-Mitchell	Non-Executive Director	(EPM)
	Miles Scott	Chief Executive	(MS)
In attendance:	Karen Cox	Associate Non-Executive Director	(KC)
	Richard Finn	Associate Non-Executive Director	(RF)
	Sara Mumford	Director of Infection Prevention and Control	(SM)
	Sue Steen	Chief People Officer	(SS)
	Kevin Rowan	Trust Secretary	(KR)
Observing:	Tasha Gardner	Associate Director of Communications	(TG)
	The meeting was livestreamed on the Trust's YouTube channel.		

06-1 To receive apologies for absence

DH first noted that the meeting was the first face-to-face/in-person meeting of the Trust Board for over eighteen months. There were no apologies but it was noted that Amanjit Jhund (AJ), Director of Strategy, Planning & Partnerships; and Jo Webber (JW), Associate Non-Executive Director would not be in attendance.

06-2 To declare interests relevant to agenda items

DM referred to items 06-20, 06-21 and 06-22 and declared that his son worked for Grant Thornton LLP but clarified that his son did not work within the health sector. KC then declared that she was Vice Chancellor of the University of Kent, which may be relevant to item 06-8; and SDu declared she was a Non-Executive Director at East Kent Hospitals University NHS Foundation Trust.

06-3 To approve the minutes of the 'Part 1' Trust Board meeting of 27th May 2021

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

06-4 To note progress with previous actions

The content of the submitted report was noted & the following actions were discussed in detail:

- **04-10 ("Arrange for the recommendations in the "Nursing & Midwifery staffing review" that was discussed at the Trust Board meeting on 29/04/21 to be considered by the Executive Team, and notify the Trust Board of the response/outcome").** COB confirmed that the work would be submitted to the Executive Team Meeting (ETM) before 25/07/21.
- **05-11 ("Liaise with the Director of Estates and Facilities to ensure that a specific response was provided to the queries posed about the Trust's Green Plan at the Trust Board meeting on 27/05/21.").** MS confirmed that A written update will be submitted to the Trust Board meeting in July 2021.

06-5 Report from the Chair of the Trust Board

DH firstly noted that it was COB's last Trust Board meeting before she left the Trust, noting that she had been Deputy Chief Nurse and then Chief Nurse, and had made a significant contribution.

DH then noted that the Electronic Patient Record (EPR) had gone 'live' and that would be discussed further under item 06-6. DH then referred to the submitted report and highlighted that it had been a successful month for consultant appointments. DM suggested it would be beneficial if the Advisory Appointments Committee panel details included some contextual information, such as whether the appointments had been for new or replacement posts. DH agreed it would be helpful to include such information.

Action: Ensure contextual information in relation to the recruitment of consultant staff via Advisory Appointments Committee (AAC) panels was included in future reports from the Chair of the Trust Board (Chair of the Trust Board/Trust Secretary, June 2021 onwards)

06-6 Report from the Chief Executive

MS firstly echoed DH's earlier comments regarding COB's contribution, then referred to the submitted report and highlighted the following points:

- On 23/06/21, Tunbridge Wells Council's Planning Committee had granted the Trust planning permission to build the accommodation for the Kent and Medway Medical School, and the contractors would start work that day.
- The aseptic unit at Tunbridge Wells Hospital (TWH) would be officially opened on 25/06/21.
- The Kent and Sussex Deanery had approved Maria Haynes to become an educational supervisor of medical staff within Cellular Pathology, which was a significant, and rare, achievement. Maria's success had emphasised the need to encourage other similar developments in other areas.

SDu referred to the latter point and asked whether Ms Haynes had received assistance with her training fees. MS confirmed that Ms Haynes had been supported by the Pathology Department and the Clinical lead for Cellular Pathology, but MS' point was to acknowledge the need to encourage other departments to do the same.

MS then asked PM to give an update on the implementation of the EPR. PM duly reported the following points:

- The first stage of the 'go live' had occurred on 17/06/21, which was 24 hours later than originally planned, because of a problem with printers, which was in turn related to the implementation of Windows 10. The Emergency Department (ED) at Maidstone Hospital (MH) then went 'live' with a host of support on 17/06/21.
- A number of issues arose throughout the 'go live day' but these were progressively addressed.
- The large number of ED attendances over the weekend had caused some challenges, and the performance on the ED 4-hour waiting time target had been adversely affected, but again these issues had been addressed.
- Order Comms had then gone 'live' on 18/06/21.
- A range of EPR meetings had been held, to discuss the challenges faced, and consider what support was required.
- A decision had been made to delay the implementation for the ED at TWH, to enable the issues arising from the implementation at the MH ED be properly addressed. the w/c 28/06/21 would therefore see the implementation of the ED and outpatient aspects at TWH.
- Paediatrics had gone 'live' in the past 48 hours and had been a success.
- PM had asked the Chief Clinical Information Officer if he wanted to give any messages to the Trust Board and he had wanted to stress that the full range of support that had been made available for the implementation.

DH pointed out that the original 'go live' date had been delayed by six weeks because of the second wave of the COVID-19 pandemic, and the delay had adversely affected the ability to raise awareness of the implementation. DH therefore stated that a formal 'lessons learned' document should be developed, although he understood that the implementation had, overall, been successful thus far. DH clarified that he would expect the 'lessons learned' document to be

circulated to Trust Board members, and emphasised that the document would be important to inform the planning for future 'go live' phases.

Action: Arrange for a formal Electronic Patient Record (EPR) implementation 'lessons learned' document to be developed and circulated to Trust Board members (Medical Director, June 2021 onwards)

DM noted that there were some good examples of best practice at the Trust, so the Trust should aim to achieve that best across all areas. DH also noted that the wider consequences of change were just as important to consider as the specific training on the system. The points were acknowledged.

MC thanked PM for his balanced report and noted that the members of the surgical team she had met last week had been positive about the implementation.

DH asked whether there was a specific communications programme in place in relation to future 'go live' dates. PM explained that a dedicated communications person was located within the EPR team and they had overseen the use of various communication methods, which included the WhatsApp groups, which had been very beneficial.

Integrated Performance Report

06-7 <u>Integrated Performance Report (IPR) for May 2021</u>

MS introduced the report and commented that one of the underlying issues was a feeling of pressure, which had been experienced in the EDs and the maternity service in particular. MS added that many staff were still recovering from the COVID-19 second wave, so it was important that members of the Executive Team kept morale high and did not take people for granted. MS added that the third wave of COVID-19, which was occurring within the Trust's local communities, would not likely lead to a significant number of patient admissions, but the impact of staff needing to self-isolate, following contact by the NHS Test and Trace system, needed to be borne in mind.

MS then invited colleagues to report on each domain. COB referred to the "Safe" domain and reported the following points:

- The "Overall Safe staffing fill rate" at 92.9% had been the best position for some time.
- Patient falls had increased in May from April and the increase had largely been at TWH. The Lead Nurse for Falls Prevention was focusing on safety crosses. There had been three falls-related Serious Incidents in the month, which illustrated the need for continued focus on falls prevention.
- The pressure ulcer position had continued to improve, and the Clinical Commissioning Group (CCG) were leading work across the system in relation to 'inherited' pressure ulcer cases.
- The IPR contained a new page (26 of 32, "Implementing a Revised Perinatal Tool"), which had arisen from the Ockenden review of maternity services, and represented work in progress. The format was not yet finalised, but one of the indicators identified that the Trust had received a letter from the Healthcare Safety Investigation Branch (HSIB), and the letter would be considered at the 'main' Quality Committee in July 2021, via the Women's, Children and Sexual Health Division.

KC referred page 26 of 32 and asked for a comment on the training rates. KC also asked why the boxes for the "*Minimum safe staffing in maternity service…" were empty. COB confirmed that the empty boxes for the latter reflected uncertainty over the requirements; while the training compliance for the "…MDT Emergency Skills" was 98% and the compliance for the "…Fetal Monitoring in labour" training was improving and had been an area of focus.

SM then referred to infection control aspects under the "Safe" domain and reported that the number of cases were below the agreed trajectories.

PM then referred to "Effective" domain and reported that mortality would be covered under item 06-11; while work was continuing regarding stroke beds, but the Sentinel Stroke National Audit Programme (SSNAP) had now rated the Trust's service as an "A". DH asked whether the therapists had gone 'live' with the EPR. PM confirmed that was the case.

SDu referred to the use of virtual outpatient appointments and outpatient utilisation and asked for further details. SB explained that the issues related to the use of virtual outpatient appointments, and noted that the Trust's target had been set to be quite challenging, but the outpatient programme would focus on the issue. SDu asked whether the Trust's target would be reviewed. MS noted that further work was required to ensure that optimum use was made of virtual outpatient appointments. PM agreed and added that work was taking place with primary care to consider the most effective method to see patients. PM elaborated that consideration was being given, for example, for breast care patients to bypass primary care and be seen by breast care clinicians directly. SB then referred to the outpatient utilisation and explained that it was difficult to know exactly what should be measured, but the outpatient programme was in the process of reviewing all outpatient clinic templates, which had not previously been subject to an overall structure. SB continued that investment had been made. SDu referred back to the hotel analogy that had previously been presented and noted that she understood that related to understanding the number of rooms in the hotel. SB confirmed that was largely correct.

DH asked whether the Trust had some pilot areas starting to work on patient-initiated follow-up, which was one of the national imperatives, and which only involved booking a follow-up appointment if initiated by patients. SB confirmed such trials were in place and he expected this to feature more within the Trust's future business planning.

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

- Complaints response performance had declined, as a result of challenges within the Central Complaints Team and the Divisions.
- The Friends and Family Test (FFT) response rate had improved slightly, including within the ED, despite the increased ED attendance, and the feedback provided had been very positive.

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

- Performance on the cancer access targets had been maintained, despite the increased cancer referrals, which was a great credit to the team.
- The plan to eliminate the patients waiting over 52 weeks for treatment was currently on track.

DH noted that at the Trust Board meeting in May 2021, AJ had showed a trajectory that illustrated a reduction in patients who had waited 52 weeks for treatment but then a future increase in such patients, so asked whether than position had been revised. SB expressed confidence that the position would not deteriorate.

SB then continued and noted that the ED 4-hour waiting time target had continued to be strong before the implementation of the EPR, and the Trust had been ranked eighth or ninth in the country but the EPR had had an adverse impact on performance, as had been noted under item 06-06.

MC observed that a proportion of the increased activity seen by the Trust had likely reflected patients delaying the presentation of clinical symptoms during the COVID-19 pandemic, and such patients would therefore likely have more complex conditions. SB explained the clinical prioritisation that occurred, via the Patient Tracking List (PTL) and waiting lists, and elaborated on the challenges in ensuring all patients on the PTL were allocated a clinical priority.

EPM asked whether there had been an increase in staff anxiety or concerns. SS replied that the three presenting issues were related to stress and anxiety, financial concerns, and personal relationships. SS added that the emphasis of the appraisal process had been shifted towards reflecting on the past year and also focus on health and wellbeing. SS continued that some provisions had been made to support financial concerns, as well as providing food and car parking. SS also noted that the Exceptional Leaders programme had been launched that week, which had seen 70 leaders undergo a virtual 'onboarding' process.

SDu asked what support was being given to staff in relation to childcare, which had been adversely affected during the COVID-19 pandemic. SS explained the approach but acknowledged that further work was required to consider initiatives such as after-school clubs, for example. SDu opined that the school provision for nurses who worked long shifts was inadequate. MS

acknowledged that the support provided at MH was different to that at TWH and proposed that staff be surveyed to better understand their current and future requirements. MC agreed but emphasised that carer arrangements were also relevant for staff and should therefore be included in that survey. This was agreed.

Action: Arrange for staff to be surveyed on their current and future childcare and/or carer support needs (to enable the Trust to consider what support could be offered) (Chief People Officer, June 2021 onwards)

RF asked whether the Trust's Annual Leave (A/L) policy had been sufficiently flexible to respond to staff's needs, and also asked whether managers understood the flexibility they had. SS explained the position but acknowledged that further work could be done to communicate the flexibility. RF emphasised the particular needs of overseas staff, many of whom lived alone and had not been able to travel home for the past 18 months. SS acknowledged the need for additional flexibility in exceptional circumstances, but MS pointed out that the Trust had allowed staff to carry over twice their amount of A/L and had also allowed staff returning from overseas to work while they self-isolated, although at present, not many countries were allowing people to enter.

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

- The Trust was not spending as much as it wanted to on staff due to the number of substantive vacancies.
- The Cost Improvement Programme (CIP) requirement for the second half of 2021/22 would be higher than the first half of the year.

SS then referred to the workforce aspects of the "Well-led" domain and reported that there continued to be a focus on staff health and wellbeing. NG noted that SB had spoken well on that issue at the Finance and Performance Committee meeting on 22/06/21, so wondered whether there were particular areas that needed to be targeted for support. SS explained that such targeting was in place, and included the use of 'Away Days' for the departments that had been badly affected by the COVID-19 pandemic.

DH noted that the middle of the next week would be halfway through the first half-year of 2021/22, but the financial regime for the second half of 2021/22 was not yet known, so although the Trust's financial position for the first two months had been positive, there was uncertainty regarding the future. SO acknowledged the uncertainty but stated that the Trust's financial plan had only assumed the planned level of achievement of the Elective Recovery Fund (ERF), and the Trust had delivered a higher level of performance thus far. SO added that he expected to have more clarity on the ERF within the next month but there was no confirmed timetable for the announcement of the financial regime for the next half of 2021/22.

RF asked about agency expenditure and stated that he had not seen much progress against the target, so asked for further details of the plans. SO referred to the charts on page 22 of 32 and elaborated on the factors affecting performance and the areas of focus. SO also referred to the 'catchball' process and noted that meetings would be held with the Divisions on 28/06/21, and several projects were relevant to the aim to reduce agency expenditure. DM noted that the target for agency expenditure had been set at almost zero, so asked for the rationale for such a target. SO explained that the target related to the budgeting of areas' establishments, and was designed to ensure that budget holders had a clearer understanding of the pressures that the use of agency staff placed on their budgets. SO accepted that the target was however unrealistic. DM acknowledged the rationale but still stated it would be better if the target was not set at a level that was recognised as unachievable. SO confirmed that he would not expect the target to be zero once the aforementioned 'catchball' process had concluded.

RF noted that the narrative within the IPR had stated that the Trust was working to improve the appraisal process but asked what additional changes would be made to the appraisal process over the next year. SS explained the changes that had been made to the process and the support being provided to managers to have meaningful conversations with staff.

Planning and strategy

06-8 To approve the capital plan for 2021/22

SO referred to the submitted report and highlighted the following points:

- The plan had been considered at the Finance and Performance Committee in May 2021.
- The Trust had had a very successful 2020/21 in terms of capital funding, but the funding for 2021/22 had reduced and was circa £9m.
- Discussions had taken place with operational colleagues, and colleagues in estates and IT, and that had meant that some prioritisation had had to be applied.
- A five-year plan was required to be submitted, although that plan was indicative and not fixed. There was therefore no guarantee that funding for the scheme in that plan would be provided.
- The Trust would seek to take advantage of any unspent capital funding from regional or national funds and would develop projects that could be implemented at short notice.
- Some of the elements of the plan required separate Business Cases to be developed and approved.
- Performance against the plan would be monitored via the Finance and Performance Committee, and the Trust Board (in terms of summary expenditure).

COB noted that the EDs were being reviewed to ensure they were safe for all patients, including those with mental illness, and asked whether there would be flexibility in relation to any associated costs arising from any desired developments. SO noted that no provision had been made for contingencies, so the plan would need to be reprioritised and other aspects of the plan would need to be deprioritised.

DH then highlighted that the capital funding for the Hyper Acute Stroke Unit (HASU) had not yet been received, so the Trust was continuing to deliver the existing stroke service without such funding. DH added that he and MS continued to escalate the issues and put pressure on the decision-making process. The point was acknowledged.

EPM noted that the report had stated that "A provisional list from Estates had a figure of c. £3m…" but that value had not been included, so asked for an explanation. SO explained that the Estates team had presented a list of items but these needed to be developed further to understand the exact requirements, including the impact on revenue. EPM asked whether a similar situation had occurred in 2020/21, and if so, whether the Trust ended up having to spend more than had been planned for estates. SO stated that he did not have the exact details to hand, but he understood the expenditure position was broadly the same.

The capital plan for 2021/22 was approved as submitted.

06-9 Approval of the Full Business Case (FBC) for the Laboratory Information Management System (LIMS)

MS referred to the submitted report and highlighted the following points:

- Work had been underway for circa two years with colleagues from across Kent and Medway, to collaborate to address the most significant risks relating to the ageing LIMS, and also make productivity gains.
- The Outline Business Case (OBC) had been approved circa one year ago, and since then the benefits had increased.
- The FBC had been discussed twice at the Finance and Performance Committee, including at the meeting held on 22/06/21, and the Committee had recommended that the Trust Board approve the FBC.

DH acknowledged the Finance and Performance Committee's recommendation. NG added that it was a system solution that was of strategic importance, and the Committee had been assured about the changes that had been made to the FBC since it had first reviewed it.

The FBC for the LIMS was approved as submitted.

KR then noted that the Finance and Performance Committee had agreed to receive six-monthly progress updates on the Case, so the Trust Board was asked to confirm if it was content with that arrangement. It was confirmed that the arrangement was satisfactory.

Planning and strategy

06-10 To approve the Trust's Quality Accounts, 2020/21

COB referred to the submitted report and highlighted the following points:
- Sarah Emberson should be commended for her work on the Quality Accounts.
- The comments from external stakeholders had been included in the document.
- The Trust had consulted internally on the objectives for 2021/22 and reports on progress would be made to the Quality Committee.

SDu added that that the fact that the Trust had met the required approval and publication deadline should be commended, given the late confirmation of such deadlines; as should the fact that the Trust's quality metrics had not suffered during the COVID-19 pandemic. DH agreed and also commended the use of Statistical Process Control (SPC) charts in the Quality Accounts.

The Quality Accounts for 2020/21 were approved as submitted.

06-11 Quarterly mortality data

PM referred to the submitted report and highlighted the following points:
- The Hospital Standardised Mortality Ratio (HSMR) had reduced following the recent increased due to COVID-19; and the Summary Hospital-level Mortality Indicator (SHMI) continued to fall.
- The impact of COVID-19 was evident in the report.
- The learning and good practice from Structured Judgement Reviews (SJRs) included actions being considered by the Directorates.

Questions were invited. None were received.

Assurance and policy

06-12 Infection prevention and control board assurance framework

SM referred to the submitted report and highlighted the following points:
- New guidance had been released on 01/06/21., and although very little had changed the changes had been significant. The guidance had emphasised the need to isolate clinically extremely vulnerable patients.
- A "hierarchy of controls" approach was also promoted, which emanated from the management of health and safety risks, and it had been a helpful way of ordering one's thinking. A risk assessment based on the hierarchy had therefore informed the approach to the Personal Protective Equipment (PPE) worn by staff when dealing with COVID-19 positive patients.
- Staff working with 'green' pathway patients would however only require face masks for nursing care.

DH asked whether SM anticipated changes to the national COVID-19 restrictions on 19/07/21 would trigger changes within hospitals. SM confirmed she did not expect such changes as the aforementioned guidance had been issued in anticipation of such restrictions being lifted. SM therefore expected face masks to still need be worn, temperature checks would still be needed, and current behaviours would be expected to be maintained. MS added that the Trust was however likely to be challenged on its visiting arrangements and having minimum levels of footfall across the Trust's sites would protect staff and patients. MS stated that the communications needed to therefore be considered carefully. SM agreed and noted that the controls that the Trust had applied in relation to COVID-19 had enabled the Trust to avoid any cases of flu during the last flu season. MC commended the staff for the progress that had been made, as she was aware that some other Trusts had still not allowed visitors, apart from for end of life patients. DH noted that there would need to be a continued level of vigilance, and if the restrictions were lifted on 19/07/21, the Trust would need to continue to apply restrictions.

SM then reported that she would now only submit the infection prevention and control board assurance framework to the Board in the event of a significant change. DH welcomed that step.

Quality items

06-13 Update from the Senior Information Risk Owner (SIRO) (incl. approval of the Data Security and Protection Toolkit submission for 2020/21, and Trust Board annual refresher training on Information Governance)

COB referred to the submitted report and highlighted the following points:

- The report had been prepared by the Trust's Head of Information Governance, and represented the Trust Board's annual refresher training on Information Governance.
- The Trust was required to have three positions: COB was the SIRO; PM was the Caldecott Guardian, with SM the Deputy Caldecott Guardian; while KR was the Data Protection Officer.
- Information governance training compliance was now at 95.01%, against a target of 95%. Work was therefore needed to ensure the process was less onerous for the Head of Information Governance to monitor.
- The Information Governance Committee was a sub-committee of the Trust Management Executive and had a range of responsibilities, which included reviewing information governance breaches, and monitoring the timely response to Freedom of Information Act and Subject Access Requests, and information governance training status.
- The ten data quality standards were described in the report and the annual process included an internal audit which had resulted in a "standards met" conclusion.
- Cyber security was a threat, and there were plans to develop a stronger security group.
- A Data Quality Steering Group was in place, which was chaired by SO.
- The information governance incidents that had occurred included a patient handover list being placed in a public bin, and that had been reported to the Information Commissioner's Office (ICO). Further incidents regarding handover sheets had also occurred, so work was taking place to utilise electronic systems to reduce the need for paper-based processes.
- Unauthorised access to clinical information relating to other staff members was also a theme that arose from incidents.

DH noted that the Trust had to supply an improvement plan in relation to unsupported Windows 7 systems, while some legacy systems did not work properly on Windows 10 so asked if some Windows 7 devices were still in use. SO noted that circa 1000 PCs still used Windows 7 but the plan to implement Windows 10 continued and SO did not believe such plans anticipated any issues with systems that operated Windows 10.

RF noted that the NHS in Northern Ireland had received a ransom demand and asked if the Trust had plans in place for such circumstances. COB confirmed that was the case, while SO added that the Trust had also undertaken infrastructure improvements that would make such an attack harder. KR also noted that the Trust's emergency planning team had undertaken a cyber security planning exercise in 2020 to test the Trust's preparations.

The Data Security and Protection Toolkit submission for 2020/21 was approved as submitted.

Reports from Trust Board sub-committees

06-14 Quality Committee, 09/06/21

SDu referred to the submitted report and highlighted that the key points therein, which included the burden associated with increased reporting requirements for maternity services, which reflected the concerns that had arisen at another Trust. SDu also noted that the Nasogastric (NG) tube Working Group had been asked to report to the Quality Committee every time it met, given the concerns regarding NG care.

06-15 Patient Experience Committee, 10/06/21 (incl. an update on End of Life Care)

MC referred to the submitted report and highlighted the key points therein, which included that there had been strong assurance regarding the collaborative working between the end of life care

team, learning disability leads and clinical teams; while the lay members of the Committee wanted to commend the achievement of the 'A' rating on the SSNAP.

COB then referred to Appendix 1 and added that it had been agreed that the Trust Board would receive an annual update on End of Life Care, which had arisen from the National Audit of Care at the End of Life (NACEL).

06-16 People and Organisational Development Committee, 18/06/21

EPM referred to the submitted report and highlighted the key points therein, which included that a direction had been issued that the national staff survey questions should be asked each quarter, and the Committee had expressed concern about the risk of survey fatigue. DH asked whether any consultation had been undertaken on the decision. SS pointed out that it had been a recommendation from the NHS People Plan.

06-17 Finance and Performance Committee, 22/06/21

NG referred to the submitted report and highlighted that the key points therein, which included the review of the LIMS FBC that had been approved under item 06-9. NG added that there were several items scheduled for the next meeting, which included the FBC for the Kent and Medway Medical School accommodation project and an update on the future of the laundry service.

06-18 Audit and Governance Committee, 23/06/21

DM referred to the submitted reports and highlighted that items 06-18 to 06-22 were all related to the approval of the Annual Report and Accounts. DM noted that the external audit had been very successful and thanks should be given to Daryl Judges, Assistant Trust Secretary, who had written the Annual Report for the first time; and to Kate Lawrence, Head of Financial Services.

DM then confirmed that the Audit and Governance Committee had duly recommended that the Annual Report and Accounts for 2021 by approved by the Trust Board.

06-19 Audit and Governance Committee Annual Report 2020/21

The item was covered under item 06-18.

Annual Report and Accounts

06-20 To approve the Annual Report, 2020/21 (incl. the Annual Governance Statement)

The Annual Report for 2020/21 was approved as submitted.

06-21 To approve the Annual Accounts, 2020/21

The Annual Accounts for 2020/21 were approved as submitted.

06-22 To approve the Management Representation Letter, 2020/21

The Management Representation Letter for 2020/21 was approved as submitted.

06-23 To consider any other business

KR asked the Trust Board to delegate the authority to the 'Part 2' Trust Board meeting scheduled for later that day to approve a Business Case for Sunrise and Interfacing IT service. The requested authority was duly granted.

06-24 To approve the motion (to enable the Board to convene its 'Part 2' meeting) that in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960, representatives of the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest

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

MINUTES OF THE EXTRAORDINARY TRUST BOARD MEETING ('PART 1')
HELD ON THURSDAY 8TH JULY 2021, 10 A.M, VIA WEBCONFERENCE

NHS Maidstone and Tunbridge Wells NHS Trust

FOR APPROVAL

Present:	David Highton	Chair of the Trust Board	(DH)
	Maureen Choong	Non-Executive Director	(MC)
	Gemma Craig	Acting Chief Nurse	(GC)
	Sarah Dunnett	Non-Executive Director	(SDu)
	Neil Griffiths	Non-Executive Director	(NG)
	Peter Maskell	Medical Director	(PM)
	David Morgan	Non-Executive Director	(DM)
	Steve Orpin	Deputy Chief Executive/Chief Finance Officer	(SO)
	Emma Pettitt-Mitchell	Non-Executive Director	(EPM)
	Miles Scott	Chief Executive	(MS)
In attendance:	Richard Finn	Associate Non-Executive Director	(RF)
	Amanjit Jhund	Director of Strategy, Planning and Partnerships	(AJ)
	Sara Mumford	Director of Infection Prevention and Control	(SM)
	Sue Steen	Chief People Officer	(SS)
	Jo Webber	Associate Non-Executive Director	(JW)
	Kevin Rowan	Trust Secretary	(KR)
	Sarah Blanchard-Stow	Divisional Director of Nursing, Midwifery and Quality	(SBS)
	The meeting was livestreamed on the Trust's YouTube channel.		

DH explained the rationale for the need to hold an extraordinary meeting, namely that the work required for the Trust's NHS Resolution maternity incentive scheme submission had not been ready to submit to the Trust Board's meeting in June 2021.

07-1 To receive apologies for absence

Apologies were received from Sean Briggs (SB), Chief Operating Officer. It was also noted that Karen Cox (KC), Associate Non-Executive Director would not be in attendance.

07-2 To declare interests relevant to agenda items

No interests were declared.

Quality items

07-3 To approve the NHS Resolution maternity incentive scheme submission

DH firstly welcomed GC to her first Trust Board meeting as Acting Chief Nurse. GC then deferred to SBS, but first thanked SBS for preparing the report and the underlying work that had been involved. SBS then referred to the submitted report and firstly highlighted that there had been a change to the submission date from 15/07/21 to w/c 22/07/21, but the Trust had determined that it would be in a position to submit by 15/07/21, so it was decided to proceed with the extraordinary Trust Board meeting as scheduled.

DH asked whether any of the Non-Executive Directors had been involved in the work. SDu confirmed that she had met with SBS and the Trust's former Chief Nurse, and had seen much of the underlying evidence. MC added that the Quality Committee had received several presentations from the maternity service in relation to maternity safety. DH also noted that SDu was the Trust's Non-Executive Director maternity safety champion. SBS confirmed that was correct and acknowledged that SDu had supported the maternity service since the beginning of the year.

SBS then referred to the submitted report and elaborated on the "Required Standard", "Evidential Requirement" and "Evidence" for Safety Actions 1, 2, 3 and 4, which included that the Anaesthetic,

Medical and Neonatal Junior Medical Staffing Standards had been met and that an action plan was in place to comply with the Neonatal Nursing standards.

SDu referred to the latter point and asked whether having an action plan was sufficient to meet the standards. SBS confirmed that she believed the action plan would be sufficient to declare compliance. The Trust Board duly noted that the Anaesthetic, Medical and Neonatal Junior Medical Staffing Standards had been met and that an action plan was in place to comply with the Neonatal Nursing standards.

JW then asked for assurance that the action plan to comply with the Neonatal Nursing standards would mitigate the current situation. SB gave assurance regarding the action plan but acknowledged that she did not have the details of such timescales at hand. JW remarked that such information would be beneficial. SBS acknowledged the point.

MC acknowledged the challenges regarding workforce, which had been seen nationally, but asked how the associated risks had been mitigated. SBS stated that management and practice development had been used to mitigate the current challenges and described the specific details.

SBS then referred to the submitted report and elaborated on the “Required Standard”, “Evidential Requirement” and “Evidence” for Safety Action 5. SO pointed out that subsection d) did not include anything in the “Achieved?” column. SBS confirmed that the standard had been achieved and acknowledged the need to update the document.

SBS then referred to the submitted report, elaborated on the “Required Standard”, “Evidential Requirement” and “Evidence” for Safety Action 6, and highlighted the Quarterly Saving Babies Lives Care Bundle Surveys for 2020/21, adding that it was intended to submit the surveys to the Trust Board regularly in the future. DH suggested the best approach would be for the surveys to be submitted to the Trust Board via the Quality Committee, as that Committee would be able to devote the time required to review the details. SDu agreed and confirmed that was intended to consider the details at the Quality Committee, although it may be that such surveys were considered at the Quality Committee ‘deep dive’ meeting rather than the ‘main’ meeting. The point was acknowledged. The Trust Board duly noted the contents of the Quarterly Saving Babies Lives Care Bundle Surveys.

SDu then noted that the text on page 14 for element four stated that “The Trust Board should its commitment to facilitate local, in person fetal monitoring” and suggested that it should state “The Trust Board should minute…”. KR however clarified that the text should have stated “The Trust Board should confirm its commitment…”. The point was acknowledged. The Trust Board duly confirmed its commitment to facilitate local, in-person, fetal monitoring training, once permitted.

SBS then referred to the submitted report and elaborated on the “Required Standard”, “Evidential Requirement” and “Evidence” for Safety Action 7. SDu noted that the evidence included the minutes of the Maternity Voices Partnership (MVP) meetings from 2019, so asked whether it was sufficient to provide evidence that covered that period. SBS confirmed that was correct as face-to-face MVP meetings had been adversely affected by the COVID-19 pandemic. MC acknowledged the latter point but noted that the Patient Experience Committee had been able to hold virtual meetings during the COVID-19 pandemic. SBS stated that she understood that some of the MVP’s user representatives had not been as available during the COVID-19 pandemic.

SBS then referred to the submitted report and elaborated on the “Required Standard”, “Evidential Requirement” and “Evidence” for Safety Action 8. SDu noted that the text on page 19 for section c) again stated that “The Trust Board should its commitment to facilitate local, in person fetal monitoring” instead of “The Trust Board should confirm its commitment…”. The point was acknowledged. The Trust Board duly confirmed its commitment to facilitate local, in-person Multidisciplinary Team (MDT) training, once permitted. SDu also noted that she had obtained the relevant embedded document and established that CTG training compliance for the year to date was currently at 72%. SBS added further details of the plans regarding training.

SBS then referred to the submitted report and elaborated on the “Required Standard”, “Evidential Requirement” and “Evidence” for Safety Actions 9 and 10. DH referred to Safety Action 10 and

added that he understood the Trust's relationship with the Healthcare Safety Investigation Branch (HSIB) had much improved. SBS confirmed that was correct.

DH then asked how well the Local Maternity system (LMS) had worked across the Kent and Medway Integrated Care System (ICS) i.e. was there some congruence with the other Trusts who provided maternity services. SBS confirmed that she had good relationships with her counterparts at the other local Trusts, while the LMS was building and growing. SDu added further context and noted that she understood the Kent and Medway LMS functionality had been slower to develop than other geographical areas, but there was strong regional support to help improve the situation.

The Trust Board approved the declaration of compliance and gave permission to the Chief Executive to sign the Board declaration form prior to submission to NHS Resolution.

GC added that there had been a requirement to share the evidence with the Clinical Commissioning Group (CCG), and the maternity team had been commended by the CCG for the level of work that had been involved, plus the level of internal scrutiny the Trust had applied.

07-4 To consider any other business

There was no other business.

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

Actions due and still 'open'

Ref.	Action	Person responsible	Original timescale	Progress[1]
06-7	Arrange for staff to be surveyed on their current and future childcare and/or carer support needs (to enable the Trust to consider what support could be offered).	Chief People Officer	June 2021 onwards	The action is being considered and included alongside the wider staff feedback on welfare. The Trust pulse survey has just concluded and this feedback is currently under review. It is therefore proposed that the action be implemented in September 2021, as it needs to be considered in the context of the current challenging staffing issues.

Actions due and 'closed'

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
04-10	Arrange for the recommendations in the "Nursing & Midwifery staffing review" that was discussed at the Trust Board meeting on 29/04/21 to be considered by the Executive Team, and notify the Trust Board of the response/outcome.	Chief Nurse	July 2021	The recommendations were considered at the Executive Team Meeting (ETM) on 13/07/21, and some further areas of work were identified, which will be led by the new Chief Nurse (who starts at the Trust in August 2021).
05-11	Liaise with the Director of Estates and Facilities to ensure that a specific response was provided to the queries posed about the Trust's Green Plan at the Trust Board meeting on 27/05/21.	Chief Executive	July 2021	A report has been submitted to the Trust Board meeting in July 2021.
06-5	Ensure contextual information in relation to the recruitment of consultant staff via Advisory Appointments Committee (AAC) panels was included in future reports from the Chair of the Trust Board.	Chair of the Trust Board / Trust Secretary	July 2021	Contextual information (i.e. whether the recruitment is for a new or replacement post) has been included within the AAC section of the report from the Chair of the Trust Board that has been submitted to the Trust Board in July 2021.
06-6	Arrange for a formal Electronic Patient Record (EPR) implementation 'lessons learned' document	Medical Director	July 2021	A 'lessons learned' document was prepared and submitted to the Executive Team Meeting (ETM) on 13/07/21 and Trust

[1]

Not started	On track	Issue / delay	Decision required

Ref.	Action	Person responsible	Date completed	Action taken to 'close'
	to be developed and circulated to Trust Board members.			Management Executive (TME) on 21/07/21. The report was then circulated to all the Trust Board members that had not received it previously on 21/07/21.

Actions not yet due (and still 'open')

Ref.	Action	Person responsible	Original timescale	Progress
09-12	Arrange for the Responsible Officer's Annual Report for 2020/21 to include details of the key messages arising from medical staff appraisals (rather than just the statistics associated with such appraisals).	Medical Director	September 2021	The report is not scheduled to be considered at the Trust Board until September 2021
09-13	Ensure that the Health & Safety Annual Report for 2020/21 included content on water-related safety issues.	Chief Operating Officer (via the Risk and Compliance Manager)	September 2021	The report is not scheduled to be onsidered at the Trust Board until September 2021

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

I want to pay tribute to our staff in the Trust as the Delta variant has caused a third wave of COVID-19 with numbers of positive patients in our wards growing over the last month. This growth comes at a time when Emergency Department (ED) attendances and emergency admissions have been running at record levels following the second wave, and at a time when our teams have been making herculean efforts to enable a strong recovery in our volumes of planned care with a commensurate reduction in long waiters. The need for more than 80 staff to isolate because of close contact with a COVID-positive patient has exacerbated the pressure on patient flow and the impact of all these factors is causing us to reschedule the roll out of our Sunrise Electronic Patient Record (EPR) system on our inpatient wards. Although new guidance may assist in limiting this level of staff absence, the Trust Board will recognise this combination of pressures on our staff at a time when we remain concerned about staff wellbeing as we exited the peak of the second wave. We must remain totally committed to supporting our staff in every way we can.

Consultant appointments

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

Date of AAC	Title	First name/s	Surname	Department	Potential / actual Start date	New or replacement post?
22/07/21	Consultant Paediatric Gastroenterologist	Vinod Kumar	Kolimarala	Paediatrics	To be confirmed	New

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

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

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

Report from the Chief Executive **Chief Executive**

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

1. The number of COVID-19 cases within the community are increasing once again. Although they are not at the same high levels we saw last year, with the recent lifting of many restrictions we anticipate that the number of patients being admitted with Covid will rise further. We are also dealing with the ongoing demand in our Emergency Departments across both sites and continue to focus hard on our recovery work. From 19 July the safety measures remain in place at our hospitals until further notice – click here to read the latest update.

2. The focus on our Exceptional People, Outstanding Care (EPOC) programme continues and our partnership with the University Hospitals Sussex is supporting our drive to achieve our ambitious goals. This month marked the start of our new leadership programme, Exceptional Leaders, and is a crucial step in delivering our EPOC vision. The Executive Team, along with over 100 of our senior leaders, took part in the first of three modules which focused on self and leadership identity - more training sessions will follow in September and then March next year. This programme supports our aim to embed compassionate and inclusive leadership, enabling the delivery of continuously improving, high quality and safe care. As part of our ongoing commitment to support and develop our staff, we are ensuring that every member of the MTW team receives a health and wellbeing conversation as set out in the NHS People Plan.

3. Over the last three years we have invested significant time and effort into the development of a comprehensive clinical strategy for the Trust. A clinically-led strategy is empowering clinical teams to have authority and responsibility for the longer term development of their departments. Before the onset of the Covid-19 pandemic, we made great progress with our stroke service, bringing services on site at Maidstone Hospital without additional capital funding. I'm delighted to report that our acute stroke unit team at Maidstone Hospital has been awarded the highest performance rating by the Sentinel Stroke National Audit Programme (SSNAP) for its clinical audit results for Quarter 4 (January – March 2021) and Quarter 1 (April – June 2021). The 'A' rating, which was last achieved by the hospital in 2019, demonstrates the benefits we are already delivering for our patients – they are being admitted on to the unit quicker, receiving high quality specialist care earlier and receiving treatment faster when they arrive on the unit. A fantastic achievement and credit to the hard work of colleagues working in this area.

   Last year we implemented strategic changes around general surgery. The surgical reconfiguration is already supporting excellent perioperative management, improving the service and continuity of care for the patient and reducing unnecessary handovers and cross-site transfers. It is also already showing demonstrable improvements in recruitment and retention of specialist surgical staff. The next step in this area of work is a plan to establish a Digestive Diseases Unit (DDU). Specialists from Gastroenterology, General Surgery and Diagnostics and clinical support are working with stakeholders to consult on this project to offer a wider range of improved services to patients and attract the best clinical talent to work at the Trust.

   As part of our clinical strategy the Trust's vision is also to create a cardiology service that is fit for the future, provides the very best care available and strengthens the service at a local and regional level. The case for change is being driven by our empowered clinical workforce; to support this we are working with staff and patients to understand their views on our existing cardiac services, which will inform the next stage of developing our cardiology clinical reconfiguration proposals.

4. Our work on equality, diversity and inclusion continues at great pace. Some highlights include the launch of two new Freedom to Speak Up (FTSU) training courses for staff. Supporting our FTSU service is our network of Safe Space Champions. The role involves providing a listening ear, encouraging staff to discuss worries and concerns with their manager and signposting to support services where necessary. Our second cohort of champions will be trained in September. Our Cultural and Ethnic Minorities Network is developing a white ally programme, working on a BAME mentoring programme and making plans to celebrate Black History Month in October. We are currently undertaking a three month pilot of Equality, Diversity and Inclusion (EDI) recruitment representatives in Women's, Children's and Sexual Health. They form part of the recruitment process for bands 7 and above, including consultant roles, to ensure equity for all. This links in closely with the six national actions released by NHS England which we will build upon to ensure fairness and equity for our BAME colleagues in recruitment and development across the Trust. Our Senior Women Leaders Network will host their first event next month. The Disability Network is piloting a Health passport with members of the Network. Our LGBT+ Network is working on a gender language project with colleagues in our maternity team to ensure inclusivity for our trans and non-binary patients and the Network is also busy with plans for our MTW Pride Parade taking place on 27 July.

5. Our new Electronic Patient Record (EPR) system launched last month across our clinical areas. Thank you again to everyone who has been involved in this work to make the EPR system operational, including our clinical staff, the operational management, the EPR team, our IT colleagues, EPR ambassadors and our one team runners – a fantastic team effort.

6. I'm delighted to report that our planning application to build new medical student accommodation and an academic teaching building at Tunbridge Wells Hospital was approved by Tunbridge Wells Borough Council. Enabling work is already underway, with construction work commencing next month.

7. A new Macmillan Cancer information pod has opened in our Tunbridge Wells Hospital reception. The new pod is being funded by Macmillan and will provide patients and visitors with resources and guidance on cancer care and treatment.

8. It's been a busy month for our Pharmacy team with the official opening of our upgraded Aseptic Unit on 25 June, and we welcomed local MP Tom Tugendhat as our official guest. A new dispensing robot has been installed in the main Pharmacy at Maidstone Hospital, ahead of schedule, ensuring a more efficient service for our patients. Our Clinical Director of Pharmacy and Medicines Optimisation, Mildred Johnson, has been appointed to the Editorial Board of The Journal of Pharmacy Management. The Editorial Board advises on Journal content and provides expert guidance to the editor in order to ensure the publication meets the needs of the pharmacy profession.

9. Earlier this month the Government published its Health and Care Bill. The bill focuses on developing system working, with integrated care systems (ICSs) being put on a statutory footing. It also formally merges NHS England and NHS Improvement, and gives the secretary of state a range of powers of direction over the national NHS bodies and local systems and trusts.

10. Congratulations to the winner of the Trust's Employee of the Month scheme for June – Martin Arnall. On behalf of the Trust Board I would like to say thank you to Martin for his fantastic work to help support our colleagues and patients.

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

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

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

NHS
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NHS Trust

Integrated Performance Report (IPR) for June 2021	Chief Executive / Members of the Executive Team

The IPR for month 3, 2021/22, is enclosed, along with the monthly finance report and the latest 'planned vs actual' nurse staffing data.

Which Committees have reviewed the information prior to Board submission?

- Finance and Performance Committee, 27/07/21 (IPR)

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

Review and discussion

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

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Integrated Performance Report

June 2021

MTW
exceptional people, outstanding care

Maidstone and Tunbridge Wells NHS Trust

Contents

- Key to Icons and scorecards explained — Page 3
- Radar Charts by CQC Domain & Executive Summary — Page 4
- Summary Scorecards — Pages 5-7
- CQC Domain level Scorecards and escalation pages — Pages 8-22

Appendices (Page 23 onwards)

- Supporting Narrative
- Implementing a Revised Perinatal Tool
- Finance Report
- Safe Staffing Report

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

MTW exceptional people, outstanding care

Key to KPI Variation and Assurance Icons

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

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

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

Maidstone and Tunbridge Wells NHS Trust

Escalation Rules:

Areas are escalated for reporting if:

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

Scorecards explained

Name of the Metric / KPI

This section shows 'actual' performance against plan for the latest month

This icon indicates the variance for this metric

This section shows 'actual' performance against 'plan' for the previous month

This section shows 'actual' performance against 'plan' for the Year to date (YTD)

This icon indicates the assurance for this metric, so shows the likelihood of this KPI achieving

	Latest				Previous			YTD		
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Single Sex Accommodation Breaches	0	0	Jun-20	H	0	0	May-20	0	0	P

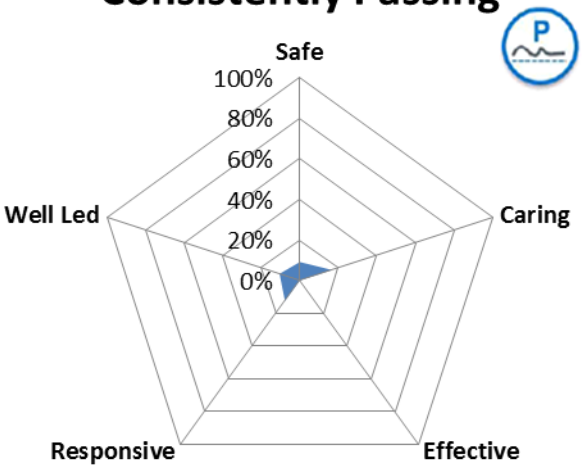
Further Reading / other resources

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

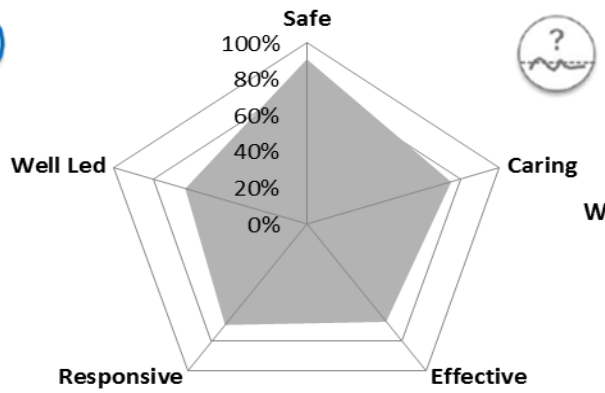
MTW exceptional people, outstanding care

Executive Summary

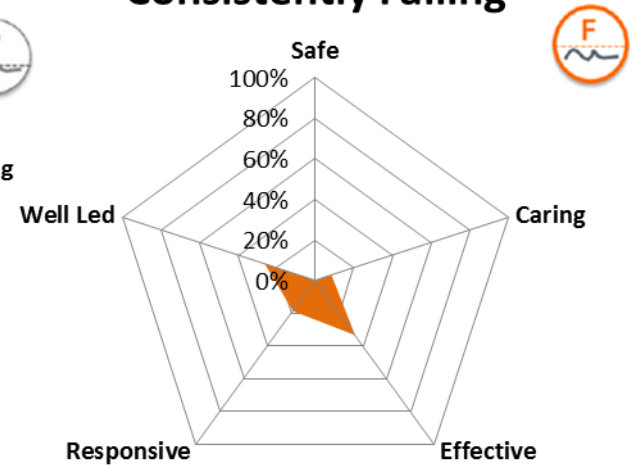
Consistently Passing



Hit and Miss



Consistently Failing



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

Safe:
- Trust Mortality (HMSR)

Caring:
- Mixed Sex Accommodation Compliance
- % VTE Risk Assessment

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

Well-Led:
- Mandatory Training Compliance
- Number of Advanced Practitioners

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

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

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

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

Responsive:
- RTT Number of >52 week Waiters, Diagnostics Waiting Times, Cancer 31 Day Standard, A&E 4hr Standard, Ambulance Handovers, Super-Stranded Patients, Bed Occupancy, NE LOS, Cancer PTL – size of Backlog

Well-Led:
- Capital Expenditure, Agency Spend, Sickness Rates, Vacancy Rates, Appraisals, Staff FFT Recommended to work, Staff FFT Recommended Care and Health and Well-Being

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

Caring:
- OP Friends & Family Response Rate

Effective:
- Percentage of Virtual OP Appointments
- Outpatient Utilisation
- Outpatient –Calls answered within 1 min
- Outpatient – Calls Abandoned

Responsive:
- RTT performance
- RTT Number of >40 week Waiters
- Theatre Utilisation

Well-Led:
- Agency Staff used
- Turnover Rate
- Clinical Strategy Indicators
- Percentage of Trust policies within review date

Matrix Summary

June 2021

Variance	Assurance: Pass	Assurance: Hit and Miss	Assurance: Fail
Special Cause - Improvement	Stat and Mandatory Training (W)	Infection Control - Number of Hospital acquired MRSA (S), A&E Friends & Family (FFT) % Positive (C), Staff Friends and Family % recommended care (W),	Calls Answereed in under 1 min (E) Percentage of Calls abandoned (E) Percentage of Trust policies within review date (W), Turnover (W)
Common Cause	Standardised Mortality HSMR (S), Single Sex Accommodation Breaches (C), Cancer - 2 Week Wait (R), Cancer - 62 Day (R), Number of advanced practitioners (W)	**See box (right)**	RTT (Incomplete) performance against trajectory (R), Number of patients waiting over 40 weeks (R), Theatre Utilisation (R) Number of specialist services (W), Elective Spells in London Trusts from West Kent (W), Use of Agency (WTE) (W)
Special Cause - Concern	% VTE Risk Assessment (C)	Never Events (S), OP New DNAs (E) OP Follow UP DNAs (E) Size of backlog (R), Health and Wellbeing: How many calls received (W), Nursing vacancies (W) Staff Friends and Family % recommended work (W) Vacancy Rates (W) Appraisal Completeness (W)	Percentage of Virtual OP Appointments (E), Percentage OP Clinics Utilised (slots) (E), OP Resp Rate Recmd to Friends & Family (C),

Hit & Miss /

Safe Staffing Levels (S), Sickness Rate - Covid (S) Infection Control - Hospital Acquired Covid (S), Infection Control - Rate of Hospital C.Difficile per 100,000 occupied beddays (S), Infection Control - Rate of Hospital E. Coli Bacteraemia (S), Number of New SIs in month (S), Rate of Total Patient Falls per 100,000 occupied beddays (S), Rate of Hospital Acquired Pressure Ulcers per 1,000 admissions (S), Outpatient Hospital Cancellation (E), Outpatient Cancellations < 6 weeks (E), Total Readmissions <30 days (E), Non-Elective Readmissions <30 days (E), Elective Readmissions < 30 Days (E), Stroke Best Practice Tariff (E), Rate of New Complaints (C), % complaints responded to within target (C), IP Resp Rate Recmd to Friends & Family (C), IP Friends & Family (FFT) % Positive (C), A&E Resp Rate Recmd to Friends & Family (C),	Mat Resp Rate Recmd to Friends & Family (C), Maternity Combined FFT % Positive (C), OP Friends & Family (FFT) % Positive (C), 52 week breaches (including those reported last month) (R) Access to Diagnostics (<6weeks standard) (R), Average for new appointment (R), A&E 4 hr Performance (R), Super Stranded Patients (R), Ambulance Handover Delays Rate > 30mins (R), Bed Occupancy (R), NE LOS (R), Cancer - 31 Day (R), 28 day Target (R), Health and Wellbeing: What percentage of Calls related to Mental Health Issues (W), Nursing vacancies (W), Covid Positive - number of patients (W), Capital Expenditure (£k) (W), Agency Spend (£k) (W) Research grants (£) (W) Sickness (W)

Items for escalation based on those indicators that are Failing the target or are unstable ('Hit & Miss') and showing Special Cause for Concern by CQC Domain are as follows:

Safe: Never Events

Caring: OP Response Rate Recommended to Friends and Family

Effective: % of Virtual OP Appointments, OP Utilisation, OP New DNAs, OP Follow Up DNAs

Responsive: Size of 62 day Cancer backlog

Well-Led: Health and Well Being: Number of Calls Received, Nursing Vacancies, Staff FFT % recommended work, Vacancy Rates, Appraisals

Executive Summary Scorecard

Current Month Overview of KPI Variation and Assurance Icons

	Variation					Assurance				Total
Trust Domains		L	H	L	H	P	F	?	No SPC	
CQC Domain Safe										
Infection Control	3			1				4		4
Harm Free Care	2							2		2
Incident Reporting	1		1					2		2
Safe Staffing	2							2		2
Mortality	1					1				1
Safe Total	***9***	***0***	***1***	***1***	***0***	***1***	***0***	***10***	***0***	***11***
CQC Domain Effective										
Outpatients	2	2	2	1	1		4	4		8
Quality & CQC	4							4		4
Strategy - Estates									5	5
Effective Total	***6***	***2***	***2***	***1***	***1***	***0***	***4***	***8***	***5***	***17***
CQC Domain Caring										
Complaints	2							2		2
Admitted Care	4					2		2		4
ED Care	1				1			2		2
Maternity Care	2							2		2
Outpatient Care	1	1					1	1		2
Caring Total	***10***	***1***	***0***	***0***	***1***	***2***	***1***	***9***	***0***	***12***
CQC Domain Responsive										
Elective Access	5						3	2		5
Acute and Urgent Access	4							4	1	5
Cancer Access	4		1			2		3		5
Diagnostics Access	1							1		1
Bed Management	1							1		1
Responsive Total	***15***	***0***	***1***	***0***	***0***	***2***	***3***	***11***	***1***	***17***
CQC Domain Well-Led										
Staff Welfare	1		1					2	4	6
Finance and Contracts	2							2	4	6
Leadership		1			1			2	1	3
Strategy - Clinical and ICC	5		1		1	1	3	3	1	8
Workforce	2	1	1	1	1	1	2	3		6
Well-Led Total	***10***	***2***	***3***	***1***	***3***	***2***	***5***	***12***	***10***	***29***
Trust Total	***50***	***5***	***7***	***3***	***5***	***7***	***13***	***50***	***16***	***86***

Corporate Scorecard by CQC Domain

Safe

ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
S2	Number of cases C.Difficile (Hospital)	4	6		?
S6	Rate of Total Patient Falls	6.00	6.98		?
S7	Number of Never Events	0	2	H	?
S8	Number of New SIs in month	11	11		?
S10	Overall Safe staffing fill rate	93.5%	90.9%		?

Responsive

ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
R1	Emergency A&E 4hr Wait	95.0%	87.3%		?
R4	RTT Incomplete Pathway	86.7%	74.0%		F
R6	% Diagnostics Tests WTimes <6wks	99.0%	85.0%		?
R7	Cancer two week wait	93.0%	94.1%		P
R10	Cancer 62 day wait - First Definitive	85.0%	85.0%		P

Effective

ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
E2	Standardised Mortality HSMR	Lower conf <100	95.1		P
E3	% Total Readmissions	14.6%	15.5%		?
E6	Stroke: Best Practice (BPT) Overall %	50.0%	54.3%		?
R11	Average LOS Non-Elective	6.50	6.58		?
R12	Theatre Utilisation	90.0%	87.4%		F

Well-Led

ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
W1	Surplus (Deficit) against B/E Duty	-0	0	No SPC	No SPC
W2	CIP Savings (£k)	434	86	No SPC	No SPC
W7	Vacancy Rate (%)	9.0%	13.7%	H	?
W8	Total Agency Spend (£k)	1,333	1,556		F
W10	Sickness Absence	3.3%	3.5%		?

Caring

ID	Key Performance Indicators	Plan	Actual	Variation	Assurance
C1	Single Sex Accommodation Breaches	0	0		P
C3	% complaints responded to within target	75.0%	84.0%		?
C5	IP Friends & Family (FFT) % Positive	95.0%	97.5%		?
C7	A&E Friends & Family (FFT) % Positive	87.0%	94.7%	H	?
C10	OP Friends & Family (FFT) % Positive	84.0%	83.8%		?

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

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

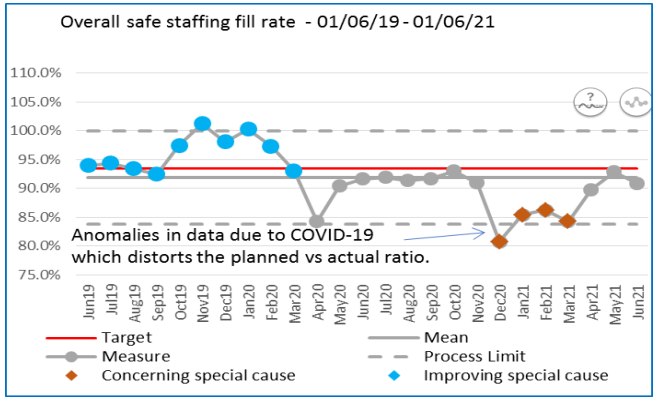
Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance.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

Safe - CQC Domain Scorecard

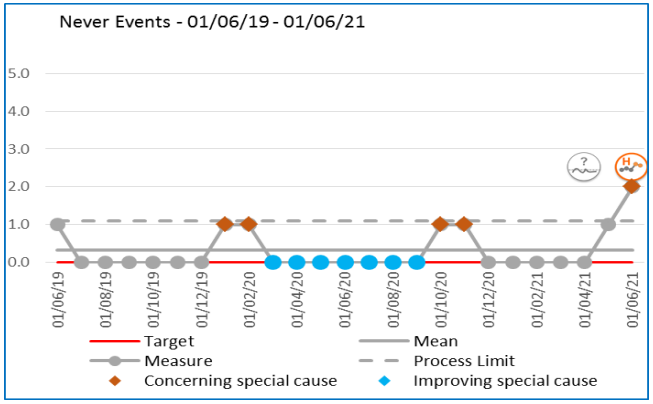
Reset and Recovery Programme: Patient and Staff Safety

	Latest				Previous			YTD		
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Safe Staffing Levels	93.5%	90.9%	Jun-21		93.5%	92.9%	May-21	93.5%	91.2%	
Sickness Rate - Covid	0.0%	0.14%	May-21		0.0%	0.2%	Apr-21	0.0%	0.14%	
Infection Control - Hospital Acquired Covid	0	0	Jun-21		0	0	May-21	0	0	
Infection Control - Rate of Hospital C.Difficile per 100,000 occupied beddays	22.7	33.8	Jun-21		22.7	16.8	May-21	22.7	22.9	
Infection Control - Number of Hospital acquired MRSA	0	0	Jun-21		0	0	May-21	0	0	
Infection Control - Rate of Hospital E. Coli Bacteraemia	19.0	5.6	Jun-21		19.0	16.8	May-21	19.0	11.5	
Number of New SIs in month	11.0	11	Jun-21		11	8	May-21	33	25	
Rate of Total Patient Falls per 1,000 occupied beddays	6.0	7.0	Jun-21		6.0	7.3	May-21	6.0	7.1	
Rate of Hospital Acquired Pressure Ulcers per 1,000 admissions	2.3	2.0	Jun-21		2.3	1.8	May-21	2.3	1.9	
Standardised Mortality HSMR	100.0	95.1	Mar-21		100.0	95.1	Feb-21	100.0	95.1	
Never Events	0	2	Jun-21		0	1	May-21	0	3	

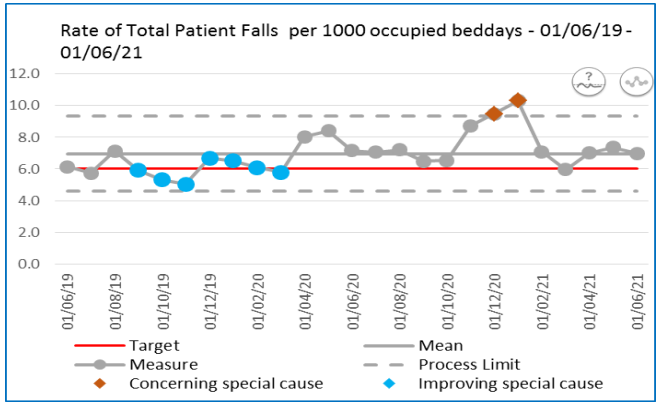
Safe - Reset and Recovery Programme: Patient and Staff Safety



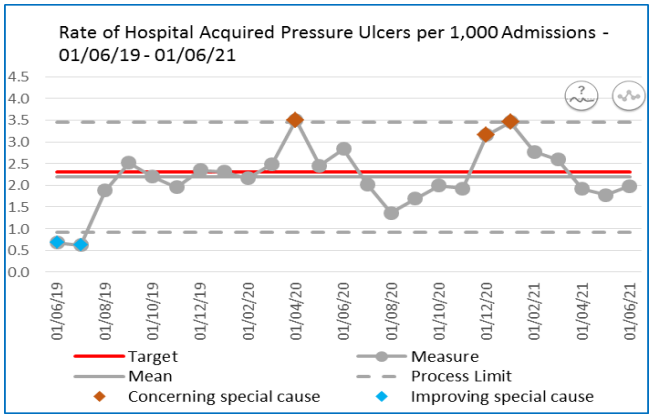
June-21
90.9%
Variance Type
Metric is currently experiencing common cause Variation
Target (Internal)
93.5%
Target Achievement
Metric is experiencing variable achievement



June-21
2
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Max Target
0
Target Achievement
Metric is experiencing variable achievement



June-21
7.0
Variance Type
Metric is currently experiencing common cause Variation
Max Target
6.0
Target Achievement
Metric is experiencing variable achievement



June-21
2.3
Variance Type
Metric is currently experiencing common cause Variation
Max Target (Internal)
2.0
Target Achievement
Metric is experiencing variable achievement

Summary:

Safe Staffing Fill Rate: The level reported continues to experience common cause variation and variable achievement of the standard.

Never Events: The Trust has reported two Never Events in June which has moved this indicator in special cause variation of a concerning nature.

Falls: The number of Falls maintains at mean levels across both sites but the overall rate for the Trust continues to experience common cause variation and variable achievement of the standard.

Pressure Ulcers: Hospital Acquired Pressure Ulcers continues to experience common cause variation.

Actions:

Safe Staffing Fill Rate: Daily staffing huddles continue which review prospectively the nursing and midwifery staff rosters to enable planning and action to ensure staffing is as safe as possible across the whole Trust; and to ensure joint working between the nursing teams and the Bank office. Bank team members are now engaging with Matrons at the routine afternoon huddle to update on fil rate, key areas to focus on and deployment of staffing from the established Rapid response unit. A review of incentives for specialist areas are undertaken when required / at request of leads to support staffing levels.

Never Events: Both never events have been reported onto STEIS and the CQC and CCG have also been notified. Investigations have commenced for both incidents. Duty of Candour has been completed in both cases.

Falls: We continue to monitor falls rate monthly across the trust and on individual wards. Commenced local ad-hoc training for staff on multifactorial risk assessment and documentation of assessment and care.
Pressure Ulcers: We continue to monitor patients admitted with pressure ulcers and liaise with the local community and neighbouring acute trusts to identify themes and trends.
We have provided 4 virtual training sessions in the last month for pressure ulcer prevention and pressure ulcer recognition – these have been well attended by Nursing, Therapy and Medical Staff

Assurance:

Safe Staffing Fill Rate: Regular staffing huddles with divisional leads and staff bank are ongoing to review substantive and temporary staffing requirements across all areas. The Trust continues to implement safe care and now has 8 units live on the system with 7 in the implementation stages. Safe care training has a focus on reflecting staff redeployment to escalation areas on Safe Care. All staffing levels are reviewed for every shift, with oversight monitored by the Senior Leadership Team and appropriate redeployment to support staffing levels across the trust. Staffing data for 7 days in advance reviewed at regular safe staffing meeting, with staffing gaps identified and mitigations implemented.
Never Events: NGT reported 01/06/21 – SI investigation is currently in progress. On-going weekly audits are in place on the Acute Stroke Unit in relation to compliance with the Enteral Feeding Policy and safe placement of NGTs. There continues to be a Trust-wide focus on the management of and care for patients with NGTs. The Enteral Feeding Working Group continues to meet to progress the Trust-wide action plan which includes the development of competencies.
Retained Swab reported 24/06/21 – the Obstetrics team have completed an initial review of their processes and of the patient's medical records. Extra steps have already been implemented as part of the swab count process in order to provide additional checks. Both swab policies are undergoing a review and both the incident and the immediate actions and learning have been disseminated across the Directorates.

Effective - CQC Domain Scorecard

Reset and Recovery Programme: Outpatients

	Latest				Previous			YTD		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Percentage of Virtual OP Appointments	60.0%	30.3%	Jun-21	L	60.0%	33.2%	May-21	60.0%	32.7%	F
Percentage OP Clinics Utilised (slots)	85.0%	48.2%	Jun-21	L	85.0%	54.2%	May-21	85.0%	51.9%	F
OP New DNAs	5.0%	7.5%	Jun-21	H	5.0%	7.3%	May-21	5.0%	7.1%	?
OP Follow UP DNAs	5.0%	7.8%	Jun-21	H	5.0%	7.0%	May-21	5.0%	7.1%	?
Outpatient Hospital Cancellation	20.0%	20.7%	Jun-21		20.0%	16.6%	May-21	20.0%	18.6%	?
Outpatient Cancellations < 6 weeks	10.0%	16.5%	Jun-21		10.0%	13.2%	Jun-21	10.0%	14.3%	?
Calls Answereed in under 1 min	95.0%	48.4%	Jun-21	H	95.0%	52.9%	Jun-21	95.0%	44.2%	F
Percentage of Calls abandoned	0.0%	9.9%	Jun-21	L	0.0%	8.8%	Jun-21	0.0%	10.0%	F

Organisational Objectives: Quality and CQC

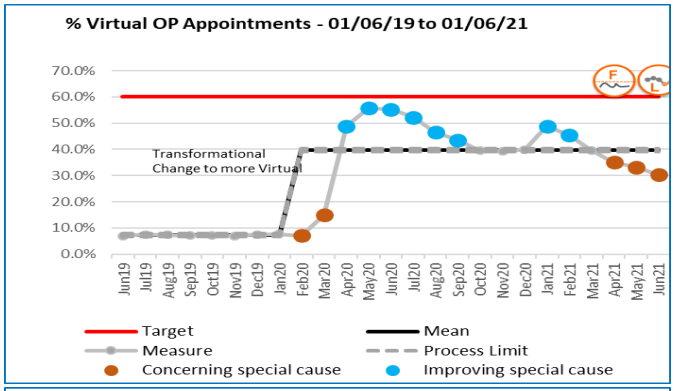
	Latest				Previous			YTD		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Total Readmissions <30 days	14.6%	15.5%	May-21		14.6%	16.1%	Apr-21	14.6%	15.5%	?
Non-Elective Readmissions <30 days	15.2%	15.8%	May-21		15.2%	16.4%	Apr-21	15.2%	15.8%	?
Elective Readmissions < 30 Days	7.8%	10.7%	May-21		7.8%	9.8%	Apr-21	7.8%	10.7%	?
Stroke Best Practice Tariff	50.0%	54.3%	Jun-21		50.0%	55.1%	May-21	50.0%	58.4%	?

Effective - CQC Domain Scorecard

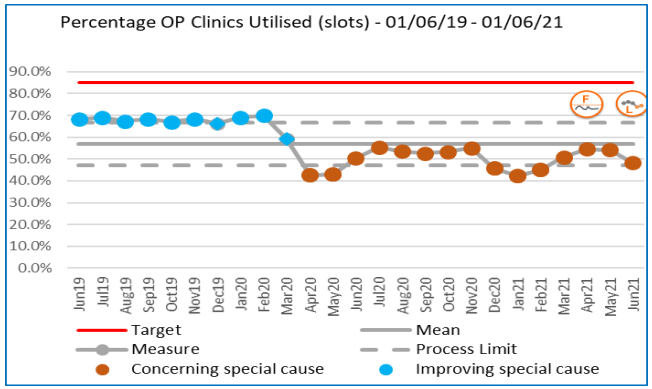
Organisational Objectives: Strategy - Estates

	Latest				Previous			YTD		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Utilised and unutilised space ratio	Under review	100	Jun-21	No SPC	Under review	100	May-21	Under review	100	No SPC
Footprint devoted to clinical care vs non clinical care ratio	Under review	4.4:1	Jun-21	No SPC	Under review	4.4:1	May-21	Under review	4.4:1	No SPC
Admin and clerical office space in (sqm)	Under review	5808	Jun-21	No SPC	Under review	5808	May-21	Under review	5808	No SPC
Staff occupancy per m2	Under review	21.4	Jun-21	No SPC	Under review	21.5	May-21	Under review	21.8	No SPC
Energy cost per staff	Under review	£ 556.87	Jun-21	No SPC	Under review	£ 796.16	May-21	Under review	£2,332.5	No SPC

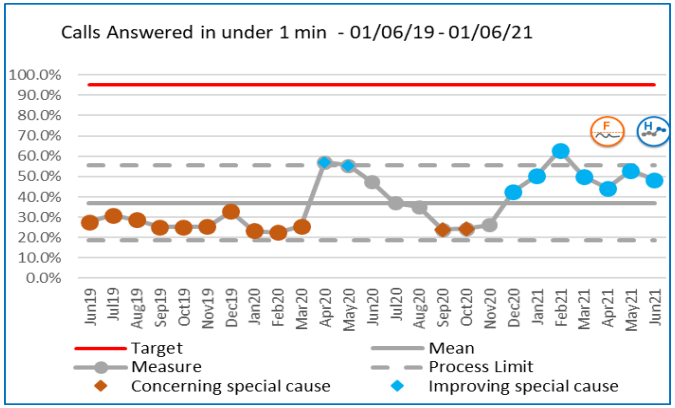
EFFECTIVE- Reset and Recovery Programme: Outpatients



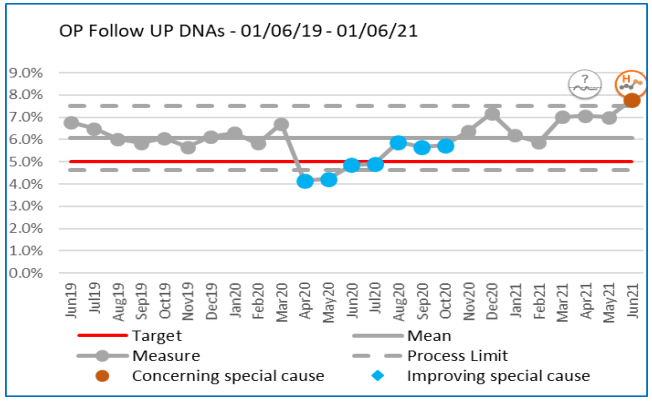
Jun-21
30.3%
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Target (Internal)
60%
Target Achievement
Metric is consistently failing the target



Jun-21
48.2%
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Target (Internal)
85%
Target Achievement
Metric is consistently failing the target



Jun-21
48.4%
Variance Type
Metric is currently experiencing special cause variation of an improving nature
Target (Internal)
95%
Target Achievement
Metric is consistently failing the target



Jun-21
7.8%
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Max Target (Internal)
5%
Target Achievement
Metric is experiencing variable achievement

Summary:

% Virtual OP Appointments: As we continue to recover activity the volume of face to face and virtual are fluctuating due to services understanding their new baseline activity.
Calls Answered: The number of calls answered in less than 1 minute is now experiencing special cause variation of an improving nature but continues to consistently fail the target.

Outpatient Utilisation: Continues to drop, experiencing special cause variation of a concerning nature as well as consistently failing the target
DNA Rates: DNA rates for both New and Follow-up have dropped into special cause variation of a concerning nature and variable achievement of the target.

Actions:

% Virtual OP Appointments: Due to the lack of space and social distancing we are restricted on the number of clinics allowed in the department and volume of F2F patients.

Outpatient Utilisation: The Trust is reviewing the demand and capacity as part of the Reset and Recovery Programme for Outpatients. This includes viewing the clinic templates and removing any historic clinics that are no longer required to ensure that utilisation is a true reflection.

Assurance:

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

Specialty clinic templates are being reviewed to ensure that all templates are correct and have received GM and CD sign off.

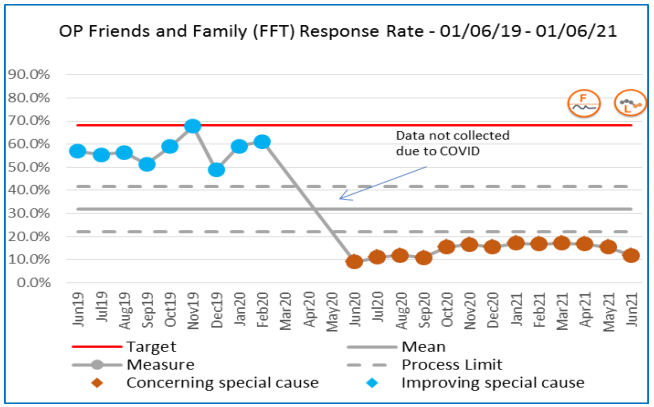
Weekly meeting with specialties regarding clinics restarting is being undertaken to ensure we operate safety and the most efficient possible.

Caring - CQC Domain Scorecard

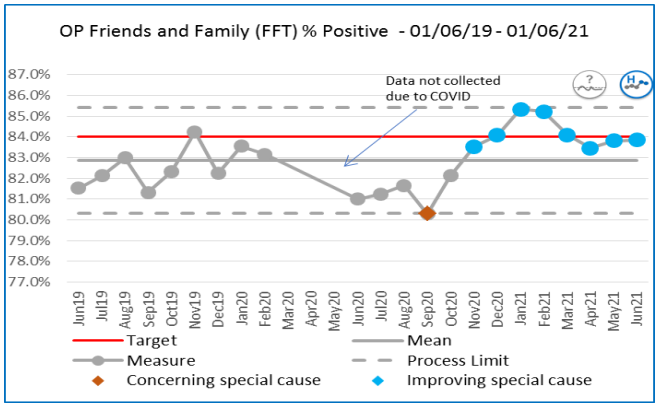
Organisational Objectives – Quality & CQC

	Latest				Previous			YTD		
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Single Sex Accommodation Breaches	0	0	Jun-21		0	0	May-21	0	0	P
Rate of New Complaints	3.9	3.0	Jun-21		3.9	3.5	May-21	3.9	3.1	?
% complaints responded to within target	75.0%	84.0%	Jun-21		75.0%	67.6%	May-21	75.0%	76.1%	?
IP Resp Rate Recmd to Friends & Family	25.0%	10.9%	Jun-21		25.0%	20.2%	May-21	25.0%	13.5%	?
IP Friends & Family (FFT) % Positive	95.0%	97.5%	Jun-21		95.0%	97.4%	May-21	95.0%	97.7%	?
A&E Resp Rate Recmd to Friends & Family	15.0%	4.9%	Jun-21		15.0%	8.0%	May-21	15.0%	5.2%	?
A&E Friends & Family (FFT) % Positive	87.0%	94.7%	Jun-21	H	87.0%	97.1%	May-21	87.0%	96.3%	?
Mat Resp Rate Recmd to Friends & Family	25.0%	5.9%	Jun-21		25.0%	10.9%	May-21	25.0%	10.7%	?
Maternity Combined FFT % Positive	95.0%	96.4%	Jun-21		95.0%	100.0%	May-21	95.0%	99.4%	?
OP Friends & Family (FFT) % Positive	84.0%	83.8%	Jun-21		84.0%	83.8%	May-21	84.0%	83.7%	?
OP Resp Rate Recmd to Friends & Family	68.0%	11.9%	Jun-21	L	68.0%	15.4%	May-21	68.0%	14.6%	F
% VTE Risk Assessment	95.0%	96.1%	Jun-21	L	95.0%	97.5%	May-21	95.0%	94.2%	P

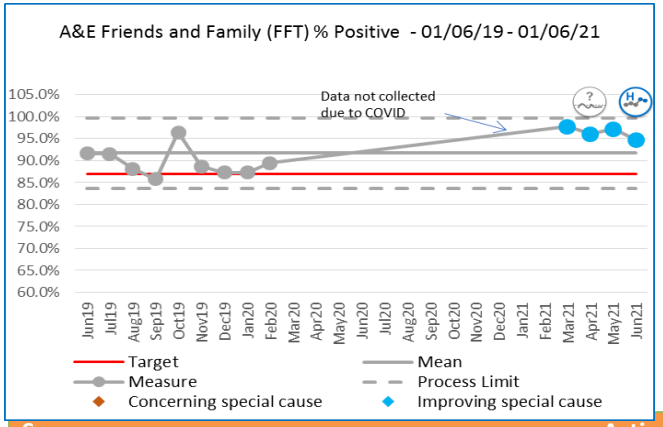
CARING- Organisational Objective: Quality and CQC



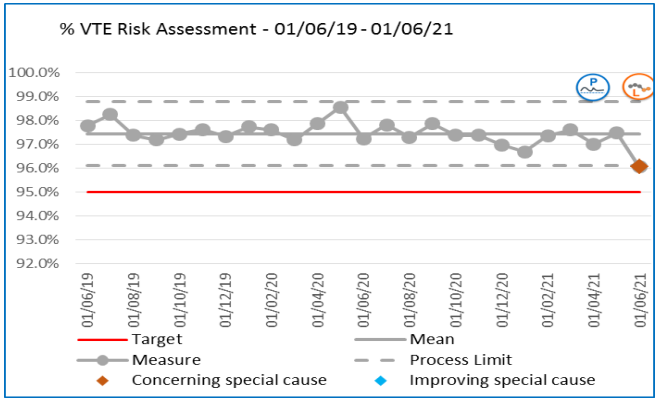
May-21
11.9%
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Max Target (Internal)
68%
Target Achievement
Metric is consistently failing the target



May-21
83.8%
Variance Type
Metric is currently experiencing special cause variation of an improving nature
Target (Internal)
84%
Target Achievement
Metric is experiencing variable achievement



May-21
94.7%
Variance Type
Metric is currently experiencing special cause variation of an improving nature
Target
87%
Target Achievement
Metric is experiencing variable achievement



May-21
86.1%
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Target (National)
95%
Target Achievement
Metric is consistently achieving the target

Summary:

Outpatient Friends and Family Response Rate continues to experience special cause variation of a concerning nature, however of those that have responded the percentage of responses that are positive is showing special cause variation of an improving nature.

A&E Friends and Family % Positive: Of the responses received those that are positive is increasing and is showing special cause variation of an improving nature, however the level of those responding remains lower than expected levels.

VTE: There has been a dip in performance in June which has moved this indicator into special cause variation of a concerning nature, however this indicator continues to consistently achieve the national target.

Actions:

OP FFT: OP leads have purchased IPADS and stands for quick submission during face-face appointments.

FFT: decline in submissions this month due to issues with quality health/IQVIA upload and internal processes, which have now been reviewed and monitored.

VTE: Later data entry may improve the monthly position.

Assurance:

OP FFT: SMS text messaging to be set up by the end of the month. IPADS in place and surveys attributed to the right departments

FFT: Tightening up internal processes to ensure timely submissions of cards. Assurances received from Quality Health via IQVIA that processes are in place for timely uploads. Divisional and DDNQ engagement obtained through senior management meeting. Comms to be sent out to all teams to reiterate the need for speedy submission and to advocate the use of electronic submission for accuracy.

Responsive- CQC Domain Scorecard

Reset and Recovery Programme - Elective Care

Outcome Measure	Latest Plan	Latest Actual	Latest Period	Variation	Previous Plan	Previous Actual	Previous Period	YTD Plan	YTD Actual	Assurance
RTT (Incomplete) performance against trajectory	86.7%	74.0%	Jun-21		86.7%	68.9%	May-21	86.7%	74.0%	F
Number of patients waiting over 40 weeks	222	848	Jun-21		222	821	May-21	222	848	F
52 week breaches (including those reported last month)	0	99	Jun-21		0	215	May-21	0	99	?
Access to Diagnostics (<6weeks standard)	99.0%	87.1%	Jun-21		99.0%	87.6%	May-21	99.0%	87.1%	?
Average for new appointment	10.0	9.0	Jun-21		10.0	9.5	May-21	10.0	9.0	?
Theatre Utilisation	90.0%	87.4%	Jun-21		90.0%	88.2%	May-21	90.0%	87.4%	F

Reset and Recovery Programme – Acute & Urgent Care

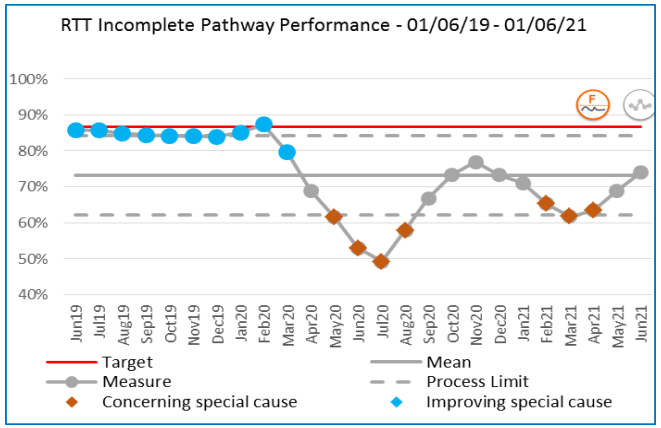
Outcome Measure	Latest Plan	Latest Actual	Latest Period	Variation	Previous Plan	Previous Actual	Previous Period	YTD Plan	YTD Actual	Assurance
Referrals to ED from NHS 111	Coming June 21		Jun-21	No SPC	Coming June 21		May-21	Coming June 21		No SPC
A&E 4 hr Performance	95.0%	87.3%	Jun-21		95.0%	91.9%	May-21	95.0%	91.1%	?
Super Stranded Patients	80	76	Jun-21		80	60	May-21	80	69	?
Ambulance Handover Delays Rate > 30mins	7.0%	9.3%	Jun-21		7.0%	7.8%	May-21	7.0%	7.1%	?
Bed Occupancy	90.0%	89.1%	Jun-21		90.0%	87.3%	May-21	90.0%	87.3%	?
NZ LOS	6.5	6.6	Jun-21		6.5	6.0	May-21	6.5	6.6	?

Responsive - CQC Domain Scorecard

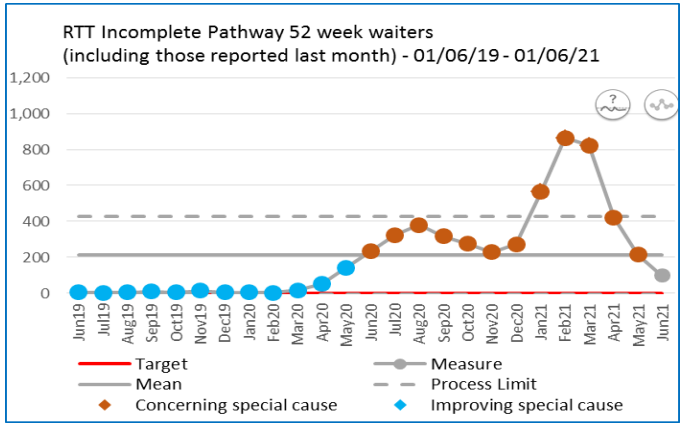
Reset and Recovery Programme – Cancer Services

	Latest				Previous			YTD		
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Cancer - 2 Week Wait	93.0%	94.1%	May-21		93.0%	93.4%	Apr-21	93.0%	94.1%	P
Cancer - 31 Day	96.0%	98.1%	May-21		96.0%	97.8%	Apr-21	96.0%	98.1%	?
Cancer - 62 Day	85.0%	85.0%	May-21		85.0%	85.7%	Apr-21	85.0%	85.0%	P
Size of backlog	30	103	Jun-21	H	30	102	May-21	30	103	?
28 day Target	75.0%	75.1%	May-21		75.0%	70.4%	Apr-21	75.0%	75.1%	?

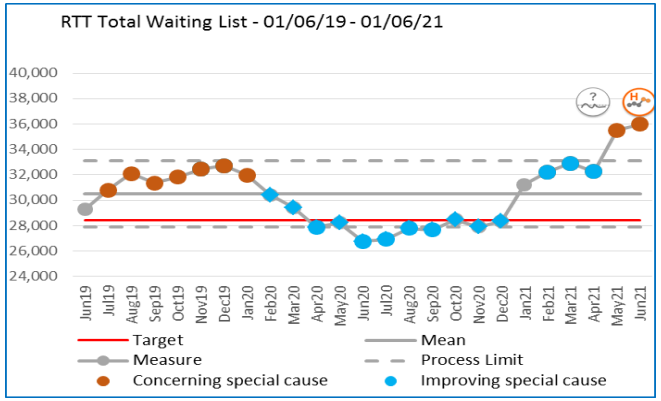
RESPONSIVE- Reset and Recovery Programme: Elective



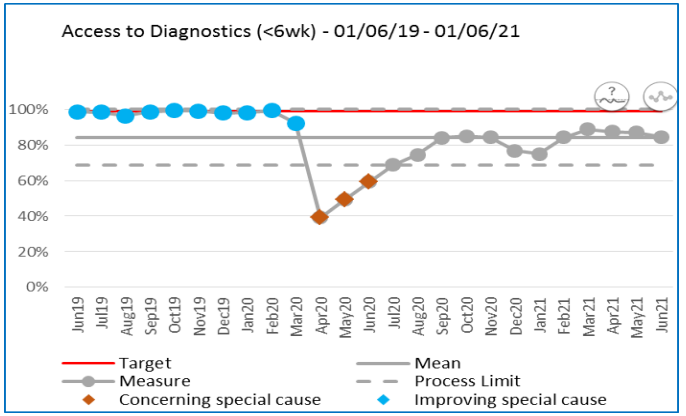
Jun-21
73.9%
Variance Type
Metric is currently experiencing common cause variation
Target (Internal)
86.3%
Target Achievement
Metric consistently failing the target



Jun-21
99
Variance Type
Metric is currently experiencing common cause variation
Max Target (Internal)
0
Target Achievement
Metric is experiencing variable achievement



Jun-21
35,978
Variance Type
Metric is currently experiencing special cause variation of a concerning nature
Target (Internal)
28,412
Target Achievement
Metric is experiencing variable achievement



June-21
85%
Variance Type
Metric is currently experiencing common cause variation
Target
99%
Target Achievement
Metric is experiencing variable achievement

Summary:

RTT: Performance has continued to improve with June's performance sitting at 73.9%. The June performance is a 5% improvement on May.

RTT 52 wk waiters: There has been huge efforts made to reduce the number of 52 week waiters since the peak in February reducing by 749 waiters over the last 4 months.

Elective Activity: With the reopening of theatres, 88% of June 2019 elective activity levels were achieved and the Trust is on track to achieve the desired levels in July. Outpatients are back to 1920 levels overall (106% for first outpatients). The actuals achieved and percentages stated do not currently include any activity done in the Independent Sector so this will improve further once this data is available.

Diagnostic Activity: CT Scans in May were at 120% of 2019/20 Activity levels, MRI has a performance of 97% of 2019/20 Activity levels and NOUS is running below the national target at 97%.

Actions:

RTT: Continued focus on long waiting patients, pre operative assessment performance, patient cancellations, scheduling and utilisation.

Efficiency: Robust monitoring of patients in order to maximise clinic & theatre time & increase productivity.

Diagnostics: To increase capacity & improve the waiting times for MRI and NOUS

Assurance:

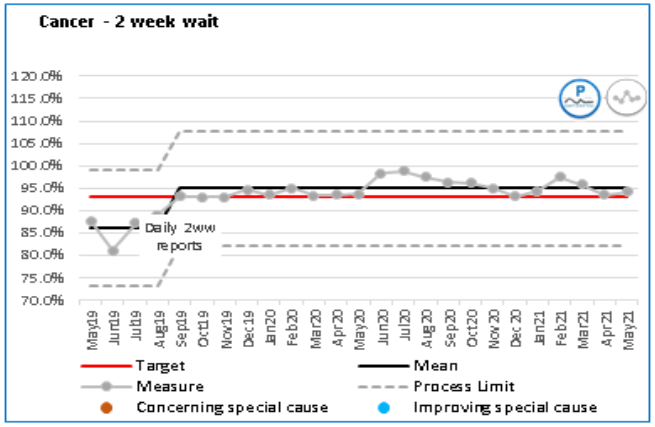
RTT and Elective Activity: Weekly performance meeting in progress, 6-4-2 and scheduling meetings, cancellations RCA's completed to identify trends. TUB re-instated on the 17th May.

RTT Long Waiters: Clinical Prioritisation of waiting lists continues in line with national recommendations. Long waiting patients are in the process of being treated or are being scheduled for treatment.

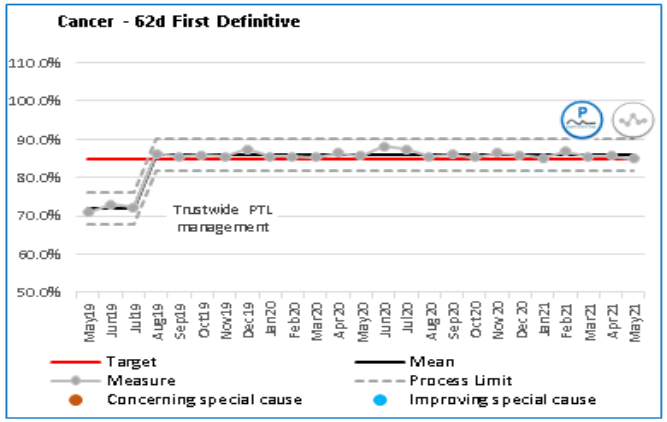
Diagnostics: Work is ongoing on the managed MRI project and is on track to deliver.

Elective Activity: We continue to work closely with ISP partners. Work continues to streamline process and link with ISP where appropriate

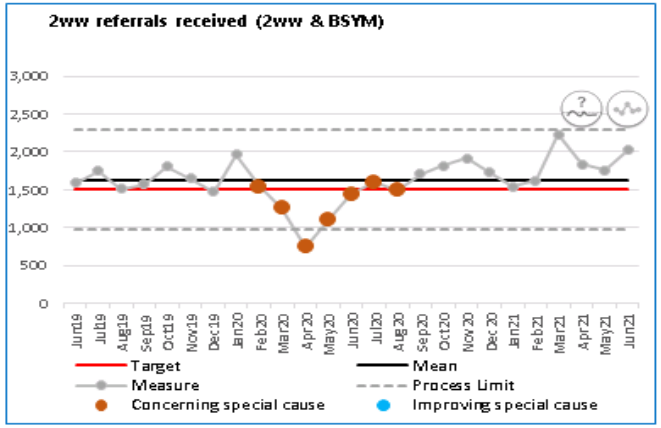
RESPONSIVE- Reset and Recovery Programme: Cancer



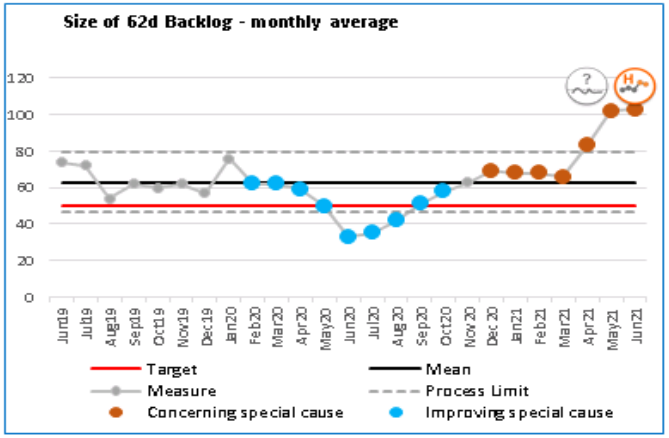
May-21
94.1%
Variance Type
Process change Sept 2019 now showing common cause variation
Max Target (Internal)
93%
Target Achievement
Metric is currently achieving the target



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



June-21
2020
Variance Type
Metric is currently experiencing Common Cause Variation
Max Target
1500
Target Achievement
Metric is experiencing variable achievement of locally set target



June-21
103
Variance Type
Concerning Special Cause variation with last 2 points above the upper process limit
Max Target (Internal)
50
Target Achievement
Metric is experiencing variable achievement of locally set target

Summary:

2ww: The 2ww standard continues to achieve the 93% target, and the process remains within expected levels of variation.

Referrals: The 2ww referral numbers remain within expected variation, with 2020 referrals in June 2021.

62 day: The Trust has continued achievement of the 62 day standard and is reporting 85% for May 2021.
62 day PTL: As the numbers on the 62d PTL continue to grow, the backlog has seen an increase in the past 2 months. Overall the process is showing common cause variation, with May & June sitting at the upper process limit due to unprecedented 2ww referral numbers. The backlog for 1st week June is 96, likely to remain at common cause variation.

Actions:

Cancer Performance and PTL: The ongoing daily huddles with each tumour site team are in place and monitoring the growth in the PTL as referral numbers fluctuate. Increased focus and in depth review of high 'backlog' areas has been ensured to support backlog drive between process limits.

Referrals: Services are reviewing baseline 2ww provision in line with trajectory of demand and implementing various models to support. The CCG and Cancer Alliance have supported in prioritising patient referrals and ensuring we are appropriately appointing those at highest risk of cancer within the national guidelines.

Additional resource has helped to support pathway implementation e.g. STT nurses and pathway navigators.

Assurance:

Cancer Performance and PTL: Management of the daily PTLs continues to give oversight and hold services to account for patient next steps. Diagnostic services attend these huddles to escalate booking or reporting delays on the day.

28 Day FDS Standard: 28 day FDS meetings have been implemented to manage data completeness and ensure we are submitting a representative view of our performance.

Weekly triumvirate meetings help to support key areas of concern and give clinical guidance across services.

Well Led - CQC Domain Scorecard

Reset and Recovery Programme: Staff Welfare

Outcome Measure	Latest Plan	Latest Actual	Latest Period	Latest Variation	Previous Plan	Previous Actual	Previous Period	YTD Plan	YTD Actual	Assurance
Climate Survey - Engagement: Number of people completing the Climate survey	Improving Quarterly	634	Jun-21	No SPC	Improving Quarterly	909	Jan-21	Improving Quarterly	634	No SPC
Climate Survey - Percentage of staff who feel fully supported in their role		56.4%	Jun-21	No SPC		57.5%	Jan-21		56.4%	No SPC
Climate Survey - Percentage of staff who feel the Trust has a genuine concern for their safety		61.9%	Jun-21	No SPC		62.4%	Jan-21		61.9%	No SPC
Climate Survey - Percentage of staff who feel able to cope with the demands that are being		54.0%	Jun-21	No SPC		69.2%	Jan-21		54.0%	No SPC
Health and Wellbeing: How many calls received	40	36	Jun-21		40	78	May-21	480	421	
Health and Wellbeing: What percentage of Calls related to Mental Health Issues	44%	40%	Jun-21		44%	35%	May-21	44%	47%	

Organisational Objectives: Workforce

Outcome Measure	Latest Plan	Latest Actual	Latest Period	Latest Variation	Previous Plan	Previous Actual	Previous Period	YTD Plan	YTD Actual	Assurance
Sickness	3.3%	3.5%	May-21		3.3%	3.5%	Apr-21	3.3%	3.4%	
Turnover	10.0%	11.5%	Jun-21	L	10.0%	11.6%	May-21	10.0%	11.5%	F
Vacancy Rates	9.0%	13.7%	Jun-21	H	9.0%	13.9%	May-21	9.0%	13.7%	
Use of Agency (WTE)	81	186	Jun-21		81	234	May-21	81	186	F
Appraisal Completeness	95.0%	20.6%	Jun-21	L	95.0%	82.7%	May-21	95.0%	20.6%	
Stat and Mandatory Training	85.0%	91.4%	Jun-21	H	85.0%	89.9%	May-21	85.0%	91.4%	P

Well Led - CQC Domain Scorecard

Reset and Recovery Programme: Finance & Contracts

Outcome Measure	Latest Plan	Latest Actual	Latest Period	Latest Variation	Previous Plan	Previous Actual	Previous Period	YTD Plan	YTD Actual	Assurance
Surplus (Deficit) against B/E Duty (£k)	0	0	Jun-21	No SPC	0	- 0	May-21	0	0	No SPC
CIP Savings (£k)	434	86	Jun-21	No SPC	434	86	May-21	434	86	No SPC
Cash Balance (£k)	44,661	40,231	Jun-21	No SPC	43,542	38,943	May-21	44,661	44,661	No SPC
Capital Expenditure (£k)	516	535	Jun-21		341	147	May-21	516	535	
Agency Spend (£k)	1,333	1,556	Jun-21		1,333	1,625	May-21	1,333	1,556	
Use of Financial Resources	No data		Jun-21	No SPC	No data		May-21	No data		No SPC

Reset and Recovery Programme: ICC

Outcome Measure	Latest Plan	Latest Actual	Latest Period	Latest Variation	Previous Plan	Previous Actual	Previous Period	YTD Plan	YTD Actual	Assurance
Nursing vacancies	13.5%	19.6%	Jun-21		13.5%	15.6%	May-21	13.5%	19.6%	
Covid Positive - number of patients	0	1	Jun-21		0	1	May-21	0	11	

Well Led - CQC Domain Scorecard

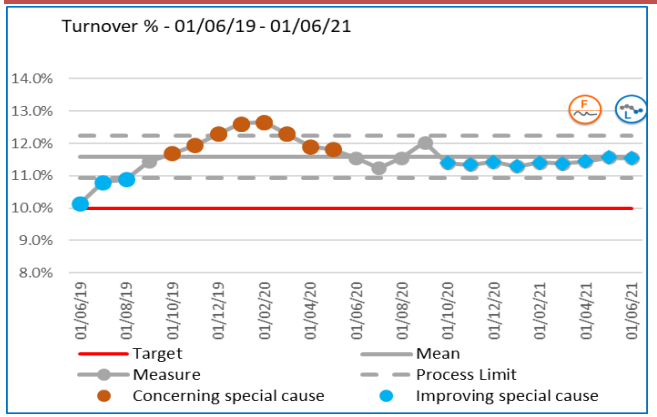
Organisational Objectives - Strategy – Clinical

	Latest				Previous			YTD		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Number of specialist services	35	30	Jun-21		35	30	May-21	35	360	F
Elective Spells in London Trusts from West Kent	329	200	Jun-21		329	300	May-21	329	3,532	F
Service contribution by division	Coming July 21		Jun-21	No SPC	Coming July 21		May-21	Coming July 21		No SPC
Research grants (£)	114	122	Jun-21		114	90	May-21	114	122	?
Number of advanced practitioners	25	31	Jun-21		25	31	May-21	25	31	P
Percentage of Trust policies within review date	90.0%	68.0%	Jun-21	H	90.0%	75.1%	May-21	90.0%	68.0%	F

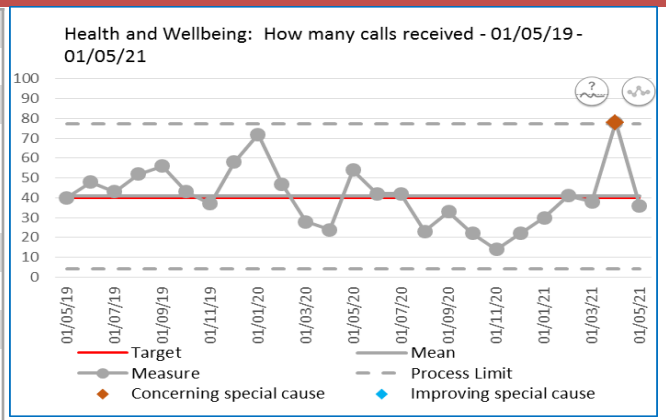
Organisational Objectives – Exceptional People

	Latest				Previous			YTD		
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
Staff Friends and Family % recommended work	70.0%	62.9%	Jun-21	L	70.0%	62.9%	May-21	70.0%	62.9%	?
Staff Friends and Family % recommended care	80.0%	81.0%	Jun-21	H	80.0%	81.0%	May-21	80.0%	81.0%	?
Equality, Diversity and Inclusion reducing inequalities metrics / dashboard	Coming July 21		Jun-21	No SPC	Coming July 21		May-21	Coming July 21		No SPC

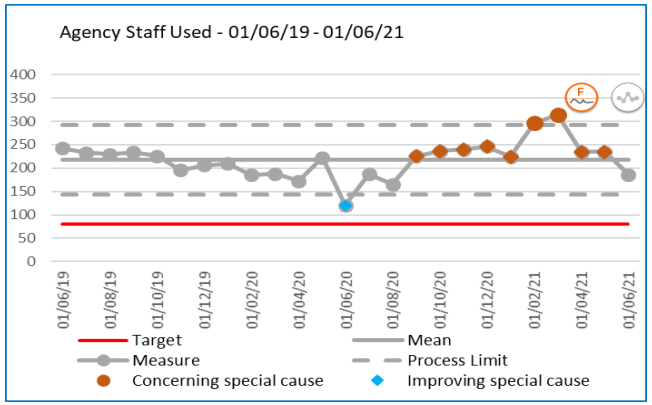
WELL LED- Operational Objective: Workforce



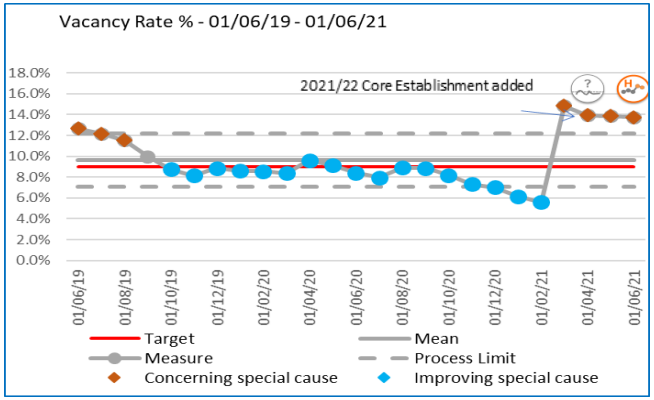
Jun-21
11.5%
Variance Type
Metric is currently experiencing Special Cause Variation of an improving nature
Max Target (Internal)
10%
Target Achievement
Metric is consistently failing the target



Jun-21
36
Variance Type
Metric is currently experiencing Common Cause Variaton
Max Target (Internal)
40
Target Achievement
Metric is experiencing variable achievement



Jun-21
186
Variance Type
Metric is currently experiencing Common Cause variation
Target (Internal)
81
Target Achievement
Metric is consistently failing the target



Jun-21
13.7%
Variance Type
Metric is currently experiencing Special Cause Variation of a concerning nature
Max Limit (Internal)
9.0%
Target Achievement
Metric is experiencing variable achievement

Summary:

Turnover: The Turnover rate continues to be within common cause variation but is consistently failing the target.

Health and Wellbeing: The volume of health & wellbeing calls received in June has reduced back to previous levels and this indicator is now experiencing common cause variation once again.

Agency Staff Used: The level of Agency staff used has continued to decrease in June and remains in common cause variation.

Vacancy Rate : This continues to experience special cause variation of a concerning nature.

Actions:

Turnover : There has been a marginal movement bring the KPI closer to the mean average this month. This will continue to be monitored.

Health & Wellbeing: How many calls received: Whilst overall call volumes have dropped there is a noted shift in the proportion of staff contacting the service in relation to anxiety, low mood and depression. In part the reduction in call numbers coincides with the increased psychological interventions being offered through the OH Department creating additional capacity and a wider range of interventions including group work reaching a broader audience and larger numbers in one session. The pilot trial of the psychological service is now being expanded and made a permanent team in order to broaden OH's ability to deliver not only reactive support services but more importantly proactive psychological education and training to promote and build emotional resilience and intelligence.

Agency / Vacancy Rate: In May we saw a slight increase in demand of c.3% for Temporary Staffing. Nursing saw an increase of almost 7% compared to the previous month due to an increase in the need for RMN's, the demand level remains considerably higher than the same period last year (similarly the same for CSW's). Medical demand increased by c.2.5% but is comparable to the same period last year. Agency usage, although higher than plan has continued to reduce year on year, but we are beginning to see an upturn in usage, albeit still lower than pre-covid usage. A further update will be provided in the next IPR.

Assurance:

Recruitment are currently working with the following "hot spot" areas to assist in improving their vacancy rate: Medicine, ED, Critical care, Outpatients, Radiology and blood sciences- this includes social media campaigns, virtual events, international recruitment and retention strategies.

41 Student nurses have confirmed they will be taking up employment with MTW after their studies which has been a great success story- we still have a further 37 to hopefully engage (Paediatric, Adult and Midwifery).

International recruitment has slowed down as many departments are sceptical of overloading the wards with Supervised practice nurses due to having junior workforces. This has been highlighted to the deputy chief nurse to help engage the ward managers.

King street hotel is currently being leased for our quarantine accommodation however we have been notified by the facilities manager that the lease may be ceased from October, meaning we would need to find alternative quarantine accommodation along with OSCE training facilities.

We are currently linking in with our Paediatric nursing leads and GOSH to create a Paediatric OSCE training schedule. Which would mean we can recruit Paediatric international nurses directly.

The Trust continues to scope out plans for a Staffing Hub to provide a centralised view of staffing across the Trust, to help improve care by providing the resource required and access to real time data. The bank team continue to work closely with the site team and matrons on finding solutions to reduce agency spend including paying enhanced rates for Bank staff working within Rapid Response Pool ward to mitigate staff shortages, with a review of future incentives taking place. Various options are currently being explored to provide support with the additional requirement for RMN's.

Appendices

Supporting Narrative

Executive Summary

The Trust continues to achieve both the National Cancer 62 Day FDT Standard and the 2 week wait standard, reporting 85% and 94.1% respectively, however achievement of the these standards is becoming increasingly challenging with the high number of 2ww referrals and increasing 62 Day Backlog . A&E 4hr performance has deteriorated which has been impacted partly by the implementation of the new Sunrise System as well as the continued high level of attendances. It continues to experience common cause variation at 87.3% in June, but early indications show a worsening position for July. RTT performance increased further in June (+5%) as elective activity continues to recover. The national target for June to get back to 80% of 2019/20 elective activity levels was exceeded for inpatients at 88% and total outpatients are now back to 2019/20 levels. Patient safety and quality indicators continue showing signs of improvement as bed occupancy and staffing issues continue to stabilise.

Key Performance Items:

- **Infection Control:** Both the rate of C.Difficile and E.Coli are experiencing common cause variation and variable achievement of the target. The Trust admitted 14 patients with Covid-19 infection during June, however there were no cases of probable or definite hospital acquired infection. Assurance of compliance continues through the IPC BAF. Focus on reminding staff to continue with lateral flow testing and appropriate registering of results .

- **Falls:** The overall rate of falls continues to experience common cause variation and variable achievement of the target. Three SIs relating to Falls was reported. Falls rate continues to be monitored monthly across the trust and on individual wards with Themes and trends for falls identified and shared at the Falls Group meeting. Local ad-hoc training has commenced for staff on multifactorial risk assessment and documentation of assessment and care. Resources for assessment of patient at risk of falls made available to support with early identification of falls risk to aid identification and implementation of measures to reduce risk.

- **Pressure Ulcers:** The rate of hospital acquired pressure ulcers remains in common cause variation and variable achievement of the target. Total pressure ulcers (including inherited) also remains in common cause variation. The Pressure Ulcer group continue to discuss learnings from recent incidents to ensure that they are shared across Directorates. The Trust continues to monitor patients admitted with pressure ulcers and liaise with the local community and neighbouring acute trusts to identify themes and trends. We Tissue Viability Team have provided 4 virtual training sessions in the last month for pressure ulcer prevention and pressure ulcer recognition – these have been well attended by Nursing, Therapy and Medical Staff.

- **Incidents and SIs:** The level of SIs reported increased to 11. Of these 2 were recorded as a never event moving this indicator into special cause variation of a concerning nature. These have been investigated and actions and extra checks have been implemented. Policies, actions plans and training competencies are also being reviewed. Three SIs related to Falls, 2 related to a diagnostic incident, 2 related to sub-optimal care, 1 related to an obstetrics incident and 1 related to self-harm. Senior members of the Patient Safety Team continue to carry their own caseload of SIs to ensure that investigations are completed thoroughly and in a timely manner to support our staff, patients and their families. The team is working with the divisions to allocate investigators to these SIs.

- **Stroke:** The overall Best Practice Indicator continues to experience common cause variation and variable achievement of the target.

- **A&E 4 hour Standard and Flow:** Overall Ed Performance continues to be within common cause variation (87.3% in June) despite the increase in A&E Attendances which have reached predicted levels modelled prior to Covid, with record breaking volumes seen in June (The four weeks of May & first 2 weeks of June were the 6 busiest weeks ever). Early indications are that the high level of attendances is continuing which, along with the implementation of the new Sunrise System, is likely to have an adverse impact on performance for July. The Trust continues to implement the ED improvement action plan to support flow throughout the Trust. Development of 111/Urgent Treatment Centre (UTC) is in progress to extend the service. Emergency admissions continue to be at the increased levels driven by SDEC attenders (record levels in May). Total Bed Occupancy continues to experience common cause variation, raising slightly above the mean in May and June.

- **Ambulance Handover Delays:** Delays increased in June, but continue to experience common cause variation (9.3% in June).

Supporting Narrative Continued

- **Referral to Treatment (RTT) Incomplete Pathway:** RTT performance increased further to 73.9% (+5%) as elective activity continues to recover (88% of 19/20 elective activity and 100% of 1920 first outpatient appointments were achieved in June 21). Theatre Utilisation remains consistently below the target at 87.4% in June. There has been huge efforts made to reduce the number of 52 week waiters. Diagnostics waiting <6 weeks remains in common cause variation (85% for June).

- **Cancer 62 Day:** From August 2019, the 62 day standard has shown an improved performance and has consistently achieved the 85% standard (reporting 85% for May 2021). A process step change has been applied to reflect this and the charts show a significant improvement, where the calculated mean has changed from 66.7% to 86% (consistently above the target of 85% for the 62 day standard). The chart now reports common cause variation as confirmation of a currently stable process.

- **First Seen Cancer 2weeks (2ww):** From September 2019, there has been a continued improvement in the achievement of the 2ww first seen standard, with a consistent achievement of the target. The improved performance from July to September 2020 is likely due to the lower than expected number of 2ww referrals and the Trust continuing to appoint suspected cancer patients as a priority – utilizing the virtual clinics where possible. Despite the pressure experienced from the increased numbers of 2ww referrals from March 2021 – the Trust has continued to achieve this standard – reporting 94.1% for May 2021. A process step change has been applied to this metric, which shows the improved performance increasing from a calculated mean of 86.7% to 94.9% , which remains consistently above the target of 93% for the 2ww standard

- **Size of 62 day Backlog**: Following the decrease in 2019 of the number of patients being managed on the 62 day PTL, the PTL numbers have continued to increase again, with an average of 1711 through June 2021. This is impacting on the number of patients being managed with pathways over 62 days. Overall the size of the 62d backlog is showing common cause variation, with May and June being above the upper process limit. The backlog averaged at 103 patients in June 2021 – 6.0% of the overall PTL. Following the unprecedented number of 2ww referrals, the backlog is being actively managed and the numbers have continued to decrease again through the 1st week of July.

- **Cancer 2weeks (2ww) Referrals:** After the drop in referral numbers at the beginning of April 2020 due to COVID-19, incoming referral numbers have increased through the remainder of 2020, into 2021. Following the significant increase in numbers seen In March 2021, the incoming referral numbers have returned to expected numbers, however remain above the calculated mean with 2020 referrals in June 2021. Overall this metric is reporting common cause variation

- **Finance:** The Trust is on plan generating a breakeven position. The Trusts key variances to the plan are: Pay underspends (£1.3m), underspend in Drugs, Independent sector usage and clinical supplies due to lower activity than funded levels (£0.7m). The Trusts key adverse variances to plan are: CIP slippage to the stretch target (£1m), Increase in doubtful debt by £0.5m although a reduction of £0.2m between months (Trade debt over 60 days provided in full), other income slippage (£0.45m - Private Patients (£0.2m), Car Parking (£0.1m) and RTA (£0.1m) and increase in contingency to offset potential risk relating to funding of swabbing services (£0.5m). This risk relates to the potential 'capped cost per test', as yet the Trust has not been notified of any concern from NHSE/I but until payment has been received (no income has been received for April to June) a prudent assessment has been made.

- **Workforce**: The Safe Staffing Nursing Fill Rate reported remains in common cause variation, which impacts the overall fill rate. Regular staffing huddles with divisional leads and staff bank continue to ensure safe staffing levels across the Trust. Increased multi professions representation are on the wards to help support the nursing staff. The level of Agency staff used had shown a considerable increase but continues to reduce. The bank team continue to work closely with the site team and matrons on finding solutions to reduce agency spend. Recruitment are currently working with “hot spot” areas to assist in improving their vacancy rate. This includes social media campaigns, virtual events, international recruitment and retention strategies. The Turnover rate remains in common cause and consistently failing the target. The Trust is working to improve the Appraisal Process and has implemented the Exceptional Leaders Programme. Climate survey and the “Moving On” survey data is being used to drive local interventions to aid retention. Sickness levels remain in common cause variation at 3.5% for May. Of the 3.5% reported 0.14% was COVID related sickness. The non-Covid related sickness remains at expected levels for this time of year. Early indications for July show that staffing absences are increasing.

Implementing a Revised Perinatal Tool

CQC Maternity Ratings (NB - Maternity Department full inspection in 2014)	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Requires improvement	Requires improvement	Requires improvement	Good	Good	Requires improvement

Maternity Safety Support Programme	No	If No, enter name of MIA (?)

2021

	Jan	Feb	Mar	Apr	May	Jun
Findings of review of all perinatal deaths using the real time data monitoring tool	2 cases Themes: - Extreme prematurity x 1 - HSIB case x 1	1 case Themes: - HSIB case x 1	3 cases Themes: - HSIB case x 2 - MTOP - fetal anomaly x 1	5 cases Themes: - MTOP fetal abnormalitiy x 2 - Unexplained death x 2	1 case Themes: - MTOP fetal anomaly x 1	3 cases Themes: - Prematurity x 4 - Unexplained death x 1
Findings of review of all cases eligible for referral to HSIB	2 cases Themes: Case 1 - Escalation during neonatal resuscitation Case 2 - No safety concerns	1 case Themes: Patient information - fetal movements in labour Guideline for risk assessment in Triage	2 cases Investigations in progress	0 cases	1 case Investigation in progress	0 cases
Report on:						
*The number of incidents logged as moderate or above and what actions are being taken	4 moderate incident 1 serious incident Learning shared: - MDT Communication - Guidelines updated	1 moderate incident 1 serious incident Learning shared: - 1:1 feedback - situational awareness	1 moderate incident 1 serious incident Learning shared: - 1:1 feedback - obstetric cover for Triage - review of guideline for care in latent phase of	0 moderate incident 1 serious incident Learning shared: - reminder to staff to follow fetal growth assessment programme	5 moderate incident 2 serious incident Learning shared: - reminder to follow ED pathway for unwell maternity patients - review of process for follow up of investigation	1 moderate incident Learning shared: - importance of timely follow up of urgent investigation results - importance of MDT working and clinical
*Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training - MDT Emergency Skills	66%	73%	82%	91%	98%	99.00%
*Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training - Fetal Monitoring in labour	50%	56%	53%	53%	69%	74%
*Minimum safe staffing in maternity service to include obstetric cover on the delivery suite, gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively						
Service User Voice Feedback - number of IQVIA (FFT) responses	179	74	282	254	243	191
Service User Voice Feedback - % positive responses	98%	99%	96%	99%	97%	97%
HISB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	No	No	HSIB quarterly engagement meeting	CQC engagement meeting	Letter from HSIB requesting additional support for staff involved in investigations - action plan developed	HSIB quarterly engagement meeting
Coroner Reg 28 made directly to Trust	No	No	No	No	No	No
Progress in achievement of CNST 10						

Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend the Trust as a place to work or receive treatment (Reported Annually)	75%
Proportion of specialty trainees in Obstetrics and Gynaecology responding with 'Excellent' or 'Good' on how would they rate the quality of clinical supervision out of hours (Reported Annually)	78%

REVIEW OF LATEST FINANCIAL PERFORMANCE

- The Trust delivered the year to date and June financial plan by delivering a breakeven financial position.
- In line with NHSE/I guidance additional income (£1.6m) has been included in the month 3 position to offset additional costs for PCR swabbing, Rapid testing and vaccination centre.
- The position assumes Elective Recovery Fund (ERF) is achieved in line with plan, early indications from April and May activity are that ERF value may be higher than plan but until the total system position is understood a prudent position has been reported.
- Following a Chief Finance Officer briefing in June, the guidance for access to the ERF is changing in Quarter 2. The previous guidance required Q2 activity volumes to achieve 85% or above of the 2019/20 baseline values to access the ERF at 120% of tariff, the revised guidance has now reset achievement thresholds to 95%. In addition to the increased threshold, Systems are now required to achieve 95% to 100% to access additional ERF funds at flat tariff, and above 100% to access funds at 120% of tariff. The criteria and gateway compliance has not been amended in Q2, however there will be an increased focus in H2 with the ERF fund expected to extended into H2. Further guidance is expected to be issued in due course to support calculations, application and reporting during July
- The key year to date variances are as follows:
  - **Favourable Variances**
    - Pay underspends (£1.3m). Underspends within Scientific and Technical staff (£1.2m), Nursing (£0.9m), support to clinical staff (£0.9m) and Admin and clerical (£0.1m) are partly offset by overspend within Medical staffing (£1.6m) and support staff (£0.2m)
    - Drugs, Independent sector usage and Clinical supplies underspends (£0.7m) mainly due to activity being lower than funded levels
  - **Adverse Variances**
    - Cost Improvement Programme (CIP) slippage to stretch target (£1m)
    - Increase in doubtful debt from Trade organisations (£0.5m)
    - Reduction in other operating income (£0.45m) mainly within Private Patients (£0.2m), Car Parking (£0.1m) and RTA (£0.1m)
    - Increase in contingency (£0.5m)
- The key current month variances are as follows:
  - Income under performed by £0.3m in June, the under performance is mainly due to £0.2m back dated reduction in income associated with back log activity which previously classified as prime provider activity. Prime provider activity is assumed to be funded in full whereas back log activity sent to the independent sector is assumed to be funded via either the baseline budget or ERF income. The level of cost associated with prime provider activity in June was also £0.1m below plan (to match expenditure).
  - Expenditure budgets underspent by £0.3m. Underspends within pay budgets (£0.5m) and non-pay (£0.2m) were partly offset by unidentified CIP slippage £0.4m.
- The Trust has the following key income assumptions included within the position which are pending confirmation from Kent and Medway Clinical Commissioning Group (K&M CCG)
  - Prime Provider (Patient Choice activity) income of £2m has been incorporated to offset the costs reported in the month.
  - Stroke development (£0.7m)

- The cash balance at the end of June is £40.2m compared to the closing balance of May of £38.5m. The first 6 months (H1) of Service Level Agreement (SLA) block payments are based on 2020/21 quarter 3 position extended for a 6 months period, which covers the initial base position. Discussions are continuing to finalise the various adjustments based on this

assessment and to incorporate any new items for 2021/22 H1 as well as the repayment of the £8.6m 2020/21 adjustment included within the carried forward cash balance of £26.2m; the cash flow is currently forecasting this repayment in March 2022. The remaining 6 months of the cashflow is based on similar values to the first 6 months with some minor adjustments; this will be updated alongside H2 Income & Expenditure planning. In June the Trust received an additional payment of £5m from K&M CCG relating to re-profiling of contract payments relating to ERF.

- At present the closing cash balance is assumed at a level of £5m but this will need to be updated to reflect H2 assumptions. Part of the carried forward balance of £26.2m also relates to c£6m capital creditors where invoices were not received in March - these are expected to be paid within the first part of the financial year with £5.2m being paid in the first three months. The Trust is continuing to work with NHS colleagues to ensure both debtors and creditor balances remain low as well as ensuring all trade suppliers are paid as soon as they are authorised. The Trust is maintaining the two payment runs per week which was implemented during the start of Covid-19 to ensure suppliers are paid promptly.
- The Trust's capital plan agreed with the Integrated Care System (ICS)/Sustainability and Transformation Partnership (STP) for 2021/22 is £10.57m comprising of net internal funding £8.9m, PFI lifecycle per Project model of £1.2m and donated assets of £0.4m. The Plan includes;
  - **Estates:** The Backlog schemes include contractual commitments from 20/21 relating to enabling works for CT Simulator, Pharmacy Robot (complete), MRI (complete), Interventional Radiology and Mammography equipment. General Backlog Maintenance works relating to statutory requirements and condition survey, to be prioritised. Development schemes include the Annex Modular Development (ICC) and Kent and Medway Medical School enabling work.
  - **ICT:** The Electronic Patient Record (EPR) costs relate to contractual commitments. Other ICT schemes include wireless controllers replacement, over-age laptops/PCs, switches, hubs and servers.
  - **Equipment:** The Linear Accelerator (LinAc) machine was delivered to the Canterbury site at the end of March, this year's costs include ancillary equipment and commissioning. Trustwide equipment will be prioritised.
- The year to date capital spend is £533k compared to the Plan of £1,018k. The majority of the spend relates to the completion of the MRI installation and the ongoing EPR project, there were also elements of carry forward spend from projects commenced in 2020/21. The variance relates to schemes that have either been delayed or are waiting for business cases.

Maidstone and Tunbridge Wells NHS Trust

Finance Report

Month 3
2021/22

Trust Board - Finance Report for June 2021

Contents

1. Dashboard
2. COVID 19 Expenditure and Income

1. Dashboard

June 2021/22

	Current Month				Year to Date				Annual Forecast / Plan (Month 1-6)			
	Actual £m	*Plan £m*	*Variance £m*	*RAG*	*Actual £m*	*Plan £m*	*Variance £m*	*RAG*	*Forecast £m*	*Plan £m*	*Variance £m*	*RAG*
Income	48.9	49.2	(0.3)		144.6	146.2	(1.6)		293.2	298.5	(5.2)	
Expenditure	(46.2)	(46.5)	0.3		(136.6)	(138.3)	1.7		(277.0)	(282.3)	5.3	
EBITDA (Income less Expenditure)	2.7	2.7	0.0		8.0	8.0	0.0		16.2	16.2	0.1	
Financing Costs	(2.7)	(2.7)	(0.0)		(8.1)	(8.1)	(0.0)		(16.6)	(16.5)	(0.1)	
Technical Adjustments	0.1	0.0	0.0		0.2	0.1	0.0		0.3	0.3	0.0	
Net Surplus / Deficit (Incl Top Up funding support)	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	
Cash Balance	40.2	44.7	(4.4)		40.2	44.7	(4.4)		36.4	36.4	0.0	
Capital Expenditure (Incl Donated Assets)	0.3	0.5	0.2		0.5	1.0	0.2		1.7	1.7	0.0	

Summary Current Month:
- The Trust was on plan generating a breakeven position.
- Income under performed by £0.3m in June, the under performance is mainly due to £0.2m back dated reduction in income associat ed with back log activity which previously classified as prime provider activity. Prime provider activity is assumed to be funded in full where as back log activity sent to the indep endent sector is assumed to be funded via either the baseline budget or ERF income. The level of cost associated with prime provider activity in June was also £0.1m below plan (to match e xpenditure).
Expenditure budgets underspent by £0.3m. Underspends within pay budgets (£0.5m) and nonpay (£0.2m) were partly offset by unid entified CIP slippage £0.4m.
- In line with NHSE/I guidance additional income (£0.5m) has been included in the month 3 position to offset additional costs f or PCR swabbing, Rapid testing and vaccination centre.

Year to date overview:
- The Trust is on plan generating a breakeven position.
- The Trusts key variances to the plan are:

Favourable Variances:
- Pay underspends (£1.3m), underspend in Drugs, Independent sector usage and clinical supplies due to lower activity than funded levels (£0.7m)

Adverse Variances:
- CIP slippage to stretch target (£1m), Increase in doubtful debt by £0.5m although a reduction of £0.2m between months (Trade debt over 60 days provided in full), other income slippage (£0.45m - Private Patients (£0.2m), Car Parking (£0.1m) and RTA (£0.1m) and increase in contingency to offset potential risk relating to funding of swabbing services (£0.5m). This risk relates to the potential 'capped cost per test', as yet the Trust has not been notified of any concern from NHSE/I but u ntil payment has been received (no income has been received for April to June) a prudent assessment has been made.

CIP (Savings)
- The Trust has a external CIP target of £0.8m (between April and September (H1)) and a stretch CIP target of £2.6m. To date th e Trust has identified recurrent savings of £0.3m which is £0.1m below the external target and £1m below the stretch savings target.

Risks within reported financial position:
- The Trust has the following key income assumptions included within the position which are pending confirmation from Kent and Medway CCG
  - Prime Provider (Patient Choice activity) income of £2m has been incorporated to offset the costs reported in the month.
  - Stroke development (£0.7m)

Opportunities not reflected within the reported financial position
- The position assumes ERF is achieved in line with plan, early indications from April and May activity are that ERF value may be higher than plan but until the total system position is understood a prudent position is reported.

2. COVID 19 Expenditure and Income Impact

2020/21 Summary of Cost Reimbursement

Expenditure

Breakdown by Allowable Cost Type	£000s
Segregation of patient pathways	1,837
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	190
Backfill for higher sickness absence	1
Remote working for non-patient activities	18
Existing workforce additional shifts to meet increased demand	55
PPE associated costs	12
Additional Sick pay at full pay for all staff policy - full pay	16
Other	362
Total 'In Envelope'	**2,490**
COVID-19 virus testing- rt-PCR virus testing	1,459
COVID-19 - Vaccination Programme - Provider/ Hospital hubs	4
COVID-19 virus testing - Rapid / point of care testing	105
COVID-19 virus testing (NHS laboratories)	0
Total 'Out of Enevelope'	**1,568**
Total Expenditure (£000s):	**4,058**

Income

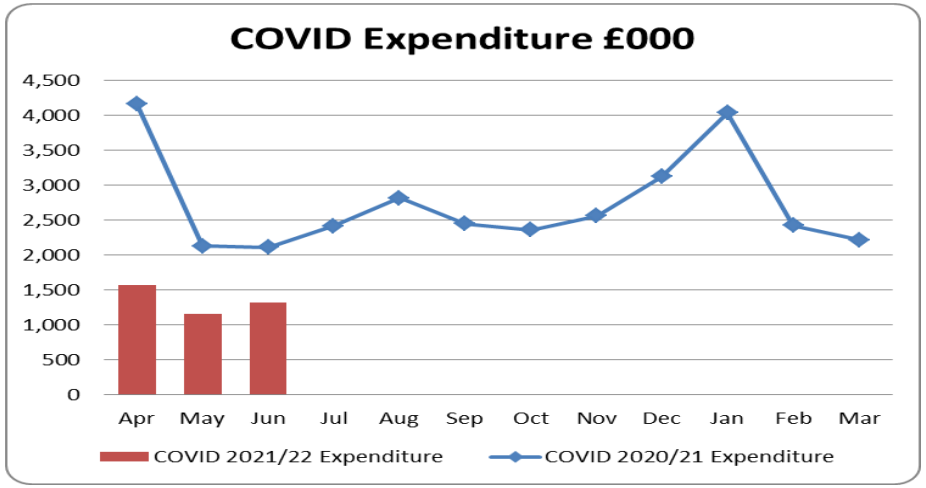
Free staff car parking	142
Catering - Income loss	23
Total Income	**165**
Grand Total (£000s):	**4,223**

Commentary:
The Trust has identified the year to date financial impact relating to COVID to be £4.2m.

The main cost includes costs associated with virus testing , staff welfare such as providing meals, additional shifts required in ED to support patient flow and escalation of Edith Cavell and Peale Wards.

Costs deemed to be 'within envelope' are £3.1m less than the baseline funding included within the block payment from Kent and Medway CCG.

The Trust has included £1.6m income in the position to offset the costs for 'Out of envelope' which include COVID swabbing , rapid testing and vaccination programme. This will be validated by NHSE/I over the next few months before funding is confirmed.



Jun-21		DAY				NIGHT				TEMPORARY STAFFING						Nurse Sensitive Indicators				Financial review		
Hospital Site name	Health Roster Name	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	Average fill rate registered nurses/midwives (%)	Average fill rate care staff (%)	Average fill rate Nursing Associates (%)	Average fill rate Training Nursing Associates (%)	Bank/Agency Usage	Agency as a % of Temporary Staffing	Bank / Agency Demand: RN/M (number of shifts)	WTE Temporary demand RN/M	Temporary Demand Unfilled -RM/N (number of shifts)	Overall Care Hours per pt day	FFT Response Rate	FFT Score % Positive	Falls	PU ward acquired	Budget £	Actual £	Variance £ (overspend)
MAIDSTONE	Stroke Unit (M) - NK551	76.5%	120.0%	-	100.0%	89.0%	110.0%	-	-	20.9%	43.5%	229	15.01	49	8.4	0.0%	87.5%	7	2	271,510	301,319	(29,809)
MAIDSTONE	Cornwallis (M) - NS959	13.6%	4.5%	-	No Hours	31.8%	18.2%	-	-	5.5%	80.4%	27	2.06	23	5.3	0.0%	0.0%	1	0	0	2,346	(2,346)
MAIDSTONE	Culpepper Ward (M) - NS551	58.6%	107.6%	-	-	67.0%	100.0%	-	-	15.3%	29.1%	28	1.93	2	5.3	0.0%	0.0%	5	0	108,091	115,299	(7,208)
MAIDSTONE	John Day Respiratory Ward (M) - NT151	99.6%	106.8%	-	-	110.9%	125.0%	-	-	41.9%	37.1%	130	9.16	26	7.0	17.0%	87.5%	4	1	141,330	151,183	(9,853)
MAIDSTONE	Intensive Care (M) - NA251	97.6%	163.4%	-	-	84.9%	100.0%	-	-	9.9%	21.1%	106	6.66	40	51.1	400.0%	100.0%	0	0	245,486	209,179	36,307
MAIDSTONE	Pye Oliver (Medical) - NK259	100.1%	123.7%	-	-	122.2%	99.8%	-	-	30.5%	52.6%	147	9.69	53	6.7	57.6%	89.5%	4	1	119,709	138,299	(18,590)
MAIDSTONE	Whatman Ward - NK959	86.0%	93.8%	-	100.0%	105.1%	158.7%	-	-	33.8%	34.3%	111	7.53	20	8.1	0.0%	0.0%	5	1	89,023	116,325	(27,302)
MAIDSTONE	Lord North Ward (M) - NF651	82.5%	78.5%	-	100.0%	86.3%	93.2%	-	-	6.9%	14.1%	31	2.17	12	8.5	40.0%	100.0%	5	0	106,494	98,086	8,408
MAIDSTONE	Mercer Ward (M) - NJ251	99.7%	94.8%	-	-	107.1%	100.0%	-	-	15.9%	23.9%	51	3.45	13	5.8	0.0%	0.0%	3	1	106,617	114,112	(7,495)
MAIDSTONE	Edith Cavell - NS459	113.5%	97.6%	-	100.0%	104.4%	129.8%	-	-	40.4%	37.3%	96	6.79	15	6.3	30.0%	100.0%	2	0	114,962	95,745	19,217
MAIDSTONE	Acute Medical Unit (M) - NG551	101.5%	99.3%	-	-	146.7%	189.4%	-	-	39.2%	29.3%	110	7.53	22	12.1	0.0%	100.0%	5	0	136,864	150,081	(13,217)
TWH	Ward 22 (TW) - NG332	91.1%	106.5%	-	No Hours	107.6%	104.7%	-	-	25.1%	42.4%	114	8.14	47	6.0	5.2%	100.0%	14	0	126,783	160,902	(34,119)
TWH	Coronary Care Unit (TW) - NP301	86.7%	90.1%	-	-	93.6%	-	-	-	19.9%	26.2%	71	4.14	28	12.4	65.4%	100.0%	0	0	67,534	65,531	2,003
TWH	Ward 33 (Gynae) (TW) - ND302	85.9%	71.4%	-	-	90.0%	93.3%	-	-	22.3%	9.0%	50	3.37	16	7.9	46.4%	100.0%	0	0	127,454	101,267	26,187
TWH	Intensive Care (TW) - NA201	150.5%	125.8%	-	-	130.0%	66.7%	-	-	11.7%	0.0%	92	5.96	11	36.0	450.0%	100.0%	0	0	363,757	311,525	52,232
TWH	Acute Medical Unit (TW) - NA901	94.3%	98.1%	-	100.0%	102.5%	99.1%	-	-	12.1%	35.0%	150	10.34	73	10.9	2.4%	100.0%	12	0	206,716	215,326	(8,610)
TWH	Surgical Assessment Unit (TW) - NE701	112.9%	115.0%	-	-	9.0%	26.8%	-	-	13.4%	13.2%	46	2.70	18		0.0%	0.0%	0	0	69,264	41,916	27,348
TWH	Ward 32 (TW) - NG130	73.7%	103.9%	-	100.0%	85.8%	74.3%	-	No Hours	16.0%	30.2%	91	6.39	32	8.5	8.6%	100.0%	2	0	139,999	113,918	26,081
TWH	Ward 10 (TW) - NG131	100.4%	81.6%	-	100.0%	113.7%	116.9%	-	-	31.2%	37.3%	143	9.42	45	6.2	5.6%	100.0%	6	0	130,327	133,977	(3,650)
TWH	Ward 11 (TW) Winter Escalation 2019 - NG144	30.8%	19.3%	-	-	63.3%	46.6%	-	-	31.1%	47.4%	156	11.28	71	5.1	0.0%	0.0%	3	0	0	37,580	(37,580)
TWH	Ward 12 (TW) - NG132	90.5%	75.6%	-	100.0%	101.4%	98.3%	-	-	27.5%	31.2%	112	6.89	33	5.7	0.0%	0.0%	7	0	135,385	133,535	1,850
TWH	Ward 20 (TW) - NG230	74.0%	116.0%	-	No Hours	106.7%	104.8%	-	-	27.2%	17.8%	104	7.33	40	5.8	8.4%	85.7%	9	0	158,596	145,156	13,440
TWH	Ward 21 (TW) - NG231	90.7%	134.6%	-	100.0%	96.7%	105.0%	-	-	21.1%	47.1%	120	7.96	32	6.6	11.4%	90.0%	7	2	142,779	147,285	(4,506)
TWH	Ward 2 (TW) - NG442	94.7%	91.5%	-	100.0%	114.4%	117.3%	-	No Hours	18.0%	18.7%	106	6.71	61	7.9	41.6%	81.3%	3	0	136,753	145,313	(8,560)
TWH	Ward 30 (TW) - NG330	105.9%	88.4%	-	100.0%	100.0%	109.1%	-	-	25.9%	14.5%	95	5.85	31	6.2	3.3%	100.0%	5	1	125,658	133,322	(7,664)
TWH	Ward 31 (TW) - NG331	87.2%	103.8%	-	100.0%	91.6%	126.7%	-	-	35.4%	28.2%	157	9.65	55	6.7	8.2%	100.0%	9	3	134,914	151,310	(16,396)
TWH	Midwifery (multiple rosters)	79.7%	51.6%	-	-	88.9%	83.2%	-	-	12.0%	11.3%	658	36.97	201	15.9	43.6%	96.6%	0	0	69,201	54,984	14,217
TWH	Hedgehog Ward (TW) - ND702	147.8%	81.7%	-	-	157.2%	-	-	-	64.0%	76.5%	340	22.85	46	16.1	0.4%	100.0%	0	0	135,425	233,810	(98,385)
MAIDSTONE	Maidstone Birth Centre - NP751	98.4%	92.0%	-	-	96.4%	92.9%	-	-	12.2%	0.0%	21	1.02	0		52.9%	100.0%	0	0	70,015	77,030	(7,015)
TWH	SCBU (TW) - NA102	66.6%	496.9%	-	100.0%	94.4%	-	-	-	18.9%	0.0%	137	7.54	13	15.8	6.3%	100.0%		0	172,746	181,969	(9,223)
TWH	Short Stay Surgical Unit (TW) - NE901	61.6%	79.2%	-	-	75.0%	110.0%	-	-	15.5%	39.5%	55	3.85	15	9.4	14.0%	100.0%	0	0	73,587	67,794	5,793
MAIDSTONE	Accident & Emergency (M) - NA351	92.5%	71.0%	-	-	88.6%	71.6%	-	-	30.3%	40.6%	452	30.69	173		6.3%	95.5%	3	0	274,825	314,655	(39,830)
TWH	Accident & Emergency (TW) - NA301	80.5%	84.0%	-	100.0%	90.6%	88.4%	-	-	31.5%	51.0%	441	31.04	133		4.2%	94.1%	1	0	377,965	382,642	(4,677)
MAIDSTONE	Maidstone Orthopaedic Unit (M) - NP951	99.2%	86.6%	-	100.0%	99.2%	-	-	-	7.4%	13.8%	9	0.57	0	12.8	87.6%	100.0%	1	0	65,523	53,525	11,998
MAIDSTONE	Peale Ward COVID - ND451	103.5%	106.1%	-	100.0%	111.1%	140.8%	-	-	38.4%	37.7%	100	6.74	33	11.1	9.3%	100.0%	2	0	107,230	111,354	(4,124)
MAIDSTONE	Foster Clark - NS251	98.3%	76.5%	-	100.0%	93.3%	97.1%	-	-	14.2%	5.3%	20	1.38	7	8.6	1.1%	100.0%	2		210,254	129,971	80,283
MAIDSTONE	Short Stay Surgical Unit (M) - NE751	73.9%	52.9%	-	No Hours	33.3%	3.3%	-	-	6.8%	6.9%	35	1.99	7	22.9	15.4%	98.2%	0		51,447	52,472	-1,025
																Total Established Wards				**5,838,336**	**5,929,856**	**(91,520)**
																Additional Capacity beds		Cath Labs		54,431	45,081	9,350
																		Chaucer		0	-744	744
																		Foster Clarke Winter Escalation 2(		0	3,731	(3,731)
																Other associated nursing costs				4,431,649	3,829,411	602,238
																				10,324,416	**9,807,336**	**517,080**

RAG Key

Under fill

Overfill

Green: Greater than 90% but less than 110%

Amber Less than 90% OR greater than 110%

Red Less than 80% OR greater than 130%

NHS
Maidstone and Tunbridge Wells
NHS Trust

Update on the implementation of the Electronic Patient Record (EPR) (incl. details of performance metrics)	Medical Director

It was agreed, at the 'Part 2' Trust Board meeting in June 2021 that a report on the performance metrics in relation to the implementation of the EPR should be submitted to the 'Part 1' Trust Board meeting in July 2021.

The enclosed report provides the Trust Board with an update following the implementation of the first phase of the EPR programme. It outlines the issues that were encountered during the implementation which resulted in a longer roll out than originally planned and how this is now impacting on future roll out timetable for core clinical documents and electronic prescribing & medicines administration (EPMA).

The report also provides information on the metrics being captured, some of the initial benefits realised as well as lessons learnt during Phase 1. It also outlines that the organisation will see a period of stabilisation and optimisation for the EPR system and the activities planned for the rest of this year for the areas that have recently gone live.

Which Committees have reviewed the information prior to Board submission?

- N/A

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

To note the progress made following the implementation of Phase 1 of the Sunrise EPR within the organisation and note impact to next phase timeline for core clinical documentation and EPMA.

[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

Background

The EPR programme is set over a 10-year period, with the initial phases supported by Allscripts. The first go live phase of EPR was scheduled to occur during the Summer beginning in June 2021 as outlined below

Areas going live	Original Dates
• ED Maidstone – 8.30am	• 16th June
• Paediatrics (Hedgehog, Woodlands and Riverbank) -11am	• 16th June
• Order Comms (Pathology / Radiology and Referrals) – In patients both sites - 1.30pm	• 16th June
• Order Comms (Pathology / Radiology and Referrals) – outpatients + OPD (Gastro & Neurology) both sites - 8.30am	• 17th June

The actual timeline for roll out occurred more slowly due to issues that emerged during the implementation (see later section). This included slowing down the original timeline by splitting out the implementation across individual sites rather than doing both together as originally planned. The final roll out for June that took place is outlined in the table below

Areas that went live	Actual Dates
• ED **Maidstone** – 8.30am	• 17th June
• Order Comms (Pathology / Radiology and Referrals) – In patients **Maidstone** 8.30am	• 18th June
• Order Comms (Pathology / Radiology and Referrals) – In patients **Tunbridge Wells** 10am	• 21st June
• Paediatrics (Hedgehog, Woodlands and Riverbank) - 08.30am	• 22nd June
• Order Comms (Pathology / Radiology and Referrals) – outpatients + OPD (Gastro & Neurology) **Maidstone** - 8.30am	• 29th June
• ED **Tunbridge Wells** – 8.30am	• 30th June
• Order Comms (Pathology / Radiology and Referrals) – outpatients + OPD (Gastro & Neurology) Tunbridge Wells - 8.30am	• 1st July

In the first five weeks since going live the Trust has seen

- Nearly 81,000 clinical documents being created
- 144,000 order comms requests (including referrals) have been made
- Seen regulalry 1,300 users of Sunrise midweek and 650 at weekends
- Nearly 110,000 specimens collected
- 463,000 patient results into Sunrise

Graphs showing the creation of documents and usage overtime across the first five months are included in Appendix 1. The EPR team is also in the process of developing further metrics surrounding quality measures which will be provided on a regularly basis to each Division.

Initial Benefits being realised in the first five weeks

The following list highlights some of the benefits that our staff have already started to see since the introduction of the EPR system

- Symphony (IT system used in both Emergency Departments) has ceased to be used releasing time for our clinical systems support team to support different areas within the Trust and progress other projects. Symphony will be completely disinvested by March 2022

- Staff are seeing a reduction in duplication of data entry within ED, Paeds and OPD where clinical documents are now being created in Sunrise. Patients are also seeing a reduction in repetition of information being asked of them
- Administrative teams are seeing a reduction in paper notes needing to filled and paperwork being printed / photocopied
- Staff are now able to access clinical information when they need it in one place via tab integration to Kent & Medway Care record
- Documentation is now clearly written reducing time chasing individuals for clarity
- Phlebotomists no longer need to write on blood sample bottles or struggling to read illegible writing enabling them to be more efficient
- Less paper forms being printed for blood tests (Haematology/ Biochemistry)
- Faster turnaround of samples when they arrive in the lab and registered onto Telepath
- Reduction in manual data entry (blood sciences)
- Some clinicians already suggesting that they might not need clinical notes to be pulled for clinics in the future
- Reduction in admin staff having to chase referrals or results as these can be found on the system.

Issues experienced during initial go live

As expected a range of issues have emerged during the go live which are listed below. Both printing and access issues were anticipated in advance, with remedial actions pre-planned which could be implemented quickly and meant that the calls to the help desk were far lower than originally expected.

- Printing
    - Staff were not able to print labels – this was mainly due to a large number of label printers that needed to be re-mapped to PC's or extended to accommodate new Computer on wheels as they were delivered – the number calls related to this issue are now minimal as roll out of new equipment is almost complete
    - Additional printers were also needed to be installed quickly in some clinical areas, whilst removed in others due to differences in demand than originally forecast.

- Access
    - Role based access – whilst the team carried out checks before go live within all Divisions and directorates there were still some staff who needed access amended post go live – this was mainly around order comms - immediate fix ad hoc was applied but further refinement to ensure standardisation is planned in Aug.
    - In addition to the above some users also still needed Windows 10 devices installed and subsequent activation on Sunrise. Whilst clinical areas were prioritised in the run up and during go live as much as possible the volume of equipment that was being rolled out meant that this was not always completed in time.

- Referrals
    - There have been issues with some referrals which did not printing out in departments as originally designed leading to delays in some instances to the referral being received or instead being sent again via paper. On investigation some of the problems related to how printers had been mapped within Sunrise to locations which had changed or services wanted to change the way referrals were managed once live, but others were due to low toner cartridges or printer was out of paper
    - It has now been agreed that all departments should move towards electronic patient lists to ensure all referrals are received rather than rely on printing referrals to designated printers. The Virtual Fracture Clinic being first to adopt this process. All other areas are now being worked with individually on ensuring this process is adopted asap.

- Radiology
    - PACs viewer (which enables clinical staff to see Xray images via Sunrise) is currently not available via the tab as originally intended – Allscripts have identified the cause of the issue and will deliver solution before the end of the month.

- E-Notes
    - This like PACs viewer is a tab that enables clinical staff to access all scanned notes for individual patients within Sunrise, was working at initial go live, but following a scheduled upgrade ceased to function – Allscripts have identified a fix which involves rewriting custom code which will be ready for testing on 23rd July.

- Pathology
    - Multiple repeat complex orders for pathology – particularly for Rheumatology and Haematology Oncology patients – this will need more design work with Allscripts so these are continuing on paper downtime forms for the current time (they were on paper before)
    - No orders on File – orders being placed but rejected by Telepath (Pathology system) - numbers have reduced since initial go live and now averaging around 2 a day - currently issues are related to printers and user error. All are being investigated individually and staff awareness campaigns are being done on a regular basis to reduce user errors.
    - Microbiology – these tests require both a label and a form to be printed at the time of ordering, however staff are mainly only printing labels. This means a delay in processing samples as the microbiology department can't just accept specimens with labels on their own. An awareness campaign underway with clinical teams, targeting areas of non-compliance but alongside this the EPR team are also looking for alternative solutions to reduce this issue further.

- ED
    - A number of issues have been raised within ED as they have found that the original design in practice has not worked as well as they originally envisaged
    - Time to be seen in triage – initially took time to get used to new documentation but now bedding into current processes – team would like to refine documents to help speed up process
    - Running GP clinics caused an issue as it was not easy to see within Sunrise but these were quickly redesigned and new process implemented on 25th June which has helped improve the flow in the department. Further refinement and visibility of these clinics within the systems is planned
    - Admit to ward or CDU – system designed to capture clock stops as near to real time as possible however again this has been difficult to manage when department busy. Amendments have been made to ED clinical documents to help streamline the process further which have been put into place from 30th June.
    - Discharge process – new process and documentation being devised to reduce time needed to complete which should be in place by the end of July
    - Breach / operational reporting – work still in progress with BI to refine and improve reports including ECDS
    - Reception staff have needed time to embed new processes with PAS including recording attendance, admission, and clinics, ongoing support being given

Lessons learnt

As part of the Sunrise EPR implementation a dedicated Incident command centre (ICC) was set up based at Maidstone Hospital. This included senior representation from EPR, emergency planning and operational teams as well as Director of IT and SRO of the Sunrise programme. An initial review of the lessons learnt has recently been undertaken by members of the ICC which are summarised below and overleaf.

No	Lesson Learnt identified	Suggested actions
1	For all future go lives - need to put in place and agree 4-6 weeks before how incident command centre (ICC) will run if needed	• the terms of reference for the ICC / programme implementation • staffing requirements including loggists and minute takers • location including space for breakout rooms • detailed cut over plan and rotas for support • ICC meeting rhythm including establishment of cross divisional daily meetings and dedicated huddles for each area to raise concerns
2	Despite good engagement with clinical teams through design and testing phases there is a need to build further on improving communication / coordination with operational management teams when rolling out big programmes such as EPR implementation to ensure timelines are agreed in advance and are realistic.	The following actions have been suggested • Governance structure to be reviewed and agreed to ensure sufficient engagement from all areas including clinical teams and operational management • Clinical Decision Design Authority – to be reviewed and include operational representation • BAU Optimisation teams to be established for ED, Paeds, Rad & Path, OPD, Inpatients with clinical and operational representation with daily/weekly huddles to be maintained as required to resolve issues post go live • Programme Board representation to be reviewed post go live. • Use revised governance structure to ensure a joined-up approach to agree realistic timelines, share understanding of technical issues and fixes needed / workarounds before putting forward recommendations to Execs for consideration.
3	Whilst 78% of staff had completed training not all staff understood the changes to their workflows ahead of go live. This was not seen in Paeds and OPD where there were reductions in activity and higher numbers of Ambassadors to support changes to workflows.	Need to further embed organisational development activities for EPR and review communications plan to amend as required particularly the following • Day in life of, FAQ's, Walk the floor sessions / virtual events • Videos • Workshops • Pulse • Divisional meetings • Specific focus on improving staff awareness regarding ordering tests particularly when labels / forms are needed
4	The capacity of the resources to support the roll out of EPR programme was not consistently available and resulted in the time to embed the transformation to be longer than originally anticipated	• Minimise changes to timelines as much as possible • Reduce need for EPR to be undertaking testing of new equipment being rolled out before go live • Focus on immediate fixes request optimisation until at least 4 weeks post go live • Approving funding for OTR and Ambassadors earlier to ensure support can be better coordinated • Recognised further work needed to be done with ambassadors to help them feel more confident in helping others within their departments and being clear about the expectations from them
5	Having a dedicated service desk that was set up during the initial 2 weeks of implementation which enabled quicker reporting of issues by users also caused duplication of work within the ICC chasing issues. This was also staffed by bank staff with minimal training which meant it took longer to investigate some issues.	Need to review • future governance and resources i.e. consider expand existing IT team with bank staff with necessary skills rather than setting up a completely separate hub which was done for go live. • The ICC also needs to ensure they receive regular updates from service desk to reduce requests for issues to be resolved or that remain open.

No	Lesson Learnt identified	Suggested actions
6	Having to undertake a patch release eight weeks before go live, which subsequently did not work first time round meant that time testing of the production (live) environment was significantly reduced in some areas. This caused more issues with access and printing than would have been seen with more testing. Alongside this there was a significant roll out of new equipment as part of Windows 10 up until the day before go live	• Consideration to be given in the future for any significant roll out of IT programmes should not be done at the same time as major changes to infrastructure.

Further feedback from Divisional management teams and system users are currently being sought and will be pulled together to form an action plan to put in place for future go lives of EPR and other large change programmes across the Trust. All the responses will also be incorporated into a wider lesson learnt review and presented to the Executive team during August.

The diagram below outlines the revised governance proposed to be put into place following the findings of the lessons learnt to date.

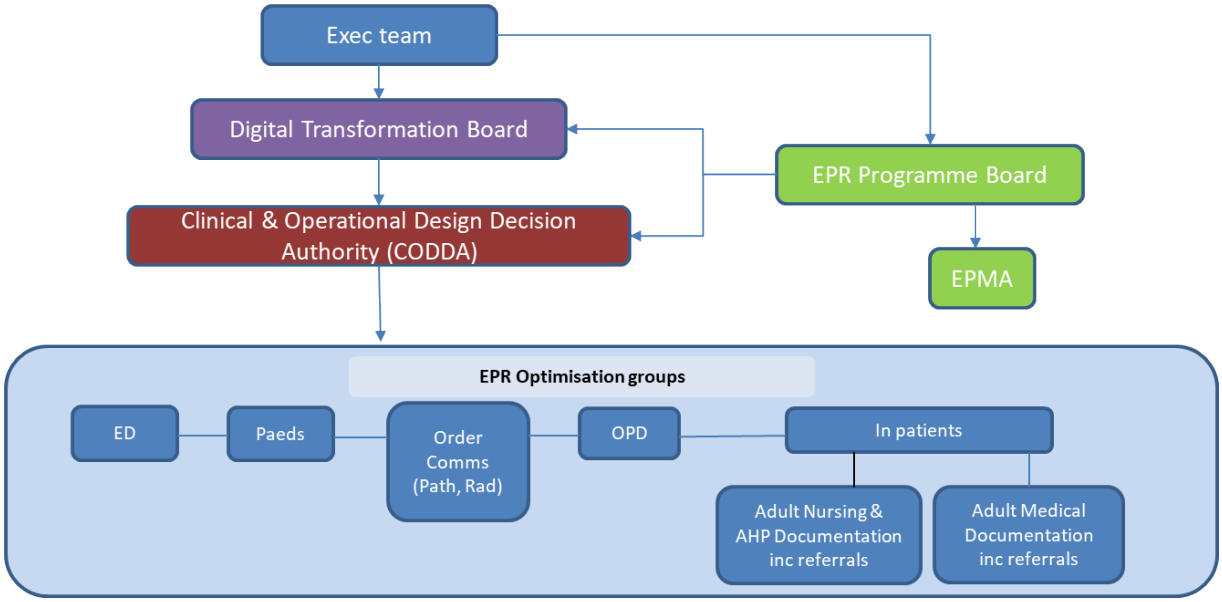


Fig 1- Proposed post go live governance

Embedding Sunrise into our workflows

Implementing any EPR system is widely recognised as a journey and requires a significant change in the way individuals work. As Phase 1 is now complete there will be a period of stabilisation (immediate fixes) and then optimisation (refining processes / documents / workflows) for the first areas.

Stabilisation (up to 3 months)	Optimisation (3 months – 1year)
• Responding asap to critical issues • Co-ordinating actions and applying fixes to resolve issues impacting clinical care immediately post go live • Providing support and education to staff • Re-establishing clinical workstreams for areas already gone live to review immediate issues, fixes and prioritise work	• Reviewing business as usual requests for changes / enhancements to be made to existing documents / processes • Workshops to be held with users over summer to gather comments • Working with teams to develop new documents to be added into Sunrise and agree timetable of work • Develop further integration of systems to reduce duplication and manual data entry i.e. further enhancing system and reducing reliance on paper • Exploring other functionalities within Allscripts that can be used

During the initial rollout some of the issues encountered have been associated with individual behaviours rather than system errors. Whilst the gradual implementation over time enables staff to become familiar with the system it does create additional changes to processes as areas transition from paper. Clinical Safety case reviews are being undertaken for all issues raised by our Chief Clinical Informatics Officer and their deputy. In addition, as part of the EPR team there are two organisational development leads that focus on improving engagement with front line staff throughout the different stages of implementation.

Core clinical inpatient adult documentation roll out (Phase 2)

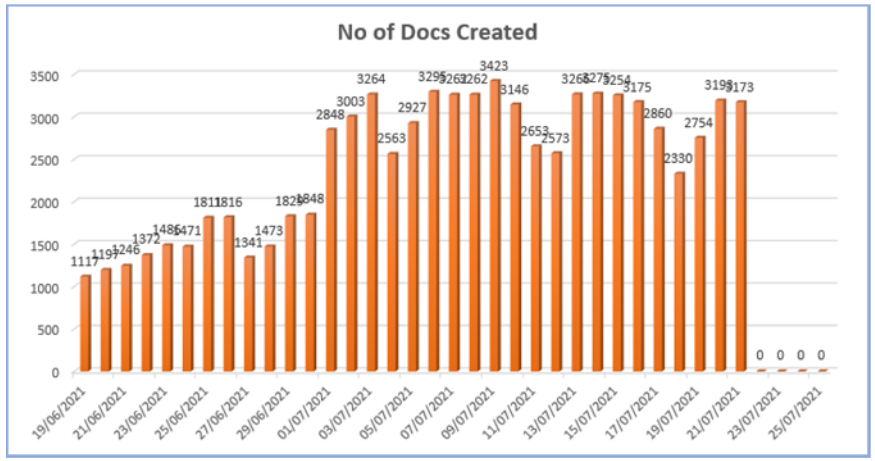
The next phase of EPR was scheduled to continue into July and August as outlined below

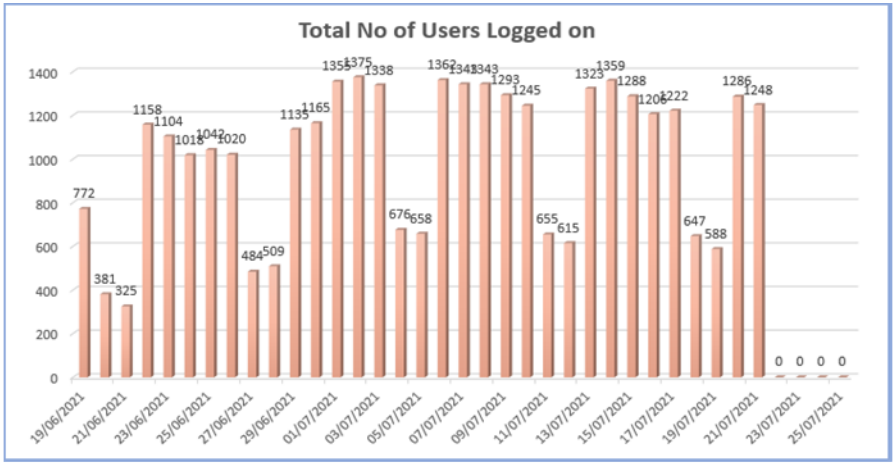
Areas going live	Original Dates
• Adult Inpatient wards Maidstone (over 2 weeks) • Adult Inpatient wards Tunbridge Wells (over 2 weeks)	• Starting 21st July • Starting 18th Aug

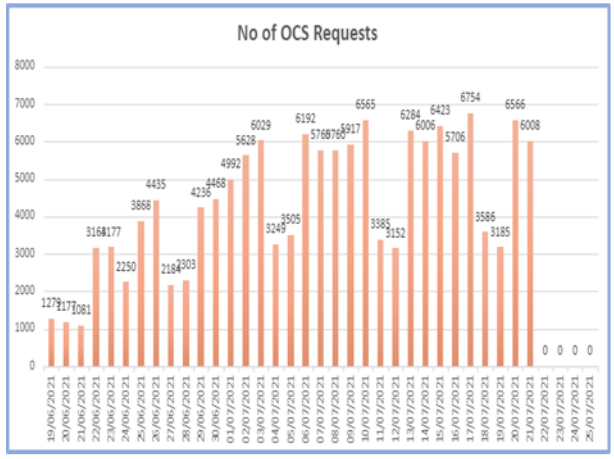
After careful consideration due to the current pressures within the organisation relating to patient flow, shortages of staff, increased COVID cases and the slower roll out of phase one it has been agreed that it is not possible to continue as planned. Instead the Trust is planning to start with a pilot of two wards at Maidstone in early August with the rest of the roll out to inpatient wards on the same site to move to early Sept before implementing core clinical documents at Tunbridge Wells Hospital shortly after.

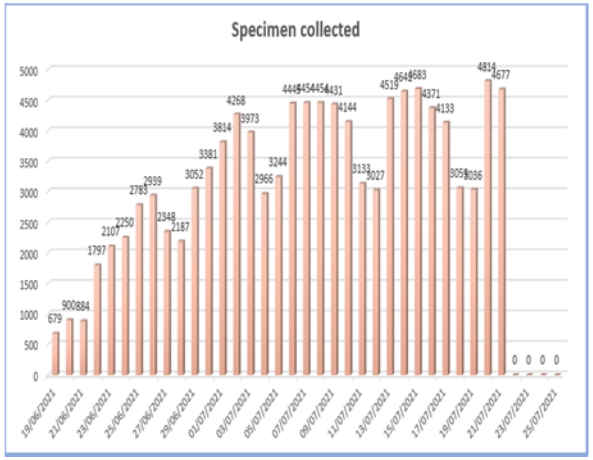
This will enable more time to stabilise Sunrise within ED, working closely with operational teams as well as embedding new processes in other areas. However this delay will also impact the timeline for the implementation of electronic prescribing and medicines administration which will now need to reviewed and an update on this will be provided in due course.

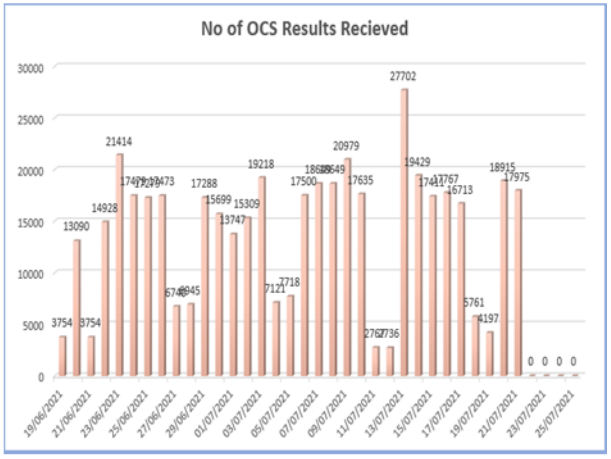
Appendix 1 – Metrics showing usage over time for first five weeks of EPR implementation











NHS
Maidstone and Tunbridge Wells
NHS Trust

Response to the queries posed about the Trust's Green Plan at the Trust Board meeting on 27/05/21	Director of Estates and Facilities

The Trust's Green Plan was approved at the Trust Board meeting in May 2021, but the Plan prompted a discussion and some queries were posed. It was agreed that liaison would occur with the Director of Estates and Facilities to ensure that a specific response was provided to those queries. Liaison has duly occurred and the enclosed report has been prepared in response.

Which Committees have reviewed the information prior to Board submission?

- N/A

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

Information and assurance

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

Achieving Carbon Neutral Status by 2050

Introductory Background

The effects of climate change are being felt around the world ranging from bush fires in California and Australia to catastrophic floods in Germany, Belgium and China all resulted in the loss of life. The United Kingdom has been subject to worsening flooding and extremes of high temperatures and cold weather due to climate change.

Carbon Dioxide

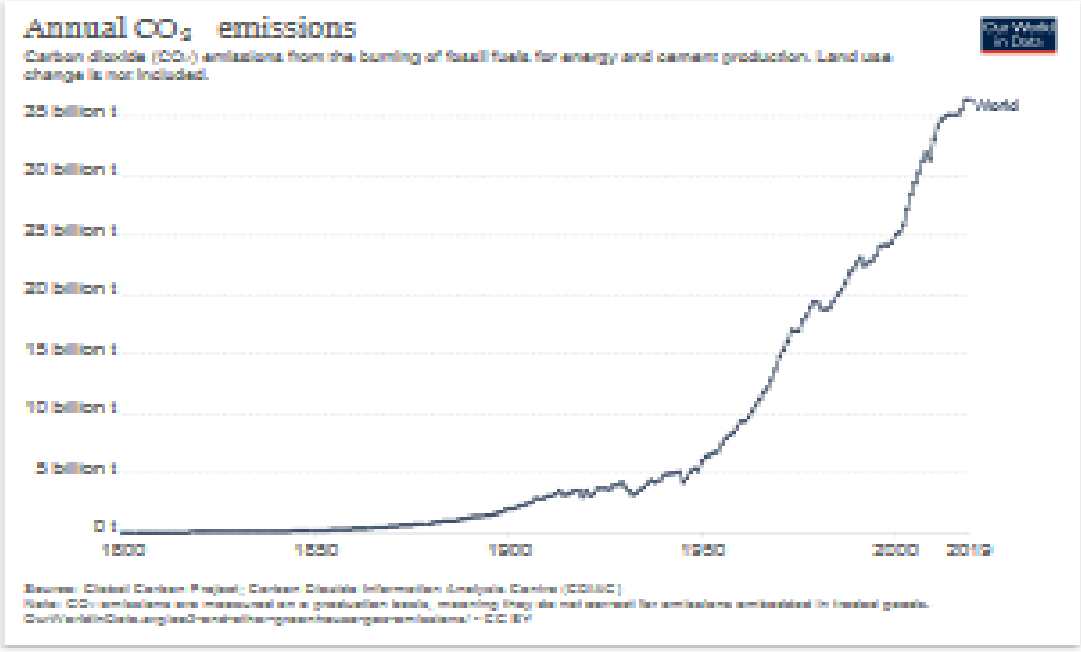
When hydro carbon fuels are burnt they form carbon dioxide the carbon dioxide molecule remains bonded for approximately 100 years.

Animal Livestock

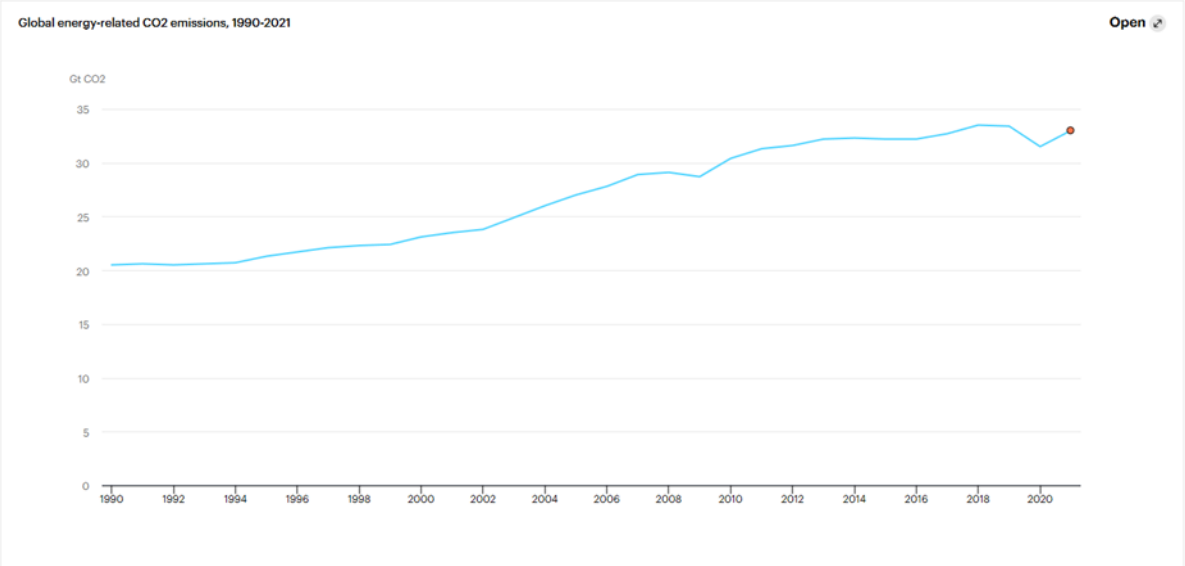
Worldwide growth in food production from cattle and sheep has grown to a level where livestock now contributes substantially to greenhouse gas increased by the emission of methane.

Global CO_2 emissions in 2021 are set to rise to 33 billion tonnes of CO_2. The graph below plots the increasing CO_2 emissions which are without question now risen to a level which is a threat to humanity.

Clearly a world crisis exists and decarbonisation policies need to be implemented wide world. There is a global conference on worldwide climate change under the auspices of the United Nations which will be held in Glasgow on the 31st October to the 12th November. Significant progress is expected on inter government policy on climate change arising out of the conference principally driven by catastrophic climate change events occurring around the world at present. The major CO_2 emission countries are China and the United States. Following the catastrophic floods in China, China has this month agreed to reduce emissions.



The above graph demonstrates the CO_2 emissions that have occurred between 1800 to date which now are at a level of de-stabilising eco systems and causing rising sea levels worldwide.



As can be seen by the Graph above there was a slight decrease in CO_2 emissions in 2019. The position has since worsened which is an extremely worrying trend.

NHS Commitment to achieving zero neutral carbon emissions by 2050.

The NHS is demonstrating a significant commitment to the climate change emergency that exists by declaring NHS estate is to be carbon free by 2050.

There are areas of carbon monoxide reduction that the Trust can commit to tackling with immediate effect. On the 21st July 2021 it was announced that a Phase 2 Public Sector Low Carbon Skills Funding has been launched that will be managed by the Department for Business, Energy and Industrial Strategy (BEIS) by a delivery business partner Salix.

There are funding opportunities that are now available for individual Trusts to bid for which comprise of non-repayable grants. NHS England is seeking Trusts to lead by developing innovative carbon free technologies to progressively reduce carbon emissions from their hospitals. The funding grants will be by bids that are innovative and progressive with utilising the latest current technology best practice in CO_2 emission reductions. The funding process is to be operated by Salix.

This opportunity will provide the Trust a financial pathway to bid for funds to reduce its carbon emissions progressively over the coming decade.

The Maidstone and Tunbridge Wells NHS Trust

There are two major sources of carbon dioxide emissions in the Trust and a number of other lesser CO_2 emissions that can all be tackled to bring about best practice in the process of decarbonisation.

The primary sources of CO_2 emissions are in the Trust

- The provision of heating and hot water at both Maidstone Hospital and Tunbridge Wells Hospital which are generated by burning natural gas in conventional boilers and distributing steam and high-pressure hot water as the heat transfer mediums.
- The second highest emitter of carbon dioxide are the fleet of vehicles in the Trust which are primarily diesel-powered vehicles.
- The third highest emitter of carbon dioxide in the Trust is the Laundry being supplied by natural gas.
- This is followed by accommodation CO_2 emissions for heating.
- Other CO_2 emissions are generated by the destruction by combustion of clinical waste.
- Waste in the United Kingdom is still in part subject to landfill which is poor practice as it generates methane gas which is 20 times more potent as a greenhouse gas than CO_2.

Trust CO_2 emissions in metric tonnes over the last two years.

The Trust has been active in reducing greenhouse gas emissions with a contribution of minus 3.6 % this last year. This ongoing contribution does not meet the criteria of climate change actions that have been realised as necessary over the last year. Nationally the Trust has fared well on reducing CO_2 emissions but we have to do much more to meet the 2050 targets.

CO_2 emissions in metric tonnes table in the Trust over the last two years

	MSH	TWH	Laundry	Accom	Other	Trust Total
This Year (MTCO2e)	5,485	4,440	988	97	45	11,055
Last Year (MTCO2e)	5,856	4,399	1,073	107	51	11,486
Variance (%)	-6.34	+0.93	-7.88	-9.50	-12.65	-3.76

What can we do ?

A great deal!

It is proposed that a green environmental committee be initiated with a wide-ranging brief to reduce CO_2 emissions and progressively introduce biodiversity that increases CO_2 emissions with the ultimate intention to become totally carbon neutral in the Trust and a positive emitter of O_2 emissions.

Priorities

1. The first low cost high "big ticket" CO_2 reduction contribution could be the replacement of lease trucks, vans and passenger vehicles in the Trust by moving over to an "all electric fleet" of vehicles.
2. The Trust has already begun progressively introducing electrical vehicle charging stations and it is proposed that the number of charging stations shall increase annually to meet the needs of electrical vehicle charging for both patients and staff.
3. Engineering expertise exists within the Trust to develop a new concept of heating Maidstone Hospital by the progressive installation of ground source heat pumps or air source heat pumps that will be electrically driven and provide low pressure hot water heating throughout the hospital. This technology would render the boiler house redundant and make a 37% reduction in CO_2 emissions from the Trust.

   As bid funds are available it is proposed to develop an engineering conceptual scheme without any costs from external consultants and use of internal engineering expertise. The conceptual plan then being presented to Salix as a bid to convert to the use of heat pumps for heating Maidstone Hospital in the first instance.

There are many other opportunities to reduce the Trusts carbon footprint by the following methods:

- The introduction of sustainable construction technology and use of only sustainable timbers.
- The close working with Kent Wildlife Trust with the progressive introduction of indigenous natural gardens, plants, tree planting and insect habitat stress relief systems in the Trusts gardens and estate.
- The progressive review of purchasing food by analysis of the carbon footprint of the food products so reducing the Trusts dependence on high CO_2 footprint food sources.
- Undertaking a relentless campaign in the reduction and total elimination of single use plastics.

- Optimising recycling of products and progressively introducing more used products into the recycling regime of the Trust.
- The adoption of BREEAM (Building standards) excellence standards for all new buildings the Trust commissions (the new medical school accommodation building will be constructed to BREEAM (Construction standards).
- The monitoring and monthly publishing of CO_2 emission reductions throughout the Trust and along with biodiversity and ecological improvements undertaken by the Trust.
- Review of Laundry practice to reduce CO_2 emissions by the adoption of best technology methods.

Immediate Steps

The Trust Executive and Board are invited to grant the formation of a "Green Committee" that is committed to combating climate change and embraces all staff members of the Trust. This committee would have a Terms of Reference to take forward the challenge of climate change practices and contribute to the national commitment to CO_2 reductions, reduction in the use of plastics and healthier eating and substantial changes in diet and other healthy lifestyles.

Climate change can be seen as an opportunity to change the way we live and provide a future for younger people. It should not be feared, put off and should be embraced and subject to the scrutiny of both the Trust Executive and Board.

As the Director of Estates and Facilities it has been very heartening over the last year that members of staff in the Trust who have been undertaking higher education have on a number of occasions approached me for advice on the subject of sustainable practice in their post graduate studies. This practice should be encouraged and it is every body's responsibility to work together and tackle climate change.

The Trust has without question the vision and quality of staff to make a major impact on the reduction of CO_2 emissions and develop national best practice in the area of bio diversity, sustainability and CO_2 reduction.

Concluding Remarks

Carbon reduction biodiversity practice, sustainability and net CO_2 positive contributions are all within the gift of the Trust. A focused green committee could be established with a wide range of stakeholders both clinical and non-clinical staff. These staff would contribute to make the necessary climate change commitments within the Trust by both bidding for funding, with sound CO_2 reduction schemes. Also, the ability to change practices and enjoy the commitment of making a positive contribution changes to biodiversity, recycling and sustainable practice in the Trust.

The Trust Board and Executive are requested to approve the recommendation to form a green committee to take forward this exciting agenda.

To approve the Full Business Case (FBC) for the Kent and Medway Medical School (KMMS) accommodation	Director of Strategy, Planning and Partnerships

The enclosed business case is for the provision of a 144-room medical student accommodation block at Tunbridge Wells Hospital (TWH) including an education room, owned and funded by a third-party funder and leased to the Trust through a 40-year operating lease. This case is vital to supporting the Trust's participation in providing placements for the first intake of medical students due in September 2022. The Programme's strategic objectives were defined in the Outline Business Case (OBC) as the investment objectives. These were retained for the FBC:

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

Planning permission was granted in June 2021 and the Trust has commenced some Pre-contract work with the preferred building contractor. Contracts are in an advanced stage of completion with both the building contractor and the funding partner (M&G).

The preferred solution is assessed as affordable across the term of the lease and is judged by the Trust to be classifiable as an operating lease assuming it reached planned completion in February 2022.

Considerable progress has been made to concluding all the relevant aspects of the agreements; however there remain some key deliverables before the contracts can be signed. These are:

1. The cost envelope needs to be profiled over the development phase to identify how much funding is required to be drawn down by MTW from the funder (M&G) month by month. This is a key requirement for M&G to establish the cost of financing in the development phase.
2. The treatment of VAT across the various contracts is being agreed by Trust and M&G VAT advisors. This is key to some of the contractual structure of the arrangements.
3. The legal advisors are working to finalise the various development and lease contracts e.g.
   - Land Headlease (MTW to M&G)
   - Development lease (M&G to MTW)
   - Development funding agreement (M&G to MTW)
   - Property lease (M&G to MTW).
   - These development phase and lease contracts need to be consistent with the building partner JCT Contract (MTW to ESS).
4. Confirmation of whether a formal planning application revision is required for varying the 145 rooms to 144 proposed by the design
5. The auditor is "not minded to challenge" opinion to be sought on the lease classification.
6. M&G need to obtain approval from their Investment Committee (scheduled for 29/07/21).

The Trust Board is therefore asked to review the enclosed FBC and

1. approve it in principle, subject to satisfactory resolution of all the outstanding requirements, that the Trust…
   - Enters into a contract with ESS for the construction of the new student accommodation.

- Enters into the relevant development and lease contracts with M&G (and its chosen vehicles) for the funding and lease arrangements for the new accommodation.

2. Delegate the authority to finalise the approvals to the KMMS Accommodation Oversight Group. The outcome of this will then be reported to the Trust Board in September 2021.

The main risks that remain are:

1. Confirmation by the Auditor of operating lease approach
2. Completion by the contractor of the facility by 28/02/2022 (risk of lease accounting change)
3. M&G Investment Committee not approving the funding, and leaving the Trust with abortive early works costs/enabling costs

The Finance and Performance Committee is scheduled to review the RBC at its meeting on 27/07/21, and recommend that the Trust Board approves the Case. The outcome of the Finance and Performance Committee's review will be reported at the Trust Board meeting on 29/07/21.

Which Committees have reviewed the information prior to Board submission?

- Executive Team Meeting (ETM), 27/07/21
- Finance and Performance Committee, 27/07/21

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

1. The approve the enclosed FBC in principle, subject to satisfactory resolution of all the outstanding requirements, that the Trust
   - Enters into a contract with ESS for the construction of the new student accommodation.
   - Enters into the relevant development and lease contracts with M&G (and its chosen vehicles) for the funding and lease arrangements for the new accommodation.
2. To delegate the authority to finalise the approvals to the KMMS Accommodation Oversight Group, to enable the outcome to be reported to the Trust Board in September 2021.

[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

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

Issue date/Version number/ Author	Version 3.0 Andy Whiting
ID reference	Version 3.0
Division	Trust Management
Directorate	Strategy/Estates
Department/Site	Medical Education / TWH
Clinical lead/Project Manager	

Approved by	**Name**	**Signature**	**Date**
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Supported by	**Name**	**Signature**	**Date**
Director Estates & Facilities	Doug Ward		
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Deputy Chief Operating Officer			
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1 Executive Summary

1.1 Introduction

This full business case (FBC) sets out the case for leasing a 144 bedded student and staff accommodation block with associated academic space to be built on the Tunbridge Wells Hospital site.

Following approval of the outline business case (OBC) in April 2021, the Trust awarded Extraspace Solutions UK Ltd (ESS) a pre-construction services agreement (PSCA) contract for the detailed design of the new accommodation prior to ESS providing the Trust with a final build cost for the new premises. ESS have now provided their final costs which the Trust's technical advisors have diligenced. The advisors, in conjunction with Estates, have therefore established the finalised cost envelope to be funded by M&G.

Considerable progress has been made to concluding all the relevant aspects of the agreements; however there remain some key deliverables before the contracts can be signed. These are:

- The cost envelope needs to be profiled over the development phase to identify how much funding is required to be drawn down by MTW from the funder (M&G) month by month. This is a key requirement for M&G to establish the cost of financing in the development phase.
- The treatment of VAT across the various contracts is being agreed by Trust and M&G VAT advisors. This is key to some of the contractual structure of the arrangements.
- The legal advisors are working to finalise the various development and lease contracts e.g.
  - Land Headlease (MTW to M&G)
  - Development lease (M&G to MTW)
  - Development funding agreement (M&G to MTW)
  - Property lease (M&G to MTW).
- These development phase and lease contracts need to be consistent with the building partner JCT Contract (MTW to ESS).
- Confirmation of whether a formal planning application revision is required for varying the 145 rooms to 144 proposed by the design.
- Auditor "not minded to challenge" opinion to be sought on the lease classification.
- M&G need to obtain approval from their Investment Committee (scheduled 29th July 2021).

The approvals requested of the Maidstone and Tunbridge Wells (MTW) NHS Trust Board of Directors are:

- To approve this FBC.
- To approve in principle, subject to satisfactory resolution of all the outstanding requirements, that the Trust
  - Enters into a contract with ESS for the construction of the new student accommodation.
  - Enters into the relevant development and lease contracts with M&G (and its chosen vehicles) for the funding and lease arrangements for the new accommodation.
- To delegate the authority to finalise the approvals to the KMMS Accommodation Oversight Group. The outcome of this will be reported to the Trust Board in September 2021.

1.2 Strategic case

In 2016 the Government announced plans to increase the number of medical students in response to the shortage of medical staff and an over reliance of overseas recruitment to fill NHS vacancies. The increase

is centred on five new medical schools including the Kent and Medway Medical School (KMMS). The medical school will aim to also address workforce shortage in priority areas by developing doctors in specialities that are currently under-represented in Kent and Medway. The medical school will offer clinical placements in primary, community, mental health and secondary care settings and MTW has been chosen as one of the placement providers because of the wide range of medical and surgical services operated from the Trust's hospitals. Students on clinical placement need to live close to their placement hospitals for years three, four and five of their courses.

In common with much of the NHS, the Trust has recorded significant clinical vacancies over recent years which the Trust has attempted to mitigate by recruiting from overseas; all overseas recruits are offered staff accommodation for the first few months after joining the Trust. In 2019/20 223 overseas staff were recruited, but only 75 could be accommodated in MTW-managed accommodation meaning the Trust had to help the 148 individuals source accommodation across the area. The Trust intends to continue with this recruitment strategy making it imperative to be able to offer new members of staff moving to the country, an immediate and suitable housing solution whilst they settle into their new role, organisation, environment and country. The provision of good quality staff accommodation is, therefore, critical to support KMMS medical student placements and ongoing overseas recruitment. The Trust currently provides 154 units of staff accommodation split between Maidstone and Pembury, but at present there is no accommodation on the Tunbridge Wells Hospital (TWH) site.

This project responds to this need. The objectives of the proposed investment are as follows:

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

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

The remaining risks to the final delivery of the project are identified below.

Risk	Mitigation
IAS17 Operating lease compliance	The Trust will enter into an operating lease and is working with advisers to ensure compliance with accounting standards

Risk	Mitigation
Under occupancy/ void risks	The accommodation will be available to students from King's and St George's medical schools, new overseas recruits and junior doctors as well as KMMS students. Accommodation could be offered to other groups if necessary.

The risks if the project is not undertaken are:

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

1.3 Economic case

At OBC four shortlisted options were considered:

- Option 1 - (Do Minimum) spot purchase 140 additional accommodation across Pembury and Tunbridge Wells towns.
- Option 2 – 140 additional units of accommodation for medical students, junior doctors and overseas staff split 140 at TWH funded by third party capital and secured via long leases.
- Option 3 – 180 additional units of accommodation for medical students, junior doctors and overseas staff at TWH funded by third party capital and secured via leases.
- Option 4 – 140 additional units of accommodation for medical students, junior doctors and overseas staff split 100 at TWH funded by third party capital and secured via long leases, and a further 40 spot purchased.

The preferred option selected through an economic appraisal and a non-monetisable benefit and risk appraisal, was Option 2 (140 additional units of leased accommodation).

Table 1: Summary of OBC stage appraisal outcome

Option Number	Option description	Benefit and risk score	Non-financial benefits rank	NPSV 26 years (£m)
1	Do minimum	120	4	(£9.8m)
2	140 new build.	380	1	£42.9m
3	180 new build	320	2	£40.0m
4	100 new build	260	3	£40.6m

At FBC the economic assessment has been re-run using up to date costs and a 40-year, rather than 25-year lease period, to understand whether the order of preference changes. The preferred lease period is now 40 years.

Table 2: Net present social value by option

Net present social value (£000's)	Option 1	Option 2	Option 3	Option 4
Capital	£0.00	-£2,243.99	-£2,243.99	-£2,243.99
Revenue	-£32,216.11	-£27,163.87	-£32,449.07	-£29,780.49
Net contribution	£19,604.70	£36,346.99	£39,900.81	£30,285.11
Costed risks	£0.00	-£1,462.43	-£1,770.25	-£1,090.20
Non-cash releasing benefits	£0.00	£12,439.10	£12,439.10	£12,439.10
Societal benefits	£0.00	£69,026.64	£69,266.95	£69,026.64
Net societal value	-£12,611.41	£86,942.45	£85,143.55	£78,636.17
Cost benefit ratio	0.61	3.82	3.34	3.37

The preferred option will deliver 144 units of accommodation comprising in a new build staff/ student accommodation block on the TWH site. The accommodation block will also incorporate a learning hu on the ground floor which would be available for third-party hire. The 144 units will be available for:

- KMMS medical students
- Junior doctors
- Overseas recruits.

The new accommodation facility will be third party funded and owned, but operated by the Trust through an operating lease.

1.4 Commercial case

The scope of works to be procured is:

- The construction and fit out of the new 144-unit accommodation and associated academic facility at TWH.
- The lease of the new accommodation block for the maximum possible period of years for qualification as an operating lease model.

A package of enabling works to the value of £1.26m, has already been procured and would represent a sunk cost if the project were to be aborted.

The Trust used a two-stage tender process due to the urgency of the scheme and the requirement to complete the build by the end of February 2022. Following a mini competition, a limited appointment was agreed to allow the contractor (ESS) to begin work on the design and to carry out some necessary enabling works (stage one). In stage two ESS provided a fixed price based upon a full technical package of information (including architects detailed design drawings, construction details, specification, schedules, structural engineer's information, mechanical and electrical strategy, BREEAM strategy, landscaping details et).

No land acquisition is associated with the scheme. The third-party funder will be granted a land headlease (165 years) and will in turn grant a development lease and a funding agreement to the Trust to arrange

the construction of a six-storey building on the land at TWH. The funder will own the property and the Trust will then lease the building from the developer for a proposed forty-year term as an operating lease. The grant of the headlease will generate a disposal adjustment in the accounting as it equates to the Trust disposing in its interest in the land for the term of the lease.

Planning permission was granted on 24th June 2021 for **the construction of a new 145-bedroom purpose-built student accommodation, academic learning hub and ancillary plant and services along with associated landscaping. Access, parking, cycle/bin storage and other works.**

1.5 Financial case

The revenue impact on the Trust of the preferred 144-unit option, is shown in the table below.

Revenue changes associated with the preferred investment option									
Revenue changes	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 - 2061-62 £000	Total £000
Total income		30	1,220	1,567	1,751	1,723	1,723	60,299	68,313
Pay	0	0	144	144	144	144	144	5,040	5,760
Non Pay expenditure		1,241	1,060	1,060	1,060	1,060	1,060	37,892	44,431
Other (non-operating) expenditure									0
Capital charges & depreciation	0	0	134	131	128	125	122	3,412	4,051
Total costs	0	1,241	1,338	1,335	1,332	1,328	1,325	46,344	54,242
Net financial benefit	0	-1,211	-117	232	420	394	398	13,955	14,071

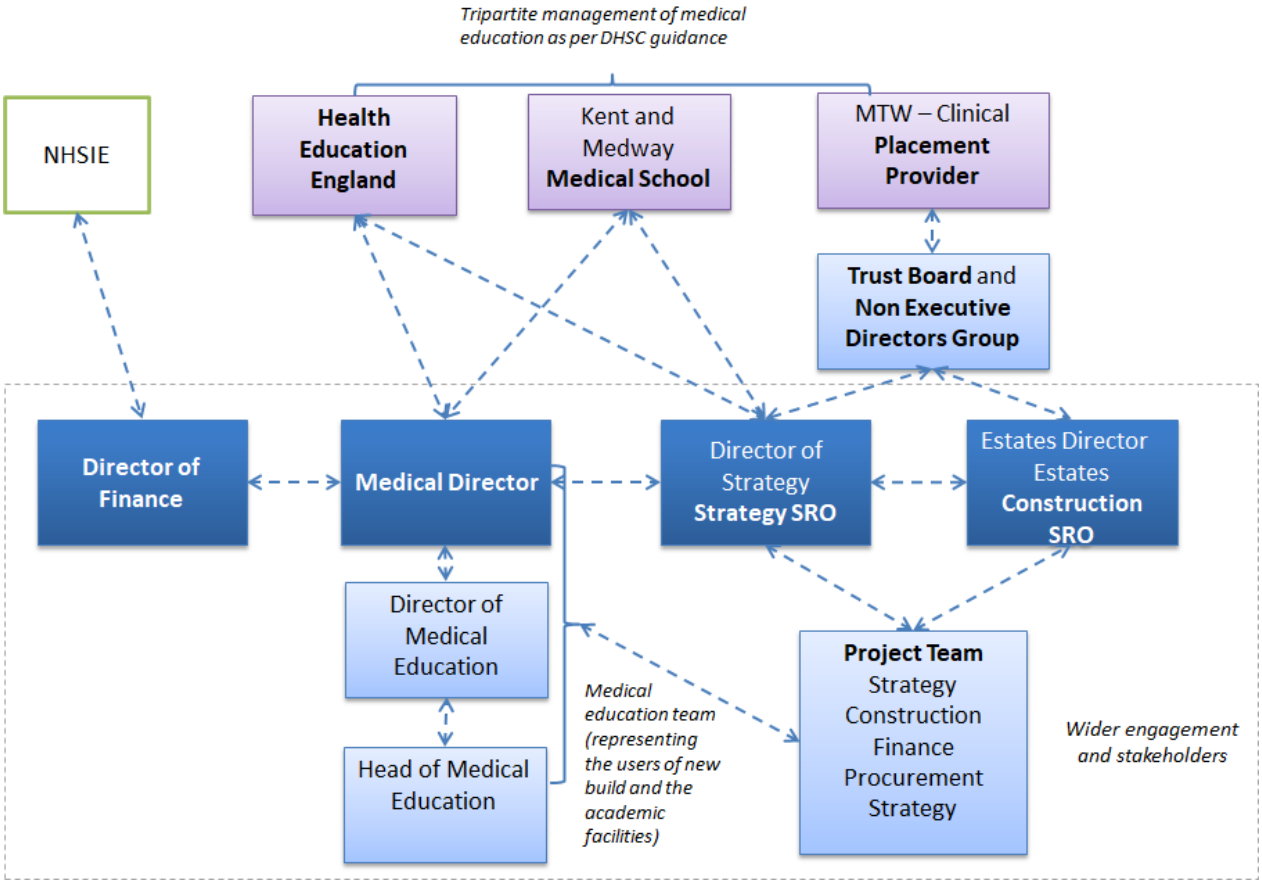
The scheme makes a surplus from 2023/24 onwards due to occupancy being optimised. The key financial risk is that the Trust will carry the void risk relating to any unlet units of accommodation (as per the existing arrangements for the rest of the MTW staff accommodation estate). Once steady state is reached (2025/26) the surplus is approximately £400k per annum. At this point the blended average rental income is £545 per month meaning the switching point at which the accommodation block would make a deficit, is a loss of approximately 61 tenants equivalent to a void rate of 42%. This level of vacancies is considered extremely unlikely.

The lease on the new accommodation block is proposed to be an operating lease under the current accounting standard IAS17. Section 6.6 sets out the Trust's opinion on the lease classification tests. The Trust's assessment of the lease classification is to be tested with our Auditor as soon as sufficient the contractual documentation is available. The Trust will be seeking a "not minded to challenge" opinion to ensure that the arrangement is revenue in nature in this financial year.

1.6 Management case

The project governance structure is shown below.

Figure 1: Accommodation project governance structure



The key project milestones are shown below.

Table 3: Project milestones

Milestone	Date
Appoint contractor stage 2 (construction)	Early August 2021
Mobilisation	Early August 2021
Construction	August – end of February 2022
Handover	1st March 2022
First KMMS students	September 2022

1.7 Conclusion

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

2 Introduction

2.1 Purpose of this business case

The full business case (FBC) has been written for Maidstone and Tunbridge Wells NHS Trust (MTW) and sets out the case for the construction and lease of a student accommodation building. The new accommodation block would complete and available for Trust use from March 2022 and therefore be available to students for the start of the 2022/23 academic year.

2.2 Scope of the business case

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

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

2.3 Structure of the business case

The business case is consistent with the latest guidance from NHS Improvement (NHSI)[1] on the development of business cases using the Five Case Model and is structured as follows:

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

2.4 Approvals

This FBC builds upon the outline business case (OBC) which was approved by the MTW Board of Directors in April 2021. Following approval of the outline business case (OBC) in April 2021, the Trust awarded Extraspace Solutions UK Ltd (ESS) a pre-construction services agreement (PSCA) contract for the detailed design of the new accommodation prior to ESS providing the Trust with a final build cost for the new premises. ESS have now provided their final costs which the Trust's technical advisors have diligenced. The advisors, in conjunction with Estates, have therefore established the finalised cost envelope to be funded by M&G

Considerable progress has been made to concluding all the relevant aspects of the agreements; however there remain some key deliverables before the contracts can be signed. These are:

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

- The cost envelope needs to be profiled over the development phase to identify how much funding is required to be drawn down by MTW from the funder (M&G) month by month. This is a key requirement for M&G to establish the cost of financing in the development phase.
- The treatment of VAT across the various contracts is being agreed by Trust and M&G VAT advisors. This is key to some of the contractual structure of the arrangements.
- The legal advisors are working to finalise the various development and lease contracts e.g.
  - Land Headlease (MTW to M&G)
  - Development lease (M&G to MTW)
  - Development funding agreement (M&G to MTW)
  - Property lease (M&G to MTW).
- These development phase and lease contracts need to be consistent with the building partner JCT Contract (MTW to ESS).
- Confirmation of whether a formal planning application revision is required for varying the 145 rooms to 144 proposed by the design.
- Auditor "not minded to challenge" opinion to be sought on the lease classification.
- M&G need to obtain approval from their Investment Committee (scheduled 29th July 2021).

The approvals requested of the Maidstone and Tunbridge Wells (MTW) NHS Trust Board of Directors are:

- To approve this FBC.
- To approve in principle, subject to satisfactory resolution of all the outstanding requirements, that the Trust
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  - Enters into the relevant development and lease contracts with M&G (and its chosen vehicles) for the funding and lease arrangements for the new accommodation.
- To delegate the authority to finalise the approvals to the KMMS Accommodation Oversight Group. The outcome of this will be reported to the Trust Board in September 2021.

3 The Strategic Case

3.1 Introduction to the strategic case

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

3.2 The strategic context

3.2.1 Medical staff training

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

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

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

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

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

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

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

The Trust has been chosen as one of the placement providers for students because of the wide range of medical and surgical services operated from the site. Students on clinical placement need to live close to their placement hospitals in years three, four and five of their course.

3.2.2 Workforce shortages

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

Table 4: MTW vacancy rates by staff group

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

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

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

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

3.2.3 The estate

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

3.2.4 Changes since OBC

There have been no material changes to the strategic context since the OBC was approved.

3.3 Current provision of staff accommodation across the Trust

MTW currently provides the following staff accommodation:

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

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

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

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

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

Table 5: Staff accommodation income and expenditure

	£000s
Income from accommodation[2]	£707
Springwood Road, Maidstone (114 units) lease cost	(£552)
32 High St, Pembury (40 units) lease cost	(£240)
Net annual cost to MTW	**£85**

3.4 The business need

The business need, this business case responds to is:

- The provision of new units of student accommodation for KMMS students. This need commences in September 2022 and the students represent entirely new tenants.
- The provision of accommodation for existing medical students hosted across MTW from Kings College University and St Georges Medical schools. This cohort of staff are already accommodated elsewhere as far as possible.
- The provision of accommodation for approximately 60 Foundation Year[3] One (FY1) medical trainees who work across the Trust. This cohort are currently, predominantly accommodated at 32 High Street, Pembury.
- The provision of accommodation for other Trust staff, particularly those recruited from overseas. This cohort are currently typically offered a six-month lease whilst they settle into life in the UK.

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

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

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

Table 6: Total demand for accommodation and potential capacity

Accommodation Requirement	**Current**		**2022/23**		**2023/24**		**2024/25**	
Staff Group	**Maidstone**	**TWH**	**Maidstone**	**TWH**	**Maidstone**	**TWH**	**Maidstone**	**TWH**
KMMS medical student	0	0	13	27	27	53	40	80
Current medical students (Kings/St Georges)	14	24	14	24	14	24	14	24
FY1s doctors	30	30	30	30	30	30	30	30
F2 doctors	6	1	4	4	4	4	4	4
SHO/Middle grades /Specialists/Fellows	8	0	5	5	5	5	5	5
Consultants	4	1	3	3	3	3	3	3
Student Nurses	2	0	2	0	2	0	2	0
Nurses (including overseas)	22	0	81	79	67	53	54	26
Other staff	12	0	8	8	8	8	8	8
TOTAL FORECAST DEMAND	**98**	**56**	**160**	**180**	**160**	**180**	**160**	**180**
Springfield Maidstone	114*		160		160		160	
32 High Street, Pembury		40		40		40		40
TOTAL EXISTING CAPACITY	**114**	**40**	**160**	**40**	**160**	**40**	**160**	**40**
Shortfall	***(16)***	***16***	***0***	***140***	***0***	***140***	***0***	***140***

The table indicates that the accommodation shortfall is at TWH.

3.5 Response to the case for change

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

3.5.1 Project investment objectives

The project objectives are as follows:

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

3.5.2 Benefits

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

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

Table 7: Linking benefits to objectives

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

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

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

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

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

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

3.5.3 Critical success factors

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

Table 8: Critical success factors

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

3.5.4 Constraints and dependencies

The following constraints and dependencies apply:

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

The following dependency applies:

- The project assumes the new Springwood Road accommodation is available from 2022/23.

- The development by KMMS of placement allocations and associated service level agreement which will confirm student numbers.
- Planning approval from Tunbridge Wells planners.

3.5.5 Risks

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

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

The risks if the project is not undertaken are:

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

4 The Economic Case

4.1 Introduction to the economic case

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

4.2 OBC option appraisal

At OBC the 'options framework' approach was used to reduce the long list of potential solutions to the following short list of deliverable solutions to the business need:

- Option 1 - (Do Minimum) spot purchase 140 additional accommodation across Pembury and Tunbridge Wells towns.
- Option 2 – 140 additional units of accommodation for medical students, junior doctors and overseas staff split 140 at TWH funded by third party capital and secured via long leases.
- Option 3 – 180 additional units of accommodation for medical students, junior doctors and overseas staff at TWH funded by third party capital and secured via leases.
- Option 4 – 140 additional units of accommodation for medical students, junior doctors and overseas staff split 100 at TWH funded by third party capital and secured via long leases, and a further 40 spot purchased.

The preferred option was then selected through:

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

The table below illustrates the results of the economic appraisal as reported at OBC.

Table 9: Net present social value by option

Net present social value (£000's)	Option 1	Option 2	Option 3	Option 4
Incremental costs	-£24,920.05	-£28,457.90	-£34,020.43	-£28,291.73
Incremental benefits	£15,083.87	£71,330.94	£74,035.50	£68,913.62
Net societal value	-£9,836.18	£42,873.04	£40,015.07	£40,621.89
Cost benefit ratio	0.61	2.51	2.18	2.44

Option 2 has the highest (best) cost benefit ratio and also represents the preference based on net present social value (NSPV) measured over the life of the accommodation block.

The key differences between the four options were:

- A unit of spot purchased accommodation is more expensive for MTW to rent (£900 per month) than the equivalent cost of a unit of accommodation in the new block (£624 per month inclusive of VAT).
- Costed risks are a mix of risks that do not vary between the three new build options and risks that are proportional to the size of the new accommodation block, hence the largest block (Option 3) having the highest costed risk.

- Societal benefits are marginally higher in Option 3 due to the need to employ more facilities staff to operate the larger accommodation block. Other societal and non-cash releasing benefits are the same across options 2, 3 and 4 (see below for explanation of the monetised benefits assumed for the business case).

The result of the OBC assessment of non-monetisable benefits and risks was as follows.

Table 10: Non-monetisable benefits and risks appraisal

Option	Weighted scores	Rank
Option 1 - (Do Minimum) spot purchase 140 additional accommodation across Pembury and Tunbridge Wells towns.	120	4
Option 2 – 140 additional units of accommodation for medical students, junior doctors and overseas staff split 140 at TWH funded by third party capital and secured via long leases.	380	1
Option 3 – 180 additional units of accommodation for medical students, junior doctors and overseas staff at TWH funded by third party capital and secured via leases.	360	2
Option 4 – 140 additional units of accommodation for medical students, junior doctors and overseas staff split 100 at TWH funded by third party capital and secured via long leases, and a further 40 spot purchased.	260	3

Taking the economic and non-financial benefit and risk appraisals together gave the following result at OBC.

Table 11: Summary of appraisal outcome

Option Number	Option description	Benefit and risk score	Non-financial benefits rank	NPSV 26 years (£m)
1	Do minimum	120	4	(£9.8m)
2	140 new build.	380	1	£42.9m
3	180 new build	320	2	£40.0m
4	100 new build	260	3	£40.6m

The preferred option for the scheme at OBC was **Option 2 (140-unit new build)**.

At FBC the economic assessment has been re-run using up to date costs and a new 40-year lease-based assessment period, to understand whether the order of preference changes.

The table below shows the results of the refreshed economic appraisal.

Table 12: Net present social value by option

Net present social value (£000's)	Option 1	Option 2	Option 3	Option 4
Capital	£0.00	-£2,243.99	-£2,243.99	-£2,243.99
Revenue	-£32,216.11	-£27,163.87	-£32,449.07	-£29,780.49
Net contribution	£19,604.70	£36,346.99	£39,900.81	£30,285.11
Costed risks	£0.00	-£1,462.43	-£1,770.25	-£1,090.20
Non-cash releasing benefits	£0.00	£12,439.10	£12,439.10	£12,439.10
Societal benefits	£0.00	£69,026.64	£69,266.95	£69,026.64
Net societal value	-£12,611.41	£86,942.45	£85,143.55	£78,636.17
Cost benefit ratio	0.61	3.82	3.34	3.37

Option 2 remains the preference based on NSPV and the cost to benefit ratio. Compared to the OBC both metrics are also considerably improved because the life of the asset modelled has increased from 25 years to 40 years and benefits disproportionately occur in later years.

The preferred option is, therefore confirmed as being Option 2, a 144-unit accommodation block.

4.3 Description of the preferred option

The preferred option will deliver:

- Approximately (see detailed numbers below) 144 units of accommodation in a new build staff/ student accommodation block on the TWH site.
- The 144 units will be available for:
  - KMMS medical students
  - Junior doctors
  - Overseas recruits.
- The new accommodation facility will be third party funded.
- The new accommodation facility will be operated by MTW.

The new accommodation facility would comprise:

- 144 units of accommodation arranged predominantly in six bedrooms clusters of living accommodation **(whilst the selection was based on 140 units, the actual design identified the opportunity to increase the number of units to 144)**.
- Six accommodation units would meet disability access standards.
- Study space outside of bedrooms on the ground floor.
- A learning hub also on the ground floor.
- A gross internal area of 4,771m^2.
- A total of 237m^2 of academic space.

5 The Commercial Case

5.1 Introduction to the commercial case

The commercial case sets out procurement and contractual issues associated with the preferred option.

5.2 The scope of works to be procured

The scope of works to be procured is:

- The construction and fit out of the new 144-unit accommodation and associated academic facility at TWH.
- The lease of the new accommodation block for the maximum possible period of years for qualification as an operating lease model.

A package of enabling works has already been procured and would represent a sunk cost if the project were to be aborted.

Table 13: Enabling works

	Excl VAT			Incl VAT		
	Capital £	Revenue £	Total £	Capital £	Revenue £	Total £
New permanent footpath	42,049	906	42,955	50,459	1,087	51,546
Building site enabling works	100,038	290,349	390,388	120,046	348,419	468,465
Existing exit from car park	21,336		21,336	25,603		25,603
New exit from car park	44,842		44,842	53,810		53,810
Site Compound Works	253,491		253,491	304,189		304,189
New service area	127,749		127,749	153,298		153,298
HVLV works & Water Works	171,403		171,403	205,684		205,684
	760,908	**291,255**	**1,052,163**	**913,089**	**349,506**	**1,262,596**

5.3 Procurement strategy

After considering the procurement options, the Trust decided to use the NHS Shared Business Services (SBS) Modular Buildings Framework. The Trust used a two-stage tender process due to the urgency of the scheme and the requirement to complete the build by the end of February 2022. Following a mini competition under the SBS framework, a limited appointment was agreed to allow the contractor (ESS) to begin work on the design and to carry out some necessary enabling works (stage one). In stage two and based on the agree design from stage one, ESS provided a fixed price based upon a full technical package of information (including architects detailed design drawings, construction details, specification, schedules, structural engineer's information, mechanical and electrical strategy, BREEAM strategy, landscaping details et).

5.4 Land acquisition and disposals

No land acquisition is associated with the scheme. The third-party funder will be granted a land headlease (165 years) and will in turn grant a development lease and a funding agreement to the Trust to arrange the construction of a six-storey building on the land at TWH. The funder will own the property and the Trust will then lease the building from the developer for a proposed forty-year term as an operating lease. The grant of the headlease will generate a disposal adjustment in the accounting as it equates to the Trust disposing in its interest in the land for the term of the lease.

5.5 Payment mechanism

The third-party funder will agree a development funding agreement with MTW who will act as the developer, and contract with the construction partner. MTW will draw down the funding as required from the selected funder, who will own the completed property. MTW will then enter into a 40-year lease on the accommodation block with the funder. The lease will therefore be the mechanism through which the selected funder will recoup their capital investment.

5.6 Contractual issues

The appointed contractors will execute the enabling works and main construction works under the JCT Design and Build Contract (DB), 2016 Edition incorporating the NHS Shared Business Services framework for Modular Buildings.

5.7 Planning

5.7.1 Planning permission

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

Planning permission was granted on 24th June 2021 by Tunbridge Wells Borough Council.

5.8 Compliance with NHS/ government standards and guidance

The proposed development complies with standards and guidance as set out below.

5.8.1 Building regulations

All relevant building regulations will be complied with.

5.8.2 Sustainability

Sustainability is a key investment objective for the new accommodation. The project seeks to deliver a BREEAM 'Excellent' rating. The building will:

- Deliver an energy efficient facility within the MTW estate, reducing CO2 emissions and contributing to a reduction in whole life costs.
- Target six credits under Ene 01 (required to achieve BREEAM Excellent). This would provide a standard that will have a reduction in carbon emission levels 25% lower than abuilding satisfying the English Building regulations.
- Demonstrate the commitment of MTW to reducing the environmental impact of its operations.

The BREEAM pre-assessment score was 'Excellent' based on a target score of 73.8% and a potential score of 77.71%.

5.8.3 Quality

MTW is committed to the integration of design quality in the provision of student accommodation. All suppliers of the accommodation need to have the following accreditations or their equivalent in place:

- ISO 9001 – Quality Management
- ISO 14001 – Environmental Management
- ISO 18001 - Occupational Health and Safety Management

5.9 Modern methods of construction

The facility will be a modular build.

5.10 Impact on other site users

No other site users are negatively impacted by the proposed development. Disruption during the build period will be minimised.

6 The Financial Case

6.1 Introduction to the financial case

The financial case considers the affordability of the project to the Trust. The incremental impact of the investment MTW wishes to make is presented and the overall impact the investments would have on the Trust's financial position is also shown.

6.2 Financial appraisal methodology

The financial case differs from the economic case in several important aspects:

- It only considers the preferred option unlike the economic appraisal which considered all short-listed options.
- The focus of the financial case is affordability as measured by the impact on the Trust's income and expenditure (I&E) account, balance sheet and cashflow, as opposed to net present values.
- Depreciation and interest on public dividend capital (PDC) are included.
- VAT is included where irrecoverable.

The following assumptions and factors underpin the financial appraisal:

- The appraisal has been undertaken only on costs that vary because of the scheme to clearly show the overall impact of the preferred option on the Trust's overall financial position.
- All costs and income are shown at 2020/2021 prices.
- An operating lease is assumed as the accounting treatment
- Capital costs, for those items funded directly by MTW, outside of the lease payment, e.g. audio-visual equipment, have been worked up by the Trust's cost advisers.
- 144 bedrooms will be rented to a mix of medical students and MTW staff. Rents will be £500 per month for all medical students and £750 for all other staff.
- In addition there will be Trust Education funding (from Health Education England undergraduate funds) of £500 per month per student for academic space within the new block.
- There will be 40 void rooms for the first six months.
- The lease cost is subject to final confirmation (related to the timing of construction payment cashflows) but is currently quoted at £606,219 ex VAT (estimated £612k p.a. with the element of VAT that will relate to the education area).
- The land head lease premium is has been valued at c. £30k. This would generate a land disposal loss of c. £140k against the proportion of current land value the plot of land represents. This is included in the financial model in the relevant options, although the Trust will be looking at mitigating this loss through potential revaluation or agreeing with the funder to increase the head lease payment.
- £144k per year in facilities staff costs will be incurred.
- Other non-pay costs (electricity/ maintenance/ rates etc) are based on equivalent pro-rata costs from 32 High Street/ Springwood.

6.3 Capital investment

Most of the capital investment in the new facility will be provided by a third party with their costs being recouped via the operating lease of £612k per annum. The Trust will incur some capital costs relating to

enabling works (e.g. a new transformer and a new footpath), IT and audio-visual equipment - an initial investment of £1,332k has been assumed. Some of the IT/AV equipment may need to be purchased at the beginning of 2022/23 to manage the impact on the Trust's capital resource.

Costs at risk if the project were aborted, relate to enabling works and early works authorised by the Trust for the building contractor to commence

Table 14: Enabling works costs

	Excl VAT			Incl VAT		
	Capital £	Revenue £	Total £	Capital £	Revenue £	Total £
New permanent footpath	42,049	906	42,955	50,459	1,087	51,546
Building site enabling works	100,038	290,349	390,388	120,046	348,419	468,465
Existing exit from car park	21,336		21,336	25,603		25,603
New exit from car park	44,842		44,842	53,810		53,810
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New service area	127,749		127,749	153,298		153,298
HVLV works & Water Works	171,403		171,403	205,684		205,684
	760,908	**291,255**	**1,052,163**	**913,089**	**349,506**	**1,262,596**

The Trust will also fund lifecycle capital as individual assets need replacing during the life of the block.

Table 15: Lifecycle capital cost estimate

2026-27	2031-32	2036-37	2041-42	2046-47	2051-52	2056-57	2061-62	Total
			24,000				24,000	48,000
180,000	180,000	180,000	180,000	180,000	180,000	180,000	180,000	1,440,000
	203,382		203,382		203,382		203,382	813,528
	12,000		12,000		12,000		12,000	48,000
180,000	**395,382**	**180,000**	**419,382**	**180,000**	**395,382**	**180,000**	**419,382**	**2,349,528**

6.4 Revenue impact

The revenue impact on the Trust of the preferred 144-unit option, is shown in the table below.

Table 16: Impact on the Trust's income and expenditure account

Revenue changes associated with the preferred investment option									
Revenue changes	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 - 2061-62 £000	Total £000
Total income		30	1,220	1,567	1,751	1,723	1,723	60,299	68,313
Pay	0	0	144	144	144	144	144	5,040	5,760
Non Pay expenditure		1,241	1,060	1,060	1,060	1,060	1,060	37,892	44,431
Other (non-operating) expenditure									0
Capital charges & depreciation	0	0	134	131	128	125	122	3,412	4,051
Total costs	0	1,241	1,338	1,335	1,332	1,328	1,325	46,344	54,242
Net financial benefit	0	-1,211	-117	232	420	394	398	13,955	14,071

The scheme makes a surplus from 2023/24 onwards due to occupancy being optimised. The key financial risk is that the Trust will carry the void risk relating to any unlet units of accommodation (as per the existing arrangements for the rest of the MTW staff accommodation estate). The modelled room rental income per month and total income for the various tenant categories are shown below.

Table 17: Room rental income by tenant group

Staff group	Rate per month	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28 - 2061-62	Total
KMMS students	£500	£81,000	£240,000	£399,000	£480,000	£480,000	£16,800,000	£18,480,000
current Medical students Kings+ St Georges	£500	£144,000	£144,000	£144,000	£144,000	£144,000	£5,040,000	£5,760,000
FY1 Doctors	£750	£243,000	£243,000	£243,000	£243,000	£243,000	£8,505,000	£9,720,000
F2 Doctors	£750	£27,000	£27,000	£27,000	£27,000	£27,000	£945,000	£1,080,000
Student nurses/ overseas	£750	£425,250	£372,600	£157,950	£48,600	£48,600	£1,701,000	£2,754,000
Total		**£920,250**	**£1,026,600**	**£970,950**	**£942,600**	**£942,600**	**£32,991,000**	**£37,794,000**

In the initial year post-opening, income will actually be higher than in steady state years because of the variation in rate paid between medical students and other tenants, however, the subsidy to medical students reflects the objective of the scheme and is linked to widder undergraduate funding not shown in the table.

Once steady state is reached (2025/26) the surplus is approximately £400k per annum. At this point the blended average rental income is £545 per month meaning the switching point at which the accommodation block would make a deficit, is a loss of approximately 61 tenants equivalent to a void rate of 42%. This level of vacancies is considered extremely unlikely.

6.5 Impact on cash flow

The use of the operating lease financing model means that most of the initial capital costs for this investment will be met by the developer/ lessor and the cost to MTW is then spread over the 40-year period of the lease. The Trust will however, fund lifecycle capital costs as they fall due.

Rental income, pay and non-pay costs will flow relatively evenly throughout the period.

6.6 Impact on the balance sheet

The enabling and other equipping works lead to an increase in the Trust's fixed asset base.

The lease on the new accommodation block is proposed to be an operating lease under the current accounting standard IAS 17. The key tests related to this are as follows:

1) The proposed lease term is 40 years. The Trust has obtained an independent surveyor opinion that the property, if designed appropriately, constructed with the right materials and duly life cycled, should be capable of a 60-year economic life. The lease term is not therefore viewed as being for the major part of the economic life of the asset.
2) The real terms value of the minimum lease payments over the term, discounted at the finance rate inherent in the lease, is c. 65% of the fair value of the asset. This therefore does not represent substantially all of the economic value of the asset
3) The contract does not contain options that at the end of the term conveys ownership of the asset, allows a reversion of the asset under market value, or the ability to extend the lease at rates under market value.
4) The asset is not sufficiently bespoke that only the Trust can use it without major modification

Key to this assessment is the completion of the property such that it is available for Trust use before the end of the 2021/22 financial year. The asset availability date is the trigger for the accounting treatment.

The Trust's assessment of the lease classification is to be tested with our Auditor as soon as sufficient the contractual documentation is available. The Trust will be seeking a "not minded to challenge" opinion to ensure that the arrangement is revenue in nature in this financial year.

The planned move to IFRS 16 as the new approach to accounting for leases from 1st April 2022 will require all existing operating leases to move at that point onto the balance sheet and be accounted for as capitalised finance leases. Any new leases from the transition point will become fully chargeable to capital in the year that they are taken out.

6.7 Affordability conclusion

The scheme is affordable to MTW and should deliver a financial contribution and surplus from 2023/24 onwards. The financial model can be found as Appendix One.

7 The Management Case

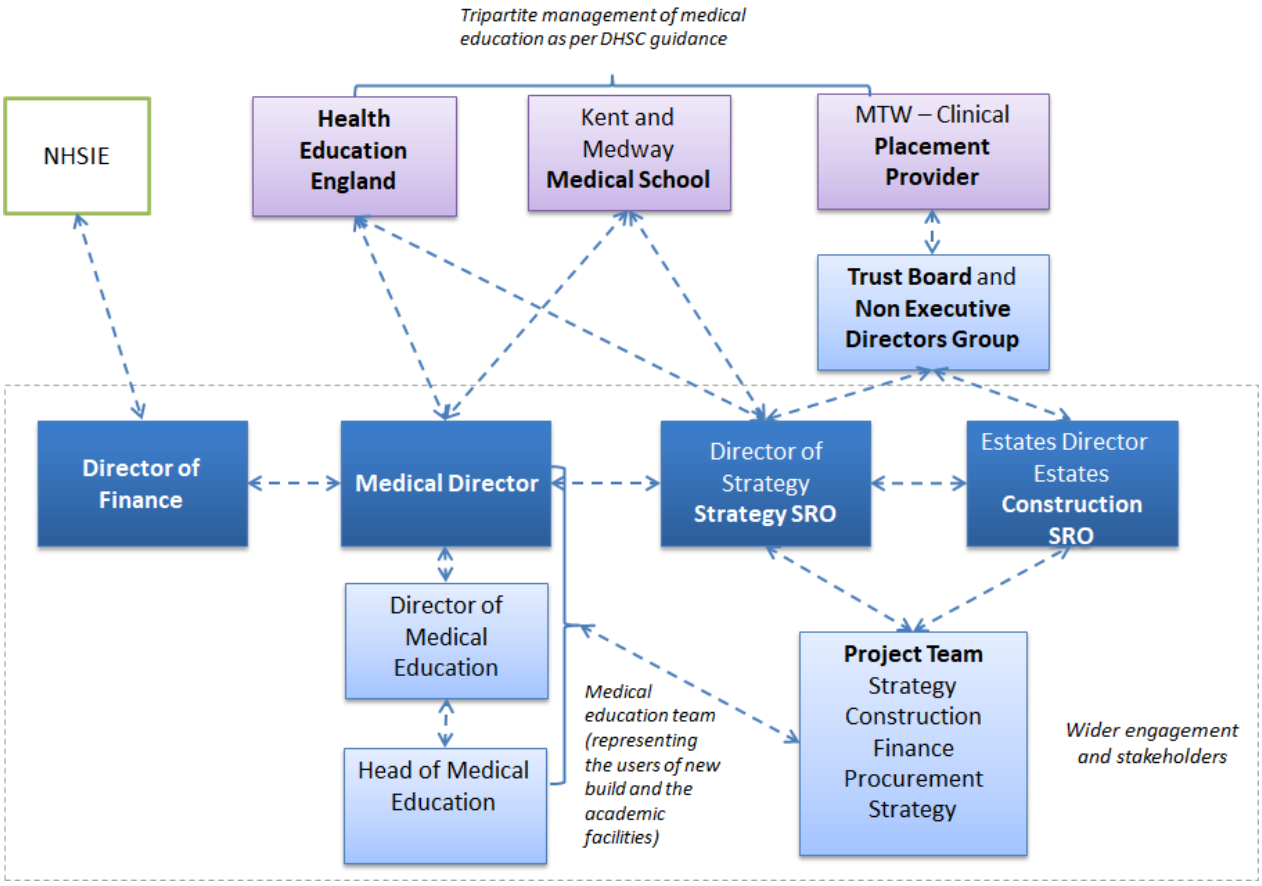
7.1 Introduction to the management case

The management case describes governance arrangements and project milestones. It demonstrates that the project is well managed, is likely to be delivered successfully and will enable the project objectives and benefits to be fully realised.

7.2 Project governance arrangements

The project governance structure is shown below.

Figure 2: Accommodation project governance structure



The MTW project team has been supported by the following professional advisers:

- Hazle McCormack Young LLP – Project Architects
- Adrian James - Acoustician
- Allen Scott – Landscape
- CTP Consulting Engineers - Engineering
- DHA Planning – Planning Consultants
- DHA Transport – Highways advice
- ETA Projects – Site infrastructure design consultancy
- Greenspace Ecological Solutions – Arboricultural and Ecology
- Innovation Fire – Fire Consultant
- Jane Simpson – Access Consultant
- Primely Ltd – Unexploded Ordinance

- Southdowns – Air Quality
- WT Partnership – Project Management, Principal designer and Cost Consultant
- XDA Consulting Ltd – BREEAM Assessment
- Rubicon Health Consulting – business case.

The project execution plan (PEP) provides more detail about how the project will be managed, governance arrangements, timescales, risks and quality control.

7.3 Project plan

The key project milestones are shown below.

Table 18: Project milestones

Milestone	Date
Appoint contractor stage 2 (construction)	Early August 2021
Mobilisation	Early August 2021
Construction	August 2021 – end of February 2022
Handover	1st March 2022
First KMMS students	September 2022

7.4 Benefits realisation

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

- Identify the benefits and responsibility for their delivery.
- Establish baseline measurement where possible.
- Quantify benefits.
- Assign responsibility for the actual realisation of benefits throughout the key phases of the project.
- Periodically assess realisation and initiate any actions required.
- Record further expected benefits identified during the project.
- Measure outcomes.

The table below is the benefits realisation plan linked to this business case.

Table 19: Benefits realisation plan

Benefit Description	Enablers/ actions required to deliver benefit	Measures	Baseline	Target	Timescale	Responsibility
MTW has sufficient accommodation capacity to meet demand for local clinical placements from the KMMS (QB)	New accommodation opened. Existing accommodation retained. MTW hosting of KMMS students	Demand for accommodation and units of supply	0 units for KMMS students	+140 units of accommodation	By start of 2022/23 academic year	Project team
MTW has sufficient accommodation capacity to meet demand for local clinical placements from King's and St George's medical schools (QB)	Existing accommodation retained i.e. no loss of accommodation. New accommodation opened to prevent competition from KMMS students	Demand for accommodation and units of supply	38 units	38 units	Ongoing	Estates
Supports the expansion of medical school places in partnership with the KMMS, the University of Kent and Canterbury Christ Church University and other acute Trusts and primary care providers in Kent and Medway (QB)	New accommodation opened. Existing accommodation retained.	Number of KMMS medical students hosted at MTW	0 students	+40 students (year 1) +80 students (year 2) +120 students (year 3)	2022/23 2023/24 2024/25	Project team

Benefit Description	Enablers/ actions required to deliver benefit	Measures	Baseline	Target	Timescale	Responsibility
Enables delivery of the national policy to expand medical school places outside of London (QB)	New accommodation opened. Existing accommodation retained	Number of medical school places available at KMMS				KMMS supported by MTW
Students get an early introduction to clinical research studies that are active in Kent and Medway and many will wish to progress these in their studies (QB)	Medical students from King's, St George's and K&M medical schools hosted by MTW	Number of students progressing research studies linked to MTW	38 students (King's & St George's)	158 students	By 2024/25 academic year	MTW and project team
Development of a positive supporting learning environment is a boost for the whole team of staff in the Trust (QB)	New accommodation incorporating academic space opened	Staff satisfaction metrics for impacted clinical teams	TBC	n/a	From 2022/23 academic year	MTW and project team
Positive impact on morale of senior clinicians in that they are directly supporting the next generation of doctors working in the area (QB)	Increase in number of medical students hosted at MTW	Staff satisfaction metrics for impacted senior clinicians	TBC	n/a	From 2022/23 academic year	Senior clinicians and project team
The hard gained knowledge and experience of our senior clinicians is passed on to the next generation of doctors (Qual)	Medical students hosted by MTW	n/a	n/a	n/a	Ongoing	Senior clinicians and project team
Provides medical students with access to high quality training at one of the largest and most modern	Medical students hosted by MTW	Number of medical students hosted	38 students (King's & St George's)	158 students	By 2024/25 academic year	MTW and project team

Benefit Description	Enablers/ actions required to deliver benefit	Measures	Baseline	Target	Timescale	Responsibility
leading hospitals outside of London (Qual)						
Sufficient capacity to accommodate all junior doctors requesting staff accommodation (QB)	New accommodation opened. Existing accommodation retained	Demand for accommodation and units of supply	75 juniors in accommodation	78 juniors in accommodation	2023/24	Project team
The incorporation of training medical students from KMMS will be of significant benefit and enhance the status of MTW including raising the academic standing of the Trust (QB)	Medical students hosted by MTW	Number of research papers published by Trust staff. Number of research grants Research rankings	TBC	TBC	From 2022/23 academic year	Senior clinicians and researchers
Contributes towards building a centre of excellence for clinical education at MTW (QB)	New accommodation opened.	Student feedback Teaching rankings for KMMS and MTW	TBC	TBC	From 2022/23 academic year	Project team
Helps to widen participation in medical training including from diverse local communities (QB)	Medical students hosted by MTW	Participation rates for underrepresented communities	TBC	TBC	From 2022/23 academic year	Project team
Positive impact on medical recruitment particularly for dynamic academic and research inclined clinicians (QB)	New accommodation opened.	Recruitment and retention rates for relevant disciplines	TBC	TBC	From April 2022	Project team

Benefit Description	Enablers/ actions required to deliver benefit	Measures	Baseline	Target	Timescale	Responsibility
Opportunity to tailor curriculum and experience to areas of practice the Trust and Region wish to develop (Qual)	Medical students hosted by MTW	Curriculum subjects	n/a	n/a	From 2022/23 academic year	KMMS and MTW
Improved clinical academic tripartite collaboration between the HEE, KMMS and between provider Trusts in K&M (Qual)	Medical students hosted by MTW	n/a	n/a	n/a	From 2022/23 academic year	KMMS, HEE and MTW
Promotion of research and academically active clinicians (Qual)	Medical students hosted by MTW	n/a	n/a	n/a	From 2022/23 academic year	MW and research staff
Raise profile of local research and promote a more research active environment (Qual)	Medical students hosted by MTW	n/a	n/a	n/a	From 2022/23 academic year	MW and research staff
Medical students on site able to provide hands on support to existing studies (Qual)	Medical students hosted by MTW	n/a	n/a	n/a	From 2022/23 academic year	MW and research staff
Fit for purpose modern accommodation facility (QB)	New accommodation opened. Existing accommodation retained	Accommodation meets all relevant standards	Six-facet scores, BREEAM scores	BREEAM excellent, improved six-facet scores and occupancy rates	From April 2022	Project team and estates
Future proofed - flexible capacity (QB)	New accommodation opened.	Quantum of 'flex' accommodation available via spot purchase - impact of MTW/ KMMS plans on	0	TBC (as required)	Ongoing	Estates

Benefit Description	Enablers/ actions required to deliver benefit	Measures	Baseline	Target	Timescale	Responsibility
	Existing accommodation retained. Spot purchase of additional capacity	local rental market supply side				
Accommodation provided close to one or both MTW hospitals (QB)	New accommodation opened. Existing accommodation retained	Location of accommodation and travel time to hospital sites	Current distances and travel times	No worsening of travel time	Ongoing	Estates
Strengthens the profile of the Trust both in the general community and in the clinical community (Qual)	KMMS students hosted	TBC	TBC	TBC	From 2022/23 academic years	Project team
Boosts pride in the local community of their local strong health service which will be training the next generation of doctors (Qual)	KMMS students hosted	TBC	TBC	TBC	From 2022/23 academic years	Project team
A shared benefit to our local towns of attracting, welcoming, hosting and facilitating the training of our own next generation of doctors (Qual)	KMMS students hosted	TBC	TBC	TBC	From 2022/23 academic years	Project team
Promotes confidence in the quality of MTW services Which are seen to be of teaching unit standard (Qual)	MTW accredited to host KMMS students	Education accreditation	TBC	TBC	From 2022/23 academic years	MTW

Benefit Description	Enablers/ actions required to deliver benefit	Measures	Baseline	Target	Timescale	Responsibility
Creates education facilities that MTW can rent out (CRB)	New facility opened	Rental income	£0	TBC	2022/23 onwards	Estates
Third party capital is used to fund the development, thereby reducing the potential call on scarce Trust/ STP capital funds (CRB)	Contract agreed	Quantum of capital injected by third party provider	n/a	Approx. £17m	2021	Project team
Accommodation solution is affordable to MTW against the wider context of 'doing nothing' (Non-CRB)	Value engineering, accommodation income	Economic and financial case metrics e.g. impact on surplus position, cashflow etc from Reduction in agency and recruitment costs	TBC	TBC	From 2022/23	Project team
Lease is an operating lease which can be funded from outside of the CDEL limit in 2021/22 (Non-CRB)	Operating lease in place	Transaction outside of CDEL	n/a	Operating lease in place ahead of opening	March 2022	Project team
Sufficient staff accommodation to support overseas recruits settle in the UK (QB)	New accommodation opened. Existing accommodation retained	Demand for accommodation and units of supply	TBC	TBC	From 2022/23	Project team and estates
Reduction in MTW use of agency staff in difficult to recruit posts (CRB)	New accommodation opened. Existing accommodation retained	Agency staff use	TBC	TBC	From 2022/23	Project team and clinical teams

Benefit Description	Enablers/ actions required to deliver benefit	Measures	Baseline	Target	Timescale	Responsibility
Increase in number of permanent staff employed (Non-CRB)	New accommodation opened. Existing accommodation retained	Number of permanent staff and retention rates	TBC	TBC	From 2022/23	Project team and clinical teams
Helps to address local workforce needs, particularly under-subscribed specialties in Kent (Qual)	New accommodation opened	Number of permanent staff and retention rates	TBC	TBC	From 2022/23	Project team and clinical teams
Positive impact on medical staff retention particularly hard to recruit specialties (CRB)	Existing accommodation retained	Recruitment and retention rates/ reduction in number of recruitment exercises	TBC	TBC	From 2022/23	Project team and clinical teams

7.5 Risk management

The Trust uses the RAID (risks, assumptions, issues and dependencies) management process to manage risks. RAID has a simple step by step process of:

- Raising a risk, assumption, issue or dependency item.
- Registering the item in the RAID register with a description of the item and the impact.
- Assessing the probability of the item occurring, the severity if it were to occur and the proximity i.e. likely timescale of occurrence.
- Assigning actions including actions relating to dependencies.
- Implementing actions.
- Monitoring and reporting RAID.

Project risks are separated into planning risks, construction risks, equipping risks, and by business case stage i.e. OBC and FBC risks.

7.6 Change management

The construction and fit out will be overseen by the Director of Estates and Facilities Management. The project plan will ensure that there is clear communication with the key stakeholders and that disruption to other site users is minimised.

7.7 Post-project and programme evaluation

A post project evaluation will be undertaken to improve future project briefing, project management and implementation for future projects. The review will consider both process issues (the post-evaluation review) and outcome issues (the post-implementation review).

7.8 Communications and engagement

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

8 Conclusion

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

9 Appendices

Appendix One – Financial model and Comprehensive Investment Assessment model

Notes (23rd July 2021):-

	OPTION 1	OPTION 2	OPTION 3	OPTION 4
	Spot purchase 140 rooms £000	**144 new build £000**	**180 new build £000**	**100 new build + 40 spot purchase £000**
Main assumptions				
All costs and income at 2020/2021 prices	✓	✓	✓	✓
Income				
£500 per month rent for 12 months of year for all medical students (KMMS+ St G+ Kings)	✓	✓	✓	✓
£750 per month rent for 12 months of year for all non medical students (Overseas/ FY1/ FY2/ Others)	✓	✓	✓	✓
£500 additional contribution per month for 12 months of year for KMMs students (40 year 1, 80 year 2 then 120 thereafter)	X	✓	✓	✓
Rental income Academic Centre out of hours/ when not used for Medical students £1k per week averaged 52 weeks £1,000 per time	X	✓	✓	✓
40 Void rooms first 6 months	X	✓	✓	X
Undergraduate Funding - this is in addition to Medical Student funding and is based on 120 students at £500 per student per month	X	✓	✓	Cap at 100
Costs				
Spot rate at £900 per month based on current market intelligence	✓	N/A	N/A	✓
Lease cost per annum based on 32 High Street/ Springwood comparators for 25 years per room (not capital cost estimate)	N/A	✓	✓	✓
Pay costs for domestic staff £144k - cleaning of communal areas not rooms linked	N/A	✓	✓	✓
Other non pay costs (electricity/ maintenance/ rates etc) based on equivalent prorata costs from 32 High Street/ Springwood	N/A	✓	✓	✓

Additions / amendments at FBC stage:-

Enabling Works Costs reflect FPC paper 22nd June 2021	N/A	✓	✓	✓
Lease value based on **40** years	N/A	✓	✓	✓
Development Lease Cost (August 2021 - March 2022) - Non Recurrent	N/A	✓	✓	✓
Recycling costs	N/A	✓	✓	✓
Loss on disposal of land - Non Recurrent (The Trust will be testing if this cost can be avoided)	N/A	✓	✓	✓
Consultancy fees reflect update from 5th July 2021	N/A	✓	✓	✓
Fittings, Furnishings and Equipment - Revenue - removed as to be part of lease	N/A	✓	✓	✓

Occupancy assumptions - From Oct 25 with full 120 KMMS students in all Accomodation sites

		Spot purchase 140 rooms £000	**144 new build £000**	**180 new build £000**	**100 new build + 40 spot purchase £000**
KMMS students	100%	80	80	80	80
current Medical students Kings+ St Georges	100%	24	24	24	24
FY1 Doctors	90%	27	27	27	27
F2 Doctors	75%	3	3	3	3
Student nurses/ overseas	90%	2	5	6	2
SHO/Middle Grades/Specialists/Fellows	100%	0	0	0	0
Consultants	100%	0	0	0	0
Other staff	50%	0	0	18	0
Total (average)		**136**	**139**	**158**	**136**

Affordability

Category	Option 1 Spot purchase 140 rooms £000	Option 2 144 new build £000	Option 3 180 new build £000	Option 4 100 new build + 40 spot purchase £000
Capital costs *(Initial investment)*		1,332	1,332	1,332
A) Revenue income	36,514	68,313	75,061	62,357
B) Revenue costs (pay and non-pay)	60,286	54,242	64,334	59,143
Net income = (A –B)	**-23,771**	**14,071**	**10,727**	**3,214**

ID766 - Kent and Medway Medical School

Rooms 140

A) I&E

	2020-21 £ 000	Year 0 2021-22 £ 000	Year 1 2022-23 £ 000	Year 2 2023-24 £ 000	Year 3 2024-25 £ 000	Year 4 2025-26 £ 000	Year 5 2026-27 £ 000	Year 6 2027-28 £ 000	Year 7 2028-29 £ 000	Year 8 2029-30 £ 000	Year 9 2030-31 £ 000	Year 10 2031-32 £ 000	Year 11 2032-33 £ 000	Year 12 2033-34 £ 000	Year 13 2034-35 £ 000	Year 14 2035-36 £ 000	Year 15 2036-37 £ 000	Year 16 2037-38 £ 000	Year 17 2038-39 £ 000	Year 18 2039-40 £ 000	Year 19 2040-41 £ 000	Year 20 2041-42 £ 000	Year 21 2042-43 £ 000	Year 22 2043-44 £ 000	Year 23 2044-45 £ 000	Year 24 2045-46 £ 000	Year 25 2046-47 £ 000	Year 26 2047-48 £ 000	Year 27 2048-49 £ 000	Year 28 2049-50 £ 000	Year 29 2050-51 £ 000	Year 30 2051-52 £ 000	Year 31 2052-53 £ 000	Year 32 2053-54 £ 000	Year 33 2054-55 £ 000	Year 34 2055-56 £ 000	Year 35 2056-57 £ 000	Year 36 2057-58 £ 000	Year 37 2058-59 £ 000	Year 38 2059-60 £ 000	Year 39 2060-61 £ 000	Year 40 2061-62 £ 000	**total years 1 to 40 £ 000**
Income																																											
Rent per month for 52 weeks (breakdown on occupancy schedule)			904	994	939	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	**36,514**
Laundry income																																											**0**
Rental of Academic facilities out of hours																																											**0**
Undergraduate funding																																											**0**
Benefit from temporary spend reduction																																											
2020-21 cost offset																																											
Head Lease																																											
total income	**0**	**0**	**904**	**994**	**939**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**910**	**36,514**
Pay																																											**0**
Non Pay																																											
Rental costs			1,318	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	1,512	**60,286**
																																											0
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																																											0
Total Non Pay	**0**	**0**	**1,318**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**60,286**
Cost of Capital																																											**0**
Total Cost	**0**	**0**	**1,318**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**1,512**	**60,286**
profit/ loss	**0**	**0**	**-414**	**-518**	**-573**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-602**	**-23,771**

Demand original	21/22 (based on feb 2021 occupancy)				22/23 APRIL TO SEPT				22/23 OCT TO MARCH				23/24 APRIL TO SEPT			
	Maidstone	32 High St	TW New Build	Total	Maidstone	32 High St	TW New Build	Total	Maidstone	32 High St	TW New Build	Total	Maidstone	32 High St	TW New Build	Total
KMMS students	0	0	0	0	0	0	0	0	13	0	27	40	13	0	27	40
current Medical students Kings+ St Georges	30	8	0	38	14	0	24	38	14	0	24	38	14	0	24	38
FY1 Doctors	30	20	0	50	30	0	30	60	30	0	30	60	30	0	30	60
F2 Doctors	6	10	0	16	4	0	4	8	4	0	4	8	4	0	4	5
Student nurses/ overseas	24	0	0	24	96	19	46	161	83	19	55	157	83	19	55	157
SHO/Middle Grades/Specialists/Fellows	8	0	0	8	5	5	0	10	5	5	0	10	5	5	0	10
Consultants	4	2	0	6	3	3	0	6	3	3	0	6	3	3	0	6
Other staff	12	0	0	12	8	13	0	21	8	13	0	21	8	13	0	21
TOTAL	**114**	**40**	**0**	**154**	**160**	**40**	**104**	**304**	**160**	**40**	**140**	**340**	**160**	**40**	**140**	**340**

23/24 OCT TO MARCH				24/25 APRIL TO SEPT				24/25 OCT TO MARCH				25/26 APRIL TO SEPT				25/26 OCT TO MARCH			
Maidstone	32 High St	TW New Build	Total	Maidstone	32 High St	TW New Build	Total	Maidstone	32 High St	TW New Build	Total	Maidstone	32 High St	TW New Build	Total	Maidstone	32 High St	TW New Build	Total
27	0	53	80	27	0	53	80	40	0	80	120	40	0	80	120	40	0	80	120
14	0	24	38	14	0	24	38	14	0	24	38	14	0	24	38	14	0	24	38
30	0	30	60	30	0	30	60	30	0	30	60	30	0	30	60	30	0	30	60
4	0	4	8	4	0	4	8	4	0	4	8	4	0	4	8	4	0	4	8
69	19	29	117	69	19	29	117	56	19	2	77	56	19	2	77	56	19	2	77
5	5	0	10	5	5	0	10	5	5	0	10	5	5	0	10	5	5	0	10
3	3	0	6	3	3	0	6	3	3	0	6	3	3	0	6	3	3	0	6
8	13	0	21	8	13	0	21	8	13	0	21	8	13	0	21	8	13	0	21
160	**40**	**140**	**340**	**160**	**40**	**140**	**340**	**160**	**40**	**140**	**340**	**160**	**40**	**140**	**340**	**160**	**40**	**140**	**340**

Capacity:	21/22	22/23	22/23	23/24	24/25	23/24	25/26	23/24	24/25
32 High street TW	40	40	40	40	40	40	40	40	40
Springwood Maidstone	114	160	160	160	160	160	160	160	160
New Accomodation (Rented)	0	145	140	140	140	140	140	140	140
TOTAL	**154**	**345**	**340**	**340**	**340**	**340**	**340**	**340**	**340**

		TW New Build	Months		Months		Months		Months		Months		Months		Months		Months		Months		Months	
			Occupancy (adjust accordingly)	6	Occupancy (adjust accordingly)	6	Occupancy (adjust accordingly)	6	Occupancy (adjust accordingly)	6	Occupancy (adjust accordingly)	6	Occupancy (adjust accordingly)	6	Occupancy (adjust accordingly)	6	Occupancy (adjust accordingly)	6	Occupancy (adjust accordingly)	6	**rooms assumed**
		£		£		£		£		£		£		£		£		£		£	
KMMS students	500	0	100%	0	100%	81,000	100%	81,000	100%	159,000	100%	159,000	100%	240,000	100%	240,000	100%	240,000	100%	240,000	80
current Medical students Kings+ St Georges	500	0	100%	72,000	100%	72,000	100%	72,000	100%	72,000	100%	72,000	100%	72,000	100%	72,000	100%	72,000	100%	72,000	24
FY1 Doctors	750	0	90%	121,500	90%	121,500	90%	121,500	90%	121,500	90%	121,500	90%	121,500	90%	121,500	90%	121,500	90%	121,500	27
F2 Doctors	750	0	75%	13,500	75%	13,500	75%	13,500	75%	13,500	75%	13,500	75%	13,500	75%	13,500	75%	13,500	75%	13,500	3
Student nurses/ overseas	750	0	90%	186,300	90%	222,750	90%	222,750	90%	117,450	90%	117,450	90%	8,100	90%	8,100	90%	8,100	90%	8,100	2
SHO/Middle Grades/Specialists/Fellows	750	0	100%	0	100%	0	100%	0	100%	0	100%	0	100%	0	100%	0	100%	0	100%	0	0
Consultants	750	0	100%	0	100%	0	100%	0	100%	0	100%	0	100%	0	100%	0	100%	0	100%	0	0
Other staff	750	0	100%	0	100%	0	100%	0	100%	0	100%	0	100%	0	100%	0	100%	0	100%	0	0
Total		**0**		**393,300**		**510,750**		**510,750**		**483,450**		**483,450**		**455,100**		**455,100**		**455,100**		**455,100**	**136**

		TW New Build						
		2022-23	2023-24	2024-25	2025-26	2026-27	2027-28 - 2061-62	
KMMS students	500	81,000	240,000	399,000	480,000	480,000	16,800,000	18,480,000
current Medical students Kings+ St Georges	500	144,000	144,000	144,000	144,000	144,000	5,040,000	5,760,000
FY1 Doctors	750	243,000	243,000	243,000	243,000	243,000	8,505,000	9,720,000
F2 Doctors	750	27,000	27,000	27,000	27,000	27,000	945,000	1,080,000
Student nurses/ overseas	750	409,050	340,200	125,550	16,200	16,200	567,000	1,474,200
SHO/Middle Grades/Specialists/Fellows	750	0	0	0	0	0	0	0
Consultants	750	0	0	0	0	0	0	0
Other staff	750	0	0	0	0	0	0	0
Total		904,050	994,200	938,550	910,200	910,200	31,857,000	36,514,200

Affordability - 144 New Build

Funding and affordability

The Financial Case

Capital costs of the preferred investment option

Capital	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 - 2061-62 £000	Total £000
Equipment		36					0	96	132
Estate		913					0	0	913
IT		383					180	2,074	2,637
Other									
VAT									
Total capital	0	1,332	0	0	0	0	180	2,170	3,682

Notes on capital costs:

Revenue changes associated with the preferred investment option

Revenue changes	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 - 2061-62 £000	Total £000
Total income		30	1,220	1,567	1,751	1,723	1,723	60,299	68,313
Pay	0	0	144	144	144	144	144	5,040	5,760
Non Pay expenditure		1,241	1,060	1,060	1,060	1,060	1,060	37,892	44,431
Other (non-operating) expenditure									0
Capital charges & depreciation	0	0	134	131	128	125	122	3,412	4,051
Total costs	0	1,241	1,338	1,335	1,332	1,328	1,325	46,344	54,242
Net financial benefit	0	-1,211	-117	232	420	394	398	13,955	14,071

ID766 - Kent and Medway Medical School

Rooms 144

A) I&E

	2020-21 £ 000	Year 0 2021-22 £ 000	Year 1 2022-23 £ 000	Year 2 2023-24 £ 000	Year 3 2024-25 £ 000	Year 4 2025-26 £ 000	Year 5 2026-27 £ 000	Year 6 2027-28 £ 000	Year 7 2028-29 £ 000	Year 8 2029-30 £ 000	Year 9 2030-31 £ 000	Year 10 2031-32 £ 000	Year 11 2032-33 £ 000	Year 12 2033-34 £ 000	Year 13 2034-35 £ 000	Year 14 2035-36 £ 000	Year 15 2036-37 £ 000	Year 16 2037-38 £ 000	Year 17 2038-39 £ 000	Year 18 2039-40 £ 000	Year 19 2040-41 £ 000	Year 20 2041-42 £ 000	Year 21 2042-43 £ 000	Year 22 2043-44 £ 000	Year 23 2044-45 £ 000	Year 24 2045-46 £ 000	Year 25 2046-47 £ 000	Year 26 2047-48 £ 000	Year 27 2048-49 £ 000	Year 28 2049-50 £ 000	Year 29 2050-51 £ 000	Year 30 2051-52 £ 000	Year 31 2052-53 £ 000	Year 32 2053-54 £ 000	Year 33 2054-55 £ 000	Year 34 2055-56 £ 000	Year 35 2056-57 £ 000	Year 36 2057-58 £ 000	Year 37 2058-59 £ 000	Year 38 2059-60 £ 000	Year 39 2060-61 £ 000	Year 40 2061-62 £ 000	**total years 0 to 40 £ 000**
Income																																											
Rent per month for 52 weeks (breakdown on occupancy schedule)			920	1,027	971	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	943	**37,794**
Laundry income			8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	**329**
Rental of Academic facilities out of hours			52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	**2,080**
Undergraduate funding			240	480	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	**28,080**
Benefit from temporary spend reduction																																										**0**
2020-21 cost offset	270																																									**0**
Head Lease		30																																								**30**
total income	**270**	**30**	**1,220**	**1,567**	**1,751**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**1,723**	**68,313**
Pay			**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**5,760**
Non Pay																																											
Lease Costs		51	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	612	**24,533**
																																										0
Development Lease Cost (August 2021 - March 2022)		350																																								**350**
Insurance		17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	**697**
Enabling Works		350																																								**350**
Recycling costs										200								200								200								200								**800**
Loss on disposal of land		140																																								**140**
Cleaning consumables			30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	**1,200**
Utility cost - Electricity			170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	170	**6,800**
sewerage			32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	**1,280**
Rates			179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	179	**7,148**
Maintenance contracts			20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	**800**
Grounds and Gardens																																										**0**
Consultant fees	270	333																																								**333**
Total Non Pay	**270**	**1,241**	**1,060**	**1,060**	**1,060**	**1,060**	**1,060**	**1,060**	**1,060**	**1,260**	**1,060**	**1,060**	**1,060**	**1,060**	**1,060**	**1,060**	**1,060**	**1,260**	**1,060**	**1,060**	**1,060**	**1,060**	**1,060**	**1,060**	**1,060**	**1,260**	**1,060**	**1,060**	**1,060**	**1,060**	**1,060**	**1,060**	**1,260**	**1,060**	**1,060**	**1,060**	**1,060**	**1,060**	**1,060**	**1,060**	**1,060**	**44,431**
Cost of Capital		0	134	131	128	125	122	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	**4,051**
Total Cost	**270**	**1,241**	**1,338**	**1,335**	**1,332**	**1,328**	**1,325**	**1,301**	**1,301**	**1,501**	**1,301**	**1,301**	**1,301**	**1,301**	**1,301**	**1,301**	**1,301**	**1,501**	**1,301**	**1,301**	**1,301**	**1,301**	**1,301**	**1,301**	**1,301**	**1,501**	**1,301**	**1,301**	**1,301**	**1,301**	**1,301**	**1,301**	**1,501**	**1,301**	**1,301**	**1,301**	**1,301**	**1,301**	**1,301**	**1,301**	**1,301**	**54,242**
profit/ loss	**0**	**-1,211**	**-117**	**232**	**420**	**394**	**398**	**422**	**422**	**222**	**422**	**422**	**422**	**422**	**422**	**422**	**422**	**222**	**422**	**422**	**422**	**422**	**422**	**422**	**422**	**222**	**422**	**422**	**422**	**422**	**422**	**422**	**222**	**422**	**422**	**422**	**422**	**422**	**422**	**422**	**422**	**14,071**

Demand original	21/22 (based on feb 2021 occupancy)			
	Maidstone	32 High St	TW New Build	Total
KMMS students	0	0	0	0
current Medical students Kings+ St Georges	30	8	0	38
FY1 Doctors	30	20	0	50
F2 Doctors	6	10	0	16
Student nurses/ overseas	24	0	0	24
SHO/Middle Grades/Specialists/Fellows	8	0	0	8
Consultants	4	2	0	6
Other staff	12	0	0	12
TOTAL	**114**	**40**	**0**	**154**

	22/23 APRIL TO SEPT			
	Maidstone	32 High St	TW New Build	Total
KMMS students	0	0	0	0
current Medical students Kings+ St Georges	14	0	24	38
FY1 Doctors	30	0	30	60
F2 Doctors	4	0	4	8
Student nurses/ overseas	96	19	46	161
SHO/Middle Grades/Specialists/Fellows	5	5	0	10
Consultants	3	3	0	6
Other staff	8	13	0	21
TOTAL	**160**	**40**	**104**	**304**

	22/23 OCT TO MARCH			
	Maidstone	32 High St	TW New Build	Total
KMMS students	13	0	27	40
current Medical students Kings+ St Georges	14	0	24	38
FY1 Doctors	30	0	30	60
F2 Doctors	4	0	4	8
Student nurses/ overseas	83	19	59	161
SHO/Middle Grades/Specialists/Fellows	5	5	0	10
Consultants	3	3	0	6
Other staff	8	13	0	21
TOTAL	**160**	**40**	**144**	**344**

	23/24 APRIL TO SEPT			
	Maidstone	32 High St	TW New Build	Total
KMMS students	13	0	27	40
current Medical students Kings+ St Georges	14	0	24	38
FY1 Doctors	30	0	30	60
F2 Doctors	4	0	4	8
Student nurses/ overseas	83	19	59	161
SHO/Middle Grades/Specialists/Fellows	5	5	0	10
Consultants	3	3	0	6
Other staff	8	13	0	21
TOTAL	**160**	**40**	**144**	**344**

	23/24 OCT TO MARCH			
	Maidstone	32 High St	TW New Build	Total
KMMS students	27	0	53	80
current Medical students Kings+ St Georges	14	0	24	38
FY1 Doctors	30	0	30	60
F2 Doctors	4	0	4	8
Student nurses/ overseas	69	19	33	121
SHO/Middle Grades/Specialists/Fellows	5	5	0	10
Consultants	3	3	0	6
Other staff	8	13	0	21
TOTAL	**160**	**40**	**144**	**344**

	24/25 APRIL TO SEPT			
	Maidstone	32 High St	TW New Build	Total
KMMS students	27	0	53	80
current Medical students Kings+ St Georges	14	0	24	38
FY1 Doctors	30	0	30	60
F2 Doctors	4	0	4	8
Student nurses/ overseas	69	19	33	121
SHO/Middle Grades/Specialists/Fellows	5	5	0	10
Consultants	3	3	0	6
Other staff	8	13	0	21
TOTAL	**160**	**40**	**144**	**344**

	24/25 OCT TO MARCH			
	Maidstone	32 High St	TW New Build	Total
KMMS students	40	0	80	120
current Medical students Kings+ St Georges	14	0	24	38
FY1 Doctors	30	0	30	60
F2 Doctors	4	0	4	8
Student nurses/ overseas	56	19	6	81
SHO/Middle Grades/Specialists/Fellows	5	5	0	10
Consultants	3	3	0	6
Other staff	8	13	0	21
TOTAL	**160**	**40**	**144**	**344**

	25/26 APRIL TO SEPT			
	Maidstone	32 High St	TW New Build	Total
KMMS students	40	0	80	120
current Medical students Kings+ St Georges	14	0	24	38
FY1 Doctors	30	0	30	60
F2 Doctors	4	0	4	8
Student nurses/ overseas	56	19	6	81
SHO/Middle Grades/Specialists/Fellows	5	5	0	10
Consultants	3	3	0	6
Other staff	8	13	0	21
TOTAL	**160**	**40**	**144**	**344**

	25/26 OCT TO MARCH			
	Maidstone	32 High St	TW New Build	Total
KMMS students	40	0	80	120
current Medical students Kings+ St Georges	14	0	24	38
FY1 Doctors	30	0	30	60
F2 Doctors	4	0	4	8
Student nurses/ overseas	56	19	6	81
SHO/Middle Grades/Specialists/Fellows	5	5	0	10
Consultants	3	3	0	6
Other staff	8	13	0	21
TOTAL	**160**	**40**	**144**	**344**

Capacity:	**21/22**	**22/23**	**22/23**	**23/24**	**24/25**	**23/24**	**24/25**	**23/24**	**24/25**
32 High street TW	40	40	40	40	40	40	40	40	40
Springwood Maidstone	114	160	160	160	160	160	160	160	160
New Accomodation	0	144	144	144	144	144	144	144	144
TOTAL	**154**	**344**	**344**	**344**	**344**	**344**	**344**	**344**	**344**

			Months			Months			Months			Months			Months			Months			Months			Months		
			Occupancy (adjust accordingly)	6		Occupancy (adjust accordingly)	6		Occupancy (adjust accordingly)	6		Occupancy (adjust accordingly)	6		Occupancy (adjust accordingly)	6		Occupancy (adjust accordingly)	6		Occupancy (adjust accordingly)	6		Occupancy (adjust accordingly)	6	**rooms assumed**
	TW New Build	£		£			£			£			£			£			£			£			£	
KMMS students	500	0	100%	0		100%	81,000		100%	81,000		100%	159,000		100%	159,000		100%	240,000		100%	240,000		100%	240,000	80
current Medical students Kings+ St Georges	500	0	100%	72,000		100%	72,000		100%	72,000		100%	72,000		100%	72,000		100%	72,000		100%	72,000		100%	72,000	24
FY1 Doctors	750	0	90%	121,500		90%	121,500		90%	121,500		90%	121,500		90%	121,500		90%	121,500		90%	121,500		90%	121,500	27
F2 Doctors	750	0	75%	13,500		75%	13,500		75%	13,500		75%	13,500		75%	13,500		75%	13,500		75%	13,500		75%	13,500	3
Student nurses/ overseas	750	0	90%	186,300		90%	238,950		90%	238,950		90%	133,650		90%	133,650		90%	24,300		90%	24,300		90%	24,300	5
SHO/Middle Grades/Specialists/Fellows	750	0	100%	0		100%	0		100%	0		100%	0		100%	0		100%	0		100%	0		100%	0	0
Consultants	750	0	100%	0		100%	0		100%	0		100%	0		100%	0		100%	0		100%	0		100%	0	0
Other staff	750	0	100%	0		100%	0		100%	0		100%	0		100%	0		100%	0		100%	0		100%	0	0
Total		**0**		**393,300**			**526,950**			**526,950**			**499,650**			**499,650**			**471,300**			**471,300**			**471,300**	**139**

		TW New Build						
		2022-23	2023-24	2024-25	2025-26	2026-27	2027-28 - 2046-47	
KMMS students	500	81,000	240,000	399,000	480,000	480,000	16,800,000	18,480,000
current Medical students Kings+ St Georges	500	144,000	144,000	144,000	144,000	144,000	5,040,000	5,760,000
FY1 Doctors	750	243,000	243,000	243,000	243,000	243,000	8,505,000	9,720,000
F2 Doctors	750	27,000	27,000	27,000	27,000	27,000	945,000	1,080,000
Student nurses/ overseas	750	425,250	372,600	157,950	48,600	48,600	1,701,000	2,754,000
SHO/Middle Grades/Specialists/Fellows	750	0	0	0	0	0	0	0
Consultants	750	0	0	0	0	0	0	0
Other staff	750	0	0	0	0	0	0	0
Total		920,250	1,026,600	970,950	942,600	942,600	32,991,000	37,794,000

Affordability - 180 new build

Funding and affordability The Financial Case

Capital	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 - 2061-62 £000	Total £000
Equipment		36					0	96	132
Estate		913					0	0	913
IT		383					180	2,074	2,637
Other									
VAT									
Total capital	0	1,332	0	0	0	0	180	2,170	3,682

Notes on capital costs:

Revenue changes associated with the preferred investment option

Revenue changes	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 - 2061-62 £000	Total £000
Total income		30	1,309	1,734	1,919	1,890	1,890	66,287	75,061
Pay	0	0	144	144	144	144	144	5,040	5,760
Non Pay expenditure		1,254	1,306	1,306	1,306	1,306	1,306	46,741	54,523
Other (non-operating) expenditure									0
Capital charges & depreciation	0	0	134	131	128	125	122	3,412	4,051
Total costs	0	1,254	1,584	1,581	1,578	1,574	1,571	55,193	64,334
Net financial benefit	0	-1,224	-274	154	341	316	319	11,094	10,727

How the investment will be funded:

ID766 - Kent and Medway Medical School

Rooms 180

A) I&E

	2020-21	Year 0 2021-22	Year 1 2022-23	Year 2 2023-24	Year 3 2024-25	Year 4 2025-26	Year 5 2026-27	Year 6 2027-28	Year 7 2028-29	Year 8 2029-30	Year 9 2030-31	Year 10 2031-32	Year 11 2032-33	Year 12 2033-34	Year 13 2034-35	Year 14 2035-36	Year 15 2036-37	Year 16 2037-38	Year 17 2038-39	Year 18 2039-40	Year 19 2040-41	Year 20 2041-42	Year 21 2042-43	Year 22 2043-44	Year 23 2044-45	Year 24 2045-46	Year 25 2046-47	Year 26 2047-48	Year 27 2048-49	Year 28 2049-50	Year 29 2050-51	Year 30 2051-52	Year 31 2052-53	Year 32 2053-54	Year 33 2054-55	Year 34 2055-56	Year 35 2056-57	Year 36 2057-58	Year 37 2058-59	Year 38 2059-60	Year 39 2060-61	Year 40 2061-62	**total years 0 to 40**
	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000
Income																																											
Rent per month for 52 weeks			1,007	1,192	1,137	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	1,108	44,339
Laundry income			10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	412
Rental of Academic facilities out of hours			52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	2,200
Undergraduate funding			240	480	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	720	28,080
Benefit from temporary spend reduction																																											
2020-21 cost offset	270																																										
Head Lease		30																																									30
total income	**270**	**30**	**1,309**	**1,734**	**1,919**	**1,890**	**1,890**	**1,890**	**1,890**	**1,890**	**1,890**	**1,890**	**1,890**	**1,890**	**1,890**	**1,890**	**1,890**	**1,890**	**1,890**	**1,890**	**1,890**	**1,890**	**1,890**	**1,890**	**1,890**	**1,890**	**1,890**	**1,891**	**1,892**	**1,893**	**1,894**	**1,895**	**1,896**	**1,897**	**1,898**	**1,899**	**1,900**	**1,901**	**1,902**	**1,903**	**1,904**	**1,905**	**75,061**
Pay			144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	144	**5,760**
Non Pay																																											
Lease Costs		64	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	765	30,667
Development Lease Cost (August 2021 - March 2022)		350																																									350
Insurance		17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	697
Enabling Works		350																																									350
Recycling Costs										200								200								200								200									800
Loss on disposal of land		140																																									140
Cleaning consumables			37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	1,490
Utility cost - Electricity			211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	8,441
sewerage			32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	1,400
Rates			223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	8,935
Maintenance contracts			20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	920
Grounds and Gardens																																											
Consultant fees	270	333																																									333
Total Non Pay	270	1,254	1,306	1,306	1,306	1,306	1,306	1,306	1,306	1,506	1,306	1,306	1,306	1,306	1,306	1,306	1,306	1,506	1,306	1,306	1,306	1,306	1,306	1,306	1,306	1,506	1,306	1,308	1,310	1,312	1,314	1,316	1,318	1,520	1,322	1,324	1,326	1,328	1,330	1,332	1,334	1,336	54,523
Cost of Capital		0	134	131	128	125	122	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	4,051
Total Cost	**270**	**1,254**	**1,584**	**1,581**	**1,578**	**1,574**	**1,571**	**1,547**	**1,547**	**1,747**	**1,547**	**1,547**	**1,547**	**1,547**	**1,547**	**1,547**	**1,547**	**1,747**	**1,547**	**1,547**	**1,547**	**1,547**	**1,547**	**1,547**	**1,547**	**1,747**	**1,547**	**1,549**	**1,551**	**1,553**	**1,555**	**1,557**	**1,559**	**1,761**	**1,563**	**1,565**	**1,567**	**1,569**	**1,571**	**1,573**	**1,575**	**1,577**	**64,334**
profit/ loss	**0**	**-1,224**	**-274**	**154**	**341**	**316**	**319**	**343**	**343**	**143**	**343**	**343**	**343**	**343**	**343**	**343**	**343**	**143**	**343**	**343**	**343**	**343**	**343**	**343**	**343**	**143**	**343**	**342**	**341**	**340**	**339**	**338**	**337**	**136**	**335**	**334**	**333**	**332**	**331**	**330**	**329**	**328**	**10,727**

Occupancy **180**

Demand original	21/22 (based on feb 2021 occupancy)				22/23 APRIL TO SEPT				22/23 OCT TO MARCH				23/24 APRIL TO SEPT			
	Maidstone	32 High St	TW new Build	Total	Maidstone	32 High St	TW new Build	Total	Maidstone	32 High St	TW new Build	Total	Maidstone	32 High St	TW new Build	Total
KMMS students	0	0	0	0	0	0	0	0	13	0	27	40	13	0	27	40
current Medical students Kings+ St Georges	30	8	0	38	14	0	24	38	14	0	24	38	14	0	24	38
FY1 Doctors	30	20	0	50	30	0	30	60	30	0	30	60	30	0	30	60
F2 Doctors	6	10	0	16	4	0	4	8	4	0	4	8	4	0	4	8
Student nurses/ overseas	24	0	0	24	96	19	47	162	83	19	60	162	83	19	60	162
SHO/Middle Grades/Specialists/Fellows	8	0	0	8	5	5	0	10	5	5	0	10	5	5	0	10
Consultants	4	2	0	6	3	3	0	6	3	3	0	6	3	3	0	6
Other staff	12	0	0	12	8	13	0	21	8	13	35	56	8	13	35	56
TOTAL	**114**	**40**	**0**	**154**	**160**	**40**	**105**	**305**	**160**	**40**	**180**	**380**	**160**	**40**	**180**	**380**

	23/24 OCT TO MARCH				24/25 APRIL TO SEPT				24/25 OCT TO MARCH				25/26 APRIL TO SEPT				25/26 OCT TO MARCH			
	Maidstone	32 High St	TW new Build	Total	Maidstone	32 High St	TW new Build	Total	Maidstone	32 High St	TW new Build	Total	Maidstone	32 High St	TW new Build	Total	Maidstone	32 High St	TW new Build	Total
KMMS students	27	0	53	80	27	0	53	80	40	0	80	120	40	0	80	120	40	0	80	120
current Medical students Kings+ St Georges	14	0	24	38	14	0	24	38	14	0	24	38	14	0	24	38	14	0	24	38
FY1 Doctors	30	0	30	60	30	0	30	60	30	0	30	60	30	0	30	60	30	0	30	60
F2 Doctors	4	0	4	8	4	0	4	8	4	0	4	8	4	0	4	8	4	0	4	8
Student nurses/ overseas	69	19	34	122	69	19	34	122	56	19	7	82	56	19	7	82	56	19	7	82
SHO/Middle Grades/Specialists/Fellows	5	5	0	10	5	5	0	10	5	5	0	10	5	5	0	10	5	5	0	10
Consultants	3	3	0	6	3	3	0	6	3	3	0	6	3	3	0	6	3	3	0	6
Other staff	8	13	35	56	8	13	35	56	8	13	35	56	8	13	35	56	8	13	35	56
TOTAL	**160**	**40**	**180**	**380**	**160**	**40**	**180**	**380**	**160**	**40**	**180**	**380**	**160**	**40**	**180**	**380**	**160**	**40**	**180**	**380**

Capacity:	**21/22**	**22/23**	**22/23**	**23/24**	**24/25**	**23/24**	**24/25**	**23/24**	**24/25**
32 High street TW	40	40	40	40	40	40	40	40	40
Springwood Maidstone	114	160	160	160	160	160	160	160	160
New Accomodation	0	180	180	180	180	180	180	180	180
TOTAL	**154**	**380**	**380**	**380**	**380**	**380**	**380**	**380**	**380**

TW New Build		£	Months Occupancy (adjust accordingly)	6 £	Months Occupancy (adjust accordingly)	6 £	Months Occupancy (adjust accordingly)	6 £	Months Occupancy (adjust accordingly)	6 £	Months Occupancy (adjust accordingly)	6 £	Months Occupancy (adjust accordingly)	6 £	Months Occupancy (adjust accordingly)	6 £	Months Occupancy (adjust accordingly)	6 £	**rooms assumed**
KMMS students	500	0	**100%**	0	**100%**	81,000	**100%**	81,000	**100%**	159,000	**100%**	159,000	**100%**	240,000	**100%**	240,000	**100%**	240,000	80
current Medical students Kings+ St Georges	500	0	**100%**	72,000	**100%**	72,000	**100%**	72,000	**100%**	72,000	**100%**	72,000	**100%**	72,000	**100%**	72,000	**100%**	72,000	24
FY1 Doctors	750	0	**90%**	121,500	**90%**	121,500	**90%**	121,500	**90%**	121,500	**90%**	121,500	**90%**	121,500	**90%**	121,500	**90%**	121,500	27
F2 Doctors	750	0	**75%**	13,500	**75%**	13,500	**75%**	13,500	**75%**	13,500	**75%**	13,500	**75%**	13,500	**75%**	13,500	**75%**	13,500	3
Student nurses/ overseas	750	0	**90%**	190,350	**90%**	243,000	**90%**	243,000	**90%**	137,700	**90%**	137,700	**90%**	28,350	**90%**	28,350	**90%**	28,350	6
SHO/Middle Grades/Specialists/Fellows	750	0	**100%**	0	**100%**	0	**100%**	0	**100%**	0	**100%**	0	**100%**	0	**100%**	0	**100%**	0	0
Consultants	750	0	**100%**	0	**100%**	0	**100%**	0	**100%**	0	**100%**	0	**100%**	0	**100%**	0	**100%**	0	0
Other staff	750	0	**50%**	0	**50%**	78,750	**50%**	78,750	**50%**	78,750	**50%**	78,750	**50%**	78,750	**50%**	78,750	**50%**	78,750	18
Total		**0**		**397,350**		**609,750**		**609,750**		**582,450**		**582,450**		**554,100**		**554,100**		**554,100**	**158**

		TW New Build						
		2022-23	2023-24	2024-25	2025-26	2026-27	2027-28 - 2046-47	
KMMS students	500	81,000	240,000	399,000	480,000	480,000	16,800,000	18,480,000
current Medical students Kings+ St Georges	500	144,000	144,000	144,000	144,000	144,000	5,040,000	5,760,000
FY1 Doctors	750	243,000	243,000	243,000	243,000	243,000	8,505,000	9,720,000
F2 Doctors	750	27,000	27,000	27,000	27,000	27,000	945,000	1,080,000
Student nurses/ overseas	750	433,350	380,700	166,050	56,700	56,700	1,984,500	3,078,000
SHO/Middle Grades/Specialists/Fellows	750	0	0	0	0	0	0	0
Consultants	750	0	0	0	0	0	0	0
Other staff	750	78,750	157,500	157,500	157,500	157,500	5,512,500	6,221,250
Total		1,007,100	1,192,200	1,136,550	1,108,200	1,108,200	38,787,000	44,339,250

Affordability - **100 New build plus 40 spot purchase**

Funding and affordability									The Financial Case
Capital	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 - 2061-62 £000	Total £000
Equipment		36					0	96	132
Estate		913					0	0	913
IT		383					180	2,074	2,637
Other									
VAT									
Total capital	0	1,332	0	0	0	0	180	2,170	3,682
Notes on capital costs:									
Revenue changes associated with the preferred investment option									
Revenue changes	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 - 2061-62 £000	Total £000
Total income		30	1,186	1,532	1,596	1,568	1,568	54,877	62,357
Pay		0	144	144	144	144	144	5,040	5,760
Non Pay expenditure		1,225	972	1,188	1,188	1,188	1,188	42,383	49,331
Other (non-operating) expenditure									0
Capital charges & depreciation		0	134	131	128	125	122	3,412	4,051
Total costs	0	1,225	1,250	1,463	1,460	1,457	1,454	50,835	59,143
Net financial benefit	0	-1,195	-65	69	136	111	114	4,042	3,214
How the investment will be funded:									

ID766 - Kent and Medway Medical School

Rooms 100 plus 40 spot purchase

A) I&E

		Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15	Year 16	Year 17	Year 18	Year 19	Year 20	Year 21	Year 22	Year 23	Year 24	Year 25	Year 26	Year 27	Year 28	Year 29	Year 30	Year 31	Year 32	Year 33	Year 34	Year 35	Year 36	Year 37	Year 38	Year 39	Year 40	total years 0 to 40
	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	2031-32	2032-33	2033-34	2034-35	2035-36	2036-37	2037-38	2038-39	2039-40	2040-41	2041-42	2042-43	2043-44	2044-45	2045-46	2046-47	2047-48	2048-49	2049-50	2050-51	2051-52	2052-53	2053-54	2054-55	2055-56	2056-57	2057-58	2058-59	2059-60	2060-61	2061-62	
	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£
	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000
Income																																											
Rent per month for 52 weeks			888	994	939	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	36,498
Laundry income			6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	229
Rental of Academic facilities out of hours			52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	52	2,080
Undergraduate funding			240	480	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	23,520
Benefit from temporary spend reduction																																											
2020-21 cost offset	270																																										
Head Lease		30																																									30
total income	**270**	**30**	**1,186**	**1,532**	**1,596**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**1,568**	**62,357**
Pay			**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**144**	**5,760**
Non Pay																																											
Lease Costs		35	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	425	17,037
Spot Purchase 40 rooms			216	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	432	17,064
Development Lease Cost (August 2021 - March 2022)		350																																									350
Insurance		17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	697
Enabling Works		350																																									350
Recycling costs										200								200								200								200									800
Loss on disposal of land		140																																									140
Cleaning consumables			21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	828
Utility cost - Electricity			117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	117	4,690
sewerage			32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	1,280
Rates			124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	124	4,964
Maintenance contracts			20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	800
Grounds and Gardens																																											
Consultant fees	270	333																																									333
Total Non Pay	**270**	**1,225**	**972**	**1,188**	**1,188**	**1,188**	**1,188**	**1,188**	**1,188**	**1,388**	**1,188**	**1,188**	**1,188**	**1,188**	**1,188**	**1,188**	**1,188**	**1,388**	**1,188**	**1,188**	**1,188**	**1,188**	**1,188**	**1,188**	**1,188**	**1,388**	**1,188**	**1,188**	**1,188**	**1,188**	**1,188**	**1,188**	**1,188**	**1,388**	**1,188**	**1,188**	**1,188**	**1,188**	**1,188**	**1,188**	**1,188**	**1,188**	**49,331**
Cost of Capital		**0**	**134**	**131**	**128**	**125**	**122**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**97**	**4,051**
Total Cost	**270**	**1,225**	**1,250**	**1,463**	**1,460**	**1,457**	**1,454**	**1,430**	**1,430**	**1,630**	**1,430**	**1,430**	**1,430**	**1,430**	**1,430**	**1,430**	**1,430**	**1,630**	**1,430**	**1,430**	**1,430**	**1,430**	**1,430**	**1,430**	**1,430**	**1,630**	**1,430**	**1,430**	**1,430**	**1,430**	**1,430**	**1,430**	**1,430**	**1,630**	**1,430**	**1,430**	**1,430**	**1,430**	**1,430**	**1,430**	**1,430**	**1,430**	**59,143**
profit/ loss	**0**	**-1,195**	**-65**	**69**	**136**	**111**	**114**	**138**	**138**	**-62**	**138**	**138**	**138**	**138**	**138**	**138**	**138**	**-62**	**138**	**138**	**138**	**138**	**138**	**138**	**138**	**-62**	**138**	**138**	**138**	**138**	**138**	**138**	**138**	**-62**	**138**	**138**	**138**	**138**	**138**	**138**	**138**	**138**	**3,214**

Occupancy **100**

Demand original	21/22 (based on feb 2021 occupancy)				22/23 APRIL TO SEPT				22/23 OCT TO MARCH				23/24 APRIL TO SEPT			
	Maidstone	32 High St	New Build plus Spot Purchase (40)	Total	Maidstone	32 High St	New Build plus Spot Purchase (40)	Total	Maidstone	32 High St	New Build plus Spot Purchase (40)	Total	Maidstone	32 High St	New Build plus Spot Purchase (40)	Total
KMMS students	0	0	0	0	0	0	0	0	13	0	27	40	13	0	27	40
current Medical students Kings+ St Georges	30	8	0	38	14	0	24	38	14	0	24	38	14	0	24	38
FY1 Doctors	30	20	0	50	30	0	30	60	30	0	30	60	30	0	30	60
F2 Doctors	6	10	0	16	4	0	4	8	4	0	4	8	4	0	4	8
Student nurses/ overseas	24	0	0	24	96	19	42	157	83	19	55	157	83	19	55	157
SHO/Middle Grades/Specialists/Fellows	8	0	0	8	5	5	0	10	5	5	0	10	5	5	0	10
Consultants	4	2	0	6	3	3	0	6	3	3	0	6	3	3	0	6
Other staff	12	0	0	12	8	13	0	21	8	13	0	21	8	13	0	21
TOTAL	**114**	**40**	**0**	**154**	**160**	**40**	**100**	**300**	**160**	**40**	**140**	**340**	**160**	**40**	**140**	**340**

Demand original	23/24 OCT TO MARCH				24/25 APRIL TO SEPT				24/25 OCT TO MARCH			
	Maidstone	32 High St	New Build plus Spot Purchase (40)	Total	Maidstone	32 High St	New Build plus Spot Purchase (40)	Total	Maidstone	32 High St	New Build plus Spot Purchase (40)	Total
KMMS students	27	0	53	80	27	0	53	80	40	0	80	120
current Medical students Kings+ St Georges	14	0	24	38	14	0	24	38	14	0	24	38
FY1 Doctors	30	0	30	60	30	0	30	60	30	0	30	60
F2 Doctors	4	0	4	8	4	0	4	8	4	0	4	8
Student nurses/ overseas	69	19	29	117	69	19	29	117	56	19	2	77
SHO/Middle Grades/Specialists/Fellows	5	5	0	10	5	5	0	10	5	5	0	10
Consultants	3	3	0	6	3	3	0	6	3	3	0	6
Other staff	8	13	0	21	8	13	0	21	8	13	0	21
TOTAL	**160**	**40**	**140**	**340**	**160**	**40**	**140**	**340**	**160**	**40**	**140**	**340**

Demand original	25/26 APRIL TO SEPT				25/26 OCT TO MARCH			
	Maidstone	32 High St	New Build plus Spot Purchase (40)	Total	Maidstone	32 High St	New Build plus Spot Purchase (40)	Total
KMMS students	40	0	80	120	40	0	80	120
current Medical students Kings+ St Georges	14	0	24	38	14	0	24	38
FY1 Doctors	30	0	30	60	30	0	30	60
F2 Doctors	4	0	4	8	4	0	4	8
Student nurses/ overseas	56	19	2	77	56	19	2	77
SHO/Middle Grades/Specialists/Fellows	5	5	0	10	5	5	0	10
Consultants	3	3	0	6	3	3	0	6
Other staff	8	13	0	21	8	13	0	21
TOTAL	**160**	**40**	**140**	**340**	**160**	**40**	**140**	**340**

Capacity:	**21/22**	**22/23**	**22/23**	**23/24**	**24/25**	**23/24**	**24/25**	**23/24**	**24/25**
32 High street TW	40	40	40	40	40	40	40	40	40
Springwood Maidstone	114	160	160	160	160	160	160	160	160
New Accomodation	0	100	100	100	100	100	100	100	100
Spot Purchase - 40		40	40	40	40	40	40	40	40
TOTAL	**154**	**300**	**340**	**340**	**340**	**340**	**340**	**340**	**340**

	TW New Build	£	Occupancy (adjust accordingly)	Months 6 £	Occupancy (adjust accordingly)	Months 6 £	Occupancy (adjust accordingly)	Months 6 £	Occupancy (adjust accordingly)	Months 6 £	Occupancy (adjust accordingly)	Months 6 £	Occupancy (adjust accordingly)	Months 6 £	Occupancy (adjust accordingly)	Months 6 £	Occupancy (adjust accordingly)	Months 6 £	**rooms assumed**
KMMS students	500	0	100%	0	100%	81,000	100%	81,000	100%	159,000	100%	159,000	100%	240,000	100%	240,000	100%	240,000	80
current Medical students Kings+ St Georges	500	0	100%	72,000	100%	72,000	100%	72,000	100%	72,000	100%	72,000	100%	72,000	100%	72,000	100%	72,000	24
FY1 Doctors	750	0	90%	121,500	90%	121,500	90%	121,500	90%	121,500	90%	121,500	90%	121,500	90%	121,500	90%	121,500	27
F2 Doctors	750	0	75%	13,500	75%	13,500	75%	13,500	75%	13,500	75%	13,500	75%	13,500	75%	13,500	75%	13,500	3
Student nurses/ overseas	750	0	90%	170,100	90%	222,750	90%	222,750	90%	117,450	90%	117,450	90%	8,100	90%	8,100	90%	8,100	2
SHO/Middle Grades/Specialists/Fellows	750	0	100%	0	100%	0	100%	0	100%	0	100%	0	100%	0	100%	0	100%	0	0
Consultants	750	0	100%	0	100%	0	100%	0	100%	0	100%	0	100%	0	100%	0	100%	0	0
Other staff	750	0	50%	0	50%	0	50%	0	50%	0	50%	0	50%	0	50%	0	50%	0	0
Total		**0**		**377,100**		**510,750**		**510,750**		**483,450**		**483,450**		**455,100**		**455,100**		**455,100**	**136**

		TW New Build						
		2022-23	2023-24	2024-25	2025-26	2026-27	2027-28 - 2046-47	
KMMS students	500	81,000	240,000	399,000	480,000	480,000	16,800,000	18,480,000
current Medical students Kings+ St Georges	500	144,000	144,000	144,000	144,000	144,000	5,040,000	5,760,000
FY1 Doctors	750	243,000	243,000	243,000	243,000	243,000	8,505,000	9,720,000
F2 Doctors	750	27,000	27,000	27,000	27,000	27,000	945,000	1,080,000
Student nurses/ overseas	750	392,850	340,200	125,550	16,200	16,200	567,000	1,458,000
SHO/Middle Grades/Specialists/Fellows	750	0	0	0	0	0	0	0
Consultants	750	0	0	0	0	0	0	0
Other staff	750	0	0	0	0	0	0	0
Total		887,850	994,200	938,550	910,200	910,200	31,857,000	36,498,000

Capital Items

			Excl VAT	Incl VAT	Asset Life	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28 - 2061-62	Total
FFE	Reception Desk	Equipment	20,000	24,000	10.0	3,198	3,114	3,030	2,946	2,862	41,250	**56,400**
FFE	End user IT/AV equipment (PC, laptop, phone handsets, IT peripherals, TV's, Projectors, Speakers, Monitor screens, etc..)	IT	150,000	180,000	5.0	41,670	40,410	39,150	37,890	36,630	1,370,250	**1,566,000**
Other Capital	IT Infrastructure / Broadband connection cables - Capital	IT	169,485	203,382	10.0	27,101	26,389	25,677	24,965	24,253	827,511	**955,895**
Other Capital	Access control and CCTV - Capital	Equipment	10,000	12,000	10.0	1,599	1,557	1,515	1,473	1,431	48,825	**56,400**
Estates	Enabling Works - New Permanent Footpath	Estates	42,049	50,459	31.5	3,340	3,284	3,228	3,172	3,116	62,143	**78,281**
Estates	Enabling Works - Building site enabling works	Estates	100,038	120,046	31.5	7,946	7,813	7,679	7,546	7,412	147,843	**186,238**
Estates	Enabling Works - Existing exit from car park	Estates	21,336	25,603	31.5	1,695	1,666	1,638	1,609	1,581	31,532	**39,721**
Estates	Enabling Works - New exit from car park	Estates	44,842	53,810	31.5	3,562	3,502	3,442	3,382	3,323	66,270	**83,480**
Estates	Enabling Works - Site Compound Works	Estates	253,491	304,189	31.5	20,134	19,796	19,458	19,120	18,782	374,623	**471,915**
Estates	Enabling Works - New service area	Estates	127,749	153,298	31.5	10,147	9,977	9,806	9,636	9,466	188,794	**237,825**
Estates	Enabling Works - HVLV works & water works	Estates	171,403	205,684	31.5	13,614	13,386	13,157	12,929	12,700	253,310	**319,096**
			1,110,393	**1,332,471**		**134,005**	**130,893**	**127,781**	**124,668**	**121,556**	**3,412,349**	**4,051,252**

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Initial Investment

IT	319,485	383,382
Equipment	30,000	36,000
Estates	760,908	913,089
	1,110,393	**1,332,471**

Capital Items

						Initial Investment	Replacement									
			Excl VAT	Incl VAT	Asset Life	2021-22	2026-27	2031-32	2036-37	2041-42	2046-47	2051-52	2056-57	2061-62	Total	
FFE	Reception Desk	Equipment	20,000	24,000	10	24,000				24,000				24,000	72,000	Every 20 years
FFE	End user IT/AV equipment (PC, laptop, phone handsets, IT peripherals, TV's, Projectors, Speakers, Monitor screens, etc..)	IT	150,000	180,000	5	180,000	180,000	180,000	180,000	180,000	180,000	180,000	180,000	180,000	1,620,000	Every 5 years
Other Capital	IT Infrastructure / Broadband connection cables - Capital	IT	169,485	203,382	10	203,382		203,382		203,382		203,382		203,382	1,016,910	Every 10 years
Other Capital	Access control and CCTV - Capital	Equipment	10,000	12,000	10	12,000		12,000		12,000		12,000		12,000	60,000	Every 10 years
Estates	Enabling Works - New Permanent Footpath	Estates	42,049	50,459	31.5	50,459									50,459	No upgrade
Estates	Enabling Works - Building site enabling works	Estates	100,038	120,046	31.5	120,046									120,046	No upgrade
Estates	Enabling Works - Existing exit from car park	Estates	21,336	25,603	31.5	25,603									25,603	No upgrade
Estates	Enabling Works - New exit from car park	Estates	44,842	53,810	31.5	53,810									53,810	No upgrade
Estates	Enabling Works - Site Compound Works	Estates	253,491	304,189	31.5	304,189									304,189	No upgrade
Estates	Enabling Works - New service area	Estates	127,749	153,298	31.5	153,298									153,298	No upgrade
Estates	Enabling Works - HVLV works & water works	Estates	171,403	205,684	31.5	205,684									205,684	No upgrade
			1,110,393	**1,332,471**		**1,332,471**	**180,000**	**395,382**	**180,000**	**419,382**	**180,000**	**395,382**	**180,000**	**419,382**	**3,681,999**	419,382.00 2061-62 replacement

Initial Investment

	Excl VAT	Incl VAT
IT	319,485	383,382
Equipment	30,000	36,000
Estates	760,908	913,089
	1,110,393	**1,332,471**

Initial plus replacemnet (based on asset life)

2021-22	2026-27	2027-28 - 2061-62	Total
383,382	180,000	2,073,528	2,636,910
36,000	0	96,000	132,000
913,089	0	0	913,089
1,332,471	**180,000**	**2,169,528**	**3,681,999**

Capital Charges

Reception Desk

Capital Charges Equipment

Forecast Capex (Including VAT) £000s	24,000.0
Residual Value at end of useful life £000s	0
Total Depreciation over asset life	24,000.0
Expected Useful Life	10

Year	Year	Opening NBV	Depreciation	Closing NBV	PDC at 3.5%	Total Capital Charges
2022-23	1	24,000.0	2,400.0	21,600.0	798.0	3,198.0
2023-24	2	21,600.0	2,400.0	19,200.0	714.0	3,114.0
2024-25	3	19,200.0	2,400.0	16,800.0	630.0	3,030.0
2025-26	4	16,800.0	2,400.0	14,400.0	546.0	2,946.0
2026-27	5	14,400.0	2,400.0	12,000.0	462.0	2,862.0
2027-28	6	12,000.0	2,400.0	9,600.0	378.0	2,778.0
2028-29	7	9,600.0	2,400.0	7,200.0	294.0	2,694.0
2029-30	8	7,200.0	2,400.0	4,800.0	210.0	2,610.0
2030-31	9	4,800.0	2,400.0	2,400.0	126.0	2,526.0
2031-32	10	2,400.0	2,400.0	0.0	42.0	2,442.0
2032-33	11	0.0	0.0	0.0	0.0	0.0
2033-34	12	0.0	0.0	0.0	0.0	0.0
2034-35	13	0.0	0.0	0.0	0.0	0.0
2035-36	14	0.0	0.0	0.0	0.0	0.0
2036-37	15	0.0	0.0	0.0	0.0	0.0
2037-38	16	0.0	0.0	0.0	0.0	0.0
2038-39	17	0.0	0.0	0.0	0.0	0.0
2039-40	18	0.0	0.0	0.0	0.0	0.0
2040-41	19	0.0	0.0	0.0	0.0	0.0
2041-42	20	0.0	0.0	0.0	0.0	0.0
2042-43	21	24,000.0	2,400.0	21,600.0	798.0	3,198.0
2043-44	22	21,600.0	2,400.0	19,200.0	714.0	3,114.0
2044-45	23	19,200.0	2,400.0	16,800.0	630.0	3,030.0
2045-46	24	16,800.0	2,400.0	14,400.0	546.0	2,946.0
2046-47	25	14,400.0	2,400.0	12,000.0	462.0	2,862.0
2047-48	26	12,000.0	2,400.0	9,600.0	378.0	2,778.0
2048-49	27	9,600.0	2,400.0	7,200.0	294.0	2,694.0
2049-50	28	7,200.0	2,400.0	4,800.0	210.0	2,610.0
2050-51	29	4,800.0	2,400.0	2,400.0	126.0	2,526.0
2051-52	30	2,400.0	2,400.0	0.0	42.0	2,442.0
2052-53	31	0.0	0.0	0.0	0.0	0.0
2053-54	32	0.0	0.0	0.0	0.0	0.0
2054-55	33	0.0	0.0	0.0	0.0	0.0
2055-56	34	0.0	0.0	0.0	0.0	0.0
2056-57	35	0.0	0.0	0.0	0.0	0.0
2057-58	36	0.0	0.0	0.0	0.0	0.0
2058-59	37	0.0	0.0	0.0	0.0	0.0
2059-60	38	0.0	0.0	0.0	0.0	0.0
2060-61	39	0.0	0.0	0.0	0.0	0.0
2061-62	40	0.0	0.0	0.0	0.0	0.0
-			**48,000.0**		**8,400.0**	**56,400.0**

	Capital Charges Summary £000s:							
	Capital Expenditure (Inc VAT)		**48,000**					
		2022-23	**2023-24**	**2024-25**	**2025-26**	**2026-27**	**Value over remaining period**	**Total Capital Charges**
3,262,617.39	Depreciation	2,400.0	2,400.0	2,400.0	2,400.0	2,400.0	36,000.0	48,000.0
788,634.74	Public Dividend Capital	798.0	714.0	630.0	546.0	462.0	5,250.0	8,400.0
4,051,252.13		**3,198.0**	**3,114.0**	**3,030.0**	**2,946.0**	**2,862.0**	**41,250.0**	**56,400.0**

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Capital Charges

End user IT/AV equipment (PC, laptop, phone handsets, IT peripherals, TV's, Projectors, Speakers, Monitor screens, etc..)

Capital Charges Equipment

Forecast Capex (Including VAT) £000s	180,000.0
Residual Value at end of useful life £000s	0
Total Depreciation over asset life	180,000.0
Expected Useful Life	5

Year	Opening NBV	Depreciation	Closing NBV	PDC at 3.5%	Total Capital Charges
1	180,000.0	36,000.0	144,000.0	5,670.0	41,670.0
2	144,000.0	36,000.0	108,000.0	4,410.0	40,410.0
3	108,000.0	36,000.0	72,000.0	3,150.0	39,150.0
4	72,000.0	36,000.0	36,000.0	1,890.0	37,890.0
5	36,000.0	36,000.0	0.0	630.0	36,630.0
6	180,000.0	36,000.0	144,000.0	5,670.0	41,670.0
7	144,000.0	36,000.0	108,000.0	4,410.0	40,410.0
8	108,000.0	36,000.0	72,000.0	3,150.0	39,150.0
9	72,000.0	36,000.0	36,000.0	1,890.0	37,890.0
10	36,000.0	36,000.0	0.0	630.0	36,630.0
11	180,000.0	36,000.0	144,000.0	5,670.0	41,670.0
12	144,000.0	36,000.0	108,000.0	4,410.0	40,410.0
13	108,000.0	36,000.0	72,000.0	3,150.0	39,150.0
14	72,000.0	36,000.0	36,000.0	1,890.0	37,890.0
15	36,000.0	36,000.0	0.0	630.0	36,630.0
16	180,000.0	36,000.0	144,000.0	5,670.0	41,670.0
17	144,000.0	36,000.0	108,000.0	4,410.0	40,410.0
18	108,000.0	36,000.0	72,000.0	3,150.0	39,150.0
19	72,000.0	36,000.0	36,000.0	1,890.0	37,890.0
20	36,000.0	36,000.0	0.0	630.0	36,630.0
21	180,000.0	36,000.0	144,000.0	5,670.0	41,670.0
22	144,000.0	36,000.0	108,000.0	4,410.0	40,410.0
23	108,000.0	36,000.0	72,000.0	3,150.0	39,150.0
24	72,000.0	36,000.0	36,000.0	1,890.0	37,890.0
25	36,000.0	36,000.0	0.0	630.0	36,630.0
26	180,000.0	36,000.0	144,000.0	5,670.0	41,670.0
27	144,000.0	36,000.0	108,000.0	4,410.0	40,410.0
28	108,000.0	36,000.0	72,000.0	3,150.0	39,150.0
29	72,000.0	36,000.0	36,000.0	1,890.0	37,890.0
30	36,000.0	36,000.0	0.0	630.0	36,630.0
31	180,000.0	36,000.0	144,000.0	5,670.0	41,670.0
32	144,000.0	36,000.0	108,000.0	4,410.0	40,410.0
33	108,000.0	36,000.0	72,000.0	3,150.0	39,150.0
34	72,000.0	36,000.0	36,000.0	1,890.0	37,890.0
35	36,000.0	36,000.0	0.0	630.0	36,630.0
36	180,000.0	36,000.0	144,000.0	5,670.0	41,670.0
37	144,000.0	36,000.0	108,000.0	4,410.0	40,410.0
38	108,000.0	36,000.0	72,000.0	3,150.0	39,150.0
39	72,000.0	36,000.0	36,000.0	1,890.0	37,890.0
40	36,000.0	36,000.0	0.0	630.0	36,630.0
		1,440,000.0		**126,000.0**	**1,566,000.0**

Capital Charges Summary £000s:							
Capital Expenditure (Inc VAT)		**1,440,000**					
	2022-23	**2023-24**	**2024-25**	**2025-26**	**2026-27**	**Value over remaining period**	**Total Capital Charges**
Depreciation	36,000.0	36,000.0	36,000.0	36,000.0	36,000.0	#########	1,440,000.0
Public Dividend Capital	5,670.0	4,410.0	3,150.0	1,890.0	630.0	110,250.0	126,000.0
	41,670.0	**40,410.0**	**39,150.0**	**37,890.0**	**36,630.0**	#########	**1,566,000.0**

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Capital Charges

IT Infrastructure / Broadband connection cables

Capital Charges Equipment

Forecast Capex (Including VAT) £000s	203,382.0
Residual Value at end of useful life £000s	0
Total Depreciation over asset life	203,382.0
Expected Useful Life	10

Year	Opening NBV	Depreciation	Closing NBV	PDC at 3.5%	Total Capital Charges
1	203,382.0	20,338.2	183,043.8	6,762.5	27,100.7
2	183,043.8	20,338.2	162,705.6	6,050.6	26,388.8
3	162,705.6	20,338.2	142,367.4	5,338.8	25,677.0
4	142,367.4	20,338.2	122,029.2	4,626.9	24,965.1
5	122,029.2	20,338.2	101,691.0	3,915.1	24,253.3
6	101,691.0	20,338.2	81,352.8	3,203.3	23,541.5
7	81,352.8	20,338.2	61,014.6	2,491.4	22,829.6
8	61,014.6	20,338.2	40,676.4	1,779.6	22,117.8
9	40,676.4	20,338.2	20,338.2	1,067.8	21,406.0
10	20,338.2	20,338.2	0.0	355.9	20,694.1
11	203,382.0	20,338.2	183,043.8	6,762.5	27,100.7
12	183,043.8	20,338.2	162,705.6	6,050.6	26,388.8
13	162,705.6	20,338.2	142,367.4	5,338.8	25,677.0
14	142,367.4	20,338.2	122,029.2	4,626.9	24,965.1
15	122,029.2	20,338.2	101,691.0	3,915.1	24,253.3
16	101,691.0	20,338.2	81,352.8	3,203.3	23,541.5
17	81,352.8	20,338.2	61,014.6	2,491.4	22,829.6
18	61,014.6	20,338.2	40,676.4	1,779.6	22,117.8
19	40,676.4	20,338.2	20,338.2	1,067.8	21,406.0
20	20,338.2	20,338.2	0.0	355.9	20,694.1
21	203,382.0	20,338.2	183,043.8	6,762.5	27,100.7
22	183,043.8	20,338.2	162,705.6	6,050.6	26,388.8
23	162,705.6	20,338.2	142,367.4	5,338.8	25,677.0
24	142,367.4	20,338.2	122,029.2	4,626.9	24,965.1
25	122,029.2	20,338.2	101,691.0	3,915.1	24,253.3
26	101,691.0	20,338.2	81,352.8	3,203.3	23,541.5
27	81,352.8	20,338.2	61,014.6	2,491.4	22,829.6
28	61,014.6	20,338.2	40,676.4	1,779.6	22,117.8
29	40,676.4	20,338.2	20,338.2	1,067.8	21,406.0
30	20,338.2	20,338.2	0.0	355.9	20,694.1
31	203,382.0	20,338.2	183,043.8	6,762.5	27,100.7
32	183,043.8	20,338.2	162,705.6	6,050.6	26,388.8
33	162,705.6	20,338.2	142,367.4	5,338.8	25,677.0
34	142,367.4	20,338.2	122,029.2	4,626.9	24,965.1
35	122,029.2	20,338.2	101,691.0	3,915.1	24,253.3
36	101,691.0	20,338.2	81,352.8	3,203.3	23,541.5
37	81,352.8	20,338.2	61,014.6	2,491.4	22,829.6
38	61,014.6	20,338.2	40,676.4	1,779.6	22,117.8
39	40,676.4	20,338.2	20,338.2	1,067.8	21,406.0
40	20,338.2	20,338.2	0.0	355.9	20,694.1
		813,528.0		**142,367.4**	**955,895.4**

Capital Charges Summary £000s:								
Capital Expenditure (Inc VAT)		**813,528**						
	2022-23	**2023-24**	**2024-25**	**2025-26**	**2026-27**	**Value over remaining period**	**Total Capital Charges**	
Depreciation	20,338.2	20,338.2	20,338.2	20,338.2	20,338.2	711,837.0	813,528.0	-
Public Dividend Capital	6,762.5	6,050.6	5,338.8	4,626.9	3,915.1	115,673.5	142,367.4	-
	27,100.7	**26,388.8**	**25,677.0**	**24,965.1**	**24,253.3**	**827,510.5**	**955,895.4**	

Capital Charges

Access control and CCTV - Capital

Capital Charges Equipment

Forecast Capex (Including VAT) £000s	12,000.0
Residual Value at end of useful life £000s	0
Total Depreciation over asset life	12,000.0
Expected Useful Life	10

Year	Opening NBV	Depreciation	Closing NBV	PDC at 3.5%	Total Capital Charges
1	12,000.0	1,200.0	10,800.0	399.0	1,599.0
2	10,800.0	1,200.0	9,600.0	357.0	1,557.0
3	9,600.0	1,200.0	8,400.0	315.0	1,515.0
4	8,400.0	1,200.0	7,200.0	273.0	1,473.0
5	7,200.0	1,200.0	6,000.0	231.0	1,431.0
6	6,000.0	1,200.0	4,800.0	189.0	1,389.0
7	4,800.0	1,200.0	3,600.0	147.0	1,347.0
8	3,600.0	1,200.0	2,400.0	105.0	1,305.0
9	2,400.0	1,200.0	1,200.0	63.0	1,263.0
10	1,200.0	1,200.0	0.0	21.0	1,221.0
11	12,000.0	1,200.0	10,800.0	399.0	1,599.0
12	10,800.0	1,200.0	9,600.0	357.0	1,557.0
13	9,600.0	1,200.0	8,400.0	315.0	1,515.0
14	8,400.0	1,200.0	7,200.0	273.0	1,473.0
15	7,200.0	1,200.0	6,000.0	231.0	1,431.0
16	6,000.0	1,200.0	4,800.0	189.0	1,389.0
17	4,800.0	1,200.0	3,600.0	147.0	1,347.0
18	3,600.0	1,200.0	2,400.0	105.0	1,305.0
19	2,400.0	1,200.0	1,200.0	63.0	1,263.0
20	1,200.0	1,200.0	0.0	21.0	1,221.0
21	12,000.0	1,200.0	10,800.0	399.0	1,599.0
22	10,800.0	1,200.0	9,600.0	357.0	1,557.0
23	9,600.0	1,200.0	8,400.0	315.0	1,515.0
24	8,400.0	1,200.0	7,200.0	273.0	1,473.0
25	7,200.0	1,200.0	6,000.0	231.0	1,431.0
26	6,000.0	1,200.0	4,800.0	189.0	1,389.0
27	4,800.0	1,200.0	3,600.0	147.0	1,347.0
28	3,600.0	1,200.0	2,400.0	105.0	1,305.0
29	2,400.0	1,200.0	1,200.0	63.0	1,263.0
30	1,200.0	1,200.0	0.0	21.0	1,221.0
31	12,000.0	1,200.0	10,800.0	399.0	1,599.0
32	10,800.0	1,200.0	9,600.0	357.0	1,557.0
33	9,600.0	1,200.0	8,400.0	315.0	1,515.0
34	8,400.0	1,200.0	7,200.0	273.0	1,473.0
35	7,200.0	1,200.0	6,000.0	231.0	1,431.0
36	6,000.0	1,200.0	4,800.0	189.0	1,389.0
37	4,800.0	1,200.0	3,600.0	147.0	1,347.0
38	3,600.0	1,200.0	2,400.0	105.0	1,305.0
39	2,400.0	1,200.0	1,200.0	63.0	1,263.0
40	1,200.0	1,200.0	0.0	21.0	1,221.0
		48,000.0		**8,400.0**	**56,400.0**

Capital Charges Summary £000s:								
Capital Expenditure (Inc VAT)		**48,000**						
	2022-23	**2023-24**	**2024-25**	**2025-26**	**2026-27**	**Value over remaining period**	**Total Capital Charges**	
Depreciation	1,200.0	1,200.0	1,200.0	1,200.0	1,200.0	42,000.0	48,000.0	-
Public Dividend Capital	399.0	357.0	315.0	273.0	231.0	6,825.0	8,400.0	-
	1,599.0	**1,557.0**	**1,515.0**	**1,473.0**	**1,431.0**	**48,825.0**	**56,400.0**	

Capital Charges

Enabling Works - New Permanent Footpath

Capital Charges Equipment

Forecast Capex (Including VAT) £000s	50,458.9
Residual Value at end of useful life £000s	0
Total Depreciation over asset life	50,458.9
Expected Useful Life	31.5

Year	Opening NBV	Depreciation	Closing NBV	PDC at 3.5%	Total Capital Charges
1	50,458.9	1,601.9	48,857.0	1,738.0	3,339.9
2	48,857.0	1,601.9	47,255.1	1,682.0	3,283.8
3	47,255.1	1,601.9	45,653.3	1,625.9	3,227.8
4	45,653.3	1,601.9	44,051.4	1,569.8	3,171.7
5	44,051.4	1,601.9	42,449.5	1,513.8	3,115.6
6	42,449.5	1,601.9	40,847.7	1,457.7	3,059.6
7	40,847.7	1,601.9	39,245.8	1,401.6	3,003.5
8	39,245.8	1,601.9	37,643.9	1,345.6	2,947.4
9	37,643.9	1,601.9	36,042.1	1,289.5	2,891.4
10	36,042.1	1,601.9	34,440.2	1,233.4	2,835.3
11	34,440.2	1,601.9	32,838.3	1,177.4	2,779.2
12	32,838.3	1,601.9	31,236.5	1,121.3	2,723.2
13	31,236.5	1,601.9	29,634.6	1,065.2	2,667.1
14	29,634.6	1,601.9	28,032.7	1,009.2	2,611.0
15	28,032.7	1,601.9	26,430.8	953.1	2,555.0
16	26,430.8	1,601.9	24,829.0	897.0	2,498.9
17	24,829.0	1,601.9	23,227.1	841.0	2,442.9
18	23,227.1	1,601.9	21,625.2	784.9	2,386.8
19	21,625.2	1,601.9	20,023.4	728.9	2,330.7
20	20,023.4	1,601.9	18,421.5	672.8	2,274.7
21	18,421.5	1,601.9	16,819.6	616.7	2,218.6
22	16,819.6	1,601.9	15,217.8	560.7	2,162.5
23	15,217.8	1,601.9	13,615.9	504.6	2,106.5
24	13,615.9	1,601.9	12,014.0	448.5	2,050.4
25	12,014.0	1,601.9	10,412.2	392.5	1,994.3
26	10,412.2	1,601.9	8,810.3	336.4	1,938.3
27	8,810.3	1,601.9	7,208.4	280.3	1,882.2
28	7,208.4	1,601.9	5,606.5	224.3	1,826.1
29	5,606.5	1,601.9	4,004.7	168.2	1,770.1
30	4,004.7	1,601.9	2,402.8	112.1	1,714.0
31	2,402.8	1,601.9	800.9	56.1	1,657.9
32	800.9	800.9	0.0	14.0	815.0
33	0.0	0.0	0.0	0.0	0.0
34	0.0	0.0	0.0	0.0	0.0
35	0.0	0.0	0.0	0.0	0.0
36	0.0	0.0	0.0	0.0	0.0
37	0.0	0.0	0.0	0.0	0.0
38	0.0	0.0	0.0	0.0	0.0
39	0.0	0.0	0.0	0.0	0.0
40	0.0	0.0	0.0	0.0	0.0
		50,458.9		**27,822.5**	**78,281.4**
		0			

Capital Charges Summary £000s:								
Capital Expenditure (Inc VAT)		**50,459**						
	2022-23	**2023-24**	**2024-25**	**2025-26**	**2026-27**	**Value over remaining period**	**Total Capital Charges**	
Depreciation	1,601.9	1,601.9	1,601.9	1,601.9	1,601.9	42,449.5	50,458.9	-
Public Dividend Capital	1,738.0	1,682.0	1,625.9	1,569.8	1,513.8	19,693.0	27,822.5	-
	3,339.9	**3,283.8**	**3,227.8**	**3,171.7**	**3,115.6**	**62,142.5**	**78,281.4**	-

Capital Charges

Enabling Works - Building site enabling works

Capital Charges Equipment

Forecast Capex (Including VAT) £000s	120,046.2
Residual Value at end of useful life £000s	0
Total Depreciation over asset life	120,046.2
Expected Useful Life	31.5

Year	Opening NBV	Depreciation	Closing NBV	PDC at 3.5%	Total Capital Charges
1	120,046.2	3,811.0	116,235.2	4,134.9	7,945.9
2	116,235.2	3,811.0	112,424.2	4,001.5	7,812.5
3	112,424.2	3,811.0	108,613.2	3,868.2	7,679.1
4	108,613.2	3,811.0	104,802.2	3,734.8	7,545.8
5	104,802.2	3,811.0	100,991.2	3,601.4	7,412.4
6	100,991.2	3,811.0	97,180.2	3,468.0	7,279.0
7	97,180.2	3,811.0	93,369.2	3,334.6	7,145.6
8	93,369.2	3,811.0	89,558.3	3,201.2	7,012.2
9	89,558.3	3,811.0	85,747.3	3,067.8	6,878.8
10	85,747.3	3,811.0	81,936.3	2,934.5	6,745.5
11	81,936.3	3,811.0	78,125.3	2,801.1	6,612.1
12	78,125.3	3,811.0	74,314.3	2,667.7	6,478.7
13	74,314.3	3,811.0	70,503.3	2,534.3	6,345.3
14	70,503.3	3,811.0	66,692.3	2,400.9	6,211.9
15	66,692.3	3,811.0	62,881.3	2,267.5	6,078.5
16	62,881.3	3,811.0	59,070.3	2,134.2	5,945.1
17	59,070.3	3,811.0	55,259.4	2,000.8	5,811.8
18	55,259.4	3,811.0	51,448.4	1,867.4	5,678.4
19	51,448.4	3,811.0	47,637.4	1,734.0	5,545.0
20	47,637.4	3,811.0	43,826.4	1,600.6	5,411.6
21	43,826.4	3,811.0	40,015.4	1,467.2	5,278.2
22	40,015.4	3,811.0	36,204.4	1,333.8	5,144.8
23	36,204.4	3,811.0	32,393.4	1,200.5	5,011.5
24	32,393.4	3,811.0	28,582.4	1,067.1	4,878.1
25	28,582.4	3,811.0	24,771.4	933.7	4,744.7
26	24,771.4	3,811.0	20,960.4	800.3	4,611.3
27	20,960.4	3,811.0	17,149.5	666.9	4,477.9
28	17,149.5	3,811.0	13,338.5	533.5	4,344.5
29	13,338.5	3,811.0	9,527.5	400.2	4,211.1
30	9,527.5	3,811.0	5,716.5	266.8	4,077.8
31	5,716.5	3,811.0	1,905.5	133.4	3,944.4
32	1,905.5	1,905.5	0.0	33.3	1,938.8
33	0.0	0.0	0.0	0.0	0.0
34	0.0	0.0	0.0	0.0	0.0
35	0.0	0.0	0.0	0.0	0.0
36	0.0	0.0	0.0	0.0	0.0
37	0.0	0.0	0.0	0.0	0.0
38	0.0	0.0	0.0	0.0	0.0
39	0.0	0.0	0.0	0.0	0.0
40	0.0	0.0	0.0	0.0	0.0
		120,046.2		**66,192.1**	**186,238.3**
		0			

Capital Charges Summary £000s:								
Capital Expenditure (Inc VAT)		**120,046**						
	2022-23	**2023-24**	**2024-25**	**2025-26**	**2026-27**	**Value over remaining period**	**Total Capital Charges**	
Depreciation	3,811.0	3,811.0	3,811.0	3,811.0	3,811.0	100,991.2	120,046.2	-
Public Dividend Capital	4,134.9	4,001.5	3,868.2	3,734.8	3,601.4	46,851.4	66,192.1	-
	7,945.9	**7,812.5**	**7,679.1**	**7,545.8**	**7,412.4**	**147,842.6**	**186,238.3**	-

Capital Charges

Enabling Works - Existing exit from car park

Capital Charges Equipment

Forecast Capex (Including VAT) £000s	25,603.2
Residual Value at end of useful life £000s	0
Total Depreciation over asset life	25,603.2
Expected Useful Life	31.5

Year	Opening NBV	Depreciation	Closing NBV	PDC at 3.5%	Total Capital Charges
1	25,603.2	812.8	24,790.4	881.9	1,694.7
2	24,790.4	812.8	23,977.6	853.4	1,666.2
3	23,977.6	812.8	23,164.8	825.0	1,637.8
4	23,164.8	812.8	22,352.0	796.5	1,609.3
5	22,352.0	812.8	21,539.2	768.1	1,580.9
6	21,539.2	812.8	20,726.4	739.6	1,552.4
7	20,726.4	812.8	19,913.6	711.2	1,524.0
8	19,913.6	812.8	19,100.8	682.8	1,495.6
9	19,100.8	812.8	18,288.0	654.3	1,467.1
10	18,288.0	812.8	17,475.2	625.9	1,438.7
11	17,475.2	812.8	16,662.4	597.4	1,410.2
12	16,662.4	812.8	15,849.6	569.0	1,381.8
13	15,849.6	812.8	15,036.8	540.5	1,353.3
14	15,036.8	812.8	14,224.0	512.1	1,324.9
15	14,224.0	812.8	13,411.2	483.6	1,296.4
16	13,411.2	812.8	12,598.4	455.2	1,268.0
17	12,598.4	812.8	11,785.6	426.7	1,239.5
18	11,785.6	812.8	10,972.8	398.3	1,211.1
19	10,972.8	812.8	10,160.0	369.8	1,182.6
20	10,160.0	812.8	9,347.2	341.4	1,154.2
21	9,347.2	812.8	8,534.4	312.9	1,125.7
22	8,534.4	812.8	7,721.6	284.5	1,097.3
23	7,721.6	812.8	6,908.8	256.0	1,068.8
24	6,908.8	812.8	6,096.0	227.6	1,040.4
25	6,096.0	812.8	5,283.2	199.1	1,011.9
26	5,283.2	812.8	4,470.4	170.7	983.5
27	4,470.4	812.8	3,657.6	142.2	955.0
28	3,657.6	812.8	2,844.8	113.8	926.6
29	2,844.8	812.8	2,032.0	85.3	898.1
30	2,032.0	812.8	1,219.2	56.9	869.7
31	1,219.2	812.8	406.4	28.4	841.2
32	406.4	406.4	0.0	7.1	413.5
33	0.0	0.0	0.0	0.0	0.0
34	0.0	0.0	0.0	0.0	0.0
35	0.0	0.0	0.0	0.0	0.0
36	0.0	0.0	0.0	0.0	0.0
37	0.0	0.0	0.0	0.0	0.0
38	0.0	0.0	0.0	0.0	0.0
39	0.0	0.0	0.0	0.0	0.0
40	0.0	0.0	0.0	0.0	0.0
		25,603.2		**14,117.3**	**39,720.5**
		0			

Capital Charges Summary £000s:							
Capital Expenditure (Inc VAT)		**25,603**					
	2022-23	**2023-24**	**2024-25**	**2025-26**	**2026-27**	**Value over remaining period**	**Total Capital Charges**
Depreciation	812.8	812.8	812.8	812.8	812.8	21,539.2	25,603.2
Public Dividend Capital	881.9	853.4	825.0	796.5	768.1	9,992.4	14,117.3
	1,694.7	**1,666.2**	**1,637.8**	**1,609.3**	**1,580.9**	**31,531.6**	**39,720.5**

Capital Charges

Enabling Works - New exit from car park

Capital Charges Equipment

Forecast Capex (Including VAT) £000s	53,810.1
Residual Value at end of useful life £000s	0
Total Depreciation over asset life	53,810.1
Expected Useful Life	31.5

Year	Opening NBV	Depreciation	Closing NBV	PDC at 3.5%	Total Capital Charges
1	53,810.1	1,708.3	52,101.8	1,853.5	3,561.7
2	52,101.8	1,708.3	50,393.6	1,793.7	3,501.9
3	50,393.6	1,708.3	48,685.3	1,733.9	3,442.1
4	48,685.3	1,708.3	46,977.1	1,674.1	3,382.3
5	46,977.1	1,708.3	45,268.8	1,614.3	3,322.6
6	45,268.8	1,708.3	43,560.6	1,554.5	3,262.8
7	43,560.6	1,708.3	41,852.3	1,494.7	3,203.0
8	41,852.3	1,708.3	40,144.0	1,434.9	3,143.2
9	40,144.0	1,708.3	38,435.8	1,375.1	3,083.4
10	38,435.8	1,708.3	36,727.5	1,315.4	3,023.6
11	36,727.5	1,708.3	35,019.3	1,255.6	2,963.8
12	35,019.3	1,708.3	33,311.0	1,195.8	2,904.0
13	33,311.0	1,708.3	31,602.8	1,136.0	2,844.2
14	31,602.8	1,708.3	29,894.5	1,076.2	2,784.5
15	29,894.5	1,708.3	28,186.2	1,016.4	2,724.7
16	28,186.2	1,708.3	26,478.0	956.6	2,664.9
17	26,478.0	1,708.3	24,769.7	896.8	2,605.1
18	24,769.7	1,708.3	23,061.5	837.0	2,545.3
19	23,061.5	1,708.3	21,353.2	777.3	2,485.5
20	21,353.2	1,708.3	19,645.0	717.5	2,425.7
21	19,645.0	1,708.3	17,936.7	657.7	2,365.9
22	17,936.7	1,708.3	16,228.4	597.9	2,306.1
23	16,228.4	1,708.3	14,520.2	538.1	2,246.4
24	14,520.2	1,708.3	12,811.9	478.3	2,186.6
25	12,811.9	1,708.3	11,103.7	418.5	2,126.8
26	11,103.7	1,708.3	9,395.4	358.7	2,067.0
27	9,395.4	1,708.3	7,687.2	298.9	2,007.2
28	7,687.2	1,708.3	5,978.9	239.2	1,947.4
29	5,978.9	1,708.3	4,270.6	179.4	1,887.6
30	4,270.6	1,708.3	2,562.4	119.6	1,827.8
31	2,562.4	1,708.3	854.1	59.8	1,768.0
32	854.1	854.1	0.0	14.9	869.1
33	0.0	0.0	0.0	0.0	0.0
34	0.0	0.0	0.0	0.0	0.0
35	0.0	0.0	0.0	0.0	0.0
36	0.0	0.0	0.0	0.0	0.0
37	0.0	0.0	0.0	0.0	0.0
38	0.0	0.0	0.0	0.0	0.0
39	0.0	0.0	0.0	0.0	0.0
40	0.0	0.0	0.0	0.0	0.0
		53,810.1		**29,670.3**	**83,480.4**
		0			

Capital Charges Summary £000s:							
Capital Expenditure (Inc VAT)		**53,810**					
	2022-23	**2023-24**	**2024-25**	**2025-26**	**2026-27**	**Value over remaining period**	**Total Capital Charges**
Depreciation	1,708.3	1,708.3	1,708.3	1,708.3	1,708.3	45,268.8	53,810.1
Public Dividend Capital	1,853.5	1,793.7	1,733.9	1,674.1	1,614.3	21,000.9	29,670.3
	3,561.7	**3,501.9**	**3,442.1**	**3,382.3**	**3,322.6**	**66,269.7**	**83,480.4**

Capital Charges

Enabling Works - Site Compound Works

Capital Charges Equipment

Forecast Capex (Including VAT) £000s	304,188.7
Residual Value at end of useful life £000s	0
Total Depreciation over asset life	304,188.7
Expected Useful Life	31.5

Year	Opening NBV	Depreciation	Closing NBV	PDC at 3.5%	Total Capital Charges
1	304,188.7	9,656.8	294,531.9	10,477.6	20,134.4
2	294,531.9	9,656.8	284,875.1	10,139.6	19,796.4
3	284,875.1	9,656.8	275,218.3	9,801.6	19,458.4
4	275,218.3	9,656.8	265,561.5	9,463.6	19,120.4
5	265,561.5	9,656.8	255,904.8	9,125.7	18,782.4
6	255,904.8	9,656.8	246,248.0	8,787.7	18,444.5
7	246,248.0	9,656.8	236,591.2	8,449.7	18,106.5
8	236,591.2	9,656.8	226,934.4	8,111.7	17,768.5
9	226,934.4	9,656.8	217,277.6	7,773.7	17,430.5
10	217,277.6	9,656.8	207,620.8	7,435.7	17,092.5
11	207,620.8	9,656.8	197,964.1	7,097.7	16,754.5
12	197,964.1	9,656.8	188,307.3	6,759.7	16,416.5
13	188,307.3	9,656.8	178,650.5	6,421.8	16,078.5
14	178,650.5	9,656.8	168,993.7	6,083.8	15,740.6
15	168,993.7	9,656.8	159,336.9	5,745.8	15,402.6
16	159,336.9	9,656.8	149,680.1	5,407.8	15,064.6
17	149,680.1	9,656.8	140,023.4	5,069.8	14,726.6
18	140,023.4	9,656.8	130,366.6	4,731.8	14,388.6
19	130,366.6	9,656.8	120,709.8	4,393.8	14,050.6
20	120,709.8	9,656.8	111,053.0	4,055.8	13,712.6
21	111,053.0	9,656.8	101,396.2	3,717.9	13,374.6
22	101,396.2	9,656.8	91,739.4	3,379.9	13,036.7
23	91,739.4	9,656.8	82,082.7	3,041.9	12,698.7
24	82,082.7	9,656.8	72,425.9	2,703.9	12,360.7
25	72,425.9	9,656.8	62,769.1	2,365.9	12,022.7
26	62,769.1	9,656.8	53,112.3	2,027.9	11,684.7
27	53,112.3	9,656.8	43,455.5	1,689.9	11,346.7
28	43,455.5	9,656.8	33,798.7	1,351.9	11,008.7
29	33,798.7	9,656.8	24,142.0	1,014.0	10,670.7
30	24,142.0	9,656.8	14,485.2	676.0	10,332.8
31	14,485.2	9,656.8	4,828.4	338.0	9,994.8
32	4,828.4	4,828.4	0.0	84.5	4,912.9
33	0.0	0.0	0.0	0.0	0.0
34	0.0	0.0	0.0	0.0	0.0
35	0.0	0.0	0.0	0.0	0.0
36	0.0	0.0	0.0	0.0	0.0
37	0.0	0.0	0.0	0.0	0.0
38	0.0	0.0	0.0	0.0	0.0
39	0.0	0.0	0.0	0.0	0.0
40	0.0	0.0	0.0	0.0	0.0
		304,188.7		**167,726.3**	**471,914.9**
		0			

Capital Charges Summary £000s:								
Capital Expenditure (Inc VAT)		**304,189**						
	2022-23	**2023-24**	**2024-25**	**2025-26**	**2026-27**	**Value over remaining period**	**Total Capital Charges**	
Depreciation	9,656.8	9,656.8	9,656.8	9,656.8	9,656.8	255,904.8	304,188.7	-
Public Dividend Capital	10,477.6	10,139.6	9,801.6	9,463.6	9,125.7	118,718.1	167,726.3	-
	20,134.4	**19,796.4**	**19,458.4**	**19,120.4**	**18,782.4**	**374,622.8**	**471,914.9**	-

Capital Charges

Enabling Works - New service area

Capital Charges Equipment

Forecast Capex (Including VAT) £000s	153,298.3
Residual Value at end of useful life £000s	0
Total Depreciation over asset life	153,298.3
Expected Useful Life	31.5

Year	Opening NBV	Depreciation	Closing NBV	PDC at 3.5%	Total Capital Charges
1	153,298.3	4,866.6	148,431.6	5,280.3	10,146.9
2	148,431.6	4,866.6	143,565.0	5,109.9	9,976.6
3	143,565.0	4,866.6	138,698.4	4,939.6	9,806.2
4	138,698.4	4,866.6	133,831.8	4,769.3	9,635.9
5	133,831.8	4,866.6	128,965.2	4,598.9	9,465.6
6	128,965.2	4,866.6	124,098.6	4,428.6	9,295.2
7	124,098.6	4,866.6	119,232.0	4,258.3	9,124.9
8	119,232.0	4,866.6	114,365.4	4,088.0	8,954.6
9	114,365.4	4,866.6	109,498.8	3,917.6	8,784.2
10	109,498.8	4,866.6	104,632.1	3,747.3	8,613.9
11	104,632.1	4,866.6	99,765.5	3,577.0	8,443.6
12	99,765.5	4,866.6	94,898.9	3,406.6	8,273.2
13	94,898.9	4,866.6	90,032.3	3,236.3	8,102.9
14	90,032.3	4,866.6	85,165.7	3,066.0	7,932.6
15	85,165.7	4,866.6	80,299.1	2,895.6	7,762.2
16	80,299.1	4,866.6	75,432.5	2,725.3	7,591.9
17	75,432.5	4,866.6	70,565.9	2,555.0	7,421.6
18	70,565.9	4,866.6	65,699.3	2,384.6	7,251.3
19	65,699.3	4,866.6	60,832.6	2,214.3	7,080.9
20	60,832.6	4,866.6	55,966.0	2,044.0	6,910.6
21	55,966.0	4,866.6	51,099.4	1,873.6	6,740.3
22	51,099.4	4,866.6	46,232.8	1,703.3	6,569.9
23	46,232.8	4,866.6	41,366.2	1,533.0	6,399.6
24	41,366.2	4,866.6	36,499.6	1,362.7	6,229.3
25	36,499.6	4,866.6	31,633.0	1,192.3	6,058.9
26	31,633.0	4,866.6	26,766.4	1,022.0	5,888.6
27	26,766.4	4,866.6	21,899.8	851.7	5,718.3
28	21,899.8	4,866.6	17,033.1	681.3	5,547.9
29	17,033.1	4,866.6	12,166.5	511.0	5,377.6
30	12,166.5	4,866.6	7,299.9	340.7	5,207.3
31	7,299.9	4,866.6	2,433.3	170.3	5,036.9
32	2,433.3	2,433.3	0.0	42.6	2,475.9
33	0.0	0.0	0.0	0.0	0.0
34	0.0	0.0	0.0	0.0	0.0
35	0.0	0.0	0.0	0.0	0.0
36	0.0	0.0	0.0	0.0	0.0
37	0.0	0.0	0.0	0.0	0.0
38	0.0	0.0	0.0	0.0	0.0
39	0.0	0.0	0.0	0.0	0.0
40	0.0	0.0	0.0	0.0	0.0
		153,298.3		**84,527.0**	**237,825.2**
		0			

Capital Charges Summary £000s:								
Capital Expenditure (Inc VAT)		**153,298**						
	2022-23	**2023-24**	**2024-25**	**2025-26**	**2026-27**	**Value over remaining period**	**Total Capital Charges**	
Depreciation	4,866.6	4,866.6	4,866.6	4,866.6	4,866.6	128,965.2	153,298.3	-
Public Dividend Capital	5,280.3	5,109.9	4,939.6	4,769.3	4,598.9	59,828.9	84,527.0	-
	10,146.9	**9,976.6**	**9,806.2**	**9,635.9**	**9,465.6**	**188,794.1**	**237,825.2**	-

Capital Charges

Enabling Works - HVLV works & water works

Capital Charges Equipment

Forecast Capex (Including VAT) £000s	205,684.1
Residual Value at end of useful life £000s	0
Total Depreciation over asset life	205,684.1
Expected Useful Life	31.5

Year	Opening NBV	Depreciation	Closing NBV	PDC at 3.5%	Total Capital Charges
1	205,684.1	6,529.7	199,154.4	7,084.7	13,614.3
2	199,154.4	6,529.7	192,624.8	6,856.1	13,385.8
3	192,624.8	6,529.7	186,095.1	6,627.6	13,157.3
4	186,095.1	6,529.7	179,565.5	6,399.1	12,928.7
5	179,565.5	6,529.7	173,035.8	6,170.5	12,700.2
6	173,035.8	6,529.7	166,506.2	5,942.0	12,471.6
7	166,506.2	6,529.7	159,976.5	5,713.4	12,243.1
8	159,976.5	6,529.7	153,446.8	5,484.9	12,014.6
9	153,446.8	6,529.7	146,917.2	5,256.4	11,786.0
10	146,917.2	6,529.7	140,387.5	5,027.8	11,557.5
11	140,387.5	6,529.7	133,857.9	4,799.3	11,328.9
12	133,857.9	6,529.7	127,328.2	4,570.8	11,100.4
13	127,328.2	6,529.7	120,798.6	4,342.2	10,871.9
14	120,798.6	6,529.7	114,268.9	4,113.7	10,643.3
15	114,268.9	6,529.7	107,739.3	3,885.1	10,414.8
16	107,739.3	6,529.7	101,209.6	3,656.6	10,186.3
17	101,209.6	6,529.7	94,680.0	3,428.1	9,957.7
18	94,680.0	6,529.7	88,150.3	3,199.5	9,729.2
19	88,150.3	6,529.7	81,620.7	2,971.0	9,500.6
20	81,620.7	6,529.7	75,091.0	2,742.5	9,272.1
21	75,091.0	6,529.7	68,561.4	2,513.9	9,043.6
22	68,561.4	6,529.7	62,031.7	2,285.4	8,815.0
23	62,031.7	6,529.7	55,502.1	2,056.8	8,586.5
24	55,502.1	6,529.7	48,972.4	1,828.3	8,358.0
25	48,972.4	6,529.7	42,442.7	1,599.8	8,129.4
26	42,442.7	6,529.7	35,913.1	1,371.2	7,900.9
27	35,913.1	6,529.7	29,383.4	1,142.7	7,672.3
28	29,383.4	6,529.7	22,853.8	914.2	7,443.8
29	22,853.8	6,529.7	16,324.1	685.6	7,215.3
30	16,324.1	6,529.7	9,794.5	457.1	6,986.7
31	9,794.5	6,529.7	3,264.8	228.5	6,758.2
32	3,264.8	3,264.8	0.0	57.1	3,322.0
33	0.0	0.0	0.0	0.0	0.0
34	0.0	0.0	0.0	0.0	0.0
35	0.0	0.0	0.0	0.0	0.0
36	0.0	0.0	0.0	0.0	0.0
37	0.0	0.0	0.0	0.0	0.0
38	0.0	0.0	0.0	0.0	0.0
39	0.0	0.0	0.0	0.0	0.0
40	0.0	0.0	0.0	0.0	0.0
		205,684.1		**113,411.9**	**319,096.0**
		0			

Capital Charges Summary £000s:								
Capital Expenditure (Inc VAT)		**205,684**						
	2022-23	**2023-24**	**2024-25**	**2025-26**	**2026-27**	**Value over remaining period**	**Total Capital Charges**	
Depreciation	6,529.7	6,529.7	6,529.7	6,529.7	6,529.7	173,035.8	205,684.1	-
Public Dividend Capital	7,084.7	6,856.1	6,627.6	6,399.1	6,170.5	80,273.9	113,411.9	-
	13,614.3	**13,385.8**	**13,157.3**	**12,928.7**	**12,700.2**	**253,309.7**	**319,096.0**	-

PROPOSED PLAN

Maidstone and Tunbridge Wells NHS Trust

Ward Establishment Costing

Cost Centre	
Ward	
Number of Beds	
Date Completed	

Ward Shifts

Start	UnPaid Break	Finish	Paid Hours	Leave Cover	Shift	Mon RN	Mon Band 4	Mon CSW	Tues RN	Tues Band 4	Tues CSW	Wed RN	Wed Band 4	Wed CSW	Thur RN	Thur Band 4	Thur CSW	Fri RN	Fri Band 4	Fri CSW	Sat RN	Sat Band 4	Sat CSW	Sun RN	Sun Band 4	Sun CSW	Total RN	Total Band 4	Total CSW	% Split RN	% Split Band 4	% Split CSW
						Current Shift Pattern (Enter No People on Shift)																										
07:00	00:30	15:00	07:30	21%	Early shift																						0	0	0	0%	0%	0%
07:00	01:00	20:00	12:00	21%	Long-day shift																						0	0	0	0%	0%	0%
16:00	00:30	00:00	07:30	21%	Late shift																						0	0	0	0%	0%	0%
00:00	00:00	00:00	00:00	21%	0																						0	0	0	0%	0%	0%
19:30	01:00	07:30	11:00	21%	Night shift																						0	0	0	0%	0%	0%
00:00	00:00	00:00	00:00	21%	0																						0	0	0	0%	0%	0%
00:00	00:00	00:00	00:00	21%	Enter Shift Description																						0	0	0	0%	0%	0%
00:00	00:00	00:00	00:00	21%	Enter Shift Description																						0	0	0	0%	0%	0%
					Hours =	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00	0.00	0.00	0%	0%	0%
					W.T.E. (includes leave cover) =	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%	0%	0%
					Ratio (%) =	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%						

Other Ward Shifts

Start	UnPaid Break	Finish	Paid Hours	Leave Cover	Shift	Mon RN	Mon Band 4	Mon CSW	Tues RN	Tues Band 4	Tues CSW	Wed RN	Wed Band 4	Wed CSW	Thur RN	Thur Band 4	Thur CSW	Fri RN	Fri Band 4	Fri CSW	Sat RN	Sat Band 4	Sat CSW	Sun RN	Sun Band 4	Sun CSW	Total RN	Total Band 4	Total CSW	% Split RN	% Split Band 4	% Split CSW
						Current Shift Pattern (Enter No People on Shift)																										
08:00	00:30	16:00	07:30	0%	*Asst Facilities Manager*		1			1			1			1			1							0	5	0	0%	0%	0%
08:00	00:30	16:00	07:30	0%	*Supervisor*																						0	0	0	0%	0%	0%
08:00	00:30	16:00	07:30	10%	*Domestics*			3			3			3			3			3			3			3	0	0	21	0%	0%	0%
07:00	01:00	20:00	12:00	10%	*Front desk*																						0	0	0	0%	0%	0%
19:30	01:00	07:30	11:00	10%	*Front desk*																						0	0	0	0%	0%	0%
			00:00		*Enter Shift Description*																						0	0	0	0%	0%	0%
			00:00		*Enter Shift Description*																						0	0	0	0%	0%	0%
			00:00		*Enter Shift Description*																						0	0	0	0%	0%	0%
			00:00		*Enter Shift Description*																						0	0	0	0%	0%	0%
			00:00		*Enter Shift Description*																						0	0	0	0%	0%	0%
			00:00		*Enter Shift Description*																						0	0	0	0%	0%	0%
			00:00		*Enter Shift Description*																						0	0	0	0%	0%	0%
			00:00		*Enter Shift Description*																						0	0	0	0%	0%	0%
					Hours =	0.0	7.5	22.5	0.0	7.5	22.5	0.0	7.5	22.5	0.0	7.5	22.5	0.0	7.5	22.5	0.0	0.0	22.5	0.0	0.0	22.5	0	37.5	157.5	0%	0%	0%
					W.T.E. (includes leave cover) =	0.00	0.20	0.69	0.00	0.20	0.69	0.00	0.20	0.69	0.00	0.20	0.69	0.00	0.20	0.69	0.00	0.00	0.69	0.00	0.00	0.69	0.00	1.00	4.83	0%	0%	0%
					Ratio (%) =	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%						
					TOTAL WTE	**0.00**	**0.20**	**0.69**	**0.00**	**0.20**	**0.69**	**0.00**	**0.20**	**0.69**	**0.00**	**0.20**	**0.69**	**0.00**	**0.20**	**0.69**	**0.00**	**0.00**	**0.69**	**0.00**	**0.00**	**0.69**	**0.00**	**1.00**	**4.83**	0%	0%	0%

Total Staffing WTE and Cost per Annum £

Band	%	W.T.E.	Ratio	Estimated Cost (Mid Point + Enhancements £)	TOTAL COST PER ANNUM £	Grade Lookup
8c	0%			80,903	**0**	c
8b	0%			68,938	**0**	b
8a	0%		0%	57,433	**0**	a
7	0%			51,205	**0**	**7.00**
6	0%			41,312	**0**	**6.00**
5	0%	0.00		33,357	**0**	5.00
Total Trained		**0.00**			**0**	
4	0%	**1.00**		29,752	**29,752**	**4.00**
3	0%		**100%**	25,887	**0**	**3.00**
2	0%	4.83		23,573	**113,860**	2.00
Total UnTrained		**5.83**			**143,611**	
	Total	**5.83**			**143,611**	

Hours

	Mon RN	Mon Band 4	Mon CSW	Tues RN	Tues Band 4	Tues CSW	Wed RN	Wed Band 4	Wed CSW	Thur RN	Thur Band 4	Thur CSW	Fri RN	Fri Band 4	Fri CSW	Sat RN	Sat Band 4	Sat CSW	Sun RN	Sun Band 4	Sun CSW
Early shift	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Long-day shift	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Late shift	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Night shift	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Hours =	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

WTE

	Mon RN	Mon Band 4	Mon CSW	Tues RN	Tues Band 4	Tues CSW	Wed RN	Wed Band 4	Wed CSW	Thur RN	Thur Band 4	Thur CSW	Fri RN	Fri Band 4	Fri CSW	Sat RN	Sat Band 4	Sat CSW	Sun RN	Sun Band 4	Sun CSW
Early shift	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Long-day shift	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Late shift	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Night shift	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Hours =	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Start of Night Shift	Mon RN	Mon Band 4	Mon CSW	Tues RN	Tues Band 4	Tues CSW	Wed RN	Wed Band 4	Wed CSW	Total RN	Total Band 4	Total CSW
	30%	44%	44%	30%	44%	44%	60%	88%	88%			
	Mon to Fri Night			Sat			Sun			Total		
20:00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20:00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20:00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20:00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20:00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20:00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20:00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20:00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Enh Hours	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Enh Hours	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Total Hours										0.0	0.0	0.0
										% Enhancement	**0.00%**	**0.00%**	**0.00%**

Other Ward Shifts

Current Shift Pattern (Enter No People on Shift)

	Mon RN	Mon Band 4	Mon CSW	Tues RN	Tues Band 4	Tues CSW	Wed RN	Wed Band 4	Wed CSW	Thur RN	Thur Band 4	Thur CSW	Fri RN	Fri Band 4	Fri CSW	Sat RN	Sat Band 4	Sat CSW	Sun RN	Sun Band 4	Sun CSW
Asst Facilities Manager	0.00	7.50	0.00	0.00	7.50	0.00	0.00	7.50	0.00	0.00	7.50	0.00	0.00	7.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Supervisor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Domestics	0.00	0.00	22.50	0.00	0.00	22.50	0.00	0.00	22.50	0.00	0.00	22.50	0.00	0.00	22.50	0.00	0.00	22.50	0.00	0.00	22.50
Front desk	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Front desk	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Hours =	**0.0**	**7.5**	**22.5**	**0.0**	**7.5**	**22.5**	**0.0**	**7.5**	**22.5**	**0.0**	**7.5**	**22.5**	**0.0**	**7.5**	**22.5**	**0.0**	**0.0**	**22.5**	**0.0**	**0.0**	**22.5**

Current Shift Pattern (Enter No People on Shift)

	Mon RN	Mon Band 4	Mon CSW	Tues RN	Tues Band 4	Tues CSW	Wed RN	Wed Band 4	Wed CSW	Thur RN	Thur Band 4	Thur CSW	Fri RN	Fri Band 4	Fri CSW	Sat RN	Sat Band 4	Sat CSW	Sun RN	Sun Band 4	Sun CSW
Asst Facilities Manager	0.00	0.20	0.00	0.00	0.20	0.00	0.00	0.20	0.00	0.00	0.20	0.00	0.00	0.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Supervisor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Domestics	0.00	0.00	0.69	0.00	0.00	0.69	0.00	0.00	0.69	0.00	0.00	0.69	0.00	0.00	0.69	0.00	0.00	0.69	0.00	0.00	0.69
Front desk	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Front desk	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Enter Shift Description	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Hours =	**0.0**	**0.2**	**0.7**	**0.0**	**0.2**	**0.7**	**0.0**	**0.2**	**0.7**	**0.0**	**0.2**	**0.7**	**0.0**	**0.2**	**0.7**	**0.0**	**0.0**	**0.7**	**0.0**	**0.0**	**0.7**

Start of Night Shift	Mon RN	Mon Band 4	Mon CSW	Tues RN	Tues Band 4	Tues CSW	Wed RN	Wed Band 4	Wed CSW	Total RN	Total Band 4	Total CSW
	30%	44%	44%	30%	44%	44%	60%	88%	88%			
	Mon to Fri Night			Sat			Sun			Total		
20:00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20:00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20:00	0.0	0.0	0.0	0.0	0.0	22.5	0.0	0.0	22.5	0.0	0.0	45.0
20:00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20:00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20:00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20:00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20:00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20:00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20:00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Enh Hours	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**22.5**	**0.0**	**0.0**	**22.5**	**0.0**	**0.0**	**45.0**
Enh Hours	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**9.9**	**0.0**	**0.0**	**19.8**	**0.0**	**0.0**	**29.7**
Total Hours										0.0	37.5	157.5
										% Enhancement	**0.00%**	**0.00%**	**18.86%**

TOTAL ENH	0.0	0.0	29.7
TOTAL HOURS	0.0	37.5	157.5
	% Enh	**0.00%**	**0.00%**	**18.86%**

Enabling Works Costs

	Excl VAT			Incl VAT				
	Capital £	Revenue £	Total £	Capital £	Revenue £	Total £		
New permanent footpath	42,049	906	42,955	50,459	1,087	51,546	50458.88	1086.869
Building site enabling works	100,038	290,349	390,388	120,046	348,419	468,465	120046.2	348419.3
Existing exit from car park	21,336		21,336	25,603		25,603	25603.22	0
New exit from car park	44,842		44,842	53,810		53,810	53810.1	0
Site Compound Works	253,491		253,491	304,189		304,189	304188.7	0
New service area	127,749		127,749	153,298		153,298	153298.3	0
HVLV works & Water Works	171,403		171,403	205,684		205,684	205684.1	0
	760,908	**291,255**	**1,052,163**	**913,089**	**349,506**	**1,262,596**		

Source: MTW Enabling Works Cost plan
DATE: 18 June 2021

Enabling Works

Allocation of on-costs included in Revision C (18-06-2021)

Allocation of Oncosts (18-12-2021)														
Preliminaries		95,271	Contractor OHP		0	Risk Allowance		88,920	Professional Fees		74,046	Total Oncosts		258,237
Capital	Revenue	Total	Capital	Revenue	Total	Capital	Revenue	Total	Capital	Revenue	Total	Capital	Revenue	Total
85%	15%	100%	0%	0%	0%	50%	50%	100%	90%	10%	100%			
80,980	14,291	95,271	0	0	0	44,460	44,460	88,920	66,641	7,405	74,046	192,082	66,155	258,237

The above % allocation were agreed to be used in meeting on 18th June 2021 (FT / NE / NG / JC) and have been applied accordingly.

Updated Enabling works

MEDICAL STUDENT ACCOMMODATION - ENABLING WORKS COST TRACKER
DATE: 17 June 2021

Costs excluded from Lease
All MTW borne costs
Asbestos query
HVLV query re £270k (In or out)
Water pipe (to be added ?)

Allocation of oncosts (prportion to cap / rev)

Item	Cost Plan - Rev 0 30 March 2021	Cost Plan - Rev B 01 June 2021	Cost Plan - Rev C 17 June 2021	Difference to Rev B	Commentary	Is this adjustment capital or revenue (C/R)	Cost Plan - Rev C Excluding On Cost 18 June 2021 C	R	Total
New permanent footpath	**82,300.00**	**96,315.00**	**32,134.30**	-64,180.70			31,434	700	32,134
Revised measurement for layout change		1,815.00				C			
New drop kerbs and road markings		2,500.00				C			
Relocation of road sign		500.00				R			
Extension of existing fence		4,000.00				C			
Relocation of picnic tables		200.00				R			
Landscaping allowance to picnic area		5,000.00				C			
New footpath scope reduced			-64,180.70		As per Faye Tamsett email 17.06.2021 - new footpath removed except for section between A&E to helipad footpath	C			
New temporary footpath	**13,770.00**	**0.00**		0.00			0	0	0
Removed		-13,770.00			Temporary footpath removed, new footpath extended	C			
Building site enabling works		**257,650.00**	**299,185.00**	41,535.00	New works added to scope		74,785	224,400	299,185
Site hoardings		22,000.00				C			
Removal of contaminated ground		200,000.00				R			
Removal of existing trees		24,400.00				R			
Protection of retained trees during construction		5,000.00				C			
Excavation of trenches for archaeological surveys		2,000.00				C			
Archaeological fees		4,250.00				C			
Quantity and rate adjustments			30,535.00		Quantities and rates adjusted as Sword Construction price submission	C			
Drainage scope addition			8,000.00		New scope item added after Rev B cost estimate	C			
Ecological scope added			3,000.00		New scope item added after Rev B cost estimate	C			
Existing exit from car park	**7,250.00**	**12,250.00**	**15,950.00**	3,700.00			15,950	0	15,950
Widening existing road/exit		5,000.00			Allowance made due to lack of specification	C			
Quantity and rate adjustments			3,700.00		Quantities and rates adjusted as Sword Construction price submission	C			
New exit from car park	**21,850.00**	**16,850.00**	**33,522.00**	16,672.00			33,522	0	33,522
Re-use existing barriers in liueu of new		-5,000.00			As confirmed by the Trust, re-use of existing barriers rather than providing new	C			
			16,672.00		Quantities and rates adjusted as Sword Construction price submission	C			
Site Compound Works	**0.00**	**36,250.00**	**189,500.00**	153,250.00	New scope added		189,500	0	189,500
Kingpost retaining wall		6,250.00				C			
Temporary electric supply		10,000.00			PSUM as advised by the trust	C			
Temporary water supply		10,000.00			PSUM as advised by the trust	C			
Temporary Drainage		10,000.00			PSUM as advised by the trust	C			
Kingpost retaining wall			33,750.00		Scope clarification following sword site visit, initial quantities and rates were approximate as no information was provided	C			
Temporary supplies			-21,500.00		Rates adjusted as Sword Construction price submission				
Hardstanding to ESS compound			135,000.00		Scope transfer from ESS works to Sword Construction Works. Significant hardcore fill required and large site compound.	C			
Heras fencing to new compound			6,000.00		Scope transfer from ESS works to Sword Construction Works	C			
New service area		**16,500.00**	**95,500.00**	79,000.00			95,500	0	95,500
New timber storage shed		10,000.00			PSUM as advised by the Trust	C			
Concrete hardstanding		5,000.00				C			
Removal of existing shed		500.00				C			
Drainage		1,000.00				C			
Service connections					Excluded as per Trust advice				
Mitie works "shed"			50,000.00			C			
Removal of existing storage/works "sheds"			4,000.00			C			
Concrete foundation to substation			15,000.00			C			
Palisade Fencing to substation			10,000.00			C			
HVLV works & Water Works	**270,745.00**	**81,534.72**	**128,134.72**	46,600.00	Revised scope. Trust direct procurement of HVLV works. Scope not provided in initial cost plan.		128,135	0	128,135
Works undertaken directly by Trust		-270,745.00				C			
HVLV cabling tender - Metricab		30,534.72				C			
Trust provisional sum - Modifications to existing switchgear		11,000.00				C			
Trust provisional sum - Transformer and RMU		30,000.00				C			
Trust provisional sum - Transformer compound		10,000.00				C			
New Water Supply as per DSL quote - 11 June 2021			46,600.00		Costs added for water connections per DSL quote of 11 June 2021. (18-06)	C			
Sub total	**395,915.00**	**517,349.72**	**793,926.02**	276,576.30			568,826	225,100	793,926
On costs	**191,424.91**	**282,860.97**	**258,236.94**	**-24,624.03**			**192,082**	**66,155**	**258,237**
Preliminaries	59,387.25	77,602.46	95,271.12	17,668.66	Preliminaries adjusted, this is a % adjustment based on the total works costs. (18-06)		80,980	14,291	95,271
Contractor OHP	36,424.18	47,596.17	0.00	-47,596.17	Now included in rates		0	0	0
Risk Allowance	45,530.23	59,495.22	88,919.71	29,424.49	Risk adjusted, this is a % adjustment based on total works costs (18-06)		44,460	44,460	88,920
Professional Fees	50,083.25	98,167.11	74,046.10	-24,121.01	Professional fees adjusted as some fees are a % adjustment based on total works costs. (18-06)		66,641	7,405	74,046
Sub-Total	**587,339.91**	**800,210.69**	**1,052,162.96**	251,952.27			760,908	291,255	1,052,163
VAT - 20%	117,467.98	160,042.14	210,432.59	50,390.45			152,182	58,251	210,433
Total costs	704,807.89	960,252.82	1,262,595.55	302,342.72			913,089	349,506	1,262,596

1548 - Medical Student Accommodation & Academic Building - Professional Consultant Tracker

05/07/2021

	OBC		FBC		
	Excl VAT	Incl VAT	Excl VAT	Incl VAT	
2020/21	228,634	269,728	228,634	269,728	No change to 2020-21value
2021/22	59,580	72,496	277,208	333,071	Balance equals 2021-22
	288,214	342,224	505,842	602,799	

Consultants - MWT Direct Appointment	Services	Appointment / RIBA Workstages	Fee		VAT (20%)	Total Fee	Purchase Order No.	Financial Year	Code	% Work Complete	Invoice Amount (exc. VAT)	VAT (20%)	Total Invoice	Invoice Date	Financial Yr	Payment complete	VAT recovery
WT Partnership	Project Management	Stage 3	9600		1920	11520	500227540	2020/21 + 2021/22	FF5510	100%	9600	1920	11520	05.05.2021	20/21	100%	
	Quantity Surveyor	Stage 3	24675		4935	29610	500227542	2020/21 + 2021/22	FF5510	100%	24675	4935	29610	05.05.2021	20/21	100%	
	Quantity Surveyor	Stage 4-7	68040		13608	81648	500227539	2021/22									
	Principal designer	Stage 3-4	19750		3950	23700		2020/21 2021/22	FF5510								
	Employers Agent	Stage 4	30240		6048	36288	500227541	2021/22	FF5510								
HMY Architects	Architects - Feasibility / Planning	Stage 0-3	30000		6000	36000	500212129	2020/21	FF5510								
	Architectural Advisor	Stage 5	42000		8400	50400											
ETA Projects Ltd	Mechanical & Electrical Engineers (Site wide infrastructure)	Stage 3-4	35000		7000	42000	500234566	2020/21	FF5510								
CTP Consultant Engineers	Structural & Civil Engineers - Feasibility	Stage 2	6000		1200	7200	500212008	2020/21	FF5510								
	Structural & Civil Engineers - Planning	Stage 3	14250		2850	17100	500220867	2020/21	FF5510		14250	2850	17100	31.03.2021	20/21	100%	100%
XDA Consulting Ltd	BREEAM Assessor	Stage 2-3	8000		1600	9600	500220871	2020/21 + 2020/	FF5510	100%	1200	240	1440	31.03.2021	20/21	20%	100%
	BREEAM Exclusions - BRE Fees	Stage 2-7	2280		456	2736	500220871	2021/22	FF5510		265	53	318	31.03.2021	20/21	20%	100%
	BREEAM Authorised Professional	Stage 2-3	1800		360	2160	500220870	2021/22	FF5510	100%	500	100	600	31.03.2021	20/21	20%	100%
											650	130	780	02.05.2021	20/21		
											400	80	480	05.07.2021	2021/22		
DHA Planning	Planning Consultants - up to planning submission	Stage 3	8500		1700	10200	500220168	2020/21	FF5510	100%	10250	2050	12300	26.02.2021	20/21	100%	100%
	Planning Consultants - post planning submssion	Stage 3+	6000		1200	7200	500220168	2021/22			1950	390	2340	30.04.2021	2021/22	32.50%	
											2340	468	2808	28.04.2021	2021/22		
											3000	600	3600	24.06.2021	2021/22		
											1500	300	1800	30.06.2021	2021/22		
	Transport Consultants	Stage 3	10700		2140	12840	500220167	2021/22	FF5510	100%	6500			26.02.2021	20/21		100%
	Estimated Disbursements	Stage 3	600		120	720	500220167	2020/21	FF5510	100%	149.15	1329.83	7978.98				
											1962	392.4	2354.4	27.04.2021	2021/22		
											3348	669.6	4017.6	26.05.2021	2021/22		
											490	98	588	29.06.2021	2021/22		
	DHA Planning - Car Park Application	Stage 3	2000		400	2400		2021/22			1200	200	1200	30.06.2021	2021/22	50%	
Rigour Survey Ltd	Topographical Survey	Stage 2	710.00		142	852.00	500214697	2020/21	FF5510	100%	710	142	852	04.02.2021	20/21	100%	100%
Southern Testing	Geotechincal survey & report	Stage 3	11,790.30		2358.06	14,148.36	500220043	2020/21	FF5510	50%	12152.3	2430.46	14582.76	13.04.2021	20/21	100%	
	TOTAL		**331935.3**		**66387.06**	**398322.36**											

Order Year	Order date	Invoice	Original CC	Original Exp	New Cost Centre	New Exp	Action	Invoice Excl Vat	Invoice Incl Vat	Difference	Invoice / Accrued	Note
2021/22	28-Apr	1195618	FF5510	CONA0	AA5180	CONA0				-11520		
2021/22	28-Apr	1195616	FF5510	CONA0	AA5180	CONA0				-29610		
2021/22	28-Apr		FF5510	CONA0			Accrue			-81648		
2021/22							Accrue			-23700		
2021/22	28-Apr		FF5510	CONA0			Accrue			-36288		
										0		
2020/21	18-Jan	1179598	FF5510	CONA0	AA5180	CONA0		12000	14400	-21600	Invoiced	Stage 1 HMY - Hazle McCormack Young
2020/21	18-Jan	1179831	FF5510	CONA0	AA5180	CONA0		9000	10800	10800	Invoiced	Stage 2 50%
2020/21	18-Jan	1187481	FF5510	CONA0	AA5180	CONA0		9000	10800	10800	Invoiced	
										0		
										-50400		To be removed
										0		
2021/22	10-Jun		AA5180	CONA0	AA5180	CONA0		35000	42000	0	Accrued	Accrued in 2020-21
										0		
2020/21	15-Jan		FF5510	CONA0	AA5180	CONA0		6000	7200	0	Accrued	No invoice CTP - Colin Toms & Partners
2020/21	16-Mar		FF5510	CONA0	AA5180	CONA0		14250	17100	0	Invoiced	CTP - Colin Toms & Partners
										0		
2020/21	16-Mar		FF5510	CONA0	AA5180	CONA0		8000	9600	0	Accrued	
2020/21	16-Mar		FF5510	CONA0	AA5180	CONA0		2280	2736	0	Accrued	
2020/21	16-Mar		FF5510	CONA0	AA5180	CONA0		1800	2160	0	Accrued	
										0		
										0		
										0		
2020/21	11-Mar	1188810	FF5510	CONA0	AA5180	CONA0		10250		-10200		
2020/21	11-Mar		FF5510	CONA0	AA5180	CONA0				-7200		
										0		
										0		
										0		
										0		
2020/21	11-Mar		FF5510	CONA0						-12840		
2020/21	11-Mar		FF5510	CONA0						-720		
										0		
										0		
										0		
2021/22										-2400		
										0		
										0		
2020/21	04-Feb	1175047	FF5510	CONA0	AA5180	CONA0		710	852	0		
										0		
2020/21	11-Mar	1190286	FF5510	CONA0	AA5180	CONA0		11790.3	14148.36	0		
										0		
										-398322.36		
										0		

Sub-Consultants - HMY Direct Appointment	Services	Appointment / RIBA Workstages	Fee	HMY Management Fee (15%)	VAT (20%)	Total Fee	Purchase Order No.	Financial Year	Code	% Complete	Invoice Amount	VAT (20%)	Total Invoice	Invoice Date	Financial Yr	Payment complete	VAT recovery
ETA Projects Ltd	MEP Services - Planning Only	Stage 3	6360	954	1462.8	8776.8	500212129	2020/21	FF5510	100%							
	BREEAM Thermal Comfort	Stage 3	1800	270	414	2484	500212129	2020/21	FF5510	100%							
	Part L BRUKL	Stage 3	3000	450	690	4140	500212129	2020/21	FF5510	100%							
	BREEAM Energy / LXC	Stage 3	1800	270	414	2484	500212129	2020/21	FF5510	100%							
	Daylight Analysis	Stage 3	1200	180	276	1656	500212129	2020/21	FF5510	100%							
Allen Scott - Landscape Architects	LVIA (landscape visual impact assessment)	Stage 3	3300	495	759	4554		2020/21	FF5510	100%							
	Landscape Design	Stage 3	3600	540	828	4968		2020/21	FF5510								
	External lighting	Stage 3	included					2020/21	FF5510								
GES	Arboricultural Report & Tree Survey	Stage 3	1105	167.75	254.55	1527.3		2020/21	FF5510	100%							
	Habitat and ecology reports	Stage 3	960	144	220.8	1324.8		2020/21	FF5510								
	Bio-net diversity gain	Stage 3	2780	417	639.4	3836.4		2020/21	FF5510	100%							
	BREEAM Input	Stage 3	1850	277.5	425.5	2553		2020/21	FF5510	100%							
Adrian James Acoustics	Acoustician, survey & report	Stage 3	4580	687	1053.4	6320.4		2020/21	FF5510	100%							
Innovation Fire	Fire Consultant - Stage 3	Stage 3	2600	390	598	3588	ALL INVOICED VIA HMY'S PO	2020/21	FF5510	100%							
Jane Simpson Access Consultants	Access Consultant - Stage 2 (feasibility)	Stage 2	1500	225	345	2070		2020/21	FF5510	100%							
	Access Consultant - Stage 3 (planning)	Stage 3	2475	371.25	569.25	3415.5		2020/21	FF5510	100%							
Southdowns	Air Qaulity Survey & report	Stage 3	2250	337.5	517.5	3105		2020/21	FF5510	100%							
Primely Ltd	UXO Assessment	Stage 3	100	15	23	138		2020/21	FF5510	100%							
ADW	Life Cycle Costs	Stage 3	6600	990	1518	9108		2020/21	FF5510	100%							
	Security Needs Assessment	Stage 3	3200	480	736	4416		2020/21	FF5510	100%							
Stroma Ltd	Building Control	Stage 3-5	9000	1350	2070	12420		2021/22	FF5510								
Continegncy sum for additional surveys, meetings, etc.	Continegncy sum for additional surveys, meetings, etc.			750	1150	1900		2020/21 2021/22	FF5510								
Wessex Archaeology	Archaeological, Trenching and Watching Brief	Stage 3-5	4250		850	5100	(NB fee to be included within HMY's orginal PO amount)	2021/22	AA518								
	OS Plan																
	TOTAL		**64310**	**9761**	**15814.2**	**89885.2**											

										#VALUEE!	
MEP Services - Planning Only	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	7,314.00	8,776.80	0.00	Stage 3
BREEAM Thermal Comfort	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0		0.00	-2,484.00	? Stage 4 not on invoice
Part L BRUKL	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	3,450.00	4,140.00	0.00	Stage 3
BREEAM Energy / LXC	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	2,070.00	2,484.00	0.00	Stage 3
Daylight Analysis	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	1,380.00	1,656.00	0.00	Stage 3
										0.00	
LVIA (landscape visual impact assessment)	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	3,795.00	4,554.00	0.00	
Landscape Design	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	4,140.00	4,968.00	0.00	
External lighting	2020/21									0.00	
Arboricultural Report & Tree Survey	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	1,270.75	1,524.90	-2.40	Value changed check with Faye
Habitat and ecology reports	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	1,104.00	1,324.80	0.00	
Bio-net diversity gain	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	3,197.00	3,836.40	0.00	
BREEAM Input	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	2,127.50	2,553.00	0.00	
0										0.00	
Acoustician, survey & report	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	5,267.00	6,320.40	0.00	
0										0.00	
Fire Consultant - Stage 3	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	2,990.00	3,588.00	0.00	
0										0.00	
Access Consultant - Stage 2 (feasibility)	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	1,725.00	2,070.00	0.00	
Access Consultant - Stage 3 (planning)	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	2,846.25	3,415.50	0.00	
0										0.00	
Air Qaulity Survey & report	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	6,440.00	7,728.00	4,623.00	
0										0.00	
UXO Assessment	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	115.00	138.00	0.00	
0										0.00	
Life Cycle Costs	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	4,554.00	5,464.80	-3,643.20	
Security Needs Assessment	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	3,680.00	4,416.00	0.00	
0										0.00	
Building Control	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	0.00	0.00	-12,420.00	
0										0.00	
Continegncy sum for additional surveys, mee	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	0.00	0.00	-1,900.00	
Archaeological, Trenching and Watching Brie	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	0.00	0.00	-5,100.00	
OS Plan	2020/21	18-Jan	1184045	FF5510	CONA0	AA5180	CONA0	219.83	263.80	263.80	On invoice / NOT on Traacker
									69,222.40		
										0	
										#VALUEE!	

Additional Fees / Order Variations	Services	Appointment / RIBA Workstages	Fee		VAT (20%)	Total Fee	Purchase Order No.	Financial Year	Code	% Complete	Invoice Amount	VAT (20%)	Total Invoice	Invoice Date	Financial Yr	Payment complete	VAT recovery
Tunbridge Wells Borough Council	Full plannng application fee	Stage 3	26033			26033		2020/21	FF5510	100%							
Kent County Council	Pre-application for Highways	Stage 3	1530		306	1836	N/A	2020/21	FF5510	100%							
DHA Planning (OV)	Printing of planning application	Stage 3	530		100.6	630.6		2021/22		100%							
Bevan Brittan LLP	Legal Services for JCT Design & Build 2016 Contract & PCSA	Stage 4	17390		3478	20868		2021/22	FF5510		2549	509.8	3058.8	19.05.2021	2021/22	14%	
Southern Testing	Additional Asbestos surveys	Stage 4	4672.3		934.46	5606.76		2021/22	FF5510	100%	2542.3	508.46	3050.76	06.05.2021	2021/22		
GES	Bat activity surveys	Stage 3	8845		1769	10614	500228575	2021/22	FF5510								
Southern Testing	Additional Asbestos surveys - following email advice 30.04.2021, further asbestos located in additional samples	Stage 4	191.5		38.3	229.8	500228585	2021/22	FF5510	100%							
HMY Architects	3D Presentation Video	Stage 3	1800		360	2160		2021/22	AA518								
Southern Testing	Additional geo-environmental investigations	Stage 3	744		148.8	892.8		2021/22	AA518		744	148.8	892.8	11.06.2021	2021/22		
JMA Architects	Architectural Services / Acting as Trust Architectural Consultant during Stage 5	Stage 5	35100		7020	42120		2021/22	AA518								

-26033
-1836
-630.6
-20868
-5606.76
-10614
-229.8
-2160
-892.8
-42120

DHA Planning	Discharge of planning conditions	Stage 4	3000		600	3600	500220168	2021/22	AA518	

TOTAL		**99835.8**		**14755.16**	**114590.96**
OVERALL TOTAL - EXC.PCSA + ENABLING WORKS		**496081.1**	**9761**	**96956.42**	**602798.52**

Consultant Fees During PCSA Stage	**Services**	**Appointment / RIBA Workstages**	**Fee**		**VAT (20%)**	**Total Fee**	**Purchase Order No.**	**Financial Year**	**Code**	**% Complete**
HMY Architects	Architectural Consultant	Stage 4	220,218.75				**TO BE NOVATED TO ESS (MAIN CONTRACTOR) UNDER PCSA CONTRACT**	2021/22		
CTP Consultant Engineers	Civils and Structural Engineers	Stage 4	1530					2021/22		
ETA Projects Ltd	Mechanical & Electrical Engineers	Stage 4	139,837.50					2021/22		
Allen Scott -	Landscape Architects	Stage 4	19,012.50					2021/22		
Stroma Ltd	Approved Inspectors	Stage 4	5062.5					2021/22		
Jane Simpson Access Consultants	Access Consultant	Stage 4	5062.5					2021/22		
Adrian James Acoustics	Acoustic Consultant	Stage 4	3931.88					2021/22		

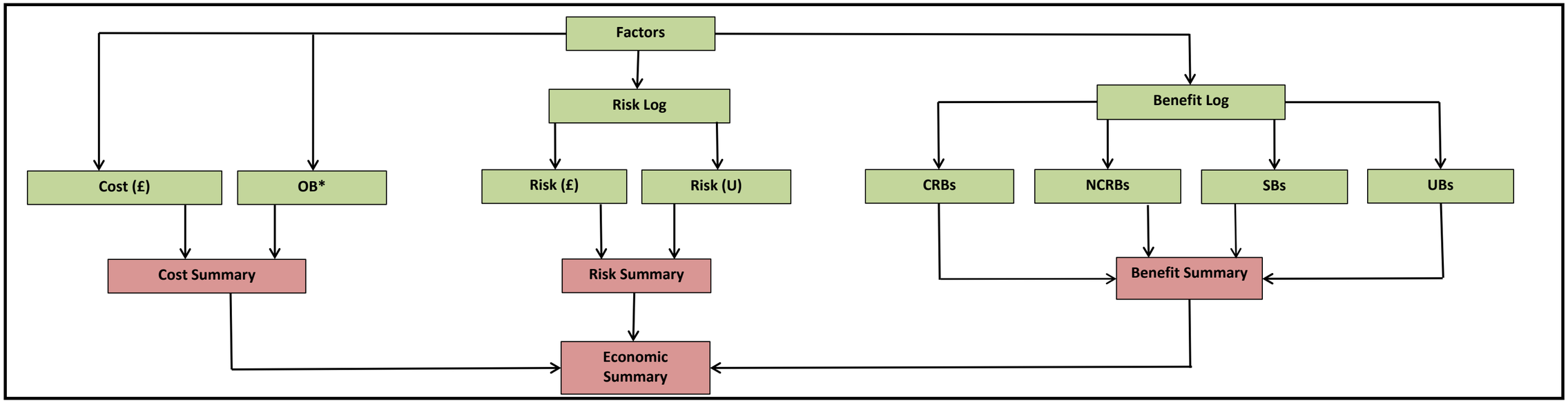
CONSULTANT FEES ARE INCLUDED WITHIN THE PCSA FIGURE OF £923,808.03

RIBA Workstages	
Stage 0	Strategic Definition
Stage 1	Preparation and Brief
Stage 2	Concept Design / Feasibility
Stage 3	Planning
Stage 4	Technical Design, Tender
Stage 5	Construction
Stage 6	Completion
Stage 7	Commissioning, Handover, Use and Post Project Evaluation

MODEL STRUCTURE (hyperlinked)

Back to User Instructions

User Input Required
No Input Required



* the OB worksheets should only be filled out if Optimism Bias percentages are being calculated within the CIA Model. If they are being calculated outside of the model, the Optimism Bias uplift (£) should be added to the Cost sheet under Optimism Bias.

USER INSTRUCTIONS

To note:
- All values should be entered as a positive number, including costs and risks (the summary sheets will convert these to negative numbers where necessary)
- All values should be entered as real numbers (i.e excluding inflation)
- Cells in which data should be entered are unshaded whereas cells that should not be edited are shaded and locked
- If copying and pasting text or figures from another document, please ensure that data is pasted 'Matching destination formatting'. Otherwise the cells might become protected and impossible to edit in the future. If this happens accidentally, please use the 'undo' button
- If you have unused risk rows or unused years, simply leave the relevant cells blank
- The User Guide provides more information on the approaches that should be taken with economic appraisal, and provides further information on how to use this model

Worksheet	Explanation	Instructions
User Instructions	Summarises the purpose of each worksheet and provides guidance on how to complete them.	Use the hyperlinks (column A) to navigate the workbook; the "Back to User Instructions" hyperlinks located on each worksheet will allow the user to return to this worksheet.
Model Structure	Provides a visual guide to the structure of the model.	This worksheet requires no input from the user.
Factors	Used to insert specific values for various factors that are used throughout the workbook.	Insert values and information into unshaded cells. The information in shaded cells (e.g. discount rates) will feed into other worksheets automatically.
Economic Summary	Summarises the benefits, costs and risks worksheets, and concludes with an overall value for money position for all options assessed.	Do not edit this worksheet. All cells will be updated automatically from the costs, risks and benefits summary worksheets.
Cost Summary	Presents a summary of the economic costs, comparing each type of cost (opportunity, capital, revenue, transitional, externality & net contribution) for all options assessed.	Do not edit this worksheet. All cells will be updated automatically from cost worksheets.
Cost Option 0	Evaluate the economic costs for up to 6 options, assessed using undiscounted and discounted cashflows.	Enter cashflow description (column A) and values (column D onwards). Use one worksheet per option that is assessed - if you have just a single option then just use a single worksheet.
Cost Option 1		
Cost Option 2		
Cost Option 3		
Cost Option 4		
Cost Option 5		
Cost Option 6		
OB Mitigation	Provides information on how to apply mitigation factors.	For information, not for completion.
OB Option 0	Calculate optimism bias (OB) and apply mitigation factors.	Answer questions 1-5 by selecting from the drop down menus in column D. Apply mitigation factors (column I) with appropriate justification/evidence (column J). The OB worksheets should only be filled out if Optimism Bias percentages are being calculated within the CIA Model. If they are being calculated outside of the model, the Optimism Bias uplift (£) should be added to the Cost sheet under Optimism Bias.
OB Option 1		
OB Option 2		
OB Option 3		
OB Option 4		
OB Option 5		
OB Option 6		
Risk Summary	Presents a summary of the quantitative risks, comparing each type of risk (design, construction, performance, operating, revenue, termination, technology, control, residual value & other) for all options assessed.	Do not edit this worksheet. All cells will be updated automatically from risk worksheets.
Risk Log	Presents an overview of the quantitative risks before exploring each one in detail within the relevant risk worksheet [Risk (£) Option 0-6].	Populate columns C and D. There are some suggested risks included under each category. This is not an exhaustive list - there is space below to add additional risks (column B). If a suggested risk is not applicable then leave the row blank.
Risk (£) Option 0		

Risk (£) Option 1	Evaluate economic risks for each option using undiscounted and discounted cashflows of expected risk values.	Enter a percentage for each risk scenario (columns C-F) and a corresponding monetary value (columns H-J) to calculate an expected value per annum. Enter the year in which the risk commences (column M) and finishes (column N) to calculate the discounted risk value (column R).
Risk (£) Option 2		
Risk (£) Option 3		
Risk (£) Option 4		
Risk (£) Option 5		
Risk (£) Option 6		
Risk (U)	Evaluates unmonetisable risks for all options using a weighted scoring system.	Populate columns B-E to explain each unmonetised risk. Enter percentage values in the probability columns (e.g column K for option 1) and scores in the impact columns (e.g columns L - N for option 1) to calculate unmonetised risk scores for each option.
Benefit Summary	Presents a summary of the benefits, comparing each type of benefit (CRBs, NCRBs, SBs & UBs) for all options assessed.	Do not edit this worksheet. All cells will be updated automatically from benefit worksheets.
Benefit Log	Presents an overview of the economic benefits for all options assessed.	Populate columns B-H. This information will populate the subsequent benefit worksheets automatically.
CRBs	Evaluates economic cash releasing benefits (CRB) for all options using undiscounted and discounted values.	Enter monetised values for benefits in column G onwards.
NCRBs	Evaluates economic non-cash releasing benefits (NCRB) for all options using undiscounted and discounted values.	
SBs	Evaluates economic societal benefits (SB) for all options using undiscounted and discounted values.	
UBs	Evaluates unmonetisable benefits (UB) for all options using a weighted scoring system.	Provide detail on unmonetisable benefits and use the dropdowns from columns D to J to select which unmonetisable benefit applies to which option.

FACTORS USED WITHIN THE MODEL	Back to User Instructions
OA Model v7	Back to Model Structure

Organisation and User Information	
Organisation Name	Maidstone & Tunbridge Wells NHS FT
Name of Model User(s)	
Model Responsible Owner	
Contact Details	

Numerical Parameters	
Are figures in £, £000 or £m?	£'000
Year 0 / base year (e.g. type 2020 for 2020/21)	2021

Option Appraisal			
Option number	Option description	Project life (whole years)	Final project year
Option 0	Business as Usual	41	2061/62
Option 1	Do Min 140 units spot purchased	41	2061/62
Option 2	140 unit build	41	2061/62
Option 3	180 unit build	41	2061/62
Option 4	100 unit build + 40 units spot purchased	41	2061/62
Option 5		70	2090/91
Option 6		70	2090/91

Investment Objectives (IOs)	
Investment Objective	Investment Objective description
IO1	
IO2	
IO3	
IO4	
IO5	
IO6	
IO7	
IO8	

Discount Rates		
Non-QALY Discount Rate	Years 0-30	3.5%
	Years 31-70	3%
QALY Discount Rate	Years 0-30	1.5%
	Years 31-70	1.3%

Option 0	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Yr 16	Yr 17	Yr 18	Yr 19	Yr 20	Yr 21	Yr 22	Yr 23	Yr 24	Yr 25	Yr 26	Yr 27	Yr 28	Yr 29	Yr 30	Yr 31	Yr 32	Yr 33	Yr 34	Yr 35	Yr 36	Yr 37	Yr 38	Yr 39	Yr 40	Yr 41	Yr 42	Yr 43	Yr 44	Yr 45	Yr 46	Yr 47	Yr 48	Yr 49	Yr 50	Yr 51	Yr 52	Yr 53	Yr 54	Yr 55	Yr 56	Yr 57	Yr 58	Yr 59	Yr 60	Yr 61	Yr 62	Yr 63	Yr 64	Yr 65	Yr 66	Yr 67	Yr 68	Yr 69	Total (EAC Factor)
	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2037/38	2038/39	2039/40	2040/41	2041/42	2042/43	2043/44	2044/45	2045/46	2046/47	2047/48	2048/49	2049/50	2050/51	2051/52	2052/53	2053/54	2054/55	2055/56	2056/57	2057/58	2058/59	2059/60	2060/61	2061/62	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-QALY Discount Factors @ 3.5% / 3.0%	1.00	0.97	0.93	0.90	0.87	0.84	0.81	0.78	0.76	0.73	0.71	0.68	0.66	0.58	0.56	0.54	0.52	0.50	0.49	0.47	0.45	0.44	0.42	0.41	0.40	0.38	0.37	0.36	0.35	0.34	0.33	0.32	0.31	0.30	0.29	0.28	0.27	0.27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22.43
QALY Discount Factors @ 1.5% / 1.296%	1.00	0.99	0.97	0.96	0.94	0.93	0.91	0.90	0.89	0.87	0.86	0.85	0.84	0.79	0.78	0.76	0.75	0.74	0.73	0.72	0.71	0.70	0.69	0.68	0.67	0.66	0.65	0.64	0.63	0.62	0.62	0.61	0.60	0.59	0.59	0.58	0.57	0.56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30.96
Include	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Option 1	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Yr 16	Yr 17	Yr 18	Yr 19	Yr 20	Yr 21	Yr 22	Yr 23	Yr 24	Yr 25	Yr 26	Yr 27	Yr 28	Yr 29	Yr 30	Yr 31	Yr 32	Yr 33	Yr 34	Yr 35	Yr 36	Yr 37	Yr 38	Yr 39	Yr 40	Yr 41	Yr 42	Yr 43	Yr 44	Yr 45	Yr 46	Yr 47	Yr 48	Yr 49	Yr 50	Yr 51	Yr 52	Yr 53	Yr 54	Yr 55	Yr 56	Yr 57	Yr 58	Yr 59	Yr 60	Yr 61	Yr 62	Yr 63	Yr 64	Yr 65	Yr 66	Yr 67	Yr 68	Yr 69	Total (EAC Factor)
	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2037/38	2038/39	2039/40	2040/41	2041/42	2042/43	2043/44	2044/45	2045/46	2046/47	2047/48	2048/49	2049/50	2050/51	2051/52	2052/53	2053/54	2054/55	2055/56	2056/57	2057/58	2058/59	2059/60	2060/61	2061/62	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-QALY Discount Factors @ 3.5% / 3.0%	1.00	0.97	0.93	0.90	0.87	0.84	0.81	0.78	0.76	0.73	0.71	0.68	0.66	0.58	0.56	0.54	0.52	0.50	0.49	0.47	0.45	0.44	0.42	0.41	0.40	0.38	0.37	0.36	0.35	0.34	0.33	0.32	0.31	0.30	0.29	0.28	0.27	0.27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22.43
QALY Discount Factors @ 1.5% / 1.296%	1.00	0.99	0.97	0.96	0.94	0.93	0.91	0.90	0.89	0.87	0.86	0.85	0.84	0.79	0.78	0.76	0.75	0.74	0.73	0.72	0.71	0.70	0.69	0.68	0.67	0.66	0.65	0.64	0.63	0.62	0.62	0.61	0.60	0.59	0.59	0.58	0.57	0.56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30.96
Include	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Option 2	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Yr 16	Yr 17	Yr 18	Yr 19	Yr 20	Yr 21	Yr 22	Yr 23	Yr 24	Yr 25	Yr 26	Yr 27	Yr 28	Yr 29	Yr 30	Yr 31	Yr 32	Yr 33	Yr 34	Yr 35	Yr 36	Yr 37	Yr 38	Yr 39	Yr 40	Yr 41	Yr 42	Yr 43	Yr 44	Yr 45	Yr 46	Yr 47	Yr 48	Yr 49	Yr 50	Yr 51	Yr 52	Yr 53	Yr 54	Yr 55	Yr 56	Yr 57	Yr 58	Yr 59	Yr 60	Yr 61	Yr 62	Yr 63	Yr 64	Yr 65	Yr 66	Yr 67	Yr 68	Yr 69	Total (EAC Factor)
	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2037/38	2038/39	2039/40	2040/41	2041/42	2042/43	2043/44	2044/45	2045/46	2046/47	2047/48	2048/49	2049/50	2050/51	2051/52	2052/53	2053/54	2054/55	2055/56	2056/57	2057/58	2058/59	2059/60	2060/61	2061/62	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-QALY Discount Factors @ 3.5% / 3.0%	1.00	0.97	0.93	0.90	0.87	0.84	0.81	0.78	0.76	0.73	0.71	0.68	0.66	0.58	0.56	0.54	0.52	0.50	0.49	0.47	0.45	0.44	0.42	0.41	0.40	0.38	0.37	0.36	0.35	0.34	0.33	0.32	0.31	0.30	0.29	0.28	0.27	0.27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22.43
QALY Discount Factors @ 1.5% / 1.296%	1.00	0.99	0.97	0.96	0.94	0.93	0.91	0.90	0.89	0.87	0.86	0.85	0.84	0.79	0.78	0.76	0.75	0.74	0.73	0.72	0.71	0.70	0.69	0.68	0.67	0.66	0.65	0.64	0.63	0.62	0.62	0.61	0.60	0.59	0.59	0.58	0.57	0.56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30.96
Include	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Option 3	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Yr 16	Yr 17	Yr 18	Yr 19	Yr 20	Yr 21	Yr 22	Yr 23	Yr 24	Yr 25	Yr 26	Yr 27	Yr 28	Yr 29	Yr 30	Yr 31	Yr 32	Yr 33	Yr 34	Yr 35	Yr 36	Yr 37	Yr 38	Yr 39	Yr 40	Yr 41	Yr 42	Yr 43	Yr 44	Yr 45	Yr 46	Yr 47	Yr 48	Yr 49	Yr 50	Yr 51	Yr 52	Yr 53	Yr 54	Yr 55	Yr 56	Yr 57	Yr 58	Yr 59	Yr 60	Yr 61	Yr 62	Yr 63	Yr 64	Yr 65	Yr 66	Yr 67	Yr 68	Yr 69	Total (EAC Factor)
	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2037/38	2038/39	2039/40	2040/41	2041/42	2042/43	2043/44	2044/45	2045/46	2046/47	2047/48	2048/49	2049/50	2050/51	2051/52	2052/53	2053/54	2054/55	2055/56	2056/57	2057/58	2058/59	2059/60	2060/61	2061/62	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-QALY Discount Factors @ 3.5% / 3.0%	1.00	0.97	0.93	0.90	0.87	0.84	0.81	0.78	0.76	0.73	0.71	0.68	0.66	0.58	0.56	0.54	0.52	0.50	0.49	0.47	0.45	0.44	0.42	0.41	0.40	0.38	0.37	0.36	0.35	0.34	0.33	0.32	0.31	0.30	0.29	0.28	0.27	0.27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22.43
QALY Discount Factors @ 1.5% / 1.296%	1.00	0.99	0.97	0.96	0.94	0.93	0.91	0.90	0.89	0.87	0.86	0.85	0.84	0.79	0.78	0.76	0.75	0.74	0.73	0.72	0.71	0.70	0.69	0.68	0.67	0.66	0.65	0.64	0.63	0.62	0.62	0.61	0.60	0.59	0.59	0.58	0.57	0.56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30.96
Include	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Option 4	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Yr 16	Yr 17	Yr 18	Yr 19	Yr 20	Yr 21	Yr 22	Yr 23	Yr 24	Yr 25	Yr 26	Yr 27	Yr 28	Yr 29	Yr 30	Yr 31	Yr 32	Yr 33	Yr 34	Yr 35	Yr 36	Yr 37	Yr 38	Yr 39	Yr 40	Yr 41	Yr 42	Yr 43	Yr 44	Yr 45	Yr 46	Yr 47	Yr 48	Yr 49	Yr 50	Yr 51	Yr 52	Yr 53	Yr 54	Yr 55	Yr 56	Yr 57	Yr 58	Yr 59	Yr 60	Yr 61	Yr 62	Yr 63	Yr 64	Yr 65	Yr 66	Yr 67	Yr 68	Yr 69	Total (EAC Factor)
	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2037/38	2038/39	2039/40	2040/41	2041/42	2042/43	2043/44	2044/45	2045/46	2046/47	2047/48	2048/49	2049/50	2050/51	2051/52	2052/53	2053/54	2054/55	2055/56	2056/57	2057/58	2058/59	2059/60	2060/61	2061/62	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-QALY Discount Factors @ 3.5% / 3.0%	1.00	0.97	0.93	0.90	0.87	0.84	0.81	0.78	0.76	0.73	0.71	0.68	0.66	0.58	0.56	0.54	0.52	0.50	0.49	0.47	0.45	0.44	0.42	0.41	0.40	0.38	0.37	0.36	0.35	0.34	0.33	0.32	0.31	0.30	0.29	0.28	0.27	0.27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22.43
QALY Discount Factors @ 1.5% / 1.296%	1.00	0.99	0.97	0.96	0.94	0.93	0.91	0.90	0.89	0.87	0.86	0.85	0.84	0.79	0.78	0.76	0.75	0.74	0.73	0.72	0.71	0.70	0.69	0.68	0.67	0.66	0.65	0.64	0.63	0.62	0.62	0.61	0.60	0.59	0.59	0.58	0.57	0.56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30.96
Include	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Option 5	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Yr 16	Yr 17	Yr 18	Yr 19	Yr 20	Yr 21	Yr 22	Yr 23	Yr 24	Yr 25	Yr 26	Yr 27	Yr 28	Yr 29	Yr 30	Yr 31	Yr 32	Yr 33	Yr 34	Yr 35	Yr 36	Yr 37	Yr 38	Yr 39	Yr 40	Yr 41	Yr 42	Yr 43	Yr 44	Yr 45	Yr 46	Yr 47	Yr 48	Yr 49	Yr 50	Yr 51	Yr 52	Yr 53	Yr 54	Yr 55	Yr 56	Yr 57	Yr 58	Yr 59	Yr 60	Yr 61	Yr 62	Yr 63	Yr 64	Yr 65	Yr 66	Yr 67	Yr 68	Yr 69	Total (EAC Factor)
	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2037/38	2038/39	2039/40	2040/41	2041/42	2042/43	2043/44	2044/45	2045/46	2046/47	2047/48	2048/49	2049/50	2050/51	2051/52	2052/53	2053/54	2054/55	2055/56	2056/57	2057/58	2058/59	2059/60	2060/61	2061/62	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-QALY Discount Factors @ 3.5% / 3.0%	1.00	0.97	0.93	0.90	0.87	0.84	0.81	0.78	0.76	0.73	0.71	0.68	0.66	0.58	0.56	0.54	0.52	0.50	0.49	0.47	0.45	0.44	0.42	0.41	0.40	0.38	0.37	0.36	0.35	0.34	0.33	0.32	0.31	0.30	0.29	0.28	0.27	0.27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22.43
QALY Discount Factors @ 1.5% / 1.296%	1.00	0.99	0.97	0.96	0.94	0.93	0.91	0.90	0.89	0.87	0.86	0.85	0.84	0.79	0.78	0.76	0.75	0.74	0.73	0.72	0.71	0.70	0.69	0.68	0.67	0.66	0.65	0.64	0.63	0.62	0.62	0.61	0.60	0.59	0.59	0.58	0.57	0.56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30.96
Include	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Option 6	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Yr 16	Yr 17	Yr 18	Yr 19	Yr 20	Yr 21	Yr 22	Yr 23	Yr 24	Yr 25	Yr 26	Yr 27	Yr 28	Yr 29	Yr 30	Yr 31	Yr 32	Yr 33	Yr 34	Yr 35	Yr 36	Yr 37	Yr 38	Yr 39	Yr 40	Yr 41	Yr 42	Yr 43	Yr 44	Yr 45	Yr 46	Yr 47	Yr 48	Yr 49	Yr 50	Yr 51	Yr 52	Yr 53	Yr 54	Yr 55	Yr 56	Yr 57	Yr 58	Yr 59	Yr 60	Yr 61	Yr 62	Yr 63	Yr 64	Yr 65	Yr 66	Yr 67	Yr 68	Yr 69	Total (EAC Factor)
	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2037/38	2038/39	2039/40	2040/41	2041/42	2042/43	2043/44	2044/45	2045/46	2046/47	2047/48	2048/49	2049/50	2050/51	2051/52	2052/53	2053/54	2054/55	2055/56	2056/57	2057/58	2058/59	2059/60	2060/61	2061/62	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-QALY Discount Factors @ 3.5% / 3.0%	1.00	0.97	0.93	0.90	0.87	0.84	0.81	0.78	0.76	0.73	0.71	0.68	0.66	0.58	0.56	0.54	0.52	0.50	0.49	0.47	0.45	0.44	0.42	0.41	0.40	0.38	0.37	0.36	0.35	0.34	0.33	0.32	0.31	0.30	0.29	0.28	0.27	0.27	0.26	0.25	0.24	0.24	0.23	0.22	0.22	0.21	0.20	0.20	0.19	0.19	0.18	0.18	0.17	0.17	0.16	0.16	0.15	0.15	0.14	0.14	0.13	0.13	0.13	0.12	0.12	0.12	0.11	27.52
QALY Discount Factors @ 1.5% / 1.296%	1.00	0.99	0.97	0.96	0.94	0.93	0.91	0.90	0.89	0.87	0.86	0.85	0.84	0.79	0.78	0.76	0.75	0.74	0.73	0.72	0.71	0.70	0.69	0.68	0.67	0.66	0.65	0.64	0.63	0.62	0.62	0.61	0.60	0.59	0.59	0.58	0.57	0.56	0.56	0.55	0.54	0.53	0.53	0.52	0.51	0.51	0.50	0.50	0.49	0.48	0.48	0.47	0.46	0.46	0.45	0.45	0.44	0.44	0.43	0.43	0.42	0.41	0.41	0.40	0.40	0.39	0.39	44.54
Include	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Net present social value (£000's)	Option 1	Option 2	Option 3	Option 4
Incremental costs	-£32,216.11	-£30,870.28	-£36,463.31	-£33,114.68
Incremental benefits	£19,604.70	£117,812.73	£121,606.86	£111,750.85
Net societal value	-£12,611.41	£86,942.45	£85,143.55	£78,636.17
Cost benefit ratio	0.61	3.82	3.34	3.37

Net present social value (£000's)	Option 1	Option 2	Option 3	Option 4
Capital	£0.00	-£2,243.99	-£2,243.99	-£2,243.99
Revenue	-£32,216.11	-£27,163.87	-£32,449.07	-£29,780.49
Net contribution	£19,604.70	£36,346.99	£39,900.81	£30,285.11
Costed risks	£0.00	-£1,462.43	-£1,770.25	-£1,090.20
Non-cash releasing benefits	£0.00	£12,439.10	£12,439.10	£12,439.10
Societal benefits	£0.00	£69,026.64	£69,266.95	£69,026.64
Net societal value	-£12,611.41	£86,942.45	£85,143.55	£78,636.17
Cost benefit ratio	0.61	3.82	3.34	3.37

Check	*-£12,611.41*	*£86,942.45*	*£85,143.55*	*£78,636.17*
	£0.00	£0.00	£0.00	£0.00

ECONOMIC SUMMARY - £'000 Back to Model Structure Back to User Instructions

Economic Summary (Discounted) - £'000

	Option 0 - Business as Usual	Option 1 - Do Min 140 units spot purchased	Option 2 - 140 unit build	Option 3 - 180 unit build	Option 4 - 100 unit build + 40 units spot purchased	Option 5 -	Option 6 -
Incremental costs - total	**£0.00**	**-£32,216.11**	**-£30,870.28**	**-£36,463.31**	**-£33,114.68**	**£0.00**	**£0.00**
Incremental benefits - total	**£0.00**	**£19,604.70**	**£117,812.73**	**£121,606.86**	**£111,750.85**	**£0.00**	**£0.00**
Risk-adjusted Net Present Social Value (NPSV)	**£0.00**	**-£12,611.41**	**£86,942.45**	**£85,143.55**	**£78,636.17**	**£0.00**	**£0.00**
Benefit-cost ratio		**0.61**	**3.82**	**3.34**	**3.37**		

Detailed Economic Summary (Discounted) - £'000

	Option 0 - Business as Usual	Option 1 - Do Min 140 units spot purchased	Option 2 - 140 unit build	Option 3 - 180 unit build	Option 4 - 100 unit build + 40 units spot purchased	Option 5 -	Option 6 -
Costs							
Incremental cost increase - opportunity cost	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental cost increase - capital (including optimism bias)	£0.00	£0.00	-£2,243.99	-£2,243.99	-£2,243.99	£0.00	£0.00
Incremental cost increase - revenue	£0.00	-£32,216.11	-£27,163.87	-£32,449.07	-£29,780.49	£0.00	£0.00
Incremental cost increase - transitional	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental cost increase - externality	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental cost increase - net contribution	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental cost increase - risks	£0.00	£0.00	-£1,462.43	-£1,770.25	-£1,090.20	£0.00	£0.00
Incremental costs - total	**£0.00**	**-£32,216.11**	**-£30,870.28**	**-£36,463.31**	**-£33,114.68**	**£0.00**	**£0.00**
Benefits							
Incremental cost reduction - opportunity cost	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental cost reduction - capital (including optimism bias)	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental cost reduction - revenue	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental cost reduction - transitional	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental cost reduction - externality	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental cost reduction - net contribution	£0.00	£19,604.70	£36,346.99	£39,900.81	£30,285.11	£0.00	£0.00
Incremental cost reduction - risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental benefit - cash releasing	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental benefit - non-cash releasing	£0.00	£0.00	£12,439.10	£12,439.10	£12,439.10	£0.00	£0.00
Incremental benefit - societal	£0.00	£0.00	£69,026.64	£69,266.95	£69,026.64	£0.00	£0.00
Incremental benefits - total	**£0.00**	**£19,604.70**	**£117,812.73**	**£121,606.86**	**£111,750.85**	**£0.00**	**£0.00**
Value for Money							
Risk-adjusted Net Present Social Value (NPSV)		**-£12,611.41**	**£86,942.45**	**£85,143.55**	**£78,636.17**	**£0.00**	**£0.00**
Benefit-cost ratio		**0.61**	**3.82**	**3.34**	**3.37**		

Cost and Risk Summary (Discounted) - £'000

	Option 0 - Business as Usual	Option 1 - Do Min 140 units spot purchased	Option 2 - 140 unit build	Option 3 - 180 unit build	Option 4 - 100 unit build + 40 units spot purchased	Option 5 -	Option 6 -
Present Cost	£0.00	-£12,611.41	£6,939.14	£5,207.75	-£1,739.37	£0.00	£0.00
Total Risk	£0.00	£0.00	-£1,462.43	-£1,770.25	-£1,090.20	£0.00	£0.00
Risk-adjusted Present Cost	£0.00	-£12,611.41	£5,476.71	£3,437.50	-£2,829.57	£0.00	£0.00

Detailed Cost, Risk and Benefit Summary (Discounted) - £'000

	Option 0 - Business as Usual	Option 1 - Do Min 140 units spot purchased	Option 2 - 140 unit build	Option 3 - 180 unit build	Option 4 - 100 unit build + 40 units spot purchased	Option 5 -	Option 6 -
Opportunity Costs	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Capital Expenditure	£0.00	£0.00	-£2,243.99	-£2,243.99	-£2,243.99	£0.00	£0.00
Capital Expenditure Optimism Bias Uplift	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Revenue Expenditure	£0.00	-£32,216.11	-£27,163.87	-£32,449.07	-£29,780.49	£0.00	£0.00
Transitional Costs	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Externality Costs	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Net Contribution Costs	£0.00	-£19,604.70	-£36,346.99	-£39,900.81	-£30,285.11	£0.00	£0.00
Present Cost	**£0.00**	**-£12,611.41**	**£6,939.14**	**£5,207.75**	**-£1,739.37**	**£0.00**	**£0.00**
Design Risks	£0.00	£0.00	-£728.00	-£881.24	-£542.70	£0.00	£0.00
Construction Risks	£0.00	£0.00	-£272.95	-£330.40	-£203.48	£0.00	£0.00

Performance Risks	£0.00	£0.00	-£331.25	-£400.98	-£246.94	£0.00	£0.00
Operating Risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Revenue Risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Termination Risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Technology Risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Control Risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Residual Value Risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Other Risks	£0.00	£0.00	-£47.95	-£58.04	-£35.75	£0.00	£0.00
Additional Risks	£0.00	£0.00	-£82.28	-£99.59	-£61.33	£0.00	£0.00
Total Risk	**£0.00**	**£0.00**	**-£1,462.43**	**-£1,770.25**	**-£1,090.20**	**£0.00**	**£0.00**
Unmonetised Risk Score	0	0	0	0	0	0	0
Risk-adjusted Present Cost	**£0.00**	**-£12,611.41**	**£5,476.71**	**£3,437.50**	**-£2,829.57**	**£0.00**	**£0.00**
Cash Releasing Benefits	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Non-Cash Releasing Benefits	£0.00	£0.00	£12,439.10	£12,439.10	£12,439.10	£0.00	£0.00
Societal Benefits	£0.00	£0.00	£69,026.64	£69,266.95	£69,026.64	£0.00	£0.00
Total Benefits	**£0.00**	**£0.00**	**£81,465.74**	**£81,706.05**	**£81,465.74**	**£0.00**	**£0.00**

ECONOMIC COSTS ANALYSIS - £'000

Back to User Instructions
Back to Market Structure

Summary (Discounted) - £'000	Option 0 - Business as Usual	Option 1 - 2x Mini 140 units spot purchased	Option 2 - 140 unit build	Option 3 - 180 unit build	Option 4 - 180 unit build + 40 units spot purchased	Option 5-	Option 6-
Opportunity costs	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m
Capital costs	£0.0m	£0.0m	£1,115.4m	£1,115.4m	£1,115.4m	£0.0m	£0.0m
Capital costs optimism bias uplift	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m
Capital costs + optimism bias uplift	£0.0m	£0.0m	£2,243.9m	£2,243.9m	£2,243.9m	£0.0m	£0.0m
Revenue costs	£0.0m	£52,216.1m	£27,163.8m	£22,440.8m	£36,796.4m	£0.0m	£0.0m
Transitional costs	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m
Externality costs	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m
Net Contribution costs	£0.0m	£16,004.7m	£36,349.4m	£36,904.8m	£30,295.1m	£0.0m	£0.0m
Total costs	£0.0m	£70,811.4m	£65,856.4m	£61,811.7m	£71,196.7m	£0.0m	£0.0m

Opportunity costs - £'000

Option	Present Cost	% of highest cost	Rank
Option 0 - Business as Usual	£0.0m		
Option 1 - 2x Mini 140 units spot purchased	£0.0m		
Option 2 - 140 unit build	£0.0m		
Option 3 - 180 unit build	£0.0m		
Option 4 - 180 unit build + 40 units spot purchased	£0.0m		
Option 5 -	£0.0m		
Option 6 -	£0.0m		

Discounted Costs

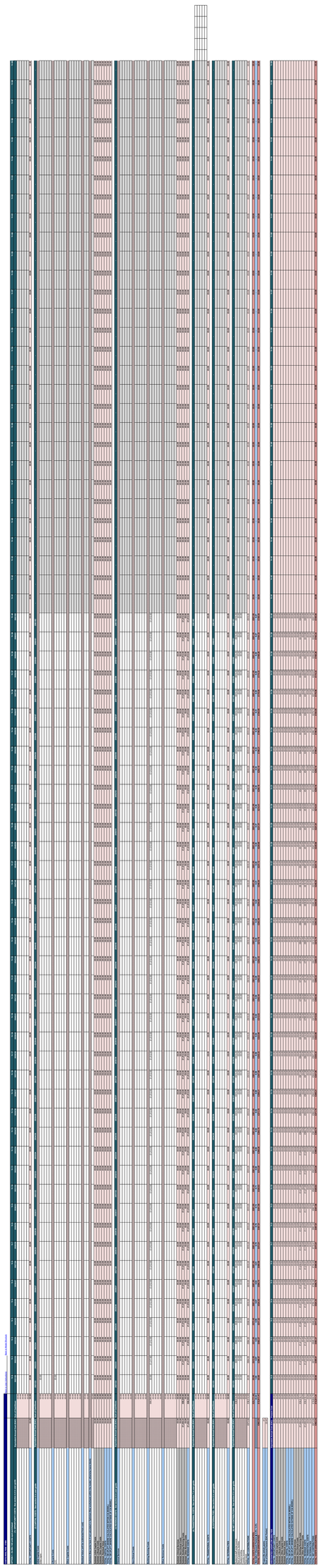
	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Yr 16	Yr 17	Yr 18	Yr 19	Yr 20	Yr 21	Yr 22	Yr 23	Yr 24	Yr 25	Yr 26	Yr 27	Yr 28	Yr 29	Yr 30	Yr 31	Yr 32	Yr 33	Yr 34	Yr 35	Yr 36	Yr 37	Yr 38	Yr 39	Yr 40	Yr 41	Yr 42	Yr 43	Yr 44	Yr 45	Yr 46	Yr 47	Yr 48	Yr 49	Yr 50	Yr 51	Yr 52	Yr 53	Yr 54	Yr 55	Yr 56	Yr 57	Yr 58	Yr 59	Yr 60	Yr 61	Yr 62	Yr 63	Yr 64	Yr 65	Yr 66	Yr 67	Yr 68	Yr 69
Option 0 - Business as Usual	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m	£0.0m

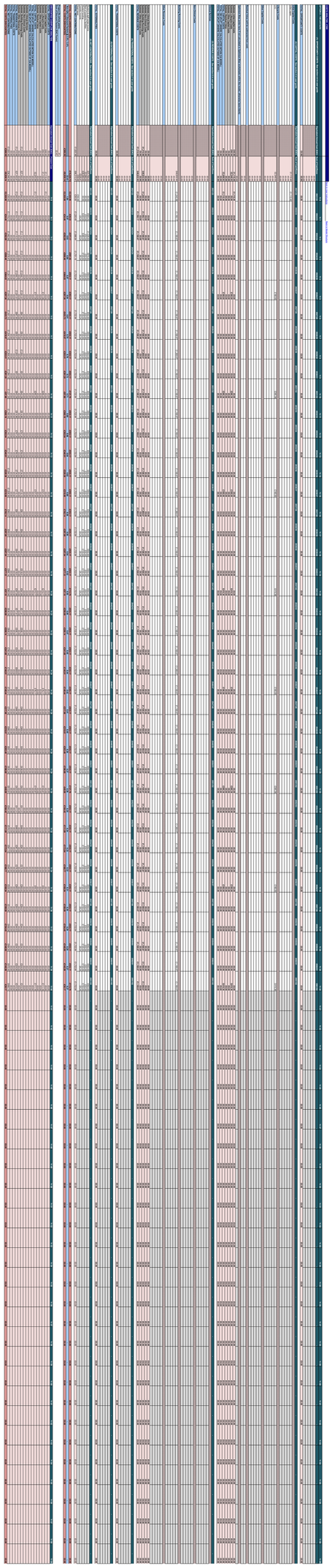
Cost-Benefit Model - CBM

Back to Cost Calculation ———— Back to Model Menu(s)

Affiliate - Business Case

| | Operational Annual Cost (£GBP) | Unit of Continuum | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 | 2029/30 | 2030/31 | 2031/32 | 2032/33 | 2033/34 | 2034/35 | 2035/36 | 2036/37 | 2037/38 | 2038/39 | 2039/40 | 2040/41 | 2041/42 | 2042/43 | 2043/44 | 2044/45 | 2045/46 | 2046/47 | 2047/48 | 2048/49 | 2049/50 | 2050/51 | 2051/52 | 2052/53 | 2053/54 | 2054/55 | 2055/56 | 2056/57 | 2057/58 | 2058/59 | 2059/60 | 2060/61 | 2061/62 | 2062/63 | 2063/64 | 2064/65 | 2065/66 | 2066/67 | 2067/68 | 2068/69 | 2069/70 | 2070/71 | 2071/72 | 2072/73 | 2073/74 | 2074/75 | 2075/76 | 2076/77 | 2077/78 | 2078/79 | 2079/80 | 2080/81 | 2081/82 | 2082/83 | 2083/84 | 2084/85 | 2085/86 | 2086/87 | 2087/88 | 2088/89 | 2089/90 | 2090/91 | 2091/92 | 2092/93 | 2093/94 | 2094/95 | 2095/96 | 2096/97 | 2097/98 | 2098/99 | 2099/100 | 2100/101 | 2101/102 | 2102/103 | 2103/104 | 2104/105 | 2105/106 | 2106/107 | 2107/108 | 2108/109 | 2109/110 | 2110/111 | 2111/112 | 2112/113 | 2113/114 | 2114/115 | 2115/116 | 2116/117 | 2117/118 | 2118/119 | 2119/120 | 2120/121 | 2121/122 | 2122/123 | 2123/124 | 2124/125 | 2125/126 | 2126/127 | 2127/128 | 2128/129 | 2129/130 | 2130/131 | 2131/132 | 2132/133 | 2133/134 | 2134/135 | 2135/136 | 2136/137 | 2137/138 | 2138/139 | 2139/140 | 2140/141 | 2141/142 | 2142/143 | 2143/144 | 2144/145 | 2145/146 | 2146/147 | 2147/148 | 2148/149 | 2149/150 | 2150/151 | 2151/152 | 2152/153 | 2153/154 | 2154/155 | 2155/156 | 2156/157 | 2157/158 | 2158/159 | 2159/160 | 2160/161 | 2161/162 | 2162/163 | 2163/164 | 2164/165 | 2165/166 | 2166/167 | 2167/168 | 2168/169 | 2169/170 | 2170/171 | 2171/172 | 2172/173 | 2173/174 | 2174/175 | 2175/176 | 2176/177 | 2177/178 | 2178/179 | 2179/180 | 2180/181 | 2181/182 | 2182/183 | 2183/184 | 2184/185 | 2185/186 | 2186/187 | 2187/188 | 2188/189 | 2189/190 | 2190/191 | 2191/192 | 2192/193 | 2193/194 | 2194/195 | 2195/196 | 2196/197 | 2197/198 | 2198/199 | 2199/200 | 2200/201 | 2201/202 | 2202/203 | 2203/204 | 2204/205 | 2205/206 | 2206/207 | 2207/208 | 2208/209 | 2209/210 | 2210/211 | 2211/212 | 2212/213 | 2213/214 | 2214/215 | 2215/216 | 2216/217 | 2217/218 | 2218/219 | 2219/220 | 2220/221 | 2221/222 | 2222/223 | 2223/224 | 2224/225 | 2225/226 | 2226/227 | 2227/228 | 2228/229 | 2229/230 | 2230/231 | 2231/232 | 2232/233 | 2233/234 | 2234/235 | 2235/236 | 2236/237 | 2237/238 | 2238/239 | 2239/240 | 2240/241 | 2241/242 | 2242/243 | 2243/244 | 2244/245 | 2245/246 | 2246/247 | 2247/248 | 2248/249 | 2249/250 | 2250/251 | 2251/252 | 2252/253 | 2253/254 | 2254/255 | 2255/256 | 2256/257 | 2257/258 | 2258/259 | 2259/260 | 2260/261 | 2261/262 | 2262/263 | 2263/264 | 2264/265 | 2265/266 | 2266/267 | 2267/268 | 2268/269 | 2269/270 | 2270/271 | 2271/272 | 2272/273 | 2273/274 | 2274/275 | 2275/276 | 2276/277 | 2277/278 | 2278/279 | 2279/280 | 2280/281 | 2281/282 | 2282/283 | 2283/284 | 2284/285 | 2285/286 | 2286/287 | 2287/288 | 2288/289 | 2289/290 | 2290/291 | 2291/292 | 2292/293 | 2293/294 | 2294/295 | 2295/296 | 2296/297 | 2297/298 | 2298/299 | 2299/300 | 2300/301 | 2301/302 | 2302/303 | 2303/304 | 2304/305 | 2305/306 | 2306/307 | 2307/308 | 2308/309 | 2309/310 | 2310/311 | 2311/312 | 2312/313 | 2313/314 | 2314/315 | 2315/316 | 2316/317 | 2317/318 | 2318/319 | 2319/320 | 2320/321 | 2321/322 | 2322/323 | 2323/324 | 2324/325 | 2325/326 | 2326/327 | 2327/328 | 2328/329 | 2329/330 | 2330/331 | 2331/332 | 2332/333 | 2333/334 | 2334/335 | 2335/336 | 2336/337 | 2337/338 | 2338/339 | 2339/340 | 2340/341 | 2341/342 | 2342/343 | 2343/344 | 2344/345 | 2345/346 | 2346/347 | 2347/348 | 2348/349 | 2349/350 | 2350/351 | 2351/352 | 2352/353 | 2353/354 | 2354/355 | 2355/356 | 2356/357 | 2357/358 | 2358/359 | 2359/360 | 2360/361 | 2361/362 | 2362/363 | 2363/364 | 2364/365 | 2365/366 | 2366/367 | 2367/368 | 2368/369 | 2369/370 | 2370/371 | 2371/372 | 2372/373 | 2373/374 | 2374/375 | 2375/376 | 2376/377 | 2377/378 | 2378/379 | 2379/380 | 2380/381 | 2381/382 | 2382/383 | 2383/384 | 2384/385 | 2385/386 | 2386/387 | 2387/388 | 2388/389 | 2389/390 | 2390/391 | 2391/392 | 2392/393 | 2393/394 | 2394/395 | 2395/396 | 2396/397 | 2397/398 | 2398/399 | 2399/400 | 2400/401 | 2401/402 | 2402/403 | 2403/404 | 2404/405 | 2405/406 | 2406/407 | 2407/408 | 2408/409 | 2409/410 | 2410/411 | 2411/412 | 2412/413 | 2413/414 | 2414/415 | 2415/416 | 2416/417 | 2417/418 | 2418/419 | 2419/420 | 2420/421 | 2421/422 | 2422/423 | 2423/424 | 2424/425 | 2425/426 | 2426/427 | 2427/428 | 2428/429 | 2429/430 | 2430/431 | 2431/432 | 2432/433 | 2433/434 | 2434/435 | 2435/436 | 2436/437 | 2437/438 | 2438/439 | 2439/440 | 2440/441 | 2441/442 | 2442/443 | 2443/444 | 2444/445 | 2445/446 | 2446/447 | 2447/448 | 2448/449 | 2449/450 | 2450/451 | 2451/452 | 2452/453 | 2453/454 | 2454/455 | 2455/456 | 2456/457 | 2457/458 | 2458/459 | 2459/460 | 2460/461 | 2461/462 | 2462/463 | 2463/464 | 2464/465 | 2465/466 | 2466/467 | 2467/468 | 2468/469 | 2469/470 | 2470/471 | 2471/472 | 2472/473 | 2473/474 | 2474/475 | 2475/476 | 2476/477 | 2477/478 | 2478/479 | 2479/480 | 2480/481 | 2481/482 | 2482/483 | 2483/484 | 2484/485 | 2485/486 | 2486/487 | 2487/488 | 2488/489 | 2489/490 | 2490/491 | 2491/492 | 2492/493 | 2493/494 | 2494/495 | 2495/496 | 2496/497 | 2497/498 | 2498/499 | 2499/500 | 2500/501 | 2501/502 | 2502/503 | 2503/504 | 2504/505 | 2505/506 | 2506/507 | 2507/508 | 2508/509 | 2509/510 | 2510/511 | 2511/512 | 2512/513 | 2513/514 | 2514/515 | 2515/516 | 2516/517 | 2517/518 | 2518/519 | 2519/520 | 2520/521 | 2521/522 | 2522/523 | 2523/524 | 2524/525 | 2525/526 | 2526/527 | 2527/528 | 2528/529 | 2529/530 | 2530/531 | 2531/532 | 2532/533 | 2533/534 | 2534/535 | 2535/536 | 2536/537 | 2537/538 | 2538/539 | 2539/540 | 2540/541 | 2541/542 | 2542/543 | 2543/544 | 2544/545 | 2545/546 | 2546/547 | 2547/548 | 2548/549 | 2549/550 | 2550/551 | 2551/552 | 2552/553 | 2553/554 | 2554/555 | 2555/556 | 2556/557 | 2557/558 | 2558/559 | 2559/560 | 2560/561 | 2561/562 | 2562/563 | 2563/564 | 2564/565 | 2565/566 | 2566/567 | 2567/568 | 2568/569 | 2569/570 | 2570/571 | 2571/572 | 2572/573 | 2573/574 | 2574/575 | 2575/576 | 2576/577 | 2577/578 | 2578/579 | 2579/580 | 2580/581 | 2581/582 | 2582/583 | 2583/584 | 2584/585 | 2585/586 | 2586/587 | 2587/588 | 2588/589 | 2589/590 | 2590/591 | 2591/592 | 2592/593 | 2593/594 | 2594/595 | 2595/596 | 2596/597 | 2597/598 | 2598/599 | 2599/600 | 2600/601 | 2601/602 | 2602/603 | 2603/604 | 2604/605 | 2605/606 | 2606/607 | 2607/608 | 2608/609 | 2609/610 | 2610/611 | 2611/612 | 2612/613 | 2613/614 | 2614/615 | 2615/616 | 2616/617 | 2617/618 | 2618/619 | 2619/620 | 2620/621 | 2621/622 | 2622/623 | 2623/624 | 2624/625 | 2625/626 | 2626/627 | 2627/628 | 2628/629 | 2629/630 | 2630/631 | 2631/632 | 2632/633 | 2633/634 | 2634/635 | 2635/636 | 2636/637 | 2637/638 | 2638/639 | 2639/640 | 2640/641 | 2641/642 | 2642/643 | 2643/644 | 2644/645 | 2645/646 | 2646/647 | 2647/648 | 2648/649 | 2649/650 | 2650/651 | 2651/652 | 2652/653 | 2653/654 | 2654/655 | 2655/656 | 2656/657 | 2657/658 | 2658/659 | 2659/660 | 2660/661 | 2661/662 | 2662/663 | 2663/664 | 2664/665 | 2665/666 | 2666/667 | 2667/668 | 2668/669 | 2669/670 | 2670/671 | 2671/672 | 2672/673 | 2673/674 | 2674/675 | 2675/676 | 2676/677 | 2677/678 | 2678/679 | 2679/680 | 2680/681 | 2681/682 | 2682/683 | 2683/684 | 2684/685 | 2685/686 | 2686/687 | 2687/688 | 2688/689 | 2689/690 | 2690/691 | 2691/692 | 2692/693 | 2693/694 | 2694/695 | 2695/696 | 2696/697 | 2697/698 | 2698/699 | 2699/700 | 2700/701 | 2701/702 | 2702/703 | 2703/704 | 2704/705 | 2705/706 | 2706/707 | 2707/708 | 2708/709 | 2709/710 | 2710/711 | 2711/712 | 2712/713 | 2713/714 | 2714/715 | 2715/716 | 2716/717 | 2717/718 | 2718/719 | 2719/720 | 2720/721 | 2721/722 | 2722/723 | 2723/724 | 2724/725 | 2725/726 | 2726/727 | 2727/728 | 2728/729 | 2729/730 | 2730/731 | 2731/732 | 2732/733 | 2733/734 | 2734/735 | 2735/736 | 2736/737 | 2737/738 | 2738/739 | 2739/740 | 2740/741 | 2741/742 | 2742/743 | 2743/744 | 2744/745 | 2745/746 | 2746/747 | 2747/748 | 2748/749 | 2749/750 | 2750/751 | 2751/752 | 2752/753 | 2753/754 | 2754/755 | 2755/756 | 2756/757 | 2757/758 | 2758/759 | 2759/760 | 2760/761 | 2761/762 | 2762/763 | 2763/764 | 2764/765 | 2765/766 | 2766/767 | 2767/768 | 2768/769 | 2769/770 | 2770/771 | 2771/772 | 2772/773 | 2773/774 | 2774/775 | 2775/776 | 2776/777 | 2777/778 | 2778/779 | 2779/780 | 2780/781 | 2781/782 | 2782/783 | 2783/784 | 2784/785 | 2785/786 | 2786/787 | 2787/788 | 2788/789 | 2789/790 | 2790/791 | 2791/792 | 2792/793 | 2793/794 | 2794/795 | 2795/796 | 2796/797 | 2797/798 | 2798/799 | 2799/800 | 2800/801 | 2801/802 | 2802/803 | 2803/804 | 2804/805 | 2805/806 | 2806/807 | 2807/808 | 2808/809 | 2809/810 | 2810/811 | 2811/812 | 2812/813 | 2813/814 | 2814/815 | 2815/816 | 2816/817 | 2817/818 | 2818/819 | 2819/820 | 2820/821 | 2821/822 | 2822/823 | 2823/824 | 2824/825 | 2825/826 | 2826/827 | 2827/828 | 2828/829 | 2829/830 | 2830/831 | 2831/832 | 2832/833 | 2833/834 | 2834/835 | 2835/836 | 2836/837 | 2837/838 | 2838/839 | 2839/840 | 2840/841 | 2841/842 | 2842/843 | 2843/844 | 2844/845 | 2845/846 | 2846/847 | 2847/848 | 2848/849 | 2849/850 | 2850/851 | 2851/852 | 2852/853 | 2853/854 | 2854/855 | 2855/856 | 2856/857 | 2857/858 | 2858/859 | 2859/860 | 2860/861 | 2861/862 | 2862/863 | 2863/864 | 2864/865 | 2865/866 | 2866/867 | 2867/868 | 2868/869 | 2869/870 | 2870/871 | 2871/872 | 2872/873 | 2873/874 | 2874/875 | 2875/876 | 2876/877 | 2877/878 | 2878/879 | 2879/880 | 2880/881 | 2881/882 | 2882/883 | 2883/884 | 2884/885 | 2885/886 | 2886/887 | 2887/888 | 2888/889 | 2889/890 | 2890/891 | 2891/892 | 2892/893 | 2893/894 | 2894/895 | 2895/896 | 2896/897 | 2897/898 | 2898/899 | 2899/900 | 2900/901 | 2901/902 | 2902/903 | 2903/904 | 2904/905 | 2905/906 | 2906/907 | 2907/908 | 2908/909 | 2909/910 | 2910/911 | 2911/912 | 2912/913 | 2913/914 | 2914/915 | 2915/916 | 2916/917 | 2917/918 | 2918/919 | 2919/920 | 2920/921 | 2921/922 | 2922/923 | 2923/924 | 2924/925 | 2925/926 | 2926/927 | 2927/928 | 2928/929 | 2929/930 | 2930/931 | 2931/932 | 2932/933 | 2933/934 | 2934/935 | 2935/936 | 2936/937 | 2937/938 | 2938/939 | 2939/940 | 2940/941 | 2941/942 | 2942/943 | 2943/944 | 2944/945 | 2945/946 | 2946/947 | 2947/948 | 2948/949 | 2949/950 | 2950/951 | 2951/952 | 2952/953 | 2953/954 | 2954/955 | 2955/956 | 2956/957 | 2957/958 | 2958/959 | 2959/960 | 2960/961 | 2961/962 | 2962/963 | 2963/964 | 2964/965 | 2965/966 | 2966/967 | 2967/968 | 2968/969 | 2969/970 | 2970/971 | 2971/972 | 2972/973 | 2973/974 | 2974/975 | 2975/976 | 2976/977 | 2977/978 | 2978/979 | 2979/980 | 2980/981 | 2981/982 | 2982/983 | 2983/984 | 2984/985 | 2985/986 | 2986/987 | 2987/988 | 2988/989 | 2989/990 | 2990/991 | 2991/992 | 2992/993 | 2993/994 | 2994/995 | 2995/996 | 2996/997 | 2997/998 | 2998/999 | 2999/1000 | 3000/1001 |
|---|---|---





Cash Flow Plan 2026

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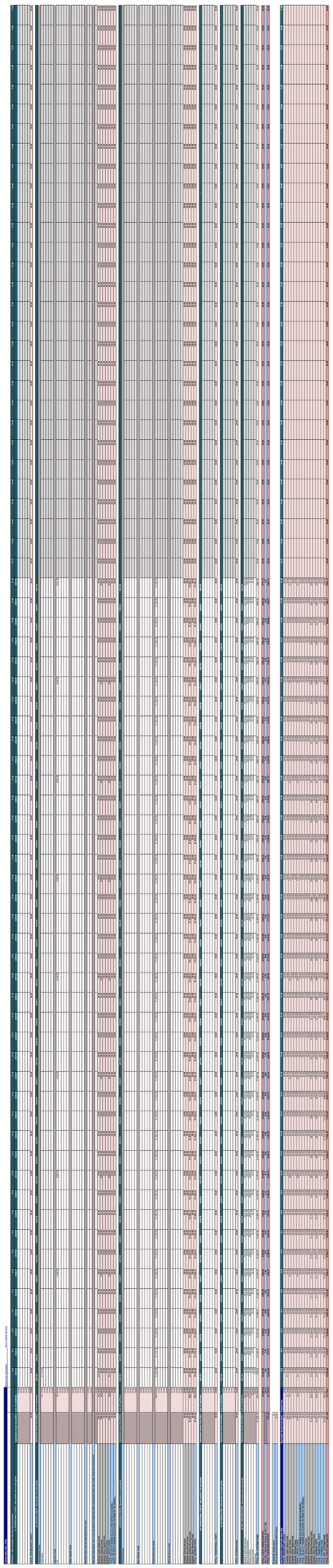
Activity 1 - Site activity	Operational Annual Cash Flow	Start of Cash Flow	2024 Q1	2024 Q2	2024 Q3	2024 Q4	2025 Q1	2025 Q2	2025 Q3	2025 Q4	2026 Q1	2026 Q2	2026 Q3	2026 Q4	2027 Q1	2027 Q2	2027 Q3	2027 Q4	2028 Q1	2028 Q2	2028 Q3	2028 Q4	2029 Q1	2029 Q2	2029 Q3	2029 Q4	2030 Q1	2030 Q2	2030 Q3	2030 Q4	2031 Q1	2031 Q2	2031 Q3	2031 Q4	2032 Q1	2032 Q2	2032 Q3	2032 Q4	2033 Q1	2033 Q2	2033 Q3	2033 Q4	2034 Q1	2034 Q2	2034 Q3	2034 Q4	2035 Q1	2035 Q2	2035 Q3	2035 Q4	2036 Q1	2036 Q2	2036 Q3	2036 Q4	2037 Q1	2037 Q2	2037 Q3	2037 Q4
1A. OPPORTUNITY COSTS - Site owned 5-5 year gains			2024 Q1	2024 Q2	2024 Q3	2024 Q4	2025 Q1	2025 Q2	2025 Q3	2025 Q4	2026 Q1	2026 Q2	2026 Q3	2026 Q4	2027 Q1	2027 Q2	2027 Q3	2027 Q4	2028 Q1	2028 Q2	2028 Q3	2028 Q4	2029 Q1	2029 Q2	2029 Q3	2029 Q4	2030 Q1	2030 Q2	2030 Q3	2030 Q4	2031 Q1	2031 Q2	2031 Q3	2031 Q4	2032 Q1	2032 Q2	2032 Q3	2032 Q4	2033 Q1	2033 Q2	2033 Q3	2033 Q4	2034 Q1	2034 Q2	2034 Q3	2034 Q4	2035 Q1	2035 Q2	2035 Q3	2035 Q4	2036 Q1	2036 Q2	2036 Q3	2036 Q4	2037 Q1	2037 Q2	2037 Q3	2037 Q4
		0.00																																																								
		0.00																																																								
		0.00																																																								
TOTAL OPPORTUNITY COSTS	0.00	0.00	0.00



Cash-Flow FOR YEAR

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Activity	Expected Annual Cash-Flow	Sum of Activities	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065
A. OPPORTUNITY COSTS - Site selection & pre-year costs																																																									
		0.00																																																							
		0.00																																																							
		0.00																																																							
TOTAL OPPORTUNITY COSTS	0.00	0.00	0.00

Cash Flow FOR YEAR

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Attribute	Expected Annual Cash Flow	Net of Overhead	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065
1a. OPPORTUNITY COSTS: Site market 5-year yields																																																								
		0.00																																																						
		0.00																																																						
		0.00																																																						
TOTAL OPPORTUNITY COSTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

1b. CAPITAL COSTS: Site market 5-year yields	Expected Annual Cash Flow	Net of Overhead	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065
Other Capital Costs																																																								
		0.00																																																						
		0.00																																																						
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Allowance Costs																																																							
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Other Capital Costs																																																							
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		0.00																																																						
Residual Value (will be subtracted from cost)																																																							
		0.00																																																						
		0.00																																																						
Optimum Bias (enter here if not calculated in Optimum Bias worksheet, while for model, otherwise leave blank																																																							
Subtotal Initial Capital Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Other Capital Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Other Capital Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL Capital Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL Capital Costs (Net of Overhead)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

1c. RUNNING COSTS: Site market 5-year yields	Expected Annual Cash Flow	Net of Overhead	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065
Annual Running Costs																																																								
		0.00																																																						
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Subtotal Initial Costs																																																							
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Subtotal Running Costs																																																							
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Other Running Costs																																																							
		0.00																																																						
		0.00																																																						
		0.00																																																						
Subtotal Other Running Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL RUNNING COSTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL RUNNING COSTS (Net of Overhead)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

1d. TRANSITIONAL COSTS: Site market 5-year yields	Expected Annual Cash Flow	Net of Overhead	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065
		0.00																																																						
		0.00																																																						
		0.00																																																						
TOTAL TRANSITIONAL COSTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

1e. EXTERNALITIES: Site market 5-year yields	Expected Annual Cash Flow	Net of Overhead	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065
		0.00																																																						
		0.00																																																						
		0.00																																																						
TOTAL EXTERNALITIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

1f. NET CONTRIBUTIONS: Site market 5-year yields	Expected Annual Cash Flow	Net of Overhead	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065
		0.00																																																						
		0.00																																																						
		0.00																																																						
TOTAL NET CONTRIBUTIONS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL NPV (DISCOUNTED)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL NPV (DISCOUNTED) (Net of Overhead)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL TAXES (DISCOUNTED)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Project IRR (which year)	0
Project IRR (Discounted Cash Flows)	0.00%

Cash Flow FOR YEAR	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118
TOTAL OPPORTUNITY COSTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL CAPITAL COSTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL RUNNING COSTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL TRANSITIONAL COSTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL EXTERNALITIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL NET CONTRIBUTIONS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL NPV (DISCOUNTED)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL NPV (DISCOUNTED) (Net of Overhead)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL TAXES (DISCOUNTED)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

OPTIMISM BIAS MITIGATION

Back to User Instructions Back to Model Structure

Mitigation Factors Table

Contributory Factor to Upper Bound	% Factor Contributes	Stage	Mitigation Factor Examples
Progress with Planning Approval	4	SOC	Opened discussion with planning authority, some engagement
		OBC	Outline consent in place, with any Planning Conditions and requirements for Section 106 or similar agreements established, including any specific requirements of e.g. Environmental Agency
		FBC	Full Consent in place. Judicial Review period passed.
Other Regulatory	4	SOC	Degree of sign off from Fire Authority, Health and Safety Executive, transport authorities, local government etc.
		OBC	
		FBC	
Depth of surveying of site/ground information	3	SOC	Desktop study undertaken of own site.
		OBC	Investigations undertaken, historical records examined.
		FBC	Full survey of conditions, site services and topographics.
Detail of design	4	SOC	Concept/masterplan/Design Change Proposal
		OBC	1:500s agreed and selected 1:200s.
		FBC	All 1:200s in place, key 1:50s (depends on procurement route)
Innovative project/design (i.e. has this type of project/design been undertaken before)	3	SOC	
		OBC	Yes/no
		FBC	
Design complexity	4	SOC	This might include complex mechanical and electrical (M&E) solutions
		OBC	
		FBC	
Likely variations from Standard Contract	2	SOC	No contract chosen.
		OBC	Yes/no with measurement of scale of variations
		FBC	
Design Team capabilities	3	SOC	Previous relevant experience of individuals involved. Capacity
		OBC	
		FBC	
Contractors' capabilities (excluding design team covered above)	2	SOC	Previous relevant experience of individuals involved. Capacity. Track record of delivery.
		OBC	
		FBC	
Contractor Involvement	2	SOC	Buildability. Opportunity to influence design.
		OBC	
		FBC	
Client capability and capacity (NB do not double count with design team capabilities)	6	SOC	Degree of team in place with relevant experience.
		OBC	Full team in place for procurement.
		FBC	Robust implementation plan in place.
Robustness of Output Specification	25	SOC	Definition of scope and extent of services. Degree of outstanding decisions.
		OBC	
		FBC	
Involvement of Stakeholders, including Public and Patient Involvement	5	SOC	Scope of stakeholders to be involved. Plan in place to engage.
		OBC	Implementation of Plan
		FBC	Involvement demonstrated.
Agreement to output specification by stakeholders	5	SOC	Letters of support from clinicians, Trade Unions, staff groups, patient representatives/groups.
		OBC	
		FBC	
New service or traditional	3	SOC	Assessment of how innovative/new service model is at national/regional/local level. Has this ever been tried before?
		OBC	
		FBC	
Local community consent	3	SOC	Consideration of traffic noise/existence of protestors or pressure groups
		OBC	
		FBC	
Stable policy environment	20	SOC	Degree to which new policy/standards are applicable depending upon which stage is reached.
		OBC	
		FBC	
Likely competition in the market for the project	2	SOC	Degree project has been marketed.
		OBC	Evidence of market interest.
		FBC	Mitigated.
TOTAL	**100**		

OPTIMISM BIAS	Back to User Instructions
Option 0 - Business as Usual	Back to Model Structure

Answer questions 1-5 by selecting from the drop down menus in column D. Apply mitigation factors (column I) with appropriate justification/evidence (column J).

Upper Bound Calculation for Build	
Actual % Upper Bound for this project	19.5%
Mitigated Optimism Bias % for this project	17.4%

(1) BUILD COMPLEXITY	Drop down	Contribution to upper bound
Length of Build	2 to 4 years	2.0%
Number of phases	1 or 2	0.5%
Number of sites involved (before and after change)	Single site	2.0%

(2) LOCATION	Drop down	Contribution to upper bound
Description of site	Existing site: new build	5.0%

(3) SCOPE OF SCHEME	Drop down	Contribution to upper bound
Facilities Management (FM)	Hard FM only	0.0%
Equipment	Group 1 + 2 only	0.5%
IT	Infrastructure	1.5%
External Stakeholders	1 or 2 NHS organisations	1.0%
Other stakeholders - Universities/Private/Voluntary sector/Local government	No	0.0%

(4) SERVICE CHANGES	Drop down	Contribution to upper bound
Service delivery	Stable environment (no change to service)	5.0%

(5) GATEWAY	Drop down	Contribution to upper bound
Risk Potential Assessment (RPA) Score	Medium	2.0%

Total	19.5%

Mitigation Factors Table

Contributory Factor to Upper Bound	% Factor Contributes	% Factor Contributes after mitigation	Explanation for rate of mitigation
Progress with Planning Approval	4%	4%	
Other Regulatory	4%	4%	
Depth of surveying of site/ground information	3%	3%	
Detail of design	4%	3%	
Innovative project/design (i.e. has this type of project/design been undertaken before)	3%	3%	
Design complexity	4%	4%	
Likely variations from Standard Contract	2%	2%	
Design Team capabilities	3%	3%	
Contractors' capabilities (excluding design team covered above)	2%	2%	
Contractor Involvement	2%	2%	
Client capability and capacity (NB do not double count with design team capabilities)	6%	6%	
Robustness of Output Specification	25%	15%	
Involvement of Stakeholders, including Public and Patient Involvement	5%	5%	
Agreement to output specification by stakeholders	5%	5%	
New service or traditional	3%	3%	
Local community consent	3%	3%	
Stable policy environment	20%	20%	
Likely competition in the market for the project	2%	2%	
TOTAL	**100%**	**89%**	

Note: Across all contributory factors, mitigation would be expected to be greater the greater the extent of risk quantification and risk management.

OPTIMISM BIAS	Back to User Instructions
Option 1 - Do Min 140 units spot purchased	Back to Model Structure

Answer questions 1-5 by selecting from the drop down menus in column D. Apply mitigation factors (column I) with appropriate justification/evidence (column J).

Upper Bound Calculation for Build	
Actual % Upper Bound for this project	0.0%
Mitigated Optimism Bias % for this project	0.0%

(1) BUILD COMPLEXITY	Drop down	Contribution to upper bound
Length of Build		0.0%
Number of phases		0.0%
Number of sites involved (before and after change)		0.0%

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(2) LOCATION	Drop down	Contribution to upper bound
Description of site		0.0%

(3) SCOPE OF SCHEME	Drop down	Contribution to upper bound
Facilities Management (FM)		0.0%
Equipment		0.0%
IT		0.0%
External Stakeholders		0.0%
Other stakeholders - Universities/Private/Voluntary sector/Local government		0.0%

(4) SERVICE CHANGES	Drop down	Contribution to upper bound
Service delivery		0.0%

(5) GATEWAY	Drop down	Contribution to upper bound
Risk Potential Assessment (RPA) Score		0.0%

Total	0.0%

Mitigation Factors Table

Contributory Factor to Upper Bound	% Factor Contributes	% Factor Contributes after mitigation	Explanation for rate of mitigation
Progress with Planning Approval	4%		
Other Regulatory	4%		
Depth of surveying of site/ground information	3%		
Detail of design	4%		
Innovative project/design (i.e. has this type of project/design been undertaken before)	3%		
Design complexity	4%		
Likely variations from Standard Contract	2%		
Design Team capabilities	3%		
Contractors' capabilities (excluding design team covered above)	2%		
Contractor Involvement	2%		
Client capability and capacity (NB do not double count with design team capabilities)	6%		
Robustness of Output Specification	25%		
Involvement of Stakeholders, including Public and Patient Involvement	5%		
Agreement to output specification by stakeholders	5%		
New service or traditional	3%		
Local community consent	3%		
Stable policy environment	20%		
Likely competition in the market for the project	2%		
TOTAL	**100%**	**0%**	

Note: Across all contributory factors, mitigation would be expected to be greater the greater the extent of risk quantification and risk management.

OPTIMISM BIAS	Back to User Instructions
Option 2 - 140 unit build	Back to Model Structure

Answer questions 1-5 by selecting from the drop down menus in column D. Apply mitigation factors (column I) with appropriate justification/evidence (column J).

Upper Bound Calculation for Build	
Actual % Upper Bound for this project	0.0%
Mitigated Optimism Bias % for this project	0.0%

(1) BUILD COMPLEXITY	Drop down	Contribution to upper bound
Length of Build		0.0%
Number of phases		0.0%
Number of sites involved (before and after change)		0.0%

(2) LOCATION	Drop down	Contribution to upper bound
Description of site		0.0%

(3) SCOPE OF SCHEME	Drop down	Contribution to upper bound
Facilities Management (FM)		0.0%
Equipment		0.0%
IT		0.0%
External Stakeholders		0.0%
Other stakeholders - Universities/Private/Voluntary sector/Local government		0.0%

(4) SERVICE CHANGES	Drop down	Contribution to upper bound
Service delivery		0.0%

(5) GATEWAY	Drop down	Contribution to upper bound
Risk Potential Assessment (RPA) Score		0.0%

Total	0.0%

Mitigation Factors Table

Contributory Factor to Upper Bound	% Factor Contributes	% Factor Contributes after mitigation	Explanation for rate of mitigation
Progress with Planning Approval	4%		
Other Regulatory	4%		
Depth of surveying of site/ground information	3%		
Detail of design	4%		
Innovative project/design (i.e. has this type of project/design been undertaken before)	3%		
Design complexity	4%		
Likely variations from Standard Contract	2%		
Design Team capabilities	3%		
Contractors' capabilities (excluding design team covered above)	2%		
Contractor Involvement	2%		
Client capability and capacity (NB do not double count with design team capabilities)	6%		
Robustness of Output Specification	25%		
Involvement of Stakeholders, including Public and Patient Involvement	5%		
Agreement to output specification by stakeholders	5%		
New service or traditional	3%		
Local community consent	3%		
Stable policy environment	20%		
Likely competition in the market for the project	2%		
TOTAL	**100%**	**0%**	

Note: Across all contributory factors, mitigation would be expected to be greater the greater the extent of risk quantification and risk management.

OPTIMISM BIAS	Back to User Instructions
Option 3 - 180 unit build	Back to Model Structure

Answer questions 1-5 by selecting from the drop down menus in column D. Apply mitigation factors (column I) with appropriate justification/evidence (column J).

Upper Bound Calculation for Build	
Actual % Upper Bound for this project	0.0%
Mitigated Optimism Bias % for this project	0.0%

(1) BUILD COMPLEXITY	Drop down	Contribution to upper bound
Length of Build		0.0%
Number of phases		0.0%
Number of sites involved (before and after change)		0.0%

(2) LOCATION	Drop down	Contribution to upper bound
Description of site		0.0%

(3) SCOPE OF SCHEME	Drop down	Contribution to upper bound
Facilities Management (FM)		0.0%
Equipment		0.0%
IT		0.0%
External Stakeholders		0.0%
Other stakeholders - Universities/Private/Voluntary sector/Local government		0.0%

(4) SERVICE CHANGES	Drop down	Contribution to upper bound
Service delivery		0.0%

(5) GATEWAY	Drop down	Contribution to upper bound
Risk Potential Assessment (RPA) Score		0.0%

Total	0.0%

Mitigation Factors Table

Contributory Factor to Upper Bound	% Factor Contributes	% Factor Contributes after mitigation	Explanation for rate of mitigation
Progress with Planning Approval	4%		
Other Regulatory	4%		
Depth of surveying of site/ground information	3%		
Detail of design	4%		
Innovative project/design (i.e. has this type of project/design been undertaken before)	3%		
Design complexity	4%		
Likely variations from Standard Contract	2%		
Design Team capabilities	3%		
Contractors' capabilities (excluding design team covered above)	2%		
Contractor Involvement	2%		
Client capability and capacity (NB do not double count with design team capabilities)	6%		
Robustness of Output Specification	25%		
Involvement of Stakeholders, including Public and Patient Involvement	5%		
Agreement to output specification by stakeholders	5%		
New service or traditional	3%		
Local community consent	3%		
Stable policy environment	20%		
Likely competition in the market for the project	2%		
TOTAL	**100%**	**0%**	

Note: Across all contributory factors, mitigation would be expected to be greater the greater the extent of risk quantification and risk management.

OPTIMISM BIAS	Back to User Instructions
Option 4 - 100 unit build + 40 units spot purchased	Back to Model Structure

Answer questions 1-5 by selecting from the drop down menus in column D. Apply mitigation factors (column I) with appropriate justification/evidence (column J).

Upper Bound Calculation for Build	
Actual % Upper Bound for this project	0.0%
Mitigated Optimism Bias % for this project	0.0%

(1) BUILD COMPLEXITY	Drop down	Contribution to upper bound
Length of Build		0.0%
Number of phases		0.0%
Number of sites involved (before and after change)		0.0%

(2) LOCATION	Drop down	Contribution to upper bound
Description of site		0.0%

(3) SCOPE OF SCHEME	Drop down	Contribution to upper bound
Facilities Management (FM)		0.0%
Equipment		0.0%
IT		0.0%
External Stakeholders		0.0%
Other stakeholders - Universities/Private/Voluntary sector/Local government		0.0%

(4) SERVICE CHANGES	Drop down	Contribution to upper bound
Service delivery		0.0%

(5) GATEWAY	Drop down	Contribution to upper bound
Risk Potential Assessment (RPA) Score		0.0%

Total	0.0%

Mitigation Factors Table

Contributory Factor to Upper Bound	% Factor Contributes	% Factor Contributes after mitigation	Explanation for rate of mitigation
Progress with Planning Approval	4%		
Other Regulatory	4%		
Depth of surveying of site/ground information	3%		
Detail of design	4%		
Innovative project/design (i.e. has this type of project/design been undertaken before)	3%		
Design complexity	4%		
Likely variations from Standard Contract	2%		
Design Team capabilities	3%		
Contractors' capabilities (excluding design team covered above)	2%		
Contractor Involvement	2%		
Client capability and capacity (NB do not double count with design team capabilities)	6%		
Robustness of Output Specification	25%		
Involvement of Stakeholders, including Public and Patient Involvement	5%		
Agreement to output specification by stakeholders	5%		
New service or traditional	3%		
Local community consent	3%		
Stable policy environment	20%		
Likely competition in the market for the project	2%		
TOTAL	**100%**	**0%**	

Note: Across all contributory factors, mitigation would be expected to be greater the greater the extent of risk quantification and risk management.

OPTIMISM BIAS	Back to User Instructions
Option 5 -	Back to Model Structure

Answer questions 1-5 by selecting from the drop down menus in column D. Apply mitigation factors (column I) with appropriate justification/evidence (column J).

Upper Bound Calculation for Build	
Actual % Upper Bound for this project	0.0%
Mitigated Optimism Bias % for this project	0.0%

(1) BUILD COMPLEXITY	Drop down	Contribution to upper bound
Length of Build		0.0%
Number of phases		0.0%
Number of sites involved (before and after change)		0.0%

(2) LOCATION	Drop down	Contribution to upper bound
Description of site		0.0%

(3) SCOPE OF SCHEME	Drop down	Contribution to upper bound
Facilities Management (FM)		0.0%
Equipment		0.0%
IT		0.0%
External Stakeholders		0.0%
Other stakeholders - Universities/Private/Voluntary sector/Local government		0.0%

(4) SERVICE CHANGES	Drop down	Contribution to upper bound
Service delivery		0.0%

(5) GATEWAY	Drop down	Contribution to upper bound
Risk Potential Assessment (RPA) Score		0.0%

Total	0.0%

Mitigation Factors Table

Contributory Factor to Upper Bound	% Factor Contributes	% Factor Contributes after mitigation	Explanation for rate of mitigation
Progress with Planning Approval	4%		
Other Regulatory	4%		
Depth of surveying of site/ground information	3%		
Detail of design	4%		
Innovative project/design (i.e. has this type of project/design been undertaken before)	3%		
Design complexity	4%		
Likely variations from Standard Contract	2%		
Design Team capabilities	3%		
Contractors' capabilities (excluding design team covered above)	2%		
Contractor Involvement	2%		
Client capability and capacity (NB do not double count with design team capabilities)	6%		
Robustness of Output Specification	25%		
Involvement of Stakeholders, including Public and Patient Involvement	5%		
Agreement to output specification by stakeholders	5%		
New service or traditional	3%		
Local community consent	3%		
Stable policy environment	20%		
Likely competition in the market for the project	2%		
TOTAL	**100%**	**0%**	

Note: Across all contributory factors, mitigation would be expected to be greater the greater the extent of risk quantification and risk management.

OPTIMISM BIAS	Back to User Instructions
Option 6 -	Back to Model Structure

Answer questions 1-5 by selecting from the drop down menus in column D. Apply mitigation factors (column I) with appropriate justification/evidence (column J).

Upper Bound Calculation for Build	
Actual % Upper Bound for this project	0.0%
Mitigated Optimism Bias % for this project	0.0%

(1) BUILD COMPLEXITY	Drop down	Contribution to upper bound
Length of Build		0.0%
Number of phases		0.0%
Number of sites involved (before and after change)		0.0%

(2) LOCATION	Drop down	Contribution to upper bound
Description of site		0.0%

(3) SCOPE OF SCHEME	Drop down	Contribution to upper bound
Facilities Management (FM)		0.0%
Equipment		0.0%
IT		0.0%
External Stakeholders		0.0%
Other stakeholders - Universities/Private/Voluntary sector/Local government		0.0%

(4) SERVICE CHANGES	Drop down	Contribution to upper bound
Service delivery		0.0%

(5) GATEWAY	Drop down	Contribution to upper bound
Risk Potential Assessment (RPA) Score		0.0%

Total	0.0%

Mitigation Factors Table

Contributory Factor to Upper Bound	% Factor Contributes	% Factor Contributes after mitigation	Explanation for rate of mitigation
Progress with Planning Approval	4%		
Other Regulatory	4%		
Depth of surveying of site/ground information	3%		
Detail of design	4%		
Innovative project/design (i.e. has this type of project/design been undertaken before)	3%		
Design complexity	4%		
Likely variations from Standard Contract	2%		
Design Team capabilities	3%		
Contractors' capabilities (excluding design team covered above)	2%		
Contractor Involvement	2%		
Client capability and capacity (NB do not double count with design team capabilities)	6%		
Robustness of Output Specification	25%		
Involvement of Stakeholders, including Public and Patient Involvement	5%		
Agreement to output specification by stakeholders	5%		
New service or traditional	3%		
Local community consent	3%		
Stable policy environment	20%		
Likely competition in the market for the project	2%		
TOTAL	**100%**	**0%**	

Note: Across all contributory factors, mitigation would be expected to be greater the greater the extent of risk quantification and risk management.

RISKS SUMMARY Back to User Instructions Back to Model Structure

Quantitative Risks (Discounted) - £'000	Option 0 - Business as Usual	Option 1 - Do Min 140 units spot purchased	Option 2- 140 unit build	Option 3- 180 unit build	Option 4- 100 unit build + 40 units spot purchased	Option 5-	Option 6-
Design	£0	£0	£728	£881	£543	£0	£0
Construction	£0	£0	£273	£330	£203	£0	£0
Performance	£0	£0	£331	£401	£247	£0	£0
Operating	£0	£0	£0	£0	£0	£0	£0
Revenue	£0	£0	£0	£0	£0	£0	£0
Termination	£0	£0	£0	£0	£0	£0	£0
Technology	£0	£0	£0	£0	£0	£0	£0
Control	£0	£0	£0	£0	£0	£0	£0
Residual value	£0	£0	£0	£0	£0	£0	£0
Other	£0	£0	£48	£58	£36	£0	£0
Additional	£0	£0	£82	£100	£61	£0	£0
Total	**£0**	**£0**	**£1,462**	**£1,770**	**£1,090**	**£0**	**£0**

Unmonetisable Risks - weighted score	Option 0 - Business as Usual	Option 1 - Do Min 140 units spot purchased	Option 2- 140 unit build	Option 3- 180 unit build	Option 4- 100 unit build + 40 units spot purchased	Option 5-	Option 6-
Design	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Construction	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Performance	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Revenue	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Termination	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Technology	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Control	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Residual value	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Additional	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

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RISK LOG			
Code	Risk Description	Risk Impact	Assumptions/Calculations
A. Design Risks			
A1	Failure to translate design		
A2	Continuing development of design		
A3	Change in requirements of the NHS trust		
A4	Change in design required by operator		
A5	Change in design required due to external influences specific to NHS		
A6	Failure to build to brief		
B. Construction Risks			
B1	Incorrect cost estimates		
B2	Incorrect time estimates		
B3	Unforeseen ground/site conditions		
B4	Unforeseen ground/site conditions under the footprint of existing facilities		
B5	Delay in gaining access to the site		
B6	Responsibility for maintaining on-site security		
B7	Responsibility for maintaining site safety		
B8	Third party claims		
B9	"Delay" (and compensation events) caused by non-performance of Trust parties		
B10	"Relief event"		
B11	Force Majeure		
B12	Termination due to force majeure		
B13	Legislative/regulatory change: non-NHS specific		
B14	Legislative/regulatory change: NHS specific		
B15	Contractor default		
B16	Poor project management		
B17	Contractor/sub-contractor industrial action		
B18	Protestor action		
B19	Incorrect cost and time estimates for decanting from existing buildings		
B20	Incorrect cost and time estimates for commissioning new buildings		
C. Performance Risks			
C1	Latent effects in new build		
C2	Change in specification initiated by procuring entity		
C3	Performance of sub-contractors		
C4	Default by contractor or sub-contractor		
C5	Industrial action		
C6	Failure to meet performance standards		
C7	Availability of facilities		
C8	"Delay" (and compensation events)		
C9	"Relief event"		
C10	Force Majeure		
C11	Termination due to force majeure		
D. Operating Risks			
D1	Incorrect estimated cost of providing specific services under the contract: within market testing periods		
D2	Incorrect established cost of providing specific services under the contract: at the point of market testing period		
D3	Legislative/regulatory change having capital consequences: NHS specific		
D4	Legislative/regulatory change: non-NHS specific		
D5	Incorrect estimated cost of providing clinical services		
D6	Incorrect estimated cost of maintenance		
D7	Incorrect estimated cost of energy used		
D8	Patient infection caused by poor facilities management		
D9	Patient infection - other		

D10	Estimated cost of transferring the employment to staff to new employer is incorrect		
D11	Estimated cost of restructuring the workforce providing services under the contract is incorrect		
E. Revenue Risks			
E1	Non-performance "Unavailability" of services		
E2	Poor performance of services		
E3	Changes in the allocation of resources for the provision of health care		
E4	Changes in the volume of demand for patient services		
E5	Unexpected changes in medical technology		
E6	Unexpected changes in the epidemiology of the people in the catchment area		
E7	Unexpected sudden increases in demand, due to major incident		
E8	Estimated income from income generating schemes is incorrect		
F. Termination Risks			
F1	Termination due to default by the procuring entity		
F2	Default by the operator leading to step-in by financiers		
F3	Termination due to default by the operator		
G. Technology Risks			
G1	Technological change/asset Obsolescence		
G2	Technological change		
H. Control Risks			
H1	Control of clinical services		
H2	Control of services provided under the PFI contract. Hard FM only		
I. Residual Value Risks			
I1	Procuring entity no longer requires assets at the end of contract		
J. Other Risks			
J1	Incorrect cost estimate for planning approval		
J2	Delayed planning approval		
J3	Land sale receipts		
K. Additional Risks			
K1	External pressures on steel supply availability and increases from tariffs (Brexit)		
K2	External pressures on general material supply availability and increases from tariffs (Brexit)		
K3	S106 payments required for satisfaction of planning conditions		
K4	Design change to meet planning conditions (Highways, ecology)		
K5			
K6			
K7			
K8			
K9			
K10			
K11			
K12			
K13			
K14			
K15			
K16			
K17			
K18			
K19			
K20			
K21			
K22			

K23			
K24			
K25			

MONETISABLE RISKS | Back to User Instructions

Option 0 - Business as Usual | Back to Model Structure

RISK ANALYSIS - £'000

Code	Risk Description	Probability of risk materialising					Value per annum (£) if risk materialises				Expected Value per Annum	Time period that risk is present			Discount Factor	Undiscounted Risk Value	Discounted Risk Value
		High impact	Medium impact	Low impact	No impact	Sum of probabilities	High impact	Medium impact	Low impact	No impact		From (year)	To (year)	No. of Years			
A. Design Risks																	
A1	Failure to translate design					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
A2	Continuing development of design					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
A3	Change in requirements of the NHS trust					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
A4	Change in design required by operator					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
A4	Change in design required due to external influences specific to NHS					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
A6	Failure to build to brief					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**6.00**	**£0.00**	**£0.00**
B. Construction Risks																	
B1	Incorrect cost estimates					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B2	Incorrect time estimates					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B3	Unforeseen ground/site conditions					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B4	Unforeseen ground/site conditions under the footprint of existing facilities					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B5	Delay in gaining access to the site					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B6	Responsibility for maintaining on-site security					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B7	Responsibility for maintaining site safety					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B8	Third party claims					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B9	"Delay" and (compensation events) caused by non-performance of Trust parties					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B10	"Relief event"					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B11	Force Majeure					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B12	Termination due to force majeure					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B13	Legislative/regulatory change: non-NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B14	Legislative/regulatory change: NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B15	Contractor default					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B16	Poor project management					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B17	Contractor/sub-contractor industrial action					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B18	Protestor action					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B19	Incorrect cost and time estimates for decanting from existing buildings					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B20	Incorrect cost and time estimates for commissioning new buildings					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**20.00**	**£0.00**	**£0.00**
C. Performance Risks																	
C1	Latent effects in new build					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C2	Change in specification initiated by procuring entity					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C3	Performance of sub-contractors					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C4	Default by contractor or sub-contractor					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C5	Industrial action					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C6	Failure to meet performance standards					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C7	Availability of facilities					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C8	"Delay" and (compensation events)					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C9	"Relief event"					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C10	Force Majeure					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C11	Termination due to force majeure					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**11.00**	**£0.00**	**£0.00**
D. Operating Risks																	
D1	Incorrect estimated cost of providing specific services under the contract: within market testing periods					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D2	Incorrect established cost of providing specific services under the contract: at the point of market testing period					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D3	Legislative/regulatory change having capital consequences: NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D4	Legislative/regulatory change: non-NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D5	Incorrect estimated cost of providing clinical services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D6	Incorrect estimated cost of maintenance					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D7	Incorrect estimated cost of energy used					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D8	Patient infection caused by poor facilities management					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D9	Patient infection - other					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D10	Estimated cost of transferring the employment to staff to new employer is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D11	Estimated cost of restructuring the workforce providing services under the contract is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**11.00**	**£0.00**	**£0.00**
E. Revenue Risks																	
E1	Non-performance "Unavailability" of services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E2	Poor performance of services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E3	Changes in the allocation of resources for the provision of health care					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E4	Changes in the volume of demand for patient services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E5	Unexpected changes in medical technology					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E6	Unexpected changes in the epidemiology of the people in the catchment area					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E7	Unexpected sudden increases in demand, due to major incident					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E8	Estimated income from income generating schemes is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**8.00**	**£0.00**	**£0.00**
F. Termination Risks																	
F1	Termination due to default by the procuring entity					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
F2	Default by the operator leading to step-in by financiers					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
F3	Termination due to default by the operator					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**3.00**	**£0.00**	**£0.00**
G. Technology Risks																	
G1	Technological change/asset Obsolescence					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
G2	Technological change					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**2.00**	**£0.00**	**£0.00**
H. Control Risks																	
H1	Control of clinical services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
H2	Control of services provided under the PFI contract. Hard FM only					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**2.00**	**£0.00**	**£0.00**
I. Residual Value Risks																	
I1	Procuring entity no longer requires assets at the end of contract					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**1.00**	**£0.00**	**£0.00**
J. Other Risks																	
J1	Incorrect cost estimate for planning approval					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
J2	Delayed planning approval					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
J3	Land sale receipts					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**3.00**	**£0.00**	**£0.00**
K. Additional Risks																	

K1	External pressures on steel supply availability and increases from tariffs (Brexit)					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K2	External pressures on general material supply availability and increases from tariffs (Brexit)					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K3	S106 payments required for satisfaction of planning conditions					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K4	Design change to meet planning conditions (Highways, ecology)					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K5						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K6						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K7						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K8						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K9						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K10						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K11						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K12						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K13						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K14						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K15						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K16						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K17						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K18						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K19						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K20						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K21						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K22						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K23						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K24						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K25						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**25.00**	**£0.00**	**£0.00**
										Total Risk	**£0.00**				**92.00**	**£0.00**	**£0.00**

MONETISABLE RISKS

Option 1 - Do Min 140 units spot purchased

Back to User Instructions
Back to Model Structure

RISK ANALYSIS - £'000

Code	Risk Description	Probability of risk materialising					Value per annum (£) if risk materialises				Expected Value per Annum	Time period that risk is present			Discount Factor	Undiscounted Risk Value	Discounted Risk Value
		High impact	Medium impact	Low impact	No impact	Sum of probabilities	High impact	Medium impact	Low impact	No impact		From (year)	To (year)	No. of Years			
A. Design Risks																	
A1	Failure to translate design					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
A2	Continuing development of design					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
A3	Change in requirements of the NHS trust					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
A4	Change in design required by operator					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
A5	Change in design required due to external influences specific to NHS					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
A6	Failure to build to brief					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**6.00**	**£0.00**	**£0.00**
B. Construction Risks																	
B1	Incorrect cost estimates					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B2	Incorrect time estimates					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B3	Unforseen ground/site conditions					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B4	Unforseen ground/site conditions under the footprint of existing facilities					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B5	Delay in gaining access to the site					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B6	Responsibility for maintaining on-site security					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B7	Responsibility for maintaining site safety					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B8	Third party claims					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B9	"Delay" and (compensation events) caused by non-performance of Trust parties					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B10	"Relief event"					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B11	Force Majeure					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B12	Termination due to force majeure					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B13	Legislative/regulatory change: non-NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B14	Legislative/regulatory change: NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B15	Contractor default					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B16	Poor project management					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B17	Contractor/sub-contractor industrial action					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B18	Protestor action					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B19	Incorrect cost and time estimates for decanting from existing buildings					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B20	Incorrect cost and time estimates for commissioning new buildings					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**20.00**	**£0.00**	**£0.00**
C. Performance Risks																	
C1	Latent effects in new build					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C2	Change in specification initiated by procuring entity					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C3	Performance of sub-contractors					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C4	Default by contractor or sub-contractor					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C5	Industrial action					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C6	Failure to meet performance standards					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C7	Availability of facilities					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C8	"Delay" and (compensation events)					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C9	"Relief event"					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C10	Force Majeure					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C11	Termination due to force majeure					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**11.00**	**£0.00**	**£0.00**
D. Operating Risks																	
D1	Incorrect estimated cost of providing specific services under the contract: within market testing periods					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D2	Incorrect established cost of providing specific services under the contract: at the point of market testing period					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D3	Legislative/regulatory change having capital consequences: NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D4	Legislative/regulatory change: non-NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D5	Incorrect estimated cost of providing clinical services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D6	Incorrect estimated cost of maintenance					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D7	Incorrect estimated cost of energy used					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D8	Patient infection caused by poor facilities management					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D9	Patient infection - other					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D10	Estimated cost of transferring the employment to staff to new employer is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D11	Estimated cost of restructuring the workforce providing services under the contract is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**11.00**	**£0.00**	**£0.00**
E. Revenue Risks																	
E1	Non-performance "Unavailability" of services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E2	Poor performance of services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E3	Changes in the allocation of resources for the provision of health care					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E4	Changes in the volume of demand for patient services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E5	Unexpected changes in medical technology					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E6	Unexpected changes in the epidemiology of the people in the catchment area					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E7	Unexpected sudden increases in demand, due to major incident					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E8	Estimated income from income generating schemes is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**8.00**	**£0.00**	**£0.00**
F. Termination Risks																	
F1	Termination due to default by the procuring entity					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
F2	Default by the operator leading to step-in by financiers					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
F3	Termination due to default by the operator					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**3.00**	**£0.00**	**£0.00**
G. Technology Risks																	
G1	Technological change/asset Obsolescence					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
G2	Technological change					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**2.00**	**£0.00**	**£0.00**
H. Control Risks																	
H1	Control of clinical services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
H2	Control of services provided under the PFI contract. Hard FM only					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**2.00**	**£0.00**	**£0.00**
I. Residual Value Risks																	
I1	Procuring entity no longer requires assets at the end of contract					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**1.00**	**£0.00**	**£0.00**
J. Other Risks																	
J1	Incorrect cost estimate for planning approval					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
J2	Delayed planning approval					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
J3	Land sale receipts					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**3.00**	**£0.00**	**£0.00**
K. Additional Risks																	

K1	External pressures on steel supply availability and increases from tariffs (Brexit)					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K2	External pressures on general material supply availability and increases from tariffs (Brexit)					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K3	S106 payments required for satisfaction of planning conditions					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K4	Design change to meet planning conditions (Highways, ecology)					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K5						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K6						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K7						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K8						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K9						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K10						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K11						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K12						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K13						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K14						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K15						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K16						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K17						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K18						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K19						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K20						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K21						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K22						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K23						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K24						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K25						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**25.00**	**£0.00**	**£0.00**
										Total Risk	**£0.00**				**92.00**	**£0.00**	**£0.00**

MONETISABLE RISKS | Back to User Instructions
Option 2 - 140 unit build | Back to Model Structure

RISK ANALYSIS - £'000

Code	Risk Description	Probability of risk materialising					Value per annum (£) if risk materialises				Expected Value per Annum	Time period that risk is present			Discount Factor	Undiscounted Risk Value	Discounted Risk Value
		High impact	Medium impact	Low impact	No impact	Sum of probabilities	High impact	Medium impact	Low impact	No impact		From (year)	To (year)	No. of Years			
A. Design Risks																	
A1	Failure to translate design	1%	2%	5%	92%	100%	£5,000.00	£2,500.00	£1,000.00	£0.00	£150.00			1	1.00	£150.00	£150.00
A2	Continuing development of design	5%	10%	15%	70%	100%	£2,000.00	£1,000.00	£500.00	£0.00	£275.00			1	1.00	£275.00	£275.00
A3	Change in requirements of the NHS trust	2%	5%	10%	83%	100%	£1,000.00	£500.00	£250.00	£0.00	£70.00			1	1.00	£70.00	£70.00
A4	Change in design required by operator	2%	5%	10%	83%	100%	£1,000.00	£500.00	£250.00	£0.00	£70.00			1	1.00	£70.00	£70.00
A5	Change in design required due to external influences specific to NHS	1%	2%	3%	94%	100%	£500.00	£250.00	£100.00	£0.00	£13.00			1	1.00	£13.00	£13.00
A6	Failure to build to brief	1%	2%	5%	92%	100%	£5,000.00	£2,500.00	£1,000.00	£0.00	£150.00			1	1.00	£150.00	£150.00
										Total	**£728.00**				**6.00**	**£728.00**	**£728.00**
B. Construction Risks																	
B1	Incorrect cost estimates	2%	3%	5%	90%	100%	£945.00	£472.50	£250.00	£0.00	£45.58			1	1.00	£45.58	£45.58
B2	Incorrect time estimates	2%	3%	5%	90%	100%	£50.00	£25.00	£12.50	£0.00	£2.38			1	1.00	£2.38	£2.38
B3	Unforseen ground/site conditions	2%	3%	5%	90%	100%	£1,000.00	£250.00	£100.00	£0.00	£32.50			1	1.00	£32.50	£32.50
B4	Unforseen ground/site conditions under the footprint of existing facilities	5%	10%	15%	70%	100%	£50.00	£25.00	£10.00	£0.00	£6.50			1	1.00	£6.50	£6.50
B5	Delay in gaining access to the site	1%	2%	3%	94%	100%	£50.00	£25.00	£12.50	£0.00	£1.38			1	1.00	£1.38	£1.38
B6	Responsibility for maintaining on-site security	1%	2%	3%	94%	100%	£50.00	£25.00	£12.50	£0.00	£1.38			1	1.00	£1.38	£1.38
B7	Responsibility for maintaining site safety	1%	2%	3%	94%	100%	£50.00	£25.00	£12.50	£0.00	£1.38			1	1.00	£1.38	£1.38
B8	Third party claims	2%	3%	4%	91%	100%	£50.00	£25.00	£12.50	£0.00	£2.25			1	1.00	£2.25	£2.25
B9	"Delay" and (compensation events) caused by non-performance of Trust parties	2%	3%	5%	90%	100%	£100.00	£50.00	£25.00	£0.00	£4.75			1	1.00	£4.75	£4.75
B10	"Relief event"	1%	2%	3%	94%	100%	£100.00	£50.00	£25.00	£0.00	£2.75			1	1.00	£2.75	£2.75
B11	Force Majeure	1%	2%	3%	94%	100%	£500.00	£250.00	£125.00	£0.00	£13.75			1	1.00	£13.75	£13.75
B12	Termination due to force majeure	1%	2%	3%	94%	100%	£3,000.00	£1,000.00	£500.00	£0.00	£65.00			1	1.00	£65.00	£65.00
B13	Legislative/regulatory change: non-NHS specific	1%	2%	3%	94%	100%	£100.00	£50.00	£25.00	£0.00	£2.75			1	1.00	£2.75	£2.75
B14	Legislative/regulatory change: NHS specific	1%	2%	3%	94%	100%	£100.00	£50.00	£25.00	£0.00	£2.75			1	1.00	£2.75	£2.75
B15	Contractor default	1%	2%	3%	94%	100%	£3,000.00	£1,000.00	£500.00	£0.00	£65.00			1	1.00	£65.00	£65.00
B16	Poor project management	2%	3%	5%	90%	100%	£100.00	£50.00	£25.00	£0.00	£4.75			1	1.00	£4.75	£4.75
B17	Contractor/sub-contractor industrial action	2%	3%	5%	90%	100%	£100.00	£50.00	£25.00	£0.00	£4.75			1	1.00	£4.75	£4.75
B18	Protestor action	1%	2%	3%	94%	100%	£50.00	£25.00	£12.50	£0.00	£1.38			1	1.00	£1.38	£1.38
B19	Incorrect cost and time estimates for decanting from existing buildings	2%	4%	4%	90%	100%	£20.00	£10.00	£5.00	£0.00	£1.00			1	1.00	£1.00	£1.00
B20	Incorrect cost and time estimates for commissioning new buildings	2%	4%	6%	88%	100%	£200.00	£100.00	£50.00	£0.00	£11.00			1	1.00	£11.00	£11.00
										Total	**£272.95**				**20.00**	**£272.95**	**£272.95**
C. Performance Risks																	
C1	Latent effects in new build	2%	3%	5%	90%	100%	£1,000.00	£500.00	£250.00	£0.00	£47.50			1	1.00	£47.50	£47.50
C2	Change in specification initiated by procuring entity	1%	2%	3%	94%	100%	£100.00	£50.00	£25.00	£0.00	£2.75			1	1.00	£2.75	£2.75
C3	Performance of sub-contractors	2%	3%	5%	90%	100%	£1,000.00	£500.00	£250.00	£0.00	£47.50			1	1.00	£47.50	£47.50
C4	Default by contractor or sub-contractor	2%	3%	5%	90%	100%	£1,000.00	£500.00	£250.00	£0.00	£47.50			1	1.00	£47.50	£47.50
C5	Industrial action	2%	3%	5%	90%	100%	£100.00	£50.00	£25.00	£0.00	£4.75			1	1.00	£4.75	£4.75
C6	Failure to meet performance standards	2%	3%	5%	90%	100%	£1,000.00	£500.00	£250.00	£0.00	£47.50			1	1.00	£47.50	£47.50
C7	Availability of facilities	2%	3%	5%	90%	100%	£1,000.00	£500.00	£250.00	£0.00	£47.50			1	1.00	£47.50	£47.50
C8	"Delay" and (compensation events)	2%	3%	5%	90%	100%	£100.00	£50.00	£25.00	£0.00	£4.75			1	1.00	£4.75	£4.75
C9	"Relief event"	1%	2%	3%	94%	100%	£100.00	£50.00	£25.00	£0.00	£2.75			1	1.00	£2.75	£2.75
C10	Force Majeure	1%	2%	3%	94%	100%	£500.00	£250.00	£125.00	£0.00	£13.75			1	1.00	£13.75	£13.75
C11	Termination due to force majeure	1%	2%	3%	94%	100%	£3,000.00	£1,000.00	£500.00	£0.00	£65.00			1	1.00	£65.00	£65.00
										Total	**£331.25**				**11.00**	**£331.25**	**£331.25**
D. Operating Risks																	
D1	Incorrect estimated cost of providing specific services under the contract: within market testing periods					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D2	Incorrect established cost of providing specific services under the contract: at the point of market testing period					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D3	Legislative/regulatory change having capital consequences: NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D4	Legislative/regulatory change: non-NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D5	Incorrect estimated cost of providing clinical services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D6	Incorrect estimated cost of maintenance					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D7	Incorrect estimated cost of energy used					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D8	Patient infection caused by poor facilities management					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D9	Patient infection - other					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D10	Estimated cost of transferring the employment to staff to new employer is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D11	Estimated cost of restructuring the workforce providing services under the contract is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**11.00**	**£0.00**	**£0.00**
E. Revenue Risks																	
E1	Non-performance "Unavailability" of services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E2	Poor performance of services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E3	Changes in the allocation of resources for the provision of health care					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E4	Changes in the volume of demand for patient services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E5	Unexpected changes in medical technology					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E6	Unexpected changes in the epidemiology of the people in the catchment area					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E7	Unexpected sudden increases in demand, due to major incident					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E8	Estimated income from income generating schemes is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**8.00**	**£0.00**	**£0.00**
F. Termination Risks																	
F1	Termination due to default by the procuring entity					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
F2	Default by the operator leading to step-in by financiers					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
F3	Termination due to default by the operator					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**3.00**	**£0.00**	**£0.00**
G. Technology Risks																	
G1	Technological change/asset Obsolescence					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
G2	Technological change					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**2.00**	**£0.00**	**£0.00**
H. Control Risks																	
H1	Control of clinical services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
H2	Control of services provided under the PFI contract. Hard FM only					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**2.00**	**£0.00**	**£0.00**
I. Residual Value Risks																	
I1	Procuring entity no longer requires assets at the end of contract					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**1.00**	**£0.00**	**£0.00**
J. Other Risks																	
J1	Incorrect cost estimate for planning approval	2%	3%	5%	90%	100%	£945.00	£472.50	£250.00	£0.00	£45.58			1	1.00	£45.58	£45.58
J2	Delayed planning approval	2%	3%	5%	90%	100%	£50.00	£25.00	£12.50	£0.00	£2.38			1	1.00	£2.38	£2.38
J3	Land sale receipts					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£47.95**				**3.00**	**£47.95**	**£47.95**
K. Additional Risks																	

K1	External pressures on steel supply availability and increases from tariffs (Brexit)	5%	20%	25%	50%	100%	£150.00	£75.00	£25.00	£0.00	£28.75			1	1.00	£28.75	£28.75
K2	External pressures on general material supply availability and increases from tariffs (Brexit)	5%	10%	15%	70%	100%	£150.00	£75.00	£25.00	£0.00	£18.75			1	1.00	£18.75	£18.75
K3	S106 payments required for satisfaction of planning conditions	5%	20%	25%	50%	100%	£50.00	£32.00	£18.50	£0.00	£13.53			1	1.00	£13.53	£13.53
K4	Design change to meet planning conditions (Highways, ecology)	5%	20%	25%	50%	100%	£100.00	£50.00	£25.00	£0.00	£21.25			1	1.00	£21.25	£21.25
K5						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K6						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K7						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K8						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K9						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K10						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K11						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K12						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K13						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K14						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K15						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K16						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K17						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K18						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K19						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K20						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K21						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K22						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K23						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K24						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K25						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£82.28**				**25.00**	**£82.28**	**£82.28**
										Total Risk	**£1,462.43**				**92.00**	**£1,462.43**	**£1,462.43**

MONETISABLE RISKS | Back to User Instructions
Option 3 - 180 unit build | Back to Model Structure

RISK ANALYSIS - £'000

Code	Risk Description	Probability of risk materialising					Value per annum (£) if risk materialises				Expected Value per Annum	Time period that risk is present			Discount Factor	Undiscounted Risk Value	Discounted Risk Value
		High impact	Medium impact	Low impact	No impact	Sum of probabilities	High impact	Medium impact	Low impact	No impact		From (year)	To (year)	No. of Years			
A. Design Risks																	
A1	Failure to translate design	1%	2%	5%	92%	100%	£6,052.46	£3,026.23	£1,210.49	£0.00	£181.57			1	1.00	£181.57	£181.57
A2	Continuing development of design	5%	10%	15%	70%	100%	£2,420.98	£1,210.49	£605.25	£0.00	£332.89			1	1.00	£332.89	£332.89
A3	Change in requirements of the NHS trust	2%	5%	10%	83%	100%	£1,210.49	£605.25	£302.62	£0.00	£84.73			1	1.00	£84.73	£84.73
A4	Change in design required by operator	2%	5%	10%	83%	100%	£1,210.49	£605.25	£302.62	£0.00	£84.73			1	1.00	£84.73	£84.73
A5	Change in design required due to external influences specific to NHS	1%	2%	3%	94%	100%	£605.25	£302.62	£121.05	£0.00	£15.74			1	1.00	£15.74	£15.74
A6	Failure to build to brief	1%	2%	5%	92%	100%	£6,052.46	£3,026.23	£1,210.49	£0.00	£181.57			1	1.00	£181.57	£181.57
										Total	**£881.24**				**6.00**	**£881.24**	**£881.24**
B. Construction Risks																	
B1	Incorrect cost estimates	2%	3%	5%	90%	100%	£1,143.91	£571.96	£302.62	£0.00	£55.17			1	1.00	£55.17	£55.17
B2	Incorrect time estimates	2%	3%	5%	90%	100%	£60.52	£30.26	£15.13	£0.00	£2.87			1	1.00	£2.87	£2.87
B3	Unforseen ground/site conditions	2%	3%	5%	90%	100%	£1,210.49	£302.62	£121.05	£0.00	£39.34			1	1.00	£39.34	£39.34
B4	Unforseen ground/site conditions under the footprint of existing facilities	5%	10%	15%	70%	100%	£60.52	£30.26	£12.10	£0.00	£7.87			1	1.00	£7.87	£7.87
B5	Delay in gaining access to the site	1%	2%	3%	94%	100%	£60.52	£30.26	£15.13	£0.00	£1.66			1	1.00	£1.66	£1.66
B6	Responsibility for maintaining on-site security	1%	2%	3%	94%	100%	£60.52	£30.26	£15.13	£0.00	£1.66			1	1.00	£1.66	£1.66
B7	Responsibility for maintaining site safety	1%	2%	3%	94%	100%	£60.52	£30.26	£15.13	£0.00	£1.66			1	1.00	£1.66	£1.66
B8	Third party claims	2%	3%	4%	91%	100%	£60.52	£30.26	£15.13	£0.00	£2.72			1	1.00	£2.72	£2.72
B9	"Delay" and (compensation events) caused by non-performance of Trust parties	2%	3%	5%	90%	100%	£121.05	£60.52	£30.26	£0.00	£5.75			1	1.00	£5.75	£5.75
B10	"Relief event"	1%	2%	3%	94%	100%	£121.05	£60.52	£30.26	£0.00	£3.33			1	1.00	£3.33	£3.33
B11	Force Majeure	1%	2%	3%	94%	100%	£605.25	£302.62	£151.31	£0.00	£16.64			1	1.00	£16.64	£16.64
B12	Termination due to force majeure	1%	2%	3%	94%	100%	£3,631.47	£1,210.49	£605.25	£0.00	£78.68			1	1.00	£78.68	£78.68
B13	Legislative/regulatory change: non-NHS specific	1%	2%	3%	94%	100%	£121.05	£60.52	£30.26	£0.00	£3.33			1	1.00	£3.33	£3.33
B14	Legislative/regulatory change: NHS specific	1%	2%	3%	94%	100%	£121.05	£60.52	£30.26	£0.00	£3.33			1	1.00	£3.33	£3.33
B15	Contractor default	1%	2%	3%	94%	100%	£3,631.47	£1,210.49	£605.25	£0.00	£78.68			1	1.00	£78.68	£78.68
B16	Poor project management	2%	3%	5%	90%	100%	£121.05	£60.52	£30.26	£0.00	£5.75			1	1.00	£5.75	£5.75
B17	Contractor/sub-contractor industrial action	2%	3%	5%	90%	100%	£121.05	£60.52	£30.26	£0.00	£5.75			1	1.00	£5.75	£5.75
B18	Protestor action	1%	2%	3%	94%	100%	£60.52	£30.26	£15.13	£0.00	£1.66			1	1.00	£1.66	£1.66
B19	Incorrect cost and time estimates for decanting from existing buildings	2%	4%	4%	90%	100%	£24.21	£12.10	£6.05	£0.00	£1.21			1	1.00	£1.21	£1.21
B20	Incorrect cost and time estimates for commissioning new buildings	2%	4%	6%	88%	100%	£242.10	£121.05	£60.52	£0.00	£13.32			1	1.00	£13.32	£13.32
										Total	**£330.40**				**20.00**	**£330.40**	**£330.40**
C. Performance Risks																	
C1	Latent effects in new build	2%	3%	5%	90%	100%	£1,210.49	£605.25	£302.62	£0.00	£57.50			1	1.00	£57.50	£57.50
C2	Change in specification initiated by procuring entity	1%	2%	3%	94%	100%	£121.05	£60.52	£30.26	£0.00	£3.33			1	1.00	£3.33	£3.33
C3	Performance of sub-contractors	2%	3%	5%	90%	100%	£1,210.49	£605.25	£302.62	£0.00	£57.50			1	1.00	£57.50	£57.50
C4	Default by contractor or sub-contractor	2%	3%	5%	90%	100%	£1,210.49	£605.25	£302.62	£0.00	£57.50			1	1.00	£57.50	£57.50
C5	Industrial action	2%	3%	5%	90%	100%	£121.05	£60.52	£30.26	£0.00	£5.75			1	1.00	£5.75	£5.75
C6	Failure to meet performance standards	2%	3%	5%	90%	100%	£1,210.49	£605.25	£302.62	£0.00	£57.50			1	1.00	£57.50	£57.50
C7	Availability of facilities	2%	3%	5%	90%	100%	£1,210.49	£605.25	£302.62	£0.00	£57.50			1	1.00	£57.50	£57.50
C8	"Delay" and (compensation events)	2%	3%	5%	90%	100%	£121.05	£60.52	£30.26	£0.00	£5.75			1	1.00	£5.75	£5.75
C9	"Relief event"	1%	2%	3%	94%	100%	£121.05	£60.52	£30.26	£0.00	£3.33			1	1.00	£3.33	£3.33
C10	Force Majeure	1%	2%	3%	94%	100%	£605.25	£302.62	£151.31	£0.00	£16.64			1	1.00	£16.64	£16.64
C11	Termination due to force majeure	1%	2%	3%	94%	100%	£3,631.47	£1,210.49	£605.25	£0.00	£78.68			1	1.00	£78.68	£78.68
										Total	**£400.98**				**11.00**	**£400.98**	**£400.98**
D. Operating Risks																	
D1	Incorrect estimated cost of providing specific services under the contract: within market testing periods					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D2	Incorrect established cost of providing specific services under the contract: at the point of market testing period					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D3	Legislative/regulatory change having capital consequences: NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D4	Legislative/regulatory change: non-NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D5	Incorrect estimated cost of providing clinical services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D6	Incorrect estimated cost of maintenance					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D7	Incorrect estimated cost of energy used					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D8	Patient infection caused by poor facilities management					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D9	Patient infection - other					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D10	Estimated cost of transferring the employment to staff to new employer is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D11	Estimated cost of restructuring the workforce providing services under the contract is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**11.00**	**£0.00**	**£0.00**
E. Revenue Risks																	
E1	Non-performance "Unavailability" of services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E2	Poor performance of services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E3	Changes in the allocation of resources for the provision of health care					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E4	Changes in the volume of demand for patient services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E5	Unexpected changes in medical technology					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E6	Unexpected changes in the epidemiology of the people in the catchment area					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E7	Unexpected sudden increases in demand, due to major incident					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E8	Estimated income from income generating schemes is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**8.00**	**£0.00**	**£0.00**
F. Termination Risks																	
F1	Termination due to default by the procuring entity					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
F2	Default by the operator leading to step-in by financiers					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
F3	Termination due to default by the operator					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**3.00**	**£0.00**	**£0.00**
G. Technology Risks																	
G1	Technological change/asset Obsolescence					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
G2	Technological change					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**2.00**	**£0.00**	**£0.00**
H. Control Risks																	
H1	Control of clinical services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
H2	Control of services provided under the PFI contract. Hard FM only					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**2.00**	**£0.00**	**£0.00**
I. Residual Value Risks																	
I1	Procuring entity no longer requires assets at the end of contract					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**1.00**	**£0.00**	**£0.00**
J. Other Risks																	
J1	Incorrect cost estimate for planning approval	2%	3%	5%	90%	100%	£1,143.91	£571.96	£302.62	£0.00	£55.17			1	1.00	£55.17	£55.17
J2	Delayed planning approval	2%	3%	5%	90%	100%	£60.52	£30.26	£15.13	£0.00	£2.87			1	1.00	£2.87	£2.87
J3	Land sale receipts					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£58.04**				**3.00**	**£58.04**	**£58.04**
K. Additional Risks																	

K1	External pressures on steel supply availability and increases from tariffs (Brexit)	5%	20%	25%	50%	100%	£181.57	£90.79	£30.26	£0.00	£34.80			1	1.00	£34.80	£34.80
K2	External pressures on general material supply availability and increases from tariffs (Brexit)	5%	10%	15%	70%	100%	£181.57	£90.79	£30.26	£0.00	£22.70			1	1.00	£22.70	£22.70
K3	S106 payments required for satisfaction of planning conditions	5%	20%	25%	50%	100%	£60.52	£38.74	£22.39	£0.00	£16.37			1	1.00	£16.37	£16.37
K4	Design change to meet planning conditions (Highways, ecology)	5%	20%	25%	50%	100%	£121.05	£60.52	£30.26	£0.00	£25.72			1	1.00	£25.72	£25.72
K5						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K6						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K7						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K8						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K9						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K10						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K11						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K12						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K13						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K14						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K15						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K16						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K17						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K18						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K19						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K20						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K21						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K22						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K23						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K24						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K25						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£99.59**				**25.00**	**£99.59**	**£99.59**
										Total Risk	**£1,770.25**				**92.00**	**£1,770.25**	**£1,770.25**

MONETISABLE RISKS

Option 4 - 100 unit build + 40 units spot purchased

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RISK ANALYSIS - £'000

Code	Risk Description	Probability of risk materialising					Value per annum (£) if risk materialises				Expected Value per Annum	Time period that risk is present			Discount Factor	Undiscounted Risk Value	Discounted Risk Value
		High impact	Medium impact	Low impact	No impact	Sum of probabilities	High impact	Medium impact	Low impact	No impact		From (year)	To (year)	No. of Years			
A. Design Risks																	
A1	Failure to translate design	1%	2%	5%	92%	100%	£3,727.37	£1,863.68	£745.47	£0.00	£111.82			1	1.00	£111.82	£111.82
A2	Continuing development of design	5%	10%	15%	70%	100%	£1,490.95	£745.47	£372.74	£0.00	£205.01			1	1.00	£205.01	£205.01
A3	Change in requirements of the NHS trust	2%	5%	10%	83%	100%	£745.47	£372.74	£186.37	£0.00	£52.18			1	1.00	£52.18	£52.18
A4	Change in design required by operator	2%	5%	10%	83%	100%	£745.47	£372.74	£186.37	£0.00	£52.18			1	1.00	£52.18	£52.18
A5	Change in design required due to external influences specific to NHS	1%	2%	3%	94%	100%	£372.74	£186.37	£74.55	£0.00	£9.69			1	1.00	£9.69	£9.69
A6	Failure to build to brief	1%	2%	5%	92%	100%	£3,727.37	£1,863.68	£745.47	£0.00	£111.82			1	1.00	£111.82	£111.82
										Total	**£542.70**				**6.00**	**£542.70**	**£542.70**
B. Construction Risks																	
B1	Incorrect cost estimates	2%	3%	5%	90%	100%	£704.47	£352.24	£186.37	£0.00	£33.97			1	1.00	£33.97	£33.97
B2	Incorrect time estimates	2%	3%	5%	90%	100%	£37.27	£18.64	£9.32	£0.00	£1.77			1	1.00	£1.77	£1.77
B3	Unforseen ground/site conditions	2%	3%	5%	90%	100%	£745.47	£186.37	£74.55	£0.00	£24.23			1	1.00	£24.23	£24.23
B4	Unforseen ground/site conditions under the footprint of existing facilities	5%	10%	15%	70%	100%	£37.27	£18.64	£7.45	£0.00	£4.85			1	1.00	£4.85	£4.85
B5	Delay in gaining access to the site	1%	2%	3%	94%	100%	£37.27	£18.64	£9.32	£0.00	£1.03			1	1.00	£1.03	£1.03
B6	Responsibility for maintaining on-site security	1%	2%	3%	94%	100%	£37.27	£18.64	£9.32	£0.00	£1.03			1	1.00	£1.03	£1.03
B7	Responsibility for maintaining site safety	1%	2%	3%	94%	100%	£37.27	£18.64	£9.32	£0.00	£1.03			1	1.00	£1.03	£1.03
B8	Third party claims	2%	3%	4%	91%	100%	£37.27	£18.64	£9.32	£0.00	£1.68			1	1.00	£1.68	£1.68
B9	"Delay" and (compensation events) caused by non-performance of Trust parties	2%	3%	5%	90%	100%	£74.55	£37.27	£18.64	£0.00	£3.54			1	1.00	£3.54	£3.54
B10	"Relief event"	1%	2%	3%	94%	100%	£74.55	£37.27	£18.64	£0.00	£2.05			1	1.00	£2.05	£2.05
B11	Force Majeure	1%	2%	3%	94%	100%	£372.74	£186.37	£93.18	£0.00	£10.25			1	1.00	£10.25	£10.25
B12	Termination due to force majeure	1%	2%	3%	94%	100%	£2,236.42	£745.47	£372.74	£0.00	£48.46			1	1.00	£48.46	£48.46
B13	Legislative/regulatory change: non-NHS specific	1%	2%	3%	94%	100%	£74.55	£37.27	£18.64	£0.00	£2.05			1	1.00	£2.05	£2.05
B14	Legislative/regulatory change: NHS specific	1%	2%	3%	94%	100%	£74.55	£37.27	£18.64	£0.00	£2.05			1	1.00	£2.05	£2.05
B15	Contractor default	1%	2%	3%	94%	100%	£2,236.42	£745.47	£372.74	£0.00	£48.46			1	1.00	£48.46	£48.46
B16	Poor project management	2%	3%	5%	90%	100%	£74.55	£37.27	£18.64	£0.00	£3.54			1	1.00	£3.54	£3.54
B17	Contractor/sub-contractor industrial action	2%	3%	5%	90%	100%	£74.55	£37.27	£18.64	£0.00	£3.54			1	1.00	£3.54	£3.54
B18	Protestor action	1%	2%	3%	94%	100%	£37.27	£18.64	£9.32	£0.00	£1.03			1	1.00	£1.03	£1.03
B19	Incorrect cost and time estimates for decanting from existing buildings	2%	4%	4%	90%	100%	£14.91	£7.45	£3.73	£0.00	£0.75			1	1.00	£0.75	£0.75
B20	Incorrect cost and time estimates for commissioning new buildings	2%	4%	6%	88%	100%	£149.09	£74.55	£37.27	£0.00	£8.20			1	1.00	£8.20	£8.20
										Total	**£203.48**				**20.00**	**£203.48**	**£203.48**
C. Performance Risks																	
C1	Latent effects in new build	2%	3%	5%	90%	100%	£745.47	£372.74	£186.37	£0.00	£35.41			1	1.00	£35.41	£35.41
C2	Change in specification initiated by procuring entity	1%	2%	3%	94%	100%	£74.55	£37.27	£18.64	£0.00	£2.05			1	1.00	£2.05	£2.05
C3	Performance of sub-contractors	2%	3%	5%	90%	100%	£745.47	£372.74	£186.37	£0.00	£35.41			1	1.00	£35.41	£35.41
C4	Default by contractor or sub-contractor	2%	3%	5%	90%	100%	£745.47	£372.74	£186.37	£0.00	£35.41			1	1.00	£35.41	£35.41
C5	Industrial action	2%	3%	5%	90%	100%	£74.55	£37.27	£18.64	£0.00	£3.54			1	1.00	£3.54	£3.54
C6	Failure to meet performance standards	2%	3%	5%	90%	100%	£745.47	£372.74	£186.37	£0.00	£35.41			1	1.00	£35.41	£35.41
C7	Availability of facilities	2%	3%	5%	90%	100%	£745.47	£372.74	£186.37	£0.00	£35.41			1	1.00	£35.41	£35.41
C8	"Delay" and (compensation events)	2%	3%	5%	90%	100%	£74.55	£37.27	£18.64	£0.00	£3.54			1	1.00	£3.54	£3.54
C9	"Relief event"	1%	2%	3%	94%	100%	£74.55	£37.27	£18.64	£0.00	£2.05			1	1.00	£2.05	£2.05
C10	Force Majeure	1%	2%	3%	94%	100%	£372.74	£186.37	£93.18	£0.00	£10.25			1	1.00	£10.25	£10.25
C11	Termination due to force majeure	1%	2%	3%	94%	100%	£2,236.42	£745.47	£372.74	£0.00	£48.46			1	1.00	£48.46	£48.46
										Total	**£246.94**				**11.00**	**£246.94**	**£246.94**
D. Operating Risks																	
D1	Incorrect estimated cost of providing specific services under the contract: within market testing periods					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D2	Incorrect established cost of providing specific services under the contract: at the point of market testing period					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D3	Legislative/regulatory change having capital consequences: NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D4	Legislative/regulatory change: non-NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D5	Incorrect estimated cost of providing clinical services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D6	Incorrect estimated cost of maintenance					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D7	Incorrect estimated cost of energy used					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D8	Patient infection caused by poor facilities management					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D9	Patient infection - other					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D10	Estimated cost of transferring the employment to staff to new employer is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D11	Estimated cost of restructuring the workforce providing services under the contract is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**11.00**	**£0.00**	**£0.00**
E. Revenue Risks																	
E1	Non-performance "Unavailability" of services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E2	Poor performance of services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E3	Changes in the allocation of resources for the provision of health care					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E4	Changes in the volume of demand for patient services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E5	Unexpected changes in medical technology					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E6	Unexpected changes in the epidemiology of the people in the catchment area					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E7	Unexpected sudden increases in demand, due to major incident					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E8	Estimated income from income generating schemes is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**8.00**	**£0.00**	**£0.00**
F. Termination Risks																	
F1	Termination due to default by the procuring entity					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
F2	Default by the operator leading to step-in by financiers					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
F3	Termination due to default by the operator					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**3.00**	**£0.00**	**£0.00**
G. Technology Risks																	
G1	Technological change/asset Obsolescence					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
G2	Technological change					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**2.00**	**£0.00**	**£0.00**
H. Control Risks																	
H1	Control of clinical services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
H2	Control of services provided under the PFI contract. Hard FM only					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**2.00**	**£0.00**	**£0.00**
I. Residual Value Risks																	
I1	Procuring entity no longer requires assets at the end of contract					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**1.00**	**£0.00**	**£0.00**
J. Other Risks																	
J1	Incorrect cost estimate for planning approval	2%	3%	5%	90%	100%	£704.47	£352.24	£186.37	£0.00	£33.97			1	1.00	£33.97	£33.97
J2	Delayed planning approval	2%	3%	5%	90%	100%	£37.27	£18.64	£9.32	£0.00	£1.77			1	1.00	£1.77	£1.77
J3	Land sale receipts					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£35.75**				**3.00**	**£35.75**	**£35.75**
K. Additional Risks																	

K1	External pressures on steel supply availability and increases from tariffs (Brexit)	5%	20%	25%	50%	100%	£111.82	£55.91	£18.64	£0.00	£21.43			1	1.00	£21.43	£21.43
K2	External pressures on general material supply availability and increases from tariffs (Brexit)	5%	10%	15%	70%	100%	£111.82	£55.91	£18.64	£0.00	£13.98			1	1.00	£13.98	£13.98
K3	S106 payments required for satisfaction of planning conditions	5%	20%	25%	50%	100%	£37.27	£23.86	£13.79	£0.00	£10.08			1	1.00	£10.08	£10.08
K4	Design change to meet planning conditions (Highways, ecology)	5%	20%	25%	50%	100%	£74.55	£37.27	£18.64	£0.00	£15.84			1	1.00	£15.84	£15.84
K5						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K6						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K7						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K8						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K9						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K10						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K11						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K12						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K13						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K14						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K15						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K16						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K17						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K18						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K19						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K20						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K21						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K22						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K23						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K24						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K25						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£61.33**				**25.00**	**£61.33**	**£61.33**
										Total Risk	**£1,090.20**				**92.00**	**£1,090.20**	**£1,090.20**

MONETISABLE RISKS | Back to User Instructions

Option 5 - | Back to Model Structure

RISK ANALYSIS - £'000

Code	Risk Description	Probability of risk materialising					Value per annum (£) if risk materialises				Expected Value per Annum	Time period that risk is present			Discount Factor	Undiscounted Risk Value	Discounted Risk Value
		High impact	Medium impact	Low impact	No impact	Sum of probabilities	High impact	Medium impact	Low impact	No impact		From (year)	To (year)	No. of Years			
A. Design Risks																	
A1	Failure to translate design					0%				£0.00	£0.00	0	1	2	1.97	£0.00	£0.00
A2	Continuing development of design					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
A3	Change in requirements of the NHS trust					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
A4	Change in design required by operator					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
A5	Change in design required due to external influences specific to NHS					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
A6	Failure to build to brief					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**6.97**	**£0.00**	**£0.00**
B. Construction Risks																	
B1	Incorrect cost estimates					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B2	Incorrect time estimates					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B3	Unforseen ground/site conditions					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B4	Unforseen ground/site conditions under the footprint of existing facilities					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B5	Delay in gaining access to the site					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B6	Responsibility for maintaining on-site security					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B7	Responsibility for maintaining site safety					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B8	Third party claims					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B9	"Delay" and (compensation events) caused by non-performance of Trust parties					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B10	"Relief event"					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B11	Force Majeure					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B12	Termination due to force majeure					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B13	Legislative/regulatory change: non-NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B14	Legislative/regulatory change: NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B15	Contractor default					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B16	Poor project management					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B17	Contractor/sub-contractor industrial action					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B18	Protestor action					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B19	Incorrect cost and time estimates for decanting from existing buildings					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B20	Incorrect cost and time estimates for commissioning new buildings					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**20.00**	**£0.00**	**£0.00**
C. Performance Risks																	
C1	Latent effects in new build					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C2	Change in specification initiated by procuring entity					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C3	Performance of sub-contractors					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C4	Default by contractor or sub-contractor					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C5	Industrial action					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C6	Failure to meet performance standards					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C7	Availability of facilities					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C8	"Delay" and (compensation events)					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C9	"Relief event"					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C10	Force Majeure					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C11	Termination due to force majeure					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**11.00**	**£0.00**	**£0.00**
D. Operating Risks																	
D1	Incorrect estimated cost of providing specific services under the contract: within market testing periods					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D2	Incorrect established cost of providing specific services under the contract: at the point of market testing period					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D3	Legislative/regulatory change having capital consequences: NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D4	Legislative/regulatory change: non-NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D5	Incorrect estimated cost of providing clinical services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D6	Incorrect estimated cost of maintenance					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D7	Incorrect estimated cost of energy used					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D8	Patient infection caused by poor facilities management					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D9	Patient infection - other					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D10	Estimated cost of transferring the employment to staff to new employer is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D11	Estimated cost of restructuring the workforce providing services under the contract is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**11.00**	**£0.00**	**£0.00**
E. Revenue Risks																	
E1	Non-performance "Unavailability" of services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E2	Poor performance of services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E3	Changes in the allocation of resources for the provision of health care					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E4	Changes in the volume of demand for patient services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E5	Unexpected changes in medical technology					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E6	Unexpected changes in the epidemiology of the people in the catchment area					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E7	Unexpected sudden increases in demand, due to major incident					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E8	Estimated income from income generating schemes is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**8.00**	**£0.00**	**£0.00**
F. Termination Risks																	
F1	Termination due to default by the procuring entity					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
F2	Default by the operator leading to step-in by financiers					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
F3	Termination due to default by the operator					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**3.00**	**£0.00**	**£0.00**
G. Technology Risks																	
G1	Technological change/asset Obsolescence					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
G2	Technological change					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**2.00**	**£0.00**	**£0.00**
H. Control Risks																	
H1	Control of clinical services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
H2	Control of services provided under the PFI contract. Hard FM only					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**2.00**	**£0.00**	**£0.00**
I. Residual Value Risks																	
I1	Procuring entity no longer requires assets at the end of contract					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**1.00**	**£0.00**	**£0.00**
J. Other Risks																	
J1	Incorrect cost estimate for planning approval					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
J2	Delayed planning approval					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
J3	Land sale receipts					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**3.00**	**£0.00**	**£0.00**
K. Additional Risks																	

K1	External pressures on steel supply availability and increases from tariffs (Brexit)					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K2	External pressures on general material supply availability and increases from tariffs (Brexit)					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K3	S106 payments required for satisfaction of planning conditions					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K4	Design change to meet planning conditions (Highways, ecology)					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K5						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K6						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K7						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K8						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K9						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K10						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K11						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K12						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K13						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K14						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K15						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K16						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K17						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K18						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K19						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K20						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K21						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K22						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K23						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K24						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K25						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**25.00**	**£0.00**	**£0.00**
										Total Risk	**£0.00**				**92.97**	**£0.00**	**£0.00**

MONETISABLE RISKS

Option 6 -

Back to User Instructions
Back to Model Structure

RISK ANALYSIS - £'000

Code	Risk Description	Probability of risk materialising					Value per annum (£) if risk materialises				Expected Value per Annum	Time period that risk is present			Discount Factor	Undiscounted Risk Value	Discounted Risk Value
		High impact	Medium impact	Low impact	No impact	Sum of probabilities	High impact	Medium impact	Low impact	No impact		From (year)	To (year)	No. of Years			
A. Design Risks																	
A1	Failure to translate design					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
A2	Continuing development of design					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
A3	Change in requirements of the NHS trust					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
A4	Change in design required by operator					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
A5	Change in design required due to external influences specific to NHS					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
A6	Failure to build to brief					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**6.00**	**£0.00**	**£0.00**
B. Construction Risks																	
B1	Incorrect cost estimates					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B2	Incorrect time estimates					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B3	Unforseen ground/site conditions					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B4	Unforseen ground/site conditions under the footprint of existing facilities					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B5	Delay in gaining access to the site					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B6	Responsibility for maintaining on-site security					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B7	Responsibility for maintaining site safety					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B8	Third party claims					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B9	"Delay" and (compensation events) caused by non-performance of Trust parties					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B10	"Relief event"					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B11	Force Majeure					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B12	Termination due to force majeure					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B13	Legislative/regulatory change: non-NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B14	Legislative/regulatory change: NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B15	Contractor default					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B16	Poor project management					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B17	Contractor/sub-contractor industrial action					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B18	Protestor action					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B19	Incorrect cost and time estimates for decanting from existing buildings					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
B20	Incorrect cost and time estimates for commissioning new buildings					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**20.00**	**£0.00**	**£0.00**
C. Performance Risks																	
C1	Latent effects in new build					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C2	Change in specification initiated by procuring entity					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C3	Performance of sub-contractors					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C4	Default by contractor or sub-contractor					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C5	Industrial action					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C6	Failure to meet performance standards					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C7	Availability of facilities					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C8	"Delay" and (compensation events)					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C9	"Relief event"					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C10	Force Majeure					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
C11	Termination due to force majeure					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**11.00**	**£0.00**	**£0.00**
D. Operating Risks																	
D1	Incorrect estimated cost of providing specific services under the contract: within market testing periods					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D2	Incorrect established cost of providing specific services under the contract: at the point of market testing period					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D3	Legislative/regulatory change having capital consequences: NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D4	Legislative/regulatory change: non-NHS specific					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D5	Incorrect estimated cost of providing clinical services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D6	Incorrect estimated cost of maintenance					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D7	Incorrect estimated cost of energy used					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D8	Patient infection caused by poor facilities management					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D9	Patient infection - other					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D10	Estimated cost of transferring the employment to staff to new employer is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
D11	Estimated cost of restructuring the workforce providing services under the contract is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**11.00**	**£0.00**	**£0.00**
E. Revenue Risks																	
E1	Non-performance "Unavailability" of services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E2	Poor performance of services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E3	Changes in the allocation of resources for the provision of health care					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E4	Changes in the volume of demand for patient services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E5	Unexpected changes in medical technology					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E6	Unexpected changes in the epidemiology of the people in the catchment area					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E7	Unexpected sudden increases in demand, due to major incident					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
E8	Estimated income from income generating schemes is incorrect					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**8.00**	**£0.00**	**£0.00**
F. Termination Risks																	
F1	Termination due to default by the procuring entity					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
F2	Default by the operator leading to step-in by financiers					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
F3	Termination due to default by the operator					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**3.00**	**£0.00**	**£0.00**
G. Technology Risks																	
G1	Technological change/asset Obsolescence					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
G2	Technological change					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**2.00**	**£0.00**	**£0.00**
H. Control Risks																	
H1	Control of clinical services					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
H2	Control of services provided under the PFI contract. Hard FM only					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**2.00**	**£0.00**	**£0.00**
I. Residual Value Risks																	
I1	Procuring entity no longer requires assets at the end of contract					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**1.00**	**£0.00**	**£0.00**
J. Other Risks																	
J1	Incorrect cost estimate for planning approval					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
J2	Delayed planning approval					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
J3	Land sale receipts					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**3.00**	**£0.00**	**£0.00**
K. Additional Risks																	

K1	External pressures on steel supply availability and increases from tariffs (Brexit)					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K2	External pressures on general material supply availability and increases from tariffs (Brexit)					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K3	S106 payments required for satisfaction of planning conditions					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K4	Design change to meet planning conditions (Highways, ecology)					0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K5						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K6						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K7						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K8						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K9						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K10						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K11						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K12						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K13						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K14						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K15						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K16						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K17						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K18						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K19						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K20						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K21						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K22						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K23						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K24						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
K25						0%				£0.00	£0.00			1	1.00	£0.00	£0.00
										Total	**£0.00**				**25.00**	**£0.00**	**£0.00**
										Total Risk	**£0.00**				**92.00**	**£0.00**	**£0.00**

UNMONETISABLE RISKS - ALL OPTIONS

Back to User Instructions
Back to Model Structure

					Option 0 -Business as Usual					Option 1 -Do Min 140 units spot purchased					Option 2 -140 unit build					Option 3 -180 unit build					Option 4 -100 unit build + 40 units spot purchased					Option 5 -					Option 6 -				
Code	Risk Description	Risk Impact	Mitigation	Explanation of probability and impact values	Probability	Impact (Cost)	Impact (Quality)	Impact (Other)	Weighted Score	Probability	Impact (Cost)	Impact (Quality)	Impact (Other)	Weighted Score	Probability	Impact (Cost)	Impact (Quality)	Impact (Other)	Weighted Score	Probability	Impact (Cost)	Impact (Quality)	Impact (Other)	Weighted Score	Probability	Impact (Cost)	Impact (Quality)	Impact (Other)	Weighted Score	Probability	Impact (Cost)	Impact (Quality)	Impact (Other)	Weighted Score	Probability	Impact (Cost)	Impact (Quality)	Impact (Other)	Weighted Score
A. Design Risks																																							
A1									0.0					0.0					0.0					0.0					0.0					0.0					0.0
A2									0.0					0.0					0.0					0.0					0.0					0.0					0.0
A3									0.0					0.0					0.0					0.0					0.0					0.0					0.0
A4									0.0					0.0					0.0					0.0					0.0					0.0					0.0
				Total					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**
B. Construction Risks																																							
B1									0.0					0.0					0.0					0.0					0.0					0.0					0.0
B2									0.0					0.0					0.0					0.0					0.0					0.0					0.0
B3									0.0					0.0					0.0					0.0					0.0					0.0					0.0
B4									0.0					0.0					0.0					0.0					0.0					0.0					0.0
				Total					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**
C. Performance Risks																																							
C1									0.0					0.0					0.0					0.0					0.0					0.0					0.0
C2									0.0					0.0					0.0					0.0					0.0					0.0					0.0
C3									0.0					0.0					0.0					0.0					0.0					0.0					0.0
C4									0.0					0.0					0.0					0.0					0.0					0.0					0.0
				Total					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**
D. Operating Risks																																							
D1									0.0					0.0					0.0					0.0					0.0					0.0					0.0
D2									0.0					0.0					0.0					0.0					0.0					0.0					0.0
D3									0.0					0.0					0.0					0.0					0.0					0.0					0.0
D4									0.0					0.0					0.0					0.0					0.0					0.0					0.0
				Total					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**
E. Revenue Risks																																							
E1									0.0					0.0					0.0					0.0					0.0					0.0					0.0
E2									0.0					0.0					0.0					0.0					0.0					0.0					0.0
E3									0.0					0.0					0.0					0.0					0.0					0.0					0.0
E4									0.0					0.0					0.0					0.0					0.0					0.0					0.0
				Total					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**
F. Termination Risks																																							
F1									0.0					0.0					0.0					0.0					0.0					0.0					0.0
F2									0.0					0.0					0.0					0.0					0.0					0.0					0.0
F3									0.0					0.0					0.0					0.0					0.0					0.0					0.0
F4									0.0					0.0					0.0					0.0					0.0					0.0					0.0
				Total					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**
G. Technology Risks																																							
G1									0.0					0.0					0.0					0.0					0.0					0.0					0.0
G2									0.0					0.0					0.0					0.0					0.0					0.0					0.0
G3									0.0					0.0					0.0					0.0					0.0					0.0					0.0
G4									0.0					0.0					0.0					0.0					0.0					0.0					0.0
				Total					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**
H. Control Risks																																							
H1									0.0					0.0					0.0					0.0					0.0					0.0					0.0
H2									0.0					0.0					0.0					0.0					0.0					0.0					0.0
H3									0.0					0.0					0.0					0.0					0.0					0.0					0.0
H4									0.0					0.0					0.0					0.0					0.0					0.0					0.0
				Total					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**
I. Residual Value Risks																																							
I1									0.0					0.0					0.0					0.0					0.0					0.0					0.0
I2									0.0					0.0					0.0					0.0					0.0					0.0					0.0
I3									0.0					0.0					0.0					0.0					0.0					0.0					0.0
I4									0.0					0.0					0.0					0.0					0.0					0.0					0.0
				Total					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**
J. Other Risks																																							
J1									0.0					0.0					0.0					0.0					0.0					0.0					0.0
J2									0.0					0.0					0.0					0.0					0.0					0.0					0.0
J3									0.0					0.0					0.0					0.0					0.0					0.0					0.0
J4									0.0					0.0					0.0					0.0					0.0					0.0					0.0
				Total					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**
K. Additional Risks																																							
K1									0.0					0.0					0.0					0.0					0.0					0.0					0.0
K2									0.0					0.0					0.0					0.0					0.0					0.0					0.0
K3									0.0					0.0					0.0					0.0					0.0					0.0					0.0
K4									0.0					0.0					0.0					0.0					0.0					0.0					0.0
K5									0.0					0.0					0.0					0.0					0.0					0.0					0.0
K6														0.0					0.0					0.0					0.0					0.0					0.0
K7														0.0					0.0					0.0					0.0					0.0					0.0
K8														0.0					0.0					0.0					0.0					0.0					0.0
K9														0.0					0.0					0.0					0.0					0.0					0.0
K10														0.0					0.0					0.0					0.0					0.0					0.0
K11														0.0					0.0					0.0					0.0					0.0					0.0
K12														0.0					0.0					0.0					0.0					0.0					0.0
K13														0.0					0.0					0.0					0.0					0.0					0.0
K14														0.0					0.0					0.0					0.0					0.0					0.0
K15														0.0					0.0					0.0					0.0					0.0					0.0
K16					0.0									0.0					0.0					0.0					0.0					0.0					0.0
K17					0.0									0.0					0.0					0.0					0.0					0.0					0.0
K18					0.0									0.0					0.0					0.0					0.0					0.0					0.0
K19					0.0									0.0					0.0					0.0					0.0					0.0					0.0
K20					0.0									0.0					0.0					0.0					0.0					0.0					0.0
K21					0.0									0.0					0.0					0.0					0.0					0.0					0.0
K22					0.0									0.0					0.0					0.0					0.0					0.0					0.0
K23					0.0									0.0					0.0					0.0					0.0					0.0					0.0
K24					0.0									0.0					0.0					0.0					0.0					0.0					0.0
K25					0.0									0.0					0.0					0.0					0.0					0.0					0.0
				Total	**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**				
				Total Risk Score	**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**					**0.0**				

ECONOMIC BENEFITS ANALYSIS - £'000

Back to User Instructions
Go to Model Results

Summary (Discounted) - £'000	Option 0 - Business as Usual	Option 1 - 2x Mix 140 units sprd purchased	Option 2- 140 unit build	Option 3- 180 unit build	Option 4- 100 unit build + 40 units sprd purchased	Option 5-	Option 6-
Cash releasing benefits	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Non-cash releasing benefits	£0.00	£12,426.14	£12,426.14	£12,426.14	£12,426.14	£0.00	£0.00
Revised revenue	£0.00	£0.00	£0.00	£19,335.52	£19,335.52	£0.00	£0.00
Total benefits	£0.00	£0.00	£61,463.74	£31,760.66	£61,463.74	£0.00	£0.00

Cash Releasing Benefits - £'000	Discounted Total	% of highest benefit	Rank
Option 0 - Business as Usual	£0.00		4
Option 1 - 2x Mix 140 units sprd purchased	£0.00		1
Option 2 - 140 unit build	£0.00		1
Option 3 - 180 unit build	£0.00		1
Option 4 - 100 unit build + 40 units sprd purchased	£0.00		1
Option 5 -	£0.00		1
Option 6 -	£0.00		1

Discounted benefits - £'000

Option	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Yr 16	Yr 17	Yr 18	Yr 19	Yr 20	Yr 21	Yr 22	Yr 23	Yr 24	Yr 25	Yr 26	Yr 27	Yr 28	Yr 29	Yr 30	Yr 31	Yr 32	Yr 33	Yr 34	Yr 35	Yr 36	Yr 37	Yr 38	Yr 39	Yr 40	Yr 41	Yr 42	Yr 43	Yr 44	Yr 45	Yr 46	Yr 47	Yr 48	Yr 49	Yr 50	Yr 51	Yr 52	Yr 53	Yr 54	Yr 55	Yr 56	Yr 57	Yr 58	Yr 59	Yr 60	Yr 61	Yr 62	Yr 63	Yr 64	Yr 65	Yr 66	Yr 67	Yr 68	Yr 69
Option 0 - Business as Usual	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Option 1 - 2x Mix 140 units sprd purchased	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Option 2 - 140 unit build	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Option 3 - 180 unit build	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Option 4 - 100 unit build + 40 units sprd purchased	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Option 5 -	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Option 6 -	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00

Non-Cash Releasing Benefits - £'000	Discounted Total	% of highest benefit	Rank
Option 0 - Business as Usual	£0.00		4
Option 1 - 2x Mix 140 units sprd purchased	£12,426.14	100%	1
Option 2 - 140 unit build	£12,426.14	100%	1
Option 3 - 180 unit build	£12,426.14	100%	1
Option 4 - 100 unit build + 40 units sprd purchased	£12,426.14	100%	1
Option 5 -	£0.00		4
Option 6 -	£0.00		4

Discounted benefits - £'000

Option	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Yr 16	Yr 17	Yr 18	Yr 19	Yr 20	Yr 21	Yr 22	Yr 23	Yr 24	Yr 25	Yr 26	Yr 27	Yr 28	Yr 29	Yr 30	Yr 31	Yr 32	Yr 33	Yr 34	Yr 35	Yr 36	Yr 37	Yr 38	Yr 39	Yr 40	Yr 41	Yr 42	Yr 43	Yr 44	Yr 45	Yr 46	Yr 47	Yr 48	Yr 49	Yr 50	Yr 51	Yr 52	Yr 53	Yr 54	Yr 55	Yr 56	Yr 57	Yr 58	Yr 59	Yr 60	Yr 61	Yr 62	Yr 63	Yr 64	Yr 65	Yr 66	Yr 67	Yr 68	Yr 69
Option 0 - Business as Usual	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Option 1 - 2x Mix 140 units sprd purchased	£12,426.14	£379.77	£547.18	£529.40	£511.58	£494.32	£477.48	£461.34	£445.74	£430.57	£416.16	£402.02	£388.44	£375.36	£362.61	£350.16	£338.50	£327.02	£315.88	£305.11	£294.68	£285.01	£275.37	£266.08	£257.04	£248.37	£239.97	£231.84	£224.11	£216.44	£210.14	£204.01	£198.07	£192.30	£186.70	£181.26	£175.98	£170.86	£165.88	£161.03	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Option 2 - 140 unit build	£12,426.14	£379.77	£547.18	£529.40	£511.58	£494.32	£477.48	£461.34	£445.74	£430.57	£416.16	£402.02	£388.44	£375.36	£362.61	£350.16	£338.50	£327.02	£315.88	£305.11	£294.68	£285.01	£275.37	£266.08	£257.04	£248.37	£239.97	£231.84	£224.11	£216.44	£210.14	£204.01	£198.07	£192.30	£186.70	£181.26	£175.98	£170.86	£165.88	£161.03	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Option 3 - 180 unit build	£12,426.14	£379.77	£547.18	£529.40	£511.58	£494.32	£477.48	£461.34	£445.74	£430.57	£416.16	£402.02	£388.44	£375.36	£362.61	£350.16	£338.50	£327.02	£315.88	£305.11	£294.68	£285.01	£275.37	£266.08	£257.04	£248.37	£239.97	£231.84	£224.11	£216.44	£210.14	£204.01	£198.07	£192.30	£186.70	£181.26	£175.98	£170.86	£165.88	£161.03	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Option 4 - 100 unit build + 40 units sprd purchased	£12,426.14	£379.77	£547.18	£529.40	£511.58	£494.32	£477.48	£461.34	£445.74	£430.57	£416.16	£402.02	£388.44	£375.36	£362.61	£350.16	£338.50	£327.02	£315.88	£305.11	£294.68	£285.01	£275.37	£266.08	£257.04	£248.37	£239.97	£231.84	£224.11	£216.44	£210.14	£204.01	£198.07	£192.30	£186.70	£181.26	£175.98	£170.86	£165.88	£161.03	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Option 5 -	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Option 6 -	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00

Societal Benefits - £'000	Discounted Total	% of highest benefit	Rank
Option 0 - Business as Usual	£0.00		4
Option 1 - 2x Mix 140 units sprd purchased	£0.00		4
Option 2 - 140 unit build	£60,036.44	100%	2
Option 3 - 180 unit build	£30,334.30	100%	3
Option 4 - 100 unit build + 40 units sprd purchased	£60,036.44	100%	2
Option 5 -	£0.00		4
Option 6 -	£0.00		4

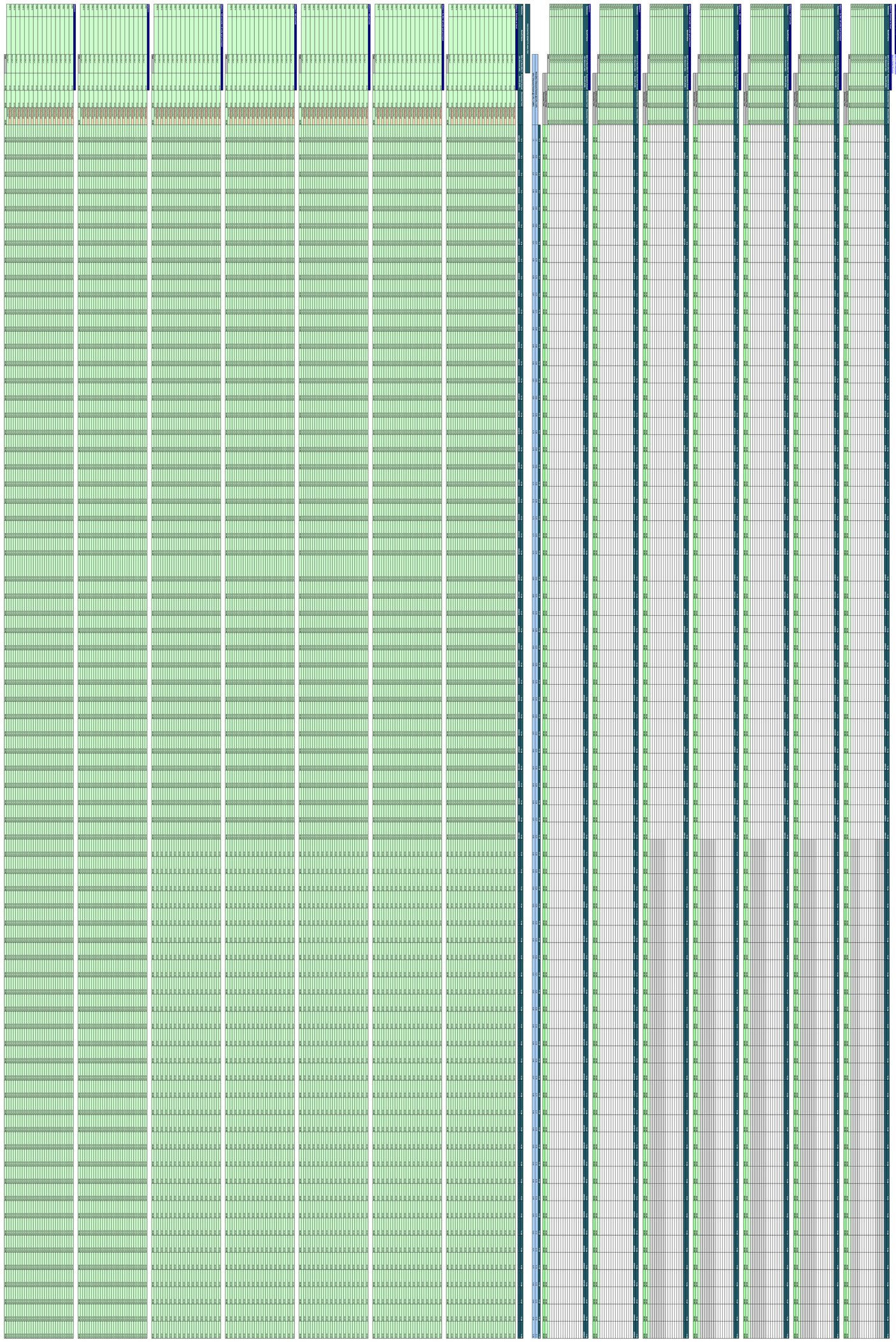
Discounted benefits - £'000

Option	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Yr 16	Yr 17	Yr 18	Yr 19	Yr 20	Yr 21	Yr 22	Yr 23	Yr 24	Yr 25	Yr 26	Yr 27	Yr 28	Yr 29	Yr 30	Yr 31	Yr 32	Yr 33	Yr 34	Yr 35	Yr 36	Yr 37	Yr 38	Yr 39	Yr 40	Yr 41	Yr 42	Yr 43	Yr 44	Yr 45	Yr 46	Yr 47	Yr 48	Yr 49	Yr 50	Yr 51	Yr 52	Yr 53	Yr 54	Yr 55	Yr 56	Yr 57	Yr 58	Yr 59	Yr 60	Yr 61	Yr 62	Yr 63	Yr 64	Yr 65	Yr 66	Yr 67	Yr 68	Yr 69
Option 0 - Business as Usual	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Option 1 - 2x Mix 140 units sprd purchased	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Option 2 - 140 unit build	£60,036.44	£61.66	£270.01	£460.21	£640.24	£807.75	£960.41	£101.93	£233.98	£353.23	£461.26	£558.56	£645.78	£723.07	£790.71	£849.11	£898.79	£939.87	£973.44	£999.61	£1019.60	£1034.58	£1045.72	£1054.09	£1060.32	£1064.94	£1068.42	£1071.06	£1073.04	£1074.52	£1076.63	£1078.14	£1079.23	£1080.01	£1080.57	£1080.97	£1081.26	£1081.47	£1081.62	£1081.73	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Option 3 - 180 unit build	£30,334.30	£30.83	£135.01	£230.10	£320.12	£403.87	£480.21	£50.97	£116.99	£176.62	£230.63	£279.28	£322.89	£361.54	£395.35	£424.56	£449.39	£469.93	£486.72	£499.80	£509.80	£517.29	£522.86	£527.04	£530.16	£532.47	£534.21	£535.53	£536.52	£537.26	£538.31	£539.07	£539.61	£540.00	£540.28	£540.48	£540.63	£540.73	£540.81	£540.86	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Option 4 - 100 unit build + 40 units sprd purchased	£60,036.44	£61.66	£270.01	£460.21	£640.24	£807.75	£960.41	£101.93	£233.98	£353.23	£461.26	£558.56	£645.78	£723.07	£790.71	£849.11	£898.79	£939.87	£973.44	£999.61	£1019.60	£1034.58	£1045.72	£1054.09	£1060.32	£1064.94	£1068.42	£1071.06	£1073.04	£1074.52	£1076.63	£1078.14	£1079.23	£1080.01	£1080.57	£1080.97	£1081.26	£1081.47	£1081.62	£1081.73	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Option 5 -	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Option 6 -	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00

BENEFITS LOG

Back to User Instructions
Back to Model Structure

Reference	Benefit Name	Benefit Description	Investment Objective (IO) Associated with Benefit	QALY or non-QALY? (for discount rate)	Calculation of benefit	Assumptions made in calculation	Data sources used to calculate benefit
Cash Releasing Benefits							
CRB1				Non-QALY			
CRB2				Non-QALY			
CRB3				Non-QALY			
CRB4				Non-QALY			
CRB5				Non-QALY			
CRB6				Non-QALY			
CRB7				Non-QALY			
CRB8				Non-QALY			
CRB9				Non-QALY			
CRB10				Non-QALY			
CRB11				Non-QALY			
CRB12				Non-QALY			
CRB13				Non-QALY			
CRB14				Non-QALY			
CRB15				Non-QALY			
Non-cash Releasing Benefits							
NCRB1	Medical student contribution	Medical student contribution to MTW healthcare delivery		Non-QALY			
NCRB2				Non-QALY			
NCRB3				Non-QALY			
NCRB4				Non-QALY			
NCRB5				Non-QALY			
NCRB6				Non-QALY			
NCRB7				Non-QALY			
NCRB8				Non-QALY			
NCRB9				Non-QALY			
NCRB10				Non-QALY			
NCRB11				Non-QALY			
NCRB12				Non-QALY			
NCRB13				Non-QALY			
NCRB14				Non-QALY			
NCRB15				Non-QALY			
Societal Benefits							
SB1	Additional medics	Benefit of additional medical staff to UK		Non-QALY			
SB2	Additional employment	Extra employment benefit		Non-QALY			
SB3	Indirect employment	Indirect employment benefit		Non-QALY			
SB4	Student spending	Additional student spend in local area		Non-QALY			
SB5				Non-QALY			
SB6				Non-QALY			
SB7				Non-QALY			
SB8				Non-QALY			
SB9				Non-QALY			
SB10				Non-QALY			
SB11				Non-QALY			
SB12				Non-QALY			
SB13				Non-QALY			
SB14				Non-QALY			
SB15				Non-QALY			
Unmonetisable Benefits							
UB1				N/A			
UB2				N/A			
UB3				N/A			
UB4				N/A			
UB5				N/A			
UB6				N/A			
UB7				N/A			
UB8				N/A			
UB9				N/A			
UB10				N/A			
UB11				N/A			
UB12				N/A			
UB13				N/A			
UB14				N/A			
UB15				N/A			



Plan Name: MA-PARN-BENEFITS - PCPP

Plan Year: 2026

Plan Sponsor: Medical student contribution

Plan Administrator: Medical student contribution

Plan Administrator Address: Medical student contribution

Plan Administrator Phone: Medical student contribution

Plan Administrator Email: Medical student contribution

Plan Administrator Website: Medical student contribution

Plan Administrator Fiscal Year End: Medical student contribution

Plan Administrator Employer Identification Number (EIN): Medical student contribution

Plan Administrator Plan Number: Medical student contribution

Plan Administrator Type of Plan: Medical student contribution

Plan Administrator Type of Administration: Medical student contribution

Plan Administrator Number of Participants: Medical student contribution

Plan Administrator Number of Participants Covered: Medical student contribution

Plan Administrator Number of Participants Not Covered: Medical student contribution

Plan Administrator Number of Participants Covered by Medicare: Medical student contribution

Plan Administrator Number of Participants Covered by Medicaid: Medical student contribution

Plan Administrator Number of Participants Covered by TRICARE: Medical student contribution

Plan Administrator Number of Participants Covered by Other Federal Programs: Medical student contribution

Plan Administrator Number of Participants Covered by State Programs: Medical student contribution

Plan Administrator Number of Participants Covered by Other Programs: Medical student contribution

Plan Administrator Number of Participants Covered by Multiple Programs: Medical student contribution

Plan Administrator Number of Participants Covered by Multiple Programs Covered by Medicare: Medical student contribution

Plan Administrator Number of Participants Covered by Multiple Programs Covered by Medicaid: Medical student contribution

Plan Administrator Number of Participants Covered by Multiple Programs Covered by TRICARE: Medical student contribution

Plan Administrator Number of Participants Covered by Multiple Programs Covered by Other Federal Programs: Medical student contribution

Plan Administrator Number of Participants Covered by Multiple Programs Covered by State Programs: Medical student contribution

Plan Administrator Number of Participants Covered by Multiple Programs Covered by Other Programs: Medical student contribution

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Plan Administrator Number of Participants Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs: Medical student contribution

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Plan Administrator Number of Participants Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Other Programs: Medical student contribution

Plan Administrator Number of Participants Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs: Medical student contribution

Plan Administrator Number of Participants Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Medicare: Medical student contribution

Plan Administrator Number of Participants Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Medicaid: Medical student contribution

Plan Administrator Number of Participants Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by TRICARE: Medical student contribution

Plan Administrator Number of Participants Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Other Federal Programs: Medical student contribution

Plan Administrator Number of Participants Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by State Programs: Medical student contribution

Plan Administrator Number of Participants Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Other Programs: Medical student contribution

Plan Administrator Number of Participants Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs: Medical student contribution

Plan Administrator Number of Participants Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Medicare: Medical student contribution

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Plan Administrator Number of Participants Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Other Federal Programs: Medical student contribution

Plan Administrator Number of Participants Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by State Programs: Medical student contribution

Plan Administrator Number of Participants Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Other Programs: Medical student contribution

Plan Administrator Number of Participants Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs Covered by Multiple Programs: Medical student contribution

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Plan Administrator Number of Participants Covered by Multiple Programs

CASH FLOW - MARKETS - CORE

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Option 1 Business as Usual

Reference	Benefit Name	Discount Rate	Expected Annual Growth (EUR)	Undiscounted Total	Discounted Total
B1	Additional media	Nov-QA-7	0.00	0.00	0.00
B2	Additional employment	Nov-QA-7	0.00	0.00	0.00
B3	Indirect employment	Nov-QA-7	0.00	0.00	0.00
B4	Repeat spending	Nov-QA-7	0.00	0.00	0.00
B5		Nov-QA-7	0.00	0.00	0.00
B6		Nov-QA-7	0.00	0.00	0.00
B7		Nov-QA-7	0.00	0.00	0.00
B8		Nov-QA-7	0.00	0.00	0.00
B9		Nov-QA-7	0.00	0.00	0.00
B10		Nov-QA-7	0.00	0.00	0.00
B11		Nov-QA-7	0.00	0.00	0.00
B12		Nov-QA-7	0.00	0.00	0.00
B13		Nov-QA-7	0.00	0.00	0.00
B14		Nov-QA-7	0.00	0.00	0.00
B15		Nov-QA-7	0.00	0.00	0.00
Total			0.00	0.00	0.00
				Undiscounted Total	0.00
				Discounted Total	0.00

Option 2 Is this the policy that government should implement?

Reference	Benefit Name	Discount Rate	Expected Annual Growth (EUR)	Undiscounted Total	Discounted Total
B1	Additional media	Nov-QA-7	0.00	0.00	0.00
B2	Additional employment	Nov-QA-7	0.00	0.00	0.00
B3	Indirect employment	Nov-QA-7	0.00	0.00	0.00
B4	Repeat spending	Nov-QA-7	0.00	0.00	0.00
B5		Nov-QA-7	0.00	0.00	0.00
B6		Nov-QA-7	0.00	0.00	0.00
B7		Nov-QA-7	0.00	0.00	0.00
B8		Nov-QA-7	0.00	0.00	0.00
B9		Nov-QA-7	0.00	0.00	0.00
B10		Nov-QA-7	0.00	0.00	0.00
B11		Nov-QA-7	0.00	0.00	0.00
B12		Nov-QA-7	0.00	0.00	0.00
B13		Nov-QA-7	0.00	0.00	0.00
B14		Nov-QA-7	0.00	0.00	0.00
B15		Nov-QA-7	0.00	0.00	0.00
Total			0.00	0.00	0.00
				Undiscounted Total	0.00
				Discounted Total	0.00

Option 3 - Full cost build

Reference	Benefit Name	Discount Rate	Expected Annual Growth (EUR)	Undiscounted Total	Discounted Total
B1	Additional media	Nov-QA-7	1,117,000.00	1,117,000.00	1,117,000.00
B2	Additional employment	Nov-QA-7	1,117,000.00	1,117,000.00	1,117,000.00
B3	Indirect employment	Nov-QA-7	1,117,000.00	1,117,000.00	1,117,000.00
B4	Repeat spending	Nov-QA-7	0.00	0.00	0.00
B5		Nov-QA-7	0.00	0.00	0.00
B6		Nov-QA-7	0.00	0.00	0.00
B7		Nov-QA-7	0.00	0.00	0.00
B8		Nov-QA-7	0.00	0.00	0.00
B9		Nov-QA-7	0.00	0.00	0.00
B10		Nov-QA-7	0.00	0.00	0.00
B11		Nov-QA-7	0.00	0.00	0.00
B12		Nov-QA-7	0.00	0.00	0.00
B13		Nov-QA-7	0.00	0.00	0.00
B14		Nov-QA-7	0.00	0.00	0.00
B15		Nov-QA-7	0.00	0.00	0.00
Total			3,351,000.00	3,351,000.00	3,351,000.00
				Undiscounted Total	3,351,000.00
				Discounted Total	3,351,000.00

Option 4 - Full cost build - 20% BCR adjustment

Reference	Benefit Name	Discount Rate	Expected Annual Growth (EUR)	Undiscounted Total	Discounted Total
B1	Additional media	Nov-QA-7	1,117,000.00	1,117,000.00	1,117,000.00
B2	Additional employment	Nov-QA-7	1,117,000.00	1,117,000.00	1,117,000.00
B3	Indirect employment	Nov-QA-7	1,117,000.00	1,117,000.00	1,117,000.00
B4	Repeat spending	Nov-QA-7	0.00	0.00	0.00
B5		Nov-QA-7	0.00	0.00	0.00
B6		Nov-QA-7	0.00	0.00	0.00
B7		Nov-QA-7	0.00	0.00	0.00
B8		Nov-QA-7	0.00	0.00	0.00
B9		Nov-QA-7	0.00	0.00	0.00
B10		Nov-QA-7	0.00	0.00	0.00
B11		Nov-QA-7	0.00	0.00	0.00
B12		Nov-QA-7	0.00	0.00	0.00
B13		Nov-QA-7	0.00	0.00	0.00
B14		Nov-QA-7	0.00	0.00	0.00
B15		Nov-QA-7	0.00	0.00	0.00
Total			3,351,000.00	3,351,000.00	3,351,000.00
				Undiscounted Total	3,351,000.00
				Discounted Total	3,351,000.00

Option 5

Reference	Benefit Name	Discount Rate	Expected Annual Growth (EUR)	Undiscounted Total	Discounted Total
B1	Additional media	Nov-QA-7	0.00	0.00	0.00
B2	Additional employment	Nov-QA-7	0.00	0.00	0.00
B3	Indirect employment	Nov-QA-7	0.00	0.00	0.00
B4	Repeat spending	Nov-QA-7	0.00	0.00	0.00
B5		Nov-QA-7	0.00	0.00	0.00
B6		Nov-QA-7	0.00	0.00	0.00
B7		Nov-QA-7	0.00	0.00	0.00
B8		Nov-QA-7	0.00	0.00	0.00
B9		Nov-QA-7	0.00	0.00	0.00
B10		Nov-QA-7	0.00	0.00	0.00
B11		Nov-QA-7	0.00	0.00	0.00
B12		Nov-QA-7	0.00	0.00	0.00
B13		Nov-QA-7	0.00	0.00	0.00
B14		Nov-QA-7	0.00	0.00	0.00
B15		Nov-QA-7	0.00	0.00	0.00
Total			0.00	0.00	0.00
				Undiscounted Total	0.00
				Discounted Total	0.00

Option 6

Reference	Benefit Name	Discount Rate	Expected Annual Growth (EUR)	Undiscounted Total	Discounted Total
B1	Additional media	Nov-QA-7	0.00	0.00	0.00
B2	Additional employment	Nov-QA-7	0.00	0.00	0.00
B3	Indirect employment	Nov-QA-7	0.00	0.00	0.00
B4	Repeat spending	Nov-QA-7	0.00	0.00	0.00
B5		Nov-QA-7	0.00	0.00	0.00
B6		Nov-QA-7	0.00	0.00	0.00
B7		Nov-QA-7	0.00	0.00	0.00
B8		Nov-QA-7	0.00	0.00	0.00
B9		Nov-QA-7	0.00	0.00	0.00
B10		Nov-QA-7	0.00	0.00	0.00
B11		Nov-QA-7	0.00	0.00	0.00
B12		Nov-QA-7	0.00	0.00	0.00
B13		Nov-QA-7	0.00	0.00	0.00
B14		Nov-QA-7	0.00	0.00	0.00
B15		Nov-QA-7	0.00	0.00	0.00
Total			0.00	0.00	0.00
				Undiscounted Total	0.00
				Discounted Total	0.00

| | | | |

UNMONETISABLE BENEFITS

Back to User Instructions
Back to Model Structure

Reference	Benefit Name	Benefit Description	Applies to Option 0?	Applies to Option 1?	Applies to Option 2?	Applies to Option 3?	Applies to Option 4?	Applies to Option 5?	Applies to Option 6?
UB1									
UB2									
UB3									
UB4									
UB5									
UB6									
UB7									
UB8									
UB9									
UB10									
UB11									
UB12									
UB13									
UB14									
UB15									

NHS Maidstone and Tunbridge Wells NHS Trust

Safeguarding update (Annual Report to Board, including Trust Board annual refresher training)	**Deputy Director of Quality Governance** (representing the Chief Nurse)

The enclosed Safeguarding Annual Report provides the Trust Board with an overview of all safeguarding activities within the Trust.

The purpose is to inform the Trust Board on how the Trust is meeting its statutory duties to safeguard adults and children by preventing and responding to concerns, or risks of abuse, harm or neglect of patients, visitors and staff from April 2020 to March 2021.

The report also provides assurance that Safeguarding activities were maintained during the national and local 'lockdowns' in 2020/21.

All individuals working for the Trust, or engaged by the Trust, have a statutory responsibility for the safety and wellbeing of patients, colleagues and visitors (of all ages) to the Trust. This is a statutory responsibility enshrined in the 'Safeguarding is Everyone's Responsibility' agendas and the Children Act 1989 and the Care Act 2014

The report provides the necessary information for Trust Board members to be feel confident that they will have an awareness and understanding of effective arrangements for the organisational safeguarding activities. Trust Board members are however strongly advised to also undertake the online Level 1 Safeguarding training for adults and children.

The report has been prepared by the Named Nurses for Safeguarding Adults and Children and has had oversight by the Safeguarding Committee.

The key message from the Safeguarding team is that Safeguarding Adults and Children is everyone's responsibility within the Trust.

Which Committees have reviewed the information prior to Board submission?

- Safeguarding Committee
- 'main' Quality Committee, 14/07/21

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

1. Assurance
2. To fulfil the Trust Board's annual safeguarding refresher training

[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

Safeguarding Children and Adults Annual Report 2020/21
Summary / Key points

Maidstone and Tunbridge Wells NHS Trust is fully committed to ensuring that all patients are cared for in a caring safe and, secure environment. The Trust Board takes the issue of safeguarding extremely seriously and receives an annual report on safeguarding children and adult issues. A quarterly Safeguarding Report is presented to the Safeguarding Committee and shared with the Clinical Commissioning Group (CCG).

This is the second joint Safeguarding Annual Report for the Trust Board to consider covering the year 2020/21. This report provides the Trust Board with an overview of all safeguarding activities within Maidstone and Tunbridge Wells NHS Trust (The Trust). It highlights best practice and identifies the extent to which the Trust Board can be assured that the Trust, in partnership with the local authority, police and other agencies are effectively discharging their statutory safeguarding functions for both children and adults.

It will highlight areas where improvements may be required for the Trust, to ensure that there are effective systems in place to safeguard both children and adults both now and in the future.

Where there are joint areas of interest this will be jointly reported and where there are specific requirements for each subject matter, these will be separated out in the report accordingly.

The Trust has a named person at Board level (the Chief Nurse) with executive responsibility for both safeguarding agendas.

The day to day delivery of the Safeguarding Adults agenda is delivered by the Named Nurse Safeguarding Adults with oversight provided by the Deputy Chief Nurse (DCN).

The day to day delivery of the Safeguarding Children agenda is delivered by the Named Nurse for Safeguarding Children and Named Midwife, with oversight provided by the Deputy Chief Nurse and the Divisional Director of Midwifery and Nursing Services (DDMNQ).

The Trust is an active participant with the Kent & Medway Safeguarding Adults Board (KMSAB) and the Kent Safeguarding Children Multi-agency Partnership (KSCMP) and their constituted working groups.

The Trust has a joint Safeguarding Committee which was formed in October 2019 bringing the separate Safeguarding Children and Safeguarding Adults Committees together. It has strategic

responsibility to provide assurance to the Trust Board that the Trust fulfils its statutory responsibilities, highlighting any areas of risk, consider emerging themes and trends, along with national/regional updates in relation to both safeguarding agendas. It promotes a more streamlined approach to Safeguarding and advances the 'Think Family' agenda within the Trust.

The Clinical Commissioning Group (CCG) Designated Safeguarding Nurses for both children and adults are represented on this committee along with Trust senior nurses/matrons, AHP's and medical leads in the Trust.

The committee has a named Non-Executive Director to champion, support and challenge both safeguarding agendas.

Safeguarding activity is underpinned by a suite of learning and development opportunities, in line with national and local guidance. The Trust has access to multi-agency training via the KMSAB and KSCMP's, and on-line training provided by the e-Learning for Health platform. Due to the COVID restrictions no face to face training has been delivered for over 12 months and the Safeguarding team has developed innovative ways of updating and supporting staff.

Safeguarding supervision is provided to the Safeguarding Leads via the Psychology Service at KCHFT on a quarterly basis. Managerial supervision for both Named Nurses is provided by the Deputy Chief Nurse. The Named Nurse Safeguarding Children also has close contact with the Named Midwife who provides oversight on Safeguarding Midwifery issues.

Supervision is provided to front line staff involved in significant or complex cases by the Named Nurses or members of their team. All Safeguarding team members (including the Named Nurses) have access to Supervision via KCHFT on a quarterly basis; this is mandatory.

Maidstone and Tunbridge Wells NHS Trust meets its statutory requirements in relation to Disclosure and Barring (DBS) checks. All staff employed at the Trust undergo a DBS check prior to employment and those working with children undergo an enhanced level of assessment. The Trust has in place a requirement for all staff to have a repeat three yearly DBS check.

The Trust has Named Safeguarding Professionals who lead on issues in relation to the safeguarding of children and adults. They are clear about their roles, have sufficient time and receive relevant support, and training, to undertake their roles, which includes close contact with other social and health care organisations. This complies with the current Working Together Guidelines (2018), The Care Act (2014) and the Intercollegiate Documents (2018 and 2019).

The Trust has an audit programme to provide assurance that safeguarding systems and processes are working. In addition to single agency audits the Trust takes part in multi-agency audits with partner agencies.

The Trust continues to review and challenge its arrangements in order to support safe and consistent practice, adhere to its statutory duties and will respond positively and assertively to any changing guidance and national reviews.

1. PURPOSE

This Safeguarding Annual Report for 2020/21 provides the Trust Board with an overview of safeguarding activities within the Trust

This report identifies the extent to which the Trust Board can be assured that they, in partnership with the local authority and other agencies are effectively discharging their safeguarding functions for both children and adults.

It highlights areas where improvements may be required for the Trust to better ensure that there are effective systems in place for safeguarding activities in the future.

2. INTRODUCTION

This annual report is to inform the Trust Board about how the Trust is meeting its statutory duties to safeguard adults and children by preventing and responding to concerns of abuse, harm or neglect of patients, visitors and staff from April 2020 to March 2021,useful information outside of these time frames will inform the report.

All individuals working for the Trust, or engaged by the Trust, have a statutory responsibility for the safety and wellbeing of patients, colleagues and visitors to the Trust.

The NHS Accountability and Assurance Framework (2019) sets out that NHS Trusts are required to ensure that they have appropriate systems in place for discharging their responsibilities in respect of safeguarding. This report forms part of the Maidstone and Tunbridge Wells NHS Trust Boards assurance processes in respect to its statutory duties and responsibility around safeguarding.

The Section 11 audit (for Safeguarding Children services) submitted in November 2020 recognised that the Trust was able to evidence that it meets all its statutory responsibilities in a robust and accessible manner. The Safeguarding Adults Report to the Kent and Medway Safeguarding Adults Board is due for submission imminently.

The Statutory requirements for Safeguarding include The Care Act 2014, Children's Act (1989/2004), Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and PREVENT (under the Counter-Terrorism and Security Act 2015). The new Domestic Abuse Act 2021 also places responsibilities on staff to ensure that children are safeguarded where all incidents of Domestic Abuse are known or recorded.

3. GOVERNANCE & SAFEGUARDING STRUCTURES

The Trust is accountable to the NHS Kent and Medway Clinical Commissioning Group (the CCG) and reports to the Trust Performance & Quality Committee. Additionally, quality and monitoring for East Sussex CCG, is captured on the Safeguarding Metrics submitted to the CCG as a quarterly report; it is shared with East Sussex accordingly.

The CCG Designated Nurses for Safeguarding are members of the Trust's Safeguarding Committee. The Adult Designated Nurse attends the Safeguarding Learning and Improvement Panels (sub-panel to the Serious Incident panel) in an advisory capacity.

The Trust Executive Lead for Safeguarding is the Chief Nurse, who delegates responsibilities to the Deputy Chief Nurse (DCN) in relation to both adults and children. The Divisional Director of Midwifery and Nursing Services (DDMNQ) has additional responsibility for Safeguarding within Midwifery services.

Operational oversight of safeguarding adults is delegated to the Named Nurse Safeguarding Adults (NNSGA), with operational oversight of the Safeguarding Children's agenda delegated to the Named Nurse for Safeguarding Children (NNSGC).

The Trust Board has a responsibility to ensure that there are policies and processes in place that details the processes to protect both children and adults at risk.

The Trust has separate Safeguarding Policies and Procedures for Children and Adults. Both policies are up to date and reviewed as per the Trust procedures, and when substantial changes are required due to new legislation or guidelines. All policies and procedures are available to staff via the staff intranet.

The Domestic Abuse Policy has recently been published and considers new legislation on Domestic Abuse (Domestic Abuse Act 2021). This policy covers all patients, staff and visitors.

Safeguarding Committee

The Board receives assurance via the Trust Quality Committee, which receives reports, risks and plans to mitigate via the Trust's Safeguarding Committee.

The Trust Safeguarding Committee is a constituted sub-committee of the Trust Quality Committee. It is chaired by the Chief Nurse and has core representation from the Named professionals, Divisional Directors of Nursing and Quality from the directorates (including therapies), Lead Nurse for Dementia Care, Learning Disability Liaison Nurse, Learning & Development and the CCG Designated Safeguarding Nurses.

The Committee has a Named Non-Executive Director (NED) to support and champion both safeguarding agendas.

The committee meets quarterly, in line with the required Safeguarding Quality quarterly reporting mechanisms to the CCG. New Terms of Reference (TORS) have been agreed. Committee members agree that a joint approach to Safeguarding removes the (perceived) divide between adults and children and highlights the close working relationship between adults and children, and the impact that one has on the other.

The purpose of the Safeguarding committee is to implement and monitor the Safeguarding Frameworks and agendas. It has a remit to ensure that Safeguarding training is available for all staff to equip them with the knowledge and skills required to identify adults and children (and the unborn) that may need safeguarding. Training gives staff the skills to take all appropriate steps in response to concerns identified, and to assist in any investigations of those concerns with learning outcomes identified.

The Trust Safeguarding Committee draws its work plan and objectives from both local and national Safeguarding objectives. It is a forum for the review of practice and learning from incidents. Work streams are identified from themes and action plans arising from serious (Safeguarding) incidents, Safeguarding Adults Reviews, Domestic Homicide Reviews and Child Safeguarding Practice Reviews.

The committee provides a forum to support and facilitate feedback and discussion between clinicians, divisions and directorates, and the commissioners. It promotes closer working between the Trust and the CCG and will wish to have a view on the development of Integrated Care Partnerships and Integrated Care Systems.

The internal Safeguarding team review was completed in October 2020. The Children's Safeguarding team were brought into the Corporate Nursing Team and the job descriptions and roles for the Named Nurses for Safeguarding Adults and Children were reviewed and aligned. The role of Named Midwife was undertaken by the Divisional Director of Midwifery, Nursing and Quality. Although the Named Nurses work in close partnership they have individual work streams that are pertinent to their areas and expertise.

They have joint responsibility for:

- Design and delivery of training for both Safeguarding Adults and Safeguarding Children with an emphasis on the 'Think Family' agenda; also includes training on the principles of the Care Act (2014), the role of the lead agency, application of the Mental Capacity Act (2005), Domestic Abuse, PREVENT (under the Counter-Terrorism and Security Act 2015), Exploitation and FGM
- PREVENT – both Named Nurses are Home Office approved trainers for the PREVENT agenda
- Domestic Abuse – includes training, policy updating and support of staff & patients who are victims of Domestic Abuse; also includes developing the links with ED and local Domestic Abuse services

The Named Nurse Safeguarding Adults has individual responsibility for:

- Policy and procedure development and review, ensuring that Trust policies are in line with both the Care Act (2014) and the Kent & Medway Safeguarding Adults Policy and Procedures; also - MCA, Consent, DOLS (to include Liberty Protection Safeguards) and Physical Restraint.
- Mental Capacity Act Lead for the Trust, which includes the Deprivation of Liberty Safeguards agenda.
- Internal Management Review (IMRs) - author of IMRs in response to requests for the preparation of Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs)
- Represents the Trust at KMSAB sub-groups
- Attends and chairs the Heath Reference Group (A) meetings
- Attends the Mental Capacity Act Local Implementation Network (MCA LIN).
- Oversees the Learning Disability agenda and Line Manages the Disability Liaison Nurse
- Safeguarding supervision: provides supervision to staff involved in complex or serious safeguarding cases.

The Named Nurse for Safeguarding Children leads on the key areas of work necessary to safeguard children at risk. These include:

- Named Nurse for Children in Care – responsible for ensuring that the Trust recognises the uniqueness of a child who is (or has been) in care and ensures that the appropriate support is available, and that local and national policies and guidelines are followed
- Policy and procedure development and review in line with the current legal frameworks applicable to children
- Agency Author for Child Safeguarding Practice Reviews and Domestic Homicide Reviews that involve a child
- Represents the Trust at (amongst others) Kent and Medway Exploitation Group, Health Reference Group, and the Suicide Prevention Network (co-chair); the Named Nurse will also deputise for the Executive Lead for Safeguarding as requested.
- Safeguarding supervision: provides mandatory supervision to those staff identified as requiring it (e.g. Paediatric staff, NICU and ED staff); also provides supervision and debriefs to staff involved in complex or serious safeguarding cases.
- Ensures that all processes for reviewing Child Death are adhered to (in conjunction with the Named Doctor for Child Death)
- Line manages the Safeguarding Children Nurse Specialists,
- Safeguarding Audits in the Paediatric Department
- Coordinates the discharge of children who have complex and/or Mental Health needs within the trust

The Divisional Director of Midwifery, Nursing and Quality took on the Named Midwife role in October 2020 and leads on the key areas of work necessary to safeguard the service users within Obstetrics. The Named Midwife delegates operational duties and line manages the Deputy Named Midwife and the Safeguarding Midwife.

4. COVID AND SAFEGUARDING

The COVID pandemic and subsequent government restrictions have meant that the Trust has had to develop new and creative ways of working to ensure that business continuity was maintained. Safeguarding was no different and had to adapt very quickly to an ever-changing NHS environment.

The Safeguarding team faced a number of challenges in its own right with team members on long term sick leave and staff shielding at home. The team established a plan to prioritise work streams with the safety of all patients being the highest priority. The Safeguarding team were very

proactive in understanding the huge challenges that staff faced and implemented a plan to support staff across the two main sites; this included:

- Daily calls to wards to offer support and to identify any patients that may have need for Safeguarding – including Domestic Abuse victims, 16-17 year olds on adult wards and children with Mental Health needs
- Working closely with the Paediatric areas and clinicians to redesign services and raise the admission age to Hedgehog to 18 and transfer Paediatric ED services to Woodlands.
- Sign posting staff to e-learning
- Supporting staff to complete any KASAF's or referral to Children Social Services to ease workload
- Supporting staff to complete DOLS applications

The plan was well received and it had been noticeable how proactive staffs are about approaching Safeguarding concerns and what actions to do.

The team was able to employ a second [interim] Safeguarding Midwife to help with Safeguarding Midwifery agenda and extra hours were offered to Safeguarding Nurse Specialists to enable them to cover the increased workload.

As the Trust moves out of restrictions and moves into a new normal way of working the Safeguarding team will continue to support departments as before. Training will remain on-line (see below) with some face to face as required.

5. INTERAGENCY PARTNERSHIP WORKING

Both the Named Nurses for Safeguarding Adults and Children are proactive in working with a variety of external partners in delivering the Safeguarding agenda across Kent and Medway. We have close ties with our partners in other provider and commissioner organisations and the Local Authority. As the NHS moves towards Integrated Care Partnerships (ICP) and Integrated Care Systems (ICS), alongside established Primary Care Networks (PCN) the need for closer working will be self-evident. No longer can individual teams work within narrow confines; we all need to have a view on the bigger picture and how we can contribute to that world view. Safeguarding needs to be joined up between partners with clear information sharing and an understanding of the role of partners. Kent has a clear vision of what partnership working looks like and clear procedures for challenging any deviation from this normal.

The Local Authority (Kent County Council - KCC) is the lead agency for investigations into Safeguarding concerns. KCC (and East Sussex County Council - ESCC) assume responsibility for triaging all referrals and ensuring learning outcomes are shared as needed.

Health providers and commissioners in Kent and Medway attend the Health Safeguarding group (HSG) to enable debate and information sharing between organisations. This attended by the Chief Nurses from across Kent. The Kent and Medway Health Reference Group feeds into the HSG. These fora are for Named Nurse Professionals to meet and share information, develop guidelines and raise concerns to the HSG. The HSG (Children) is chaired by the CCG, the HSG (Adults) is chaired by the MTW Named Nurse for Safeguarding Adults.

The Named Nurses attend county wide forums including -

- KMSAB and KSCMP sub-groups
- Named Nurse Safeguarding Adults attends and chairs the Health Reference Group (Adults)
- Named Nurse Safeguarding Adults Attends the Mental Capacity Act Local Implementation Network (MCA LIN).
- The Named Nurse Safeguarding Children Represents the Trust at (amongst others) the Kent and Medway Exploitation Group, Health Reference Group, and the Suicide Prevention Network (co-chair); the Named Nurse will also deputise for the Executive Lead for Safeguarding as requested

Safeguarding Adults

The Kent and Medway Safeguarding Adults Board (KMSAB) is a statutory board which exists to make sure that all member agencies are working together to help keep Kent and Medway's adults safe from harm and protect their rights. The Chief Nurse (as Executive Lead for Safeguarding) attends the board. The DCN will attend in their absence.

The KMSAB has a number of sub-groups to ensure a consistent approach across Kent in relation to quality assurance, learning & development, practice, policy & procedure and Safeguarding Adults Reviews (SARs). The Named Nurse Safeguarding Adults attends on behalf of the Trust.

Section 42 of The Care Act (2014) mandates that every Local Authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom. The Local Authority (KCC) has an escalation process which enables practitioners, at any and every level, to escalate a concern or query if they feel the response to a request for a Section 42 enquiry has been inappropriate or untimely.

The Named Nurses liaise with safeguarding professionals in East Sussex. Where there are concerns for adults, Trust staff are encouraged to raise safeguarding alerts for community investigations for East Sussex to consider. East Sussex Adults Social Care accepts the Kent Safeguarding Alert Form (KASAF) which Trust staffs are confident to complete. Where allegations are raised regarding care provided by the Trust, for those ordinarily resident in East Sussex, this is dealt with using the Kent and Medway procedures.

The Trust works collaboratively with the Local Authority Safeguarding Teams and the CCG Designated Nurses. This partnership working is highlighted in the work of the Trust Safeguarding Learning and Improvement Panels. This is a multi-agency panel that hears the investigation reports into hospital safeguarding incidents involving anyone over the age of 18. Learning from this panel is shared Trust-wide. This forum allows the Local Authority to share learning wider with our community colleagues in Care Homes and Domiciliary Provider agencies etc. The Panels enable staff to be clear about the requirement for including the patient and the referrer in the investigation process and ensuring that the outcome of investigations is communicated to them. This process fits well with the Making Safeguarding Personal (MSP) agenda which is embedded within the Trust.

All applications for a Deprivation of Liberty Safeguard (DoLS) for any resident of Kent or East Sussex must be sent to the appropriate office in the relevant county.

Safeguarding Children

The Safeguarding Children team has a close relationship with our Local Authority partners in both Kent and Medway and East Sussex. The Safeguarding Children team (including Safeguarding Midwives) attend Child Protection Conference's and Strategy Meetings across the Local Authority areas and are a key partner is developing Child Protection Plans for our most vulnerable children and the unborn child.

The Named Nurse Safeguarding Children has close working relationship with her counterparts in EKUHFT, MFT and ESCH and regularly meets with them to share information and learning. The Named Nurse works closely with the CCG Designated Nurses and co-chairs the Kent Suicide Prevention Network with a Designated Nurse.

The Named Nurse Safeguarding Children supports practitioners to challenge decisions made by the Local Authority if there is professional disagreement. The Kent and Medway escalation process is clearly laid out and staffs are encouraged to use this framework if they feel an inappropriate decision has been reached. It is important that staff feel able to challenge decisions as this empowers staff in their decision making and serves to highlight the important role that health has in Safeguarding.

6. OVERSIGHT AND SCRUTINY

a. Disclosure and Barring (DBS) checks.

The Trust meets its statutory requirements in relation to Disclosure and Barring (DBS) checks – all staff employed at the Trust undergo a DBS check prior to employment and those working with adults at risk and children undergo an enhanced level of assessment. All staff are currently having their DBS checks renewed as per national policy

b. Self-Assessment Framework (SAF)

The Trust undertakes a self-assessment against the core standards on an annual basis. The SAF has been developed by the KMSAB and includes a mechanism of peer review to validate the assessment outcomes. The peer review is then reported to the Quality Assurance Group, a sub- group of the KMSAB. The Trust scored positively overall in the 2019 exercise.

A SAF has been completed for this reporting period. This has not yet been peer reviewed but the Trust has identified two areas that require improvement.

Requirement	Action
1. How does your agency identify people who may have challenges transitioning between services and what is in place to manage and support this?	a) All Patients who have complex, long-term health conditions will have a Lead Practitioner (named worker) to assist with the transition from paediatric to adult's services in the Trust (up to the age of 25 years); policy to be written and agreed
2. How does your agency consider the potential increased vulnerability of previously adults who were known to designated as a Child in Care, in provision of care	b) Child in Care guidance to be included in guidance for staff to enable them to make reasonable adjustments to provide individualised care to patient's document.

c. Section 11 Audit –

Section 11 of the Children Act (2004) places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. The S.11 report for Maidstone and Tunbridge Wells NHS Trust was submitted in November 2020; the KSCMP noted that there was nothing to query the Trust on and no concerns identified.

d. Was Not Brought

The Trust has a process in place for following up children who are not bought to outpatient appointments within any speciality to ensure their care and health is not affected in any way. The Named Nurse Safeguarding Children follows up on children not brought to appointments and liaises with Health Visitor team, GP's and the Local Authority (if needed).

e. Flagging Systems in Place for:

- Children who are subject to a child protection plan. The Trust has implemented the national Child Protection Information Sharing System (CP-IS) in the ED. The trust has further implemented the national FGM-IS.
- Children who are designated as a Child in Care
- People with a Learning Disability
- People with a diagnosed dementia

f. Training Design and Delivery

All eligible staff are required to undertake relevant Safeguarding training; this is regularly reviewed to ensure it is up to date and fit for purpose. The Trust has a training strategy in place with regard to delivering safeguarding training. All Safeguarding Children training is in line with the current Intercollegiate Document (2019) and highlights emerging themes as highlighted by NHSE. All Safeguarding Adults training is commensurate with the Adult Intercollegiate Document (2018).

The Safeguarding team have adopted a more collaborative approach to training with joint training delivered by the Safeguarding Adults and Safeguarding Children specialists. This approach has focussed on the 'Think Family' agenda recognising the overlap between the adult and children safeguarding agenda.

Training and COVID

Due to the constraints imposed by the lockdowns in 2020/21 the Safeguarding team developed new ways of delivering training. As no face to face training was available there was a greater reliance on using on-line or e-learning training. Staffs have provided positive feedback on this way of delivering training and the aim is to continue to offer this with bespoke Safeguarding masterclasses for staff.

The Safeguarding team will continue to offer small class sessions for discreet staff groups to build confidence and raise the profile of the Safeguarding team.

The Trust has invested in a Virtual Reality (VR) training package for Safeguarding and this will form part of the training offer from late 2021

Despite the absence of face to face training it is encouraging that training compliance was maintained or raised.

Safeguarding Children compliance	
Level 1	92.8%
Level 2	89.1%
Level 3	79.5%
Level 4	100%

Safeguarding Adults compliance	
Level 1	94.1%
Level 2	91%
Level 3	Not reported
Mental Capacity Act (2005)	95.0%

Work is ongoing with the Learning and Development Department to capture the numbers of staff attending the Level 3 Safeguarding Adults Training and the NNSGA continues to develop innovative ways in which this can be delivered in the Trust i.e. recorded webinars for Safeguarding Adults, MCA and DOLS, Q&A sessions for staff to engage with the Named Nurse for Safeguarding Adults, use of e-LfH platform for the Level 3 training [going forward]. Learning and Development will be reporting on the compliance as we move into 2021/22.

g. Care Quality Commission

There is regular liaison with the CQC Liaison Officer by the Trust (Deputy Chief Nurse) on a monthly basis, where any safeguarding concerns may be addressed. To date, the Trust has always been able to answer any external question in a timely manner having already initiated an investigation or having completed the investigation and awaiting final closure with the Local Authority.

There has not been a formal CQC Inspection during 2020/21

7. QUALITY AND SAFEGUARDING

7.1 Mental Capacity Act (2005)

The lead for the Mental Capacity Act (MCA) within the Trust is the Named Nurse for Safeguarding Adults. She will be supported by the new MCA/DOLS/LPS Practitioner who will come into post in mid-2021.

The Mental Capacity Act work stream has been developing strategies and tools to enable to document capacity assessments when working with patients who have a cognitive decline. The aim is to deliver patient care safely, in the right place and in the correct manner, at all times; this safeguards patients from being harmed in the first place. Whether we're

looking after our patients, or supporting our staff, the aim is for everyone to have the best possible experience with us.

The Trust has a dedicated Consultant Physician who supports this ongoing work across the Trust with his consultant and medical colleagues.

- This project is ongoing and will be so until after the implementation of the Liberty Protections Safeguards in 2022; its aim is to raise the profile of Mental Capacity Act (2005) assessments and how these can be embedded into every day practice
- MCA E-Hub is now published on the Trusts Learning and Development (L&D) platform for staff to access
- Audits continue to evaluate the application of Mental Capacity Act (2005) assessment into practice and evaluate the quality of assessments
- Action plans about applying the MCA have been ward focused
- A lead MCA/DOLS/LPS Practitioner has been appointed
- The Named Nurse Safeguarding Adults has developed Webinars and Q&A sessions on the L&D platform for staff to access on the application of the Mental Capacity Act (2005)

7.2 Safeguarding Children

An audit into the use of Child Protection Medical Forms will be progressed in summer 2021. This will look at the quality of assessments and Consultant Paediatrician use of the forms. The Named Nurse has worked with both the Consultant Paediatrician's and the Local Authority to improve and streamline the process for carrying out Child Protection Medical's, recognising the importance of robust assessments which add to the safety of a child.

8.0 SAFEGUARDING REFERRALS AND INVESTIGATIONS

8.1 ADULTS

All KASAFs raised by Trust staff whether about Hospital practice or alleged events in the community are shared with the Named Nurse Safeguarding Adults. The referral documents are reviewed for quality and feedback given to staff members where required.

The Trust works collaboratively with the Local Authority Safeguarding Teams and CCG Designated Nurses. The Safeguarding Learning and Improvement Panels are testament to this collaboration. The Names Nurse for Safeguarding Adults coordinates this panel and liaises with the directorate level investigators to ensure appropriate support is offered.

This local multi-agency approach to review the investigation allows for open debate with the opportunity to agree the best way to involve the individual and to feedback on findings. It is also considered to be an effective learning opportunity for staff to fully understand the requirements from the Local Authority when carrying out a Section 42 Enquiry. This approach allows for prompt closure of hospital KASAF's with the Local Authority and ensures a robust level of oversight by both the Deputy Chief Nurse and the Local Authority Safeguarding Adults Coordinator.

The focus for 2020/21 has been on effectively screening KASAF's that have been raised about hospital practices especially in relation to Pressure Ulcers. It became apparent that some outside agencies were raising KASAF's as an incident reporting mechanism and not using the current national guidance framework - *National Guidance – Pressure Ulcers and the Interface with a Safeguarding Enquiry* (HM Government 2018). The KMSAB has adopted this national guidance and expects all providers to do the same.

The Named Nurse Safeguarding Adults has built robust lines of communication with both the Local Authority and Nursing Home Managers about the effective use of this tool. It has highlighted that not all hospital acquired Pressure Ulcers will meet the threshold for a Section 42 Enquiry to take place. Trust staffs are also made aware of the national guidance when raising a KASAF about Pressure Ulcers acquired in a community setting.

The Trust positively encourages staff to seek safeguarding advice from the Local Authority and the police. Trust staffs do not require permission to escalate their concerns outside of the organisation and the Trust upholds an open and honest approach to learning from all referrals received and made. Safeguarding referrals are raised around hospital related incidents, complaints and disciplinary issues, and for issues of concern noted to have arisen in the community. (These are to notify the Local Authority where Trust staff assess that a concern meets the threshold for a Section 42 Enquiry to be undertaken by the Local Authority).

The Named Nurse Safeguarding Adults supports all investigations with Senior Nursing staff, supporting the safeguarding agenda, and either undertaking or overseeing the hospital safeguarding related investigation. Themes and trends are highlighted to the Safeguarding Committee and learning is disseminated throughout the Trust in a variety of ways – staff intranet, corporate emails and by traditional learning means. The aim is to learn, never repeat and improve the quality of care. Trust practitioners are keen to learn lessons when the patient journey has not been as event free as it should have been. Following all investigations staff will usually find areas where practice could have been improved and will

share that learning across the Trust so that practice can be improved. These lessons are shared quickly and widely through the Trust.

Day to day safeguarding activity is overseen by the Directorate Matrons, and front-line clinical staff with guidance, advice and support provided by the Named Nurse Safeguarding Adults.

Supervision for staff involved in complex or serious safeguarding cases is provided by the Named Nurse Safeguarding Adults.

Given the constraints of the last 15 months it is important to note that Trust staffs have continued to uphold the importance of responding to and raising concerns in relation to suspicions of abuse. As restrictions will continue COVID will impact on Safeguarding throughout 2021 leading into 2022 and the Safeguarding team will continue with the current high level of support to all areas.

The number of safeguarding alerts has decreased in 2020/21 from the previous 12 months

2019-2020	120 Safeguarding alerts
2020 – 2021	117 Safeguarding alerts

The quality of KASAF's raised remains good and they are quality checked by the Named Nurse for Safeguarding Adults upon receipt. There has been a minimal number reviewed that did not met the threshold for a Section 42 Enquiry; feedback was given to staff about this.

Trust staff have continued to complete timely investigations into KASAF's raised about our practice.

- 2020 – 2021 - 72 KASAF's raised about practice; this is decrease from 2019-2020
- Of the KASAF investigations that have been discussed at the Safeguarding Learning and Improvement Panel: -

58.33%	Have **not** been upheld
13.88%	Have been upheld
1.38%	Have been partially upheld
5.55%	No further action under safeguarding and closed outside of panel
5.55%	There was insufficient evidence
15.31%	Are yet to be heard at panel

Key Themes and Learning –

- Community colleagues, especially from care homes, are not using the KMSAB adopted National Guidance (Safeguarding Adults Protocol Pressure Ulcers and the interface with a Safeguarding Enquiry) to report Pressure Ulcers; they continue to raise a KASAF citing neglect;
- Differences of professional opinion regarding the categorisation of Pressure Ulcers
    - Work continues with our Social Care Colleagues to ensure this is completed prior to accepting a safeguarding referral
    - Work continues with referrers from Care Homes to promote the use of the National Guidance
    - Work continues with staff to ensure that they categorise Pressure Ulcers correctly
    - Work continues with staff to remind them to complete (and retain a copy of) the discharge Transfer of Care form fully with a body map when required
    - Staff need to initiate preventative measures before a patient's skin condition deteriorates
- Discharge processes have on occasions left patients at risk
    - Improve communication between ED and external agencies, families and care facilities
    - Ensure Care Packages can be recommenced prior to discharge
    - Improve documentation of conversations had with external practitioners

- Physical Restraint
    - All Staff to attend conflict resolution training.
    - Bespoke training in MCA / DoLS and Restraint to be provided to ensure all staff are confident and competent in the relevant policies and procedures and documentation. This was completed with staff on the ward.
    - Ensure staff are aware of the need to escalate to site practitioner +/- security.
    - To ensure staff are all familiar with DATIX reporting and when and how to report incidents.
    - To ensure staff are aware of their responsibilities to complete clear and accurate documentation

It is clear that the Safeguarding agenda and statutory duties are well understood by Trust staff and have become a natural part of staff's everyday operational practice. Learning from incidents helps to inform practice.

8.2 CHILDREN

Safeguarding Children activity has increased in the 2020-2021 reporting period. This is despite national lockdowns and a drop in the number of children being physically seen in ED and inpatient and day patient areas.

Maidstone and Tunbridge Wells NHS Trust submitted 504 referrals to Children's Specialist Services (Kent and East Sussex) in the 12 months from April 2020-21. This represents a 71.4% increase from the previous 12 months. Referral rates had stared to rise in the early part of 2020 with a 38% increase noted from January-March 2020. It is noticeable that 50% of the referrals were submitted by the ED with Midwifery being the next biggest referrer. The increase in the referral rate is all the more significant given that the UK was covered by COVID restrictions; the number of children seen in ED saw an increase from 40,147 to 59,576.

An analysis of why referrals are being made shows that the majority are related to the Mental Health concerns of both adults and children. The data shows a 50% increase in referrals for these reasons. However, by far the most significant increase is due to Domestic Abuse: Q1 showed a 400% increase in referrals. This mirrors the national picture of rising rates of Domestic Abuse reported during the first and second lockdowns (see 9.0 Domestic Abuse). One theory for the rise in Domestic Abuse reporting is that victims had the space to disclose, and felt safe to disclose, due to visiting restrictions in ED during 2020. The restrictions allowed victims to be more open and they had the freedom to disclose without possible consequences.

As a team the quality of the referrals are reviewed. We provide training on 'how to make a quality referral' and staff are encouraged to get referrals reviewed by safeguarding practitioners prior to submission.

The Safeguarding Children team attend Child Protection Conference's for high risk children known to the Trust to support staff whose experience in Safeguarding may be limited. We support staff to provide high quality reports for Child Protection Conference's; the Named Nurse will also attend conferences as time permits.

Currently the Local Authority has 1226 children subject to a Child Protection Plan – the Trust flags these children on our IT systems. We also flag known Children in Care and other high-risk children, including those that are frequently missing or display high risk behaviours.

Serious Case Reviews/Child Safeguarding Practice Reviews –
The trust submitted a report to East Sussex following the sad death of a 10-week-old baby. There were actions for the Trust in relation to hold Discharge Planning Meetings for complex children and signposting parents to support if they had been a Child in Care; publication of the final report had been delayed due to criminal proceedings. These have been concluded with the sentencing of the father to life imprisonment for murder. The Serious Case Review will be published in June 2021.

Perplexing Presentations/Fabricated and Induced Illness (PP/FII)
In February 2021 the Royal College of Paediatrics and Child Health published revised guidelines on PP/FII. This guidance updated and widened the definitions of Fabricated and Induced Illness (FII), Perplexing Conditions (PP) and Medically Unexplained Symptoms (MUS). This will be promoted and included within training during the next year.

The new guidelines can be found via the following link –
file://mtwdata/Home/Downloads/Perplexing-Presentations-FII-Guidance.pdf

9.0 CHILD DEATHS

The new Child Death Review Guidance set out the full process that follows the death of a child who is normally resident in England. It builds on the statutory requirements set out in Working Together Guidelines (2018) and clarifies how individual professionals and organisations across all sectors involved in the child death review should contribute to reviews. The guidelines place a responsibility on all organisations to improve the experience

of bereaved families, and professionals involved in caring for children. They also ensure that information from the child death review process is systematically captured in every case to enable learning to prevent future deaths. The new arrangements are in place in Kent.

The Trust is fortunate in that there are very few child deaths. Sadly 12 children known to our services passed away in the reporting period. The majority were due to complex health needs or life limiting conditions.

Three babies (under 6 months old) were reported as having passed away; a theme for all three babies was co-sleeping. The Named Nurse Safeguarding Children and Safeguarding Midwives are working with the maternity teams, CCG and external partners to raise the profile of 'safe sleeping' advice and reduce the risks to babies.

Sadly, we saw the death of a 17 year old from suicide. The Safeguarding Children Partnership has highlighted the effects of COVID on the Mental Health of adolescents and has established a Suicide Prevention Network which is co-chaired by the Named Nurse Safeguarding Children.

10.0 DOMESTIC ABUSE

In April 2021 The Domestic Abuse Act received Royal Assent and became law. There is a revised definition of Domestic Abuse –
'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regarding of gender or sexuality'.

Throughout the Covid 19 public health emergency, domestic abuse was recognised as an issue through the Equality Impact Assessment carried out by NHS Safeguarding – this is highlighted in forms of domestic abuse such as honour based abuse and adolescent to parent/carer abuse. It is clear that NHS Safeguarding need to further explore these nuanced forms of domestic abuse in order to recognise, respond and refer appropriately. They will be producing 'rapids reads' on the types of domestic abuse to address this issue.

The Trust ratified a new Domestic Abuse policy in 2021 which takes into account the new legislation. We have a cohort of staffs who are trained to carry out DASH assessments and they make timely referrals to MARAC. It is anticipated that a Hospital Based Independent Domestic Abuse Advisor (HIDVA) Service will be commissioned in late 2021 to support victims who present in ED.

11.0 CHILDREN WITH MENTAL HEALTH NEEDS

Within this Trust it is apparent that an increasing number of children are being admitted with Deliberate Self-Harm (DSH) and overdoses. Staffs are ill-prepared for the risk that these children pose to themselves and struggle with the limited services provided by CAMHS. There are huge challenges in supporting admission to a tier 4 Mental Health bed; often this can take up to 4 weeks. This leaves very vulnerable children on an acute Paediatric ward receiving Mental Health care from agency RMN staff.

In 2019 the Trust admitted 130 children with Mental Health needs to Hedgehog; this rose to 163 in 2020. Between January and March 2021 58 children alone were admitted. Mental Health needs cover a wide spectrum but the majority of children are admitted in crisis resulting from anxiety-based conditions or eating disorders. In 2019 the Trust admitted 14 children with eating disorders; this rose to 31 in 2020. In the first 3 months of 2021 we admitted 21 children. This upward trend has continued into the second 3 months of 2021 with no anticipated reduction. On average we have 2 children/week receiving care for an eating disorder on Hedgehog. We are fortunate to have a dedicated Paediatric Dietitian, a CAMHS Liaison Nurse based on Hedgehog, and a very close working relationship with the Eating Disorder Service at NELFT.

The Trust has a robust care pathway and risk assessments for these children. Staffs are supported by both the Lead Paediatric Matron and the Named Nurse Safeguarding Children. Both work closely with the CCG, CAMHS, NHSE (as the 'bed manager' for tier 4 beds) and Children's Social Care to ensure appropriate care for these children is given.

For all children admitted in a Mental Health crisis receive a daily CAMHS assessment. A weekly meeting is held with CAMHS to ensure that there are robust care plans in place and a Discharge Planning Meeting is held for the majority of children.

The Named Nurse Safeguarding Children holds multi-agency case reviews for a small number of children who require extended admission due to Mental Health concerns. These have highlighted the lack of beds available for our children (particularly in the south-east) and the lack of 'joined up' working. As described above we now hold weekly meetings with our CAMHS provider (NELFT) and are proactive (from day 6 of admission) in raising to both NELFT and the CCG children who may find themselves 'stranded' on Hedgehog due to a lack of appropriate services. This has resulted in a much closer partnership between Community and acute services and creative ways of looking after these very sick children. We place a high emphasis on treating Mental Health needs in the same way as physical

needs. It is hoped that a second CAMHS Liaison Nurse will be commissioned, with NELFT also providing more intensive support to the Trust.

A new volunteer service to support children in ED with Mental Health needs will start in autumn 20201. This will be provided by a charity called EMERGE. They have vast experience of supporting children in an ED environment and aim to prevent admission. They work with the CAMHS crisis team to build a plan of support for the child and will follow up in the community for up to 3 months after presentation.

12.0 MENTAL CAPACITY ACT (MCA) 2005 AND DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

12.1 Mental Capacity is the ability to make a decision. Capacity can vary over time, and according to the decision to be made.

The Mental Capacity Act (2005) sets out statutory responsibilities which apply to everyone who works in health and social care who are involved in the care and treatment or support of people over the age of 16 years In England or Wales.

The Trust is keen to uphold patients' rights to autonomy. Where a patient's ability to make their own decisions is impaired the Trust has good practice examples of practitioners upholding their previous wishes, values and beliefs by way of Best Interest approaches to decision making.

The Named Nurse for Safeguarding Adults has built an MCA E-Learning Hub. This resource is available for staff to further their knowledge about applying the Mental Capacity Act into their practice, and is available on the Trusts L&D platform. Webinars have also been recorded at Level 3 for Safeguarding Adults, MCA and DOLS for staff to access. Staffs have access to the E-Learning for Health (e-LfH) platform and can access Safeguarding Adults, MCA and DOLS training, at different levels, via Trusts L&D Platform.

The Trust's Learning Disability Liaison Nurse assists Trust staff to creatively think about how they can make reasonable adjustments in order to enable people with a learning disability to access our services

12.2 Deprivation of Liberty Safeguards and Liberty Protection Safeguards

DOLS applications have increased to 537 in 2020 – 2021 (301 in the previous 12 months) Again, this indicates that staffs are proactively safeguarding adults. No DoLS were applied for 16 and 17 year olds.

The Deprivation of Liberty Safeguards (DoLS) framework forms part of the Mental Capacity Act (2005). If a patient in the Trust lacks capacity to make the decision to be in hospital and meets the 'Acid Test' (as set out by The Supreme Court in 2014) then a DoLS application will need to be made to the Local Authority who will then authorise the application.

The Supreme Court clarified that there is a deprivation of liberty, for the purposes of Article 5 of the European Convention on Human Rights, in the following circumstances -

- The person is under continuous supervision and control **and**
- Is not free to leave, **and**
- The person lacks capacity to consent to these arrangements

The Supreme Court held that factors which are NOT relevant to determining whether there is a deprivation of liberty include the person's compliance or lack of objection and the reason or purpose behind being in hospital.

The DoLS Office triages all requests and should take action within specified time frames. However, it continues to be unclear how many applications are converted to an authorised DoLS. This issue has been raised with the KMSAB and has become a standing agenda item.

The Trust achieves excellent compliance with MCA training and DoLS (95%). However, documentation audits have highlighted that the application of the Mental Capacity Act (MCA), into practice could not always be evidenced. This does not necessarily mean that MCA principles are not being applied, but it is rather a failure to explicitly evidence the approached used to determine capacity within the health care records.

The Named Nurse Safeguarding Adults is the MCA Lead and has been focussing on making improvements to Mental Capacity assessments. this will continue to be an area of focus for the Trust.

A Consultant Physician takes a lead role in furthering this work with medical colleagues and a Lead practitioner for MCA/DoLS has been appointed.

The Trust has separate Mental Capacity Act and Deprivation of Liberty Safeguards Policies. Further refinement will be required when the new Liberty Protection Safeguard (LPS) framework is given legal status. This is expected to be in 2022. The new framework means that each individual Trust will be responsible for authorising their own LPS and for ensuring that all legal requirements are adhered to. Further information will be shared once there is updated information from HM Government.

12.3 Best Interest Meetings

Best Interest Meetings following a capacity assessment take place across the Trust; the most complex of these are chaired by the Named Nurse Safeguarding Adults. When a person with a Learning Disability is involved these are chaired by the Learning Disability Liaison Nurse. Less complex Best Interest Meetings are chaired by a senior member of the team with the appropriate level of knowledge and skills. These meetings have similarly highlighted the need for staff to improve how they document capacity and its implications on consent and decision making.

13.0 MIDWIFERY SAFEGUARDING

The Divisional Director of Midwifery, Nursing and Quality took on the Named Midwife role in October 2020 and delegates operational duties and line manages the Deputy Named Midwife and the Safeguarding Midwife.

There are two Safeguarding Midwives in the Trust who provide the daily operational delivery of the Safeguarding service to the Midwifery teams in the acute and Community. With the increase in the number of women booking at the Trust for maternity services (up 24% on 2019/20) this has resulted in an increase in support that the Safeguarding Midwives offer. Their work is overseen by the Named Midwife and the Named Nurse Safeguarding Children.

A multi-agency Maternity Hub is held in 4 areas (Maidstone, Tonbridge and Malling, Sevenoaks and Tunbridge Wells, and Wealden) for Midwives to discuss any women of concern. Referral to the hub may precede any referral to Children Social Services. An action for each woman will be developed which will be reviewed regularly. The hubs are held bi-monthly and attended by Children Social Services, Health Visitors, Midwives and the Safeguarding Midwife. It is difficult to make a comparison of this reporting year as compared to the previous because no hubs were held from April to November 2020; this was due to lack of capacity/resources within the Safeguarding Children team as the Safeguarding Midwife was on long term sick leave. However, it is noticeable that for January to March 2021 there was an increase in the number of women discussed as compared to the same period in 2020 – 68 families compared to 50.

Midwives generate a Concern and Vulnerability Form (C&V) for all women with a known or perceived vulnerability; this could be because of Domestic Abuse, Mental Health needs, historical Children Social Services involvement, or a history of being a Child in Care. In April 2021 9.2% of all bookings had a C&V form generated, this is in comparison to 7.8% for April 2020. These forms are uploaded to the maternity IT system (E3) and are shared with the Community Health Visitor teams. They are a valuable source of information for all professionals working with these families.

The Trust has seen a further increase in women booking for maternity services who do live in our traditional catchment area. This increase has resulted in a 3 month embargo on further 'out of area' bookings. The Safeguarding Midwives has recorded a 35% increase in safeguarding alerts for these 'out of area' women which have increased workload.

All Community Midwives receive mandatory Safeguarding Supervision from the Safeguarding Midwives. Compliance is excellent with 100% of Community Midwives with a caseload accessing Supervision from January to March 2021. Again, due to resourcing Supervision was limited in 2020 but any Midwife requiring support was able to access a Safeguarding Nurse Specialist or the Named Nurse Safeguarding Children during mid to late 2020.

Following the increase in the number of Safeguarding Midwives available workload has increased – attendance at Child Protection Conference's is higher (to support junior Midwives) with excellent Supervision compliance. The team continue to monitor information sharing between professionals (particularly between a GP and Community Midwife) and are looking at new ways of sharing information safely to enhance care. The team have been proactive in increasing their visibility to hospital based Midwifery team and 'visit' the inpatient areas daily. They will support the hospital based Midwives with complex cases particularly if there is Children Social Services involvement or a baby is to be placed in foster care.

A new complex case meeting has been initiated. This is led primarily by Safeguarding but reaches out to the Maternity Risk team, the Maternity Matrons and the Peri-Natal Mental Health team. The function of this meeting is to ensure that complex cases are discussed and a plan is in place before the patient delivers. As it is a new forum there is no comparison to the previous reporting period; however it has been well received by all participants.

14. PREVENT

The Prevent Duty is a set of definitions and responsibilities approved under the Counter-terrorism and Security Act 2015 which sets out duties for specific authorities.

PREVENT training focuses on the identification of vulnerable people who are (or maybe) at risk of radicalisation.

The Trust has met the PREVENT training standard for Basic Awareness and achieved 93.5%. Face to face WRAP Training has not been delivered to staff in the last year.

The Trust made no referrals to the Prevent process in the reporting year.

15.0 SAFEGUARDING ADULTS REVIEW (SAR), SERIOUS CASE REVIEWS (CHILDREN) & DOMESTIC HOMICIDE REVIEWS (DHR)

A Safeguarding Adults Review (SAR) is requested by the Safeguarding Adults Board when certain criteria or thresholds are met. These include

- An adult at risk dies (including death by suicide), and abuse or neglect is known or suspected to be a factor in their death.
- An adult at risk has sustained any of the following:
  - A life-threatening injury through abuse or neglect
  - Serious sexual abuse
  - Serious or permanent impairment of development through abuse or neglect

  And
- The case(s) give rise to concerns about the way in which local professionals and services worked together to protect and safeguard adult (s) at risk

The Trust has responded to all requests for information with regards to SAR's.

Serious Case Reviews (Children) or Safeguarding Children Practice Reviews

The Trust has responded to all information requests from KMSCP about potential Safeguarding Children Practice Reviews. In the current reporting period we have contributed to one review carried out by East Sussex Safeguarding Children Partnership.

The East Sussex review identified that Discharge Planning Meetings for babies on the NICU should be considered as a routine part of the baby's stay; as an organisation we implemented this recommendation before publication of the report. The report further identified that the family had received positive and consistent care from the staff on NICU.

All other recommendations from the report are being actioned and outcomes will be fed back to East Sussex Safeguarding Children Partnership.

The Kent Serious Case Review library can be found via the following link –

https://www.kscmp.org.uk/about-kscb/kscb/kent-scrs

A Domestic Homicide Review (DHR) is a review undertaken when an adult dies as a result of domestic abuse. This is led by the Police and is a multi-agency review in a similar format to that of a SAR.

The Trust has not contributed to any DHR's in the current reporting period

16.0 LEARNING DISABILITY

Over the past year the Learning Disability Hospital Liaison Nurse (LDLN) has consolidated the good links made with a multitude of professionals both internally within the Trust and externally within the community teams.

The LDLN continues to engage with people with learning disabilities in service improvement projects.

The LDLN has contributed to 29 LeDeR reports in the previous 12 months. LeDeR reports are compiled by practitioners external to the Trust. The LDLN has asked, on multiple occasions, for sight of the final reports, but to date this has not been forthcoming. Henceforth the Trust have received no local themes, only the national findings. Assurance has been given that with implementation of the new LeDeR policy (June 2021), local feedback will be provided. The LDLN continues to monitor issues in relation to deaths of people with learning disabilities and highlights concerns to the Safeguarding Committee and Mortality Surveillance Group.

The Trusts Learning Disability Liaison Nurse assists Trust staff to creatively think about how they can make reasonable adjustments in order to enable people with a learning disability (PWLD) to access our services. These opportunities to be creative in the delivery of care are also shared at the Trusts Strategic Safeguarding Committee and other events such as Clinical Governance meetings and operational meetings.

17.0 DEMENTIA STRATEGY

The new Dementia Strategy has been written and consulted on (including external partners, patients & carers from Healthwatch; also, the Alzheimer's Society and Bright Shadow) and has been ratified and published.

The strategic aims for the next 3 years are:

- Admit people with dementia to the right place, first time.
- Deliver person-centred care that supports the patient with dementia and their carer.
- Provide people with dementia and their carers coordinated, compassionate and person-centred care towards end of life, from staff trained in dementia and end of life care.
- Continue to analyse incidents related to people with dementia and identify ways to reduce these.
- Work in partnership with carers of people with dementia, offering support where required whilst attending our hospitals.

Additional items of focus for the coming 3 years are:

- Improvement on completion and documentation of MCA assessments and Best Interest Meetings.
- Collaboration with Frailty work in relation to people with dementia.
- Ensure robust mechanisms in place for assessing delirium.

Training

Training is offered both face-to-face and via e-learning for both Basic (Tier1) and Intermediate (Tier 2). Tier 1 is mandatory for all staff in the organisation and we have consistently been over our 85% standard, currently achieving 96.8%. Tier 2 is mandatory for all clinical staff (excluding midwifery and paediatrics) in the organisation and we have achieved 93.3% this year.

Due to Covid there has been limited face-to-face training provided this year, but this will resume in April 2021.

Incidents

We continue to monitor all incidents reported for patients with a known diagnosis of dementia. The 3 main categories of incidents are falls; pressure damage and aggression and 'other' are recorded to identify any themes or trends. We have seen a rise in the number of falls for Quarter 3 & 4 and a rise in Quarter 4 from last year (falls are currently subject to a deep dive and work is being undertaken to identify areas for improvement).

Carers Organisations

We continue to have Involve Kent in the organisation to help support all carers.

Mental capacity assessments

This is still an area for further work, to ensure appropriate mental capacity assessments are undertaken on patients with dementia and best interests meetings as appropriate. We are representing and supporting the work being done on the MCA Project Group.

National Audit of Dementia

Both Tunbridge Wells Hospital and Maidstone Hospital are part of the pilot for the National Audit of Dementia where a prospective approach as opposed to a retrospective approach is being piloted. Work for this was put on hold at the end of 2020 due to Covid, but is due to re-commence in May 2021.

Length of Stay

We have continued to monitor length of stay for dementia patients at the Trust and our figures remain good. The average length of stay for Elective patients is 3.5 days; for elective patients with dementia it is 4.5 days. Our average length of stay for non-elective patients (excluding midwifery) is 6 days and for non-elective dementia patients 6.4 days.

Ward Moves

We have been monitoring ward moves of patients with dementia in the organisation as part of our best Quality Work stream work. This has commenced in the last year and there is further work that needs to be done in this area.

Dementia and Covid Audit Report

Following the first wave of COVID data was collected retrospectively and analysed by the Lead Nurse for Dementia care. The aim of this was to identify admissions of people with Dementia from March 2020 to June 2020 and highlight those diagnosed with COVID-19.
The report was presented at Dementia Strategy Group; Joint Safeguarding Committee and Mortality Surveillance Group

Dementia Friendly Hospital Charter

The Trust is signed up to the Dementia-Friendly Hospital Charter and actively supports the commitment to people with dementia their families and friends, in respect of what to expect during a stay in hospital.

In conclusion we have had another productive year, continuing to monitor previous concerns and identify new areas to focus on to assist in improving the care people with dementia receive during their stay at the Trust.

18.0 SERIOUS INCIDENTS

A Serious Incident (SI) is defined by NHS England as an event in healthcare 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. Whilst there is no definitive list of events or incidents that constitute an SI there are a number of descriptors that contribute to the classification of an incident as an SI; this includes

Actual or alleged abuse; sexual abuse, physical or psychological ill-treatment, or acts of omission which constitute neglect, exploitation, financial or material abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern day slavery, all of which were: healthcare did not take appropriate action / intervention to safeguard against such abuse occurring; or abuse occurred during the provision of NHS-funded care

There were no SI's related to safeguarding children in the reporting period.

The Trust reported 3 SI's related to safeguarding adults in the reporting period. The issues that were raised -

- Hospital acquired pressure ulcer – upheld
- Physical Restraint – upheld
- Fall and a pressure ulcer with neglect – this was downgraded by the CCG and will be presented at the Safeguarding Panel in July 2021
- See 8.1 for the learning

19.0 PRIORITIES FOR 2021 - 2022

We recognise that there will be new and differing priorities for the coming 12 months and we see Safeguarding as being central to business continuity for the Trust.

Our priorities will be focused on the following –

- Education and Training – increasing compliance on mandatory training by offering creativity in delivering training; increased use of on-line platforms and Virtual Reality training

- Promoting the Perplexing Presentations/Fabricated and Induced Illness (PP/FII) guidance and including this within training
- Strengthening the joint working between the Named Nurses and Named Midwife
- Address the actions from the SAF feedback
- Supporting the partnership work for patients requiring additional mental health support or CAMHS
- Ensuring learning from all investigations is disseminated and embedded with practice through increased visibility in the clinical areas to offer support
- Mental Capacity and Consent – continuing the Mental Capacity Act (2005) project Group and building in capacity for staff to develop competence and confidence to undertake and document all capacity assessments
- Liberty Protection Safeguards – ensuring that the Trust is LPS ready

It is recognised that there have been unique challenges in the previous 12 months. The Safeguarding team has recognised and risen to the challenge to support all staff during this difficult time. We will continue to build on the positive work started in the previous 12 months

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Prepared by; Alison Jupp, Named Nurse Safeguarding Children; and Karen Davies Named Nurse Safeguarding Adults. With thanks to Claire O'Brien (Chief Nurse) and Judy Durrant (Deputy Chief Nurse)

June 2021

Trust Board meeting – July 2021

NHS
Maidstone and Tunbridge Wells
NHS Trust

Quarterly report from the Freedom to Speak Up Guardian	Freedom to Speak Up Guardian / Deputy Freedom to Speak Up Guardian

The latest quarterly report from the Freedom to Speak Up Guardian (FTSUG) is enclosed.

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

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

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

NHS
Maidstone and Tunbridge Wells
NHS Trust

Board of Directors (Public)

Freedom To Speak Up Guardian Report Q1 (April – June 2021)

Action Requested / Recommendation

The Trust Board is asked to read the report and discuss the content and recommendations.

Summary

This is the 1st quarter report to the board which identifies trends and issues in the first three months of this financial year. It covers progress report from FTSU Guardians, launch of Safe Space champions and recommendations to improve and sustain the FTSU agenda

Author; Ola Gbadebo-Saba, Deputy Freedom To Speak Up (FTSU) Guardian

Date; July 2021

Freedom To Speak Up Non-Executive Director	Maureen Choong
Freedom To Speak Up Executive Lead	Sue Steen
Freedom To Speak Up Guardian	Christian Lippiatt
Deputy Freedom To Speak Up Guardian	Ola Gbadebo-Saba

The FTSU Agenda is to;

- Protect patient safety and the quality of care
- Improve the experience of workers
- Promote learning and improvement

By ensuring that;

- Workers are supported in speaking up
- Barriers to speaking up are addressed
- Encourage a positive culture of speaking up
- Ensure issues raised are used as opportunities for learning and improvement

MTW
exceptional people, outstanding care

FTSU Case Review

There has been no case review since June 2020 however in Q3 2020/21, the NGO undertook a review of the speaking up culture and arrangements at Blackpool Teaching Hospitals NHS Foundation Trust. The report is yet to be published but will be shared with the Board in due course.

FTSU Index 2021

On the 27th of May 2021, The National Guardian Office published FTSU index, an indicator that can help build a picture of what the speaking up culture feels like for workers. The metric is drawn from four questions in the NHS Annual Staff Survey, asking whether staff feel knowledgeable, encouraged and supported to raise concerns and if they agree they would be treated fairly if involved in an error, near miss or incident. Key Findings from the report are as follows;

***** The South East region saw the greatest improvement (1.3 percentage points) in FTSU Index score from 79.6% to 80.9% this year.

*A new speaking up question **18f** was included in the 2020 NHS Staff Survey which focused on workers feeling safe to speak up generally. The new question **– not included in the index** showed that 65.6% of respondents felt safe to speak up about anything that concerns them in their organisation.

* In MTW, **68.2%** of respondents felt safe to speak up about anything that concerns them.

* In MTW, there's been an improvement in regards to the following statements:

Question 16a - asked staff whether they agreed their organisation treated staff who were involved in an error, near miss or incident fairly. – ***5.8% increase between 2019 - 2020***

Question 16b - asked staff whether they agreed their organisation encouraged them to report errors, near misses or incidents – ***2.6% increase between 2019 - 2020***

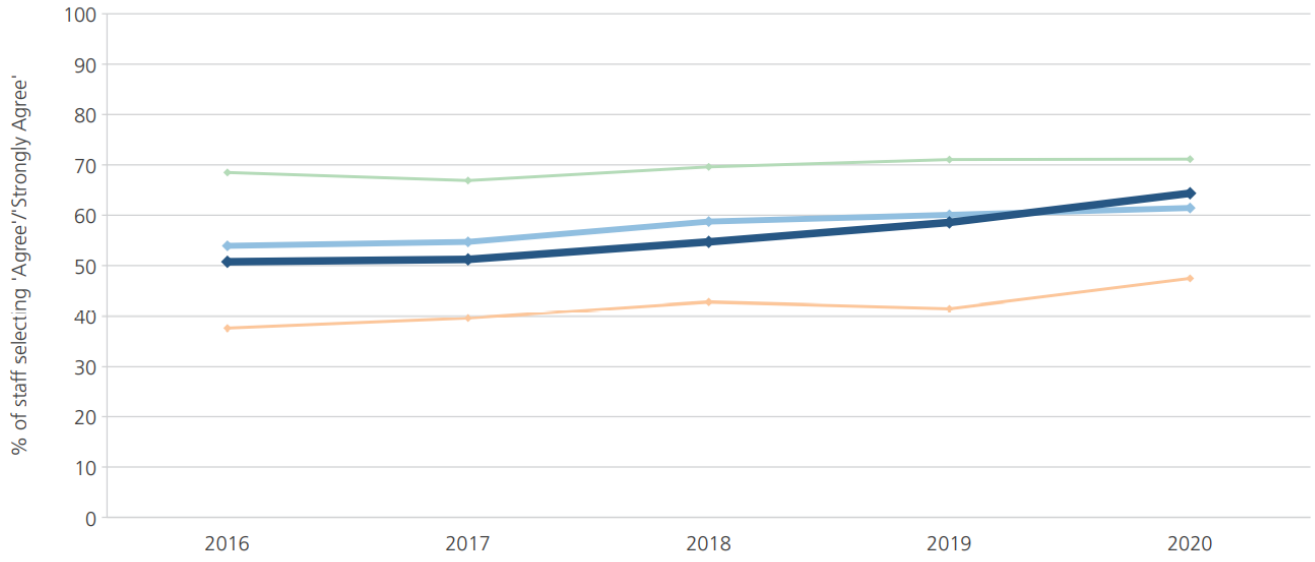
Question 17b - Question 17b asked whether staff agreed that they would feel secure raising concerns about unsafe clinical practice. ***1.1% increase between 2019 – 2020***

* There's a decline in performance for **Question 17a** where staff were asked whether they agreed that they would know how to report a concern about unsafe clinical practice. ***1.1% decrease between 2019 – 2020.*** *This is not peculiar to MTW since there has generally been a decline in performance across the NHS with 2017 being the highest performing year.*

Survey Coordination Centre

2020 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q16a **>** My organisation treats staff who are involved in an error, near miss or incident fairly

NHS England

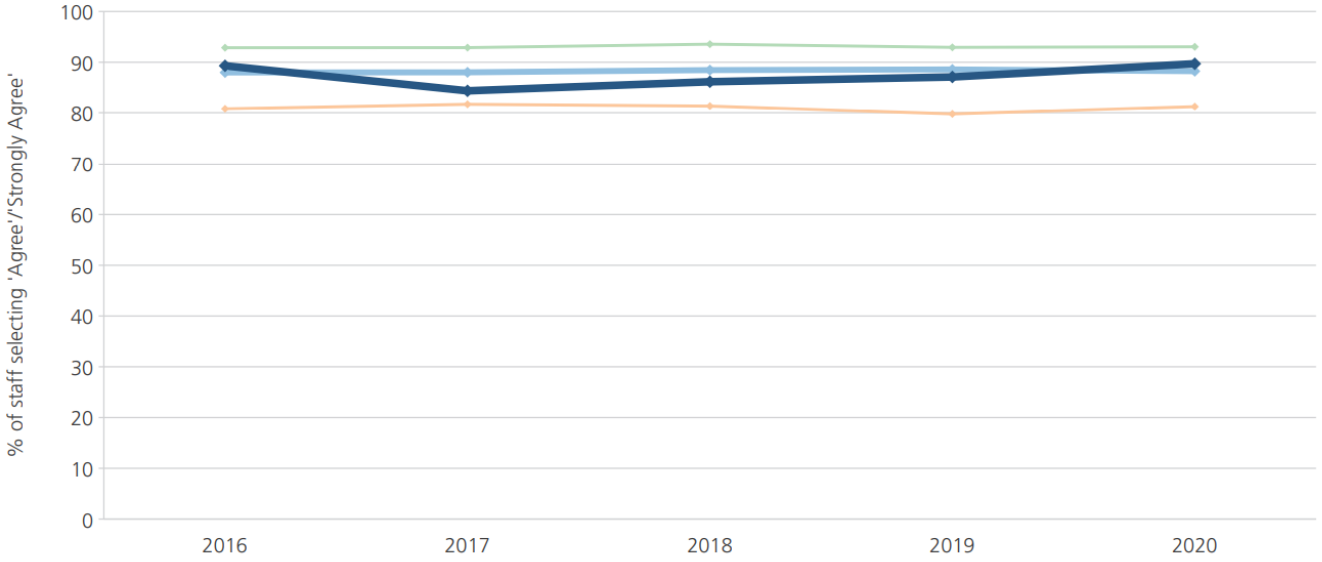


	2016	2017	2018	2019	2020
Best	68.5%	66.9%	69.6%	71.1%	71.1%
Your org	50.8%	51.2%	54.7%	58.6%	64.4%
Average	53.9%	54.7%	58.7%	60.1%	61.4%
Worst	37.6%	39.6%	42.8%	41.5%	47.5%

Survey Coordination Centre

2020 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q16b **>** My organisation encourages us to report errors, near misses or incidents

NHS England

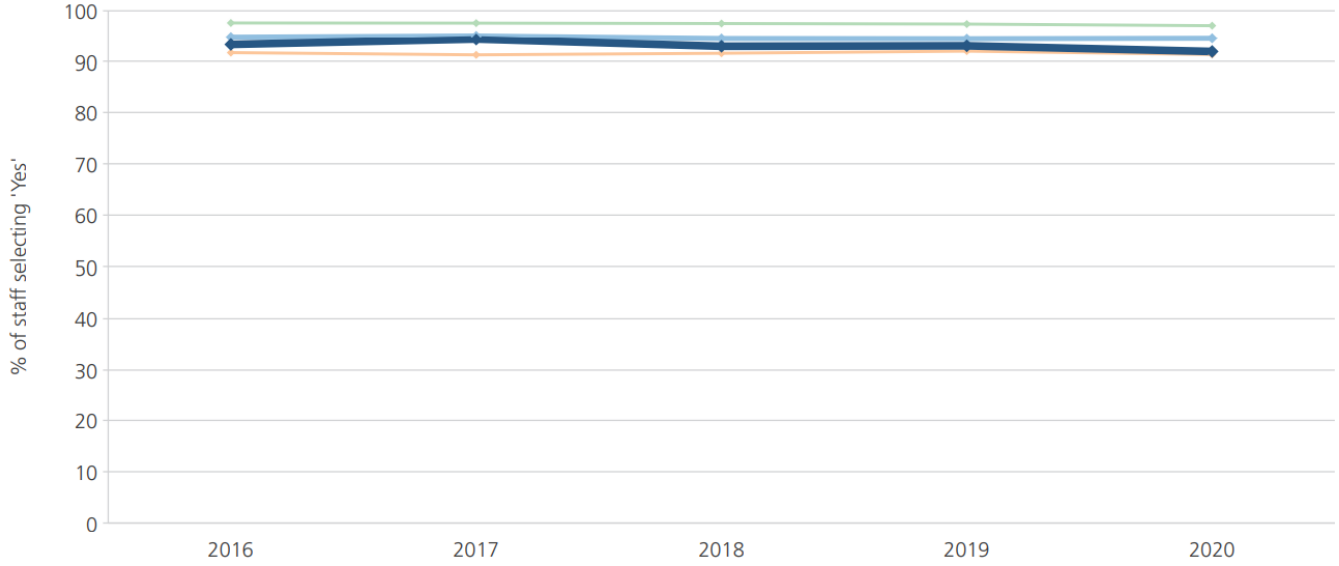


	2016	2017	2018	2019	2020
Best	92.9%	92.9%	93.6%	92.9%	93.0%
Your org	89.3%	84.4%	86.2%	87.1%	89.7%
Average	88.0%	88.0%	88.4%	88.6%	88.2%
Worst	80.8%	81.7%	81.3%	79.8%	81.2%
Responses	414	378	1,771	2,796	3,056

Survey Coordination Centre

2020 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q17a > If you were concerned about unsafe clinical practice, would you know how to report it?

NHS England

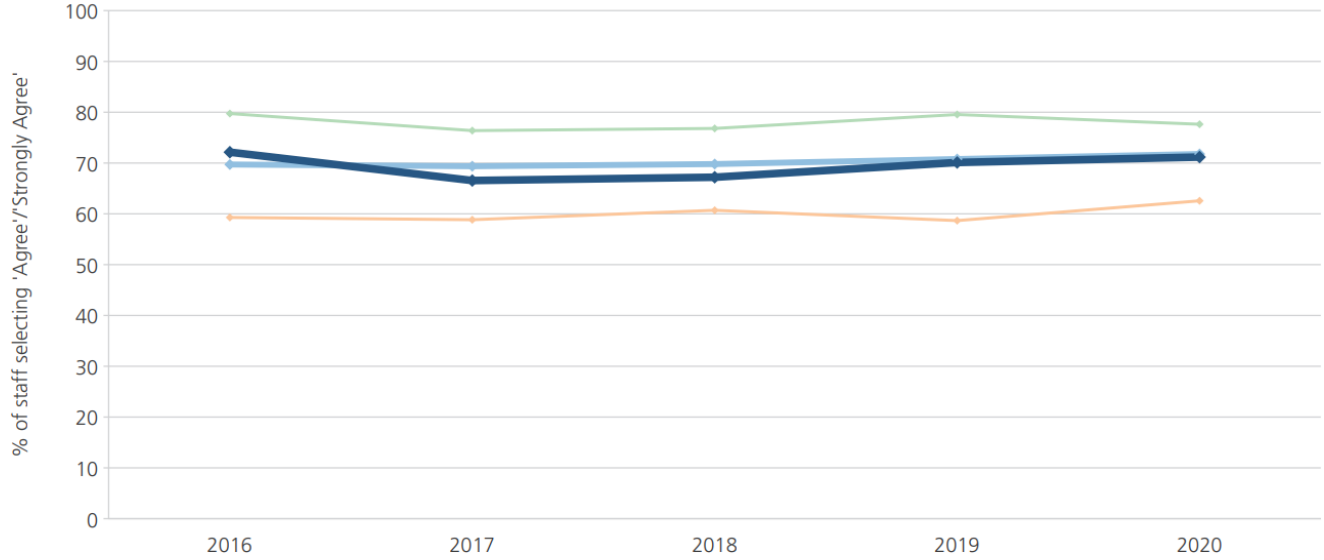


	2016	2017	2018	2019	2020
Best	97.6%	97.6%	97.5%	97.4%	97.1%
Your org	93.3%	94.3%	92.9%	93.0%	91.9%
Average	94.8%	95.0%	94.5%	94.5%	94.6%
Worst	91.7%	91.2%	91.5%	92.0%	91.3%

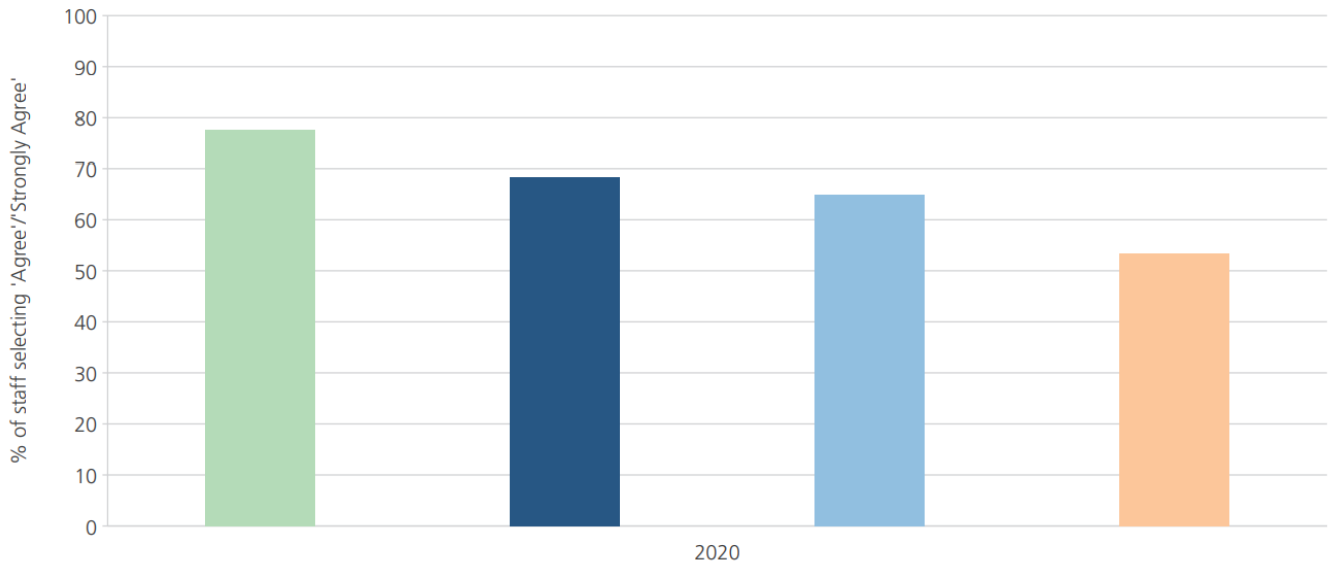
Survey Coordination Centre

2020 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q17b > I would feel secure raising concerns about unsafe clinical practice

NHS England



	2016	2017	2018	2019	2020
Best	79.7%	76.4%	76.8%	79.6%	77.6%
Your org	72.1%	66.6%	67.2%	70.1%	71.2%
Average	69.7%	69.4%	69.8%	70.8%	71.8%
Worst	59.3%	58.8%	60.7%	58.7%	62.6%



Best	77.6%
Your org	68.2%
Average	65.0%
Worst	53.4%
Responses	3,165

Themes / Issues

Seventeen **(17)** concerns were raised in the last quarter. Four **(4)** of these were raised through the anonymous reporting portal while thirteen **(13)** were raised directly to the FTSU guardians. Out of the seventeen concerns raised, a total of **eight (8)** concerns were on Dignity and Respect. **Six (6)** Dignity and Respect concerns were from the Maidstone site while **one (1)** was from Tunbridge Wells.

Staff who raised concerns on Dignity and Respect reported feeling undermined, treated like a child or being shouted at in the presence of colleagues and patients. There were also reports of feeling unvalued and they were struggling to being engaged at work. Some individuals were considering leaving their teams to work in other departments within the Trust while some would prefer to resign from the Trust.

All staff who raised concerns on Dignity & Respect reported they were suffering a heightened level of stress & anxiety. While we adopted the FTSU process to manage the concerns raised, staff members who had not contacted the psychological well-being team were encouraged to reach out to the team for additional support.

Other concerns raised were on staff shortages which is having a negative impact on staff who raised those concerns. There were reports of increased stress levels in teams due to staff shortages and lack of support from managers.

One of the concerns on Dignity & Respect at Maidstone was raised by a member of staff who had resigned and been contacted via email by RealWorld (the external company who also handles the climate survey) to complete an exit survey where there is an option to share their reasons for leaving the Trust with the Head of Staff Engagement, HR or Freedom To Speak Up Guardian.

There is a significant increase in the number of cases being brought to FTSU Guardians and the main theme remains the same around behaviours, relationships / dignity and respect. Concerns have largely been received from Admin/Clerical and Clinical support staff, suggesting there is a level of staff who feel unable to raise their concern

through their management route, or have tried but been unable to progress it or feel that their concern has not been listened to and taken seriously.

FTSU strategy progress report

The FTSU agenda is gaining traction in the Trust and there is an increase in the number of cases being brought to the Guardians. In addition to being more visible in the Trust through attending inductions, Trust network meetings, building relationships with various teams and use of promotion materials, some of the cases brought to us this quarter has been through Words of mouth by colleagues who have accessed the FTSU service in the past and found it instrumental in resolving their concerns.

The list below identifies some of the achievements of the FTSU team this quarter

* FTSU Guardians continue to attend various network meetings and provide support to staff who raise concerns through the networks

* FTSU is now embedded in weekly inductions and this will be ongoing

* A document highlighting the FTSU escalation process and the way various concerns are managed by the FTSU team was shared with the People and Organisational Development Team

Safe Space Champions Evaluation

On the 12th of May, FTSU guardians, in conjunction with the Equality, Diversity and Inclusion Team successfully trained **twenty-three (23)** Safe Space Champions in different roles, departments and networks across the Trust. The role of the Safe Space Champions is to promote the FTSU agenda by listening to concerns, signpost & inform colleagues of support available in the Trust.

The role of the Safe Space Champion is instrumental in supporting staff to resolve their concerns directly and informally. SSC have been promoting their roles in their various different and a few of them have had concerns raised to them. Since the launch, **three (3)** concerns have been raised to SSC, **two (2)** of which are currently being managed by FTSU Guardians while the other has been signposted to the Matron of the Ward where the concern was raised.

FTSU Guardians and EDI team have a six – eight weeks check in call with the SSC as an opportunity to provide additional support and shared learning. Due to the nature of the role of SSC and some of the stories they might be exposed to, the Team has made a conscious decision to request the presence of the psychological wellbeing team to provide some wellbeing support during the last few minutes of the sessions. SSC are also informed of the additional support available to them in the Trust which can be accessed as required.

Growing the Speaking Up Agenda

The National Guardian office in partnership with Health Education England have launched two e-learning packages in regards to speaking up for all workers and line managers which is very useful for promoting the FTSU agenda. The first module – ***Speak Up*** – is for all workers while the second module***, Listen Up***, for managers and both modules focus on listening and understanding the barriers to speaking up. A final module, **Follow Up**, for senior leaders, will be launched later in the year to support the development of Freedom to Speak Up as part of the strategic vision for organisations and systems.

The first and second module have now been launched on the MTW learning platform and available to all staff. In addition to the other mandatory courses for new starters, Freedom to Speak up training – Speak Up – for all workers is now included in the induction pack.

Data Collection; Concerns Raised

2021/22 details

Quarter	Month/Year	No. of Contacts	Open Cases		Quarter	Month/Year	MGH	TWH	Unknown
Q1	April-June '20	17	8		Q1	April-June '20	9	4	4
Total	**2020/21**	**17**	**8**		**Total**	**2020/21**	**9**	**4**	**4**

Staff Group	Number
Estates & Facilities	1
Nursing	2
Midwifery	0
Medical	0
AHP's	1
Clinical Support	3
A&C	6
Unknown	4
Total	**17**

Theme	Number
Patient Safety	0
Bullying/ Harassment	8
Fraud	0
Health & Safety	0
Other	9
Total	**17**

Summary report from Quality Committee, 14/07/21 Committee Chair (Non-Exec. Director)

The Quality Committee met on 14th July (a 'main' meeting), via virtual means.

1. **The key matters considered at the meeting were as follows:**
   - The issues raised from the **reports from the clinical Divisions** highlighted the theme of the apparent relationship between staffing issues/conditions and quality issues, and it was agreed that the Committee should draw this to the Trust Board's attention. It was also agreed to draw the Trust Board's attention to the continuing challenges with patient flow and the timely discharge of patients from the Trust's ICUs.
   - The Deputy Director of Quality Governance gave an **update from the Enteral feeding and Nasogastric tube (NGT) placement working group**, and it was confirmed that a report would be submitted to each future 'main' Quality Committee meeting.
   - The Surgery Division gave an **update on harm reviews for patients who have waited a long time**, while the Deputy Chief Nurse gave an **update on the work to achieve an 'Outstanding' CQC rating**.
   - The Committee reviewed the **Joint Safeguarding Annual Report for 2020/21**, and commended the report to the Trust Board (the report has been submitted to the Trust Board under a separate agenda item).
   - The Medical Director presented the **annual review of Quality Impact Assessments (QIAs)**.
   - The Chief of Service for Medicine & Emergency Care gave the latest **update on mortality;** and the latest **Serious Incidents (SIs)** were reported by the Deputy Medical Director.
   - The final version of the **Quality Accounts for 2020/21** was noted**;** as were the reports from the last **Quality Committee 'deep dive' meeting**; the **Committee's sub-committees** (the Complaints, Legal, Incidents, PALS, Audit and Mortality (CLIPAM) group; and the Drugs, and Therapeutics and Medicines Management Committee) and the **Patient Experience Committee** meeting that was held on 10/06/21.
   - The report from the **Health and Safety Committee** included a detailed report on water safety and the Deputy Director of Infection Prevention attended the meeting to express her concerns at the current situation. The Director of Infection Prevention and Control however gave assurance that the issues related to water quality rather than water safety and confirmed she was content for the current actions to proceed as scheduled. It was however agreed that the issues should be drawn to the Trust Board's attention.

2. **In addition to the agreements referred to above, the meeting agreed that:**
   - The Chief of Service for Diagnostics & Clinical Support Services should ensure that the alternative approach to responding to incidents of medical staff not requesting repeat blood tests if previous bloods had haemolysed (that was suggested at the meeting) was included in the Pathology action plan.
   - The Medical Director should ensure that the concerns raised at the Committee regarding patient flow and the timely discharge of patients from the Trust's ICUs were discussed at the Executive Team Meeting, to enable a permanent solution to be identified (and implemented).

3. **The issues from the meeting that need to be drawn to the Board's attention are:**
   - The apparent relationship between staffing issues/conditions and quality issues that featured as a theme in the clinical divisions' reports to the Committee.
   - The continuing challenges with patient flow and the timely discharge of patients from the Trust's ICUs.
   - The latest position regarding water quality at Tunbridge Wells Hospital.

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

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

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

NHS Maidstone and Tunbridge Wells NHS Trust

Summary report from the People and Organisational Development Committee, 23/07/21	Committee Chair (Non-Exec. Director)

The People and Organisational Development Committee met (virtually, via webconference) on 23rd July 2021 (a 'deep dive' meeting).

The key matters considered at the meeting were as follows:

- The **actions from previous 'deep dive' meetings** were reviewed, and it was agreed that the Trust Secretary would schedule a "Findings from the survey of staff's experience of the Trust's People function" at the 'main' Committee in September 2021. It was also agreed that the Chief People Officer would consult with members and attendees of the Committee prior to finalising the questions to be posed in that survey.
- The Chief People Officer gave a presentation on the approach to finalising the **draft People and Organisational Development Strategy**, which proposed that, as a first step, a Trust Board development session be held in September 2021, to agree the process, format of the strategy, and interim key deliverables. The Committee supported the proposed approach, but emphasised the need to not disregard the development work that had been undertaken during the past 18 months.
- The Head of Learning and Development presented a helpful **review of the Trust's leadership development strategy**, which prompted a discussion on the roles of teams, the incentives for staff to undertake leadership roles, the potential role of mediation training, and the potential impact of the Trust's strategic intention to move towards seven-day working.
- The Head of Learning and Development also presented a **review of the Trust's Learning and Development function**, which highlighted a significant shortfall in the external funding for 2021/22 when compared to 2020/21 (particularly in relation to upskilling and Placement Support Funding). The options available to mitigate the impact of the shortfall were briefly discussed, but it was noted that further discussions would be required with the Deputy Chief Executive/Chief Finance Officer.
- The Chief People Officer gave an **update on recruitment and retention**. The item had been added to the agenda at short notice, following concerns being raised at the latest 'main' Quality Committee meeting, and an additional Non-Executive Director member of the Quality Committee attended the meeting for the item. Assurance was given on the steps being taken to address the current challenges but it was agreed that further updates should be received on the issue. It was therefore also agreed that the Chair and Vice-Chair of the Committee and Chief People Officer should liaise to agree the format and frequency of future reports to the Committee.
- The Committee confirmed the **items to be scheduled for the future 'deep dive' meetings**, in October (i.e. "Review of the key themes and lessons learned from employee relations cases"; "Review of the lessons learned from the implementation of the Electronic Patient Record"; and "Review of the Trust's Human Resources Business Partners (HRBPs) operating model") and December 2021 (i.e. "Implications of the "Health and Care Bill 2021/22" on the Trust's 'People' function"; "In-depth review of the relevant aspects of the risk register" and "Review of the Trust's approach to succession planning and talent management").

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

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

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

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NHS Trust

Annual review of the Trust Board's Terms of Reference	Chair of the Trust Board / Trust Secretary

The Terms of Reference for the Trust Board are required to be reviewed and approved at least every 12 months. That review and approval last took place in May 2020. The review item was deferred from the Trust Board meetings in May and June 2021 because of the scheduled discussion of the potential impact of the Exceptional People Outstanding Care programme on the Trust Board's sub-committees at the Trust Board 'Away Day' on 12/07/21, but as it was confirmed at the 'Away Day' that no changes would be made to the sub-committees at the present time, the annual review has been undertaken.

A small number of minor amendments are proposed, which are shown as 'tracked' on the following pages. None of the proposed amendments are significant, and all can be categorised as 'housekeeping'.

Which Committees have reviewed the information prior to Board submission?

- N/A

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

Approval

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

Trust Board

Terms of Reference

NHS Maidstone and Tunbridge Wells NHS Trust

Purpose and duties

1. The Trust exists to provide goods and services for any purposes related to the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and the promotion and protection of public health.

2. The Trust has a Board of Directors which exercises all the powers of the Trust on its behalf, but the Trust Board may delegate any of those powers to a committee of Directors or to a Member of the Executive Team. The voting members of the Trust Board comprise a Chair (Non-Executive), five other Non-Executive Directors, the Chief Executive, and four specified Members of the Executive Team. Other, non-voting members of the Trust Board attend Trust Board meetings and contribute to its deliberations and decision-making.

3. The Trust Board leads the Trust by undertaking three key roles:
   3.1. Formulating strategy;
   3.2. Ensuring accountability by holding the organisation to account for the delivery of the strategy and through seeking assurance that systems of control are robust and reliable;
   3.3. Shaping a positive culture for the Trust Board and the organisation.

4. The general duty of the Trust Board and of each individual Trust Board Member, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the patients and communities served and members of the organisation.

5. The practice and procedure of the meetings of the Trust Board – and of its sub-committees – are described in the Trust's Standing Orders.

General responsibilities

6. The general responsibilities of the Trust Board are:
   6.1. To work in partnership with all stakeholders and others to provide safe, accessible, effective and well governed services for the Trust's patients;
   6.2. To ensure that the Trust meets its obligations to the population served and its staff in a way that is wholly consistent with public sector values and probity;
   6.3. To exercise collective responsibility for adding value to the Trust by promoting its success through the direction and supervision of its affairs in a cost effective manner.

7. In fulfilling its duties, the Trust Board will work in a way that makes the best use of the skills of all Trust Board Members.

Leadership

8. The Trust Board provides active leadership to the organisation by:
   8.1. Ensuring there is a clear vision and strategy for the Trust that is implemented within a framework of prudent and effective controls which enable risks to be assessed and managed;
   8.2. Ensuring the Trust is an excellent employer by the development of a People and Organisational Development ~~workforce~~ strategy and its appropriate implementation and operation.

Strategy

9. The Trust Board:
   9.1. Sets and maintains the Trust's strategic vision, aims and objectives ensuring the necessary financial, physical and human resources are in place for it to meet its objectives;
   9.2. Monitors and reviews management performance to ensure the Trust's objectives are met;

9.3. Oversees both the delivery of planned services and the achievement of objectives, monitoring performance to ensure corrective action is taken when required;
9.4. Develops and maintains an annual forward programme~~plan~~ and ensures its delivery as a means of implementing~~taking forward~~ the strategy of the Trust to meet the expectations and requirements of stakeholders;
9.5. Ensure that national policies and strategies are effectively addressed and implemented within the Trust.

Culture

10. The Trust Board is responsible for setting values, ensuring they are widely communicated and that the behaviour of the Trust Board is entirely consistent with those values.

11. A Code of Conduct has been developed to guide the operation of the Trust Board and the behaviour of Trust Board Members. This Code is incorporated within the Trust's Gifts, Hospitality, Sponsorship and Interests Policy and Procedure

Governance

12. The Trust Board:
    12.1. Ensures that the Trust has comprehensive governance arrangements in place that ensures that resources are appropriately managed and deployed, that key risks are identified and effectively -managed and that the Trust fulfils its accountability requirements;
    12.2. Ensures that the Trust complies with its governance and assurance obligations;
    12.3. Ensures compliance with the principles of corporate governance and with appropriate codes of conduct, accountability and openness applicable to Trusts;
    12.4. Reviews and ratifies Standing Orders, Reservation of Powers and Scheme of Delegation, and Standing Financial Instructions as a means of regulating the conduct and transactions of Trust business;
    12.5. Ensures that the statutory duties of the Trust are effectively discharged;
    12.6. Acts as the agent of the corporate trustee for the Maidstone and Tunbridge Wells NHS Trust Charitable Fund. This includes approving the Annual Report and Accounts of the Charitable Fund.

Risk m~~M~~anagement

13. The Trust Board:
    13.1. Ensures an effective system of integrated governance, risk management and internal control across the whole of the Trust's clinical and corporate activities;
    13.2. Ensures that there are sound processes and mechanisms in place to ensure effective patient and carer involvement with regard to the review of quality of services provided and the development of new services;
    13.3. Ensures there are appropriately constituted appointment arrangements for senior positions such as Consultant medical staff and Members of the Executive Team.

Ethics and integrity

14. The Trust Board:
    14.1. Ensures that high standards of corporate governance and personal integrity are maintained in the conduct of Trust business;
    14.2. Ensures that Trust Board Members and staff adhere to any codes of conduct adopted or introduced from time to time.

Sub-Committees

15. The Trust Board is responsible for maintaining sub-committees of the Board with delegated powers as prescribed by the Trust's Standing Orders, Reservation of Powers and Scheme of Delegation, and/or by the Board from time to time

Communication

16. The Trust Board:
    16.1. Ensures an effective communication channel exists between the Trust, staff and the local community;
    16.2. Ensures the effective dissemination of information on service strategies and plans and also provides a mechanism for feedback;
    16.3. Ensures that those Trust Board proceedings and outcomes that are not confidential are communicated publically, primarily via the Trust's website;
    16.4. Approves the Trust's Annual Report and Annual Accounts.

Quality s~~S~~uccess and ~~F~~financial success

17. The Trust Board:
    17.1. Ensures that the Trust operates effectively, efficiently, and economically;
    17.2. Ensures the continuing financial viability of the organisation;
    17.3. Ensures the proper management of resources and that financial and quality of service responsibilities are achieved;
    17.4. Ensure that the Trust achieves the targets and requirements of stakeholders within the available resources;
    17.5. Reviews performance, identifying opportunities for improvement and ensuring those opportunities are taken.

Role of the Chair

18. The Chair of the Trust Board is responsible for leading the Trust Board and for ensuring that it successfully discharges its overall responsibilities for the Trust as a whole;

19. The Chair is responsible for the effective running of the Trust Board and for ensuring that the Board as a whole plays a full part in the development and determination of the Trust's strategy and overall objectives;

20. The Chair is the guardian of the Trust Board's decision-making processes and provides general leadership of the Board.

Role of the Chief Executive

21. The Chief Executive reports to the Chair of the Trust Board and to the Trust Board directly.
22. The Chief Executive is responsible to the Trust Board for running the Trust's business and for proposing and developing the Trust's strategy and overall objectives for approval by the Board;
23. The Chief Executive is responsible for implementing the decisions of the Trust Board and its committees, providing information and support to the Board

Membership of the Trust Board

24. The Trust Board will comprise the following persons:
    24.1. The Chair of the Trust Board
    24.2. Up to five Non-Executive Directors. One of these will be designated as Vice-Chair
    24.3. The Chief Executive
    24.4. The Deputy Chief Executive / Chief Finance Officer
    24.5. The Medical Director
    24.6. The Chief Nurse
    24.7. The Chief Operating Officer

Non-voting Trust Board Members (as stated in the Trust's Standing Orders) will be invited to attend Trust Board meetings at the discretion at the Chair.

Quorum

25. The Board will be quorate when four Trust Board Members including at least the Chair (or Non-Executive Director nominated to act as Chair), one other Non-Executive Director, the

Chief Executive (or member of the Executive Team nominated to act as Chief Executive), and one other member of the Executive Team (voting member) are present[2].

26. An o~~O~~fficer in attendance for a voting member of the Executive Team but without formal acting up status may not count towards the quorum at Trust Board meetings

Attendance

27. The Trust Secretary will normally attend each meeting.

28. Other staff members and external experts may ~~be~~ attend Trust Board meetings to contribute to specific agenda items, at the discretion of the Chair

Frequency of meetings

29. The Trust Board will sit formally at least ten times each calendar year. Other meetings of the Board will be called as the need arises and at the discretion of the Chair.

Board development

30. The Chair, in consultation with the Trust Board will review the composition of the Board to ensure that it remains a "'balanced board'" where the skills and experience available are appropriate to the challenges and priorities faced;

31. Trust Board Members will participate in Board development activity designed to support shared learning and personal development.

Sub-committees and reporting procedure

32. The Trust Board has the following sub-committees
    32.1. The Quality Committee
    32.2. The Patient Experience Committee
    32.3. The Audit and Governance Committee
    32.4. The Finance and Performance Committee
    32.5. The People and Organisational Development ~~Workforce~~ Committee
    32.6. The Charitable Funds Committee
    32.7. The Remuneration and Appointments Committee

33. For the Quality Committee, Patient Experience Committee, Audit and Governance Committee, Finance and Performance Committee, Charitable Funds Committee, and People and Organisational Development ~~Workforce~~ Committee, a summary report from each meeting will be provided to the Trust Board (by the Chair of that meeting) in a timely manner

34. The Terms of Reference for each sub-committee will be approved by the Trust Board. The Terms of Reference will be reviewed annually, agreed by each sub-committee, and approved by the Trust Board.

Emergency powers and urgent decisions

35. The powers which the Board has reserved to itself within the Standing Orders Set may in emergency or for an urgent decision be exercised by the Chair of the Trust Board and Chief Executive after having consulted at least two Non-Executive Directors.

36. The exercise of such powers shall be reported (by the Chair of the Trust Board) to the next formal meeting of the Trust Board in public session ('Part 1') for formal ratification.

Administration

37. The Trust Board shall be supported administratively by the Trust Secretary whose duties in this respect will include:

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[2] This number is set to accord with the relevant section of the Standing Orders, which states that "No business shall be transacted at a Trust Board meeting unless at least one-third of the whole number of the Chair and members (including at least one Executive Director and one Non-Executive Director) is present"

37.1. Agreement of the agenda for Trust Board meetings with the Chair and Chief Executive;
37.2. Collation of reports for Trust Board meetings;
37.3. Ensuring that suitable minutes are taken, keeping a record of matters arising and issues to be carried forward on an action log;
37.4. Advising the Trust Board on governance matters.

38. A full set of papers comprising the agenda, minutes and associated reports will be sent within the timescale set out in Standing Orders to all Trust Board Members and others as agreed with the Chair and Chief Executive.

Conflict with Standing Orders Set

39. In the event of a conflict between these Terms of Reference and the content of the Standing Orders Set, the content of the Standing Orders Set should take precedence.

Review

40. These Terms of Reference will be reviewed and approved at least every 12 months.

Approved by the Trust Board, 29th July 2021~~21st May 2020~~