

Integrated Performance Report

June 2022



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 Patient Safety Incidents resulting in harm
- Reducing time spent in our ED Departments
- Improving theatre capacity
- Improving our Staff Involvement Score
- Reducing Premium Pay Spend

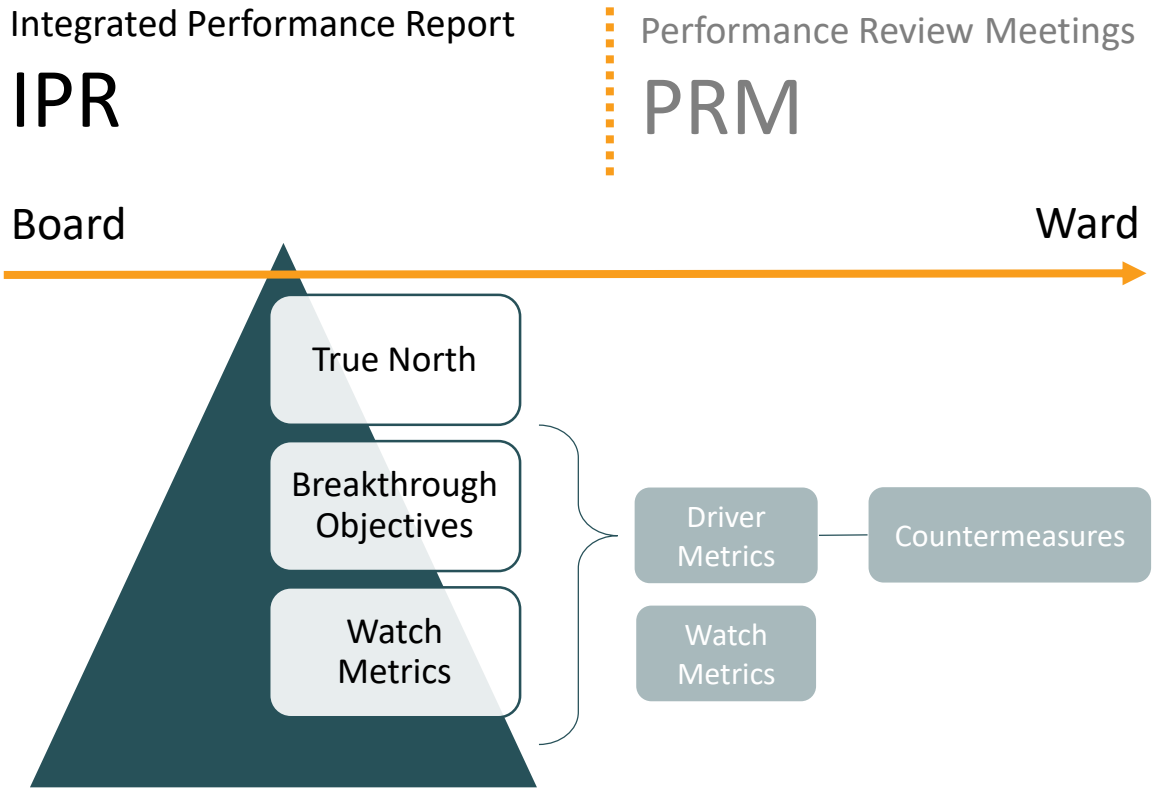
We have chosen these five objectives using data to see where focusing our efforts will make the biggest improvement. We’ll use data to measure how much we’re making a difference.

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

Board



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 2022/23. 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.

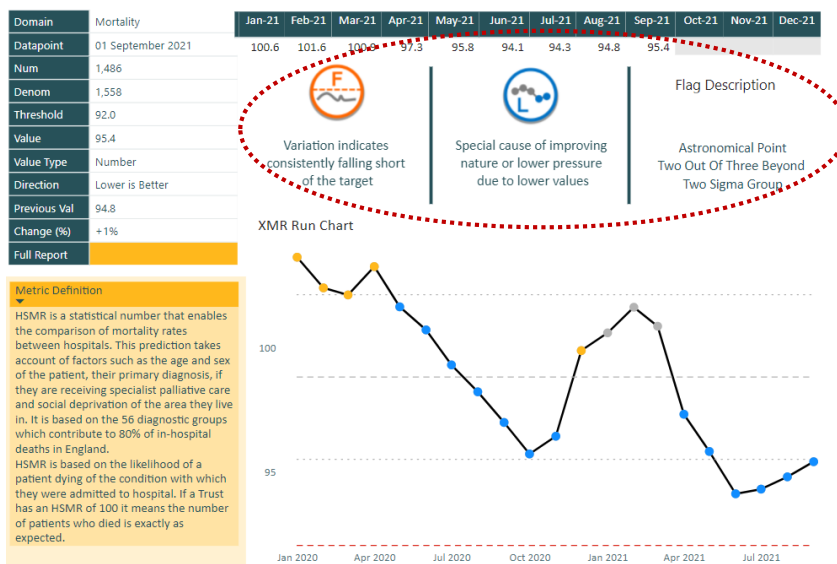
If data point falls outside these levels, an investigation would be triggered.

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



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: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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) |

Our quality and safety



Our quality and safety



Rebecca
Martin

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 20% of all Trusts for the lowest mortality rates in 5 to 10 years. We have set our threshold for our rolling 12 month HSMR to be below 90 by January 2027 to demonstrate achievement of our ambition.

| Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 96.8 | 97.7 | 98.8 | 99.8 | 97.7 | 92.6 | 89.5 | 88.0 | 86.3 | | | |



Variation indicates
inconsistently passing and
falling short of the target

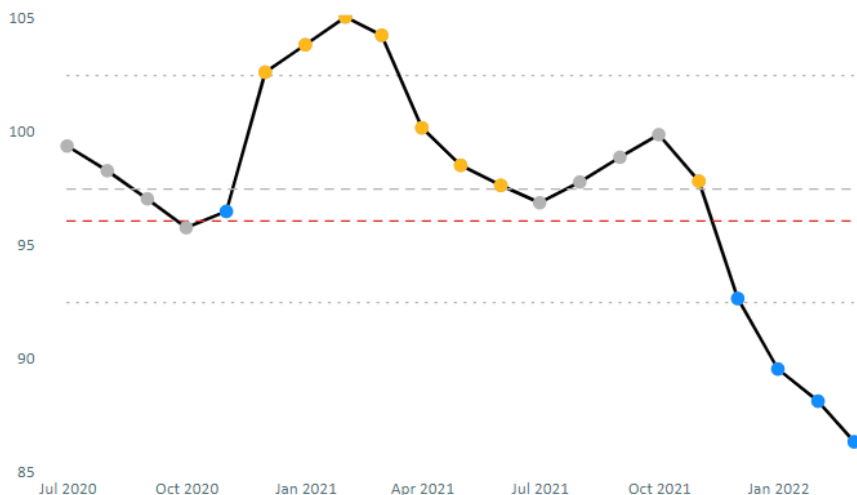


Special cause of improving
nature or lower pressure
due to lower values

Flag Description

Astronomical Point
Two Out Of Three Beyond
Two Sigma Group

XMR Run Chart



What the chart tells us

The Trust HSMR continues its improvement trajectory, now sitting below the lower control limit showing 'special cause variation of improving nature'. The metric demonstrates a 12 month rolling position to March 2022 which is the last data release.

Nationally for all acute (non-specialist providers) we are 16th out of 124 on the Dr Foster (Telstra Health) platform and are in the statistically lower than expected group. The position is likely to fluctuate with each data release as the values above and below us are close together.

Intervention and Planned Impact

- The fracture Neck of Femur pathway is our focus for 2022/23 to improve outcomes for this group of patients and time to theatre had been a driver metric for Surgery and Anaesthetic Care group.. A Trust Priority Improvement Project (TPIP) is underway for 2022/23 to support driving this at WHH and QEQM sites
- Current 12 month rolling HSMR for fractured neck of femur patients is improving (76.8) to March 2022) but there are still key indicators within the National Hip Fracture database that merit further improvement or need to demonstrate improvements are sustained 5/8 KPIs are now above the national average at WHH and 2/8 at QEQM. Further work is underway to understand the drivers of difference.
- Mortality metrics continue to be reported and discussed at Mortality Surveillance Group and intelligence used to drive deep dives into pathways where indicated. There were no new alerts at the time of writing this report.

Risks/Mitigations

The impact of Covid-19 on national mortality surveillance is a risk with the national baseline not stabilised.

Our quality and safety



Sarah
Shingler

Incidents with Harm

The True North target is to achieve zero patient safety incidents of moderate and above avoidable harm within 5 years. We want to reduce harm caused to patients, to improve their experience and outcomes. **Our target for the next 12 months is to reduce avoidable harm incidents of moderate harm and above to no more than 26 incidents per month by March 2023 (5% reduction).**

The breakthrough objective will be to reduce all patient safety harm incidents with a harm severity score of moderate and above, this will be achieved through the Fundamentals of Care and Patient Voice and Involvement workstreams.

| Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 36 | 22 | 22 | 43 | 15 | 32 | 30 | 31 | 30 | 28 | 26 | 35 |



Variation indicates
inconsistently passing and
falling short of the target

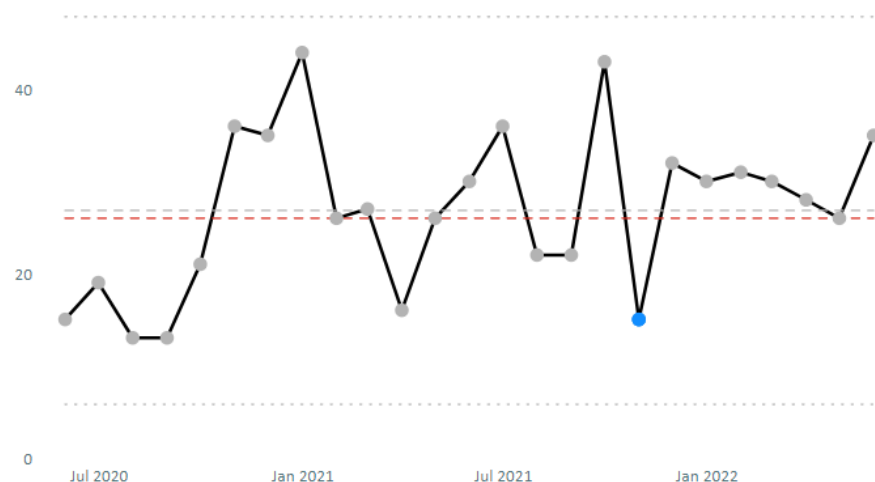


Common cause (no
significant change)

Flag Description

No Special Cause Flags

XMR Run Chart



What the chart tells us

The chart details all patient safety incidents with a harm severity score of moderate and above. There were 35 incidents with a severity score of moderate and above in June which is above the 22/23 threshold. 5 incidents relate to women's health 'obstetric complication' with 4 incidents of women's health 'unexpected problem' also being reported, this increase in maternity incidents has impacted on June performance. Care/treatment was the single highest contributor with 8 incidents. For the last 3 months care/treatment and delay/failure have been the highest contributors.

Intervention and Planned Impact

Failure to act upon requested diagnostics or to initiate treatment has been recognised as a cause of moderate and above harm incidents. This is being addressed via the serious incident panel, learning from deaths and structured judgement review process. Clinicians have also been invited to attend the weekly driver meetings.

Focused improvement work is taking place in Maternity with oversight through MNAG and Board.

Safe staffing is a major factor contributing to patient harms, we are now seeing a direct correlation between low staffing levels and harm specifically on the QEQM site. QEQM is prioritised within the recruitment pipeline and safer staffing process continues to be followed.

The speciality nursing teams continue to have an increased presence in both Emergency Departments to support both clinically and educationally. There were no moderate or above harm incidents related to pressure ulcers or nutrition for the second consecutive month and work is ongoing to ensure this position is sustained. Total falls reduced to 131 in June from 175 in May with only 1 severe harm recorded, there was a targeted approach throughout June with the speciality teams, therapy teams and senior nursing staff to focus on the areas where we saw an increase in low/no harm falls.

Risks/Mitigations

Wards with high number of moderate and above harm incidents now attend weekly driver meetings where a key focus is reviewing the root cause of the top contributors to harm incidents. Temporary staffing strategies are in place to support QEQM ED and AMUs and other wards where staffing is significantly compromised and where enhanced care is required. Ward leaders and Matrons are out on the floor supporting ward teams, increasing oversight that risk assessment and falls/pressure strategies are being used. GSM/UEC/S&A care groups developing driver A3s for the Harm TN.

Alerting watch metrics

Supporting metrics that have either;

- Been red for 4+ months (OR)
- Breached the upper or lower SPC control limit

| True North Domain | BR | Flag | KPI | SPC | Thres. | Mar-22 | Apr-22 | May-22 | Jun-22 |
|-------------------|----|------|----------------------------|---|--------|--------|--------|--------|--------|
| Harm Events | W4 | | VTE Assessment Compliance |  | 95.0% | 92.6% | 91.5% | 92.3% | 92.0% |
| | W4 | | Serious Incidents Breached |  | 0 | 88 | 102 | 114 | 103 |
| | W4 | | Never Events |  | 0 | 1 | 1 | 0 | 2 |

VTE Assessment Compliance

VTE compliance remains below threshold and is driven by underperformance across half of specialties, with the remainder compliant. Improvement plans are in place and monitored through patient safety committee. The dashboard has now been updated to give a more accurate picture which the Clinical Directors are using to target change.

Serious Incidents Breached

Declared Serious Incidents (SIs) must be investigated and closed within 60 days, to ensure timely understanding of issues, address gaps and provide learning to avoid repeated incidents. There has been consistent work to complete investigations, however breaches remain. GSM remains the biggest contributor (33) although an improvement on last month, and UEC is consistent with 26 breaching. Women's health shows 24 breaching, which is significantly impacted by the absences/vacancies within the governance team.

Never Events

There were 2 Never Events declared in June 2022. One met the criteria for wrong site as a strip of skin was removed from the lateral aspect of a wound rather than the medial aspect, and one was due to a swab being left internally following an obstetric procedure. Immediate risk mitigation showed no LocSSIP in place which is now being addressed.

Our patients



Our patients



Rebecca
Carlton

Trust Access Standards: 18wk Referral to Treatment

The National RTT Standard is to achieve a maximum of 18 weeks wait from GP referral to 1st definitive treatment for every patient. It is a priority to ensure patients have access to timely care whilst also reflecting patient choice regarding timing and place of treatment.

Performance has been adversely affected by the global pandemic and as we enter our recovery phase we are committed to improving our elective waiting times moving towards delivery of the constitutional standard. As part of the 'sustaining access' Strategic Initiative early work has commenced with system partners regarding demand management, pathway design, and an early focus on waiting times for 1st Outpatient Appointment.

| Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 64.5% | 63.6% | 62.0% | 61.4% | 61.3% | 59.8% | 59.6% | 59.5% | 58.9% | 58.4% | 60.7% | 59.6% |



Variation indicates
consistently falling short
of the target

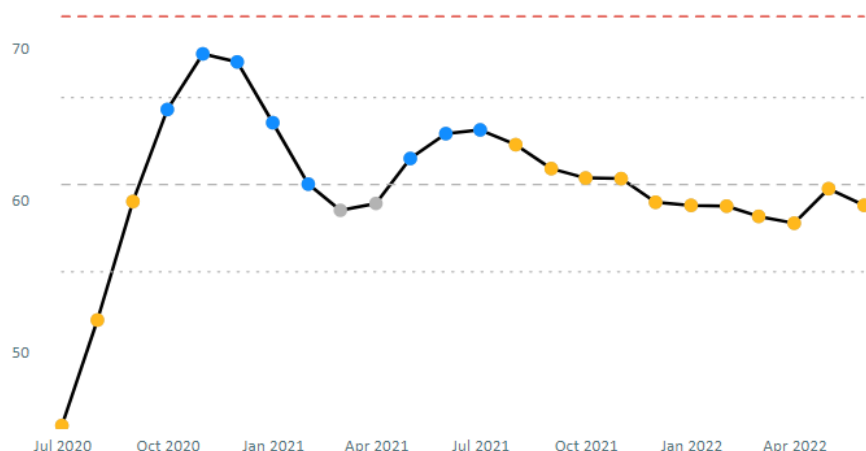


Special cause of concerning
nature or higher pressure
due to lower values

Flag Description

Below Mean Run Group

XMR Run Chart



What the chart tells us

Non-Admitted waiting lists have grown significantly over the last two years which is contributing to the reduced compliance in this metric. The initial phase of elective recovery in spring/summer 2021 saw an improvement in our performance, however we have not been able to recover the performance following the impact of waves two and three. Over the last 6 months performance has remained static however our long waiting patients have continued to reduce.

Intervention and Planned Impact

- Exception assurance reporting and enhanced monitoring has commenced from July via the Elective Delivery Group chaired by the COO.
- Analysis of non-admitted pathway underway to ensure recovery actions are aligned to reducing waiting times for patients, ensuring our plans reduce the elongated waits and where necessary revise recovery plans to prevent further deterioration within the recovery trajectories.
- Diagnostic improvement plan implemented which is yielding an improvement in key modalities (reducing backlog and improving DM01 performance).
- Focused elective recovery plans to be developed in Orthopaedics, Surgery, Urology, ENT, Ophthalmology and Cardiology – spanning non-admitted, diagnostic and admitted pathway.
- Theatre utilisation improved in May to 80% and has been maintained in June with focus on achieving 85%. Targeted work commences with specialties to increase the volume of cases per session aligned to activity plans.
- Two reported breaches against the 104wk trajectory excluding patients choosing to wait longer for surgery/impact of covid. Re focus 104wk oversight to 78wk recovery by March 2023
- Developing reporting process to record and track compliance against our harm review process.

Risks/Mitigations

- Finance and coding review commenced to ensure recorded activity is aligned to our Elective Service Recovery Fund (ERF) contribution.
- Theatre estate and vulnerability, planned works due to complete by 16th August.
- National supply issues with ENT equipment impacting ability to increase cases per session for longest waiting patients.

22/23 breakthrough objective

Theatre Session Opportunity

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

It is imperative that elective surgery deferred during the global pandemic 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.

| Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 38 | 51 | 48 | 39 | 38 | 52 | 54 | 60 | 39 | 36 | 32 | 30 |



Variation indicates inconsistently passing and falling short of the target

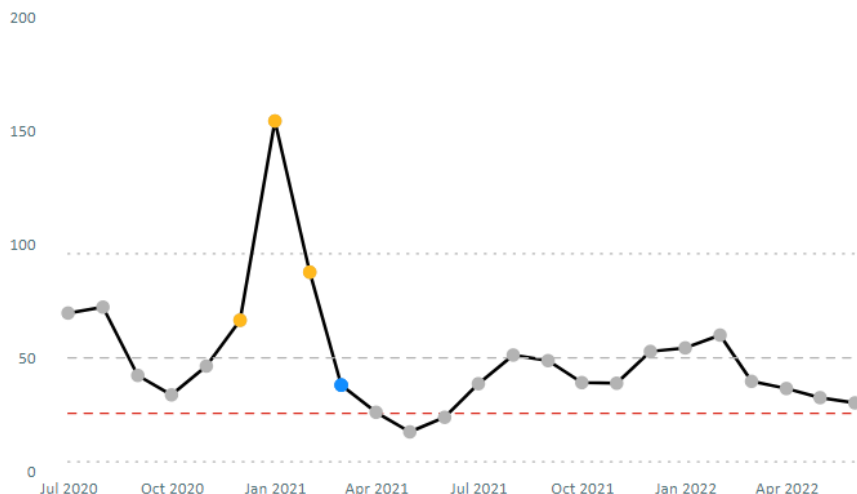


Common cause (no significant change)

Flag Description

No Special Cause Flags

XMR Run Chart



What the chart tells us

Current performance shows an opportunity of 30 sessions a week which is an improving position. Pareto analysis of the June data shows; 13 cancelled sessions, 6 sessions related to early finishes, 5 sessions related to turnaround times, 5 due to late starts and 1 due to cancellations on the day. The top three contributing specialities are Ophthalmology, General Surgery and Orthopaedics. Cancelled sessions remain the main contributor to this indicator of which staff availability is the greatest reason.

Intervention and Planned Impact

Utilising all of our available theatre sessions and returning to pre-covid cases per session (2.8) will enable us to treat more patients and reduce waiting times for patients waiting for surgical treatment. It will also enable the delivery of the elective activity plan set for 2022/23.

To facilitate this there are a number of measures that have been implemented, with further action required:

- Work is on-going with the booking teams to optimise scheduling opportunities. This includes awareness of individual targets and discrepancies between planned and actual utilisation; June performance 89%.
- On time starts remain static at 53.8%, work is starting with the hospital directors to develop a process that will reduce the on-time start delays as a result of bed capacity, including ITU.
- The 2022/23 elective activity plan is being translated into weekly sessions required, and will be factored into the revised theatre schedule. As such, theatre time will be proportionate to the activity required by each speciality.
- Staffing remains challenging, work is underway to finalise the theatre staffing business case.
- Implementation of 6:4:2 will be a priority for the revised theatre optimisation group that is starting in August, led by the Surgery & Anaesthetic Leadership team.

Risks/Mitigations

- Breakdown / Replacement of essential theatre estates and equipment will reduce available capacity - where planned we are reallocating sessions where possible.
- Staffing/ recruitment – theatre staffing business case in draft

Our patients



Rebecca
Carlton

ED 12h Total Time in Department

There is a nationally proposed new set of Emergency Department Access Standards which will focus on 12 hour Total Time in Department. This measures from arrival to either discharge, transfer or admission.

ED performance has been adversely affected by year on year increases in emergency presentation to our acute sites. The global pandemic has created additional pressures in terms of managing infection and maintaining social distance.

Significant investment has been made into expanding our emergency departments and to recruitment to our nursing teams to provide enhanced patient pathways improving both quality of care and experience and this work is ongoing.

| Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 7.0% | 6.7% | 6.0% | 8.5% | 9.8% | 9.6% | 9.5% | 9.2% | 10.5% | 10.4% | 8.7% | 9.5% |



Variation indicates
inconsistently passing and
falling short of the target

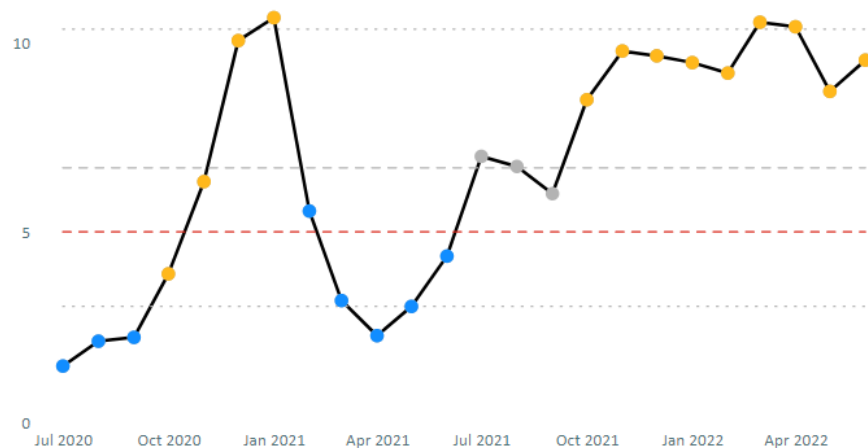


Special cause of concerning
nature or higher pressure
due to higher values

Flag Description

Above Mean Run Group
Two Out Of Three Beyond
Two Sigma Group

XMR Run Chart



What the chart tells us

The new national standard is for no more than 2% of patients to spend longer than 12hrs in the emergency department, from arrival to admission, transfer or discharge. ED attendances have remained static and covid presentations and admissions have increased.

June saw an increase to 9.8% of patients spending more than 12 hours in ED. This is driven by our admitted pathway following an increase in patients who need to stay in a hospital bed for their treatment.

For patients who need to see a specialist for emergency care but who may not need a full inpatient admission the mean time is 3.6 hours. This pathway is known as Same Day Emergency Care (SDEC) and means that patients see a specialist for their presenting complaint and start treatment, it is often possible for these patients to conclude their treatment at home (see 22/23 break through objective).

Intervention and Planned Impact

- A weekly in depth review patients with no complex discharge needs has started led by the Medical Director and Head of Therapy at William Harvey, for any patients with a length of stay over 7 days. This is raising the profile of simple discharges and increased clinical engagement at ward level.
- Frailty Assessment Units (FAU) have seen an increase in activity resulting in reduced time in ED for our patients. WHH has successfully relocated the FAU to the emergency floor which has seen a direct correlation to an increase in activity. QEQMH are planning to transfer their FAU to the emergency floor to replicate the model and shared learning from WHH.
- make in Ambulatory Care and this month a focussed review of QEQM will support actions to improve NHSEI improvement support has been contributing to our understanding of the improvement actions

Risks/Mitigations.

- The number of super-stranded patients in July 2021 was 107 in June 2022 the number has increased to 221. The local health economy agreed trajectory is 133 for June. There is a direct correlation and impact between the number of super-stranded patients and ED performance for 12hr trolley waits metrics and flow.
- The increase in Covid presentation increased the IPC requirements which does slow transfers as extra care is taken in infection prevention.

22/23 breakthrough objective

Same Day Emergency Care (SDEC)

Ensuring patients are seen and treated in the right setting, at the right time and in the right way are key aspects of efficient and effective patient care. A number of patients currently accessing our Emergency Departments can be safely assessed, treated and discharged via a Same Day Emergency Care pathway, such as Emergency Ambulatory Care, Gynaecology, Surgery or Frailty). Access to an SDEC service may be following a direct referral by a GP or via the Emergency Department.

It is anticipated that an average of 2,600 patients each month can be safely seen and treated via a Same Day Emergency Care pathway, this is the ambition for 2022/23.

| Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1,998 | 1,752 | 1,804 | 2,003 | 2,288 | 2,017 | 2,144 | 1,940 | 2,302 | 1,945 | 2,076 | 1,972 |



Variation indicates consistently falling short of the target

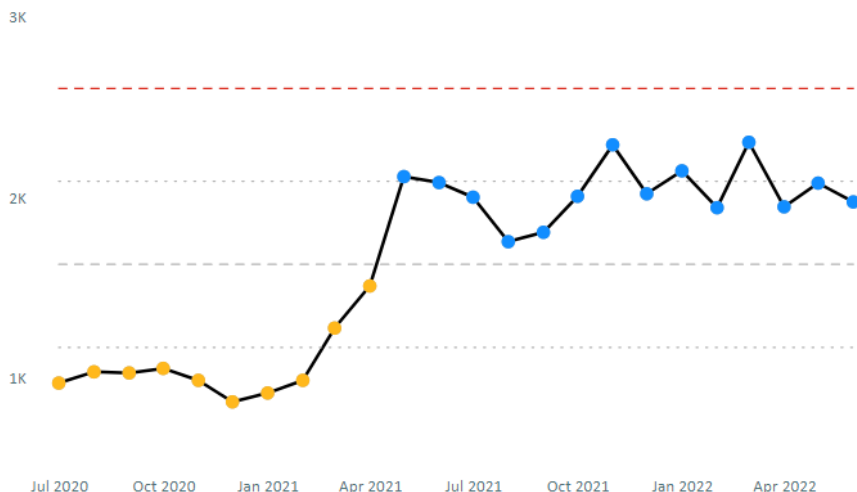


Special cause of improving nature or lower pressure due to higher values

Flag Description

Above Mean Run Group
Two Out Of Three Beyond
Two Sigma Group

XMR Run Chart



What the chart tells us

The number of patients being seen in total for our SDEC pathways has stabilised at approximately 2,000 patients a month, compared to ~1,000 at the beginning of the period. When looking into the specialist pathways data underneath this we can see an upward trajectory and have seen an increase in activity through the Frailty Assessment units, Surgical Emergency admission, The WHH Medical SDEC. and the Children's assessment units activity. Both the Gynaecology assessment units (GAU) and the QEQM Medical assessment units have seen a decrease in activity due to staffing challenges this month.

Intervention and Planned Impact

- Following on from last months engagement piece in medical SDEC we have decided to hold Emergency village speed dating planning events for both sites - first with internal stakeholders and then with external stakeholders - The planned impact is to increase awareness of pathways available and to link services in with stakeholders they may require to support growth of their units.
- Medical SDEC at the WHH are launching a pilot with NHS 111 on the 2nd August to accept direct bookings. This pilot will be a great opportunity to increase direct access to SDEC but also to support teaching and learning for any patients that are better suited to other pathways. If the pilot is successful we will be looking to roll this out to other SDEC services. This will directly impact on patients not having to attend ED but going straight to SDEC on arrival.
- FAU continues to see more patients at the WHH now that it is relocated as part of the emergency village. In June they went from an average of 80 patients a month to 107. QEQM are working on a similar estates change to support this model. The benefits of these specialist areas include an assessment mindset and culture, a real approach to home first.

Risks/Mitigations

- Workforce challenges for both QEQM medical SDEC and GAU are being worked through with clinicians and colleagues in HR to look at a different models of care and building a resilient workforce. There is also a review underway of where these services are located to see if we can locate with other services with similar workforce requirements to provide a more efficient and effective workforce model.

Our patients



Rebecca
Carlton

Trust Access Standards: Cancer 62day

The National 62 Day Referral to Treatment requires all patients to receive treatment for Cancer within 62 days from GP referral. The standard exists to ensure patients are seen, diagnosed and treated as soon as possible to promote the best possible outcome for all patients on a cancer pathway.

The Trust is committed to reducing the time to diagnose and treat patients. Throughout the pandemic the Trust has prioritised and maintained access for all cancer patients improving our overall performance.

| Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 82.5% | 80.7% | 78.8% | 79.3% | 84.3% | 78.0% | 75.6% | 71.0% | 74.5% | 66.1% | 63.2% | 71.9% |



Variation indicates
inconsistently passing and
falling short of the target

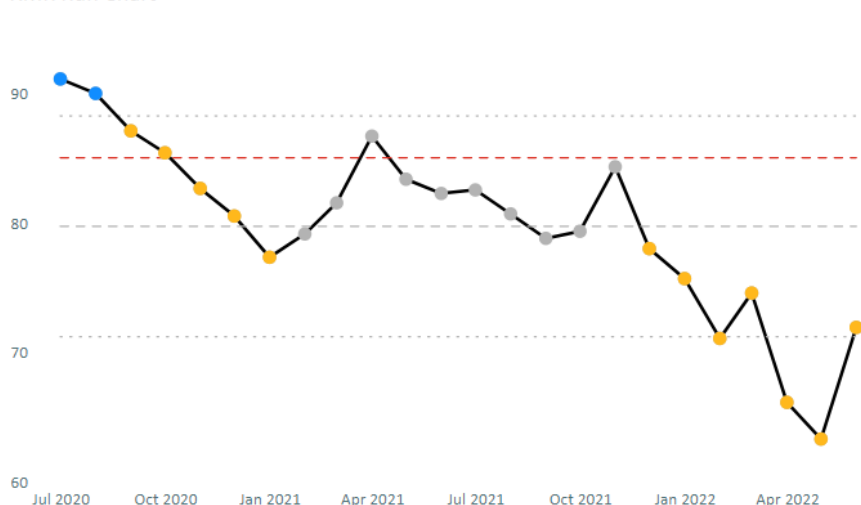


Special cause of concerning
nature or higher pressure
due to lower values

Flag Description

Below Mean Run Group
Two Out Of Three Beyond
Two Sigma Group

XMR Run Chart



What the chart tells us

Performance has improved in June despite the continuing huge volume of demand following public health campaigns and post pandemic surge. Teams are working hard to prioritise patients and deal with competing demand. K&M Cancer Alliance continued to record the lowest back log of all Alliances, East Kent Hospitals is the largest contributor to this.

Intervention and Planned Impact

- Utilising slots at BHD Community Diagnostic Centre continues to drive improvement in the diagnostic pathway. The services are working at a patient level to ensure timely diagnostics.
- Lead Clinical Nurse Specialists are following up with patients who do not attend to support access and treatment. Contacts with patients are being monitored via the cancer reporting system, with actions including arranging transport to enable patients to access timely diagnostics across sites.
- A new three weekly update is provided from the compliance team to ensure all teams are aware of their successes and continued challenges
- New escalation process agreed with tertiary centres, demand and capacity work underway.
- Endoscopy continue to receive daily escalation of individual patients to be booked. This ensures cancer patients are prioritised to be booked within 14 days. A daily huddle is in place to review the cancer waiting list to ensure that all available capacity is utilised.
- Histology 10 Day: Performance improved in month 68% (+6%) against 90% standard. Non-cancer pathway biopsy and histology cases >45 days have also improved. Performance for main tumour site biopsy maintained at >80% cases reported within 10 days over the last 3 weeks of June. The overall backlog has also improved in month, now 276 cases (target <500) which is an improved position since last month of 386 cases. Biopsy backlog 52 cases and routine histology 224.

Risks/Mitigations

- The national shortage of chemotherapy products has been escalated through the cancer network and Kent and Medway system. Trusts are working together to provide mutual aid or advice where they are able to enable patients to start their treatment.
- There is increased demand for the aseptic service for chemotherapy treatment. Extended working hours and weekend working have been offered to mitigate the risk.

Our patients



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.

| Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 90.5% | 90.9% | 90.9% | 90.2% | 91.0% | 92.0% | 92.5% | 91.4% | 92.3% | 92.7% | 92.9% | 92.7% |



Variation indicates
inconsistently passing and
falling short of the target

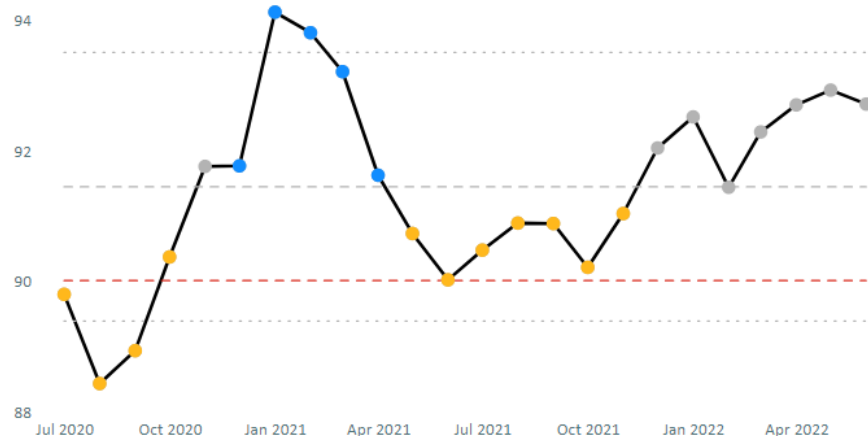


Common cause (no
significant change)

Flag Description

No Special Cause Flags

XMR Run Chart



What the chart tells us

The Trust has achieved the threshold target of 90% consistently since October '20 for patients who would recommend the Trust as a place for treatment. Performance peaked in Jan/Feb '21 outperforming the upper control limit for the period. However, recent performance shows that this improvement has not been sustained despite a month on month improvement from the February position, we have been consistently at 92% since March 22.

Intervention and Planned Impact

The True North for Our Patients has been reviewed; moving forwards in addition to FFT the breakthrough objective will focus on ten questions from the in-patient experience survey and this went live on the 20th June. Alongside this the ward accreditation project is commencing, due to recruitment challenges this has been delayed until August/September. All in-patient adult wards now complete 50 in-patient surveys per month, with ward leaders and matrons having responsibility and oversight for addressing concerns and driving improvements. This will link into the We Care improvement work. The reporting of this data from the Tendable audit will feature within the IPR in August 22. This data will also be presented and reviewed at the monthly FoC Committee. Initial feedback from patients has indicated that more than half of those surveyed are suffering disturbances at night so soft closing bins and ear plugs are being explored by the ward managers. The Patient Voice and Involvement Team posts have all been successfully recruited to with all postholders due to be in post by August 22.

Maternity patient experience project 'Your Voice is Heard' commenced in April 22, our ambition is to capture feedback from every woman who gives birth in one of our units (6,000 births per year) 6 weeks post delivery. 1st round of communications took place in mid May with rich sources of information already captured.

Risks/Mitigations

If culture and behaviours do not change and the patients voice continues not to be heard, there is a risk that patient experience does not improve or deteriorates further, placing the Trust at increased risk of CQC regulatory action and reputational damage.

Alerting watch metrics

Supporting metrics that have either;

- Been red for 4+ months (OR)
- Breached the upper or lower SPC control limit

| True North Domain | BR | Flag | KPI | SPC | Thres. | Mar-22 | Apr-22 | May-22 | Jun-22 |
|-------------------|----|------|--------------------------------|-----|--------|--------|--------|--------|--------|
| Cancer 62d | W4 | | Cancer 28d Performance | | 75.0% | 68.2% | 62.0% | 66.6% | 66.1% |
| RTT - 18 Weeks | W4 | | RTT 78w Breaches | | Traj. | 716 | 734 | 661 | 573 |
| | W4 | | RTT 52w Breaches | | 0 | 3,755 | 3,674 | 3,566 | 3,663 |
| | W4 | | DM01 Compliance | | 75.0% | 67.2% | 64.4% | 67.6% | 69.6% |
| | W4 | | RTT OP Booking Breaches | | 14,000 | 20.2K | 21.8K | 22.8K | 24.1K |
| ED Compliance | W4 | | ED Compliance | | 90.0% | 67.6% | 69.8% | 69.4% | 69.4% |
| | W4 | | Clinician First Seen within 1h | | 50.0% | 28.6% | 42.4% | 39.2% | 42.5% |
| | W4 | | Unplanned Re-attendance ED | | 10.0% | 12.7% | 14.5% | 13.7% | 14.6% |
| | W4 | | Super Stranded >21D | | 107 | 195 | 211 | 221 | 221 |
| | W4 | | Discharges by Midday | | 15.0% | 13.1% | 13.7% | 13.6% | 14.3% |
| | W4 | | Pathway 0 Patients >7 Days | | Sigma | 124 | 132 | 142 | 158 |

Regional access position

The regional position has been included below to give context on the relative performance of EK within the System.

*Cancer figures shown are for May as this is the latest national data available

| Target/Trust | EKHUFT | MTW | Medway | Dartford |
|--------------|--------|--------|--------|----------|
| A&E 4 Hour | 69.4% | 87.30% | 68.6% | 73.8% |
| Cancer 62d | *63.2% | *85.3% | *86.5% | *58.8% |
| DM01 | 69.6% | 95.30% | 71.6% | 87.6% |
| RTT 18w | 59.6% | 70.90% | 62.6% | 66.9% |

RTT 18 Weeks

We continue to focus on our very long waiting patients. 104ww has now reduced to one patients and we refocus on 78ww milestone.

Increased referrals are impacting on the RTT booking breaches for outpatients with waits for first outpatient appointment increasing. There is an urgency in developing PIFU pathways and working with our primary care colleagues on advice and guidance.

We need to further reduce the amount of lost or under utilised theatres session. The current BO is close to delivery. Following this we have identified outpatients booking as the next breakthrough objective for the RTT True North.

DM01 performance shows an improving position following an action plan shared with and supported by the national and regional teams. High risk remains CT Cardiac and there is a specific piece of work starting this week to improve the position.

ED Compliance

In June 2021 the 4h performance was 77%, during this time 'stranded' patients with a length of stay >21d were 99. In June 22, this number has more than doubled to 221.

Unplanned reattendance rate has increase in June 14.3%; 7% are patients returning for dressing changes and pain control which can and should be completed in primary or community care. We are discussing with colleagues in primary and community services to ensure the service model best fits patient need. Addressing these issues would bring the Trust back in line with national average.

Super stranded over 21 days

80% of these patients require additional services or have some degree of complexity that requires support from the community, residential or local authority care provision. We work with partners on a daily basis to ensure our patients access the services they need from other providers in a timely way.

Discharges by midday

This metric continues to be focus for the General Specialist Medicine Care Group. Discharge support has been increased at KCH, notably the site with the lowest performance. A clinical flow manager is also in place at the QE. The teams are identifying and auditing key delay points for those patients that do not go by midday; primarily being driven by late Electronic Discharge and patient suitability for using the discharge lounge.

Pathway 0

These are patients who have no complex needs or additional services that are required on discharge. The number of pathway 0 patients has increased along with the occupancy of the hospital which is now at xxx [LP]. Each hospital has now commenced medical, therapy and nursing lead 'Pathway 0' board rounds to help progress and understand the patient pathway and any discharge delays for this group of patients.

Alerting watch metrics

Supporting metrics that have either;

- Been red for 4+ months (OR)
- Breached the upper or lower SPC control limit

| True North Domain | BR | Flag | KPI | SPC | Thres. | Mar-22 | Apr-22 | May-22 | Jun-22 |
|-------------------|----|------|--------------------------------|-----|--------|--------|--------|--------|--------|
| FFT | | | FFT ED Response Rate | | 12.0% | 14.6% | 15.8% | 15.2% | 12.7% |
| | | | FFT Maternity Response Rate | | 18.0% | 10.1% | 13.5% | 14.9% | 14.7% |
| | | | Complaint Response | | 90.0% | 12.0% | 7.1% | 7.3% | 0.0% |
| | | | Duty of Candour - Verbal | | 100.0% | 47.1% | 51.9% | 35.7% | 28.6% |
| | | | Duty of Candour - Written 10wd | | 100.0% | 23.5% | 14.8% | 21.4% | 22.2% |
| | | | Duty of Candour - Findings | | 100.0% | 37.5% | 33.3% | 0.0% | 33.3% |

Duty of Candour

Compliance in Duty of Candour remains low due to both an ongoing issue with data validation, and as education of the requirements is cascaded to staff. There is an inconsistency in the reporting from Datix that has resulted in abnormally low rates this month, and this is being reviewed. A communications plan and education package is due to commence rollout in July, and an additional resource to review the backlog is also due to commence July. This should result in an overall improvement to the rating, and a better understanding of the trajectory for full compliance.

Our people



Our people



Andrea Ashman

Staff Engagement (score)

Staff Engagement levels have remained below the national average throughout the last five years. The Staff Engagement Index itself has been on a downward trend for three years and, as an organisation, we are one of the most challenged in the country, sitting in the bottom 20% nationally. Given the negative implications of reduced staff engagement, it is imperative that levels are significantly and consistently improved.

The National NHS Staff Survey (NSS) is used to give an indication of staff engagement, providing an overall Staff Engagement Index to the Trust. In order to monitor this more regularly, we are also measuring this at quarterly intervals through the National Quarterly Pulse Survey (NQPS). Our aim is to improve our Staff Engagement Index score to 6.8 by March 2023, as demonstrated in the annual staff survey.

| Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 6.28 | 6.28 | 6.28 | 6.41 | 6.41 | 6.41 | 6.35 | 6.35 | 6.35 | 6.26 | 6.26 | 6.26 |



Variation indicates consistently falling short of the target

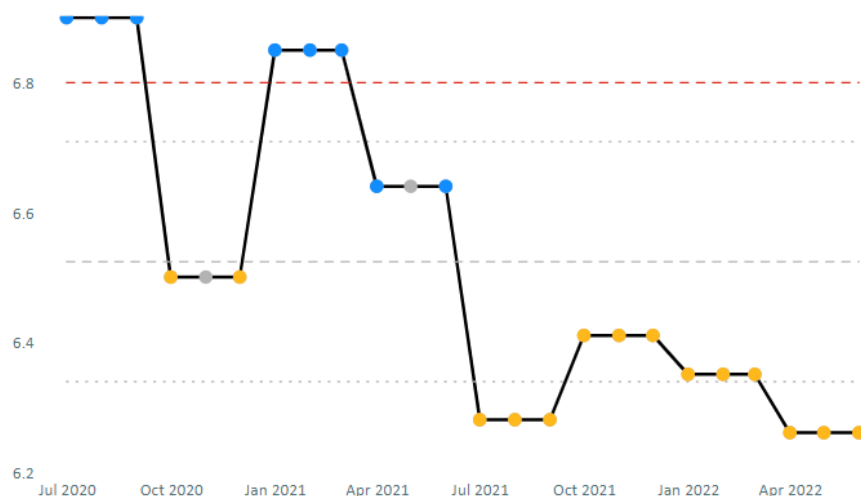


Special cause of concerning nature or higher pressure due to lower values

Flag Description

Below Mean Run Group
Astronomical Point
Two Out Of Three Beyond Tw...

XMR Run Chart



What the chart tells us

The latest 'live' data coming from the current (July) National Quarterly Pulse Survey shows an improvement in Staff Engagement (to 6.33). In fact, the data demonstrates improvements in all six questions relating to both motivation and involvement, with both significantly improved against Q1. Advocacy scores are unchanged which is preventing larger scale improvements to the overall SE score. This is largely due to a fall in staff feeling care is the organisations top priority.

Interventions and Planned Impact

Each Care Group has now socialised their NSS results, taking the data and information from the newly developed dashboard and translating it to intelligence. This has led to further investigation (route cause analysis) and the implementation of actions (PDSA cycles). Care Groups have identified the key actions they are working on and are providing updates to PCC through an agreed reporting structure.

This allows the NSS to act as a barometer that drives year-round action. Much of this work has also taken place at Site or Specialty level owing to some considerable differences across Care Groups. The NQPS is providing a more regular update against engagement, wellbeing and positive culture. Areas can now access the data 'live' each quarter to see real-time improvements/ changes and the survey structure has been rebuilt in such a way we can identify more granular hotspots.

The NSS dashboard the Trust pioneered has been commended by NHSEI and, following presentation at a national People and Culture Conference on 14/07, East Kent have been asked to lead work sharing this best-practice with others nationally.

Risks/Mitigations

The True North for Staff Engagement is supported by a BTO for staff involvement. The NQPS is currently taking place and ensures up-to-date picture on staff engagement. The July NQPS has been updated to allow insights at sub-specialty, ward/ department, role and length of service level. A national toolkit has also been shared with Care Groups to support rollout of their action plans and an involvement toolkit is being developed to support tangible action.

22/23 breakthrough objective

Staff Involvement Score

EKHUFT's staff involvement score is lower than the national average for acute trusts (6.7). Staff involvement is one of the 3 components that contributes to staff engagement – the We Care People True North. Of the three components, staff involvement is more heavily weighted, it can be tangibly impacted and also influences the other two components - staff motivation and advocacy. Our aim is to improve staff involvement, as a core aspect of improving the overall staff engagement score.

| Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 6.10 | 6.10 | 6.10 | 6.35 | 6.35 | 6.35 | 6.20 | 6.20 | 6.20 | 6.13 | 6.13 | 6.13 |



Variation indicates consistently falling short of the target



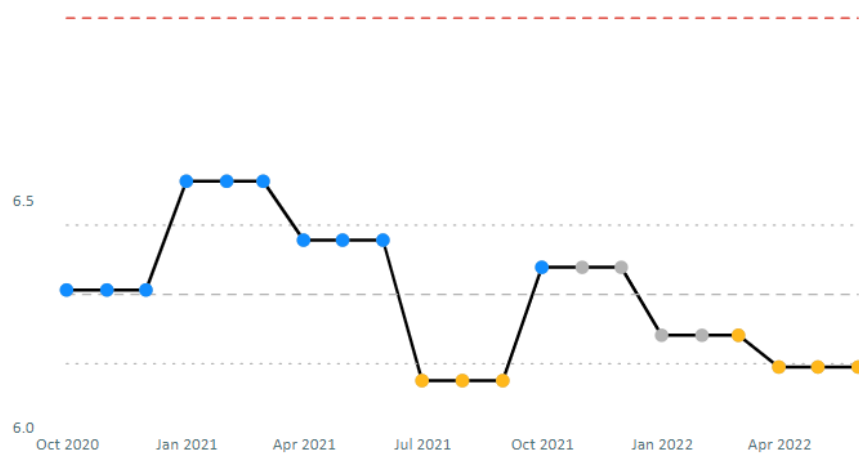
Special cause of concerning nature or higher pressure due to lower values

Flag Description

Astronomical Point
Two Out Of Three Beyond
Two Sigma Group

XMR Run Chart

7.0



What the chart tells us

The most recent data from the National Quarterly Pulse Survey (not yet published opposite) shows that East Kent Hospitals' involvement score has begun to improve (from 6.13 to 6.28). As of 18/07 the 'live' data from the July NQPS shows that all three aspects of involvement are improving:

- Opportunities to show initiative frequently in my role ↑2.4% to **62.9%** (from 60.5%)
- Able to make suggestions to improve the work of my team/dept ↑2.3% to **64.5%** (from 62.2%)
- Able to make improvements happen in my area of work ↑4.5% to **51.8%** (from 47.3%)

Intervention and Planned Impact

- Staff survey data has been reviewed and 10 priority areas have been identified (worst scores for involvement). Initially, four of these areas have been chosen and invited to attend KENT fundamentals to develop A3s and attend weekly driver meetings, with the aim of improving involvement within their areas
- Another of these areas will be included in the pilot of the team engagement and development (TED) programme roll-out
- The new staff intranet will provide a mechanism for staff to provide suggestions
- An 'Involvement Toolkit' is being developed to provided support at team leader, speciality and Care Group level

Risks/Mitigations

- Nationally, levels of staff involvement in the NHS have been on a downward trend for the last 3-4 years
- Pressure from regulators requiring immediate action, which may work against involving staff
- A delay in the implementation of the new intranet may hinder the progress of the staff suggestions mechanism

Alerting watch metrics

Supporting metrics that have either;

- Been red for 4+ months (OR)
- Breached the upper or lower SPC control limit

| True North Domain | BR | Flag | KPI | SPC | Thres. | Mar-22 | Apr-22 | May-22 | Jun-22 |
|-------------------|----|------|-------------------------|-----|--------|--------|--------|--------|--------|
| Staff Engagement | W4 | | Appraisals Compliance | | 80.0% | 77.9% | 77.4% | 72.3% | 66.4% |
| | W4 | | Staff Turnover Rate | | 11.5% | 12.9% | 12.9% | 12.9% | 12.8% |
| | W4 | | Vacancy Rate | | 10.0% | 12.7% | 13.3% | 12.6% | 12.4% |
| | W4 | | Staff Turnover: HCA | | 13.5% | 14.2% | 14.5% | 14.2% | 14.7% |
| | W4 | | Staff Turnover: Nursing | | 10.0% | 11.8% | 11.2% | 11.2% | 10.9% |

Appraisal

Appraisal compliance is an area of concern as it is a good indicator of staff engagement and personal development planning. Overall appraisal compliance has been on an upward trend during 2021 and 2022. The threshold was previously set at 77% but was revised upwards last month. Care Groups are identifying line managers who have not uploaded appraisals, or have not accessed ESR Self Service to ensure that true appraisal compliance is recorded following changes to administrative processes. Whereas previously, Appraisal Compliance was a driver for many Care Groups, this will now be supported through the Trust objective of Staff Involvement and tested at performance meetings.

Staff Turnover

Total turnover, when measured as a rolling 12-month average, is beginning to reduce and stands at **12.76%**. Whilst the 12-month average remains above the True North target (11.5%), in-month turnover has **reduced back to 11.32%**. The in-month improvements are now beginning to create a positive downward trend.

Healthcare Assistant turnover (**14.7%**), when measured as a 12-month rolling average is above the desired threshold (13.5%) and has been for the last six months. The in-month turnover position, was reflecting an improving picture, reducing month on month from November to May. However, when measured in June HCA turnover has risen to **14.90%**. This is the highest it has been since January. Internal career progression (17%) and work life balance have been contributory factors.

Nurse turnover remains above the alerting threshold. However the 12-month rolling average has reduced significantly in recent months and it is currently the lowest it has been for over a year at 8.03% and consistently below the threshold for 6 of the last 9 months.

Vacancy Rate

The overall vacancy rate has improved with a decrease from 13.3% to 12.6% in May, reflecting the impact of increased recruitment activity and improvement in levels of retention. The vacancy rate in nursing as at March 22 is 20.10%, a slight improvement on the previous month. A plan to recruit 713 nurses is currently behind target but together with improved nurse retention is still anticipated to deliver planned numbers year end.

Our sustainability



Our sustainability



Phil Cave

Financial Position (I&E Margin)

Whilst there has been a significant financial deficit over the years up to 2019/20, in the last two financial years a breakeven position or better was delivered. This metric will measure us against our long term aim to maintain a breakeven position.

For 2021/22 the impact of Covid-19 paused the NHS business planning process nationally and had limited the ability of the Trust to hit its cost efficiency targets. In 2022/23 there is a return to a more traditional planning process and an efficiency target of £30m, in addition to Covid spending reductions of £9m and elective recovery fund (ERF) income of £18m. The current plan is a deficit of £22m however during June we have been notified of additional income of £22m which will be reflected in the plan from next month's reports.

| Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 0.024 | 0.042 | 0.021 | -1.494 | -0.996 | -0.941 | -0.090 | 1.307 | 0.076 | -3.700 | -6.624 | -6.604 |



Variation indicates consistently passing the target

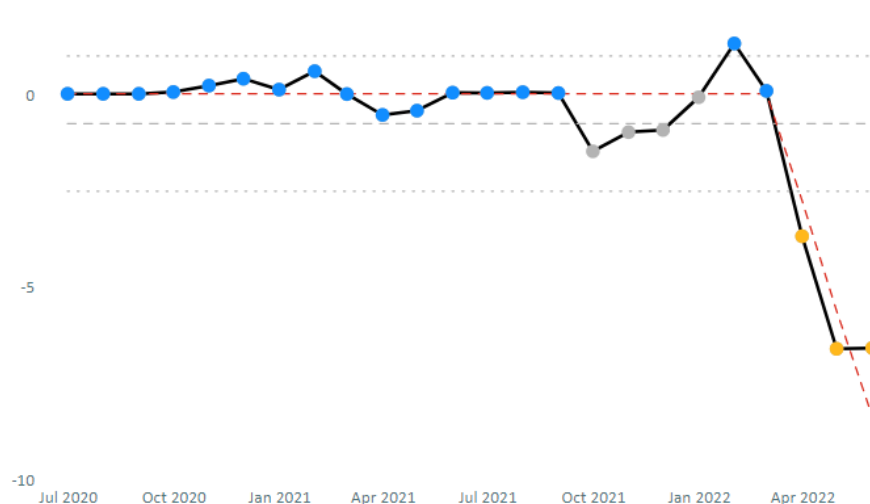


Special cause of concerning nature or higher pressure due to lower values

Flag Description

Astronomical Point
Two Out Of Three Beyond
Two Sigma Group

XMR Run Chart



What the chart tells us

The first two years of the graph show the monthly financial performance of the organisation which has resulted in both years being breakeven. The final graph point shows position in June which is a £6.6m deficit against a plan of £3.3m deficit. The key drivers behind the shortfall year to date are; £1m CIP behind plan, £0.9m of premium pay pressures, £0.7m overspend on Covid-19 related costs, £0.3m short on non-healthcare income (parking, catering etc, £0.2m short on private patient work, £0.2m short for recharges to other NHS providers. The figures exclude our shortfall on ERF activity currently £3.7m.

Interventions and Planned Impact

The three largest interventions for the plan are:

- Delivery of the £30m CIP programme, the largest pillar of this is the reduction of premium pay which is a breakthrough objective.
- The reduction of covid-19 related spending which is being assisted by the Executive Director of Infection Prevention and Control (DIPC) to ensure reasonable costs are removed.
- The delivery of ERF funding which requires additional activity to be completed over the 2019/20 threshold. There are plans in place with each of the care groups to deliver the activity.

Risks/Mitigations

For 2022/23 the key risk and mitigations are:

- Efficiency target of £30m, PMO team working with care groups and executive directors
- Covid-19 spend reductions £9m, DIPC working with finance to release costs
- ERF delivery £19m, 104% of 19/20 activity to be delivered, care groups have plans and weekly oversight by COO.
- Non-pay inflation. Procurement is working closely with NHS England procurement and supply chain to minimise impact.

22/23 breakthrough objective

Premium Pay Spend

Premium pay spend consists of agency (circa £36m per annum), bank (circa £32m per annum) and overtime/ locums (circa £19m per annum) across the Trust. The total value is around £87m per annum (18% of total pay bill). These costs are amongst the most influenceable by the management of the organisation and therefore a good area for a breakthrough objective that will positively impact the finances of the Trust.

The objective is to reduce the spend by 10% or £8.7m in 2022/23 but may be refined once the full project plan is developed.

| Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 7,134 | 7,351 | 7,092 | 6,783 | 7,255 | 6,441 | 7,168 | 7,403 | 9,148 | 7,890 | 7,497 | 8,894 |



Variation indicates
inconsistently passing and
falling short of the target



Common cause (no
significant change)

Flag Description

No Special Cause Flags

What the chart tells us

The chart tracks premium pay spend in £'000 across the last two years. There are two points in March 2021 and March 2022 where a spike is seen above the usual control limits, historically this is caused by the Trust ensuring that all costs for that financial year are captured and will include unpaid claims that are due in year.

This information is the baseline for which we will measure improvement over 2022/23. In June 2022 premium pay spend has increased by £1.4m.

XMR Run Chart

20K

15K

10K

5K

OK

Jul 2020 Oct 2020 Jan 2021 Apr 2021 Jul 2021 Oct 2021 Jan 2022 Apr 2022

Intervention and Planned Impact

- The breakthrough objective although having a finance executive lead will be run by senior HR colleagues and will need support of all care groups to help deliver.
- The working up of an A3 project plan is complete and will be reported through EMT and PRMs and subsequently Board each month.
- Key Interventions include:
- Formalising and strengthening the weekly premium pay meeting.
- Detailed focus by care groups on drivers of premium pay.
- Converting medical agency to direct engagement model.
- Review of bank, agency and overtime rates across all staff groups.
- Ensure improved sign off processes and governance across the Trust.
- Recruitment to key clinical posts to reduce the need for temporary staffing.

Risks/Mitigations

- The temporary staffing team has formed but is in its infancy,
- Most Care Groups have identified premium pay as a driver and will need support to align and focus on the biggest opportunities for reduction
- A significant proportion of premium pay is caused by vacancies and will need targeted recruitment support to fill
- The Covid-19 pandemic comes in waves which drives increased sickness and potentially a negative effect on bank and agency.

Our sustainability



Liz Shutler

Carbon Footprint (CO₂e)

Implementing environmentally sustainable principles and reducing the Trust's greenhouse gas emissions adds value to our patients and reflects the ethics of our staff. The national requirement is for the Trust to be net zero for the emissions it controls by 2040 (80% by 2028 to 2032). Being environmentally sustainable is therefore a key element of our Trust's True North. The Trust's carbon emissions are made up of direct emissions i.e. natural gas; indirect and direct emissions i.e. electricity consumption, waste, water, steam, anaesthetics and inhaler usage. It is these areas we will be focussing on improving over the coming five to ten years. We also plan to add in other measures such medicines waste, NHS fleet and leased vehicles and staff travel, as we develop these metrics in the future. Our aim is to reduce the net emissions controlled by the Trust directly by 50% by 2025/26.

| Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 3.83 | 4.44 | 4.53 | 5.61 | 8.06 | 8.60 | 9.55 | 7.65 | 7.97 | 6.29 | 5.80 | |



Variation indicates inconsistently passing and falling short of the target

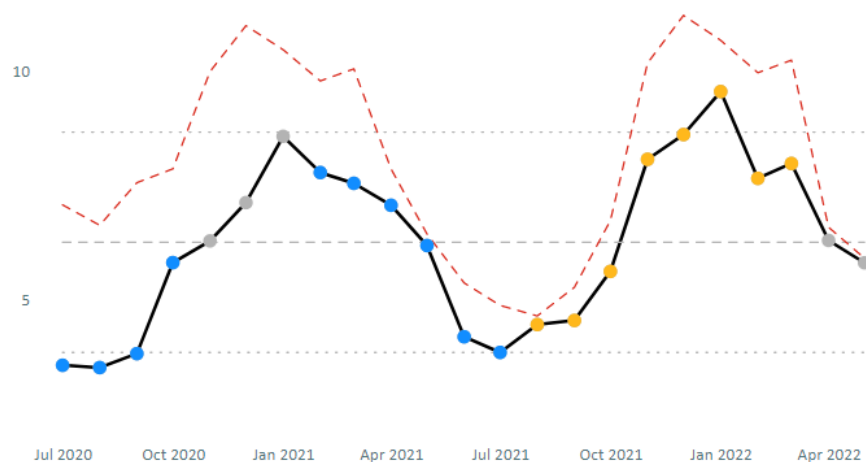


Common cause (no significant change)

Flag Description

No Special Cause Flags

XMR Run Chart



What the chart tells us

There is a clear seasonal effect to the Trust's carbon footprint as demonstrated in the chart. The position remains below the trajectory in all months. The May net position is below the monthly trajectory of 5.90 at 5.80 kgCO₂e per m² and is slightly below the same period last year (reporting at 6.17). The Trust adapted the currency of measurement from February 2022 from CO₂e tonnes per day to net kgCO₂e per m². The trajectory now compares performance against historical data to a trajectory of systematic carbon reduction in line with NHSE/IT's 'Delivering a Net Zero NHS'. This allows the measurement of carbon used to be proportionate to the size of the Trust's estate. An increase in our site footprint will, as a consequence, increase the use of carbon and therefore the new metric allows for appropriate contextualisation.

Interventions and Planned Impact

The Trust is working with Breathe Energy to recommend opportunities for a continuing programme of carbon reduction and to bid, on the Trust's behalf, for central monies to enable long term carbon reduction as part of the Public Sector Decarbonisation Scheme. Schemes are currently being finalised and a business case will be taken forward through internal governance in August / September. Schemes will focus on carbon reduction, rather than financial savings, although financial reductions will be part of the programme of work. The business Case should be ready for review in August. A Joint Carbon Reduction Steering Group is in place which includes representatives from both the Trust and 2gether Support Solutions. This Group will drive the strategic improvements required to reduce the carbon footprint, in line with our agreed trajectory.

Risks/Mitigations

- Appropriate funding to trigger significant change is not available.
- Potentially lack of behaviour change and culture in the organisation negates the opportunity to promote carbon reduction.
- Due to the backlog maintenance programme and age of the estates we will have inefficient use of energy.
- The installation of combined heating and power (CHP) programme reduces the use of green electricity but increases the use of gas.

Alerting watch metrics

Supporting metrics that have either;

- Been red for 4+ months (OR)
- Breached the upper or lower SPC control limit

| True North Domain | BR | Flag | KPI | SPC | Thres. | Mar-22 | Apr-22 | May-22 | Jun-22 |
|--------------------|----|------|-----------|---|--------|--------|--------|--------|--------|
| Financial Position | W4 | | Total Pay |  | 0.0% | -2.0% | -2.4% | -2.3% | -3.1% |

Total Pay

This metric is driven by premium pay usage which has increased in month. The care groups are reviewing all of the key drivers to the usage of premium pay.

Our future



Our future



Rebecca
Carlton

Not fit to reside (patients/day)

We have embedded the recording of criteria to reside (C2R) via daily board rounds through the course of the pandemic, this enables us to identify patients who no longer need to reside in hospital. This allows us to easily identify the ongoing support and care patients need to leave hospital.

Patients are delayed in hospital awaiting a supported discharge which may be a care package, discharge to a Community Hospital for rehabilitation or discharge to a nursing or residential home. There may also be patients delayed for internal reasons, such as a diagnostic test or a change in clinical condition.

The Trust works in partnership with the local health economy (LHE) stakeholders to ensure that external capacity is sufficient to meet the needs of the local population. This includes reviewing the available out of Hospital capacity and ensuring patients are reviewed daily for timely discharge.

| Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 309.9 | 299.6 | 303.0 | 299.5 | 332.0 | 346.2 | 314.3 | 320.4 | 336.2 | 351.1 | 352.9 | 354.9 |



Variation indicates consistently passing the target

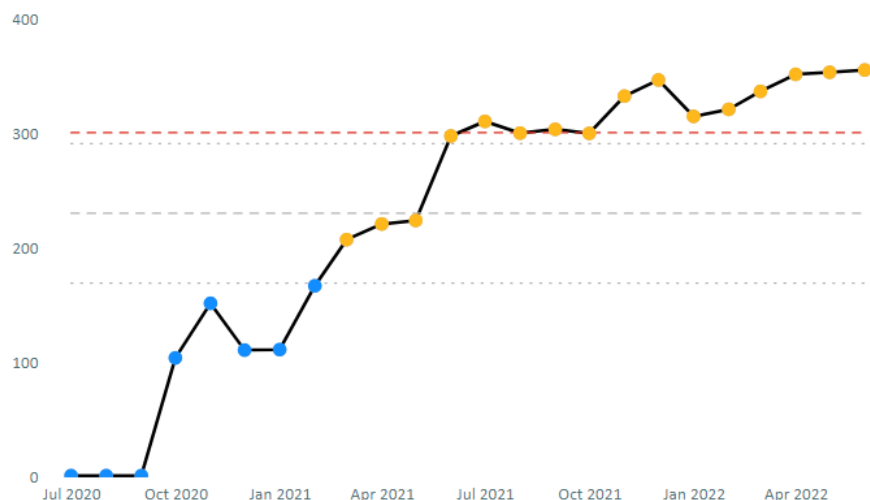


Special cause of concerning nature or higher pressure due to higher values

Flag Description

Above Mean Run Group
Astronomical Point
Two Out Of Three Beyond
Two Sigma Group

XMR Run Chart



What the chart tells us

The number of patients who no longer meet the criteria to reside (C2R) in hospital has continued to increase over the past year with 221 patients being delays in June 2022. This largely reflects the lack of external capacity to enable patients to be discharged on the correct pathway immediately they do not meet the Criteria to Reside. This chart should be seen in the context of the Total Time in Emergency Department True North. Patients who cannot leave hospital and are delayed will in turn reduce the available beds for emergency admissions from the Emergency Department.

Intervention and Planned Impact

- A review of the demand for PW1, PW2 and PW3 benchmarked against September 2021 has been presented to the Urgent Care Delivery Board which is a local health economy group. This information is being used to inform the capacity required under each Pathway to enable timely discharge from both the Acute and Community Hospitals.
- Weekly PW0 ward rounds are becoming established to ensure that there are no delays in our internal pathways.
- Matrons are leading on improving the understanding and recording of the C2R status.
- Hospital leadership teams at QEQM and WHH will focus on supporting ward teams to move discharges before midday from 14.5% to 33%, this has been static for the last three weeks and reflects the increase in super stranded patients >21 day LOS.
- Local nursing homes engagement meetings have been held to develop good communication and trust.
- Key stakeholders from the Local Health Economy are engaged in developing a Transfer of Care Hub which will simplify the referral process.
- The Transfer of Care Hub will prioritise discharges from the front door which will support early discharge and prevent unnecessary admission due to lack of external capacity.

Risks/Mitigations

- Insufficient external capacity to meet patients needs resulting in patients being delay or deteriorating to require a higher level of support upon discharge due to extended length of stay. Mitigation is to work through the LHE and regional meetings to escalate both individual and system capacity issues.

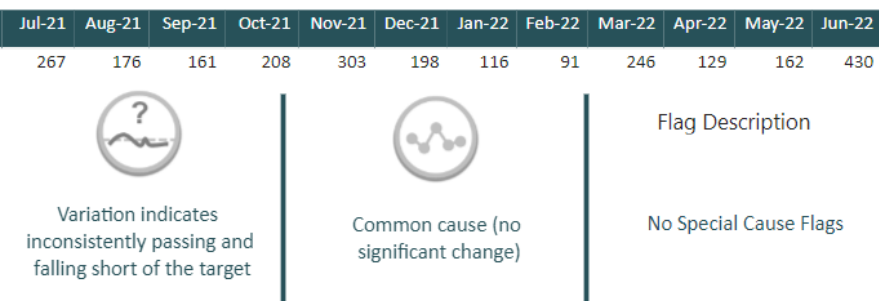
Our future



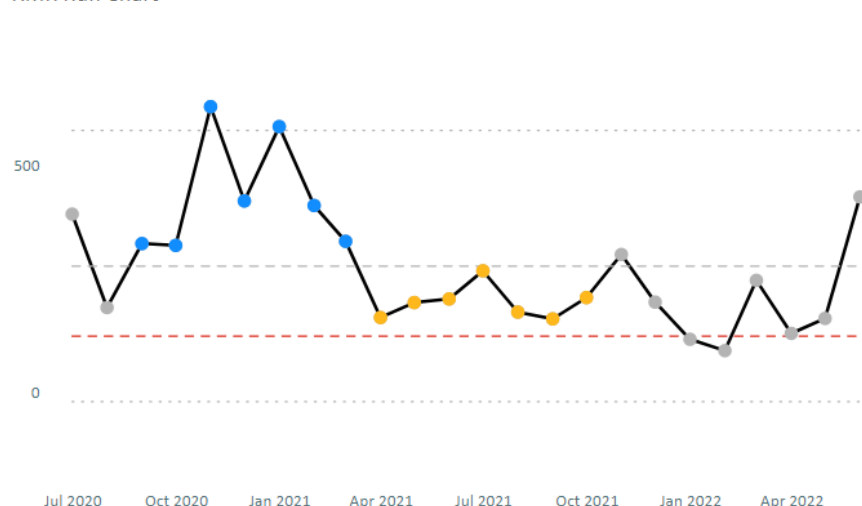
Liz Shutler

Recruitment to Clinical Trials

In order to deliver outstanding care for patients, we need to provide and promote access to clinical trials and innovative practice for all our local population. Research, education and innovation are not yet embedded in our organisation at the heart of everything we do. We need to encourage and enable more multi-professional staff, across all clinical specialities, to engage with research and innovation to deliver excellence. The preferred measurement of success is the number of staff participating actively in research and innovation. However, at present the total number of staff involved in research and innovation is unclear and work is being undertaken to enable this metric to be measured and used going forward. Data does, however, enable us to identify the number of patients recruited to trials within the Trust and this metric will be used initially.



XMR Run Chart



What the chart tells us

In 2020/21, 5,132 patients were recruited into trials. This number is significantly higher than usual as it included 3,000 Covid patients. In 2021/22, the Trust recruited 2,285 patients (including 240 Covid patients) across 22 specialities. By specialty, the number of patients recruited ranges from 1 (ENT) to 742 (Reproductive Health and Childbirth). The June position of 430 participants is above the threshold of 123 (positive). The increase relates to 264 patients recruited to a Trauma and Emergency Care Trial. Even without this trial, the position was still above the agreed annual threshold, with 166 participants in the other specialities.

Intervention and Planned Impact

- The Clinical Trials Unit at QEQM opened in June and 13 studies are currently running or are in development through the CTU. Studies will be commencing shortly in the bedded area, with surgical, anaesthetics and radiology studies in the pipeline.
- Following identification of the four key growth areas, 3 additional surgical studies have been set up and recruitment is due to start following Sponsor sign off. Set up of anaesthetics and stroke studies are also complete.
- An Trauma and Emergency study detailed above, was run jointly with SECamb and relates to older adults with a traumatic brain injury.
- DOLPHIN, our first multi-site study (3 sites across the UK), is ready to open in September.
- Funding of additional Clinical Fellow posts continues to be discussed with Anaesthetics, Surgery, Cardiology, Haematology and Vascular.
- Work continues to identify ways to capture staff numbers across all healthcare professionals. This is likely to be via the new research database that is expected to be available later in 2022.

Risks/Mitigations

- Lack of recurrent funding to support the additional research fellow posts. Discussions are underway with the Care Groups. Funding into these posts will release savings / generate income. Delays in securing funding will limit the ability to progress with some trials.
- If the new research database is delayed, this will delay the Trust's ability to identify accurately the number of staff involved in research and the current metric will need to continue.
- Lack of outpatient space for follow-ups. As trials increase, this will become more challenging

Appendix 1

Non-Alerting Watch Metrics

| True North Domain | BR | Flag | KPI | SPC | Thres. | Mar-22 | Apr-22 | May-22 | Jun-22 |
|-------------------|----|------|--------------------------------|-----|--------|--------|--------|--------|--------|
| Harm Events | W | | Falls | | Sigma | 146 | 156 | 171 | 133 |
| | W | | IPC: CDiff Infections | | 6 | 5 | 9 | 10 | 13 |
| | W | | IPC: EColi Infections | | 10 | 6 | 12 | 10 | 5 |
| | W | | IPC: Klebsiella Infections | | 6 | 4 | 0 | 5 | 3 |
| | W | | IPC: Pseudomonas Infections | | 3 | 0 | 1 | 2 | 2 |
| | W | | 52w Severe Harm Review | | 0 | 0 | 0 | 0 | 0 |
| | W | | Reported Medication Errors | | Sigma | 211 | 203 | 225 | 237 |
| | W | | Medication Errors; Severity C+ | | 1 | 0 | 0 | 2 | 4 |
| | W | | Nutrition Incidents | | Sigma | 67 | 51 | 61 | 72 |
| | W | | Pressure Ulcers: Cat 2 | | Sigma | 33 | 22 | 33 | 27 |
| | W | | Pressure Ulcers: Cat 3 & 4 | | Sigma | 2 | 1 | 1 | 1 |
| | W | | Pressure Ulcers: DTI | | Sigma | 5 | 6 | 8 | 3 |
| | W | | Pressure Ulcers: Unstageable | | Sigma | 17 | 12 | 6 | 0 |
| | W | | IPC: Audits Composite | | 85.0% | 88.3% | 85.6% | 86.2% | 83.3% |
| | W | | Safeguarding Incidents | | Sigma | 9 | 15 | 19 | 14 |
| | W | | IP Spells with 3+ Ward Moves | | Sigma | 571 | 525 | 547 | 537 |
| | W | | Clinical Incidents | | Sigma | 2,294 | 1,822 | 2,181 | 2,194 |
| | W | | Serious Incidents | | Sigma | 23 | 14 | 20 | 18 |
| | W | | Maternity Serious Incidents | | 2 | 7 | 4 | 2 | 5 |
| | W | | Extended Perinatal Mortality | | 6.32 | 4.92 | 4.94 | 4.30 | 4.41 |
| Mortality | W | | | | | | | | |

| True North Domain | BR | Flag | KPI | SPC | Thres. | Mar-22 | Apr-22 | May-22 | Jun-22 |
|--------------------|----|------|--------------------------------|-----|--------|--------|---------|---------|--------|
| Staff Engagement | W | | Sickness | | 5.0% | 6.7% | 6.0% | 4.7% | |
| | W | | Statutory Training | | 91.0% | 91.3% | 91.3% | 92.8% | 92.4% |
| | W | | Safeguarding Children Training | | 90.0% | 92.3% | 92.1% | 91.5% | 90.0% |
| | W | | Safeguarding Adults Training | | 90.0% | 91.8% | 91.4% | 90.8% | 90.3% |
| | W | | Premature Turnover Rate | | 25.0% | 19.2% | 19.5% | 20.3% | 20.5% |
| Financial Position | W | | Non Pay | | 0.0% | -6.0% | 2.8% | 2.6% | 1.0% |
| | W | | Efficiencies YTD Variance (£M) | | 0.0 | | -0.6 | -1.0 | -1.0 |
| | W | | Efficiencies FOT Variance (£M) | | 0.0 | | 0.0 | 0.0 | -4.7 |
| | W | | Efficiencies Green Schemes | | 90.0% | | 5.9% | 13.2% | 22.8% |
| | W | | I&E Monthly Variance Trust (£) | | 0 | | -929.6K | -212.7K | -2.5M |
| | W | | I&E YTD Variance (£) | | 0 | | -929.6K | -1.1M | -3.7M |
| | W | | I&E FOT Variance (£) | | 0 | | 0 | 0 | 0 |

| True North Domain | BR | Flag | KPI | SPC | Thres. | Mar-22 | Apr-22 | May-22 | Jun-22 |
|-------------------|----|------|-------------------------------|-----|--------|--------|--------|--------|--------|
| Cancer 62d | W | | Cancer 2ww Performance | | 93.0% | 97.4% | 95.1% | 97.2% | 96.9% |
| | W | | Cancer 31d Performance | | 96.0% | 98.8% | 98.3% | 98.6% | 98.9% |
| | W | | Radiology Diags vs Plan | | Traj. | | 16,009 | 17,971 | 17,457 |
| | W | | Endoscopy vs Plan | | Traj. | | 1,204 | 1,556 | 1,323 |
| RTT - 18 Weeks | W | | RTT 60w Waiters (w/o TCIs) | | Sigma | 1,556 | 1,361 | 1,469 | 1,681 |
| | W | | OPA vs Plan | | Traj. | | 66,420 | 78,791 | 71,872 |
| | W | | Elective Admissions vs Plan | | Traj. | | 8,048 | 9,321 | 8,332 |
| ED Compliance | W | | A&E Atts vs Plan | | Traj. | | 22,354 | 24,563 | 23,756 |
| | W | | NEL Admissions vs Plan | | Traj. | | 7,391 | 7,790 | 7,363 |
| | W | | NEL Readmissions | | 15.0% | 11.0% | 11.0% | 10.3% | 10.2% |
| FFT | W | | Stroke Ward within 4 Hours | | 50.0% | 66.7% | 53.3% | 57.7% | 52.3% |
| | W | | FFT IP Response Rate | | 15.0% | 18.4% | 18.9% | 19.8% | 16.7% |
| | W | | FFT DC Response Rate | | 27.0% | 30.2% | 30.8% | 30.3% | 28.1% |
| | W | | FFT OP Response Rate | | 17.0% | 19.7% | 20.4% | 19.8% | 18.8% |
| | W | | Complaints Number | | Sigma | 94 | 53 | 65 | 69 |
| | W | | Complaints Number (Sigma) | | Sigma | 94 | 53 | 65 | 69 |
| | W | | Complaints Number (UEC Sigma) | | Sigma | 2 | 1 | 1 | 1 |
| | W | | Mixed Sex Breaches | | Sigma | 48 | 39 | 54 | 37 |

Appendix 2

Trust Priority Improvement Projects

| Project Name | Exec Sponsor | Intended Deliverables | Expected Completion Date | Progress in last 30 days | Progress in next 30 days |
|----------------------------|-----------------|--|---|--|--|
| Accommodation Strategy | Phil Cave | To enhance the functionality, experience and investment opportunities in the staff and student non-clinical estate at K&C, WHH and QEOM. | Meeting is pending to review the A3 and dates | <ul style="list-style-type: none"> Further review of residential modelling to understand demand. SOC for residential accommodation to be reviewed by executive team. Review of training room booking process continues. Project lead to link in with key stakeholders to improve space utilisation. Development of Accommodation Management Policy | <ul style="list-style-type: none"> Finalisation of Accommodation Management Policy Feedback compiled by project lead on agile working with key stakeholders Completion of residential modelling work. |
| 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 | Dates will be reviewed once VP is back | <ul style="list-style-type: none"> Monthly online job planning workshop are in place Online job planning workshop for Clinical Leads and General Managers Job planning discussions taken place at the Kent Clinicians Audit taken place to ensure full optimisation of licences being used Some face to face team/specialty job planning training sessions have taken place. Continue to report monthly to the Medical Workforce Deployment Group. Development Programme for new consultants Job planning metrics have been added to watch metrics | <ul style="list-style-type: none"> CMO intranet pages to be updated New project manager will report infographics to Clinical leads and Care groups every month and will monitor the questions being asked Continue to utilise learning and feedback from workshop sessions Working with Finance to optimise budget |
| Safe & Effective Discharge | Rebecca Carlton | All patients discharged have an accurate EDN completed and appropriately authorised in a timely fashion | Dates will be reviewed at next A3 meeting | <ul style="list-style-type: none"> Focus on examining Clinician engagement and ownership to determine where progress and improvement will best supported | <ul style="list-style-type: none"> Review the aim of the project and update the A3 |

Appendix 2

Trust Priority Improvement Projects

| Project Name | Exec Sponsor | Intended Deliverables | Expected Completion Date | Progress in last 30 days | Progress in next 30 days |
|-----------------------------------|----------------|--|---------------------------------------|---|--|
| Governance of Clinical Guidelines | Tina Ivanov | To have a central repository of for all clinical guidelines | Jan 2022 New date Sept 2022 | <ul style="list-style-type: none"> Clinical guidelines Policy for review by PSC/ CAEC Recruitment process for Clinical Guidelines Manager | <ul style="list-style-type: none"> Interviews organised for next week for Clinical Guidelines Manager The Clinical guidelines Policy is to be presented at CEMG in August Meetings with clinical care group directors continue The uploading of clinical guidelines has started. |
| Improving End of Life Care | Sarah Shingler | Deteriorating patients who's death can be recognised in a timely way enabling better care in the right place at the right time this will also improve HSMR, reduce unnecessary use of hospital resource, increase personalised care planning | TBC at next meeting | <ul style="list-style-type: none"> Mapping of stakeholders towards specific workstreams is complete Establishment of workstream action plans ongoing Develop a training program to increase staffs knowledge and skills in EoLC – complete | <ul style="list-style-type: none"> Mandatory training video is in production. |
| National & Local Clinical Audit | Rebecca Martin | An agreed vision, roles & responsibilities of an audit lead. To have 75% of all audits that are effectively managed within each of the Care groups (Must do's - nationally dictated, Local audits requested by local Commissions) | TBC | <ul style="list-style-type: none"> Project currently on pause | <ul style="list-style-type: none"> Project is currently on pause |

Appendix 2

Completed Trust Priority Improvement Projects

| Project Name | Exec Sponsor | Intended Deliverables | Expected Completion Date |
|-----------------------|----------------|--|--------------------------|
| 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 | Jan 2022 |
| ITU Expansion | Liz Shutler | Expanded 24 bed Critical Care unit operational for patients to be admitted | Complete |
| ED Expansion | Liz Shutler | Expansion to current ED footprints to enable provision of 'Emergency Village / Same Day Emergency Care' facilities | Aug 2023 – BAU |
| Safeguarding | Sarah Shingler | Timely assessment of patients with mental health &/or cognitive impairment risks, to determine the level of support required carried out for 100% of patients. Provision of individualised treatment plan to optimise support and care to maintain safety. | Mar 2022 – BAU |
| 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 | Complete |
| 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 3: Glossary of Terms

| 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 | <p>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:</p> <ol style="list-style-type: none"> (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 3: Glossary of Terms

| 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 | <p>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.</p> <p>The aims of the Huddle/Improvement board includes:</p> <ol style="list-style-type: none"> 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 | <p>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.:</p> <ol style="list-style-type: none"> 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 3: Glossary of Terms

| Term | Description |
|-----------------------------------|--|
| Scorecard | <p>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:</p> <ol style="list-style-type: none"> 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 | <p>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.</p> |
| Strategy Deployment | <p>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.</p> |
| Strategy Deployment Matrix | <p>A resource planning tool. It allows you to see horizontal and vertical resource commitments of your teams which ensures no team is overloaded.</p> |
| Strategic Initiatives | <p>'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).</p> |
| Structured Verbal Update | <p>Verbal update that follows Standard Work. It is given at Performance Review Meetings when the relevant business rules apply.</p> |
| Tolerance Level | <p>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.</p> |
| True North | <p>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.</p> |
| Watch metrics | <p>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.</p> |

Finance Performance Report 2022/23

June 2022

Chief Finance Officer
Philip Cave



Contents and Appendices

Month 03 (June) 2022/23

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Executive Summary

Month 03 (June) 2022/23

Executive Summary

The Trust achieved a £0.1m deficit in June, which brought the year-to-date (YTD) position to a £6.8m deficit which is £3.5m adverse to the plan.

The Trust worked with Kent & Medway NHS system partners to resubmit a financial plan for 2022/23 on June 20th following a national announcement on additional funding to mitigate inflationary pressures. In the resubmitted plan the Trust receives £22m of additional funding, consisting of £6m inflationary funding and £16m of non-recurrent income, bringing our overall plan to a breakeven position. The year-to date element of this has been adjusted for in our in-month plan which explains the £2.3m in month planned surplus.

Delivery of this breakeven 2022/23 financial plan looks extremely challenging as it requires that the Trust:

- 1) Delivers £30m of efficiency savings.
- 2) Receives £18m of additional Elective Recovery Funding for treating planned patient activity above a nationally-set threshold.
- 3) Reduces the average spend on incremental Covid-19 costs by £9m as compared to the previous financial year.
- 4) Supports delivery of a further £16m of K&M system financial efficiency which does not yet have identified plans.

| £'000 | This Month | | | Year to Date | | |
|---|--------------|--------------|----------------|----------------|----------------|----------------|
| | Plan | Actual | Variance | Plan | Actual | Variance |
| EKHUFT Income | 74,096 | 73,907 | (189) | 210,555 | 209,635 | (920) |
| EKHUFT Employee Expenses | (42,935) | (44,908) | (1,973) | (127,933) | (131,848) | (3,915) |
| EKHUFT Non-Employee Expenses | (28,941) | (29,305) | (364) | (86,283) | (85,121) | 1,162 |
| EKHUFT Financial Position | 2,220 | (306) | (2,526) | (3,661) | (7,333) | (3,672) |
| Spencer Performance After Tax | 27 | 68 | 41 | 26 | 125 | 99 |
| 2gether Performance After Tax | 100 | 112 | 12 | 299 | 392 | 93 |
| Rephasing/Rounding Adjustment | (3) | (3) | 0 | 26 | (5) | (31) |
| Consolidated I&E Position (pre Technical adjs) | 2,344 | (130) | (2,473) | (3,310) | (6,822) | (3,512) |
| Technical Adjustments | 6 | 150 | 144 | 21 | 218 | 197 |
| Consolidated I&E Position (incl adjs) | 2,350 | 20 | (2,329) | (3,289) | (6,604) | (3,315) |

All NHS systems have access to funding in 2022/23 through the Elective Recovery Fund (ERF), subject to meeting the required threshold of 104% of 2019/20 activity levels. We have assumed to receive full ERF funding in April to June as it is expected that activity shortfalls are underwritten by K&M system funding.

There remains a risk that the Trust does not receive this funding in full as Elective activity underperformed by £3.7m for the year-to-date against plan based on provisional data and is expected to increase throughout the year.

Income and Expenditure

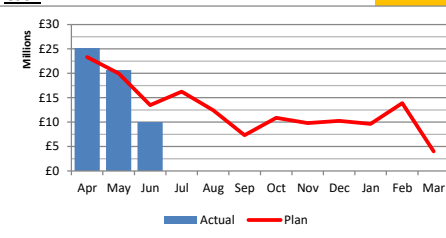
R

The Trust achieved a £0.1m deficit in June, which is £2.5m below the planned position. The main drivers of this adverse position were as follows:

- A pay overspend of £2m mainly due to an increase in medical locum and waiting list payments of £1.2m compared to May and an increase above budget on agency staff spend of £0.3m. The reasons for these increases are due to a combination of expansion of emergency beds, to ensure patient safety, above funded levels e.g. additional beds at the WHH AMU and MEAU, combined with additional Radiologist and sonographer sessions to meet demand and waiting list payments to make inroads into the elective backlog. A premium pay working group is examining all options to reduce premium pay by 10% in line with our plan.
- A non-pay overspend of £0.4m due to a combination of overspends on drugs of £0.6m following more blood product deliveries and issues to homecare patients than planned combined with activity driven overspends on consumables and prostheses totalling £0.4m. These overspends were partially offset by depreciation being less than planned by £0.2m following a detailed review undertaken during year-end and £0.3m of utilities inflation funding being released following the national funding announcement.

Cash

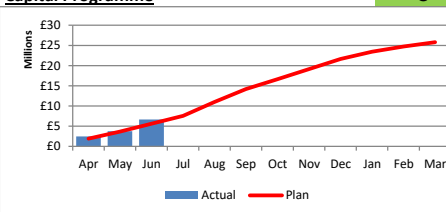
A



The Trust's cash balance at the end of June was £10m which was £3m below than the plan. It is expected that this adverse position will improve as the Trust will receive the Q1 proportion of the £22m of additional funding from the K&M ICB following our resubmitted breakeven plan for 2022/23.

Capital Programme

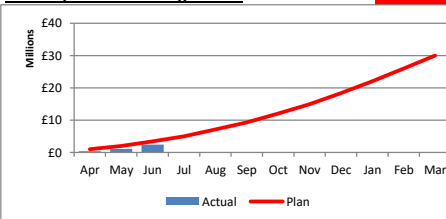
G



Total capital expenditure at the end of June was £6.7m against a £5.6m plan. The capital expenditure overspend is not considered to be an issue and the Trust is working closely with system partners to maximise the available funding to support required investments.

Cost Improvement Programme

R



The Trust achieved efficiency savings of £1.4m in June consistent with the plan, but year-to-date position is £1m below the plan of £3.4m. CIP delivery represents the biggest risk to achieving our financial plan in 2022/23 and further controls and additional resource will be implemented to ensure the Trust delivers as much as possible of the required £30m of efficiencies this financial year.

Income and Expenditure Summary

Month 03 (June) 2022/23

Unconsolidated

| £000 | This Month | | | Year to Date | | | Annual |
|--|-----------------|-----------------|----------------|------------------|------------------|----------------|------------------|
| | Plan | Actual | Var. | Plan | Actual | Var. | Plan |
| Income | | | | | | | |
| Electives | 9,115 | 7,902 | (1,213) | 25,018 | 23,476 | (1,542) | 108,424 |
| Non-Electives | 20,492 | 17,350 | (3,142) | 61,031 | 52,695 | (8,336) | 246,460 |
| Accident and Emergency | 4,707 | 3,844 | (863) | 13,439 | 11,408 | (2,031) | 51,605 |
| Outpatients | 9,907 | 8,921 | (986) | 27,425 | 25,463 | (1,962) | 114,527 |
| High Cost Drugs | 3,868 | 4,466 | 598 | 11,606 | 12,223 | 617 | 46,424 |
| Private Patients | 23 | 16 | (7) | 70 | 30 | (40) | 279 |
| Other NHS Clinical Income | 20,668 | 26,972 | 6,304 | 57,736 | 71,411 | 13,675 | 219,441 |
| Other Clinical Income | 115 | 21 | (94) | 344 | 307 | (37) | 1,376 |
| Total Income from Patient Care Activities | 68,895 | 69,492 | 597 | 196,669 | 197,013 | 344 | 788,536 |
| Other Operating Income | 5,201 | 4,415 | (786) | 13,886 | 12,622 | (1,264) | 58,458 |
| Total Income | 74,096 | 73,907 | (189) | 210,555 | 209,635 | (920) | 846,994 |
| Expenditure | | | | | | | |
| Substantive Staff | (37,738) | (38,285) | (547) | (110,945) | (112,931) | (1,987) | (455,299) |
| Bank | (2,647) | (2,938) | (291) | (8,608) | (8,949) | (341) | (28,215) |
| Agency | (2,550) | (3,685) | (1,135) | (8,380) | (9,967) | (1,587) | (28,384) |
| Total Employee Expenses | (42,935) | (44,908) | (1,973) | (127,933) | (131,848) | (3,915) | (511,898) |
| Other Operating Expenses | (28,004) | (28,613) | (609) | (83,499) | (82,674) | 825 | (326,549) |
| Total Operating Expenditure | (70,939) | (73,521) | (2,582) | (211,432) | (214,522) | (3,090) | (838,447) |
| Non Operating Expenses | (937) | (692) | 245 | (2,784) | (2,447) | 338 | (10,493) |
| Income and Expenditure Surplus/(Deficit) | 2,220 | (306) | (2,526) | (3,661) | (7,333) | (3,672) | (1,947) |

The Trust's income for 2022/23 is based on the blended payment methodology introduced by NHSEI and incorporated in the Aligned Incentive Contracts.

The block element of this income is based on the H2 position of 2021/22, subject to inflation, efficiency and service development changes.

The variable element of the Aligned Incentive Contracts relates to an activity-based Elective Services Recovery Fund (ESRF). The target is to deliver 104% of the 2019/20 Elective, Day case, New Outpatient and Outpatient Procedure activity value. Any overperformance or under performance against the baseline will incur a 75% marginal rate adjustment. Outpatient Follow Ups, without Procedure are intended to be reduced to 75% of the level delivered in 2019/20 by March 2023. The current income position assumes the 104% year-end target will be achieved. However, that assumes significant increases in performance during the remainder of the year. The current YTD performance is estimated to be adverse by £3.7m, but national validation has not been released yet.

High cost drugs and devices recharge rules remain broadly in line with 2021/22 with the main changes being the MedTech funding mandate being added to the high cost devices payment mechanism. Out of Area patients are now directly funded and set nationally.

Other Operating Income and Expenditure

Other operating income is adverse to plan in June by £0.8m and by £1.3m YTD. The in-month variance is driven mainly by adverse variances on other income and property rental totalling £0.8m, reflecting changes in the Trust's external plan in June. YTD, the variance is again driven mainly by adverse variances on other income and property rental totalling £0.9m. In addition, income relating to education and training and research and innovation is adverse to plan by £0.3m YTD.

Total operating expenditure is adverse to plan in June by £2.6m and by £3.1m YTD. Covid-19 expenditure stands at £0.8m in month and £3.3m YTD, with spend being £0.1m less than plan in month and £0.7m greater than plan YTD.

Employee expenses performance is adverse to plan in June by £2.0m and by £3.9m YTD. Expenditure relating to all Covid-19 pay streams is £0.4m in month and £2m YTD. Total expenditure on pay in June was £44.9m, an increase of £1.4m when compared to May, mainly relating to an increase in medical locum and waiting list payments of £1.2m. Expenditure on agency staff increased by £0.3m.

Other operating expenditure is adverse to plan in June by £0.6m and favourable to plan by £0.8m YTD. Expenditure on all Covid-19 non-pay streams is £0.4m in month and £1.3m YTD. Underspends on the OHF contract, purchase of healthcare, education and training, CNST contributions, premises costs and depreciation are offset by adverse variances on drugs, clinical supplies and other expenditure.

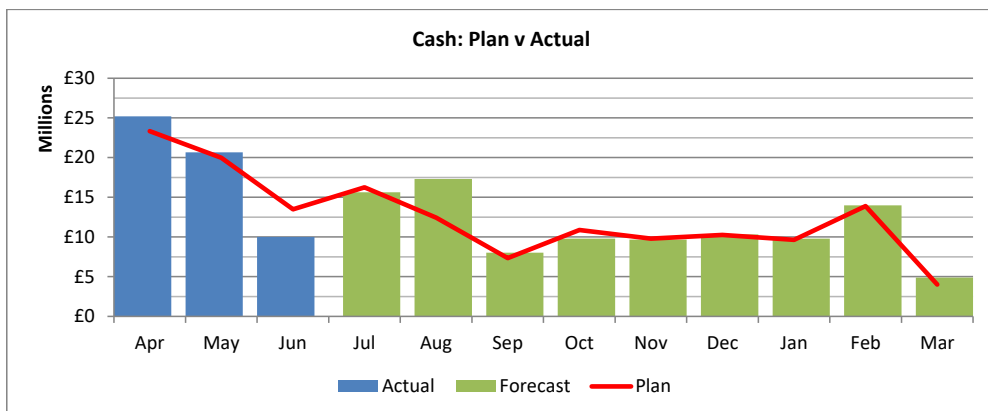
Other operating expenditure was £28.6m in June, an increase of £1.5m when compared to May. Increased expenditure on drugs (mainly high cost and clotting factors), clinical supplies, premises and establishment costs totalling £1.6m is offset by a reduction in non clinical supplies expenditure of £0.2m, mainly relating to the OHF contract.

Consolidated

| £000 | This Month | | | Year to Date | | |
|---|-----------------|-----------------|----------------|------------------|------------------|----------------|
| | Plan | Actual | Var. | Plan | Actual | Var. |
| Income | | | | | | |
| Income from Patient Care Activities | 70,288 | 70,818 | 530 | 200,884 | 200,461 | (423) |
| Other Operating Income | 4,104 | 3,876 | (228) | 12,312 | 12,020 | (292) |
| Total Income | 74,392 | 74,694 | 302 | 213,196 | 212,481 | (715) |
| Expenditure | | | | | | |
| Employee Expenses | (45,953) | (48,447) | (2,494) | (137,648) | (142,370) | (4,722) |
| Other Operating Expenses | (25,126) | (25,640) | (514) | (75,979) | (74,347) | 1,632 |
| Total Expenditure | (71,079) | (74,087) | (3,008) | (213,627) | (216,717) | (3,090) |
| Non-Operating Expenses | (969) | (737) | 232 | (2,879) | (2,586) | 293 |
| Income and Expenditure Surplus/(Deficit) | 2,344 | (130) | (2,474) | (3,310) | (6,822) | (3,512) |

Cash Flow

Month 03 (June) 2022/23



Unconsolidated Cash balance was £10.0m at the end of June 22, £3.5m below plan.

Cash receipts in month totalled £63.8m (£5.5m below plan)

K&M CCG paid £49.2m in June. £2.7m below plan due to phasing of Q1 block payments as per Mays forecast.

VAT reclaim is £3.5m below plan as Mays reclaim was not received in month (£5.2m received early July)

Other receipts were £0.9m over plan in month

Cash payments in month totalled £74.4m (£1.3m below plan)

Creditor payment runs including Capital payments were £23.0m (£0.2m below plan).

Payments to 2gether Support Solutions were £14.1m (£1.7m below plan).

Payroll was £37.3m (£0.6m above plan).

YTD cash receipts total £220.4m (£3.8m above plan - largely driven by no receipt of VAT reclaim in Month 3)

YTD cash payments total £237.7m (£17.0m above plan - largely driven by payments to 2gether Support Solutions)

2022/23 Plan

The revised group plan submitted to NHSE/I in June 2022 shows a breakeven position at the end of 2022/23. A breakeven position eliminates the option of borrowing cash and so all borrowing has been removed from the forecast. (The Trust had expected to require addition funds from September 2022)

Additional income from NHS Kent & Medway ICB is expected, although the timing of cash payments is as yet confirmed. The cash forecast is showing receipts evenly spread between July 22 and March 23.

Any cash shortfalls will continue to be managed by careful control of creditor payments as required.

Creditor Management

The Trust has been paying to 30-day creditor terms throughout 2022/23. This has only been possible by withholding payment to one key supplier. As at 30th June 2022, £6.9m is overdue for payment to them. Weekly payment runs are being reviewed and this suppliers' invoices cleared when funds are available. (£2.1m was paid to them in June)

At the end of June 2022, the Trust was recording 62 creditor days (Calculated as invoiced creditors at 30th June/ Forecast non-pay expenditure x 365).

Cash Flow

Month 03 (June) 2022/23

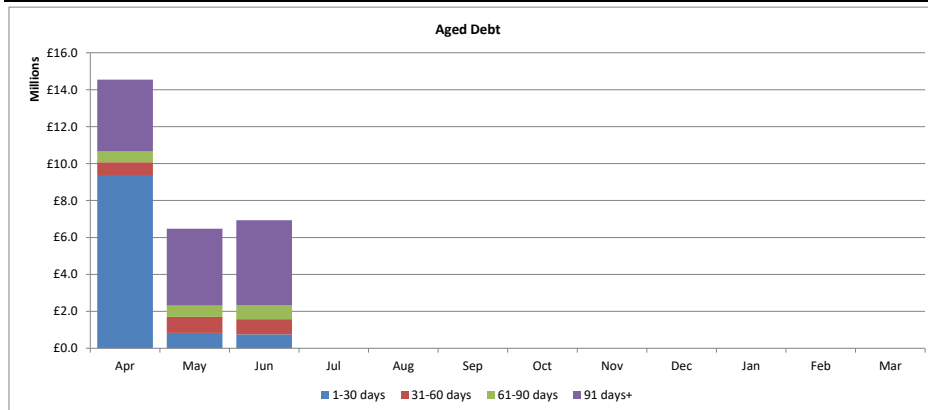
| Year to Date | | This Month | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|------------------|---------------------------------------|-----------------|-----------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Actual | | Plan | Actual | Variance | Actual | Actual | Actual | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast |
| 27,372 | Opening Cash Balance | 19,970 | 20,664 | 695 | 27,372 | 25,203 | 20,664 | 10,027 | 15,639 | 17,315 | 8,038 | 9,805 | 9,671 | 10,331 | 9,785 | 13,986 |
| | Prior Year Main Contract CCGs | | | | | | | | | | | | | | | |
| 156,333 | Kent & Medway CCG Contract | 51,754 | 49,154 | (2,600) | 53,597 | 53,583 | 49,154 | 51,754 | 51,754 | 51,754 | 51,754 | 51,754 | 51,754 | 51,754 | 51,754 | 51,754 |
| 9,076 | Prior Year Main Contract CCGs | 126 | 18 | (109) | 613 | 8,445 | 18 | 2,126 | 2,126 | 2,126 | 2,126 | 2,126 | 2,126 | 2,126 | 2,126 | 2,126 |
| 293 | Other CCG block Contracts | | 192 | 192 | 101 | | 192 | | | | | | | | | |
| 32,601 | NHS England | 11,235 | 11,099 | (135) | 9,691 | 11,810 | 11,099 | 11,761 | 11,235 | 11,235 | 11,235 | 11,235 | 11,235 | 11,235 | 11,235 | 11,235 |
| 8,555 | All Other NHS Organisations | 1,205 | 1,321 | 116 | 6,523 | 711 | 1,321 | 7,067 | 1,221 | 1,221 | 1,213 | 1,221 | 6,705 | 1,213 | 6,705 | 1,229 |
| 0 | Capital Receipts | | | | | | | | | | | | | | | |
| 13,521 | All Other Receipts | 4,940 | 1,984 | (2,956) | 6,097 | 5,440 | 1,984 | 6,635 | 8,253 | 5,003 | 4,722 | 4,753 | 4,690 | 5,172 | 4,690 | 7,651 |
| 0 | Provider Sustainability Fund | | | | | | | | | | | | | | | |
| 0 | PDC Loans | | | | | | | | | | | | | | | |
| 0 | Loans Repaid | | | | | | | | | | | | | | | |
| 220,379 | Total Receipts | 69,261 | 63,769 | (5,492) | 76,622 | 79,989 | 63,769 | 79,344 | 74,590 | 71,340 | 71,050 | 71,090 | 76,511 | 71,500 | 76,511 | 73,995 |
| | Opening Cash Balance | | | | | | | | | | | | | | | |
| (111,338) | Monthly Payroll inc NI & Super | (36,750) | (37,343) | (593) | (36,489) | (37,506) | (37,343) | (37,213) | (37,190) | (37,190) | (37,290) | (37,290) | (37,290) | (37,390) | (37,390) | (37,390) |
| (126,386) | Creditor Payment Run | (37,703) | (37,063) | 640 | (42,302) | (47,022) | (37,063) | (35,547) | (33,796) | (36,059) | (30,605) | (31,975) | (35,758) | (31,856) | (32,843) | (39,368) |
| 0 | Capital Payments | (1,281) | | 1,281 | | | | (972) | (1,927) | (2,595) | (1,388) | (1,959) | (2,802) | (2,799) | (2,077) | (1,558) |
| | PDC Dividend Payment | | | | | | | | | (4,773) | | | | | | (4,773) |
| | Interest Payments | | | | | | | | | | | | | | | |
| (237,724) | Total Payments | (75,735) | (74,406) | 1,329 | (78,790) | (84,528) | (74,406) | (73,732) | (72,913) | (80,617) | (69,283) | (71,224) | (75,851) | (72,046) | (72,311) | (83,090) |
| (17,345) | Total Movement In Bank Balance | (6,474) | (10,638) | (4,164) | (2,169) | (4,539) | (10,638) | 5,612 | 1,676 | (9,277) | 1,767 | (134) | 660 | (545) | 4,200 | (9,094) |
| 10,027 | Closing Bank Balance | 13,496 | 10,027 | (3,469) | 25,203 | 20,664 | 10,027 | 15,639 | 17,315 | 8,038 | 9,805 | 9,671 | 10,331 | 9,785 | 13,986 | 4,891 |
| | Plan | | | | 23,334 | 19,970 | 13,496 | 16,267 | 12,444 | 7,330 | 10,891 | 9,793 | 10,256 | 9,646 | 13,893 | 4,015 |
| | Variance | | | | 1,869 | 695 | (3,469) | (629) | 4,871 | 708 | (1,086) | (122) | 75 | 140 | 93 | 876 |
| | 2gether Support Solutions Ltd | | | | 19,759 | 28,825 | 27,427 | 27,852 | 25,383 | 25,814 | 26,236 | 23,767 | 24,181 | 21,704 | 22,118 | 22,557 |
| | Spencer Private Hospitals Ltd | | | | 4,959 | 5,309 | 5,935 | 5,811 | 5,858 | 5,889 | 6,069 | 6,210 | 6,010 | 6,168 | 6,401 | 6,768 |
| | Group Closing Balance | | | | 49,921 | 54,798 | 43,389 | 49,302 | 48,556 | 39,741 | 42,110 | 39,648 | 40,523 | 37,657 | 42,505 | 34,216 |

Working Capital

Month 03 (June) 2022/23

Top ten debtor balances outstanding as at 30/06/2022

| Debtor Name | Current | 1+ | 31+ | 61+ | 91+ | Total |
|---|--------------|------------|------------|------------|--------------|--------------|
| SPENCER PRIVATE HOSPITALS LIMITED | 33 | 381 | 448 | 305 | 1,314 | 2,415 |
| MEDWAY NHS FOUNDATION TRUST | 106 | 1 | | 41 | 651 | 798 |
| 2GETHER SUPPORT SOLUTIONS LTD | 486 | | 30 | | 151 | 668 |
| KENT COMMUNITY HEALTH NHS FOUNDATION TRUST | 171 | 3 | | | 258 | 432 |
| MONITOR 90T | | | | 180 | 195 | 374 |
| KINGS COLLEGE HOSPITAL NHS FOUNDATION TRUST | 35 | 39 | | 27 | 240 | 341 |
| MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST | 255 | 56 | | | 3 | 314 |
| NHS KENT AND MEDWAY CCG | 30 | 45 | 138 | 5 | 82 | 300 |
| PHILIPS RESPIRONICS | | | | | 245 | 245 |
| KENT COUNTY COUNCIL | 63 | 63 | 63 | 2 | 12 | 203 |
| Total | 1,113 | 588 | 679 | 560 | 3,150 | 6,089 |



Total invoiced debtors have decreased from the opening position of £16.8m by £8.3m to £8.5m (of which £1.5m is current debt)

At 30th June there was 1 debtor owing over £1m.

- Spencer Private Hospitals owe £2.4m

The Trust is working with subsidiaries to bring reciprocal balances down.

Top ten creditor balances outstanding as at 30/06/2022

| Supplier Name | Current | 1+ | 31+ | 61+ | 91+ | Total |
|---|---------------|--------------|--------------|--------------|--------------|---------------|
| Other Creditors | 8,504 | 2,291 | 816 | 957 | 1,895 | 14,464 |
| NHS Professionals Ltd | 3,233 | 4,471 | 2,437 | | | 10,141 |
| Spencer Private Hospitals Ltd | | 319 | 375 | 951 | 672 | 2,318 |
| Beckman Coulter UK Ltd | 1,341 | | | | | 1,341 |
| InHealth Ltd | 575 | 267 | | | | 841 |
| Maidstone & Tunbridge Wells NHS Trust (RWF) | 420 | 168 | 159 | | 22 | 769 |
| Alliance Healthcare (Distribution) Ltd | 528 | 161 | | | | 688 |
| HealthNet Homecare (UK) Ltd | 634 | | | | | 634 |
| Ashford Borough Council | 629 | 1 | | | | 630 |
| Thanet District Council | 603 | 0 | | | | 603 |
| Total | 16,466 | 7,678 | 3,788 | 1,909 | 2,590 | 32,431 |

| Better Payment Practice Code | Last Year YTD | | This Year YTD | |
|--|---------------|--------------|---------------|--------------|
| | Number | YTD £'000 | Number | YTD £'000 |
| Non NHS | | | | |
| Total bills paid in the year | 15,792 | 151,456 | 16,548 | 150,768 |
| Total bills paid within target | 15,634 | 150,546 | 14,959 | 140,861 |
| Percentage of bills paid within target | 99.0% | 99.4% | 90.4% | 93.4% |
| NHS | | | | |
| Total bills paid in the year | 569 | 1,694 | 638 | 3,302 |
| Total bills paid within target | 558 | 1,599 | 449 | 2,101 |
| Percentage of bills paid within target | 98.1% | 94.4% | 70.4% | 63.6% |
| Total | | | | |
| Total bills paid in the year | 16,361 | 153,150 | 17,186 | 154,070 |
| Total bills paid within target | 16,192 | 152,145 | 15,408 | 142,962 |
| Percentage of bills paid within target | 99.0% | 99.3% | 89.7% | 92.8% |

Invoiced creditors have increased by £11.6m from the opening position to £32.4m.

51% relates to current invoices with 8% or £2.6m over 90 days.

NHSP debt has grown significantly during the year from £2.74m to £10.1m this is due to an increased reliance on premium pay staff to fill gaps along with a mounting pressures on the Trusts available cash.

Our BBPC figures have dipped below 90% in places and as such we are now required to report to NHSEI the reasons behind this.

Income from Patient Care Activities

Month 03 (June) 2022/23

Trust Income Plan

£196.669m

Trust Actual Income

£197.013m

Income Variance

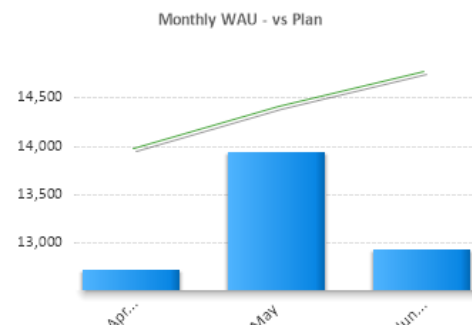
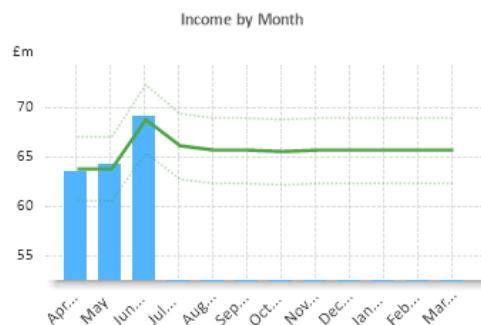
£0.344m

2022/23 - Month 3 Model

East Kent Hospitals University NHS Foundation Trust

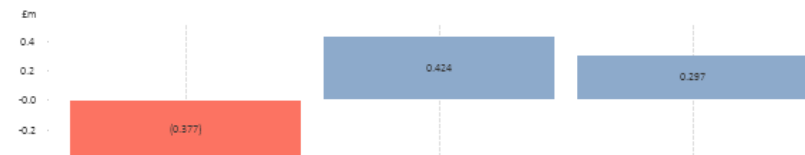
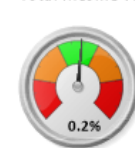
| Summary | Year to Date | | | This Month vs. Run Rate | | |
|---|--------------|--------------|------------|-------------------------|----------------|--------------------|
| | Plan | Actual | Variance | Actual | Run Rate to M2 | Var to M2 Run Rate |
| 1 Total Non Elective Spells | 61.0 | 52.7 | (8.3) | 16.8 | 18.0 | (1.2) |
| 2 Accident & Emergency | 13.4 | 11.4 | (2.0) | 3.8 | 3.8 | 0.0 |
| 3 Total Elective Spells | 25.0 | 23.5 | (1.5) | 8.0 | 7.7 | 0.2 |
| 4a New Outpatient Attendances | 12.1 | 11.5 | (0.6) | 3.7 | 3.9 | (0.1) |
| 4b Outpatient Follow Up Attendances | 15.3 | 14.0 | (1.3) | 4.5 | 4.7 | (0.2) |
| 5 Other Cost Per Case | 39.1 | 40.0 | 0.9 | 13.3 | 13.3 | (0.0) |
| 6 Block Agreements | 5.8 | 5.8 | (0.0) | 1.9 | 1.9 | 0.0 |
| 7 Income Additional to PbR | 19.8 | 33.3 | 13.5 | 15.5 | 8.9 | 6.6 |
| 8 Risks and Adjustments | (0.0) | (0.2) | (0.2) | (0.1) | (0.1) | - |
| 9a Elective Recovery Fund | 5.1 | 5.1 | (0.0) | 1.7 | 1.7 | 0.0 |
| 9c Adjust Prior Month Reported Position | - | - | - | (0.0) | 0.0 | (0.0) |
| Grand Total | 196.7 | 197.0 | 0.3 | 69.2 | 63.9 | 5.3 |

| ↑ Care Group Income £m | This Month | | | Year to Date | | | Annual |
|--|-------------|-------------|------------|--------------|--------------|------------|--------------|
| | Plan | Actual | Variance | Plan | Actual | Variance | Plan |
| Cancer Services | 5.1 | 5.1 | 0.0 | 14.8 | 14.8 | (0.0) | 59.8 |
| Central | 9.5 | 7.7 | (1.8) | 22.6 | 23.0 | 0.3 | 79.3 |
| Child Health | 2.9 | 3.0 | 0.1 | 8.3 | 8.3 | (0.0) | 34.4 |
| Clinical Support Services | 5.8 | 7.0 | 1.2 | 17.4 | 17.4 | 0.0 | 69.7 |
| General and Specialist Medicine | 15.2 | 15.4 | 0.2 | 44.9 | 44.9 | (0.0) | 180.6 |
| Surgery - Head and neck, Breast Surgery a... | 4.3 | 4.4 | 0.1 | 12.0 | 12.0 | (0.0) | 52.2 |
| Surgery and Anaesthetics | 11.9 | 12.1 | 0.2 | 34.8 | 34.8 | (0.0) | 143.8 |
| Urgent and Emergency Care | 9.7 | 10.0 | 0.3 | 28.7 | 28.7 | (0.0) | 113.8 |
| Womens Health | 4.4 | 4.5 | 0.1 | 13.2 | 13.2 | 0.0 | 55.0 |
| | 68.9 | 69.2 | 0.3 | 196.7 | 197.0 | 0.3 | 788.5 |



| Commissioner Group | This Month | | | Year to Date | | | Annual |
|----------------------------------|-------------|-------------|------------|--------------|--------------|------------|--------------|
| | Plan | Actual | Variance | Plan | Actual | Variance | Plan |
| Kent and Medway CCG | 56.6 | 57.1 | 0.4 | 160.1 | 160.4 | 0.3 | 642.1 |
| NHS England SS | 9.2 | 10.0 | 0.8 | 27.5 | 28.7 | 1.2 | 110.0 |
| Public Health & Secondary Dental | 1.2 | 1.4 | 0.1 | 4.0 | 4.1 | 0.1 | 15.9 |
| Cancer Drugs Fund and Hep C | 0.6 | 0.5 | (0.2) | 1.6 | 1.4 | (0.2) | 6.6 |
| Out of Area CCGs | 0.4 | 0.4 | (0.0) | 1.2 | 1.2 | (0.0) | 4.8 |
| NHS England - Other | 0.4 | 0.0 | (0.4) | 1.1 | 0.0 | (1.1) | 4.2 |
| Other Organisations | 0.3 | 0.2 | (0.1) | 1.0 | 0.8 | (0.2) | 3.9 |
| Sussex Integrated Care Board | 0.1 | 0.1 | 0.0 | 0.3 | 0.3 | 0.0 | 1.1 |
| NHS England - Rechargeable Drugs | - | 0.1 | 0.1 | - | 0.2 | 0.2 | - |
| Prior Year Income | - | (0.4) | (0.4) | - | 0.0 | 0.0 | - |
| | 68.9 | 69.2 | 0.3 | 196.7 | 197.0 | 0.3 | 788.5 |

Total Income Var



The variable element of the Aligned Incentive Contracts relates to the activity-based Elective Services Recovery Fund (ESRF) and is currently reported as on plan. This is an annual target based on the financial value of activity delivered. Performance will need to increase in order to achieve this level, particularly Elective Inpatients. It should be noted that Regular Attenders are excluded from this metric.

The inpatient element (day cases, Elective inpatients and regular attenders) is being driven by over performances in Clinical oncology (501 spells which is 21% over plan), Dermatology (107 spells which is 15% over plan) and Cardiology (95 spells which is 17% over plan). The areas under plan are Endoscopies (-1,104 spells -20% under plan), Ophthalmology (-284 spells -24% under plan) and Urology (-383 spells which is -12% against plan). Orthopaedics are also 201 spells under plan.

The outpatient element (face to face, non-face to face, procedures for new and follow up appointments) is being driven by over performances in Dermatology (384 appointments which is +4% against plan), T&O (774 appointments which is +6% against plan) and Physiotherapy (1,357 appointments which is +10% against plan). The drivers balancing off the over performance are Cardiology (-3,657 appointments which is -28% against plan), Neurology (-587 appointments which is -13% against plan) and Orthoptics (-796 appointments which is -22% against plan).

The variable element of High Cost drugs with NHS England is £0.6m above plan, however as these are pass through costs the expenditure balances off the income.

NHSE High Cost Devices are paid as pass through costs under the visible cost model, meaning income and expenditure are balanced off. The MedTech funding mandate will be implemented this year with these devices falling under the high cost devices payment remit.

Activity

Month 03 (June) 2022/23

Trust Income Plan

£196.669m

Trust Actual Income

£197.013m

Income Variance

£0.344m

East Kent Hospitals University NHS Foundation Trust

2022/23 - Month 3

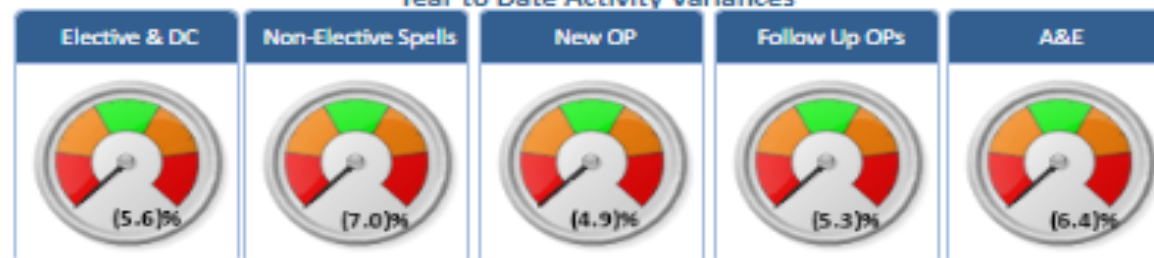
Year to Date Activity

Year to Date Income £m

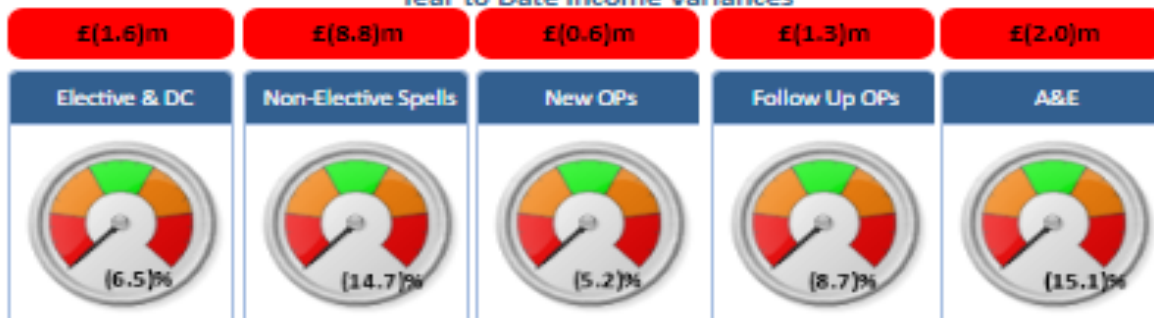
Average Tariffs

| Point of Delivery | Plan | Actual | Variance | Plan | Actual | Variance | Plan | Actual |
|-------------------------------------|---------|---------|----------|---------|---------|----------|--------|--------|
| 1a Total Non Elective Spells | 21,932 | 20,394 | (1,538) | £60.0 m | £51.2 m | £(8.8)m | £2,734 | £2,509 |
| 2 Accident & Emergency | 75,464 | 70,666 | (4,798) | £13.4 m | £11.4 m | £(2.0)m | £178 | £161 |
| 3a Total Elective Spells | 23,341 | 22,034 | (1,307) | £24.9 m | £23.3 m | £(1.6)m | £1,068 | £1,058 |
| 4a New Outpatient Attendances | 64,037 | 60,887 | (3,150) | £12.1 m | £11.5 m | £(0.6)m | £189 | £189 |
| 4b Outpatient Follow Up Attendances | 140,942 | 133,481 | (7,461) | £15.3 m | £14.0 m | £(1.3)m | £109 | £105 |

Year to Date Activity Variances



Year to Date Income Variances



The Trust activity plan has been designed to meet the 104% value ERF target. Due to the required reduction in Outpatient Follow Up activity to 75% of 2019/20 levels by March 2023 (85% as an average for the year), the expectation is that other areas need to rise to around 110% of the 2019/20 levels to compensate, which is proving to be very challenging.

Outpatients, including outpatient procedures, has operated at 13% under planned levels in June, and is showing 5% under plan YTD. The Trust has investigated the previous variance within Outpatient procedures (was over 20% below planned levels). It was found that a number of procedures were being recorded within outpatient appointments instead of procedures. This has now been corrected with outpatient procedures now showing activity at planned levels YTD.

Elective inpatient activity has underperformed by 12% against plan in June, and is showing a 6% underperformance against plan YTD. Regular Attenders is showing a 3% overperformance YTD, however these are excluded from ERF. The financial element of T&O is £0.7m below plan YTD and Endoscopes is also £0.6 below plan YTD which is a significant driver of the ERF performance against baseline, which is being reviewed.

The level of A&E attendance is running an underperformance against plan of 6% YTD and 9% under in month.

Non-Elective activity in month is reported at 5% under plan, and YTD performance of 9% under plan. The reporting of Short and Long stay patients have been aligned with the Information department. The updated position now shows that Long stay is 19% under plan YTD with Short stay 5% over plan YTD, which is a significant driver of the financial underperformance.

Other Operating Income

Month 03 (June) 2022/23

Other Operating Income

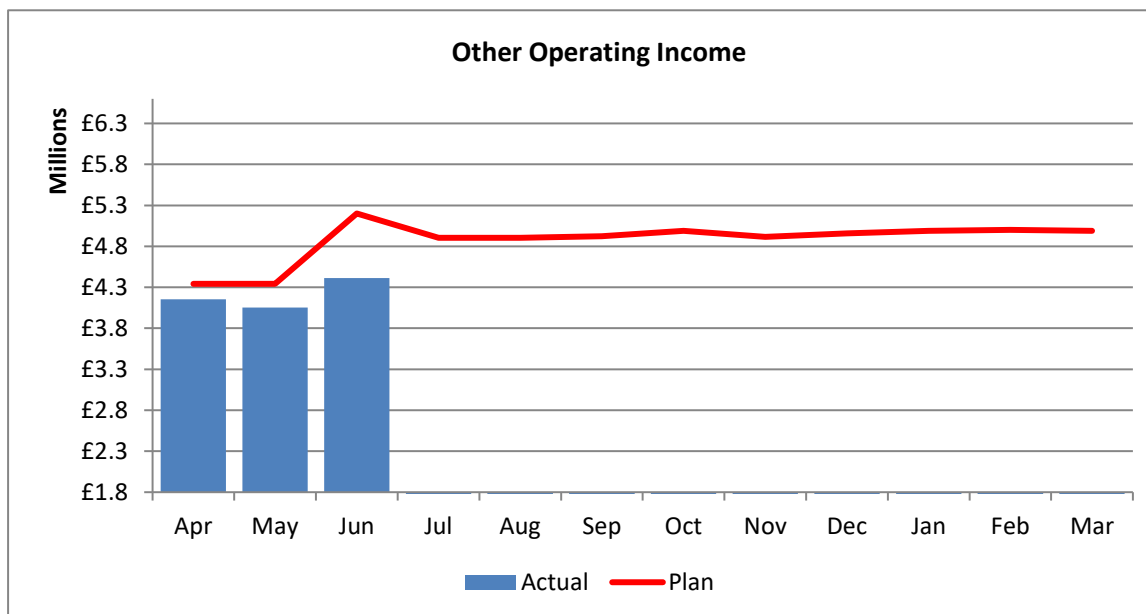
| £000 | This Month | | | Year to Date | | | Annual |
|--|--------------|--------------|--------------|---------------|---------------|----------------|---------------|
| | Plan | Actual | Variance | Plan | Actual | Variance | Plan |
| Non-patient care services | 1,864 | 2,039 | 175 | 5,593 | 5,520 | (73) | 22,374 |
| Research and development | 219 | 187 | (32) | 657 | 542 | (114) | 2,626 |
| Education and Training | 1,522 | 1,475 | (47) | 4,567 | 4,421 | (146) | 18,272 |
| Car Parking income | 115 | 142 | 27 | 343 | 386 | 43 | 4,304 |
| Staff accommodation rental | 160 | 155 | (6) | 481 | 448 | (33) | 1,922 |
| Property rental (not lease income) | 109 | | (109) | 109 | | (109) | 436 |
| Cash donations / grants for the purchase of capital assets | 75 | (19) | (94) | 225 | 184 | (41) | 900 |
| Charitable and other contributions to expenditure | 14 | 11 | (3) | 43 | 33 | (10) | 171 |
| Other | 1,121 | 423 | (698) | 1,867 | 1,087 | (780) | 7,453 |
| Total | 5,201 | 4,415 | (786) | 13,886 | 12,622 | (1,264) | 58,458 |

-15.11%

Adverse

-9.10%

Adverse



Other operating income is adverse to plan in June by £0.8m and by £1.3m YTD. The in-month variance is driven mainly by adverse variances on other income and property rental totalling £0.8m, reflecting changes to the external plan. Cash donations for the purchase of capital assets are adverse to plan by £0.1m in month following a revision of estimated income for April and May. This and marginal variances on education and training and research and innovation income of less than £0.1m are offset by a favourable variance on Spencer Wing AMD drugs of £0.1m.

YTD, the variance is again driven mainly by adverse variances on other income and property rental totalling £0.9m reflecting changes to the external plan. Income relating to education and training and research and innovation is adverse to plan by £0.3m YTD.

Employee Expenses

Month 03 (June) 2022/23

| 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 | 1,399 | 1,319 | 80 | (12,177) | (11,434) | 743 | (35,793) | (33,797) | 1,996 | (143,746) |
| Nurses and Midwives | 3,295 | 2,573 | 722 | (10,237) | (10,775) | (538) | (29,261) | (32,184) | (2,923) | (127,151) |
| Scientific, Therapeutic and Technical | 1,701 | 1,526 | 175 | (5,816) | (5,702) | 115 | (17,418) | (17,168) | 250 | (70,019) |
| Admin and Clerical | 1,737 | 1,500 | 237 | (3,352) | (3,633) | (282) | (10,037) | (10,898) | (861) | (40,322) |
| Other Pay | 1,782 | 1,535 | 247 | (5,203) | (5,203) | () | (15,581) | (15,593) | (12) | (62,595) |
| Permanent Staff Total | 9,913 | 8,451 | 1,462 | (36,784) | (36,747) | 38 | (108,090) | (109,640) | (1,550) | (443,832) |
| Waiting List Payments | | | | | | | | | | |
| Medical and Dental | 0 | 0 | 0 | (397) | (680) | (284) | (1,188) | (1,361) | (173) | (4,773) |
| Waiting List Payments Total | 0 | 0 | 0 | (397) | (680) | (284) | (1,188) | (1,361) | (173) | (4,773) |
| Medical Locums/Short Sessions | | | | | | | | | | |
| Medical and Dental | 1 | 57 | (56) | (556) | (857) | (301) | (1,666) | (1,930) | (264) | (6,694) |
| Medical Locums/Short Sessions Total | 1 | 57 | (56) | (556) | (857) | (301) | (1,666) | (1,930) | (264) | (6,694) |
| Substantive | 9,914 | 8,508 | 1,406 | (37,738) | (38,285) | (547) | (110,945) | (112,931) | (1,987) | (455,299) |
| Bank | | | | | | | | | | |
| Medical and Dental | 0 | 30 | (30) | (372) | (423) | (52) | (1,209) | (1,314) | (105) | (3,962) |
| Nurses and Midwives | 14 | 300 | (286) | (1,240) | (1,459) | (219) | (4,033) | (4,281) | (249) | (13,218) |
| Scientific, Therapeutic and Technical | 1 | 1 | (1) | (10) | (10) | | (32) | (31) | 1 | (104) |
| Admin and Clerical | 6 | 65 | (59) | (209) | (205) | 5 | (681) | (633) | 48 | (2,231) |
| Other Pay | 4 | 298 | (293) | (816) | (841) | (25) | (2,654) | (2,691) | (37) | (8,700) |
| Bank Total | 26 | 694 | (668) | (2,647) | (2,938) | (291) | (8,608) | (8,949) | (341) | (28,215) |
| Agency | | | | | | | | | | |
| Medical and Dental | 2 | 51 | (49) | (689) | (1,127) | (438) | (2,259) | (3,308) | (1,049) | (7,870) |
| Nurses and Midwives | 13 | 227 | (214) | (985) | (1,262) | (277) | (3,242) | (3,296) | (55) | (10,667) |
| Scientific, Therapeutic and Technical | 0 | 0 | 0 | (16) | | 16 | (31) | | 31 | (152) |
| Admin and Clerical | 0 | 1 | (1) | (9) | (18) | (9) | (29) | (35) | (6) | (96) |
| Other Pay | 0 | 61 | (61) | (107) | (270) | (163) | (373) | (698) | (325) | (1,211) |
| Agency Total | 16 | 341 | (325) | (1,806) | (2,677) | (870) | (5,934) | (7,338) | (1,404) | (19,996) |
| Direct Engagement - Agency | | | | | | | | | | |
| Medical and Dental | 2 | 70 | (68) | (737) | (1,002) | (265) | (2,424) | (2,602) | (178) | (8,316) |
| Scientific, Therapeutic and Technical | 0 | 1 | (1) | (7) | (6) | 1 | (22) | (27) | (5) | (72) |
| Direct Engagement - Agency Total | 2 | 71 | (69) | (744) | (1,008) | (264) | (2,446) | (2,629) | (183) | (8,388) |
| Agency | 18 | 412 | (394) | (2,550) | (3,685) | (1,135) | (8,380) | (9,967) | (1,587) | (28,384) |
| Total | 9,958 | 9,614 | 344 | (42,935) | (44,908) | (1,973) | (127,933) | (131,848) | (3,915) | (511,898) |

-4.60%
Adverse

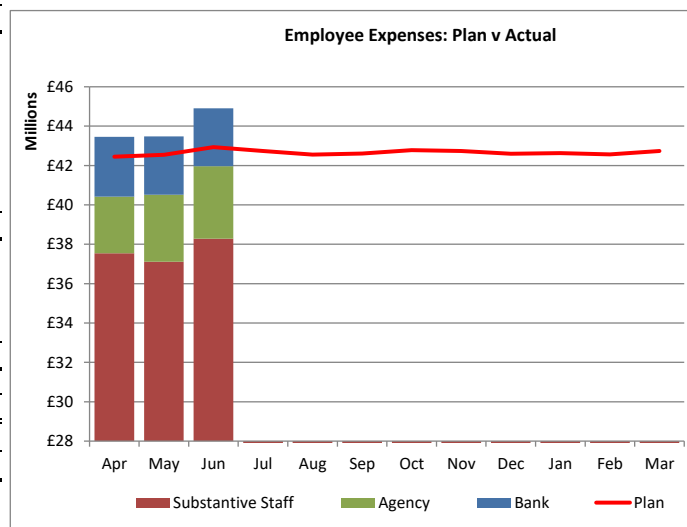
-3.06%
Adverse

Employee expenses performance is adverse to plan in June by £2.0m and by £3.9m YTD (3.06%). Expenditure relating to all Covid-19 pay streams is £0.4m in month and £2.0m YTD.

Total expenditure on pay in June was £44.9m, an increase of £1.4m when compared to May, mainly relating to an increase in medical locum and waiting list payments of £1.2m which is inclusive of prior period costs of c£0.4m. Expenditure on agency staff increased by £0.3m in qualified nursing and consultant usage. Expenditure on permanent staff remained static overall, although bank holiday, lieu of notice and lieu of annual leave payments fell by £0.3m.

Expenditure on all substantive staff is adverse to plan in June by £0.5m and by £2.0m YTD.

Expenditure on bank and agency staff combined is adverse to plan in June by £1.4m and by £1.9m YTD.



Other Operating Expenditure

Month 03 (June) 2022/23

| £000 | This Month | | | Year to Date | | | Annual |
|---|-----------------|-----------------|--------------|-----------------|-----------------|--------------|------------------|
| | Plan | Actual | Var. | Plan | Actual | Var. | Plan |
| Drugs | (6,714) | (7,406) | (692) | (20,178) | (20,912) | (734) | (80,094) |
| Clinical Supplies and Services - Clinical | (3,515) | (4,047) | (533) | (10,721) | (11,299) | (578) | (41,509) |
| Supplies and Services - Non-Clinical | (9,574) | (8,953) | 620 | (29,092) | (27,740) | 1,352 | (110,939) |
| Non Executive Directors | (19) | (16) | 3 | (56) | (45) | 11 | (229) |
| Purchase of Healthcare | (738) | (660) | 79 | (2,215) | (1,996) | 219 | (8,059) |
| Education & Training | (304) | (334) | (30) | (913) | (801) | 112 | (3,652) |
| Consultancy | (27) | (18) | 9 | (81) | (62) | 19 | (325) |
| Premises | (1,140) | (1,193) | (53) | (3,435) | (2,714) | 721 | (13,615) |
| Clinical Negligence | (2,275) | (2,139) | 136 | (6,695) | (6,417) | 278 | (26,591) |
| Transport | (259) | (261) | (3) | (781) | (729) | 52 | (2,935) |
| Establishment | (341) | (535) | (194) | (1,022) | (1,088) | (67) | (4,081) |
| Other | (1,118) | (1,248) | (130) | (2,367) | (3,700) | (1,333) | (10,752) |
| Depreciation & Amortisation-Owned Assets | (1,981) | (1,803) | 178 | (5,942) | (5,169) | 773 | (23,769) |
| Total Other Operating Expenditure | (28,004) | (28,613) | (609) | (83,499) | (82,674) | 825 | (326,549) |
| Profit/Loss on Asset Disposals | (125) | (8) | 117 | (125) | (8) | 117 | (500) |
| PDC Dividend | (774) | (677) | 97 | (2,547) | (2,386) | 161 | (9,545) |
| Interest Receivable | 181 | 215 | 34 | 543 | 620 | 77 | 2,171 |
| Interest Payable | (218) | (222) | (4) | (655) | (673) | (18) | (2,619) |
| Total Non Operating Expenditure | (937) | (692) | 245 | (2,784) | (2,447) | 338 | (10,493) |
| Total Expenditure | (28,941) | (29,305) | (364) | (86,283) | (85,121) | 1,162 | (337,043) |

Other operating expenditure is adverse to plan in June by £0.6m and favourable to plan by £0.8m YTD (1.01%). Expenditure on all Covid-19 non-pay streams is £0.4m in month and £1.3m YTD.

Drug spend is adverse to plan in June and YTD by £0.7m. Drugs historically classed as rechargeable which includes blood product deliveries and issues to homecare patients are adverse to plan in June by £0.7m, and by £0.3m YTD. All other drugs are marginally adverse to plan in month by less than £0.1m and by £0.4m YTD.

Supplies and services - clinical are adverse to plan in June by £0.5m and by £0.6m YTD. In month, activity driven overspends on consumables and prostheses totalling £0.4m (£0.7m YTD) and slippage against CIP targets of £0.2m (£0.4m YTD) are offset by an underspend on diagnostic scanning and reporting services of £0.2m (£0.6m YTD).

Supplies and services - non-clinical are favourable to plan in June by £0.6m and by £1.4m YTD, predominantly relating to slippage against the Operated Healthcare Facility contract (including cleaning costs) which is favourable to plan by £0.7m in June and £1.4m YTD. CIP programmes have slipped by £0.1m in month and £0.3m YTD, offset by slippage on planned developments.

Purchase of healthcare from the independent sector including the reduced use of Spencer beds is favourable to plan in month by £0.1m and by £0.2m YTD.

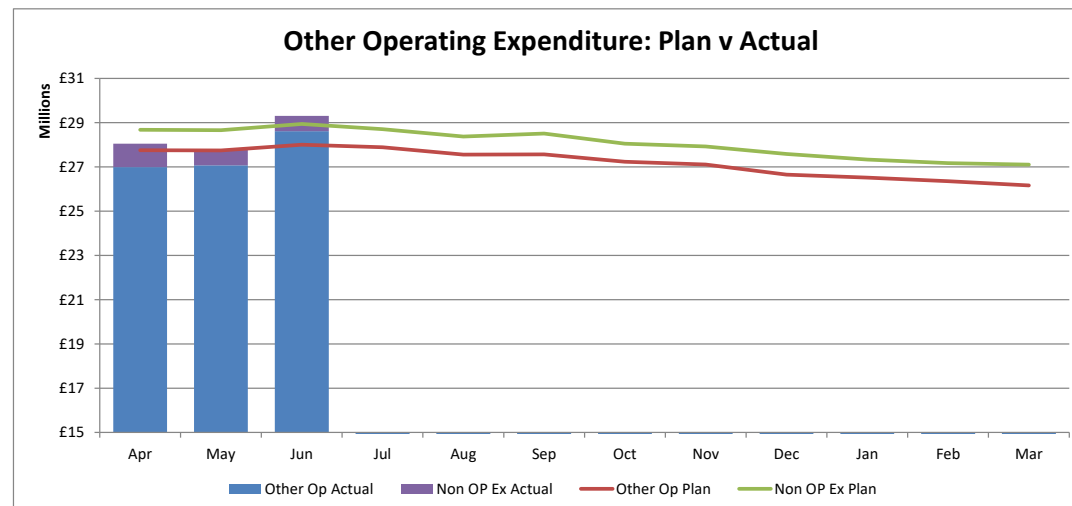
Premises costs are adverse to plan in month by less than £0.1m and favourable to plan by £0.7m YTD. YTD favourable variances on the rental of premises, building works and utilities total £0.6m.

Clinical negligence is favourable to plan in month by £0.1m and by £0.3m YTD, linked to the non-collection of the Maternity Incentive Scheme 2022-23.

Other expenditure is adverse to plan in June by £0.1m and by £1.3m YTD. In month, expenditure on work permits is above plan by £0.1m, and YTD is inclusive of costs for urgent treatment centres, overseas permits and legal costs

Depreciation continues to be below plan, by £0.2m in month and £0.8m YTD.

Other operating expenditure was £28.6m in June, an increase of £1.5m when compared to May. Increased expenditure on drugs (mainly high cost and clotting factors), clinical supplies, premises and establishment costs totalling £1.6m is offset by a reduction in non clinical supplies expenditure of £0.2m, mainly relating to the OHF contract.



Cost Improvement Summary

Month 03 (June) 2022/23

Delivery Summary

| Programme Themes £000 | This Month | | | Year to Date | | | Forecast | |
|-----------------------|--------------|--------------|-------------|--------------|--------------|--------------|---------------|-----------------|
| | Plan | Actual | Variance | Plan | Actual | Variance | Outturn | Variance |
| Agency | 275 | 127 | (148) | 717 | 335 | (382) | 2,131 | (3,430) |
| Bank | - | - | - | - | - | - | - | 0 |
| Workforce | 24 | 89 | 65 | 64 | 226 | 162 | 2,156 | 1,558 |
| Outpatients | - | - | - | - | - | - | - | - |
| Procurement | 78 | 47 | (31) | 216 | 47 | (169) | 1,076 | (724) |
| Medicines Value | 60 | - | (60) | 144 | - | (144) | 672 | (529) |
| Theatres | 144 | - | (144) | 288 | - | (288) | 1,277 | (1,723) |
| Care Group Schemes * | 702 | 998 | 296 | 1,628 | 1,508 | (121) | 9,186 | (5,997) |
| Sub-total | 1,283 | 1,261 | (22) | 3,057 | 2,116 | (941) | 16,497 | (10,844) |
| Central | 116 | 114 | (2) | 364 | 311 | (53) | 8,770 | 6,111 |
| Grand Total | 1,399 | 1,375 | (24) | 3,421 | 2,428 | (993) | 25,267 | (4,733) |

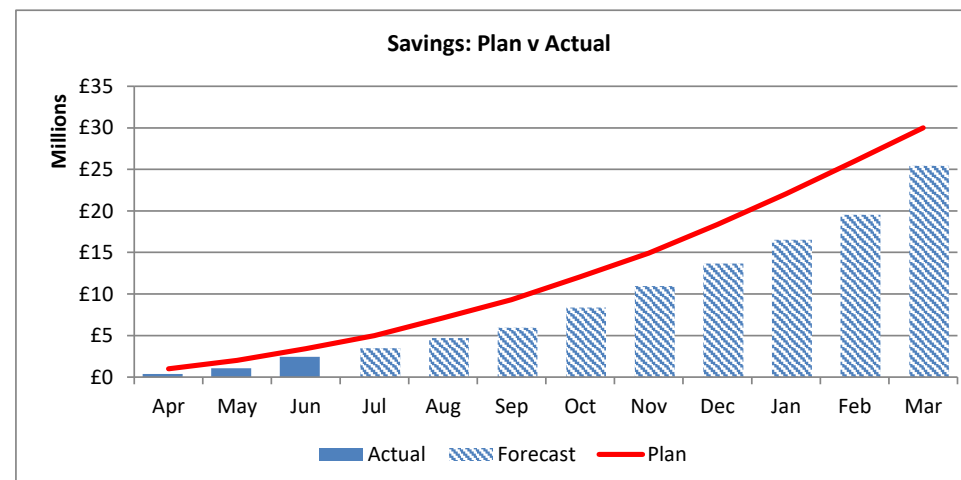
* Smaller divisional schemes not allocated to a work stream

Delivered £000

| Month | Target | Actual |
|-----------|---------------|--------------|
| April | 999 | 390 |
| May | 1,023 | 662 |
| June | 1,399 | 1,375 |
| July | 1,562 | |
| August | 2,129 | |
| September | 2,212 | |
| October | 2,733 | |
| November | 2,848 | |
| December | 3,446 | |
| January | 3,694 | |
| February | 3,945 | |
| March | 4,010 | |
| | 30,000 | 2,428 |

Efficiencies

The submitted Efficiencies plan for 2022/23 is £30m. The Trust achieved savings of £1.4m in June, which was on Plan. The in month performance relates to Care Groups catching up with previous underperformance. YTD underperformance in Central, Procurement and the timing of schemes in Theatres is currently being developed. Recurrent savings in June amounted to £0.3m, with £1.1m being on a non-recurrent basis. Recurrent savings YTD amount to £0.8m with £1.6m on a non-recurrent basis. A pipeline of ideas is being developed as the basis for delivery of the 2022/23 efficiency programme.



Capital Expenditure

Month 03 (June) 2022/23

| Capital Programme | Annual | Annual | Year to Date | | |
|---|---------------|---------------|--------------|--------------|----------------|
| £000 | Plan | Forecast | Plan | Actual | Variance |
| ED Expansion WHH & QEQM | 11,654 | 11,654 | 1,651 | 2,053 | (402) |
| 24 Bed ITU Kennington Carpark WHH | 350 | 350 | 350 | 379 | (29) |
| PEIC - Backlog maintenance/ Patient environment improvement | 3,750 | 3,750 | 736 | 1,154 | (418) |
| MDG - Medical equipment replacement (<£250k per item) | 1,136 | 1,136 | 90 | 361 | (271) |
| IDG - IT hardware/ systems replacement | 3,310 | 3,310 | 840 | 770 | 70 |
| New Interventional Radiology (IR) suite - K&C | 160 | 160 | 160 | 207 | (47) |
| Endovascular theatre (EVT) kit installation - K&C | 937 | 937 | | 12 | (12) |
| Clinical Trials Unit | 1,000 | 1,000 | 15 | 314 | (299) |
| Community Diagnostic Hub - BHD | 250 | 250 | 250 | 237 | 13 |
| Maternity Estates Review | 376 | 376 | | | |
| Refurbishment of SCBU QEQM and meeting IPC requirements | 341 | 341 | 20 | | 20 |
| Theatre 4&5 - AHU Replacement - KCH | 1,200 | 1,200 | 1,050 | 926 | 124 |
| Restore and Recovery | 250 | 250 | 83 | | 83 |
| East Kent Transformation Programme | 178 | 178 | 108 | 42 | 66 |
| Donated Assets | 900 | 900 | 225 | 184 | 41 |
| 2gether Support Solutions | | | | 18 | (18) |
| Other IFRS16 Assets | | | | 152 | (152) |
| All Other | | | | (140) | 140 |
| | 25,792 | 25,792 | 5,578 | 6,669 | (1,091) |
| Funded By: | | | | | |
| Depreciation | 19,200 | 19,200 | | | |
| Grants and Donations | 900 | 900 | | | |
| Public Dividend Capital | 5,192 | 5,192 | | | |
| In-year disposals | 500 | 500 | | | |
| | 25,792 | 25,792 | | | |

2022/23 Summary Capital Spend position - M3 (June 2022)

The Trust submitted the Final 5-year Capital Plan to NHSE/I on 28 April 2022, totalling £25.8m in 2022/23. The group gross capital year-to-date spend to the end of Month 3 is £6.7m, against the YTD Plan of £5.6m. This represents a £1.1m overspend.

The year-end forecast estimate as at M3 is not expected to exceed the planned capital allocation for the year, apart from the unfunded cost pressures arising as a result of the IFRS16 implementation.

The position reported is primarily driven by overspends totalling £1.6m, as a result of the overperformance in the following programmes:

- PEIC - £0.4m;
 - ED Expansion - £0.4m;
 - Clinical Trials Unit (CTU) - £0.3m;
 - MDG - £0.27m;
 - Impact of IFRS16 on leases - £0.15m;
 - Other smaller overspends (<£0.15m) - £0.1m;
- These are offset by underspend items totalling £0.5m:
- All other smaller schemes: £0.14m;
 - Theatres 4&5 - £0.12m;
 - Other smaller underspends (<£0.1m) - £0.29m

Impact of IFRS16:

The International Financial Reporting Standard 16 (IFRS16), applicable from 1st April 2022, significantly changed the way leases are reported by the Trust, as it removed the distinction between operating and finance leases. Almost all leases are therefore capitalised now, by recognising a lease liability and right of use asset on the balance sheet.

This means, in effect, that operating leases which were previously classed as revenue expenditure will now be recognised as capital expenditure.

Under the requirements of the new standard, the Trust incurred circa £0.15m of capital expenditure attributable to a cross charged lease which was not anticipated due to a lack of available information on the likely impact of IFRS16 during the 2022/23 Operational Planning.

The Trust is currently finalising an assessment of the impact of the IFRS16 implementation and determine the likely level of risk exposure of renewals and service developments for 2022/23 and beyond. An update will be provided in the next report. It is currently expected that this will be able to be managed in year due to an offsetting benefit.

Statement of Financial Position

Month 03 (June) 2022/23

| £000 | Opening | To Date | Movement |
|--------------------------------------|-----------------|-----------------|-------------------|
| Non-Current Assets | 419,559 | 420,633 | 1,073 ▲ |
| Current Assets | | | |
| Inventories | 5,527 | 6,105 | 577 ▲ |
| Trade Receivables | 17,933 | 9,176 | (8,757) ▼ |
| Accrued Income and Other Receivables | 16,689 | 27,184 | 10,495 ▲ |
| Assets Held For Sale | | | - |
| Cash and Cash Equivalents | 27,372 | 10,022 | (17,350) ▼ |
| Total Current Assets | 67,521 | 52,487 | (15,034) ▼ |
| Current Liabilities | | | |
| Payables | (37,923) | (50,153) | (12,230) ▲ |
| Accruals and Deferred Income | (54,360) | (37,795) | 16,565 ▼ |
| Provisions | (5,761) | (5,678) | 83 ▼ |
| Borrowing | (1,191) | (1,384) | (193) ▲ |
| Net Current Assets | (31,714) | (42,522) | (10,809) ▼ |
| Non Current Liabilities | | | |
| Provisions | (4,417) | (4,417) | - |
| Long Term Debt | (83,986) | (81,584) | 2,402 ▼ |
| Total Assets Employed | 299,442 | 292,109 | (7,333) ▼ |
| Financed by Taxpayers Equity | | | |
| Public Dividend Capital | 425,777 | 425,777 | - |
| Retained Earnings | (181,904) | (189,116) | (7,212) ▼ |
| Revaluation Reserve | 55,569 | 55,448 | (122) ▼ |
| Total Taxpayers' Equity | 299,442 | 292,109 | (7,333) ▼ |

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. 2022/23 is planned year for a "full" revaluation of the Groups estate (carried out every 5 years).

Trust closing cash balance was £10.0m (£20.7m May) £3.5m below plan. See cash report for further details.

Whist the plan was updated uin June to breakeven, the cash to match the move in plan has not been received. Delay in the receipt of a VAT claim has also contributed to the reduced cash figure in month. Discussions have commenced around agreeing a process for cash to be moved from the subsidiaries to the Trust to minimise or remove the need for borrowing.

Trade and other receivables have increased from the 2021/22 opening position by £0.8m (£11.8m reduction in June).

Payables have increased by £12.2m (£3.2m increase in June) See Working Capital sheet for more detail on debtors and creditors.

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.

A. General and Specialist Medicine

Month 03 (June) 2022/23

| Statement of Comprehensive Income £000 | This Month | | | Year to Date | | |
|--|-----------------|-----------------|--------------|-----------------|-----------------|--------------|
| | Plan | Actual | Var. | Plan | Actual | Var. |
| Income | | | | | | |
| Electives | 2,086 | 1,834 | (252) | 5,912 | 5,361 | (551) |
| Non-Electives | 7,916 | 6,457 | (1,459) | 23,488 | 19,953 | (3,534) |
| Outpatients | 2,877 | 2,165 | (712) | 7,912 | 6,325 | (1,587) |
| High Cost Drugs | 702 | 792 | 90 | 2,107 | 2,155 | 48 |
| Private Patients | 0 | 3 | 3 | 0 | 5 | 5 |
| Other NHS Clinical Income | 1,865 | 4,197 | 2,332 | 5,455 | 11,062 | 5,607 |
| Other Clinical Income | 0 | (2) | (2) | 0 | 11 | 11 |
| Total Income from Patient Care Activities | 15,447 | 15,447 | 0 | 44,873 | 44,873 | 0 |
| Other Operating Income | 73 | 114 | 42 | 190 | 218 | 27 |
| Total Income | 15,520 | 15,561 | 42 | 45,063 | 45,091 | 27 |
| Expenditure | | | | | | |
| Substantive Staff | (7,118) | (7,001) | 117 | (20,741) | (20,472) | 268 |
| Bank | (717) | (900) | (182) | (2,166) | (2,767) | (601) |
| Agency | (924) | (1,234) | (310) | (2,807) | (3,339) | (532) |
| Total Employee Expenses | (8,760) | (9,135) | (375) | (25,714) | (26,578) | (865) |
| Purchase of Healthcare | (212) | (142) | 71 | (737) | (449) | 287 |
| Supplies and Services Clinical | (1,122) | (1,159) | (37) | (3,269) | (3,374) | (105) |
| Supplies and Services General | (17) | (37) | (20) | (51) | (112) | (61) |
| Drugs | (1,284) | (1,191) | 94 | (3,757) | (3,803) | (45) |
| All Other, incl Transport | (124) | (224) | (100) | (474) | (589) | (114) |
| Depreciation & Amortisation | 0 | (15) | (15) | 0 | (16) | (16) |
| Total Operating Expenditure | (11,520) | (11,903) | (383) | (34,002) | (34,921) | (919) |
| Contribution | 4,000 | 3,658 | (341) | 11,062 | 10,170 | (892) |

The Care Group financial position is £0.9m adverse at the end of June, a deterioration of £0.3m. Income is on plan, expenditure is adverse by £0.9m primarily due to Bank incentive payments, Covid-19 costs, Medical and Nursing Agency.

Clinical Income:

Clinical Income is on-plan in line with the Aligned Incentive Contract. The income position is topped-up by £5.6m due to underperformances in all PODs, particularly non-elective and outpatients which are under plan by £3.5m and £1.6m respectively YTD.

Other Income:

Pay:

June pay spend is £0.35m higher than May and is £0.38m adverse, the driver being premium pay. The pay position is £0.9m adverse YTD.

Continuation of the Nursing and HCA Bank incentive has caused £0.1m adverse but this ceased at the end of April. Increases to Medical Consultant Agency and Nursing Agency contribute to the remainder of the adverse position.

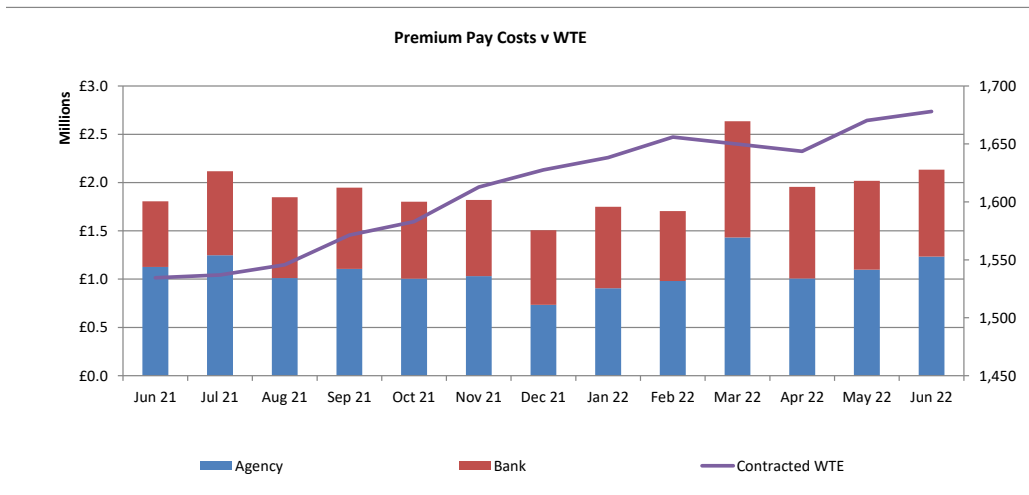
Premium pay is a driver metric within GSM and countermeasures are in place which will contribute to reducing premium pay by the target of 10%. However, this has been trending upwards and is now over £2m a month.

Non-Pay:

Non-Pay is on plan this month, and is on plan YTD.

Savings:

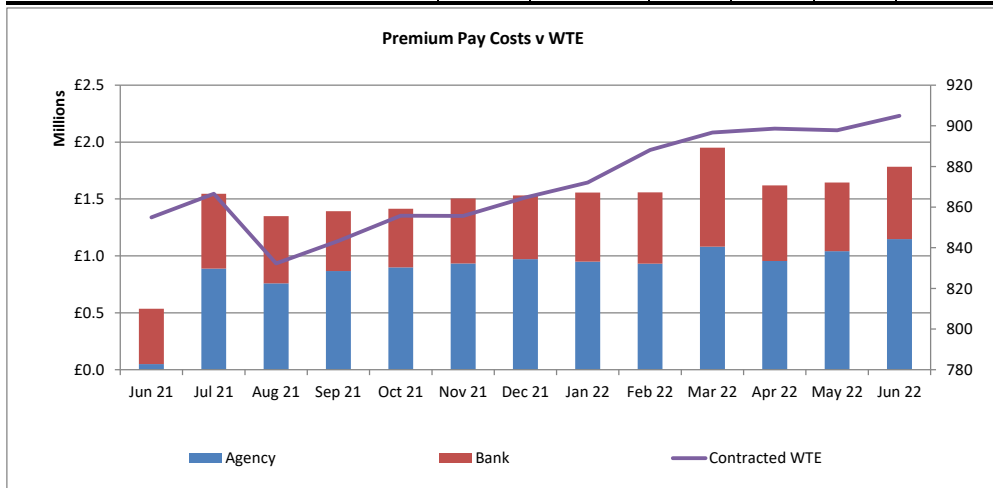
Savings are on course to be £2.5m adverse YTD.



A. Urgent and Emergency Care

Month 03 (June) 2022/23

| Statement of Comprehensive Income | This Month | | | Year to Date | | |
|--|----------------|----------------|--------------|-----------------|-----------------|----------------|
| | Plan | Actual | Var. | Plan | Actual | Var. |
| £000 | | | | | | |
| Income | | | | | | |
| Electives | 86 | 82 | (4) | 235 | 230 | (5) |
| Non-Electives | 4,845 | 3,676 | (1,170) | 14,516 | 11,798 | (2,718) |
| Accident and Emergency | 4,707 | 3,844 | (863) | 13,439 | 11,408 | (2,031) |
| Outpatients | 67 | 61 | (6) | 183 | 182 | (1) |
| High Cost Drugs | 9 | 9 | 0 | 27 | 57 | 30 |
| Other NHS Clinical Income | 0 | 2,311 | 2,311 | 0 | 4,730 | 4,730 |
| Other Clinical Income | 272 | 3 | (269) | 272 | 267 | (5) |
| Total Income from Patient Care Activities | 9,986 | 9,986 | 0 | 28,671 | 28,671 | 0 |
| Other Operating Income | 0 | (6) | (6) | 7 | 3 | (5) |
| Total Income | 9,986 | 9,980 | (6) | 28,678 | 28,674 | (5) |
| Expenditure | | | | | | |
| Substantive Staff | (4,097) | (4,251) | (153) | (12,401) | (12,487) | (85) |
| Bank | (578) | (635) | (57) | (1,732) | (1,901) | (169) |
| Agency | (823) | (1,148) | (325) | (2,411) | (3,145) | (735) |
| Total Employee Expenses | (5,497) | (6,033) | (536) | (16,544) | (17,533) | (989) |
| Purchase of Healthcare | (2) | 0 | 1 | (5) | 0 | 5 |
| Supplies and Services Clinical | (157) | (191) | (35) | (471) | (563) | (92) |
| Supplies and Services General | (29) | (87) | (58) | (87) | (208) | (121) |
| Drugs | (174) | (206) | (32) | (575) | (637) | (61) |
| All Other, incl Transport | (761) | (806) | (45) | (2,290) | (2,297) | (7) |
| Depreciation & Amortisation | (8) | (7) | 1 | (17) | (22) | (5) |
| Total Operating Expenditure | (6,628) | (7,331) | (703) | (19,990) | (21,260) | (1,270) |
| Non Operating Expenses | 0 | (1) | (1) | 0 | (2) | (2) |
| Contribution | 3,358 | 2,649 | (709) | 8,689 | 7,413 | (1,276) |



The Care Group's position was £0.7m adverse to plan in June, driven mainly by overspends associated with premium pay.

Income:

Attendance activity data is being reviewed. The aligned incentive contract 'top up' adjustment was £2.3m in month and £4.7m YTD. The position is driven by a combination of forecast growth not materialising in full and changes to case mix from 2021/22 now that it is no longer mandatory to capture detailed coding information for Urgent Treatment Centre attendances. It is probable that the income plan will be re-cast to allow for these changes in coding requirements.

Employee Expenses:

Pay was £0.54m overspent in June. The overspend is driven by a number of factors:

- Premium Pay- In total, £2.2m was spent on premium pay (agency/bank/locum/overtime) which was £0.33m higher than last month. Average monthly expenditure is £0.2m higher than last year's average (and budgets are set at the average- i.e. 2021/22 outturn);
- A £0.08m savings shortfall;
- Expansion of unfunded areas e.g. additional beds at the WHH AMU and the MEAU at WHH. Estimated cost: £0.12m per month;
- Mental health agency nursing/bank costs to support an increase in patient attendances requiring support. Estimated cost: £0.14m per month.

In a step to improve financial accountability, a Project Group is working to ensure GSM acute ward cover costs and budgets are allocated to GSM.

Despite the rise in premium pay, Covid-19 expenditure was just £0.02m in month- a reduction of £0.04m on last month and £0.06m below the Covid-19 budget allocation.

Other Operating Expenditure:

Non-pay was £0.17m adverse to plan in June and is £0.28m adverse YTD. Savings shortfalls are a factor, as well as pressures on drugs and clinical supply budgets due to activity growth on 2021/22 levels and because expenditure budgets have not increased in line with the growth. However, the largest overspend is caused by recharges from 2gether for 'ad hoc' cleaning. The Care Group is investigating the reasons for the recharges (averaging over £0.06m a month), particularly the reasons why these cleaning/housekeeping requirements were not included in core contract services.

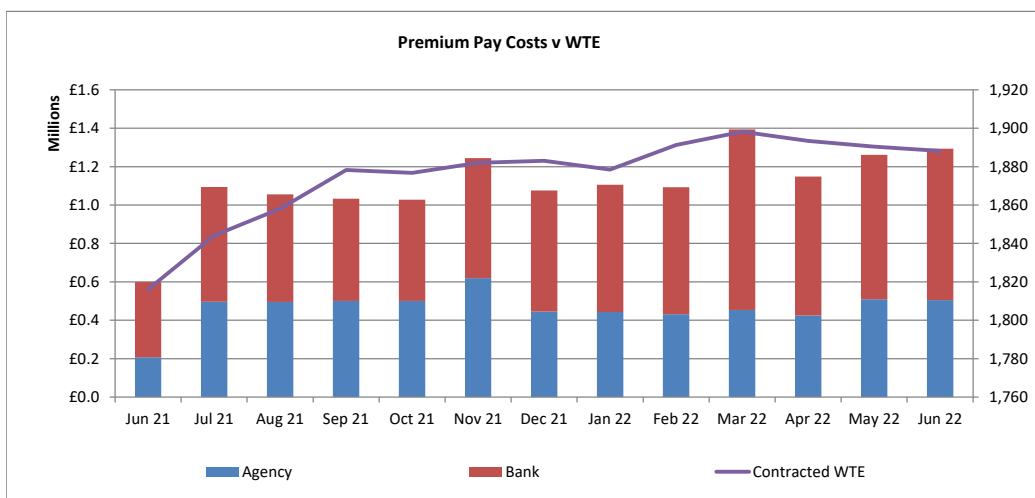
CIPs: A small amount of non-recurrent pay slippage savings was recognised this month. The shortfall against target was £0.1m. Phasing of the target is relatively low in Q1 and picks up significantly in Q3/Q4. This will put further pressure on the Care Group's financial position.

A. Surgery and Anaesthetics

Month 03 (June) 2022/23

Statement of Comprehensive Income

| £000 | This Month | | | Year to Date | | |
|--|-----------------|-----------------|--------------|-----------------|-----------------|----------------|
| | Plan | Actual | Var. | Plan | Actual | Var. |
| Income | | | | | | |
| Electives | 4,208 | 3,545 | (663) | 11,448 | 10,277 | (1,171) |
| Non-Electives | 4,811 | 4,078 | (732) | 14,472 | 12,131 | (2,341) |
| Outpatients | 1,361 | 1,534 | 173 | 3,844 | 4,264 | 420 |
| High Cost Drugs | 33 | 69 | 36 | 99 | 135 | 36 |
| Private Patients | 0 | 0 | 0 | 0 | 5 | 5 |
| Other NHS Clinical Income | 1,670 | 2,847 | 1,177 | 4,947 | 7,985 | 3,039 |
| Other Clinical Income | 0 | 9 | 9 | 0 | 13 | 13 |
| Total Income from Patient Care Activities | 12,083 | 12,083 | 0 | 34,811 | 34,811 | 0 |
| Other Operating Income | 56 | 68 | 13 | 143 | 182 | 39 |
| Total Income | 12,138 | 12,151 | 13 | 34,953 | 34,992 | 39 |
| Expenditure | | | | | | |
| Substantive Staff | (8,512) | (8,675) | (163) | (25,508) | (25,463) | 45 |
| Bank | (472) | (788) | (316) | (1,465) | (2,264) | (799) |
| Agency | (348) | (505) | (157) | (1,132) | (1,439) | (307) |
| Total Employee Expenses | (9,332) | (9,968) | (636) | (28,105) | (29,166) | (1,061) |
| Purchase of Healthcare | (0) | 0 | | (1) | (1) | (1) |
| Supplies and Services Clinical | (1,697) | (1,847) | (150) | (5,147) | (5,250) | (102) |
| Supplies and Services General | (50) | (59) | (9) | (156) | (166) | (10) |
| Drugs | (425) | (374) | 51 | (1,206) | (1,269) | (63) |
| All Other, incl Transport | (157) | (194) | (37) | (566) | (624) | (59) |
| Total Operating Expenditure | (11,661) | (12,442) | (782) | (35,181) | (36,476) | (1,296) |
| Contribution | 478 | (291) | (769) | (227) | (1,484) | (1,257) |



The Care Group is £1.3m adverse to plan YTD, mostly as a result from Pay overspends.

Income:

SLA Income has been adjusted YTD to break-even by £2.6m.

Electives are £1.2m adverse YTD, with both Orthopaedics £0.7m and Urology £0.4m below plan.

Non-Electives are £2.3m adverse YTD, with General Surgery £0.7m, Orthopaedics £0.8m and Urology £0.7m below plan.

Outpatients are £0.4m favourable YTD.

Pay:

Pay is adverse by £1.0m YTD.

Bank £0.8m & Agency £0.3m staffing overspends are partly from the continuation of additional staffing for Covid-19, but for which the funding has reduced from last year by 55%, but also in covering a high level of vacancies both in Nursing and HCA's. In addition, there is no Substantive staffing underspend to offset Bank & Agency, since any vacancy underspends have been offset against the CIP target non-recurrently until the efficiency schemes start to deliver.

Non-Pay:

Non-Pay is adverse by £0.2m YTD.

This adverse position is mainly due to the Non-Pay CIP targets which have instead been achieved within Pay.

Covid-19:

Covid-19 additional costs incurred of £0.6m are in the above all relating to temporary staffing, but only £0.3m has been funded.

CIPs:

CIPs target YTD of £0.56m has been fully met, but mostly from non-recurrent pay underspends whilst plans are worked on to progress recurrent schemes.

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

Month 03 (June) 2022/23

Statement of Comprehensive Income

| £000 | This Month | | | Year to Date | | |
|--|----------------|----------------|-------------|----------------|----------------|------------|
| | Plan | Actual | Var. | Plan | Actual | Var. |
| Income | | | | | | |
| Electives | 1,568 | 1,458 | (110) | 4,138 | 3,994 | (144) |
| Non-Electives | 194 | 144 | (50) | 580 | 403 | (176) |
| Outpatients | 2,073 | 2,105 | 32 | 5,775 | 5,640 | (135) |
| High Cost Drugs | 322 | 432 | 110 | 965 | 908 | (57) |
| Private Patients | 0 | 13 | 13 | 0 | 19 | 19 |
| Other NHS Clinical Income | 255 | 255 | 0 | 577 | 1,065 | 487 |
| Other Clinical Income | 0 | 4 | 4 | 0 | 6 | 6 |
| Total Income from Patient Care Activities | 4,411 | 4,411 | 0 | 12,034 | 12,034 | 0 |
| Other Operating Income | 9 | 12 | 2 | 28 | 23 | (5) |
| Total Income | 4,421 | 4,423 | 2 | 12,062 | 12,058 | (5) |
| Expenditure | | | | | | |
| Substantive Staff | (1,770) | (1,769) | 1 | (5,423) | (5,082) | 341 |
| Bank | (84) | (58) | 27 | (253) | (252) | 1 |
| Agency | (44) | (159) | (115) | (133) | (252) | (119) |
| Total Employee Expenses | (1,898) | (1,985) | (87) | (5,808) | (5,586) | 222 |
| Purchase of Healthcare | (58) | (64) | (6) | (173) | (190) | (17) |
| Supplies and Services Clinical | (80) | (64) | 16 | (215) | (207) | 8 |
| Supplies and Services General | (3) | (5) | (2) | (8) | (12) | (4) |
| Drugs | (471) | (467) | 3 | (1,303) | (1,380) | (77) |
| All Other, incl Transport | (43) | (36) | 7 | (66) | (81) | (15) |
| Total Operating Expenditure | (2,553) | (2,622) | (69) | (7,574) | (7,457) | 117 |
| Contribution | 1,868 | 1,802 | (66) | 4,488 | 4,601 | 113 |

The Care Group is £0.1m favourable YTD, with prior months' pay underspends.

Income:

SLA Income has been adjusted YTD to break-even by £0.7m.

Electives are £0.1m adverse YTD, mainly from below plan Ophthalmology day case activity.

Non-Elective Income is £0.2m adverse YTD, mainly as a result of a cheaper case mix of ENT activity whereas overall activity is slightly above plan.

Outpatients is £0.1m adverse YTD mainly from below plan Breast Surgery, Ophthalmology & Orthoptics activity.

Pay:

Pay is favourable by £0.2m YTD.

Substantive staffing is £0.3m underspent, which is slightly offset with an Agency overspend of £0.1m.

Non-Pay:

Non-Pay is adverse by £0.1m YTD.

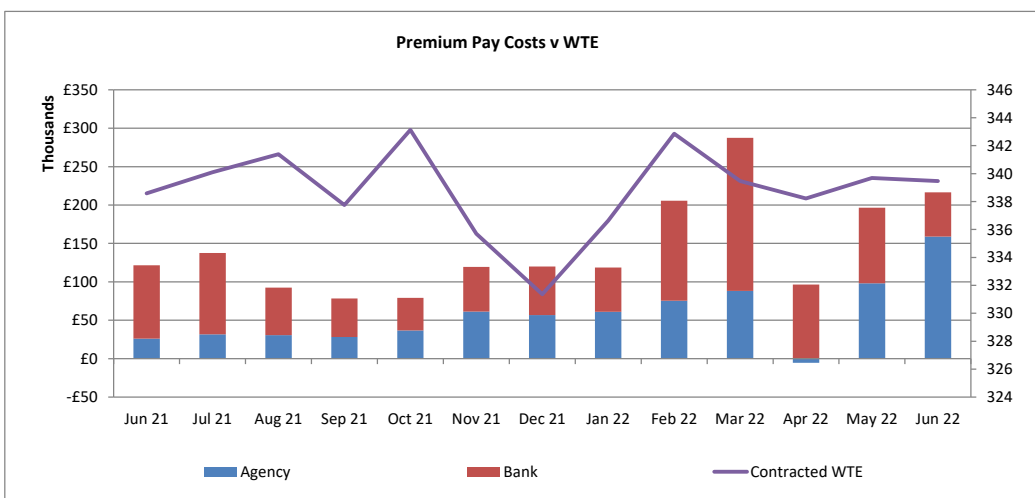
Drugs are overspent by £0.08m YTD and remain under review.

Covid-19:

Negligible Covid-19 costs have been incurred YTD.

CIPs:

CIP target YTD of £0.09m has been fully met, but mostly from non- recurrent pay underspends whilst plans are worked on to progress recurrent schemes.



A. Clinical Support

Month 03 (June) 2022/23

| Statement of Comprehensive Income | This Month | | | Year to Date | | |
|--|-----------------|-----------------|--------------|-----------------|-----------------|--------------|
| | Plan | Actual | Var. | Plan | Actual | Var. |
| £000 | | | | | | |
| Income | | | | | | |
| Electives | 49 | 48 | (1) | 136 | 140 | 4 |
| Non-Electives | 4 | 0 | (4) | 4 | 0 | (4) |
| Outpatients | 721 | 688 | (34) | 1,978 | 2,117 | 139 |
| High Cost Drugs | 1,515 | 1,555 | 40 | 4,546 | 3,830 | (715) |
| Private Patients | 0 | 0 | 0 | 0 | 0 | 0 |
| Other NHS Clinical Income | 4,710 | 4,709 | (1) | 10,698 | 11,273 | 575 |
| Total Income from Patient Care Activities | 7,000 | 7,000 | 0 | 17,362 | 17,361 | 0 |
| Other Operating Income | 785 | 895 | 110 | 2,356 | 2,230 | (126) |
| Total Income | 7,785 | 7,895 | 110 | 19,718 | 19,591 | (126) |
| Expenditure | | | | | | |
| Substantive Staff | (6,205) | (6,243) | (39) | (18,418) | (18,456) | (38) |
| Bank | (114) | (134) | (20) | (341) | (437) | (96) |
| Agency | (54) | (185) | (131) | (164) | (361) | (196) |
| Total Employee Expenses | (6,373) | (6,562) | (189) | (18,924) | (19,254) | (331) |
| Purchase of Healthcare | (1) | (3) | (1) | (4) | (6) | (2) |
| Supplies and Services Clinical | (2,800) | (3,210) | (411) | (8,632) | (9,043) | (411) |
| Supplies and Services General | (20) | (23) | (3) | (59) | (72) | (13) |
| Drugs | (1,920) | (1,961) | (41) | (4,910) | (5,015) | (104) |
| All Other, incl Transport | (329) | (238) | 91 | (982) | (906) | 76 |
| Depreciation & Amortisation | 0 | (26) | (26) | 0 | (77) | (77) |
| Total Operating Expenditure | (11,443) | (12,023) | (580) | (33,511) | (34,373) | (861) |
| Non Operating Expenses | 0 | (1) | (1) | 0 | (4) | (4) |
| Contribution | (3,657) | (4,129) | (472) | (13,794) | (14,785) | (991) |

Income:

There was a £0.5m decrease in income in relation to CSS direct activity and rechargeable drugs. This was seen across all departments in the Care Group. The overall adjustment to plan is now £0.18m year to date with overperformance in Radiology, Pathology and Therapies. Pharmacy and Audiology Direct access are not yet hitting their plans.

Other Income:

There was a good element of recovery within the Non-patient care income category this month in Pharmacy for the recharge of Spencer AMD drugs and also in Pathology on Private hospital lab work undertaken. Radiology was also above plan in month. This has now reduced the year to date deficit which still has reduced income particularly with regards to research and development income streams which has fallen off since the Covid-19 pandemic.

Pay:

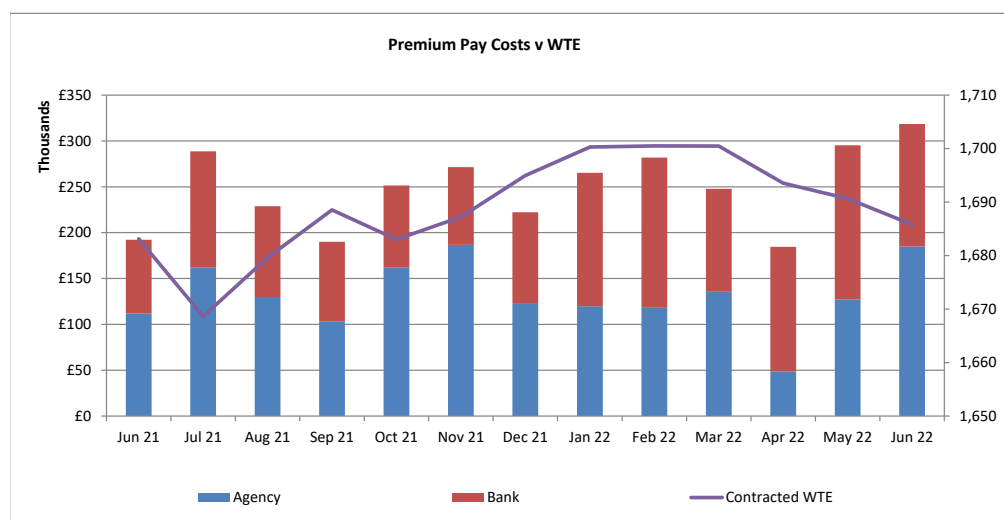
Pay costs have materially increased this month (£0.2m), specifically in Radiology where there has been a catch up on waiting list pay costs not accrued last month. The main driver of these payments in Radiology are to pay for additional Radiologist and sonographer sessions to meet demand and improve the backlog. Radiology has the largest overspend on pay in the Care Group and are still carrying 63 WTE vacancies. There is an overspend in Therapies in relation to the Integrated Discharge Team cost which has not yet been drawn down into the CSS baseline - this will improve the position by £0.14m next month. Pathology Middle grade medical staff are overspent on Histopathology, however there are still consultant vacancies driving waiting list and agency costs in the department.

Non-pay:

There are £0.2m of unachieved savings target in the position this month, £0.4m year to date. The Care Group is still in the process of working up deliverable efficiency schemes. There are a number of schemes which enable increased productivity however crystallising cash releasing schemes are proving to be more of a challenge, particularly in the context of delivering the increasing diagnostics demand, turnaround target and backlogs. There is a cost pressure within Audiology on hearing aids in month bringing the year to date overspend to £0.1m. Within Radiology there has been a duplicate accrual for the CDC CT scanner which will be corrected next month - impact (£0.1m). A credit note is expected regarding Pathology point of care testing for £0.1m which was not accrued this month.

Covid-19 Costs: Inside envelope are low at £0.02m again this month. Outside envelope Pay costs were as expected for Covid-19 testing laboratory and Point of Care costs £0.2m.

CIP: £0.07m achieved YTD; under plan £0.4m YTD



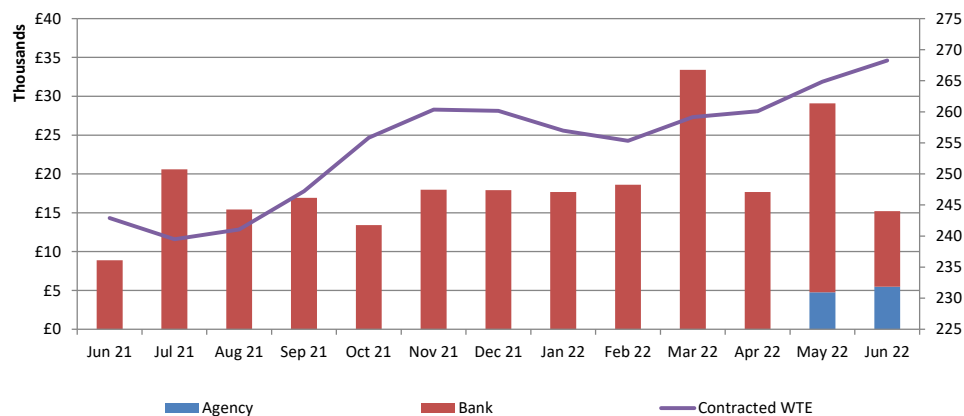
A. Cancer Services

Month 03 (June) 2022/23

Statement of Comprehensive Income

| £000 | This Month | | | Year to Date | | |
|--|----------------|----------------|--------------|-----------------|-----------------|--------------|
| | Plan | Actual | Var. | Plan | Actual | Var. |
| Income | | | | | | |
| Electives | 499 | 242 | (257) | 1,453 | 1,501 | 48 |
| Non-Electives | 39 | 68 | 29 | 83 | 152 | 69 |
| Outpatients | 1,332 | 1,203 | (130) | 3,686 | 3,513 | (173) |
| High Cost Drugs | 2,387 | 2,605 | 218 | 7,162 | 7,686 | 524 |
| Other NHS Clinical Income | 832 | 1,139 | 307 | 2,411 | 2,112 | (298) |
| Other Clinical Income | 0 | 0 | 0 | 0 | (1) | (1) |
| Total Income from Patient Care Activities | 5,090 | 5,258 | 168 | 14,795 | 14,963 | 168 |
| Other Operating Income | 93 | 84 | (9) | 279 | 249 | (30) |
| Total Income | 5,183 | 5,342 | 160 | 15,074 | 15,212 | 138 |
| Expenditure | | | | | | |
| Substantive Staff | (1,029) | (1,037) | (9) | (3,087) | (3,053) | 34 |
| Bank | (17) | (10) | 7 | (50) | (52) | (1) |
| Agency | 0 | (5) | (6) | 0 | (10) | (11) |
| Total Employee Expenses | (1,045) | (1,053) | (7) | (3,137) | (3,115) | 22 |
| Purchase of Healthcare | (1) | (6) | (5) | (3) | (6) | (3) |
| Supplies and Services Clinical | (212) | (227) | (15) | (635) | (656) | (21) |
| Supplies and Services General | 23 | (8) | (31) | 49 | (23) | (71) |
| Drugs | (2,757) | (2,841) | (83) | (7,930) | (8,034) | (104) |
| All Other, incl Transport | (44) | (44) | (1) | (131) | (128) | 3 |
| Total Operating Expenditure | (4,036) | (4,178) | (142) | (11,787) | (11,962) | (175) |
| Contribution | 1,147 | 1,164 | 18 | 3,287 | 3,251 | (36) |

Premium Pay Costs v WTE



Income:

The overarching adjustment to Income plan was £0.2m this month reflecting an overperformance on rechargeable drugs costs in Clinical Haematology and Oncology and blood products in Clinical Haemophilia. Clinical Oncology outpatients, MDTs and regular day attenders are above activity plan in month, although the outpatient's income value is under indicating lower case mix.

Employee Expenses:

Pay costs were overspent in month and slightly higher than last month, however remain within budget year to date.

Other Operating Expenditure:

Drugs costs increased in month 3 (£2.8m). The continues to be an overspend on non-rechargeable drugs, particularly in Clinical Haematology this month which was previously underspent. The team are going to analyse the prescriptions issued to consider whether any mitigation can be made against the rising cost pressure.

Within the Supplies and Services General line is the savings target for the Care Group which is mainly being delivered through pay slippage.

Covid-19:

Inside Envelope - There was no Covid-19 costs reported in June.

CIP:

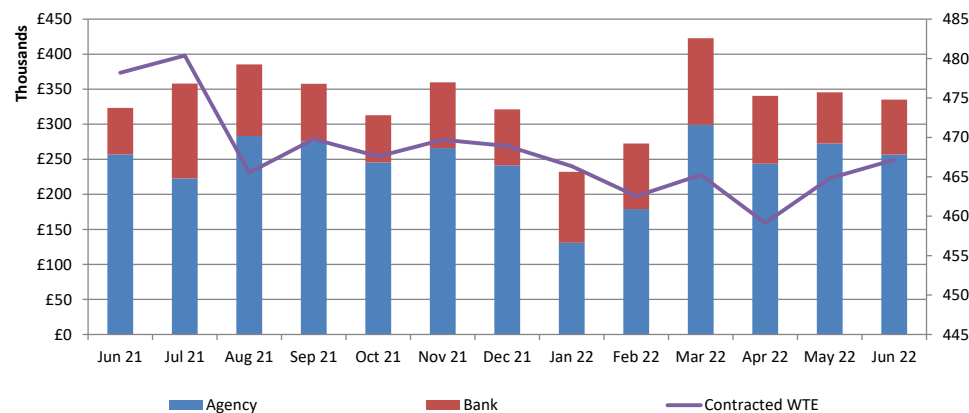
CIP achieved so far this year is through non-recurrent pay slippage of £0.06m which has almost met plan. The Care Group are working on other cash releasing and non-cash releasing schemes.

A. Child Health

Month 03 (June) 2022/23

| Statement of Comprehensive Income £000 | This Month | | | Year to Date | | |
|--|----------------|----------------|-------------|----------------|----------------|-------------|
| | Plan | Actual | Var. | Plan | Actual | Var. |
| Income | | | | | | |
| Electives | 56 | 53 | (3) | 152 | 175 | 23 |
| Non-Electives | 529 | 739 | 211 | 1,391 | 1,993 | 602 |
| Outpatients | 766 | 707 | (59) | 2,094 | 2,104 | 10 |
| High Cost Drugs | 24 | 26 | 2 | 72 | 63 | (9) |
| Other NHS Clinical Income | 1,587 | 1,436 | (150) | 4,615 | 3,989 | (626) |
| Total Income from Patient Care Activities | 2,962 | 2,962 | 0 | 8,324 | 8,324 | 0 |
| Other Operating Income | 83 | 83 | 0 | 255 | 255 | 0 |
| Total Income | 3,045 | 3,045 | 0 | 8,580 | 8,579 | 0 |
| Expenditure | | | | | | |
| Substantive Staff | (2,319) | (2,249) | 70 | (6,912) | (6,664) | 248 |
| Bank | (87) | (78) | 9 | (262) | (248) | 14 |
| Agency | (172) | (257) | (85) | (533) | (773) | (240) |
| Total Employee Expenses | (2,579) | (2,585) | (6) | (7,707) | (7,685) | 22 |
| Purchase of Healthcare | (1) | 0 | 1 | (2) | (2) | (1) |
| Supplies and Services Clinical | (149) | (190) | (41) | (460) | (486) | (25) |
| Supplies and Services General | (12) | (16) | (4) | (36) | (43) | (6) |
| Drugs | (98) | (107) | (9) | (305) | (331) | (26) |
| All Other, incl Transport | (52) | (36) | 16 | (156) | (133) | 23 |
| Total Operating Expenditure | (2,891) | (2,934) | (43) | (8,666) | (8,680) | (13) |
| Contribution | 154 | 111 | (43) | (87) | (100) | (13) |

Premium Pay Costs v WTE



The Care Group's position was £0.04m adverse in June.

Income:

Overall activity was 4% below plan in June but is still above plan by 3% YTD. Outpatient follow up activity was relatively low compared to trend/plan but is expected to pick up again next month with additional clinics being organised. In any case, this was offset by other income areas performing above plan in June, in particular, higher tariff non-elective activity and income.

Consequently, the contract adjustment to 'dampen' overperformance was £0.3m in June and is £1.0m YTD.

Employee Expenses:

Pay was almost breakeven in month and is relatively consistent. The overall 'run rate' was slightly (£0.03m) lower than last month and marginally higher (£0.03m) than the average for the year.

The reduction on last month is largely due to retrospective specialist outreach clinic recharges from London trusts being registered in May, thereby pushing up costs.

Premium pay costs (agency/bank/locum/overtime) totalled £0.38m in June, relatively unchanged on last month, but £0.01m higher than the average for 2021/22 (and budgets are set at the average - i.e. 2021/22 outturn). Premium pay expenditure is driven by three main factors:

- Nursing agency/bank, due to ward vacancies and mental health admissions.
- Medical agency due to vacancies and sickness across the medical teams.
- Consultant resource being used to address issues with endoscopy waiting times.

Covid-19 expenditure was comparable to last month and comfortably within the Covid-19 budget allocation.

Other Operating Expenditure:

Non-Pay was £0.04m overspent in June. Drug related overspends are contributing, and are due to the increased activity levels. Savings shortfalls are also a factor. However, the main issue is a £0.03m overspend related to insulin pumps and consumables due to growth in patients allocated with pumps. These costs are no longer rechargeable to commissioners.

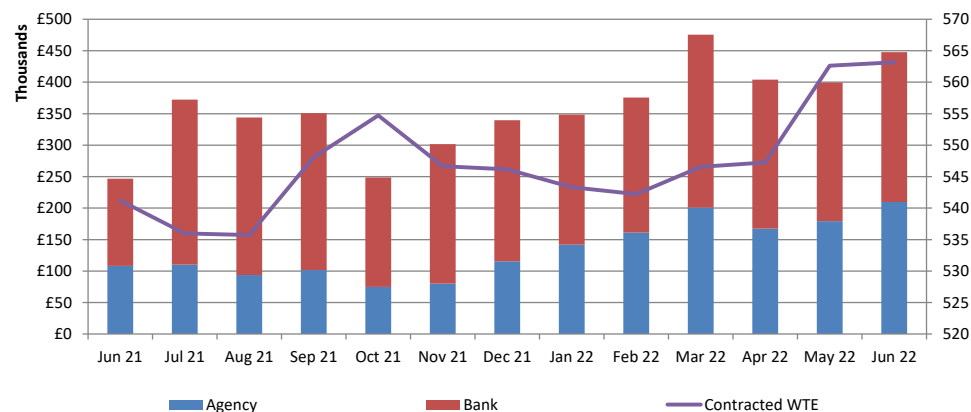
CIPs: Pay slippage was recognised as a non-recurrent saving again this month. Currently, the Care Group's overall target is being met this way. Phasing of the target is relatively low in Q1 and picks up significantly in Q3/Q4. Further schemes are required to prevent a deterioration in the financial position.

A. Women's Health

Month 03 (June) 2022/23

| Statement of Comprehensive Income £000 | This Month | | | Year to Date | | |
|--|----------------|----------------|-----------|-----------------|-----------------|-------------|
| | Plan | Actual | Var. | Plan | Actual | Var. |
| Income | | | | | | |
| Electives | 562 | 639 | 76 | 1,545 | 1,798 | 254 |
| Non-Electives | 2,154 | 2,187 | 33 | 6,497 | 6,265 | (232) |
| Outpatients | 482 | 460 | (22) | 1,344 | 1,318 | (26) |
| High Cost Drugs | 1 | 0 | (1) | 3 | 0 | (3) |
| Other NHS Clinical Income | 1,275 | 1,184 | (91) | 3,776 | 3,777 | 1 |
| Other Clinical Income | 0 | 5 | 5 | 0 | 7 | 7 |
| Total Income from Patient Care Activities | 4,474 | 4,474 | 0 | 13,164 | 13,164 | 0 |
| Other Operating Income | 29 | 30 | 0 | 79 | 82 | 3 |
| Total Income | 4,504 | 4,504 | 0 | 13,243 | 13,246 | 3 |
| Expenditure | | | | | | |
| Substantive Staff | (2,707) | (2,467) | 239 | (8,022) | (7,462) | 560 |
| Bank | (136) | (238) | (102) | (409) | (695) | (285) |
| Agency | (113) | (210) | (97) | (342) | (556) | (214) |
| Total Employee Expenses | (2,956) | (2,915) | 41 | (8,773) | (8,713) | 60 |
| Purchase of Healthcare | (1) | (1) | (3) | (1) | (1) | 2 |
| Supplies and Services Clinical | (133) | (142) | (9) | (384) | (391) | (6) |
| Supplies and Services General | (3) | (7) | (3) | (10) | (20) | (10) |
| Drugs | (88) | (81) | 7 | (265) | (283) | (17) |
| All Other, incl Transport | (825) | (848) | (24) | (2,445) | (2,487) | (42) |
| Total Operating Expenditure | (4,006) | (3,994) | 13 | (11,882) | (11,895) | (13) |
| Contribution | 497 | 510 | 13 | 1,361 | 1,351 | (10) |

Premium Pay Costs v WTE



The Care Group's position was £0.01m favourable to plan in June.

Income:

With the exception of outpatient follow up and maternity pathway activity, income was above plan across other points of delivery. The contract adjustment to 'dampen' overperformance was negligible in June and is £0.07m YTD.

Employee Expenses:

Pay was £0.04m favourable to plan in June. The overall pay 'run-rate' increased by £0.05m on last month, due mainly to rises in premium pay.

Premium pay cost (agency/bank/locum/overtime) totalled £0.51m in June, an increase of £0.06m on last month, with rises in medical and nursing/midwifery agency, midwifery bank and internal medical locum costs contributing. This year's average monthly spend is also £0.06m higher than last year's (and budgets are set at the average- i.e. 2021/22 outturn). Also, due to continued concerns over midwifery staffing levels, enhanced bank rates came back into effect during June. Unless premium pay costs start to decline further, the budget will come under increasing pressure later in the year.

Covid-19 expenditure was immaterial in month- it reduced by £0.07m and was £0.03m below the Covid-19 budget allocation in June.

Other Operating Expenditure:

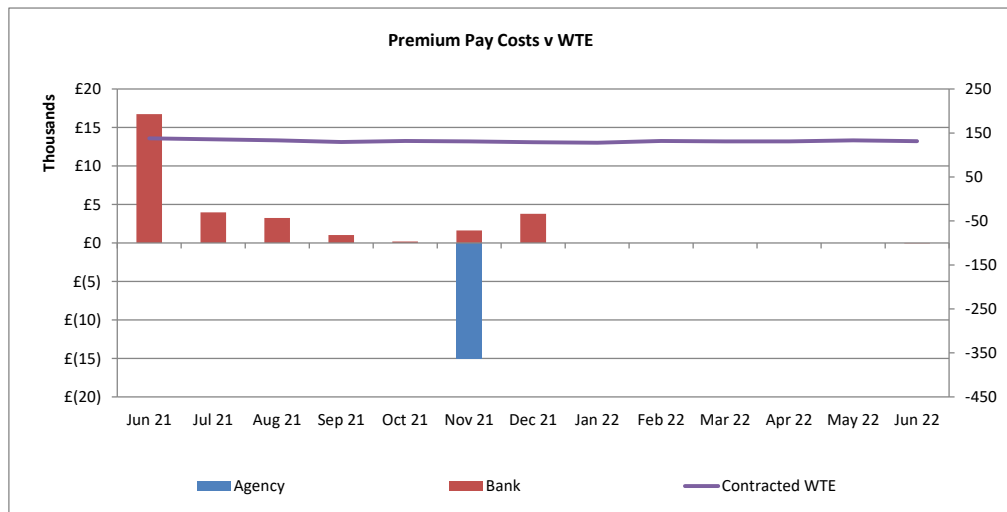
Non-Pay was £0.03m overspent in June. Drugs and clinical supply overspend are thought to be due to activity increases. A further notable pressure on the budget this month was caused by expected new rental charges for the use of clinic space used by Community Midwifery..

CIPs: £0.13m of savings were achieved, leaving a minor savings shortfall YTD. The Care Group's main savings scheme relates to a £1.36m reduction of the CNST premium and this accounts for the majority of the £1.64m target. Phasing of the target (which is unrelated to CNST) is relatively low in Q1, but picks up more significantly in Q3/Q4. Further recurrent schemes are required to prevent a deterioration in the financial position.

A. Strategic Development and Capital Planning

Month 03 (June) 2022/23

| Statement of Comprehensive Income £000 | This Month | | | Year to Date | | |
|---|----------------|----------------|-------------|-----------------|-----------------|-------------|
| | Plan | Actual | Var. | Plan | Actual | Var. |
| Income | | | | | | |
| Non Patient Care Services | 53 | 5 | (48) | 152 | 231 | 79 |
| Car Parking | 109 | 142 | 33 | 327 | 386 | 59 |
| Staff Accommodation | 201 | 155 | (46) | 602 | 448 | (153) |
| All Other Income | 176 | 169 | (6) | 527 | 519 | (8) |
| Total Income | 538 | 471 | (67) | 1,608 | 1,584 | (23) |
| Expenditure | | | | | | |
| Substantive Staff | (604) | (517) | 87 | (1,813) | (1,561) | 252 |
| Bank | 55 | 0 | (55) | 0 | 0 | 0 |
| Agency | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Employee Expenses | (549) | (517) | 32 | (1,813) | (1,561) | 252 |
| Supplies and Services General | (4,698) | (4,710) | (13) | (14,157) | (14,149) | 8 |
| Establishment | (133) | (230) | (98) | (398) | (490) | (92) |
| Premises and Rates | (250) | (245) | 6 | (751) | (733) | 18 |
| Premises Other | (1,400) | (1,090) | 310 | (2,993) | (3,020) | (28) |
| Transport | (2) | (7) | (4) | (44) | (15) | 29 |
| Education and Training | (14) | (3) | 11 | (42) | (11) | 31 |
| All Other | (18) | (19) | (1) | (40) | (84) | (44) |
| Depreciation & Amortisation-Owned Assets | (23) | (16) | 6 | (23) | (49) | (27) |
| Total Operating Expenditure | (7,086) | (6,837) | 249 | (20,259) | (20,111) | 148 |
| Non Operating Expenses | | (1) | (1) | | (2) | (2) |
| Contribution | (6,548) | (6,366) | 182 | (18,651) | (18,528) | 123 |



Strategic Development and Capital Planning is favourable to budget by £0.18m in month and £0.12m YTD as at the end of June. The main contributing factor to this is that inflation funding for utilities was released in month.

Income:

Income is adverse £0.06m in month which is mainly due to staff accommodation.

The adverse position YTD is due to accommodation income shortfall of £0.15m. Occupancy levels influenced by the overseas nurses' bookings and student numbers. This is being partially offset by non recurrent income for flood damage £0.1m and car parking income favourable £0.06m.

Pay:

Pay is favourable £0.03m in month and £0.25m YTD, of which £0.22m YTD is within IT. Recruitment is underway and historic vacancy rates are being looked into.

Non-Pay:

Non-Pay is favourable £0.22m in month and adverse £0.1m YTD. The main reason for the favourable variance in month is due to the utilities inflation funding being released. Utilities are £0.08m favourable YTD, it needs to be noticed that the budget is in 12th's as per the plan and hasn't been adjusted for seasonality. Work is ongoing to look at any further potential risk. There was an adverse variance in month of £0.07m in IT for EMR training, liaising with budget holder to check coding. Postage costs have increased in month and analysis is being undertaken to establish cause.

Savings:

Savings are breakeven YTD and are on target to be fully achieved in year and recurrently for 2022/23.

A. Corporate

Month 03 (June) 2022/23

| Statement of Comprehensive Income £000 | This Month | | | Year to Date | | |
|---|----------------|----------------|-------------|-----------------|-----------------|--------------|
| | Plan | Actual | Var. | Plan | Actual | Var. |
| Income | | | | | | |
| Non Patient Care Services | 255 | 252 | (3) | 586 | 566 | (20) |
| Research and Innovation | 208 | 176 | (32) | 652 | 517 | (136) |
| Education and Training Income | 1,352 | 1,341 | (11) | 3,971 | 4,007 | 37 |
| Staff Accommodation | 0 | 0 | 0 | 0 | 0 | 0 |
| All Other Income | 79 | 66 | (13) | 235 | 61 | (175) |
| Total Income | 1,893 | 1,834 | (59) | 5,444 | 5,151 | (294) |
| Expenditure | | | | | | |
| Substantive Staff | (3,132) | (3,043) | 89 | (9,380) | (9,216) | 165 |
| Bank | (6) | (96) | (91) | (10) | (234) | (224) |
| Agency | (165) | (82) | 82 | (421) | (228) | 193 |
| Total Employee Expenses | (3,302) | (3,222) | 80 | (9,811) | (9,678) | 134 |
| Supplies and Services General | (58) | (87) | (28) | (201) | (307) | (107) |
| Establishment | (132) | (111) | 20 | (334) | (243) | 91 |
| Premises and Rates | (4) | (6) | (2) | (12) | (21) | (10) |
| Premises Other | (185) | (156) | 29 | (559) | (660) | (101) |
| Transport | (35) | (28) | 7 | (104) | (147) | (43) |
| Clinical Negligence | (1,372) | (1,372) | () | (4,115) | (4,115) | () |
| Education and Training | (278) | (298) | (21) | (751) | (719) | 32 |
| All Other | (831) | (901) | (70) | (2,530) | (2,673) | (143) |
| Depreciation & Amortisation-Owned Assets | 0 | 0 | 0 | 0 | (1) | (1) |
| Total Operating Expenditure | (6,196) | (6,181) | 15 | (18,415) | (18,562) | (147) |
| Non Operating Expenses | 0 | | | 0 | () | () |
| Contribution | (4,302) | (4,347) | (45) | (12,971) | (13,412) | (441) |

The Corporate position is adverse £45k in month and £0.44m YTD, mainly attributable to Covid-19 expenditure, breakeven in month and £0.33m adverse YTD.

Income:

Income is adverse £0.06m in month and £0.29m YTD.

The adverse position in month and YTD is mainly due to the shortfall on the Clinical Trials Unit with its delay in opening. Clinical Trial Unit adverse £0.12m YTD, the unit is now open. Also loss of catering income £0.11m adverse albeit this has now ceased.

Pay:

Pay is favourable £0.08m in month an favourable £0.13m YTD. The underspends are equitably spread across all directorates with the exception of operations which is subjectively adversely impacted by the Covid-19 reports. Continuous monitoring being carried out and non recurrent savings actioned where appropriate.

Non-Pay:

Non-Pay is adverse £0.06m in month and £0.28m YTD.

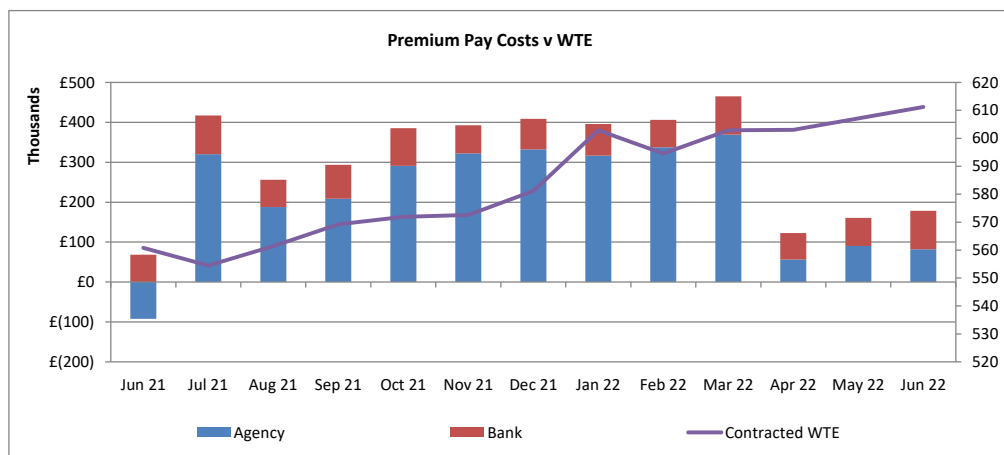
The position is month is mostly attributable to permit expenditure for overseas nurses, this is being reviewed as part of the whole project with the relevant stakeholders.

The YTD adverse position is also attributable to Covid-19 £0.07m YTD and Independent Sector £0.13m YTD where some costs are currently being estimated and validated.

Covid-19 in total is adverse against plan in totality by £0.33m and was virtually break even in month. Continuous monitoring between Finance, Intelligent Client and 2gether to reduce/minimise costs.

Savings:

As at month 3 savings are favourable YTD against plan by £50k. It must be noted that the majority of these are non recurrent and continuous monitoring and analysis is ongoing.



B. Spencer Private Hospitals

Month 03 (June) 2022/23

Summary Profit & Loss June 2022 and Outturn Forecast

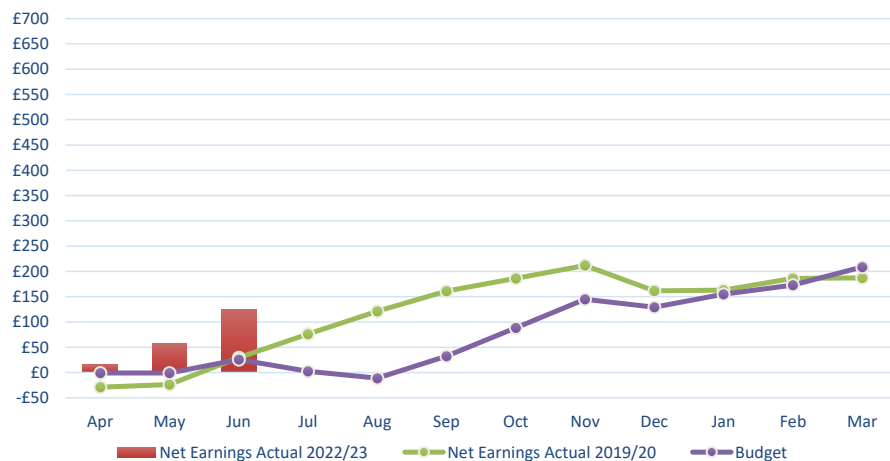
| £'000s | Month | | | YTD | | |
|-----------------------|--------|--------|----------|---------|---------|----------|
| | Actual | Budget | Variance | Actual | Budget | Variance |
| Income | 1,630 | 1,613 | 17 | 4,440 | 4,489 | (49) |
| Pay | (766) | (766) | (0) | (2,130) | (2,187) | 58 |
| Non Pay | (635) | (681) | 46 | (1,737) | (1,871) | 135 |
| Other Costs | (145) | (129) | (16) | (412) | (387) | (25) |
| Operating Profit | 84 | 37 | 47 | 161 | 43 | 118 |
| OP % | 5.1% | 2.3% | 280.2% | 3.6% | 1.0% | -241.1% |
| Interest Receivable | (0) | (1) | 1 | (0) | (4) | 4 |
| Interest Expense | (0) | (1) | 1 | (0) | (4) | 4 |
| Net Profit before Tax | 83 | 35 | 48 | 161 | 39 | 122 |
| NPBT % | 5.1% | 2.2% | 287.3% | 3.6% | 0.9% | -248.3% |
| Tax | (16) | (9) | (7) | (36) | (13) | (23) |
| Net Profit after Tax | 68 | 27 | 41 | 125 | 26 | 99 |
| NPAT % | 4.1% | 1.7% | 244.6% | 2.8% | 0.6% | -201.9% |

| Full Year 2022-23 | | |
|-------------------|---------|----------|
| Outturn | Budget | Variance |
| 18,344 | 18,344 | (0) |
| (8,881) | (8,881) | (0) |
| (7,590) | (7,590) | (0) |
| (1,571) | (1,571) | (0) |
| 302 | 302 | (0) |
| 1.6% | 1.6% | 0.0% |
| (15) | (15) | (0) |
| 287 | 287 | (0) |
| 1.6% | 1.6% | 0.0% |
| (78) | (78) | (0) |
| 209 | 209 | (0) |
| 1.1% | 1.1% | 0.0% |

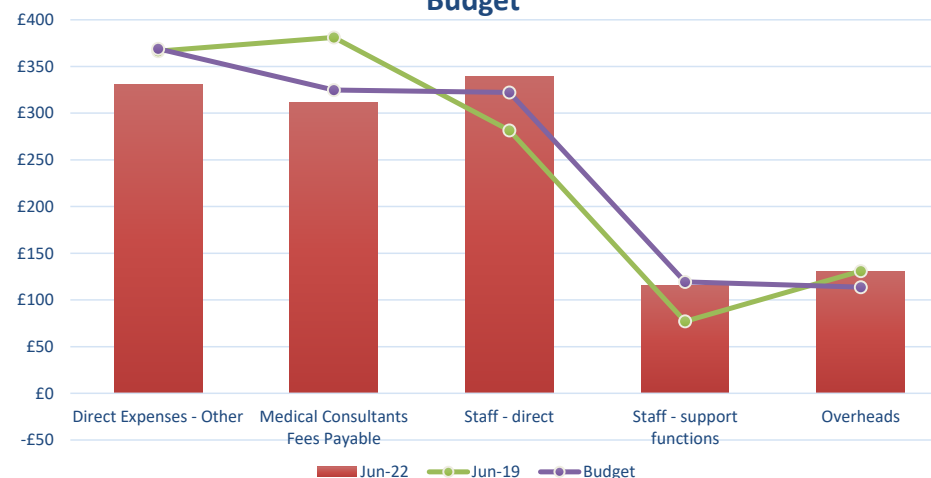
Salient comments on month / YTD results:

Increased access to theatres and beds has contributed to profit after tax £0.04m above budget for the month.

Net Earnings 2022/23 YTD £'000 Comparison with 2019/20 & Budget



Expenses June 2022 £'000 Comparison with 2019/20 & Budget



C. 2gether Support Solutions

Month 03 (June) 2022/23

Summary Profit & Loss June 2022

| £'000s | Month | | |
|------------------------------|------------|------------|-----------|
| | Actual | Prior Year | Variance |
| Income | 10,827 | 11,875 | (1,048) |
| Costs | (10,689) | (11,752) | 1,063 |
| Operating Profit/(Loss) | 138 | 123 | 14 |
| OP % | 1% | 1% | 0% |
| Operating Profit/Loss EKHUFT | 61 | 12 | 48 |
| Operating Profit/Loss Retail | 77 | 111 | (34) |
| Interest Receivable | 221 | 215 | 6 |
| Interest Expense | (182) | (180) | (2) |
| Net Profit/(Loss) before Tax | 176 | 158 | 18 |
| NPBT % | 1.6% | 1.3% | 0.3% |
| Tax | (64) | (58) | (6) |
| Net Profit/(Loss) after Tax | 112 | 100 | 12 |
| NPAT % | 1.0% | 0.8% | 0.2% |

| YTD | | |
|------------|------------|------------|
| Actual | Prior Year | Variance |
| 33,086 | 35,626 | (2,539) |
| (32,600) | (35,255) | 2,655 |
| 486 | 370 | 116 |
| 1% | 1% | 0% |
| 258 | 37 | 221 |
| 228 | 333 | (105) |
| 667 | 645 | 22 |
| (548) | (541) | (7) |
| 605 | 474 | 131 |
| 1.8% | 1.3% | 0.5% |
| (213) | (175) | (39) |
| 392 | 299 | 93 |
| 1.2% | 0.8% | 0.3% |

The YTD Operating Profit and YTD Profit after Tax level is a profit of £486k and £392k respectively.

Income and cost variances mostly relate to the budgeting assumption of capital being higher than the latest estimate from EKHUFT, Budget assumes £35M, latest estimate is £14M lower.

The Operating profit is better than budget mainly due to timing of baseline role vacancies across all areas of the business, offset by above budget non-pay costs for patient feeding and Security.

Operating Working Capital has increased to £21m. Cash is £27.4m. EKHUFT debt is £0.4m.

| BALANCE SHEET £000's | Mar-22 | Jun-22 | Movement |
|-------------------------------------|-----------------|-----------------|-----------------|
| Total non-Current Assets | 79,286 | 77,526 | (1,760) |
| Trade and other Receivables | 22,868 | 1,696 | (21,172) |
| Prepayments | 2,240 | 2,447 | 207 |
| Accrued Income | (276) | 525 | 801 |
| Total Debtors | 24,832 | 4,668 | (20,164) |
| Stocks | 4,824 | 4,824 | |
| Creditors and other payables | (11,274) | (3,257) | 8,017 |
| Accruals | (14,827) | (13,647) | 1,179 |
| Deferred Revenue | (130) | 1,055 | 1,185 |
| Total Creditors | (26,231) | (15,849) | 10,382 |
| Cash | 15,997 | 27,427 | 11,431 |
| Operating Working Capital | 19,422 | 21,070 | 1,648 |
| Borrowings | (63,801) | (63,298) | 503 |
| Net Assets | 34,907 | 35,299 | 392 |
| Share Capital | 30,267 | 30,267 | |
| Retained Profit/(Loss) - Prior Year | 4,640 | 5,032 | 392 |
| Shareholders Funds | 34,907 | 35,299 | 392 |

