Board of Directors Meeting - Open (Thursday 28 October 2021)

Thu 28 October 2021, 13:00 - 15:50

Harris Room (Cowdrey Building), Canterbury Cricket Ground and WebEx telecon

East Kent Hospitals University NHS Foundation Trust

Agenda

13:00 - 13:00
0 min

Agenda

To Note

00 - Agenda - BoD Public 28.10.21 FINAL.pdf (3 pages)

13:00 - 13:15
15 min

21/74
Acting Chairman's welcome (13:00)

To Note *Acting Chairman*

Verbal

13:15 - 13:15
0 min

21/75
Apologies for Absence

To Note *Acting Chairman*

Verbal

13:15 - 13:15
0 min

21/76
Declaration of Interests

To Note *Acting Chairman*

21-76 - REGISTER 2021-22 V31 - from October 2021.pdf (5 pages)

13:15 - 13:15
0 min

21/77
Minutes of Previous Meeting held on 30 September 2021

Approval *Acting Chairman*

21-77 - Unconfirmed BoD 30.09.21 Public Minutes.pdf (11 pages)

13:15 - 13:15
0 min

21/78
Matters Arising from the Minutes on 30 September 2021

Approval *Acting Chairman*

21-78.1 - Front Sheet Actions from Public Board.pdf (3 pages)
21-78.2 - Appendix 2 Public Board Action Log.pdf (2 pages)

13:15 - 13:45
30 min

21/79
Staff Experience Story (13:15) 30 mins

Discussion *Community Midwife*

Verbal

13:45 - 13:50
5 min

21/80
Acting Chairman’s Report (13:45) 5 mins

Discussion *Acting Chairman*

21-80.1 - Acting Chairman Report October 2021 BoD.pdf (3 pages)
21-80.2 - Appendix 1 Governor NED visits.pdf (1 pages)

13:50 - 14:00
10 min

21/81
Chief Executive’s Report (13:50) 10 mins

Discussion *Chief Executive*

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

21-81 - CEO Report 28 October FINAL.pdf (6 pages)

14:00 - 14:40
40 min

21/82
Corporate Reporting (14:00) 30mins

Discussion

21/82.1
Integrated Performance Report (IPR) (14:00) 30 mins

Discussion *Chief Executive/Executive Team*

21-82.1.1 - Front Sheet IPR October Board.pdf (2 pages)
21-82.1.2 - Appendix 1 IPR_v3.0_Sept21_FINAL.pdf (25 pages)

21/82.2
Finance Report (14:30) 5 mins

Discussion *Deputy Director of Finance and Performance*

- **Months 6 Finance Report**

21-82.2.1 - FRONT SHEET M6 Finance Report 2021-22 (TB).pdf (3 pages)
21-82.2.2 - Appendix 1 M6 Finance Report.pdf (27 pages)

21/82.3
Infection Prevention and Control (IPC) Board Assurance Framework (BAF) (14:35) 5 mins

Discussion *Director of Infection Prevention and Control*

21-82.3.1 - Front Sheet for BoD IPC BAF 21.10.21.pdf (2 pages)
21-82.3.2 - Appendix 1 IPC BAF review 18.10.21.pdf (42 pages)

14:40 - 14:50
10 min

TEA/COFFEE BREAK (14:40 - 14:50)

14:50 - 15:00
10 min

21/83
Chief Medical Officer's Report (14:50) 10 mins

Discussion *Chief Medical Officer*

21-83 - BoD CMO report front sheet (002) 19.10.21.pdf (2 pages)

15:00 - 15:05
5 min

21/84
Finance and Performance Committee (FPC) – Chair Report (15:00) 5 mins

Approval *Chair Finance and Performance Committee - Nigel Mansley*

Business Case (BC)

- Restore and Recovery (BC)

21-84 - FPC Chair Report V1.1. Final 21-10-27.pdf (5 pages)

15:05 - 15:15
10 min

21/85
Quality and Safety Committee (Q&SC) - Chair Report (15:05) 10 mins

Approval *Chair Quality and Safety Committee - Sarah Dunnett*

21-85 - QSC Chair Report V0.3 28.09.21.pdf (5 pages)
21-85.1 - QSC Chair Report V0.3 final 28-09-27.pdf (5 pages)

15:15 - 15:25
10 min

21/86
Strategic Workforce Committee (SWC) - Chair Report (15:15) 10 mins

Approval *Chair Strategic Workforce Committee - Jane Ollis*

21-86 - SWC Chair Report 29.09.21.pdf (3 pages)
21-86.1 - SWC Chair Report 21-10-25 SWC V1.0 final.pdf (2 pages)

15:25 - 15:30
5 min

21/87
Charitable Funds Committee – Chair Report (15:25) 5 mins

Approval *Nigel Mansley - on behalf of Chair Charitable Funds Committee*

21-87 - CFC Chair Report October 2021 FINAL.pdf (3 pages)

15:30 - 15:35
5 min

21/88
Nominations and Remuneration Committee (NRC) – Chair Report (15:30) 5 mins

Approval *Chair Nominations and Remuneration Committee (NRC) - Sunny Adeusi*

21-88 - NRC Chair Report October 2021 FINAL.pdf (2 pages)

15:35 - 15:40
5 min

21/89
Any other business (15:35) 5 mins

Discussion *Acting Chairman*

Verbal

15:40 - 15:50
10 min

21/90
QUESTIONS FROM THE PUBLIC (15:40) 10 mins

Discussion *Acting Chairman*

Verbal

Date of Next Meeting: Thursday 2 December 2021, in the Harvey Hall, Education Centre at Kent and Canterbury Hospital and by WebEx teleconference

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

East Kent Hospitals University NHS Foundation Trust

BOARD OF DIRECTORS MEETING – THURSDAY 28 OCTOBER 2021

Please find attached the agenda for the next Board of Directors meeting. The meeting will take place **in the Harris Room (Cowdrey Building - second floor) at Canterbury Cricket Ground – The Spitfire Ground, St Lawrence, Old Dover Road, Canterbury, Kent, CT1 3NZ** and **as a WebEx teleconference –** commencing at **1.00 pm to 3.50 pm**.

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

AGENDA

21/

OPENING MATTERS

74	Chairman's welcome		**13:00**	Acting Chairman
75	Apologies for Absence			
76	Declaration of Interests			
77	Minutes of Previous Meeting held on 30 September 2021			
78	Matters Arising from the Minutes on 30 September 2021			

79	Staff Experience Story	**Verbal Discussion**	**13:15 30 mins**	Community Midwife
80	Acting Chairman's Report	**Discussion**	**13:45 5 mins**	Acting Chairman

81	Chief Executive's Report • Kent & Medway (K&M) System Partnership Working	**Discussion**	**13:50** **10 mins**	Chief Executive
82	Corporate Reporting		**14:00**	
82.1	Integrated Performance Report (IPR)	**Discussion**	**14:00** **30 mins**	Chief Executive/ Executive Team
82.2	Finance Report • Month 6 Finance Report	**Discussion**	**14:30** **5 mins**	Deputy Director of Finance and Performance
82.3	Infection Prevention and Control (IPC) Board Assurance Framework (BAF)	**Discussion**	**14:35** **5 mins**	Director of IPC
TEA/COFFEE BREAK		**14:40 – 14:50** **10 mins**		
83	Chief Medical Officer's Report	**Discussion**	**14:50** **10 mins**	Chief Medical Officer
84	Finance and Performance Committee (FPC) – Chair Report • Business Case (BC) • Restore and Recovery BC	**Approval**	**15:00** **5 mins**	Chair Finance and Performance Committee – Nigel Mansley
85	Quality and Safety Committee (Q&SC) - Chair Report	**Approval**	**15:05** **10 mins**	Chair Quality and Safety Committee – Sarah Dunnett
86	Strategic Workforce Committee (SWC) – Chair Report	**Approval**	**15:15** **10 mins**	Chair Strategic Workforce Committee – Jane Ollis
87	Charitable Funds Committee – Chair Report	**Approval**	**15:25** **5 mins**	Nigel Mansley – on behalf of Chair Charitable Funds Committee
88	Nominations and Remuneration Committee (NRC) – Chair Report	**Approval**	**15:30** **5 mins**	Chair Nominations and Remuneration Committee – Sunny Adeusi

CLOSING MATTERS

89	Any other business	**15:35** **5 mins**
90	**QUESTIONS FROM THE PUBLIC**	**15:40** **10 mins**

Date of Next Meeting: Thursday 2 December 2021, in the Harvey Hall, Education Centre at Kent and Canterbury Hospital and by WebEx teleconference.

REGISTER OF DIRECTOR INTERESTS – 2021/22 FROM OCTOBER 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 and Organisational Development	None **Closed interest** MY Trust (started 11 November 2014/finished 20 July 2020) **(4)**	Appointed 1 September 2019
BAIRD, STEWART	Non-Executive Director	Stone Venture Partners Ltd (started 23 September 2010) **(1)** Stone VP (No 1) Ltd (started 15 August 2017) **(1)** Stone VP (No 2) Ltd (started 1 December 2015) **(1)** Stone VP (No 3) Ltd (started 20 November 2017) **(1)** Hidden Travel Holdings Ltd (started 16 May 2014) **(1)** Hidden Travel Group Ltd (started 15 October 2015) **(1)** Qunifi Holdings Ltd (started 30 November 2017) **(1)** Qunifi Ltd (started 13 February 2015) **(1)** Trustee of Kent Search and Rescue (Lowland) (started 30 November 2017) **(4)**	1 June 2021 (First term)

REGISTER OF DIRECTOR INTERESTS – 2021/22 FROM OCTOBER 2021

NAME	POSITION HELD	INTERESTS DECLARED	FIRST APPOINTED
CAVE, PHILIP	Director of Finance and Performance	Wife works as Head of Contracts for Kent and Medway Clinical Commissioning Group (CCG) (started 1 April 2021) **(5)** Non-Executive Director of Beautiful Information Limited (started 3 November 2017) **(1)** **Closed interests** Wife worked as a Senior Manager for Optum, who run the Commissioning Support Unit (CSU) in Kent, which supports the Clinical Commissioning Groups (CCGs) (started 9 October 2017/finished 31 March 2021)	Appointed 9 October 2017
CARLTON, REBECCA	Chief Operating Officer	None	Appointed 16 July 2021
DICKSON, NIALL	Chair	Director, Leeds Castle Enterprises (started 31 May 2012) **(1)** Senior Counsel, Ovid Consulting Ltd (trading as OVID Health Company) (started November 2020) **(1)**	5 April 2021
DUNNETT, SARAH	Non-Executive Director	Non-Executive Director of Maidstone and Tunbridge Wells NHS Trust **(1)** Director of Catalyst (London) Ltd **(1)**	1 June 2021 (First term)
FULCI, LUISA	Non-Executive Director	Director of Digital, Customer and Commercial Services, Dudley Council (started 6 April 2021) **(1)**	1 April 2021 (First term)
HOLLAND, CHRISTOPHER	Associate 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)**	Appointed 13 December 2019

REGISTER OF DIRECTOR INTERESTS – 2021/22 FROM OCTOBER 2021

NAME	POSITION HELD	INTERESTS DECLARED	FIRST APPOINTED
IVANOV, TINA	Director of Quality Governance	None	10 May 2021
JOLLY, MARTIN	Non-Executive Director	None	1 April 2021 (First term)
MANSLEY, NIGEL	Non-Executive Director	None **Closed interests** Jeris Associates Ltd (started 1 July 2017/finished 26 January 2021) **(1) (2) (3)** Chair, Diocesan Board of Finance (Diocese of Canterbury) (started 22 January 2018/finished 14 July 2021) **(1)**	1 July 2017 (Second term)
MARTIN, REBECCA	Chief Medical Officer	None	Appointed 18 February 2020
OLASODE, OLU	Non-Executive Director	Chief Executive Officer, TL First Consulting (started 9 May 2000) **(1)** Chairman, Integrated Management Group (started 16 March 2001) **(1)** Managing Partner, TL First Accountants Ltd (started 4 January 2006) **(1)** Chairman, ICE Innovation Hub UK (started 11 September 2018) **(1)** Independent Chair, General Purposes and Audit Committee, London Borough of Croydon (started 1 October 2021) **(1)**	1 April 2021 (First term)

REGISTER OF DIRECTOR INTERESTS – 2021/22 FROM OCTOBER 2021

NAME	POSITION HELD	INTERESTS DECLARED	FIRST APPOINTED
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)
OTITE, DOROTHY	Interim Group Company Secretary	Risk Articulator Limited (started 22 February 2018) **(1)** MyGlamsignature Limited (started 21 November 2019) **(1)**	Appointed 2 August 2021
SHINGLER, SARAH	Chief Nursing Officer	None	Appointed 7 June 2021
SHUTLER, LIZ	Director of Strategic Development and Capital Planning/Deputy Chief Executive	None	Appointed January 2004
WIGGLESWORTH, NEIL	Director of Infection Prevention and Control	Chair and Director of the International Federation of Infection Control (started 1 January 2018) **(1)** Trustee of the International Federation of Infection Control (started 1 January 2018) **(4)**	15 March 2021
YOST, NATALIE	Director of Communications and Engagement	None	31 May 2016

REGISTER OF DIRECTOR INTERESTS – 2021/22 FROM OCTOBER 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
Dorothy Otite – Nominated Company Secretary

Spencer Private Hospitals:
Nic Goodger – Nominated Director
Elizabeth Coles – Nominated Director
Dorothy Otite – Nominated Company Secretary

Beautiful Information Limited:
Philip Cave, Nominated Director
Paul Stevens, Nominated Director
Dorothy Otite – 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 & THIRTEENTH MEETING OF THE BOARD OF DIRECTORS THURSDAY 30 SEPTEMBER 2021 AT 9.30 AM AS A WEBEX TELECONFERENCE

PRESENT:

Mrs J Ollis	Acting Chairman/Non-Executive Director (Chair)	JO
Ms S Acott	Chief Executive Officer (CEO)	SAc
Mr S Adeusi	Non-Executive Director	SA
Mr R Anakwe	Non-Executive Director	RA
Mrs A Ashman	Director of Human Resources & Organisational Development (DoHR&OD)	AA
Ms R Carlton	Chief Operating Officer (COO)	RC
Mr P Cave	Director of Finance and Performance (DoF&P)	PC
Ms S Dunnett	Non-Executive Director	SD
Ms L Fulci	Non-Executive Director	LF
Mr M Jolly	Non-Executive Director	MJ
Mr N Mansley	Non-Executive Director	NM
Dr R Martin	Chief Medical Officer (CMO)	RM
Dr O Olasode	Non-Executive Director	OO
Ms L Shutler	Director of Strategic Development and Capital Planning (DoSD&CP)/Deputy Chief Executive	LS
Ms S Vaux	Deputy Chief Nurse (DCN) (on behalf of Mrs S Shingler, Chief Nursing Officer (CNO))	SV

ATTENDEES:

Mr S Baird	Non-Executive Director	SB
Ms C Drummond	Interim Director of Midwifery & Gynaecology (for minute number 21/62)	CD
Professor C Holland	Associate Non-Executive Director (NED)	CH
Ms T Ivanov	Director of Quality Governance (DoQG)	TI
Mrs D Otite	Interim Group Company Secretary	DO
Dr N Wigglesworth	Director of Infection Prevention and Control (DIPC)	NW
Mrs N Yost	Director of Communications and Engagement (DoC&E)	NY

IN ATTENDANCE:

Miss S Robson	Board Support Secretary (Minutes)	SR

MEMBERS OF THE PUBLIC AND STAFF OBSERVING:

Dr L Lea	Member of the Public
Ms E Lindsay	Member of the Public
Mrs L Judd	Governor
Mrs M Smith	Member of the Public
Mrs M Warburton	Governor
Ms F Wise	Observer

MINUTE NO.		ACTION
21/54	**CHAIRMAN'S WELCOME** The Acting Chairman welcomed those in attendance. The Acting Chairman reported April Brown, NHS England/NHS Improvement (NHSE/I) Improvement Director would be joining to support the Trust the following month.	

21/55 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mr Neil Dickson (ND), Chairman; and Mrs S Shingler (SSh), CNO.

21/56 **DECLARATION OF INTERESTS**

There were no new declarations of interest.

SD highlighted the register required to be updated noting that she had been substantively appointed as a NED.

ACTION: Update register of interest for Ms S Dunnett, now a substantive NED. DO

21/57 **MINUTES OF THE PREVIOUS MEETING HELD ON 29 JULY 2021**

DECISION: The Board of Directors **APPROVED** the minutes of the previous meeting held on 29 July 2021 as an accurate record.

21/58 **MATTERS ARISING FROM THE MINUTES ON 29 JULY 2021**

Action B/09/21 – Digital and Innovation market event and presentation
The Board noted a market showcase event and presentation was being organised for Board members after the Board meeting in December 2021, that would include the T3 Electronic Patient Record Programme.

Action B/11/21 – Hospital Site and Care Group management and governance structure
The CEO reported work was on-going to finalise the matrix and delegation of responsibility for Care Groups and Hospital Teams within the bounds of the We Care methodology, around corporate responsibilities for the Corporate Nurses and Medical Directors. The COO commented a pilot was being implemented in October. It was agreed an update would be provided to the Board at its December 2021 meeting.

DECISION: The Board of Directors **NOTED** the progress updates on the actions from the previous meeting, those for a future meeting, and **APPROVED** all the actions recommended for closure.

21/59 **CHIEF EXECUTIVE'S REPORT**

- **KENT & MEDWAY (K&M) SYSTEM PARTNERSHIP WORKING**

The CEO highlighted key elements:

- Three business cases approved;
- Expression of Interest submitted for the Health Infrastructure Plan: Future New Hospitals Programme, feedback was awaited on this investment;
- Flu vaccination programme commenced at the beginning of October for all staff alongside the Covid-19 booster;
- Annual Members Meeting (AMM) held as a virtual event, thanks to staff for their support and public attendance;
- New Critical Care Unit (CCU) at William Harvey Hospital (WHH), currently

six weeks behind schedule due to building work delays;
- Ground and preparation works had commenced with the Emergency Department expansions at WHH and Queen Elizabeth the Queen Mother Hospital (QEQMH);
- Opening of the Elective Orthopaedic Centre (EOC) that would support reduction of waiting list numbers and improve patient experience.

The NEDs highlighted the importance of evaluating the impact, benefits realisation and effectiveness of the EOC.

ACTION: Provide an update at a future Board on the impact, benefits realisation and effectiveness of the Elective Orthopaedic Centre (EOC) evaluation following its implementation. RC

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

21/60 **CORPORATE REPORTING:**

21/60.1 **INTEGRATED PERFORMANCE REPORT (IPR)**

The DoF&P reported a showcase event by wards and departments to the Board on the We Care methodology had taken place. As well as a We Care celebration event held with clinicians, nurses and healthcare professionals demonstrating to staff the improvements of the We Care programme and its methodology.

The Board discussed the long term True North objectives and Breakthrough objectives noting:

- Our **quality and safety** – the two metrics to reduce total harms and reduce mortality rate supported by the focussed work of front line staff in respect of reducing falls, pressure ulcers, tissue damage, hospital acquired infections, medication errors, and nutrition and hydration. Reducing deaths from sepsis. Summary Hospital-level Mortality Indicator (SHMI) and crude mortality rates were within expected levels;
- Our **patients** – current performance of 73% against the Accident & Emergency (A&E) 4-hour target threshold of 90%, this remains a challenge due to high demand in Emergency Departments (EDs), staffing and delays in patients awaiting admission. Adjustments had been made to staffing levels to meet peak periods and surge in demand. There continued to be increased numbers of mental health patients presenting at EDs. There was planned work to reset and refocus the Breakthrough objective for aggregated time in ED. Good progress was achieved using the Emergency Village concept in same day emergency care, supported by the implementation in October of a direct to surgical assessment pathway. Improvements in time to assess and treatment. Continuing to actively work with system partners to improve delays in discharging patients. Performance against Referral to Treatment (RTT) 18-week target currently at 63.6% against 92% threshold impacted by the Covid-19 pandemic, the Breakthrough objective focussed on theatre utilisation with senior oversight of progress against recovery. Good work in progress to improve the Cancer 62-day treatment standard currently 80.9% against the 85% standard. Continued achievement of 90% performance against the Friends and Family

Test recommending the Trust;

- Our **people** – staff turnover had increased for the fifth month and was above the 10% threshold. Significant improvement reducing premature turnover from 26% to 20%, supported by onboarding changes and having face to face welcome and induction days and ready to care programme. Actions to improve staff engagement, included support with roadmaps, leadership, diversity and inclusion and focussed work in the Care Groups and with Hospital triumvirates.
- Our **sustainability** – improving the Trust's financial position and carbon footprint were on plan;
- Our **future** – medically fit for discharge percentage was above the monthly threshold with the main contributing factors due to delays with spot purchase placements, community hospital beds and patients being discharged home with support. Work to improve this position was being taken forward with the system partnership working. Innovations in respect of virtual outpatients usage; current performance of 43.6% below the stretch threshold of 80%. Detailed work was being taken forward to improve performance in key speciality areas where virtual appointments could be fully utilised. There was also further work to evaluate patient feedback on virtual appointments.

The NEDs enquired whether reviews of deaths was being undertaken internally to ensure patients were receiving optimum care. The CMO confirmed a programme of Structured Judgement Reviews (SJR) was in place across all Care Groups, monitored by the Mortality and Surveillance Steering Group. Cases were screened by the Trust's Medical Examiner's Office. The Trust's aim was to review 30% of deaths, this was currently not being achieved but with the investment support it was anticipated this would be improved. As part of the reviews this included embedding learning throughout the organisation.

The Board of Directors discussed and **NOTED** the True North and Breakthrough Objectives of the Trust.

21/60.2 **FINANCE REPORT**

- **MONTHS 4 AND 5 FINANCE REPORTS**

The DoF&P noted key points:

- Achievement of breakeven position in August 2021, year-to-date (YTD) position remained breakeven that was consistent with the plan;
- Awaiting guidance on the financial regime for the next six months, the Board and Finance and Performance Committee (FPC) would be kept updated on the Trust's plan for this period;
- Cash and capital position was trending in line with the plan.

The Board of Directors discussed and **NOTED** Months 4 and 5 Finance Reports.

21/60.3 **INFECTION PREVENTION AND CONTROL (IPC) BOARD ASSURANCE FRAMEWORK (BAF)**

The DIPC stated the report updated the Board about the Covid-19 pandemic, IPC and the Trust's response. It was noted activity experienced in respect of the third wave, which the Trust had prepared well for and its management that was smaller peak than previous waves, with the peak the previous month with 51 inpatients and 20 inpatients currently.

The DIPC reported the IPC BAF and measures within it were fit for purpose in managing the third wave. He stated there had been very few hospital onset cases (post 8 day cases), with four outbreak cases that were localised and maintained.

The DIPC extended thanks to all Trust staff for their continued support in managing the pandemic and IPC.

The DIPC reported changes were expected to be made to IPC guidance for the upcoming winter period, likely to return to normal standards of practice in managing Covid-19 as similar to the management of other infectious diseases.

The CEO emphasised the importance of on-going monitoring against the hygiene control standard particularly during the upcoming winter period and robust management of IPC.

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

21/60.4 **DIRECTOR OF INFECTION, PREVENTION AND CONTROL (DIPC) ANNUAL REPORT 2020/21**

The DIPC emphasised the profound impact on every aspect of healthcare during the reporting year on IPC as a result of the pandemic, learning from this within the current year and beyond in respect of developing the IPC service and its work throughout the Trust.

The NEDs raised the IPC activities and actions being undertaken and the impact of these on the Breakthrough objectives that needed to be reviewed as part of We Care and the IPR.

The Board of Directors discussed and **APPROVED** the DIPC Annual Report 2020/21.

21/60.5 **HEALTH AND SAFETY (H&S) AND STATUTORY COMPLIANCE REPORT**

DoSD&CP highlighted key elements:

- Improvements in H&S and completion of Health and Safety Toolkit Audit (HASTA) increased from 71% compliance to 99% this year;
- Embedding H&S within Care Groups risk would be reviewed around the good work and progress being achieved with the provision of H&S Link Workers;
- Following concerns raised by the Board, the £2m investment for statutory compliance had been brought forward to the current financial year increasing compliance from 69% to 79% and by March 2022 to 95%.

The Board of Directors discussed and **NOTED** the H&S and Statutory Compliance Report.

21/61 **CHIEF MEDICAL OFFICER'S (CMO) REPORT**

The CMO noted key points:

- Progress towards establishing a Clinical Ethics Committee (CEC), supporting staff around a clinical ethical framework, joining the UK Clinical Ethics Network (UKCEN) and reviewing the CEC terms of reference;
- Recent Consultant recruitment with 13 appointments of which six had started in post with 40 new starters since April 2021, plans to review all aspects of the recruitment process alongside the work being undertaken as part of the Remote, Rural and Coastal strategy and wider medical workforce strategy;
- the impact of the Covid-19 pandemic, the current progress with medical appraisal and revalidation, and the appointment of a Medical Appraisal lead.

The CMO reported the requests for deferral of a number of doctors revalidation submission dates as a consequence of postponed appraisals during the acute phases of the Covid-19 pandemic in 2020/21. Support was being provided, additional time for completion and doctors were engaged with appraisal and revalidation. She provided assurance these doctors were fit to practice, there were no concerns, and was around completion of the necessary paperwork. The NEDs requested the Quality and Safety Committee be kept up to date on the numbers of doctors, progress with completion and it was agreed this be included in a future CMO report presented to the Committee.

ACTION: Provide a CMO report to the Quality and Safety Committee outlining the numbers of doctors and progress with completion in respect of the deferrals of revalidation submission date. RM

The Board of Directors discussed and **NOTED** the CMO report.

21/62 **MATERNITY IMPROVEMENT COMMITTEE (MIC)**

The Vice Chairman reported the CNO was the Executive Maternity Champion and Mr R Anakwe the NED Maternity Champion. She stated the establishment of a new Executive led Maternity and Neonatal Assurance Group with NED representation. The draft Terms of Reference (ToR) were presented for approval, the group would monitor embedding, delivery and effectiveness of the maternity improvement actions as business as usual.

The Board noted an inaugural meeting of the Maternity and Neonatal Assurance Group had been held.

The NEDs raised the Trust's culture programme and how its impact would be monitored in respect of maternity improvements. The DoHR&OD confirmed within the ToR objectives point 3.5 covered the culture and leadership development programme of the Trust, and the group would be measuring the impact, outcome and success of its implementation.

DECISION: The Board of Directors:

- Discussed and **NOTED** the MIC report;
- **APPROVED** the ToR of the Maternity and Neonatal Assurance Group.

21/63 **FREEDOM TO SPEAK UP (FTSU) ANNUAL REPORT**

The NEDs queried the reasons for not outsourcing the FTSU service as some other organisations had done resulting in real improvements. The FTSU Guardian confirmed outsourcing had been considered, advice sought, national guidance reviewed along with performance evidence of outsourced services in the lower quartile. It had been identified for the Trust the preferred option to have an internal service, supporting to improve the culture within the organisation, increase visibility of the Guardians and in turn staff confidence to speak up.

The NEDs raised how feedback was provided to staff that had raised concerns with the service, that these had been actioned, and learning was being embedded. The FTSU Guardian commented speak ups about behaviours were raised with the relevant areas and staff requested to feedback whether there had been positive changes and that they had been listened to, noting feedback was not always received. Safety concerns were promptly addressed. She highlighted the current gap with having protected time to follow-up on feedback and the business case for full time dedicated resources would enhance and improve the service provision.

The Board noted within the business case the provision of a dedicated Maternity FTSU Guardian, identified from the maternity improvement and clinical leadership programmes. Noting the importance of staff feedback in continuing to improve as an organisation.

The Board of Directors discussed and **NOTED** the FTSU Annual Report.

21/64 **WINTER PLAN 2021/22**

The COO highlighted key areas of the Winter Plan:

- Plan in development from the Summer with preparation meetings held with Care Groups and teams, as well as system partners;
- Key areas of risk were bed modelling with plans identified to close the gap in bed capacity and staffing;
- The Plan contained the 4R recovery programme around maximising elective activity and emergency care;
- Schemes submitted for H2 recovery funding against a total capital value of £4.5m and revenue value of £1.6m, decision expected on allocation of funding in early October;
- Robust governance and strategic decision-making structure in place and frequency of meetings would be increased as and when needed;
- Urgent Emergency Care (UEC), Medicine and Surgical Care Groups provided Hospital based triumvirates supporting matrix working between Care Groups and Hospital sites;
- Assumption for 21+ bed occupancy levels would remain at current/reduced levels compared to 2019/20;
- Workforce resources remained a challenge, recruitment programme in place, daily staff unavailability report published that was working well to identify and address any gaps in staffing;
- Flu vaccination and Covid booster programme in place for all staff;
- Business Continuity Plans had been refreshed;
- Learning during Covid pandemic had supported ensuring the Trust was in a good position with winter planning preparations;
- Respiratory Syncytial Virus (RSV) surge planning for paediatrics.

The NEDs raised the increase in activity for Covid positive children presenting at the EDs, particularly at William Harvey Hospital (WHH), and whether there was sufficient capacity for the provision of red and blue patient pathway streams. The COO commented it would be challenging and anticipated with the plans put in place with the provision of services that would meet demand. The NEDs queried whether there was a local public communications plan to be published on winter pressures for the Trust. The DoC&E confirmed co-ordinated system working across Kent and Medway (K&M) to ensure publication of consistent public and staff messages. She agreed to provide the winter pressures communications plan when produced.

ACTION: Share the winter pressures communications plan when produced with the Board. NY

The NEDs questioned the assumptions in relation to 21+ bed occupancy levels, maintaining a weekly 92% bed occupancy, capacity and being able to discharge patients to the community, nursing and residential homes. The COO stated maintaining the 21+ bed occupancy would be a challenge, noting the significant work within the community to support patients discharge and reduce 21+ levels, and the bed modelling to fully utilise bed capacity and reduce length of stay. She noted a higher demand for residential care and the opportunity to spot purchase beds to meet requirements.

The Board of Directors discussed and **NOTED** the winter plan 2021/22 progress update report.

21/65 **FINANCE AND PERFORMANCE COMMITTEE (FPC) – CHAIR REPORT**

- **BUSINESS CASES (BC)**
  - **COMMUNITY DIAGNOSTIC HUBS (CAPITAL BC)**
  - **INSOURCING ELECTIVE RECOVERY (CAPITAL BC)**
  - **PICTURE ARCHIVING COMMUNICATION SYSTEM (PACS) AND RADIOLOGY INFORMATION SERVICE (RIS) (OUTLINE BC)**
  - **BANK RATE ENHANCEMENTS FOR NURSING SEPTEMBER 2021 TO MARCH 2022 (BC)**
  - **MIDWIFERY WORKFORCE (BC)**

The FPC Chair confirmed the BCs approved by the Committee recommended and presented for Board approval that would support the Trust's recovery programme, improvements in quality and safety, and the provision of additional workforce resources. The Committee had received assurance that the Trust would successfully appoint the additional staff required, as people were keen to remain working locally. It was noted the Committee's approval of the Cancer Chemotherapy Services BC aimed at providing equitable chemotherapy services across all sites, within the mobile unit and ensuring achievement of the national standard of one nurse to three chairs.

DECISION: The Board of Directors discussed and **APPROVED** the:

- August and September 2021 Finance and Performance Committee Chair reports;
- Community Diagnostic Hubs (Capital Business Case);

- Insourcing Elective Recovery (Capital Business Case);
- PACS and RIS Outline Business Case and progression to a full business case;
- Bank rate enhancements for Nursing September 2021 to March 2022; and
- Midwifery Workforce Business Case.

21/66 **QUALITY AND SAFETY COMMITTEE (Q&SC) – CHAIR REPORT**

The Board noted the contents of the August 2021 Q&SC Chair Report.

The Q&SC Chair provided a verbal report from the September 2021 Committee meeting held that week, highlighting staffing remained a challenge as well as theatre utilisation, and ensuring there were no delays or constraints within the system to discharge patients medically fit for discharge. These key areas would continue to be monitored by the Committee.

DECISION: The Board of Directors discussed and **APPROVED** the August 2021 Q&SC Chair Report.

21/67 **INTEGRATED AUDIT AND GOVERNANCE COMMITTEE (IAGC) – CHAIR REPORT**

The IAGC Chair highlighted key elements:

- Increased assurance of the Board Assurance Framework (BAF) objectives and work embedding this and the risk management system and processes;
- Limited assurance of Senior Managers' risk management training compliance in relation to mandatory and essential role specific training, which had been escalated and action to address this and ensure completion of the required training;
- Freedom to Speak Up (FTSU) report discussed in detail, receiving re-assurance of the work being progressed and the BC investing full time resources to this service that would need to be evaluated in respect of its impact and outcome. Further work was needed to improve the confidence of staff in speaking up internally;
- The External Auditor's Annual Report for 2020/21 (Value for Money) and reassurance of the Trust's response to this report.

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

21/68 **NOMINATIONS AND REMUNERATION COMMITTEE (NRC) – CHAIR REPORT**

The NRC Chair noted the key items discussed:

- Appointment of a Chairman for 2gether Support Solutions (2gether), as the current Chairman's term of office ended in November 2021;
- The recruitment for a replacement Managing Director (MD) for 2gether, as the current interim MD's contract ended on 21 December 2021;
- The 2020/21 performance and 2021/22 objectives for Executive Directors.

The Acting Chairman expressed thanks for the hard work and support from Mr S Adeusi, the NRC Chair, who would be leaving the Trust at the end of the following month when his term of office ended.

DECISION: The Board of Directors discussed and **APPROVED** the NRC Chair report.

21/69 **STRATEGIC WORKFORCE COMMITTEE (SWC) – CHAIR REPORT**

- **ANNUAL EQUALITY, DIVERSITY, AND INCLUSION REPORT 2019/20**
- **WORKFORCE DISABILITY EQUALITY STANDARD (WDES) 2021**
- **WORKFORCE RACE EQUALITY STANDARD (WRES) 2021**
- **GENDER PAY GAP REPORT 2021**

The SWC Chair confirmed the reports detailed above reviewed and discussed by the Committee and recommended for Board approval. She commented Mr S Baird, NED, would be chairing this Committee from November 2021.

The NEDs raised the WRES and Black, Asian and Minority Ethnic (BAME) representation at consultant level but limited BAME representation at senior grade and below levels. It was highlighted the need for a detailed review of minority groups across all areas in the Trust. The DoHR&OD reported the Trust had been actively recruiting overseas doctors and nurses supporting to increase its BAME community. The new Equality, Diversity and Inclusion Lead would also support the on-going developments and work to improve and promote equality and diversity.

ACTION: Present deep dive report for discussion at Strategic Workforce Committee to review Black, Asian and Minority Ethnic (BAME) data and sufficient BAME representation across all areas and staff levels throughout the Trust. AA

The Board of Directors discussed and **APPROVED** the:

- SWC July 2021 Chair Report;
- Annual Gender Pay Gap Report 2021;
- Annual Equality, Diversity and Inclusion Report 2019/20;
- Workforce Race Equality Standard Report 2021; and
- Workforce Disability Equality Standard Report 2021.

21/70 **PEOPLE STRATEGY**

The DoHR&OD stated the report presented set out the areas of focus and key metrics around recruitment, retention, remote and rural strategy and wider workforce needs of the Trust. The metrics would continue to be developed along with the thresholds and targets in delivering this strategy.

The Board of Directors discussed and **NOTED** the contents of the People Strategy update report and work in progress to achieve the Our People metrics.

21/71 **ANY OTHER BUSINESS**

There were no additional items of business raised for discussion.

21/72 **QUESTIONS FROM THE PUBLIC**

Mrs M Warburton raised the AMM and enquired about the total number of members of the public who attended the meeting in September 2021, which had been held virtually and as such was unable to identify the numbers in attendance. She enquired about the questions raised and if these were from the public. The CEO reported questions had been received from the public and the opportunity at the meeting to ask questions. She commented on the benefits of meetings being held virtually enabling more people to be able to attend fitting in with their commitments, as well as noting the benefits of holding a face to face meeting.

ACTION: Provide Mrs M Warburton, Governor, with the total number of members of the public who attended the Annual Members Meeting in September 2021. NY

The Chairman closed the meeting at 12.15 pm.

Date of next meeting in public: Thursday 28 October 2021 as a WebEx Teleconference.

Signature _____

Date _____

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**28 OCTOBER 2021**
REPORT TITLE:	**MATTERS ARISING FROM THE MINUTES ON 30 SEPTEMBER 2021**
BOARD SPONSOR:	**CHAIRMAN**
PAPER AUTHOR:	**BOARD SUPPORT SECRETARY**
PURPOSE:	**APPROVAL**
APPENDICES:	**APPENDIX 1: ACTIONS TABLE**

BACKGROUND AND EXECUTIVE SUMMARY

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

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

The Board is asked to consider and note the progress updates in the attached action log (Appendix 1).

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

Action No.	Action	Target date	Action owner	Status	Progress Note (to include the date of the meeting the action was closed)
B/013/21	Update register of interest for Ms S Dunnett, now a substantive Non-Executive Director.	Oct-21	DO	to Close	Register of interest updated reflecting substantive appointment. **Action for agreement for closure at 28.10.21 Board meeting**.
B/014/21	Provide an update at a future Board on the impact, benefits realisation and effectiveness of the Elective Orthopaedic Centre (EOC) evaluation following its implementation.	Mar-22	LS	to Close	Noted on annual work programme for presentation to Board in March 2022. **Action for agreement for closure at 28.10.21 Board meeting**.
B/15/21	Provide a Chief	Nov-	RM	to Close	Update will be

	Medical Officer's (CMO) report to the Quality and Safety Committee outlining the numbers of doctors and progress with completion in respect of the deferrals of revalidation submission date.	21			provided in the CMO report presented to the November 2021 Committee meeting. **Action for agreement for closure at 28.10.21 Board meeting.**
B/17/21	Present deep dive report for discussion at Strategic Workforce Committee to review Black, Asian and Minority Ethnic (BAME) data and sufficient BAME representation across all areas and staff levels throughout the Trust.	Nov-21	AA	to Close	Noted on annual work programme for presentation to SWC at its November 2021 Committee meeting. **Action for agreement for closure at 28.10.21 Board meeting**.
B/18/21	Provide Mrs M Warburton, Governor, with the total number of members of the public who attended the Annual Members Meeting in September 2021.	Oct-21	NY	to Close	E-mail sent. 40 public and staff attended. **Action for agreement for closure at 28.10.21 Board meeting**.

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... • **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 progress updates on the actions from the previous meeting, those for a future meeting, and **APPROVE** the actions recommended for closure.

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST - PUBLIC BOARD								
Action No.	**Date of Meeting**	**Min No.**	**Item**	**Action**	**Target date**	**Action owner**	**Status**	**Progress Note (to include the date of the meeting the action was closed)**
B/09/21	29.07.21	21/40	Chief Executive's Report	Arrange a presentation to the October Board meeting from the Clinical Lead, Michael Bedford on the T3 Electronic Patient Record Programme, its impact, outcome, the benefits to patients and staff and the process for change requests and how any backlog was prioritised.	~~Oct-21~~/ Dec-21	LS	Open	Market stall event and presentation organised for Board in December 2021.
B/11/21	29.07.21	21/48	Quality and Safety Committee (Q&SC) Chairm Report	Present a progress report at the October Board on the work reviewing the hospital site and Care Group management and governance structure.	~~Oct-21~~/ Dec-21	SAc	Open	**30.09.21 -** External advice sought around the delegation of responsibility for Care Groups and Hospital Teams within the bounds of We Care methodology, which will likely lead to a recommendation that all Care Groups have site based hospital leadership enabling them to work more effectively across the Care Groups/hospital settings. Interviews for substantive Hospital Directors have taken place and the corporate responsibilities for the Corporate Nurses and Medical Directors are being finalised. Progress update to be provided to the **02.12.21** Board meeting.
B/13/21	30.09.21	21/56	Declarations of Interests	Update register of interest for Ms S Dunnett, now a substantive Non-Executive Director.	Oct-21	DO	to Close	Register of interest updated reflecting substantively appointed. **Action for agreement for closure at 28.10.21 Board meeting.**
B/14/21	30.09.21	21/59	Chief Executive's Report	Provide an update at a future Board on the impact, benefits realisation and effectiveness of the Elective Orthopaedic Centre (EOC) evaluation following its implementation.	Mar-22	RC	to Close	Noted on annual work programme for presentation to Board in March 2022. **Action for agreement for closure at 28.10.21 Board meeting.**

B/15/21	30.09.21	21/61	Chief Medical Officer's (CMO) Report	Provide a CMO report to the Quality and Safety Committee outlining the numbers of doctors and progress with completion in respect of the deferrals of revalidation submission date.	Nov-21	RM	to Close	Update will be provided in the CMO report presented to the November 2021 Committee meeting. **Action for agreement for closure at 28.10.21 Board meeting.**
B/16/21	30.09.21	21/64	Winter Plan 2021/22	Share the winter pressures communications plan when produced with the Board.	Dec-21	NY	Open	Item for future date.
B/17/21	30.09.21	21/69	Strategic Workforce Committee (SWC) - Chair Report	Present deep dive report for discussion at Strategic Workforce Committee to review Black, Asian and Minority Ethnic (BAME) data and sufficient BAME representation across all areas and staff levels throughout the Trust.	Nov-21	AA	to Close	Noted on annual work programme for presentation to SWC at its November 2021 Committee meeting. **Action for agreement for closure at 28.10.21 Board meeting.**
B/18/21	30.09.21	21/72	Questions from the Public - Annual Members Meeting	Provide Mrs M Warburton, Governor, with the total number of members of the public who attended the Annual Members Meeting in September 2021.	Oct-21	NY	to Close	E-mail sent. 40 public and staff attended. **Action for agreement for closure at 28.10.21 Board meeting.**

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**28 OCTOBER 2021**
REPORT TITLE:	**ACTING CHAIRMAN'S REPORT**
BOARD SPONSOR:	**ACTING CHAIRMAN**
PAPER AUTHOR:	**ACTING CHAIRMAN**
PURPOSE:	**DISCUSSION**
APPENDICES:	**APPENDIX 1: GOVERNOR AND NON-EXECUTIVE DIRECTORS (NEDS) JOINT VISITS**

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:

It has been a pleasure to continue acting as Chair this month and I look forward to welcoming Niall Dickson back in November following a period of leave.

Planned Elective and Emergency Care Pressures

This month has seen the hospitals under continued pressure both in terms of number of patients arriving for emergency treatment, those waiting for planned elective care and those medically fit for discharge needing on-ward care, particularly in their own home. We continue to ask a lot of our staff to constantly manage these pressures whilst still giving the standard of care that we all expect.

Clinical Leadership Day Event

I joined our clinical leaders at their Leadership event this month and was reassured by their positivity, dedication and combined professional experience for managing these challenges.

Kent and Medway Integrated Care Board

We are also part of a maturing Kent and Medway NHS Integrated Care Board, which comes into full force in April 2022. This month has seen the appointment of its Chair Designate, Cedi Frederick and a Chief Executive Officer (CEO) recruitment process underway. Whilst we will continue to be accountable to our own organisation we have responsibility to the system as a significant player with much to contribute to its success. In doing so our challenges should reduce, as partners across local government, primary, community, mental health and the voluntary sector all work together, integrating care delivery and so improving patient experience and outcomes.

Niall will keep the Board fully informed on progress over the coming months, including how the place based Board for East Kent will develop its relationship within the county-wide system and priorities for our locality.

Joint Visits

This month has also been busy for Governors and Non-Executive Directors (NEDs) with a number of key joint visits (Appendix 1) and meetings.

Non-Executive Directors' (NEDs) Commitments

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

Acting Chairman	Meetings with Executive Directors Introductory meeting with NHS England/NHS Improvement (NHSE/I) Improvement Director Meeting with 2gether Support Solutions (2gether) Chairman Meeting with Kent Community Health Foundation Trust Chairman Longlisting for Chief Executive Officer (EKHUFT) 29 September – Strategic Workforce Committee (SWC) meeting 5 October – Charitable Funds Committee (CFC) meeting 7 October – 2gether BoD meeting 12 October – Nominations and Remuneration Committee (NRC) meeting 12 October – Integrated Care System (ICS) Partnership Board meeting 12 October - Royal College of Surgeons (RCS) meeting 14 October – Clinical Leadership Event 14 October – South East Chief Executives/Accountable Officers/Chairs meeting 21 October – 2gether NRC meeting 21 October – East Kent Integrated Care Partnership (ICP) Board meeting
Non-Executive Directors	Meetings with Executive Directors Visit to Maternity Services Meeting with Medical Director and Hospital Director (Queen Elizabeth the Queen Mother Hospital (QEQMH)) Safeguarding meeting Longlisting for Chief Executive Officer (EKHUFT) NHS Digital Board briefing on Cyber Security Digital Strategy meeting Patient Engagement Strategy meeting 28 September – Finance and Performance Committee meeting 28 September – Quality and Safety Committee meeting 29 September – Strategic Workforce Committee meeting 30 September – Meeting with Chief Executive Officer, Chief Medical Officer and Obstetrics & Gynaecology Consultants 1 October – Consultant Obstetrics & Gynaecology (Maternal Medicine) Interview Panel Chair 5 October – Governor and NED site visit to QEQMH (Radiology and Outpatients) 5 October – Charitable Funds Committee meeting 5 October – Safety Champion meeting 12 October – NRC meeting 12 October – Maternity and Neonatal Assurance meeting 14 October – 2gether Managing Director Interview Panel 14 October – Clinical Leadership Event

	18 October – Governor and NED site visit to Kent and Canterbury Hospital (Orthopaedic and Day Surgery and Elective Orthopaedic Ward)

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	None
LINKS TO STRATEGIC OBJECTIVES:	**We care** about... • **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 Acting Chairman's report.

Hospital / Departments	Non-Executive Director (NED)	Governor	Date
Kent and Canterbury Hospital			Tuesday 14 September 2021
Time 9-11.30 am HR Department Stroke Unit	Stuart Baird	Bernie Mayall	Visit Conducted
Queen Elizabeth the Queen Mother Hospital (QEQMH)			Tuesday 5 October
Time - 9-11.30 am Radiology Outpatients	Sarah Dunnett	Marcie	Visit Conducted
Kent and Canterbury Hospital			Monday 18 October
Time- 9 -11.30 am Orthopaedic and Day Surgery Visit to Invicta/Lawrence ward – Elective Orthopaedics ward	Luisa Fulci	Alex Ricketts	Visit Conducted
William Harvey Hospital (WHH)			Thursday 4 November
Time 9.30 am-12 noon Cancer pathway / Chemotherapy Maternity	Raymond Anakwe	Paul Schofield	
QEQMH			Monday 22 November
Time 9.30 am-12 noon Maternity Emergency Departments	TBC	Marcie	
Buckland Hospital Dover			Monday 29 November
Time - 14.00-16.30 pm Minor Injuries Unit TBC	Olu Olasode	Bernie Mayall	
Royal Victoria Hospital Folkestone			Monday 6 December
Time 9.30-11.30 am Walkin Centre/X-ray Derry/Day unit	TBC	Carl Plummer	
WHH			Wednesday 19 January 2022
Time 9.00 am- 12 noon Fracture Clinic Coronory Care Unit	TBC	TBC	
Kent and Canterbury Hospital			Friday 11 February
Time 9.00 am-12 noon PALS Minor Injury's Dept	TBC	TBC	
QEQMH			Friday 25 February
Time 9.00 am-12 noon Pathology Research	TBC	TBC	
WHH			Monday 14 March
Time 9.00 am-12 noon Emergency Department Outpatients	TBC	TBC	

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**28 OCTOBER 2021**
REPORT TITLE:	**CHIEF EXECUTIVE'S REPORT**
BOARD SPONSOR:	**CHIEF EXECUTIVE**
PAPER AUTHOR:	**CHIEF EXECUTIVE**
PURPOSE:	**DISCUSSION**
APPENDICES:	**NONE**

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. Clinical Executive Management Group (CEMG)

Business Cases (BCs) approved or recommended at the **13 October** meeting of the CEMG included:

- Occupational Health Department Development BC.
- Investment in Recruitment Team Function BC.
- Additional Rapid Covid-19 Testing and Staffing Resource to Support Flow in Emergency Care and Paediatric RSV Testing.
- Ward Accreditation BC.

Other Items of Note from CEMG:

- The Group approved a Rural & Remote Strategy Update and Proposal for Family First Option.
- The Group discussed and noted a Nursing Workforce Overview.
- The Group considered new Urgent and Emergency Care performance standards.

2. Care Quality Commission (CQC) Updates

Children's Services Inspection

The CQC found 'significant improvements' in our children's and young people's services, rating the service good for 'safe' and 'well-led' in reports published earlier this month. The CQC inspected the service in July. The CQC's overall rating for children's services improved from 'inadequate' to 'requires improvement'. Safe and well-led moved from inadequate to good. As this was a focused inspection, no ratings were produced for caring, effective and responsive, and the previous ratings (good for caring, requires improvement for effective and responsive) remain in place. CQC inspectors found examples of outstanding practice, including the Needle-Lil' help clinics for children with diabetes who have a phobia of needles, and training to help staff understand the needs of children with mental health conditions and learning disabilities. This is partly delivered by adults who have experience of being a child living with those issues. I would like to thank all our staff who have worked so hard to bring about these improvements.

Maternity Services Inspection

The CQC inspected the maternity unit at William Harvey Hospital (WHH), Ashford, Queen Elizabeth The Queen Mother Hospital (QEQMH), Margate, and the Trust's community midwifery teams in Canterbury and Dover in July and published its reports into the inspection on 15 October. The overall CQC rating for the service remains 'requires improvement'. As this was a focused inspection, no ratings were produced for safe, caring, effective, responsive and well-led, and the previous ratings (good for caring, effective and responsive, requires improvement for safe and well-led) remain in place. Like many maternity services around the country, we have struggled this year with staff shortages compounded by staff absences associated with Covid-19 and high demand. Traditionally, community midwives have been drafted in to support the hospital maternity units at busy times. This summer, the situation had become extremely challenging and this was also raised by the CQC.

The Trust carried out a comprehensive staffing review and temporarily reduced the number of midwifery services we offer by suspending the home birth service until staffing is in a more sustainable position. The Trust Board approved a £1.6m investment on 30 September to fund an additional 38 midwives, 26 of those midwives joined the labour wards and teams in September, having been appointed earlier this year. Extra temporary, qualified staff have also been brought in while we recruit to permanent positions. The service has also improved how its community midwifery teams are supported on a daily basis, making it easier for the community teams to raise issues and communicate with the wider maternity team. We continue to work hard to support our midwives' well-being and help them provide a safe, high-quality service for women and babies.

3. Quality Governance

Significant progress has been made on improving the quality governance structures, in particular the sub-committees and processes within the Quality and Safety Committee. The groups reporting into the Quality and Safety Committee have been refined, and Terms of Reference finalised. The Serious Incident (SI) Declaration Panel has been expanded with 3 panels occurring per week, one at each main hospital site, supported by the new SI Investigations Approvals Panel due to commence in November. This panel will be Executive led, to ensure senior managerial review of all investigations. November will also see the new 'Learning from Practice' group commence to ensure learning from incidents, complaints, claims, coroners and other areas can be collated, reviewed and actioned.

Agreement has been reached with the Clinical Commissioning Group (CCG) to complete a fast-track review of all open and overdue Datix entries to evaluate common causes through a thematic analysis, in order to identify learning and embed improvement. An initial review will be completed by end of December 2021, with the project likely to take 6 months. There is further opportunity to broaden the scope and include the outstanding SI investigations, which could see a further 6 months of activity to close and action all outstanding incidents. In tandem with this project will be a review of the current incident review process to improve compliance and prepare for the implementation of the new Patient Safety Incident Response Framework (PSIRF), and the rollout of Level 3 International Award in Safety Investigation, supported by the Healthcare Safety Investigation Branch (HSIB) which will commence in November 2021.

4. Finance Update

The Trust has delivered a small surplus in the first half of the financial year (April to September). NHS England have released the planning guidance for the second half of the year (October to March) which is focused around reducing the long waiting lists for treatment. The Trust is working closely with the local health economy in Kent and Medway to deliver a breakeven financial plan; further planning information will be reported at the next Board meeting once this work is carried out.

5.Infection Prevention and Control (IPC)

The Trust is currently managing the Covid-19 third wave which has been characterised by fewer admissions, lower morbidity and mortality and shorter length of stay than previous experience. The number and extent of outbreaks and the number of 'healthcare associated' cases (as nationally defined) have been lower in number and proportionally than in previous peaks.

A new IPC structure has been developed and new posts recruited to. A series of team development activities have been completed. There has been a focus on team wellbeing and support and anecdotal feedback suggests that the team are responding well and feeling supported and this is reflected in how they are perceived by the organisation. Additionally, the IPC service is well regarded by external partners and peers.

A comprehensive assessment of the built environment and IPC risk has been completed, working with 2gether Support Solutions and Trust colleagues. This is contributing to investment decisions.

Assessment of Trust compliance with the "Hygiene Code"[1] has been completed and an action plan is in draft and being consulted on. This will be presented to the Quality and Safety Committee in November 2021.

[1]Health and Social Care Act 2008: code of practice on the prevention and control of infections.

6. Chief Medical Officer (CMO)

Recent focus has been on a review of medical professional standards and clinical leadership events that are reported on within the CMO report this month. A new Medical workforce group is being constituted with the aim to address the medical staffing risks on corporate and care group risk registers. This will inform the medical workforce strategy with the aim to reduce the reliance on a temporary medical workforce and to build improved career structures for all medical staff. The Kent Clinicians Development Programme for new consultants has completed for cohort 10 and cohort 11 is due to start this Autumn. The Clinical Leads programme is progressing with first cohort and plans are being put in place to deliver a second cohort. A formal mentorship programme to be available for new consultants is being established.

The CMO continues as co-chair of the East Kent Integrated Care Partnership (EK ICP) Clinical Cabinet and the Medical Directors are chairing subgroups to support system working.

Patient safety and quality is being supported through the focus on our "True North" objectives and aligned within our governance with a focus on mortality and eliminating avoidable harm.

7. Human Resources and Organisational Development

Activity to recruit at pace has continued and we now expect to reach our current funded establishment at our January intake. A major recruitment project is underway which is supporting our rural and coastal strategy and the work being undertaken by the Chief Nursing Officer to grow the establishment as part of the Safer Care project. Joint working between the office of the HR Director and the Chief Nursing Officer (CNO) is facilitating renewed focus on recruitment and associated disciplines required to bring new nurses, midwives and allied health professionals on board and support their entry into East Kent.

A new Just Culture guide has been developed drawing on best practice models which will support a fair and equitable approach to issues raised in the workplace. This has been shared with the Executive Management Team and is now being rolled out across the Care

Groups as part of the work being undertaken to develop East Kent Hospitals as a learning organisation with a more measured approach to learning from mistakes and encouraging people to speak up when they have concerns. In addition, we have expanded our Freedom to Speak Up service with two appointments to key roles across the organisation and in maternity services. This is again part of our work to encourage an honest and transparent culture where people feel able to speak up and are supported to do so, where learning can be achieved and improvements can be made as a consequence.

8. Operations

Due to the increase to pressures across the Kent and Medway System, there have been a number of system calls to support organisations that have declared Opel 4. We have continued to work with our Local Health Economy (LHE) and ICP colleagues to develop the Winter Plan, and have put forward schemes to bid for various funding to support increased winter capacity. Final confirmation of bids are due at the end October.

Performance has been impacted by significant numbers of patients awaiting community placements, care packages and ongoing social support. Staffing deficits across both the emergency and elective pathways have also created challenges. Across the Trust there has been a reduction in the number of agency nursing staff available so together with short notice cancellations we have a reduced ability to open additional escalation areas as and when required. Mitigations to manage staffing are in place and include the staff bank, and flexible working options for Trust staff to enable cover.

The Community Discharge Hub project group has been established with Chief Operating Officer (COO) leadership and is moving forward at pace to implement a mobile CT scanner based at Buckland Hospital, Dover which will provide much needed additional CT capacity.

9. Safe staffing update

A comprehensive safe staffing review has taken place over the last six months under the direction of the CNO. The review is now complete and the findings show that in order to improve the current safe staffing establishments to reduce the current nurse to patient ratios and adjust for the impact of Covid, that a significant increase in nursing establishment is indicated. The business case and recruitment pipeline plan are currently being prepared and will be presented to the Board in December for approval. The CNO continues to work closely with the COO and CMO to mitigate the operational challenges of staffing our wards safely and mitigating risks as necessary.

The development of the Patient Experience and Involvement Strategy is progressing to plan. External stakeholders are very engaged and include our partners from the Council, CCG, voluntary agencies and Kent Community Health NHS Foundation Trust (KCHFT), our staff and volunteers. The strategy will include a Patient Involvement Model which will be the DNA of how we involve our patients and stakeholders throughout the Trust to allow us to 'hear' and 'act' on the voices of our patients and the wider population. The Strategy, outcomes framework and implementation plan will be presented to the Board in December for approval.

10. Strategic Update

The NHS England/NHS Improvement (NHSE/I) Stage 2 Assurance process to consider the East Kent Transformation Programme's Pre-Consultation Business Case (PCBC) has concluded. NHSE/I have reviewed the PCBC and has formally written to the Trust and the Kent & Medway (K&M) CCG to confirm that all required actions have been completed with the exception of securing capital funding. The Trust has submitted a completed Expression of Interest form for the Health Infrastructure Plan: Future New Hospitals (NHP) programme.

A national review process has now commenced, with all submissions being reviewed over the Autumn. It is anticipated that a long list will be confirmed at the end of the year. The long list of applications will then be assessed using additional data and a process that has not yet been published. Confirmation of the successful applications is expected in Spring 2022.

As reported last month, the build for the new 24 bed Critical Care Unit at WHH is progressing well and the clinical teams are working hard to develop a smooth transition plan to move into the new unit. The plan will take into consideration the timing of the building handover and the potential impact of winter and the Covid surge plan.

I am delighted that building work has commenced on the Emergency Department (ED) expansions at both the QEQMH and WHH sites, following a period of enabling works. We are approaching the building works with care, ensuring that any disruption is minimised as much as possible. At QEQMH, the build is in full swing. Work on the main extensions is underway and next month the steel frame will begin to be erected. Whilst this major work is undertaken, alternative pathways and routes into the department have been put in place. At the WHH, the building of the main extension has commenced and the new temporary ambulance entrance is ready and operational with the new temporary ambulance bays. The new walk-in entrance and reception will be ready to open at the end of October and this will free up other areas, helping to create clinical space elsewhere in the department. This progress has been challenging for everyone but it is a fantastic accomplishment that it has been achieved in such a short time.

I would like to thank all the staff involved for their continued support with this major development.

11. Staff Update

I would like to offer my sincere thanks to Fiona Wise for her advice and support during her time as our Improvement Director. Fiona will continue with us as Maternity Strategic Adviser, specifically to support the Trust in respect of the Independent Investigation into East Kent Maternity Services (IIEKMS).

At the same time, I would like to extend a warm welcome to Dr April Brown, who has taken on the role of Improvement Director. April has had a varied career in the NHS of over 30 years in nursing practice including in the Department of Health, the National Patient Safety Agency and healthcare regulation.

12. Donation of a Painting

A former police officer turned wildlife artist who had a brush with death has donated a painting to the team who saved his life. Robbie Graham, from Hythe, was rushed to the WHH after suffering a heart attack and needed emergency surgery to clear a blockage in his artery. He was so impressed by the treatment and his experience that he commissioned a wipe-clean, acrylic print of one of his paintings, which is now on display in the cardiac catheter suite at the hospital where he was treated and which I was delighted to see unveiled on 13 October. Robbie said: “It as gold-standard treatment from start to finish, and thanks to the fantastic team here I have been given a new chapter in my life.”

13. National Updates

Latest national updates are as follows:

Evolving regulation and oversight in a systems world (nhsproviders.org)

Growing maintenance backlog across NHS confirms need for capital funding in upcoming spending review - NHS Providers

East Kent Hospitals University NHS Foundation Trust

Trust leaders' concerns over unequal impact of the pandemic - NHS Providers

Trust leaders concerned about flu as we head into winter - NHS Providers

Workforce shortages are in need of a long-term sustainable fix - NHS Providers

https://www.gov.uk/government/publications/safety-of-maternity-services-in-england-government-response/the-governments-response-to-the-health-and-social-care-committee-report-safety-of-maternity-services-in-england

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	None
LINKS TO STRATEGIC OBJECTIVES:	**We care about...** • **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.

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**28 OCTOBER 2021**
REPORT TITLE:	**INTEGRATED PERFORMANCE REVIEW (IPR)**
BOARD SPONSOR:	**DIRECTOR OF FINANCE AND PERFORMANCE**
PAPER AUTHOR:	**DIRECTOR OF FINANCE AND PERFORMANCE**
PURPOSE:	**DISCUSSION**
APPENDICES:	**APPENDIX 1: SEPTEMBER 2021 IPR**

BACKGROUND AND EXECUTIVE SUMMARY

The Trust has been engaged with a new quality improvement programme called “We Care”.

The premise is that the Trust will focus on fewer metrics but in return will expect to see a greater improvement (inch wide, mile deep).

The attached IPR is now ordered into the following:

True Norths- These are the Trust wide key strategic objectives which it aims to have significant improvements on over the next 5 years, as these are challenging targets over a number of years it may be that the targets are not met immediately and it is important to look at longer term trajectories. The areas are:

- our **quality and safety.** The two metrics the Trust has chosen to measure against is total harm and mortality rate.
- our **patients.** The four metrics being measured are the Cancer 62-day target, the Accident & Emergency (A&E) 4-hour performance target, the Referral to Treatment (RTT) 18-week target and the Friends and Family recommended percentage.
- our **people.** The two metrics chosen are staff turnover and staff engagement.
- our **sustainability.** The two metrics chosen to improve are the Trust’s financial position and carbon footprint.
- our **future.** The two metrics chosen are the medically fit for discharge percentage and virtual outpatients usage.

Breakthrough objectives- These are objectives that we are driving over the next year and are looking for rapid improvement. The key areas are:

- **Reducing falls**. The target is to have no more than 100 falls per month, this month there was 143.
- **Reducing deaths from sepsis**. The latest reportable figure of June 2021 shows an improvement in the sepsis/respiratory Hospital Standardised Mortality Ratio (HSMR) figures of 112.6 this is below our target of 117.
- **Reducing healthcare acquired infections.** Total healthcare acquired infections are at 20 for the month which is 12 less than last month.
- **Reducing patient time in Emergency Department (ED) once there has been a decision to admit.** Total aggregated delays of 647 hours in our ED remains a significant focus and is higher than our 95-hour target.
- **Improving theatre capacity.** The lost theatre opportunities in month was 67 which is worse than the 45 target.

Watch Metrics- these are metrics we are keeping an eye on to ensure they don't deteriorate.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	Risk 1. The scorecard does not capture an accurate view of Performance for the Board. Mitigation 1. We've spent a long time agreeing with the subcommittees the level of detail contained within the scorecard, undertaken the catchball session with the Board and this discussion constitutes the next level of engagement to ensure when we go live the scorecard does accurately reflect performance. Risk 2. Perception/reputational risk with any of the information contained within the scorecard. e.g. publishing hospital acquired inf that have not been previously published. Mitigation 2. As the scorecard goes live a series of contextual reports will come to the Board to explain these areas.
LINKS TO STRATEGIC OBJECTIVES:	**We care** about... • **Our patients;** • **Our people;** • **Our future;** • **Our sustainability;** • **Our quality and safety.**
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	CRR47: Infection Prevention Control (IPC). CRR68: Constitutional Standards. CRR77: Maternity Services. CRR84: Deteriorating Patient. CRR87: Hospital. BAF30: Benefits of We Care. BAF29: Positive Culture.
RESOURCE IMPLICATIONS:	None
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	None
SUBSIDIARY IMPLICATIONS:	Working through with the subsidiaries their involvement and impact on We Care.

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

RECOMMENDATIONS AND ACTION REQUIRED: The Board of Directors is asked to **CONSIDER, DISCUSS** and **NOTE** the True North and Breakthrough Objectives of the Trust.

NHS
East Kent
Hospitals University
NHS Foundation Trust

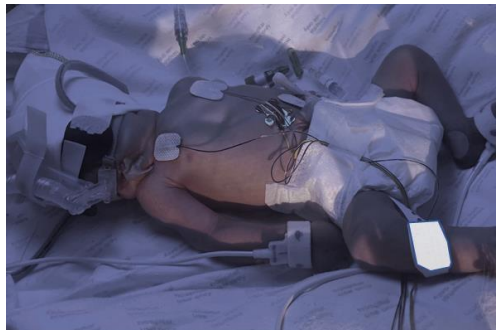
Integrated Performance Report

September 2021







We care

Our vision, mission and values

We care' is how we're working to give great care to every patient, every day. It's about being clear about what we want to focus on and why and supporting staff to make real improvements, by training and coaching everyone to use one standard method to make positive changes.

We know that frontline staff are best placed to know what needs to change. We've seen real success through initiatives like 'Listening into Action', 'We said, we did', and 'I can'.

'We care' is a bigger version of this – it's the new philosophy and new way of working for East Kent Hospitals. It's about empowering frontline staff to lead improvements day-to-day.

It's a key part of our improvement journey – it's how we're going to achieve our vision of great healthcare from great people for every patient, every time.

For 'We care' to be effective, we need to be clear about what we are going to focus on – too many projects will dilute our efforts.

For the next five years, our focus centres on five "True North" themes. These are the Trust-wide key strategic objectives which it aims to significantly improve over the next 5 years:

- our **patients**
- our **people**
- our **future**
- our **sustainability**
- our **quality and safety**

True North metrics, once achieved, indicate a high performing organisation.

What is the Integrated Performance Report (IPR)?

To turn these strategic themes into real improvements, we're focusing on five key objectives that contribute to these themes for the next year. These are the "breakthrough" objectives that we are driving over the next year and are looking for rapid improvement.

- Reducing falls
- Reducing healthcare acquired infections
- Reducing deaths from sepsis/respiratory failure
- Improving theatre capacity
- Reducing patient time in ED once there has been a decision to admit.

We have chosen these five objectives using data to see where focusing our efforts will make the biggest improvement. We'll use data to measure how much we're making a difference.

Frontline teams will lead improvements supported by our Improvement Office, which will provide the training and tools they need. Our Executive Directors will set the priorities and coach leaders in how to support change. Our corporate teams will work with frontline teams to tackle organisation-wide improvements.

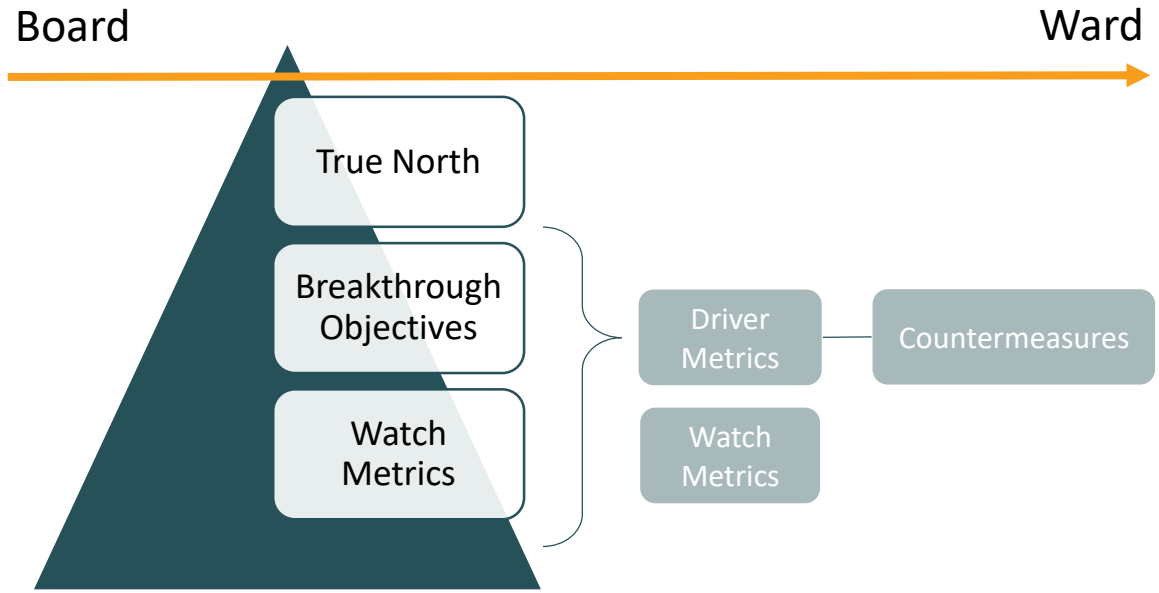
We recognise that this change in the way we work together means changing our behaviour and the way we do things. We will develop all leaders – from executive directors to ward managers - to be coaches, not 'fixers'. We will live our Trust values in the way we work together, and involve patients in our improvement journey.

Integrated Performance Report

IPR

Performance Review Meetings

PRM



The IPR forms the summary view of Organisational Performance against these five overarching themes and the five objectives we have chosen to focus on in 2020/21. It is a blended approach of business rules and statistical tests to ensure key indicators known as driver and watch metrics, continue to be appropriately monitored.

What is statistical process control (SPC)?

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in doing so, guides us to take the most appropriate action.

The 'We Care' methodology incorporates the use of SPC Charts alongside the use of Business Rules to identify common cause and special cause variations and uses **NHS Improvement** SPC icons to provide an aggregated view of how each KPI is performing with statistical rigor.

The main aims of using statistical process control charts is to understand what is different and what is normal, to be able to determine where work needs to be concentrated to make a change. The charts also allow us to monitor whether metrics are improving.

Key Facts about an SPC Chart

A minimum of 15-20 data points are needed for a statistical process control chart to have meaningful insight. 99% of all data will fall between the lower and upper confidence levels.

If data point falls outside these levels, an investigation would be triggered.

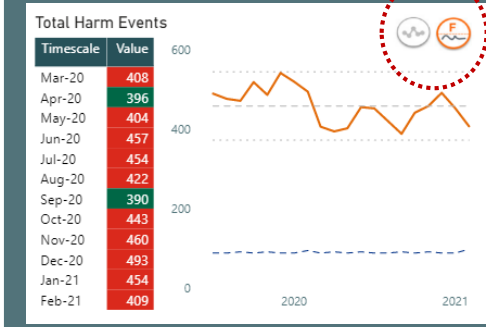
It contains two types of trend variation: Special Cause (**Concerns** or **Improvement**) and **Common Cause** (i.e. no significant change.

NHS Improvement SPC icons

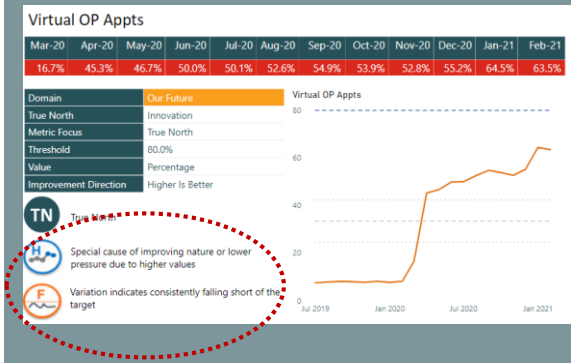
Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Where to find them

True North



Breakthrough Objectives



What are the Business Rules?

Breakthrough objectives will drive us to achieve our "True North" (strategic) goals, and are our focus for this year.
These metrics have a challenging improvement target and the scorecard will show as red until the final goal is achieved when it then turns green. Once achieved a further more stretching target may be set to drive further improvement, turning the metric back to red, or a different metric is chosen.

Metrics that are not included in the above are placed on a watch list, where a threshold is set by the organisation and monitored. More of these metrics should appear green and remain so. Watch Metrics are metrics we are keeping an eye on to ensure they don't deteriorate.

Business rules work in conjunction with SPC alerts to provide a prompt to take a specific action.

This approach allows the organisation to take a measured response to natural variation and aims to avoid investigation into every metric every month, supporting the inch wide mile deep philosophy.

The IPR will provide a summary view across all True North metrics, detailed performance, actions and risks for Breakthrough Objectives (driver) and a summary explanation for any alerting watch metrics using the business rules as shown here as a trigger.

#	Rule	Suggested rule
1	**Driver** is **green** for reporting period	Share success and move on
2	**Driver** is **green** for six reporting periods	Discussion: 1. Switch to watch metric 2. Increase target
3	**Driver** is **red** for 1 reporting periods (e.g. 1 month)	Share top contributing reason, and the amount this contributor impacts the metric
4	**Driver** is **red** for 2 reporting periods	Produce Countermeasure summary
5	**Watch** is **red** for 4 months	Discussion: 1. Switch to driver metric (replace driver metric into watch metric) 2. Reduce threshold
6	**Watch** is out of control limit for 1 month	Share top contributing reason (e.g. special / significant event)

Executive Summary

NHS
East Kent
Hospitals University
NHS Foundation Trust

Our Quality & Safety

Rebecca Martin

Sarah Shingler

Neil Wigglesworth

Mortality (HSMR)
Mortality metrics are complex but monitored and reported nationally as one of many quality indicators of hospital performance. While they should not be taken in isolation they can be a signal that attention is needed for some areas of care and this can be used to focus improvement in patient pathways.

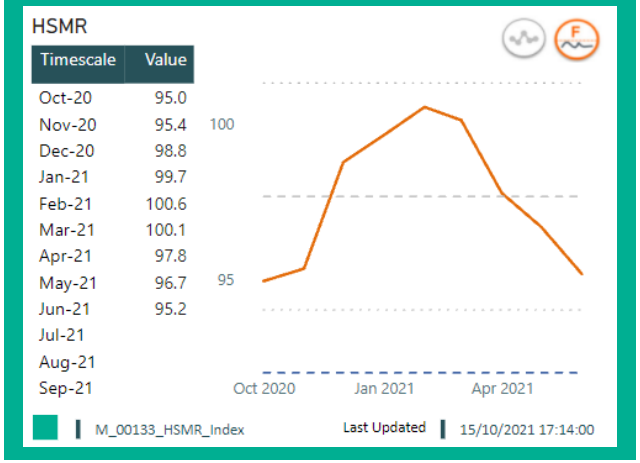
Our aim is to reduce mortality and be in the top 10% of all Trusts for the lowest mortality rates in 5 to 10 years.

Incidents Potentially Contributing to Harm
The True North target is to achieve zero avoidable harm within 5-10 years. Our calculation includes incidents with harm or those that have the potential to lead to harm and aggregates the following;

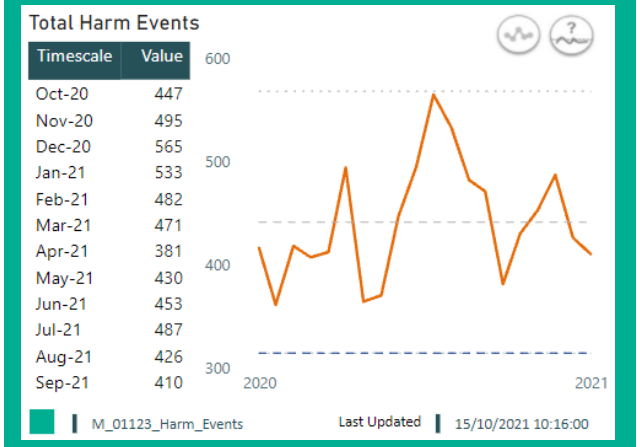
- Falls
- Pressure Ulcers
- C Difficile (in-hospital)
- E.Coli (in-hospital)
- Covid Infections (in-hospital)
- Nutrition Incidents
- Medication Errors

The effects of patient safety incidents go beyond the impact of the physical injury itself. Patients and their families can feel let down by those they trusted, and the incident may also lead to further unnecessary pain and additional therapy, or operative procedures and additional time in hospital or under community care.

Hospital Standardised Mortality Ratio (HSMR)
To reduce our Hospital Standardised Mortality Ratio and be in the top 10% of all Trusts.



Incidents Potentially Contributing to Harm
To achieve and sustain zero avoidable harm.



2020/21 Breakthrough Objectives

East Kent Hospitals University NHS Foundation Trust

Composite HSMR: Sepsis/Resp

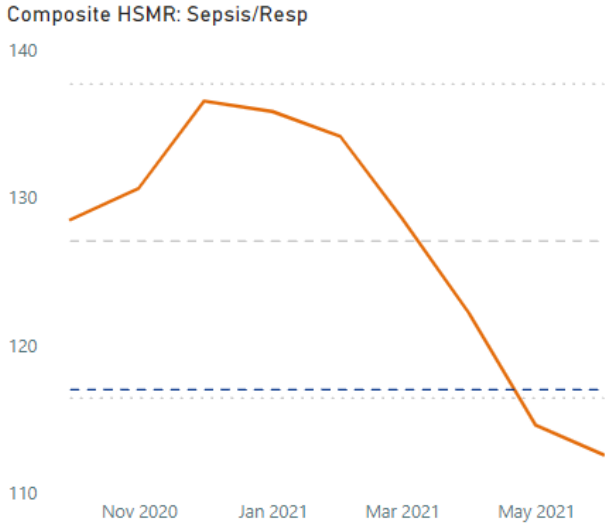
Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
128.5	130.6	136.6	135.8	134.2	128.6	122.1	114.6	112.6			

Domain	Our Quality & Safety
True North	Mortality
Metric Focus	Driver
Threshold	117.0
Value	Number
Improvement Direction	Lower is Better

D1 Driver is green for

Special cause of improving nature or lower pressure due to lower values

Variation indicates inconsistently passing and falling short of the target



Understand the data

The Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality comparing a Trust's actual number of deaths to its expected/predicted number of deaths. This Composite HSMR metric is a subset of HSMR and only accounts for two of the 56 diagnosis groups: "Septicemia (except in labour)" and "Respiratory failure, insufficiency, arrest (adult)".

If a Trust has an HSMR of 100, this means that the number of patients who died is exactly as would be expected. Values above 100, suggest a higher than expected mortality and those below as within an acceptable range. HSMR is an important indicator that acts as a smoke signal for potential problems with the quality of care. The figures represent a 12-month rolling position.

We are driving this measure because....

Sepsis and respiratory failure have consistently triggered as primary diagnostic categories making the greatest contribution to the Trust's HSMR over the last few years.

We believe that understanding and acting on the drivers behind this performance will help us provide a safer service for our patients.

... | M_00133_Deteriorating_Patient

Last Updated | 15/10/2021 17:14:00

Performance

The Trust has now received data from Dr Foster which has brought the data up-to-date with an in-built 3 month lag. Data demonstrates that this metric is now at 112.6 below the threshold of 117.

Key areas for focus to achieve the overall goal

- Recognition, escalation and response to patients deteriorating from sepsis and respiratory failure by clinical teams
- Treatment escalation plans (as a proxy of sound clinical decision-making)
- Addressing excess mortality in patients with hip fractures
- Embedding learning from harm incidents

Achievements over the last 30 days

- Focused work with 2 frontline teams have achieved improvements in early stages of Plan-Do-Study-Act
- Clinical governance recommendations made to streamline Deteriorating Patient panel and Resuscitation Committee with the Breakthrough objective driver meeting; implementation strategy ready to proceed
- Mortality in hip fracture A3 completed with multi-disciplinary support

Ambition for the next 30 days

- Confirm the metrics to be included in data packs for frontline teams that will represent clinical representation of this breakthrough objective
- Implement the clinical governance changes to align expert groups with breakthrough objective

Risks

There are no identified risks to delivery of this breakthrough objective at this point.

Risks are identified and managed through weekly driver meetings and where needed escalated at We Care Executive Management meetings.

2020/21 Breakthrough Objectives

East Kent Hospitals University NHS Foundation Trust

Falls

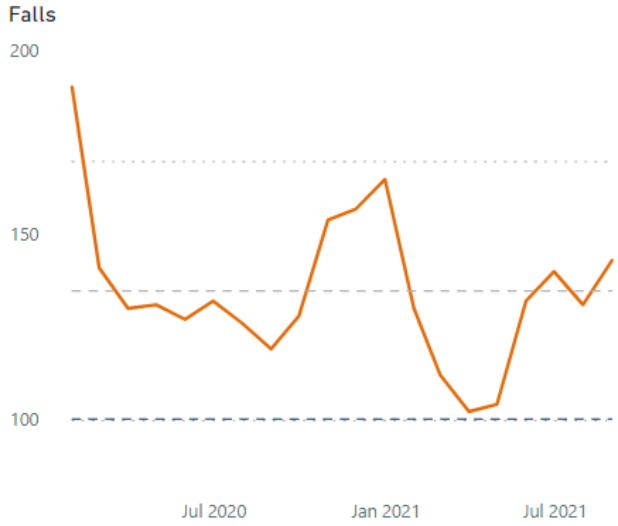
Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
128	154	157	165	130	112	102	104	132	140	131	143

Domain	Our Quality & Safety
True North	Harm Events
Metric Focus	Driver
Threshold	100
Value	Number
Improvement Direction	Lower is Better

D2 Driver is red for 2

Common cause (no significant change)

Variation indicates inconsistently passing and falling short of the target



Understand the data

Total number of recorded falls. Assisted falls and rolls are excluded.
Data source - Datix

We are driving this measure because...

The Quality & Safety True North target is to achieve zero avoidable harm within 5-10 years. Our analysis shows that currently falls are the greatest contributor (40%) to harm events. Currently 45% of falls are reported as not resulting in harm and 54% of falls are reported as resulting in low harm. The assessment of falls is not currently standardised across the Trust.

Any fall can leave patients and their families feeling let down by those they trusted, with the potential need for further therapy, pain, operative procedures or additional time under community care or in hospital. All can impact long term outcome.

Last Updated | 14/10/2021 08:04:00

... | M_00320_Falls

Performance

Current Performance: 143 falls recorded in September 2021. The majority of the current wards involved in We Care Falls, show a sustained improvement. Kings C2 has now moved falls to a watch metric having sustainably reduced falls according to the We Care business rules. An additional 6 areas have been identified from data as the current highest contributors to falls. These have been invited to join the driver group and are undertaking training.

Key areas of focus for this breakthrough objective are:

- Improving ward level visibility/focus on falls reduction/ level of harm.
- Standardising the trusts approach to reporting of falls on Datix.

Key achievements include:

- development of A3s at ward level with targeted understanding of root causes and focused actions.
- Sharing of learning/improvements through A3 presentations at driver meetings.
- development of a falls dashboard with accessible ward level data, co-designed and challenged at driver meetings.
- development of an MDT approach to reviewing falls through utilisation of a falls decision tool and a multi-professional falls/pressure ulcers panel to support the SI process.
- progression towards a self directed driver meeting with SRO co-chairing with surgical/medical matrons.
- Several PDSA projects underway e.g. Yellow blanket trial; Falls ward boxes; Standardised High risk of falls Medication lists.

Risks

Risk of failure to make further improvements and reach threshold target without commitment and involvement of additional wards in the We Care Falls project.
Risk of lack of capacity for some wards to undertake We Care Falls work due to on-going commitment to other We Care projects. Mitigation is through escalation at We Care EMT discussions.

2020/21 Breakthrough Objectives

NHS
East Kent
Hospitals University
NHS Foundation Trust

IPC: Total Infections

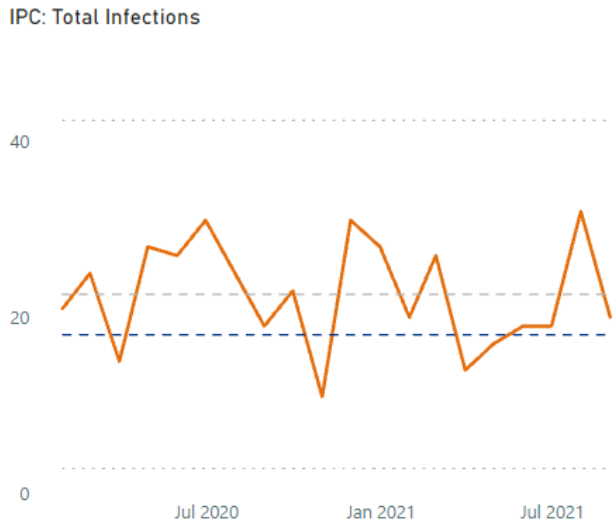
Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
23	11	31	28	20	27	14	17	19	19	32	20

Domain	Our Quality & Safety
True North	Harm Events
Metric Focus	Driver
Threshold	18
Value	Number
Improvement Direction	Lower is Better

D2 Driver is red for 2

Common cause (no significant change)

Variation indicates inconsistently passing and falling short of the target



Understand the data

"Healthcare associated infection" (HCAI) also known "nosocomial" or "hospital" infection is an infection occurring in a patient during the process of care in a hospital or other health care facility which was not present of incubating at the time of admission. This aggregate measure will be updated to include a count of the number of MSSA*, MRSA, C diff, MRSA, E coli*, Klebsiella species* (spp.) and Pseudomonas aeruginosa* cases.

*bloodstream infections only

We are driving this measure because....

Infection prevention control has been a focus of the organisation throughout 2020 and great strides have been made to improve performance across all sites.

It is important to continue the good work set in place during the global pandemic and apply learning to reduce all in hospital infections.

Performance

Current Performance for total in-hospital infections is 20 in September, an improvement compared with August and closer to the performance in previous months. Performance has shown common cause variation over the last three months.

In the last month:

- Driver meetings have continued and engagement with some existing front line teams has improved but limited A3 based work.
- St Margaret's Ward (QEQM) have demonstrated significant improvement across the range of IPC Audit measures
- The new teams at the William Harvey Hospital are being onboarded
- Cheerful Sparrows Male has dropped out of the roll out as it was converted to an ICU for Covid.
- The DIPC has responded to challenge from the Executive Management Team to re-evaluate the Breakthrough Objective and has brought forward recommendations for change – these have been agreed in principle (see below).

Next month

- Development of a proposal to refine the Breakthrough Objective or create a Trust Priority Improvement Project (TPIP) to replace it.

Risks

The Pareto analysis suggests that the infections that contribute to the metric are distributed, rather than concentrated. This creates a risk that the (worthwhile and important) activities of the front line teams may have a limited impact on the overall metric unless there are considerably more front line teams engaged.

M_01142_IPC_Infections_Combined | Last Updated | 14/10/2021 09:15:00

Executive Summary

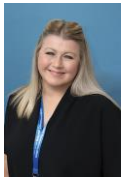
East Kent Hospitals University NHS Foundation Trust

Our Patients

Rebecca Carlton

Trust Access Standards (Cancer, RTT & ED)
It is poor patient experience to wait longer than necessary for treatment and failure against these key performance standards is a clinical, financial and regulatory risk for the Trust.

The Trust has struggled to achieve consistently the national access standards for ED, RTT and Cancer, for a number of years. It is therefore important that these form a key part of our True North strategy for the coming years.

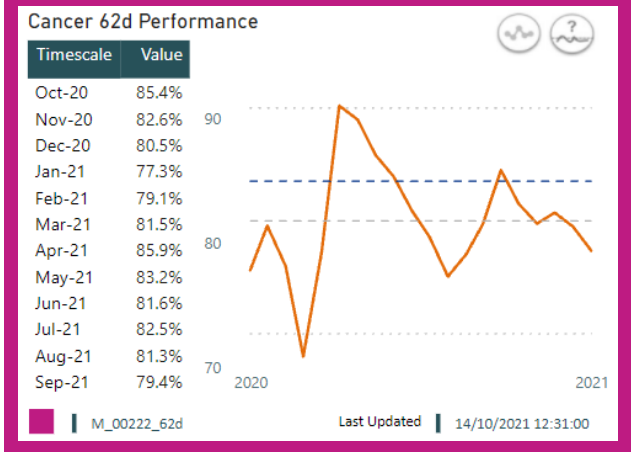


Sarah Shingler

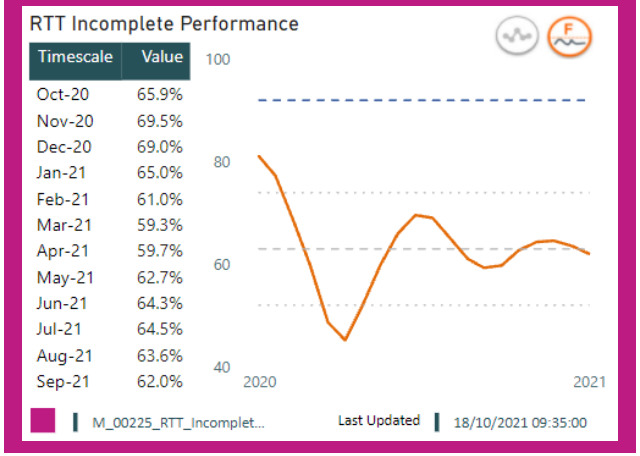
Patient Experience (FFT)
The Family and Friends Test is a national measure which confirms how likely patients are to recommend the Trust as a place for treatment. This data collection incorporates a scale for quantitative analysis and an area for free text comments and is gathered on a monthly basis.

The FFT is mandated across all acute providers and therefore provides an opportunity to benchmark across the country. It is important to consider the proportion of patients completing the test and the overall recommended score together, we have therefore added completion rates as watch metrics to our overall scorecard.

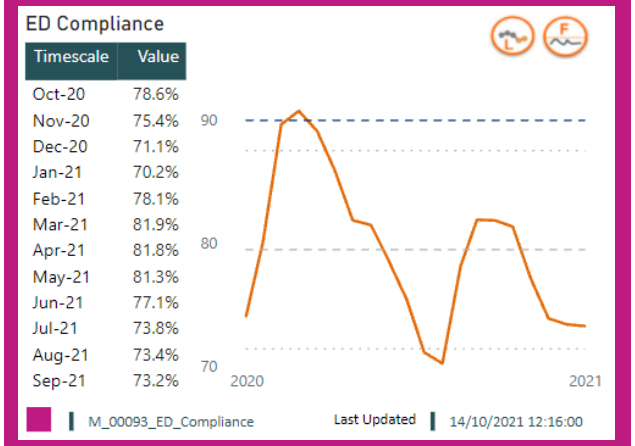
Cancer 62 Day
To achieve and sustain 85% performance for patients on a Cancer pathway.



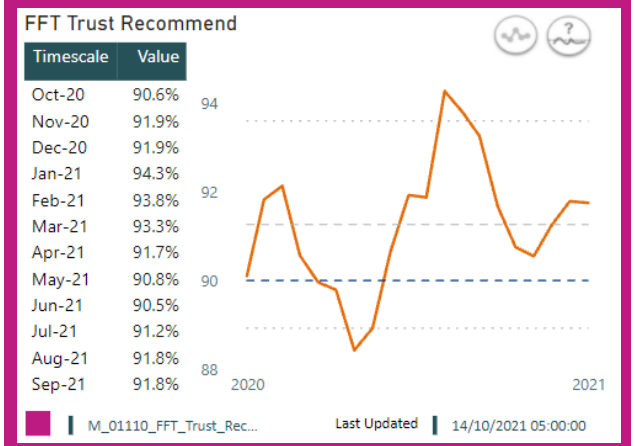
RTT: 18 Week Compliance
To achieve and sustain 92% of all patients waiting less than 18 weeks for first definitive treatment.



ED 4 Hour Compliance
To achieve and sustain 95% of all patients attending ED receiving treatment or admission with 4 hours.



Patient Experience (Friends & Family Test)
To achieve consistent recommendation rates in excess of 90% from patient friends and family.



2020/21 Breakthrough Objectives

NHS
East Kent
Hospitals University
NHS Foundation Trust

ED - Aggregated Patient Delay

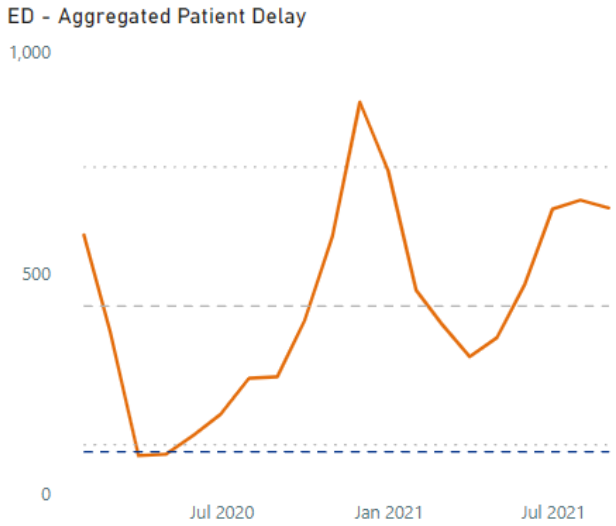
Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
392	584	886	732	460	385	311	353	475	644	664	647

Domain	Our Patients
True North	ED Compliance
Metric Focus	Driver
Threshold	95
Value	Number
Improvement Direction	Lower is Better

D2 Driver is red for 2

Special cause of concerning nature or higher pressure due to higher values

Variation indicates consistently falling short of the target



Understand the data

A&E performance is directly dependent on the number and flexibility of available admitted beds, the aggregated patient delay measure counts the amount of time patients who breached the 4 hour standard spent in A&E awaiting admission to an Acute Medical Unit, Medical or Surgical Bed.

We are driving this measure because....

Long waits across our Emergency Departments have been a challenge to the organisation for several years, thought to be driven by a lack of access to inpatient beds. Recent improvements in bed availability have shown improvements in compliance. Consolidating and building on these improvements and improving timely care within ED will continue to improve patient care and the compliance against this metric.

We are making this an area of clinical and operational focus to drive down the wait times, improve flow and the standard of care for our patients.

... | M_00888_Agg_Delay

Last Updated | 14/10/2021 11:24:00

Performance

Performance for September is an aggregated delay of 647 hours. Performance has improved against this metric..

- Emergency demand remained with WHH showing a 3.6% increase in attendances compared to August.
- Simple discharges dipped slightly in September by 4% at WHH and 6% at QEQM. QEQM improved on the good performance last month in terms of discharges before 10am but WHH deteriorated dropping back below their mean performance.
- Complex discharges have reduced by 9% overall with the biggest reduction seen at WHH (-11%). QEQM reduced slightly (3%) on the previous months performance. A continued lack of PW1 capacity is the key issue.
- The numbers of stranded and super-stranded patients have come down slightly in month to 373 and 129 respectively.

Key areas of focus for this breakthrough objective are continued within the Emergency Patient Flow A3. Particular focus in relation to the present situation:

- Focus on streaming patients to UTC and SDEC pathways to decompress ED.
- Protecting assessment space to ensure flow for non admitted patients.
- Improvements in time of day for discharges both simple and complex, including increasing the number of discharges before midday and increased use of the discharge lounge.
- Working with system partners and commissioners to reduce delay for patients ready to leave hospital through accessing current unused capacity and commissioning of pathway 1 or additional spot purchase bed resources.

Risks

- Pathway 1 access for patients leaving hospital
- Staffing challenges in ED and in ward areas
- Continued issues with access to post-acute care capacity fails to meet demand.

2020/21 Breakthrough Objectives

NHS
East Kent
Hospitals University
NHS Foundation Trust

Theatre Session Opp.

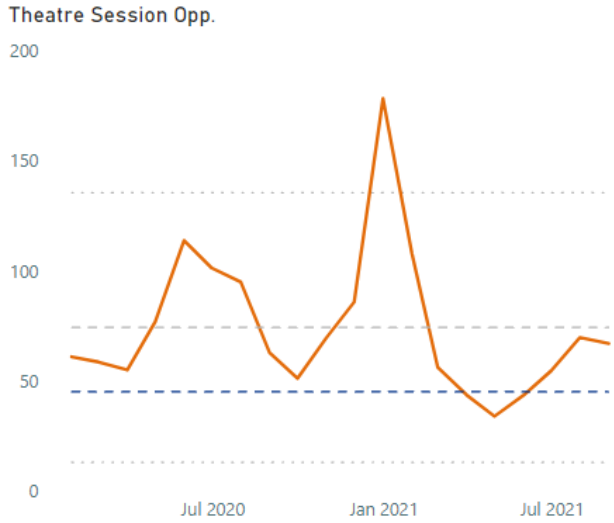
Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
51	69	86	178	108	56	44	34	43	55	70	67

Domain	Our Patients
True North	RTT - 18 Weeks
Metric Focus	Driver
Threshold	45
Value	Number
Improvement Direction	Lower is Better

D2 Driver is red for 2

Special cause of improving nature or lower pressure due to lower values

Variation indicates inconsistently passing and falling short of the target



Understand the data

Total excess minutes (represented as 4 hr theatre lists) associated with specified non operative events during scheduled theatre time.

Non Operative Events (Cancelled Sessions, Turn Around Times Exceeding 10 Minutes, On The Day Cancellations, Early Finishes Exceeding 45 Minutes, Late Starts Exceeding 15 Minutes)

Exclusions (Emergency Lists, Non Bookable Lists (e.g. Trauma), Sessions Cancelled Due to Audit / Bank Holiday, Sessions Cancelled in Specialised Theatres (e.g. Ophthalmic Suite / Buckland), Sessions where Total available Opportunity <60 Minutes

We are driving this measure because....

Efficient use of our theatre complex is key to maximising the throughput of routine elective care.

Emerging from the second wave of COVID-19 it is imperative that deferred elective surgery is prioritised alongside Cancer and urgent operative needs to minimise any harm to our patients and reduce our overall waiting times for elective surgery.

Ensuring that the theatre capacity we have available is utilised in the most efficient manner will allow for subsequent decisions regarding any residual capacity deficits and new ways of working.

... | M_00146_Theatres_Utilisation

Last Updated | 18/10/2021 09:20:00

Performance

Current Performance shows the equivalent of 67 sessions unused i.e. opportunity for September 2021. We had been displaying an improving performance but this deteriorated in July. However we have seen a small improvement in September and work to improving this moving forward. This months data has shown that the greatest opportunity is from cancelled sessions, as per August and this is reflective of the sessions that have had to be cancelled due to staffing vacancies and sickness. However we have seen significant improvements in cancellations on the day across all 3 sites. Specific work around General Surgery and Orthopaedic pre op preparation continues to improve this further.

Work in progress for the next 3 months include:

- Increasing booked theatre utilisation to 92%
- Clear booking rules to support the delivery of a reduction in patients waiting over 52 weeks
- A3 – booking . This work is to include the booking rules of chronological booking.

This is alongside the following :

- support ongoing recruitment into vacancies and manage current high levels of sickness.
- Finalise the bed modelling – specifically the green bed base on the acute sites.
- Minimise any cancelled operations on the day
- Daily oversight of elective ITU demand
- Daily review of theatre staff and gaps – this includes senior oversight and decision making when lists have to be cancelled.

Risks

Ongoing non elective pressures resulting in lost bed capacity and leading to cancelled sessions.
Theatre staff recruitment has been challenging previously and remains a significant risk within the organisation. There is a national shortage/ increased demand for theatre staff to support elective recovery. This includes anaesthetic cover along with theatre personnel.

Executive Summary

East Kent Hospitals University NHS Foundation Trust

Our People

Andrea Ashman

Staff Turnover (rate)
The annual turnover rate provides us with a high-level overview of Trust health.

Workforce retention is a top priority across the NHS. High turnover rates are typically associated with increased recruitment and training costs, low morale and reduced performance levels.

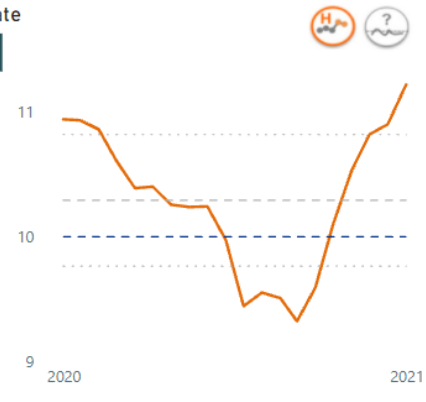
Staff Engagement (score)
Staff satisfaction levels are amongst the bottom 20% across the country, which can lead to difficulty in recruitment and retention.

The annual national staff survey is used to give an indication of staff engagement. We will be monitoring this at quarterly intervals throughout the year via the staff friends and family test.

Staff Turnover
To achieve and maintain a 10% staff turnover rate.

Staff Turnover Rate

Timescale	Value
Oct-20	10.2%
Nov-20	10.0%
Dec-20	9.4%
Jan-21	9.6%
Feb-21	9.5%
Mar-21	9.3%
Apr-21	9.6%
May-21	10.1%
Jun-21	10.5%
Jul-21	10.8%
Aug-21	10.9%
Sep-21	11.2%

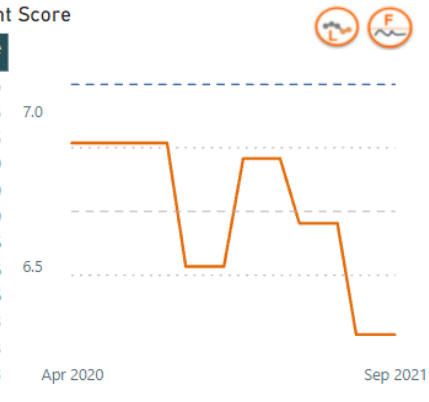


M_00240_Staff_Turnover... Last Updated 14/10/2021 09:51:00

Staff Engagement
To improve our staff engagement score as demonstrated in the annual staff survey.

Staff Engagement Score

Timescale	Value
Oct-20	6.5
Nov-20	6.5
Dec-20	6.5
Jan-21	6.9
Feb-21	6.9
Mar-21	6.9
Apr-21	6.6
May-21	6.6
Jun-21	6.6
Jul-21	6.3
Aug-21	6.3
Sep-21	6.3



M_01146_Staff_Engagem... Last Updated 18/10/2021 10:22:00

Executive Summary

East Kent Hospitals University NHS Foundation Trust

Our Sustainability

Phil Cave

Financial Position (I&E Margin)
Whilst there has been a significant financial deficit over the last 3 years at the Trust, in the current year a breakeven position was delivered. This metric will measure us against our long term aim to maintain a breakeven position.

The impact of Covid-19 has paused the NHS business planning process nationally and has limited the ability of the Trust to hit its cost efficiency targets.

Liz Shutler

Carbon Footprint (CO2e)
Being environmentally sustainable is a key element of our Trust; True North.

Implementing environmentally sustainable principles and reducing our greenhouse gas emissions, adds value to our patients and reflects the ethics of our staff.

The Trust's carbon emissions are made up of:

- Direct emissions: natural gas
- Indirect and direct emissions: from for example electricity consumption, waste, water and steam usage
- Waste

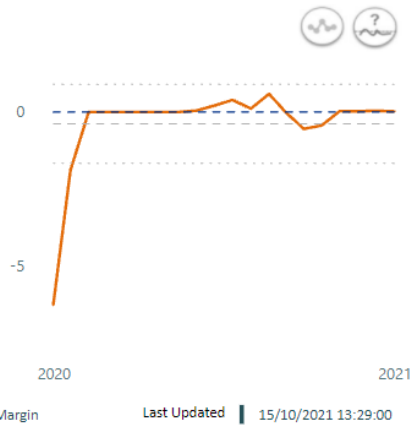
It is these areas we will be focussing on improving over the coming five to ten years.

Financial Position

To achieve and sustain a break even financial position.

I&E Margin (£M)

Timescale	Value
Oct-20	0.046
Nov-20	0.213
Dec-20	0.392
Jan-21	0.109
Feb-21	0.588
Mar-21	-0.007
Apr-21	-0.548
May-21	-0.438
Jun-21	0.030
Jul-21	0.024
Aug-21	0.042
Sep-21	0.021



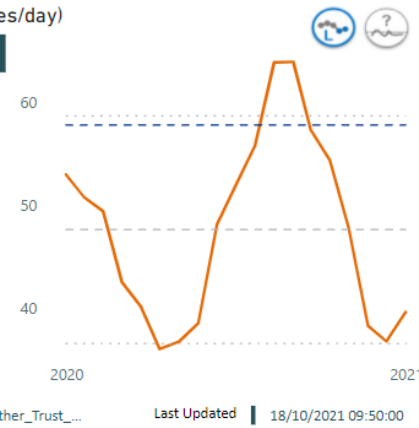
M_00148_I&E_Margin | Last Updated | 15/10/2021 13:29:00

Carbon Footprint

To achieve an organisational carbon neutral footprint.

CO2e Total (tonnes/day)

Timescale	Value
Oct-20	48.12
Nov-20	52.02
Dec-20	55.75
Jan-21	63.90
Feb-21	63.95
Mar-21	57.34
Apr-21	54.35
May-21	47.80
Jun-21	38.27
Jul-21	36.74
Aug-21	39.60
Sep-21	



M_01145_2gether_Trust_... | Last Updated | 18/10/2021 09:50:00

NHS
East Kent
Hospitals University
NHS Foundation Trust

Our Future

Liz Shutler

Medically Fit for Discharge
Across the Trust, patients are deemed as 'ready' and 'medically fit for discharge' but continue to remain under our acute care.

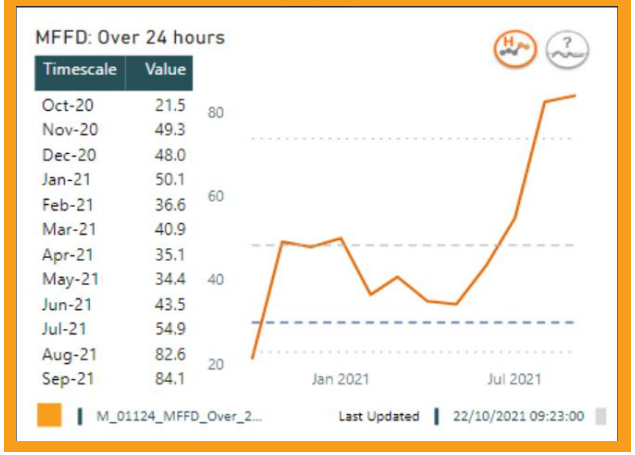
Unnecessary bed stays can negatively affect patient experience. In addition prolonged stays in hospital (especially for those who are frail or elderly) can lead to an increased risk of falling, sleep deprivation, catching infections and sometimes mental and physical deconditioning.

By working with our partners in the wider heath & social care community to ensure patients return to their usual place of residence, or other care setting, as soon as it is safe to do so patient flow will improve thought the system. This metric was chosen as it represents the system working in an integrated way. As the system matures this metric my change to 'criteria to reside'.

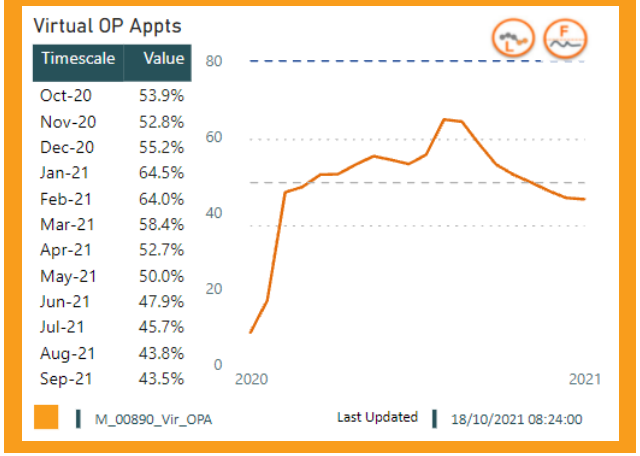
Innovation (Virtual OP Apps)
The current process for achieving innovation at the Trust is cumbersome and untimely. A cultural shift needs to take place using IT as a key enabler to drive the process.

Outpatients are working towards the targets set by our commissioners of at least 25% of all patient appointments and 60% of all follow ups to be conducted virtually, where clinically appropriate, and to that end we have developed an enhanced engagement plan to encourage the shift from face to face to virtual mediums such as phone and telemedicine.

Medically Fit for Discharge
To ensure patients are cared for in the appropriate setting in a timely manner.



Innovation
To increase the use of technology and innovation in the delivery of high quality care for the EK population.



Alerting Watch Metrics: Our Quality & Safety

East Kent Hospitals University NHS Foundation Trust

True North Domain	Type	BO	KPI	Thres.	Jun-21	Jul-21	Aug-21	Sep-21
Harm Events			VTE Assessment Compliance	90.0%	91.3%	90.4%	89.2%	89.0%
			Safeguarding Incidents	20	21	17	13	41
	W4		Serious Incidents	18	27	40	28	28

Performance

VTE Assessment Compliance
Compliance with VTE Assessments has deteriorated slightly in September and is now breaching the lower confidence limit. Some anomalies have been identified in the data which are being validated. A Trust Priority Improvement Project (TPIP) is in development to deliver rapid improvement in this area.

Safeguarding Incidents
There has been an increase in safeguarding incidents reported in 2021. The incidents have all been individually reviewed and the main themes are poor discharge, falls, pressure sores and interaction with staff. All incidents have been appropriately reported and where indicated SIs completed. The safeguarding team have been linking in with the relevant 'we care' streams to develop and support action plans for improvement.

Serious Incidents
Serious incidents remain above threshold due to several factors. The SJR process has fully embedded to ensure cases identified for secondary review are processing through and this has resulted in declared incidents. It is probable that several other historical cases will impact SI numbers over the next few months while the backlog is addressed. The main factor for increased SIs is the impact of increased workload and decreased staffing, with contributory themes being documentation issues, escalation issues and some specific cases in maternity.

Alerting Watch Metrics: Our Patients

True North Domain	Type	BO	KPI	Thres.	Jun-21	Jul-21	Aug-21	Sep-21
Cancer 62d	W4		Cancer 28d Performance	75.0%	72.6%	72.3%	69.2%	68.8%
RTT - 18 Weeks	W4		RTT 52w Breaches	2,586	4,270	4,317	4,430	4,743
	W4		RTT 35w Undated	8,500	9,412	9,872	9,970	9,720
			RTT 1st OPA Booking Breaches	14,000	13,904	15,033	15,904	17,262
ED Compliance	W4		Clinical Assessment within 1hr	50.0%	35.2%	36.0%	33.8%	34.1%
	W4		Super Stranded >21D	75	98	105	139	130
			Discharges by Midday	15.0%	17.1%	16.7%	16.1%	15.2%
FFT	W4		FFT DC Response Rate	27.0%	26.5%	26.0%	25.3%	25.5%
	W4		FFT Maternity Response Rate	18.0%	4.8%	3.5%	4.8%	4.0%
	W4		Complaint Response	90.0%	71.7%	80.3%	72.5%	33.3%

Performance

Cancer

Performance is 66.8% which is a decrease on previous month. There has been a significant increase in 2ww referrals which is putting pressure on all tumour sites and performance. The CCH Care Group is driving this metric in order to improve the position. At this time the threshold will remain in line with the national requirement.

RTT 18 Weeks

The trajectory for 52w waits is being revised as part of the H2 planning process, once complete the trajectory will be revised.

The number of 35wk patients undated has reduced for a second consecutive month, whilst this remains above the threshold it is not considered at this time to warrant driver status.

The volume of 1st OPA booking breaches has breached the upper confidence interval this month. Causes of this are being investigated and thresholds reviewed.

ED Compliance

Clinical Assessment within 1hr is a metric which indicates an efficient flow through our Emergency Department, with senior decision making early in the pathway. This metric is being driven by the UEC Care Group in order to improve performance. Consideration will be given prior to the next IPR as to whether the threshold here should be amended.

FFT

It is likely that the drop in response rate is due to women receiving an increased number of requests for feedback. Overall the number of responses received has increased significantly since the new text message system was introduced. Reducing the frequency of FFT texts has been discussed however it has been decided to continue as at present as some rich data is being collected. The Maternity Voices Partnership (MVP) will be undertaking a review with women to find out how they are finding the new method of gathering FFT feedback.

Complaints

The complaints response has fallen significantly in month due to the impacts of workload and staffing. Staff have been required to provide frontline care or support ward management resulting in a delay to complaint responses being completed.

Alerting Watch Metrics: Our People, Our Future & Our Sustainability

East Kent Hospitals University NHS Foundation Trust

True North Domain	Type	BO	KPI	Thres.	Jun-21	Jul-21	Aug-21	Sep-21
Staff Turnover Rate	W4		Staff Turnover: Nursing	10.0%	12.0%	12.1%	11.9%	11.8%
Innovation	W4		Virtual OP Appts - Follow Up	60.0%	50.0%	48.6%	47.0%	46.4%

Performance

Staff Turnover

Total average turnover has risen for a fifth month in succession and is now above the True North target (10%) at 11.2% (September 21). This was anticipated post-pandemic following the exceptionally low turnover rates (5-8%) last summer which artificially suppressed the overall position.

Average Nursing turnover (11.8%) has reduced slightly for the second month in succession, with the actual in-month figure for September standing at 11.9%. This is almost 7% better than 6-months ago, with the overall figure beginning to plateau. Work is taking place against national and regional priorities to mitigate further rises. This includes focusing on; those considered a high 'flight-risk' (early & late career), international recruits, NHS People Promise areas (wellbeing, engagement & EDI) & around improving flexible working (which represents 20% of our leaver reasons).

Innovation

As the Trust moves through it's elective recovery phase, returning to more face to face appointments, the % of virtual appointments appears to be reducing. A clinical review is taking place to ensure the appropriateness of virtual appointments and understand where we can maximise the use of technology in this area to the benefit of our patients. Once complete the thresholds for this measure will be reviewed. It is however likely this clinical review will suggest a reduction in the threshold for virtual out patient appointments – follow up. It is therefore not suggested that at this time this 'watch' metric should move to a 'driver' metric.

Appendix 1
Non-Alerting Watch Metrics: Our Quality & Safety

NHS
East Kent Hospitals University NHS Foundation Trust

True North Domain	Type	BO	KPI	Thres.	Jun-21	Jul-21	Aug-21	Sep-21
Harm Events	W		52w Severe Harm Review	0	0	0	0	0
	W		Covid-19 HCAI	1	0	2	6	5
	W		Medication Errors; All	110	204	210	175	146
	W		Medication Errors; Severity C+	1	0	3	1	0
	W		Pressure Ulcers: Cat 2	32	29	33	29	30
	W		Pressure Ulcers: Cat 3 & 4	3	0	1	3	1
	W		Pressure Ulcers: DTI	10	6	7	11	7
	W		Pressure Ulcers: Unstageable	10	5	12	4	8
	W		IPC: Audits Composite	80.0%	88.0%	87.5%	85.4%	87.0%
	W		Clinical Incidents	2,500	1,868	1,807	1,668	1,708
	W		Never Events	0	0	0	0	0
	W		Maternity Serious Incidents	2	6	2	4	1
Mortality	W		Extended Perinatal Mortality	6.35	5.87	7.63	6.21	6.15

Appendix 1
Non-Alerting Watch Metrics: Our Patients

East Kent Hospitals University NHS Foundation Trust

True North Domain	Type	BO	KPI	Thres.	Jun-21	Jul-21	Aug-21	Sep-21
Cancer 62d	W		Cancer 2ww Performance	93.0%	97.8%	98.1%	97.9%	97.0%
	W		Cancer 31d Performance	96.0%	98.6%	99.2%	97.4%	98.5%
RTT - 18 Weeks	W		DM01 Compliance	75.0%	75.2%	72.1%	70.3%	73.1%
	W		OPA vs Plan	Traj.	83,712	79,2...	72,891	78,746
	W		Elective Admissions vs Plan	Traj.	5,525	5,654	5,338	5,375
ED Compliance	W		Ref to Spec 2.5h	40.0%	39.6%	39.2%	36.1%	40.2%
	W		A&E Atts vs Plan	Traj.	23,247	22,6...	21,999	22,582
	W		Unplanned Re-attendance ED	10.0%	10.0%	6.5%	9.3%	10.2%
	W		NEL Admissions vs Plan	Traj.	7,095	7,121	6,570	6,694
	W		NEL Readmissions	15.0%	11.6%	11.7%	11.5%	11.0%
	W		Stroke Ward within 4 Hours	50.0%	54.4%	45.0%	43.8%	54.4%
FFT	W		FFT OP Response Rate	17.0%	17.1%	17.4%	17.0%	17.6%
	W		Complaints	100	85	84	91	76
	W		PALS Enquiries	550	530	545	538	601

Appendix 1
Non-Alerting Watch Metrics: Our People, Future & Sustainability

East Kent Hospitals University NHS Foundation Trust

True North Domain	Type	BO	KPI	Thres.	Jun-21	Jul-21	Aug-21	Sep-21
Staff Turnover Rate	W		Staff Turnover: HCA	13.5%	11.7%	12.1%	12.0%	12.9%
	W		Premature Turnover Rate	25.0%	20.2%	20.1%	20.1%	19.8%
Staff Engagement	W		Sickness	5.0%	3.7%	4.1%	4.1%	
	W		Appraisals Compliance	73.0%	74.0%	72.7%	73.3%	73.7%
	W		Statutory Training	91.0%	92.8%	92.4%	91.9%	91.6%
	W		Safeguarding Children Training	85.0%	92.3%	92.5%	91.6%	91.3%
Financial Position	W		Total Pay	0.0%	0.5%	0.5%	0.3%	-1.9%
	W		Premium Pay	Traj.	5,768	7,134	7,351	7,092
	W		Non Pay	0.0%	1.9%	3.3%	2.2%	1.2%
Carbon Footprint	W		CO2e Waste (tonnes/day)	0.28	0.21	0.21	0.20	
	W		CO2e Gas (tonnes/day)	38.19	13.32	12.25	14.42	
	W		CO2e Electricity (tonnes/day)	18.00	15.16	16.28	15.86	
	W		CO2e Water (tonnes/day)	0.55	0.21	0.22	0.19	
	W		CO2e Steam (tonnes/day)	9.21	9.37	7.79	8.93	
Criteria to Reside	W		Completeness	70.0%	79.1%	77.9%	74.0%	72.8%
Innovation	W		Virtual OP Appts - First	25.0%	43.2%	38.9%	36.3%	36.6%

Appendix 2
Trust Priority Improvement Projects

NHS
East Kent Hospitals University
NHS Foundation Trust

Project Name	Exec Sponsor	Intended Deliverables	Expected completion
CITO Management	Liz Shutler	To replace WINDIP with an EDM which will meet the needs of users, support the Trust's Electronic Patient Record objectives and the rollout of Sunrise by providing scanning capability for documentation which has yet to be or cannot be directly captured or integrated into Sunrise EPR	January 2022
ITU Expansion	Liz Shutler	Expanded 24 bed Critical Care unit operational for patients to be admitted	January 2022
Accommodation Strategy	Phil Cave	To address the shortfall and enhance the functionality, experience and investment opportunities in office, residential and training facilities for staff and students.	May 2022
ED Expansion	Liz Shutler	Refurbished and expanded ED accommodation at QE and WH operational for patients to be admitted	December 2022
Job Planning (Trust wide)	Rebecca Martin	To ensure every substantive SAS and Consultant doctor has a signed job plan on the e-job system, that accurately reflects their workload	TBC – scoping as new project
Safe & Effective Discharge	Rebecca Carlton	All patients discharged have an accurate EDN completed and appropriately authorised in a timely fashion	TBC – scoping with partner organisations
Governance of Clinical Guidelines	Tina Ivanov	To have a central repository of for all clinical guidelines	January 2021
End of Life Care	Sarah Shingler	Deteriorating patients who's death can be are recognised in a timely way enabling better care in the right place at the right time this will improve HSMR, reduce unnecessary use of hospital resource, increase personalised care planning	TBC – scoping as new project
National & Local Clinical Audit	Rebecca Martin	Create a system so that all staff are able to participate in an effective way with clinical audit	April 2022
Identification and assessment of vulnerable person	Sarah Shingler	Assessment of Mental Health risk to determine the level of support required carried out for 100% of patients	December 2021
Sepsis Audit tool	Sarah Shingler	Ensure the correct sepsis audit tool is used for the right people at the right time, initial threshold 85% completion	October 2021
✓ Hospital Out of Hours	Rebecca Martin	Provision of a Hospital out of Hours Team to ensure timely response & co-ordination to Deteriorating Patients	Complete
✓ Falls on Datix	Sarah Shingler	Improved data quality of reporting of falls on Datix ensure high quality accurate reporting	Complete

Appendix 2: Glossary of Terms

East Kent Hospitals University NHS Foundation Trust

Term	Description
A3 Thinking Tool	Is an approach to thinking through a problem to inform the development of a solution. A3 also refers to the paper size used to set out a full problem-solving cycle. The A3 is a visual and communication tool which consists of (8) steps, each having a list of guiding questions which the user(s) work through (not all questions may be relevant). Staff should feel sure each step is fully explored before moving on to the next. The A3 Thinking Tool tells a story so should be displayed where all staff can see it.
Breakthrough Objectives	3-5 specific goals identified from True North. Breakthrough Objectives are operational in nature and recognised as a clear business problem. Breakthrough Objectives are shared across the organisation. Significant improvement is expected over a 12 month period.
Business Rules	A set of rules used to determine how performance of metrics and projects on a scorecard are discussed in the Care Groups Monthly Performance Review Meetings.
Catchball	A formal open conversation between two or more people (usually managers) held annually to agree the next financial year's objectives and targets. However, a 6 monthly informal conversation to ensure alignment of priorities is encouraged to take place. The aims of a Catchball conversation are to: (1) reach agreement on each item on a Scorecard e.g. driver metrics, watch metrics tolerance levels, corporate/ improvement projects. (2) Agree which projects can be deselected. (3) Set out Business Rules which will govern the process moving forward.
Corporate Projects	Are specific to the organisation and identified by senior leaders as 'no choice priority projects'. They may require the involvement of more than one business unit, are complex and/or require significant capital investment. Corporate Projects are often too big for continuous daily improvement but some aspect(s) of them may be achieved through a local project workstream.
Countermeasure	An action taken to prevent a problem from continuing/occurring in a process.
Countermeasure Summary	A document that summarises an A3 Thinking Tool. It is presented at monthly Performance Review Meetings when the relevant business rules apply.

Appendix 2: Glossary of Terms

East Kent Hospitals University NHS Foundation Trust

Term	Description
Driver Lane	A visual tool containing specific driver metric information taken from the A3 (e.g. problem statement, data, contributing factors, 3 C's or Action Plan). The driver lane information is discussed every day at the improvement huddle and in more detail at weekly Care Group driver meetings and Monthly Performance Review Meetings. The structure of a driver lane is the same as the structure of a countermeasure summary.
Driver Meetings	Driver Meetings are weekly meetings that inform the Care Group of progress against driver metrics on their scorecard. Having a strong awareness of how driver metrics are progressing is vital for continuous improvement. Driver meetings also enable efficient information flow. They are a way of checking progress to plan.
Driver Metrics	Driver Metrics are closely aligned with True North. They are specific metrics that Care Group's choose to actively work on to "drive" improvement in order to achieve a target (e.g. 'reduce 30 day readmissions by 50%' or 'eliminate all avoidable surgical site infections'). Each Care Group should aim to have no more than 5 Driver Metrics.
Gemba Walk	'Gemba' means 'the actual place'. The purpose of a Gemba Walk is to enable leaders and managers to observe the actual work process, engage with employees, gain knowledge about the work process and explore opportunities for continuous improvement. It is important those carrying out the Gemba Walk respect the workers by asking open ended questions and lead with curiosity.
Huddles (Improvement Huddle) Boards	Huddle or Improvement Boards are a visual display and communication tool. Essentially they are a large white board which has 9 specific sections. The Huddle or Improvement Boards are the daily focal point for improvement meetings where staff have the opportunity to identify, prioritise and action daily improvement ideas linked to organisational priorities (True North). The Huddle or Improvement Board requires its own Standard Work document to ensure it is used effectively. The aims of the Huddle/Improvement board includes: 1. help staff focus on small issues 2. prioritise the action(s) 3. gives staff ownership of the action (improvement)
PDSA Cycle (Plan Do Study Act)	PDSA Cycle is a scientific method of defining problems, developing theories, planning and trying them, observing the results and acting on what is learnt. It typically requires some investigation and can take a few weeks to implement the ongoing cycle of improvement.
Performance Board	Performance boards are a form of visual management that provide focus on the process made. It makes it easy to compare 'expected versus actual performance'. Performance Boards focus on larger issues than a Huddle Board, e.g. patient discharges by 10:00am. They help drive improvement forward and generate conversation e.g.: 1. when action is required because performance has dropped 2. what the top 3 contributing problems might be 3. what is being done to improve performance

Appendix 2: Glossary of Terms

NHS
East Kent Hospitals University
NHS Foundation Trust

Term	Description
Scorecard	The Scorecard is a visual management tool that lists the measures and projects a ward or department is required to achieve. These measures/projects are aligned to True North. The purposes of a Scorecard include: 1. Makes strategy a continual and viable process that everybody engages with 2. focuses on key measurements 3. reflect the organization's mission and strategies 4. provide a quick but comprehensive picture of the organization's health
Standard Work	Standard work is a written document outlining step by step instructions for completing a task or meeting using 'best practice' methods. Standard Work should be shared to ensure staff are trained in performing the task/meeting. The document should also be regularly reviewed and updated.
Strategy Deployment	Strategy Deployment is a planning process which gives long term direction to a complex organisation. It identifies a small number of strategic priorities by using an inch wide mile deep mindset and cascades these priorities through the organisation.
Strategy Deployment Matrix	A resource planning tool. It allows you to see horizontal and vertical resource commitments of your teams which ensures no team is overloaded.
Strategic Initiatives	'Must Do' 'Can't Fail' initiatives for the organisation to drive forward and support delivery of True North. These programmes of work are normally over a 3-5 year delivery time frame. Ideally these should be limited to 2-3. Initiatives are necessary to implement strategy and the way leaders expect to improve True North metrics over time (3-5 years).
Structured Verbal Update	Verbal update that follows Standard Work. It is given at Performance Review Meetings when the relevant business rules apply.
Tolerance Level	These levels are used if a 'Watch Metric' is **red** against the target but the gap between current performance and the target is small or within the metrics process control limits (check SPC chart). A Tolerance Level can be applied against the metric meaning as long as the metrics' performance does not fall below the Tolerance Level the Care Group will continue watching the metric.
True North	True North captures the few selected organisation wide priorities and goals that guide all its improvement work. True North can be developed by the Trust's Executive team in consultation with many stakeholders. The performance of the True North metrics against targets is an indicator of the health of the organisation.
Watch metrics	Watch metrics are measures that are being watched or monitored for adverse trends. There are no specific improvement activities or A3s in progress to improve performance.

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**28 OCTOBER 2021**
REPORT TITLE:	**MONTH 6 FINANCE REPORT**
BOARD SPONSOR:	**DIRECTOR OF FINANCE AND PERFORMANCE**
PAPER AUTHOR:	**REPORTING ACCOUNTANT**
PURPOSE:	**DISCUSSION**
APPENDICES:	**APPENDIX 1: MONTH 6 FINANCE REPORT**

BACKGROUND AND EXECUTIVE SUMMARY

The Trust achieved a breakeven position in September, which meant the year-to-date (YTD) position for the first half of the year remained at breakeven which was consistent with the plan.

Due to the ongoing Covid-19 pandemic, the traditional NHS funding and administration process remains suspended for the first half of 2021/22, with fixed funding arrangements at a System level (Kent & Medway (K&M) Integrated Care System (ICS)) similar to the second half of 2020/21.

In addition to baseline funding provided at the average level of expenditure in Q3 2020/21, systems have access to additional funding through the Elective Recovery Fund (ERF), subject to meeting the required activity thresholds and gateways.

The Trust delivered the planned contribution to the K&M ICS system plan which was to achieve a breakeven position for April to September 2021 (H1).

The breakeven H1 plan required that the Trust:

1) Received £7.5m of additional ERF for treating planned patient activity above a nationally-set threshold.
2) Reduced the average monthly spend on Covid-19 from c.£3m per month in the second half of 2020/21 to circa £2m per month for H1.

	This Month			Year to Date		
£'000	**Plan**	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**
EKHUFT Income	65,957	72,182	6,225	395,747	399,205	3,458
EKHUFT Employee Expenses	(39,775)	(45,052)	(5,277)	(238,654)	(243,285)	(4,631)
EKHUFT Non-Employee Expenses	(26,329)	(27,288)	(959)	(157,974)	(156,094)	1,880
EKHUFT Financial Position	**(147)**	**(158)**	**(12)**	**(881)**	**(174)**	**707**
Spencer Performance After Tax	12	20	8	134	1	(133)
2gether Performance After Tax	0	10	10	0	25	25
Rephasing/Rounding Adjustment	135	21	(114)	747	17	(730)
Consolidated I&E Position (pre Technical adjs)	**0**	**(107)**	**(108)**	**0**	**(131)**	**(131)**
Technical Adjustments	0	86	86	0	152	152
Consolidated I&E Position (incl Top Up)	**0**	**(21)**	**(21)**	**0**	**21**	**21**

The Trust has identified £1m of additional costs due to Covid-19 in September which brings the year-to-date total to £10m. This includes £1m of 'out of envelope' Covid-19 costs which are funded separately by NHS England/NHS Improvement (NHSE/I).

The Trust has recognised £4.8m of ERF YTD which was significantly below the planned H1 target of £7.5m, this was due to a combination of:

- A national change to increase the threshold to 95% of 2019/20 activity from July onwards meaning it was more challenging to deliver the planned target.
- Significantly lower than planned usage of the independent sector meaning an offsetting reduction in expenditure.

The Trust is currently developing our plan for the second half of the financial year (H2) following the recent release of national planning guidance. This will be submitted to NHSE/I on 25 November in line with the national timetable.

The Trust achieved a breakeven position in September. The main drivers of this position were as follows:

- Expenditure on Covid-19 of £1m in month which is a reduction from the previous YTD average of £1.8m and below the planned level. While this continued underspend is positive, further work is required to ensure we make appropriate operational decisions to sustain Infection Prevention Control (IPC) standards whilst reducing discretionary costs to appropriately reflect the volume of patients with Covid-19 we are treating.
- An income overperformance of £6.2m which was driven by funding for the £6.2m backdated 3% pay award.
- A pay overspend of £5.3m due to a combination of the £6.2m backdated pay award partially offset by reduced spend on staff required due to Covid-19 operational pressures and a reduction in internal locums and waiting list payments totalling £0.3m.
- A non-pay overspend of £1m driven by a combination of higher usage of drugs than planned (£0.6m) following significantly more Emergency Department (ED) attendances than expected and the cost of outsourced medical services in Urgent Treatment Centres (UTCs) which was planned as pay expenditure (£0.7m). This was partially offset by underspends including Covid-19 testing reagents now funded nationally (£0.2m).

The Trust's cash balance at the end of September was £23m which was £16m above the plan but a significant drop from the March 2020/21 year-end closing balance of £68m due to a combination of capital payments clearing creditor balances and the reversal of the NHSE/I block payment on account to cover anticipated operational costs in advance.

Total capital expenditure at the end of September was £11.5m which was £5m below our internal Trust plan. The capital plan has been re-phased following a detailed assessment of deliverability. Progress against this plan is being managed by weekly meetings led by the Deputy Chief Executive Officer (CEO) to ensure the Trust delivers in line with this.

In light of the national directive to focus on the operational response to Covid-19 EKHUFT has a reduced ability to make efficiency savings. The Trust delivered £0.1m of savings in September which brought the YTD position to £0.7m which was £0.4m behind the planned level.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	Failure to deliver Cost Improvement Programme (CIP) requirement increases costs.

East Kent Hospitals University NHS Foundation Trust

LINKS TO STRATEGIC OBJECTIVES:	**We care** about... • **Our patients;** • **Our people;** • **Our future;** • **Our sustainability;** • **Our quality and safety.**
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	**CRR 102**: Failure to deliver the financial breakeven position of the Trust as requested by NHSEI may result in the Trust not having adequate cash to continue adequate operations of the organisation and will result in reputational damage and non-compliance with regulators.
RESOURCE IMPLICATIONS:	Key financial decisions and actions may be taken on the basis of this report.
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 review and **NOTE** the financial performance and actions being taken to address issues of concern.

East Kent Hospitals University NHS Foundation Trust

Finance Performance Report 2021/22

September 2021

Director of Finance and Performance Management
Philip Cave

Contents and Appendices

Month 06 (September) 2021/22

Contents

Appendices

Executive Summary
Month 06 (September) 2021/22

Executive Summary

The Trust achieved a breakeven position in September, which meant the year-to-date (YTD) position for the first half of the year remained at breakeven which was consistent with the plan.

Due to the on-going Covid-19 pandemic, the traditional NHS funding and administration process remains suspended for the first ha lf of 2021/22, with fixed funding arrangements at a System level (Kent & Medway ICS) similar to the second half of 2020/21.

In addition to baseline funding provided at the average level of expenditure in Q3 2020/21, systems have access to additional funding through the Elective Recovery Fund (ERF), subject to meeting the required activity thresholds and gateways.

The Trust delivered the planned contribution to the K&M ICS system plan which was to achieve a breakeven position for April to September 2021 (H1).

The breakeven H1 plan required that the Trust:

1) Received £7.5m of additional Elective Recovery Funding for treating planned patient activity above a nationally-set threshold.
2) Reduced the average monthly spend on Covid-19 from c.£3m per month in the second half of 2020/21 to c.£2m per month for H1.

	This Month			Year to Date		
£'000	**Plan**	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**
EKHUFT Income	65,957	72,182	6,225	395,747	399,205	3,458
EKHUFT Employee Expenses	(39,775)	(45,052)	(5,277)	(238,654)	(243,285)	(4,631)
EKHUFT Non-Employee Expenses	(26,329)	(27,288)	(959)	(157,974)	(156,094)	1,880
EKHUFT Financial Position	**(147)**	**(158)**	**(12)**	**(881)**	**(174)**	**707**
Spencer Performance After Tax	12	20	8	134	1	(133)
2gether Performance After Tax	0	10	10	0	25	25
Rephasing/Rounding Adjustment	135	21	(114)	747	17	(730)
Consolidated I&E Position (pre Technical adjs)	**0**	**(107)**	**(108)**	**0**	**(131)**	**(131)**
Technical Adjustments	0	86	86	0	152	152
Consolidated I&E Position (incl Top Up)	**0**	**(21)**	**(21)**	**0**	**21**	**21**

The Trust has identified £1m of additional costs due to Covid-19 in September which brings the year-to-date total to £10m. This includes £1m of 'out of envelope' Covid-19 costs which are funded separately by NHSE/I.

The Trust has recognised £4.8m of Elective Recovery Funding YTD which was significantly below the planned H1 target of £7.5m, this was due to a combination of:

- A national change to increase the threshold to 95% of 2019/20 activity from July onwards meaning it was more challenging to deliver the planned target.
- Significantly lower than planned usage of the independent sector meaning an offsetting reduction in expenditure.

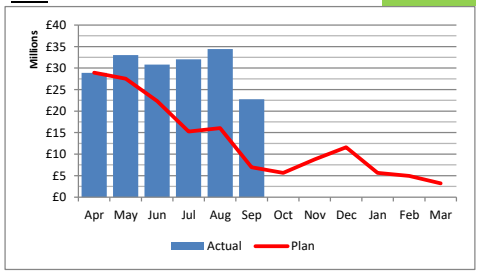
The Trust is currently developing our plan for the second half of the financial year (H2) following the recent release of nat ional planning guidance. This will be submitted to NHSEI on November 25th in line with the national timetable.

Income and Expenditure G

The Trust achieved a breakeven position in September. The main drivers of this position were as follows:

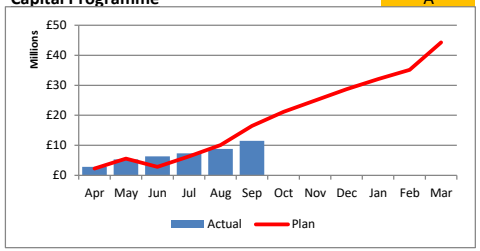
- Expenditure on Covid-19 of £1m in month which is a reduction from the previous YTD average of £1.8m and below the planned level. While this continued underspend is positive, further work is required to ensure we make appropriate operational decisions to sustain IPC standards whilst reducing discretionary costs to appropriately reflect the volume of patients with Covid-19 we are treating.
- An income overperformance of £6.2m which was driven by funding for the £6.2m backdated 3% pay award.
- A pay overspend of £5.3m due to a combination of the £6.2m backdated pay award partially offset by reduced spend on staff required due to Covid-19 operational pressures and a reduction in internal locums and waiting list payments totalling £0.3m.
- A non-pay overspend of £1m driven by a combination of higher usage of drugs than planned (£0.6m) following significantly more ED attendances than expected and the cost of outsourced medical services in UTCs which was planned as pay expenditure (£0.7m). This was partially offset by underspends including Covid-19 testing reagents now funded nationally (£0.2m).

Cash G



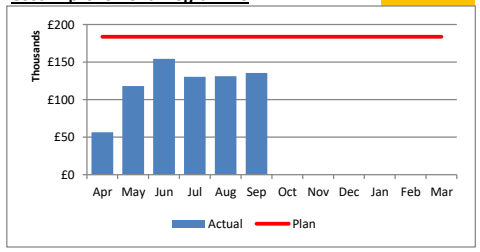
The Trust's cash balance at the end of September was £23m which was £16m above the plan but a significant drop from the March 20/21 year-end closing balance of £68m due to a combination of capital payments clearing creditor balances and the reversal of the NHSE/I block payment on account to cover anticipated operational costs in advance.

Capital Programme A



Total capital expenditure at the end of September was £11.5m which was £5m below our internal Trust plan. The capital plan has been re-phased following a detailed assessment of deliverability. Progress against this plan is being managed by weekly meetings led by the Deputy CEO to ensure the Trust delivers in line with this.

Cost Improvement Programme A



In light of the national directive to focus on the operational response to Covid-19 EKHUFT has a reduced ability to make efficiency savings. The Trust delivered £0.1m of savings in September which brought the YTD position to £0.7m which was £0.4m behind the planned level.

Income and Expenditure Summary
Month 06 (September) 2021/22

Unconsolidated	This Month			Year to Date			Annual
£000	Plan	Actual	Var.	Plan	Actual	Var.	Plan
Income							
Electives	7,791	7,041	(750)	46,744	38,605	(8,139)	93,488
Non-Electives	16,198	18,533	2,335	97,188	107,552	10,364	194,376
Accident and Emergency	3,101	3,746	646	18,604	21,948	3,344	37,208
Outpatients	8,139	9,008	869	48,833	47,669	(1,164)	97,665
High Cost Drugs	3,788	4,054	266	22,730	22,932	202	45,461
Private Patients	30	31	1	180	144	(36)	360
Other NHS Clinical Income	22,420	25,269	2,850	134,518	135,555	1,037	270,846
Other Clinical Income	158	221	63	946	647	(299)	1,885
Total Income from Patient Care Activities	**61,624**	**67,903**	**6,280**	**369,743**	**375,051**	**5,308**	**741,290**
Other Operating Income	4,333	4,279	(54)	26,004	24,154	(1,851)	52,003
Total Income	**65,957**	**72,182**	**6,225**	**395,747**	**399,205**	**3,458**	**793,293**
Expenditure							
Substantive Staff	(35,113)	(39,358)	(4,245)	(210,682)	(210,009)	673	(423,165)
Bank	(1,765)	(2,877)	(1,112)	(10,587)	(15,717)	(5,130)	(21,175)
Agency	(2,897)	(2,817)	80	(17,385)	(17,558)	(174)	(34,769)
Total Employee Expenses	**(39,775)**	**(45,052)**	**(5,277)**	**(238,654)**	**(243,285)**	**(4,631)**	**(479,109)**
Other Operating Expenses	(25,501)	(26,460)	(959)	(153,007)	(151,099)	1,908	(306,011)
Total Operating Expenditure	**(65,276)**	**(71,512)**	**(6,236)**	**(391,661)**	**(394,383)**	**(2,723)**	**(785,120)**
Non Operating Expenses	(828)	(829)	(1)	(4,968)	(4,996)	(28)	(9,935)
Income and Expenditure Surplus/(Deficit)	**(147)**	**(158)**	**(12)**	**(881)**	**(174)**	**707**	**(1,762)**

Consolidated	This Month			Year to Date			Annual
£000	Plan	Actual	Var.	Plan	Actual	Var.	Plan
Income							
Income from Patient Care Activities	63,046	69,097	6,051	378,276	381,225	2,949	378,276
Other Operating Income	4,539	4,191	(348)	27,232	23,021	(4,211)	27,232
Total Income	**67,585**	**73,288**	**5,703**	**405,508**	**404,246**	**(1,262)**	**405,508**
Expenditure						-	
Employee Expenses	(42,662)	(48,532)	(5,870)	(255,972)	(263,870)	(7,898)	(255,972)
Other Operating Expenses	(24,040)	(24,001)	39	(144,234)	(135,464)	8,770	(144,234)
Total Expenditure	**(66,702)**	**(72,533)**	**(5,831)**	**(400,206)**	**(399,334)**	**872**	**(400,206)**
Non-Operating Expenses	(883)	(862)	21	(5,302)	(5,043)	259	(5,302)
Income and Expenditure Surplus/(Deficit)		**(107)**	**(107)**		**(131)**	**(131)**	

Income from Patient Care Activities

The H1 21/22 Covid-19 finance regime has remained largely as set out in October 2020. Allocated payments support Group income at a level which allow delivery of a break-even position.

The major change in 21/22 is the Elective Recovery Funding (ERF) which pays the Trust 100% of overperformance from the 19/20 Income baseline for Elective and Outpatient activity. The baseline has recently changed and from July to September is 95%. ERF income to date is £4.8m.

The Commissioner allocated payments have been rolled over from the previous year with the changes that were implemented in the last half of the year, which are:

A budget of £3.0m per month to cover Covid-19 costs, Top up funding of £4.0m and an additional £3.5m of growth funding. The growth funding no longer includes CCG invoices from Spencer Private Hospitals, but does include the UTCs. All these payments are being commissioned by Kent and Medway CCG.

The majority of NHS England drugs have been moved from block to a passthrough payment mechanism, although the planned value is still paid up front. NHSE Devices have moved to the Visible Cost Model, whereby the Trust pays for the devices and is repaid by NHSE.

In month we have accrued £6.2m to reflect the 3.0% backdated pay award, within Other NHS Clinical Income, offset by an under-recovery on ERF of £2.7m and the delayed implementation of the planned service developments in Vascular/IR and ITU of £3.0m YTD.

Other Operating Income and Expenditure

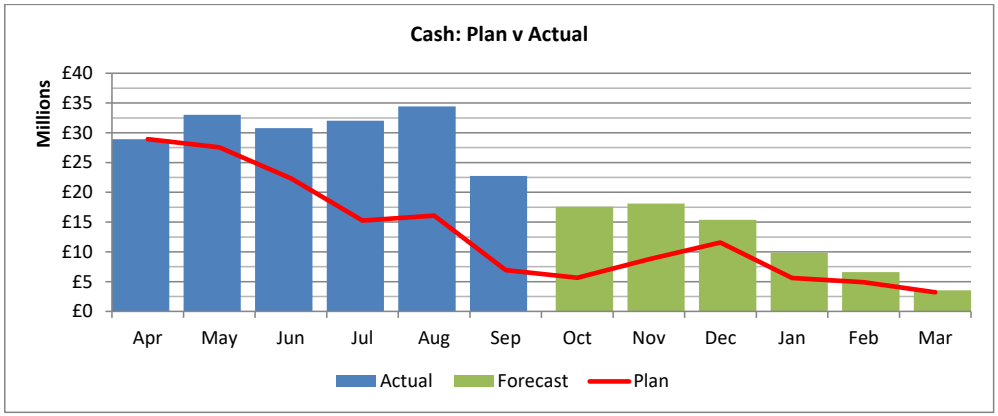
Other operating income is marginally adverse to plan in September by less than £0.1m and by £1.9m YTD. Covid-19 income is below plan in month by £0.2m and by £1.8m YTD. In addition, YTD Harmonia Village income is adverse to plan by £0.6m, offset by a favourable variance on education and training income of £0.4m.

Total operating expenditure is adverse to plan in September by £6.2m and by £2.7m YTD. Covid-19 expenditure stands at £1m in month and £10m YTD.

Pay performance is adverse to plan in September by £5.3m and by £4.6m YTD. Expenditure relating to all Covid-19 pay streams is £0.7m in month and £6.8m YTD. Total expenditure on pay in September was £45.1m, an increase of £5.1m when compared to August. The increase relates to permanent staffing costs which increased by a total of £5.3m following payment of the 21-22 pay award, backdated to April, costing £5.2m and funded via patient care income.

Other operating expenditure is adverse to plan in September by £1.0m and favourable to plan by £1.9m YTD. Expenditure on all Covid-19 non-pay streams is £0.4m in month and £3.5m YTD. Underspends on referrals to the Independent Sector and Covid-19 testing reagents now funded nationally stand at £0.8m in month and £4.9m YTD. Spend on contracted out medical services in UTCs originally planned as pay was £0.7m in month and £3.5m YTD, and drug spend is adverse to plan in September by £0.6m and by £2.1m YTD. Items funded under the Visible Cost Model are overspent in month by £0.2m and by £0.6m YTD. Underspends on consumables, depreciation and slippage on the OHF contract account for the remaining favourable variance YTD.

Cash Flow
Month 06 (September) 2021/22



Unconsolidated Cash balance was £22.8m at the end of September 21, £15.8m above plan.

Cash receipts in month totalled £67.0m (on plan)

Block payments were received on the 15th of the month: £49.9m from K&M CCG and £12.1m from NHS England (an additional £2.3m above block).

Planned receipt of £2.5m Elective Recovery Fund not received in month. ERF has been reforecast per the K&MCCG H2 plan.

Cash payments in month totalled £78.7m (£2.6m above plan)

Creditor payment runs including Capital payments were £27.0m (£3.3m above plan).

Payments to 2gether Support Solutions were £10.4m (£2.6m below plan)

Payroll was £36.8m (£2.1m above plan due to backdated pay award).

Payment of PDC was £4.4m (£0.3m below plan)

2021/22 Plan

Plan assumptions for 2021/22 are based on the I&E plan for H1. It was planned that contract values for H2 will remain consistent with H1 for cash purposes.

Whilst the 2021/22 plan will require strict cash management to eliminate risks towards the end of the year, there is no requirement for any additional revenue funding.

H2 block payments have been reforecast in line with details received from NHS Kent & Medway CCG. Forecasting will be reviewed further following the completion of the H2 plan.

Creditor Management

Cash planning in late March/early April showed areas of high risk around Month 6. To reduce this risk, the Trust reverted back to pay invoices to 30-day terms from 1st April 2021.

Payments to creditors were brought back from 30 days to 23 days in June and then further brought back to 16 days on the 23rd September and have remained there since. The Trusts aim is to bring creditor days back towards the 7-day target and payment terms are reviewed on a weekly basis.

At the end of September 2021, the Trust was recording 55 creditor days (Calculated as invoiced creditors at 30th September/ Forecast non-pay expenditure x 365).

Income from Patient Care Activities

Month 06 (September) 2021/22

Trust Income Plan	Trust Actual Income	Income Variance
£369.743m	£375.051m	£5.308m

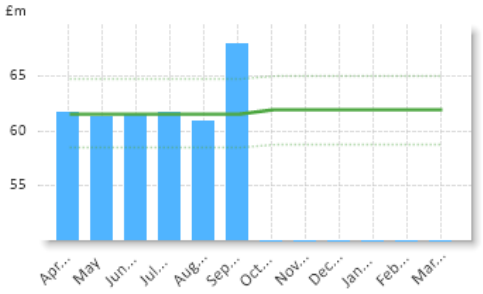
2021/22 - Month 6 Model

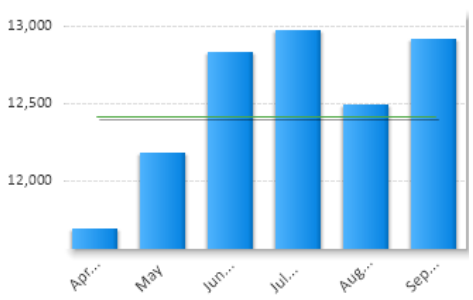
East Kent Hospitals University NHS
NHS Foundation Trust

	Year to Date			This Month vs. Run Rate		
Summary	Plan	Actual	Variance	Actual	Run Rate to M5	Var to M5 Run Rate
1 Total Non Elective Spells	97.2	107.6	10.4	18.3	17.9	0.4
2 Accident & Emergency	18.6	21.9	3.3	3.7	3.6	0.1
3 Total Elective Spells	46.7	38.6	(8.1)	7.0	6.3	0.7
4a New Outpatient Attendances	22.1	20.5	(1.6)	3.6	3.4	0.2
4b Outpatient Follow Up Attendances	26.8	27.2	0.4	4.6	4.5	0.1
5 Other Cost Per Case	80.6	76.1	(4.5)	13.4	12.5	0.9
6 Block Agreements	11.6	11.3	(0.3)	1.9	1.9	0.0
7 Income Additional to PbR	58.6	67.6	9.0	14.9	10.5	4.3
8 Risks and Adjustments	-	(0.7)	(0.7)	(0.1)	(0.1)	0.0
9a Elective Recovery Fund	7.5	4.9	(2.6)	-	1.0	(1.0)
9c Adjust Prior Month Reported Position	-	-	-	0.6	(0.1)	0.7
Grand Total	**369.7**	**375.1**	**5.3**	**67.9**	**61.4**	**6.5**

	This Month			Year to Date			Annual
Commissioner Group	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Kent and Medway CCG	49.9	56.2	6.3	299.4	311.1	11.7	598.7
NHS England SS	7.9	8.7	0.7	47.5	48.1	0.6	95.1
Other Organisations	1.7	0.5	(1.3)	10.4	2.0	(8.4)	22.6
Public Health & Secondary Dental	1.3	1.3	0.0	7.5	7.5	0.0	15.0
Cancer Drugs Fund and Hep C	0.4	0.5	0.0	2.6	2.6	(0.0)	5.3
NHS England - Other	0.2	(0.0)	(0.2)	1.3	(0.0)	(1.3)	2.6
Out of Area CCGs	0.2	0.2	0.0	1.0	1.1	0.1	2.0
NHS England - Rechargeable Drugs	-	0.1	0.1	-	1.5	1.5	-
Prior Year Income	-	0.6	0.6	-	1.2	1.2	-
	61.6	**67.9**	**6.3**	**369.7**	**375.1**	**5.3**	**741.3**

	This Month			Year to Date			Annual
Care Group Income £m	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Cancer Services	4.3	4.3	(0.0)	25.7	25.7	(0.0)	51.3
Central	10.9	17.2	6.3	65.5	70.8	5.3	132.8
Child Health	3.5	3.5	(0.0)	21.1	21.1	0.0	42.2
Clinical Support Services	5.1	5.1	(0.0)	30.7	30.7	(0.0)	61.3
General and Specialist Medicine	12.7	12.7	(0.0)	76.0	76.0	0.0	152.0
Surgery - Head and neck, Breast Surgery a...	3.6	3.6	(0.0)	21.8	21.8	(0.0)	43.7
Surgery and Anaesthetics	10.0	10.0	(0.0)	60.0	60.0	0.0	120.1
Urgent and Emergency Care	7.6	7.6	(0.0)	45.9	45.9	0.0	91.7
Womens Health	3.8	3.8	(0.0)	23.0	23.0	(0.0)	46.1
	61.6	**67.9**	**6.3**	**369.7**	**375.1**	**5.3**	**741.3**





Almost all Income for H1 has been set by NHSE/I and allocated to commissioners at a level of £46.3m per month due to the Covid-19 finance regime. The significant increase in September relates to funding for the £6.2m backdated 3% staff pay award.

In addition, £9.6m per month consisting of Covid-19 and other top-ups are being paid by Kent and Medway CCG and are fixed. The elements are Covid-19 funding £3.0m, Central Top-Up £4.0m and Growth of £3.5m, including the CCG-funded elements of the new UTCs. There is a deduction of £0.8m per month for the Lost Income included in the underlying allocation.

The Elective Recovery Funding (ERF) is reported at £4.8m. This is below planned levels due to the revised target of 95% which came into effect from 1st July, which was previously due to be 85%. The majority of the underperformance has been seen in elective inpatients. However, this is slightly offset by increased performance in outpatients.

The targets started at 70% of 19/20 Elective and Outpatient income in April, rising 5% per month. Following the increase to 95% from July to September, 100% of overperformance will be paid above 95% and 120% will be paid above 100% of the baseline.

The Variable element of High Cost drugs with NHS England is currently £0.2m over plan. However as these are pass through costs the Trusts expenditure will also be higher, leaving this cost neutral.

NHSE High Cost Devices have changed how they are being paid. From 1st April these are now reported under the Visible Cost Model (VCM) meaning the cost of these items are reported and paid based on devices ordered not used.

There are small variances present in Private, Overseas, Compensation Recovery Unit and Provider to Provider income.

Activity

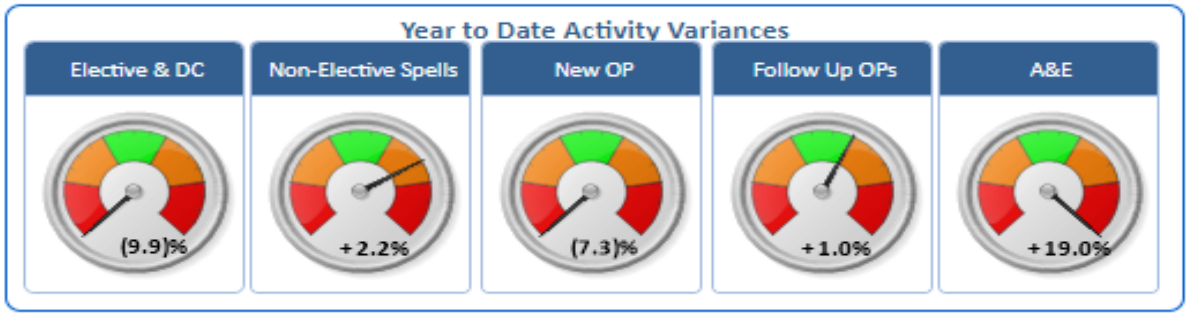
Month 06 (September) 2021/22

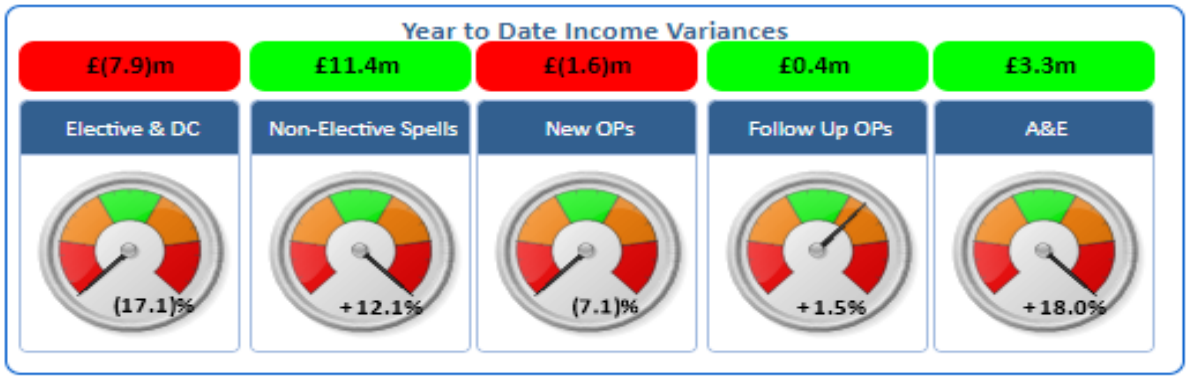
Trust Income Plan	Trust Actual Income	Income Variance
£369.743m	£375.051m	£5.308m

2021/22 - Month 6

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	43,729	44,698	969	£94.1 m	£105.6 m	£11.4 m	£2,153	£2,362
2 Accident & Emergency	115,614	137,629	22,015	£18.6 m	£21.9 m	£3.3 m	£161	£159
3a Total Elective Spells	44,386	39,972	(4,414)	£46.3 m	£38.4 m	£(7.9)m	£1,043	£961
4a New Outpatient Attendances	121,992	113,115	(8,877)	£22.1 m	£20.5 m	£(1.6)m	£181	£181
4b Outpatient Follow Up Attendances	269,550	272,152	2,602	£26.8 m	£27.2 m	£0.4 m	£99	£100





The activity plan for 21/22 has been based on Pre-Covid-19 19/20 actuals and is phased in 12ths.

The Trust has been paid £4.8m for the Elective Recovery Fund, earned by the care Groups delivering higher than the baseline threshold in Q1 as follows: Cancer Services £1.5m, Child Health £0.5m, Clinical Support £0.1m, general and Specialist Health £2.3m, Surgery Head and Neck £0.9m, Women's Health £0.5m. Surgery and Anaesthetics under performed by £0.7m due to £1.5m underperformance in T&O, with the remainder of the Care Group earning £0.8m.

Outpatients have operated at 6% over plan in September. YTD Outpatients are 3% over plan.

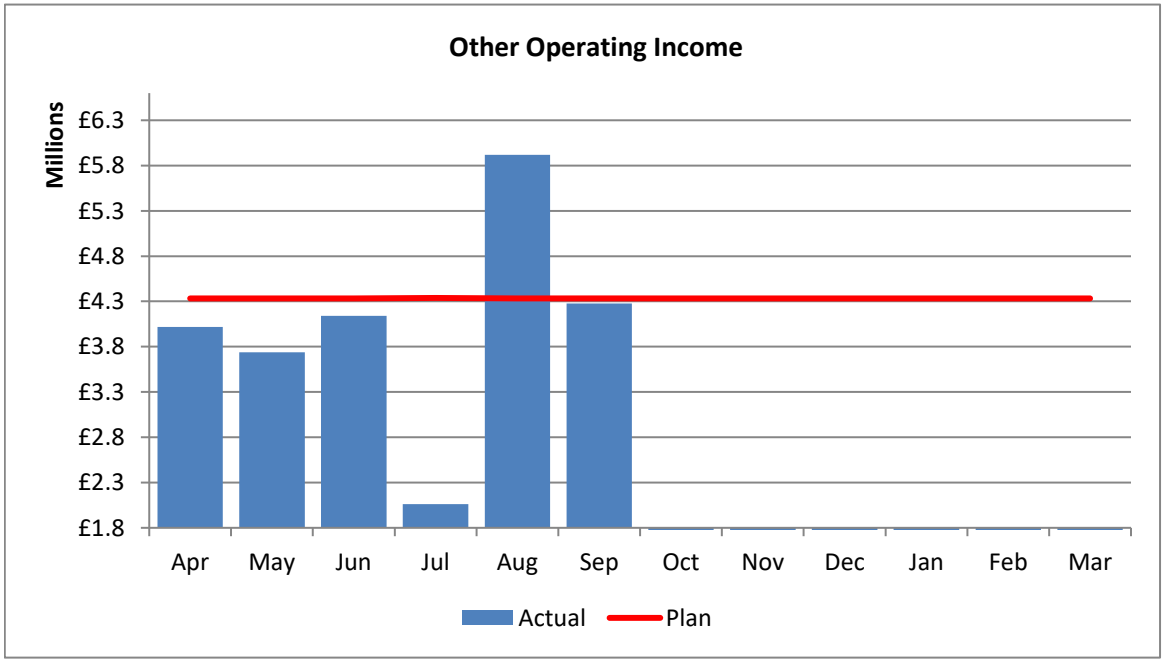
Physical Outpatient capacity on the Hospital sites has been reduced following Government guidance. Virtual capacity has been operating at circa 50% of total possible Outpatient activity, excluding outpatient procedures.

The level of A&E attendance continues to run an overperformance against plan. September is 21% over plan with YTD being 19% over plan.

Non-Electives activity is slightly lower than planned levels at 1% under plan, however the case mix is richer with a in month income showing 14% above plan. This is in line with the YTD position with YTD activity being 2% over plan, but YTD income is 12% over plan. This is being driven by an increase in longer stay admissions.

Other Operating Income
Month 06 (September) 2021/22

Other Operating Income	This Month			Year to Date			Annual
£000	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Non-patient care services	1,801	2,031	230	10,813	10,822	10	21,621
Research and development	195	220	24	1,172	1,144	(28)	2,344
Education and Training	1,301	1,341	40	7,808	8,188	380	15,615
Car Parking income	99	111	12	593	651	58	1,186
Staff accommodation rental	201	168	(33)	1,203	953	(250)	2,406
Property rental (not lease income)	1		(1)	8		(8)	16
Cash donations / grants for the purchase of capital assets	76	5	(71)	454	365	(89)	908
Charitable and other contributions to expenditure	15	16	1	90	91		181
Other	644	387	(256)	3,863	1,939	(1,923)	7,726
Total	**4,333**	**4,279**	**(54)**	**26,004**	**24,154**	**(1,851)**	**52,003**
			-1.25% Adverse			-7.12% Adverse	



Other operating income is marginally adverse to plan in September by less than £0.1m and by £1.9m YTD. Covid-19 income is below plan in month by £0.2m and Harmonia Village income and donated income for capital asset purchase are adverse to plan by a total of £0.2m. This is offset in month by a favourable variance on non-patient care services of £0.2m including AMD drugs to Spencer Wing of £0.1m.

YTD, Covid-19 income is below plan by £1.8m mainly driven by out of envelope performance and Harmonia Village income is adverse to plan by £0.6m. This is offset by a favourable variance on education and training income of £0.4m.

Employee Expenses
Month 06 (September) 2021/22

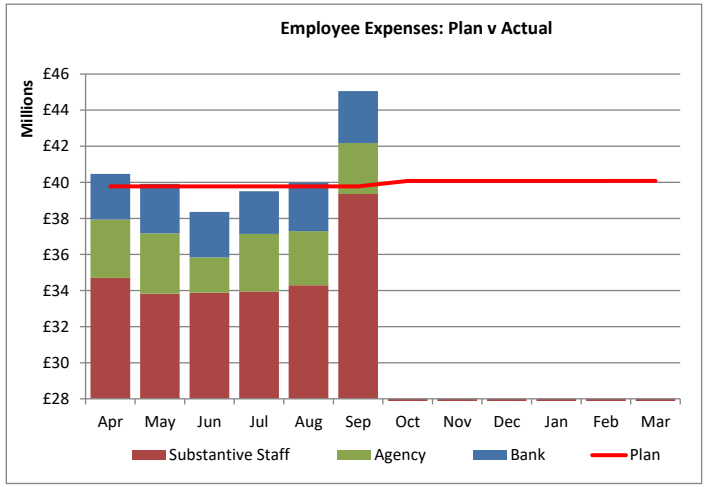
Employee Expenses	WTE This Month			This Month			Year to Date			Annual
£000	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Permanent Staff										
Medical and Dental	1,344	1,304	39	(11,059)	(11,836)	(777)	(66,366)	(64,976)	1,390	(132,720)
Nurses and Midwives	2,838	2,463	375	(9,752)	(11,084)	(1,332)	(58,510)	(57,500)	1,011	(118,827)
Scientific, Therapeutic and Technical	1,622	1,519	104	(5,378)	(6,250)	(872)	(32,268)	(32,459)	(191)	(64,536)
Admin and Clerical	1,661	1,471	190	(3,491)	(4,013)	(522)	(20,943)	(20,849)	94	(41,886)
Other Pay	1,736	1,486	250	(4,918)	(5,396)	(478)	(29,505)	(29,044)	461	(59,010)
Permanent Staff Total	**9,201**	**8,244**	**958**	**(34,597)**	**(38,579)**	**(3,982)**	**(207,592)**	**(204,828)**	**2,765**	**(416,979)**
Waiting List Payments										
Medical and Dental	0	0	0	(152)	(338)	(186)	(914)	(2,001)	(1,088)	(1,827)
Waiting List Payments Total	**0**	**0**	**0**	**(152)**	**(338)**	**(186)**	**(914)**	**(2,001)**	**(1,088)**	**(1,827)**
Medical Locums/Short Sessions										
Medical and Dental	1	35	(34)	(364)	(441)	(77)	(2,176)	(3,180)	(1,004)	(4,358)
Medical Locums/Short Sessions Total	**1**	**35**	**(34)**	**(364)**	**(441)**	**(77)**	**(2,176)**	**(3,180)**	**(1,004)**	**(4,358)**
Substantive	**9,202**	**8,279**	**924**	**(35,113)**	**(39,358)**	**(4,245)**	**(210,682)**	**(210,009)**	**673**	**(423,165)**
Bank										
Medical and Dental	0	25	(25)	(353)	(363)	(10)	(2,120)	(2,171)	(51)	(4,239)
Nurses and Midwives	30	237	(206)	(832)	(1,205)	(374)	(4,990)	(7,185)	(2,194)	(9,980)
Scientific, Therapeutic and Technical	1	2	(1)	(17)	(9)	8	(97)	(45)	52	(199)
Admin and Clerical	10	61	(51)	(131)	(215)	(84)	(785)	(1,133)	(348)	(1,570)
Other Pay	25	303	(277)	(432)	(1,084)	(653)	(2,596)	(5,183)	(2,587)	(5,186)
Bank Total	**67**	**627**	**(561)**	**(1,765)**	**(2,877)**	**(1,112)**	**(10,587)**	**(15,717)**	**(5,130)**	**(21,175)**
Agency										
Medical and Dental	3	56	(53)	(1,959)	(1,019)	940	(11,754)	(6,594)	5,160	(23,509)
Nurses and Midwives	24	190	(166)	(552)	(827)	(276)	(3,310)	(7,215)	(3,906)	(6,619)
Scientific, Therapeutic and Technical	2	1	1	(11)	(7)	4	(66)	(176)	(110)	(131)
Admin and Clerical	0	0	0	(1)		1	(5)		5	(10)
Other Pay	0	44	(43)	()	(196)	(196)	()	(3)	(3)	()
Agency Total	**29**	**291**	**(262)**	**(2,522)**	**(2,050)**	**473**	**(15,135)**	**(13,988)**	**1,147**	**(30,270)**
Direct Engagement - Agency										
Medical and Dental	7	56	(49)	(293)	(759)	(466)	(1,761)	(3,541)	(1,780)	(3,519)
Scientific, Therapeutic and Technical	0	1	(1)	(82)	(8)	73	(489)	(30)	459	(981)
Direct Engagement - Agency Total	**7**	**57**	**(51)**	**(375)**	**(767)**	**(392)**	**(2,250)**	**(3,570)**	**(1,321)**	**(4,500)**
Agency	**36**	**348**	**(312)**	**(2,897)**	**(2,817)**	**80**	**(17,385)**	**(17,558)**	**(174)**	**(34,769)**
Total	**9,305**	**9,255**	**51**	**(39,775)**	**(45,052)**	**(5,277)**	**(238,654)**	**(243,285)**	**(4,631)**	**(479,109)**
						-13.27%			-1.94%	
						Adverse			Adverse	

Employee expenses performance is adverse to plan in September by £5.3m and by £4.6m YTD (1.94%). Expenditure relating to all Covid-19 pay streams is £0.7m in month and £6.8m YTD.

Total expenditure on pay in September was £45.1m, an increase of £5.1m when compared to August. The increase relates to permanent staffing costs which increased by a total of £5.3m following payment of the 21-22 pay award, backdated to April, costing £5.2m and funded via patient care income. This is offset by reduced spend on internal locums and waiting list payments totalling £0.3m.

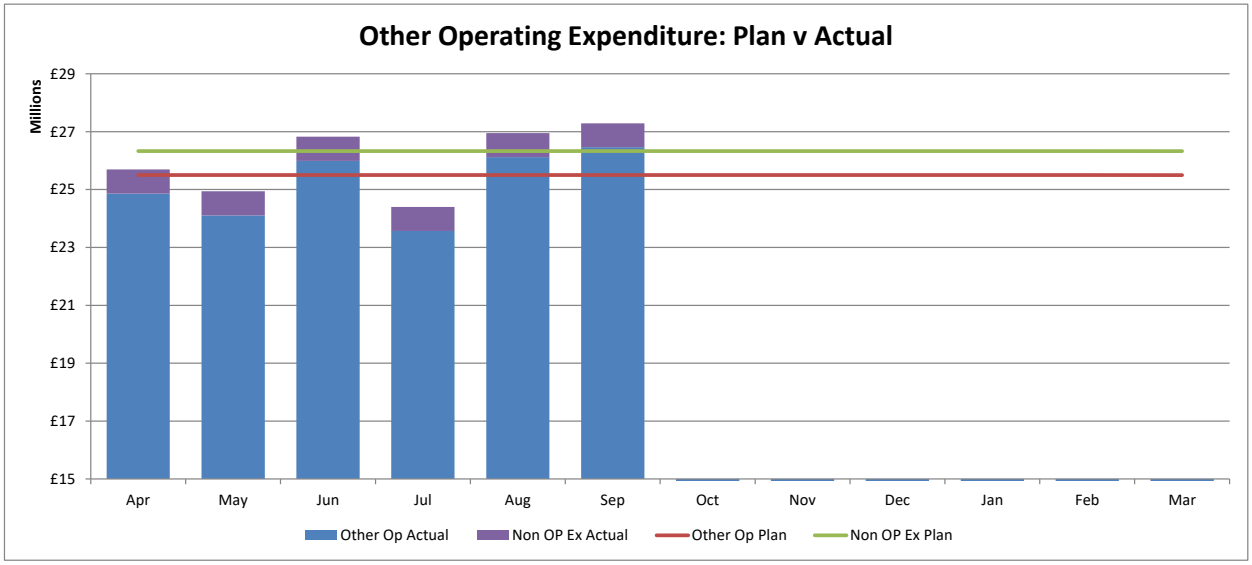
Expenditure on all substantive staff including locums and waiting list payments is adverse to plan in September by £4.2m and favourable to plan YTD by £0.7m.

Expenditure on bank and agency staff combined is adverse to plan in August by £1.0m and by £5.3m YTD.



Other Operating Expenditure
Month 06 (September) 2021/22

	This Month			Year to Date			Annual
£000	**Plan**	**Actual**	**Var.**	**Plan**	**Actual**	**Var.**	**Plan**
Drugs	(6,129)	(6,742)	(613)	(36,771)	(38,850)	(2,078)	(73,542)
Clinical Supplies and Services - Clinical	(2,624)	(3,045)	(421)	(15,741)	(16,178)	(437)	(31,482)
Supplies and Services - Non-Clinical	(9,620)	(8,831)	789	(57,719)	(51,955)	5,764	(115,437)
Non Executive Directors	(17)	(18)	(2)	(99)	(102)	(3)	(199)
Purchase of Healthcare	(954)	(362)	593	(5,727)	(2,531)	3,196	(11,454)
Education & Training	(190)	(310)	(120)	(1,140)	(1,529)	(388)	(2,281)
Consultancy	(58)	(53)	6	(350)	(468)	(118)	(699)
Premises	(982)	(1,075)	(93)	(5,891)	(6,675)	(785)	(11,781)
Clinical Negligence	(2,330)	(2,330)	()	(13,977)	(13,977)	()	(27,955)
Transport	(231)	(197)	34	(1,384)	(1,442)	(58)	(2,767)
Establishment	(289)	(348)	(59)	(1,736)	(2,209)	(473)	(3,472)
Other	(416)	(1,383)	(968)	(2,494)	(5,795)	(3,300)	(4,988)
Depreciation & Amortisation-Owned Assets	(1,663)	(1,767)	(104)	(9,977)	(9,388)	589	(19,954)
Total Other Operating Expenditure	**(25,501)**	**(26,460)**	**(959)**	**(153,007)**	**(151,099)**	**1,908**	**(306,011)**
PDC Dividend	(780)	(780)	()	(4,679)	(4,679)	()	(9,358)
Interest Receivable	186	186		1,117	1,126	8	2,235
Interest Payable	(234)	(235)	(1)	(1,406)	(1,442)	(36)	(2,812)
Total Non Operating Expenditure	**(828)**	**(829)**	**(1)**	**(4,968)**	**(4,996)**	**(28)**	**(9,935)**
Total Expenditure	**(26,329)**	**(27,288)**	**(959)**	**(157,974)**	**(156,094)**	**1,880**	**(315,946)**



Other operating expenditure is adverse to plan in September by £1.0m and favourable to plan by £1.9m YTD (1.25%). Expenditure on all Covid-19 non-pay streams is £0.4m in month and £3.5m YTD.

Drug spend is adverse to plan in September by £0.6m and by £2.1m YTD. Drugs historically classed as rechargeable are adverse to plan in September by £0.8m, and by £1.7m YTD. All other drugs are favourable to plan by £0.2m in month and adverse to plan by £0.4m YTD.

Supplies and services - clinical are adverse to plan by £0.4m in September and YTD. Expenditure reclassified from non-clinical supplies causes a technical overspend against the Trust's original plan of £0.6m in month and £3.4m YTD. Visible cost model items (hearing implants, cardiac, respiratory and pain management devices) are overspent in month by £0.2m and by £0.6m YTD (offset by clinical income). These overspends are offset by favourable variances on Covid-19 testing reagents, prostheses, externally referred diagnostic services and theatre consumables totalling £0.4m in month (£3.2m YTD). Slippage on developments and above plan CIPs are favourable to plan by a total of £0.1m in month and £0.4m YTD.

Non-clinical supplies are favourable to plan in September by £0.8m and by £5.8m YTD. In month the variance is driven by the reclassification of clinical supplies expenditure of £0.6m mentioned above. In month and YTD, the remaining variances mainly relate to slippage on adjustments to the OHF contract held centrally which remain under negotiation with 2gether.

Purchase of healthcare from the independent sector including the use of Spencer beds is favourable to plan in month by £0.6m and by £3.2m YTD, continuing the trend of delays in outsourcing planned activity seen in previous months.

Other expenditure is adverse to plan in September by £1.0m and by £3.3m YTD. Outsourced medical services in UTCs originally planned as pay expenditure cost £0.7m in September and £3.5m YTD. Overspends YTD on legal costs, staff permits and security services totalling £1.1m are offset by release of provisions of £1.8m.

Depreciation is adverse to plan by £0.1m in month and favourable to plan by £0.6m YTD.

Actual expenditure on non-pay in September was £26.5m, an increase of £0.3m when compared to August. The increase relates predominantly to clinical supplies expenditure which grew by £0.5m. Expenditure on the PACS managed service increased by £0.3m and purchases of items under the visible cost model (hearing aids, ICDs and pain management products) increased by a total of £0.3m, offset by reduced spend on the microbiology managed service of £0.2m and a reduction in drug spend of £0.1m.

Cost Improvement Summary

Month 06 (September) 2021/22

Delivery Summary	This Month			Year to Date		
Programme Themes £000	**Plan**	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**
Agency	92	9	(83)	551	85	(466)
Bank	-	-	-	-	-	-
Workforce	-	12	12	-	101	101
Outpatients	-	-	-	-	-	-
Procurement	-	31	31	-	148	148
Medicines Value	-	-	-	-	-	-
Theatres	-	-	-	-	-	-
Care Group Schemes *	15	59	44	90	242	152
Sub-total	**107**	**110**	**4**	**641**	**576**	**(65)**
Central	77	25	(52)	461	150	(311)
Grand Total	**184**	**135**	**(48)**	**1,102**	**726**	**(376)**

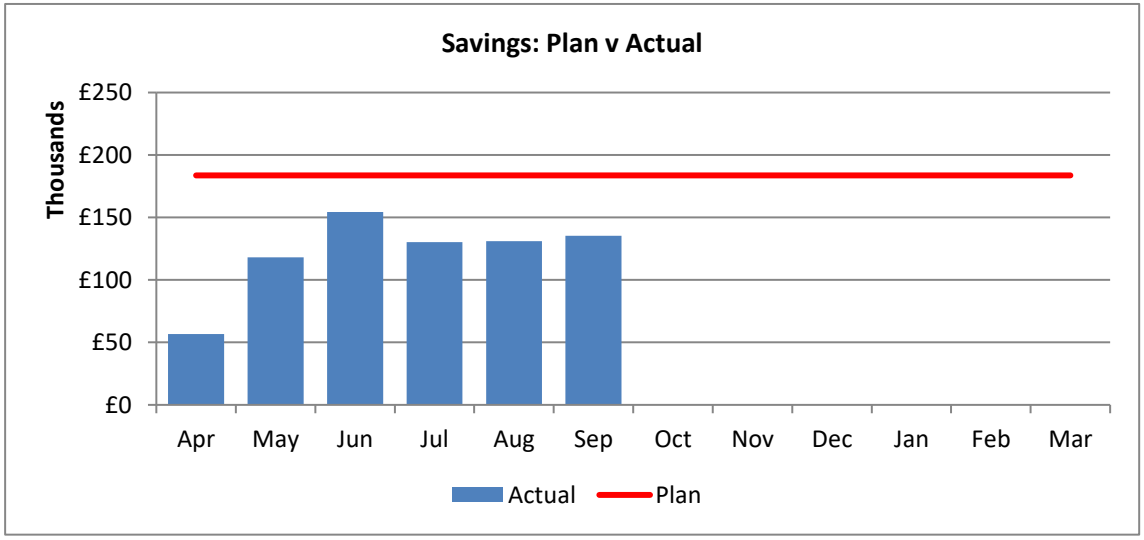
* Smaller divisional schemes not allocated to a work stream

Delivered £000		
Month	**Target**	**Actual**
April	184	57
May	184	118
June	184	154
July	184	130
August	184	131
September	184	135
October	184	
November	184	
December	184	
January	184	
February	184	
March	184	
	2,204	**726**

Savings and Efficiencies

The Savings Plan for H1 £1.1m is net of the cost of delivery. Savings achieved in September of £0.14m were below the plan of £0.18m. Most areas underperformed in month due to the ongoing operational focus on Covid-19 and Restore & Recover programme.

Recurrent savings in September amounted to £0.13m, with £0.01m being on a non-recurrent basis. Recurrent savings for the YTD amounted to £0.63m, with £0.10m being on a non-recurrent basis. The Plan is based on the NHSE/I expectation for H1 and targets held centrally. A pipeline of ideas is being developed as the basis for delivery of the 2021-22 efficiency programme.



Capital Expenditure
Month 06 (September) 2021/22

Capital Programme	Annual	Year to Date		
£000	**Plan**	**Plan**	**Actual**	**Variance**
ED Expansion WHH	10,647	2,095	1,177	918
ED Expansion QEQM	10,295	2,746	809	1,938
ED Expansion Other	2,058	294	0	294
Energy Performance Contract (EPC - Breathe)	1,710	1,408	1,279	129
Mammography equipment - 2 x rooms K&C	130	30	456	(426)
Electronic Medical Record (T3 'Sunrise' system)	780	543	386	157
Cardiac Catheter Lab QEQM	1,198	608	201	407
Installation of replacement MRI - QEQM	740	740	744	(4)
New Interventional Radiology (IR) suite - K&C	2,850	1,155	1,099	56
Endovascular theatre (EVT) kit installation - K&C	880	30	6	24
Clinical Trials Unit	1,600	350	31	319
MDG - Medical equipment replacement (<£250k per item)	1,500	1,500	894	606
IDG - IT hardware/ systems replacement	1,000	1,000	306	694
2Gether Support Solutions	350	350	8	342
Spencer Private Hospitals	150	40	21	19
PEIC - Backlog maintenance/ Patient environment improvement	3,000	1,000	738	262
ITU Expansion - 24 bed Unit WHH	2,530	1,618	168	1,450
East Kent Transformation Programme	200	200	88	112
Donated Assets	900	300	291	9
K&M ICS Prioritisation	1,178	184	21	163
Restore and Recovery	588	296	52	244
Elective Orthopaedics	0	0	2,362	(2,362)
All Other	0	0	395	(395)
	44,284	**16,487**	**11,531**	**4,956**

Funded By:	
Depreciation	19,206
Grants and Donations	900
Public Dividend Capital	24,178
	44,284

Capital Spend - YTD Position:

The Group gross capital year-to-date spend to the end of September is £11.5m, against an internal capital re-phased plan year-to-date of £16.5m.

The £5m underspend is driven by a combination of overspends totalling £3.2m, of which £2.4m relates to Elective Orthopaedics, and a further unbudgeted £0.8m, related to a 20/21 audit adjustment and other, mostly legacy 20/21 spends.

These are offset by underspends totalling £8.2m consisting of:

- £3.2m ED Expansion delay, where the build programme has been re-phased;

- £1.45m ITU Expansion;

- £0.7m IDG, driven by an EU / Covid-19 supply chain delay, expected to fully deliver by the end of November;

- £0.6M MDG, driven by an EU/Covid-19 supply chain delay;

- £0.4m Cardiac Cath Lab, due to delays in clearing the old unit, which put the programme behind by 3 weeks;

- £0.3m Clinical Trials Unit, which has been delayed to minimise the remaining legacy risk in the 21/22 Capital Programme;

- £0.2m PEIC, which remains behind plan, as a result of having to re-prioritise the budget to accommodate addressing the urgent risk of non-compliance on KCH Theatres;

- £1.3m Other: £0.4m allocated to subsidiaries is yet to be incurred and £0.9m relates to other smaller projects expected to recover in the coming months.

Risk Management

There is a £2.7m risk relating to a 20/21 audit adjustment and further funding support has been requested from the ICS. There is risk of slippage related to the proposed ED development.

Statement of Financial Position

Month 06 (September) 2021/22

£000	Opening	To Date	Movement	
Non-Current Assets	**392,317**	**393,366**	**1,048**	▲
Current Assets				
Inventories	4,198	5,329	1,131	▲
Trade and Other Receivables	31,262	37,379	6,116	▲
Assets Held For Sale			-	
Cash and Cash Equivalents	67,943	22,755	(45,189)	▼
Total Current Assets	**103,404**	**65,462**	**(37,942)**	▼
Current Liabilities				
Payables	(36,206)	(36,895)	(688)	▲
Accruals and Deferred Income	(83,294)	(49,918)	33,377	▼
Provisions	(3,826)	(3,234)	591	▼
Borrowing			-	
Net Current Assets	**(19,922)**	**(24,584)**	**(4,662)**	▼
Non Current Liabilities				
Provisions	(3,171)	(3,134)	38	▼
Long Term Debt	(87,360)	(83,958)	3,402	▼
Total Assets Employed	**281,863**	**281,690**	**(174)**	▼
Financed by Taxpayers Equity				
Public Dividend Capital	394,480	394,480	-	
Retained Earnings	(171,808)	(171,982)	(174)	▼
Revaluation Reserve	59,191	59,191	-	
Total Taxpayers' Equity	**281,863**	**281,690**	**(174)**	▼

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

Trust closing cash balances for September was £22.8m (£34.4m in August) £15.8m above plan. *See cash report for further details*.

Trade and other receivables have increased from the 2020/21 opening position by £6.1m (£7.5m increase in August). Year-end provisions against invoices worth £1.8m have been released, along with an increase in accrued VAT income.

Payables have increased by £0.7m YTD (£10.1m increase in August), this represents a significant reduction in month - see the Cash report for details of key payments made in month.

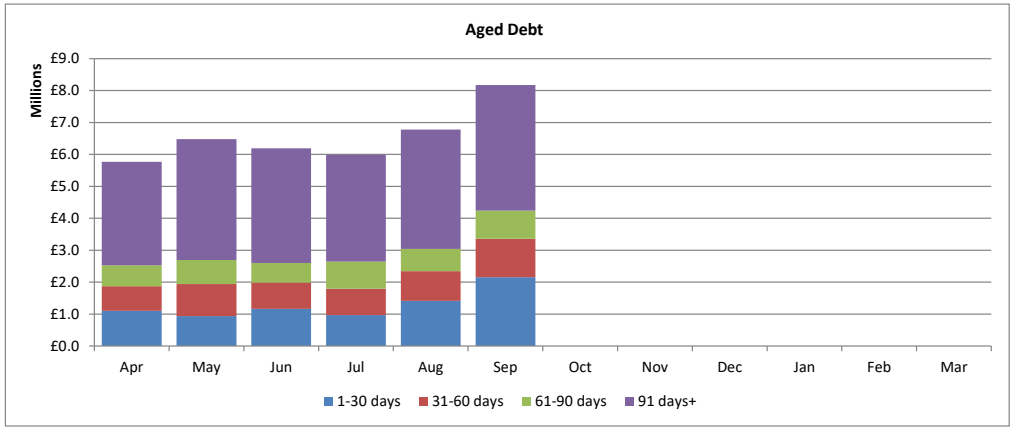
The large decrease in accruals and deferred income relate to year-end activity not being replicated in September. No PDC accrual made as month 6 sees the first half-yearly payment being made in cash.

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 06 (September) 2021/22

Top ten debtor balances outstanding as at 30/09/2021

Debtor Name	Current	1+	31+	61+	91+	Total
SPENCER PRIVATE HOSPITALS LIMITED	344	415	317	336	517	1,929
2GETHER SUPPORT SOLUTIONS LTD	104	891	356	13	40	1,404
KENT COMMUNITY HEALTH NHS FOUNDATION TRUS	410	265	257	109	293	1,335
NHS KENT AND MEDWAY CCG	1,019	0	49	2	2	1,073
DARTFORD AND GRAVESHAM NHS TRUST	48	62	62	27	851	1,049
NHS ENGLAND SOUTH EAST COMMISSIONING HUB (	585					585
MEDWAY NHS FOUNDATION TRUST	51	259	3	45	152	510
KENT COUNTY COUNCIL	58	58	58	175		349
DANSAC LIMITED	86				190	276
NHS ENGLAND Q88 SOUTH EAST (KENT, SURREY ANI	8	1	1		235	246
Total	**2,713**	**1,952**	**1,104**	**706**	**2,281**	**8,756**



Total invoiced debtors have decreased from the opening position of £8.2m by £3.2m to £11.4m (of which £3.3m is current debt)

At 30th September there were 5 debtors owing over £1m.

- Spencer Private Hospitals owe £1.9m and 2gether Support Solutions owe £1.4m. The Trust is working with subsidiaries to bring reciprocal balances down.
- Kent Community Health FT owe £1.3m
- NHS Kent & Medway CCG owe £1.1m, with £1.0m being current debt for Cancer Alliance Funding.
- Dartford & Gravesham NHS Trust owe £1.0m. Resolution of queried 20-21 P2P invoices is ongoing (£0.7m).

Top ten creditor balances outstanding as at 30/09/2021

Supplier Name	Current	1+	31+	61+	91+	Total
Other Creditors	2,819	1,281	(978)	787	2,857	6,765
2gether Support Solutions Ltd			4,901		105	5,006
Spencer Private Hospitals Ltd	191	285	268	158	773	1,676
Medway NHS Foundation Trust (RPA)		69	2	4	639	714
Ashford Clinical Providers Ltd	662					662
NES Holdings (UK) Ltd		479	76		77	632
GE Medical Systems Ltd	621	(658)		518	144	625
Invicta Health Community Interest Company	516	0			0	516
Thanet Health Community Interest Co	506					506
18 Week Support Ltd	304	116	16			436
	5,618	**1,572**	**4,285**	**1,467**	**4,595**	**17,539**

Better Payment Practice Code	Last Year YTD Number	Last Year YTD YTD £'000	This Year YTD Number	This Year YTD YTD £'000
Non NHS				
Total bills paid in the year	26,599	234,136	33,400	279,084
Total bills paid within target	25,751	218,391	31,759	261,067
Percentage of bills paid within target	**96.8%**	**93.3%**	**95.1%**	**93.5%**
NHS				
Total bills paid in the year	1,060	3,777	1,358	5,086
Total bills paid within target	892	3,401	1,093	3,999
Percentage of bills paid within target	**84.2%**	**90.0%**	**80.5%**	**78.6%**
Total				
Total bills paid in the year	27,659	237,913	34,758	284,170
Total bills paid within target	26,643	221,792	32,852	265,066
Percentage of bills paid within target	**96.3%**	**93.2%**	**94.5%**	**93.3%**

Invoiced creditors have decreased by £2.6m from the opening position to £17.5m.

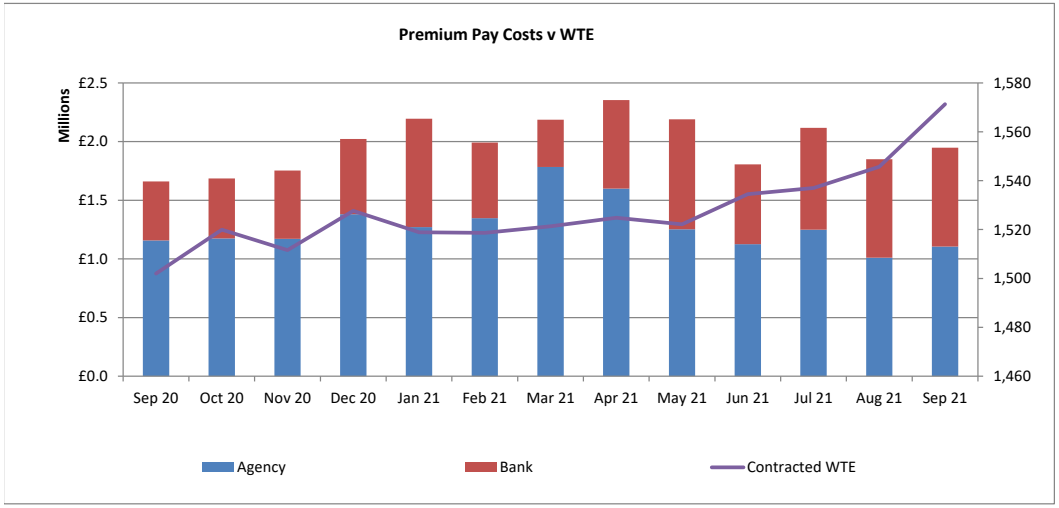
32% relates to current invoices with 26% or £4.6m over 90 days.

Over 90 days NHS creditors have decreased by £0.6m:

- Maidstone & Tunbridge Wells NHS Trust (RWF) - £-0.4m
- Medway NHS Foundation Trust (RPA) - £-0.06m
- St Georges University Hospitals NHS Foundation Trust (RJ7) - £-0.05m

General and Specialist Medicine
Month 06 (September) 2021/22

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	1,747	1,469	(278)	10,481	9,497	(984)
Non-Electives	5,978	7,411	1,433	35,867	41,912	6,045
Outpatients	1,993	2,226	233	11,959	11,611	(347)
High Cost Drugs	845	890	46	5,069	5,250	181
Private Patients	0	0	0	0	11	11
Other NHS Clinical Income	2,107	667	(1,440)	12,641	7,696	(4,945)
Other Clinical Income	0	6	6	0	40	40
Total Income from Patient Care Activities	**12,669**	**12,669**		**76,016**	**76,016**	
Other Operating Income	294	229	(65)	1,354	777	(577)
Total Income	**12,963**	**12,898**	**(65)**	**77,371**	**76,793**	**(577)**
Expenditure						
Substantive Staff	(7,576)	(7,013)	563	(40,756)	(36,854)	3,902
Bank	(518)	(842)	(324)	(3,045)	(4,922)	(1,877)
Agency	(798)	(1,106)	(308)	(4,702)	(7,343)	(2,641)
Total Employee Expenses	**(8,892)**	**(8,962)**	**(70)**	**(48,504)**	**(49,120)**	**(616)**
Purchase of Healthcare	(229)	(238)	(9)	(1,316)	(1,182)	133
Supplies and Services Clinical	(1,037)	(1,045)	(9)	(5,831)	(5,595)	236
Supplies and Services General	(75)	(26)	49	(379)	(151)	228
Drugs	(1,101)	(1,082)	19	(6,747)	(6,699)	48
All Other, incl Transport	(224)	(337)	(113)	(925)	(1,320)	(395)
Total Operating Expenditure	**(11,558)**	**(11,690)**	**(132)**	**(63,701)**	**(64,068)**	**(367)**
Contribution	**1,405**	**1,208**	**(197)**	**13,670**	**12,725**	**(945)**



The Care Group financial position deteriorated by £0.2m in September to £0.9m adverse to plan YTD. Income is £0.6m adverse to plan due to Harmonia being temporarily suspended, expenditure is adverse by £0.4m primarily due to ward staffing costs of premium pay, offset by reduced non-pay costs relating to elective and diagnostic services.

Income:

SLA Income is on-plan in line with Covid-19 reporting; the Care Group reported income was reduced by £4.4m YTD (£1.7m in September) to reflect breakeven, predominantly due to a YTD overperformance on NEL of £6m. Elective and Outpatient activity is on plan in September, due to the positive impact of Outpatients Recovery schemes, however remains at £1.3m adverse YTD due to pressures particularly within Endoscopy and Cardiology where recovery schemes have not reached maximum capacity. Performance under the Elective Recovery Fund (ERF) is favourable YTD but delivered under the 95% threshold set for September.

Pay:

September pay is £0.1m adverse (0.6m adverse YTD), the driver being premium pay pressures in both Nursing and Consultant to maintain safe ward staffing levels and increasingly to manage outliers. The run rate increased by £1m compared to August, of which £0.7m is the pay award and arrears, in addition to this, the Care Group recruitment process has resulted in an increase of 27 wte Nursing and HCA posts this month. Agency costs increased, particularly in Medical to cover outliers and to deliver recovery schemes in a number of specialities.

The Care Group are continuing to use additional Nursing staffing whilst evaluations of safe staffing levels are being undertaken.

Non-Pay:

Non-Pay deteriorated by £0.1m in September, and is £0.2m favourable to plan YTD due to reduced elective activity in earlier months particularly within Cardiology and Respiratory diagnostics. The adverse position this month is due to non-clinical costs including building repair works and computer hardware purchases.

Endoscopy Insourcing costs are expected to decrease in future months due to an in-house uptake of additional lists.

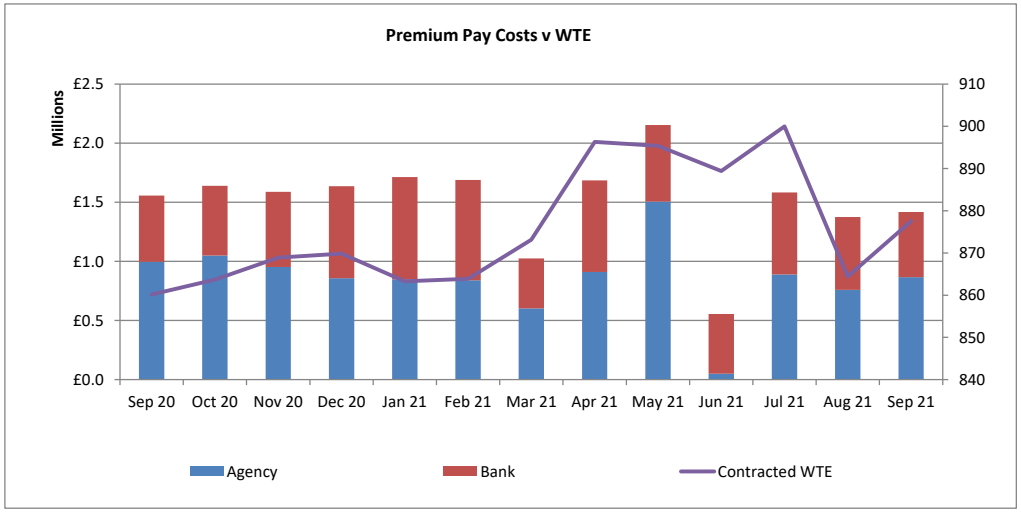
Covid-19:

Covid-19 costs of £0.15m were incurred in August, £0.2m below plan. The cumulative position is £2.1m spend, which is £0.75m favourable YTD. The majority of the costs remaining are to cover shielding staff.

Prepared by: Joanne Smith
Reviewed by: David Hardy-King

Urgent and Emergency Care
Month 06 (September) 2021/22

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	123	66	(56)	736	429	(307)
Non-Electives	4,265	4,171	(94)	25,589	25,689	100
Accident and Emergency	3,101	3,746	646	18,604	21,948	3,344
Outpatients	56	48	(8)	335	304	(30)
High Cost Drugs	1	2	1	3	25	22
Other NHS Clinical Income	(1)	(601)	(600)	(4)	(3,090)	(3,087)
Other Clinical Income	98	209	111	588	547	(41)
Total Income from Patient Care Activities	**7,642**	**7,642**	**()**	**45,852**	**45,852**	**()**
Other Operating Income						
Total Income	**7,642**	**7,642**	**()**	**45,852**	**45,852**	**()**
Expenditure						
Substantive Staff	(4,797)	(4,541)	256	(24,537)	(24,952)	(415)
Bank	(428)	(552)	(124)	(2,595)	(3,791)	(1,196)
Agency	(891)	(866)	24	(5,408)	(4,982)	426
Total Employee Expenses	**(6,116)**	**(5,959)**	**157**	**(32,540)**	**(33,725)**	**(1,185)**
Purchase of Healthcare	0	(5)	(5)	0	(5)	(5)
Supplies and Services Clinical	(167)	(157)	10	(960)	(971)	(11)
Supplies and Services General	(21)	(19)	2	(113)	(64)	49
Drugs	(181)	(194)	(13)	(931)	(1,090)	(160)
All Other, incl Transport	(749)	(817)	(68)	(4,507)	(4,148)	359
Total Operating Expenditure	**(7,233)**	**(7,152)**	**81**	**(39,050)**	**(40,003)**	**(953)**
Contribution	**409**	**490**	**81**	**6,802**	**5,849**	**(953)**



The Care Group's position was £0.1m favourable in September, driven mainly by a pay underspend associated with reducing Covid-19 costs and business case funding being added to the budget.

Income:

September's attendances were 21% (4,000) above plan. Actual attendances totalled 23,200. Activity is now persistently exceeding pre-Covid-19 levels (when activity was averaging 20,000 attendances a month in 19/20) and the general acuity of patients presenting is also more complex. Consequently, the overall adjustment required to counter the overperformance was £0.6m adverse- £3.0m adverse YTD.

Employee Expenses:

Pay was £0.1m favourable to plan in September. Pay actuals were £0.6m higher than August and £0.4m higher than the average for the year, driven mainly by the national pay award which was settled in September but covered the period April to September.

Temporary staffing costs were higher by £0.2m on last month-this was mainly across agency and locum and was mostly apparent in medical pay. After the holiday month of August, the Care Group has been more able to fill the agency shifts they require. The year to date pay overspend is due to activity pressures and because departments are staffing to business case levels. Approval to recruit to the staffing business case has now been granted and funds have started to be added to the budget this month. This has led to an improved position.

Despite the fall in Covid-19 admissions, services are still configured for social distancing reasons and remote areas (Monkton Suite/Fracture Clinic) are also having to be staffed. It's estimated that the footprint for ED services has approximately doubled since the Covid-19 pandemic, so it's expected that this expenditure will continue for the foreseeable future. Nevertheless, Covid-19 costs fell slightly from August to September and were £0.06m below plan. Covid-19 budget allocations have now been capped at June levels (£0.18m per month).

Acute Junior Dr costs have also increased over funded levels. Approximately 70% of these costs relate to GSM services (e.g. Stroke cover at KCH, Oxford, Cambridge M1 and Kings D2 ward cover) and are therefore outside of the Care Group's control.

Other Operating Expenditure:

Non-pay was £0.08m adverse to plan in September. Actual costs were £0.18m higher than the average for the year. This was driven by an increase in sub contracted GP hours and other initiatives in support of UTC services. Resident Medical Officer (RMO) costs were also higher than average. Further work will be undertaken to examine the reason for the increase, with particular emphasis on accruals processes.

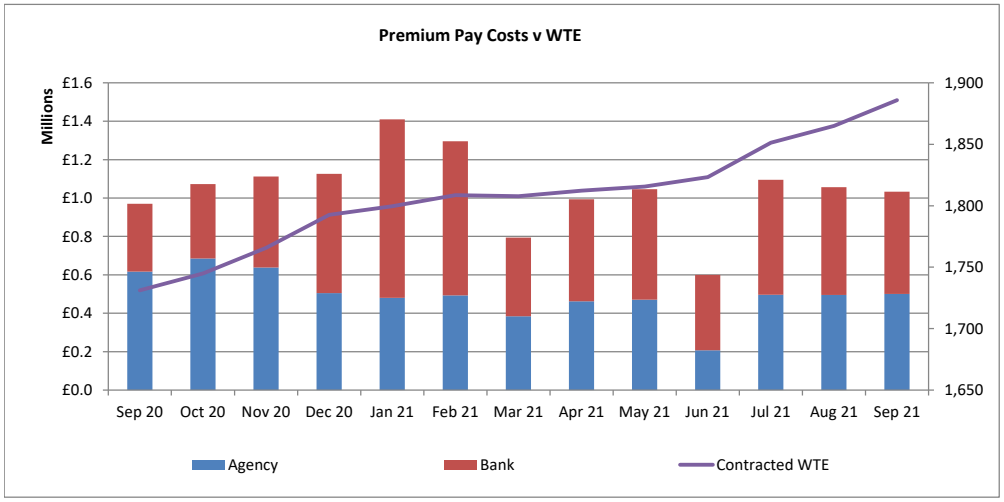
CIPs:

A small amount of savings associated with consultant recruitment was recognised this month. The savings agenda is expected to be more prominent in the second half of the year. However, in the meantime, it is still planned that any material savings achieved will still continue to be recognised. Potential savings on the RMO contract are currently being explored.

Prepared by: Stephen Lazell
Reviewed by: David Bogard & Hillary Mitchell

Surgery and Anaesthetics
Month 06 (September) 2021/22

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	3,601	3,065	(536)	21,606	15,556	(6,049)
Non-Electives	3,326	4,112	785	19,958	23,453	3,496
Outpatients	1,436	1,522	85	8,619	8,142	(477)
High Cost Drugs	27	34	7	161	196	35
Private Patients	0	30	30	0	96	96
Other NHS Clinical Income	1,617	1,242	(375)	9,702	12,582	2,880
Other Clinical Income	0	3	3	0	20	20
Total Income from Patient Care Activities	**10,007**	**10,007**		**60,045**	**60,045**	
Other Operating Income	85	75	(10)	431	481	49
Total Income	**10,092**	**10,083**	**(10)**	**60,476**	**60,525**	**49**
Expenditure						
Substantive Staff	(9,056)	(9,157)	(101)	(48,516)	(48,839)	(323)
Bank	(343)	(532)	(190)	(1,889)	(3,189)	(1,300)
Agency	(324)	(501)	(178)	(1,759)	(2,634)	(875)
Total Employee Expenses	**(9,722)**	**(10,190)**	**(468)**	**(52,164)**	**(54,663)**	**(2,499)**
Purchase of Healthcare	()	(1)	(1)	(1)	(1)	()
Supplies and Services Clinical	(1,654)	(1,568)	87	(9,956)	(8,539)	1,418
Supplies and Services General	(52)	(43)	9	(311)	(265)	45
Drugs	(391)	(382)	9	(2,254)	(2,149)	106
All Other, incl Transport	(265)	(237)	28	(1,379)	(1,401)	(22)
Total Operating Expenditure	**(12,085)**	**(12,422)**	**(337)**	**(66,065)**	**(67,018)**	**(952)**
Contribution	**(1,992)**	**(2,339)**	**(347)**	**(5,589)**	**(6,492)**	**(903)**



The Care Group is £0.9m adverse to plan YTD, of which £0.3m was in month 6 due to staffing overspends.

Income:

SLA Income has been adjusted YTD to break-even by £2.9m, for the impact of Covid-19.

Elective income is adverse £6.0m YTD and Outpatients £0.5m YTD. September activity performance achieved was approximately 89%, below the current 95% ERF threshold target by £0.3m.

4 R plans had been developed for all specialties to deliver activity in line with National Planning guidance until the 95% threshold target was brought forward. Theatre & Bed capacity are currently the limiting factors.

Non-Elective income is favourable YTD by £3.5m.

Pay:

Pay is adverse £2.5m YTD.

Both Bank (£1.3m) and Agency (£0.9m) are overspent YTD mainly due to increased Nursing to support additional workloads from Covid-19 patient pathway changes, 4 R plans and cover for sickness & vacancies.

Non-Pay:

Non-Pay is favourable £1.5m YTD, with underspends on clinical supplies £1.4m and Drugs £0.1m from reduced patient activity.

Covid-19:

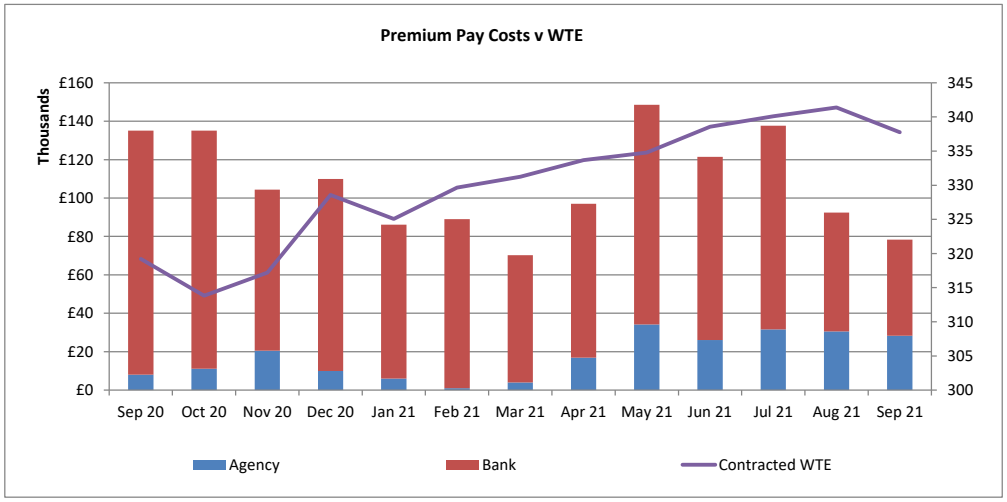
Covid-19 additional costs incurred of £1.6m have been funded in the above and relate mainly to temporary staffing. Of this £0.7m relates to Medical Staffing claims. The remaining costs mainly relate to additional workforce requirements of pathway changes incurred supporting Critical Care services & emergency wards and also backfilling of staff.

Prepared by: James Isard
Reviewed by: Sue Travis

Surgery - Head and Neck, Breast Surgery and Dermatology

Month 06 (September) 2021/22

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	1,244	1,279	36	7,461	6,779	(682)
Non-Electives	167	132	(35)	1,002	823	(179)
Outpatients	1,912	2,188	276	11,472	10,550	(921)
High Cost Drugs	249	448	200	1,493	1,897	403
Private Patients	0			0	21	21
Other NHS Clinical Income	69	(407)	(476)	415	1,771	1,356
Other Clinical Income	0	0	0	0	1	1
Total Income from Patient Care Activities	**3,640**	**3,640**		**21,843**	**21,843**	
Other Operating Income	10	15	4	62	65	2
Total Income	**3,651**	**3,655**	**4**	**21,905**	**21,907**	**2**
Expenditure						
Substantive Staff	(1,854)	(1,870)	(16)	(9,902)	(10,098)	(196)
Bank	(102)	(50)	52	(596)	(508)	88
Agency	(9)	(28)	(19)	(69)	(168)	(99)
Total Employee Expenses	**(1,966)**	**(1,949)**	**17**	**(10,568)**	**(10,774)**	**(206)**
Purchase of Healthcare	(49)	(56)	(7)	(295)	(341)	(46)
Supplies and Services Clinical	(101)	(120)	(20)	(604)	(535)	70
Supplies and Services General	(1)	(1)	1	(6)	(4)	2
Drugs	(429)	(431)	(2)	(2,631)	(2,624)	6
All Other, incl Transport	(64)	(22)	42	(390)	(176)	214
Total Operating Expenditure	**(2,610)**	**(2,579)**	**31**	**(14,494)**	**(14,453)**	**41**
Contribution	**1,041**	**1,076**	**35**	**7,411**	**7,454**	**43**



The Care Group is break-even to plan YTD, with a small improvement in month of £0.03m.

Income:

SLA Income has been adjusted YTD to break-even by £1.2m, for the impact of Covid-19.

Elective income is £0.7m YTD and Outpatients £0.9m YTD adverse. However, for September the activity performance was approximately 97%, which was above the current 95% ERF threshold target by £0.1m.

4 R plans are in place for all specialties however some specialties have gaps to deliver activity in line with National Planning guidance. The care group are currently developing plans to mitigate gaps in activity for H2 however dependent on funding from the 4R business case in some specialties. Theatre capacity/outpatient clinic room capacity & staffing are currently the limiting factors.

Non-Elective income is adverse YTD by £0.2m.

Pay:

Pay is adverse £0.2m YTD.

Substantive staffing (£0.2m) is overspent mainly due to an increase in additional waiting list payments to support RTT improvements.

Agency (£0.1m) is overspent YTD for Medical Staffing to cover vacancies and support RTT improvements.

Non-Pay:

Non-Pay is favourable by £0.2m YTD, with an underspend on supplies and services.

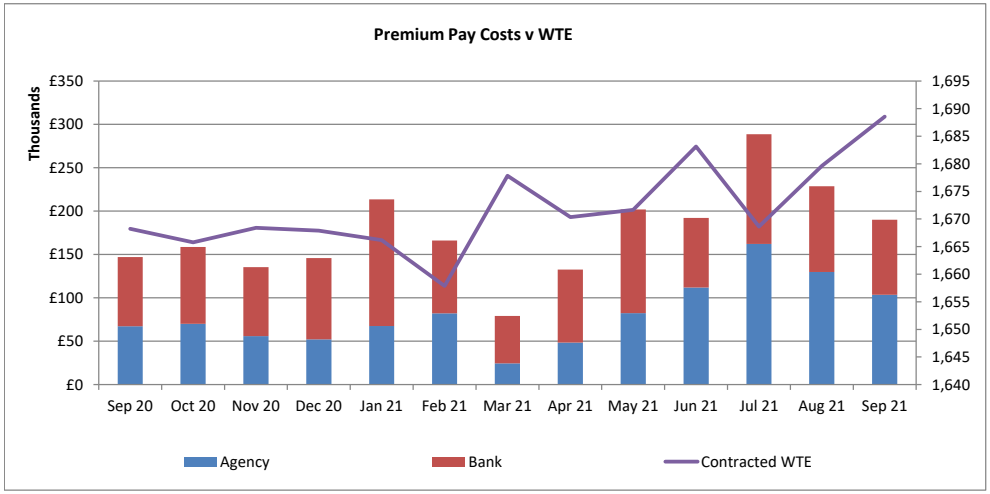
Covid-19:

Covid-19 additional costs of £0.03m have been funded in the above and relate mostly to temporary staffing.

Prepared by: James Isard
Reviewed by: Sarah Hyett

Clinical Support
Month 06 (September) 2021/22

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	77	57	(20)	460	319	(140)
Non-Electives	10	0	(10)	58	2	(56)
Outpatients	856	707	(150)	5,138	4,115	(1,024)
High Cost Drugs	1,422	1,459	37	8,532	8,502	(30)
Private Patients	0			0	17	17
Other NHS Clinical Income	2,747	2,889	142	16,480	17,714	1,233
Other Clinical Income	0	0	0	0		
Total Income from Patient Care Activities	**5,111**	**5,111**	**()**	**30,669**	**30,669**	
Other Operating Income	753	742	(11)	4,635	4,317	(318)
Total Income	**5,864**	**5,853**	**(11)**	**35,303**	**34,986**	**(318)**
Expenditure						
Substantive Staff	(6,937)	(6,888)	49	(36,392)	(36,227)	165
Bank	(53)	(87)	(34)	(345)	(597)	(252)
Agency	(172)	(103)	69	(1,113)	(638)	475
Total Employee Expenses	**(7,162)**	**(7,078)**	**84**	**(37,850)**	**(37,462)**	**388**
Purchase of Healthcare	(5)	(2)	3	(28)	(30)	(2)
Supplies and Services Clinical	(2,554)	(2,879)	(325)	(14,910)	(14,429)	481
Supplies and Services General	(14)	(17)	(3)	(85)	(78)	7
Drugs	(1,792)	(1,807)	(15)	(10,593)	(10,461)	132
All Other, incl Transport	(255)	(254)	1	(1,726)	(1,717)	10
Total Operating Expenditure	**(11,782)**	**(12,037)**	**(255)**	**(65,193)**	**(64,176)**	**1,017**
Contribution	**(5,918)**	**(6,184)**	**(266)**	**(29,890)**	**(29,191)**	**699**



There was a net adverse position in CSS this month. This is mainly being driven by costs incurred within Radiology to deliver the high demand and backlog.

Income:

Activity levels increased in Pathology direct access and GUM tests and were on par with August in the other Departments. The income from Homecare drugs reimbursement was £0.4m above August, but slightly below plan. Overall the top-up adjustment to Plan in the Care Group was £0.36m, on par with last month, Total top-up is now £0.76m.

Employee Expenses:

Pay costs were significantly higher this month due the payment of the pay award arrears paid, impact £0.93m. There were lower agency and waiting list payment costs however Radiology is still materially overspent against pay budget, driven by overtime, additional reporting and waiting list costs. This is offset by underspends in Therapies, impact of vacancies; and Pathology impacted by Covid-19 testing funding within system envelope.

Covid-19 Pay cost in CSS for the year is £1.2m of which £0.56m is 'Outside of Envelope'.

Other Operating Expenditure:

There was a increase in non-pay spend in month 6. Homecare drugs increased by £0.4m, although remains within budget year to date. Clinical Supplies and services costs were above plan and again, a material element of this was related to delivering the Imaging backlog. Additional MRI and radiology reporting resource is being outsourced continuing to cause financial pressure in the Care Group. There is a high amount of syringes being charged to Radiology - this is under review for accuracy or a potential stock adjustment next month. In Audiology, hearing aid costs increased and are now overspent - this is in line with devices recharged to the commissioners within the income position. Within Pathology Red Blood cells, Histopathology outsourced to LD Path and other external referred diagnostics were overspent in September.

Covid-19:

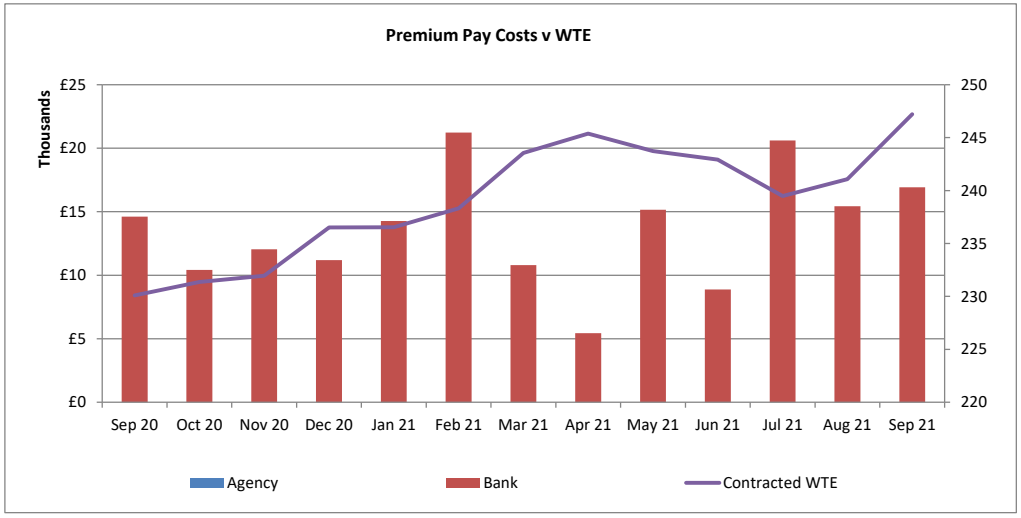
Covid-19 expenditure on non-pay is now £0.38m of which £0.32m is 'Outside of Envelope'.

The total cost impact is £1.23m in addition to income losses of £0.8m (Clinical & Non-clinical).

Prepared by: Vivienne Bertram
Reviewed by: Heather Munro

Cancer Services
Month 06 (September) 2021/22

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	390	579	189	2,343	3,101	758
Non-Electives	26	31	6	154	210	56
Outpatients	846	1,247	401	5,074	6,858	1,785
High Cost Drugs	2,251	2,420	169	13,506	14,150	644
Other NHS Clinical Income	765	(2)	(768)	4,592	1,347	(3,246)
Other Clinical Income	0	3	3	0	3	3
Total Income from Patient Care Activities	**4,278**	**4,278**	**0**	**25,669**	**25,669**	**0**
Other Operating Income	98	101	3	588	583	(5)
Total Income	**4,376**	**4,379**	**3**	**26,257**	**26,252**	**(5)**
Expenditure						
Substantive Staff	(1,080)	(1,096)	(16)	(5,710)	(5,737)	(27)
Bank	(18)	(17)	1	(80)	(82)	(3)
Agency	()	0		(2)	0	2
Total Employee Expenses	**(1,099)**	**(1,113)**	**(14)**	**(5,792)**	**(5,820)**	**(28)**
Purchase of Healthcare	()	(1)	(1)	(2)	(2)	0
Supplies and Services Clinical	(225)	(210)	15	(1,350)	(1,228)	123
Supplies and Services General	(5)	(7)	(3)	(27)	(46)	(19)
Drugs	(2,702)	(2,721)	(19)	(14,768)	(14,768)	0.00
All Other, incl Transport	(45)	(44)	1	(273)	(247)	26
Total Operating Expenditure	**(4,075)**	**(4,096)**	**(21)**	**(22,213)**	**(22,111)**	**102**
Contribution	**301**	**283**	**(18)**	**4,045**	**4,141**	**96**



The CCHH care group remained in surplus in YTD, despite a small non-pay overspend in month relating to pay cost.

Income:

Activity remains above plan this again this month, with a negative Covid-19 adjustment removing £1m from the CCHH position, £3.7m total year to date. Clinical Oncology outpatients' follow-ups and regular day attendance continue to drive this over-performance.

Employee Expenses:

Pay cost included the pay award arrears paid this month which impacted the Care Group c£0.2m. The pay overspend reflects the medical staff cover costs within Clinical Haematology. Year to date the overall pay overspend is 0.5% which is well within the We Care threshold set for this period.

Other Operating Expenditure:

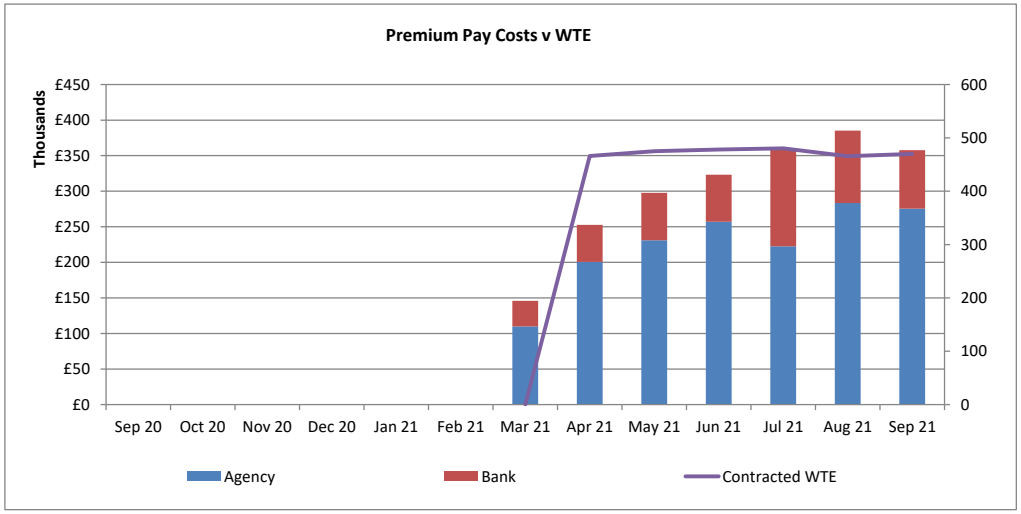
There is an underspend on non-pay. This is mainly on disposable medical equipment and also the Oncology SLA with Maidstone and Tunbridge Wells. Drugs costs is now balanced at year to date. Drugs cost represents 90% (£2.7m per month) of the non-pay expenditure budget, with 92% of that being High Cost Drugs.

Covid-19:

Total Covid-19 costs claimed remains minimal at £0.02m, with £0.05m for overtime utilised for the patient vaccination programme, rechargeable to NHSE/I as it is an 'Outside of Envelope' cost and the balance for additional staffing costs.

Women's Health
Month 06 (September) 2021/22

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	99	62	(36)	593	314	(279)
Non-Electives	664	614	(50)	3,981	3,012	(969)
Outpatients	651	634	(16)	3,905	3,638	(268)
High Cost Drugs	33	27	(6)	200	88	(112)
Other NHS Clinical Income	2,071	2,179	107	12,429	14,053	1,624
Other Clinical Income	0	1	1	0	3	3
Total Income from Patient Care Activities	**3,518**	**3,518**	**0**	**21,108**	**21,108**	**0**
Other Operating Income	74	75	1	470	466	(4)
Total Income	**3,592**	**3,593**	**1**	**21,578**	**21,574**	**(4)**
Expenditure						
Substantive Staff	(2,678)	(2,468)	210	(14,388)	(13,361)	1,027
Bank	(57)	(82)	(25)	(258)	(505)	(247)
Agency	(152)	(276)	(123)	(856)	(1,470)	(614)
Total Employee Expenses	**(2,888)**	**(2,826)**	**62**	**(15,502)**	**(15,336)**	**166**
Purchase of Healthcare						
Supplies and Services Clinical	(131)	(157)	(26)	(806)	(809)	(3)
Supplies and Services General	(10)	(5)	5	(35)	(14)	21
Drugs	(118)	(115)	3	(581)	(602)	(22)
All Other, incl Transport	(40)	(32)	8	(293)	(266)	27
Total Operating Expenditure	**(3,187)**	**(3,136)**	**51**	**(17,216)**	**(17,027)**	**189**
Contribution	**405**	**457**	**52**	**4,362**	**4,547**	**185**



The Care Group's position was £0.05m favourable in September, driven mainly by a pay underspend.

Income:

The Covid-19 adjustment to bring income up to breakeven was £0.3m in September and is £4.7m year to date. Paediatric activity was low against plan in most areas, although respiratory non-elective admissions are increasing and are expected to rise significantly further during the winter months.

Employee Expenses:

Pay was underspent by £0.06m in September. Actual expenditure was £0.3m higher than last month and £0.35m higher than average for the year, driven mainly by the national pay award which was settled in September but covered the period April to September. Premium pay reduced by £0.05m compared to August but was £0.04m higher than the average for the year. This was due to:

• Higher medical agency/locum cost to cover vacancies, particularly consultant vacancies, and sickness. Further consultant interviews are planned for November.

• Increasing paediatric and NICU nursing bank costs associated with high levels of vacancy amid a national paediatric nurse shortage which is running concurrently with a spike in respiratory related admissions post Covid-19. Recruitment incentives have been introduced to attract applicants to vacant posts.

Covid-19 expenditure (£0.03m) was slightly lower than August and £0.01m lower than the allocation. Covid-19 budget allocations have now been capped at June levels (£0.04m per month).

In addition, £0.07m of unused paediatric business case funding was returned to central reserves this month.

Other Operating Expenditure:

Non-Pay was £0.01m overspent in September. Actuals costs increased by £0.03m compared the average for the year. This was driven by increasing drugs and clinical supply costs associated with recent increases to respiratory activity, particularly on the wards.

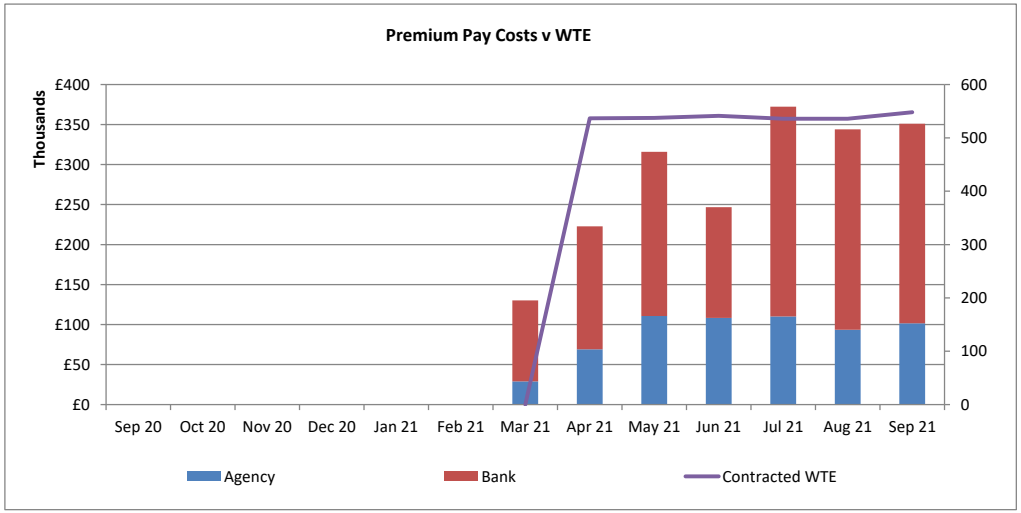
CIPs:

A small amount of non-recurrent pay savings relating to vacancies have been recognised this month. The savings agenda is expected to be more prominent in the second half of the year. However, in the meantime, it is still planned that any material savings achieved will still continue to be acknowledged.

Prepared by: Stephen Lazell
Reviewed by: Karen Costello

Child Health
Month 06 (September) 2021/22

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	511	463	(48)	3,065	2,609	(456)
Non-Electives	1,763	2,062	299	10,580	12,451	1,871
Outpatients	389	437	48	2,331	2,450	119
High Cost Drugs	11	1	(11)	69	2	(67)
Other NHS Clinical Income	1,163	877	(287)	6,980	5,492	(1,488)
Other Clinical Income	0	(1)	(1)	0	21	21
Total Income from Patient Care Activities	**3,838**	**3,838**	**0**	**23,025**	**23,025**	**0**
Other Operating Income	16	45	28	83	116	33
Total Income	**3,854**	**3,882**	**28**	**23,108**	**23,141**	**33**
Expenditure						
Substantive Staff	(2,792)	(2,734)	58	(14,772)	(14,507)	265
Bank	(160)	(249)	(90)	(1,060)	(1,259)	(200)
Agency	(62)	(102)	(39)	(397)	(593)	(196)
Total Employee Expenses	**(3,015)**	**(3,085)**	**(71)**	**(16,228)**	**(16,359)**	**(131)**
Purchase of Healthcare	(1)	(1)	1	(7)	(5)	3
Supplies and Services Clinical	(95)	(99)	(4)	(767)	(806)	(38)
Supplies and Services General	(4)	(3)	1	(26)	(18)	8
Drugs	(88)	(77)	12	(531)	(495)	35
All Other, incl Transport	(43)	(46)	(3)	(327)	(299)	29
Total Operating Expenditure	**(3,246)**	**(3,311)**	**(64)**	**(17,887)**	**(17,982)**	**(95)**
Contribution	**608**	**572**	**(36)**	**5,221**	**5,160**	**(61)**



The Care Group's position was £0.04m adverse in September, driven mainly by a pay overspend.

Income:

The Covid-19 adjustment to bring income down to breakeven was £0.5m in September and is £1.8m year to date. Activity continues to perform above plan, primarily due to higher non-elective (NEL) activity. There has been a sustained increase in NEL short stay activity since the Women's Health Suite in Ashford was opened, and also an increase in QEQM Gynaecology Assessment Unit (GAU) activity. Births have also increased marginally and outpatient attendances and elective activity is increasing as part of Restore & Recovery efforts.

Central NHSE&I Ockenden maternity funding (£0.03m) has been phased into the budget this month -£0.58M of funding has been allocated to the Trust for 2021/22, with a further £0.3m potentially to be released, pending successful implementation of recruitment and retention plans.

Employee Expenses:

Pay was £0.07m overspent in September. Actual expenditure was £0.36m higher than last month and £0.4m higher than average for the year, driven mainly by the national pay award which was settled in September but covered the period April to September. Premium pay reduced by £0.02m compared to August but was £0.04m higher than the average for the year. This was due to:

• Increasing midwifery nursing bank costs due to vacancies, maternity leave and sickness. A shift bonus has been introduced to improve the bank fill rate which has added further cost. Enhanced rates ended 30.09.21. A business case for 80+ substantive midwifery/obstetric service staff has now been fully approved and notable reductions in bank expenditure are anticipated from November onwards, when over 20 newly recruited staff are expected to be in post and to have completed their 4-week supernumerary period.

• Higher locum/waiting list initiative medical costs associated with plans to reduce patient waiting times.

Covid-19 expenditure (£0.05m) was £0.02m lower than August and £0.02m lower than the allocation. Covid -19 budget allocations have now been capped at June levels (£0.07m per month).

Other Operating Expenditure:

Non-Pay was £0.01m underspent in September. Lower than average drugs and clinical supplies costs was the main driver.

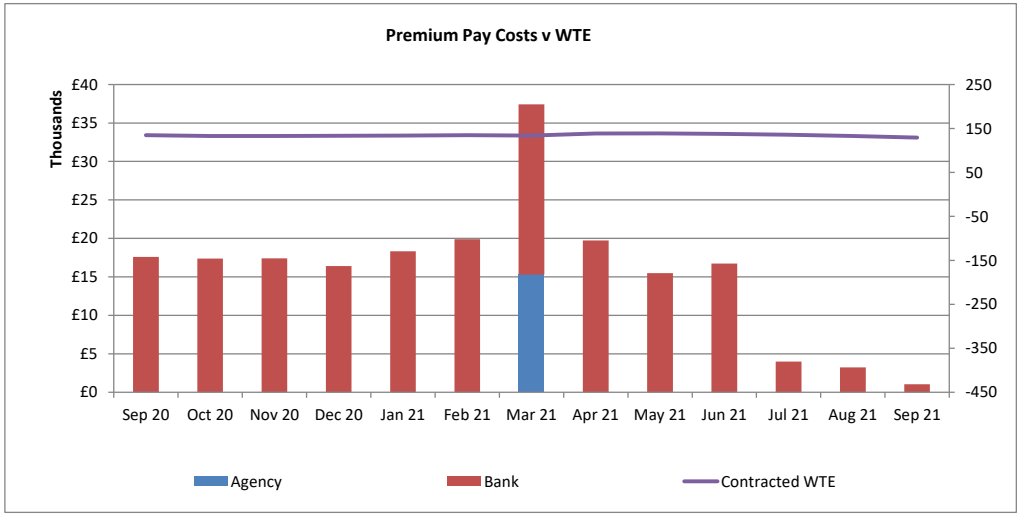
CIPs:

A small amount of non-recurrent pay savings relating to vacancies and recurrent savings associated with consultant recruitment have been recognised this month. The savings agenda is expected to be more prominent in the second half of the year. However, in the meantime, it is still planned that any material savings achieved will still continue to be acknowledged.

Prepared by: Stephen Lazell
Reviewed by: Tori Harrison

Strategic Development and Capital Planning
Month 06 (September) 2021/22

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Non Patient Care Services	39	45	6	235	320	85
Car Parking	99	111	12	593	651	58
Staff Accommodation	190	168	(22)	1,169	987	(182)
All Other Income	186	194	9	1,129	1,143	13
Total Income	**514**	**518**	**5**	**3,127**	**3,101**	**(26)**
Expenditure						
Substantive Staff	(647)	(601)	46	(3,445)	(3,238)	206
Bank	(32)	(1)	31	(192)	(60)	132
Agency	0	0	0	0	0	0
Total Employee Expenses	**(679)**	**(602)**	**77**	**(3,637)**	**(3,299)**	**339**
Supplies and Services General	(4,210)	(4,210)	()	(26,169)	(26,140)	29
Establishment	(131)	(176)	(45)	(779)	(941)	(162)
Premises and Rates	(250)	(252)	(2)	(1,501)	(1,494)	7
Premises Other	(808)	(896)	(89)	(4,885)	(4,924)	(39)
Transport	(21)	(7)	14	(127)	(55)	73
Education and Training	(63)	(4)	59	(89)	(26)	62
All Other	(8)	(18)	(9)	(43)	(19)	24
Total Operating Expenditure	**(6,171)**	**(6,165)**	**6**	**(37,230)**	**(36,896)**	**334**
Contribution	**(5,658)**	**(5,646)**	**11**	**(34,103)**	**(33,796)**	**308**



Strategic Development and Capital Planning is favourable to budget by £0.3m YTD as at the end of September.

Income:

Income is favourable £5k in MTH and adverse £0.03m YTD. Car parking income is favourable £0.01m in MTH and £0.06m YTD, this is net of the Covid-19 top up which was based on month 12. IT income is favourable £5k in MTH and £0.08m YTD. The favourable position is due to staff costs recharge to the CCGs and Covid-19 certificate project income there are non-pay costs which offset this. Accommodation is adverse £0.02m in MTH and £0.18m YTD. However, this needs to be looked at in conjunction with internal recharges for overseas nursing accommodation which is £0.14m favourable YTD resulting in a net position of adverse against plan of £0.04m, occupancy levels influenced by Covid-19 and Overseas Nurses bookings.

Pay:

Pay is favourable £0.08m in MTH and £0.34m favourable YTD. Facilities favourable £0.03m in MTH and £0.14m favourable YTD which is attributable to inter site transfers, a review has been carried out on this service and it has now ceased. Strategic Development £0.01m adverse in MTH and favourable £0.06m YTD due to 3.00 WTE 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 favourable £0.04m in MTH and £0.14m YTD. There are 10.79 WTE vacancies in IT of which 45% relate to the Electronic Medical Records Project.

Non-Pay:

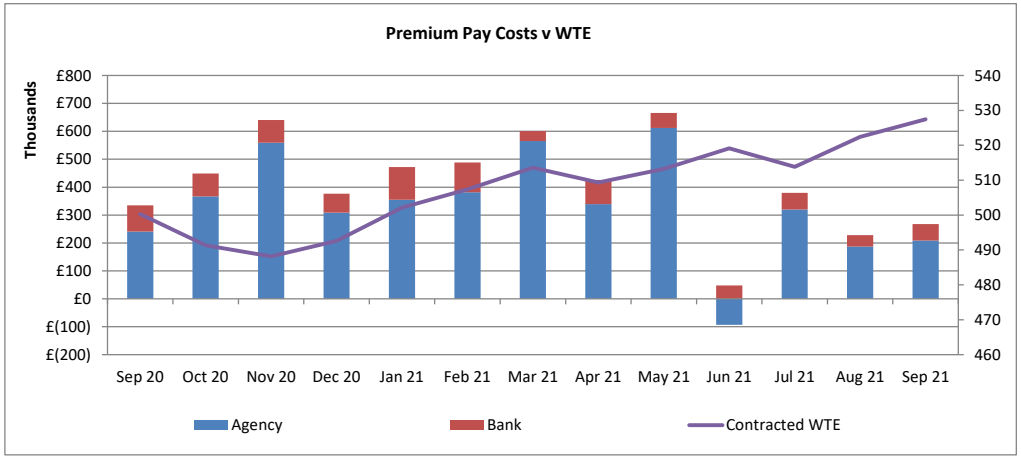
Non-Pay is adverse £0.07m in MTH and £5k adverse YTD.

Utilities adverse £0.16m in month and £0.32m adverse YTD. However, it needs to be noted the budget profile is in 12ths and has not been changed to account for seasonality. Electricity £0.17m, £0.1m at the WHH, water £0.11m all at the WHH and sewerage £0.12m adverse YTD 50/50 WHH and KCH. The main area seems to be the WHH site and these variances are being investigated in conjunction with the Energy and Sustainability Engineer with regards to price and activity.

Patient's Travelling Expenses favourable £4k in month and £0.03m YTD. Rent/Hire Premises is £0.13m favourable but needs to be looked at in conjunction with the accommodation income as stated above.

There are various under and overspends that are not that material but are still being monitored with departmental leads.

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Non Patient Care Services	139	149	10	741	775	33
Research and Innovation	192	213	20	1,094	1,094	()
Education and Training Income	1,256	1,255	()	7,547	7,552	5
Staff Accommodation	0	0	0	0	(5)	(5)
All Other Income	40	33	(7)	337	122	(215)
Total Income	**1,627**	**1,650**	**23**	**9,720**	**9,538**	**(182)**
Expenditure						
Substantive Staff	(2,813)	(2,731)	82	(15,143)	(14,919)	224
Bank	(38)	(59)	(21)	(134)	(347)	(213)
Agency	0	(209)	(209)	(3)	(1,574)	(1,571)
Total Employee Expenses	**(2,852)**	**(2,999)**	**(147)**	**(15,280)**	**(16,840)**	**(1,560)**
Supplies and Services General	(67)	(86)	(19)	(405)	(690)	(285)
Establishment	(84)	(92)	(8)	(488)	(591)	(103)
Premises and Rates	(4)	(6)	(2)	(23)	(25)	(2)
Premises Other	(179)	(224)	(45)	(985)	(1,269)	(283)
Transport	(36)	(25)	11	(229)	(193)	36
Clinical Negligence	(2,330)	(2,330)	0	(13,977)	(13,977)	0
Education and Training	(273)	(279)	(6)	(1,378)	(1,431)	(53)
All Other	(1,241)	(521)	720	(6,263)	(3,941)	2,322
Total Operating Expenditure	**(7,065)**	**(6,562)**	**503**	**(39,029)**	**(38,957)**	**72**
Contribution	**(5,438)**	**(4,911)**	**526**	**(29,309)**	**(29,419)**	**(110)**



The Corporate position is favourable £0.52M in month and £0.11m adverse YTD. The YTD position is made up as follows: Clinical Quality & Patient Safety (CQ&PS) favourable £0.18m, HR adverse £0.22m, Finance favourable £0.20m, Operations adverse £0.58m, Trust Board favourable £0.09m, PGME and R&I favourable £0.22m.

Income:

Income is favourable £0.02m in month and adverse £0.18m YTD.

The YTD position is mainly attributable to loss of R&I, accommodation and 2gether retail loss of income within Operations, the funding stream to account for this is within the non-pay Covid-19 envelope.

Pay:

Pay is adverse £0.15m in month and adverse £1.56m YTD. This is mostly attributable to Covid-19 which is adverse £0.21m in month and £2.21m YTD. The funding envelope is held in non-pay, therefore, subjectively the total variance seems higher. The 2gether pay costs that have been transferred are decreased again this month and currently being reconciled and potential exit strategies being discussed on a weekly basis.

The adverse Covid-19 variances are partly offset by vacancies/underspends in other Corporate areas. CQ&PS favourable £0.02m month / £0.02m YTD, HR adverse £0.03m month / £0.02m YTD, Finance favourable £0.03m month / £0.18m YTD, Trust Board £0.04m favourable in month and £0.20m YTD respectively. All posts being reviewed and monitored

Non-Pay:

Non-Pay is favourable £0.65m in month and £1.63m favourable YTD.

CQ&PS favourable £0.03m in month and favourable £0.06m YTD. Position YTD due to interpreter fees being favourable due to decreased activity and computer software.

HR favourable £0.09m in month and adverse £0.20m YTD. The position in month and YTD is mainly due to work permits due to a large intake of overseas nurses as well as the Covid-19 testing packages which are required upon arrival. Forecast on permits is to come back in line in future months due to decreased activity.

Finance favourable £0.03m in month and favourable £0.03m YTD, position YTD attributable to travel and computer software.

Trust Board favourable £0.02m in month and adverse £0.10m YTD. The position YTD is mainly due to legal fees.

Operations favourable £0.51m in month and favourable £1.81m YTD due to Covid-19 underspends against the non-pay allocation which, at present, being used to offset the shortfall in pay. The total Covid-19 envelope income, pay and non-pay is £0.2m adverse YTD with an improvement against plan in month of £0.32m, as stated before reviews of all Covid-19 expenditure are being carried out to ascertain ongoing requirements. Also, within Operations Independent Sector is £0.3m adverse YTD due to costs exceeding plan, review currently taking place to ascertain that the correct costs are being reported against the allocation within the business case.

Spencer Private Hospitals
Month 06 (September) 2021/22

Summary Profit & Loss September 2021 and Outturn Forecast

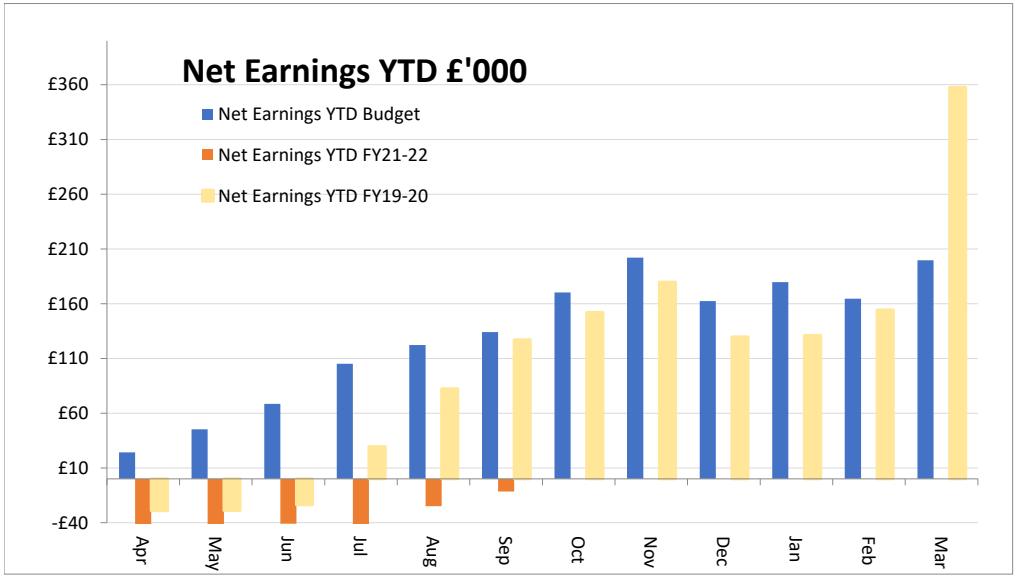
£'000s	Month			YTD			Full Year 2020-21		
	Actual	Budget	Variance	Actual	Budget	Variance	Outturn	Budget	Variance
Income	1,440	1,417	23	7,590	8,533	(943)	15,444	16,855	(1,411)
Pay	(670)	(700)	30	(3,766)	(4,174)	408	(7,589)	(8,313)	724
Non Pay	(595)	(574)	(21)	(3,049)	(3,423)	374	(5,949)	(6,759)	810
Other Costs	(150)	(122)	(28)	(774)	(736)	(38)	(1,669)	(1,468)	(201)
Operating Profit	25	20	5	1	201	(200)	237	316	(78)
OP %	*1.7%*	*1.4%*	*20.3%*	*0.0%*	*2.4%*	*21.2%*	*1.5%*	*1.9%*	*5.5%*
Interest Receivable	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
Interest Expense	0	(3)	3	0	(17)	17	(24)	(33)	9
Net Profit before Tax	25	18	8	1	184	(182)	213	282	(69)
NPBT %	*1.8%*	*1.2%*	*32.3%*	*0.0%*	*2.2%*	*19.3%*	*1.4%*	*1.7%*	*4.9%*
Tax	(5)	(6)	1	(0)	(50)	50	(62)	(83)	21
Net Profit after Tax	20	12	8	1	134	(133)	151	200	(49)
NPAT %	*1.4%*	*0.8%*	*35.7%*	*0.0%*	*1.6%*	*14.1%*	*1.0%*	*1.2%*	*3.4%*

Salient comments on month / YTD results:

During the first quarter of the year we saw significantly reduced theatre activity in comparison to pre-Covid-19 levels, due to a number of constraining factors and despite demand from both private and NHS patients. Despite significant month on month improvements in activity levels this led to a loss making first quarter.

During Q2 we have been able to continue to increase the level of theatre activity, with the profits from this quarter offsetting the losses of the previous quarter.

We expect to see a steady increase in activity over the rest of the year, and forecast a year end profit of £0.15m against an original budget of £0.2m.



Summary Profit & Loss September 2021

£'000s	Month Actual	Month Prior Year	Month Variance	YTD Actual	YTD Prior Year	YTD Variance
Income	9,150	9,939	(789)	52,409	53,695	(1,286)
Costs	(9,112)	(9,809)	697	(52,328)	(53,128)	800
Operating Profit/(Loss)	38	130	(92)	82	567	(486)
OP %	*0.4%*	*1.3%*	*-0.9%*	*0.2%*	*1.1%*	*-0.9%*
Operating Profit/Loss EKHUFT	0	56	(56)	(381)	134	(516)
Operating Profit/Loss Retail	39	74	(35)	463	433	30
Interest Receivable	235	254	(19)	1,433	1,546	(113)
Interest Expense	(186)	(202)	16	(1,126)	(1,159)	33
Net Profit/(Loss) before Tax	86	182	(95)	389	954	(565)
NPBT %	*0.9%*	*1.8%*	*-0.9%*	*0.7%*	*1.8%*	*-1.0%*
Tax	(77)	(123)	46	(364)	(486)	122
Net Profit/(Loss) after Tax	10	59	(49)	25	468	(443)
NPAT %	*0.1%*	*0.6%*	*-0.5%*	*0.0%*	*0.9%*	*-0.8%*

At both an Operating Profit and Profit after Tax level we had a profit YTD of £0.4 and £0.09m respectively. The YTD result is split showing an operating loss on the EKHUFT contract of £0.4m, offset by a profit on retail of £0.5m.

The primary drivers for this position are:

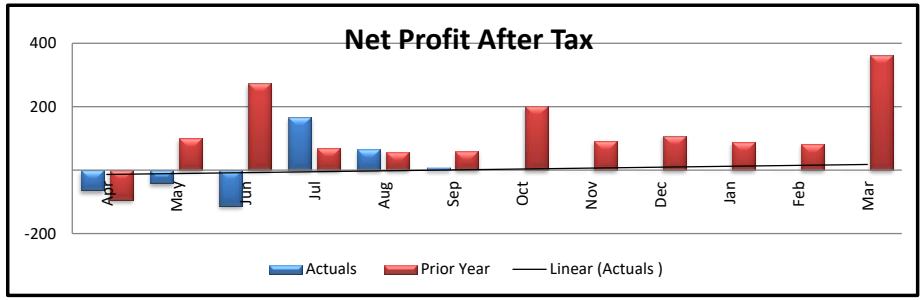
- Agency costs continue to remain high to meet service demand across the sites, albeit reducing on previous run rate this year. This is being routinely monitored and is being scaled down as the cost is not sustainable. There are some small pay savings in other areas that partly offset this incremental cost.

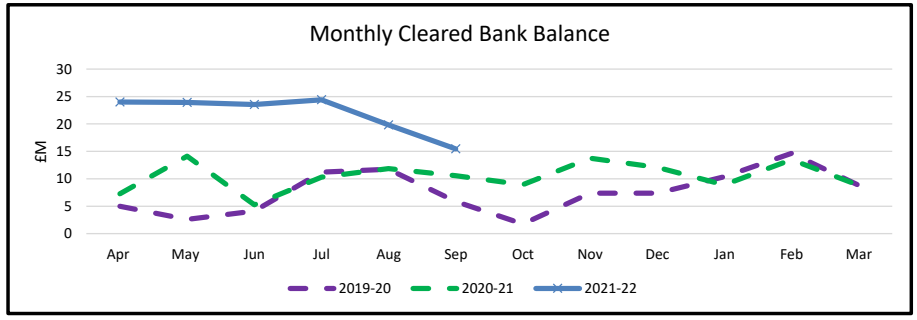
There are some cost pressures in a number of areas which are being discussed as part of Contract Change Notices and business planning. Within this:

- The YTD results include depreciation of £0.14m arising from the 2gether capital envelope to date; this position will be remedied next month with a transfer from EKHUFT via a CCN.

The Unit4 BW system issues continue to create operational pressures across the company with a steady backlog of transactional items to address as critical and major issues are fixed.

BALANCE SHEET £000's	**Mar-21**	**Sep-21**	**Movement**
Total non-Current Assets	**85,894**	**82,452**	**(3,441)**
Trade and other Receivables	49,708	26,542	(23,166)
Prepayments	1,608	2,186	579
Accrued Income	4,412	418	(3,994)
Total Debtors	**55,727**	**29,146**	**(26,581)**
Stocks	**4,481**	**4,481**	0
Creditors and other payables	(26,795)	(5,613)	**21,183**
Accruals	(20,112)	(18,692)	1,420
Deferred Revenue	(8,720)	(8,928)	(207)
Total Creditors	**(55,628)**	**(33,232)**	**22,396**
Cash	**8,804**	**15,478**	**6,674**
Operating Working Capital	**13,384**	**15,874**	**2,489**
Borrowings	**(65,771)**	**(64,794)**	**977**
Net Assets	**33,507**	**33,532**	**25**
Share Capital	30,267	30,267	0
Retained Profit/(Loss) - Prior Year	1,835	3,240	1,405
- Current Year	1,405	25	(1,380)
Shareholders Funds	**33,507**	**33,532**	**25**





Cash Flow

Month 06 (September) 2021/22

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	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
67,943	**Opening Cash Balance**	16,067	34,447	18,380	67,943	28,920	33,022	30,796	32,047	34,447	22,755	17,573	18,131	15,380	9,871	6,605
	Prior Year Main Contract CCGs															
293,920	Kent & Medway CCG Contract	49,894	49,906	12	40,239	50,720	53,258	49,902	49,896	49,906	56,112	50,473	50,473	50,473	50,473	50,473
634	Prior Year Main Contract CCGs		77	77	256	2	100	11	188	77	4					
998	Other CCG block Contracts		166	166	166	166	167	166	166	166						
66,912	NHS England	9,790	12,052	2,261	9,967	10,286	10,044	11,335	13,228	12,052	10,376	9,790	9,790	9,790	9,790	9,790
15,680	All Other NHS Organisations	853	849	(3)	6,212	284	1,297	6,942	97	849	1,309	4,853	845	838	838	4,860
0	Capital Receipts															
31,616	All Other Receipts	6,387	3,913	(2,474)	7,006	581	9,972	2,786	7,359	3,913	7,115	3,776	8,871	3,715	3,715	21,931
0	Provider Sustainability Fund															
0	PDC Loans															
0	Loans Repaid															
409,760	**Total Receipts**	**66,923**	**66,962**	**39**	**63,846**	**62,038**	**74,837**	**71,142**	**70,934**	**66,962**	**74,916**	**68,892**	**69,979**	**64,817**	**64,817**	**87,054**
	Opening Cash Balance															
(210,072)	Monthly Payroll inc NI & Super	(34,725)	(36,836)	(2,111)	(34,532)	(34,347)	(34,667)	(34,946)	(34,743)	(36,836)	(37,496)	(35,921)	(35,921)	(35,921)	(35,921)	(35,921)
(240,477)	Creditor Payment Run	(35,395)	(37,418)	(2,023)	(68,339)	(23,588)	(42,396)	(34,945)	(33,791)	(37,418)	(41,852)	(31,413)	(35,559)	(33,405)	(30,562)	(37,724)
0	Capital Payments	(1,250)		1,250							(750)	(1,000)	(1,250)	(1,000)	(1,600)	(11,500)
(4,400)	PDC Dividend Payment	(4,679)	(4,400)	279						(4,400)						(4,958)
	Interest Payments															
(454,949)	**Total Payments**	**(76,049)**	**(78,655)**	**(2,605)**	**(102,870)**	**(57,936)**	**(77,063)**	**(69,891)**	**(68,534)**	**(78,655)**	**(80,098)**	**(68,334)**	**(72,730)**	**(70,326)**	**(68,083)**	**(90,103)**
(45,189)	**Total Movement In Bank Balance**	**(9,126)**	**(11,693)**	**(2,566)**	**(39,024)**	**4,102**	**(2,226)**	**1,251**	**2,400**	**(11,693)**	**(5,181)**	**558**	**(2,751)**	**(5,509)**	**(3,266)**	**(3,049)**
22,755	**Closing Bank Balance**	**6,941**	**22,755**	**15,814**	**28,920**	**33,022**	**30,796**	**32,047**	**34,447**	**22,755**	**17,573**	**18,131**	**15,380**	**9,871**	**6,605**	**3,556**
	Plan				28,930	27,537	22,345	15,272	16,067	6,941	5,649	8,766	11,575	5,625	4,918	3,208
	Variance				(10)	5,484	8,451	16,775	18,380	15,814	11,924	9,365	3,805	4,246	1,687	349

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**28 OCTOBER 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 Trust Board on a monthly basis during the Covid-19 pandemic.

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

At the time of writing, the Trust is managing what is being described as 'wave 3' of the Covid-19 pandemic. The characteristics of this wave are fewer hospital admissions, shorter lengths of stay, fewer patients requiring critical care and less morbidity (serious disease). In September, there have been a small number (5 maximum but some were identified as false or old positive after being declared) of cases identified after day 8 of admission (and therefore either probable or definite healthcare associated, but many fewer in total and proportionally, compared to the previous peaks. There have been no Covid-19 outbreaks declared in September. Again, this is an improved picture compared to previous peaks.
At the time of writing, the Trust has 35 current Covid-19 inpatients which is down from a third wave peak to date of 51 but a small increase from a low of around 20 in recent weeks.

Changes to the BAF:

Section 1

Temperature checking at hospital entrances for visitors and outpatients discontinued as not evidence-based or recommended. New front of house service including check on Covid-10 risk, meet and greet and wayfinding developed with new public facing materials to support.

New national guidance for the 'Green' elective pathway to allow fully vaccinated patients to not self-isolate and have a negative lateral flow test, rather than PCR, being considered for implementation.

Section 10

Covid-19 (SARS-CoV-2) booster and Flu vaccine programme in place.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	Covid-19 represents a key risk to the organisation. A full integrated IP Improvement plan is in place and is being implemented. An implementation group has been set up and meets weekly. Regular updates and exception reports

East Kent Hospitals University NHS Foundation Trust

	are provided to Executive Management Team (EMT) and IPC Committee (IPCC).
LINKS TO STRATEGIC OBJECTIVES:	**We care** about... • **Our patients;** • **Our people;** • **Our quality and safety.**
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	BAF 31 – Failure to prevent avoidable healthcare associated (HCAI) cases of infection with reportable organisms, infections associated with statutory requirements and Covid-19, leading to harm.
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 contents of the IPC BAF report.

East Kent Hospitals University NHS Foundation Trust

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

The IPC BAF is required to be updated and reviewed by the 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

Temperature checking at hospital entrances for visitors and outpatients discontinued as not evidence-based or recommended. New front of house service including check on Covid-10 risk, meet and greet and wayfinding developed with new public facing materials to support.

New guidance for the 'Green' elective pathway to allow some fully vaccinated patients to not self-isolate and have a negative lateral flow test, rather than PCR being considered for implementation.

Section 10

Covid-19 (SARS-CoV-2) booster and Flu vaccine programme in place.

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
Systems and processes are in place to ensure: • local risk assessments are based on the measures as prioritised in the hierarchy of controls. The risk assessment needs to be documented and communicated to staff; • • the documented risk assessment includes: ○ a review of the effectiveness of the ventilation in the area; ○ operational capacity; ○ prevalence of infection/variants of concern in the local area • • triaging and SARS-CoV-2 testing is undertaken for all patients either at point of admission or as soon as possible/practical following admission across all the pathways; • when an unacceptable risk of transmission remains following the risk assessment, consideration to the extended	• A process of dynamic multi-disciplinary risk assessments is in place, focused on in-patient areas that are recognised to present challenges; e.g. limited ventilation or a lack of doors on bays. • Much of the trust estate has limited ventilation/natural ventilation (as previously assessed in waves 1 and 2and described in other sections of this BAF) and mitigations include opening windows frequently and the use of enhanced Personal Protective Equipment (PPE) where an increased risk of transmission is identified, e.g. areas where aerosol generating procedures are conducted • Where feasible additional mechanical ventilation has been added with the priority given to higher risk environments as described above • Outcomes for 'wave three' to date demonstrate very low levels of healthcare associated Covid-19 in comparison with previous waves • Staff are encouraged to take up the Covid-19 vaccine and the twice weekly lateral flow tests	Not feasible in all areas to add mechanical ventilation or doors to bays (latter can worsen the available fresh air)	As described regarding opening of windows, provision of enhanced PPE where needed and exploration of air cleaning technologies (but these are unproven).

use of Respiratory Protective Equipment (RPE) for patient care in specific situations should be given;	• Patients are triaged and tested at the point of admission on all admitted pathways and compliance with swab testing is monitored continuously		
• infection risk is assessed at the front door and this is documented in patient notes	• 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 • 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 and is regularly updated in line with any new guidance • Triage document discussed at huddles daily with staff reminded to complete the proforma. Spot checks to ensure compliance. Audit data shows >95% compliance • Flag for contacts of positive cases added to Patient Tracking List (PTL) • Additional procedures in place for immunosuppressed individuals attending ED • 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 temperature on arrival and asked Covid questions • Limited and controlled visiting restarted in general ward areas and for partners of pregnant women attending for antenatal care (e.g. scans). • Temperature checking for visitors and out patients discontinued as not evidence-based. New front of house meet and greet with reminder of Covid-19 symptoms and wayfinding in place.		
• patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission	• 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 • Due to very low incidence of Covid-19 and suspected Covid-19, all cases are now isolated in single rooms. No Covid-19 cohorts remain.		
• compliance with the national guidance around discharge or	• National guidance followed in all cases • Negative patients swabbed within 48 hours of expected discharge date for discharge to		

transfer of COVID-19 positive patients	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 • Covid positive patients within 14 days of diagnosis requiring discharge to care facility are only discharged to designated centres		
• Monitoring of compliance with IPC practices, ensuring resources are in place to enable compliance with IPC practice ○ patients, visitors and staff are able to maintain 2 metre social & physical distancing in all patient care areas, unless staff are providing clinical/personal care and are wearing appropriate PPE;	• Daily observations of hand hygiene and PPE practice undertaken • Results collated on electronic audit system and available to view by matrons • Peer audit in place • Infection control team audit for triangulation • Other IPC audits in place including commodes and saving lives • Audit data reported to IPC Committee (IPCC) • 2 metre distancing remains the trust standard unless mitigated as described or following a documented risk assessment and mitigations such as e.g. physical screens	Space and ability to social distance remains challenging in many parts of the estate	Use of PPE, reminders and support for all staff as described through this BAF – twice weekly lateral flow and encouragement to take up vaccine
• Monitoring of compliance with PPE, consider implementing the role of PPE guardians/safety champions to embed and encourage best practice	• PPE officers on duty • IPCT visit wards daily and review compliance with PPE • IPC champions (medical) and IPC link nurses in place to encourage best practice		
• Staff testing and isolation strategies are in place and a	• Covid testing available to all staff.		

process to respond if transmission rates of Covid-19 increase	• 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		
• Training in IPC standard infection control and transmission-based precautions are provided to all staff	• 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		
• IPC measures in relation to Covid-19 should be included in all staff induction and mandatory training	• Training in IPC for Coivd-19 is included in training packages for induction and annual 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	• 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 • Site based silver huddle daily • Trust wide and public facing communications to ensure clear messaging that all precautions remain in place when societal restrictions end		

• 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 and any changes are effectively communicated to staff in a timely way	• Trust Covid PPE policy reflects national Public Health England (PHE) guidance • 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 • Repeat FIT testing available as needed depending on type of mask available • Ongoing FIT testing sessions on all sites. Certificates provided to staff once tested • Repeat FIT testing provided following recent national withdrawal of one type of mask • Powered air respirators with hoods and reusable half masks available as required • 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 • DIPC checks for updates to national guidance and advises executive team and Gold committee. • Changes to SOPs approved by Gold committee • Updates shared with staff in daily safety huddles and on Covid intranet page	• Limited assurance that Trust is fully compliant with Hygiene Code • A number of non-Covid IPC policies are beyond review date	• Gap analysis to be undertaken • Policies undergoing review. • Plan to adopt national catalogue of policies

	• 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 *Burkholderia aenigmatica* 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 (this risk has now been downgraded nationally although advice for sterile gel remains) • New guidance for the 'Green' elective pathway to allow fully vaccinated patients to not self-isolate and have a negative lateral flow test, rather than PCR being considered for implementation.		
• changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted	• DIPC is a member of the exec team and updates as required • DIPC reports to Trust Board through Quality & Safety Committee and directly • BAF reviewed at Quality committee and Trust Board on a monthly basis • NHS England/NHS Improvement (NHSE/I)/PHE guidance update released on 1 June, clarifications and minor updates only with no requirements for the trust to make changes		
• risks are reflected in risk registers and the Board Assurance Framework where appropriate	• 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		

• robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	• 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 infections prioritised into side rooms as per trust guidance • Daily meeting between Clinical Site managers and IPC. • IPCT reinforce practice at ward level • 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 • IPC team advising on a case-by-case basis. Variation to some policies required. • Intensive Therapy Unit (ITU) staff wearing short sleeved gowns or rolling sleeves up above the elbows • ITU have stepped down from being considered an Aerosol Generating Procedure (AGP) “hot spot” in line with national guidance		
• 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	• 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		

• Ensure Trust Board has oversight of ongoing outbreaks and action plans	• Outbreak update is a regular agenda item at Covid Gold committee • IPC discussed at Board and Quality committee • IPCC reports to Quality committee • Weekly IPC update to Covid Gold • A portfolio of assurance including weekly evidence returns on all aspects of infection prevention and control, in combination with very positive feedback from a CQC inspection at the William Harvey Hospital (WHH) Site, has led to the successful lifting of the previous CQC Section 31 Order.		
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**
Systems and processes are in place to ensure: • designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas	• Covid cohort areas on all three acute sites including ICU escalation • Training in use of non-invasive ventilation provided on all 3 hospital sites • 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) • Covid escalation area plans being refreshed in light of national increase in cases • Pre-operative isolation period being reconsidered for Green pathway as community incidence of Covid-19 increases		
• designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	• Cleaning services provided by 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 • Training by the British Institute for cleaning standards rolled out to all domestic staff over a month (February/March). Including training in inspection for supervisors • Updated manual audit to be used until an electronic solution is developed • New national cleaning standards published, 2gether Support Solutions working with the Trust on an implementation plan		
• decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance	• 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 when required		

	• UVC machines purchased by 2gether to provide in-house UVC service • New 'Which Clean?' guidance posters rolled out across the Trust		
• increased frequency of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance	• 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		
• 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	• Tristel Fuse confirmed as suitable cleaning agent for enveloped viruses by ICPT		
• Manufacturer's guidance and recommended product contact time' must be followed for all cleaning/disinfectant solutions/products	• Manufacturer's guidance is followed in all areas • Instructions are displayed where needed • Environmental cleaning policy reflects manufacturers requirements • Workplace assessor audits		

• As per national guidance: ○ 'frequently touched' surfaces, eg 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) ○ reusable non-invasive care equipment is decontaminated: ○ between each use ○ after blood and/or body fluid contamination ○ at regular predefined intervals as part of an equipment cleaning protocol ○ before inspection, servicing or repair equipment;	• In place • Public area touch points cleaned by dedicated team • Cleaning discussed at handover and huddles • Spot checks by matrons and managers in clinical areas • Staff advised to clean equipment as in guidance 'time out to clean'. • Disinfectant wipes and sanitizer are available in all offices • Twice daily cleans in all areas of frequently touched areas • In place – double amber clean team available. ICU has dedicated cleaning staff • In place – this is business as usual and is monitored as part of routine IPC work		

• linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken	• 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. • This is audited and all findings from the audits are shared with the IPC teams for action		
• single use items are used where possible and according to Single Use Policy	• Single use items are used widely across the Trust • Policy in place and available on the Trust intranet		
• reusable equipment is appropriately decontaminated in line with local and PHE and other national policy	• 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. •Guidance available for the decontamination and care of re-usable masks and hoods		
• ensure cleaning standards and frequency are monitored in non-clinical areas with actions in place to resolve issues in maintaining a clean environment	•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		

• Ensure the dilution of air with good ventilation e.g.. Open windows in admission and waiting areas to assist the dilution of air	• 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 • Windows in ward bays and side rooms to be opened for 10 minutes 3 times per day to improve ventilation • With the rapidly decreasing incidence of Covid and impending warm weather, air conditioning units are being recommissioned on the basis of a balance of risks		
• 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	• 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**
Systems and process are in place to ensure: • arrangements around antimicrobial stewardship are maintained	• The Antimicrobial Stewardship Group (ASG) includes the consultant microbiologists, antimicrobial pharmacist.	• Insufficient dedicated time in microbiologist job plans for AMS	• Ongoing job planning review to provide additional dedicated time for antimicrobial stewardship

	• Antimicrobial Stewardship Group reports to Infection Prevention and Control Committee • Consultant microbiologist identified as antimicrobial lead • Key aspects of antimicrobial stewardship are reviewed in the daily microbiologist meetings and twice weekly IPC team virtual meetings • Meetings have recommenced following a cessation during the first peak of the pandemic • 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		
• mandatory reporting requirements are adhered to and boards continue to maintain oversight	• 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 • Some aspects of antimicrobial stewardship audit that ceased due to pharmacy going into business continuity in wave 2 are restarting at the beginning of May 2021		

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**
Systems and processes are in place to ensure: • implementation of national guidance on visiting patients in a care setting	• 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 and partners can attend anomaly scans. • 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 clinician in place • Families able to send 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 • Keep left system in hospital corridors • Floor signage to encourage social distancing • Chairs removed from waiting rooms in ED with additional waiting areas identified.		

	• Physical clear barriers between chairs in outpatients • Visiting policy in place to minimise visiting to compassionate circumstances and carers only • Visiting maternity services updated to reflect new national guidance from 19/04/2021 • Visiting guidance for inpatient areas updated to reflect low incidence of Covid from 16/04/2021 in line with national guidance • Public facing comms, supported by national messages that healthcare restrictions and precautions remain in place when societal restrictions are ended		
• 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	• 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 • Access to Covid wards through locked doors only		
• information and guidance on COVID-19 is available on all Trust websites with easy read versions	• 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 • https://www.ekhuft.nhs.uk/staff/news-centre/coronavirus/ • All policies and SOPs are also available on the intranet		
• infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	• 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		
• there is clearly displayed and written information available to prompt patients' visitors and	• Information is prominently displayed on posters in public areas • Face masks provided at the main entrances		

staff to comply with hands, face and space advice • Implementation of the Supporting excellence in infection prevention and control behaviors Implementation Toolkit has been considered C1116-supporting-excellence-in-ipc-behaviours-imp-toolkit.pdf (england.nhs.uk)	• Floor signage to encourage 2m spacing in queuing areas • Communications team reviewing newly published material from NHSE/I for local implementation (regarding hands, face, space and other appropriate behaviours in staff, patients and visitors). • New NHSE/I communications materials (regarding hands, face, space and other appropriate behaviours in staff, patients and visitors) are being deployed and additional social distancing signage has been ordered for the WHH site (with a view to subsequent roll out at other sites). • This has been incorporated into the Trust comms approach and the toolkit materials used as a basis for the latest public facing materials that are currently being produced to refresh the 'front door' comms.		
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**
Systems and processes are in place to ensure: • 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	• See below		

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	• 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. Audit data shows >95% compliance • 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 • Training videos developed including 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	• Estates work required to separate paediatric streams in WHH ED	• Plans developed to be implemented in December to create Covid paediatric area in WHH ED

	• 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 (red) stream are swabbed following a decision to admit. • Non-Covid stream patients have rapid Covid tests using SAMBA point of care test • ED Covid (known or suspected) pathway reviewed and approved by Gold, definition of 'contact' rationalized resulting in fewer contacts and improved management • 'Merging' of contact cohorts discontinued as numbers much lower and pilot of increased Covid testing of contacts to every 48 hours until 14 days post contact • Patients are cohorted into blue and red areas until results are known.	• Lack of side rooms results in cohorting of non-elective patients awaiting swab results. Potential for cross infection	• 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

• staff are aware of agreed template for triage questions to ask	• 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		identification of any contacts.
• 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	• 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 • Additional questions to reflect new risks (e.g. SA variant etc.) • Registered nurse at front door allocates patient to correct pathway		
• face coverings are used by all outpatients and visitors	• All outpatients and visitors wear masks except for those carrying exemption certificates • Masks provided at front entrance if required • All patients (including those with respiratory symptoms) in ED encouraged to wear face masks		

• individuals who are clinically extremely vulnerable from COVID-19 receive protective IPC measures depending on their medical condition and treatment whilst receiving healthcare e.g. priority for single room isolation; • 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	• All inpatients encouraged to wear face masks if tolerated. • Patients must wear a mask when leaving the bedside unless clinically unable to • This is well established in the Trust with provision across all pathways including ED for the identification and protective measures in place • 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 • Clear curtains between beds rolled out and in use across the Trust • Inpatients who develop symptoms are isolated wherever possible, bay closed pending results • Contact tracing carried out for 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		

• for patients with new-onset symptoms, isolation, testing and instigation of contact tracing is achieved until proven negative	• 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-swabbed 48 hours after admission • All patients who test negative on admission are re-tested at day 3 then 5-7 days in line with national guidance. • Day 3 testing compliance being measured and showing month on month improvements in the data		
• patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	• 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**
Systems and processes are in place to ensure: • Separation of patient pathways and staff flow to minimize contact between pathways. For example this could include provision of separate	• Separation challenging due to estate. • Keep left signage in corridors • Additional entrances available for staff • Patients not permitted to use staff restaurants		

entrances/exits (if available) or use of one-way entrance/exit systems, clear signage and restricted access to communal areas			
• 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	• 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 ESR • All new staff have induction training including IPC and FIT testing as appropriate • 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 • Staff PPE and hand hygiene 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 Electronic Staff Record (ESR) • Covid protocols on microguide for medical staff. ICS/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 • Any concerns are raised in the daily morning silver site huddles attended by representatives from all staff areas including 2gether staff and the designated site clinical and management leads. • 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 and avoid confusion regarding AGP patients.		
• 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	• 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		
• a record of staff training is maintained	• An electronic log of staff training is in place • A record of FIT testing is maintained		

• appropriate arrangements are in place that any reuse of PPE in line with the Central Alerting System (CAS) CAS alert is properly monitored and managed	• 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		
• any incidents relating to the re-use of PPE are monitored and appropriate action taken	• 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 SI to panel – If agreed then 72-hour report and full RCA		
• adherence to PHE national guidance on the use of PPE is regularly audited	• PPE usage is audited as part of outbreak investigation • Combined PPE and Hand hygiene audit in use in clinical areas		
Hygiene facilities (IPC measures) and messaging are available for all patients/individuals, staff and visitors	• All hand hygiene facilities have hand hygiene instructions on the splash back • All staff, outpatients and visitors wear masks		

to minimize Covid-19 transmission such as: • hand hygiene facilities including instructional posters • good respiratory hygiene measures • maintaining physical distancing of 2m wherever possible unless wearing PPE as part of direct care • 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	• Inpatients encouraged to use masks as much as tolerated • Social distancing encouraged • Signage on doors stating maximum occupancy • 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		

• 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	• Hand rub provision reviewed on all wards to ensure that all entry and exit points have provision • 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 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		

• all staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance if they or a member of their household display any of the symptoms.	• 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 • SOP published on Covid pages of intranet • On-line appointment system available to book testing • 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		
• 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)	• 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		
• Positive cases identified after admission who fit the criteria for investigation should trigger	• Outbreaks declared according to national guidance		

a case investigation. Two or more positive cases linked in time and place trigger and outbreak investigation and are reported	• Outbreaks are investigated and Serious incidents declared as appropriate • IIMARCH forms completed for all outbreaks • Outbreaks reported via national online platform		
• Robust policies and procedures are in place for the identification of and the management of outbreaks of infection	• Outbreak SOP in place • Active management by infection control team • Daily outbreak meetings		
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: • 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	• Pathways clearly identified • Surgical green pathway implemented and reviewed according to prevalence of infection • Visitors not permitted in Covid positive areas except for end of life visiting • Green capacity being re-introduced in response to falling incidence of Covid		
• Areas/wards are clearly signposted, using physical barriers as appropriate so patients/individuals and staff understand the different risk areas	• Ward doors are locked • Restricted access to covid areas • Signage in place		

• patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate • 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	• 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 Generating Procedures. • 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 • Negative pressure bay have been created for care of NIV patients • Most bays now have doors • 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 • Ward area windows opened for 10 minutes three times per day to improve ventilation • Pre-existing IPC policies continue to apply	• A designated self-contained area or wing is not available for the treatment and care of Covid patients. No separate entrance is available	• Access is through closed doors accessible using PIN number • Fob access to maternity/ paeds/Neonatal Intensive Care Unit (NICU) for staff. Intercom for patients and visitors • Not used as staff/visitor thoroughfare

• patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	• 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	• Some pre-existing IPC policies are past their review date.	• Ongoing work to review and update • Plan to implement the national catalogue of policies
8. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
There are systems and processes in place to ensure: • Ensure screens taken on admission are given priority and reported within 24 hours	• Laboratory pathway in place to ensure priority for ED samples. Red bags in use • Turnaround times closely monitored and reported daily	• Turnaround times not yet consistently below 24 hours • Unable to monitor patient-result TAT for laboratory tests	• Additional small batch analysers introduced • Increased pathology transport runs between QEQMH, K&CH and WHH
• Regular monitoring and reporting of the testing turnaround times with focus on the time taken from the patient to time result is available	• Near patient testing fully deployed at WHH and Queen Elizabeth the Queen Mother Hospital (QEQMH). • Turnaround times monitored daily for near patient testing		
• testing is undertaken by competent and trained individuals	• Testing undertaken by registered biomedical scientists with documented competencies • Methods validated prior to diagnostic testing		
• patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance	• 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 (day 1), on day 3 then day 5-7.	• Audit data showed low day 3 test compliance	• PTL/whiteboard alert for test required • Reminder at huddles

	• Results available through electronic PTL in real time • 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 • Due to very low incidence all presumptive positive Covid-19 are being confirmed by laboratory swab and serum antibody tests		• Data showing month on month improvement
• 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	• 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 • Admission MRSA, GRE and CPE screening continues as in pre-covid policies • Routine testing for *C. difficile* in patients with diarrhoea continues		

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
Systems and processes are in place to ensure that:			
• staff are supported in adhering to all IPC policies, including those for other alert organisms	• 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	• Some pre-existing IPC policies are past their review date.	• Ongoing work to review and update • Plan to implement the national catalogue of IPC policies
• any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff	• 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 committee and available on the intranet • IPC team support ward staff in implementing any changes		
• all clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in	• All clinical waste related to possible, suspected or confirmed Covid-19 cases is disposed of in the Category B(orange) clinical waste stream		

accordance with current national guidance • PPE stock is appropriately stored and accessible to staff who require it	• 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		
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**
Appropriate systems and processes are in place to ensure: • staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	• 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 • Vaccine offered to all staff		

	• Covid-19 (SARS-CoV-2) booster and Flu vaccine programme in place		
• 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	• 99% of BAME staff risk assessments completed • Risk assessments on all staff undertaken		
• staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	• 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		
• staff who carry out fit test training are trained and competent to do so	• Fit testers all have recognised national training competence		
• 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	• All staff required to wear a FFP respirator are fit tested • Fit testing on new models available as required		
• a record of the fit test and result is given to and kept by the trainee and centrally within the organisation	• A central log of Fit testing is maintained • Staff given results identifying type of mask to be worn		
• for those who fail a fit test, there is a record given to and held by trainee and centrally	• As above		

within the organisation of repeated testing on alternative respirators and hoods	• Re-usable masks and hoods are available for staff who fail fit testing with disposable masks		
• 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	• 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.		
• 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	• Records are kept and stored electronically		
• 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	• 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.		
• boards have a system in place that demonstrates how, regarding fit testing, the	• A centrally held record is maintained. But this sits outside of ESR currently. This is being reviewed in order to facilitate routine		

organisation maintains staff 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	reporting as part of statutory and mandatory training compliance to the board		
• 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	• 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		
• All staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not wearing a facemask and in non-clinical areas	• 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 eg admin teams • Additional outdoor seating to provide extra socially distanced space for staff breaks • Maximum occupancy signage on doors of break rooms		

	• Chairs removed and screens put up in staff canteen to facilitate social distancing • Floor signage in place • Messages reinforced in safety huddles		
• 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	• 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		
• staff are aware of the need to wear facemask when moving through COVID-19 secure areas.	• Advice given to staff to don masks whenever moving around Covid secure area		
• staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing	• 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		
• staff that test positive have adequate information and support to aid their recovery and return to work.	• 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 dedicated staff. • 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.		

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**28 OCTOBER 2021**
REPORT TITLE:	**CHIEF MEDICAL OFFICER'S REPORT**
BOARD SPONSOR:	**CHIEF MEDICAL OFFICER (CMO)**
PAPER AUTHOR:	**SENIOR BUSINESS OPERATIONAL MANAGER TO THE CMO**
PURPOSE:	**DISCUSSION**
APPENDICES:	**NONE**

BACKGROUND AND EXECUTIVE SUMMARY

This report provides an update to the Board on progress with medical workforce and professional standards.

Medical Appraisal and Revalidation

Following the appointment of a Medical Appraisal Lead, the next wave of prospective appraisers has received training and will be utilised to support improvements in Medical Appraisal compliance and quality. In addition, update training for existing appraisers has been developed and is aimed to be delivered by the end of 2021.

Royal College of Surgeons (RCS): Virtual Presidential Visit

On Tuesday 12 October 2021, Professor Neil Mortensen, the President of the Royal College of Surgeons of England and members of his senior team undertook a virtual visit to our Trust. The visit was organised by Mr James Casha, RCS England Regional Director for Kent and Surrey. The visit comprised a meeting with the Chief Executive, CMO and Clinical Directors for the surgical care groups in the morning followed by an open evening session attended remotely by over 60 colleagues. The challenges of maintaining surgical services in rural and coastal locations, the move to 'hub and spoke' models of care and the changing requirements for supporting surgical colleagues at the beginning and towards the end of their surgical careers were a focus of discussion in addition to supporting recovery from the impact of the pandemic.

The visit provided an opportunity to showcase some of the work and improvements undertaken throughout the pandemic, and share thoughts and views on the College's plans for the next five years. Presentations were heard from Miss Jessica Evans, Director of Research and Innovation, Mr Ali Al-Rami on trans-oral robotic surgery and Mr Lal Senaratne on the challenges of running a vascular service during the pandemic and virtual work experience. The panel discussion spent some time reflecting on the actions required following publication of the Kennedy Review in March 2021 'The Royal College – Our Professional Home An independent review on diversity and inclusion for the Royal College of Surgeons of England'. The importance of consultant attitudes and behaviours in changing the culture to being inclusive and welcoming was highlighted.

Clinical Leadership Day

The event took place on Thursday, 14 October 2021 and was attended by over 30 senior clinicians holding Clinical Lead, Clinical Director, or Medical Director roles. The event

generated valuable discussions on the organisation's values, vision, and direction as well as talks from our Vice Chair, Chief Executive and Clinical Non-executive Director and colleagues from the East Kent Integrated Care Partnership. The event concluded with an engagement session from the General Medical Council. This was a pilot session, aiming to encourage confidence and consistency in responding to concerns about doctors. The session provided valuable information and offered a variety of case studies for discussion among the group. The feedback from the session proved to be considerably positive suggesting the attendees felt driven by the discussion to continue improving services.

Faculty of Medical Leadership and Management

In preparation for the visit from the Medical Director of the Faculty of Medical Leadership and Management, the CMO office met with the Head of Engagement and Innovation. This meeting established some of the key aims and objectives for the first year's affiliation with the Trust.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	To maintain high professional standards with best possible outcomes for our patients a high-quality appraisal process is needed. Gaps have been identified in this and are being addressed by the Revalidation team.
LINKS TO STRATEGIC OBJECTIVES:	**We care** about... • **Our patients;** • **Our people;** • **Our future;** • **Our sustainability;** • **Our quality and safety.**
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER:	BAF 35 - Failure to recruit and retain high calibre staff could potentially result in negative patient outcomes and experience and impact on the Trust's reputation. BAF 32 – There is a risk of potential or actual harm to patients if high standards of care and improvement workstreams are not delivered.
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 CMO's report.

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**28 OCTOBER 2021**
SUBJECT:	**CHAIR REPORT FROM THE FINANCE AND PERFORMANCE COMMITTEE (FPC)**
BOARD SPONSOR:	**NIGEL MANSLEY, NON-EXECUTIVE DIRECTOR/CHAIR FPC**
PAPER AUTHOR:	**INTERIM DEPUTY TRUST SECRETARY**
PURPOSE:	**APPROVAL**
APPENDICES:	**NONE**

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.

This report presented reflects Committee activity for the 26 October 2021 meeting.

1. CLINICAL STRATEGY: LAND TO SUPPORT OPTION 2

1.1. The Committee discussed the Heads of Terms, a non-legally binding agreement to secure 15 acres of land owned by Kent County Council and Canterbury City Council whilst the NHS went through the pre-consultation due diligence process for the options outlined within the Clinical Strategy; this specifically relates to Option 2 – extension of the Kent and Canterbury Hospital.

1.2. The Committee **APPROVED** the Heads of Terms subject to the insertion of 'Limited' after 2gether Support Solutions on the cover page, the recitals and anywhere else necessary within the document.

1.3. The Committee **APPROVED** the Deputy Chief Executive Officer (DCEO) to authorise and sign the Heads of Terms on behalf of the Trust and also the subsequent legal agreements should Option 2 proceed following public consultation.

2. MONTH 6 FINANCE REPORT

2.1. The Committee discussed and noted:

2.1.1. The Trust achieved a breakeven position in September 2021, which meant the year-to-date (YTD) position for the first half of the year remained at breakeven which was consistent with the plan.

2.1.2. The expenditure on Covid-19 was £1m in month which is a reduction from the YTD average of £1.8m and below the planned level. The total Covid-19 spend year to date is £10m.

2.1.3. The £4.8m of Elective Recovery Funding (ERF) YTD was significantly below the planned position. This was due to a change in targets from 85% to 95% to achieve the ERF funding and significantly lower than planned usage of the independent sector.

2.1.4. The Trust's cash balance at the end of September 2021 was £23m which was £16m

above the plan but a significant drop from the March 2020/21 year-end closing balance of £68m due to a combination of capital payments clearing creditor balances and the reversal of the NHSE/I block payment on account to cover anticipated operational costs in advance.

2.1.5. Total capital expenditure at the end of September 2021 was £11.5m which was £5m below our internal Trust plan. The capital plan has been re-phased and is actively managed.

2.1.6. The Trust was currently developing the plan for the second half of the financial year (H2) following recent release of guidance with a view to submission of the final plan to NHSE/I on 25 November 2021.

3. MONTH 6 SAVINGS AND EFFICIENCIES UPDATE

3.1. The Committee noted that recent guidance had been released indicating that the Trust was required to report efficiencies of approximately £1.2m for H1. The Trust booked efficiencies of £0.1m in month 6 versus a plan of £0.2m. The YTD efficiencies are £0.7m versus a plan of £1.1m as Care Groups continue to focus on recovering elective activity.

3.2. In H2, it is thought the Trust will be required to deliver circa 2% efficiencies. This will be more challenging, and anticipate the delivery of savings through the reduction in Covid-19 costs. It was noted that other trusts are considering large Quality Improvement projects for cost savings and the Trust is reviewing this within We Care.

4. WE CARE INTEGRATED PERFORMANCE REPORT

4.1. The Committee discussed the report, noting the updates on the True Norths and Breakthrough objectives. The following were highlighted:

4.1.1. Cancer 62 days was not achieved, however, there had been a significant increase in 2-week wait referrals and it was anticipated this would continue in response to planned national campaigns (Just a Cancer and Urology Cancer Awareness).

4.1.2. Emergency Care – the Trust had remained in OPEL4 (highest level of escalation) with increasing numbers of patients attending the Emergency Departments (EDs). The Trust was concentrating on protecting and further developing the Same Day Emergency Care (SDEC) pathways. It was reported that in one day the SDEC pathway at the William Harvey Hospital (WHH) had seen and discharged 48 patients. The Trust is also maximising the use of the Urgent Care Centre capacity.

4.1.3. Whilst the number of simple discharges are increasing, there are significant delays in complex discharges due to the current staffing resource shortfalls in social care.

4.1.4. There are plans in place to increase the use of the virtual ward and hospital at home, to reduce hospital inpatient time.

4.1.5. Further innovative strategies working to support social care are also being considered within the system.

5. FINANCIAL AND OPERATIONAL RISKS REVIEW

5.1. Board Assurance Framework – the Committee noted the following in relation to the BAF risks to Our Future and Our Sustainability strategic priorities:

5.1.1. There had been no new risks requested for escalation and no changes to scoring on the Board Assurance Framework.

5.1.2. There were no extreme risks reported on the BAF risk register.

5.1.3. There were two high risks reported on the BAF risk register in relation to:

- Implementation of strategic change required to address service delivery, workforce and estate condition.
- Delivery of the financial breakeven position of the Trust.

5.2. Corporate Risk Register - the Committee noted the following in relation to corporate risks to Our Future and Our Sustainability strategic priorities:

5.2.1. A new risk was **APPROVED**: Supply chain impacting capital programme - Additional regulations have been put in place at the UK borders and as a consequence the supply chain to the Trust is facing delays in delivery of goods and materials. This may impact on the delivery of the capital programme in 2021/22. The controls in place are that the procurement processes are monitoring the supply chain and weekly capital programme forecast meetings are chaired by the DCEO. Decision on the supply chain will be made at this meeting. Where delays are significant

alternative products will be sought through the Procurement department.

5.2.2. There were no extreme risks reported on the CRR.

5.2.3. There was one high risk reported on the CRR in relation to the allocation of revenue and capital to support the Trust's statutory compliance and backlog maintenance.

6. UPDATE ON RECOVERY (STAFF), RESET, RESTORE AND RECOVERY (SERVICES FOR FUTURE PROGRAMME (4RS)

6.1. The Committee discussed the report noting the updates on the Emergency Recovery and Elective Recovery programmes.

6.2. The following were highlighted:

6.2.1. The requirement for a clear improvement trajectory which could bolster staff enthusiasm for changes and enable tracking and identification of barriers to planned improvements.

6.2.2. The meeting, on 13 October 2021, with clinical leads to review the acute medical model and winter planning. The engagement was excellent; looking to promote an integrated approach with primary care, streamlining processes to support flow, admission avoidance pathways, speciality in-reach and supporting a seven day service.

7. CAPITAL PROGRAMME MONTH 6

7.1. The Committee noted the following:

7.1.1. The approved Final Capital Plan for 2021/22 is now £51.3m following an increase of £7m due to the approval of additional funding for Community Diagnostic hubs, additional Support Capital PDC, Diagnostic Imaging Funding, and Ultrasound Simulator Equipment.

7.1.2. The YTD spend to the end of Month 6 is £11.5m, against an internal capital rephrase plan YTD of £16.5m, therefore resulting in a £5m underspend due to delays following operational pressures and supply chain issues.

8. ED CAPITAL RISKS

8.1. The Committee heard that the Trust received £30m from NHSE/I to complete the expansion of the EDs at the Queen Elizabeth the Queen Mother Hospital (QEQMH) and WHH. It was anticipated that there would be a significant risk due to the requirement to use the funding within this financial year and this equated to £9.5m. It was proposed that the ED enabling schemes adding up to £5m be brought forward in 2021/22 with a view to reduce by a corresponding amount the PEIC (Patient Environment and Investment Committee), Medical Devices Group (MDG) and IDG (Information Development Group) capital funding allocation in 2022/23. There remained a £4.6m slippage and discussions continue with NHSE/I and the system.

8.2. The Committee noted the proposed Capital Investment Schemes to be brought forward to mitigate the £5m against the £9.5m ED slippage and approved proceeding with the proposed approach.

9. WORKFORCE UPDATE – AGENCY SPEND

9.1. The Committee noted the plans to reduce agency spend and that the three areas of high spend were:

9.1.1. General and Specialist Medicine has increased by 5% share to 35%;

9.1.2. Urgent Care has reduced by 3% to 25%; and

9.1.3. Surgery & Anaesthetics has reduced by 1% to 17%.

9.2. It was highlighted that nursing and midwifery spend had superseded Medical and Dental as the highest spend area. This reflected the increase in staffing requirement and the agreed increased bank rates. The Committee noted that this was anticipated to continue to support winter planning.

10. CAPITAL BUSINESS CASES

10.1. **Restore and Recovery**

10.1.1. The Committee noted that the business case sought approval for targeted capital investment of £0.6m and gross revenue investment in 2021/22 of £0.98m to increase elective activity to improve performance, reduce the 52 week waiting list position and deliver the Trust's H2 2021/22 plan. It was noted that this was aligned

to the 2021/22 business planning process and the Restore and Recovery Programme.

10.1.2. The Committee appreciated that without this investment the Trust would not be able to deliver the H2 plan. Each of the projects had been identified and developed within the specialities, had been tested to ensure these would deliver the anticipated benefits.

10.1.3. The Committee **APPROVED** the business case for onward approval by the Board.

10.2. **Increase in Recruitment Staff**

10.2.1. The Committee discussed the business case and significant investment in attracting and recruiting high calibre and skilled staff to the Trust. The preferred, silver, option required £240K to increase the staffing resource for recruitment and £500K to develop a multimedia recruitment campaign with a professional advertising agency. It was appreciated that this investment could be reduced over time.

10.2.2. It was noted that this investment is integral and supports the Trust's HR strategy.

10.2.3. The Committee **APPROVED** the business case and reiterated the requirement to ensure that the Trust was not tied into a 12 month contract with the Advertising Agency and that the review of the effectiveness of the approach was brought back to the Committee in February 2022.

10.3. **Additional Rapid Covid-19 Testing and Staffing Resource**

10.3.1. The Committee discussed and **APPROVED** the business cases for:

10.3.2. The recruitment of an additional four Band 4 staff to provide resilience; and

10.3.3. The procurement of eight additional Roche Liat devices, associated consumables and cold storage to improve patient flow and care related to rapid diagnostic Covid-19 and RSV PCR testing.

11. H2 PLANNING UPDATE INCLUDING CONTRACTS

11.1. The Committee noted that the indicative H2 funding was broadly similar to H1 adjusted for inflation. The Committee was made aware that the finance team were working through the implications of the changes to the ERF funding regime and the full plan would be received by the Committee at November's meeting.

11.2. The Committee noted the H2 planning guidelines, timetable and, due to the timing of the submission timeframes, **APPROVED** that authority is delegated to the Director of Finance & Performance and Chair of FPC to sign off the final H2 plan to be submitted by 25 November 2021 to NHSE/I in the case that:

- The plan is a breakeven position, and
- The level of inherent efficiency savings required are considered deliverable.

If this is not the case an extraordinary FPC will be scheduled to consider available options.

11.3. The Committee **APPROVED** the business case in appendix 4 of the report which outlines the plan for the targeted investment fund (TIF) nationally allocated funding.

12. BEAUTIFUL INFORMATION UPDATE

12.1. The Committee noted the update and further considerations outlined. It was agreed further work to understand the implications for the Trust of the proposals was required.

13. GROUP TAX STRATEGY

13.1. The Committee noted that the draft Strategy has now been approved by the Trust's wholly owned subsidiaries and the review date amended from 12 months to 24 months.

13.2. The Committee **APPROVED** the Group Tax Strategy (1 September 2021) subject to confirmation that there were no major changes from last year.

14. Other Reports

14.1. The Committee received and noted the following reports:

14.1.1. Strategic Investment Group (SIG) Chair's report and minutes.

14.1.2. Financial Improvement Oversight Group (FIOG) Chair's report and minutes.

East Kent Hospitals University NHS Foundation Trust

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors is asked to discuss and **APPROVE** the:

- FPC Chair's report;
- The Restore and Recovery Business Case.

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**28 OCTOBER 2021**
SUBJECT:	**CHAIR REPORT FROM THE QUALITY AND SAFETY COMMITTEE (Q&SC)**
BOARD SPONSOR:	**SARAH DUNNETT, CHAIR OF Q&SC**
PAPER AUTHOR:	**INTERIM DEPUTY TRUST SECRETARY**
PURPOSE:	**APPROVAL**
APPENDICES:	**NONE**

BACKGROUND AND EXECUTIVE SUMMARY

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

This report presented reflects Committee activity for the September 2021 meeting.

1. Integrated Performance Report

1.1. The Committee discussed the report and noted the updates on the We Care True Norths, Breakthrough Objectives and Watch Metrics.
1.2. It was highlighted that, for August 2021, medication errors had superseded patient falls as the highest harm metric. This was thought to be due to the on-going focused work to reduce patient falls (raising staff awareness, education, yellow blankets, etc.).
1.3. There was no update available from Dr Foster regarding mortality. In relation to the alert regarding respiratory and sepsis, it was noted that sepsis screening was now on the Electronic Patient Record (EPR) which improved visibility and the ability to audit compliance. It was reported that a Trust Priority Improvement Plan (TPIP) was in place and the sepsis/deteriorating patient audit evidenced a 20% improvement in compliance.
1.4. It was noted that the previously alerting Watch Metric for nutrition was now "Green" as nutrition incidents had fallen in August 2021. The collaborative work of the nutrition team, ward teams and 2gether Support Solutions (2gether) focused on mealtimes and safety huddles was noted.
1.5. The compliance with the Constitutional Standards was noted to remain challenging with some elective activity suspended in August 2021 to support safe staffing on the wards and within the Emergency Department (ED). It was reported that work was on-going within the system to reduce the significant number of patients waiting for placement once fit for discharge.
1.6. The Committee heard that the Trust had been commended for the exceptional nursing care provided for a child awaiting a Tier 4 Child and Adolescent Mental Health Service (CAMHS) bed due to a national shortage of Tier 4 beds. It was noted that the Trust had implemented mitigations to reduce the risk of harm to any child awaiting a Tier 4 placement and networked with other acute providers and North East London Foundation Trust (NELFT) (CAMHS provider) to share escalation policies, risk assessment processes and training requirements.

2. Infection Prevention and Control (IPC) Monthly Report

2.1. The Committee discussed and noted the report and highlights:
- Meticillin-Sensitive Staphylococcus aureus (MSSA) was slightly higher this year than last year;
- C. Difficile remains below the Trust threshold and the national average for hospital onset C. Difficile;
- There had been an increase in Gram negative infections; the causation was under

investigation;
- Four Covid-19 outbreaks had been declared;
- Progress had been made in updating the IPC Policies or converting to guidelines and reassurance was received that all would be updated by the end of October 2021.

3. Care Group Governance Reports

3.1. The Care Group Governance Reports were discussed, highlighting the following:

3.2. **Cancer, Clinical Haematology and Haemophilia**
- The Trust did not achieve the 95% Venous Thromboembolism (VTE) risk assessment (89% August 2021). An action plan was commenced following the paediatric (16 & 17) risk assessment audit.
- Reassurance was provided that mitigations had been put in place regarding:
  - the anticipated compromised ability, due to low staff numbers, to provide the 7 day service for Acute Oncology;
  - the Aseptic Pharmacy Unit shutdown for three weeks in September 2021.

3.3. **Urgent and Emergency Care (UEC)**
- The unprecedented demand and operational pressures within the EDs were being mitigated through leadership and support roles working clinically and daily monitoring and adjustment of staffing. Work was reported as on-going to continue the successful recruitment to substantive posts, re-invigorate We Care, and the development of the Emergency Village pathways.
- The social media campaign, featuring Trust staff and their children, aimed at reducing the verbal and physical abuse of staff. The teams were escalating and had successfully used the sanction procedures when abuse did occur.
- Reassurance that the ligature risks had been addressed within the ED Mental Health rooms at the William Harvey Hospital (WHH) and the Queen Elizabeth the Queen Mother Hospital (QEQMH).

3.4. **General and Specialist Medicine**
- The risk of harm to patients from pressure ulcers. It was confirmed work had commenced to understand the underpinning causation and benchmark against outstanding trusts.

3.5. **Surgery and Anaesthetics**
- The difficulty filling staff vacancies (predominantly Operating Department Practitioners and Nursing Anaesthetics posts) either through substantive employment or temporary staff was impacting on theatre capacity and had led to cancellation of theatre lists. The number of lost sessions in August 2021 was reported as 59.
- The limited Green bed capacity at the QEQMH and WHH. The Care Group was dependent on the Spencer Private Hospital beds at the QEQMH and there was a risk of Green beds being converted to Red at the WHH leading to cancellations.
- It was confirmed that the Vanguard Theatre was now being used Monday to Friday.

3.6. **Upper Surgery – Head and Neck, Breast and Dermatology**
- Short notice cancellations due to Intensive Therapy Unit (ITU) and Green bed capacity.
- A forecast gap in day cases and new orthodontic patient capacity.
- On-going work to pick up as many theatre lists as possible and to maximise the utilisation of these lists in order to mitigate the risk of the anticipated increase in the number of patients waiting over 52 weeks for surgery.

3.7. **Clinical Support Services**
- The data quality reviews and monitoring in place to reduce the risk of referring clinicians not receiving patient diagnostic reports / critical alerts.
- The progress of the validation of cancer pathway patients was reported to the Committee; no patient harm had been identified to date.

3.8. **Women's Health**

- It was reported that the We Care Drivers had been reviewed and the following new drivers included:
  - Caesarean Section rate;
  - Percentage Computerised Cardiotocography (CTG) performed on women attending with reduced fetal movements;
  - Complaints;
  - Safe Staffing;
  - 28 day cancer;
  - Theatre opportunity.
- The interviews for the Independent Maternity review had commenced.
- The first meeting of the new Maternity and Neonatal Assurance Committee had been held.
- It was confirmed that the Maternity Culture Change Programme had reached the end of the diagnostic phase and staff had engaged with the process.

3.9. **Child Health**

- It was reported that attendances reflected the anticipated increase in Respiratory Syncytial Virus (RSV) and the peak was anticipated in November / December 2021.

4. Safe Staffing

4.1. The Committee noted the progress of the nursing and midwifery staffing review of adult inpatient areas and the plan to review the Safer Nursing Care Tool findings following completion of the second tool on 30 September 2021.

4.2. It was reported that the second Safer Nursing Care Tool completion for paediatrics would commence in October 2021.

5. Corporate Principle Mitigated Quality Risks

5.1. The Committee noted that there had been no new risks requested for escalation and no changes to scoring on the Board Assurance Framework (BAF).

5.2. The following changes to the Corporate Risk Register were agreed:

- A new risk of inadequate midwifery staffing levels which may result in women receiving sub-optimal care during labour;
- An increase in the risk rating for CRR116: Patient outcome, experience and safety may be compromised as a consequence of not having the appropriate nursing and midwifery staffing levels and skill mix to meet patients' needs. The risk rating was increased from moderate (8) to high (16).

6. Care Quality Commission (CQC) Update

6.1. The Committee noted the report and the updates regarding the following:

- Children and Young People's services on 28 and 29 July 2021;
- Maternity services on 21 and 22 July 2021;
- Medical Care at Kent & Canterbury Hospital (K&CH) and WHH on 25 May 2021;
- UEC Winter Pressures action plan following inspection on 1 and 2 March 2021;
- UEC action plan following inspection in March 2020.

6.2. The update highlighted the CQC engagement and governance arrangements planned over the next year. The CQC:

- aimed to pilot a new assessment framework with providers later in the year;
- would explore their approach to assessing how local areas understand the needs of their local populations;
- would introduce new products and services to help providers understand and learn from their intelligence; and
- would host conversations and draw together evidence to develop their collaborative work on safety and improvement.

6.3. The Committee noted that there is an Executive Engagement meeting planned with the CQC for November 2021.

7. Health and Safety (H&S) Update

7.1. The Committee noted the issues addressed in the last 18 months:
- Embedding of H&S in Care Group structures resulting in improved Trust Health and Safety Toolkit Audit (HASTA) scores from 82% (2017/18) to 99% (2021/22);
- The comprehensive review of policies and guidance notes;
- A Trust wider review of ligature points and risk assessments in clinical areas, alongside embedding of a new policy.

7.2. It was reported that First Aid training had resumed and MAYBO training was currently being scheduled to restart in September 2021.

7.3. Reassurance was received that all 2gether actions due for Central Alerting System (CAS) alerts were completed for July 2021.

7.4. The Committee noted the update on Estate Statutory Compliance. The average statutory compliance levels have risen from 69% in Q1 2020/21 to 78% to date 2021/22 as a result of the Business Case approved by the Trust in 2020/21. It was highlighted that there had been a significant improvement in HTM04-01 water safety works following a successful procurement and awarding of water hygiene and monitoring contracts. It was anticipated the aware of the fire contract tender would result in similar improvements.

7.5. An update of the backlog maintenance was received noting the £3m allocation for Patient Experience and Involvement Committee (PEIC) in 2021/22 against urgent priority risks.

7.6. The collaborative work to improve catering and food provision was noted. This included work to achieve the standards aligned to Natasha's Law (requirement to provide full ingredient lists and allergen labelling on foods pre-packaged for direct sale on the premises) by October 2021.

7.7. It was noted that the work with the Care Groups to ensure staff are competent to use medical devices continues.

7.8. The Committee noted the updates regarding cleaning and environment and security.

8. Water Safety

8.1. The Committee noted the report and progress highlighted:
- The aim to achieve 100% compliance in routine monitoring by October 2021 following completion of a Trust-wide Legionella Risk Assessment exercise;
- Consideration of supplementary disinfection to mitigate the water safety risk and reduce the reliance on point of use (POU) filters.

9. Safeguarding

9.1. Child Safeguarding
- The key achievements were highlighted as 100% compliance with Level 1 and Level 4 training and 88% compliance with Level 2 and 3 training. Work was reported as on-going to maintain compliance rates above the 85% threshold.
- The Committee noted the update on the Child Safeguarding team's activity and the oversight of this by the Clinical Commissioning Group.
- The emerging risk related to abusive head trauma in under ones since the easing of lockdown was noted. This was being monitored and concerns shared with multiagency partners.

9.2. Adult Safeguarding
- The achievement of compliance above the 85% threshold for Level 1 (100%) and Level 2 (89%) was noted. It was reported that good progress had been made with the training improvement plan.
- The challenges were noted as:
  - Allegations against the Trust in relation to neglect or abuse relating to causation of pressure ulcers and poor quality discharges; including related to homelessness;

- Very low compliance with Level 3 training. Reassurance was received that the Care Groups are developing recovery trajectories. This was overseen by the People at Risk Committee.
- Preparation for the new Liberty Protection Safeguards (LPS) legislation to ensure this was implemented by April 2022; a task and finish group is to be developed and it was anticipated a business case will be required to ensure the Trust is able to comply with the internal administration, monitoring and governance of LPS.

10. Other Reports

The Committee received and discussed the following reports:

- Patient Safety Committee Chair's report;
- Patient Experience Committee Chair's report;
- National Institute for Health and Care Excellence (NICE) and Clinical Audit and Effectiveness Committee Chair's report;
- Initial Assessment of the Nursing Workforce Risks and Priorities;
- Paediatric Laparoscopes.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors is asked to discuss and **APPROVE** the September 2021 Q&SC Chair's report.

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**28 OCTOBER 2021**
SUBJECT:	**CHAIR REPORT FROM THE QUALITY AND SAFETY COMMITTEE (Q&SC)**
BOARD SPONSOR:	**SARAH DUNNETT, NON-EXECUTIVE DIRECTOR/Q&SC**
PAPER AUTHOR:	**INTERIM DEPUTY TRUST SECRETARY**
PURPOSE:	**APPROVAL**
APPENDICES:	**NONE**

BACKGROUND AND EXECUTIVE SUMMARY

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

This report presented reflects Committee activity for the 26 October 2021 meeting.

1. INTEGRATED PERFORMANCE REPORT

1.1. The Committee discussed the report and the following were highlighted:

1.1.1. In September 2021 the data demonstrates that medications errors, for the second month, are the greatest contributor to potential harm events (35.6%), closely followed by patient falls (34.8%). There had been an increase in month to 410 potential harm incidents against a target of 314.

1.1.2. Falls improvement interventions continue, however, it was noted that a slower rate of improvement was anticipated, as the focus was now on areas with lower incidence of falls, after successful improvements in areas with higher numbers.

1.1.3. The Medication Safety Group improvement plan continued to work to reduce medication errors. The work was noted in Child Health, and in Urgent and Emergency Care specifically in relation to allergies. Distraction was reported to be the main causation of medication administration and prescribing errors.

1.1.4. Mortality data reports a 12-month rolling Hospital Standardised Morality Ratio (HSMR) to June 2021 as 94.5 and a Summary Hospital-level Mortality Indicator (SHMI) of 103.5.

2. INFECTION PREVENTION AND CONTROL (IPC) MONTHLY REPORT

2.1. The Committee heard that the Covid activity had increased and there were now approximately 50 Covid inpatients. Re-assurance was provided that the management of Covid patients was good with very few nosocomial cases. The support from the IPC team was commended. One outbreak had been reported and was thought to be impacted by the environment.

2.2. It was noted that a plan to address the non-achievement of the Klebsiella and Pseudomonas trajectories was being considered.

3. CARE GROUP GOVERNANCE REPORTS

3.1. The Committee discussed the reports and the following were highlighted:

3.2. **Surgery and Anaesthetics**

3.2.1. 77 lost theatre sessions in the last month, primarily due to the lack of availability of suitably skilled staff (scrub and anaesthetic assistants). A business case was being developed and anaesthetic nursing posts were out to advert.

3.2.2. The utilisation of the Vanguard theatre and theatre capacity. The Committee queried whether ideas from staff could inform the better use of these areas.

3.3. **Urgent and Emergency Care**

3.3.1. Re-assurance was received that the Emergency Departments (EDs) had adopted a planned and phased approach to the use of areas during the current build work and unanticipated problems were being managed to reduce the impact on patients.

3.3.2. The EDs were under extreme pressure, being in OPEL4 (highest level of escalation) during the preceding week. The challenges were reported as increased attendances and poor flow through the hospital resulting in delays in ED and overcrowding in the department. To mitigate this, the use of the Same Day Emergency Care (SDEC) pathway and Urgent Treatment Centres were being maximised. Reassurance was received that the frequency of comfort rounds had been increased to ensure patients had access to food and water during longer stays within the EDs.

3.3.3. The anticipated increase in paediatric attendances due to Respiratory Syncytial Virus (RSV) was expected to peak in mid-November 2021. Paediatric colleagues were supporting the EDs to relieve overcrowding at the front door.

3.3.4. The ED team were working toward the new national bundle of ED key performance indicators (KPIs) with Care Group colleagues in order to reduce the number of patients within the EDs for extended periods.

3.4. **General and Specialist Medicine**

3.4.1. The introduction of a Silver role within the Care Group was discussed. This role supported flow and thus released other staff to support quality and safety projects on the wards.

3.4.2. Reassurance was received that there had been successful development of staff through the Band 7 ward leaders programme and for internationally recruited nurses (some of whom had been promoted to Band 6). An appreciative enquiry approach had been adopted to highlight areas of good practice and this was reported to have a positive effect on staff morale.

3.4.3. The challenges during the Cardiac Catheter Lab development work required daily calls to manage patients based on clinical priority.

3.4.4. The work to reduce long waits on the gastroenterology pathway continued with weekly calls in place.

3.5. **Upper Surgery – Head and Neck, Breast and Dermatology**

3.5.1. The 52 week position had deteriorated as anticipated, with the priority area being Ear Nose and Throat (ENT).

3.5.2. It was reported that there was an emerging risk in relation to Intensive Therapy Unit (ITU) capacity.

3.5.3. There had been a successful administrative staff development and engagement session. This was reported to have had a positive impact on the morale of the administrative teams and the Committee recommended other Care Groups consider this approach.

3.6. **Clinical Support Services**

3.6.1. The achievement of the DM01 standard was challenging due to the unprecedented demand for diagnostics and the complexity of diagnostics requested.

3.6.2. The Committee confirmed that the Chief Medical Officer would advise on further validation of patients prior to October 2020 Soliton go live date once the harm reviews for the remaining 34 patients had been completed in the next month. Further education of staff was planned to reduce the likelihood of inappropriate use of the 'cancer pathway' question on Soliton and ensure the appropriate referral mechanisms are used.

3.6.3. An external review of mortuary services on the three Trust sites (William Harvey Hospital (WHH), Queen Elizabeth the Queen Mother Hospital (QEQMH) and Kent & Canterbury Hospital (K&CH)) was positive indicating that the Board can take reasonable assurance that the controls upon which the Trust relies to manage the risk are suitably designed, consistently applied and effective. The areas covered were:

- Mortuary process notes;
- Transfers from hospital and community and storage inside the mortuary;
- Processes in place to ensure valuables on and accompanying bodies are safeguarded;
- Release of deceased from mortuary to funeral directors;
- Cremation fees;
- Quality Governance.

The review found no concerns with the processes and controls around entry and departure of deceased people into and from the mortuary. The CCTV security was appropriate, however, a recommendation was made to install cameras inside the mortuary storage areas at K&CH to reduce the risk of dispute if an incident did occur. A recommendation was also made that the cremation fees payable to doctors from funeral directors should be made by direct payment to the doctor rather than a cheque payment payable to the doctor being sent to the Trust.

3.7. **Women's Health**

3.7.1. Staffing remained a key issue for September 2021 across Women's Health services, with new matters for escalation in relation to the poorly defined digital structure for maternity services and the estate within maternity.

3.7.2. The Maternity and Neonatal Assurance Group had been established and the forward planner was being populated to ensure that the timescales for reporting the Clinical Negligence Scheme for Trusts (CNST) requirements to the Board are aligned.

3.7.3. The workforce paper for midwifery had been approved and specialist posts were being advertised imminently. Reassurance was received that it was anticipated that there would be a vacancy rate of approximately 4% at the end of the year following recent recruitment and allowing for known leavers. It was confirmed that administrative posts to support midwives were being recruited to substantively.

3.7.4. The NHS Improvement (NHSI) Maternity Improvement Director had commenced and would be focusing on systems and processes for good governance.

3.7.5. Work on the culture programme continued including the engagement of women, local Doulas and the Maternity Voices Partnership.

3.8. **Child Health**

3.8.1. A new driver metric regarding appraisal compliance had been agreed.

3.8.2. Registered nurse vacancies remained a concern and it was recognised that there was a shortage of paediatric nurses nationally. To mitigate this, the team were sourcing agency cover and considering Healthcare Assistant (HCA) roles. It was reported that there was senior nurse presence on site or on call to support nurse decision making and specialist nurses were receiving training to ensure they could be redeployed to support the inpatient wards if required.

3.8.3. The Care Quality Commission (CQC) report had been received and was positive in the two areas inspected: Safe – Good and Well Led – Good.

3.8.4. The team had been commended by the CQC for the care of young people awaiting Tier 4 Child and Adolescent Mental Health Services (CAMHS) beds.

3.8.5. Work was ongoing to improve the support for and morale of staff. This included two trained staff who provided confidential support, visible leadership presence, Band 6 meetings with the Matrons, Band 5 meetings with Ward Managers and a 9am touch point call to enable staff to talk directly to the care group triumvirate.

3.9. **Cancer, Clinical Haematology and Haemophilia**

3.9.1. A Standard Operating Procedure (SOP) had been developed and education of staff was ongoing regarding the appropriate use of Cancer Upgrade forms.

3.9.2. The Trust compliance with Venous Thromboembolism (VTE) risk assessment remained challenging - 89% for September 2021 against a national target of 95%. It was confirmed that the Thrombosis Group was developing a Trust Priority Improvement Plan.

3.9.3. The Acute Oncology Service (AOS) 7 day services continued to be compromised due to low staff numbers.

3.9.4. It was celebrated that the Kent and Medway Cancer Alliance was first in the country for cancer compliance. The Trust had made a significant contribution to this achievement.

4. LEARNING FROM SERIOUS INCIDENTS

4.1. The Committee noted the report and the plan for further detailed theming within future reports.
4.2. It was noted that the new Serious Incident Declaration Panel had enabled immediate actions to mitigate risks to be identified.

5. PATIENT SAFETY COMMITTEE CHAIR'S REPORT

5.1. It was confirmed that the Local Safety Standard for Invasive Procedures (LocSSIPs) Task and Finish Group had been formally closed.
5.2. The Committee was informed that a SOP confirming roles and responsibilities within the Central Alerting System (CAS) process had been developed. This aimed to ensure the timely closure of alerts. Outstanding alerts were being followed up by the Chief Medical Officer.
5.3. The Medical Examiner Service had been commended for its approach and effective interface with community partners.

6. FUNDAMENTALS OF CARE COMMITTEE CHAIR'S REPORT

6.1. The report was noted.
6.2. The Committee heard that the quality of complaint responses required improvement. The Chief Nursing Officer was reviewing all complaint responses prior to sending to complainants. A review of the complaints process was planned and it was suggested that this involved non-executive directors and governors.

7. THE NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE)/CLINICAL AUDIT AND EFFECTIVENESS COMMITTEE CHAIR'S REPORT

7.1. The report was noted and it was highlighted that all Care Groups were above the 75% compliance with audits.
7.2. The Committee heard that there will be a Clinical Audit half day – Getting to Outstanding on 14 December 2021.

8. SAFE STAFFING

8.1. The report was presented highlighting:
- 8.1.1. The vacancy rate for registered nurses had improved by 3% to 8.5%, however, the caveat was that the majority of these nurses were newly qualified or internationally recruited; there would therefore be a delay in confirmation of their registration by the Nursing and Midwifery Council (NMC).
- 8.1.2. There were circa 300 HCA vacancies and work continued with resourcing to allocate to vacancies from the HCA pool.
- 8.1.3. The initial findings from the nursing workforce review indicate that there was a shortfall of circa 400 registered nurses to meet the requirements of Safe Staffing. A business case would be developed and a working group set up to develop a digital marketing strategy.
- 8.1.4. The external review of education and training had been completed with 22 recommendations made.
- 8.1.5. A six-month secondment had been recruited to support the Allied Health Professionals workforce review.
- 8.1.6. It was noted that moving forward a quarterly report for Safe Staffing would be submitted to the Board and a brief monthly update submitted to Quality and Safety Committee.

9. CORPORATE PRINCIPAL MITIGATED QUALITY RISKS

9.1. Board Assurance Framework (BAF)
- 9.1.1. There were no new risks for escalation and no changes to scoring on the BAF.
- 9.1.2. There were no extreme risks.
- 9.1.3. The Committee noted the four high risks on the BAF.

9.2. Corporate Risk Register (CRR)

9.2.1. The Committee **APPROVED** two new risks on the CRR:

- Medical staffing
- Nutrition and Hydration – it was noted that further refinement to update this risk are due to be completed.

9.2.2. The Committee **APPROVED** the increase in risk rating for the risk of overcrowding in the ED from moderate (12) to high (16).

9.2.3. There was one extreme risk related to insufficient capacity for Tier 4 Children and Young People's Mental Health Services.

9.2.4. The Committee noted nine high risks on the CRR.

10. CHILDREN AND ADULT SAFEGUARDING ASSURANCE COMMITTEE – TERMS OF REFERENCE

10.1. The Committee noted and **APPROVED** the Terms of Reference.

11. Other Reports

The Committee received and noted the following reports:

- Care Quality Commission (CQC) Update;
- Maternity and Neonatal Assurance Group – Terms of Reference.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors is asked to discuss and **APPROVE** the Quality and Safety Committee Chair's report.

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**28 OCTOBER 2021**
SUBJECT:	**REPORT FROM THE STRATEGIC WORKFORCE COMMITTEE (SWC) CHAIR**
BOARD SPONSOR:	**JANE OLLIS, CHAIR OF THE SWC**
PAPER AUTHOR:	**INTERIM GROUP COMPANY SECRETARY**
PURPOSE:	**APPROVAL**
APPENDICES:	**NONE**

BACKGROUND AND EXECUTIVE SUMMARY

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

This report summarises Committee activity for the meeting held on 28 September 2021.

Matters Arising:

- The Committee noted the Occupational Health Strategy would be brought back to the October meeting and added to the Committee planner as an annual item.
- It was confirmed that Equality, Diversity and Inclusion (EDI) support had been completed and a new Head of EDI appointed.
- The Committee noted that the Chief Medical Officer (CMO) was working with the Team to determine if additional resources were required to undertake medical appraisals.

1. Integrated Performance Report (IPR)

1.1. The Committee received the following updates:

- The IPR was reviewed and re-designed in line with the We Care model.
- True North Metric summary:
  - Turnover had risen slightly for the fifth month. There was an inflation of figures due to being done on a 12-month rolling average. Premature turnover had plateaued at 20%.
  - Staff engagement – results from the first National Quarterly Pulse Survey had fallen to 6.6% from 6.9%. report. This was attributed to factors such as pressure, stress, burn-out as a result of the pandemic. Mitigation included the introduction of We Care; and a Team Engagement & Development (TED) programme aligning with best practice from Lancashire Trust.
- Watch metric summary:
  - Sickness absence remained below the 5% threshold set.
- Alerting metric summary:
  - Nursing turnover was above threshold and increasing since December 2021. This had been nationally benchmarked and found to be comparable to other trusts.
- Watch metric summary:
  - Appraisal compliance - At the end of August, the Electronic Staff Record (ESR) experienced functionality issues due to national systems upgrade which meant the August data was not accurately reflected. This metric remains below the threshold at 73% overall.
- Alerting Watch metric summary:
  - Statutory training dropped slightly over the last two months but remained above threshold.

2. Board Assurance Framework (BAF) and Corporate Risk Register (CRR)

2.1. The Committee noted the BAF and CRR and mitigations in place, particularly in respect of risks relating to Our People strategic priority.

2.2. The Committee noted that there was a new risk added to the CRR regarding midwifery staffing levels and the planned mitigation included a business case to increase staffing levels which was due to be presented to the Board of Directors in September.

3. Brief on Current Workforce Issues

3.1. The Committee discussed the People dashboard which covered current workforce issues not included in the IPR. The following updates and highlights were noted:

- It was confirmed that the dashboard was aligned to the HR programme of activities and was brought as a draft for comments from the Committee.
- Having all the data in a single dashboard aided the identification of trends and data triangulation.
- The People dashboard considered each of the domains in the People Strategy and summarised the key workforce issues and actions being taken as follows:
  Looking after our people:
  - Dashboard demonstrated significant investment in the team including a new Staff Experience team comprising of Staff Engagement; Wellbeing; and EDI.

  Belonging in the NHS (feeling supported and valued):
  - Transformation of our benefits offering and platform.
  - Piloting a welcome programme for international nurses.
  - Investing in Freedom to Speak Up Guardians.
  - Implementing a central HR service desk which is available 08:00 to 17:00 hours.

  New ways of working and delivering care:
  - Enhancing the use of the HealthRoster system.
  - Working with system partners to develop the workforce chapters of the Pre-Consultation Business Case (PCBC).

  Growing for the future:
  - Complete review of the recruitment function undertaken.
  - Developing alternatives to recruit fully trained staff.
  - Tackling agency spend.
  - Incentivised bank and agency staff within agreed pricing frameworks.

  Working in partnership:
  - The HR team working closely with partner organisations.
  - Monthly Director of HR and Deputy Director meetings taking place to identify themes and assign resources to work collaboratively.

3.2. The Committee commended the progress of the development of the dashboard and requested for:

- A further drill down of the data to identify the problem areas; and
- Inclusion of training to the Looking after our people dashboard.

4. Statutory and Mandatory Training

4.1. The Committee noted the following updates and highlights presented:

- Statutory and Mandatory training was monitored through the Care Groups as part of the Performance report.
- All Care Group's statutory training compliance had been stable during the last 12 months above the 85% target.
- The average statutory training across the Trust was 94% in August 2021.
- The roll-out of Manager and employee self-services helped improve compliance.

4.2. The Committee requested for a RAG rating to be included in future reports and an exception summary to provide assurance to the Committee that areas of non-compliance were being followed up and tracked.

5. Guardian of Safe Working Report

5.1. The Committee noted the following highlights:

- Exception reporting had been well-established and supported.
- The number of exception reports submitted was 69 over a 5-month period.
- Educational Supervisors engagement continued to be positive.
- Similar to previous reports the nature of exception reports was mainly in relation to 'hours and rest'.
- The implementation of the self-development time (SDT) began in August 2021 with assurance of compliance being requested from Care Groups.

6. The following reports were noted by the Committee:

- Feedback from the Joint Chairs of the Staff Committee; and
- Integrated Education, Training and Leadership Development Group (IETLDG) update.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors is asked to discuss and **APPROVE** the SWC September 2021 Chair Report.

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**28 OCTOBER 2021**
SUBJECT:	**CHAIR REPORT FROM THE STRATEGIC WORKFORCE COMMITTEE (SWC)**
BOARD SPONSOR:	**JANE OLLIS, NON-EXECUTIVE DIRECTOR/CHAIR SWC**
PAPER AUTHOR:	**INTERIM DEPUTY TRUST SECRETARY**
PURPOSE:	**APPROVAL**
APPENDICES:	**NONE**

BACKGROUND AND EXECUTIVE SUMMARY

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

This report presented reflects Committee activity for the 25 October 2021 (short) meeting.

Matters Arising:
The Committee noted that there is an accommodation strategy under development led by the Director of Finance and Performance involving Human Resources, Strategic Development and executive clinical leads. This relates to accommodation space for residential requirements and education and training facilities. The timeframe for completion of this work is anticipated to be 18 months to two years.

1. INTEGRATED PERFORMANCE REPORT

1.1. The Committee discussed and noted the Integrated Performance Report.
1.2. The following were highlighted:

1.2.1. The extremely challenging staffing level issues and periods of OPEL4 (highest level of escalation) status of the hospitals. It was reported that this situation was similar across the wider system.

1.2.2. The total turnover has risen to 11.2%. A deep dive has identified the highest turnover to be Healthcare Assistant (HCA) roles (22.11%) particularly within Surgery and Anaesthetics, Critical Care and the Emergency Departments. The work in place to mitigate the turnover risk was noted.

1.2.3. The premature turnover rate was 18% for September 2021, however, using the rolling year we have maintained 20% which is the Gold standard. Work was ongoing to encourage the retention of new staff and international recruits.

1.2.4. Although current vacancies had been over recruited to, it was re-enforced that:

- The inpatient safe staffing review had identified a shortfall in establishment for inpatient ward areas of 385 registered nurses: and
- The international nurse recruits would not be able to function as Band 5 registered nurses for approximately four months due to training and registration timeframes.

1.2.5. The latest engagement score was very low at 6.3 (having dropped from 6.9); the areas of particular concern were noted to be maternity and Emergency Departments. Nationally a reduction in staff motivation had been recognised. The work of the wellbeing team was noted with the aim of providing timely support to staff and to equip managers with the skills to support their staff.

1.2.6. Re-assurance was provided that the executive team receive fortnightly updates on staffing, including forecasting over the winter period. It was reported that the winter will be extremely challenging and the work to recruit, retain and engage agency staff was a high priority for the Trust.

1.2.7. It was noted that the Trust performed well for staff Covid vaccination at 92%, however, it was difficult to accurately report the Covid booster vaccination rate. Staff had been offered booster vaccinations external to the Trust and thus data for these staff was not available.

2. BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER

2.1. The Committee noted that there were no changes to the Board Assurance Framework (BAF) and the highlights as:
- 2.1.1. No extreme risks;
- 2.1.2. One high risk (15) – Failure to recruit and retain high calibre staff could potentially result in negative patient outcomes and experience and impact on the Trust's reputation.

2.2. The Committee **APPROVED** the new risk on the Corporate Risk Register (CRR) and the amended wording of CRR118:
- 2.2.1. New Risk regarding Medical Staffing - Patient outcome, experience and safety may be compromised as consequence of not having the appropriate medical staffing levels and skills mix to meet patient's needs. This is due to an inability to recruit in key specialties and to key grades. There is insufficient substantive consultant staff requiring long term locums to cover vacancies and a lack of central medical function. This results in the Trust being unable to build cohesive teams and means that the Trust is required to run additional training. The inherent risk score is a high risk (15), with a moderate impact (3) and a very likely likelihood (5). The current controls in place are a task and finish group around medical recruitment including consultants, an associate medical director is in place to innovate in medical recruitment. Further actions required include the development of a business case for funding to recruit a central medical function, review the medical workforce strategy and medication recruitment process. Review Resident Medical Officer (RMO) contract to improve quality assurance pending a long-term solution and work with Kent & Medway Medical School (KMMS) to create joint roles at junior doctor level.
- 2.2.2. The wording of CRR 118 had been amended from "Staff may not be engaged to deliver a high quality, caring service" to "The culture does not enable staff to maximise their potential and be sufficiently engaged to deliver a high quality, caring service" to capture the risk more appropriately.

2.3. Re-assurance was provided that the controls for the midwifery staffing risk had been updated and the Committee noted the recommendation that the nurse staffing risk should increase from 16 to 20.

3. PROFESSIONAL EDUCATION WORKFORCE INDEPENDENT REVIEW

3.1. A verbal update was received and noted:
- 3.1.1. The first draft report of the Professional Education Workforce Independent review had been received and there were 22 recommendations for this committee to consider. The full report will be reviewed at the November 2021 meeting.
- 3.1.2. A review of Advanced Practice has been commissioned to encompass the advanced practice roles required by the Trust, the training and competence requirements and governance arrangements. It is anticipated the report will be available for review by the Committee in January/February 2022.
- 3.1.3. The business case for the additional 385 registered nurses to comply with the safe staffing requirement for inpatient ward areas of one registered nurse to six patients (currently 1:14-16) will be presented to Finance and Performance Committee in November 2021 and Trust Board in December 2021.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors is asked to discuss and **APPROVE** the SWC Chair's report.

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**28 OCTOBER 2021**
REPORT TITLE:	**CHARITABLE FUNDS COMMITTEE (CFC) CHAIR REPORT**
BOARD SPONSOR:	**JANE OLLIS, ACTING CHAIR OF CFC**
PAPER AUTHOR:	**BOARD SUPPORT SECRETARY**
PURPOSE:	**APPROVAL**
APPENDICES:	**NONE**

BACKGROUND AND EXECUTIVE SUMMARY

The Charitable Funds Committee remit is to maintain a detailed overview of the Charity's assets and resources in relation to the achievement of the agreed Charity Strategy.

Chair's summary of key deliberations and decisions at the CFC meeting held on 5 October 2021 are:

1. Applications for Grants

The Committee received and considered three applications for grants as detailed below:

1.1 Ultrasound Machine – Renal Unit at Kent & Canterbury Hospital (K&CH):

1.1.1 The Committee received and approved an application for funding for £32k for the purchase of a second ultrasound machine for the specialist Renal Unit (Marlowe Ward) at K&CH.

1.1.2 The Committee noted the key benefits:

1.1.2.1 This equipment was fully utilised by the Unit on a daily basis;

1.1.2.2 Facilitate immediate response to patient care;

1.1.2.3 Avoid delays to procedures and significantly improve the ability to respond and deliver prompt diagnosis and treatment;

1.1.2.4 Provide enhanced visual, enabling review from multi angles, and clarity for medical teams when scanning kidneys, fistulas and veins;

1.1.2.5 Improved patient experience and outcomes.

1.2 Psychological Support Services for Haemophilia:

1.2.1 The Committee received and approved an application for funding for £35k for the provision of specialist psychological support services for haemophilia patients.

1.2.2 The Committee noted the key benefits:

1.2.2.1 Provide patients with access to important beneficial specialist psychological support and peer support, improving their resilience when diagnosed and undergoing treatment, to understand their concerns and the complexities of haemophilia;

1.2.2.2 Access to mental well-being support;

1.2.2.3 Improve and enhance patient experience;

1.2.2.4 Service provision for a period of one year, including monthly clinics, well-being days and peer group meetings. The service will be evaluated to identify its impact and outcome for patients.

1.3 Proposal to support Clinical Trials Unit (CTU) at Queen Elizabeth the Queen Mother Hospital (QEQMH)

1.3.1 The Committee received and approved the breakdown of costs submitted associated with the application for funding for £140k for the CTU. The Committee approved to ring fence this allocated funding at its July 2021 meeting.

1.3.2 The Committee noted the summary breakdown of costs:

1.3.2.1 Minor non-structural changes to rooms;
1.3.2.2 Upgrading existing areas to be compliant with fire regulations;
1.3.2.3 Replacement of sanitaryware and fittings;
1.3.2.4 Redecoration works and removal of existing floor coverings;
1.3.2.5 Replacement of worktops, sinks, storage, blinds and statutory and directional signage;
1.3.2.6 Replace existing ceilings and installation of new LED lighting and emergency lighting.

2. CFC Fundraising Update

2.1 The Committee received and discussed a presentation providing an update on fundraising activities, noting:

- Letters of thanks and appreciation sent to companies and local communities for their support and donations during the pandemic;
- Review of options for a future major appeal, working closely with the new Robotic Task and Finish Group around options and developments in robotic assisted surgery;
- Fundraising events: Golf day, garage sale, walking challenge, family fun day, Inflatable 5k, charity night, Brighton and London Marathons, and the NHS Big Tea;
- Fundraising plans for the upcoming festive season;
- Projects recently funded.

3. Finance Report

3.1 The Committee discussed and noted a report on the current financial position, income and expenditure of the East Kent Hospitals Charity (EKHC). This included the following key elements (as at 31 August 2021):

3.1.1 Charity fund balances of £2.9m adjusted for commitments of £2.0m;
3.1.2 Cash position of £0.5m;
3.1.3 Investments (portfolio) of £2.6m;
3.1.4 Income for the period 1 April 2021 to 31 August 2021 of £0.08m;
3.1.5 Gains on Investments 1 April 2021 to 31 August 2021 £0.15m;
3.1.6 Expenditure for the period 1 April 2021 to 31 August 2021 of £0.3m of which:

3.1.6.1 Grants to Trust 1 April 2021 to 31 August 2021 of £0.2m with a further £0.9m committed.

3.1.7 The Committee noted the sale of legacy estate that named the Charity as the sole beneficiary.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	The Charity has to remain financially stable and cannot over commit to projects that could lead to an overreach of funding capacity. The Committee oversees the financial position and activities to ensure the Charity achieves its strategies and objectives.

East Kent Hospitals University NHS Foundation Trust

LINKS TO STRATEGIC OBJECTIVES:	The broad objectives of the Charity link to all the strategic objectives of the Trust. **We care** about... • **Our patients;** • **Our people;** • **Our future;** • **Our sustainability;** • **Our quality and safety.**
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	No
RESOURCE IMPLICATIONS:	Not applicable
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 **APPROVE** the:

- Charitable Funds Committee Chair report;
- The breakdown of costs submitted associated with the application for funding for the allocation of £140k for the CTU.

East Kent Hospitals University NHS Foundation Trust

REPORT TO:	**BOARD OF DIRECTORS (BoD)**
DATE:	**28 OCTOBER 2021**
REPORT TITLE:	**REPORT FROM THE NOMINATIONS AND REMUNERATION COMMITTEE (NRC) CHAIR**
BOARD SPONSOR:	**SUNNY ADEUSI, CHAIR OF NRC**
PAPER AUTHOR:	**BOARD SUPPORT SECRETARY**
PURPOSE:	**APPROVAL**
APPENDICES:	**NONE**

BACKGROUND AND EXECUTIVE SUMMARY

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

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

(i) all aspects of salary (including performance related elements/bonuses).

(ii) provisions for other benefits, including pensions and cars.

(iii) arrangements for termination of employment and other contractual terms.

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

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

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

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

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

MEETING HELD ON 11 OCTOBER 2021

The Committee received and discussed the following reports:

1.1 Executives/Very Senior Managers (VSM) Pay Policy

The Committee received a costed options proposal regarding uplift payment for Executives and VSM. The Committee approved to award a salary uplift consolidated payment of 3% to identified VSMs and Executives.

East Kent Hospitals University NHS Foundation Trust

1.2 Spencer Private Hospitals (SPH) Chairman Update

The Committee received a report on the terms of appointment of the SPH Chairman. The Committee approved to issue new terms and conditions confirming the appointment of the incumbent as Chairman of SPH until 30 October 2022 (end of first three-year term) with the option to be re-appointed for one further term of three years (total of two terms – six years).

1.3 Bonus Payments – Subsidiary Companies

The Committee received and considered a proposal to amend the current practice of bonus payments for its two wholly owned subsidiary companies, SPH and 2gether Support Solutions (2gether). The Committee did not approve this proposal, it agreed to treat the two subsidiaries as commercial entities and retain the practice of bonus payments. These would be aligned to defined and agreed Specific, Measurable, Achievable, Realistic and Time-bound (SMART) goals and objectives over and above Business as Usual (BAU) required to be delivered and achieved.

1.4 Subsidiary Non-Executives Director (NED) In-Common Appointments to SPH and 2gether Boards

The Committee approved:

- the nomination of:
  - Stewart Baird as NED in-common to the SPH Board effective 1 November 2021; and
  - Martin Jolly as NED in-common to the 2gether Board effective 2 January 2022.

1.5 2gether Chairman Update

The Committee approved the proposal for the appointment of Jackie Churchward-Cardiff, 2gether NED, to the role of Interim Chairman for an interim period of two months, as the current Chairman's term of office ends in November 2021.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors is asked to discuss and **APPROVE** the Nominations and Remuneration Committee Chair Report.