

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	10 AUGUST 2018
SUBJECT:	REPORT FROM THE STRATEGIC WORKFORCE COMMITTEE (SWC)
BOARD SPONSOR:	CHAIR OF THE STRATEGIC WORKFORCE COMMITTEE
PAPER AUTHOR:	CHAIR OF THE STRATEGIC WORKFORCE COMMITTEE
PURPOSE:	APPROVAL
APPENDICES:	APPENDIX A: ANNUAL TURNOVER ANALYSIS REPORT FOR 2017/18 APPENDIX B: EXIT INTERVIEW SUMMARY REPORT FOR QUARTER 4

BACKGROUND AND EXECUTIVE SUMMARY

The Committee is responsible for providing the Board with assurance on all aspects relating to the workforce, including strategy, delivery, governance, risk management.

This report presented reflects Committee activity for the June 2018 meeting.

The report seeks to answer the following questions in relation to workforce:

- What went well over the period reported?
- What concerns were highlighted?
- What corrective action was sought?

MEETING HELD ON 29 JUNE 2018

- 1.1 Issues from May 2018 Integrated Performance Report (IPR) – Workforce Key Performance Indicators (KPIs) were discussed:
 - 1.1.1 Committee members' expressed concern that a number of the people indicators were moving negatively and that focussed attention was needed especially on recruitment. It was accepted that some factors (e.g. the Government refusing visas for overseas recruits) are beyond local control but the members' felt that there was a lack of assurance that Trust measures were producing improvements;
 - 1.1.2 A number of actions are in place to support both medical and nursing recruitment and this will be reported to the August Board and followed up at the August SWC.

The Committee received the following reports and assurances:

- 2.1 Staff Survey follow up report:
 - 2.1.1 A revised leadership/development programme has now been agreed.
 - 2.1.2 A Listening into Action scheme is being rolled out, with a clinical lead.
 - 2.1.3 The Quality Committee has reviewed the survey feedback about staff concerns in giving good quality service and concluded that no leading indicators were missed.
 - 2.1.4 The Committee stressed the need to empower frontline staff's ability to influence and implement changes and asked what indicators of success could demonstrate progress from these Latest initiatives.
- 3.1 Staff Turnover report:
 - 3.1.1 The annual turnover analysis report for 2017/18 is attached for noting (Appendix A) to brief the Board on this important subject;
 - 3.1.2 The exit interview summary report for quarter 4 is attached for noting (Appendix B).

- 3.1.3 The key headlines included:
- 3.1.3.1 Total turnover (**12.8%**) for 2017/18 is 0.5% higher than 2016/17 (12.3%);
 - 3.1.3.2 Total leavers ($n = 820$) for 2017/18 is equivalent to 2016/17 ($n = 815$);
 - 3.1.3.3 Premature turnover (**20.6%**) has improved by a further 1.5% - the lowest recorded. This represents a staggering 19.7% improvement, saving the Trust £563,066.70;
 - 3.1.3.4 The number of joiners ($n = 1217$) is significantly greater than last year ($n = 821$);
 - 3.1.3.5 The Trust enjoyed a net gain of 397 (Whole Time Equivalent (WTE)) staff this year (vs. 5 WTE in 2016/17);
 - 3.1.3.6 Retirement is the number one stated reason for leaving (36%);
 - 3.1.3.7 With >30% of the workforce 50+ years this represents a challenge & opportunity;
 - 3.1.3.8 Nurses represent our largest leaver group (204 nurses left the Trust in 2017/18);
 - 3.1.3.9 There was a net loss of nurses in 2017/18 (-28 WTE) as only 176 joined;
 - 3.1.3.10 More than a quarter (27%) of all turnover is from Clinical Support Services;
 - 3.1.3.11 More than a quarter (27%) of new starters leave Urgent Care & Long Term Conditions (UC<C) within their first year.
- 4.1 Specialty Associate Specialist (SAS) Doctors
- 4.1.1 Following a British Medical Association (BMA) survey which indicated levels of dissatisfaction, an action plan is in hand and a consultant champion is being appointed to help improve the engagement and satisfaction of this important group.
- 5.1 Doctors in Training
- 5.1.1 A series of doctors mess and sleeping facilities improvements are in hand. The Medilead programme will be launched this year following success in other Trusts.
- 6.1 Recruitment Improvement Plan
- 6.1.1 A revised and strengthened plan is being led by the Director of HR;
 - 6.1.2 The Committee requested that ways to measure candidate experience and the quality of local management support to newcomers should be included in the plan.
- 7.1 Occupational Health Report
- 7.1.1 Management and Board support is needed to reduce the number of Did Not Attends (DNAs), which is not only reflecting in a waste of resources, but increased possible health risks such as MMR;
 - 7.1.2 The Trust take up of flu jabs at 73.8% is amongst the most improved in the UK.
- 8.1 Integrated Education, Training and Leadership Development Board (IETLD)
- 8.1.1 Given the importance of this area for the future of the Trust, and the emergence of a local Medical School the overall strategy is being reviewed by a Working Group and will be re-presented;
 - 8.1.2 Trust apprenticeship programmes are making good progress, with a 90% conversion to Trust rules, and recognition as the Kent, Surrey and Sussex apprentice of the year.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to discuss and accept the report for approval from the Strategic Workforce Committee.

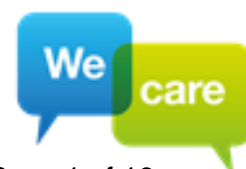


**East Kent
Hospitals University**
NHS Foundation Trust

Annual Turnover Report [2017/18]

**East Kent Hospitals
University NHS Foundation
Trust**

Robert Fordham



Annual Turnover Data Analysis Report (2017/2018)

	2017/18
	<i>n</i>
Total joiners	1217
Total leavers	820
Premature leavers	169
Trust total headcount (avg)	6589
Leavers pcm (avg)	68.36
Premature leavers pcm (avg)	14.06

	%
Total Turnover (Year to Date (YTD))	12.8
Premature turnover (% of total leavers within first year of employment)	20.6
First year leavers (% of new starter leavers as proportion of joiners)	13.9

Top 5 reasons for leaving

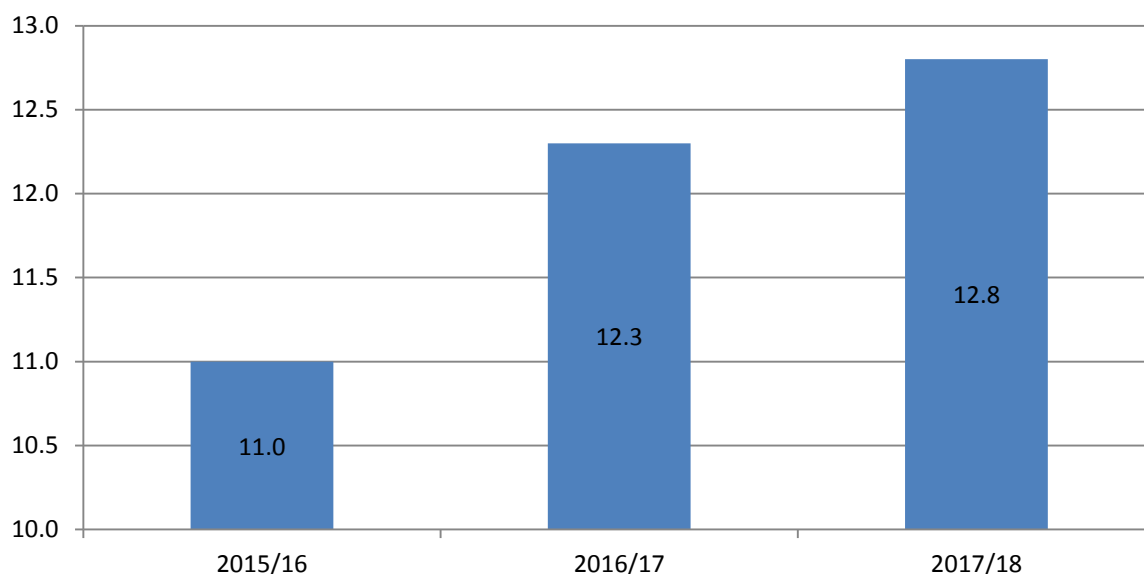
	Ranking
Retirement	1. (36%)
Excessive Pressures	2. (21%)
Relocation	3. (9%)
Line Manager	4. (6%)
Promotion	4. (6%)

** based upon 218 responses across Q1, Q2, Q3 & Q4 (39% RR)*

Headlines & concerns

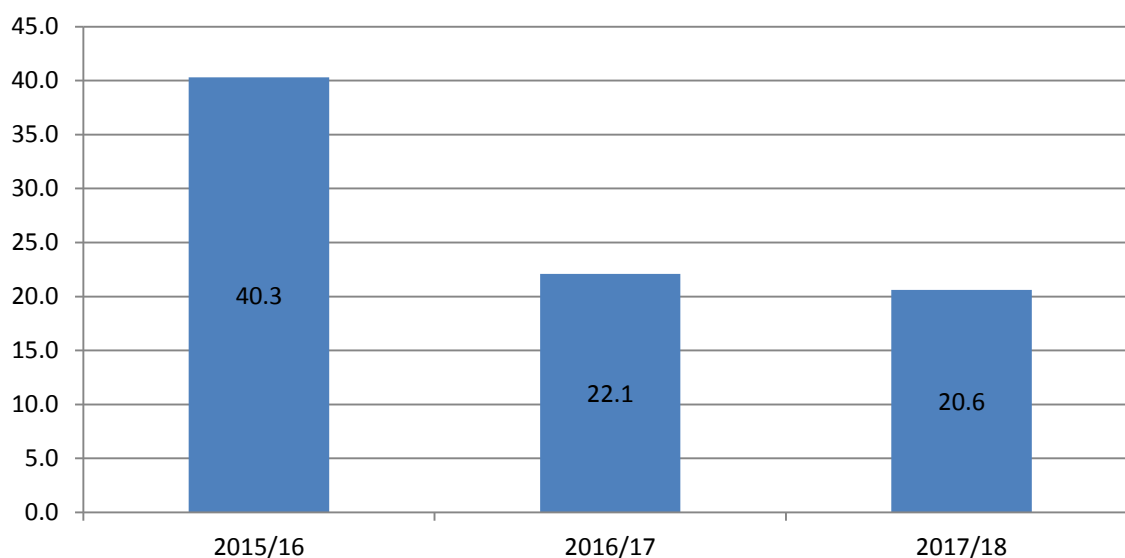
Nurses represent 25% of total turnover	204 nurse leaves
HCA's represent 14% of total turnover	118 HCA leavers
HCA's represent 24% of premature turnover	36 HCA's
Nurses represent 24% of premature turnover	34 nurses
Turnover highest in Clinical Support Services	217 leavers
Turnover high in Urgent Care & Long Term Conditions (UC<C)	202 leavers
Premature turnover highest in UC<C	27% (55 leavers)

Annual Comparison & Overview



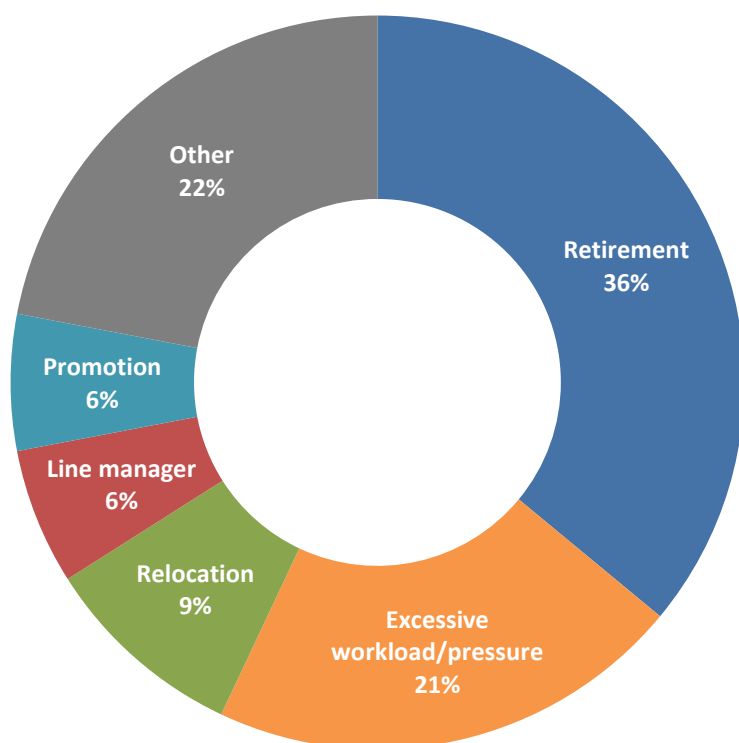
Total turnover for the 2017/18 financial year was 12.8%. This was 0.5% higher than last year, although represents a smaller rise than we saw from 2015/16 to 2016/17 (1.3%). Since the implementation of the Retention Programme two years ago total turnover has risen by a total of 1.8% which is in-line with national trends. Despite this rise our Trust turnover rate remains below the national average of 14.9% provided by NHS Digital (see appendix 1).

Premature Turnover



Premature turnover (leavers within their first year of service) for 2017/18 was only 20.6%. This represents a 19.7% reduction in just two years. The results are even more promising given they have been sustained against the backdrop of a challenging year and reduced further (by 1.5%). This reduction represents a cost saving of £563,066.70 over two years, highlighting the positive implications of investing in a robust, high-quality on-boarding programme – a model that has received national recognition and adoption.

Reasons for Leaving

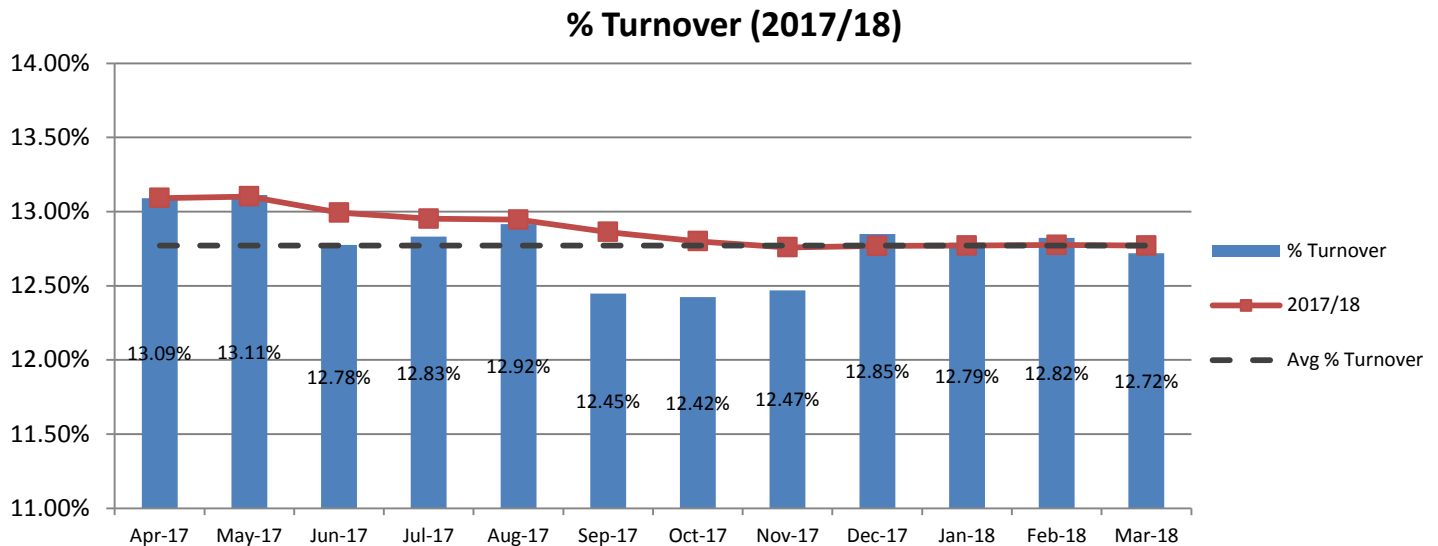


Our online Exit Interviews identified that the primary reason for leaving East Kent Hospitals was retirement (see Appendix 2). This accounted for more than a third (36%) of our leavers who responded to the survey ($n = 218$, response rate 39%). Given that the Office for National Statistics (ONS) predicts the 50yrs+ population is due to grow by 1.9 million and the 16-49yr population to fall by 292,000 by 2022 this makes the need to act to prevent a future and foreseeable, detrimental loss of workforce even more imperative. By 2021 one in three workers will be over the age of 50. Given our ageing workforce and East Kent's demographics (see Appendix 3) we clearly need to explore targeted methods to retain our older workers.

The terms of reference for a Working Longer Group (WLG) are currently being developed to support this aim. This will seek to change the climate of decision-making around future working options for our older staff. Flexible working options for example that seek to encourage staff to remain with the Trust, albeit in a different capacity, should be explored. An external company (Eulogie) has also been commissioned to run pre-retirement seminars, twice a year - the pilot of which was successful.

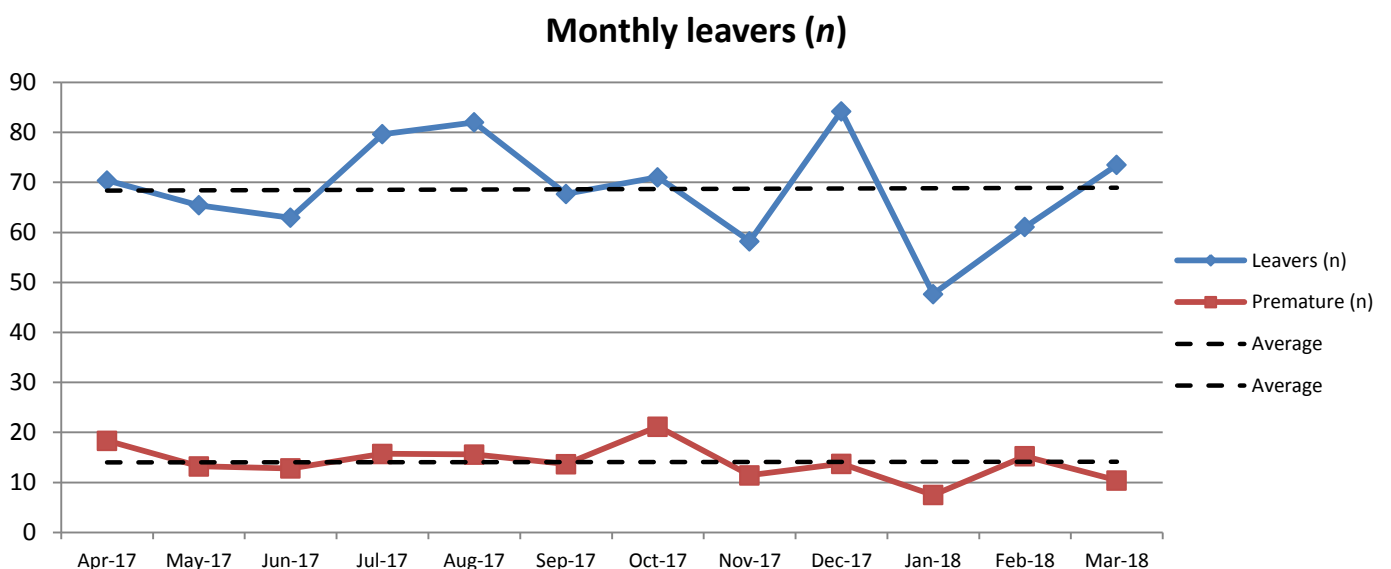
It is also important to note that more than 1 in 5 surveyed leavers (21%) primarily chose to leave due to 'excessive workload/ pressures'. This highlights our need to improve the quality of working lives for our staff as part of our ambition to make the Trust a 'great place to work'. Working to reduce operational pressures alongside this should help prevent a further rise in turnover.

Annual Turnover tracking (2017/18)



Total turnover was a little high at the beginning of the year at 13% but subsequently stabilised for the remainder of the year, with a reduction over the months of September-November. There was a slight downward trend over the year and the final year average was **12.77%**.

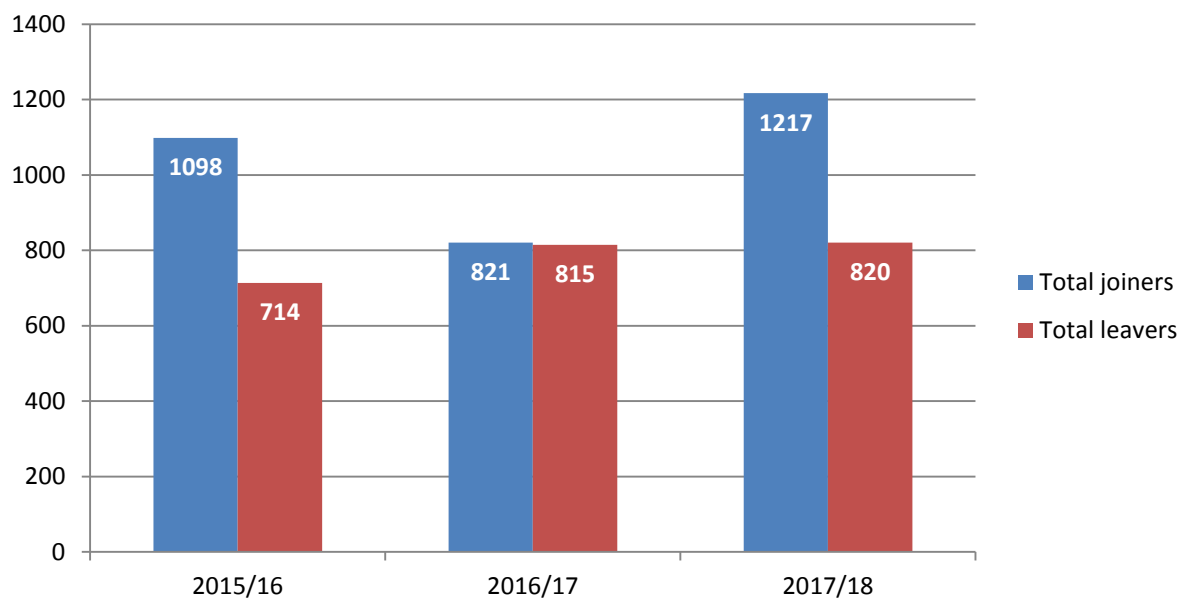
Monthly Premature and Total Turnover (2017/18)



There were some fairly large fluctuations in turnover throughout the year. December saw the largest number of leavers ($n = 84$) and January the lowest number ($n = 47$). Over the course of the year the total number (per calendar month (pcm)) averaged **68.36** which is almost identical to last year (67.89 pcm). In fact, over the course of the entire year, there were only 5 more leavers this year than last (820 vs. 815).

Last years' reduction in premature turnover was sustained and marginally reduced again to a new low of **20.6%** (vs. 22.1% for 2016/17). Given the continued improvement and the embedded nature of the new starter programme (New Starter Portal, Junior Doctor Portal, Trust Welcome Day and Clinical Induction), it is recommended that for 2018/19 the focus shifts towards nurse retention.

Annual Turnover Comparison



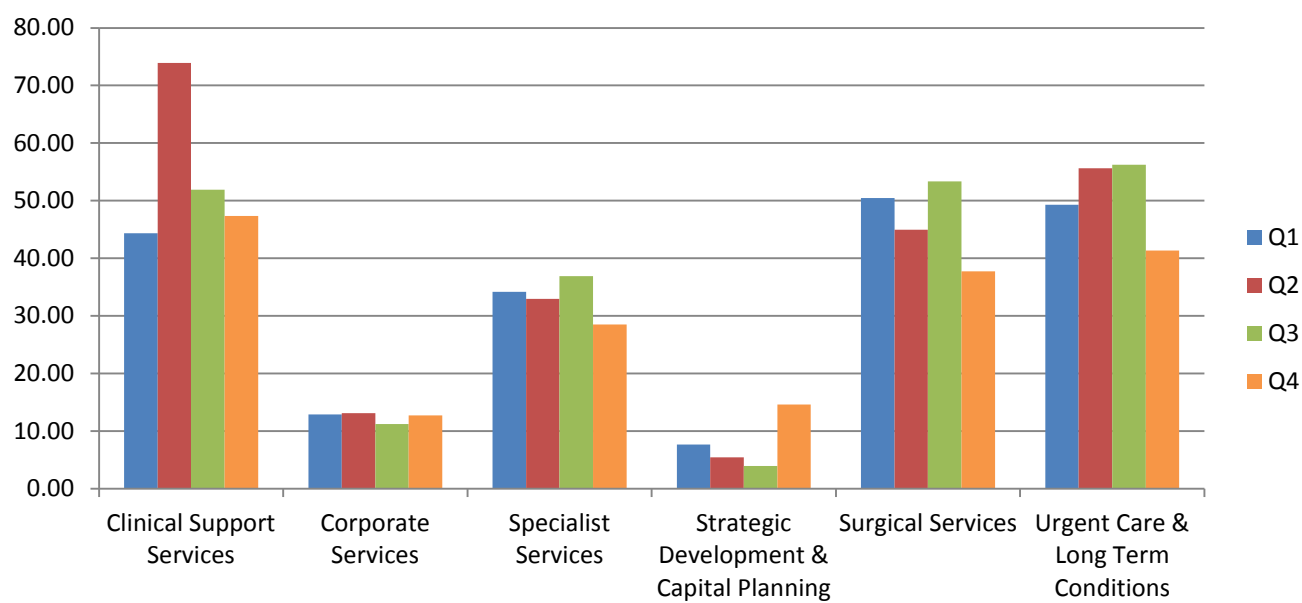
Joiners have outstripped leavers for each of the last three years. However, the ratio of joiners to leavers is much more comparable from 2015/16 to 2017/18, where there was a net growth of the staff base by approximately 400 staff. The number of total leavers has risen since 2015/16 but appears stable.

Divisional Breakdown

Division	Total Leavers (WTE)
Clinical Support Services	217
Corporate Services	49
Specialist Services	132
Strategic Development & Capital Planning	31
Surgical Services	186
Urgent Care & Long-Term Conditions	202

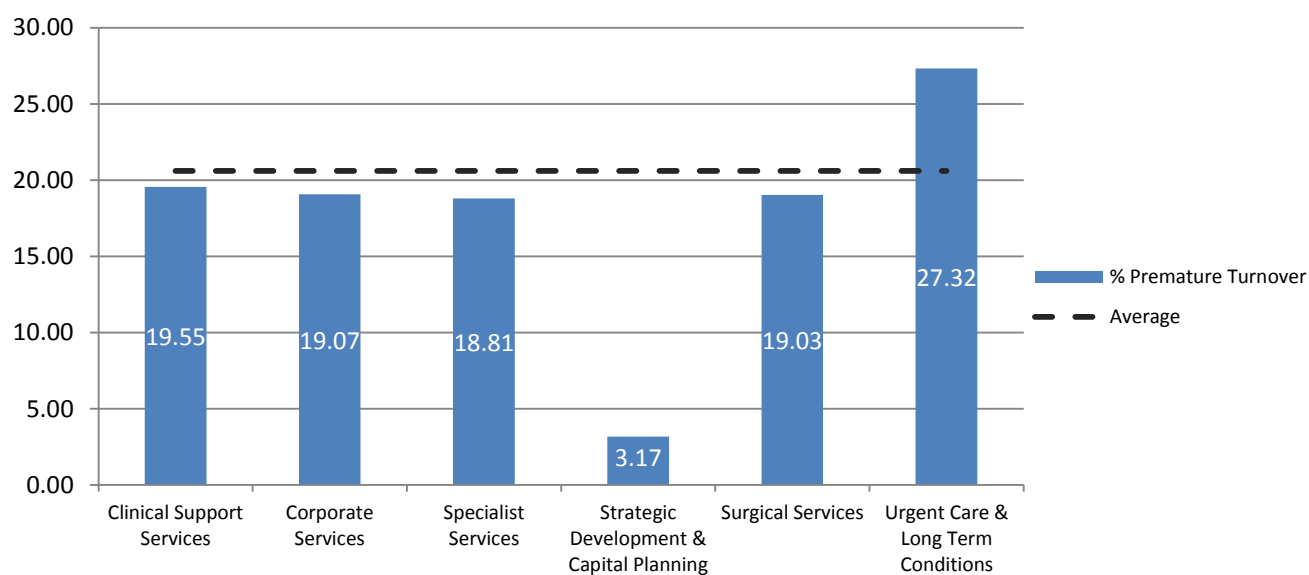
Turnover was highest in Clinical Support Services, where 217 staff left throughout the year. More than 200 staff ($n = 202$) also left UC<C. The level of turnover in Surgical Services is also high ($n = 186$). These rates are a marker of the level of pressure and staff experience in these areas. Given the focus on achieving the emergency care national standard, it is even more imperative that we work to retain existing staff in UC<C.

Quarterly Turnover Divisional comparison



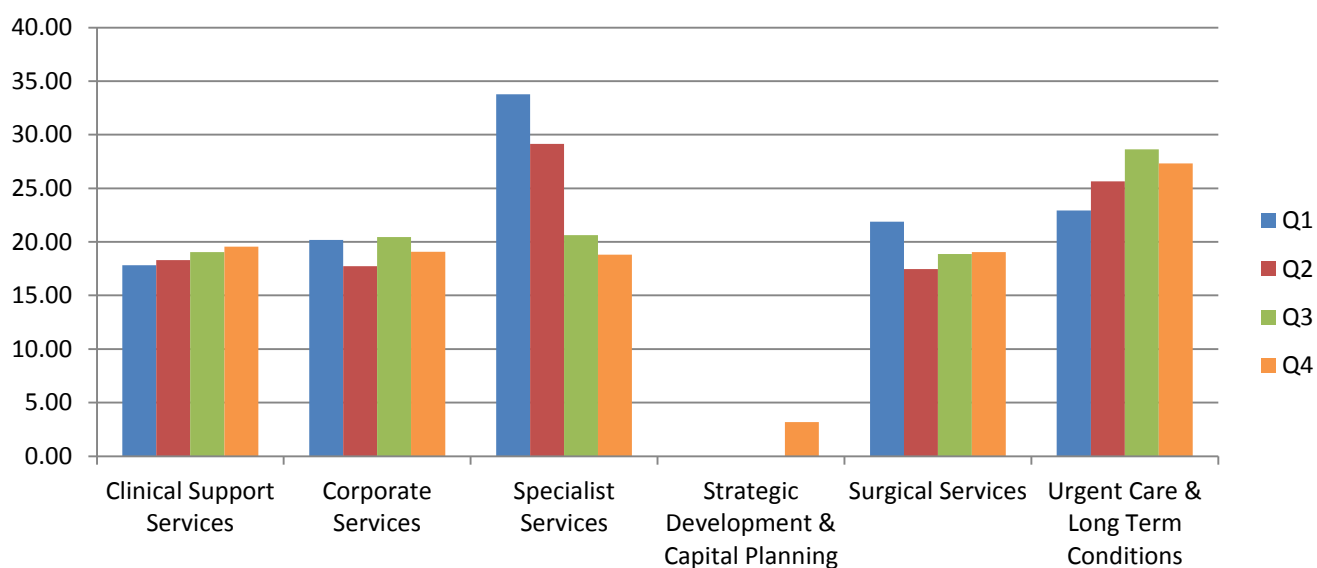
For most of the Divisions there was not a significant difference in turnover throughout each quarter. That is with the exception of Clinical Support Services, where Q2 saw a large peak ($n = 74$) in leavers. It is reassuring that this reduced to more comparable levels over the subsequent six months. It is also promising that the upward trend in turnover in UC<C was reduced in Q4.

Premature Turnover (%) Divisional comparison

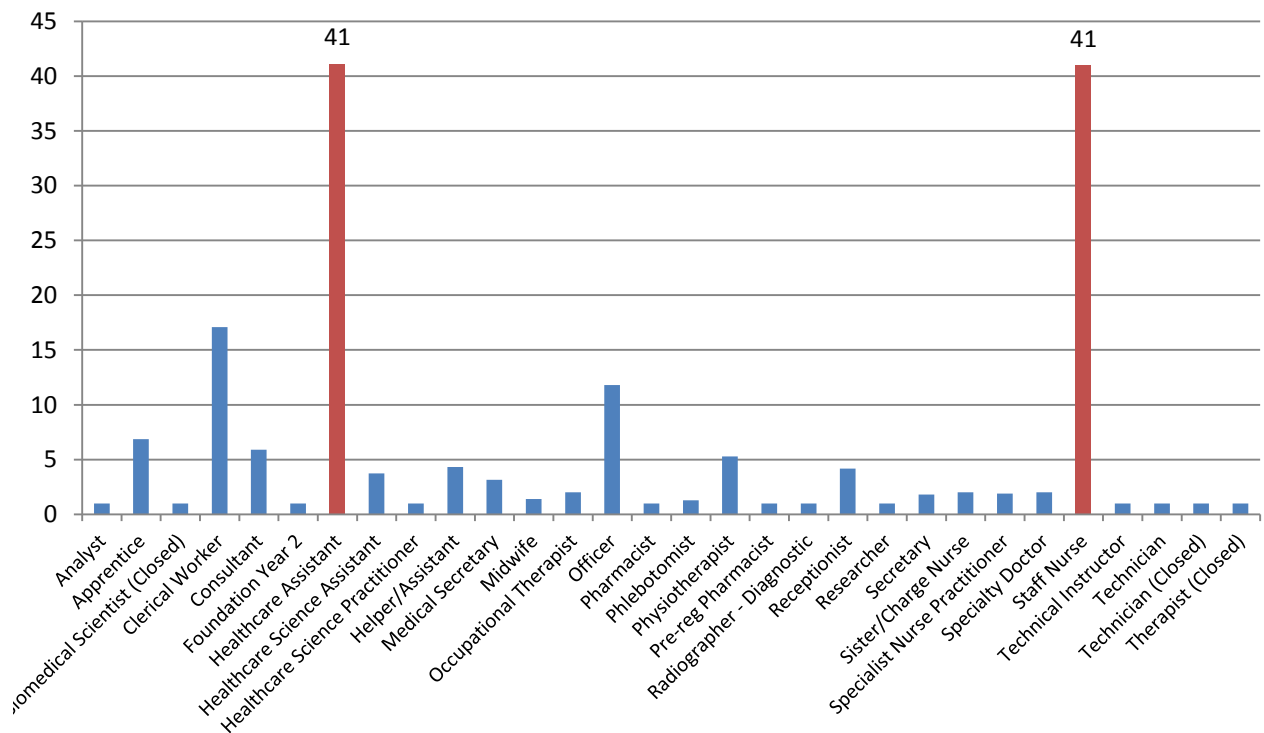


The chart above identifies % premature turnover as a proportion of leavers within their Division. Premature turnover is high (**27.32%**) in UC<C which remains a concern. This has stabilised in all other divisions where they are below the Trust average (20.6%). Strategic Development & Capital Planning saw only 1 (WTE) premature leaver in the entire year.

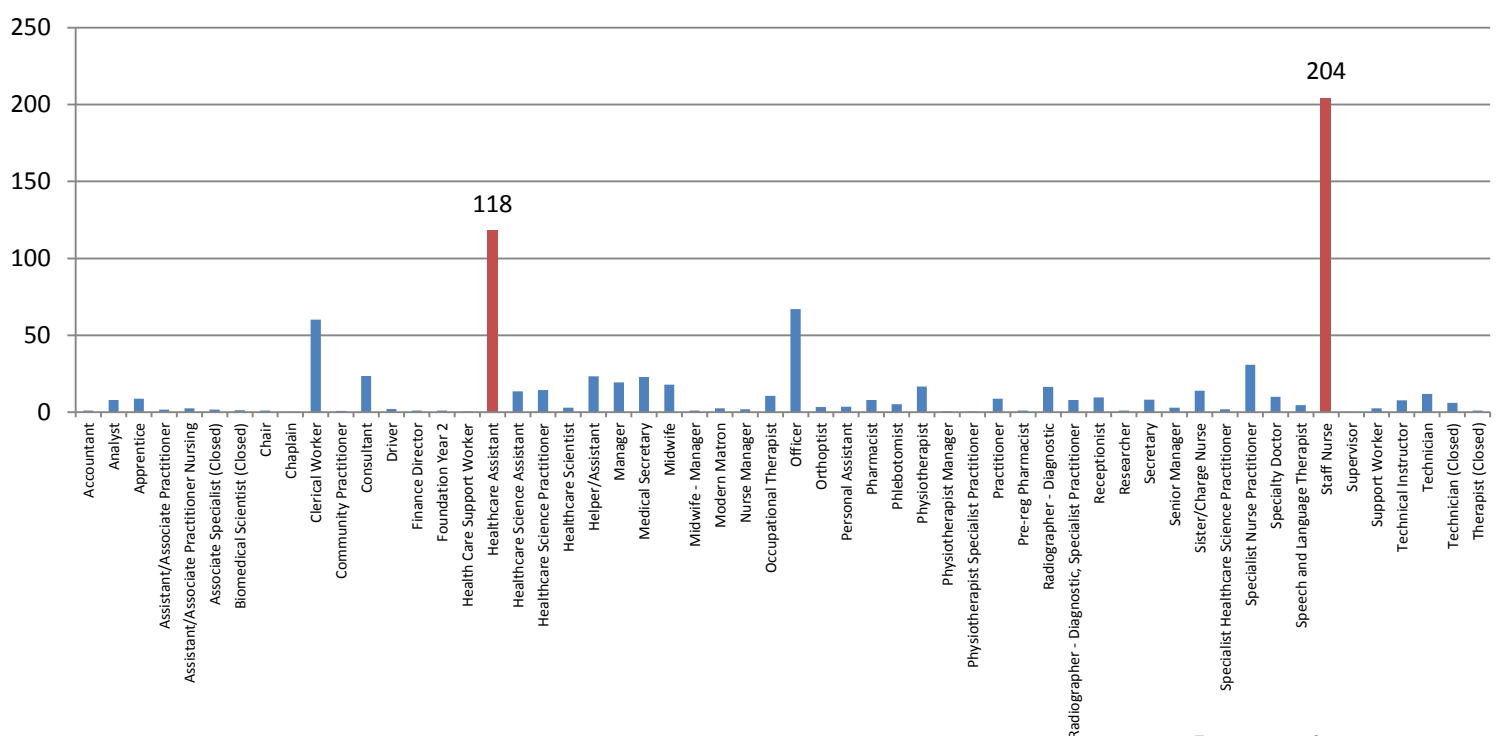
Quarterly Premature Turnover comparison



Premature turnover has reduced steadily in Specialist Services from Q1 to healthy levels. There appears to be a trend toward increasing premature turnover in both Clinical Support Services and UC<C – the two Divisions where total turnover is highest.

Premature Turnover (WTE) by Role

Premature turnover is comprised primarily of nursing staff ($n = 41$) and Healthcare Assistants ($n = 41$), each accounting for 24% of our premature turnover.

Total Leavers (WTE) by Role

Nurses also account for 24% of our total turnover. This is particularly concerning when we see that 204 nurses left the Trust in 2017/18 and only 176 joined, leaving us with a net loss of 28 nurses at a time when their presence is critical.

Healthcare Assistants (HCA) account for 15% of our total leavers ($n = 118$), although with 208 new HCA's in 2017/18 we still had a net gain of 90 HCA's.

Summary Headlines:

Total turnover (**12.8%**) is slightly higher than the 2016/17 average.

Premature turnover (**20.6%**) is the lowest it has been and remains below last years' average.

Total leavers pcm (68.36) is comparable to last year (67.89).

We have seen significantly more joiners ($n = 1217$) than leavers ($n = 820$) to-date this year.

More than 1 in 4 joiners (27%) to UC<C leave within their first year – a concerning trend.

Clinical Support Services have seen 217 leavers to-date this year.

Nurses represent our largest leaver group – and we have seen a net loss of 28 WTE over 2017/18.

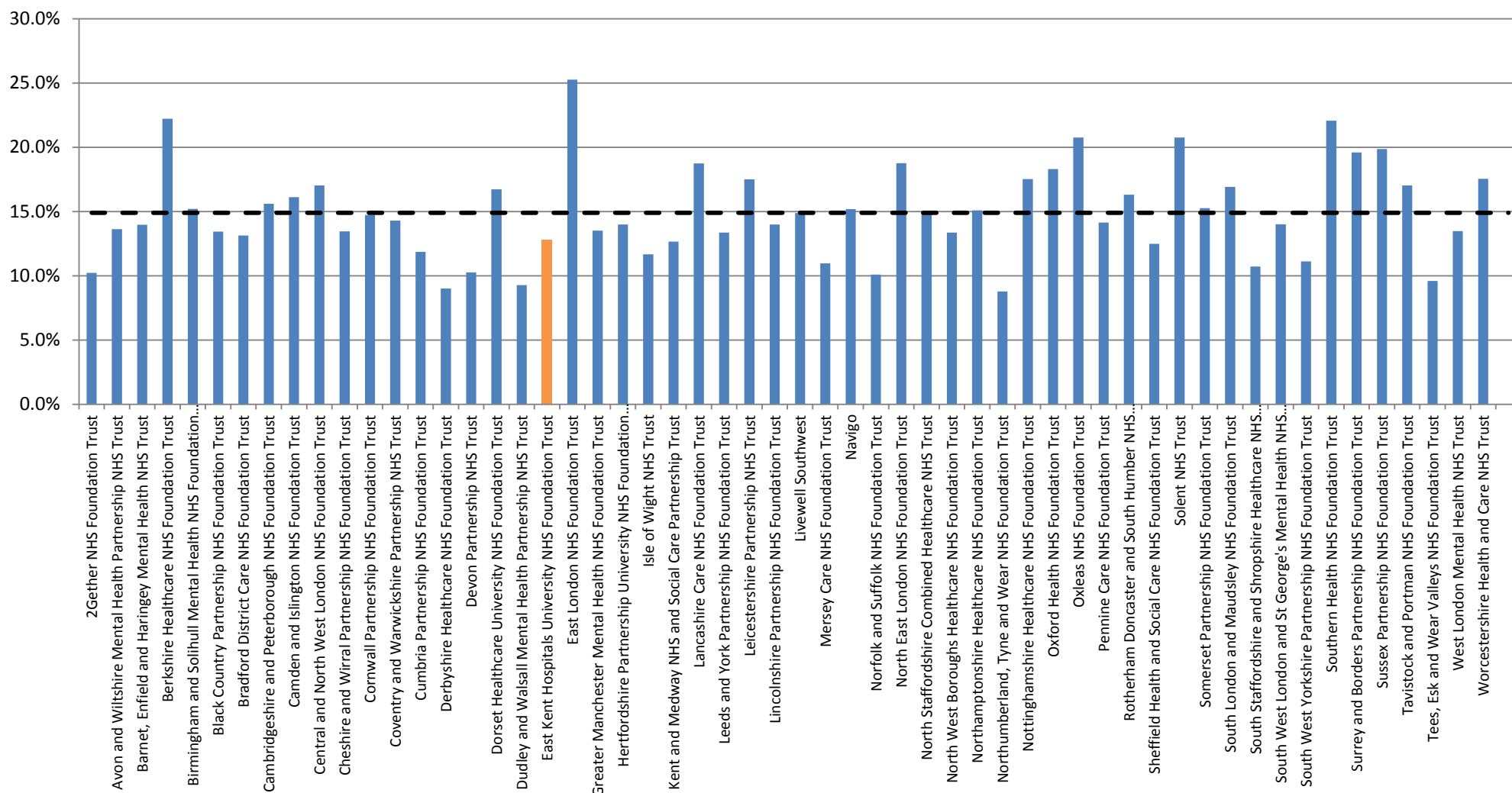
Healthcare Assistants represent our next largest leaver group – we have lost 118 HCA's this year, many of which are in their first year of employment ($n = 41$).

It is recommended that we focus on nurse retention throughout 2018/19.

Appendices

Appendix 1

National Turnover Data for 56 NHS Trusts provided by NHS Digital as part of NHS Workforce Statistics (published Oct 2017).



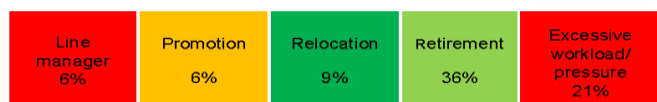
NB: National Turnover data for 55 NHS Trusts shown in blue. East Kent Hospitals University NHS Foundation Trust (12.8%) highlighted for identification. National average trend line (14.9%) inserted for reference.

Appendix 2

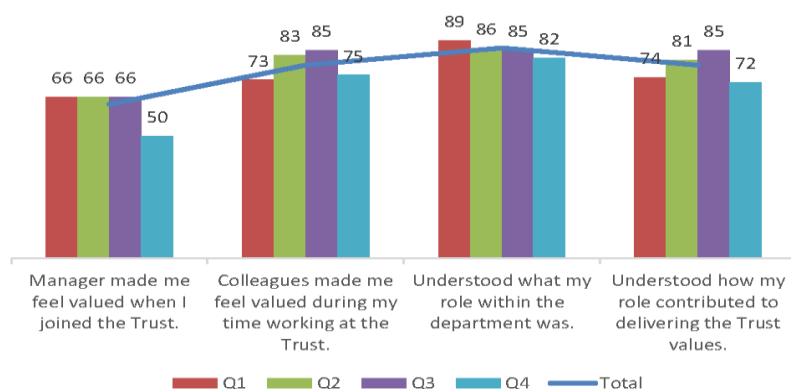
Exit Interviews Quarter 4 (Survey in field 1st Jan- 31st March)



Top 5 reasons for leaving Q4

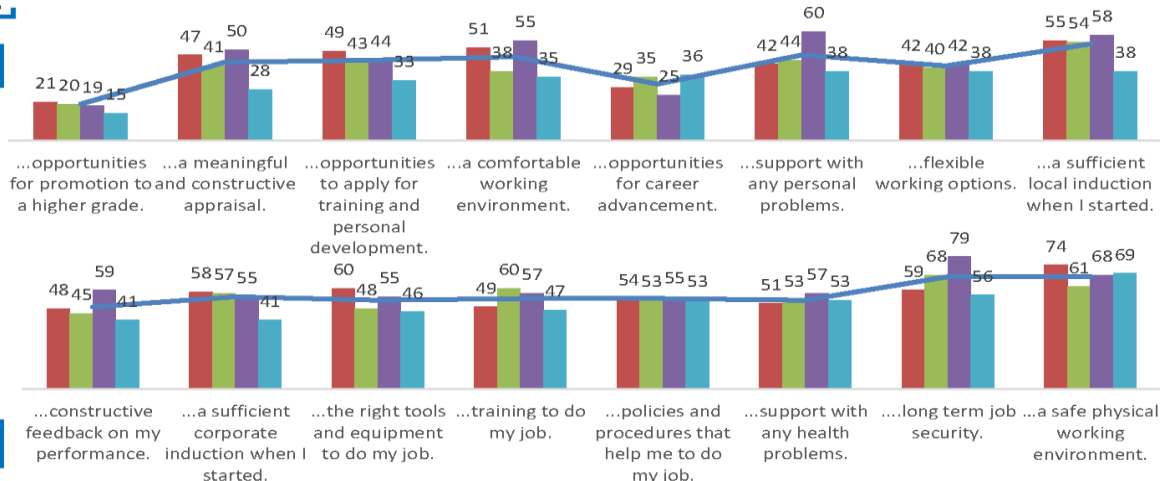


Employment experience

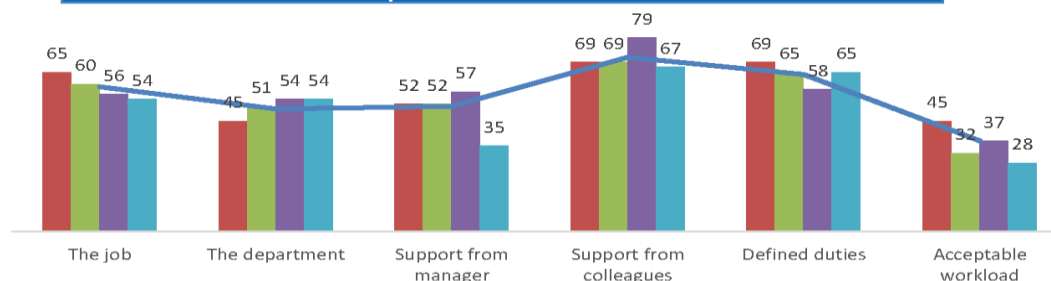


Working at EKHUFT

I believe my employer provided me with...



% Expectation met of...



Base: N =218 total, N=33 for Q4

[With the exception of 'top 5 reasons for leaving' all scores are displayed using positive percentage scoring]

Appendix 3**Table 1. Mean age of population by sex in Kent local authorities**

Mean age (years)			
	Total persons	Males	Females
Ashford	40.3	39.5	41.1
Canterbury	40.0	38.7	41.3
Dartford	38.0	37.3	38.6
Dover	43.3	42.4	44.2
Gravesham	39.1	38.4	39.8
Maidstone	40.6	39.5	41.6
Sevenoaks	41.9	40.9	42.8
Shepway	43.6	42.6	44.7
Swale	40.3	39.4	41.2
Thanet	42.4	41.0	43.7
Tonbridge & Malling	40.5	39.7	41.3
Tunbridge Wells	40.8	39.8	41.7
Kent	40.9	39.9	41.9
Medway	38.3	37.5	39.0
Kent & Medway combined	40.5	39.5	41.4
England	39.8	38.9	40.8

Source: Based on Revised 2016 Mid Year Population Estimates, Office for National Statistics (Crown Copyright)

This table prepared by Strategic Business Development & Intelligence, Kent County Council - March 2018

NB: Mean age is higher in the East Kent coastal area with the mean age of residents in Dover, Shepway and Thanet all above 42 years. Mean age is youngest in Dartford (North Kent) at 38 years.

Table 2. Kent Population Estimates and Age Distribution (updated March 2018)**Revised 2016 Mid Year Population Estimates by 5-year Group and Gender**

Source: Population Estimates Unit, ONS (Crown Copyright)

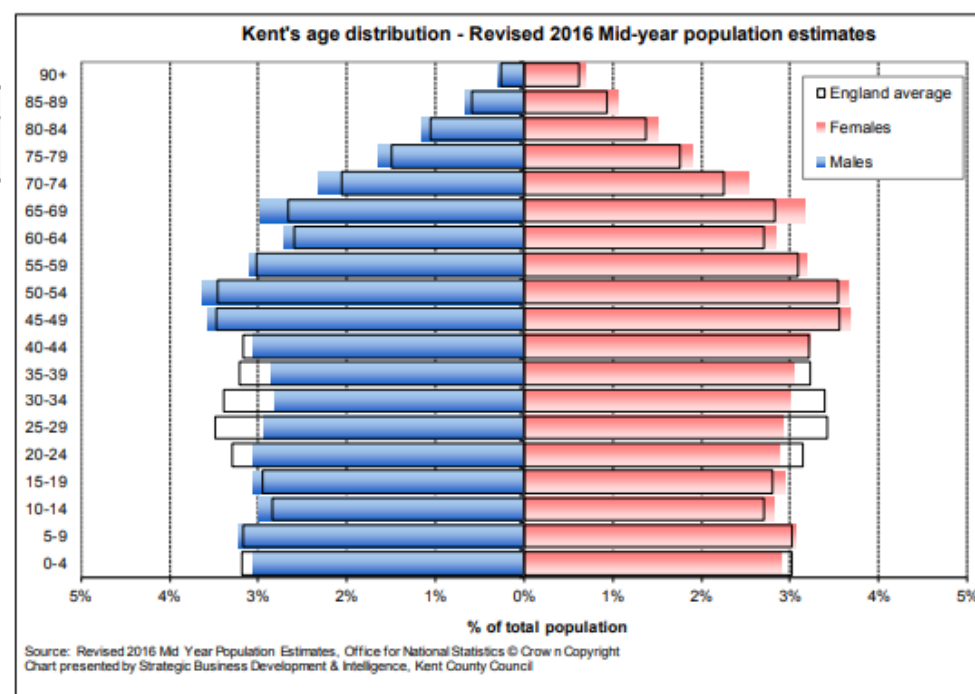
Presented by Strategic Business Development & Intelligence, Kent County Council - March 2018

All figures are separately rounded to the nearest hundred and therefore may not sum.

Percentages are calculated using unrounded numbers.

KENT COUNTY COUNCIL (KCC) AREA

	Total Persons		Males		Females	
	No.	% of total population	No.	%	No.	%
All Ages	1,540,400		755,700	49.1%	784,700	50.9%
0-4	91,800	6.0%	47,000	51.2%	44,800	48.8%
5-9	96,600	6.3%	49,600	51.3%	47,000	48.7%
10-14	89,300	5.8%	46,000	51.5%	43,300	48.5%
15-19	92,500	6.0%	47,000	50.9%	45,500	49.1%
20-24	91,400	5.9%	47,000	51.4%	44,400	48.6%
25-29	90,200	5.9%	45,200	50.2%	44,900	49.8%
30-34	89,600	5.8%	43,400	48.4%	46,300	51.6%
35-39	90,700	5.9%	43,900	48.4%	46,800	51.6%
40-44	96,600	6.3%	47,000	48.7%	49,500	51.3%
45-49	111,500	7.2%	55,000	49.3%	56,500	50.7%
50-54	112,300	7.3%	56,000	49.8%	56,400	50.2%
55-59	96,700	6.3%	47,800	49.4%	48,900	50.6%
60-64	85,400	5.5%	41,800	49.0%	43,600	51.0%
65-69	94,500	6.1%	45,800	48.4%	48,800	51.6%
70-74	74,700	4.8%	35,700	47.7%	39,000	52.3%
75-79	54,200	3.5%	25,200	46.4%	29,100	53.6%
80-84	40,800	2.6%	17,700	43.4%	23,100	56.6%
85-89	26,500	1.7%	10,200	38.7%	16,200	61.3%
90+	15,200	1.0%	4,500	29.6%	10,700	70.4%



NB: As we can see, the single largest population group are those aged 50-54 years (112,300 or 7.3%). This is followed closely by those aged 45-49 years, highlighting the volume of population that will be 50+ years within the next 5 years.

**Exit
Interview
One page
Summary-
East Kent
Quarter 4**



Exit Interviews Quarter 4 (Survey in field 1st Jan- 31st March)

39%

Response rate
Compared to 40% in Q3

24%

would recommend
EKHUFT as a place to work
compared to 41% in Q3

39%

would recommend
EKHUFT for treatment-
compared to 58% in Q3

Top 5 reasons for leaving Q4



Line manager
6%

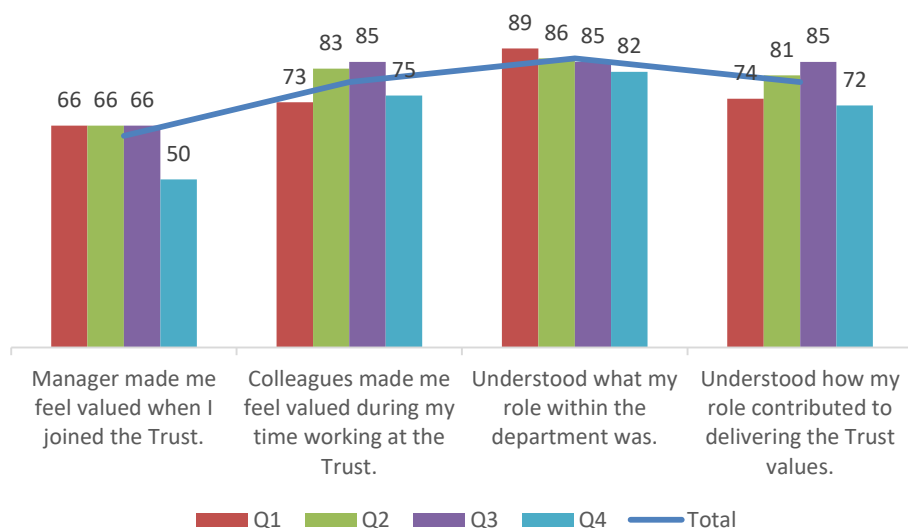
Promotion
6%

Relocation
9%

Retirement
36%

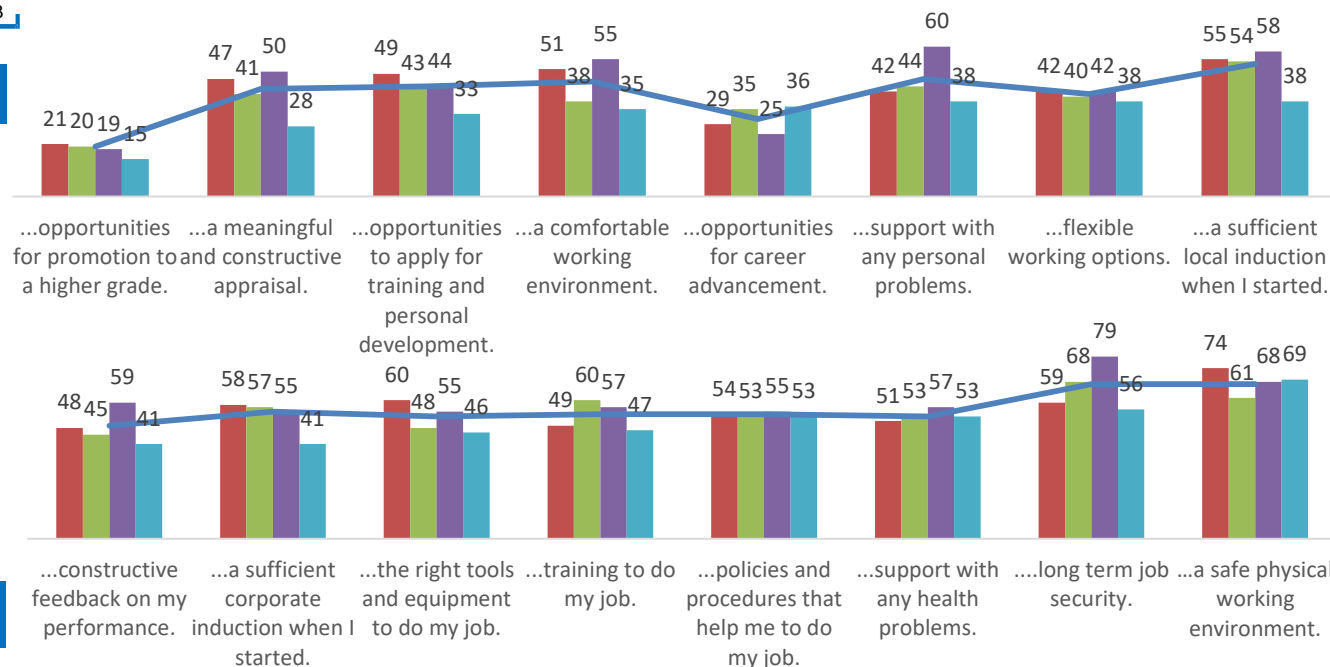
Excessive workload/
pressure
21%

Employment experience

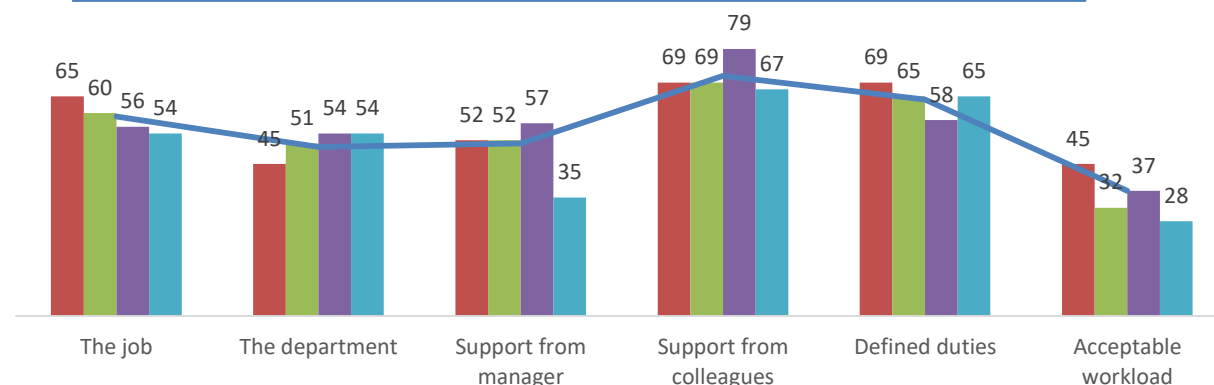


Working at EKHUFT

I believe my employer provided me with...



% Expectation met of...



Base: N =218 total, N=33 for Q4

[With the exception of 'top 5 reasons for leaving' all scores are displayed using positive percentage scoring]

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	10 AUGUST 2018
SUBJECT:	REPORT FROM THE NOMINATIONS COMMITTEE
BOARD SPONSOR:	CHAIR OF THE NOMINATIONS COMMITTEE
PAPER AUTHOR:	CHAIR OF THE NOMINATIONS COMMITTEE
PURPOSE:	APPROVAL
APPENDICIES:	NONE

BACKGROUND AND EXECUTIVE SUMMARY

The Nominations Committee is a Committee of the Board and fulfils the role of the Nominations Committee for Executive Directors described in the Trust's constitution and the NHS Foundation Trust Code of Governance.

The Trust Chairman and other Non-Executive Directors and Chief Executive (except in the case of the appointment of a Chief Executive) are responsible for deciding the appointment of Executive Directors.

The appointment of a Chief Executive requires the approval of the Council of Governors.

MEETING HELD ON 26 JULY 2018

The Committee received and discussed the following reports:

- 1.1 Succession planning and talent management review setting out the latest succession plan, to ensure that the organisation has staff with the right skills and potential to move into key leadership roles.
 - 1.1.1 The Committee was assured that there are robust succession plans in place;
 - 1.1.2 The review identified gaps in relation to cover for the role of the Head of Programme Management Office (PMO). This will be addressed as part of the review and recruitment of the PMO team, to ensure that there is sufficient staff capacity in the PMO. This will also include the provision of appropriate cover for this role;
 - 1.1.3 There was also a gap with the Trust Secretary role, as there is no immediate cover. It was noted that this was not an unusual position within the NHS as these roles tended to be stand alone. This gap was acknowledged and it was noted that if cover was required this would be mitigated by the provision of interim support.
- 1.2 Fit and proper persons test, which applies to all NHS organisations and includes Executive Directors and Non-Executive Directors appointed to the Board. This is around ensuring that all Directors meet the fitness test and do not meet any of the 'unfit' criteria.
 - 1.2.1 The guidance requires the Trust to regularly review the fitness of Directors to ensure they remain fit for the role they are in. An annual declaration had been completed by all the Directors, which has been assessed to ensure continued fitness;
 - 1.2.2 The Committee was assured that all the Directors remained fit for the role they are in.

1.3 Register of interests, which was noted and approved.

1.3.1 An additional declaration of interest was reported by Wendy Cookson, Non-Executive Director (NED), who will be a NED with Medway Community Healthcare from 1 August 2018;

1.3.2 The register will be circulated to the NEDs and Executive Directors for review and confirmation that the register is up to date and includes all declarations of interest.

The Committee received and noted a verbal report for information regarding the pay, terms and conditions for 2gether Support Solutions (2SS) staff. It was confirmed that approval of 2SS terms and conditions was the responsibility of the 2SS Board and not the Trust Board or its Committees.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to discuss and accept the report for approval.

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	10 AUGUST 2018
SUBJECT:	REPORT FROM THE REMUNERATION COMMITTEE
BOARD SPONSOR:	CHAIR OF THE REMUNERATION COMMITTEE
PAPER AUTHOR:	CHAIR OF THE REMUNERATION COMMITTEE
PURPOSE:	APPROVAL
APPENDICES:	NONE

BACKGROUND AND EXECUTIVE SUMMARY

The Remuneration Committee is a Committee of the Board and fulfils the role of the Remuneration Committee (for Executive Directors) described in the Trust's constitution and the NHS Foundation Trust Code of Governance.

The purpose of the committee will be to decide on the appropriate remuneration, allowances and terms of and conditions of service for the Chief Executive and other Executive Directors including:

- (i) all aspects of salary (including performance related elements/ bonuses)
- (ii) provisions for other benefits, including pensions and cars
- (iii) arrangements for termination of employment and other contractual terms

To recommend the level of remuneration for Executive Directors and monitor the level and structure of remuneration for very senior management.

To agree and oversee, on behalf of the Board of Directors, performance management of the Executive Directors, including the Chief Executive.

MEETING HELD ON 26 JULY 2018

The following agenda items were received and discussed at the meeting:

- 1.1 Review of Pay Policy and Remuneration of Executive Directors and Very Senior Managers (VSMs). This is around a review being undertaken to revise the pay policies and practice to ensure these reflect best practice, provide value for money, motivates and rewards senior staff to deliver sustained high performance.
 - 1.1.1 The Committee agreed the proposed timeline of the review, that should be completed by the end of September 2018;
 - 1.1.2 The Committee agreed that salaries of comparator NHS Trusts should be reviewed and that these needed to be of similar size and also geographically similar to the Trust.
- 1.2 The Committee discussed the salary and terms and conditions for the Director of Finance and the Chair of the Board of Directors of 2gether Support Solutions (2SS).
 - 1.2.1 The Committee agreed that there needed to be a comparison review on salaries of organisations that were relative to NHS incumbents of other organisations that had already set up Subsidiary Companies;
 - 1.2.2 The Committee would receive a further report with a proposed salary range for approval for the Director of Finance;
 - 1.2.3 The Committee agreed that there would be a bonus scheme and that this

- should be value based including 360 degree feedback;
- 1.2.4 The Committee approved the salary of the Chair and that this will be a maximum of £40,000 per annum.
 - 1.3 Chief Executive Objectives 2018/19 and these were agreed by the Committee.
 - 1.3.1 Elements of these objectives would be embedded in the objectives of the Executive Directors.
 - 1.4 Executive Directors' Objectives 2018/19.
 - 1.4.1 The Committee considered, commented on and approved the individual Executive Directors' objectives.
 - 1.5 Personal Development Plans (PDPs) and Team Development needs for Executive Directors.
 - 1.5.1 The Committee discussed the Chief Executive's PDP that will include revising the Trust's Sustainability Strategy;
 - 1.5.2 The Committee discussed the PDPs of the Executive Directors and making these more strategic and aligned with the Chief Executive's around embedding the required culture change in the organisation.

The Chief Executive reported that the Trust will be revisiting and revising its Sustainability Strategy, as it is important that the organisation is sustainable going forward.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to discuss and accept the report for approval.

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	10 AUGUST 2018
SUBJECT:	REPORT FROM THE INTEGRATED AUDIT AND GOVERNANCE COMMITTEE (IAGC)
BOARD SPONSOR:	CHAIR OF THE INTEGRATED AUDIT AND GOVERNANCE COMMITTEE
PAPER AUTHOR:	CHAIR OF THE INTEGRATED AUDIT AND GOVERNANCE COMMITTEE
PURPOSE:	APPROVAL
APPENDICES:	APPENDIX A: BOARD ASSURANCE FRAMEWORK (BAF) AND ANNUAL PRIORITIES 2018/19: QUARTER 1

BACKGROUND AND EXECUTIVE SUMMARY

The Integrated Audit and Governance Committee (IAGC) is the high level committee with overarching responsibility for risk. The role of the IAGC is to scrutinise and review the Trust's systems of governance, risk management, and internal control. It reports to the Board of Directors (herein shown as the Board) on its work in support of the Annual Report, Quality Report, Annual Governance Statement, specifically commenting on the fitness for purpose of the Board Assurance Framework, the completeness of risk management arrangements, and the robustness of the self-assessment against Care Quality Commission (CQC) regulations.

The report seeks to answer the following questions in relation to risk, governance and assurance:

- What positive assurances were received?
- What concerns in relation to assurance were identified?
- Were any risks identified?
- What other reports were discussed?

MEETING HELD ON 30 JULY 2018

Positive assurance received in relation to:

- 1.1 The Committee received and discussed a report on the principal corporate and strategic risks, noting the changes that had been made to the risk register. It was noted that updates on the majority of the risks had improved and the Committee took assurance from the updates provided in the report.
 - 1.1.1 There was concern raised regarding some slippage around target dates, particularly in relation to HR risks;
 - 1.1.2 There were no new risks proposed for inclusion on the corporate risk register.
- 1.2 The Committee received and noted the Freedom of Information (FOI) Act Annual Report. This provided an analysis of activity undertaken for the year 2017/18 around monitoring the Trust's compliance with the FOI Act. Key highlights included:-
 - 1.2.1 There had been 551 requests during 2017/18 compared to 550 received during the previous year;
 - 1.2.2 82% of requests were responded to within 20 working days, 14% breached the deadline, and 4% were either withdrawn or closed due to clarification not received;
 - 1.2.3 There had been a total of 7 requests for an internal review, and following review, six were upheld and one requester was sent an amended response;
 - 1.2.4 The Trust achieved 82% compliance during 2017/18 compared to 89% compliance in the previous year.

- 1.3 The Committee received and discussed a Cost Improvement Programme (CIP) deep dive report regarding patient flow 3. This is a specific CIP to deliver changes to Medical and Health Care of Older People (HCOOP) beds resulting in the reduction in the average length of stay (LoS) and financial savings.
- 1.3.1 The Committee received assurance around the processes and controls in place along with the progress in delivering patient flow 3;
- 1.3.2 The success of this CIP requires assistance from community partners to deliver their capacity plans, as this will impact on patient flow within EKHUFT bed base;
- 1.3.3 All four Clinical Commissioning Groups (CCGs) have signed up to deliver the patient flow 3 objectives.
- 1.4 The Committee received and discussed the BAF and annual priorities 2018/19: Quarter 1 report, which is attached Appendix A for information and noting.
- 1.4.1 Concern was reiterated around the slippage of dates of some of the risks, particularly in relation to the HR risks with regards to recruitment and the recruitment service;
- 1.4.2 The Committee Chair, Chief Nurse & Director of Quality and Deputy Director of Risk Governance & Patient Safety had discussed the risk register and how the presentation of the risk register and its information can be improved upon;
- 1.4.3 The Committee reviewed the annual priorities regarding delivery of the Leadership Programme and considered the suggestion that this is removed as the consultancy spend required to support this piece of work was not agreed by NHS Improvement. An in-house programme is being developed that will commence in Spring 2019. The Committee is recommending that the Board approve the removal of this annual priority.
- Concerns in relation to assurance identified:
- 2.1 The Committee raised concern and discussed the lack of stock control systems in place. It recommended that once 2gether Support Solutions (2SS) was operating, as a priority 2SS look at and review the current system and ensure that an appropriately robust system is in place.
- 2.2 The Committee received and discussed a report on the review of Senior Managers' Risk Management Training Compliance.
- 2.1.1 It was noted that the current system was not working well enough;
- 2.1.2 The Trust Secretary undertook an action to review the training provision for Executive Directors and Non-Executive Directors. A proposed new methodology would be recommended to take this forward;
- 2.1.3 The Committee assigned an action to the Interim Chief Operating Officer to review the training provision for the senior staff and produce an action plan on addressing this and ensuring training compliance is improved.
- Other reports discussed:
- 3.1 The Committee received and discussed a quarterly Freedom to Speak Up Guardian (FTSUG) report providing an update on the activity of the FTSUGs.
- 3.1.1 It was noted that there had been a few more contacts to the FTSUGs, with a total of six over the quarter reported. Two were third parties asking for advice regarding witnessed bullying, one individual had copied in their Line Manager regarding their concern who dealt with the case directly. The remaining three individuals met with the FTSUGs;
- 3.1.2 The Committee noted the learning from the three case reviews carried out by the National Guardian Office (NGO) highlighting the areas the Trust needs to take into account as it develops its strategy and action plan to improve the culture and handling of cases;
- 3.1.3 There are FTSU Champions in place who are workplace buddies;
- 3.1.4 The FTSUG self review tool will be discussed at the August 2018 Closed Part II Board meeting.

- 3.2 The Committee received a verbal report from the Trust Secretary regarding gifts and hospitality.
- 3.2.1 The Committee noted that the implementation of a new system had been delayed;
- 3.2.2 The Committee would receive an improved report from the new system at its next meeting.
- 3.3 The Committee received and discussed the External Audit progress report.
- 3.4 The Committee received and discussed a report regarding the annual review of Policy on Procuring Non-Core Services from External Auditors.
- 3.4.1 The Committee noted that there were no significant proposed changes to the existing Policy;
- 3.4.2 It was noted that the Department of Health (DH) Group Accounting Manual 2018/19 section 5.53 had strengthened the requirement for reporting audit services. This had been reflected in the Policy, within section 5.3 reporting requirements;
- 3.4.3 The Committee approved this Policy.
- 3.5 The Committee received and discussed the Internal Audit progress report.
- 3.5.1 Internal Audit had finalised seven internal audit reports since the last IAGC meeting. Partial Assurance had been provided on two of these reports, regarding Referral to Treatment (RTT) and A&E Discharge Summaries;
- 3.5.2 The Committee noted the Internal Audit Annual Report 2017/18;
- 3.5.3 The Committee approved the Internal Audit Annual Plan 2018/19.
- 3.6 The Committee received and discussed the Counter Fraud progress report.
- 3.6.1 The Committee approved the Anti-Fraud, Bribery and Corruption Policy.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to:

- a) discuss and accept the report for approval;
- b) approve the removal of the annual priority in relation to delivery of the Leadership Programme.

BOARD ASSURANCE FRAMEWORK AND ANNUAL PRIORITIES 2018/19: QUARTER 1

REPORT TO:	AS PRESENTED AT THE INTEGRATED AUDIT AND GOVERNANCE COMMITTEE (IAGC)
SUBJECT:	BOARD ASSURANCE FRAMEWORK AND ANNUAL PRIORITIES 2018/19: QUARTER 1

BACKGROUND AND EXECUTIVE SUMMARY

The Board agreed its 2018/19 annual priorities at the April 2018 meeting. As part of good governance the Board Assurance Framework should be reviewed on a quarterly basis. The full Board Assurance Framework is provided as Appendix 1. As part of this review the following elements are highlighted and the detail is provided as Appendix 2 (colour coding relates to the appendix):

- Risk to the annual priorities – these are contained within the Board Assurance Framework with each risk being aligned with the annual priority it impacts;
- Assurance – there are two ways to look at assurance – the first relates to the level of information going to the Board for discussion so that Board members' are fully sighted on the topic; the second relates to what that assurance shows, for example and audit report may provide positive or negative assurance;
- Performance – each of the annual priorities have a number of objectives and associated metrics and quarterly reporting will show whether the quarter target was met or completed (blue); on track but there is no specific quarterly numeric target (green); delayed but still possible to deliver by the agreed date (amber); not met the quarterly numeric target (red); awaiting external input (grey).

This is the first quarterly report, this highlights the current performance, risks and assurance level. This report uses RAG rating to identify areas of concern from a risk, assurance and performance angle.

The IAGC's role is to discuss the assurance levels and possible gaps in assurance to provide feedback to the Executives on the additional evidence / assurance required. Where possible the performance is taken from the Integrated Performance Report (IPR) to ensure we can report consistently.

The table below provides an aggregated overview of the annual priorities as at quarter 1. The colour coding for "Performance" – "green" majority on-track; "amber" mixture of on-track / not met. The bracket in the Strategic Risk column indicates the Board's agreed risk appetite; more detail about the risk appetite is available in the papers.

STRATEGIC OBJECTIVE	PERFORMANCE Aggregated	STRATEGIC RISK Aggregated	ASSURANCE Aggregated
PATIENTS	AMBER	HIGH (HIGH)	ADEQUATE
PEOPLE	AMBER	HIGH (SIGNIFICANT)	ADEQUATE
PARTNERSHIP	GREEN	EXTREME (SIGNIFICANT)	ADEQUATE
PROVISION	AMBER	HIGH (MODERATELY HIGH)	ADEQUATE

BOARD ASSURANCE FRAMEWORK AND ANNUAL PRIORITIES 2018/19: QUARTER 1

Patients:

Performance: Currently noted as Amber as a number of the priorities are not ready to be reported. Good progress to improve the Friends and Family Test in the Emergency Department (ED) has been seen. The Annual Inpatient Survey results were received in July and so will be included in the Q2 report in terms of performance rating.

Risk: Aggregated risk is within the Board's appetite but one risk, around patient safety has a residual risk score of "Extreme" - this reflects the operational pressures, the suitability of the estate and internal improvement work needed which includes system working.

Assurance: Adequate – there are two "limited" assurances relating to delivery of the internal access improvement plans and progress against the quality strategy.

People:

Performance: Amber: Good performance in the staff Friends and Family Test in terms of treatment but not so for a place to work, although that has improved on the 2017/18 benchmark. In terms of staff retention, overall the turnover figures are below the target, however, there remains a concern in relation to the retention of nursing staff with turnover significantly higher than planned mainly driven by staffing in Urgent Care and Long Terms Conditions (41%) and Surgical Services (32%).

It is suggested that the priority in relation to delivery of the Leadership Programme is removed as the consultancy spend required to support this piece of work was not agreed by NHS Improvement. The Board is aware that an in-house programme will be developed and will commence in Spring 2019.

Risk: Aggregated risk is within the Board's appetite but one risk, around attracting, recruiting and retaining high calibre staff has a residual risk score of "Extreme" this reflects the continuing challenges in this area.

Assurance: Adequate – there are a number of "limited" assurances but actions are in place to address these, however, the Committee may wish to consider whether other assurances are required.

Partnership

Performance: on-track

- Work with partner organisations to develop an East Kent Accountable Care Partnership / Integrated Care System; the Memorandum of Understanding (MOU) is in draft form with a view to sign off in August 2018, the priority is on frail elderly.
- Delivery against the sustainability and transformation plan (STP) timetable including the development of an estates strategy: 2gether support solutions, Kent Care Record and the programme around pathology partnership are now proceeding at pace; the estates strategy is dependent on the finalisation of the pre-consultation business case; a business case for wave 4 funding has been submitted.

Risk: extreme as delays continue in terms of delivery of the STP; this is higher than the Board's agreed risk appetite and the Committee may wish to discuss other actions / assurances to reduce the residual risk score.

Assurance: Adequate, lowered due to the assurance level relating to the Kent & Medway (K&M) STP Programme Board has been downgraded from "Substantial" to "Adequate"

BOARD ASSURANCE FRAMEWORK AND ANNUAL PRIORITIES 2018/19: QUARTER 1

following an external review.

Provision

Performance: Overall – Amber to reflect the challenges in ED

Financial: Green – measured with a 5% tolerance to plan, the Trust is currently on track to deliver its plan but the level of risk and assurance (outlined below) highlight the risk to this priority as we move through the year. In terms of contribution, the Chief Operating Officer will report back to the Finance and Performance Committee on the suggested improvements in the specialities outlined in Appendix 2.

Emergency Department: Amber, this reflects a mixed but improving picture in a number of metrics and the need to see sustained improvement across the broader range of priorities as agreed by the Board in the ED.

Risk: Aggregated risk is out-with the Board's appetite which reflects the risks outlined to the Board in relation to delivery of the Trust's Operational Plan, even though Q1 financial performance was in line with plan.

Assurance: Adequate – there are two "limited" assurances in the financial risk – again this reflects the concerns identified around another significant Cost Improvement Programme (CIP) target and meeting the trajectory to improve access standards.

Committee discussion

The Care Quality Commission (CQC), during their well-led inspection, raised the fact that there were no system wide risks nor were there risks to the constitutional standards on the Board Assurance Framework. Whilst this was challenged in terms of SRR10: Non-delivery of a timely Sustainability and Transformation Plan that can be resourced it was agreed that this point would be raised at the next IAGC for discussion and onward recommendation to the Board.

The timing may be good in terms of the new improvement plans for ED, Referral to Treatment (RTT) and Cancer which involve our partners to think about a broad strategic risk.

RECOMMENDATIONS AND ACTION REQUIRED:

The Committee is invited to

- Discuss how performance and assurance achievement relates to risk appetite and treatment and make recommendations to the Board;
- Review the performance against annual priorities;
- Discuss what additional assurance is required in relation to future delivery / mitigation of risks; and
- Identify any additional risks, including consideration of a system wide risk in relation to working with partners to achieve the NHS Constitutional Standards.

Board Assurance Framework

Report Date	26 Jul 2018
Risk Status	Open
Risk Register	1. Strategic Risk Register
Control Status	Existing
Action Status	Outstanding

Board Assurance Framework

AO1: Patients. Help patients take control of their own health

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
SRR 2	Failure to maintain the quality and standards of patient care Risk Owner: Sally Smith Delegated Risk Owner: Last Updated: 13 Jun 2018 Latest Review Date: 13 Jun 2018 Latest Review By: Sally Smith Latest Review Comments: Actions have been updated. The reviewed risk score remains the same at present.	Cause *The Trust came out of Quality Special Measures early 2017 and needs to ensure the momentum for the improvement journey is sustained. * The withdrawal of the junior doctors in medicine from the K&C site and the level of uncertainty about where services will be delivered has added operational pressure across the Trust, in particular the WHH & QEQM sites. Effect - Loss of autonomy; - Impact on staff morale; - Increased operational pressure on the two acute sites; - Staff health and well being issues; - Staff retention issues; - Reputational damage; - Decline in pace and development of services; and - Regulatory concerns	I = 5 L = 5 Extreme (25)	Agreed Improvement Plan in place with supporting Divisional plans. Control Owner: Sally Smith	Quality Improvement Programme Manager manages the updates to the Improvement Plan on at least a monthly basis.	Improvement Board monitor progress (meets monthly) BoD receives exception and progress reports (bi-monthly)	NHSIP Progress Review meetings - provides challenge over progress of Trust in meeting deadlines CQC Inspection 07/15 - improved rating Internal Audit on CQC readiness completed - adequate assurance given. CCG assurance provided monthly	Adequate		I = 5 L = 4 Extreme (20)	Implementation of the new High Level Improvement plan Person Responsible: Sally Smith To be implemented by: 30 Jun 2018	13 Jun 2018 Sally Smith CQC Inspection is in progress during May and June. This will yield a new plan. The current plan is being reviewed this month for transfer of outstanding issues and closure of actions completed or are deemed business as usual.	I = 4 L = 2 Moderate (8)	Quality Committee
				External Consultancy and NHSI/E support in delivering the improvement programme. Control Owner: Lee Martin	*Carnal Farrar providing a PMO service to manage the delivery of the A&E Improvement Plan *Weekly monitoring *Report to the COO	Report to the Board of Directors	Carnal Farrar commissioned by NHSE/I	Adequate			Delivery of the emergency pathway improvement work. Actions as per CRR 28 & 61 Person Responsible: Lee Martin To be implemented by: 30 Sep 2018	13 Jun 2018 Sally Smith Improved progress against our trajectory - ahead of 4 hour compliance for May 18. Actions continue.		
				External help from Community Trust, social care, CCGs to deliver improvements in the emergency pathway. Control Owner: Lee Martin	Twice daily site meetings; Twice daily site 'huddles'; Board Rounds; Length of stay meetings; Weekly monitoring of the improvement initiatives; Escalation policies and procedures.	Patient Safety Board Management Board Quality Committee Board of Directors	Fortnightly whole system calls Weekly MADE (Multi Agency Discharge Event) calls (CEO level) CCG contract meetings NHSI performance meetings	Limited	Delivery is not evident at present.		Public consultation on the options in relation to the East Kent elements of the plan Person Responsible: Elizabeth Shutler To be implemented by: 30 Nov 2018	13 Jul 2018 Alison Fox The Clinical Commissioning Groups intention is to have a draft pre-consultation business case (PCBC) by October 2018 for review and agreement by NHS Improvement by the end of December 2018.		
				Quality Strategy is in place. Control Owner: Sally Smith	Published on the Trust website	Approved by QC and monitored quarterly by the QC (objectives are monitored)		Limited			Implementation of the system wide NHSI/NHSE/CQC - Safety Plan Person Responsible: Sally Smith To be implemented by: 31 Mar 2019	13 Jun 2018 Sally Smith Draft plan to be signed off at the next Quality Surveillance Group meeting.		
											Implementation of the Quality Strategy Person Responsible: Sally Smith To be implemented by: 30 Apr 2019	13 Jun 2018 Sally Smith New Quality Strategy has been approved at Board and the implementation plan is being scoped - by the end of June 18.		

Board Assurance Framework

AO1: Patients. Help patients take control of their own health

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
SRR 4	Estate Condition - Unable to implement improvements in the Estate across the Trust to ensure long term quality of patient facilities Risk Owner: Elizabeth Shutler Delegated Risk Owner: Fin Murray Last Updated: 06 Mar 2018 Latest Review Date: 12 Jul 2018 Latest Review By: Alison Fox Latest Review Comments: Risk reviewed and updated with new timeline around the STP consultation which links to the delivery of the estates strategy. The Board will receive an update on the alternative sources of capital through the FPC Chair report and then this action may be closed. No changes to scoring or assurance levels.	Cause - Backlog of work (£74million); - The financial constraint on capital funding; - The sheer volume and extent of work required Effect - Resulting in poor patient and staff experience - Adverse effects during extreme weather conditions (e.g. leaking roofs; burst pipes leading to water supply shortage; injury to staff/patients) - Potential breaches to health & safety standards and legislation - Inefficiencies and difficulties in moving forward with providing services of the future such as the Clinical Strategy	I = 4 L = 5 Extreme (20)	An assessment of the maintenance required has been undertaken to understand the overall position Control Owner: Elizabeth Shutler	Deputy Director of Estates and Director of Capital receive information from all areas of the Trust regarding maintenance and undertake a first pass at prioritisation. Capital PLanning Group - review the prioritisation exercise	FPC receive reports about Backlog maintenance showing the risks.		Adequate		I = 4 L = 4 High (16)	Seeking to identify alternative sources of capital other than the DoH with a view to reporting back to June FPC and the Trust Board In August 2018. Person Responsible: Fin Murray To be implemented by: 10 Aug 2018	12 Jul 2018 Alison Fox Report on alternative sources of funding received and reviewed at Finance and Performance Committee and through the Chair report to Board. Bids for the wave 4 STP funding and emergency capital are being finalised.	I = 4 L = 2 Moderate (8)	Quality Committee
				Interim Estates Strategy in place Control Owner: Fin Murray	*Approved by Management Board	- Strategy approved by the Trust Board - New NED in place to provide challenge		Adequate						
				Prioritisation exercise for capital spend has been completed to ensure resources are used in the most effective / efficient way Control Owner: Elizabeth Shutler	Management Board receives reports from Director of Strategy and Capital Planning. Business cases are received on an ad-hoc basis - some of which require improvement to infrastructure	FPC and Trust Board receives quarterly reports on capital spend.		Adequate			Develop pre-consultation Business Case for presentation to NHSE Investment Committee Person Responsible: Elizabeth Shutler To be implemented by: 30 Nov 2018	12 Jul 2018 Alison Fox Clinical Commissioning Group timeline now identifies the Pre-consultation Business Case (PCBC) to be drafted by October 2018. The proposal is for the PCBC to be reviewed and agreed by NHSI by end of December 2018		
				Prioritised Patients Environment Investment Committee (PEIC) action plan in place for 2017/18 Control Owner: Fin Murray	PEIC Action Plan available to view - The Patient Environment Investment Committee (PEIC) manages the annual investment, replacement and repair programme	*Plan approved by SIG in May 2017 *Strategic Investment Group (SIG) monthly reviews progress of action plan		Adequate						

Board Assurance Framework

AO1: Patients. Help patients take control of their own health

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
				Risk assessed condition survey carried out every 5 years (rolling interim plan every 18months) Control Owner: Fin Murray	Reviewed by Estates Managers Meeting (Chaired by Head of Engineering and Compliance)	Expenditure against plan reported to SIG	*Stock Condition Survey by External Company - During 2015/2016, the Trust invested in a number of estates surveys, in line with the requirements set out within the Health Technical Memorandum (HTM's) / Health Building Notes (HBN's). These included: 1) Fire Compartmentation (HTM 05); 2) Domestic Hot Water Services (HTM 04); 3) Medical Gases (HTM 02); and 4) Critical Ventilation (HTM 03). *Independent District Valuer reviews	Adequate						
				Statutory Compliance dashboard in place Control Owner: Fin Murray	Reviewed by Executives monthly	6 monthly review by IAGC	Independent Authorised Engineer	Adequate						

AO2: People: Identify, recruit and develop talented staff

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
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Board Assurance Framework

AO2: People: Identify, recruit and develop talented staff

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
SRR 8	Inability to attract, recruit and retain high calibre staff (substantive) to the Trust Risk Owner: Sandra Le Blanc Delegated Risk Owner: Andrea Ashman Last Updated: 01 May 2018 Latest Review Date: 05 Jul 2018 Latest Review By: Andrea Ashman Latest Review Comments: Actions are in progress to sustain the recruitment and retention of high calibre staff.	Cause * It is widely known that there is a national shortage of healthcare staff in specific occupational groups / specialities. * It is a highly competitive recruitment market for these hard to fill roles, * Potential negative impact of Brexit * The Trust progressing the work on its finances under the financial special measures regime, cultural issues identified in the CQC inspection * Proximity to London has impacted on the ability to attract and retain high calibre staff. * QE geographical location impacting on recruitment of staff * Increase in staff turnover due to retirement and voluntary resignation (exit interview suggests retirement accounts for 25% of turnover figures) * Uncertainty due to the STP plans * Increase in service demand * Potential negative impact that may arise from the publication of the Staff Survey Results. Effect * Potential negative impact on patient outcomes and experience * High agency spend - potential breach of NHSI agency cap * Financial loss * Reputational damage * Negative impact on staff health and wellbeing * Increase in stress levels and anxiety in key staff groups	I = 5 L = 5 Extreme (25)	The Trust has a plan in place that supports the retention of the majority of newly qualified nursing staff locally. Control Owner: Sally Smith	*Dedicated Practice Development Nurse lead for supporting students on placement. *Progress monitoring and clinical support of all students. *Mentor support and training	*Regular meetings with Canterbury ChristChurch University - Contract monitoring meetings, faculty learning placement committee, curriculum group attended regularly. *100% students who apply to work with us are offered a post. *Monitoring of numbers of newly qualified nurses recruited and reported within N+M workforce plan. This demonstrates an improvement from 50% to 70% since 2014.		Adequate		I = 5 L = 4 Extreme (20)	Devise & work towards implementing revised recruitment process Person Responsible: Andrea Ashman To be implemented by: 27 Jul 2018	16 Jul 2018 Sandra Le Blanc Updated progress plan presented to SWC in June 2018. Completed to date: Resourcing process maps for AfC and Consultant Recruitment together with swim lanes, SOPs for AfC, removal of centralised vacancy control panel and created SLAs	I = 5 L = 2 Moderate (10)	Strategic Workforce Committee
				Divisional Great Place to Work Action Plans in place Control Owner: Jane Waters	- Plans available for all to access on Staff zone - Reviewed at the Divisional Management Boards	Progress of Plan reviewed quarterly at MB and annually at the SWC		Adequate	Action Plan requires updating following receipt of the Annual NHS Staff Survey Results		Develop and agree set of KPIs to measure the effectiveness of the People Strategy which will be reported regularly to the SWC Person Responsible: Sandra Le Blanc To be implemented by: 31 Oct 2018	16 Jul 2018 Sandra Le Blanc Workforce Analyst commenced in June and work with Head of Strategic Resourcing and Information Team on updating HR KPIs. Revised date October 2018. Update on progress with implementing People Strategy continue to be presented to the SWC.		
				Hard to recruit plan in place and being implemented Control Owner: Andrea Ashman	*Updated fortnightly by the Resourcing team *Sent to the HRBPs on a monthly basis	*Signed off at the end of July 2017 *Reported monthly as part of the high level CQC improvement plan		Limited	Plan may not be progressing					
				implementation of retention plan as agreed with the Strategic Workforce Committee Control Owner: Andrea Ashman	Discussed at the Workforce CIP meeting	Regularly reviewed at SWC (deep dives on Turnover and Exit information)		Adequate						
				New People Strategy agreed by the Board incorporating attraction, retention, engagement and development of staff Control Owner: Sandra Le Blanc	People strategy agreed by Board in October 2016	Implementation plan reviewed by SWC every 6 month and reported in Chair report to the Board.	Implementation plan up date provided to September 17 SWC	Adequate	KPIs being finalised		Revise and implement Divisional Great Place to Work Action Plans Person Responsible: Jane Waters To be implemented by: 29 Mar 2019	16 Jul 2018 Sandra Le Blanc Listening into Action events ongoing within divisions. Great Place to work actions plans being updated and will be presented to future SWC. Listening into Action engaged and pulse check and leadership surveys launched. Deadline 22nd July with feedback to CEO and Execs on 26th July 2018.		
				Occupation Health run a series of Mindfulness and Resilience and One to One Counselling (including active referrals) Control Owner: Emma Palmer	Highlight Occupational Health reports Director and Deputy Director of HR Exit Interviews and Picker Survey reports highlight areas of concerns	Occupational Health Reports to SWC quarterly		Adequate						

Board Assurance Framework

AO2: People: Identify, recruit and develop talented staff

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
				Recruitment process in place Control Owner: Andrea Ashman	Length of time to recruit is monitored monthly and provided as part of the IPR	Workforce KPI reviewed by the SWC at every meeting		Limited	Programme of work being looked at to reduce time to hire (target to reduce this to 8 weeks). Updated Recruitment Improvement Plan produced which will support delivery of this timescale.		Develop and implement a plan to recruit nurses from the UK and Europe Person Responsible: Louise Goldup To be implemented by: 29 Mar 2019	16 Jul 2018 Sandra Le Blanc Plan is in place and implemented - attended recruitment fair in Australia, resulted in over 40 offers. Plan was presented to FPC>		
				Staff Performance Appraisals in place Control Owner: Jane Waters	*HR BPs carry out audit on the quality of the process and monitor the numbers of appraisals that take place	- Regular monitoring through a number of routes - Divisional Governance Boards, EPR meetings and Strategic Workforce Committee and Board	Annual staff survey results and the Picker Exit survey	Substantial	Achieved target set by the Board and now moving towards monitoring of the quality of appraisals		To produce and implement a People Strategy that focusses on attracting, developing, engaging and retaining staff. Person Responsible: Sandra Le Blanc To be implemented by: 01 Apr 2019	16 Jul 2018 Sandra Le Blanc People Strategy is progressing. Progress of the implementation plan was reported to SWC.		
				Training plans in place in each division / corporate area that supports staff development. Control Owner: Andrea Ashman	- Each Division agrees their training plan - HR BPs review the plans on an annual basis	- Annual review by the Divisions - Annual reports to the Integrated Education Board		Adequate	*Funding gap - more bids than can be supported *Understanding of process and outcomes					

Board Assurance Framework

AO2: People: Identify, recruit and develop talented staff

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
SRR 12	Insufficient capacity and capability of the leadership team (Executive and Divisional Directors) to develop and deliver key strategies and recovery plans Risk Owner: Susan Acott Delegated Risk Owner: Sandra Le Blanc Last Updated: 01 May 2018 Latest Review Date: 25 Jun 2018 Latest Review By: Sandra Le Blanc Latest Review Comments: Updated to reflect interim matrix review completed. Progress on COO recruitment. Leadership Business case approved by SIG and changed Jane Ely to Lee Martin.	Cause *The Trust is not meeting its constitutional standards *Large number of complex priorities that need to be delivered including the sustainability and transformation plan, A&E recovery plan, Financial Special Measures turnaround plan, Cost Improvement Plans as well as business as usual *The Trust is under the Financial Special Measures regime *Those tasked with delivery have focus diverted due to other urgent external matters *The move of acute medicine, acute geriatric medicine and Stroke from the K&C site *Governance structure fails to support the delivery of CIPs *Increased Patient activity in A&E during the winter period Effect * Inability to achieve strategic priorities * Failure to come out of Financial special measures * Further Regulation action/concerns * Reputational damage * Financial loss * Negative impact on patient safety / care / experience * Reduced staff morale * Failure to meet operational performance standards (RTT/A&E/Cancer) * Failure to meet regulatory requirements (CQC / NHSI, GMC and HEKSS)	I = 4 L = 5 Extreme (20)	Business Partnering roles in place (Finance, HR & Information) together with support from central governance team. They are an integral part of the Divisional Leadership Team (Capacity) Control Owner: Jane Ely	- BPs exist with clear job descriptions and provide support to each Division to ensure delivery of Strategic Objectives - Line Management appraisals in place	Support within divisions Report to EPRs		Adequate		I = 3 L = 3 Moderate (9)	Review of key action plans in line with capacity and capability (A&E Improvement Plan and Cancer) Person Responsible: Lee Martin To be implemented by: 30 Apr 2018	26 Jun 2018 Lee Martin A comprehensive improvement action plan is being implemented, this includes agreed projects with community and CCG partners	I = 3 L = 2 Low (6)	Strategic Workforce Committee
				Director of Finance in place with continuity in delivery of the FSM Control Owner: Susan Acott	*Reports to the CEO	*Supported and Continuity by the FID *Reports produced and the FPC provides oversight of the FRP	Delivery of FRP and monthly reporting to the NHSI	Adequate			To finalise the Trust-wide leadership competency framework which will be the basis of a comprehensive diagnostic and structured development / assessment programme. Person Responsible: Jane Waters To be implemented by: 30 Jun 2018			
				Each Divisional Director is responsible for one of the national Performance Standards e.g. Cancer, ED, 18weeks (Capacity) Control Owner: Jane Ely	*Reviewed at 121s with COO at least monthly and appraisals (discussion around resources required for their teams) *ED and Flow: Site management in place as part of the recovery plan	Reviewed at EPR monthly - capacity discussed	*Regular contract performance meetings with the CCGs *NHSI single oversight/performance review meetings monthly	Limited	Reviewing related team capability (e.g.validation)					
				Executive Performance Reviews in place where delivery is challenged with EMT/DD meetings to support senior leadership team in prioritising and highlighting competing pressures (Capacity) Control Owner: Susan Acott	Meetings taking place monthly with minutes and actions	Exceptional reports to MB to highlight issues with wider organisational impact		Adequate			Strategic Workforce Committee to be provided with an outline of the new clinicians leadership programme, including outcomes and evaluation Person Responsible: Paul Stevens To be implemented by: 30 Jun 2018			
				Experienced Interim Chief Executive in place (experienced CEO in the NHS) Control Owner: Elizabeth Shutler	Objectives agreed with the Interim Chair - appointment until 31 March 2018	Reports to the Board	Liaised with NHS Improvement	Adequate			Design and deliver the Executive Development and Leadership Development Programme Person Responsible: Sandra Le Blanc To be implemented by: 31 Jul 2018			
				Experienced Interim COO appointed until permanent replacement identified Control Owner: Sandra Le Blanc										
				External Consultancy Support (2020, Carnal Farrar, A&E Improvement Director, Financial Improvement Director) supporting Divisions and the Corporate Team to deliver transformation programmes (Capacity) Control Owner: Jane Ely	*Regular reports through the Executive Team meetings and Management Board *Financial Improvement Director reports to CEO *2020 - 2 site based teams for 12 weeks with targeted support	*Reviewing monthly at Board Sub-Committees and Executive (Quality, FPC and SWC) and weekly telephone calls with NEDs *Performance Reviews (IPR)	*Peer review and Benchmarking (Reports by Consultants include this) *Weekly single oversight meetings (twice a week meetings with NHSI and NHSE)	Adequate	Sustainability of the 2020 improvements following their exit					

Board Assurance Framework

AO2: People: Identify, recruit and develop talented staff

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
				Interim Hospital Directors in place at WHH and QEQM (Capacity) Control Owner: Jane Ely	Reporting to the COO			Limited			Development of senior, middle non-clinical leaders against the EKHUFT leadership framework Person Responsible: Sandra Le Blanc To be implemented by: 31 Jul 2018	16 Jul 2018 Sandra Le Blanc Business case agreed by clinical executive group, modification to be made due to the impending organisation structure change. Implementation plan due to be finalised within next month		
				Leadership Development Plans and targeted development plans for individuals in place (Capability) Control Owner: Sandra Le Blanc	- Senior Leadership has 6 monthly objectives and appraisals - Executive review succession plans and talent pipeline for Senior Leadership and key posts quarterly	- Nominations Committee review the Appraisals, objectives and Talent pipeline six monthly - Latest update of the talent pipeline went to the Nominations Committee in April 2017 - The CE has 6 monthly objectives and appraisals - done by Chair of the Board SWC - regular updates and reports on Leadership development		Adequate			Complete the whole system sustainability review with emphasis on the Emergency Care pathway Person Responsible: Lee Martin To be implemented by: 30 Sep 2018	26 Jun 2018 Lee Martin Interim COO in place with three new positions coming on line, 2x DCOO and Director of Performance. the next step is the restructure of the divisions to enable the clinical lead leadership we need to achieve the national standards		
				Leadership development programme in place for Clinical staff all professions (Capability) Control Owner: Sally Smith	The programme reflects the shared purpose framework and Trust values, and the Quality Strategy.	The Senior Leadership & Quality Forum meet every 6 weeks with the Chief Nurse to review progress.		Adequate	Work in progress to refresh the fortnightly band 7 catch up forums.					
				New clinician development programme (now into the 6th cohort) (Capability) Control Owner: Paul Stevens	5 programmes have already been completed and from these cohorts several doctors have gone on to take on leadership roles in the organisation			Adequate	*Routine monitoring of Clinician Development Programme by SWC					
				Outline Programme Plan in place for the Leadership Development Programme (Capability) Control Owner: Sandra Le Blanc	Reports to Management Board monthly	Reports to SWC and Board monthly	NHSI review - Initial feedback was received from NHSI on 9 August 2017. A conference is planned to respond to this and re-submit the business case.	Limited	Re-submission of the business case to NHSI following MB approval					
				Recent appointment to two key posts in the Trust below Executive Director level (Capability) Control Owner: Sandra Le Blanc	*The two posts are the Head of Transformation reporting to the CEO and Director of Strategy and Business Development reporting to the Director of Strategy and Capital Planning and Deputy Chief Executive. *Induction programme in place			Adequate						

Board Assurance Framework

AO2: People: Identify, recruit and develop talented staff

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
				Substantive staff in place for Executive and Divisional Director positions (Capacity) Control Owner: Sandra Le Blanc	* Currently no vacancies exist for Executives and Divisional Directors *Succession plans in place *Substantive Chief Executive has been appointed	The Nominations Committee reviews Succession plans; Appraisals and Performance Development Plans for Executives and Divisional Directors six-monthly		Adequate						
				Succession Plan in place for Executive Directors, Divisional Medical Directors, Divisional Directors and key posts to the organisation Control Owner: Sandra Le Blanc										
				Targeted resources into key CIP schemes in place e.g. patient flow, Cardiology (Capacity) Control Owner: Philip Cave	Head of PMO and Financial Improvement Director posts in place	Regular updates to the Executive Team from the Head of PMO to identify gaps		Limited	Recruit into identified gaps					
				Transformation Programme in place (designed and resourced) (Capacity) Control Owner: Simon Hayward	*Governance structure in place which links to Financial Special Measures	*Approved by the Trust Board on 10 April *Time limited implementation team in place (Purpose agreed by EMT in June 2017) *Reports to EMT and the Transformation Board		Limited						

AO3: Provision: Provide the services needed and do it well

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
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Board Assurance Framework

AO3: Provision: Provide the services needed and do it well

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee			
SRR 5	Failure to achieve financial plans as agreed by NHSI under the Financial Special Measures regime Risk Owner: Philip Cave Delegated Risk Owner: Baines Last Updated: 22 May 2018 Latest Review Date: 19 Jul 2018 Latest Review By: Philip Cave Latest Review Comments: The risk has been reviewed with no change to the current risk rating suggested. At Month 3 the Trust has posted a £10m deficit which is in line with the plan. The forecast remains a £30m deficit for 2018/19.	Cause Due to: * Failure to reduce the run rate * Poor planning * Poor recurrent CIP delivery (See Risk Ref. 1037) * Inability to collect income due * Poor cash management * Operational pressures relating to Emergency Care, High Agency usage * Failure to deliver RTT, A&E and cancer targets (See CRR 28) * Political climate (Brexit) and price inflation * Inability to deliver the planned levels of activity and collect the planned levels of income * Workforce pressures including inability to recruit (See SRR 9) * Lack of capacity of Finance and PSO staff * Lack of capacity and capability to deliver operational and financial performance (See SRR 12) * Inability to secure external support for key projects * Demand from CCGs higher or lower than annual plan * Failure to secure all the contractual income due from commissioners (See Risk Ref. 101) * Failure to deliver the CQUIN programme (See CRR 53) * Financial Special Measures governance not embedded * Additional costs of reconfiguring services across sites due to temporary move of acute medicine, acute geriatric medicine and Stroke from the K&C site(See CRR 51) * Negative impact of the new PAS and EMR implementation (See CRR 37) * Inability to resource the Trust's A&E improvement plan (estimated at £9.5 million) Effect	I = 5 L = 5 Extreme (25)	Cash Committee in place Control Owner: Philip Cave	*Led by the Director of Finance *Report on Daily and weekly cash balances	*Monthly review by FIOG; and FPC	*Submission of cash profile/capital plan to NHSI and Department of Health (on a 13 week rolling basis)	Substantial		I = 5 L = 4 Extreme (20)	Develop the Cost Improvement Plan for 2018/19 Person Responsible: Philip Cave To be implemented by: 31 Aug 2018	13 Jul 2018 Alison Fox CIPS for 2018/19 85% green with progress being made to get to 100% (as at end of June 2018). Finance and Performance Committee are monitoring this closely.	I = 5 L = 3 High (15)	Finance & Performance Committee			
				Clinical engagement in delivery of CIPs requiring Clinical Practice changes Control Owner: Paul Stevens	*Clinical engagement forums led by CEO and Medical Director *Review by the Confirm & Challenge meetings with Divisions	*Review by FIC; and feeds into the FPC and Board	Annual survey of Medical Engagement scale (last done in September 2016 with two of three scales rated low)	Limited	Poor clinical engagement								
				Cost Improvement Plan targets in place with workstream in support Control Owner: Philip Cave	*Monthly Executive Performance Review and Key Metric Reviews *Fortnightly confirm and challenge meetings with the Financial Improvement Director (FID)	* Executive review weekly * Turnaround report to FPC * Exception reports to BoD	- NHSI challenge at Performance Review meetings (monthly) - NHSI carrying out deep dive review around sustainability for 2017/18, 2018/19 (including Governance) - Appointment of Financial Improvement Director	Adequate			"Developing the Finance Team - Still Underpowered?" presented to FPC July 2016 setting out how the Leadership Development Programme would be deployed to support financial staff improvement Person Responsible: Philip Cave To be implemented by: 31 Oct 2018				13 Jul 2018 Alison Fox PMO under review, business case being reviewed in July / August 2018.		
				Divisional Vacancy Control Panel in place Control Owner: Philip Cave	Chaired by the Deputy Chief Executive	*Escalation to weekly EMT meetings *Review at Confirm and Challenge sessions with the FID		Adequate			Design and implement training for clinicians Person Responsible: Elisa Llewellyn To be implemented by: 31 Mar 2019				13 Jul 2018 Alison Fox A focus on using the SLR packs with clinicians in specific areas is in place and being rolled out. Deputy Medical Director is supporting this work with the finance team		
				Financial Improvement Committee in place Control Owner: Philip Cave	*Governance structure & ToR in place *Chaired by the CEO	Reporting to the FPC monthly	NHSI and the FID attend FIC meetings	Adequate			Ensure that the development of the Trust's clinical strategy, "Delivering Our Future" and that of the wider Kent & Medway STP, drive financial improvement and recovery in the Trust through to 2020/21. Person Responsible: Elizabeth Shutler To be implemented by: 30 Apr 2019						
				Financial Improvement Director in place to provide support Control Owner: Susan Acott	Reports to CEO	- Report to Executive Team and Board - Report to FPC	Appointed by NHSI and reports to NHSI	Substantial									
				Financial Improvement Oversight Group (FIOG) in place to review key metrics Control Owner: Philip Cave	*Chaired by the Finance Director	*Monthly reports to FIC	NHSI and FID attend FIOG meetings	Adequate									
				Financial Recovery Plan in place Control Owner: Philip Cave	- Divisions, PSO and FID developed plans	*Board received plan on 10/04/17 *Reviewed at FPC monthly	* Approved by NHSI in April 2017 with monthly Financial Special Measures (FSM) meetings to review progress	Substantial									
				Fortnightly confirm and challenge meetings with the Divisions (including Corporate) Control Owner: Philip Cave	*Chaired by the Financial Improvement Director	*Monthly review by FIC		Adequate									

Board Assurance Framework

AO3: Provision: Provide the services needed and do it well

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
		Resulting in * Potential breaches to the Trust's Monitor licence * Adverse impact on the Trust's ability to deliver all of its services * Impact on ability to deliver the longer term clinical strategy * Poor reputation * Impact on organisational form		Monthly Financial Special Measures (FSM) review meetings with NHSI Control Owner: Philip Cave	DoF and DDoF produce slides with FSM position for review with the Executives	*Internal pre-meet review prior to meeting with NHSI. *Following FSM meeting, update at MB and FPC	Feedback from NHSI positive year to date	Substantial						
				New approach to developing CIPs in place Control Owner: Philip Cave	Led by Financial Improvement Director	Review of progress of CIP monthly by the FPC	*Part of review process at monthly FSM meetings *Internal audit on CIPs with substantial assurance	Substantial						
				Payment by results infrastructure (coding and data quality) Control Owner: Philip Cave	*Data validation done monthly by team *Monthly Contracts, Finance and Internal Contracting meeting to review activity and income level *Monthly confirm and challenge meetings with the Financial Improvement Director	*Review by the FOIG; and monthly report to the Finance & Performance Committee	External Audit: *External validation of clinical coding data *Positive External Audit results on costing as part of National Audit "Costing Assurance Review"	Adequate	Clinical activity not consistently captured, coded and costed.					
				Process in place for responding to commissioner challenge of activity and cost date Control Owner: Philip Cave	*Escalated through the FD to the CEO	*Escalate concerns to NHSI *Finance & Technical Group meetings with NHSI	*New MoU signed with the Commissioners	Adequate	Trust is seeking assurance from NHSE/I about next steps - Commissioners challenge					
				Production planning in place to ensure projection of activity plans in order to take remedial action if required Control Owner: Philip Cave	*Information and Income Teams monitor and report on plan *Information Team produce monthly update of Productivity plans (with forward looking indicators)	Review by the FIOG; and FIC if escalation is required		Adequate						
				Programme Support Office (PSO) in place with clear targets, milestones, grip & control and accountability to deliver the CIP Control Owner: Philip Cave	*Weekly CIP tracking *Direct line management by Director of Finance	*Monthly reports to MB, EPR and FPC	Regular contact with NHSI	Adequate						
				Regular reporting on the Trust's Financial position to the Trust Board and senior management team (including ensuring the impact of any financial decisions on safety, quality, patient experience and performance targets is recognised and understood). Control Owner: Philip Cave	*Review by Executive Management Team *Divisions attend FPC on a four monthly rolling basis	*Regular updates to FPC, Board, Management Board and Transformation Board *Review at the A&E Governance Board (currently meeting three times a week)	Monthly FSM meetings with NHSI and FID.	Adequate						

Board Assurance Framework

AO3: Provision: Provide the services needed and do it well														
Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
				Robust plans in place for the delivery of operational performance targets Control Owner: Jane Ely	Divisional management of the standards through Governance and Business Boards	*Compliance reports to Executive Performance Reviews, Management Board, Finance and Performance Committee Board of Directors and Council of Governors *Review at A& E Governance (meeting three times a week)	External review from: * CCG's through monthly performance reviews; * NHSI through 6 weekly progress review meetings; *Single Oversight meetings with NHSI, NHSE, KCC etc.)	Limited	Key operational performance targets (A&E, RTT, Cancer) not being met					
				Signed MoU in place that provides greater clarity on specific areas of agreement which were previously disputed Control Owner: Philip Cave	*Contract management meetings with CCGs *2018/19 planning discussions with CCGs	Review at EMT, FPC and FIC	MoU signed with the CCGs	Adequate						
				Workforce and Agency Control Group in place Control Owner: Sandra Le Blanc	Chaired by Director of HR	Monthly review by FIC		Adequate						

Board Assurance Framework

AO3: Provision: Provide the services needed and do it well

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
SRR 16	Failure to maximise/sustain benefits realised and evidence improvements to services from transformational programmes Risk Owner: Susan Acott Delegated Risk Owner: Simon Hayward Last Updated: 07 Feb 2018 Latest Review Date: 17 Apr 2018 Latest Review By: Alison Fox Latest Review Comments: No significant changes, action around agreeing the transformation key programmes and milestones is delayed but plan is in place to recover this.	Cause * Lack of experience / capability in the particular area of change * Lack of capacity of those who need to lead and embed the change * Lack of resources to deliver / implement and sustain change * Trust's lack of appetite for change in some areas to be implemented * Unavailability of the space and physical resources to implement and embed improvements * Mechanism / governance structures for Transformation is not embedded. Effect * Inability to maintain safe, effective and caring services * Inability to deliver the transformation required to meet Trust objectives * Licence restrictions * Regulatory concerns * Reputational damage	I = 4 L = 5 Extreme (20)	Financial Improvement Director appointed by NHS Improvement following financial special measures. The FID brings vast experience in "turnaround" and has implemented a new methodology for identification and development of improvement programmes. Working alongside the Executive and Programme Support Office. Control Owner: Susan Acott	Direct line reporting to the Chief Executive as well as NHS Improvement	Chairs Confirm and Challenge sessions with the Divisional Teams and Executives to ensure delivery moves at pace and any blocks addressed. Involved in development of the financial special measures governance process and has attended the Finance and Performance Committee who oversee the delivery of the financial position of the Trust on behalf of the Board.	Financial Improvement Director liaises with NHS Improvement to discuss the Trust's engagement and performance.	Substantial		I = 4 L = 4 High (16)	Agree a Transformation programme of work with clear owners and milestones that links to the Strategic Objectives Person Responsible: Simon Hayward To be implemented by: 30 Mar 2018	17 Apr 2018 Alison Fox The core programme of work has been identified; needs to go to Transformation Board for sign-off on 20 April 2018. Milestones need to be identified and finalised (aiming for May Transformation Board).	I = 4 L = 2 Moderate (8)	Board of Directors
				Non-executive directors experience in finance and transformation provides additional input into plans / governance. Linked to individual work-streams to provide advice / challenge Control Owner: Susan Acott	Working relationships between linked NED and Lead Executive	Non-executive input at Board of Directors and Committees in relation to development and delivery of the transformation and financial recovery plans.		Adequate			Approval for 2nd Phase of the Leadership Development Programme Person Responsible: Sandra Le Blanc To be implemented by: 31 Jul 2018	22 May 2018 Sandra Le Blanc NHS Improvement have refused to support the 2nd Phase so the Trust will be developing a business case for internal resource to support the leadership development programme		
				Phase 1 of Leadership & Development programme with EY & Plum in place Control Owner: Sandra Le Blanc	Implementation plan in place and completed for Phase . Alignment review completed and shared with NHSI	EMT workshops held between February and April 2017 to agree transformation work-streams linked to financial recovery CIPs and annual priorities.		Adequate						
				Take learning from others – Strategic Development Team and Clinicians have gone on visits to other NHS and European / International hospitals Control Owner: Elizabeth Shuttler	*Programme Manager does monthly horizon scanning *Periodic trips to other European Health Services *Periodic visits to other NHS Trust with similar issues to identify good practice.	*Reports on Horizon Scanning are presented for information to EMT and Management Board. * Presentations to committees and Board on an ad hoc basis.	Clinical Senate reviews held periodically - reviews models of care and adherence to best practice	Adequate	Links to transformation / service improvement from learnings not explicit.					

Board Assurance Framework

AO3: Provision: Provide the services needed and do it well														
Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
				Time limited implementation team in place for the Transformation Programme Control Owner: Simon Hayward	*Implementation Team in place to deliver 8 point agenda *Skills audit complete *Head of Transformation in post and Chairing Group *Focus on training and development and Trust wide methodology	*Purpose agreed by EMT in June 2017 *Reports to EMT and the Transformation Board *Programme, project and improvement methodology for the Transformation journey was submitted the Transformation Board in October 2017 - to be agreed with programme refresh in 2018 *Improvement proposal going to Trust board March 2018		Adequate						
				Transformation and Financial governance architecture in place (including programme structure; reporting methodology and clinical and non-clinical engagement). Control Owner: Simon Hayward	*Principles for the transformation governance agreed through alignment review, workshops and follow-up work with EY / Plum *Financial recovery governance included input from Financial Improvement Director and linked to Transformation governance.	* EMT review of governance structures via email * Board reviewed the draft proposal (10/4/17)	Discussed at a Financial Oversight meeting with NHSI	Adequate						

Board Assurance Framework

AO4: Partnership: Work with other people and other organisations to give patients the best care

Risk Ref	Risk Title	Cause & Effect	Inherent Risk Score	Risk Control	1st Line	2nd Line	3rd Line	Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score	Reporting Committee
SRR 10	Non-delivery of a timely Sustainability and Transformation Plan that can be resourced Risk Owner: Elizabeth Shutler Delegated Risk Owner: Nicky Bentley Last Updated: 06 Mar 2018 Latest Review Date: 12 Jul 2018 Latest Review By: Alison Fox Latest Review Comments: Assurance level relating to the K&M STP Programme Board has been downgraded from "Substantial" to "Adequate" following an external review. Outstanding actions have been updated to give details of the current timetable.	Cause - STP timescales slip due to national management of the process - Parliamentary timing may not be conducive to timely implementation - Lack of CCG leadership Effect - Delay to EKHUFT clinical strategy - Poor patient care - Emergency transfer of services will become necessary - Enforcement actions - Trust's provider licence (finance)	I = 5 L = 4 Extreme (20)	Clinical standards reviewed Control Owner: Elizabeth Shutler	Reviewed at the Clinical Strategy Group	Minutes received by MB	Final response received from Clinical Senate	Substantial	Needs feeding back into the PCBC	I = 5 L = 4 Extreme (20)	Produce Financial Plan linked to delivery of the STP Person Responsible: Philip Cave To be implemented by: 30 Nov 2018	12 Jul 2018 Alison Fox Clinical Commissioning Groups now identified the timeline for pre-consultation business case (PCBC) to be drafted by October 2018. The proposal is for it to be reviewed and agreed by NHSI by the end of December 2018.	I = 5 L = 2 Moderate (10)	Finance & Performance Committee
				East Kent Programme Board in place which meets regularly to ensure delivery of an agreed plan Control Owner: Susan Acott	- Trust Executive membership of the Board to influence the discussion. - Trust Secretary holds all copies of agendas/minutes	- Reported monthly to Clinical Strategy Board and Management Board	In attendance are all Health economy partners	Limited						
				Internal Clinical Strategy Group in place Control Owner: Elizabeth Shutler	Chaired by CEO			Adequate						
				Kent and Medway STP Programme Board in place Control Owner: Elizabeth Shutler	*Trust CEO and Chair of East Kent Delivery Board attends to influence the programme. *Trust CEO is on the Management Board and Chairing the Hospital work stream which Deputy CE is the Lead for *PMO established	- Various Senior Managers involved in STP work streams - Trust Board sighted on presentations to Programme Board	PMO reviewed by NHSE and found to be adequate	Adequate			Presentation of the capital requirements to the NHSE Investment Committee as part of the Pre-consultation Business Case Person Responsible: Elizabeth Shutler To be implemented by: 30 Nov 2018	12 Jul 2018 Alison Fox Public consultation is reliant on the pre-consultation business case (PCBC). Clinical Commissioning Groups now identified the timeline PCBC to be drafted by October 2018. The proposal is for it to be reviewed and agreed by NHSI by the end of December 2018.		
											Public consultation on the options in relation to the East Kent elements of the plan Person Responsible: Elizabeth Shutler To be implemented by: 31 Dec 2018	12 Jul 2018 Alison Fox Clinical Commissioning Groups now identified the timeline for pre-consultation business case (PCBC) to be drafted by October 2018. The proposal is for it to be reviewed and agreed by NHSI by the end of December 2018.		

		Apr-18		May-18		Jun-18		Jul-18		Aug-18	
		Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
PATIENTS: Providing high quality care to patients with great outcomes for their health and lives - getting the basics right every time and building healthcare that is best in class											
We will improve FFT satisfaction for ED	Achieve national average	85%	80.60%	85%	83.20%	85%	85.50%				
We will improve patient experience	Monthly survey against national benchmark	90	91.1	90	91.4	90	91.1				
	Annual inpatient survey against national benchmark	Annual reporting -						National benchmark 82.3%	80%		
Promote effective care to patients with mental health needs and Learning Disabilities	Implement best practice guidelines/NCEPOD report on mental health in general hospitals	Quarterly reporting - baseline against NCEPOD awaited - progress to be reported to the August Patient Experience Group and Quality committee									
	Improved mortality rates										
	Improved length of stay										
	Improved readmission rates										
Ensure that EKHUFT work in partnership with our service users to define, monitor and deliver great care	Scope current patient involvement within EKHUFT	Quarterly reporting - progress measured against action plan						Preliminary scoping to be completed and detailed plan in progress by end of quarter 2	On track with plan - presentation of plan and outcome of initial scoping to be presented to next (September) complaints steering group - quarterly reporting against plan thereafter.		
	Identify and implement best practice models	On track with plan - quarterly reporting							On track with plan - quarterly reporting		
Embed a patient safety culture	culture tool	Quarter one baseline. Testing results from previous staff survey results. Culture tool developed electronically									
Deliver on our CQC Improvement journey	improvement plan completion							Improvement plan cleansing underway			
	subsequent CQC inspections	Outcome of May and June 2018 visit(s) awaited									
Strengthen engagement with our academic partners	Scope out potential for Clinical Research Facility on at least one EKHUFT site	Q1 saw the finalisation of these priorities in discussion with key members of the research and innovation department, Jane Ollis and Paul Stevens. These will be reported on in terms of agreed timelines for delivery as most are longer term.									
	Relaunch the Trust's Research Session Scheme (RSS) with goal to realise at least two external grant applications (of which one successfully funded) within 24 months of RSS funding start										
	Refresh the Trust's IP policy and establish a clear process that supports EKHUFT staff to develop innovations, including early stage funding via the R&I Catalyst and a new late-stage innovation fund, and the establishment of an innovation committee										

[illegible]

		Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18	
		Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
PEOPLE: Attracting the best people to our team, who are passionate, motivated and feel able to make a difference and investing in them													
Staff engagement: Deliver a programme of work including Listening into Action methodology to deliver an improved staff engagement	Staff FFT / National Staff Survey (baseline)	Not available in Q1 - annual report											
	Treatment (54%)	70%	70%	70%	70%	FFT not run in June 2018 due to Listening into Action survey							
	Work (43%)	50%	48%	50%	48%								
Staff retention: Retain skilled and experienced staff to provide continuity of person centred care	Turnover Baseline All Staff: 13.5% (Jan 2018) 12.77% (YTD)	13.50	12.59	13.50	12.33	13.50	12.17						
	Turnover Baseline Nursing Staff: 10% (January 2018) (204 YTD)	10.00	19.14	10.00	15.43	10.00	25.02						
Leadership development: Implement the Trust wide leadership and management development programme	Deliver to 200 staff by the end of 2018/19	The Board will be aware that NHS Improvement did not support the Trust in the consultancy spend for this piece of work. Therefore this objective will need to be delivered in-house and will not commence until Spring 2019											

[illegible]

		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
PARTNERSHIP: Work in partnerships to design health and social care which transcends the boundaries of organisations and geography									
Work with partner organisations to develop an east Kent Accountable Care Partnership / Integrated Care System by	establishing an agreed programme of work that focuses on setting up clear patient pathways for the frail elderly population of east Kent and creating a joint east Kent Department of Geriatrics with KCHFT			MOU has proposed pathways for joint work included within it - frail elderly is a priority					
	working with KCHFT, KCC and KMPT to expand and finalise the MOU by June 2018			Work underway. Draft MOU written and discussed at EMT. Comments incorporated and due to go back this month then sign off at August board					
Subject to the production of the pre-consultation business case (PCBC), finalise a 5 year Estates Strategy that looks at public and private sector partnerships to deliver high quality health and social care from campus style sites	Delivery of an estates strategy			When a preferred option has been decided the estates strategy will be drafted and approved by the Board of Directors					
Deliver the EKHUFT elements and work with the Sustainability and Transformation Programme for Kent and Medway	Finalise consultation on the Trust Clinical Strategy in line with the CCG timeline			EY has been engaged by CCG to undertake a state of readiness for PCBC and consultation. In addition changes to national assurance governance have become more stringent. The EY report identifies a number of gaps which need to be completed before PCBC can be completed. The gaps are around governance, lack of a robust local care plan and perceived lack of clarity for option 2. Action plan and work to rectify this well underway					
	Contribute to a system wide PCBC (Pre Consultation Business Case) for the east Kent reconfiguration work stream in line with the deadline for capital bidding process in 2018			PCBC as above. Wave 4 capital bids completed and submitted in line with STP time-line.					
	Continue to work with partners on a joint pathology project in line with the STP revised timeframe			Project Director appointed (Mark Hackett) investment in IT solutions identified by all partners and programme now moving at pace					
	Develop an approach to look at more effective models of providing back office functions such as facilities management, estates and procurement, learning from other NHS successes			2gether support solutions limited established, transfer of first phase staff 1 August 2018					
	Progress the Kent Care Record project with partners with a view to delivering: Phase 1 - readiness for market by July 2018. Phase 2 - procurement by May 2019 Phase 3 – mobilisation by May 2020			Ready to go to market in July 2018. Establishing that the required resources are available through the STP					

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		Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18	
		Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
PROVISION: The provision of high quality care through the use of technology, research, education, innovation and intelligence													
Improve people's experience of and our performance in emergency care: ED RECOVERY PLAN: - Implement and deliver sustainable improvement in the ED to be measured against the agreed improvement trajectory / standard (linked to STF trajectory)	Compliance with 4 hour access standard (trajectory) (performance)	78.60%	76.93%	77.50%	80.80%	78.50%	82.55%						
	Number of patients seen by a clinician in the first hour (performance)	55%	46.20%	55%	49.50%	55%	51.70%						
	Bed occupancy (performance)	95%	100%	95%	101%	95%	95.80%						
	Friends and Family test (ED) (quality)	85%	80.60%	85%	83.20%	85%	85.50%						
	Emergency re-admission rate (quality)		9.61%		9.08%		9.29%						
Deliver value for money for the taxpayer: FINANCIAL PLAN: Deliver the financial plan for the Trust, measures against the final plan submitted to NHSI on 30 April 2018	Income: achievement against plan	£45.7m	£45m	£48.6m	£49.9m	£50.0m	£51.4m						
	Expenditure: achievement against plan	£48.9m	£47.9m	£49.5m	£51m	£49.5m	£50.9m						
	Cost Improvement Programme: achievement against plan	£1.5m	1.2m	1.5m	£1.8m	£1.6m	£1.6m						
CONTRIBUTION: Increase the contribution of particular services	Neurology	Finance and Performance Committee recommendation to the Board that the areas listed are those to be focused on in 2018/19. Chief Operating Officer to review the list and confirm that these fit with the overall business plan for 2018/19											
	Gastro / endoscopy												
	Trauma and orthopaedics												
	Vascular												
	ENT												
	Obstetrics and Paediatrics												

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REPORT TO:	BOARD OF DIRECTORS
DATE:	10 AUGUST 2018
SUBJECT:	FINANCE AND PERFORMANCE COMMITTEE (FPC) CHAIR REPORT
BOARD SPONSOR:	SUNNY ADEUSI, CHAIR FINANCE AND PERFORMANCE COMMITTEE
PAPER AUTHOR:	CHAIR OF THE FINANCE AND PERFORMANCE COMMITTEE
PURPOSE:	APPROVAL
APPENDICES:	APPENDIX 1: MONTH 2 FINANCE REPORT APPENDIX 2: MONTH 3 FINANCE REPORT

BACKGROUND AND EXECUTIVE SUMMARY:

The purpose of the Committee is to maintain a detailed overview of the Trust's assets and resources in relation to the achievement of financial targets and business objectives and the financial stability of the Trust. This will include:-

- Overseeing the development and maintenance of the Trust's Financial Recovery Plan (FRP), delivery of any financial undertakings to NHS Improvement (NHSI) in place, and medium and long term financial strategy.
- Reviewing and monitoring financial plans and their link to operational performance overseeing financial risk evaluation, measurement and management.
- Scrutiny and approval of business cases and the 2018/19 capital plan.
- Maintaining oversight of the finance function, key financial policies and other financial issues that may arise.

The Committee also has a role in monitoring the performance and activity of the Trust.

3 July 2018 Meeting

The Committee reviewed the following matters:

Surgical Services – Divisional Presentation:

1. In the year ending March 2018 the following were the main highlights for the year:
 - 1.1. Income was down on plan by £2.8m with expenditure on plan. This was mainly due to pressures in the Emergency Department (ED):
 - 1.1.1. lost income of £3.8m due to bed pressures.
 - 1.1.2. additional pay of £1.0m and non-pay of £0.2m.
 - 1.1.3. Medical Outliers cost £3.0m (Staffing & extra beds).
 - 1.1.4. elective underperformed as a result of the impact from the winter pressures and cancelled procedures.
 - 1.2. Cost improvement programme £424k over-achievement to Month 12 (plan increased by £400k in November). Additional work-streams (not included):
 - 1.2.1. Procurement savings £1m (Favourable to plan by £526k).
 - 1.2.2. Medicines Optimisation savings £227k.

2. The following key concerns were discussed in relation to the activity plan in month 2 of 2018/19:
 - 2.1. Increase in Primary Care Referrals for Breast/Colorectal/Urology and Spines. Additional capacity has been put in place to address demand along with work to assess demand management in primary care. If the trend continues the Division will re-profile capacity;
 - 2.2. The Chief Operating Officer is seeking a better understanding of the drivers of cancelled operations as our cancellation rate is too high. He is also seeking to quantify the cost of cancellations.
 - 2.3. Challenges in recruiting to medical staff affecting delivery of Ophthalmology, ENT, Urology and Pain production plans. In order to address this the Division is tendering for insourcing services in ENT and Urology for additional capacity and additional waiting list initiatives in place until medical recruitment is in place;
 - 2.4. Orthopaedics - Virtual Fracture Clinic overachieving against planning assumptions for 2018/19 driving under performance in new Out Patient Appointments. Implementation of Getting it Right First Time (GIRFT) actions driving underperformance in day cases. Restrictions regarding high risk patients in independent sector contract.
 - 2.5. Increase in Ophthalmology consultant to consultant referrals requires further investigation.
3. The following points were noted in relation to the financial position in month 2 for the Division:
 - 3.1. Overall the Division is adverse to plan by £68k year to date after allowing for outliers / ED support;
 - 3.2. The cost improvement programme was on plan achieving the £760k cumulative target to May. It was noted that:
 - 3.2.1. A £2.8m gap remains for 2018/19;
 - 3.2.2. Additional work-streams (not included):
 - a Procurement savings £49k.
 - b Medicines Management £14k.
4. The Committee noted the current risks and challenges as:
 - 4.1. Urology - rise in cancer referrals unprecedented rise in listing rates resulting in long waiting times for Robotic surgery. Options being explored for additional capacity.
 - 4.2. ITU - a business case went to Strategic Investment Group in June to request additional resources to extend ITU beds by 5 in the short term. This will require transfer of cardiology step down unit to ITU.
 - 4.3. Plans are being developed to mitigate against cancellation of orthopaedic work during winter in order to protect the income. The business case for the introduction of a pilot study sponsored by the National Director of the GIRFT programme aiming to establish elective orthopaedic centre operating on the Kent and Canterbury site was approved. If funded the pilot will increase emergency medical capacity on the William Harvey Hospital (WHH) and Queen Elizabeth the Queen Mother (QEOM) sites as well as providing increased elective capacity across the Trust. This will also take time to deliver.

The Division is working with independent providers to see if they are permitted to and able to take more complex patients to support activity, especially in relation to orthopaedic work.

The Division is focussed on theatre utilisation to drive efficiency and activity. Focus is also on reducing Did Not Attends (DNAs) and non-clinical and clinical cancellations by the Trust through improvement in pre-operative assessment. The Division advised that it has invested in nurses regarding pre-operative assessment and this has seen an improvement in that area. This is included in the improvement plan and visits to other Trusts to look at electronic pre-assessment.

Operational Plan 2018/19

5. The Board signed off the 2018/19 plan in April 2018 and this was submitted to NHS Improvement (NHSI) by the deadline of 30 April 2018. NHSI provided feedback to the Board on the plan and the Committee noted the Trust Chairman's response. The main points raised by NHSI were:-

- 5.1. Clarification on the Trust's capacity and its impact on A&E, Referral to Treatment (RTT) and Cancer trajectories.
- 5.2. Alignment of workforce with capacity and financial plans.
- 5.3. The level of agency spend.
- 5.4. The reason for planned income reduction.
- 5.5. Cost Improvement Programme (CIP) risks.
- 5.6. Contracting risks.
- 5.7. The requirement for capital spending.

As a result of the response to NHSI the Trust's plan remains as submitted at the end of April with some minor tweaks to the workforce plans and performance trajectories.

Financial Special Measures (FSM)

There has been no meeting with NHSI since the last Committee meeting. The next meeting is due on 12 July.

NHSI has requested a 3 year plan to provide assurance that performance (both financial and operational) will be maintained and is sustainable when the Trust exits FSM. The Director of Finance and the Financial Improvement Director will be pulling together a timeline for delivery of the 3 year plan for discussion with NHSI, this is likely to be in Q3 2018/19.

Cost Improvement Programme (CIPs) Update Month 2

6. The Trust is tasked with delivering a £30m CIP programme for 2018/19 as part of its financial plan, the following points were highlighted:

- 6.1. CIPs in May were £1.8m, £0.2m (9%) above plan for the month, year to date £2.9m, £0.1m adverse to plan;
- 6.2. 53% of the reported CIPs year to date are recurrent;
- 6.3. Latest forecast for 2018/19 is £30m, with £7.3m non-recurrent;
- 6.4. £24.5m (82%) of CIPs are green with the aim of converting a further £4m amber-rated schemes to green within four weeks;
- 6.5. CIPs pipeline identified for 2019/20 is currently c£4m; we have a goal of identifying and working up at least 80% (£24m) to "green" status by 31 December 2018.

7. Key tasks for Q2 include:

- 7.1. addressing the £5.5m CIP "gap";
- 7.2. Developing more agency reduction schemes to get closer to £19m agency spend cap; and

- 7.3. Ensure major schemes start to deliver on time. 2Gether Support Solutions Limited launch has been delayed by 1 month but this is covered by the contingency built into the plan.

The Committee noted that the Trust was in a better position with the 2017/18 CIP in terms of green schemes, the key risk for 2018/19 relates to identification and delivery of recurrent schemes to back fill the non-recurrent schemes currently identified. The Trust is in the second year of a heavy CIP so identifying and delivering schemes was a risk. It was likely that achieving 100% "green" for 2018/19 would be achieved by September 2018.

Month 2 Finance Report

8. The Trust has generated a consolidated deficit in month of £3.2m and a year to date (YTD) deficit of £8.3m which is £0.2m better plan. The YTD variance is driven by:-
- 8.1. Higher than planned out-patient and A&E activity driving higher income;
 - 8.2. YTD under performance of complex elective activity driving low, clinical supplies costs and drugs;
 - 8.3. Off set by very high agency spend driven by Urgent Care & Long Term Condition (UC<C) Division used to fill vacancies.
9. Unconsolidated pay costs in the month of £32m £1.4m adverse to plan. Permanent staff costs (including overtime) were £0.2m higher than April. Of most concern was the increase in temporary staff (agency, bank, locum, overtime) cost by £0.8m to £5.6m in month. The main driver for the pay overspend against plan in month is driven in Urgent Care and Long Terms Conditions where medical staffing are being used above establishment and recruitment to nursing has been slower than expected;
10. The cash balance as at the end of May was £4.7m, £0.9m above plan. The Trust's total cash borrowing is now £48.5m and is expected to reach £84.3m by the end of the financial year.

The Committee was concerned about the pay, both substantive and agency and sought assurance over the steps being put in place to address this. It was noted that in some instances budgets were not set as accurately due to issues in workforce planning which could be improved. This could lead to high usage of agency. The HR Business Partners and operational teams are reviewing the work plans to ensure establishment is properly understood so future budgets can be improved.

There is Executive sign-off of agency spend and there is a focus on reducing agency rates paid but there are patient safety concerns that have to be factored in when decisions are being made.

The finance report identified a number of risks to the Trust in the sum of £9.5m which includes: expert determination which is still being worked through; CIP delivery; and cost of additional planned activity. An additional risk highlighted was the NHS pay deal and how that is to be funded.

The Director of Finance and Performance reported that other local Trusts that had rejected their control totals had received Provider Sustainability Funding. He is following this up with NHSI/NHS England (NHSE) to see why EKHUFT is not receiving a similar treatment.

Financial Risks Review

11. CRR51: Failure to achieve the A&E Improvement Plan and evidence sustained improvements to the Emergency Care Pathway. The inherent score has increased to 20 (extreme) to reflect the risk around quality and safety. New action added in relation to weekly turnaround meetings with the Divisions. Consideration is being given to merging this risk with CRR 28.

It was suggested that consideration of integrated working around delivery of NHS Constitutional Standards and clinical model in terms of the Sustainability and Transformation Programme should be considered for strategic risks and this would be discussed at the Integrated Audit and Governance Committee on 30 July 2018.

Assurance was sought in respect of the reduction in the residual score for SRR12: Insufficient capacity and capability of the leadership team (Executive and Divisional Directors) to develop and deliver key strategies and recovery plans. This had been reviewed in light of NHSI's decision not to approve the consultancy spend and the Trust's decision to develop the programme internally.

Interim Cash Support

12. As a result of the continuing deficit position of the Trust, the 2018/19 submitted plans included a requirement for deficit funding of £27.5m. Since the plan submission, the East Kent (EK) Clinical Commissioning Groups (CCGs) have reduced the value that they intend to settle in contract by £10m to £409m, further reducing the cash available. On this basis the operational cash flow currently forecasts a funding requirement of £38m for 2018/19.
13. Current cash forecasts indicate that £9.3m will be required in September and £4m in November which will exceed the £40m current authority approved by the Board in September 2017. A further £19.1m is included in forecast for the balance of the year (Total for 2018/19 £38m).

The Committee recommended the Board of Directors resolve to authorise a further £40m limit of loan facility to cover the forecast borrowing for the remainder of 2018/19 and in to the early months of 2019/20. This was agreed by the Board at its Extraordinary Closed Part II meeting on 6 July.

Service Line Reporting (SLR) Q4 2017/18 Report

14. The 2017/18 Q4 SLR performance report shows the full year 2017/18 SLR financial position for the Trust and at Specialty level. Headlines are:
- 14.1. The Trust achieved a contribution level of 15% against a target of 19%;
 - 14.2. Clinical Support Services Division (CSSD) and Urgent and Long Term Conditions Division (UC<Cs) achieved the highest level of Divisional contribution at 18% and 17% respectively. However, UC<Cs expenditure on Health and Social Care Village was shown as on overhead which once amended would reduce its return to circa 15%;
 - 14.3. There are a number of SLR reviews being undertaken to identify opportunities for improved profitability (Neurology, Gastro/ Endoscopy, Trauma & Orthopaedic (T&O), Vascular, ENT and Obstetrics & Paediatrics).

The Committee was pleased to see that the costing team produced and distributed an additional 13 costing performance packs. The aim is to support Divisions in identifying cost improvement opportunities with suitable patient level information costing, model hospital and benchmarking data.

The Committee is recommending that the services outlined in 14.3 are those that the Trust should focus on to improve contribution as part of its agreed Annual Priorities for 2018/19.

The Board will have a workshop on SLR at its next development day to discuss the information in more detail in terms of how it can influence decision making around services. In addition future Divisional presentations will include a slide on SLR and a process will be designed to show how clinicians can use the SLR information alongside Getting it Right First Time (GIRFT) reports and recommendations to improve their services contribution.

Activity and Performance report – Month 2

A&E 4 Hour Compliance

15. May performance for the 4 hour target was 80.8%; against the NHS Improvement (NHSI) trajectory of 77.5%. This represents an increase in performance compared to the previous month. There were no 12 Hour Trolley Waits in May. The number of patients who left the department without being seen remained compliant, with 2.4% of attendances being recorded as did not wait. Unplanned re-attendances remain around 9% with May performance of 9.1%, remaining above the target of 5%. June's performance continued to improve achieving 84.7%.

Referral to Treatment Standard (18 Weeks)

16. May's performance has improved to 78.56%. The number of patients waiting over 52 weeks for first treatment has decreased to 218. This is within the trajectory submitted to NHSI, breaches have occurred within the following specialties; Gynaecology (123), General Surgery (67), Trauma & Orthopaedics (9), ENT (7), Ophthalmology (5), Dermatology (1), Neurology (1), Urology (2) and Other Specialties (3).

Each speciality has a plan to remove the 52 week waiters in line with the trajectory agreed with NHSI, if not sooner.

Given the number of 52 week waiters in gynaecology clinical validation has taken place and plans are in place to increase the number of patients being treated on a weekly basis.

Cancer 62 day GP Referral to Treatment Standard

17. May performance is currently 64.74% against the improvement trajectory of 77.42%, validation continues until the beginning of July in line with the national time table. The total number of patients on an active cancer pathway is 3,152. There are currently 33 patients waiting 104 days or more for treatment.

Referral to Diagnostic Standard 6 Week

18. The standard has been met for May 2018 with a compliance of 99.30%. As at the end of the month there were 106 patients who had waited over 6 weeks for their diagnostic procedure.

Triaging is in place to assess each patient who is breaching across cancer and Referral to Treatment (RTT) and a report is going to the Board's Quality Committee in July 2018 for discussion and agreement of any additional actions / assurance required.

There is good clinical engagement.

Improvement Plan: Highlight Report on NHS Constitutional Standards

19. The Committee received a comprehensive update on the NHS Constitutional Standards which provided assurance on progress being made. The report highlighted the actions and areas of concern which are detailed below:
- 19.1. Actions being carried out:
- 19.1.1. Improvement plans for ED, RTT and Cancer will be regularly cascaded through key meetings within the Trust, and alignment of priorities is underway.
 - 19.1.2. External assistance has been sought for cancer management and agreement gained to develop a dedicated cancer management team. A Cancer Steering Group is in place to support the improvement plan.
 - 19.1.3. The recruitment of a Deputy Chief Operating Officer (DCOO) for Planned Care and Director of Performance is underway to provide senior leadership and delivery.
 - 19.1.4. Engagement and empowerment of front line staff will need to increase to gain the sustainable redesign of patient pathways.
- 19.2. Areas of concern are RTT and Cancer waiting times, however, robust management is being put in place.
- 19.3. The focus by the General Manager for each specialty on individual patients will support delivery of the plans.
- 19.4. The Trust is working with GP's around referrals practice on the cancer pathways and diagnostics.

As a result of the revised format for future FPC meetings, a Committee meeting was not held at the beginning of August prior to the Board meeting. Therefore, the FPC Chair received a briefing on the 23 July highlighting key issues in relation to finance and performance since the last FPC meeting held at the beginning of July.

23 July 2018 Briefing

The FPC Chair and Director of Finance and Performance Management reviewed the following matters:

FSM

20. An FSM meeting took place on 12 July with NHSI and was a positive meeting.
- 20.1.1 NHSI's main concern was around agency spend and the level of the Trust's expenditure on agency staff, the Trust needed to focus on reducing this.
 - 20.1.2 It was emphasised the need for the Trust to look at developing its 2 – 3 year plan.
 - 20.1.3 The Financial Improvement Director allocated by NHSI to work with the Trust in supporting its Financial Recovery Plan (FRP) would be reducing the time he works with the Trust from 8 to 6 then down to 4 days a month. This was good news and showed a step down that reflected NHSI's assurance and confidence of the Trust's progress and processes in place around its FRP and improving its financial position. Although this did present a risk for the Trust as this Director has extensive experience in driving forward improvements. The Trust would continue its focus with Divisions and staff, building upon the work already discussed, identified and taken forward at challenge sessions held with Divisions.

Month 3 Finance Report

21. The Trust had raised the issue regarding it not being provided with Sustainability and Transformation Funding (STF) as it had not agreed to its allocated control total. Although other Trusts had also not agreed their control total but had been given STF. It has been confirmed that there will be no STF provision. The Trust is focussed on delivering its consolidated plan, which is a deficit of £30.9m (£29.8m after NHSI adjustments).
- 21.1 A detailed deep dive discussion will take place at the 10 August Part II Closed Board meeting regarding agency spend, specifically to look at the level of expenditure within UC.
 - 21.1.1 This will be led by the Chief Operating Officer (COO), Chief Nurse and Director of Quality, Director of Human Resources and the Director of Finance.
 - 21.1.2 To ensure the Board is sighted of the issues being experienced in relation to the challenges around staff resources and recruitment, particularly for hard to fill posts, and the work that is being actioned to address this.
 - 21.1.3 The UC<Cs Division is currently £5m overspent on agency.
 - 21.1.4 The COO and Director of HR are working closely to produce a realistic agency spend recovery plan. There is a specific project for UC with deep dives taking place working with clinical and nursing staff on the action that needs to be taken to reduce agency expenditure.
- 21.2 The Trust's agency expenditure to date is £9.9m against an annual agency cap of £19m, the Trust has budgeted for expenditure on agency. The main drivers of this spend is due to the opening of two wards that have been resourced by agency staff.
- 21.3 Clinical income is ahead of plan by £0.2m in month, and the Year to Date (YTD) position is £0.8m ahead of plan.
 - 21.3.1 The key drivers to this position is over performance in non-electives, A&E and ITU, offset by underperformance in elective activity.
 - 21.3.2 Underperformance in elective activity is mainly due to Trust not being able to put on additional elective sessions originally planned. This is being driven by underperformance in orthopaedics and gynaecology.
 - 21.3.3 The COO is working with Divisions to ensure that they are booking sessions far enough in advance and that there is sufficient capacity.
- 21.4 The Trust's generated consolidated deficit in month is £1.7m and a YTD deficit of £10.0m, which is £0.2m better than plan.
- 21.5 The Trust's unconsolidated pay costs in the month is £31.6m, £0.4m less than in May largely due to reductions in the use of agency and bank staff but is £0.9m more than plan. Permanent staff costs (including overtime) is £0.1m higher than in May. Bank usage reduced by £0.2m and agency/locum staff reduced by £0.2m. All temporary staff (agency, bank, locum, overtime) decreased by £0.5m to £5.1m in month.
- 21.6 Waiting list payments are £0.3m in month and are slightly above plan. The main driver for the pay overspends against plan in month is driven in UC<C where medical staffing is being used above establishment and recruitment to nursing has been slower than expected.
- 21.7 The cash balance at the end of June was £7.1m, £3.6m above plan, and the Trust's total cash borrowing is now £48.5m and is expected to reach £73.7m by the end of the financial year.
- 21.8 The Trust has identified £9.5m of risk to the year-end position in relation to expert determination on income, CIP delivery and activity related costs. The Trust is seeking to mitigate these risks as it moves through the year.

Cost Improvement Programme (CIPs) Update Month 2

- 22 The Trust needs to ensure sufficient resources are available within the Programme Management Office (PMO) Team to support the Divisions in achieving the overall CIP. In this respect the Team's capacity will be discussed and reviewed.
- 22.1.1 Divisions will be held to account around achieving their required CIP schemes.
- 22.1 The elective orthopaedic pilot business case has been submitted to NHSI for consideration and approval.
- 22.2 For 2018/19 the Trust has a CIP target of £30.0m; of this £25.4m is rated as green, £1.7m amber and £2.9m red. The amber and red schemes have been identified but require further work to be turned green. The key schemes being worked upon are; East Kent Medical Services Limited (Spencer Hospital) contribution increase £1.0m and Clinical Support Services Division (CSSD) clinical supplies cost reduction £1.0m. The Trust is aiming to have 100% green schemes by the end of August.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to discuss and approve the FPC report.

Finance Performance Report 2018/19

May 2018

Director of Finance and Performance Management
Philip Cave



Contents and Appendices

Month 02 (May) 2018/19

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Executive Summary

Month 02 (May) 2018/19

Executive Summary

The Trust has generated a consolidated deficit in month of £3.2m and a year to date (YTD) deficit of £8.3m which is £0.2m better plan. The YTD variance is driven by:-

- Higher than planned Out Patient and A&E activity driving higher income
- YTD under performance of complex elective activity driving low , clinical supplies costs and drugs.
- off set by very high agency spend driven by U<C used to fill vacancies

As the Trust is in FSM it is measured against its performance excluding technical adjustments. After these are removed the Trust's YTD I&E deficit to Month 2 (May) was £8.1m (consolidated position including Spencer Wing and after technical adjustments) against a planned deficit of £8.3m.

A reconciliation of the various adjustments is presented below.

£'000	This Month			Year to Date			Annual			
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance	
EKHUFT Income (inc PSF)	48,607	49,982	1,375	94,354	95,001	647	583,617	583,617		0
EKHUFT Pay	(30,557)	(31,991)	(1,434)	(60,975)	(62,889)	(1,914)	(365,552)	(365,552)		0
EKHUFT Non-Pay	(21,159)	(21,202)	(43)	(41,868)	(40,372)	1,496	(249,052)	(249,052)		0
EKHUFT Financial Position (inc PSF)	(3,109)	(3,210)	(101)	(8,489)	(8,259)	230	(30,987)	(30,987)		0
Spencer Unit Financial Position	10	(31)	(41)	20	(13)	(33)	132	132		0
Consolidated I&E Position (inc PSF)	(3,099)	(3,241)	(142)	(8,469)	(8,272)	197	(30,855)	(30,855)		0
Impairments Adjustment	85	88	3	170	177	6	1,025	1,025		0
PSF Funding	0	0	0	0	0	0	0	0		0
Consolidated I&E Position (exc PSF)	(3,014)	(3,153)	(139)	(8,299)	(8,095)	203	(29,830)	(29,830)		0

Trust unconsolidated pay costs in the month of £32m are £1.1m more than April largely due to increases in the use of Agency and Bank staff and are also £1.4m more than plan. Permanent staff costs (including Overtime) were £0.2m higher than April. Bank usage increased by £0.2m and agency/locum staff increased £0.7m of which circa £0.2m was an adjustment for prior months. All temporary staff (agency, bank, locum, overtime) increased by £0.8m to £5.6m in month. Waiting list payments are £0.3m in month and are slightly above plan. The main driver for the pay overspend against plan in month is driven in U<C where medical staffing are being used above establishment and recruitment to nursing has been slower than expected.

Clinical income was ahead of plan by £0.6m in month. This is driven by higher than planned elective income, which has picked up significantly (£1.3m) in May when compared to April although some case mix issues remain. In addition Critical Care has over performed due to the discharge of long stay patients and Out Patients have over performed due to high activity. Rechargeable costs and their related income were under planned levels.

Against the full year £30m CIPS target, including income, £2.9m has been reported to Month against a target of £3m, £0.1m behind plan. Of the reported position 48% is non recurrent.

The cash balance as at the end of May was £4.7m, £0.9m above plan. The Trust's total cash borrowing is now £48.5m and is expected to reach £84.3m by the end of the financial year.

The Trust has identified £9.5m of risk to the year end position in relation to expert determination on income, CIP delivery and activity related costs. The Trust will seek to mitigate these risks as we move through the year.

Income and Expenditure

G

In May the Trust reported a consolidated I&E deficit of £3.2m (before any adjustments) compared to a planned £3.1m deficit. Income was ahead of plan in month largely driven by Critical Care which has over performed due to the discharge of some long stay patients. In addition Out Patients and Elective work has over performed due to higher than planned activity. Rechargeable costs and their related income were under planned levels. Although the elective activity is higher than plan in month case mix is still driving a lower than planned cost per case YTD. Other income is £0.1m higher than plan bringing the YTD position back to planned levels.

Pay is over plan by £1.4m in month and £1.9 YTD. This is driven principally by additional costs associated with UC<C medical staffing. In addition TFS are still being used and pay CIPs are under delivering a little.

Non pay spend is slightly overspent in Month 2 (£0.1m) and £1.4m underspent YTD. This is driven by an underspend on Drugs (both pass through and non pass through). In addition Secondary commissioning and Education and Training are under spending offset by a small overspend on clinical supplies.

Cash

G

The Trust's cash balance at the end of May was £4.7m which was £0.9m above plan, the main driver for which is the over recovery of VAT

The Trust did not borrow any further funds in month which means the total borrowings remain at £48.5m. The Trust expects to need to borrow £3.4m of further funds in July.

Capital Programme

A

The Trust has spent £1m on capital to May which is significantly behind plan. The majority of the underspend is driven by an unexpected VAT credit received for assets purchased in 2017/18. The funds received are expected to be required to fund pressures the capital plan is likely to face later in the year and so no change to the current capital plan is expected by year end. The Capital plan for the year is £16m.

Cost Improvement Programme

A

Net CIPs in month were £0.2m ahead of plan bringing the YTD position to £0.1m behind plan at £2.9m of savings YTD. This due largely to slow starts to recurrent CIP programmes within Divisions. Nearly half of the savings YTD are non recurrent but planning is underway to convert these to recurrent on-going savings.

Risks to the full year plan remain in relation to finalising all delivery plans and significant risks remain in relation to Subco (2SS), the ability to release planned agency savings for U<C and the delivery of further bed reductions. £7m of CIP plans still remain red or amber at this stage.

Income and Expenditure Summary

Month 02 (May) 2018/19

Unconsolidated	Annual	Year to Date	This Month				
£000	Plan	Plan	Actual	Var.	Plan	Actual	Var.
Income							
Electives	100,573	15,716	15,118	(598)	7,689	8,362	673
Non-Electives	161,862	28,068	28,103	35	14,576	14,407	(169)
Accident and Emergency	26,226	4,447	4,815	368	2,295	2,504	209
Outpatients	81,677	12,129	12,727	598	6,774	6,871	97
High Cost Drugs	55,662	9,302	8,700	(602)	4,727	4,437	(290)
Private Patients	497	83	46	(37)	42	24	(18)
Other NHS Clinical Income	111,216	17,062	17,976	914	8,702	9,500	799
Other Clinical Income	1,777	296	269	(27)	148	107	(41)
Total Corporate and SLA Income	539,490	87,104	87,754	650	44,952	46,211	1,259
All Other Income	44,127	7,250	7,247	(3)	3,655	3,771	116
Total Income	583,617	94,354	95,001	647	48,607	49,982	1,375
Expenditure							
Permanent Staff	(326,479)	(54,451)	(51,837)	2,614	(27,297)	(26,032)	1,265
Overtime			(994)	(994)		(419)	(419)
Waiting List Payments	(2,723)	(454)	(569)	(115)	(228)	(317)	(89)
Medical Locums/Short Sessions	(3,766)	(628)	(468)	160	(315)	(277)	38
Bank	(13,411)	(2,264)	(2,383)	(119)	(1,132)	(1,303)	(171)
Agency	(15,883)	(2,598)	(6,610)	(4,013)	(1,296)	(3,747)	(2,450)
Direct Engagement	(3,548)	(580)	(28)	552	(290)	103	393
Total Pay	(365,810)	(60,975)	(62,889)	(1,914)	(30,557)	(31,991)	(1,434)
Non Pay	(222,146)	(37,458)	(36,082)	1,376	(18,954)	(19,012)	(58)
Total Expenditure	(587,956)	(98,433)	(98,971)	(538)	(49,511)	(51,002)	(1,491)
Non-Operating Expenses	(26,648)	(4,410)	(4,289)	120	(2,205)	(2,190)	15
Income and Expenditure Surplus/(Deficit)	(30,987)	(8,489)	(8,259)	230	(3,109)	(3,210)	(101)

Consolidated	Annual	Year to Date	This Month				
£000	Plan	Plan	Actual	Var.	Plan	Actual	Var.
Income							
Clinical Income	547,857	88,497	89,385	888	45,649	47,016	1,367
Non Clinical Income	42,682	7,009	6,917	(92)	3,534	3,588	54
Total Income	590,539	95,506	96,302	796	49,183	50,604	1,421
Expenditure							
Pay	(370,054)	(61,683)	(63,490)	(1,807)	(30,911)	(32,237)	(1,326)
Non Pay	(224,416)	(37,836)	(36,752)	1,084	(19,143)	(19,394)	(251)
Total Expenditure	(594,470)	(99,519)	(100,242)	(723)	(50,054)	(51,631)	(1,577)
Non-Operating Expenses	(26,924)	(4,456)	(4,332)	124	(2,228)	(2,214)	14
Income and Expenditure Surplus/(Deficit)	(30,855)	(8,469)	(8,272)	197	(3,099)	(3,241)	(142)

Corporate and SLA Income

East Kent CCGs income over performed against plan by £559k in month, with Canterbury being the only under performing contract. The majority of this favourable position is contained within Elective care, A&E and Non_PbR. These are all largely driven by activity being higher than planned. The elective activity is higher than plan but this is driven by regular day attenders. The income for these episodes is much lower than the average elective tariff which is driving a case mix variance in the YTD Month 2 income.

The large overperformance in Other NHS Clinical income is driven by ITU where several long standing patients were discharged in month.

There remains some uncertainty around the financial impact of 2017-18 Expert Determination challenges on 2018-19 baseline as both commissioners and the Trust work through the implications of the way some of our activity is recorded. The Trust is holding a provision against this risk of £3.9m for the year.

NHSE Contracts are over plan in month by £378k. Rechargeable expenditure such as high cost drugs, devices and haemophilia blood products under performed by £230k in month across all contracts.

The Trust contract with NHSE includes £4.1m of QIPP expectation with the Trust agreeing to work with NHSE to implement cost savings where possible, however, the risk against non achievement sits with the commissioner.

Other Income and Expenditure

Non clinical income is favourable to plan in May by 0.1m and breakeven ytd.

Total expenditure is adverse to plan by £1.5m in May and £0.5m ytd, with an adverse pay variance of £1.4m being the main driver of the overspend in month. Pay expenditure is overspent by £1.9m ytd which is being offset by an underspend on non pay of £1.4m. The pay overspend relates to expenditure on medical staff and qualified nurses and within these pay groups, agency staffing costs are the main cause of the adverse variance. Agency medical staff are overspent by £1.4m and qualified nurses are overspent by £0.8m in May. Pressures remain in UC<C, particularly in respect of ED improvements and in acute medicine. Pay CIPs are also adverse to plan in May by £0.4m. The Executive team are holding additional biweekly meetings with underperforming divisions to control this.

The expenditure run rate has increased by £3.0m in May when compared to April, with pay spend increasing by £1.1m and non pay by £1.9m. There was growth in spend in all pay headings except overtime and directly engaged staff but the majority of growth was in agency staff expenditure with accounts for £0.9m of the total. In non pay, the purchase of clinical supplies and non clinical supplies account for £1.8m of the increased cost. The increase in clinical supplies expenditure relates predominantly to the purchase of medical equipment and disposables. £0.6m of the increase in non clinical expenditure relates to the SaCP project, premises costs and service contract cost from prior years.

Key Highlights

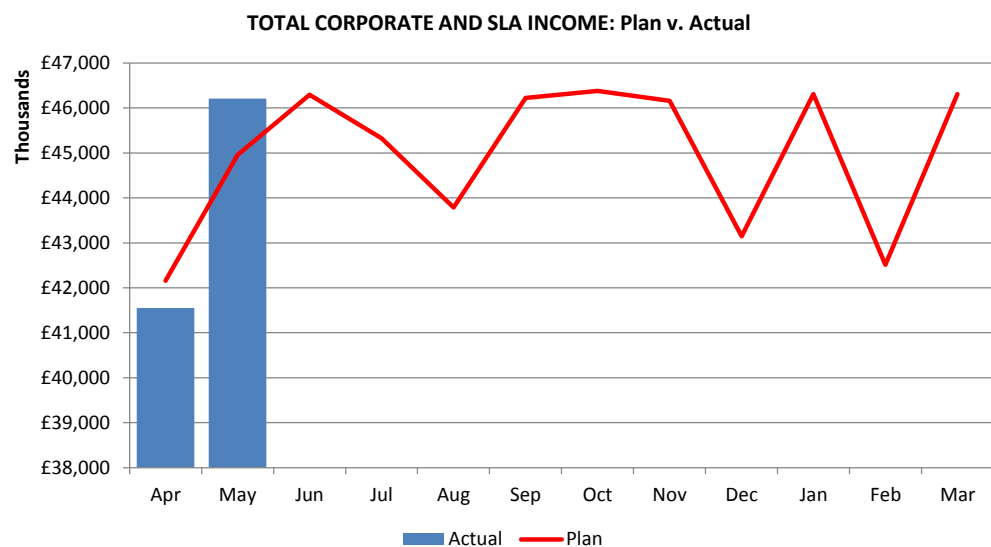
Month 02 (May) 2018/19

CLINICAL INCOME

Clinical income is over plan in May by £1.25m. Trends have been reversed where Elective income is ahead of planned levels by £0.8m while Non-Elective is behind plan (£162k) and Outpatients over performing (£40k). The main area over plan is Electives where there is a central plan adjustment offset within risks. High levels of regular day attenders have also been seen which generate a case mix issues leading to lower average tariffs. There have also been high vacancy levels and changes in our ability to meet planned levels over an extended winter period including difficulties delivering CIP income. Elective activity is now returning to normal levels as cancellations due to winter pressures are reduced. Non-Elective income remains high with increased casemix, although is slightly below plan in month (1.1%) due to the increased complexity of patients presenting in our ED departments.

ACTIVITY

A&E demand is ahead of plan by 1.4%. This over performance goes against last years trend. Non-elective activity continues to perform below plan in month and activity has been up to 6.3% below plan in May. However, richer casemix has meant that income is only 1.1% below plan. The commissioners have increased the provision of care packages with a view to returning patients home more quickly and as part of their QIPP schemes are investing in preventing patients with Pneumonia from coming to the hospital where they can be treated at home. Outpatient activity in month is behind plan but ahead of plan YTD.



COMMISSIONER ANALYSIS

Activity plans reflected CCG QIPP schemes to the value of £0.69m YTD. Any new commissioner QIPP schemes will be added to the contracts via a contract variation once the Trust is satisfied that the schemes are achievable in the timeframes set out. GP referrals were 4.8% under plan in May. Many of our outpatient services are now listing at 13 weeks and beyond and 52 week waits are high.

The trust is currently in negotiations with EK CCGs to discuss an aligned incentives contract. The details of what this will actually mean in practice are being worked through, with the intention of both parties to improve joint working in order to achieve savings in the health economy whilst improving patient care. EK CCGs have reduced our agreed contract baseline to £408.6m (from £419m). The Contract will still operate on a PbR basis. The majority of this reduction is to reflect CCG view of the Upcoding Expert Determination the value of which should be known in Q2.

Key Highlights

Month 02 (May) 2018/19

OTHER INCOME

Non clinical income is favourable to plan in May by 0.1m and breakeven ytd. Income relating to the SaCP PAS replacement project has overperformed against target in month, offset by an overspend on SaCP PAS replacement project expenditure. Other favourable performances on pathology services to other organisations and parking revenue are offset by underperformances against plan on income relating to donated assets and accommodation revenue. (refer to detail on P13)

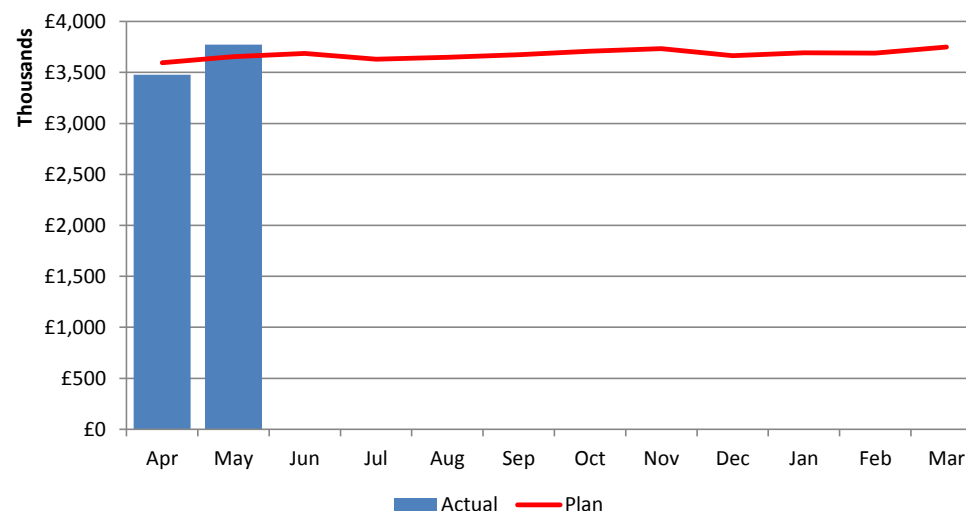
PAY

Pay performance is adverse to plan in May by £1.4m and by £1.9m ytd (3.1%). Pay CIPs are adverse to plan in month by £0.4m and by £0.5m ytd.

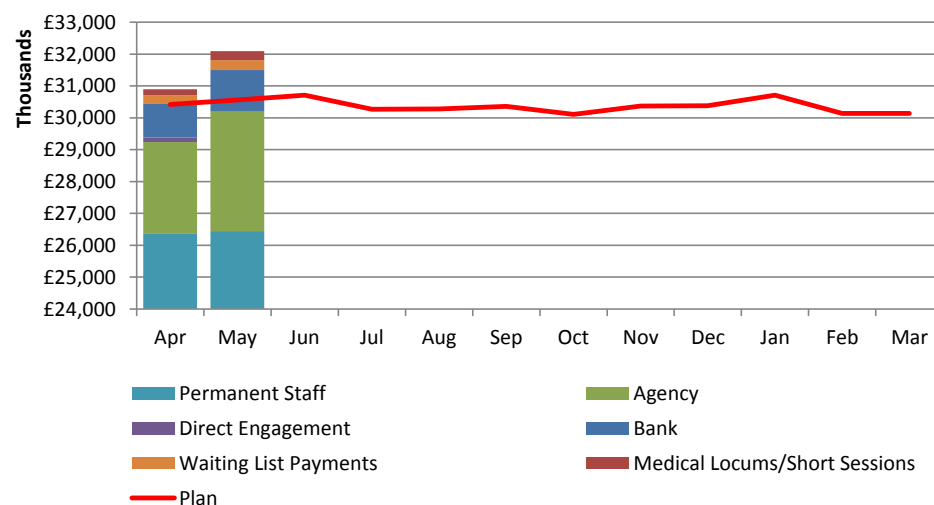
Expenditure on medical staffing and qualified nurses is adverse to plan by a total of £1.4m in May, with expenditure on agency medical and nursing staff showing an adverse position against plan of £2.1m in month. Pressures remain in UC<C particularly in EDs, Acute Medicine and in staffing additional outlying beds and wards. Execs are having biweekly meetings to keep control.

Actual spend on pay in May was £32.0m, a £1.1m increase when compared to April. £0.9m of the increase relates to agency staffing. It is vital the Trust remains in control of expenditure in order to hit 2018/19 plan. The pay figures do not include the recently announced NHS pay award, although a provision of 1% has been accrued in Months 1 and 2.

ALL OTHER INCOME: Plan v. Actual



Pay: Plan v Actual



Key Highlights

Month 02 (May) 2018/19

NON-PAY

Non Pay expenditure is adverse to plan in May by less than £0.1m and favourable to plan ytd by £1.4m (3.7%).

Overspends on clinical supplies, predominantly relating to the purchase of medical equipment and disposables, non clinical supplies including SaCP project expenditure, printing and stationery and the Serco contract totalling £0.8m are offset by an underspend on drug expenditure of £0.7m which is inclusive of underperformance on pass-through drugs.

Non pay expenditure in May increased by £1.9m when compared to April, predominantly on Medical equipment and disposables purchases £1m, and SaCP project expenditure £0.2m, premises expenditure £0.2m and prior year costs relating to an external contract £0.2m.

DEBT

Total invoiced debtors have decreased from the opening position £28.5m by £7.9m to £20.6m. Six debtors owe over £1m: South Kent Coast CCG £2.6m, Canterbury & Coastal CCG £2.4m, Ashford CCG £2.2m, NHS England £1.8m, Thanet CCG £1.2m, East Kent Medical Services £1.3m. The EK CCG debt is primarily in respect of overperformance against contract for 2017/18

The EK CCG outstanding debt is primarily in respect of overperformance against contract for 2017/18

CAPITAL

Total YTD expenditure for Mth 2 2018/19 is £0.9m below the NHSI plan.

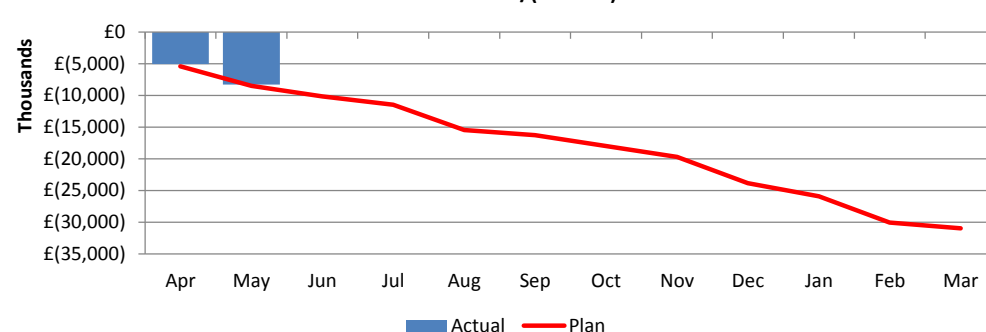
EBITDA

The Trust is reporting a year to date deficit EBITDA of £4m

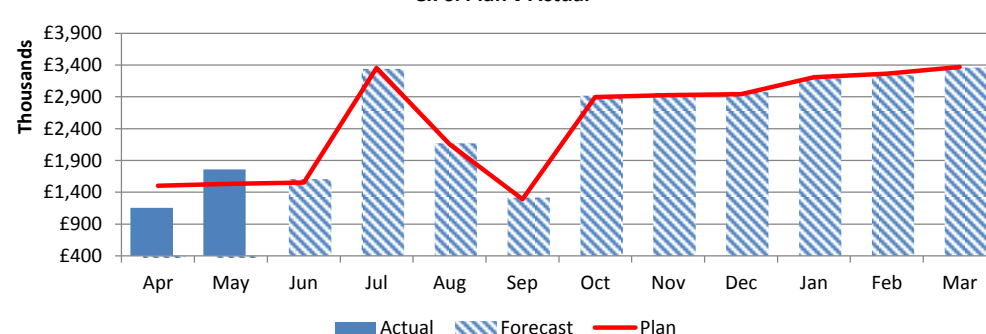
CASH

The closing cash balance for the Trust as at 31st May was £4.7m.

YTD NET RETAINED SURPLUS/(DEFICIT): Plan v. Actual



CIPs: Plan v Actual



FINANCING

£226k of interest was incurred in respect of the drawings against working capital facilities to 31st March 2018 (£46.2m) and April 2018 (£2.2m).

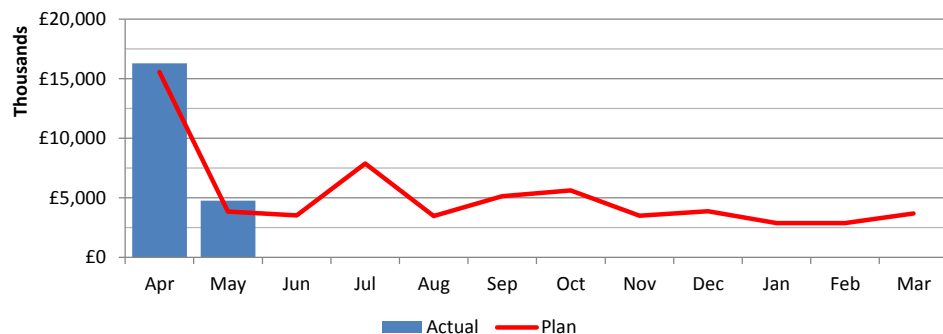
CIPS

The target for the year is £30m. The NHSI Improvement Director is maintaining fortnightly confirm and challenge meetings. As at the time of reporting, c.75% of schemes were 'green' rated. The major focus is on delivering 18/19 schemes and progressing 'red' and 'amber' schemes to 'green'.

Cash Flow

Month 02 (May) 2018/19

Cash: Plan v Actual



Unconsolidated Cash balance was £4.7m at the end of May 2018, £0.9m above plan.

Total receipts in May 2018 were £0.5m above plan

- VAT reclaim were £0.5m above plan

Total Payments in May 2018 were £0.3m above plan

- Capital Creditor payments were £0.5m above plan
- Monthly payroll was £0.2 below plan

2018/19 Forecast

- East Kent CCG income has been reduced from a contract total of £419m to £409m for the year, received in 12 instalments.
- £5m East Kent CCG 1718 overperformance reforecast from September for receipt in June
- £5.6m PSF receipt reforecast from July to September
- The forecast includes restrictions on creditor payment runs throughout the year to ensure that a positive cash balance is maintained

Provider Sustainability Funding (Formerly Sustainability and Transformation Funding)

The Trust has forecast to receive £5.6m incentive Provider and Sustainability Funding (PSF) relating to 2017/18 in September 2018. Receipt of the payment is not yet guaranteed and confirmation is pending following NHSI review of the final submission of the 1718 Final Accounts. As a result of the Trust not agreeing to a control total, the Trust is not eligible for any PSF funding in 2018/19.

Working Capital Facility

Loan Schedule	Loan Value £'000	Facility type	Repayment date	Interest rate	Total Interest if full term £'000
2016/17 Received	22,736	ISRWF	17/05/2021	3.50%	3,688
2017/18 Received	23,492	ISUCL	2020/21	3.50%	26,806
Apr' 2018 (Received)	2,234	ISUCL	2021/22	3.50%	2,469
July' 2018 (Forecast)	3,410	ISUCL	TBA	TBA	TBA
Aug' 2018 (Forecast)	9,311	ISUCL	TBA	TBA	TBA
Nov' 2018 (Forecast)	3,996	ISUCL	TBA	TBA	TBA
Dec' 2018 (Forecast)	5,109	ISUCL	TBA	TBA	TBA
Jan' 2019 (Forecast)	3,547	ISUCL	TBA	TBA	TBA
Feb' 2019 (Forecast)	3,254	ISUCL	TBA	TBA	TBA
Mar' 2019 (Forecast)	7,204	ISUCL	TBA	TBA	TBA

- Planned 18/19 Loan is £27.4m in line with the plan pre technical deficit.
- Forecast Loan for 18/19 has been increased in line with a reduction in cash expected from the East Kent CCGs monthly contracts.

Creditor Management

Creditor management continued to be applied throughout May 18. The Trust is close to the limit in restricting creditor payments and still being able to receive essential goods and services. At the end of May 2018 the Trust was recording 63 creditor days (Calculated as invoiced creditors at 31st May/ Forecast non pay expenditure x 365)

Facility Type Key

- ISRWF: Single Currency Interim Revolving Working Capital Support Facility
- ISUCL: Uncommitted Single Currency Interim Revenue Support - this facility replaces the ISRWF as the Trust is in Financial special measures and has a variable interest rate

Income and Expenditure Forecast

Month 02 (May) 2018/19

Unconsolidated	Annual		Forecast		Normalised ^{D.12}	
£000	Plan	Forecast	Var.	Adjustment	Forecast	Var.
Income						
Electives	100,573	100,573	-	-	100,573	-
Non-Electives	161,862	161,862	-	-	161,862	-
Accident and Emergency	26,226	26,226	-	-	26,226	-
Outpatients	81,677	81,677	-	-	81,677	-
High Cost Drugs	55,662	55,662	-	-	55,662	-
Private Patients	113,310	113,310	-	-	113,310	-
Other	248	248	-	-	248	-
Total Corporate and SLA Income	539,558	539,558	-	-	539,558	-
All Other Income	44,059	44,059	-	(500)	43,559	(500)
Total Income	583,617	583,617	-	(500)	583,117	(500)
Expenditure						
Permanent Staff	(326,248)	(326,248)	-	-	(326,248)	-
Overtime	-	-	-	-	-	-
Waiting List Payments	(2,696)	(2,696)	-	-	(2,696)	-
Medical Locums/Short Sessions	(3,766)	(3,766)	-	-	(3,766)	-
Bank	(13,411)	(13,411)	-	-	(13,411)	-
Agency	(15,883)	(15,883)	-	-	(15,883)	-
Direct Engagement	(3,548)	(3,548)	-	-	(3,548)	-
Total Pay	(365,552)	(365,552)	-	-	(365,552)	-
Non Pay	(222,404)	(222,404)	-	-	(222,404)	-
Total Expenditure	(587,956)	(587,956)	-	-	(587,956)	-
Non-Operating Expenses	(26,648)	(26,648)	-	1,525	(25,123)	1,525
Income and Expenditure Surplus/(Deficit)	(30,987)	(30,987)	-	1,025	(29,962)	1,025

The Trust's consolidated year end forecast is set at a deficit control total equivalent (no STF assumed) of £29.8m deficit after all other technical adjustments, which is consistent with the 18-19 Financial Planning Return submitted to NHSI in April

CIPS of £37.3m gross / £30.0m net are required to support the delivery of this plan .

Consolidated	Annual		Forecast		Normalised ^{D.12}	
£000	Plan	Forecast	Var.	Adjustment	Forecast	Var.
Income						
Clinical Income	547,857	547,857	-	-	547,857	-
Non Clinical Income	42,682	42,682	-	(500)	42,182	(500)
Total Income	590,539	590,539	-	(500)	590,039	(500)
Expenditure						
Pay	(370,054)	(370,054)	-	-	(370,054)	-
Non Pay	(224,416)	(224,409)	7	-	(224,409)	7
Total Expenditure	(594,470)	(594,463)	7	-	(594,463)	7
Non-Operating Expenses	(26,924)	(26,931)	(7)	1,525	(25,406)	1,518
Income and Expenditure Surplus/(Deficit)	(30,855)	(30,855)	-	1,025	(29,830)	1,025

Risks and Opportunities

Month 02 (May) 2018/19

Risk/Opp	Area	Description	Narrative	Full Year (Risk)/Opp £000	Probability	Impact £,000
RISK	Clinical Income	Expert Determination	The full impact of the Expert Determination findings is currently being worked through with commissioners. There is some risk that the actual impact of the determination is higher than assumed in our 18-19 plan.	(5,000)	20%	(1,000)
Risk	CIP Delivery	Green Schemes with delivery risk	SubCo and Agency reduction plans in U<C currently carry an innate in year delivery risk due to the timing of commencement of schemes	(7,675)	20%	(1,535)
Risk	CIP Delivery	Red and Amber Schemes to be fully developed	Schemes which do not yet have a fully finalised plans have a higher risk of non delivery	(9,000)	50%	(4,500)
Risk	Pay and Non Pay	Costs of Additional Planned activity	The costs of additional planned activity may exceed the marginal costs for this activity allowed in the plan	(5,000)	50%	(2,500)
Total Risk						(9,535)
Total Opportunity						
NET (RISK)/OPPORTUNITY						(9,535)

Some risks have been realised and are now included in the Forecast, only remaining risks are shown in the table.

Clinical Income

Month 02 (May) 2018/19

	Annual	Year to Date			This Month				
£000	Plan	Plan	Actual	Variance		Plan	Actual	Variance	
Electives	100,573	14,785	15,118	332	2.2%	7,224	8,033	809	11.2%
Non-Electives	161,862	28,065	28,103	37	0.1%	14,575	14,413	(162)	(1.1%)
Accident and Emergency	26,226	4,447	4,815	368	8.3%	2,295	2,493	198	8.6%
Outpatients	81,011	12,018	12,727	709	5.9%	6,719	6,754	36	0.5%
High Cost Drugs	55,662	9,302	8,700	(602)	(6.5%)	4,727	4,440	(287)	(6.1%)
Private Patients	248	42	46	4	10.0%	21	24	3	14.2%
Other NHS Clinical	112,131	18,148	17,964	(184)	(1.0%)	9,245	9,471	226	2.4%
Other Clinical	1,845	307	288	(19)	(6.0%)	153	113	(41)	(26.7%)
Prior Month Adjustment					0.0%		471	471	0.0%
Total	539,558	87,115	87,762	647	0.7%	44,958	46,212	1,254	2.8%
					Favourable	Favourable			

Favourable

Favourable

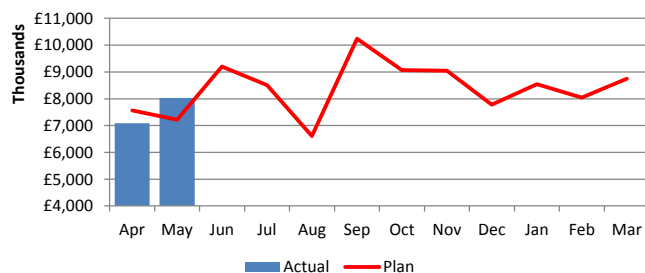
Income has performed over plan in May, due largely to Adult Critical Care income (due to a number of long stay patients being discharged in May) along with increased casemix in the prior period uncoded activity. Non-Electives are under plan by £162k in May, largely due to Healthcare of the Elderly activity.

Whilst Electives are over performing in month, this is due to a plan phasing adjustment which will reverse out in June and will be offset by a corresponding CIP risk sitting in Other NHS Clinical Income. Once these are taken into account the activity driven elective income is under performing in month, with T&O (£263k under), Gynaecology (197k under) and Ophthalmology (£101k under). Delays to the start of CIP programmes have impacted on Elective performance..

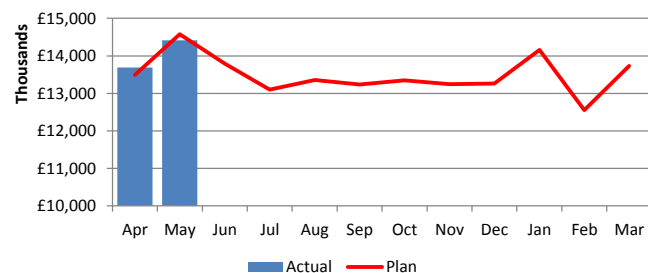
The Trust is reducing its reliance on the Independent Sector. In sourcing for Endoscopy day cases will continue to cement the work completed to gain JAG accreditation for the WHH site which was achieved last year. Future In-sourcing may be required in Ophthalmology to cope with a growing follow up backlog.

Rechargeable income is under plan in month with Drugs and Devices behind plan. This does not impact the bottom line as there is a corresponding decrease in expenditure.

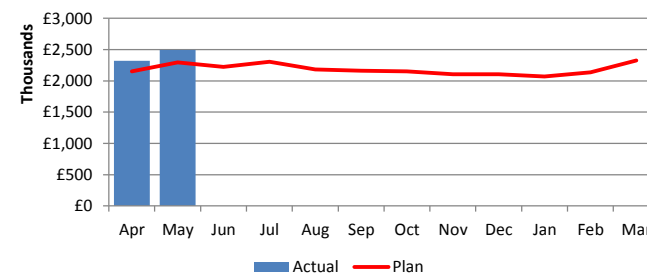
Electives Plan v Actual



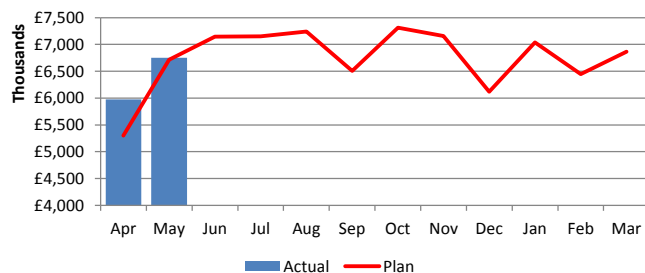
Non-Electives: Plan v Actual



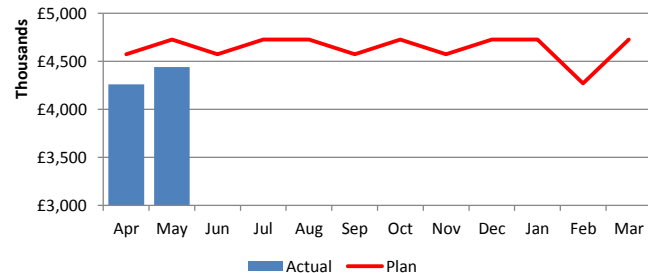
Accident & Emergency: Plan v Actual



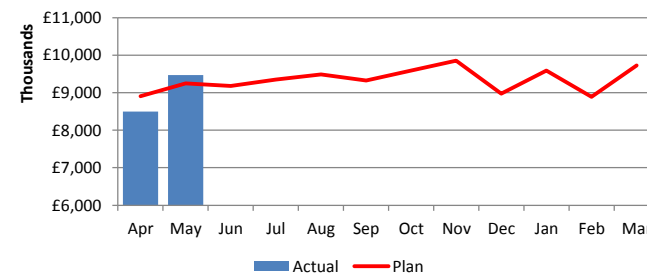
Outpatients: Plan v Actual



High Cost Drugs: Plan v Actual



Other NHS Clinical: Plan v Actual



Clinical Activity

Month 02 (May) 2018/19

	Annual	Year to Date				This Month			
Activity Units	Plan	Plan	Actual	Variance		Plan	Actual	Variance	
Electives	97,504	15,235	15,422	187	1.2%	8,089	8,006	(83)	(1.0%)
Non-Electives	80,992	14,059	13,425	(634)	(4.5%)	7,309	6,850	(459)	(6.3%)
Accident & Emergency	211,083	35,796	36,154	358	1.0%	18,467	18,714	247	1.3%
Outpatients	802,988	120,526	127,717	7,191	6.0%	69,715	67,682	(2,033)	(2.9%)
Other NHS Clinical	5,397,176	882,111	963,552	81,441	9.2%	472,189	493,904	21,715	4.6%
Total	1,192,567	185,616	192,718	7,102	3.8%	103,580	101,252	(2,328)	(2.2%)
					Favourable	Adverse			

Favourable

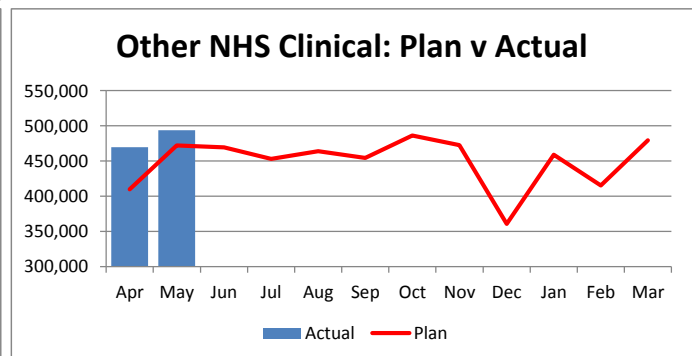
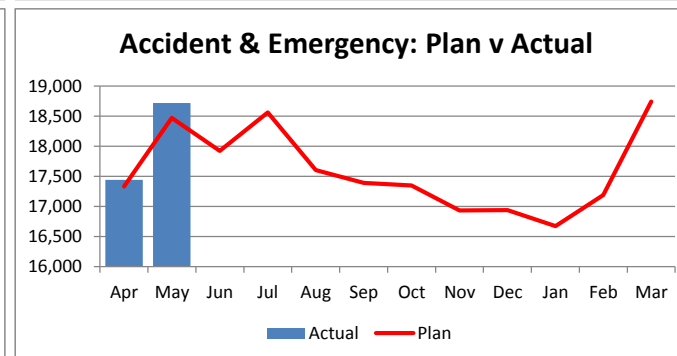
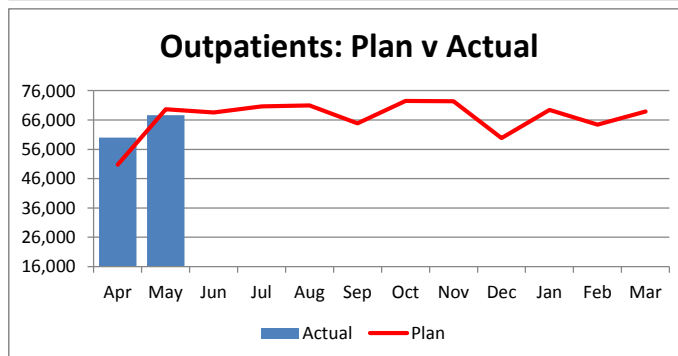
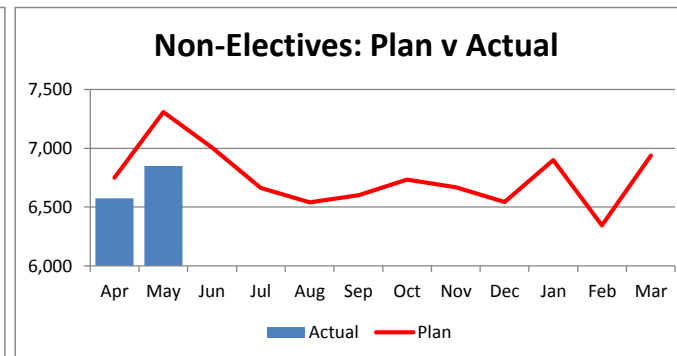
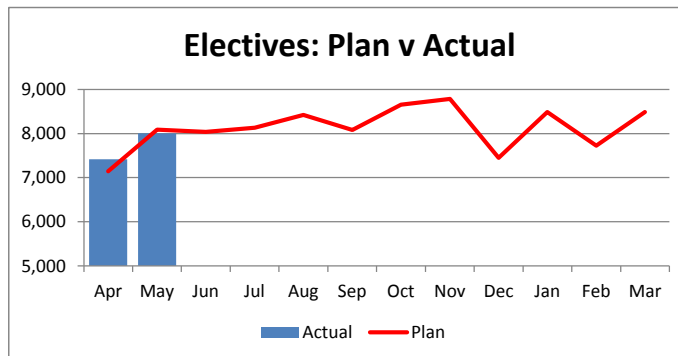
Adverse

Elective activity overall is over plan due to higher than planned levels of regular day attenders in oncology and clinical haematology. This is offset by Elective Inpatient activity which is 2.4% under plan largely due to T&O (28 cases), Urology (53) and Gynaecology (66). General Medicine is ahead of plan (129). Elective income also under performed in month due to a £197k income CIP plan against which there is currently no activity allocated.

Within Elective Activity, day cases are 5.5% under plan (T&O 156, Gynaecology 96, General Medicine 107 and Ophthalmology 81, while Gastroenterology was over by 72).

Outpatient activity under performed in month by 2.9% across new and follow up attendances, the largest area being in Cardiology.

All divisions have signed off on their demand and capacity plans and have been funded to resource each speciality to a level that will allow income and activity to meet plans. Achievement of this will depend upon the ability to recruit to key positions in hard to recruit to areas.



Income Other

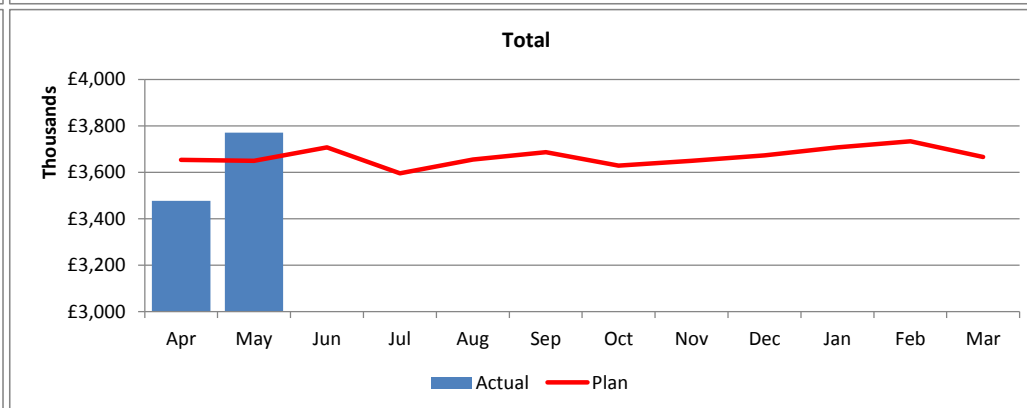
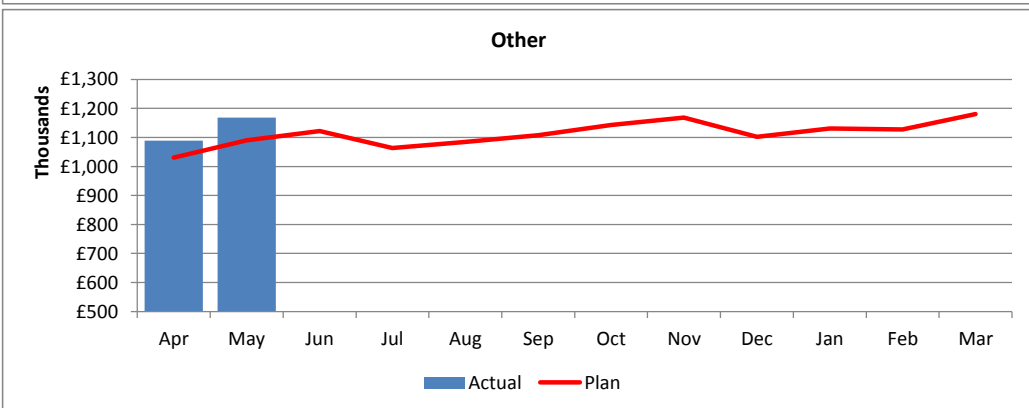
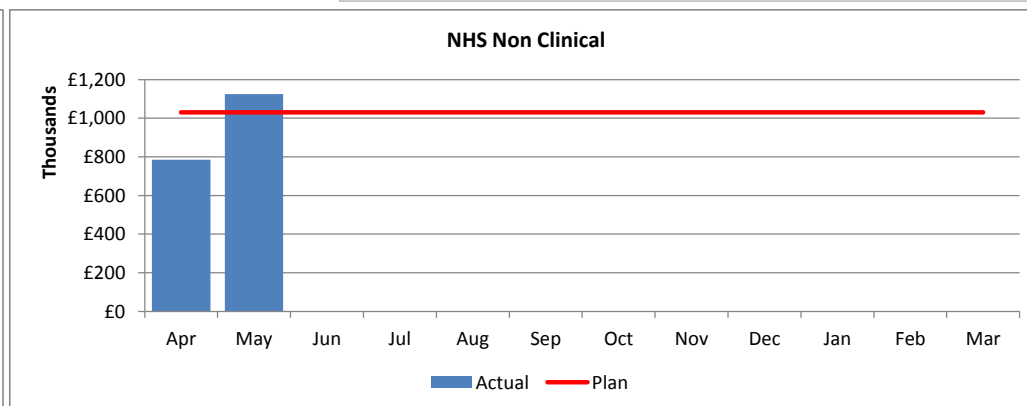
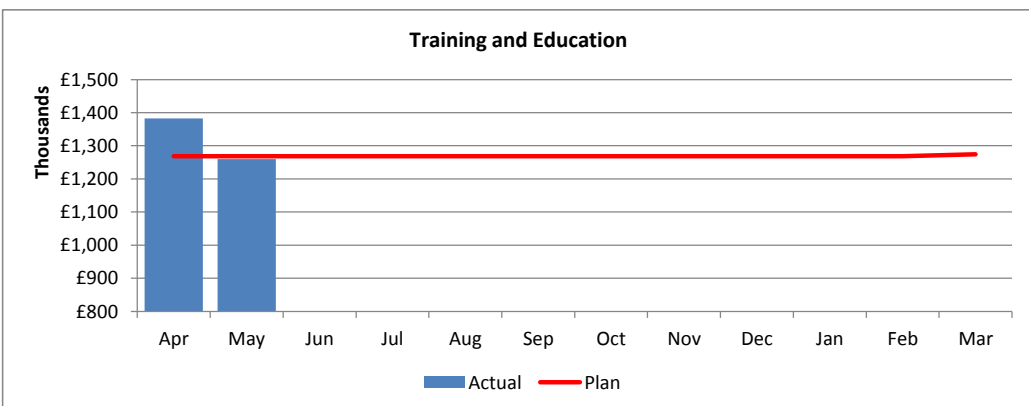
Month 02 (May) 2018/19

Income - Other

	Annual	Year to Date			This Month		
£000	Plan	Plan	Actual	Variance	Plan	Actual	Variance
Training and Education	15,233	2,538	2,643	105	1,269	1,260	(9)
Research and Development	2,673	446	439	(7)	223	218	(5)
NHS Non Clinical	12,369	2,062	1,909	(153)	1,031	1,125	94
Other	13,352	2,121	2,257	136	1,090	1,168	78
Donated Asset	500	84		(84)	42		(42)
Total	44,127	7,250	7,247	(3)	3,655	3,771	116
				-0.04%			3.19%
				Adverse			Favourable

Non clinical income is favourable to plan in May by 0.1m and breakeven ytd.

Overperformance against plan in May on SaCP PAS replacement income, Pathology services to other organisations and parking revenue totalling £0.2m is offset by an underperformance against plan on income relating to donated assets and accommodation revenue totalling £0.1m.



Pay

Month 02 (May) 2018/19

Pay Expenditure

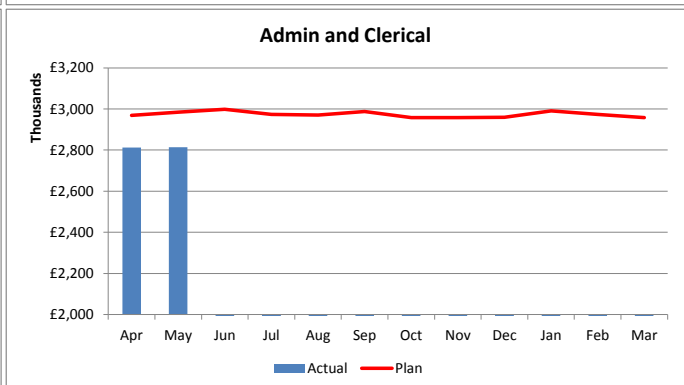
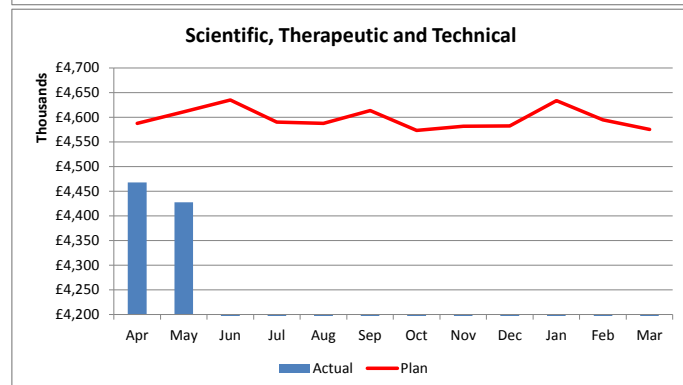
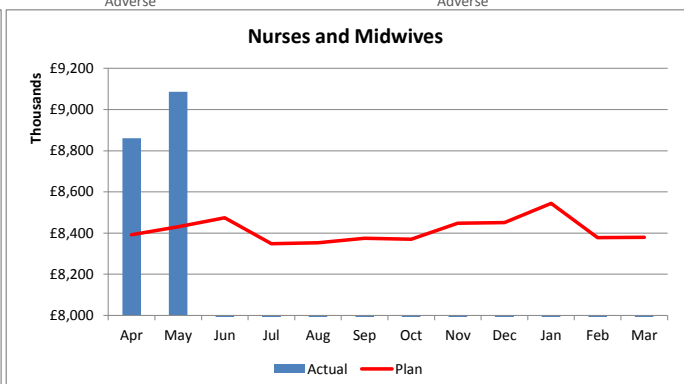
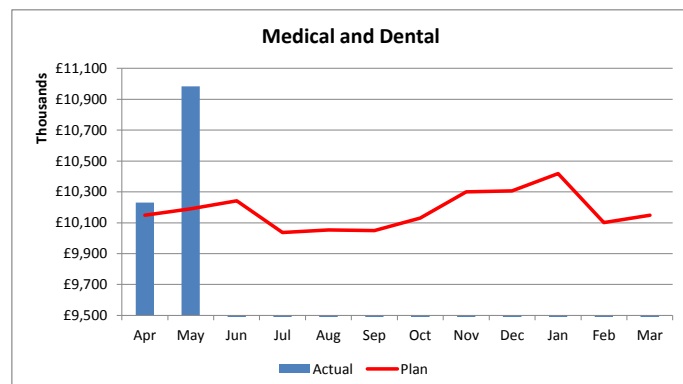
£000	Annual	Year to Date			This Month			Agency % of Total	
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	YTD	%
Medical and Dental	(122,128)	(20,340)	(21,214)	(874)	(10,191)	(10,983)	(793)	(3,555)	16.76%
Nurses and Midwives	(100,942)	(16,823)	(17,947)	(1,125)	(8,431)	(9,087)	(657)	(2,232)	12.43%
Scientific, Therapeutic and Technical	(55,164)	(9,198)	(8,895)	304	(4,611)	(4,427)	184	(448)	5.03%
Admin and Clerical	(35,680)	(5,953)	(5,627)	326	(2,984)	(2,814)	170	(25)	0.44%
Other	(51,896)	(8,662)	(9,206)	(544)	(4,341)	(4,679)	(338)	(351)	3.81%
Total	(365,810)	(60,975)	(62,889)	(1,914)	(30,557)	(31,991)	(1,434)	(6,610)	10.51%

-3.14%

Adverse

-4.69%

Adverse



Pay performance is adverse to plan in May by £1.4m and by £1.9m ytd (3.1%). Pay CIPs are adverse to plan in month by £0.4m and by £0.5m ytd.

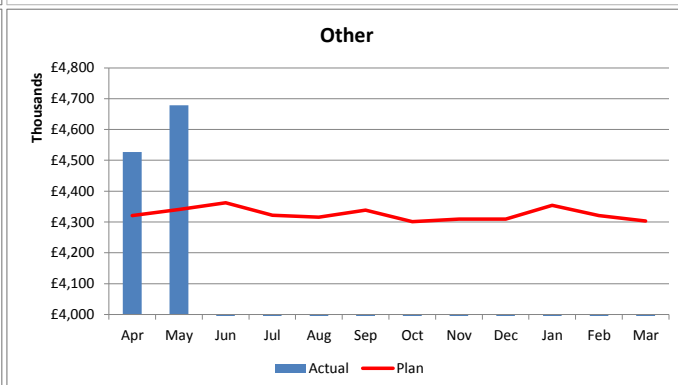
Expenditure on medical staff is adverse to plan in month by £0.8m and by £0.9m ytd. The in month adverse variance is driven by an overspend on medical agency staff of £1.4m, predominantly in UC<C where ED middle grade doctors and acute physicians were over-established by 10 wte.

Expenditure on qualified nursing staff is adverse to plan by £0.7m in May and by £1.1m ytd. Agency nurses again account for all of this overspend with an adverse performance in month of £0.8m. Agency nurse usage remains high in UC<C, particularly in EDs, Quex Ward, and staffing medical outlier beds on Cheerful Sparrows Ward.

Other staffing groups and are £0.3m adverse to plan in May, all of which can be attributed to expenditure on HCAs. The UC<C Division continues to show most pressure in this area and is £0.2m overspent on HCAs.

These overspends are offset by underspends on scientific, therapeutic and technical and A&C staff totalling £0.4m in month.

Total expenditure on pay in May was £32.0m, £1.1m higher than in April. Expenditure has increased in all pay areas except direct engagement and overtime with the majority of the increase relating to agency staff where spend increased by £0.9m, inclusive of £0.1m of TFS costs relating to April.



Non-Pay

Month 02 (May) 2018/19

£000	Annual	Year to Date	This Month				Var.
	Plan	Plan	Actual	Var.	Plan	Actual	
Drugs	(67,802)	(11,375)	(10,263)	1,112	(5,778)	(5,089)	689
Clinical Supplies	(66,188)	(10,987)	(11,160)	(174)	(5,636)	(6,086)	(450)
Non-Clinical Supplies	(15,046)	(2,348)	(2,329)	20	(1,245)	(1,412)	(167)
Facilities Management	(15,950)	(2,779)	(2,865)	(85)	(1,312)	(1,414)	(102)
NHS Supplies and Services	(2,518)	(422)	(457)	(35)	(221)	(241)	(20)
Cost of Secondary Commissioning of mandatory Services	(9,138)	(1,524)	(1,359)	165	(762)	(719)	43
Education & Training	(2,951)	(492)	(323)	169	(246)	(186)	60
Consultancy	(861)	(144)	(89)	55	(73)	(47)	26
Premises	(10,778)	(1,961)	(1,902)	59	(984)	(1,055)	(72)
Clinical Negligence	(21,336)	(3,718)	(3,705)	13	(1,859)	(1,849)	10
Printing and Stationary	(1,105)	(154)	(220)	(66)	(21)	(136)	(114)
Postage	(1,239)	(206)	(190)	17	(103)	(103)	
Telephones	(732)	(122)	(135)	(13)	(62)	(77)	(16)
Staff Travel	(1,314)	(216)	(282)	(66)	(109)	(156)	(47)
Transport Hire/Lease	(1,114)	(191)	(82)	109	(93)	(34)	59
Cleaning Materials	(352)	(59)	(65)	(7)	(29)	(46)	(17)
Office Equipment and Consumables	(141)	(21)	(20)		(10)	(9)	
Misc Other Operating Expenses	(3,580)	(739)	(636)	103	(412)	(354)	57
Total Non-Pay Expenditure	(222,146)	(37,458)	(36,082)	1,376	(18,954)	(19,012)	(58)
Depreciation & Amortisation-Owned Assets	(18,201)	(3,034)	(3,084)	(50)	(1,517)	(1,542)	(25)
Impairment Losses	(500)	(83)		83	(42)		42
Profit/Loss on Asset Disposals	(120)	(20)		20	(10)		10
PDC Dividend	(6,013)	(1,002)	(1,002)		(501)	(501)	
Interest Receivable	110	18	23	4	9	15	6
Interest Payable	(1,917)	(288)	(226)	62	(144)	(162)	(18)
Other Non-Operating Expenses	(7)	(1)	1		(1)		1
Total Non-Operating Expenditure	(26,648)	(4,410)	(4,289)	120	(2,205)	(2,190)	15
Total Expenditure	(248,794)	(41,868)	(40,372)	1,496	(21,159)	(21,202)	(43)

Non Pay expenditure is adverse to plan in May by less than £0.1m and favourable to plan ytd by £1.4m (3.7%).

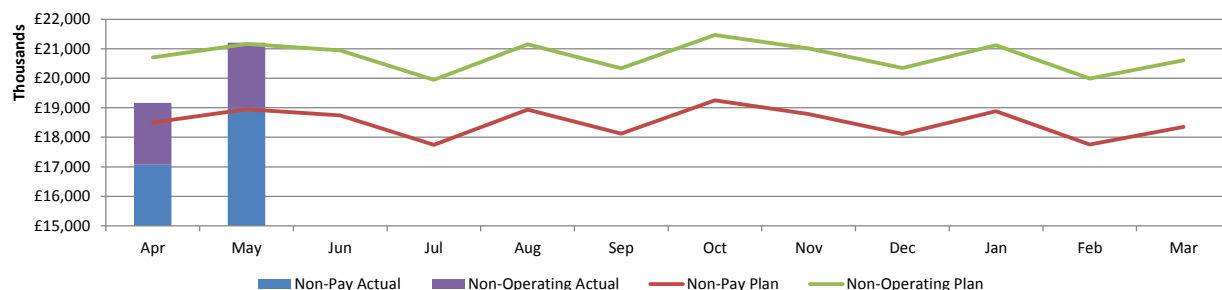
Drug expenditure is favourable to plan by £0.7m in month and by £1.1m ytd. Pass-through drugs are favourable to plan in month by £0.3m, offset by an adverse position on clinical income. All other drugs are favourable to plan in month by £0.4m.

Clinical supplies and services are adverse to plan in May by £0.5m and by £0.2m ytd. CIP schemes are adverse to plan in month by £0.3m. Actual spend in clinical supplies in May of £6.1m was £1.0m higher than in April. All of the movement relates to the purchase of medical equipment and disposables and is partially explained by low expenditure in April which benefitted from receipt of a rebate from NHS Supply Chain of £0.2m. Expenditure on prostheses in Surgical Services increased by £0.3m driven by activity and Clinical Support Services showed increased expenditure on managed service contracts, maintenance and repairs and medical gasses totalling £0.4m.

Expenditure on non clinical supplies is adverse to plan in May by £0.2m and breakeven ytd, with the in month adverse variance mainly relating to SaCP PAS replacement project expenditure which is offset by a favourable position on non clinical income.

Facilities Management (Serco contract) was overspent in May by £0.1m due to additional services required in the Bartholomew Unit and cleaning at WHH. The overspend in month on printing and stationery of £0.1m relates to rephasing of budgets for the new MFD contract.

Non-Pay: Plan v Actual



Non Operating Expenditure YTD is on plan. The Trust incurred £226k interest charges in respect of the £46.2m facility utilised in 2016/17 and 2017/18 with a further £2.2m drawn in April 2018

Cost Improvement Summary

Month 02 (May) 2018/19

Delivery Summary

Programme Themes £000	Year to Date			This Month			Forecast	
	Plan	Actual	Variance	Plan	Actual	Variance	Outturn	Variance
Patient Flow/LOS	-	-	-	-	-	-	1,000	-
Agency	1,073	977	(97)	529	350	(180)	6,179	43
Workforce *	4	75	71	2	53	51	189	20
Procurement	237	113	(124)	129	59	(69)	2,638	(55)
Medicines Value	74	98	24	45	57	12	874	3
Division Schemes **	1,646	1,549	(97)	828	1,239	411	16,045	(111)
Sub-total	3,036	2,812	(223)	1,533	1,758	224	26,925	(100)
Central	-	100	100	-	-	-	3,075	100
Grand Total	3,036	2,912	(123)	1,533	1,758	224	30,000	-

** Smaller divisional schemes not allocated to a work stream

Delivered £000

Month	Target	Actual
April	1,502	1,155
May	1,533	1,758
June	1,552	
July	3,357	
August	2,156	
September	1,289	
October	2,895	
November	2,927	
December	2,944	
January	3,208	
February	3,267	
March	3,370	
*excl Income Completeness	30,000	2,912
		9.7%

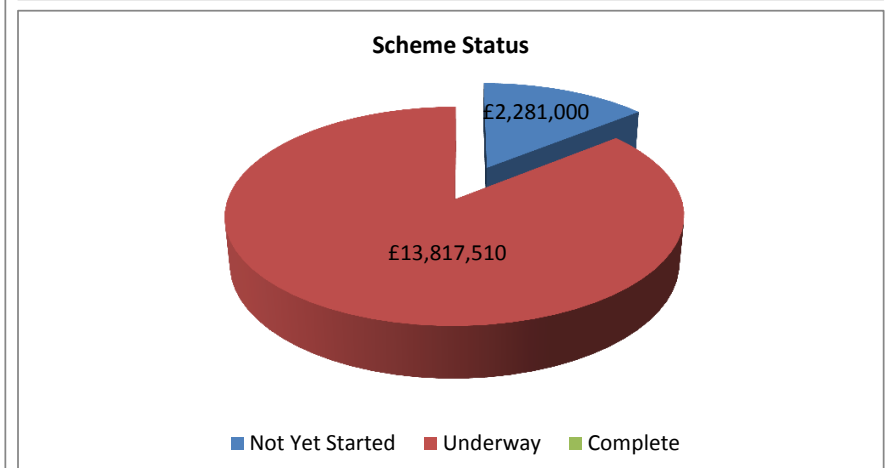
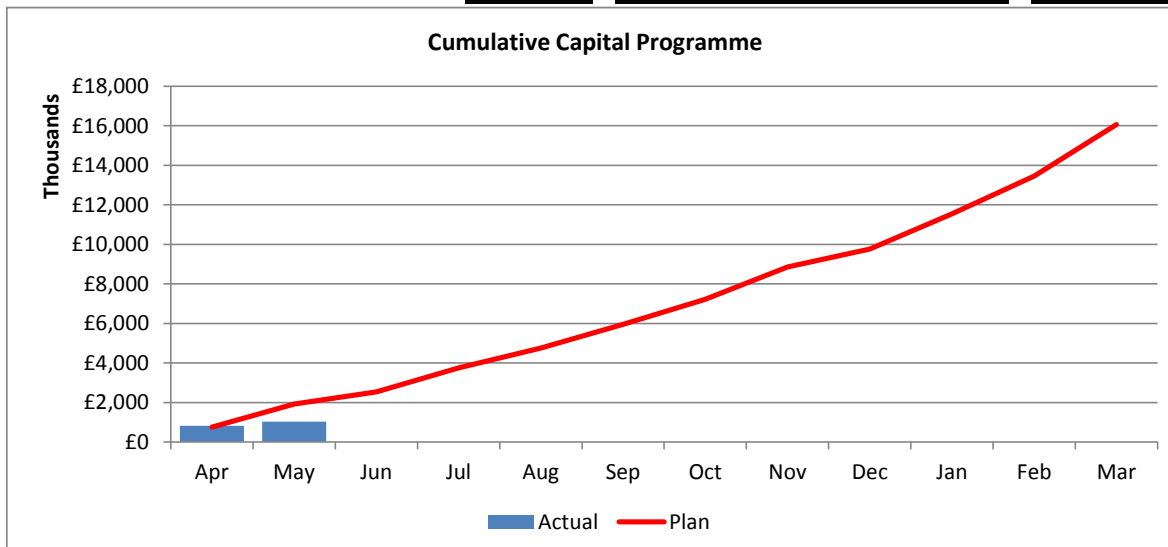
CIPs

The CIPs Plan of £30.0m is net of the cost of delivery. CIPs achieved in M02 were £1.8m against a plan of £1.5m. Medicines Value and Workforce over performed. Divisions recovered previous underperformance to report (£0.1m) shortfall YTD. CIPs in May amounted to £1.0m recurrent and £0.8m on a non-recurrent basis. The YTD position is recurrent £1.5m and non-recurrent £1.4m.

Capital Expenditure Month 02 (May) 2018/19

Capital Programme	Annual	To Date			Annual
£000	Plan	Plan	Actual	Variance	Forecast
Replacement Medical Equipment	3,082	120	(281)	401	3,082
CT/CT SPECT Replacement	2,921		20	(20)	2,921
Other IT Schemes	2,281	987	818	169	2,281
PEIC/H & S/CQC	2,150	34	40	(6)	2,150
All Other	2,100	6	99	(93)	2,100
IDG	2,000	250	149	101	2,000
Other Building Schemes	1,065	50	39	11	1,065
Clinical Strategy Plans	200	40	32	8	200
Invest To Save Schemes	150	50	2	48	150
Adjustment to balance to NHSI Plan Profi	150	390	50	340	150
Capital Projects Not Proceeding	50				
WHH Orthopaedic Outpatients			10	(10)	
CCU Move to Arundel Unit			23	(23)	
Other Equipment Schemes			22	(22)	
Total	16,149	1,927	1,023	904	16,099

- Total expenditure up to Mth 2 2018/19 is 47% below the NHSI plan.
- The largest single scheme at £2.9m is the replacement of CT/CT SPECT (gamma cameras) at K&C. This scheme is marginally over profile at Mth 2 by £20k due to earlier than planned design fees.
- The standing committees supporting equipment (MDG) and IT replacement (IDG) are behind plan YTD at Mth 2. For MDG this is due to an unexpected VAT credit received in relation to prior year purchases and for IDG an administration issue meant an asset received was not recorded until after the period close.
- There is £2m of capital yet to be allocated - a prioritisation process is underway with recommendations being made by the Strategic Investment Group in July after a full evaluation of all the clinical service priorities.
- The capital forecast outturn position for 2018/19 is to meet plan.



Statement of Financial Position

Month 02 (May) 2018/19

£000	Opening	To Date	Movement
Non-Current Assets	270,767	268,738	(2,029) ▼
Current Assets			
Inventories	8,949	8,510	(439) ▼
Trade and Other Receivables	39,034	38,494	(539) ▼
Assets Held For Sale			-
Cash and Cash Equivalents	7,157	4,760	(2,397) ▼
Total Current Assets	55,139	51,764	(3,376) ▼
Current Liabilities			
Payables	(39,536)	(38,488)	1,048 ▼
Accruals and Deferred Income	(26,013)	(27,682)	(1,669) ▲
Provisions	(884)	(919)	(36) ▲
Net Current Assets	(11,294)	(15,326)	(4,032) ▼
Non Current Liabilities			
Provisions	(3,203)	(3,167)	36 ▼
Long Term Debt	(46,228)	(48,462)	(2,234) ▲
Total Assets Employed	210,042	201,783	(8,259) ▼
Financed by Taxpayers Equity			
Public Dividend Capital	191,687	191,687	-
Retained Earnings	(41,167)	(49,426)	(8,259) ▼
Revaluation Reserve	59,523	59,523	-
Total Taxpayers' Equity	210,042	201,783	(8,259) ▼

Non Current asset values reflect in year additions of £1m (including donated assets) less depreciation charges of £3.1m. The balance of movements relates to fluctuations in the level of RTA income recognised for new claims

Trust closing cash balances for May was £4.7m, £0.9m above the revised plan. See cash report for further details.

Trade and other receivables have decreased from the 2018/19 opening position by £0.5m. Invoiced debtors have decreased from the opening position of £28.5m by £7.9m to £20.6m at the end of May.

Accruals and Deferred Income have increased by £1.7m since the opening position. Of the £27.7m balance, £19.6m relates to Accruals and £8.1m is Deferred Income.

The long term debt entry reflects drawings against working capital facilities. The Trust drew £22.7m in 16/17, £23.5m in 17/18 and £2.2m in April.

Retained earnings reflects the year to date deficit.

Working Capital

Month 02 (May) 2018/19

Creditors

Invoiced creditors have decreased by £1m from the opening position to £32.6m. 58% relates to current invoices with 9% or £2.9m over 90 days.

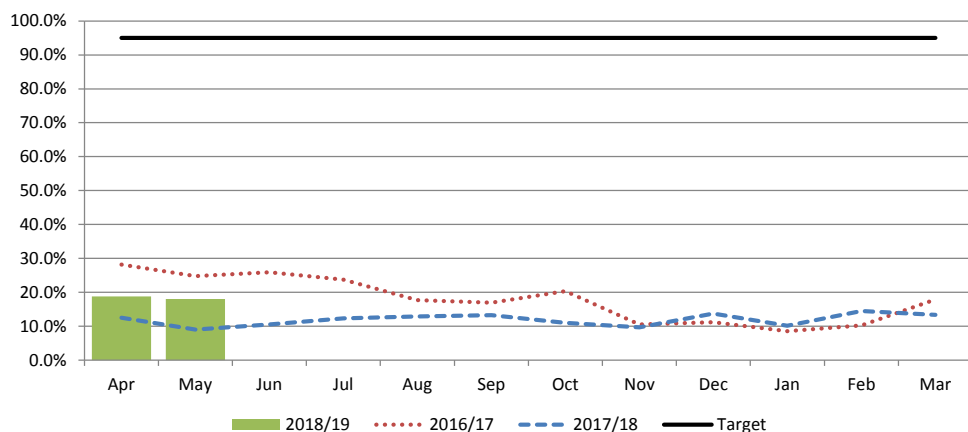
Over 90 days NHS creditors increased by £50k in the month

- Maidstone & Tunbridge Wells NHS Trust - £-64k
- Medway NHS Foundation Trust - £112k

- YTD the Trust has paid 70% of NHS and 41.6% of non NHS invoices by value to 30 days. The average payment terms are now 45 days.

Better Payment Practice Code	Year to Date		This Month	
	Non NHS Creditor Invoices	NHS Creditor Invoices	Non NHS Creditor Invoices	NHS Creditor Invoices
By Value £000				
0 - 30 days	(25,821)	(4,883)	(13,446)	(2,568)
30+ days	(36,275)	(2,089)	(20,795)	(1,560)
By Volume				
0 - 30 days	3,382	51	1,840	32
30+ days	14,833	462	8,213	332
% by Value £	41.6%	70.0%	39.3%	62.2%
% by Volume	18.6%	9.9%	18.3%	8.8%
Target	95.0%	95.0%	95.0%	95.0%

Percentage paid within 30 days (By Volume)



Debtors

Total invoiced debtors have decreased from the opening position £28.5m by £7.9m to £20.6m.

Overdue debt in the 1-30 days category has increased by £11.1m largely due to the ageing of unpaid 1718 East Kent CCG overperformance invoices.

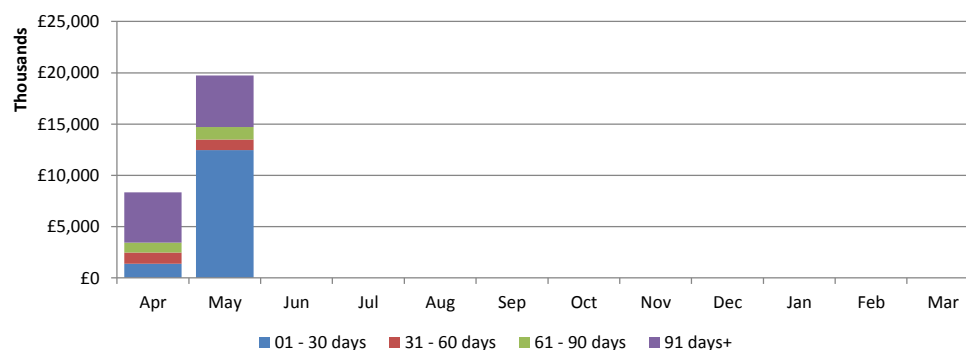
At 31st May there were 6 debtors owing over £1m. South Kent Coast CCG £2.6m, Canterbury & Coastal CCG £2.4m, Ashford CCG £2.2m, NHS England £1.8m, Thanet CCG £1.2m, East Kent Medical Services £1.3m. The Trust is working with the East Kent CCGs to chase payment and improve cashflow.

The debtors team are focussing on collection of all other debt to support the Trust cash position.

Aged Debt

£000	Current	01 - 30 days	31 - 60 days	61 - 90 days	91 days+	Total
Apr	12,651	1,397	1,073	974	4,911	8,354
May	925	12,478	1,013	1,216	5,018	19,725
Jun	0	0	0	0	0	0
Jul	0	0	0	0	0	0
Aug	0	0	0	0	0	0
Sep	0	0	0	0	0	0
Oct	0	0	0	0	0	0
Nov	0	0	0	0	0	0
Dec	0	0	0	0	0	0
Jan	0	0	0	0	0	0
Feb	0	0	0	0	0	0
Mar	0	0	0	0	0	0
		63%	5%	6%	25%	

Aged Debt



Divisional Performance

Month 02 (May) 2018/19

Year to Date Actual £000	Electives	Non-Electives	Accident & Emergency	Outpatients	High Cost Drugs	Private Patients	Other Clinical	All Other Income	Pay	Non Pay	Net Position
Urgent Care and Long Term Conditions	3,766	15,672	4,815	3,414	757	13	2,484	125	(18,788)	(4,985)	7,272
Surgical Services	8,899	6,847	0	5,251	1,090	15	3,173	322	(16,063)	(6,484)	3,049
Clinical Support Services	55	0	0	719	2,156	13	5,878	880	(9,957)	(7,094)	(7,350)
Specialist Services	2,397	5,484	0	3,344	4,640	5	7,732	329	(11,143)	(6,587)	6,201
Clinical Divisions Total	15,118	28,003	4,815	12,727	8,643	46	19,267	1,655	(55,951)	(25,150)	9,173
Strategic Development and Capital Planning	0	0	0	0	0	0	0	1,828	(2,153)	(6,150)	(6,475)
Corporate	0	0	0	0	0	0	0	2,983	(3,639)	(4,952)	(5,608)
Divisional Total	15,118	28,003	4,815	12,727	8,643	46	19,267	6,467	(61,743)	(36,252)	(2,910)
Central		100	0	0	57	(1)	(1,014)	781	(1,146)	170	(1,053)
								EBITDA			(3,962)
								Capital Charges and Interest		(4,289)	(4,289)
								Income and Expenditure Surplus/(Deficit)			(8,252)

Year to Date Variance to Plan £000	Electives	Non-Electives	Accident & Emergency	Outpatients	High Cost Drugs	Private Patients	Other Clinical	All Other Income	Pay	Non Pay	Net Position
Urgent Care and Long Term Conditions	465	(229)	357	59	(128)	(1)	114	2	(1,340)	(41)	(742)
Surgical Services	(1,500)	450	0	62	(172)	10	989	(12)	(734)	379	(528)
Clinical Support Services	(24)	(3)	0	101	(424)	(2)	233	(55)	(357)	94	(436)
Specialist Services	53	(292)	0	207	144	(1)	(211)	(19)	(399)	(225)	(743)
Clinical Divisions Total	(1,005)	(74)	357	430				(84)	(2,830)	207	(2,449)
Strategic Development and Capital Planning	0	0	0	0	0	0	0		97	152	250
Corporate	0	0	0	0	0	0	0	(41)	193	94	245
Divisional Total	(1,005)	(74)	357	430				(125)	(2,540)	453	(1,953)
Central	1,338	111	11	280	(22)	(1)	(1,328)	122	626	923	2,059
								EBITDA			105
								Capital Charges and Interest		120	120
								Income and Expenditure Surplus/(Deficit)			226

Urgent Care and Long Term Conditions

Month 02 (May) 2018/19

Statement of Comprehensive Income £000	Year to Date			This Month		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	3,300	3,766	465	1,810	1,984	174
Non-Electives	15,901	15,672	(229)	8,459	7,972	(487)
Accident & Emergency	4,458	4,815	357	2,300	2,493	194
Outpatients	3,355	3,414	59	1,903	1,815	(87)
High Cost Drugs	885	757	(128)	442	410	(32)
Private Patients	15	13	(1)	7	7	()
Other NHS Clinical	2,118	2,241	123	1,081	1,129	48
Other Clinical	252	243	(8)	126	87	(39)
Prior Month Adjustment	0	0	0	0	262	262
Total Corporate and SLA Income	30,283	30,920	637	16,128	16,160	32
All Other Income	122	125	2	64	66	1
Total Income	30,405	31,044	639	16,192	16,225	33
Expenditure						
Permanent Staff	(13,981)	(12,254)	1,726	(7,319)	(6,187)	1,133
Overtime	0	(288)	(288)	0	(118)	(118)
Waiting List Payments	(32)	(132)	(100)	(16)	(62)	(46)
Medical Locums/Short Sessions	(290)	(181)	109	(139)	(107)	32
Bank	(1,163)	(1,242)	(79)	(593)	(692)	(99)
Agency	(1,655)	(4,683)	(3,027)	(975)	(2,632)	(1,657)
Direct Engagement	(327)	(8)	319	(163)	72	235
Total Pay	(17,447)	(18,788)	(1,340)	(9,205)	(9,725)	(520)
Non Pay	(4,944)	(4,985)	(41)	(2,539)	(2,802)	(263)
Total Expenditure	(22,391)	(23,772)	(1,381)	(11,744)	(12,527)	(783)
Contribution	8,014	7,272	(742)	4,448	3,698	(749)

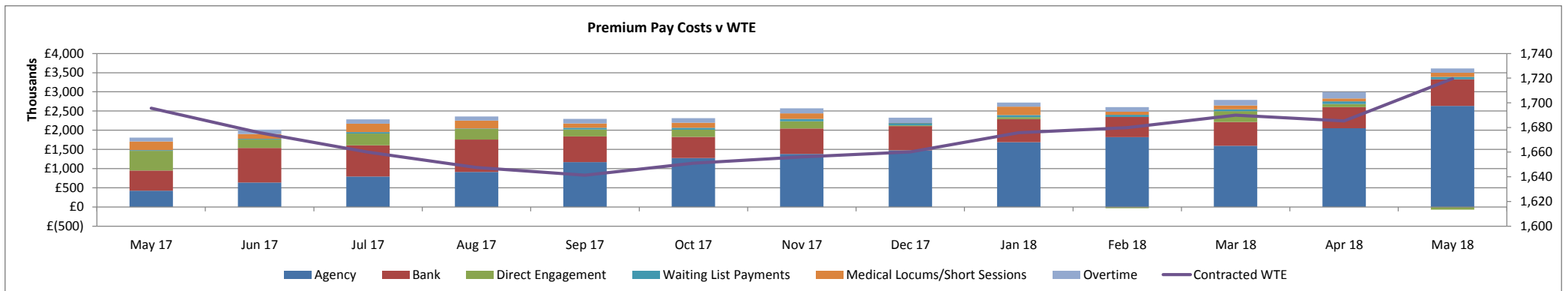
The Division is £0.7m adverse to plan in May and YTD.

The income run rate improved by £1.4m compared to April and delivered the financial plan. Following favourable income performance in April, both NEL and Outpatients were behind plan for May. A&E activity is ahead of plan by 1% in May, delivering an 8% income variance due to an increase in average tariff. Production plans are being updated for all Specialities to ensure continued delivery of plan in all areas.

The Divisional pay run rate increased by £0.7m compared to Mth 1; Agency spend increased by £0.4m due in part to late April TFS accruals of £0.2m, and stands at £2.6m for May. Nursing Agency is £1.2m of which £0.8m is TFS at escalated rates; above trajectory for Quex / Cambridge Wards due to lower than planned bank uptake and recruitment. Nursing action plans are being developed and usage has already reduced in ED QEQM, improved governance is in place for TFS usage which is signed off by the CEO in advance of being worked. Medical Agency remains a concern in A&E WHH, Middle Grade usage is above funded establishment; a project team has been set up to take this forward. RMOs are being reviewed with a view to reducing usage.

The pay position included backdated funding of £0.5m for Business Cases that was not in the position for Mth 1.

The non pay run rate increased by £0.6m compared to Mth 1, £0.2m clinical consumables following an underspend in Mth 1 and £0.2m rechargeable drugs and devices. £0.1m recruitment fees were incurred relating to ED Middle Grades and Trust doctors to fill Deanery gaps.



Surgical Services

Month 02 (May) 2018/19

Statement of Comprehensive Income

£000	Year to Date			This Month		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	10,399	8,899	(1,500)	5,316	4,738	(578)
Non-Electives	6,397	6,847	450	3,239	3,510	272
Accident & Emergency	0	0	0	0	0	0
Outpatients	5,189	5,251	62	2,918	2,786	(132)
High Cost Drugs	1,262	1,090	(172)	631	600	(31)
Private Patients	5	15	10	3	8	5
Other NHS Clinical	2,160	3,156	996	1,129	1,817	688
Other Clinical	24	17	(8)	12	6	(6)
Prior Month Adjustment	0	0	0	0	231	231
Total Corporate and SLA Income	25,435	25,275	(161)	13,246	13,696	449
All Other Income	334	322	(12)	166	148	(19)
Total Income	25,769	25,596	(173)	13,413	13,843	431
Expenditure						
Permanent Staff	(13,657)	(13,584)	72	(6,823)	(6,784)	39
Overtime	0	(317)	(317)	0	(138)	(138)
Waiting List Payments	(252)	(423)	(172)	(126)	(248)	(122)
Medical Locums/Short Sessions	(167)	(195)	(28)	(84)	(125)	(42)
Bank	(445)	(545)	(100)	(222)	(245)	(23)
Agency	(703)	(1,018)	(315)	(351)	(546)	(195)
Direct Engagement	(106)	19	125	(53)	16	68
Total Pay	(15,329)	(16,063)	(734)	(7,659)	(8,071)	(412)
Non Pay	(6,863)	(6,484)	379	(3,386)	(3,658)	(273)
Total Expenditure	(22,192)	(22,547)	(356)	(11,044)	(11,729)	(685)
Contribution	3,577	3,049	(528)	2,368	2,114	(254)

The division is £254k adverse to plan in month and £528k adverse YTD.

Below plan elective income (£1.5m) is mostly due to underperformance in Orthopaedics (£816k), and unachieved CIPs (£324k). Orthopaedic activity was significantly better than in April when capacity was still being adversely affected by the winter impact on beds. May's plan would have been achieved but for reduced Independent Sector usage. Although Elective CIP plans were not achieved, this was offset from savings realised by ITU overperformance.

Non-Elective income is above plan (£450k) with high levels of General Surgery, Vascular & Maxillo Facial activity.

Outpatients performance is favourable (£62k) with all specialities over performing against plan, with the exception of small adverse variances on Orthopaedics & ENT.

High Cost Drugs under performance (£172k) is solely in relation to Ophthalmology AMD patients, and is offset with an underspend in expenditure.

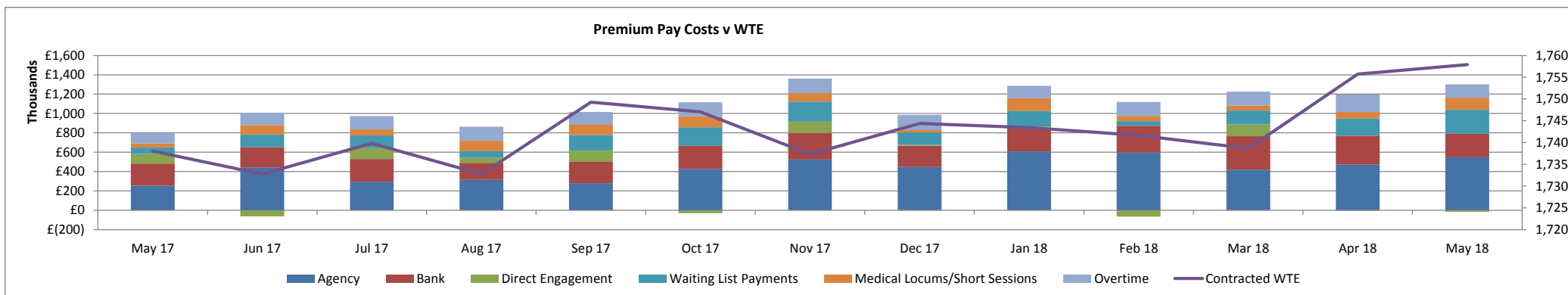
Other NHS Clinical Income is favourable mostly due to ITU (£856k).

Pay is adverse with the continuation of high medical agency costs for middle grade vacancies in General Surgery, Urology, Vascular and also additional support for the ED's. Interviews and appointments have been made, but there continues to be delays on VISAs for foreign nationals. Nursing agency has reduced but is still high at WHH for ITU and bedding of patients overnight in the Day Surgery Unit.

Non Pay is favourable (£379k) YTD with underspends on High Cost Drugs (£172k) and Independent Sector usage (£162k) for Orthopaedic & Ophthalmology services. In month non pay was adverse (£273k) mostly due to high clinical supplies costs in line with increased activity.

Included in the above expenditure is approximately £375k for medical patient outliers with no additional income. This has equated to the loss on average of 26 Surgical beds per day. Also incurred is £85k supporting the Winter/ED plan.

CIPs YTD target of £730k has been fully achieved.



Clinical Support

Month 02 (May) 2018/19

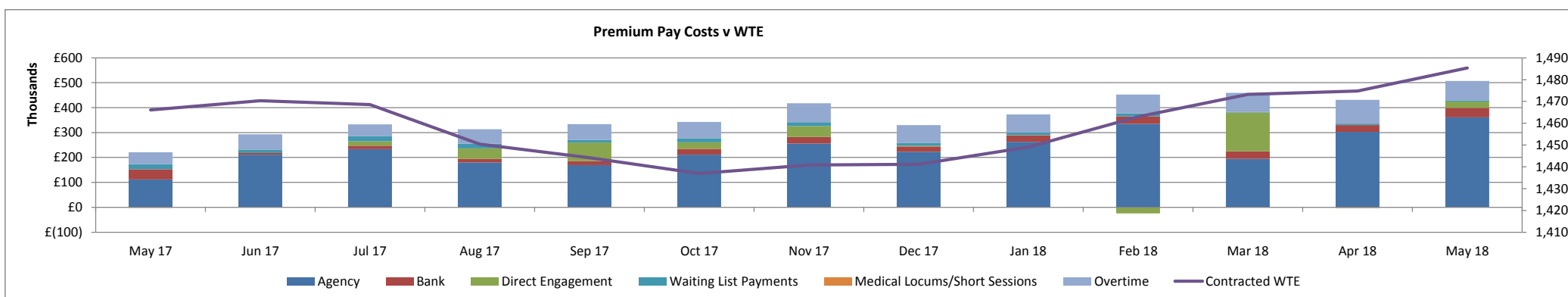
Statement of Comprehensive Income	Year to Date			This Month		
	Plan	Actual	Var.	Plan	Actual	Var.
£000						
Income						
Electives	79	55	(24)	49	32	(17)
Non-Electives	3	0	(3)	1	0	(1)
Accident & Emergency	0	0	0	0	0	0
Outpatients	618	719	101	378	384	5
High Cost Drugs	2,580	2,156	(424)	1,290	923	(367)
Private Patients	15	13	(2)	8	6	(2)
Other NHS Clinical	5,644	5,877	232	2,937	2,999	62
Other Clinical	0	1	1	0	1	1
Prior Month Adjustment	0	0	0	0	128	128
Total Corporate and SLA Income	8,939	8,822	(118)	4,663	4,472	(191)
All Other Income	935	880	(55)	461	494	33
Total Income	9,874	9,701	(173)	5,124	4,966	(158)
Expenditure						
Permanent Staff	(9,207)	(9,021)	186	(4,606)	(4,520)	86
Overtime	0	(173)	(173)	0	(78)	(78)
Waiting List Payments	(55)	(11)	44	(27)	(5)	22
Medical Locums/Short Sessions	(10)		11	(5)	0	5
Bank	(47)	(65)	(18)	(23)	(38)	(14)
Agency	(217)	(664)	(448)	(117)	(361)	(244)
Direct Engagement	(64)	(23)	41	(32)	(25)	7
Total Pay	(9,600)	(9,957)	(357)	(4,811)	(5,027)	(216)
Non Pay	(7,188)	(7,094)	94	(3,649)	(3,491)	158
Total Expenditure	(16,788)	(17,051)	(263)	(8,460)	(8,518)	(58)
Contribution	(6,914)	(7,350)	(436)	(3,336)	(3,552)	(216)

The Clinical Support Division's deficit worsened in month 2 by £0.2m. Income was under plan in May predominantly due to the Pharmacy Homecare invoice processing being delayed because of staffing capacity constraints (sickness and vacancies). This accounted for approximately £0.25m of the deficit income position. The team caught up with the processing early in June which will be presented in the Month 3 position. Radiology, Therapies and Pathology met or exceeded their overall income plans to month 2, however within Radiology, Interventional Radiology (IR) and Nuclear Medicine (NM) are not meeting plan. Activity recording issues are the main driver for the underperformance in IR, with some activity previously recorded in IR now being recorded under Vascular (Surgical Division). There has been some sickness absence in the small Nuclear Medicine team which appears to have had an impact on the performance. Further analysis to be undertaken in both areas.

Pay in the Division was overspent in May. There is an element of unmet savings target within this position in addition to an increase in the actual expenditure run rate. This was solely in Radiology Medical staff agency costs which increased by £0.1m in May. There has been some recruitment success recently however three new consultants' start dates are delayed due to visa issues. This is hoped to be resolved next month with the new consultants starting late July. PAM's prof & tech agency in Radiology is also substantially overspent. There has been recent recruitment in this area too, and once training has taken place agency staff will be released.

The impact of the Homecare delays, as described above, is a reduced non-pay run rate overall which offsets increases in other areas, particularly Pathology. Although Pathology non-pay expenditure increased substantially (£0.3m) on laboratory consumables, the expenditure is within budget year to date, and this pattern is typical of Pathology spend. Outsourced MRI scanning and reporting is overspent, this cost pressure is driven by the large increase in referrals for urology MRI triggered by recent media events. There has been an activity increase by approximately 40 examinations per day in comparison to the average for last year.

So far this financial year, the Division has delivered £0.57m CIPs.



Specialist Services

Month 02 (May) 2018/19

Statement of Comprehensive Income £000	Year to Date			This Month		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	2,344	2,397	53	1,218	1,279	62
Non-Electives	5,776	5,484	(292)	2,880	2,830	(50)
Accident & Emergency	0	0	0	0	0	0
Outpatients	3,137	3,344	207	1,810	1,769	(41)
High Cost Drugs	4,496	4,640	144	2,248	2,480	232
Private Patients	7	5	(1)	3	3	
Other NHS Clinical	7,906	7,712	(195)	3,943	3,955	11
Other Clinical	37	21	(16)	18	19	
Prior Month Adjustment	0	0	0	0	(35)	(35)
Total Corporate and SLA Income	23,703	23,603	(100)	12,122	12,301	179
All Other Income	348	329	(19)	172	177	5
Total Income	24,050	23,931	(119)	12,294	12,478	184
Expenditure						
Permanent Staff	(10,110)	(10,262)	(152)	(5,071)	(5,154)	(84)
Overtime	0	(148)	(148)	0	(56)	(56)
Waiting List Payments						
Medical Locums/Short Sessions	(105)	(87)	18	(52)	(43)	10
Bank	(315)	(355)	(40)	(158)	(233)	(75)
Agency	(190)	(271)	(81)	(95)	(178)	(82)
Direct Engagement	(23)	(20)	3	(14)	41	55
Total Pay	(10,744)	(11,143)	(399)	(5,390)	(5,623)	(233)
Non Pay	(6,362)	(6,587)	(225)	(3,183)	(3,491)	(308)
Total Expenditure	(17,106)	(17,730)	(624)	(8,573)	(9,114)	(541)
Contribution	6,944	6,201	(743)	3,721	3,364	(357)

Elective income is above plan in month. Favourable performance in oncology (£110k) is offsetting adverse performance in Gynaecology (£70k). A Business Case is being developed to address on-going capacity issues affecting Gynaecology. Utilisation of current lists is also being analysed to ensure maximum usage of current capacity.

Non Elective income is adverse to plan in month and year to date. This is spread across a number of specialties- Obstetrics, Paediatrics, Renal and Clinical Haematology. It is expected that income will recover over the course of the year but work is underway to discount the possibility of recording issues.

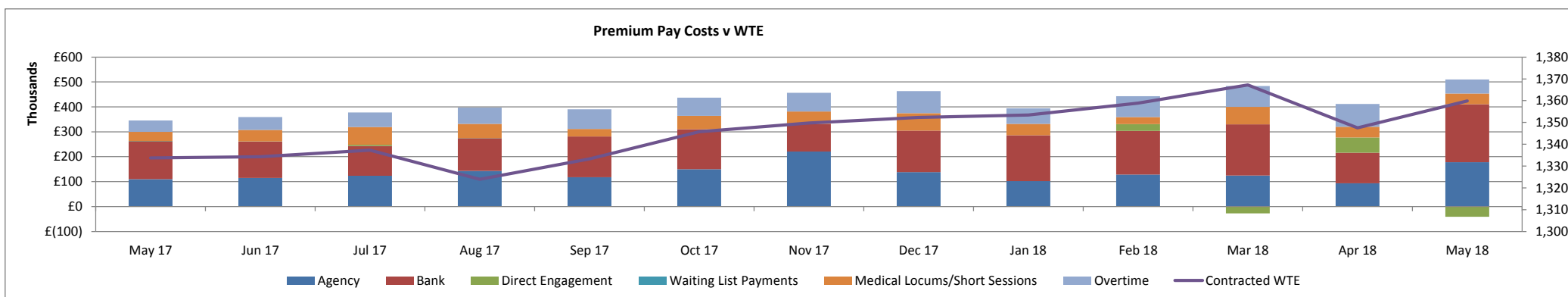
Outpatient income was adverse to plan in month, with low levels in Gynaecology in particular (£40k adverse). Overall year to date performance is favourable due to a lower plan being set in April as part of PAS upgrade planning.

High costs drugs favourable performance was significant in month and the majority will be offset in expenditure. Income and expenditure will not be 'like for like' due to mark ups applied to some drugs. The Division is investigating some discrepancies between income and expenditure in Renal.

The adverse year to date variance in the 'Other NHS Clinical' category is driven by lower than planned activity in NICU/SCUBU, the maternity pathway and palliative care. NICU/SCUBU and maternity pathway income is expected to recover. Palliative care recording is being investigated.

Overall pay was significantly overspent in May and year to date. Savings shortfalls (£125k in month) are a key driver. Temporary pay costs are also, on average, £34k a month higher than last year with junior/middle grade vacancies/sickness being a particular issue. Improved recruitment in the second half of 2017/18 has also put pressure on the pay budget. The majority of the non-pay overspend is driven by rechargeable high cost drugs (£225k) and consumables/medical equipment (£50k), reversing the underspends seen in April.

CIP performance was £20k adverse to plan in May, £72k adverse year to date. Shortfalls in pay schemes are being offset with income over performance, particularly in Cancer Services.



Strategic Development and Capital Planning

Month 02 (May) 2018/19

Statement of Comprehensive Income	Year to Date			This Month		
	Plan	Actual	Var.	Plan	Actual	Var.
£000						
Income						
Electives	0	0	0	0	0	0
Non-Electives	0	0	0	0	0	0
Accident & Emergency	0	0	0	0	0	0
Outpatients	0	0	0	0	0	0
High Cost Drugs	0	0	0	0	0	0
Private Patients	0	0	0	0	0	0
Other NHS Clinical	0	0	0	0	0	0
Other Clinical	0	0	0	0	0	0
Prior Month Adjustment	0	0	0	0	0	0
Total Corporate and SLA Income						
All Other Income	1,828	1,828		972	1,089	117
Total Income	1,828	1,828		972	1,089	117
Expenditure						
Permanent Staff	(2,165)	(1,943)	222	(1,108)	(984)	124
Overtime	0	(32)	(32)	0	(13)	(13)
Waiting List Payments	0	0	0	0	0	0
Medical Locums/Short Sessions	0	0	0	0	0	0
Bank	(57)	(129)	(71)	(28)	(65)	(37)
Agency	(28)	(49)	(21)	(14)	(11)	3
Direct Engagement	0	0	0	0	0	0
Total Pay	(2,250)	(2,153)	97	(1,150)	(1,073)	77
Non Pay	(6,302)	(6,150)	152	(3,198)	(3,330)	(132)
Total Expenditure	(8,553)	(8,303)	250	(4,348)	(4,403)	(56)
Contribution	(6,725)	(6,475)	250	(3,376)	(3,314)	61

The position as at month 2 is £250k favourable. The income / expenditure positions are showing variances due to the SaCP project being behind original plan, which net off. Income (excl SaCP) is £66k favourable. Pay £97k favourable and Non Pay (excl SaCP) £87k favourable.

Income is £65k favourable, this is attributable to the favourable to car parking.

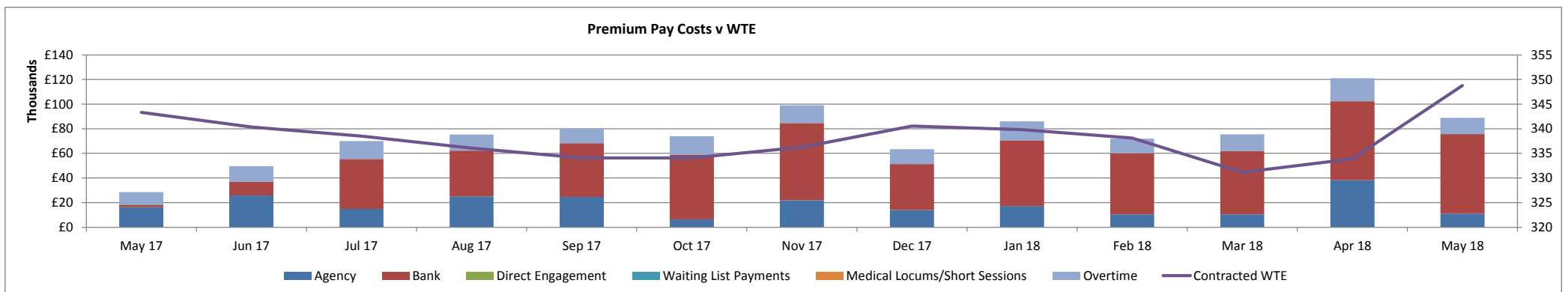
Pay is favourable £97k YTD. The Division currently has a vacancy rate (comparing contracted/budgeted WTE) of just over 10%, which is slightly lower compared to previous months. Bank staff expenditure is mostly within Strategic Development Management department - supporting the 2SS project. There is some Agency and Bank staff expenditure within EKLS and Procurement both of which are supported by increased income/delivery of the Trusts savings plan, there is also support for the vacant Deputy Director of Estates post and projects around the future of service delivery.

Non Pay is favourable as at month 2 (excluding SaCP) £87k. This can be broken down as follows:

IT and Comms non pay £63k favourable, various minor favourable variances.

Strategic Estates £29k favourable, mainly due to underspend on rent/hire premises. Ring fenced allocations, Legionella, Backlog Maintenance and Statutory Compliance are breakeven.

Savings are £(10)k adverse against plan due to procurement workplan schemes being validated. All of the schemes are continually being monitored working alongside the PMO, and where adverse is slippage against plan is identified new schemes will be identified to make good against the full year plan.



Corporate

Month 02 (May) 2018/19

Statement of Comprehensive Income	Year to Date			This Month		
	Plan	Actual	Var.	Plan	Actual	Var.
£000						
Income						
Electives	0	0	0	0	0	0
Non-Electives	0	0	0	0	0	0
Accident & Emergency	0	0	0	0	0	0
Outpatients	0	0	0	0	0	0
High Cost Drugs	0	0	0	0	0	0
Private Patients	0	0	0	0	0	0
Other NHS Clinical	0	0	0	0	0	0
Other Clinical	0	0	0	0	0	0
Prior Month Adjustment	0	0	0	0	0	0
Total Corporate and SLA Income						
All Other Income	3,025	2,983	(41)	1,455	1,441	(15)
Total Income	3,025	2,983	(41)	1,455	1,441	(15)
Expenditure						
Permanent Staff	(3,827)	(3,528)	299	(1,913)	(1,763)	150
Overtime	0	(29)	(29)	0	(12)	(12)
Waiting List Payments	0	0	0	0	0	0
Medical Locums/Short Sessions	0	(5)	(5)	0	(2)	(2)
Bank	(5)	(64)	(59)	1	(32)	(33)
Agency	0	(13)	(13)	5	(4)	(9)
Direct Engagement	0	0	0	0	0	0
Total Pay	(3,832)	(3,639)	193	(1,907)	(1,812)	94
Non Pay	(5,046)	(4,952)	94	(2,566)	(2,479)	88
Total Expenditure	(8,878)	(8,591)	287	(4,473)	(4,291)	182
Contribution	(5,853)	(5,608)	245	(3,018)	(2,850)	167

The position is £245k favourable as at month 2.

Income is adverse £41k YTD. This is mainly due to training income not being received in period 1 and 2 in HR, this is to be validated with the department for month 3.

Pay is £193k favourable position YTD due to vacancies approx. 49 WTE. The percentage vacancy rates, budgeted against contracted, are on average just over 9% in each CQ&PS, HR and Finance.

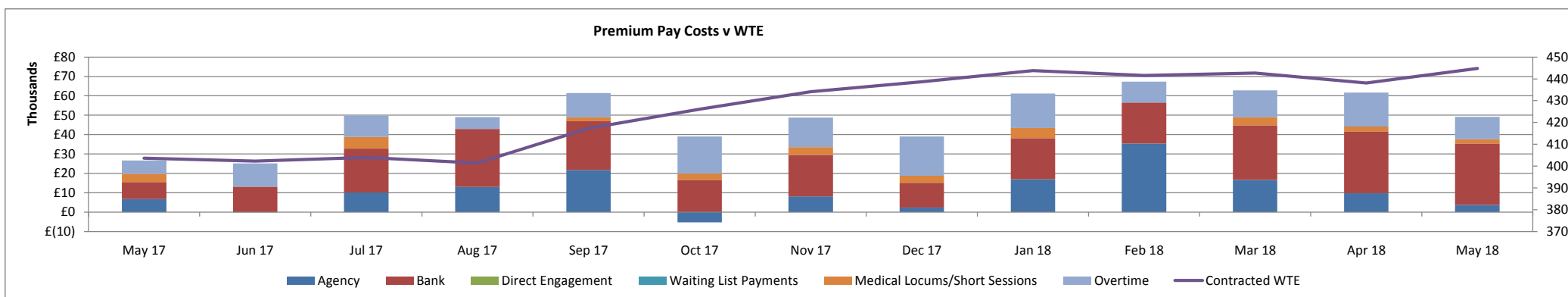
The premium pay costs shown below are attributable to the high level of vacancies and this is being kept to a minimum and below the contracted establishment in each area being incurred. Recruitment plans are being reviewed as part of expenditure control plans in conjunction with ensuring operational delivery of the finance and workforce plan.

Non pay is £94k favourable as at month 2, this can be broken down as follows:

£60k favourable on PGME,

£15k underspent on Finance Audit, to be reconciled against plan.

Other underspends are in N&Q and HR, these offset recruitment costs and management consultancy overspends on Trust Board.



A. Year on Year Analysis

Month 02 (May) 2018/19

	Year to Date	Prior Year to Date	Year on Year	
	Actual	Actual	Variance	Variance %
Income				
Electives	15,118	13,696	1,422	9.4%
Non-Electives	28,103	26,384	1,719	6.1%
Accident and Emergency	4,815	4,328	487	10.1%
Outpatients	12,727	11,993	734	5.8%
High Cost Drugs	8,700	8,575	126	1.4%
Private Patients	46	46		0.5%
Other NHS Clinical Income	17,976	17,907	69	0.4%
Other Clinical Income	269	311	(43)	(15.8%)
Total Corporate and SLA Income	87,754	83,239	4,515	5.1%
Other Income	7,247	7,954	(706)	(9.7%)
Total Income	95,001	91,193	3,809	4.0%
Expenditure				
Permanent Staff	(51,837)	(50,076)	(1,762)	(3.4%)
Overtime	(994)	(829)	(165)	(16.6%)
Waiting List Payments	(569)	(201)	(368)	(64.6%)
Medical Locums/Short Sessions	(468)	(628)	160	34.3%
Bank	(2,383)	(2,065)	(318)	(13.3%)
Agency	(6,610)	(1,650)	(4,960)	(75.0%)
Direct Engagement	(28)	(1,124)	1,096	3866.1%
Total Pay	(62,889)	(56,573)	(6,316)	(10.0%)
Non-Pay				
Drugs	(10,263)	(11,120)	857	8.4%
Clinical Supplies	(11,160)	(10,594)	(566)	(5.1%)
Non-Clinical Supplies	(2,329)	(1,372)	(957)	(41.1%)
Facilities Management	(2,865)	(2,698)	(167)	(5.8%)
NHS Supplies and Services	(457)	(477)	20	4.3%
Cost of Secondary Commissioning of mandatory Services	(1,359)	(1,072)	(287)	(21.1%)
Education & Training	(323)	(374)	50	15.5%
Consultancy	(89)	(72)	(17)	(18.8%)
Premises	(1,902)	(1,783)	(119)	(6.2%)
Clinical Negligence	(3,705)	(3,606)	(99)	(2.7%)
Printing and Stationary	(220)	(170)	(50)	(22.7%)
Postage	(190)	(292)	102	53.9%
Telephones	(135)	(117)	(18)	(13.0%)
Staff Travel	(282)	(270)	(12)	(4.3%)
Transport Hire/Lease	(82)	(81)	(1)	(0.6%)
Cleaning Materials	(65)	(48)	(17)	(26.5%)
Office Equipment and Consumables	(20)	(9)	(12)	(57.0%)
Misc Other Operating Expenses	(636)	(646)	10	1.5%
Total Non-Pay	(36,082)	(34,800)	(1,282)	(3.6%)
Total Expenditure	(98,971)	(91,373)	(7,599)	(7.7%)
EBITDA	(3,970)	(180)	(3,790)	(95.5%)
Non-Operating Expenses	(4,289)	(4,379)	90	2.1%
Income and Expenditure Surplus/(Deficit)	(8,259)	(4,559)	(3,700)	(44.8%)

Other Income

- No PSF income 2018-19 but £1.4m in 17-18

Pay

- Pay inflation 2.1%.
- Consultant Job Plan and Junior Doctors roll out.
- No RMO usage in this period 17-18.
- No Oak leaf costs in this period 17-18.
- No A&E Improvement costs in this period 17-18.
- Divisional run rate increases to support activity and operational requirements.

Non Pay

- Drugs - Due to lower expenditure on rechargeable between years.
- Clinical Supplies - Inflation and activity related cost of delivery.
- Non clinical Supplies - SACP costs 18-19 and Estates Non Pay.

B. Cash Flow

Month 02 (May) 2018/19

Year to Date		This Month			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual		Plan	Actual	Variance	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
7,157	Opening Bank Balance	15,584	16,287	704	7,157	16,287	4,762	3,513	3,987	8,699	8,624	8,349	3,624	3,978	2,956	2,923
12,939	Ashford CCG	5,494	5,494		7,445	5,494	7,331	5,770	5,770	5,770	5,770	5,770	5,770	5,770	5,770	5,770
20,262	C4G	9,344	9,344		10,918	9,344	9,760	9,619	9,619	9,619	9,619	9,619	9,619	9,619	9,619	9,619
23,337	South Kent Coast CCG	10,528	10,529		12,809	10,529	11,056	10,827	10,827	10,827	10,827	10,827	10,827	10,827	10,827	10,827
16,005	Thanet CCG	7,819	7,824	6	8,180	7,824	7,657	7,835	7,835	7,835	7,835	7,835	7,835	7,835	7,835	7,835
	Additional Income						5,000									
76	Dartford, Gravesham & Swanley CCG	38	38		38	38	38	38	38	38	38	38	38	38	38	38
428	Medway CCG	164	165	1	263	165	164	164	164	164	164	164	164	164	164	164
613	Swale CCG	306	306		306	306	306	306	306	306	306	306	306	306	306	306
754	West Kent CCG	377	377	1	377	377	594	449	449	449	449	449	449	449	449	449
15,811	NHS England	7,829	7,728	(100)	8,082	7,728	8,710	8,059	8,059	9,531	8,059	8,059	8,059	8,059	8,059	8,059
6,436	All Other NHS Organisations	980	1,119	139	5,317	1,119	1,105	5,107	960	1,160	5,107	960	1,160	5,107	960	1,160
0	Capital Receipts															
4,944	All Other Receipts	1,806	2,279	473	2,664	2,279	2,342	1,820	1,783	2,242	1,857	1,783	1,710	1,783	1,710	1,746
	Provider Sustainability Fund									5,603						
2,234	Working Capital Facility				2,234			3,410	9,311			3,996	5,109	3,547	3,254	7,204
	Working Capital Facility Repaid															
	Permanent Loan															
103,838	Total Receipts	44,684	45,205	521	58,633	45,205	54,064	53,404	55,120	53,544	50,030	49,805	51,045	53,504	48,990	53,177
	Payments															
(52,980)	Monthly Payroll inc NI & Super	(26,745)	(26,601)	145	(26,379)	(26,601)	(28,741)	(28,798)	(27,846)	(27,937)	(27,839)	(27,708)	(27,710)	(27,885)	(27,931)	(27,780)
(49,224)	Creditor Payment Run	(27,705)	(27,621)	84	(21,603)	(27,621)	(25,111)	(23,522)	(21,301)	(21,318)	(21,214)	(25,557)	(21,309)	(25,682)	(19,100)	(19,107)
(4,011)	Capital Payments	(1,957)	(2,508)	(551)	(1,503)	(2,508)	(1,428)	(609)	(1,206)	(1,012)	(1,195)	(1,265)	(1,642)	(904)	(1,787)	(1,809)
	PDC Dividend Payment									(2,634)						(3,007)
(18)	Interest Payments				(18)		(34)		(55)	(719)	(57)		(30)	(55)	(205)	(704)
(106,233)	Total Payments	(56,407)	(56,730)	(322)	(49,503)	(56,730)	(55,313)	(52,929)	(50,409)	(53,619)	(50,305)	(54,530)	(50,691)	(54,526)	(49,023)	(52,407)
(2,395)	Total Movement In Bank Balance	(11,723)	(11,525)	198	9,130	(11,525)	(1,250)	474	4,712	(75)	(275)	(4,725)	354	(1,022)	(33)	770
4,762	Closing Bank Balance	3,861	4,762	902	16,287	4,762	3,513	3,987	8,699	8,624	8,349	3,624	3,978	2,956	2,923	3,693
	Plan				15,584	3,861	3,529	7,882	3,470	5,153	5,618	3,493	3,879	2,890	2,890	3,693
	Variance				704	902	(17)	(3,895)	5,229	3,470	2,731	131	98	65	33	(1)

C. Clinical Income - by Commissioner

Month 02 (May) 2018/19

Commissioner	Annual £000	Year to Date £000			This Month £000		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance
NHS Ashford CCG	71,025	11,356	12,178	822	6,040	6,312	272
NHS Canterbury & Coastal CCG	118,136	19,809	19,761	(48)	10,553	10,236	(317)
NHS South Kent Coast CCG	133,267	21,799	22,196	397	11,273	11,666	393
NHS Thanet CCG	96,582	15,787	16,237	450	8,289	8,500	211
East Kent CCGs	419,010	68,751	70,372	1,621	36,155	36,715	559
NCA - England	4,685	810	990	179	410	494	84
NHS England - Armed Forces	159	29	54	25	14	33	19
NHS England - Specialised Services	79,165	13,171	13,111	(59)	6,662	6,831	168
NHS England - Health In Justice	116	19	7	(12)	10	1	(9)
NHS England - Secondary Dentistry	6,429	1,043	1,107	65	563	567	4
NHS England - Public Health	7,811	1,104	1,104		552	552	
Kings	264	44	42	(2)	22	22	
NCA - Wales	142	24	17	(7)	12	9	(3)
NCA - Northern Ireland	5	1	1				
NCA - Scotland	22	4	2	(1)	2	1	
Other Trusts	1,793	299	368	70	149	181	31
East Kent Overseas	()	3	107	103	2	57	54
NHS Dartford, Gravesham & Swanley CCG	455	97	98	1	40	57	17
NHS Medway CCG	2,075	341	280	(61)	191	144	(47)
NHS Swale CCG	3,643	671	557	(114)	368	301	(68)
NHS West Kent CCG	5,122	823	890	67	443	426	(18)
Other Organisations	5,652	(619)	(1,944)	(1,325)	(888)	(993)	(105)
Cancer Drugs Fund	3,007	501	642	141	251	346	96
Adjust Prior Month Reported Position						471	471
Prior year Income			(44)	(44)			
Total	539,558	87,115	87,762	647	44,958	46,212	1,253

YTD Clinical income is £647k ahead of plan. East Kent Commissioner contracts are over performing YTD with the exception of Canterbury & Coastal CCG. NHSE Specialised Services is behind plan YTD but has over performed in May. The Cancer Drugs Fund and West Kent CCG are ahead of plan, while the North Kent CCG's are collectively behind plan. Other Organisations include provisions for risk.

There are no material contracting issues with any of our other Commissioners.

D. KPIs

Month 02 (May) 2018/19

		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Clinical Income Consolidated	Plan	42,848	45,649	46,985	46,015	44,480	46,915	47,069	46,849	43,841	47,000	43,204	47,002
	Actual	42,369	47,016										
	Variance	-479	1,367										
	Quarterly rolling average spend	43,089	44,782										
Other Income Consolidated	Plan	3,475	3,534	3,566	3,508	3,529	3,552	3,587	3,613	3,546	3,574	3,570	3,628
	Actual	3,329	3,588										
	Variance	-146	54										
	Quarterly rolling average spend	5,875	6,087										
Pay Consolidated	Plan	-30,772	-30,911	-31,066	-30,623	-30,634	-30,717	-30,686	-30,953	-30,960	-31,294	-30,721	-30,717
	Actual	-31,253	-32,237										
	Variance	-481	-1,326										
	Quarterly rolling average spend	-31,203	-31,818										
Non Pay Operating Expenses Consolidated	Plan	-18,693	-19,143	-18,927	-17,936	-19,125	-18,308	-19,439	-18,979	-18,303	-19,074	-17,944	-18,545
	Actual	-17,358	-19,394										
	Variance	1,335	-251										
	Quarterly rolling average spend	-19,920	-20,168										
Non Operating Consolidated	Plan	-2,228	-2,228	-2,228	-2,229	-2,235	-2,238	-2,236	-2,246	-2,259	-2,257	-2,260	-2,280
	Actual	-2,118	-2,214										
	Variance	110	14										
	Quarterly rolling average spend	-1,942	-1,971										
Agency Unconsolidated	Plan	-1,849	-1,702	-1,617	-1,552	-1,460	-1,450	-1,432	-1,292	-1,289	-1,278	-1,279	-1,258
	Actual	-3,186	-3,921										
	Variance	-1,337	-2,219										
	Quarterly rolling average spend	-3,237	-3,484										
CIPS Unconsolidated	Plan	1,502	1,533	1,552	3,357	2,156	1,289	2,895	2,927	2,944	3,208	3,267	3,370
	Actual	1,155	1,758										
	Variance	-348	224										
Cash Unconsolidated	Plan	15,584	3,861	3,529	7,882	3,470	5,153	5,618	3,493	3,879	2,890	2,890	3,693
	Actual	16,287	4,762										
	Variance	704	902										

E. Cost Improvement Summary

Month 02 (May) 2018/19

Planned Summary

Programme Divisions £000	2018 - 2019		Target Variance		
	Plan	Net	RAG Adj	vs Net	vs RAG
Clinical Support		4,159	4,156	3,027	3 (1,132)
Specialist		4,075	4,075	3,725	- (350)
Surgery		7,015	7,014	5,079	1 (1,936)
UC<C		6,400	6,400	6,170	- (230)
Corporate - Other		71	71	70	- (1)
SD&CP		1,300	1,300	1,128	- (172)
Procurement		2,693	2,638	2,281	55 (412)
Medicines Value		871	874	868	(3) (3)
Sub-total		26,584	26,528	22,348	56 (4,236)
Central		3,416	3,472	4,440	(56) 1,024
Grand Total		30,000	30,000	26,788	- (3,212)

Planned Summary

Programme Themes £000	2018 - 2019		Target Variance		
	Plan	Net	RAG Adj	vs Net	vs RAG
Patient Flow/LOS		1,000	1,000	750	- (250)
Agency		6,137	6,179	6,017	43 96
Workforce *		169	189	235	20 16
Procurement		2,693	2,638	2,281	(55) (453)
Medicines Value		871	874	868	3 (16)
Division Schemes **		16,156	16,045	12,287	(111) (5,065)
Sub-total		27,025	26,925	22,438	(100) (5,673)
Central		2,975	3,075	4,350	100 1,375
Grand Total		30,000	30,000	26,788	- (4,298)

E. Cost Improvement Phasing

Month 02 (May) 2018/19

Work stream Gross £'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Patient Flow/LOS	-	-	-	-	-	-	167	167	167	167	167	167	1,000
Agency	544	529	520	721	674	(248)	505	533	526	597	621	614	6,137
Workforce	2	2	2	4	20	20	20	20	20	20	20	20	169
Procurement	109	129	146	188	258	265	266	266	266	266	267	267	2,693
Medicines Value	30	45	50	55	66	68	70	79	88	98	108	116	871
Clinical Support	184	188	190	275	272	275	274	270	267	295	293	294	3,078
Specialist	69	74	79	89	112	93	459	463	463	469	469	468	3,308
Surgery	413	413	413	419	419	419	636	636	636	719	744	744	6,615
UC<C	37	37	37	103	103	103	227	227	227	227	227	227	1,784
Corporate - Other	6	6	6	6	6	6	6	6	6	6	6	6	71
SD&CP	108	109	108	108	108	108	108	108	108	108	108	107	1,300
Sub-total	1,502	1,533	1,552	1,969	2,039	1,110	2,738	2,775	2,775	2,971	3,030	3,031	27,025
Central	-	-	-	1,388	117	179	157	152	169	237	237	339	2,975
Grand Total	1,502	1,533	1,552	3,357	2,156	1,289	2,895	2,927	2,944	3,208	3,267	3,370	30,000

Workstream RAG adj £'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Patient Flow/LOS	-	-	-	-	-	-	125	125	125	125	125	125	750
Agency	627	350	471	627	603	37	502	542	538	565	575	582	6,017
Workforce	22	53	2	4	19	19	19	19	19	19	19	19	235
Procurement	54	59	137	173	226	232	233	233	233	233	234	234	2,281
Medicines Value	42	57	40	54	65	66	68	77	86	95	105	113	868
Clinical Support	157	184	129	184	183	190	190	192	194	208	211	216	2,238
Specialist	127	163	78	88	107	88	423	427	427	432	432	432	3,225
Surgery	14	628	296	270	285	285	339	339	339	353	359	359	3,870
UC<C	(9)	56	37	103	103	103	227	227	227	227	227	227	1,756
Corporate - Other	-	11	6	6	6	6	6	6	6	6	6	6	70
SD&CP	20	198	104	104	104	104	100	100	100	100	100	(6)	1,128
Sub-total	1,055	1,758	1,299	1,613	1,701	1,131	2,233	2,287	2,294	2,364	2,394	2,308	22,438
Central	100	-	-	1,463	192	929	232	227	244	312	312	339	4,350
Grand Total	1,155	1,758	1,299	3,076	1,893	2,060	2,465	2,514	2,538	2,676	2,706	2,647	26,788

F. Debtor Balances

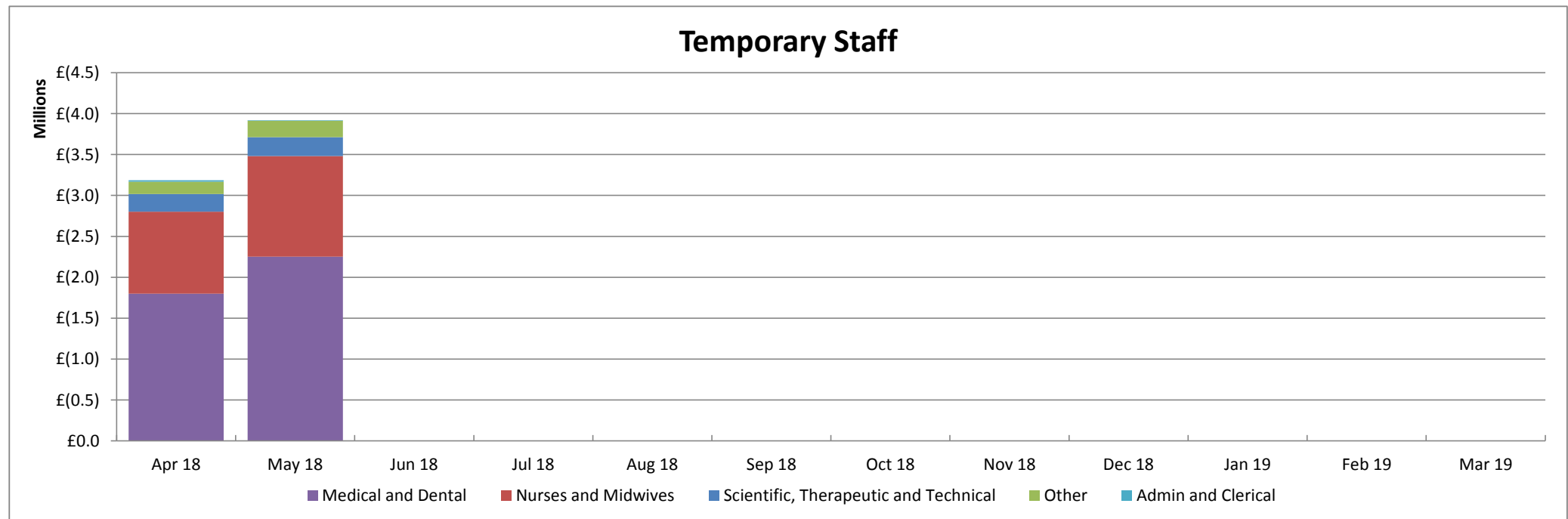
Month 02 (May) 2018/19

Debtor	Top ten debtor balances outstanding as at 31/05/2018						Creditor balance as at 31/05/2018	Notes
	Current	1-30 Days	31-60 Days	61-90 Days	Over 90	Total		
62003-NHS SOUTH KENT COAST CCG	(453,698.36)	3,032,868.53	0.00	10,196.29	27,537.17	2,616,903.63	99,968.00	Current - Includes invoices for 17/18 overperformance
61865-NHS CANTERBURY AND COASTAL CCG	(341,930.02)	2,740,910.87	832.50	9,064.02	35,855.12	2,444,732.49	80,426.00	Current - Includes invoices for 17/18 overperformance
61818-NHS ASHFORD CCG	(249,329.34)	2,388,890.13	395.00	6,535.70	99,430.01	2,245,921.50	57,352.00	Current - Includes invoices for 17/18 overperformance
62138-NHS ENGLAND SOUTH EAST COMMISSIONING HUB (14G)	73,900.17	1,062,510.62	73,900.17	557,853.17	0.00	1,768,164.13		
62033-NHS THANET CCG	133,616.34	161,030.41	168,183.08	179,681.79	640,529.80	1,283,041.42	1,224,596.57	Reciprocal payment arrangement in place with EKMS
51136-EAST KENT MEDICAL SERVICES	(347,279.97)	1,504,535.92	395.00	10,348.59	50,608.59	1,218,608.13	80,522.00	Current - Includes invoices for 17/18 overperformance
50010-MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	186,697.07	11,751.49	122,909.01	83,386.53	483,403.41	888,147.51	1,203,772.71	Reciprocal payment arrangement in place with MTW
62048-NHS WEST KENT CCG	13,567.73	470,295.56	23,370.70	9,972.84	222,559.50	739,766.33		
51708-MEDWAY NHS FOUNDATION TRUST	61,943.71	13,117.49	95,514.79	24,267.07	359,935.04	554,778.10	1,160,245.71	Reciprocal payment arrangement in place with Medway FT
59742-HEALTHEX	12,186.78	12,186.78	12,186.77	12,186.78	426,536.67	475,283.78	1,224,596.57	Healthex Loan Interest
Other Govn.	1,695,184.73	546,436.44	251,864.59	180,836.83	1,659,804.26	4,334,126.85		
Other Non Govn.	505,418.81	168,773.02	263,336.93	131,720.97	1,011,799.76	2,081,049.49		
	1,290,277.65	12,113,307.26	1,012,888.54	1,216,050.58	5,017,999.33	20,650,523.36	5,131,479.56	

G. Pay Analysis - Temporary Staff

Month 02 (May) 2018/19

In Month £000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Medical and Dental	(1,799)	(2,253)										
Agency	(1,476)	(2,079)										
Medical Locum and Short Session	(191)	(277)										
Direct Engagement	(132)	103										
Scientific, Therapeutic and Technical	(217)	(231)										
Agency	(217)	(231)										
Nurses and Midwives	(1,002)	(1,230)										
Agency	(1,002)	(1,230)										
Admin and Clerical	(18)	(6)										
Agency	(18)	(6)										
Other	(150)	(201)										
Agency	(150)	(201)										
Total	(3,186)	(3,914)										



G. Pay Analysis - Temporary Staff

Month 02 (May) 2018/19

Temporary Staff Actual £m	M & D	N & M	PAMS	A&C Other	Total	Variance v 2018/19	Variance v 2017/18
Urgent Care & LongTerm Conditions	1.19	1.03	0.02	0.19	2.43	0.20	0.93
Surgical Services	0.45	0.14	0.03		0.62	0.08	0.07
Clinical Support Services	0.20		0.18		0.39	0.04	0.15
Specialist Services	0.13	0.05			0.18	(0.01)	(0.01)
Strategic Development and Capital Planning				0.01	0.01	(0.01)	(0.01)
Corporate					0.01		(0.01)
Central				0.01	0.02	0.06	0.07
Total	1.97	1.22	0.23	0.21	3.63	0.36	1.19
Variance v 2018/19 average	0.21	0.11	0.01	0.02	0.35		
Variance v 2017/18 average	0.34	0.63	0.08	0.14	1.19		

Temporary Staff Year to Date £m	M & D	N & M	PAMS	A&C Other	Total	Average per Month
Urgent Care & LongTerm Conditions	2.25	1.85	0.05	0.30	4.45	2.23
Surgical Services	0.76	0.27	0.06		1.08	0.54
Clinical Support Services	0.33		0.35		0.69	0.34
Specialist Services	0.29	0.09			0.38	0.19
Strategic Development and Capital Planning				0.05	0.05	0.03
Corporate	0.01			0.01	0.02	0.01
Central	(0.12)	0.03	(0.01)	0.01	(0.09)	(0.05)
Total	3.52	2.24	0.45	0.37	6.58	3.29
Average per month	1.76	1.12	0.22	0.19	3.29	

This table does not include Medical Locum / Short Sessions

Finance Performance Report 2018/19

June 2018

Director of Finance and Performance Management
Philip Cave



Contents and Appendices

Month 03 (June) 2018/19

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Executive Summary

Month 03 (June) 2018/19

Executive Summary

The Trust has generated a consolidated deficit in month of £1.7m and a year to date (YTD) deficit of £10.0m which is £0.2m better plan. The YTD variance is driven by:-

- Higher than planned Out Patient and A&E activity driving higher income
- YTD under performance of complex elective activity driving low , clinical supplies costs and drugs.
- off set by very high agency spend driven by U<C used to fill vacancies

As the Trust is in FSM it is measured against its performance excluding technical adjustments. After these are removed the Trust's YTD I&E deficit to Month 3 (June) was £9.9m (consolidated position including Spencer Wing and after technical adjustments) against a planned deficit of £9.9m.

A reconciliation of the various adjustments is presented below.

£'000	This Month			Year to Date			Annual		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
EKHUFT Income (inc PSF)	49,975	51,356	1,381	144,329	146,358	2,029	583,617	583,617	0
EKHUFT Pay	(30,712)	(31,640)	(928)	(91,687)	(94,529)	(2,842)	(365,552)	(365,552)	0
EKHUFT Non-Pay	(20,943)	(21,425)	(482)	(62,811)	(61,796)	1,015	(249,052)	(249,052)	0
EKHUFT Financial Position (inc PSF)	(1,680)	(1,709)	(29)	(10,169)	(9,968)	201	(30,987)	(30,987)	0
Spencer Unit Financial Position	10	31	21	30	18	(12)	132	132	0
Consolidated I&E Position (inc PSF)	(1,670)	(1,678)	(8)	(10,139)	(9,950)	189	(30,855)	(30,855)	0
Impairments Adjustment	85	(72)	(157)	255	105	(150)	1,025	1,025	0
PSF Funding	0	0	0	0	0	0	0	0	0
Consolidated I&E Position (excl PSF)	(1,585)	(1,750)	(165)	(9,884)	(9,845)	39	(29,830)	(29,830)	0

Trust unconsolidated pay costs in the month of £31.6m are £0.4m less than May largely due to reductions in the use of Agency and Bank staff but are still £0.9m more than plan. Permanent staff costs (including Overtime) were £0.1m higher than May. Bank usage reduced by £0.2m and agency/locum staff reduced by £0.2m. All temporary staff (agency, bank, locum, overtime) decreased by £0.5m to £5.1m in month. Waiting list payments are £0.3m in month and are slightly above plan. The main driver for the pay overspend against plan in month is driven in U<C where medical staffing are being used above establishment and recruitment to nursing has been slower than expected.

Clinical income was ahead of plan by £0.2m in month. The YTD position is now £0.8m ahead of plan, the key drivers to this are over performance in non-electives, A&E and ITU offset by under performance in elective activity. The underperformance in elective activity is mainly because the Trust has been unable to put on additional elective sessions originally planned.

Against the full year £30m CIPS target, including income, £4.5m has been reported to Month against a target of £4.6m, £0.1m behind plan. Of the reported position 38% is non recurrent, this is an improvement on the previous month which reported 48%.

The cash balance as at the end of June was £7.1m, £3.6m above plan. The Trust's total cash borrowing is now £48.5m and is expected to reach £73.7m by the end of the financial year.

The Trust has identified £9.5m of risk to the year end position in relation to expert determination on income, CIP delivery and activity related costs. The Trust will seek to mitigate these risks as we move through the year.

Income and Expenditure

G

In June the Trust reported a consolidated I&E deficit of £1.7m (before any adjustments) compared to a planned £1.7m deficit.

Income was ahead of plan in month largely driven by non-elective activity over performance. Elective activity is underperforming by £1.7m YTD due to additional sessions originally planned not being put on.

Other income is £1.2m higher than plan this is driven by PAS project income £0.5m and PAS fine £0.5m, these will be offset by non-pay expenditure.

Pay is over plan by £0.9m in month and £2.8m YTD. This is driven principally by additional costs associated with UC<C medical staffing. In addition TFS are still being used and pay CIPs are under delivering a little.

Non pay spend is overspent in Month 3 (£0.5m) and £0.9m underspent YTD. This is driven by an underspend on Drugs (both pass through and non pass through). In addition Secondary commissioning and Education and Training are under spending offset by a small overspend on clinical supplies. The overspend in month is driven by the PAS expenditure which is offset by income (noted above).

Cash

G

The Trust's cash balance at the end of June was £7.1m which was £3.6m above plan, the main driver for the in month position is that receipts of cash have been higher than expected.

The Trust did not borrow any further funds in month which means the total borrowings remain at £48.5m. The total expected borrowing by the end of the year will be £73.7m.

Capital Programme

A

The Trust has spent £1.6m on capital to June which is significantly behind plan. The majority of the underspend is driven by an unexpected VAT credit received for assets purchased in 2017/18. The funds received are expected to be required to fund pressures the capital plan is likely to face later in the year and so no change to the current capital plan is expected by year end. The Capital plan for the year is £16m.

Cost Improvement Programme

A

Net CIPs in month were £0.1m ahead of plan bringing the YTD position to £0.1m behind plan at £4.5m of savings YTD. This due largely to slow starts to recurrent CIP programmes within Divisions. Last month nearly half of all CIPs were non-recurrent this has reduced to 38%.

Risks to the full year plan remain in relation to finalising all delivery plans and significant risks remain in relation to Subco (2SS), the ability to release planned agency savings for U<C and the delivery of further bed reductions. £6m of CIP plans still remain red or amber at this stage.

Income and Expenditure Summary

Month 03 (June) 2018/19

Unconsolidated	Annual	Year to Date	This Month				
£000	Plan	Plan	Actual	Var.	Plan	Actual	Var.
Income							
Electives	100,573	24,952	23,193	(1,760)	9,523	8,075	(1,448)
Non-Electives	161,862	41,858	42,541	682	13,793	14,438	645
Accident and Emergency	26,226	6,673	7,236	563	2,226	2,422	196
Outpatients	81,677	19,164	19,459	294	7,146	6,731	(415)
High Cost Drugs	55,662	13,877	13,154	(723)	4,575	4,453	(122)
Private Patients	497	63	90	27	21	44	23
Other NHS Clinical Income	111,285	26,360	28,133	1,773	8,856	10,150	1,294
Other Clinical Income	1,777	460	415	(45)	153	146	(7)
Total Corporate and SLA Income	539,558	133,409	134,221	812	46,294	46,460	166
All Other Income	44,062	10,920	12,137	1,217	3,681	4,897	1,216
Total Income	583,620	144,329	146,358	2,029	49,975	51,356	1,381
Expenditure							
Permanent Staff	(326,479)	(81,889)	(77,988)	3,901	(27,438)	(26,150)	1,287
Overtime			(1,417)	(1,417)		(423)	(423)
Waiting List Payments	(2,723)	(683)	(827)	(145)	(229)	(259)	(30)
Medical Locums/Short Sessions	(3,766)	(945)	(887)	57	(316)	(420)	(103)
Bank	(13,411)	(3,396)	(3,507)	(111)	(1,132)	(1,124)	8
Agency	(15,883)	(3,903)	(9,775)	(5,872)	(1,305)	(3,165)	(1,860)
Direct Engagement	(3,548)	(872)	(128)	744	(292)	(99)	192
Total Pay	(365,810)	(91,687)	(94,529)	(2,842)	(30,712)	(31,640)	(928)
Non Pay	(222,146)	(56,196)	(55,338)	858	(18,738)	(19,255)	(517)
Total Expenditure	(587,956)	(147,883)	(149,867)	(1,984)	(49,450)	(50,896)	(1,446)
Non-Operating Expenses	(26,648)	(6,615)	(6,458)	156	(2,205)	(2,169)	36
Income and Expenditure Surplus/(Deficit)	(30,984)	(10,169)	(9,968)	201	(1,680)	(1,709)	(29)

Consolidated	Annual	Year to Date	This Month				
£000	Plan	Plan	Actual	Var.	Plan	Actual	Var.
Income							
Clinical Income	547,857	135,482	136,852	1,370	46,985	47,467	482
Non Clinical Income	42,682	10,575	11,741	1,166	3,566	4,824	1,258
Total Income	590,539	146,057	148,593	2,536	50,551	52,291	1,740
Expenditure							
Pay	(370,054)	(92,749)	(95,646)	(2,897)	(31,066)	(32,156)	(1,090)
Non Pay	(224,416)	(56,763)	(56,386)	377	(18,927)	(19,634)	(707)
Total Expenditure	(594,470)	(149,512)	(152,032)	(2,520)	(49,993)	(51,790)	(1,797)
Non-Operating Expenses	(26,924)	(6,684)	(6,511)	173	(2,228)	(2,179)	49
Income and Expenditure Surplus/(Deficit)	(30,855)	(10,139)	(9,950)	189	(1,670)	(1,678)	(8)

Corporate and SLA Income

East Kent CCGs income over performed against plan by £2.1m in month, with all four CCG's ahead of plan. The majority of this favourable position is contained within Non-Elective care, A&E and Elective Activity. These are all largely driven by activity being higher than planned. Elective under performance has been driven by lower than the planned number of sessions being put on mainly in orthopaedics and gynaecology. The large Other NHS Clinical income over performance is mainly caused by high ITU occupancy.

There remains some uncertainty around the financial impact of 2017-18 Expert Determination challenges on 2018-19 baseline as both commissioners and the Trust work through the implications of the way some of our activity is recorded. The Trust is holding a provision against this risk.

NHSE Contracts are under plan in month by £372k. Rechargeable expenditure such as high cost drugs, devices and haemophilia blood products under performed by £138k in month across all contracts.

The Trust contract with NHSE includes £4.1m of QIPP expectation with the Trust agreeing to work with NHSE to implement cost savings where possible, however, the risk against non achievement sits with the commissioner.

Other Income and Expenditure

Non clinical income is favourable to plan in June and ytd by £1.2m, relating mainly to the SaCP PAS project which is £0.9m favourable to plan. This is offset by related expenditure.

Total expenditure is adverse to plan by £1.4m in June and £2.0m ytd, again with pay expenditure being the main driver for the overspend at £0.9m adverse to plan in month. Expenditure on medical staff and qualified nurses accounts for £0.6m of the pay overspend, in particular the use of agency staff which is adverse to plan by £1.3m. The overspend on nursing agency relates mainly to UC<C (predominantly Emergency Depts) with overspends on medical agency in all clinical divisions except Clinical Support. Non pay expenditure is adverse to plan by £0.5m in June, mainly driven by SaCP PAS project expenditure, which is offset by non clinical income.

The expenditure run rate has reduced by £0.1m in June when compared to May, with pay spend decreasing by £0.35m and non pay spend increasing by £0.24m. Expenditure on bank, agency and directly engaged staff reduced by £0.6m, offset by an increase in the cost of substantive staff and internal locums. The increase in non pay expenditure relates predominantly to the SaCP PAS project, with increases in drug expenditure and referrals to the independent sector totalling £0.4m being offset by a reduction in expenditure on clinical supplies, education and training and miscellaneous income also totalling £0.4m.

Key Highlights

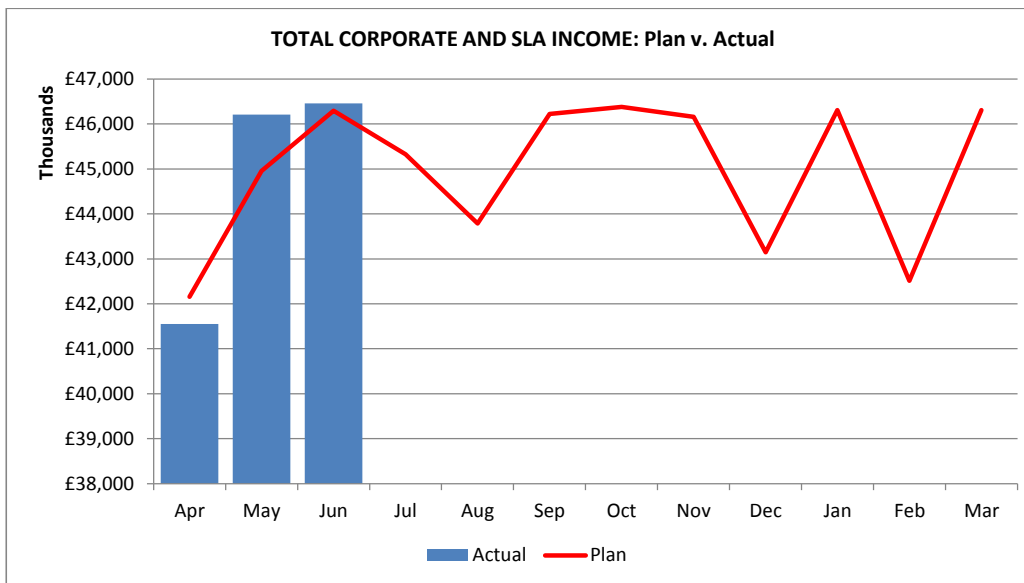
Month 03 (June) 2018/19

CLINICAL INCOME

Clinical income is over plan in June by £165k. Elective income is behind planned levels by £1.6m while Non-Elective is ahead of plan (£0.5m) and Outpatients under performing (£0.5m). The main area under plan is Electives where the planned number of cases have not been seen. High levels of regular day attenders have also been seen which generate a case mix issues leading to lower average tariffs. There have also been difficulties delivering CIP income along with high vacancy levels which affects our ability to meet planned levels. Non-Elective income remains high with increased casemix, being ahead of plan in month (3.7%) due to the increased complexity of patients presenting in our ED departments.

ACTIVITY

A&E demand is ahead of plan by 0.8%. This over performance goes against last years trend which was driven by the temporary transfer of some ED specialties from KCH to WHH and QEQM, but there are signs of improvements in activity this year. Non-elective activity continues to perform below plan in month and after the KCH site moves, activity has been up to 4.9% below plan in June. However, richer casemix has meant that income is 3.7% above plan. The commissioners have increased the provision of care packages with a view to returning patients home more quickly and as part of their QIPP schemes are investing in preventing patients with Pneumonia from coming to the hospital where they can be treated at home. Outpatient activity in month is behind plan but ahead of plan YTD.



COMMISSIONER ANALYSIS

Activity plans reflected CCG QIPP schemes to the value of £1.031m YTD. Any new commissioner QIPP schemes will be added to the contracts via a contract variation once the Trust is satisfied that the schemes are achievable in the timeframes set out. GP referrals were 1.0% under plan in June. Many of our outpatient services are now listing at 13 weeks and beyond and 52 week waits are high.

OTHER INCOME

Non clinical income is favourable to plan in June and ytd by £1.2m. The over performance relates predominantly to the SaCP PAS project which is £0.9m favourable to plan in month, £0.5m of which is offset by an overspend against plan on SaCP project non pay expenditure, and £0.4m relates to project implementation penalties charged to the supplier. Income relating to donated assets, Education and training, parking revenue and miscellaneous income is favourable to plan totalling £0.3m offset by shortfalls in accommodation and R&I of £0.1m.

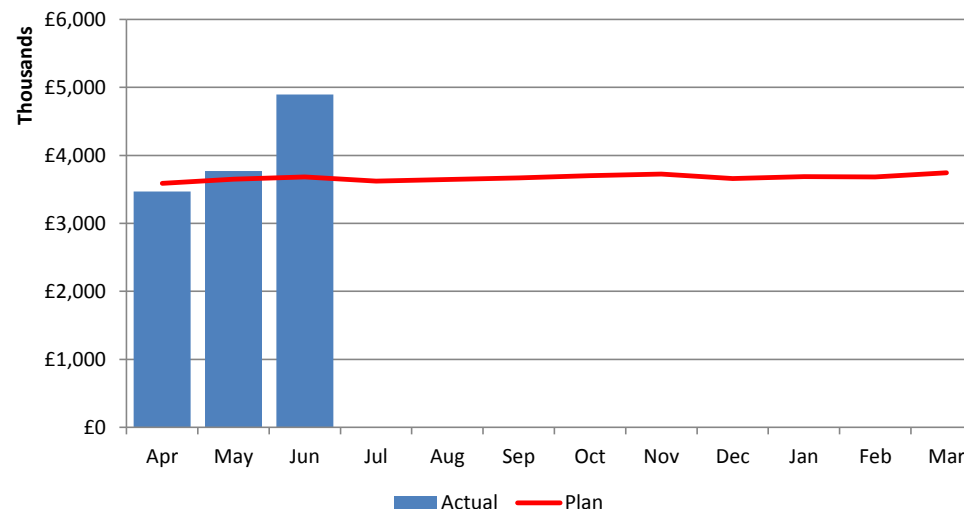
PAY

Pay performance is adverse to plan in May by £0.9m and by £2.8m ytd (3.1%). Pay CIPs are adverse to plan in month by £0.3m and by £0.8m ytd.

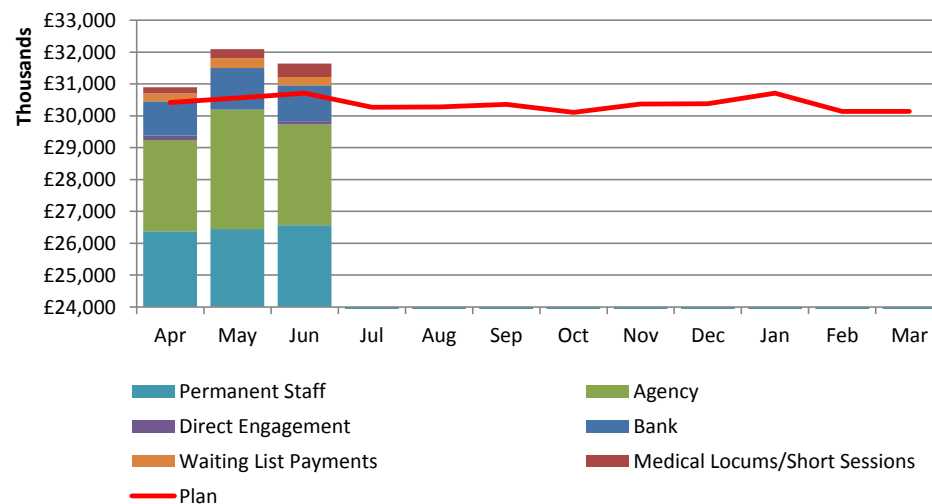
Expenditure on medical staffing and qualified nurses is adverse to plan by a total of £0.6m in June, with expenditure on agency medical and nursing staff showing an adverse position against plan of £1.3m in month. Overall expenditure on medical and qualified nursing staff groups fell in June by £0.7m when compared to May.

Total expenditure on pay in June was £31.6m, £0.4m lower than in May. Expenditure on bank, agency and directly engaged staff has reduced by £0.6m, offset by increases in internal locum costs and substantive staff.

ALL OTHER INCOME: Plan v. Actual



Pay: Plan v Actual



Key Highlights

Month 03 (June) 2018/19

NON-PAY

Non Pay expenditure is adverse to plan in June by £0.5m and favourable to plan ytd by £0.9m (1.5%).

Overspends on clinical supplies, SaCP project expenditure, Serco Soft FM contract and referrals to the independent sector totalling £0.9m are offset by an underspend on drug cost (inclusive of underperformance on pass-through drugs) and education and training expenditure totalling £0.4m.

Non pay expenditure in June increased by £0.2m when compared to May, with increases seen in drug expenditure, non clinical supplies (SaCP PAS project) and referrals to the independent sector totalling £0.6m. Expenditure on Clinical supplies fell by £0.3m.

DEBT

Total invoiced debtors have decreased from the opening position £28.5m by £6m to £22.5m. Seven debtors owe over £1m: South Kent Coast CCG £2.3m, Canterbury & Coastal CCG £2.2m, Ashford CCG £1.3mm, NHS England £1.8m, Thanet CCG £1.2m, East Kent Medical Services £1.4m. Serco £2.5m in respect of contractual settlement - this was paid in July. The EK CCG debt is primarily in respect of overperformance against contract for 2017/18

CAPITAL

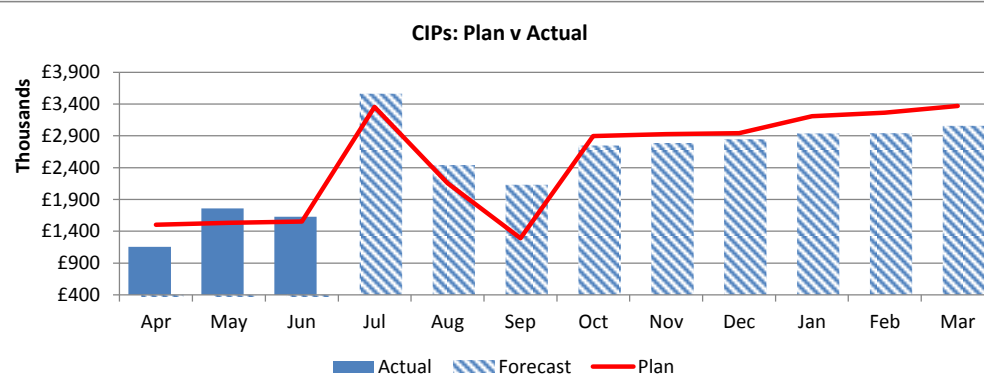
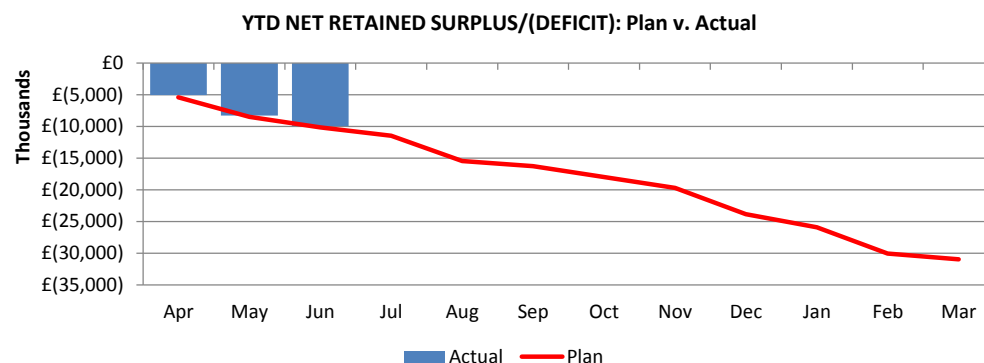
Total YTD expenditure for Mth 3 2018/19 is £1m below the NHSI plan.

EBITDA

The Trust is reporting a year to date deficit EBITDA of £3.6m

CASH

The closing cash balance for the Trust as at 30th June was £7.1m.



FINANCING

£432k of interest was incurred in respect of the drawings against working capital facilities to 31st March 2018 (£46.2m) and April 2018 (£2.2m).

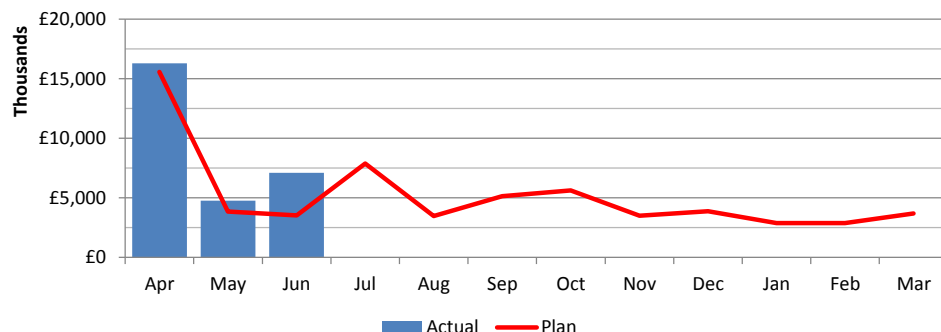
CIPS

The CIPs Plan of £30.0m is net of the cost of delivery. CIPs achieved in M03 were £1.6m against a plan of £1.5m. Medicines Value and Divisions over performed in month and YTD. CIPs in June amounted to £1.3m recurrent and £0.3m on a non-recurrent basis. The YTD position is recurrent £2.8m and non-recurrent £1.7m.

Cash Flow

Month 03 (June) 2018/19

Cash: Plan v Actual



Unconsolidated Cash balance was £7.1m at the end of June 2018, £3.6m above plan.

Total receipts in June 2018 were £1.8m above plan

- Total receipts from East Kent CCGs were £2.2m above plan
- No receipt for Interreg funding received in month £0.5m

Total Payments in June 2018 were £0.9m below plan

- Monthly payroll was £2.1m below plan
- Creditor payments inc Capital were £1.2m above plan

YTD cash receipts are £3.1m above plan.

- East Kent CCGs are net £2.2m above plan. Payments against contract are £3.0m below plan due to the reduction of their contract value. This is offset by £5.2m payments made on account as advances for 1718 overperformance.
- HMRC VAT returns are £1.5m above plan.
- Interreg funding £0.5m below plan

YTD cash payments are £0.5m below plan

- Payroll is £2.2m below plan
- Creditor Payments including Capital are £1.8m above plan

2018/19 Forecast

- Following DHSC notification, £5.6m PSF receipt reforecast from September to early July
- Loan requirements and associated interest payments revised as a result of the earlier than expected receipt of PSF cash
- The forecast includes restrictions on creditor payment runs throughout the year to ensure that a positive cash balance is maintained
- A £1.2m payment to 2gether support solutions has been included in the forecast for July. Additional

Provider Sustainability Funding (Formerly Sustainability and Transformation Funding)

The Trust has forecast to receive £5.6m incentive Provider and Sustainability Funding (PSF) relating to 2017/18 in September 2018. Receipt of the payment has been confirmed as due on the 6th July 2018. As a result of the Trust not agreeing to a control total, the Trust is not eligible for any PSF funding in 2018/19.

Working Capital Facility

Loan Schedule	Loan Value £'000	Facility Type	Repayment date	Interest rate	Total Interest if full term £'000
2016/17 Received	22,736	ISRWF	17/05/2021	3.5%	3,688
2017/18 Received	23,492	ISUCL	2020/21	3.5%	2,485
Apr' 2018 (Received)	2,234	ISUCL	2021/22	3.5%	323
July' 2018 (Forecast)	3,410	ISUCL	2021/22	3.5%	359
Aug' 2018 (Forecast)	3,708	ISUCL	TBA	TBA	TBA
Sept' 2018 (Forecast)	5,099	ISUCL	TBA	TBA	TBA
Nov' 2018 (Forecast)	4,500	ISUCL	TBA	TBA	TBA
Dec' 2018 (Forecast)	5,109	ISUCL	TBA	TBA	TBA
Jan' 2018 (Forecast)	3,547	ISUCL	TBA	TBA	TBA
Feb' 2018 (Forecast)	3,254	ISUCL	TBA	TBA	TBA
March' 2018 (Forecast)	7,204	ISUCL	TBA	TBA	TBA

- Planned 18/19 Loan is £27.4m in line with the plan pre technical deficit.
- Forecast Loans for have been rephased due to the earlier than expected receipt of PSF cash

Creditor Management

Creditor management continued to be applied throughout June 18. The Trust is close to the limit in restricting creditor payments and still being able to receive essential goods and services. At the end of June 2018 the Trust was recording 64 creditor days (Calculated as invoiced creditors at 31st May/ Forecast non pay expenditure x 365)

Facility Type Key

- ISRWF Single Currency Interim Revolving Working Capital Support Facility
- ISUCL Uncommitted Single Currency Interim Revenue Support - this facility replaces the ISRWF as the Trust is in Financial special measures and has a variable interest rate

Income and Expenditure Forecast

Month 03 (June) 2018/19

Unconsolidated	Annual		Forecast		Normalised ^{D.12}	
£000	Plan	Forecast	Var.	Adjustment	Forecast	Var.
Income						
Electives	100,573	100,573	-	-	100,573	-
Non-Electives	161,862	161,862	-	-	161,862	-
Accident and Emergency	26,226	26,226	-	-	26,226	-
Outpatients	81,677	81,677	-	-	81,677	-
High Cost Drugs	55,662	55,662	-	-	55,662	-
Private Patients	113,310	113,310	-	-	113,310	-
Other	248	248	-	-	248	-
Total Corporate and SLA Income	539,558	539,558	-	-	539,558	-
All Other Income	44,059	44,059	-	(500)	43,559	(500)
Total Income	583,617	583,617	-	(500)	583,117	(500)
Expenditure						
Permanent Staff	(326,248)	(326,248)	-	-	(326,248)	-
Overtime	-	-	-	-	-	-
Waiting List Payments	(2,696)	(2,696)	-	-	(2,696)	-
Medical Locums/Short Sessions	(3,766)	(3,766)	-	-	(3,766)	-
Bank	(13,411)	(13,411)	-	-	(13,411)	-
Agency	(15,883)	(15,883)	-	-	(15,883)	-
Direct Engagement	(3,548)	(3,548)	-	-	(3,548)	-
Total Pay	(365,552)	(365,552)	-	-	(365,552)	-
Non Pay	(222,404)	(222,404)	-	-	(222,404)	-
Total Expenditure	(587,956)	(587,956)	-	-	(587,956)	-
Non-Operating Expenses	(26,648)	(26,648)	-	1,525	(25,123)	1,525
Income and Expenditure Surplus/(Deficit)	(30,987)	(30,987)	-	1,025	(29,962)	1,025

The Trust's consolidated year end forecast is set at a deficit control total equivalent (no STF assumed) of £29.8m deficit after all other technical adjustments, which is consistent with the 18-19 Financial Planning Return submitted to NHSI in April

CIPS of £37.3m gross / £30.0m net are required to support the delivery of this plan .

Consolidated	Annual		Forecast		Normalised ^{D.12}	
£000	Plan	Forecast	Var.	Adjustment	Forecast	Var.
Income						
Clinical Income	547,857	547,857	-	-	547,857	-
Non Clinical Income	42,682	42,682	-	(500)	42,182	(500)
Total Income	590,539	590,539	-	(500)	590,039	(500)
Expenditure						
Pay	(370,054)	(370,054)	-	-	(370,054)	-
Non Pay	(224,416)	(224,410)	6	-	(224,410)	6
Total Expenditure	(594,470)	(594,464)	6	-	(594,464)	6
Non-Operating Expenses	(26,924)	(26,930)	(6)	1,525	(25,405)	1,519
Income and Expenditure Surplus/(Deficit)	(30,855)	(30,855)	-	1,025	(29,830)	1,025

Risks and Opportunities

Month 03 (June) 2018/19

Risk/Opp	Area	Description	Narrative	Full Year (Risk)/Opp £000	Probability	Impact £,000
RISK	Clinical Income	Expert Determination	The full impact of the Expert Determination findings is currently being worked through with commissioners. There is some risk that the actual impact of the determination is higher than assumed in our 18-19 plan.	(5,000)	20%	(1,000)
Risk	CIP Delivery	Green Schemes with delivery risk	SubCo and Agency reduction plans in U<C currently carry an innate in year delivery risk due to the timing of commencement of schemes	(7,675)	20%	(1,535)
Risk	CIP Delivery	Red and Amber Schemes to be fully developed	Schemes which do not yet have a fully finalised plans have a higher risk of non delivery	(9,000)	50%	(4,500)
Risk	Pay and Non Pay	Costs of Additional Planned activity	The costs of additional planned activity may exceed the marginal costs for this activity allowed in the plan	(5,000)	50%	(2,500)
Total Risk						(9,535)
Total Opportunity						
NET (RISK)/OPPORTUNITY						(9,535)

Some risks have been realised and are now included in the Forecast, only remaining risks are shown in the table.

Clinical Income

Month 03 (June) 2018/19

	Annual	Year to Date				This Month			
£000	Plan	Plan	Actual	Variance		Plan	Actual	Variance	
Electives	103,209	24,952	23,193	(1,760)	(7.1%)	9,523	7,948	(1,575)	(16.5%)
Non-Electives	161,862	41,858	42,541	682	1.6%	13,793	14,303	510	3.7%
Accident and Emergency	26,226	6,673	7,236	563	8.4%	2,226	2,414	188	8.4%
Outpatients	81,011	19,164	19,459	294	1.5%	7,146	6,636	(510)	(7.1%)
High Cost Drugs	55,662	13,877	13,154	(723)	(5.2%)	4,575	4,421	(154)	(3.4%)
Private Patients	248	63	89	26	41.7%	21	43	22	105.2%
Other NHS Clinical	109,496	26,360	28,114	1,754	6.7%	8,856	10,647	1,791	20.2%
Other Clinical	1,845	460	435	(26)	(5.6%)	153	146	(7)	(4.7%)
Prior Month Adjustment					0.0%		(100)	(100)	0.0%
Total	539,558	133,409	134,220	811	0.6%	46,294	46,459	165	0.4%
					Favourable				Favourable

Favourable

Favourable

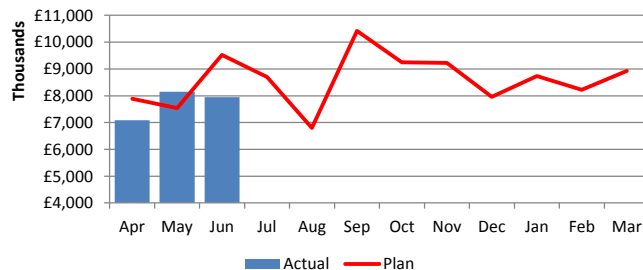
Income has performed over plan in June, due largely to Non-Electives and Risks/Adjustments. Non-Electives are over plan by £510k in June, largely due to Respiratory Medicine, Gastroenterology and Healthcare of the Elderly activity.

The activity driven elective income is under performing in month, with T&O (£323k under), Gynaecology (£107k under) and Dermatology (£131k under). Delays to the start of CIP programmes have impacted on Elective performance.

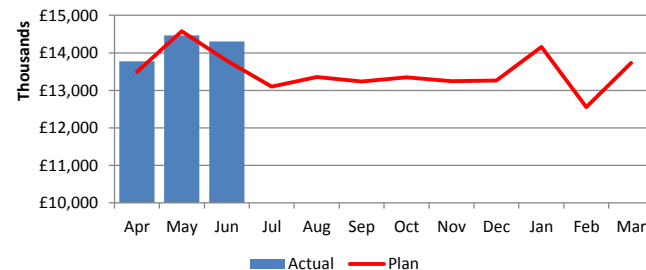
The Trust is reducing its reliance on the Independent Sector. In sourcing for Endoscopy day cases will continue to cement the work completed to gain JAG accreditation for the WHH site which was achieved last year. Future In-sourcing may be required in Ophthalmology to cope with a growing follow up backlog.

Rechargeable income is under plan in month with Drugs and Devices £138k behind plan. This does not impact the bottom line as there is a corresponding decrease in expenditure.

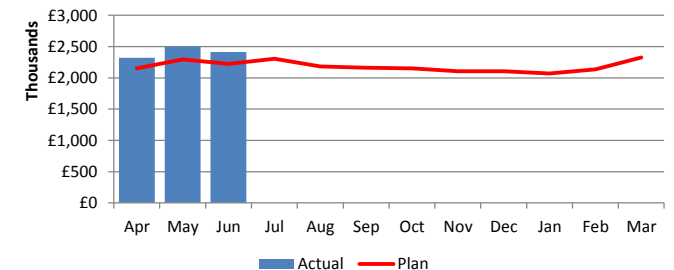
Electives Plan v Actual



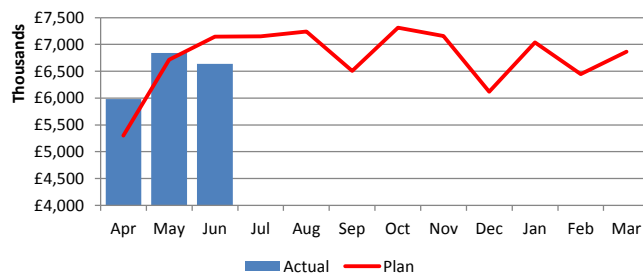
Non-Electives: Plan v Actual



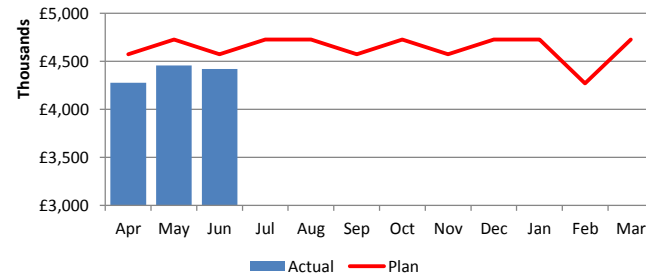
Accident & Emergency: Plan v Actual



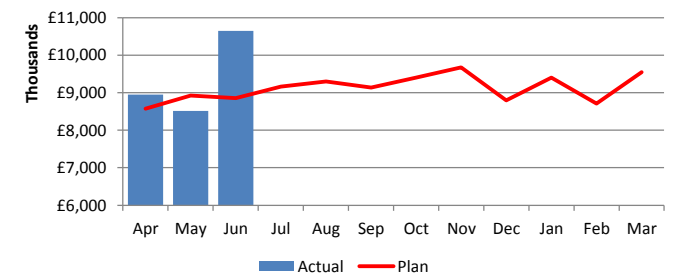
Outpatients: Plan v Actual



High Cost Drugs: Plan v Actual



Other NHS Clinical: Plan v Actual



Clinical Activity

Month 03 (June) 2018/19

Activity Units	Annual	Year to Date				This Month			
	Plan	Plan	Actual	Variance		Plan	Actual	Variance	
Electives	97,481	23,265	23,333	68	0.3%	8,033	7,906	(127)	(1.6%)
Non-Electives	81,010	21,063	20,130	(933)	(4.4%)	7,003	6,666	(337)	(4.8%)
Accident & Emergency	211,076	53,714	54,240	526	1.0%	17,920	18,069	149	0.8%
Outpatients	802,956	189,038	195,077	6,039	3.2%	68,515	66,310	(2,205)	(3.2%)
Other NHS Clinical	5,397,116	1,351,580	1,443,214	91,634	6.8%	469,478	487,871	18,393	3.9%
Total	1,192,523	287,080	292,780	5,700	2.0%	101,471	98,951	(2,520)	(2.5%)

Favourable

Adverse

Activity on the whole under performed in month in most of our key delivery areas.

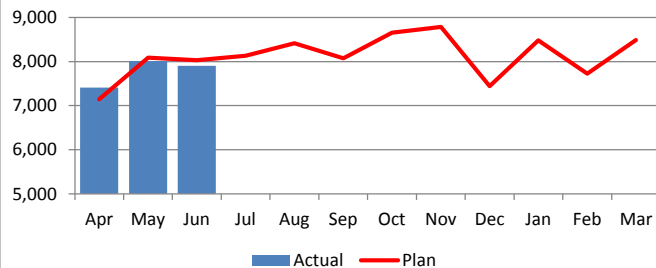
Elective Inpatient activity was 3.1% under plan largely due to Urology (by 69) and Gynaecology (by 39), however General Medicine was ahead of plan (by 66).

Day case activity was 3.7% under plan (Dermatology 275 and T&O 112, while General Medicine was over by 85 and Gastroenterology by 39).

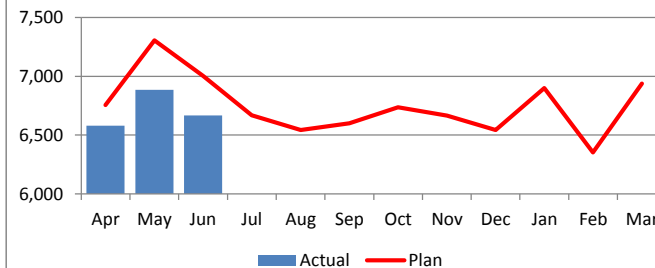
Outpatient activity under performed in month by 3.2% across new and follow up attendances, the main areas behind plan are T&O, General Medicine, Respiratory Medicine, Ophthalmology and Neurology, while over performing specialties were Cardiology and Dermatology.

All divisions have signed off on their demand and capacity plans and have been funded to resource each speciality to a level that will allow income and activity to meet plans. Achievement of this will depend upon the ability to recruit to key positions in hard to recruit to areas.

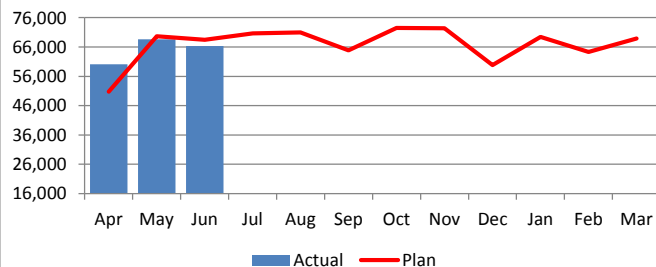
Electives: Plan v Actual



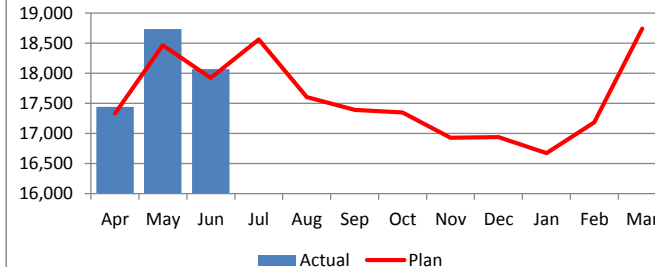
Non-Electives: Plan v Actual



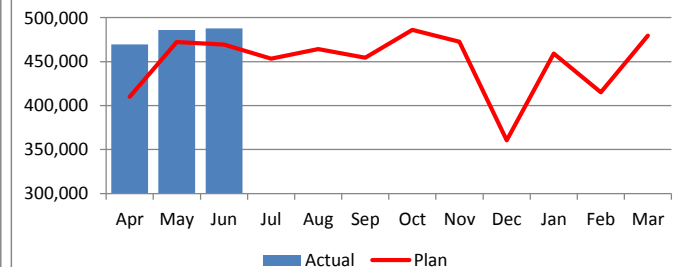
Outpatients: Plan v Actual



Accident & Emergency: Plan v Actual



Other NHS Clinical: Plan v Actual



Income Other

Month 03 (June) 2018/19

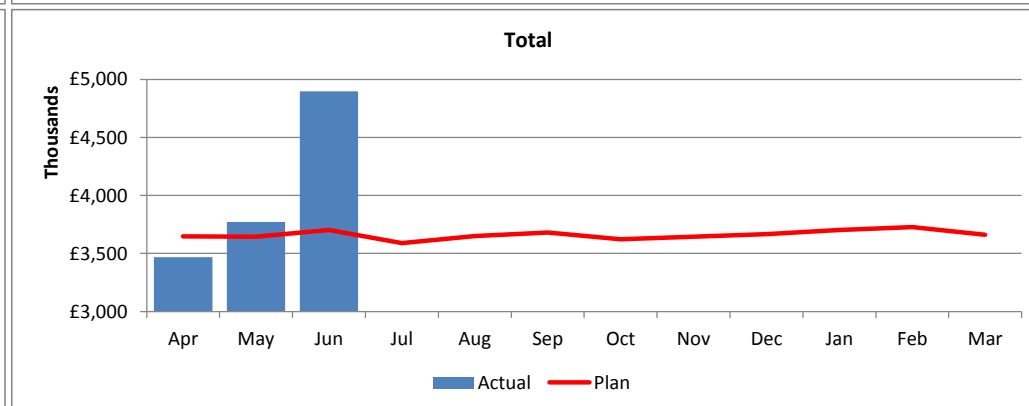
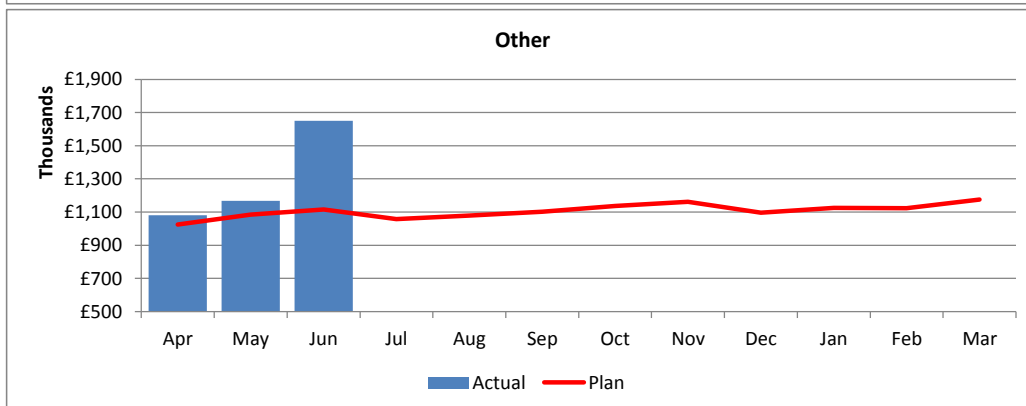
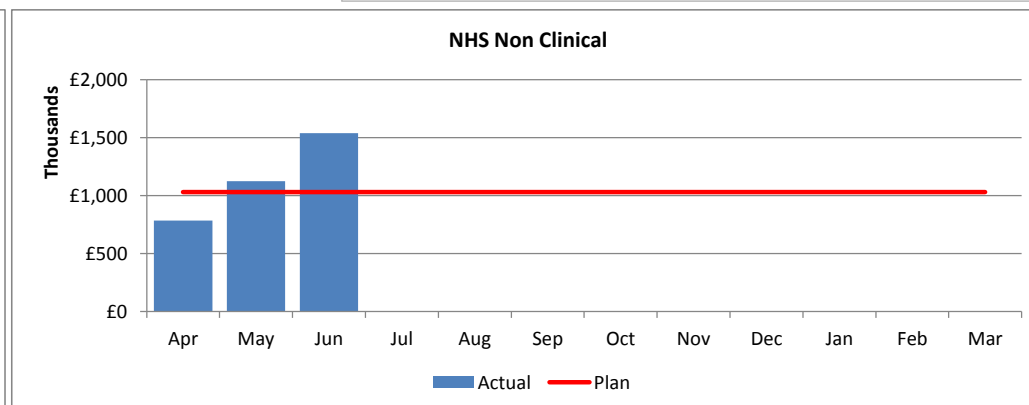
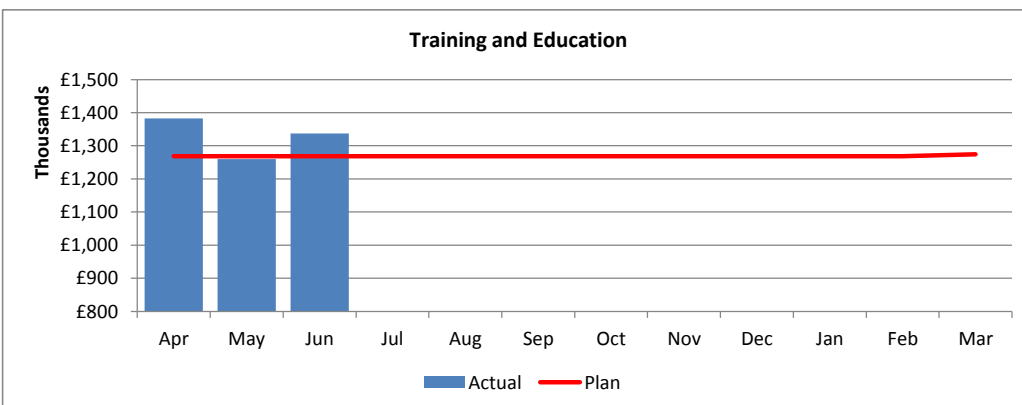
Income - Other

	Annual	Year to Date			This Month		
£000	Plan	Plan	Actual	Variance	Plan	Actual	Variance
Training and Education	15,233	3,807	3,981	174	1,269	1,337	68
Research and Development	2,673	669	650	(19)	223	211	(12)
NHS Non Clinical	12,369	3,092	3,447	355	1,031	1,539	508
Other	13,284	3,226	3,899	673	1,116	1,649	533
Donated Asset	500	126	160	34	42	160	118
Total	44,059	10,920	12,137	1,217	3,681	4,897	1,216
				11.14%			33.02%
				Favourable			Favourable

Non clinical income is favourable to plan in June and ytd by £1.2m.

The over performance relates predominantly to the SaCP contract which is £0.9m favourable to plan in month, £0.5m of which is offset by an overspend against plan on project expenditure and £0.4m relates to project implementation penalties.

Income relating to donated assets, Education and training, car parking revenue and miscellaneous income is favourable to plan totalling £0.3m offset by accommodation and R&I £0.1m.



Pay

Month 03 (June) 2018/19

Pay Expenditure

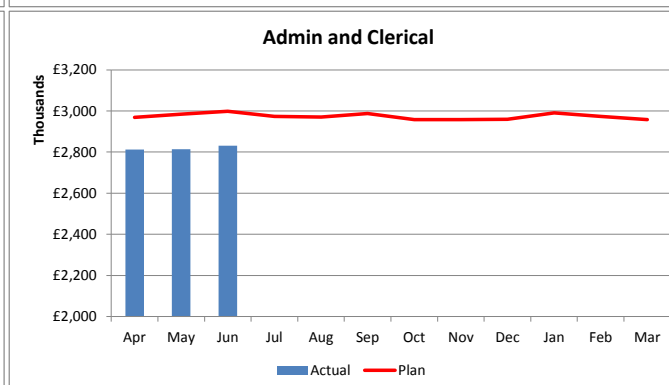
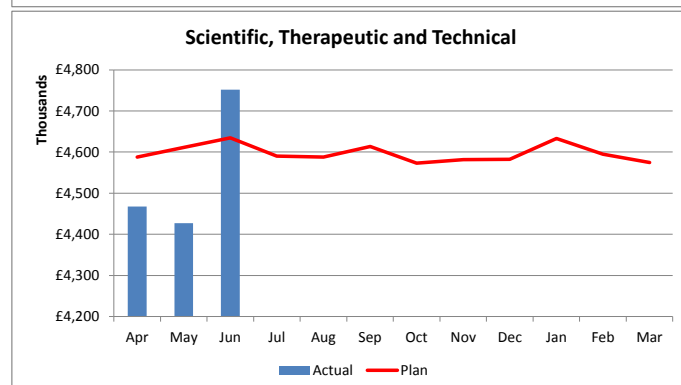
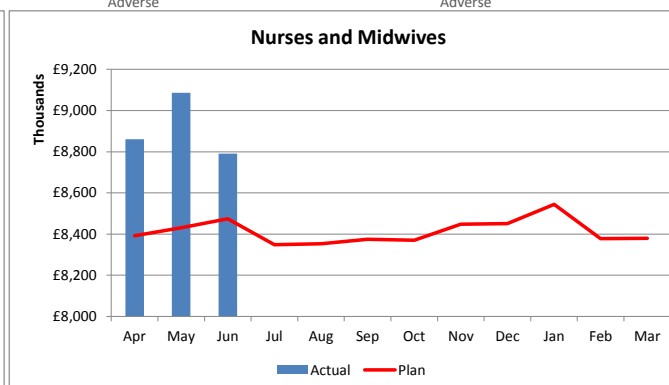
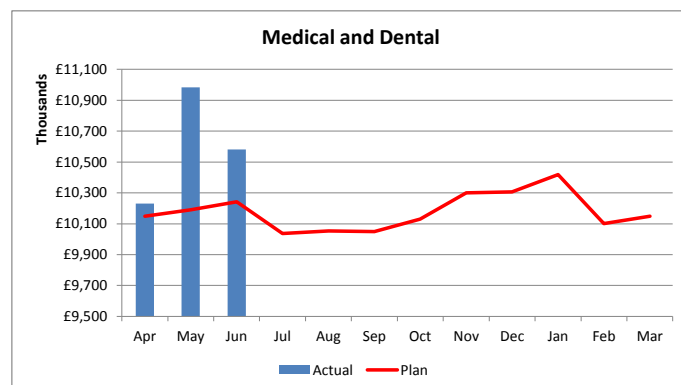
£000	Annual	Year to Date			This Month			Agency % of Total	
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	YTD	%
Medical and Dental	(122,128)	(30,582)	(31,795)	(1,213)	(10,243)	(10,581)	(338)	(5,126)	16.12%
Nurses and Midwives	(100,942)	(25,296)	(26,737)	(1,441)	(8,474)	(8,790)	(316)	(3,205)	11.99%
Scientific, Therapeutic and Technical	(55,164)	(13,833)	(13,647)	186	(4,635)	(4,752)	(117)	(796)	5.83%
Admin and Clerical	(35,680)	(8,952)	(8,458)	493	(2,999)	(2,831)	167	(58)	0.68%
Other	(51,896)	(13,023)	(13,892)	(868)	(4,362)	(4,686)	(324)	(590)	4.25%
Total	(365,810)	(91,687)	(94,529)	(2,842)	(30,712)	(31,640)	(928)	(9,775)	10.34%

-3.10%

Adverse

-3.02%

Adverse



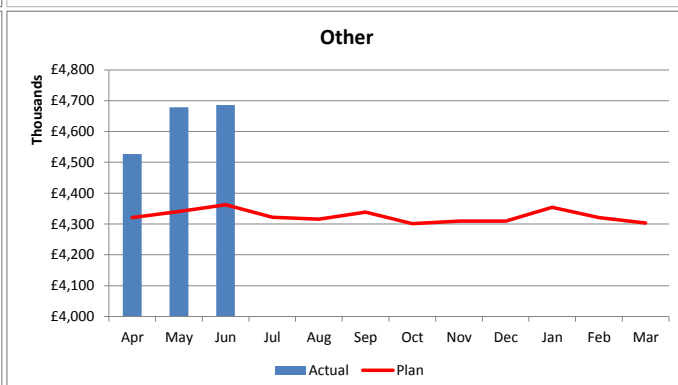
Pay performance is adverse to plan in June by £0.9m and by £2.8m ytd (3.1%). Pay CIPs are adverse to plan in month by £0.3m and by £0.8m ytd.

Expenditure on medical staff is adverse to plan in month by £0.3m and by £1.2m ytd. The in month adverse variance is again driven by an overspend on medical agency staff of £0.8m, with overspends in all clinical divisions except Clinical Support Services. Performance in UC<C has improved compared to previous months and is favourable to plan on medical staffing overall in June by £0.1m.

Expenditure on qualified nursing staff is adverse to plan by £0.3m in June and by £1.4m ytd. Agency nurses continue to account for all of this overspend with an adverse performance in month of £0.5m. Agency nurse usage remains high in UC<C although actual spend reduced by £0.2m in June compared to May.

Expenditure on scientific, therapeutic and technical staff is overspent in month by £0.1m, mainly relating to backdated costs for TFS agency physiotherapists assisting with A&E improvement plans. Other staffing groups are £0.3m adverse to plan in June, predominantly relating to expenditure on HCAs. These overspends are offset by an underspend in June on A&C staff of £0.2m.

Total expenditure on pay in June was £31.6m, £0.4m lower than in May. Expenditure on bank, agency and directly engaged staff has reduced by £0.6m, offset by increases in internal locum costs and substantive staff.

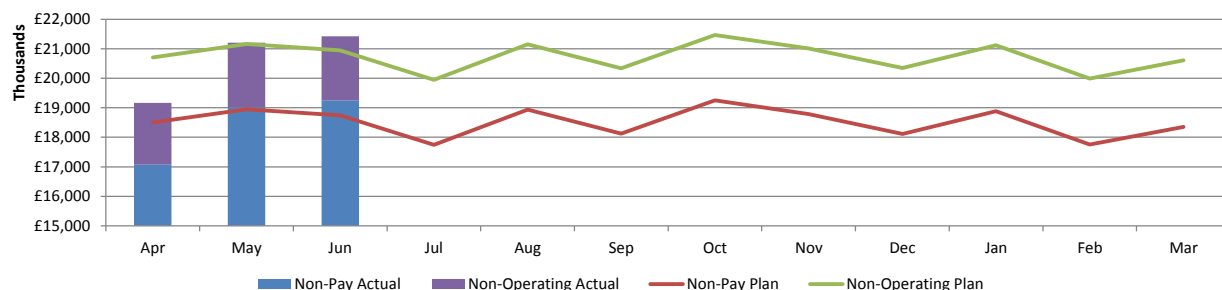


Non-Pay

Month 03 (June) 2018/19

£000	Annual	Year to Date		This Month	Actual	Var.	
	Plan	Plan	Actual				
Drugs	(67,802)	(16,961)	(15,580)	1,381	(5,586)	(5,317)	269
Clinical Supplies	(66,188)	(16,608)	(16,980)	(372)	(5,621)	(5,819)	(198)
Non-Clinical Supplies	(15,082)	(3,666)	(4,103)	(437)	(1,317)	(1,774)	(456)
Facilities Management	(15,938)	(4,093)	(4,322)	(229)	(1,314)	(1,458)	(144)
NHS Supplies and Services	(2,526)	(634)	(670)	(36)	(212)	(213)	(1)
Cost of Secondary Commissioning of mandatory Services	(9,138)	(2,286)	(2,230)	56	(762)	(871)	(109)
Education & Training	(2,951)	(738)	(466)	272	(246)	(142)	104
Consultancy	(861)	(216)	(129)	87	(72)	(40)	32
Premises	(10,778)	(2,880)	(2,835)	45	(919)	(933)	(14)
Clinical Negligence	(21,336)	(5,577)	(5,558)	19	(1,859)	(1,853)	6
Printing and Stationary	(1,069)	(229)	(353)	(124)	(75)	(133)	(58)
Postage	(1,239)	(310)	(283)	27	(103)	(93)	10
Telephones	(732)	(183)	(174)	9	(61)	(39)	22
Staff Travel	(1,314)	(330)	(437)	(107)	(114)	(155)	(41)
Transport Hire/Lease	(1,118)	(283)	(112)	171	(93)	(30)	62
Cleaning Materials	(352)	(88)	(94)	(6)	(29)	(29)	1
Office Equipment and Consumables	(134)	(30)	(44)	(13)	(10)	(23)	(14)
Misc Other Operating Expenses	(3,588)	(1,083)	(969)	114	(344)	(332)	12
Total Non-Pay Expenditure	(222,146)	(56,196)	(55,338)	858	(18,738)	(19,255)	(517)
Depreciation & Amortisation-Owned Assets	(18,201)	(4,550)	(4,625)	(75)	(1,517)	(1,541)	(25)
Impairment Losses	(500)	(125)		125	(42)		42
Profit/Loss on Asset Disposals	(120)	(30)		30	(10)		10
PDC Dividend	(6,013)	(1,503)	(1,503)		(501)	(501)	
Interest Receivable	110	28	48	21	9	26	17
Interest Payable	(1,917)	(432)	(378)	54	(144)	(152)	(8)
Other Non-Operating Expenses	(7)	(2)		2	(1)		1
Total Non-Operating Expenditure	(26,648)	(6,615)	(6,458)	156	(2,205)	(2,169)	36
Total Expenditure	(248,794)	(62,811)	(61,796)	1,015	(20,943)	(21,425)	(482)

Non-Pay: Plan v Actual



Non Pay expenditure is adverse to plan in June by £0.5m and favourable to plan ytd by £0.9m (1.5%).

Drug expenditure is favourable to plan by £0.3m in month and by £1.4m ytd. Pass-through drugs are favourable to plan in month by £0.2m and by £0.7m ytd, offset by an adverse position on clinical income. All other drugs are favourable to plan in month by £0.1m and by £0.7m ytd.

Clinical supplies and services are adverse to plan in May by £0.2m and by £0.4m ytd. An adverse performance on CIP schemes accounts for all of the overspend, being adverse to plan in month by £0.2m and by £0.7m ytd. The actual spend on clinical supplies in June of £5.8m was £0.3m lower than the spend in May with all of the reduction relating to the purchase of medical equipment and disposables.

Expenditure on non clinical supplies is adverse to plan in June by £0.5m, all relating to SaCP project expenditure which is offset by a favourable position on non clinical income.

Facilities Management (Serco contract) was overspent in June by £0.1m due to previously reported additional services at WHH and prior year gritting expenses.

Referrals to the independent sector are adverse to plan for the first time this financial year with an overspend in month of £0.1m. This is offset by an underspend on Education and Training expenditure.

Non pay expenditure in June increased by £0.2m when compared to May, with increases seen in drug expenditure, non clinical supplies (SaCP project) and referrals to the independent sector totalling £0.6m. Offset by a reduction on clinical supplies, education and training and miscellaneous expenditure totalling £0.4m.

Non Operating Expenditure YTD is on plan. The Trust incurred £432k interest charges in respect of the £46.2m facility utilised in 2016/17 and 2017/18 with a further £2.2m drawn in April 2018

Cost Improvement Summary

Month 03 (June) 2018/19

Delivery Summary

Programme Themes £000	Year to Date			This Month			Forecast	
	Plan	Actual	Variance	Plan	Actual	Variance	Outturn	Variance
Patient Flow/LOS	-	-	-	-	-	-	1,000	-
Agency	1,594	1,400	(194)	520	423	(97)	6,356	43
Workforce *	6	78	72	2	2	0	248	20
Procurement	384	197	(187)	146	84	(62)	2,305	(55)
Medicines Value	124	207	83	50	109	59	945	3
Division Schemes **	2,480	2,559	79	834	1,010	176	15,927	(111)
Sub-total	4,588	4,441	(147)	1,552	1,629	77	26,781	(100)
Central	-	100	100	-	-	-	3,219	100
Grand Total	4,588	4,541	(47)	1,552	1,629	77	30,000	-

** Smaller divisional schemes not allocated to a work stream

Delivered £000

Month	Target	Actual
April	1,502	1,155
May	1,533	1,758
June	1,552	1,629
July	3,357	
August	2,156	
September	1,289	
October	2,895	
November	2,927	
December	2,944	
January	3,208	
February	3,267	
March	3,370	
*excl Income Completeness	30,000	4,541

15.1%

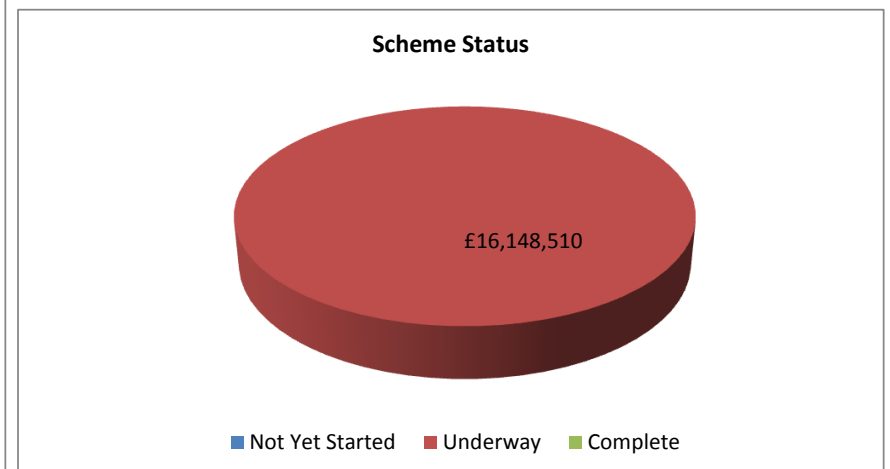
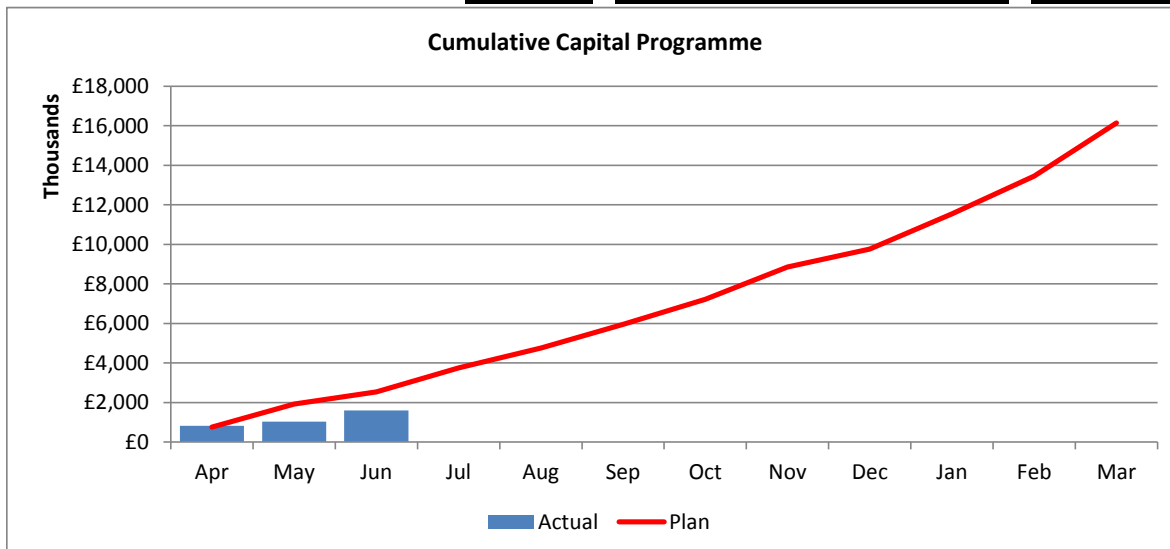
CIPs

The CIPs Plan of £30.0m is net of the cost of delivery. CIPs achieved in M03 were £1.6m against a plan of £1.5m. Medicines Value and Divisions over performed in month and YTD. CIPs in June amounted to £1.3m recurrent and £0.3m on a non-recurrent basis. The YTD position is recurrent £2.8m and non-recurrent £1.7m.

Capital Expenditure Month 03 (June) 2018/19

Capital Programme	Annual	To Date			Annual
£000	Plan	Plan	Actual	Variance	Forecast
Replacement Medical Equipment	3,082	220	(201)	421	3,082
CT/CT SPECT Replacement	2,921	5	19	(14)	2,921
Other IT Schemes	2,281	1,116	981	135	2,281
PEIC/H & S/CQC	2,200	256	243	13	2,200
All Other	2,100	59		59	2,100
IDG	2,000	455	341	114	2,000
Other Building Schemes	1,065	165	47	118	1,065
Clinical Strategy Plans	200	60	44	16	200
Invest To Save Schemes	150	50	2	48	150
Adjustment to balance to NHSI Plan Profi	150	150	99	51	150
Capital Projects Not Proceeding					
WHH Orthopaedic Outpatients					
Electronic Health Records					
CCU Move to Arundel Unit					
Total	16,149	2,536	1,576	960	16,149

- Total expenditure at Mth 3 2018/19 is 38% below the NHSI plan.
- MDG underspend relates to a large credit from 2018/19.
- The Other IT Schemes underspend relates entirely to a supplier's expected lead time not being met.
- The IDG underspend is the result of VAT recovery.
- The capital forecast outturn position for 2018/19 is to meet plan.



Statement of Financial Position

Month 03 (June) 2018/19

£000	Opening	To Date	Movement
Non-Current Assets	270,767	268,274	(2,493) ▼
Current Assets			
Inventories	8,949	9,107	158 ▲
Trade and Other Receivables	39,034	35,564	(3,470) ▼
Assets Held For Sale			-
Cash and Cash Equivalents	7,157	7,090	(67) ▼
Total Current Assets	55,139	51,761	(3,379) ▼
Current Liabilities			
Payables	(39,536)	(39,057)	479 ▼
Accruals and Deferred Income	(26,013)	(28,379)	(2,366) ▲
Provisions	(884)	(895)	(11) ▲
Net Current Assets	(11,294)	(16,571)	(5,277) ▼
Non Current Liabilities			
Provisions	(3,203)	(3,167)	36 ▼
Long Term Debt	(46,228)	(48,462)	(2,234) ▲
Total Assets Employed	210,042	200,074	(9,968) ▼
Financed by Taxpayers Equity			
Public Dividend Capital	191,687	191,687	-
Retained Earnings	(41,167)	(51,135)	(9,968) ▼
Revaluation Reserve	59,523	59,523	-
Total Taxpayers' Equity	210,042	200,074	(9,968) ▼

Non Current asset values reflect in year additions of £1.7m (including donated assets) less depreciation charges of £4.6m. The balance of movements relates to fluctuations in the level of RTA income recognised for new claims

Trust closing cash balances for June was £7.1m, £3.6m above the revised plan. See cash report for further details.

Trade and other receivables have decreased from the 2018/19 opening position by £3.5m. Invoiced debtors have decreased from the opening position of £28.5m by £6m to £22.5m at the end of June.

Accruals and Deferred Income have increased by 2.4m since the opening position. Of the £28.4m balance, £22.3m relates to Accruals and £6.1m is Deferred Income.

The long term debt entry reflects drawings against working capital facilities. The Trust drew £22.7m in 16/17, £23.5m in 17/18 and £2.2m in April.

Retained earnings reflects the year to date deficit.

Working Capital

Month 03 (June) 2018/19

Creditors

Invoiced creditors have decreased by £1.4m from the opening position to £32.1m. 60% relates to current invoices with 10% or £3.3m over 90 days.

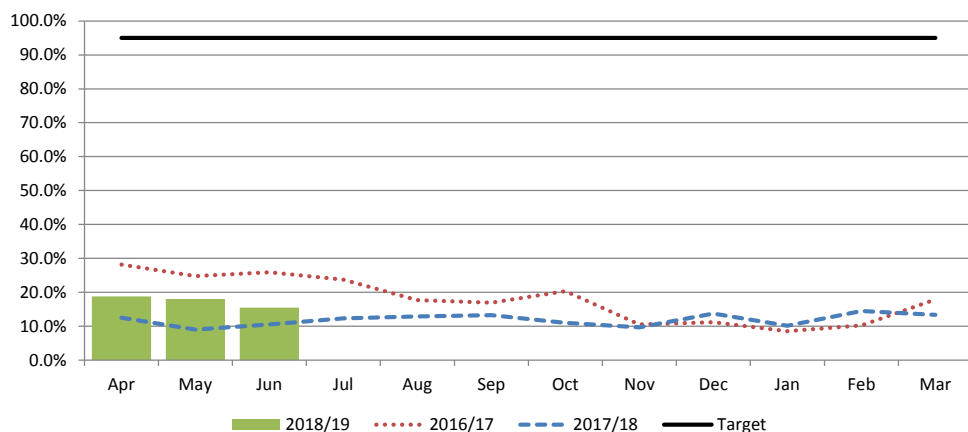
Over 90 days NHS creditors increased by £43k in the month

- Maidstone & Tunbridge Wells NHS Trust - £34k
- Medway NHS Foundation Trust - £51k
- St Georges University Hospitals NHS - £-33k
- Kent Community Health NHS Foundation Trust - £-11k

YTD the Trust has paid 74.8% of NHS and 41.5% of non NHS invoices by value to 30 days. The average payment

Better Payment Practice Code	Year to Date		This Month	
	Non NHS Creditor Invoices	NHS Creditor Invoices	Non NHS Creditor Invoices	NHS Creditor Invoices
By Value £000				
0 - 30 days	(37,854)	(7,222)	(12,033)	(2,339)
30+ days	(53,282)	(2,437)	(17,007)	(347)
By Volume				
0 - 30 days	4,647	72	1,265	21
30+ days	21,714	615	6,881	153
% by Value £	41.5%	74.8%	41.4%	87.1%
% by Volume	17.6%	10.5%	15.5%	12.1%
Target	95.0%	95.0%	95.0%	95.0%

Percentage paid within 30 days (By Volume)



Debtors

Total invoiced debtors have decreased from the opening position of £28.5m by £6.0m to £22.5m.

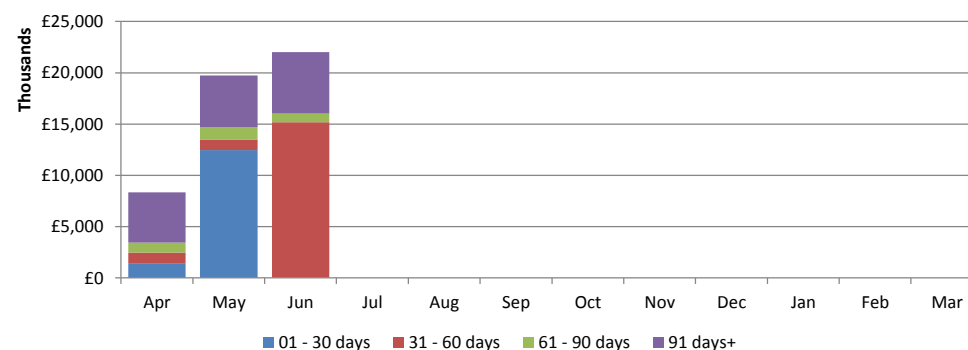
At 30th June there were 7 debtors owing over £1m.

- East Kent CCGs owing: South Kent Coast CCG £2.3m, Canterbury & Coastal CCG £2.2m, Ashford CCG £1.3m and Thanet CCG £1.2m. (outstanding invoices for 1718 overperformance offset by unallocated cash payments on their accounts)
- Serco £2.5m (payment received first week in July)
- NHS England £1.8m (£1.5m 1718 overperformance invoices)
- East Kent Medical Services £1.4m

Aged Debt

£000	Current	01 - 30 days	31 - 60 days	61 - 90 days	91 days+	Total
Apr	12,651	1,397	1,073	974	4,911	8,354
May	925	12,478	1,013	1,216	5,018	19,725
Jun	527	39	15,136	845	5,989	22,009
Jul	0	0	0	0	0	0
Aug	0	0	0	0	0	0
Sep	0	0	0	0	0	0
Oct	0	0	0	0	0	0
Nov	0	0	0	0	0	0
Dec	0	0	0	0	0	0
Jan	0	0	0	0	0	0
Feb	0	0	0	0	0	0
Mar	0	0	0	0	0	0
		0%	69%	4%	27%	

Aged Debt



Divisional Performance

Month 03 (June) 2018/19

Year to Date Actual £000	Electives	Non-Electives	Accident & Emergency	Outpatients	High Cost Drugs	Private Patients	Other Clinical	All Other Income	Pay	Non Pay	Net Position
Urgent Care and Long Term Conditions	5,606	24,006	7,236	5,141	1,178	15	3,766	182	(28,112)	(7,623)	11,394
Surgical Services	13,935	10,172	0	8,112	1,459	43	4,463	499	(24,196)	(9,843)	4,646
Clinical Support Services	111	0	0	1,097	3,729	21	8,819	1,420	(15,053)	(10,888)	(10,744)
Specialist Services	3,540	8,293	0	5,108	6,700	10	11,620	500	(16,754)	(9,569)	9,448
Clinical Divisions Total	23,193	42,471	7,236	19,459	13,067	89	28,668	2,601	(84,116)	(37,924)	14,743
Strategic Development and Capital Planning	0	0	0	0	0	0	0	3,336	(3,302)	(10,009)	(9,975)
Corporate	0	0	0	0	0	0	0	4,506	(5,498)	(7,569)	(8,562)
Divisional Total	23,193	42,471	7,236	19,459	13,067	89	28,668	10,443	(92,916)	(55,502)	(3,793)
Central		70	0	0	87	()	(119)	1,685	(1,613)	165	275
								EBITDA			(3,519)
								Capital Charges and Interest		(6,458)	(6,458)
								Income and Expenditure Surplus/(Deficit)			(9,977)

Year to Date Variance to Plan £000	Electives	Non-Electives	Accident & Emergency	Outpatients	High Cost Drugs	Private Patients	Other Clinical	All Other Income	Pay	Non Pay	Net Position
Urgent Care and Long Term Conditions	536	512	547	(56)	(149)	(6)	196	(3)	(1,696)	(232)	(351)
Surgical Services	(1,747)	450	0	16	(433)	36	1,267	2	(1,082)	454	(1,036)
Clinical Support Services	(22)	(4)	0	117	(141)	(2)	269	23	(461)	(171)	(392)
Specialist Services	(64)	(361)	0	247	(44)	()	(396)	(30)	(575)	(80)	(1,304)
Clinical Divisions Total	(1,297)	596	547	325				(8)	(3,814)	(29)	(3,083)
Strategic Development and Capital Planning	0	0	0	0	0	0	0	572	245	(606)	210
Corporate	0	0	0	0	0	0	0	(20)	212	18	210
Divisional Total	(1,297)	596	547	325				543	(3,357)	(618)	(2,663)
Central	(463)	86	16	(31)	44	(1)	392	648	514	1,476	2,681
								EBITDA			18
								Capital Charges and Interest		156	156
								Income and Expenditure Surplus/(Deficit)			174

Urgent Care and Long Term Conditions

Month 03 (June) 2018/19

Statement of Comprehensive Income £000	Year to Date			This Month		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	5,070	5,606	536	1,770	1,844	74
Non-Electives	23,494	24,006	512	7,593	8,089	497
Accident & Emergency	6,689	7,236	547	2,231	2,414	183
Outpatients	5,197	5,141	(56)	1,842	1,709	(132)
High Cost Drugs	1,327	1,178	(149)	442	406	(37)
Private Patients	22	15	(6)	7	2	(5)
Other NHS Clinical	3,192	3,398	206	1,074	1,142	67
Other Clinical	378	368	(9)	126	125	(1)
Prior Month Adjustment	0	0	0	0	297	297
Total Corporate and SLA Income	45,368	46,948	1,580	15,086	16,028	943
All Other Income	185	182	(3)	62	57	(5)
Total Income	45,553	47,130	1,577	15,148	16,085	937
Expenditure						
Permanent Staff	(21,229)	(18,451)	2,777	(7,248)	(6,197)	1,051
Overtime	0	(404)	(404)	0	(116)	(116)
Waiting List Payments	(46)	(165)	(119)	(14)	(33)	(19)
Medical Locums/Short Sessions	(454)	(496)	(42)	(164)	(315)	(151)
Bank	(1,732)	(1,829)	(97)	(569)	(588)	(18)
Agency	(2,465)	(6,687)	(4,221)	(810)	(2,004)	(1,194)
Direct Engagement	(490)	(80)	410	(163)	(72)	92
Total Pay	(26,416)	(28,112)	(1,696)	(8,969)	(9,325)	(356)
Non Pay	(7,391)	(7,623)	(232)	(2,448)	(2,638)	(191)
Total Expenditure	(33,808)	(35,735)	(1,928)	(11,416)	(11,963)	(547)
Contribution	11,745	11,394	(351)	3,732	4,122	391

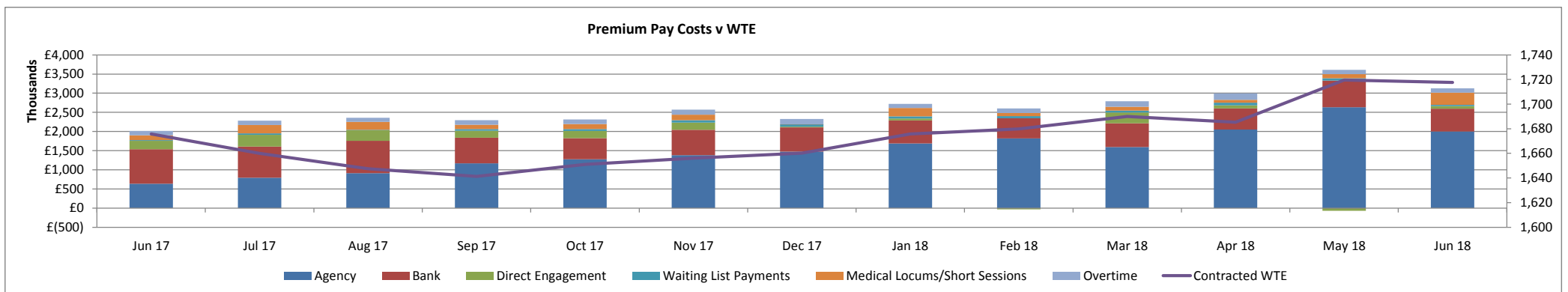
The Division is £0.4m favourable to plan in June and £0.4m adverse YTD.

The income run rate fell by £0.2m compared to May but delivered £0.9m above plan and is £1.6m ahead of plan ytd. NEL activity over-performed by £0.8m (including May adjustment). Following favourable income performance in April and May, Outpatients were behind plan for June however this was partly offset by a reduction in Consultant Agency costs. A&E activity is ahead of plan by 1%, delivering an 8% income variance due to an increase in average tariff. Production plans are being updated for all Specialities to ensure continued delivery of plan in all areas.

Pay overspent by £0.4m in June (£1.7m ytd); the run rate fell by £0.4m compared to Mth 2. Agency spend decreased by £0.6m across all Specialities. TFS Nursing and HCA Agency is restricted to areas approved by Business Cases, although above trajectory for Quex/Cambridge Wards due to lower than planned bank uptake and recruitment. All other Nursing Agency is subject to an escalated approvals process. A&E Middle Grade Agency usage remains above funded establishment although the costs fell by £0.2m this month (previous months were high due to covering induction period of new substantive doctors); a paper is going to July SIG for discussion about converting Agency posts to substantive. RMOs are being reviewed with a view to reducing usage. All areas where staffing is over funded establishment are being reviewed.

The non pay run rate fell by £0.2m compared to Mth 2 relating to drugs and clinical consumables. Overspends this month were most significant in rechargeable devices, recruitment fees, and disposables.

CIPs have been achieved in June and YTD although 34% ytd is non-recurrent. The Division has a gap in plans and is considering schemes to mitigate against risks.



Surgical Services

Month 03 (June) 2018/19

Statement of Comprehensive Income	Year to Date			This Month		
	Plan	Actual	Var.	Plan	Actual	Var.
£000						
Income						
Electives	15,682	13,935	(1,747)	5,283	4,902	(381)
Non-Electives	9,722	10,172	450	3,326	3,375	50
Accident & Emergency	0	0	0	0	0	0
Outpatients	8,096	8,112	16	2,907	2,822	(85)
High Cost Drugs	1,893	1,459	(433)	631	370	(261)
Private Patients	8	43	36	3	29	26
Other NHS Clinical	3,160	4,438	1,279	1,000	1,319	320
Other Clinical	36	25	(11)	12	8	(4)
Prior Month Adjustment	0	0	0	0	84	84
Total Corporate and SLA Income	38,596	38,186	(411)	13,161	12,911	(250)
All Other Income	497	499	2	163	177	14
Total Income	39,093	38,685	(408)	13,324	13,088	(235)
Expenditure						
Permanent Staff	(20,606)	(20,425)	181	(6,950)	(6,841)	109
Overtime	0	(463)	(463)	0	(147)	(147)
Waiting List Payments	(378)	(628)	(250)	(126)	(204)	(79)
Medical Locums/Short Sessions	(251)	(271)	(19)	(84)	(75)	8
Bank	(666)	(789)	(123)	(222)	(245)	(23)
Agency	(1,056)	(1,639)	(583)	(353)	(621)	(268)
Direct Engagement	(157)	19	176	(51)	0	51
Total Pay	(23,114)	(24,196)	(1,082)	(7,785)	(8,133)	(348)
Non Pay	(10,297)	(9,843)	454	(3,434)	(3,359)	75
Total Expenditure	(33,411)	(34,039)	(628)	(11,220)	(11,492)	(272)
Contribution	5,682	4,646	(1,036)	2,104	1,597	(508)

The division is £0.5m adverse to plan in month and £1.0m adverse YTD.

Below plan elective income (£1.7m) is mostly due to underperformance in Orthopaedics (£1m), and unachieved CIPs (£0.5m). Orthopaedic activity has significantly improved since April when capacity was still being adversely affected by the winter impact on beds. Reduced Independent Sector capacity has also contributed to this underperformance. Although Elective CIP plans were not achieved, this was offset from savings realised by ITU overperformance.

Non-Elective income is above plan (£450k) with high levels of General Surgery, Vascular & Maxillo Facial activity.

Outpatient performance is favourable (£16k) with most specialities over performing against plan, offsetting an underperformance within Orthopaedics (£98k).

High Cost Drugs under performance (£433k) is solely in relation to Ophthalmology AMD patients, and is offset with an underspend in expenditure.

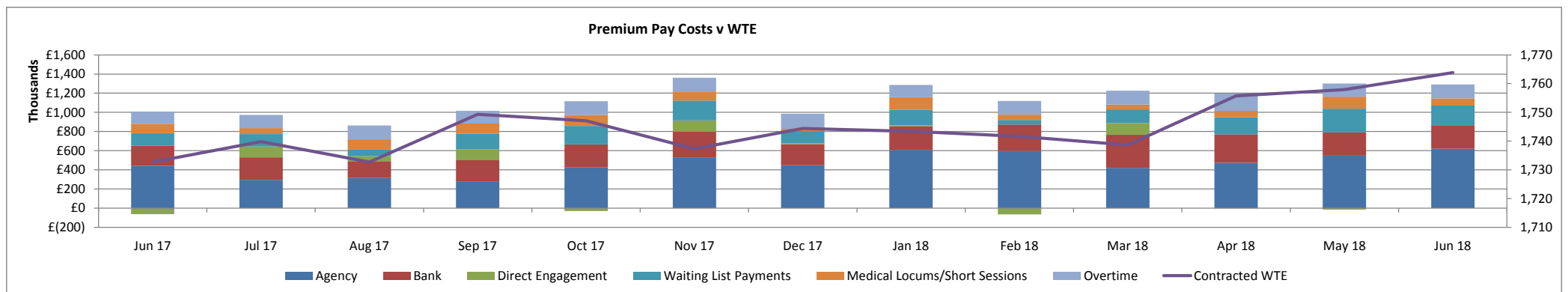
Other NHS Clinical Income is favourable mostly due to ITU (£1.1m).

Pay is adverse with the continuation of high medical agency costs for middle grade vacancies in General Surgery, Urology, Vascular and also additional support for the ED's. Interviews and appointments have been made, and the delays on VISAs for foreign nationals should be resolved shortly. Nursing agency has reduced but is still high at WHH for ITU and bedding of patients overnight in the Day Surgery Unit.

Non Pay is favourable (£454k) YTD with underspends on Drugs (£344k) and Independent Sector usage (£312k) for Orthopaedic services, whilst Clinical supplies are overspent (£204k).

Included in the above expenditure is approximately £574k for medical patient outliers with no additional income. This has equated to the loss on average of 26 Surgical beds per day. Also incurred is £117k supporting the Winter/ED plan.

CIPs YTD target of £1.1m has been fully achieved.



Clinical Support

Month 03 (June) 2018/19

Statement of Comprehensive Income	Year to Date			This Month		
	Plan	Actual	Var.	Plan	Actual	Var.
£000						
Income						
Electives	133	111	(22)	54	54	()
Non-Electives	4	0	(4)	1	0	(1)
Accident & Emergency	0	0	0	0	0	0
Outpatients	980	1,097	117	362	367	5
High Cost Drugs	3,870	3,729	(141)	1,290	1,533	243
Private Patients	23	21	(2)	8	7	()
Other NHS Clinical	8,550	8,818	268	2,906	2,984	79
Other Clinical	0	1	1	0	()	()
Prior Month Adjustment	0	0	0	0	10	10
Total Corporate and SLA Income	13,560	13,777	217	4,621	4,955	334
All Other Income	1,397	1,420	23	462	540	78
Total Income	14,957	15,197	240	5,083	5,495	412
Expenditure						
Permanent Staff	(13,980)	(13,628)	352	(4,773)	(4,607)	166
Overtime	0	(246)	(246)	0	(72)	(72)
Waiting List Payments	(82)	(30)	52	(27)	(19)	8
Medical Locums/Short Sessions	(16)		16	(5)	0	5
Bank	(70)	(106)	(36)	(23)	(42)	(18)
Agency	(332)	(977)	(646)	(115)	(313)	(198)
Direct Engagement	(112)	(66)	46	(48)	(43)	5
Total Pay	(14,592)	(15,053)	(461)	(4,992)	(5,095)	(103)
Non Pay	(10,717)	(10,888)	(171)	(3,530)	(3,795)	(265)
Total Expenditure	(25,310)	(25,941)	(632)	(8,522)	(8,890)	(368)
Contribution	(10,352)	(10,744)	(392)	(3,439)	(3,395)	44

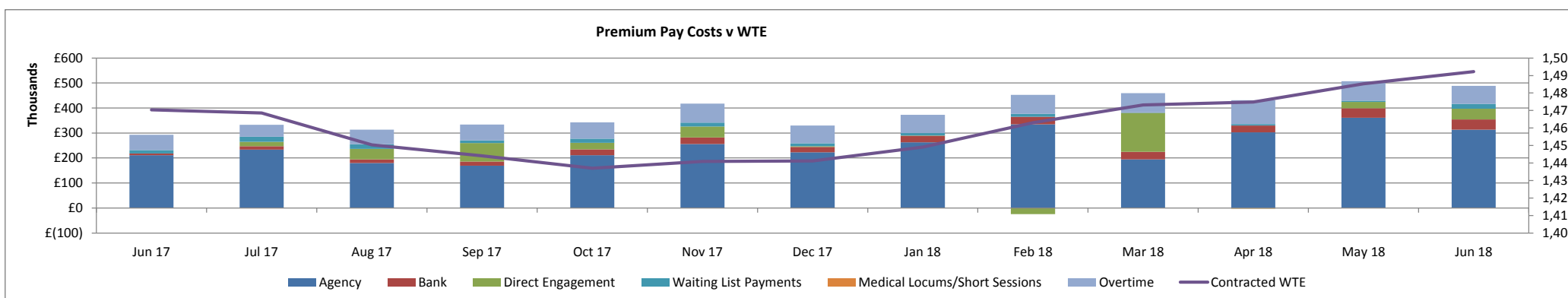
Income was above plan in month, predominately due to the catch up in Homecare drugs processing for May, however Radiology, Pathology and Therapies also exceeded their plan in month, bringing the cumulative income position to a surplus of £0.24m. Within the Radiology position is an overperformance against the unbundled direct access MRI plan for which the commissioners have challenged the counting methodology, which may be a risk to income, however actual activity is increased relatively on last year by 3.6%.

Pay spend is over budget again this month and is increased on last month (£0.07m). The main driver for this is a hit to Therapies agency spend for TFS agency Therapists engaged to support ED flow on Quex and CJ. The costs relates to April to June and was previously reported within the Urgent Care & LTC finances. The Division is not funded to this level for ED support costs.

Pathology's pay cost also increased above last month (£0.04m) where spend increased in substantive Medical and PAMs Prof/Tech staff. Spend was reduced in Radiology this month (£0.1m) due to a significant reduction in Medical agency usage.

The Homecare catch up was the material impact to non-pay this month at £0.03m over budget in month. However spend remains within plan cumulatively. Other Departments expenditure remained on trend with previous months except pathology which was reduced by £0.17m. This was due to the reduction in laboratory consumables cost including in the Microbiology department where there is a new managed service arrangement which is delivering CIPs for the department. The increase in MRI demand is still a cause of concern for the Division and is impacting pay and non pay costs with the Radiology department having to source premium cost capacity to deliver. A Business case is being written to consider the options to make this service more resilient for the future.

The Division delivered its CIP target this month and £0.94m so far this year. This is now behind plan year to date by £0.1m.



Specialist Services

Month 03 (June) 2018/19

Statement of Comprehensive Income £000	Year to Date			This Month		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	3,604	3,540	(64)	1,259	1,148	(112)
Non-Electives	8,654	8,293	(361)	2,878	2,768	(110)
Accident & Emergency	0	0	0	0	0	0
Outpatients	4,862	5,108	247	1,725	1,738	13
High Cost Drugs	6,744	6,700	(44)	2,248	2,082	(166)
Private Patients	10	10	()	3	5	1
Other NHS Clinical	11,961	11,586	(375)	4,044	3,836	(208)
Other Clinical	55	34	(21)	18	13	(5)
Prior Month Adjustment	0	0	0	0	79	79
Total Corporate and SLA Income	35,890	35,271	(619)	12,177	11,669	(508)
All Other Income	530	500	(30)	182	171	(11)
Total Income	36,420	35,771	(649)	12,359	11,840	(519)
Expenditure						
Permanent Staff	(15,228)	(15,401)	(172)	(5,118)	(5,138)	(20)
Overtime	0	(204)	(204)	0	(56)	(56)
Waiting List Payments						
Medical Locums/Short Sessions	(157)	(109)	48	(52)	(23)	30
Bank	(473)	(543)	(71)	(158)	(188)	(31)
Agency	(285)	(478)	(192)	(95)	(207)	(111)
Direct Engagement	(35)	(20)	15	(12)	0	12
Total Pay	(16,179)	(16,754)	(575)	(5,435)	(5,612)	(177)
Non Pay	(9,489)	(9,569)	(80)	(3,127)	(2,982)	145
Total Expenditure	(25,668)	(26,324)	(655)	(8,562)	(8,594)	(32)
Contribution	10,752	9,448	(1,304)	3,797	3,246	(551)

Elective income is significantly adverse to plan in month. This is predominantly driven by Dermatology daycase underperformance. Following the expert determination process, the Trust has agreed to recognise some activity formerly coded as daycases as outpatient procedures. This is fully offset by overperformance in outpatient activity/income and through the release of a risk provision.

Non-Elective income is significantly adverse to plan in month and year to date. Activity variances are relatively small but due to higher value tariffs, the effect on income is significant. This is spread across a number of specialties- Obstetrics, Paediatrics, Renal and Clinical Haematology. Coding issues have been discounted and it is expected that income will recover over the course of the year. A change of case mix has been identified in Renal and the reasons for this are being investigated.

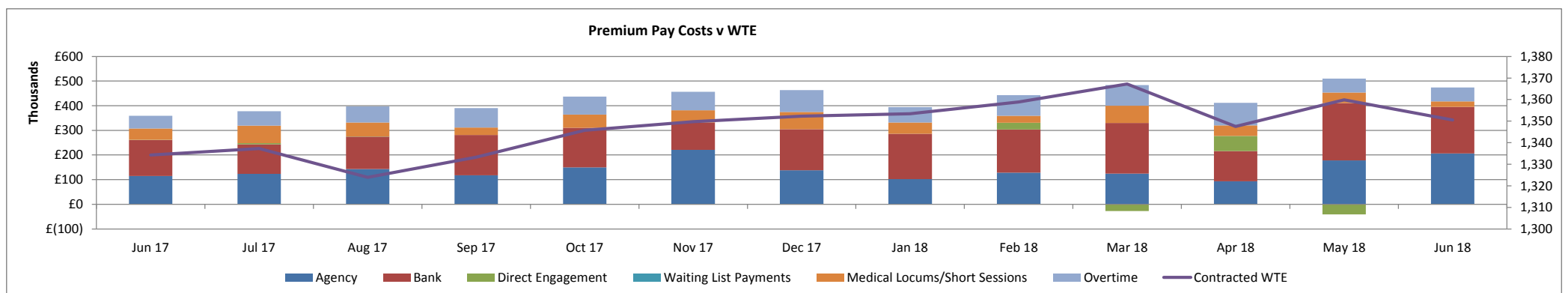
Outpatient income was marginally favourable to plan in month. Gains in Dermatology were offset by small levels of underperformance across the other specialties in the Division. Overall year to date performance is favourable due to a lower plan being set in April as part of PAS upgrade planning.

Rechargeable high costs drugs adverse performance was significant in month and the majority will be offset in expenditure. Income and expenditure will not be 'like for like' due to mark ups applied to some drugs.

The adverse performance in 'Other NHS Clinical' category is driven by lower than planned activity in NICU/SCUBU, the maternity pathway and palliative care. NICU/SCBU and maternity pathway income is expected to recover. Palliative care recording is being investigated.

Overall pay was significantly overspent in June and year to date. Savings shortfalls (£130k in month) are a key driver. Temporary pay costs are also, on average, £45k a month higher than last year with junior/middle grade vacancies/sickness/maternity leave being a particular issue. Improved recruitment in the second half of 2017/18 has also put pressure on the pay budget. If the rechargeables underspend of £170k is excluded, then non-pay is actually overspent by £25k. Renal living donor expenses (recharged and reflected in income) and computer hardware purchases are the main drivers.

CIP performance was slightly favourable to plan in June but is £48k adverse year to date. Shortfalls in pay schemes are being offset with income over performance, particularly in Cancer Services.



Strategic Development and Capital Planning

Month 03 (June) 2018/19

Statement of Comprehensive Income	Year to Date			This Month		
	Plan	Actual	Var.	Plan	Actual	Var.
£000						
Income						
Electives	0	0	0	0	0	0
Non-Electives	0	0	0	0	0	0
Accident & Emergency	0	0	0	0	0	0
Outpatients	0	0	0	0	0	0
High Cost Drugs	0	0	0	0	0	0
Private Patients	0	0	0	0	0	0
Other NHS Clinical	0	0	0	0	0	0
Other Clinical	0	0	0	0	0	0
Prior Month Adjustment	0	0	0	0	0	0
Total Corporate and SLA Income						
All Other Income	2,764	3,336	572	937	1,508	572
Total Income	2,764	3,336	572	937	1,508	572
Expenditure						
Permanent Staff	(3,321)	(2,947)	373	(1,156)	(1,004)	151
Overtime	0	(47)	(47)	0	(15)	(15)
Waiting List Payments	0	0	0	0	0	0
Medical Locums/Short Sessions	0	0	0	0	0	0
Bank	(144)	(198)	(54)	(87)	(69)	17
Agency	(82)	(110)	(27)	(54)	(60)	(6)
Direct Engagement	0	0	0	0	0	0
Total Pay	(3,547)	(3,302)	245	(1,297)	(1,149)	147
Non Pay	(9,403)	(10,009)	(606)	(3,100)	(3,859)	(759)
Total Expenditure	(12,950)	(13,311)	(362)	(4,397)	(5,009)	(611)
Contribution	(10,185)	(9,975)	210	(3,461)	(3,500)	(40)

The position as at month 3 is £210k favourable. The inc/exp positions are showing large variances due to the SaCP/PAS project being behind schedule, these net each other off. Income (excl SaCP/PAS) is £113k favourable YTD. Pay £245k favourable YTD and Non Pay (excl SaCP/PAS) £(148)k adverse YTD.

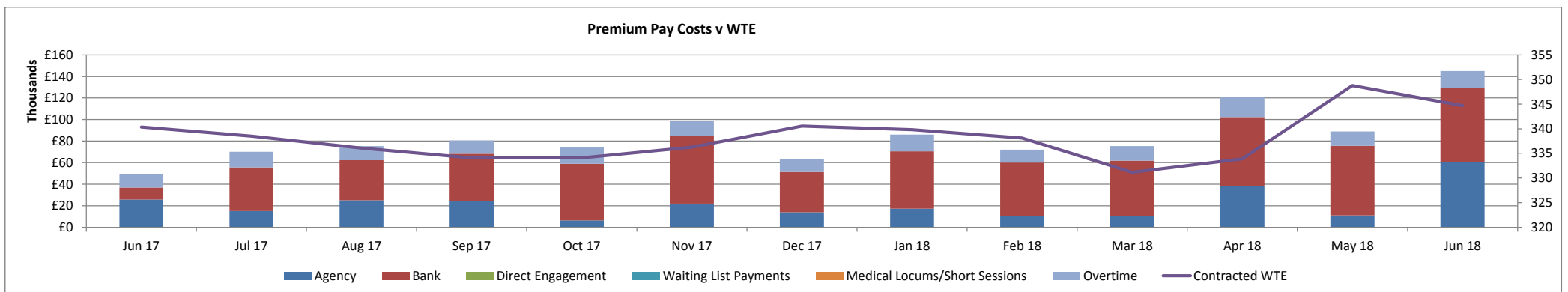
Income is £48k favourable in month and £113k YTD (excl SaCP/PAS). This is mostly attributable to car parking, other areas such as laundry, accommodation and external utility recharges are also over-achieving YTD.

Pay is favourable £245k YTD. 2SS pay set up costs were funded in Month 3 which resulted in a favourable swing of £147k compared to Month 2. Otherwise, the Division currently has a vacancy rate (comparing contracted/budgeted WTE) of just over 11%, which is slightly higher compared to previous months. Bank staff expenditure is mostly within Facilities (Oakleaf/Junior Drs transportation project driver costs - this is funded centrally each month) and Strategic Development Management department - supporting the 2SS project. Agency and Bank staff expenditure is within Laundry and Procurement both of which are supported by increased income/delivery of the Trusts savings plan, there is also support for the vacant Deputy Director of Estates post and projects around the future of service delivery.

Non Pay is adverse £(148)k YTD (excluding SaCP/PAS). This can be broken down as follows:
Waste adverse £(130)k YTD, approx. £(89)k is due to prior year costs due to data issues from the supplier and the rest is due to the sharps bins saving scheme not being funded - via divisions this is currently being validated.

Utilities is adverse £(114)k YTD, this is mostly due to price increases which are currently being validated (awaiting for expenditure forecast for 18/19). Additionally, QEOM had a gas valve issue which meant that the site was run on oil (rather than gas), which is 3 times more expensive than gas. This resulted in an overspend of approx. £25k. These are partly offset by IT non-pay underspends and Strategic Estates underspends on rent and carbon tax.

Savings are £(25)k adverse against plan due to procurement work plan schemes being validated. All of the schemes are continually being monitored working alongside the PMO, and where adverse is slippage against plan is identified new schemes will be identified to make good against the full year plan.



Statement of Comprehensive Income	Year to Date			This Month		
	Plan	Actual	Var.	Plan	Actual	Var.
£000						
Income						
Electives	0	0	0	0	0	0
Non-Electives	0	0	0	0	0	0
Accident & Emergency	0	0	0	0	0	0
Outpatients	0	0	0	0	0	0
High Cost Drugs	0	0	0	0	0	0
Private Patients	0	0	0	0	0	0
Other NHS Clinical	0	0	0	0	0	0
Other Clinical	0	0	0	0	0	0
Prior Month Adjustment	0	0	0	0	0	0
Total Corporate and SLA Income						
All Other Income	4,526	4,506	(20)	1,502	1,522	21
Total Income	4,526	4,506	(20)	1,502	1,522	21
Expenditure						
Permanent Staff	(5,703)	(5,273)	430	(1,876)	(1,745)	131
Overtime	0	(42)	(42)	0	(13)	(13)
Waiting List Payments	0	0	0	0	0	0
Medical Locums/Short Sessions	0	(9)	(9)	0	(4)	(4)
Bank	(7)	(86)	(79)	(2)	(22)	(20)
Agency	0	(88)	(88)	0	(75)	(75)
Direct Engagement	0	0	0	0	0	0
Total Pay	(5,711)	(5,498)	212	(1,879)	(1,859)	20
Non Pay	(7,587)	(7,569)	18	(2,541)	(2,617)	(76)
Total Expenditure	(13,298)	(13,068)	230	(4,420)	(4,476)	(56)
Contribution	(8,771)	(8,562)	210	(2,918)	(2,954)	(36)

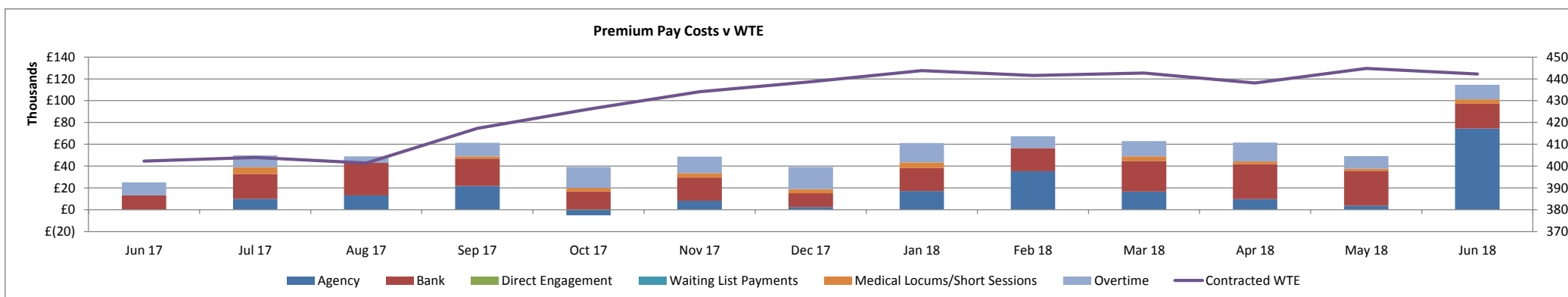
The position is £210k favourable as at month 3.

Income is adverse £(20)k YTD. Legal Services, Occupational Health and advertising income in Communications are all under-achieving.

Pay is £212k favourable position YTD due to vacancies approx. 50 WTE. The percentage vacancy rates, budgeted against contracted, are on average just over 11% in each directorate.

The premium pay costs shown below are attributable to temporary PMO staff (Month 3 and prior months), agency clinical coders (Month 3 and prior months) and HR systems, all of these are being funded by the existing vacancies within each dept. The finance staff for the division have liaised with the managers to ensure that costs are accounted for month on month to avoid large swings.

Non pay is £18k favourable YTD, this can be broken down as follows:
Mainly attributable to £22k underspend on Finance Audit, accruals are based on prior bills but these tend to fluctuate, these are being reconciled. There are various minor underspends which are offsetting adverse variances on HR £(7)k YTD and Trust Board £(59)k YTD. Adverse position on Trust Board is due to Recruitment fees and Development & Delivery of an Organisational Development Review costs.



A. Year on Year Analysis

Month 03 (June) 2018/19

	Year to Date	Prior Year to Date	Year on Year	
	Actual	Actual	Variance	Variance %
Income				
Electives	23,193	21,713	1,480	6.4%
Non-Electives	42,541	39,878	2,663	6.3%
Accident and Emergency	7,236	6,490	746	10.3%
Outpatients	19,459	18,702	756	3.9%
High Cost Drugs	13,154	13,253	(99)	(0.8%)
Private Patients	90	120	(29)	(32.4%)
Other NHS Clinical Income	28,126	27,024	1,102	3.9%
Other Clinical Income	415	448	(33)	(8.0%)
Total Corporate and SLA Income	134,214	127,627	6,586	4.9%
Other Income	12,144	12,570	(426)	(3.5%)
Total Income	146,358	140,198	6,160	4.2%
Expenditure				
Permanent Staff	(77,988)	(75,163)	(2,825)	(3.6%)
Overtime	(1,417)	(1,210)	(207)	(14.6%)
Waiting List Payments	(827)	(361)	(467)	(56.4%)
Medical Locums/Short Sessions	(887)	(864)	(23)	(2.6%)
Bank	(3,507)	(3,278)	(229)	(6.5%)
Agency	(9,775)	(3,104)	(6,671)	(68.2%)
Direct Engagement	(128)	(1,289)	1,161	909.7%
Total Pay	(94,529)	(85,268)	(9,261)	(9.8%)
Non-Pay				
Drugs	(15,580)	(16,599)	1,019	6.5%
Clinical Supplies	(16,980)	(16,644)	(336)	(2.0%)
Non-Clinical Supplies	(4,103)	(2,498)	(1,605)	(39.1%)
Facilities Management	(4,322)	(4,011)	(312)	(7.2%)
NHS Supplies and Services	(670)	(862)	192	28.7%
Cost of Secondary Commissioning of mandatory Services	(2,230)	(1,816)	(414)	(18.6%)
Education & Training	(466)	(575)	109	23.5%
Consultancy	(129)	(148)	19	14.7%
Premises	(2,835)	(2,611)	(224)	(7.9%)
Clinical Negligence	(5,558)	(5,409)	(149)	(2.7%)
Printing and Stationary	(353)	(271)	(82)	(23.2%)
Postage	(283)	(271)	(11)	(4.0%)
Telephones	(174)	(182)	8	4.5%
Staff Travel	(437)	(406)	(31)	(7.0%)
Transport Hire/Lease	(112)	(121)	8	7.3%
Cleaning Materials	(94)	(60)	(34)	(36.6%)
Office Equipment and Consumables	(44)	(23)	(20)	(46.5%)
Misc Other Operating Expenses	(969)	(1,091)	123	12.7%
Total Non-Pay	(55,338)	(53,598)	(1,740)	(3.1%)
Total Expenditure	(149,867)	(138,866)	(11,001)	(7.3%)
EBITDA	(3,510)	1,331	(4,841)	(137.9%)
Non-Operating Expenses	(6,458)	(6,570)	112	1.7%
Income and Expenditure Surplus/(Deficit)	(9,968)	(5,239)	(4,729)	(47.4%)

Other Income

- No PSF income 18-19 but £1.5m in 17-18
- PAS Project Income 18-19

Pay

- Pay inflation 2.1%.
- Consultant Job Plan and Junior Doctors roll out.
- No RMO usage in this period 17-18.
- No Oak leaf costs in this period 17-18.
- No A&E Improvement costs in this period 17-18.
- Divisional run rate increases to support activity and operational requirements including use of TFS nurse agency.

Non Pay

- Drugs - lower expenditure on rechargeable between years.
- Clinical Supplies - inflation and activity related cost of delivery.
- Non clinical Supplies - SACP PAS project costs 18-19 and Estates non pay profile

B. Cash Flow

Month 03 (June) 2018/19

Year to Date		This Month			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual		Plan	Actual	Variance	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
7,157	Opening Bank Balance	3,861	4,760	899	7,157	16,287	4,760	7,090	11,485	3,470	2,891	3,768	3,493	3,880	2,891	2,891
20,830	Ashford CCG	6,764	7,891	1,127	7,445	5,494	7,891	5,322	5,770	5,770	5,770	5,770	5,770	5,770	5,770	5,770
31,793	C4G	10,844	11,531	687	10,918	9,344	11,531	8,941	9,619	9,619	9,619	9,619	9,619	9,619	9,619	9,619
36,280	South Kent Coast CCG	12,260	12,943	683	12,809	10,529	12,943	10,383	10,827	10,827	10,827	10,827	10,827	10,827	10,827	10,827
24,237	Thanet CCG	8,504	8,233	(271)	8,180	7,824	8,233	7,195	7,835	7,835	7,835	7,835	7,835	7,835	7,835	7,835
	Additional Income															
115	Dartford, Gravesham & Swanley CCG	38	38		38	38	38	38	38	38	38	38	38	38	38	38
618	Medway CCG	164	190	26	263	165	190	164	164	164	164	164	164	164	164	164
911	Swale CCG	306	299	(7)	306	306	299	306	306	306	306	306	306	306	306	306
1,285	West Kent CCG	594	531	(63)	377	377	531	450	449	449	449	449	449	449	449	449
24,264	NHS England	8,519	8,453	(66)	8,082	7,728	8,453	8,063	8,059	9,531	8,059	8,059	8,059	8,059	8,059	8,059
7,237	All Other NHS Organisations	1,160	801	(359)	5,317	1,119	801	5,013	960	1,160	5,072	960	1,160	5,072	960	1,160
0	Capital Receipts															
7,216	All Other Receipts	2,279	2,275	(4)	2,664	2,277	2,275	4,473	1,790	2,249	1,864	1,790	1,717	1,790	1,717	1,753
	Provider Sustainability Fund							5,603								
2,234	Working Capital Facility				2,234			3,410	3,708	5,099		4,500	5,109	3,547	3,254	7,204
	Working Capital Facility Repaid															
	Permanent Loan															
157,020	Total Receipts	51,432	53,184	1,752	58,633	45,202	53,184	59,363	49,524	53,047	50,002	50,316	51,052	53,476	48,997	53,184
	Payments															
(79,642)	Monthly Payroll inc NI & Super	(28,734)	(26,662)	2,072	(26,379)	(26,601)	(26,662)	(28,818)	(29,346)	(27,937)	(27,839)	(27,708)	(27,710)	(27,885)	(27,931)	(27,780)
(72,297)	Creditor Payment Run	(21,325)	(23,073)	(1,747)	(21,603)	(27,621)	(23,073)	(25,668)	(26,931)	(21,325)	(20,034)	(21,618)	(21,283)	(25,621)	(19,165)	(19,341)
(5,095)	Capital Payments	(1,670)	(1,085)	585	(1,503)	(2,508)	(1,085)	(483)	(1,206)	(1,012)	(1,195)	(1,265)	(1,642)	(904)	(1,787)	(1,469)
	PDC Dividend Payment									(2,634)						(3,007)
(52)	Interest Payments	(34)	(34)		(18)		(34)		(55)	(719)	(57)		(30)	(55)	(114)	(784)
(157,087)	Total Payments	(51,764)	(50,854)	909	(49,503)	(56,730)	(50,854)	(54,968)	(57,539)	(53,626)	(49,125)	(50,591)	(50,665)	(54,464)	(48,997)	(52,381)
(67)	Total Movement In Bank Balance	(331)	2,330	2,661	9,130	(11,527)	2,330	4,395	(8,014)	(579)	877	(275)	387	(989)		803
7,090	Closing Bank Balance	3,529	7,090	3,561	16,287	4,760	7,090	11,485	3,470	2,891	3,768	3,493	3,880	2,891	2,891	3,694
	Plan				15,584	3,861	3,529	7,882	3,470	5,153	5,618	3,493	3,879	2,890	2,890	3,693
	Variance				704	899	3,561	3,602	()	(2,262)	(1,850)			1	1	1

C. Clinical Income - by Commissioner

Month 03 (June) 2018/19

Commissioner	Annual £000	Year to Date £000			This Month £000		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance
NHS Ashford CCG	69,236	16,874	18,477	1,603	5,816	6,430	615
NHS Canterbury & Coastal CCG	115,422	28,826	29,817	991	9,470	10,067	597
NHS South Kent Coast CCG	129,925	32,185	33,656	1,471	10,943	11,406	463
NHS Thanet CCG	94,021	23,261	24,578	1,316	7,901	8,354	453
East Kent CCGs	408,603	101,147	106,528	5,381	34,130	36,258	2,128
NCA - England	4,685	1,195	1,289	94	384	397	13
NHS England - Armed Forces	159	44	71	27	14	15	1
NHS England - Specialised Services	79,165	19,933	19,674	(260)	6,763	6,378	(385)
NHS England - Health In Justice	116	29	18	(11)	10	6	(4)
NHS England - Secondary Dentistry	6,429	1,580	1,664	84	538	553	16
NHS England - Public Health	7,811	1,656	1,656		552	552	
Kings	264	66	64	(2)	22	22	
NCA - Wales	142	36	29	(7)	12	16	4
NCA - Northern Ireland	5	1	1	(1)			
NCA - Scotland	22	6	2	(4)	2		(2)
Other Trusts	1,793	448	576	127	149	197	48
East Kent Overseas		5	166	161	1	58	57
NHS Dartford, Gravesham & Swanley CCG	455	137	142	5	41	53	12
NHS Medway CCG	2,075	525	487	(39)	184	207	22
NHS Swale CCG	3,643	972	827	(145)	301	267	(35)
NHS West Kent CCG	5,122	1,332	1,354	22	509	461	(48)
Other Organisations	16,059	3,546	(1,013)	(4,559)	2,430	(302)	(2,732)
Cancer Drugs Fund	3,007	752	879	127	251	239	(11)
Adjust Prior Month Reported Position						(100)	(100)
Prior year Income			(190)	(190)		1,180	1,180
Total	539,558	133,409	134,220	810	46,294	46,459	164

YTD Clinical income is £810k ahead of plan. East Kent Commissioner contracts are all over performing YTD. NHSE Specialised Services is behind plan YTD. The Cancer Drugs Fund and West Kent CCG are both ahead of plan, while the North Kent CCG's are collectively behind plan. Other Organisations include provisions for risk.

There are no material contracting issues with any of our other Commissioners.

D. KPIs

Month 03 (June) 2018/19

		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Clinical Income Consolidated	Plan	42,848	45,649	46,985	46,015	44,480	46,915	47,069	46,849	43,841	47,000	43,204	47,002
	Actual	42,369	47,016	47,467									
	Variance	-479	1,367	482									
	Quarterly rolling average spend	43,089	44,782	45,617									
Other Income Consolidated	Plan	3,475	3,534	3,566	3,508	3,529	3,552	3,587	3,613	3,546	3,574	3,570	3,628
	Actual	3,329	3,588	4,824									
	Variance	-146	54	1,258									
	Quarterly rolling average spend	5,875	6,087	3,914									
Pay Consolidated	Plan	-30,772	-30,911	-31,066	-30,623	-30,634	-30,717	-30,686	-30,953	-30,960	-31,294	-30,721	-30,717
	Actual	-31,253	-32,237	-32,156									
	Variance	-481	-1,326	-1,090									
	Quarterly rolling average spend	-31,203	-31,818	-31,882									
Non Pay Operating Expenses Consolidated	Plan	-18,693	-19,143	-18,927	-17,936	-19,125	-18,308	-19,439	-18,979	-18,303	-19,074	-17,944	-18,545
	Actual	-17,358	-19,394	-19,634									
	Variance	1,335	-251	-707									
	Quarterly rolling average spend	-19,920	-20,168	-18,795									
Non Operating Consolidated	Plan	-2,228	-2,228	-2,228	-2,229	-2,235	-2,238	-2,236	-2,246	-2,259	-2,257	-2,260	-2,280
	Actual	-2,118	-2,214	-2,179									
	Variance	110	14	49									
	Quarterly rolling average spend	-1,942	-1,971	-2,170									
Agency Unconsolidated	Plan	-1,849	-1,702	-1,617	-1,552	-1,460	-1,450	-1,432	-1,292	-1,289	-1,278	-1,279	-1,258
	Actual	-3,186	-3,921	-3,684									
	Variance	-1,337	-2,219	-2,067									
	Quarterly rolling average spend	-3,237	-3,484	-3,597									
CIPS Unconsolidated	Plan	1,502	1,533	1,552	3,357	2,156	1,289	2,895	2,927	2,944	3,208	3,267	3,370
	Actual	1,155	1,758	1,629									
	Variance	-348	225	77									
Cash Unconsolidated	Plan	15,584	3,861	3,529	7,882	3,470	5,153	5,618	3,493	3,879	2,890	2,890	3,693
	Actual	16,287	4,762	7,090									
	Variance	704	901	3,561									

E. Cost Improvement Summary

Month 03 (June) 2018/19

Planned Summary

Planned Summary	2018 - 2019			Target Variance		
Programme Divisions £000	Plan	Net	RAG Adj	vs Net	vs RAG	
Clinical Support		4,159	4,156	2,866	3	(1,132)
Specialist		4,075	4,075	3,992	-	(350)
Surgery		7,015	7,014	5,923	1	(1,936)
UC<C		6,400	6,400	6,891	-	(230)
Corporate - Other		71	71	79	-	(1)
SD&CP		1,300	1,300	1,170	-	(172)
Procurement		2,693	2,638	2,105	55	(412)
Medicines Value		871	874	913	(3)	(3)
Sub-total		26,584	26,528	23,939	56	(4,236)
Central		3,416	3,472	3,286	(56)	1,024
Grand Total		30,000	30,000	27,225	-	(3,212)

Planned Summary

Planned Summary	2018 - 2019			Target Variance	
Programme Themes £000	Plan	Net	RAG Adj	vs Net	vs RAG
Patient Flow/LOS	1,000	1,000	1,000	-	-
Agency	6,137	6,356	6,099	220	(38)
Workforce *	169	248	243	79	75
Procurement	2,693	2,305	2,062	(388)	(630)
Medicines Value	871	945	913	74	42
Division Schemes **	16,156	15,927	13,808	(229)	(2,347)
Sub-total	27,025	26,781	24,126	(244)	(2,899)
Central	2,975	3,219	3,098	244	123
Grand Total	30,000	30,000	27,225	-	(2,775)

E. Cost Improvement Phasing

Month 03 (June) 2018/19

Work stream Gross £'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Patient Flow/LOS	-	-	-	-	-	-	167	167	167	167	167	167	1,000
Agency	544	529	520	721	674	(248)	505	533	526	597	621	614	6,137
Workforce	2	2	2	4	20	20	20	20	20	20	20	20	169
Procurement	109	129	146	188	258	265	266	266	266	266	267	267	2,693
Medicines Value	30	45	50	55	66	68	70	79	88	98	108	116	871
Clinical Support	184	188	190	275	272	275	274	270	267	295	293	294	3,078
Specialist	69	74	79	89	112	93	459	463	463	469	469	468	3,308
Surgery	413	413	413	419	419	419	636	636	636	719	744	744	6,615
UC<C	37	37	37	103	103	103	227	227	227	227	227	227	1,784
Corporate - Other	6	6	6	6	6	6	6	6	6	6	6	6	71
SD&CP	108	109	108	108	108	108	108	108	108	108	108	107	1,300
Sub-total	1,502	1,533	1,552	1,969	2,039	1,110	2,738	2,775	2,775	2,971	3,030	3,031	27,025
Central	-	-	-	1,388	117	179	157	152	169	237	237	339	2,975
Grand Total	1,502	1,533	1,552	3,357	2,156	1,289	2,895	2,927	2,944	3,208	3,267	3,370	30,000

Workstream RAG adj £'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Patient Flow/LOS	-	-	-	-	-	-	167	167	167	167	167	167	1,000
Agency	627	350	423	642	621	(11)	558	593	582	567	575	571	6,099
Workforce	22	53	2	5	20	20	20	20	20	20	20	20	243
Procurement	54	59	84	147	212	214	215	215	215	215	216	216	2,062
Medicines Value	42	57	109	46	66	68	70	77	84	91	99	106	913
Clinical Support	157	184	234	125	122	131	141	147	145	174	172	170	1,903
Specialist	127	163	185	178	198	792	338	338	338	342	338	338	3,676
Surgery	14	628	380	427	412	412	412	412	412	411	411	411	4,743
UC<C	(9)	56	96	141	201	201	224	224	278	278	278	278	2,246
Corporate - Other	-	11	7	6	6	6	6	6	6	6	6	6	71
SD&CP	20	198	108	108	108	108	104	104	104	104	104	(2)	1,170
Sub-total	1,055	1,758	1,629	1,824	1,966	1,940	2,256	2,304	2,352	2,376	2,386	2,281	24,126
Central	100	-	-	1,388	117	179	157	152	169	237	237	362	3,098
Grand Total	1,155	1,758	1,629	3,212	2,083	2,119	2,413	2,456	2,521	2,613	2,623	2,644	27,225

F. Debtor Balances

Month 03 (June) 2018/19

Debtor	Top ten debtor balances outstanding as at 30/06/2018						Creditor balance as at 30/06/2018	Notes
	Current	1-30 Days	31-60 Days	61-90 Days	Over 90	Total		
60669-SERCO LTD	2,524,761.11	4,499.04	0.00	0.00	0.00	2,529,260.15		Invoice paid early July
62003-NHS SOUTH KENT COAST CCG	(1,499,932.64)	(464,421.00)	4,242,797.72	4,392.29	37,733.46	2,320,569.83	99,968.00	1718 overperformance invoices
61865-NHS CANTERBURY AND COASTAL CCG	(949,528.53)	(348,850.00)	3,421,398.04	4,733.17	44,919.14	2,172,671.82	80,426.00	1718 overperformance invoices
62138-NHS ENGLAND SOUTH EAST COMMISSIONING HUB (14G)	73,900.17	0.00	1,136,410.79	73,900.17	557,853.17	1,842,064.30		1718 overperformance invoices
62033-NHS THANET CCG	(349,003.05)	(353,100.00)	2,357,739.84	3,646.73	60,933.18	1,720,216.70	80,522.00	1718 overperformance invoices
51136-EAST KENT MEDICAL SERVICES	134,297.60	124,234.98	170,411.77	168,183.08	820,211.59	1,417,339.02	1,292,942.63	Invoices cleared via contra arrangement. Due to queries, the Trust has nothing authorised to clear to EKMS
61818-NHS ASHFORD CCG	(1,365,680.42)	(252,900.00)	2,837,466.51	2,683.21	105,965.71	1,327,535.01	57,352.00	1718 overperformance invoices
50010-MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	103,076.06	187,556.03	13,751.55	81,485.40	526,035.55	911,904.59	1,721,118.61	Trust reducing the balance owing to MTW
62048-NHS WEST KENT CCG	13,375.94	13,567.73	470,295.56	23,370.70	228,884.84	749,494.77		1718 overperformance invoices
51708-MEDWAY NHS FOUNDATION TRUST	17,890.50	61,943.71	13,117.49	95,514.79	384,202.11	572,668.60	1,168,440.55	Trust reducing the balance owing to Medway
Other Govn.	1,257,494.25	731,651.66	361,120.88	197,545.67	2,171,643.46	4,719,455.92		
Other Non Govn.	565,642.59	335,396.58	111,285.58	189,965.60	1,050,131.41	2,252,421.76		
	526,293.58	39,578.73	15,135,795.73	845,420.81	5,988,513.62	22,535,602.47	4,500,769.79	

Creditor Balances

Month 03 (June) 2018/19

Unpaid at last Payment Run

Supplier Name	Current	1-30	31-60	60-90	90 +	Total
Other Creditors		1,959				1,959
NHS Professionals Ltd		1,217				1,217
Novartis Pharmaceuticals UK Ltd		209				209
NHS Supply Chain 8HD71 - Maintenance		182				182
NHS Blood & Transplant T1460		147				147
Roche Products Ltd		139				139
Celgene Ltd		119				119
Raj & Knoll Limited T/A Knoll Nursing		111				111
Bayer PLC		80				80
Baxter Healthcare Ltd		78				78
Alcura UK Ltd		77				77
Total		4,317				4,317

At the last payment run of the period we had a total of £9.8m of invoices authorised and ready for payment.

Of the £9.8m, £5.5m was released leaving £4.3m unpaid due to low liquidity.

Aged Creditors now stands at £32.1m.

The Accounts Payable team prioritises key suppliers and those threatening to restrict supplies.

Top Ten Aged Creditor

Supplier Name	Current	1-30	31-60	60-90	90 +	Total
Other Creditors	11,749	5,003	586	315	1,177	18,830
NHS Professionals Ltd	2,456	1,217			10	3,683
Serco Ltd	1,705	132				1,837
Maidstone & Tunbridge Wells NHS Trust (RWF)	517	188	196	450	370	1,721
East Kent Medical Services Ltd T/a The Spencer Wing	60	44	190	100	899	1,293
Medway NHS Foundation Trust (RPA)	154	160	204	42	609	1,168
Healthcare At Home Ltd	968					968
NES Holdings (UK) Ltd	263	80	130	163	147	782
Medtronic Ltd	361	133	46	15	90	644
Ashford Borough Council	602					602
Novartis Pharmaceuticals UK Ltd	387	209				595
Total	19,223	7,165	1,352	1,084	3,301	32,125

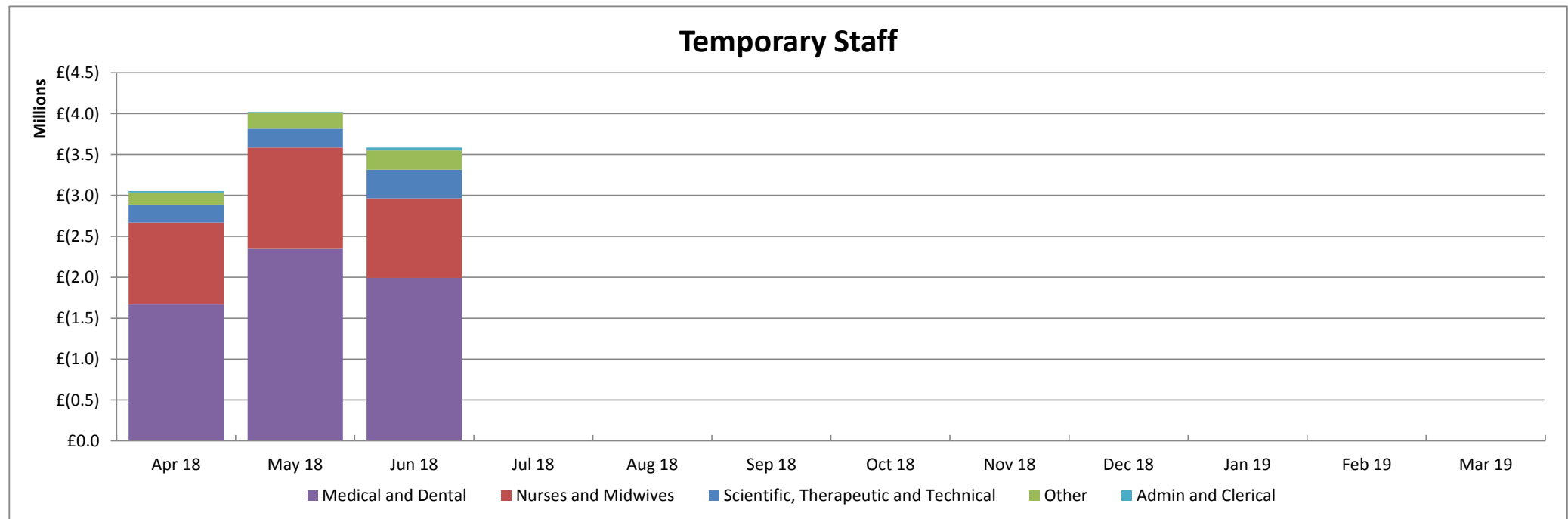
Aged Creditor By Reason

Reason Description	Current	1-30	31-60	60-90	90 +	Total
Current	19,223					19,223
Cash Flow		4,317				4,317
Waiting on a GRN		1,321	333	166	362	2,181
Disputed		165	125	85	1,322	1,698
Waiting on Authorisation		247	354	517	369	1,488
Creditor Debit Balance		44	187	100	855	1,185
Not Recorded		829	5	1	49	884
Order Raised after Invoice Received		101	146	157	232	635
Price Query		45	116	27	78	266
Purchase Order Value Exceeded		92	89	21	32	234
Other		4	3	10	2	13
Total	19,223	7,165	1,352	1,084	3,301	32,125

G. Pay Analysis - Temporary Staff

Month 03 (June) 2018/19

In Month £000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Medical and Dental	(1,667)	(2,356)	(1,990)									
Agency	(1,476)	(2,079)	(1,571)									
Medical Locum and Short Session STAFFflow	(191)	(277)	(420)									
Scientific, Therapeutic and Technical	(217)	(231)	(348)									
Agency	(217)	(231)	(348)									
Nurses and Midwives	(1,002)	(1,230)	(974)									
Agency	(1,002)	(1,230)	(974)									
Admin and Clerical	(18)	(6)	(33)									
Agency	(18)	(6)	(33)									
Other	(150)	(201)	(239)									
Agency	(150)	(201)	(239)									
Total	(3,054)	(4,018)	(3,551)									



G. Pay Analysis - Temporary Staff

Month 03 (June) 2018/19

Temporary Staff Actual £m	M & D	N & M	PAMS	A&C Other	Total	Variance v 2018/19	Variance v 2017/18
Urgent Care & LongTerm Conditions	1.12	0.78	0.03	0.16	2.09	(0.09)	0.59
Surgical Services	0.42	0.15	0.04		0.60	0.04	0.05
Clinical Support Services	0.08		0.28		0.36	0.01	0.12
Specialist Services	0.19	0.04			0.23	0.03	0.04
Strategic Development and Capital Planning				0.06	0.06	0.02	0.04
Corporate	0.03			0.05	0.08	0.05	0.06
Central	(0.13)	0.01			(0.13)	(0.05)	(0.07)
Total	1.71	0.98	0.35	0.27	3.31	0.01	0.83
Variance v 2018/19 average	(0.04)	(0.10)	0.08	0.06			
Variance v 2017/18 average	0.07	0.37	0.20	0.21	0.84		

Temporary Staff Year to Date £m	M & D	N & M	PAMS	A&C Other	Total	Average per Month
Urgent Care & LongTerm Conditions	3.37	2.63	0.09	0.46	6.54	2.18
Surgical Services	1.17	0.41	0.09		1.68	0.56
Clinical Support Services	0.41		0.63		1.04	0.35
Specialist Services	0.48	0.12			0.61	0.20
Strategic Development and Capital Planning				0.11	0.11	0.04
Corporate	0.03			0.06	0.10	0.03
Central	(0.26)	0.04	(0.01)	0.01	(0.22)	(0.07)
Total	5.20	3.20	0.80	0.64	9.84	3.29
Average per month	1.74	1.07	0.27	0.22	3.29	

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	10 AUGUST 2018
SUBJECT:	REPORT FROM THE CLINICAL EXECUTIVE MANAGEMENT GROUP (CEMG) (FORMERLY MANAGEMENT BOARD)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	BUSINESS SUPPORT OFFICER
PURPOSE:	DISCUSSION
APPENDICES:	NONE

BACKGROUND AND EXECUTIVE SUMMARY

The purpose of the Clinical Executive Management Group is to oversee the effective operational management of the Trust (including achievement of statutory duties, standards, targets and other obligations) and the delivery of person centred care and to support the Trust Board in setting and delivering the Trust's strategic direction and priorities.

The following sets out key discussion points and decisions made since the last Clinical Executive Management Group meeting:

Commissioning for Quality and Innovation (CQUINs) 2018/19

Clinical Executive Management Group received a report and agreed actions to support delivery for 2018/19.

Seasonal Flu Campaign (CQUIN)

The Trust was required to vaccinate over 75% of staff to achieve the CQUIN payment. The good result during 2017 was achieved with incentives. Staff had requested donations to the Trust's dementia appeal. Approval was given to £50K for the flu vaccine programme. A working party will be formed to discuss proactive inoculation which will be discussed with Public Health and the Clinical Commissioning Groups (CCGs).

The Leadership Development Business Case

The Leadership Development Business Case had not been approved by NHS Improvement (NHSI). An internal option had been scrutinised by the Strategic Investment Group with recommendation to proceed. It was highlighted that the different quality improvement methodologies would be incorporated into the programme.

MediLead Programme Business Case

Sara Hare, Consultant Anaesthetist from Medway had introduced the MediLead programme in Medway three years ago. MediLead was a development programme for junior and specialist doctors, which included management and quality improvement training.

There were two strands to the programme: a self-governing leadership group that was engaged with the hospital and empowered to drive change, and training in quality improvement methodology. The doctors were trained and treated as professionals, and encouraged to engage with management processes to be able to make a difference.

The programme was delivered through a series of lectures, workshops and seminars, including external speakers from industry that were delivered over half day sessions earning three Continuing Professional Development (CPD) points. The trainees were expected to attend and speak up in board and high level meetings. It was highlighted that the feedback from the programme was excellent and it had delivered quality and financial gains. The motivation to bring MediLead to the Trust was to improve the recruitment and retention of junior doctors, as well as tackle the issues arising from the General Medical Council (GMC) survey. Specialty and Associate Specialist (SAS) Doctors had been engaged as part of the programme and a programme start date of August was suggested. It will be a good opportunity to demonstrate joint working across the county.

British Medical Association (BMA) survey results for: SAS Doctors (Staff Grade, Associate Specialist & Specialty) Doctors in training

There were action plans relating to the SAS Doctors' survey and the Junior Doctors' survey. The SAS Doctors' plan addressed job planning, bullying and harassment, independent working, and an automated annual leave system being overseen by the Strategic Workforce Committee.

Summary Operational Plan 2018/19

Clinical Executive Management Group received a draft Summary Operational Plan 2018/19. An update was provided to the Executive Management Team on 1 August 2018 who were asked for feedback.

Other Reports

The following reports were received by Clinical Executive Management Group and were discussed. Updates will form part of the Board agenda to allow for further discussion.

- Emergency Department Improvement Plan and Performance
- Corporate Risk Register
- Patient Administration System (PAS) Upgrade

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	The Clinical Executive Management Group receives reports covering a broad range of performance and governance issues.	
LINKS TO STRATEGIC OBJECTIVES:	Provision: Provide the services people need and do it well.	
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	The Clinical Executive Management Group receives reports covering a broad range of performance, governance and risk management issues.	
RESOURCE IMPLICATIONS:	Key financial decisions and actions may be taken on the basis of this report.	
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	None	
PRIVACY IMPACT ASSESSMENT: NO		EQUALITY IMPACT ASSESSMENT: NO
RECOMMENDATIONS AND ACTION REQUIRED:		
To discuss and note the report.		

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	10 AUGUST 2018
SUBJECT:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE / EXECUTIVE DIRECTORS
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: INTEGRATED PERFORMANCE REPORT REPORT ISSUED JULY 2018

BACKGROUND AND EXECUTIVE SUMMARY

The Integrated Performance Report is produced by the Trust on a monthly basis to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance. The Integrated Performance Report provides assurance to the Board that all areas of performance are monitored with sentinel indicators, allowing the Board to gain assurance regarding actual performance, Trust priorities and remedial actions. Below are the highlights from the June 2018 report. The report has been discussed in detail by the Board's Quality Committee, Finance and Performance Committee and Strategic Workforce Committee. A summary of discussions at these meetings are included in Chair Reports to the Board of Directors.

A&E 4 Hour Compliance

June performance for the 4 hour target was 82.6%; against the NHS Improvement (NHSI) trajectory of 78.5%. This represents a further improvement in performance compared to the previous months and is the fifth month of improvement. There were no 12 Hour Trolley Waits in June. The number of patients who left the department without being seen continued to be compliant at 2.1%, whilst unplanned re-attendances remained non-compliant at 9.3%. Time to treatment improved to a compliant position of 51.7% for June.

18 Weeks Referral to Treatment (RTT) Standard

June's performance has improved to 79.02%, and continues to track within 0.25% of our improvement trajectory.

The number of patients waiting over 52 weeks for first treatment has decreased to 201. This is within the trajectory submitted to NHSI, breaches have occurred within the following specialties; Gynaecology (135), General Surgery (37), Trauma & Orthopaedics (10), ENT (9), Ophthalmology (2), Dermatology (1), Urology (1), Community Paediatrics (5) and Other Specs (1)

The size of the waiting list has reduced to 181 in July 2018, ahead of trajectory.

Cancer 62 day GP Referral to Treatment Standard

June's performance is currently 68.30% against the improvement trajectory of 77.78%, validation continues until the beginning of August in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,914 and there were 40 patients waiting 104 days or more for treatment or potential diagnosis. We are currently reviewing pathways and Multi-Disciplinary Team (MDT) working to enable any changes which could improve performance, in close dialogue with the clinicians.

6 Week Referral to Diagnostic Standard

The standard has been met for June 2018 with a compliance of 99.08%. As at the end of the month there were 150 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:- Radiology: 58; 56 in Computed Tomography, 2 in Non-Obstetric ultrasound.

Patient Experience, Safety and Effectiveness

The Friends and Family test inpatient satisfaction rate remains positive at 97% and overall patient experience is registering green this month, similar to last month. The percentage of patients not recommending the Trust has improved this month, registering green for the first time in five months.

The ratio of compliments to complaints is also positive with a high number of recorded compliments to every single complaint. Complaint response times have met our standard with 92% being responded to within the timescales agreed with the client. This is the 5th month running of achieving our standard.

In terms of patient safety, I am pleased to report the following positive improvements:

- The rate of falls has again remained below the national average registering green for June.
- Harm Free Care (New harms) again reported a positive position at a similar rate to the previous month.
- No avoidable deep ulcers were reported.
- Screening for sepsis and administration of intravenous antibiotic in those screening positive remains excellent in the emergency departments and is an improving picture on our wards.

I am disappointed a reportable never event occurred in June relating to a retained item and there is recognition that previous improvement work now requires embedding. An external expert is being contracted to do a few days' work in our theatres to provide some observational and structured review and advice regarding any further actions we should take.

There were two avoidable category two pressure ulcers reported in June and the Trust is reporting slightly below its improvement trajectory. Page 27 of the report provides more detail around actions the Trust is putting in place to drive improvement.

Infection control continues to be a cause for concern. As reported in the last report to the Board, there are general and specific actions that the infection prevention and control (IPC) team are taking around this. General actions include a drive on basics such as hand hygiene and bare below the elbows initiatives and refreshing of anti-microbial stewardship. Specific actions are targeted at individual wards where all standards are being closely monitored in a 'special measures' regimen. The Medical Director has been asked to arrange an external peer review to assess how the new ICT team is settling as well as confirming the antibiotic stewardship approach.

Unfortunately, we continue to report mixed sex breaches within the clinical decision units and some of our escalation areas. This is due to the challenges we face around patient flow and decongesting the emergency departments to maintain safety.

Financial Performance

Performance is monitored in detail by the Finance and Performance Committee and reported to the Board of Directors. Below summarises the June 2018 position.

The Trust's detailed finance position can be found on page 43 of the report. The Trust delivered a £1.7m deficit in Month 3 bringing the Year to Date (YTD) position to a £10.0m deficit which is £0.2m ahead of plan (consolidated position including Spencer Wing and after technical adjustments).

We continue to work with our regulators to monitor the Trust's Financial Recovery Plan.

Human Resources

The Turnover rate in month fell to 12.3%, although the 12 month average is higher than the previous 12 months at 13.3%. Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed to highlight any areas of concern.

The vacancy rate increased to 12.1% for the average of the last 12 months, which is higher than last year, although the in month rate fell by approximately 0.5%. More work is being undertaken to target hard to fill vacancies, particularly within nursing and some Medical specialties.

Our Human Resources Team is working hard with Divisions to identify new ways and methods of recruitment in a more timely way and to explore different workforce models. Exit interviews are constantly reviewed and analysed and a detailed report is provided periodically to the Board's Strategic Workforce Committee and reported to the Board through the Chair Report.

All HR metrics are reviewed and challenged at a Divisional level in our monthly Executive Performance Reviews.

A full report on the HR metrics can be found from page 33 in the IPR.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	The report links to the corporate and strategic risk registers.	
LINKS TO STRATEGIC OBJECTIVES:	Patients: Help all patients take control of their own health. People: Identify, recruit, educate and develop talented staff. Provision: Provide the services people need and do it well. Partnership: Work with other people and other organisations to give patients the best care.	
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	The report links to the corporate and strategic risk registers.	
RESOURCE IMPLICATIONS:	N/A	
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	Executive Performance Reviews Management Board Quality Committee Finance and Performance Committee Strategic Workforce Committee.	
PRIVACY IMPACT ASSESSMENT: NO		EQUALITY IMPACT ASSESSMENT: NO
RECOMMENDATIONS AND ACTION REQUIRED:		
The Board is asked to discuss and accept the report for approval.		

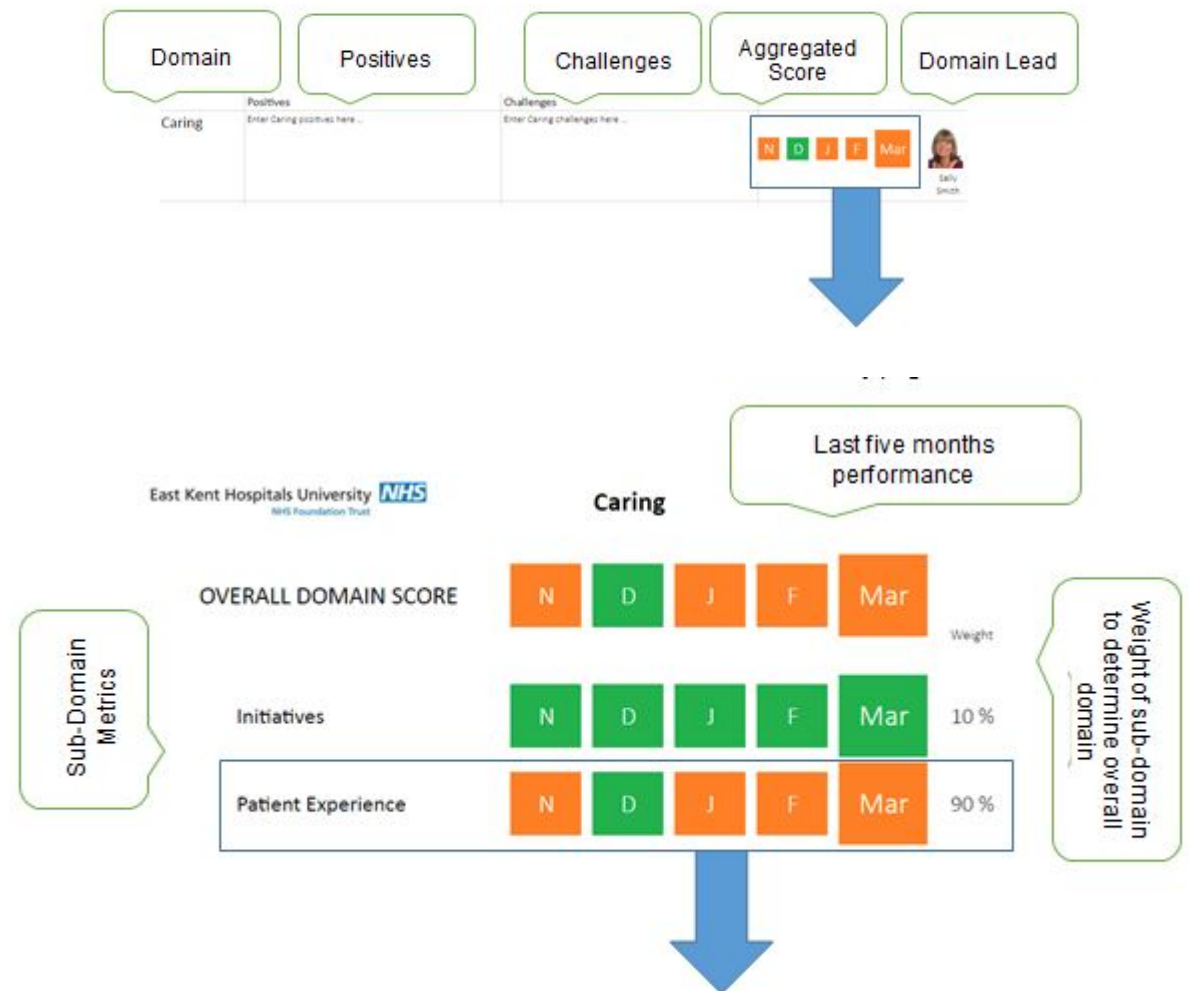
INTEGRATED PERFORMANCE REPORT



Understanding the IPR

1 Headlines: Each domain has an aggregated score which is made up of a weighted score derived from their respective sub-domain. There is an overall executive Trust summary followed by more specific commentaries for each of the five domains which are based on the recent Carter review and the way that the CQC organises its inspection into specific areas.

2 Domain Metrics: Each domain will have two pages; one showing overall aggregated scores split by sub-domain and another showing a selection of key metrics which help form the sub-domain aggregated metric scores. The first page indicates the sub-domain weighting % which is used to calculate the overall domain score. The second page illustrates key (but not all) metrics measured within that sub-domain. This is important as it explains why the sum of each metric doesn't total 100%. A list of all metrics used in the calculation is summarised in the Glossary pages.



Understanding the IPR

3 Key Metrics: This section provides the actual data that builds up into the domain, the actual performance in percentage or volume terms for any given metric. These metrics are explored in more detail in the next section, Strategic Themes.

Key Metric		Metric Score					Metric RAG		Metric Weight
Patient Experience	Compliments to Complaints	17	22	14	17	19	>= 22	10 %	
	Overall Patient Experience	88	91	90	91	91	>= 90	10 %	
	Complaint Response in Timescales	94	88	88	68		>= 85	5 %	
	FFT: Recommend (%)	97	97	96	96	95	>= 90	32 %	
	FFT: Not Recommend (%)	1	1	1	2	3	>= 1	11 %	

4 Strategic Themes: The Strategic Theme pages house key metrics with additional analysis, showing trend over the last 12 months. They show the latest month RAG together with the last 12 months position status (ie improved or worsened % from the previous 12 months plus average metric score). The 12 month positions will either be an average (if a % or index) or total sum (if a number). In addition to this it includes a metric description and data assurance stars which reflects how assured the data is. Description for how the data assurance stars are formulated is explained in the Glossary.



All RAGs are banded as Green, Amber and Red. A grey cell indicates that data is not yet available. The threshold for the green RAG point is indicated in the Glossary pages together with how much weight each metric holds towards the sub-domain.



Strategic Priorities





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Headlines

	Positives	Challenges	
Caring	<p>The Friends and Family test inpatient satisfaction rate remains positive at 97%.</p> <p>The percentage of patients not recommending the Trust has improved this month registering green for the first time in 5 months.</p> <p>Overall patient experience is registering green this month, similar to last month.</p> <p>The ratio of compliments to complaints is also positive with a high number of recorded compliments to every single complaint.</p> <p>Complaint response times have met our standard with 92% being responded to within the timescales agreed with the client. This is the 5th month running of achieving our standard.</p>	<p>We are still reporting mixed sex breaches in the Clinical Decision Units and in some of the escalation areas. This is due to patient flow and decongesting the Emergency Departments to maintain safety.</p>	<div> <div>F</div> <div>M</div> <div>A</div> <div>M</div> <div>Jun</div>  <p>Sally Smith</p> </div>
Effective	<p>The ED trajectory of 78.5% was over achieved at 82.6% which is the second consecutive month of improvement. There has been a slight improvement in bed occupancy, although it remains high and the 30 day readmission rate for non electives. For the second consecutive month the Trust is 100% compliant with the WHO checklist.</p>	<p>Bed occupancy remains high with very high numbers of "delayed transfers of care" (DTOCs) patients and have slightly increased in month.</p> <p>Theatre utilisation has decreased. A review of Cancer and RTT management of the waiting lists is underway and will be progressed through weekly PTL meetings, chaired by the Chief Operating Officer.</p>	<div> <div>F</div> <div>M</div> <div>A</div> <div>M</div> <div>Jun</div>  <p>Lee Martin</p> </div>

Responsive	<p>June reported the highest performance in emergency care since March 2017. The Trust over achieved on the agreed trajectory of 78.5% to achieve 82.6% in ED. The A&E Improvement Plan and associated business cases are being progressed. The new medical model is progressing with a focus on an emergency floor model, which includes frailty.</p> <p>There has been significant focus on cancer and RTT performance with improvements being made in all specialities. The Chief Operating Officer chairs a weekly KPI meeting at which all national indicators are monitored and progressed to ensure patients are pulled forward within their pathways as appropriate. There is patient level monitoring of the cancer KPIs.</p>	<p>The A&E four hour standard remains a priority for the Trust. There are challenges in maintaining effective patient flow across the hospital from A&E through discharge which the A&E improvement plan is addressing.</p> <p>Demand for diagnostics has increased due to efforts to reduce cancer and RTT waiting times.</p> <p>Identifying sustainable elective capacity to mitigate the risk of RTT and cancer breaches.</p>	<div><div>F</div><div>M</div><div>A</div><div>M</div><div>Jun</div></div> <div><div>Lee Martin</div></div>
Safe	<p>The rate of falls has again remained below the national average registering green for June.</p> <p>New harms as reported in the harm free care metric remains positive and similar to last month.</p> <p>No avoidable deep ulcers were reported.</p> <p>Screening for sepsis and administration of intravenous antibiotic in those screening positive remains excellent in the EDs and is an improving picture on the wards.</p>	<p>We reported a Never Event in June and still require embedding of the previous improvement work.</p> <p>Avoidable category two pressure ulcers remains amber this month and slightly below our improvement trajectory.</p> <p>VTE assessment recording remains stubbornly under 95% at 94.3%.</p> <p>Infection control continues to be a cause for concern</p>	<div><div>F</div><div>M</div><div>A</div><div>M</div><div>Jun</div></div> <div><div>Paul Stevens</div></div>

Well Led

The Trust delivered a £1.9m deficit in Month 3 bringing the YTD position to a £10.0M deficit which is on plan (consolidated position including Spencer Wing and after technical adjustments).

Trust Pay is £0.9m over plan in month and £2.8m over plan YTD. The overspend is in Agency costs (£5.1m over plan YTD) offset by an underspend on permanent staffing (£3.9m under plan YTD). The key driver for the overspend against plan are the continuing Medical and Nursing pressures in U<C.

Risks remain in relation to the impact on Income of the recent Expert Determination. The Trust is working with Commissioners to agree the final impact.

Total Cash borrowed remains at £48.5m

I&E CIPS of £4.5m are reported up to Month 3 against a plan of £4.6m. Risks remain in relation to finalising CIP schemes to deliver a net £30m of savings by the year end.



Susan Acott

Caring

OVERALL DOMAIN SCORE

F	M	A	M	Jun
F	M	A	M	Jun

Weight

Patient Experience

90 %

Caring

		Feb	Mar	Apr	May	Jun	Green	Weight
Patient Experience	Compliments to Complaints (#/1)	64	37	43	28	28	>= 12	10 %
	Mixed Sex Breaches	69	91	67	69	98	< 1	10 %
	Overall Patient Experience %	90.7	90.9	91.6	91.4	91.1	>= 90	10 %
	Complaint Response in Timescales %	87.2	88.9	94.4	91.4	92.0	>= 85	5 %
	AE Mental Health Referrals	72	92	97	104	134		5 %
	FFT: Recommend (%)	97	96	97	97	97	>= 90	30 %
	FFT: Not Recommend (%)	1.3	1.9	1.1	1.8	0.9	>= 1	10 %

Effective

OVERALL DOMAIN SCORE

Beds

Clinical Outcomes

Productivity

F	M	A	M	Jun
F	M	A	M	Jun
F	M	A	M	Jun
F	M	A	M	Jun

Weight

25 %

25 %

25 %

Effective

		Feb	Mar	Apr	May	Jun	Green	Weight
Beds	Bed Occupancy (%)	100	97	101	100	96	<= 92	60 %
	IP - Discharges Before Midday (%)	15	15	15	15	14	>= 35	10 %
	DToCs (Average per Day)	52	63	63	61	61	< 35	30 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.4	3.5	3.5	3.5	3.4	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	15.3	15.2	15.2	15.2	15.1	< 15	15 %
	Audit of WHO Checklist %	98	99	98	100	100	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	6.9	7.0	7.0	7.0	6.8	< 7	
	DNA Rate: Fup %	6.9	7.4	6.5	6.7	6.8	< 7	
	New:FUp Ratio (1:#)	0.3	0.3	0.3	0.3	0.3		
Productivity	LoS: Elective (Days)	2.9	3.2	3.3	3.4	3.2		
	LoS: Non-Elective (Days)	6.1	6.3	6.6	6.3	6.2		
	Theatres: Session Utilisation (%)	78	77	77	81	79	>= 85	25 %
	Theatres: On Time Start (% 30min)	72	74	76	73	70	>= 90	10 %
	Non-Clinical Cancellations (%)	1.9	2.1	2.4	2.2	2.1	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	0	0	0	0	1	< 5	10 %
	EME PPE Compliance %	83	83	82	81	80	>= 80	20 %

Responsive

OVERALL DOMAIN SCORE

A&E

Cancer

Diagnostics

RTT

F	M	A	M	Jun
F	M	A	M	Jun
F	M	A	M	Jun
F	M	A	M	Jun
F	M	A	M	Jun

Weight

25 %

25 %

25 %

25 %

Responsive

		Feb	Mar	Apr	May	Jun	Green	Weight
A&E	ED 4hr Performance (incl KCHFT MIUs) %	77.76	78.78	81.73	83.95	85.67	>= 95	100 %
	ED 4hr Performance (EKHUFT Sites) %	73.75	75.08	76.93	80.80	82.55	>= 95	1 %
Cancer	Cancer: 2ww (All) %	97.10	91.42	89.06	93.83	94.18	>= 93	10 %
	Cancer: 2ww (Breast) %	98.50	90.28	75.16	84.46	94.16	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	97.74	96.08	95.37	96.24	95.59	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	91.43	89.47	88.57	82.05	86.67	>= 94	5 %
	Cancer: 31d (Drug) %	98.33	98.21	97.87	98.88	99.05	>= 98	5 %
	Cancer: 62d (GP Ref) %	73.40	71.88	66.13	64.90	68.30	>= 85	50 %
	Cancer: 62d (Screening Ref) %	79.31	100.00	93.75	84.09	87.88	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	77.27	100.00	89.19	75.86	83.33	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.56	99.65	99.38	99.30	99.09	>= 99	100 %
	Audio: Complete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
	Audio: Incomplete Path. 18wks (%)	100.00	100.00	100.00	100.00	100.00	>= 99	
RTT	RTT: Incompletes (%)	77.03	76.08	76.66	78.56	79.02	>= 92	100 %
	RTT: 52 Week Waits (Number)	141	201	222	218	201	< 1	

Safe

OVERALL DOMAIN SCORE

Incidents

Infection

Mortality

Observations

F	M	A	M	Jun
F	M	A	M	Jun
F	M	A	M	Jun
F	M	A	M	Jun
F	M	A	M	Jun

Weight

20 %

20 %

50 %

10 %

Safe

		Feb	Mar	Apr	May	Jun	Green	Weight
Incidents	Serious Incidents (STEIS)	8	9	12	13	12		
	Harm Free Care: New Harms (%)	99.3	99.1	98.4	98.7	98.3	>= 98	20 %
	Falls (per 1,000 bed days)	4.61	4.84	5.46	4.93	4.87	< = 5	20 %
	Pressure Ulcers Cat 2 (per 1,000)	0.37	0.24	0.12	0.15	0.22	<= 0.15	10 %
	Clinical Incidents: Total (#)	1,325	1,380	1,318	1,469	1,313		
Infection	Cases of C.Diff (Cumulative)	34	38	3	12	16	<= Traj	40 %
	Cases of MRSA (per month)	0	1	0	1	1	< 1	40 %
Mortality	HSMR (Index)	85	85				< 90	35 %
	Crude Mortality EL (per 1,000)	1.1	0.8	0.9	0.8	0.4	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	34.7	33.2	29.5	26.6	25.5	< 27.1	10 %
	RAMI (Index)	89	89	89	89	89	< 87.45	30 %
Observations	Cannula: Daily Check (%)	68.2	67.0	70.0	70.0	71.8	>= 50	10 %
	Catheter: Daily Check (%)	42.7	37.9	41.6	40.6	41.8	>= 50	10 %
	Central Line: Daily Check (%)	63.4	64.8	68.7	67.8	68.1	>= 50	10 %
	VTE: Risk Assessment %	93.9	94.2	93.7	94.6	94.3	>= 95	20 %
	Obs. On Time - 8pm-8am (%)	92.5	92.6	92.5	92.1	92.5	>= 90	25 %
	Obs. On Time - 8am-8pm (%)	89.6	89.8	89.7	89.6	90.0	>= 90	25 %

Well Led

OVERALL DOMAIN SCORE

Culture

Data Quality & Assurance

Finance

Health & Safety

Staffing

Training

F	M	A	M	Jun
F	M	A	M	Jun
F	M	A	M	Jun
F	M	A	M	Jun
F	M	A	M	Jun
F	M	A	M	Jun
F	M	A	M	Jun

Weight

15 %

10 %

25 %

10 %

25 %

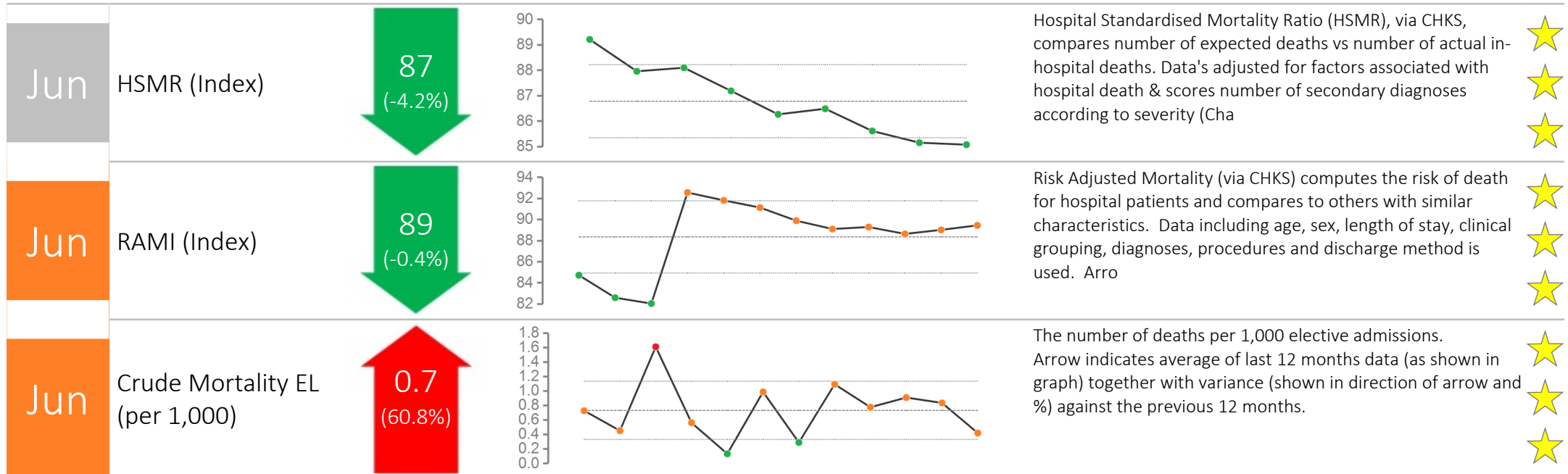
15 %

Well Led

		Feb	Mar	Apr	May	Jun	Green	Weight
Culture	Staff FFT - Treatment (%)	70	70				>= 81.4	40 %
Data Quality & Assurance	Not Cached Up Clinics %	0.4	0.6	0.6	0.7	0.8	<= 0.1	25 %
	Uncoded Spells %	0.1	0.2	0.3	0.4	0.4	< 0.25	25 %
Finance	I&E £m	-6.3	-5.2	-5.0	-3.2	-1.7	>= Plan	30 %
	Cash Balance £m	6.8	7.2	16.3	4.8	7.1	>= Plan	20 %
	Total Cost £m	-51.2	-58.0	-50.1	-53.2	-53.1	>= Plan	20 %
	Forecast I&E £m	-30.0	-29.9	-29.8	-31.0	-31.0	>= Plan	20 %
	Normalised Forecast £m	-30.0	-29.9	-29.8	-30.0	-30.0	>= Plan	10 %
Health & Safety	RIDDOR Reports (Number)	2	1	0	1	0	<= 3	20 %
	Formal Notices	0	0	0	0	0	< 1	15 %
Staffing	Sickness (%)	4.0	4.0	3.7	3.7	4.1	< 3.6	10 %
	Staff Turnover (%)	13.6	13.4	13.4	13.2	13.0	<= 10	15 %
	Vacancy (%)	11.4	11.0	13.0	13.6	13.3	<= 7	15 %
	Total Staff In Post (SiP)	6968	7009	7015	7052	7058		1 %
	Shifts Filled - Day (%)	100	97	99	100	99	>= 80	15 %
	Shifts Filled - Night (%)	108	106	104	105	104	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	10	11	10	11	11		
	Bank Filled Hours vs Total Agency Hours	59	58	56	57	59		1 %
	Agency %	6.8	6.8	6.6	7.0	7.1	<= 10	
Training	Appraisal Rate (%)	81.4	80.9	80.1	71.8	67.2	>= 85	50 %
	Statutory Training (%)	89	90	91	90	91	>= 85	50 %

Strategic Theme: Patient Safety

Mortality

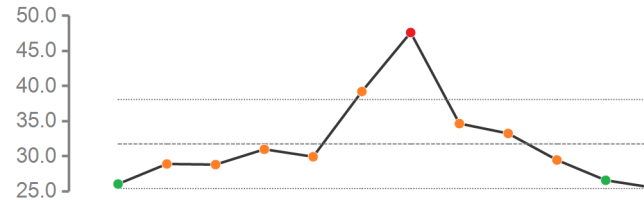


Strategic Theme: Patient Safety

Jun

Crude Mortality NEL
(per 1,000)

31.7
(19.8%)



The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.



Comments: The 2 year crude mortality trend shows the Trust to follow the peer trend but consistently at a higher rate. The peer distribution showed the Trust rate of 1.4% to be 0.1% higher than the peer rate for the 2 year period.

The Hospital Standardised Mortality Ratio (HSMR) is in the 25th percentile of Acute Trust Peers and in the latest dataset period (June 2017 to May 2018) was 85.6%

The latest risk associated mortality index (RAMI) of 90.2 for this reporting period (June 2017 to May 2018) remains at the peer 50th percentile in comparison to Acute Trust Peers.

The latest summary hospital mortality index (SHMI) reported on NHS digital is from the January 2017 to December 2017 period and was 1.02 (0.90-1.12, 95% over dispersion control limits). A SHMI of 1.02 is categorised 'as expected'. For the period January 2017 to December 2017 there were 106,295 admission spells, 4100 deaths expected both in hospital and within 30 days of discharge and 4164 deaths observed. Overall 65.75% of deaths contributing to the SHMI occurred in hospital and 34.25% within the 30 days of discharge, these percentages have remained very consistent since October 2015.

Strategic Theme: Patient Safety

Serious Incidents

Jun

Serious Incidents (STEIS)

88

(7.3%)

Month	Number of Incidents
1	3
2	4
3	7
4	7
5	4
6	5
7	4
8	8
9	9
10	12
11	13
12	11

Number of Serious Incidents. Uses validated data from STEIS.

Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.

★

★

★

Strategic Theme: Patient Safety

Jun

Never Events (STEIS)



Monthly number of Never Events. Uses validated data from STEIS.

Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.



Comments: Total open SIs on StEIS in June 2018: 71 (including 12 new)
SIs under investigation: 52
Breaches: 13
Non-breaches: 39
Waiting EKHUFT non-closure response: 7
Waiting CCG response: 11

Supporting Narrative:

The number of breached cases is 13; the number of long standing breaches continues to reduce, however breached cases numbers have remained fairly static since December 2017 as work continues on clearing the longest breached cases. One case is breached by over eight months but is close to completion. Breaches are mainly due to delays in report writing and gaps in and the rigour of the analysis. The Root Cause Analysis Panel and weekly corporate/divisional governance team meetings continue to support completion of and the quality of the investigations. The corporate team now attend many of the RCA meetings and are aligned to individual cases to support completion of the analysis and reports. Additionally the corporate team aim to link with the lead investigator early in the process.

The Clinical Effectiveness Manager and Head of Patient Safety continue to work with the divisions to progress completion of breached cases.

The 12 new SIs are:

- one never event relating to a retained product
- three pressure ulcer cases
- one case of self-harm
- five treatment delay cases relating to lung cancer (two), caecal cancer, renal cancer and ophthalmology
- two medication case relating to Methotrexate and Insulin

Strategic Theme: Patient Safety

Infection Control

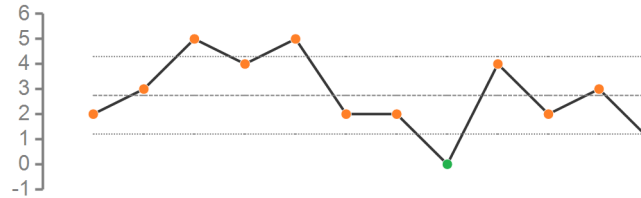
Jun	Cases of MRSA (per month)	7 (-30.0%)		Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with varia	★ ★ ★
Jun	Cases of C.Diff (Cumulative)	16 (33.3%)		Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month.	★ ★ ★
Jun	E. Coli	79 (-17.7%)		The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★ ★ ★

Strategic Theme: Patient Safety

Jun

MSSA

33
(26.9%)



The total number of MSSA bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.



Comments:

C.difficile

C.difficile data is presented as the cumulative number of cases and resets to zero each April. In the new reporting period since April to date the number of cases thus far would see us exceeding the trajectory set for the year by the Department of Health. All of the cases to date have been in either the Urgent Care & Long Term Conditions Division (12 cases) or Surgical Division (5 cases).

The Trust rate of C.difficile per 100,000 bed days is currently 19.3, significantly higher than our average over the preceding 8 years (14.4, range 8.5-25.0) and the current England average of 12.7/100,000 bed days.

MRSA

From April 2018, all post 48 hour MRSA bacteraemias have been automatically assigned to the Trust and all pre 48 hour cases to the CCG. In the last 8 years our rate of MRSA per 100,000 bed days was 1.84 (range 0.0 - 3.1) and by virtue of 2 assigned bacteraemias year to date our rate per 100,000 bed days is 2.41, this compares with national rate of 0.86 and a Kent & Medway rate of 2.89/100,000 bed days.

MSSA

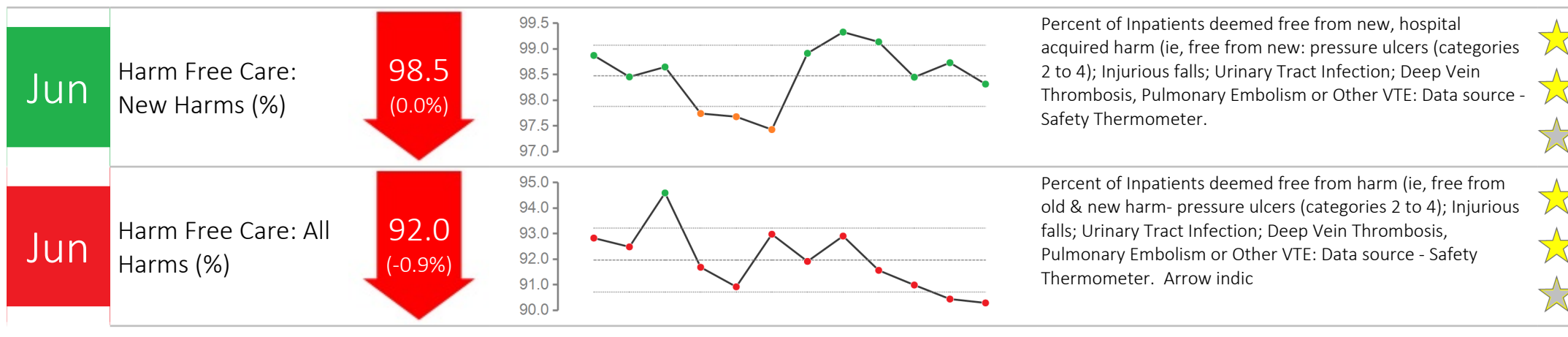
In the last 8 years our rate of MSSA per 100,000 bed days was 7.53 (range 6.12-11.02). Our current rate is 7.22, below that for Kent & Medway and below the national rate (9.10 and 9.59/100,000 bed days respectively).

E.coli

In the last 7 years our rate of E.coli per 100,000 bed days was 22.6 (range 14.6-28.2). Our current rate is 27.7, exactly the same as the Kent & Medway rate but below the national rate of 22.4/100,000 bed days.

Strategic Theme: Patient Safety

Harm Free Care



Comments: Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. The Safety Thermometer for June-18 (90.29%) shows a small deterioration since last month (90.44% May-18). However, marked improvements are seen in the Specialist Division with a rise to 98.52% (97.37% May-18) and Surgical Division 90.67% (88.12% May-18).

The total of Harm Free Care experienced in our care (New Harms only) at 98.36% fell slightly since last month (98.73% May-18) but the prevalence of New Pressure Ulcers, Catheters and New UTIs, Falls with Harm and New VTEs is below the national average .

The prevalence of catheters & New UTIs has improved for June-18 and is lower than both the overall National Average (0.28%) and the Acute Hospital only average (0.36%). Further work will continue in exploring admission sources, and to identify any themes, for patients admitted with a urinary catheter to sustain improvement. Improvement work continues including involvement in revision of Kent wide catheter guidelines and planned launch of the catheter passport.

Rigorous work will continue to ensure robust validation of prevalence data to ensure harms are kept to a minimum and that patient safety remains a priority.

Strategic Theme: Patient Safety

Pressure Damage

Jun	Pressure Ulcers Cat 2 (per 1,000)	0.21 (-32.8%)		<p>Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days</p> <p>Data source - Datix.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12</p>	★ ★ ★
Jun	Pressure Ulcers Cat 3/4 (per 1,000)	0.01 (-47.9%)		<p>Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days</p> <p>Data source - Datix.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous</p>	★ ★ ★

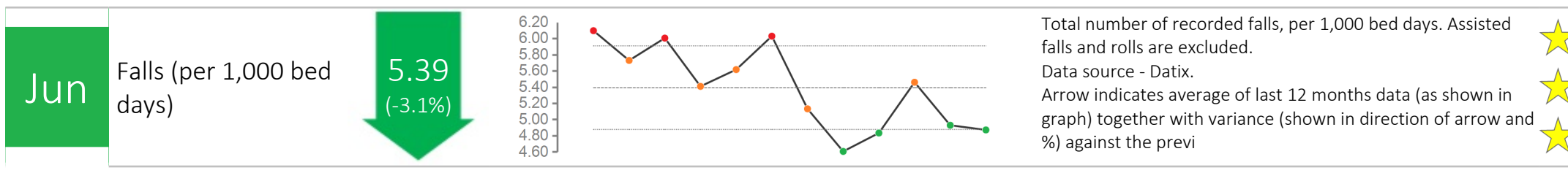
Comments: In June 2018 there were a total of 42 pressure ulcers reported. 32 of these were category 2 ulcers. This is an increase of 8 from last month. The trust was over the 0.15 avoidable incidence/1000 bed days with a result of 0.233/1000. 7 were avoidable, an increase of 2 to last month. These were avoidable due to no heel offloading, lack of repositioning evidence and tight net underwear causing a blister. The trust reported 2 less avoidable category 2 pressure ulcers in quarter in comparison to 2017-18. There were 0 confirmed category 3 or 4 ulcers. We have remained consistently under the set 0.15/1000 bed day target for avoidable category 3 and 4 ulcers. 10 potential deep ulcers were reported a decrease of 4. 2 of these were avoidable (equal to last month). 1 sacral ulcer and one of the hip both due to lack of repositioning and inappropriate support surface. The trust came under the 0.15 avoidable incidence/1000 bed days with a result of 0.064./1000 bed days.

Actions in June 2018:

- 3 TVNs have completed an External leg ulcer course to improve standards across EKHUFT
- Joint equipment reviews with Moving and Handling team planning to complete trials on Seating, turning devices and active mattresses
- Increased referrals on Careflow increasing efficiency in response
- Active participation in Kent and Medway Collaborative meeting
- Site initiation meeting for MIDFUT (Multiple Interventions for Diabetic Foot Ulcer Trial)
- Heel campaign pack resent to all ward managers and matrons for display on wards to refresh campaign

Strategic Theme: Patient Safety

Falls



Comments: Falls incidents have decreased in June 2018, although within control limit, nearing the lower limit which is positive. There were a total of 152 compared with 160 in May. 45 were at K&CH, this was compared to 51 in May, 32 at QEQUH this has remained the same and 75 at WHH a reduction of 2.

At WHH 6 falls occurred on CJ, the ward was changed to Frailty in March, this is a significant improvement from May where there was 11 falls. The ward rearrangement meant CM1 was moved to CJ the frailty ward therefore had an increase in numbers, however CM1 has been staffed with temporary agency staff and an increase in falls has occurred where there was 9 falls.

9 falls were reported on CDU compared to 11 in May. CDU have introduced a TAGG system from July 1st to ensure a staff member is in the bay during all day time shifts.

At K&CH there were 10 falls on Harbledown ward, 8 on Kingston ward. There were 3 falls on Invicta ward. Most patient falls were associated with confusion and delirium. The falls have decreased at KCH overall.

Actions:

1. Fall Stop programme continues with a set rollout programme Trustwide, focusing on rapid assessment of patients at high risk of falls in CDUs and frailty wards. Wards taking part are CDU and frailty wards at WHH, CDU, St Margaret's and St Augustine's at QEQUH and Invicta and Harbledown at K&CH.
 2. Fall Stop education sessions have been undertaken with pharmacists and therapy technicians, as part of their 'Falls and Frailty May' programme, who will begin a process within frailty wards, of technicians identifying patients who are at risk of falls due to culprit drugs and referring them for medication reviews.
 3. Link worker meetings have taken place across all 3 sites to share the national audit findings and promote Fall Stop.
 4. Therapy engagement is on-going to involve them in lying and standing blood pressure measurements.
 5. Hip fractures are currently being graded as severe, following the national audit recommendations. However, there is further discussion needed to agree to level of investigation of these as up to half are unavoidable and therefore may not warrant a full RCA.
 6. EKHUFT are now involved with the 2nd phase of the NHS Improvement Falls Collaborative. The launch was on the 20th June 2018. This enabled a great opportunity to be involved in a national project of quality improvement around falls. The team is multi-professional, and fits with our action plan for falls and the FallStop programme. The key focus is to work around Lying and Standing blood pressures. The event was well attended and the 2nd day was recently attended on the 17th July.
- CJ frailty ward and CL also frailty and Harbledown are taking part. The event was also attended by the ward manager from Invicta ward at K&CH.

Strategic Theme: Patient Safety

Incidents

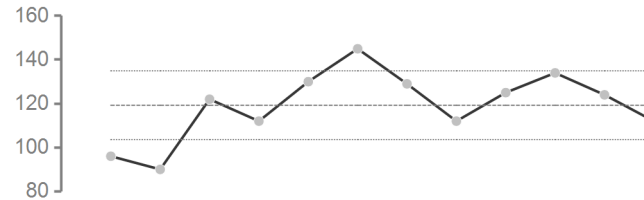
Jun	Clinical Incidents: Total (#)	16,318 (-1.6%)		<p>Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.</p>	
Jun	Blood Transfusion Incidents	141 (-3.4%)		<p>The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.</p>	

Strategic Theme: Patient Safety

Jun

Medicines Mgmt.
Incidents

1,431
(9.8%)



The number of medicine management issues sourced from Datix.

Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.



Comments:

Clinical incidents overall summary

A total of 1284 clinical incidents have been logged as occurring in Jun-18 compared with 1447 recorded for May-18 and 1371 in Jun-17.

In Jun-18, 12 incidents have been reported on StEIS. 23 incidents have been escalated as a serious near miss, of which 21 are still under investigation. Comparison of moderate harm incidents reported: 12 in Jun-18, 12 in May-18 and 16 in Jun-17.

Over the last 12 months incident reporting shows an increase at QEQM and K&CH, but continues to decline at WHH.

Blood transfusion (submitted by the Blood Transfusion Coordinator)

There were 7 Blood Transfusion related incidents for June 2018 (6 in May 2018 and 8 in June 2017).

All seven incidents were classified as no harm and one as low harm.

The reported incidents included a recall of a unit of platelets by the National Blood Service, anti D not administered within 72 hours, a delay in taking samples and sending them to the laboratory and three query transfusion reactions. All the query transfusion reactions were investigated fully and no serological incompatibilities were found. The reactions were more likely due to the underlying clinical conditions of the patients.

No other themes were identified with the incidents reported.

Reporting by site: 3 at QEQM, 2 at K&CH and 2 at WHH

Medicines management (submitted by the Medication Safety Officer)

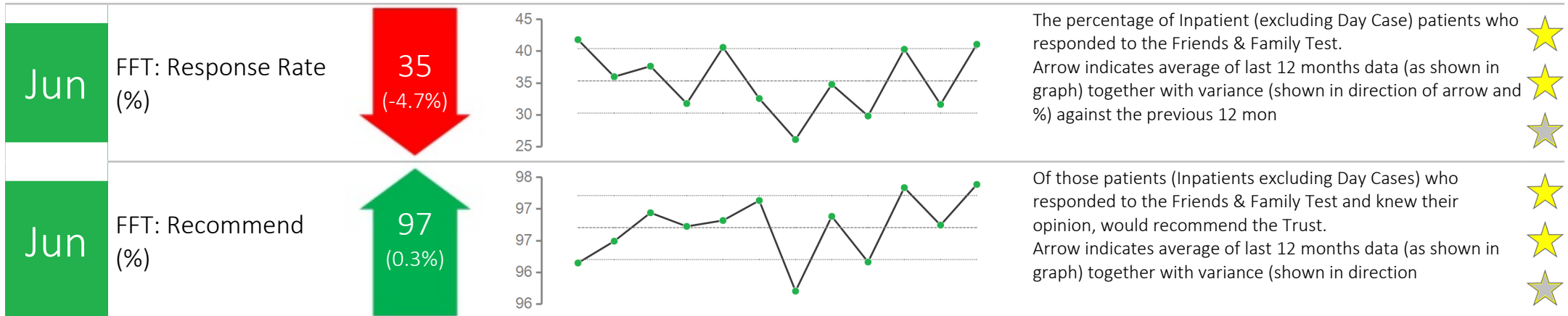
As of 19/07/2018 the total number of medication related incidents reported in June 2018 was 153. These included 96 no harm, 55 low harm, 1 moderate harm and 1 death incident. The death incident was an incident that occurred in March 2017 picked up on a retrospective audit and concerned a patient with type 2 diabetes not being prescribed insulin whilst in hospital or on discharge which led to re-admission and rapid decline. The other areas of concern include the unsafe prescribing of methotrexate and the recurrent incidents of patients being prescribed enoxaparin with direct oral anticoagulants such as apixaban.

The severity of medication related incidents in June 2018 shows that 62.7% of medication related incidents reported were no harm incidents, a decrease from 72.3% in May. 1 incident reported in June required RCA investigation and 1 sTEIS reported.

There were 49 incidents in June 2018 categorised as 'omitted medicine/ingredient', representing 32% of all medication related incidents in June. The data produced by the Medication Safety Thermometer in June 2018 was taken from 25 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication has further decreased to 17.3% and the percentage of patients with a missed critical medicine was 7.2% in June. This included 11 wards with less than 10% of patients with a missed dose of medication and 11 wards with less than 5% of patients with an omitted critical medicine.

Strategic Theme: Patient Safety

Friends & Family Test

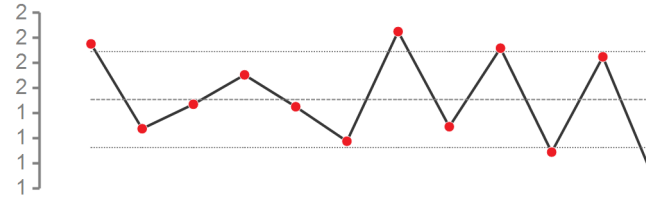


Strategic Theme: Patient Safety

Jun

FFT: Not
Recommend (%)

1.5
(-16.7%)



Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust.
Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direct



Comments: A total of 9442 responses were received (38.5% eligible patients). Overall response rates fell for day cases, and ED's this month. Inpatients and maternity's response rates increased for this month. Response rate for the EDs was 16.7% (17.4% May-18), inpatients 38.7% (31.6% May-18), maternity; birth only 30.4% (10.3% May-18) and day cases 22.9% (24.0% May -18).

Recommendations by patients in June were improved to May in ED's, daycases and inpatients, however, fell slightly in outpatients and maternity. The total number of inpatients, including paediatrics, who would recommend our services 97.3% (96.7% May-18), EDs 85.5% (83.2% May-18), maternity 98.8% (100% May-18), outpatients 91.1% (92.3% May-18) and day cases 96.3% (94.6% May-18).

91.7% of responders would recommend us to their friends and family and 5.0% would not. The Trust star rating in June is 4.58 (4.56 May-18). Staff attitude, Care and Competence as the three top positive themes for June-18 and the three top negative themes for the trust were Care, Staff attitude and waiting times demonstrating the importance of improving patients waiting times and ensuring that staff attitude is positive for good patient experience.

All areas receive their individual reports to display each month, containing the feedback left by our patients which assists staff in identifying areas for further improvement. This is monitored and actioned by Divisional Governance teams.

Strategic Theme: Patient Safety

Patient Experience 1

Jun	Overall Patient Experience %	91.0 (-1.5%)		Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of las	
Jun	Privacy for discussions with Nurses %	41		Privacy for discussions Nurses	
Jun	Aware of Nurse in each shift %	38		Aware of nurse in each shift	

Comments: This month overall patient experience, as a calculated average of the 5 key questions within the local inpatient survey, which enables our patients to record their experience in real-time, shows little change over the past few months.

New questions were added into the survey in Aug-17 to enable close monitoring of three key areas where our performance in the 2016 national inpatient survey (published in May-17) was below the national average. . This month we received 2,430 completed inpatient surveys. Baseline performance in ensuring privacy when discussing patients' condition or treatment, ensuring patients are aware of which nurse is looking after them each shift and ensuring patients are able to discuss their worries and fears demonstrated significant opportunity for improvement.

This month small decreases are seen in two of three of these important elements of patient experience and overall patient experience has fallen slightly. The results of the 2017 national adult inpatient survey shows improvement across all three of these indicators of patient experience. An improvement plan has been drafted and the questions within this local survey will be amended to reflect improvement priorities, with progress monitored through the Patient Experience Group.

Strategic Theme: Patient Safety

Patient Experience 2

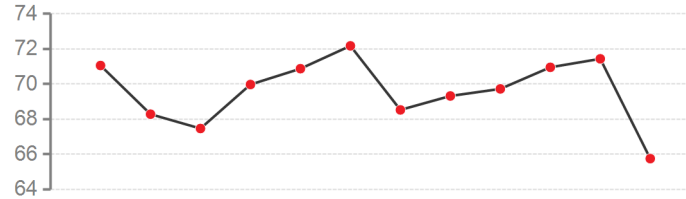
Jun	Discuss Worries with Nurses %	44		Discuss Worries with Nurses	
Jun	Cleanliness? %	<div>90 (-1.1%)</div>		Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as show	

Strategic Theme: Patient Safety

Jun

Hospital Food? %

70
(-3.9%)



Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in



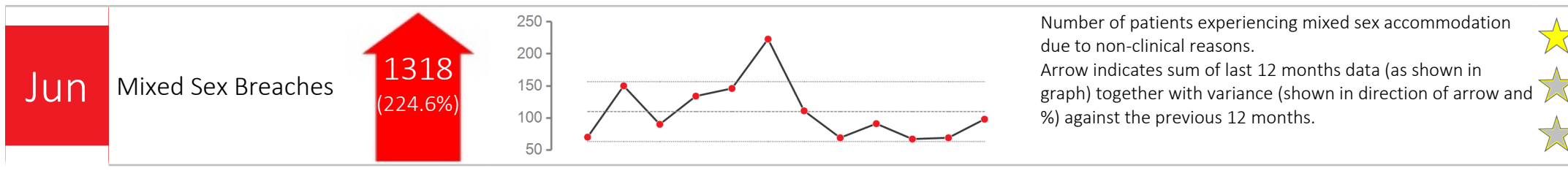
Comments:

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. Most wards have reported their performance (against the patient experience metrics) through the inpatient survey in June-18 and there has been an increase of non-compliant wards for FFT. However, compliance has and will continue to improve for the Trust.

Patient surveying (for cleanliness and hospital food) has been discussed at this months Patients Experience Group with a view to linking Inpatient surveying with supported volunteering surveying. Its important that the number of patients completing the survey increases so as to ensure an accurate and useful survey response is available to inform decision making. This work will be progressed over the coming months.

Strategic Theme: Patient Safety

Mixed Sex



Comments:

There were 25 mixed sex accommodation occurrences in total, affecting 140 patients.

Incidence of mixed sex accommodation breaches increased slightly this month to May and there were 12 non-justifiable occurrences within the WHH CDU linked to flow and capacity issues. This information has been reported to NHS England. The remaining incidents occurred in the WHH RSU (8) CCU WHH (2), K&C ITU (1) and QEQM Fordwich (2), which were justifiable based on clinical need.

Daily reporting of mixed sex occurrences has been sustained in certain areas demonstrating understanding of the reporting method for mixed sex breaches. Rigorous work continues as the trust is working closely with the CCG and NHSI on the Mixed Sex Accommodation Improvement Collaborative over the next 6 months. This will support the trust in achieving compliance with the national definition of mixed sex accommodation.

Strategic Theme: Patient Safety

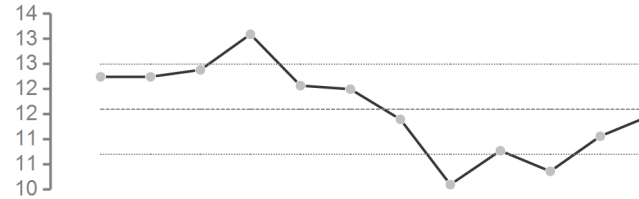
Safe Staffing

Jun	Shifts Filled - Day (%)	99 (1.4%)		Percentage of RN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★ ★ ★
Jun	Shifts Filled - Night (%)	106 (-1.0%)		Percentage of RN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★ ★ ★

Strategic Theme: Patient Safety

Jun

Care Hours Per
Patient Day (CHPPD) 12
(104.7%)



Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12



Comments: % fill of planned (funded establishment) and actual (filled shifts) by hours is required to be reported monthly by registered nurse and care staff, by day and by night, in line with National Quality Board expectations. Reported data is derived from the Healthroster system and overall fill rate was 100.9% (101.7% May-18).

Low fill rates were seen on several wards due to a combination of high sickness, maternity leave and vacancies (Minster, Deal, Invicta, Treble, MountMcMaster, Fordwich, Kingston, Harbeldown, ITU K&C and Kennington).

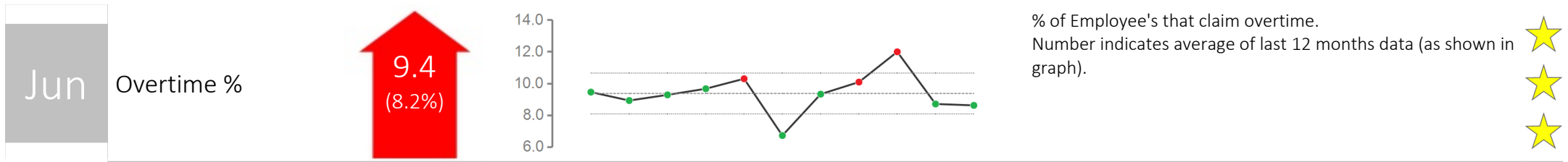
Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59 each day during the month. Average CHPPD in June was 8.3 (8.2 May-18). The range is from around 5.5 hours of care per patient on medical wards to over 25 within critical care areas where one to one care is required. Comparative data within the Model Hospital Dashboard (Apr-18 data) shows EKHUFT average CHPPD is in the mid to low 25% (Quartile 2) and in line with our recommended peer group and peer median based on spend and clinical output.

Strategic Theme: Human Resources

Gaps & Overtime

Jun	Vacancy (%)	12.1 (15.9%)		% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★ ★ ★
Jun	Staff Turnover (%)	13.3 (5.6%)		% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous	★ ★ ★
Jun	Sickness (%)	3.9 (-1.1%)		% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 mont	★ ★ ★

Strategic Theme: Human Resources



Comments: Gaps and Overtime
The vacancy rate increased to 12.1% for the average of the last 12 months, which is higher than last year, although the in month rate fell by approximately 0.5%. More work is being undertaken to target hard to fill vacancies, particularly within nursing and some Medical specialties. There are currently 309 candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes 123 Nursing and Midwifery staff and 45 Medical and Dental staff.

The Turnover rate in month fell to 12.3%, although the 12 month average is higher than the previous 12 months at 13.3%. Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed to highlight any areas of concern.

The in month sickness absence position for June was 3.81% - which is slightly higher than the 3.69% in May. However, the 12 month average fell to 3.9%. Divisions are working to develop sickness absence reduction plans, with a focus on long term sickness absence and an integrated approach to proactively managing absence with Occupational Health through case conferencing and regular contact. This includes supporting stress, anxiety and compassion fatigue through Respect & Resilience workshops, Mindfulness Courses and Mental Health First Aid training. A Sickness Absence Helpline is being piloted by the Occupational Health department with the Surgical Services wards across the Trust to see if this can support improvements in early referrals to OH in order to get staff back to work.

Overtime as a % of wte decreased slightly last month. The average over the last 12 months fell by 0.1% on the previous month, but . All metrics are reviewed and challenged at a Divisional level in the monthly Executive Performance Reviews.

Strategic Theme: Human Resources

Temporary Staff

Jun	Employed vs Temporary Staff (%)	88.7 (-1.2%)		Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) again	
Jun	Agency %	6.6 (20.0%)		% of temporary (Agency and Bank) staff of the total WTE Number indicates average of last 12 months data (as shown in graph).	
Jun	Bank Filled Hours vs Total Agency Hours	57 (3.3%)		% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff	

Strategic Theme: Human Resources



Comments: Temporary Staff

Total staff in post (WTE) increased slightly from 7067 in May to 7074 in June, which left a vacancy factor of approx. 776 wte across the Trust. As stated in the previous section, there are currently 309 candidates in the recruitment pipeline.

Agency staffing as a percentage of WTE increased slightly at approx. 7%, and still remains at high levels compared to the beginning of the year. The 12 months average shows a slight increase to 6.6% of WTE (6.5% in the previous month).

The average percentage of employed staff vs temporary staff over the last 12 months remains 88.7%.

Agency costs are monitored at EPR and weekly agency meetings, the focus remains on recruiting substantively to the reduce the use of agency. The Agency Taskforce review strategies for reducing agency costs. Divisions are all now monitoring Agency use on a post by post basis through the agency reduction plans in Aspyre with support from HR and Improvement Delivery Teams. These plans identify detailed and specific actions to eliminate where possible spend on agency.

Strategic Theme: Human Resources

Workforce & Culture

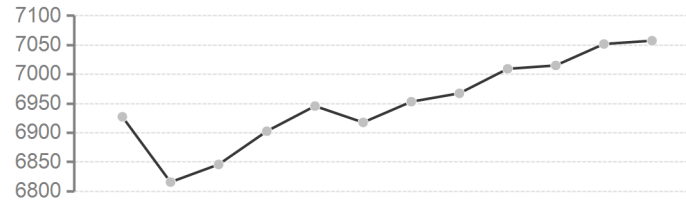
Jun	Statutory Training (%)	89 (1.5%)		<p>The percentage of staff that have completed Statutory training courses, this data is split out by training course.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the pr</p>	
Jun	Appraisal Rate (%)	78.9 (-3.1%)		<p>Number of staff with appraisal in date as a % of total number of staff.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Jun	Time to Recruit	14 (19.4%)		<p>Average time taken to recruit to a new role. This metric is shown in weeks.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	

Strategic Theme: Human Resources

Jun

Total Staff In Post
(SiP)

7058
(0.1%)



Count of total staff in post (WTE)



Comments: Workforce & Culture
Average Statutory training 12 month average is 89% and remains 91% in month for June. This remains above the target of 85%. Divisions are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements.

The Trust staff average appraisal rate decreased to 76% in month for June. This is a result of many clinical appraisals happening during April in the previous year, which were not completed within the 12 month period. The Specialist Division (72%) and Surgical Services Division (77%) remain above Trust Average. Divisions are working on plans to complete outstanding appraisals as well as to avoid a further drop in appraisal rates for those due to be renewed in coming months, particularly with the expected fall in compliance at the beginning of each financial year.

The average time to recruit is 14 weeks, the same as last month. However a target has been set to reduce this to 8 weeks to ensure recruitment time meets the demands of our services. The new Trac system will support this reduction.

Strategic Theme: Activity

Activity vs. Internal Business Plan

Key Performance Indicators

Jun	Jun-18				YTD				YTD vs Last Yr				Green	
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %		
	Referral Primary Care	14,628	15,399	(-771)	-5%	44,476	42,979	1,497	3%	44,476	43,576	900	2%	<=0%
	Referral Non-Primary Care	14,739	14,422	317	2%	44,688	41,912	2,776	7%	44,688	41,963	2,725	6%	<=0%
	OP New	19,328	19,249	79	0%	54,797	54,109	688	1%	54,797	53,354	1,443	3%	>=0%
	OP Follow Up	41,715	42,848	(-1,133)	-3%	121,276	116,236	5,040	4%	121,276	117,905	3,371	3%	>=0%
	Elective Daycase	6,612	6,684	(-72)	-1%	19,577	19,350	227	1%	19,577	18,242	1,335	7%	>=0%
	Elective Inpatient	1,282	1,340	(-58)	-4%	3,736	3,843	(-107)	-3%	3,736	3,584	152	4%	>=0%
	A&E	18,068	17,926	142	1%	54,239	53,734	505	1%	54,239	53,351	888	2%	>=0 & <5%
	Non-Elective Inpatient	6,650	6,990	(-340)	-5%	20,110	20,997	(-887)	-4%	20,110	20,836	(-726)	-3%	>=0 & <5%
	Chemotherapy	1,190	1,264	(-74)	-6%	3,642	3,537	105	3%	3,642	3,597	45	1%	>=0%
	Critical Care	1,643	1,558	85	5%	5,390	4,770	620	13%	5,390	5,368	22	0%	>=0%
	Dialysis	6,622	6,835	(-213)	-3%	20,344	20,618	(-274)	-1%	20,344	20,199	145	1%	>=0%
	Maternity Pathway	1,099	1,202	(-103)	-9%	3,332	3,532	(-200)	-6%	3,332	3,543	(-211)	-6%	>=0%
	Pre-Op Assessments	3,585	3,391	194	6%	10,466	9,522	944	10%	10,466	8,463	2,003	24%	>=0%
	Diagnostic	461,042	456,823	4,219	1%	1,386,482	1,313,741	72,741	6%	1,386,482	1,308,304	78,178	6%	<=0%
	Other	5,011	4,765	246	5%	15,406	14,166	1,240	9%	15,406	14,043	1,363	10%	>=0%

The 2018/19 Internal Business Plan has been developed at specialty level by our Operational Teams; Demand uses the 2017/18 Outturn as a baseline, growth was applied to all points of delivery for key areas where evidence supports exponential activity growth from referrals. The plan is capped at our total capacity and as such further activity (or demand reduction schemes would be required to achieve sustainable elective services. Further adjustments for patient safety/best practice issues such as reductions or increases in new to follow up rates have been applied. Finally EKHUFT have taken a view on the viability of CCG QIPP schemes achieving a reduction in demand in 2018/19. It should be noted that this does not reflect demand levels agreed within the 2018/19 contract. All trajectories to support attainment of the Sustainability and Transformation Funding have been based on this activity plan.

The capacity levels within the plans should be considered achievable although in many instances will stretch our services beyond their internal substantive capacity, efficiency programmes, workforce recruitments plans and it is anticipated therefore that substantial elements of the plan will continue to be delivered though additional waiting list payments.

June 2018

Elective Care

In June Primary Care referrals were 2% below expected levels reducing the YTD variance to 3% (+1497). An administrative error within the Paediatric service has now been resolved however the Paediatric Blood Clinics where the recording issue was identified remains in the YTD position. Rapid Access referrals do remain high compared to last year (+14%) however June saw the first month where Rapid Access referrals were below planned levels.

The Trust achieved the new outpatient plan for June with appointments at levels. The YTD variance remains 1% above plan. General Medicine, Neurology, T&O and Urology remain the biggest drivers behind the under-performance. Eleven services are actively producing quantified recovery plans intended to respond to specialty level underperformance and deliver the full new outpatient plan. The impact of the Virtual Fracture Clinic implemented in mid-February is likely to render the Orthopaedic plan unachievable due to high discharge rates that were not anticipated. The Ophthalmology service continues to provide additional weekend capacity at KCH delivered through an insourcing provider. It is expected this will recover the Ophthalmology YTD underperformance and support the RTT backlog recovery.

Outpatient productivity delivered by the Trust in June was at similar levels to the previous month allowing the Trust to clear another 990 patients from the outpatient waiting list.

The Trust under-performed the follow up plan in June (-3%) but remains above planned levels YTD (+4%). General Medicine (-765) and Rheumatology (-565) continue to underperform the business plan. There is a capacity shortfall within the Rheumatology service affecting the follow up position, this is being addressed with locum capacity due to commence in mid-August.

In June the Trust under-achieved the Daycase plan by -72 patients, however, the YTD performance remains above planned levels (+227). Large underperformances were seen in key elective specialties Orthopaedics, Dermatology, Gynaecology and Ophthalmology. The Orthopaedic service generated the biggest under-performance; the biggest contributing factor was due to theatre rental for high productivity spinal injections lists being unavailable until the end on April. Additional weekend injection lists commenced in June and additional capacity is to be delivered at KCH through an insourcing provider in order to start to recover the position. A change in recording will likely render the Dermatology plan unachievable, it is anticipated an over performance in Outpatient with procedure will offset the daycase underperformance. The Ophthalmology service have developed long term plans to address the underperformance through improved theatre booking efficiencies.

Elective Admissions are 3% behind the plan in the YTD with large underperformances observed in Urology (-162) and Gynaecology (-164). Due to emergency pressures, elective inpatient activity was limited for the Urology service at the start of the financial year. In order to ensure theatre utilisation was maximised additional daycase patients were booked and this is reflected in the Urology YTD daycase performance.

Non Elective Care

The Trust sees non elective admissions to all of its 3 sites. These are typically some of the patients who attend the Trust Accident & Emergency departments, or are admitted directly through to the wards upon agreement with General Practitioners. These patients have an urgent clinical need that cannot wait for an elective pathway or outpatient appointment to be given, and so are monitored within the hospital site as diagnosis and treatment for their clinical condition is conducted. From the 19th June 2017, the Trust invoked a business continuity plan which resulted in acute medical patients no longer being admitted at the Kent & Canterbury site.

In monitoring Non Elective care, metrics (detailed below) are reviewed to determine if patients are able to flow through the hospital without significant delays and bottlenecks.

The Bed Occupancy of the Trust continued to be at challenging levels and decreased slightly in May to an overall Trust wide position of 99.1% of funded beds (100.8% in March). At the Queen Elizabeth the Queen Mother Hospital site the bed occupancy position increased slightly to 101.2% in May, compared to 100.8% in April. The William Harvey Hospital position has deteriorated slightly with an overall bed occupancy of 99.6% in May, (98.9% in April). Bed occupancy positions are taken from midnight snapshots of Trust systems and compared against the number of available funded bed establishment.

The Medical Outliers metric shows the daily average number of medical patients which were bedded in non-medical wards. This can happen for a variety of reasons; such as care being recently transferred to a medical specialty consultant, or as a result of the ward in question having free beds available for patients at the time of clinical need. Patients remain under the medical consultant responsible for their care for the purpose of treatment and clinical review. During May the number of medical outliers remained at a similar level to April, with a monthly average of 56 medical outliers across the Trust. Individual site levels of medical outliers over the month were 9 at the Queen Elizabeth the Queen Mother Hospital (average of 13 in April) and 40 at William Harvey Hospital (36 in April).

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	3,573	4,544	-21%	-971
650 - Physiotherapy	2,477	2,818	-12%	-341
300 - General Medicine	29	360	-92%	-331
120 - Ear, Nose & Throat	2,750	3,002	-8%	-252
410 - Rheumatology	1,008	782	29%	226
103 - Breast Surgery	2,119	1,813	17%	306
420 - Paediatrics	1,722	1,359	27%	363
101 - Urology	2,249	1,836	22%	413
110 - Trauma & Orthopaedics	2,658	2,192	21%	466
330 - Dermatology	3,781	3,308	14%	473
Total	43,587	42,946	1%	641

OP New

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	374	862	-57%	-488
400 - Neurology	1,006	1,437	-30%	-431
110 - Trauma & Orthopaedics	4,115	4,466	-8%	-351
101 - Urology	2,295	2,617	-12%	-322
502 - Gynaecology	3,574	3,820	-6%	-246
340 - Respiratory Medicine	1,437	1,249	15%	188
800 - Clinical Oncology	1,154	927	25%	227
103 - Breast Surgery	2,059	1,784	15%	275
330 - Dermatology	3,567	3,166	13%	401
650 - Physiotherapy	4,998	4,413	13%	585
Total	54,433	54,106	1%	327

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
502 - Gynaecology	1,624	1,883	-14%	-259
400 - Neurology	452	681	-34%	-229
650 - Physiotherapy	3,212	3,389	-5%	-177
420 - Paediatrics	595	769	-23%	-174
330 - Dermatology	336	490	-31%	-154
651 - Occupational Therapy	671	797	-16%	-126
140 - Maxillo Facial	658	520	27%	138
300 - General Medicine	731	364	101%	367
130 - Ophthalmology	3,927	3,045	29%	882
110 - Trauma & Orthopaedics	6,007	5,055	19%	952
Total	43,107	41,904	3%	1,203

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	686	1,455	-53%	-769
410 - Rheumatology	2,707	3,272	-17%	-565
110 - Trauma & Orthopaedics	10,682	11,054	-3%	-372
502 - Gynaecology	4,337	3,948	10%	389
650 - Physiotherapy	15,165	14,684	3%	481
290 - Community Paediatrics	6,081	5,589	9%	492
340 - Respiratory Medicine	2,199	1,620	36%	579
330 - Dermatology	5,080	4,498	13%	582
800 - Clinical Oncology	10,862	10,117	7%	745
101 - Urology	5,867	5,118	15%	749
Total	120,127	116,230	3%	3,897

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	1,170	1,563	-25%	-393
330 - Dermatology	1,185	1,463	-19%	-278
502 - Gynaecology	595	801	-26%	-206
130 - Ophthalmology	1,169	1,336	-13%	-167
340 - Respiratory Medicine	342	223	53%	119
300 - General Medicine	5,200	5,061	3%	139
303 - Clinical Haematology	936	771	21%	165
100 - General Surgery	507	320	58%	187
301 - Gastroenterology	408	212	92%	196
800 - Clinical Oncology	1,556	1,086	43%	470
Total	19,548	19,350	1%	198

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	6,003	6,623	-9%	-620
430 - HCOOP	2,542	3,003	-15%	-461
180 - Accident & Emergency	922	1,250	-26%	-328
560 - Midwifery	616	703	-12%	-87
420 - Paediatrics	2,209	2,277	-3%	-68
422 - Neonatology	174	130	33%	44
104 - Colorectal Surgery	77	18	325%	59
301 - Gastroenterology	157	61	157%	96
340 - Respiratory Medicine	233	81	187%	152
100 - General Surgery	1,668	1,452	15%	216
Total	20,130	20,997	-4%	-867

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
101 - Urology	691	860	-20%	-169
502 - Gynaecology	282	446	-37%	-164
110 - Trauma & Orthopaedics	808	899	-10%	-91
320 - Cardiology	53	112	-53%	-59
100 - General Surgery	282	318	-11%	-36
430 - HCOOP	19	39	-51%	-20
340 - Respiratory Medicine	39	9	333%	30
420 - Paediatrics	84	49	73%	35
503 - Gynaecology Oncology	100	26	279%	74
300 - General Medicine	578	272	113%	306
Total	3,785	3,843	-2%	-58

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	954162	883794	8%	70,368
Other	15120	14074	7%	1,046
Pre-Op	10459	9521	10%	938
Critical Care	5390	4770	13%	620
A&E	54240	53734	1%	506
Maternity Pathway	3332	3532	-6%	-200
Dialysis	13722	13783	0%	-61
Chemotherapy	3556	3537	1%	19

Strategic Theme: KPIs

4 Hour Emergency Access Standard

Key Performance Indicators

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
82.55%												
4 Hour Compliance	71.18%	70.10%	70.51%	70.66%	76.21%	69.13%	69.33%	73.75%	75.08%	76.93%	80.80%	82.55%
12 Hour Trolley Waits	1	2	0	0	0	2	2	0	2	1	0	0
Left without being seen	5.30%	4.69%	4.38%	3.56%	2.73%	3.45%	2.75%	2.29%	2.70%	2.71%	2.42%	2.12%
Unplanned Reattenders	9.36%	9.22%	8.75%	8.69%	8.33%	9.05%	8.97%	8.91%	9.09%	9.61%	9.08%	9.29%
Time to initial assessment (15 mins)	92.4%	92.3%	93.4%	90.6%	91.1%	88.6%	93.6%	96.0%	94.4%	94.6%	95.4%	92.8%
% Time to Treatment (60 Mins)	46.7%	46.1%	45.9%	47.8%	54.6%	53.3%	55.5%	47.8%	42.5%	46.2%	49.5%	51.7%

2018/19 Trajectory (NHSI return 2nd May)

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
4.09 %												
Trajectory	78.6%	77.5%	78.5%	83.9%	85.4%	85.4%	87.4%	89.9%	88.6%	88.4%	87.6%	87.6%
Performance	76.9%	80.8%	82.6%									

*The historic 4 Hour compliance position differs slightly from that previously published. While this means that the figures contained here from those submitted nationally, they have been re-stated to be reflective of EKHUFT site performance and in order to align against the NHSI trajectory over 2018-19.

The Emergency Access Standard is subject to a Contract Performance Notice due to the Trust being unable to achieve compliance against the 4 Hour Standard.

Summary Performance

June performance for the 4 hour target was 82.6%; against the NHS Improvement trajectory of 78.5%. This represents a further improvement in performance compared to the previous months and is the fifth month of improvement. There were no 12 Hour Trolley Waits in June. The number of patients who left the

department without being seen continued to be compliant at 2.1%, whilst unplanned reattendances remained noncompliant at 9.3%. Time to treatment improved to a compliant position of 51.7% for June.

The Chief Operating Officer is the senior responsible officer (SRO) for the comprehensive A&E Improvement Plan, the plan is monitored weekly and key improvement highlights in June have included:

- Recruitment is underway for two clinical site practitioners (CSP) to enable two CSPs to lead bed allocation during the weekday shifts by August 2018. The benefits of having two CSPs on duty will be to ensure that there is a senior nurse overseeing all emergency admissions and also have senior clinical oversight of the operational running of the hospital on a 24/7 basis.
- Work is progressing to establish an Urgent Care Centre (UCC) model at both QEOM and WHH; a review of all triage models within ED has been completed with training on a new triage model beginning July 18. A defined model of care definition for each area is being agreed with a review of workforce capacity to demand for medical and nursing staff. GP streaming will be included within the UCC model.
- Following a detailed review of the physical space in the EDs, a business case is being developed to implement an ED observation ward at each site. Opportunities for improving observation areas in women's health and surgical assessment at QEOMH are underway.
- The whole health economy are working together to reduce the number of patients who are delayed in hospital awaiting discharge. Internally within the Trust there is a workstream focussing on improving the efficiency of our internal processes to reduce length of stay, this includes a commitment to embed national programmes such as SAFER and End PJ Paralysis. A workshop has been held to review the length of stay improvements and agree interventions for all wards. Multi-disciplinary, consultant led board rounds have become embedded each weekday morning, with some wards embedding the next step of an afternoon review 'wash-up' meeting to ensure that the plans agreed in the morning are being progressed.
- The Trust winter plan is being reviewed both internally, with NHSI and key partners to ensure that lessons learned from last winter are included in this year's plan. A whole system workshop is planned for July.
- The final stages of the IDT review are underway and a new model for supported discharge being proposed for our future.

Several Business Cases have also been approved and are now actively being implemented, this includes:

- The 'silver roster' cover in ED which provides additional senior operational support to the nurse in charge of ED, to improve patient flow and reduce the number of breaches of the 4 hour emergency access standard.
- Nursing staff for the RATT (rapid assessment and treatment) area to enable patients to be assessed by a senior clinician within 60 minutes of arrival. WHH ED has a dedicated RATT area and continues to see improvements in the number of patients assessed within 60 minutes of arrival and this process continues to support timely ambulance handover. QEOMH are not able to run a RATT area currently due to lack of a dedicated area.
- Additional CT and ultra sound capacity in radiology to reduce delays waiting for diagnostics.

It has been a priority for the Trust to work with SECAMB colleagues in order to minimise the number of handover delays. This has proven to be challenging on days of higher than expected attendances. The number of GP expected medical patients arriving in ED in the early evening remains high. However, in July, SECAMB are piloting the implementation of additional vehicles to respond to non-urgent GP calls to transport patients to hospital for assessment and it is expected that this will enable patients to arrive in ED earlier in the day. The benefits of this will be to facilitate a consultant review and reduce the likelihood of admission.

The redesign of the Emergency Floors is well underway and delivering over and above the anticipated improvements in performance. Building works to the minor injuries area at QEQUH have now completed and plans are being developed to review the Emergency Floor (ED, Medical Assessment Units and Ambulatory Care) to improve patient flow and provide a dedicated or expanded ED observation ward. The improvement and redesign plans for ED are being led by senior clinical staff working across the emergency floor.

The business cases for increasing observation bays, two resus bays at WHH, observation bays at QEQUH and the development of the orthopaedic centre are essential to provide more capacity and reduce occupancy.

The improvement plan and potential harm reports have been presented to the Board, Finance and Performance Committee and Quality Committee.

Strategic Theme: KPIs

Cancer Compliance

Key Performance Indicators

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Green
68.30 %													
62 day Treatments	73.80%	74.29%	74.55%	74.37%	71.97%	74.17%	74.87%	73.40%	71.88%	66.13%	64.90%	68.30%	>=85%
>104 day breaches	42	30	25	28	27	26	30	29	33	31	33	40	0
Demand: 2ww Refs	3,630	3,329	3,475	3,174	3,399	3,341	2,716	3,398	3,155	3,690	3,860	3,691	2990 - 3305
2ww Compliance	94.86%	95.65%	95.26%	94.63%	96.43%	96.28%	95.76%	97.10%	91.42%	89.06%	93.83%	94.18%	>=93%
Symptomatic Breast	83.97%	91.72%	95.50%	94.29%	94.44%	92.37%	89.84%	98.50%	90.28%	75.16%	84.46%	94.16%	>=93%
31 Day First Treatment	93.92%	96.99%	93.23%	98.97%	97.00%	95.67%	94.06%	97.74%	96.08%	95.37%	96.24%	95.59%	>=96%
31 Day Subsequent Surgery	87.04%	89.58%	85.42%	95.12%	85.71%	84.85%	87.23%	91.43%	89.47%	88.57%	82.05%	86.67%	>=94%
31 Day Subsequent Drug	98.41%	95.52%	96.77%	100.00%	100.00%	94.59%	98.85%	98.33%	98.21%	97.87%	98.88%	99.05%	>=98%
62 Day Screening	92.73%	92.00%	93.55%	92.86%	89.29%	93.33%	90.91%	79.31%	100.00%	93.75%	84.09%	87.88%	>=90%
62 Day Upgrades	86.84%	87.50%	85.71%	82.98%	84.00%	92.11%	85.00%	77.27%	100.00%	89.19%	75.86%	83.33%	>=85%

2018/2019 Trajectory

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
7.17 %													
STF Trajectory	65.08%	61.38%	61.13%	55.57%	57.87%	62.76%	73.66%	79.01%	83.12%	85.31%	85.24%	86.17%	Sep
Performance	66.13%	64.90%	68.30%										Sep

The 62 Day Cancer Standard is subject to a Contract Performance Notice due to the Trust being unable to achieve compliance. A Cancer Recovery Plan is in place with an aim to improve performance and ensure that the cancer standards are sustainably delivered across all tumour sites.

Summary Performance

June performance is currently 68.30% against the improvement trajectory of 77.78%, validation continues until the beginning of August in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,914 and there were 40 patients waiting 104 days or more for treatment or potential diagnosis.

Our overall PTL size has increased by circa 400 since the beginning of March. This is largely due to an increase in two week wait referrals, which over March and April were 18% (+1,047) higher than the previous year. The main specialties affected by this rise are Urology (+64%, +364), Breast (+22%, +240), and Dermatology (+22%, +214). There has been a small reduction in the PTL size during June, but the legacy of the increase means the percentage of patients currently waiting over 62 days (with and without a diagnosis) is currently 7.2%.

Specific high referring GP practices have been shared with CCGs with a view that local care exists with reducing no two week wait referrals.

62 Day Performance Breakdown by Tumour Site

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
01 - Breast	95.0%	92.1%	81.8%	100.0%	96.6%	96.2%	88.9%	83.3%	100.0%	92.9%	96.3%	90.9%
03 - Lung	66.7%	79.3%	100.0%	46.4%	70.0%	84.6%	90.3%	100.0%	81.0%	61.4%	91.2%	69.7%
04 - Haematological	100.0%	43.5%	57.1%	53.3%	40.0%	58.3%	75.0%	33.3%	33.3%	50.0%	25.0%	44.4%
06 - Upper GI	80.0%	73.1%	82.6%	71.1%	81.0%	78.3%	70.0%	64.3%	73.3%	66.7%	69.2%	84.0%
07 - Lower GI	43.2%	75.0%	78.8%	70.8%	53.7%	61.3%	65.9%	43.8%	63.2%	62.9%	47.6%	64.1%
08 - Skin	100.0%	100.0%	84.1%	92.3%	95.0%	92.5%	92.7%	100.0%	88.9%	88.0%	89.3%	96.6%
09 - Gynaecological	60.0%	61.9%	75.0%	73.3%	52.4%	57.1%	80.0%	63.6%	75.0%	30.8%	32.0%	43.8%
10 - Brain & Nervous System		0.0%								100.0%		
11 - Urological	62.4%	55.3%	58.5%	63.8%	55.7%	63.7%	52.0%	63.5%	63.2%	57.7%	51.7%	35.7%
13 - Head & Neck	48.1%	66.7%	90.5%	73.3%	87.5%	28.6%	66.7%	85.7%	78.6%	18.2%	30.0%	90.9%
14 - Sarcoma	0.0%				0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%
15 - Other	100.0%	100.0%	100.0%		42.9%	0.0%	0.0%	0.0%		50.0%	0.0%	0.0%

Risks to delivery of the standard:

Following a review of performance against the national cancer standards, the Chief Operating Officer (COO) has implemented a weekly cancer PTL performance meeting with all divisions. An improvement plan is in place to assist with the delivery of agreed trajectories. Significant improvement in cancer services is required and the COO leads weekly cancer team meeting to review performance against all national cancer standards and with a patient level focus on all patients waiting above 100 days for diagnosis or treatment. Patients are actively being managed to ensure that there is a focus on the next step in the patient's pathway, with the aim of pulling that step forward if it possible to do so.

The improvement plan is based on the following areas:

- Cancer strategy and policies
- Cancer management team
- Two week wait standard
- 38 day standard
- Timed pathways
- PTL management
- MDT coordinators
- MDT meetings
- Diagnostic capacity
- Chemotherapy and radiotherapy provision
- Tertiary referrals and partnership
- Holistic assessment, wellbeing and survivorship
- Specialist nurse development
- CCG referral and demand management
- Audit and best practice

There has been a significant increase in referrals to Urology following a national campaigning to reduce prostate cancer. There has also been a higher than expected conversion to diagnosed urology cancers and this has put significant pressure on the Trusts ability to treat within the national timescales. Gynaecology 2ww referrals have also significantly increased and the Trust is working with CCG Commissioners to investigate further.

Actions taken to mitigate risk and improve performance:

- Implemented cancer team weekly meeting with COO.
- Trust wide cancer improvement plan. The improvement plan and potential harm reports have been presented to the Board, Finance and Performance Committee and Quality Committee.
- Tumour stream timed pathway reviews to be completed by Deputy Medical Director and Deputy Chief Operating Officer for Planned Care.
- We are in the process of reviewing each tumour site's action plan to ensure that the actions on these are specific and measurable.
- Following an NHSI visit in April for lung cancer, a half day workshop has been held with a detailed action plan developed and agreed with NHSI.
- Completed a review of the two week wait booking office and subsequent improvement plan with the objective of booking all 2ww patients within 48 hours of referral.
- Review of every patient over 100 days, next steps in the patients pathway and challenge to pull the patients next step forward.

Strategic Theme: KPIs

18 Week Referral to Treatment Standard

Key Performance Indicators

79.02 %		Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Green
	Performance	83.61%	82.58%	81.56%	81.18%	80.87%	78.67%	77.62%	77.03%	76.08%	76.66%	78.56%	79.02%	>=92%
	52w+	30	31	51	64	67	80	108	141	201	222	218	201	0
	Waiting list Size	53,801	54,519	54,749	54,783	54,777	54,383	52,942	54,306	54,519	54,979	54,964	53,411	<38,938
	Backlog Size	8,816	9,497	10,096	10,312	10,481	11,599	11,847	12,474	13,039	12,830	11,785	11,207	<2,178
	Demand: PC Referrals	15,784	15,554	15,230	16,664	16,111	12,585	15,572	14,596	15,658	15,244	16,480	15,429	<15,484
	Demand: Additions to IP WL	3,094	2,984	3,067	3,318	3,578	2,703	3,260	2,876	3,219	2,907	3,310	3,243	<3,076

2018/2019 Trajectory

-0.25 %		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
	Performance Trajectory	77.02%	78.17%	79.26%	80.14%	80.90%	81.16%	81.49%	81.60%	81.16%	80.90%	80.59%	80.47%	87%
	Performance	76.66%	78.56%	79.02%										Sept
-24		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
	52w Trajectory	250	241	225	225	200	175	150	125	150	125	115	99	Sept
	Performance	222	218	201										Sept

The Referral to Treatment Waiting Time Standard is subject to a Contract Performance Notice due to the Trust being unable to achieve compliance against this standard. An RTT Recovery Plan has been developed jointly with local CCGs in order to address both short term backlog clearance and longer term increases in recurrent demand. The aim of the plan is to improve performance during 18/19 with a focus on reducing waiting times and decreasing the number of 52 week waits by over 50%.

Summary Performance

June's performance has improved to 79.02%, and continues to track within 0.25% of our improvement trajectory.

The number of patients waiting over 52 weeks for first treatment has decreased to 201. This is within the trajectory submitted to NHSI, breaches have occurred within the following specialties; **Gynaecology (135), General Surgery (37), Trauma & Orthopaedics (10), ENT (9), Ophthalmology (2), Dermatology (1), Urology (1), Community Paediatrics (5) and Other Specs (1)**

The Chief Operating Officer has implemented a weekly performance meeting with all specialities to monitor all aspects of the national Referral to Treatment standard. An organisational wide improvement plan has been drafted to assist the delivery of the activity production plans and meet the agreed trajectories for patient access. The improvement plan will also support the resolution of operational challenges and training/development needs.

The improvement plan is based of the following key areas for improvement:

- Trust wide access policy
- Clear roles and responsibilities for coordination of Patient Target Lists (PTLs)
- Procedures for referral management
- OPD clinic management
- Pre admission and theatre utilisation
- Planned care pathways
- PTL management
- Diagnostic capacity
- Validation
- Integrated pathways with primary care.

To support the delivery of the improvement plan the Deputy Chief Operating Officer for Planned Care is leading detailed reviews of challenged specialities such as Gynaecology and Urology. Both specialities have seen large increases in referrals and this has challenged their ability to respond to the increasing demand. A planned care steering committee is being established with clinical lead for each specialty.

The weekly performance meeting is driving rapid improvement through a robust focus on each specialities waiting lists; challenging operational focus to bring patients forward and efficient and effective use of outpatient capacity and theatre activity.

There is a greater focus on each individual patient waiting over 52 weeks and the number of patients waiting has greatly reduced during June with the expectation that we will meet the trajectory. Clinical reviews of all patients waiting over 52 weeks is in place with potential clinical harm reports in place.

The improvement plan and potential harm reports have been presented to the Board, Finance and Performance Committee and Quality Committee.

Key issues impacting on delivery of the standard:

- Long waiting times for elective surgery in Gynaecology and Urology due to high demand
- Long waiting times for outpatients in specialities such as Dermatology, Ophthalmology, ENT, Community Paediatrics, Neurology due to medical workforce constraints

Actions taken to mitigate risk and improve performance:

- Additional theatre capacity agreed to commence in June for General Surgery, Ophthalmology
- Deputy Chief Operating Officer focus on recovery plan for Gynaecology
- Director of Performance to review all speciality Production Plans weekly and assure that plans are progressing to identify additional clinic capacity and medical workforce recruitment plans
- All speciality RTT improvement plans refreshed and focused towards the RTT 18/19 plan monitored weekly
- A continued refreshed focus on all patients currently at 35 weeks and above to reduce the patients waiting at 52 weeks, this includes a patient by patient personal treatment plan, monitored weekly
- Introduction of site theatre efficiency programme to improve forward booking and utilisation of lists.

Strategic Theme: KPIs

6 Week Referral to Diagnostic Standard

Key Performance Indicators

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	
99.09%													Green
Performance	99.20%	99.14%	99.47%	99.59%	99.85%	99.64%	99.45%	99.56%	99.65%	99.38%	99.30%	99.09%	>=99%
Waiting list Size	14,822	14,011	14,827	15,419	14,321	14,345	13,637	14,125	14,174	14,597	15,192	16,350	<14,000
Waiting >6 Week Breaches	119	120	79	63	22	52	75	62	49	91	106	149	<60
Average Wait													<4

2017/18 Trajectory

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	
-0.01%													
STF Trajectory	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.11%	Jun-18
Performance	99.20%	99.14%	99.47%	99.59%	99.85%	99.64%	99.45%	99.56%	99.65%	99.38%	99.30%	99.09%	Jun-18

Summary Performance

The standard has been met for June 2018 with a compliance of 99.08%. As at the end of the month there were 150 patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-Radiology: 58; 56 in Computed Tomography, 2 in Non-Obstetric ultrasound,

- Cardiology: 25
- Urodynamics: 7
- Sleep Studies : 57
- Flexi sigmoidoscopy :1
- Cystoscopy : 1

The Trust has consistently met the national standard to deliver 99% of patients treated within 6 weeks of referral for a diagnostic test. As the demand to support the other three national standards, ie, Cancer, A&E and RTT, there is a need to ensure that capacity is in the right place to assist with the delivery of all four standards. The increase in demand for some specialities and the focus in place to pull patients forward through their pathways so that patients will be able to have a diagnosis and treatment sooner is putting pressure on the DM01.

Risks to delivery of the standard:

- A review of capacity, efficiency and effectiveness will be completed to assist with assessing impact of increase demand from ED, cancer and RTT.
- Workforce resilience. It is additionally acknowledged the reliability and clinical skill mix of locums restricts service improvement and backlog reductions.
- Increasing third party provider support for MRI backlog in particular.
- Demand for cardiac CT

Actions taken to mitigate risk and sustain performance:

- To continue to actively recruit substantive and interim /fixed locums to support the demand and address the reporting concerns.
- Outsourcing Cardiology CT in month with joint meetings underway with cardiology and radiology to agree joint in house solution.
- Additional lists being undertaken by locums include both extended days during the week and Saturday lists.
- Working with third party reporting providers to increase capacity.
- All our equipment is monitored closely and regularly serviced to ensure we maximise capacity and reduce down time.
- Daily oversight continues of all capacity with senior operational support in place to maximise and adjust capacity to balance emergency and elective demand.

Strategic Theme: Finance

Finance

Jun	I&E £m	↑ -10.0 (-46.8%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £6.3m deficit adjusted for "extra" CIPS	★ ★ ★
Jun	Cash Balance £m	↑ 7.1 (49.0%)		Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.	★ ★ ★
Jun	Total Cost £m	↑ -53.1 (-0.2%)		Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.	★ ★ ★
Jun	Forecast I&E £m	↓ -31.0 (0.0%)		This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.	★ ★ ★

Strategic Theme: Finance



This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.



Comments: The Trust has generated a consolidated deficit in month of £1.7m and a year to date (YTD) deficit of £10.0m which is £0.2m better plan. The YTD variance is driven by:-
 Higher than planned Out Patient and A&E activity driving higher income
 YTD under performance of complex elective activity driving low , clinical supplies costs and drugs.
 off set by very high agency spend driven by U<C used to fill vacancies

As the Trust is in FSM it is measured against its performance excluding technical adjustments. After these are removed the Trust's YTD I&E deficit to Month 3 (June) was £9.9m (consolidated position including Spencer Wing and after technical adjustments) against a planned deficit of £9.9m.

Trust unconsolidated pay costs in the month of £31.6m are £0.4m less than May largely due to reductions in the use of Agency and Bank staff but are still £0.9m more than plan. Permanent staff costs (including Overtime) were £0.1m higher than May. Bank usage reduced by £0.2m and agency/locum staff reduced by £0.2m. All temporary staff (agency, bank, locum, overtime) decreased by £0.5m to £5.1m in month. Waiting list payments are £0.3m in month and are slightly above plan. The main driver for the pay overspend against plan in month is driven in U<C where medical staffing are being used above establishment and recruitment to nursing has been slower than expected.

Clinical income was ahead of plan by £0.2m in month. The YTD position is now £0.8m ahead of plan, the key drivers to this are over performance in non-electives, A&E and ITU offset by under performance in elective activity. The underperformance in elective activity is mainly because the Trust has been unable to put on additional elective sessions originally planned.

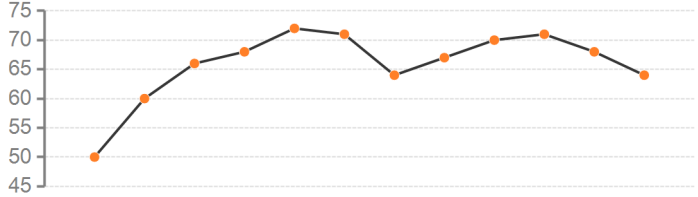

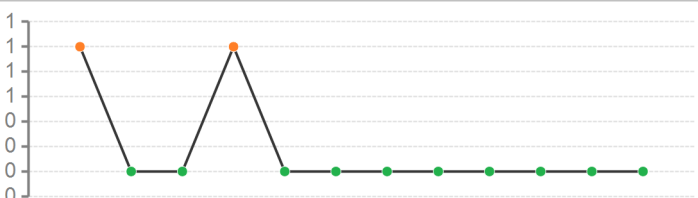
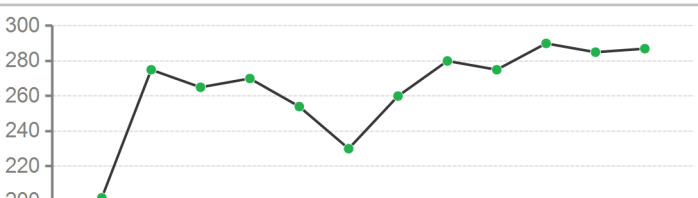
Against the full year £30m CIPS target, including income, £4.5m has been reported to Month against a target of £4.6m, £0.1m behind plan. Of the reported position 38% is non recurrent, this is an improvement on the previous month which reported 48%.

The cash balance as at the end of June was £7.1m, £3.6m above plan. The Trust's total cash borrowing is now £48.5m and is expected to reach £73.7m by the end of the financial year.

The Trust has identified £9.5m of risk to the year end position in relation to expert determination on income, CIP delivery and activity related costs. The Trust will seek to mitigate these risks as we move through the year.

Strategic Theme: Health & Safety

Health & Safety 1

Jun	Representation at H&S	791 (15.0%)		% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★ ★ ★
Jun	RIDDOR Reports (Number)	17 (13.3%)		RIDDOR reports sent to HSE each month. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	★ ★ ★
Jun	Formal Notices	2		Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	★ ★ ★
Jun	Health & Safety Training	3173 (39.0%)		H&S Training includes all H&S and risk avoidance training including manual handling	★ ★ ★

Comments: Representation at H&S meetings maintained a positive position in month.

There was 0 RIDDORs to report this month.

There were no formal notices this month which reflects a good period without any formal notices or Improvement Orders.

H&S training remains high and inline with previous months.

Strategic Theme: Health & Safety

Health & Safety 2

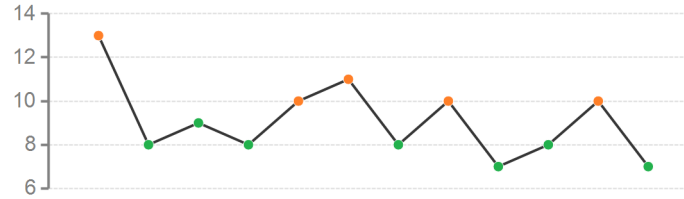
Jun	Accidents	284 (-8.4%)		<p>Accidents excluding sharps (needles etc) but including manual handling.</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Jun	Fire Incidents	110 (-20.3%)		<p>Fire alarm activations (including false alarms).</p> <p>Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	
Jun	Violence & Aggression	370 (-11.1%)		<p>Violence, aggression and verbal abuse.</p> <p>Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.</p>	

Strategic Theme: Health & Safety

Jun

Sharps

109
(-41.7%)



Incidents with sharps (e.g. needle stick).

Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.



Comments: The number of accidents increased in month but remains in Green. There is no real trend behind the increase and broadly reflects minor issues relating to how busy the Hospital sites are.

The number of Fire incidents increased in month, just tipping into Red. The number for the month remains low compared to the size of the estate. This year the Trust continues to invest in fire management and prevention with c£1m being invested into systems and physical improvements. Additionally the provision of face to face training will support the reduction of the number of false alarms through better localised review of risks and issues.

V&A and sharps decreased in June - placing both metrics in Green.

The over RAG status for H&S is Green for June

Strategic Theme: Use of Resources

Pay Independent

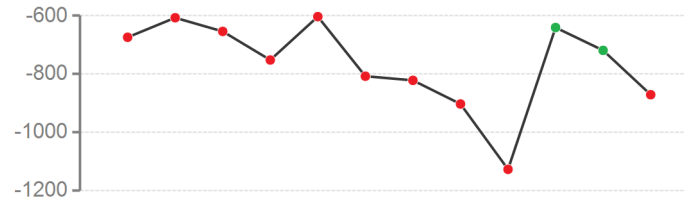
Jun	Payroll Pay £m	<div>-27.7 (-0.2%)</div>		Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	
Jun	Agency Spend £m	<div>-3.7 (-6.0%)</div>		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	
Jun	Additional sessions £k	<div>-259 (-18.3%)</div>		Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	

Strategic Theme: Use of Resources

Jun

Independent Sector
£k

-871
(21.2%)



Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together



Comments:

Pay performance is adverse to plan in May by £0.9m and by £2.8m ytd (3.1%). Pay CIPs are adverse to plan in month by £0.3m and by £0.8m ytd.

Expenditure on medical staff is adverse to plan in month by £0.3m and by £1.2m ytd. The in month adverse variance is again driven by an overspend on medical agency staff of £0.8m, with overspends in all clinical divisions except Clinical Support Services. Performance in UC<C has improved compared to previous months and is favourable to plan on medical staffing overall in June by £0.1m.

Expenditure on qualified nursing staff is adverse to plan by £0.3m in June and by £1.4m ytd. Agency nurses continue to account for all of this overspend with an adverse performance in month of £0.5m. Agency nurse usage remains high in UC<C although actual spend reduced by £0.2m in June compared to May.

Expenditure on scientific, therapeutic and technical staff is overspent in month by £0.1m, mainly relating to backdated costs for TFS agency physiotherapists assisting with A&E improvement plans. Other staffing groups are £0.3m adverse to plan in June, predominantly relating to expenditure on HCAs. These overspends are offset by an underspend in June on A&C staff of £0.2m.

Total expenditure on pay in June was £31.6m, £0.4m lower than in May. Expenditure on bank, agency and directly engaged staff has reduced by £0.6m, offset by increases in internal locum costs and substantive staff.

Strategic Theme: Use of Resources

Balance Sheet

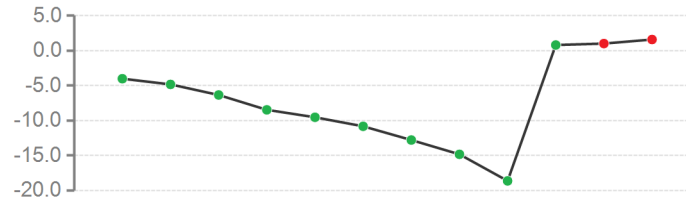
Jun	CIPS £m	4.5 (-7.3%)	<p>Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.</p>	
Jun	Cash borrowings £m	28.4 (-46.5%)	<p>Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.</p>	

Strategic Theme: Use of Resources

Jun

Capital position £m

3.4
(56.3%)



Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.



Comments: Non Current asset values reflect in year additions of £1.7m (including donated assets) less depreciation charges of £4.6m. The balance of movements relates to fluctuations in the level of RTA income recognised for new claims

Trust closing cash balances for June was £7.1m, £3.6m above the revised plan. See cash report for further details.

Trade and other receivables have decreased from the 2018/19 opening position by £3.5m. Invoiced debtors have decreased from the opening position of £28.5m by £6m to £22.5m at the end of June.

Accruals and Deferred Income have increased by 2.4m since the opening position. Of the £28.4m balance, £22.3m relates to Accruals and £6.1m is Deferred Income.

The long term debt entry reflects drawings against working capital facilities. The Trust drew £22.7m in 16/17, £23.5m in 17/18 and £2.2m in April.

Strategic Theme: Improvement Journey

		Feb	Mar	Apr	May	Jun	
MD01 - End Of Life	Lost Days (Fast Track)	15	12	3	0	0	
MD02 - Emergency Pathway	ED 4hr Performance (incl KCHFT MIUs) %	77.76	78.78	81.73	83.95	85.67	>= 95
	ED - 1hr Clinician Seen (%)		38	46	49	51	>= 55
MD04 - Flow	IP - Discharges Before Midday (%)	15	15	15	15	14	>= 35
	Medical Outliers	79	70	57	57	48	
	Lost Days (Non-EKHUFT)	58	64	20	4	2	
	DToCs (Average per Day)	52	63	63	61	61	< 35
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	73.40	71.88	66.13	64.90	68.30	>= 85
MD07 - Maternity	Midwife:Birth Ratio (%)	24	25	26	28	28	< 28
	Staff Turnover (Midwifery)	14	13	13	13	13	<= 10
	Vacancy (Midwifery) %	8	7	8	7	6	<= 7
MD08 - Recruitment & Staffing	Staff Turnover (%)	13.6	13.4	13.4	13.2	13.0	<= 10
	Vacancy (%)	11.4	11.0	13.0	13.6	13.3	<= 7
	Staff Turnover (Nursing)	14	13	13	13	13	<= 10
	Vacancy (Nursing) %	11	12	14	15	14	<= 7
	Vacancy (Medical) %	13	14	11	11	11	<= 7
MD09 - Workforce Compliance	Appraisal Rate (%)	81.4	80.9	80.1	71.8	67.2	>= 85
	Statutory Training (%)	89	90	91	90	91	>= 85
KF01 - Complaints	Complaint Response in Timescales %	87.2	88.9	94.4	91.4	92.0	>= 85

KF01 - Complaints	Complaint Response within 30 days %	25.5	35.2	40.3	38.6	44.7	>= 85
KF02 - Workforce & Culture	Staff FFT - Work (%)	48	48				>= 60
	Staff FFT - Treatment (%)	70	70				>= 81.4
KF09 - Medicines Management	Pharm: Fridges Locked (%)			82			>=95
	Pharm: Fridge Temps (%)			100			>= 100
	Pharm: Drug Trolleys Locked (%)			100			>= 90
	Pharm: Resus. Trolley Check (%)			73			>= 90
	Pharm: Drug Cupboards Locked (%)			82			>= 90

Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 1hr Clinician Seen (%)	% of A&E attendances seen within 1 hour by a clinician	>= 55	
	ED 4hr Performance (EKHUFT Sites) %	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge, for only Acute Sites (K&C, QEQM, WHH, BHD)	>= 95	1 %
	ED 4hr Performance (incl KCHFT MIUs) %	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge, for all sites including KCFT MIU Sites	>= 95	100 %
Beds	Bed Occupancy (%)	This metric looks at the number of beds the Trust has utilised over the month. This is calculated as funded beds / (number of patients per day X average length of episode stay). The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and P	<= 92	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	< 35	30 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	Lost Days (Fast Track)	Beddays lost due to delayed discharge (Fast Track)		
	Lost Days (Non-EKHUFT)	Beddays lost due to delayed discharge (Non-EKHUFT)		
	Medical Outliers	Number of patients recorded as being under a Medical specialty but was discharged from a Surgical Ward (Patients admitted to a ward which is not related to their clinical reason, mainly due to capacity reasons)		
Cancer	Cancer: 2ww (All) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)	>= 93	10 %
	Cancer: 2ww (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %
	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %
	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %
	Cancer: 62d (GP Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	>= 85	50 %

Cancer	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %
Clinical Outcomes	Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist	>= 99	10 %
	FNoF (36h) (%)	% Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database - select	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90	5 %
	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90	5 %
	Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 100	5 %
	Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	>=95	5 %
	Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	>= 90	5 %
	pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	>= 75	5 %
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team. Th	< 2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team.	< 15	15 %
	Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %
Culture	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.	>= 81.4	40 %
	Staff FFT - Work (%)	Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %)	>= 60	50 %
Data Quality & Assurance	Not Cached Up Clinics %	Outpatients bookings that either have no outcome coded (i.e. attended, DNA or cancelled) or there is a conflict (e.g. patient discharged but no discharge date) as a % of all outpatient bookings.	<= 0.1	25 %
	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	< 0.25	25 %
	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %

Data Quality & Assurance	Valid GP Code %	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %
	Valid NHS Number %	Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	40 %
Demand vs Capacity	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	< 7	
	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	< 7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments		
Diagnostics	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from	>= 99	100 %
Finance	Cash Balance £m	Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
	Forecast I&E £m	This shows the latest forecast year end Income & Expenditure position as at 31st March 2017. The latest plan is yet to be agreed. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
	I&E £m	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position. The year to date plan = £6.3m deficit adjusted for "extra" CIPS	>= Plan	30 %
	Normalised Forecast £m	This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	10 %
	Total Cost £m	Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	20 %
Health & Safety	Accidents	Accidents excluding sharps (needles etc) but including manual handling. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 40	15 %
	Fire Incidents	Fire alarm activations (including false alarms). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 5	10 %
	Formal Notices	Formal notices from HSE (Improvement Notices, Prohibition Notices). Number indicates sum of last 12 months data (as shown in graph).	< 1	15 %
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %

Health & Safety	Representation at H&S	% of Clinical Divisions representation/attendance at each site's Health & Safety Committee. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 76	20 %
	RIDDOR Reports (Number)	RIDDOR reports sent to HSE each month. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 3	20 %
	Sharps	Incidents with sharps (e.g. needle stick). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	5 %
	Violence & Aggression	Violence, aggression and verbal abuse. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 25	10 %
Incidents	All Pressure Damage: Cat 2	Number of all (old and new) Category 2 pressure ulcers. Data source - Datix.	< 1	
	Blood Transfusion Incidents	The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
	Clinical Incidents: Total (#)	Number of Total Clinical Incidents reported, recorded on Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
	Falls (per 1,000 bed days)	Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previ	< = 5	20 %
	Falls: Total	Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix.	< 3	0 %
	Harm Free Care: All Harms (%)	Percent of Inpatients deemed free from harm (ie, free from old & new harm- pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indic	>= 94	10 %
	Harm Free Care: New Harms (%)	Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer.	>= 98	20 %
	Medicines Mgmt. Incidents	The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
	Never Events (STEIS)	Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.	< 1	30 %
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls	>= 1	0 %

Incidents	Pressure Ulcers Cat 2 (per 1,000)	Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12	<= 0.15	10 %
	Pressure Ulcers Cat 3/4 (per 1,000)	Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous	< 1	10 %
	Serious Incidents (STEIS)	Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months.		
Infection	Bare Below Elbows Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	Blood Culture Training	Blood Culture Training compliance	>= 85	
	C. Diff (per 100,000 bed days)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01), recorded at greater than 72h post admission per 100,000 bed days	< 1	
	Cases of C.Diff (Cumulative)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month.	<= Traj	40 %
	Cases of MRSA (per month)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with varia	< 1	40 %
	Commode Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	E. Coli	The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 44	10 %
	E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	< 44	
	Hand Hygiene Audit	The % of ward staff compliant with hand hygiene standards. Data source - SharePoint	>= 95	
	Infection Control Training	Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded	>= 85	
	MRSA (per 100,000 bed days)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT, cases per 100,000 bed days	< 1	
	MSSA	The total number of MSSA bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %

Infection	MSSA - 48hr (per 100,000 bed days)	The total number of Trust assigned (post 48h) MSSA bacteraemia per 100,000 bed days.	< 1	
	MSSA (per 100,000 population)	The total number of MSSA bacteraemia per 100,000 population.	< 12	
Initiatives	Antimicrobial Resistance & Stewardship CQUIN Delivered %	CQUIN made up of two parts – reducing antibiotic consumption in named antibiotics and review of patients on antibiotics after 48/72 hours	>= 100	20 %
	End of Life Pathway CQUIN Delivered %	CQUIN linked to current improvement work and multi-agency policy	>= 100	20 %
	Patient Flow CQUIN Delivered %	CQUIN linked to SAFER project	>= 100	20 %
	Sepsis CQUIN Delivered %	CQUIN including acute wards and with antibiotic review at 72 hours	>= 100	20 %
	Staff Health & Wellbeing CQUIN Delivered %	CQUIN made up of three parts – staff access to healthy activities, health food options on site and flu vaccine uptake	>= 100	20 %
Mortality	Crude Mortality EL (per 1,000)	The number of deaths per 1,000 elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 0.33	10 %
	Crude Mortality NEL (per 1,000)	The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 27.1	10 %
	HSMR (Index)	Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Cha	< 90	35 %
	RAMI (Index)	Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arro	< 87.45	30 %
Observations	Cannula: Daily Check (%)	The % of cannulas checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Catheter: Daily Check (%)	The % of catheters which were checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Central Line: Daily Check (%)	The % of central lines checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC	>= 50	10 %
	Obs. On Time - 8am-8pm (%)	Number of patient observations taken on time	>= 90	25 %

Observations	Obs. On Time - 8pm-8am (%)	Number of patient observations taken on time	>= 90	25 %
	VTE: Risk Assessment %	Adults who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant.	>= 95	20 %
Patient Experience	AE Mental Health Referrals	The Number of Referrals made to a Mental Health team from A&E		5 %
	Aware of Nurse in each shift %	Aware of nurse in each shift	>= 89	4 %
	Care Explained? %	Based on a question asked within the Trust's Inpatient Survey, was your care or treatment explained to you in a way you could understand by the medical/nursing/support staff? % of inpatients who answered 'yes always' or 'yes sometimes'. Arrow indicates	>= 89	
	Cleanliness? %	Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as show	>= 95	5 %
	Complaint Response in Timescales %	Complaint Response within agreed Timescales %	>= 85	5 %
	Complaint Response within 30 days %	Complaint Response within 30 working day timescale %	>= 85	
	Compliments to Complaints (#/1)	Number of compliments per complaint	>= 12	10 %
	Discuss Worries with Doctors %	Discuss Worries with Doctors	>= 89	
	Discuss Worries with domestic %	Discuss Worries with domestic	>= 89	
	Discuss Worries with Nurses %	Discuss Worries with Nurses	>= 89	4 %
	Discuss Worries with support %	Discuss Worries with support	>= 89	
	FFT: Not Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direct	>= 1	10 %
	FFT: Recommend (%)	Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction	>= 90	30 %
	FFT: Response Rate (%)	The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 mon	>= 15	1 %

Patient Experience	Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in	>= 85	5 %
	Mixed Sex Breaches	Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	< 1	10 %
	Number of Complaints	The number of complaints recorded per ward. Data source - Datix.	< 1	0 %
	Number of Compliments	The number of compliments recorded overall Data source - Patient Experience Team (Kayleigh McIntyre).	>= 1	0 %
	Overall Patient Experience %	Based on questions asked within the Trust's Inpatient Survey, this provides an overall inpatient experience % by weighting the responses to each question (eg. Did not eat or poor = 0, fair = 0.3, good = 0.6, very good = 1). Arrow indicates average of las	>= 90	10 %
	Privacy for discussions with Doctors %	Privacy for discussions Doctors	>= 89	
	Privacy for discussions with Nurses %	Privacy for discussions Nurses	>= 89	2 %
	Privacy for discussions with Support %	Privacy for discussions Support	>= 89	
Productivity	BADS	British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use – allowing comparison between procedure, specialty and case mix.	>= 100	10 %
	eDN Communication	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 99	5 %
	EME PPE Compliance %	EME PPE % Compliance	>= 80	20 %
	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	< 0.8	20 %
	Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	< 5	10 %
	Theatres: On Time Start (% 30min)	The % of cases that start within 30 minutes of their planned start time.	>= 90	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %
RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	< 1	

RTT	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for pa	>= 92	100 %
Staffing	1:1 Care in labour	The number of women in labour compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community	>= 99	
	Agency %	% of temporary (Agency and Bank) staff of the total WTE Number indicates average of last 12 months data (as shown in graph).	<= 10	
	Agency & Locum Spend	Total agency spend including NHSP spend		
	Agency Filled Hours vs Total Agency Hours	% hours worked which were filled by the NHSP against the total number of hours worked by agency staff		
	Agency Orders Placed	Total count of agency orders placed. Number indicates average of last 12 months data (as shown in graph).	<= 100	
	Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
	Agency Staff WTE (NHSP)	WTE Count of NHSP Hours worked		
	Bank Filled Hours vs Total Agency Hours	% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff		1 %
	Bank Hours vs Total Agency Hours	% hours worked by Bank (Staffflow) against the total number of hours worked by agency staff		
	Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12		
	Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
	Employed vs Temporary Staff (%)	Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) again	>= 92.1	1 %
	Local Induction Compliance %	Local Induction Compliance rates (%) for temporary employee's to the Trust. Number indicates average of last 12 months data (as shown in graph).	>= 85	
	Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwife	< 28	2 %
	NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		
	Overtime %	% of Employee's that claim overtime. Number indicates average of last 12 months data (as shown in graph).	<= 10	

Staffing

Overtime (WTE)	Count of employee's claiming overtime	<= 60	1 %
Roster Effectiveness (%)	The time ward staff attribute to clinical duties as a % of the ward duty roster. Data source - eRoster.		15 %
Shifts Filled - Day (%)	Percentage of RN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
Shifts Filled - Night (%)	Percentage of RN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
Sickness (%)	% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 mont	< 3.6	10 %
Stability Index (excl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage. exclude Junior		
Stability Index (incl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate – WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage		
Staff Turnover (%)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous	<= 10	15 %
Staff Turnover (Midwifery)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Midwives. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against	<= 10	
Staff Turnover (Nursing)	% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Nurses. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against th	<= 10	
Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
Time to Recruit	Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 10	
Total Staff Headcount	Headcount of total staff in post		
Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
Total Staff In Post (SiP)	Count of total staff in post (WTE)		1 %
Unplanned Agency Expense	Total expenditure on agency staff as a % of total monthly budget.	< 100	5 %

Staffing	Vacancy (%)	% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	15 %
	Vacancy (Medical) %	% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
	Vacancy (Midwifery) %	% Vacant positions against Whole Time Equivalent (WTE) for Midwives. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
	Vacancy (Nursing) %	% Vacant positions against Whole Time Equivalent (WTE) for Nurses. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	<= 7	
Training	Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	50 %
	Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	
	Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	
	Statutory Training (%)	The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the pr	>= 85	50 %
Use of Resources	Additional sessions £k	Additional sessions (Waiting List Payments) The graph shows the additional sessions (waiting list payments) pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	
	Agency Spend £m	Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	
	Capital position £m	Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow. The Annual Plan is £14.27m.	< 0	
	Cash borrowings £m	Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	< 0	
	CIPS £m	Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.	< 0	
	Independent Sector £k	Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure togeth	< 0	
	Payroll Pay £m	Payroll Pay (Permanent+Overtime+Bank). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	< 0	

Data Assurance Stars



Not captured on an electronic system, no assurance process, data is not robust



Data is either not captured on an electronic system or via a manual feeder sheet, does not follow an assured process, or not validated/reconciled



Data captured on electronic system with direct feed, data has an assured process, data is validated/reconciled

Human Resources Heatmap

	Clinical	Corporate	Finance & Perform	HR	Qual Safety & Ops	Specialist	Strat Dev & Cap Plan	Surgical	Urgent & Long Term
Agency %	2.6	2.2	1.5	1.0	2.5	4.2	7.6	7.5	14.8
Appraisal Rate (%)	69.7	49.5	75.0	76.2	69.8	73.1	50.3	76.9	52.2
Employed vs Temporary Staff (%)	89.0	86.7	84.6	93.6	88.5	92.2	88.0	94.2	81.6
Sickness (%)	4.4	2.6	2.9	3.4	5.5	4.2	2.8	4.3	3.9
Staff Turnover (%)	14.9	10.4	13.1	12.4	8.7	11.4	8.4	11.7	15.3
Statutory Training (%)	92	83	95	94	88	91	94	91	90
Total Staff In Post (SiP)	1480	84	129	127	120	1404	325	1758	1631
Vacancy (%)	20.2	16.2	15.4	6.5	11.5	7.9	12.0	6.2	18.7

Patient Safety Heatmap - JUNE 2018

KEY

	data not yet available
NULL	null return, data not received
N/A	metric is not applicable

Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	C. Diff Infections (Post 72h)	Cases of MRSA (per month)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with relatives %	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
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KCH - KENT & CANTERBURY

Specialist

KBRA - BRABOURNE (KCH)	100.0	0	0	0	0	9	50	100	100	67	100	0.0	98.6	92	100	11
MARL - MARLOWE WARD	100.0	2	0	0	0	90	50	50	50	86	99	0.0	80.5	101	89	9

Surgical

CLKE - CLARKE WARD	100.0	3	4	0	0	122	50	33	33	24	100	0.0	82.4	91	98	7
KENT - KENT WARD	100.0	1	4	0	0	46	NULL	NULL	NULL	33	100	0.0	97.5	111	101	7
KITU - KCH ITU	100.0	0	0	0	0	34	N/A	N/A	N/A	N/A	N/A	N/A	89.5	94	76	27

Urgent & Long Term

HARB - HARBLEDOWN WARD	90.5	3	10	0	0	29	50	50	33	57	97	3.3	85.9	100	129	7
INV - INVICTA WARD	100.0	1	3	0	0	0	NULL	NULL	NULL	71	96	3.6	100.2	98	101	7
KING - KINGSTON WARD	95.5	0	8	0	0	0	33	33	33	43	100	0.0	91.6	113	132	8
KNRU - EAST KENT NEURO REHAB UNIT	100.0	0	8	0	0	0	33	33	50	45	100	0.0	91.9	104	113	6
MTMC - MOUNT/MCMMASTER WARD	95.7	0	1	0	0	16	NULL	NULL	NULL	27	100	0.0	85.6	91	98	6
TREB - TREBLE WARD	100.0	0	4	0	0	0	50	100	100	23	100	0.0	95.9	92	102	8

QEH - QUEEN ELIZABETH QUEEN MOTHER

Specialist

BIR - BIRCHINGTON WARD	100.0	0	0	0	0	0	50	50	100	40	100	0.0	97.2	105	121	7
KIN - KINGSGATE WARD	100.0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	86.1	84	88	21
QSCB - QEH SPECIAL CARE BABY UNIT	100.0	0	0	0	0	12	N/A	N/A	N/A	N/A	N/A	N/A	94.3	84	96	18
RAI - RAINBOW WARD	100.0	0	0	0	0	2	N/A	N/A	N/A	22	96	2.2	94.7	93	96	13

Surgical

BIS - BISHOPSTONE WARD	93.3	0	0	0	0	143	33	33	33	72	100	0.0	80.6	84	74	8
CSF - CHEERFUL SPARROWS FEMALE	100.0	1	0	1	0	4	33	50	50	60	99	0.0	88.7	113	138	8
CSM - CHEERFUL SPARROWS MALE	91.7	1	1	0	0	6	33	50	50	38	98	0.0	88.0	123	160	7
QITU - QEH ITU	87.5	4	1	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	92.9	98	121	26

<div>KEY</div> <div><div></div>data not yet available</div> <div><div>NULL</div>null return, data not received</div> <div><div>N/A</div>metric is not applicable</div>																		Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	C. Diff Infections (Post 72h)	Cases of MRSA (per month)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with patients %	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
SB - SEA BATHING WARD																		92.6	0	0	0	0	0	12	NULL	NULL	NULL	79	93	0.0	103.2	116	122	6
Urgent & Long Term																																		
DEAL - DEAL WARD																		100.0	0	5	0	0	2	0	50	50	100	13	100	0.0	88.3	98	114	5
FRD - FORDWICH WARD STROKE UNIT																		100.0	0	2	0	0	0	0	50	100	100	66	100	0.0	85.1	98	127	8
MW - MINSTER WARD																		100.0	0	2	0	0	0	13	50	100	50	38	96	0.0	81.4	76	89	5
QCCU - QEHC CCU																		100.0	1	2	0	0	0	16	100	100	100	58	100	0.0	76.5	93	99	8
QCDU - QEHC CDU																		100.0	20	3	0	0	1	12	50	100	50	18	90	3.2	98.4	124	128	9
QX - QUEX WARD																		100.0	0	4	2	1	0	8	50	50	50	10	100	0.0	NULL	84	74	4
SAN - SANDWICH BAY WARD																		100.0	1	3	0	0	0	7	50	100	50	39	100	0.0	94.9	130	135	7
SAU - ST AUGUSTINES WARD																		100.0	1	2	0	0	0	11	100	100	100	47	96	0.0	85.2	122	116	5
STM - ST MARGARETS WARD																		96.0	0	0	0	0	1	0	NULL	NULL	NULL	84	95	0.0	91.4	114	105	6
WHH - WILLIAM HARVEY HOSPITAL																																		
Specialist																																		
FF - FOLKESTONE																		100.0	0	1	0	0	0	0	33	33	25	N/A	N/A	N/A	87.5	96	91	19
KEN - KENNINGTON WARD																		100.0	0	0	0	0	0	21	33	33	33	45	100	0.0	75.7	89	111	7
PAD - PADUA																		100.0	0	1	0	0	0	17	N/A	N/A	N/A	0	NULL	NULL	87.7	89	95	8
SCBU - THOMAS HOBBS NEONATAL UNIT																		100.0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	101.3	95	90	15
Surgical																																		
ITU - WHH ITU																		100.0	4	0	0	0	0	2	N/A	N/A	N/A	N/A	N/A	N/A	102.2	98	96	31
KA2 - KINGS A2																		93.8	1	1	0	0	0	184	33	33	50	76	98	1.6	94.9	117	150	8
KB - KINGS B																		100.0	1	2	0	0	0	198	33	33	33	56	99	0.0	93.1	112	100	6
KC - KINGS C1																		100.0	2	3	0	0	0	0	33	50	33	36	100	0.0	82.4	101	101	6
KC2 - KINGS C2																		100.0	0	1	0	0	0	0	33	50	50	80	98	0.0	62.9	88	94	7
KDF - KINGS D FEMALE																		100.0	5	1	0	0	0	0	33	33	50	64	93	0.0	94.9	N/A	N/A	N/A
KDM - KINGS D MALE																		100.0	0	3	0	0	1	0	50	33	50	55	98	0.0	N/A	102	108	7
RW - ROTARY WARD																		100.0	2	0	0	0	0	2	33	33	33	65	97	0.0	86.2	92	104	8
Urgent & Long Term																																		
CCU - CCU																		100.0	0	0	0	0	0	0	100	100	50	0	NULL	NULL	NULL	N/A	N/A	N/A
CJ2 - CAMBRIDGE J2																		94.6	1	2	0	0	0	0	33	50	33	30	100	0.0	69.6	112	128	6
CK - CAMBRIDGE K																		100.0	0	2	0	0	0	0	NULL	NULL	NULL	48	96	0.0	46.9	92	98	7
CL - CAMBRIDGE L REHABILITATION																		100.0	3	11	1	0	2	0	100	100	100	49	90	3.3	87.6	105	143	7

KEY

	data not yet available
NULL	null return, data not received
N/A	metric is not applicable

	Harm Free Care: New Harms (%)	All Pressure Damage: Cat 2	Falls: Total	C. Diff Infections (Post 72h)	Cases of MRSA (per month)	Number of Complaints	Number of Compliments	Aware of Nurse in each shift %	Privacy for discussions with patients %	Discuss Worries with Nurses %	FFT: Response Rate (%)	FFT: Recommend (%)	FFT: Not Recommend (%)	Employed vs Temporary Staff (%)	Shifts Filled - Day (%)	Shifts Filled - Night (%)	Care Hours Per Patient Day (CHPPD)
CM1 - CAMBRIDGE M1 SHORT STAY	94.4	0	9	0	0	1	0	33	33	33	57	88	0.0	3.7	N/A	N/A	N/A
CM2 - CAMBRIDGE M2	94.7	2	6	0	0	0	30	50	33	50	47	96	3.7	102.1	108	93	6
OXF - OXFORD	100.0	1	2	0	0	0	0	50	100	100	53	100	0.0	85.4	94	103	7
RST1 - RICHARD STEVENS 1 STROKE UNIT	100.0	4	9	0	0	0	30	100	100	100	58	95	0.0	88.3	104	122	9
WBAR - BARTHOLOMEW WARD WHH	NULL	0	0	0	0	0	0	33	50	50	NULL	NULL	NULL	NULL	91	92	9
WCDM - WHH CDU MIXED	100.0	10	9	0	0	1	16	50	50	50	13	73	23.1	78.3	88	92	12

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	10 AUGUST 2018
SUBJECT:	FULL CORPORATE/HIGHEST MITIGATED STRATEGIC RISKS REPORT
BOARD SPONSOR:	CHIEF NURSE AND DIRECTOR OF QUALITY
PAPER AUTHOR:	DEPUTY DIRECTOR OF RISK, GOVERNANCE AND PATIENT SAFETY
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: STRATEGIC AND CORPORATE RISK REGISTER

BACKGROUND AND EXECUTIVE SUMMARY

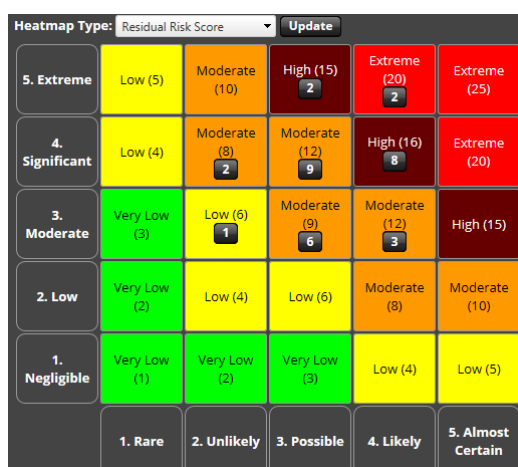
This report provides the Board of Directors with an update of the full Corporate/Highest Mitigated Strategic Risks at 1 June 2018. The risks rated as “high” post mitigation (residual) on the Strategic and the full Corporate Risk Register was last reviewed by the Board on 8 June 2018. The highest mitigated risks on the Strategic and Corporate Risk Registers was last reviewed by the Integrated Audit and Governance Committee (IAGC) on 30 July 2018. The highest mitigated Quality risks were last reviewed and discussed at the Quality Committee on 4 July 2018.

The revised Risk Management Strategy and Policy and Risk Management Handbook approved by the Trust Board in December 2017 have strengthened the Trust's approach to Risk Management. The internal audit report on divisional risk management has been finalised and they support the improvement of risk management arrangements across the Divisions; this will be the focus for the year ahead.

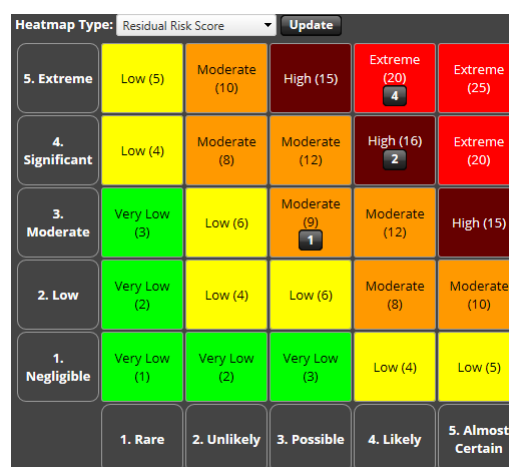
There are a numbers of risks on the Corporate Risk Register that have met the target score, are risks that are within the current risk appetite or are risks that should be managed at divisional level. The paper to the Clinical Executive Management Group on 15 August 2018 will outline these proposals in detail and the Board will then see a number of changes to in the next report in October 2018.

Current Risk Register Heat Map (by Residual risk score)

Corporate Risks (33)



Strategic Risks (7)



Key Changes to the Strategic and Corporate Risk Registers





Strategic Risk Register



- 1 There were no changes to the residual or target risk scores in the period under review. Some actions have been completed and no additional strategic risks added.

Corporate Risk Register

Changes to residual risk scores

- 2 The changes to residual risk scores during the period under review are presented in the table below. The text in *italics* in the risk title column summarises the rational for the change:

Risk Ref.	Risk Title	Residual Score May 18	Residual Score Jul 18	Direction of travel	Target Score
CRR 19	Delays in the cancer pathway of over 100 days <i>The number of patients waiting >104 days remains static. These relate to patients on complex pathways and with tests or treatment at tertiary locations. No patients have been harmed due to a treatment delay.</i>	15 High	20 Extreme		10 Moderate
CRR 55	Inadequate sharing of Patients healthcare records with Community Trusts <i>The revised Health Records policy was ratified at the Policy & Compliance Group in July 2018. The Community will be reviewing the Memorandum of Understanding (MOU) and once this is complete the residual risk will be reduced to its target score.</i>	16 High	12 Moderate		8 Moderate
CRR 16	Poor complaints management <i>Compliance is 94% within agreed timescales and a reduction in returning clients last month. Positive verbal feedback from the Care Quality Commission (CQC) Inspection in June 2018.</i>	12 Moderate	9 Moderate		9 Moderate
CRR 60	Potential negative impact during transition from paper health records to T3 (Transformation Through Technology) <i>Formal CCN submitted to supplier for impact assessment with meetings planned to finalise and present to T3 Programme Board in July. Technically this risk could be removed from the CRR as it has met the target score.</i>	16 High	12 Moderate		12 Moderate

CRR 7	Potential delayed treatment of vascular and urology patients requiring emergency acute general surgery intervention at the Kent and Canterbury Hospital site. <i>There have been no reported delays to patient care or treatment.</i>	10 Moderate	8 Moderate		4 Low
CRR 10	Lack of preparedness for the new European Data Protection Rules <i>CEMG suggested this risk remain on the CRR.</i>	12 Moderate	9 Moderate		3 Very low

CRR61 - Failure to achieve the A&E Improvement Plan and evidence sustained improvements to the Emergency Care Pathway had the inherent risk score increased from 16 (high) to 20 (extreme) following review by the Interim Chief Operating Officer.

CRR 40 - Lack of robust antenatal and new-born screening programmes had the target risk score increased from 6 (low) to 9 (moderate); this means the target score has been met and consideration should be given for the closure of this risk on the corporate risk register. Similarly the target score for CRR 16 – poor complaints management has been met.

Additional discussions to note were held at IAGC in July. The Chair of IAGC had reviewed the risk register with the Chief Nurse & Director of Quality and the Deputy Director of Risk Governance and Patient Safety. A number of risks are proposed to merge, a number to be proposed for removal and a small number for taking off the Risk Register to be monitored as business as usual. A paper will be discussed at Clinical Executive Management Group and the Board will be advised of the changes approved next month.

Risks approved for closure on the Corporate Risk Register (May 2018 – July 2018 Clinical Executive Management Group (CEMG))

- 3 There were no risks proposed for closure at the last meeting. A review of the risk register was undertaken on 30 July 2018 and there are 10 risks which can be merged, closed or transferred to the divisions for on-going management. The Board will be informed at the October meeting.

New Corporate Risks approved by the Clinical Executive Management Group (June 2018)

- 4 There were no new risks approved by the CMEG for inclusion onto the Corporate Risk Register.

Risks approved for merging on the Corporate Risk Register

- 5 There were no risks proposed for merging by CMEG.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	The attached risk registers reflects the corporate risks and the highest mitigated strategic risks facing the Trust and the mitigating actions in place.
LINKS TO STRATEGIC OBJECTIVES:	The corporate and strategic risks align to all of the four Strategic Priorities: Patients: Help all patients take control of their own health. People: Identify, recruit, educate and develop talented staff. Provision: Provide the services people need and do it

	well. Partnership: Work with other people and other organisations to give patients the best care.
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	This paper provides an update on the full corporate risks and the highest mitigated strategic risks for the Trust.
RESOURCE IMPLICATIONS:	None specifically identified other than identified in the Risk Register.
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	The Risk Group and Management Board review any new corporate risks and the scoring of the existing risks. The IAGC review the Corporate Risks and the Board Assurance Framework.
PRIVACY IMPACT ASSESSMENT: NO	EQUALITY IMPACT ASSESSMENT: NO
RECOMMENDATIONS AND ACTION REQUIRED: The Board of Directors are invited to: <ol style="list-style-type: none"> 1. Review the Corporate Risks and Highest Mitigated Strategic Risks Report that is appended; and 2. Consider the sufficiency of the corrective actions identified in relation to the risks and provide positive challenge where necessary. 	




Principal Risks Report (Strategic and Corporate Risk Register)

Report Date	02 Aug 2018
Comparison Date	In the past 30 Day(s)

Principal Risks Report (Strategic and Corporate Risk Register)

Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
SRR 2	Failure to maintain the quality and standards of patient care Risk Owner: Sally Smith Delegated Risk Owner: Last Updated: 26 Jul 2018 Latest Review Date: 26 Jul 2018 Latest Review By: Sally Smith Latest Review Comments: Actions updated and risk score reviewed.	20 Jan 2016	Cause *The Trust came out of Quality Special Measures early 2017 and needs to ensure the momentum for the improvement journey is sustained. * The withdrawal of the junior doctors in medicine from the K&C site and the level of uncertainty about where services will be delivered has added operational pressure across the Trust, in particular the WHH & QEQM sites. Effect - Loss of autonomy; - Impact on staff morale; - Increased operational pressure on the two acute sites; - Staff health and well being issues; - Staff retention issues; - Reputational damage; - Decline in pace and development of services; and - Regulatory concerns	AO1: Patients. Help patients take control of their own health	I = 5 L = 5 Extreme (25) 	Agreed Improvement Plan in place with supporting Divisional plans.	Adequate	I = 5 L = 4 Extreme (20) 	Implementation of the new High Level Improvement plan	High	26 Jul 2018 CQC Inspection is in progress during May and June. This will yield a new plan. The current plan is being reviewed this month for transfer of outstanding issues and closure of actions completed or are deemed business as usual.	I = 4 L = 2 Moderate (8)
						Control Owner: Sally Smith	Adequate		Person Responsible: Sally Smith			
						External Consultancy and NHSI/E support in delivering the improvement programme.			To be implemented by: 31 Aug 2018			
						Control Owner: Lee Martin						
						External help from Community Trust, social care, CCGs to deliver improvements in the emergency pathway.	Limited		Delivery of the emergency pathway improvement work. Actions as per CRR 28 & 61	High		
						Control Owner: Lee Martin			Person Responsible: Lee Martin			
						Quality Strategy is in place.	Limited		To be implemented by: 30 Sep 2018		26 Jul 2018 Improved progress against our trajectory - ahead of 4 hour compliance for June18. Actions continue.	
						Control Owner: Sally Smith						
									Public consultation on the options in relation to the East Kent elements of the plan	High		
									Person Responsible: Elizabeth Shutler To be implemented by: 30 Nov 2018			
									Implementation of the system wide NHSI/NHSE/CQC - Safety Plan	Not Set	26 Jul 2018 Next QSG is 26th July - plan progress is on track registering green, but embedding of actions requires more work.	
									Person Responsible: Sally Smith To be implemented by: 31 Mar 2019			
									Implementation of the Quality Strategy	High	26 Jul 2018 Q1 is being reported on now ready for Quality Committee.	
									Person Responsible: Sally Smith To be implemented by: 30 Apr 2019			

Principal Risks Report (Strategic and Corporate Risk Register)

Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
SRR 8	Inability to attract, recruit and retain high calibre staff (substantive) to the Trust Risk Owner: Sandra Le Blanc Delegated Risk Owner: Andrea Ashman Last Updated: 02 Aug 2018 Latest Review Date: 05 Jul 2018 Latest Review By: Andrea Ashman Latest Review Comments: Actions are in progress to sustain the recruitment and retention of high calibre staff.	23 Feb 2016	Cause * It is widely known that there is a national shortage of healthcare staff in specific occupational groups / specialities. * It is a highly competitive recruitment market for these hard to fill roles, * Potential negative impact of Brexit * The Trust progressing the work on its finances under the financial special measures regime, cultural issues identified in the CQC inspection * Proximity to London has impacted on the ability to attract and retain high calibre staff. * QE geographical location impacting on recruitment of staff * Increase in staff turnover due to retirement and voluntary resignation (exit interview suggests retirement accounts for 25% of turnover figures) * Uncertainty due to the STP plans * Increase in service demand * Potential negative impact that may arise from the publication of the Staff Survey Results. Effect * Potential negative impact on patient outcomes and experience * High agency spend - potential breach of NHSI agency cap * Financial loss * Reputational damage * Negative impact on staff health and wellbeing * Increase in stress levels and anxiety in key staff groups	AO2: People: Identify, recruit and develop talented staff	I = 5 L = 5 Extreme (25) 	The Trust has a plan in place that supports the retention of the majority of newly qualified nursing staff locally. Control Owner: Sally Smith Divisional Great Place to Work Action Plans in place Control Owner: Jane Waters Hard to recruit plan in place and being implemented Control Owner: Andrea Ashman implementation of retention plan as agreed with the Strategic Workforce Committee Control Owner: Andrea Ashman New People Strategy agreed by the Board incorporating attraction, retention, engagement and development of staff Control Owner: Sandra Le Blanc Occupation Health run a series of Mindfulness and Resilience and One to One Counselling (including active referrals) Control Owner: Emma Palmer Recruitment process in place Control Owner: Andrea Ashman Staff Performance Appraisals in place Control Owner: Jane Waters Training plans in place in each division / corporate area that supports staff development. Control Owner: Andrea Ashman	Adequate Adequate Limited Adequate Adequate Adequate Limited Substantial Adequate	I = 5 L = 4 Extreme (20) 	Develop and agree set of KPIs to measure the effectiveness of the People Strategy which will be reported regularly to the SWC Person Responsible: Sandra Le Blanc To be implemented by: 31 Oct 2018 Devise & work towards implementing revised recruitment process Person Responsible: Andrea Ashman To be implemented by: 31 Dec 2018 Develop and implement a plan to recruit nurses from the UK and Europe Person Responsible: Louise Goldup To be implemented by: 29 Mar 2019 Revise and implement Divisional Great Place to Work Action Plans Person Responsible: Jane Waters To be implemented by: 29 Mar 2019 To produce and implement a People Strategy that focusses on attracting, developing, engaging and retaining staff. Person Responsible: Sandra Le Blanc To be implemented by: 01 Apr 2019	High High High High	16 Jul 2018 Workforce Analyst commenced in June and work with Head of Strategic Resourcing and Information Team on updating HR KPIs. Revised date October 2018. Update on progress with implementing People Strategy continue to be presented to the SWC. 01 Aug 2018 Progress continues to plan - time to hire metrics to be agreed and reporting from TRAC to be established. 16 Jul 2018 Plan is in place and implemented - attended recruitment fair in Australia, resulted in over 40 offers. Plan was presented to FPC> 16 Jul 2018 Listening into Action events ongoing within divisions. Great Place to work actions plans being updated and will be presented to future SWC. Listening into Action engaged and pulse check and leadership surveys launched. Deadline 22nd July with feedback to CEO and Execs on 26th July 2018. 16 Jul 2018 People Strategy is progressing. Progress of the implementation plan was reported to SWC.	I = 5 L = 2 Moderate (10) 

Principal Risks Report (Strategic and Corporate Risk Register)

Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
SRR 5	Failure to achieve financial plans as agreed by NHSI under the Financial Special Measures regime Risk Owner: Philip Cave Delegated Risk Owner: Baines Last Updated: 26 Jul 2018 Latest Review Date: 19 Jul 2018 Latest Review By: Philip Cave Latest Review Comments: The risk has been reviewed with no change to the current risk rating suggested. At Month 3 the Trust has posted a £10m deficit which is in line with the plan. The forecast remains a £30m deficit for 2018/19.	20 Jan 2016	Cause Due to: * Failure to reduce the run rate * Poor planning * Poor recurrent CIP delivery (See Risk Ref. 1037) * Inability to collect income due * Poor cash management * Operational pressures relating to Emergency Care, High Agency usage * Failure to deliver RTT, A&E and cancer targets (See CRR 28) * Political climate (Brexit) and price inflation * Inability to deliver the planned levels of activity and collect the planned levels of income * Workforce pressures including inability to recruit (See SRR 9) * Lack of capacity of Finance and PSO staff * Lack of capacity and capability to deliver operational and financial performance (See SRR 12) * Inability to secure external support for key projects * Demand from CCGs higher or lower than annual plan * Failure to secure all the contractual income due from commissioners (See Risk Ref. 101) * Failure to deliver the CQUIN programme (See CRR 53) * Financial Special Measures governance not embedded * Additional costs of reconfiguring services across sites due to temporary move of acute medicine, acute geriatric medicine and Stroke from the K&C site(See CRR 51) * Negative impact of the new PAS and EMR implementation (See CRR 37) * Inability to resource the Trust's A&E improvement plan (estimated at £9.5 million) Effect Resulting in * Potential breaches to the Trust's Monitor licence * Adverse impact on the Trust's ability to deliver all of its services * Impact on ability to deliver the longer term clinical strategy * Poor reputation * Impact on organisational form	AO3: Provision: Provide the services needed and do it well	I = 5 L = 5 Extreme (25) <div><div></div><div></div><div></div></div>	Cash Committee in place Control Owner: Philip Cave	Substantial	I = 5 L = 4 Extreme (20) <div><div></div><div></div><div></div></div>	Develop the Cost Improvement Plan for 2018/19 Person Responsible: Philip Cave To be implemented by: 31 Aug 2018	High	13 Jul 2018 CIPS for 2018/19 85% green with progress being made to get to 100% (as at end of June 2018). Finance and Performance Committee are monitoring this closely.	<div><div></div><div></div><div></div></div> I = 5 L = 3 High (15)
						Clinical engagement in delivery of CIPs requiring Clinical Practice changes Control Owner: Paul Stevens	Limited		"Developing the Finance Team - Still Underpowered?" presented to FPC July 2016 setting out how the Leadership Development Programme would be deployed to support financial staff improvement Person Responsible: Philip Cave To be implemented by: 31 Oct 2018	High		
						Cost Improvement Plan targets in place with workstream in support Control Owner: Philip Cave	Adequate		Design and implement training for clinicians Person Responsible: Elisa Llewellyn To be implemented by: 31 Mar 2019	Medium	13 Jul 2018 A focus on using the SLR packs with clinicians in specific areas is in place and being rolled out. Deputy Medical Director is supporting this work with the finance team	
						Divisional Vacancy Control Panel in place Control Owner: Philip Cave	Adequate		Ensure that the development of the Trust's clinical strategy, "Delivering Our Future" and that of the wider Kent & Medway STP, drive financial improvement and recovery in the Trust through to 2020/21. Person Responsible: Elizabeth Shutler To be implemented by: 30 Apr 2019	High		
						Financial Improvement Committee in place Control Owner: Philip Cave	Adequate					
						Financial Improvement Director in place to provide support Control Owner: Susan Acott	Substantial					
						Financial Improvement Oversight Group (FIOG) in place to review key metrics Control Owner: Philip Cave	Adequate					
						Financial Recovery Plan in place Control Owner: Philip Cave	Substantial					
						Fortnightly confirm and challenge meetings with the Divisions (including Corporate) Control Owner: Philip Cave	Adequate					
						Monthly Financial Special Measures (FSM) review meetings with NHSI Control Owner: Philip Cave	Substantial					
						New approach to developing CIPs in place Control Owner: Philip Cave	Substantial					
						Payment by results infrastructure (coding and data quality) Control Owner: Philip Cave	Adequate					
						Process in place for responding to commissioner challenge of activity and cost date Control Owner: Philip Cave	Adequate					
						Production planning in place to ensure projection of activity plans in order to take remedial action if required Control Owner: Philip Cave	Adequate					




Principal Risks Report (Strategic and Corporate Risk Register)

Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
						Programme Support Office (PSO) in place with clear targets, milestones, grip & control and accountability to deliver the CIP Control Owner: Philip Cave	Adequate					
						Regular reporting on the Trust's Financial position to the Trust Board and senior management team (including ensuring the impact of any financial decisions on safety, quality, patient experience and performance targets is recognised and understood). Control Owner: Philip Cave	Adequate					
						Robust plans in place for the delivery of operational performance targets Control Owner: Jane Ely	Limited					
						Signed MoU in place that provides greater clarity on specific areas of agreement which were previously disputed Control Owner: Philip Cave	Adequate					
						Workforce and Agency Control Group in place Control Owner: Sandra Le Blanc	Adequate					

Principal Risks Report (Strategic and Corporate Risk Register)

Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
CRR 19	Delays in the cancer pathway of over 100 days Risk Owner: Paul Stevens Delegated Risk Owner: Elizabeth Mount Last Updated: 23 May 2018 Latest Review Date: 03 Jul 2018 Latest Review By: Paul Stevens Latest Review Comments: This remains one of the highest risks. 2 new cellular pathologists have been appointed and this should have a positive impact on diagnostic delays in the pathway	24 Apr 2016	Cause * Diagnostic delays predominantly in the colorectal and prostate cancer pathways (access to endoscopy and MRI diagnostics) * Lack of outpatient capacity * Lack of treatment capacity Effect * Possible harm to Patients * Reputational damage * Regulatory concerns * Loss of STF	AO1: Patients. Help patients take control of their own health	I = 5 L = 4 Extreme (20) <div><div></div><div></div></div>	Cancer 62 day treatment recovery plan Control Owner: Elizabeth Mount	Limited	I = 5 L = 4 Extreme (20) <div><div></div><div></div></div>	Person Responsible: To be implemented by:			I = 5 L = 2 Moderate (10) <div><div></div><div></div></div>
						Diagnostic capacity is reviewed at the KPI meeting and also within the Clinical Support Divisions Control Owner: Elizabeth Mount	Limited					
						Increased endoscopy resource achieved through outsourcing using an agency contract which will run for 1 year whilst internal resource is being created Control Owner: Lisa Neal	Adequate					
						Process outlined for clinicians to complete initial screening of pathway delays Control Owner: Jane Ely	Adequate					
						The pathway for the cancer of unknown primary is through the upper GI MDT with onward referral to the relevant MDT if the primary becomes known Control Owner: Elizabeth Mount	Adequate					
						Tracking system in place with an updated position disseminated weekly. Control Owner: Jane Ely	Adequate					
						Use of Datix incident reporting for all delayed cancer patients to improve visibility of patient affected. Control Owner: Helen Goodwin	Adequate					
						WHH endoscopy unit JAG accredited Control Owner: Lisa Neal	Substantial					

Principal Risks Report (Strategic and Corporate Risk Register)

Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
CRR 28	Lack of timely recognition of serious illness in patients presenting to the Emergency Departments Risk Owner: Paul Stevens Delegated Risk Owner: Anil Verma Last Updated: 03 Jul 2018 Latest Review Date: 03 Jul 2018 Latest Review By: Paul Stevens Latest Review Comments: Some evidence of improvement in over crowding in the departments together with better middle grade medical staffing levels contributes to the mitigation of this risk	06 Jul 2016	Cause * Delay in assessment and evaluation of patients due to overcrowding in the Emergency Departments and lack of flow through the Emergency Care Pathway *Increased and unplanned local demand for emergency services that the Trust is unable to meet with the resources and infrastructure available *Over time the demography, comorbidity and acuity of ED attendees has changed, together with the rise in number of attendees, resulting in an increased requirement for conversion to admission *Inability to recruit into consultant and middle grade posts *Lack of availability of GP at the front door *Failure of the NHS 111 to provide appropriate advice * Surge resilience plans do not meet unprecedented demand * Lack of robust escalation plans * Failure to respond appropriately to the Operational Pressure Escalation Framework Effect * Poor Patient experience * Harm to Patients * Difficulties with staff recruitment and problems with staff retention * Breach of licence (Contract Performance Notice) * Regulatory concerns * Failure to retain STF funding * Reputational damage	AO3: Provision: Provide the services needed and do it well	I = 5 L = 5 Extreme (25) 	A&E improvement Plan in place with work streams for Admission Avoidance, A&E Streaming, Improved Flow, Discharges and Workforce Control Owner: Jane Ely	Limited	I = 5 L = 4 Extreme (20) 	Resolution of over-crowding within the A&E departments leading to improved flow, improvement in ambulance handover and time to first clinician review metrics Person Responsible: Anil Verma To be implemented by: 30 Sep 2018	High	02 Aug 2018 Monitored weekly at the ED Steering Group and daily through the ERP. Generally on track at present. 02 Aug 2018 Plans are in progress. Assessment area at WHH CDU during the daytime is up and running and two wards have moved at QE. Weekly assessment of progress is monitored by the Steering group chaired by the COO and CEO. 02 Aug 2018 Recruitment continues. We are still carrying some vacancy at this time. Locums in place to maintain patient safety. 02 Aug 2018 The team continue to work out of the Physio gym at QE. Plans are afoot with regard to the substantive SEAU as part of the emergency floor developments.	I = 4 L = 3 Moderate (12) 
						Accident and Emergency Delivery Board in place Control Owner: Susan Acott	Limited		Person Responsible: Anil Verma To be implemented by: 30 Sep 2018	High		
						Acute Medical Model in place Control Owner: Anil Verma	Limited		Create medical assessment areas as part of the emergency floor at both QE QMH and WHH Person Responsible: Elisa Steele To be implemented by: 30 Sep 2018	High		
						Daily intensive review/bed matching for emergency admissions not placed at time of review Control Owner: Jane Ely	Adequate		Recruitment of acute physicians and specialty doctors establishment Person Responsible: Anil Verma To be implemented by: 30 Sep 2018	High		
						Demand and capacity reviewed and monitored in all areas outlined in the Operating Framework Control Owner: Jane Ely	Limited		Introduction and Evaluation of a Surgical Emergency unit at QE QM Person Responsible: Christine Hudson To be implemented by: 31 Oct 2018	High		
						Increased acute medical bed capacity through moving the cardiology ward to the Arundel suite as part of creating a cardiology inpatient area including CCU and general cardiology beds. Vacated space becomes an acute medical area Control Owner: Lesley White	Adequate					
						Increased opening hours of the surgical emergency assessment unit Control Owner: Christine Hudson	Adequate					
						Interim Hospital Directors in place at WHH and QE QM to support a greater site focus Control Owner: Jane Ely	Limited					
						Internal PMO service in place to manage the delivery of the A&E Improvement Plan Control Owner: Jane Ely	Adequate					
						Introduction of Bristol safety checklist in the EDs Control Owner: Elisa Steele	Adequate					
						Primary care service in place at QE QMH and WHH for a minimum of 6 hours per day, Control Owner: Anil Verma	Adequate					
						Review of Emergency Care Pathway and revised Improvement Plan Control Owner: Lee Martin	Adequate					




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						SAFER bundle in place at K & CH Control Owner: Jonathan Purday	Limited						
						SAFER bundle in place at WHH Control Owner: Jonathan Purday	Limited						
						SAFER bundle in place in QEQM Control Owner: Paul Stevens	Limited						
						Single Health Resilience Early Warning Database (SHREWD) has been revised . It is expected that when the Trust is under pressure the system will respond with agreed actions Control Owner: Jane Ely	Limited						
						Weekly site based meetings in place designed to improve ownership of the emergency care pathway and reduce overcrowding in the emergency department Control Owner: Anil Verma	Adequate						
SRR 10	Non-delivery of a timely Sustainability and Transformation Plan that can be resourced Risk Owner: Elizabeth Shutler Delegated Risk Owner: Nicky Bentley Last Updated: 02 Aug 2018 Latest Review Date: 02 Aug 2018 Latest Review By: Sally Smith Latest Review Comments: Actions updated and risk reviewed.	01 Jun 2016	Cause - STP timescales slip due to national management of the process - Parliamentary timing may not be conducive to timely implementation - Lack of CCG leadership Effect - Delay to EKHUFT clinical strategy - Poor patient care - Emergency transfer of services will become necessary - Enforcement actions - Trust's provider licence (finance)	AO4: Partnership: Work with other people and other organisations to give patients the best care	I = 5 L = 4 Extreme (20) <div><div></div><div></div><div></div></div>	Clinical standards reviewed Control Owner: Elizabeth Shutler	Substantial	I = 5 L = 4 Extreme (20) <div><div></div><div></div><div></div></div>	Produce Financial Plan linked to delivery of the STP Person Responsible: Philip Cave To be implemented by: 30 Nov 2018	High	12 Jul 2018 Clinical Commissioning Groups now identified the timeline for pre-consultation business case (PCBC) to be drafted by October 2018. The proposal is for it to be reviewed and agreed by NHSI by the end of December 2018.	I = 5 L = 2 Moderate (10) <div><div></div><div></div><div></div></div>	
						East Kent Programme Board in place which meets regularly to ensure delivery of an agreed plan Control Owner: Susan Acott	Limited			Presentation of the capital requirements to the NHSE Investment Committee as part of the Pre-consultation Business Case Person Responsible: Elizabeth Shutler To be implemented by: 30 Nov 2018	High		12 Jul 2018 Public consultation is reliant on the pre-consultation business case (PCBC). Clinical Commissioning Groups now identified the timeline PCBC to be drafted by October 2018. The proposal is for it to be reviewed and agreed by NHSI by the end of December 2018.
						Internal Clinical Strategy Group in place Control Owner: Elizabeth Shutler	Adequate						
						Kent and Medway STP Programme Board in place Control Owner: Elizabeth Shutler	Adequate						
										Public consultation on the options in relation to the East Kent elements of the plan Person Responsible: Elizabeth Shutler To be implemented by: 31 Dec 2018	High		12 Jul 2018 Clinical Commissioning Groups now identified the timeline for pre-consultation business case (PCBC) to be drafted by October 2018. The proposal is for it to be reviewed and agreed by NHSI by the end of December 2018.

Principal Risks Report (Strategic and Corporate Risk Register)

Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
CRR 3	Inability to respond in a timely way to changing levels of demand for elective services Risk Owner: Lee Martin Delegated Risk Owner: Christine Hudson Last Updated: 02 Aug 2018 Latest Review Date: 02 Aug 2018 Latest Review By: Sally Smith Latest Review Comments: Although the position is improving, the risk score remains the same.	05 Feb 2016	Cause * There is a increased and unplanned local demand for elective services that the Trust is unable to meet with the resources and infrastructure available. *Poor demand management. * Inability to recruit into Consultant and middle grade posts. *Lack of availability of Consultants due to sickness *Delays in information about Health/Screening campaigns *Backlog rollover from previous years *Demand from CCG's higher than agreed BP *No mechanism to sufficiently influence CCGs to improve pathways/tiers of care * Inpatient activity (DC, inpatients) not meeting BP * Failure to access our own surgical remit for the usage of beds for surgical patients/Emergency medical outliers in surgical beds *Failure to complete job planning *Referral management mechanisms in CCGs have resulted in a higher conversion rate to Surgery *Equipment failure leading to cancellations *Theatre unavailability Effect * Fail to meet RTT Standard * Harm to Patients * Breach of licence * Regulatory concerns * Reputational damage *Failure to retain STP Funding *Poor patient outcomes *Financial loss due to outsourcing of activities to the independent sector)	AO3: Provision: Provide the services needed and do it well	I = 4 L = 5 Extreme (20) <div><div></div><div></div><div></div></div>	Additional theatre lists in place Control Owner: Christine Hudson Annual business plan in place Control Owner: Jane Ely Daily intensive review/bed matching in place for elective admissions Control Owner: Jane Ely Demand and capacity reviewed and monitored in all areas outlined in the Operating Framework Control Owner: Jane Ely Each speciality supports dedicated validation time Control Owner: Christine Hudson Elective demand - Continuing to alert CCG colleagues to excessive demand and collaborating with them to provide alternatives to referral e.g. advice and guidance Control Owner: Jane Ely Escalations of capacity for outpatients and theatres happen as required Control Owner: Christine Hudson Inpatient bed requirements for Surgical division completed Control Owner: Christine Hudson Numerical table of residual gap analysis in terms of capacity reported to Finance & Performance Committee Control Owner: Jane Ely Regular review of Performance for RTT where improvement plans have not delivered the required results Control Owner: Christine Hudson RTT - Recovery trajectory in place Control Owner: Christine Hudson Support from the National Intensive Support Team (National team) - training and capacity planning (demand management for etc Control Owner: Christine Hudson	Adequate Adequate Adequate Adequate Adequate Limited Adequate Adequate Adequate Limited Limited	I = 4 L = 4 High (16) <div><div></div><div></div><div></div></div>	Finalise remaining job plans Person Responsible: Anil Verma To be implemented by: 30 Sep 2018 Finalise remaining job plans Person Responsible: Nicholas Goodger To be implemented by: 30 Sep 2018 Finalise remaining job plans Person Responsible: Anne Greenhalgh To be implemented by: 30 Sep 2018 Finalise remaining job plans. Person Responsible: Elhussein Rfidah To be implemented by: 30 Sep 2018 Chronological booking of patients. Person Responsible: Christine Hudson To be implemented by: 31 Mar 2019	High High High Not Set	02 Aug 2018 A few plans still remaining - discussed at EPRs with actions set. 02 Aug 2018 Almost all job plans are complete. 02 Aug 2018 Job plans almost all finalised. 02 Aug 2018 The Division is working through plans with single numbers now remaining as reported at EPR in July. 02 Aug 2018 Daily micro managing of lists is in progress led by the COO. Long waiters reducing as per plan. All 52 week patients now have a date.	I = 3 L = 2 Low (6) <div><div></div><div></div><div></div></div>

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Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
						The Surgical Division continues to deliver the cost improvement programmes for theatres (Capacity) including utilisation, dropped session review and cancellations Control Owner: Christine Hudson	Limited					
CRR 65	Risk of prosecution by the CQC for a breach of parts 20(2)(a) and 20(3) of the Duty of Candour regulation without first serving a Warning Notice Risk Owner: Paul Stevens Delegated Risk Owner: Jonathan Purday Last Updated: 02 Aug 2018 Latest Review Date: 01 Aug 2018 Latest Review By: Jonathan Purday Latest Review Comments: The Duty of Candour action plan has been implemented. There is good compliance from specialist & surgical divisions. The UCLTC governance team still needs further improvement but is getting extra support from the corporate team	20 Feb 2018	Cause * Continued poor compliance with Duty of Candour * Delay or uncertainty regarding the severity of the incident reported contributes to lack of compliance * A lack of clarity regarding responsibility for completing the formal letters confirming the Duty of Candour conversation * Concerns regarding the 'right' time to fulfil requirements – this is more of a concern when there has been a delay in identifying the incident or completing the Duty of Candour conversation * Concerns that the patient or family questions cannot be answered immediately * Limited formal Duty of Candour training available * Low training attendance for Duty of Candour training Effect * Reputational damage * Missed opportunities to engage with patients and families regarding an adverse event leading to complaints and subsequent claims * Professional misconduct * Breach of contractual obligations to provide to the service user and any other relevant person all necessary support and all relevant information in the event that a 'reportable patient safety incident' occurs (a 'reportable patient safety incident' is one which could have or did result in moderate or severe harm or death). * Potential fines for non-compliance	AO3: Provision: Provide the services needed and do it well	I = 4 L = 4 High (16) 	Appointment of Duty of Candour guardian with responsibility for overseeing Duty of Candour Trustwide Control Owner: Jonathan Purday Circulation of Action Against Medical Accidents (AvMA) and NHS Resolution Duty of Candour Leaflets to Divisions and at Clinical Induction Control Owner: Melinda Brewer Compliance updates provided to the Patient Safety Board Control Owner: Melinda Brewer Duty of Candour Action Plan in place for Urgent Care & LTC Control Owner: Anil Verma Duty of Candour presentations provided at the QII Hubs Control Owner: Melinda Brewer Duty of Candour training in place Control Owner: Melinda Brewer Trust-specific Duty of Candour leaflets in place and disseminated to Governance teams Control Owner: Melinda Brewer Updated Datix Duty of Candour page. This page has been updated to enable easy and rapid completion of the Duty of Candour with links to patient information leaflets and to the Trust Duty of Candour webpage for further information Control Owner: Melinda Brewer	Limited Limited Limited Limited Limited Adequate Limited	I = 4 L = 4 High (16) 	Monthly challenge of divisional Duty of Candour performance at the executive performance meetings Person Responsible: Paul Stevens To be implemented by: 30 Sep 2018 Implement the Duty of Candour Action Plan Person Responsible: Nicholas Goodger To be implemented by: 31 Oct 2018 Implement the Duty of Candour Action Plan Person Responsible: Anil Verma To be implemented by: 29 Mar 2019	High High High	02 Aug 2018 Improving performance but still requires focus. 02 Aug 2018 Weekly reports of compliance and largely compliant with almost all cases this month. 02 Aug 2018 Weekly reports of compliance. More work to embed to meet compliance this month.	I = 4 L = 2 Moderate (8) 




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CRR 59	Potential delays in new and follow-up patient appointments Risk Owner: Lee Martin Delegated Risk Owner: Julia Bournes Last Updated: 02 Aug 2018 Latest Review Date: 02 Aug 2018 Latest Review By: Sally Smith Latest Review Comments: Risk score reviewed and actions updated.	06 Sep 2017	Cause *Lack of out-patient clinic capacity to meet the increased referral and follow-up demands *Lack of visibility of the quantum of issues for specialties that do not have partial booking process for follow-up appointments Effect *Potential for patient harm *Failure to meet national performance standards *Regulatory concerns *Financial loss - contract performance notice/fines *Reputational loss	AO1: Patients. Help patients take control of their own health	I = 4 L = 5 Extreme (20)	Annual review of capacity and demand using Production Plans as part of the Business planning process Control Owner: Philip Cave	Adequate	I = 4 L = 4 High (16)	Develop a plan to ensure efficiencies in all clinics (for specialties that have implemented partial booking) Person Responsible: Lee Martin To be implemented by: 30 Sep 2018	High	02 Aug 2018 Focused work in place to address all of the patients.	I = 4 L = 2 Moderate (8)
						Outpatient Improvement Programme in place Control Owner: Julie Barton	Limited					
						Process in place for data validation Control Owner: Jane Ely	Adequate		Develop and roll-out a framework for quantifying and clinically prioritising and treating high risk patients across all Specialties Person Responsible: Julia Bournes To be implemented by: 30 Sep 2018	High		
						Regular reporting of number of patients in each speciality that are waiting longer to be seen than the specialty milestone Control Owner: Jackie Tapp	Adequate					
						Regular review of capacity and demand by specialty reported in performance meetings Control Owner: Jane Ely	Limited		Divisions to use the follow-up framework to assess their follow-up gap Person Responsible: Christine Hudson To be implemented by: 30 Sep 2018	High		
						Specialty Production plans in place to meet the new patient gap Control Owner: Christine Hudson	Limited					
						Specialty Production plans in place to meet the new patient gap Control Owner: Elizabeth Mount	Limited		Senior review of current demand in each specialty, led by the Clinical Support Services Division and profiling of future demand with a trajectory to reduce the current backlog Person Responsible: Julia Bournes To be implemented by: 30 Sep 2018	High		
						Specialty Production plans in place to meet the new patient gap Control Owner: Lesley White	Limited		Implement tiers of care for agreed specialties Person Responsible: Lesley White To be implemented by: 30 Sep 2018	High		
									Divisions to use the follow-up framework to assess their follow-up gap Person Responsible: Elizabeth Mount To be implemented by: 30 Sep 2018	High		
									Divisions to use the follow-up framework to assess their follow-up gap Person Responsible: Lesley White To be implemented by: 30 Sep 2018	High		

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									Support the Specialties to improve and transform their outpatient pathways via the Outpatient Improvement Programme Person Responsible: Julia Bournes To be implemented by: 31 Mar 2019	High	02 Aug 2018 Programme progressing, will pick up pace following the introduction of ERS and PAS.	









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CRR 44	Failure to meet the Referral to Treatment (RTT) Standard for the Trust Risk Owner: Lee Martin Delegated Risk Owner: Christine Hudson Last Updated: 02 Aug 2018 Latest Review Date: 02 Aug 2018 Latest Review By: Sally Smith Latest Review Comments: Improving position but risk remains the same at present.	02 Feb 2017	Cause * Inability to provide enough activity to sustain waiting list sizes * Backlog rollover from previous years * Demand from CCG's higher than agreed BP * Inpatient activity (DC, inpatients) not meeting BP * Failure to access our own surgical remit for the usage of beds for surgical patients * Failure to complete job planning *Referral management mechanisms in CCGs have resulted in a higher conversion rate to Surgery *Failure to phase the seasonal plan in line with emergency demand *Continued Increase in Orthopaedic & General Surgery waiting list additions *Higher than planned demand within business plan resulting in no flexibility within capacity in key specialities such as Orthopaedics, Dermatology, Maxillo Facial and Gynaecology *Recruitment constraints in services such as Neurology an Dermatology, leading to long outpatient waits *General Surgery capacity for patients presenting with high BMI for benign disease (single handed surgeon) creating 52 week waits *Gynaecology capacity for named sub-specialty conditions resulting in 52 week waits *ENT surgical demand remains in excess of capacity in key subspecialties resulting in 52 week waits Effect *Poor patient outcomes *Financial loss due to outsourcing of activities to the independent sector) *Breach of licence (Contract Performance Notice) *Reputational damage *Regulatory concerns	AO3: Provision: Provide the services needed and do it well	I = 4 L = 5 Extreme (20) 	A joint improvement plan is in place and supported by NHS Elect Control Owner: Christine Hudson	Limited	I = 4 L = 4 High (16) 	Revision of validation resource Person Responsible: Louise Pallas To be implemented by: 31 Jul 2018	High	02 Aug 2018 Update awaited.	I = 4 L = 2 Moderate (8) 
						Action plans in key specialties to ensure improved performance Control Owner: Christine Hudson	Limited		Each Division is required to review the capacity and demand plan in line with RTT achievement and submit business cases for any additional capacity (if required)"	High		
						Escalations of capacity for outpatients and theatres happen as required Control Owner: Christine Hudson	Limited		Person Responsible: Elizabeth Mount To be implemented by: 30 Sep 2018	High		
						Focused management of undated pathways waiting over 30 weeks and risks to 52 weeks, particularly within General Surgery, ENT and Gynaecology Control Owner: Christine Hudson	Adequate		Each Division is required to review the capacity and demand plan in line with RTT achievement and submit business cases for any additional capacity (if required)"	High		
						Improved Slot Utilisation – The Trust has developed operational datasets to locate and identify and fill unused slots Control Owner: Christine Hudson	Limited		Person Responsible: Julie Barton To be implemented by: 30 Sep 2018	High		
						Recovery trajectory in place Control Owner: Christine Hudson	Limited		Each Division is required to review the capacity and demand plan in line with RTT achievement and submit business cases for any additional capacity (if required)	High		
						Saturday working in new consultants contracts across the trust to improve utilisation of theatre capacity and increase capacity Control Owner: Christine Hudson	Adequate		Person Responsible: Karina Greenan To be implemented by: 30 Sep 2018	High		
						The new Interactive Patient Tracking Technology is in place which allows real time recording of patient pathways and supports the operational teams in delivery Control Owner: Christine Hudson	Limited					
						The Surgical Division continues to deliver the cost improvement programmes for theatres (Capacity) including utilisation, dropped session review and cancellations Control Owner: Christine Hudson	Limited					

Principal Risks Report (Strategic and Corporate Risk Register)

Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
CRR 61	Failure to achieve the A&E Improvement Plan and evidence sustained improvements to the Emergency Care Pathway Risk Owner: Lee Martin Delegated Risk Owner: Lesley White Last Updated: 02 Aug 2018 Latest Review Date: 02 Aug 2018 Latest Review By: Sally Smith Latest Review Comments: Risk reviewed and actions updated.	18 Oct 2017	Cause *12 month delivery plan in place across east Kent. Concerns that there may be possible delays in delivery of the plan and that improvements may not be sustained due to: *Lack of ownership and engagement from Divisions *Conflicting priorities - operational pressures *Lack of appropriate bed base to support current capacity/ flow *Lack of capacity to deliver / implement and sustain change *Estate work delays *Inability to recruit to consultant and middle grade posts *Inability to resource the plan (finance) *Failure to engage external partners *Poor change management - inconsistent messages *Winter pressures and severity of flu Effect *Poor patient outcomes *Breach of licence (Contract Performance Notice) *Regulatory concerns *Reputational damage *Financial loss (circa £9.9m)	AO4: Partnership: Work with other people and other organisations to give patients the best care	I = 5 L = 4 Extreme (20) <div><div></div><div></div><div></div></div>	2020 in place to focus on length of stay and supporting bed occupancy Control Owner: Jane Ely	Adequate	I = 4 L = 4 High (16) <div><div></div><div></div><div></div></div>	Continue delivery of the actions in place with regular review through the weekly operational meetings chaired by the CEO. Person Responsible: Lesley White To be implemented by: 30 Sep 2018	Medium	02 Aug 2018 Most actions in the plan are on track with a few slipping with recovery plans in place. <div><div></div><div></div><div></div></div>	
						A&E Delivery Board in place Control Owner: Jane Ely	Adequate		Recruitment of acute physicians and specialty doctors establishment Person Responsible: Anil Verma To be implemented by: 30 Sep 2018	High		02 Aug 2018 Recruitment in progress and locums still in post to maintain safe services.
						A&E Improvement Director in place to support the delivery of the A&E Improvement Plan Control Owner: Jane Ely	Adequate		Development of a pilot elective orthopaedic service at the K&C site. Person Responsible: Christine Hudson To be implemented by: 31 Dec 2018	Not Set		
						Delivery plan in place with clear milestones Control Owner: Jane Ely	Adequate					
						Interim Hospital Directors in place at WHH and QEQM to support a greater site focus Control Owner: Jane Ely	Limited					
						Internal PMO service in place to manage the delivery of the A&E Improvement Plan Control Owner: Jane Ely	Adequate					
						Operational meetings in place Control Owner: Jane Ely	Limited					
						Programme management documentation (including risk log) developed Control Owner: Jane Ely	Limited					
						Robust Communications Strategy in place Control Owner: Natalie Yost	Adequate					
						Service Improvement Team in place Control Owner: Sarah Maycock	Adequate					
						Single oversight meetings in place Control Owner: Jane Ely	Limited					
						Trajectory in place identified by scheme and the monitoring of metrics that have been identified by NHSI Control Owner: Jane Ely	Limited					

Principal Risks Report (Strategic and Corporate Risk Register)

Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
CRR 48	Challenges in embedding a mature and developed Patient safety culture across Obstetrics and Maternity Risk Owner: Sally Smith Delegated Risk Owner: Elhussein Rfidah Last Updated: 02 Aug 2018 Latest Review Date: 26 Jul 2018 Latest Review By: Sally Smith Latest Review Comments: Actions are on track with regular monitoring.	07 Feb 2017	Cause *Reports from both the Royal College of Obstetrics and Gynaecology (RCOG) and the Local Supervisory Authority (LSA) identified gaps in regulatory compliance and also other areas for improvement in maternity services *Recurrent incident themes *Difficulty in gaining engagement among some teams *Delays in prioritising quality transformation and education work streams *Low mandatory training figures *Failure to comply with policies/procedures Effect *Poor patient outcomes (potential harm to both pregnant women in our care and neonates) *Increased complaints/claims *Regulatory concerns *Reputational damage *Adverse effect on staff professional development * Never Event in maternity within past 12 months.	AO3: Provision: Provide the services needed and do it well	I = 4 L = 5 Extreme (20) 	Contract monitoring is in place bi-monthly with the CCGs. This provides assurance and progress against the plans and dashboard. Control Owner: Sharon Curtis	Adequate	I = 4 L = 4 High (16) 	Ensure mandatory training is prioritised and staff undertake the required training Person Responsible: Elizabeth Mount To be implemented by: 31 Aug 2018	High	26 Jul 2018 Transformation programme underway and monitored monthly. Largely on track. 	I = 3 L = 2 Low (6) 
						Maternity Services Patient Safety Plan is in place and being implemented and monitored by the Division and Executive and CCGs. Control Owner: Sharon Curtis	Adequate		Deliver the actions and learning from the recent Never Event Person Responsible: Ursula Marsh To be implemented by: 31 Dec 2018	High		
						Monthly performance meetings are in place as well as support meetings by the Executive Team. Control Owner: Sally Smith	Adequate		Produce and implement a transformation programme for Maternity which incorporates the outstanding actions from the existing action plans (including the RCOG Action Plan). Person Responsible: Elizabeth Mount To be implemented by: 31 Mar 2020	High		
						Never Event Action Plan is in place Control Owner: Ursula Marsh	Limited					
						Support in place from the Service Improvement Team, Dr Ciaran Crowe leading transformation and the Executive team. Control Owner: Sally Smith	Adequate					
						The RCOG and LSA Combined Action Plan in place Control Owner: Graham Ross	Limited					
CRR 63	Failure to sustain services at the Kent & Canterbury Hospital site Risk Owner: Lee Martin Delegated Risk Owner: Last Updated: 02 Aug 2018 Latest Review Date: 02 Aug 2018 Latest Review By: Sally Smith Latest Review Comments: Actions are updated with the risk score reviewed - may be for merger with CRR 7 .	10 Nov 2017	Cause *Increased number of staff leaving the Trust and low staff morale following the transfer of acute medicine, geriatric medicine and stroke from the K&C site *There is only provision for Specialist Vascular and Urology surgery on the K&C site and for Surgeons to maintain core clinical competencies for general surgery they need to continue to see a breadth of patients with complex needs which is not currently the case at the K&C site *Inadequate compliance with standards for medical education and training for trainee Doctors Effect *Potential patient safety concerns *Reputational damage *Regulatory concerns *HEE and the GMC will deem training in a particular area or areas to be unsafe or inadequate and trainees will be removed	AO3: Provision: Provide the services needed and do it well	I = 4 L = 5 Extreme (20) 	Regular visits and walk rounds on the K&C site by the Medical Director and Chief Nurse Control Owner: Sally Smith	Adequate	I = 4 L = 4 High (16) 	Implementation of the East Kent Clinical Strategy through the STP process Person Responsible: Elizabeth Shutler To be implemented by: 30 Nov 2018	High	02 Aug 2018 Awaiting timelines from the K&M system. 	I = 4 L = 2 Moderate (8) 
						Robust Communications Strategy in place Control Owner: Natalie Yost	Adequate					




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Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
CRR 36	Inadequate Safeguarding training arrangements Trust-wide (adult and children) Risk Owner: Sally Smith Delegated Risk Owner: Carol Tilling Last Updated: 02 Aug 2018 Latest Review Date: 26 Jul 2018 Latest Review By: Sally Smith Latest Review Comments: Risk actions updated. Risk score remains the same although the improvements are noted in training compliance.	09 Sep 2016	Cause *Lack of access to current training data *Failure to prioritise training attendance Effect *Regulatory concerns *Legal challenge *Reputational loss *Failure to meet performance standard	AO2: People: Identify, recruit and develop talented staff	I = 4 L = 5 Extreme (20) <div><div></div><div></div><div></div></div>	Adult Safeguarding training delivered by e-Learning with face to face training every 3 years at level 2 (Adult) Control Owner: Helen Goodwin	Adequate	I = 4 L = 4 High (16) <div><div></div><div></div><div></div></div>	Divisions are required to prioritise safeguarding training and ensure staff are released to meet the 85% compliance standard. Person Responsible: Julie Barton To be implemented by: 31 Aug 2018	High	26 Jul 2018 Compliance on track for the end of August - improved position. <div><div></div><div></div><div></div></div>	
						Child Safeguarding training delivered by e-Learning with face to face training every 3 years at level 2 (Children) Control Owner: Carol Tilling	Adequate		Divisions are required to prioritise safeguarding training and ensure staff are released to meet the 85% compliance standard. Person Responsible: Elisa Steele To be implemented by: 31 Aug 2018	High		26 Jul 2018 Compliance has improved and is on track for the end of August.
						Improvement plans and trajectory in place (Adult) Control Owner: Sally Hyde	Adequate		Divisions are required to prioritise safeguarding training and ensure staff are released to meet the 85% compliance standard. Person Responsible: Heather Munro To be implemented by: 31 Aug 2018	High		26 Jul 2018 Division compliant for Adult safeguarding.
						Improvement plans and trajectory in place (Children) Control Owner: Carol Tilling	Limited		Divisions are required to prioritise safeguarding training and ensure staff are released to meet the 85% compliance standard. Person Responsible: Elizabeth Mount To be implemented by: 31 Aug 2018	High		26 Jul 2018 Compliance overall is improving.
						Monthly training sessions on all sites (Adult) Control Owner: Helen Goodwin	Limited		Deliver the action plan Person Responsible: Sally Hyde To be implemented by: 31 Aug 2018	High		31 Jul 2018 Adult Safeguarding level 2 compliance at 84% June 2018
						Non compliant staff are known by name on a monthly basis and followed up. Control Owner: Sally Smith			Implement improvement plans for Children safeguarding training. Person Responsible: Carol Tilling To be implemented by: 31 Dec 2018	High		26 Jul 2018 Training has been increased with greater fill rates to become compliant Trust wide.
						Safeguarding Team in place Control Owner: Sally Smith	Adequate					
						Training needs analysis and Training Programme in place. Training support provided using QII Hubs (Adult) Control Owner: Helen Goodwin	Adequate					
						Training needs analysis in place at ward/department level (Children) Control Owner: Carol Tilling	Adequate					

Principal Risks Report (Strategic and Corporate Risk Register)

Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
SRR 16	Failure to maximise/sustain benefits realised and evidence improvements to services from transformational programmes Risk Owner: Susan Acott Delegated Risk Owner: Simon Hayward Last Updated: 02 Aug 2018 Latest Review Date: 02 Aug 2018 Latest Review By: Sally Smith Latest Review Comments: Actions refreshed and updated.	27 Feb 2017	Cause * Lack of experience / capability in the particular area of change * Lack of capacity of those who need to lead and embed the change * Lack of resources to deliver / implement and sustain change * Trust's lack of appetite for change in some areas to be implemented * Unavailability of the space and physical resources to implement and embed improvements * Mechanism / governance structures for Transformation is not embedded. Effect * Inability to maintain safe, effective and caring services * Inability to deliver the transformation required to meet Trust objectives * Licence restrictions * Regulatory concerns * Reputational damage	AO3: Provision: Provide the services needed and do it well	I = 4 L = 5 Extreme (20) <div><div></div><div></div><div></div></div>	Financial Improvement Director appointed by NHS Improvement following financial special measures. The FID brings vast experience in "turnaround" and has implemented a new methodology for identification and development of improvement programmes. Working alongside the Executive and Programme Support Office. Control Owner: Susan Acott	Substantial	I = 4 L = 4 High (16) <div><div></div><div></div><div></div></div>	Agree a Transformation programme of work with clear owners and milestones that links to the Strategic Objectives Person Responsible: Simon Hayward To be implemented by: 30 Sep 2018	High	02 Aug 2018 Milestones are in place and the programme is being implemented - will be reviewed and refreshed as we progress.	I = 4 L = 2 Moderate (8) <div><div></div><div></div><div></div></div>
						Non-executive directors experience in finance and transformation provides additional input into plans / governance. Linked to individual work-streams to provide advice / challenge Control Owner: Susan Acott	Adequate		Approval for 2nd Phase of the Leadership Development Programme Person Responsible: Sandra Le Blanc To be implemented by: 30 Sep 2018	High	02 Aug 2018 This action is still being progressed. LIA is in progress as part of our staff engagement work.	
						Phase 1 of Leadership & Development programme with EY & Plum in place Control Owner: Sandra Le Blanc	Adequate					
						Take learning from others – Strategic Development Team and Clinicians have gone on visits to other NHS and European / International hospitals Control Owner: Elizabeth Shutler	Adequate					
						Time limited implementation team in place for the Transformation Programme Control Owner: Simon Hayward	Adequate					
						Transformation and Financial governance architecture in place (including programme structure; reporting methodology and clinical and non-clinical engagement). Control Owner: Simon Hayward	Adequate					

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SRR 4	Estate Condition - Unable to implement improvements in the Estate across the Trust to ensure long term quality of patient facilities Risk Owner: Elizabeth Shutler Delegated Risk Owner: Fin Murray Last Updated: 02 Aug 2018 Latest Review Date: 02 Aug 2018 Latest Review By: Sally Smith Latest Review Comments: Work continues to improve the Estate and assess our priorities. Risk score reviewed.	20 Jan 2016	Cause - Backlog of work (£74million); - The financial constraint on capital funding; - The sheer volume and extent of work required Effect - Resulting in poor patient and staff experience - Adverse effects during extreme weather conditions (e.g. leaking roofs; burst pipes leading to water supply shortage; injury to staff/patients) - Potential breaches to health & safety standards and legislation - Inefficiencies and difficulties in moving forward with providing services of the future such as the Clinical Strategy	AO1: Patients. Help patients take control of their own health	I = 4 L = 5 Extreme (20) 	An assessment of the maintenance required has been undertaken to understand the overall position Control Owner: Elizabeth Shutler	Adequate	I = 4 L = 4 High (16) 	Seeking to identify alternative sources of capital other than the DoH with a view to reporting back to June FPC and the Trust Board In August 2018. Person Responsible: Fin Murray To be implemented by: 10 Aug 2018	High	12 Jul 2018 Report on alternative sources of funding received and reviewed at Finance and Performance Committee and through the Chair report to Board. Bids for the wave 4 STP funding and emergency capital are being finalised.	I = 4 L = 2 Moderate (8) 
						Interim Estates Strategy in place Control Owner: Fin Murray	Adequate		Develop pre-consultation Business Case for presentation to NHSE Investment Committee Person Responsible: Elizabeth Shutler To be implemented by: 30 Nov 2018	High		
						Prioritisation exercise for capital spend has been completed to ensure resources are used in the most effective / efficient way Control Owner: Elizabeth Shutler	Adequate					
						Prioritised Patients Environment Investment Committee (PEIC) action plan in place for 2017/18 Control Owner: Fin Murray	Adequate					
						Risk assessed condition survey carried out every 5 years (rolling interim plan every 18months) Control Owner: Fin Murray	Adequate					
						Statutory Compliance dashboard in place Control Owner: Fin Murray	Adequate					

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CRR 51	<p>Patient safety may be compromised as a result of the move of acute medicine, acute geriatric medicine and Stroke from the K&C site</p> <p>Risk Owner: Paul Stevens</p> <p>Delegated Risk Owner: Jonathan Purday</p> <p>Last Updated: 02 Aug 2018</p> <p>Latest Review Date: 01 Aug 2018</p> <p>Latest Review By: Jonathan Purday</p> <p>Latest Review Comments: There is a detailed ED recovery plan. The Trust is working with external partners to decrease the number of stranded patients and increase bed capacity.</p> <p>Currently the 2 acute sites are still running at around 100% bed capacity which is detrimentally affecting all the KPIs</p>	11 Apr 2017	<p>Cause</p> <ul style="list-style-type: none"> *Temporary transfer of acute medicine, geriatric medicine and Stroke from the K&C site *On K&C site we may not have the right level of medical cover for all the specialties that remain on the site *Ambulance handover delays *Patients transferring between sites *Imbalance between substantive consultants and locum consultant posts leading to unsatisfactory trainee doctors education experience <p>Effect</p> <ul style="list-style-type: none"> *Potentially avoidable moderate or severe harm or death *Overcrowding at WHH & QEQM (negative bed position) *Reputational damage *Legal challenge *Regulatory concerns *Additional costs required for changes to services 	AO1: Patients. Help patients take control of their own health	I = 5 L = 4 Extreme (20)	<p>Increased proportion of patients treated through ambulatory care</p> <p>Control Owner: Jonathan Purday</p> <p>Oversight group in place</p> <p>Control Owner: Jane Ely</p> <p>Patients return to the K&C site only once medically optimised</p> <p>Control Owner: Jane Ely</p>	Adequate	I = 5 L = 3 High (15)	<p>Introduction of a pilot study sponsored by the National Director of the GIRFT programme aiming to establish elective orthopaedic operating on the K&CH site and thus free capacity for emergency beds on the 2 acute sites. If funded the pilot will increase emergency medical capacity on the WHH and QEQM sites as well as providing increased elective capacity across the Trust.</p> <p>Person Responsible: Omar Yanni</p> <p>To be implemented by: 31 Aug 2018</p>	High	<p>02 Aug 2018</p> <p>Winter capacity business case approved by the Board of Directors in May 2018. Plan is still progressing.</p>	I = 5 L = 2 Moderate (10)
									<p>Implementation of the system wide A&E recovery plan</p> <p>Person Responsible: Lee Martin</p> <p>To be implemented by: 28 Sep 2018</p>	High	<p>02 Aug 2018</p> <p>Plan is largely on track with a small percentage of actions rated Red. Weekly Steering group drives this work and actions are in place to bring us back on track within month.</p>	
									<p>Fully implement the acute medical model on WHH & QEQM sites</p> <p>Person Responsible: Anil Verma</p> <p>To be implemented by: 30 Sep 2018</p>	High	<p>02 Aug 2018</p> <p>Plan very slightly delayed in time but weekly steering group is accelerating the actions led by the COO. Will get back on track within month..</p>	
									<p>Recruitment to substantive medical posts to fill establishment</p> <p>Person Responsible: Anil Verma</p> <p>To be implemented by: 30 Sep 2018</p>	High	<p>02 Aug 2018</p> <p>Recruitment continues and we are still using locum staff to maintain the service. They are embedded in the team.</p>	
									<p>Achieve and maintain weekday and weekend discharges on the WHH site in order to realise Trustwide discharges of 155/day and 90/day during weekdays and weekend days respectively thus reducing bed occupancy and eliminating medical outliers</p> <p>Person Responsible: Julie Whittingham</p> <p>To be implemented by: 30 Sep 2018</p>	High	<p>02 Aug 2018</p> <p>Multi agency discharge events have taken place in July and we have the support of a dedicated lead to implement this. Numbers still vary as actions are embedded.</p>	

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									<p>Achieve and maintain weekday and weekend discharges on the QEQMH site in order to realise Trustwide discharges of 155/day and 90/day during weekdays and weekend days respectively thus reducing bed occupancy and eliminating medical outliers</p> <p>Person Responsible: Lesley White</p> <p>To be implemented by: 30 Sep 2018</p>	High	<p>02 Aug 2018</p> <p>Multi agency discharge events have taken place in July and we have the support of a dedicated lead to implement this. Numbers still vary as actions are embedded.</p>	
									<p>Implementation of the East Kent Clinical Strategy through the STP process</p> <p>Person Responsible: Elizabeth Shutler</p> <p>To be implemented by: 30 Nov 2018</p>	High	<p>02 Aug 2018</p> <p>Awaiting timelines from the system.</p>	

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CRR 4	Failure to recognise or treat Patients with sepsis in a timely way Risk Owner: Paul Stevens Delegated Risk Owner: Michelle Webb Last Updated: 02 Aug 2018 Latest Review Date: 02 Aug 2018 Latest Review By: Sally Smith Latest Review Comments: Although there is good progress, the risk remains the same until we see embedded practice in the ward areas.	09 Feb 2016	Cause The opportunities and systems in place to recognise and manage patients presenting with or developing sepsis are not taken and/or the deteriorating patient is not recognised. Patients with cancer undergoing chemotherapy are susceptible to neutropenic sepsis. Previously fit and healthy adults may compensate clinically until they are critically ill. Effect *Treatment is not administered in a timely way due to delayed recognition and and patients may suffer adverse outcomes. *Financial loss - failure to achieve CQUIN payments.	AO3: Provision: Provide the services needed and do it well	I = 5 L = 4 Extreme (20) <div><div></div><div></div><div></div></div>	A local rule base for coding for sepsis and severe sepsis Control Owner: Michelle Webb	Adequate	I = 5 L = 3 High (15) <div><div></div><div></div><div></div></div>	BEACHES course for HCA's to be rolled out. This is a nationally recognised course that improves HCA's understanding, recognition and response to deteriorating patient. Person Responsible: Deborah Higgs To be implemented by: 31 Dec 2018	High	02 Aug 2018 Compliance remains above 90% in ED and the wards are also improving.	I = 5 L = 2 Moderate (10) <div><div></div><div></div><div></div></div>
						All Point of Care testing equipment for blood gas analysis updated to include lactate measurements in EDs and respiratory wards. Control Owner: Michelle Webb	Adequate					
						BEACHES course in place for HCA's Control Owner: Deborah Higgs	Limited					
						Clinical staff issued with aide-memoire on sepsis management and compliance tested using CEM audit and local audit Control Owner: Michelle Webb	Adequate					
						Deteriorating Patient Steering Group in place that brings together the various work streams (AKI, sepsis, recognition and escalation, NIV). Control Owner: Michelle Webb	Adequate					
						Documentation in all EDs revised to consistently record patients vital signs and blood test results Control Owner: Michelle Webb	Adequate					
						Electronic alerting of lactate scores and acute kidney injury to the critical care outreach team Control Owner: Michael Bedford	Adequate					
						National Sepsis CQUINS in place Control Owner: Michelle Webb	Limited					
						Sepsis screening in ward patients triggering an EWS of 4 or higher Control Owner: Michelle Webb	Limited					
						Staff training in place on the recognition of patients with sepsis in line with national best practice, including primary care and Ambulance service Control Owner: Michelle Webb	Adequate					

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						Strengthened mandatory training and opportunities at induction to ensure all staff are aware of existing DOPs and local tools for screening and management of deteriorating patient, including sepsis. Control Owner: Michelle Webb	Adequate					
						Update of eCasCard to accurately flag patients requiring sepsis screening in the EDs Control Owner: Michelle Webb	Adequate					
						VitalPac in place in all inpatient adult areas (exception labour wards) allowing for electronic capture of observations and automatic calculation of early warning risk score. Control Owner: Michelle Webb	Adequate					