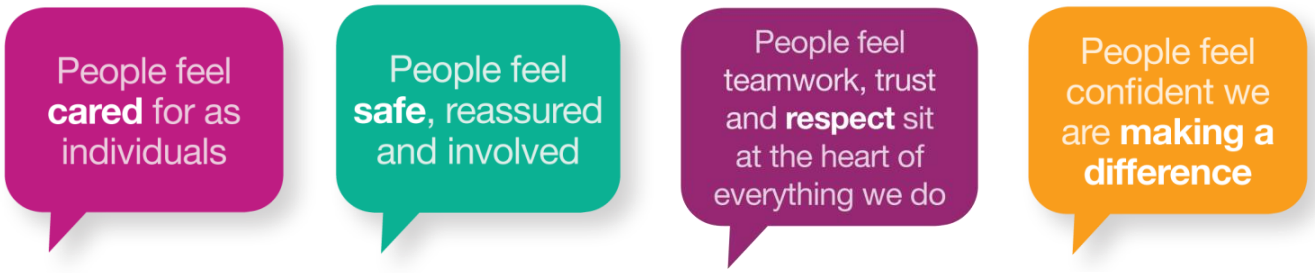
East Kent Hospitals University NHS Foundation Trust

BOARD OF DIRECTORS MEETING – THURSDAY 6 JUNE 2019

Please find attached the agenda for the next Board of Directors meeting. The meeting will take place in the **Board Room, William Harvey Hospital, Kennington Road, Willesborough, Ashford, Kent, TN24 0LZ**, commencing at **9.45 am to 12.45 pm**.

This Board meeting is held in public and will be conducted in line with the Trust Values below:



AGENDA

19/	**OPENING MATTERS**			
034	Chairman's welcome		**09:45**	Acting Chair
035	Apologies for Absence			
036	Declaration of Interests			
037	Minutes of Previous Meeting held on 9 May 2019			
038	Matters Arising from the Minutes on 9 May 2019			
039	Chair's Report	**Discussion**	**10:00** **10 mins**	Acting Chair
040	Chief Executive's Report	**Discussion**	**10:10** **10 mins**	Chief Executive
	Getting to good	**Improve quality, safety and experience, resulting in Good and then Outstanding care**		
041	Patient Experience Story	**Discussion**	**10:20** **20 mins**	Interim Chief Nurse and Director of Quality/ Medical Director

We care

042	Quality Priorities	**Discussion**	**10:40** **20 mins**	
	042.1 Medical Director's Report			Medical Director
	042.2 Chief Nurse and Director of Quality Report			Interim Chief Nurse and Director of Quality
043	Medical Revalidation Report	**Discussion**	**11:00** **5 mins**	Medical Director
044	Quality Committee - Chair Report	**Approval**	**11:05** **5 mins**	Chair Quality Committee – Barry Wilding
045	Care Quality Commission (CQC) Update	**Discussion**	**11:10** **10 mins**	Interim Chief Nurse and Director of Quality Medical Director
	TEA/COFFEE BREAK		**11:20** **10 mins**	

A great place to work

Making the Trust a Great Place to Work for our current and future staff

Right skills right time right place

Developing teams with the right skills to provide care at the right time, in the right place and achieve the best outcomes for patients

046	Nominations and Remuneration Committee – Chair Report	**Approval**	**11:30** **5 mins**	Chair Nominations and Remuneration Committee – Wendy Cookson

Healthy finances

Having Healthy Finances by providing better, more effective patient care that makes resources go further

047	Finance and Performance Committee – Chair Report • Finance Report	**Approval**	**11:35** **5 mins**	Chair Finance and Performance Committee – Sunny Adeusi

We care

NHS
East Kent Hospitals University NHS Foundation Trust

Improve the quality and experience of the care we offer, so patients are treated in a timely way and access the best care at all times

048	Corporate Reporting		**11:40 30 mins**	
048.1	Integrated Performance Report	**Discussion**		Chief Executive / Executive Team
048.2	Full Corporate Risk Report and Deep Dive Review of CRR65	**Discussion**		Interim Chief Nurse and Director of Quality/ Executive Team

Transforming the way we provide services across east Kent, enabling the whole system to offer excellent integrated services

049	Harmonia (Dementia Village) Update	**Discussion**	**12:10 20 mins**	Director of Strategic Development and Capital Planning/Deputy Chief Executive

CLOSING MATTERS

050	Any other business			
051	**QUESTIONS FROM THE PUBLIC**		**12:30 15 mins**	

Date of Next Meeting: Thursday 4 July 2019 in the Board Room, William Harvey Hospital, Ashford.

The public will be excluded from the remainder of the meeting due to the confidential nature of the business to be discussed.

We care

REGISTER OF DIRECTOR INTERESTS – 2019/2020 FROM MAY 2019

NAME	POSITION HELD	INTERESTS DECLARED	FIRST APPOINTED
ACOTT, SUSAN	Chief Executive	Advisory Council of The Staff College (leadership development body for the NHS/Military) **(4)**	Appointed 1 April 2018
ADEUSI, SUNNY	Non Executive Director	None	1 November 2015 (Second term)
ASHMAN, ANDREA	Acting Director of HR	None	1 November 2018 (Acting)
CAVE, PHILIP	Director of Finance and Performance Management	Wife works as a Senior Manager for Optum, who run the Commissioning Support Unit (CSU) in Kent, which supports the Clinical Commissioning Group's (CCG's) of East Kent in their contracting **(5)** Non Executive Director of Beautiful Information Limited **(1)**	Appointed 9 October 2017
COOKSON, WENDY	Non Executive Director	Managing Director of IdeasFourHealth Ltd, a consultancy for the healthcare industry **(2)** Sole Shareholder for IdeasFourHealth Ltd **(3)** Trustee of Bede House Charity, a local community charity in Bermondsey, London, from January 2017 **(4)** Member of Health Advisory Board for OCS Group UK **(5)** Non Executive Director of Medway Community Healthcare **(1)**	6 January 2017 (First Term)
HALLUMS, AMANDA	Interim Chief Nurse and Director of Quality	Trustee of St Francis Hospice **(1)**	1 April 2019 (Interim)

REGISTER OF DIRECTOR INTERESTS – 2019/2020 FROM MAY 2019

NAME	POSITION HELD	INTERESTS DECLARED	FIRST APPOINTED
LE BLANC, SANDRA	Director of HR	Justice of Peace (East Kent) and I am a specialist advisor for the CQC **(4)** Member – Scheme Advisory Board for the NHS Pension Scheme **(4)**	Appointed 1 September 2014
MANSLEY, NIGEL	Non Executive Director	Jeris Associates Ltd **(1) (2) (3)** Chair, Diocesan Board of Finance (Diocese of Canterbury) **(1)**	1 July 2017 (First term)
MARTIN, LEE	Chief Operating Officer	None	Appointed 1 August 2018
OLLIS, JANE	Non Executive Director	The Heating Hub **(1)** Board Member of the Kent Surrey Sussex Academic Health Science Network (AHSN) **(1)** Director of MindSpire **(1)** Non Executive Director of Community Energy South **(1)** Vice President of the British Red Cross in Kent **(4)**	8 May 2017 (First term)
PALMER, KEITH	Non Executive Director	Non Executive Director of EKMS **(1)** Non Executive Director of 2Gether Support Solutions **(1)** Managing Director of Silverfox Consultancy Ltd **(1)** Sole shareholder of Silverfox Consultancy Ltd **(3)** (Silverfox Consultancy Ltd no longer trading – closure notice process commenced with Companies House)	1 January 2017 (First term)
REYNOLDS, SEAN	Non Executive Director	Trustee of Building Heroes **(1)** Interim Chair of EKMS **(1)**	20 August 2018 (First term)

REGISTER OF DIRECTOR INTERESTS – 2019/2020 FROM MAY 2019

NAME	POSITION HELD	INTERESTS DECLARED	FIRST APPOINTED
SHUTLER, LIZ	Director of Strategic Development and Capital Planning/Deputy Chief Executive	None	Appointed January 2004
SMITH, STEPHEN	Chair	Non Executive Director of NetScientific Plc **(1)** Chairman of Biotechspert Ltd **(1)** Non Executive Director of uMed Ltd **(1)** Non Executive Director of Draper and Dash **(1)** Chairman of Signum Health Ltd **(1)** Trustee of Pancreatic Cancer UK **(1)** Stephen Smith Ltd **(1)** Chair of Scientific Advisory Board **(4)** Pancreatic Cancer UK **(4)** Trustee of Epilepsy Society **(4)**	1 March 2018
STEVENS, PAUL	Medical Director	CQC Adviser **(4)** NICE Chair, Chair of the Kidney Disease Guideline and Quality Standards Groups **(4)** Executive Member of Kidney Disease Improving Global Outcomes **(4)** Non Executive Director of Beautiful Information Limited **(1)**	Appointed June 2013
WILDING, BARRY	Senior Independent Director	Trustee of CXK, a Charity in Ashford inspiring people to thrive **(4 & 5)**	11 May 2015 (Second term)

REGISTER OF DIRECTOR INTERESTS – 2019/2020 FROM MAY 2019

Footnote: All members of the Board of Directors are Trustees of East Kent Hospitals Charity

The Trust has a number of subsidiaries and has nominated individuals as their 'Directors' in line with the subsidiary and associated companies articles of association and shareholder agreements

2gether Support Solutions Limited:
Keith Palmer – Non-Executive Director in common
Alison Fox – Nominated Company Secretary

East Kent Medical Services Limited:
Keith Palmer – Non-Executive Director in common
Nic Goodger – Nominated Director
Heather Munro – Nominated Director
Alison Fox – Nominated Company Secretary

Healthex Limited:
Elisa Llewellyn – Nominated Director
Bernard Pope – Nominated Director
Alison Fox – Nominated Company Secretary

Beautiful Information Limited:
Philip Cave, Nominated Director
Paul Stevens, Nominated Director
Alison Fox, Nominated Company Secretary

Categories:

1 **Directorships**
2 **Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS**
3 **Majority or controlling shareholding**
4 **Position(s) of authority in a charity or voluntary body**
5 **Any connection with a voluntary or other body contracting for NHS services**
6 **Membership of a political party**

UNCONFIRMED MINUTES OF THE NINETY-THIRD MEETING OF THE BOARD OF DIRECTORS THURSDAY 9 MAY 2019 AT 09:45 AM BOARD ROOM, KENT AND CANTERBURY HOSPITAL

PRESENT:

Professor S Smith	Chair	StS
Mrs A Ashman	Acting Director of Human Resources	AA
Mr P Cave	Director of Finance and Performance	PC
Mrs W Cookson	Non-Executive Director	WC
Ms A Hallums	Interim Chief Nurse & Director of Quality	AH
Mr N Mansley	Non-Executive Director	NM
Mr L Martin	Chief Operating Officer	LM
Mrs J Ollis	Non-Executive Director	JO
Mr S Reynolds	Non-Executive Director	SRe
Dr P Stevens	Medical Director	PS
Mr B Wilding	Non-Executive Director	BW

IN ATTENDANCE:

Ms N Barnett	Emergency Department (ED) Receptionist (for minute number 19/24)	NB
Ms M Blinston	ED General Manager (for minute number 19/24)	MB
Mrs A Fox	Trust Secretary	AF
Dr R Ramberan	Specialty Doctor, ED (for minute number 19/24)	RR
Miss S Robson	Board Support Secretary	SR
Ms J Skelton	ED Team Co-ordinator (for minute number 19/24)	JS
Ms K Truscott	Staff Nurse, ED (for minute number 19/24)	KT
Mrs N Yost	Director of Communications and Engagement	NY

OBSERVERS

Dr J Purday	Deputy Medical Director	JP
Ms L Bubb	Deloitte (External Facilitator for the Trust's Well Led Governance Review)	

MEMBERS OF THE PUBLIC AND STAFF OBSERVING:

Mrs S Andrews
Miss C Daubney
Dr J East
Ms G Gordon
Mrs C Heggie
Mr K Rogers
Mrs M Smith
Mr B Threw
Mrs J Whorwell

MINUTE NO.		ACTION
19/17	**CHAIRMAN'S WELCOME** The Chair welcomed attendees to the meeting. The Chair expressed his sadness following the death of Mr John Smith, a member of the public who regularly attended all of the Trust Board meetings, who passed away following the recent death of his wife. He acknowledged the support that Mr Smith had provided to the Trust over the years and conveyed his condolences and that of the Board to Mr Smith's family and friends.	

19/18 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Keith Palmer (KP), Non-Executive Director; and Ms L Shutler (LS), Director of Strategic Development and Capital Planning/Deputy Chief Executive.

19/19 **DECLARATION OF INTERESTS**

There were no new declarations of interest

19/20 **MINUTES OF THE PREVIOUS MEETING HELD ON 4 APRIL 2019**

AH raised an amendment on page two regarding Minute Number 19/05 – Matters Arising: regarding the use of disposable drapes in the majority of clinical areas throughout the Trust. She reported that this was currently not the case as disposable drapes were only currently used in high activity areas, e.g. Intensive Therapy Unit (ITU), resuscitation and critical care and as yet not used on the main ward areas.

LM raised an amendment on page eight regarding Minute Number 19/14.1 – Integrated Performance Report (IPR): in relation to the third action regarding theatre utilisation. He stated that this was not regarding process mapping and was around the electronic tool being put in place in theatres that would map the patient journey. A report on the review of each specialty would be presented to the Finance and Performance Committee.

DECISION: The Board **APPROVED** the minutes of the previous meeting held on 4 April 2019 as an accurate record with the amendments detailed above.

19/21 **MATTERS ARISING FROM THE MINUTES ON 4 APRIL 2019**

B/002/19 – Healthcare Associated Infection (HCAI) numbers and rates – comparison in acute trust and Clinical Commissioning Group data: PS stated that this data would be included in his Medical Director's report presented to future Board meetings.

B/003/19 – Provision of courtyard areas: LM reported that progress regarding the provision of these areas and available space to assist with patient mobilisation, would be reported through the Quality Committee.

DECISION: The Board discussed and noted the updates provided; **APPROVED** the actions for closure and those for future Board meetings.

19/22 **CHAIR'S REPORT**

The Chair commented that Kent and Medway (K&M) NHS Trusts' Chairs and Chief Executive' meetings continue to be held, and that these were helpful and informative meetings for all attendees. Discussions at these meetings included the NHS Leadership Academy, Mental Health Collective and the development of Integrated Care Providers (ICPs). The Trust is committed to improving its mental health services and has focussed work within its annual plan to achieve this. ICPs would be created as part of the ten year plan and all Sustainability and Transformation Partnerships (STPs) would be progressing at pace the

implementation of ICPs. Four ICPs would be created in K&M with one STP in the East, these would bring together the Community Trust, Mental Health Trust and Social Services creating a fully integrated system, with partners working together in an integrated way building positive relationships.

The Trust's Well Led Governance review had commenced and the external facilitator Deloitte would be undertaking a thorough review across all levels within the Trust. A representative from Deloitte was in attendance observing the Board meeting. Engagement in this review included the Non-Executive Directors (NEDs), Executive Directors, Governors, and representatives from the senior members of the Care Groups. This is an important review around assessing the Trust's governance as well as supporting the Trust around achievement of a good high performing Trust. The outcome and feedback from this review would be reported to the Board in due course.

The Board noted the new Maternity Counselling Room that had recently been opened at the Queen Elizabeth the Queen Mother Hospital (QEQMH). Along with the transformational initiatives being implemented within obstetrics, in relation to the introduction of a new 'My Own Maternity App' (MOMA) providing expectant mums and their families with pregnancy information.

The Chair congratulated the four junior doctors from QEQMH who had successfully passed the Members of the Royal College of Physicians (MRCP) postgraduate examination. Undertaken as part of their training and development to become postgraduate clinicians.

The Chair provided an update regarding the Council of Governors and a number of joint site visits that had been undertaken at the QEQMH. Further joint visits across the hospital sites would continue. The areas visited included the dermatology secretaries, Pain Services, Rainbow Ward (Children's) and Sandwich Bay (respiratory). Regular meetings were also held with the Chair and the Lead Governor, Sarah Andrews, who had recently been re-elected to this role.

Non-Executive Director (NED) appraisals would be held and objectives set, with contribution from the Governors

The Board discussed and **NOTED** the Chair's report.

19/23 **CHIEF EXECUTIVE'S REPORT**

SAc extended her sympathy and condolences to Mr Smith's family, recognising the support he provided over many years to the Board and had been a strong advocate of the Trust.

SAc commented that the Trust remained challenged and since her appointment was focussed on implementing changes to facilitate improvements around five key areas. This focussed work had resulted in improvements in each of the areas but the Trust needed to sustain a continuous improvement journey. Patient safety had improved with no 12 hour trolley waits in the last year. The key areas included:

- Improving access to emergency care. The Trust was the fourth most improved in the Country;
- Reducing the amount of time patients wait for Cancer care;

- Eliminating long waiting times for planned care;
- Changing the Trust to be led by clinicians, supported by professional managers. The Trust now had in place seven Care Groups replacing the four previous Divisions, which were led by Clinical Directors;
- Listening to staff and acting on their feedback.

The operational teams were working well with the Chief Operating Officer (COO). The new Care Group structure would support and facilitate the necessary changes around the required culture within the Trust, led by clinical leadership.

SAc stated that the results of the Trust's staff survey were disappointing and in response to the feedback the Listening into Action (LiA) programme was put in place. Providing a structured process in relation to listening to staff and putting into action their comments around improvement programmes.

There had also been significant improvements with the implementation of the new Patient Administration System (PAS) as well as the new wholly owned facilities management subsidiary '2gether Support Solutions (2gether)'. SAc extended thanks to all the staff involved for their support and hard work around these projects being successfully implemented.

SAc highlighted the Getting it Right First Time (GIRFT) programme and the six GIRFT visits that had been undertaken to date. These are significantly beneficial and provide vital information around making efficiency and clinical changes in relation to achieving improvements, the outcomes identified the high level of clinical services provided by the Trust. A future GIRFT visit regarding Healthcare of Older People would be undertaken, a key area for the Trust to implement real transformational changes that would be supported by the frailty strategy. LM commented that Care Groups had been asked to incorporate within their individual business plans the improvements around GIRFT.

SAc extended her appreciation for the support provided by the Executive Team as well as all the Trust staff for their hard work during the previous financial year, which had been a very challenging period. She acknowledged the support, contribution and critical challenge from the NEDs in assisting with developing the Trust.

The Board discussed and **NOTED** the Chief Executive's report.

19/24 **STAFF EXPERIENCE STORY: LISTENING INTO ACTION (LIA)**

AH introduced the Emergency Department (ED) team from the QEQMH who implemented a project aimed to improve the Accident & Emergency (A&E) 'front door' experience for patients and their families. This was around improving communication, reducing anxiety and enabling better flow.

The ED team recognised that patients spent a great deal of time in the ED and to improve the patient experience they focussed on two areas, management of the waiting room and customer service. The ED is significantly challenged in relation to the high volume of footfall and numerous interruptions. The team undertook a patient survey gathering feedback on what patients felt could be improved and changes were implemented as a result, these included:

- The provision of a registered nurse being the first person to see the patient upon arrival to the waiting room, ensuring patients are seen quickly prior to

being triaged. This process was working really well;

- Visits from the League of Friends to the waiting area enabling patients to purchase snacks and drinks;
- Printed information provided for patients ensuring they are aware of their progress/journey through the ED;
- The introduction of new signage to help the flow of patients to the reception desk, improving patient confidentiality;
- Removal of the glass barrier between the reception and patients attending as well as the remodelling of the area. Positive feedback had been received that this had made the area much more friendly and an inviting environment.

The Department would be trialling a project of a passport system for three months, including all areas e.g. A&E, primary care, various tests (e.g. bloods, x-ray). When a patient receives a procedure this area would be ticked and signed when the patient is seen by a doctor. Providing a prompt identification of the patient's pathway enabling staff to answer queries from patients. This project would be evaluated and measured to assess the outcomes for patients by undertaking a survey and whether positive feedback is received. A further method of assessment would be reviewing the results of the Friends and Family Test (FFT). A communication had been issued to all the East Kent GPs regarding the booking and triage procedure for patients referred to A&E, which had improved the GP referral process.

Customer training had also been scheduled for front line staff, which was being provided across all the hospital sites to ensure a consistent service throughout the Trust.

The Department had further changes it would like to see implemented, which included the provision of a tannoy loudspeaker system and the installation of screens displaying informative health and service information for patients. The Department was also looking at making changes to the chairs in the waiting room, around the provision of more comfortable chairs or washable cushions as numerous patients had fedback that these were really uncomfortable.

The ED staff emphasised that they had really enjoyed taking this project forward and that they had been listened to and been given the time to take this forward, which had improved the patient experience as well as performance in A&E. The staff had been proud in what they had achieved and were encouraging other teams to take forward improvement ideas that would benefit patients and staff, and that they had the opportunity to make real changes.

The Board discussed and **NOTED** the Patient Experience Story.

19/25 **MEDICAL DIRECTOR'S MORTALITY REPORT**

PS noted the cluster review undertaken for sepsis mortality indicating that overall sepsis management was good. A random sample of 36 deaths coded as sepsis had been selected for review, the results suggested that 18% of these cases were incorrectly coded. The outcome of this review identified areas of learning that would be addressed, around escalation, senior review, intravenous fluid

management and ceiling of care.

PS commented that a GIRFT visit would be undertaken looking at clinical coding and the depth of coding, as a difference in the depth of coding between the Trust and the England average had been highlighted. He emphasised the importance that patient episodes be appropriately coded, and a number of actions had been introduced to mitigate the differences.

PS reported that the Medical Examiner (ME) role would be moving from Kent County Council (KCC) to the responsibility of the Trust and an appointment to this role was expected by April 2020.

The Board discussed and **NOTED** the Medical Director's report.

19/26 **INTEGRATED AUDIT AND GOVERNANCE COMMITTEE (IAGC) – CHAIR REPORT**

BW reported that the Committee received a report regarding the Cost Improvement Programme (CIP) deep dive regarding the Agency Direct Engagement Model scheme. Assurance was received that robust and precise processes were in place, the Committee reviewed the evidence directly uploaded against the progress of this CIP on the internal monitoring system 'Aspyre'.

BW highlighted that the Committee had not received the level of required assurance regarding the Trust's risks, as untimely progress updates had been provided in the risk register presented. Further improvement work was needed around embedding a system throughout the Trust around the importance of a robust risk management system and ensuring the register was regularly updated with progress against mitigation of the individual risks. He emphasised that the '4Risk' risk management system underpinning the risk register was efficient and robust and the issue was around refining the format of the reports presented in future, which was being reviewed.

The Board reviewed the risk register direct on the 4Risk system, noting the individual risks and the updates and actions recorded on the system.

LM commented that the Committee challenged the Executive Directors regarding the lack of progress updates provided in the risk register. He confirmed that there was work on-going to ensure the risk register was updated regularly and when presented in future it provided the appropriate level of assurance.

The Committee discussed the External Audit findings in relation to indicator testing regarding the 62 day cancer waits and the positive improvement. As well as the Governor's indicator regarding Delayed Transfers of Care (DTOC), which was currently being audited and that the early indication was there had been no improvement and possibly further deterioration. This was around the reporting of the DTOC data and metrics.

LM reported that he had met with the local acute COOs following the National benchmark regarding DTOC and that this had resulted in a change to the processes followed, which had led to improvements.

DECISION: The Board discussed and **APPROVED** the IAGC Chair Report.

19/27 **QUALITY COMMITTEE (QC) – CHAIR REPORT**

BW reported that the Committee was receiving much greater assurance from the Care Groups in relation to their individual presentations regarding quality, risk and governance. This was around improvements in quality, safety and experience and the actions put in place. It had been discussed how future reports could be further streamlined, and it was anticipated that these changes would further enhance the assurance received by the Committee. The new reporting format would be reviewed and evaluated in six months.

DECISION: The Board discussed the QC Chair Report and **APPROVED**:

i) the Monitoring for the Strategic Objectives;
ii) the achievements against the 2018/19 Annual Priorities.

19/28 **CARE QUALITY COMMISSION (CQC) UPDATE**

AH stated that the CQC update report presented provided the position of the Trust in relation to progress against the overarching CQC improvement plan, the associated workstreams and the paediatrics improvement plan.

The Board noted the update received by the Paediatric Taskforce at a meeting held on 15 April, and the further meeting scheduled for 29 April where the actions due would be discussed. The number of overall actions had reduced as reported to the Improvement Plan Delivery Group (IPDG) on 29 March. Focussed work continued to progress actions against the improvement plan and the provision of evidence for actions marked as closed. It was anticipated that the report presented at the next Board meeting would further demonstrate the improvement work undertaken and assurance against the closed actions.

AH confirmed that the End of Life (EoL) engagement visit had been rescheduled for 22 May, no further CQC visits had been scheduled.

The Board noted that Care Groups had been asked to self-assess all their clinical areas against the CQC's five domains and key lines of enquiry (KLOEs) over the coming months focussing on a domain each month. The outcomes of these assessments would be reported to the Board once completed towards the Autumn.

The Board discussed and **NOTED** the CQC update report and the actions in place to support the CQC improvement programme.

19/29 **STRATEGIC WORKFORCE COMMMITTE (SWC) – CHAIR REPORT**

JO reported that the Committee received presentations from the Women's and Children (W&C); and Cancer, Clinical Haematology and Haemophilia (CCHH) Care Groups. The main area of challenge for the Trust remained the staff sickness absence rates. An issue raised by staff was around staff anxiety in having sufficient time to care for patients. There had been discussion regarding the staff survey and the poor results regarding the Trust engaging with patients on information technology.

JO stated that the main areas of focus for the Committee for the current financial year was around the development and implementation of strategic workforce plans,

embedding the required culture throughout the organisation as well as the provision of leadership training. Key elements were embedding the new Care Group structure and working with partners in developing the K&M wide workforce plans.

The Board noted the continued work in meeting the Clinical Negligence Scheme for Trusts (CNST) Incentive Scheme 2019 and the report presented regarding the evidence for Safety Action 5, which required Board approval.

DECISION: The Board discussed the SWC Chair report and **APPROVED** the CNST Maternity Incentive Scheme 2019 Midwifery Workforce Planning work.

19/30 **FINANCE AND PERFORMANCE COMMITTEE (FPC) – CHAIR REPORT**
• MONTH 12 FINANCE REPORT

SRe highlighted that the Trust had been RAG rated red against some of its Annual Priorities, emphasising that there had been significant improvement in a number of areas. The Trust had in place a robust process around monitoring its finances for the new 2019/20 financial year.

The Committee received presentations from the Surgery – Head, Neck, Breast and Dermatology (HNBD); and Surgery and Anaesthetics (S&A) Care Groups, noting that the 2019/20 plans were more realistic and their individual key issues as detailed in the report.

The Committee discussed and agreed the National reference costs process and that an update report would be presented in June.

SRe reported that reducing agency costs had been discussed and the initiatives implemented to support this, which were being embedded throughout the organisation that were resulting in the reduction of agency staff and agency spend. This was mainly for medical staff. The Committee had requested a deep dive be undertaken and a progress report to be presented in July, feedback would be presented to the Board. PC confirmed that the current spend on agency was approximately £17m.

AA commented that agency usage was particularly high in the EDs but this was reducing. The Trust had been successful in the recruitment of permanent staff and currently had approximately 640 vacancies. There was focussed work around encouraging locum staff to join the Trust's staff bank to further support reducing agency costs.

LM reported that the Trust had implemented a number of improvement schemes around the winter plan that addressed agency spend and usage. There was also on-going work looking at the skill mix of staff and how traditional roles could be covered by alternative methods of working.

SAc stated that evidence showed focussed work resulted in improvements.

In response to a question raised by BW regarding the level of debtors of which a few were quite significant. PC commented that he had no concerns and that the main area of risk was non-NHS debtors. He confirmed that these debtors were followed up by the Trust. AF stated that the Committee agreed an action to ensure that the Trust's actions in relation to its debtors was clearly identified and described in the finance report.

SA raised concern regarding the long waits for cancer treatment, currently seven patients. LM stated that this would be reduced by four by the end of the week and that two had shared treatment with Maidstone and Tunbridge Wells NHS Trust. He commented that the Trust's aim was by the end of the next month for no patients to be waiting over 52 weeks for treatment.

JO highlighted the 6.4% increase in patients presenting at the EDs than in the previous year and whether the Trust was forward planning to address this increase. LM confirmed that these non-planned patients increase had been raised as an issue with the Clinical Commissioning Group (CCG). He confirmed that this increase had been incorporated in the Trust's contract for 2019/20 along with the provision of an agreed 2% funding increase. It was noted that the increase was being reviewed to identify the reasons and possible actions to reduce the level. A health economy ED Delivery Board was in place to monitor ED activity and performance.

LM stated that the Trust was part of a National programme reviewing patients who were 'high users' of services. This was around linking in with local and community care.

DECISION: The Board discussed the FPC Chair Report and **APPROVED:**

i) the Final year-end position as outlined in the M12 Finance Report;
ii) the Monitoring for the Strategic Objectives;
iii) the Achievement against the 2018/19 Annual Priorities; and
iv) the STP Budget.

19/31 **CORPORATE REPORTING**

19/31.1 **INTEGRATED PERFORMANCE REPORT (IPR)**

SAc reported that as a result of changes implemented to address winter pressures, improvements had been seen around performance in A&E. There remained challenges for the Trust with regards to DToC that had risen to an average of 76 per day. There had also been an increase in the number of 104 day breaches.

The Chair queried the number of Trust's beds occupied by patients that were not acutely ill and medically did not need to be in a hospital bed. LM stated that of the total 1,100 beds including paediatrics and maternity, 55% of these were occupied by over 7 days and over 21 days non-acute patients. On average around 200 patients were not ready to be discharged, 150 patients referred and assessed by community, and around 150 patients awaiting assessment. It was noted that on average around 320 patients a day were medically fit to be discharged and occupied acute beds awaiting provision of appropriate care in the community.

LM reported that the Trust had strengthened its processes with the provision of daily calls with the COO and the operational teams regarding operational pressures and patient flow, and any necessary mitigating actions. Communication had much improved and open and honest discussions were taking place around what the Trust could realistically manage.

SAc confirmed that a Consultant lead for frailty had been appointed across East Kent (EK). LM reported that the Frailty Strategy for EK had been approved, which

would be taken forward by the Consultant lead with particular focus on addressing the front end issues in relation to accessing acute care. This along with other improvement programmes would support addressing issues around patient flow through the hospital and assist with improving the Trust's performance.

In response to a question raised by WC regarding theatre start time and efficiency. LM reported that work was on-going around reviewing theatre utilisation against an electronic tool to identify where improvements could be made. He confirmed that there had been improvements over the last couple of months across all specialities with the exception of a few.

BW raised the high level of staff sickness absence that had increased over the last few months. AA stated that a deep dive had been undertaken and reported to the SWC. This had identified issues around stress and anxiety whilst noting several incidents of staff on long term sickness absence. There was on-going work by the HR Business Partners (HRBPs) who were working closely with the Care Group senior staff around what early interventions could be put in place to provide staff with early support. Also ensuring that managers were robustly monitoring and managing sickness within their individual areas and addressing any needs for support. Workshops to support staff were provided regarding respect and resilience around the Trust's culture, respecting each other and learning resilience and mindfulness techniques.

The Board discussed and **NOTED** the IPR.

19/31.2 **FULL CORPORATE/HIGHEST MITIGATED STRATEGIC RISKS REPORT**

AH reported that the residual risk score had been increased to 15 high (from 12 moderate) regarding the risk CRR 56: inadequate critical care capacity. This was due to the impending retirement in 2020 of two of the three Intensive Care Unit (ITU) Consultants at the QEQMH. This was around the risks of recruiting to these posts and the National issues with recruitment to this specialty.

WC raised the ITU risk and whether there were appropriate succession planning processes in place to address future staff retirement and ensure recruitment planning. She highlighted the impact on patient flow through the hospital if these posts were not recruited to and queried if this presented a risk around the closure of ITU beds. AA commented that discussions regarding plans for staff to retire were part of the Care Group appraisal and regular individual meetings with staff. AH highlighted that critical care nurses were also hard to recruit roles and the Trust was focussed on recruiting too hard to recruit areas.

In response to a question raised by NM regarding potential future Consultants retiring, PS commented that a number of Trust Consultants had retired but had returned to work with the Trust on reduced hours. AA reported that this was a local issue for all the Trusts, and that this was an area being discussed by the Directors of HR.

AH stated that the residual risk scores for two risks had been reduced. These related to the risk CRR 44: failure to meet the Referral to Treatment (RTT) standard for the Trust, reduced to 12 moderate (from 16 high), following the work to ensure consistency between job plans and activity delivery. Risk CRR 41: failure to manage patients with challenging behaviour (Dementia and other mental health challenges, reduced to 9 moderate (from 12 moderate). As a result of the

renegotiation of the SafeAssist contract, raising awareness of the Specific, Measureable, Achievable, Relevant and Time-bound (SMART)+ tool along with the establishment of a Mental Health Improvement Group.

It was noted that each of the Executive Directors would be reviewing their risks following the feedback from the Board session where the risks to the 2019/20 Strategic Objectives were discussed. The risk register would then be refreshed and presented to the June 2019 Board meeting.

BW emphasised that the new risk register format clearly identified where an implementation date had been delayed along with a description of the reasons for the delay. WC highlighted the importance of conversations taking place where actions were not resulting in improvements and what alternative action needed to be put in place.

The Board discussed and **NOTED** the report on the Corporate Risks and Highest Mitigated Strategic Risks.

19/32 **ANY OTHER BUSINESS**

There were no other items of business raised for discussion.

19/33 **QUESTIONS FROM THE PUBLIC**

Mrs Heggie queried whether there was any correlation with regards to staff sickness absence and the age of the staff. AA responded that the data indicated that workforce aged between 40 to 50 were the higher contributors to the levels of sickness and that these were predominately female members of staff.

Mrs Heggie enquired whether there was data available with regards to longer stay patients and the patients with a length of stay over 7 days and 21 days. LM confirmed that this information was provided in the IPR. He highlighted that this changed daily, reporting that the current figure averaged around 190 patients.

Mrs Heggie raised the development of ICPs and enquired whether there was any indication that the funding for the provision of the range of services would be allocated from a central fund. Whether there would be any conflicts with the allocation of funding to the NHS and the KCC. The Chair confirmed that EKHUFT's budget was NHS funded and separate from Council funded budgets.

Mrs Smith raised the 2gether subsidiary company of EKHUFT, and expressed her disappointment regarding the implementation of a 2 tier payment system for the staff. In relation to staff that were TUPED and those newly appointed. SAc confirmed that 2gether were a separate wholly owned subsidiary commercial enterprise company. Due to the TUPE of staff and the need to recruit new staff, the decision was made to have in place a 2 tier system. She reported that 2gether and its staff were committed to patient care and had in place clear and focused values that aligned with those of EKHUFT. AF stated that 2gether were a limited company, with their own governance Board structure and were responsible for setting their workforce salary. An interface process was place in relation to the governance structure of 2gether and EKHUFT.

Mrs Smith raised the increase in staffing levels in July and August and whether this was a result of newly qualified nurses. AA reported that the Trust recruited newly qualified nurses throughout the year. The Trust was focussed on improving its recruitment of staff, and there was on-going work around promoting the Trust as a place to work particularly in relation to attracting nurses and clinicians to work at EKHUFT. There was also a robust introductory and supervision process in place regarding the supervision of newly qualified nurses as well as an introductory programme for new staff. Ensuring new staff had a positive experience.

Mrs Whorwell raised a recent article in the National media with regards to shortages of Consultants and on-call Obstetricians across all hospitals in the Country. Highlighting that this would cause concern for members of the public. PS confirmed that EKHUFT had the provision of Consultant on-call Obstetricians throughout the day and during out of hours, cover was monitored daily at the hubs held at the beginning and end of each day. It was noted that the Medical Director's mortality report provided details regarding deaths. EKHUFT's number of annual births was lower than the National average and was currently under 7,000.

The public were excluded from the remainder of the meeting due to the confidential nature of the business to be discussed.

The Chair closed the meeting at 12.30 pm.

Date of next meeting in public: Thursday 6 June 2019 in the Board Room, William Harvey Hospital, Ashford.

Signature _____

Date _____

CHAIR'S INITIALS ……

19/038

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**6 JUNE 2019**
REPORT TITLE:	**MATTERS ARISING FROM THE MINUTES ON 9 MAY 2019**
BOARD SPONSOR:	**CHAIRMAN**
PAPER AUTHOR:	**BOARD SUPPORT SECRETARY**
PURPOSE:	**DISCUSSION**
APPENDICES:	**APPENDIX 1: PUBLIC BoD ACTION LOG**

BACKGROUND AND EXECUTIVE SUMMARY

An open action log is maintained of all actions arising or pending from each of the previous meetings of the BoDs. This is to ensure actions are followed through and implemented within the agreed timescales.

The Board is required to be updated on progress of open actions and to approve the closing of implemented actions.

The Board is asked to consider and approve the actions noted below for closure:

Action No.	Action	Target date	Action owner	Status	Progress Note (to include the date of the meeting the action was closed)
B/006/19	Present a benefits realisation report on the Elective Orthopaedic Centre (EOC) Pilot to the May 2019 FPC.	Sep-19	LS	to Close	Deferred to be presented to September 2019 FPC meeting. Noted on FPC annual work programme. **Action for closure.**
B/007/19	Present a report to the May 2019 FPC meeting on the electronic tool regarding the review of each specialty in relation to theatre utilisation.	Jun-19	LM	to Close	Electronic tool being developed and a pilot will start in theatres shortly. Deferred to be presented to the June FPC meeting. Noted on FPC annual work programme. **Action for closure.**
B/010/19	Consider how deep dives into specific risks can support the	Jun-19	AH	to Close	Deep dive into risk CRR 65: Risk of prosecution by the Care Quality Commission for a breach of parts

19/038

NHS
East Kent
Hospitals University
NHS Foundation Trust

	Board's work around the management, monitoring and mitigation of risks.				20(2)(a) and 20(3) of the Duty of Candour regulation without first serving a Warning Notice, included in report presented to June 2019 Board meeting. **Action for closure.**

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	The Board may lose sight of progress of key actions if the action list is not properly updated and maintained. The Trust Secretariat ensures there is an efficient process for maintaining the action list.
LINKS TO STRATEGIC OBJECTIVES:	• **Getting to good:** Improve quality, safety and experience, resulting in **Good** and then **Outstanding** care. • **Higher standards for patients:** Improve the **quality and experience** of the care we offer, so patients are **treated in a timely way** and **access the best care** at all times. • **A great place to work:** Making the Trust a **Great Place to Work** for our current and future staff. • **Delivering our future: Transforming** the way we provide services across east Kent, enabling the whole system to offer **excellent integrated services.** • **Right skills right time right place:** Developing teams with the **right skills** to provide care at the **right time**, in the **right place** and achieve the **best outcomes for patients.** • **Healthy finances:** Having Healthy Finances by providing better, **more effective patient care** that makes resources go further.
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	None
RESOURCE IMPLICATIONS:	None
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	None
SUBSIDIARY IMPLICATIONS:	None

PRIVACY IMPACT ASSESSMENT: NO	**EQUALITY IMPACT ASSESSMENT:** NO

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors is asked to discuss and note the progress updates on open actions, and **APPROVE** the actions for closure as detailed above.

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST - PUBLIC BOARD								
Action No.	**Date of Meeting**	**Min No.**	**Item**	**Action**	**Target date**	**Action owner**	**Status**	**Progress Note (to include the date of the meeting the action was closed)**
B/002/19	04.04.19	19/008	Medical Director's Report	Continue to include in future reports the comparison in acute trust and CCG data regarding healthcare associated infection (HCAI) numbers and rates.	Jul-19	PS	Open	Will be included in future reports to be presented to the Board that cover healthcare associated infections (HCAIs).
B/006/19	04.04.19	19/014.1	IPR	Present a benefits realisation report on the Elective Orthopaedic Centre (EOC) Pilot to the May 2019 FPC.	Sep-19	LS	to Close	Deferred to be presented to September 2019 FPC meeting. Noted on FPC annual work programme. **Action for closure.**
B/007/19	04.04.19	19/014.1	IPR	Present a report to the May 2019 FPC meeting on the electronic tool regarding the review of each specialty in relation to theatre utilisation.	Jun-19	LM	to Close	Electronic tool being developed and a pilot will start in theatres shortly. Deferred to be presented to the June FPC meeting. Noted on FPC annual work programme. **Action for closure.**
B/009/19	04.04.19	19/014.1	IPR	Review the Trust's process in relation to forecasting and how this is reported in the IPR, to identify whether any improvements can be made.	Jul-19	PC	Open	The financial forecast for finance is included in the Board Finance report and the key operational target forecasts are reviewed at the Finance and Performance Committee (FPC). However, the IPR does not include forecasts. This will be reviewed over Q1 2019/20 with a progress update in Q2, a forecast column can be added but will not be relevant for all metrics so key targets will be initially reviewed. Meeting being held on 28 June with the Head of Corporate Information and Assurance, Head of Information and Chief Operting Officer to discuss the metrics, forecast, narrative, to shape the IPR. Following this meeting a further meeting will be held on 8 July, which will include representation from Non-Executive Directors and the Trust Secretary to review the IPR.

B/010/19	04.04.19	19/014.2	Full Corporate/Highest Mitigated Strategic Risks Report	Consider how deep dives into specific risks can support the Board's work around the management, monitoring and mitigation of risks.	Jun-19	AH	to Close	Deep dive into risk CRR 65: Risk of prosecution by the Care Quality Commission for a breach of parts 20(2)(a) and 20(3) of the Duty of Candour regulation without first serving a Warning Notice, included in report presented to June 2019 Board meeting. **Action for closure.**

19/039

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**6 JUNE 2019**
REPORT TITLE:	**CHAIR'S REPORT**
BOARD SPONSOR:	**ACTING CHAIRMAN**
PAPER AUTHOR:	**BOARD SUPPORT SECRETARY**
PURPOSE:	**DISCUSSION**
APPENDICES:	**NONE**

BACKGROUND AND EXECUTIVE SUMMARY

Introduction

The purpose of this report is to:

- Report any decisions taken by the Board of Directors outside of its meeting cycle;
- Update the Board on the activities of the Council of Governors; and
- To bring any other significant items of note to the Board's attention.

Key Events:

1. Acting Chairman

1.1 In my capacity as the Deputy Chairman, in the absence of the Chairman who recently had a surgical procedure and will be off on planned sickness absence, I will be providing Acting Chairman cover for approximately two months until his return in mid-July. On behalf of the Trust and the Board I wish him well and a speedy recovery.

2. Well Led Governance Review

2.1 The Trust's externally facilitated Well Led Governance Review that commenced on 1 May is on-going. As part of this review the external facilitator observed the previous Board meeting in May and also observed a number of Board Committee meetings. On completion of this review a report with the outcomes along with recommendations will be presented to the Board.

3. Smoking Cessation

3.1 The hard work and support of the Trust's Smoking Cessation Team was recognised following the team being awarded the 'Auditor of the Month' award from the Clinical Audit and Improvement Department. Acknowledging their work in identifying patients, giving advice and referring patients for help to quit smoking. Congratulations also to the Trust's Specialty Doctor in acute medicine who was presented with the 'Health Promotion Award' for being the healthcare professional that had made the most smoking cessation referrals to the One You stop smoking service. Smoking cessation is a key element around preventative healthcare management in providing education and support to patients and staff to quit smoking.

19/039

NHS
East Kent
Hospitals University
NHS Foundation Trust

4. Events celebrating International Clinical Trials Day

4.1 The Trust held events throughout its three acute hospital sites celebrating International Clinical Trials Day and all research in healthcare on 20 May. These events were delivered by the Trust's Research and Innovation (R&I) Team promoting R&I and the work of the team, as well as disseminating promotional information on the 'Be Part of Research' campaign.

5. EKHUFT Research & Innovation

5.1 I attended a meeting of our clinicians across a range of specialties including renal, vascular, urology, radiology & ophthalmology, all with an interest in the use of applied Artificial Intelligence and digital technologies to support early diagnosis and intervention. It is clear the Trust has the capabilities and opportunity to become a real leader in this field and align closely with the ambition in the NHS Long Tern Plan for research & innovation to improve patient outcomes.

6. Annual Trust Documentation

6.1 I signed along with the Chief Executive and Director of Finance the annual documentation regarding the Annual Report, Quality Report and Annual Accounts for 2018/19. These documents were discussed and approved at a Joint Board Committee meeting for submission to NHS Improvement and to align with the timeframe for laying these annual documents before Parliament.

7. Site visits

7.1 I visited the Emergency Department (ED) at William Harvey Hospital (WHH) with my Clinical Non-Executive Director (NED), Wendy Cookson. We undertook a walkabout of the ED to see for ourselves the differences and changes that have been made in relation to the improvements implemented. Around the provision of observation bays as well as the successful recruitment of staff to the EDs, and the impact as a result for the department, its staff and the patients that access this service. We were impressed with these changes and the positive outcome that will support the Trust sustaining improved performance.

7.2 I visited Treble Ward at the Kent & Canterbury Hospital with Interim Chief Nurse, Amanda Hallums. A very busy but welcoming specialist eighteen bedded acute neurology ward, we were shown around by the Sister and observed the ward was clean, organized, with caring, attentive staff and saw many patients were dressed.

Council of Governors Update:

8. Council of Governors meeting

8.1 The Council of Governors met on 24 May 2019 with a very full agenda. In private session the Council viewed the Trust's Annual Governance Documents; these will not enter the public domain until they are laid before Parliament in June. The Council will have a full debate on these documents in public session at their August meeting and the documents will be received formally at the Annual Members' Meeting on 3 September 2019.

8.2 The Council's Audit and Governance Committee meets quarterly and will be looking closely at the Trust's performance in relation to quality of care. This, together with the feedback they receive from their constituents and the public, and their own observations during visits, will better enable the Council to hold the Non-Executive Directors to account for the standards of care provided by the Trust. This Committee will also be responsible for drafting the Governors' Commentary on the Trust's Annual Quality Report. Their Commentary this year recognised both good and poor performance during 2018/19 and the work done to produce the commentary will inform the full debate on the Annual governance documents at the August meeting.

19/039

NHS
East Kent
Hospitals University
NHS Foundation Trust

8.3 I noted in my report to Council that there are currently two Governor vacancies on Council. When elected, Governors serve a three year term of office which ends on the last day of February. The next scheduled elections are due to begin at the end of this year to manage vacancies arising on 29 February 2020. The Council agreed to bring the start of the next elections forward to cover the two current vacancies and those arising in 2020. Those elected to the current vacancies will begin immediately after the elections and serve out the terms of office of those who resigned – both finish on 28 February 2021. Those elected to the other vacancies will commence their terms of office on 1 March 2020. Anyone who is interested in standing for these elections can contact the Governor and Membership Lead, Amanda Bedford, on 01233 651891, for further information.

8.4 The Council received a presentation from the Acting Director of Human Resources, Andrea Ashman, on the extensive programme of work underway to improve culture and staff well-being within the Trust. The annual staff survey results for 2018/19 were poor, reflecting the challenging period that the Trust has travelled through in recent years. Andrea noted that, although the programme had started before the survey was undertaken, changing culture cannot be achieved quickly.

8.5 Andrea explained that the aim of the change programme was to invest resources to develop and promote a more positive environment where members of staff are keen to come to work and participate freely in developing our patient services without concern about any potential personal impact. The detail within the Staff Survey results for 2018/19 will help to refine the work being done. It is expected that the results of the next survey, for 2019/20, will show real improvement as staff are empowered to effect change in their own working environments.

8.6 The Council received an update report from the Chief Executive and reports from the Non-Executive Director Chair of the Board of Director's Quality Committee and Integrated Audit and Governance Committee. This gave the Council the opportunity to ask questions about the Trust's performance and the Governance arrangements in place to ensure that the Board receives comprehensive and accurate information about that performance. Council asked that the Board ensure that, when considering actions to improve performance against quality targets, it is recognised that responsibility lies with all staff groups – delivery of targets should not be focussed onto one group, such as nursing staff.

8.7 The Council discussed the draft of their Members and Membership Engagement Strategy for 2019/20, which will be presented at the August meeting for ratification. The Council recognised that the Strategy would need to be focussed onto priority areas to make best use of the resources available, with respect to Governors' time, support staff time and budget. Governors will be canvassed for their individual views on the Council's priorities before the Strategy is finalised and presented to the August meeting.

8.8 A number of governance items were presented to the May meeting: the annual review of the Council's register of interests; the annual re-affirmation of the Fit and Proper Persons test by each Governor; confirmation of the election of Sarah Andrews, Public Governor Dover, as the Lead Governor; and the results of the annual Council and Council Committees effectiveness review. With respect to the latter, the Council agreed a method for analysing the results, and a report will be discussed in greater depth at the August meeting.

19/039

NHS
East Kent
Hospitals University
NHS Foundation Trust

9. Recognising John Smith

9.1 The Council noted with sadness the passing of Mr John Smith, who was well known to many Governors for the active interest that both he and his late wife took in health services in East Kent; advocating for the Trust and making sure that the views of the community were heard and acted upon.

9.2 The Council would like the Board to consider formally recognising John's contribution, over many years, by using his name when the next occasion arises for a ward or area to be named.

10. Joint site visits

10.1 The visit scheduled for May had to be postponed at short notice when the Executive Director on the team was called to a meeting in London. This visit has been re-arranged for June.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	None
LINKS TO STRATEGIC OBJECTIVES:	• **Getting to good:** Improve quality, safety and experience, resulting in **Good** and then **Outstanding** care. • **Higher standards for patients:** Improve the **quality and experience** of the care we offer, so patients are **treated in a timely way** and **access the best care** at all times. • **A great place to work:** Making the Trust a **Great Place to Work** for our current and future staff. • **Delivering our future: Transforming** the way we provide services across east Kent, enabling the whole system to offer **excellent integrated services.** • **Right skills right time right place:** Developing teams with the **right skills** to provide care at the **right time**, in the **right place** and achieve the **best outcomes for patients.** • **Healthy finances:** Having Healthy Finances by providing better, **more effective patient care** that makes resources go further.
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	None
RESOURCE IMPLICATIONS:	None
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	None
SUBSIDIARY IMPLICATIONS:	None

PRIVACY IMPACT ASSESSMENT: NO	**EQUALITY IMPACT ASSESSMENT:** NO

RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to discuss and note the report.

19/040

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**6 JUNE 2019**
REPORT TITLE:	**CHIEF EXECUTIVE'S REPORT**
BOARD SPONSOR:	**CHIEF EXECUTIVE**
PAPER AUTHOR:	**BUSINESS SUPPORT OFFICER**
PURPOSE:	**DISCUSSION**
APPENDICES:	**APPENDIX 1: LATEST PUBLICATIONS AND RESOURCES**

BACKGROUND AND EXECUTIVE SUMMARY

The Chief Executive provides a monthly report to the Board of Directors providing key updates from within the organisation, NHS Improvement (NHSI), NHS England (NHSE), Department of Health and other key stakeholders.

This month's report covers the following:

- Chief Executive Officer (CEO) / Trust Activity.
- Trust Seal Activity.
- Latest Publications and Policy Developments of Note.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	Risks around Emergency Department (ED), Financial Recovery are covered in more detail elsewhere on the Board agenda.
LINKS TO STRATEGIC OBJECTIVES:	• **Getting to good:** Improve quality, safety and experience, resulting in **Good** and then **Outstanding** care. • **Higher standards for patients:** Improve the **quality and experience** of the care we offer, so patients are **treated in a timely way** and **access the best care** at all times. • **A great place to work:** Making the Trust a **Great Place to Work** for our current and future staff. • **Delivering our future: Transforming** the way we provide services across east Kent, enabling the whole system to offer **excellent integrated services.** • **Right skills right time right place:** Developing teams with the **right skills** to provide care at the **right time**, in the **right place** and achieve the **best outcomes for patients.** • **Healthy finances:** Having Healthy Finances by providing better, **more effective patient care** that makes resources go further.
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	ED, Financial Recovery, Clinical Strategy all link to the strategic risk register.
RESOURCE IMPLICATIONS	None
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	None

19/040

East Kent Hospitals University NHS Foundation Trust

SUBSIDARY IMPLICATIONS	None

PRIVACY IMPACT ASSESSMENT: *NO*	**EQUALITY IMPACT ASSESSMENT:** *NO*

RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to discuss and note the report.

19/040

East Kent Hospitals University NHS Foundation Trust

Chief Executive's Report

Mental Health

I wanted to start my report by writing about mental health as there has been both a Mental Health awareness and a Dementia week in May.

So it has been fitting for me to visit the Mental Health Liaison Team at William Harvey Hospital (WHH), Hans Goethals, Madeleine McCarthy and Armit Bhardwaj. Their passion for mental health awareness was infectious and it was encouraging for me to hear how they will be working closely with the ED and the wards to support patients and staff. They are particularly keen to improve the education and training available for staff. Most recently, they have been supporting eight new Healthcare Assistants (HCAs) who have been appointed as mental health support workers in our EDs.

We care for many people living with dementia in our hospitals, and the hospital environment can be particularly difficult for them. Too often we see people deteriorate in hospital – it's our responsibility to make sure we don't only deal with the health episode that brought them to us, but do all we can to maintain their independence and enable them to take part in normal activities of daily living while on the ward. Dementia Specialist Nurses have accepted a recent delivery of ten additional 'Reminiscence Interactive Therapy Activities (RITA) machines in the past week. RITAs have been funded via the Dementia Appeal, and support reminiscence with music and films. There are some shining examples of excellence in East Kent Hospitals – wards reinstating social mealtimes at a dining tables, reminiscence sessions run by the wards, nursery school children visiting patients at WHH, student hair dressers coming into Invicta Ward, and the dedicated space and expertise of the St Augustine's staff in their vintage day room. These are just some examples.

I also visited the dementia village in Dover and enjoyed listening to the vision and mission of the team there, led by Dr Phil Brighton. The village will be one of the first of its kind in the country and has taken a lot of its inspiration from European exemplars. Well thought out with a unique opportunity to give people living with dementia, different options about how they live their lives, with a strong positive and community ethos running through it.

CEO Activities

The Finance Director and I have been engaged in seeking support for capital investment in the Trust in relation to theatres and urgent back log maintenance. NHSI are supportive but the absolute absence of capital is a significant issue.

A number of Executive colleagues visited Brighton a couple of weeks ago to make an assessment of their Patient First initiative which is credited with supporting an improvement in the Trusts performance and Care Quality Commission (CQC) ratings. The visit was illuminating and the Board will be pleased that we have put forward a business case to NHSI having heralded our interest in this over the last two months.

Meetings continue with our system partners to establish the workings and basic principles behind the development of integrated care partnerships and colleagues are grateful to Jane Ollis for taking on the Chair of this enterprise, as well as the Trust, whilst Professor Stephen Smith is absent.

19/040

The Medical Director and myself visited the Queen Elizabeth the Queen Mother Hospital (QEQMH) on Emergency Medicine Day (27 May 2019) where we welcomed Dr Katherine Henderson, President Elect from The Royal College of Emergency Medicine. Dr Henderson then attended Accident & Emergency (A&E), spending half the day talking to staff and understanding the pressures they face on a day to day basis. Her visit celebrated the positive reflection of the A&E Department.

Friends of WHH and Kent & Canterbury (K&CH) League of Friends

The Friends of William Harvey Hospital approved over £57,000 of bids for equipment at its quarterly Board Meeting at the beginning of May.

The gifts pledged by the Friends included: a Fibroscan Controlled Attenuation Parameter (CAP) and Digital Imaging and Communications in Medicine (DICOM) Licence for Gastroenterology; two Spirometers for Respiratory; a freezer for Maternity and fridge/freezer for Kings A2; four Reclining Chairs for Folkestone Ward; two Tympanometers for Audiology; urine testing machines for Arundel/Pre surgery; and a £25,000 contribution to the sensory garden for Intensive Therapy Unit (ITU). The Friends are continuing to fundraise for the hospital, and raised £279.18 from their Easter Raffle.

Gifts worth nearly £85,000 have been awarded to K&CH by the hospital's League of Friends.

The highest award, £55,000, was given to trauma and orthopaedic consultant Andrew Smith for a fluroscan insight mini C-arm system used for hand surgery and foot and ankle injections. Another £11,155 went to the Children's Assessment Centre for two probes-transducers. This was given by the league's Nailbourne group in memory of its late member Elizabeth Stewart. Among smaller gifts were those to Harbledown Ward, the Cathedral Day Unit, the Day Surgery, the Fracture Clinic and Cancer Services.

I would like to thank to all the League's supporters, members, shop patrons, volunteers, Trustees and everyone involved. Every penny profit goes back to the hospitals.

Trust Seal Activity

- Deed of Novation – free of charge equipment loan between Pajunk UK Medical Products Ltd, EKHUFT and 2Gether Support Solutions Ltd.
- Deed of Novation – minor/major works framework between Logan Construction (SE) Ltd, EKHUFT and 2Gether Support Solutions Ltd.
- Deed of Novation – ventipac ventilator maintenance between Smiths Medical International Ltd, EKHUFT and 2Gether Support Solutions Ltd.
- Deed of Novation – maintenance of ventilators between Philips Healthcare Ltd, EKHUFT and 2Gether Support Solutions Ltd.

19/040

East Kent Hospitals University NHS Foundation Trust

Appendix 1: Publications and Policy Developments of Note

NHSI and NHSE

Community services operating model guidance
The new community services operating model guidance will help you to assess the performance of your current access processes and identify improvement opportunities. The first section of the guidance will help you improve the delivery of community-based services, patient care and workforce productivity. The referrals and single points of access section will help you improve waiting times, patient flow and quality of care.

Veteran Aware hospitals
A group of 33 NHS acute hospitals have been accredited as exemplars of the best care for veterans, helping to drive improvements in NHS care for people who serve or have served in the UK armed forces and their families.

Learning from deaths webinar
Wednesday 5 June, 12.00 noon – 1.00 pm

Join this webinar to explore implementation of learning from deaths in community and mental health settings and share ideas and good practice.

You will have the opportunity to hear from the Medical Directors at Worcestershire Health and Care NHS Trust and North East London NHS Foundation Trust and to gain an overview of national analysis of 2018 quality accounts.

National Commissioning for Quality and Innovation (NCQUIN): Implementing three high-impact actions to prevent hospital falls
You can now access the new local audit data collection tool, and watch the advice and Frequently Asked Questions (FAQs) presentation, to assist you with implementing and working towards CQUIN 'Three high impact actions to prevent hospital falls'. The tool will support you with your local case note audit in preparation for the uploads to the national CQUIN collection starting in July.

NHS national commercial directors meeting
Monday 10 June, 10.00 am – 3.00 pm, London

This meeting will focus on developing and improving management of private patient services, and is for chief finance directors, commercial directors and senior managers responsible for commercial and private patient income.

You will hear from leaders in NHS private patient unit strategy, planning and operations, and you will also have the chance to share experiences and network.

For more information or to reserve your place please email v.partridge@nhs.net.

Health Education England and The Shelford Group

Mental health optimal staffing tool (MHOST)
This multi-disciplinary, evidence-based system supports safe staffing decisions in mental health organisations.

It is designed to guide chief nurses and ward-based clinicians and is free to NHS providers. The MHOST is one of a suite of optimal staffing tools, including tools for adult in-patient wards, acute medical units and children and young people's wards.

19/041

NHS
East Kent
Hospitals University
NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**6 JUNE 2019**
REPORT TITLE:	**PATIENT EXPERIENCE STORY**
BOARD SPONSOR:	**CHIEF NURSE & DIRECTOR OF QUALITY**
PAPER AUTHOR:	**DEPUTY CHIEF NURSE & DEPUTY DIRECTOR OF QUALITY**
PURPOSE:	**DISCUSSION**
APPENDICES:	**NONE**

BACKGROUND AND EXECUTIVE SUMMARY

The Board of Directors has been using patient stories to understand from the perspective of a patient and/or a carer about the experiences of using our services. Patient stories provide a focus on how, through listening and learning from the patient voice, we can continually improve the quality of services and transform patient and carer experience.

This month the Board of Directors are invited to hear the experience of the daughter of a former patient, Mr B.

Mr B was admitted to William Harvey Hospital (WHH) Emergency Department (ED) on five occasions over four months in 2017 with recurrent urinary tract infections. This involved repeated admissions through WHH ED and inpatient stays within WHH and Kent and Canterbury Hospital (K&CH). During this time Mr B's family were advised of a terminal diagnosis and Mr B was discharged to a Community Hospital in October 2017. Mr B's condition advanced and he sadly died in April 2018. Miss B would like to share elements of her father's story to support learning.

Miss B has highlighted three areas for specific focus. These include:

- **Quality of communication**. Specifically how to make communication between hospital staff, relatives and our older frail patients, as effective and supportive as possible.
- **Readmission**. Mr B was readmitted several times to WHH with urinary tract Infections and on each occasion through ED. Miss B describes the process of admission as sometimes protracted and slow (on one occasion taking 10 hours to admit to the ward). Miss B wants to highlight how patient experience can be improved when recurrent admissions are likely.
- **Discharge**. Mr B was discharged from our service (from ED and our wards) several times. Care needs need to be carefully considered and steps put in place to support patients after discharge. Miss B felt that the discharge process felt unduly rushed and this meant that her father's care needs were not consistently explained or sufficiently anticipated within the care arrangements put in place. She highlights the care required to support management of an indwelling catheter. Miss B would like to highlight what she feels she and her father needed at point of discharge to make this as successful and safe as possible for other patients.

19/041

NHS
East Kent
Hospitals University
NHS Foundation Trust

The key items for the Board of Directors to note are:

- The central importance of effective communication, to both patients and relatives, at every stage of a patient's journey.
- The opportunity to strengthen the pathway for the frail patient with recurrent admissions.
- The importance of support, explanation and effective care package(s) in place at point of discharge.

From the perspective of the clinical team:

- Importance of developing and strengthening our response to frailty, including but not limited to recent development of frailty practitioner role which will commence in September 2019.

Thanks are extended to Miss B for attending the Board of Directors meeting to tell her story.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	If we do not learn from the feedback from patients and their families there is a risk that we do not continue to make improvements to patient experience and outcomes.
LINKS TO STRATEGIC OBJECTIVES:	• **Getting to good:** Improve quality, safety and experience, resulting in **Good** and then **Outstanding** care. • **Higher standards for patients:** Improve the **quality and experience** of the care we offer, so patients are **treated in a timely way** and **access the best care** at all times. • **Delivering our future: Transforming** the way we provide services across east Kent, enabling the whole system to offer **excellent integrated services.**
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	SRR2 - Failure to maintain the quality and standards of patient care.
RESOURCE IMPLICATIONS:	None
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	None

PRIVACY IMPACT ASSESSMENT: NO	**EQUALITY IMPACT ASSESSMENT:** NO

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors is invited to note the key themes of these experiences and the actions.

19/042.1

NHS
East Kent
Hospitals University
NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**6 JUNE 2019**
REPORT TITLE:	**MEDICAL DIRECTOR'S REPORT - QUALITY PRIORITIES**
BOARD SPONSOR:	**MEDICAL DIRECTOR**
PAPER AUTHOR:	**MEDICAL DIRECTOR**
PURPOSE:	**DISCUSSION**
APPENDICES:	**NONE**

BACKGROUND AND EXECUTIVE SUMMARY

Three areas that are strongly linked to the Trust strategic objectives and to the Quality Strategy are medicines management; identification, treatment and support of patients at high risk of deterioration; and inpatient falls. These three areas will be prioritised for quality improvement and this report details current baselines and explores areas for improvement in medicines management and the deteriorating patient. Inpatient falls are the subject of a separate report.

The report details a breakdown of incidents reported on the Datix system for medicines management and the deteriorating patient, together with the key themes identified in these two key areas of patient safety. The goals, current situation and recommended actions for improvement in each of these areas are also detailed in the report.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	Risks: Failure to follow the agreed actions represents a risk to future patient safety and lack of achievement of Trust objectives. Actions: Detailed under each section of the report (section 1.4 and 2.4 below).
LINKS TO STRATEGIC OBJECTIVES:	• **Getting to good:** Improve quality, safety and experience, resulting in **Good** and then **Outstanding** care. • **Higher standards for patients:** Improve the **quality and experience** of the care we offer, so patients are **treated in a timely way** and **access the best care** at all times. • **A great place to work:** Making the Trust a **Great Place to Work** for our current and future staff. • **Delivering our future: Transforming** the way we provide services across east Kent, enabling the whole system to offer **excellent integrated services.** • **Right skills right time right place:** Developing teams with the **right skills** to provide care at the **right time**, in the **right place** and achieve the **best outcomes for patients.**
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	SRR 2 - Failure to maintain the quality and standards of patient care. SRR 16 - Failure to maximise/sustain benefits realised and evidence improvements to services from transformational programmes. CRR 28 - Lack of timely recognition of serious illness in patients presenting to the Emergency Departments.

19/042.1

NHS
East Kent
Hospitals University
NHS Foundation Trust

RESOURCE IMPLICATIONS:	Dependent upon agreed actions
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	None
SUBSIDIARY IMPLICATIONS:	None

PRIVACY IMPACT ASSESSMENT: *NO*	**EQUALITY IMPACT ASSESSMENT:** *NO*

RECOMMENDATIONS AND ACTION REQUIRED:

Members of the Trust Board are requested to receive this report and to discuss and agree the actions under each broad area.

19/042.1

1. Medicines Management

1.1 Medicines Management Incidents From Datix May 2018 – April 2019

The rate of incident reporting over the last 12 months has remained constant and the proportion of reported incidents with no harm is 73% and the proportion with severe harm or death 0.3% (corresponding National figures 73% and just under 1% respectively).

Degree of harm	**Number**
None (incident ran to completion but no harm occurred to the person(s) affected)	1097
Low (minimal harm - person(s) affected required extra observation or minor treatment)	394
Moderate (person(s) affected suffered significant but not permanent harm, requiring additional treatment)	6
Severe (person(s) affected appears to have suffered permanent harm)	3
Death (incident directly resulted in the death of the person(s) affected)	2
Total	1502

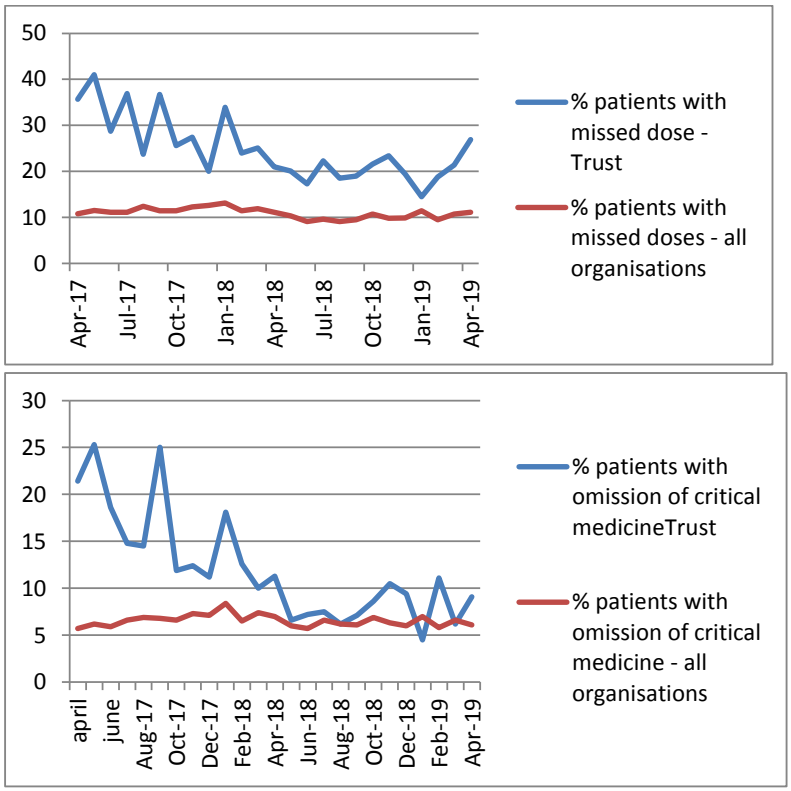
The proportion of medicines incidents as a percentage of all incidents for EKHUFT is 8.5% compared with 10.5% nationally indicating a potentially lower level of reporting that was triggered by possible harm events as opposed to a reporting culture aimed at preventative measures through improved rates of reporting no harm, low harm or near miss incidents to direct thematic reviews that will address the factors that might subsequently lead to harm related incidents.

1.2 Key Themes

Medicines management incidents in EKHUFT fall into the following broad categories: storage, prescribing and administration. Storage incidents relate to locking of drug cupboards and trolleys and drug fridge temperature monitoring. Prescribing incidents relate to omission of prescription, patient allergic to treatment, contraindications to the use of medicine, wrong dose/quantity/frequency and inappropriate combinations of medicines. Incidents related to administration map chiefly to missed doses of prescribed medicines.

Penicillin allergy, insulin related incidents and anticoagulant incidents are all prescribing errors recognised nationally as key themes. Missed doses and missed critical doses are also part of the national patient safety thermometer. Trust performance compared to national is shown in the graphs below. In April 2019 the percentage of patients with an omitted dose of medication was 26.8%, for all organisations 11.1% and for critical medicines the percentage of omitted doses was 8.8% for the Trust and 6.1% for all organisations. The reason for the missed dose was not documented in nearly half of all cases.

19/042.1



1.3 Goals

- Embed use of the Medication Safety Thermometer, a measurement tool for improvement that focuses on Medication Reconciliation, Allergy Status, Medication Omission, and Identifying harm from high risk medicines in line with Domain 5 of the NHS Outcomes Framework.
- Improved medicines management and completion of essential checks, e.g. reduction in missed doses, to consistently better than national rates, by 2019/20.
- Increased medicines incident reporting and increased proportion of no harm incident reporting.
- Improve support for staff involved in medication incidents and develop a positive hospital culture around medication error reporting.
- Review and improve education and training of existing and new staff, student practitioners and doctors with regards to medication safety.
- Develop practice research capability for medication safety and publish.
- Evaluate where technology can reduce the risk of medication errors in prescribing and administration as well as the identification of high risk situations and patient groups.
- Promote patient engagement with their medicines and self-administration where this is appropriate and will improve medication safety.
- To put in place a live risk assessment that is effective in supporting the Trust response to improving medication safety and identifies.

1.4 Actions

1.4.1 Utilising available tools more effectively to establish a baseline for current medication safety

- The Medication Safety group (MSG) has developed a regular Care Group representative attendance to contribute effectively to the changes and actions influenced by medication safety issues identified from incident reporting and audits such as the Medication Safety Thermometer audit.
- A series of clinical audits have been agreed for the following year including a repeat of the benzodiazepine audit and an audit of opiate prescribing.
- Other audits that benchmark clinical safety will continue such as the ward storage audit and controlled drugs audit, both will have the results channelled through the Information Portal.
- Medicine reconciliation and screening rates of Electronic Discharge Notifications (eDNs) are well below the National recommendation of 90%. In April 2019 it was c. 52% of patients admitted. This is mainly due to the limitations of a small, risk based clinical pharmacy service that operates only 5 days a week and has no 7 day service to acute and emergency care
- The deployment of a 7 day clinical pharmacy service to acute and emergency care, as part of the Trusts hospital Pharmacy transformation plan requires business planning approval.

1.4.2 Put in place the Medication Safety Thermometer, a measurement tool for improvement that focuses on Medication Reconciliation, Allergy Status, Medication Omission, and Identifying harm from high risk medicines in line with Domain 5 of the NHS Outcomes Framework.

- An Standard Operating Procedure (SOP) has been written to ensure on-going valid collection of the medication safety thermometer data and data collections now have more involvement from the matrons and ward staff.
- Care groups are driving a campaign to protect the drug round by utilising a drug round protection tool kit and the red tabards. This requires evaluation and review.

1.4.3 Review and improve education and training of existing and new staff, student practitioners and doctors with regards medication safety.

- A medication update programme (3 yearly mandatory session for all trained nursing staff) started in April. This is to ensure that competency in medication administration and prescribing is maintained.
- Insulin safety is to be included in all Administration of Medicines courses as well as the mandatory update. This has now commenced on all EKHUFT sites.
- Think glucose training is now focussing on senior band 6 and 7 nurses. The In-patient diabetes team will be considering bespoke training for other areas such as Emergency Department (ED).
- Medication Safety sessions are included in the doctors training as a video at induction. E learning for insulin safety is mandatory for all foundation doctors and will be rolled out to all other doctors coming to the Trust. A breakout medication safety session has now been included in the doctors' clinical induction.

1.4.4 Improve reporting of incidents and shared learning and feedback from individual medication incidents and re-occurring thematic trends identified within the MSG.

- The new drug chart is now embedded and has had a further update in response to improving antimicrobial stewardship by undertaking the Antibiotic Kit Review (ARK) project (a national antimicrobial stewardship study to raise the standard of antibiotic prescribing). The aim is to improve the review and revision of antibiotic prescriptions within 72 hours by a behavioural change project that aims to make doctors comfortable with stopping antibiotics at the 24 hours – 72 hours.
- The actions from the diabetic steering group have all been completed and are outlined on the clinical support services care group risk register.
- Themes from incidents, national and local patient safety alerts are included in the monthly Trust and Care group reports. These are discussed in the Care group monthly governance by a pharmacy representative.

1.4.5 Improve support for staff involved in medication incidents and develop a positive hospital culture around medication error reporting.

- The number of medication related incidents reported has not risen significantly over the last year, which indicates that there may still be some reticence over reporting incidents. The degree of harm has improved and in 2019 this is at 73% of all medication incidents (identical to national, severe harm and death are below national).

1.4.6 To develop practice research capability and publish work undertaken

- This is a longer term objective with the expectation of working towards publication of some of some of the impacts of the work undertaken in improving medication safety

1.4.7 Evaluate where technology can reduce the risk of medication errors in prescribing and administration as well as the identification of high risk situations and patient groups.

- This is centred around realising the potential of T3 (transforming through technology) and electronic prescribing
- Key areas of rapid improvement through T3 include medicines reconciliation, prevention of allergy incidents, prevention of drug interactions and avoidance of incidents relating to dosage and frequency of administration.

2. The Deteriorating Patient

The overarching goal is the improved identification, treatment and support of patients at high risk of deterioration.

19/042.1

NHS East Kent Hospitals University NHS Foundation Trust

2.1 Deteriorating Patient Incidents From Datix May 2018 – April 2019

Degree of harm	**Number**
None (incident ran to completion but no harm occurred to the person(s) affected)	23
Low (minimal harm - person(s) affected required extra observation or minor treatment)	43
Moderate (person(s) affected suffered significant but not permanent harm, requiring additional treatment)	2
Severe (person(s) affected appears to have suffered permanent harm)	1
Death (incident directly resulted in the death of the person(s) affected)	3
Total	72

This is another area where, as with medicines incidents, reporting appears to have been triggered by possible harm events as opposed to a reporting culture aimed at preventative measures through improved rates of reporting no harm, low harm or near miss incidents.

2.2 Key Themes

Category	Sub category	None	Low	Moderate, Severe/Death	Total
Care/treatment	**All**	**19**	**30**	**5**	**54**
	Delay in providing treatment	12	21	4	37
	In hospital cardiac arrests	2		1	3
	Inappropriate treatment	2	6		8
	Lack of nursing care identified	3	3		6
Clinical assessment	**All**	**2**	**2**		**4**
	Appropriate clinical assessments/investigations not completed	2	2		4
Delay/failure	**All**	**2**	**11**	**1**	**14**
	Failure - to act on abnormal test results		6		6
	Failure - unexpected death	2			2
	Failure/delay in diagnosis - other		5	1	6
Grand Total		23	43	6	72

2.3 Goals

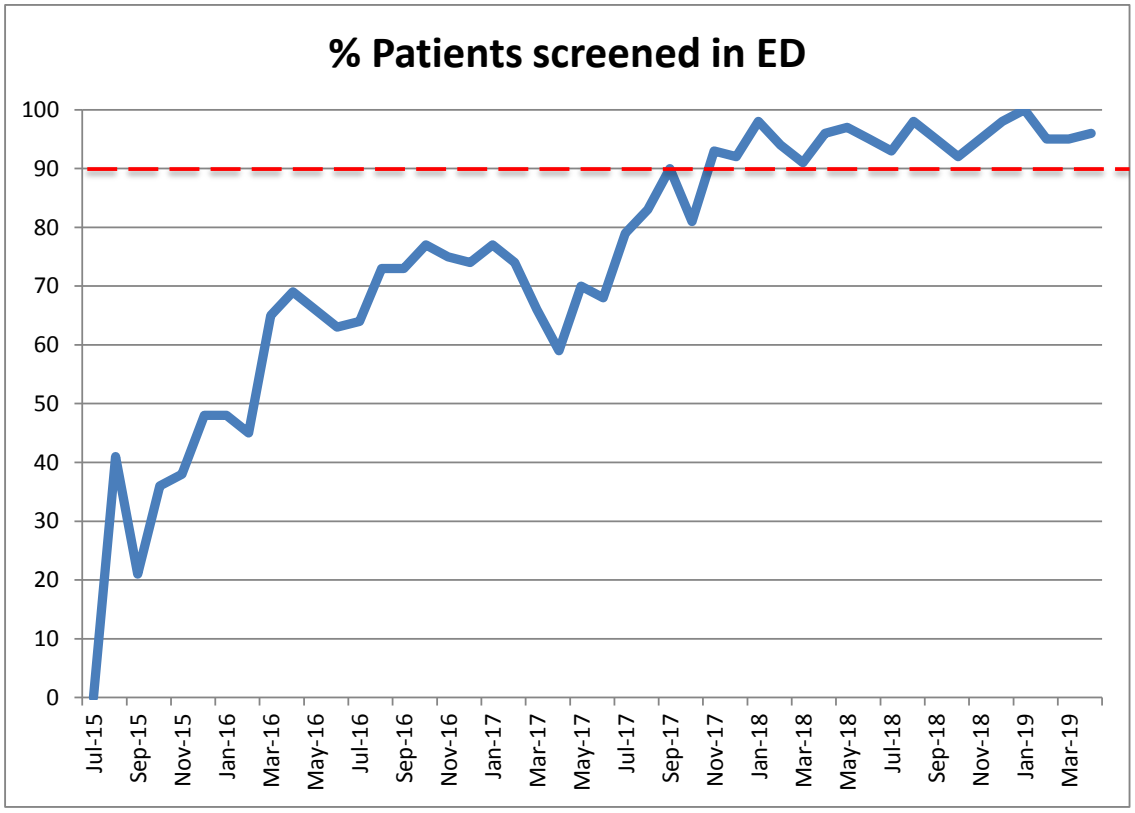
2.3.1 Timely identification of the deteriorating patient
2.3.2 Escalating the deteriorating patient
2.3.3 Responding to the deteriorating patient

19/042.1

It is important to identify areas where we have had success, which needs to be sustained, areas where existing initiatives need to be improved, and new areas of quality improvement which would have significant improvement for management of deteriorating patients.

The work of the critical care outreach teams is of paramount importance here and supports our relative lack of critical care capacity. The 2018/2019 reports from all 3 sites illustrate the phenomenal amount of preventative work accomplished by all 3 teams.

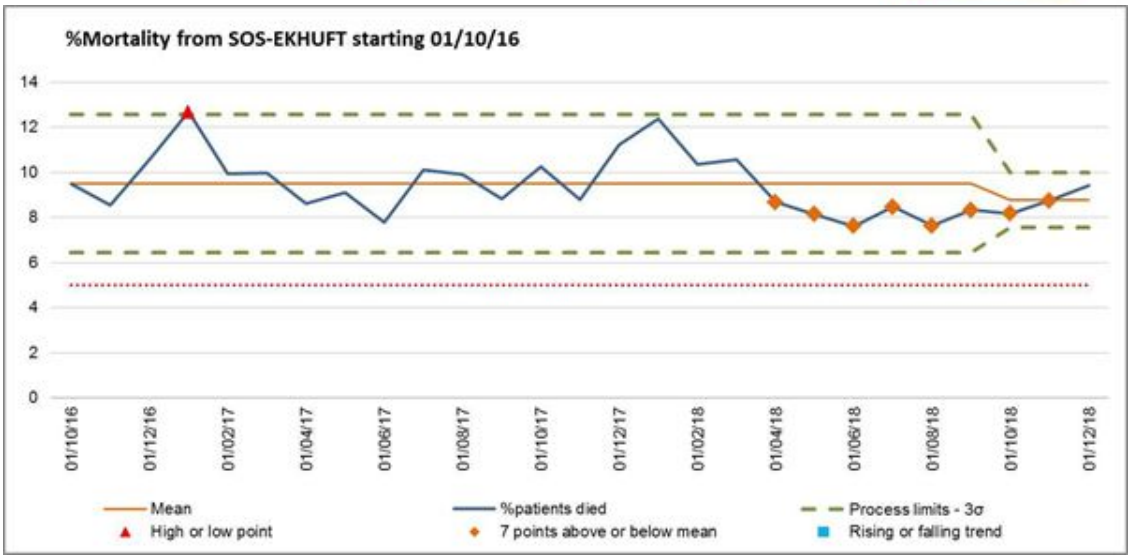
We achieved the combined emergency department and ward based sepsis Commissioning for Quality and Innovation (CQUINs) for all 4 quarters of 2018/19. However, only the emergency departments have achieved these consistently.



There has been a dramatic improvement in ward performance but we are not yet consistently hitting as good performance as in the emergency departments, evidence of screening still varies from month to month between 85 and 95%, antibiotics within the hour is around 85%.

Whilst we have seen an improvement in our sepsis mortality (down from 9.5 to 8.8%) we are still above the national average of 7.9%. However, this is crude mortality data and it is likely that age and comorbidity corrected mortality is more in line with national data. Nevertheless there is clearly room for further improvement.

19/042.1



Nationally, suspicion of sepsis (SOS) is associated with 38% of all admissions and these patients are responsible for 50% of emergency bed days. Our Trust figures are 43% of all admissions, 56% of all bed days. Our average sepsis length of stay is constant at 9 days, national is 10 days.

Both NEWS2 (national early warning score) and the National Institute for Health and Care Excellence (NICE) Sepsis CQUINs are part of the national contract. A number of spot audits have shown that escalation and response to the deteriorating patient still needs to improve. The CQUIN focuses on a very narrow proportion of these (those that have a change in antibiotics). Audits encompassing all deteriorating patients show a wide variation in quality of management plans, evidence of a treatment escalation plan and/or senior involvement in decision making. The focus needs to move to ensuring all deteriorating patients are escalated and that they get a consistently good quality response.

Key intelligence comes from completed structured judgement reviews of mortality. In 11% of these concerns regarding escalation, response to deterioration, and/or lack of a management plan in the event of further deterioration have been highlighted.

We no longer have a critical care practice development nurse. This has been a great loss to the organisation as this post previously delivered training programmes for qualified nursing staff on management of the deteriorating patient, tracheostomy care, fluid management, interpretation of blood gases etc. A new approach using a blended learning approach and competency based assessments is being piloted and will be assessed to see if it fills the gap in learning development.

Cluster mortality reviews performed in 2018 and 2019 demonstrate good compliance with the sepsis bundle and with antibiotics. Where the harm occurs is in relation to intravenous fluid and oxygen management, hence there is overlap of sepsis with other deteriorating patient work streams.

Acute non-invasive ventilation (NIV) is not always used appropriately and is still not being restricted to areas of the hospital where staff have the required competency. We need to review our current approach so that it meets best practice as outlined in recent National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report (Inspiring Change) and patients should be started on NIV after someone with the required competencies has assessed them and a treatment escalation plan has been discussed and agreed. They should then be moved to a monitored bed in the appropriate designated area.

Finally, we had previously created a system of alerts through Careflow that enable a number of different clinicians to receive notifications of key clinical issues in their work area. Examples included alerts to the infection control team whenever patients with known important infections such MRSA or vancomycin-resistant enterococci (VRE) were admitted to hospital; acute kidney injury alerts to the nephrologists; notification of admission of transplant patients to the transplant team; notification of admission of patients with learning disabilities to the learning disabilities nurse. With upgraded systems and the implementation of the new Patient Administration System (PAS) we need to re-establish innovative uses of IT.

2.4 Actions

2.4.1 Ensure consistency in adherence to Vital Pac protocol across the organisation.
2.4.2 Continue to support workstreams to improve care of patients at risk of hypercapnoea (embedding NEWS2 pathway and oxygen wristband pilot).
2.4.3 Monthly audits of escalation and response to NEWS of 5 and 7 with real time feedback to teams.
2.4.4 Development of a Treatment Escalation Plan (TEP) as part of the T3 programme – producing a TEP document is easy but implementation will be challenging, requiring a cultural change in that teams will need to have these conversations with patients and families at a much earlier stage in admission.
2.4.5 Implement ReSPECT conditional on two requirements – adoption by Kent & Medway Sustainability and Transformation Partnership (STP) and introduction of an electronic version of the tool.
2.4.6 Consider reinstating the critical care practice development post.
2.4.7 Measure time to intravenous antibiotics from arrival at the front door for sepsis screen positive patients and re-invigorate the improvement programme in the emergency departments.
2.4.8 Improve compliance with both paediatric and neutropenic sepsis pathways.
2.4.9 Improve support for managing difficult intravenous access out of hours.
2.4.10 Establish a working group to embed NICE fluid management guidance.
2.4.11 Introduce gate keeping and an absolute requirement for cohorting and nursing NIV patients in designated beds.
2.4.12 Change (reduce) our tolerance for managing high risk patients on the open wards. Our tolerance is driven by our lack of critical care capacity which drives people to take more risks. Some organisations have set up “medical High Dependency Units (HDUs)” level 1b beds and the Darzi fellow modelling our Intensive Therapy Unit (ITU)/HDU capacity that we not only have insufficient beds but the ones we have are in the wrong places.

19/042.1

2.4.13 Relaunch of the Careflow system with the reintroduction of existing alerts now reinstated together NEWS generated alerts and alerts to other key clinical chemistry analytes such as lactic acid and high serum potassium levels. Extension of Careflow as a clinical communication system to include communication between teams working across the healthcare system, for example the community Chronic Obstructive Pulmonary Disease (COPD) team.

19/042.2

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**6 JUNE 2019**
REPORT TITLE:	**CHIEF NURSE AND DIRECTOR OF QUALITY REPORT – QUALITY PRIORITIES**
PAPER AUTHOR:	**CHIEF NURSE AND DIRECTOR OF QUALITY DEPUTY CHIEF NURSE AND DEPUTY DIRECTOR OF QUALITY CONSULTANT NURSE – FALLS SAFETY**
PURPOSE:	**DISCUSSION**
APPENDICES:	**NONE**

BACKGROUND AND EXECUTIVE SUMMARY

Patient falls is one of the four areas linked to the Trust`s strategic objective – "Getting to Good".

Falls are the most commonly reported patient safety incident and they remain a great challenge for the NHS. For patients who are frail, minor injuries from a fall can affect their physical function, resulting in reduced mobility, and undermining their confidence and independence. Some falls in hospital result in serious injuries, such as hip fracture and head injuries, which may in some cases result in death. All falls, even those that do not result in injury, can cause older patients and their family to feel anxious and distressed.

Falls in hospitals can also have a financial impact increasing the length of stay and they can lead to increased care costs upon discharge.

Tackling inpatient falls is challenging. There are no single or easily defined interventions which, when done on their own, are shown to reduce falls. However, research has shown that multiple interventions, performed by the multidisciplinary team and tailored to the individual patient can reduce falls by 20–30%.

These interventions are particularly important for patients with dementia or delirium and for those who have fallen prior to admission, who are at high risk of falls in hospitals.

The Trust has undertaken several important projects to strengthen falls prevention in 2018/19. These include:

1. **Participation in the NHS Improvement (NHSI) Falls Prevention Collaborative.** The falls collaborative is led by NHSI and EKHUFT participated in the second wave in June 2018. The aims were to:

    - Ensure that trusts have the information and tools to reduce injurious in-patient falls and improve reporting and care.
    - Improve falls reporting in trusts.
    - Achieve a reduction in falls on the wards participating in the programme.
    - Encourage falls away from a mainly nursing or patient safety issue towards a multi professional focus. This is in keeping with research evidence about what works (and what does not).
    - Increase quality Improvement skills in trusts.

We identified two wards (Harbledown and Cambridge J) as intervention wards and (Cambridge L) was identified as a control ward. These wards were chosen due to the

enthusiasm of ward managers and staff and support of their matrons, frail nature of patients and high level of risk. We wanted to utilise the opportunity presented by the collaborative to support the Trust's falls high level action plan in order to:

- Improve recording of lying and standing blood pressures to 70% of appropriate patients (those able to stand).
- Improve medicines management for fallers in hospital.

The project was very successful on Harbledown where a process of communicating blood pressure measurements to the whole clinical team was put in place, enabling medication reviews to take place. Cambridge J went through a period of instability, caused by an unpredicted ward move, (increase in size and staffing challenges) which led to their withdrawal as a control ward. Work on the two intervention wards nevertheless continued.

As a result of participation in the collaborative we have spread the accrued learning and rolled out a "must do" falls audits to all wards Trust wide.

With information submitted and then displayed via the Trust Quality Information Portal we have improved the visibility of our falls data and by so doing we have provided a basis for tracking and securing future improvement. We will build on this over the forthcoming year.

We threaded the aims of the collaborative into our detailed improvement metrics for 2018/19.

Aims for 2018/19. We measured:

1. Our falls rate and compared it with the national average for 2017/18. We aimed to maintain the falls rate to be less than the national average (2017/2018 national average was 5.6).

2. Compliance with the 7 main indicators (included in the Falls Risk Assessment and Care Plan).

   Within this we prioritised for specific improvement action, two metrics which presented the greatest challenge. These were:

   a) Increase the measurement of lying and standing blood pressures (baseline from 2017 national audit was 19%, EKHUFT site results- 24% Kent & Canterbury Hospital (K&CH), 38% William Harvey Hospital (WHH), 40% Queen Elizabeth the Queen Mother Hospital (QEQMH)), focusing initially on two NHSI pilot wards.

   b) Complete medication reviews to reduce falls risk (discussion takes place within board rounds on 2 NHSI Falls Collaborative intervention wards regarding medication for minimum of 50%).

Key results:

1. **We have maintained our performance under the national rate reported for 2017/18.** NB - This is the most recent national figure available.
   We triangulated this by benchmarking our 2018/19 performance against EKHUFT 2017/18 performance. Improvement was noted. The overall falls rate across the Trust' inpatient sites for 2018/19 is 5.05 falls per 1000 occupied bed days compared with 5.34 in the previous year. It is also of note:

   - The site with the highest rate of falls per 1000 occupied bed days is K&CH where the rate has increased to 7.29 (6.83 in the previous year).

- WHH has a reduced rate of falls per 1000 occupied bed days of 5.13 (5.45 in the previous year).
- Queen Elizabeth QEQMH has a reduced rate of falls per 1000 occupied bed days of 3.72 (4.34 in the previous year).
- The rate of falls with moderate and above harms was 0.03 per 1000 occupied bed days in 2018/19 representing an improvement form 0.06 in previous year.

2. **Compliance with 7 indicators** - We have achieved significantly improved performance in overall compliance with the Falls Risk Assessment and Care Plan indicators.

   - We achieved 85% compliance with all 7 key indicators in 2018/19. These indicators included lying and standing blood pressures taken; medication review; continence management; visual assessment; walking aid in reach; call bell in reach, management of confusion/ delirium.

   We targeted improvement action on the measurement of a) **lying and standing blood pressures. We achieved:**
   - 93% of appropriate patients on one ward (Harbledown) having lying and standing blood pressures measured.
   - Due to changes within the second pilot ward (which involved ward relocation / reconfiguration it was not possible to provide accurate comparative data.
   - We also improved Trust wide performance. Our performance increased from 19% reported in 2017/18 to 72% in 2018/19 of patient audits, submitted via the Trust Quality Information Portal.

   We targeted improvement action on the measurement of b) **Medication reviews. We achieved:**
   - The ward based audits showed achievement of 60% on Harbledown ward in the last quarter (quarter 4) of the year which represents an increase from 20% reported in quarter 1.
   - Trust wide performance was 72%.

We are seeking to build upon this improvement in the forthcoming year.

We have tested our reporting culture:
The 2017 national audit report recommended that Trusts assess whether there is a gap between the number of reported falls and actual falls as it is an indicator of a trust's reporting culture and helps interpretation of data on falls per 1,000 Occupied Bed Days (OBDs). This was undertaken by the Falls Team using pre defined audit methodology in 2019. The falls team reviewed the entire patient stay and it is of positive note that this review identified no gap between the reported and actual falls. Results indicate that all falls are reported suggesting an positive reporting culture. The audit approach will be repeated annually to provide on-going assurance.

We have focused on identifying and responding to themes from serious incidents
Fall incidents resulting in moderate and above harms are always reviewed by the Falls Team who provide an opinion on avoid ability, determine root causes and assist with action plans. This provides the opportunity for expert challenge to ward staff and therefore promote rigour.

During 2018/19 we identified that the most common theme for avoidable falls included: not assessing postural hypotension (recording and responding to lying and standing blood pressure; inability to provide one to one care due to staffing levels; non- recognition of delirium. The results are fed back to the wards / care groups and training and awareness raising has been undertaken through hub sessions, through the February Falls campaign with support underpinned through the on-going development of the fall champion role.

We will measure 2019/20 improvement through:

- Measurement of our rate of falls with the ambition of achieving (or improving on) Trust limit 5.00 per thousand bed days by March 2020.

By achieving this target we are focused on reducing harm and within this there is a need to strike a balance between taking action to reduce likelihood of falls and supporting patients to mobilise to promote their reablement.

To this end our focus is on ensuring appropriate risk assessment and implementation of support strategies, equipping our staff to recognise changes in a patient's condition, take appropriate measures to support their safety whilst not losing sight of their holistic needs and the importance of minimising decompensation and loss of independence.

In this context we are focusing on important enablers of good care in 2019/20. We are using the National Institute for Health and Care Excellence (NICE) standards and building on the experience of the two falls collaborative pilot wards to improve Trust wide compliance with 7 main indicators.

We will work to achieve the Commissioning for Quality and Innovation (CQUIN) payment framework) which tackles common causes of falls by targeting the following standards:

- Lying and standing blood pressure recorded at least once.
- No hypnotics or antipsychotics or anxiolytics given during stay OR rationale for giving hypnotics or antipsychotics or anxiolytics documented (British National Formulary defined hypnotics and anxiolytics and antipsychotics).
- Mobility assessment documented within 24 hours of admission to inpatient unit stating walking aid not required OR walking aid provided within 24 hours of admission to inpatient unit.

We will use the following enablers to support improvement:

Audit

1. We will undertake the National Audit of Inpatient Falls (NAIF). This periodic audit has transitioned from its previous methodology (snapshot audit in 2015 and 2017) to a new methodology to enable continuous audit of care provided to patients who sustain a hip fracture while in hospital. This prospective audit measures against NICE Quality Standard 86 and questions relate to admission details, risk assessment, immediate care provided and grading of harm.

2. We will repeat the audit that tests our reporting culture (as described above). This will provide an annual gap analysis between the number of reported falls and actual falls to continually monitor reporting culture.

3. We will monitor compliance with the weekly ward based audits that have been implemented Trust wide as a result of last year's collaborative, to identify areas which are not compliant and target interventions and awareness in these areas.

FallStop

1. We will continue to develop and roll out the FallStop quality improvement programme.

   There has been an increase in the rate of falls at K&CH over 2018/19. We recognise that this reflects the higher proportion of older, frail and rehabilitating patients who are at higher risk of falls. However, we will increase the FallStop Practitioner's time commitment to the K&CH site to support clinical staff. Training dates have already

been set. While significant support will be provided by the Falls Practitioner, our model of support and engagement going forward will focus increasingly on enabling front line staff to deliver greater sustainability.

Issues and opportunities:

- There is some variation between the different hospital sites with a higher rate of falls at K&CH (Kent and Canterbury).
- There is significant demand on the Falls Team's outpatient service, causing an imbalance between the inpatient and outpatient workload. This has reduced the capacity for inpatient quality improvement work.
- There is a risk that without further resources within the Falls Team, quality improvement work to reduce falls and injuries and achieve the CQUIN will not be achievable.

Action in response:

Our improvement action is described within a Trust Improvement plan.

- We will develop the capability of our multidisciplinary team, to optimise our response to elderly patients who fall on the wards.
- We will continue to develop the use of social media to promote engagement in the falls prevention agenda; to identify, highlight and celebrate individual and team success.
- We will review our falls prevention equipment provision, specifically low level beds.
- We will evaluate the current provision and explore the feasibility and likely impact of specialist falls prevention staff being provided to all acute sites, including at the weekend.
- We will work to achieve the CQUIN (payment framework) which tackles common causes of falls by targeting the following standards.

How will we measure, monitor and report our improvement?

Trust improvement action is reported to the Trust Falls Steering Group and a high level improvement plan is in place.

Care Group and ward engagement and monitoring remains crucial to delivery.

Monthly performance is reported to Quality and Risk Meeting, to the Quality Committee and the Trust Board and to the Quality Committee through the Integrated Performance Report. It will also be monitored through the newly established Getting to Good Steering Group.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	Failure to follow the agreed actions / plan represents a risk for future patient safety and delivering the "Getting to Good" objectives for 2019/2020.
LINKS TO STRATEGIC OBJECTIVES:	• **Getting to good:** Improve quality, safety and experience, resulting in **Good** and then **Outstanding** care. • **Higher standards for patients:** Improve the **quality and experience** of the care we offer, so patients are **treated in a timely way** and **access the best care** at all times. • **A great place to work:** Making the Trust a **Great Place to Work** for our current and future staff. • **Delivering our future: Transforming** the way we provide services across east Kent, enabling the whole system to offer **excellent integrated services.** • **Right skills right time right place:** Developing teams

19/042.2

East Kent Hospitals University NHS Foundation Trust

	with the **right skills** to provide care at the **right time**, in the **right place** and achieve the **best outcomes for patients.** • **Healthy finances:** Having Healthy Finances by providing better, **more effective patient care** that makes resources go further.
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	**SRR 2 –** Failure to maintain the quality and standards of patient care. **SRR-16-** Failure to maximise /sustain benefits realised and evidence improvements to services from transformational programmes**.**
RESOURCE IMPLICATIONS:	Staff resource to support the service and enable implementation of the fall service improvement programme.
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	None
SUBSIDIARY IMPLICATIONS:	None

PRIVACY IMPACT ASSESSMENT: *NO*	**EQUALITY IMPACT ASSESSMENT:** Most of the patient outcomes are assessed against the nine protected characteristics in the Equality & Diversity report that is prepared for the Board of Directors annually. The CQC embeds Equality & Diversity as part of their standards when compiling the Quality Risk Profile.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to consider the sufficiency of the action identified and provide positive challenge where judged necessary.

19/043

NHS
East Kent
Hospitals University
NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**6 JUNE 2019**
REPORT TITLE:	**MEDICAL REVALIDATION**
BOARD SPONSOR:	**MEDICAL DIRECTOR**
PAPER AUTHOR:	**MEDICAL DIRECTOR**
PURPOSE:	**DISCUSSION**
APPENDICES:	**NONE**

BACKGROUND AND EXECUTIVE SUMMARY

Medical revalidation was launched in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

Provider organisations have a statutory duty to support their Responsible Officers (ROs) in discharging their duties under the Responsible Officer Regulations and it is expected that provider boards will oversee compliance by:

- monitoring the frequency and quality of medical appraisals in their organisations;
- checking there are effective systems in place for monitoring the conduct and performance of their doctors;
- confirming that feedback from patients and colleagues is sought periodically so that their views can inform the appraisal and revalidation process for their doctors; and
- Ensuring that appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

This report is an overview of the processes to support the Responsible Officer in providing the required assurance thus discharging statutory responsibilities for the period 1 April 2018 to 31 March 2019.

Overall appraisal completion rates for doctors have significantly improved compared with the baseline at start of revalidation.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	N/A
LINKS TO STRATEGIC OBJECTIVES:	• **Getting to good:** Improve quality, safety and experience, resulting in **Good** and then **Outstanding** care. • **Higher standards for patients:** Improve the **quality and experience** of the care we offer, so patients are **treated in a timely way** and **access the best care** at all times. • **A great place to work:** Making the Trust a **Great Place to Work** for our current and future staff. • **Delivering our future: Transforming** the way we provide services across east Kent, enabling the whole system to offer **excellent integrated services.**

19/043

East Kent Hospitals University NHS Foundation Trust

	• **Right skills right time right place:** Developing teams with the **right skills** to provide care at the **right time**, in the **right place** and achieve the **best outcomes for patients.** • **Healthy finances:** Having Healthy Finances by providing better, **more effective patient care** that makes resources go further.
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	SRR2: Failure to action and deliver our regulatory requirements. The RO is legally responsible to Parliament to ensure effective processes are in place to enable licensed doctors to apply for revalidation every 5 years.
RESOURCE IMPLICATIONS:	Financial strategy dependent on same medical workforce.
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	N/A
SUBSIDIARY IMPLICATIONS:	None

PRIVACY IMPACT ASSESSMENT: N/A	**EQUALITY IMPACT ASSESSMENT:** N/A

RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to discuss and note the report.

19/043

East Kent Hospitals University NHS Foundation Trust

MEDICAL REVALIDATION

1. Introduction

1.1 Successful annual appraisal is a pre-requisite of a doctor's license to practice. Trusts must be assured that their medical workforce prepares for successful revalidation and has systems and policies in place which mitigate risks in this process.

1.2 As at 20 May 2019, the number of doctors for whom EKHUFT is the Responsible Body for Revalidation was 695.

- Substantive consultants: 396
- Locum consultants: 32
- Substantive staff grade, associate specialists or specialty doctors: 191
- Trust Doctors: 59
- Locum middle grade/other: 10

2. Purpose of the Paper

2.1 This report seeks to inform the Board of Directors of progress in medical appraisal and revalidation between April 2018 and March 2019. The Board is asked to note the report, discuss and determine actions as appropriate.

3. Background

3.1 The earliest reference to medical regulation in the UK dates from 1421, when physicians petitioned parliament to ask that nobody without appropriate qualifications be allowed to practise medicine. The General Medical Council (GMC) is now empowered to license and regularly revalidate the practice of doctors in the UK. When the licensing scheme was introduced in 2009 all registered doctors in the UK were offered a one-off automatic practise licence in November 2009, since December 2012 no licence will be automatically revalidated, but will be subject to a revalidation process every five years. No doctor may now be registered for the first time without also being issued a licence to practice, although a licensed doctor may give up their licence if they choose. No unlicensed but registered doctor in the UK is subject to revalidation. However, unlicensed but registered doctors in the UK are still subject to fitness-to-practice proceedings, and required to follow the GMC's good medical practice guidance. EKHUFT introduced an e-Portfolio system (PReP) from Premier IT available to all doctors with a prescribed connection to the organisation to support appraisal and revalidation in August 2012.

3.2 A revised Appraisal and Revalidation Policy was approved in June 2017 by the Local Negotiating Committee (LNC). The policy clearly establishes all the main stakeholders' duties and responsibilities as well as the procedure to be followed to ensure appropriate engagement with the appraisal process.

3.3 Appraisers:

3.3.1 To date more than 250 doctors have been trained to be appraisers. There is a constant turnover of appraisers within the organisation. Currently there are 167 accredited appraisers in the Trust.

Care Group	Number of Appraisers
Urgent & Emergency Care	2
General & Specialist Medicine	35
Cancer	2
Clinical Support Services	15
Surgery & Anaesthetics	72
Upper Surgery - Head, Neck & Dermatology	14
Women's and Children's	25
Pilgrims Hospice	2

3.2.2 The last “strengthened appraisal” training programme to become an accredited appraiser took take place on 6 March 2019.

3.2.3 Annual refresher workshops for appraisers are mandatory. The Revalidation Project Manager organises the workshops at different dates throughout the year to allow appraisers to attend these with the least possible disruption to other commitments.

3.4 Appraisal Quality Audit

3.4.1 Each year an appraisal quality audit is undertaken in a fashion that ensures that every two years at least one appraisal conducted by every appraiser is audited. Key actions required of appraisers following the last two audits were as follows:

- Appraisers should record whether last year’s personal development plan (PDP) has been completed, or if not the circumstances which have made this difficult; End of life training (if relevant) should also be checked at this point and be part of next year’s PDP if not undertaken already.
- Appraisers should note any areas where the appraiser feels that the appraisee has been particularly successful and any area where the appraiser may have challenged them to ‘do better’.
- Appraisers should make specific reference to any evidence that supports their confidence in the appraisee’s excellence.
- Appraisers make sure that the whole scope of work, including educational roles, is declared and appraised.

3.5. A Revalidation Working Group, chaired by the RO, was set up in January 2012 and meets regularly.

19/043

NHS
East Kent
Hospitals University
NHS Foundation Trust

4. Medical Appraisal Rates

4.1 Annual Organisational Audit

4.1.1 At the end of each financial year all the Designated Bodies are requested to report to NHS England on a number of parameters, including appraisal rates. The table below shows comparative rates of appraisal completion for EKHUFT in the last 3 years.

	2016/17	**2017/18**	**2018/19**
Number of Prescribed Connections	558	601	665
Number of completed appraisals	538	571	617
Approved incomplete or missed appraisals	10	17	10
Unapproved incomplete or missed appraisals	10	13	38
Accomplishment	**96.4%**	**95%**	**92.8%**

4.1.2 Comparison of the data over the 3 years shows the increase in connections being indirectly proportional to accomplishment.

4.1.3 Over the first 2 years of revalidation our doctors were continuously advised of the escalation process associated with failure to complete their annual appraisal within 3 months of the due date and they have largely responded positively to this. Where this now occurs, a notice of non-engagement is sent to the General Medical Council (GMC) for further action (Submission of Rev6 form). Subsequent continued non-engagement incurs additional actions from the GMC culminating potentially in removal of that doctor's license to practice. This has not yet been necessary in East Kent Hospital University Foundation Trust.

4.2 Quarterly reports to NHS England

In addition to the annual organisational audit appraisal rates are also reported quarterly to NHS England within year. The quarterly reports for 2018/19 are highlighted below and remain consistent through the year with the exception of a sharp rise in the 3rd quarter.

Appraisal rates	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
Total number of doctors with whom EKHUFT has a prescribed connection	622	623	650	651
The number of doctors due to have an appraisal meeting in the reporting period	151	126	179	223
The number of doctors within question 3 above, who had an appraisal meeting in the reporting period	122	103	159	183
The number of doctors above, who did not have an appraisal meeting in the reporting period	37	23	21	40
The number of doctors in question above, for whom the RO accepts the postponement is reasonable	26	22	12	38
Number of doctors in question above, for whom RO does not accept the postponement is reasonable	11	1	9	2
Quarterly accomplishment	**81%**	**82%**	**89%**	**82%**

4.3 Where doctors did not complete their annual appraisal within their due period the reasons have been reviewed and addressed with them. Examples of instances where the RO accepts postponement is reasonable include long term sickness absence or maternity leave.

5. Recommendations for Revalidation

5.1 The following recommendations have been made by the RO in the current financial year 2018/19:

Recommendations	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Positive	19	27	32	35
Deferrals	4	1	11	7
Non engagement	0	0	0	0
Missed or late	0	0	0	0
Total	23	28	43	42

5.2 The reasons for deferral are universally linked to the lack of sufficient information upon which to base a positive recommendation for revalidation. The GMC are becoming increasingly stringent with their acceptance of deferral recommendations and it is unlikely that in the future they will accept more than one consecutive deferral for any doctor without exceptional reason.

6. Responding to Concerns and Remediation

6.1 Where concerns are raised about any doctors' performance these are dealt with by the appropriate HR processes under the overarching policy of Maintaining High Professional Standards. The Trust's approach to remediation is laid out in the Remediation Policy. The details for April 2018 to March 2019 are highlighted below:

Concerns about a doctor's practice (as the primary category)	
Capability concerns	3
Conduct concerns	20
Health concerns	0
Total	**23**

Remediation/Reskilling/Retraining/Rehabilitation	
Consultants	1
Staff grade, associate specialist, specialty doctor	0
Temporary or short-term contract holders	0
Other	0
Total	**1**

Local Actions/Interventions	
Number of doctors who were suspended/excluded from practice	0
Number of doctors who have had local restrictions placed on their practice	3
Total	**3**

19/043

GMC Actions	
Referred to the GMC	6
Underwent or are currently undergoing GMC Fitness to Practice procedures	0
Had conditions placed on their practice or undertakings agreed with the GMC	0
Had their registration/licence suspended by the GMC	1
Were erased from the GMC register	0

Practitioner Performance Advice Service (formerly known as National Clinical Assessment Service) actions	
For new advice or on-going discussion	6
For investigation	0
For assessment	2
Number of NCAS investigations performed	0
Number of NCAS assessments performed	2

19/044

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoDs)**
DATE:	**6 JUNE 2019**
REPORT TITLE:	**QUALITY COMMITTEE (QC) CHAIR REPORT**
BOARD SPONSOR:	**CHAIR OF THE QUALITY COMMITTEE**
PAPER AUTHOR:	**GROUP COMPANY SECRETARY**
PURPOSE:	**APPROVAL**
APPENDICES:	**NONE**

BACKGROUND AND EXECUTIVE SUMMARY

The Committee is responsible for providing the Board with assurance on all aspects of quality, including strategy, delivery, governance, clinical risk management, clinical audit; and the regulatory standards relevant to quality and safety.

The following provides feedback from the May 2019 Quality Committee meeting. The report seeks to answer the following questions in relation to the quality and safety performance:

1. What went well over the period reported?
2. What concerns were highlighted?
3. What action has the Committee taken?

MEETING HELD ON 29 MAY 2019

1. Quality, Risk and Governance Care Group:

The Committee was pleased to see improvement in quality, safety and experience across the Care Groups. The Care Groups presented their key points and the Committee asks the Board to note the following:

General and Specialist Medicine

1.1 The structured judgment reviews (SJRs) had identified 2 cases of poor care and it was confirmed that there are actions in place to focus on ensuring escalation is appropriate in terms of the deteriorating patient and the Board will receive an update on this at the meeting in June;

1.2 Harm free care continued to report positively for the Care Group;

1.3 In response to concern about embedding a health and safety culture, champions had been identified for each site;

1.4 Concern was highlighted about a transfer of a patient from Queen Elizabeth the Queen Mother Hospital (QEQMH) to Kent & Canterbury Hospital (K&CH) and a SJR will be undertaken

Urgent and Emergency Care

1.5 Safeguarding adults training was 68% across the Care Group and a trajectory for improvement has been agreed with the Chief Nurse to reach the required standards by August;

1.6 Hand hygiene was improving but remained a challenge

Clinical Support Services Care

1.7 There was a United Kingdom Accreditation Service (UKAS) visit in pathology and the outcome will be reported at the June meeting but there were no major concerns

reported. A Quality Assurance visit in cervical screening took place, this was a main agenda item and will be covered in more detail;

1.8 A number of scanning days had been lost due to the MRI downtime and it was agreed to write to the radiology team to thank them for their work in ensuring patient safety was maintained during the failure;

1.9 Venous thromboembolism (VTE) compliance had fallen sharply and this was being investigated, an update will be provided to the Committee in June 2019;

1.10 Pharmacy Ward audit shows a decline in performance in April and an analysis was being undertaken and would be included in the Care Group pack in June 2019; and

1.11 Therapist are supporting patients to be more mobile and implementing actions to reduce the number of falls.

Committee general feedback:

1.12 Harm free care (new) remained positive across the Trust although there was concern about an increase in falls and pressure ulcers during April 2019; the Chief Nurse confirmed actions were in place; and

1.13 Going forward all Care Groups will include a slide on complaint themes and the learning taken from these.

2. Principal Mitigated Quality Risks

The Committee received the report and ask the Board to note the following:

2.1 A number of risks have merged and new risks added about the delivery of the constitutional standards (Emergency Department (ED) performance; Referral to Treatment (RTT) and Cancer) – this was to make them more specific and visible;

2.2 Concern was raised in relation to the "implementation" date for actions where these had been constantly moved due to non-delivery / slippages and action updates not being timely; and

2.3 It was agreed to undertake a deep dive into risk CRR28 - Lack of timely recognition of serious illness in patients presenting to the Emergency Departments.

3. Integrated Performance Report – Quality, Safety, Experience, Effectiveness:

The Committee received and discussed the report, and asks the Board to note:

3.1 Mixed Sex Accommodation (MSA) breaches have reduced significantly to 3 registering amber in April (compared with 8 in March; 21 in February and 34 in January 2019). The Improvement Plan is monitored through Patient Experience Committee;

3.2 Pressure ulcers have increased; recovery focuses on action to improve the documentation of prevention strategies and appropriate deployment of medical devices. This has been added to the Bristol Safety Check List to ensure appropriate assessment is undertaken; and

3.3 The number of falls reported has increased significantly in April. The rate per 1000 bed days was 5.68 in April compared with 4.95 in March. Falls has been identified as one of the Trust Improvement priorities for the forthcoming year and the Steering Group will be overseeing the improvements.

4. Care Quality Commission (CQC) Update:

The Committee received the Care Quality Commission Update.

4.1 The Chief Nurse and Director of Quality provided re-assurance that the RAG Ratings showing against the actions, a number of those rated as "Red" are awaiting confirmation of evidence;

4.2 The Committee will be receiving the evidence in relation to the actions in the Paediatric Care Quality Commission (CQC) Plan – actions 22 and 23; and

4.3 The Committee heard that the establishment of the Regulatory Compliance Committee

would be tasked with reviewing the evidence against action plans to support independent sign off.

5. Patient Safety Committee (PSC):

The Committee would like to highlight the following points to the Board:

5.1 Within the minutes it is highlighted that staff felt under pressure not to raise incidents. This is not reflective of the strategy which is to build a reporting culture; the Care Group's provided reassurance that they had seen good levels of reporting. It is thought that this is a due to small pockets, nationally we report as expected. The action is to continue to encourage reporting and develop the culture.

6. NICE / Clinical Audit and Effectiveness Committee:

The Committee received the report and supported the derogation against recommendation 1.4.6 of NG89.

7. Cervical Screening Quality Assurance Visit:

The Committee received the report and associated action plan; assurance was given that the actions were either completed or not yet due for completion. An update will be brought back to the September meeting when all actions should have been completed.

8. 7 Day Services Board Assurance Framework:

The Committee received the report and asks the Board to note:

8.1 All Trusts should be compliant with the 4 standards by April 2020;

8.2 An action to review what steps the Trust can take to move towards 7 day services is to be brought back for discussion in June 2019; and

8.3 An analysis of 30 day readmissions was presented as part of the report and as a result the Committee has asked for a review to clarify the data.

The Committee also received and discussed the following reports.

- Never Event Action Plan Update/Learning from Never Events Annual Report.
- Quarterly Integrated Incidents, Patient Experience and Claims Report.
- Research and Innovation Committee Report and Minutes.
- Clinical Audit Programme.
- Quality Committee Work Plan.
- Care Group Quality and Risk Packs for:
    - Surgery – Head Neck, Breast and Dermatology.
    - Surgery and Anaesthetics.
    - Cancer, Clinical Haematology and Haemophilia.
    - Women's and Children's.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to **APPROVE** the Quality Committee Chair Report

19/045

NHS
East Kent
Hospitals University
NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**6 JUNE 2019**
REPORT TITLE:	**CARE QUALITY COMMISSION (CQC) UPDATE**
BOARD SPONSOR:	**INTERIM CHIEF NURSE & DIRECTOR OF QUALITY AND MEDICAL DIRECTOR**
PAPER AUTHOR:	**QUALITY IMPROVEMENT PROGRAMME LEAD**
PURPOSE:	**DISCUSSION**
APPENDICES:	**NONE**

BACKGROUND AND EXECUTIVE SUMMARY

This report provides an update on CQC inspection activity, the improvement plan and associated work streams.

October 2018 Paediatric inspection

The weekly reports continue to be provided to the Chief Nurse for assurance until the data within them is embedded in the Care Groups' governance processes.

The Paediatric Taskforce continues to meet weekly and maintains an oversight of the improvement plan. The status of the update received and discussed by the Paediatric Taskforce on 13 May 2019 is reflected in the table below. This addresses the verbal feedback following the inspection; the section 31 requirements, the 'must do' actions in the inspection reports and the issues identified during the NHS Improvement (NHSI) visit in February 2019.

Current status of the plan as at 14 May is:

	March 2019	April 2019	May 2019	Number of actions May 2019
Total on track	45%	19%	22%	28
Total complete	50%	45%	53%	68
Total with risks to completion	0%	2%	0%	0
Overdue	5%	11%	16%	20
Total not started	0%	23%	9%	12
Total actions	100%	100%	100%	118

19/045

NHS East Kent Hospitals University NHS Foundation Trust

	Clinical Support Services	Surgery & anaesthetics	Urgent & Emergency Care	Women & Children	Corporate
Total on track	0	1	15	10	2
Total complete	3	1	33	26	5
Total with risks to completion	0	0	0	0	0
Overdue	1	3	6	9	1
Not started	0	1	5	6	0
	4	**6**	**59**	**51**	**8**

Work has commenced on a monitoring framework so that each issue identified by the CQC is regularly reviewed through audit, monitoring, quality visits, spot checks, incident reporting and patient feedback. This will enable any future concerns with compliance to be identified and addressed early. The next Paediatric Taskforce meeting is scheduled for 3 June 2019.

CQC Improvement plan

The Improvement Plan Delivery Group (IPDG) has now been superseded by the Getting to Good Group, which held its inaugural meeting on 17 May 2019. A summary of compliance with the plan was shared at the Getting to Good Group at this meeting.

Wherever evidence has not been received for an action previously marked complete, the action has been changed from complete to overdue. This has resulted in a high number of overdue actions (67%), many of which reflect evidence not received rather than incomplete actions.

Monthly meetings are arranged between the Quality Improvement Team and the Care Group clinical directors to discuss progress against the plan. Some Care Groups have cancelled these meetings or not been available to meet monthly. The Medical Director and Chief Nurse will now be attending these meetings when possible.

The current status (as at 17 May 2019) is:

	March 2019	April 2019	May 2019	Number of actions
Total on track	47%	40%	2%	2
Total complete	43%	44%	31%	27
Total with risks to completion	1%	7%	0%	0
Overdue	9%	9%	67%	59
	100%	**100%**	**100%**	**88**

19/045

NHS East Kent Hospitals University NHS Foundation Trust

	Cancer	Clinical Support Services	Surgery & anaesthetics	Surgery - head, neck, breast & dermatology	Urgent & Emergency Care	Women & Children	General & Specialist Medicine	Corporate
Total on track	0	0	0	0	0	1	0	0
Total complete	16	17	23	22	31	22	21	20
Total with risks to completion	0	0	0	0	0	0	0	0
Overdue	17	18	15	12	17	12	10	16
No Status Update	0	0	0	0	1	2	0	5
Total	**33**	**35**	**38**	**34**	**49**	**37**	**31**	**41**

As with the paediatric plan, a monitoring framework is being developed to ensure that each item on the improvement plan is regularly audited, monitored and reported through governance structures, so that any future concerns with compliance are identified and addressed early.

The above update was prepared for the Quality Committee on 28 May 2019. It was requested that the evidence in respect of the following actions rated green for evidence on the paediatric action plan be sent to the Non-Executive Directors present at the meeting:

- Action 22: The management of risks relating to neonatal services including the clinical space around cots.

- Action 23: Assurance that service meets the Royal College of Paediatric and Child Health standards.

CQC engagement

An End of Life engagement visit by the CQC took place on 22 May 2019. The end of life team delivered a presentation to the CQC, and drop in sessions for staff took place.

No further core service visits have been confirmed by the CQC to date.

Routine Quality Reviews (RQRs)

RQRs are now business as usual, so that each of our core services receives a RQR on rolling basis (approximately every eight months), irrespective of CQC activity. Should significant concerns be identified during a visit, more frequent RQRs would be undertaken. Dates completed and planned are:

22 January – critical care at William Harvey Hospital (WHH), Queen Elizabeth the Queen Mother Hospital (QEQMH) and Kent & Canterbury Hospital (K&CH) – complete.
5 February – outpatients at K&CH – complete.
22 February – end of life care at WHH – complete.
26 February – paediatric Emergency Department (ED) and wards at QEQMH and WHH – complete.
24 April – medical (including older people's care) – complete.
24 May – surgical – planned.
27 June – maternity and gynaecology – planned.
22 July – urgent and emergency care at K&CH, QEQMH and K&CH – planned.

Reports are shared with the service after the visit, and an improvement plan developed. Themes will be identified from the reports and used to identify Trust-wide areas for improvement.

CQC self-assessments

Care Groups have been asked to self-assess all their clinical areas against the CQC's five domains and key lines of enquiry (KLOEs). Services will focus on a domain each month as follows:

March – Caring
April – Responsive
May – Effective
June – Safe
July – Well led

Some assessments have not yet been received and those that are outstanding are being followed up with the Care Group leads as part of the regular monthly engagement meetings. Moving forward for many services, more support is required to better understand how to undertake the self-assessments and what "good" looks like.

A gap analysis at corporate level for each of the KLOEs has commenced with a review of the policies and processes for medical devices and equipment organised. This will entail examining the content of the relevant KLOE and regulation with the medical devices, Electronics and Medical Engineering (EME), infection control and medical physics leads, and ensuring that the Trust has adequate policies, processes, audits and training in place to meet the requirements, and to enable Care Groups to meet them.

CQC Insight report

The CQC published the latest insight report on 23 April 2019. Intelligence indicates that overall performance is about the same.

- Caring, Effective, Responsive, Safe, Well led performance is stable.
- Of the Core Services, Urgent and Emergency care, Critical Care, Maternity and Gynaecology, Medical Care, Outpatients and Diagnostic Imaging, Surgery performance is stable.

This has been shared with the Care Groups for them to review the data for their services.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	There is a risk that actions are not being completed within the timescales shared with the CQC; this could result in some of the same issues being identified when the CQC next inspect. Actions in place to address are: meetings with each Care Group triumvirate to discuss their plan, monthly Improvement Plan Delivery Group to share risks and issues.
LINKS TO STRATEGIC OBJECTIVES:	• **Getting to good:** Improve quality, safety and experience, resulting in **Good** and then **Outstanding** care. • **Higher standards for patients:** Improve the **quality and experience** of the care we offer, so patients are **treated in a timely way** and **access the best care** at all times.

19/045

NHS
East Kent
Hospitals University
NHS Foundation Trust

	• **A great place to work:** Making the Trust a **Great Place to Work** for our current and future staff.
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	SRR2 – Failure to maintain the quality and standards of patient care.
RESOURCE IMPLICATIONS:	Potential costs associated with harm arising from sub optimal patient experience.
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	Quality Committee - 28 May 2019.
SUBSIDIARY IMPLICATIONS:	None

PRIVACY IMPACT ASSESSMENT: NO	**EQUALITY IMPACT ASSESSMENT:** NO

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors is invited to discuss the report and the actions in place to support the CQC improvement programme.

19/46

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**6 JUNE 2019**
REPORT TITLE:	**REPORT FROM THE NOMINATIONS AND REMUNERATION COMMITTEE (NRC)**
BOARD SPONSOR:	**WENDY COOKSON, CHAIR OF THE NRC**
PAPER AUTHOR:	**BOARD SUPPORT SECRETARY**
PURPOSE:	**APPROVAL**
APPENDICES:	**NONE**

BACKGROUND AND EXECUTIVE SUMMARY

The Nominations and Remuneration Committee is a Committee of the Board and fulfils the role of the Nominations and 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 appoint and set the terms and conditions for subsidiary Board members and review any Key Performance Indicators/performance bonus. Receive a recommendation from the subsidiary Board and Nominations and Remuneration Committee on achievement against these.

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.

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 14 MAY 2019

The Committee received and discussed the following reports:

1.1 Executive Directors' and Chief Executive Officer (CEO) 2018/19 end of year appraisals and 2019/20 Objectives.

1.1.1 The Committee discussed and noted the report from the CEO summarising the end of year appraisal reviews of the individual Executive Directors' performance and corporate contribution for the 2018/19 period.

19/46

NHS
East Kent
Hospitals University
NHS Foundation Trust

1.1.2 The Committee discussed and noted the 2019/20 Objectives for the individual Executive Directors' aligned to the six new strategic objectives agreed with the Board. These are against the new organisational strategy developed for the Trust as noted below, broken down with delivery targets:
- 1.1.2.1 Getting to Good;
- 1.1.2.2 Higher Standards for Patients;
- 1.1.2.3 A great place to work;
- 1.1.2.4 Delivering our Future;
- 1.1.2.5 Right skills right time right place;
- 1.1.2.6 Healthy finances.

1.1.3 The Committee provided feedback to the CEO on the Executive Directors' objectives.

1.1.4 The Committee discussed and feedback comments regarding the 2019/20 Objectives for the CEO.

1.2 The Committee received a report on succession planning noting the updated plan following recent personnel changes and the successful recruitment to senior roles within the Trust. This is around forward planning as the Trust is mindful of impending retirements of senior staff in both strategic and operational positions. The Committee discussed a tool that is available that would be useful in supporting the Trust's succession planning. This tool will provide benefits for forward planning around identifying staff development needs and the provision of any specific additional support for individual staff.

1.3 The Committee received and noted a report on the fit and proper persons annual audit requirement and the process that the Trust will be following. This is around reviewing the fitness of Directors to ensure they remain fit for the role they are in. The outcome of this audit will be presented to the next NRC meeting.

1.4 The Committee received and noted reports on the virtual approvals by the NRC in relation to the positions noted below:

1.4.1 Permanent Appointment of Finance Director for 2gether Support Solutions (2gether);

1.4.2 Appointment to Non-Executive Director (NED) positions for 2gether.

1.4.3 The Committee discussed the need for the inclusion of more elements around assurance within the NED job descriptions. The organisational structure of 2gether was also discussed in relation to the appropriateness of the current reporting line of the Associate Director of People, which is to the Finance Director. The discussion centred around aligning this to global roles of HR and this post reporting to the Managing Director. A discussion would take place with the Trust's Acting Chairman and 2gether's Chairman.

1.5 Register of Interests. The Committee received and noted the BoD register of interests, highlighting a couple of changes that had recently been reported that would be reflected in the amended version of the register.

1.6 NRC Annual Work Programme. The Committee received and noted the 2019 annual work programme for the NRC.

1.7 The Committee noted under any other business that the Trust's Chairman was currently off on planned sickness absence and that the Trust's Deputy Chairman would be providing cover as the Acting Chairman for approximately two months.

RECOMMENDATIONS AND ACTION REQUIRED:

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

19/047

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**6 JUNE 2019**
REPORT TITLE:	**FINANCE AND PERFORMANCE COMMITTEE (FPC) CHAIR REPORT**
BOARD SPONSOR:	**SUNNY ADEUSI, CHAIR FPC**
PAPER AUTHOR:	**GROUP COMPANY SECRETARY**
PURPOSE:	**APPROVAL**
APPENDICES:	**APPENDIX 1: MONTH 1 FINANCE REPORT APPENDIX 2: OPERATED HEALTHCARE FACILITY CONTRACT VARIATIONS**

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 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.

28 May 2019 Meeting

The Committee **APPROVED and RECOMMENDS** the following items to the Board – more detail is included in the body of the report:

- Recommends the Board approve the Contract Variation as outlined in paragraph 7 and detailed in Appendix 2; and
- Approved the Operational Framework.

The Committee reviewed the following matters:

Care Group Presentations

1 The Committee received a presentation from the Clinical Support Services (CSS) Care Group. Key points discussed are noted below:
  1.1 Noted the investment priorities for 2019/20 which included an overarching outpatients strategy (a high level strategy will be brought back to the Committee in July / August time) and radiology redesign;
  1.2 The Care Group highlighted risks to delivering their plan including MRI breakdown, demand, capacity to deliver cardiac CT in-house, higher pay costs due to a more stable pay base and limitation of opportunities from the aligned incentive contract;

19/047

1.3 It was confirmed that the Trust was an outlier for its level of scanning and it was agreed to move to consultant request scanning to address this; and
1.4 Assurance was sought on delivery of the Cost Improvement Programmes (CIPs) and whilst the Care Group will seek innovative ways to deliver, the opportunities were reduced due to the aligned incentive contract.

2 The Committee received a presentation from the Urgent and Emergency (UEC) Care Group. Key issues discussed are noted below:
2.1 Bank and Agency costs show an improved position further work to reduce locum costs was a priority with recruitment supporting delivery and a focus on retention to ensure the position stabilises. The Trust is taking part in an NHS Improvement (NHSI) initiative around retention of staff in the Emergency Department (ED);
2.2 Further assurance is required in relation to delivery of CIPs, the majority of which focuses on a reduction of agency;
2.3 The Committee highlighted an increase in sickness and sought assurance that plans were in place to address this in support of both safety and financial impacts. Additional HR support is being provided for both UEC and General and Specialist Medicine; and
2.4 Assurance was provided over the job planning and rostering within the Care Group and it was confirmed that the Executive was focussed on ensuring effective job plans were in place.

Month 1 Finance Report:

3 The Committee received the month 1 report, provided as Appendix 1, the key points to note are below:
3.1 It was confirmed that the routine Financial Special Measures (FSM) meeting was being subsumed in to the Integrated Assurance Meeting. The Committee requested the Director of Finance and Performance to seek clarity from NHSI on a pathway to exiting FSM and report back to FPC in June;
3.2 It was noted that NHSI no longer wanted an independent 3-5 year plan although this is being progressed with internal resource and the Director of Finance and Performance was working with the system on the plan;
3.3 Month 1 ended with a consolidated deficit of £4.7m, £0.1m better than plan;
3.4 The final year-end forecast remains in line with the planned position of a consolidated £37.5m deficit excluding technical adjustments (£36.6m after technical adjustments), it should be noted that the year-end position has not yet been formally agreed by NHSI;
3.5 The agency cap for 2019/20 is £19m and remains relatively unchanged. Medical agency remains a challenge and this is being addressed through a direct engagement agreement which is anticipated to go live second week in June 2019.

Cost Improvement Programmes (CIPs) Update

4 The Committee received and discussed an update against CIPs:
4.1 The Trust achieved its planned CIP for month 1 of £1m mainly due to non-recurrent schemes;
4.2 The pipeline for 2019/20 is £30m in line with the plan with £18.7m progressed to "green" stage which is £2.8m less that at the same time in 2018/19;
4.3 Focus is on delivery of recurrent schemes going forward; and
4.4 The Trust is working with the system on delivery of new ways of working, through the contractual arrangements, and these programmes will be managed through a system-wide Programme Management Office (PMO). The governance is still being designed and agreed.

19/047

NHS
East Kent Hospitals University
NHS Foundation Trust

Financial and Operational Risk Review

5 The Committee reviewed the report and advise the Board that:
- 5.1 The main financial risk remains as SRR5 - Failure to achieve financial plans as agreed by NHS Improvement (NHSI) under the Financial Special Measures (FSM) regime; and
- 5.2 Two new risks were added: delivery of constitutional standards and implementation of a new finance system. These will be overseen by the Committee.

Capital Plan 2019/20 – Business Case Prioritisation

6 The FPC discussed the business case prioritisation report and noted:
- 6.1 the robust "bottom up" process;
- 6.2 the risks in terms of emergency capital for the pilot orthopaedic centre which may require a reorganisation of capital or alternative options (such as contractual options); and
- 6.3 the Committee supported the plan.

Contract Variations – Operated Healthcare Facility Contract

7 The FPC received an update on the contract variations between the Trust and its wholly owned subsidiary 2gether Support Solutions (2gether) Limited and noted:
- 7.1 The proposed variations to the 2gether contract include agreed uplifts to the unitary payment for 2019/20, further service transfers into the Operated Healthcare Model and Estate Managed Service (EMS);
- 7.2 These planned variations total £4,943,522 and are shown on appendix 2. The annual unitary payment for 2019/20 with these contract variations now stands at £82.7m;
- 7.3 It was confirmed that all aspects were already in the annual plans and budget.

The Committee Recommends the Board approve the Contract Variation.

Operational Framework

8 The FPC received the Operational Framework and the following points were noted:
- 8.1 The framework provided assurance in relation to the controls in place to manage performance across the Care Groups; and
- 8.2 The main mechanism for holding the Care Groups to account is through the Executive Performance Reviews; where focus is required to improve performance the Care Group may be placed into Internal Special Measures which provides a supportive environment in which to make the require improvements.

The Committee approved the Operational Framework.

Highlight Report: on the National Constitutional Standards for Emergency Access, Referral to Treatment (RTT), Cancer and Diagnostic

9 The FPC received a highlight report on the National Constitutional Standards for April 2019 – more details are provided in the Integrated Performance Report (IPR) which is a main item on the Board agenda. The Committee was provided with actions in

19/047

East Kent Hospitals University NHS Foundation Trust

place to improve performance:

9.1 ED 4 hour compliance for Trust sites was 77.13%; against the NHS Improvement trajectory of 76.4%. The 2019/20 Improvement Plan is being developed by the system and should provide a more robust approach to delivering improvements;

9.2 Referral to Treatment Time - overall performance reported at 79.15% for April 2019. The number of patients waiting over 52 weeks for treatment has reduced to 3; all Care Groups are committed to eliminating 52 week breaches;

9.3 62 day performance is currently 78.78% against the improvement trajectory of 85.52%. At the time of the report there are 10 patients waiting 104 days or more for treatment or potential diagnosis; Care Groups have carried out potential harm reviews against all 104 day patients and no harms have been reported;

9.4 6 week diagnostic timetable was met for April 2019 at 99.3%; and

9.5 Flow through the hospital remains an issue and the Committee was pleased to note that the Trust had implemented a number of internal actions to improve this, community beds remain a concern.

The Committee also received and noted the following reports:

- Capital Programme Project Update for 2018/19.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	Failure to achieve financial plans as agreed with NHS Improvement (NHSI) under the Financial Special Measures Regime.
LINKS TO STRATEGIC OBJECTIVES:	**Healthy finances:** Having Healthy Finances by providing better, **more effective patient care** that makes resources go further.
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	SRR5: Failure to achieve financial plans as agreed with NHS Improvement (NHSI) under the Financial Special Measures Regime.
RESOURCE IMPLICATIONS:	None
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	None
SUBSIDIARY IMPLICATIONS:	N/A

PRIVACY IMPACT ASSESSMENT: *NO*	**EQUALITY IMPACT ASSESSMENT:** *NO*

RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to **APPROVE** the:

- Operated Health Care Facility (2gether) contract variation (Appendix 2).

East Kent Hospitals University NHS Foundation Trust

Finance Performance Report 2019/20

April 2019

Director of Finance and Performance Management
Philip Cave

Contents and Appendices

Month 01 (April) 2019/20

Executive Summary
Month 01 (April) 2019/20

Executive Summary

The Trust generated a consolidated deficit in month of £4.7m which is £0.1m better than the planned position.

The main drivers of this position were:
- Clinical income underperformance in bowel scoping (£0.1m), cancer drugs (£0.1m), specialist dental work (£0.1m) and insurance claims recovery (£0.1m).
- EKHUFT Pay underspend of £0.1m driven by overspends in agency staffing relating to operational pressure being entirely offset by underspends in bank & substantive pay categories.
- EKHUFT Non-pay underspend against plan of £0.6m with a number of key reduction in spend in particular drugs, clinical supplies and purchase of healthcare which total £0.8m positive variance.
- Subsidiaries adverse position of £0.2m which requires further work to understand the key drivers.

The final year-end forecast remains in line with the planned position of a consolidated £37.5m deficit excluding technical adjustments.

	This Month			Year to Date		
£'000	**Plan**	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**
EKHUFT Income (inc PSF)	50,234	49,713	(521)	50,234	49,713	(521)
EKHUFT Pay	(33,818)	(33,673)	145	(33,818)	(33,673)	145
EKHUFT Non-Pay	(21,527)	(20,912)	616	(21,527)	(20,912)	616
EKHUFT Financial Position (inc PSF)	**(5,111)**	**(4,872)**	**240**	**(5,111)**	**(4,872)**	**240**
Subsidiaries Financial Position	260	101	(160)	260	101	(160)
Consolidated I&E Position (inc PSF)	**(4,851)**	**(4,771)**	**80**	**(4,851)**	**(4,771)**	**80**
Impairments/ Donated Assets Adjustment	32	46	14	32	46	14
PSF Funding	0	0	0	0	0	0
Consolidated I&E Position (excl PSF)	**(4,819)**	**(4,725)**	**94**	**(4,819)**	**(4,725)**	**94**

EKHUFT unconsolidated expenditure is favourable to plan by £0.8m in April with pay showing an underspend of £0.1m and non-pay £0.6m. Underspends on substantive and bank staffing costs totalling £0.5m are offset by overspends on agency and directly engaged staff totalling £0.4m. Pay costs grew by £0.8m in April when compared to March, mainly relating to the 2019-20 pay award.

The East Kent CCGs contract is an aligned incentive contract which means that income (excluding high cost drugs) is fixed at £420m for the year. Drugs expenditure is planned at £20m however this will be monitored and paid on a variable basis depending on actual spend. Any over or underperformance against drugs will have an offsetting effect against expenditure so is neutral to the bottom line. The Trust will continue to report activity and income performance against plan to ensure we maintain focus on delivering access targets and to ensure alignment with the expenditure position.

Overall clinical income was £0.5m adverse to plan, although the East Kent CCG contract was in line with the plan excluding high cost drugs. The main areas of underperformance which drove the income variance was bowel scoping (£0.1m), cancer drugs (£0.1m), specialist dental work (£0.1m) and insurance claims recovery (£0.1m). Non-clinical income was on plan in April.

There are issues with the allocation of clinical income between reporting categories due to changes from the national allocation software and ensuring the new observation bay activity is coded correctly and allocated to the correct specialty / care group. While this is being reviewed central adjustments have been applied to non-elective activity between care groups to ensure a more reasonable position is reported.

The Trust is in the process of ensuring that all care groups and cost centres budgets are formally signed off by the end of May. While the Month 1 position is positive, the level of CIP delivery increases significantly throughout the year so having robust plans and controls in place to deliver this remains a key priority.

Income and Expenditure G

EKHUFT income was slightly behind plan in April by £0.5m, due to a combination of minor adverse variances in clinical income against plan bowel scoping (£0.1m), cancer drugs (£0.1m), specialist dental work (£0.1m) and insurance claims recovery (£0.1m). With the majority of Trust income included in an aligned incentive contract with East Kent CCGs increased focus is required on delivering activity which remains on a cost and volume payment basis.

There remains an ongoing focus on ensuring we deliver the required elective and outpatient activity to hit our access targets so weekly meetings are held with the COO and FD to monitor performance. Further improvement in monthly elective and outpatient activity will be required to deliver the our challenging plan for 2019/20. Elective capacity is currently being supported by outsourcing to the independent sector and we are reviewing ways to minimise this.

Pay performance is favourable to April by £0.1m. This was driven by an agency overspend of £0.4m due to above plan usage of agency staff for medical and nursing cover offset by underspends on substantive and bank staffing costs of £0.5m. Total expenditure on pay in April was £33.8m, £0.8m higher than March due to the 2019/20 pay award.

Non Pay expenditure is favourable to plan in April by £0.6m. This is predominantly due to a number of key reduction in spend in particular drugs, clinical supplies and purchase of healthcare which total £0.8m positive variance.

Cash G

The Trust's cash balance at the end of April was £21.2m which is £3.4m above plan. The main drivers for this position was lower than planned payments to 2SS (£5.5m) and capital creditors (£1.7m) partially offset by VAT reclaims above the planned level (£2.0m).

The Trust borrowed £8.1m cash in month increasing total borrowings to £96.5m. The planned 19/20 loan is £37.2m in line with the plan pre technical deficit.

Capital Programme G

Total expenditure at the end of April is £66k, 7.5% above plan. This is mainly due to legacy spend from 2018/19 schemes in A&E and equipment replacement. It is expected that spend will fall back in line with the YTD plan for Month 2.

Cost Improvement Programme G

The target for the year is £30m. The Trust is maintaining confirm and challenge meetings. As at the time of reporting, c.61% of schemes forecast were 'green' rated. Care Groups, supported by the PMO, continue working up schemes for 2019/20 focusing on delivery of planned target and moving Red and Amber schemes to Green.

Income and Expenditure Summary

Month 01 (April) 2019/20

Unconsolidated	This Month			Year to Date			Annual
£000	Plan	Actual	Var.	Plan	Actual	Var.	Plan
Income							
Electives	7,631	7,483	(148)	7,631	7,483	(148)	97,761
Non-Electives	14,966	14,642	(324)	14,966	14,642	(324)	180,314
Accident and Emergency	2,706	2,875	169	2,706	2,875	169	33,838
Outpatients	6,525	6,365	(160)	6,525	6,365	(160)	82,026
High Cost Drugs	4,348	4,366	18	4,348	4,366	18	53,027
Private Patients	44	42	(2)	44	42	(2)	528
Other NHS Clinical Income	10,187	10,251	64	10,187	10,251	64	122,658
Other Clinical Income	148	42	(107)	148	42	(107)	1,781
Total Clinical Income	**46,555**	**46,065**	**(490)**	**46,555**	**46,065**	**(490)**	**571,932**
Non Clinical Income	3,679	3,648	(31)	3,679	3,648	(31)	44,856
Total Income	**50,234**	**49,713**	**(521)**	**50,234**	**49,713**	**(521)**	**616,788**
Expenditure							
Substantive Staff	(30,110)	(29,731)	379	(30,110)	(29,731)	379	(353,473)
Bank	(1,430)	(1,267)	163	(1,430)	(1,267)	163	(24,941)
Agency	(2,278)	(2,675)	(397)	(2,278)	(2,675)	(397)	(18,585)
Total Pay	**(33,818)**	**(33,673)**	**145**	**(33,818)**	**(33,673)**	**145**	**(396,999)**
Non Pay	(19,581)	(18,704)	877	(19,581)	(18,704)	877	(233,850)
Total Expenditure	**(53,399)**	**(52,377)**	**1,022**	**(53,399)**	**(52,377)**	**1,022**	**(630,849)**
Non-Operating Expenses	(1,946)	(2,207)	(261)	(1,946)	(2,207)	(261)	(24,554)
Income and Expenditure Surplus/(Deficit)	**(5,111)**	**(4,872)**	**240**	**(5,111)**	**(4,872)**	**240**	**(38,615)**

Consolidated	This Month			Year to Date			Annual
£000	Plan	Actual	Var.	Plan	Actual	Var.	Plan
Income							
Clinical Income	47,218	46,777	(441)	47,218	46,777	(441)	580,458
Non Clinical Income	3,667	3,860	193	3,667	3,860	193	44,710
Total Income	**50,885**	**50,637**	**(248)**	**50,885**	**50,637**	**(248)**	**625,168**
Expenditure						-	
Pay	(36,200)	(36,353)	(153)	(36,200)	(36,353)	(153)	(426,208)
Non Pay	(17,658)	(16,912)	746	(17,658)	(16,912)	746	(212,244)
Total Expenditure	**(53,858)**	**(53,265)**	**593**	**(53,858)**	**(53,265)**	**593**	**(638,452)**
Non-Operating Expenses	(1,878)	(2,143)	(265)	(1,878)	(2,143)	(265)	(24,247)
Income and Expenditure Surplus/(Deficit)	**(4,851)**	**(4,771)**	**80**	**(4,851)**	**(4,771)**	**80**	**(37,531)**

Clinical Income

East Kent CCGs contract is an aligned incentive contract which means that income (excluding Highcost drugs) is fixed at £420m for the year. Public Health Screening contracts are also fixed values for the year with all other contracts operating on a PbR basis.

Elective income is underperforming due to three main areas. Lower than plan activity in T&O for the provision of major hip procedures for non trauma, Ophthalmology - lower than plan cataracts procedures and within General Medicine lower than plan bowel scoping which has been commissioned at a higher rate for 19-20 by Public Health England due to the expectation that new more sensitive bowel screening (FIT Testing) will result in more scopes needed.

Underperformance in Non Elective performance fluctuates between various conditions as per normal variation. Sub Chapter Wj which represents presentation of patients with Sepsis is under performing in month by £355k. The underlying reasons for this are being explored as to whether this is due to the change in recording as per national guidance or whether there is a genuine reduction in its occurrence.

Non Clinical Income and Expenditure

Non clinical income is marginally adverse to plan in April.

Total expenditure is favourable to plan by £1.0m in April with pay showing an underspend of £0.1m and non pay £0.9m. Underspends on substantive and bank staffing costs totalling £0.5m are offset by overspends on agency and directly engaged staff totalling £0.4m. Pay costs grew by £0.8m in April when compared to March, mainly relating to the 19-20 pay award.

The majority of non pay headings are favourable to plan in April, in particular drugs, clinical supplies and purchase of healthcare which total to £0.8m. Non clinical supplies and services is adverse £0.6m, which includes modular theatre running costs of £0.4m.

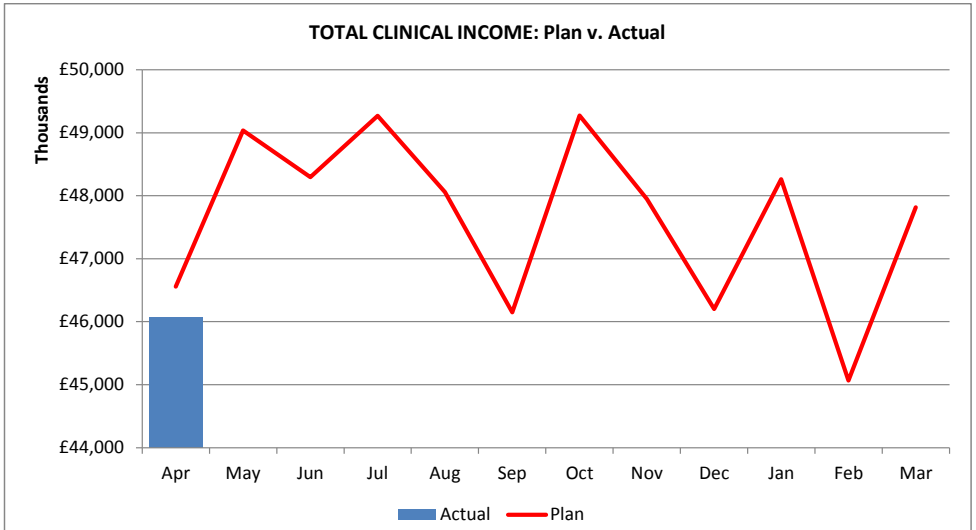
Actual expenditure on non pay reduced by £0.6m when compared to March, predominantly relating to drugs, following high spend in March and purchase of healthcare from external organisations.

Key Highlights
Month 01 (April) 2019/20

CLINICAL INCOME

All Clinical income is below plan in April by £0.49m across all contracts. This is due largely to under performance on CRU (insurance claims) income (£107k), lower than planned bowel scoping activity against PHE contract (£94k) and under performance on the secondary dental contract (£55k) along with an under performance on high cost drugs on the EK CCG contract.

Non Elective inpatients is driving this due to a shift between long stay patients into short stay patients, which has created a £300k variance against plan. A&E Income is ahead of plan in month which has been driven by increased activity of 9% above plan, however the case mix is slightly lower than plan, meaning income is 6% over plan in comparison.



ACTIVITY

A&E demand is ahead of plan by 9% this month.
Non-elective activity is 862 over plan in month. However the mix between short and long stay patients has favoured shorter stays during the month, this is likely a result of the introduction of the Observation Bay at QEQM.
Outpatient activity is above plan in month, at 10% over plan for new appointments and 3% over plan for follow up appointments.
Total Elective activity is 3% behind plan in month , however the split between the points of delivery shows a move between Day case (290 below plan) and regular day attenders (305 above plan).

COMMISSIONER ANALYSIS

East Kent CCGs contract is an aligned incentive contract which means that income (excluding Highcost drugs) is fixed at £420m for the year. Drugs Expenditure is planned at £20m however this will be monitored and paid on a variable basis depending on actual spend. Any over or underperformance against drugs will have an offsetting effect against expenditure so is net nil position to the bottom line.

Public Health Screening contracts are also fixed values for the year with all other contracts operating on a PbR basis.

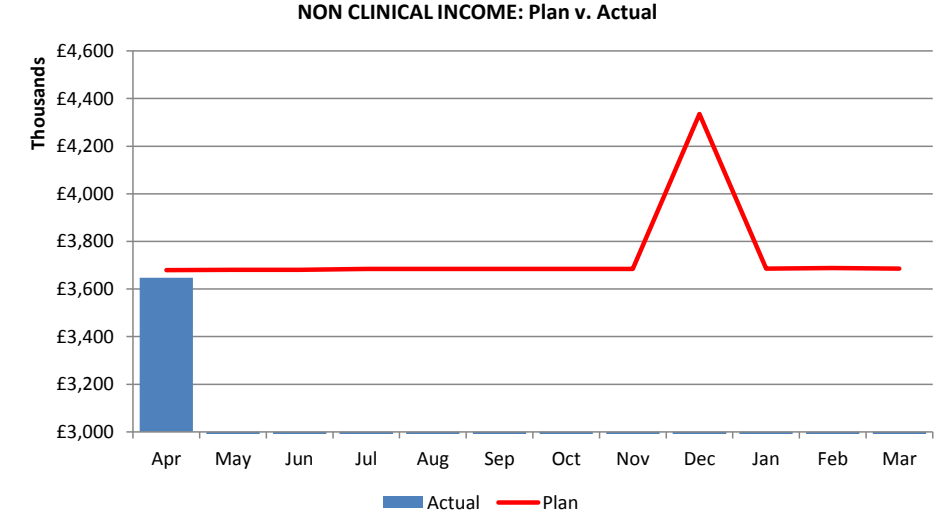
NHSE contract value for the year is £84.8m within which is an expectation of commissioner QIPP of £2.8m. The Trust will support commissioners in the delivery of this QIPP, however the risk of non delivery sits with the commissioner.

Key Highlights

Month 01 (April) 2019/20

NON CLINICAL INCOME

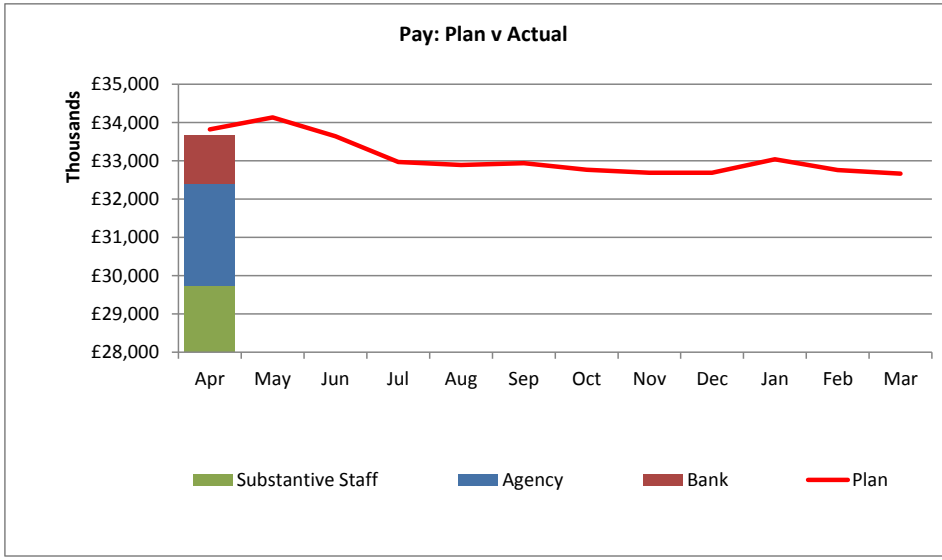
Non clinical income is marginally adverse to plan in April. Adverse variances on non patient care services in Surgery and Anaesthetics and car parking income total £0.2m which is offset by profits on the sale of assets and a favourable performance against plan for education and training.



PAY

Pay performance is favourable to plan in April by £0.1m (0.4%). Pay CIPs are adverse to plan in month by £0.5m. In month, underspends on substantive staff, waiting list payments and bank staff totalling £0.5m offset an overspend on agency and directly engaged staff, mainly medical staff, totalling £0.4m.

Total expenditure on pay in April was £33.7m, £0.5m higher than in March. The underlying growth in overall pay spend relates predominantly to the 19-20 pay award.



Key Highlights
Month 01 (April) 2019/20

NON-PAY
Non pay expenditure is favourable to plan in April by £0.9m (4.5%). Non pay CIP schemes are adverse to plan in total by £0.4m in month.

The majority of non pay headings are favourable to plan in April, in particular drugs, clinical supplies and purchase of healthcare which total to £0.8m. Non clinical supplies and services is adverse £0.6m, which includes modular theatre running costs of £0.4m.

Actual expenditure on non pay reduced by £0.6m when compared to March, predominantly relating to drugs, following high spend in March and purchase of healthcare from external organisations.

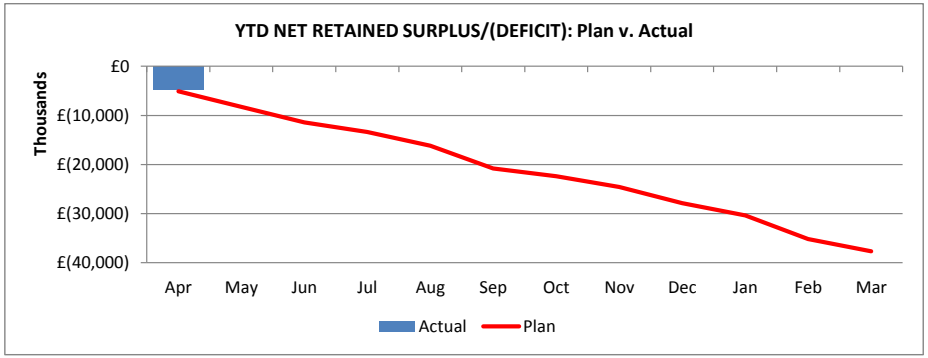
DEBT
Total invoiced debtors have increased from the opening position of £20.1m by £1.9m to £22m. The largest debtors at 30th April were 2gether Support Solutions £3.7m, Health Education England £4.4m.

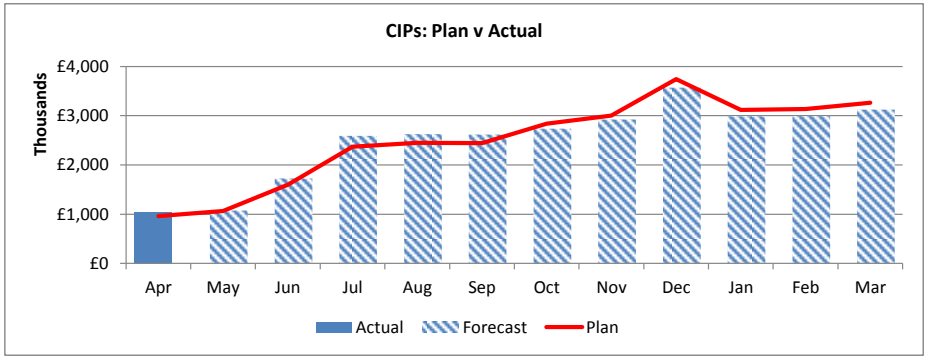
CAPITAL
Total YTD expenditure for Mth 1 2018/19 is £952k.

EBITDA
The Trust is reporting a year to date deficit EBITDA of £2.7m

CASH
The closing cash balance for the Trust as at 30th April was £21.2m

FINANCING
£532k of interest was incurred in month 1 in respect of the drawings against working capital facilities.

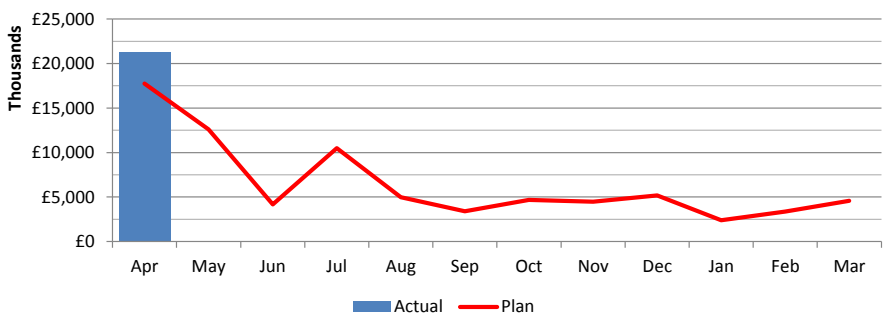




CIPS
The target for the year is £30m. The Trust is maintaining confirm and challenge meetings. As at the time of reporting, c.61% of schemes forecast were 'green' rated. Care Groups, supported by the PMO, continue working up schemes for 2019/20 focusing on delivery of planned target and moving Red and Amber schemes to Green.

Cash Flow

Month 01 (April) 2019/20



Unconsolidated Cash balance was £21.2m at the end of April 2019, £3.4m above plan.

Total receipts in April 2019 were £3.1m below plan

- Receipts from East Kent CCGs were £1.6m below plan for 1819 overperformance
- VAT reclaim £2.0m above plan
- Receipts from Health Education England £4.5m below plan (cash received in May)
- Other receipts £0.9m above plan

Total Payments in April 2019 were £6.5m below plan

- Monthly payroll was £0.6m above plan
- Creditor payments inc Capital were £1.7m below plan
- Payments to 2gether Support Solutions were £5.5m below plan

Provider Sustainability Funding

As a result of the Trust not agreeing to a control total, the Trust is not eligible for any PSF funding in 2019/20.

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
2018/19 Received	42,122	ISUCL	2021/22	3.5%	4,447
April 2019 (Received)	8,147	ISUCL	2022/23	3.5%	859
June 2019 (Plan)	3,068	ISUCL	2022/23	3.5%	TBC
July 2019 (Plan)	1,903	ISUCL	2022/23	3.5%	TBC
Aug' 2019 (Plan)	2,737	ISUCL	2022/23	3.5%	TBC
Sept' 2019 (Plan)	4,502	ISUCL	2022/23	3.5%	TBC
Oct' 2019 (Plan)	1,597	ISUCL	2022/23	3.5%	TBC
Nov'2019 (Plan)	2,157	ISUCL	2022/23	3.5%	TBC
Dec' 2019 (Plan)	2,983	ISUCL	2022/23	3.5%	TBC
Jan' 2020 (Plan)	2,634	ISUCL	2022/23	3.5%	TBC
Feb' 2020 (Plan)	4,644	ISUCL	2022/23	3.5%	TBC
Mar' 2020 (Plan)	2,858	ISUCL	2022/23	3.5%	TBC

Planned 19/20 Loan is £37.2m in line with the plan pre technical deficit.

Borrowings of £8.1m in April 19 have been received and a further £3.1m has been requested for June.

Creditor Management

- At the end of April 2019 the Trust was recording 61 creditor days (Calculated as invoiced creditors at 30th April/ Forecast non pay expenditure x 365)
- The Trust has continued to pay supplier to due date throughout April 19.

- 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

Clinical Income

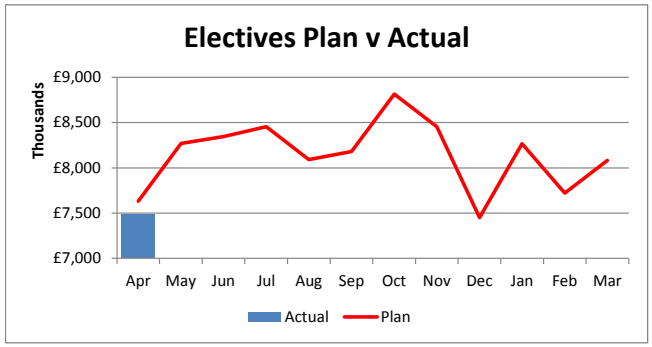
Month 01 (April) 2019/20

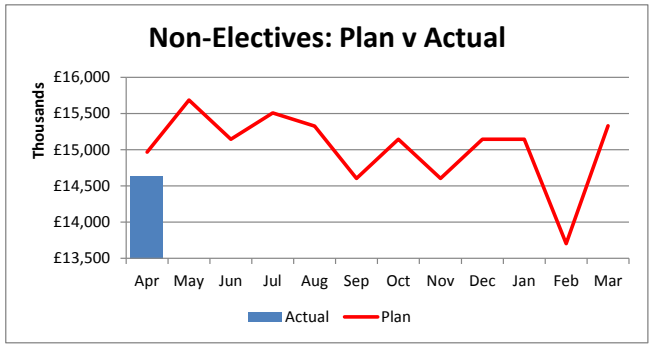
	This Month				Year to Date				Annual
£000	Plan	Actual	Variance		Plan	Actual	Variance		Plan
Electives	7,631	7,483	(148)	(1.9%)	7,631	7,483	(148)	(1.9%)	97,761
Non-Electives	14,966	14,642	(324)	(2.2%)	14,966	14,642	(324)	(2.2%)	180,314
Accident and Emergency	2,706	2,875	169	6.2%	2,706	2,875	169	6.2%	33,838
Outpatients	6,525	6,365	(160)	(2.5%)	6,525	6,365	(160)	(2.5%)	82,029
High Cost Drugs	4,348	4,366	18	0.4%	4,348	4,366	18	0.4%	53,027
Private Patients	25	42	17	66.9%	25	42	17	66.9%	318
Other NHS Clinical	10,206	10,251	45	0.4%	10,206	10,251	45	0.4%	122,867
Other Clinical	148	42	(106)	(71.3%)	148	42	(106)	(71.3%)	1,781
Prior Month Adjustment				0.0%				0.0%	
Total	**46,555**	**46,066**	**(489)**	(1.1%)	**46,555**	**46,066**	**(489)**	(1.1%)	**571,935**
				Adverse				Adverse	

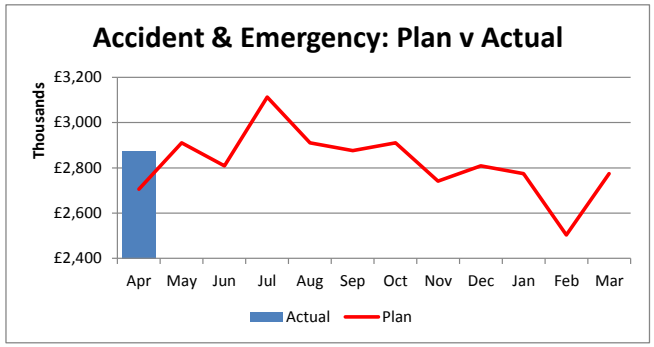
Income is under plan in April, with most PODs showing an underperformance. However counter to this we have seen an over performance within A&E, as well as overperformances within short stay non elective, day cases and outpatient procedures, meaning that patients have been being treated and discharged quicker.

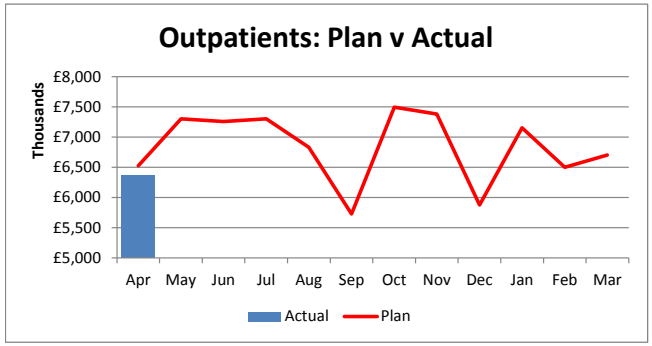
Elective inpatients has under performed in month this is slightly offset by an overperformance in Day cases and regular day attenders, specific underperformance within all three PODs has been seen within T&O, ENT, Ophthalmology and General Medicine.

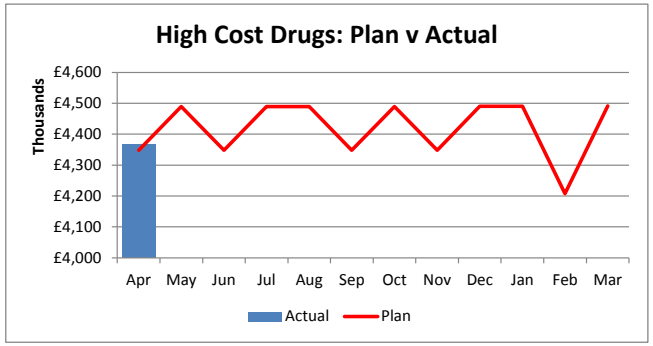
Rechargeable income for drugs, devices and haemophilia blood products is about on plan in month, however their is significant variance amounts the commissioners, with the East Kent commissioners being close to £400k under plan, this however is countered by the other commissioners over performance.

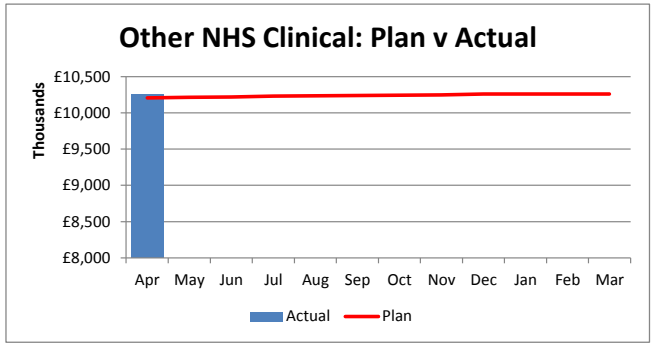












Clinical Activity

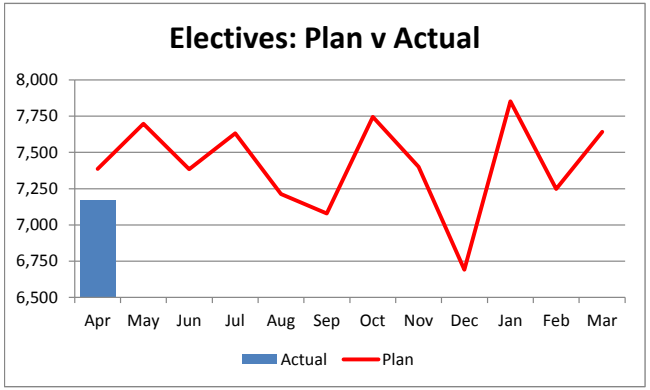
Month 01 (April) 2019/20

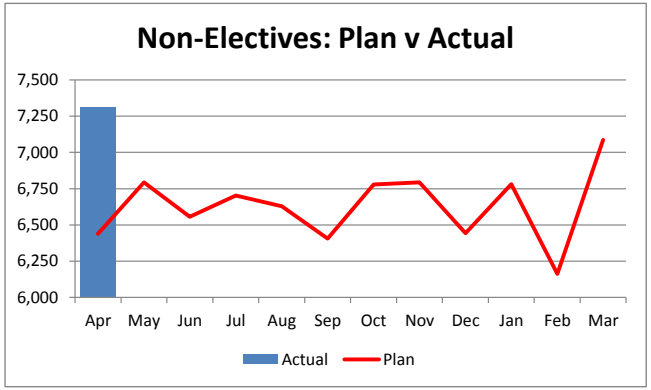
	This Month				Year to Date				Annual
Activity Units	Plan	Actual	Variance		Plan	Actual	Variance		Plan
Electives	7,386	7,169	(217)	(2.9%)	7,386	7,169	(217)	(2.9%)	88,976
Non-Electives	6,439	7,313	874	13.6%	6,439	7,313	874	13.6%	79,574
Accident & Emergency	17,482	19,067	1,585	9.1%	17,482	19,067	1,585	9.1%	221,719
Outpatients	57,624	59,980	2,356	4.1%	57,624	59,980	2,356	4.1%	772,072
Other NHS Clinical	474,086	465,845	(8,241)	(1.7%)	474,086	465,845	(8,241)	(1.7%)	5,802,718
Total	**88,931**	**93,529**	**4,598**	5.2%	**88,931**	**93,529**	**4,598**	5.2%	**1,162,341**
			Favourable				Favourable		

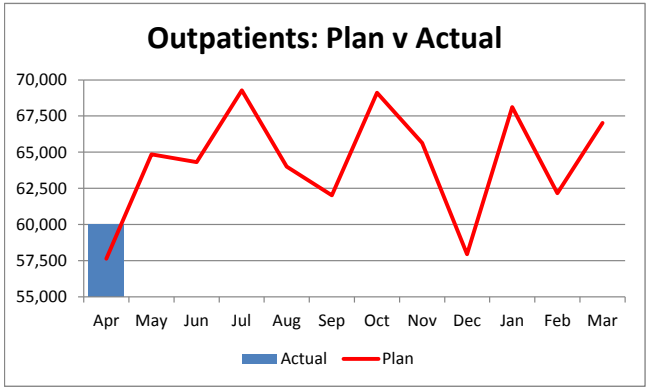
Total Elective activity is 3% under plan, with Day Cases being 6% under, inpatients being 18% under, this however is countered by Regular Day Attenders being 34% over plan in month. The specialties with notable variances from plan are Urology by 85, Ophthalmology by -181, general medicine by -217 and Rheumatology by 117.

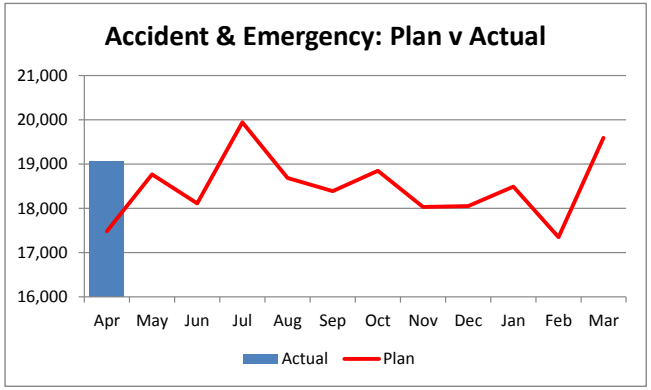
Outpatient activity has over performed in month by 10% in new and 3% in follow up attendances.
For new appointments the notable variances are Cardiology by -168, Colorectal Surgery by 283, Dermatology by 274, ENT by -112 and Ophthalmology by 434.

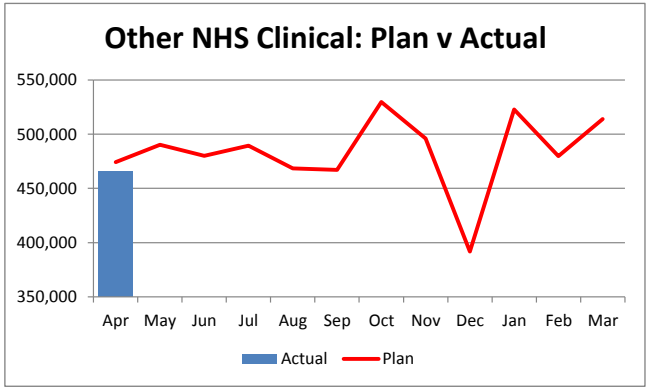
For Follow up appointments the notable variances are Cardiology by -113, Community Paeds by -205, Dermatology by 238, Gynaecology by 215, Orthoptics by 517 and Ophthalmology by -284.







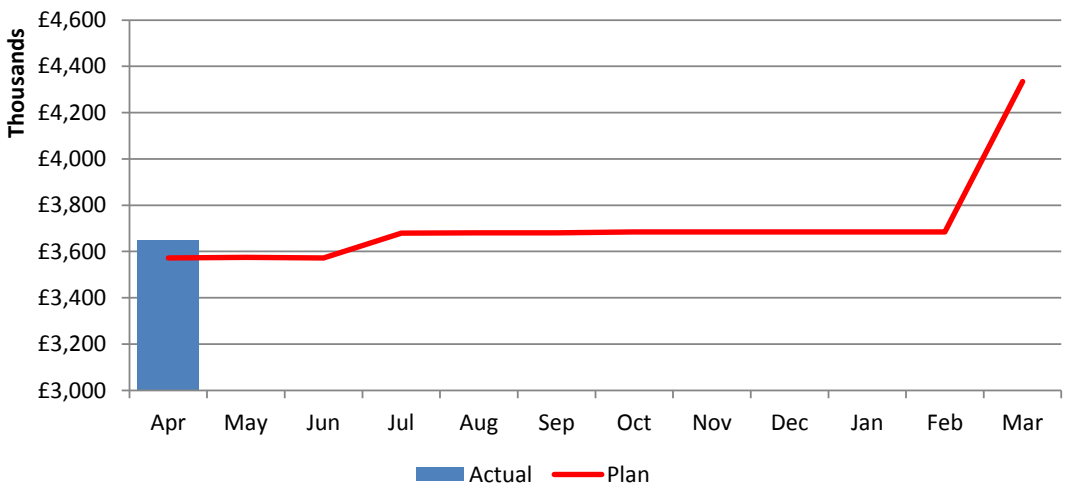




Non Clinical Income

Month 01 (April) 2019/20

Non-Clinical Income	This Month			Year to Date			Annual
£000	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Non-patient care services	1,348	1,224	(124)	1,348	1,224	(124)	16,180
Research and development	241	257	16	241	257	16	2,924
Education and Training	1,284	1,345	61	1,284	1,345	61	15,430
Car Parking income	429	395	(34)	429	395	(34)	5,156
Staff accommodation rental	195	211	16	195	211	16	2,342
Property rental (not lease income)	18	2	(16)	18	2	(16)	213
Cash donations / grants for the purchase of capital assets	38	38	(1)	38	38	(1)	450
Charitable and other contributions to expenditure	12	13	1	12	13	1	143
Other	114	164	50	114	164	50	2,018
Total	**3,679**	**3,648**	**(31)**	**3,679**	**3,648**	**(31)**	**44,856**
			-0.85% Adverse			-0.85% Adverse	



Non clinical income is marginally adverse to plan in April. Adverse variances on non patient care services in Surgery and Anaesthetics and car parking income total £0.2m which is offset by profits on the sale of assets and a favourable performance against plan for education and training.

Pay

Month 01 (April) 2019/20

Pay Expenditure	WTE This Month			This Month			Year to Date			Annual
£000	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Permanent Staff										
Medical and Dental	1,149	1,082	67	(9,385)	(8,712)	673	(9,385)	(8,712)	673	(112,507)
Nurses and Midwives	2,435	2,125	309	(8,457)	(8,465)	(8)	(8,457)	(8,465)	(8)	(101,388)
Scientific, Therapeutic and Technical	1,447	1,385	62	(4,720)	(4,786)	(66)	(4,720)	(4,786)	(66)	(56,585)
Admin and Clerical	1,453	1,335	118	(2,863)	(3,015)	(152)	(2,863)	(3,015)	(152)	(34,320)
Other Pay	1,510	1,403	107	(4,059)	(4,266)	(207)	(4,059)	(4,266)	(207)	(48,673)
Permanent Staff Total	**7,994**	**7,331**	**663**	**(29,485)**	**(29,245)**	**240**	**(29,485)**	**(29,245)**	**240**	**(353,473)**
Waiting List Payments										
Medical and Dental	0	0	0	(358)	(212)	147	(358)	(212)	147	(4,296)
Waiting List Payments Total	**0**	**0**	**0**	**(358)**	**(212)**	**147**	**(358)**	**(212)**	**147**	**(4,296)**
Medical Locums/Short Sessions										
Medical and Dental	0	23	(23)	(267)	(275)	(8)	(267)	(275)	(8)	(3,201)
Medical Locums/Short Sessions Total	**0**	**23**	**(23)**	**(267)**	**(275)**	**(8)**	**(267)**	**(275)**	**(8)**	**(3,201)**
Substantive	**7,994**	**7,354**	**640**	**(30,110)**	**(29,731)**	**379**	**(30,110)**	**(29,731)**	**379**	**(360,970)**
Bank										
Medical and Dental	0	11	(11)	(365)	(176)	189	(365)	(176)	189	(4,450)
Nurses and Midwives	0	102	(102)	(374)	(407)	(33)	(374)	(407)	(33)	(4,562)
Scientific, Therapeutic and Technical	0	5	(5)	(23)	(29)	(6)	(23)	(29)	(6)	(280)
Admin and Clerical	0	59	(59)	(201)	(139)	61	(201)	(139)	61	(2,448)
Other Pay	0	201	(201)	(468)	(515)	(47)	(468)	(515)	(47)	(5,704)
Bank Total	**0**	**378**	**(378)**	**(1,430)**	**(1,267)**	**163**	**(1,430)**	**(1,267)**	**163**	**(17,444)**
Agency										
Medical and Dental	36	143	(107)	(1,265)	(1,733)	(468)	(1,265)	(1,733)	(468)	(10,318)
Nurses and Midwives	0	168	(168)	(692)	(722)	(30)	(692)	(722)	(30)	(5,647)
Scientific, Therapeutic and Technical	0	21	(21)	(158)	(127)	32	(158)	(127)	32	(1,292)
Admin and Clerical	0	2	(2)		(15)	(15)		(15)	(15)	
Other Pay	0	0	(0)	(48)	()	48	(48)	()	48	(392)
Agency Total	**36**	**334**	**(298)**	**(2,163)**	**(2,597)**	**(433)**	**(2,163)**	**(2,597)**	**(433)**	**(17,649)**
Direct Engagement - Agency										
Medical and Dental	0	7	(7)	(115)	(78)	36	(115)	(78)	36	(936)
Direct Engagement - Agency Total	**0**	**7**	**(7)**	**(115)**	**(78)**	**36**	**(115)**	**(78)**	**36**	**(936)**
Agency	**36**	**340**	**(304)**	**(2,278)**	**(2,675)**	**(397)**	**(2,278)**	**(2,675)**	**(397)**	**(18,585)**
Total	**8,030**	**8,073**	**(43)**	**(33,818)**	**(33,673)**	**145**	**(33,818)**	**(33,673)**	**145**	**(396,999)**
						0.43%			0.43%	
						Favourable			Favourable	

Pay performance is favourable to plan in April by £0.1m (0.4%). Pay CIPs are adverse to plan in month by £0.5m.

Total expenditure on pay in April was £33.7m, £0.5m higher than in March. The non consolidated pay award lump sum paid to substantive staff at top of scale cost £0.9m in April. Comparing expenditure month on month, this additional cost offsets the provision made in March for additional Consultant programmed activity costs (also for £0.9m), pending implementation of job plan reviews. The underlying growth in overall pay spend relates predominantly to the 19-20 pay award.

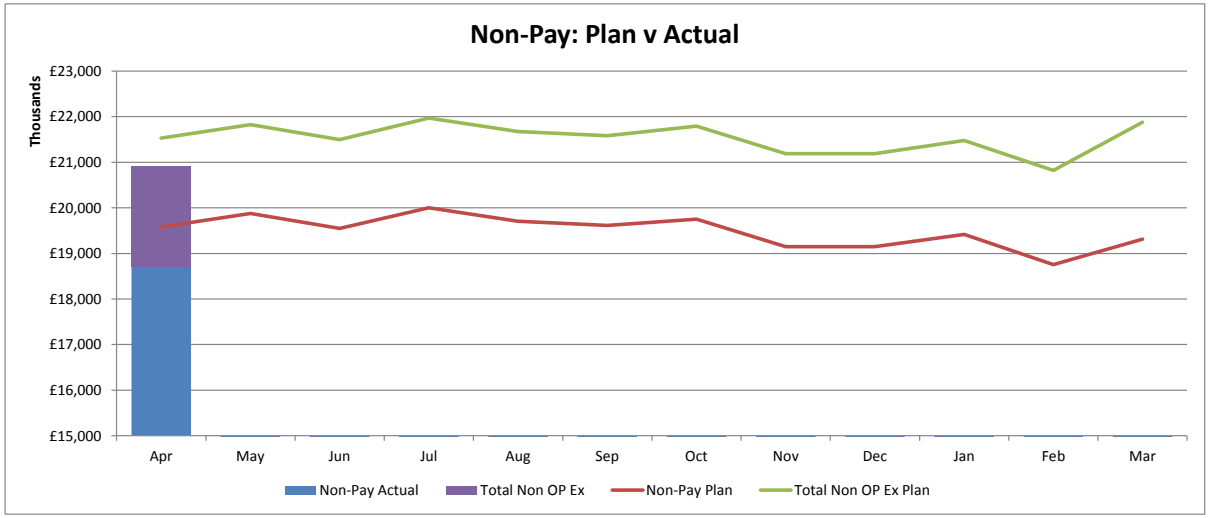
Expenditure on substantive staff is favourable to plan in April by £0.4m including payments relating to locum medical sessions and waiting list activity. Expenditure increased by £0.7m when compared to March, mainly attributable to the 19-20 pay award mentioned above. All substantive staff groups are showing an adverse position against plan in April except Medical staffing which is favourable to plan by £0.7m.

Expenditure on bank staff is favourable to plan by £0.2m in April, predominantly relating to medical and dental staff. Actual expenditure on bank staff fell by £0.2m when compared to expenditure in March.

Expenditure on agency staff is adverse to plan in April by £0.4m whilst expenditure on directly engaged medical staff is marginally favourable to plan. Expenditure on medical agency staff accounts for all of the overspend, mainly relating to posts in General and Specialist Medicine and Urgent and Emergency Care. Overall, agency CIP schemes are behind plan by £0.3m in April. Actual expenditure on agency and directly engaged staff reduced by less than £0.1m when compared to spend in March.

Non-Pay
Month 01 (April) 2019/20

	This Month			Year to Date			Annual
£000	**Plan**	**Actual**	**Var.**	**Plan**	**Actual**	**Var.**	**Plan**
Drugs	(5,338)	(5,059)	279	(5,338)	(5,059)	279	(65,019)
Clinical Supplies and Services - Clinical	(2,381)	(2,208)	173	(2,381)	(2,208)	173	(28,530)
Supplies and Services - Non-Clinical	(6,976)	(7,557)	(581)	(6,976)	(7,557)	(581)	(82,903)
Purchase of Healthcare	(769)	(444)	325	(769)	(444)	325	(9,473)
Education & Training	(282)	(133)	149	(282)	(133)	149	(3,383)
Consultancy	(78)	(24)	54	(78)	(24)	54	(883)
Premises	(909)	(815)	94	(909)	(815)	94	(10,336)
Clinical Negligence	(1,814)	(1,814)		(1,814)	(1,814)		(20,899)
Transport	(240)	(168)	72	(240)	(168)	72	(2,879)
Establishment	(298)	(237)	61	(298)	(237)	61	(3,576)
Other	(496)	(246)	251	(496)	(246)	251	(5,969)
Total Non-Pay Expenditure	**(19,581)**	**(18,704)**	**877**	**(19,581)**	**(18,704)**	**877**	**(233,850)**
Depreciation & Amortisation-Owned Assets	(1,281)	(1,332)	(51)	(1,281)	(1,332)	(51)	(16,071)
Impairment Losses							(500)
Profit/Loss on Asset Disposals							
PDC Dividend	(291)	(291)		(291)	(291)		(3,487)
Interest Receivable	214	227	13	214	227	13	2,568
Interest Payable	(589)	(812)	(223)	(589)	(812)	(223)	(7,064)
Other Non-Operating Expenses							
Total Non-Operating Expenditure	**(1,946)**	**(2,207)**	**(261)**	**(1,946)**	**(2,207)**	**(261)**	**(24,554)**
Total Expenditure	**(21,527)**	**(20,912)**	**616**	**(21,527)**	**(20,912)**	**616**	**(258,404)**



Non pay expenditure is favourable to plan in April by £0.9m (4.5%). Non pay CIP schemes are adverse to plan in total by £0.4m in month.

Drug expenditure is favourable to plan by £0.3m in April. Pass-through drugs are favourable to plan in month by £0.1m, offset by an adverse position on clinical income, and all other drugs are favourable to plan by £0.2m. Drug CIPs are marginally adverse to plan by less than £0.1m.

Clinical supplies are favourable to plan in month by £0.2m. CIP schemes are adverse to plan by £0.2m, predominantly in General and Specialist Medicine. Managed service contracts in Clinical Support Services are favourable to plan in April by £0.2m which is under investigation and the remaining balance is driven by slippage on planned investments.

Supplies and Services - Non-Clinical is adverse to plan in April by £0.6m predominantly relating to expected costs for modular theatres of £0.4m. CIP schemes relating to the purchase of non clinical supplies are adverse to plan by £0.1m in April.

Purchase of healthcare from external organisations is favourable to plan in April by £0.3m, £0.2m of which relates to slippage on planned activity change. CIP schemes are ahead of plan by £0.1m.

Education and training is favourable to plan by £0.1m, mainly in post graduate medical education.

The favourable variance for other expenditure relates predominantly to slippage on planned investments of £0.2m.

Actual expenditure on non pay reduced by £0.6m when compared to March, relating mainly to drugs, following high spend in March and purchase of healthcare from external organisations.

Non-Operating Expenditure is £0.3m above plan. The Trust has incurred £0.8m interest charges in respect of the £96.5m (£88.4m March) cumulative facility utilised to date. The adverse variance in month is expected to be rectified in future months.

Cost Improvement Summary

Month 01 (April) 2019/20

Delivery Summary	This Month			Year to Date			Forecast	
Programme Themes £000	**Plan**	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**	**Outturn**	**Variance**
Patient Flow/LOS	-	-	-	-	-	-	1,000	-
Agency	39	288	249	39	288	249	7,960	950
Workforce *	375	341	(34)	375	341	(34)	3,628	(2,353)
Procurement	41	6	(35)	41	6	(35)	1,805	(195)
Medicines Value	147	24	(123)	147	24	(123)	1,712	(382)
Theatres	115	190	75	115	190	75	3,741	929
Care Group Schemes **	247	189	(58)	247	189	(58)	8,912	1,050
Sub-total	**963**	**1,039**	**76**	**963**	**1,039**	**76**	**28,759**	**-**
Central	-	-	-	-	-	-	1,241	-
Grand Total	**963**	**1,039**	**76**	**963**	**1,039**	**76**	**30,000**	**-**

*** Smaller divisional schemes not allocated to a work stream*

Delivered £000

Month	Target	Actual
April	963	1,039
May	1,067	
June	1,602	
July	2,371	
August	2,452	
September	2,446	
October	2,836	
November	3,000	
December	3,746	
January	3,118	
February	3,135	
March	3,264	
	30,000	**1,039**
		3.5%

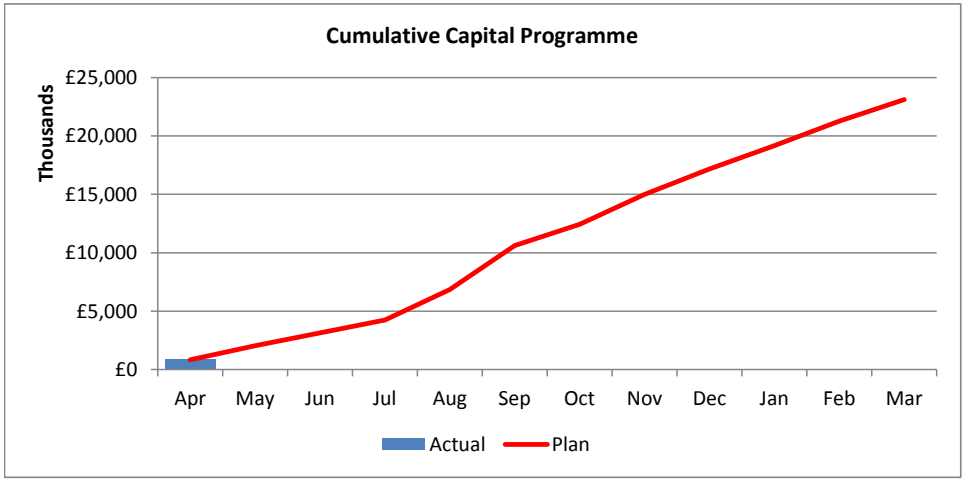
CIPs

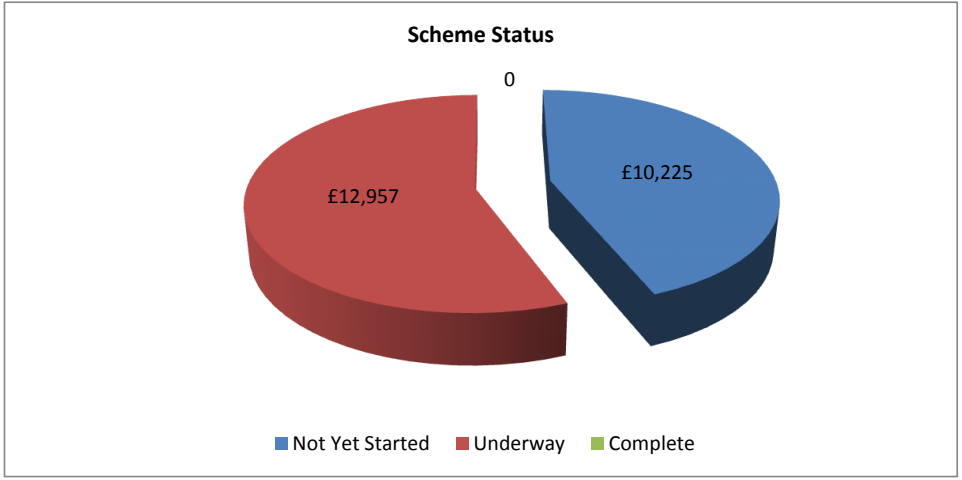
The CIPs Plan of £30.0m is net of the cost of delivery. CIPs achieved in M01 were £1.0m were as forecast and nominally ahead of plan. Medicines Value, Procurement and workforce under performed in month. CIPs in April amounted to £0.8m recurrent and £0.2m on a non-recurrent basis.

Capital Expenditure
Month 01 (April) 2019/20

Capital Programme	Annual	To Date		
£000	Plan	Plan	Actual	Variance
Dementia Village	2,129	355	296	59
Clinical Strategy Plans			6	(6)
CT/CT SPECT Replacement	3,075			
Observation Areas	4,983		222	(222)
Energy Efficiency	4,602	352		352
Medical Devices Group	2,500			
PEIC/H & S/CQC	2,200			
IDG	1,800	100	2	98
T3	1,243	29	34	(5)
Other IT Schemes			44	(44)
All Other	1,030	50	349	(299)
Donated/Grant Income	(450)	(38)	(38)	
Total	23,112	848	914	(66)

- Total expenditure at the end of April 2019 (Month 1) is 7.5% above plan. This is mainly due to legacy spend from 2018/19 schemes in A&E and equipment replacement. It is expected that spend will fall back in line with the YTD plan for Month 2.
- As planned, the 2019/20 capital plan has been through a reprioritisation process, with various additional schemes expected to start in May funded by a re-phasing of the CT SPECT scheme.
- The capital budgets for these additional schemes will be adjusted for Month 2 reporting.





Statement of Financial Position

Month 01 (April) 2019/20

£000	Opening	To Date	Movement	
Non-Current Assets	**340,662**	**340,111**	**(552)**	▼
Current Assets				
Inventories	3,658	3,940	283	▲
Trade and Other Receivables	29,500	34,720	5,220	▲
Assets Held For Sale			-	
Cash and Cash Equivalents	18,700	21,238	2,537	▲
Total Current Assets	**51,858**	**59,898**	**8,040**	▲
Current Liabilities				
Payables	(37,252)	(39,247)	(1,995)	▲
Accruals and Deferred Income	(33,933)	(36,675)	(2,743)	▲
Provisions	(799)	(836)	(37)	▲
Net Current Assets	**(20,126)**	**(16,861)**	**3,265**	▲
Non Current Liabilities				
Provisions	(3,094)	(3,057)	37	▼
Long Term Debt	(181,626)	(189,248)	(7,621)	▲
Total Assets Employed	**135,816**	**130,944**	**(4,872)**	▼
Financed by Taxpayers Equity				
Public Dividend Capital	200,706	200,706	-	
Retained Earnings	(117,989)	(122,860)	(4,872)	▼
Revaluation Reserve	53,098	53,098	-	
Total Taxpayers' Equity	**135,816**	**130,944**	**(4,872)**	▼

Non-Current asset values reflect in year additions (including donated assets) less depreciation charges of £1.3m. Non Current assets also includes the loan and equity that finances 2gether Support Solutions c.£99.3m

Trust closing cash balances for April was £21.2m (£18.7m March) £11.5m above revised plan. See cash report for further details.

Trade and other receivables have increased from the 2019/20 opening position by £5.2m (£9.6m decrease in March). Invoiced debtors have increased from the opening position of £20.1m by £1.9m (£8.3m decrease in March) to £22.1m (£20.2m March) at the end of April.

Payables have increased by £2.0m (£2.3m reduction in March) Creditors have increased by £9.1m from the opening position to £33.0m. 45% (65% March) relates to current invoices with 7% (9% March) or £2.3m (£2.3m March) over 90 days.

The long term debt entry reflects drawings against working capital facilities. Total drawing to date £96.5m (£88.4m March) see cash report for details. The balance relates to the long term finance lease debtor with 2gether.

Retained earnings reflects the year to date deficit .

Working Capital
Month 01 (April) 2019/20

Creditors

Invoiced creditors have increased by £9.1m from the opening position to £33m. 45% relates to current invoices with 7% or £2.4m over 90 days.

Over 90 days NHS creditors have decreased by £180k in Month.

- Maidstone & Tunbridge Wells NHS Trust - £177k
- Medway NHS Foundation Trust (RPA) - £41k
- Dartford & Gravesham NHS Trust (RN7) - £(21)k

YTD the Trust has paid 83.1% of NHS and 78.6% of non NHS invoices by value to 30 days.

Debtors

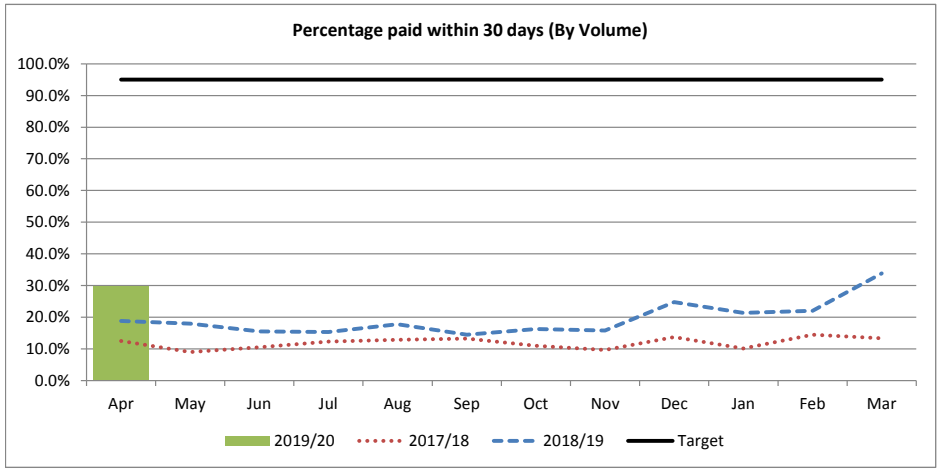
Total invoiced debtors have increased from the opening position of £24.8m by £1.7m to £26.5m.
At 30th April there were 6 debtors owing over £1m.

- East Kent CCGs owing: South Kent Coast CCG £0.1m, Canterbury & Coastal CCG £0.5m and Thanet CCG £1.5m (£1.7m Q4 overperformance invoice)
- East Kent Medical Services outstanding balance: £1.7m (Healthex £0.6m)
- NHS England £1.8m; 1819 overperformance invoice
- 2gether Support Solutions £3.8m; £1.1m IHSS Decontamination Contract
- West Kent CCG £1.5m; £0.9m 1819 overperformance invoices
- Health Education England; Current £4.4m Q1 invoice. (payment received in early May)

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

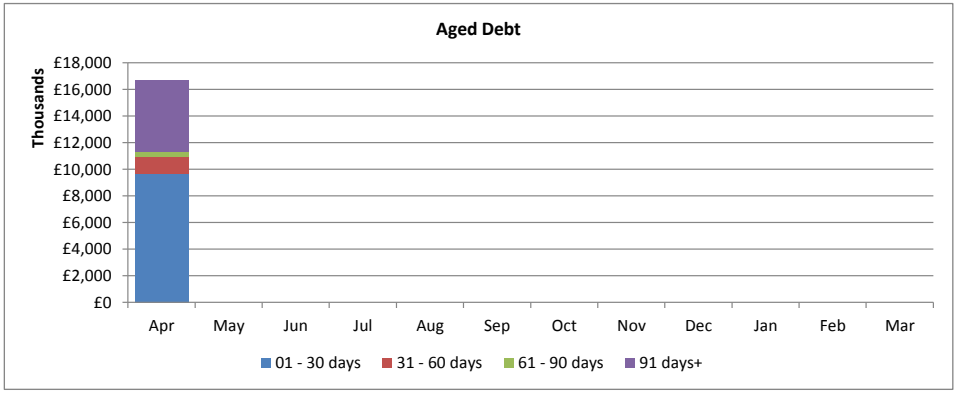
Better Payment Practice Code

	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	(25,744)	(2,312)	(25,744)	(2,312)
30+ days	(7,018)	(469)	(7,018)	(469)
By Volume				
0 - 30 days	1,391	59	1,391	59
30+ days	3,268	203	3,268	203
% by Value £	78.6%	83.1%	78.6%	83.1%
% by Volume	29.9%	22.5%	29.9%	22.5%
Target	95.0%	95.0%	95.0%	95.0%



Aged Debt

£000	Current	01 - 30 days	31 - 60 days	61 - 90 days	91 days+	Total
Apr	5,378	9,666	1,254	411	5,401	16,732
May	0	0	0	0	0	0
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
		58%	7%	2%	32%	



Care Group Performance

Month 01 (April) 2019/20

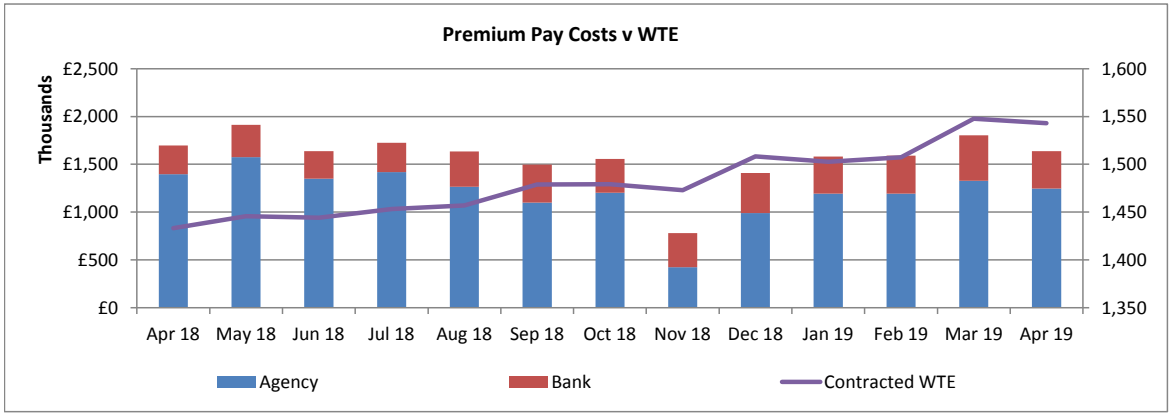
Year to Date Actual £000	Electives	Non-Electives	Accident & Emergency	Outpatients	High Cost Drugs	Private Patients	Other Clinical	All Other Income	Pay	Non Pay	Net Position
General and Specialist Medicine	1,689	8,092	0	1,909	742	2	1,783	112	(7,609)	(2,342)	4,377
Urgent and Emergency Care	0	258	2,875	0	0	0	4	2	(3,237)	(406)	(504)
Surgery and Anaesthetics	3,807	3,350	0	1,273	29	28	1,637	121	(7,714)	(2,248)	284
Surgery - Head and neck, Breast Surgery and Dermatology	1,070	201	0	1,564	416	8	98	13	(1,382)	(729)	1,259
Clinical Support	61	7	0	274	1,291	4	3,014	443	(5,507)	(3,663)	(4,077)
Cancer Services	367	11	0	681	1,850	0	681	65	(716)	(2,160)	779
Women's and Children's Services	489	2,577	0	665	13	0	2,628	79	(4,316)	(475)	1,658
Clinical Total	**7,483**	**14,497**	**2,875**	**6,365**	**4,341**	**42**	**9,844**	**835**	**(30,481)**	**(12,023)**	**3,777**
Strategic Development and Capital Planning	0	0	0	0	0	0	0	700	(536)	(4,250)	(4,086)
Corporate	0	0	0	0	0	0	0	1,497	(2,327)	(2,429)	(3,259)
Care Group Total	**7,483**	**14,497**	**2,875**	**6,365**	**4,341**	**42**	**9,844**	**3,032**	**(33,343)**	**(18,702)**	**(3,567)**
Central	0	145	0	0	26	0	449	616	(330)	(2)	904
							EBITDA				**(2,663)**
							Capital Charges and Interest			(2,207)	(2,207)
							Income and Expenditure Surplus/(Deficit)				(4,871)

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
General and Specialist Medicine	(143)	()	0	(23)	(50)	(6)	(103)	(12)	(201)	(395)	(933)
Urgent and Emergency Care	(1)	()	207	0	(7)	0	(111)	(3)	(66)	1	20
Surgery and Anaesthetics	(205)	()	0	113	4	21	246	(74)	(530)	253	(171)
Surgery - Head and neck, Breast Surgery and Dermatology	(312)		0	144	(133)	2	6	(1)	5	162	(127)
Clinical Support	34	0	0	()	(16)	(2)	(96)	(21)	(43)	59	(87)
Cancer Services	28		0	29	61	()	(69)	(10)	(8)	(58)	(27)
Women's and Children's Services	3	0	0	73	(12)	()	(36)	(3)	(167)	28	(114)
Clinical Total	**(596)**	**()**	**207**	**335**	**(153)**	**15**	**(163)**	**(125)**	**(1,009)**	**50**	**(1,439)**
Strategic Development and Capital Planning	0	0	0	0	0	0	0	1	(5)	(63)	(67)
Corporate	0	0	0	0	0	0	0	(93)	(161)	142	(112)
Care Group Total	**(596)**	**()**	**207**	**335**	**(153)**	**15**	**(163)**	**(217)**	**(1,176)**	**129**	**(1,618)**
Central	447	(324)	(38)	(495)	171	1	103	186	1,321	748	2,120
							EBITDA				**502**
							Capital Charges and Interest			(261)	(261)
							Income and Expenditure Surplus/(Deficit)				240

General and Specialist Medicine

Month 01 (April) 2019/20

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	1,832	1,689	(143)	1,832	1,689	(143)
Non-Electives	8,092	8,092	()	8,092	8,092	()
Accident & Emergency	0	0	0	0	0	0
Outpatients	1,932	1,909	(23)	1,932	1,909	(23)
High Cost Drugs	791	742	(50)	791	742	(50)
Private Patients	7	2	(6)	7	2	(6)
Other NHS Clinical	1,873	1,774	(100)	1,873	1,774	(100)
Other Clinical	13	9	(4)	13	9	(4)
Prior Month Adjustment	0	0	0	0	0	0
Total Clinical Income	**14,540**	**14,216**	**(325)**	**14,540**	**14,216**	**(325)**
Non Clinical Income	124	112	(12)	124	112	(12)
Total Income	**14,664**	**14,328**	**(337)**	**14,664**	**14,328**	**(337)**
Expenditure						
Substantive Staff	(5,801)	(5,972)	(172)	(5,801)	(5,972)	(172)
Bank	(366)	(388)	(23)	(366)	(388)	(23)
Agency	(1,241)	(1,248)	(7)	(1,241)	(1,248)	(7)
Total Pay	**(7,408)**	**(7,609)**	**(201)**	**(7,408)**	**(7,609)**	**(201)**
Non Pay	(1,947)	(2,342)	(395)	(1,947)	(2,342)	(395)
Total Expenditure	**(9,355)**	**(9,951)**	**(596)**	**(9,355)**	**(9,951)**	**(596)**
Contribution	**5,310**	**4,377**	**(933)**	**5,310**	**4,377**	**(933)**



The Care Group is £0.9m adverse in April.

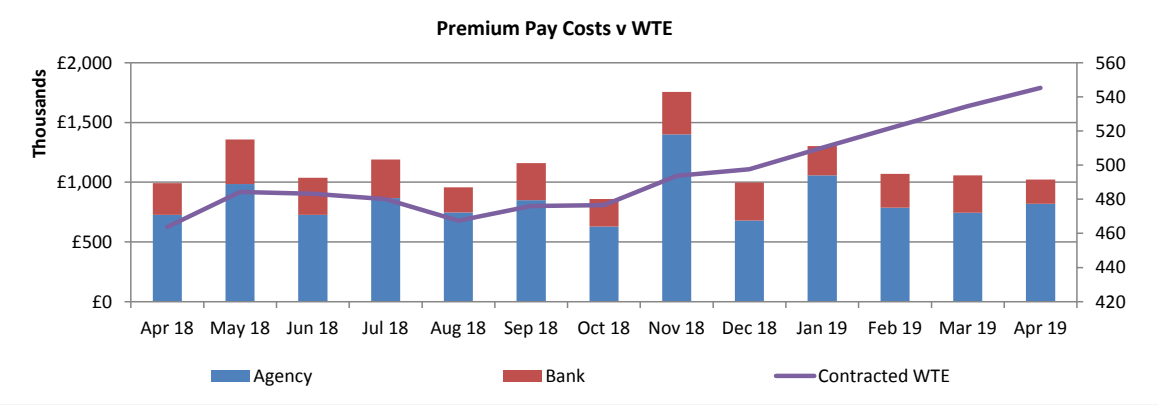
Income for Care Groups is reflective of PbR performance, with the aligned incentive adjustment being held centrally however NEL has been set to nil variance whilst Obs Ward activity changes are worked through. In addition, the plan is being re-stated for Month 2. Actual income was below plan by £0.3m due to Elective activity (a number of Endoscopy 18 Week Support lists were not run), rechargeable drugs / devices and an under-estimate of Neurophysiology income which will be rectified Mth 2.

Pay overspent by £0.2m in April. Agency spend reduced by £0.1m to £1.2m with a notable reduction in Nursing; the managed service present on 3 wards is imminently being replaced with cheaper Agency rates. The Care Group have a detailed plan for Consultant posts which includes converting to Direct Engagement and additional internal sessions. The biggest challenge is Junior Doctors which are managed by UEC Care Group and actions are in place to review how Agency is appropriately managed.

Non-pay overspent by £0.4m in April, over 50% (£225k) being the internal outlier recharge. £0.1m relates to unachieved CIPs which were backfilled by non-recurrent A&C / Snr Mgr vacancies. Cardiology consumables overspent by £50k due to an issue with 2SS being unable to manage the ordering processes therefore stock levels are higher than planned; procedurally there is no stock adjustment. This has been escalated to FD level.

Urgent and Emergency Care
Month 01 (April) 2019/20

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	1	0	(1)	1	0	(1)
Non-Electives	258	258	()	258	258	()
Accident & Emergency	2,668	2,875	207	2,668	2,875	207
Outpatients	0	0	0	0	0	0
High Cost Drugs	7	0	(7)	7	0	(7)
Private Patients	0	0	0	0	0	0
Other NHS Clinical	0	0	0	0	0	0
Other Clinical	115	4	(111)	115	4	(111)
Prior Month Adjustment	0	0	0	0	0	0
Total Clinical Income	**3,049**	**3,138**	**89**	**3,049**	**3,138**	**89**
Non Clinical Income	5	2	(3)	5	2	(3)
Total Income	**3,054**	**3,139**	**86**	**3,054**	**3,139**	**86**
Expenditure						
Substantive Staff	(2,179)	(2,214)	(35)	(2,179)	(2,214)	(35)
Bank	(295)	(203)	92	(295)	(203)	92
Agency	(698)	(820)	(122)	(698)	(820)	(122)
Total Pay	**(3,171)**	**(3,237)**	**(66)**	**(3,171)**	**(3,237)**	**(66)**
Non Pay	(407)	(406)	1	(407)	(406)	1
Total Expenditure	**(3,578)**	**(3,643)**	**(65)**	**(3,578)**	**(3,643)**	**(65)**
Contribution	**(524)**	**(504)**	**20**	**(524)**	**(504)**	**20**



A&E attendance income is significantly above plan, reflecting the continuation of higher than expected attendances over the past 12 months. April activity was 9 % higher than planned.

The non-elective plan is being re-evaluated following the opening of observations bays at WHH and QEQMH in Q4 2018/19. In the meantime all variances have been adjusted to zero. Work will be focusing across all care groups to review the plan prior to publication of the month 2 position.

Other NHS Clinical Income is under performing due to lower CRU (Compensation Recovery Unit) receipts. Income fluctuates significantly in this area and is expected to recover over the course of the year.

Pay was overspent by £66k and overall the run rate increased by £106k on the 18/19 average. Agency actuals were £30k lower than average with improvements predominantly in nursing usage. Bank actuals were £90k lower than average due to improved middle grade recruitment. Locum costs are £35k higher because of higher acute consultant costs incurred covering vacant posts.

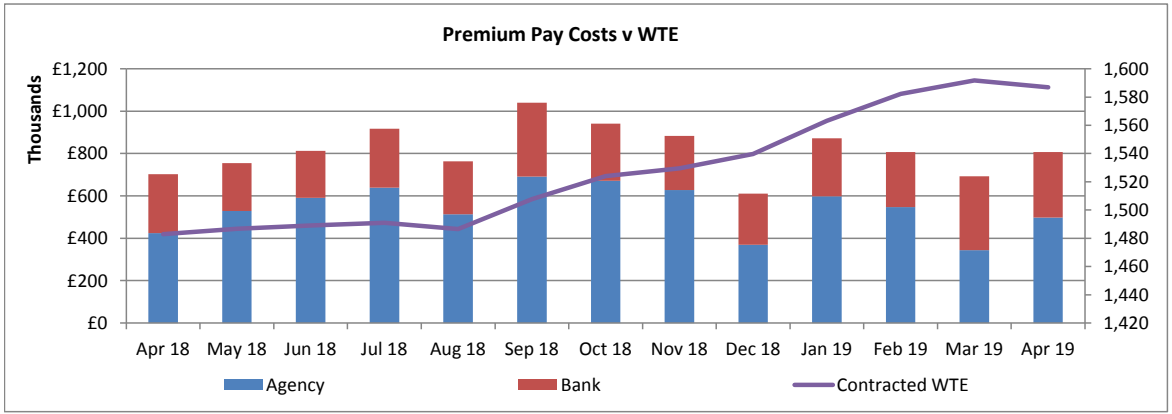
Substantive actuals were £190k higher than the 18/19 average. Pay awards accounts for £120k of this (funded) and the increase is expected given the scale of investment in the specialty over the previous year. Vacancies have been recognised as non recurrent savings but recurrent unachieved savings targets are causing budgetary pressures. Nevertheless, further analysis on the pay position is required.

Non-pay was break-even in the month. Clinical supplies are marginally overspent. Half of the overspend is caused by unachieved savings, half by disposables overspends in A&E at both sites. This can be linked to the additional activity performed. Lower ad hoc discretionary costs and recruitment fees are offsetting overspends in non-clinical supplies relating to patient transport charges and external printing.

The annual CIP target for the Care Group is £2.0m. Performance was on plan in month, albeit a significant percentage of savings achieved were non recurrent and the month 1 target was relatively low. Achievement of the target is heavily reliant on sustained reductions in temporary staffing spend. Recruitment into middle grade and nursing vacancies will continue to have a positive effect reducing agency expenditure. However, A&E and acute consultant recruitment continues to be a challenge.

Surgery and Anaesthetics
Month 01 (April) 2019/20

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	4,012	3,807	(205)	4,012	3,807	(205)
Non-Electives	3,350	3,350	()	3,350	3,350	()
Accident & Emergency	0	0	0	0	0	0
Outpatients	1,160	1,273	113	1,160	1,273	113
High Cost Drugs	25	29	4	25	29	4
Private Patients	7	28	21	7	28	21
Other NHS Clinical	1,381	1,636	255	1,381	1,636	255
Other Clinical	9		(9)	9		(9)
Prior Month Adjustment	0	0	0	0	0	0
Total Clinical Income	**9,944**	**10,125**	**180**	**9,944**	**10,125**	**180**
Non Clinical Income	195	121	(74)	195	121	(74)
Total Income	**10,140**	**10,246**	**106**	**10,140**	**10,246**	**106**
Expenditure						
Substantive Staff	(6,473)	(6,908)	(435)	(6,473)	(6,908)	(435)
Bank	(247)	(308)	(61)	(247)	(308)	(61)
Agency	(464)	(498)	(34)	(464)	(498)	(34)
Total Pay	**(7,184)**	**(7,714)**	**(530)**	**(7,184)**	**(7,714)**	**(530)**
Non Pay	(2,501)	(2,248)	253	(2,501)	(2,248)	253
Total Expenditure	**(9,685)**	**(9,962)**	**(277)**	**(9,685)**	**(9,962)**	**(277)**
Contribution	**455**	**284**	**(171)**	**455**	**284**	**(171)**



The Care Group is £171k adverse to plan.

Below plan elective income (£205k) is mostly due to underperformance in Orthopaedics inpatients (£228k) where the activity plan phasing was set very high in April despite the Easter bank holidays . This will be offset in future months.

Outpatient performance is favourable (£113k) in all specialties apart from a small under performance in Urology.

Other NHS Clinical Income is favourable (£255k) mostly due to ITU overperformance .

Pay is adverse (£530k) with an unmet CIP target (£315k), partly offset with non pay CIPs. In addition there continued to be high medical agency costs for middle grade vacancies in Urology and Vascular, but appointments have been made with start dates in June. Nursing agency costs continue to reduce , however bank costs have risen.

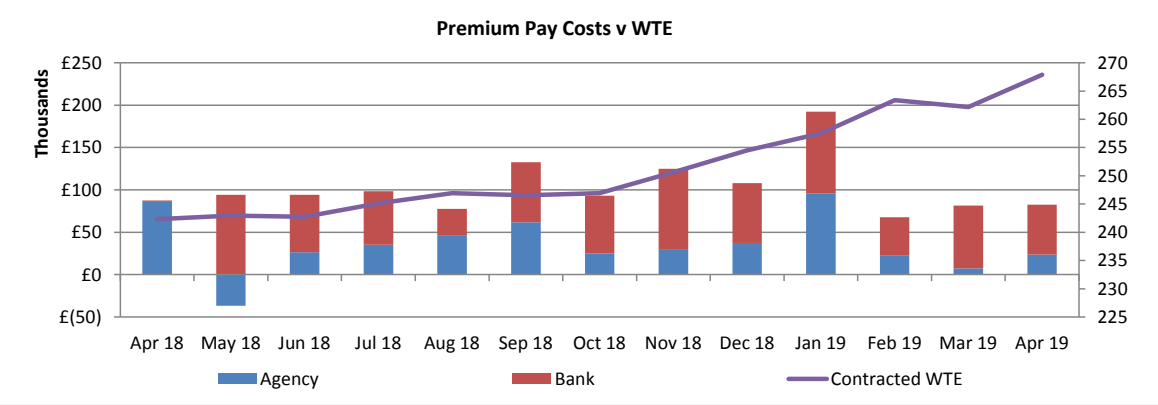
Non Pay is favourable (£253k) YTD with an underspend on Outsourced services (£85k), and recharge for patient outliers (£164k).

CIPs target of £395k is underachieved by £149k.

Surgery - Head and neck, Breast Surgery and Dermatology

Month 01 (April) 2019/20

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	1,382	1,070	(312)	1,382	1,070	(312)
Non-Electives	201	201		201	201	
Accident & Emergency	0	0	0	0	0	0
Outpatients	1,421	1,564	144	1,421	1,564	144
High Cost Drugs	549	416	(133)	549	416	(133)
Private Patients	5	8	2	5	8	2
Other NHS Clinical	91	98	6	91	98	6
Other Clinical	1	0	(1)	1	0	(1)
Prior Month Adjustment	0	0	0	0	0	0
Total Clinical Income	**3,649**	**3,356**	**(293)**	**3,649**	**3,356**	**(293)**
Non Clinical Income	15	13	(1)	15	13	(1)
Total Income	**3,664**	**3,369**	**(295)**	**3,664**	**3,369**	**(295)**
Expenditure						
Substantive Staff	(1,294)	(1,299)	(5)	(1,294)	(1,299)	(5)
Bank	(63)	(59)	4	(63)	(59)	4
Agency	(30)	(24)	6	(30)	(24)	6
Total Pay	**(1,387)**	**(1,382)**	**5**	**(1,387)**	**(1,382)**	**5**
Non Pay	(891)	(729)	162	(891)	(729)	162
Total Expenditure	**(2,278)**	**(2,110)**	**167**	**(2,278)**	**(2,110)**	**167**
Contribution	**1,386**	**1,259**	**(127)**	**1,386**	**1,259**	**(127)**



The Care Group is £127k adverse to plan.

Below plan elective income (£312k) is across all specialties with the largest under performances in Ophthalmology and ENT. The activity plan phasing was set very high in April despite the Easter bank holidays, and activity was lost in ENT and MaxFax with theatre staffing shortages.

Outpatient performance is favourable (£144k), in all specialties apart from a small under performance in ENT.

High Cost Drugs under performance (£133k) is solely in relation to Ophthalmology AMD patients, and is offset with an underspend in expenditure.

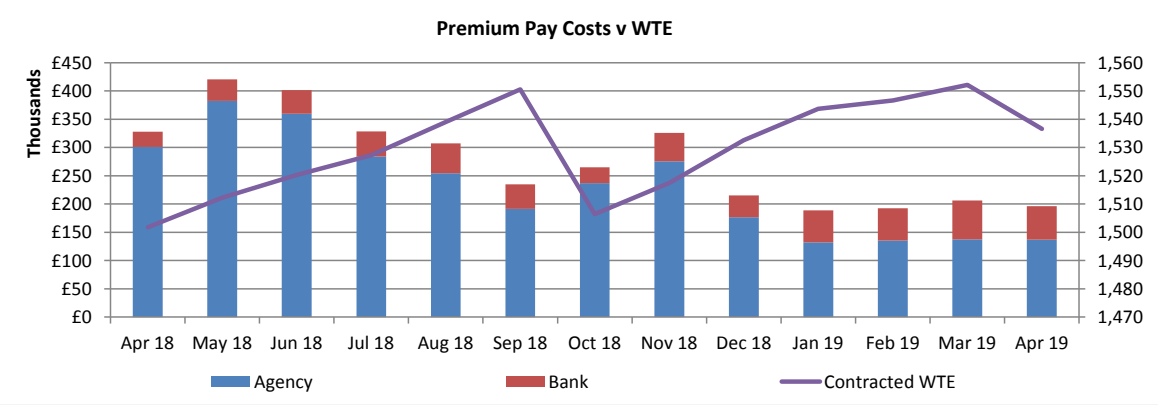
Pay is favourable (£5k).

Non Pay is favourable (£162k) primarily due to the underspend on high cost drugs (offset in income) and a reduction in Ophthalmology In/Outsourcing services (£40k).

CIPs target of £63k has been fully achieved.

Clinical Support
Month 01 (April) 2019/20

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	27	61	34	27	61	34
Non-Electives	7	7	0	7	7	0
Accident & Emergency	0	0	0	0	0	0
Outpatients	274	274	()	274	274	()
High Cost Drugs	1,307	1,291	(16)	1,307	1,291	(16)
Private Patients	6	4	(2)	6	4	(2)
Other NHS Clinical	3,110	3,014	(97)	3,110	3,014	(97)
Other Clinical						
Prior Month Adjustment	0	0	0	0	0	0
Total Clinical Income	**4,732**	**4,651**	**(82)**	**4,732**	**4,651**	**(82)**
Non Clinical Income	464	443	(21)	464	443	(21)
Total Income	**5,197**	**5,094**	**(103)**	**5,197**	**5,094**	**(103)**
Expenditure						
Substantive Staff	(5,255)	(5,311)	(56)	(5,255)	(5,311)	(56)
Bank	(27)	(59)	(33)	(27)	(59)	(33)
Agency	(183)	(137)	46	(183)	(137)	46
Total Pay	**(5,465)**	**(5,507)**	**(43)**	**(5,465)**	**(5,507)**	**(43)**
Non Pay	(3,722)	(3,663)	59	(3,722)	(3,663)	59
Total Expenditure	**(9,186)**	**(9,170)**	**16**	**(9,186)**	**(9,170)**	**16**
Contribution	**(3,990)**	**(4,077)**	**(87)**	**(3,990)**	**(4,077)**	**(87)**



Main patient care income was below plan in April predominantly due to Radiology and Pathology. In Radiology Nuclear Medicine, ultrasound and CT were below plan whilst Interventional Radiology was above plan. In Nuclear medicine there has been medical staff vacancies which has been the main driver for the reduction in activity. There is a plan to outsource some activity in the short term until the newly appointed Consultant is in post. Ultrasound was below average levels for 18-19, whereas CT saw an increase of 14% versus the average of last year but below the plan set for this year (+16%).

Pay costs are increased this month due to the pay award and also transfer of Integrated Discharge team from the General Specialty Medicine Care Group. Overspends in pay are mainly in relation to outstanding funding awaited for full year effect on service developments such as the elective orthopaedic transfer to KCH (Therapies, Radiology and Pharmacy) and also rightsizing for activity in Outpatients. Agency costs are significantly reduced in the Care Group in comparison to last year.

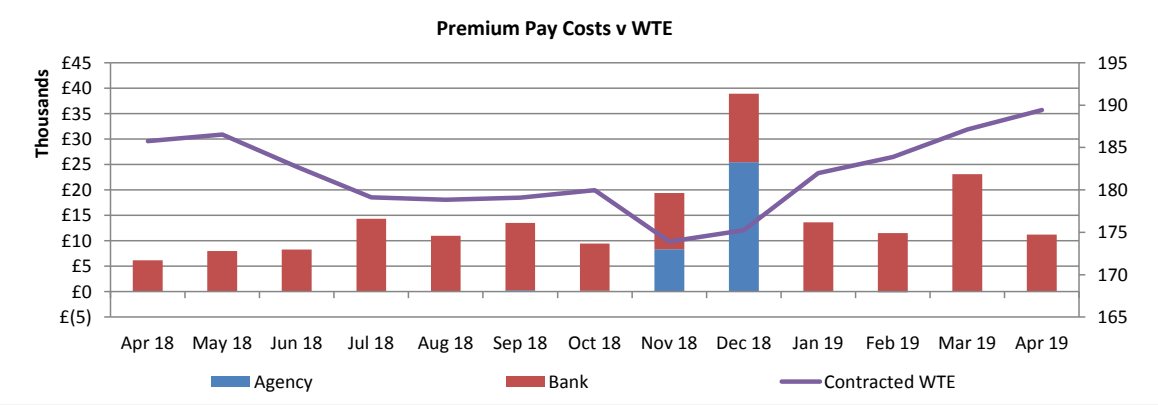
Non Pay spend was broadly on plan with underspends in Pathology and Radiology in month 1, including underspends on maintenance contracts and outsourcing as well as laboratory consumables in Pathology. However the outsourcing cost in Radiology will increase in May due to the breakdown of the 3T MRI machine at WHH.

Cost improvements delivered against plan were short this month mainly due to the medicines value schemes which are not yet at maturity, for example the Adalimumab Biosimilars switching scheme. Another Pharmacy related scheme is in relation to increased funding awaited from NHS England to support increased manufacturing of chemotherapy in the Aseptic suite.

Cancer Services

Month 01 (April) 2019/20

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	339	367	28	339	367	28
Non-Electives	11	11		11	11	
Accident & Emergency	0	0	0	0	0	0
Outpatients	652	681	29	652	681	29
High Cost Drugs	1,789	1,850	61	1,789	1,850	61
Private Patients		0	()		0	()
Other NHS Clinical	750	679	(70)	750	679	(70)
Other Clinical		1	1		1	1
Prior Month Adjustment	0	0	0	0	0	0
Total Clinical Income	**3,541**	**3,590**	**49**	**3,541**	**3,590**	**49**
Non Clinical Income	75	65	(10)	75	65	(10)
Total Income	**3,616**	**3,655**	**39**	**3,616**	**3,655**	**39**
Expenditure						
Substantive Staff	(696)	(705)	(9)	(696)	(705)	(9)
Bank	(12)	(11)	1	(12)	(11)	1
Agency	()	0		()	0	
Total Pay	**(708)**	**(716)**	**(8)**	**(708)**	**(716)**	**(8)**
Non Pay	(2,102)	(2,160)	(58)	(2,102)	(2,160)	(58)
Total Expenditure	**(2,810)**	**(2,876)**	**(66)**	**(2,810)**	**(2,876)**	**(66)**
Contribution	**806**	**779**	**(27)**	**806**	**779**	**(27)**



CCHH had a small deficit position at the end of month 1. The Income plan was exceeded overall, however there was and adverse expenditure variance which outweighed this.

Haemophilia and Clinical Oncology income plans were met and in particular high cost drugs was greater than plan. Chemotherapy inpatients income was under plan but outpatients activity continues to exceed plan.

Clinical Haematology did not meet plan in April for both Outpatients (21%) and high cost drugs recharges (passthrough), however the specialty had higher regular day attenders (24%).

Within the substantive pay line there is a CIP target which is unmet as at month 1. With the exception of this the spend is on budget.

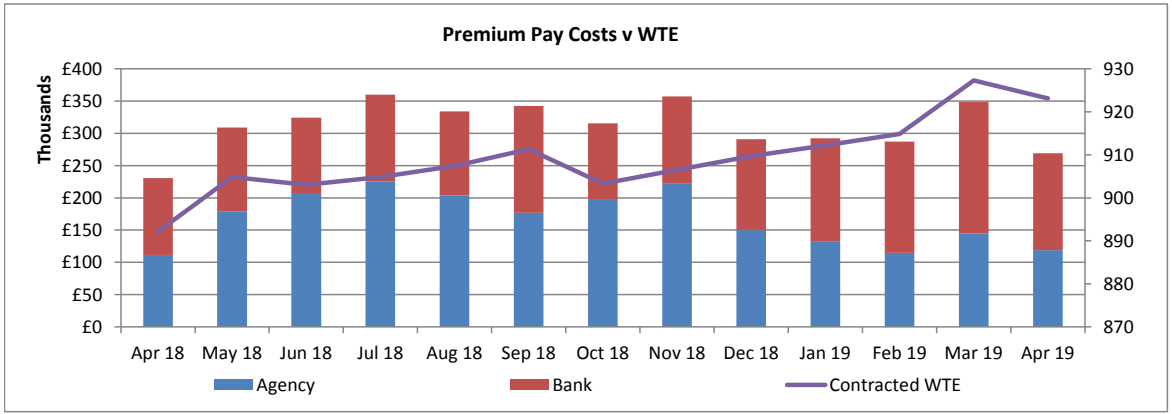
The overspend in non-pay is in relation to the high costs drugs (rechargeable) in Clinical Oncology and Haemophilia.

The CIP target was exceeded in month 1 due to the increased Clinical Oncology outpatient activity.

Women's and Children's Services

Month 01 (April) 2019/20

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	486	489	3	486	489	3
Non-Electives	2,577	2,577	0	2,577	2,577	0
Accident & Emergency	0	0	0	0	0	0
Outpatients	592	665	73	592	665	73
High Cost Drugs	25	13	(12)	25	13	(12)
Private Patients		0	()		0	()
Other NHS Clinical	2,658	2,619	(39)	2,658	2,619	(39)
Other Clinical	6	9	3	6	9	3
Prior Month Adjustment	0	0	0	0	0	0
Total Clinical Income	**6,344**	**6,371**	**27**	**6,344**	**6,371**	**27**
Non Clinical Income	82	79	(3)	82	79	(3)
Total Income	**6,426**	**6,450**	**25**	**6,426**	**6,450**	**25**
Expenditure						
Substantive Staff	(3,923)	(4,047)	(125)	(3,923)	(4,047)	(125)
Bank	(71)	(150)	(79)	(71)	(150)	(79)
Agency	(156)	(119)	37	(156)	(119)	37
Total Pay	**(4,150)**	**(4,316)**	**(167)**	**(4,150)**	**(4,316)**	**(167)**
Non Pay	(503)	(475)	28	(503)	(475)	28
Total Expenditure	**(4,653)**	**(4,792)**	**(139)**	**(4,653)**	**(4,792)**	**(139)**
Contribution	**1,773**	**1,658**	**(114)**	**1,773**	**1,658**	**(114)**



Elective income is on track and reflects a more realistic plan as well as successful work focused on improving theatre utilisation and productivity.

The non-elective plan is being re-evaluated. In the meantime all variances (plus or minus), have been adjusted to zero. Work will be focusing across all care groups to review the plan prior to publication of the month 2 position.

New outpatient activity is significantly above plan, again a reflection of a more realistic plan and work to ensure clinics are fully booked. Follow up underperformance is marginally below plan in Paediatrics. However, this is expected to recover over the course of the year.

Other NHS Clinical Income predominantly includes NICU/SCBU bed day and Maternity Pathway activity. The adverse variance is due to a shortfall in maternity patient registrations. Setting the plan according to the PCBC (Public Consultation Business Case) is likely to result in continued underperformance over the full course of the year, unless adjusted.

Overall pay was overspent and the run rate increased by £209k on the 18/19 average. Agency actuals are £51k lower than the average, reflecting improvements in both Paediatrics and Gynaecology middle/junior grade rota cover because of recruitment successes. Padua agency expenditure is higher than average and is not expected to improve until September. Medical locum costs were also lower than average and bank actuals were slightly higher. Improvements in NICU bank were offset by increases in Maternity.
Substantive actuals were £267k higher than the 18/19 average. Pay awards account for £125k of this (funded). Another £45k of this is due to the 18/19 exit run rate being higher than the 18/19 average. Vacancies have been recognised as non recurrent savings but unachieved recurrent savings targets are causing pressures. Further analysis on the pay position is being undertaken.

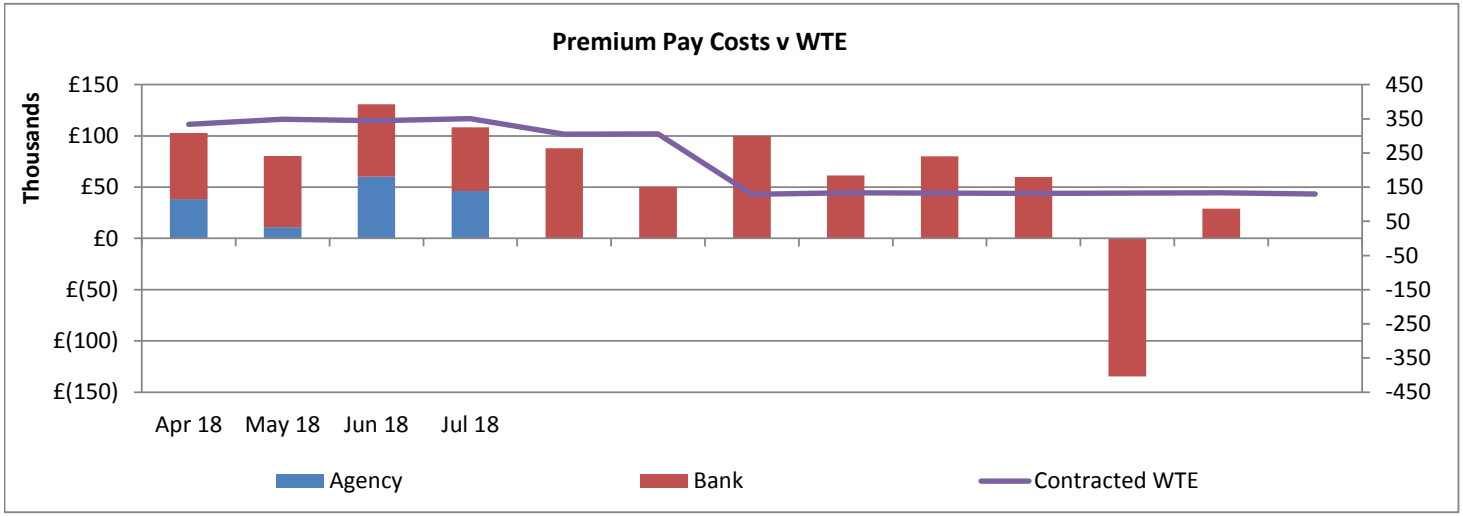
Non-pay is underspent. A favourable £70k outlier adjustment offsets a £40k overspend caused by a CNST bonus booked as a non-recurrent CIP last year. Ordinarily this kind of non-recurrent saving would be adjusted for at budget setting but funding principles set this year mean this wasn't possible. This will be a £500k cost pressure, unless another bonus is achieved this year. The issue has been escalated to see if a budget setting adjustment can be made so the Care Group does not continue to be adversely affected. Disparities between rechargeable insulin pump expenditure and income also require further investigation.

The annual CIP target for the Care Group is £3.0m. Performance was on plan in month, albeit a significant percentage of savings achieved were non recurrent and the month 1 target was relatively low.

Strategic Development and Capital Planning

Month 01 (April) 2019/20

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Non Clinical Income	699	700	1	699	700	1
Total Income	**699**	**700**	**1**	**699**	**700**	**1**
Expenditure						
Substantive Staff	(498)	(507)	(9)	(498)	(507)	(9)
Bank	(32)	(29)	3	(32)	(29)	3
Agency	0	0	0	0	0	0
Total Pay	**(531)**	**(536)**	**(5)**	**(531)**	**(536)**	**(5)**
Non Pay	(4,187)	(4,250)	(63)	(4,187)	(4,250)	(63)
Total Expenditure	**(4,717)**	**(4,786)**	**(68)**	**(4,717)**	**(4,786)**	**(68)**
Contribution	**(4,018)**	**(4,086)**	**(67)**	**(4,018)**	**(4,086)**	**(67)**



The Strategic Development and Capital Planning position as at month 1 is £(67)k adverse.

Income is favourable by £1k. Car Parking is £11k favourable but this is currently being offset by the shortfall in site tenancy income, this is being reconciled and discussions taking place with 2gether for final resolution.

Pay is £(5)k adverse this is attributable to overtime being incurred. This is being investigated and an action plan to eradicate in future periods made.

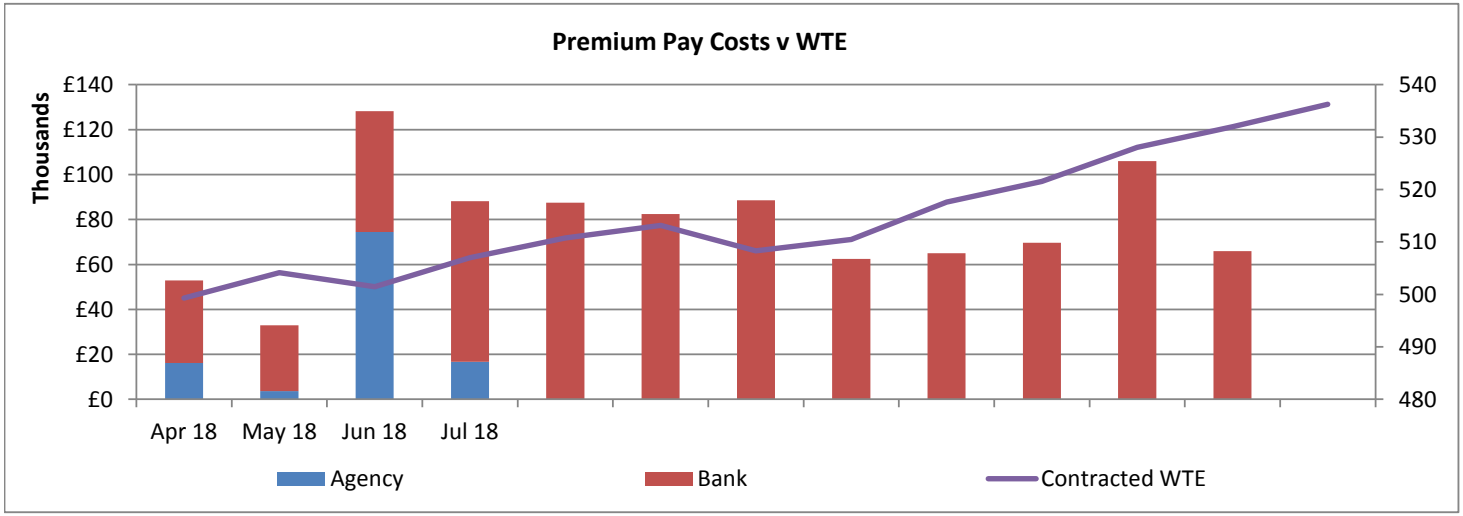
Non Pay is £(63)k adverse. £(22)k is attributable to costs incurred on the SaCP (New PAS) report, the costs are being analysed to see if the relate to the prior financial year. Utilities are £(12)k adverse in the month, this is mainly attributable to water, the rates have increased and are being disputed but being prudent the costs have been accrued at the higher rate until resolution. The balance is made up of various minor variances that are being investigated with the relevant budget holder.

Performance against savings, forecast plan £39k and achieved £27k in month. The phasing in the ledger against plans submitted currently being reconciled and will be actioned in month 2.

Corporate

Month 01 (April) 2019/20

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Non Clinical Income	1,589	1,497	(93)	1,589	1,497	(93)
Total Income	**1,589**	**1,497**	**(93)**	**1,589**	**1,497**	**(93)**
Expenditure						
Substantive Staff	(2,162)	(2,228)	(66)	(2,162)	(2,228)	(66)
Bank	13	(66)	(79)	13	(66)	(79)
Agency	(16)	(32)	(16)	(16)	(32)	(16)
Total Pay	**(2,166)**	**(2,327)**	**(161)**	**(2,166)**	**(2,327)**	**(161)**
Non Pay	(2,571)	(2,429)	142	(2,571)	(2,429)	142
Total Expenditure	**(4,737)**	**(4,756)**	**(19)**	**(4,737)**	**(4,756)**	**(19)**
Contribution	**(3,147)**	**(3,259)**	**(112)**	**(3,147)**	**(3,259)**	**(112)**



The position in month is £(112)k adverse. This is almost wholly attributable to non achievement of savings. Following the corporate performance review the leads were tasked to compile plans to rectify this. Meetings are currently taking place in order to take this forward.

Non Clinical income is showing an adverse position of £(93)k. This is in the areas of Post Grad £(45)k and the balance shared equally between Human Resources and Nursing & Quality. This is currently being reconciled and adjusted following the out turn review and it is anticipated that this will be complete by month 2 in order to improve subjective analysis.

Pay is also showing an adverse variance of £(161)k of which the split between substantive and temporary staffing is shown in the table. £(95)k is attributable to savings. £(25)k is attributable to an overspend at Hospital Management QEQM, the funding is for 13.30 wte against 17.30 wte paid, this is a mixture of overtime and over establishment and is being investigated with the budget holder.

Non Pay is favourable by £142k. £70k is attributable to staff training / course fees in Post Graduate Education, as said above this is being reconciled and adjusted following the out turn review and reconciliation against the Health Education LDA contract. Human Resources and Nursing and Quality are both showing favourable variances of £30k, these are across numerous codes, none of these are significant but all are being reviewed with the relevant budget holder in post month 1 budget reviews.

Year on Year Analysis
Month 01 (April) 2019/20

	Year to Date	Prior Year to Date	Year on Year	
	Actual	Actual	Variance	Variance %
Income				
Electives	7,483	6,756	727	10.8%
Non-Electives	14,642	13,696	946	6.9%
Accident and Emergency	2,875	2,311	564	24.4%
Outpatients	6,365	5,856	509	8.7%
High Cost Drugs	4,366	4,264	102	2.4%
Private Patients	42	22	19	86.4%
Other NHS Clinical Income	10,201	8,469	1,731	20.4%
Other Clinical Income	42	176	(134)	(76.3%)
Total Clinical Income	**46,015**	**41,550**	4,465	10.7%
Non Clinical Income	3,698	3,469	229	6.6%
Total Income	**49,713**	**45,019**	4,694	10.4%
Expenditure				
Substantive Staff	(28,736)	(25,805)	(2,930)	(11.4%)
Overtime	(509)	(575)	66	11.4%
Waiting List Payments	(212)	(252)	41	16.1%
Medical Locums/Short Sessions	(275)	(191)	(84)	(44.2%)
Bank	(1,266)	(1,080)	(186)	(17.3%)
Agency	(2,597)	(2,864)	267	9.3%
Direct Engagement - Agency	(78)	(132)	53	40.4%
Total Pay	**(33,673)**	**(30,898)**	(2,775)	(9.0%)
Non-Pay				
Drugs	(5,059)	(5,174)	115	2.2%
Clinical Supplies and Services - Clinical	(2,208)	(5,075)	2,867	56.5%
Supplies and Services - Non-Clinical	(7,557)	(1,833)	(5,724)	(312.4%)
Purchase of Healthcare	(444)	(640)	197	30.7%
Education & Training	(133)	(138)	4	3.1%
Consultancy	(24)	(43)	19	45.0%
Premises	(815)	(1,497)	682	45.6%
Clinical Negligence	(1,814)	(1,857)	43	2.3%
Transport	(168)	(276)	108	39.1%
Establishment	(237)	(212)	(25)	(11.9%)
Other	(246)	(326)	80	24.7%
Total Non-Pay	**(18,704)**	**(17,070)**	(1,634)	(9.6%)
Total Expenditure	**(52,377)**	**(47,969)**	(4,408)	(9.2%)
EBITDA	**(2,664)**	**(2,950)**	285	9.7%
Non-Operating Expenses	(2,207)	(2,100)	(108)	(5.1%)
Income and Expenditure Surplus/(Deficit)	**(4,872)**	**(5,049)**	178	3.5%

Clinical Income

- Non Elective is showing a move from long stay patients to short stay patients against plan
- A&E Activity is higher, but case mix is slightly lower than plan.

Non Clinical Income

- Contract uplifts 19-20
- Non recurrent benefits 19-20

Pay

- Pay inflation AfC
- AFC non consolidated pay award for 19-20 paid in full in April
- Medical Pay Award 18-19 FYE and 19-20 estimate
- Increased substantive in post year on year including impact approved investments

Non Pay

- Clinical Supplies - Consumables 19-20 now part of OHF as shown in Supplies and Services - Non-Clinical
- Supplies and Services - Non-Clinical impact of OHF contract
- Premises - Utilities 19-20 now part of OHF as shown in Supplies and Services - Non-Clinical

Cash Flow

Month 01 (April) 2019/20

Year to Date		This Month			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual		Plan	Actual	Variance	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
18,603	**Opening Bank Balance**	18,603	18,700	97	18,700	21,238	10,098	4,180	10,418	4,996	3,390	4,674	4,477	5,197	4,898	3,365
5,780	Ashford CCG - Main	5,223	5,780	557	5,780	6,313	6,325	6,325	6,325	6,325	6,325	6,325	6,325	6,325	6,325	6,325
9,619	C4G - Main	9,976	9,619	(357)	9,619	11,482	10,381	10,381	10,381	10,381	10,381	10,381	10,381	10,381	10,381	10,381
10,918	South Kent Coast CCG - Main	10,827	10,918	91	10,918	12,358	11,451	11,582	11,582	11,582	11,582	11,582	11,582	11,582	11,582	11,582
7,745	Thanet CCG - Main	9,605	7,745	(1,860)	7,745	8,953	9,855	8,361	8,361	8,361	8,361	8,361	8,361	8,361	8,361	8,361
	Additional Income															
38	Dartford, Gravesham & Swanley CCG	38	38		38	38	38	38	38	38	38	38	38	38	38	38
8	Medway CCG	164	8	(156)	8	164	164	164	164	164	164	164	164	164	164	164
305	Swale CCG	306	305	(1)	305	610	475	362	362	362	362	362	362	362	362	362
466	West Kent CCG	449	466	17	466	476	650	552	552	552	552	552	552	552	552	552
8,058	NHS England	8,094	8,058	(35)	8,058	8,479	8,671	8,671	9,671	8,671	8,671	8,671	8,671	8,671	8,671	8,671
1,561	All Other NHS Organisations	5,460	1,561	(3,899)	1,561	5,392	966	5,733	987	947	5,773	947	966	6,362	966	967
0	Capital Receipts										2,144				2,007	
6,833	All Other Receipts	4,344	6,833	2,489	6,833	2,905	1,344	4,101	2,704	2,680	2,800	2,703	5,136	5,278	2,643	5,206
	Revenue Loans	8,147		(8,147)												
	Loans Repaid															
59,477	**Total Receipts**	**62,633**	**59,477**	**(3,155)**	**59,477**	**57,171**	**53,390**	**58,174**	**53,865**	**54,566**	**58,751**	**52,244**	**55,522**	**60,711**	**56,698**	**55,468**
	Payments															
(28,951)	Monthly Payroll inc NI & Super	(28,309)	(28,951)	(641)	(28,951)	(28,327)	(29,157)	(28,557)	(28,799)	(28,399)	(29,095)	(29,579)	(29,579)	(29,927)	(30,168)	(30,168)
(20,293)	Creditor Payment Run	(26,267)	(20,293)	5,975	(20,293)	(37,055)	(27,693)	(22,059)	(28,879)	(22,241)	(23,886)	(20,095)	(23,007)	(28,601)	(23,365)	(19,024)
(7,640)	Capital Payments	(8,852)	(7,640)	1,212	(7,640)	(2,840)	(2,336)	(1,224)	(1,452)	(2,537)	(4,286)	(2,683)	(2,041)	(2,353)	(2,002)	(2,010)
	PDC Dividend Payment									(1,950)						(1,950)
(56)	Interest Payments	(56)	(56)		(56)	(88)	(122)	(95)	(158)	(1,046)	(199)	(85)	(176)	(130)	(205)	(1,109)
(56,940)	**Total Payments**	**(63,485)**	**(56,940)**	**6,545**	**(56,940)**	**(68,311)**	**(59,308)**	**(51,936)**	**(59,287)**	**(56,172)**	**(57,467)**	**(52,442)**	**(54,802)**	**(61,011)**	**(55,740)**	**(54,261)**
2,537	**Total Movement In Bank Balance**	**(853)**	**2,537**	**3,390**	**2,537**	**(11,140)**	**(5,918)**	**6,238**	**(5,422)**	**(1,606)**	**1,284**	**(197)**	**721**	**(299)**	**957**	**1,207**
21,238	**Closing Bank Balance**	**17,750**	**21,238**	**3,487**	**21,238**	**10,098**	**4,180**	**10,418**	**4,996**	**3,390**	**4,674**	**4,477**	**5,197**	**4,898**	**5,855**	**4,573**
	Plan				17,750	12,620	4,179	10,508	4,996	3,390	4,674	4,477	5,198	2,408	3,366	4,573
	Variance				3,487	(2,522)	1	(90)	()	()	()	()	()	2,490	2,490	()

Clinical Income - by Commissioner

Month 01 (April) 2019/20

	This Month £000			Year to Date £000			Annual £000
Commissioner	**Plan**	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**	**Plan**
NHS Ashford CCG	6,146	6,133	(13)	6,146	6,133	(13)	75,720
NHS Canterbury & Coastal CCG	10,106	9,501	(605)	10,106	9,501	(605)	124,357
NHS South Kent Coast CCG	11,308	11,593	285	11,308	11,593	285	139,039
NHS Thanet CCG	8,175	8,109	(66)	8,175	8,109	(66)	100,683
East Kent Overseas	16	36	20	16	36	20	203
East Kent CCGs	35,751	35,371	(379)	35,751	35,371	(379)	440,003
NCA - England	743	711	(32)	743	711	(32)	9,116
NHS England - Armed Forces	15	18	4	15	18	4	182
NHS England - Specialised Services	7,124	7,140	16	7,124	7,140	16	85,791
NHS England - Health In Justice		1	1		1	1	3
NHS England - Secondary Dentistry	546	491	(55)	546	491	(55)	6,905
NHS England - Public Health	677	584	(94)	677	584	(94)	8,130
Kings	23	22	(1)	23	22	(1)	272
NCA - Wales		6	6		6	6	
NCA - Northern Ireland		2	2		2	2	
NCA - Scotland		1	1		1	1	
Other Trusts	137	141	4	137	141	4	1,648
NHS Dartford, Gravesham & Swanley CCG	43	43		43	43		525
NHS Medway CCG	198	191	(7)	198	191	(7)	2,345
NHS Swale CCG	311	347	36	311	347	36	3,742
NHS West Kent CCG	546	580	34	546	580	34	6,582
Other Organisations	205	151	(55)	205	151	(55)	3,871
Cancer Drugs Fund	235	155	(80)	235	155	(80)	2,820
Prior year Income		110	110		110	110	
Local Authority							2
Total	46,555	46,066	(489)	46,555	46,066	(489)	571,935

East Kent CCGs contract is an aligned incentive contract which means that income (excluding Highcost drugs) is fixed at £420m for the year. Drugs Expenditure is planned at £20m however this will be monitored and paid on a variable basis depending on actual spend. Any over or underperformance against drugs will have an offsetting effect against expenditure so is net nil to the bottom line.

Public Health Screening contracts are also block values for the year with all other contracts operating on a PbR basis.

NHSE contract value for the year is £84.8m within which is an expectation of commissioner QIPP of £2.8m. The Trust will support commissioners in the delivery of this QIPP, however the risk of non delivery sits with the commissioner.

East Kent Commissioner contracts are under performing against plan due to the pass through costs of Drugs and Devices, however this is countered by a corresponding reduction in expenditure to the Trust.

NHSE Specialised Services is on plan in month.

The under performance within Public Health being down to the performance of bowel scoping. Potentially this is a change in recording which should mean that activity currently charged to EL CCGs in the aligned incentive contract, will actually be charged on a PbR basis to PHE. Therefore there is some potential upside in the published position.

The Cancer Drugs Fund is showing an underperformance which is a continuation from last year and relates to some drugs moving over to NHSE.

KPIs

Month 01 (April) 2019/20

		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Clinical Income	**Plan**	47,218	49,745	49,002	50,019	48,806	46,814	50,066	48,697	46,823	49,014	45,731	48,523
Consolidated	**Actual**	46,777											
	Variance	-441											
	Quarterly rolling average spend	47,029											
Other Income	**Plan**	3,667	3,669	3,669	3,672	3,672	3,672	3,672	3,672	4,322	3,672	3,673	3,678
Consolidated	**Actual**	3,860											
	Variance	193											
	Quarterly rolling average spend	3,748											
Pay	**Plan**	-36,200	-36,677	-36,179	-35,352	-35,271	-35,397	-35,146	-35,072	-35,066	-35,582	-35,221	-35,045
Consolidated	**Actual**	-36,353											
	Variance	-153											
	Quarterly rolling average spend	-35,578											
Non Pay Operating Expenses	**Plan**	-17,658	-18,070	-17,740	-18,309	-18,007	-17,649	-18,172	-17,431	-17,041	-17,675	-16,754	-17,738
Consolidated	**Actual**	-16,912											
	Variance	746											
	Quarterly rolling average spend	-17,821											
Non Operating	**Plan**	-1,878	-1,891	-1,892	-1,933	-1,937	-1,942	-2,017	-2,023	-2,021	-2,063	-2,073	-2,577
Consolidated	**Actual**	-2,143											
	Variance	-265											
	Quarterly rolling average spend	-2,099											
Agency	**Plan**	-2,163	-2,096	-1,871	-1,667	-1,535	-1,451	-1,193	-1,154	-1,098	-1,155	-1,155	-1,113
Unconsolidated	**Actual**	-2,675											
	Variance	-512											
	Quarterly rolling average spend	-2,745											
CIPS	**Plan**	963	1,067	1,602	2,371	2,452	2,446	2,836	3,000	3,746	3,118	3,135	3,264
Unconsolidated	**Actual**	1,039											
	Variance	76											
Cash	**Plan**	17,750	12,620	4,179	10,508	4,996	3,390	4,674	4,477	5,198	2,408	3,366	4,573
Unconsolidated	**Actual**	21,238											
	Variance	3,487											

Cost Improvement Summary

Month 01 (April) 2019/20

Planned Summary	2018 - 2019			Target Variance	
Programme Care Groups £000	**Plan**	**Net**	**RAG Adj**	**vs Net**	**vs RAG**
Clinical Support	3,306	3,434	3,307	128	1
General & Specialist Medicine	6,300	5,524	5,358	(776)	(942)
Urgent & Emergency Care	2,000	1,872	1,434	(128)	(566)
Surgery & Anaesthetics	6,500	4,689	4,067	(1,811)	(2,433)
Surgery - Head and neck, Breast Surgery and Dermatology	1,000	810	632	(190)	(368)
Women's & Children's	3,000	2,986	2,727	(14)	(273)
Cancer	800	784	634	(16)	(166)
Corporate	1,800	509	152	(1,291)	(1,648)
SD&CP	2,542	1,047	739	(1,495)	(1,803)
Procurement	2,000	2,259	1,650	259	(350)
Medicines Value	2,094	1,712	1,190	(382)	(903)
Sub-total	**31,342**	**25,627**	**21,891**	**(5,715)**	**(9,451)**
Central	(1,342)	4,373	2,998	5,715	4,340
Grand Total	**30,000**	**30,000**	**24,889**	**-**	**(5,111)**

Planned Summary	2018 - 2019			Target Variance	
Programme Themes £000	**Plan**	**Net**	**RAG Adj**	**vs Net**	**vs RAG**
Patient Flow/LOS	1,000	1,000	250	-	(750)
Agency	7,010	7,960	7,255	950	245
Workforce *	5,981	3,628	3,067	(2,353)	(2,915)
Procurement	2,000	1,805	1,196	(195)	(804)
Medicines Value	2,094	1,712	1,190	(382)	(903)
Theatres	2,812	3,741	3,116	929	304
Division Schemes **	7,862	8,912	8,025	1,050	163
Sub-total	**28,759**	**28,759**	**24,099**	**-**	**(4,660)**
Central	1,241	1,241	790	-	(451)
Grand Total	**30,000**	**30,000**	**24,889**	**-**	**(5,111)**

Cost Improvement Phasing

Month 01 (April) 2019/20

Work stream Gross £'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Patient Flow/LOS	-	-	100	100	100	100	100	100	100	100	100	100	1,000
Agency	39	25	493	639	774	870	651	785	660	660	659	755	7,010
Workforce	375	385	387	499	452	437	455	432	566	669	658	667	5,981
Procurement	41	41	41	208	208	208	208	208	208	209	210	210	2,000
Medicines Value	147	149	149	175	175	185	186	186	186	186	186	187	2,094
Theatres	115	193	193	318	318	240	240	240	240	240	240	240	2,812
Clinical Support Services	33	33	33	68	68	68	83	83	84	100	100	100	851
General & Specialist Medicine	71	71	26	103	93	5	244	313	314	321	321	321	2,203
Urgent & Emergency Care	1	1	1	1	1	2	2	2	2	2	2	22	40
Surgery & Anaesthetics	10	10	10	37	37	37	37	37	37	37	37	37	365
Surgery - Head and neck, Breast Sui	8	8	14	20	20	20	20	20	20	20	20	20	208
Women's & Children's	11	19	19	25	27	32	169	169	169	169	170	170	1,147
Cancer Services	(7)	(7)	(19)	26	26	90	92	92	92	94	94	95	670
Corporate - Other	9	9	9	9	9	9	34	34	59	59	59	59	359
SD&CP	109	129	144	144	144	144	142	192	207	220	220	220	2,020
Sub-total	**963**	**1,067**	**1,602**	**2,371**	**2,452**	**2,446**	**2,662**	**2,892**	**2,943**	**3,085**	**3,075**	**3,202**	**28,759**
Central	-	-	-	-	-	-	174	108	803	33	60	62	1,241
Grand Total	**963**	**1,067**	**1,602**	**2,371**	**2,452**	**2,446**	**2,836**	**3,000**	**3,746**	**3,118**	**3,135**	**3,264**	**30,000**

Workstream RAG adj £'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Patient Flow/LOS	-	-	100	100	100	100	100	100	100	100	100	100	1,000
Agency	288	260	696	1,127	1,120	1,166	552	673	477	551	519	532	7,960
Workforce	341	145	178	270	294	298	313	325	336	363	377	387	3,628
Procurement	6	86	118	110	117	122	183	184	199	199	199	279	1,805
Medicines Value	24	143	152	143	148	148	149	149	164	164	164	164	1,712
Theatres	190	116	194	336	345	356	361	361	371	371	371	371	3,741
Clinical Support	25	109	109	167	167	175	190	190	190	206	206	206	1,941
General & Specialist Medicine	65	84	44	106	96	7	246	315	389	461	454	461	2,730
Urgent & Emergency Care	-	1	1	1	1	2	2	2	2	2	2	22	39
Surgery & Anaesthetics	3	24	24	67	67	67	67	67	67	67	67	67	656
Surgery - Head and neck, Breast Sui	(0)	10	16	23	23	23	23	23	20	20	20	20	218
Women's & Children's	11	24	24	30	32	39	175	175	175	175	176	176	1,214
Cancer Services	56	21	15	60	64	64	80	80	80	82	82	83	764
Corporate - Other	3	7	7	7	7	7	32	32	57	57	57	57	325
SD&CP	25	45	45	45	45	45	87	137	137	137	137	137	1,025
Sub-total	**1,039**	**1,074**	**1,723**	**2,591**	**2,627**	**2,618**	**2,561**	**2,814**	**2,765**	**2,955**	**2,931**	**3,062**	**28,759**
Central	-	-	-	-	-	-	174	108	803	33	60	62	1,241
Grand Total	**1,039**	**1,074**	**1,723**	**2,591**	**2,627**	**2,618**	**2,735**	**2,922**	**3,568**	**2,988**	**2,992**	**3,124**	**30,000**

Debtor Balances

Month 01 (April) 2019/20

Debtor	Top ten debtor balances outstanding as at 30/04/2019						Creditor balance as at 30/04/2019	Notes
	Current	1-30 Days	31-60 Days	61-90 Days	Over 90	Total		
62340-HEALTH EDUCATION ENGLAND T1510	4,440,320	5,046	0	0	0	4,445,366		Payment received in May 19
76480-2GETHER SUPPORT SOLUTIONS LTD	1,093,483	2,074,759	569,228	0	35,547	3,773,016	8,035,374	£3.2m invoices less than 30 days old
62138-NHS ENGLAND SOUTH EAST COMMISSIONING HUB (14G)	(584,575)	2,448,254	0	0	0	1,863,678		Invoices less than 30 days old
51136-EAST KENT MEDICAL SERVICES	214,221	86,797	276,041	55,300	1,047,192	1,679,550	869,042	
62033-NHS THANET CCG	(294,686)	1,812,815	1,101	(78,912)	100,444	1,540,762	81,499	£1.8m Q4 1819 overperformance at less than 30 days old
62048-NHS WEST KENT CCG	(105,504)	869,741	0	0	714,418	1,478,655		Ongoing discussions with West Kent to resolve outstanding disputed on invoices over 90 days old
62140-NHS ENGLAND Q88 SOUTH EAST (KENT, SURREY AND SUSS	57,232	818,894	(539)	0	0	875,587		1819 Q2-4 overperformance at less than 30 days old
50010-MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	19,556	154,105	39,441	51,519	408,654	673,275	2,258,056	Balance owing to MTW outweighs their debt
59742-HEALTHEX	12,187	12,187	12,187	24,374	548,404	609,338		
61865-NHS CANTERBURY AND COASTAL CCG	(18,105)	371,453	1,346	3,079	102,950	460,723	141,762	£0.4m Q3 1819 overperformance at less than 30 days old
Other Govn.	360,384	495,785	251,013	250,716	1,782,114	3,140,012		
Other Non Govn.	183,234	516,495	104,172	105,336	660,963	1,570,200		
	5,377,745	9,666,330	1,253,990	411,411	5,400,687	22,110,164	11,385,734	

Creditor Balances
Month 01 (April) 2019/20

Top Ten Aged Creditor

Supplier Name	Current	1-30	31-60	60-90	90 +	Total
Other Creditors	8,486	3,956	1,065	34	924	14,397
2gether Support Solutions Ltd	368	7,667				8,035
NHS Professionals Ltd	2,212	15	3	14	34	2,276
Maidstone & Tunbridge Wells NHS Trust (RWF)	877	397	323	205	456	2,258
NES Holdings (UK) Ltd	7	366	448	14	244	1,079
Medway NHS Foundation Trust (RPA)	1	198	170	11	575	955
East Kent Medical Services Ltd T/a The Spencer Wing		273	477		119	869
Ashford Borough Council	826	1				828
Thanet District Council	772	2			0	775
AAH Pharmaceuticals LTD	597	162	12	0	0	771
Healthcare At Home Ltd	720	29				749
Total	**14,866**	**13,065**	**2,499**	**210**	**2,353**	**32,993**

Aged Creditor By Reason

Reason Description	Current	1-30	31-60	60-90	90 +	Total
Current	14,866					14,866
Not Recorded		10,166	931	54	192	11,234
Waiting on a GRN		2,185	1,015	102	710	4,013
Disputed		299	189	77	1,337	1,902
Waiting on Authorisation		350	289	52	75	616
Purchase Order Value Exceeded		50	47	33	54	184
Price Query		21	26	1	57	104
Order Raised after Invoice Received		7			61	54
Creditor Debit Balance					15	15
Procurement Issue		1	1	1	3	5
Other		0			0	0
Total	**14,866**	**13,065**	**2,499**	**210**	**2,353**	**32,993**

At the last payment run of the period we paid invoices totalling £13.4m.

Aged Creditors now stands at £32.9m of which £5.0m is now over due.

The main two reason for our over due invoices are:

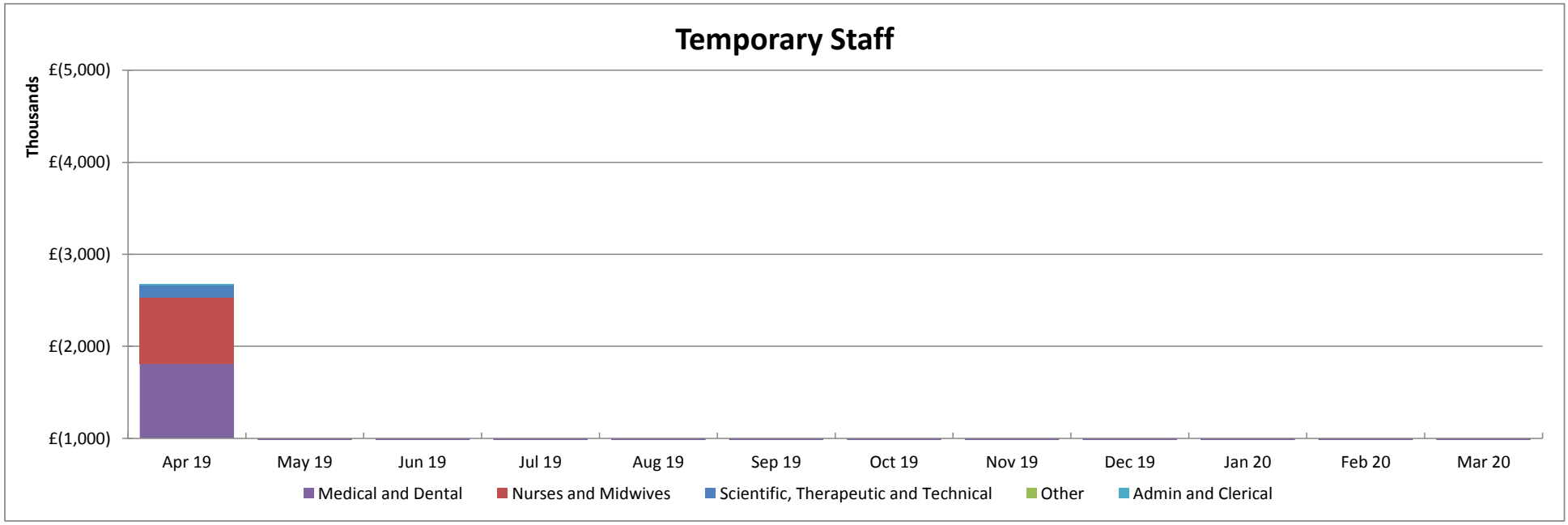
- Purchase Orders have no Goods Received Note - £1.8m
- Disputed Invoices - £1.6

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

Pay Analysis - Temporary Staff

Month 01 (April) 2019/20

In Month £000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Medical and Dental	**(1,811)**											
Agency	(1,733)											
Direct Engagement	(78)											
Scientific, Therapeutic and Technical	**(127)**											
Agency	(127)											
Nurses and Midwives	**(722)**											
Agency	(722)											
Admin and Clerical	**(15)**											
Agency	(15)											
Other	**()**											
Agency	()											
Total	**(2,675)**											



Pay Analysis - Temporary Staff

Month 01 (April) 2019/20

Temporary Staff Actual £m	M & D	N & M	PAMS	A&C Other	Total	Variance v 2019/20	Variance v 2018/19
General and Specialist Medicine	0.98	0.25	0.01		1.25		0.05
Urgent and Emergency Care	0.38	0.45			0.82		(0.03)
Surgery and Anaesthetics	0.42	0.06	0.01		0.50		(0.05)
Surgery - Head and Neck, Breast Surgery and Dermatol	0.02				0.02		(0.01)
Clinical Support Services	0.04		0.10		0.14		(0.10)
Women's and Children's Services	0.08	0.04			0.12		(0.05)
Strategic Development and Capital Planning							(0.03)
Corporate	0.02			0.02	0.03		0.01
Central	(0.12)	(0.08)			(0.20)		(0.15)
0							
Total	**1.82**	**0.72**	**0.12**	**0.02**	**2.68**		**(0.36)**
Variance v 2019/20 average							
Variance v 2018/19 average	0.03	(0.23)	(0.08)	(0.09)	(0.36)		

Temporary Staff Year to Date £m	M & D	N & M	PAMS	A&C Other	Total	Average per Month
General and Specialist Medicine	0.98	0.25	0.01		1.25	1.25
Urgent and Emergency Care	0.38	0.45			0.82	0.82
Surgery and Anaesthetics	0.42	0.06	0.01		0.50	0.50
Surgery - Head and Neck, Breast Surgery and Dermatol	0.02				0.02	0.02
Clinical Support Services	0.04		0.10		0.14	0.14
Women's and Children's Services	0.08	0.04			0.12	0.12
Strategic Development and Capital Planning						
Corporate	0.02			0.02	0.03	0.03
Central	(0.12)	(0.08)			(0.20)	(0.20)
0						
Total	**1.82**	**0.72**	**0.12**	**0.02**	**2.68**	**2.68**
Average per month	1.81	0.72	0.13	0.02	2.68	

APPENDIX 1

2gether Contract Changes 2019-20 (ref : CCN1 19-20)
(as at 14/05/19)

	Rec / Non Rec	Operated Healthcare Facility (OHF) Annual Value 19-20 £	Estate Managed Service (EMS) Annual Value 19-20 £	Combined Total Annual Value 19-20 £	Comments
Car Parking Non Pay Service Costs	R	0	257,711	257,711	
Annual Site Gritting - not provided for in the October 2018 contract	R	53,625	1,375	55,000	Assumes 2.5% split to EMS as per agreed contract
EME Non Pay net of Income target expectation	R	1,954,152		1,954,152	2018-19 outturn c£183k income and £2,147k less Travel £10k already contracted
Medical Devices Group Staffing provision	R	350,000		350,000	
Vanguard Modular Theatre Rental, KCH	R - tbc	1,134,524		1,134,524	April 19 - March 20, 2gether order number 97000165, incl Unit Facilitator
Contract increases to maintain locally agreed pay differential, national living wage increase, food inflation, 1.5% contract margin and agreed reduced service charge for 2019/20	R	1,162,390	29,745	1,192,135	
Total Variation		**4,654,691**	**288,831**	**4,943,522**	

Notes
The EMS services relate to services managed by 2gether that are not part of the Operated Healthcare Model (OHF).

Variation 6 includes £481k 2019/20 AfC award, £247k to increase locally agreed pay rates from £8.21 per hour to £8.28, £370k national living wage increase from £8.00 to £8.21per hour inclusive of nest changes where relevant, £191k other staff groups 2% pay award plus nest change, 1.5% contract margin totals £73k on agreed variations, food inflation at 5% totals £100k plus agreed reduced service charges. Related employers Pension contributions from 2% to 3% will be included in future contract variations where applicable.

19/048.1

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**6 JUNE 2019**
REPORT TITLE:	**INTEGRATED PERFORMANCE REPORT (IPR)**
BOARD SPONSOR:	**CHIEF EXECUTIVE**
PAPER AUTHOR:	**CHIEF EXECUTIVE / EXECUTIVE DIRECTORS**
PURPOSE:	**DISCUSSION**
APPENDICES:	**APPENDIX 1: IPR – APRIL DATA**

BACKGROUND AND EXECUTIVE SUMMARY

The Integrated Performance Report (IPR) 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 IPR 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 April 2019 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.

Accident & Emergency (A&E) 4 Hour Compliance

- April performance for the organisation against the 4 hour target was 77.13% (EKHUFT sites only); against the NHS Improvement (NHSI) trajectory of 76.4%. This represents a 1% decrease in performance compared to the previous month (78.2%).
- Compliance including KCHFT Minor Injury Units (MIUs) reported at 80.54%. There were no 12 Hour Trolley Waits in April.
- The proportion of patients who left the department without being seen was 4.03%.
- The unplanned re-attendance position remains high at 10.7%. Time to treatment within 60 minutes remained below 50% at 44%.

18 Weeks Referral to Treatment (RTT) Standard

- Overall performance reported at 79.15% against a trajectory of 78.00% for April 2019.
- The waiting list size reported at 45,867 for April 2019, the overall backlog position has reduced to 9,564.
- The number of patients waiting over 52 weeks for treatment has reduced to 3. Care Groups have provided information on pathway management and assurance can be provided that no potential harm has been raised by Care Groups.

Cancer 62 day GP RTT Standard

- 62 day performance reported at 78.78% against the improvement trajectory of 85.52% for April 2019. Validation continues until the beginning of June in line with the national time table.
- The actions to reduce >62 day breaches is improving waiting times and progressing to timescale and the number of long waiting patients is decreasing overall. This will continue with Director level review.

- There were 10 patients waiting 104 days or more for treatment or potential diagnosis. Care Groups have carried out potential harm reviews against all 104 day patients and assurance can be provided that no harms have been reported.

6 Week Referral to Diagnostic Standard

The standard has been met for April 2019 with a compliance of 99.29%. As at the end of the month there were **110** patients who had waited over 6 weeks for their diagnostic procedure.

Patient Experience and Patient Safety

- There has been a very slight increase with respect to patients not recommending the Trust to their friends and family (by 0.3% compared to the previous month).
- Overall the inpatient satisfaction rate remains positive.
- The number of mixed sex breaches in April 2019 reduced significantly to 3.
- April reported 99.2% harm free care delivery for new harms in our control. The Trust remains below the national average for harms in acute hospitals.
- All harms (those patients are admitted with) has improved in month (90.8%) but remains below the national average of 93.76% Work with our community colleagues continues to address this.
- Venous thromboembolism (VTE) assessment recording, although below 95% for the Trust overall, has improved to 93.9% and several areas are now above the 95% target.
- The number of falls in April has increased by 0.83% to 5.93 per 1000 bed days. On-going "Fall Stop" training has been increased to target staff during Trust clinical induction programme. There is now a 2019/2020 Commissioning for Quality and Innovation (CQUIN) (CCG7 Three High Impact Actions to prevent Hospital Falls).
- Medicines management remains an issue and the cross sectional audits this month showed a deterioration in the missed doses metric. The Medical Director's report on the Board agenda refers to actions put in place which includes the introduction a medicines safety thermometer, effective use of tools and a review of education and training and shared learning.
- Although the number of Mixed Sex Accommodation breaches has reduced, the reason for the breaches continues to be maintaining flow and safety of patients in the Emergency Departments. The Trust continues to receive daily assurance that safety checks are completed and that safe staffing levels are in place within these areas.
- The real-time patient inpatient survey has improved. However, the Trust continues to monitor the issues raised in the month namely: receiving help to eat meals; awareness of which nurse is in charge of their care.
- Complaints response times continue to receive targeted improvement.

Financial Performance

The Trust has reported a deficit in month of £4.7m (£0.1m behind plan). The main drivers of this position were:

- Clinical income underperformance in some areas.
- EKHUFT Pay underspend of £0.1m driven by overspends in agency staffing.
- EKHUFT Non-pay underspend against plan of £0.6m linked to a reduction in spend in particular drugs, clinical supplies and purchase of healthcare.
- Subsidiaries adverse position of £0.2m which requires further work to understand the key drivers.

The final year-end forecast remains in line with the planned position of a consolidated £37.5m deficit excluding technical adjustments.

19/048.1

NHS
East Kent
Hospitals University
NHS Foundation Trust

Human Resources

The vacancy rate decreased to 12.8% (last month 13.1%) for the average of the last 12 months, which is an improvement on last month but higher than last year. However, the monthly rate continued its downward trend to 7.99% (down from 8.16%). More work is being undertaken with Care Groups to target hard to fill vacancies, particularly within nursing and Medical specialties.

The Turnover rate in month decreased to 11.8% (last month 12.0%), and the 12 month average increased to 14.2% (14.1% last month). Exit data is reviewed to highlight any areas of concern and a detailed report is provided periodically to the Board's Strategic Workforce Committee and reported to Board through the Chair Report.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	The report links to the corporate and strategic risk registers.
LINKS TO STRATEGIC OBJECTIVES:	• **Getting to good:** Improve quality, safety and experience, resulting in **Good** and then **Outstanding** care. • **Higher standards for patients:** Improve the **quality and experience** of the care we offer, so patients are **treated in a timely way** and **access the best care** at all times. • **A great place to work:** Making the Trust a **Great Place to Work** for our current and future staff. • **Delivering our future: Transforming** the way we provide services across east Kent, enabling the whole system to offer **excellent integrated services.** • **Right skills right time right place:** Developing teams with the **right skills** to provide care at the **right time**, in the **right place** and achieve the **best outcomes for patients.** • **Healthy finances:** Having Healthy Finances by providing better, **more effective patient care** that makes resources go further.
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	Relevant sections of the IPR Performance have been considered by the following Board Committees: • Quality Committee. • Finance and Performance Committee. • Strategic Workforce Committee. Performance is discussed at an Executive and Care Group level at the following Groups: • Executive Management Team. • Executive Performance Review Meetings.
SUBSIDIARY IMPLICATIONS:	N/A

PRIVACY IMPACT ASSESSMENT: NO	**EQUALITY IMPACT ASSESSMENT:** NO

RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to discuss and note the report.

NHS
East Kent Hospitals University
NHS Foundation Trust

APRIL 2019

INTEGRATED PERFORMANCE REPORT

East Kent Hospitals University NHS Foundation Trust

Understanding the IPR

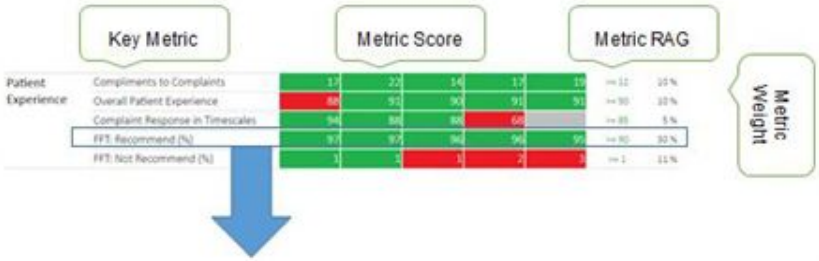
1 **Headlines**: Each domain has an aggregated score which is made up of a weighted score derived from their respective sub-domain. There is an overall executive Trust summary followed by more specific commentaries for each of the five domains which are based on the recent Carter review and the way that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

NHS
East Kent Hospitals University
NHS Foundation Trust

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.



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.

NHS
East Kent Hospitals University
NHS Foundation Trust

Strategic Priorities

NHS
East Kent Hospitals University
NHS Foundation Trust

Headlines

	Positives	Challenges	
Caring	There has been a very slight increase with respect to patients not recommending the Trust to their friends and family. Rising 0.3% in April to 1.5% .Recommendations by patients improved with respect to outpatient services however fell slightly in inpatients , maternity and ED. Overall the inpatient satisfaction rate remains positive Care, Staff attitude and implementation of care were the top positive themes in April 2019. Care , staff attitude and waiting times were the main causes for complaint. The number of mixed sex breaches in April reduced significantly to 3	Although the number of Mixed Sex Breaches has reduced, the reason for the breaches continues to be maintaining flow and safety of patients in the Emergency Departments. We continue to receive daily assurance that safety checks are completed and that safe staffing levels are in place within these areas. An electronic daily check report has been introduced. The real-time patient inpatient survey has improved however we continue to monitor the issues raised in the month namely: receiving help to eat meals; awareness of which nurse is in charge of their care. Complaints response times continue to receive targeted improvement.	D J F M Apr  Amanda Hallums

Effective	Beds The number of DTOC (Delayed Transfers of Care) have risen to an average of 97 per day. This deterioration continues to have a detrimental impact on patient flow across all emergency pathways. To mitigate the lack of external capacity there has been an increased focus on reducing internal delays and this has seen a 4% increase in the number of patients discharged before noon, however the lack of community capacity has continued to increase patients waiting for discharge. Readmissions have remained steady during the same period. Demand and Capacity The number of DNA for New and Follow Up patients have remained at 7% and 9% respectively. Productivity Length of stay across elective pathways has improved to 2.9% and non elective days have remained static at 6.6 days. Theatre utilisation is 81% with theatre start times have improved to 46%. The number of non-clinical cancellations is 1.4%. Non clinic cancellation breaches has improved from 24 to 10. The WHO checklist has improved to 100%.	Beds The number of reportable DTOC's has increased to their highest level in the past 6 months to an average of 97 per day. Patient flow has been severely compromised due to low discharge profile for all sites. The reduction in external capacity for supportive discharge continues to cause serious concern with escalation at CEO level across the health economy. Demand and Capacity The DNA rate for new patients has remained static at 7% with follow up patients also deteriorating to 9%. It remains a priority to continue to reduce DNA's by fully booking out patient appointments. Productivity To maximise theatre capacity to increase productivity. To improve length of stay by reducing internal and external delays.	D J F M Apr	 Lee Martin

Responsive	4 hour Emergency Access Standard. April performance was 80.54% which is a 1% deterioration on March, however it should be noted that there has been a 11% increase in attendances to ED. There have been no 12 Hour Trolley Waits. RTT Performance is 79.15% against a trajectory of 78.00%. The Waiting list position has also improved from 48,695 to 45,867 and the Backlog has also improved from 9,723 to 9,564. The number of patients waiting over 52 weeks for first treatment has continued to improve with the number decreasing further to 3. This is a significant achievement since April 2018 when there were 222 patients waiting. DM01 The standard is compliant for April with a compliance of 99.29% . Cancer April performance for 62 day treatments is currently 78.78%, validation continues until the beginning of June in line with the national timetable. 2ww performance has been achieved at 97.71% against a performance standard of 93%.	4 hour Emergency Access Standard Over 50% of A&E breaches are due to bed availability. This is due to poor patient flow and the high number of patients delayed in hospital who require a supportive discharge. RTT Ensuring that all out patient clinic outcome forms are fully completed and capture all procedures which are performed in an out patient environment. CANCER To continue to reduce the time a patient is seen at their first 2ww appointment to 7 days or below and to also progress patients through their pathway in order to achieve any necessary treatment within the 62 day pathway. To reduce any delays in a patients pathway once they have been referred on to a tertiary centre for on going assessment or treatment. DM01 Maintaining excellent performance consistently across all diagnostic modalities.	D J F M Apr	 Lee Martin
Safe	April has reported 99.2% harm free care delivery for new harms in our control. We remain below the national average for harms in acute hospitals. VTE assessment recording, although below 95% for the Trust overall, has improved to 93.9% and several areas are now above the 95% target.	All harms (those patients are admitted with) has improved in the month (90.8%) however remains below the national average of 93.76% Work with our community colleagues continues to address this. The number of falls in April has increased by 0.83% to 5.93 per 1000 bed days Medicines management remains an issue and the cross sectional audits this month showed a deterioration in the missed doses metric	D J F M Apr	 Paul Stevens

Well Led	The Trust generated a consolidated deficit in month of £4.7m which is £0.1m better than the planned position. Within this the April CIP target of £1m was achieved. The Trust has secured an aligned incentive contract with the East Kent Commissioning group which reduces income risk for the 2019/20 financial year.	The Trust's CIP target of £30m represents a significant challenge to deliver as it is the maximum the Trust considered achievable and will required concerted efforts on driving efficiency and cost consciousness throughout the Trust. The CIP plan increases throughout the year therefore it is crucial that the Trust continues working up savings schemes for 2019/20 focusing on delivery of planned target and moving Red and Amber schemes to Green. Total cash borrowed has risen to £96.5m.	D J F M Apr	 Susan Acott
Workforce	Recruitment is continuing to gain momentum with Middle grade slots being filled. Care group Clinical Directors have engaged positively and are actively supporting the process. Reductions in use of the temporary workforce and high costs associated with agency spend remain at the forefront and have been reinvigorated with high engagement from Operations Directors via the Agency Reduction Taskforce to implement new (reduced) rates with effect from June 2019.	Whilst recruitment is gaining momentum we are still facing challenges with the speed at which we are able to turn around applications. Capacity to do this at pace is placing an added demand upon their time. The challenge is being met head on and colleagues are working with recruitment with streamlined processes. Sickness absence is a continuing focus as part of a wider workforce challenge to improve the culture and environment and optimise availability of resources. Local interventions are being delivered which build upon the trust wide programmes around respect and resilience in the workplace. These are targeted at delivering improvements in working relationships and improving personal capacity and wellbeing.	D J F M Apr	 Andrea Ashman

NHS East Kent Hospitals University NHS Foundation Trust

Caring

		Dec	Jan	Feb	Mar	Apr	Green	Weight
Patient Experience	Mixed Sex Breaches	23	34	21	8	3	>= 0 & <1	10 %
	Number of Complaints	64	85	60	77	79		
	AE Mental Health Referrals	93	87	62	87	98		
	IP FFT: Recommend (%)	97	96	97	97	96	>= 95	30 %
	IP FFT: Not Recommend (%)	1.1	1.4	1.0	1.2	1.5	>= 0 & <2	30 %
	IP Survey: Overall, did you get the care	44.4	44.9	43.2	46.8	43.1		
	Number of Compliments	2236	1813	1668	1890	2062	>= 1 & <1	15 %
	Complaint Response in Timescales %	94.6	84.2	90.9	95.5	89.1	>= 85	15 %

East Kent Hospitals University NHS Foundation Trust

Effective

		Dec	Jan	Feb	Mar	Apr	Green	Weight
Beds	DToCs (Average per Day)	53	54	66	76	97	>= 0 & <35	30 %
	Bed Occupancy (%)	88	92	94	94	94	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	15	15	15	17	19	>= 35	10 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.9	3.8	3.6	3.8		>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	15.2	16.2	15.7	15.9		>= 0 & <15	15 %
	Audit of WHO Checklist %	99	99	98	99	100	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	7.6	7.5	7.0	7.0	7.1	>= 0 & <7	
	New:FUp Ratio (1:#)	1.9	2.0	1.9	1.9	1.9	>= 0 & <7	
Productivity	LoS: Elective (Days)	3.4	3.2	3.3	3.3	2.9		
	LoS: Non-Elective (Days)	6.2	6.5	6.3	6.3	6.6		
	Theatres: Session Utilisation (%)	77	79	80	81	82	>= 85	25 %
	Theatres: On Time Start (% 15min)	45	40	46	42	46	>= 90	10 %
	Non-Clinical Cancellations (%)	1.3	1.8	1.0	1.4	1.4	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	22	18	16	20	14	>= 0 & <5	10 %

NHS East Kent Hospitals University NHS Foundation Trust

Responsive

		Dec	Jan	Feb	Mar	Apr	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	82.25	77.93	77.56	81.53	80.54	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	79.36	74.20	73.85	78.23	77.13	>= 95	1 %
Cancer	Cancer: 2ww (All) %	96.73	96.52	98.31	97.87	97.71	>= 93	10 %
	Cancer: 2ww (Breast) %	95.00	97.22	98.31	92.76	93.64	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	97.66	95.63	97.73	96.06	97.19	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	97.22	97.78	96.49	94.74	81.63	>= 94	5 %
	Cancer: 31d (Drug) %	98.85	98.28	97.27	100.00	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	82.08	68.21	76.88	81.56	78.78	>= 85	50 %
	Cancer: 62d (Screening Ref) %	87.50	100.00	76.92	82.61	100.00	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	70.00	84.00	86.67	76.47	81.82	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.56	99.72	99.49	99.59	99.29	>= 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 (%)	72.42	76.10	77.89	80.03	79.15	>= 92	100 %
	RTT: 52 Week Waits (Number)	74	38	27	8	3	>= 0	

East Kent Hospitals University NHS Foundation Trust

Safe

		Dec	Jan	Feb	Mar	Apr	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,494	1,674	1,428	1,455	1,544		
	Serious Incidents (STEIS)	8	9	9	11	12		
	Harm Free Care: New Harms (%)	98.7	99.4	99.2	99.1	99.6	>= 98	20 %
	Falls (per 1,000 bed days)	5.69	5.02	5.51	5.10	5.96	>= 0 & <5	20 %
Infection	Cases of C.Diff (Cumulative)	32	36	38	42	8	<= Traj	40 %
	Cases of MRSA (per month)	0	0	1	0	0	>= 0 & <1	40 %
Mortality	HSMR (Index)	96	95	95			>= 0 & <90	35 %
	Crude Mortality NEL (per 1,000)	33.5	34.7	35.6	27.5	29.3	>= 0 & <27.1	10 %
Observations	VTE: Risk Assessment %	90.7	92.2	92.5	92.9	93.9	>= 95	20 %

NHS East Kent Hospitals University NHS Foundation Trust

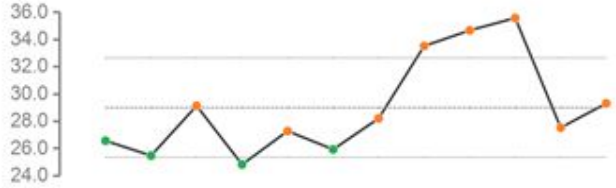
Well Led

		Dec	Jan	Feb	Mar	Apr	Green	Weight
Data Quality & Assurance	Uncoded Spells %	0.4	0.4	0.4	0.5	1.1	>= 0 & <0.25	25 %
Finance	Forecast £m	-41.8	-42.2	-42.2	-42.1	-36.6	>= 0	10 %
	Total Cost £m (Trust Only)	-53.0	-54.6	-54.2	-54.3	-54.6	>= 0	20 %
	Cash Balance £m	8.7	8.7	11.8	18.7	21.2	>= 5	20 %
	I&E £m (Trust Only)	-6.2	-3.2	-5.6	-2.9	-4.9	>= 0	30 %
Health & Safety	RIDDOR Reports (Number)	2	2	2	4	1	>= 0 & <3	20 %
Staffing	Agency %	7.3	8.4	9.0	9.3	7.5	>= 0 & <10	
	Bank Filled Hours vs Total Agency Hours	61	58	59	61	65		1 %
	Shifts Filled - Day (%)	95	98	96	96	100	>= 80	15 %
	Shifts Filled - Night (%)	104	106	105	106	107	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	12	11	11	12	12		
	Staff Turnover (%)	14.4	14.4	14.2	14.5	14.3	>= 0 & <10	15 %
	Vacancy (Monthly) %	11.1	10.7	10.0	9.8	9.0	>= 7	15 %
	Sickness (Monthly) %	4.0	4.5	4.4	4.2	4.7	>= 3.3 & <3.7	10 %
Training	Appraisal Rate (%)	79.6	80.3	81.0	80.4	80.9	>= 85	50 %
	Statutory Training (%)	96	98	97	98	102	>= 85	50 %

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Mortality

Apr	HSMR (Index)	96 (2.4%)		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 (Charlson index). Arrow indicates average of last 12 months data.
Apr	Crude Mortality NEL (per 1,000)	28.9 (-9.0%)		"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."

Highlights and Actions:

There have been no significant changes in mortality indices. HSMR for the reporting period (March 2018 to February 2019) covered 88.9% of hospital deaths. Overall HSMR was lower in the recent winter period in comparison to the same winter period in 2017/2018.

Site differences in mortality indices follow the same pattern as before, the risk adjusted mortality index (RAMI) is lowest on the K&CH site (57.7) as would be expected on a non-acute site. RAMI is 89.9 for QEQMH for this reporting period and 99 at WHH.

Work continues with coding, of note the average number of coded diagnoses per finished consultant episode (FCE) is c. 5.5 on the K&CH and QEQMH sites but 4.7 on the WHH site. The overall average number per FCE for the Trust in comparison to peer remains lower (5.2 versus 5.9)

NHS
East Kent Hospitals University
NHS Foundation Trust

Strategic Theme: Patient Safety

Serious Incidents

Apr	Serious Incidents (STEIS)	129 (92.5%)		"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."
Apr	Never Events (STEIS)	8 (33.3%)		"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."

Highlights and Actions:

During April 2019, 11 new Serious Incidents (SIs) were reported, 9 SIs closed and 2 SIs downgraded.

At the end of April 2019 there were 83 SIs open, of which 14 were breaching, 22 non-closure responses were required and 10 were awaiting a closure decision by the CCGs. The remaining 51 were within timeframes or extensions had been granted by the CCGs.

The weekly Executive led SI panel continue to support rigorous analysis of SIs and the development of improvement plans focused on systems and mitigation of Human Factors. The panel ensures the Care Groups are managing delays in investigations and responses to the CCGs.

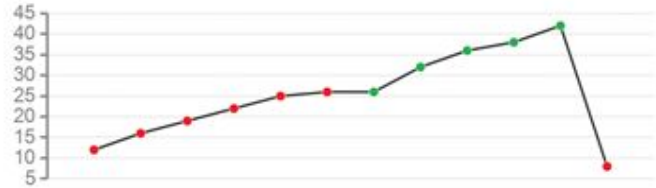
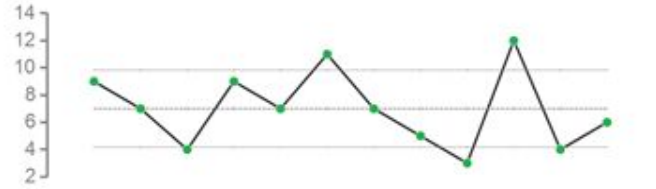
Practical support is provided by the Corporate Patient Safety team to investigation teams to improve the quality of investigations and reduce delays where possible.

Learning from SIs is shared through Lead investigator presentation to the Executive SI panel enabling constructive critique, cross Care Group learning and senior leadership oversight of emerging risks. Newsletters sharing the stories and learning from SIs are shared with staff via Care Group Governance mechanisms and the RiskWise newsletter which is circulated Trustwide. The Corporate Patient Safety team and specialists with a Trustwide remit also share learning when out in practice, during training delivery and at QII hub learning events.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Infection Control

Apr	Cases of MRSA (per month)	6 (20.0%)		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 variance (shown in direction of arrow and %) against previous 12 months.
Apr	Cases of C.Diff (Cumulative)	8 (-81.0%)		"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."
Apr	E. Coli	84 (7.7%)		"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."
Apr	MSSA	32 (-3.0%)		"The total number of MSSA bacteraemia recorded, post 48hrs.

Highlights and Actions:

C.difficile
C.difficile data is presented as the cumulative number of cases and resets to zero each April. This new financial year now brings both community onset and hospital onset C.difficile cases together in the monitoring and the trajectory set for both for the year is 95. The number recorded to date is in accordance with this trajectory.

MRSA
Year to date there have been no hospital onset MRSA bacteraemias.

NHS
East Kent Hospitals University
NHS Foundation Trust

Strategic Theme: Patient Safety

Harm Free Care

Apr	Harm Free Care: New Harms (%)	98.9 (0.4%)		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. Arrow indicates average of last 12 months data.

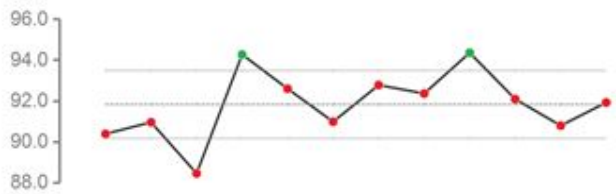
NHS East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Apr

Harm Free Care:All Harms (%)

91.8 (-0.4%)



"Percent of inpatients deemed free from harm as measured by the Safety Thermometer audit ie free from old and new harms: - Old and new pressure ulcers (categories 2 to 4) - Injurious falls - Old and new UTI - Old and new DVT, PE or Other VTE. Data source - Safety Thermometer (old and new harms)."

Highlights and Actions:

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 Apr-19 (91.93%) shows improvement since last month (90.80%) but remains below national average (93.76%). This is due to a higher than national average of patients admitted with pressure ulcers and catheter related urinary tract infections.
Actions include:

• The Trust wide Annual Pressure Ulcer audit, carried out Feb-19, shows a significant improvement in the completion of risk assessments. The full report is awaited and a trustwide action plan will be focused on improvement priorities.
• Ongoing Fall Stop training has been increased to target staff during Trust clinical induction programme. There is now a2019/2020 CQUIN (CCG7 Three High Impact Actions to prevent Hospital Falls).
• A Kent & Medway wide UTI pathway has been developed following publication of national guidance (PHE, NICE) and implementation will be focused to include roll out of the new catheter passport.

Harm Free Care experienced in our care (New Harms only) at 99.61% has improved since last month (99.06% Mar-19). The prevalence of New VTE's; New Pressure Ulcers; Falls with Harm and Catheters and New UTI's with Harm continues to remain below the national average for Acute Hospitals.

NHS East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Pressure Damage

Apr	Pressure Ulcers Cat 3/4 (per 1,000)	0.01 (59.4%)		"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 12 months."

Highlights and Actions:

April 2019

There were a total of 49 category 2 and above hospital acquired pressure ulcers reported, 10 more than last month. 37 of these were category 2 ulcers an increase of 5. 30 of these were classed as low harm incidents and the lessons identified following investigation were lack of documented prevention strategies.26 were reported on the sacrum. Four on the heel. Five involved medical devices.

There were 5 confirmed category 3 pressure ulcers. 3 of these were identified as moderate harm and require further investigation. There was 1 confirmed category 4 pressure ulcer on the neck caused by a Miami J collar at QEQM and an RCA is planned for this. However it should be noted that this ulcer is nearly healed on further review.

Seven potential deep ulcers were reported 1 more than last month. One of these was deemed moderate risk and requires an RCA. Four affected the sacrum however documentation was good in all cases. Two affected the heel and lacked evidence of heel offloading.

24 reported incidents were due to Moisture Associated Skin Damage

Actions:

- Frailty meeting took place involving Tissue Viability, Falls, Dementia and Nutrition leads to improve the frailty patient pathway. Event planned in September
- Training has taken place on areas of concern at WHH
- Bi-annual TV link nurse study took place with over 70 attendees
- ward based 'trolley dash' education session trust wide held by dressing companies to improve care of wounds
- Implemented pressure ulcer decision form to allow for more robust investigations of all hospital acquired pressure ulcers

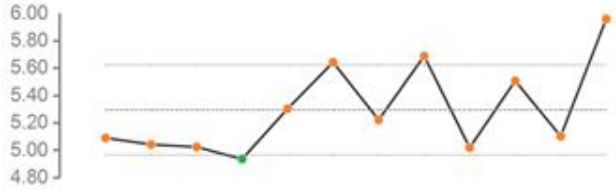
Recommendations:

- To alter SKINS and repositioning regime to make documentation easier for staff to complete
- Extend education to Multi-disciplinary team ie. Drs and allied health professionals.
- Carry out targeted work on Unstageable ulcers to look at trends and implement bespoke action plan
- Improve communication between community to facilitate more efficient and safe transfer of care and patient pathways
- Reduce all reported pressure ulcers by 10% on all metrics
- Review datixs reported by KCHFT to look for trends of particular wards of con

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Falls

Apr	Falls (per 1,000 bed days)	5.30 (-5.1%)		"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 previous 12 months."

NHS
East Kent Hospitals University
NHS Foundation Trust

Strategic Theme: Patient Safety

Highlights and Actions:

Falls incidents have increased significantly in April. There were a total of 199 patient falls (177 in March) including 51 at K&CH (the rate has reduced in April to 7.06 from 7.39), 51 at QEQMH (the rate has increased to 4.00 from 3.63) and most significantly, 96 at WHH (the rate has increased to 6.34 from 4.86). The overall rate has increased to 5.68 from 4.95 per 1000 bed days.

QEQM of note:
An avoidable hip fracture on Quex.

K&CH of note:
8 falls on Harbledown (one patient fell 2 times, one patient fell 3 times).
12 falls on Kingston (one patient fell 3 times and 1 patient fell 2 times). There was one avoidable hip fracture.

WHH of note:
8 falls on Kings C2 (2 patients fell 2 times).
12 falls occurred on Cambridge J (4 patients fell 2 times).
9 falls on AMUB
1 fall on AMU A resulted in an avoidable hip and wrist fracture.

All avoidable fracture incidents are being investigated.
All patients who had more than one fall were assessed by the Falls Team and measures put in place to prevent falls.

A small gap analysis audit is being undertaken to measure actual falls versus reported falls. This is nearing completion and is demonstrating that there is an excellent reporting culture around falls.

New low level beds with integrated sensor alarms are going to be trialled with a plan to purchase more beds with these safety features. Specifications are currently under discussion.

News: There is a 2019/2020 CQUIN (CCG7 Three High Impact Actions to prevent Hospital Falls). Actions are focussed on lying and standing blood pressures, non prescribing of medication which increases falls and mobility assessment and provision of walking aids. An audit has be undertaken to measure current practice of these actions, to enable an action plan to address the CQUIN targets, to include therapies and pharmacy. Additional fall practitioner posts (see below) would enable this action plan to be implemented successfully as the Falls Team have minimal time resource to address actions.

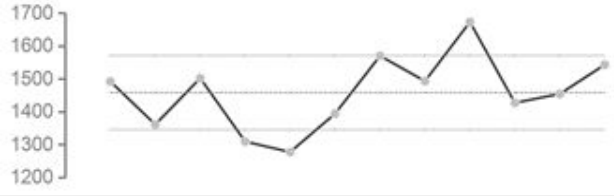
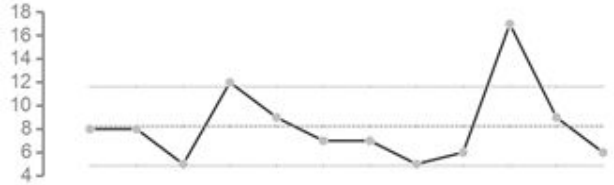
A business case has already been presented to include 2 band 4 practitoners to continue to deliver the FallStop programme, ensuring 7 day cover across all sites. This has been declined but will be resubmitted.

Risks: The Falls Team have a current risk due to long term sick leave. This impacts negatively the ward support provided and implementation of FallStop at the current time. The impact of this has been noted in April at WHH. It has also negatively impacted on the time available to the rest of the team to support wards and training is not currently being provided.

NHS
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Incidents

Apr	Clinical Incidents: Total (#)	17,507 (6.5%)		"Number of Total Clinical Incidents reported, recorded on Datix.
Apr	Blood Transfusion Incidents	99 (-33.1%)		"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."
Apr	Medicines Mgmt. Incidents	1,801 (6.6%)		"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."

NHS
East Kent Hospitals University
NHS Foundation Trust

Strategic Theme: Patient Safety

Highlights and Actions:

A total of 1498 clinical incidents have been logged as occurring in Apr-19 compared with 1453 recorded for Mar-19 and 1340 in Apr-18.
In Apr-19, 12 incidents have been reported on StEIS. Nine serious near miss incidents have been reported. Comparison of moderate harm incidents reported: 24 in Apr-19 and 14 in Mar-19, and 6 in Apr-18.
Over the last 12 months incident reporting remains constant at K&C and QEQM, but is increasing at WHH.

IPR report for Medicine management – April 2019

As of 16/05/2019 the total number of medication related incidents reported in April 2019 was 136. These included 85 no harm, 46 low harm and 5 moderate harm incident. The severity of medication related incidents reported in April 2019 shows that 62.5% of medication related incidents reported were no harm incidents. There was no medication related incident reported in April 2019 that required RCA investigation or incidents sTEIS reported.
There were 33 incidents in April 2019 categorised as 'omitted medicine/ingredient', representing 24.3% of all medication related incidents reported in April. The data produced by the Medication Safety Thermometer in April 2019 was taken from 27 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication was 26.8% and the percentage of patients with a missed critical medicine was 8.8% in April.
There have been a range of Medication Safety posters that have been produced and displayed highlighting the current medication safety issues such as the prescribing of penicillin containing antibiotics to penicillin allergic patients and the warning against prescribing enoxaparin with a Direct Oral Anticoagulant. The Medication Safety Group are working on a Medicine Patch Rotation Chart to reduce the risk of leaving medicine patches on patients. An update on the progress with insulin safety will be produced for the Insulin Safety Week campaign next week.

Blood transfusion (submitted by the Blood Transfusion Coordinator)
There were 6 Blood Transfusion related incidents in April 2019 (9 in March 2019 and 8 in April 2018).

Of the 4 incidents 2 were graded as no harm and 4 as low harm.

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

NHS
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Friends & Family Test

Apr	IP FFT: Response Rate (%)	35 (0.3%)		"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 months."
Apr	IP FFT: Recommend (%)	97 (0.2%)		

NHS
East Kent Hospitals University
NHS Foundation Trust

Strategic Theme: Patient Safety

Apr

IP FFT: Not Recommend (%)

1.3
(-14.3%)

"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 direction of arrow and %) against the previous 12 months."

Highlights and Actions:

A total of 5294 responses were received. Overall response rates improved in our maternity units and fell in ED, inpatients and day cases. Response rate for the EDs was16.23% (17.6% Mar-19), inpatients 33.77% (38.4% Mar-19), maternity; birth only 33.19% (21.1% Mar-19) and day cases 26.06% (29.1% Mar-19).

The Trust star rating in April is4.54 (4.53 Mar-19). 89.3% of responders would recommend us to their friends and family and 6.5% would not. Recommendations by patients improved in outpatients but fell slightly in inpatients, ED and maternity. Inpatients, including paediatrics, who would recommend our services96.18% (97.4% Mar-19), EDs 78.7% (81.8% Mar-19), maternity 98.7% (100% Mar-19), outpatients 91.8% (91.5% Mar-19) and day cases 94.57% (94.8% Mar-19).

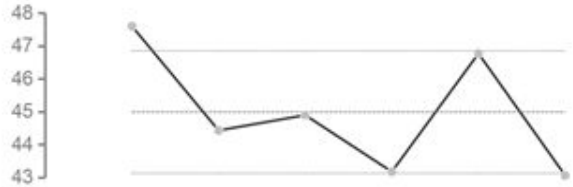
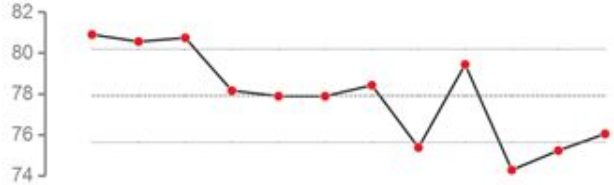
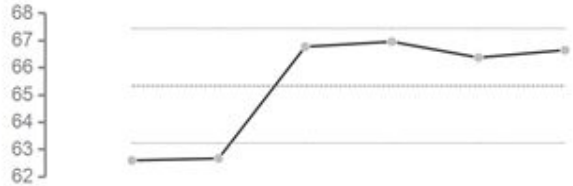
Care, Staff attitude and Implementation of care are the three top positive themes for Apr-19. The three top negative themes for the trust were Care, waiting times and Staff Attitude demonstrating the importance of good patient communication with a positive staff attitude and improving patient waiting times.

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 Care Group Governance teams.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Patient Experience 1

Apr	IP Survey: Overall, did you get the care that matters to you?	44.6		Inpatient Survey: Patients views on if they got the overall care that mattered to them as a %
Apr	IP Survey: Are you aware of which nurse is in charge of your care each shift? (%)	78 (-0.6%)		IP Survey: Are you aware of nurse in charge of your care each shift? (%)
Apr	IP Survey: Encouraged to get up and wear own clothes (%)	65		Responses taken from the Inpatient Survey. Question: "Have you been encouraged to get up during your hospital stay and wear your own clothes?"

Highlights and Actions:

Our inpatient survey enables our patients to record their experience in real-time. This month we received 2958 completed inpatient surveys, an increase from 2616 last month.

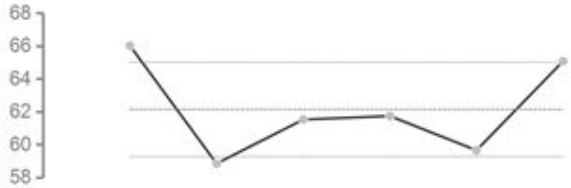
New questions were added into the survey in Nov-18 to enable close monitoring of four key areas where our performance in the 2017 national inpatient survey (published in May-18) was below the national average. Baseline performance in patients getting the care that matters to them, ensuring patients are aware of which nurse is in charge of their care, ensuring patients have been encouraged to get up during their hospital stay and wear their own clothes and ensuring that patients received enough help from staff to eat their meals demonstrated significant opportunity for improvement.

This month an improvement is seen in three out of four of these important elements of patient experience. This local survey supports our improvement priorities, with progress monitored through the Patient Experience Committee.

NHS
East Kent Hospitals University
NHS Foundation Trust

Strategic Theme: Patient Safety

Patient Experience 2

Apr	IP Survey: Help from Staff to Eat Meals (%)	62		Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?"
Apr	Cleanliness %	90 (-0.1%)		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 shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

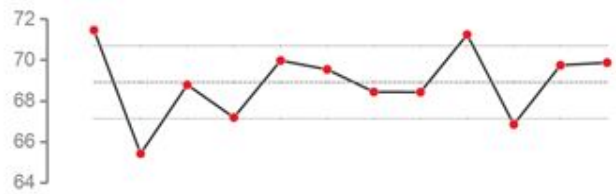
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Apr

Hospital Food? %

69
(-1.2%)



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 direction of arrow and %) against the previous 12 months.

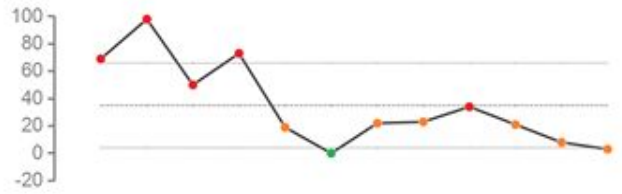
Highlights and Actions:

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. All wards have reported their performance (against the patient experience metrics) through the inpatient survey this month.

NHS
East Kent Hospitals University
NHS Foundation Trust

Strategic Theme: Patient Safety

Mixed Sex

Apr	Mixed Sex Breaches	420 (-64.3%)		"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."

Highlights and Actions:

There were 7 mixed sex accommodation occurrences in total, affecting 79 patients.

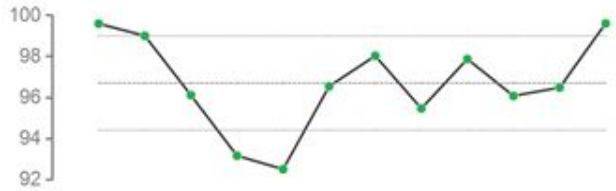
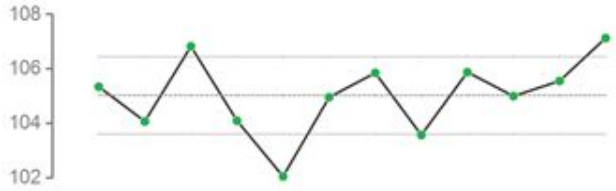
Incidence of mixed sex accommodation breaches has decreased with 1 non-justifiable occurrence, affecting 3 patients, within the WHH AMU B linked to flow (1). The remaining incidents occurred in WHH CCU (5) and QEQM Fordwich (1), which were justifiable based on clinical need. This information has been reported to NHS England.

Rigorous work continues in achieving compliance with the national definition of mixed sex accommodation. The Privacy and Dignity and Eliminating mixed sex accommodation Policy is updated to reflect National guidance.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Safe Staffing

Apr	Shifts Filled - Day (%)	97 (-1.8%)		Percentage of RCN 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.
Apr	Shifts Filled - Night (%)	105 (-1.5%)		Percentage of RCN 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.
Apr	Care Hours Per Patient Day (CHPPD)	11 (-1.8%)		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 months.

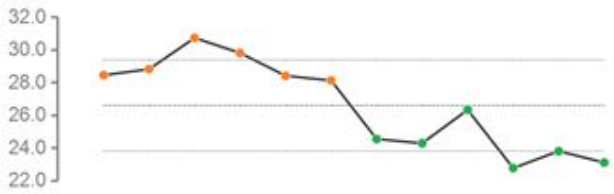
NHS
East Kent Hospitals University
NHS Foundation Trust

Strategic Theme: Patient Safety

Apr

Midwife:Birth Ratio (%)

26.6
(-6.4%)



The number of births compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.

Highlights and Actions:

Percentage 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 which shows an average overall fill rate of102.9% compared to 99.7% in Mar-19.

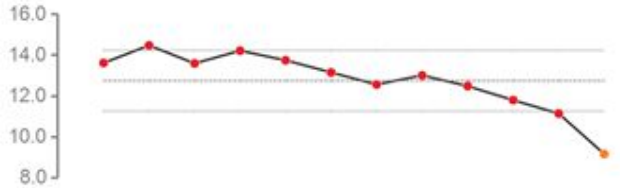
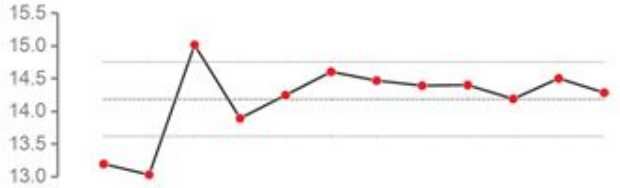
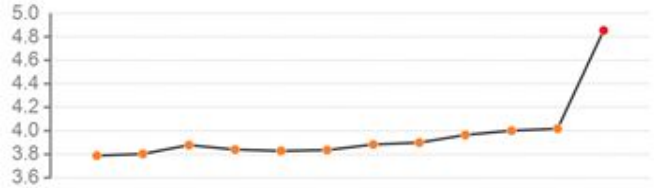
Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59hrs each day during the month. CHPPD is similar to Mar-19 and within the control limits. The range is from around 5.0 hours of care per patient on medical wards to over 25 within critical care areas where one to one care is required.

Further detail is provided in the appended paper submitted to the Quality Committee and reported by the Chair at Board of Directors.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Gaps & Overtime

Apr	Vacancy (12 Monthly Avg) %	12.8		"% 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."
Apr	Staff Turnover (%)	14.2 (7.2%)		"% 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 12 months."
Apr	Sickness (12 Monthly Avg) %	3.9		% 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 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

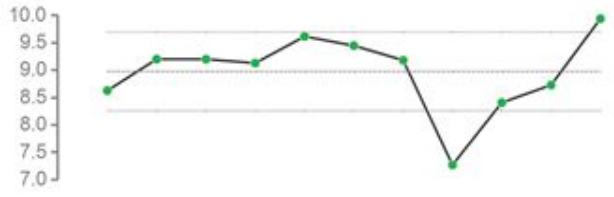
NHS
East Kent Hospitals University
NHS Foundation Trust

Strategic Theme: Human Resources

Apr

Overtime %

9.0
(3.1%)



% of Employee's that claim overtime.

Highlights and Actions:

Gaps and Overtime

The vacancy rate decreased to 12.8% (last month 13.1%) for the average of the last 12 months, which is an improvement on last month but higher than last year. However, the monthly rate continued its downward trend to 7.99% (down from 8.16%). There are currently approximately 630 WTE vacancies across the Trust (640 WTE last month). More work is being undertaken to target hard to fill vacancies, particularly within nursing and Medical specialties. There are approximately420WTE candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes approximately217 Nursing and Midwifery staff (including ODPs) and 89 Medical and Dental staff. For information,59 WTE New Qualified Nurses have also been appointed.

The Turnover rate in month decreased to 11.8% (last month 12.0%), and the 12 month average increased to 14.2% (14.1% last month). 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. Turnover remains highest in Urgent & Emergency Care at 15.5%.

The in month sickness absence position for March was 4.16% - which is an decrease from4.39% in February. The 12 month average remains 3.9%, and remains on a downward trajectory. Care Groups have developed 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.

Overtime as a % of wte increased slightly last month, from approximately 8.5% to approximately 10.0%, and is above the average for the last 12 months. As a result of this, the average over the last 12 months increased to 9.0% from 8.9% last month. All metrics are reviewed and challenged at a Care Group level in the monthly Executive Performance Reviews.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Temporary Staff

Apr	Employed vs Temporary Staff (%)	89.3 (0.8%)		"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 %) against the previous 12 months."
Apr	Agency %	7.8 (22.7%)		% of temporary (Agency and Bank) staff of the total WTE
Apr	Bank Filled Hours vs Total Agency Hours	60 (3.0%)		% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff

Highlights and Actions:

Temporary Staff

Total staff in post (WTE) increased in April to 7282.99 (up from 7215.90 WTE in March), which left a vacancy factor of approx. 632 wte across the Trust (640 WTE in March and 724 WTE in February).

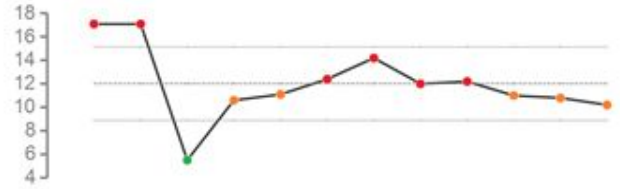
The average percentage of employed staff vs temporary staff over the last12 months increased to 89.3% (89.2% last month), and remains an improvement over the previous 12 months. As a result of this, the percentage of agency staff of the total WTE for the Trust decreased to approximately8%, fro almost 10% in the previous month. This was also partly as a result of an increase in Bank filled hours against total agency hours.

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.

NHS
East Kent Hospitals University
NHS Foundation Trust

Strategic Theme: Human Resources

Workforce & Culture

Apr	Statutory Training (%)	98 (0.4%)		"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 previous 12 months. "
Apr	Appraisal Rate (%)	76.4 (-5.0%)		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.
Apr	Time to Recruit	12 (-10.5%)		"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."

Highlights and Actions:

Workforce & Culture

Average Statutory training 12 month compliance remains on an upwards trajectory, and increased to 92% in month for April (91% in March). This remains above the target of 85%. Care Groups 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 increased to81% in month for April (80% in March), with Surgery & Anaesthetics achieving 90% compliance and Cancer Services achieving 89% compliance. Care Groups 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. Targeted work within the Urgent Care and General Medicine Care Groups continues to see the appraisal compliance increase.

The average time to recruit is 10 weeks, which is an improvement on last month, and an improvement on the previous 12 months. The 12 month average time to recruit was 12 weeks. The Resourcing Team are on track to reduce time to recruit to below8 weeks to ensure recruitment time meets the demands of our services. To support this reduction, the team are now fully established and Advisors have been allocated to Care Groups to support improvements.

East Kent Hospitals University NHS Foundation Trust

Activity vs. Internal Business Plan

Key Performance Indicators

Apr

	Apr-19				YTD				YTD vs Last Yr				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
Referral Primary Care	13,980	14,485	(-505)	-3%	13,980	14,485	(-505)	-3%	13,980	14,326	(-346)	-2%	<=0%
Referral Non-Primary Care	13,979	14,113	(-134)	-1%	13,979	14,113	(-134)	-1%	13,979	14,251	(-272)	-2%	<=0%
OP New	16,978	15,241	1,737	11%	16,978	15,241	1,737	11%	16,978	16,248	730	4%	>=0%
OP Follow Up	37,299	36,138	1,161	3%	37,299	36,138	1,161	3%	37,299	37,221	78	0%	>=0%
Elective Daycase	6,090	6,077	13	0%	6,090	6,077	13	0%	6,090	6,272	(-182)	-3%	>=0%
Elective Inpatient	1,079	1,317	(-238)	-18%	1,079	1,317	(-238)	-18%	1,079	1,140	(-61)	-5%	>=0%
A&E	19,067	17,484	1,583	9%	19,067	17,484	1,583	9%	19,067	17,440	1,627	9%	>=0 & <5%
Non-Elective Inpatient	7,313	6,449	864	13%	7,313	6,449	864	13%	7,313	6,580	733	11%	>=0 & <5%
Chemotherapy	1,160	1,179	(-19)	-2%	1,160	1,179	(-19)	-2%	1,160	1,142	18	2%	>=0%
Critical Care	925	782	143	18%	925	782	143	18%	925	2,626	(-1,701)	-65%	>=0%
Dialysis													
Maternity Pathway	1,031	1,117	(-86)	-8%	1,031	1,117	(-86)	-8%	1,031	1,077	(-46)	-4%	>=0%
Pre-Op Assessments	3,054	3,414	(-360)	-11%	3,054	3,414	(-360)	-11%	3,054	3,226	(-172)	-5%	>=0%
Diagnostic	471,833	460,439	11,394	2%	471,833	460,439	11,394	2%	471,833	453,759	18,074	4%	<=0%
Other	4,710	5,172	(-462)	-9%	4,710	5,172	(-462)	-9%	4,710	5,006	(-296)	-6%	>=0%

East Kent Hospitals University NHS Foundation Trust

April 2019

Summary Performance

Elective Care

In April Primary Care referrals were 3% (-505) below planned levels. Non Primary Care referrals were also below expected levels by 1% (-134) in month.

The Trust achieved the new outpatient plan in April with appointments 11% above planned levels. Some underperformances were seen in the Gastroenterology service (-115) Ear, Nose and Throat (-112) and Neurology (-105).

The Trust over-performed the Follow up plan in April by 3%. Ophthalmology (-284), Community Paediatrics (-205) and Community Paediatric Neuro Disability (-171) saw some underperformed against the business plan.

Daycase admissions hit plan and delivered in April, Elective Admissions are 18% below plan with General Medicine (-100) and Trauma and Orthopaedics (-62) contributing to the largest underperformance.

Daycase and Elective productivity delivered in April allowed the Trust to clear 157 patients from the Elective waiting list.

Summary Issues, actions and timescales:

Issue

- Capacity plan not meeting contract or demand in Gastroenterology, ENT and Neurology.
- Elective admissions are below plan in General Medicine and Trauma and Orthopaedics.
- Admin processes needing further improvement.
- Data quality.

East Kent Hospitals University NHS Foundation Trust

Action and timescales

- 2019/20 activity plan to be based on actual activity with risks clearly identified (April 2019). *Completed.*
- Specific improvement plans to be in place to deliver agreed pathways and capacity (April 2019). *Ophthalmology and Dermatology improvement plans are being developed.*
- OPD improvement plan developed (May 2019). *In progress and on schedule to meet timescale.*
- Training tree with specific tools to be implemented (May 2019). *In progress and with recommendations on schedule to meet timescale.*
- Gastroenterology full service review and improvement plan are in development. (June 2019)
- Identify additional capacity in ENT and Neurology – (May 2019)

East Kent Hospitals University NHS Foundation Trust

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	971	1,461	-34%	-490
130 - Ophthalmology	1,067	1,302	-18%	-235
101 - Urology	555	774	-28%	-219
420 - Paediatrics	431	558	-23%	-127
103 - Breast Surgery	628	715	-12%	-87
120 - Ear, Nose & Throat	902	986	-9%	-84
330 - Dermatology	1,120	1,204	-7%	-84
400 - Neurology	412	337	22%	75
340 - Respiratory Medicine	544	307	77%	237
110 - Trauma & Orthopaedics	990	748	32%	242
Total	**13,980**	**14,485**	**-3%**	**-505**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	1,685	2,852	-41%	-1,167
430 - HCOOP	107	287	-63%	-180
650 - Physiotherapy	999	1,126	-11%	-127
110 - Trauma & Orthopaedics	1,814	1,927	-6%	-113
651 - Occupational Therapy	122	219	-44%	-97
100 - General Surgery	416	255	63%	161
800 - Clinical Oncology	1,106	928	19%	178
130 - Ophthalmology	1,326	1,106	20%	220
502 - Gynaecology	844	581	45%	263
340 - Respiratory Medicine	778	202	284%	576
Total	**13,979**	**14,113**	**-1%**	**-134**

OP New

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	473	588	-20%	-115
120 - Ear, Nose & Throat	1,006	1,118	-10%	-112
400 - Neurology	504	609	-17%	-105
420 - Paediatrics	663	558	19%	105
100 - General Surgery	450	331	36%	119
502 - Gynaecology	1,246	1,022	22%	224
110 - Trauma & Orthopaedics	1,263	1,004	26%	259
330 - Dermatology	1,084	810	34%	274
104 - Colorectal Surgery	798	515	55%	283
130 - Ophthalmology	1,525	1,091	40%	434
Total	**16,978**	**15,241**	**11%**	**1,737**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	3,934	4,218	-7%	-284
290 - Community Paediatrics	1,681	1,886	-11%	-205
291 - Community Paediatric Neuro-Disa	389	560	-31%	-171
800 - Clinical Oncology	3,657	3,508	4%	149
301 - Gastroenterology	1,190	1,013	17%	177
410 - Rheumatology	820	627	31%	193
502 - Gynaecology	1,301	1,086	20%	215
140 - Maxillo Facial	887	670	32%	217
330 - Dermatology	1,690	1,452	16%	238
655 - Orthoptics	762	245	211%	517
Total	**37,299**	**36,138**	**3%**	**1,161**

East Kent Hospitals University NHS Foundation Trust

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	291	469	-38%	-178
300 - General Medicine	1,550	1,671	-7%	-121
140 - Maxillo Facial	186	261	-29%	-75
340 - Respiratory Medicine	73	127	-42%	-54
330 - Dermatology	204	248	-18%	-44
800 - Clinical Oncology	573	501	14%	72
303 - Clinical Haematology	356	282	26%	74
101 - Urology	735	643	14%	92
301 - Gastroenterology	172	70	146%	102
410 - Rheumatology	124	10	1097%	114
Total	**6,090**	**6,077**	**0%**	**13**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	87	187	-53%	-100
110 - Trauma & Orthopaedics	274	336	-18%	-62
502 - Gynaecology	74	101	-26%	-27
100 - General Surgery	80	106	-25%	-26
101 - Urology	220	244	-10%	-24
120 - Ear, Nose & Throat	38	60	-37%	-22
140 - Maxillo Facial	18	31	-42%	-13
501 - Obstetrics	9	0		9
811 - Interventional Radiology	22	10	126%	12
420 - Paediatrics	36	22	66%	14
Total	**1,079**	**1,317**	**-18%**	**-238**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
420 - Paediatrics	692	760	-9%	-68
300 - General Medicine	1,898	1,965	-3%	-67
560 - Midwifery	148	208	-29%	-60
340 - Respiratory Medicine	44	98	-55%	-54
320 - Cardiology	156	200	-22%	-44
501 - Obstetrics	388	420	-8%	-32
110 - Trauma & Orthopaedics	316	346	-9%	-30
100 - General Surgery	578	556	4%	22
101 - Urology	377	355	6%	22
180 - Accident & Emergency	1,381	173	700%	1,208
Total	**7,313**	**6,449**	**13%**	**864**

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	471833	460439	2%	11,394
A&E	19067	17484	9%	1,583
Other	4710	5172	-9%	-462
Pre-Op	3054	3414	-11%	-360
Critical Care	925	782	18%	143
Maternity Pathway	1031	1117	-8%	-86
Chemotherapy	1160	1179	-2%	-19
Dialysis				

East Kent Hospitals University NHS Foundation Trust

4 Hour Emergency Access Standard

Key Performance Indicators

77.13%

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Green
4 Hour Compliance (EKHUFT Sites) %	80.80%	82.55%	79.18%	80.04%	77.15%	80.89%	81.74%	79.36%	74.20%	73.85%	78.23%	77.13%	95%
4 Hour Compliance (inc KCHFT MIUs)	83.95%	85.67%	82.95%	83.52%	81.02%	83.88%	84.50%	82.25%	77.93%	77.56%	81.53%	80.54%	95%
12 Hour Trolley Waits	0	0	0	0	0	0	0	0	0	0	0	0	0
Left without being seen	2.39%	2.05%	2.75%	2.44%	3.52%	3.09%	2.77%	3.03%	3.02%	3.56%	3.67%	4.03%	<5%
Unplanned Reattenders	9.12%	9.31%	9.84%	9.91%	10.23%	9.82%	9.56%	9.46%	9.59%	9.82%	9.83%	10.70%	<5%
Time to initial assessment (15 mins)	95.3%	92.8%	94.4%	91.4%	72.8%	71.4%	70.9%	65.0%	66.3%	66.3%	65.6%	66.9%	90%
% Time to Treatment (60 Mins)	49.5%	51.7%	42.7%	48.1%	45.7%	50.7%	52.7%	48.7%	50.5%	47.9%	44.9%	44.0%	50%

2019/20 Trajectory (NHSI return)

0.72 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Green
Trajectory	76.4%	81.9%	85.6%	84.2%	86.6%	85.3%	89.7%	92.1%	91.0%	84.9%	87.5%	86.2%	
Performance	77.1%												

The above table shows the ED performance, including the health economy MIU activity and also with EKHUFT only performance.

Summary Performance

April performance for the organisation against the 4 hour target was 77.13% (EKHUFT sites only); against the NHS Improvement trajectory of 76.4%. This represents a 1% decrease in performance compared to the previous month (78.2%). Compliance including KCHFT MIUs reported at 80.54%. There were no 12 Hour Trolley Waits in April.

The total number of patients remains above trajectory spikes in attendance are seen across the week.

The proportion of patients who left the department without being seen was 4.03%. The unplanned re-attendance position is high at 10.7%. Time to treatment within 60 minutes remained below 50% at 44%. The main reason for A&E breaches were delayed to being seen/waiting medical bed (65%).

The Emergency Departments have continued to be challenged due to poor patient flow compounded by a low discharge profile across all sites. The significant reduction in external capacity has continued into April. This has resulted in patients who require a supported discharge being delayed in hospital. The capacity identified does not meet the needs and changing acuity of our patients. A consequence of this is patients who require an emergency admission are delayed in ED, leading to a poor patient experience and at times of high demand, an increased risk of overcrowding in ED.

The Trust has over 100 patients who are waiting for a supported discharge and 90+ patients recorded as delayed transfers of care. Kent and Canterbury Hospital has the greatest proportion of delayed transfers of care recorded and length of stay patients >104 days and >21 days.

ED staff have continue to implement their improvement plan, which includes a staff development programme and workforce plan. The challenges with agency staff availability and short notice cancellations can challenge the skill mix, particularly at night, and is being activity managed at Executive level.

The numbers of patients being streamed through the observation wards at QEQM and WHH is improving.

A referral approach with system partners with a focus on length of stay patients is in progress.

Issue

- Increased presentations to ED – +9% (1583 above plan)
- Increased emergency admissions – +13% (864 above plan)
- Short notice cancellations or vacancies on nursing rota
- Senior decision making earlier in the patient pathway
- Late afternoon and night time breaches
- Skill mix/leadership overnight remains a challenge
- High number of delayed transfers of care

- High cohort of long length of stay patients at Kent and Canterbury

Action and timescale

- To continue to implement and embed use of observation bays 24/7.
- Improve early decision making to get flow earlier in the day.
- Daily East Kent Chief Operating Officer DTOC conference calls are in place to drive reductions in length of stay and delayed transfers of care
- Continue to work with the ART team to prioritising streaming to Primary Care stream in ED. (immediately and ongoing)
- ED leadership team to continue to implement the ED Improvement Plan, which includes ED coordination training. (immediately and ongoing)

East Kent Hospitals University NHS Foundation Trust

Cancer Compliance

Key Performance Indicators

78.78 %

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Green
62 Day Treatments	65.11%	64.88%	65.38%	65.79%	68.84%	75.85%	70.95%	82.08%	68.21%	76.88%	81.56%	78.78%	>=85%
>104 day breaches	31	34	36	24	12	9	4	8	10	8	7	10	0
Demand: 2ww Refs	3,406	3,243	3,204	3,100	2,874	3,483	3,307	2,656	3,414	3,228	3,322	3,210	3043 - 3364
2ww Compliance	93.80%	94.20%	94.97%	93.64%	91.08%	83.43%	93.29%	96.73%	96.52%	98.31%	97.87%	97.71%	>=93%
Symptomatic Breast	84.35%	94.12%	93.13%	84.17%	94.39%	68.46%	83.33%	95.00%	97.22%	98.31%	92.76%	93.64%	>=93%
31 Day First Treatment	96.21%	96.25%	95.52%	95.41%	97.50%	97.40%	97.07%	97.66%	95.63%	97.73%	96.06%	97.19%	>=96%
31 Day Subsequent Surgery	78.95%	82.22%	94.44%	95.56%	96.00%	93.33%	100.00%	97.22%	97.78%	96.49%	94.74%	81.63%	>=94%
31 Day Subsequent Drug	98.84%	99.03%	99.15%	98.96%	97.75%	99.19%	98.06%	98.85%	98.28%	97.27%	100.00%	100.00%	>=98%
62 Day Screening	82.93%	100.00%	80.00%	93.94%	87.76%	87.50%	85.71%	87.50%	100.00%	76.92%	82.61%	100.00%	>=90%
62 Day Upgrades	70.00%	80.65%	84.62%	95.24%	72.73%	80.77%	90.00%	70.00%	84.00%	86.67%	76.47%	81.82%	>=85%

2018/2019 Trajectory

-6.74 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Green
STF Trajectory	85.52%	85.71%	85.33%	85.96%	86.31%	85.97%	85.71%	86.19%	86.06%	85.71%	85.51%	85.65%	Apr
Performance	78.78%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	Apr

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.

The Trust is on target to meet 5 of the 8 reportable constitutional standards, subject to validation.

NHS
East Kent Hospitals University
NHS Foundation Trust

62 Day Performance Breakdown by Tumour Site

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
01 - Breast	96.2%	95.5%	93.8%	80.8%	89.2%	73.9%	72.4%	89.2%	67.4%	84.3%	86.0%	88.9%
03 - Lung	84.8%	76.5%	70.8%	72.3%	57.1%	52.2%	59.4%	93.5%	64.5%	81.8%	93.3%	59.5%
04 - Haematological	25.0%	50.0%	70.6%	13.3%	63.2%	50.0%	71.4%	75.0%	38.5%	33.3%	62.5%	70.0%
06 - Upper GI	66.7%	78.6%	90.3%	66.7%	59.1%	70.6%	64.7%	100.0%	61.1%	75.0%	60.9%	77.8%
07 - Lower GI	48.8%	63.4%	68.3%	75.0%	65.0%	84.8%	41.4%	57.1%	62.9%	73.8%	64.7%	61.5%
08 - Skin	89.5%	97.1%	97.8%	97.1%	100.0%	100.0%	91.7%	96.7%	94.9%	98.2%	100.0%	95.7%
09 - Gynaecological	34.8%	42.1%	52.0%	72.7%	84.0%	69.7%	100.0%	80.0%	80.0%	71.4%	76.5%	80.0%
10 - Brain & Nervous System					100.0%							
11 - Urological	51.7%	38.8%	39.4%	51.5%	52.1%	70.5%	67.8%	78.4%	64.8%	81.1%	76.2%	85.5%
13 - Head & Neck	45.0%	93.3%	60.0%	60.0%	56.3%	100.0%	50.0%	85.7%	52.4%	42.1%	92.6%	40.0%
14 - Sarcoma	0.0%	100.0%	0.0%			100.0%		100.0%	50.0%	50.0%		100.0%
15 - Other		40.0%	100.0%	50.0%	66.7%	0.0%		33.3%	0.0%	40.0%	25.0%	66.7%

Summary Performance

April 62 day performance is currently 78.78% against the improvement trajectory of 85.52%, validation continues until the beginning of June in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,473 and there were 10 patients waiting 104 days or more for treatment or potential diagnosis.

Significant improvement plans are in place on all tumour sites and cancer pathways with initiatives are continuing to show improvement. The Cancer Improvement Plan has been shared with NHSI. The Improvement Plan is being updated for 2019/20 to incorporate ongoing and new actions.

East Kent Hospitals University NHS Foundation Trust

The improvement with 2ww performance has continued. The practice of early patient contact within 48 hours to agree their appointment has become embedded and sustained.

A deep dive has been held with urology services in month by NHSI/E seeking to understand improvements following the Trust receiving additional funding for this service.

The daily reviews of 2ww and 73+ day patients is continuing and enabling director level escalations and actions to be progressed and this has included escalation to the Chief Operating Officer and CEO of tertiary providers.

There are consultant oncology vacancies and some convoluted pathways in breast screening which has compromised delivery in month on 31 day subsequent surgery.

There were 10 patients waiting over 104 days for diagnosis and/or commencement of treatment. Care Groups have carried out potential harm reviews and assurance can be provided that no harms have been reported. Validation will continue until mid-June. The number of long waiting patients is decreasing overall with a continued focus on ensuring patients are being monitored and progressed much earlier in their pathway.

Issue

- Breaching 62 days (Lung and Head and Neck reported the lowest compliance and compromised performance in-month). These are very complex pathways.
- Increase in the number of 104 day patients in month.
- Breast screening breaches compromising 31 day subsequent surgery.

Action and timescale

- The actions to reduce >62 day breaches is improving waiting times. This will continue with Director level review (end of May 2019). *(Progressing to timescale)*
- Director level contacts at tertiary centres to reduce >104 day patients (end of May 2019) by the Chief Operating Officer.
- Review breast screening cancer pathway has been reviewed and timed pathways are being agreed.

NHS
East Kent Hospitals University
NHS Foundation Trust

18 Week Referral to Treatment Standard

Key Performance Indicators

79.15 %

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Green
Performance	78.56%	79.02%	79.65%	79.06%	76.27%	74.88%	72.16%	72.42%	76.10%	77.89%	80.03%	79.15%	>=92%
52w+	218	201	167	125	129	120	102	74	38	27	8	3	0
Waiting list Size	54,964	53,411	53,193	53,552	54,712	55,607	54,492	53,169	50,134	48,743	48,695	45,867	<38,938
Backlog Size	11,785	11,207	10,824	11,212	12,983	13,966	15,170	14,662	11,984	10,776	9,723	9,564	<2,178

2018/2019 Trajectory

1.15 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Green
Performance Trajectory	78.00%	79.00%	80.00%	80.00%	78.00%	80.00%	81.00%	82.00%	79.00%	80.00%	81.00%	82.00%	87%
Performance	79.15%												

3

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Green
52w Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	Apr
Performance	3												

The RTT Improvement Plan is being refreshed to continue to improve performance during 19/20 with a focus on reducing waiting times, efficient use of outpatient clinic capacity and eliminating 52 week waits.

During April the Care Groups have focussed on outpatient productivity and ensuring outpatient activity is accurately cashed up. Although performance has dropped by just under 1% in month the total waiting list size and backlog have dropped by 9,097 and 2,221 since May 2019.

A validation exercise took place and the overall size of the waiting list reduced by 2,828 (in month) and by 9,097 year to date. The waiting list size reported at 45,867 for April 2019, the overall backlog position has reduced to 9,564.

The number of patients waiting over 52 weeks for treatment has reduced to 3 and with all Care Groups committed and continued focus to eliminating 52 week breaches. Care Groups have provided information on pathway management and assurance can be provided that no potential harm has been raised by Care Groups.

The Out Patient Transformation Plan is being finalised following attendance at NHSI led event for all STP members in the South Region.

Issues

- Overall size of waiting list
- Validation of pathways required
- Training programme to reduce issues relating to pathway management and duplication.
- Speciality specific issues (workforce, job plans and theatre templates)

Actions and timescale

- Activity meetings to drive OPD and theatre efficiency (April 2019) continue.
- Standardised PTL are in place to highlight next in time patient management (April 2019) – *completed and with ongoing weekly monitoring.*
- Training programme for PAS, including pathway management codes and tools (May 2019) – *on schedule.*
- Speciality level plans are developed and monitored weekly within production plans (April 2019) – *completed and with ongoing weekly monitoring.*
- Validation exercise undertaken by NHSI and NECSU has provided the opportunity to reduce the overall size of the PTL. An action plan has been agreed and will be implemented.
- Review of the Access Policy is being undertaken to aid and support improved decision making for clinicians and managers, to improve tracking of patient waiting and removals. (June 2019).

East Kent Hospitals University NHS Foundation Trust

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.29 %

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Green
Performance	99.30%	99.09%	98.44%	98.03%	98.57%	99.31%	99.65%	99.56%	99.56%	99.49%	99.59%	99.29%	>=99%
Waiting list Size	15,192	16,350	16,888	15,126	12,750	12,820	13,329	12,235	12,949	14,210	15,058	15,517	<14,000
Waiting > 6 Week Breaches	106	149	264	298	182	88	46	54	36	73	61	110	<60
Average Wait													<4

2018/19 Trajectory

0.19 %

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
STF Trajectory	99.10%	99.10%	99.10%	99.10%	99.10%	99.11%	99.11%	99.10%	99.10%	99.10%	99.10%	99.11%
Performance	99.30%	99.09%	98.44%	98.03%	98.57%	99.31%	99.65%	99.56%	99.56%	99.49%	99.59%	99.29%

Summary Performance

The standard has been met for April 19 with a compliance of 99.29%. As at the end of the month there were **110** patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 71
- Cardiology: 2
- Urodynamic: 30

- Sleep Studies : 0
- Cystoscopy : 2
- Colonoscopy : 1
- Gastroscopy : 3
- Flexi Sigmoidoscopy : 1

The standard has been met for April, however the waiting list size has increased by 459 patients due to increased referrals into radiology diagnostics, particularly MRI. The increase in demand reflects an increase in attendances to A&E and also cancer referrals. This increase in referrals has been sustained for three months back to levels of August 2019. In month there were a number of equipment failures which has impacted on MRI capacity. A recovery plan is in place and the Trust is working through to mitigate non delivery of standards for May 2019.

Issues

- Endoscopy demand does not presently meet capacity
- Radiology referral has a high referral rate and requires redesign of pathways.
- Urodynamics requires capacity and pathway redesign to meet demand.
- Cardiology pathways and waiting list management for inpatient and out patients requires improvement.
- Equipment breakdown – static and mobile machines has meant a number of cancellations and rescheduling of patients.

Action and timescale

- Comprehensive endoscopy improvement plan is being developed, which will be part of a full service review. (6 months implementation). *Progressing to timescale.*
- Cardiology pathway improvement underway and to be completed by June 2019. *Progressing to timescale.*
- Radiology improvement plan will be developed by June 2019. *Progressing to timescale.*
- Urodynamic pathway redesign and demand and capacity plan is being developed by June 2019. *Progressing to timescale.*

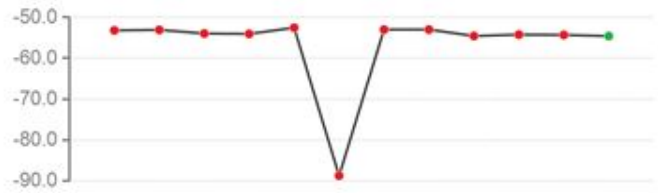
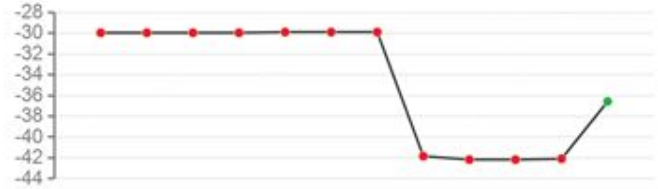
East Kent Hospitals University NHS Foundation Trust

- Care Group Directors have had discussions about MRI equipment failure with suppliers and recovery plans are in place to mitigate non delivery of standards during May, ie additional capacity, outsourcing and rebooking of patients.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Finance

Apr	I&E £m (Trust Only)	-4.9 (69.2%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.Month 7 includes a £34.3m impairment due to revaluation of Trusts assets prior to transfer to 2Gether. NHSI add back this impairment in evaluating the Trust.
Apr	Cash Balance £m	21.2 (13.6%)		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.
Apr	Total Cost £m (Trust Only)	-54.6 (0.5%)		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.Mth 7 includes a £34.7m impairment, see I&E note above.
Apr	Forecast £m	-36.6 (-13.1%)		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.

NHS
East Kent Hospitals University
NHS Foundation Trust

Strategic Theme: Finance

Highlights and Actions:

The Trust generated a consolidated deficit in month of £4.7m which is £0.1m better than the planned position.

The main drivers of this position were:
- Clinical income underperformance in bowel scoping (£0.1m), cancer drugs (£0.1m), specialist dental work (£0.1m) and insurance claims recovery (£0.1m).
- EKHUFT Pay underspend of £0.1m driven by overspends in agency staffing relating to operational pressure being entirely offset by underspends in bank & substantive pay categories

- EKHUFT Non-pay underspend against plan of £0.6m with a number of key reduction in spend in particular drugs, clinical supplies and purchase of healthcare which total £0.8m positive variance.
- Subsidiaries adverse position of £0.2m which requires further work to understand the key drivers.

The final year-end forecast remains in line with the planned position of a consolidated £37.5m deficit excluding technical adjustments.

EKHUFT unconsolidated expenditure is favourable to plan by £0.8m in April with pay showing an underspend of £0.1m and non-pay £0.6m. Underspends on substantive and bank staffing costs totalling £0.5m are offset by overspends on agency and directly engaged staff totalling £0.4m. Pay costs grew by £0.8m in April when compared to March, mainly relating to the 2019-20 pay award.

The East Kent CCGs contract is an aligned incentive contract which means that income (excluding high cost drugs) is fixed at £420m for the year. Drugs expenditure is planned at £20m however this will be monitored and paid on a variable basis depending on actual spend. Any over or underperformance against drugs will have an offsetting effect against expenditure so is neutral to the bottom line. The Trust will continue to report activity and income performance against plan to ensure we maintain focus on delivering access targets and to ensure alignment with the expenditure position.

Overall clinical income was £0.5m adverse to plan, although the East Kent CCG contract was in line with the plan excluding high cost drugs. The main areas of underperformance which drove the income variance was bowel scoping (£0.1m), cancer drugs (£0.1m), specialist dental work (£0.1m) and insurance claims recovery (£0.1m). Non-clinical income was on plan in April.

The Trust's CIP target for the year is £30m. As at the time of reporting, c.61% of schemes forecast were 'green' rated. Care Groups, supported by the PMO, continue working up schemes for 2019/20 focusing on delivery of planned target and moving Red and Amber schemes to Green. EKHUFT delivered the £1m of required CIP in April consistent with the plan.

The Trust's cash balance at the end of April was £21.2m which is £3.4m above plan. The Trust borrowed £8.1m cash in month increasing total borrowings to £96.5m.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 1

Apr	H&S HASTA All Scores	74 (-11.2%)		Overall Health And Safety Toolkit Audit (HASTA) compliance score – by Care Group, Specialty & Site
Apr	RIDDOR Reports (Number)	26 (4.0%)		"RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date)

NHS
East Kent Hospitals University
NHS Foundation Trust

Strategic Theme: Health & Safety

Apr	Health & Safety Training	96 (-3.0%)	

H&S Training includes all H&S and risk avoidance training including manual handling

Highlights and Actions:

In April 2019 the Head of Health and Safety worked with the newly appointed Care Group Health and Safety Leads to review the2019/20 HASTA audit schedules and agreed a training process for the leads and the link workers. This will ensure a more informed approach to audit is embedded in each Care Group. HASTA audits have commenced in the latter part of April and will continue in May covering the following audit questions:

- Does the department or ward have a Health and Safety policy which is relevant to their work activities
- Do staff know where to access Trust Health and Safety polices

The outcome of these audits will be reflected in May's HASTA data.

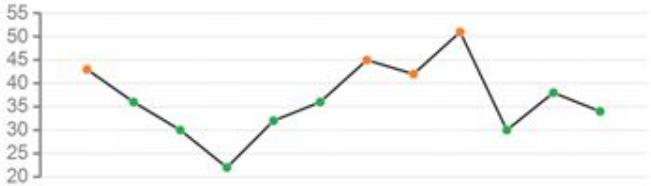
There was 1 RIDDOR reported for April 2019 regarding a staff member sustaining a shoulder injury. Manual handling training was up to date. A Lessons Learnt review is being undertaken by the Care Group.

Health and Safety Training has been consistently achieved in the last calendar year and is currently at94.7% for April and 95.5% cumulatively.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 2

Apr	Accidents	439 (12.0%)		"Accidents excluding sharps (needles etc) but including manual handling.
Apr	Violence & Aggression	511 (6.7%)		"Violence, aggression and verbal abuse.
Apr	Sharps	168 (4.3%)		"Incidents with sharps (e.g. needle stick).

Highlights and Actions:

The number of accidents reported for April 2019 was 33 which marginally reduced from March (38) and therefore remain green.

The number of incidents reported due to violence and aggression and verbal abuse decreased from 41 in March 2019 to 40 in April 2019. The majority of these being reported as aggressive behaviour by patients to members of staff.

The Trust's MAYBO training is scheduled for 2019 with 3 Conflict Resolution Training courses a month.

The number of sharps incidents recorded in April was 18. A slight increase on the previous month (15). All sharps injuries in April were sustained whilst performing patient procedures, with 3 near misses which are recorded in the data.

NHS
East Kent Hospitals University
NHS Foundation Trust

Strategic Theme: Use of Resources

Balance Sheet

Apr	CIPS £m	1.0 (-60.8%)		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.
Apr	Capital position £m	1.0 (-89.5%)		Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow.

Highlights and Actions:

DEBT
Total invoiced debtors have increased from the opening position of£20.1m by £1.9m to £22m. The largest debtors at 30th April were 2gether Support Solutions £3.7m, Health Education England £4.4m.

CAPITAL
Total YTD expenditure for April is£952k.

EBITDA
The Trust is reporting a year to date deficit EBITDA of£2.7m

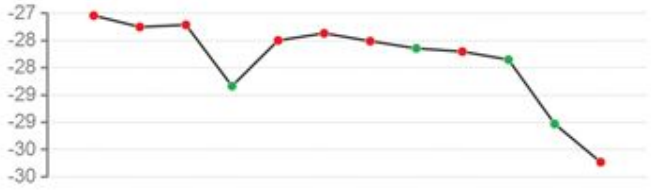
CASH
The closing cash balance for the Trust as at 30th April was £21.2m

FINANCING
£532k of interest was incurred in month 1 in respect of the drawings against working capital facilities.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Pay Independent

Apr	Payroll Pay £m	-29.7 (2.4%)		Payroll Pay (Permanent+Overtime). 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.
Apr	Agency Spend £m	-3.0 (-3.6%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Apr	Independent Sector £k	-444 (-53.8%)		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 with % variance against the last month reported.

Highlights and Actions:

Pay performance is favourable to April plan by £0.1m. This was driven by an agency overspend of £0.4m due to above plan usage of agency staff for medical and nursing cover offset by underspends on substantive and bank staffing costs of £0.5m.

Total expenditure on pay in April was £33.8m, £0.8m higher than March due to the 2019/20 pay award.

NHS
East Kent Hospitals University
NHS Foundation Trust

Strategic Theme: Use of Resources

Balance Sheet

Apr	Cash borrowings £m	0.0		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.

Highlights and Actions:

DEBT
Total invoiced debtors have increased from the opening position of£20.1m by £1.9m to £22m. The largest debtors at 30th April were 2gether Support Solutions £3.7m, Health Education England £4.4m.

CAPITAL
Total YTD expenditure for April is£952k.

EBITDA
The Trust is reporting a year to date deficit EBITDA of£2.7m

CASH
The closing cash balance for the Trust as at 30th April was £21.2m

FINANCING
£532k of interest was incurred in month 1 in respect of the drawings against working capital facilities.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Improvement Journey

		Dec	Jan	Feb	Mar	Apr	
MD02 - Emergency Pathway	ED - 4hr Compliance (incl KCHFT MIUs) %	82.25	77.93	77.56	81.53	80.54	>= 95
	ED - 1hr Clinician Seen (%)	48	50	48	45	42	>= 55 & <55
MD04 - Flow	DToCs (Average per Day)	53	54	66	76	97	>= 0 & <35
	IP - Discharges Before Midday (%)	15	15	15	17	19	>= 35
	Medical Outliers	63	89	94	96		
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	82.08	68.21	76.88	81.56	78.78	>= 85
MD07 - Maternity	Staff Turnover (Midwifery)	13	13	13	13	13	>= 0 & <10
	Vacancy (Midwifery) %	5	5	6	6	7	>= 0 & <7
MD08 - Recruitment & Staffing	Staff Turnover (%)	14.4	14.4	14.2	14.5	14.3	>= 0 & <10
	Staff Turnover (Nursing)	14	14	13	14	14	>= 0 & <10
	Staff Turnover (Medical)	14	14	13	14	13	>= 0 & <10
	Vacancy (Nursing) %	15	15	14	14	13	>= 0 & <7
	Vacancy (Medical) %	13	12	11	10	10	>= 0 & <7
MD09 - Workforce Compliance	Appraisal Rate (%)	79.6	80.3	81.0	80.4	80.9	>= 85
	Statutory Training (%)	96	98	97	98	102	>= 85

NHS
East Kent Hospitals University
NHS Foundation Trust

Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	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). No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	1 %
	ED - 1hr Clinician Seen (%)	% of A&E attendances seen within 1 hour by a clinician	>= 55 & <55	
	ED - 4hr Compliance (incl KCHFT MIUs) %	No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 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 Paediatric beds and activity.	>= 0 & <92	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	>= 0 & <35	30 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	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: 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: 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 %
	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	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 %
Clinical Outcomes	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90 & <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 & <90	5 %
	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 acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <15	15 %
	Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %
	Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist to ensure completion. After each procedure, the recovery staff check that each of the surgical checklists have been carried out. This compliance monitors against a random set of 10 patients each day from this process.	>= 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 - selecting 'Prompt Surgery%'. Reporting one month in arrears to ensure upload completeness to the National Hip Fracture Database.	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90 & <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 acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <2.75	20 %
Culture	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.		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 %) against the previous 12 months."	>= 60	50 %
Data Quality & Assurance	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	>= 0 & <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: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	>= 0 & <7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments	>= 0 & <7	
	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.	>= 0 & <7	
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 referral to treatment. Organisations responsible for the diagnostic test activity, report the diagnostic test waiting times and the number of tests completed.The diagnostic investigations are grouped into categories of Imaging, Physiological Measurement and Endoscopy and covers 15 key diagnostic tests.	>= 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 ir the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 5	20 %
	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.	>= 0	10 %
	I&E £m (Trust Only)	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.Month 7 includes a £34.3m impairment due to revaluation of Trusts assets prior to transfer to 2Gether. NHSI add back this impairment in evaluating the Trust.	>= 0	30 %
	Total Cost £m (Trust Only)	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.Mth 7 includes a £34.7m impairment, see I&E note above.	>= 0	20 %
Health & Safety	Accidents	"Accidents excluding sharps (needles etc) but including manual handling.	>= 0 & <40	15 %
	H&S HASTA All Scores	Overall Health And Safety Toolkit Audit (HASTA) compliance score – by Care Group, Specialty & Site	>= 95	
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
	RIDDOR Reports (Number)	"RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date)	>= 0 & <3	20 %
	Violence & Aggression	"Violence, aggression and verbal abuse.	>= 0 & <25	10 %

Health & Safety	Sharps	"Incidents with sharps (e.g. needle stick).	>= 0 & <10	5 %
Incidents	All Pressure Damage: Cat 2	"Number of all (old and new) Category 2 pressure ulcers. Data source - Datix."	>= 0 & <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: Moderate Harm			
	Clinical Incidents: No Harm	"Number of Non-Clinical Incidents, recorded on DATIX, per 10,000 FTE hours. Bandings based on total numbers of incidents (corporate level) is: Score1: <= 140, Score2: > 140 & <= 147, Score3: > 147 & <= 155, Score4: > 155 & <= 163, Score5: > 163"		
	Clinical Incidents: Total (#)	"Number of Total Clinical Incidents reported, recorded on Datix.		
	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 previous 12 months."	>= 0 & <5	20 %
	Falls: Total	"Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix."	>= 0 & <3	0 %
	Harm Free Care:All Harms (%)	"Percent of inpatients deemed free from harm as measured by the Safety Thermometer audit ie free from old and new harms: - Old and new pressure ulcers (categories 2 to 4) - Injurious falls - Old and new UTI - Old and new DVT, PE c Other VTE. Data source - Safety Thermometer (old and new harms)."	>= 94	10 %
	Medication Missed Doses	Number of missed medication doses recorded on Datix		
	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."	>= 0 & <1	30 %
	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 12 months."	>= 0 & <1	10 %
	Serious Incidents Open	Number of Serious Incidents currently open according to Datix		
	Clinical Incidents closed within 6 weeks (%)	Percentage of Clinical Incidents closed within 6 weeks		
	Clinical Incidents: Minimal Harm			
	Clinical Incidents: Severe Harm			

Incidents	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. Arrow indicates average of last 12 months data.	>= 98	20 %
	Medication Incidents with Harm	Number of Medication Incidents recorded on Datix with a Moderate/Severe/Death Harm		
	Medication Missed Critical Doses	Number of missed doses for critical drugs / medications		
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls		0 %
	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	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	>= 0 & <1	
	C. Diff Infections (Post 72h)	"The number of Clostridium difficile cases recorded at greater than 72h post admission. Data source - VitalPAC (James Nash)."	>= 0 & <1	0 %
	Commode Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95 & <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."	>= 0 & <44	10 %
	E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	>= 0 & <44	
	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	>= 0 & <1	
	Bare Below Elbows Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95 & <95	
	Blood Culture Training	Blood Culture Training compliance	>= 85	
	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 variance (shown in direction of arrow and %) against previous 12 months.	>= 0 & <1	40 %
	MSSA	"The total number of MSSA bacteraemia recorded, post 48hrs.	>= 0 & <1	10 %
Mortality	Number of SJR's Completed	Number of Structured Judgement Reviews (Mortality Case Record Reviews) completed		

Mortality	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."	>= 0 & <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 (Charlson index). Arrow indicates average of last 12 months data.	>= 0 & <90	35 %
	Number of Avoidable Deaths > 50%	Number of deaths that were more than 50% likely to have been Avoidable (Categories: 'Definitely Avoidable','Strong evidence of avoidability','Probably avoidable (more than 50:50)')		
Observations	VTE: Risk Assessment %	"Adults (16+) 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	A&E FFT: Response Rate (%)	A&E FFT: Response Rate (%)		
	Complaint Response in Timescales %	Complaint Response within agreed Timescales %	>= 85	15 %
	Complaint Response within 30 days %	Complaint Response within 30 working day timescale %	>= 85	
	Complaints received with a 30 Day time frame agreed	Number of complaints received with an agreed time frame of 30 days		
	IP 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 direction of arrow and %) against the previous 12 months."	>= 0 & <2	30 %
	IP Survey: Are you aware of which nurse is in charge of your care each shift? (%)	IP Survey: Are you aware of nurse in charge of your care each shift? (%)	>= 89	4 %
	IP Survey: Overall, did you get the care that matters to you?	Inpatient Survey: Patients views on if they got the overall care that mattered to them as a %		
	Maternity FFT: Not Recommended (%)	Maternity FFT: Not Recommended (%)		
	Maternity FFT: Recommended (%)	Maternity FFT: Recommended (%)		
	Maternity FFT: Response Rate (%)	Maternity FFT: Response Rate (%)		
	Number of Complaints	"The number of Complaints recorded overall . Data source - Patient Experience Team"		

Patient Experience	Number of Compliments	% 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)	>= 1 & <1	15 %
	A&E FFT: Not Recommended (%)	A&E FFT: Not Recommended (%)		
	A&E FFT: Recommended (%)	A&E FFT: Recommended (%)		
	AE Mental Health Referrals	A&E Mental Health Referrals		
	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 shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 95	5 %
	Complaints acknowledged within 3 working days	Complaints acknowledged within 3 working days		
	Complaints Open <= 30 Days	Number of complaints open for less than 30 days		
	Complaints Open > 90 Days	Number of Complaints open for more than 90 Days		
	Complaints Open 31 - 60 Days	Number of Complaints open between 31 and 60 Days		
	Complaints Open 61 - 90 Days	Number of Complaints open between 61 and 90 Days		
	Complaints received with a 45 Day time frame agreed	Number of complaints received with a agreed time frame of 45 days		
	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 direction of arrow and %) against the previous 12 months.	>= 85	5 %
	IP FFT: Recommend (%)		>= 95	30 %
	IP 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 months."	>= 22	1 %
	IP Survey: Encouraged to get up and wear own clothes (%)	Responses taken from the Inpatient Survey. Question: "Have you been encouraged to get up during your hospital stay and wear your own clothes?"		3 %
	IP Survey: Help from Staff to Eat Meals (%)	Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?"		3 %

Patient Experience	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."	>= 0 & <1	10 %
Productivity	Theatres: On Time Start (% 15min)	The % of cases that start within 15 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 %
	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 Compliance	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 80 & <80	
	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 & <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.	>= 0 & <5	10 %
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	>= 0	
	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 patients on incomplete pathways at the end of the period.	>= 92	100 %
Staffing	Agency & Locum Spend	Total agency spend including NHSP spend		
	Agency Orders Placed	"Total count of agency orders placed.	>= 0 & <100	
	Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
	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 %) against the previous 12 months."	>= 92.1	1 %
	Local Induction Compliance %	"Local Induction Compliance rates (%) for temporary employee's to the Trust.	>= 85	
	Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 0 & <28	2 %

Staffing

Overtime (WTE)	Count of employee's claiming overtime		1 %
Shifts Filled - Day (%)	Percentage of RCN 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 %
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 medical staff, any staff with grade codes beginning MN or MT		
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 (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 directior of arrow and %) against the previous 12 months."	>= 0 & <10	
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."	>= 0 & <10	
Total Staff Headcount	Headcount of total staff in post		
Unplanned Agency Expense	Total expediture on agency staff as a % of total monthly budget.	>= 0 & <100	5 %
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."	>= 0 & <7	
1:1 Care in labour	The number of women in labour compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 99 & <99	
Agency %	% of temporary (Agency and Bank) staff of the total WTE	>= 0 & <10	
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 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 months.		
NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		

Staffing	Overtime %	% of Employee's that claim overtime.	>= 0 & <10	
	Shifts Filled - Night (%)	Percentage of RCN 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 (Monthly) %	Monthly % 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 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 3.3 & <3.7	10 %
	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 12 months."	>= 0 & <10	15 %
	Staff Turnover (Medical)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Medical Staff. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in directior of arrow and %) against the previous 12 months."	>= 0 & <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 the previous 12 months."	>= 0 & <10	
	Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
	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."	>= 0 & <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."	>= 0 & <7	
	Vacancy (Monthly) %	Monthly % 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 %
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 previous 12 months. "	>= 85	50 %

Data Assurance Stars

19/048.2

NHS
East Kent
Hospitals University
NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**6 JUNE 2019**
REPORT TITLE:	**FULL CORPORATE RISK REPORT AND DEEP DIVE REVIEW OF CRR65**
BOARD SPONSOR:	**CHIEF NURSE AND DIRECTOR OF QUALITY**
PAPER AUTHOR:	**RISK MANAGER**
PURPOSE:	**DISCUSSION**
APPENDICES:	**APPENDIX 1: CORPORATE RISK REGISTER (CRR) (BY RESIDUAL RISK RANKING) DATED 24 MAY 2019**

BACKGROUND AND EXECUTIVE SUMMARY

This report provides the Board of Directors with an update of the full Corporate Risks as at 24 May 2019. The risks rated as "high" post mitigation (residual) on the full Corporate Risk Register were last reviewed by the Board on 2 May 2019. The highest mitigated risks on the Corporate Risk Register were last reviewed by the Integrated Audit and Governance Committee (IAGC) on 11 April 2019. The highest mitigated Quality risks were reviewed and discussed at the Quality Committee on 28 May 2019.

Monthly meetings are being held with the responsible Executive Lead to review the scoring, actions and the specific wording for each risk.

There is a review of the controls and actions taken in respect of CRR65 - Risk of prosecution by the Care Quality Commission (CQC) for a breach of parts 20(2)(a) and 20(3) of the Duty of Candour regulation without first serving a Warning Notice included in this report.

Current Risk Register Heat Map (by Residual risk score)

Corporate Risks (13)

19/048.2

NHS
East Kent
Hospitals University
NHS Foundation Trust

Key Changes to the Corporate Risk Register

Corporate Risk Register
Changes to residual risk scores

1 There have been no changes to residual risk scores in the period under review.

Risks approved for closure on the Corporate Risk Register (May 2019 – Clinical Executive Management Group (CEMG))

2 CRR 37 – Operational impact on Referral to Treatment (RTT) of new Patient Administration System (PAS) post implementation has been closed as the residual risk score has met the target score. The residual risk score has been reduced due to the training and data quality issues initially reported now improving.

3 CRR 67 – Sustained high level of Ambulance conveyance activity to the Queen Elizabeth the Queen Mother Hospital (QEQMH) results in delayed treatment and an ability to stream patients safely has been closed as the observation unit at QEQMH has reduced the likelihood of the risk. Audits of conveyancing will be independently conducted to assist in measuring the frequency.

4 The following risks were closed and amalgamated in to a new risk that is described in section seven of this report. CRR 59 – Potential delays in new and follow-up patient appointments, CRR 61 – Failure to achieve the Accident & Emergency (A&E) Improvement Plan and evidence sustained improvements to the Emergency Care Pathway, CRR 3 – Inability to respond in a timely way to changing levels of demand for elective services, CRR 20 – Failure to send timely information to GPs on their patients who have had an outpatient appointment, CRR 19 – Delays in the cancer pathway of over 100 days and CRR 44 – Failure to meet the RTT Standard for the Trust are all closed and replaced with an overarching risk.

New Corporate Risks approved by the CEMG (May 2019)

5 Following the closure of the above risks a new overarching risk has been opened ‘Delivery of the operational constitutional standards and undertakings due to unplanned demand, workforce, infrastructure availability and equipment failure’.

6 A risk in relation to compliance with the statutory accessible information standard has been escalated to the Corporate Risk Register. This is because it potentially impacts the patient experience and outcomes for patients with a disability on every contact with the Trust.

7 A risk reflecting the impact on the patient of poor transfers of care e.g. Patients may not receive optimal care based on a clearly articulated clinical plan due to the requirement to maintain patient flow on a site. This may result in patients being transferred inappropriately to another site. This risk has been escalated to the Corporate Risk Register.

19/048.2

NHS
East Kent
Hospitals University
NHS Foundation Trust

Risks approved for merging on the Corporate Risk Register

8 There were no risks proposed for merging at the CEMG.

Key issues for the Board of Directors attention and/or discussion

9 There was a discussion at the Quality Committee on 28 May 2019 on a further deep dive into CRR 28 - Lack of timely recognition of serious illness in patients presenting to the Emergency Departments. This will be presented to the June meeting. There was also a discussion regarding the structure of future quality risk reports to the Committee in future meetings. Various report formats have been discussed contingent upon the specific Terms of Reference for each committee.

Deep Dive - 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

1 The Duty of Candour became a regulation under the Health and Social Care Act 2008 Regulations 2014. In April 2015 guidance was published by the CQC on how providers were to meet the new regulations. A breach of regulations 20(2) (a) and 20(3) is a criminal offence and the CQC are able to move directly to prosecution without first serving a Warning Notice.

2 In January 2019 the CQC issued their first fine under the regulations to Bradford Teaching Hospitals NHS Foundation Trust as a result of a failure in apologising to the family of a deceased baby within a reasonable time.

3 This risk was identified by the Trust in February 2018, as there were concerns of poor and inconsistent Trust-wide compliance with Duty of Candour. At the time of risk identification Duty of Candour compliance was formally captured at two points: the initial letter sent and the final letter sent. The compliance Trust wide was 37% for the initial letter and 20% for the investigation findings letter. The information was formally reported quarterly within the Integrated Incidents, Patient Experience and Claims report to the Patient Safety Board and Quality Committee.

4 The causes identified were a delay or uncertainty regarding the severity of the incident reported, 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; and low training attendance.

5 The controls that were in place to mitigate the risk were as follows. Circulation of Action Against Medical Accidents (AvMA) and NHS Resolution Duty of Candour Leaflets to clinical services and at Clinical Induction; Compliance updates provided to the Patient Safety Board on a quarterly basis, Duty of Candour training included within the Incident Investigation and Root Cause Analysis training; and Duty of Candour presentations provided at the QII Hubs.

6 The actions identified to mitigate the risk included completing a Duty of Candour audit, a review and amendment of questions on Datix, presentations at Audits Days and to matrons specific to that clinical service, the launch of a Trust specific Duty of Candour leaflet and delivery of the Academic Health Science Network (AHSN) Serious Incident training at the William Harvey Hospital (WHH) site.

7 The potential outcome should the risk be realised is that of reputational damage to the Trust; missed opportunities to engage with patients and families regarding an adverse event leading to complaints and subsequent claims; professional misconduct and regulatory concerns (including potential fines for non-compliance with Duty of Candour).

8 Since the risk was identified a Duty of Candour guardian has been appointed with responsibility for overseeing Duty of Candour Trust-wide, Duty of Candour action plans have been put in place for each Care Group with compliance monitored at this Patient Safety Committee and the monthly performance review meetings. Audits are undertaken by the Patient Safety team on an annual basis. This involves using a sample of healthcare records and Datix records to determine the extent of compliance with Duty of Candour processes. This has shown an improvement in compliance since the risk was initially identified however the necessary 100% compliance has not yet been achieved.

9 An internal audit was undertaken by RSM Tenon in 2018/19, which gave an overall outcome of partial assurance. The audit found that adequate policy, processes and training were in place it was compliance with these that have resulted in less than 100% compliance with Duty of Candour. Actions identified as a result of this audit are that for those Care Groups where compliance is low, Care Group management will reiterate the importance of compliance with the requirements; the Care Groups will ensure that evidence is maintained to demonstrate compliance is being adequately discussed and challenged on a regular basis; and that where compliance is below the expected standard identified by the Quality and Risk Report this will be escalated as a performance issue to the Quality Committee.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	The attached risk registers reflects the corporate risks facing the Trust and the mitigating actions in place.
LINKS TO STRATEGIC OBJECTIVES:	The corporate risks align to all of the Strategic Objectives: • **Getting to good:** Improve quality, safety and experience, resulting in **Good** and then **Outstanding** care. • **Higher standards for patients:** Improve the **quality and experience** of the care we offer, so patients are **treated in a timely way** and **access the best care** at all times. • **A great place to work:** Making the Trust a **Great Place to Work** for our current and future staff. • **Delivering our future: Transforming** the way we provide services across east Kent, enabling the whole system to offer **excellent integrated services.** • **Right skills right time right place:** Developing teams with the **right skills** to provide care at the **right time**, in the **right place** and achieve the **best outcomes for patients.** • **Healthy finances:** Having Healthy Finances by providing better, **more effective patient care** that makes resources go further.

19/048.2

East Kent Hospitals University NHS Foundation Trust

LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	This paper provides an update on the full corporate risks for the Trust.
RESOURCE IMPLICATIONS:	None specifically other than identified in the Risk Register.
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	The Risk Group and the Clinical Executive Management Group reviews any new corporate risks and the scoring of these existing risks. The IAGC review the Corporate Risks and the Board Assurance Framework.
SUBSIDIARY IMPLICATIONS:	None specifically other than identified in the Risk Register.

PRIVACY IMPACT ASSESSMENT: NO	**EQUALITY IMPACT ASSESSMENT:** NO

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors are invited to:

1. Review the Corporate Risks Report that are appended; and

2. Consider the sufficiency of the corrective actions identified in relation to the risks and provide positive challenge where necessary.

Risk Ref	Created Date	Risk Title	Cause & Effect	Appetite	Inherent Risk Score	Overall Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score
CRR 68	10/05/2019	Risk to the delivery of the operational constitutional standards and undertakings Risk Owner: Lee Martin Delegated Risk Owner: Latest Review Date: 14 May 2019 Latest Review By: Rhiannon Adey Latest Review Comments: Continues to require close monitoring and daily interventions to provide assurance on delivery. Where standards are off track escalation conversations happen with clinicians and Care Group directors to support recovery keeping the patient at the centre of everything we do.	Cause: Inability of organisation to meet constitutional standards due to unplanned demand, workforce or infrastructure availbaility including equipment failure. Effect: Patients are delayed in their pathway Possible harm to patients There is non-compliance against access standards and our agreed trajectories Negative impact on workforce Reputational damage Greater overview and scrutiny by regulators/MP's Financial impact Wider health economy implications	HIGH (Risk not within appetite)	I = 5 L = 5 Extreme (25)	Adequate	Full business continuity plans are not currently in place in all key areas to give the full assurance aligned to the constitutional standards	I = 5 L = 4 Extreme (20)	Develop an outpatient improvement plan for delivery Person Responsible: Christine Hudson To be implemented by: 31 May 2019		I = 5 L = 2 Moderate (10)
									Monitoring and regularly updating the Access Policy in line with standards Person Responsible: Lesley White To be implemented by: 28 Jun 2019		
									Regular validation of PTL waiting list Person Responsible: Marc Farr To be implemented by: 28 Jun 2019		
									Planned preventative maintenance led by Estates through managed service contracts Person Responsible: Christine Hudson To be implemented by: 31 Jul 2019		
									Planned preventative maintenance led by Estates through managed service contracts Person Responsible: Natalie Acheson To be implemented by: 31 Jul 2019		
									Planned preventative maintenance led by Estates through managed service contracts Person Responsible: Victoria Harrison To be implemented by: 31 Jul 2019		
									Planned preventative maintenance led by Estates through managed service contracts Person Responsible: Sarah Collins To be implemented by: 31 Jul 2019		
									Planned preventative maintenance led by Estates through managed service contracts Person Responsible: Sarah Hyett To be implemented by: 31 Jul 2019		
									To have a strong workforce plan and retention plan for the year linked to the operational business plan Person Responsible: Andrea Ashman To be implemented by: 31 Jul 2019		
									Education and training programme that follows an agreed matrix or training tree throughout each Care Group to give confidence that everybody understands the Access Standards and compliance against the Access Policy including use of PAS Allscripts Person Responsible: Lesley White To be implemented by: 31 Jul 2019		
									Deliver the actions to improve and sustain ED performance through the weekly meetings chaired by the COO including implementation of the improvement plan Person Responsible: Lee Martin To be implemented by: 31 Jul 2019	**14 May 2019** **Rhiannon Adey** Matt Pomeroy, Director of Operations asked to update current plan to reflect new structure and team developments.	
									Ensure maintenance contracts are in place for all high risk equipment Person Responsible: Natalie Acheson To be implemented by: 30 Aug 2019		
									Ensure maintenance contracts are in place for all high risk equipment Person Responsible: Christine Hudson To be implemented by: 30 Aug 2019		
									Ensure maintenance contracts are in place for all high risk equipment Person Responsible: Victoria Harrison To be implemented by: 30 Aug 2019		
									Oversee improvement plan for RTT which incorporates production plans, business plan and operational implementation plan Person Responsible: Mary Tunbridge To be implemented by: 30 Aug 2019	**14 May 2019** **Rhiannon Adey** Daily oversight on the RTT and the contitutional standards and escalation to the COO when things are off track	

Risk Ref	Created Date	Risk Title	Cause & Effect	Appetite	Inherent Risk Score	Overall Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score
									Oversee cancer improvement plan to delivery Person Responsible: Sarah Collins To be implemented by: 30 Sep 2019		
									Implement timed pathways and track to delivery for cancer Person Responsible: Sarah Collins To be implemented by: 30 Sep 2019		
									Recruitment of acute physicians and specialty doctors establishment Person Responsible: Syed Gilani To be implemented by: 30 Sep 2019		
CRR 28	06/07/2016	Lack of timely recognition of serious illness in patients presenting to the Emergency Departments Risk Owner: Paul Stevens Delegated Risk Owner: Syed Gilani Latest Review Date: 15 May 2019 Latest Review By: Paul Stevens Latest Review Comments: Until the issues with flow through the emergency care pathway are resolved I do not see any prospect of mitigating this risk	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	HIGH (Risk not within appetite)	I = 5 L = 5 Extreme (25)	Limited	Escalation process unclear Not fully implemented across WHH and QEQM sites Not tested the response enough evaluation awaited Limited assurance until: Overall Trust inpatient stranded metric is less than 300 and peak number of discharges from the Trust occurs 2	I = 5 L = 4 Extreme (20)	Introduction and Evaluation of a Surgical Emergency unit at QEQM Person Responsible: Vanessa Purday To be implemented by: 30 Mar 2018 revised to 27 Oct 2017 revised to 30 Nov 2017 revised to 14 Feb 2018 revised to 29 Jun 2018 revised to 31 Oct 2018 revised to 30 Nov 2018 revised to 29 Mar 2019 revised to 30 Apr 2019	**05 Apr 2019** **Rhiannon Adey** Identified need to expand SEAU at QEQM which is part of business planning for 2019/20 to progress this.	I = 4 L = 3 Moderate (12)
									Review the emergency models of care in both the acute sites to establish if any changes can be made that will have a significant impact on flow at the front door Person Responsible: Richard Kingston To be implemented by: 31 May 2019	**15 May 2019** **Paul Stevens** The emergency care pathway model of care was discussed at CEMG and then subsequently in the senior doctors group on the 08/05/2019. Actions from these 2 meetings were to describe the key clinical standards to be adhered to and to use these to then inform the operational model(s) required.	
									Recruitment of acute physicians and specialty doctors establishment Person Responsible: Syed Gilani To be implemented by: 31 Dec 2018 revised to 28 Jun 2019	**12 Apr 2019** **Paul Stevens** There are continuing and persistent rota gaps at QEQMH, the situation at WHH is much more complete. Adverts for 3 Consultant Emergency Physicians and an Acute Physician close on the 17/04/2019 and adverts for 2 middle grades close on the 25/04/2019.	
									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: Syed Gilani To be implemented by: 31 Mar 2018 revised to 30 Sep 2018 revised to 31 Dec 2018 revised to 28 Feb 2019 revised to 27 Sep 2019	**12 Apr 2019** **Paul Stevens** This is being delayed by the rise in stranded and super stranded patients in the Trust; SPC run charts for both have breached the upper control limits following the de-commissioning of community beds. We are in discussion to resolve this.	
CRR 65	20/02/2018	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 Latest Review Date: 09 May 2019 Latest Review By: Jonathan Purday Latest Review Comments: There has been an increased Trust focus on D of C - we have had several new governance managers appointed so this should improve compliance particularly in the medical care groups	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	HIGH (Risk within appetite)	I = 4 L = 4 High (16)	Limited	Incomplete compliance from Care Groups	I = 4 L = 4 High (16)	Implement the Duty of Candour Action Plan for General and Specialist Medicine Person Responsible: Richard Kingston To be implemented by: 29 Mar 2019	**24 May 2019** **Rhiannon Adey** Governance Matron in post who starts 27 May. This appointment plus our governance teams divesting themselves of the urgent and emergency care work should result in improvement.	I = 4 L = 2 Moderate (8)
									Implement the Duty of Candour Action Plan for Urgent and Emergency Care Person Responsible: Syed Gilani To be implemented by: 31 Mar 2019	**15 May 2019** **Paul Stevens** This care group have also now recruited to their governance structure which should enable timely completion of DoC.	

Risk Ref	Created Date	Risk Title	Cause & Effect	Appetite	Inherent Risk Score	Overall Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score
CRR 51	11/04/2017	Patient safety may be compromised as a result of the move of acute medicine, acute geriatric medicine and Stroke from the K&C site Risk Owner: Paul Stevens Delegated Risk Owner: Jonathan Purday Latest Review Date:09 May 2019 Latest Review By: Jonathan Purday Latest Review Comments: There have been no changes in this risk - we still wait for the clinical strategy	Cause: *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 Effect: *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	SIGNIFICANT (Risk within appetite)	I = 5 L = 4 Extreme (20)	Adeuqate	None identified	I = 5 L = 3 High (15)	Fully implement the acute medical model on WHH & QEQM sites Person Responsible: Richard Kingston To be implemented by: 05 Apr 2018 revised to 29 Jun 2018 revised to 30 Sep 2018 revised to 31 Dec 2018	**15 May 2019** **Paul Stevens** The emergency care pathway model of care was discussed at CEMG and then subsequently in the senior doctors group on the 08/05/2019. Actions from these 2 meetings were to describe the key clinical standards to be adhered to and to use these to then inform	I = 5 L = 2 Moderate (10)
									Redouble efforts with system partners to reduce the numbers of stranded patients from the current figure of 434 and the super stranded from the current figure of 157 by at least 25% Person Responsible: Lee Martin To be implemented by: 31 Jul 2019	**15 May 2019** **Paul Stevens** As at 15/05/2019 the number of stranded patients averages 453 and super stranded 198	
									Implement acute frailty assessment units at WHH and QEQMH front doors and a slightly different set up in conjunction with the community in K&CH Person Responsible: Richard Kingston To be implemented by: 01 Nov 2019	**24 May 2019** **Rhiannon Adey** The frailty model is currently being implemented and a meeting was held on 22 May to get the frailty assessment pathway at QEQM restarted. In addition we are going out to advert for acute frailty practitioners to support this and are working with the cross trust lead for frailty to implement an integrated model of care for frail patients.	
									Implementation of the East Kent Clinical Strategy through the STP process Person Responsible: Elizabeth Shutler To be implemented by: 28 Feb 2018 revised to 30 Apr 2018 revised to 30 Nov 2018 revised to 29 Mar 2019 revised to 27 Mar 2020	**01 May 2019** **Rhiannon Adey** Public consultation timeline is under review	
CRR 56	02/08/2017	Inadequate critical care capacity Risk Owner: Amanda Hallums Delegated Risk Owner: Vanessa Purday Latest Review Date: 10 May 2019 Latest Review By: Rhiannon Adey Latest Review Comments: Nursing and clinical leads (supported by the strategy team) are focusing on recruitment strategic as well as matching the skills required to deliver the service - by exploring new posts, such as Advanced Nurse Practitioners.	Cause: *Significant growth in emergency demand nationally for critical care beds insufficient to meet acuity *More people surviving with comorbidities * Increased activity of the PPCI service in WHH - out of hospital cardiac arrests who require increased length of stay Effect: *Potential harm to patients/patient safety concerns *Cancellations of elective surgery *Nursing patients outside the foot print of the Critical Care Unit, theatre recovery and ED *Increase in non-medical transfers between sites *Inability to recruit and retain medical and nursing staff *Delays in admitting patients *Financial loss - no funding if patients are not in a critical care beds *Reputational damage	SIGNIFICANT (Risk within appetite)	I = 3 L = 5 High (15)	Limited	None identified	I = 3 L = 5 High (15)	Deliver the agreed business case to increase capacity Person Responsible: Julie Barton To be implemented by: 31 Mar 2019	**10 May 2019** **Rhiannon Adey** Recruitment is on-going, critical care service is to develop a model of care looking at alternative roles with agreed competencies.	I = 2 L = 3 Low (6)
									Working with Strategic Directorate to clearly outline options for delivery of critical care service with a focus on recruitment Person Responsible: Vanessa Purday To be implemented by: 31 Jul 2019		
									New models of care are being considered by the Care Group. Person Responsible: Vanessa Purday To be implemented by: 30 Apr 2020	**10 May 2019** **Rhiannon Adey** Nursing and clinical leads (supported by the strategy team) are focusing on recruitment strategies as well as matching the skills required to deliver the service - by exploring new posts, such as Advanced Nurse Practitioners	
CRR 58	21/08/2017	Failure to embed Risk Management within the Care Groups Risk Owner: Amanda Hallums Delegated Risk Owner: Helen Goodwin Latest Review Date: 10 May 2019 Latest Review By: Rhiannon Adey Latest Review Comments: Risk reviewed, cause and effect updated and progress note added to the action.	Cause: *The need for improved engagement from Care Groups in the Trust Risk Management process; this is reflected in the failure to provide assurances on risks escalated to the Corporate Risk Register *Inconsistency in Risk Governance arrangements across Care Groups *Ineffective risk management support structure at Care Group level *Poor usage of risk system (4Risk) *Failure to prioritise risk management training *Lack of knowledge of risk management *Absence of risk registers in some Wards, Specialties and Departments Effect: *Failure to deliver the Trust Strategic Priorities (4Ps - Patients, Provision, People, Partnerships) *Potential patient safety concerns *Financial loss *Regulatory concerns (This risk also links to the revised NHS Improvement Leadership and Improvement Capability Themes (Well-Led) within the Single Oversight Framework (SOF) where risk management is now specifically expressed) *Reputational damage *Legal challenge	HIGH (Risk within appetite)	I = 4 L = 4 High (16)	Adequate	Inconsistent risk governance arrangement across the Care Groups Measures for monitoring adherence to the Risk Leadership Behaviours and the impact on the Risk Leadership element of the Trust's risk maturity assessment needs to be developed and rolled out to Leaders Trust-wide. Risks are not being reviewed consistently on a monthly basis by Risk Owners All local risk register have not been transferred to 4Risk	I = 4 L = 3 Moderate (12)	Care Groups to review their Risk Management Governance arrangements to ensure alignment with the Trust Risk Management Policy Person Responsible: Helen Goodwin To be implemented by: 30 Nov 2018 revised to 28 Feb 2019 revised to 01 Aug 2019	**10 May 2019** **Rhiannon Adey** Care Group Quality and Risk packs reviewed and in place ensuring consistency of reporting. Monthly Quality and Risk Review with Chief Nurse, COO, Medical Director. Care Group attendance at Quality Committee reviewed. From June 2019 Care Groups in "special measures" to attend monthly, other Care Groups to attend following the FPC programme.	I = 4 L = 1 Low (4)

Risk Ref	Created Date	Risk Title	Cause & Effect	Appetite	Inherent Risk Score	Overall Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score
CRR 60	10/10/2017	Potential negative impact during transition from paper health records to T3 (Transformation Through Technology) Risk Owner: Elizabeth Shutler Delegated Risk Owner: Lindsey Shorter Latest Review Date: 01 May 2019 Latest Review By: Rhiannon Adey Latest Review Comments: The rollout plan has been agreed and associated action has been closed. Progress continues against outstanding actions.	Cause: *New Trust-wide clinical transformation programme (T3 Programme) that introduces new technology to replace paper health records. This includes ePrescribing; functionality to record the management and treatment of patients; functionality to manage and document patient activity through theatres; Order Comms (requests and results for pathology etc.) and Clinical documentation. *Lack of engagement between supplier and clinicians *Supplier fails to understand clinical requirements *Lack of capacity of the Programme and operational teams *Resistance to change Effect: *Sub-optimal system with potential gaps and/or loss of Patient information leading to: *Potential harm to Patients *Regulatory concerns *Reputational damage *Financial loss *Failure to realise benefits	SIGNIFICANT (Risk within appetite)	I = 4 L = 4 High (16)	Adequate	None identified	I = 4 L = 3 Moderate (12)	Complete an impact assessment on the overall T3 Programme timeline for the Order Communications Workstream in relation to complexities in Pathology (specifically the Apex to Sunrise interface) Person Responsible: Lindsey Shorter To be implemented by: 28 Jun 2019		I = 4 L = 3 Moderate (12)
									To agree the resources and requirements from the Care Groups and Corporate areas in relation to a safe deployment of T3. Person Responsible: Lindsey Shorter To be implemented by: 28 Jun 2019	**30 Apr 2019** **Lindsey Shorter** Support Strategy paper and principles agreed at CEMG on 10/04/19. Training strategy and resource requirements currently being drafted to be presented at June CEMG.	
									The programme is configuring and building the system ready for Go Live in November 2019. Person Responsible: Lindsey Shorter To be implemented by: 30 Nov 2019	**03 Apr 2019** **Lindsey Shorter** Build of the system is well underway. Clinical Reference Groups are signing off the content and project plan being overseen by T3 Programme Steering Group.	
CRR 16	24/04/2016	Poor complaints management leading to delays in responses and learning not embedded Risk Owner: Amanda Hallums Delegated Risk Owner: Jane Christmas Latest Review Date: 10 May 2019 Latest Review By: Rhiannon Adey Latest Review Comments: Risk cause and effect updated	Cause: - The processes in the Care Groups and within the Patient Experience Team have resulted in delays across the whole pathway. - The Care Group teams do not always receive timely notification of written complaints. - Complaints not 'triaged' at point of receipt Effect: - The ability of the Trust to respond within the 30 days of receipt or 45 days for those identified as complex i.e. multi-agency - Trust response failing to meet complainant expectation. - Complaints being reopened due to inadequate response - Reputational loss	HIGH (Risk within appetite)	I = 3 L = 5 High (15)	Adequate	Some staffing difficulties. Audit results showed some anomalies in record keeping. The ability of the PET to provide timely training is affected by the time spent on complaint responses. There is a delay in getting accurate and up to date training information. The completion of Duty of Candour requirements on Datix is not undertaken consistently; there is a delay in updating the duty requirements, which may have been fulfilled but the evidence of completion is not consistently visible. Roll out to Care Groups yet to be fully completed	I = 3 L = 4 Moderate (12)	Review of the complaints process and make recommendations. Person Responsible: Jane Christmas To be implemented by: 31 Dec 2018 revised to 31 Mar 2019	**25 Mar 2019** **Jane Christmas** Monitoring against action plan and benchmarking against similar organisations remains in place. Implementation of new governance team is awaited led by the COO. Once completed and recruited to this new governance structure will provide essential capacity to deliver required improvement. Policy ratification scheduled Q1.	I = 3 L = 3 Moderate (9)
									Implementation of detailed action plan. Person Responsible: Jane Christmas To be implemented by: 31 Dec 2018 revised to 31 Mar 2019	**25 Mar 2019** **Jane Christmas** Improvement in acknowledgement within 3 working days, registering 100% in January & February 2019. Heightened monitoring (including 2 weekly follow up of all older cases with senior leads for the care group) remains in place. The scope of these meetings was extended during Jan 2019 to include all complaints 45 + working days (rather than previous 60+ days) and this marks an increase in improvement ambition. Staff resource diverted to RSO to support winter pressures remains a risk to required improvement, weekly monitoring in place and daily review of staff resource / allocation to manage competing service demands. Business case for additional staff support into the RSO to mitigate this risk, outcome pending.	
									A training programme needs to be developed and implemented for staff according to a training needs analysis. Person Responsible: Jane Christmas To be implemented by: 31 Mar 2017 revised to 30 Jun 2017 revised to 31 Aug 2017 revised to 31 Mar 2018 revised to 30 Sep 2018 revised to 31 Mar 2019	**25 Mar 2019** **Jane Christmas** Training programme framework identified - implementation pending organisational change (confirmation of governance structures within care groups which is led by the COO). Risk to the quality of complaints process has been escalated to the executive lead.	
									Independent review of the complaints process is being commissioned. Person Responsible: Jane Christmas To be implemented by: 31 May 2019	**19 Mar 2019** **Sally Smith** The terms of reference for the review are being drafted. Aim for the review by May 19	

Risk Ref	Created Date	Risk Title	Cause & Effect	Appetite	Inherent Risk Score	Overall Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score
CRR 41	07/11/2016	Failure to manage Patients with challenging behaviour (Dementia and other mental health challenges) Risk Owner: Amanda Hallums Delegated Risk Owner: Sally Hyde Latest Review Date: 19 Mar 2019 Latest Review By: Sally Smith Latest Review Comments: Actions have been updated.	Cause: *Increased number of long-stay Patients/delayed discharge *National shortage of Mental Health Nurses *Mental Health Liaison and Crisis teams are unable to recruit into their current vacancies and have relied on agency cover to maintain their rotas. *There is a national shortage of in-patient mental health beds Effect: *Potential harm to Patients, Staff and Visitors *Patients with recognised mental health disorders may not be treated in a timely way. *There is an increasing number of calls to security and to SafeAssist Acute to manage challenging and violent behaviour. *Other patients are put at risk of harm from violent episodes. *Patients who require in-patient Mental Health Services are managed in acute facilities which are not fit for this purpose.	SIGNIFICANT (Risk within appetite)	I = 3 L = 5 High (15)	Adequate	May not be possible to recruit dual qualified personnel Staff not always available Actual hours of cover yet to be agreed and there will be a lead time of 6 weeks while rotas are agreed with clinical staff. Existing cover, despite increased funding in 2015/16, only provides 08:00 to 16:00. No additional local funding identified for 2016/17 within current commissioning intentions. Capacity may be an issue Audit usage of smart tool Policy to be published.	I = 3 L = 3 Moderate (9)	Monitor compliance with the Smart tool usage through the Safeguarding & Dementia teams Person Responsible: Sally Hyde To be implemented by: 31 Jan 2017 revised to 31 Aug 2017 revised to 31 Oct 2017 revised to 30 Apr 2018 revised to 30 Sep 2018 revised to 30 Nov 2018 revised to 29 Mar 2019	**29 Mar 2019** **Sally Hyde** SMART+ tool has been show cased at the Hubbs. Ward visits have taken place to highlight its purpose. A few amendments are being made to the document to update it and reflect feedback. WHH A&E staff have received training how to use it. Mental health team are delivering training across the Trust highlighting the need for use.	I = 3 L = 2 Low (6)
									Plans being formulated to ensure 24 hour cover across the Trust by 2020. Mental Health Commissioner locally is leading the commission intentions up to this date. Person Responsible: Lee Martin To be implemented by: 31 Mar 2019	**19 Mar 2019** **Sally Smith** This work is in progress.	
									CQC registration is being explored. Person Responsible: Alison Fox To be implemented by: 31 Mar 2019	**10 Apr 2019** **Sally Smith** Disussions are taking place. Prioritisation of the actions we need to undertake is underway before registering.	
									Implementation of the new guidance for caring for mental health patients in an acute hospital Person Responsible: Lee Martin To be implemented by: 31 Mar 2019	**19 Mar 2019** **Sally Smith** We are joining up the SafeAssist work, Specialling policy work, and Nurse Pool work to describe the model and agree the contract.	
									KMPT to deliver training to high risk departments. Kate Button and Maddy McCarthy liaising with Sally Hyde Person Responsible: Sally Hyde To be implemented by: 31 May 2019	**08 Mar 2019** **Sally Hyde** Mental Health Improvement Group in place. Training delivery opportunities identified. KMPT attending sessions organised with Dr Kim Manley for A&E staff. Also teaching on De-escalation training days.	
									Review of the policy and action cards to manage challenging behaviour in the clinical areas. The review includes the services that support staff in the workplace and the development of the services and/or contract required to keep people safe. Person Responsible: Jane Christmas To be implemented by: 31 Aug 2018 revised to 31 Dec 2018 revised to 30 Jun 2019	**19 Mar 2019** **Sally Smith** This action has developed into a new action which will be described. A review of the whole service that supports staff with people who display challenging behaviour is underway that includes the action cards. This will be completed by the Summer.	

Risk Ref	Created Date	Risk Title	Cause & Effect	Appetite	Inherent Risk Score	Overall Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score
CRR 34	09/09/2016	Inadequate Health & Safety (H&S) systems embedded within the Care Groups Risk Owner: Elizabeth Shutler Delegated Risk Owner: Marion Clayton Last Updated: 26 Feb 2019 Latest Review Date: 01 May 2019 Latest Review By: Rhiannon Adey Latest Review Comments: Trust needs to build on the external audit which was undertaken by RSM Tenon in February 2019 which achieved partial compliance. Work is moving forward with the Care Groups prioritised by highest risk areas.	Cause: * Failure to address H&S issues/incidents/themes within Divisions * Lack of appropriate H&S systems *Inconsistency in H&S processes Effect: *Potential breach of H&S regulations which may result in penalty notices and significant fines *Harm to Staff *Reputational damage *Financial loss *Legal challenge	HIGH (Risk within appetite)	I = 4 L = 4 High (16)	Adequate	Concerns that H&S risk assessments and not H&S risk themes are being recorded on risk registers Concerns that there are gaps in H&S risk records including that some risks are not being actively managed (evidenced by the fact that no actions are recorded against some risks and where actions are recorded no progress note is provided by Action Owners)	I = 4 L = 3 Moderate (12)	Ensure the new Care Groups achieve compliance with the H&S training KPIs. Person Responsible: Marion Clayton To be implemented by: 29 Mar 2019 revised to 31 Mar 2020	**01 May 2019** **Rhiannon Adey** Training schedules were communicated to all care groups and the strategic H&S meeting in April 2019. Training will be prioritised in accordance with need. Attendance at the training meetings will be monitored and any noncompliance of attendance will be escalated as part of the Quality and Risk reviews.	I = 4 L = 2 Moderate (8)
									Strategic H&S Committee will monitor improvement in Care Group Audit scores for the H&S tool kit. Person Responsible: Rachael Westerman To be implemented by: 29 Mar 2019 revised to 29 Mar 2020	**01 May 2019** **Rhiannon Adey** HASTA audit tool has now been configured by the Trust's information performance teams to reflect the new care groups structures and a more user friendly portal has been designed to improve easy access to allow care groups to monitor progress. The compliance to the HASTA will be monitored as a standing agenda iteam at the Strategic Health and Safety Committee and on a monthly basis at the Executive Performance Reviews.	
									To improve attendance at committees, we are combining Site H&S meetings with Site Governance Meetings, chaired by the Site Director. Person Responsible: Rachael Westerman To be implemented by: 31 Mar 2019	**01 May 2019** **Rhiannon Adey** Due to the changes in care group structures there is no site director role currenly in the operational structures. A review of the attendance at site health and safety meetings will take place in quarter one with recommendations of how these meetings need to change to ensure value. A new terms of reference were presented at the strategic health and safety committee due to take place on 25 April 2019 which will also expand membership and monitor attendance.	

Risk Ref	Created Date	Risk Title	Cause & Effect	Appetite	Inherent Risk Score	Overall Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score
CRR 36	09/09/2016	Risk of inadequate Child Safeguarding action due to training compliance not being at 85% Trust-wide Risk Owner: Amanda Hallums Delegated Risk Owner: Carol Tilling Latest Review Date: 19 Mar 2019 Latest Review By: Sally Smith Latest Review Comments: Risk has been reviewed. No adverse events or issues in relation to the risk have occurred.	Cause: *Lack of access to current training data *Failure to prioritise training attendance * Lack of clarity as to what level of training people require (the staff themselves) Effect: *Regulatory concerns *Legal challenge *Reputational loss *Failure to meet performance standard	SIGNIFICANT (Risk within appetite)	I = 4 L = 5 Extreme (20)	Adequate	Reports not received regularly from HR	I = 4 L = 3 Moderate (12)	Care Groups are required to prioritise safeguarding training and ensure staff are released to meet the 85% compliance standard. Person Responsible: Ursula Marsh To be implemented by: 31 Mar 2017 revised to 31 Mar 2018 revised to 31 May 2018 revised to 31 Jul 2018 revised to 31 Aug 2018 revised to 31 Mar 2019	**19 Mar 2019** **Sally Smith** Care Group is compliant overall. Awaiting the breakdown compliance for February.	I = 2 L = 2 Low (4)
									A cleansing of ESR to ensure accurate reporting Person Responsible: Carol Tilling To be implemented by: 31 Dec 2018 revised to 31 Mar 2019	**19 Mar 2019** **Sally Smith** Care Groups have completed this action.	
									Care Groups 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 Mar 2017 revised to 31 Mar 2018 revised to 31 May 2018 revised to 31 Jul 2018 revised to 31 Aug 2018 revised to 31 Mar 2019	**15 Mar 2019** **Heather Munro** The following numbers were required to undertake each level: Level 2 86 people of the 317 staff within the care group Level 3 151people of the 317 staff within the care group Level 2compliance%89% Level 3compliance%48% Some professional groups appear to have agreed different levels. Chief Nurse was taking that back to the team to review.	
									Care Groups are required to prioritise safeguarding training and ensure staff are released to meet the 85% compliance standard. Person Responsible: Tara Laybourne To be implemented by: 31 Mar 2017 revised to 31 Mar 2018 revised to 31 May 2018 revised to 31 Jul 2018 revised to 31 Aug 2018 revised to 31 Mar 2019	**19 Mar 2019** **Sally Smith** Awaiting update on February's compliance.	
									Care Groups 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 Mar 2017 revised to 31 Mar 2018 revised to 31 May 2018 revised to 31 Jul 2018 revised to 31 Aug 2018 revised to 31 Mar 2019	**19 Mar 2019** **Sally Smith** Trajectory of compliance has been submitted and is being monitored.	
									Consider reduction of wards that children and young people are placed across each site to reduce amount of staff requiring training at level 3 Person Responsible: Carol Tilling To be implemented by: 01 Feb 2019 revised to 30 Jun 2019	**19 Mar 2019** **Sally Smith** This action will be be reviewed in light of the new intercollegiate document which is due for publication in March 2019	

Risk Ref	Created Date	Risk Title	Cause & Effect	Appetite	Inherent Risk Score	Overall Assurance Level	Assurance Gap	Residual Risk Score	Action Required	Progress Notes	Target Risk Score
CRR 47	07/02/2017	Inability to prevent deterioration in the number of healthcare associated infections Risk Owner: Paul Stevens Delegated Risk Owner: Valerie Harmon Latest Review Date: 15 May 2019 Latest Review By: Paul Stevens Latest Review Comments: Having reviewed microbiologist and pharmacist resource the next step is to address the shortfalls in time for both staff groups with respect to antimicrobial stewardship.	Cause: Lack of adherence to basic infection prevention control policies and procedures Effect: * Increased exposure of Patients to Healthcare Associated Infections (HCAIs) such as MRSA, E.coli, C.difficile and Glycopeptide Resistant Enterococcus (GRE). *Potential hospital acquired water borne infection such as Legionella and Pseudomonas *Poor patient outcomes Increased hospital length of stay *Failure to meet targets *Financial loss - financial penalty *Regulatory concerns	HIGH (Risk within appetite)	I = 4 L = 5 Extreme (20)	Adequate	None identified	I = 4 L = 3 Moderate (12)	To implement the recommendations stemming from the "Stock Take" visit undertaken by the new Kent and Medway Director of Infection Prevention and Control in December 2018. Person Responsible: Valerie Harmon To be implemented by: 31 Mar 2019	**15 May 2019** **Paul Stevens** The recommendations have been partially implemented in that several have been completed but not all.	I = 4 L = 2 Moderate (8)
									Agree and implement an infection prevention and control action plan which encompasses reporting on indicators, mandatory training etc. Person Responsible: Valerie Harmon To be implemented by: 31 May 2018 revised to 31 Mar 2019	**15 May 2019** **Paul Stevens** This action is closely linked to the 'stocktake' actions (particularly as the stocktake recommendations have been incorporated with the overall IPC action plan)	
									Prepare and submit a business case to address the shortfall in microbiologist and pharmacist time for antimicrobial stewarssship Person Responsible: Stephen Glass To be implemented by: 31 Mar 2020		
CRR 13	23/02/2016	Inability to fund an adequate asset replacement programme for high cost and high risk medical equipment approaching the end of their asset life Risk Owner: Elizabeth Shutler Delegated Risk Owner: Marion Clayton Latest Review Date: 01 May 2019 Latest Review By: Rhiannon Adey Latest Review Comments: A full review of the risk will be undertaken with Head of Clinical Engineering to quantify the risk.	Cause: There has been a reduction in the capital allocation for replacement and updating of high cost essential clinical equipment. Effect: Items of clinical equipment has reached the end of its asset life and requires increased maintenance and support in order to ensure that safety is maintained and reduce the likelihood of failure.	HIGH (Risk within appetite)	I = 3 L = 4 Moderate (12)	Adequate	Not all equipment may be on the F2 database There is a gap in the funding allocation and the amount of equipment that requires replacement.	I = 3 L = 3 Moderate (9)	SIG to sign off the annual medical equipment priority list. Person Responsible: Elizabeth Shutler To be implemented by: 31 May 2019	**01 May 2019** **Rhiannon Adey** A full review of the risk will be undertaken with Head of Clinical Engineering to quantify the risk.	I = 3 L = 2 Low (6)

19/049

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**6 JUNE 2019**
REPORT TITLE:	**HARMONIA VILLAGE UPDATE**
BOARD SPONSOR:	**DIRECTOR OF STRATEGIC DEVELOPMENT AND CAPITAL PLANNING**
PAPER AUTHOR:	**HEAD OF STRATEGIC INTELLIGENCE**
PURPOSE:	**DISCUSSION**
APPENDICES:	**APPENDIX 1: HARMONIA VILLAGE UPDATE REPORT**

BACKGROUND AND EXECUTIVE SUMMARY

This report provides an update on progress with the new Harmonia Village at Dover.

Faced with the implications of a high and increasing population of people living with dementia (PLWD), in 2014 a group of Trust staff visited a number of healthcare providers in Belgium and Holland to study their approach to the care of PLWD and to determine what lessons could be brought back to the Trust. One of the facilities visited was Hogewey, a purpose built dementia village. Following the trip an alternative approach which applied some of the Hogewey concepts, but which used Trust owned housing at Dover was developed.

A number of approaches were pursued to fund the capital required. This led to the creation of a wider project called the Community Areas of Sustainable Care and Dementia Excellence in Europe (CASCADE). The project involves partners in England, Belgium, Holland and France. Working with the Health & Europe Centre (HEC), the Trust submitted a bid for the CASCADE project to the European Interreg 2 Seas[1] fund. Interreg 2 Seas provides 60% of the project funding requirements in cash, with project partners providing 40% as benefit in kind e.g. the houses at Dover and staff time. Interreg 2 Seas notified the project partners that the bid had been successful on 7 February 2017. The project officially commenced on 7 April 2017 and runs for four years.

The Harmonia Village site will be enclosed and the houses modified to accommodate a total of 30 people living with dementia. There will be a separate new building to provide facilities and services for residents and the local community and six guesthouse with care beds. Construction commenced on 1 November 2018 and is on schedule for completion by September 2019.

The CASCADE partners have developed a new Model of Care via a co-development process with PLWD and their carers. The model includes the use of monitoring technology. Music will be an important part of the model and a music plan is being developed for the site.

Three tiers of dementia training packages are being developed for delivery at the Harmonia Village, and the potential for Trust staff to improve their skills with PLWD at the Harmonia Village are under discussion.

There have been extensive discussions and interactions with local healthcare stakeholders, the local community and PLWD and their carers all of which have informed the approach being developed for the Harmonia Village.

[1] https://www.interreg2seas.eu/en/CASCADE

19/049

NHS
East Kent
Hospitals University
NHS Foundation Trust

The Harmonia Village has been registered for ethical approval via the NHS' Integrated Research Application System (IRAS). The approval process ensures that appropriate governance arrangements for the project are in place.

The Harmonia Village is targeted to open in Quarter 3 (Q3) 2019 and the project team is currently working through the operational requirements, the plans for day to day running and preparation of standard operating procedures.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	There is a risk of overspend on construction costs. There is a mechanism to claim for project overspend from Interreg 2 Seas and the Project team have agreed with the Health and Europe Centre that a claim will be made for any overspend if and when this may be necessary.
LINKS TO STRATEGIC OBJECTIVES:	• **Higher standards for patients:** Improve the **quality and experience** of the care we offer, so patients are **treated in a timely way** and **access the best care** at all times. • **A great place to work:** Making the Trust a **Great Place to Work** for our current and future staff. • **Delivering our future: Transforming** the way we provide services across east Kent, enabling the whole system to offer **excellent integrated services.** • **Right skills right time right place:** Developing teams with the **right skills** to provide care at the **right time**, in the **right place** and achieve the **best outcomes for patients.**
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	N/A
RESOURCE IMPLICATIONS:	N/A
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	None
SUBSIDIARY IMPLICATIONS:	N/A

PRIVACY IMPACT ASSESSMENT: NO	**EQUALITY IMPACT ASSESSMENT:** NO

RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to discuss and note the report.

19/049

NHS
East Kent
Hospitals University
NHS Foundation Trust

The Harmonia Village at Dover: Update

May 2019

1 Backgound to the Harmonia Village

1.1 Care of people living with dementia (PLWD) is a significant and increasing problem for healthcare providers. In 2015 there were 850,000 PLWD in the UK, by 2025 this will have grown to 1,142,677[1].

1.2 Using 2014 prevalence rates of PLWD as a baseline[2], Kent County Council (KCC) age band, and gender population projections[3] were then used to calculate the future numbers of PLWD in the four east Kent Clinical Commissioning Groups (CCGs). The analysis showed that the total number of PLWD across the east Kent CCGs will rise from 9,458 in 2014 to 15,941 in 2031, an increase of 69%.

1.3 Faced with the implications of a high and increasing population of PLWD, in 2014 a group of EKHUFT staff visited a number of healthcare providers in Belgium and Holland to study their approach to the care of PLWD and to determine what lessons could be brought back to the Trust. The group included doctors, nurses, therapists and managers. One of the facilities visited was Hogewey[4], a purpose built dementia village.

1.4 Following the trip, the group reconvened and examined the potential for a similar development in east Kent. Unfortunately the capital requirements for such a facility were prohibitive, which may be one of the reasons that in the 10 years of its existence the Hogewey model has not been replicated. The group conducted a desktop exercise on an alternative approach which applied some of the Hogewey concepts, but which used Trust owned housing at Dover, the 12 houses at Randolph Road behind Buckland Hospital (see figure 1).

Figure 1: Harmonia Village at Dover Site

[1] "Dementia 2015: Aiming higher to transform lives" (2015) Alzheimer's Society
[2] "Projecting older people population information" http://www.poppi.org.uk/
[3] "Kent Adult Accommodation Strategy: Evidence Base - Interpretation of the report to Kent County Council, Social Care, Health and Wellbeing by the Health and Housing Partnership" (2014) Health & Housing Partnership LLP https://www.kent.gov.uk/__data/assets/pdf_file/0014/14252/CHv-Adult-Accommodation-Evidence-Final-Report.pdf
[4] http://www.vivium.nl/hogewey

1.5 The exercise showed the potential to provide nursing care for PLWD that more closely integrates with acute and community care and which benefits from the specialist skills available in geriatric medicine within EKHUFT.

1.6 The Harmonia Village is targeted to open in Quarter 3 (Q3) 2019 and the project team is currently working through the operational requirements, the plans for day to day running and preparation of standard operating procedures.

1.7 Testing of various operational aspects of the Harmonia Village, including the monitoring technology, will commence in June 2019.

The Community Areas of Sustainable Care and Dementia Excellence in Europe (CASCADE) Project

1.8 The group looked at a number of approaches to fund the capital required. This led to the creation of a wider project called the Community Areas of Sustainable Care and Dementia Excellence in Europe (CASCADE).

1.9 The CASCADE project involves a number of project partners in England, Belgium, Holland and France. It also includes the development of facilities in addition to Harmonia Village i.e. “Guesthouse with care” facilities in Medway, UK and Zealand, Holland. The partner organisations involved are:

- EKHUFT, UK
- ZorgSaam, Zeeuws-Vlaanderen, Holland
- Medway Community Healthcare (MCH), UK
- Canterbury Christ Church University (CCCU), UK
- HZ University of Applied Science, Holland
- University of Lille, France
- Flemish Expertise Centre on Dementia, Belgium
- Health and Europe Centre, UK
- Residential Care Holy Heart, Belgium
- Emmaus Elderly Care, Belgium
- Tourism Flanders, Belgium
- Flemish Agency Care and Health, Belgium
- Carenet Icuro, Belgium
- Flemish Minister on Wellbeing, Public Health and Family Care, Belgium
- La Vie Active, France

1.10 CCCU and HZ University will be evaluating the outcomes of the new approach to care of PLWD. The University of Lille will be conducting research on memory in PLWD.

1.11 Working with the Health & Europe Centre (HEC), the Trust submitted a bid for the CASCADE project to the European Interreg 2 Seas[5] fund. Interreg 2 Seas provides 60% of the project funding requirements in cash, with project partners providing 40% as benefit in kind e.g. the houses at Dover and staff time.

1.12 Interreg 2 Seas notified the project partners that the bid had been successful on 7 February 2017. The project officially commenced on 7 April 2017 and runs for four years.

[5] https://www.interreg2seas.eu/en/CASCADE

2 The Harmonia Village Current Status

Design and Construction

2.1 The site will be enclosed and each of the six housing blocks modified to accommodate a total of 30 people living with dementia (see figure 2). There will be a separate new building to provide facilities and services for residents and the local community.

2.2 The new facility does not reproduce amenities within the site such as a supermarket, theatre etc. in the same way as Hogewey. The intention is to use local facilities and in this way normalise and de-stigmatise the presence of PLWD in community settings and avoid a negative impact on the local economy.

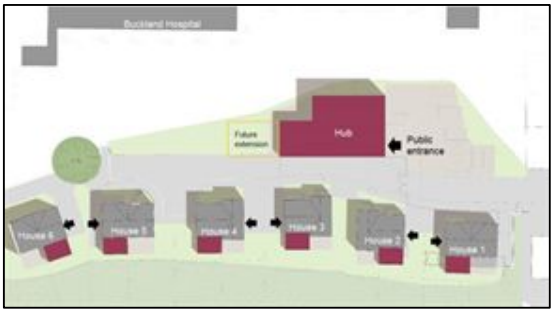
2.3 A key aspect of the CASCADE project is to maximise benefits for the local community, consequently the procurement approach has been to target local organisations.

2.4 Hazel McCormack Young LLP was selected to design the conversions to the houses and the new community facility[6] and Jenner Group[7] was the successful bidders for the construction contract.

2.5 Construction started on 1 November 2018 and is on schedule for completion by September 2019.

2.6 One of the completed houses will be available in June and will be used to beta test the technology being used as well as some of the operational activities.

Figure 2: Site plan for the Harmonia Village (new build in purple) and architect view



Model of Care

2.7 Development of the CASCADE model of care has been a collaborative process with the project partners, PLWD and carers. It has involved a number of workshops, meetings and telecons to arrive at a workable model. The vision for the CASCADE model of care is that it "Promotes a strengths based holistic approach for people living with dementia in their community, to maximise independence and quality of life". Strong feedback from the focus groups was that the term "Dementia Village" was felt to be stigmatising which led to the name the "Harmonia Village at Dover".

[6] http://www.hmy.uk.com/
[7] http://jenner-group.co.uk/

2.8 The CASCADE model of care has five fundamental principles that support achievement of the vision, they are:

- Strengths based approach;
- Safe environment of independent living;
- Personalised holistic care in the community;
- Living life to the fullest;
- Positive public perception.

2.9 To support and enable the model of care there are a number of components: Person-centredness, home, meaningful leisure activities, lifelong learning for everyone, supporting a person's journey through integrated working, technology and a sustainable business model.

2.10 The long term residents at the Harmonia Village will not be the only beneficiaries of the new model of care. The community building will include six twin bedrooms for a "guesthouse with care" facility. These guests will also benefit from the new model of care.

2.11 The guesthouse with care is a new concept that operates a booking process on a "hotel" basis. People can be referred to the guesthouse by health and social care professionals but importantly the rooms can also be booked directly by people with care needs and their carers. This has been identified as a significant shortfall in the dementia care market. The potential for supporting healthcare tourist opportunities for people with care needs will also be explored, this is a growing market in Europe.

2.12 The Harmonia Village will also outreach to PLWD in the Dover community and provide support to enable them to stay in their homes for longer through provision of activities at the community facility, help and advice and access to the guesthouse beds. The model of care principles will also be applied during these interactions. CASCADE partners estimate that 80% of their long-term residents will have accessed their day centre services prior to moving in.

Technology

2.13 The Harmonia Village will make extensive use of remote sensing/monitoring and telecare technology, to maximise the independence of PLWD and to support staff decision making. The aims of the technology will be to:

- support resident safety;
- maintain dignity and privacy;
- have low capital and revenue costs for the system;
- use the data to support staff decision making, short and long-term;
- improve the health and wellbeing of PLWD and staff; and
- automate collection of routine information, to free up staff for meaningful interactions with PLWD.

2.14 The way the technology will be used has been co-designed between the project partners, clinicians, PLWD and carers. Two surveys have also been issued to stakeholders asking questions on attitude to use of technology in the care of PLWD. They were issued in English, Dutch and French via Surveymonkey. The feedback has been used to shape the approach to use of this technology.

2.15 Miicare[8] has been selected to provide the sensors, data collection and artificial intelligence (AI) systems required. The system also stores and allows access to background and social information on individual residents.

2.16 The system will involve monitoring of PLWD and consequently there are a number of governance issues including informed consent, data security and how the data will be used. These issues are being dealt with via the NHS ethical approval process (see section “ethical approval of the research”).

2.17 Work is well advanced on the monitoring system and currently the project team are developing the staff dashboard, which will be accessed via a handheld device and used to alert staff to any issues and provide updates on individual residents.

2.18 The data produced by the system will be analysed and interpreted by an AI system to identify correlations with clinical events and behavioural changes. The intention is that the data outputs will provide predictive information that can be used by clinicians e.g. indicating deterioration in a patient’s condition, an increased likelihood of falls, a change in behaviour that needs some form of intervention etc.

2.19 The Harmonia Village will also be using a secure video messaging system provided by Patient-pharma[9] to support interactions between staff and PLWD in the community e.g. people using the community facility. The messages are logged and can be reviewed by nominated staff members and a video response sent back. This will allow PLWD and carers to ask for support and advice and provide signposting to the most appropriate service when necessary.

Ethical approval of the research

2.20 The research at the Harmonia Village raises a number of ethical issues given the fact that PLWD may lack mental capacity to make informed decisions, and also issues around the collection and use of data. The NHS ethical review process is intended to ensure this whilst remaining sensitive to the needs of researchers the rights of the PLWD are not infringed. An initial assessment of the new approaches being used at the Harmonia Village and MCH’s guesthouse with care determined that ethical approval would be required.

2.21 CCCU are leading the ethical approval process and have registered an application on the NHS’ Integrated Research Application System (IRAS), the project team is currently populating the pro-forma. The approval process ensures that appropriate governance arrangements for the project are put in place.

Training

2.22 Three tiers of dementia training are being developed by the project partners covering the requirements from people with a new diagnosis and their carers or with no experience of the condition, to clinical professionals who need to develop their skills in this area. Target audiences have been identified and categorised and course content

[8] https://www.miicare.co.uk/?fbclid=IwAR0_6w_DyqE4XyD8hVpNpWAbRc4JEHexE_3dvfP3wSCXocDw8qE3boq-heM
[9] http://www.patient-pharma.com/

is under development. The potential for rotating EKHUFT staff through the Harmonia Village to increase their knowledge and skills on dementia is under discussion. Discussions are also taking place with local organisations e.g. Dover Technical College on providing training opportunities to their students.

2.23 All training content will be freely available to stakeholders but bespoke courses will also be offered at the Harmonia Village and the other new CASCADE sites.

Music and the Harmonia Village

2.24 The project team has been working with Found in Music[10] to develop a music plan for the Harmonia Village that will benefit both residents and staff. In addition discussions are at an advanced stage to evaluate music apps which seek to influence specific aspects of behaviour of PLWD and improve their well-being. The companies concerned are Memory tracks[11] and X-System[12].

2.25 Representatives from the project team gave evidence to a House of Lords Select Committee on The Role of Music in Coping with the Ageing Population and specifically how it will be used at the Harmonia Village in December 2018.

Integration with the community

2.26 The Harmonia project has allowed EKHUFT to successfully appoint 2 Darzi Fellows. Jo Seeley has worked extensively with wider stakeholders in the Dover area and beyond. This has increased the credibility of the project and established strong relationships with non-health partners, including the mayor of Dover, local councillors, Age UK, Alzheimers UK, Bright Shadow and many local PLWD.

2.27 Interactions with local healthcare stakeholders:

- Clinical Commissioning Groups (CCGs):
  - Multiple meetings held with Local Clinical Commissioning Groups in particular South Kent Coast CCG.
- Several meetings with Kent and Medway NHS and Social Care Partnership Trust, Kent Health Overview and Scrutiny Committee.
- Meetings with local GPs.
- Several meetings with KCC.
- Representation at monthly east Kent Dementia Transformation Group.
- Presentation at East Kent Care Homes Task & Finish Group.
- Meeting with Charlie Elphick (Dover Member of Parliament) on 23 March 2018 shared on Facebook page receiving 1,200 hits.
- Presentation at Kent & Medway Sustainability and Transformation Partnership (STP).

2.28 Wider stakeholder interaction:

- Bi-weekly drop in events for local community;
- Kent Surrey Sussex (KSS) Darzi Fellowship, sharing our project across the region;
- Presentation at National Dementia Conference, London;

[10] https://www.foundinmusic.com/
[11] https://memorytracks.co.uk/
[12] https://www.x-system.co.uk

- Presentation at Public Engagement Event, Canterbury;
- Representation at the House of Lords All Party Parliamentary Group;
- Interview with the Guardian Newspaper Health Editor;
- Collaboration with the Kent Design and Learning Centre, including a presentation to partners from the Philippines.

Future Opportunities

2.29 The Harmonia facility offers a wealth of opportunities to create innovative pathways for PLWD:

- Colocation with Buckland Hospital offers access to diagnostics and potential synergy with a Urgent Treatment Centre (UTC) to support a delirium pathway that could reduce harmful admissions to hospital.
- Individual houses could be commissioned to provide step-down resources for PLWD who struggle to use existing community resources (akin to spot purchased beds). A positive environment and supportive technology could facilitate return to usual residence.
- Working with Pilgrims Hospice, we can explore palliative care pathways for PLWD.
- Learning from CASCADE partners, Harmonia offers an opportunity to provide a hub-and-spoke model of home care in the Dover area. The use of technology and modest changes in staffing levels could help support 24 hour access to specialist support for PLWD in their own homes in an affordable way.

2.30 You can keep up to date with progress on the project at the following locations:

- Facebook - @HarmoniaAtDover.
- Twitter - @HarmoniaAtDover.
- CASCADE Interreg 2 Seas web-site: https://www.interreg2seas.eu/en/cascade.
- Trust web-pages: https://www.ekhuft.nhs.uk/patients-and-visitors/news/the-harmonia-village-at-dover/.