

## Board of Directors Meeting - Open (11 June 2020)

11 June 2020, 09:45 to 12:15

Teleconference Webex

### Agenda

#### **Agenda**

To Note

**20/30**

#### **Chairman's Welcome**

Verbal

15 minutes

To Note

Chair

**20/31**

#### **Apologies for Absence**

Verbal

To Note

Chair

**20/32**

#### **Declaration of Interests**

Discussion

Chair



20-32 - REGISTER 2020-21 V04 - from May.pdf

(5 pages)

**20/33**

#### **Minutes of Previous Meeting held on 19 May 2020**

Approval

Chair



20-33 - Unconfirmed BoD 19.05.20 Public  
minutes.pdf

(12 pages)

**20/34**

#### **Matters Arising from the Minutes on 19 May 2020**

Discussion

Chair



20-34.1 - Front Sheet Open Actions from Public  
Board.pdf

(3 pages)



20-34.2 - Appendix 1 Public Board of Directors  
Action Log.pdf

(1 pages)

**20/35**

#### **Chair's Report - (10:00)**

10 minutes

Discussion

Chair



20-35 - Chair Report June 2020 BoD.pdf

(4 pages)

<div>20/36</div> <div>Chief Executive's Report - (10:10)</div>	<div>15 minutes</div> <div>Discussion</div> <div>Chief Executive</div>
<div> <div></div> <div>20-36 - CEO Report June 2020.pdf</div> </div> <div>(6 pages)</div>	
<div>20/37</div> <div>COVID-19 update - (10:25)</div> <div> <div>◦ recovery/reset</div> <div>◦ new advice and guidance relating to recovery/reset</div> </div>	<div>30 minutes</div> <div>Discussion</div> <div>Chief Executive / Executive Team</div>
<div>20/38</div> <div>Finance and Performance Committee (FPC) update - (10:55)</div> <div> <div>• Month 1 Finance Report</div> </div>	<div>10 minutes</div> <div>Discussion</div> <div>Chair Finance and Performance Committee - Nigel Mansley</div>
<div> <div></div> <div>20-38.1 - M1 Finance report cover sheet.pdf</div> </div> <div>(2 pages)</div>	
<div> <div></div> <div>20-38.2 - Appendix 1 M1 Finance Report.pdf</div> </div> <div>(28 pages)</div>	
<div>20/39</div> <div>Quality Committee (QC) update - (11:05)</div> <div>Verbal</div>	<div>10 minutes</div> <div>Discussion</div> <div>Chair Quality Committee - Wendy Cookson</div>
<div>20/40</div> <div>Strategic Workforce Committee (SWC) update - (11:15)</div> <div>Verbal</div>	<div>10 minutes</div> <div>Discussion</div> <div>Chair Strategic Workforce Committee - Jane Ollis</div>
<div>20/41</div> <div>Corporate Reporting: - (11:25)</div> <div>20/41.1</div> <div>Highest Mitigated Strategic Risks Report</div>	<div>15 minutes</div> <div>Discussion</div> <div>Chief Executive / Executive Team</div>
<div> <div></div> <div>41.1.1 - Strategic Risk Register BoD 04.06.2020.pdf</div> </div> <div>(5 pages)</div>	
<div> <div></div> <div>41.1.2 - Appendix 1 - Strategic Risk Register BoD 04.06.2020.pdf</div> </div> <div>(12 pages)</div>	
<div> <div></div> <div>41.1.3 - Appendix 2 - Corporate Risk Register (Risks outside risk appetite) 04.06.2020.pdf</div> </div> <div>(2 pages)</div>	
<div>20/42</div> <div>Report from the Learning and Review Committee (LRC) - Maternity - (11:40)</div>	<div>10 minutes</div> <div>Discussion</div> <div>Chief Executive</div>
<div> <div></div> <div>20-42 - Learning and Review Committee DH.pdf</div> </div> <div>(2 pages)</div>	
<div>20/43</div> <div>Post Meeting Communication - (11:50)</div> <div>Verbal</div>	<div>15 minutes</div> <div>Discussion</div> <div>Chair</div>

**Date of Next Meeting: Thursday 16 July 2020 as a Teleconference  
Webex**

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

**BOARD OF DIRECTORS MEETING – THURSDAY 11 JUNE 2020**

Please find attached the agenda for the next Board of Directors meeting. The meeting will take place as a **Teleconference Webex**, commencing at **9.45 am to 12.15 pm**.

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



**AGENDA**

**20/**

**OPENING MATTERS**

30	Chairman's welcome		<b>09:45</b>	Chair
31	Apologies for Absence			
32	Declaration of Interests			
33	Minutes of Previous Meeting held on 19 May 2020			
34	Matters Arising from the Minutes on 19 May 2020			
35	Chair's Report	<b>Discussion</b>	<b>10:00 10 mins</b>	Chair
36	Chief Executive's Report	<b>Discussion</b>	<b>10:10 15 mins</b>	Chief Executive
37	COVID-19 update: <ul style="list-style-type: none"> <li>recovery/reset</li> <li>new advice and guidance relating to recovery/reset</li> </ul>	<b>Discussion Verbal</b>	<b>10:25 30 mins</b>	Chief Executive/ Executive Team
38	Finance and Performance Committee (FPC) update <ul style="list-style-type: none"> <li>Month 1 Finance Report</li> </ul>	<b>Discussion</b>	<b>10:55 10 mins</b>	Chair Finance and Performance Committee – Nigel Mansley
39	Quality Committee (QC) update	<b>Discussion Verbal</b>	<b>11:05 10 mins</b>	Chair Quality Committee – Wendy Cookson



40	Strategic Workforce Committee (SWC) update	<b>Discussion Verbal</b>	<b>11:15 10 mins</b>	
41	Corporate Reporting		<b>11:25 15 mins</b>	
	41.1 Highest Mitigated Strategic Risks Report	<b>Discussion</b>		Chief Executive/ Executive Team
42	Report from the Learning and Review Committee (LRC) - Maternity	<b>Discussion</b>	<b>11:40 10 mins</b>	Chief Executive
43	Post Meeting Communication	<b>Discussion Verbal</b>	<b>11:50 15 mins</b>	Chair

**Date of Next Meeting:** Thursday 16 July 2020 as a Teleconference Webex.

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



# REGISTER OF DIRECTOR INTERESTS – 2020/21 FROM MAY 2020

NAME	POSITION HELD	INTERESTS DECLARED	FIRST APPOINTED
ACOTT, SUSAN	Chief Executive	Advisory Council of The Staff College (leadership development body for the NHS/Military) (started 16 October 2017) <b>(4)</b>	Appointed 1 April 2018
ADEUSI, SUNNY	Non Executive Director	Leadership role for Zimmer Biomet (global US medical device/technology corporation in Europe, Middle East & Africa (EMEA) Regional Commercial & Marketing) (started 16 September 2019) <b>(4)</b>	1 November 2015 (Second term)
ASHMAN, ANDREA	Director of HR	MY Trust (started 11 November 2014) <b>(4)</b>	Appointed 1 September 2019
CAVE, PHILIP	Director of Finance and Performance	Wife works as a Senior Manager for Optum, who run the Commissioning Support Unit (CSU) in Kent, which supports the Clinical Commissioning Group's (CCG's) of East Kent in their contracting (started 9 October 2017) <b>(5)</b> Non Executive Director of Beautiful Information Limited (started 3 November 2017) <b>(1)</b>	Appointed 9 October 2017
COOKSON, WENDY	Non Executive Director	Managing Director of IdeasFourHealth Ltd, a consultancy for the healthcare industry (started 22 July 2011) <b>(2)</b> Sole Shareholder for IdeasFourHealth Ltd (started 6 January 2017) <b>(3)</b> Chair of Bede House Charity, a local community charity in Bermondsey, London (started 28 August 2019) <b>(4)</b> Member of Health Advisory Board for OCS Group UK (started 15 March 2018) <b>(5)</b> Non Executive Director of Medway Community Healthcare (started 1 August 2018) <b>(1)</b>	6 January 2017 (Second Term)

# REGISTER OF DIRECTOR INTERESTS – 2020/21 FROM MAY 2020

NAME	POSITION HELD	INTERESTS DECLARED	FIRST APPOINTED
HALLUMS, AMANDA	Chief Nurse & Director of Patient Experience and Quality	Trustee of St Francis Hospice (started 1 April 2019) <b>(1)</b>	Appointed 1 October 2019
HOLLAND, CHRISTOPHER	Associate Non Executive Director	Director of South London Critical Care Ltd <b>(1)</b> Shareholder in South London Critical Care Ltd <b>(2)</b> Dean of Kent and Medway Medical School, a collaboration between Canterbury Christ Church University and the University of Kent <b>(4)</b> South London Critical Care solely contracts with BMI The Blackheath Hospital for Critical Care services <b>(5)</b> Member of Liberal Democrats, until 14 June 2020 <b>(6)</b>	Appointed 13 December 2019
MANSLEY, NIGEL	Non Executive Director	Jeris Associates Ltd (started 1 July 2017) <b>(1) (2) (3)</b> Chair, Diocesan Board of Finance (Diocese of Canterbury) (started 22 January 2018) <b>(1)</b>	1 July 2017 (First term)
MARTIN, LEE	Chief Operating Officer	None	Appointed 1 August 2018
MARTIN, REBECCA	Chief Medical Officer	None	Appointed 17 February 2020
OLLIS, JANE	Non Executive Director	The Heating Hub (started 8 May 2017) <b>(1)</b> Non Executive Director of the Kent Surrey Sussex Academic Health Science Network (AHSN) (started 1 July 2018) <b>(1)</b> Founder of MindSpire (started 30 October 2018) <b>(1)</b> Non Executive Director of Community Energy South (started 30 October 2018) <b>(1)</b> Vice President of the British Red Cross in Kent (started November 2018) <b>(4)</b> Non Executive Director of 2gether Support Solutions (started 22 May 2019) <b>(1)</b> Non Executive Director of Riding Sunbeams (started February 2020) <b>(1)</b>	8 May 2017 (First term)

# REGISTER OF DIRECTOR INTERESTS – 2020/21 FROM MAY 2020

NAME	POSITION HELD	INTERESTS DECLARED	FIRST APPOINTED
PALMER, KEITH	Non Executive Director	<p>Non Executive Director of 2Gether Support Solutions (started 26 May 2018) <b>(1)</b></p> <p><b>Closed interests</b> Non Executive Director of Spencer Private Hospitals (started 8 December 2017/finished 31 March 2020) <b>(1)</b></p>	1 January 2017 (Second term)
REYNOLDS, SEAN	Non Executive Director	<p>Chair of Spencer Private Hospitals (started 13 May 2019) <b>(1)</b></p> <p><b>Closed interest</b> Trustee of Building Heroes <b>(1)</b> (finished 13 September 2019)</p>	20 August 2018 (First term)
SHUTLER, LIZ	Director of Strategic Development and Capital Planning/Deputy Chief Executive	None	Appointed January 2004
SMITH, STEPHEN	Chair	<p>Stephen Smith Ltd (started 27 March 2003) <b>(1)</b></p> <p>Non Executive Director of NetScientific Plc (started 17 February 2016) <b>(1)</b></p> <p>Trustee of Pancreatic Cancer UK (started 16 August 2016) <b>(1)</b></p> <p>Trustee of Epilepsy Society UK (started 27 November 2018) <b>(4)</b></p> <p>Chairman of Signum Health Ltd (started 17 April 2019) <b>(1)</b></p> <p>Senior Advisor of Ministry of Health – Saudi Arabia <b>(4)</b> (started 23 September 2019)</p> <p><b>Closed interests</b> Non Executive Director of uMed Ltd (started 1 March 2018/finished 1 March 2019) <b>(1)</b></p> <p>Non Executive Director of Draper and Dash (started</p>	1 March 2018



## REGISTER OF DIRECTOR INTERESTS – 2020/21 FROM MAY 2020

NAME	POSITION HELD	INTERESTS DECLARED	FIRST APPOINTED
		27 November 2018/finished 14 October 2019) <b>(1)</b> Chairman of Biotechspert Ltd (started 4 September 2017/finished 7 February 2020) <b>(1)</b> Chair of Scientific Advisory Board (started 1 March 2018) <b>(4)</b>	
WILDING, BARRY	Senior Independent Director	Trustee of CXK, a Charity in Ashford inspiring people to thrive (started 16 May 2018) <b>(4 &amp; 5)</b>	11 May 2015 (Second term)

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

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

### **2gether Support Solutions Limited:**

Keith Palmer – Non-Executive Director in common

Jane Ollis – Non-Executive Director in common

Alison Fox – Nominated Company Secretary

### **Spencer Private Hospitals:**

Sean Reynolds – Chair

Nic Goodger – Nominated Director

Heather Munro – Nominated Director

Alison Fox – Nominated Company Secretary

### **Healthex Limited:**

Elisa Llewellyn – Nominated Director

Bernard Pope – Nominated Director

Alison Fox – Nominated Company Secretary

### **Beautiful Information Limited:**

Philip Cave, Nominated Director

Paul Stevens, Nominated Director

Alison Fox, Nominated Company Secretary

## REGISTER OF DIRECTOR INTERESTS – 2020/21 FROM MAY 2020

### Categories:

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

**UNCONFIRMED MINUTES OF THE ONE HUNDRED & SECOND MEETING OF THE  
BOARD OF DIRECTORS  
TUESDAY 19 MAY 2020 AT 9.45 AM  
VIA TELECONFERENCE WEBEX**

**PRESENT:**

Professor S Smith	Chair	StS
Ms S Acott	Chief Executive Officer	SAC
Mr S Adeusi	Non-Executive Director	SA
Mrs A Ashman	Director of Human Resources	AA
Mr P Cave	Director of Finance and Performance	PC
Mrs W Cookson	Non-Executive Director	WC
Miss A Hallums	Chief Nurse & Director of Patient Experience and Quality	AH
Mr N Mansley	Non-Executive Director	NM
Mr L Martin	Chief Operating Officer	LM
Dr R Martin	Chief Medical Officer	RM
Mrs J Ollis	Non-Executive Director	JO
Mr K Palmer	Non-Executive Director	KP
Mr S Reynolds	Non-Executive Director	SR
Ms L Shutler	Director of Strategic Development and Capital Planning/ Deputy Chief Executive	LS
Mr B Wilding	Non-Executive Director	BW

**ATTENDEES:**

Mrs A Fox	Group Company Secretary	AF
Professor C Holland	Associate Non-Executive Director	CH
Mrs N Yost	Director of Communications and Engagement	NY

**IN ATTENDANCE:**

Dr D Holden	Independent Chair – Learning and Review Committee (LRC) (for minute number 20/27)	DH
Miss S Robson	Board Support Secretary (Minutes)	SR

**MEMBERS OF THE PUBLIC AND STAFF OBSERVING:**

Ms J Barker	Governor
Mr K Rogers	Governor
Mrs M Warburton	Governor

MINUTE NO.		ACTION
20/15	<b>CHAIRMAN'S WELCOME</b>	
	The Chair welcomed attendees to the meeting.	
20/16	<b>APOLOGIES FOR ABSENCE</b>	
	There were no apologies for absence received.	
20/17	<b>DECLARATION OF INTERESTS</b>	
	There were no new declarations of interest.	

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20/18 **MINUTES OF THE PREVIOUS MEETING HELD ON 16 APRIL 2020**

**DECISION:** The Board **APPROVED** the minutes of the previous meeting held on 16 April 2020 as an accurate record.

20/19 **MATTERS ARISING FROM THE MINUTES ON 16 APRIL 2020**

**Action B/047/19 – Post meeting communication: Incoming and outgoing telephone recording system**

LS confirmed the Trust's current telephone system had the ability to record all calls, and currently the calls recorded included switchboard, 222 emergency and outpatient bookings. This facility enabled other areas to be included as and when required to record calls. The Board agreed to close this action.

**DECISION:** The Board discussed and noted the updates and **APPROVED** the actions for closure.

20/20 **CHAIR'S REPORT**

The Chair extended his sincere condolences and thoughts of all the members of the Board and everyone in the Trust were with the families and friends of Adekunle Enitan, and Aimee O'Rourke, members of the nursing staff who sadly died after testing positive for COVID-19. Trust staff continued to care for and treat patients tested positive, which included members of staff and he wished everyone with COVID-19 symptoms the best wishes for recovery.

The Chair stated the improvements in respect of communications during the coronavirus pandemic, providing robust and up to date information on the Trust's website and the staff intranet. This also included increased communication with regular updates provided to the Governors that would be maintained as the Trust planned for the recovery/reset phase. A virtual meeting of the Council of Governors would be held on 21 May.

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

20/21 **COVID-19:**

- **UPDATE**
- **RESPONSE**
- **RECOVERY**

The Board received an update with regards to operational matters from LM noting:

- Oxygen capacity had been looked at as oxygen was key to the treatment of patients tested positive with Covid-19, in relation to the management and expansion of positive airway pressures;
- Intensive Therapy Unit (ITU) expansion plans: the Trust was originally asked to plan for 250 ITU beds that was scaled down to 87 beds. The revised ITU expansion plan took into account availability of staffing, equipment requirements and oxygen supply. This revised plan provided 38

beds at William Harvey Hospital (WHH), 12 beds at Kent & Canterbury Hospital (K&CH) and 37 beds at Queen Elizabeth the Queen Mother Hospital (QEQMH);

- The support and commitment from Trust staff in getting this ITU expansion plan in place providing new high standard facilities;
- The Trust was planning for the next phase around recovery and if there was to be a second peak to have an additional 20 ITU beds available. A bid had been submitted for Covid-19 funding for the additional ITU beds required;
- Personal Protective Equipment (PPE) was a significant element at the beginning of the outbreak in respect of ensuring sufficient supplies were available. The Trust established a PPE Taskforce providing a seven day PPE store service 8.00 am to 8.00 pm at each of its hospital sites. Staff were redeployed to this service, with 45 members of staff receiving, delivering and carrying out stock-takes to ensure consistent supplies of PPE to wards and departments. The level of supplies was constantly monitored to ensure sufficient on-going availability of PPE. The Trust received a great deal of support from the local community with PPE supplies provided, all of which were checked as to compliance against the guidelines for PPE.
- The Trust was operating on 7 days' supply of required PPE and supplies ordered when below this level. The Trust was confident with the level of stock to meet current usage. The volume of PPE supplies being used was significant;
- Thanks to the Director of ICT who developed and delivered an IT stock system within 4 days ensuring a robust PPE monitoring system was in place;
- The Trust was looking at the provision of individual respiratory protection hoods to staff within key areas, providing them with their own equipment;
- The Trust's testing capacity had been gradually increased and currently stood at 672 per day, key worker staff at 300, the drive through testing had been extended to around 25 healthcare organisations that included South East Coast Ambulance Service, 66 GP practices, 266 care homes, Border Force, fire and safety along with many others. It had proved very challenging to get this service established and up and running to the current capacity providing results within 1 day. The testing process had been reviewed following the last Board meeting, e.g. labelling, to ensure the various steps were correct and changes made to improve this process that also included escalation;
- Since 31 March the Trust had tested 6,081 patients and 10,408 staff. The Trust's Occupational Health department and HR team had been instrumental in supporting the implementation of processes informing people of their test results. The Trust's Director of ICT developed a booking tool system enabling people to book slots for their tests, which had been utilised by other NHS organisations.

SAC highlighted the details noted in the report regarding the Trust's structure in relation to Covid-19 headed up by a Gold Committee led by the Chief Executive, and a Gold Centre led by the Chief Operating Officer. This was around daily decision making, specialist and tactical response, confirming an action log and decision record was being maintained. This had been set up in liaison with other NHS organisations, e.g. London, building on their experience and evidence regarding this disease provided by other Countries, e.g. Italy. This provided the

operational structure to ensure rapid decisions were made and collation of feedback and guidance from the Centre. Leading the operational management issues with regards to front line services and workforce. She confirmed members of the Executive Team were providing on-site support across each of the hospital sites, with daily huddles taking place.

The Board received an update on the Trust's post Covid-19 recovery and noted:

- NHS trusts were issued with National requirement to close down elective work to enable preparation to manage the outbreak;
- The Trust had continued its cancer activity and maintained treatment and operating on cancer patients;
- As much outpatient activity as possible was moved to digital consultation clinics and the Trust was currently the highest user of the digital platform;
- Clinicians, nursing and all professional staff wanted to restart standard elective activity but it was important that this be done in a structured, safe and careful way, being cautious to ensure the safety of patients and staff and reducing risk as much as possible, i.e. social (physical) distancing and provision of adequate donning and doffing facilities for staff. This would be challenging within the hospital estate ensuring no large groups of people congesting waiting areas. Noting there would be no movement of patients or staff between hospitals during the course of a day;
- Care Group staff were working collaboratively looking at how services could be restarted building on the innovative problem solving initiatives implemented by staff during the outbreak. As well as reviewing what had been put in place, what could be stopped, started and continued. This would be around principles and values developed by each service to deliver its services. Services would need to review each of its patient pathways;
- The Emergency Departments (EDs) would be reviewed in respect of patient flow streams with regards to Covid and non-Covid;
- Utilisation of hospital beds at the K&CH site to relieve operational pressures at WHH and QEQUH;
- Reviewing out-patient services, capacity and pre-streaming in relation to the use of out-patient waiting areas;
- Review the overall estate for each hospital site and how these could be used differently going forward to meet patient care needs;
- The importance of reducing physical footfall to the hospital sites and continuing to utilise digital platforms for video consultations, taking into consideration the benefits and negatives of this method of consultation;
- Provide a safe working environment for staff;
- When services restarted the Trust was likely to be working at 50% compared to pre-Covid capacity, as a result of the impact of the outbreak in respect of processes with regards to infection prevention and control, cleaning, donning and doffing, social (physical) distancing and testing.

JO extended thanks to the Executive team and all the Trust staff for their continued hard work and dedication during this outbreak to keep the population of East Kent safe. She queried whether staff needed to be given time to rest and recuperate before the recovery of services. LS commented staff were enthused and ready to move forward to the next phase in restarting services. She confirmed clear guidelines were in place encouraging staff to take annual leave and the benefits of

this on their health, well being and mental health.

SA commended the Executive team for their dedication during this pandemic and the Chief Executive for her leadership. He enquired when the Trust would be in a position to restart elective activity. SAc reported that focus would be to prioritise acuity and urgent patients rather than waiting time criteria. LM commented elective activity ceased six weeks ago and going forward the waiting list would be managed and each procedural case would be reviewed against a five level system, prioritised and re-categorised as appropriate dependent on urgency. The Trust was also looking at continuing to utilise the independent sector to support the waiting list activity.

The Board discussed and **NOTED** the COVID-19 update report.

20/22

**ADVICE REQUIREMENTS AND GUIDANCE FROM NHS ENGLAND/NHS IMPROVEMENT (NHSE/I)**

SAc confirmed a centralised process was in place in respect of the dissemination of information and guidance regarding Covid-19. A daily summary was issued by the Centre detailing all the guidance issued. The Trust had in place its own central internal management process with one e-mail that received central guidance that was logged, actioned and disseminated throughout the organisation.

The Board of Directors **NOTED** the verbal update regarding NHSE/I advice and guidance.

20/23

**FINANCE AND PERFORMANCE COMMITTEE (FPC) UPDATE**

NM extended thanks to the Director of Finance and Performance and Finance team for producing, completing and submitting the 2019/20 year-end accounts ahead of the submission deadline. The annual accounts were currently being audited by the External Auditor for completion mid-June for Board approval at the end of June.

NM reported central funding had been received for the additional Covid-19 related costs. The annual 2020/21 business planning process had been put on hold due to the outbreak and the Trust would be reimbursed for costs incurred to ensure it remained within budget. Contingency funding had been incorporated within the Trust's annual financial plan.

NM reported due to Covid-19 and the ability to undertake construction work the Trust had been unable to fully utilise and spend its allocated capital funding the previous year.

PC acknowledged the hard work and support from the Finance team with regards to producing the annual accounts, as well as the support from the Operational teams that enabled the Trust to achieve its annual financial plan. The Board would be kept up to date with regards to the audit and any issues raised.

PC confirmed the Trust would be reimbursed for Covid-19 incurred costs to break-even for the first 4 months of the new 2020/21 financial year.

PC reported the Trust had submitted its capital plan for 2020/21 of a total of £39m

that included projects for theatres and equipment. As part of the Kent and Medway Sustainability and Transformation (STP) the Trust had been requested to reduce its capital plan by 12%. The Finance team in liaison with the Strategic Development and Capital Planning team were reviewing the Trust's capital programme to identify any potential slippage in projects planned to reduce its overall capital expenditure. A report would be presented to the Board by the end of May for consideration in respect of a proposed reduced revised capital plan.

JO enquired whether there had been any progress in respect of the Trust exiting Financial Special Measures (FSM). PC reported on-going discussions continued with NHSI/E regarding exiting FSM with no progress to date. The Chair highlighted the robust financial performance of the Trust over the last couple of years supporting the Trust's request to exit FSM. PC confirmed discussions would continue to push forward the Trust being able to exist FSM.

BW raised concern regarding reducing the Trust's capital plan funding as this was key to continuing to deliver the level of services needed against its business plans. NM concurred with these concerns noting the Trust was likely to receive around £2.5m capital funding for its backlog maintenance. PC commented there would be internal discussions looking at the Trust's capital programme and external discussions challenging the capital funding reduction. LS also raised concern regarding the funding reduction and highlighted the Trust returned to the Centre some capital funding provision the previous year, and benefited following a bid submission from the allocation of emergency capital funding at the end of the last financial year. She confirmed the Trust was managing its risks and backlog maintenance with the limited level of capital funding available. She highlighted a significant level of capital funding was required to ensure the Trust had the appropriate estates and provision of equipment to provide its services.

The Board discussed and **NOTED** the FPC verbal update and the month 12 finance report.

20/24

## **QUALITY COMMITTEE (QC) – UPDATE**

WC reported the Integrated Performance Review (IPR) was presented and discussed at the monthly QC briefings to review patient safety and harm as well as looking at trends. She commented the Trust's Mixed Sex Accommodation (MSA) breaches would be impacted due to the Covid-19 outbreak and assurance was received that as much as possible was being done to minimise breaches. Staff sickness absence had increased as well as usage of agency staff to provide cover required, there had been no impact on the number of Serious Incidents (SIs). Following National guidance appraisals had been halted and these were due to recommence in September. The Trust's statutory training performance was green at 85%.

WC stated the QC continued to receive a monthly Care Quality Commission (CQC) update report, noting 94% actions complete against the overall CQC improvement action plan and 95% against the paediatrics improvement action plan, with risks mitigated for incomplete actions.

WC stated the Complaints team were focussed on addressing and reducing its backlog of complaints, noting that very few complaints had been received during

CHAIR'S INITIALS .....

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the outbreak.

WC reported future and potential harm had been reviewed in respect of the outbreak and the impact of potential harm in relation to delays in treatment for cancer patients.

WC commented the Trust was looking at its reset and recovery plan, which clinicians were fully engaged with and supporting in relation to assessing patients needs and planning for the resetting of its services.

The Board discussed and **NOTED** the QC verbal update.

20/25

## **STRATEGIC WORKFORCE COMMITTEE (SWC) UPDATE**

JO provided a verbal update on the discussions at the SWC briefing regarding Trust staff during the COVID-19 pandemic that included:

- ensuring staff remained safe;
- immediate measures put in place and the provision of appropriate support and services to maintain staff welfare, health and well-being as well as mental health;
- looking at the long term impact for staff in managing this pandemic and planning for this ensuring continued support and provision of services required was available in the longer term.

AA provided a verbal update on workforce issues, which included:

- a reduction in coronavirus related sickness absence;
- daily monitoring of sickness absence that was recorded on healthroster, ensuring a robust process and overview of staff sickness absence, prompt identification of areas of particular issues. Currently staff absences related to COVID-19 included 21 members of clinical staff, 130 nursing staff and 83 Healthcare Assistants, equating to approximately 4% Whole Time Equivalent (WTE) of the total workforce;
- no areas of concern or unusual trends had been identified;
- comprehensive range of services provided to staff around their welfare, health and well-being including the provision of 'take 5' rooms across the hospital sites and access to chaplaincy services. As well as the dissemination to staff of credit card sized details of the services they could access;
- implementation of a check-in/check-out system to evaluate and understand how staff were feeling, that included those working on site, working from home, self-isolating and shielding;
- looking at and planning for the longer term support for staff in relation to post traumatic stress disorder (PTSD).

SAC commented on the concern Nationally regarding the impact of the coronavirus on black, asian, minority and ethnic (BAME) groups who appeared to be at greater risk. The Trust had a large portion of BAME staff and had requested a working group be implemented to discuss practical systems that could be put in place to minimise risk to these groups of staff. Along with individual risk assessments

completed for all BAME staff, whilst being respectful of the views of individual members of staff.

SAC stated the Trust's workforce totalled 8,500 and to ensure continued engagement with all staff during this pandemic video teleconferences were being held that had proved effective and had been welcomed by staff. These involved representation from Executive Directors and senior managers, providing the opportunity for staff to ask questions and receive an immediate response. This was a powerful method of staff communication and the questions raised were incorporated within the frequently asked questions on the Trust COVID-19 page on the staff intranet.

SRe thanked AA for the draft paper that had been provided ahead of the SWC briefing, that was around operational stress management. He acknowledged this was a good and useful document ensuring the Trust was forward planning in respect of staff needs and provision of appropriate support post COVID-19.

The Board **NOTED** the SWC verbal update.

20/26 **CORPORATE REPORTING:**

20/26.1 **HIGHEST MITIGATED STRATEGIC RISKS REPORT**

AH reported the strategic and corporate risk registers had been reviewed at the meeting of the Integrated Audit and Governance Committee (IAGC) held on 30 April. Monthly meetings took place with the responsible Executive Lead to review the risks, actions, scoring and specific wording for each risk. The risk registers were also reviewed at the weekly Executive Management Team meetings.

AH highlighted key elements from the report as noted below:

- reduction of residual risk scores for two strategic risks and three corporate risks as per the reasons detailed in the report;
- no risks were proposed for closure;
- three risks remained outside of the Trust's risk appetite.

WC questioned reducing the residual risk score in respect of the multiple on-going change programmes in relation to current operational procedures in managing COVID-19 and the impact of this on the Trust's capacity to deliver change programmes. LS reported this related to successfully delivering the T3 programme and the associated system model changes, it was felt the level of risk had been lowered due to the delay in the OrderComms go live, as well as the launch of the explore and learning environment and the soon to be launch of the clinical portal. She confirmed this would be reviewed in line with the COVID-19 recovery and its potential impact on the programme delivery.

WC raised concern regarding reducing the residual risk score relating to embedding health and safety (H&S) systems during a pandemic. LS reported significant improvements had been made embedding H&S standards and compliance within the Care Groups.

BW confirmed the risk registers had been discussed in detail by the IAGC and reiterated his surprise regarding the number of risks where residual risk scores had been reduced, considering the current COVID-19 pandemic. He questioned

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reducing the score in respect of H&S systems embedded and compliance, when a number of key H&S policies remained out of date and were in the process of being reviewed and updated. AH reported there was significant work currently in progress to review and update the H&S policies and was happy to provide further information to support this risk score being reduced. SAc also challenged the reduction of the risk scores, highlighting the importance to have a strong H&S culture and practice embedded throughout the Trust that was not at the level required and was reflected with having out of date policies and varying H&S risks associated with managing the pandemic. AH agreed to review the H&S risk.

**ACTION:** Review risk CRR 34 - Inadequate Health & Safety (H&S) systems embedded within the Care Groups: review the evidence supporting the reduction in the residual risk score, whether the Trust has in place strong H&S culture and practices sufficiently embedded and these are working. Re-evaluate the decision to reduce the risk score taking into consideration that a number of H&S policies remain out of date.

AH

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

20/27

## **INTEGRATED AUDIT AND GOVERNANCE COMMITTEE (IAGC) – CHAIR REPORT**

BW reiterated the IAGC took limited assurance from the verbal report provided with regards to progress in updating the Trust policies that were out of date. This was a significant area of concern and noted these policies were being reviewed, revised and presented for approval through the appropriate governance route.

BW stated the IAGC reviewed and discussed the risk registers, and accepted the approach in respect of the management and review of risks during the Covid pandemic. This meant a separate Covid-19 risk register had been developed that was regularly reviewed along with the corporate and strategic risk registers. Some risks had been suspended due to Covid-19.

The Committee reviewed the draft Annual Governance Statement recommending this for approval by the Board that would be discussed in the closed part II Board meeting.

SRe highlighted the significant level of risk with having out of date policies. BW reiterated that a programme of work was in place to ensure these were updated as a matter of urgency. In response to a question from the Chair regarding when all these policies would be updated by; AH confirmed the work to review and revise these policies remained a priority and was continuing during the Covid outbreak that were presented to the Policy Authorisation Group for approval. She agreed to provide an update on progress and completion for review of all these policies.

**ACTION:** Provide an update to the IAGC on progress to review all the outstanding policies and confirm the completion date for when these would be reviewed, revised and considered for approval by the Policy Authorisation Group.

AH

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

- Integrated Audit and Governance Committee Chair Report;
- Learning and Review Committee Terms of Reference.

20/28

**REPORT FROM THE LEARNING AND REVIEW COMMITTEE (LRC) – MATERNITY**

DH stated five meetings of the LRC had been held to date, as a further meeting took place the previous Friday, which received progress update reports from each of the workstreams. He reported in respect of the emergency care pathways for children going forward the continued internal work would be reviewed and overseen by the newly appointed Associate Medical Director and the experienced Paediatrician with an interest in Emergency Department Paediatrics identified by NHS England/NHS Improvement (NHSE/I) to provide external support.

DH confirmed a response had been provided to the HM Coroner and there would be no further meetings of the workstream leading this work but its work would be audited.

The LRC noted the Head of Midwifery would be producing an overarching integratead action plan that would include the recommendations and actions from the HM Coroner, the Royal College of Obstetrics and Gynaecology (RCOG) report in 2016, and the Birthing Excellence Success Through Teamwork (BESTT) programme. This would be reviewed by the LRC at its next meeting in respect of what had been implemented, what was being implemented and what remained to be delivered.

DH confirmed progress had been made by the BESTT improvement programme that included significant investment into staffing, equipment, education and learning. Improvements with the support of the women and childrens' health care centre leadership in respect of the upskilling of staff (nurses and consultants), the recruitment of further consultant obstetrician-gynaecologists enabling a full shift consultant rota with 24 hour consultant presence to be put in place at William Harvey Hospital (WHH) from September, a tier of band 7 supernumerary midwives supporting fetal monitoring. The LRC considered the benefits of these enhanced models of working and agreed these would be given time to be embedded to evaluate their impact on patient care, outcomes and experience, in respect of whether other models should be looked at in the future. The Committee discussed the need to focus on patient outcomes and developing a culture around learning, noting the number of poor outcomes was relatively small.

The Chair questioned why all the actions and recommendations from the RCOG 2016 report had not yet been achieved, acknowledging the need for improvements to be embedded within an organisation. DH reported there were a significant number of recommendations, some of which had already been put in place and those not achieved would be covered within the overarching action plan to identify and investigate the reasons for those not yet implemented, providing a mechanism to monitor progress and review evidence against those completed. On-going work continued to improve the culture and environment, immediate action was taken to address any incidents of poor behaviour.

SAC reported the Kirkup Review had commenced, this would cover a ten year

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period and was expected to take a year to complete. She had held a number of initial discussions with Bill Kirkup as well as members of his experienced secretariat. Meetings would be held with all the families, once these had taken place the terms of reference would be finalised and were expected to be provided in a couple of months. The Trust would be fully engaged with the review, responding to requests for medical records, policies and meetings with members of staff. The Chair commented the number of perinatal mortality deaths over the ten year period were in line with other acute trusts.

SA emphasised the importance that the Trust transition from a teaching to a learning culture and the processes and measures that could support embedding a learning environment within the organisation. DH highlighted the need to demonstrate learning, sharing and discussing themes with all staff, e.g. as part of the clinical handover process. Along with reviewing changes implemented and evidencing the impact as a result in respect of improvements in patient care, safety, experience and reduction in the number of SIs.

The Chair stated the Trust continued to focus on its maternity improvement programme working hard towards improving its CQC rating, highlighting the need to achieve a 'good' CQC rating. All staff needed to understand the actions and processes to be put in place to achieve this rating, noting the Trust expected a CQC inspection that year. He reported that referrals to the Healthcare Safety Investigation Branch (HSIB) regarding cooling of babies had reduced significantly and this reduction had been sustained over the previous year. DH commented the Trust's excellent clinicians and professional staff leading the maternity workstreams who were providing the necessary leadership and support on its improvement journey.

The Board of Directors discussed and **NOTED** the LRC - Maternity Report.

20/29

## POST MEETING COMMUNICATION

Mrs Barker enquired about the timeline for the Trust to restart its services, what services and elective activity would restart and when, when individual patients would be contacted, and whether there would be a public communications regarding the restart plans. LM reported that urgent and cancer activity would be prioritised and standard elective activity would be reviewed against each individual specialty and prioritised. He commented the Trust would continue to utilise the independent sector to provide support in respect of elective activity. SAc stated consideration needed to be given in respect of future operation of the hospital sites, e.g. for Covid and non-Covid patients and all patients to be tested prior to surgery. A key element around the restart work was the engagement and support from patients and the public. NY stated robust communications were in place for patients and the public providing updates regarding Covid-19 and the Trust services on the dedicated page on the Trust's website. This was regularly updated and would be revised in respect of targeting specific patients who would be contacted regarding their future treatment. Patients were encouraged to seek help and advice if they were experiencing any symptoms.

Mr Rogers highlighted concern regarding patients who had not sought help and accessed the hospitals during the pandemic, and the support from the public Governors to disseminate messages to the East Kent population regarding the

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Trust restarting its services. NY emphasised the regular information issued to the Governors and utilising their links to support relaying messages to the community. There was also robust communications in place ensuring GPs were kept up to date through the Clinical Commissioning Group, and a meeting with GPs would be held on the Thursday that week.

In response to a question raised by Mrs Barker regarding the development of an Infection Prevention and Control (IPC) Policy; LM reported that a Board assurance IPC document had been issued by the National Chief Nurse that his operational team would review and look at how this could be implemented.

Mrs Barker commented in respect of maternity services noting all the names of the families had been provided to the Kirkup Review and queried how the public would be kept informed of progress of this review and if additional families wished to come forward how they would need to make contact with the Trust. NY stated there was a dedicated page on the Trust's website regarding maternity services that was kept up to date, a press release would be published that day, there had been coverage in the local press that included details of the e-mails for families to contact. Mrs Barker stated the maternity review dates published on the Trust's website were incorrect.

**ACTION:** Check that the correct maternity review dates are published on the Trust's website.

NY

The Chair commented in response to the Covid outbreak the Trust had implemented a new way of working that would be reviewed against the restart plans in relation to engaging with staff and gathering feedback in respect of what to start doing, stop doing and continue to do. He expressed his thanks to the continued hard work and dedication of all the Trust staff, commending the changes implemented at pace, their continuous problem solving abilities and support entering the next reset/recovery phase. He highlighted the importance of working closely with nursing and care homes and the community to ensure prompt discharge of patients from hospital when medically fit ensuring the numbers of long stranded patients were reduced and did not return to the levels prior to the Covid outbreak.

The Chair closed the meeting at 12.20 pm.

**Date of next meeting in public:** Thursday 11 June 2020 as a Teleconference Webex.

Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>REPORT TO:</b>	<b>BOARD OF DIRECTORS (BoD)</b>
<b>DATE:</b>	<b>11 JUNE 2020</b>
<b>REPORT TITLE:</b>	<b>MATTERS ARISING FROM THE MINUTES ON 19 MAY 2020</b>
<b>BOARD SPONSOR:</b>	<b>CHAIRMAN</b>
<b>PAPER AUTHOR:</b>	<b>BOARD SUPPORT SECRETARY</b>
<b>PURPOSE:</b>	<b>APPROVAL</b>
<b>APPENDICES:</b>	<b>APPENDIX 1: PUBLIC BoD ACTION LOG</b>

### BACKGROUND AND EXECUTIVE SUMMARY

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

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

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

<b>Action No.</b>	<b>Action</b>	<b>Target date</b>	<b>Action owner</b>	<b>Status</b>	<b>Progress Note (to include the date of the meeting the action was closed)</b>
B/048/19	Review risk CRR 34 - Inadequate Health & Safety (H&S) systems embedded within the Care Groups: review the evidence supporting the reduction in the residual risk score, whether the Trust has in place strong H&S culture and practices sufficiently embedded and these are working. Re-evaluate the decision to reduce the risk score taking into consideration	Jun-20	AH	to Close	Risk CRR 34 reviewed and amended, as noted in the risks report presented to the 11 June 2020 Board meeting. <b>Action for agreement for closure at 11.06.20 Board meeting.</b>

	that a number of H&S policies remain out of date.					
B/050/19	Check that the correct maternity review dates are published on the trust's website.	Jun-20	NY	to Close	The dates have been checked and confirmed these have been updated with the correct dates. <b>Action for agreement for closure at 11.06.20 Board meeting.</b>	

<b>IDENTIFIED RISKS AND MANAGEMENT ACTIONS:</b>	The Board may lose sight of progress of key actions if the action list is not properly updated and maintained. The Trust Secretariat ensures there is an efficient process for maintaining the action list.				
<b>LINKS TO STRATEGIC OBJECTIVES:</b>	<ul style="list-style-type: none"> <li>• <b>Getting to good:</b> Improve quality, safety and experience, resulting in <b>Good</b> and then <b>Outstanding</b> care.</li> <li>• <b>Higher standards for patients:</b> Improve the <b>quality and experience</b> of the care we offer, so patients are <b>treated in a timely way</b> and <b>access the best care</b> at all times.</li> <li>• <b>A great place to work:</b> Making the Trust a <b>Great Place to Work</b> for our current and future staff.</li> <li>• <b>Delivering our future: Transforming</b> the way we provide services across east Kent, enabling the whole system to offer <b>excellent integrated services</b>.</li> <li>• <b>Right skills right time right place:</b> Developing teams with the <b>right skills</b> to provide care at the <b>right time</b>, in the <b>right place</b> and achieve the <b>best outcomes for patients</b>.</li> <li>• <b>Healthy finances:</b> Having Healthy Finances by providing better, <b>more effective patient care</b> that makes resources go further.</li> </ul>				
<b>LINKS TO STRATEGIC OR CORPORATE RISK REGISTER</b>	None				
<b>RESOURCE IMPLICATIONS:</b>	None				
<b>COMMITTEES WHO HAVE CONSIDERED THIS REPORT</b>	None				
<b>SUBSIDIARY IMPLICATIONS:</b>	None				
<b>PRIVACY IMPACT ASSESSMENT:</b> NO	<b>EQUALITY IMPACT ASSESSMENT:</b> NO				



**RECOMMENDATIONS AND ACTION REQUIRED:**

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

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST - PUBLIC BOARD**

Action No.	Date of Meeting	Min No.	Item	Action	Target date	Action owner	Status	Progress Note (to include the date of the meeting the action was closed)
B/048/19	19.05.20	20/26.1	Highest Mitigated Strategic Risks Report	Review risk CRR 34 - Inadequate Health & Safety (H&S) systems embedded within the Care Groups: review the evidence supporting the reduction in the residual risk score, whether the Trust has in place strong H&S culture and practices sufficiently embedded and these are working. Re-evaluate the decision to reduce the risk score taking into consideration that a number of H&S policies remain out of date.	Jun-20	AH	to Close	Risk CRR 34 reviewed and amended, as noted in the risks report presented to the 11 June 2020 Board meeting. <b>Action for agreement for closure at 11.06.20 Board meeting.</b>
B/049/19	19.05.20	20/27	Integrated Audit and Governance Committee (IAGC)	Provide an update to the IAGC on progress to review all the outstanding policies and confirm the completion date for when these would be reviewed, revised and considered for approval by the Policy Authorisation Group.	Jun-20	AH	Open	Policy Authorisation Group next meets on 24 June 2020. Executive Leads have been asked to confirm review dates for IAGC update.
B/050/19	19.05.20	20/29	Post Meeting Communication	Check that the correct maternity review dates are published on the trust's website.	Jun-20	NY	to Close	The dates have been checked and confirmed these have been updated with the correct dates. <b>Action for agreement for closure at 11.06.20 Board meeting.</b>

<b>REPORT TO:</b>	<b>BOARD OF DIRECTORS (BoD)</b>
<b>DATE:</b>	<b>11 JUNE 2020</b>
<b>REPORT TITLE:</b>	<b>CHAIR'S REPORT</b>
<b>BOARD SPONSOR:</b>	<b>CHAIRMAN</b>
<b>PAPER AUTHOR:</b>	<b>BOARD SUPPORT SECRETARY</b>
<b>PURPOSE:</b>	<b>DISCUSSION</b>
<b>APPENDICES:</b>	<b>NONE</b>

## BACKGROUND AND EXECUTIVE SUMMARY

### Introduction

The purpose of this report is to:

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

### Key Events:

#### 1. Covid-19

1.1 The Trust has fundamentally reorganised how its services work to manage the coronavirus outbreak. Trust staff have been key supporting this around different patterns and ways of providing care both at the bedside and also in people's own home so that they can avoid attending hospital. Our staff have had to be inventive and problem solve on a daily basis during this crisis. The Trust now needs to focus on how we will restore our services prioritising urgent provision for patients. We also need to plan for a possible second peak of Covid. The Trust's Executive Team with support from Care Group Clinical Directors and engaging with staff have began to review and consider what needs to stop, start and continue to be done in terms of running its services going forward to return to the 'new routine'. This will include reviewing what has worked well and the benefits of initiatives implemented e.g. the provision of video clinics and enabling discharging of patients faster that are medically fit for discharge to the community. In respect of safety increasing the non-Covid services offered to formulate a plan to deliver these services in the future working with Covid-19 as a matter of daily life and social (physical) distancing needs.

1.2 The Trust has continued to treat and operate on cancer patients that has taken place at Kent & Canterbury Hospital (K&CH) throughout the pandemic, with staff on the St Lawrence ward adapting to look after recovering patients rather than their usual orthopaedic cases. Patients needing more complicated operations have been treated at K&CH with the back-up provision of the wards and intensive care unit (ITU) if needed. The Trust has also worked in partnership with the private hospitals including the Chaucer Hospital, Spencer Private Hospitals and One Ashford, providing chemotherapy and radiotherapy treatments. This has enabled clinicians to operate on these vulnerable patients reducing risks. Anyone who is concerned they have cancer symptoms are encouraged to see their GP for a referral. All patients coming into the hospitals for surgery are tested for Covid-19 before they are admitted and operations are postponed if tested positive or if a member of their family has symptoms.

- 1.3 The Trust's Research and Innovation Team have been working to create and run Covid-19 clinical trials offering different treatment options to our patients. The Trust's research delivery and clinical teams across the three acute hospital sites are carrying out studies in its ITUs and active Covid-19 wards to better understand the spread and behaviour of this disease. This evidence will help to control the outbreak and improve treatment options for patients. Thanks to all the Trust's research teams and clinicians for their continued dedication and support working together to achieve the best outcomes for patients.

## **2. Care Quality Commission (CQC) Report on Maternity Services**

- 2.1 The Trust welcomed the CQC report on its maternity services following the unannounced inspections carried out at Queen Elizabeth the Queen Mother Hospital (QEQMH) and William Harvey Hospital (WHH) on 22 and 23 January 2020, along with a further unannounced visit to the hospitals on 4 and 5 February. The CQC rated the Trust's maternity services as 'good' for effectiveness, care and responsiveness and 'requires improvement' for leadership and safety. The maternity service retained its rating as 'requires improvement' overall, while the service at QEQMH was upgraded to 'good' for 'responsive'.
- 2.2 The CQC report noted that 'following investigations into serious incidents (SIs), it found the maternity service implemented learning to improve safety for women and babies. Duty of candour had improved with the Head of Midwifery and senior maternity leadership having strengthened the way in which they communicated incidents with families following SIs'. It was also acknowledged the Trust had 'implemented processes to make sure patient safety was at the centre of women's care', that the service 'provided care and treatment based on national guidance and evidence-based practice', and 'made sure staff were competent for their roles'.
- 2.3 Many changes have been put in place within maternity services since 2017, including a new leadership team, a staff training programme, new equipment and improved governance processes.
- 2.4 The full story including the specific findings of the CQC report and other improvements made can be found on the dedicated Maternity update page on the Trust's website. The full reports can also be accessed on the CQC's website.
- 2.5 The Board continues to receive updates on the maternity improvement support programme covered in the Learning and Review Committee update reports presented to Board.

## **3. Council of Governors**

- 3.1 A virtual Council meeting was held on 21 May with the agenda focussed on essential items. Non-Executive Directors Wendy Cookson, Chair of the Board's Quality Committee, and Nigel Mansley, Chair of the Board's Finance and Performance Committee attended the meeting and updated the Governors on the work of their committees, taking questions on a range of topics. An update was also given on the changes to the national timeframe for publishing Annual Reports and the Council agreed the membership for their three committees.
- 3.2 The Chief Executive attended the closed session of the meeting to give Council an update on the Trust's current position and the enquiries and actions relating to issues in the Maternity services. Again, Governors had the opportunity to ask questions. The Director of Strategic Development and Capital Planning/Deputy Chief Executive followed on with a presentation about the impact of the Covid-19 crisis; how the Trust

was moving into the recovery phase and planning how to resume service provision. Council discussed how they could contribute to this process, particularly with respect to communicating with their members and the public and seeking feedback.

- 3.3 In accordance with national guidance issued at the end of March, 'Reducing the burden and releasing capacity', Board and Council meetings were stopped and membership activity limited to Covid-19 purposed. This guidance has not yet been superseded, however, we are beginning the process of re-setting meeting dates and workplans for the Council and its committees. As with the Trust, this is a time of opportunity for Council to consider how it wants to operate moving forward to delivery on its statutory duties and responsibilities – taking into account the continuing restrictions on social movement and the changes the Trust is making as part of the recovery and restore process.

### Non-Executive Directors' (NEDs) Commitments

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

<b>Chair</b>	21 May 2020 – CoG Full Council meeting 21 May 2020 – East Kent Integrated Care Provider (EKICP) Development Board Meeting 29 May 2020 – Kent & Medway (K&M) Chairs meeting Council of Governors Briefings Weekly Board and NED Briefings Fortnightly Maternity driver meetings
<b>Non-Executive Directors</b>	15 May 2020 – Learning and Review Committee meeting (Maternity Support Programme) 21 May 2020 – Strategic Workforce Committee monthly briefing 2 June 2020 – Quality Committee monthly briefing 2 June 2020 – 2gether Support Solutions Board meeting 3 June 2020 – Finance and Performance Committee monthly briefing Weekly Board and NED Briefings Fortnightly Ethics Committee Fortnightly Maternity driver meetings

<b>IDENTIFIED RISKS AND MANAGEMENT ACTIONS:</b>	None
<b>LINKS TO STRATEGIC OBJECTIVES:</b>	<ul style="list-style-type: none"> <li>• <b>Getting to good:</b> Improve quality, safety and experience, resulting in <b>Good</b> and then <b>Outstanding</b> care.</li> <li>• <b>Higher standards for patients:</b> Improve the <b>quality and experience</b> of the care we offer, so patients are <b>treated in a timely way</b> and <b>access the best care</b> at all times.</li> <li>• <b>A great place to work:</b> Making the Trust a <b>Great Place to Work</b> for our current and future staff.</li> <li>• <b>Delivering our future: Transforming</b> the way we provide services across east Kent, enabling the whole system to offer <b>excellent integrated services</b>.</li> <li>• <b>Right skills right time right place:</b> Developing teams with the <b>right skills</b> to provide care at the <b>right time</b>, in the <b>right place</b> and achieve the <b>best outcomes for patients</b>.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Healthy finances:</b> Having Healthy Finances by providing better, <b>more effective patient care</b> that makes resources go further.</li> </ul>	
<b>LINKS TO STRATEGIC OR CORPORATE RISK REGISTER</b>	None	
<b>RESOURCE IMPLICATIONS:</b>	None	
<b>COMMITTEES WHO HAVE CONSIDERED THIS REPORT</b>	None	
<b>SUBSIDIARY IMPLICATIONS:</b>	None	
<b>PRIVACY IMPACT ASSESSMENT:</b> NO	<b>EQUALITY IMPACT ASSESSMENT:</b> NO	

**RECOMMENDATIONS AND ACTION REQUIRED:**

The Board of Directors is asked to discuss and **NOTE** the Chair's report.

20/36

REPORT TO	BOARD OF DIRECTORS (BoD)
DATE	11 JUNE 2020
REPORT TITLE	CHIEF EXECUTIVE'S REPORT
BOARD SPONSOR	CHIEF EXECUTIVE
PAPER AUTHOR	BUSINESS SUPPORT OFFICER
PURPOSE	DISCUSSION
APPENDICES	APPENDIX 1: LATEST PUBLICATIONS AND RESOURCES

## BACKGROUND AND EXECUTIVE SUMMARY

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

This month's report covers the following:

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

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

20/36

<b>COMMITTEES WHO HAVE CONSIDERED THIS REPORT</b>	None
<b>SUBSIDIARY IMPLICATIONS</b>	None
<b>PRIVACY IMPACT ASSESSMENT:</b> NO	<b>EQUALITY IMPACT ASSESSMENT:</b> NO

**RECOMMENDATIONS AND ACTION REQUIRED:**

The Board of Directors is asked discuss and **NOTE** the Chief Executive's report.



20/36

## **Chief Executive Report**

### **COVID-19 UPDATE**

At the time of writing, we have passed the peak of Covid-19. I am pleased to report that the Trust has discharged over 600 inpatients having recovered from Covid-19. Here is a summary of the current activity.

#### **Testing**

East Kent Hospitals University NHS Foundation Trust was one of the country's trusts who most quickly instigated the testing capacity of 600 people a day. We remain one of the leading test sites in the country; supported by development of a digital booking and reporting system, designed by Andy Barker, Director of ICT, at the Trust. This has subsequently been rolled-out to the rest of the county including nursing homes.

#### **Research**

Within the first week of the COVID outbreak the Research & Innovation (R&I) team assessed and hibernated over 170 studies (approximately 2,500 patients) to prioritise urgent public health COVID research.

To date the research department have recruited approximately 1,000 patients to the Clinical Characterisation study. The primary purpose of this study is the rapid, co-ordinated clinical investigation of patients with confirmed coronavirus. The team has successfully set up and recruited 83 patients to the RECOVERY trial.

Following this significant success East Kent has been selected as one of only two sites in Kent, Surrey and Sussex to be able to offer convalescent Plasma as part of the RECOVERY trial for Covid-19. The research department have already completed all necessary actions with delivery teams ready, transfusion services fully engaged, and simply awaiting NHS blood transfusion. This combined with the news of Remdesivir means we will be offering our patients the most up to date / full range of potential treatment options available at this time.

#### **Antibody testing**

Mass-antibody testing is underway to help determine if people have immunity to coronavirus. NHSE have issued a national target of 6,000 serology tests to be completed for the South Region. This would equate to 1,200 serology tests across Kent and Medway; 600 per acute site. The current Laboratory Information Management System (LIMS) will be used to facilitate the serology testing. East Kent currently have capacity for 2,500 tests per day.

The roll-out will be undertaken in the following phases:

Phase 1: testing acute patients and staff.

Phase 2: testing providers on NHS acute sites (i.e. 2gether Support Solutions).

Phase 3: Primary care, care homes, social care.

Since Friday 29 May, 362 patients and 184 staff have been tested for antibodies – plus 142 staff for Maidstone and Tunbridge Wells NHS Trust.

20/36

### **Recovery and Re-set**

As the number of Covid cases decline, we look to stand-up urgent and elective services as a result. This will need to be done extremely cautiously and carefully, and with considerable creativity. The Care Groups have undertaken a desk-top exercise, with key guiding principles to adhere to. Discussions included working collaboratively with other healthcare providers across the system, the need to reduce footfall to the patients and limiting clinical staff travel across sites on the same day.

### **Maternity**

The Care Quality Commission (CQC) has rated the Trust's maternity service 'good' for effectiveness, care and responsiveness and 'requires improvement' for leadership and safety.

The maternity service retained its rating as 'requires improvement' overall, while the service at Queen Elizabeth The Queen Mother Hospital, Margate, was upgraded to 'good' for 'Responsive'.

They published the reports at the end of May, following unannounced inspections of maternity services at the Trust in January and February this year. The CQC inspections took place after concerns were raised about the safety of maternity services at the Trust, including the inquest this January into the death of baby Harry Richford, who died at Queen Elizabeth The Queen Mother Hospital in 2017.

The CQC said the Trust had 'implemented processes to make sure patient safety was at the centre of women's care', and the head of midwifery and senior maternity leadership had strengthened the way in which they communicated with families and that leaders had improved the governance processes throughout the service with support from partner organisations.

The CQC also cited changes since 2017, including a new leadership team, a staff training programme and new equipment. However, it issued two requirement notices with regard to governance and the provision of the safe care and treatment.

It found the new governance processes were not yet fully embedded in some areas and cited a number of areas for improvement, primarily in the hospital antenatal triage and day care services used to assess and monitor women experiencing pain or symptoms from 16 weeks of pregnancy.

The first stage of discovery and response from the Learning and Review Committee (LRC) is concluding and Dr Des Holden, Chair of the LRC has commissioned an integrated action plan be drawn up for the remaining tasks, themes and actions that require implementation, including recommendations from the Healthcare Safety Investigation Branch (HSIB) and CQC.

You can read the reports here: <https://www.cqc.org.uk/provider/RVV>

### **Trust Seal Activity**

- Renewal Lease contract between EKHUFT and Little Oaks Nursery Ltd.

20/36

## Appendix 1: Publications and Policy Developments of Note

### NHSI and NHSE

#### New NHS-led centre to consider specific health challenges of race and ethnicity

On Saturday, NHS England and the NHS Confederation confirmed the creation of a [new centre](#) to identify and tackle the impact of race and ethnicity on people's health. The NHS Race and Health Observatory, to be hosted by the NHS Confederation, will involve UK and international experts and will offer analysis and policy recommendations to improve health outcomes for NHS patients, communities and staff.

#### Updated standard operating procedures for general practice

The NHS has published its [revised standard operating procedures for general practice](#), including guiding principles, options for face-to-face patient assessment, and advice on topics such as pathway referrals, medicines and prescribing, and support for marginalised groups.

#### NHS advice to new mothers published in translation

We have published translated versions of leaflets recently issued for new and expectant parents during the pandemic: on [planning a birth](#) despite temporary changes to maternity services, and on [illness in newborn babies](#) including signs of coronavirus.

#### NHS Test and trace

As noted in yesterday's update, the NHS [Test and Trace](#) service launched last week has been established to minimise community transmission of COVID-19. It is designed to ensure that anyone who develops symptoms can quickly be tested to find out if they have the virus and, if they do, to trace close recent contacts who will be notified that they should self-isolate at home for 14 days.

NHS staff are subject to the same test and trace protocols as all other members of the public. Therefore, if a healthcare professional or another member of staff is contacted by the NHS Test and Trace service and advised to self-isolate, they must do so.

**20/36**

Close contact excludes circumstances where Personal Protective Equipment (PPE) was being worn, in accordance with current guidance on infection, prevention and control.

<b>REPORT TO:</b>	<b>BOARD OF DIRECTORS (BoD)</b>
<b>DATE:</b>	<b>11 JUNE 2020</b>
<b>REPORT TITLE:</b>	<b>MONTH 1 FINANCE REPORT</b>
<b>BOARD SPONSOR:</b>	<b>DIRECTOR OF FINANCE AND PERFORMANCE</b>
<b>PAPER AUTHOR:</b>	<b>REPORTING ACCOUNTANT</b>
<b>PURPOSE:</b>	<b>DISCUSSION</b>
<b>APPENDICES:</b>	<b>APPENDIX 1: FINANCE REPORT M1 (APRIL 2020)</b>

### **BACKGROUND AND EXECUTIVE SUMMARY**

The Trust generated a consolidated breakeven position in April which was in line with the financial plan.

For 2020/21 all NHS acute Trusts have been provided block payments based on 2019/20 income baseline funding (based on November 2019 to January 2020 average) with additional top-up funding to cover the incremental expenditure incurred to provide the Covid-19 operational response. This additional funding is capped in order to achieve an overall maximum breakeven position.

The Trust has identified £4.8m of costs associated with Covid-19 therefore underspends totalling £2m have been made in other areas to net the required top-up funding down to £2.8m.

The annual plan for the Trust is consistent with our draft plan submitted to NHS England/NHS Improvement (NHSE/I). This has been phased so that each month is breakeven for the first 4 months in line with NHSE/I guidance therefore there is a £4m re-profiling adjustment in April. Once further guidance is issued on 2020/21 planning and the national funding architecture EKHUFT will re-base our plan accordingly.

The key drivers of financial pressure as a result of Covid-19 were:

- Additional staff costs to cover sickness and expanding medical / nursing workforce £1.4m;
- Lost income (private patients, Trust car parking, catering etc.) £1.6m;
- Decontamination and Personal Protective Equipment (PPE) revenue costs £0.9m;
- Segregation of patient pathways and additional Intensive Treatment Unit (ITU) capacity £0.6m;
- Pathology testing £0.3m.

The key areas of underspend which partially offset this include:

- Medical equipment and disposables underspends within the Surgery and Anaesthetic Care Group due to reduced elective activity £0.9m;
- Underspends in drugs and consumables due to significantly lower than planned levels of outpatient and elective patients £0.4m.

### **IDENTIFIED RISKS AND MANAGEMENT ACTIONS:**

Failure to deliver Cost Improvement Programme (CIP) requirement increases costs.

LINKS TO STRATEGIC OBJECTIVES:	<b>Healthy finances:</b> Having Healthy Finances by providing better, more effective patient care that makes resources go further.	
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	SRR 5: Failure to achieve financial plans as agreed by NHSI under the Financial Special Measures Regime.	
RESOURCE IMPLICATIONS:	Key financial decisions and actions may be taken on the basis of this report.	
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	None	
SUBSIDIARY IMPLICATIONS:	None	
PRIVACY IMPACT ASSESSMENT: NO	EQUALITY IMPACT ASSESSMENT: NO	

<b>RECOMMENDATIONS AND ACTION REQUIRED:</b>  The Board of Directors is asked to review and <b>NOTE</b> the financial performance and actions being taken to address issues of concern.
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# Finance Performance Report 2020/21

## April 2020

Director of Finance and Performance Management  
Philip Cave



**Contents and Appendices**  
**Month 01 (April) 2020/21**

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# Executive Summary

## Month 01 (April) 2020/21

### Executive Summary

The Trust generated a consolidated breakeven position in April which was in line with the financial plan.

£'000	This Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
EKHUFT Income	51,652	58,372	6,720	51,652	58,372	6,720
EKHUFT Pay	(34,415)	(35,794)	(1,380)	(34,415)	(35,794)	(1,380)
EKHUFT Non-Pay	(21,293)	(22,488)	(1,195)	(21,293)	(22,488)	(1,195)
<b>EKHUFT Financial Position (inc PSF)</b>	<b>(4,056)</b>	<b>90</b>	<b>4,146</b>	<b>(4,056)</b>	<b>90</b>	<b>4,146</b>
Spencer Performance After Tax	5	1	(4)	5	1	(4)
2gether Performance After Tax	(45)	(94)	(49)	(45)	(94)	(49)
Reprofiling Plan adjustment	4,096	0	(4,096)	4,096	0	(4,096)
<b>Consolidated I&amp;E Position (inc PSF)</b>	<b>0</b>	<b>(3)</b>	<b>(3)</b>	<b>0</b>	<b>(3)</b>	<b>(3)</b>
Add back Impairments	42	0	(42)	42	0	(42)
Add back 'Cash Donations for capital assets'	(45)	(72)	(27)	(45)	(72)	(27)
Remove Donated Depreciation	83	75	(8)	83	75	(8)
Reprofiling Plan adjustment	(80)	0	80	(80)	0	80
<b>Consolidated I&amp;E Position (excl PSF)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

For 2020/21 all NHS acute Trusts have been provided block payments based on 2019/20 income baseline funding (based on November to January average) with additional top-up funding to cover the incremental expenditure incurred to provide the Covid-19 operational response. This additional funding is capped in order to achieve an overall maximum breakeven position.

The Trust has identified £4.8m of costs associated with Covid-19 therefore underspends totalling £2m have been made in other areas to net the required top-up funding down to £2.8m.

The annual plan for the Trust is consistent with our draft plan submitted to NHSE/I. This has been phased so that each month is breakeven for the first 4 months in line with NHSE/I guidance therefore there is a £4m re-profiling adjustment in April. Once further guidance is issued on 2020/21 planning and the national funding architecture EKHUFT will re-base our plan accordingly.

The key drivers of financial pressure as a result of Covid-19 were:

- Additional staff costs to cover sickness and expanding medical / nursing workforce £1.4m
- Lost income (private patients, Trust car parking, catering etc.) £1.6m
- Decontamination & PPE revenue costs £0.9m
- Segregation of patient pathways and additional ITU capacity £0.6m
- Pathology testing £0.3m

The key areas of underspend which partially offset this include:

- Medical equipment and disposables underspends within the Surgery and Anaesthetic Care Group due to reduced elective activity £0.9m
- Underspends in drugs & consumables due to significantly lower than planned levels of outpatient and elective patients £0.4m

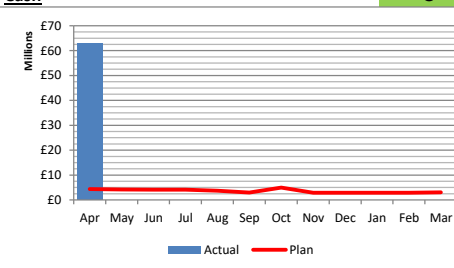
### Income and Expenditure

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The Trust generated a consolidated breakeven position in April which was in line with the plan. The main drivers of the performance as compared to our draft plan were:  
An overspend relating to Covid-19 costs of £4.8m in all categories, offset by underspends of £2m meaning £2.8m of funding to be reimbursed by NHSE/I  
Clinical income overperformed by £6.7m, due to additional NHSE/I funding received to fund the Trust to achieve a breakeven position and cover incremental Covid-19 costs.  
A pay overspend of £1.4m due to overspends on temporary staffing due to additional Covid-19 costs. Total expenditure on pay in April was £35.8m, an increase of £0.6m when compared to March, mainly in substantive staff headings, following the pay award to Afc staff and Doctors in training, and overtime payments.  
A non-pay overspend of £1.2m, mainly relating to Covid-19 expenditure estimated at £1.8m in April and slippage on CIP schemes of £1.0m offset by an underspend on medical equipment and consumables with the Surgical and Anaesthetic care group, reflecting reduced elective activity. Expenditure on non-pay fell by £3.0m when compared to April, mainly relating to stock adjustments and year end provisions accounted for in March.

### Cash

G



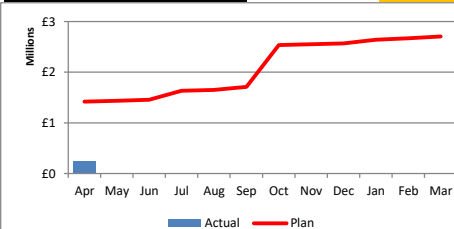
The Trust's cash balance at the end of April was £62.9m which was £58.3m above plan due to the NHSE/I block payment on account to cover anticipated operational costs for April & May as part of the national policy for April - July.  
The Trust has total revenue borrowings of £125m which, following the government announcement, will be converted to PDC in September 2020. Any future required borrowings will be drawn down as PDC. This attracts 3.5% interest, but does not require paying back.

### Capital Programme

Capital expenditure in Month 1 was £1.6m against a £1.4m plan. This includes £0.3m of internally approved Covid-19 related capital spend.  
The Trust has submitted a bid to NHSE/I for reimbursement of Covid-19 capex in April through a regional assurance process. Whilst full reimbursement is expected, there is a risk that the Trust does not receive the full level of retrospective capital funding and would be required to fund this from internal generated resources (depreciation/ cash).  
The April capital plan is consistent with the draft plan submitted to NHSE/I in March 2020. Nationally, all Trusts are required by to resubmit their capital plans to NHSE/I at the end of May to match a revised capital control total set at K&M STP aggregate level which is £13.5m lower than the submitted draft plans. Discussions are currently underway across the STP in how this reduction is managed at organisation level.

### Cost Improvement Programme

A



The Trust planned to deliver £25m of CIP in 2020/21 in our submitted NHSE/I draft plan. In light of the national directive to focus on the operational response to Covid-19 EKHUFT has a reduced ability to deliver savings and delivered £0.2m of savings against a plan of £1.4m in April.

# Income and Expenditure Summary

## Month 01 (April) 2020/21

Unconsolidated	This Month			Year to Date			Annual
£000	Plan	Actual	Var.	Plan	Actual	Var.	Plan
<b>Income</b>							
Electives	7,732	2,035	(5,697)	7,732	2,035	(5,697)	95,027
Non-Electives	15,915	11,255	(4,660)	15,915	11,255	(4,660)	195,595
Accident and Emergency	2,973	1,763	(1,210)	2,973	1,763	(1,210)	36,533
Outpatients	6,925	2,895	(4,030)	6,925	2,895	(4,030)	85,119
High Cost Drugs	4,684	4,895	211	4,684	4,895	211	57,567
Private Patients	25	2	(23)	25	2	(23)	303
Other NHS Clinical Income	9,497	26,686	17,189	9,497	26,686	17,189	116,771
Other Clinical Income	324	123	(201)	324	123	(201)	3,944
<b>Total Clinical Income</b>	<b>48,075</b>	<b>49,654</b>	<b>1,579</b>	<b>48,075</b>	<b>49,654</b>	<b>1,579</b>	<b>590,859</b>
Non Clinical Income	3,577	8,718	5,141	3,577	8,718	5,141	42,917
<b>Total Income</b>	<b>51,652</b>	<b>58,372</b>	<b>6,720</b>	<b>51,652</b>	<b>58,372</b>	<b>6,720</b>	<b>633,776</b>
<b>Expenditure</b>							
Substantive Staff	(31,065)	(31,244)	(179)	(31,065)	(31,244)	(179)	(388,338)
Bank	(1,366)	(1,761)	(395)	(1,366)	(1,761)	(395)	(16,388)
Agency	(1,984)	(2,790)	(806)	(1,984)	(2,790)	(806)	(23,810)
<b>Total Pay</b>	<b>(34,415)</b>	<b>(35,794)</b>	<b>(1,380)</b>	<b>(34,415)</b>	<b>(35,794)</b>	<b>(1,380)</b>	<b>(428,536)</b>
Non Pay	(19,083)	(20,688)	(1,604)	(19,083)	(20,688)	(1,604)	(225,668)
<b>Total Expenditure</b>	<b>(53,498)</b>	<b>(56,482)</b>	<b>(2,984)</b>	<b>(53,498)</b>	<b>(56,482)</b>	<b>(2,984)</b>	<b>(654,204)</b>
Non-Operating Expenses	(2,209)	(1,800)	409	(2,209)	(1,800)	409	(26,414)
<b>Income and Expenditure Surplus/(Deficit)</b>	<b>(4,056)</b>	<b>90</b>	<b>4,146</b>	<b>(4,056)</b>	<b>90</b>	<b>4,146</b>	<b>(46,842)</b>

Consolidated	This Month			Year to Date			Annual
£000	Plan	Actual	Var.	Plan	Actual	Var.	Plan
<b>Income</b>							
Clinical Income	49,933	49,655	(278)	49,933	49,655	(278)	603,852
Non Clinical Income	7,284	9,495	2,211	7,284	9,495	2,211	45,946
<b>Total Income</b>	<b>57,217</b>	<b>59,150</b>	<b>1,933</b>	<b>57,217</b>	<b>59,150</b>	<b>1,933</b>	<b>649,798</b>
<b>Expenditure</b>							
Pay	(37,105)	(38,653)	(1,548)	(37,105)	(38,653)	(1,548)	(457,620)
Non Pay	(18,702)	(18,679)	23	(18,702)	(18,679)	23	(211,402)
<b>Total Expenditure</b>	<b>(55,807)</b>	<b>(57,332)</b>	<b>(1,525)</b>	<b>(55,807)</b>	<b>(57,332)</b>	<b>(1,525)</b>	<b>(669,022)</b>
Non-Operating Expenses	(1,410)	(1,821)	(411)	(1,410)	(1,821)	(411)	(26,107)
<b>Income and Expenditure Surplus/(Deficit)</b>	<b>-</b>	<b>(3)</b>	<b>(3)</b>	<b>-</b>	<b>(3)</b>	<b>(3)</b>	<b>(45,331)</b>

### Clinical Income

Covid-19 has had a far reaching effect on the value of income received and reported as well as how much activity has been able to be delivered. Total commissioner Income has been received based on the allocated payments set up NHSE/I across the Trust's main Commissioners, rather than on the basis of agreed contracts or on activity delivered. The Total value of income from these commissioners will be fixed until October at a level of £49.3m per month. This was set by NHSE/I at the monthly Run Rate from November to January 2020 + 2.8%. The only additional clinical income the Trust will receive will be Provider to Provider invoicing, Compensation Recovery Unit and Private and Overseas Patients. ITU activity was not available at the time of reporting and an estimate was used.

The activity used in the plan agrees with that reported by the Trust's Information department, which is 19/20 Outturn. The Income Plan has been adjusted to agree to the Draft plan as submitted to NHSE/I and includes growth, Commissioner QIPPs and business cases as planned pre-Covid-19, such as the opening of the Urgent Treatment Centres.

Due to the significant changes that Covid-19 has had on the nature of work required of Hospitals and on our patients' daily lives, it is not surprising that they are significant adverse variances on activity.

The allocated payments are higher than the Trust's submitted plan by £1.6m despite the activity delivered being £16.2m under planned levels, primarily due to the large amount of Elective and Outpatient work that had to be cancelled.

### Non Clinical Income and Expenditure

Non clinical income is favourable to plan in April by £5.1m. CIP schemes are marginally adverse to plan due to slippage on car parking schemes. The Trust is reporting additional Covid-19 and top up income of £4.8m to bring the Group to a break-even position in April. In addition to this above plan income, income relating to education and training is favourable to plan by £0.2m and income relating to the supply of AMD drugs to Spencer Wing is favourable to plan by £0.2m. These above plan results are offset by the expected adverse position on car parking revenues of £0.3m following implementation of free staff parking and reduced visitor parking.

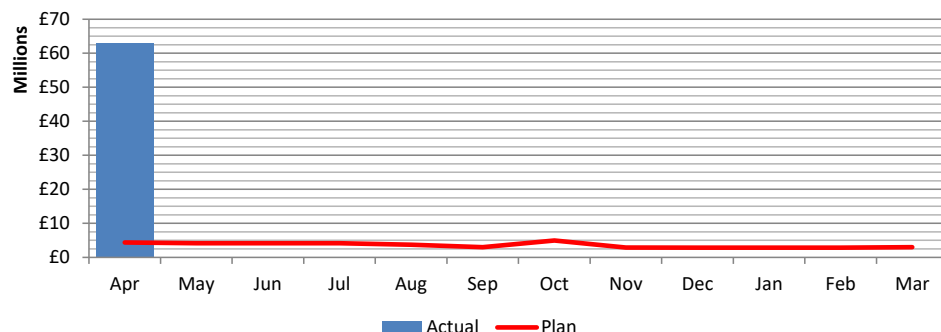
Total expenditure is adverse to the Trust's internal plan in April by £3.0m, with slippage on CIP schemes accounting for £1.6m of the variance. Pay expenditure is adverse to plan in April by £1.4m. In month, permanent staff costs are breakeven against plan with overspends on temporary staffing totalling £1.5m, marginally offset by an underspend on waiting list payments. Total expenditure on pay in April was £35.8m, an increase of £0.6m when compared to March, mainly in substantive staff headings, following the pay award to AfC staff and Doctors in training, and overtime payments. Additional spend relating to staff assisting the Covid effort is estimated to be £1.4m in April.

Expenditure on non pay is adverse to plan in April by £1.6m, mainly relating to Covid expenditure estimated at £1.8m in April and slippage on CIP schemes of £1.0m. This adverse position is offset by an underspend on medical equipment and consumables with the Surgical and Anaesthetic care Group, reflecting reduced elective activity. Expenditure on non pay fell by £3.0m when compared to April, mainly relating to stock adjustments and year end provisions accounted for in March.

# Cash Flow

## Month 01 (April) 2020/21

Cash: Plan v Actual



**Unconsolidated Cash balance was £62.9m at the end of April 20, £58.5m above plan YTD.**

### Cash receipts in month totalled £131.0m.

As part of the COVID 19 response, the Trust moved to block contract payments in April, with both April and May block payments received in April, totalling £98.7m. An additional £6.2m was paid to the Trust by NHS England as a top up payment.

These large receipts have enabled the Trust to continue paying suppliers to 14 day terms without restricting weekly payment runs.

### Cash payments in month totalled £90m

Creditor payment runs were £26.5m above plan.

### Working Capital Facility

Loan Schedule	Loan Value £000	Facility Type
2016/17	22,736	ISRWF
2017/18	23,492	ISUCL
2018/19	42,122	ISUCL
2019/20	36,569	ISUCL

The Foundation Trust has total Revenue borrowings of £124.9m.

As set out by DHSC, all revenue loans are to be converted to PDC in September 2020. All further borrowings in 2020/21 will be drawn down as PDC.

### PDC Borrowings

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

No further draws are forecast until July 2020

### Creditor Management

In the closing 2 weeks of March 20, the Trust moved to pay invoices 2 weeks ahead of due date to protect suppliers through COVID 19. This has continued throughout April. At the end of April 2020 the Trust was recording 55 creditor days (Calculated as invoiced creditors at 31st March/ Forecast non pay expenditure x 365)

### Definitions

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

# Clinical Income

## Month 01 (April) 2020/21

Trust Income Plan

£48.075m

Trust Actual Income

£49.654m

Income Variance

£1.579m

2020/21 - Month 1

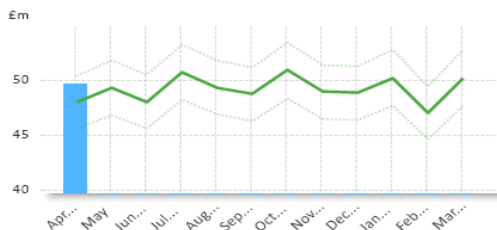
East Kent Hospitals University NHS Foundation Trust

Year to Date

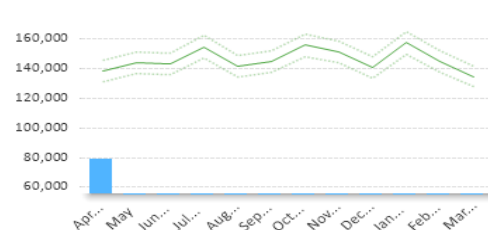
Summary	Plan	Actual	Variance	Actual
1a Total Non Elective Spells	15.4	10.8	(4.7)	10.8
1b Total Non Elective Excess Bed Days	0.5	0.5	0.0	0.5
2 Accident & Emergency	3.0	1.8	(1.2)	1.8
3a Total Elective Spells	7.7	1.9	(5.7)	1.9
3b Total Elective Excess Bed Days	0.1	0.1	0.0	0.1
4a New Outpatient Attendances	3.3	1.0	(2.3)	1.0
4b Outpatient Follow Up Attendances	3.5	1.9	(1.6)	1.9
5a Other PbR Cost Per Case	3.1	2.9	(0.3)	2.9
5b Non-PbR Cost Per Case	11.3	9.5	(1.8)	9.5
6 Block Agreements	2.1	20.0	17.9	20.0
7 Risks and Adjustments	(1.8)	(0.6)	1.2	(0.6)
<b>Grand Total</b>	<b>48.1</b>	<b>49.7</b>	<b>1.6</b>	<b>49.7</b>

Care Group Income £m	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Cancer Services	3.9	3.9	(0.0)	3.9	3.9	(0.0)	47.9
Central	0.4	1.9	1.6	0.4	1.9	1.6	3.1
Clinical Support Services	4.9	4.9	0.0	4.9	4.9	0.0	59.7
General and Specialist Medicine	11.3	11.3	0.0	11.3	11.3	0.0	149.5
Surgery - Head and neck, Breast Surgery a...	3.4	3.4	(0.0)	3.4	3.4	(0.0)	44.1
Surgery and Anaesthetics	10.5	10.5	(0.0)	10.5	10.5	(0.0)	119.3
Urgent and Emergency Care	7.3	7.3	0.0	7.3	7.3	0.0	89.7
Women's and Children's Services	6.4	6.4	(0.0)	6.4	6.4	(0.0)	77.5
<b>Grand Total</b>	<b>48.1</b>	<b>49.7</b>	<b>1.6</b>	<b>48.1</b>	<b>49.7</b>	<b>1.6</b>	<b>590.9</b>

Income by Month

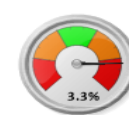


Activity by Month (Excl. DA & Refs)



Commissioner Group	Plan	Actual	Variance	Plan	Actual	Variance	Plan
NHS Kent and Medway CCG	37.9	40.2	2.3	37.9	40.2	2.3	467.4
NHS England - Specialised Services Contract	7.7	7.4	(0.3)	7.7	7.4	(0.3)	93.2
South East Regional Office	-	1.2	1.2	-	1.2	1.2	-
Other Organisations	0.3	0.3	(0.0)	0.3	0.3	(0.0)	5.2
Cancer Drugs Fund	0.3	0.3	(0.0)	0.3	0.3	(0.0)	3.7
NHS South East London CCG	0.1	0.1	0.0	0.1	0.1	0.0	0.8
NHS East Sussex CCG	-	0.1	0.1	-	0.1	0.1	-
NHS South West London CCG	-	0.0	0.0	-	0.0	0.0	-
<b>Others</b>	<b>1.8</b>	<b>0.0</b>	<b>(1.7)</b>	<b>1.8</b>	<b>0.0</b>	<b>(1.7)</b>	<b>20.6</b>
	<b>48.1</b>	<b>49.7</b>	<b>1.6</b>	<b>48.1</b>	<b>49.7</b>	<b>1.6</b>	<b>590.9</b>

Total Income Var



Income Variance



Almost all Income until October 2020 has been set by NHSE/I and allocated to the commissioners at a level of £49.3m per month due to the new Covid-19 payment methodology. Only Private and Overseas, Compensation Recovery Unit and Provider to Provider income will vary.

Variances exist between this block payment and our draft plan due to a difference in how each baseline was set. This variance will continue as long as the block payments are made centrally.

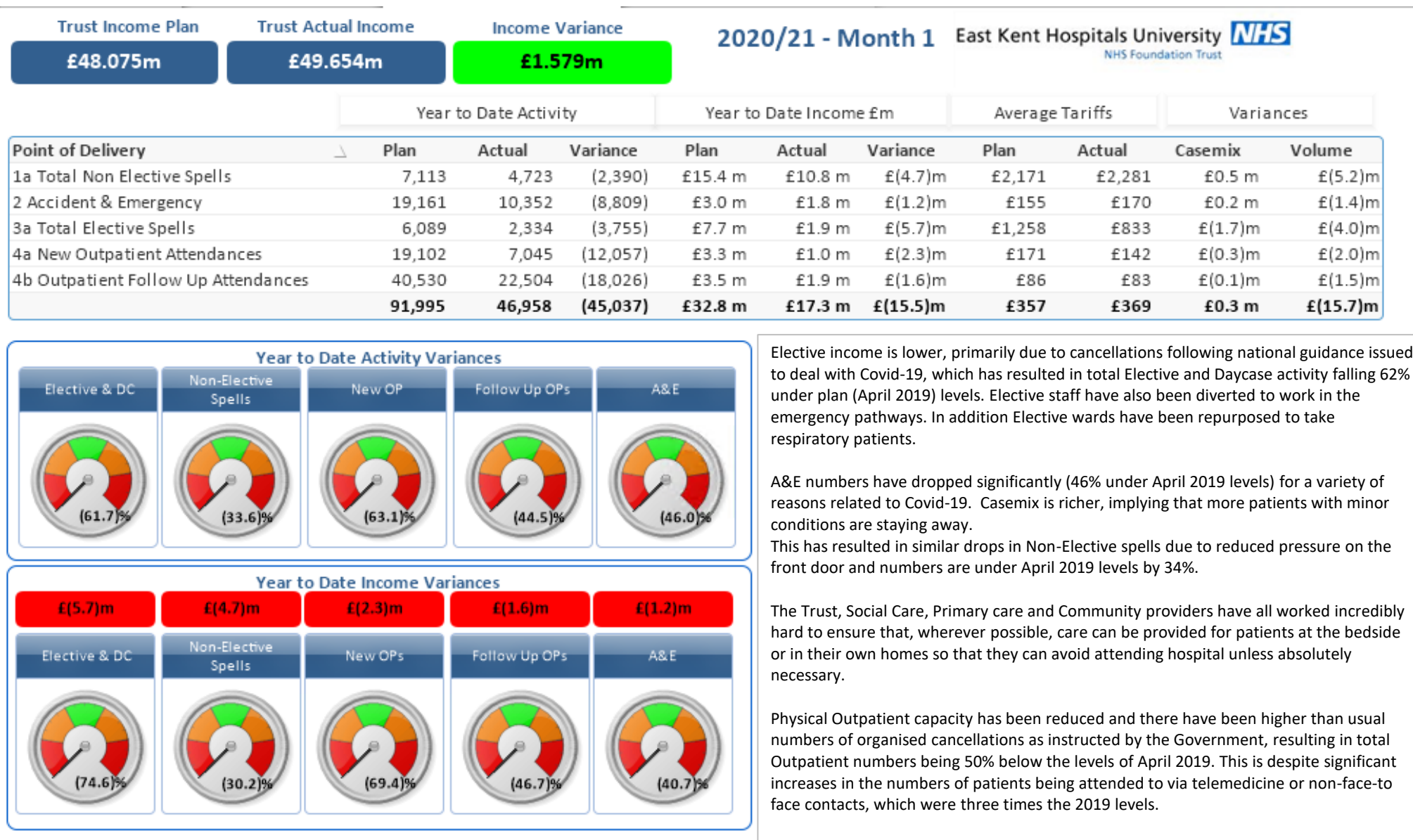
Activity is below plan across the board, with mandated shutdowns affecting Elective pathways and Outpatients most heavily, with both below 50% of planned levels. A&E footfall has been very low too, which has had a knock on effect on Non-Elective activity. ITU activity was reported as an estimate, but is expected to increase once patients start to be discharged in higher numbers.

Income calculated based on actual activity delivered at PbR prices is £17.9m less than the block income received.

The Commissioner breakdown is also different to plan, due to higher than expected levels paid by the new single Kent & Medway CCG, which replaces the 9 previous East, West and North Kent CCGs. In addition Non-Contract are not being billed on the instruction of NHSE/I, with their income coming under Other Income via a 'Lost Income' claim from the centre.

# Activity

## Month 01 (April) 2020/21



## Non Clinical Income

### Month 01 (April) 2020/21

#### Non-Clinical Income

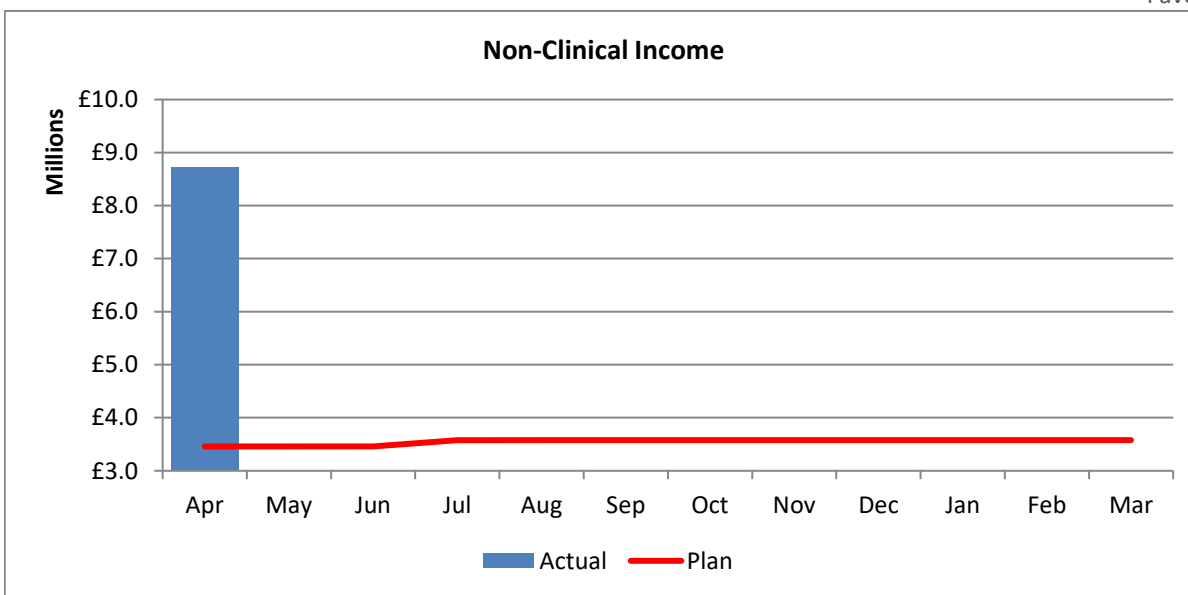
£000	This Month			Year to Date			Annual
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Non-patient care services	1,231	1,545	314	1,231	1,545	314	14,774
Research and development	272	265	(7)	272	265	(7)	3,269
Education and Training	1,318	1,530	212	1,318	1,530	212	15,813
Car Parking income	367	12	(355)	367	12	(355)	4,578
Staff accommodation rental	191	171	(20)	191	171	(20)	2,289
Property rental (not lease income)	8		(8)	8		(8)	99
Cash donations / grants for the purchase of capital assets	45	72	27	45	72	27	538
Charitable and other contributions to expenditure	12	13	1	12	13	1	143
Other	133	5,110	4,977	133	5,110	4,977	1,414
<b>Total</b>	<b>3,577</b>	<b>8,718</b>	<b>5,141</b>	<b>3,577</b>	<b>8,718</b>	<b>5,141</b>	<b>42,917</b>

143.74%

Favourable

143.74%

Favourable



Non clinical income is favourable to plan in April by £5.1m. CIP schemes are marginally adverse to plan due to slippage on car parking schemes.

The Trust received £3.1m additional income from NHS England based on the Covid-19 funding mechanism (based on adjusted prior year average Group run rate for Nov - Jan), and is reporting a net top-up of £1.7m income to offset Covid-19 specific expenditure in April in excess of the run rate calculation in order to achieve the required actual I&E breakeven position

In addition to this above plan income totalling £4.8m, income relating to education and training is favourable to plan by £0.2m and income relating to the supply of AMD drugs to Spencer Wing is favourable to plan by £0.2m (offset by Group expenditure). These above plan results are offset by the expected adverse position on car parking revenues of £0.3m following the implementation of temporary free staff parking and reduced visitor parking.

Pay Expenditure	WTE This Month			This Month			Year to Date			Annual
£000	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan
<b>Permanent Staff</b>										
Medical and Dental	1,188	1,182	6	(9,530)	(9,498)	31	(9,530)	(9,498)	31	(119,129)
Nurses and Midwives	2,574	2,160	414	(8,441)	(8,433)	9	(8,441)	(8,433)	9	(105,523)
Scientific, Therapeutic and Technical	1,486	1,434	52	(4,641)	(4,865)	(225)	(4,641)	(4,865)	(225)	(58,011)
Admin and Clerical	1,535	1,407	128	(3,302)	(3,142)	160	(3,302)	(3,142)	160	(41,274)
Other Pay	1,629	1,594	36	(4,706)	(4,676)	30	(4,706)	(4,676)	30	(58,825)
<b>Permanent Staff Total</b>	<b>8,412</b>	<b>7,776</b>	<b>636</b>	<b>(30,619)</b>	<b>(30,615)</b>	<b>5</b>	<b>(30,619)</b>	<b>(30,615)</b>	<b>5</b>	<b>(382,762)</b>
<b>Waiting List Payments</b>										
Medical and Dental	0	0	0	(120)	(52)	67	(120)	(52)	67	(1,498)
<b>Waiting List Payments Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(120)</b>	<b>(52)</b>	<b>67</b>	<b>(120)</b>	<b>(52)</b>	<b>67</b>	<b>(1,498)</b>
<b>Medical Locums/Short Sessions</b>										
Medical and Dental	0	44	(44)	(326)	(577)	(251)	(326)	(577)	(251)	(4,078)
<b>Medical Locums/Short Sessions Total</b>	<b>0</b>	<b>44</b>	<b>(44)</b>	<b>(326)</b>	<b>(577)</b>	<b>(251)</b>	<b>(326)</b>	<b>(577)</b>	<b>(251)</b>	<b>(4,078)</b>
<b>Substantive</b>	<b>8,412</b>	<b>7,821</b>	<b>591</b>	<b>(31,065)</b>	<b>(31,244)</b>	<b>(179)</b>	<b>(31,065)</b>	<b>(31,244)</b>	<b>(179)</b>	<b>(388,338)</b>
<b>Bank</b>										
Medical and Dental	0	23	(23)	(267)	(310)	(43)	(267)	(310)	(43)	(3,209)
Nurses and Midwives	0	175	(175)	(455)	(752)	(297)	(455)	(752)	(297)	(5,456)
Scientific, Therapeutic and Technical	0	5	(5)	(25)	(40)	(16)	(25)	(40)	(16)	(297)
Admin and Clerical	0	46	(46)	(82)	(127)	(46)	(82)	(127)	(46)	(979)
Other Pay	0	200	(200)	(537)	(531)	6	(537)	(531)	6	(6,447)
<b>Bank Total</b>	<b>0</b>	<b>449</b>	<b>(449)</b>	<b>(1,366)</b>	<b>(1,761)</b>	<b>(395)</b>	<b>(1,366)</b>	<b>(1,761)</b>	<b>(395)</b>	<b>(16,388)</b>
<b>Agency</b>										
Medical and Dental	30	102	(72)	(773)	(1,325)	(553)	(773)	(1,325)	(553)	(9,272)
Nurses and Midwives	0	119	(119)	(605)	(564)	41	(605)	(564)	41	(7,265)
Scientific, Therapeutic and Technical	0	8	(8)	(75)	(28)	47	(75)	(28)	47	(902)
Admin and Clerical	0	0	0	(51)	(3)	48	(51)	(3)	48	(609)
Other Pay	0	3	(3)		(4)	(4)		(4)	(4)	
<b>Agency Total</b>	<b>30</b>	<b>231</b>	<b>(201)</b>	<b>(1,504)</b>	<b>(1,925)</b>	<b>(421)</b>	<b>(1,504)</b>	<b>(1,925)</b>	<b>(421)</b>	<b>(18,048)</b>
<b>Direct Engagement - Agency</b>										
Medical and Dental	0	58	(58)	(437)	(812)	(375)	(437)	(812)	(375)	(5,245)
Scientific, Therapeutic and Technical	0	8	(8)	(43)	(53)	(10)	(43)	(53)	(10)	(517)
<b>Direct Engagement - Agency Total</b>	<b>0</b>	<b>67</b>	<b>(67)</b>	<b>(480)</b>	<b>(865)</b>	<b>(385)</b>	<b>(480)</b>	<b>(865)</b>	<b>(385)</b>	<b>(5,762)</b>
<b>Agency</b>	<b>30</b>	<b>298</b>	<b>(268)</b>	<b>(1,984)</b>	<b>(2,790)</b>	<b>(806)</b>	<b>(1,984)</b>	<b>(2,790)</b>	<b>(806)</b>	<b>(23,810)</b>
<b>Total</b>	<b>8,442</b>	<b>8,568</b>	<b>(126)</b>	<b>(34,415)</b>	<b>(35,794)</b>	<b>(1,380)</b>	<b>(34,415)</b>	<b>(35,794)</b>	<b>(1,380)</b>	<b>(428,536)</b>
						-4.01%				-4.01%
						Adverse				Adverse

Pay performance is adverse to plan in April by £1.4m (4.0%). Pay CIPs are adverse to plan by £0.6m in month.

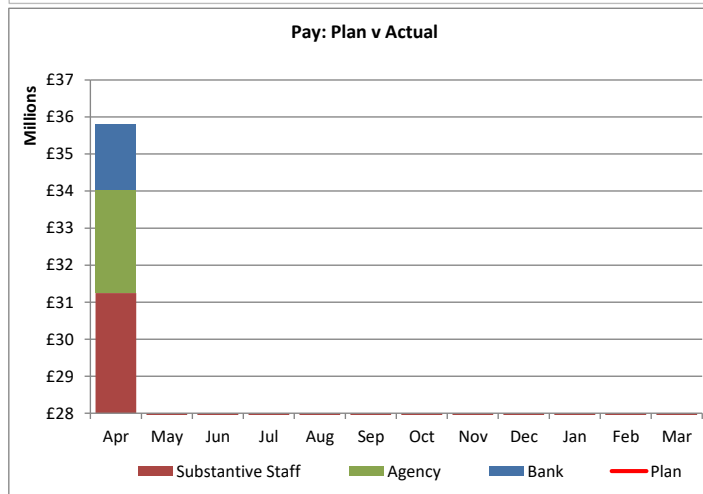
The overspend in month relates mainly to temporary staffing, which is £1.2m adverse to plan, with permanent staff showing as breakeven against plan. Total Covid-19 related pay expenditure in April is estimated to be £1.4m, with £0.8m spent on agency and bank staff and £0.6m on additional substantive staff and internal locums.

Total expenditure on pay in April was £35.8m, an increase of £0.6m when compared to March, mainly in substantive staff headings and overtime payments. The pay award paid to AfC staff and Doctors in training in April accounts for the majority of the increase in permanent staff costs. Temporary staffing costs overall remained largely static, with a reduction in bank staff costs offset by an increase in agency costs. Internal locum costs grew by £0.1m.

Expenditure on substantive staff is adverse to plan in April by £0.2m including payments relating to locum medical sessions and waiting list activity. All of the overspend relates in payments to internal locums, offset by a favourable position on waiting list payments. CIP schemes relating to substantive staff are behind plan by £0.2m.

Expenditure on bank staff is adverse to plan in April by £0.4m, all relating to Covid spend. Bank CIP schemes are adverse to plan by £0.1m.

Agency staff costs are adverse to plan in April by £0.8m, with CIP schemes accounting for £0.4m of the adverse variance and the remainder predominantly relating to Covid cover.

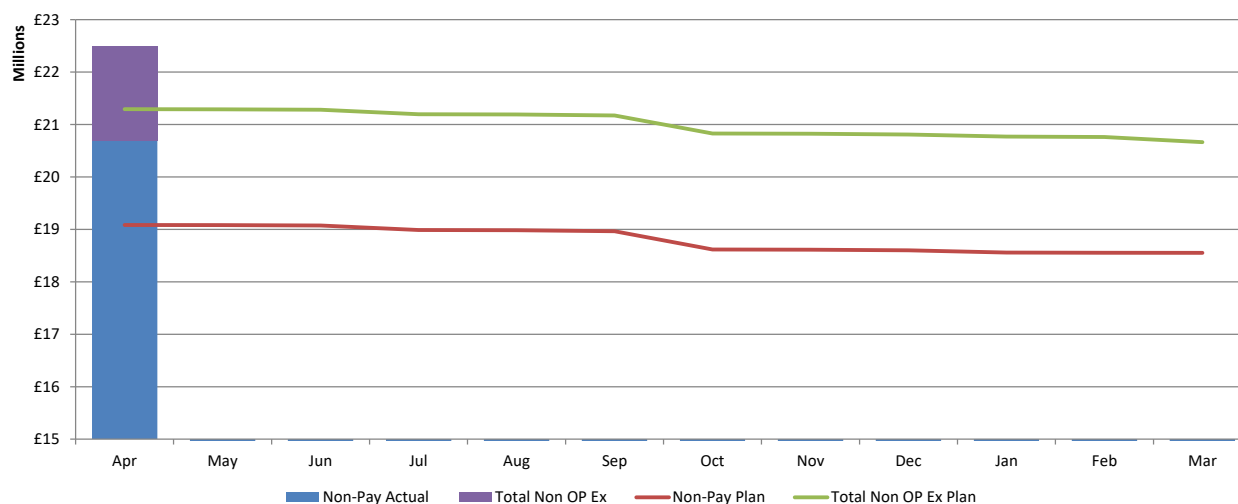




# Non-Pay Month 01 (April) 2020/21

£000	This Month			Year to Date			Annual
	Plan	Actual	Var.	Plan	Actual	Var.	Plan
Drugs	(5,279)	(5,370)	(91)	(5,279)	(5,370)	(91)	(63,352)
Clinical Supplies and Services - Clinical	(3,458)	(2,577)	882	(3,458)	(2,577)	882	(38,145)
Supplies and Services - Non-Clinical	(6,665)	(7,998)	(1,333)	(6,665)	(7,998)	(1,333)	(79,996)
Non Executive Directors	(16)	(15)	1	(16)	(15)	1	(186)
Purchase of Healthcare	169	(241)	(410)	169	(241)	(410)	2,034
Education & Training	(166)	(119)	47	(166)	(119)	47	(1,994)
Consultancy	(96)	(3)	93	(96)	(3)	93	(1,150)
Premises	(1,065)	(1,074)	(9)	(1,065)	(1,074)	(9)	(12,777)
Clinical Negligence	(2,050)	(2,115)	(65)	(2,050)	(2,115)	(65)	(24,601)
Transport	(126)	(208)	(82)	(126)	(208)	(82)	(1,514)
Establishment	(198)	(276)	(78)	(198)	(276)	(78)	(2,379)
Other	(134)	(693)	(559)	(134)	(693)	(559)	(1,608)
<b>Total Non-Pay Expenditure</b>	<b>(19,083)</b>	<b>(20,688)</b>	<b>(1,604)</b>	<b>(19,083)</b>	<b>(20,688)</b>	<b>(1,604)</b>	<b>(225,668)</b>
Depreciation & Amortisation-Owned Assets	(1,613)	(1,325)	288	(1,613)	(1,325)	288	(19,351)
Impairment Losses	(42)		42	(42)		42	(500)
PDC Dividend	(412)	(412)	1	(412)	(412)	1	(4,938)
Interest Receivable	209	198	(11)	209	198	(11)	2,568
Interest Payable	(352)	(262)	90	(352)	(262)	90	(4,193)
<b>Total Non-Operating Expenditure</b>	<b>(2,209)</b>	<b>(1,800)</b>	<b>409</b>	<b>(2,209)</b>	<b>(1,800)</b>	<b>409</b>	<b>(26,414)</b>
<b>Total Expenditure</b>	<b>(21,293)</b>	<b>(22,488)</b>	<b>(1,195)</b>	<b>(21,293)</b>	<b>(22,488)</b>	<b>(1,195)</b>	<b>(252,082)</b>

Non-Pay: Plan v Actual



Non pay expenditure is adverse to plan in April by £1.6m (8.4%). Non pay CIP schemes are adverse to plan in month by £1.0m.

Drug expenditure is adverse to plan in April by £0.1m. Pass-through drugs are breakeven against plan in April. All other drugs are adverse to plan in month by £0.1m, with increased ITU drug usage related to Covid estimated at £0.1m. Drug CIPs are marginally adverse to plan.

Supplies and services - clinical are favourable to plan in April by £0.9m, predominantly relating to underspends on medical equipment and disposables within the Surgery and Anaesthetic Care Group. The Care Group is underspent on clinical supplies by £1.0m in April, reflecting reduced activity in Theatres, Interventional Radiology and Elective Orthopaedics. CIP schemes are adverse to plan by £0.1m.

Supplies and services - non clinical are adverse to plan in April by £1.3m. Covid-19 related expenditure on non pay across all headings is estimated at £2.4m, with approximately £1.8m of goods being sourced via the OHF and showing as an overspend against plan on non clinical supplies. Inflation funding offsets the overspend by £0.2m.

Purchase of healthcare from external organisations is adverse to plan in month by £0.4m, which includes a potential contractual obligation for lost activity from 18 Weeks of c£205k

Other expenditure is adverse to plan in April by £0.6m, predominantly relating to CIP targets of £0.7m not yet allocated to specific projects subjectively. This is offset by slippage on investments of £0.2m.

Actual expenditure on non pay in April was £20.7m, a reduction of £3.0m when compared to final expenditure in March. Expenditure on supplies and services - non clinical reduced by £2.1m, following increased expenditure in March by the Medical Devices Group, OHF contract uplift, year end stock adjustments and provisions totalling £1.6m. Also, year end provisions for Clinical Income bad debt increased in March by £0.6m. Reduced expenditure on purchase of healthcare, education and training, consultancy services and establishment costs totalling £1.0m are offset by increased spend on premises costs and clinical negligence insurance contributions totalling £1.0m.

Non-Operating Expenditure is £0.4m better than plan . The Trust is no longer incurring interest charges on its working capital loans - these will be converted to PDC in September 2020.



# Cost Improvement Summary

Month 01 (April) 2020/21

## Delivery Summary

Programme Themes £000	This Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Agency	187	18	(169)	187	18	(169)
Bank	9	-	(9)	9	-	(9)
Workforce	83	81	(2)	83	81	(2)
Outpatients	5	-	(5)	5	-	(5)
Procurement	6	6	(0)	6	6	(0)
Medicines Value	74	105	31	74	105	31
Theatres	50	-	(50)	50	-	(50)
Care Group Schemes **	1,103	34	(1,069)	1,103	34	(1,069)
<b>Sub-total</b>	<b>1,516</b>	<b>244</b>	<b>(1,272)</b>	<b>1,516</b>	<b>244</b>	<b>(1,272)</b>
Central	(97)	-	97	(97)	-	97
<b>Grand Total</b>	<b>1,419</b>	<b>244</b>	<b>(1,175)</b>	<b>1,419</b>	<b>244</b>	<b>(1,175)</b>

schemes in divisions

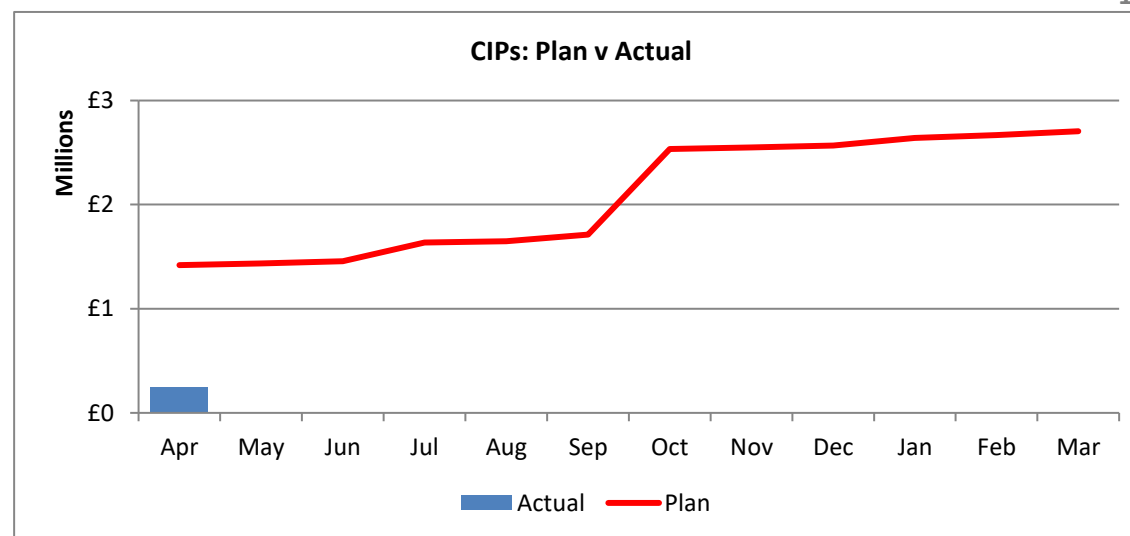
## Delivered £000

Month	Target	Actual
April	1,419	244
May	1,434	
June	1,457	
July	1,635	
August	1,648	
September	1,711	
October	2,535	
November	2,550	
December	2,568	
January	2,642	
February	2,669	
March	2,705	
	<b>24,973</b>	<b>244</b>

1.0%

## CIPs

The CIPs Plan of £25.0m is net of the cost of delivery. CIPs achieved in M01 amounting to £0.24m were below Plan. All areas underperformed in month except for Medicines Value. CIPs in April amounted to £0.14m recurrent and £0.10m on a non-recurrent basis. The YTD position is recurrent £0.14m and non-recurrent £0.10m. The focus has been on supporting the organisation through the Covid-19 crisis.



# Statement of Financial Position

## Month 01 (April) 2020/21

£000	Opening	To Date	Movement
<b>Non-Current Assets</b>	<b>349,404</b>	<b>349,508</b>	<b>103 ▲</b>
<b>Current Assets</b>			
Inventories	4,118	4,355	237 ▲
Trade and Other Receivables	38,525	29,164	(9,361) ▼
Assets Held For Sale			-
Cash and Cash Equivalents	13,893	62,885	48,992 ▲
<b>Total Current Assets</b>	<b>56,536</b>	<b>96,405</b>	<b>39,869 ▲</b>
<b>Current Liabilities</b>			
Payables	(33,470)	(26,586)	6,883 ▼
Accruals and Deferred Income	(43,220)	(87,057)	(43,837) ▲
Provisions	(1,088)	(1,088)	-
Borrowing	(125,325)	(124,977)	348 ▼
<b>Net Current Assets</b>	<b>(146,567)</b>	<b>(143,304)</b>	<b>3,263 ▲</b>
<b>Non Current Liabilities</b>			
Provisions	(3,054)	(3,054)	() ▲
Long Term Debt	(101,349)	(104,625)	(3,277) ▲
<b>Total Assets Employed</b>	<b>98,435</b>	<b>98,525</b>	<b>90 ▲</b>
<b>Financed by Taxpayers Equity</b>			
Public Dividend Capital	207,655	207,655	-
Retained Earnings	(165,923)	(165,833)	90 ▲
Revaluation Reserve	56,702	56,702	-
<b>Total Taxpayers' Equity</b>	<b>98,435</b>	<b>98,525</b>	<b>90 ▲</b>

Non-Current asset values reflect in-year additions (including donated assets) less depreciation charges of £1.3m (£1.3m March). Non-Current assets also includes the loan and equity that finances 2gether Support Solutions c.£84.1m

Trust closing cash balances for April was £62.9m (£13.9m March) £58.5m above plan. See cash report for further details.

Trade and other receivables have decreased from the 2020/21 opening position by £9.4m (£8.0m increase in March). Invoiced debtors have decreased from the opening position by £8.4m to £15.3m (£23.2m March) at the end of April.

All working capital borrowing is being shown as falling due as this will be cleared by PDC in September 2020 - this is shown in current liabilities.

Payables have decreased by £6.9m YTD (£3.8m decrease in March). Invoiced creditors have increased by £6.4m from the opening position to £18.7m. 25% (34% March) relates to current invoices with 10% (9% March) or £1.9m (£2.2m March) over 90 days.

The large increase in deferred income relates to the additional contract payments made in April, paid on account to ensure sufficient cashflow, relating to May.

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

# Working Capital

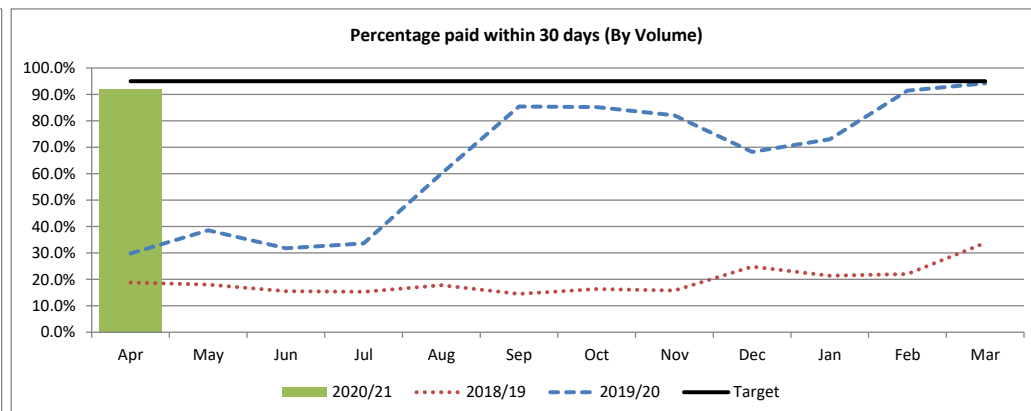
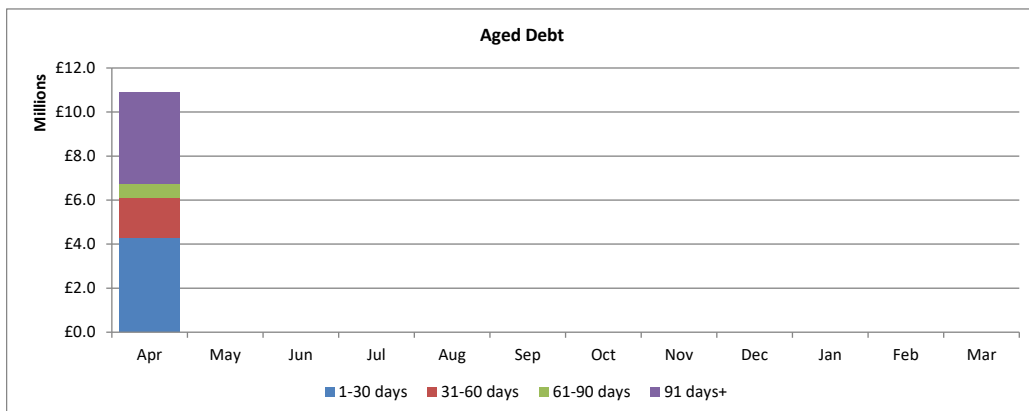
## Month 01 (April) 2020/21

Top ten debtor balances outstanding as at 30/04/2020						
Debtor Name	Current	1-30 Days	31-60 Days	61-90 Days	Over 90	Total
NHS ENGLAND SOUTH EAST COMMISSIONING HUB (14G)	3,002	2	2			3,007
SPENCER PRIVATE HOSPITALS LIMITED	476	646	136	417	419	2,093
NHS CANTERBURY AND COASTAL CCG	1,653	1	0		22	1,676
2GETHER SUPPORT SOLUTIONS LTD	441	539	20		2	998
HEALTHX	12	12	12	12	712	761
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	51	96	34	33	472	685
KENT COMMUNITY HEALTH NHS FOUNDATION TRUST	41	472			129	642
NHS WEST KENT CCG	63	256		1	284	604
NHS SWALE CCG	184	531	283		150	480
MEDWAY NHS FOUNDATION TRUST	22	208	76	1	119	425
<b>Total</b>	<b>5,577</b>	<b>2,761</b>	<b>563</b>	<b>464</b>	<b>2,005</b>	<b>11,371</b>

Total invoiced debtors have decreased from the opening position of £23.7m by £8.4m to £15.3m (of which £4.1m is current debt) following good work clearing historic debts and improving inter-company processes.

At 30th April there were 3 debtors owing over £1m.

- Spencer Private Hospitals (formerly EKMS) outstanding balance: £2.1m (Healthx £0.8m). Work is ongoing to clear further invoices for payment
- NHS England South East Commissioning Hub owe £3.0m relating to outstanding issues at 1920 year end.
- Canterbury and Coastal CCG (merged to form Kent & Medway CCG at 1st April) owes £1.7m, predominantly for the agreed final 1920 overperformance on Drugs



Top ten creditor balances outstanding as at 30/04/2020						
Supplier Name	Current	1-30 Days	31-60 Days	61-90 Days	Over 90	Total
2gether Support Solutions Ltd		9,861	210			10,071
Maidstone & Tunbridge Wells NHS Trust (RWF)	455	384	2	214	492	1,546
NES Holdings (UK) Ltd	352	116	181	41	424	1,114
NHS Professionals Ltd	945	80				1,024
Allscripts Healthcare (IT) UK Ltd		876				876
Canterbury City Council	773	9		14		796
Medway NHS Foundation Trust (RPA)	94	36	22	18	523	692
Spencer Private Hospitals Ltd		243	178	143	73	637
NHS Business Services Authority Prescription Pricing Division		337	1			338
KPMG LLP Fees	316					316
<b>Total</b>	<b>2,933</b>	<b>11,942</b>	<b>594</b>	<b>429</b>	<b>1,512</b>	<b>17,410</b>

Invoiced creditors have increased by £6.4m from the opening position to £18.7m.

25% relates to current invoices with 10% or £1.9m over 90 days.

Overdue NHS creditors have decreased by £368k in Month.

- Guys & St Thomas NHS Foundation Trust (RJ1) - £-23k
- Maidstone & Tunbridge Wells NHS Trust (RWF) - £-332k

YTD the Trust has paid 79% of NHS and 82% of non NHS invoices by value to 30 days compared to last year where the Trust paid 83.1% and 78.6% respectively.

## A. General and Specialist Medicine

### Month 01 (April) 2020/21

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
<b>Income</b>						
Electives	1,043	569	(474)	1,043	569	(474)
Non-Electives	5,491	5,513	22	5,491	5,513	22
Accident and Emergency						
Outpatients	1,989	828	(1,161)	1,989	828	(1,161)
High Cost Drugs	802	845	43	802	845	43
Private Patients	5		(5)	5		(5)
Other NHS Clinical Income	1,976	3,551	1,575	1,976	3,551	1,575
Other Clinical Income	16	16		16	16	
<b>Total Clinical Income</b>	<b>11,321</b>	<b>11,321</b>	<b>( )</b>	<b>11,321</b>	<b>11,321</b>	<b>( )</b>
Non Clinical Income	79	80	1	79	80	1
<b>Total Income</b>	<b>11,400</b>	<b>11,401</b>	<b>1</b>	<b>11,400</b>	<b>11,401</b>	<b>1</b>
<b>Expenditure</b>						
Substantive Staff	(5,759)	(5,679)	80	(5,759)	(5,679)	80
Bank	(679)	(463)	216	(679)	(463)	216
Agency	(616)	(655)	(39)	(616)	(655)	(39)
<b>Total Pay</b>	<b>(7,054)</b>	<b>(6,797)</b>	<b>256</b>	<b>(7,054)</b>	<b>(6,797)</b>	<b>256</b>
Purchase of Healthcare	(237)	(207)	30	(237)	(207)	30
Supplies and Services Clinical	(789)	(486)	303	(789)	(486)	303
Supplies and Services General	(73)	(66)	8	(73)	(66)	8
Drugs	(986)	(1,021)	(35)	(986)	(1,021)	(35)
All Other, incl Transport	(67)	(129)	(61)	(67)	(129)	(61)
<b>Total Expenditure</b>	<b>(9,206)</b>	<b>(8,705)</b>	<b>501</b>	<b>(9,206)</b>	<b>(8,705)</b>	<b>501</b>
<b>Contribution</b>	<b>2,194</b>	<b>2,696</b>	<b>502</b>	<b>2,194</b>	<b>2,696</b>	<b>502</b>

#### Income on plan

Outpatient activity across all specialities and Elective activity, predominantly Endoscopy, Cardiology and Ambulatory, is significantly under plan (£1.6m) due to cancellations enforced by the Covid-19 pandemic. Telephone and virtual clinics are being delivered where feasible.

The Care Group income position was adjusted to nil variance as part of the current Covid-19 reporting arrangements with all Commissioners whereby the Trust is being paid in line with the plan.

#### Pay £0.25m favourable

Agency spend (non-Covid-19) fell to £0.5m, £40k below plan, particularly within Nursing where there have been specific actions to re-distribute substantive nursing staff between wards and reduce the overall reliance on Agency cover. In addition to this, Agency Consultants in some specialities have reduced temporarily to part-time.

The reduction in activity within Endoscopy, Cardiology and Respiratory have resulted in less pressure to fill vacant posts with temporary staffing thereby causing pay underspends in these areas.

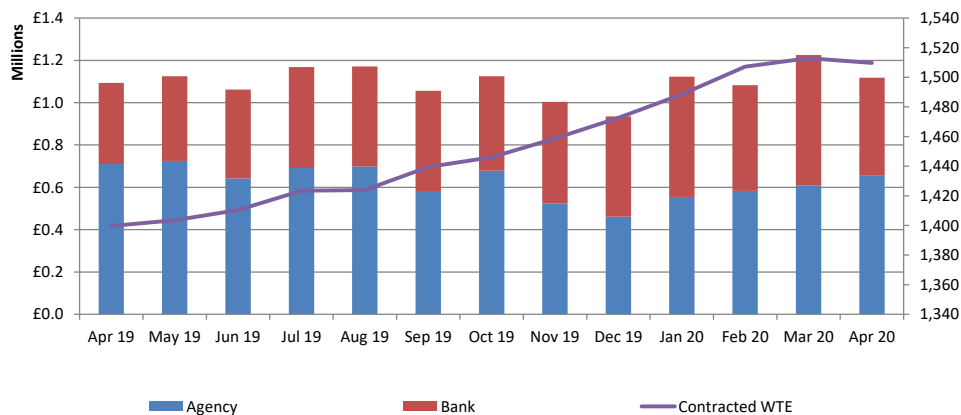
#### Non Pay £0.25m favourable

The activity reduction in the aforementioned specialities led to reduced consumable costs. In addition to this, Cardiology activity for devices was bought forward to March, as was the purchase of additional BIPAP and CPAPs resulting in minimal costs within these areas for April. Endoscopy did not deliver activity through Spencer Wing or 18 Weeks however the cost of £0.2m was accrued for the latter as it is feasible the Trust will be invoiced through the Independent Sector arrangement based on the average of last years costs.

#### Covid-19

Covid-19 costs of £0.5m were identified in the April financial position for which the Care Group was funded; enabling budget managers to be accountable for their financial performance. The majority of this cost related to Medical and Nursing additional staff and cover for high sickness levels.

Premium Pay Costs v WTE



## A. Urgent and Emergency Care

Month 01 (April) 2020/21

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
<b>Income</b>						
Electives	126	50	(76)	126	50	(76)
Non-Electives	4,036	1,630	(2,406)	4,036	1,630	(2,406)
Accident and Emergency	3,002	1,763	(1,239)	3,002	1,763	(1,239)
Outpatients			( )			( )
High Cost Drugs	16		(16)	16		(16)
Private Patients						
Other NHS Clinical Income	0	3,771	3,771	0	3,771	3,771
Other Clinical Income	118	84	(33)	118	84	(33)
<b>Total Clinical Income</b>	<b>7,298</b>	<b>7,298</b>		<b>7,298</b>	<b>7,298</b>	
Non Clinical Income	2	2	( )	2	2	( )
<b>Total Income</b>	<b>7,300</b>	<b>7,300</b>	<b>( )</b>	<b>7,300</b>	<b>7,300</b>	<b>( )</b>
<b>Expenditure</b>						
Substantive Staff	(3,755)	(3,542)	213	(3,755)	(3,542)	213
Bank	(413)	(490)	(77)	(413)	(490)	(77)
Agency	(887)	(1,197)	(310)	(887)	(1,197)	(310)
<b>Total Pay</b>	<b>(5,055)</b>	<b>(5,228)</b>	<b>(174)</b>	<b>(5,055)</b>	<b>(5,228)</b>	<b>(174)</b>
Purchase of Healthcare						
Supplies and Services Clinical	(159)	(100)	59	(159)	(100)	59
Supplies and Services General	(19)	(11)	8	(19)	(11)	8
Drugs	(151)	(104)	47	(151)	(104)	47
All Other, incl Transport	(39)	(74)	(35)	(39)	(74)	(35)
<b>Total Expenditure</b>	<b>(5,424)</b>	<b>(5,517)</b>	<b>(93)</b>	<b>(5,424)</b>	<b>(5,517)</b>	<b>(93)</b>
<b>Contribution</b>	<b>1,877</b>	<b>1,783</b>	<b>(94)</b>	<b>1,877</b>	<b>1,783</b>	<b>(94)</b>

### Income:

Due to the Covid-19 pandemic, and taking into account national guidance, income is being adjusted to the planned level. The adjustment required was £3.8m. Actual attendances were 46% (8,700) below plan in April. Activity levels have started to pick up again in May.

### Pay:

Pay was £174k overspent in month. Overall, the pay run rate increased by £350k compared to the December to February (pre Covid-19) average.

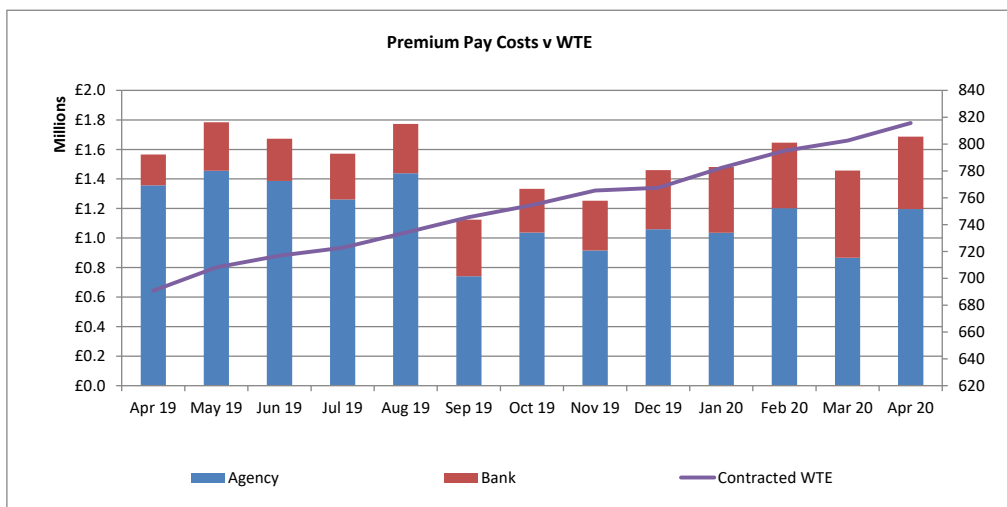
Covid funding was added to the budget totalling £275k- £60k based on Nursing and HCA agency/bank shifts where the reason for the shift was captured as 'Covid-19 related' and £215k related to the increase in the medical run rate for agency/bank and locums, when compared to the December to February average. Returns are being made to NHS Improvement in a bid for central funding.

The increase in run rate, as well as an unachieved £100k net CIP target, is the main reason for the overspend.

### Non Pay:

Non-pay was underspent by £80k in month. Covid-19 funding drawn down was £37k, mainly for computer hardware (wipe clean keyboards and other IT equipment).

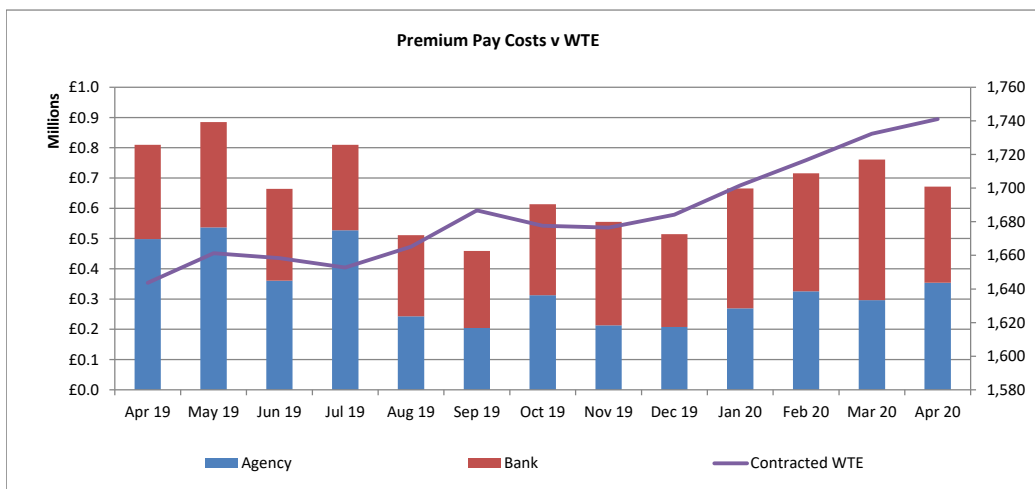
Due to the lower activity levels there were significant underspends in drugs-£50k, consumables-£60k and security services-£15k. These were partly offset by unachieved savings targets.



## A. Surgery and Anaesthetics

Month 01 (April) 2020/21

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
<b>Income</b>						
Electives	3,986	561	(3,425)	3,986	561	(3,425)
Non-Electives	3,416	2,073	(1,342)	3,416	2,073	(1,342)
Accident and Emergency						
Outpatients	1,360	506	(854)	1,360	506	(854)
High Cost Drugs	32	13	(19)	32	13	(19)
Private Patients	11	1	(10)	11	1	(10)
Other NHS Clinical Income	1,684	7,355	5,671	1,684	7,355	5,671
Other Clinical Income	22	1	(21)	22	1	(21)
<b>Total Clinical Income</b>	<b>10,510</b>	<b>10,510</b>	<b>(0)</b>	<b>10,510</b>	<b>10,510</b>	<b>(0)</b>
Non Clinical Income	125	55	(70)	125	55	(70)
<b>Total Income</b>	<b>10,634</b>	<b>10,565</b>	<b>(70)</b>	<b>10,634</b>	<b>10,565</b>	<b>(70)</b>
<b>Expenditure</b>						
Substantive Staff	(7,149)	(7,191)	(43)	(7,149)	(7,191)	(43)
Bank	(374)	(317)	57	(374)	(317)	57
Agency	(322)	(354)	(32)	(322)	(354)	(32)
<b>Total Pay</b>	<b>(7,844)</b>	<b>(7,862)</b>	<b>(18)</b>	<b>(7,844)</b>	<b>(7,862)</b>	<b>(18)</b>
Purchase of Healthcare	(2)	(0)	1	(2)	(0)	1
Supplies and Services Clinical	(1,662)	(651)	1,011	(1,662)	(651)	1,011
Supplies and Services General	(56)	(17)	39	(56)	(17)	39
Drugs	(433)	(321)	112	(433)	(321)	112
All Other, incl Transport	113	(129)	(242)	113	(129)	(242)
<b>Total Expenditure</b>	<b>(9,885)</b>	<b>(8,981)</b>	<b>903</b>	<b>(9,885)</b>	<b>(8,981)</b>	<b>903</b>
<b>Contribution</b>	<b>750</b>	<b>1,583</b>	<b>833</b>	<b>750</b>	<b>1,583</b>	<b>833</b>



The Care Group is £833k favourable to plan.

SLA Income has been adjusted to break-even, to compensate for the impact of Covid-19 and given the guaranteed Trust block income for the first four months of the financial year.

The impact of Covid-19 on activity was considerably, across all specialties and points of delivery, to the total of £5.7m.

Elective income was below plan by £3.4m.

Non-Electives was below plan by £1.3m.

Outpatients was below plan by £0.9m.

Non Clinical Income is adverse (£70k), with a reduction in services to other NHS organisations and Spencer Hospitals.

Pay is slightly adverse (£18k), with an unmet CIP target (£60k). Medical agency costs have risen slightly to cover sickness, whilst Nursing Agency has increased in critical care services to support Covid-19 pressures.

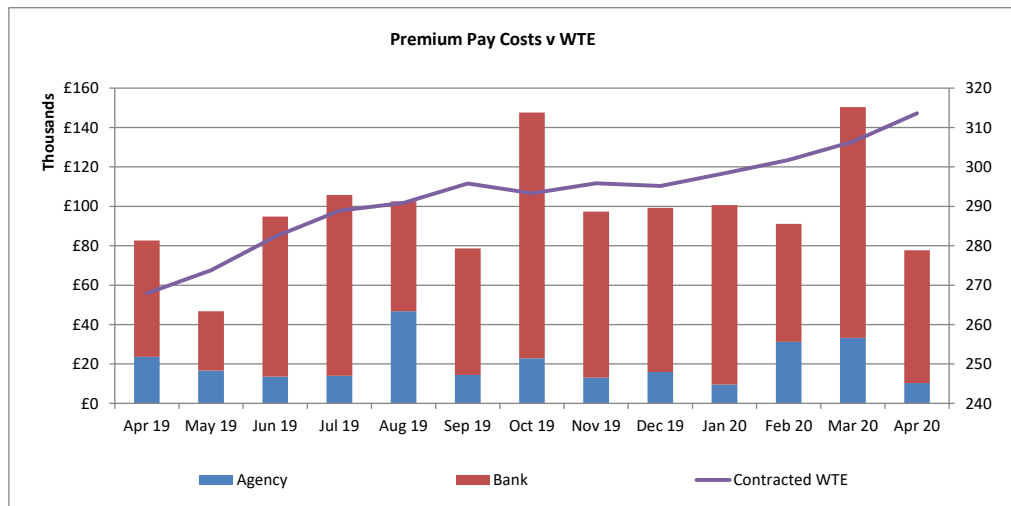
Non Pay is favourable (£0.9m), with underspends on Clinical Supplies (£1.0m) and Drugs (£0.1m) from reduced patient activity. Whereas non pay CIPs are under performed £(0.3m).

CIPs target of £427k was underachieved by £417k

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

Month 01 (April) 2020/21

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
<b>Income</b>						
Electives	1,055	443	(612)	1,055	443	(612)
Non-Electives	202	32	(170)	202	32	(170)
Accident and Emergency						
Outpatients	1,654	543	(1,111)	1,654	543	(1,111)
High Cost Drugs	327	251	(76)	327	251	(76)
Private Patients	4	0	(4)	4	0	(4)
Other NHS Clinical Income	172	2,145	1,973	172	2,145	1,973
Other Clinical Income		1			1	
<b>Total Clinical Income</b>	<b>3,415</b>	<b>3,415</b>		<b>3,415</b>	<b>3,415</b>	
Non Clinical Income	10	8	(3)	10	8	(3)
<b>Total Income</b>	<b>3,425</b>	<b>3,423</b>	<b>(3)</b>	<b>3,425</b>	<b>3,423</b>	<b>(3)</b>
<b>Expenditure</b>						
Substantive Staff	(1,452)	(1,365)	87	(1,452)	(1,365)	87
Bank	(67)	(67)	(1)	(67)	(67)	(1)
Agency	(13)	(10)	3	(13)	(10)	3
<b>Total Pay</b>	<b>(1,532)</b>	<b>(1,443)</b>	<b>89</b>	<b>(1,532)</b>	<b>(1,443)</b>	<b>89</b>
Purchase of Healthcare	(149)	0	149	(149)	0	149
Supplies and Services Clinical	(89)	(47)	43	(89)	(47)	43
Supplies and Services General	(2)	(1)	1	(2)	(1)	1
Drugs	(416)	(259)	156	(416)	(259)	156
All Other, incl Transport	(18)	(14)	4	(18)	(14)	4
<b>Total Expenditure</b>	<b>(2,206)</b>	<b>(1,764)</b>	<b>442</b>	<b>(2,206)</b>	<b>(1,764)</b>	<b>442</b>
<b>Contribution</b>	<b>1,219</b>	<b>1,658</b>	<b>439</b>	<b>1,219</b>	<b>1,658</b>	<b>439</b>



The Care Group is £439k favourable to plan.

SLA Income has been adjusted to break-even, to compensate for the impact of Covid-19 and given the guaranteed Trust block income for the first four months of the financial year.

The impact of Covid-19 on activity was considerably, across all specialties and points of delivery, to the total of £2.0m.

Elective income was below plan by £0.6m.

Non-Electives was below plan by £0.2m.

Outpatients was below plan by £1.1m.

Pay is favourable (£89k), with a reduction in Medical Agency costs.

Non Pay is favourable (£0.4m), with underspends on general drugs (£80k) and clinical supplies (£43k) from reduced patient activity, as well as the cessation of the external ophthalmology healthcare provider (£149k).

CIPs target of £78k has been under achieved by £64k.

## A. Clinical Support

### Month 01 (April) 2020/21

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
<b>Income</b>						
Electives	66	11	(55)	66	11	(55)
Non-Electives	13	0	(13)	13	0	(13)
Accident and Emergency						
Outpatients	279	61	(218)	279	61	(218)
High Cost Drugs	1,297	1,877	581	1,297	1,877	581
Private Patients	7	1	(6)	7	1	(6)
Other NHS Clinical Income	3,253	2,965	(288)	3,253	2,965	(288)
Other Clinical Income		0	()		0	()
<b>Total Clinical Income</b>	<b>4,915</b>	<b>4,915</b>	<b>()</b>	<b>4,915</b>	<b>4,915</b>	<b>()</b>
Non Clinical Income	755	704	(50)	755	704	(50)
<b>Total Income</b>	<b>5,670</b>	<b>5,619</b>	<b>(50)</b>	<b>5,670</b>	<b>5,619</b>	<b>(50)</b>
<b>Expenditure</b>						
Substantive Staff	(5,192)	(5,495)	(303)	(5,192)	(5,495)	(303)
Bank	(55)	(57)	(1)	(55)	(57)	(1)
Agency	(306)	(84)	222	(306)	(84)	222
<b>Total Pay</b>	<b>(5,554)</b>	<b>(5,636)</b>	<b>(82)</b>	<b>(5,554)</b>	<b>(5,636)</b>	<b>(82)</b>
Purchase of Healthcare	(18)	(15)	2	(18)	(15)	2
Supplies and Services Clinical	(2,216)	(2,484)	(268)	(2,216)	(2,484)	(268)
Supplies and Services General	(19)	(28)	(10)	(19)	(28)	(10)
Drugs	(1,419)	(1,744)	(324)	(1,419)	(1,744)	(324)
All Other, incl Transport	(411)	(348)	63	(411)	(348)	63
<b>Total Expenditure</b>	<b>(9,636)</b>	<b>(10,255)</b>	<b>(619)</b>	<b>(9,636)</b>	<b>(10,255)</b>	<b>(619)</b>
<b>Contribution</b>	<b>(3,966)</b>	<b>(4,636)</b>	<b>(670)</b>	<b>(3,966)</b>	<b>(4,636)</b>	<b>(670)</b>

Overall the Clinical Support Care Group is reporting an adverse position this month. This is driven by two significant factors. the first being the pass-through Homecare drugs cost overspend (£0.4m), which has not been reflected in the Care Group's income position this month; the second being overspends on Clinical supplies and services, driven by unmet CIPs.

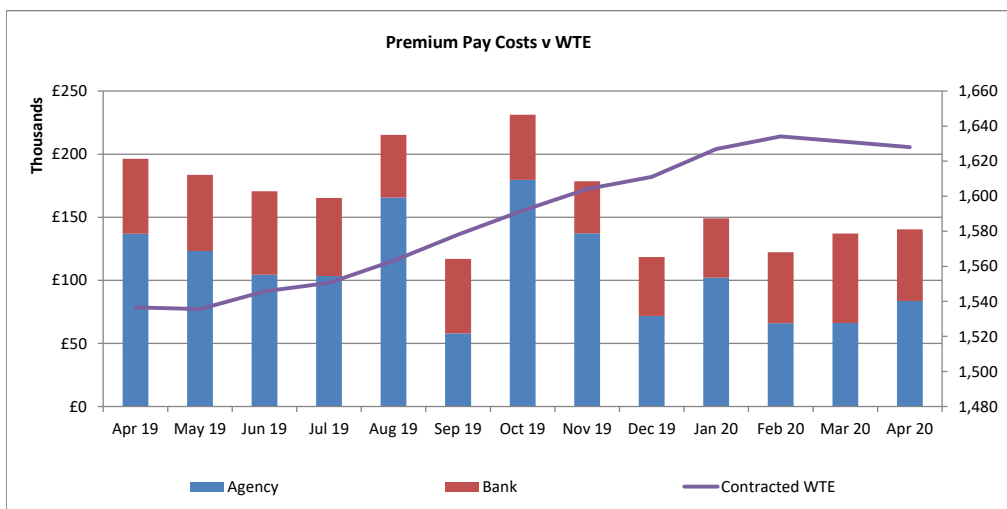
Main Patient Care income will be balanced to zero for first 4 months re. Covid-19 funding by the commissioners. Care Group income generating activity down in all departments as expected during this time.

The substantive staff overspend incurred is due to CIPs target not yet delivered (£0.035m); Medical and Radiographer and Sonographer waiting list cost in Radiology; Outpatients is also overspent on pay with pay cost increasing when compared with month 12 (£0.022m).

Agency spend is well below budget (£0.2m) with nil agency cost in Radiology this month and an increased cost in Pathology (Medical agency staff).

The non-pay overspend is mainly in relation to the Homecare drugs overspend in April (£0.4m) and unmet CIPs which have not been booked this month due to the focus on the Covid-19 pandemic. Radiology outsourcing is overspent (£0.1m), part of which is in relation to last month's expenditure which will be adjusted in month 2 and also a 3 year maintenance contract for Histopathology where all of the cost is reflected in the month's position.

Costs recognised as Covid-19 in the Care Group amount to £0.566m. This was the cost of Testing, IT, Overtime, and Income losses across the Care Group.





## A. Cancer Services

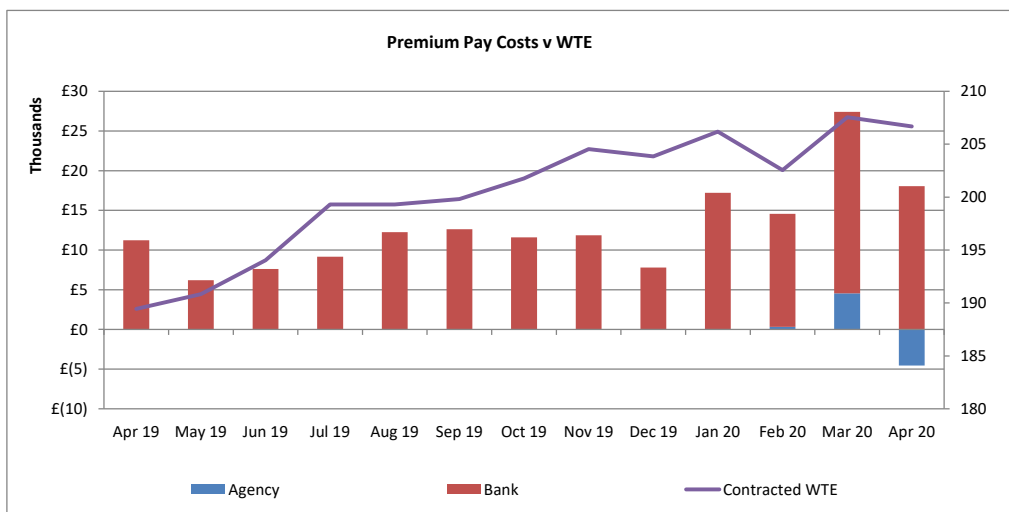
### Month 01 (April) 2020/21

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
<b>Income</b>						
Electives	378	289	(89)	378	289	(89)
Non-Electives	16	4	(12)	16	4	(12)
Accident and Emergency						
Outpatients	717	671	(46)	717	671	(46)
High Cost Drugs	2,043	1,889	(154)	2,043	1,889	(154)
Private Patients	0	0	0	0	0	0
Other NHS Clinical Income	728	1,027	300	728	1,027	300
Other Clinical Income	1	2	1	1	2	1
<b>Total Clinical Income</b>	<b>3,883</b>	<b>3,883</b>	<b>( )</b>	<b>3,883</b>	<b>3,883</b>	<b>( )</b>
Non Clinical Income	85	57	(27)	85	57	(27)
<b>Total Income</b>	<b>3,967</b>	<b>3,940</b>	<b>(27)</b>	<b>3,967</b>	<b>3,940</b>	<b>(27)</b>
<b>Expenditure</b>						
Substantive Staff	(718)	(750)	(32)	(718)	(750)	(32)
Bank	(16)	(18)	(2)	(16)	(18)	(2)
Agency	( )	5	5	( )	5	5
<b>Total Pay</b>	<b>(734)</b>	<b>(764)</b>	<b>(30)</b>	<b>(734)</b>	<b>(764)</b>	<b>(30)</b>
Purchase of Healthcare	( )	( )	( )	( )	( )	( )
Supplies and Services Clinical	(190)	(167)	23	(190)	(167)	23
Supplies and Services General	(8)	(2)	5	(8)	(2)	5
Drugs	(2,059)	(1,905)	154	(2,059)	(1,905)	154
All Other, incl Transport	(16)	(82)	(66)	(16)	(82)	(66)
<b>Total Expenditure</b>	<b>(3,007)</b>	<b>(2,921)</b>	<b>86</b>	<b>(3,007)</b>	<b>(2,921)</b>	<b>86</b>
<b>Contribution</b>	<b>960</b>	<b>1,019</b>	<b>59</b>	<b>960</b>	<b>1,019</b>	<b>59</b>

The CCHH Care Group is reporting a favourable variance this month. This mainly because income has been adjusted to meet plan but expenditure is showing an underspend, for example rechargeable Clinical Oncology High Cost drugs. The adjustment to bring income up to planned level is £0.36m in month 1.

Palliative Medicine was the only specialty that was on plan in the Care group this month.

Non-clinical income is under plan predominantly due to the phasing in equal twelfths of income that is received sporadically, for example Cancer Alliance funding and other commissioner funding for specific projects allocated throughout the year. Unfortunately, some of the posts the Care Group were expecting funding this year will now be deferred due to the impact of the Covid-19 pandemic on charities which support our services, for example the Teenage Cancer charity CNS post.



There is £0.061m of unmet CIP in the position this month - split between pay and non-pay, which represents the majority of the overspends in these subjective headings.

## A. Women's and Children's Services

### Month 01 (April) 2020/21

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
<b>Income</b>						
Electives	605	104	(500)	605	104	(500)
Non-Electives	2,323	2,004	(319)	2,323	2,004	(319)
Accident and Emergency						
Outpatients	731	285	(445)	731	285	(445)
High Cost Drugs	18	7	(12)	18	7	(12)
Private Patients		0	(0)		0	(0)
Other NHS Clinical Income	2,685	3,967	1,282	2,685	3,967	1,282
Other Clinical Income	9	4	(5)	9	4	(5)
<b>Total Clinical Income</b>	<b>6,371</b>	<b>6,371</b>	<b>(0)</b>	<b>6,371</b>	<b>6,371</b>	<b>(0)</b>
Non Clinical Income	91	89	(2)	91	89	(2)
<b>Total Income</b>	<b>6,462</b>	<b>6,460</b>	<b>(2)</b>	<b>6,462</b>	<b>6,460</b>	<b>(2)</b>
<b>Expenditure</b>						
Substantive Staff	(4,524)	(4,017)	507	(4,524)	(4,017)	507
Bank	(238)	(260)	(22)	(238)	(260)	(22)
Agency	(168)	(572)	(404)	(168)	(572)	(404)
<b>Total Pay</b>	<b>(4,930)</b>	<b>(4,849)</b>	<b>81</b>	<b>(4,930)</b>	<b>(4,849)</b>	<b>81</b>
Purchase of Healthcare	(2)	(0)	2	(2)	(0)	2
Supplies and Services Clinical	(249)	(205)	44	(249)	(205)	44
Supplies and Services General	(10)	(7)	3	(10)	(7)	3
Drugs	(156)	(151)	5	(156)	(151)	5
All Other, incl Transport	67	(95)	(162)	67	(95)	(162)
<b>Total Expenditure</b>	<b>(5,281)</b>	<b>(5,308)</b>	<b>(27)</b>	<b>(5,281)</b>	<b>(5,308)</b>	<b>(27)</b>
<b>Contribution</b>	<b>1,181</b>	<b>1,153</b>	<b>(28)</b>	<b>1,181</b>	<b>1,153</b>	<b>(28)</b>

#### Income:

Due to the Covid-19 pandemic, and taking into account national guidance, income is being adjusted to the planned level. The adjustment required was £1.4m. Actual activity and income was below plan at all points of delivery.

#### Pay:

Pay was £81k underspent in month. Overall, the pay run rate increased by £410k compared to the December to February (pre Covid-19) average.

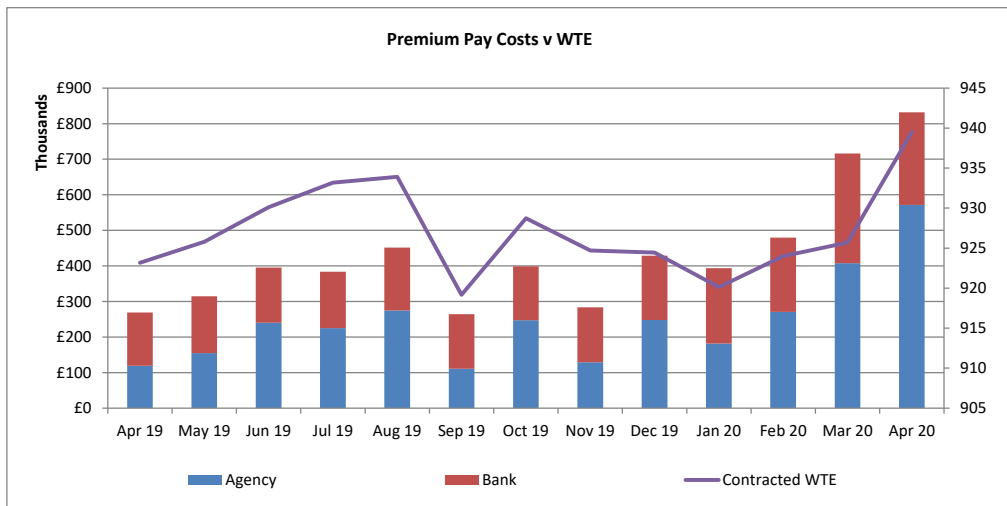
Covid-19 funding was added to the budget totalling £380k- £110k based on Nursing and HCA agency/bank shifts where the reason for the shift was captured as 'Covid-19 related' and £270k related to the increase in the medical run rate for agency/bank and locums, when compared to the December to February average. Returns are being made to NHS Improvement in a bid for central funding.

Agency expenditure is also being incurred to cover post related to pending business case investments. Funds will not be added to budgets until cases have progressed through formal governance approval processes.

#### Non Pay:

Despite a number of underspends due to lower activity levels, non-pay was overspent by £108k in month. Covid-19 funding drawn down was £28k, mainly for IT equipment to enable home working.

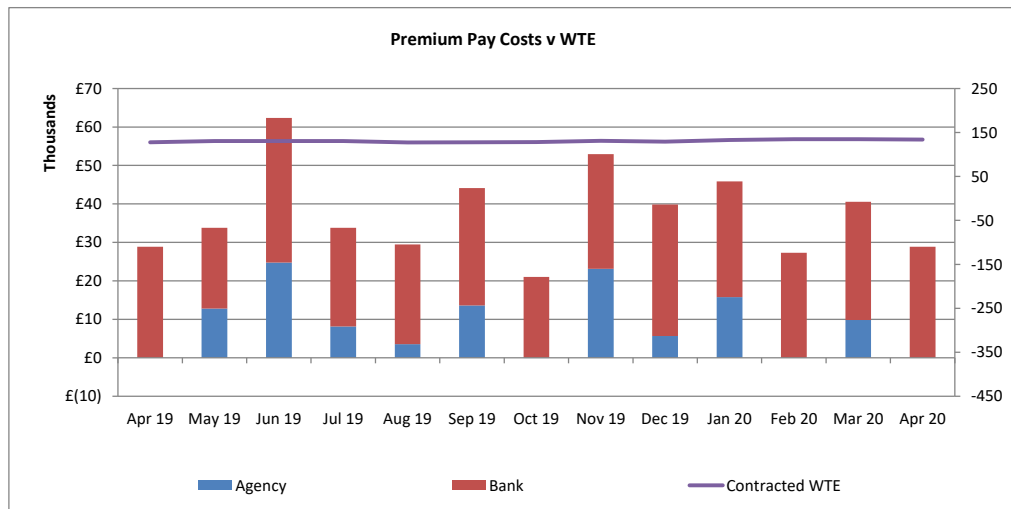
The overspend is predominantly due to the shortfall in CIP schemes in relation to the Care Group's overall saving target. This shortfall is recorded under 'non-pay'. In addition to this, the CNST rebate will not apply this year due to the Covid-19 outbreak. This results in a further £90k pressure each month.



## A. Strategic Development and Capital Planning

Month 01 (April) 2020/21

Statement of Comprehensive Income	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
<b>£000</b>						
<b>Income</b>						
Non Patient Care Services	15	15		15	15	
Car Parking	25	12	(14)	25	12	(14)
Staff Accommodation	194	171	(23)	194	171	(23)
All Other Income	148	165	17	148	165	17
<b>Total Income</b>	<b>382</b>	<b>363</b>	<b>(19)</b>	<b>382</b>	<b>363</b>	<b>(19)</b>
<b>Expenditure</b>						
Substantive Staff	(539)	(534)	5	(539)	(534)	5
Bank	(32)	(29)	3	(32)	(29)	3
Agency	0	0	0	0	0	0
<b>Total Pay</b>	<b>(572)</b>	<b>(563)</b>	<b>8</b>	<b>(572)</b>	<b>(563)</b>	<b>8</b>
Supplies and Services General	(3,977)	(4,094)	(116)	(3,977)	(4,094)	(116)
Establishment	(130)	(141)	(11)	(130)	(141)	(11)
Premises and Rates	(249)	(249)		(249)	(249)	
Premises Other	(776)	(839)	(63)	(776)	(839)	(63)
Transport	(23)	(9)	13	(23)	(9)	13
Education and Training	(7)	(4)	2	(7)	(4)	2
All Other	(15)	12	28	(15)	12	28
<b>Total Expenditure</b>	<b>(5,749)</b>	<b>(5,888)</b>	<b>(139)</b>	<b>(5,749)</b>	<b>(5,888)</b>	<b>(139)</b>
<b>Contribution</b>	<b>(5,366)</b>	<b>(5,525)</b>	<b>(158)</b>	<b>(5,366)</b>	<b>(5,525)</b>	<b>(158)</b>



Strategic Development and Capital Planning is adverse £(158)k for April.

Income is adverse £(19)k. Accommodation is adverse £(22)k, this is split almost equal between KCH and QEQM, currently looking into occupancy rates/Covid-19 related issues. Car Parking B/E, this has been budgetarily adjusted due to the implementation of free parking for April and the reduction of income being reclaimed centrally.

Pay favourable £8k. Facilities favourable £7k attributable to inter site transfers (Oakleaf). SDCP £7k favourable due to vacancies. These offset a small overspend on pay within IT.

Non Pay adverse £(148)k this is mainly attributable to savings being adverse £(150)k. There are two areas underspending 1) parking non pay, ad hoc repairs and 2) Strategic Estates other fuels which needs reconciling against utility budgets, these areas account for a favourable variance of approx. £50k. However, these are currently offsetting an issue with Vision MFD's which requires further investigation as the report is £(80)k adverse due to prior year expenditure £(23)k, excess volume charge £(14)k and £(51)k for 'variations 1 - 6' currently establishing what these variations are and where they have arisen.

## A. Corporate

### Month 01 (April) 2020/21

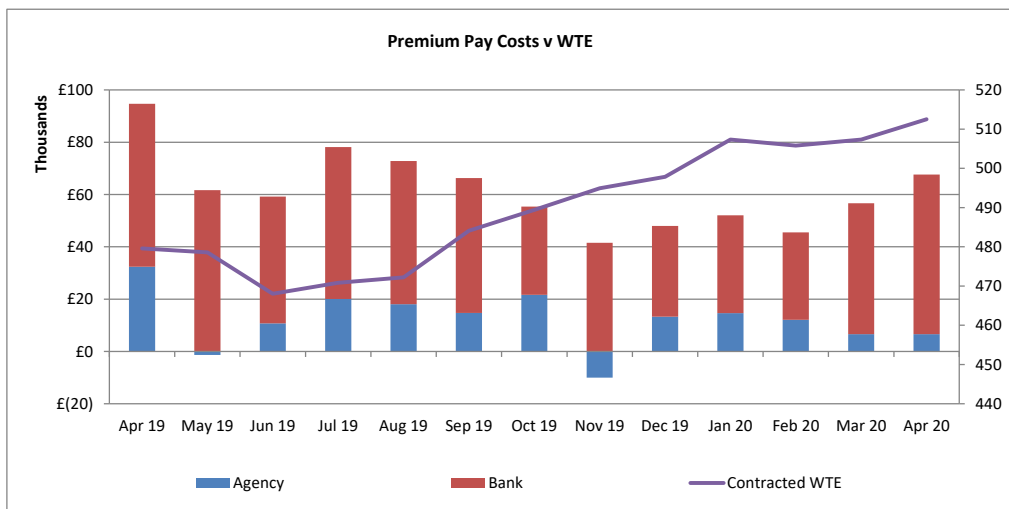
Statement of Comprehensive Income	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
<b>£000</b>						
<b>Income</b>						
Non Patient Care Services	37	12	(26)	37	12	(26)
Research and Innovation	252	250	(2)	252	250	(2)
Education and Training Income	1,302	1,386	83	1,302	1,386	83
All Other Income	65	55	(10)	65	55	(10)
<b>Total Income</b>	<b>1,657</b>	<b>1,703</b>	<b>46</b>	<b>1,657</b>	<b>1,703</b>	<b>46</b>
<b>Expenditure</b>						
Substantive Staff	(2,256)	(2,220)	35	(2,256)	(2,220)	35
Bank	(15)	(61)	(46)	(15)	(61)	(46)
Agency	(3)	(7)	(3)	(3)	(7)	(3)
<b>Total Pay</b>	<b>(2,275)</b>	<b>(2,288)</b>	<b>(13)</b>	<b>(2,275)</b>	<b>(2,288)</b>	<b>(13)</b>
Supplies and Services General	(317)	(322)	(6)	(317)	(322)	(6)
Establishment	(75)	(74)	1	(75)	(74)	1
Premises Other	(369)	(399)	(30)	(369)	(399)	(30)
Transport	(49)	(43)	6	(49)	(43)	6
Clinical Negligence	(2,115)	(2,115)	()	(2,115)	(2,115)	()
Education and Training	(161)	(167)	(6)	(161)	(167)	(6)
All Other	(1,630)	(1,670)	(40)	(1,630)	(1,670)	(40)
<b>Total Expenditure</b>	<b>(6,991)</b>	<b>(7,079)</b>	<b>(88)</b>	<b>(6,991)</b>	<b>(7,079)</b>	<b>(88)</b>
<b>Contribution</b>	<b>(5,334)</b>	<b>(5,376)</b>	<b>(43)</b>	<b>(5,334)</b>	<b>(5,376)</b>	<b>(43)</b>

The Corporate position is adverse £(43)k for April and it is made up as follows CQ&PS £(12)k, HR £(102)k, Finance £21k, Ops £(12)k, Trust Board £19k, PGME and R&I £43k.

Income is favourable £46k in month predominantly due to Post Graduate education and training income these offset various non pay expenditure, currently awaiting subjective agreement from PGME.

Pay is adverse £(13)k. CQ&PS £(11)k adverse due to savings target £(12)k. HR is adverse £(7)k adverse, due to savings target £(20)k. Finance £(4)k is adverse, net of savings £(24)k. Operations adverse £(3)k net of savings £(12)k. Trust Board favourable £8k net of savings £(6)k and Post Grad favourable £6k.

Non Pay is adverse £(75)k. CQ&PS is breakeven in the month. HR £(61)k adverse due to work permits previously under accrued, February accrued £48k based on average of prior periods but actual invoice received being £93k and £(15)k adverse variance removal expenses which fluctuate throughout year. Finance £24k favourable of which is audit £10k, £5k computer software in Clinical Coding and contracted out services/consultancy in Senior Management. Ops £(8)k adverse mainly due to additional porters in the discharge lounges £(4)k and Trust Board £11k favourable. PGME £(44)k this is offset by Income. These are all currently being investigated and validated with the relevant budget holders.



## B. Spencer Private Hospitals

Month 01 (April) 2020/21

### Summary Profit & Loss April 2020 and Outturn Forecast

£'000s	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
Income	1,041	1,133	(91)	1,041	1,133	(91)
Pay	(401)	(396)	(5)	(401)	(396)	(5)
Non Pay	(458)	(578)	120	(458)	(578)	120
Other Costs	(175)	(143)	(31)	(175)	(143)	(31)
Operating Profit	8	15	(7)	8	15	(7)
OP %	0.8%	1.3%	7.7%	0.8%	1.3%	7.7%
Interest Receivable						
Interest Expense	(3)	(4)	1	(3)	(4)	1
Net Profit before Tax	5	11	(6)	5	11	(6)
NPBT %	0.4%	1.0%	6.6%	0.4%	1.0%	6.6%
Tax	(4)	(6)	2	(4)	(6)	2
Net Profit after Tax	1	5	(4)	1	5	(4)
NPAT %	0.1%	0.4%	4.4%	0.1%	0.4%	4.4%

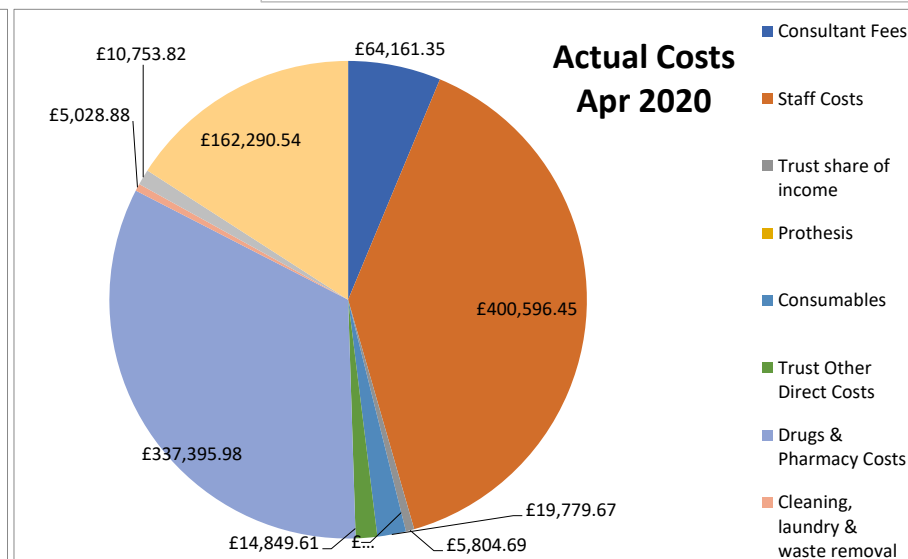
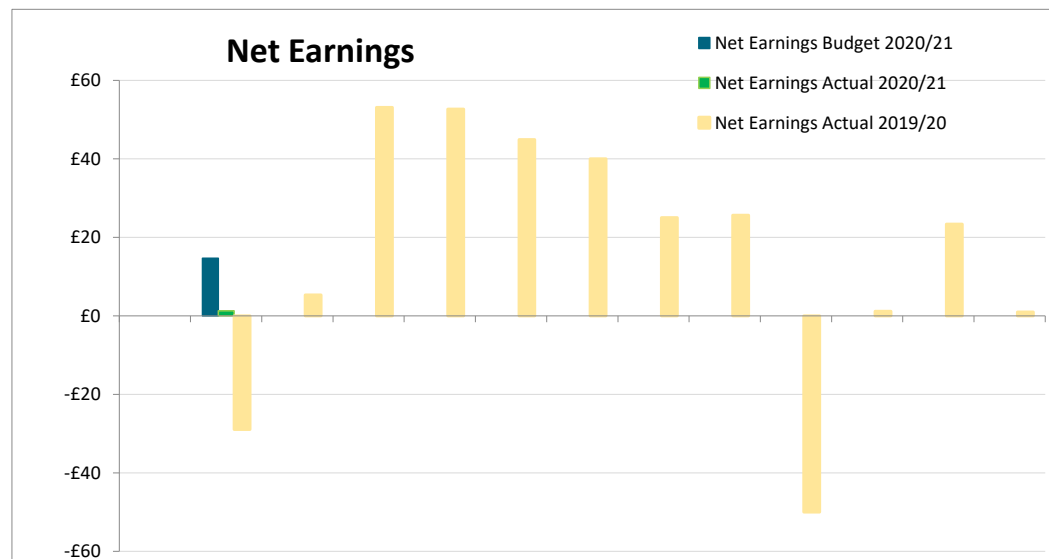
Full Year 2020-21		
Outturn	Budget	Variance
11,636	13,718	(2,083)
(5,287)	(4,749)	(538)
(4,537)	(6,943)	2,406
(1,512)	(1,602)	91
300	424	(124)
2.6%	3.1%	5.9%
(50)	(50)	(0)
250	374	(124)
2.2%	2.7%	5.9%
(80)	(101)	21
170	273	(103)
1.5%	2.0%	5.0%

### Salient comments on month / ytd results:

Under the NHSE Covid-19 contract income for April was in the form of reimbursement from NHSE for essential running costs.

All inpatient facilities have been reserved for EKHUFT throughout the month.

In outpatients eye clinics have continued on site, with any other appointments conducted virtually.



**Summary Profit & Loss April 2020 and Outturn Forecast**

£'000s	Month
	Actual
Income	8,452
Costs	(8,546)
Operating Profit/(Loss)	(94)
OP %	-1.1%
Interest Receivable	261
Interest Expense	(194)
Net Profit/(Loss) before Tax	(26)
NPBT %	-0.3%
Tax	(68)
Net Profit/(Loss) after Tax	(94)
NPAT %	-1.1%

**Salient comments on month / ytd results:**

- Income and Costs variance primarily driven by higher consumables ordered by EKHUFT than in the baseline. Baseline is being reviewed currently.
- A small number of costs lines have caused the operating loss, primarily due to the current pandemic within agency staff, laundry, cleaning equipment, domestic consumables and retail income

**Actions for this quarter:**

- Controllable spend areas have been actively managed and will continue to be. The draft budget 2020/21 to be approved.
- Budget 2020/21 to be finalised and approved.
- Capital program TBC for 2021/22

## D. Cash Flow

### Month 01 (April) 2020/21

Year to Date		This Month			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual		Plan	Actual	Variance	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Actual	Forecast	Forecast	Forecast
<b>13,892</b>	<b>Opening Cash Balance</b>	4,599	13,892	9,294	13,892	62,893	47,407	39,426	4,329	3,798	5,143	5,058	3,090	5,191	6,457	7,226
	<b>Prior Year Main Contract CCGs</b>															
120,710	Kent & Medway CCG Contract	37,665	80,473	42,808	80,473	40,237	40,237		40,237	40,237	40,237	40,237	40,237	40,237	40,237	40,237
(955)	Prior Year Main Contract CCGs					(955)		2,000								
889	Other CCG block Contracts		559	559	559	330	138	138								
45,347	NHS England	9,346	31,214	21,868	31,214	14,133	9,059	3,000	8,908	8,908	8,908	8,908	8,908	8,908	8,908	8,908
8,537	All Other NHS Organisations	1,080	7,645	6,565	7,645	891	548	1,014	5,746	1,220	5,869	1,104	1,275	6,054	1,088	1,275
0	Capital Receipts										750					
10,666	All Other Receipts	13,975	7,148	(6,827)	7,148	3,518	3,846	3,548	3,441	8,722	3,012	2,977	6,656	3,617	2,989	3,372
0	Provider Sustainability Fund															
4,015	PDC Loans		4,015	4,015	4,015			9,764	3,761	4,508	1,491	3,491	3,540	3,727	6,783	3,289
0	Loans Repaid															
<b>189,209</b>	<b>Total Receipts</b>	<b>62,067</b>	<b>131,055</b>	<b>68,988</b>	<b>131,055</b>	<b>58,154</b>	<b>53,828</b>	<b>19,464</b>	<b>62,093</b>	<b>63,594</b>	<b>60,267</b>	<b>56,716</b>	<b>60,615</b>	<b>62,543</b>	<b>60,005</b>	<b>57,080</b>
	<b>Opening Cash Balance</b>															
(62,697)	Monthly Payroll inc NI & Super	(30,570)	(30,797)	(227)	(30,797)	(31,900)	(31,170)	(31,070)	(30,945)	(30,795)	(30,670)	(30,670)	(30,670)	(30,670)	(30,670)	(30,670)
(90,126)	Creditor Payment Run	(30,489)	(49,086)	(18,597)	(49,086)	(41,040)	(27,962)	(21,741)	(30,249)	(27,654)	(27,932)	(26,568)	(26,444)	(29,206)	(27,137)	(26,774)
(2,872)	Capital Payments	(1,250)	(2,172)	(922)	(2,172)	(700)	(1,200)	(1,750)	(1,400)	(1,400)	(1,750)	(1,400)	(1,400)	(1,400)	(1,400)	(1,400)
	PDC Dividend Payment									(2,400)						(2,400)
	Interest Payments								(30)			(45)			(30)	
<b>(155,695)</b>	<b>Total Payments</b>	<b>(62,309)</b>	<b>(82,054)</b>	<b>(19,745)</b>	<b>(82,054)</b>	<b>(73,640)</b>	<b>(60,332)</b>	<b>(54,561)</b>	<b>(62,624)</b>	<b>(62,249)</b>	<b>(60,352)</b>	<b>(58,684)</b>	<b>(58,514)</b>	<b>(61,276)</b>	<b>(59,237)</b>	<b>(61,244)</b>
<b>33,514</b>	<b>Total Movement In Bank Balance</b>	<b>(242)</b>	<b>49,000</b>	<b>49,243</b>	<b>49,000</b>	<b>(15,486)</b>	<b>(6,504)</b>	<b>(35,097)</b>	<b>(531)</b>	<b>1,345</b>	<b>(85)</b>	<b>(1,968)</b>	<b>2,101</b>	<b>1,266</b>	<b>769</b>	<b>(4,164)</b>
<b>47,407</b>	<b>Closing Bank Balance</b>	<b>4,356</b>	<b>62,893</b>	<b>58,536</b>	<b>62,893</b>	<b>47,407</b>	<b>40,903</b>	<b>4,329</b>	<b>3,798</b>	<b>5,143</b>	<b>5,058</b>	<b>3,090</b>	<b>5,191</b>	<b>6,457</b>	<b>7,226</b>	<b>3,062</b>
	<b>Plan</b>				4,356	4,191	4,157	4,157	3,742	2,997	4,961	2,891	2,891	2,891	2,891	3,029
	<b>Variance</b>				58,536	43,216	36,746	172	56	2,146	97	199	2,300	3,566	4,335	33

## E. KPIs

### Month 01 (April) 2020/21

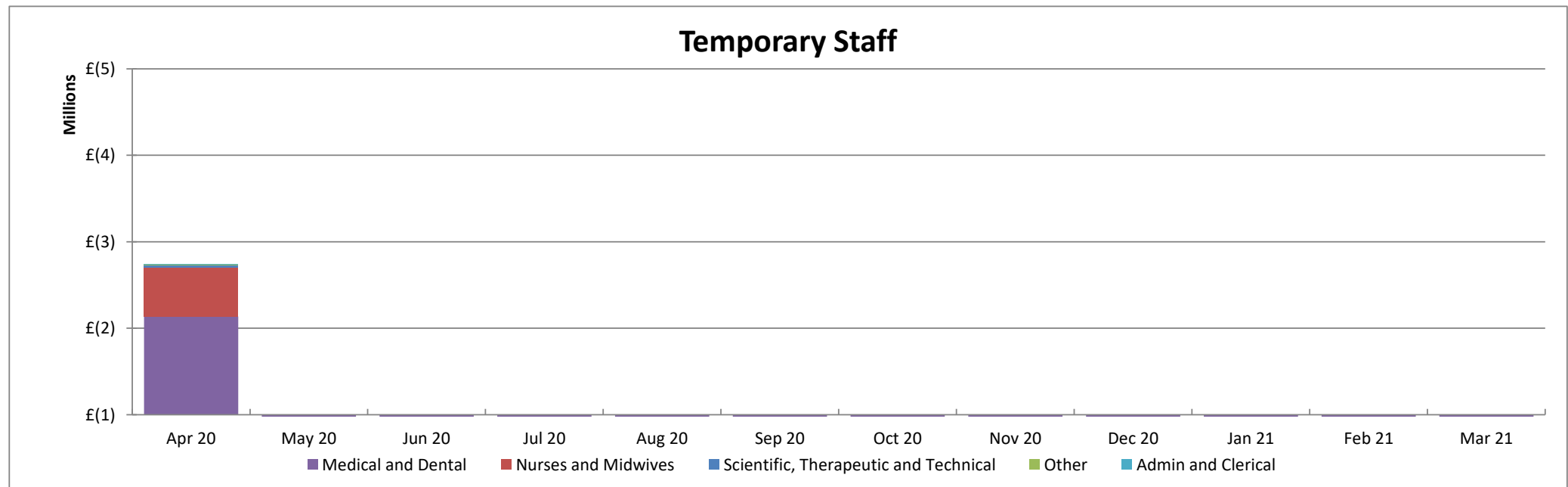
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Clinical Income Consolidated	Plan	49,133	50,451	49,144	51,874	50,486	49,872	52,065	50,053	49,976	51,352	48,089	51,357
	Actual	49,655											
	Variance	522											
	Quarterly rolling average	47,988											
Other Income Consolidated	Plan	3,829	3,829	3,829	3,829	3,829	3,829	3,829	3,829	3,829	3,829	3,829	3,827
	Actual	9,495											
	Variance	5,666											
	Quarterly rolling average	5,626											
Pay Consolidated	Plan	-36,748	-37,099	-37,099	-38,037	-38,032	-38,200	-38,016	-38,010	-38,010	-39,647	-39,451	-39,271
	Actual	-38,653											
	Variance	-1,905											
	Quarterly rolling average spend	-36,344											
Non Pay Operating Expenses Consolidated	Plan	-18,132	-18,126	-18,113	-17,955	-17,947	-17,912	-17,272	-17,266	-17,238	-17,164	-17,153	-17,124
	Actual	-18,679											
	Variance	-547											
	Quarterly rolling average spend	-18,410											
Non Operating Consolidated	Plan	-2,177	-2,177	-2,177	-2,177	-2,177	-2,177	-2,177	-2,177	-2,177	-2,177	-2,177	-2,160
	Actual	-1,821											
	Variance	356											
	Quarterly rolling average spend	-1,992											
Agency Unconsolidated	Plan	-1,986	-1,984	-1,984	-1,984	-1,984	-1,984	-1,984	-1,984	-1,984	-1,984	-1,984	-1,984
	Actual	-2,790											
	Variance	-804											
	Quarterly rolling average spend	-2,783											
CIPS Unconsolidated	Plan	1,419	1,434	1,457	1,635	1,648	1,711	2,535	2,550	2,568	2,642	2,669	2,705
	Actual	244											
	Variance	-1,175											
Cash Unconsolidated	Plan	4,356	4,191	4,157	4,157	3,742	2,997	4,961	2,891	2,891	2,891	2,891	3,029
	Actual	62,893											
	Variance	58,536											



## F. Pay Analysis - Temporary Staff

Month 01 (April) 2020/21

In Month £000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Medical and Dental</b>	<b>(2,137)</b>											
Agency	(1,325)											
Direct Engagement	(812)											
<b>Scientific, Therapeutic and Technical</b>	<b>(28)</b>											
Agency	(28)											
<b>Nurses and Midwives</b>	<b>(564)</b>											
Agency	(564)											
<b>Admin and Clerical</b>	<b>(3)</b>											
Agency	(3)											
<b>Other</b>	<b>(4)</b>											
Agency	(4)											
<b>Total</b>	<b>(2,736)</b>											



## F. Pay Analysis - Temporary Staff

Month 01 (April) 2020/21

Temporary Staff Actual £m	M & D	N & M	PAMS	A&C Other	Total	Variance v 2019/20	Variance v 2018/19
General and Specialist Medicine	0.45	0.20			0.65		0.03
Urgent and Emergency Care	0.91	0.28		0.01	1.20		0.05
Surgery and Anaesthetics	0.23	0.08	0.04		0.35		0.02
Surgery - Head and Neck, Breast Surgery and Dermatol	0.01				0.01		(0.01)
Clinical Support Services	0.04				0.04		(0.06)
Cancer Services							
Women's and Children's Services	0.57	0.01			0.57		0.35
Strategic Development and Capital Planning							(0.01)
Corporate					0.01		(0.01)
Central	(0.07)		(0.01)		(0.08)		(0.03)
<b>Total</b>	<b>2.14</b>	<b>0.57</b>	<b>0.03</b>	<b>0.01</b>	<b>2.75</b>		<b>0.33</b>
<b>Variance v 2019/20 average</b>		0.01			0.01		
<b>Variance v 2018/19 average</b>	0.53	(0.11)	(0.06)	(0.02)	0.35		

Temporary Staff Year to Date £m	M & D	N & M	PAMS	A&C Other	Total	Average per Month
General and Specialist Medicine	0.45	0.20			0.65	0.65
Urgent and Emergency Care	0.91	0.28		0.01	1.20	1.20
Surgery and Anaesthetics	0.23	0.08	0.04		0.35	0.35
Surgery - Head and Neck, Breast Surgery and Dermatol	0.01				0.01	0.01
Clinical Support Services	0.04				0.04	0.04
Cancer Services		(0.01)			(0.01)	(0.01)
Women's and Children's Services	0.57	0.01			0.57	0.57
Strategic Development and Capital Planning						
Corporate					0.01	0.01
Central	(0.07)		(0.01)		(0.08)	(0.08)
<b>Total</b>	<b>2.14</b>	<b>0.56</b>	<b>0.03</b>	<b>0.01</b>	<b>2.74</b>	<b>2.74</b>
<b>Average per month</b>	2.14	0.56	0.03	0.01	2.74	

<b>REPORT TO:</b>	<b>BOARD OF DIRECTORS (BoD)</b>
<b>DATE:</b>	<b>11 JUNE 2020</b>
<b>REPORT TITLE:</b>	<b>HIGHEST MITIGATED STRATEGIC RISKS REPORT</b>
<b>BOARD SPONSOR:</b>	<b>CHIEF NURSE AND DIRECTOR OF PATIENT EXPERIENCE &amp; QUALITY</b>
<b>PAPER AUTHOR:</b>	<b>RISK MANAGER</b>
<b>PURPOSE:</b>	<b>DISCUSSION</b>
<b>APPENDICES:</b>	<b>APPENDIX 1: STRATEGIC RISK REGISTER DATED 4 JUNE 2020</b> <b>APPENDIX 2: CORPORATE RISK REGISTER (RISKS OUTSIDE OF RISK APPETITE) DATED 4 JUNE 2020</b>

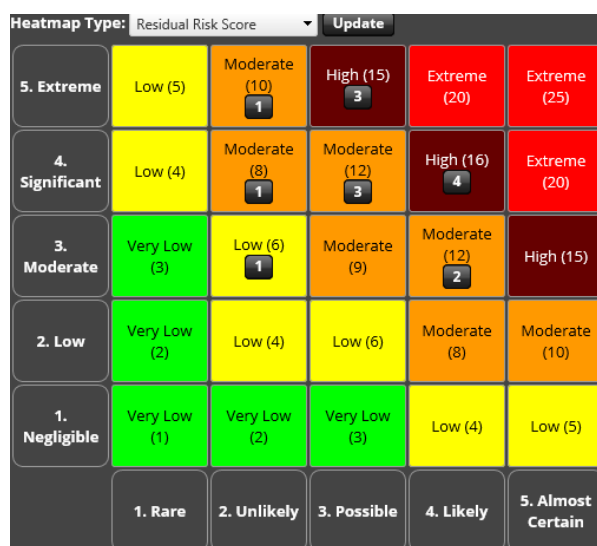
## BACKGROUND AND EXECUTIVE SUMMARY

This report provides the Board of Directors with an update of the full Strategic Risk Register. The full Strategic Risk Register and the risks outside of the risk appetite on the Corporate Risk Register were last reviewed by the Board on 19 May 2020. The highest mitigated risks on the Strategic and Corporate Risk Registers were last reviewed by the Integrated Audit and Governance Committee (IAGC) on 30 April 2020.

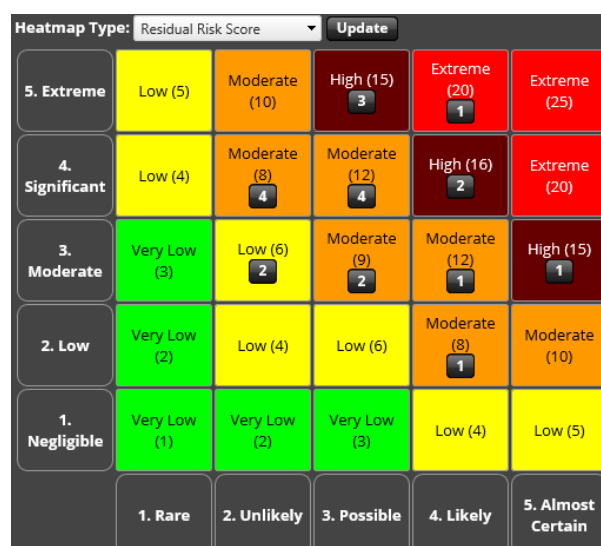
Monthly meetings are being held with the responsible Executive Lead to review the scoring, actions and the specific wording for each strategic and corporate risk.

### Current Risk Register Heat Map (by Residual risk score)

#### Strategic Risks (15)



#### Corporate Risks (21)







## Key Changes to the Strategic and Corporate Risk Registers

### Strategic Risk Register

#### Changes to residual risk scores

- 1 There have been no changes to target risk ratings in the last month. Changes to residual risk scores are presented in the table below.

Risk Ref.	Risk Title	Residual Score May 20	Residual Score Jun 20	Direction of travel	Target Score
SRR 22	Urgent Treatment Centre may not become established and result in increased demand to Emergency Departments (ED) <i>The likelihood of this risk occurring has reduced due to the decrease in demand to ED during the COVID-19 pandemic. This work will be addressed as part of the recovery plan.</i>	<b>20</b> <b>Extreme</b>	<b>16</b> <b>High</b>		<b>9</b> <b>Moderate</b>
SRR 5	Failure to achieve financial plans as agreed by NHS Improvement and NHS England (NHSI/E) under the Financial Special Measures regime. <i>The likelihood of the risk occurring has reduced as financial plans for 2019/20 have been met, awaiting audit of accounts. This risk will be recommended for closure.</i>	<b>20</b> <b>Extreme</b>	<b>15</b> <b>High</b>		<b>15</b> <b>High</b>
SRR 19	Patients may decline a date within breach and choose to delay their treatment until after their 52 week breach date. <i>Residual risk rating increased due to the number of patients waiting more than 52 weeks. Awaiting national guidance as to how we manage those patients on the waiting list who are not part of the recovery plan.</i>	<b>16</b> <b>High</b>	<b>12</b> <b>Moderate</b>		<b>4</b> <b>Low</b>
SRR 25	If staff are not involved in meaningful appraisals they may not feel valued by the Trust resulting in increase in turnover / lack of pride in doing their job. <i>Residual risk rating reduced. A quality audit of appraisals was undertaken and presented to the IAGC. This risk will be recommended for closure.</i>	<b>12</b> <b>Moderate</b>	<b>6</b> <b>Low</b>		<b>6</b> <b>Low</b>

### Risks approved for closure on the Strategic Risk Register

2 There were no risks proposed for closure on the Strategic Risk Register in May 2020.






### New risks added to the Strategic Risk Register



3 There were no new risks added to the Strategic Risk Register in May 2020.

### Corporate Risk Register

#### Changes to residual risk scores

4 Changes to residual risk scores are presented in the table below.

Risk Ref.	Risk Title	Residual Score May 20	Residual Score June 20	Direction of travel	Target Score
CRR 68	Risk to the delivery of the operational constitutional standards and undertakings. <i>The likelihood of this risk has reduced due to the number of mitigations in place to deliver the constitutional standards.</i>	20 Extreme	15 High		10 Moderate
CRR 78	Risk of overcrowding in ED compromising patient safety and patient experience. <i>The likelihood of this risk has reduced as the numbers of patients attending ED has reduced during COVID-19 pandemic, however workstreams will have to be developed to continue blue and red streaming in the emergency departments.</i>	20 Extreme	16 High		8 Moderate
CRR 34	Inadequate Health & Safety (H&S) systems embedded within the Care Groups. <i>The likelihood of this risk occurring has increased due to the number of policies requiring review. A process is in place to rewrite and update where appropriate.</i>	8 Moderate	12 Moderate		6 Low
CRR 76	Care is potentially compromised as a consequence of staffing not meeting planning numbers per shift. <i>The likelihood of this risk occurring has reduced as the vacancy rate has decreased.</i>	12 Moderate	8 Moderate		4 Low
CRR 80	Risk of patient harm due to forced closure of Nuclear Medicine Imaging Service at Kent & Canterbury Hospital (K&CH).	12 Moderate	6 Low		6 Low

	<i>The likelihood of the risk has reduced as the gamma cameras has been installed and the service is fully functional. The risk will be recommended for closure.</i>				
CRR 70	Patients may not receive optimal care based on a clearly articulated clinical plan due to the requirement to maintain patient flow on a site. <i>The likelihood of this risk occurring has reduced during the pandemic as patients are not currently being transferred.</i>	<b>12</b> <b>Moderate</b>	<b>6</b> <b>Low</b>		<b>6</b> <b>Low</b>
CRR 81	Current CT and MRI reporting backlog presents a clinical risk. <i>The likelihood of this risk occurring has reduced as the unreported position has reduced significantly due to COVID-19 pandemic reducing activity.</i>	<b>15</b> <b>High</b>	<b>6</b> <b>Low</b>		<b>6</b> <b>Low</b>

### Risks approved for closure on the Corporate Risk Register

- 5 There were three risks closed on the Corporate Risk Register in May 2020.
- 6 CRR 65 – Risk of prosecution by the Care Quality Commission (CQC) was closed as the compliance with Duty of Candour is no longer a Trust-wide issue, this will be managed by the Care Groups.
- 7 CRR 73 – Patient safety compromised as a result of inappropriate use of SafeAssist personnel causing potential safeguarding concerns was closed as the controls and actions were transferred to CRR 36 - Potential failure to identify safeguarding concerns resulting in a lack of appropriate action.
- 8 CRR 74 – The Trust will be unable to spend the emergency capital allocated by 31 March was closed as the capital allocated was spent.

### New Corporate Risks added to the Corporate Risk Register

- 9 There were no new risks added to the Corporate Risk Register in May 2020.

### Risks outside of Trust risk appetite

- 10 There is one risk on the Corporate Risk Register that is outside of the Trust's risk appetite:
  - CRR 79 – Risk to patient care due to the temporary suspension of services during the global coronavirus (COVID-19) pandemic

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

- 11 There are no further issues for the Board of Directors attention and/or discussion.

<b>IDENTIFIED RISKS AND MANAGEMENT ACTIONS:</b>	As outlined in the appendices attached.
<b>LINKS TO STRATEGIC OBJECTIVES:</b>	<p>The corporate and strategic risks align to all of the Strategic Objectives:</p> <ul style="list-style-type: none"> <li>• <b>Getting to good:</b> Improve quality, safety and experience, resulting in <b>Good</b> and then <b>Outstanding</b> care.</li> <li>• <b>Higher standards for patients:</b> Improve the <b>quality and experience</b> of the care we offer, so patients are <b>treated in a timely way</b> and <b>access the best care</b> at all times.</li> <li>• <b>A great place to work:</b> Making the Trust a <b>Great Place to Work</b> for our current and future staff.</li> <li>• <b>Delivering our future: Transforming</b> the way we provide services across east Kent, enabling the whole system to offer <b>excellent integrated services</b>.</li> <li>• <b>Right skills right time right place:</b> Developing teams with the <b>right skills</b> to provide care at the <b>right time</b>, in the <b>right place</b> and achieve the <b>best outcomes for patients</b>.</li> <li>• <b>Healthy finances:</b> Having Healthy Finances by providing better, <b>more effective patient care</b> that makes resources go further.</li> </ul>
<b>LINKS TO STRATEGIC OR CORPORATE RISK REGISTER</b>	This paper provides an update on the Strategic Risks to the Trust and the risks on the Corporate Risk Register that sit outside the Trust's risk appetite.
<b>RESOURCE IMPLICATIONS:</b>	None specifically identified other than in the Risk Registers.
<b>COMMITTEES WHO HAVE CONSIDERED THIS REPORT</b>	Clinical Executive Management Group
<b>SUBSIDIARY IMPLICATIONS:</b>	This paper does not have an impact on the business of any of the Trust Subsidiary Companies. The companies manage their risks separately to the Trust.
<b>PRIVACY IMPACT ASSESSMENT:</b> NO	<b>EQUALITY IMPACT ASSESSMENT:</b> NO

**RECOMMENDATIONS AND ACTION REQUIRED:**

The Board of Directors is invited to:

1. Review the Strategic Risk Report and the Corporate Risks Report that are appended; and
2. Consider the sufficiency of the corrective actions identified in relation to the risks and provide positive challenge where necessary.

# Strategic Risks Report (By Residual Risk Ranking)

Report Date	04 Jun 2020
Comparison Date	In the past 30 Day(s)



Strategic Risks Report (By Residual Risk Ranking)

Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
SRR 16	Failure to maximise/sustain benefits realised and evidence improvements to services from transformational programmes  <b>Risk Owner:</b> Susan Acott <b>Delegated Risk Owner:</b> Simon Hayward <b>Last Updated:</b> 25 Jul 2019 <b>Latest Review Date:</b> 27 Apr 2020 <b>Latest Review By:</b> Rhiannon Adey <b>Latest Review Comments:</b> Risk reviewed with Chief Executive. Transformational programmes have been suspended during the pandemic. The revised ways of working implemented due to the pandemic will benefit when the transformation work begins again.	27 Feb 2017	<b>Cause</b> * Lack of experience / capability in the particular area of change * Lack of capacity of those who need to lead and embed the change * Lack of resources to deliver / implement and sustain change * Trust's lack of appetite for change in some areas to be implemented * Unavailability of the space and physical resources to implement and embed improvements * Mechanism / governance structures for Transformation is not embedded.  <b>Effect</b> * Inability to maintain safe, effective and caring services * Inability to deliver the transformation required to meet Trust objectives * Licence restrictions * Regulatory concerns * Reputational damage	Delivering our future - Transforming the way we provide services across east Kent, enabling the whole system to offer excellent integrated services	<b>I = 4 L = 5 Extreme (20)</b> <div><div></div><div></div><div></div></div>	Care Group Performance Meetings in place to monitor progress against transformational programmes <b>Control Owner:</b> Lee Martin	Adequate	<b>I = 4 L = 4 High (16)</b> <div><div></div><div></div><div></div></div>	<b>Person Responsible:</b> <b>To be implemented by:</b>			<b>I = 4 L = 2 Moderate (8)</b> <div><div></div><div></div><div></div></div>
						Implementation team in place for the Transformation Programme <b>Control Owner:</b> Simon Hayward	Adequate					
						Mark Hackett engaged by the Trust to review quarterly performance and provide external independent feedback to the Chief Executive and Director of Finance on maintaining the financial improvements <b>Control Owner:</b> Philip Cave	Substantial					
						Phase 1 of Leadership & Development programme with EY & Plum in place <b>Control Owner:</b> Andrea Ashman	Adequate					
						Take learning from others – Strategic Development Team and Clinicians have gone on visits to other NHS hospitals <b>Control Owner:</b> Elizabeth Shutler	Adequate					
						Transformation and Financial governance architecture in place (including programme structure; reporting methodology and clinical and non-clinical engagement). <b>Control Owner:</b> Simon Hayward	Adequate					
						Transformation Improvement Group is in place to ensure programme is delivered <b>Control Owner:</b> Susan Acott	Adequate					




## Strategic Risks Report (By Residual Risk Ranking)

Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
SRR 24	If leadership and management is not effective staff may not be engaged to deliver a high quality, caring service  <b>Risk Owner:</b> Andrea Ashman <b>Delegated Risk Owner:</b> <b>Last Updated:</b> 30 Sep 2019 <b>Latest Review Date:</b> 26 Apr 2020 <b>Latest Review By:</b> Rhiannon Adey <b>Latest Review Comments:</b> Risk reviewed with Director of HR. A recommendation will be made for this risk to be suspended as the actions around competency frameworks are not currently being taken forward. There have been mitigations to address leadership during the pandemic which have included site based leadership to support care groups, an executive director, a medical director and a care group director are aligned to each site and feedback opportunities with Trust leadership have been provided for staff. These mitigations and further actions are included within the COVID-19 risk register to address risks relating to workforce unavailability, effective communication and staff morale.	10 Jun 2019	<b>Cause</b> Insufficient targeted/specific learning and development for new managers Changes to Care Group structures have produced able people new to management positions  <b>Effect</b> Poor standard of care High turnover Poor recruitment Lack of staff engagement	A great place to work - Making the Trust a great place to work for our current and future staff	I = 4 L = 4 High (16) <div><div></div><div></div></div>	Freedom to speak up guardians available <b>Control Owner:</b> Andrea Ashman	Adequate	I = 4 L = 4 High (16) <div><div></div><div></div></div>	To finalise the Trust-wide leadership competency framework which will be the basis of a comprehensive diagnostic and structured development / assessment programme.  <b>Person Responsible:</b> Jane Waters <b>To be implemented by:</b> 31 Dec 2019	Not Set	<b>06 Mar 2020</b> Framework updated to align with We Care and is ready to launch to support the approach	I = 2 L = 2 Low (4) <div><div></div><div></div></div>
						Guidance and toolkits <b>Control Owner:</b> Andrea Ashman	Adequate					
						Leadership Development Plans and targeted development plans for individuals in place <b>Control Owner:</b> Andrea Ashman	Adequate		Development of senior, middle non-clinical leaders against the EKHUFT leadership framework  <b>Person Responsible:</b> Jane Waters <b>To be implemented by:</b> 31 Mar 2020	Not Set	<b>06 Mar 2020</b> Leadership Development across the Trust currently being reviewed to identify gaps and ensure integration across the programmes. All programmes will be promoted through the Leadership Framework portal	
						Leadership diagnostics <b>Control Owner:</b> Andrea Ashman	Adequate					
						Staff Survey local action plans <b>Control Owner:</b> Andrea Ashman	Adequate					
						Team Talk sessions <b>Control Owner:</b> Andrea Ashman	Adequate					
SRR 22	Urgent Treatment Centre may not become established and result in increased demand to ED  <b>Risk Owner:</b> Lee Martin <b>Delegated Risk Owner:</b> Matthew Pomeroy <b>Last Updated:</b> 26 May 2020 <b>Latest Review Date:</b> 04 Jun 2020 <b>Latest Review By:</b> Rhiannon Adey <b>Latest Review Comments:</b> Risk reviewed with COO. Additional actions added.	07 Jun 2019	<b>Cause</b> Lack of engagement between the CCG, GP colleagues and EKHUFT clinicians Lack of appropriate accommodation at the acute hospital site  <b>Effect</b> Increased demand to ED Delivery of the 4 hour Emergency Access Standard Reduced workforce in ED Increased cost of service provision Increased attendance across the health economy	Higher standards for patients - Improve the quality and experience of the care we offer, so patients are treated in a timely way and access the best care at all times	I = 5 L = 4 Extreme (20) <div><div></div><div></div></div>	A&E Delivery Board, attended by the CEO and senior Executives from whole health economy have agreed to support the development of UTC <b>Control Owner:</b> Lee Martin	Adequate	I = 4 L = 4 High (16) <div><div></div><div></div></div>	Implement new model for UTC including bookable services  <b>Person Responsible:</b> Lee Martin <b>To be implemented by:</b> 30 Jun 2020	Not Set		I = 3 L = 3 Moderate (9) <div><div></div><div></div></div>
						Clinicians from Primary Care and EKHUFT have been meeting for over a year to build strong working relationships and a commitment to develop an integrated UTC <b>Control Owner:</b> Lee Martin	Adequate		UTC Alliance to review UTC model in light of COVID-19  <b>Person Responsible:</b> Lee Martin <b>To be implemented by:</b> 30 Jun 2020	Not Set		
						ED Improvement Plan in place <b>Control Owner:</b> Lee Martin	Limited		Ensure new UTC model is embedded in to urgent and emergency pathway  <b>Person Responsible:</b> Lee Martin <b>To be implemented by:</b> 30 Jun 2020	Not Set		
						Senior management support has been identified to support the project <b>Control Owner:</b> Lee Martin	Adequate					
						The project is being monitored monthly through the Local Care implementation group meetings <b>Control Owner:</b> Lee Martin	Adequate					

## Strategic Risks Report (By Residual Risk Ranking)




Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
SRR 4	Estate Condition - Unable to implement improvements in the Estate across the Trust to ensure long term quality of patient facilities  <b>Risk Owner:</b> Elizabeth Shutler <b>Delegated Risk Owner:</b> Nicky Bentley <b>Last Updated:</b> 30 Jul 2019 <b>Latest Review Date:</b> 20 May 2020 <b>Latest Review By:</b> Nicky Bentley <b>Latest Review Comments:</b> Following production of the 6 facet survey, work continues to ensure that the Trust capital plan is aligned to the high priority areas and the risks identified in the risk register, with support for additional emergency capital being sought from NHSEI.	20 Jan 2016	<b>Cause</b> - Backlog of work (£71 million); - The financial constraint on capital funding; - The sheer volume and extent of work required  <b>Effect</b> - Resulting in poor patient and staff experience - Adverse effects during extreme weather conditions (e.g. leaking roofs; burst pipes leading to water supply shortage; injury to staff/patients) - Potential breaches to health & safety standards and legislation - Inefficiencies and difficulties in moving forward with providing services of the future such as the Clinical Strategy	Delivering our future - Transforming the way we provide services across east Kent, enabling the whole system to offer excellent integrated services	<b>I = 4 L = 5 Extreme (20)</b> 	An assessment of the maintenance required has been undertaken to understand the overall position. The Trust has commissioned a 6 facet estates survey to be undertaken in 2019/20 which will be used as a benchmark to prioritise backlog maintenance requirements in the future. <b>Control Owner:</b> Elizabeth Shutler	Adequate	<b>I = 4 L = 4 High (16)</b> 	To use 6 facet survey to prioritise Trust capital expenditure and STP capital requirements across Kent and Medway  <b>Person Responsible:</b> Elizabeth Shutler <b>To be implemented by:</b> 28 Aug 2020	Not Set	<b>20 May 2020</b> An assurance paper is being finalised that reviews the 6 facet survey against both the Trust capital plan and the risk register to ensure that capital funds are aligned appropriately to high priority areas.	<b>I = 4 L = 2 Moderate (8)</b> 
						Interim Estates Strategy in place <b>Control Owner:</b> Elizabeth Shutler	Adequate		Request further emergency capital from the centre for 2020/21 financial year  <b>Person Responsible:</b> Elizabeth Shutler <b>To be implemented by:</b> 25 Sep 2020	Not Set	<b>20 May 2020</b> The Trust has written to the CEO of the K&M CCG and the Regional Director of NHSEI updating them on the use of emergency capital in 2019/20, summarising the priority areas identified in the recently commissioned 6 facet survey and requesting support in accessing further Emergency Capital in 2020/21.	
						Prioritisation exercise for capital spend has been completed to ensure resources are used in the most effective / efficient way <b>Control Owner:</b> Elizabeth Shutler	Adequate					
						Prioritised Patients Environment Investment Committee (PEIC) action plan in place for 2019/20. <b>Control Owner:</b> Elizabeth Shutler	Adequate					
						Risk assessed condition survey carried out every 5 years (rolling interim plan every 18months) <b>Control Owner:</b> Elizabeth Shutler	Adequate					
						Statutory Compliance dashboard in place <b>Control Owner:</b> Elizabeth Shutler	Adequate					
SRR 26	The Trust will be unable to make the changes to services needed if the Pre-Consultation Business Case (PCBC) is not signed off by external bodies  <b>Risk Owner:</b> Elizabeth Shutler <b>Delegated Risk Owner:</b> Nicky Bentley <b>Last Updated:</b> 26 Nov 2019 <b>Latest Review Date:</b> 20 May 2020 <b>Latest Review By:</b> Nicky Bentley <b>Latest Review Comments:</b> Discussions continue with the K&M CCG to understand the PCBC timeline and process going forward. Work continues internally between the Trust and Together Solutions to review the capital assumptions and requirements of the Clinical Strategy Options against the 6 facet survey.	10 Jun 2019	<b>Cause</b> Requirement for the PCBC to be signed off by external bodies  <b>Effect</b> The Trust will not be able to make changes due to lack of capital	Delivering our future - Transforming the way we provide services across east Kent, enabling the whole system to offer excellent integrated services	<b>I = 5 L = 4 Extreme (20)</b> 	PCBC submitted <b>Control Owner:</b> Nicky Bentley		<b>I = 5 L = 3 High (15)</b> 	Until the PCBC is signed off the Trust will review service design in light of COVID-19 pandemic and potential moves/ modifications to ensure safe service delivery  <b>Person Responsible:</b> Susan Acott <b>To be implemented by:</b> 26 Jun 2020	Not Set	<b>20 May 2020</b> Further discussions are taking place with the CCG to understand the expected process and timeline for the PCBC going forward as we moved into Phase 2 of covid19 planning.	<b>I = 5 L = 2 Moderate (10)</b> 
						STP Governance Process <b>Control Owner:</b> Elizabeth Shutler	Adequate					
						STP system leaders group <b>Control Owner:</b> Elizabeth Shutler	Adequate					
									Use 6 facet survey to review capital expenditure for option 1 and 2  <b>Person Responsible:</b> Nicky Bentley <b>To be implemented by:</b> 30 Sep 2020	Not Set	<b>20 May 2020</b> A Joint Development Board is now in place between the Trust and Together Solutions. This Board will oversee regular review of the capital plans for the Clinical Strategy Options against the 6 facet survey. The next meeting of the Joint Development Board is in early June 2020.	

Strategic Risks Report (By Residual Risk Ranking)




Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
SRR 5	Failure to achieve financial plans as agreed by NHSI and E under the Financial Special Measures regime <b>Risk Owner:</b> Philip Cave <b>Delegated Risk Owner:</b> <b>Last Updated:</b> 26 May 2020 <b>Latest Review Date:</b> 15 Apr 2020 <b>Latest Review By:</b> Rhiannon Adey <b>Latest Review Comments:</b> Financial plans for 2019/20 have been met, awaiting audit of accounts. Recommendation to CEMG in May 2020 that this risk is closed.	20 Jan 2016	<b>Cause</b> Due to: * Failure to reduce the run rate * Poor planning * Poor recurrent CIP delivery * Political climate (EU Exit) and price inflation *Inability to secure external support for key projects *Demand from CCGs higher or lower than annual plan *EPR governance support delivery of plan *Negative impact of the new EMR implementation *Lack of clear workforce document outlining vacancies and future needs and a recruitment plan by Care Group *Failure to fully utilise all national benchmarking tools available *Lack of robust temporary staffing policy and implementation *Lack of 100% effective rostering for nursing *Lack of effective rostering for medical staffing *Lack of financial understanding across the Trust  <b>Effect</b> Resulting in * Potential breaches to the Trust's Monitor licence * Adverse impact on the Trust's ability to deliver all of its services * Impact on ability to deliver the longer term clinical strategy * Poor reputation	Healthy Finances - Having healthy finances by providing better, more effective patient care that makes resources go further	<b>I = 5 L = 5 Extreme (25)</b> 	Aligned Incentive Contract in place <b>Control Owner:</b> Philip Cave	Adequate	<b>I = 5 L = 3 High (15)</b> 	<b>Person Responsible:</b> <b>To be implemented by:</b>			<b>I = 5 L = 3 High (15)</b> 
						Clinically led business planning process embedded. <b>Control Owner:</b> Philip Cave	Adequate					
						Contracted ex-Chief Executive to provide challenge to the Care Groups and Executives <b>Control Owner:</b> Susan Acott	Substantial					
						Cost Improvement Plan for 2019/20 developed and targets in place with workstream in support <b>Control Owner:</b> Philip Cave	Adequate					
						Financial Annual Plan for 2019/20 in place <b>Control Owner:</b> Philip Cave	Substantial					
						Financial Improvement Oversight Group (FIOG) in place to review key metrics <b>Control Owner:</b> Philip Cave	Adequate					
						Fortnightly confirm and challenge meetings with the Care Groups (including Corporate) <b>Control Owner:</b> Philip Cave	Adequate					
						HFMA training available for staff across the Trust <b>Control Owner:</b> Andrea Ashman	Limited					
						Improved Business Planning process in place for 2019/20 <b>Control Owner:</b> Philip Cave	Adequate					
						Local Vacancy Control Panel in place <b>Control Owner:</b> Philip Cave	Adequate					
						Process in place for managing decline in financial performance of Care Groups <b>Control Owner:</b> Philip Cave	Adequate					
						Production planning in place to ensure projection of activity plans in order to take remedial action if required <b>Control Owner:</b> Philip Cave	Adequate					
						Programme Management Office (PMO) in place with clear targets, milestones, grip & control and accountability to deliver the CIP <b>Control Owner:</b> Philip Cave	Adequate					
						Regular reporting on the Trust's Financial position to the Trust Board and senior management team (including ensuring the impact of any financial decisions on safety, quality, patient experience and performance targets is recognised and understood). <b>Control Owner:</b> Philip Cave	Adequate					



Strategic Risks Report (By Residual Risk Ranking)

Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
						Workforce and Agency Control Group in place <b>Control Owner:</b> Andrea Ashman	Limited					
SRR 8	Inability to attract, recruit and retain high calibre staff (substantive) to the Trust <b>Risk Owner:</b> Andrea Ashman <b>Delegated Risk Owner:</b> Louise Goldup <b>Last Updated:</b> 30 Sep 2019 <b>Latest Review Date:</b> 26 Apr 2020 <b>Latest Review By:</b> Rhiannon Adey <b>Latest Review Comments:</b> Risk reviewed with Director of HR. The Trust has engaged in the Bring Back Scheme and have been successful.	23 Feb 2016	<b>Cause</b> * It is widely known that there is a national shortage of healthcare staff in specific occupational groups / specialities. * It is a highly competitive recruitment market for these hard to fill roles, * Potential negative impact of Brexit * The Trust progressing the work on its finances under the financial special measures regime, cultural issues identified in the CQC inspection * Proximity to London has impacted on the ability to attract and retain high calibre staff. * QE geographical location impacting on recruitment of staff * Increase in staff turnover due to retirement and voluntary resignation (exit interview suggests retirement accounts for 25% of turnover figures) * Uncertainty due to the STP plans * Increase in service demand * Potential negative impact that may arise from the publication of the Staff Survey Results. * Reputation of some medical specialities * Split site organisation increases the intensity of on call rotas <b>Effect</b> * Potential negative impact on patient outcomes and experience * High agency spend - potential breach of NHSI agency cap * Financial loss * Reputational damage * Negative impact on staff health and wellbeing * Increase in stress levels and anxiety in key staff groups * Patient safety * Service delivery * Turnover * Unsafe staffing * Overtime * Withdrawal of GMC support	A great place to work - Making the Trust a great place to work for our current and future staff	I = 5 L = 5 Extreme (25) 	The Trust has a plan in place that supports the retention of newly qualified nursing staff locally. <b>Control Owner:</b> Amanda Hallums	Adequate	I = 5 L = 3 High (15) 	Welfare paper due to be presented at CEMG on 13 May 2020 <b>Person Responsible:</b> Andrea Ashman <b>To be implemented by:</b> 13 May 2020	Not Set		I = 4 L = 2 Moderate (8) 
						Care Group Great Place to Work Action Plans in place <b>Control Owner:</b> Jane Waters	Adequate		Care Groups are developing action plans based on the 2019 staff survey results which will be realigned to current COVID planning <b>Person Responsible:</b> Jane Waters <b>To be implemented by:</b> 31 Aug 2020	Not Set		
						Hard to recruit plan in place and being implemented <b>Control Owner:</b> Louise Goldup	Adequate		Recruitment and Retention Strategy and Workforce plans to be reviewed in light of coronavirus and realigned to Trust Strategy including the introduction of new roles <b>Person Responsible:</b> Louise Goldup <b>To be implemented by:</b> 31 Aug 2020	Not Set		
						Implementation of retention plan as agreed with the Strategic Workforce Committee <b>Control Owner:</b> Andrea Ashman	Adequate		Engage with medical school to promote and support opportunities for partnership working and joint appointments <b>Person Responsible:</b> Andrea Ashman <b>To be implemented by:</b> 30 Sep 2020	Not Set	17 Mar 2020 Director of HR meeting with Chris Holland regarding joint contracts, joint appointments and research opportunities	
						Occupation Health run a series of Mindfulness and Resilience and One to One Counselling (including active referrals) <b>Control Owner:</b> Emma Palmer	Substantial		Pursue streamlining and passporting opportunities for new appointments across the STP <b>Person Responsible:</b> Lindsey Shorter <b>To be implemented by:</b> 31 Mar 2021	Not Set	12 May 2020 Head of Learning is actively engaging with other Trusts to take forward. Recommendation made to STP for funding to bring all Trusts online with ESR for training records. Awaiting a response	
						Revised recruitment process has been implemented <b>Control Owner:</b> Andrea Ashman	Adequate					
						Staff Performance Appraisals in place <b>Control Owner:</b> Jane Waters	Adequate					
						STP Recruitment & Retention Working Group <b>Control Owner:</b> Louise Goldup						
						Training plans in place in each Care Group / corporate area that supports staff development. <b>Control Owner:</b> Andrea Ashman	Adequate					

Strategic Risks Report (By Residual Risk Ranking)

Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
SRR 19	Patients may decline a date within breach and choose to delay their treatment until after their 52 week breach date  <b>Risk Owner:</b> Lee Martin <b>Delegated Risk Owner:</b> <b>Last Updated:</b> 19 May 2020 <b>Latest Review Date:</b> 04 Jun 2020 <b>Latest Review By:</b> Rhiannon Adey <b>Latest Review Comments:</b> Risk reviewed with COO. Additional actions added.	07 Jun 2019	<b>Cause</b> The potential number of patients who have waited over 18 weeks for treatment  <b>Effect</b> £2,500 fine for the Trust and a £2,500 fine for the CCG for each month each individual patient breaches	Higher standards for patients - Improve the quality and experience of the care we offer, so patients are treated in a timely way and access the best care at all times	I = 4 L = 4 High (16) 	52ww - Monthly monitoring via the Executive Performance Reviews <b>Control Owner:</b> Lee Martin	Adequate	I = 3 L = 4 Moderate (12) 	Seek national instruction within waiting list policy for patients who don't want to go to hospital due to COVID-19 <b>Person Responsible:</b> Lee Martin <b>To be implemented by:</b> 03 Jul 2020	Not Set		I = 2 L = 2 Low (4) 
						Clinical review of patient risk conducted by the Care Groups <b>Control Owner:</b> Lee Martin	Adequate					
						Daily performance reporting via the Planned Care Report, which is sent to the COO, Deputy COO, Director of Performance and all Operational Directors, General Managers, Service Managers <b>Control Owner:</b> Karen Rowland	Adequate					
						Live reporting via RTT App on all Directors and General Managers telephone and is also available on iPads, laptop and desktop computers <b>Control Owner:</b> Lee Martin	Adequate					
						Weekly monitoring at the PTL meeting which is Chaired by the Chief Operating Officer and attended by the Deputy COO for Elective Care, Director of Performance and the Operations Directors and their General Managers <b>Control Owner:</b> Lee Martin	Adequate					

Strategic Risks Report (By Residual Risk Ranking)

Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score						
SRR 17	Risk to safety, quality and experience as a result of not achieving the strategic objectives  <b>Risk Owner:</b> Rebecca Martin <b>Delegated Risk Owner:</b> Paul Stevens <b>Last Updated:</b> 08 Mar 2020 <b>Latest Review Date:</b> 26 May 2020 <b>Latest Review By:</b> Rhiannon Adey <b>Latest Review Comments:</b> Risk to be discussed at CEMG in June. As part of the reset and recovery plan we will need to determine how we pick up this improvement work. The timelines and actions require review in light of this.	06 Jun 2019	<b>Cause</b> Due to a lack of resources, skills deficit, engagement and appropriate systems  <b>Effect</b> Patient harm from failure to deliver the improvement trajectories in relation to pressure ulcers, falls, deteriorating patients and medicines optimisation	Getting to good - Improve quality, safety and experience, resulting in Good and then Outstanding Care	I = 4 L = 4 High (16) <div><div></div><div></div></div>	Agreed Improvement Plan in place with supporting Care Group Plans <b>Control Owner:</b> Amanda Hallums	Adequate	I = 4 L = 3 Moderate (12) <div><div></div><div></div></div>	Establish a working group to embed NICE fluid management guidance  <b>Person Responsible:</b> Mansoor Akhtar <b>To be implemented by:</b> 31 Dec 2019	Not Set	<b>08 Mar 2020</b> Awaiting the return to work of one of the key members of the group to drive this <div><div></div><div></div></div>	I = 4 L = 2 Moderate (8) <div><div></div><div></div></div>						
						Appropriate policies, procedures, guidelines and protocols in place <b>Control Owner:</b> Paul Stevens	Adequate		Improve support for staff involved in medication incidents and develop a positive hospital culture around medication error reporting  <b>Person Responsible:</b> Paul Stevens <b>To be implemented by:</b> 31 Mar 2020	Not Set	<b>16 Dec 2019</b> There now appears to be a good level of incident reporting where medication related incidents occur							
						Audit regime in place <b>Control Owner:</b> Amanda Hallums	Adequate		Review and improve education and training of existing and new staff, student practitioners and doctors with regards medication safety  <b>Person Responsible:</b> Michael Jenkinson <b>To be implemented by:</b> 31 Mar 2020	Not Set	<b>28 Apr 2020</b> There was excellent progress made by February 2020 with training and assessment programme in place and full catch up across the three sites. During February 2020 it became apparent that the traditional arrangements with tutorials and full allocated induction programme were going to be disrupted by the COVID-19 pandemic and multiple changes would take place that might compromise gains made. By March 2020 this proved to be the case. For example in March we were told all new FY1s induced into the Trust would have their national prescribing safety assessment done. At actual induction week of 27th April it was discovered only one of 7 had had this done and others could not complete till June/July. The induction assessment programme had had no time/resources allocated for prescribing assessment and training over and above that required if PSA had been completed. The continuing issues that result are not now expected to be resolved until December 2020							
						Benchmarking in place to assess performance against peers <b>Control Owner:</b> Lee Martin	Adequate											
						Coordination of information from Trust systems in a central information repository linking into Careflow as a vehicle to deliver targeted alerts <b>Control Owner:</b> Michael Bedford	Adequate											
						Pressure ulcers, falls, medicines optimisation and the deteriorating patient are the 4 agreed quality areas for focus <b>Control Owner:</b> Paul Stevens	Limited											
						QII hubs <b>Control Owner:</b> Amanda Hallums	Adequate											
						Recording of data against the Patient Safety Thermometer across all Trust inpatient areas <b>Control Owner:</b> Jackie Shaba	Adequate		Introduce gate keeping and an absolute requirement for cohorting and nursing NIV patients in designated beds  <b>Person Responsible:</b> Paul Stevens <b>To be implemented by:</b> 31 Mar 2020	Not Set	<b>16 Dec 2019</b> Until we have access to more actual space on the emergency floors it will be difficult to complete this action							
						Skilled personnel and leadership in the areas of tissue viability, falls management, medicines optimisation and deteriorating patient <b>Control Owner:</b> Amanda Hallums	Adequate											
						Training and support <b>Control Owner:</b> Amanda Hallums	Adequate											
																Continue to support workstreams to improve care of patients at risk of hypercapnoea (embedding NEWS2 pathway and oxygen wristband pilot).  <b>Person Responsible:</b> Paul Stevens <b>To be implemented by:</b> 31 Mar 2020	Not Set	
																Improve support for managing difficult intravenous access out of hours  <b>Person Responsible:</b> Gemma Oliver <b>To be implemented by:</b> 31 Mar 2020	Not Set	<b>10 Mar 2020</b> A business case has been submitted to business planning. Awaiting outcome as to whether this was successful.

## Strategic Risks Report (By Residual Risk Ranking)

Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
									Ensure consistency in adherence to Vital Pac protocol across the organisation <b>Person Responsible:</b> Amanda Hallums <b>To be implemented by:</b> 30 Jun 2020	Not Set	<b>27 Apr 2020</b> Action remains ongoing. Adherence to protocols should improve with the reduced number of patients within the Trust.	
									Implement ReSPECT <b>Person Responsible:</b> Judith Banks <b>To be implemented by:</b> 30 Jun 2020	Not Set	<b>18 Mar 2020</b> Consideration is being given to the appropriateness of implementation during the COVID-19 pandemic.	
									Evaluate where technology can reduce the risk of medication errors in prescribing and administration as well as the identification of high risk situations and patient groups <b>Person Responsible:</b> Will Willson <b>To be implemented by:</b> 30 Nov 2020	Not Set	<b>04 Jun 2020</b> implementation date extended due to the delays in phase 1 and impact of COVID on the T3 program	
SRR 18	Integrated respiratory pathways will not be developed to enable patients to be managed in the community setting <b>Risk Owner:</b> Lee Martin <b>Delegated Risk Owner:</b> <b>Last Updated:</b> 25 Jul 2019 <b>Latest Review Date:</b> 04 Jun 2020 <b>Latest Review By:</b> Rhiannon Adey <b>Latest Review Comments:</b> Risk reviewed with COO. Additional actions added.	07 Jun 2019	<b>Cause</b> Potential lack of engagement from primary and secondary care clinicians (GP/Respiratory CNS/EKHUFT Consultant and Specialist nurses) <b>Effect</b> Patients with a respiratory condition presenting to the ED and putting deliver of the 4 hour Emergency Access Standard at risk and increasing the risk of admission Risk to patient of contracting a hospital acquired infection or deconditioning resulting in increased length of stay.	Higher standards for patients - Improve the quality and experience of the care we offer, so patients are treated in a timely way and access the best care at all times	I = 3 L = 4 Moderate (12) 	Local care plan is an integrated plan which includes an integrated respiratory pathway which has been signed up to by the local health economy and led by the CCG <b>Control Owner:</b> Lee Martin	Adequate	I = 3 L = 4 Moderate (12) 	Ensure rescue meds project is included in winter plan <b>Person Responsible:</b> Lee Martin <b>To be implemented by:</b> 30 Sep 2020 Weekly monitoring of activity through respiratory pathway <b>Person Responsible:</b> Lee Martin <b>To be implemented by:</b> 31 Dec 2020	Not Set		I = 3 L = 2 Low (6) 
SRR 29	If the Trust does not develop a positive and inclusive culture this will impact its ability to recruit and retain staff with the right skills <b>Risk Owner:</b> Andrea Ashman <b>Delegated Risk Owner:</b> <b>Last Updated:</b> 26 Apr 2020 <b>Latest Review Date:</b> 26 Apr 2020 <b>Latest Review By:</b> Rhiannon Adey <b>Latest Review Comments:</b> Risk reviewed with Director of HR. Risk rating reviewed and likelihood reduced to possible. Actions updated.	10 Jun 2019	<b>Cause</b> Changes in structures and processes Lack of training and development for new leaders Values not sufficiently well embedded over a period of some years <b>Effect</b> Staff are disaffected and disengaged and seek alternative employment	Right skills, right time, right place - Developing teams with the right skills to provide care at the right time, in the right place and achieve the best outcomes for patients	I = 4 L = 4 High (16) 	Ambassadors for Freedom to Speak Up <b>Control Owner:</b> Michelle Webb Annual Staff Survey <b>Control Owner:</b> Andrea Ashman Leadership development programme in place <b>Control Owner:</b> Andrea Ashman Occupational Health service provide one to one support <b>Control Owner:</b> Andrea Ashman Refresh and relaunch of Trust Respect programme incorporating Equality, diversity and inclusion as a key element during 2019 <b>Control Owner:</b> Andrea Ashman Staff Networks in place <b>Control Owner:</b> Andrea Ashman WRES, WDES and BAME nurse and midwifery progression action plans which we engage staff and our diversity networks in developing and share these via our intranet. <b>Control Owner:</b> Andrea Ashman	Adequate Substantial Adequate Adequate Adequate Limited Adequate	I = 4 L = 3 Moderate (12) 	Source and implement a cultural change programme <b>Person Responsible:</b> Andrea Ashman <b>To be implemented by:</b> 31 Mar 2020 Delivery of We Care cultural change programme at Care Group level <b>Person Responsible:</b> Lee Martin <b>To be implemented by:</b> 31 Mar 2021 Actively engage in Health and Wellbeing support for staff during and post COVID-19 pandemic <b>Person Responsible:</b> Andrea Ashman <b>To be implemented by:</b> 31 Mar 2021	Not Set Not Set Not Set	<b>26 Apr 2020</b> The We Care programme has been put on hold for the direction of the COVID-19 outbreak. <b>26 Apr 2020</b> This action has been suspended in order to navigate operational requirements of COVID-19 pandemic.	I = 4 L = 2 Moderate (8) 



Strategic Risks Report (By Residual Risk Ranking)

Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score	
SRR 21	Due to lack of capacity in tertiary centre patients may breach the 62 day standard waiting on diagnostic or treatment  <b>Risk Owner:</b> Lee Martin <b>Delegated Risk Owner:</b> <b>Last Updated:</b> 12 Aug 2019 <b>Latest Review Date:</b> 04 Jun 2020 <b>Latest Review By:</b> Rhiannon Adey <b>Latest Review Comments:</b> Risk reviewed with COO. Additional actions added.	07 Jun 2019	<b>Cause</b> Lack of capacity Consultant based decision Availability of high tech interventions  <b>Effect</b> Patients wait longer for diagnostics and treatment plan	Higher standards for patients - Improve the quality and experience of the care we offer, so patients are treated in a timely way and access the best care at all times	I = 4 L = 4 High (16) <div><div></div><div></div></div>	Business case approved by Finance and Performance Committee <b>Control Owner:</b> Sarah Collins	Adequate	I = 4 L = 3 Moderate (12) <div><div></div><div></div></div>	Work with commissioners to ensure independent sector and community services support 62 day capacity <b>Person Responsible:</b> Lee Martin <b>To be implemented by:</b> 03 Jul 2020	Not Set		I = 4 L = 2 Moderate (8) <div><div></div><div></div></div>	
						Cancer Improvement Plan in place <b>Control Owner:</b> Sarah Collins	Adequate		Review of capacity and demand as part of restore and recovery programme <b>Person Responsible:</b> Lee Martin <b>To be implemented by:</b> 03 Jul 2020	Not Set			
						Daily performance telephone call with Operations Director for Cancer Services, Out Patient booking managers and General Managers to monitor and resolve any capacity issues <b>Control Owner:</b> Sarah Collins	Adequate						
						Director of Operations or COO to expedite patient's treatment where necessary <b>Control Owner:</b> Sarah Collins							
						Track patients through their pathway to ensure there are no internal delays and the pathway is optimal <b>Control Owner:</b> Sarah Collins	Adequate						
						Weekly call with Maidstone and Tunbridge Well NHS Trust <b>Control Owner:</b> Sarah Collins	Adequate						
						Weekly cancer PTL meeting to monitor all cancer standards <b>Control Owner:</b> Karen Rowland	Adequate						
						Weekly KPI meeting led by COO, Deputy COO for Elective Services and Director of Performance with Operations Directors and General Managers <b>Control Owner:</b> Karen Rowland	Adequate						
						Weekly tertiary centre PTL to escalate any patients of concern <b>Control Owner:</b> Sarah Collins	Adequate						

## Strategic Risks Report (By Residual Risk Ranking)

Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
SRR 23	Integrated frailty pathways cannot be agreed resulting in patients being treated in a traditional hopsital based service  <b>Risk Owner:</b> Lee Martin <b>Delegated Risk Owner:</b> <b>Last Updated:</b> 15 Nov 2019 <b>Latest Review Date:</b> 04 Jun 2020 <b>Latest Review By:</b> Rhiannon Adey <b>Latest Review Comments:</b> Risk reviewed with COO. Additional actions added.	10 Jun 2019	<b>Cause</b> Consultant geriatrician vacancies Lack of consultant engagement  <b>Effect</b> Patients will be admitted and risk decompensating rather than have access to integrated ambulatory and community pathways Adding pressure to bed base Patients decompensating	Higher standards for patients - Improve the quality and experience of the care we offer, so patients are treated in a timely way and access the best care at all times	I = 5 L = 3 High (15) <div><div></div><div></div></div>	A joint clinical lead has been appointed to lead the service <b>Control Owner:</b> Lee Martin	Adequate	I = 5 L = 2 Moderate (10) <div><div></div><div></div></div>	Implement frailty units at WHH and QEQM <b>Person Responsible:</b> Lee Martin <b>To be implemented by:</b> 30 Jun 2020	Not Set		I = 5 L = 1 Low (5) <div><div></div><div></div></div>
						A&E Delivery Board, attended by the CEO and senior Executives from whole health economy have agreed to support the development of UTC <b>Control Owner:</b> Lee Martin	Adequate		Work with frailty steering committee to review and refresh frailty strategy <b>Person Responsible:</b> Lee Martin <b>To be implemented by:</b> 30 Jun 2020	Not Set		
						Clinicians from Primary Care and EKHUFT have been meeting for over a year to build strong working relationships and a commitment to develop an integrated frailty service. <b>Control Owner:</b> Lee Martin	Adequate					
						Length of Stay (LOS) Improvement Plan in place <b>Control Owner:</b> Lee Martin	Adequate					
						Monthly steering group in place <b>Control Owner:</b> Natalie Acheson	Adequate					
						Senior management support has been identified to support the project <b>Control Owner:</b> Lee Martin	Adequate					
						The project is being monitored monthly through the Local Care implementation group meetings <b>Control Owner:</b> Elizabeth Shutler	Adequate					
SRR 27	If there are multiple change programmes ongoing there is a risk that the Trust will not have the capacity to successfully deliver the T3 programme  <b>Risk Owner:</b> Elizabeth Shutler <b>Delegated Risk Owner:</b> Andy Barker <b>Last Updated:</b> 26 Apr 2020 <b>Latest Review Date:</b> 20 May 2020 <b>Latest Review By:</b> Robert Nelson <b>Latest Review Comments:</b> Covid 19 has introduced a delay in Go-live with many T3 staff supporting C19 response. Reprofilng of go-live currently being discussed.	10 Jun 2019	<b>Cause</b> Multiple change programmes  <b>Effect</b> Staff time and capacity to focus on all projects	Delivering our future - Transforming the way we provide services across east Kent, enabling the whole system to offer excellent integrated services	I = 4 L = 4 High (16) <div><div></div><div></div></div>	East Kent Digital Strategy Group chaired by Director of IT <b>Control Owner:</b> Andy Barker	Adequate	I = 4 L = 2 Moderate (8) <div><div></div><div></div></div>	Escalate any identified implementation conflict initially at SMT. This is an ongoing action leading up to T3 go live. <b>Person Responsible:</b> Andy Barker <b>To be implemented by:</b> 30 Sep 2020	Not Set	<b>20 May 2020</b> Covid 19 has introduced a delay in Go-live with many T3 staff supporting C19 response. Reprofilng of go-live currently being discussed.	I = 2 L = 2 Low (4) <div><div></div><div></div></div>
						External audit of capacity and capability undertaken <b>Control Owner:</b> Elizabeth Shutler	Substantial					
						Governance sign off by Finance and Performance Committee and Trust Board <b>Control Owner:</b> Elizabeth Shutler	Adequate					
						IDG Oversight of whole IT Programme <b>Control Owner:</b> Andy Barker						
						Internal T3 Programme Board with Executive membership <b>Control Owner:</b> Elizabeth Shutler	Adequate					
						T3 clinical group <b>Control Owner:</b> Paul Stevens	Adequate					
						T3 Programme governance structure in place reporting to CEMG <b>Control Owner:</b> Elizabeth Shutler	Adequate					

Strategic Risks Report (By Residual Risk Ranking)

Risk Ref	Risk Title	Created Date	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Action Priority	Progress Notes	Target Risk Score
SRR 25	If staff are not involved in meaningful appraisals they may not feel valued by the Trust resulting in increase in turnover / lack of pride in doing their job  <b>Risk Owner:</b> Andrea Ashman <b>Delegated Risk Owner:</b> <b>Last Updated:</b> 26 May 2020 <b>Latest Review Date:</b> 27 Apr 2020 <b>Latest Review By:</b> Rhiannon Adey <b>Latest Review Comments:</b> Risk reviewed by Director of HR. Risk will be recommended for closure at May CEMG meeting.	10 Jun 2019	<b>Cause</b> Time not built in t undertake the appraisals Lack of engagement in the process  <b>Effect</b> demotivated staff increased turnover	A great place to work - Making the Trust a great place to work for our current and future staff	I = 3 L = 4 Moderate (12) <div><div></div><div></div></div>	Annual reports produced and presented to the Strategic Workforce Committee detailing both appraisal compliance and the results of any quality audits  <b>Control Owner:</b> Andrea Ashman	Adequate	I = 3 L = 2 Low (6) <div><div></div><div></div></div>	Conduct a quality audit of 2018/19 appraisals  <b>Person Responsible:</b> Andrea Ashman <b>To be implemented by:</b> 31 Mar 2020	Not Set	<b>17 Mar 2020</b> A quality audit of 2018/19 appraisals has been undertaken and was presented to the IAGC in February 2020.	I = 3 L = 2 Low (6) <div><div></div><div></div></div>
						Appraisal policies in place for all staff  <b>Control Owner:</b> Andrea Ashman	Adequate					
						Appraisal section including FAQ and Toolkit on Staff Zone available for all staff  <b>Control Owner:</b> Andrea Ashman	Adequate					
						Appraisal training in place for all staff  <b>Control Owner:</b> Andrea Ashman	Adequate					

Corporate Risk Register Report (By Residual Risk Ranking)

Report Date	04 Jun 2020
Comparison Date	In the past 30 Day(s)

Corporate Risk Register Report (By Residual Risk Ranking)

Risk Ref	Created Date	Risk Title	Cause & Effect	Strategic Priorities	Inherent Risk Score	Risk Control	Assurance Level	Residual Risk Score	Action Required	Progress Notes	Target Risk Score
CRR 79	16 Mar 2020	<p>Risk to patient care due to the temporary suspension of services during the global coronavirus (COVID-19) pandemic</p> <p><b>Risk Owner:</b> Susan Acott</p> <p><b>Delegated Risk Owner:</b></p> <p><b>Last Updated:</b> 06 May 2020</p> <p><b>Latest Review Date:</b> 19 May 2020</p> <p><b>Latest Review By:</b> Rhiannon Adey</p> <p><b>Latest Review Comments:</b> Risk reviewed and controls and actions updated</p>	<p><b>Cause</b></p> <ul style="list-style-type: none"><li>•COVID-19 pandemic and the need to create capacity</li></ul> <p><b>Effect</b></p> <ul style="list-style-type: none"><li>•Risk to patient care and the treatment of patients presenting due to the suspension of services</li><li>•Increase in waiting list size with consequence that patients are waiting longer for disease progression to be managed</li><li>•Some patients disease or illness will become more acute</li><li>•Chronic illness will become more severe</li><li>•Increase in mental health/psychological distress</li><li>•Increase in isolation</li><li>•Increase in physical inactivity increasing poor outcome and vulnerability</li></ul>	Higher standards for patients - Improve the quality and experience of the care we offer, so patients are treated in a timely way and access the best care at all times	<p><b>I = 5 L = 4</b> <b>Extreme (20)</b></p> <div><div></div><div></div></div>	Advice line for GPs	Adequate	<p><b>I = 5 L = 4</b> <b>Extreme (20)</b></p> <div><div></div><div></div></div>	Detailed monitoring and oversight of specialty waiting lists by Deputy COO		<p><b>I = 5 L = 2</b> <b>Moderate (10)</b></p> <div><div></div><div></div></div>
						<b>Control Owner:</b> Rebecca Martin	Adequate				
						All work that has been wound down has been risk assessed and prioritised	Adequate		<b>To be implemented by:</b> 26 Jun 2020		
						<b>Control Owner:</b> Lee Martin	Adequate		Information team breaking down outpatients appointments being delivered by virtual clinics or telephone consultations to identify sub specialties and the number of appointments delivered in order to identify the backlog following the pandemic.	29 Apr 2020	
						Consultants triaging referrals	Adequate				
						<b>Control Owner:</b> Rebecca Martin	Adequate		Structured recovery and restore programme to bring clinical elective activity back in line in a staged way when safe to do so in line with local health economy and national guidance		
						Emergency work being maintained (PCI and trauma)	Adequate				
						<b>Control Owner:</b> Rebecca Martin	Adequate		<b>Person Responsible:</b> Karen Rowland		
						List of high risk/shielded patients shared with CCG	Adequate		<b>To be implemented by:</b> 30 Jun 2020		
<b>Control Owner:</b> Lee Martin											
National campaign to inform the public that NHS services remain open including GPs, A&E for direct access and clinician contact											
<b>Control Owner:</b> Natalie Yost											
Review of clinical pathways											
<b>Control Owner:</b> Lee Martin											
Significant use of telephone and virtual clinics to give oversight of patients by clinicians and specialist nurses	Adequate										
<b>Control Owner:</b> Christine Hudson											

<b>REPORT TO:</b>	<b>BOARD OF DIRECTORS (BoD)S</b>
<b>DATE:</b>	<b>11 JUNE 2020</b>
<b>REPORT TITLE:</b>	<b>FOURTH REPORT FROM THE LEARNING AND REVIEW COMMITTEE (LRC) - MATERNITY</b>
<b>BOARD SPONSOR:</b>	<b>CHIEF EXECUTIVE</b>
<b>PAPER AUTHOR:</b>	<b>INDEPENDENT CHAIR – LRC</b>
<b>PURPOSE:</b>	<b>DISCUSSION</b>
<b>APPENDICES:</b>	<b>NONE</b>

## **BACKGROUND AND EXECUTIVE SUMMARY**

This is the fourth report to Trust Board from the LRC in maternity and neonatology. If there is a linking theme within this paper it is the need for actions and their completion to be underpinned by evidence.

The LRC met on 15 May 2020 and received progress updates from the Task and Finish Groups, key activities are noted below:

- the Head of Midwifery with support from the maternity leadership team is developing a maternity strategy, this is currently in draft form and will be presented to the Maternity Voices Partnership (MVP), and staff groups. It is anticipated that this strategy will be completed by the end of June;
- the Head of Midwifery is developing an overarching integrated action plan of the remaining tasks, recommendations, audits and activities across the key themes from the Healthcare Safety Investigation Branch (HSIB) and Serious Incidents (SIs);
- The Analytics Group have concluded their analysis with a commission to the Neonatal Data (NND) analysis unit at Imperial College London regarding the levels of cooling, and it is anticipated that their evaluation will be received by the end of June;
- The Trust has replied to the HM Coroner and the work of the Coroner's Group has been completed, the follow up audits and remaining tasks will be included in the integrated action plan
- The review of the evidence for the action taken in response to the RCOG report will be completed by the end of June and then presented;
- The Workforce group have agreed a workforce plan with NHS Improvement (NHSI) and are working hard recruiting to this plan with great success to date;
- Maternity services are changing its approach to SIs and taking advice from two other trusts identified by the Academic Health Science Network in doing this;
- The Trust is looking at the maternity dashboard and agreeing the sentinel markers that will be presented to the Board once completed.

All of these actions will allow the close down of the current 'discovery phase' of the work of the LRC and a final meeting of this Committee will be held at the end of June. This will enable to Trust to move to implementation and embedding of the changes.

A meeting of the Maternity Working group was held at the beginning of June where detailed discussions were held regarding the above activities..

<b>IDENTIFIED RISKS AND MANAGEMENT ACTIONS:</b>	CRR77: Women may receive sub-optimal quality of care and poor patient experience in our maternity services.	
<b>LINKS TO STRATEGIC OBJECTIVES:</b>	<ul style="list-style-type: none"> <li>• <b>Getting to good:</b> Improve quality, safety and experience, resulting in <b>Good</b> and then <b>Outstanding</b> care.</li> <li>• <b>Higher standards for patients:</b> Improve the <b>quality and experience</b> of the care we offer, so patients are <b>treated in a timely way</b> and <b>access the best care</b> at all times.</li> <li>• <b>A great place to work:</b> Making the Trust a <b>Great Place to Work</b> for our current and future staff.</li> <li>• <b>Delivering our future: Transforming</b> the way we provide services across east Kent, enabling the whole system to offer <b>excellent integrated services</b>.</li> <li>• <b>Right skills right time right place:</b> Developing teams with the <b>right skills</b> to provide care at the <b>right time</b>, in the <b>right place</b> and achieve the <b>best outcomes for patients</b>.</li> </ul>	
<b>LINKS TO STRATEGIC OR CORPORATE RISK REGISTER</b>	CRR77: Women may receive sub-optimal quality of care and poor patient experience in our maternity services.	
<b>RESOURCE IMPLICATIONS:</b>	It is likely there will be resource implications from the governance work in respect of the governance structure for the maternity services improvement support programme.	
<b>COMMITTEES WHO HAVE CONSIDERED THIS REPORT</b>	None	
<b>SUBSIDIARY IMPLICATIONS:</b>	None	
<b>PRIVACY IMPACT ASSESSMENT:</b> NO	<b>EQUALITY IMPACT ASSESSMENT:</b> NO	

**RECOMMENDATIONS AND ACTION REQUIRED:**

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