

Board of Directors Meeting - Open (Thursday 11 February 2021)

Thu 11 February 2021, 09:30 - 12:00

WebEx teleconference

Agenda

09:30 - 09:30 **Agenda**
0 min

To Note

09:30 - 09:31 **20/151.**
1 min
Chairman's Welcome - (09:30)

To Note

Chair

Verbal

09:31 - 09:32 **20/152.**
1 min
Apologies for Absence

To Note

Chair

Verbal

09:32 - 09:33 **20/153.**
1 min
Declaration of Interests

To Note


Chair

 20-153 - REGISTER 2020-21 V14 - from January 2021.pdf (4 pages)

09:33 - 09:36 **20/154.**
3 min
Minutes of Previous Meeting held on 14 January 2021

Approval


Chair

 20-154 - Unconfirmed BoD 14.01.21 public minutes.pdf (7 pages)

09:36 - 09:40 **20/155.**
4 min
Matters Arising from the Minutes on 14 January 2021

Approval

Chair

 20-155- Front Sheet Actions from Public Board.pdf (1 pages)

09:40 - 09:45
5 min

20/156.

Chair's Report - (09:40)

Discussion

Chair

 20-156.1 - Chair Report February 2021 BoD.pdf (4 pages)

 20-156.2 - Appendix 1 Reducing-burden-and-releasing-capacity-to-manage-the-c19-pandemic-2-feb-2021.pdf (10 pages)

09:45 - 09:55
10 min

20/157.


Chief Executive's Report - (09:45)

Discussion

Chief Executive

- **Kent and Medway (K&M) System Partnership Working**

 20-157.1 - CEO Report 11.02.21.pdf (5 pages)

 20-157.2 Appendix 1 Board Briefing Staff support and C-19.pdf (2 pages)

09:55 - 10:15
20 min

20/158.

Corporate Reporting - (09:55)

Discussion


20/158.1.

Integrated Performance Report

Discussion

Chief Executive / Executive Team

 20-158.1.1 - IPR FRONT SHEET - Highlight Report.pdf (7 pages)

 20-158.1.2 - IPR December_20_Final_v3.pdf (52 pages)

20/158.2.


Strategic Risks Report

Discussion

Group Company Secretary / Executive Team

 20-158.2.1 - Board Assurance Framework Risk Register BoD 02.02.21.pdf (3 pages)

 20-158.2.2 - Appendix 1 Board Assurance Framework Risk Register 03.02.21.pdf (8 pages)

 20-158.2.3 - Appendix 2 Corporate Risks (outside Risk Appetite) 03.02.21.pdf (4 pages)

10:15 - 10:25
10 min

20/159.

Chief Medical Officer's (CMO) Report - (10:15)

Approval

Chief Medical Officer

- **Ethics Committee Terms of Reference (ToR)**

Approval

 20-159.1 - CMO report FEB Board.pdf (5 pages)

 20-159.2 - Appendix 1 Ethics Committee (Covid) ToR v0.5.pdf (4 pages)

10:25 - 10:35
10 min

20/160.

Maternity Improvement Committee (MIC) - Chair Report - (10:25)

Discussion

Chair Maternity Improvement Committee - Jane Ollis

 20-160.1 - Front Sheet MIC BoD report.pdf (2 pages)

10:35 - 10:40 **TEA/COFFEE BREAK - 10:35-10:40 (5 Mins)**
5 min

10:40 - 11:20 **20/161.**
40 min **Staff Experience Story - (10:40)**

Discussion *Director of Medical Education / Consultant Respiratory Medicine*

20/161.1.
Staff Experience Story - (10:40) 20 mins

Discussion *Director of Medical Education / Consultant Respiratory Medicine*

Presentation

 20-161.2 - Front Sheet Patient Staff Experience Story.pdf (2 pages)

20/161.2.
Patient/Staff Experience Story - (11:00) 20 mins

Discussion *Team Member Elective Orthopaedic Centre Project*

11:20 - 11:30 **20/162.**
10 min **Quality Committee - Chair Report - (11:20)**

Approval *Chair Quality Committee - Sarah Dunnett*

Paper to follow

11:30 - 11:40 **20/163.**
10 min **Infection Prevention and Control (IPC) Board Assurance Framework (BAF) - (11:30)**

Discussion *CEO/CMO/Interim Chief Nurse*

 20-163.1 - Front Sheet IPC Board Assurance Framework.pdf (2 pages)


 20-163.2 - IPC Board Assurance Framework review 24.1.21.EKHUFT.pdf (38 pages)


11:40 - 11:50 **20/164.**
10 min **Finance and Performance Committee - Chair Report - (11:40)**


Approval *Chair Finance and Performance Committee - Nigel Mansley*

- **Months 8 and 9 Finance Reports**

 20-164.1 - FPC January 2021 Chair Report.pdf (4 pages)

 20-164.2 - APPENDIX 1 Month 8 Finance Report.pdf (26 pages)

 20-164.3 - FPC February Chair Report (FINAL2 100221).pdf (8 pages)

 20-164.4 - APPENDIX 1 FPC M9 Finance Report v2.pdf (26 pages)

11:50 - 11:55
5 min

20/165.

Any other business - (11:50)

Discussion

Chair

Verbal

11:55 - 12:00
5 min

20/166.

QUESTIONS FROM THE PUBLIC (11:55)

Discussion

Chair

Verbal

**Date of Next Meeting: Thursday 11 March 2021 as a WebEx
Teleconference**

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

BOARD OF DIRECTORS MEETING – THURSDAY 11 FEBRUARY 2021

Please find attached the agenda for the next Board of Directors meeting. The meeting will take place as a **WebEx teleconference** – commencing at **9.30 am to 12.00 noon**.

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

People feel
cared for as
individuals

People feel
safe, reassured
and involved

People feel
teamwork, trust
and **respect** sit
at the heart of
everything we do

People feel
confident we
are **making a
difference**

AGENDA

20/

OPENING MATTERS

151	Chairman's welcome	09:30	Chair
152	Apologies for Absence		
153	Declaration of Interests		
154	Minutes of Previous Meeting held on 14 January 2021		
155	Matters Arising from the Minutes on 14 January 2021		

Our patients

Our people

Our quality and safety

Our future

Our sustainability

156	Chair's Report	Discussion	09:40 5 mins	Chair
157	Chief Executive's Report <ul style="list-style-type: none"> Kent & Medway (K&M) System Partnership Working 	Discussion	09:45 10 mins	Chief Executive



158	Corporate Reporting		09:55 20 mins	
	158.1 Integrated Performance Report	Discussion		Chief Executive/ Executive Team
	158.2 Strategic Risks Report	Discussion		Group Company Secretary/ Executive Team
159	Chief Medical Officer's (CMO) Report • Ethics Committee Terms of Reference (ToR)	Approval	10:15 10 mins	Chief Medical Officer
160	Maternity Improvement Committee (MIC) – Chair Report	Discussion	10:25 10 mins	Chair Maternity Improvement Committee – Jane Ollis
TEA/COFFEE BREAK				
		10:35 – 10:40 5 mins		
161	Staff/Patient Experience Story	Discussion	10:40	
	161.1 Staff Experience Story	Discussion Presentation	10:40 20 mins	Director of Medical Education/Consultant Respiratory Medicine
	161.2 Patient/Staff Experience Story	Discussion	11:00 20 mins	Team Member Elective Orthopaedic Centre Project
162	Quality Committee - Chair Report	Approval (to follow)	11:20 10 mins	Chair Quality Committee – Sarah Dunnett
163	Infection Prevention and Control (IPC) Board Assurance Framework (BAF)	Discussion	11:30 10 mins	Chief Executive/ Chief Medical Officer/ Interim Chief Nurse
164	Finance and Performance Committee – Chair Report • Months 8 and 9 Finance Reports	Approval	11:40 10 mins	Chair Finance and Performance Committee – Nigel Mansley

CLOSING MATTERS

165	Any other business		11:50 5 mins	
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Date of Next Meeting: Thursday 11 March 2021 as a WebEx Teleconference

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



REGISTER OF DIRECTOR INTERESTS – 2020/21 FROM JANUARY 2021

NAME	POSITION HELD	INTERESTS DECLARED	FIRST APPOINTED
ACOTT, SUSAN	Chief Executive	Advisory Council of The Staff College (leadership development body for the NHS/Military) (started 16 October 2017) (4)	Appointed 1 April 2018
ADEUSI, SUNNY	Non Executive Director	Leadership role for Zimmer Biomet (global US medical device/technology corporation in Europe, Middle East & Africa (EMEA) Regional Commercial & Marketing) (started 16 September 2019) (4)	1 November 2015 (Second term)
ASHMAN, ANDREA	Director of HR	MY Trust (started 11 November 2014) (4)	Appointed 1 September 2019
CAVE, PHILIP	Director of Finance and Performance	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 (started 9 October 2017) (5) Non Executive Director of Beautiful Information Limited (started 3 November 2017) (1)	Appointed 9 October 2017
CARLTON, REBECCA	Acting Chief Operating Officer	None	4 January 2021 (Interim)
CORRIGAN, CHRISTOPHER	Non Executive Director	None	1 January 2021 to 31 March 2021 (Interim)
DUNNETT, SARAH	Non Executive Director	Non Executive Director of Maidstone and Tunbridge Wells NHS Trust (1) Director of Catalyst (London) Ltd (1)	1 January 2021 to 31 March 2021 (Interim)

REGISTER OF DIRECTOR INTERESTS – 2020/21 FROM JANUARY 2021

NAME	POSITION HELD	INTERESTS DECLARED	FIRST APPOINTED
HOLLAND, CHRISTOPHER	Non Executive Director	Director of South London Critical Care Ltd (1) Shareholder in South London Critical Care Ltd (2) Dean of Kent and Medway Medical School, a collaboration between Canterbury Christ Church University and the University of Kent (4) South London Critical Care solely contracts with BMI The Blackheath Hospital for Critical Care services (5) Member of Liberal Democrats, until 14 June 2020 (6)	Appointed 13 December 2019 Non Executive Director full voting Board member (1 January 2021 to 31 March 2021)
JORDAN, SIOBHAN	Interim Chief Nurse	None	1 December 2020 (Interim)
MANSLEY, NIGEL	Non Executive Director	Jeris Associates Ltd (started 1 July 2017) (1) (2) (3) Chair, Diocesan Board of Finance (Diocese of Canterbury) (started 22 January 2018) (1)	1 July 2017 (Second term)
MARTIN, REBECCA	Chief Medical Officer	None	Appointed 18 February 2020
OLLIS, JANE	Non Executive Director	The Heating Hub (started 8 May 2017) (1) Non Executive Director of the Kent Surrey Sussex Academic Health Science Network (AHSN) (started 1 July 2018) (1) Founder of MindSpire (started 30 October 2018) (1) Non Executive Director of Community Energy South (started 30 October 2018) (1) Vice President of the British Red Cross in Kent (started November 2018) (4) Non Executive Director of 2gether Support Solutions (started 22 May 2019) (1) Non Executive Director of Riding Sunbeams (started February 2020) (1)	8 May 2017 (Second term)

REGISTER OF DIRECTOR INTERESTS – 2020/21 FROM JANUARY 2021

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	<p>Stephen Smith Ltd (started 27 March 2003) (1) Non Executive Director of NetScientific Plc (started 17 February 2016) (1) Trustee of Pancreatic Cancer UK (started 16 August 2016) (1) Trustee of Epilepsy Society UK (started 27 November 2018) (4) Chairman of Signum Health Ltd (started 17 April 2019) (1) Senior Advisor of Ministry of Health – Saudi Arabia (4) (started 23 September 2019)</p> <p>Closed interests Non Executive Director of uMed Ltd (started 1 March 2018/finished 1 March 2019) (1) Non Executive Director of Draper and Dash (started 27 November 2018/finished 14 October 2019) (1) Chairman of Biotechspert Ltd (started 4 September 2017/finished 7 February 2020) (1) Chair of Scientific Advisory Board (started 1 March 2018) (4)</p>	1 March 2018
WILDING, BARRY	Senior Independent Director	Trustee of CXK, a Charity in Ashford inspiring people to thrive (started 16 May 2018) (4 & 5)	11 May 2015 (Second term)

REGISTER OF DIRECTOR INTERESTS – 2020/21 FROM JANUARY 2021

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:

Jane Ollis – Non-Executive Director in common

Alison Fox – Nominated Company Secretary

Spencer Private Hospitals:

Sean Reynolds – Chair

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 ONE HUNDRED & SEVENTH MEETING OF THE
BOARD OF DIRECTORS
THURSDAY 14 JANUARY 2021 AT 9.30 AM
AS A WEBEX TELECONFERENCE**

PRESENT:

Professor S Smith	Chair	StS
Ms S Acott	Chief Executive Officer	SAC
Mrs A Ashman	Director of Human Resources & Organisational Development	AA
Ms R Carlton	Acting Chief Operating Officer	RC
Mr P Cave	Director of Finance and Performance	PC
Ms S Dunnett	Interim Non-Executive Director	SD
Professor C Holland	Non-Executive Director	CH
Ms S Jordan	Interim Chief Nurse	SJ
Mr N Mansley	Non-Executive Director	NM
Dr R Martin	Chief Medical Officer (CMO)	RM
Mrs J Ollis	Non-Executive Director/Vice Chair	JO
Ms L Shutler	Director of Strategic Development and Capital Planning/ Deputy Chief Executive	LS
Mr B Wilding	Non-Executive Director	BW

ATTENDEES:

Mrs A Fox	Group Company Secretary	AF
Ms H Horne	Deputy Head of Midwifery and Gynaecology (for minute number 20/147)	HH
Mrs U Marsh	Head of Midwifery and Gynaecology (for minute number 20/147)	UM
Mrs N Yost	Director of Communications and Engagement	NY

IN ATTENDANCE:

Ms S Adam	Improvement Director, NHS England/NHS Improvement (NHSE/I)	SAd
Miss S Robson	Board Support Secretary (Minutes)	SR
Ms F Wise	Executive Maternity Services Strategic Programme Director/ Improvement Director, NHSE/I	FW

MEMBERS OF THE PUBLIC AND STAFF OBSERVING:

Ms C Gregory	Member of the Public
Ms C Heggie	Member of the Public
Ms P Pryer	Member of the Public
Mrs M Smith	Member of the Public
Mrs C Wearing	Governor

MINUTE NO.		ACTION
20/140	CHAIRMAN'S WELCOME The Chair stated a formal Board meeting was not normally held in January as this was scheduled for a Board Development Day that would be held later in the day. He explained Trust Boards were required to receive and discuss a report on the Ockenden Review of Maternity Services and it was also important for the Board to receive an update on the current operational position of the Trust.	

CHAIR'S INITIALS

The Chair welcomed two Interim Non-Executive Directors (NEDs) to the Board. He introduced SD who would be chairing the Quality Committee (QC), who was also a NED at Maidstone and Tunbridge Wells NHS Trust. He welcomed CC who was unable to join the Board meeting due to his current commitments with King's College London and Guy's & St. Thomas's NHS Foundation Trust.

The Chair stated CH's Associate NED role who had been appointed as a full voting NED Board member for an interim period of three months from January 2021.

20/141 **APOLOGIES FOR ABSENCE**

Apologies for absence received from Professor C Corrigan (CC), Interim NED; and Mr S Adeusi, NED.

20/142 **DECLARATION OF INTERESTS**

There were no new declarations of interest.

20/143 **MINUTES OF THE PREVIOUS MEETING HELD ON 10 DECEMBER 2020**

DECISION: The Board of Directors **APPROVED** the minutes of the previous meeting held on 10 December 2020 as an accurate record.

20/144 **MATTERS ARISING FROM THE MINUTES ON 10 DECEMBER 2020**

B/012/20 – Integrated Performance Report (IPR)

RC confirmed the Trust's processes were in line and compliant with the standards and tools of the British Association of Day Surgery (BADS). The Board approved the closure of this action.

B/013/20 – IPR

PC reported in addition to the update presented, the on-going work to improve and upgrade the IPR format and presentation of data information would continue over the next couple of months. Discussions would be held at the Board Development session to be held that day and it was anticipated the new revised version of the IPR would be available in March.

DECISION: The Board of Directors noted the updates and **APPROVED** all the actions for closure.

20/145 **CHAIR'S REPORT**

The Chair reported good progress was being made with regards to NED appointments and interviews held with high calibre candidates. He was confident the current vacancies would be substantively appointed to.

The Board of Directors **NOTED** the verbal update report.

20/146

CHIEF EXECUTIVE'S REPORT

SAC highlighted the key elements in her report:

- The Trust was currently very challenged in relation to operational pressures and staffing. It remained at full capacity due to Covid-19 with the continued provision of red and blue patient streams;
- Levels of community transmission appeared to be plateauing as a result of the lock-down in Kent with the exception of Gravesend;
- The importance of the 'hands, face, space' campaign and people adhering to this to stop the spread of Covid-19;
- Daily admission numbers also appeared to be plateauing, with a daily average of 50 admissions/diagnoses. These patients tended to have a longer length of stay, causing operational pressures and impacting on discharge capacity;
- Patients admitted were acutely ill and required oxygen that had an on-going impact with increased demand for oxygen, presenting significant pressure with continuous daily monitoring and management of oxygen supply. There was the provision of two oxygen flow tanks at Queen Elizabeth the Queen Mother Hospital (QEQMH) that provided resilience and one at William Harvey Hospital (WHH). The Trust had put forward a case to the National team to bring forward the need to have an additional tank at WHH;
- Critical care provision at all three hospital sites as well as surge and super-surge capacity enabled the Trust to assist with mutual aid and receive additional patients across the County;
- Currently 414 Covid-19 positive inpatients across the hospital sites, with a previous average of around 450 patients;
- Staff and clinical teams continued to work tirelessly to treat and support patients. Thanks to RC, the Operational team and all the staff for their hard work and commitment during the pandemic and also the Christmas and New Year period. Highlighting the normally busy winter period, ensuring robust resilience plans were in place during the seasonal period and operational systems were safely co-ordinated and controlled with the provision of senior presence at each of the hospital sites;
- Management around the EU Exit, M20 congestion, Operation Brock, Manston Airport Covid-19 lateral flow testing, that caused difficulties particularly at QEQMH. There were currently no issues at the present time regarding EU Exit;
- WHH was the first hospital in Kent to commence Covid vaccinations, focussing on the over 80s and care home staff. The Trust had received permission to extend vaccinations to Kent and Canterbury Hospital (K&CH) Cricket Ground site from 18 January. This would increase the current capacity at WHH of 3,000 vaccinations per day, to an additional 7,000 vaccinations a week at K&CH;
- Miss A Davis had recently joined the Trust on 4 January 2021 as Hospital Medical Director for K&CH;
- Dr V Purday seconded to the interim role of Medical Director: Covid Incident Response, providing support to clinicians as well as the daily decisions regarding clinical and operational management during the pandemic.

SD raised the current pressures for the Trust and what impact this had on staffing and having sufficient resources in place to manage the opening of surge and super surge critical care provision. SAc confirmed the Trust received instructions to make changes to the normal critical care staffing ratios of working on a 1:1 basis, and during surge provision staff to work to 1:2 or 1:3. This method was supported with critical care buddying arrangements that was working effectively and staff with critical care experience were being asked to help to provide additional support. RM confirmed 24/7 rotas in place providing senior critical care support.

JO extended thanks to all the Trust staff for their continued hard work and the gratitude for the amazing commitment of the front line teams in treating patients.

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

20/146.1 **CORPORATE REPORTING:**

20/146.1.1 **INTEGRATED PERFORMANCE REPORT (IPR)**

SAc reiterated WHH and QEQMh working at full capacity, with less at K&CH due to the reduced provision of oxygen at this site. The three hospital sites were being used differently during the pandemic to address and manage operational requirements and support the blue and red patient streams.

SAc reported a reduction in performance against the Family and Friends Test (FFT) as a result of visitor access restrictions and contact with relatives. The Trust continued to look at innovative methods for patients to keep in contact with their families.

SAc stated the Trust's good performance against non-Covid Healthcare Associated Infections (HCAIs), no cases of MRSA that year to date, and the management and control of the Clostridium difficile outbreak at QEQMh.

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

20/146.1.2 **STRATEGIC RISKS REPORT**

The Board of Directors **NOTED** the Strategic Risks report.

20/147 **OCKENDEN REVIEW OF MATERNITY SERVICES**

FW stated the report and the appendices presented set out the assurance mechanisms in place regarding the provision of effective maternity services. This was around the actions implemented, the completed maternity services assessment and assurance tool, gap analysis undertaken, auditing, perinatal surveillance model and the broader considerations of the Ockenden Report and its conclusions. She reported the delay in submission of the required completed assurance and assessment tool to the Regional Midwifery Officer that had been put back to February. Feedback would be provided to the Trust following submission of this tool. She noted the key elements:

- Establishment of a Maternity Improvement Committee (MIC), monthly meetings held with reports presented to the Board and Quality Committee

CHAIR'S INITIALS

Page 4 of 7

(QC). The MIC included membership representation from Regional colleagues, Clinical Commissioning Group (CCG), National maternity advisor, Maternity Voices Partnership (MVP) and HealthWatch. Its main focus was around delivery of the integrated improvement plan, which would be updated to reflect the recommendations of the Ockenden Report;

- The importance around the themes of the Ockenden Report in respect of the broader considerations for review and action Trust-wide outside of maternity services;
- MIC had established an Evidence Review Sub Group, fortnightly meetings held reviewing evidence for sign off against delivery of the recommendations in the integrated improvement plan. As a result of this robust processes were in place and it had been identified there was not a need for a separate internal audit review;
- Positive feedback received from the National team regarding the comprehensive Trust response against the Immediate and Essential Actions (IEAs).

UM highlighted the seven IEAs in the Ockenden Report required to be met by all trusts, of which the Trust had met six. The partially met IEA 'Enhanced Safety' was being worked on as this required wider collaboration. She outlined the actions implemented:

- The governance and leadership teams had been extended in Women's Health strengthening the support, oversight and engagement provided;
- Focus on monitoring and reviewing complaints around themes, to achieve improvements in respect of timely and compassionate responses and reduce the numbers received;
- Continuity of Carer service implementation;
- Bereavement lead midwives in post;
- Bereavement project team being set up in February to create an enhanced Trust-wide staff education programme for bereavement/end of life (EoL) care. To support staff with the provision of information and being confident to manage this pathway;
- Fully integrating obstetric anaesthetists into the maternity multidisciplinary team, with regards to training programmes, ward rounds, Serious Incident (SI) reviews and lessons learnt.

SD queried a timeframe for when the Trust expected to be fully compliant against the IEAs and the benefits of having this assurance. UM explained this was reliant around wider collaboration and having a robust framework for the implementation of the Perinatal Quality Surveillance Model. She stated a confirmed timeframe at present could not be provided, acknowledging the importance of having this in place that would be set out as the work was progressed.

BW questioned internal audit not undertaking a one off review commenting it would be useful to obtain another independent opinion in line with normal practice. FW highlighted the review and audit of the integrated improvement plan actions by internal audit, and there would be future consideration of a review of the governance arrangements. RM stated internal audit had undertaken an audit of the actions implemented and evidence in relation to prevention of future deaths, which was currently being finalised. She reiterated the robust processes in place in

respect of scrutiny, review of evidence, oversight and maternity expertise input and support. It was noted BW would have a discussion with RM outside the meeting regarding the additional support and benefits that internal audit could provide regarding evidence review and audit.

DECISION: The Board of Directors discussed the Ockenden Review of Maternity Services report and **CONFIRMED:**

- The 10 Safety Actions and seven IEAs would be met subject to the assessment and assurance provided within the Maternity services assessment and assurance tool;
- The completed assurance and assessment tool could be submitted to the Regional Midwifery Officer;
- Support of the broader considerations and the development of further improvements as seen in section 6 of the report. For example, the enhanced Trust-wide Bereavement Care pathway;
- Agreement there was a robust process established and that there was no additional benefit of a one off review by Internal Audit as the on-going process of assessment and evidence provided was sufficiently robust.

20/148

INFECTION PREVENTION AND CONTROL (IPC) BOARD ASSURANCE FRAMEWORK (BAF)

SAC reported positive feedback received from the external regulators with regards to the effectiveness of the Trust's IPC BAF in providing the evidence in respect of IPC management, actions and updates. The Trust was supporting other trusts around populating, completing and submitting a robust IPC BAF. She stated the Trust had produced a document setting out a framework around exiting its current IPC oversight arrangements and was working closely with the regulators regarding a clear exit timeline. She highlighted the key areas:

- Good position regarding nosocomial rates comparable against other trusts;
- Good performance in relation to non-Covid IPC, with a trajectory reduction in the cases of *Clostridium difficile*;
- Positive output and IPC improvements as a result of the additional IPC support and resources put in place the previous year as well as oversight arrangements regarding IPC and cleaning practices. These included fortnightly oversight meetings with the regulators along with continued senior IPC advice and support from NHSE/I.

The Chair extended thanks to the IPC team and all Trust staff for their continued and tireless hard work and commitment in managing the pandemic, treating and supporting patients. He acknowledged the personal sacrifices made by staff during the pandemic and its impact in respect of stress, anxiety and mental health working through this unprecedented period.

SAC acknowledged the hard work and support from the Hospital Medical Director, IPC team, nursing and operational teams supporting the QEQMH staff in respect of managing the *Clostridium difficile* outbreak.

The Board of Directors discussed and **NOTED** the IPC BAF report.

CHAIR'S INITIALS

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20/149 **ANY OTHER BUSINESS**

There were no other items of business raised for discussion.

20/150 **QUESTIONS FROM THE PUBLIC**

There were no questions raised from members of the public in attendance.

The Chair closed the meeting at 10.20 am.

Date of next meeting in public: Thursday 11 February 2021 as a WebEx teleconference.

Signature _____

Date _____

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	11 FEBRUARY 2021
REPORT TITLE:	MATTERS ARISING FROM THE MINUTES ON 14 JANUARY 2021
BOARD SPONSOR:	CHAIRMAN
PAPER AUTHOR:	BOARD SUPPORT SECRETARY
PURPOSE:	DISCUSSION
APPENDICES:	NONE

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 note there are no open actions from previous meetings.

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:	We care about... <ul style="list-style-type: none"> • Our patients; • Our people; • Our future; • Our sustainability; • Our quality and safety. 	
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 **NOTE** there are no open actions or outstanding progress updates from previous meetings.

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	11 FEBRUARY 2020
REPORT TITLE:	CHAIR'S REPORT
BOARD SPONSOR:	CHAIRMAN
PAPER AUTHOR:	BOARD SUPPORT SECRETARY
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: REDUCING BURDEN AND RELEASING CAPACITY TO MANAGE THE COVID-19 PANDEMIC LETTER

BACKGROUND AND EXECUTIVE SUMMARY

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. Board

- 1.1 Interviews have been held to recruit to the vacant Non-Executive Director (NED) posts with experienced high calibre candidates, it is anticipated successful appointments will be made within the next month.
- 1.2 I am stepping down from my role as EKHUFT Chairman at the end of February. Recruitment is underway to appoint my replacement and interviews will be held mid-February. It has been a pleasure and an honour to have worked with such dedicated and hardworking colleagues, who continue to work tirelessly during the pandemic to treat and support the population of East Kent, as well as supporting and looking after their colleagues.
- 1.3 Further Board coaching partnership sessions will take place at the end of February with Executive Directors and NEDs, supported by an external facilitator. The Board held a Board Development session in the afternoon following the formal Board meeting held on 14 January. The Board will continue to focus on its development programme with a further externally facilitated Board Development Session to take place early in Spring. This session will include working together as a Board, building strong relationships and looking at the organisation strategy and its values.

2. East Kent Hospitals Charity (EKHC)

- 2.1 The Charity continues to receive many offers of community support for the teams across the Trust and these are distributed throughout the hospital sites.
- 2.2 The Charity has published its Winter 2020/21 Memory Lane Newsletter detailing the fantastic work the Dementia team have been doing over previous months, as well as a celebration of the supporters of the Dementia Appeal. A copy can be found at: <https://www.ekhcharity.org.uk/about-us/dementia-appeal/>.

2.3 The Charity's 2019/20 Annual Report has also been published on its website and a copy can be found at: [About us - East Kent Hospitals Charity \(ekhcharity.org.uk\)](http://ekhcharity.org.uk).

3. **Thanks to the Friends of William Harvey Hospital (WHH)**

3.1 The Friends of WHH at the end of last year approved grants to spend £135,000 for a range of equipment to be used across the hospital. This included:

- Five reclining chairs for patients in the Surgical Emergency Admissions Unit (SEAU) at a cost of £11,000;
- A new ultrasound machine to speed up diagnosis times in the Emergency Department (ED) costing £38,000;
- An EEG machine for Intensive Care Unit (ICU) costing £23,000; and
- A gynaecological couch for the Singleton Unit at a cost of £3,000.

3.2 This equipment will be hugely beneficial to patients.

4. **Council of Governors (CoG)**

4.1 There have been some changes to report on membership on the Council of Governors since last year. I will talk at the start of the Board meeting about the sad loss of one of our Governors, Jenny Chittenden, to the covid pandemic. Jenny made an immense contribution to community service throughout her life and she will be missed sorely by so many. I wish to pay tribute to Jenny, a long-term health campaigner, who sadly passed away in January. Jenny was a passionate advocate for the Kent and Canterbury Hospital and much-loved mum, grandmother and great grandmother. Jenny was elected as a Governor of East Kent Hospitals in March 2018. She was an active and passionate member on the Council of Governors and brought with her years of experience and skills. She was dedicated to serving the local community and a very determined advocate for all patients and worked hard for her constituents in her role as Governor. Jenny's service to her community spanned across many decades and in many roles.

4.2 One of our staff governors, Julie Pain, has resigned since the last meeting as changes to her personal circumstances mean that she can no longer make the time commitment to the role. This means that there will be two vacancies on the Council at the end of February. The election process to fill these vacancies will commence on 8 February, with election results known by 6 April. If the election is uncontested, the new Governors will join the Council by 1 March 2021.

4.3 The voting phase of the Governor elections for vacancies arising at the end of February commenced on 14 January 2021, having been postponed in the wake of the second wave of the pandemic. The results of the elections will be known by the time of this Board meeting and I will provide an update. I hope also to announce who will be taking on the role of Partner Governor representing our Volunteers.

4.4 The Council has successfully completed the recruitment process to fill three Non-Executive Director vacancies on the Board. The final administrative procedures are currently being completed and I will formally introduce the new members of the Board as soon as possible.

4.5 The Council's work on Board member recruitment continues. The process for finding my successor is nearing completion and should allow for hand-over period before I move on at the end of this month. There is one further Non-Executive Director vacancy to fill on the Board following Wendy Cookson's resignation at the end of last year. The process for this recruitment should be completed by the end of March.

4.6 Following the changes made to the Board's meeting schedules and work programmes, we will be working with the Governors to plan their own schedule with the aim of enhancing the relationship and communications between Board and Council. The timing is fortuitous as it will allow my successor to be closely involved in that planning from the start. Over the coming months the Council's work will include involvement in a review of the Trust's Constitution, supporting the induction of the new Governors and developing their role in the We Care Programme; in addition to the normal work of their Committees.

4.7 I would like to finish this section of my report by thanking all the Governors who have served on Council during my time as the Chair. Governors have a very difficult balance to achieve as critical friends of the Trust and representatives of their communities, all the while keeping their focus at the strategic level. The time and energy that they bring to their work on Council is significant and fully appreciated by the Board. Their responsibilities as a Council are critical to proper governance in the Trust and I have been impressed by the commitment that they have all brought to the role. I wish the Council all the very best for the future.

5. Reducing burden and releasing capacity to manage the COVID-19 pandemic

5.1 In recognition of the ongoing national Covid-19 challenges faced by Trusts, the Chief Operating Officer for the NHS, Amanda Pritchard, wrote to all Trusts on 26 January (attached at Appendix 1) setting out the position concerning future regulatory and reporting requirements, including: –

- pausing all non-essential oversight meetings
- streamlining assurance and reporting requirements
- providing greater flexibility on various year-end submissions
- focussing our improvement resources on COVID-19 and recovery priorities
- only maintaining those existing development workstreams that support recovery.

5.2 For EKHUFT, we have already introduced streamlined governance arrangement for most of meetings and decision-making. We intend to continue to hold Council of Governor meetings virtually but will keep this decision under close review. The weekly Chief Executive's NED briefing session will also continue as currently scheduled.

Non-Executive Directors' (NEDs) Commitments

A brief outline of the NEDs' commitments are noted below:

Chair	18 January – NHS Reset – Chairs meeting 21 January – East Kent (EK) Integrated Care Provider (ICP) Partnership Board meeting 28 January – South East (SE) Leaders Broadcast with NHS England/NHS Improvement's (NHSE/I's) Regional Director (SE) Kent & Medway (K&M) Chair's fortnightly meetings NEDs Interviews NEDs briefings with Chief Executive
Non-Executive Directors	19 January - Ethics Committee meeting 1 February – Maternity Improvement Committee meeting 2 February – Finance and Performance Committee and Quality Committee meetings 4 February – 2gether Support Solutions Board meeting NEDs briefings with Chief Executive

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	None	
LINKS TO STRATEGIC OBJECTIVES:	We care about... <ul style="list-style-type: none"> • Our patients; • Our people; • Our future; • Our sustainability; • Our quality and safety. 	
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 Chair's report.

Classification: Official

Publications approval reference: 001599

Skipton House
80 London Road
London
SE1 6LH

To:

- Chief executives of all NHS trusts and foundation trusts
- CCG Accountable Officers

Copy to:

- Chairs of NHS trusts, foundation trusts and CCG governing bodies
- Chairs of ICSs and STPs
- NHS Regional Directors

26 January 2021

Reducing burden and releasing capacity to manage the COVID-19 pandemic

The NHS is facing unprecedented levels of pressure from the COVID-19 pandemic. Whilst numbers of admissions are plateauing and beginning to decline in some parts of the country, they continue to grow in others and the number of patients in hospital and in critical care with COVID-19 will take some time to reduce. At the same time the NHS is delivering a national COVID vaccination programme of unparalleled scale and complexity, whilst also continuing to provide non-COVID care.

Therefore we will continue to support you to free up management capacity and resources to focus on these challenges. Following our letters in [March](#) and [July](#) last year, this letter updates and reconfirms our position on regulatory and reporting requirements for NHS trusts and foundation trusts, including:

- pausing all non-essential oversight meetings
- streamlining assurance and reporting requirements
- providing greater flexibility on various year-end submissions
- focussing our improvement resources on COVID-19 and recovery priorities
- only maintaining those existing development workstreams that support recovery.

We will keep this under close review, making further changes where necessary to support you. In addition, we will review and update the measures set out in this letter in Q1 2021/22.

Once again, we appreciate the incredible level of commitment and hard work from you and your teams that has helped the NHS rise to meet the challenges of the last year, and in particular these past four weeks.

Yours sincerely

A handwritten signature in black ink, reading 'A. Pritchard'. The signature is fluid and cursive, with the first letter 'A' being particularly large and stylized.

Amanda Pritchard

Chief Operating Officer, NHS England & NHS Improvement

The system actions

Changing NHSE/I engagement approaches with systems and organisations

Oversight meetings will continue to be held by phone or video conference and will focus on critical issues. Teams will also review the frequency of these meetings on a case-by-case basis to ensure they are appropriate. We have reprioritised our improvement and support effort to focus on areas directly relevant to the COVID-19 response, in particular:

- GIRFT visits to trusts have been stood down with resources concentrated on supporting hospital discharge coordination.
- National transformation programmes (outpatients, diagnostics and pathways) now focus on activity that directly supports the COVID response or recovery, e.g. video consultation and patient-initiated follow up, maximising diagnostics and clinical service capacity, supporting discharge priorities etc.
- With CQC, we continue to prioritise our special measures work to give the appropriate support to the most challenged systems to help them manage COVID-19 pressures.

1) Governance and meetings

No.	Areas of activity	Detail	Actions
1.	Board and sub-board meetings	<p>Trusts and CCGs should continue to hold board meetings but streamline papers, focus agendas and hold virtually, not face-to-face. No sanctions for technical quorum breaches (e.g. because of self-isolation).</p> <p>For board committee meetings, trusts should continue quality committees, but consider streamlining other committees.</p> <p>While under normal circumstances the public can attend at least part of provider board meetings, Government social isolation requirements constitute 'special reasons' to avoid face to face gatherings as permitted by legislation.</p> <p>All system meetings to be virtual by default.</p>	Organisation to inform audit firms where necessary
2.	FT Governor meetings	<p>Face-to-face meetings should be stopped at the current time¹ - virtual meetings can be held for essential matters e.g. transaction decisions.</p> <p>FTs must ensure that governors are (i) informed of the reasons for stopping meetings and (ii) included in regular communications on response to COVID-19 e.g. via webinars/emails.</p>	FTs to inform lead governor
3.	FT governor and membership processes	<p>FTs free to stop/delay governor elections where necessary.</p> <p>Annual members' meetings should be deferred.</p> <p>Membership engagement should be limited to COVID-19 purposes.</p>	FTs to inform lead governor

¹ This may be a technical breach of FTs' constitution but acceptable given Government guidance on social isolation

No.	Areas of activity	Detail	Actions
4.	Annual accounts and audit	<p>We wrote to the sector on 15 January to make the following adjustments to reporting requirements:</p> <ul style="list-style-type: none"> • extending the 2020/21 accounts and audit year end timetable • allowing providers to apply for a further extended timetable for submitting 2020/21 financial accounts • deferring introduction of IFRS 16 (new leases accounting standard) to 2022 • simplifying the 'agreement of balances' exercise 	Organisation to continue with year-end planning in light of updated guidance
5.	Quality accounts - preparation	The deadline for quality accounts preparation of 30 June is specified in Regulations. DHSC is currently reviewing whether Regulations should be amended to extend the 30 June deadline for 2020/21.	No action for organisations at the current time
6.	Quality accounts and quality reports - assurance	We are removing requirements for FTs to include this within their 2020/21 annual report.	Organisations to inform external auditors where necessary
7.	Annual report	We wrote to the sector on 15 January confirming that the options available to simplify parts of the annual report that were introduced in 2019/20 are available again for 2020/21.	Organisation to continue with year-end planning in light of updated guidance
8	Decision-making processes	While having regard to their constitutions and agreed internal processes, organisations need to be capable of timely and effective decision-making. This will include using specific emergency decision-making arrangements.	

2) Reporting and assurance

No.	Areas of activity	Detail
1.	Constitutional standards (e.g. A&E, RTT, Cancer, Ambulance waits, MH LD measures)	See Annex A.
2.	Friends and Family test	Reporting requirement to NHS England and NHS Improvement has been resumed. However, Trusts have flexibility to change their arrangements under the new guidance and published case studies show how Trusts can continue to hear from patients whilst adapting to pressures and needs.
3.	Operational planning	The 21/22 planning and contracting round will be delayed; it will not be initiated before the end of March 2021 and we will roll over the current financial arrangements into Q1 21/22.
4.	Long Term Plan: system by default	System by Default development work (including work on CCG mergers) has been restarted. NHSEI actively encourages system working where it can help manage the response to COVID-19. We will keep this work under review to ensure it continues to enable collaborative working and does not create undue capacity constraints on systems.
5.	Long Term Plan: Mental Health	NHSE/I will maintain Mental Health Investment guarantee. As a foundation of our COVID-19 response, systems should continue to expand services in line with the LTP.
6.	Long Term Plan: Learning Disability and Autism	NHSE/I will maintain the investment guarantee.
7.	Long Term Plan: Cancer	NHSE/I will maintain its commitment and investment through the Cancer Alliances and regions to improve survival rates for cancer. NHSE/I will work with Cancer Alliances to prioritise delivery of commitments that free up capacity and slow or stop those that do not, in a way that will release necessary resource to support the COVID-19 response, and restoration and maintenance of cancer screening and symptomatic pathways.
8.	NHSE/I Oversight meetings	Be held online. Streamlined agendas and focus on COVID-19 issues and support needs.

No.	Areas of activity	Detail
9.	Corporate Data Collections (e.g. licence self-certs, Annual Governance statement, mandatory NHS Digital submissions)	<p>Look to streamline and/or waive certain elements.</p> <p>Delay the Forward Plan documents FTs are required to submit.</p> <p>We will work with analytical teams and NHS Digital to suspend agreed non-essential data collections.</p>
10.	CQC routine assessments and Use of Resources assessments	CQC has suspended routine assessments and currently uses a risk-based transitional monitoring approach. NHSE/I continues to suspend the Use of Resources assessments in line with this approach.
11.	<p>Provider transaction appraisals</p> <p>CCG mergers</p> <p>Service reconfigurations</p>	<p>Complete April 2021 transactions, but potential for NHSE/I to de-prioritise or delay transactions appraisals if in the local interest given COVID-19 factors.</p> <p>Complete April 2021 CCG Mergers.</p> <p>Where possible and appropriate we will streamline the process to review any reconfiguration proposals, particularly those designed in response to COVID-19.</p>
12.	7-day services assurance	Suspend the self-cert statement.
13.	Clinical audit	Given their importance in overseeing non-Covid care, clinical audits will remain open. This will be of particular importance where there are concerns from patients and clinicians about non-Covid care such as stroke, cardiac etc. However, local clinical audit teams will be permitted to prioritise clinical care where necessary – audit data collections will temporarily not be mandatory.
14.	Pathology services	We need support from providers to manage pathology supplies which are crucial to COVID-19 testing. Trusts should not penalise those suppliers who are flexing their capacity to allow the NHS to focus on COVID-19 testing equipment, reagent, and consumables.

3) Other areas including HR and staff-related activities

No.	Areas of activity	Detail
1.	Mandatory training	New training activities – refresher training for staff and new training to expand the number of ICU staff – is likely to be necessary. Reduce other mandatory training as appropriate
2.	Appraisals and revalidation	<p>Indications are that the Appraisal 2020 model is helping to support doctors during the pandemic, however we recognise with rising pressures in the system appraisals may need to be reprioritised so appraisals can be declined. If appraisals are going ahead, please use the revised shortened Appraisal 2020 model</p> <p>The GMC has now deferred revalidation for all doctors who are due to be revalidated between 17 March 2020 and 16 March 2021.</p> <p>The Nursing and Midwifery Council (NMC) has also extended the revalidation period for current registered nurses and midwives by an additional three months for those due to revalidate between March and December 2020.</p>
3.	CCG clinical staff deployment	<p>Review internal needs in order to retain a skeleton staff for critical needs and redeploy the remainder to the frontline</p> <p>CCG Governing Body GP to focus on primary care provision</p>
4.	Repurposing of non-clinical staff	Non-clinical staff to focus on supporting primary care and providers to maintain and restore services
5.	Enact business critical roles at CCGs	To include support and hospital discharge, EPRR etc

Annex A – constitutional standards and reporting requirements

Whilst existing performance standards remain in place, we continue to acknowledge and appreciate the challenges in maintaining them during the continuing COVID-19 response. Our approach to tracking those standards most directly impacted by the COVID-19 situation is set out below:

A&E and ambulance performance – Monitoring and management against the 4-hour standard and ambulance performance continues nationally and locally, to support system resilience.

RTT – Monitoring and management of RTT and waiting lists will continue, to ensure consistency and continuity of reporting and to understand the impact of the suspension of non-urgent elective activity and the subsequent recovery of the waiting list position that will be required. Application of financial sanctions for breaches of 52+ week waiting patients occurring during 2020/21 continue to be suspended. Recording of clock starts and stops should continue in line with current practice for people who are self-isolating, people in vulnerable groups, patients who cancel or do not attend due to fears around entering a hospital setting, and patients who have their appointments cancelled by the hospital.

Cancer: referrals and treatments – We will continue to track cancer referral and treatment volumes to provide oversight of the delivery of timely identification, diagnosis and treatment for cancer patients. The Cancer PTL data collection will continue and we expect it to continue to be used locally to ensure that patients continue to be tracked and treated in accordance with their clinical priority.

Screening: Cancer (Breast, Bowel and Cervical) and Non-Cancer (Abdominal Aortic Aneurysm, Diabetic Eye and Antenatal and Newborn Screening) – We will continue to track the maintenance of all the screening programme pathways (including the initial routine invitations, and the ongoing diagnostic tests).

Immunisations – All routine invitations should continue to be monitored via the NHSEI regional teams.

The Weekly Activity Return (WAR) will continue to be a key source of national data, and the Urgent and Emergency Care daily SitRep. This is vital management information to support our operational response to the pandemic, and we require 100% completion of these data with immediate effect. Guidance can be found [here](#).

Note: it has been necessary to institute a number of additional central data collections to support management of Covid, for example the daily Covid SitRep and the Critical Care Directory of Service (DoS) collections. These collections continue to be essential during the pandemic response, but in order to offset some of the additional reporting burden that this has created, the following collections will continue to be suspended:

Title	Designation	Frequency
Critical Care Bed Capacity and Urgent Operations Cancelled	Official Statistics	Monthly
Delayed Transfers of Care	Official Statistics	Monthly
Cancelled elective operations	Official Statistics	Quarterly
Audiology	Official Statistics	Monthly
Mixed-sex Accommodation	Official Statistics	Monthly
Venous Thromboembolism (VTE)	Official Statistics	Quarterly
Mental Health Community Teams Activity	Official Statistics	Quarterly
Dementia Assessment and Referral Return	Official Statistics	Monthly
Diagnostics weekly PTL	Management Information	Monthly
26-week Patient Choice Offer	n.a. - trial	weekly

(this has already been communicated to data submission leads via NHS Digital)

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	11 FEBRUARY 2021
REPORT TITLE:	CHIEF EXECUTIVE'S REPORT
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	CHIEF EXECUTIVE
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: BOARD BRIEFING - STAFF SUPPORT AND COVID-19 (C-19)

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 report will include a summary of the Clinical Executive Management Group (CEMG) as well as other key activities:

1. Operational Update

Critical Care Status

We have opened and declared super surge capacity; 55 beds, normally 35. There has been a Kent & Medway (K&M) wide approach to managing critical care capacity through daily system and regional calls. We have been offering regional aid across the South and East and nursing ratios have been managed with the use of buddies (non-Intensive Therapy Unit (ITU) clinical buddies).

Oxygen

The Trust continues to monitor oxygen consumption levels across all 3 sites on a daily basis. Additional checks are in place where there is high use. Draw on O2 continues to reduce as non-invasive ventilation (NIV) patient numbers plateau. The Trust has a planned expansion of vacuum insulated evaporator (VIE) at William Harvey Hospital (WHH) and preparatory work is being planned.

Staffing Update

Staffing remains a challenge, but the situation is improving. The 'Helping Hands' initiative is going very well, with hundreds of staff volunteers supporting wards and departments with additional clinical shifts, and additional practical help.

Other Issues

Overall capacity is easing for Covid patients. All escalation areas are open. Some of our cancer work is being carried out in the Independent Sector (IS) capacity in the One, Chaucer and Spencer hospitals.

2. Clinical Executive Management Group (CEMG)

Business cases APPROVED or recommended at the 13 January meeting of the CEMG included:

- Bowel Screening Business case;
- Clinical Trials Unit Business Case;
- Outpatient Department (OD) Resource Business Case.

3. Vaccine Update

At the end of January the Trust had vaccinated more than 21,000 people since 7 December including more than 8,000 EKHUFT and 2gether Support Solutions (2gether) staff. 87.5% of black, asian and minority ethnic (BAME) staff have been vaccinated. From February, we will only be vaccinating from the Canterbury hub. We continue to promote vaccinations amongst staff and have a significant number booked in over the next week.

We are currently carrying out circa 6,000 vaccinations per week. Second doses are being booked in line with national instruction at 12 weeks.

I wish to extend thanks to everyone who is working hard at the vaccination hub; staff from very different departments and hospitals have come together as a vaccination team. Thanks to all those administering the vaccine, booking people in and the vast number of volunteers marshalling, assisting with enquiries and providing assurance for those arriving as they begin their vaccination journey.

The Trust has also rolled-out rapid testing in its Emergency Departments that meant admitted patients could be tested and test results received within a couple of hours.

4. Maternity

At East Kent Hospitals, we are on a journey of improvement to provide high quality maternity care for women and their families, and to learn the lessons from past failures.

We have listened to women and families – to those who have received excellent care, and those we have failed by not providing the right standard of care. We have also listened to the views of our own multi-professional staff on what values and skills they need to be equipped with, in order to deliver a safe high-quality service.

We have taken on board what's been said and last month published our Strategy for Excellence in Maternity Care.

Our strategy is one of continuous improvement, creating the right environment for our staff to be able to implement best practice and to have the confidence to raise concerns when standards are not being met. It's our commitment to the women and families of East Kent to work tirelessly to provide high quality maternity care, which is safe, effective and centred on the women that need it.

Our strategy incorporates recommendations from independent investigations, findings and feedback into maternity care at East Kent Hospitals to ensure the recommendations and lessons learned from these are fully embedded. This includes the NHS England maternity support programme, NHS Improvement, the Care Quality Commission, Kent and Medway Clinical Commissioning Group, Kent and Medway Local Maternity Systems, the Maternity Voices Partnership and Healthwatch Kent.

5. New Intensive Therapy Unit (ITU) at WHH

Preparations are underway at the WHH site for the building project to provide a new two-storey, 24 bed unit at WHH that will be built next to Kennington and Richard Stevens wards, due to open this Summer. Some of our sickest patients will benefit from this state of the art ITU, providing the best possible environment to care for critically ill patients. The patient transport ambulance bay, mobile MRI and staff parking will be relocated to enable the provision of this important unit.

6. New Staff Appointments

Dr Neil Wigglesworth has been appointed to the post of Director of Infection Prevention and Control (DIPC), and will commence work with the Trust in March. Neil joins us from Guy's and St Thomas' where he is the joint DIPC.

Dr Vanessa Purday has been seconded to the Chief Medical Officer's team as Medical Director: Covid Incident Response, to support clinical decision-making and the Trust's response to the pandemic. Vanessa will act as a link between clinical colleagues and Gold Committee to give a clinical view on the risks and benefits of actions being considered at Gold. Mr Pradeep Basnyat is covering the role of interim Clinical Director for the Surgery and Anaesthetics care group.

Julie Dawes has been appointed as Interim Group Company Secretary, on a part-time basis, to assist Alison Fox whilst she acts into the new Director of Governance role until we make a substantive appointment.

7. Trust Teams Launch Straight to Test Service

East Kent Hospital's cancer, endoscopy and gastroenterology teams have launched a new upper GI straight to test service. This aims to improve and expedite the service for patients on the two-week wait cancer pathway, from the point of referral from their GP to first diagnostic test or outpatient appointment. This has been supported by consultant gastroenterologists, Multi-Disciplinary Team staff, nursing, operational and service improvement staff. The Trust's two straight to test nurses, are also in posts funded by the Cancer Alliance, who will conduct nurse-led triage clinics, to assess patients on receipt of referral and request onward investigations or outpatient appointments. The endoscopy team have implemented a process to ensure that patients are contacted within 24 hours of the Straight to Triage (STT) nurse assessment with future appointments. The aim is to improve the patient experience for two-week wait patients, with earlier diagnosis and treatment and meet the cancer compliance measures. Thanks to everyone for all their support in implementing this service.

8. 2gether Support Solutions (2gether)

2gether have appointed a new Interim Managing Director, Kath Dean. Kath has a strong background of working at director level in the NHS and healthcare industry. Utilising her clinical, commercial, and strategic leadership experience, Kath has consistently led complex transformation programmes and the formation of new company structures bridging public and private entities.

2gether have been working in partnership with the British Institute of Cleaning Science (BICSc) to train all their domestic operatives to BICSc 'License to Practice' standard. With around 440 domestic operatives working across five hospital sites, this is an important large-scale training programme for the organisation.

9. Thank You to Staff

Staff across the Trust have been receiving letters of thanks, along with a certificate of appreciation from Stephen and I for the tremendous courage, flexibility and commitment shown during the pandemic. The certificate and badge were funded by the East Kent Hospitals Charity, as a way of sharing the thanks of people in our local communities and nationally, who have made donations. Staff have been most positive about receiving this acknowledgement of their contribution to this serious and profound global challenge.

Together staff and other members of the workforce, such as regular agency workers, will also receive these in the coming weeks.

10. Chief Executive Officer (CEO) Visits

I had pleasure in visiting a couple of departments this week. I visited the new born screening service at Queen Elizabeth the Queen Mother Hospital (QEQQMH) meeting staff, understanding how they have adapted their service during Covid is interesting and important. Some things have not changed too much and being able to welcome new born babies into the world and still carry out all initial screening services is a service that still has to happen.

I also visited the lab to talk with colleagues who had to go from a standing start – facing a new disease without a test for it, to developing new testing capability and ramping that up to carry out thousands a week at break neck speed. It was an amazing story to hear. It outlined that facing down Covid has been an emotional and physical journey, but also a journey requiring intellect, curiosity, adaptation as well as hard work.. You can [listen to the discussion here](#).

11. Seal

Deed of Assignment between NHS Kent and Medway Clinical Commissioning Group and East Kent Hospitals University NHS Foundation Trust – leasehold property, Suite 2 Inca House, Ashford.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	None
LINKS TO STRATEGIC OBJECTIVES:	We care about... <ul style="list-style-type: none"> • Our patients; • Our people; • Our future; • Our sustainability; • Our quality and safety.
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	The report links to the corporate and strategic risk registers.
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 requested to discuss and **NOTE** the Chief Executive's report.

Board Briefing: Staff Wellbeing and C-19

Introduction and context

Kent and Medway NHS and Social Care Partnership Trust (KMPT) has been working with providers across Kent and Medway to respond to your concerns regarding the wellbeing of your staff, to ensure we fully understand what is needed, can offer support and can guide providers down the most evidence-based routes both now and as we start to emerge from this third wave.

This briefing aims to inform Boards what is happening now and what will be required and provided following this third wave. **Section 1** describes what is currently available, **section 2** describes what will soon be provided and **section 3** is some guidance and suggestions for Boards themselves.

Section 1 – Current provision

Resources and information have been distributed to all hospitals through their wellbeing services. These are available now including the videos which can be shared with all staff as well as information leaflets for staff and for planners of services (see useful links below).

Supportive sessions are being provided by psychologists from KMPT who have responded to requests from hospitals to provide advice and ad-hoc supportive sessions for specific staff about whom they are concerned.

Named psychologists are based in each hospital to provide trauma informed assessment and brief interventions, supporting individuals to manage the impact of their trauma and assess the degree of their traumatic symptoms. Staff requiring a longer intervention will be signposted and fast tracked into existing services. There are up to 3 clinical psychology sessions a week available for each hospital from 25th January 2021. The contact point for these clinical sessions is via each hospital's wellbeing service.

Section 2 – Psychological Wellbeing Hubs from February 2021

Improving Access to Psychological Therapies (IAPT) clinicians will join the teams in hospitals providing greater access to NICE recommended treatments for Post-Traumatic Stress Disorder (PTSD), anxiety and depression. The IAPT clinicians will be based alongside the psychologists from KMPT promoting visibility and ease of access. Individuals can self-refer and choose to attend at their hospital or virtually. Clinical notes will be kept confidential and separate from the hospital's own wellbeing and occupational health services.

A communication strategy and plan is being developed with each hospital to target staff groups who may be particularly affected. The KMPT contact liaises with all hospitals and is Leigh Curtis - Clinical Psychologist leighcurtis@nhs.net; 0750 480 4492.

Section 3 – Board leadership

Boards leading in challenging the stigma of mental distress

As you know staff are having normal responses to an extremely challenging situation. This is a very important message. It is OK for them to say they are not OK. Despite these messages many staff will

choose to cope with what they are experiencing on their own, without sharing with many others or taking up more formal offers of support. This too is normal and understandable. Not everyone will rush to talk about their experiences. Most staff will resolve and come to terms with what they have experienced through team and peer support, with the support of friends and family and using their usual, normal coping mechanisms. Please do watch the videos (see useful links below) if you would like some more ideas about helpful messages to communicate to your staff. Leading from the top promoting the messages above and in the videos, is very important in helping to challenge stigma.

Boards leading as we emerge from this third wave

Boards can lead and set direction down the most evidence-based routes, ensuring that the psychological response to the C-19 outbreak is coordinated, trauma-informed and evidence-based. There are effective, evidence-based psychological treatments that can be offered to those who need them.

What makes us confident of the guidance given in this Board Briefing?

Our guidance draws on the work of the COVID Trauma Response Working Group and we are confident in it www.traumagroup.org. Their guidance is collated from research, best practice guidelines and expert clinical opinion.

Useful links

The first video is for staff to enhance their well-being during C-19 – all providers across Kent & Medway received this video in the first wave: <https://youtu.be/Zxm2QrOpNrs>

The second video is a briefing for managers and team leaders on how to support staff - all providers across Kent & Medway received this video in the first wave: <https://youtu.be/y1JG3q7Synw>

The third video is a briefing from the Trauma Response Working Group and is collated from research, best practice guidelines and expert clinical opinion: <https://www.traumagroup.org?wix-vod-video-id=e849b8f980d54d20aff7c3153a0795c5&wix-vod-comp-id=comp-k8pmaskw>

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	11 FEBRUARY 2021
REPORT TITLE:	INTEGRATED PERFORMANCE REPORT (IPR)
BOARD SPONSOR:	CHIEF OPERATING OFFICER
PAPER AUTHOR:	DEPUTY CHIEF OPERATING OFFICER
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: INTEGRATED PERFORMANCE REPORT (IPR) DECEMBER 2020

INTRODUCTION

This report provides highlights on the IPR (Appendix 1) which covers performance and activity during December 2020 and also reports on the Trust response to Wave 2 of the Covid-19 pandemic.

COVID-19 PANDEMIC RESPONSE

The safety of patients and staff has been the highest priority during December as Covid-19 second wave increased both the number of patients presenting to the Hospitals and due to the number of staff who were also diagnosed with Covid-19. During December bed base capacity was also restricted as measures to reduce nosocomial infections were rigorously adhered to. This involved the occasional closure of beds and the cohorting of patients based on their Covid-19 status.

There was a daily average of 450 members of staff reported off sick due to Covid-19. The increased patient acuity and staff risk were managed via the Trust GOLD response.

GOLD meetings chaired by the Chief Operating Officer were stepped up again to daily on the 16 November 2020 as Covid related activity began to increase and required a daily response. A revised terms of reference and membership to improve communication, together with a structured agenda and action log with specified focussed weekly updates for key priorities have been included.

Daily management of GOLD response:

- Tactical Silver reports with escalation and documented agreed decisions relating to the effective function and delivery of services on the Hospital sites.
- Documented decisions through Bronze via the Operational Control Centres and Tactical Silver.
- Incident response discussed and decisions ratified these included:
 - Suspension of elective activity;
 - Redeployment of staff and volunteers;
 - Reconfiguration of bed base;
 - Extension of O2 therapy across the bed base;
 - Mortuary capacity.

- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE) management took place.
- Independent Sector activity plans.
- Workforce management, including escalation to Kent & Medway (K&M) Incident Control Centre (ICC) for support via Military; Helping Hands scheme and redeployment of clinical workforce to support Intensive Therapy Unit (ITU) and wards.
- Daily updates from the Regional K&M ICC calls, which involved all Acute Trusts, South East Coast Ambulance Service (SECamb) and external partners. The agenda for the calls includes a (Situation Report\0 SITREP from each Hospital and to give and receive escalations and requests for mutual aid.

RESTORE & RECOVERY PROGRAMME

The Trust is now reporting against the NHS England/NHS Improvement (NHSE/I) K&M agreed Recovery plan which was agreed September 2020. However, due to the increased Covid-19 demand in December and following Regional guidance, a decision was made to restrict and then suspend all routine elective work. This decision focussed on reducing the risk to patients whilst the levels of Covid-19 were high in the Community and Hospital setting and also to release clinical staff to be redeployed into the ITU and ward environments. Therefore, the current Restore and Recovery plans have been paused. The plan continues to be monitored weekly by the Chief Operating Officer's Office and Care Group Operations Directors through their wider teams.

The Trust has continued to focus on the booking and treatment of Priority 1 (Cancer), Priority 2 (Clinically Urgent) and diagnostics such as Endoscopy or Radiology which support cancer pathways or any low risk surgery working with the Independent Sector. For those patients who require high risk surgery or High Dependency Unit (HDU)/ITU post operatively we are continuing to treat these patients within the Trust.

Activity levels in December have deteriorated across all points of delivery; with MRI being the only service which has delivered above plan in month, this has been due to additional lists being provided in this modality.

Performance against the Plan has also deteriorated with the exception of New Out Patients' which has delivered 40% against a plan of 25% and also Flexi Sigmoidoscopy which has delivered 131% against a plan of 100%. The Flexi Sigmoidoscopy patients will be predominantly cancer pathway or clinically urgent patients and there is a priority to reduce the waiting times which developed in Wave 1.

Any reduction in elective work and subsequent redeployment of staff has been seen and supported by GOLD. This includes a reduction in Radiology.

Point of Delivery	Sep-20	Oct-20	Nov-20	Dec-20
Total Outpatient Attendances	Plan 56,266	60,264	67,374	61,106
(face to face or virtually)	Actual 58,091	61,617	60,136	50,297
Consultant Led Outpatients Attendances	Plan 22,940	23,001	28,817	26,087
Conducted by telephone / video	Actual 23,842	24,013	23,192	19,984
Consultant Led Follow Up Attendances Conducted	Plan 17,269	17,649	22,893	20,871
by telephone / video	Actual 17,826	18,317	17,976	15,586
Daycase Electives	Plan 4,138	4,928	5,012	4,834
	Actual 4,117	4,641	4,218	3,311
Ordinary Electives	Plan 789	886	867	807
	Actual 721	907	879	458
Magnetic Resonance Imaging (MRI)	Plan 4,896	5,528	5,656	4,777
	Actual 4,669	4,918	6,012	5,233
Computed Tomography (CT)	Plan 7,060	7,080	7,653	7,125
	Actual 6,548	6,247	6,418	6,061
Non-Obstetric Ultrasound	Plan 4,749	4,391	4,510	4,792
	Actual 3,712	4,239	4,033	3,505
Colonoscopy	Plan 512	662	616	629
	Actual 401	521	588	414
Flexi Sigmoidoscopy	Plan 180	234	216	222
	Actual 170	198	222	146
Gastroscopy	Plan 595	766	716	729
	Actual 469	580	462	408

Point of Delivery	Sep-20	Oct-20	Nov-20	Dec-20
Total Outpatient Attendances	Target 100%	100%	100%	100%
(face to face or virtually)	Performance 94%	90%	93%	88%
Consultant Led Outpatients	Plan 25%	25%	25%	25%
Attendances Conducted by	Performance 41%	39%	39%	40%
Consultant Led Follow Up	Plan 60%	60%	60%	60%
Attendances Conducted by	Performance 49%	49%	48%	50%
Daycase Electives	Plan 80%	90%	90%	90%
	Performance 86%	84%	79%	69%
Ordinary Electives	Plan 80%	90%	90%	90%
	Performance 74%	81%	86%	53%
Magnetic Resonance Imaging (MRI)	Plan 90%	100%	100%	100%
	Performance 74%	79%	96%	87%
Computed Tomography (CT)	Plan 90%	100%	100%	100%
	Performance 97%	90%	88%	85%
Non-Obstetric Ultrasound	Plan 90%	100%	100%	100%
	Performance 89%	93%	90%	85%
Colonoscopy	Plan 90%	100%	100%	100%
	Performance 104%	93%	112%	89%
Flexi Sigmoidoscopy	Plan 90%	100%	100%	100%
	Performance 79%	88%	93%	131%
Gastroscopy	Plan 90%	100%	100%	100%
	Performance 92%	90%	82%	73%

PERFORMANCE

In December, the Trust performance against the agreed constitutional standards is:

- Accident & Emergency (A&E) 4 hour access standard 71.07% and 73.59% including Kent Community Health NHS Foundation Trust (KCHFT) Urgent Treatment Centres;
- 18 Week Referral to Treatment (RTT) 69.02%;
- 62 day Cancer Standard 81.32%;
- 6 week diagnostic standard 77.64%.

A&E 4 Hour Compliance

December performance for the 4 hour standard was 71.07%, which is a deterioration of 4.32% on the previous month (75.39%) and the previous year (73.9%).

There were 186 x 12 Hour Trolley Waits. This is the first time the Trust has ever reported above 20 x 12 hour breaches. The high number of breaches reflects the significant increase in Covid-19 patients who required admission and will be further discussed in the report below.

- The number of patients who received initial assessment within 15 minutes of arrival dropped significantly from 43.4% to 36.5% and reflects the increased Covid-19 presentations who have to be streamed into a dedicated area for initial assessment.
- The proportion of patients who left the department without being seen is compliant at 2.00%.
- The unplanned re-attendance position has improved to 10.48%.
- Time to treatment within 60 minutes deteriorated to 40%.

The number of patients attending the Emergency Department (ED) has been at pre-pandemic levels since August 2020. December saw a significant increase in patient acuity with an increasingly greater number of patients attending with Covid-19 symptoms

and requiring admission. The EDs at both acute sites have expanded their physical footprints into adjoining clinical areas to support social distancing and to provide additional consulting rooms. The Observation Wards have also been converted into an additional dedicated Covid respiratory areas.

All patients requiring admission have to be admitted into a specific stream, i.e. pre-identified covid or non covid wards. Balancing the bed capacity, within the strict infection control requirements is a daily challenge. It is important that there are always sufficient covid positive, pending, and non covid beds available to accommodate emergency presentations and this requires proactive and constant review of side rooms and infections on site.

There has been a recognised increase in the demand for patients to be admitted direct to the dedicated Covid-19 positive respiratory wards, which have the highly skilled staff who can manage patients with non-invasive ventilation (NIV). These patients are the most acutely unwell outside of ITU. Patients who require NIV have been delayed in ED whilst the most clinically appropriate bed is identified and due to ED being the most clinically safe and appropriate area to wait as the nursing staff are able to manage this cohort of patients' clinical needs.

Patients who have presented with Covid-19 symptoms will be admitted into a 'Pending' bay whilst we await the results of a Covid Swab. This is to reduce the risk of cross infection by patients. Patients who have a positive swab result from the Community can be admitted directly into a covid positive ward. For those patients who are emergency admissions, but have no covid symptoms, i.e. may be attending for another medical or surgical emergency may be admitted into a non covid ward.

Balancing the IPC requirements and to ensure appropriate bed availability has resulted in some patients being delayed in ED. There are most often empty beds in the Hospital, however, they may not be the correct bed (covid or non covid) and therefore patients will remain in ED whilst a series of moves will be made to accommodate clinically appropriate patients. The decisions around ward moves are made by the senior clinical team in each Hospital and supported by the operational teams on a daily basis; with very detailed plans overseen by the Hospital Medical Directors and with any significant changes of ward designation agreed at the daily GOLD meetings. This issue is not unique to this Trust and has been regularly discussed on the K&M Regional calls as all Hospitals have struggled with the availability of the 'appropriate' bed capacity and the impact on overcrowding in ED and patient flow.

Medically fit for discharge (MFFD) patients continue to have an impact on the hospitals overall bed capacity. Barriers to discharge can be due to infection control requirements for patients with suspected or confirmed Covid-19 having a negative swab 48 hours prior to transfer to a nursing or residential home. Daily Local Health Economy (LHE) calls, chaired by Clinical Commissioning Group (CCG) colleagues are in place to confirm system capacity, all provider discharges and escalate challenges with capacity or workforce. External colleagues, particularly in the Community Trust have also seen high levels of staff sickness.

The national Discharge Guidance, which identifies MFFD patients where a decision has been made and documented in the patients' medical notes that the patient has completed all medical intervention and is ready to transfer to home or their next care location. On the daily board or ward rounds the multi-disciplinary team are identifying MFFD patients through a series of 'Criteria to Reside' questions. During December there has been a focus on restating and implementing the new Discharge Guidance, which is also supported by the Academy of Royal Colleges.

A protocol for the Clinical Management and Agreed Definition of MFFD patients was agreed and implemented in December, which will also support the identification of MFFD patients and support discussion with external Partners to facilitate early discharge from Hospital.

Ambulance Handover delays of over 60 minutes have also increased in month. This has been due to the increased activity and predominantly due to a lack of space within the EDs to off load the patients safely into the appropriate clinically designated area of ED. The Trust staff have a very interdependent working relationship with SECamb and have worked tirelessly to reduce the number of ambulance delays and release the crews as quickly as possible.

In the middle of December, the EDs went live with Point of Care testing for Covid-19. This was a significant improvement as ED staff are now able to obtain a result within 30 minutes. The service is available 5/7 days a week for 24 hours a day and at weekends the service is 12 hours a day. Recruitment is ongoing and there will be a 7/7 will be extended to a 24-hour service in January 2021.

18 Weeks Referral to Treatment (RTT) Standard

The 18 week performance has deteriorated very slightly from 69.54% to 69.02%. The backlog size has increased for the first time in six months to 14,702 and waiting list has increased slightly to 47,450. The decision to pause non urgent elective activity has resulted in a deterioration in performance.

The number of patients waiting over 52 weeks has increased from 2,172 to 2,544. The number of patients waiting over 52 weeks has increased since April 2020 due to the new national categorisation framework. Consultants continue to review, and where necessary, contact patients to minimise any risk of potential harm. Harm reviews are in place with patients being reported on Datix.

Urgent patients who are choosing not to proceed with their procedure or treatment are being referred back to the GP in accordance with the Access Policy. Clinical discussions to reassure and support patients with their decisions are regularly taking place. Some patients are now declining to accept appointments as they were unwilling to isolate pre-procedure or attend the Hospital whilst Covid-19 continues to be a risk.

Urgent and Cancer outpatient clinics are continuing to be managed through a range of mediums such as virtual or telephone. Face to face clinics are being reviewed and reduced to minimise the risk to patients through attending the Hospital sites. Virtual clinics continue to be very successful with 50% of all Follow Up appointments and 41% of all first New appointments being managed this way.

Due to increased levels of Covid-19 in the community and hospital environment, out patient clinics have been reviewed to reduce all non-urgent activity to enable clinical staff to be released to support nursing gaps on the wards, ED, ITU and the vaccination programme. Clinically Urgent and Cancer clinics have continued.

Cancer 62 day Standard

December 62 day performance is non-compliant at 81.32%. The total number of patients on an active cancer pathway at the end of the month has decreased to 3,179 and is compliant.

There were 5 patients waiting 104 days or more for treatment or potential diagnosis, with all patients now having received their treatment at the time of writing this report:

2 week wait (2ww) and 31-day performance are compliant across all standards with the exception of 62-day upgrades at 70.59%. Although the 62-day performance standards have not been achieved this month staff have continued to monitor each patient to try to progress patients' pathways and strive to return to compliance next month.

The Wave 2 increase in Covid-19 patients has continued to create a risk to the delivery of the Cancer standards. Patients are now choosing to delay their treatment plans in order to wait for the Covid vaccination before attending Hospital. The K&M Cancer Network are escalating this risk in order to try and facilitate this small group of patients receiving vaccination as a priority.

It has also been a challenge to maintain Cancer surgery for the most complex patients who may require HDU/ITU post operatively due to the increasing demand for ITU capacity for covid positive patients. Low risk Cancer surgery has continued to be managed through the Independent Sector, who are able to offer a 'Green' covid secure environment.

The specialities who have not achieved 62 day compliance are Breast, Lung, Upper GI and Gynaecology, although Gynaecology have improved from 62.5% to 80% in month. Haematology, Lower GI and Skin are all compliant. With Lower GI achieving 85.7% and compliance for the first time in a year.

Cancer Operations Director led meetings have continued with radiology, endoscopy and all 2ww tumour sites, together with, as required, escalations to partner Trusts in order to expedite patient pathways.

6 Week Referral to Diagnostic Standard

Compliance has deteriorated to 77.64% and there were 3,738 patients who had waited over 6 weeks for their diagnostic procedure.

Due to the greatly increased demand for CT capacity for emergency admission patients both in ED, ITU and on the wards a decision was taken in conjunction with the Local Medical Committee (LMC), which has senior medical membership from both the Trust and Primary Care, to suspend all routine referrals. There was also a high level of clinical staff sickness within the Radiology departments which placed an additional pressure on the Departments to respond to the increased CT demand. To reduce the risk a plan was put in place which included stopping direct access CT; referring non-obstetric ultra sound direct to Any Qualified Providers; a consultant Radiologist is available for advice 24/7; ED referrals have to be approved by a Consultant or the senior ED Doctor out of hours.

In Cardiology, echocardiography capacity has been reduced to allow 60 minutes per echo in accordance with College guidance to meet IPC guidance and also to provide additional inpatient echos.

There has been an increase in colonoscopy breaches due to a focus on reducing the waiting time for cancer referrals. There has also been some reluctance by patients to accept an appointment, particularly in endoscopy due to concerns regarding pre-procedure isolation and concerns regarding Covid-19 overall. Booking staff are continuing to assure patients and a clinical discussion is also available as required. No patient is removed from a waiting list without a clinical discussion and referral back to the patients GP.

Radiology have sent 400 non-obstetric ultra sound referrals to the Independent Sector in month to reduce waiting times and all specialities are continuing to work with the Independent Sector providers to increase capacity.

Audiology continue to deliver 100% compliance in both the complete and incomplete pathways. To achieve this the service has increased their virtual consultations and through pathway redesign with ENT and Primary Care.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	Failure to deliver Constitutional Standards resulting in delays in patient care and experience. Links to Corporate Risks as stated below.	
LINKS TO STRATEGIC OBJECTIVES:	We care about... <ul style="list-style-type: none"> • Our patients • Our people • Our future • Our sustainability • Our quality and safety 	
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	SRR19: Patients may decline a date within breach and choose to delay their treatment until after their 52 week breach date. SRR21: Due to lack of capacity in tertiary centre patients may breach the 62 day standard waiting on diagnostic or treatment. SRR22: Urgent Treatment Centre may not become established and result in increased demand to ED CRR68: Risk to delivery of the operational constitutional standards and undertakings.	
RESOURCE IMPLICATIONS:	No	
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	None	
SUBSIDIARY IMPLICATIONS	No	
PRIVACY IMPACT ASSESSMENT: No	EQUALITY IMPACT ASSESSMENT: No	

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors is asked to discuss and **NOTE** the IPR.

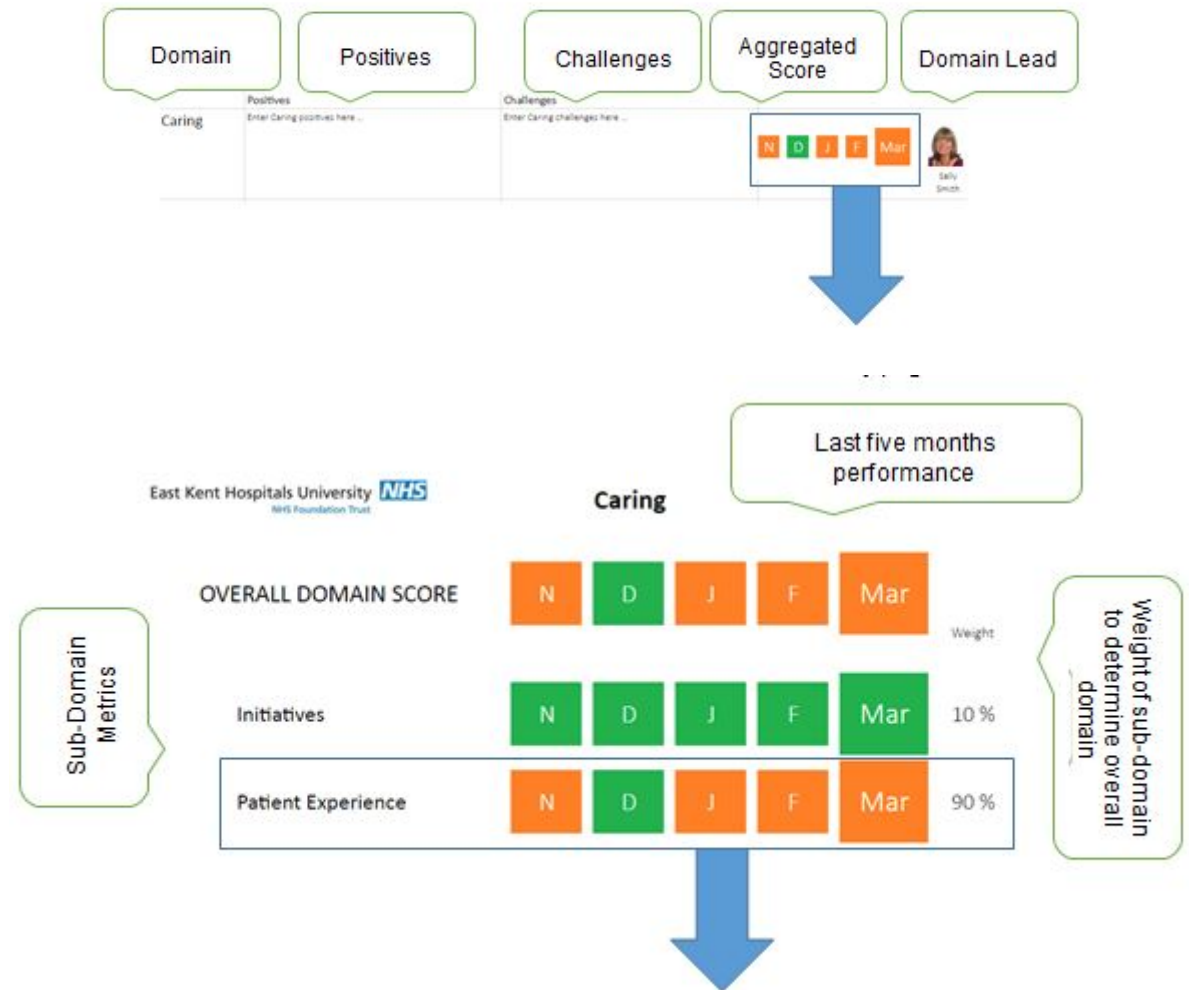
INTEGRATED PERFORMANCE REPORT



Understanding the IPR

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

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



Understanding the IPR

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

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

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

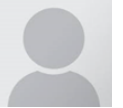
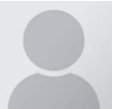
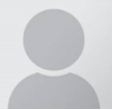





All RAGs are banded as Green, Amber and Red. A grey cell indicates that data is not yet available. The threshold for the green RAG point is indicated in the Glossary pages together with how much weight each metric holds towards the sub-domain.

Strategic Priorities



Headlines

	Positives	Challenges	
Caring	The number of Mixed Sex Breaches has (favourably) reduced in December. This means that more of our patients are receiving care within a single sex environment. We continue to seek feedback about our services through "friends and family" reporting and more of our patients have reported that they recommend our service this month compared with previous (November).	The number of Mixed Sex Breaches remains high (albeit reduced from last month's position). Continued focus is required to (ultimately) eliminate such breaches.	<div>A S O N Dec</div>  <p>Siobhan Jordan</p>
Effective	Bed Occupancy is 83%. The DNA rate for new and follow up out patients has remained at 8.2% and 7.1% respectively. Elective re-admissions have improved to 2.9%. Non-elective re-admissions are compliant at 13.6%. Non-clinical cancellations have improved to 1.0%	Inpatient discharges before midday have decreased from 13% to 15%. Theater - on time starts have deteriorated from 43% to 33%. Non-Clinical Cancellation breaches have deteriorated from 17 to 43.	<div>A S O N Dec</div>  <p>Rebecca Carlton</p>
Responsive	2ww performance remains compliant across all pathways at 97.69%. All 31 day standards are also compliant. RTT performance is static at 69.01%. Audiology complete and incomplete pathways are compliant at 100%.	ED performance is 73.59% and has been challenged due to increased attendances of patients with Covid19. 62 day Cancer performance is non compliant at 81.32%. 62 day cancer upgrades is non compliant at 70.59%. The number of 52 week waits has increased to 2544 due to cancellation of routine surgery due to increased Covid19.	<div>A S O N Dec</div>  <p>Rebecca Carlton</p>
Safe	HSMR (rolling 12 months to August 2020) has now maintained 'as expected' Reduction in 'in month' hospital attributed C Difficile cases sustained Gram negative bloodstream infections have reduced by over 13% overall ytd No MRSA bloodstream infection have been seen this year	Infection prevention and control measures around Covid-19 continue to be a key focus as inpatient numbers have significantly risen. All Covid-19 outbreaks have been monitored closely with daily outbreak meetings and a weekly Trust-wide meeting to share learning. Crude mortality has risen as an impact of the second Covid-19 surge.	<div>A S O N Dec</div>  <p>Rebecca Martin</p>

Well Led	<p>The Trust achieved a £0.2m surplus in December, which brought the year-to-date (YTD) position to a £0.4m surplus, slightly ahead of the plan.</p> <p>The impact of Covid-19 has paused the NHS business planning process nationally. Nationally-mandated interim financial regime and contracting arrangements are in place for 2020/21.</p> <p>The Trust's cash balance at the end of December was £72m which was £69m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in advance.</p>	<p>The Trust has delivered £0.4m of savings in December which was £2.2m below the draft plan due to the Trust's reduced ability to deliver savings with the operational priority of dealing with the Covid-19 pandemic.</p>	<div><div>A</div><div>S</div><div>O</div><div>N</div><div>Dec</div></div> <div> Susan Acott</div>
Workforce	<p>Recruitment has continued throughout Covid-19 across all grades and staff groups. The balance of permanent staff against temporary workers has continued to be maintained reflecting our positive recruitment position along with a continued reduction in staff turnover. We have now started five cohorts of overseas nurses and have plans for future cohorts every six weeks which will support our winter workforce planning.</p>	<p>Appraisal rates have fallen as a consequence of Covid-19 and were suspended formally earlier this year. It will be challenging to bring rates back up over the next quarter, however we have seen a further increase this month. Sickness levels continue to rise as a direct consequence of Covid-19 and with the roll out of Covid-19 Lateral Flow Testing. The impact of the virus on staff has been significant and incurred longer periods of absence than usual. Absence monitoring is again largely limited to Covid-19 support and wellbeing initiatives and we are working closely with KMPT to offer additional support to staff alongside the roll out of the Covid vaccine to manage and reduce absence overall.</p>	<div><div>A</div><div>S</div><div>O</div><div>N</div><div>Dec</div></div> <div> Andrea Ashman</div>

Caring

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Patient Experience	Mixed Sex Breaches	399	780	1044	1955	963	>= 0 & <1	10 %
	Number of Complaints	59	74	80	80	55		
	AE Mental Health Referrals	377	365	368	337	258		
	First Returner Complaints	12	8	15	14	13		4 %
	IP FFT: Recommend (%)	97	98	88	88	89	>= 95	30 %
	IP FFT: Not Recommend (%)	1.6	1.0	11.9	11.5	10.7	>= 0 & <2	30 %
	Number of PALS Received	489	523	560	492	571		
	Complaints acknowledged within 3	100	100	100	100	100		
	Maternity FFT: Recommended (%)	100.0	98.5	80.6	84.6	87.3		
	Maternity FFT: Not Recommended (%)	0.0	0.0	19.4	15.4	12.7		
	Compliments	1822	1066	2056	1513	1951	>= 1	
	Complaints Open < 31 Days (M/End)	74	77	98	82	70		
	Complaints Open 31 - 60 Days	35	51	60	52	52		
	Complaints Open 61 - 90 Days	2	12	15	13	11		
	Complaints Open > 90 Days (M/End)	3	7	10	13	7		
	Complaints Closed within 30 Working			87.5	72.4	73.7		
	Complaints Closed within 45 Working	81.3	78.4	58.0	48.1	73.2		
	Second Returner Complaints		4		2			
	PHSO Complaints	1						

Effective

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Beds	DToCs (Average per Day)	16	21	18	24	22	>= 0 & <35	30 %
	Bed Occupancy (%)	72	76	88	83	83	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	14	15	14	13	15	>= 35	10 %
	IP Spells with 3+ Ward Moves	424	445	434	413	419	Lower is Better	
Clinical Outcomes	FNoF (36h) (%)	40	53	51	63		>= 85	5 %
	Readmissions: EL dis. 30d (12M%)	3.3	4.6	4.3	4.2	3.0	>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	17.9	16.8	15.9	16.6	15.5	>= 0 & <15	15 %
	Audit of WHO Checklist %	97	96	97	97	97	>= 99	10 %
	Stroke BPT Achievement %	39	34	54	42	44		
Demand vs Capacity	DNA Rate: New %	9.6	9.9	8.3	8.1	8.3	>= 0 & <7	
	DNA Rate: Fup %	9.1	9.0	7.4	7.1	7.2	>= 0 & <7	
	New:FUp Ratio (1:#)	2.2	2.3	2.2	2.3	2.3	>= 0 & <2.13	
Productivity	LoS: Elective (Days)	3.0	2.8	2.7	2.7	3.3	Lower is Better	
	LoS: Non-Elective (Days)	5.9	6.0	5.9	6.2	6.7	Lower is Better	
	Theatres: Session Utilisation (%)	67	72	78	76	70	>= 85	25 %
	Theatres: On Time Start (% 15min)	35	34	36	41	33	>= 90	10 %
	Non-Clinical Cancellations (%)	0.5	0.9	2.1	1.3	1.0	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	43	10	15	17	43	>= 0 & <5	10 %

Responsive

		Aug	Sep	Oct	Nov	Dec	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	83.94	83.44	80.42	77.65	73.59	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	81.85	81.37	78.58	75.39	71.07	>= 95	1 %
Cancer	Cancer: 2ww (All) %	97.95	98.58	98.55	97.90	97.69	>= 93	10 %
	Cancer: 2ww (Breast) %	100.00	98.99	99.14	99.17	98.17	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	96.77	98.37	99.15	99.29	100.00	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	96.61	95.71	94.52	96.36	96.23	>= 94	5 %
	Cancer: 31d (Drug) %	100.00	100.00	100.00	100.00	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	89.97	87.07	85.06	81.92	81.32	>= 85	50 %
	Cancer: 62d (Screening Ref) %	100.00	100.00	92.00	100.00	95.00	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	68.42	93.10	84.00	84.62	70.59	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	73.23	75.50	78.06	78.17	77.64	>= 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 (%)	52.05	59.84	65.89	69.54	69.02	>= 92	100 %
	RTT: 52 Week Waits (Number)	1555	2021	2215	2172	2544	>= 0	

Safe

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,830	1,709	2,297	2,179	2,078		
	Serious Incidents (STEIS)	14	11	9	31	20		
	Falls (per 1,000 bed days)	5.08	4.75	4.66	5.92	6.08	>= 0 & <5	20 %
	Harms per 1000 bed days	5.0	5.1	4.8	5.1	5.6	>= 0 & <10	
Infection	Cases of C.Diff (Cumulative)	71	81	86	86	86		40 %
	Cases of MRSA (per month)	0	0	0	0	0	>= 0 & <1	40 %
	Cases of C.Diff (per month)	12	10	5	5	5		
Mortality	HSMR (Index)	97.9	97.2				>= 0 & <106	35 %
	Crude Mortality NEL (per 1,000)	23.5	25.6	22.1	36.6	67.3	>= 0 & <27.1	10 %
	SHMI	1.053					>= 0 & <0.95	15 %
Observations	VTE: Risk Assessment %	92.8	93.3	92.6	93.7	92.9	>= 95	20 %

Well Led

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Data Quality & Assurance	Uncoded Spells %	0.2	0.3	0.3	0.2	0.1	>= 0 & <0.25	25 %
Finance	Cash Balance £m (Trust Only)	56.7	61.1	51.8	70.3	71.7	>= 5	20 %
	I&E £m (Trust Only)	-0.3	-0.1	0.1	0.1	-0.4	>= Plan	30 %
Staffing	Agency %	7.8	7.7	8.1	8.8	8.3	>= 0 & <10	
	1:1 Care in labour	100.0	100.0	98.8	100.0	99.2	>= 99 & <99	
	Midwife:Birth Ratio (%)	22.0	24.7	25.4	24.1	22.3	>= 0 & <28	2 %
	Shifts Filled - Day (%)	88	94	104	111	96	>= 80	15 %
	Shifts Filled - Night (%)	96	106	113	131	110	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	11.2	10.3	9.9	11.4	10.7		
	Staff Turnover (%)	9.4	9.4	9.4	9.2	8.7	>= 0 & <10	15 %
	Vacancy (Monthly) %	7.7	6.9	7.2	6.8	6.4	>= 0 & <10	15 %
	Sickness (Monthly) %	4.5	4.0	4.1	5.0	8.6	>= 3.3 & <3.7	10 %
Training	Appraisal Rate (%)	62.3	66.2	67.0	70.6	69.7	>= 85	50 %
	Statutory Training (%)	93	94	93	93	92	>= 85	50 %
Health & Safety	RIDDOR Reports	3	3	1	2	2	>= 0 & <3	20 %

Strategic Theme: COVID-19 | Inpatients

403

TRUST

C-19 Positive Inpatients by date (Snapshot)

De-Escalated Inpatients



227

WHH

C-19 Positive Inpatients by date (Snapshot)

De-Escalated Inpatients



35

K&C

C-19 Positive Inpatients by date (Snapshot)

De-Escalated Inpatients



141

QEQM

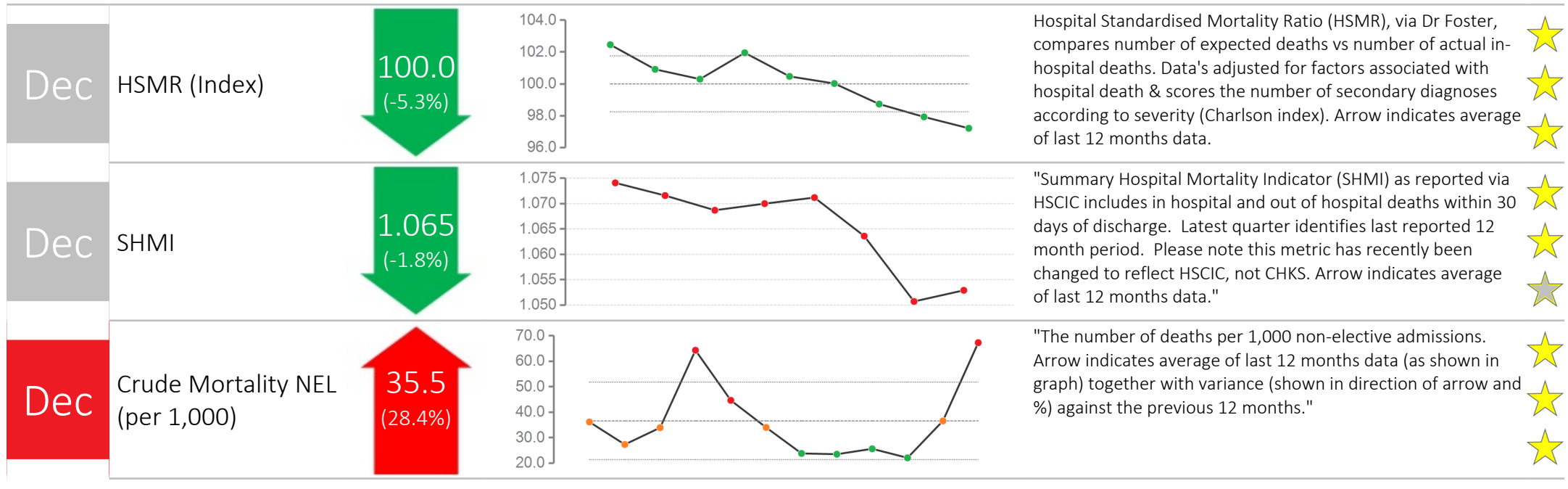
C-19 Positive Inpatients by date (Snapshot)

De-Escalated Inpatients



Strategic Theme: Patient Safety

Mortality



Highlights
and
Actions:

Overall, the HSMR continues its consistent reduction to last reported month and currently the Trust remains 'as expected' in relation to national data. There has been a corresponding improvement in the capture and coding of palliative care activity which may account for some of this improvement. The crude mortality rate increased in April 2020, in line with the national average and having fallen to expected levels saw the spike in November continued into December, related to the surge in Covid-19 activity. There are three outlying groups attracting significantly higher than expected deaths, with no new alerts. The SHMI has fallen for second reporting period and remains 'as expected'. Mortality reduction is a True North for the Quality and Safety domain being delivered through We Care and current analysis will focus on the priorities to achieve this.

Strategic Theme: Patient Safety

Serious Incidents

Dec	Serious Incidents (STEIS)	202 (28.7%)		"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."	★ ★ ★
Dec	Never Events (STEIS)	4 (-50.0%)		"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:

There were 131 open serious incidents (SIs) at the end of December 2020. Nineteen new SIs were reported in month, of which five were delays in diagnosis, five related to infection control (including four Covid-19 outbreaks – NICU WHH, Rainbow QEOMH, Cathedral Day Unit K&CH, Kings A2 WHH), four treatment delays, two related to hospital acquired pressure ulcers one at K&CH and the other at QEOMH, two patient falls at the WHH and one was a maternity issue.

The CCG has requested that the Trust report all ED 12 hour trolley breaches as SIs. One SI was reported for the Trolley Breaches in December 2020. A proforma for the review of these has been developed.

A case of a delay in identification of testicular torsion was reported. This is the sixth case reported since 2017 and a thematic review has been requested by the Interim Chief Nurse. The previous improvement plans, including the revision and reintroduction of the Torsion pathway have been managed and overseen by the Surgery and Anaesthetics Care Group.


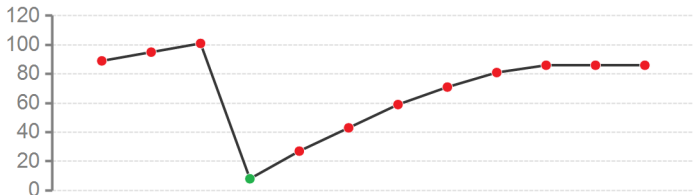
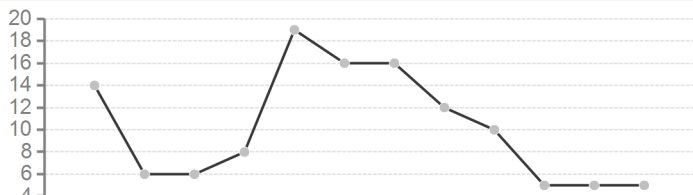
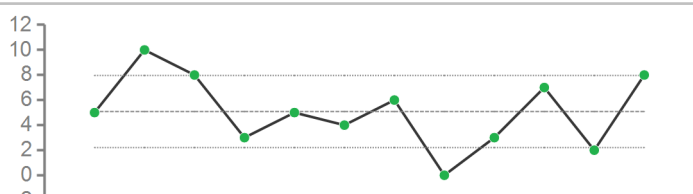
The CCG agreed closure of eighteen SIs. At month end there were nine non-closure requests for further information from the CCG.

There were 44 SIs breaching investigation timeframes at month end, a decrease of two from November 2020. The majority of these are with UEC and GSM, of which 18 are more than six months overdue, one is 16 months overdue. The care groups are focused on ensuring new breaches are avoided. The patient safety team continue to support completion of all Serious Incident investigations to the required standard for submission; in some cases this delays submission however ensures that patients and families, the CCG and, if applicable HM Coroner, receive high quality investigations and improvement plans. Of the 44 breaches, 18 are with the patient safety team or hospital medical directors for review. With increases in care groups governance teams the breach position is slowly improving, though this has been compounded by the additional challenge of Covid-19. The CCG has recognised this challenge and applied an extension of four weeks for all current open SIs.

The revised Serious Incident Panel process was agreed at Patient Safety Committee and was implemented in January 2021. Extraordinary panels have been convened to address the backlog of reviews. The panels for Pressure Ulcer, Falls and Mortality are planned and in the interim these incidents will continue to be presented at the Serious Incident panel.

Strategic Theme: Patient Safety

Infection Control

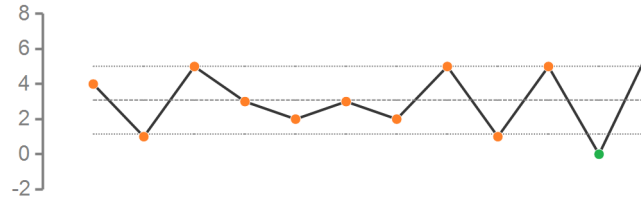
Dec	Cases of MRSA (per month)	0 (-100.0%)		Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.	<div><div>★</div><div>★</div><div>★</div></div>
Dec	Cases of C.Diff (Cumulative)	135 (71.9%)		"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01)."	<div><div>★</div><div>★</div><div>★</div></div>
Dec	Cases of C.Diff (per month)	5 (0.0%)		Cases of C.Diff	<div><div>★</div><div>★</div><div>★</div></div>
Dec	E. Coli	61 (-28.2%)		"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."	<div><div>★</div><div>★</div><div>★</div></div>

Strategic Theme: Patient Safety

Dec

MSSA

37
(0.0%)



"The total number of MSSA bacteraemia recorded, post 48hrs.



Highlights
and
Actions:

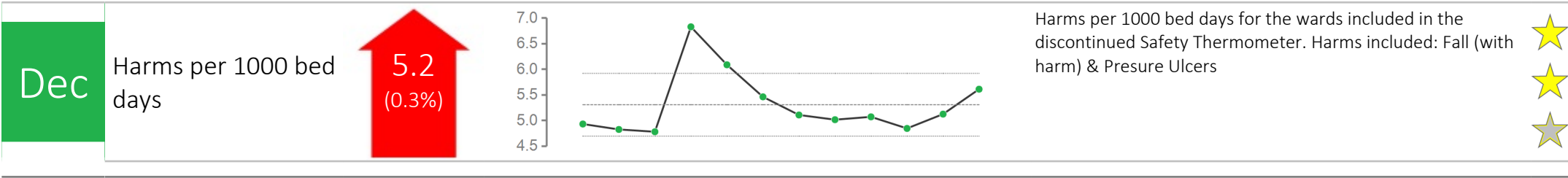
Infection prevention and control measures around Covid-19 continue to be a key focus. All Covid-19 outbreaks have been monitored closely with daily outbreak meetings and a weekly Trust-wide meeting to share learning. The strict front door policy with temperature checks, hand hygiene and face masks for all staff and patients and promotion of physical distancing remains in place.

An integrated improvement plan has been developed including actions from the NHSEI and CQC inspection and the Safe Clean Care projects. An implementation team meets weekly to monitor progress. The improvement advisors continue to work with the matrons and the infection prevention team to improve standards.

There have been 5 hospital attributable C. difficile cases for December against an expected 8 cases. This is the third month with cases below those expected and shows considerable improvement compared with previous months. Gram negative bloodstream infections have reduced by over 13% overall ytd compared with 2019/20. No MRSA bloodstream infections have been seen this year.

Strategic Theme: Patient Safety

Harm Free Care

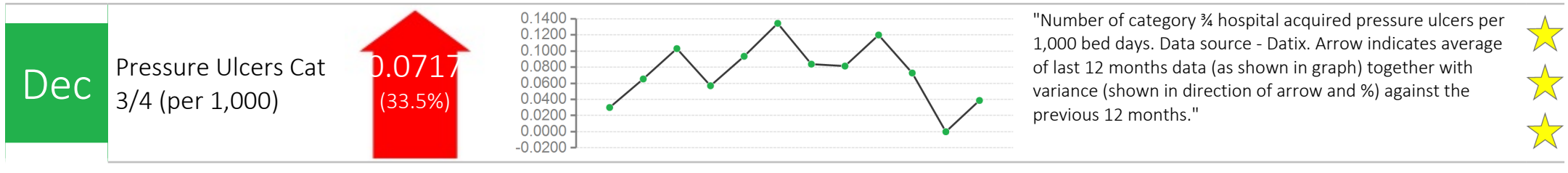


Highlights and Actions:

Harm Free care per 1000 bed days = 5.61224 (5.12547 November).

Strategic Theme: Patient Safety

Pressure Care



Highlights and Actions:

General pressure Ulcers
Twenty-one category 2 ulcers were reported. A decrease of 3 from last month. Thirteen were reported at WHH, five at QEQM and three at K&C. The trust was under the set 10% reduction trajectory with a result of 0.739/1000 bed days.

There were no confirmed category 3 pressure ulcers. One confirmed category 4 on Cambridge L at WHH revealed following sharp debridement, investigation is under way. Ten were suspected deep tissue injury (SDTI) an increase of 2 and eight were unstageable, two less than last month. Eight at WHH, 7 at QEQM and 3 at K&C. Cambridge J2 at WHH and Clarke ward at K&C both reported 2 Unstageable ulcers. At present 4 of these incidents are classed as moderate harm. Two at QEQM (Seabathing and ITU) and 2 at K&C (Clarke ward and ITU). The trust was over the set 10% trajectory for both metrics. Unstageables with a result of 0.282/1000 bed days and SDTIs with a result of 0.352/1000 bed days.

Medical Device Related incidents
There were 2 SDTI medical device related pressure ulcers. Reported on ITU at K&C on the right ear underneath anchor fast and Cambridge J2 on the toes due to TEDS both were Covid-19 positive.

There were 7 category 2 medical device related pressure ulcers. All of these were on the mouth/face and were associated with proning Covid-19 positive patients.

Highest reporting areas:
At William Harvey ITU reported 4 category 2's (2 incidents relate to the same patient), 1 SDTI and 4 medical device related category 2. These were all Covid-19 positive patients and damage was as a result of proning. Cambridge J2 reported 1 category 2, two unstageable and 1 medical device related ulcer.

At QEQM Cheerful Sparrows reported 2 category 2 and 1 SDTI.

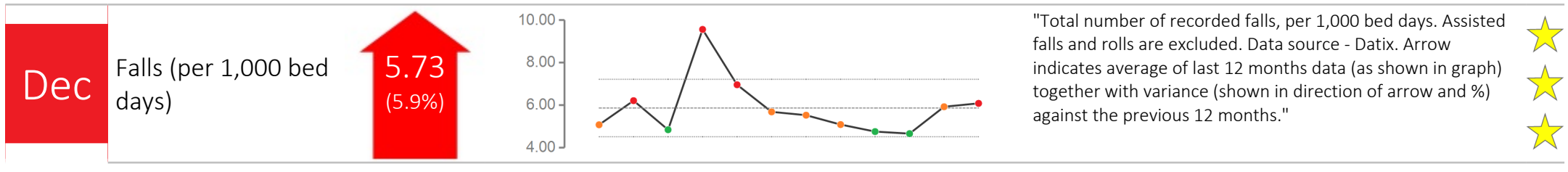
At K&C Clarke ward reported 1 category 2 and 2 unstageable ulcers.

Actions:

- Tissue Viability team have been supporting in clinical areas
- Work with Infection and Prevention Control to improve communication around cleaning of mattresses to improve availability at WHH
- Handheld mirrors being disseminated trust wide to improve heel skin inspection
- Improving processes regarding the reporting of category 3, 4 and unstageable pressure ulcers
- In discussion with mouth-care lead to create standard of practice ensuring full prevention in prone patients
- Care under medical devices protocol has been approved for trust wide rollout
- Disseminate film barrier applicators to ITUs to reduce pressure damage and available in special dressings cupboard on all 3 sites. Trial commenced at K&C ITU of silicone pressure reducing pads

Strategic Theme: Patient Safety

Falls



Highlights
and
Actions:

In December there were 156 falls (152 in November) with 24 at K&CH (previously 34). 34 at QEQQMH (previously 39) and 94 at WHH (previously 74). This equates to rates per 1000 bed days of 5.86 at K&C, 3.49 at QEQQM and 6.49 at WHH with a total across the 3 main sites of 5.37. This is an increase on November when the rate across the 3 main sites was 5.35.

At WHH, wards with the highest number were AMU B (10) where 1 patient fell 3 times and 1 fell twice, Bartholomew (10), Cambridge K (9) where 2 patients fell twice, Cambridge L (8) where 2 patients fell twice, Cambridge M2 (6), Kings B (6) where 1 patient fell twice, Kennington (6) where 1 patient fell 4 times and Oxford (6) where 1 patient fell twice. A patient also fell twice on Kings C2.

At QEQQMH there were 6 falls on AMU B.

At K&CH there were 7 falls on Marlowe ward where 1 patient fell twice. On Brabourne and Kingston wards one patient fell twice on each.

Of concern in November were 2 falls causing moderate head injuries at WHH (1 predictable and 1 currently unknown), 2 hip fractures at WHH (1 unpredictable and 1 predictable), 1 predictable hip dislocation. There was 1 fall at QEQQMH resulting in a moderate head injury which is pending investigation. There were no wards with more than one severe harm. All have been investigated. A common theme in investigated falls at WHH currently is the reduced ability to observe patients at very high risk of falls due to staff shortages, patient acuity and closed bays (which are easy to observe) due to Covid. As a result of the additional support and advice required by ward areas, the Falls Prevention Practitioner has been attending wards across all sites to provide support and advice.

The Trustwide Falls Improvement Plan is currently being updated. A falls incident Decision Support Tool is being tested by the Falls Prevention Team to assist wards in identifying learning from incidents and to develop actions. The Falls Risk Assessment and Care Plan is being reviewed and streamlined as part of the T3 project. An aim is to make referral for appropriate interventions to prevent falls easier for clinical teams.

Strategic Theme: Patient Safety

Incidents

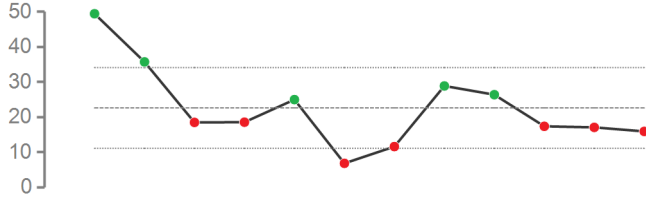
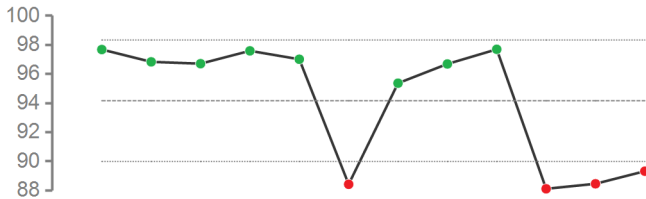
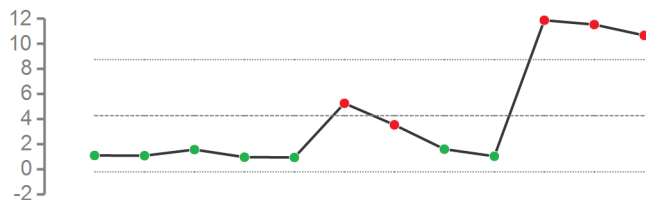
Dec	Clinical Incidents: Total (#)	20,844 (8.0%)		"Number of Total Clinical Incidents reported, recorded on Datix."	★ ★ ★
Dec	Blood Transfusion Incidents	98 (-8.4%)		"The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."	★ ★ ★
Dec	Medicines Mgmt. Incidents	1,951 (-1.6%)		"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."	★ ★ ★

Highlights
and
Actions:

There were 2,054 clinical incidents reported as occurring in December 2020, compared with 1,528 reported as occurring in December 2019 and 2,159 occurring in November 2020. This figure may rise as incidents are sometimes backdated. The incident reporting rate is a reflection of the safety culture within the Trust. Increased reporting over time may indicate an improved reporting culture and patterns should be interpreted alongside other information such as local safety issues, NHS staff survey data, etc.

Strategic Theme: Patient Safety

Friends & Family Test

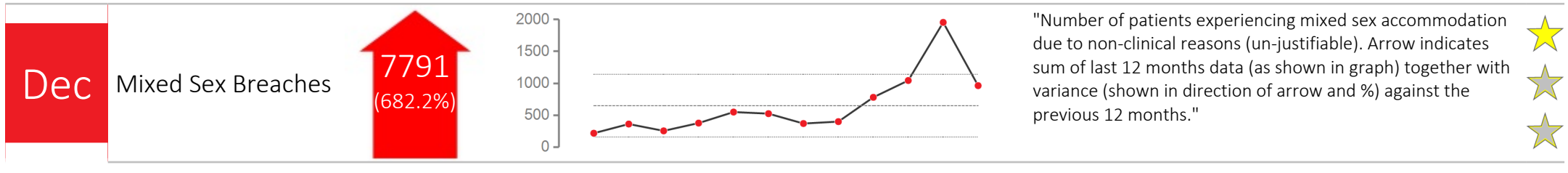
Dec	IP FFT: Response Rate (%)	22 (-39.4%)		"The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	<div><div>★</div><div>★</div><div>★</div></div>
Dec	IP FFT: Recommend (%)	94 (-2.8%)			<div><div>★</div><div>★</div><div>★</div></div>
Dec	IP FFT: Not Recommend (%)	4.8 (255.9%)		"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."	<div><div>★</div><div>★</div><div>★</div></div>

Highlights and Actions:

December FFT recommendation scores = Inpatients 89.53% (88.48%), Day case 95.78% (96.08%), UEC % (83.2%), Maternity % (84.48%) and Outpatients % (93.57%). Trust FFT under review by a working group to improve quality and use of data.

Strategic Theme: Patient Safety

Mixed Sex

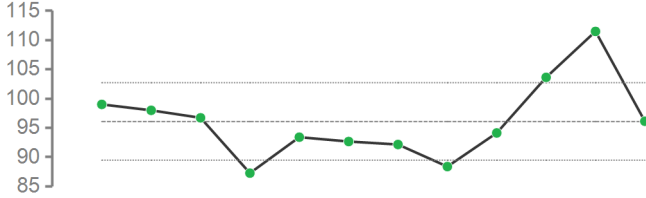
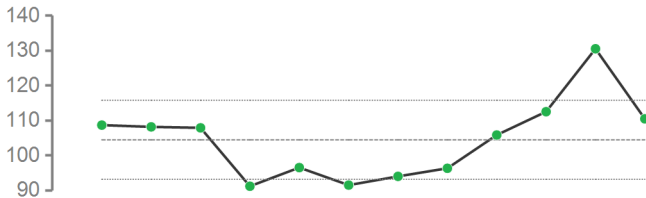
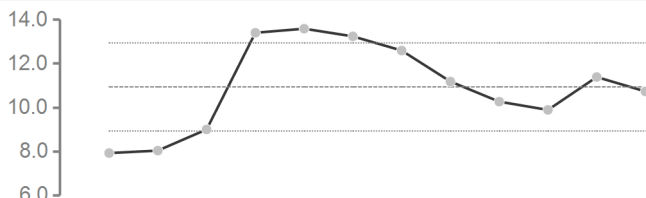
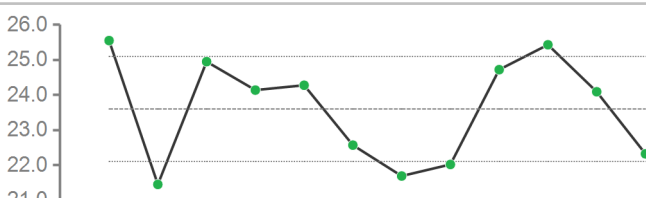


Highlights
 and
 Actions:

December MSA scores continue to deteriorate in response to the Covid-19 crisis. The interim Chief Nurse and the Chief operating officer continue to address the issue as per November strategy plan. MSA - 498 unjustified incidents, 963 unjustified patients, 13,804.67 total hours

Strategic Theme: Patient Safety

Safe Staffing

Dec	Shifts Filled - Day (%)	96 (-2.6%)		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.	★ ★ ★
Dec	Shifts Filled - Night (%)	104 (-2.1%)		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.	★ ★ ★
Dec	Care Hours Per Patient Day (CHPPD)	10.6 (28.8%)		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.	★ ★ ★
Dec	Midwife:Birth Ratio (%)	23.6 (-10.0%)		The number of births compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	★ ★ ★

Highlights
and
Actions:

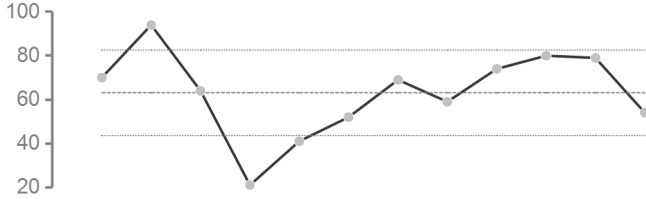
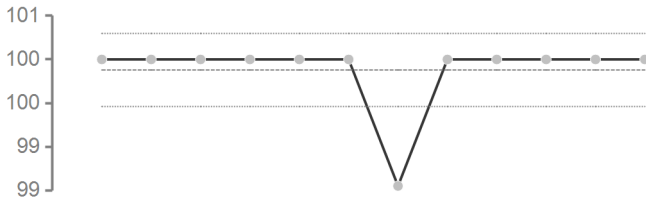
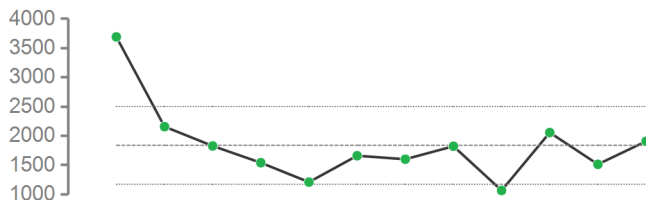
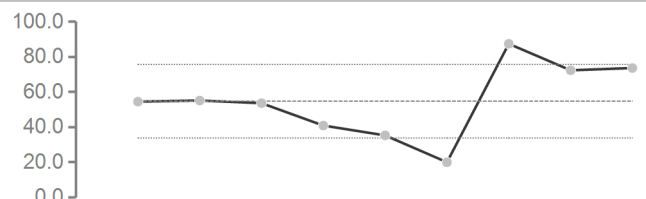
Percentage fill of planned (funded establishment) and actual (filled shifts) by hours is required to be reported monthly by registered nurse and care staff, by day and by night, in line with National Quality Board expectations. Reported data is derived from the Healthroster system which shows an overall average overall fill rate of 100.5% compared to 116% in Nov-20.

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. Average CHPPD is slightly lower than last month but within control limits.

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

Strategic Theme: Patient Safety

Complaints & Compliments

Dec	Number of Complaints	757 (-4.3%)		The number of Complaints recorded for new complaints only (not returning complaints). Data source - DATIX	★ ★ ★
Dec	Complaints acknowledged within 3 working days	100 (6.0%)		Complaints acknowledged within 3 working days (%)	★ ★ ★
Dec	Compliments	22049 (-40.6%)		Number of compliments received	★ ★ ★
Dec	Complaints Closed within 30 Working Days or Agreed Extension (%)	56.3 (-29.2%)		Percentage of complaints closed within the 30 working day target (or an agreed extension)	★ ★ ★

Strategic Theme: Patient Safety

Dec	Complaints Closed within 45 Working Days or Agreed Extension (%)	64.1 (-13.5%)		Percentage of complaints closed within the 45 working day target (or an agreed extension)	
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Highlights and Actions:	<p>Complaints</p> <ul style="list-style-type: none"> • In December 2020 we received 55 new complaints (80 in November 2020), • A decrease of 25, (31%). This is an increase of 28% compared to the 43 new complaints received in December 2019. • 100% of complaints received in December 2020 were acknowledged within three working days. • Complaints during the height of the first Covid-19 period were set response targets of 45 working days; the 30-working day target was re-instated 01 September 2020 until December 2020. <p>Compliance to the 30-working day target: 14 of the 19 closed met target, 74%</p> <p>Urgent and Emergency Care 4 of 6 (67%)</p> <p>General and Specialist Medicine 1 of 2 (50%)</p> <p>Surgery and Anaesthetics 3 of 3 (86%)</p> <p>Surgery – Head, Neck, Breast and Dermatology 1 of 1 (100%)</p> <p>Women’s and Children’s 3 of 5 (60%)</p> <p>Clinical Support Services 2 of 2 (100%)</p> <p>Compliance to the 45 working day target – 30 of the 41 closed met target, 73%</p> <p>Urgent and Emergency Care 9 of 11 (82%)</p> <p>General and Specialist Medicine 5 of 11 (45%)</p> <p>Surgery and Anaesthetics 5 of 5 (100%)</p> <p>Women’s and Children’s 9 of 12 (75%)</p> <p>Clinical Support Services 1 of 1 (100%)</p> <p>Corporate 1 of 1 (100%)</p> <p>Work continues to improve the quality of responses and the response timescales. However, the important matter is the evidence of learning from complaints and this is the Interim Chief nurses focus and the focus of the Complaints and Feedback Steering Group.</p>
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Strategic Theme: Clinical Outcomes

Clinical Outcomes

Dec	FNoF (36h) (%)	56 (-7.5%)		% 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.	★ ★ ★
Dec	Stroke BPT Achievement %	39 (79.9%)		Percentage of activity achieving the Stroke Best Practice Tariff	★ ★ ★

Highlights and Actions:

Stroke

We now have new metric setup which shows the % of activity meeting the Stroke Best Practice Tariff (BPT), which has been signed off at the Stroke Quality Committee. This replaces the previous 4hr % compliance from presentation to stroke ward metric and encapsulates all 3 of the BPT targets to show an overall % achievement.

#NOF

Time to theatre for #NOF has improved September to November primarily driven by improvement at QEQM. WHH has also seen two strong months, Oct & Nov, with performance above the average of the last 12 month period. Unfortunately data for December was not available from the national database at the time of writing so performance will be updated next month.

Strategic Theme: Human Resources

Gaps & Overtime

Dec	Vacancy (Monthly) %	7.7 (-23.7%)		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."	★ ★ ★
Dec	Staff Turnover (%)	9.6 (-2.3%)		"% 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."	★ ★ ★
Dec	Sickness (Monthly) %	5.8 (41.6%)		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."	★ ★ ★

Highlights and Actions:

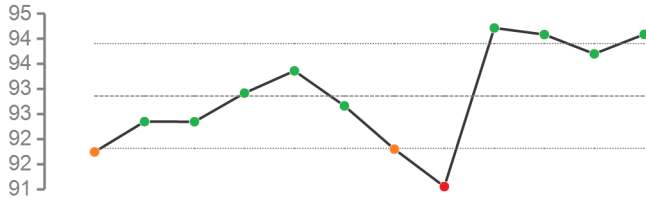
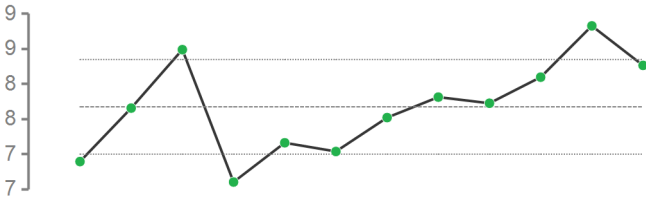
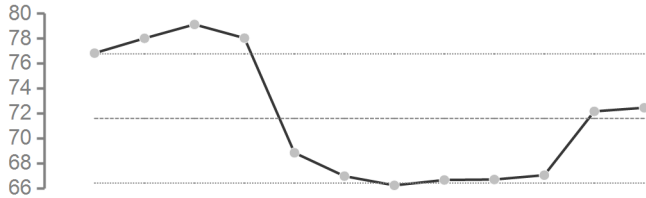
During the last seven months, the Trust's vacancy rate has fallen, and continued to fall in December. This is the lowest vacancy rate the Trust has seen for almost two years. There are now 8,019.26 WTE staff employed with the Trust and a vacancy of 520.44 WTE. Vacancy rates remain slightly above 10% in the General & Specialist Medicine and Urgent & Emergency Care Groups. However, most other clinical Care Groups are within a range of 2 to 5% vacancy.

Turnover in month, excluding junior doctors, continued to fall and fell to 10.4% for the month of December. The annual 12 month average decreased to 9.6% in December, and still shows a downward trajectory.

Sickness absence increased in November, rising to 4.96%. Sickness in April peaked at 8.89% across the Trust, and dropped to 7.12% in May and 5.14% in June. It fell again in July to 4.57% and in August to 3.63%. It increased in October and November, mostly relating to increased short term sickness absence, but is still much lower than during the first wave in April and May 2020. Daily Unavailability reports are sent out to all Care Group leadership teams, and HR Business Partners, to monitor trends and issues. This daily report will continue to be important with the increase in Covid-19 cases, to ensure we maintain and monitor sickness absence effectively and safely. December and January sickness absence is expected to be higher, due to the increase in Covid related absence across the Trust.

Strategic Theme: Human Resources

Temporary Staff

Dec	Employed vs Temporary Staff (%)	92.9 (2.5%)		"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."	★ ★ ★
Dec	Agency %	7.7 (1.4%)		% of temporary (Agency and Bank) staff of the total WTE	★ ★ ★
Dec	Bank Filled Hours vs Total Agency Hours	72 (4.3%)		% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff	★ ★ ★

Highlights and Actions:

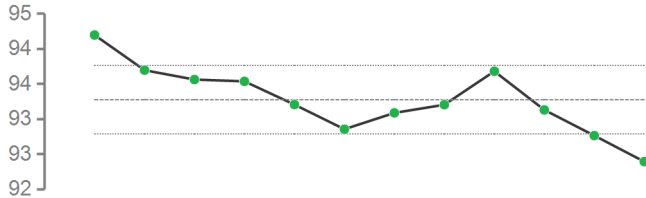
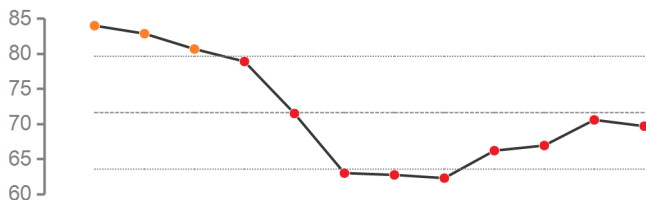
The percentage of permanent against temporary staff continues to improve as a trend, and remained approximately 94% in December. The rate has been on an upward trajectory for the past 12 months, and the 12 month average increased to 92.9%, remaining on a positive trajectory. However, in the current environment, there are regular gaps in the fill rate for temporary staff, particularly across both ITU and ED at WHH and QEQM.

The percentage of agency staff 12 month average increased to 7.7% (7.5% in November), although did see a month on month improvement in December. After increasing during February and March to a high of 9%, the percentage of agency and bank staff had fallen back to approximately 7%. However, with the current demand on our services, along with increased absences due to Covid-19, the percentage of agency staff against total WTE will need continuous monitoring, and is likely to continue to increase over the Winter period.

An issue that we are currently monitoring is the reduction in bank filled hours against total hours worked by temporary staff. This fell in October to approximately 66%, from a high of almost 80% in March. Although increasing in November and December to approximately 72%, there still remains problem areas with the fill rate, as mentioned above.

Strategic Theme: Human Resources

Workforce & Culture

Dec	Statutory Training (%)	93 (-0.5%)		<p>"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."</p>	★ ★ ★
Dec	Appraisal Rate (%)	71.6 (-9.9%)		<p>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.</p>	★ ★ ★

Highlights
and
Actions:

Statutory training and appraisal compliance have both been adversely affected during the Covid-19 outbreak. The in month compliance for Statutory Training remained 93%, but the 12 month data still shows a downward trajectory at 93% completion. All Care Groups are over 90% compliant with Statutory Training, with the exception of UEC (although this has significantly improved to 87% in December).

The in month appraisal compliance for December decreased to 70% (71% in November). The 12 month average fell to 71.6% (72.58% the previous month). Through many different communications, staff are being asked to carry out their appraisals where possible, including via Webex for those who are currently working from home. All Care Groups saw a reduction in compliance during April, May and June. Cancer, Clinical Support, Head & Neck, General & Specialist Medicine and Women's & Children's all had increases in compliance and are now at or above 75%.

Third phase of NHS response to COVID-19 (Activity)

EKHUFT is currently operating in Incident response mode. This is directly related to the NHS Incident Level 4. This involves daily GOLD command meetings, led by the Chief Operating Officer who is the GOLD Commander for the Trust. The GOLD command meetings were stepped up from 3 times a week to Daily in mid November. The GOLD Committee core membership includes the Executive Team, Hospital and Care Group Directors, Facilities senior manager and EPRR senior management team.

Point of Delivery		Sep-20	Oct-20	Nov-20	Dec-20
Total Outpatient Attendances (face to face or virtually)	Plan	56,266	60,264	67,374	61,106
	Actual	58,091	61,617	60,136	50,297
Consultant Led Outpatients Attendances Conducted by telephone / video	Plan	22,940	23,001	28,817	26,087
	Actual	23,842	24,013	23,192	19,984
Consultant Led Follow Up Attendances Conducted by telephone / video	Plan	17,269	17,649	22,893	20,871
	Actual	17,826	18,317	17,976	15,586
Daycase Electives	Plan	4,138	4,928	5,012	4,834
	Actual	4,117	4,641	4,218	3,311
Ordinary Electives	Plan	789	886	867	807
	Actual	721	907	879	458
Magnetic Resonance Imaging (MRI)	Plan	4,896	5,528	5,656	4,777
	Actual	4,669	4,918	6,012	5,233
Computed Tomography (CT)	Plan	7,060	7,080	7,653	7,125
	Actual	6,548	6,247	6,418	6,061
Non-Obstetric Ultrasound	Plan	4,749	4,391	4,510	4,792
	Actual	3,712	4,239	4,033	3,505
Colonoscopy	Plan	512	662	616	629
	Actual	401	521	588	414
Flexi Sigmoidoscopy	Plan	180	234	216	222
	Actual	170	198	222	146
Gastroscopy	Plan	595	766	716	729
	Actual	469	580	462	408

Point of Delivery		Sep-20	Oct-20	Nov-20	Dec-20
Total Outpatient Attendances (face to face or virtually)	Target	100%	100%	100%	100%
	Performance	94%	90%	93%	88%
Consultant Led Outpatients Attendances Conducted by	Plan	25%	25%	25%	25%
	Performance	41%	39%	39%	40%
Consultant Led Follow Up Attendances Conducted by	Plan	60%	60%	60%	60%
	Performance	49%	49%	48%	50%
Daycase Electives	Plan	80%	90%	90%	90%
	Performance	86%	84%	79%	69%
Ordinary Electives	Plan	80%	90%	90%	90%
	Performance	74%	81%	86%	53%
Magnetic Resonance Imaging (MRI)	Plan	90%	100%	100%	100%
	Performance	74%	79%	96%	87%
Computed Tomography (CT)	Plan	90%	100%	100%	100%
	Performance	97%	90%	88%	85%
Non-Obstetric Ultrasound	Plan	90%	100%	100%	100%
	Performance	89%	93%	90%	85%
Colonoscopy	Plan	90%	100%	100%	100%
	Performance	104%	93%	112%	89%
Flexi Sigmoidoscopy	Plan	90%	100%	100%	100%
	Performance	79%	88%	93%	131%
Gastroscopy	Plan	90%	100%	100%	100%
	Performance	92%	90%	82%	73%

4 Hour Emergency Access Standard

Key Performance Indicators

71.07%		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Green
	4 Hour Compliance (EKHUFT Sites) %*	89.73%	90.77%	89.33%	85.80%	81.85%	81.37%	78.58%	75.39%	71.07%	95%
	4 Hour Compliance (inc KCHFT MIUs)	91.19%	92.07%	90.48%	87.32%	83.94%	83.44%	80.42%	77.65%	73.59%	95%
	12 Hour Trolley Waits	0	0	0	0	0	0	2	8	186	0
	Left without being seen	1.19%	2.24%	2.09%	2.63%	3.20%	2.71%	2.85%	1.94%	2.00%	<5%
	Unplanned Reattenders	9.51%	10.07%	9.98%	9.84%	10.74%	10.21%	10.87%	12.33%	10.48%	<5%
	Time to initial assessment (15 mins)	92.6%	90.5%	93.0%	94.1%	94.3%	94.9%	95.0%	43.4%	36.5%	90%
	% Time to Treatment (60 Mins)	71.3%	58.1%	54.9%	50.9%	42.9%	45.5%	47.9%	45.3%	40.0%	50%

2020/21 Comparison to Previous Year

-2.84 %		Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Green
	Previous Year (19/20)	81.4%	80.2%	78.4%	80.4%	75.4%	73.9%	74.6%	74.0%	80.1%	
	Performance	85.8%	81.8%	81.4%	78.6%	75.4%	71.1%				

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

Summary Performance

December performance for the organisation against the 4-hour Emergency Access Standard was 71.07% excluding the health economy MIU activity and 73.59% including. This represents a decrease in performance compared to the previous month. There were one hundred and eighty-six 12 Hour Trolley Waits in December. The high number of 12 hours breaches is a direct consequence of the significant increase in the number of acutely unwell Covid19 patients who have attended both the QEQUH and WHH Emergency

Department in December. Prompt by Infection Prevention Control requirements patients have had to wait for a bed to become available on the appropriate ward as it is not possible to simply admit a patient into a medical or surgical bed, they do have to go into either a confirmed Covid19, pending bed, whilst we await the results of the Covid19 swab or a bed for patient requiring non invasive ventilation.

Ensuring that patients are allocated into the most clinically appropriate ward area is the highest priority to ensure that IPC (Infection Prevention Control) measures are maintained.

The proportion of patients who left the department without being seen remained at a compliant level 2.00%. The unplanned re-attendance position improved to 10.48%. Time to treatment within 60 minutes decreased to 40.0%.

Issues

- Managing patient flow to appropriate ward areas to maintain strict clinical streaming and Infection Control standards.
- Greatly Increased emergency demand with high Covid19 acuity, including patients who require oxygen therapy in a Covid19 secure environment.
- Impact on patient flow of managing potential Covid19 patients who are being isolated into dedicated ward bays until their Covid19 status is confirmed.
- Expanded ED footprint into additional clinical areas in order to meet increased Covid19 demand.
- Staffing shortfalls due to increased staff sickness, vacancy and availability of agency staff.
- Maintaining social distancing in ED waiting areas and major's department.
- Ambulance off loads due to patients with a potential Covid19 having to be assessed in a dedicated clinical area within ED and no space being available to handover the patient.

Action

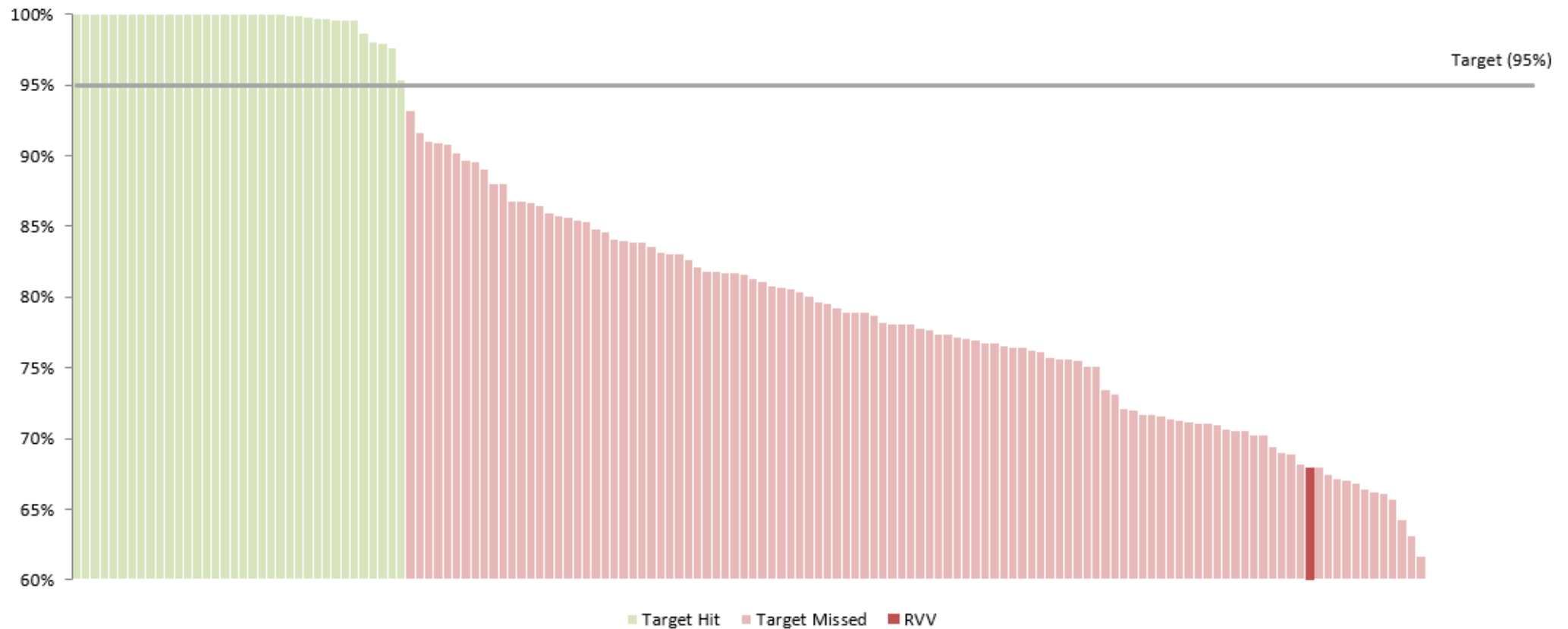
- Enhance senior clinical leadership to emergency floor to support early decision making and identification of potential COVID19 patients 7/7.
- Hospital Director triumvirate oversight and management of infection control issues, including daily outbreak meetings and monitoring by site.
- Daily board rounds on wards with Consultants and Matron in attendance to improve early discharge and flow.
- Weekly MDT reviews of all patients >7 days focussing on resolving internal delays
- Daily whole system calls to review every complex discharge patient who is no longer 'Fit to Reside' as per the NHS Discharge Guidance.

- Daily COVID Local Health Economy calls with system partners to escalate and manage a system response.
- At times of high attendance and overcrowding to ensure proactive streaming of patients direct to speciality or to Urgent Treatment Centres locally who have capacity to treat safely.
- Implemented 111 direct booking into ED to give an attendance time and manage demand.
- 2 hourly board rounds in ED to be reinforced, particularly overnight.
- Focus on zero 60-minute ambulance handover delays, with 2 hourly 'touch base' calls implemented across the Kent and Medway region to enable dynamic conveyancing to be implemented as and when required to manage ambulance demand across the region and reduce ambulance handover delays.
- Assessing ward, ED and ITU nursing staffing risks and mitigating by reallocating a range of clinical staff from other areas to support as 'buddies'
- Helping Hands project implemented to identify non-clinical staff volunteers to support wards with basic administrative tasks or clinical support worker roles to release nursing time.
- Expanded ED areas by converting the ED Observation Bay into a Covid Respiratory area and also expanding into fracture clinic areas on both sites.
- Non-Invasive Ventilation (NIV) protocols in place to manage patients who require oxygen therapy and ensure highly skilled nursing staff are available.

December 2020 | National A&E Benchmarking

East Kent Hospitals University NHS Trust ranked 135 of 148 trusts

Datasource: <https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2019-20/>



Cancer Compliance

Key Performance Indicators

81.32 %		Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Green
	62 Day Treatments	75.45%	77.80%	81.40%	78.16%	70.85%	79.25%	91.09%	89.97%	87.07%	85.06%	81.92%	81.32%	>=85%
	>104 day breaches	5	10	4	17	25	7	2	4	3	3	5	5	0
	Demand: 2ww Refs	3,666	3,322	2,701	1,547	2,199	3,001	3,404	3,143	3,638	3,918	3,716	3,179	2963 - 3275
	2ww Compliance	98.05%	98.29%	98.07%	96.77%	96.73%	95.67%	98.40%	97.95%	98.58%	98.55%	97.90%	97.69%	>=93%
	Symptomatic Breast	99.19%	98.68%	96.34%	100.00%	96.97%	100.00%	97.73%	100.00%	98.99%	99.14%	99.17%	98.17%	>=93%
	31 Day First Treatment	98.91%	99.38%	98.30%	99.36%	98.92%	96.09%	98.91%	96.77%	98.37%	99.15%	99.29%	100.00%	>=96%
	31 Day Subsequent Surgery	96.92%	96.23%	95.71%	97.22%	97.37%	93.18%	90.57%	96.61%	95.71%	94.52%	96.36%	96.23%	>=94%
	31 Day Subsequent Drug	100.00%	100.00%	99.07%	100.00%	100.00%	99.17%	98.94%	100.00%	100.00%	100.00%	100.00%	100.00%	>=98%
	62 Day Screening	89.47%	66.67%	87.50%	100.00%	100.00%	33.33%		100.00%	100.00%	92.00%	100.00%	95.00%	>=90%
	62 Day Upgrades	70.00%	100.00%	78.95%	83.33%	71.43%	72.73%	66.67%	68.42%	93.10%	84.00%	84.62%	70.59%	>=85%

Summary Performance

December 62 day performance is currently non-compliant at 81.32%. Validation continues until the beginning of February in line with the national time table. The total number of patients on an active cancer pathway at the end of the month has decreased to 2,825 and there have been five patients who have breached the >104-day standard. There is a focused commitment to remove all 104 day breaches. All other targets except 62 day upgrades have been achieved this month, for the fifth consecutive month.

Issues:

- Managing endoscopy diagnostics and surgical treatments within the constraints of Covid19.
- Gaining patients agreement to attend for a diagnostic or surgical procedures and complete the isolation requirements pre procedure.
- Access to radiological diagnostics due to the constraints of Covid19 on capacity.
- Maintaining cancer surgery whilst managing increasing ITU and medical bed demand.

Actions:

- Expanded use of Independent Sector for cancer surgery and diagnostics.
- Daily MDT calls with radiology and endoscopy which has reduced waiting times for diagnostics considerably.
- Daily 2ww and long waiters call to manage patients pathways.
- Daily review and escalation of patients awaiting a diagnostic to expedite the patients pathway.
- Action plans are in place for Endoscopy and Radiology with agreed trajectories to reduce the backlog of patients.
- Expanding use of Insourcing provision in Endoscopy
- Continuing to increase options for additional activity through substantive workforce.

104 Day Patients

- Patient 1 – Upper GI - OPA 06.08.20. Complex pathway as tertiary referral to Kings College Hospital (KCH), which resulted in a range of further diagnostic tests and clinical review both locally and at KCH. Surgical treatment was completed at KCH on 09.12.2020
- Patient 2 – Lung - OPA 20.08.20. Following a wide range of diagnostic tests the Histology was not conclusive further investigations were arranged to confirm diagnosis and staging. Patient was reluctant for surgery and offered Oncology OPA to discuss options. Patient decided on surgery on the 17.12.20.
- Patient 3 – Upper GI - OPA 27.08.20. Followed by diagnostics and MDM. Patient choice to delay for a holiday. Referral to Kings College Hospital MDM with a plan for complex diagnostics and referral for chemotherapy. Delay in complex diagnostic at Tertiary centre. Chemotherapy treatment 17.12.2020.
- Patient 4 – Gynaecology - OPA 28.08.20. Followed by diagnostics and in patient hysteroscopy. MDM requested further diagnostics and a plan for Oncology OPA 19.11 and Surgery 09.12.2020.
- Patient 5 – Upper GI - OPA 04.09.20. Followed by a wide range of diagnostics, including endoscopy. Patient choice to request a delay until 21.10.20. MDM requested a diagnostic which the patient declined initially and was then agreed. Oncology OPA 07.12.20 followed by Chemotherapy 17.12.20.

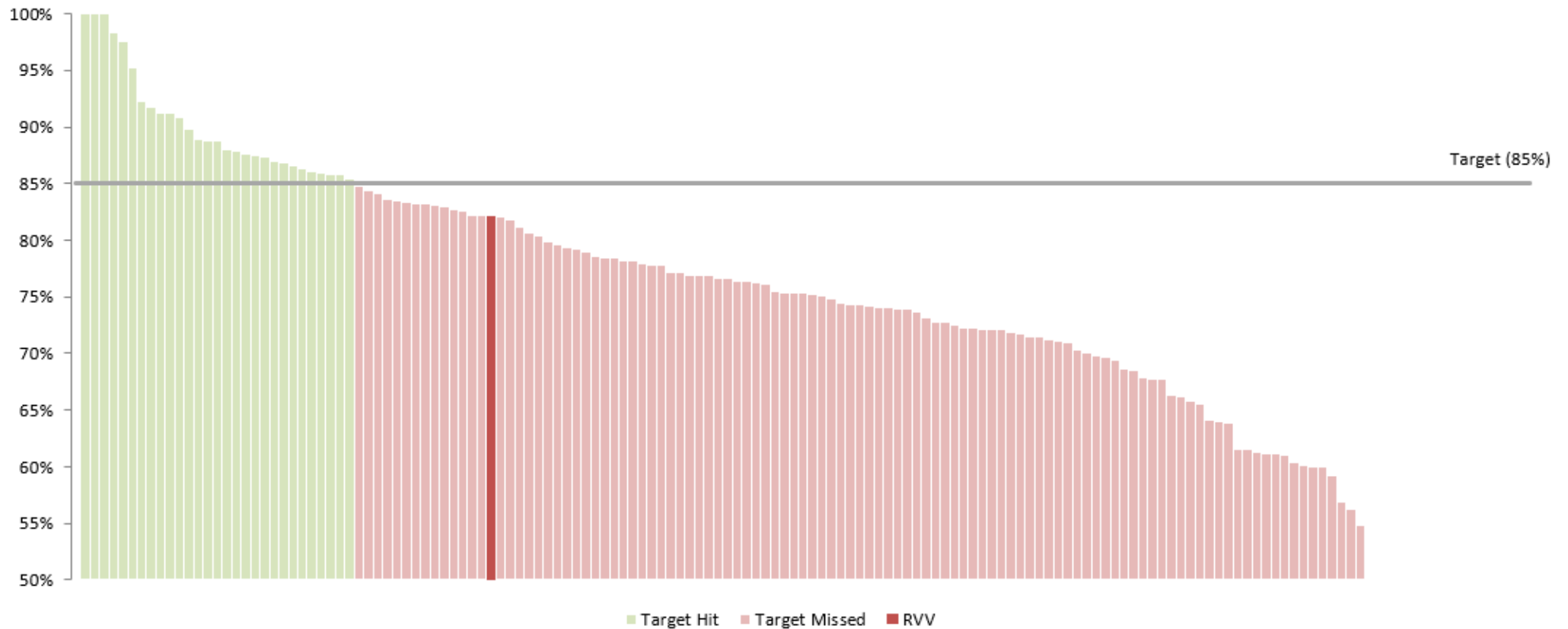
62 Day Performance Breakdown by Tumour Site

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
01 - Breast	87.2%	75.0%	94.1%	91.7%	83.9%	92.6%	86.4%	97.0%	92.1%	94.3%	95.8%	84.0%
03 - Lung	55.6%	50.0%	50.0%	70.6%	55.6%	39.1%	86.7%	60.0%	80.0%	75.0%	77.8%	43.8%
04 - Haematological	100.0%	80.0%	42.9%	57.1%	50.0%	87.5%	100.0%	100.0%	83.3%	62.5%	100.0%	89.5%
06 - Upper GI	25.0%	80.0%	78.6%	40.0%	58.3%	68.0%	94.6%	66.7%	66.7%	85.7%	71.4%	50.0%
07 - Lower GI	30.8%	41.7%	57.1%	51.7%	34.8%	66.7%	66.7%	84.2%	56.7%	64.9%	61.9%	85.7%
08 - Skin	97.8%	100.0%	95.7%	97.7%	100.0%	97.5%	98.3%	97.4%	100.0%	100.0%	95.6%	97.5%
09 - Gynaecological	66.7%	100.0%	69.2%	72.0%	75.0%	50.0%	83.3%	60.0%	76.9%	80.0%	62.5%	80.0%
10 - Brain & CNS												
11 - Urological	82.4%	83.3%	86.5%	78.4%	50.0%	67.6%	97.1%	94.3%	94.3%	83.7%	84.2%	81.2%
13 - Head & Neck	100.0%	57.1%	61.9%	62.5%	42.9%	100.0%	77.8%	62.5%	63.6%	40.0%	70.0%	75.0%
14 - Sarcoma	40.0%	100.0%		100.0%				100.0%				0.0%
15 - Other	100.0%	66.7%			0.0%	100.0%			100.0%		0.0%	66.7%

November 2020 | National 62 Day Cancer Benchmarking

East Kent Hospitals University NHS Trust ranked 43 of 142 trusts

Datasource: [https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/Cancer Waiting Times Data Extract \(Provider\) Provisional](https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/Cancer Waiting Times Data Extract (Provider) Provisional)



*National Data is reported one month in arrears

18 Week Referral to Treatment Standard

Key Performance Indicators

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	
69.02 %													Green
Performance	81.18%	81.07%	77.24%	68.63%	59.68%	48.61%	45.12%	52.05%	59.84%	65.89%	69.54%	69.02%	>=92%
52w+	4	2	14	155	410	768	1,155	1,555	2,021	2,215	2,172	2,544	0
Waiting list Size	46,211	47,331	45,907	42,632	42,795	42,702	45,037	45,873	46,811	47,433	47,206	47,450	<38,938
Backlog Size	8,695	8,962	10,447	13,374	17,255	21,945	24,717	21,994	18,797	16,180	14,377	14,702	<2,178

Summary Performance

December performance has declined to 69.02%. The number of 52 week breaches has increased to 2,544. Following Covid19 Wave 1 performance has improved monthly. Theatre utilisation is reduced due to the continued infection control measures between cases for PPE compliance and cleaning. Elective activity is being reinstated within the strict infection prevention controls for the management of elective surgical patients and through use of the Independent Sector capacity.

Due to the increased levels of Covid19 in the community and Hospital environment, outpatient clinics have been reviewed to reduce all non urgent clinics. Clinically urgent and Cancer clinics have continued. To enable clinical staff to be released to support nursing gaps on the wards, ED and ITU and also the vaccination programme elective activity has had to be reduced.

Urgent and Cancer clinics outpatient clinics are continuing to managed via a range of mediums such as virtual and telephone. Face to face clinics are being reviewed and reduced to minimise the risk to patients attending the Hospital. Virtual clinics continue to be very successful with 50% of all Follow Up appointments being virtual and 41% of all first New appointments.

Issue:

- Identifying patients who clinically require new or follow up appointment.
- Providing out patients' services within the national infection control constraints and restrictions of Covid19.

- 52-week breaches have increased due to the national Wave 1 restrictions for elective surgery, access to diagnostic and outpatient clinics.
- Identifying patients who are willing to isolate pre-procedure and also are willing to attend for their procedure whilst Covid19 continues to be a risk.
- Patient choice to wait an unknown length of time for their procedure.

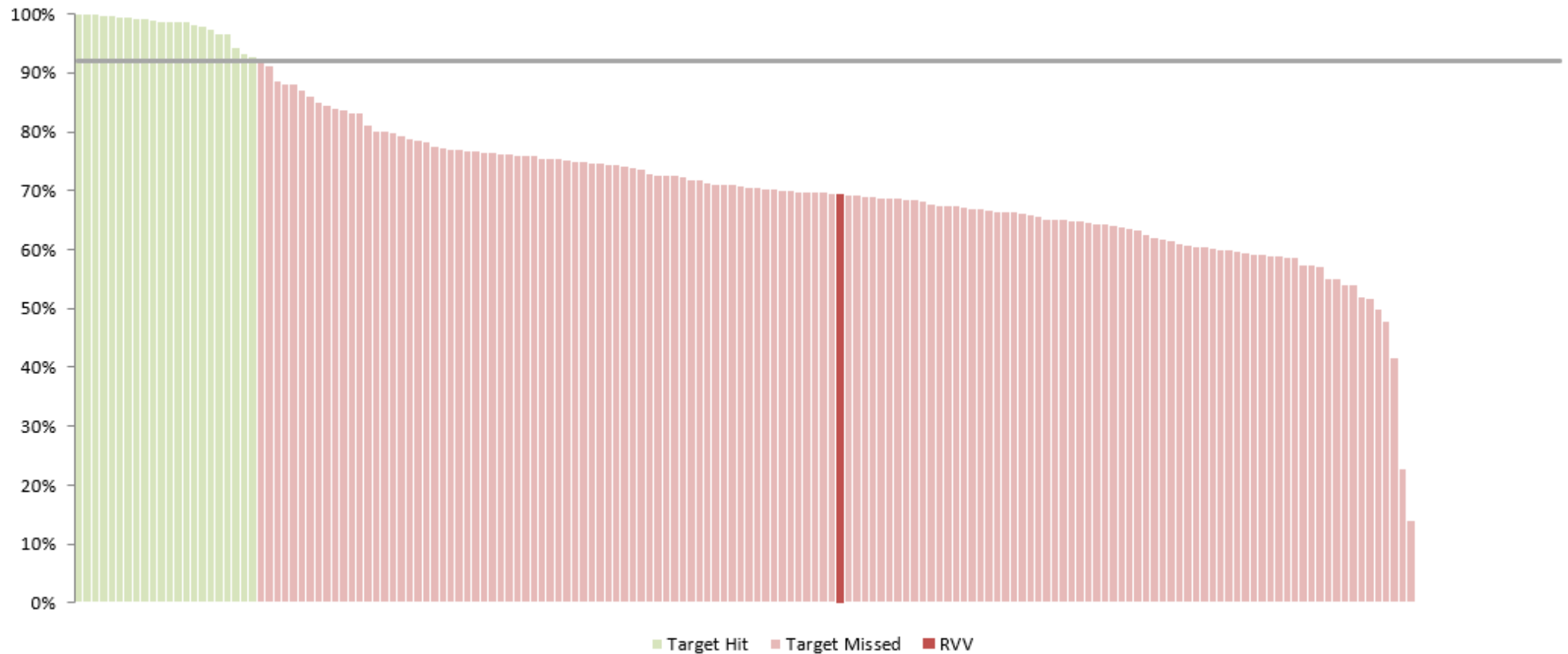
Actions:

- Clinically validating each waiting list to identify clinical priority in accordance with national guidance.
- Liaising with patients and their GP's to mutually agree appointments and treatment plans within Access Policy and choice.
- Continuing to build on the success of virtual clinics.
- Continued use of Independent Sector capacity for long waiting and cancer patients and maximising utilisation on all lists.
- Exploring options for insourcing to maximise Independent Sector capacity.

November 2020 | National RTT Benchmarking

East Kent Hospitals University NHS Trust ranked 93 of 163 trusts

Datasource: <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2019-20/Incomplete Provider>



*National Data is reported one month in arrears

6 Week Referral to Diagnostic Standard

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Green
77.64%													
Performance	99.71%	99.80%	97.79%	57.25%	60.10%	74.87%	75.89%	73.18%	75.50%	78.35%	78.19%	77.64%	>=99%
Waiting list Size	15,320	16,053	10,460	5,500	7,922	11,721	15,486	16,174	16,644	16,521	13,207	16,718	<14,000
Waiting > 6 Week Breaches	44	32	231	2,351	3,161	2,945	3,733	4,338	4,078	3,576	2,881	3,738	<60

Summary Performance

December performance was non-compliant at 77.64% compliance; a decrease on the previous month. In month breaches have increased from previous months at 3,738. The highest number of breaches continue to be in endoscopy for colonoscopy (1039), Radiology (specifically Non-Obstetric US) at (648), and echo Cardiology (746). The waiting list size has returned to “in-covid” levels at 16,718.

Breaches by Speciality is below:-

- Radiology: 1,257
- Cardiology: 746
- Urodynamic: 183
- Cystoscopy : 0
- Colonoscopy : 1039
- Gastroscopy : 340
- Flexi Sigmoidoscopy : 173
- Neurophysiology: 0

Issue

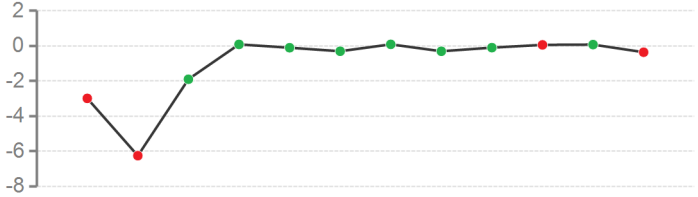
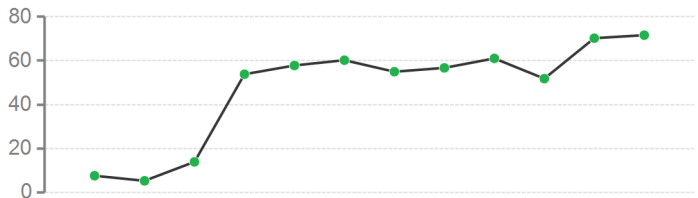
- Stopped all routine Radiology referrals due to increase in emergency demand, in particular for CT requests for Covid patients
- Staff sickness due to Covid19 in Radiology
- Increase in echo cardiology breaches due to a reduction in routine capacity to support emergency demand.
- Reduction in echocardiography capacity from 45 minutes per echo to 60 minutes to comply with College guidance to meet IPC recommendations.
- Increase in colonoscopy breaches due to cancer referrals being prioritised.
- Increase in non-obstetric ultrasound due to the constraints of Covid19

Action

- Introduced Covid19 response to enable Radiology to manage demand.
- Radiology have sent 400 non-obstetric ultra-sound referrals to the Independent Sector to reduce waiting times.
- The LNC have agreed with Primary Care to stop all routine referrals to Radiology to support the delivery of increased emergency demand and staff sickness.
- Consultant Radiologist is available daily to provide advice and guidance to Primary Care and acute hospital colleagues to ensure capacity is maximised.
- Clinical validation of the waiting list and direct contact with patient and GP regarding patient choice.
- Review of booking scripts to give ensure patients are confident and informed on patient choice and safety around infection control arrangements, particularly in endoscopy.

Strategic Theme: Finance

Finance

Dec	I&E £m (Trust Only)	-0.8 (-562.3%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.	★ ★ ★
Dec	Cash Balance £m (Trust Only)	71.7 (2.0%)		Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.	★ ★ ★

Highlights
and
Actions:

The Trust achieved a £0.2m surplus in December, which brought the year-to-date (YTD) position to a £0.4m surplus, slightly ahead of the plan.

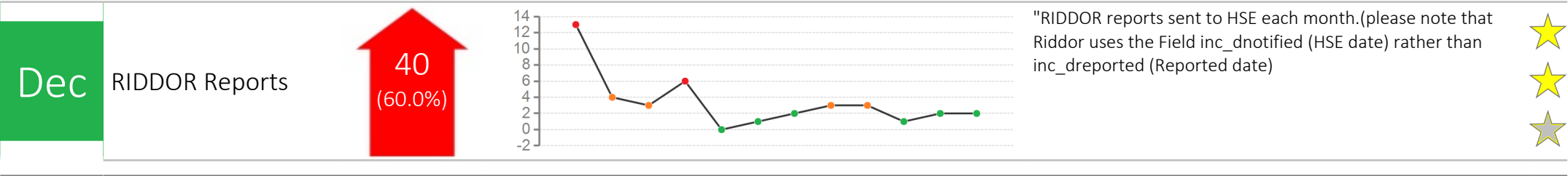
The impact of Covid-19 has paused the NHS business planning process nationally. Nationally-mandated interim financial regime and contracting arrangements are in place for 2020/21.

The Trust has identified £3.6m of additional costs due to Covid-19 in December along with lost income of £0.5m, bringing the total financial impact of Covid-19 to £44.7m for the year-to-date.

The Trust's cash balance at the end of December was £72m which was £69m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in advance.

Strategic Theme: Health & Safety

Health & Safety 1



Highlights and Actions:

There were 2 RIDDOR reportable incidents for November;

1 was the result of a staff member falling upstairs and injuring their torso and arm.

1 was the result of stock falling onto a staff members forearm both injuries did not result in a fracture but met the criteria due to the length of sickness taken as a result of the injury.

Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	100 %
	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 %
Beds	Bed Occupancy (%)	This metric looks at the number of beds the Trust has utilised over the month. 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 (%)	(Replaced by M_00122) % of Inpatients discharged before midday	>= 35	10 %
	IP Spells with 3+ Ward Moves	Total Patients with 3 or more Ward Moves in Spell	Lower is Better	
Cancer	Cancer: 2ww (All) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)	>= 93	10 %
	Cancer: 2ww (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %
	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %
	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %
	Cancer: 62d (GP Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	>= 85	50 %
	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %

Clinical Outcomes	Audit of WHO Checklist %	Driven from data brought as part of RP00109. 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.	>= 85	5 %
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is according to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <15	15 %
	Stroke BPT Achievement %	Percentage of activity achieving the Stroke Best Practice Tariff		
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 %
Demand vs Capacity	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	>= 0 & <7	
	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 & <2.13	
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 (Trust Only)	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.	>= 5	20 %
	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.	>= Plan	30 %
Health & Safety	RIDDOR Reports	"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 %

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 closed within 6 weeks (%)	Percentage of Clinical Incidents closed within 6 weeks		
	Clinical Incidents: Minimal Harm	Number of Clinical Incidents resulting in Minimal Harm		
	Clinical Incidents: Moderate Harm	Number of Clinical Incidents resulting in Moderate Harm		
	Clinical Incidents: No Harm	Number of Clinical Incidents resulting in No Harm		
	Clinical Incidents: Severe Harm	Number of Clinical Incidents resulting in Severe Harm		
	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 %
	Harms per 1000 bed days	Harms per 1000 bed days for the wards included in the discontinued Safety Thermometer. Harms included: Fall (with harm) & Presure Ulcers	>= 0 & <10	
	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 category ¾ 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 %
Infection	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."		
	Serious Incidents Open	Number of Serious Incidents currently open according to Datix		
	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)."		
	Cases of C.Diff (per month)	Cases of C.Diff		

Infection	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 %
	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 %
	MSSA	"The total number of MSSA bacteraemia recorded, post 48hrs.	>= 0 & <1	10 %
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 Dr Foster, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores the number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.	>= 0 & <106	35 %
	SHMI	"Summary Hospital Mortality Indicator (SHMI) as reported via HSCIC includes in hospital and out of hospital deaths within 30 days of discharge. Latest quarter identifies last reported 12 month period. Please note this metric has recently been changed to reflect HSCIC, not CHKS. Arrow indicates average of last 12 months data."	>= 0 & <0.95	15 %
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: Not Recommended (%)	A&E FFT: Not Recommended (%)		
	A&E FFT: Recommended (%)	A&E FFT: Recommended (%)		
	A&E FFT: Response Rate (%)	A&E FFT: Response Rate (%)		
	AE Mental Health Referrals	A&E Mental Health Referrals		
	Complaints acknowledged within 3 working days	Complaints acknowledged within 3 working days (%)		
	Complaints Closed within 30 Working Days or Agreed Extension (%)	Percentage of complaints closed within the 30 working day target (or an agreed extension)		
	Complaints Closed within 45 Working Days or Agreed Extension (%)	Percentage of complaints closed within the 45 working day target (or an agreed extension)		
	Complaints Open < 31 Days (M/End)	Number of Complaints open for less than 30 days as at the last day of the month (snapshot)		
	Complaints Open > 90 Days (M/End)	Number of Complaints open for more than 90 days as at the last day of the month (snapshot)		

Patient Experience

Complaints Open 31 - 60 Days (M/End)	Number of Complaints open for between 31 and 60 days as at the last day of the month (snapshot)		
Complaints Open 61 - 90 Days (M/End)	Number of Complaints open for between 61 and 90 days as at the last day of the month (snapshot)		
Complaints received with a 30 Day time frame agreed	Number of complaints received with an agreed time frame of 30 days		
Complaints received with a 45 Day time frame agreed	Number of complaints received with a agreed time frame of 45 days		
Compliments	Number of compliments received	>= 1	
First Returner Complaints	Number of complaints returned by date of return		4 %
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 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 %
Maternity FFT: Not Recommended (%)	Maternity FFT: Not Recommended (%)		
Maternity FFT: Recommended (%)	Maternity FFT: Recommended (%)		
Maternity FFT: Response Rate (%)	Maternity FFT: Response Rate (%)		
Mixed Sex Breaches	"Number of patients experiencing mixed sex accommodation due to non-clinical reasons (un-justifiable). 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 %
Number of Complaints	The number of Complaints recorded for new complaints only (not returning complaints). Data source - DATIX		
Number of PALS Received	"The number of concerns recorded per ward via the PALS department. Data source - Datix."		
PHSO Complaints	Number of PHSO complaints received		
Second Returner Complaints	Number of Second Returner Complaints received by date of returned complaint received		

Productivity	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.	Lower is Better	
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.	Lower is Better	
	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 %
	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 %
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	1:1 Care in labour	The number of women in labour compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 99 & <99	
	Agency %	% of temporary (Agency and Bank) staff of the total WTE	>= 0 & <10	
	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 %
	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.		
	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 %
	Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivalent midwives per month (total midwife staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 0 & <28	2 %
	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 %
	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 %

Staffing	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 %
	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."	>= 0 & <10	15 %
	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	
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 %
	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

- Not captured on an electronic system, no assurance process, data is not robust
- Data is either not captured on an electronic system or via a manual feeder sheet, does not follow an assured process, or not validated/reconciled
- Data captured on electronic system with direct feed, data has an assured process, data is validated/reconciled

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	11 FEBRUARY 2021
REPORT TITLE:	STRATEGIC RISKS REPORT
BOARD SPONSOR:	GROUP COMPANY SECRETARY
PAPER AUTHOR:	RISK MANAGER
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: BOARD ASSURANCE FRAMEWORK RISK REGISTER DATED 3 FEBRUARY 2021 APPENDIX 2: CORPORATE RISK REGISTER (RISKS OUTSIDE OF RISK APPETITE) DATED 3 FEBRUARY 2021

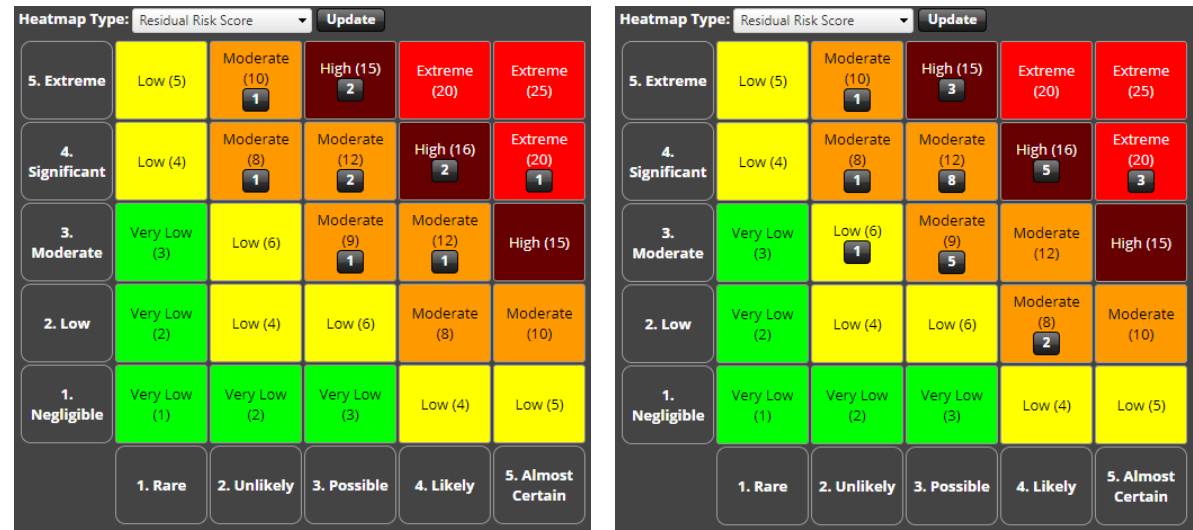
BACKGROUND AND EXECUTIVE SUMMARY

This report provides the Board of Directors with an update of the full Board Assurance Framework Risk Register. The full Board Assurance Framework Risk Register and the risks outside of the risk appetite on the Corporate Risk Register were last reviewed by the Board on 14 January 2021. The highest mitigated risks on the Board Assurance Framework and Corporate Risk Registers were last reviewed by the Integrated Audit and Governance Committee (IAGC) on 24 November 2020.

Monthly meetings are being held with the responsible Executive Lead to review the scoring, actions and the specific wording for each strategic and corporate risk.



Current Risk Register Heat Map (by Residual risk score)

Board Assurance Framework Risks (11) Corporate Risks (29)



Key Changes to the Board Assurance Framework and Corporate Risk Registers
Board Assurance Framework Risk Register
Changes to residual risk scores

- The changes to residual risk scores during the period under review are presented in the table below. The text in italics in the risk title column summarises the rationale for the change:

Risk Ref.	Risk Title	Residual Score Dec 20	Residual Score Jan 21	Direction of travel	Target Score
BAF 24	If leadership and management is not effective staff may not be engaged to deliver a high quality, caring service <i>The likelihood of this risk occurring has increased, additional actions have been identified.</i>	12 Moderate	20 Extreme		8 Moderate
BAF 8	Inability to attract, recruit and retain high calibre staff (substantive) to the Trust <i>The likelihood of this risk occurring has increased due to delays in recruitment of overseas staff.</i>	10 Moderate	15 High		5 Low

Risks approved for closure on the Board Assurance Framework Risk Register

- There were no risks proposed for closure on the Board Assurance Framework Risk Register in January 2021.

BAF 17 – Risk to safety, quality and experience as a result of not achieving the strategic objectives has been closed. Risks to the delivery of We Care and True North will be established and escalated.

BAF 21 – Due to lack of capacity in tertiary centre patients may breach the 62 day standard waiting on diagnostic or treatment has been de-escalated to the Cancer Care Group risk register as this risk is being monitored as part of the tertiary centre Patient Tracking List (PTL). Cancer targets are being met across the board.

New risks added to the Board Assurance Framework Risk Register

- There were no new risks added to the Board Assurance Framework Risk Register in January 2021.

Corporate Risk Register
Risks outside of Trust risk appetite

- There are three risks on the Corporate Risk Register that are outside of the Trust's risk appetite.
- CRR 103 – Inability to offer full Occupational Health (OH) service while support Covid

vaccine rollout. Actions to address include recruitment of a temporary workforce to deliver the Covid vaccine rollout.

6. CRR 85 – Increased demand for emergency patients with a mental health issue. The risk rating remains as is despite controls in place due to the number of mental health patients attending the emergency department.
7. CRR 87 – Risk that patients will contract hospital acquired Covid-19 infections. The likelihood of this risk occurring has increased due to the number of hospital acquired Covid infections.

Key issues for the Board of Directors attention and/or discussion

8. There no further issues for the Board of Directors attention and/or discussion.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	As outlined in the appendices attached.
LINKS TO STRATEGIC OBJECTIVES:	We care about... <ul style="list-style-type: none"> • Our patients; • Our people; • Our future; • Our sustainability; • Our quality and safety.
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	This paper provides an update on the Board Assurance Framework Risks to the Trust and the risks on the Corporate Risk Register that sit outside the Trust's risk appetite.
RESOURCE IMPLICATIONS:	None specifically identified other than in the Risk Registers.
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	None
SUBSIDIARY IMPLICATIONS:	This paper does not have an impact on the business of any of the Trust Subsidiary Companies. The companies manage their risks separately to the Trust.
PRIVACY IMPACT ASSESSMENT: NO	EQUALITY IMPACT ASSESSMENT: NO

RECOMMENDATIONS AND ACTION REQUIRED:







The Board of Directors are invited to:

1. Review the Board Assurance Framework Risk Register and 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.

Board Assurance Framework Risks Report (By
Residual Risk Ranking)

Report Date	03 Feb 2021
Comparison Date	In the past 30 Day(s)




Board Assurance Framework Risks Report (By Residual Risk Ranking)

Risk Ref	Created Date	Risk Title	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Progress Notes	Target Risk Score
BAF 24	10 Jun 2019	If leadership and management is not effective staff may not be engaged to deliver a high quality, caring service Risk Owner: Andrea Ashman Delegated Risk Owner: Last Updated: 05 Jan 2021 Latest Review Date: 22 Jan 2021 Latest Review By: Rhiannon Adey Latest Review Comments: Risk reviewed with Assistant Director Learning & OD. Action updated.	Cause Insufficient targeted/specific learning and development for new managers Changes to Care Group structures have produced able people new to management positions Effect Poor standard of care High turnover Poor recruitment Lack of staff engagement	A great place to work - Making the Trust a great place to work for our current and future staff	I = 4 L = 5 Extreme (20) 	Freedom to speak up guardians meet monthly with Director of HR Control Owner: Andrea Ashman	Adequate	I = 4 L = 5 Extreme (20) 	To finalise the Trust-wide leadership competency framework which will be the basis of a comprehensive diagnostic and structured development / assessment programme. Person Responsible: Jane Waters To be implemented by: 29 Jan 2021	22 Jan 2021 Draft framework developed and feedback has been sought. This will be ready to go when appropriate given current operational pressures within the Trust.	I = 4 L = 2 Moderate (8) 
						Guidance and toolkits Control Owner: Andrea Ashman	Adequate				
						Leadership Development Plans and targeted development plans for individuals in place Control Owner: Andrea Ashman	Adequate				
						Leadership diagnostics Control Owner: Andrea Ashman	Adequate				
						Staff Survey local action plans Control Owner: Andrea Ashman	Adequate				
						Team Talk sessions Control Owner: Andrea Ashman	Adequate				
BAF 19	07 Jun 2019	The Trust may not be able to offer patients appointments for treatment within the 52 week standard. Risk Owner: Rebecca Carlton Delegated Risk Owner: Last Updated: 07 Jan 2021 Latest Review Date: 12 Jan 2021 Latest Review By: Rhiannon Adey Latest Review Comments: Risk reviewed with Acting COO. Action updated.	Cause The suspension of services during the covid-19 pandemic causing a backlog of patients and limited capacity to reduce the backlog and maintain social distancing Effect Increased risk of patient harm due to the length of time patients are waiting for treatment	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	I = 4 L = 4 High (16) 	52ww - Monthly monitoring via the Executive Performance Reviews Control Owner: Rebecca Carlton	Adequate	I = 4 L = 4 High (16) 	Maximising use of independent sector. Review of surge capacity and how to maximise productivity. Review of outpatient areas to increase virtual outpatient appointments and safe attendance to face to face outpatient clinics. Maximise other capacity via CCG i.e. GP practices and treatment rooms. Provide advice and guidance to GPs to prevent patients being added to waiting lists. Person Responsible: Rebecca Carlton To be implemented by: 31 Mar 2021	12 Jan 2021 No elective work currently being undertaken. The independent sector continue to provide urgent electives and cancer surgery, however this situation may change due to the number of covid patients within the hospitals.	I = 4 L = 2 Moderate (8) 
						Clinical review of patient risk conducted by the Care Groups Control Owner: Rebecca Carlton	Adequate				
						Daily performance reporting via the Planned Care Report, which is sent to the COO, Deputy COO, Director of Performance and all Operational Directors, General Managers, Service Managers Control Owner: Karen Rowland	Adequate				
						Effective communication with external stakeholders and patients regarding waiting list policy Control Owner: Rebecca Carlton	Adequate				
						Live reporting via RTT App on all Directors and General Managers telephone and is also available on iPads, laptop and desktop computers Control Owner: Rebecca Carlton	Adequate				
						Revised Access Policy ratified by CEMG and published Control Owner: Karen Rowland	Adequate				
						Weekly monitoring at the PTL meeting which is Chaired by the Chief Operating Officer and attended by the Deputy COO for Elective Care, Director of Performance and the Operations Directors and their General Managers Control Owner: Rebecca Carlton	Adequate				

Board Assurance Framework Risks Report (By Residual Risk Ranking)

Risk Ref	Created Date	Risk Title	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Progress Notes	Target Risk Score
BAF 4	20 Jan 2016	<p>Estate Condition - Unable to implement improvements in the Estate across the Trust to ensure long term quality of patient facilities</p> <p>Risk Owner: Elizabeth Shutler Delegated Risk Owner: Marion Clayton Last Updated: 06 Nov 2020 Latest Review Date: 18 Jan 2021 Latest Review By: Lee Foster Latest Review Comments: Statutory compliance funding agreed, £1million agreed over next 3 years for 90% compliance. This is for backlog maintenance. Funding has been agreed and gone to 2gether.</p> <p>We have been provided £1.6million funding for PEIC and we are on track to spend the £1.6m and £2.2m by this financial year.</p> <p>This is on target to spend the agreed funding that has been allocated by the end of the financial year. A case study has been submitted to deputy CEO from Northern Care Alliance, which describes their process working with NHS Trust's to identify estate issues which impact the delivery of clinical services I.E. prioritising those areas. £66k cost and to be spent in next financial year.</p> <p>Due to the COVID pandemic, certain parts of the ED transformation works have been put on hold. We are therefore not going to be able to spend all of the funding.</p>	<p>Cause</p> <ul style="list-style-type: none"> - Backlog of work (£120 million); - The financial constraint on capital funding; - The sheer volume and extent of work required <p>Effect</p> <ul style="list-style-type: none"> - Resulting in poor patient and staff experience - Adverse effects during extreme weather conditions (e.g. leaking roofs; burst pipes leading to water supply shortage; injury to staff/patients) - Potential breaches to health & safety standards and legislation - Inefficiencies and difficulties in moving forward with providing services of the future such as the Clinical Strategy 	Delivering our future - Transforming the way we provide services across east Kent, enabling the whole system to offer excellent integrated services	I = 4 L = 5 Extreme (20)	A 6 facet estates survey has been undertaken which will be used as a benchmark to prioritise backlog maintenance requirements. Control Owner: Elizabeth Shutler	Adequate	I = 4 L = 4 High (16)	<p>Use the 6 facet survey to identify areas that can be funded via the PEIC programme for 2020/21</p> <p>Person Responsible: Marion Clayton To be implemented by: 31 Mar 2021</p> <p>To use 6 facet survey to prioritise Trust capital expenditure and STP capital requirements across Kent and Medway</p> <p>Person Responsible: Elizabeth Shutler To be implemented by: 31 Mar 2021</p> <p>Request further emergency capital from the centre for 2020/21 financial year</p> <p>Person Responsible: Elizabeth Shutler To be implemented by: 31 Mar 2021</p>	<p>18 Jan 2021</p> <p>This is on target to spend the agreed funding that has been allocated by the end of the financial year. A case study has been submitted to deputy CEO from Northern Care Alliance, which describes their process working with NHS Trust's to identify estate issues which impact the delivery of clinical services I.E. prioritising those areas. £66k cost and to be spent in next financial year.</p> <p>18 Jan 2021</p> <p>Due to the COVID pandemic, certain parts of the ED transformation works have been put on hold. We are therefore not going to be able to spend all of the funding.</p> <p>18 Jan 2021</p> <p>Statutory compliance funding agreed, £1million agreed over next 3 years for 90% compliance. This is for backlog maintenance. Funding has been agreed and gone to 2gether.</p> <p>We have also been provided £1.6million funding for PEIC and we are on track to spend the £1.6m and £2.2m by this financial year.</p>	I = 3 L = 2 Low (6)
						Prioritisation exercise for capital spend has been completed to ensure resources are used in the most effective / efficient way Control Owner: Elizabeth Shutler	Adequate				
						Prioritised Patients Environment Investment Committee (PEIC) action plan in place for 2020/21. Control Owner: Elizabeth Shutler	Adequate				
						Statutory Compliance Audit dashboard in place Control Owner: Elizabeth Shutler	Adequate				
BAF 26	10 Jun 2019	<p>The Trust will be unable to make the changes to services needed if the Pre-Consultation Business Case (PCBC) is not signed off by external bodies</p> <p>Risk Owner: Elizabeth Shutler Delegated Risk Owner: Nicky Bentley Last Updated: 26 Nov 2019 Latest Review Date: 07 Jan 2021 Latest Review By: Lee Foster Latest Review Comments: The Stage 2 Assurance process has taken place with NHSE/I and the Trust is awaiting formal feedback therefore the risk position remains unchanged.</p>	<p>Cause</p> <p>Requirement for the PCBC to be signed off by external bodies</p> <p>Effect</p> <p>The Trust will not be able to make changes due to lack of capital</p>	Delivering our future - Transforming the way we provide services across east Kent, enabling the whole system to offer excellent integrated services	I = 5 L = 4 Extreme (20)	PCBC submitted Control Owner: Nicky Bentley	Adequate	I = 5 L = 3 High (15)	<p>Until the PCBC is signed off the Trust will review service design in light of COVID-19 pandemic and potential moves/ modifications to ensure safe service delivery</p> <p>Person Responsible: Susan Acott To be implemented by: 29 Jan 2021</p>	<p>11 Jan 2021</p> <p>Service design is reviewed at each meeting of the Gold Committee and changes made as appropriate. Implementation date reviewed to end Jan, sign off of PCBC expected by this date and actions will be revised accordingly.</p>	I = 5 L = 2 Moderate (10)
						STP Governance Process Control Owner: Elizabeth Shutler	Adequate				
						STP system leaders group Control Owner: Elizabeth Shutler	Adequate				

Board Assurance Framework Risks Report (By Residual Risk Ranking)

Risk Ref	Created Date	Risk Title	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Progress Notes	Target Risk Score
BAF 8	23 Feb 2016	Inability to attract, recruit and retain high calibre staff (substantive) to the Trust Risk Owner: Andrea Ashman Delegated Risk Owner: Louise Goldup Last Updated: 05 Jan 2021 Latest Review Date: 01 Feb 2021 Latest Review By: Louise Goldup Latest Review Comments: ITU holding weekly meetings GSM engagement through HRBP and identification of true vacancies taking place	Cause * It is widely known that there is a national shortage of healthcare staff in specific occupational groups / specialities. * It is a highly competitive recruitment market for these hard to fill roles, * Potential negative impact of Brexit * The Trust progressing the work on its finances under the financial special measures regime, cultural issues identified in the CQC inspection * Proximity to London has impacted on the ability to attract and retain high calibre staff. * QE geographical location impacting on recruitment of staff * Increase in staff turnover due to retirement and voluntary resignation (exit interview suggests retirement accounts for 25% of turnover figures) * Uncertainty due to the STP plans * Increase in service demand * Potential negative impact that may arise from the publication of the Staff Survey Results. * Reputation of some medical specialities * Split site organisation increases the intensity of on call rotas Effect * Potential negative impact on patient outcomes and experience * High agency spend - potential breach of NHSI agency cap * Financial loss * Reputational damage * Negative impact on staff health and wellbeing * Increase in stress levels and anxiety in key staff groups * Patient safety * Service delivery * Turnover * Unsafe staffing * Overtime * Withdrawal of GMC support	A great place to work - Making the Trust a great place to work for our current and future staff	I = 5 L = 5 Extreme (25) 	The Trust has a plan in place that supports the retention of newly qualified nursing staff locally. Control Owner: Tara Laybourne	Adequate	I = 5 L = 3 High (15) 	Hard to recruit task and finish group for ITU, UTC and GSM to be established Person Responsible: Louise Goldup To be implemented by: 31 Dec 2021	28 Jan 2021 Weekly ITU meetings taking place with clear actions GSM engagement escalated - LG met HRBP Jan to discuss vacancies and next steps	I = 5 L = 1 Low (5) 
						Care Group Great Place to Work Action Plans in place Control Owner: Jane Waters	Adequate				
						Hard to recruit plan in place and being implemented Control Owner: Louise Goldup	Adequate				
						Implementation of retention plan as agreed with the Strategic Workforce Committee Control Owner: Andrea Ashman	Adequate				
						Occupation Health run a series of Mindfulness and Resilience and One to One Counselling (including active referrals) Control Owner: Emma Palmer	Adequate				
						People Strategy published Control Owner: Andrea Ashman	Adequate				
						Revised recruitment process has been implemented Control Owner: Andrea Ashman	Adequate				
						Staff Performance Appraisals in place Control Owner: Jane Waters	Adequate				
						Training plans in place in each Care Group / corporate area that supports staff development. Control Owner: Andrea Ashman	Adequate				







Board Assurance Framework Risks Report (By Residual Risk Ranking)

Risk Ref	Created Date	Risk Title	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Progress Notes	Target Risk Score
BAF 22	07 Jun 2019	Urgent Treatment Centre may not become established and result in increased demand to ED Risk Owner: Rebecca Carlton Delegated Risk Owner: Last Updated: 04 Dec 2020 Latest Review Date: 12 Jan 2021 Latest Review By: Rhiannon Adey Latest Review Comments: Risk reviewed with COO. UTC model is now embedded, UTC delivering 45% of activity as planned. Risk will be recommended for closure.	Cause Lack of engagement between the CCG, GP colleagues and EKHUFT clinicians Lack of appropriate accommodation at the acute hospital site Effect Increased demand to ED Delivery of the 4 hour Emergency Access Standard Reduced workforce in ED Increased cost of service provision Increased attendance across the health economy	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	I = 4 L = 5 Extreme (20) <div><div></div><div></div></div>	A&E Delivery Board, attended by the CEO and senior Executives from whole health economy have agreed to support the development of UTC Control Owner: Rebecca Carlton	Adequate	I = 4 L = 3 Moderate (12) <div><div></div><div></div></div>	Person Responsible: To be implemented by:		I = 4 L = 3 Moderate (12) <div><div></div><div></div></div>
						CCG review with Alliance Board to ensure implementation on schedule Control Owner: Rebecca Carlton	Adequate				
						Clinicians from Primary Care and EKHUFT have been meeting for over a year to build strong working relationships and a commitment to develop an integrated UTC Control Owner: Rebecca Carlton	Adequate				
						ED Improvement Plan in place Control Owner: Rebecca Carlton	Adequate				
						Senior management support has been identified to support the project Control Owner: Rebecca Carlton	Adequate				
						The project is being monitored monthly through the Local Care implementation group meetings Control Owner: Rebecca Carlton	Adequate				
BAF 18	07 Jun 2019	Integrated respiratory pathways will not be developed to enable patients to be managed in the community setting Risk Owner: Rebecca Carlton Delegated Risk Owner: Last Updated: 04 Dec 2020 Latest Review Date: 12 Jan 2021 Latest Review By: Rhiannon Adey Latest Review Comments: Risk reviewed with Acting COO. Work on current respiratory pathways promote learning post covid.	Cause Potential lack of engagement from primary and secondary care clinicians (GP/Respiratory CNS/EKHUFT Consultant and Specialist nurses) Effect Patients with a respiratory condition presenting to the ED and putting deliver of the 4 hour Emergency Access Standard at risk and increasing the risk of admission Risk to patient of contracting a hospital acquired infection or deconditioning resulting in increased length of stay.	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	I = 3 L = 4 Moderate (12) <div><div></div><div></div></div>	Local care plan is an integrated plan which includes an integrated respiratory pathway which has been signed up to by the local health economy and led by the CCG Control Owner: Rebecca Carlton	Adequate	I = 3 L = 4 Moderate (12) <div><div></div><div></div></div>	Daily monitoring of activity through respiratory pathway Person Responsible: Rebecca Carlton To be implemented by: 26 Feb 2021	12 Jan 2021 Action amended from weekly to daily monitoring of respiratory pathways, implementation date extended due to current covid pressure.	I = 3 L = 2 Low (6) <div><div></div><div></div></div>

Board Assurance Framework Risks Report (By Residual Risk Ranking)

Risk Ref	Created Date	Risk Title	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Progress Notes	Target Risk Score
BAF 29	10 Jun 2019	<p>If the Trust does not develop a positive and inclusive culture this will impact its ability to recruit and retain staff with the right skills</p> <p>Risk Owner: Andrea Ashman</p> <p>Delegated Risk Owner:</p> <p>Last Updated: 26 Apr 2020</p> <p>Latest Review Date: 06 Jan 2021</p> <p>Latest Review By: Rhiannon Adey</p> <p>Latest Review Comments: Risk reviewed with Director of HR. Additional actions added.</p>	<p>Cause Changes in structures and processes Lack of training and development for new leaders Values not sufficiently well embedded over a period of some years</p> <p>Effect Staff are disaffected and disengaged and seek alternative employment</p>	<p>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</p>	<p>I = 4 L = 4 High (16)</p> <div><div></div><div></div></div>	Ambassadors for Freedom to Speak Up Control Owner: Michelle Webb	Adequate	<p>I = 4 L = 3 Moderate (12)</p> <div><div></div><div></div></div>	Business case to be submitted to SIG and charitable funds for support for wellbeing programme Person Responsible: Andrea Ashman To be implemented by: 26 Feb 2021	<p>05 Jan 2021 New action added 05 January 2021</p>	<p>I = 4 L = 2 Moderate (8)</p> <div><div></div><div></div></div>
						Annual Staff Survey Control Owner: Andrea Ashman	Substantial		Sustained programme of activity to promote nine protected characteristics Person Responsible: Bruce Campion-Smith To be implemented by: 31 Dec 2021		
						Executive sponsor in place for each of the staff networks Control Owner: Bruce Campion-Smith	Adequate		Deliver targeted cultural improvement programme Person Responsible: Jane Waters To be implemented by: 29 Apr 2022		
						Health and Wellbeing support provided for staff during and post COVID-19 pandemic Control Owner: Andrea Ashman	Adequate				
						HR and Communications have developed a leaders weekly communication to support the restore and recovery programme which includes support and advice on developing an inclusive culture Control Owner: Andrea Ashman	Adequate				
						Leadership development programme in place Control Owner: Andrea Ashman	Adequate				
						Occupational Health service provide one to one support Control Owner: Andrea Ashman	Adequate				
						People Strategy developed and available on Trust website Control Owner: Andrea Ashman	Adequate				
						Staff Networks in place Control Owner: Andrea Ashman	Adequate				

Board Assurance Framework Risks Report (By Residual Risk Ranking)

Risk Ref	Created Date	Risk Title	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Progress Notes	Target Risk Score
BAF 23	10 Jun 2019	Integrated frailty pathways cannot be agreed resulting in patients being treated in a traditional hospital based service Risk Owner: Rebecca Carlton Delegated Risk Owner: Last Updated: 04 Dec 2020 Latest Review Date: 12 Jan 2021 Latest Review By: Rhiannon Adey Latest Review Comments: Risk reviewed with Acting COO. Action updated.	Cause Consultant geriatrician vacancies Lack of consultant engagement Effect Patients will be admitted and risk decompensating rather than have access to integrated ambulatory and community pathways Adding pressure to bed base Patients decompensating	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	I = 5 L = 3 High (15) 	A joint clinical lead has been appointed to lead the service Control Owner: Rebecca Carlton	Adequate	I = 5 L = 2 Moderate (10) 	Implement frailty units at WHH and QEQM Person Responsible: Rebecca Carlton To be implemented by: 26 Feb 2021	12 Jan 2021 Frailty unit was delivered at WHH prior to the second wave of the pandemic. Work on the frailty unit at QEQM has been suspended for the current time. Action implementation date amended to end February to reflect this.	I = 5 L = 1 Low (5) 
						A&E Delivery Board, attended by the CEO and senior Executives from whole health economy have agreed to support the development of UTC Control Owner: Rebecca Carlton	Adequate				
						Clinicians from Primary Care and EKHUFT have been meeting for over a year to build strong working relationships and a commitment to develop an integrated frailty service. Control Owner: Rebecca Carlton	Adequate				
						Length of Stay (LOS) Improvement Plan in place Control Owner: Rebecca Carlton	Adequate				
						Monthly steering group in place Control Owner: Natalie Acheson	Adequate				
						Senior management support has been identified to support the project Control Owner: Rebecca Carlton	Adequate				
						The project is being monitored monthly through the Local Care implementation group meetings Control Owner: Elizabeth Shutler	Adequate				
BAF 30	26 May 2020	Failure to deliver full benefit of We Care improvement system Risk Owner: Susan Acott Delegated Risk Owner: Simon Hayward Last Updated: 04 Nov 2020 Latest Review Date: 07 Jan 2021 Latest Review By: Rhiannon Adey Latest Review Comments: Risk reviewed. Progress provided against actions and action closed.	Cause Time to dedicate to improvement plan whilst in recovery phase of COVID-19 pandemic Engagement with improvement plan Improvement system relies on face-to-face interaction which may be hindered by the need to social distance Skills of the internal team to deliver in house Effect Improvement plan will fail to deliver Sub-optimal implementation Financial impact HR impact Reputational risk	Delivering our future - Transforming the way we provide services across east Kent, enabling the whole system to offer excellent integrated services	I = 3 L = 4 Moderate (12) 	Coaching and mentoring in place for Care Group Leadership teams Control Owner: Simon Hayward	Limited	I = 3 L = 3 Moderate (9) 	Incorporate improvement plan in to Organisational Strategy Person Responsible: Elizabeth Shutler To be implemented by: 26 Feb 2021	07 Jan 2021 1st draft of 2 year improvement plan complete with sign off expected in February	I = 3 L = 2 Low (6) 
						Communication and Engagement workstream in place Control Owner: Natalie Yost	Adequate				
						Resource required clearly articulated with Executive Leads for each workstream. Control Owner: Susan Acott	Adequate				
						Roles for delivery agreed with a consultation undertaken of internal improvement team structure Control Owner: Simon Hayward	Adequate				
						System chosen has been proven to work at similar NHS Trusts and in international healthcare systems e.g. USA, Canada, Iceland Control Owner: Simon Hayward	Adequate				
									Ensure language used is appropriate to increase engagement Person Responsible: Natalie Yost To be implemented by: 31 Mar 2021	07 Jan 2021 This is ongoing currently. Communications supporting the team when we have messages to go out and Director of Communications and Engagement heavily involved in the language and structure of the Improvement Plan.	

Board Assurance Framework Risks Report (By Residual Risk Ranking)

Risk Ref	Created Date	Risk Title	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Progress Notes	Target Risk Score
BAF 27	10 Jun 2019	If there are multiple change programmes ongoing there is a risk that the Trust will not have the capacity to successfully deliver the T3 programme Risk Owner: Elizabeth Shutler Delegated Risk Owner: Andy Barker Last Updated: 10 Jul 2020 Latest Review Date: 18 Dec 2020 Latest Review By: Robert Nelson Latest Review Comments: Order Comms & Emergency Department modules now Live. No concurrent change implementation had an adverse effect on these go lives. Future go-live timescales are currently being reviewed. The action has been extended to cover the expected final module go-live.	Cause Multiple change programmes Effect Staff time and capacity to focus on all projects	Delivering our future - Transforming the way we provide services across east Kent, enabling the whole system to offer excellent integrated services	I = 4 L = 4 High (16) <div><div></div><div></div></div>	East Kent Digital Strategy Group chaired by Director of IT Control Owner: Andy Barker	Adequate	I = 4 L = 2 Moderate (8) <div><div></div><div></div></div>	Escalate any identified implementation conflict initially at SMT. This is an ongoing action leading up to T3 go live. Person Responsible: Andy Barker To be implemented by: 30 Dec 2021	18 Dec 2020 Order Comms & Emergency Department now live. No impact from competing change activity. Action implementation date extended to Dec 2021 to accommodate all T3 modules	I = 4 L = 1 Low (4) <div><div></div><div></div></div>
						External audit of capacity and capability undertaken Control Owner: Elizabeth Shutler	Substantial				
						Governance sign off by Finance and Performance Committee and Trust Board Control Owner: Elizabeth Shutler	Adequate				
						IDG Oversight of whole IT Programme Control Owner: Andy Barker	Adequate				
						Internal T3 Programme Board with Executive membership Control Owner: Elizabeth Shutler	Adequate				
						T3 clinical group Control Owner: Rebecca Martin	Adequate				
						T3 Programme governance structure in place reporting to CEMG Control Owner: Elizabeth Shutler	Adequate				




Corporate Risk Register Report (By Residual Risk Ranking)

Report Date	03 Feb 2021
Comparison Date	In the past 30 Day(s)

Corporate Risk Register Report (By Residual Risk Ranking)

Risk Ref	Created Date	Risk Title	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Progress Notes	Target Risk Score
CRR 103	05 Jan 2021	Inability to offer full OH service while supporting Covid vaccine rollout Risk Owner: Andrea Ashman Delegated Risk Owner: Pauline Treadwell Last Updated: 20 Jan 2021 Latest Review Date: Latest Review By: Latest Review Comments:	Cause Lack of capacity within occupational health service to deliver both the Covid vaccine rollout and a full occupational health service Effect Lack of effective occupational health service	A great place to work - Making the Trust a great place to work for our current and future staff	I = 4 L = 5 Extreme (20) <div><div></div><div></div></div>	Reprioritise via Gold Committee Control Owner: Andrea Ashman		I = 4 L = 5 Extreme (20) <div><div></div><div></div></div>	Recruiting temporary workforce to support vaccination programme Person Responsible: Elisa Steele To be implemented by: 26 Feb 2021	01 Feb 2021 Successfully recruited volunteers on to a rota to support vaccination delivery. Staff currently undergoing training.	I = 4 L = 3 Moderate (12) <div><div></div><div></div></div>
CRR 85	22 Jun 2020	Increased demand for emergency patients with a mental health issue since the covid-19 pandemic Risk Owner: Rebecca Carlton Delegated Risk Owner: Last Updated: 04 Dec 2020 Latest Review Date: 12 Jan 2021 Latest Review By: Rhiannon Adey Latest Review Comments: Risk reviewed with Acting COO. Currently working with mental health partners. Dedicated transport. Psychiatric liaison/CAMHS numbers shared twice daily as part of SITREP.	Cause Increased demand from patients known to mental health services, new patients and CAMHS patients needing mental health services due to social isolation and anxiety caused by pandemic Effect Increased patients attending emergency department Increased harm to patients Reputational risk Increased harm to staff Increased demand for safeguarding, security and police presence	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	I = 4 L = 5 Extreme (20) <div><div></div><div></div></div>	Additional mental health care support workers to help manage patients Control Owner: Julia Bournes	Adequate	I = 4 L = 5 Extreme (20) <div><div></div><div></div></div>	Increase in Maybo training for all staff in ED Person Responsible: Jane Christmas To be implemented by: 29 Jan 2021	30 Nov 2020 Action added 30 November 2020.	I = 4 L = 4 High (16) <div><div></div><div></div></div>
						Dedicated security in ED observation bays and department 24/7 to support staff Control Owner: Victoria Harrison	Adequate		Mental health pathway redesign and exploration of mental health lounge Person Responsible: Rebecca Carlton To be implemented by: 31 Mar 2021	12 Jan 2021 Discussion is on-going regarding the development of a mental health lounge. Mental Health Liaison Group due to meet this week to discuss.	
						Director level escalation to KMPT Control Owner: Rebecca Carlton	Adequate				
						Director level support at 8.30 huddle Control Owner: Rebecca Carlton	Adequate		Hospital triumvirate to monitor and escalate on a daily basis to senior managers in KMPT and CAMHS Person Responsible: Rebecca Carlton To be implemented by: 30 Apr 2021	12 Jan 2021 Twice daily calls with KMPT and CAMHS in place	
						Established specific review meeting to assess demand and actions taken to meet demand Control Owner: Julia Bournes	Adequate				
						Increased awareness in ED Control Owner: Julia Bournes	Adequate				
						Increased security response at front door to support Control Owner: Victoria Harrison	Adequate				
						Mental health has increased capacity to support community patients and also commenced mental health hubs virtually, which will become face to face in Canterbury and Dover in July Control Owner: Rebecca Carlton	Limited				
						Mental health liaison team working closely with ED team Control Owner: David Bogard	Adequate				
						Mental health steering committee have reviewed response and are receiving data on patient demand to enable specific response Control Owner: Rebecca Martin	Adequate				
						QEQM from October have been allocated three mental health nurses to meet growing demand Control Owner: Zoe Newman	Adequate				
						Site Medical Director facilitate patient transfers to appropriate providers Control Owner: Rebecca Martin	Adequate				
						Use of section 5(2) of the Mental Health Act where necessary Control Owner: Rebecca Martin	Adequate				

Corporate Risk Register Report (By Residual Risk Ranking)

Risk Ref	Created Date	Risk Title	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Progress Notes	Target Risk Score
CRR 87	27 Mar 2020	Risk that patients will contract hospital acquired COVID-19 infections Risk Owner: Sara Mumford Delegated Risk Owner: Last Updated: 01 Feb 2021 Latest Review Date: 22 Jan 2021 Latest Review By: Rhiannon Adey Latest Review Comments: Risk reviewed with Acting Chief Operating Officer. Progress provided against action.	Cause Transfer of patients between red and blue zones COVID-19 positive patients presenting as negative or asymptomatic False negative rate associated with swabbing Effect Transfer of COVID-19 infection Cross infection in the hospitals Multiple patient moves	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	I = 4 L = 5 Extreme (20) 	Additional leadership and resources to support infection control Control Owner: Sara Mumford	Limited	I = 4 L = 5 Extreme (20) 	Building work to be undertaken to ensure covid wards are compliant Person Responsible: Rebecca Carlton To be implemented by: 29 Jan 2021	22 Jan 2021 Building works complete at WHH. Awaiting doors to be installed on St Augustine's at QEQM which is expected to take place imminently.	I = 4 L = 3 Moderate (12) 
						Admissions policy Control Owner: Sara Mumford	Adequate				
						Asymptomatic testing protocol throughout stay Control Owner: Sally-Ann Hall	Adequate				
						Close working with 2gether Support Solutions to implement strict cleaning procedures for wards and departments Control Owner: Elizabeth Shutler	Adequate				
						Cohorting new admissions Control Owner: Sara Mumford	Adequate				
						Covid-19 testing protocol in place Control Owner: Sally-Ann Hall	Adequate				
						Deisolation protocol for known COVID patients Control Owner: Sara Mumford	Adequate				
						Hand gel/hand washing stations available at entrances Control Owner: Elizabeth Shutler	Adequate				
						Interim DIPC in place Control Owner: Sara Mumford	Adequate				
						Isolation facilities for Covid positive patients Control Owner: Sara Mumford	Limited				
						Limiting the number of patients in bays Control Owner: Tara Laybourne	Adequate				
						Managing patients clinically as per symptoms Control Owner: Rebecca Martin	Limited				
						Minimising and limiting the number of patient moves Control Owner: Julie Whittingham	Limited				
						Operational plan for use of red and blue streams Control Owner: Rebecca Carlton	Adequate				
						Patients moved to correct stream upon receipt of test results Control Owner: Rebecca Carlton	Adequate				
						Policy for Outbreak management to ensure rapid response to limit potential cross infection Control Owner: Sara Mumford	Adequate				
						PPE policies and Standard Operating Procedures Control Owner: Sara Mumford	Adequate				
						Provision of masks to patients and visitors Control Owner: Sara Mumford	Adequate				

Corporate Risk Register Report (By Residual Risk Ranking)

Risk Ref	Created Date	Risk Title	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Progress Notes	Target Risk Score
						Screening elective pre-admissions Control Owner: Sara Mumford	Adequate				
						Screening new admissions within PHE guidance Control Owner: Sara Mumford	Adequate				
						Sharing results to nursing homes, care homes and other hospitals on COVID status of patient transfers Control Owner: Rebecca Carlton	Adequate				
						Significant use of telephone and virtual clinics to reduce the number of people within the hospitals Control Owner: Christine Hudson	Adequate				
						Streaming patients on blue and red streams Control Owner: Rebecca Carlton	Adequate				
						Temperature checking at front door Control Owner: Sara Mumford	Adequate				

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	11 FEBRUARY 2021
REPORT TITLE:	CHIEF MEDICAL OFFICER'S REPORT
BOARD SPONSOR:	CHIEF MEDICAL OFFICER (CMO)
PAPER AUTHOR:	CMO
PURPOSE:	APPROVAL
APPENDICES:	APPENDIX 1: ETHICS COMMITTEE TERMS OF REFERENCE (ToR)

BACKGROUND AND EXECUTIVE SUMMARY

This report is providing the Board with an update on the Trust response to the Covid-19 pandemic and the impact of the new Kent variant, with a clinical need to expand critical care and non-invasive ventilation (NIV) bed capacity. The Trust introduced NIV multi-disciplinary team reviews to ensure care was regularly reviewed and was offered to patients where there was a clinical benefit. The Trust accepted and provided mutual aid to ensure critical care capacity was maintained within Kent and Medway (K&M).

Measuring outcomes in hospitals is complex but properly adjusted data from Imperial College shows our mortality metrics, Hospital Standardised Mortality Rate (HSMR) and Summary Level Hospital Mortality Index (SHMI), are 'as expected'. The updated risk adjusted mortality data for Covid-19 is now available up to October 2020 and is presented relative to other acute trusts in the south east region.

The report includes the Chair's report from the Covid Ethics Committee and the updated Terms of Reference to reflect changes to membership and are appended for approval (Appendix 1). The membership discussed how the Trust will take this work forwards through establishment of a Clinical Ethics Committee and has started work to review the purpose and membership of the future committee.

During the pandemic we have continued to actively recruit to consultant vacancies and since November 2020 an additional twelve substantive consultant appointments have been made.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	Care to be given equally on the basis of need as in the NHS Constitution.
LINKS TO STRATEGIC OBJECTIVES:	We care about... <ul style="list-style-type: none"> • Our patients; • Our people; • Our future; • Our sustainability; • Our quality and safety.
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	CRR 93 - Sufficient access to level 3 care due to COVID-19 pandemic.
RESOURCE IMPLICATIONS:	NONE

COMMITTEES WHO HAVE CONSIDERED THIS REPORT	Ethics Committee – 6 January 2021	
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 CMO report incorporating the Ethics Committee Chair report; and
- **APPROVE** the revised Terms of Reference for the Ethics Committee.

Covid -19

During December and January, the Trust has treated a significant number of Covid-19 patients with the peak inpatient number of 447 versus a wave one peak in April of 186 inpatients. With the new 'Kent' variant, in addition to higher patient numbers, we have seen higher numbers of staff absent through either sickness or a requirement to self-isolate through contact tracing. The combination of these has put a significant strain on remaining staff and a nationally agreed pause in planned activity.

During this period, we have seen an increased demand for non-invasive ventilation (NIV) and have needed to expand our NIV footprint at both the Queen Elizabeth the Queen Mother Hospital (QEQMH) and William Harvey Hospital (WHH) sites, outside of the critical care surge beds. The expansion in beds has required 'buddy' nursing teams to ensure all patients requiring additional respiratory support had access to staff with training in providing NIV, with additional support provided by Critical Care Outreach teams. The sites, led by the Hospital Medical Directors and Respiratory Clinical Leads have introduced updated clinical guidelines to support timely escalation and de-escalation of patients on NIV, adopting a multi-disciplinary team approach to support the decisions. Close monitoring of oxygen capacity has continued throughout this phase of the pandemic. To support bed capacity some temporary changes to the case mix of patients at Kent & Canterbury Hospital (K&CH) were put in place led by the renal team.

Critical care expanded beyond its baseline into surge and at times super-surge capacity. The Trust saw patients transferred to critical care beds within and without the south east region to maintain capacity across K&M. To date no clinical incidents have been reported to East Kent in relation to non-clinical transfers and support is being offered to patients and their families impacted by transfers. This regionally managed mutual aid has ensured there has been a critical care bed available for any patient presenting with an urgent clinical need for critical care in East Kent.

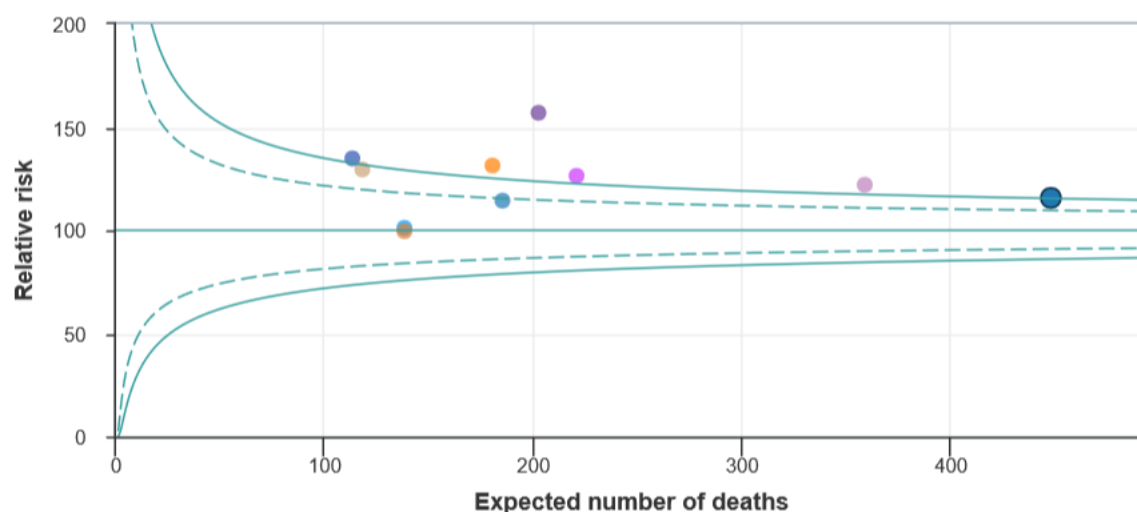
The Trust has continued to support research into treatment options for Covid-19 through active recruitment to clinical trials. We have seen patients benefiting from the output of trials from wave one through the timely use of drugs including dexamethasone.

The Trust has seen 5,299 patients admitted with Covid-19 with over 4,100 patients discharged to date. Crude mortality (all diagnoses) has followed the national picture with spikes seen at the times of peak inpatient Covid activity, that is in April/May 2020 and in November/December 2020. Risk adjusted national mortality data for patients with Covid-19 is now available up to October 2020. The East Kent Hospitals position relative to peer trusts across the South East region is presented in the funnel plot (figure 1). Caution is needed in comparing mortality rates nationally at a given point in time due to surges of Covid-19 impacting on regions at different times so a regional comparison is provided.

Figure 1: Covid19 Relative risk (source: Dr Foster)

Diagnoses | Mortality (in-hospital) | Nov 2019 - Oct 2020 | REGION (acute)

COVID-19 Y/N: Yes

 Peers  REGION (acute)  Measure Relative risk  Benchmarks Model  Grc


— 99.8% CL
 - - 95% CL
 — Average
 ● EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

The Hospital Standardised Mortality Rate (HSMR) is a calculation used to monitor death rates in a trust. The HSMR is based on a subset of diagnoses which give rise to around 80% of in-hospital deaths. Measuring outcomes in hospitals is complex but properly adjusted data from Imperial College shows our mortality rates are 'as expected'. Covid spells are coded to the 'Viral infection' diagnosis group, which sits outside of the HSMR basket. The rolling 12-month HSMR to October 2020 sits within the 'as expected' bracket at 96.7, below the national benchmark 100.

Ethics

The Covid-19 Ethics Committee at its meeting on 6 January 2021 considered and approved the changes noted below to its membership:

- Non-Executive Director (NED) member change, noting Jane Ollis, NED, as a member of the Committee replacing Wendy Cookson, NED;
- Additional member, Lucie Rudd, Consultant Nurse Supportive and Palliative Care.

The revised Ethics Committee ToR are attached (Appendix 1) for consideration and approval by the Board of Directors.

The Covid-19 ethics committee has continued to meet with an increased frequency in response to the recent surge in Covid-19. The Ethics Committee at its meeting on 19 January 2021 had a good open discussion regarding the ethical considerations in respect of the guidance extending the period in administering the second Pfizer Covid-19 vaccination. It was noted the Trust was adhering to this guidance and that second dose vaccinations be administered at 12 weeks.

The Committee noted a further article publicising the Ethics Committee to staff in Trust News and the process in place for staff to raise any ethical issues for consideration and discussion at future Committee meetings.

The Chair has discussed with the membership how the Trust will take this work forwards as a Clinical Ethics Committee and has started work to review the purpose and membership of the future committee.

Consultant Recruitment

I am pleased to report that consultant recruitment has continued through use of interviews using web-based platforms throughout the pandemic.

Since 1 November 2020 the Trust has appointed twelve additional consultants in key specialties as Table 1.

Table 1: Consultant Appointments

Emergency Medicine	1
Interventional Radiology	2
Radiology	1
Trauma and Orthopaedics	4
Vascular & Endovascular Surgeon	1
Consultant in Interventional Cardiology	2
Consultant Gastroenterologist	1
Total	12

In addition, four of our consultants have been appointed to the Medical Examiner role.

ETHICS COMMITTEE (Covid-19)

TERMS OF REFERENCE

PURPOSE OF THE GROUP

- 1.1. The current novel coronavirus (COVID-19) outbreak, which began in December 2019, is having major implications for health and care services in the UK. Planning for and responding to COVID-19 as it develops will undoubtedly require making difficult decisions under new and exceptional pressures with limited time, resources or information.
- 1.2. In making decisions about healthcare, patients, service users, their family and carers, healthcare professionals will face difficult, changing situations. Such situations can raise ethically challenging questions about what would be the most appropriate or preferred course of action. The Ethics Committee (Covid-19) (the Committee), will lead in addressing ethical issues and ensure that all decisions are made in accordance with the law and official guidance issued and applicable at the time, while meeting statutory duties and professional responsibilities. This is to be an advisory Committee only and has no decision making powers.
- 1.3. To provide assurance to the Board that the Trust has a robust framework for addressing ethical issues that arise in patient care, to protect the interests of patients and to support prudent decision making when organising and delivering health care for those who use our services.
- 1.4. During this time, operational Trust decisions will need to be made in light of staffing and resource constraints, taking into account the best interests and safety of both our patients and staff. These decisions will be made in line with standard trust practices and processes and will NOT be reviewed by the Committee.
- 1.5. It is the role of the Committee, to review complex decisions, both prospectively and retrospectively where ethical considerations need to take into account the wider scope of this decision and the impact it may have on patients and staff.
- 1.6. Issues may be proposed for discussion if they are:
 - Referred by any healthcare professional where they have a moral or ethical concern and require support from the Committee; and / or
 - Referred by Gold Command (as references in the Major Incident Plan); and / or
 - In Conflict with national guidance; and / or
 - The wider impact of the decision needs to be taken into account.
- 1.7. The Committee will confirm that the decision proposed has received ethical consideration from the group and the lead proposer will receive feedback to this effect. The decision to be made and any actions relating to this decision REMAIN THE RESPONSIBILITY of the lead proposer/clinical division.

2. Principles and Values

- 2.1. This section outlines each ethical value and principle and associated actions and best practice when considering and applying them. These should be considered alongside professional codes of conduct and the most recent official guidance and legislation where these apply.
- 2.2. There are no absolute answers to making the correct or most ethical decisions. Each principle must be considered to the extent possible in the context of each

circumstance with appropriate risk management and considerations of individual wellbeing, overall public good and available information and resources.

2.3. The following areas¹ will be evidenced by the lead proposer and be reviewed by the group:

- **Equal Respect:** everyone matters and everyone matters equally, but this does not mean that everyone will be treated the same;
- **Respect:** keep people as informed as possible; give people the chance to express their views on matters that affect them; respect people's personal choices about care and treatment;
- **Minimise the harm of the pandemic:** reduce spread, minimise disruption, learn what works;
- **Fairness:** everyone matters equally. People with an equal chance of benefiting from a resource should have an equal chance of receiving it – although it is not unfair to ask people to wait if they could get the same benefit later;
- **Working together:** we need to support each other, take responsibility for our own behaviour and share information appropriately;
- **Reciprocity:** those who take on increased burdens should be supported in doing so;
- **Keeping things in proportion:** information communicated must be proportionate to the risks; restrictions on rights must be proportionate to the goals;
- **Flexibility:** plans must be adaptable to changing circumstances;
- **Open and transparent decision-making:** good decisions will be as inclusive, transparent and reasonable as possible. They should be rational, evidence-based, the result of a reasonable process and practical in the circumstances.
- **Safeguarding issues considered and applied to the previous areas.**

3. THE AIM AND OBJECTIVES

- 3.1. Using guidance from Covid Gold Committee and other expert sources e.g. national guidance, specialist societies formulate advice on ethical issues arising from management of Covid 19 within the Trust.
- 3.2. To support clinicians in clinical decision making on ethical principles and reasoning in context of Covid 19.
- 3.3. To provide an ethical input into policy making, management and governance in context of Covid 19.

¹ British Medical Association – Covid-19 – ethical issues. A Guidance Note
 Ethics Committee (Covid-19)
 6 January 10 December 2021¹⁰

4. MEMBERSHIP AND ATTENDANCE

4.1. Members;

Name	Title
Chair	
Chief Medical Officer	Rebecca Martin
Core Group	
Non-Executive Director	Jane Ollis Wendy Cookson (Deputy Chair)
Non-Executive Director	Vacant
Interim Acting Chief Nurse	Siobhan Jordan Tara Laybourne
Clinical Director General Medicine	Richard Kingston
Clinical Director Surgery & Anaesthetics	Vanessa Purday
Medical Ethicist	Julia Hynes
Clinical Director (other Care Group)	TBC
Head of Adult Safeguarding	Sally Hyde
<u>Consultant Nurse Supportive and Palliative Care</u>	<u>Lucie Rudd</u>

4.2. Others may be invited to attend meetings or parts of meetings, as deemed appropriate by the Chair. The following are agreed as regular attendees:

- Mark Snazelle, Consultant Anaesthetist
- Mike Delaney, Consultant, Renal Medicine

4.3. Members may nominate a deputy to attend the Committee (Covid-19) on their behalf but the individual must be fully briefed and / or must have delegated authority to act in their absence.

4.4. A quorum of 3 of the members (including either the Chairman of the group and one of Chief Medical Officer or Chief Nurse).

5. FREQUENCY OF MEETINGS

This Committee (Covid-19) will meet monthly using video conferencing facilities and teleconference facilities. Extraordinary meetings can be requested by Executive Team or any member of the Committee, via the admin support.

6. SERVICING ARRANGEMENTS

The administration of the Committee will be provided by central Executive Admin team, who will be responsible for attending the meetings and taking actions. Agendas and supporting papers will be distributed in accordance with deadlines agreed.

7. REPORTING ARRANGEMENTS

This Group is accountable through the Board for the duration of the Covid-19 Pandemic.

Reporting will be by the use of an 'exception' using the Risk, Action, Issue and Decision template.

8. CONFIDENTIALITY

Confidential minutes will be maintained, where necessary for staff or patient or other necessary consideration of confidentiality.

Agreed by: Ethics Committee (Covid-19)

Date: 6 January 2021

Approved by: Board of Directors

Date:

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	11 FEBRUARY 2020
REPORT TITLE:	MATERNITY IMPROVEMENT COMMITTEE CHAIR REPORT
BOARD SPONSOR:	CHAIR OF MIC
PAPER AUTHOR:	MATERNITY SERVICES STRATEGIC PROGRAMME DIRECTOR
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: MOTHERS AND BABIES: REDUCING RISK THROUGH AUDITS AND CONFIDENTIAL ENQUIRIES ACROSS THE UK (MBRRACE) 2018 DATA

BACKGROUND AND EXECUTIVE SUMMARY

1. Introduction

The Medical Improvement Committee (MIC) met on 12 January 2021. The main focus of its meeting was the response to the Ockenden Report which was subsequently received and endorsed at the Trust Board meeting on 14 January. This is, therefore, a relatively short report focusing on the other areas of discussion at that meeting and the agenda for the next MIC meeting scheduled for 9 February.

In agreement with the Chair of the Board Quality Committee (QC) it has been agreed in principle that MIC should now report directly to the Trust Board rather than to the QC. MIC focus will continue to be on delivery of the integrated action plan and to ensure that actions and learning are embedded.

Following the NHS England/NHS Improvement (NHSE/I) governance review there is to be a workshop in February to take stock of the role of the QC and its supporting infrastructures. Pending this workshop the assumption is that the QC will continue to retain oversight of Serious Incidents and issues relating to perinatal mortality. Actions arising from these will fall back into the Maternity Improvement Plan and monitored through MIC.

2. MIC Meeting on 12 January

At its meeting the following areas were discussed and considered:

2.1. MBRRACE Data

A copy of the presentation on the 2018 data is attached for information.

2.3. 90 Day Improvement Plan

The Committee received a progress report on the 90 day plan and associated highlight reports. This was reported by information from the Evidence Review Committee on where sufficient evidence had been provided to enable the rating to go to 'blue' as complete. The 90 day plan has 36 recommendations which at the time of meeting, 26 had been BRAG rated blue. Of the ten outstanding, eight were related to Clinical Negligence Scheme for Trusts (CNST) and the remaining two related to workforce training and impact Covid had had on releasing staff for developmental training. The timetable for CNST has been extended and therefore, these actions now largely fall outside the initial 90 day plan.

<p>2.4. Communications strategy to support the delivery of the Maternity Strategy</p> <p>The Committee considered the next steps in the Maternity Communication plan to support the rollout of the Maternity Strategy.</p> <p>2.5. Human Resources (HR) Culture and Organisational Development (OD) Programme</p> <p>An update on the rollout of the Culture and OD programme in Women’s health as a vehicle to support the delivery of the Improvement Plan and Maternity Strategy. This is a diagnostic tool will be used to engage staff and patients on the changes required to the culture and leadership. The programme will begin to rollout in February.</p> <p>3. MIC in February</p> <p>MIC has now been in existence for six months and it is planned to undertake a stocktake of its terms of reference and that its supporting evidence sub group to ensure there are robust processes in place to ensure embedded practice and learning. In addition, there will be a formal review of the 90 day plan and next steps to deliver the medium term action plan. This will be aligned to the rollout of the ‘We Care’ programme.</p>
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IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	CR77 - Women may receive sub optimal quality of care and poor patient experience in our maternity services.	
LINKS TO STRATEGIC OBJECTIVES:	We care about... <ul style="list-style-type: none">• Our patients;• Our people;• Our future;• Our sustainability;• Our quality and safety.	
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	CR77 - Women may receive sub optimal quality of care and poor patient experience in our maternity services.	
RESOURCE IMPLICATIONS:	None	
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	N/A	
SUBSIDIARY IMPLICATIONS:	None	
PRIVACY IMPACT ASSESSMENT: NO	EQUALITY IMPACT ASSESSMENT: NO	

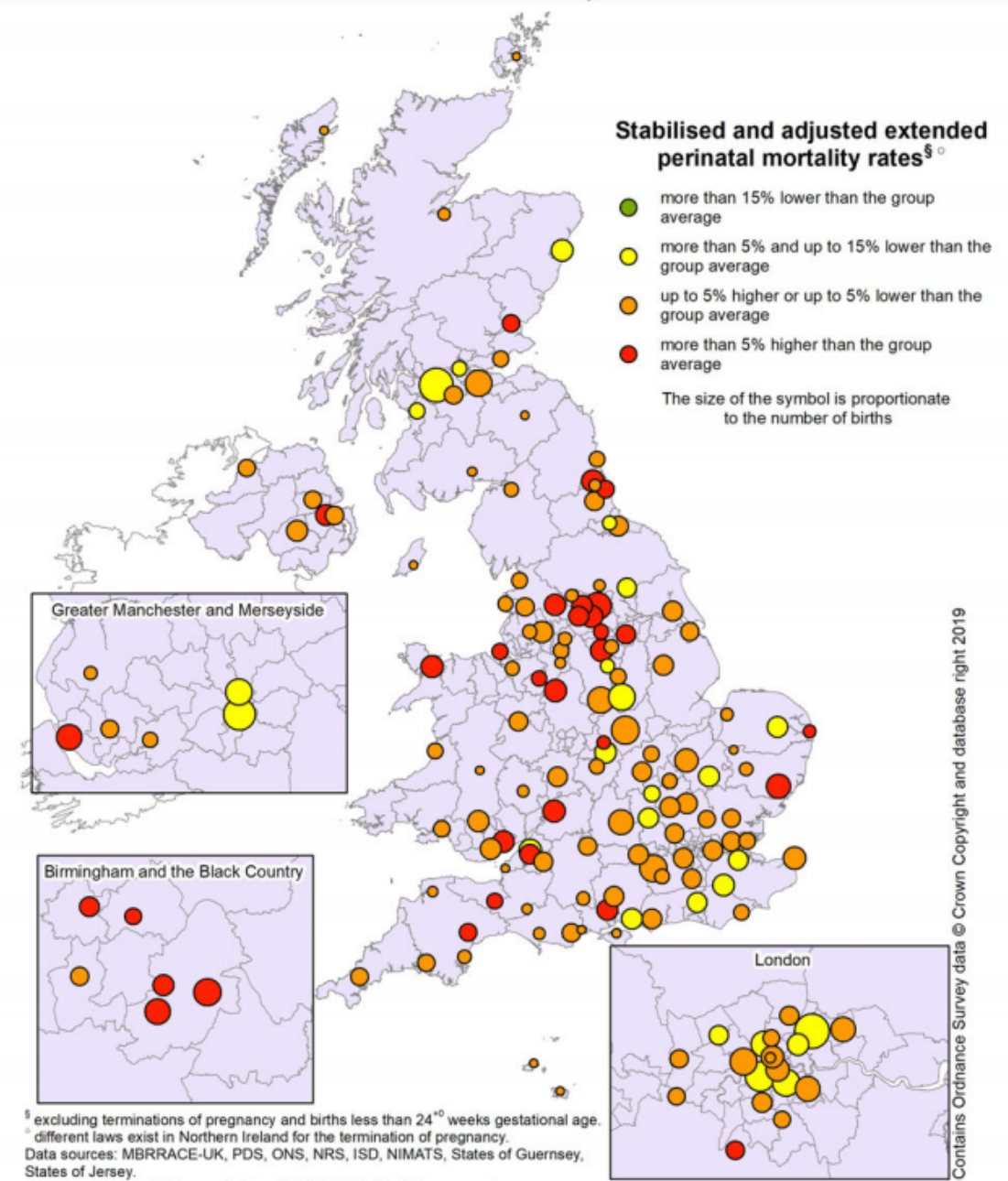
<p>RECOMMENDATIONS AND ACTION REQUIRED:</p> <p>The Board of Directors is asked to discuss and NOTE the MIC Chair Report.</p>
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EKHUFT Mothers and Babies: Reducing Risk Through Audits and Confidential Enquiries across the UK (MBRRACE) 2018 Data

January 2021

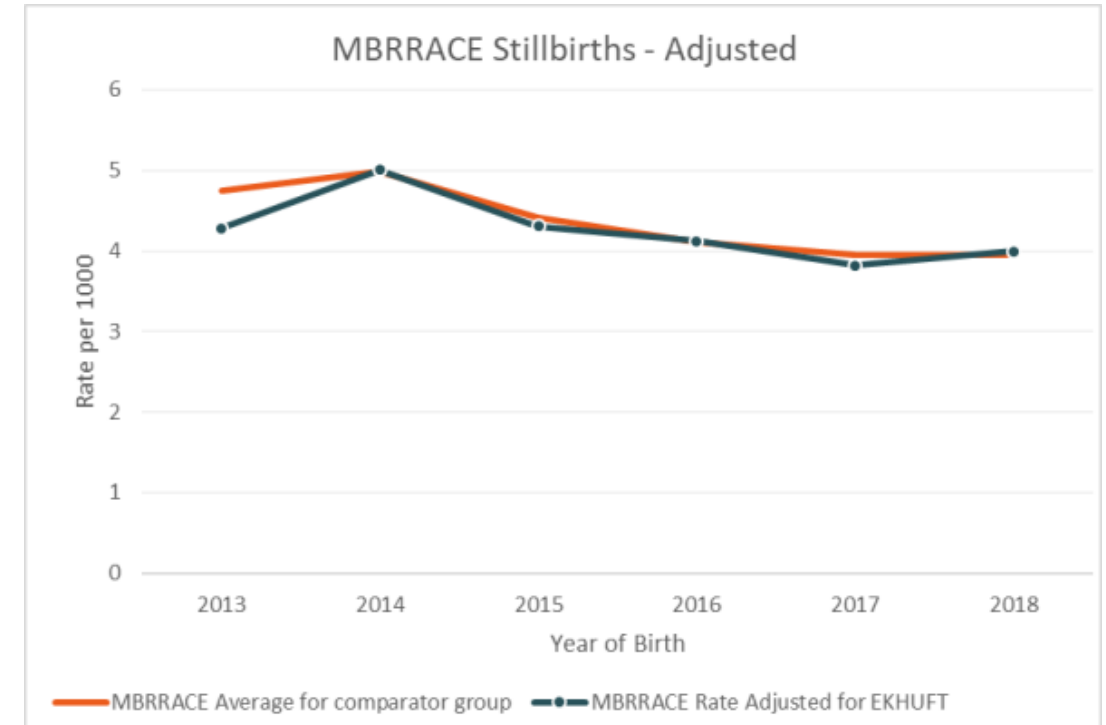


MBRRACE Comparator Group (Trusts with a level 3 Neonatal Intensive Care Unit (NICU))



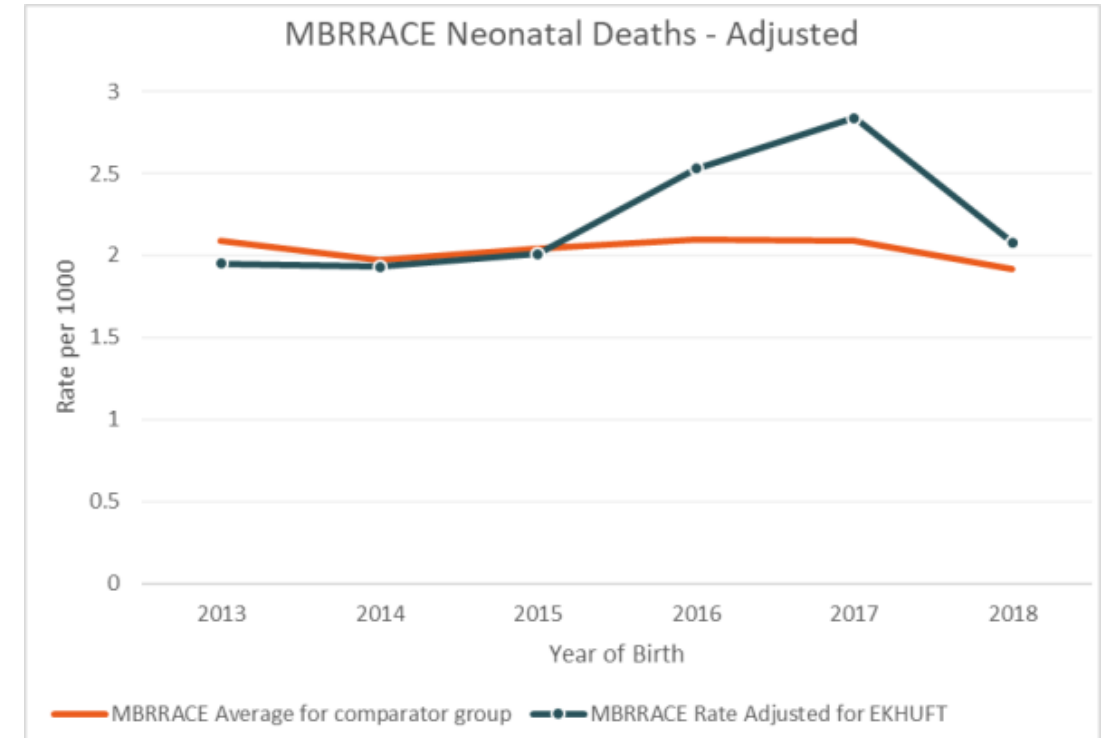
MBRRACE Stillbirth Rates – Crude and Adjusted

Year	EKHUFT Local Data			MBRRACE Data		
	Total Births	Total Stillbirths	EKHUFT Crude Rate per 1000	MBRRACE Crude Rate for EKHUFT	MBRRACE Rate Adjusted for EKHUFT	MBRRACE Average for comparator group
2013	7,039	24	3.41	3.58	4.28	4.75
2014	7,000	31	4.43	4.85	5.01	4.98
2015	7,063	22	3.11	3.66	4.31	4.41
2016	6,990	27	3.86	3.70	4.12	4.11
2017	6,974	21	3.01	2.72	3.82	3.95
2018	6,566	26	3.96	3.80	4.00	3.95



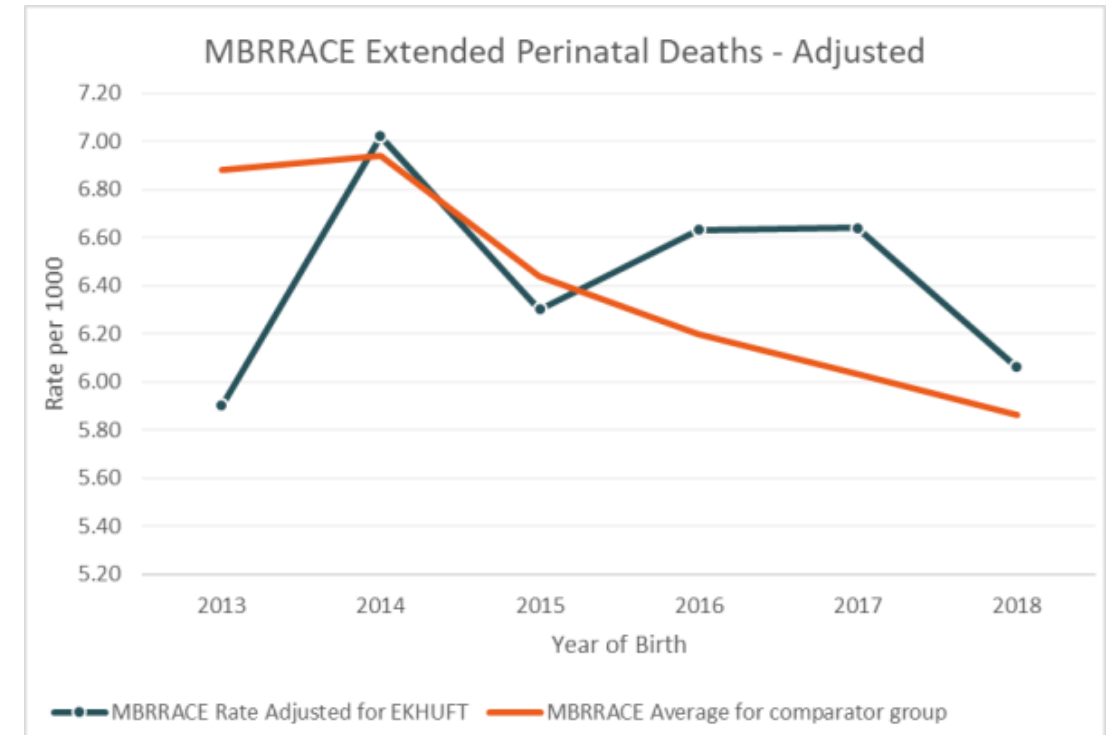
MBRRACE Neonatal Death Rates – Crude and Adjusted

Year	EKHUFT Local Data			MBRRACE Data		
	Live Births	Total Neonatal Deaths <28 days	EKHUFT Crude Rate per 1000	MBRRACE Crude Rate for EKHUFT	MBRRACE Rate Adjusted for EKHUFT	MBRRACE Average for comparator group
2013	7,015	10	1.43	1.29	1.95	2.09
2014	6,969	14	2.01	1.86	1.93	1.97
2015	7,041	14	1.99	1.62	2.01	2.04
2016	6,962	20	2.87	2.57	2.53	2.10
2017	6,953	21	3.02	3.01	2.84	2.09
2018	6,540	11	1.68	1.68	2.08	1.92



MBRRACE Extended Perinatal Death Rates – Crude and Adjusted

Year	EKHUFT Local Data			MBRRACE Data		
	Total Births	Total Extended Perinatal Deaths	EKHUFT Crude Rate per 1000	MBRRACE Crude Rate for EKHUFT	MBRRACE Rate Adjusted for EKHUFT	MBRRACE Average for comparator group
2013	7,044	34	4.83	4.87	5.90	6.88
2014	7,002	45	6.43	6.70	7.02	6.94
2015	7,068	36	5.09	5.27	6.30	6.44
2016	6,994	47	6.72	6.26	6.63	6.20
2017	6,979	42	6.02	5.72	6.64	6.03
2018	6,568	37	5.63	5.47	6.06	5.86



Adjustment Criteria

- mother's age;
- socio-economic deprivation based on the mother's residence;
- baby's ethnicity;
- baby's sex;
- whether they are from a multiple birth;
- gestational age at birth (neonatal deaths only).

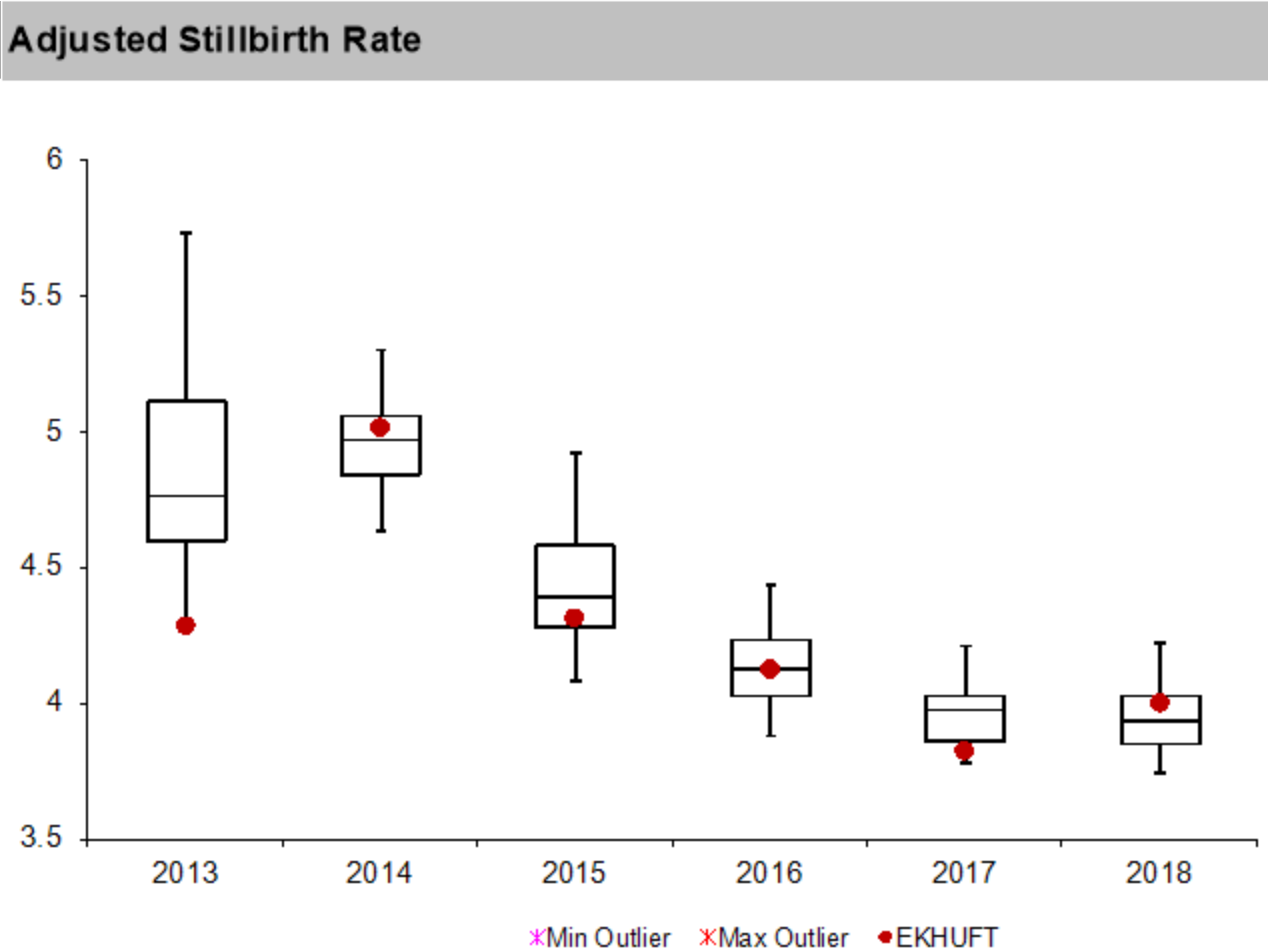
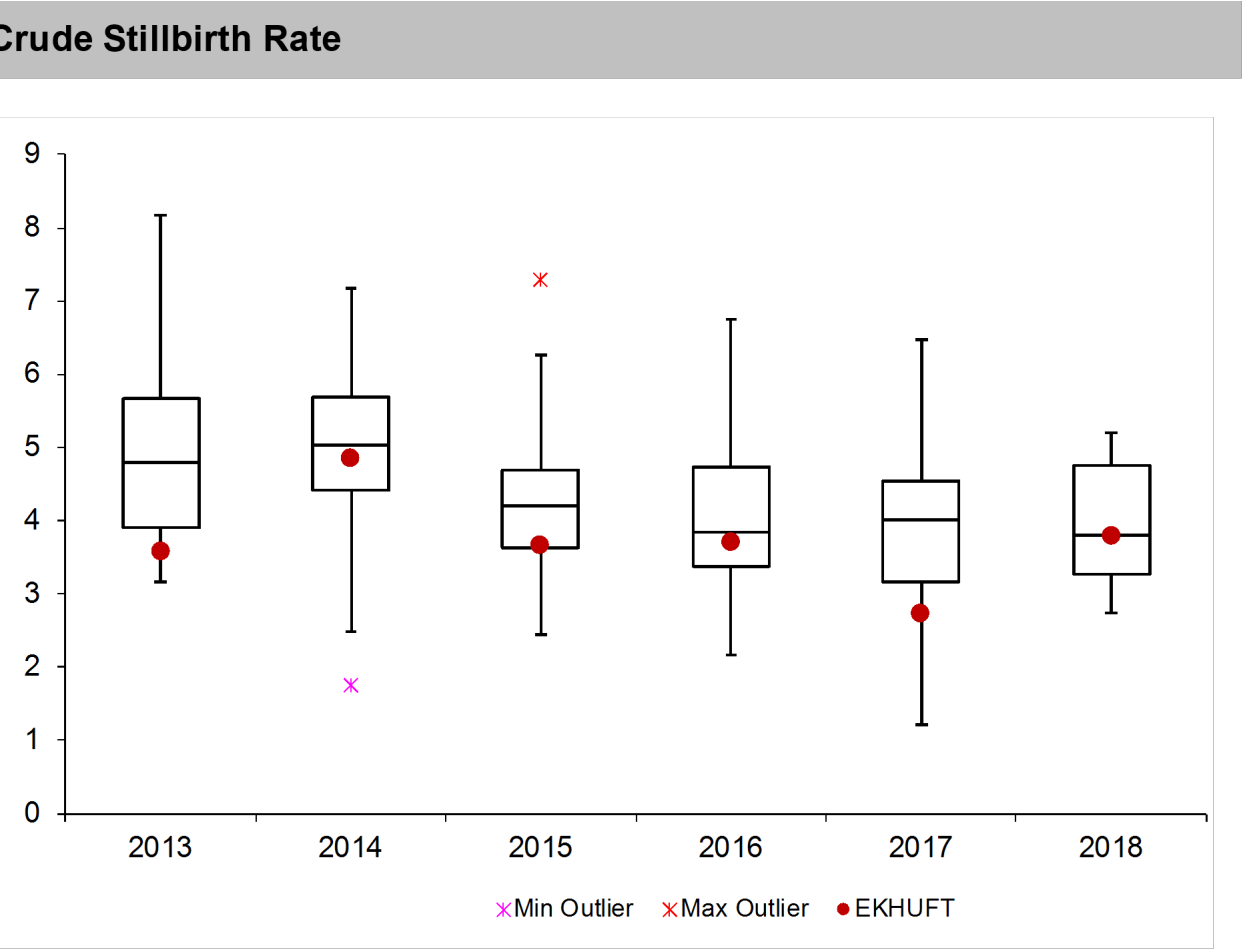
MBRRACE Comparator Group (Trusts with a level 3 NICU) - excerpt

Organisation	Total births [§]	Rate per 1,000 births [§]						
		Stillbirth [†]		Neonatal [‡]		Extended perinatal [†]		
		Crude	Stabilised & adjusted (95% CI)	Crude	Stabilised & adjusted (95% CI)	Crude	Stabilised & adjusted (95% CI) [#]	
Average for comparator group			3.95		1.92		5.86	
ENGLAND								
Ashford and St Peter's Hospital NHS Foundation Trust	3,892	5.14	4.19 (3.40 to 5.24)	2.84	1.94 (1.29 to 3.06)	7.97	6.08 (5.11 to 8.00)	●
Bolton NHS Foundation Trust	5,764	2.78	3.74 (3.00 to 4.62)	2.26	2.19 (1.42 to 3.42)	5.03	5.90 (5.01 to 7.48)	●
Bradford Teaching Hospitals NHS Foundation Trust	5,428	4.79	3.93 (3.21 to 4.83)	3.33	2.45 (1.61 to 3.85)	8.11	6.36 (5.45 to 8.06)	●
East Kent Hospitals University NHS Foundation Trust	6,578	3.8	4.00 (3.34 to 4.90)	1.68	2.08 (1.37 to 3.16)	5.47	6.06 (5.16 to 7.54)	●
East Lancashire Hospitals NHS Trust	6,147	5.21	4.17 (3.42 to 5.08)	2.78	2.43 (1.62 to 3.76)	7.97	6.59 (5.57 to 8.43)	●
Homerton University Hospital NHS Foundation Trust	5,812	4.82	3.96 (3.26 to 4.78)	0.86	1.45 (0.88 to 2.39)	5.68	5.43 (4.63 to 6.84)	●
Imperial College Healthcare NHS Trust	9,668	4.76	4.03 (3.33 to 4.88)	1.87	1.81 (1.26 to 2.74)	6.62	5.83 (5.09 to 7.20)	●
Lancashire Teaching Hospitals NHS Foundation Trust	4,185	2.87	3.86 (3.09 to 4.68)	1.92	2.06 (1.29 to 3.23)	4.78	5.92 (4.95 to 7.59)	●
Luton and Dunstable University Hospital NHS Foundation Trust	5,237	5.16	4.10 (3.38 to 5.04)	2.3	1.87 (1.26 to 2.89)	7.45	5.94 (5.08 to 7.52)	●

National Aims to Reduce Perinatal Mortality Review (PNMR)

- reduction of the wide inequalities in social deprivation;
- investigation of the causes of the excess perinatal mortality for Black, Asian and Minority Ethnic (BAME) populations;
- improved strategies to reduce obesity and smoking during pregnancy.

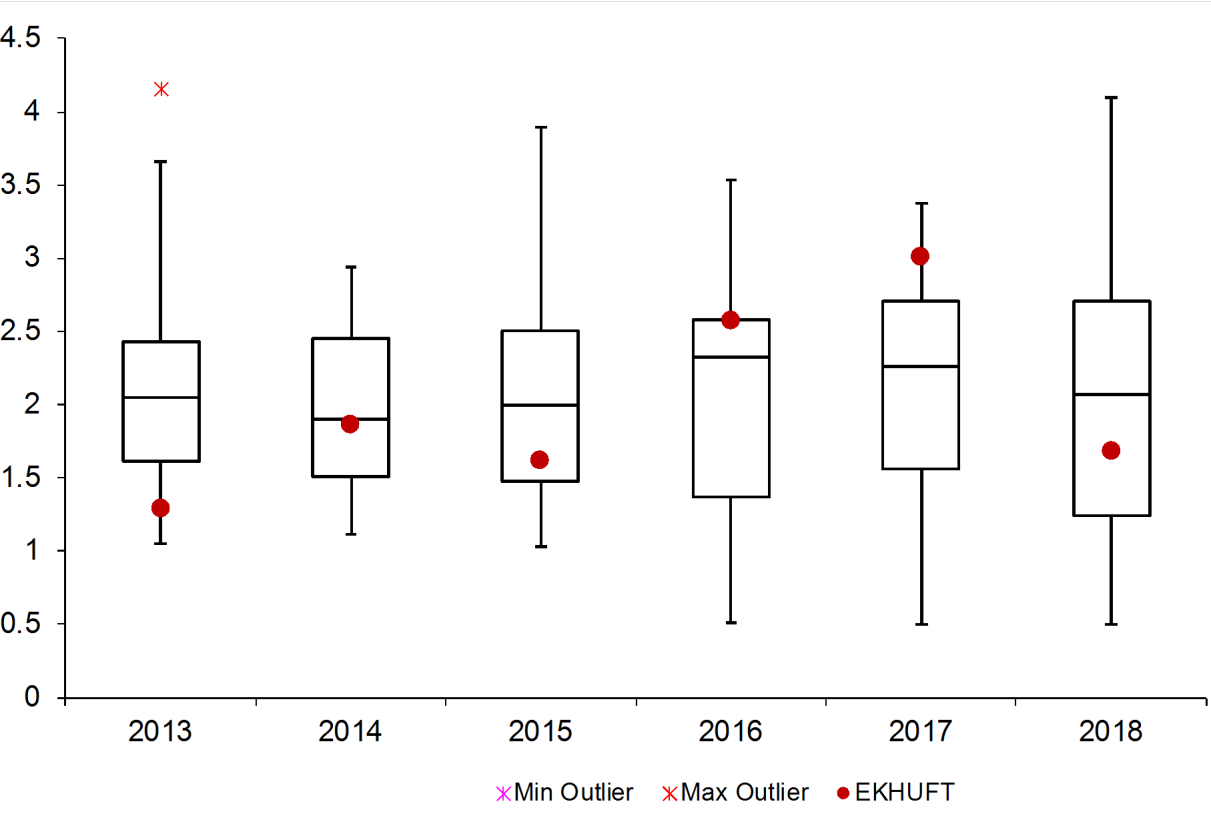
MBRRACE Stillbirth Rates – Crude and Adjusted Boxplots (EKHUFT vs MBRRACE Comparator Group)



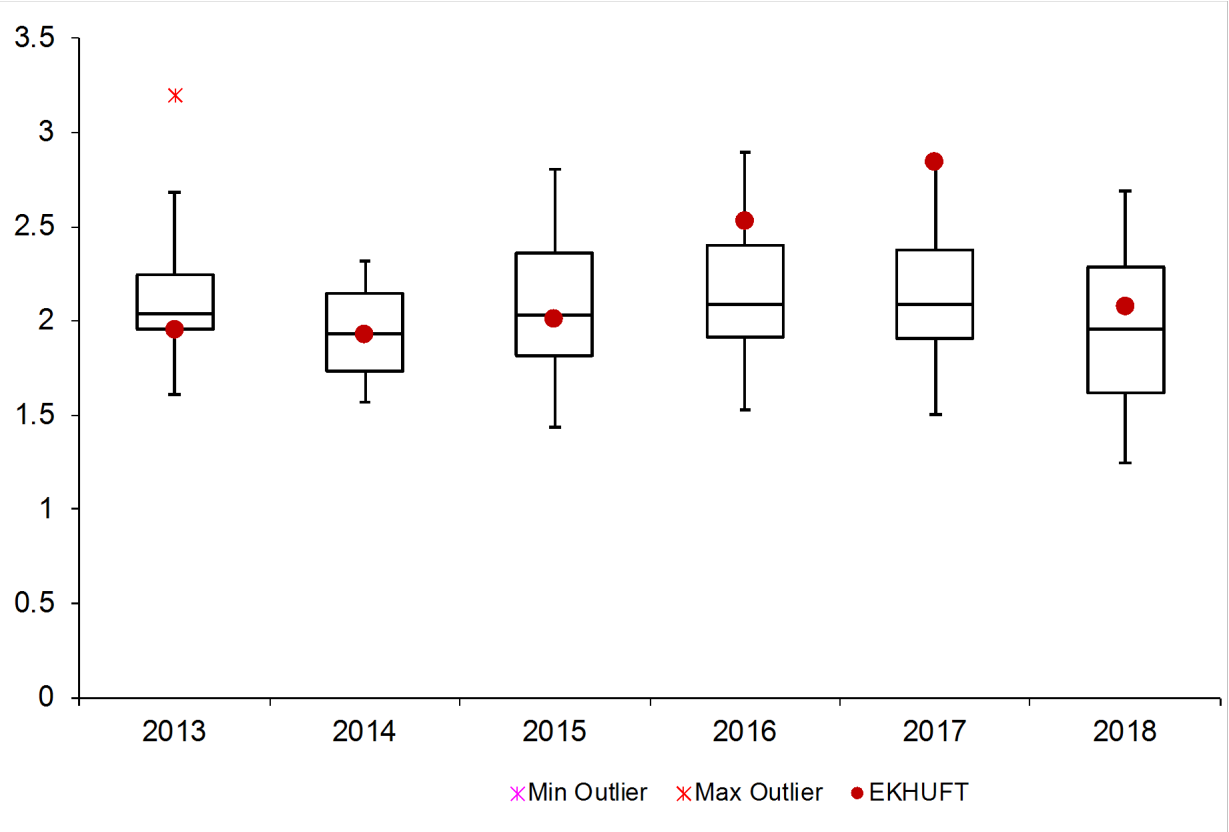
Boxes show: the median (horizontal line in the box), the top of the box is the third quartile, and the bottom of the box is the first quartile. The lines (whiskers) are set at the 1.5*interquartile range (IQR) above and below these 1st & 3rd quartiles. If the minimum and maximum values are outside of the 1.5*IQR, they are shown as outliers. The red dot shows the MBRRACE EKHUFT rate

MBRRACE Neonatal Death Rates – Crude and Adjusted Boxplots (EKHUFT vs MBRRACE Comparator Group)

Crude Neonatal Death Rate



Adjusted Neonatal Death Rate

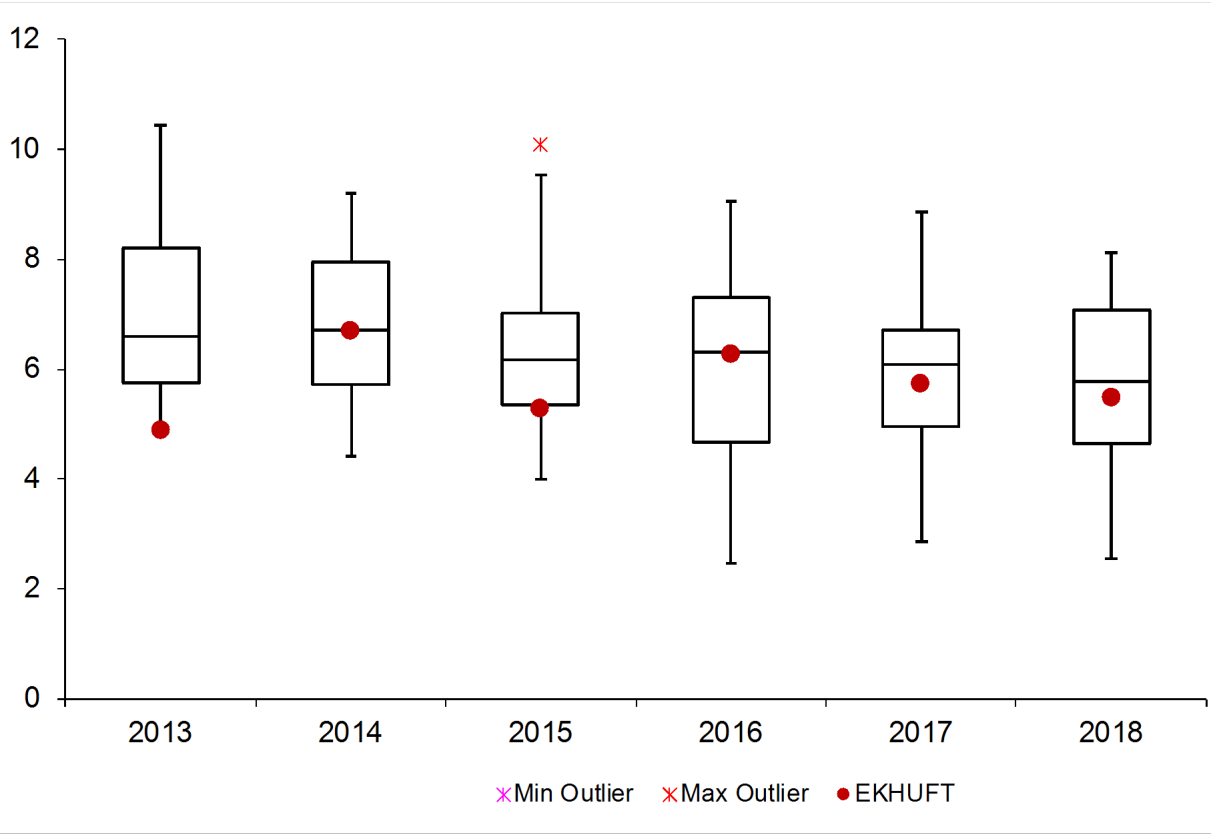


Boxes show: the median (horizontal line in the box), the top of the box is the third quartile, and the bottom of the box is the first quartile. The lines (whiskers) are set at the 1.5*interquartile range (IQR) above and below these 1st & 3rd quartiles. If the minimum and maximum values are outside of the 1.5*IQR, they are shown as outliers.

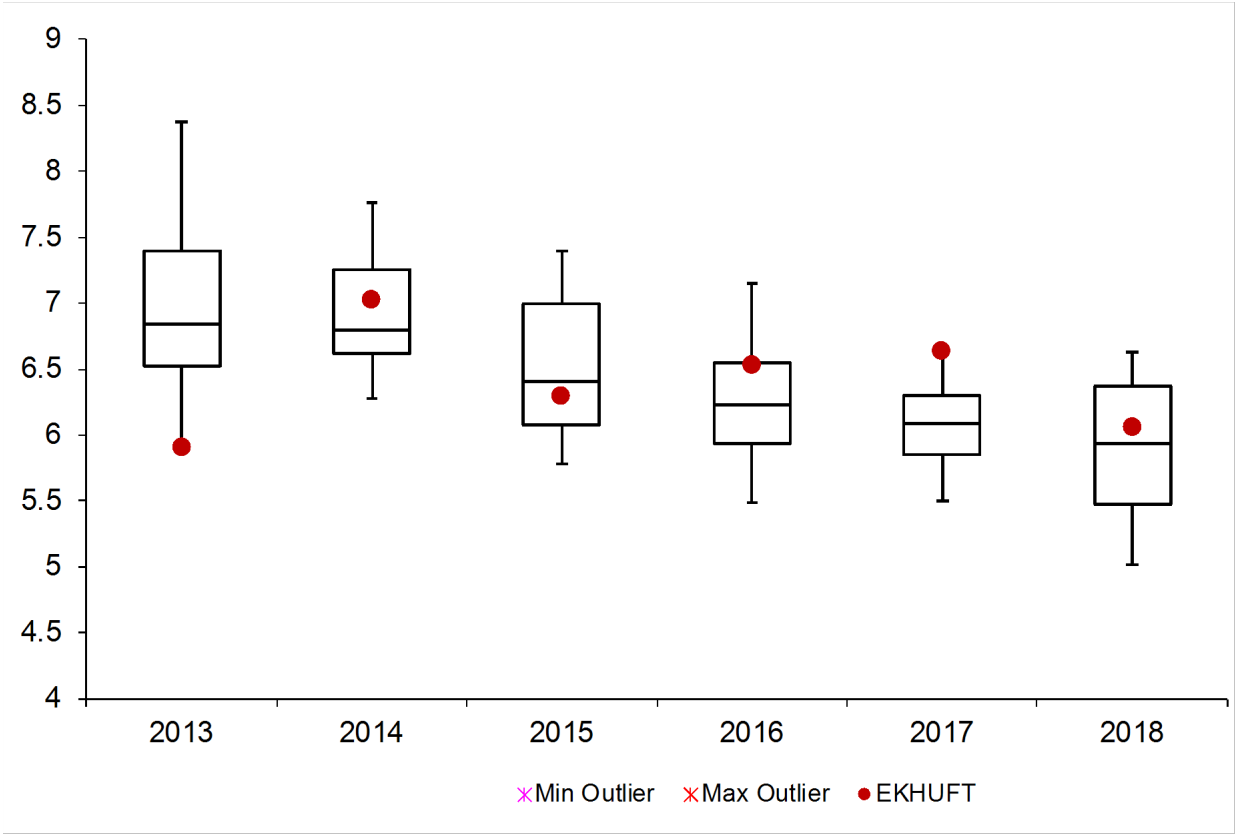
red dot shows the MBRRACE EKHUFT rate

MBRRACE Extended Perinatal Death Rates – Crude and Adjusted Boxplots (EKHUFT vs MBRRACE Comparator Group)

Crude Extended Perinatal Death Rate



Adjusted Extended Perinatal Death Rate



Boxes show: the median (horizontal line in the box), the top of the box is the third quartile, and the bottom of the box is the first quartile. The lines (whiskers) are set at the 1.5*interquartile range (IQR) above and below these 1st & 3rd quartiles. If the minimum and maximum values are outside of the 1.5*IQR, they are shown as outliers. The red dot shows the MBRRACE EKHUFT rate

11/11

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REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	11 FEBRUARY 2021
REPORT TITLE:	PATIENT/STAFF EXPERIENCE STORY
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	BOARD SUPPORT SECRETARY
PURPOSE:	DISCUSSION
APPENDICES:	NONE

BACKGROUND AND EXECUTIVE SUMMARY

Back at work after beating coronavirus

When ward manager Pat Johnson was lying in a hospital bed battling Covid-19, at times she was not sure she'd survive, let alone get back to work. Yet that is exactly what she's done – despite still suffering some psychological and physical after-effects of the virus.

Her phased return started six months after she was on a ventilator in intensive care, and although she stepped down as manager of Bishopstone ward at the Queen Elizabeth The Queen Mother Hospital (QEQMH) in Margate, she is now part of the team working on the new elective orthopaedic centre project.

Throughout her recovery, one theme emerged: the kindness and support shown to her by colleagues across the QEQMH and beyond.

Pat said: "I have been overwhelmed by people's kindness. I can't walk down the corridor without people saying how glad they are I'm back". Liz Shutler, the deputy chief executive, who had been our executive buddy for Bishopstone ward, came to welcome me back and everyone, from my staff, to my managers and senior leaders, have been so supportive and understanding".

Pat still suffers from breathlessness and fatigue, but it is the psychological effects of the virus that have been the most difficult to deal with, for Pat and her whole family. She experienced flashbacks at work, and her family still feel anxious whenever she is on shift. Pat said: "I have had counselling, and I don't mind if people know that. My whole life has changed. My children get anxious and my husband has been through hell. I think it is going to take a long time for him to be completely at ease with me at work, and I really do understand that".

Pat's first flashback was when she saw someone who had nursed her in intensive care, while others have been on seeing acutely unwell patients in the corridors, or when being fitted for a face mask.

Pat said: "In that moment I was in that bed with the tracheostomy tube in my throat, feeling scared and not knowing what was happening. When I see people wheeled past as I would have been it's hard. But I can manage them now. Thanks to my counselling I have strategies and I can use them".

Pat is expecting the upcoming anniversaries of her illness to also be difficult, particularly if the country is still facing strict lockdown restrictions. She said “Easter will be the hardest anniversary, because I was in Intensive Therapy Unit (ITU) and intubated last year. But I have to get over it. It has been painfully slow but I love my work and I wanted to come back and I’m so glad I could. There were times when I wondered whether I would ever be me again, but I am stubborn and I kept pushing myself, and the small successes and progress turn into big ones. My motto is to focus on what I can do, not what I can’t, whether that’s my health or with the restrictions at the moment: I can still go for a walk, I can work and I can videocall my family.”

Pat has had her first dose of the Pfizer vaccine, and is waiting for her second, and encourages everyone to take up the offer of the vaccine as a first step to easing restrictions. She said: “I would try anything to keep the virus at bay and get some sort of life back. I think I am always going to be wary of crowded places now, and it has made me look differently at life and holidays and the things we took for granted before.”

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	None	
LINKS TO STRATEGIC OBJECTIVES:	We care about... <ul style="list-style-type: none"> • Our patients; • Our people; • Our future; • Our sustainability; • Our quality and safety. 	
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER:	None	
RESOURCE IMPLICATIONS:	None	
COMMITTEES WHO HAVE CONSIDERED THIS REPORT:	N/A	
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 Patient/Staff Experience Story report.

REPORT TO:	BOARD OF DIRECTORS (BOD)
DATE:	11 FEBRUARY 2021
REPORT TITLE:	INFECTION PREVENTION AND CONTROL (IPC) BOARD ASSURANCE FRAMEWORK (BAF)
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	DIRECTOR OF INFECTION PREVENTION AND CONTROL (DIPC)
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: IPC BAF

BACKGROUND AND EXECUTIVE SUMMARY

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

Key updates are identified in red on the main document for ease:

Section 1:

- Emerging risk of *Burkholderia aenigmatica* infection associated with the use of multi-use bottles of ultrasound gel on Intensive Therapy Unit (ITU). Information shared with clinicians and sterile single patient use gel implemented.
- National outbreak reporting database launched. EKHUFT IPC team now have password access to the system and are updating daily.

Section 3:

- Information on national increase of Aspergillus infection in Covid patients in the ITU setting has been shared with ITU clinicians.

Section 5

- Vaccination centre has been organised with social distancing and separate spaces.

Section 9

- New guidance for disposal of lateral flow tests and vaccination centres – current practice already in line with guidance.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	Covid-19 represents a key risk to the organisation. A full integrated Infection Prevention Improvement plan is in place and is being implemented. An implementation group has been set up and meets weekly. Regular updates and exception reports are provided to the Executive Management Team (EMT) and Infection Prevention and Control Committee (IPCC).
LINKS TO STRATEGIC OBJECTIVES:	We care about... <ul style="list-style-type: none"> Our patients; Our people; Our future; Our sustainability; Our quality and safety.

LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	CRR 47 – Inability to prevent Healthcare Associated Infections (HCAIs). CRR 90 – Risk of death in service from Covid-19. CRR 91 – Risk that staff will contract hospital acquired Covid-19. CRR – 87 – Risk that patients will contract hospital-acquired Covid-19.	
RESOURCE IMPLICATIONS:	None	
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	Quality Committee	
SUBSIDIARY IMPLICATIONS:	No	
PRIVACY IMPACT ASSESSMENT: NO	EQUALITY IMPACT ASSESSMENT: NO	

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors is asked to discuss and **NOTE** the contents of the IPC BAF report.

Infection Prevention and Control (IPC) Board Assurance Framework (BAF)

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

Key updates are identified in red on the main document for ease:

Section 1:

- Emerging risk of *Burkholderia aenigmatica* infection associated with the use of multi-use bottles of ultrasound gel on Intensive Therapy Unit (ITU). Information shared with clinicians and sterile single patient use gel implemented.
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Section 3:

- Information on national increase of Aspergillus infection in Covid patients in the ITU setting has been shared with ITU clinicians.

Section 5

- Vaccination centre has been organised with social distancing and separate spaces.

Section 9

- New guidance for disposal of lateral flow tests and vaccination centres – current practice already in line with guidance.

Infection Prevention and Control board assurance framework

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users audit

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> infection risk is assessed at the front door and this is documented in patient notes 	<ul style="list-style-type: none"> Emergency Department (ED) triage in place. Patients are assessed with temperature check and observations prior to booking in. Infection risk assessed and documented in ED notes. Pathway documented by a Navigating Decision Tree and Covid clerking proforma agreed by Gold command All patients (including maternity), visitors and staff have temperature check at the front door. Mask provided to staff and to patients and visitors who do not have face coverings All patients streamed to the Covid (blue) area of ED are swabbed. All admissions through the non-Covid (red) stream are swabbed Swabbing audit run daily. Wards notified of any missed swabs Obstetric patients are triaged in maternity triage and swabbed on admission Renal Units and oncology check patient 	<ul style="list-style-type: none"> Poor documentation identified and poor completion of Covid risk assessment on Covid medical proforma Staff not all aware of the process 	<ul style="list-style-type: none"> Staff reminded to complete the proforma at huddles. Spot checks to ensure compliance Triage document discussed at huddles daily Daily huddle and sharing of information Updated triage document in place to fully risk assess patients at the entrance to ED. Additional questions around previous admissions, contacts, travel and self-isolation have been added Flag for contacts of positive cases added to Patient Tracking List (PTL) Additional procedures in

<ul style="list-style-type: none"> patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission compliance with the national guidance around discharge or transfer of COVID-19 positive patients Monitoring of compliance with IPC practices, ensuring resources are in place to enable compliance with IPC 	<p>temperature on arrival and asked Covid questions</p> <ul style="list-style-type: none"> New triage document released centrally and changes implemented in ED Patients with confirmed Covid infection cohorted in specified wards. Patients moved for escalation of care and de-escalation from Intensive Care Unit (ICU) care only. Stated aim is to keep confirmed cases in the Covid cohort are throughout their inpatient stay. Where step-down is necessary for clinical reasons or due to bed pressures, patients can only be moved after 14 days from their first positive test and where they have been asymptomatic for at least 48 hours (no fever without medication and some respiratory improvement). Guidance published on Trust intranet page National guidance followed in all cases Patients swabbed within 48 hours of expected discharge date for discharge to residential care facility and result available before transfer Updated guidance does not require routine swabbing of post-covid patients prior to discharge when 14+ days since diagnosis. Swabbing undertaken on a case by case basis where requested by residential home Daily observations of hand hygiene and Personal Protective Equipment (PPE) practice undertaken Results collated on electronic audit system 		<p>place for immunosuppressed individuals attending ED</p>
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<p>practice</p> <ul style="list-style-type: none"> Monitoring of compliance with PPE, consider implementing the role of PPE guardians/safety champions to embed and encourage best practice Staff testing and isolation strategies are in place and a process to respond if transmission rates of Covid-19 increase Training in IPC standard infection control and transmission-based precautions are provided to all staff 	<p>and available to view by matrons</p> <ul style="list-style-type: none"> Peer audit in place Infection control team audit for triangulation Other IPC audits in place including commodes and saving lives Audit data reported to Infection Prevent and Control Committee (IPCC) PPE officers on duty Infection Prevent and Control Team (IPCT) visit wards daily and review compliance with PPE IPC champions (medical) and IPC link nurses in place to encourage best practice Staff testing available to all staff. Information and Standard Operating Procedure (SOP) on staff testing and isolation available on staff zone Lateral flow testing for patient facing staff roll out from 30 November 2020. Occupational Health manage staff contact tracing and testing Isolation for staff contacts changed to 10 days in response to updated guidance All staff have IPC training which includes transmission-based precautions and the use of PPE In addition to national standard training package level 1 and level 2, viewing of local video is mandatory for all staff. Further training provided co-located with fit testing 		
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<ul style="list-style-type: none"> IPC measures in relation to Covid-19 should be included in all staff induction and mandatory training All staff are regularly reminded of the importance of wearing face masks, hand hygiene and maintaining physical distance both in and out of work All staff (clinical and non clinical) are trained in putting on and removing PPE; know what PPE they should wear for each setting and context and have access to the PPE that protects them for the appropriate setting and context as per the national guidance national IPC guidance is regularly checked for updates 	<ul style="list-style-type: none"> Training in IPC for Covid-19 is included in training packages for induction and annual mandatory training Regular reminders through staff zone, Chief Executive Officer (CEO) blog, the Leader newsletter for managers, daily safety huddles, IPC ward visits. Posters displayed in communal areas, corridors and on wards All staff are trained in donning and doffing (See above) Signage to support knowledge and practice PPE available in all clinical areas and other areas as required National guidance for PPE implemented within the Trust. FIT testing for FFP3 masks in place with resources identified. Fit testing at times adjusted to suit different staff shifts Ongoing FIT testing sessions on all sites. Certificates provided to staff once tested PPE managed by the 2gether Procurement Services team 7 days per week with resilience plans in place. PPE SOP available on Covid section of Trust intranet Posters and signage with PPE information in donning and doffing areas. Additional fit testing for FFP2 masks to enable increased use where required Director of Infection Prevention and 	<ul style="list-style-type: none"> Availability of differing types of FFP3 masks is variable Some staff unable to pass FIT testing on any FFP3 mask 	<ul style="list-style-type: none"> Active management of stocks Repeated FIT testing required on new mask stocks Purchase of powered air respirators with hoods
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<p>and any changes are effectively communicated to staff in a timely way</p> <ul style="list-style-type: none"> changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted risks are reflected in risk registers and the Board Assurance Framework where appropriate robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens 	<p>Control (DIPC) and deputy DIPC check for updates to national guidance and advising executive team and Gold.</p> <ul style="list-style-type: none"> Changes to SOPs approved by Gold committee Updates shared with staff in daily safety huddles and Covid intranet page IPC team and matrons support ward staff in implementing changes IPC team work arrangements flexed to provide 24/7 cover during escalation Emerging risk of <i>Burkholderia aenigmatica</i> infection associated with the use of multi-use bottles of ultrasound gel on ITU. Information shared with clinicians and sterile single patient use gel implemented DIPC is a member of the exec team and updates as required DIPC reports to Trust Board through Quality Committee BAF reviewed at Quality Committee and Trust Board on a monthly basis Corporate risk register reflects IPC risks associated with Covid-19 DIPC attends Trust Board meetings Board assurance framework recognises findings from Care Quality Commission (CQC) review All pre-existing IPC risk assessment processes and policies remain in place for non-Covid-19 infections The site teams determine placement of patients with suspected or proven 	<ul style="list-style-type: none"> IPC PPE requirements for non-Covid infections are superseded by Covid requirements. Additional risks recognised e.g. for C. difficile and Covid co-infection, line infection associated with staff in full PPE unable to be bare below the elbows 	<ul style="list-style-type: none"> IPC team advising on a case-by-case basis. Variation to some policies required. Gap analysis to be undertaken Policies undergoing review
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<ul style="list-style-type: none"> Trust CEOs or the executive responsible for IPC approve and personally signs off, all data submissions via the daily nosocomial sitrep. This will ensure the correct and accurate measuring and testing of patient protocols are activated in a timely manner Ensure Trust Board has oversight of ongoing outbreaks and action plans 	<p>infections prioritised into side rooms as per trust guidance</p> <ul style="list-style-type: none"> Daily meeting between Clinical Site managers and IPC. IPCT reinforce practice at ward level <ul style="list-style-type: none"> CEO or exec sign off for data submissions DIPC signs off IIMARCH forms for outbreaks Daily Sitrep analysis shared with senior staff National outbreak database launched EKHUFT IPC team have passwords enabled <ul style="list-style-type: none"> Outbreaks discussed at Covid Gold committee IPC discussed at Board and Quality committee IPCC reports to Quality committee Weekly IPC update to Covid Gold 	<ul style="list-style-type: none"> Limited assurance that Trust is fully compliant with Hygiene Code EKHUFT IPC Team unable to log onto national database 	<ul style="list-style-type: none"> Issue has been escalated regionally and nationally IIMARCH forms continue to be submitted until system working
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> designated teams with appropriate training are assigned to care for and treat 	<ul style="list-style-type: none"> Covid cohort areas on all three acute sites including ICU escalation Training in use of non-invasive ventilation 		

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<p>patients in COVID-19 isolation or cohort areas</p> <ul style="list-style-type: none"> designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas. decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance 	<p>provided on all 3 hospital sites</p> <ul style="list-style-type: none"> ICU training for non-ICU staff to work on ICU on all three sites. Staff who have returned to original workplace are continuing to have rotational days to keep up skills Consultant anaesthetist 24/7 on-site ICU cover during escalation ICU-trained nurse/patient ratio decreased during escalation with additional staff to assist Covid wards fully staffed. Named consultant for each ward. Increased consultant cover at the front door Safety officers and IPC Team support to Covid wards. Nursing and medical staff upskilled in Non-Invasive Ventilation (NIV) <ul style="list-style-type: none"> Cleaning services provided by 2gether Support Solutions (2gether) IPC training for facilities staff includes PPE usage, donning/doffing and fit testing Training videos for facilities staff have been developed including translated version for staff who do not have English as their first language <ul style="list-style-type: none"> Decontamination and terminal cleaning completed according to national guidelines. All surfaces cleaned with Tristel Fuse including walls Hypochlorite wipes used alongside Tristel HPV and UVC decontamination available 	<ul style="list-style-type: none"> Cleaning audits reported to the 2gether board and through to Partnership Forum 	<ul style="list-style-type: none"> Lapses in cleaning standards reported through daily report on cleaning audits.
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<ul style="list-style-type: none"> increased frequency of cleaning in areas that have higher environmental contamination rates as set out in the Public Health England (PHE) and other national guidance Cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (ICPT) should be consulted on this to ensure that this is effective against enveloped viruses Manufacturer's guidance and recommended product contact time' must be followed for all cleaning/disinfectant solutions/products 	<p>when required</p> <ul style="list-style-type: none"> UVC machines purchased by 2gether to provide in-house UVC service Cleaning frequencies follow national guidance, x2 daily as a minimum. Regular audits undertaken and results monitored Increased attention is given to the cleaning of bathrooms and toilets Ongoing reminders to staff to ensure that this is maintained Tristel Fuse confirmed as suitable cleaning agent for enveloped viruses by ICPT Manufacturer's guidance is followed in all areas Instructions are displayed where needed Environmental cleaning policy reflects manufacturers requirements Workplace assessor audits 		
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<ul style="list-style-type: none"> • As per national guidance: <ul style="list-style-type: none"> ○ ‘frequently touched’ surfaces, e.g. door/toilet handles, patient call bells, over-bed tables and bed rails, should be decontaminated at least twice daily and when known to be contaminated with secretions, excretions or body fluids ○ Electronic equipment, e.g. mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily ○ Rooms/areas where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily) • linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate 	<ul style="list-style-type: none"> • In place • Public area touch points cleaned by dedicated team • Staff advised to clean equipment as in guidance ‘time out to clean’. • Disinfectant wipes and sanitizer are available in all offices • In place – double amber clean team available. ICU has dedicated cleaning staff • All linen from Covid cohort wards is treated as infectious linen. • The policy mirrors the infected linen handling procedure as laid out in national guidance. 	<ul style="list-style-type: none"> • Limited assurance that where nursing two hourly cleans are implemented, they are being completed and documented • Audits not part of electronic audit system 	<ul style="list-style-type: none"> • Cleaning discussed at handover and huddles. Completion of checklists and signing sheets emphasized • Spot checks by matrons and managers • Two hourly cleans are no longer required and not indicated in national guidance. Twice daily cleans in place • Development work is required to electronic audit system
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<p>precautions are taken</p> <ul style="list-style-type: none"> • single use items are used where possible and according to Single Use Policy • reusable equipment is appropriately decontaminated in line with local and PHE and other national policy • ensure cleaning standards and frequency are monitored in non-clinical areas with actions in place to resolve issues in maintaining a clean environment • Ensure the dilution of air with good ventilation e.g. Open windows in admission and waiting areas to assist the dilution of air 	<ul style="list-style-type: none"> • This is audited and all findings from the audits are shared with the IPC teams for action • Single use items are used widely across the Trust • Policy in place and available on the Trust intranet • The provider of surgical reusable instrument decontamination for EKHUFT: IHSS Ltd: is run in accordance with audited quality management systems. • The service is accredited to EN ISO 13485:2012 and MDD 93/42/EEC-Annex V. • In respect of Covid-19 all processes have been assessed to meet the current guidance. Additional precautions and measures have been put in place in line with local, PHE and national policy. • Cleaning standards in non-clinical areas are monitored as part of the audit schedule. Scores are consistently >95% • Any required actions are implemented immediately with repeat audit the following day • Rolling programme of UVC decontamination in place for non-clinical areas • Given the age of the EKHUFT estate, the admission and waiting areas are all naturally ventilated with tempered fresh air ventilation only. Windows are opened to improve the dilution of airborne contaminants where possible 		
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<ul style="list-style-type: none"> There is evidence organisations have reviewed the low risk Covid-19 pathway, before choosing any decision made to revert to general purpose detergents for cleaning, as opposed to widespread use of disinfectants 	<ul style="list-style-type: none"> Windows in ward bays and side rooms to be opened for 15 minutes 3 times per day to improve ventilation Tristel fuse remains the disinfectant of choice within the Trust for all areas including the low risk pathway The exception is the kitchen where an alternative disinfectant is used 		
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and process are in place to ensure:</p> <ul style="list-style-type: none"> arrangements around antimicrobial stewardship are maintained 	<ul style="list-style-type: none"> The Antimicrobial Stewardship Group (ASG) includes the consultant microbiologists, antimicrobial pharmacist. Antimicrobial Stewardship Group reports to Infection Prevention and Control Committee Ward pharmacists review prescribing Business case approved for Consultant pharmacist specializing in antimicrobial stewardship Information on national increase of Aspergillus infection in Covid patients in the ITU setting has been shared with ITU clinicians 	<ul style="list-style-type: none"> The ASG did not meet during the period of pandemic escalation pandemic due to staff shortages caused by staff sickness and shielding. Meetings have now re-started Insufficient time in microbiologist job plans for AMS 	<ul style="list-style-type: none"> Key aspects of antimicrobial stewardship are reviewed in the daily microbiologist meetings and twice weekly IPC team virtual meetings Addressed through job planning

<ul style="list-style-type: none"> mandatory reporting requirements are adhered to and boards continue to maintain oversight 	<ul style="list-style-type: none"> Mandatory reporting of antimicrobial usage has continued throughout IPCC has reported to Patient Safety in the past. In the new governance structure, the IPCC reports to Quality Committee, a sub-committee of the Board Antimicrobial stewardship report is a standing item on IPCC agenda 		
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> implementation of national guidance on visiting patients in a care setting 	<ul style="list-style-type: none"> All visitors to the sites have their temperature checked at the entrance, asked to clean their hands and provided with a face mask if they do not already have a face-covering Visitors to inpatients are permitted only on compassionate grounds and to assist patients with specific needs A birth partner is allowed. Out patients can have an accompanying person only when required for care needs Mortuary viewings are not allowed A parent or appropriate adult is able to visit their child iPads and mobile phones are available for patients to communicate with loved ones Booked updates to Next of Kin (NoK) by 	<ul style="list-style-type: none"> Limited assurance around social distancing. 	<ul style="list-style-type: none"> Introduction of one way system for all hospital corridors and clinical areas Floor signage to encourage patients and visitors to socially distance Chairs removed from waiting areas Additional waiting areas identified for ED Due to continuing concerns, visiting restrictions have not been lifted and remain the same except for ITU

<ul style="list-style-type: none"> • areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas clearly marked with appropriate signage and have restricted access • information and guidance on COVID-19 is available on all Trust websites with easy read versions 	<p>clinician in place</p> <ul style="list-style-type: none"> • Families able to end photos and messages through Patient Advice and Liaison Service (PALS) which are printed and laminated and given to patients • Partners able to attend anomaly scans <ul style="list-style-type: none"> • There are signs from the entrances to the hospital and throughout the corridors and hospital areas identifying the Covid areas - stop signs on doors • Advice is given at points of entry relating to PPE, visiting expectations and managing hygiene • Masks are available at the exit of all Covid areas allowing change of mask on leaving the area <ul style="list-style-type: none"> • There is a separate dedicated staff Covid area on the intranet and a patient information area on the website relating to Covid – these are accessible to all and describe the areas within the sites that are Covid, the PPE expectations and how staff and public are to conduct their business safely within the various EKHUFT sites and areas. • The national patient information leaflets are available through the website 	<ul style="list-style-type: none"> • New guidance for mothers and partners to be tested using lateral flow at appointments <ul style="list-style-type: none"> • Access is not restricted by locks. Signage restricts access to essential staff only. 	<p>where visiting by appointment is permitted</p> <ul style="list-style-type: none"> • Arrangements planned for partners to attend anomaly scans from 7 December • Implementation plan being worked up. • Additional supplies of lateral flow tests ordered <ul style="list-style-type: none"> • Access to all Covid areas is now through locked doors
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<ul style="list-style-type: none"> infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved there is clearly displayed and written information available to prompt patients' visitors and staff to comply with hands, face and space advice 	<ul style="list-style-type: none"> https://www.ekhuft.nhs.uk/staff/news-centre/coronavirus/ All policies and SOPs are also available on the intranet Patient infection status is included on all inter hospital transfers and discharge documentation. PHE guidance on discharge of patients is implemented Discharge team manages complex discharge of patients to residential care facilities Covid positive status is flagged on the patient administration system. Patients are tested prior to discharge to a continuing care environment Staff use appropriate PPE for all patient transfers Any patients self-isolating following confirmed Covid contact are able to complete their self-isolation at home if medically fit. Patients are directed to the 'Stay at home' guidance and written confirmation of the day that their isolation ends All patients have an Electronic Discharge Notification (EDN) on discharge Information is prominently displayed on posters in public areas Face masks provided at the main entrances Floor signage to encourage 2m spacing in queuing areas 		
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5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> Screening and triaging of all patients as per IPC and National Institute for Health and Care Excellence (NICE) guidance within all health and other care facilities must be undertaken to enable early recognition of COVID-19 cases front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms and to segregate from non-Covid-19 cases to minimise the risk of cross-infection as per national guidance 	<ul style="list-style-type: none"> See below ED triage in place. Patients are assessed with temperature check and observations prior to booking in. Infection risk assessed and documented in ED notes. Pathway documented by a Navigating Decision Tree and Covid clerking proforma agreed by Gold command Updated triage document in place to fully risk assess patients at the entrance to ED. Additional questions around previous admissions, contacts, travel and self-isolation have been added Covid and non-covid streams segregate patients according to symptoms in ED. Additional isolation rooms identified for immunocompromised and shielding patients attending ED Training for all staff in ED on the management of immunocompromised patients 	<ul style="list-style-type: none"> Limited assurance that triage is undertaken consistently Lack of understanding of the process by some staff Covid medical proforma inconsistently completed Estates work required to separate paediatric streams in William Harvey Hospital (WHH) ED 	<ul style="list-style-type: none"> Discussed at huddles to remind staff to apply triage consistently Training for those staff unsure of process Spot checks to ensure compliance Plans developed to be implemented in December to create Covid paediatric area in WHH ED

	<ul style="list-style-type: none"> • Training videos developed including Question & Answer (Q&A) with DIPC • Blue (suspected Covid) patients are placed in a cohort bay pending swab results. A new bay is identified each day as the pending bay. If a patient has a positive swab they are moved out of the bay, bay is closed and the other (negative) patients remain in their cohort until they either go home, test positive or 14 days has passed. If all patients in a bay are negative they are placed into red stream beds after clinical review • Patients streamed to blue (covid) or red (non-covid) zones • Negative pressure isolation room available for patients requiring Aerosol Generating Procedure (AGP) in Emergency Department • All elective patients have Covid swab 24-48 hours prior to admission including patients for outpatient procedures All patients and visitors entering through main entrances have temperature check and are given masks • Non-elective paediatric patients triaged in paediatric assessment area which is zoned for Covid risk • Triage at paediatric outpatients. Clinical review undertaken whenever temperature is high • Obstetric patients undergo triage in maternity triage. Covid side rooms available for suspected cases. All admissions to maternity are swabbed • All patients streamed to the Covid (blue) area of ED are swabbed immediately. All patients admitted through the non-Covid 		
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<ul style="list-style-type: none"> • staff are aware of agreed template for triage questions to ask • triage undertaken by clinical staff who are trained and competent in the clinical case definition and patient is allocated appropriate pathway as soon as possible • face coverings are used by all outpatients and visitors 	<p>(red) stream are swabbed following a decision to admit</p> <ul style="list-style-type: none"> • Patients are cohorted into blue and red areas until results are known. • Positive patients are transferred from red to blue as soon as results are known. • Negative patients remain in their admission cohort until all results are known to avoid placing a contact of a positive case in a non-exposed bay. • Non-admitted patients who are swabbed and positive followed up by infection control • Near patient testing implemented in ED to identify non-covid patients rapidly. • Also used to identify confirmed positive patients to enable patient flow <ul style="list-style-type: none"> • Updated triage form has been developed and implemented • Training for ED staff implemented • Regular audit in place • Additional audit questions following updated national triage tool <ul style="list-style-type: none"> • Registered nurse at front door allocates patient to correct pathway <ul style="list-style-type: none"> • All outpatients and visitors wear masks except for those carrying exemption certificates • Masks provided at front entrance if 	<ul style="list-style-type: none"> • Lack of side rooms results in cohorting of non-elective patients awaiting swab results. Potential for cross infection 	<ul style="list-style-type: none"> • A live patient tracking system has been developed which identifies all Covid-19 positive patients showing which stream and wards the patient has been in on each day of admission together with any other Covid-19 positive patients enabling rapid identification of any contacts.
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<ul style="list-style-type: none"> • facemasks are available for patients with respiratory symptoms • provide clear advice to patients on use of facemasks to encourage the use of surgical facemasks by all inpatients in the medium and high risk pathways if this can be tolerated and does not compromise their clinical care • ideally segregation should be with separate spaces, but there is potential to use screens e.g. to protect reception staff • for patients with new-onset symptoms, isolation, testing and instigation of contact tracing is achieved until proven negative 	<p>required</p> <ul style="list-style-type: none"> • All patients (including those with respiratory symptoms) in ED encouraged to wear face masks • All inpatients encouraged to wear face masks if tolerated, especially when leaving the bedside • Reception staff are protected with screens • Patients in ED separated by clear curtains in majors • Social distancing in place in waiting areas • Vaccination centres have been organized with social distancing and separate spaces • Inpatients who develop symptoms are isolated wherever possible, bay closed pending results • Contact tracing carried out on all inpatients who test positive • Patients who develop symptoms in a non-covid area are tested promptly. The rationale for testing is documented in the patient's notes • Patients admitted on the Covid pathway who test negative initially have a medical review and are reassessed to either no longer suspected or continuing high risk of Covid. The high risk patients are re- 		
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<ul style="list-style-type: none"> patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately 	<ul style="list-style-type: none"> swabbed 48 hours after admission All patients who test negative on admission are re-tested at 5-7 days in line with national guidance. Additional day 3 swab from 30 November Patients attending out-patient appointments have their temperature checked at the front door If temperature is high, patients reviewed by clinician in ED Patients for elective admission who are unwell on the day of admission despite a negative pre-admission Covid swab have a medical review to determine if their planned treatment can proceed. 		
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> Separation of patient pathways and staff flow to minimize contact between pathways. For example this could include provision of separate entrances/exits (if available) or use of one-way entrance/exit systems, clear signage and restricted access to communal areas 	<ul style="list-style-type: none"> Separation challenging due to estate. Keep left signage in corridors Additional entrances available for staff Patients not permitted to use staff restaurants 		

<ul style="list-style-type: none"> all staff (clinical and non-clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe 	<ul style="list-style-type: none"> All staff undergo IPC, Health and safety e-learning and Fit testing. Locum and agency staff are fit tested and have local induction in IPC IPC link assessor checks hand hygiene competence and records on Electronic Staff Record (ESR) All new staff have induction training including IPC and FIT testing as appropriate Staff PPE training repeated in all outbreak areas together with Fit test checking. ICU training in place for non-ICU trained staff working in ICU. Medical and nursing training and at induction. National IPC e-learning modules in use. Level 1 for non-clinical and level 2 for clinical. Recorded on ESR Covid protocols on microguide for medical staff. ICS/Root Cause Analysis (RCA) on-line COVID hub PPE officers provide face to face training on wards IPC team provide ad hoc training in clinical areas Covid-secure areas identified in non-clinical areas Risk assessments in place to assess the number of people able to occupy an area maintaining social distancing. Posters displayed on doors Safety officers and IPC Team available in real time Remobilisation IPC guidance implemented in full for surgery, theatre and ITU with supporting SOPs. Not implemented in other areas to provide consistency for staff 	<ul style="list-style-type: none"> Welcome webinar does not include Covid apart from mask wearing and social distancing 	<ul style="list-style-type: none"> Any concerns are raised in the daily morning site huddles attended by representatives from all staff areas including 2gether staff and the designated site clinical and management leads. Updated induction process to include infection prevention session in addition to on line package DIPC PPE video is mandatory training for all staff. Facilities staff have videos for different staff groups including translated version for staff who do not have English as their first language
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<ul style="list-style-type: none"> all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it a record of staff training is maintained appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed 	<p>and avoid confusion regarding AGP patients,</p> <ul style="list-style-type: none"> PPE information materials to reinforce appropriate use of PPE available on staff area of the Trust Intranet sessional and single use PPE information cascaded and available on the intranet FIT testing available for all staff who need it. Repeat FIT testing undertaken for new types of mask Signage and posters displayed on wards and in donning and doffing areas Estates work on Oxford and Cambridge J complete, providing donning and doffing areas An electronic log of staff training is in place A record of FIT testing is maintained The continual training program also includes re-usable equipment and methods of cleaning Respirator hoods are managed by Electronics and Medical Engineering (EME). They are issued, once authorized, via the medical equipment libraries (MEL). Short term loans are returned (socially clean) to the MEL where they are cleaned again and ATP tested Other PPE will only be re-used with Gold and IPC agreement and release of clear guidance 		
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<ul style="list-style-type: none"> any incidents relating to the re-use of PPE are monitored and appropriate action taken adherence to PHE national guidance on the use of PPE is regularly audited <p>Hygiene facilities (IPC measures) and messaging are available for all patients/individuals, staff and visitors to minimize Covid-19 transmission such as:</p> <ul style="list-style-type: none"> hand hygiene facilities including instructional posters good respiratory hygiene measures maintaining physical distancing of 2m wherever possible unless wearing PPE 	<ul style="list-style-type: none"> All incidents related to PPE reported as Datix incidents Incidents investigated and learning shared Product quality issues are sent to procurement for investigation and action Gold command monitor incidents and takes urgent action as appropriate by cascading to procurement for response. Incidents causing harm are raised as potential Serious Incident (SI) to panel – If agreed then 72 hour report and full RCA PPE usage is audited as part of outbreak investigation Combined PPE and Hand hygiene audit in use in clinical areas All hand hygiene facilities have hand hygiene instructions on the splash back All staff, outpatients and visitors wear masks Inpatients encouraged to use masks as much as tolerated Social distancing encouraged Signage on doors stating maximum occupancy 		
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<p>as part of direct care</p> <ul style="list-style-type: none"> • frequent decontamination of equipment and environment in both clinical and non-clinical areas • clear advice on the use of face coverings and face masks by patients/individuals, visitors and by staff in non-patient facing areas • staff regularly undertake hand hygiene and observe standard infection control precautions 	<ul style="list-style-type: none"> • Additional break areas available • Disinfectant wipes provided for non-clinical areas • Domestic and nursing cleaning tasks implemented in clinical areas. Records kept of cleaning • Advice available by posters, verbal advice at the entrances. • PPE policy available on staff zone • In place. Daily audits of hand hygiene compliance reported to daily safety huddle and available electronically • Antimicrobial hand rub widely available and at the end of all beds • Updated audit covers hand hygiene and PPE reflecting current practice • Discussion at safety huddles and handover • Hand hygiene included in PPE video for mandatory and induction training • All staff given small bottles of hand rub and refilling stations provided • 2gether maintain all hand rub bottles (except those at the end of patients' beds) • Additional stocks of hand rub for wall mounted dispensers identified • Hand rub provision reviewed on all wards to ensure that all entry and exit points 		
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<ul style="list-style-type: none"> • The use of hand air dryers should be avoided in all clinical areas. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination, as per national guidance • Guidance on hand hygiene, including drying should be clearly displayed in all public toilet areas as well as staff toilets • staff understand the requirements for uniform laundering where this is not provided for on site • all staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national 	<p>have provision</p> <ul style="list-style-type: none"> • All clinical areas hand wash basins are co-located with paper towel dispensers • All portable sinks have back boards to hold soap and towel dispensers and hand washing instructions • Full review of placement of all portable hand wash basins ongoing • All hand wash basins have hand washing and drying guidance on back boards or posters in both clinical and public areas • Scrubs are worn on all Covid wards and several other wards and clinical areas by clinical and facilities staff. • Scrubs are laundered by the Trust and staff are advised not to take them off-site • Staff launder their own uniforms. Guidance has been published through the daily bulletin and Covid intranet page. • All staff advised to travel to and from work in their own clothes and change on site • Staff changing and shower facilities provided on all acute sites • Staff are aware of and understand the process for reporting absence. • Information on symptoms of Covid shared widely including posters, staff Intranet site and daily huddles • On-line appointment system available to 		
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<p>guidance if they or a member of their household display any of the symptoms.</p> <ul style="list-style-type: none"> A rapid and continued response through ongoing surveillance of rates of infection transmission within the local population and for hospital/organization onset cases (staff and patients/individuals) Positive cases identified after admission who fit the criteria for investigation should trigger a case investigation. Two or more positive cases linked in time and place trigger and outbreak investigation and are 	<p>book testing</p> <ul style="list-style-type: none"> Occupational health available via email and phone to access advice from dedicated staff Occupational Health staff explain the self-isolation process to symptomatic and Covid positive staff Occupational health under-take contact tracing and staff screening as necessary. Occupational Health are instrumental in providing advice, results and follow ups as and when required, keeping staff informed and managing their well-being. Symptomatic positive staff self-isolate for a minimum of 14 days. Asymptomatic positive staff self-isolate for 10 day <ul style="list-style-type: none"> Community rates of infection are continuously monitored with information disseminated to senior managers Daily sitrep analysis available to all managers Discussion at daily exec Covid Gold committee Covid variant with 70% increased transmissibility identified in Kent and Medway <ul style="list-style-type: none"> Outbreaks declared according to national guidance Outbreaks are investigated and Serious incidents declared as appropriate IIMARCH forms completed for all outbreaks Outbreaks reported via national online 		
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reported <ul style="list-style-type: none"> Robust policies and procedures are in place for the identification of and the management of outbreaks of infection 	platform <ul style="list-style-type: none"> Outbreak SOP in place Active management by infection control team 		
7. Provide or secure adequate isolation facilities			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure: <ul style="list-style-type: none"> Restricted access between pathways if possible (depending on the size of the facility, prevalence/incidence rate low/high) by other patients/individuals, visitors or staff Areas/wards are clearly signposted, using physical barriers as appropriate so patients/individuals and staff understand the different risk areas patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate 	<ul style="list-style-type: none"> Pathways clearly identified Surgical green pathway implemented and reviewed according to prevalence of infection Visitors not permitted in Covid positive areas Ward doors are locked Restricted access to covid areas Signage in place All suspected and confirmed Covid patients are placed in designated Covid wards. Suspected cases are cohorted chronologically until test results are available Negative pressure side room in ED (at WHH) for Covid patients requiring Aerosol 	<ul style="list-style-type: none"> The lack of negative pressure rooms or sufficient side rooms throughout the organisations inpatient areas 	<ul style="list-style-type: none"> Changes to the estate to create more negative pressure and isolation areas have commenced on all 3 acute sites.

<ul style="list-style-type: none"> • areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance • patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement 	<p>Generating Procedures.</p> <ul style="list-style-type: none"> • Isolation ward is designated for Covid AGP during escalation • Covid ICU is negative pressure on all three sites. • Covid NIV patients nursed in cohort bays to enable nursing expertise to be best deployed to keep patients safe • Cohort bays have privacy curtains between the beds to minimize opportunities for close contact • Cohort wards are separated from non-segregated areas by closed doors • Signage displayed warning of the segregated area to control entry • Cohort areas differentiate the level of care (general and Covid ICU) • Suspected or confirmed paediatric patients accommodated in side rooms with en-suite facilities • Maternity has a green pathway for elective C-section • Pre-existing IPC policies continue to apply • Some variance required to meet the requirements of Covid levels of PPE in co-infected patients • Active management of side room provision between ICT and site managers through daily meetings 	<ul style="list-style-type: none"> • A designated self-contained area or wing is not available for the treatment and care of Covid patients. No separate entrance is available • Some pre-existing IPC policies are past their review date. 	<ul style="list-style-type: none"> • Access is through closed doors accessible using PIN number • Fob access to maternity/paediatrics/NI CU for staff. Intercom for patients and visitors • Not used as staff/visitor thoroughfare • Ongoing work to review and update
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8. Secure adequate access to laboratory support as appropriate

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>There are systems and processes in place to ensure:</p> <ul style="list-style-type: none"> • Ensure screens taken on admission are given priority and reported within 24 hours • Regular monitoring and reporting of the testing turnaround times with focus on the time taken from the patient to time result is available • testing is undertaken by competent and trained individuals • patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance 	<ul style="list-style-type: none"> • Laboratory pathway in place to ensure priority for ED samples. Red bags in use • Turnaround times closely monitored and reported daily • Near patient testing deployed • Testing undertaken by registered biomedical scientists with documented competencies • Methods validated prior to diagnostic testing • Tests sent to Pillar 2 labs when demand outstrips capacity • Extended laboratory working hours to deliver service • All non-elective patients are tested on admission, on day 5-7 and weekly thereafter • Results available through electronic PTL in real time 	<ul style="list-style-type: none"> • Turnaround times (TAT) not yet consistently below 24 hours • Unable to monitor patient-result TAT • Near patient testing facility has been delayed 	<ul style="list-style-type: none"> • Additional small batch analysers introduced • Review of transport arrangements from Queen Elizabeth the Queen Mother (QEQM) • Delay in near patient testing machine escalated to CCG and region

<ul style="list-style-type: none"> • regular monitoring and reporting that identified cases have been tested and reported in line with the testing protocols (correctly recorded data) • screening for other potential infections takes place 	<ul style="list-style-type: none"> • Positive results followed up by IPC team • All results reported to PHE via Co-surv • All elective patients tested 72 hours prior to admission • On line booking system for staff testing • All staff tested as part of one-off screen at the end of July 2020 • Staff results sent by text message directly from the on-line system. Occupational health follow-up positive staff members • Antibody testing available to all patients and staff on request • Covid testing SOP is agreed by Gold and is available on the Trust intranet • Results monitored and flagged on PTL • Automatic reminders for swabs due appear on ward PTL • All routine diagnostic tests remain available • Testing for other respiratory viruses available. Testing algorithm in place in microbiology. Consultation with clinical teams has been undertaken • MRSA, GRE and CPE screening continues as in pre-covid policies • Routine testing for C. difficile in patients with diarrhoea continues 		
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9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure that:</p> <ul style="list-style-type: none"> • staff are supported in adhering to all IPC policies, including those for other alert organisms • any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff • all clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in 	<ul style="list-style-type: none"> • IPC team supports wards. All wards visited daily by matrons and IPCT. Fully range of Covid SOPs in place • Advice available from IPC team and consultant microbiologists. On call rotas in place • DIPC and deputy DIPC responsible for checking for updates to national guidance and advising executive team • Updates shared with staff through Covid Gold, Team briefs, huddles and ward catch up meetings and through the staff page of the Trust intranet. Clinical areas have a nominated individual to check the intranet daily for updates • Trust wide emails sent to all staff as and when appropriate • PPE SOP is approved by Gold and available on the intranet • IPC team support ward staff in implementing any changes • All clinical waste related to possible, suspected or confirmed Covid-19 cases is disposed of in the Category B(orange) clinical waste stream 	<ul style="list-style-type: none"> • Some pre-existing IPC policies are past their review date. 	<ul style="list-style-type: none"> • Ongoing work to review and update

<p>accordance with current national guidance</p> <ul style="list-style-type: none"> PPE stock is appropriately stored and accessible to staff who require it 	<ul style="list-style-type: none"> New guidance for disposal of lateral flow tests and vaccination centres –current practice already in line with guidance PPE central stocks are held on all sites Active management of stock levels by procurement to ensure safe levels of stock Wards receive a top up delivery of PPE 2-3 times weekly and can order additional stock by phone from the stores on each site which is delivered promptly Information for ward staff available on the Trust Intranet 		
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10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Appropriate systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported 	<ul style="list-style-type: none"> Staff risk assessment in place Redeployment opportunities and working from home for high risk staff Employee assistance programme in place including 'grab bags', free parking, staff areas, psychological support, access to counselling, health and fitness advice. Annual leave continues to be taken Staff advised to observe track and trace rules and self-isolate if requested to do so. Staff advised to observe all quarantine rules when returning from other countries Vaccine roll out commenced with high risk groups identified for priority vaccination 		

<ul style="list-style-type: none"> that risk assessments are undertaken and documented for any staff members in an at risk shielding group, including Black, Asian and minority ethnic (BAME) and pregnant staff staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained staff who carry out fit test training are trained and competent to do so all staff required to wear an FFP respirator have been fit tested for the model being used and this should be repeated each time a different model is used a record of the fit test and result is given to and kept by the trainee and centrally within the organisation for those who fail a fit test, there is a record given to and held by trainee and centrally 	<ul style="list-style-type: none"> 99% of BAME staff risk assessments completed Risk assessments on all staff undertaken FIT testing in place. A log of staff training is available SOP available on staff intranet for reusable respirators Staff given training and guidance on cleaning Fit testers all have recognised national training competence All staff required to wear a FFP respirator are fit tested Fit testing on new models available as required A central log of Fit testing is maintained Staff given results identifying type of mask to be worn As above Re-usable masks and hoods are available for staff who fail fit testing with disposable masks 		
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<p>within the organisation of repeated testing on alternative respirators and hoods</p> <ul style="list-style-type: none"> for members of staff who fail to be adequately fit tested a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm a documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health following consideration of reasonable adjustments e.g. respiratory hoods, personal re-usable FFP3, staff who are unable to pass a fit test for an FFP respirator are redeployed using the nationally agreed algorithm and a record kept in staff members personal record and Occupational health service record boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff 	<ul style="list-style-type: none"> Redeployment options are available. These are discussed with each member of staff where the risk assessment and fit testing identifies redeployment as suitable and appropriate mitigation. Records are kept and stored electronically An electronic system is in place to record and store details for risk assessments and any necessary mitigations to support individual members of staff. Any redeployment decision is retained as part of this record. This process adopts and follows the nationally agreed algorithm. This is in place for current staff and forms part of the pre employment process for new starters. A centrally held record is maintained. But this sits outside of ESR currently. This is being reviewed in order to facilitate routine reporting as part of statutory and 		
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<p>safety and provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board</p> <ul style="list-style-type: none"> Consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross-over of care pathways between planned and elective care pathways and urgent and emergency care pathways, as per national guidance All staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not wearing a facemask and in non-clinical areas 	<p>mandatory training compliance to the board</p> <ul style="list-style-type: none"> Green pathways for elective care have been developed. SOP in place Theatre SOP in place designating green and blue pathways to avoid cross over. SOP in place Dedicated green elective surgical wards on all three sites Masks worn at all times in the hospital buildings except when in a designated covid-secure area or when eating and drinking Staff social distancing in corridors and queues Assessments undertaken in all work areas. The number of people able to occupy a room whilst maintaining social distancing is displayed on the door. Staff working from home wherever possible Rotation of teams in some services to maintain covid secure workplaces e.g. admin teams Additional outdoor seating to provide extra socially distanced space for staff breaks 	<ul style="list-style-type: none"> Staff found not to be universally observing social distancing especially in break rooms and around nurses stations 	<ul style="list-style-type: none"> Maximum occupancy signage on doors of break rooms Chairs removed from break areas Social distancing messages reinforced in PPE video for all staff, safety huddles and hand over and as part of outbreak meetings Spot checks by managers Floor signage for social distancing
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<ul style="list-style-type: none"> • health and care settings are COVID-19 secure workplaces as far as practical, that is, that any workplace risk(s) are mitigated maximally for everyone • staff are aware of the need to wear facemask when moving through COVID-19 secure areas. • staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing • staff that test positive have adequate information and support to aid their recovery and return to work. 	<ul style="list-style-type: none"> • All non-clinical areas assessed for Covid security. • Maximum occupancy identified on signage • Disinfectant wipes available to staff in non clinical areas to clean workstations • Advice given to staff to don masks whenever moving around Covid secure area • Employee assistance programme in place including psychological support, access to counselling, health and fitness advice. • On-line booking for testing for all staff • Drive through testing centres on all 3 acute sites? • Occupational health monitor shielding staff at the request of employee and/or manager. • Staff who are self-isolating are monitored by their line-manager within the absence management process and can be review on request by occupational health • Occupational Health staff explain the self-isolation process to symptomatic and Covid positive staff. Have updated PHE self-isolation information to reflect Trust policy • Occupational Health have provided return to work information on Trust Intranet for employees and managers. • Occupational health available via email and phone to access advice from 		
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	<p>dedicated staff.</p> <ul style="list-style-type: none">• Occupational Health and HR have maintained staff wellbeing pages on intranet keeping staff informed on managing their well-being, signposting for both physical and mental health. This includes information regarding the Employee Assistance Programme, partnership working with Remploy and self-referral to OH Wellbeing Advisor.		
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REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	11 FEBRUARY 2021
REPORT TITLE:	FINANCE AND PERFORMANCE COMMITTEE (FPC) CHAIR REPORT
BOARD SPONSOR:	SUNNY ADEUSI, ACTING FPC CHAIR (ON BEHALF OF NIGEL MANSLEY, CHAIR OF THE FPC)
PAPER AUTHOR:	EXECUTIVE PERSONAL ASSISTANT
PURPOSE:	APPROVAL
APPENDICES:	APPENDIX 1: MONTH 8 FINANCE REPORT

BACKGROUND AND EXECUTIVE SUMMARY:

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

- Overseeing the development and maintenance of the Trust's Financial Recovery Plan (FRP), delivery of any financial undertakings to NHS Improvement (NHSI) in place, and medium and long-term financial strategy.
- Reviewing and monitoring financial plans and their link to operational performance overseeing financial risk evaluation, measurement and management.
- Scrutiny and approval of business cases and the capital plan. Approval limits:
 - Revenue: £2.5m over 5 years
 - Capital up to £2.5m
- 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.

The following provides feedback from the January 2021 FPC meeting.

1 Month 8 Finance Report

Appendix 1 provides the Board with oversight of the financial position and therefore only the highlights are provided below:

- 1.1 The Trust achieved a £0.2m surplus in November 2020, which brought the year-to-date (YTD) position to a £0.2m surplus, slightly ahead of the plan.
- 1.2 The impact of Covid-19 had paused the NHS business planning process nationally. Nationally-mandated interim financial regime and contracting arrangements are in place for 2020/21.
- 1.3 From April to September 2020, the Trust was funded to financial breakeven through National block and top-up payments. From October 2020 to March 2021 the Trust would be funded by:
 - A block payment based on estimated services commissioned by NHS England (NHSE) and Clinical Commissioning Groups (CCGs) to cover all costs including an estimate for Covid-19 costs;
 - A variable payment linked to the volume of patients treated and some specific high costs drugs;

- A retrospective top-up to refund some specific 'out of envelope' costs incurred due to Covid-19.
- 1.4 Under the new funding rules, the EKHUFT financial plan for 2020/21 was breakeven, excluding an assessment for the value of un-used annual leave at year-end of £5m.
 - 1.5 The Trust had identified £3m of additional costs due to Covid-19 in November 2020 along with lost income of £0.5m, bringing the total financial impact of Covid-19 to £40.6m YTD.
 - 1.6 The Trust's cash balance at the end of November 2020 was £70m which was £67m above plan due to the NHSE/NHS Improvement (NHSI) block payment on account to cover anticipated operational costs in advance.
 - 1.7 Total capital expenditure at the end of November 2020 was £12.2m which excluded £2.7m of Covid-19 expenditure which was assumed to be externally funded.
 - 1.8 The Committee noted a potential risk that the Trust would not receive full reimbursement for Covid-19 capital expenditure and therefore would be required to be funded from internal generated resources. i.e. Trust depreciation / cash. Additionally, with £21m external funding anticipated for Emergency Department (ED) and Intensive Therapy Unit (ITU) expansion there is a risk that the Trust cannot spend the full planned amount in 2020/21 due to operational pressures.
 - 1.9 The Committee was notified that an audit was due to be undertaken by Deloitte's into the Trust's Covid spend. The audit would focus on the Trust's financial governance in terms of legitimacy of transactions.

2 Finance and Operational Risks

The Committee received and discussed the finance and operational risks and noted a new risk was to be added to the Corporate Risk Register around uncertain income flows for 2020/21 and 2021/22 (Risk number 2186). The Director of Finance and Performance Management provided assurance with regards to the 2020/21 income flow position that agreement had been reached through block contract arrangements with the CCG and wider Kent & Medway (K&M) system, however, there remained some uncertainty with regards to the 2021/22 position and guidance was awaited from NHSE/I.

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

The Committee received a highlight report on the National Constitutional Standards, which is covered in detail in the Integrated Performance Report (IPR). Key areas were noted as detailed below:

- 3.1 Trust departments were facing substantial staffing challenges. As a mitigating factor, it was noted that Trust had previously approved an elevated pay premium (£500k) which had been agreed at Trust Board in order to attract temporary staff to manage staffing rotas and demand. The Director of Finance and Performance was asked to make a referral to the Trust's Interim Chief Nurse and Director of Human Resources and Organisational Development to seek the impact of staffing issues in relation to the pay premium including the impact on fill rates and ability to recruit.
- 3.2 The Committee noted the 5 patients waiting >104 days for treatment or diagnosis. The Deputy Chief Operating Officer reassured the Committee that the Trust's Operational Director for Cancer Services had tracking procedures in place for those patients. The Deputy Chief Operating Officer was asked to provide a brief anonymised synopsis of the complexities around the >104 day patients on the 62-day Cancer performance pathway for future FPC meetings.
- 3.3 Accident & Emergency (A&E) 4-hour access standard was 75.88%, excluding Kent Community Health NHS Foundation Trust (KCHFT) Minor Injury Unit (MIU).

- 3.4 A&E 4-hour access standard was 77.65%, including KCHFT MIU.
- 3.5 18 Week Referral to Treatment (RTT) was 69.54%.
- 3.6 62-day Cancer Standard was 81.92%.
- 3.7 6-week diagnostic standard was 78.19%.

4 Update on Winter Planning and Capacity

The Committee received and discussed an update report regarding winter planning and capacity management.

- 4.1 The Committee noted out-dated references to EU trade agreement within the appended documentation. The Deputy Chief Operating Officer was asked to rectify this.
- 4.2 In terms of Business Continuity around EU Exit, the Committee were notified that the Trust had supplies and the impact of traffic through Dover was being monitored.

5 2020/21 Capital Programme Projects

The Committee received and noted an update report regarding the Trust's capital programme.

- 5.1 The Trust's Capital plan had risen from £40m at the start of the financial year 2020/21 to current plan of £64.6m.
- 5.2 The Committee noted a funding gap of £2.7m which related to the unfunded Covid-19 capital spend in April-June 2020 for which the Trust submitted formal bids to NHSE/I and was awaiting confirmation of funding.
- 5.3 The Committee were informed of six high-risk capital spend schemes totalling £23m. The schemes were noted as follows (£'000):
 - i. Backlog maintenance / patient environment (PEIC) – additional (£1,620);
 - ii. Installation of MRI Queen Elizabeth the Queen Mother Hospital (QEQMh) (£972);
 - iii. Cardiac Catheter Lab Replacement (£2,332);
 - iv. ITU Expansion William Harvey Hospital (WHH) – New Build (£14,000);
 - v. ITU Expansion WHH & QEQMh (£3,250);
 - vi. ED Expansion WHH & QEQMh – Fracture Clinic move to Management Offices (inc x-ray) (£1,000).
- 5.4 The Committee had asked for the consideration on how the Trust could mitigate against any income risks and flag as part of the risks for 2021/22.

6 System Financial Principles

The Committee received and discussed a report regarding the System Financial Principles. The Committee was notified that Chief Finance Officers across K&M Health and Social Care community had agreed to further develop financial governance arrangements across the system. The paper would be brought back to a future FPC meeting to seek formal approval of the Financial Principles and Financial Governance arrangements.

7 National Costs Collection (NCC) 2019/20 – Final Submission Report

The Committee received and noted the NCC 19/20 final submission report which had provided assurance that the NCC return had been completed in line with the Approved Costing Guidance. The publication of the NCC results for 2019/20 was expected in February 2021.

8 Other Reports

The Committee received and discussed the following:

- Extension of Pathology Managed Service Contract (MSC) – the Committee

approved this paper at the December 2020 FPC but had requested further assurance around the productivity, operational savings and benefits which had been contained in this report.

- FPC Annual Work Programme for 2021.
- Strategic Investment Committee (update and minutes).

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	Failure to achieve financial plans as agreed with NHSI under the Financial Special Measures Regime.
LINKS TO STRATEGIC OBJECTIVES:	We care about... <ul style="list-style-type: none"> • Our future; • Our sustainability
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	SRR5: Failure to achieve financial plans as agreed with 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 of Directors is asked to discuss and **APPROVE** the FPC Chair report.

Finance Performance Report 2020/21

November 2020

Director of Finance and Performance Management
Philip Cave



Contents and Appendices
Month 08 (November) 2020/21

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Executive Summary

Month 08 (November) 2020/21

Executive Summary

The Trust achieved a £0.2m surplus in November, which brought the year-to-date (YTD) position to a £0.2m surplus, slightly ahead of the plan.

The impact of Covid-19 has paused the NHS business planning process. Nationally-mandated interim financial regime and contracting arrangements are in place for 2020/21.

From April to September 2020 the Trust was funded to financial breakeven through National block and top-up payments. For October 2020 to March 2021 the Trust is funded via:

- 1) A block payment based on estimated services commissioned by NHS England and Clinical Commissioning Groups (CCGs) to cover all costs including an estimate for Covid-19 costs
- 2) A variable payment linked to the volume of patients treated and some specific high costs drugs
- 3) A retrospective top-up to refund some specific 'out of envelope' costs incurred due to Covid-19

Under the new rules the EKHUFT financial plan for 2020/21 is breakeven, excluding an assessment for the value of un-used annual leave at year-end of £5m.

The financial plan and budget has been reset to reflect the new financial regime. The table below outlines the in-month and YTD performance against this new plan.

£'000	This Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
EKHUFT Income	63,385	65,569	2,184	489,823	492,931	3,108
EKHUFT Pay	(39,565)	(39,210)	355	(302,288)	(301,698)	590
EKHUFT Non-Pay	(23,972)	(26,282)	(2,310)	(188,382)	(191,711)	(3,330)
EKHUFT Financial Position	(152)	77	229	(847)	(479)	369
Spencer Performance After Tax	36	50	13	167	262	96
2gether Performance After Tax	84	92	8	676	762	86
Reprofiling Plan adjustment	31	(1)	(32)	29	0	(30)
Consolidated I&E Position (pre Technical adjs)	0	219	219	25	546	521
Technical Adjustments	0	(52)	(52)	0	(333)	(333)
Consolidated I&E Position (incl Top Up)	0	167	167	25	213	188

The Trust has identified £3m of additional costs due to Covid-19 in November along with lost income of £0.5m, bringing the total financial impact of Covid-19 to £40.6m YTD.

Income and Expenditure

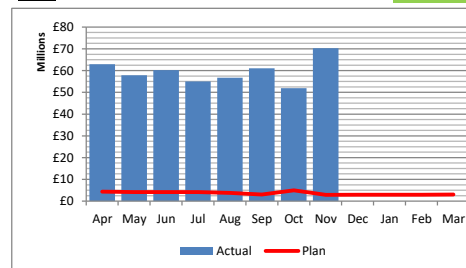
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The Trust achieved a £0.2m surplus in November, slightly ahead of the plan. The main drivers of the in-month position as compared to the revised 2020/21 financial plan were:

- A clinical income variance of £1.5m due to a combination of additional commissioner funding for Spencer hospital (£0.8m) and cancer drugs funding outside of the block payment (£0.3m) due to higher than planned activity.
- A non-clinical income variance of £0.7m income due to additional income to fund 'outside of envelope' Covid-19 costs of £0.7m, charitable donations for capital assets and income relating to research and innovation.
- A non-pay overspend of £2.4m mainly due to overspends on drugs, non-clinical supplies and provisions for legal costs.

Cash

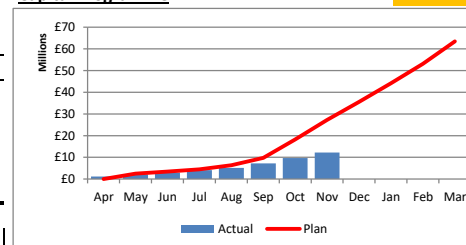
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The Trust's cash balance at the end of November was £70m which was £67m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in advance. As directed by DHSC, the Trust converted £125m of revenue and capital loans to Public Dividend Capital (PDC) in September 2020, which attracts an interest rate of 3.5% but does not require repayment.

Capital Programme

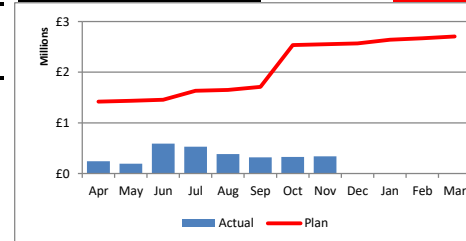
A



Total capital expenditure at the end of November was £12.2m which excludes £2.7m of Covid-19 expenditure which is assumed to be externally funded. There remains a risk that the Trust will not receive full reimbursement for Covid-19 capital expenditure and therefore would be required to be funded from internal generated resources i.e. Trust depreciation / cash. Additionally, with £21m external funding anticipated for ED and ITU expansion there is a risk that the Trust cannot spend the full planned amount in 2020/21 due to operational pressures.

Cost Improvement Programme

R



The Trust planned to deliver £25m of CIP in 2020/21 in our submitted NHSE/I draft plan. In light of the national directive to focus on the operational response to Covid-19 EKHUFT has a reduced ability to make efficiency savings and delivered £0.3m of savings against a plan of £2.6m in November.

Income and Expenditure Summary

Month 08 (November) 2020/21

Unconsolidated £000	This Month			Year to Date			Annual
	Plan	Actual	Var.	Plan	Actual	Var.	Plan
Income							
Electives	7,877	7,377	(500)	39,527	37,976	(1,552)	71,122
Non-Electives	16,213	15,009	(1,204)	116,173	112,833	(3,340)	181,205
Accident and Emergency	3,028	2,758	(270)	21,602	21,022	(580)	33,750
Outpatients	7,056	12,092	5,036	39,037	42,029	2,991	67,338
High Cost Drugs	13,252	4,780	(8,471)	41,919	35,403	(6,516)	57,315
Private Patients	(98)	29	127	(140)	84	224	(126)
Other NHS Clinical Income	12,263	8,035	(4,228)	158,081	148,248	(9,834)	244,914
Other Clinical Income	267	11,236	10,970	1,817	21,546	19,729	2,890
Total Clinical Income	59,857	61,315	1,458	418,016	419,139	1,123	658,408
Non Clinical Income	3,528	4,255	726	71,807	73,792	1,985	85,151
Total Income	63,385	65,569	2,184	489,823	492,931	3,108	743,559
Expenditure							
Substantive Staff	(33,841)	(33,662)	180	(261,945)	(261,526)	420	(407,876)
Bank	(2,066)	(2,241)	(175)	(15,186)	(15,287)	(101)	(23,568)
Agency	(3,658)	(3,308)	351	(25,158)	(24,886)	272	(39,116)
Total Pay	(39,565)	(39,210)	355	(302,288)	(301,698)	590	(470,560)
Non Pay	(21,925)	(24,349)	(2,425)	(172,696)	(176,213)	(3,517)	(254,739)
Total Expenditure	(61,490)	(63,560)	(2,070)	(474,985)	(477,912)	(2,927)	(725,299)
Non-Operating Expenses	(2,047)	(1,932)	115	(15,685)	(15,498)	187	(24,484)
Income and Expenditure Surplus/(Deficit)	(152)	77	229	(847)	(479)	369	(6,224)

Consolidated £000	This Month			Year to Date			Annual
	Plan	Actual	Var.	Plan	Actual	Var.	Plan
Income							
Clinical Income	60,924	62,530	1,606	425,768	427,451	1,683	669,775
Non Clinical Income	3,266	3,817	551	70,628	72,026	1,398	83,024
Total Income	64,190	66,347	2,157	496,396	499,477	3,081	752,799
Expenditure							
Pay	(42,401)	(42,429)	(28)	(325,784)	(326,014)	(230)	(505,397)
Non Pay	(19,701)	(21,661)	(1,960)	(154,532)	(156,968)	(2,436)	(226,762)
Total Expenditure	(62,102)	(64,090)	(1,988)	(480,316)	(482,982)	(2,666)	(732,159)
Non-Operating Expenses	(2,088)	(2,038)	50	(16,055)	(15,949)	106	(25,615)
Income and Expenditure Surplus/(Deficit)	-	219	219	25	546	521	(4,975)

Clinical Income

The Covid-19 income regime changed in October- still supporting, but not guaranteeing, Group income at a level which delivers a break-even position.

All NHS Trusts were required to submit a new plan reflecting the change in payment methodology and part of this was to reset the M1-6 plan to actuals. There are no commissioning contracts in year.

The Commissioner allocated payments have remained, but there are a number of changes:

We have been allocated a budget of £3m per month to cover covid-19 costs, the Top up funding has increased by £0.9m to £4m and we have received an additional £3.5m growth funding. These funding streams replace the retrospective top up received in M1-6. All these payments have moved from being funded by NHSE/I centrally to being commissioned by Kent and Medway CCG. The level should allow the Trust to breakeven with the exception of the value of the Annual Leave accrual.

For presentation, the Covid-19 specific payments, Top-Ups and Growth funding have all moved from Other Income to Clinical Income.

The majority of NHS England drugs have moved from block to a passthrough payment mechanism. This will therefore impact reported variance to plan levels, however the expenditure will match, meaning no impact to the Trust.

Non-Clinical Income and Expenditure

Non-clinical income is favourable to plan in November by £0.7m and by £2.0m YTD. This variance YTD predominantly relates to above plan income for Covid-19 expenditure outside of the Trust's original funding envelope totalling £1.1m, plus GP trainee salary income and donations for the purchase of capital assets totalling £0.8m.

Total expenditure is adverse to plan in November by £2.1m and adverse to plan YTD by £2.9m. Covid-19 expenditure stands at £3.0m in month and £34.1m YTD.

Pay performance is favourable to plan in November by £0.4m and by £0.6m YTD. Pay expenditure relating to the Covid-19 response is £1.6m and £16.0m YTD. The total pay bill in October was £39.2m, an increase of £0.6m when compared to October. The increase mainly relates to arrears of pay and increased locum claims.

Expenditure on non-pay is adverse to plan in November by £2.4m and by £3.5m YTD, driven mainly by overspend on drugs, non-clinical supplies and provisions for legal costs, offset by an underspend in clinical supplies. Non-pay expenditure increased by £1.3m in November, driven by increased provisions for legal costs and provisions for bad debts

Cash Flow
Month 08 (November) 2020/21

Unconsolidated Cash balance was £70.3m at the end of November 20, £67.4m above plan.

Cash receipts in month totalled £93.4m (£37.9m above plan)

As part of the Covid-19 response, the Trust moved to block contract payments from April 20. December block payments were received from Kent & Medway CCG in November, totalling £50.7m. An additional £21.0m was received relating to October and November.

No PDC revenue support was required in month.

Cash payments in month totalled £75.0m (£17.4m above plan)

Creditor payment runs inc Capital payments were £19.7m (£6.6m above plan). Payments to 2gether Support Solutions were £19.7m (£6.0m above plan) Payroll was £32.9m (£2.2m above plan). Payment of £2.7m PDC dividend was made in the month.

Working Capital Facility

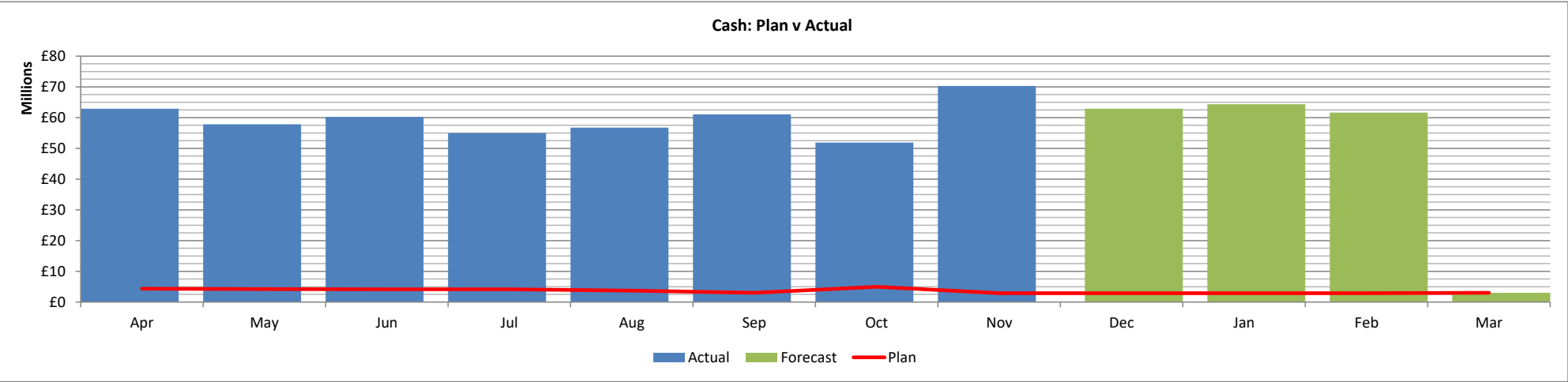
In September, all revenue and capital loans were converted to PDC, reducing the Trusts borrowings to nil. Any further borrowings in 2020/21 will be drawn down as PDC.

Revenue PDC

£4.0m was drawn down as PDC in April 2020 as per plan. No additional support has been required since April due to the block and top up payments received. DHSC will provide 2 months notice before block payments will cease. It has been forecast that no block will be received in March 2020.

Creditor Management

In the closing 2 weeks of March 20, the Trust moved to pay invoices to 7 day terms to protect suppliers through COVID-19. This has continued throughout November. At the end of November 2020 the Trust was recording 55 creditor days (Calculated as invoiced creditors at 30th November/ Forecast non pay expenditure x 365).



Clinical Income

Month 08 (November) 2020/21

Trust Income Plan **£418.016m**

Trust Actual Income **£419.139m**

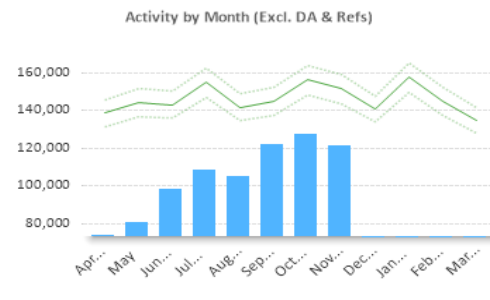
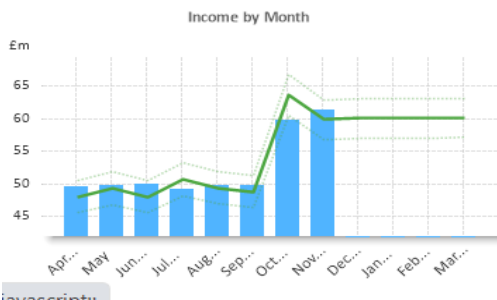
Income Variance **£1.123m**

2020/21 - Month 8 Model

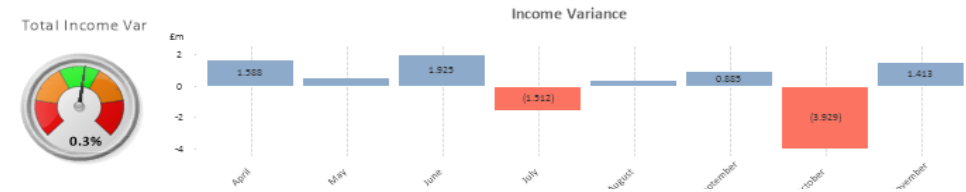
East Kent Hospitals University NHS Foundation Trust

	Year to Date			This Month vs. Run Rate		
↑ Summary	Plan	Actual	Variance	Actual	Run Rate to M7	Var to M7 Run Rate
1a Total Non Elective Spells	113.4	110.5	(2.9)	13.9	13.8	0.1
1b Total Non Elective Excess Bed Days	2.7	2.3	(0.4)	0.2	0.3	(0.1)
2 Accident & Emergency	21.6	21.0	(0.6)	2.8	2.6	0.1
3a Total Elective Spells	39.1	37.7	(1.5)	7.1	4.4	2.7
3b Total Elective Excess Bed Days	0.4	0.3	(0.1)	0.0	0.0	(0.0)
4a New Outpatient Attendances	15.9	17.7	1.8	2.9	2.1	0.8
4b Outpatient Follow Up Attendances	22.3	23.2	0.9	3.3	2.8	0.5
5a Other PbR Cost Per Case	25.8	25.8	0.1	3.2	3.2	(0.1)
5b Non-PbR Cost Per Case	82.4	73.4	(9.0)	10.3	9.0	1.3
6 Block Agreements	101.4	112.2	10.7	18.5	13.4	5.1
7 Risks and Adjustments	(7.0)	(5.0)	2.1	(0.6)	(0.6)	(0.0)
8 Contract Adjustments	(0.0)	(0.0)	-	-	(0.0)	0.0
9c Adjust Prior Month Reported Position	(0.0)	-	0.0	(0.2)	0.0	(0.3)
	(0.0)	-	0.0	-	-	-
Grand Total	418.0	419.1	1.1	61.3	51.1	10.2

	This Month			Year to Date			Annual
↑ Care Group Income £m	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Cancer Services	4.0	4.0	(0.0)	31.8	31.8	(0.0)	47.9
Central	11.2	12.5	1.3	29.9	31.0	1.1	70.7
Clinical Support Services	5.1	5.1	0.0	40.2	40.2	0.0	59.7
General and Specialist Medicine	11.7	11.6	(0.0)	91.1	91.1	(0.0)	149.6
Surgery - Head and neck, Breast Surgery a...	3.9	4.0	0.1	30.1	30.1	0.0	44.2
Surgery and Anaesthetics	9.9	10.0	0.0	81.8	81.8	0.0	119.1
Urgent and Emergency Care	7.4	7.4	(0.0)	60.2	60.2	(0.0)	89.7
Women's and Children's Services	6.7	6.7	0.0	52.7	52.7	0.0	77.6
	59.9	61.3	1.4	418.0	419.1	1.1	658.4



	This Month			Year to Date			Annual
Commissioner Group	Plan	Actual	Variance	Plan	Actual	Variance	Plan
NHS Kent and Medway CCG	50.6	51.3	0.7	341.7	342.4	0.7	548.6
NHS England - Specialised Services Contract	8.5	7.8	(0.7)	61.6	60.2	(1.5)	95.7
South East Regional Office	1.2	1.2	-	9.7	9.7	-	14.5
Other Organisations	0.3	0.7	0.4	2.6	3.1	0.6	4.1
Cancer Drugs Fund	0.4	0.5	0.1	2.4	2.5	0.1	3.9
NHS South East London CCG	0.1	0.1	0.0	0.8	0.8	0.0	1.1
NHS East Sussex CCG	0.1	0.1	(0.0)	0.6	0.6	(0.0)	0.9
NHS Kent and Medway CCG - Direct	0.1	0.1	(0.1)	0.2	0.1	(0.1)	0.7
NHS England - Hep C	0.0	0.1	0.0	0.0	0.1	0.1	0.2
NHS England - Armed Forces	(0.0)	0.0	0.0	(0.0)	0.0	0.0	(0.0)
Others	(1.5)	(0.5)	1.0	(1.5)	(0.3)	1.3	(11.2)
	59.9	61.3	1.4	418.0	419.1	1.1	658.4



Almost all Income up to November 2020 has been set by NHSE/I and allocated to commissioners at a level of £49.4m per month due to the Covid-19 payment methodology.

The new Top-Up payments have transferred to Clinical Income from Other Income. In addition, these payments are now paid by Kent and Medway CCG: - Covid-19 Prospective funding £3.0m, Central Top-Up £4.0m and Growth of £3.5m.

The majority of NHS England drugs are passthrough from October. Private, Overseas, Compensation Recovery Unit and Provider to Provider income will also continue to vary. The Elective and Outpatient Incentive Scheme, supporting Trusts to increase activity back up towards 19/20 levels continues, having been introduced in September. Elective, Day case and Outpatient Procedure performance is required to be 90% for the remainder of the year. Outpatient targets are 100% of 19/20 levels from September, and are based on a flat rate tariff irrespective of it being delivered in a face to face or virtual clinic, to incentivise the move from Face-to-Face to Non-Face-to-Face where appropriate. The target is set at an STP level and it is anticipated that any financial opportunity or risk as a result of actual performance will be held with Kent & Medway CCG.

The in month over performance is driven by the cancer drugs fund confirmation of funding outside of the block (£0.3m) and recognition of funding planned for SPH being realised as actual income for the trust. (£0.8m).

For activity, Elective and Outpatient pathways in particular have continued their improvements of recent months. Elective and Day case Spells are again over plan (4% November, 6% October, 8% September), compared to an 16% adverse variance in August. Outpatients were 13% adverse against plan. Non-Electives actual activity performance to plan has dropped slightly to 17% adverse.

Activity

Month 08 (November) 2020/21

Trust Income Plan

£418.016m

Trust Actual Income

£419.139m

Income Variance

£1.123m

2020/21 - Month 8

East Kent Hospitals University NHS Foundation Trust

	Year to Date Activity			Year to Date Income £m			Average Tariffs	
Point of Delivery	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual
1a Total Non Elective Spells	57,844	48,835	(9,009)	£113.4 m	£110.5 m	£(2.9)m	£1,961	£2,263
2 Accident & Emergency	156,556	131,241	(25,315)	£21.6 m	£21.0 m	£(0.6)m	£138	£160
3a Total Elective Spells	50,010	39,466	(10,544)	£39.1 m	£37.7 m	£(1.5)m	£783	£955
4a New Outpatient Attendances	164,054	109,038	(55,016)	£15.9 m	£17.7 m	£1.8 m	£97	£162
4b Outpatient Follow Up Attendances	344,403	268,258	(76,145)	£22.3 m	£23.2 m	£0.9 m	£65	£86
	772,867	596,838	(176,029)	£212.4 m	£210.1 m	£(2.3)m	£275	£352

Year to Date Activity Variances



Year to Date Income Variances



The Trust has increased capacity across all elective services and is now able to see significantly more patients than at the peak of the Covid-19 period. The Elective and Daycase target is 90% from October which the Trust achieved again in November.

The target for Outpatients is 100% of 19/20 levels, which is challenging.

Physical Outpatient capacity on the Hospital sites for has been reduced following Government guidance, but the Trust continues to work hard to increase Virtual outpatient capacity up to the level required to fill the gap. The conversion of virtual capacity to roughly 50% of total possible Outpatient activity has been reached for the last five months and almost 8 times the levels delivered in October 2019. This is allowing the Trust to close in on the target and means that the Trust's services will be protected in any future recurrence.

Virtual Outpatient capacity continues to be used well, in November it accounts for 39% of the new appointments and 54% of follow up appointments. Overall outpatients is only 13% under 19/20 levels when looking at all outpatient settings. Outpatient procedure capacity remains the most difficult area to improve as there is no virtual alternative.

The Urgent Treatment Centres went live from the 21st September and A&E activity levels will continue to be monitored as the new service is set up to receive direct bookings and also to relieve pressure in ED. The Trust is receiving £0.6m per month of additional income for the UTC to fund the GP led service from October. Any funding received which is not spent with the Alliance Partners will be returned to commissioners and has therefore been provided for.

The levels of A&E attendances and Non-Elective spells have continued at similar levels per day for the last few months, although still remain lower than in 19/20 levels. Underperformance in A&E in November was 8% under, October was 5% under 19/20 activity levels and plan compared to 8% September.

Non Clinical Income

Month 08 (November) 2020/21

Non-Clinical Income

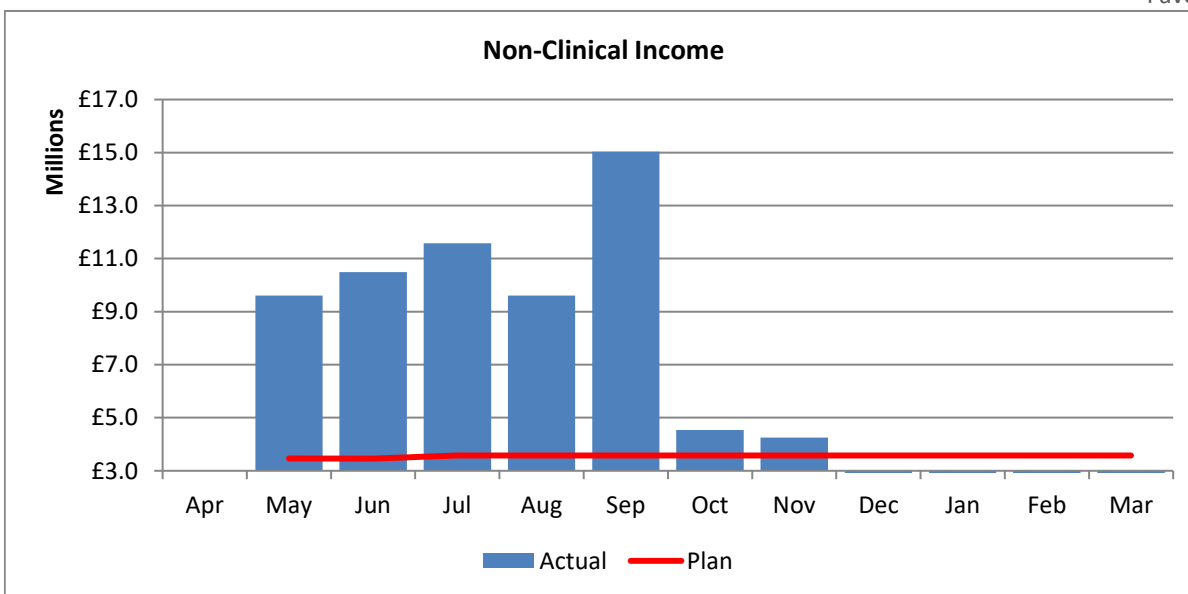
Non-Clinical Income	This Month			Year to Date			Annual
£000	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Non-patient care services	1,252	1,689	437	10,436	11,380	945	14,958
Research and development	229	279	50	1,836	1,848	12	2,752
Education and Training	1,423	1,387	(36)	10,784	10,702	(82)	16,235
Car Parking income	55	78	23	381	440	59	541
Staff accommodation rental	180	176	(4)	1,504	1,497	(7)	2,224
Property rental (not lease income)			()			()	1
Cash donations / grants for the purchase of capital assets	70	132	62	609	952	343	899
Charitable and other contributions to expenditure	13	14	1	102	107	5	154
Other	307	500	193	46,155	46,866	711	47,387
Total	3,528	4,255	726	71,807	73,792	1,985	85,151

20.59%

Favourable

2.76%

Favourable



Non-clinical income is favourable to plan in November by £0.7m and by £2.0m YTD. In month favourable variances on GP trainee salary income from HEE, charitable donations for capital assets and income relating to research and innovation plus further Covid-19 outside of envelope income total £0.7m.

YTD, above plan income for Covid-19 expenditure outside of the Trust's original funding envelope totals £1.1m. Favourable variances on GP trainee salary income and donations for the purchase of capital assets total £0.8m.

Pay

Month 08 (November) 2020/21

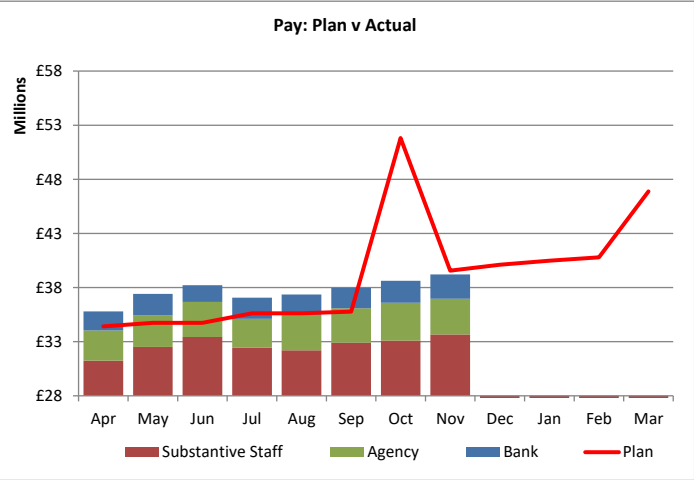
Pay Expenditure £000	WTE This Month			This Month			Year to Date			Annual Plan
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	
Permanent Staff										
Medical and Dental	1,266	1,260	6	(10,828)	(10,537)	291	(79,999)	(79,489)	510	(127,997)
Nurses and Midwives	2,639	2,284	356	(8,879)	(8,904)	(26)	(69,589)	(69,607)	(17)	(108,017)
Scientific, Therapeutic and Technical	1,524	1,474	50	(5,065)	(5,075)	(10)	(40,339)	(40,293)	46	(60,999)
Admin and Clerical	1,559	1,440	118	(3,227)	(3,273)	(47)	(25,814)	(25,835)	(21)	(41,221)
Other Pay	1,625	1,563	62	(5,020)	(4,815)	205	(39,953)	(39,814)	139	(60,095)
Permanent Staff Total	8,613	8,022	592	(33,018)	(32,605)	413	(255,694)	(255,038)	656	(398,329)
Waiting List Payments										
Medical and Dental	0	0	0	(113)	(232)	(119)	(566)	(996)	(430)	(1,019)
Waiting List Payments Total	0	0	0	(113)	(232)	(119)	(566)	(996)	(430)	(1,019)
Medical Locums/Short Sessions										
Medical and Dental	0	50	(50)	(711)	(826)	(115)	(5,685)	(5,492)	193	(8,527)
Medical Locums/Short Sessions Total	0	50	(50)	(711)	(826)	(115)	(5,685)	(5,492)	193	(8,527)
Substantive	8,613	8,071	542	(33,841)	(33,662)	180	(261,945)	(261,526)	420	(407,876)
Bank										
Medical and Dental	7	28	(21)	(356)	(351)	5	(2,847)	(2,941)	(94)	(4,271)
Nurses and Midwives	62	220	(158)	(954)	(956)	(3)	(6,290)	(6,029)	261	(10,226)
Scientific, Therapeutic and Technical	3	8	(4)	(51)	(42)	8	(405)	(404)	2	(608)
Admin and Clerical	18	75	(57)	(139)	(213)	(74)	(1,109)	(1,256)	(147)	(1,663)
Other Pay	90	253	(164)	(567)	(678)	(111)	(4,534)	(4,658)	(124)	(6,801)
Bank Total	180	584	(404)	(2,066)	(2,241)	(175)	(15,186)	(15,287)	(101)	(23,568)
Agency										
Medical and Dental	30	85	(55)	(1,497)	(1,116)	381	(10,221)	(9,865)	356	(15,813)
Nurses and Midwives	90	221	(131)	(1,331)	(1,196)	135	(8,580)	(8,419)	161	(13,625)
Scientific, Therapeutic and Technical	0	6	(5)	(68)	(36)	32	(228)	(375)	(146)	(389)
Admin and Clerical	0	0	0	(2)		2	(18)	(14)	5	(27)
Other Pay	1	126	(125)	(1)	(217)	(216)	(6)	(221)	(216)	(8)
Agency Total	121	438	(317)	(2,898)	(2,565)	333	(19,054)	(18,894)	160	(29,863)
Direct Engagement - Agency										
Medical and Dental	1	45	(43)	(707)	(680)	28	(5,374)	(5,432)	(58)	(8,204)
Scientific, Therapeutic and Technical	0	11	(11)	(52)	(63)	(11)	(730)	(560)	170	(1,049)
Direct Engagement - Agency Total	1	55	(54)	(760)	(743)	17	(6,104)	(5,992)	112	(9,253)
Agency	122	493	(370)	(3,658)	(3,308)	351	(25,158)	(24,886)	272	(39,116)
Total	8,916	9,148	(232)	(39,565)	(39,210)	355	(302,288)	(301,698)	590	(470,560)
						0.90%				0.20%
						Favourable				Favourable

Pay performance is favourable to plan in November by £0.4m and by £0.6m YTD (0.2%). Expenditure relating to the Covid-19 response is £1.6m in month and £16.0m YTD.

Total expenditure on pay in November was £39.2m, an increase of £0.6m when compared to October. Internal locum claims increased by £0.4m, offset by a reduction in waiting list claims of £0.2m. Expenditure on permanent staff increased by £0.3m, predominantly relating to arrears payments. Expenditure on agency and bank staff remained largely static when compared to October.

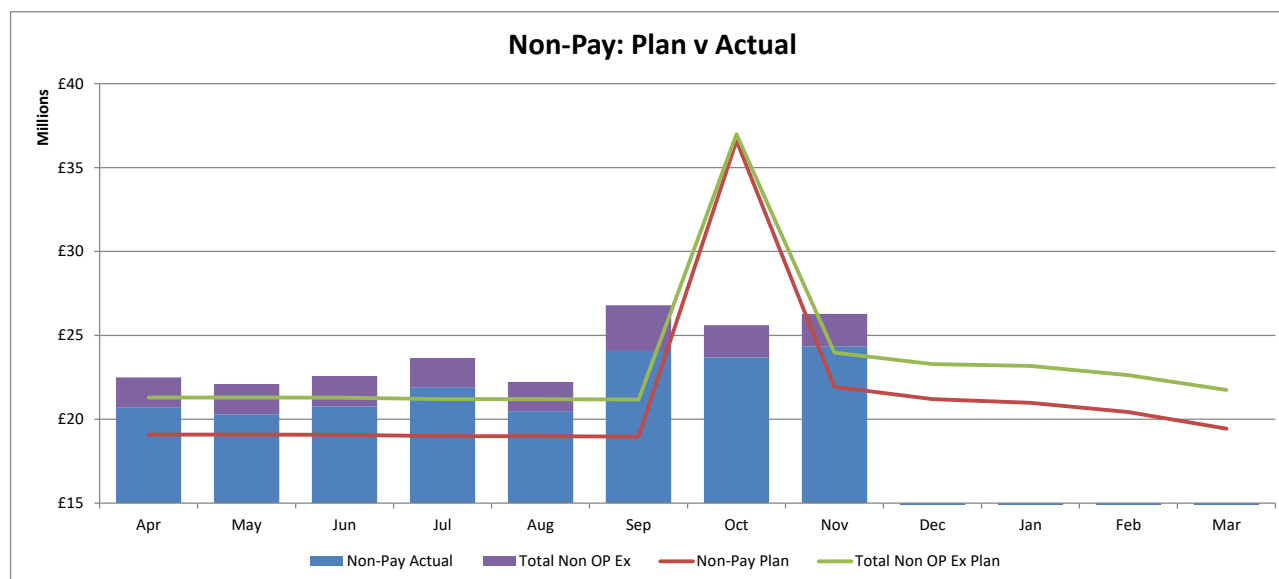
Expenditure on all substantive staff, including locums and waiting list payments is favourable to plan in November by £0.2m and by £0.4m YTD.

Expenditure on bank and agency staff is favourable to plan in November and YTD by £0.2m.



Non-Pay Month 08 (November) 2020/21

£000	This Month			Year to Date			Annual
	Plan	Actual	Var.	Plan	Actual	Var.	Plan
Drugs	(5,237)	(6,118)	(881)	(41,389)	(42,916)	(1,527)	(62,058)
Clinical Supplies and Services - Clinical	(2,530)	(2,465)	65	(19,824)	(18,707)	1,117	(28,027)
Supplies and Services - Non-Clinical	(8,521)	(9,196)	(675)	(70,319)	(71,478)	(1,159)	(103,999)
Non Executive Directors	(16)	(14)	2	(127)	(122)	5	(192)
Purchase of Healthcare	(572)	(292)	280	(3,776)	(3,656)	120	(6,165)
Education & Training	(94)	(138)	(43)	(750)	(826)	(75)	(1,127)
Consultancy	(104)	(219)	(116)	(522)	(976)	(454)	(938)
Premises	(1,558)	(1,144)	414	(9,555)	(8,851)	704	(13,788)
Clinical Negligence	(2,030)	(2,030)		(17,716)	(17,716)		(25,836)
Transport	(174)	(106)	68	(1,390)	(1,327)	63	(2,087)
Establishment	(253)	(364)	(112)	(2,022)	(2,199)	(177)	(3,034)
Other	(835)	(2,262)	(1,427)	(5,305)	(7,439)	(2,133)	(7,488)
Total Non-Pay Expenditure	(21,925)	(24,349)	(2,425)	(172,696)	(176,213)	(3,517)	(254,739)
Depreciation & Amortisation-Owned Assets	(1,416)	(1,296)	120	(10,584)	(10,404)	179	(16,860)
Impairment Losses	252		(252)				
PDC Dividend	(570)	(577)	(7)	(4,612)	(4,613)	(1)	(6,893)
Interest Receivable	198	191	(7)	1,583	1,573	(10)	2,375
Interest Payable	(259)	(251)	8	(2,073)	(2,056)	16	(3,107)
Total Non-Operating Expenditure	(1,795)	(1,932)	(137)	(15,685)	(15,501)	184	(24,484)
Total Expenditure	(23,720)	(26,282)	(2,562)	(188,382)	(191,714)	(3,333)	(279,222)



Non-pay expenditure is adverse to plan in November by £2.4m and adverse to plan by £3.5m YTD (2.0%). Trust Covid-19 spend on non-pay expenditure is £1.4m in month and £18.1m YTD.

Drug expenditure is adverse to plan in November by £0.9m and by £1.5m YTD. Pass-through drugs are adverse to plan in November by £0.6m and by £0.4m YTD. All other drugs are adverse to plan in month by £0.3m and by £1.1m YTD.

Supplies and services - clinical are favourable to plan in November by £0.1m and by £1.1m YTD. Actual spend has increased by £0.4m when compared to October, relating to an increase in Covid-19 testing, hearing aids and contract equipment maintenance. The favourable variance YTD is predominately driven by slippage against the profile of planned developments.

Supplies and services - non-clinical are adverse to plan in November by £0.7m and adverse to plan by £1.2m YTD. Covid-19 spend falling under this heading in November was £1.0m.

Purchase of healthcare from external organisations is favourable to plan in month by £0.3m and by £0.1m YTD, driven by the usage of 18 Weeks for endoscopy and Spencer Wing for Ophthalmology

Management consultancy is adverse to plan in month by £0.1m and by £0.5m YTD, relating to the Trust's quality improvement plans.

Other expenditure is adverse to plan in November by £1.4m and by £2.1m YTD. In month, a provision for legal costs of £1.5m and an increase in bad debt provision for Covid-19 funding outside the Trust's original envelope of £0.4m are partially offset by slippage on planned developments.

Actual expenditure on non-pay in November was £24.3m, an increase of £1.2m when compared to expenditure in October which is inclusive of a net increase in provisions of £1.0m and increased spend on drugs of £0.3m.

Year-to-date, Non-Operating Expenditure is £0.2m better than plan, primarily driven by depreciation.

The Trust is no longer incurring interest charges on its working capital loans - these were converted to PDC in September 2020.

Cost Improvement Summary

Month 08 (November) 2020/21

Delivery Summary

Programme Themes £000	This Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Agency	165	52	(113)	1,458	263	(1,195)
Bank	9	-	(9)	71	-	(71)
Workforce	140	65	(75)	824	682	(143)
Outpatients	25	-	(25)	115	-	(115)
Procurement	7	14	7	54	93	38
Medicines Value	80	23	(57)	616	401	(215)
Theatres	50	-	(50)	400	-	(400)
Care Group Schemes*	2,268	187	(2,081)	11,726	1,490	(10,235)
Sub-total	2,744	341	(2,403)	15,264	2,928	(12,336)
Central	(194)	-	194	(875)	-	875
Grand Total	2,550	341	(2,209)	14,389	2,928	(11,461)

* Smaller divisional schemes not allocated to a work stream

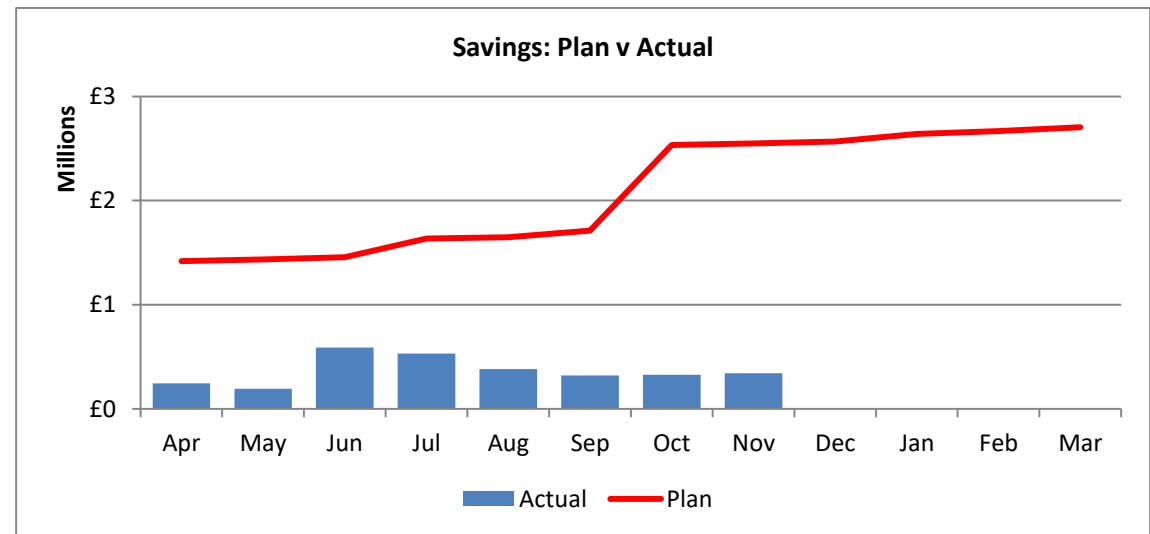
Delivered £000

Month	Target	Actual
April	1,419	244
May	1,434	194
June	1,457	589
July	1,635	530
August	1,648	382
September	1,711	320
October	2,535	328
November	2,550	341
December	2,568	
January	2,642	
February	2,669	
March	2,705	
	24,973	2,928

11.7%

Savings and Efficiencies

The draft 2020/21 savings plan of £25m is net of the cost of delivery. Savings achieved in November of £0.3m were below the plan of £2.6m. Most areas underperformed in month due to the ongoing operational focus on Covid-19 and Restore & Recover programme. Recurrent savings in November amounted to £0.28m, with £0.06m being on a non-recurrent basis. The YTD position shows £2.3m recurrent, and £0.6m non-recurrent savings. The forecast outturn is currently based on the YTD actual delivery and will be adjusted by the care groups in due course. This shows a substantial decrease against the original plan.



Capital Expenditure

Month 08 (November) 2020/21

Capital Programme £000	Annual	Year to Date		
	Plan	Plan	Actual	Variance
Medical Equipment replacement (MDG)	2,500	1,465	1,056	409
Backlog maintenance/ patient environment (PEIC)	2,400	1,228	953	275
IT/ Systems replacement (IDG)	1,800	1,458	1,228	230
Electronic Medical Record (T3 system)	547	341	135	206
Replacement of Gamma cameras (CT SPECT)	605	605	441	164
Conversion of staff rooms QEQM	100	100	50	50
Installation of MRI QEQM	1,708	610	120	490
Installation of CT K&C	766	603	13	590
RAP area - ED WHH	1,983	1,708	191	1,517
New IR room K&C	500	167	4	163
Cardiac Catheter lab replacement	2,332	999		999
Radiology equipment (x-ray)	1,904	700		700
Endoscopy decontamination	1,563	600		600
COVID-19 - SEAU/ GAU tfr to OP from ED WHH	1,000	333	932	(599)
COVID-19 - 8 bed ITU WHH Build works	1,481	494	866	(372)
Right-sizing Womens Health (W&C 15)	40			
Right-sizing Gynae nursing (W&C 16)	84			
Costing Server	56			
Donning & Doffing	690	232	662	(431)
Pathology TAT testing	288	96		96
Closed circuit smoke evacuation AIRSEAL	208	69	187	(118)
CEMG small estates schemes agreed at risk	251	7	103	(96)
Nasoendoscopes	329	110		110
ITU Expansion WHH	16,487	2,996	104	2,892
Renal Unit MTW - Remedial works	97			
Medical Gases WHH - VIE	50			
Donated assets	1,054	621	319	302
Elective Orthopaedics Centre	9,941	4,028	2,571	1,457
Energy Performance Contract (EPC - Breathe)	3,018	1,665	1,524	141
NEEF Lighting Retrofit	1,254	832		832
Kent and Medway Care Record (KMCR)	190	168	95	73
UTC's - EKHUFT 'host' of Primary Care	250	83		83
Emergency Department Expansion	7,000	2,333		2,333
Maternity CTG machines - LMS	97		81	(81)
Medical equipment - prior year deferrals/ VAT recl	1,420		436	(436)
Total Trust position	63,993	24,650	12,070	12,580
2gether Support Solutions	350		17	(17)
Spencer Private Hospitals	176	90	90	
Total Group position	64,519	24,740	12,177	12,563

The Group gross capital spend to the end of Month 8 (November 2020) is £12.2m. The actual spend position, excluding currently unfunded Covid-19 related schemes spend of £2.7m, is £12.5m below the YTD phased plan. The capital plan and associated monthly phasing remains frozen at the July 2020 submission profile as an update to capital plans was declared by NHSE/I as outside the scope of the Phase 2 plan submission in October 2020.

As required by NHSE/I, the Trust resubmitted its 2020/21 capital plan at the end of May 2020 to meet a reduced CDEL (capital spending limit) issued to the Kent & Medway STP/ ICS. Subsequently, the Trust was required to re-submit its capital plan in July 2020 following Critical Infrastructure Risk (CIR) funding of £8.2m being awarded to the Trust by NHSE/I.

Following confirmation of additional external funding for A&E expansion (£30m with £7m in 2020/21) and ITU capacity (£14m build only), a further re-prioritisation of the 2020/21 capital programme took place in August/ September, accommodating vital Covid-19 related schemes agreed by the Trust Board to proceed ahead of confirmation of external funding from NHSE/I.

The revised capital plan position for Month 8 (November) incorporates all confirmed additional funding streams for 2020/21.

Major schemes - key dates for completion:

Elective Orthopaedics Centre (ELOC) - Spring 2021; ITU Expansion WHH - July 2021; ED Expansion WHH & QEQM - December 2021.

Standing Committees – The Patient Environment Investment Committee (PEIC), Medical Devices Group (MDG) and Information Development Group (IDG) have a collective underspend of £0.9m at the end of November, with all Committees having recovery plans in place to deliver by the end of the financial year.

The capital forecast is now monitored on a weekly basis, including a formal review by scheme, with a regularly updated delivery risk assessment completed.

Covid-19 related capital spend at the end of November (that has not been internally funded) stands at £2.7m and assumes full reimbursement from NHSE/I. Reimbursement claims have been submitted to NHSE/I for all retrospective and known prospective capital spend. Feedback has been received and the Trust currently awaits confirmation of funding/ approval. Funding will be via PDC.

Group depreciation	17,061
Donations	1,054
NHSE/I PDC	34,861
SALIX Government loan - EPC	3,018
Other	8,525
Total Group Capital funding	64,519

Statement of Financial Position

Month 08 (November) 2020/21

£000	Opening	To Date	Movement
Non-Current Assets	349,404	352,173	2,768 ▲
Current Assets			
Inventories	4,118	3,827	(290) ▼
Trade and Other Receivables	38,525	29,303	(9,222) ▼
Assets Held For Sale			-
Cash and Cash Equivalents	13,893	70,279	56,386 ▲
Total Current Assets	56,536	103,410	46,874 ▲
Current Liabilities			
Payables	(33,470)	(28,780)	4,689 ▼
Accruals and Deferred Income	(43,220)	(97,303)	(54,083) ▲
Provisions	(1,088)	(2,743)	(1,655) ▲
Borrowing	(125,325)		125,325 ▼
Net Current Assets	(146,567)	(25,417)	121,150 ▲
Non Current Liabilities			
Provisions	(3,054)	(2,978)	76 ▼
Long Term Debt	(101,349)	(87,917)	13,432 ▼
Total Assets Employed	98,435	235,861	137,426 ▲
Financed by Taxpayers Equity			
Public Dividend Capital	207,655	345,560	137,905 ▲
Retained Earnings	(165,923)	(166,402)	(479) ▼
Revaluation Reserve	56,702	56,702	-
Total Taxpayers' Equity	98,435	235,861	137,426 ▲

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

Trust closing cash balances for November was £70.3m (£51.9m October) £67.4m above plan.

Trade and other receivables have decreased from the 2020/21 opening position by £9.2m (£2.8m YTD decrease in October). Invoiced debtors have decreased from the opening position by £12.8m to £10.9m (£10.7m October) at the end of November.

All Working Capital and Capital borrowing was converted to PDC in September 2020.

Payables have decreased by £4.7m YTD (£0.7m YTD decrease in October).

The large increase in deferred income relates to the additional contract payments made in April, paid on account to ensure sufficient cashflow during the first months of the financial year.

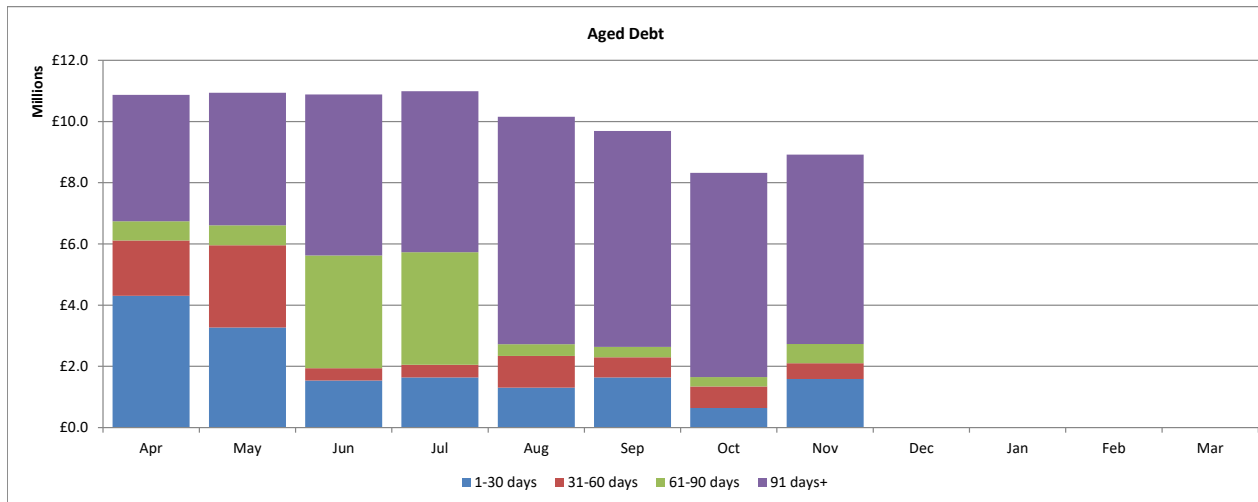
The long-term debt entry relates to the long-term finance lease debtor with 2gether. The movement in Retained earnings reflects the year-to-date unadjusted deficit.

Working Capital

Month 08 (November) 2020/21

Top ten debtor balances outstanding as at 30/11/2020

Debtor Name	Current	1-30 Days	31-60 Days	61-90 Days	Over 90	Total
NHS ENGLAND SOUTH EAST COMMISSIONING HUB (14G)	12				3,000	3,012
SPENCER PRIVATE HOSPITALS LIMITED	302	373	266	330	128	1,399
HEALTHEX		24		12	797	834
MEDWAY NHS FOUNDATION TRUST	55		55	55	454	619
NHS KENT AND MEDWAY CCG	376	6		45	1	429
DARTFORD AND GRAVESHAM NHS TRUST	62		128	48	148	386
KENT COMMUNITY HEALTH NHS FOUNDATION TRUST	262	113	15		24	384
HEALTH EDUCATION ENGLAND T1510	306				46	352
PUBLIC HEALTH ENGLAND	240	2	2		80	323
QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST	9	43	16		173	240
Total	1,624	562	453	491	4,849	7,979



Top ten creditor balances outstanding as at 30/11/2020

Supplier Name	Current	1-30 Days	31-60 Days	61-90 Days	Over 90	Total
2gether Support Solutions Ltd		10,077			3	10,079
Medway NHS Foundation Trust (RPA)	292	6	21	37	693	1,049
Abbott Medical UK Ltd	440				4	444
NES Holdings (UK) Ltd	304	71	50			425
Maidstone & Tunbridge Wells NHS Trust (RWF)	19	10	16	32	322	399
Spencer Private Hospitals Ltd		59	6	104	228	397
18 Week Support Ltd	305	66		1	5	377
NHS Professionals Ltd	318	22				340
Chameleon Information Management Services Ltd	306					306
GE Medical Systems Ltd	283					283
Total	2,267	10,311	94	174	1,255	14,100

Total invoiced debtors have decreased from the opening position of £23.7m by £12.8m to £10.9m (of which £2.4m is current debt) following good work clearing historic debts and improving inter-company processes.

At 30th November there were 2 debtors owing over £1m.

- NHS England South East Commissioning Hub owe £3.0m relating to outstanding issues at 19/20 year end.
- Spencer Private Hospitals owe £1.4m. Of which, £0.7m is less than 30 days old.

Better Payment Practice Code	Last Year YTD Number	YTD £'000	This Year YTD Number	YTD £'000
Non NHS				
Total bills paid in the year	45,236	293,074	41,588	334,539
Total bills paid within target	25,825	223,085	37,803	295,590
Percentage of bills paid within target	57.1%	76.1%	90.9%	88.4%
NHS				
Total bills paid in the year	2,412	30,080	1,940	30,819
Total bills paid within target	1,045	21,616	1,396	26,764
Percentage of bills paid within target	43.3%	71.9%	72.0%	86.8%
Total				
Total bills paid in the year	47,648	323,153	43,528	365,358
Total bills paid within target	26,870	244,700	39,199	322,354
Percentage of bills paid within target	56.4%	75.7%	90.1%	88.2%

Invoiced creditors have decreased by £6.4m from the opening position to £18.8m.

29% relates to current invoices with 11% or £2.1m over 90 days.

Overdue NHS creditors have decreased by £80k in the Month.

A. General and Specialist Medicine

Month 08 (November) 2020/21

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	1,232	1,541	309	8,677	9,822	1,145
Non-Electives	5,341	6,477	1,136	43,000	47,131	4,131
Accident and Emergency						
Outpatients	2,155	2,604	449	16,809	11,774	(5,035)
High Cost Drugs	802	861	59	6,419	6,469	50
Private Patients	5	3	(2)	38	7	(31)
Other NHS Clinical Income	2,089	148	(1,941)	16,065	15,870	(196)
Other Clinical Income	16	5	(10)	126	62	(64)
Total Clinical Income	11,640	11,640	(0)	91,134	91,134	(0)
Non Clinical Income	43	30	(13)	325	296	(29)
Total Income	11,684	11,671	(13)	91,459	91,430	(29)
Expenditure						
Substantive Staff	(5,918)	(5,909)	9	(47,135)	(46,634)	501
Bank	(682)	(582)	100	(5,289)	(4,085)	1,203
Agency	(869)	(1,171)	(302)	(6,699)	(8,470)	(1,771)
Total Pay	(7,469)	(7,662)	(193)	(59,123)	(59,189)	(67)
Purchase of Healthcare	(225)	(239)	(15)	(2,732)	(2,880)	(148)
Supplies and Services Clinical	(608)	(927)	(319)	(5,724)	(5,901)	(177)
Supplies and Services General	(63)	(109)	(46)	(600)	(575)	25
Drugs	(1,094)	(1,099)	(5)	(8,287)	(8,043)	243
All Other, incl Transport	(156)	(161)	(5)	(492)	(1,282)	(790)
Total Expenditure	(9,615)	(10,197)	(582)	(76,957)	(77,871)	(914)
Contribution	2,069	1,474	(595)	14,503	13,559	(943)

The Care Group is £0.9m adverse to plan YTD, a deterioration of £0.6m compared to last month. Income is on plan, Expenditure is adverse by £0.9m due to unachieved savings of £1.8m offset by favourable variances on clinical non-pay.

Income:

The cumulative SLA Income "top-up" to reflect lost activity through Covid-19 is £2.1m, a reduction of £1.7m compared to October. November activity is above plan for non-elective by £1.1m (£4.1m YTD) and is representative of increased bed pressures. Recovery plans have enabled elective and outpatient activity to deliver favourable variances in November of £0.3m and £0.4m respectively, although the latter has also been positively impacted by a pricing adjustment. Endoscopy continues to make progress recovering the backlog by delivering increased in-house activity and reducing Insourcing.

Pay:

Pay deteriorated by £0.2m to £0.1m adverse YTD. The run rate has increased by £0.3m from October primarily due to substantive pay and internal locum. Agency costs are unchanged at £1.2m, of which £0.4m is driven by Covid-19. Premium pay costs equate to approximately a third of total pay costs and have been selected as a driver metric through the We Care Programme. The financial position is impacted by £0.1m in November due to the recovery plans for which Business Cases are in progress.

Non-Pay:

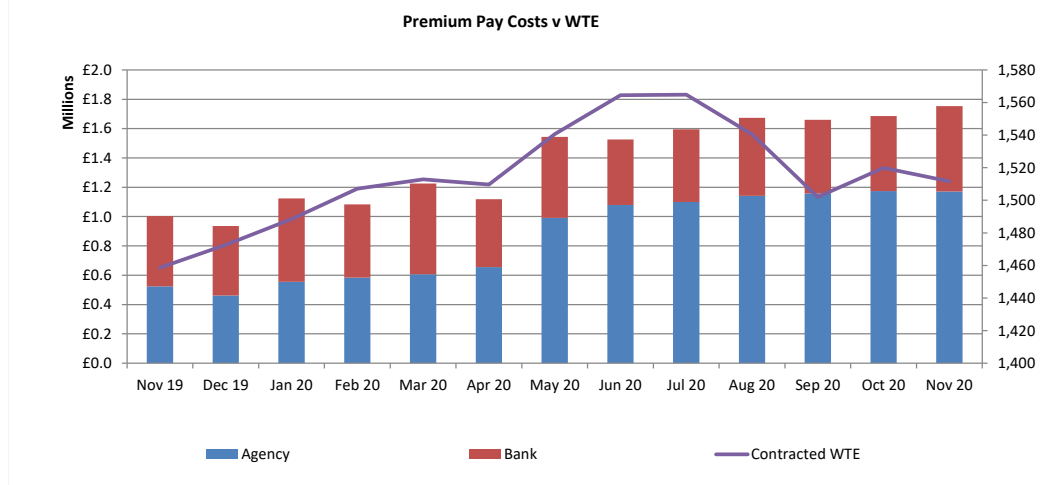
Non-Pay overspent by £0.4m in month 8 and is £0.8m adverse YTD. Drugs and clinical supplies costs increased primarily due to activity and are £0.1m adverse in the month (£0.7m favourable YTD), reversing the underspend trend of earlier months. This is particularly evident within Endoscopy and Respiratory, where recovery plans are being delivered. This is offset by unachieved savings of £1.6m YTD.

Covid-19:

Covid-19 costs of £0.9m have been incurred in Month 8, an increase of £0.1m from October and on plan, the increase being driven by pay costs. Funding is added to the Care Group position to cover these costs.

Savings:

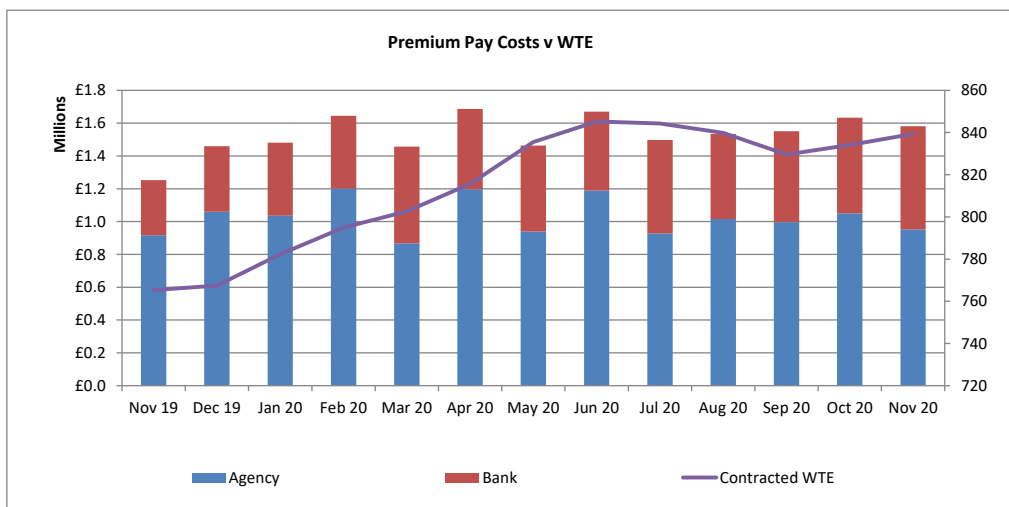
Savings of £0.3m have been achieved against a YTD target of £2.1m, the shortfall being reflected mainly within Non-Pay.



A. Urgent and Emergency Care

Month 08 (November) 2020/21

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	128	61	(66)	1,026	530	(496)
Non-Electives	4,025	3,058	(966)	33,498	24,267	(9,231)
Accident and Emergency	3,085	2,758	(327)	24,645	21,022	(3,623)
Outpatients		0	()	1		(1)
High Cost Drugs	16		(16)	130	15	(115)
Private Patients						
Other NHS Clinical Income	0	1,384	1,384	0	13,736	13,736
Other Clinical Income	118	109	(8)	941	671	(271)
Total Clinical Income	7,372	7,372		60,241	60,241	()
Non Clinical Income	22	29	7	24	29	5
Total Income	7,394	7,401	7	60,265	60,270	5
Expenditure						
Substantive Staff	(4,032)	(4,223)	(191)	(30,286)	(30,067)	219
Bank	(524)	(629)	(105)	(3,621)	(4,349)	(728)
Agency	(1,006)	(953)	53	(7,599)	(8,270)	(671)
Total Pay	(5,562)	(5,804)	(242)	(41,505)	(42,686)	(1,180)
Purchase of Healthcare	0	0	0	0	(10)	(10)
Supplies and Services Clinical	(160)	(170)	(10)	(1,274)	(1,018)	256
Supplies and Services General	(19)	(24)	(5)	(156)	(155)	1
Drugs	(156)	(141)	15	(1,166)	(996)	170
All Other, incl Transport	(43)	(118)	(75)	(650)	(1,226)	(575)
Total Expenditure	(5,939)	(6,256)	(317)	(44,752)	(46,090)	(1,338)
Contribution	1,455	1,144	(310)	15,513	14,181	(1,333)



The Care Group's position deteriorated by £0.3m in November and is £1.3m adverse to the year to date (YTD) plan. The worsening position in month is primarily driven by savings shortfalls and increasing temporary staffing costs.

Income:

November activity has been estimated due to IT issues associated with the Sunrise system implementation. Clinical income has been adjusted to breakeven by £1.4m for the impact of Covid-19 and £13.7m YTD. Attendances were estimated to be 8% below plan in November, compared to 5% below last month. Activity has been steadily increasing since April but remains below pre Covid-19 levels.

Pay:

Pay was £0.2m adverse this month and is £1.2m adverse YTD, with unmet CIP targets being the primary factor (£0.8m YTD). However, the deterioration is also being driven by an increase in locum and bank costs (£0.15m). Covid-19 costs were in line with plan. The Care Group has developed a business case for staffing investment and, consequently, to reduce temporary staffing expenditure. Work will focus on progressing this through committees for approval.

Non-Pay:

Non-pay was adverse by £0.1m in month and £0.2m YTD. The main pressure on the budget is also the shortfall in CIP schemes, totalling £0.1m per month. This has been offset by lower expenditure as a consequence of lower activity levels in previous months. However, as activity has risen, the savings shortfall is no longer being fully offset. Additional recruitment fee costs have also put pressure on the non-pay budget this month.

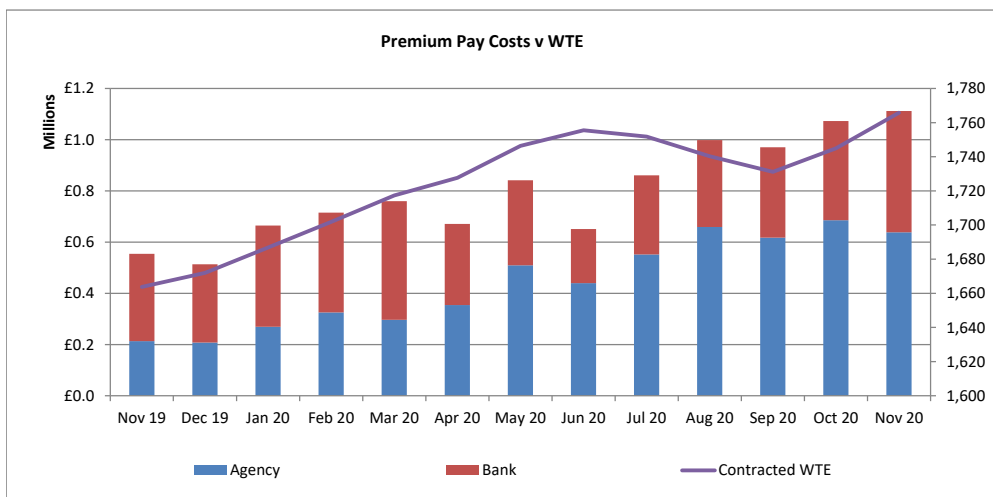
CIPs:

The annual CIP target for the Care Group is £2.5m. A relatively small value of non-recurrent pay savings are being recognised due to vacancies. Savings associated with consultant recruitment are also being achieved. However, schemes continued to perform considerably below plan in November. YTD performance is £1.3m adverse to plan.

A. Surgery and Anaesthetics

Month 08 (November) 2020/21

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	3,553	3,512	(41)	30,370	15,625	(14,745)
Non-Electives	3,386	2,978	(408)	27,153	22,539	(4,614)
Accident and Emergency						
Outpatients	1,410	4,512	3,102	10,934	9,361	(1,573)
High Cost Drugs	32	24	(7)	254	196	(58)
Private Patients	11	21	10	88	61	(27)
Other NHS Clinical Income	1,541	(1,095)	(2,636)	12,839	33,968	21,130
Other Clinical Income	22	2	(20)	174	61	(113)
Total Clinical Income	9,954	9,954		81,812	81,812	(0)
Non Clinical Income	125	74	(51)	996	516	(480)
Total Income	10,079	10,028	(51)	82,808	82,328	(480)
Expenditure						
Substantive Staff	(7,381)	(7,657)	(276)	(59,551)	(60,304)	(752)
Bank	(366)	(473)	(108)	(2,619)	(2,722)	(103)
Agency	(420)	(639)	(218)	(3,347)	(4,455)	(1,108)
Total Pay	(8,167)	(8,769)	(602)	(65,518)	(67,481)	(1,963)
Purchase of Healthcare	(2)	0	2	(15)	(1)	14
Supplies and Services Clinical	(1,583)	(1,501)	82	(12,719)	(7,958)	4,761
Supplies and Services General	(52)	(39)	13	(418)	(173)	245
Drugs	(331)	(358)	(27)	(2,812)	(2,284)	528
All Other, incl Transport	311	(130)	(442)	1,587	(818)	(2,405)
Total Expenditure	(9,823)	(10,796)	(973)	(79,895)	(78,713)	1,181
Contribution	255	(769)	(1,024)	2,913	3,615	701



The Care Group is £0.7m favourable to plan YTD, a deterioration in month of £1.0m. This is largely due to expenditure increases in line with budgets as activity increases, but the CIP target of £0.6m being unmet. Income is adverse by £0.5m from a reduction in Non-Clinical Income recharges, whilst Expenditure is favourable by £1.2m primarily from clinical supplies & drugs underspends.

Income:

SLA Income has been adjusted year to date to break-even by £21.1m, for the impact of Covid-19. The impact on activity has been considerably adverse, across all specialties and points of delivery. However, as activity has picked up this adjustment has reduced month on month from a high of £5.7m down to £0.8m for the latest month.

Restore & Recovery plans are being updated to safely increase Elective surgery with additional planned lists and Outpatient contacts via telephone and virtual clinics where possible. However, it will be some time before activity and income will be back to the original planned levels, and the second wave of Covid-19 is now impacting elective activity again.

Non-Clinical Income is adverse £0.5m, with a reduction in services provided to other NHS organisations and Spencer Hospital due to Covid-19 measures.

Pay:

Pay is adverse £2.0m YTD, with unmet CIP targets across substantive and agency staff. Medical & Nursing agency costs have risen to support Covid-19 pressures, sickness and vacancies.

Non-Pay:

Non-Pay is favourable £3.1m YTD, with underspends on clinical supplies £4.8m and Drugs £0.5m from reduced patient activity. Non-pay CIPs are under performed by £2.7m.

Covid-19 additional costs of £4.2m have been funded in the above and relate to temporary staffing £4.0m and Non-Pay £0.2m, both of which mainly relate to costs incurred supporting Critical Care services and also backfilling of staff.

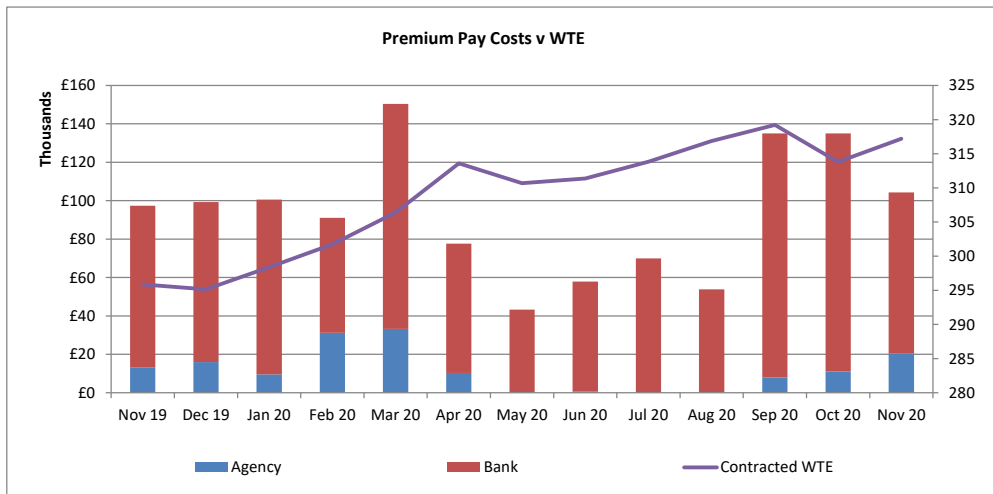
CIP:

CIPs target of £3.9m YTD has been under achieved by £3.8m, of which £0.4m Income, £0.7m Pay and £2.7m Non-Pay are currently offset within the underspends.

A. Surgery - Head and neck, Breast Surgery and Dermatology

Month 08 (November) 2020/21

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	1,340	1,150	(190)	10,213	6,053	(4,160)
Non-Electives	173	130	(43)	1,334	830	(505)
Accident and Emergency						
Outpatients	2,048	4,187	2,140	15,089	10,944	(4,145)
High Cost Drugs	327	284	(43)	2,617	1,663	(954)
Private Patients	4		(4)	36	3	(33)
Other NHS Clinical Income	89	(1,770)	(1,860)	824	10,616	9,792
Other Clinical Income		1		2	8	6
Total Clinical Income	3,981	3,982		30,116	30,117	
Non Clinical Income	10	6	(5)	83	46	(37)
Total Income	3,992	3,987	(4)	30,199	30,163	(36)
Expenditure						
Substantive Staff	(1,482)	(1,555)	(74)	(11,917)	(11,790)	127
Bank	(76)	(84)	(8)	(549)	(626)	(77)
Agency	(13)	(20)	(7)	(105)	(51)	54
Total Pay	(1,570)	(1,660)	(89)	(12,571)	(12,467)	104
Purchase of Healthcare	(149)	(52)	97	(1,192)	(403)	790
Supplies and Services Clinical	(89)	(114)	(25)	(716)	(506)	210
Supplies and Services General	(1)	(1)		(10)	(7)	3
Drugs	(389)	(398)	(9)	(2,458)	(2,415)	43
All Other, incl Transport	(7)	(27)	(20)	(132)	(224)	(92)
Total Expenditure	(2,207)	(2,252)	(45)	(17,079)	(16,021)	1,058
Contribution	1,785	1,735	(49)	13,120	14,142	1,022



The Care Group is £1.0m favourable to plan YTD, a slight reduction in month of £0.49m. Whilst Income is breakeven YTD, Expenditure is favourable with underspends across both Pay and Non-Pay.

Income:

SLA Income has been adjusted year to date to break-even by £9.9m, for the impact of Covid-19. The impact on activity has been considerably adverse, across all specialties and points of delivery. However, as activity has picked up this adjustment has reduced month on month from a high of £2.5m down to £0.5m for the latest month.

Restore & Recovery plans are continually being updated to safely increase Elective surgery with additional planned lists and Outpatient contacts via telephone and virtual clinics where possible. However, it will be some time before activity and income will be back to the original planned levels, especially with reduced theatre capacity below pre Covid-19 levels. Access to additional theatre lists is a risk, with theatres still unable to run regular weekend lists. In November no Buckland Hospital lists ran as theatres were unable to provide support. The second wave of Covid-19 is now impacting on elective activity.

Pay:

Pay is favourable £0.1m YTD, with reductions in medical waiting list payments as the additional lists & clinics had stopped under the Covid-19, although these have now restarted under the Restore & Recovery phase. Also, a number of vacancies were not requiring temporary staffing cover at the time.

Non-Pay:

Non-Pay is favourable £1.0m YTD, with underspends on clinical supplies £0.2m from reduced patient activity and the cessation of the external ophthalmology healthcare provider £0.8m.

Covid-19 additional costs of £0.1m have been funded in the above and relate mostly to temporary staffing.

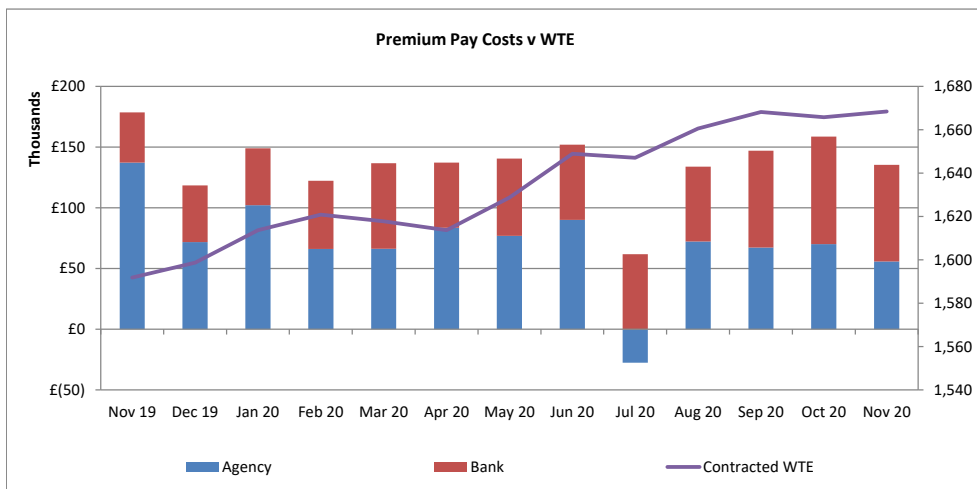
CIP:

CIPs target of £0.6m YTD has been under achieved by £0.3m, of which £0.2m Pay and £0.1m Non-Pay are currently offset within the underspends.

A. Clinical Support

Month 08 (November) 2020/21

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	89	38	(51)	651	383	(268)
Non-Electives	7	0	(7)	75	0	(75)
Accident and Emergency						
Outpatients	335	175	(160)	2,461	826	(1,634)
High Cost Drugs	1,297	1,365	68	10,373	11,007	634
Private Patients	7	4	(3)	57	12	(45)
Other NHS Clinical Income	3,352	3,504	152	26,633	28,022	1,389
Other Clinical Income						()
Total Clinical Income	5,085	5,086	1	40,249	40,250	1
Non Clinical Income	659	676	18	5,273	5,305	32
Total Income	5,744	5,762	18	45,522	45,554	33
Expenditure						
Substantive Staff	(5,732)	(5,756)	(24)	(43,814)	(45,220)	(1,406)
Bank	(80)	(80)		(540)	(551)	(11)
Agency	(73)	(56)	18	(1,071)	(488)	583
Total Pay	(5,886)	(5,891)	(6)	(45,425)	(46,259)	(834)
Purchase of Healthcare	(5)	()	4	(37)	(23)	14
Supplies and Services Clinical	(3,084)	(2,462)	623	(19,926)	(17,968)	1,958
Supplies and Services General	(2)	(8)	(7)	(131)	(138)	(6)
Drugs	(1,516)	(1,526)	(10)	(12,149)	(12,267)	(117)
All Other, incl Transport	164	(249)	(412)	(458)	(2,113)	(1,655)
Total Expenditure	(10,329)	(10,137)	192	(78,127)	(78,768)	(641)
Contribution	(4,584)	(4,374)	210	(32,605)	(33,214)	(608)



The Clinical Support position improved in November, materially due to retrospective (October) Covid-19 test funding in Pathology.

Income:

Non-Trust activity across all departments except Audiology continued under plan in November, but all areas saw increases against October activity. The Adjustment to balance the clinical income was £0.5m in November compared to £1.0m in October. The total adjustment to date is now £9.5m. Non-clinical income was above plan in month mainly due the adjustment to plan re. Covid-19 impact.

Pay:

The increasing pay run-rate trend continued but the month closed with a small overspend in November. All areas area overspent YTD against budget and in particular medical staff expenditure was overspent in Radiology. These overspends are driven by increased WTE in all departments with lower vacancy rates than last year as well as recovery projects beginning to be implemented to deliver improvements in waiting lists. Radiology now has the highest pay overspend (£0.5m), followed by Outpatients (0.2m) and Pharmacy (£0.1m). In month the position improved with only Radiology and Outpatients with any significant overspend (£0.7m and £0.4m respectively). There is also an unmet pay CIP target of £0.5m in the position (YTD).

Non-Pay:

There was an increase in the non-pay run rate this month, mainly relating to Pathology. The increased expenditure on outsourced MRI scanning continues in line with increased backlog activity along with increased Covid-19 testing costs in Pathology. These are offset by laboratory consumables which continue to underspend. Unmet CIP accounts for £0.3m in month and £2.5m year to date in Non-pay.

CIP:

Total unmet CIP in the CSS Care Group is now £3.0m

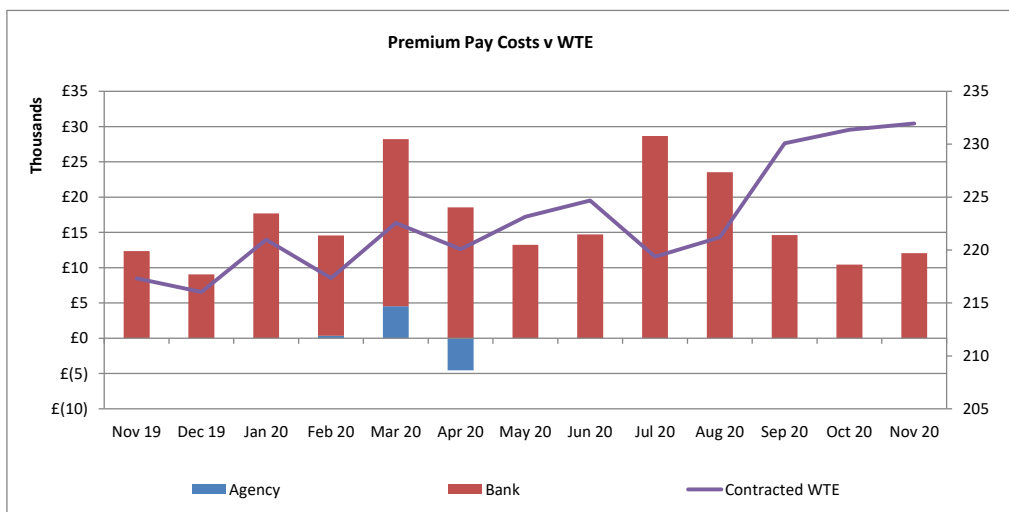
Covid-19:

The total cost impact to CSS is £3.8m, Covid-19 testing costs amount to £2.2m of this. The total income impact is £10.1m (including non-patient care income), bringing the total impact to £13.9m.

A. Cancer Services

Month 08 (November) 2020/21

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	400	505	106	3,029	3,105	75
Non-Electives	43	8	(35)	201	68	(133)
Accident and Emergency						
Outpatients	738	(274)	(1,012)	5,840	4,706	(1,134)
High Cost Drugs	2,043	2,200	157	16,347	15,839	(508)
Private Patients						
Other NHS Clinical Income	809	1,594	785	6,417	8,037	1,620
Other Clinical Income	1		(1)	4	84	80
Total Clinical Income	4,033	4,033	()	31,838	31,838	()
Non Clinical Income	87	72	(16)	688	708	20
Total Income	4,120	4,104	(16)	32,527	32,547	20
Expenditure						
Substantive Staff	(827)	(852)	(25)	(6,523)	(6,635)	(112)
Bank	(14)	(12)	2	(115)	(136)	(20)
Agency	()	0		(3)	5	8
Total Pay	(841)	(864)	(23)	(6,642)	(6,767)	(125)
Purchase of Healthcare	()	0		(3)	(3)	
Supplies and Services Clinical	(215)	(219)	(5)	(1,717)	(1,588)	129
Supplies and Services General	(3)	(4)	(1)	(57)	(54)	3
Drugs	(2,315)	(2,222)	93	(16,369)	(16,070)	299
All Other, incl Transport	(23)	(79)	(55)	(188)	(563)	(375)
Total Expenditure	(3,397)	(3,388)	9	(24,975)	(25,044)	(69)
Contribution	723	716	(6)	7,552	7,502	(50)



Income:

Rechargeable High cost drugs in both Clinical Haematology and Clinical Oncology were above plan again this month, alongside an overperformance in Regular day attenders resulted in the Care Group meeting the overall plan in month. Haemophilia High cost drugs is continuing to underspend and is now £0.5m lower than plan, year to date.

Clinical Oncology is above plan in month and year to date due to Outpatients follow ups and regular day activity, now £0.4m and £0.2m respectively above plan. There is also income of £0.08m from overseas patients above plan.

Clinical Haematology remains behind plan overall, £0.5m spread across Elective and Non-electives. Outpatients income is meeting plan.

The overall Covid-19 adjustment to meet to income deficit is now £2.1m

Pay:

Pay cost in the Care Group remained consistent with September and October. YTD and in month cumulatively all staff groups are under plan. Unmet Pay CIP now total £(0.2m), with underspends in Prof & Tech and Admin & Clerical staff types, and particularly nursing staff reducing the overall deficit.

Non-pay:

Unmet CIP continues to be the main factor in the adverse non-pay variance (£0.29m). This is offset by underspends on drugs and clinical supplies (£0.20m), with Covid-19 related building costs, Computer Software/Hardware costs and General Management Trainee intake charges for 20/21 Causing the adverse YTD position.

CIP:

Total Unmet CIP is now £0.49m.

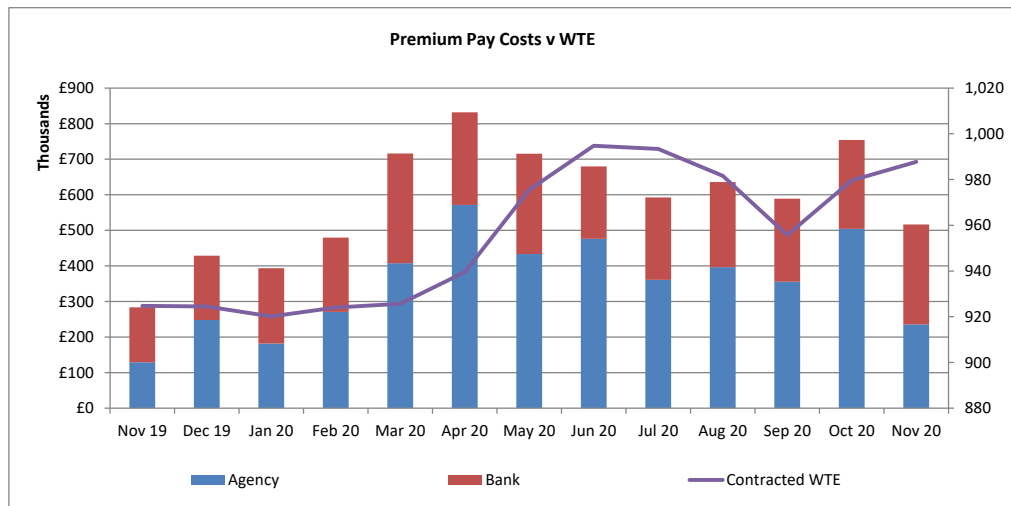
Covid-19:

Total Covid-19 costs claimed is now £0.15m.

A. Women's and Children's Services

Month 08 (November) 2020/21

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	666	569	(97)	5,219	2,451	(2,768)
Non-Electives	2,528	2,359	(169)	19,584	17,998	(1,586)
Accident and Emergency						
Outpatients	773	887	114	5,998	4,417	(1,581)
High Cost Drugs	18	39	21	145	149	4
Private Patients			()	1	1	(1)
Other NHS Clinical Income	2,725	2,824	99	21,688	27,591	5,902
Other Clinical Income	9	41	32	75	104	29
Total Clinical Income	6,720	6,720	()	52,712	52,711	()
Non Clinical Income	90	96	7	725	741	16
Total Income	6,809	6,816	7	53,436	53,452	16
Expenditure						
Substantive Staff	(4,696)	(4,438)	258	(36,634)	(34,102)	2,532
Bank	(231)	(281)	(49)	(1,899)	(1,981)	(82)
Agency	(399)	(236)	164	(1,967)	(3,334)	(1,367)
Total Pay	(5,326)	(4,954)	373	(40,500)	(39,417)	1,083
Purchase of Healthcare	(2)	(1)	1	(15)	(30)	(15)
Supplies and Services Clinical	(247)	(278)	(30)	(2,033)	(1,737)	297
Supplies and Services General	(13)	(4)	10	(96)	(37)	59
Drugs	(181)	(193)	(12)	(1,284)	(1,285)	(1)
All Other, incl Transport	74	(103)	(177)	593	(669)	(1,262)
Total Expenditure	(5,696)	(5,532)	164	(43,335)	(43,174)	161
Contribution	1,113	1,284	171	10,101	10,278	177



The Care Group's position improved by £0.2m in November and is now £0.2m favourable to the year to date (YTD) plan. The improvement is mainly driven by funding being added to the budget following final approval of a business case and lower Covid-19 costs.

Income:

Clinical income has been adjusted to breakeven by £0.1m for the impact of Covid-19 and £6.0m YTD. 'Restore and Recovery' plans continue to lead to notable increases in outpatient and elective activity. Consequently, the value of the Covid-19 adjustment has continued to reduce significantly from previous months.

Pay:

Pay is £0.4m favourable to plan in month and is £1.1m favourable YTD. Covid-19 costs have reduced by £0.15m compared to the average for the year. This is due to a reduction in the use of fixed term contract staff.

The budget has also been supported by £0.2m of retrospective business case funding this month, in particular for the case to increase paediatric medical workforce staffing.

Non-Pay:

Non-pay is adverse to plan by £0.2m in month and £0.9m YTD. The main pressure on the budget is the gap in CIP schemes, also totalling £0.2m per month- including a shortfall in the CNST rebate. This was partially offset by clinical supply underspends resulting from lower activity levels earlier in the year. However, as activity levels have increased, so too has non-pay expenditure, putting added pressure on the budget.

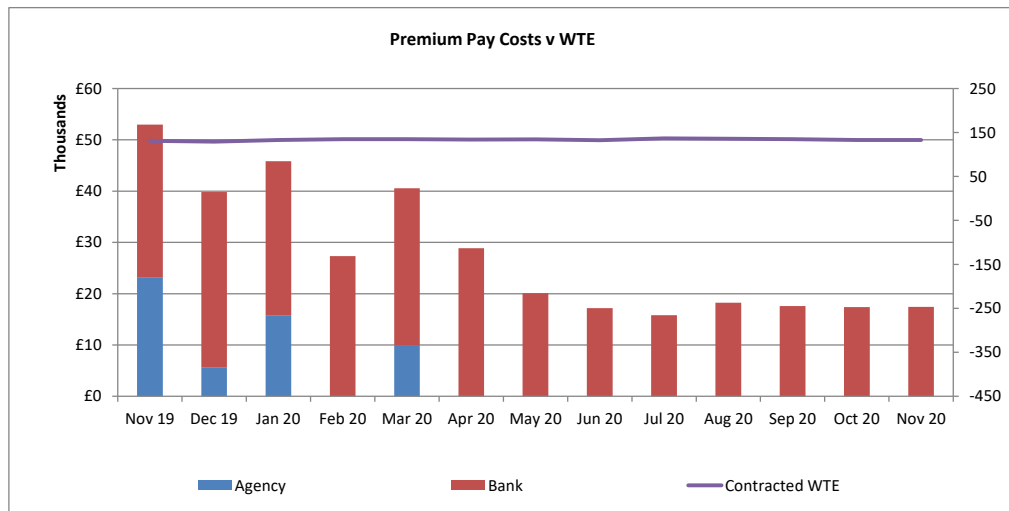
CIPs:

The annual CIP target for the Care Group is £3.0m. A relatively small value of non-recurrent pay savings were recognised due to vacancies. Savings associated with medical recruitment are also being achieved, but overall schemes continued to perform considerably below plan in November. YTD performance is £1.2m adverse to plan.

A. Strategic Development and Capital Planning

Month 08 (November) 2020/21

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Non Patient Care Services	16	40	25	127	157	31
Car Parking	138	76	(63)	407	444	37
Staff Accommodation	198	176	(22)	1,581	1,579	(2)
All Other Income	174	172	(2)	1,445	1,453	7
Total Income	525	463	(62)	3,560	3,633	73
Expenditure						
Substantive Staff	(532)	(516)	16	(4,310)	(4,107)	203
Bank	(32)	(17)	15	(257)	(153)	104
Agency	0	0	0	0	0	0
Total Pay	(564)	(534)	31	(4,567)	(4,260)	307
Supplies and Services General	(4,272)	(4,263)	9	(32,952)	(32,897)	55
Establishment	(133)	(181)	(48)	(1,058)	(1,038)	20
Premises and Rates	(249)	(248)		(1,991)	(1,987)	4
Premises Other	(757)	(736)	21	(5,897)	(6,156)	(259)
Transport	(23)	(11)	11	(181)	(89)	91
Education and Training	(7)	(4)	3	(54)	(55)	(1)
All Other	(101)	38	139	(197)	81	278
Total Expenditure	(6,105)	(5,940)	166	(46,897)	(46,401)	495
Contribution	(5,580)	(5,476)	104	(43,337)	(42,768)	569



Strategic Development and Capital Planning is favourable to budget by £0.57m as at the end of November, with a favourable swing in month of £0.1m.

Income:

Income is adverse £62k in month and favourable £73k YTD. Car parking is adverse £63k in month and £37k favourable YTD, budget has been rebased to last years out turn. Accommodation is adverse £22k in month but breakeven YTD.

Pay:

Pay is favourable £31k in month and £307k favourable YTD. Facilities favourable £15k favourable in month and £107k favourable YTD which is attributable to inter site transfers (Oakleaf) ongoing review of service specification being carried out. Strategic Development £28k favourable in month and £158k YTD due to vacant posts which are out to recruit/have been recruited into and awaiting to start. This has been reconciled and agreed with the department. IT £12k adverse in month, of which 30% is due to OT and on call and £42k favourable YTD.

Non-Pay:

Non-Pay is favourable £135k in month and £189k favourable YTD. The favourable position in month is due to the rebasing of the parking income target.

The position YTD is due to £50k favourable variance on patients travelling expenses, and a £100k balance due to tenancy income whilst invoices are being reviewed due to some tenants having to vacate due to Covid-19 credits may be due. Accommodation non-pay £99k favourable due to building and engineering works. These are offsetting an adverse position on utilities £132k, gas, electric, water these budgets are currently being reconciled in totality with the carbon tax funding stream and also with the OHF contract to improve the subjectivity. Activity & price are also being reviewed.

A. Corporate

Month 08 (November) 2020/21

Statement of Comprehensive Income	This Month			Year to Date		
	£000	Plan	Actual	Var.	Plan	Actual
Income						
Non Patient Care Services		166	25	(141)	308	138
Research and Innovation		273	269	(5)	1,735	1,711
Education and Training Income		1,120	1,129	9	9,580	9,721
All Other Income		58	43	(15)	19	(135)
Total Income		1,616	1,465	(151)	11,642	11,435
Expenditure						
Substantive Staff		(2,248)	(2,391)	(143)	(19,246)	(19,291)
Bank		(38)	(89)	(50)	(509)	(901)
Agency		(563)	(559)	4	(1,973)	(1,992)
Total Pay		(2,849)	(3,039)	(190)	(21,728)	(22,183)
Supplies and Services General		(78)	(79)	(2)	(3,058)	(3,065)
Establishment		(71)	(41)	30	(503)	(459)
Premises Other		(241)	(250)	(9)	(3,617)	(3,779)
Transport		(47)	(28)	18	(433)	(270)
Clinical Negligence		(2,030)	(2,030)		(16,241)	(16,241)
Education and Training		(115)	(137)	(22)	(812)	(828)
All Other		(590)	(761)	(171)	(9,965)	(9,525)
Total Expenditure		(6,021)	(6,366)	(344)	(56,356)	(56,349)
Contribution		(4,405)	(4,901)	(495)	(44,714)	(44,914)

The Corporate position is adverse against budget by £0.2m YTD and is made up as follows: Clinical Quality & Patient Safety (CQ&PS) adverse £0.08m, HR adverse £0.3m, Finance favourable £0.02m, Operations adverse £0.02m, Trust Board favourable £0.07m, PGME and R&I favourable £0.1m.

Income:

Income is adverse £151k in month and adverse £207k YTD.

The position in month is due to £126k of Covid-19 funding within Operations, the Covid 19 envelope has been reviewed and funds transferred back to the centre, position YTD is breakeven. The position YTD is attributable to under-achievement of £152k in Occupational Health, which is mostly due to the loss of KMPT contract and £121k of EKBI royalty reduction within Finance. Work is on-going with Occupational Health to ascertain what expenditure budgets can be given up to offset the loss of KMPT contract. This is partially offset by £25k for recharges to 2gether for NHS admin fee.

Pay:

Pay is adverse £190k in month and adverse £455k YTD. The position in month and YTD is due to overspends on Covid-19 £423k, this indicates expenditure is adverse against the allocation for months 7 -12 due to revised plan and this is due to 'other agency' costs from 2gether being understated in prior periods. In addition to the overspend on Covid-19 staffing, pay savings targets not being realised but being partially offset by vacancies

The corporate areas have a vacancy rate of 10% comparing contracted to budgeted WTE. The majority of the favourable benefit from these are being offset by the pay savings targets, pay savings year to date position adverse £645k YTD.

Non-Pay:

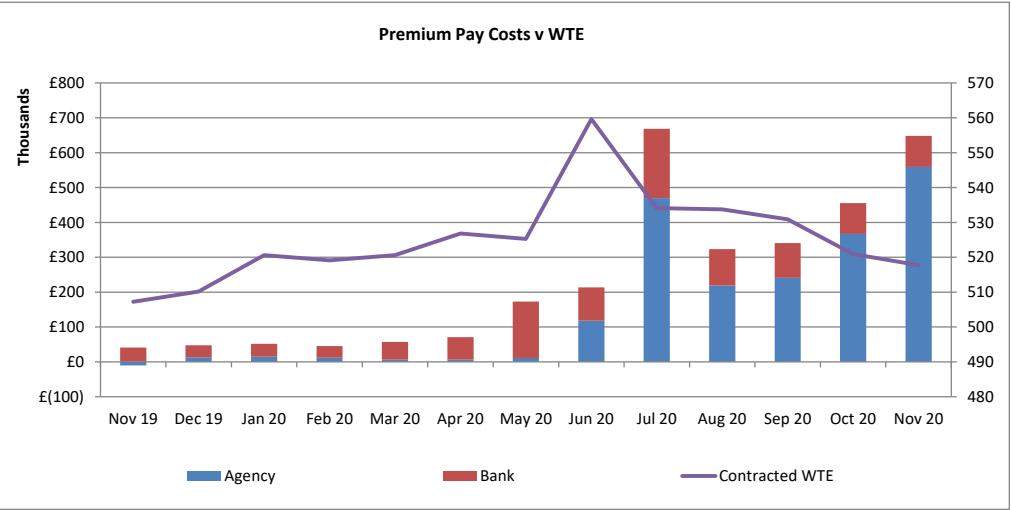
Non-Pay is adverse £154k in month and £462k favourable YTD.

CQ&PS adverse £30k in month and adverse £20k YTD. Adverse position in month and YTD are due to legal fees overspend £150k being offset underspends on interpreter fees £81k, travel £30k and computer software £28k. Legal fees are being monitored with the department.

HR favourable £45k in month and adverse £25k YTD. The position in month is due to ext. recruitment fees £13k, rent hire & premises, £11k advertising and removal expenses £14k.

Finance favourable £18k in month and £197k YTD. Favourable YTD position is due to underspends on internal audit £75k, contracted out £41k and computer software £57k.

Operations adverse £163k in month due to Covid-19 funding being returned to the centre and favourable £367k YTD due to Covid-19 underspends which are being investigated to ensure that the correct amount funding has been allocated. The underspend here is offsetting here is balancing the Covid-19 position bottom line.



B. Spencer Private Hospitals

Month 08 (November) 2020/21

Summary Profit & Loss November 2020 and Outturn Forecast

£'000s	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
Income	1,277	1,159	117	8,838	9,147	(308)
Pay	(607)	(663)	56	(3,956)	(5,320)	1,364
Non Pay	(390)	(312)	(78)	(2,765)	(2,491)	(274)
Other Costs	(211)	(132)	(79)	(1,716)	(1,071)	(644)
Operating Profit	68	52	16	402	264	137
OP %	5.4%	4.5%	13.6%	4.5%	2.9%	-44.6%
Interest Receivable						
Interest Expense	(3)	(4)	1	(27)	(33)	6
Net Profit before Tax	65	48	17	375	231	144
NPBT %	5.1%	4.2%	14.2%	4.2%	2.5%	-46.8%
Tax	(15)	(12)	(3)	(113)	(64)	(49)
Net Profit after Tax	50	36	13	262	167	96
NPAT %	3.9%	3.1%	11.4%	3.0%	1.8%	-31.1%

Salient comments on month / YTD results:

Spencer remained under the NHSE Covid-19 response contract throughout November

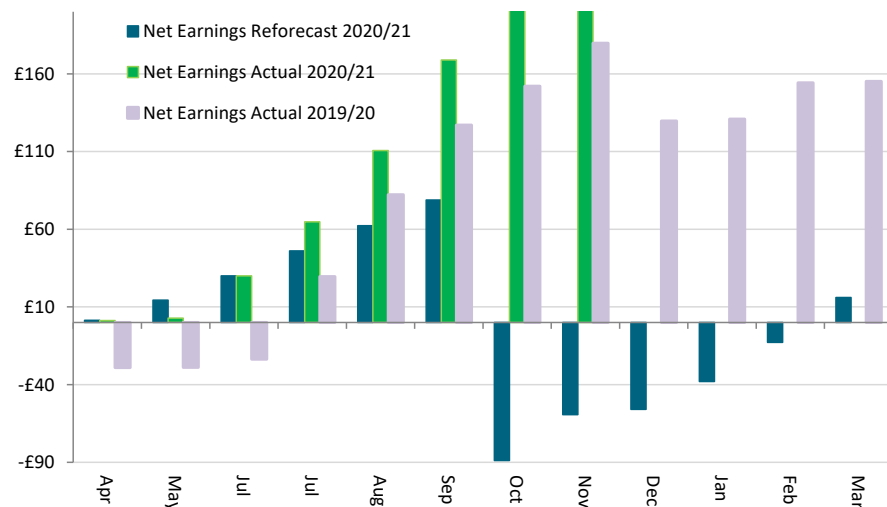
Limited theatre access was available & utilised throughout November. As a consequence, private incomes of £134K were achieved for the month.

Excluding high cost drugs, other Non-Pay costs are £1.7m below budget YTD due to elective care activity significantly below budgeted activity levels.

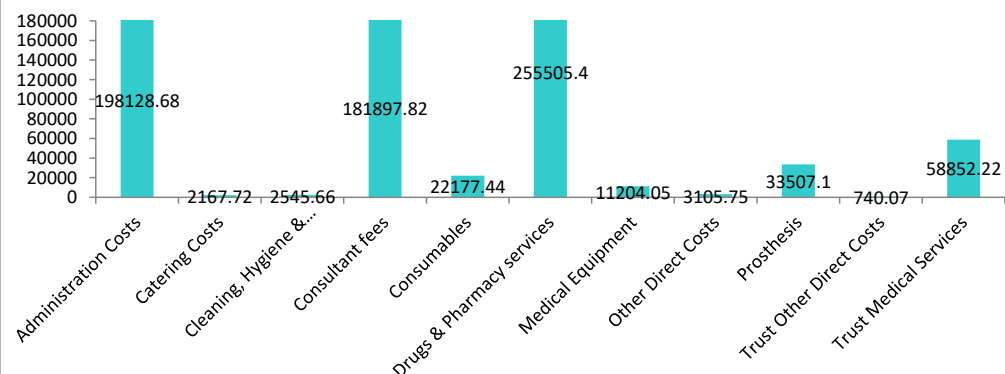
Net earnings of £262K YTD against a budgeted profit of £167K.

Full Year 2020-21		
Outturn	Budget	Variance
13,258	13,718	(461)
(6,083)	(7,955)	1,872
(4,285)	(3,737)	(548)
(2,638)	(1,604)	(1,034)
252	422	(170)
1.9%	3.1%	37.0%
(40)	(50)	10
212	372	(161)
1.6%	2.7%	35.0%
88	(101)	189
300	271	28
2.3%	2.0%	-6.0%

Net Earnings YTD £'000



Actual Costs November 2020



C. 2gether Support Solutions

Month 08 (November) 2020/21

Summary Profit & Loss November 2020

£'000s	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
Income	9,374	8,392	982	72,541	67,363	5,178
Costs	(9,238)	(8,260)	(978)	(71,594)	(66,533)	(5,062)
Operating Profit/(Loss)	135	132	4	946	830	116
OP %	(0)	(0)	0	1.3%	1.2%	0.1%
Interest Receivable	251	251	(0)	2,049	2,049	(0)
Interest Expense	(191)	(192)	1	(1,542)	(1,533)	(8)
Net Profit/(Loss) before Tax	195	191	5	1,454	1,346	108
NPBT %	2.1%	2.3%	-0.2%	2.0%	2.0%	0.0%
Tax	(103)	(106)	4	(692)	(670)	(21)
Net Profit/(Loss) after Tax	92	84	8	762	676	86
NPAT %	1.0%	1.0%	0.0%	1.1%	1.0%	0.0%

Salient comments on month / YTD results:

- YTD the overall profit is slightly better than plan. The Income and Costs variances are primarily driven by COVID-19 recharges and a smaller element of Consumable Recharges ordered by EKHUFT.
- November performance was consistent with expectations, primarily due to some pay saving vacancies (mainly Commercial) along with cost pressure due to timing of spend in non-pay lines which are likely to catch up by year end (mainly EME materials).
- Controllable spend areas have been actively managed and will continue to be.

Actions for this quarter:

- Finalise new cleaning standards modelling costs & agreement then a CCN to cover, this is anticipated to be a material figure.
- Support the Trust with the expanded capital plan.

D. Cash Flow

Month 08 (November) 2020/21

Year to Date		This Month			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual		Plan	Actual	Variance	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast
13,893	Opening Cash Balance	4,961	51,896	46,934	13,893	62,893	57,842	60,246	54,984	56,745	61,060	51,896	70,965	66,557	67,997	9,380
	Prior Year Main Contract CCGs															
393,602	Kent & Medway CCG Contract	39,616	71,706	32,090	80,473	40,237	40,237	40,237	40,238	40,237	40,237	71,706	40,237	40,237	47,255	
1,557	Prior Year Main Contract CCGs					(482)	1,297	(1)	657	14	72		7,061	7,018		
1,692	Other CCG block Contracts		165	165	418	209	209	209	201	115	166	165	209			
132,513	NHS England	8,346	9,032	687	31,214	14,143	14,836	13,725	19,041	17,985	12,537	9,032	8,908	8,908	8,641	267
26,657	All Other NHS Organisations	1,104	5,564	4,460	7,786	797	1,332	3,181	4,880	1,486	1,631	5,564	1,043	6,054	1,088	1,275
0	Capital Receipts															750
179,701	All Other Receipts	2,977	6,961	3,985	7,148	7,792	2,013	8,863	2,086	139,311	5,527	6,961	3,524	3,462	3,474	37,624
0	Provider Sustainability Fund															
4,015	PDC Loans	3,491		(3,491)	4,015											
0	Loans Repaid															
739,738	Total Receipts	55,533	93,430	37,897	131,054	62,696	59,923	66,213	67,104	199,147	60,170	93,430	60,982	65,678	60,458	39,915
	Total Movement In Bank Balance															
(259,014)	Monthly Payroll inc NI & Super	(30,670)	(32,875)	(2,205)	(30,927)	(31,819)	(32,543)	(32,868)	(32,500)	(32,440)	(33,043)	(32,875)	(32,684)	(32,670)	(32,670)	(32,670)
(413,203)	Creditor Payment Run	(25,386)	(39,243)	(13,857)	(48,955)	(35,438)	(24,775)	(38,414)	(32,167)	(162,309)	(31,901)	(39,243)	(34,617)	(30,168)	(29,110)	(30,643)
(7,820)	Capital Payments	(1,400)	(232)	1,168	(2,172)	(491)	(200)	(193)	(58)	(83)	(4,391)	(232)	(1,070)	(1,400)	(1,400)	(32,779)
(2,696)	PDC Dividend Payment		(2,696)	(2,696)								(2,696)				(2,400)
(619)	Interest Payments	(147)		147					(619)							
(683,351)	Total Payments	(57,604)	(75,046)	(17,443)	(82,054)	(67,747)	(57,519)	(71,475)	(65,343)	(194,832)	(69,334)	(75,046)	(68,372)	(64,238)	(63,180)	(98,492)
56,386	Total Movement In Bank Balance	(2,070)	18,384	20,454	49,000	(5,051)	2,404	(5,262)	1,760	4,315	(9,164)	18,384	(7,390)	1,441	(2,721)	(58,577)
70,279	Closing Bank Balance	2,891	70,279	67,388	62,893	57,842	60,246	54,984	56,745	61,060	51,896	70,279	63,575	67,997	65,276	(49,197)
	Plan				4,356	4,191	4,157	4,157	3,742	2,997	4,961	2,891	2,891	2,891	2,891	3,029
	Variance				58,537	53,651	56,090	50,827	53,003	58,063	46,934	67,388	60,684	65,106	62,385	(52,226)

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	11 FEBRUARY 2021
REPORT TITLE:	FINANCE AND PERFORMANCE COMMITTEE (FPC) CHAIR REPORT – FEBRUARY 2021
PAPER SPONSOR:	NIGEL MANSLEY, CHAIR OF THE FPC
PAPER AUTHOR:	INTERIM GROUP COMPANY SECRETARY
PURPOSE:	APPROVAL
APPENDICES:	APPENDIX 1: MONTH 9 FINANCE REPORT

BACKGROUND AND EXECUTIVE SUMMARY:

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

- Overseeing the development and maintenance of the Trust's Financial Recovery Plan (FRP), delivery of any financial undertakings to NHS Improvement (NHSI) in place, and medium and long-term financial strategy.
- Reviewing and monitoring financial plans and their link to operational performance overseeing financial risk evaluation, measurement and management.
- Scrutiny and approval of business cases and the capital plan. Approval limits:
 - Revenue: £2.5m over 5 years
 - Capital up to £2.5m
- 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.

The purpose of the report is to bring to the Board's attention key issues and assurances discussed by the Finance and Performance Committee (FPC) held on 2 February 2021, via a video conference. The meeting was quorate and the agenda streamlined to enable the relevant members of the Executive Team to prioritise their time to respond to the current significant operational pressures faced by the Trust.

The Committee wished to draw the Board's attention to its discussion on the following:

1 Month 9 Finance Report

- 1.1 Appendix 1 provides the Board with oversight of the financial position and therefore only the highlights are provided below:
- 1.2 The Trust achieved a £0.2m surplus in December, bringing the year-to-date (YTD) position to a £0.4m surplus, slightly ahead of the plan. In response to the Chair's request for clarity concerning the planned surplus, assurance was provided that the Trust was expected to achieve the plan to break-even in Quarter 4. This is due to the increased pay costs and procurement of beds from Spencer Hospitals which are currently funded by NHSE/I. The Committee acknowledged the potential risk in the event of funding being withdrawn.

- 1.3 The impact of Covid-19 has paused the NHS business planning process nationally. Nationally-mandated interim financial regime and contracting arrangements are in place for 2020/21.
- 1.4 From April to September 2020 the Trust was funded to financial breakeven through National block and top-up payments. From October 2020 to March 2021 the Trust will be funded by:
- A block payment based on estimated services commissioned by NHSE and Clinical Commissioning Groups (CCGs) to cover all costs including an estimate for Covid-19 costs;
 - A variable payment linked to the volume of patients treated and some specific high costs drugs;
 - A retrospective top-up to refund some specific 'out of envelope' costs incurred due to Covid-19.
- 1.5 Under the new financial regime, the financial plan 2020/21 forecasts a breakeven position, excluding an assessment for the value of un-used annual leave of £5m at year-end.
- 1.6 The Trust has identified £3.6m of additional costs due to Covid-19 in December along with lost income of £0.5m, bringing the total financial impact of Covid-19 to £44.7m YTD.
- 1.7 The total capital expenditure was £16.4m which excludes £2.8m of Covid-19 related expenditure which is assumed to be externally funded. The Committee acknowledged the associated risk should this not be reimbursed the Trust would be required to meet any shortfall from internally generated resources.
- 1.8 The cash balances at the end of December continue to be above plan owing to the NHSE/I block payment on account to cover anticipated operational costs in advance. The Committee received assurance that In line with government guidelines, a significant cash balance is not currently expected at year-end.
- 1.9 A significant transaction was recorded in month 9 in relation to the Spencer Hospitals and the Trust. This arose owing to the write-off of a long-standing debt linked to the closing down of HealthEx (holding company). The transaction resulted in a £400k accounting adjustment between Spencer Hospitals and the Trust, but overall to the Group this effect is neutral.
- 2 System Financial Principles**
- 2.1 The Committee endorsed the System Financial Principles as previously discussed in detail at the January meeting and recommended approval by the Trust Board.
- 3 Finance and Operational Risks Review**
- 3.1 The Committee received and discussed the finance and operational risks noting that the following two new risks had been added to the corporate risk register:
- CRR 99: That the Trust would be unable to spend the emergency / externally funded capital allocated by 31 March 2021*
Assurance provided that the necessary plans were place to mitigate against this risk.
- CRR 102: Uncertain income flows in 2021/22*
Currently awaiting guidance from NHSE/I. It was noted that the risks to income flows for 2020/21 had been resolved.
- 3.2 The Committee received recommendations for the closure of the following risks on the basis that the necessary mitigating actions were in place:

CRR 86: Financial impact of Covid-19 pandemic upon the Trust and its suppliers
The consensus was that that a broader system-wide perspective should be adopted to define income risks more clearly. Concern was also raised regarding this proposed closure in light of the earlier discussion at the meeting regarding the recent addition of the uncertain income flow risk (CRR 102).

CRR 96: Referral to Treatment (RTT) Prolonged Waiting Times
It was suggested that the closure decision be re-visited, pending further clarification.

3.3 Following a number of challenges, the Committee accordingly agreed that further work should be undertaken on the proposed uncertain income flows risk (CRR 102) by the Director of Finance and Performance to reflect the following actions agreed at the meeting;

- a) Given the present uncertainty associated with Covid-19, further consideration should be given to closing down the short-term financial risks for the remainder of 2020/21;
- b) To ensure that the Trust maintains a good cost base control, a review of the system-wide strategic financial risks should be undertaken, including the uncertain income flows for 2021/22;
- c) Further consideration should be given to robust risk mitigations in this area and an increased focus on partnership working with the Integrated Care System (ICS);
- d) Consideration should also be given to the Trust taking a more strategic view on the management of Spencer Hospitals and the separation of the associated immediate risks for 2020/21.

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

- 4.1 The FPC received a highlight report on the National Constitutional Standards, which is covered in detail in the Integrated Performance Report (IPR). It was noted that whilst working within the constraints of Wave 2 of the Covid-19 pandemic, all standards deteriorated in the month. Since the Covid peak in December, there has been a marked reduction in both admissions and deaths in hospital during January.
- 4.2 The Committee were advised that this period had been extremely challenging particularly in terms of Emergency Department (ED) performance, Intensive Therapy Unit (ITU) demand and the high number of 12-hour breaches reflecting the significant number of Covid-19 admissions. Whilst the cancer target was not achieved, this was largely owing to patient choice with many patients declining to visit the hospital during the peak pandemic or without a vaccination.
- 4.3 The key performance metrics noted were as detailed below:
 - Accident & Emergency (A&E) 4-hour access standard was 73.59%, including Kent Community Health Foundation Trust (KCHFT) Urgent Treatment Centres.
 - 18 Week RTT at 69.02%.
 - 62-day Cancer Standard at 81.32%.
 - 6-week diagnostic standard at 77.64%.
- 4.4 The Committee were assured that since emerging from the peak, the main focus of attention now on the recovery programmes and working in close dialogue with the operational directors.

- 4.5 Referring to the slippage in the Trust's cancer benchmarking performance from the top to second quartile, the Committee received assurance that every effort was being made to return performance to its previous level.

5 Update on Winter Planning and Capacity

- 5.1 The Committee received and discussed an update report regarding winter planning and capacity management.
- 5.2 Commenting on the strategic direction of the Trust's winter plans in light of the reduction in Covid-19 patient numbers, it was noted that the Trust was experiencing an increase in the intake of acutely unwell patients (red pathway) some of whom had remained at home for long periods before seeking medical support. The Committee acknowledged that this was a worrying trend.

6 2020/21 Capital Programme Projects

- 6.1 The Committee received and noted an update report regarding the Trust's capital programme. The key points highlighted in the report included the following:
- 6.2 The capital plan has risen from £40m at the start of the financial year 2020/21 to a current plan of £65.7m, representing a £1.1m increase on the November position.
- 6.3 The increasing concern about the potential capital expenditure underspend risk in Quarter 4.
- 6.4 The six high-risk capital schemes had reduced from £23m to £20.4m.
- 6.5 The Committee received assurance that all options were currently being actively explored to mitigate the risk of underspend and that the Trust had been transparent with the Auditors concerning both the capital spend position and the associated risks.

7 Business Cases

The Committee considered a number of business cases as detailed below:

7.1 Clinical Trials Unit Business Case

The proposal is for the Trust, on behalf of the Kent and Medway system to sponsor the establishment of an acute-based Clinical Trials Unit (CTU). This represents a unique opportunity of linking this proposal into the wider Kent, Surrey and Sussex innovations and research partnerships. The CTU is expected to accelerate the necessary research and innovation pipelines and architecture to deliver the Research Strategy, deliver significant savings to the whole health system, strengthen the Trust's position and collaborations with Kent and Medway Medical School (KMMS) and Discovery Park whilst providing research benefits to Kent and Medway's stakeholders. EKHUF's aim is to use its position as an Acute Trust to develop higher quality research and leverage this advantage for commercial research gain with organisations locally, nationally and internationally.

Research has long been supported and recognised by clinicians for its importance in healthcare - being one of the main drivers in providing evidence-based improved treatment and care options for patients.

It was reported the capital cost equated to £1.62m and the recurrent cost was £422k, therefore the breakeven income would have needed to be £450k. CTUs following the grant model were designed to breakeven. The median income for CTUs was £750k.

The Committee was appraised of the financial implications and associated risks of the two identified options.

The following comments and challenges were made:

- In light of the significant risks associated with the Trust's current £120m backlog and the potential slippage of other schemes included in the business planning process, it was important to recognise the significant implications of funding this investment;
- The Committee welcomed the wide level of support received from a range key players in the system, but acknowledged the absence of endorsement from KMMS on possible funding contribution;
- A number of other funding platforms were currently being explored, including the fundraising committee set up by KMMS and the National Institute for Health Research (NIHR) grants;
- Acknowledging that the investment would equate to 10% of the Trust's capital allocation for 2020/21, the Trust should consider underwriting the proposed investment, whilst also seeking financial support from external sources, for example, commercial and charitable funding;
- As any decision to proceed with this investment would represent an allocation of capital out of very scarce resources, it was important from a governance perspective, that the Committee remains totally transparent about the capital prioritisation decision-making process for 2020/21; and
- Given the potential opportunities in this area, future consideration should be given to the establishment of a commercial function and/or appointment of a commercial director to strengthen and enhance external partnership working;

It was confirmed that that this Business Case had previously been considered in detail by the Clinical Executive Management Group (CEMG) and received strong endorsement. The Director of Strategic Development and Capital Planning / Deputy Chief Executive was noted as the nominated accountable executive lead to secure external funding sources.

Following due consideration, the Committee approved Option 2 and recommended the Clinical Trials Business Case to the Trust Board for final approval with the caveat that this should be underwritten and other external sources be explored to seek additional funding. The Committee

7.2 **GSM37 – Bowel Cancer Screening - Implementation of Bowel Scope**

The Bowel Cancer Screening (BCS) Programme is one of 11 national programmes, as a means for detecting cancers earlier and improving patient outcomes. It was confirmed that the business case is included within the list of prioritised Business Cases during the 2020/21 business planning and represents an investment of £0.4m.

Following due consideration of the three identified investment options, the Committee approved Option 2 of the Bowel Cancer Screening Implementation of Bowel Scope Business Case.

7.3 **ITU 24 Bed Expansion**

The business case relates to the £14m allocated funding the Trust had received from NHSE/I to expand and consolidate Intensive Care Unit (ITU) capacity at the William Harvey Hospital.

The Committee were reminded that the business case had been previously discussed in November 2020 and that the Trust had subsequently been working with NHSE/I and concerning a Memorandum of Understanding (MOU) to receive £14m this financial year. It was noted the business case had been submitted to NHSE/I following the initial application and approval of funding.

The Committee were asked to specifically to note the financial model, including capital investment, the five year I & E projection and the key financial risks outlined in the report.

Following due consideration, the Committee approved the ITU 24 Bed Expansion Business Case.

8 Post Project Evaluation of Business Cases

- 8.1 The Committee received and noted the Post Project Evaluation of Business Cases.

9 2gether Post Project Evaluation Review

- 9.1 2gether Support Services (2gether) was established as a wholly-owned subsidiary in October 2018 and since this time policies, procedures and governance arrangements have evolved. The Trust commissioned QE facilities (QEF) to undertake a post implementation review the, outcome of which of which was presented to the Committee for consideration.
- 9.2 The following points were highlighted in the QEF review:
- The projected savings had been delivered to the planned level;
 - The recommendation that the risks associated with changes to VAT should be added to the Trust's corporate risk register
- 9.3 A number of comments and challenges were raised during the discussion, including:
- Whether the intention was to undertake a broader more strategic review of the success and ongoing strategic direction for 2gether; and
 - The issue concerning director liabilities within the new structure still remained unresolved;
 - Referring to the recommendation in the report concerning the proposed expansion of 2gether's finance team, there were a number of views expressed, but general agreement that this was a matter for 2gether's management and that the Trust should not be expected to fund any required future expansion.
- 9.4 The following actions were agreed by the Committee, that:
- a) An action to be jointly developed by the Director of Finance and Performance and Director of Strategic Development and Capital Planning / Deputy Chief Executive to ensure delivery of the recommendations included in the QEF Report;
 - b) A recommendation be made to the Trust Board suggesting that a board development session should be arranged to consider the following:
 - The strategic view of how the Trust and the wider NHS plans to operate its services over the next 2-3 years, particularly post pandemic;
 - A subsidiary performance review (2gether and Spencer Hospitals) and to explore what improvements could be made to enable the three organisations to fully operate as a Group. This should include a review of the strategic impact, including the commercial position.

10 Review of Standing Financial Instructions (SFIs)

- 10.1 The current SFIs were previously approved by the Integrated Audit and Governance Committee in February 2020. The Committee is required to undertake an annual review.
- 10.2 A number of minor changes were proposed, including:
- Change all references throughout the document of NHSI to NHSI/E;
 - Section on Framework and Compulsory guidance updated to reflect the relevant financial year;
 - Updated the name of the main Financial Management Policy.
- 10.3 It was reported that 2gether Support Services had completed their review and their SFIs would be included as part of the Trust's SFIs. It was agreed that the necessary arrangements should be put in place for 2gether to undertake a review of their SFIs each December in order to ensure alignment with the Trust's Group calendar.
- 10.4 The Committee approved the proposed amendments to the SFIs.

11 Tender Report – Utilities: Water

- 11.1 The Committee was informed the Trust's water contract had come to an end and that it had been asked by 2gether Support Solutions (2gether) to endorse the approval of the contract awarded to Advanced Demand Side Management Ltd. It was noted this carried a saving of £250k over the next 2 years. Assurance was received that 2gether had taken the recommendation through the appropriate approvals process.
- 11.2 To avoid the occurrence of any further last-minute requests for approval and to ensure that the Committee is better prepared in the future, it requested that a schedule of upcoming large contract changes should be provided.
- 11.3 The Committee noted the Water Utilities Tender Report.

12 Business Planning Update

- 12.1 The Committee received and noted an update on the latest published national guidance and current known requirements for operational and financial planning in 2021/22.

13 Other Reports

- 13.1 The Committee received and discussed the following:
- Joint Development Board: Clinical Strategy Update - Q3 2020/21;
 - Strategic Investment Committee;
 - FPC Annual Work Programme for 2021

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	Failure to achieve financial plans as agreed with NHSI under the Financial Special Measures Regime.
LINKS TO STRATEGIC OBJECTIVES:	We care about... <ul style="list-style-type: none"> • Our future; • Our sustainability.

LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	SRR5: Failure to achieve financial plans as agreed with 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 of Directors is asked to receive the FPC Chair report for assurance and to APPROVE the: a) FPC Chair report – February 2021; b) System Financial Principles; and c) The Clinical Trials Unit Business Case (Option 2). The capital cost equates to £1.62m and the recurrent cost is £422k.

Finance Performance Report 2020/21

December 2020

Director of Finance and Performance Management
Philip Cave



Contents and Appendices

Month 09 (December) 2020/21

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Executive Summary

Month 09 (December) 2020/21

Executive Summary

The Trust achieved a £0.2m surplus in December, which brought the year-to-date (YTD) position to a £0.4m surplus, slightly ahead of the plan.

The impact of Covid-19 has paused the NHS business planning process. Nationally-mandated interim financial regime and contracting arrangements are in place for 2020/21.

From April to September 2020 the Trust was funded to financial breakeven through National block and top-up payments. For October 2020 to March 2021 the Trust is funded via:

- A block payment based on estimated services commissioned by NHS England and Clinical Commissioning Groups (CCGs) to cover all costs including an estimate for Covid-19 costs
- A variable payment linked to the volume of patients treated and some specific high costs drugs
- A retrospective top-up to refund some specific 'out of envelope' costs incurred due to Covid-19

Under the new rules the EKHUFT financial plan for 2020/21 is breakeven, excluding an assessment for the value of un-used annual leave at year-end of £5m.

The financial plan and budget have been reset to reflect the new financial regime. The table below outlines the in-month and YTD performance against this new plan.

£'000	This Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
EKHUFT Income	63,341	64,908	1,567	553,164	557,839	4,675
EKHUFT Pay	(40,111)	(39,788)	324	(342,400)	(341,486)	914
EKHUFT Non-Pay	(23,290)	(25,477)	(2,187)	(211,672)	(217,188)	(5,517)
EKHUFT Financial Position	(60)	(357)	(297)	(907)	(835)	72
Spencer Performance After Tax	(10)	419	430	157	675	518
2gether Performance After Tax	94	109	15	769	871	101
Reprofiling Plan adjustment	(23)	46	69	6	52	46
Consolidated I&E Position (pre Technical adjs)	0	217	217	25	763	738
Technical Adjustments	0	(38)	(38)	0	(371)	(371)
Consolidated I&E Position (incl Top Up)	0	179	179	25	392	367

The Trust has identified £3.6m of additional costs due to Covid-19 in December along with lost income of £0.5m, bringing the total financial impact of Covid-19 to £44.7m for the year-to-date.

Income and Expenditure

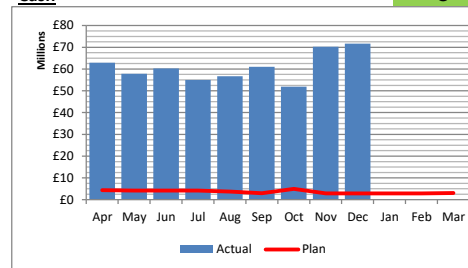
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The Trust achieved a £0.2m surplus in December, slightly ahead of the plan. The main drivers of the in-month position as compared to the revised 2020/21 financial plan were:

- A non-clinical income variance of £1.6m mainly due to additional income to fund 'outside of envelope' Covid-19 costs of £0.2m combined with capital goods scheme funding of £0.7m and Education & Training funding above plan of £0.4m.
- A non-pay overspend of £2.2m mainly due to overspends on drugs of £1.4m and non-clinical supplies £0.7m both due to incurring the costs of treating more Covid-19 patients than planned.

Cash

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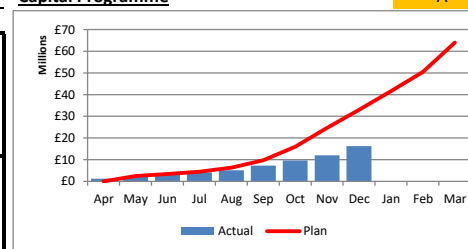


The Trust's cash balance at the end of December was £72m which was £69m above plan due to the NHSE/I block payment on account to cover anticipated operational costs in advance.

As directed by DHSC, the Trust converted £125m of revenue and capital loans to Public Dividend Capital (PDC) in September 2020, which attracts an interest rate of 3.5% but does not require repayment.

Capital Programme

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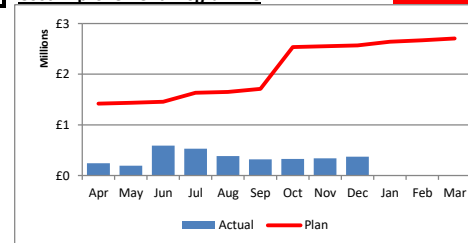


Total capital expenditure at the end of December was £16.4m which excludes £2.8m of Covid-19 expenditure which is assumed to be externally funded.

There remains a risk that the Trust will not receive full reimbursement for Covid-19 capital expenditure and therefore would be required to be funded from internal generated resources i.e. Trust depreciation / cash. Additionally, with £21m external funding anticipated for ED and ITU expansion there is a risk that the Trust cannot spend the full planned amount in 2020/21 due to operational pressures.

Cost Improvement Programme

R



The Trust planned to deliver £25m of CIP in 2020/21 in our submitted NHSE/I draft plan. In light of the national directive to focus on the operational response to Covid-19 EKHUFT has a reduced ability to make efficiency savings and delivered £0.4m of savings against a plan of £2.6m in December.

Income and Expenditure Summary

Month 09 (December) 2020/21

Unconsolidated

£000	This Month			Year to Date			Annual
	Plan	Actual	Var.	Plan	Actual	Var.	Plan
Income							
Electives	7,864	4,591	(3,273)	47,391	42,567	(4,824)	71,122
Non-Electives	16,188	16,237	49	132,361	129,070	(3,291)	181,205
Accident and Emergency	3,024	2,363	(661)	24,626	23,385	(1,241)	33,750
Outpatients	7,045	5,884	(1,161)	46,082	47,912	1,830	67,338
Private Patients	76	25	(51)	(64)	108	172	(126)
Other NHS Clinical Income	25,629	21,243	(4,386)	225,630	204,894	(20,736)	302,228
Other Clinical Income	267	9,682	9,415	2,083	31,228	29,144	2,890
Total Clinical Income	60,093	60,025	(68)	478,109	479,164	1,055	658,408
Non Clinical Income	3,248	4,883	1,635	75,055	78,675	3,620	85,151
Total Income	63,341	64,908	1,567	553,164	557,839	4,675	743,559
Expenditure							
Substantive Staff	(34,369)	(33,707)	663	(296,314)	(295,232)	1,082	(407,876)
Bank	(2,234)	(2,648)	(414)	(17,419)	(17,935)	(515)	(23,568)
Agency	(3,508)	(3,433)	75	(28,666)	(28,319)	347	(39,116)
Total Pay	(40,111)	(39,788)	324	(342,400)	(341,486)	914	(470,560)
Non Pay	(21,193)	(23,030)	(1,837)	(193,889)	(199,243)	(5,354)	(254,739)
Total Expenditure	(61,304)	(62,818)	(1,514)	(536,289)	(540,730)	(4,441)	(725,299)
Non-Operating Expenses	(2,097)	(2,447)	(350)	(17,782)	(17,945)	(162)	(24,484)
Income and Expenditure Surplus/(Deficit)	(60)	(357)	(297)	(907)	(835)	72	(6,224)

Clinical Income

The Covid-19 income regime changed in October- still supporting, but not guaranteeing, Group income at a level which delivers a break-even position.

All NHS Trusts were required to submit a new plan reflecting the change in payment methodology and part of this was to reset the M1-6 plan to actuals. There are no commissioning contracts in year.

After Month 6, the Commissioner allocated payments have remained, but there are a number of changes:

We have been allocated a budget of £3.0m per month to cover covid-19 costs, the Top up funding has also been increased by £0.9m to £4.0m and we were also granted an additional £3.5m growth funding. This includes CCG invoices from Spencer Private Hospitals and the costs of the new Urgent Treatment Centres. These funding streams replace the retrospective top up received in M1-6. All these payments have moved from being funded by NHSE/I centrally to being commissioned by Kent and Medway CCG. The level should allow the Trust to breakeven with the exception of the value of the Annual Leave accrual.

For presentation, the Covid-19 specific payments, Top-Ups and Growth funding have all moved from Other Income to Clinical Income from M7 onwards.

The majority of NHS England drugs have recently moved from block to a passthrough payment mechanism, although the values are paid up front through a block.

Trust Clinical income is overperforming YTD primarily due to income sources above the allocated payments. These include , Cancer Drugs Fund (£0.40m), Breast Screening Extension (£0.38m) and Kent & Medway Transformation payments (£0.24m).

Non-Clinical Income and Expenditure

Non-clinical income is favourable to plan in December by £1.6m and by £3.6m YTD. In month reflects Capital Goods Scheme income of £0.7m plus favourable performance in Education and Training £0.4m, assumed Covid-19 income of £0.2m, plus Spencer income and pay recharges of £0.4m The variance YTD predominantly relates to above plan income for Covid-19 expenditure outside of the Trust's original funding envelope totalling £1.2m, Capital Goods Scheme £0.7m and continued favourable variances on GP trainee salary income, with donations for the purchase of capital assets and education and training income totalling £1.3m.

Total expenditure is adverse to plan in December by £1.5m and adverse to plan YTD by £4.4m. Covid-19 expenditure stands at £2.9m in month and £37.0m YTD.

Pay performance is favourable to plan in December by £0.3m and by £0.9m YTD. Pay expenditure relating to the Covid-19 response is £2.2m and £18.2m YTD. The total pay bill in December was £39.8m, an increase of £0.6m when compared to November but includes estimates for bank holiday costs in month and reflects temporary staffing costs for expanded ITU and acute bed capacity

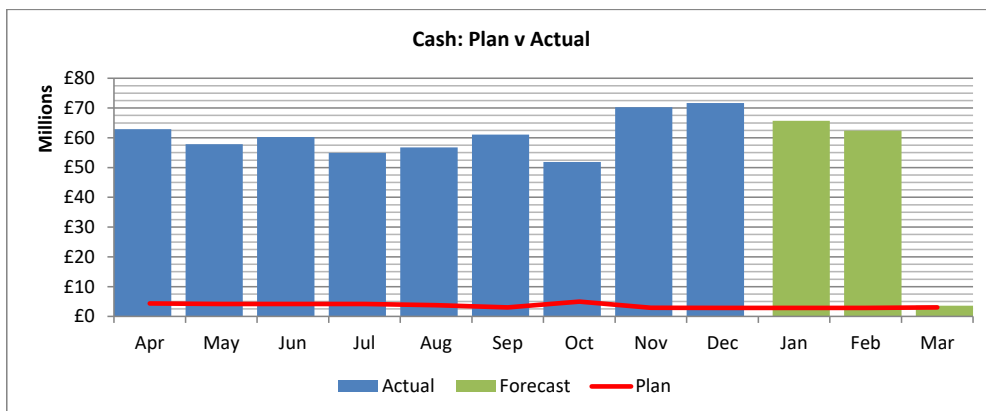
Expenditure on non-pay is adverse to plan in December by £1.8m and by £5.4m YTD, driven mainly by overspends on drugs and non-clinical supplies, offset by an underspend on the purchase of healthcare from external organisations. Expenditure on Covid-19 stands at £0.2m in month and £18.3m YTD. Non-pay expenditure reduced by £1.3m in December when compared to spend in November which included a provision for legal costs of £1.5m.

Consolidated

£000	This Month			Year to Date			Annual
	Plan	Actual	Var.	Plan	Actual	Var.	Plan
Income							
Clinical Income	60,874	61,151	277	486,642	488,602	1,960	669,775
Non Clinical Income	2,976	5,495	2,519	73,604	77,521	3,917	83,024
Total Income	63,850	66,646	2,796	560,246	566,123	5,877	752,799
Expenditure							
Pay	(42,947)	(43,026)	(79)	(368,731)	(369,040)	(309)	(505,397)
Non Pay	(18,665)	(21,339)	(2,674)	(173,197)	(178,307)	(5,110)	(227,262)
Total Expenditure	(61,612)	(64,365)	(2,753)	(541,928)	(547,347)	(5,419)	(732,659)
Non-Operating Expenses	(2,238)	(2,064)	174	(18,293)	(18,013)	280	(25,115)
Income and Expenditure Surplus/(Deficit)	-	217	217	25	763	738	(4,975)

Cash Flow

Month 09 (December) 2020/21



Unconsolidated Cash balance was £71.7m at the end of December 20, £68.8m above plan.

Cash receipts in month totalled £68.1m (£12.2m above plan)

As part of the Covid-19 response, the Trust moved to block contract payments from April 20. January block payments were received from Kent & Medway CCG in December, totalling £50.8m.

No PDC revenue support was required in month.

Cash payments in month totalled £66.7m (£10.9m above plan)

Creditor payment runs including Capital payments were £19.4m (£5.5m above plan).

Payments to 2gether Support Solutions were £14.1m (£2.8m above plan)

Payroll was £33.1m (£2.4m above plan).

Working Capital Facility

In September, all revenue and capital loans were converted to PDC, reducing the Trusts borrowings to nil.

Any further borrowings in 2020/21 will be drawn down as PDC.

Revenue PDC

£4.0m was drawn down as PDC in April 2020 as per plan.

No additional support has been required since April due to the block and top up payments received.

DHSC will provide 2 months' notice before block payments will cease.

It has been forecast that no block will be received in March 2020.

Creditor Management

In the closing 2 weeks of March 20, the Trust moved to pay invoices to 7-day terms to protect suppliers through COVID-19. This has continued throughout December.

At the end of December 2020, the Trust was recording 55 creditor days (Calculated as invoiced creditors at 31st December/ Forecast non-pay expenditure x 365).

Clinical Income

Month 09 (December) 2020/21

Trust Income Plan
£478.109m

Trust Actual Income
£479.163m

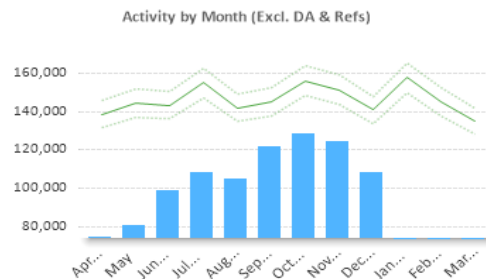
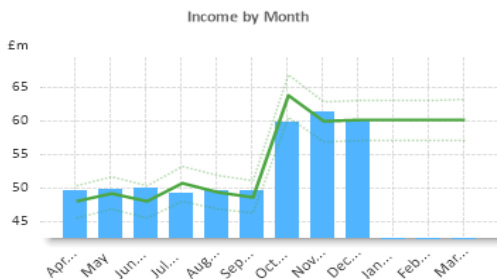
Income Variance
£1.054m

2020/21 - Month 9 Model

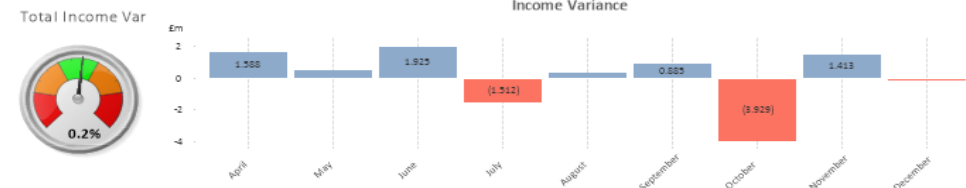
East Kent Hospitals University NHS Foundation Trust

↑ Summary	Year to Date			This Month vs. Run Rate		
	Plan	Actual	Variance	Actual	Run Rate to M8	Var to M8 Run Rate
1a Total Non Elective Spells	129.2	126.4	(2.8)	15.3	13.9	1.4
1b Total Non Elective Excess Bed Days	3.2	2.7	(0.5)	0.2	0.3	(0.1)
2 Accident & Emergency	24.6	23.4	(1.2)	2.9	2.6	0.3
3a Total Elective Spells	46.9	42.2	(4.7)	4.5	4.7	(0.2)
3b Total Elective Excess Bed Days	0.5	0.4	(0.1)	0.1	0.0	0.0
4a New Outpatient Attendances	19.2	20.3	1.1	2.5	2.2	0.3
4b Outpatient Follow Up Attendances	25.8	26.3	0.4	3.0	2.9	0.0
5a Other PbR Cost Per Case	29.0	29.0	(0.0)	3.2	3.2	(0.0)
5b Non-PbR Cost Per Case	89.0	77.7	(11.3)	8.6	8.6	(0.1)
6 Block Agreements	119.5	136.3	16.8	20.8	14.4	6.4
7 Risks and Adjustments	(8.8)	(5.4)	3.4	(0.5)	(0.6)	0.1
8 Contract Adjustments	(0.0)	(0.0)	-	-	(0.0)	0.0
9c Adjust Prior Month Reported Position	(0.0)	-	0.0	(0.5)	0.1	(0.6)
Grand Total	478.1	479.2	1.1	60.0	52.4	7.6

↑ Care Group Income £m	This Month			Year to Date			Annual
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Cancer Services	3.9	3.9	0.0	35.8	35.8	(0.0)	47.9
Central	10.3	10.2	(0.1)	40.2	41.3	1.1	70.7
Clinical Support Services	4.7	4.7	0.0	45.0	45.0	0.0	59.7
General and Specialist Medicine	14.3	14.3	(0.0)	105.4	105.4	(0.0)	149.6
Surgery - Head and neck, Breast Surgery a...	3.4	3.4	(0.0)	33.5	33.5	0.0	44.2
Surgery and Anaesthetics	9.4	9.4	0.0	91.2	91.2	0.0	119.1
Urgent and Emergency Care	7.6	7.6	0.0	67.8	67.8	(0.0)	89.7
Women's and Children's Services	6.5	6.5	0.0	59.2	59.2	0.0	77.6
	60.1	60.0	(0.1)	478.1	479.2	1.1	658.4



Commissioner Group	This Month			Year to Date			Annual
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
NHS Kent and Medway CCG	51.8	50.3	(1.5)	393.5	392.2	(1.3)	548.6
NHS England - Specialised Services Contract	8.5	7.9	(0.7)	70.2	68.1	(2.1)	95.7
South East Regional Office	1.2	1.2	-	10.9	10.9	-	14.5
Cancer Drugs Fund	0.4	0.6	0.2	2.7	3.0	0.3	3.9
Other Organisations	0.5	0.4	(0.0)	3.0	3.5	0.5	4.1
NHS Kent and Medway CCG - Direct	0.1	0.1	0.0	0.3	0.2	(0.1)	0.7
NHS South East London CCG	0.1	0.1	0.0	0.8	0.8	0.0	1.1
NHS East Sussex CCG	0.1	0.1	(0.0)	0.6	0.6	(0.0)	0.9
Prior Year	0.0	0.1	0.1	(0.0)	(0.0)	0.0	(0.0)
Out of Area CCGs	(1.0)	0.1	1.0	(3.2)	(0.0)	3.1	(4.8)
Others	(1.5)	(0.7)	0.8	(0.8)	(0.2)	0.6	(6.1)
	60.1	60.0	(0.1)	478.1	479.2	1.1	658.4



Almost all Income up to December 2020 has been set by NHSE/I and allocated to commissioners at a level of £49.4m per month due to the Covid-19 payment methodology.

In addition, £10.5m per month of Covid-19 and other top-ups have been transferred from Other Income from Month 7 onwards. These payments are now paid by Kent and Medway CCG and are fixed, rather than being flexed to keep the Trust at breakeven. The elements are Covid-19 Prospective funding £3.0m, Central Top-Up £4.0m and Growth of £3.5m, and include the CCG-funded elements of Spencer Private Hospitals and the new UTCs.

The majority of NHS England High Cost Drugs became passthrough in October and Private, Overseas, Compensation Recovery Unit and Provider to Provider income also continue to vary. The Elective and Outpatient Incentive Scheme, supporting Trusts to increase activity back up towards 19/20 levels continues, having been introduced in September. Elective, Day case and Outpatient Procedure performance is required to be 90% for the remainder of the year. Outpatient targets are 100% of 19/20 levels from September, and are based on a flat rate tariff irrespective of it being delivered in a face to face or virtual clinic, to incentivise the move from Face-to-Face to Non-Face-to-Face where appropriate. The target is set at an STP level and it is anticipated that any financial opportunity or risk as a result of actual performance will be held with Kent & Medway CCG. This element is paused while Covid-19 admissions occupy over 15% of beds.

The Elective Incentive Scheme which required Elective Inpatients, Daycases and Outpatient Procedures to operate at 90% and Outpatients at 100% of 19/20 levels from October has been suspended while Covid-19 use of beds remains over 15%.

The in the month under performance was less than £0.1m.

Activity

Month 09 (December) 2020/21

Trust Income Plan

£478.109m

Trust Actual Income

£479.163m

Income Variance

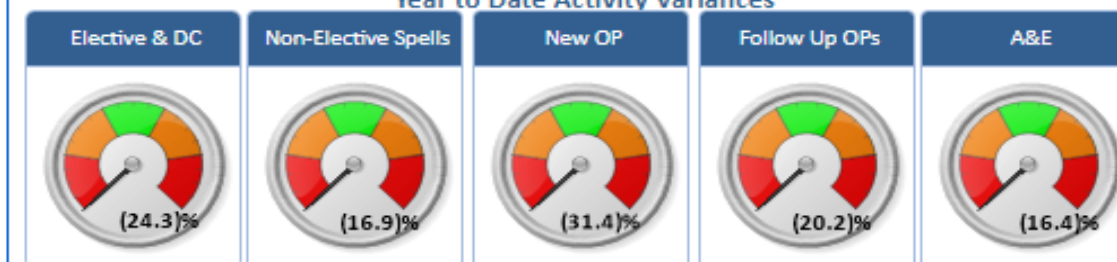
£1.054m

2020/21 - Month 9

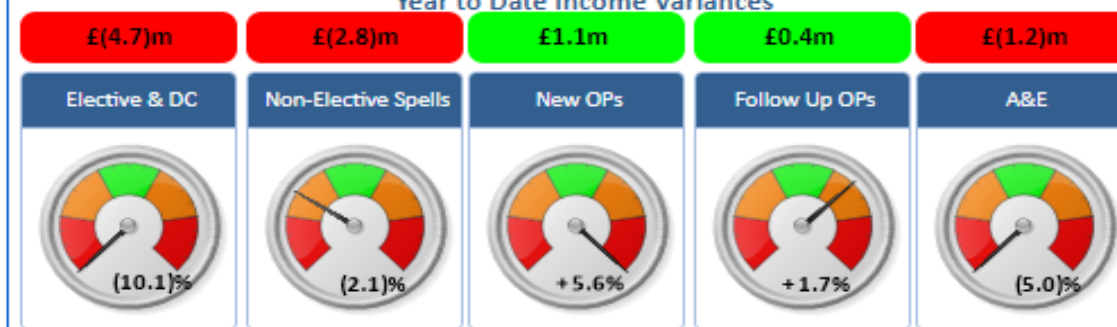
East Kent Hospitals University **NHS**
NHS Foundation Trust

	Year to Date Activity			Year to Date Income £m			Average Tariffs	
Point of Delivery	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual
1a Total Non Elective Spells	65,592	54,536	(11,056)	£129.2 m	£126.4 m	£(2.8)m	£1,969	£2,318
2 Accident & Emergency	176,282	147,296	(28,986)	£24.6 m	£23.4 m	£(1.2)m	£140	£159
3a Total Elective Spells	58,965	44,621	(14,344)	£46.9 m	£42.2 m	£(4.7)m	£796	£946
4a New Outpatient Attendances	182,285	125,111	(57,174)	£19.2 m	£20.3 m	£1.1 m	£105	£162
4b Outpatient Follow Up Attendances	382,505	305,260	(77,245)	£25.8 m	£26.3 m	£0.4 m	£68	£86
	865,629	676,824	(188,805)	£245.8 m	£238.6 m	£(7.2)m	£284	£352

Year to Date Activity Variances



Year to Date Income Variances



The Trust has increased capacity across all elective services and is still able to see significantly more patients than at the peak of the Covid-19 period. However, the recent increase in Covid-19 cases has put services under pressure again. This has resulted in Electives and daycases operating at 30% under planned levels compared to 13% under plan in November, after adjusting for an Endoscopy phasing issue.

Outpatients were not as badly affected, remaining 10% adverse against plan, dropping slightly from 9% adverse in November.

Physical Outpatient capacity on the Hospital sites for has been reduced following Government guidance, but the Trust continues to work hard to increase Virtual outpatient capacity up to the level required to fill the gap. The conversion of virtual capacity to over 50% of total possible Outpatient activity has been reached for the last five months and over 7 times the levels delivered in December 2019. Outpatient procedure capacity remains the most difficult area to improve as there is no virtual alternative.

The Urgent Treatment Centres went live in September and A&E activity levels will continue to be monitored as the new service is set up to receive direct bookings and also to relieve pressure in ED. The Trust has signed a contract with the CCG for £0.4m per month to fund the additional GP costs. There is a risk share in place in case this funding is not sufficient.

The levels of A&E attendances have continued at similar levels per day for the last few months, although still remain lower than in 19/20 levels and December's were 3% lower than November's. Underperformance against plan in A&E in December was 17% compared to 10% in November.

Non-Electives actual activity performance against plan has also dropped from 16% adverse to 27% adverse in December. This is largely due to a higher plan and number of calendar days, but actual activity coming through the Urgent and Emergency Care group has dropped by 365.

Non Clinical Income

Month 09 (December) 2020/21

Non-Clinical Income

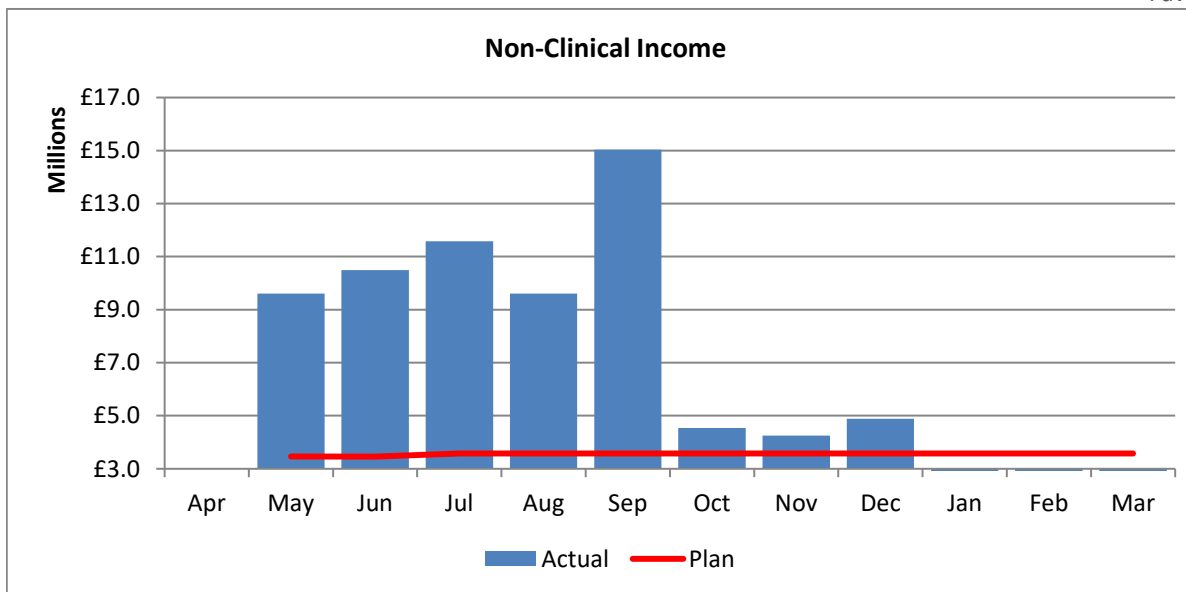
£000	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Non-patient care services	1,092	1,542	450	11,528	12,922	1,394	14,958
Research and development	229	268	39	2,065	2,116	51	2,752
Education and Training	1,343	1,758	415	12,127	12,460	333	16,235
Car Parking income	25	50	26	406	490	85	541
Staff accommodation rental	180	190	11	1,683	1,687	4	2,224
Property rental (not lease income)			()			()	1
Cash donations / grants for the purchase of capital assets	50	117	67	658	1,069	410	899
Charitable and other contributions to expenditure	13	14	1	115	121	6	154
Other	317	944	627	46,472	47,810	1,338	47,387
Total	3,248	4,883	1,635	75,055	78,675	3,620	85,151

50.33%

Favourable

4.82%

Favourable



Non-clinical income is favourable to plan in December by £1.6m and by £3.6m YTD. Capital Goods Scheme income of £0.7m was accounted for in December and income relating to Covid-19 testing outside of the Trust's funding envelope increased by £0.2m. Education and training income is favourable to plan by £0.4m in month, mainly relating to post graduate medical training, and Spencer Wing AMD drug income and income for GP trainee salaries were favourable to plan by a total of £0.2m in December.

YTD, above plan income for Covid-19 expenditure outside of the Trust's original funding envelope stands at £1.2m and Capital Goods Scheme income is £0.7m. Favourable variances on GP trainee salary income, donations for the purchase of capital assets and education and training income total £1.3m.

Pay

Month 09 (December) 2020/21

Pay Expenditure £000	WTE This Month			This Month			Year to Date			Annual
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Permanent Staff										
Medical and Dental	1,267	1,253	14	(11,115)	(10,460)	655	(91,114)	(89,950)	1,164	(127,997)
Nurses and Midwives	2,666	2,332	334	(9,076)	(9,298)	(222)	(78,665)	(78,905)	(239)	(108,017)
Scientific, Therapeutic and Technical	1,530	1,489	41	(5,098)	(5,150)	(51)	(45,438)	(45,443)	(5)	(60,999)
Admin and Clerical	1,565	1,455	110	(3,227)	(3,313)	(86)	(29,041)	(29,147)	(107)	(41,221)
Other Pay	1,640	1,527	113	(5,030)	(4,551)	479	(44,982)	(44,365)	617	(60,094)
Permanent Staff Total	8,669	8,057	612	(33,546)	(32,771)	774	(289,239)	(287,809)	1,430	(398,329)
Waiting List Payments										
Medical and Dental	0	0	0	(113)	109	222	(679)	(887)	(208)	(1,019)
Waiting List Payments Total	0	0	0	(113)	109	222	(679)	(887)	(208)	(1,019)
Medical Locums/Short Sessions										
Medical and Dental	0	73	(73)	(711)	(1,044)	(333)	(6,396)	(6,536)	(141)	(8,527)
Medical Locums/Short Sessions Total	0	73	(73)	(711)	(1,044)	(333)	(6,396)	(6,536)	(141)	(8,527)
Substantive	8,669	8,131	538	(34,369)	(33,707)	663	(296,314)	(295,232)	1,082	(407,876)
Bank										
Medical and Dental	16	48	(32)	(356)	(421)	(65)	(3,203)	(3,362)	(159)	(4,271)
Nurses and Midwives	105	278	(174)	(1,122)	(1,291)	(169)	(7,412)	(7,320)	93	(10,226)
Scientific, Therapeutic and Technical	2	4	(1)	(51)	(23)	28	(456)	(427)	29	(608)
Admin and Clerical	16	64	(47)	(139)	(194)	(56)	(1,247)	(1,450)	(202)	(1,663)
Other Pay	110	245	(135)	(567)	(719)	(152)	(5,101)	(5,376)	(276)	(6,801)
Bank Total	249	638	(390)	(2,234)	(2,648)	(414)	(17,419)	(17,935)	(515)	(23,568)
Agency										
Medical and Dental	29	93	(64)	(1,497)	(1,400)	96	(11,718)	(11,265)	452	(15,813)
Nurses and Midwives	112	214	(103)	(1,181)	(1,198)	(17)	(9,762)	(9,618)	144	(13,626)
Scientific, Therapeutic and Technical	1	8	(7)	(10)	(48)	(39)	(238)	(423)	(185)	(358)
Admin and Clerical	0	1	(1)	(2)		2	(21)	(14)	7	(27)
Other Pay	5	110	(106)	(1)	(45)	(44)	(6)	(266)	(260)	(8)
Agency Total	147	427	(280)	(2,690)	(2,692)	(1)	(21,744)	(21,586)	159	(29,833)
Direct Engagement - Agency										
Medical and Dental	5	39	(34)	(707)	(668)	39	(6,081)	(6,100)	(19)	(8,204)
Scientific, Therapeutic and Technical	4	12	(8)	(110)	(73)	37	(841)	(634)	207	(1,080)
Direct Engagement - Agency Total	9	51	(42)	(818)	(741)	76	(6,922)	(6,734)	188	(9,283)
Agency	156	477	(322)	(3,508)	(3,433)	75	(28,666)	(28,319)	347	(39,116)
Total	9,073	9,246	(173)	(40,111)	(39,788)	324	(342,400)	(341,486)	914	(470,560)

0.81%

Favourable

0.27%

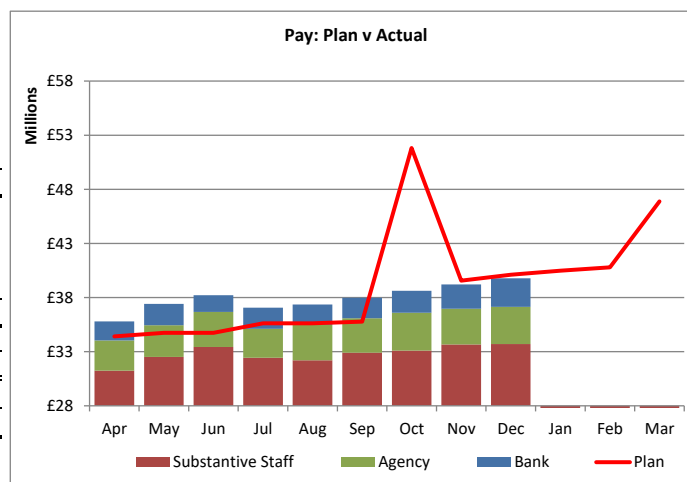
Favourable

Pay performance is favourable to plan in December by £0.3m and by £0.9m YTD (0.3%). Expenditure relating to the Covid-19 response is £3m in month and £25.4m YTD.

Total expenditure on pay in December was £39.8m, an increase of £0.6m when compared to November. Expenditure on all pay headings increased except waiting list payments which fell by £0.3m following the review of outstanding late claims last month. Other temporary staffing costs (bank, agency and internal locums) increased by a total of £0.8m, mainly relating to staffing expanded ITU beds and acute bed capacity, and permanent staffing costs increased by £0.2m, which includes estimates for bank holiday payments and overtime claims for December.

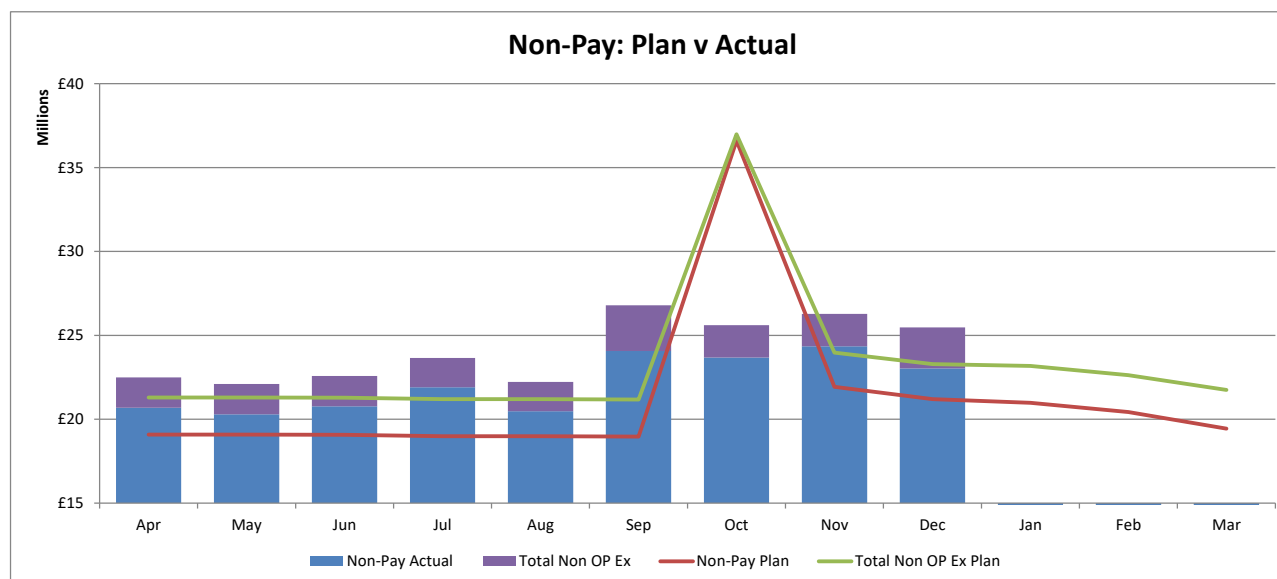
Expenditure on all substantive staff, including locums and waiting list payments is favourable to plan in December by £0.7m and by £1.1m YTD.

Expenditure on bank and agency staff is adverse to plan in December by £0.3m and by £0.2m YTD.



Non-Pay Month 09 (December) 2020/21

£000	This Month			Year to Date			Annual
	Plan	Actual	Var.	Plan	Actual	Var.	Plan
Drugs	(5,092)	(6,492)	(1,401)	(46,481)	(49,408)	(2,928)	(62,058)
Clinical Supplies and Services - Clinical	(2,540)	(2,641)	(102)	(22,364)	(21,348)	1,016	(28,027)
Supplies and Services - Non-Clinical	(8,521)	(9,203)	(683)	(78,840)	(80,681)	(1,842)	(103,999)
Non Executive Directors	(16)	(14)	2	(143)	(136)	7	(192)
Purchase of Healthcare	(672)	(123)	550	(4,448)	(3,779)	669	(6,165)
Education & Training	(94)	(202)	(108)	(844)	(1,028)	(184)	(1,127)
Consultancy	(104)	(173)	(70)	(625)	(1,149)	(524)	(938)
Premises	(1,058)	(733)	325	(10,613)	(9,585)	1,029	(13,789)
Clinical Negligence	(2,030)	(2,030)		(19,746)	(19,746)		(25,836)
Transport	(174)	(196)	(22)	(1,564)	(1,523)	41	(2,087)
Establishment	(253)	(524)	(271)	(2,275)	(2,723)	(448)	(3,034)
Other	(639)	(697)	(58)	(5,945)	(8,136)	(2,191)	(7,488)
Total Non-Pay Expenditure	(21,193)	(23,030)	(1,837)	(193,889)	(199,243)	(5,354)	(254,739)
Depreciation & Amortisation-Owned Assets	(1,466)	(1,282)	184	(12,050)	(11,686)	363	(16,860)
Impairment Losses	252		(252)				
PDC Dividend	(570)	(577)	(7)	(5,182)	(5,190)	(8)	(6,893)
Interest Receivable	198	(339)	(537)	1,781	1,234	(547)	2,375
Interest Payable	(259)	(249)	10	(2,332)	(2,305)	26	(3,107)
Total Non-Operating Expenditure	(1,845)	(2,447)	(602)	(17,782)	(17,948)	(165)	(24,484)
Total Expenditure	(23,038)	(25,477)	(2,439)	(211,672)	(217,191)	(5,520)	(279,222)



Non-pay expenditure is adverse to plan in December by £1.8m and adverse to plan by £5.4m YTD (2.8%). Trust Covid-19 spend on non-pay expenditure is £0.6m in month and £13.8m YTD.

Drug expenditure is adverse to plan in December by £1.4m and by £2.9m YTD. The trend of spend months 7-9 continues to be greater than the average of mth1-6 which was used for the mid-year plan re-set. Pass-through drugs are adverse to plan in December by £0.9m and by £1.3m YTD. All other drugs are adverse to plan in month by £0.5m and by £1.6m YTD.

Supplies and services - clinical are adverse to plan in December by £0.1m and favourable to plan by £1.0m YTD. Actual spend has increased by £0.2m when compared to November which includes estimates for backlog costs for radiology reporting. The favourable variance YTD is predominately driven by slippage against the profile of planned developments.

Supplies and services - non-clinical are adverse to plan in December by £0.7m and adverse to plan by £1.8m YTD. In month includes an approved 2gether change control notice for additional statutory compliance of £0.5m.

Purchase of healthcare from external organisations is favourable to plan in month by £0.6m and by £0.7m YTD, with spend in month reducing by £0.2m following a review of historic estimates for 18 Weeks usage.

Management consultancy is adverse to plan in month by £0.1m and by £0.5m YTD with expenditure in month relating mainly to the We Care programme and emergency flow consultancy.

Other expenditure is adverse to plan in December by £0.1m and by £2.2m YTD. The YTD variance is predominantly driven by a provision for legal costs of £1.5m and a bad debt provision for Covid-19 funding outside the Trust's original envelope totalling £1.2m. These costs are partially offset by slippage on planned developments.

Actual expenditure on non-pay in December £23.0m, a reduction of £1.3m when compared to expenditure in November which included recognition of estimated legal costs of £1.5m. Drug expenditure increased in December by £0.4m, relating to issues to Homecare and Cancer, offset by reduced expenditure on premises costs for estates and IT spend

Year-to-date, Non-Operating Expenditure is £0.2m better than plan, primarily driven by interest receivable.

The Trust is no longer incurring interest charges on its working capital loans - these were converted to PDC in September 2020.

Cost Improvement Summary

Month 09 (December) 2020/21

Delivery Summary

Programme Themes £000	This Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Agency	165	52	(113)	1,623	315	(1,308)
Bank	9	-	(9)	80	-	(80)
Workforce	140	39	(101)	965	720	(244)
Outpatients	25	-	(25)	140	-	(140)
Procurement	7	15	8	61	107	46
Medicines Value	72	81	9	688	482	(206)
Theatres	50	-	(50)	450	-	(450)
Care Group Schemes *	2,276	187	(2,088)	14,001	1,678	(12,324)
Sub-total	2,743	374	(2,370)	18,008	3,302	(14,706)
Central	(175)	-	175	(1,051)	-	1,051
Grand Total	2,568	374	(2,194)	16,957	3,302	(13,655)

* Smaller divisional schemes not allocated to a work stream

Delivered £000

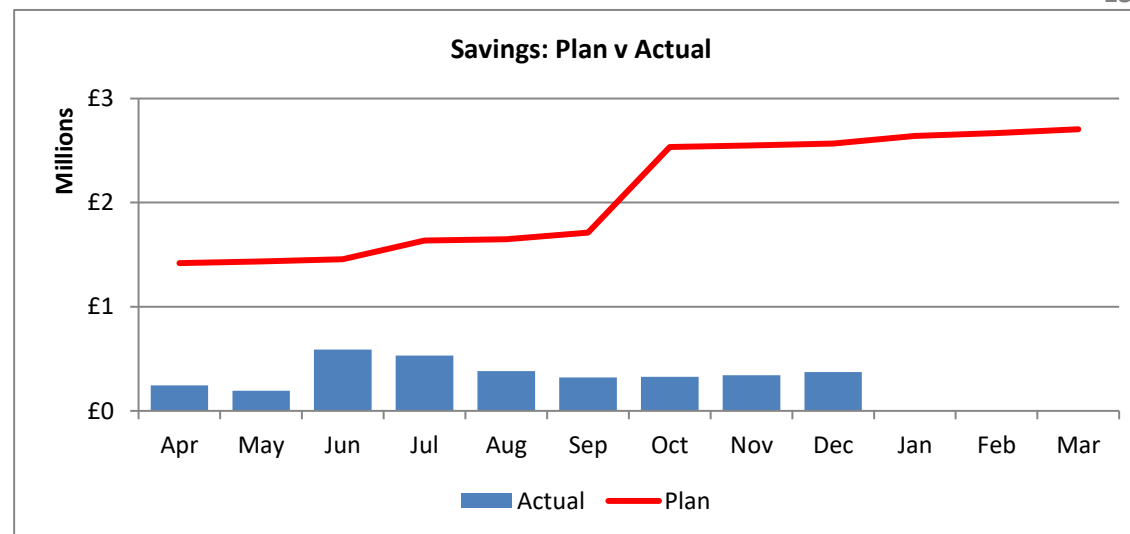
Month	Target	Actual
April	1,419	244
May	1,434	194
June	1,457	589
July	1,635	530
August	1,648	382
September	1,711	320
October	2,535	328
November	2,550	341
December	2,568	374
January	2,642	
February	2,669	
March	2,705	
	24,973	3,302

13.2%

Savings and Efficiencies

The Savings Plan of £25.0m is net of the cost of delivery. Savings achieved in M09 of £0.4m were below the plan of £2.6m. Most areas underperformed in month due to the ongoing operational focus on Covid-19 and Restore & Recover programme.

Recurrent savings in December amounted to £0.34m, with £0.03m being on a non-recurrent basis. The YTD position shows £2.7m recurrent, and £0.6m non-recurrent savings. The forecast outturn is currently based on the YTD actual delivery and will be adjusted by the care groups in due course. This shows a substantial decrease against the original plan. A pipeline of ideas is being developed as the basis for the 2021-22 efficiency programme.



Capital Expenditure

Month 09 (December) 2020/21

Capital Programme £000	Annual	Year to Date		
	Plan	Plan	Actual	Variance
Medical Equipment replacement (MDG)	2,500	1,615	1,020	595
Backlog maintenance/ patient environment (PEIC)	2,400	1,429	1,265	164
IT/ Systems replacement (IDG)	1,800	1,668	1,693	(25)
Electronic Medical Record (T3 system)	547	393	259	134
Replacement of Gamma cameras (CT SPECT)	605	605	445	160
Conversion of staff rooms QEQM	100	100	50	50
Installation of MRI QEQM	1,708	910	96	814
Installation of CT K&C	766	753	139	614
RAP area - ED WHH	1,983	1,769	236	1,533
New IR room K&C	500	250	4	246
Cardiac Catheter lab replacement	2,332	1,332		1,332
Radiology equipment (x-ray)	1,904	1,000	2	998
Endoscopy decontamination	1,563	800		800
COVID-19 - SEAU/ GAU tfr to OP from ED WHH	1,000	500	1,016	(516)
COVID-19 - 8 bed ITU WHH Build works	1,481	740	953	(212)
Right-sizing Womens Health (W&C 15)	40			
Right-sizing Gynae nursing (W&C 16)	84			
Costing Server	56			
Donning & Doffing	690	348	802	(454)
Pathology TAT testing	288	144		144
Closed circuit smoke evacuation AIRSEAL	208	104	187	(83)
CEMG small estates schemes agreed at risk	251	10	103	(93)
Nasoendoscopes	329	165	346	(181)
ITU Expansion WHH	16,487	5,743	164	5,580
Renal Unit MTW - Remedial works	97			
Medical Gases WHH - VIE	50			
Donated assets	1,054	717	598	119
Elective Orthopaedics Centre	9,941	5,090	3,158	1,932
Energy Performance Contract (EPC - Breathe)	3,018	2,030	2,872	(842)
NEEF Lighting Retrofit	1,254	936		936
Kent and Medway Care Record (KMCR)	190	173	101	72
UTC's - EKHUFT 'host' of Primary Care	250	125		125
Emergency Department Expansion	7,000	3,500	21	3,479
Maternity CTG machines - LMS	97		81	(81)
Medical equipment - prior year deferrals/ VAT recl	1,420		623	(623)
Total Trust position	63,993	32,949	16,232	16,717
2gether Support Solutions	350		34	(34)
Spencer Private Hospitals	176	90	101	(11)
Total Group position	64,519	33,039	16,367	16,672

Capital Spend - YTD Position: The Group gross capital year-to-date spend to the end of Month 9 (December 2020) is £16.4m, with a £4.2m spend in December. The actual spend position, excluding currently unfunded Covid-19 related schemes spend of £2.8m, is £16.7m below the YTD phased plan. However, the capital plan monthly phasing remains frozen at the July 2020 submission profile as an update to capital plans was declared by NHSE/I as outside the scope of the Phase 2 plan submission in October 2020.

Capital Plan - YTD Position: Building on a capital plan first agreed in March 2020, as required by NHSE/I, the Trust resubmitted its 2020/21 capital plan at the end of May 2020 to meet a reduced CDEL (capital spending limit) issued to the Kent & Medway STP/ ICS. Subsequently, the Trust was required to re-submit its capital plan in July 2020 following Critical Infrastructure Risk (CIR) funding of £8.2m being awarded to the Trust by NHSE/I. Following confirmation of additional external funding for A&E expansion (£30m with £7m in 2020/21) and ITU capacity (£14m build only), a further re-prioritisation of the 2020/21 capital programme took place in August/ September, accommodating vital Covid-19 related schemes agreed by the Trust Board to proceed ahead of confirmation of external funding from NHSE/I.

The revised capital plan position for Month 9 (December) incorporates all confirmed additional funding streams for 2020/21.

Major schemes - Key dates for completion: Elective Orthopaedics Centre (ELOC) - Spring 2021; ITU Expansion WHH - July 2021; ED Expansion WHH & QEQM - December 2021. An assessment is currently underway of the likely year-end forecast actuals position for these major schemes, with any potential accruals identified and quantified by the end of January 2021.

Standing Committees: The Patient Environment Investment Committee (PEIC), Medical Devices Group (MDG) and Information Development Group (IDG) have a collective underspend of £0.7m at the end of December, with all Committees having recovery plans in place to deliver by the end of the financial year.

Capital Forecast: The capital forecast outturn is now monitored on a weekly basis, including a formal review by scheme, with a regularly updated delivery risk assessment completed.

Covid-19 Capital: Covid-19 related capital spend at the end of November (that has not been internally funded) stands at £2.8m and currently assumes full reimbursement from NHSE/I. Reimbursement claims have been submitted to NHSE/I for all retrospective and known prospective capital spend. Feedback has been received and the Trust currently awaits confirmation of funding/ approval. Funding will be via PDC.

Group depreciation	17,061
Donations	1,054
NHSE/I PDC	34,861
SALIX Government loan - EPC	3,018
Other	8,525
Total Group Capital funding	64,519

Statement of Financial Position

Month 09 (December) 2020/21

£000	Opening	To Date	Movement
Non-Current Assets	349,404	355,468	6,063 ▲
Current Assets			
Inventories	4,118	4,179	61 ▲
Trade and Other Receivables	38,525	25,258	(13,267) ▼
Assets Held For Sale			-
Cash and Cash Equivalents	13,893	71,663	57,770 ▲
Total Current Assets	56,536	101,100	44,564 ▲
Current Liabilities			
Payables	(33,470)	(31,608)	1,862 ▼
Accruals and Deferred Income	(43,220)	(96,312)	(53,092) ▲
Provisions	(1,088)	(2,843)	(1,755) ▲
Borrowing	(125,325)		125,325 ▼
Net Current Assets	(146,567)	(29,664)	116,903 ▲
Non Current Liabilities			
Provisions	(3,054)	(2,940)	115 ▼
Long Term Debt	(101,349)	(87,360)	13,988 ▼
Total Assets Employed	98,435	235,504	137,070 ▲
Financed by Taxpayers Equity			
Public Dividend Capital	207,655	345,560	137,905 ▲
Retained Earnings	(165,923)	(166,758)	(835) ▼
Revaluation Reserve	56,702	56,702	-
Total Taxpayers' Equity	98,435	235,504	137,070 ▲

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

Trust closing cash balances for December was £71.7m (£70.0m November) £68.8m above plan. See cash report for further details.

Trade and other receivables have decreased from the 2020/21 opening position by £13.3m (£9.2m decrease in November). Invoiced debtors have decreased from the opening position by £10.5m to £13.2m (£10.9m November) at the end of December.

All Working Capital and Capital borrowing was cleared by PDC in September 2020.

Payables have decreased by £1.9m YTD (£4.7m decrease in November).

The large increase in deferred income relates to the additional contract payments made in April, paid on account to ensure sufficient cashflow during the first months of the financial year.

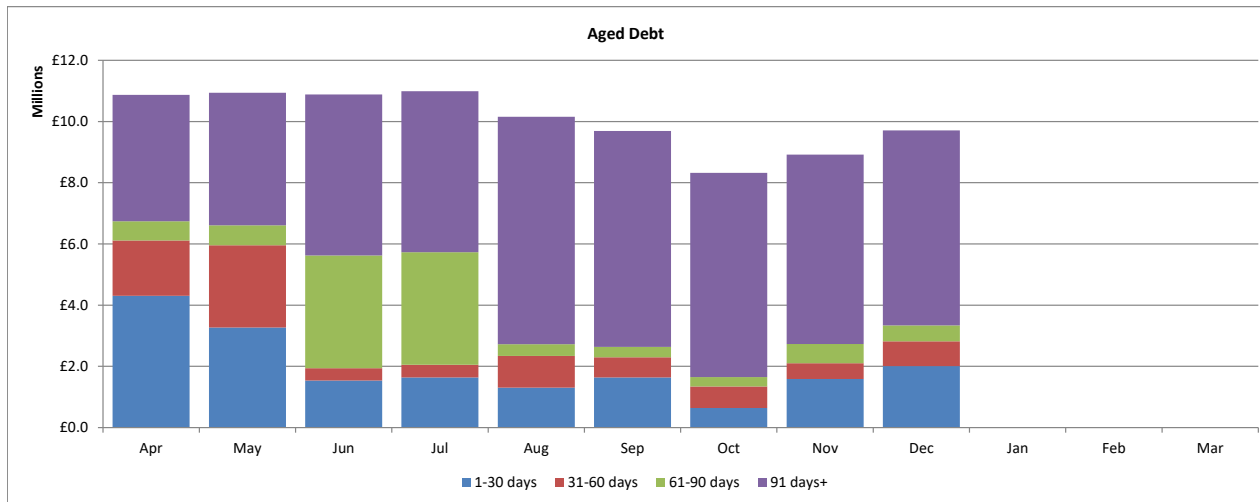
The long-term debt entry relates to the long-term finance lease debtor with 2gether. The movement in Retained earnings reflects the year-to-date unadjusted deficit.

Working Capital

Month 09 (December) 2020/21

Top ten debtor balances outstanding as at 31/12/2020

Debtor Name	Current	1-30 Days	31-60 Days	61-90 Days	Over 90	Total
NHS ENGLAND SOUTH EAST COMMISSIONING HUB (14G)					3,000	3,000
SPENCER PRIVATE HOSPITALS LIMITED	309	35	700	268	398	1,709
HEALTH EDUCATION ENGLAND T1510	1,203	306			46	1,555
HEALTHX				24	809	834
KENT COMMUNITY HEALTH NHS FOUNDATION TRUST	3	776		1	13	793
MEDWAY NHS FOUNDATION TRUST		166		55	509	730
NHS KENT AND MEDWAY CCG	293	6	351	2	3	654
DARTFORD AND GRAVESHAM NHS TRUST		185		128	196	509
PUBLIC HEALTH ENGLAND	40		240	2	80	361
2GETHER SUPPORT SOLUTIONS LTD	226	79		7	0	312
Total	2,074	1,553	1,291	487	5,053	10,457



Top ten creditor balances outstanding as at 31/12/2020

Supplier Name	Current	1-30 Days	31-60 Days	61-90 Days	Over 90	Total
2gether Support Solutions Ltd		11,075	77			11,152
NHS Professionals Ltd	2,122		22			2,143
Medway NHS Foundation Trust (RPA)		101		21	730	852
Beckman Coulter UK Ltd	738					738
Abbott Medical UK Ltd		719			4	723
18 Week Support Ltd	203	233	51		6	493
Spencer Private Hospitals Ltd		52	59	6	332	449
Maidstone & Tunbridge Wells NHS Trust (RWF)		18	6	16	344	384
Chameleon Information Management Services Ltd		306				306
Allscripts Healthcare (IT) UK Ltd		261				261
Total	3,063	12,765	215	43	1,416	17,501

Total invoiced debtors have decreased from the opening position of £23.7m by £10.5m to £13.2m (of which £2.7m is current debt) following good work clearing historic debts and improving inter-company processes.

At 31st December there were 3 debtors owing over £1m.

- NHS England South East Commissioning Hub owe £3.0m relating to outstanding issues at 19/20 year end.
- Spencer Private Hospitals owe £1.7m. Of which, £0.3m is less than 30 days old.
- Health Education England owe £1.6m. of which, £1.2m is current.

Better Payment Practice Code	Last Year YTD Number	YTD £'000	This Year YTD Number	YTD £'000
Non NHS				
Total bills paid in the year	49,708	327,413	46,682	373,753
Total bills paid within target	28,891	253,154	42,365	333,671
Percentage of bills paid within target	58.1%	77.3%	90.8%	89.3%
NHS				
Total bills paid in the year	2,635	30,794	2,122	34,036
Total bills paid within target	1,179	22,212	1,544	29,843
Percentage of bills paid within target	44.7%	72.1%	72.8%	87.7%
Total				
Total bills paid in the year	52,343	358,207	48,804	407,789
Total bills paid within target	30,070	275,366	43,909	363,514
Percentage of bills paid within target	57.4%	76.9%	90.0%	89.1%

Invoiced creditors have decreased by £2.5m from the opening position to £22.6m.

27% relates to current invoices with 10% or £2.2m over 90 days.

Overdue NHS creditors have decreased by £390k in the Month:

- Kent Community Health NHS Foundation Trust (RYY) - £471k
- Guys & St Thomas NHS Foundation Trust (RJ1) - £34k
- NHS Resolution (ST1150) - £37k
- St Georges University Hospitals NHS Foundation Trust (RJ7) - £12k

General and Specialist Medicine

Month 09 (December) 2020/21

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	2,607	1,268	(1,339)	11,283	11,089	(194)
Non-Electives	7,085	7,795	711	50,085	54,926	4,842
Accident and Emergency						
Outpatients	1,856	1,511	(345)	18,665	13,285	(5,380)
High Cost Drugs	802	836	34	7,221	7,305	83
Private Patients	5	3	(2)	43	10	(33)
Other NHS Clinical Income	1,902	2,853	951	17,967	18,722	756
Other Clinical Income	16	7	(9)	142	69	(73)
Total Clinical Income	14,272	14,272		105,406	105,406	(0)
Non Clinical Income	43	26	(18)	368	321	(47)
Total Income	14,315	14,298	(18)	105,775	105,728	(47)
Expenditure						
Substantive Staff	(5,638)	(5,827)	(189)	(52,773)	(52,461)	312
Bank	(783)	(641)	142	(6,072)	(4,727)	1,345
Agency	(1,048)	(1,381)	(333)	(7,747)	(9,851)	(2,104)
Total Pay	(7,469)	(7,850)	(380)	(66,592)	(67,039)	(447)
Purchase of Healthcare	(225)	(231)	(6)	(2,957)	(3,111)	(154)
Supplies and Services Clinical	(594)	(758)	(164)	(6,317)	(6,659)	(342)
Supplies and Services General	(75)	(63)	11	(674)	(639)	36
Drugs	(1,053)	(1,109)	(56)	(9,340)	(9,152)	188
All Other, incl Transport	(96)	(173)	(77)	(588)	(1,455)	(867)
Total Expenditure	(9,512)	(10,184)	(672)	(86,469)	(88,054)	(1,586)
Contribution	4,804	4,114	(690)	19,306	17,673	(1,633)

The Care Group financial position deteriorated by £0.7m in December to £1.6m adverse to plan YTD. Income is on plan, Expenditure is adverse by £1.6m due to unachieved savings of £2.2m offset by favourable variances on clinical non-pay.

Income:

The cumulative SLA Income "top-up" to reflect lost activity through Covid-19 is £3.5m, an increase of £1.3m compared to November; this is driven by a £1m under-performance on Endoscopy resultant from an increased plan from Month 9. Elective and Outpatient activity has been impacted by the surge in Covid-19 admissions in December and is now £5.6m adverse YTD. December activity is above plan for non-elective by £0.7m (£4.8m YTD) and is representative of increased bed pressures that required further capacity to be opened during the month.

Pay:

Pay deteriorated by £0.4m to £0.4m adverse YTD. and the run rate has increased by £0.2m from November. Covid-19 pay costs increased by £0.2m and are £0.3m higher than plan in December, predominantly due to the premium costs of opening additional capacity to manage bed pressures. Agency costs increased overall by £0.2m to £1.4m, inclusive of additional Gastroenterology Consultants to cover the temporary reduction in 18 Week activity over the Christmas period.

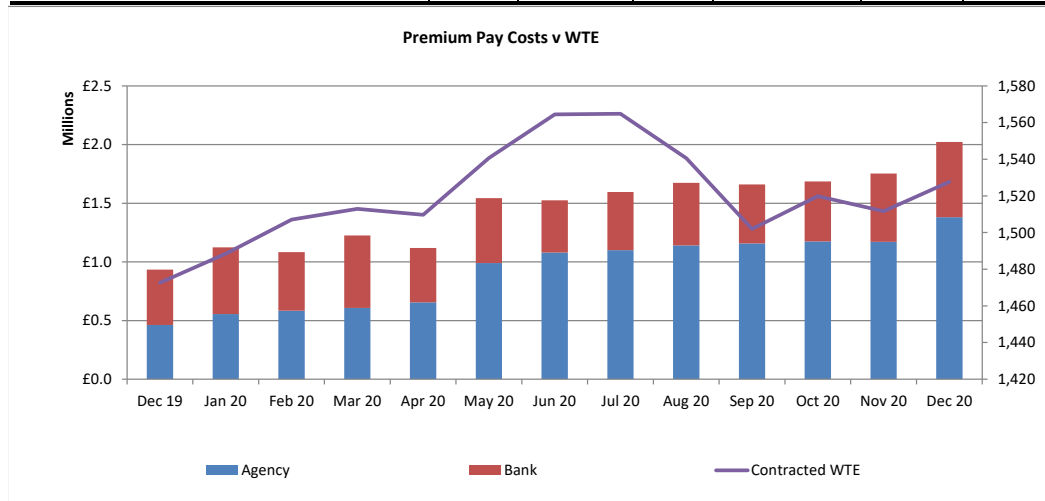
December enhancements and additional bank payments relating to December will be paid and therefore reflected in the January position.

Non-Pay:

Non-Pay deteriorated by £0.3m in Month 9 and is £1.1m adverse YTD, primarily due to unachieved savings of £0.4m in December and £2m YTD. Drugs costs remained consistent with November, and clinical supplies costs reduced by £0.2m due to low elective activity and usage of existing stock in Cardiorespiratory.

Covid-19:

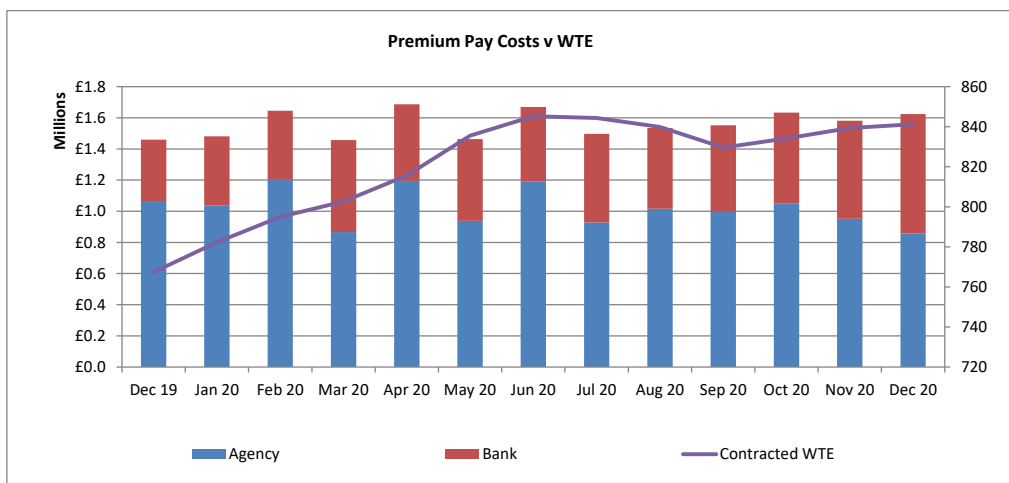
Covid-19 costs of £1.1m have been incurred in Month 9, an increase of £0.2m from November. The monthly position is £0.1m above plan and reflects as an overspend.



Urgent and Emergency Care

Month 09 (December) 2020/21

Statement of Comprehensive Income	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
£000						
Income						
Electives	128	74	(54)	1,154	604	(550)
Non-Electives	4,226	3,100	(1,126)	37,724	27,367	(10,357)
Accident and Emergency	3,111	2,363	(748)	27,756	23,385	(4,371)
Outpatients		0	()	1		(1)
High Cost Drugs	16		(16)	146	15	(131)
Private Patients						
Other NHS Clinical Income	0	1,969	1,969	0	15,706	15,706
Other Clinical Income	118	92	(25)	1,059	763	(296)
Total Clinical Income	7,598	7,598	()	67,840	67,839	()
Non Clinical Income	15	15	()	39	44	5
Total Income	7,613	7,613	()	67,878	67,883	5
Expenditure						
Substantive Staff	(3,886)	(4,321)	(435)	(34,172)	(34,388)	(216)
Bank	(708)	(765)	(57)	(4,329)	(5,114)	(785)
Agency	(986)	(858)	127	(8,584)	(9,128)	(544)
Total Pay	(5,580)	(5,944)	(365)	(47,085)	(48,630)	(1,545)
Purchase of Healthcare	0	10	10	0	0	0
Supplies and Services Clinical	(159)	(201)	(42)	(1,433)	(1,219)	214
Supplies and Services General	(19)	(25)	(6)	(175)	(181)	(6)
Drugs	(160)	(181)	(21)	(1,326)	(1,177)	149
All Other, incl Transport	(38)	(118)	(81)	(688)	(1,344)	(656)
Total Expenditure	(5,955)	(6,460)	(505)	(50,707)	(52,550)	(1,843)
Contribution	1,658	1,153	(505)	17,171	15,333	(1,838)



The Care Group's position deteriorated by £0.5m in December and is £1.8m adverse to the year to date (YTD) plan. The worsening position in month is primarily driven by savings shortfalls and increasing temporary staffing costs, particularly in relation to Covid-19.

Income:

Clinical income has been adjusted to breakeven by £2m for the impact of Covid-19 and £15.7m YTD. December's overall activity was 22% below plan, and is 19% below YTD.

Following the partial recovery over recent months, there are some signs that activity is dropping off again, as it did in the early stages of the Covid-19 pandemic. This picture is mirrored nationally.

Pay:

Pay was £0.4m adverse to plan this month and is £1.5m adverse YTD, with unmet CIP targets being the primary factor (£0.9m YTD). However, the deterioration is also being driven by an increase in locum and bank costs (£0.3m). Covid-19 costs were £0.15m above plan. The Care Group has developed a business case for staffing investment and, consequently, to reduce temporary staffing expenditure. This is progressing through committees for approval and recruitment will proceed in the meantime.

Non-Pay:

Non-pay was adverse to plan by £0.1m in month and £0.3m YTD. The main pressure on the budget is also the shortfall in CIP schemes, totalling £0.1m per month. This has been offset by lower expenditure as a consequence of lower activity levels in previous months. However, as activity has risen, the savings shortfall is no longer being fully offset.

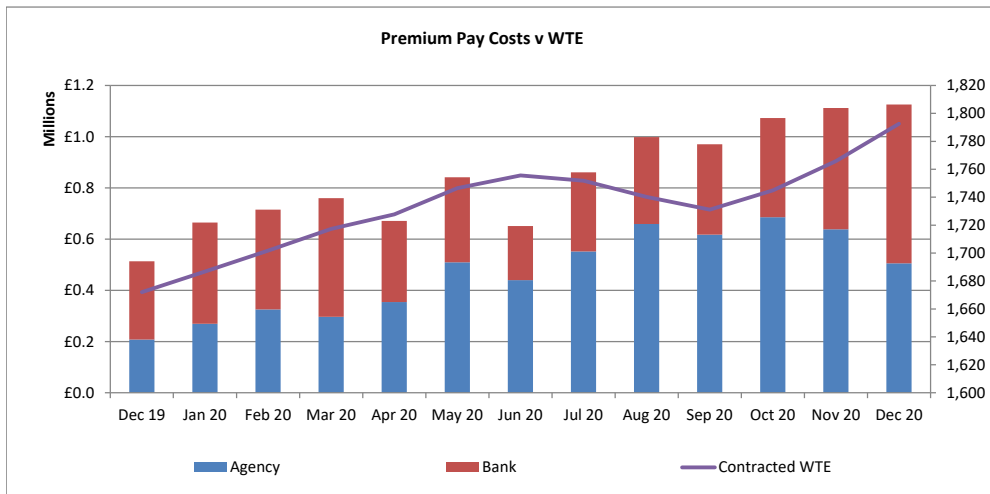
CIPs:

The annual CIP target for the Care Group is £2.5m. A relatively small value of non-recurrent pay savings are being recognised due to vacancies. Savings associated with consultant recruitment are also being achieved. However, schemes continued to perform considerably below plan. YTD performance is £1.6m adverse to plan.

Surgery and Anaesthetics

Month 09 (December) 2020/21

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	3,308	1,610	(1,699)	33,678	17,235	(16,444)
Non-Electives	3,216	3,009	(207)	30,369	25,548	(4,821)
Accident and Emergency						
Outpatients	1,232	1,303	71	12,166	10,664	(1,502)
High Cost Drugs	32	24	(8)	286	220	(65)
Private Patients	11	21	10	99	82	(18)
Other NHS Clinical Income	1,582	3,430	1,848	14,421	37,398	22,978
Other Clinical Income	22	7	(15)	196	68	(129)
Total Clinical Income	9,403	9,403		91,215	91,215	(0)
Non Clinical Income	125	53	(71)	1,121	569	(551)
Total Income	9,528	9,456	(71)	92,336	91,784	(551)
Expenditure						
Substantive Staff	(7,369)	(7,769)	(400)	(66,921)	(68,073)	(1,152)
Bank	(612)	(620)	(8)	(3,231)	(3,342)	(111)
Agency	(440)	(505)	(65)	(3,787)	(4,960)	(1,173)
Total Pay	(8,421)	(8,895)	(474)	(73,939)	(76,376)	(2,437)
Purchase of Healthcare	(2)	(1)	1	(17)	(2)	15
Supplies and Services Clinical	(1,602)	(1,395)	207	(14,321)	(9,353)	4,969
Supplies and Services General	(53)	(52)	1	(471)	(225)	246
Drugs	(354)	(383)	(30)	(3,165)	(2,667)	498
All Other, incl Transport	307	(99)	(405)	1,894	(917)	(2,810)
Total Expenditure	(10,125)	(10,825)	(700)	(90,019)	(89,538)	481
Contribution	(597)	(1,368)	(771)	2,316	2,246	(70)



The Care Group is £0.1m adverse to plan YTD, a deterioration in month of £0.8m. This is largely due to the CIP target of £0.6m being unmet in month. Income is adverse by £0.6m YTD from a reduction in Non-Clinical Income recharges, whilst Expenditure is favourable by £0.5m YTD primarily from clinical supplies & drugs underspends.

Income:

SLA Income has been adjusted year to date to break-even by £22.2m, for the impact of Covid-19. The impact on activity has been considerably adverse, across all specialties and points of delivery apart from Critical Care where activity is 7% above plan. However, as activity picked up this adjustment had reduced month on month from a high of £5.7m down to £0.8m last month, but has now risen up to £1.4m this month.

Restore & Recovery plans were in place to safely increase Elective surgery with additional planned lists and Outpatient contacts via telephone and virtual clinics where possible. However, with the new wave of Covid-19 necessitating the cancellation of all non-urgent surgery, it is now very likely that activity and income will not be back to the original planned levels until next financial year.

Non-Clinical Income is adverse £0.6m, with a reduction in services provided to other NHS organisations and Spencer Hospital due to Covid-19 measures.

Pay:

Pay is adverse £2.4m YTD, with unmet CIP targets across substantive and agency staff. Medical & Nursing agency costs have risen to support Covid-19 pressures, sickness and vacancies.

Non-Pay:

Non-Pay is favourable £2.9m YTD, with underspends on clinical supplies £5.0m and Drugs £0.5m from reduced patient activity. Non-pay CIPs are under performed by £3.2m.

Covid-19 additional costs of £4.8m have been funded in the above and relate to temporary staffing £4.5m and Non-Pay £0.3m, both of which mainly relate to costs incurred supporting Critical Care services and also backfilling of staff.

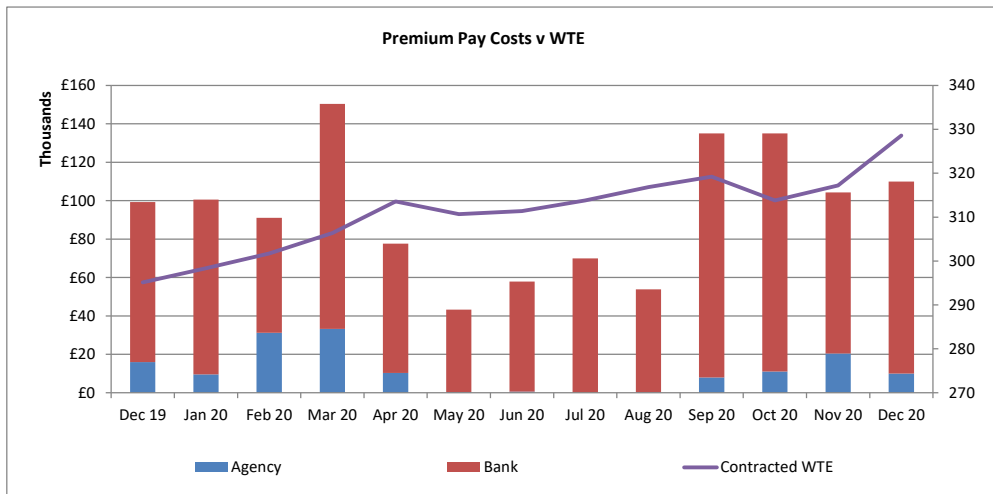
CIP:

CIPs target of £4.5m YTD has been under achieved by £4.4m, of which £0.5m Income, £0.7m Pay and £3.2m Non-Pay are currently offset within the underspends.

Surgery - Head and neck, Breast Surgery and Dermatology

Month 09 (December) 2020/21

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	1,107	729	(378)	11,320	6,782	(4,539)
Non-Electives	187	110	(77)	1,522	940	(582)
Accident and Emergency						
Outpatients	1,705	1,659	(46)	16,794	12,603	(4,191)
High Cost Drugs	327	271	(56)	2,944	1,934	(1,011)
Private Patients	4		(4)	40	3	(37)
Other NHS Clinical Income	72	634	562	897	11,251	10,354
Other Clinical Income				2	8	6
Total Clinical Income	3,404	3,404		33,520	33,521	
Non Clinical Income	10	9	(1)	93	55	(38)
Total Income	3,414	3,413	(1)	33,614	33,576	(38)
Expenditure						
Substantive Staff	(1,482)	(1,544)	(62)	(13,399)	(13,334)	66
Bank	(75)	(100)	(25)	(624)	(726)	(102)
Agency	(13)	(10)	3	(118)	(61)	57
Total Pay	(1,570)	(1,654)	(84)	(14,141)	(14,120)	21
Purchase of Healthcare	(149)	(56)	93	(1,341)	(459)	883
Supplies and Services Clinical	(89)	(124)	(35)	(805)	(630)	175
Supplies and Services General	(1)	(1)	()	(11)	(8)	3
Drugs	(374)	(384)	(10)	(2,831)	(2,799)	33
All Other, incl Transport	(9)	(18)	(9)	(141)	(242)	(101)
Total Expenditure	(2,192)	(2,237)	(45)	(19,271)	(18,258)	1,014
Contribution	1,222	1,176	(46)	14,342	15,318	976



The Care Group is £1.0m favourable to plan YTD, a slight reduction in month of £0.46m. Whilst Income is breakeven YTD, Expenditure is favourable with underspends across both Pay and Non-Pay.

Income:

SLA Income has been adjusted year to date to break-even by £10.5m, for the impact of Covid-19. The impact on activity has been considerably adverse, across all specialties and points of delivery. However, as activity picked up this adjustment had reduced month on month from a high of £2.5m down to £0.5m last month, but has now risen up to £0.6m for the latest month.

Restore & Recovery plans were in place to safely increase Elective surgery with additional planned lists and Outpatient contacts via telephone and virtual clinics where possible. However, with the new wave of Covid-19 necessitating the cancellation of all non-urgent surgery, it is now very likely that activity and income will not be back to the original planned levels until next financial year.

Pay:

Pay is break-even YTD, with reductions in medical waiting list payments as the additional lists & clinics had stopped under the Covid-19, offset with an increase in temporary bank costs across all staff groups.

Non-Pay:

Non-Pay is favourable £1.0m YTD, with underspends on clinical supplies £0.2m from reduced patient activity and the cessation of the external ophthalmology healthcare provider £0.9m.

Covid-19 additional costs of £0.1m have been funded in the above and relate mostly to temporary staffing.

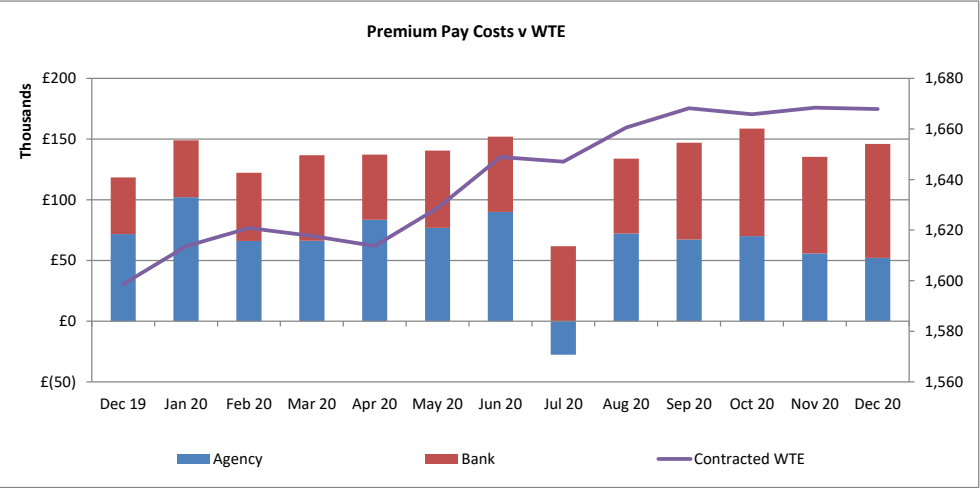
CIP:

CIPs target of £0.7m YTD has been under achieved by £0.3m, of which £0.2m Pay and £0.1m Non-Pay are currently offset within the underspends.

Clinical Support

Month 09 (December) 2020/21

Statement of Comprehensive Income	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
£000						
Income						
Electives	79	18	(61)	730	401	(329)
Non-Electives	7	0	(7)	81	0	(81)
Accident and Emergency						
Outpatients	264	150	(114)	2,725	976	(1,748)
High Cost Drugs	1,297	1,661	365	11,669	12,668	999
Private Patients	7	1	(6)	64	13	(52)
Other NHS Clinical Income	3,054	2,876	(177)	29,686	30,898	1,212
Other Clinical Income		0	(0)			(0)
Total Clinical Income	4,707	4,707		44,956	44,957	1
Non Clinical Income	659	733	74	5,931	6,038	106
Total Income	5,366	5,440	74	50,887	50,994	107
Expenditure						
Substantive Staff	(5,653)	(5,738)	(86)	(49,466)	(50,958)	(1,492)
Bank	(87)	(94)	(7)	(627)	(645)	(18)
Agency	(130)	(52)	77	(1,201)	(540)	661
Total Pay	(5,869)	(5,884)	(15)	(51,294)	(52,143)	(849)
Purchase of Healthcare	(5)	(50)	(45)	(42)	(73)	(31)
Supplies and Services Clinical	(2,525)	(2,578)	(52)	(22,451)	(20,546)	1,905
Supplies and Services General	1	10	9	(131)	(128)	3
Drugs	(1,778)	(1,864)	(86)	(13,927)	(14,131)	(203)
All Other, incl Transport	(21)	(154)	(134)	(479)	(2,267)	(1,789)
Total Expenditure	(10,197)	(10,520)	(323)	(88,324)	(89,288)	(964)
Contribution	(4,831)	(5,080)	(249)	(37,437)	(38,294)	(857)



The Clinical Support Services Care Group position worsened in December. This was due to the growing undelivered CIP target which now totals £3.4m.

Income:

There was under-performance against the plan of non-Trust activity across all departments in December, which is a continued trend due to the Covid-19 pandemic. Although actual activity delivered was lower than November in Radiology, Pathology, Therapies and Audiology, the adverse variance against plan was lower reflecting the seasonal nature of the Plan. The top up adjustment overall was £0.4m compared with £0.5m in month 8.

The only area above income plan was Homecare drugs (£0.36m), which would be expected with patients receiving enough medication to cover the Christmas period as well as impact of Covid-19.

Pay:

Pay cost was on par with last month. The CIP undelivered in pay is now at £0.56m of the £0.85m total overspend. The highest overspending department remains Radiology (£0.54m) followed by Outpatients (£0.25m), offset by underspends in Pathology (£0.54m). As previously reported the overspends are driven by a higher recruitment and retention rate this year. Agency spend remains favourable to plan (£0.66m). Covid-19 related expenditure has been met by the funding envelope based on month 1 to 6 expenditure so far. Total Covid-19 Pay cost in CSS so far this year is £1.5m.

Non-Pay:

There was an increase in the non-pay run rate this month mainly attributable to the Pharmacy Homecare increase. There was also an increase in Radiology non-pay spend with increased CT scanner rental and contrast media costs incurred in delivering backlog activity. Pathology non-pay continues to be underspent against budget due to the additional Covid-19 testing funding whilst still underspending on business as usual diagnostics. Unmet CIP accounts for £2.8m and Covid-19 non-pay costs YTD is £2.8m.

CIP:

Total unmet CIP in the CSS Care Group is now £3.4m YTD

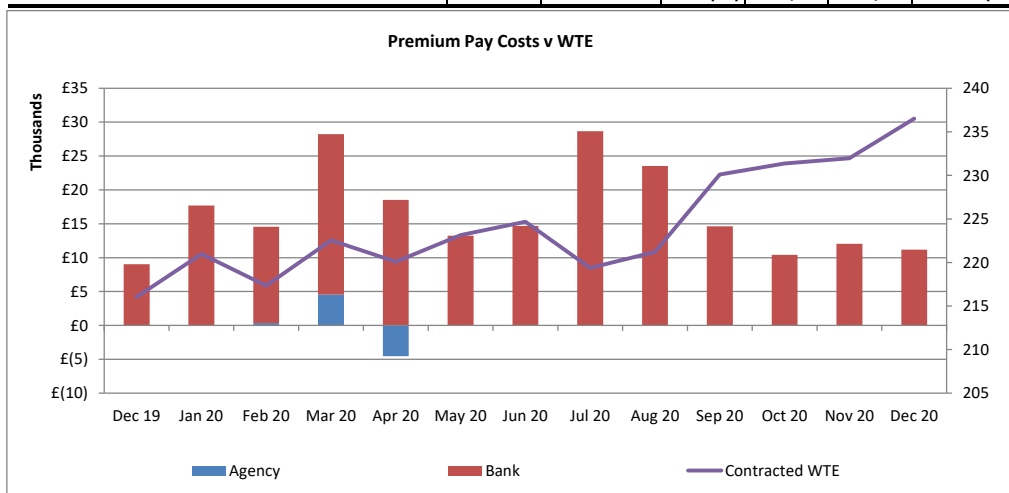
Covid-19:

The total cost impact is £4.3m in addition to income losses of £10.1m.

Cancer Services

Month 09 (December) 2020/21

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	389	488	99	3,418	3,592	174
Non-Electives	25	21	(4)	226	89	(137)
Accident and Emergency						
Outpatients	682	640	(43)	6,523	5,345	(1,177)
High Cost Drugs	2,043	2,402	358	18,390	18,241	(149)
Private Patients						
Other NHS Clinical Income	774	364	(410)	7,191	8,401	1,210
Other Clinical Income	1	0	(1)	5	84	80
Total Clinical Income	3,914	3,914	()	35,752	35,752	()
Non Clinical Income	87	102	15	776	810	34
Total Income	4,001	4,016	15	36,528	36,562	34
Expenditure						
Substantive Staff	(855)	(869)	(14)	(7,378)	(7,504)	(126)
Bank	(13)	(11)	1	(128)	(147)	(19)
Agency	()	0		(4)	5	8
Total Pay	(868)	(880)	(12)	(7,510)	(7,647)	(137)
Purchase of Healthcare	()	(1)	(1)	(3)	(3)	(1)
Supplies and Services Clinical	(215)	(208)	7	(1,932)	(1,796)	136
Supplies and Services General	(7)	(8)	(1)	(64)	(62)	2
Drugs	(2,469)	(2,442)	28	(18,838)	(18,512)	326
All Other, incl Transport	(23)	(70)	(46)	(211)	(632)	(421)
Total Expenditure	(3,583)	(3,608)	(25)	(28,558)	(28,652)	(94)
Contribution	418	408	(10)	7,970	7,910	(60)



Income:

Rechargeable High cost drugs in both Clinical Haematology and Clinical Oncology were above plan in December offset by a smaller underspend in Haemophilia - Net over performance £0.35m against plan. Elective and MDT income increased and Outpatient activity was on par with last month but also above plan.

There was a larger negative income adjustment to balance to the plan, £0.4m in month, reflecting the improvement. The total adjustment for activity underperformance against the plan is now £1.6m across the Care Group.

Pay:

Pay cost in the Care Group remained consistent with previous months trend. YTD and in month cumulatively all staff groups are under plan. Unmet Pay CIP now total £0.2m. Nursing, HCA and admin and clerical pay budgets remain underspent, however Medical and Senior managers is overspent.

Non-pay:

Unmet CIP continues to be the main factor in the adverse non-pay variance (£0.3m). This is offset by underspends on drugs and clinical supplies. There is an adjustment to remove underspent high cost drugs and blood products underspending budgets (£0.6m).

CIP:

Total Unmet CIP is now £0.55m.

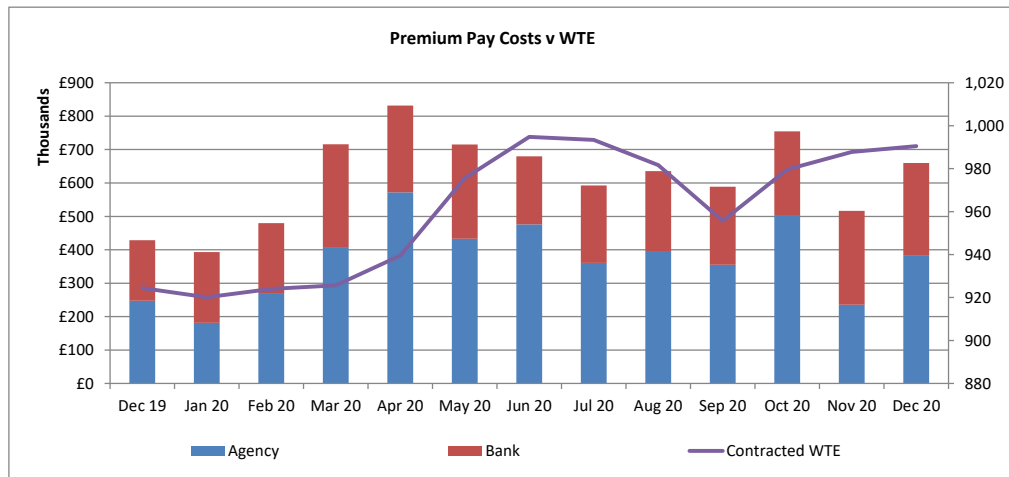
Covid-19:

Total Covid-19 costs claimed is now £0.1m, in addition to the £1.6m patient care income loss.

Women's and Children's Services

Month 09 (December) 2020/21

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	595	405	(190)	5,814	2,856	(2,958)
Non-Electives	2,553	2,202	(350)	22,137	20,201	(1,936)
Accident and Emergency						
Outpatients	665	621	(44)	6,663	5,038	(1,625)
High Cost Drugs	18	68	50	163	217	54
Private Patients		0	()	2	1	(1)
Other NHS Clinical Income	2,649	3,187	539	24,337	30,778	6,441
Other Clinical Income	9	6	(4)	85	110	25
Total Clinical Income	6,489	6,489	()	59,201	59,200	()
Non Clinical Income	93	95	2	817	836	18
Total Income	6,582	6,584	2	60,018	60,036	18
Expenditure						
Substantive Staff	(4,720)	(4,434)	285	(41,354)	(38,537)	2,817
Bank	(238)	(278)	(39)	(2,137)	(2,259)	(121)
Agency	(263)	(382)	(119)	(2,230)	(3,716)	(1,486)
Total Pay	(5,221)	(5,094)	127	(45,721)	(44,511)	1,210
Purchase of Healthcare	(2)	()	2	(17)	(30)	(13)
Supplies and Services Clinical	(290)	(302)	(12)	(2,323)	(2,039)	285
Supplies and Services General	(11)	(5)	5	(107)	(42)	64
Drugs	(212)	(210)	2	(1,496)	(1,495)	1
All Other, incl Transport	115	(93)	(207)	708	(761)	(1,469)
Total Expenditure	(5,621)	(5,704)	(84)	(48,956)	(48,879)	77
Contribution	961	879	(82)	11,062	11,157	95



The Care Group's position deteriorated by £0.1m in December and is now £0.1m favourable to the year to date (YTD) plan. The deterioration is mainly driven by savings shortfalls.

Income:

Clinical income has been adjusted to breakeven by £0.5m for the impact of Covid-19 and £6.5m YTD. Although the adjustment is below average for the year, it has risen from a low of only £0.1m last month. The increase in the adjustment follows the cancellation of some planned activity.

Pay:

Pay is £0.1m favourable to plan in month and is £1.2m favourable YTD. Covid-19 costs were £0.15m below plan. This is due to a reduction in the use of fixed term contract staff.

The budget has also been supported by £0.1m of business case funding this month.

Non-Pay:

Non-pay is adverse to plan by £0.2m in month and £1.1m YTD. The main pressure on the budget is the gap in CIP schemes, also totalling £0.2m per month- including a shortfall in the CNST rebate. This was partially offset by clinical supply underspends resulting from lower activity levels earlier in the year. However, as activity levels have increased, so too has non-pay expenditure, putting added pressure on the budget.

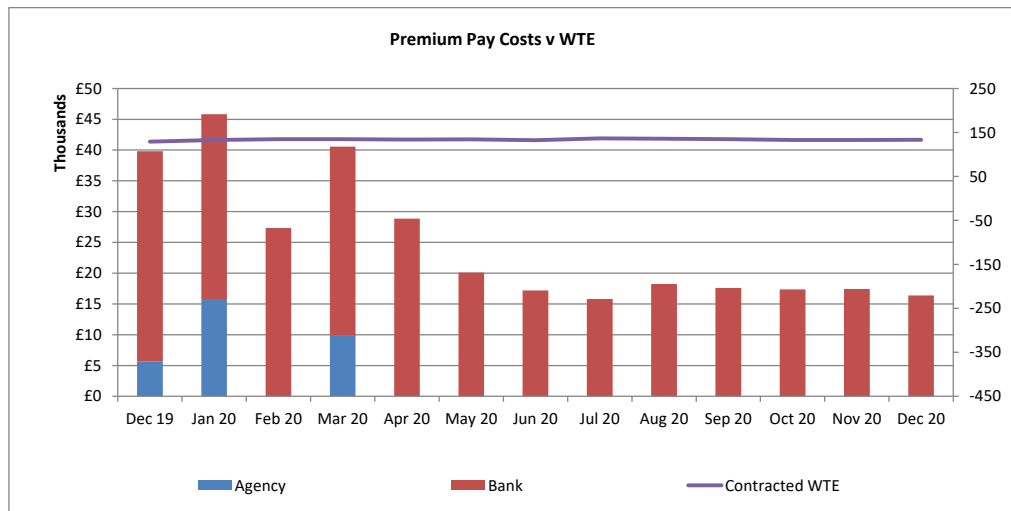
CIPs:

The annual CIP target for the Care Group is £3.0m. A relatively small value of non-recurrent pay savings were recognised due to vacancies. Savings associated with medical recruitment are also being achieved, but overall schemes continued to perform considerably below plan. YTD performance is £1.5m adverse to plan.

Strategic Development and Capital Planning

Month 09 (December) 2020/21

Statement of Comprehensive Income	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
£000						
Income						
Non Patient Care Services	16	40	24	142	197	55
Car Parking	51	50	(1)	458	495	36
Staff Accommodation	198	190	(7)	1,778	1,769	(9)
All Other Income	174	177	4	1,619	1,630	11
Total Income	438	458	20	3,998	4,091	94
Expenditure						
Substantive Staff	(533)	(538)	(5)	(4,842)	(4,645)	197
Bank	(32)	(16)	16	(289)	(169)	120
Agency	0	0	0	0	0	0
Total Pay	(565)	(554)	10	(5,131)	(4,814)	317
Supplies and Services General	(4,677)	(4,667)	10	(37,629)	(37,564)	65
Establishment	(133)	(157)	(25)	(1,191)	(1,195)	(4)
Premises and Rates	(249)	(248)		(2,240)	(2,236)	4
Premises Other	(790)	(776)	14	(6,687)	(6,932)	(245)
Transport	(23)	(13)	10	(204)	(102)	102
Education and Training	(7)	(3)	3	(61)	(59)	3
All Other	(10)	5	15	(207)	86	293
Total Expenditure	(6,454)	(6,415)	39	(53,350)	(52,816)	534
Contribution	(6,016)	(5,957)	59	(49,353)	(48,725)	628



Strategic Development and Capital Planning is favourable to budget by £0.63m as at the end of December, with a favourable swing in month of £0.05m.

Income:

Income is favourable £20k in month and favourable £94k YTD. Car parking is breakeven in month and £36k favourable YTD. Staff Accommodation is adverse £7k in month and adverse £9k YTD. Income from tenants is £4k favourable in the month and £31k YTD.

Pay:

Pay is favourable £10k in month and £0.3m favourable YTD. Facilities favourable £15k favourable in month and £0.1m favourable YTD which is attributable to inter site transfers (Oakleaf), ongoing review of service specification being carried out. Strategic Development £14k favourable in month and £0.2m YTD due to vacant posts which are out to recruit/have been recruited into and awaiting to start, the vacancy rate has decreased since that of last month. This has been reconciled and agreed with the department. IT £20k adverse in month, and £21k favourable YTD. The position in month is being reviewed to ascertain whether related to Covid-19.

Non-Pay:

Non-Pay is favourable £29k in month and £0.2m favourable YTD.

The position YTD is due to £55k favourable variance on patients travelling expenses, activity down, and a £0.1m balance due to tenancy income whilst invoices are being reviewed due to some tenants having to vacate due to Covid-19 credits may be due. Accommodation non-pay £0.1m favourable due to building and engineering works and Internal recharges for accommodation. These are offsetting an adverse position on utilities £0.1m, gas, electric, water these budgets are currently being reconciled in totality with the carbon tax funding stream and also with the OHF contract to improve the subjectivity. Activity & price are also being reviewed.

Corporate

Month 09 (December) 2020/21

Statement of Comprehensive Income	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
£000						
Income						
Non Patient Care Services	(12)	87	99	295	225	(71)
Research and Innovation	255	259	4	1,991	1,971	(20)
Education and Training Income	1,599	1,537	(62)	11,179	11,259	80
All Other Income	21	6	(14)	40	(129)	(169)
Total Income	1,863	1,890	27	13,505	13,325	(180)
Expenditure						
Substantive Staff	(2,459)	(2,503)	(44)	(21,705)	(21,793)	(89)
Bank	(43)	(81)	(38)	(552)	(981)	(430)
Agency	(287)	(309)	(21)	(2,260)	(2,301)	(40)
Total Pay	(2,789)	(2,892)	(103)	(24,517)	(25,075)	(558)
Supplies and Services General	(158)	(161)	(4)	(3,215)	(3,226)	(11)
Establishment	(229)	(222)	7	(732)	(680)	51
Premises Other	(381)	(424)	(43)	(3,998)	(4,203)	(205)
Transport	(36)	(43)	(7)	(469)	(313)	156
Clinical Negligence	(2,030)	(2,030)		(18,271)	(18,271)	
Education and Training	(189)	(194)	(5)	(1,001)	(1,022)	(21)
All Other	(986)	(621)	365	(10,951)	(10,146)	806
Total Expenditure	(6,798)	(6,588)	210	(63,154)	(62,937)	217
Contribution	(4,935)	(4,698)	237	(49,649)	(49,612)	37

The Corporate position is favourable against budget by £0.04m YTD and is made up as follows: Clinical Quality & Patient Safety (CQ&PS) adverse £0.06m, HR adverse £0.34m, Finance adverse £0.052m, Operations favourable £0.39m, Trust Board favourable £0.06m, PGME and R&I favourable £0.044m.

Income:

Income is favourable £27k in month and adverse £0.2m YTD.

The position in month is due to Covid-19 funding within Operations, the Covid-19 envelope was based on months 1 - 6 and it is currently favourable to plan £85k this was for loss of catering income which is being reviewed. The position YTD is attributable to under-achievement of £0.2m in Occupational Health, which is mostly due to the loss of KMPT contract and £0.1m of EKBI royalty reduction within Finance. Work is on-going with Occupational Health to ascertain what expenditure budgets can be given up to offset the loss of KMPT contract. This is partially offset by £25k for recharges to 2gether for NHS admin fee.

Pay:

Pay is adverse £0.1m in month and adverse £0.6m YTD. The position in month and YTD is due to overspends on Covid-19 £0.4m, this indicates expenditure is adverse against the allocation for months 7 - 12 due to revised plan which is due to 'other agency' costs from 2gether being understated in prior periods. In addition to the overspend on Covid-19 staffing, pay savings targets not being realised but being partially offset by vacancies.

The corporate areas have a vacancy rate of 10% comparing contracted to budgeted WTE. The majority of the favourable benefit from these are being offset by the pay savings targets, pay savings year to date position adverse £0.7m YTD.

Non-Pay:

Non-Pay is favourable £0.3m in month and £0.8m favourable YTD.

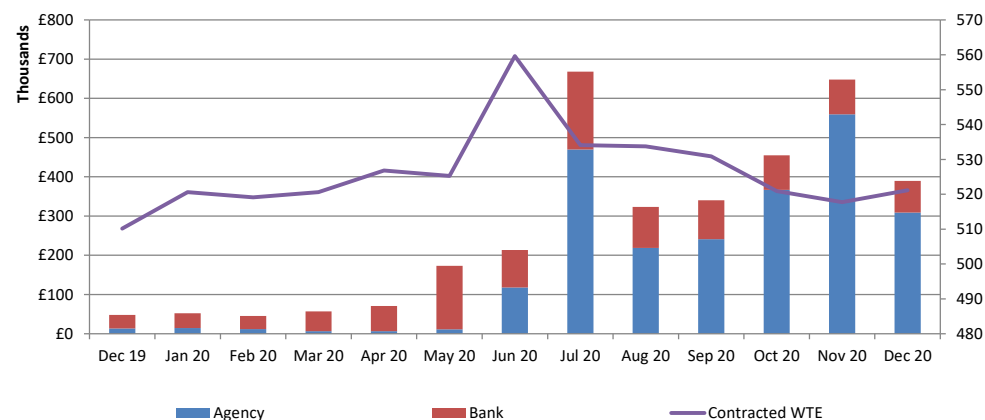
CQ&PS adverse £24k in month and adverse £44k YTD. Adverse position in month and YTD are due to legal fees overspend £0.2m being offset underspends on interpreter fees £92k, travel £34k and computer software £32k. Legal fees are being monitored with the department.

HR adverse £22k in month and adverse £47k YTD. The position in month is due to ext. recruitment fees £13k, advertising and removal expenses £30k, albeit, the trend is very variable.

Finance adverse £32k in month and favourable £0.2m YTD. Favourable YTD position is due to underspends on internal audit £85k contract renewed, and computer software £65k costing and coding contract being reviewed.

Operations favourable £456k in month favourable £822k YTD due to Covid-19 underspends against the allocation which are being investigated and at present being used to offset the shortfall in pay.

Premium Pay Costs v WTE



Spencer Private Hospitals

Month 09 (December) 2020/21

Summary Profit & Loss December 2020 and Outturn Forecast

£'000s	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
Income	1,246	1,099	146	10,084	10,246	(162)
Pay	(680)	(658)	(23)	(4,636)	(5,977)	1,341
Non Pay	(331)	(312)	(20)	(3,096)	(2,803)	(294)
Other Costs	(163)	(135)	(27)	(1,885)	(1,207)	(678)
Operating Profit	71	(5)	77	466	259	207
OP %	5.7%	-0.5%	52.5%	4.6%	2.5%	-128.2%
Interest Receivable						
Interest Expense	450	(4)	454	423	(37)	461
Net Profit before Tax	521	(10)	531	890	222	669
NPBT %	41.9%	-0.9%	362.3%	8.8%	2.2%	-413.8%
Tax	(102)	(1)	(101)	(215)	(65)	(150)
Net Profit after Tax	419	(10)	430	675	157	518
NPAT %	33.7%	-0.9%	290.9%	6.7%	1.5%	-323.8%

Full Year 2020-21		
Outturn	Budget	Variance
13,787	13,718	69
(6,564)	(7,955)	1,391
(4,528)	(3,737)	(791)
(2,199)	(1,604)	(595)
496	422	74
3.6%	3.1%	107.1%
412	(50)	462
908	372	535
6.6%	2.7%	776.1%
(226)	(101)	(124)
682	271	402
4.9%	2.0%	584.1%

Salient comments on month / YTD results:

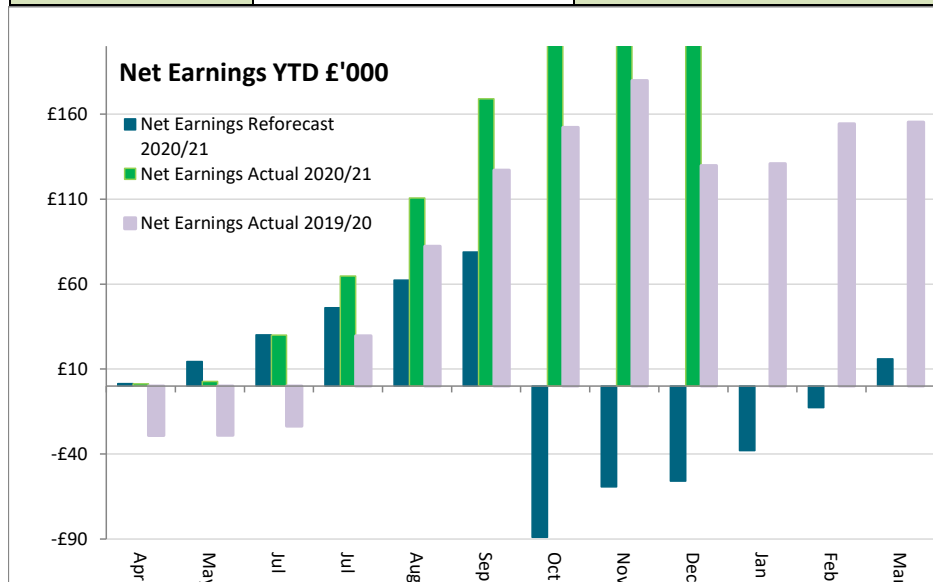
Spencer remained under the NHSE Covid-19 response contract throughout December

Due to restrictions on theatre access & Red patient status on ward private incomes were reduced to £15K for the month.

Excluding high cost drugs, other Non-Pay costs are £3.4m below budget YTD due to elective care activity significantly below budgeted activity levels.

Net earnings of £675K YTD against a budgeted profit of £157K.

Intragroup transactions in the dissolution of Healthex were processed this month which gave a net benefit £365K (£450K interest gain less £85K tax). Healthex took the corresponding interest loss of £450K.



Summary Profit & Loss December 2020

£'000s	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
Income	9,750	8,889	861	82,099	76,252	5,848
Costs	(9,597)	(8,746)	(851)	(81,000)	(75,279)	(5,722)
Operating Profit/(Loss)	153	143	10	1,099	973	126
OP %	(0)	(0)	0	1.3%	1.3%	0.1%
Interest Receivable	249	249	(0)	2,298	2,298	(0)
Interest Expense	(191)	(192)	1	(1,732)	(1,725)	(7)
Net Profit/(Loss) before Tax	211	200	11	1,665	1,546	119
NPBT %	2.2%	2.3%	-0.1%	2.0%	2.0%	0.0%
Tax	(103)	(106)	4	(794)	(776)	(18)
Net Profit/(Loss) after Tax	109	94	15	871	769	101
NPAT %	1.1%	1.1%	0.1%	1.1%	1.0%	0.1%

Salient comments on month / YTD results:

- YTD the overall profit is slightly better than plan. The Income and Costs variances are primarily driven by Covid-19 recharges and a smaller element of Consumable Recharges ordered by EKHUFT.
- December performance was on expectations, primarily due to some non-pay savings (including IHSS sterilisation costs) along with cost pressure due to timing of spend in non-pay lines which are likely to come within budget by year-end along with substantial cost pressure again on EME materials which is being reviewed against the ability to deliver within the full year budget.
- Controllable spend areas have been actively managed and will continue to be.

Actions for this quarter:

- Focus on delivering the expanded capital plan, which is considerable additional workload for the Technical Solutions and Procurement teams.
- Budget 2021/22 incorporating any EKHUFT business cases.

Cash Flow

Month 09 (December) 2020/21

Year to Date		This Month			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual		Plan	Actual	Variance	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast
13,893	Opening Cash Balance	2,891	70,279	67,388	13,893	62,893	57,842	60,246	54,984	56,745	61,060	51,896	70,279	71,663	65,691	62,370
	Prior Year Main Contract CCGs															
437,296	Kent & Medway CCG Contract	39,613	43,694	4,081	80,473	40,237	40,237	40,237	40,238	40,237	40,237	71,706	43,694	40,237	47,255	
8,658	Prior Year Main Contract CCGs		7,101	7,101		(482)	1,297	(1)	657	14	72		7,101	4,008		
1,797	Other CCG block Contracts		105	105	418	209	209	209	201	115	166	165	105			
146,880	NHS England	8,346	14,367	6,021	31,214	14,143	14,836	13,725	19,041	17,985	12,537	9,032	14,367	8,910	8,641	267
27,708	All Other NHS Organisations	1,275	1,051	(224)	7,786	797	1,332	3,181	4,880	1,486	1,631	5,564	1,051	7,206	1,088	1,275
0	Capital Receipts															750
181,463	All Other Receipts	3,072	1,762	(1,310)	7,148	7,792	2,013	8,863	2,086	139,311	5,527	6,961	1,762	7,544	3,474	37,624
0	Provider Sustainability Fund															
4,015	PDC Loans	3,540		(3,540)	4,015											
0	Loans Repaid															
807,817	Total Receipts	55,845	68,080	12,235	131,054	62,696	59,923	66,213	67,104	199,147	60,170	93,430	68,080	67,905	60,458	39,915
	Total Movement In Bank Balance															
(292,122)	Monthly Payroll inc NI & Super	(30,670)	(33,108)	(2,438)	(30,927)	(31,819)	(32,543)	(32,868)	(32,500)	(32,440)	(33,043)	(32,875)	(33,108)	(33,080)	(33,270)	(32,870)
(446,572)	Creditor Payment Run	(23,712)	(33,369)	(9,657)	(48,955)	(35,438)	(24,775)	(38,414)	(32,167)	(162,309)	(31,901)	(39,243)	(33,369)	(39,580)	(29,110)	(30,643)
(8,039)	Capital Payments	(1,400)	(219)	1,181	(2,172)	(491)	(200)	(193)	(58)	(83)	(4,391)	(232)	(219)	(1,216)	(1,400)	(32,779)
(2,696)	PDC Dividend Payment											(2,696)				(2,400)
(619)	Interest Payments	(63)		63					(619)							
(750,048)	Total Payments	(55,845)	(66,696)	(10,851)	(82,054)	(67,747)	(57,519)	(71,475)	(65,343)	(194,832)	(69,334)	(75,046)	(66,696)	(73,877)	(63,780)	(98,692)
57,770	Total Movement In Bank Balance		1,383	1,383	49,000	(5,051)	2,404	(5,262)	1,760	4,315	(9,164)	18,384	1,383	(5,972)	(3,321)	(58,777)
71,663	Closing Bank Balance	2,891	71,663	68,772	62,893	57,842	60,246	54,984	56,745	61,060	51,896	70,279	71,663	65,691	62,370	3,592
	Plan				4,356	4,191	4,157	4,157	3,742	2,997	4,961	2,891	2,891	2,891	2,891	3,029
	Variance				58,537	53,651	56,090	50,827	53,003	58,063	46,934	67,388	68,772	62,800	59,478	563