

Board of Directors Meeting - Open (19 May 2020)

19 May 2020, 09:45 to 12:15

Teleconference Webex

Agenda

Agenda

To Note

20/15

Chairman's Welcome

Verbal

15 minutes

To Note

Chair

20/16

Apologies for Absence

Verbal

To Note

Chair

20/17

Declaration of Interests

Discussion

Chair



20-17 - REGISTER 2020-21 V02 - from May.pdf

(5 pages)

20/18

Minutes of Previous Meeting held on 16 April 2020

Approval

Chair



20-18 - Unconfirmed BoD 16.04.20 Public minutes.pdf

(10 pages)

20/19

Matters Arising from the Minutes on 16 April 2020

Discussion

Chair



20-19.1- Front Sheet Open Actions from Public Board.pdf

(2 pages)



20-19.2 - Appendix 1 Public Board of Directors Action Log.pdf

(1 pages)

20/20

Chair's Report - (10:00)

10 minutes

Discussion

Chair



20-20 - Chair Report May 2020 BoD.pdf

(3 pages)

20/21

COVID-19 (10:10)

30 minutes

- update
- response
- recovery

Discussion

Chief Executive / Executive Team



20-21 - COVID-19 Update slides 19 May Board.pdf

(17 pages)

20/22

Advice requirements and guidance from NHS England/NHS Improvement (NHSE/I) - (10:40)

5 minutes

Verbal

Discussion

Chief Executive / Executive Team

20/23

Finance and Performance Committee (FPC) update - (10:45)

10 minutes

Discussion

Chair Finance and Performance Committee - Nigel Mansley



20-23.1 - M12 Finance report cover sheet.pdf

(2 pages)



20-23.2 - EKHUFT M12 Finance Report.pdf

(31 pages)

20/24

Quality Committee (QC) update - (10:55)

10 minutes

Verbal

Discussion

Chair Quality Committee - Wendy Cookson

20/25

Strategic Workforce Committee (SWC) update - (11:05)

10 minutes

Verbal

Discussion

Chair Strategic Workforce Committee - Jane Ollis

20/26

Corporate Reporting: - (11:15)

15 minutes

20/26.1

Highest Mitigated Strategic Risks Report

Discussion

Chief Executive / Executive Team



20-26.1.1 - Strategic Risk Register BoD
14.05.2020.pdf

(5 pages)



20-26.1.2 - Appendix 1 - Strategic Risk Register
14.05.2020.pdf

(12 pages)



20-26.1.3 - Appendix 2 - Corporate Risks
14.05.2020.pdf

(5 pages)

20/27

Report from the Learning and Review Committee (LRC) - Maternity - (11:30)

10 minutes

Discussion

Chief Executive / Independent Chair - Learning and Review Committee



20-27.1 - LRC EKHFT Committee Front Sheet
-14.5.20.pdf

(2 pages)



20-27.2 - LRC EKHFT committee report 14.5.20.pdf

(3 pages)

20/28

Integrated Audit and Governance Committee (IAGC) - Chair Report - (11:40)

10 minutes

Approval



20-28.1 - IAGC Chair Front Sheet April 2020.pdf

(3 pages)



20-28.2 - Appendix 1 MSP Learning and Review
Committee ToRs April 2020.pdf

(3 pages)

20/29

Post Meeting Communication - (11:50)

Verbal

15 minutes

Discussion

Chair

**Date of Next Meeting: Thursday 11 June 2020 as a Teleconference
Webex**

BOARD OF DIRECTORS MEETING – TUESDAY 19 MAY 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

15	Chairman's welcome		09:45	Chair
16	Apologies for Absence			
17	Declaration of Interests			
18	Minutes of Previous Meeting held on 16 April 2020			
19	Matters Arising from the Minutes on 16 April 2020			
20	Chair's Report	Discussion	10:00 10 mins	Chair
21	COVID-19: <ul style="list-style-type: none"> • update • response • recovery 	Discussion	10:10 30 mins	Chief Executive/ Executive Team
22	Advice requirements and guidance from NHS England/NHS Improvement (NHSE/I)	Discussion Verbal	10:40 5 mins	Chief Executive/ Executive Team
23	Finance and Performance Committee (FPC) update	Discussion	10:45 10 mins	Chair Finance and Performance Committee – Nigel Mansley
24	Quality Committee (QC) update	Discussion Verbal	10:55 10 mins	Chair Quality Committee – Wendy Cookson



25	Strategic Workforce Committee (SWC) update	Discussion Verbal	11:05 10 mins	
26	Corporate Reporting		11:15 15 mins	
	26.1 Highest Mitigated Strategic Risks Report	Discussion		Chief Executive/ Executive Team
27	Report from the Learning and Review Committee (LRC) - Maternity	Discussion	11:30 10 mins	Chief Executive Independent Chair – Learning and Review Committee
28	Integrated Audit and Governance Committee (IAGC) - Chair Report	Approval	11:40 10 mins	Chair IAGC – Barry Wilding
29	Post Meeting Communication	Discussion Verbal	11:50 15 mins	Chair

Date of Next Meeting: Thursday 11 June 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) (4)	Appointed 1 April 2018
ADEUSI, SUNNY	Non Executive Director	Leadership role for Zimmer Biomet (global US medical device/technology corporation in Europe, Middle East & Africa (EMEA) Regional Commercial & Marketing) (started 16 September 2019) (4)	1 November 2015 (Second term)
ASHMAN, ANDREA	Director of HR	MY Trust (started 11 November 2014) (4)	Appointed 1 September 2019
CAVE, PHILIP	Director of Finance and Performance	Wife works as a Senior Manager for Optum, who run the Commissioning Support Unit (CSU) in Kent, which supports the Clinical Commissioning Group's (CCG's) of East Kent in their contracting (started 9 October 2017) (5) Non Executive Director of Beautiful Information Limited (started 3 November 2017) (1)	Appointed 9 October 2017
COOKSON, WENDY	Non Executive Director	Managing Director of IdeasFourHealth Ltd, a consultancy for the healthcare industry (started 22 July 2011) (2) Sole Shareholder for IdeasFourHealth Ltd (started 6 January 2017) (3) Chair of Bede House Charity, a local community charity in Bermondsey, London (started 28 August 2019) (4) Member of Health Advisory Board for OCS Group UK (started 15 March 2018) (5) Non Executive Director of Medway Community Healthcare (started 1 August 2018) (1)	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 Quality and Patient Experience	Trustee of St Francis Hospice (started 1 April 2019) (1)	Appointed 1 October 2019
HOLLAND, CHRISTOPHER	Associate Non Executive Director	Director of South London Critical Care Ltd (1) Shareholder in South London Critical Care Ltd (2) Dean of Kent and Medway Medical School, a collaboration between Canterbury Christ Church University and the University of Kent (4) South London Critical Care solely contracts with BMI The Blackheath Hospital for Critical Care services (5) Member of Liberal Democrats, until 14 June 2020 (6)	Appointed 13 December 2019
MANSLEY, NIGEL	Non Executive Director	Jeris Associates Ltd (started 1 July 2017) (1) (2) (3) Chair, Diocesan Board of Finance (Diocese of Canterbury) (started 22 January 2018) (1)	1 July 2017 (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) (1) Board Member of the Kent Surrey Sussex Academic Health Science Network (AHSN) (started 1 July 2018) (1) Director of MindSpire (started 30 October 2018) (1) Non Executive Director of Community Energy South (started 30 October 2018) (1) Vice President of the British Red Cross in Kent (started November 2018) (4) Non Executive Director of 2gether Support Solutions (started 22 May 2019) (1) Non Executive Director of Riding Sunbeams (started February 2020) (1)	8 May 2017 (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) (1)</p> <p>Closed interests Non Executive Director of Spencer Private Hospitals (started 8 December 2017/finished 31 March 2020) (1)</p>	1 January 2017 (First term)
REYNOLDS, SEAN	Non Executive Director	<p>Chair of Spencer Private Hospitals (started 13 May 2019) (1)</p> <p>Closed interest Trustee of Building Heroes (1) (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) (1) Non Executive Director of NetScientific Plc (started 17 February 2016) (1) Trustee of Pancreatic Cancer UK (started 16 August 2016) (1) Trustee of Epilepsy Society UK (started 27 November 2018) (4) Chairman of Signum Health Ltd (started 17 April 2019) (1) Senior Advisor of Ministry of Health – Saudi Arabia (4) (started 23 September 2019)</p> <p>Closed interests Non Executive Director of uMed Ltd (started 1 March 2018/finished 1 March 2019) (1) Non Executive Director of Draper and Dash (started</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) (1) Chairman of Biotechspert Ltd (started 4 September 2017/finished 7 February 2020) (1) Chair of Scientific Advisory Board (started 1 March 2018) (4)	
WILDING, BARRY	Senior Independent Director	Trustee of CXK, a Charity in Ashford inspiring people to thrive (started 16 May 2018) (4 & 5)	11 May 2015 (Second term)

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 & FIRST MEETING OF THE
BOARD OF DIRECTORS
THURSDAY 16 APRIL 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:

IN ATTENDANCE:

Mrs A Fox	Group Company Secretary	AF
Dr D Holden	Independent Chair – Learning and Review Committee (LRC) (for minute number 20/12)	DH
Professor C Holland	Associate Non-Executive Director	CH
Miss S Robson	Board Support Secretary (Minutes)	SR
Mrs N Yost	Director of Communications and Engagement	NY

MEMBERS OF THE PUBLIC AND STAFF OBSERVING:

Ms J Barker	Governor
Ms J Cole	Governor
Mr P Schofield	Governor
Mr K Rogers	Governor
Mrs M Warburton	Governor
Ms S Wilson	Governor

MINUTE NO.		ACTION
20/01	CHAIRMAN'S WELCOME The Chair welcomed attendees to the meeting during this unprecedented period in managing the COVID-19 pandemic. He extended thanks to every member of staff in the Trust, including clinical, nursing, Allied Health Professionals, support and administrative staff for their continued support, hard work, personal commitment and professionalism. The dedication shown by staff had ensured the Trust was able to continue to provide healthcare services to the East Kent population in treating patients with COVID-19.	

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The Chair welcomed Governors to the meeting who had joined by telephone noting the opportunity at the end of the meeting for questions to be raised.

20/02 **APOLOGIES FOR ABSENCE**

There were no apologies for absence received.

20/03 **DECLARATION OF INTERESTS**

There were no new declarations of interest.

20/04 **MINUTES OF THE PREVIOUS MEETING HELD ON 12 MARCH 2020**

DECISION: The Board **APPROVED** the minutes of the previous meeting held on 12 March 2020 as an accurate record.

20/05 **MATTERS ARISING FROM THE MINUTES ON 12 MARCH 2020**

ACTIONS B/043/19 AND B/044/19 – FULL CORPORATE/HIGHEST MITIGATED STRATEGIC RISKS REPORT: 6 FACET SURVEY AND ESTATE CONDITION

LS reported the Trust had received the final completed 6 facet survey that week. A report would be presented to the next Board meeting for consideration and discussion in respect of the outcome, recalibration of the risks on the risk register and a proposed recommendation for taking forward the required actions to address the results of the survey.

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

20/06 **CHAIR'S REPORT**

The Chair stated daily news briefings were disseminated to Trust staff providing regular Coronavirus advice, which was also shared with Governors. Weekly update briefings were also being held with the Board, Non-Executive Directors and Governors. These briefings ensured robust internal communication processes were in place providing updates on the COVID-19 pandemic.

The Chair highlighted the Board virtual decision where it approved the temporary move of Stroke Services from Queen Elizabeth the Queen Mother Hospital (QEQMH) and William Harvey Hospital (WHH) to be based at the Kent & Canterbury Hospital (K&CH) site. This was around creating capacity in the acute hospital space to manage the COVID-19 pandemic. This move would be reconsidered post-COVID-19.

The Board noted the virtual approval of the Nominations and Remuneration Committee (NRC) in relation to the proposal received from its subsidiary Spencer Private Hospitals (SPH) to recruit an Independent Non-Executive Director with commercial and business development experience to its Board.

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

20/07

COVID-19 – URGENT ISSUES IN RELATION TO:

- **PATIENT SAFETY**
- **CAPACITY**
- **INFECTION CONTROL**
- **STAFF DEPLOYMENT**
- **STAFF WELL-BEING**

SAC provided an update regarding the management of the COVID-19 pandemic, which included:

- Daily COVID gold committee meetings to discuss issues requiring action and response, held at mid-day and early evening that included attendance from the Executive Directors, Clinical Directors and respiratory physicians;
- Executive Directors were based at each of the hospital sites providing leadership to staff and visited areas across the hospitals;
- The number of patients being received at the hospitals had stabilised;
- Personal Protective Equipment (PPE) and stock remained the main issue for the Trust, which was also a National issue. This continued to be challenging and was managed on a daily basis to maintain levels for Trust staff, assess the different supplies available and the provision of staff training;
- Oxygen stock was also a key issue for the Trust that was being daily managed to maintain levels across all the hospital sites;
- Focus on procedures and processes for COVID testing;
- Staff rotas had been amended to ensure sufficient provision of staff cover on shifts;
- Deployment of clinicians to provide support where needed and consultant support at the front of house in Accident & Emergency, as well as deployment of other staff across the Trust supporting areas of need;
- Positive co-operation and collaborative working across all NHS organisations both locally and Nationally to support each other in managing this pandemic;
- A separate COVID risk register had been produced to identify risks associated with this pandemic, how these were being managed and actions progressed. The register was regularly reviewed alongside the current risk register;
- Clinical, nursing and professional staff returning to practice following retirement or who had previously left the Trust, with refresher training being provided. Support from the community with volunteers assisting the Trust.

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

20/07.1

FINANCE AND PERFORMANCE COMMITTEE (FPC) UPDATE

NM commended the Director of Finance and Performance, Finance team and Executive team for their hard work and continued commitment in achieving the planned year-end forecast of a £36m deficit, with robust monitoring of expenditure throughout the year ensuring the Trust remained on target. As well as working hard

CHAIR'S INITIALS

towards the end of the financial year ensuring the additional capital funding allocated that was required to be spent by the year-end.

NM reported as a result of the COVID pandemic the annual business planning process and Cost Improvement Programme (CIP) had been suspended, and the Trust would receive funding on a cost-base basis. The Trust was working with 2gether Support Solutions to ensure suppliers were paid within seven days to support the economy during the COVID crisis.

PC confirmed the Trust's capital expenditure for 2019/20 of £35m with an additional spend of £13m (against fire safety work and the Elective Orthopaedic Centre) allocated at the end December with the challenging requirement to be spent by the end of the financial year.

PC stated additional COVID related expenditure was being identified within specific budget lines for reporting to the centre for the provision of additional funding to the Trust, this currently equated to £2.3m with monthly costs expected to be approximately £2m. The Trust had submitted a bid for COVID capital funding of £4m mainly associated with having sufficient availability of equipment, e.g. ventilators for Intensive Therapy Unit (ITU).

PC commented the audit of the annual accounts would be undertaken by the Trust's External Auditors in June and completed by the end of June, confirming this would be carried out remotely. He highlighted the issue regarding technical adjustment in respect of leases had been deferred by a year for implementation.

PC assured the Board that financial governance was being maintained during this pandemic with an amendment to the Trust's Standing Financial Instructions (SFIs), enabling the Chief Executive and Director of Finance to sign-off COVID expenditure up to £2.5m. This ensured prompt procurement of equipment and supplies urgently required. Care Groups' expenditure against their budgets continued to be monitored against the Trust's annual financial plan.

SA emphasised the need when planning COVID recovery to review the effectiveness of changes implemented during this pandemic to the Trust's services, treatment and caring for patients in respect of whether these should be continued.

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

20/07.2 **QUALITY COMMITTEE (QC) – UPDATE**

WC reported the full monthly QC meetings had been replaced with monthly update briefings from the Executive Director leads and review of the monthly Integrated Performance Reports (IPR). She assured the Board that monitoring of quality, patient safety and experience was being maintained.

WC highlighted elements discussed at the recent briefing that included:

- There had been an increase in the number of falls and Serious Incidents (SIs) that would be investigated by the Chief Nurse & Director of Patient Experience and Quality to identify the reasons for this;
- WHO checklist data not shown in the IPR and this was also being

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investigated and taken forward as this was key information that needed to be made available;

- An update regarding medicines management would be provided at the next briefing in May 2020;
- Mortality rates were reported retrospectively by several months and the importance that the Board be conscious of the COVID pandemic period when these were reviewed in future.

AH provided a Care Quality Commission (CQC) update that included:

- Reporting on progress was being maintained and the Trust continued to improve its compliance;
- Actions against the main CQC improvement plan had increased to 94% complete, and 97% complete against the paediatric improvement plan;
- The report from the unannounced inspections in January of the Trust's maternity services was awaited to be published;
- Deferral of specific actions due to COVID in relation to the RESPECT programme as this incorporated staff training and in managing the pandemic staff could not be removed from front line services;
- Safeguarding training would continue as this was a statutory requirement.

RM reported detailed mortality rates during the COVID pandemic would not be published Nationally for approximately six months, these would be analysed to identify any trends and cause of mortality. She confirmed the Trust continued to focus on incident reporting, delivery of high standard of patient care, monitoring pressure ulcers and falls ensuring early interventions were put in place.

JO enquired with regards to the COVID pandemic and learning about this disease and implementing variations and changes to treatment pathways as a result. RM stated clinicians were enthusiastic, committed and engaged with learning, the Trust was part of the National clinical trials and learning was being supported with collaborative working and sharing information with clinicians across NHS organisations and within the community. Staff were keeping up to date with information and data published as well as clinical best practice that was being implemented. She provided an example of this shared learning of turning patients on to their fronts in ITU.

The Chair raised the issue regarding treatment of suspected and cancer patients during this pandemic. RM reported cancer services had been relocated to the K&CH site enabling patient pathways to be maintained with continued treatment support from the independent sector.

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

20/07.2 **COVID-19 – PLANNING**

SAC reported there was early evidence that the peak volume of cases was flattening and London was now seeing a reduced number of cases. The Trust now needed to look at and consider its recovery phase in relation to continuing to treat and manage COVID positive patients and reinstating its services that had been suspended or reduced. A key element to the recovery phase and moving forward to the 'new normal' was around ensuring sufficient testing was available and

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undertaken for staff and patients, as well as healthcare staff in the community and social services staff. She confirmed drive-through testing was available on all the Trust's hospital sites for staff that was working well along with patient testing.

AA reported the time had been significantly reduced from swab tests being undertaken to the results being received. The Trust was required to report cases of staff that had contracted COVID-19 within the workplace under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). It also had an internal process supported by the staff rosters, those working in high risk areas, to assess and track cases of staff tested COVID positive to track the origins of contraction, e.g. at work, in the community, at home. The testing system now included an electronic automated response process for those tested positive to respond indicating where they felt they had contracted COVID. It was noted that the QC reviewed and monitored RIDDOR incidents. Reporting sickness absence procedures had been amended to record staff sickness due to COVID-19. SRe highlighted the importance of robust recording and evidence of staff working rosters and the areas they covered to support contract tracing. He emphasised the potential risk to staff in respect of psychological trauma in managing the COVID pandemic.

AA commented the Trust was conscious of the need to look after the welfare of its staff and that a Welfare Service was in place providing support that included Take 5 rooms within the education centres at each of the hospital sites, counselling and mental health support. This was a developing service, regularly reviewed to ensure it continued to meet the needs of staff to support them during this crisis. It was noted daily huddles with staff were held on the wards.

Mrs Cole highlighted an incident regarding her son, a Trust member of staff, who had been tested but there had been an error as his sample had not been appropriately recorded with his name. LM and AA apologised reporting this was a staff training issue that the Trust had been made aware of and had been addressed. AA confirmed the backlog had been cleared and staff awaiting results had received advice from Occupational Health with regards to results and self-isolation requirements.

The Board discussed and **NOTED** the verbal update regarding COVID-19 planning.

20/09

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

AF confirmed the Trust had in place a robust central audit trail process for the logging and dissemination of advice and guidance received from the Centre. This ensured the central operational Gold Command team was made aware and had access to all the up to date information.

LM highlighted there was a significant amount of guidance being issued that required regular changes to clinical practice and processes with short timescales for implementation.

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

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20/10 **CORPORATE REPORTING:**

20/09 **HIGHEST MITIGATED STRATEGIC RISKS REPORT**

AH reported a separate COVID-19 risk register had been produced. She confirmed three new risks added to the Corporate Risk Register along with three risks that were outside of the Trust's risk appetite as detailed in the report.

BW questioned there had been no changes to residual risk scores and would have expected there to have been due to the Trust achieving its financial target, and in respect of the COVID pandemic an increase in some of these scores. He emphasised the importance during this crisis that robust risk management continued and ensuring mitigating actions were in place to address and minimise potential risks. PC reported the risk SRR 5: failure to achieve the financial plan had been reviewed earlier that week and agreed that this would be recommended for closure. AH commented the risk scores would be reviewed and amended in line with the regular risk register review in respect of the COVID pandemic and associated risks.

The Board discussed the risk management process in relation to the review and update of the risk register and whether the current risk register should be closed down in respect of COVID-19, the changes to current operational services, different ways of working as a result as not all the previous risks were current risks. To consider whether a new risk register should be developed during the current crisis and as part of the recovery planning the previous risk register be reintroduced following review. SAc commented this would be discussed by the Executive Team in liaison with the Risk Management team in respect of assessing the current risk register and risks as part of the current operational and recovery planning work. She stated the recovery plan would also consider how the hospitals would be utilised differently to ensure recovery and provision of the Trust's services.

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

20/11 **NOMINATIONS AND REMUNERATION COMMITTEE (NRC) – CHAIR REPORT**

WC confirmed the NRC discussed the output from the Executive Directors' mid-year appraisals held with the Chief Executive, noting all Non-Executive Directors were members of this Committee and were given the opportunity to provide feedback on performance. The NRC reviewed and approved its terms of reference and these were recommended to the Board for approval.

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

- Nominations and Remuneration Committee Chair Report;
- Nominations and Remuneration Committee Terms of Reference.

20/12 **LEARNING AND REVIEW COMMITTEE (LRC) – MATERNITY**

DH reported the Trust had replied within the required timeframe to Her Majesty's Coroner's (HMC) prevention of future deaths notice. This stated the Trust had or

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would comply with all HMC recommendations following the death of baby Harry Richford. Identifying the evidence that would need to be collected and demonstrated providing assurance that changes had been made and were being sustained. The actions and deliverables would be audited and these audits would become part of the Women's and Children's Care Group audit plan that would need to be regularly monitored by the Trust's internal governance structure to ensure continued assurance.

DH confirmed reports were presented to the LRC from each of the Clinical Leads of the Task and Finish Groups.

DH stated a great deal of improvement work had been implemented in respect of the Birthing Excellence Success Through Teamwork (BESTT) improvement programme. This work was on-going to progress a further programme of work around additional investment and resource capacity.

DH stated the next LRC meeting would be held the following week and would include looking at the delivery of the improvement strategy along with the actions and prioritisation of these actions. A further meeting was scheduled to be held in mid-May where it was anticipated the Trust would be in a position to evaluate the work of the LRC. The work of the LRC in reviewing progress would be in alignment with the commencement of the Bill Kirkup independent review.

WC reported in her role as the Chair of the Quality Committee (QC) she was now a member of the LRC and its review of the improvement work was in line with the monitoring of progress and actions that would be taken forward and monitored by the QC. In response to the question raised by WC regarding when the Kirkup review would commence; SAc confirmed the Trust had been informed this review was planned to start on 23 April, she had had informal communications with Bill Kirkup and a telephone discussion would be scheduled prior to commencement of the review. Preliminary work would be undertaken remotely setting out the framework and programme of work for this review. Terms of reference had not yet been produced.

SAc confirmed the Trust had appointed a Maternity Governance Lead who was responsible for co-ordinating the review and improvement of the internal governance processes and that robust audit arrangements were in place working in liaison with the maternity governance team. As well as being the link with the external independent Kirkup review and co-ordinating the provision of all the information requested by this review in relation to data information regarding mortality and still births rates.

The Board noted the data task and finish group was responsible for reviewing and analysing in detail the statistical internal and external data.

WC commented the environment with regards to staff culture and behaviour appeared to have not yet been fully resolved and emphasised the Chief Medical Officer needed to focus on this area to ensure improvement. She reported that consultant interviews would be held the following week to increase consultant numbers within the Trust. RM reported it would take time to embed the required staff values and behaviour, assurance was provided that individual issues raised of bad behaviour were addressed and appropriately managed. She had received

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positive feedback from staff with regards to improvements and this would be further supported by the recruitment of additional consultants who would be required to adhere to the Trust's values and working behaviours.

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

20/13

CHARITABLE FUNDS COMMITTEE (CFC) – CHAIR REPORT

SA confirmed recommendation from the CFC for Board approval of the Charity funding application for Sentinel node sampling and the CFC terms of reference. As well as noting the responsibility of the Charity and the risks in relation to the Devereux Trust and liability with respect of the property maintenance.

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

- Charitable Funds Committee Chair Report;
- Charity funding application for Sentinel Node Sampling (Fluorescence Imaging Camera) at a cost of £103,000;
- Charitable Funds Committee Terms of Reference.

20/14

POST MEETING COMMUNICATION

The Chair welcomed questions from the Governors.

Mrs Cole confirmed her son had given her permission to raise his case in respect of his symptoms, that his breathing had not been compromised and had now received a test for coronavirus. She enquired with respect to staff members who were unwell and at home whether there was any possibility of putting in place arrangements for tests to be carried out at the homes of members of staff. RM reported the Trust did not have the capability to offer a home testing service. LM reiterated NHS advice for anyone who had coronavirus symptoms to ring NHS 111 with regards to medical advice, testing and if symptoms deteriorated.

Mrs Cole commented that other NHS organisations recorded incoming telephone calls (e.g. GPs stated calls were recorded for training purposes) and enquired whether the Trust had investigated the feasibility of recording incoming and outgoing telephone calls particularly in respect of the maternity services. LM agreed to look into this and discuss the possibility of implementing a telephone recording system within the Trust.

ACTION: Discuss with the Director of Strategic Development and Capital Planning the feasibility of implementing an incoming and outgoing telephone recording system within the Trust.

LM

Mr Rogers congratulated the Trust on its work in managing the coronavirus pandemic confirming the full support of the Governors, which was reiterated by all the Governors in attendance at this meeting. Extending thanks to the Board, Chief Executive, Executive Directors and all Trust staff for their continued hard work and commitment in treating the East Kent population.

The Chair closed the meeting at 12.05 pm.

Date of next meeting in public: Tuesday 19 May 2020 in the Board Room, William Harvey Hospital, Ashford.

Signature _____

Date _____

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	19 MAY 2020
REPORT TITLE:	MATTERS ARISING FROM THE MINUTES ON 16 APRIL 2020
BOARD SPONSOR:	CHAIRMAN
PAPER AUTHOR:	BOARD SUPPORT SECRETARY
PURPOSE:	APPROVE
APPENDICES:	APPENDIX 1: PUBLIC BoD ACTION LOG

BACKGROUND AND EXECUTIVE SUMMARY

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

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

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

Action No.	Action	Target date	Action owner	Status	Progress Note (to include the date of the meeting the action was closed)
B/043/19	Full Corporate/ Highest Mitigated Strategic Risks Report.	Apr-20	LS	to Close	Survey completed and report on the outcome presented to the 30 April Board briefing including the recalibration of the risks register and the recommendations for taking forward the actions as a result of the outcome of the survey. Action for agreement for closure at 19.05.19 Board meeting.
B/044/19	Full Corporate/ Highest Mitigated Strategic Risks Report.	Apr-20	AH	to Close	Survey completed and report presented to the 30 April Board briefing regarding the outcome and recalibration of the risks register and recommendations to take forward the actions as a result of the outcome of the survey. Action for agreement for closure at 19.05.19 Board meeting.

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

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors is asked to discuss and note the open action 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/043/19	12.12.19	19/138.2	Full Corporate/Highest Mitigated Strategic Risks Report	Confirm the date for completion of the 6 facet survey to enable this risk to be recalibrated and have a discussion with SAc regarding what further actions could be undertaken to mitigate this risk.	Mar-20/ Apr-20	LS	to Close	Survey completed and report on the outcome presented to the 30 April Board briefing including the recalibration of the risks register and the recommendations for taking forward the actions as a result of the outcome of the survey. Action for agreement for closure at 19.05.19 Board meeting.
B/044/19	12.12.19	19/138.2	Full Corporate/Highest Mitigated Strategic Risks Report	Ensure the risk SRR4: Estate condition was recalibrated on completion of the 6 facet survey against the outcome.	Mar-20/ Apr-20	AH	to Close	Survey completed and report presented to the 30 April Board briefing regarding the outcome and recalibration of the risks register and recommendations to take forward the actions as a result of the outcome of the survey. Action for agreement for closure at 19.05.19 Board meeting.
B/047/19	16.04.20	20/14	Post Meeting Communication	Discuss with the Director of Strategic Development and Capital Planning the feasibility of implementing an incoming and outgoing telephone recording system within the Trust.	May-20	LM/LS	Open	Our current telephone system has the ability to record all calls. Currently all switchboard calls, 222 emergency calls and Outpatient Booking Office calls are recorded. If other areas are required to be recorded this could be arranged.

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	19 MAY 2020
REPORT TITLE:	CHAIR'S REPORT
BOARD SPONSOR:	CHAIRMAN
PAPER AUTHOR:	BOARD SUPPORT SECRETARY
PURPOSE:	DISCUSSION
APPENDICES:	NONE

BACKGROUND AND EXECUTIVE SUMMARY

Introduction

The purpose of this report is to:

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

Key Events:

1. COVID-19

- 1.1 The Trust continues to support everyone through COVID-19 and is dedicated to supporting its staff and the East Kent population, updates are provided on the Trust's intranet for its staff and on its website for the public. An update on the current position and planning for recovery in respect of COVID-19 is presented to the May 2020 Board meeting as a separate report.
- 1.2 The Trust encourages people to continue to seek care and treatment if they need it, especially when delays could pose both an immediate and long term risk to people's health, for medical problems such as stroke, cardiac and cancer, during the coronavirus outbreak and attend the hospitals if experiencing serious medical symptoms. We understand people may be worried about the dangers of COVID-19 but it is a greater risk if people ignore symptoms of medical problems and it is important that these are investigated and treated quickly. We continue to provide the same emergency service and are working to keep everyone safe.
- 1.3 The Trust thanks all its staff for their continued hard work, commitment, dedication and professionalism to treat patients during this pandemic, which is also shown by the appreciation and kind gestures from the local community.
- 1.4 The Trust has implemented Telemed clinics, connecting families to patients critically ill in intensive care, the provision of staff welfare support, clinical refresher training for returning clinical staff and redeploying staff to different roles and teams across the hospitals to meet demand and manage its services during the coronavirus outbreak.

2. Tributes

2.1 On behalf of the Trust, its Board and all its staff, tributes have been given to two members of nursing staff who sadly died after testing positive for COVID-19, the sincere condolences and thoughts of everyone at the Trust are with their families and friends.

2.1 Intensive Care Nurse, Adekunle Enitan, at William Harvey Hospital in Ashford, who was cared for by the highly specialist team he had worked with as an agency nurse for five years. He was known to his colleagues as Ade and will be remembered as a kind and caring nurse who was much respected by his colleagues.

2.2 Aimee O'Rourke, a nurse who worked on the Acute Medical Unit at Queen Elizabeth the Queen Mother Hospital in Margate, was cared for by staff in the hospital's Critical Care Unit, the team she worked with. She will be remembered as a kind and caring nurse who had a really special relationship with her patients and colleagues.

3. Council of Governors

I have been keeping in touch with the Trust's Governors on a regular basis ensuring they are kept informed of updates, they are all also able to access the Trust's intranet and the communications therein. A virtual Council of Governors meeting will be held on 21 May 2020.

Non-Executive Directors' (NEDs) Commitments

A brief outline of the Non-Executive Directors' commitments are noted below:

Chair	1 May 2020 – Kent & Medway (K&M) Sustainability and Transformation Partnership (STP) Chairs meeting 11 May 2020 – K&M STP NEDs Oversight Group meeting Council of Governors Briefings Weekly Board and NED Briefings
Non-Executive Directors	23 April 2020 – Learning and Review Committee meeting (Maternity Support Programme) Weekly Board and NED Briefings Weekly Ethics Committee

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

	<ul style="list-style-type: none"> • Right skills right time right place: Developing teams with the right skills to provide care at the right time, in the right place and achieve the best outcomes for patients. • Healthy finances: Having Healthy Finances by providing better, more effective patient care that makes resources go further. 	
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	None	
RESOURCE IMPLICATIONS:	None	
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	None	
SUBSIDIARY IMPLICATIONS:	None	
PRIVACY IMPACT ASSESSMENT: NO	EQUALITY IMPACT ASSESSMENT: NO	

RECOMMENDATIONS AND ACTION REQUIRED:

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

Trust Board

Update

14 May 2020

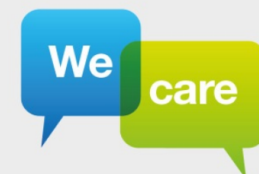


Agenda

- Covid-19 Update
 - ITU Expansion Plans
 - PPE Availability
 - Oxygen Capacity
 - Testing Capacity
- Covid-19 Response
- Post Covid-19 Recovery



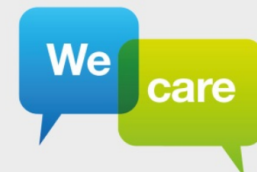
Covid19 Update



ITU Expansion Plans




The Trust was originally asked to plan for 250 ITU beds however this has been scaled down to 87 beds. The revised ITU expansion plan now provides 38 beds at WHH, 12 beds at K&CH and 37 beds at QEQUH. The revised plan needed to take into account the availability of staffing, equipment requirements and the availability of oxygen supply.

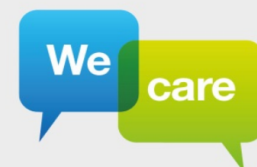
Site	Zones and Area	Number of beds	Totals
WHH	Zone 1 - ITU plus 2 in pacing lab	18	
WHH	Zone 2 - Main Theatre recovery	8	
WHH	Zone 4 - Channel Day theatres (7 beds) and recovery (5 beds)	12	
	SITE TOTAL		38
K&CH	Zone 1 - ITU (6) Non Covid	6	
K&CH	Either Zone 2 - Main Theatres recovery or Zone 3 - Main Theatres A	6	
	SITE TOTAL		12
QEQUH	Zone 1 - ITU	9	
QEQUH	Cheerful Sparrows	28	
	SITE TOTAL		37
	TRUST TOTAL		87



FOR INFORMATION: PPE Data

FFP 3 ✓	Chlorine based disinfectant ✓
Gloves ✓	Re-agent ✓
Eye Protection ✓	Visor ✓
Plastic Aprons ✓	Gowns – non-fluid resistant ✓
Surgical Masks ✓	Gowns – fluid resistant ✓
Hand Sanitiser ✓	Coveralls ✓
Body Bags ✓	Swabs ✓
General purpose detergent ✓	Fit Testing Spray ✓

 7 Days' Supply  3 Days' Supply  1 Day's Supply



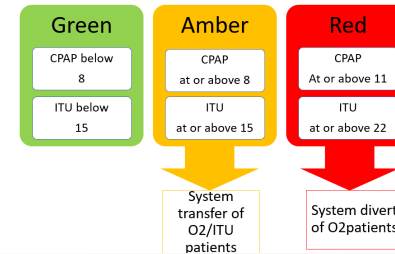
Managing Oxygen supply

Oxygen supply at WHH and QEQMH is limited and both the ITU expansion plans and the Medicine expansion plan not only had to complement each other, they also had to consider the requirements of other services that draw on the limited oxygen supply at each hospital site.

The maximum oxygen supplies available for the sites are as follows:

- WHH site 2,751 litres per minute
- QEQMH site (VIE 2) 3,000 litres per minute
- QEQMH site (VIE 1) 917 litres per minute*

QEQMH escalation triggers
Maximum theoretical flow rate 3000l/min

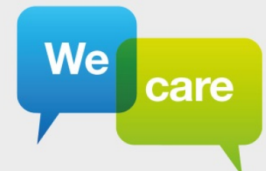


Example

Whilst it is not possible to calculate the precise O₂ capacity with the predicted demand the teams believe that the number of ITU beds and NIV beds that has been set out in the escalation plans could be supported by the available O₂ capacity. However, this is dependent upon:

- The clinical presentations and what treatments are required (MV or NIV)
- The collateral use of oxygen in non-covid areas
- The efficiency of the devices in that mode of use
- The skills of the staff utilising the kit and the availability of accessories
- The duration of treatment for each patient
- The Medical Gas pipelines system engineering

Monitoring of the sites' oxygen systems is fundamental as this will help to ensure demand does not overload supply. A process has been established for monitoring O₂ utilisation through the Trust's VitalPAC live patient observation system. If systems start to become overloaded the Care Group has contingency plans in place to move patients to other wards in order to balance out the oxygen systems on the site.



* this is the secondary VIE on the system which feeds a separate part of the QEQMH estate to VIE 2

Testing Capacity and Comparison

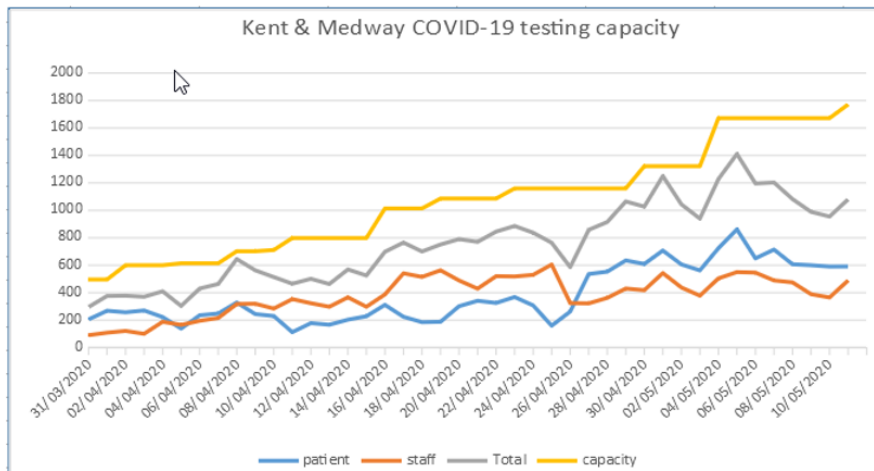
EKHUFT have gradually increased testing capacity now stands at 672

Key worker staff capacity stands at 300, although this is flexible depending on demand between patients and staff

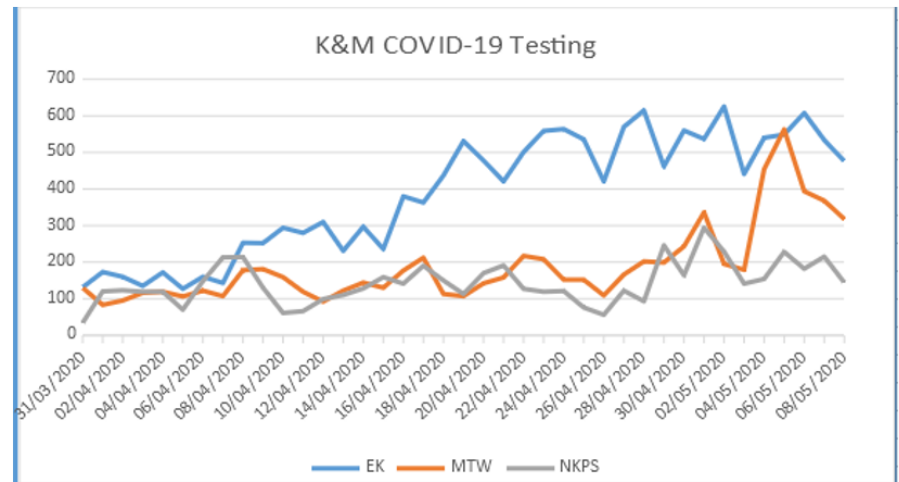
Testing provided by EKHUFT drive through has been extended to around 25 organisations including SECamb, 66, GP practices, 266 Care Homes, Boarder Force, Fire and Safety and many others.

Since the 31st March 2020, EKHUFT have tested 6081 patients and 10408 staff (total 16489)

Total Testing in Kent and Medway



EKHUFT Comparison



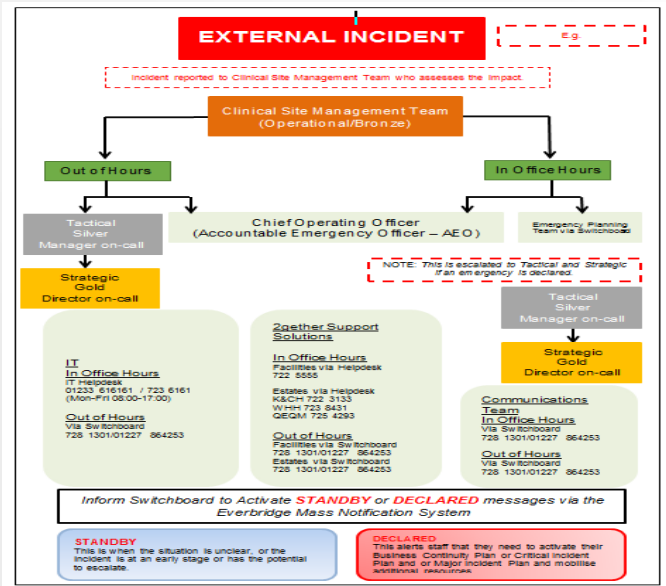
Covid19 Response



Covid19 Response Update

Incident Response Team

- Implement incident management
- NHS declared incident which means command and control system in place
- National to local – control rooms, SITREPs and cascade.
- Gold Commander – Lee Martin / Mary Tunbridge
- COVID Gold – Executives and Clinical Directors
- Gold Command (Board Room, William Harvey Hospital)
- Site Silver Tactical (Operational Control Rooms)
- Site Silver Teams – Executive (x2), Medical Director, Operational Directors (x2), Head of Nursing (x2), Clinical Director (x2)



7 Day Week Support



Trust Structure – Covid19

Trust Board



GOLD Committee
Executive and Clinical Leaders



GOLD Command
Operational Coordination and
Response



Site Leadership Team
(Silver Control)



Operational
Care Groups

Decision making and specialist response

- Action log and decision record
- Slide pack for information or decision (contains request for decision)
- Sit Reps

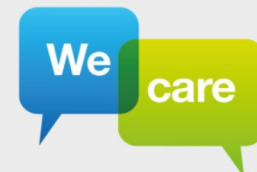
- Rhythm of the day
- Sit Reps
- Covid-19 email – single point (policy and guidance changes)
- Action logs
- Coordination of response
- Record log of action and distribution

Site Leadership tactical response

- Workforce support
- Frontline management (Information pack daily)

Care Group tactical response

- Immediate operational issues
- Information pack daily



Post Covid-19

Recovery



Post Covid-19 Recovery

Economic (Financial) - Includes the following:

Monetary and Service recovery
Monetary Structure – present and future

Humanitarian (Staff) - Includes the following:

Disruption to staff members daily work/home life
Physical impacts (including individuals' health, financial needs)
Psychological impacts
Deaths
Team/Service displacement
Confidence

Infrastructure - Includes the following:

Has there been any temporary or permanent cessation of or disruption to a Care Groups operations or services?
Have any a Care Groups operations or services had to move to temporary location?
Have any a Care Groups workforces been redeployed or relocated?



Environmental - Includes the following:

Cleaning / Redecoration – Contamination and decontamination of areas, equipment, furniture
Waste management



Phase Two Actions

- Infection Control workshop regarding the new world of Covid19
- Care Groups away day to plan how services will resume taking into consideration:
 - Infection control and prevention measures
 - Potential limited staffing (test, track and trace)
 - Limitations on PPE
 - Efficiency decrease due to new standards
 - Potential peaks of Covid19
 - Environment limitation in social distancing, cleaning, movement of patients and staff
 - Expectation is for a phased plan to provide services over next 3-6 months incorporating streams for Covid19 and nonCovid19
 - Reduced bed capacity



Our Principles for Recovery (1)

- 1. Our recovery plan will be patient centred, valuing our staff.
- 1. The flow of patients will need to continue to be separated.
- 1. Staff may need to rotate between blue and red areas/rotas in order to share the burden of work.
- 1. Appropriate social distancing will need to be maintained - for staff and for patients.
- 1. In some areas a more 'generalist' approach may need to be maintained / reintroduced.



Our Principles for Recovery (2)

- 6. 7 day working practice should be maintained where it has been introduced / should it be extended further.
- 7. There must be a reduction in foot fall for the patient to our sites and from care staff to the patient (physically).
- 6. Senior decision making at the start of the pathway should continue.
- 6. We have become an acute hospital - we will work across the system to ensure that we do not revert back to previous service models i.e. high levels of stranded and super-stranded patients.



Our Principles for Recovery (3)

- 10. Anything we do will be in partnership and will be aligned with the K&M ICS and east Kent system ICP.
- 10. The approach to recovery will be bottom up and will not be driven by finance and contractual arrangements.
- 10. We will work with our citizens to encourage a greater sense of personal responsibility and improve care planning.
- 10. We won't allow organisational barriers or departmental barriers to hamper processes or good practice.



Our Principles for Recovery (4)

14. Community cohesion was expressed through an army of volunteers but also our own staff being flexible in ways they had not been before. This reserve of staff / volunteers and flexibility should be maintained going forward.
14. We will work with live information to ensure that we can be responsive.



REPORT TO:	BOARD OF DIRECTORS
DATE:	19 MAY 2020
REPORT TITLE:	MONTH 12 FINANCE REPORT
BOARD SPONSOR:	DIRECTOR OF FINANCE AND PERFORMANCE
PAPER AUTHOR:	REPORTING ACCOUNTANT
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: FINANCE REPORT M12

BACKGROUND AND EXECUTIVE SUMMARY

The Trust generated a consolidated deficit in month of £2.2m which was £0.4m better than the plan. This brought the year-end pre-audit position to a £36.6m deficit which was consistent with the plan.

Achievement of our 2019/20 financial plan is particularly pleasing given that the Trust has had to manage a number of unplanned challenges, such as:

- Covid-19 preparation and operational response;
- Emergency activity being significantly above planned levels ;
- Brexit preparation; and
- Addressing capital infrastructure backlog.

These pressures led to year-end overspends in a number of Care Groups, the most significant being:

- General and Specialist Medicine (GSM) (-£2.6m) - driven mainly by pay cost pressures due to emergency activity significantly above planned levels;
- Urgent & Emergency Care (U&EC) (-£2.4m) – due to a combination of high agency usage and associated Cost Improvement Programme (CIP) shortfall due to emergency activity pressures;
- Women's & Children (W&C) (-£4m) - driven by a combination of continued high agency usage, partially due to additional paediatric medical night cover at each site to ensure safe staffing levels are maintained, and CIP shortfall.

The adverse variances were offset by a combination of underspends in central budgets due to unallocated contingency (total £3m), specialist activity overperformance (£5m) and central funding the Trust received for Covid-19 costs incurred (£2.4m).

2019/20 is the first year the Trust has had an aligned incentive contract with East Kent Clinical Commissioning Groups (CCGs). This has proved successful in reducing collective risk and ensured we can collectively focus on improving patient pathways.

National guidance has indicated that the Trust will be reimbursed for all extra costs incurred to tackle the coronavirus pandemic and we are working with regional leads to ensure we are appropriately recompensed for all additional required revenue and capital costs.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:

Failure to deliver CIP requirement increases costs.

LINKS TO STRATEGIC OBJECTIVES:	Healthy finances: Having Healthy Finances by providing better, more effective patient care that makes resources go further.	
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	SRR 5: Failure to achieve financial plans as agreed by NHS Improvement (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	

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors is asked to review the financial performance and actions being taken to address issues of concern.

Finance Performance Report 2019/20

March 2020

Director of Finance and Performance Management
Philip Cave



Contents and Appendices
Month 12 (March) 2019/20

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Executive Summary

Month 12 (March) 2019/20

Executive Summary

The Trust generated a consolidated deficit in month of £2.2m which was £0.4m better than the plan. This brought the year-end pre-audit position to a £36.6m deficit which was consistent with the plan.

£'000	This Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
EKHUFT Income	51,500	58,214	6,714	616,788	635,380	18,592
EKHUFT Pay	(32,650)	(35,157)	(2,507)	(396,833)	(405,480)	(8,647)
EKHUFT Non-Pay	(21,888)	(36,176)	(14,287)	(258,570)	(277,834)	(19,264)
EKHUFT Financial Position (inc PSF)	(3,038)	(13,119)	(10,080)	(38,615)	(47,935)	(9,320)
Spencer Performance After Tax	18	8	(10)	263	194	(69)
2gether Performance After Tax	134	(294)	(428)	883	1,142	259
Consolidation adjustments	(273)	(32)	240	(62)	367	429
Consolidated I&E Position (inc PSF)	(3,159)	(13,437)	(10,278)	(37,531)	(46,231)	(8,700)
Add back Impairments	500	11,222	10,722	500	11,222	10,722
Add back 'Cash Donations for capital assets'	(37)	(9)	28	(450)	(2,423)	(1,973)
Remove Donated Depreciation	78	75	(3)	912	876	(36)
Consolidated I&E Position (excl PSF)	(2,618)	(2,149)	469	(36,569)	(36,556)	13

Achievement of our 2019/20 financial plan is particularly pleasing given that the Trust has had to manage a number of unplanned challenges, such as:

- Covid-19 preparation and operational response
- Emergency activity being significantly above planned levels
- Brexit preparation, and
- Addressing capital infrastructure backlog

These pressures led to year-end overspends in a number of care groups, the most significant being:

- GSM (-£2.6m) - driven mainly by pay cost pressures due to emergency activity significantly above planned levels.
- U&EC (-£2.4m) – due to a combination of high agency usage and associated CIP shortfall due to emergency activity pressures.
- W&C (-£4m) - driven by a combination of continued high agency usage, partially due to additional paediatric medical night cover at each site to ensure safe staffing levels are maintained, and CIP shortfall.

The adverse variances were offset by a combination of underspends in central budgets due to unallocated contingency (total £3m), specialist activity overperformance (£5m) and central funding the Trust received for covid-19 costs incurred (£2.4m).

2019/20 is the first year the Trust has had an aligned incentive contract with East Kent CCG's. This has proved successful in reducing collective risk and ensured we can collectively focus on improving patient pathways.

National guidance has indicated that the Trust will be reimbursed for all extra costs incurred to tackle the coronavirus pandemic and we are working with regional leads to ensure we are appropriately recompensed for all additional required revenue and capital costs.

Income and Expenditure

G

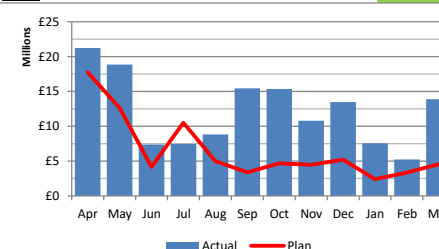
The Trust generated a consolidated deficit in month of £2.2m which was £0.4m better than the plan. This brought the YTD position to a £36.6m deficit which was in line with the planned position.

The main drivers of the in-month position were:

- An overspend relating to covid-19 costs of £2.4m which was reimbursed by NHSE/I
- A non-pay overspend of £14.3m due to an asset impairment of £10.7m (which is excluded from performance against our NHSI control total), combined with overspends relating to covid-19 costs.
- A pay overspend of £2.5m due to continued medical & nursing agency staffing due to challenging operational pressures from emergency activity and covid-19. CIP schemes relating to agency staff are behind plan in March by £0.3m and £2.7m behind plan YTD. Total expenditure on pay in March was £35.2m, an increase of £0.5m when compared to expenditure in February.
- Clinical income overperformed by £6.7m, due to a gain from settling the NHSE specialist income for the year and a net gain of £1.5m following other year-end settlements with a review of other income risks.

Cash

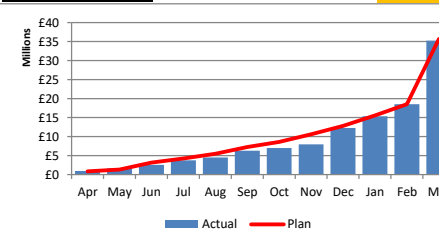
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The Trust's cash balance at the end of March was £13.9m which was £9.3m above plan partly due to positive on-going work to collect historic debt. The Trust borrowed £2.6m in March therefore total Trust borrowings increased to £125m which, following the recent government announcement, will be converted to PDC. This attracts a 3.5% dividend, but the capital sum does not require repaying

Capital Programme

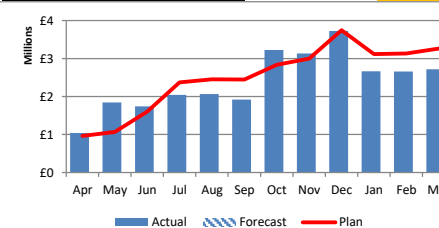
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Total capital expenditure at the end of March was £35.2m which is £1.2m (4%) below funded levels. The main driver was delays with the Elective Orthopaedic centre development as contractors were unable to complete planned work in March due to covid-19, following the external funding grant of £4m for 2019/20.

Cost Improvement Programme

A



The Trust has achieved £28.8m of savings for the year against a plan of £30m. This was lower than previously anticipated due to the Trust's reduced ability to deliver savings in the last couple of months due to the operational priority of dealing with the covid-19 pandemic.

Income and Expenditure Summary

Month 12 (March) 2019/20

Unconsolidated	This Month			Year to Date			Annual
£000	Plan	Actual	Var.	Plan	Actual	Var.	Plan
Income							
Electives	8,082	6,320	(1,762)	97,761	90,069	(7,692)	97,761
Non-Electives	15,329	14,630	(699)	180,314	188,618	8,304	180,314
Accident and Emergency	2,775	2,313	(462)	33,838	34,865	1,027	33,838
Outpatients	6,701	5,974	(727)	82,026	81,299	(727)	82,026
High Cost Drugs	4,491	4,874	383	53,027	55,778	2,751	53,027
Private Patients	73	20	(52)	845	327	(518)	845
Other NHS Clinical Income	10,066	13,159	3,093	120,559	121,903	1,344	120,559
Other Clinical Income	297	4,747	4,449	3,562	7,071	3,510	3,562
Total Clinical Income	47,814	52,037	4,223	571,932	579,931	7,999	571,932
Non Clinical Income	3,686	6,176	2,490	44,856	55,448	10,592	44,856
Total Income	51,500	58,214	6,714	616,788	635,380	18,592	616,788
Expenditure							
Substantive Staff	(29,998)	(30,589)	(591)	(360,804)	(357,644)	3,161	(360,804)
Bank	(1,480)	(2,269)	(789)	(17,444)	(18,861)	(1,417)	(17,444)
Agency	(1,172)	(2,299)	(1,127)	(18,585)	(28,976)	(10,391)	(18,585)
Total Pay	(32,650)	(35,157)	(2,507)	(396,833)	(405,480)	(8,647)	(396,833)
Non Pay	(19,326)	(23,524)	(4,198)	(234,016)	(243,641)	(9,625)	(234,016)
Total Expenditure	(51,976)	(58,681)	(6,704)	(630,849)	(649,121)	(18,272)	(630,849)
Non-Operating Expenses	(2,562)	(12,652)	(10,089)	(24,554)	(34,193)	(9,639)	(24,554)
Income and Expenditure Surplus/(Deficit)	(3,038)	(13,119)	(10,080)	(38,615)	(47,935)	(9,320)	(38,615)

Consolidated	This Month			Year to Date			Annual
£000	Plan	Actual	Var.	Plan	Actual	Var.	Plan
Income							
Clinical Income	48,523	68,024	19,501	580,458	608,481	28,023	580,458
Non Clinical Income	3,678	3,224	(454)	44,710	51,513	6,803	44,710
Total Income	52,201	71,248	19,047	625,168	659,994	34,826	625,168
Expenditure							
Pay	(35,045)	(53,131)	(18,086)	(426,208)	(452,317)	(26,109)	(426,208)
Non Pay	(17,738)	(18,837)	(1,099)	(212,244)	(221,170)	(8,926)	(212,244)
Total Expenditure	(52,783)	(71,968)	(19,185)	(638,452)	(673,487)	(35,035)	(638,452)
Non-Operating Expenses	(2,577)	(12,717)	(10,140)	(24,247)	(32,738)	(8,491)	(24,247)
Income and Expenditure Surplus/(Deficit)	(3,159)	(13,437)	(10,278)	(37,531)	(46,231)	(8,700)	(37,531)

Clinical Income

Year end income settlements with the main commissioners have been based on forecast outturn at M11, negating the effects of the reduced activity caused by the preparation for Covid-19 across many services.

The undisputed element of East Kent contract income has been resolved at £437.2m, but estimates are included for the variable high cost drugs element which may be revised to reflect actual spend in March depending on materiality of actuals against estimate.

The net East Kent AIC contract benefit is £5.3m YTD compared to a PbR contract.

This is comprised of avoided CQUIN risks of £3.3m, Emergency blended payment reductions avoided of £6.4m including Observation bays offset by QIPP achievement of 26% leading to £4.4m over performance against the plan.

The NHSE Specialised Services contract has been agreed at £90.8m. However, negotiations are still ongoing with regards additional funding for our Aseptic suite and renal transplant pre and post outpatient tariff. Overperformance against plan has primarily been driven by high cost drugs expenditure and non delivery of QIPP.

This over performance is slightly offset by underperformance in Secondary Dental, PHE bowel scoping and EK CCG high cost drugs recharges. Over performance in month in other clinical income is driven by the release of in-year provisions against finalised contract outturn.

Non Clinical Income and Expenditure

Non clinical income is favourable to plan in March by £2.5m and by £10.6m ytd. CIP schemes are favourable to plan in month by £0.1m and by £0.6m ytd. The in month variance relates predominantly to property rental income of £0.9m, originally transferred to 2gether but taken back in-house in March. The remainder of the favourable variance in month relates to 2gether set-up £0.4m, education and training income £0.4m, Spencer Wing AMD drugs £0.3m, additional quality improvement income £0.3m and profit on the sale of assets £0.1m. Ytd, the variance relates to the Harmonia Village £1.9m, sale of assets £1.5m, Spencer Wing ADM drug income £2.3m, rental income detailed above £0.9m, receipt of income relating to the GP surgery at KCH £0.6m, education and training and R&I income £1.4m and CIP schemes £0.6m. Previously reported above plan project funding and QI income mentioned above totals £1.4m.

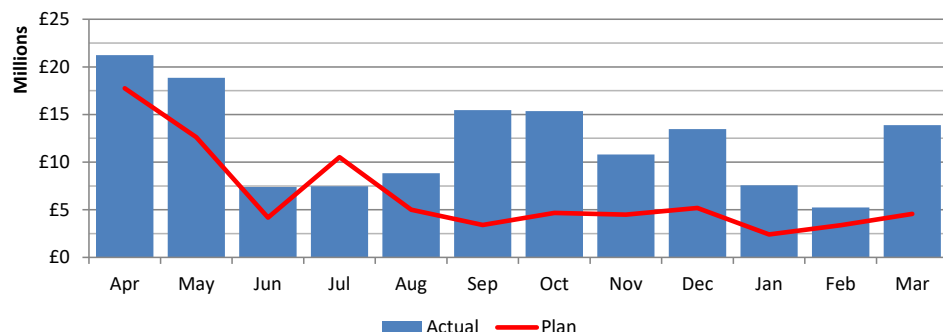
Total expenditure is adverse to plan by £6.7m in month and by £18.3m ytd. CIP schemes are adverse to plan by a total of £0.8m in month and £9.1m ytd. In month, pay is adverse to plan by £2.5m, again mainly driven by agency staff costs which are overspent by a total of £1.1m, although in March, all pay headings are overspent except waiting list payments. Pay expenditure increased by £0.4m when compared to February, mainly relating to bank staff costs incurred in the effort against Covid-19. In total, estimated Covid-19 pay costs are £1.0m.

Expenditure on non pay is adverse to plan in March by £4.2m, predominantly relating to non clinical supplies. As previously reported, this heading is impacted by CCN transfers with the subsidiary, totalling £1.3m in March and the cost of supplies relating to Covid-19 which are estimated at £1.2m in March and sourced via the OHF. Actual expenditure increased by £1.9m when compared to February, relating to Covid-19 expenditure and the MDG replacement programme totalling £1.7m.

Cash Flow

Month 12 (March) 2019/20

Cash: Plan v Actual



Unconsolidated Cash balance was £13.9m at the end of March 20, £9.3m above plan YTD.

Total receipts in March 2020 were £21.0m above plan

- PDC receipts were £11.6m above plan, with 10 bids being paid in month
- East Kent CCG receipts were £1.1m above plan
- Other NHS receipts were £1.1m above plan
- Other receipts £7.1m above plan; including Salix receipt in March £3.3m above plan, £2.1m from Spencer Hospitals, VAT reclaim £1.4m above plan

Receipts YTD are £59.2m above plan

- HMRC VAT reclaims £15.3m above plan as a result of higher creditor payments
- Other income is £34.1m above plan of which £11.4m relates to 2gether and £10.9m related to PDC receipts. £11.8m is from other sources inc KCC and EKMS.
- NHS receipts £9.8m above plan; includes receipts above plan of £1.4m from West Kent CCG, £2.7m NHS England, £0.9m from Health Education England, £2.6m from East Kent CCGs, £1.1m from Kent Community and £1.1m from 'other' NHS orgs.

Total Payments in March 2020 were £13.6m above plan

- Monthly payroll (inc Tax/Ni and Pensions) was £0.4m above plan
- Creditor payments inc Capital were £6.3m above plan.
- Payments to 2gether Support Solutions were £7.4m above plan
- PDC Dividend payment was £0.5m below plan

Payments YTD are £50.0m above plan

- Monthly payroll (inc Tax/Ni and Pensions) is £6.9m above plan
- Creditor payments inc Capital were £17.6m above plan.
- Payments to 2gether Support Solutions are £26.8m above plan
- PDC Dividend payments are £1.3m below plan

Provider Sustainability Funding

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

Working Capital Facility

Loan Schedule	Loan Value £'000	Facility Type
2016/17 Received	22,736	ISRWF
2017/18 Received	23,492	ISUCL
2018/19 Received	42,122	ISUCL
April 2019 (Received)	8,147	ISUCL
June 2019 (Received)	2,972	ISUCL
July 2019 (Received)	1,769	ISUCL
Aug' 2019 (Received)	2,791	ISUCL
Sept' 2019 (Received)	4,462	ISUCL
Oct' 2019 (Received)	1,556	ISUCL
Nov'2019 (Received)	2,116	ISUCL
Dec' 2019 (Received)	2,942	ISUCL
Jan' 2020 (Received)	2,593	ISUCL
Feb' 2020 (Received)	4,603	ISUCL
Mar' 2020 (Received)	2,618	ISUCL

Borrowings of £36.9m were received in 2019/20.

The Trust has been notified that the above £125.2m borrowing relating to working capital will be converted to PDC during 2020/21.

Planned borrowing for April, £4.0m, is via PDC.

Creditor Management

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

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.

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 12 (March) 2019/20

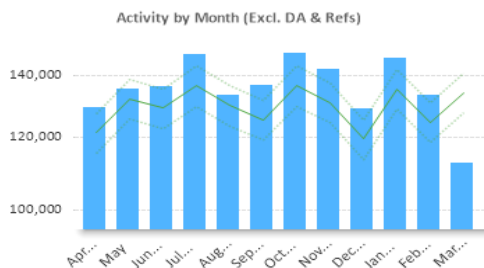
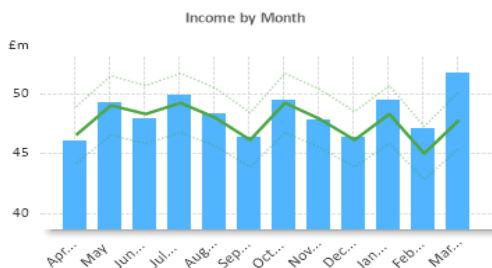
Trust Income Plan	Trust Actual Income	Income Variance
£571.932m	£579.631m	£7.699m

2019/20 - Month 12

East Kent Hospitals University NHS Foundation Trust

	Year to Date			This Month vs. Run Rate		
↑ Summary	Plan	Actual	Variance	Actual	Run Rate to M11	Var to M11 Run Rate
1a Total Non Elective Spells	175.8	182.6	6.8	13.9	15.3	(1.5)
1b Total Non Elective Excess Bed Days	4.5	6.0	1.5	0.7	0.5	0.2
2 Accident & Emergency	33.8	34.9	1.0	2.3	3.0	(0.7)
3a Total Elective Spells	96.7	89.2	(7.5)	6.3	7.5	(1.2)
3b Total Elective Excess Bed Days	1.0	0.9	(0.2)	0.1	0.1	0.0
4a New Outpatient Attendances	37.5	38.1	0.6	2.7	3.2	(0.5)
4b Outpatient Follow Up Attendances	42.1	41.2	(1.0)	3.0	3.5	(0.5)
5a Other PbR Cost Per Case	36.9	38.8	1.9	3.4	3.2	0.2
5b Non-PbR Cost Per Case	127.8	130.0	2.2	10.8	10.8	(0.1)
6 Block Agreements	23.7	31.7	8.1	9.4	2.0	7.3
7 Risks and Adjustments	(8.0)	(13.7)	(5.7)	(0.7)	(1.2)	0.4
8 Contract Adjustments	-	(0.0)	(0.0)	(0.0)	-	(0.0)
9c Adjust Prior Month Reported Position	-	-	-	0.0	(0.0)	0.0
Grand Total	571.9	579.6	7.7	51.7	48.0	3.7

	This Month			Year to Date			Annual
↑ Care Group Income £m	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Cancer Services	3.6	4.2	0.5	42.4	45.4	3.0	42.4
Central	0.1	4.0	3.9	8.7	13.3	4.6	8.7
Clinical Support Services	4.9	4.9	(0.1)	57.8	59.3	1.4	57.8
General and Specialist Medicine	14.2	14.2	0.0	173.7	174.0	0.3	173.7
Surgery - Head and neck, Breast Surgery a...	4.0	3.6	(0.5)	46.7	44.3	(2.4)	46.7
Surgery and Anaesthetics	10.1	10.2	0.1	121.0	121.5	0.6	121.0
Urgent and Emergency Care	4.4	4.4	(0.0)	44.1	44.9	0.8	44.1
Women's and Children's Services	6.5	6.3	(0.1)	77.5	76.8	(0.7)	77.5
Grand Total	47.8	51.7	3.9	571.9	579.6	7.7	571.9



	This Month			Year to Date			Annual
CCG Group	Plan	Actual	Variance	Plan	Actual	Variance	Plan
4 East Kent CCGs - AIC Contract	35.1	33.6	(1.5)	420.9	419.3	(1.6)	420.9
4 East Kent CCGs - Drugs	1.6	1.2	(0.4)	19.1	16.3	(2.8)	19.1
Cancer Drugs Fund	0.2	0.3	0.1	2.8	3.7	0.9	2.8
NHS England - Public Health	0.7	0.6	(0.1)	8.4	7.7	(0.7)	8.4
NHS England - Secondary Dentistry	0.6	0.4	(0.2)	6.9	6.5	(0.5)	6.9
NHS England - Specialised Services Contract	7.1	10.6	3.5	84.8	93.9	9.1	84.8
North Kent CCGs Main Contract	0.5	0.4	(0.2)	6.5	6.6	0.1	6.5
Other Commissioners & Prior Year	1.4	4.2	2.8	16.1	19.1	2.9	16.1
West Kent CCG Main Contract	0.5	0.4	(0.2)	6.4	6.6	0.2	6.4
Grand Total	47.8	51.7	3.9	571.9	579.6	7.7	571.9



The Income for all the main contracts have been agreed with the exception of 3 items currently remain under discussion. Namely Aseptic Suite, Renal tariffs and EK CCGs high cost drugs. Proposals have been submitted to Public Health England, Secondary Dental and Cancer Drugs Fund with the expectation these will be agreed soon.

The East Kent AIC contract variance is due to a drugs provision against the additional funding provided by Thanet CCG to cover the risk of a higher run rate in March.

Covid-19 has impacted the Trust's income run rates at a POD level as elective services have been cut back for a number of reasons, including Staff training and redeployment and the repurposing of Elective wards. Emergency activity has also reduced, the number of patients presenting at A&E were 24% lower in March. The year end agreements with commissioners were based on AIC or Forecast outturn at M11 and therefore, despite this drop in activity the Trust has maintained its income levels.

The value of work in progress at 31st March has reduced year on year due to the reduced number of patients in Trust beds in preparation for Covid surge. The value of this drop is £1.4m.

The NHSE specialist services position still carries some risk due to the current negotiations around Aseptic and Renal Transplants, which is currently valued at circa £3m and therefore the Trust has provided fully against this.

Activity

Month 12 (March) 2019/20

Trust Income Plan

£571.932m

Trust Actual Income

£579.849m

Income Variance

£7.917m

2019/20 - Month 12 East Kent Hospitals University NHS
NHS Foundation Trust

Year to Date Activity

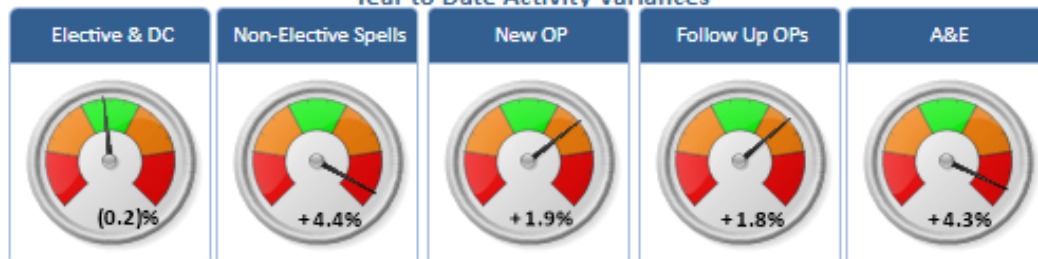
Year to Date Income £m

Average Tariffs

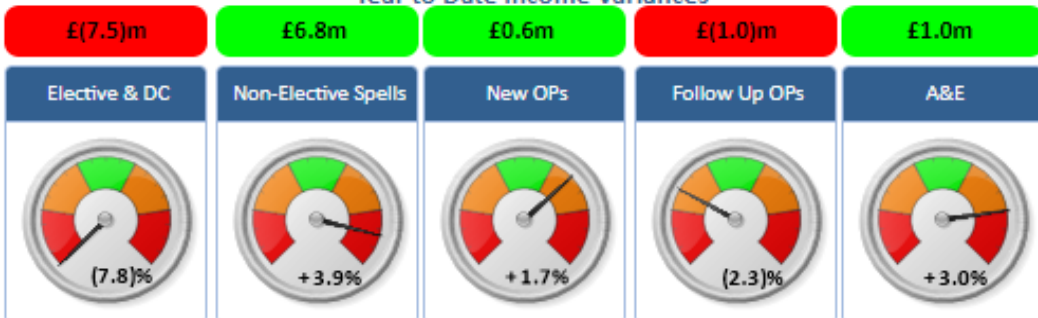
Variances

Point of Delivery	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Casemix	Volume
1a Total Non Elective Spells	84,082	87,807	3,725	£175.8 m	£182.6 m	£6.8 m	£2,091	£2,080	£(1.0)m	£7.8 m
2 Accident & Emergency	221,713	231,226	9,513	£33.8 m	£34.9 m	£1.0 m	£153	£151	£(0.4)m	£1.5 m
3a Total Elective Spells	89,039	88,843	(196)	£96.7 m	£89.2 m	£(7.5)m	£1,086	£1,004	£(7.3)m	£(0.2)m
4a New Outpatient Attendances	234,729	239,151	4,422	£37.5 m	£38.1 m	£0.6 m	£160	£159	£(0.1)m	£0.7 m
4b Outpatient Follow Up Attendances	495,651	504,566	8,915	£42.1 m	£41.2 m	£(1.0)m	£85	£82	£(1.7)m	£0.8 m
	1,125,213	1,151,593	26,380	£386.0 m	£385.9 m	£(0.0)m	£343	£335	£(9.1)m	£9.0 m

Year to Date Activity Variances



Year to Date Income Variances



Due to the impact of Covid-19, the case mix in March has changed significantly compared to the previous YTD run rate.

A&E has been impacted by COVID-19 and year end over performance has dipped from the month 11 position because activity dropped to 24% below plan in March.

The knock-on impact of reduced A&E attendances was a fall in Non-Elective activity, which was 13% below plan in March, reflecting lower levels of admissions.

Elective income is lower, primarily due to the cancellation of procedures due to national guidance issued as a response to deal with COVID-19, which has seen total Elective and Daycase activity 15% under plan in March. Elective wards have been repurposed to take respiratory patients. In addition elective staff have been diverted to work in the emergency pathways.

Outpatient activity has been shifted to a non-face to face setting, wherever possible and some non-essential clinics have been cancelled, resulting in activity being under plan by 15%.

In previous months, Non Elective income has been higher than plan due to the opening of the observation bays at QEOM and WHH.

Non Clinical Income

Month 12 (March) 2019/20

Non-Clinical Income

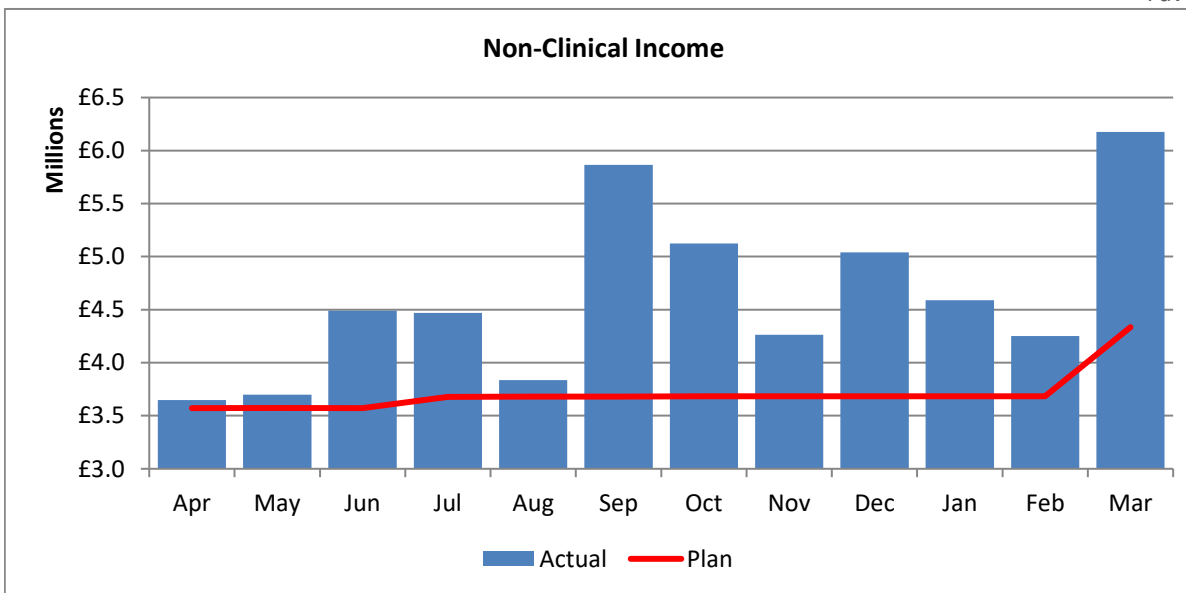
£000	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Non-patient care services	1,348	1,951	603	16,180	20,621	4,441	16,180
Research and development	246	243	(3)	2,924	3,233	309	2,924
Education and Training	1,286	1,714	428	15,430	16,556	1,126	15,430
Car Parking income	431	350	(81)	5,156	4,901	(255)	5,156
Staff accommodation rental	196	184	(12)	2,342	2,306	(36)	2,342
Property rental (not lease income)	17	1	(16)	213	16	(197)	213
Cash donations / grants for the purchase of capital assets	37	577	540	450	2,990	2,540	450
Charitable and other contributions to expenditure	11	13	2	143	158	15	143
Other	114	1,143	1,029	2,018	4,667	2,649	2,018
Total	3,686	6,176	2,490	44,856	55,448	10,592	44,856

67.56%

Favourable

23.61%

Favourable



Non clinical income is favourable to plan in March by £2.5m and by £10.6m ytd. CIP schemes are favourable to plan in month by £0.1m and favourable to plan by £0.6m ytd.

The favourable position in month predominantly relates to current and prior year property rental income originally transferred to 2gether but returned to Trust management in March £0.9m, income relating to 2gether set-up costs £0.4m, education and training income £0.4m, Spencer Wing AMD drugs £0.3m, additional quality improvement income £0.3m and profit on the sale of assets £0.1m. £0.5m of income and expenditure relating to Urgent Treatment Centre set up was transferred to donated income in March.

Ytd, income relating to the Harmonia Village totals £1.9m. Other main contributors include sale of assets £1.5m, Spencer Wing ADM drug income £2.3m, receipt of income relating to the GP surgery at KCH £0.6m, education and training and R&I income £1.4m property rental income detailed above £0.9m and CIP schemes £0.6m. Previously reported above plan project funding including Sarre UTC, stroke and histopathology transformation totals £0.9m. Income for quality improvement support is above plan by £0.5m.

Pay

Month 12 (March) 2019/20

Pay Expenditure £000	WTE This Month			This Month			Year to Date			Annual
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Permanent Staff										
Medical and Dental	1,178	1,177	1	(9,354)	(9,428)	(74)	(112,507)	(110,274)	2,233	(112,507)
Nurses and Midwives	2,579	2,156	423	(8,430)	(8,242)	187	(101,388)	(98,525)	2,863	(101,388)
Scientific, Therapeutic and Technical	1,487	1,429	58	(4,705)	(4,705)	(1)	(56,585)	(55,629)	956	(56,585)
Admin and Clerical	1,525	1,399	125	(2,853)	(3,087)	(233)	(34,319)	(35,296)	(977)	(34,319)
Other Pay	1,612	1,574	39	(4,033)	(4,577)	(544)	(48,508)	(52,346)	(3,837)	(48,508)
Permanent Staff Total	8,380	7,734	646	(29,375)	(30,039)	(664)	(353,307)	(352,069)	1,238	(353,307)
Waiting List Payments										
Medical and Dental	0	0	0	(357)	(99)	258	(4,296)	(1,505)	2,790	(4,296)
Waiting List Payments Total	0	0	0	(357)	(99)	258	(4,296)	(1,505)	2,790	(4,296)
Medical Locums/Short Sessions										
Medical and Dental	0	34	(34)	(266)	(451)	(185)	(3,201)	(4,069)	(868)	(3,201)
Medical Locums/Short Sessions Total	0	34	(34)	(266)	(451)	(185)	(3,201)	(4,069)	(868)	(3,201)
Substantive	8,380	7,769	612	(29,998)	(30,589)	(591)	(360,804)	(357,644)	3,161	(360,804)
Bank										
Medical and Dental	0	32	(32)	(378)	(490)	(112)	(4,450)	(3,529)	921	(4,450)
Nurses and Midwives	0	213	(213)	(387)	(907)	(520)	(4,562)	(6,797)	(2,235)	(4,562)
Scientific, Therapeutic and Technical	0	6	(6)	(24)	(48)	(24)	(280)	(303)	(23)	(280)
Admin and Clerical	0	53	(53)	(208)	(136)	72	(2,448)	(1,410)	1,038	(2,448)
Other Pay	0	253	(253)	(484)	(688)	(204)	(5,704)	(6,822)	(1,118)	(5,704)
Bank Total	0	557	(557)	(1,480)	(2,269)	(789)	(17,444)	(18,861)	(1,417)	(17,444)
Agency										
Medical and Dental	36	96	(60)	(651)	(760)	(109)	(10,318)	(13,811)	(3,493)	(10,318)
Nurses and Midwives	0	138	(138)	(356)	(696)	(340)	(5,647)	(8,088)	(2,441)	(5,647)
Scientific, Therapeutic and Technical	0	5	(5)	(81)	(23)	59	(1,292)	(1,090)	202	(1,292)
Admin and Clerical	0	1	(1)		(4)	(4)		(125)	(125)	
Other Pay	0	9	(9)	(25)	(23)	2	(392)	(141)	251	(392)
Agency Total	36	247	(211)	(1,113)	(1,506)	(393)	(17,649)	(23,255)	(5,606)	(17,649)
Direct Engagement - Agency										
Medical and Dental	0	49	(49)	(59)	(725)	(666)	(936)	(5,490)	(4,554)	(936)
Scientific, Therapeutic and Technical	0	13	(13)		(69)	(69)		(231)	(231)	
Direct Engagement - Agency Total	0	62	(62)	(59)	(794)	(735)	(936)	(5,721)	(4,786)	(936)
Agency	36	309	(273)	(1,172)	(2,299)	(1,127)	(18,585)	(28,976)	(10,391)	(18,585)
Total	8,416	8,635	(218)	(32,650)	(35,157)	(2,507)	(396,833)	(405,480)	(8,647)	(396,833)

-7.68%
Adverse

-2.18%
Adverse

Pay performance is adverse to plan in March by £2.5m and by £8.6m ytd (2.2 %). Pay CIPs are adverse to plan by £0.7m in month and by £8.4m ytd.

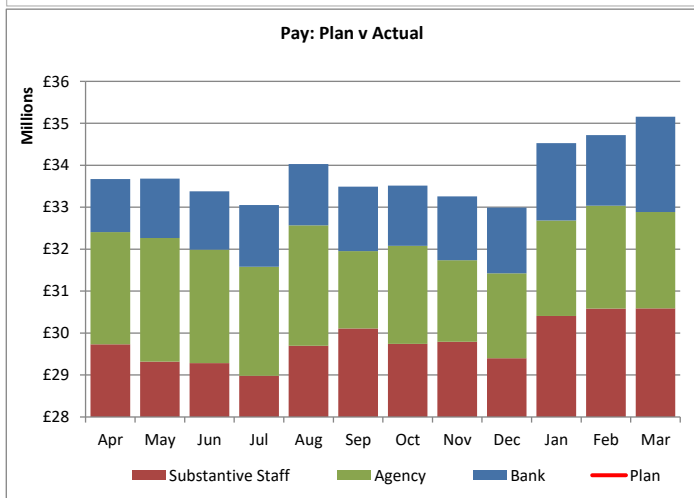
The overspend in month continues to link mainly to agency and directly engaged staff which are adverse to plan by a total of £1.1m although in March, all staff headings are adverse to plan except waiting list payments. The benefit of pay inflation held within the Trust's pay plan relating to the OHF contract now stands at £1.3m (offset by an adverse performance in non clinical supplies).

Total expenditure on pay in March was £35.2m, an increase of £0.4m when compared to expenditure in February. A significant increase in bank staff costs of £0.6m and permanent staff including overtime of £0.1m is offset by reductions in agency send, medical locum sessions and waiting list payments totalling £0.3m.

Expenditure on additional staff to assist the effort against Covid-19 in March, funded from additional clinical income, is estimated to be approximately £1.0m, with £0.5m increased bank staff costs and £0.3m increased agency staff costs.

Expenditure on substantive staff is adverse to plan in March by £0.6m and favourable to plan by £3.2m ytd including payments relating to locum medical sessions and waiting list activity. CIP schemes relating to substantive staff are behind plan by £0.3m in month and by £3.7m ytd. Expenditure on bank staff is adverse to the Trust's original plan in March by £0.8m and by £1.4m ytd.

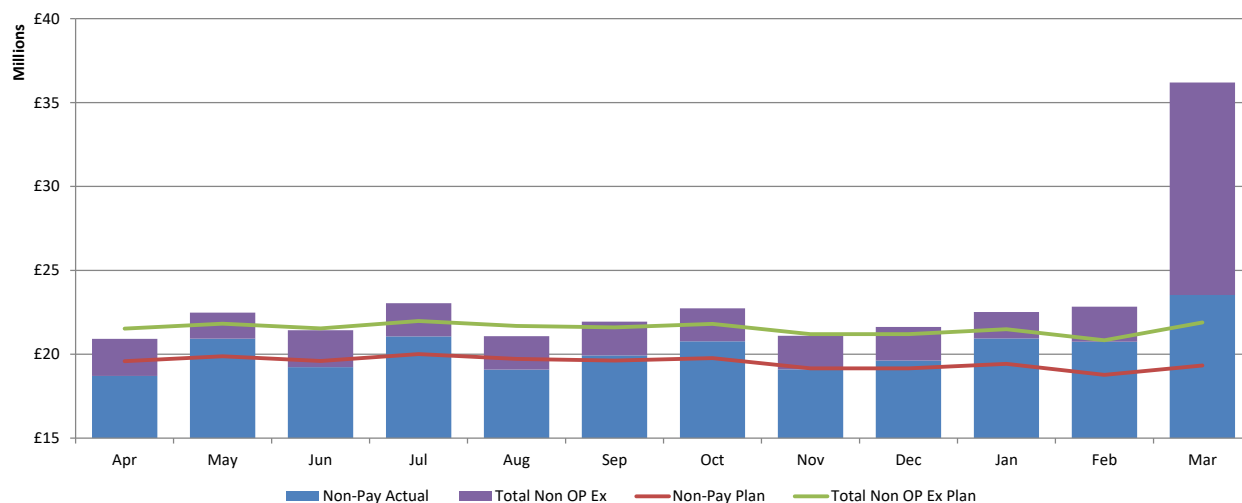
Agency staff costs are adverse to plan in March by £1.1m and by £10.4m ytd, predominantly relating to medical and nursing staff. Agency CIP schemes are adverse to plan in month by £0.4m and by £4.8m ytd.



Non-Pay Month 12 (March) 2019/20

£000	This Month			Year to Date			Annual
	Plan	Actual	Var.	Plan	Actual	Var.	Plan
Drugs	(5,500)	(5,863)	(363)	(65,019)	(67,059)	(2,040)	(65,019)
Clinical Supplies and Services - Clinical	(2,347)	(2,174)	173	(28,530)	(29,031)	(501)	(28,530)
Supplies and Services - Non-Clinical	(6,814)	(10,072)	(3,258)	(82,903)	(96,415)	(13,512)	(82,903)
Non Executive Directors	(14)	(15)	(1)	(166)	(185)	(19)	(166)
Purchase of Healthcare	(784)	(645)	139	(9,473)	(5,080)	4,393	(9,473)
Education & Training	(281)	(370)	(89)	(3,383)	(2,063)	1,320	(3,383)
Consultancy	(75)	(296)	(221)	(883)	(799)	84	(883)
Premises	(808)	(444)	364	(10,336)	(9,307)	1,029	(10,336)
Clinical Negligence	(1,669)	(1,795)	(126)	(20,899)	(21,475)	(576)	(20,899)
Transport	(239)	(208)	31	(2,879)	(2,534)	345	(2,879)
Establishment	(298)	(439)	(141)	(3,576)	(3,761)	(185)	(3,576)
Other	(497)	(1,205)	(707)	(5,969)	(5,931)	38	(5,969)
Total Non-Pay Expenditure	(19,326)	(23,524)	(4,198)	(234,016)	(243,641)	(9,625)	(234,016)
Depreciation & Amortisation-Owned Assets	(1,397)	(1,347)	50	(16,071)	(15,981)	90	(16,071)
Impairment Losses	(500)	(11,222)	(10,722)	(500)	(11,222)	(10,722)	(500)
PDC Dividend	(291)	513	803	(3,487)	(2,373)	1,114	(3,487)
Interest Receivable	214	220	6	2,568	2,667	99	2,568
Interest Payable	(589)	(668)	(80)	(7,064)	(7,134)	(70)	(7,064)
Total Non-Operating Expenditure	(2,562)	(12,505)	(9,942)	(24,554)	(34,043)	(9,489)	(24,554)
Total Expenditure	(21,888)	(36,029)	(14,140)	(258,570)	(277,683)	(19,113)	(258,570)

Non-Pay: Plan v Actual



Non pay expenditure is adverse to plan in March by £4.2m and adverse to plan by £9.6m ytd. (4.1%). Non pay CIP schemes are marginally adverse to plan in month and adverse to plan by £0.6m ytd.

Drug expenditure is adverse to plan in March by £0.4m and adverse to plan by £2.0m ytd. Pass-through drugs are favourable to plan in month by £0.2m, and favourable to plan by £0.8m ytd. All other drugs are adverse to plan in month by £0.6m and adverse to plan ytd by £2.8m. AMD drugs supplied to Spencer Wing account for £2.3m of the ytd variance on other drugs, offset by non clinical income. Drug CIPs are adverse to plan by £0.1m in month and £0.3m ytd.

Supplies and services - clinical are favourable to plan in month by £0.2m and adverse to plan by £0.5m ytd. A favourable position on referred diagnostics and scanning services totalling £0.4m, mainly relating to released accruals for Viapath Renal diagnostics, is offset by an adverse position on rechargeable devices and CIP schemes totalling £0.2m. Ytd, adverse variances on CIP schemes and equipment maintenance totalling £1.9m are offset by underspends on medical equipment and disposables (sourced via the OHF), rechargeable devices, national blood and breast screening contracts totalling £1.5m

Supplies and services - non-clinical are adverse to plan in March by £3.3m and by £13.5m ytd. CCN transfers to the OHF impacting on this heading are adverse by £1.3m in month (including an additional £0.5m for the MGD replacement programme) and by £11.0m ytd. Non pay costs relating to Covid-19, mainly sourced via the 2gether OHF are estimated at approximately £1.2m in March, again funded from additional clinical income. The subsidiary transfer pricing adjustment actioned in February for £0.5m has been replaced with an estimated contract uplift of £0.8m in March, with an impact in month of £0.3m. Additional drivers include an OHF charge for adverse stock movements, adverse variances on CIP schemes, additional housekeeping costs for the elective orthopaedic ward and contribution to the KMMS.

Purchase of healthcare from external organisations is again favourable to plan in month by £0.1m and by £4.4m ytd. CIP schemes are therefore ahead of plan by £0.1m in month and £1.3m ytd. Consultancy costs are adverse to plan in March by £0.2m, mainly relating to KPMG development support funded from Quality Improvement income.

Actual expenditure on non pay in March was £23.5m, an increase of £2.7m when compared to expenditure in February. The increase relates predominantly to covid-19 expenditure and the MDG replacement programme, totalling £1.7m.

Non-Operating Expenditure is £10.3m worse than plan due to impairments as a result of the annual revaluation of Trust property, this does not count towards the measurement of Trust financial performance against control total. The Trust has incurred £0.6m in month, £3.8m YTD of interest charges in respect of the £124.9m (£122.3m February) cumulative facility utilised to date.

Cost Improvement Summary

Month 12 (March) 2019/20

Delivery Summary

Programme Themes £000	This Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Patient Flow/LOS	100	88	(12)	1,000	575	(425)
Agency	824	483	(341)	7,962	5,218	(2,744)
Workforce *	627	354	(273)	5,442	4,624	(818)
Procurement	210	146	(64)	2,000	1,369	(631)
Medicines Value	150	84	(66)	1,765	2,128	363
Theatres	240	399	159	2,812	4,824	2,012
Care Group Schemes **	1,051	1,246	195	7,778	9,086	1,309
Sub-total	3,202	2,800	(402)	28,759	27,826	(933)
Central	62	(80)	(142)	1,241	953	(288)
Grand Total	3,264	2,720	(544)	30,000	28,779	(1,221)

schemes in divisions

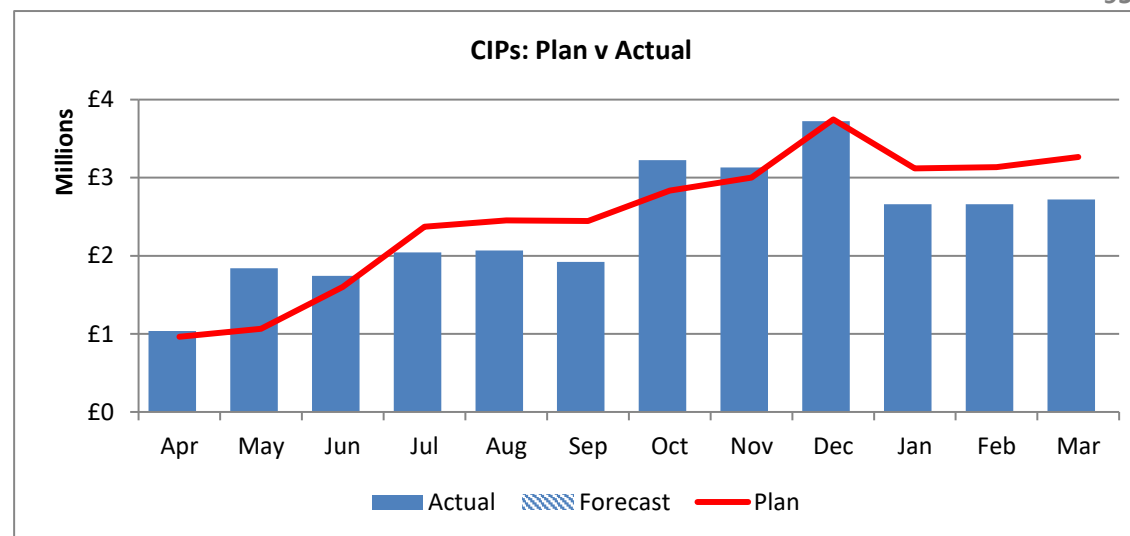
Delivered £000

Month	Target	Actual
April	963	1,039
May	1,067	1,842
June	1,602	1,743
July	2,371	2,045
August	2,452	2,066
September	2,446	1,921
October	2,836	3,225
November	3,000	3,131
December	3,746	3,724
January	3,118	2,662
February	3,135	2,660
March	3,264	2,720
	30,000	28,779

95.9%

CIPs

The CIPs Plan of £30.0m is net of the cost of delivery. CIPs achieved in M12 amounting to £2.7m were below Plan. Agency, Workforce and Central underperformed whilst other areas over performed in month. CIPs in March amounted to £2.1m recurrent and £0.6m on a non-recurrent basis. The YTD position is recurrent £22.5m and non-recurrent £6.3m. Key areas of pressure are in Agency where operational pressures and Direct Engagement issues have led to lower than planned savings, and cover for vacancies continues.

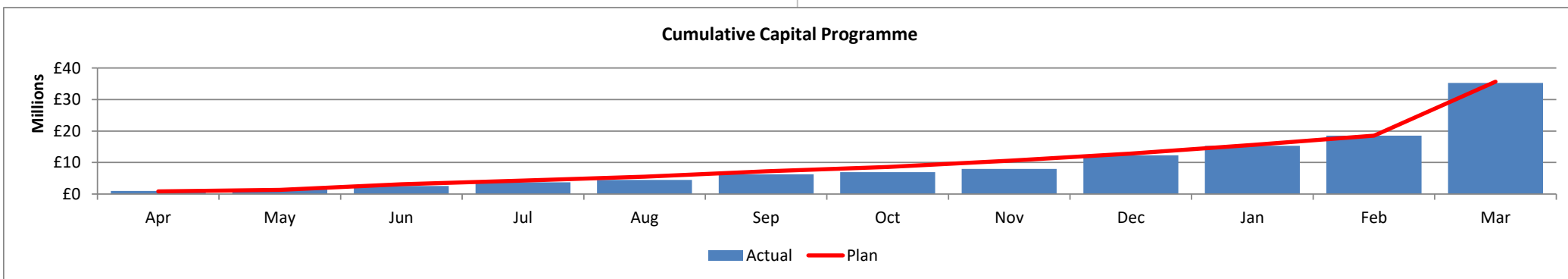


Capital Expenditure

Month 12 (March) 2019/20

Capital Programme	Annual	Year End		
£000	Plan	Funding	Actual	Variance
Dementia Village	2,129	1,748	1,808	(60)
Clinical Strategy Plans		200	220	(20)
CT/CT SPECT Replacement	3,075	2,690	2,374	316
Emergent estate risk schemes		3,950	2,530	1,420
Energy Efficiency	4,601	4,777	4,682	95
Medical Devices Group	2,500	3,135	3,692	(557)
PEIC/H & S/CQC	2,200	2,200	2,317	(117)
IDG	1,800	1,800	1,865	(65)
T3	1,243	1,243	2,260	(1,017)
A&E Improvement		3,000	3,119	(119)
Fire Investment		4,950	4,870	80
Other Building Schemes	4,983	657	629	28
Other Equipment Schemes	1,040	2,833	3,213	(380)
Other IT Schemes		1,075	941	134
All Other		1,353	44	1,309
Total	23,571	35,611	34,564	1,047
Subsidiaries		865	673	192
Total Group Capex	23,571	36,476	35,237	1,239

- Final capital spend to the end of financial year is c.£1.2m below final outturn capital funding. Actual capital spend in February and March amounted to £17.5m which is a significant achievement. The final Group capex position is £35.2m against total funding of £36.4m. Successful in-year externally funded bids amount to £15.8m.
- Late funding was recognised in March for HSLI IT schemes, matched Salix loan funding for the EPC project was drawn down and there was an increase in final total depreciation. This contributed to £0.8m of the overall CDEL underspend movement against forecast.
- Fire Safety Precautions – This scheme fell in line with forecast spend/accrued by the end of the financial year, with the majority of total accruals focussed on Fire schemes.
- T3 (Electronic Patient Record) – This scheme over-achieved forecast against an accelerated programme and continues to full roll-out in 20/21.
- Elective Orthopaedics Centre (ELOC) - Funded through NHSI/E capital loan, this scheme is due to complete at the end of 20/21. Major delays in March due to Covid-19 have resulted in an underspend and subsequent increase in 20/21 works, but this will be factored into the forward capital programme.
- Standing Committees – The Patient Environment Investment Committee (PEIC), Medical Devices Group (MDG) and Information Development Group (IDG) have a collective overspend of £739k. Each committee also operated an accelerated programme, bringing forward planned 20/21 spend where practicable.



Statement of Financial Position

Month 12 (March) 2019/20

£000	Opening	To Date	Movement
Non-Current Assets	340,662	349,404	8,742 ▲
Current Assets			
Inventories	3,658	4,118	460 ▲
Trade and Other Receivables	29,500	36,925	7,425 ▲
Assets Held For Sale			-
Cash and Cash Equivalents	18,700	13,893	(4,807) ▼
Total Current Assets	51,858	54,936	3,078 ▲
Current Liabilities			
Payables	(37,252)	(33,470)	3,782 ▼
Accruals and Deferred Income	(33,933)	(41,620)	(7,688) ▲
Provisions	(799)	(1,088)	(289) ▲
Borrowing		(125,325)	(125,325) ▲
Net Current Assets	(20,126)	(146,567)	(126,441) ▼
Non Current Liabilities			
Provisions	(3,094)	(3,054)	40 ▼
Long Term Debt	(181,626)	(101,349)	80,278 ▼
Total Assets Employed	135,816	98,435	(37,381) ▼
Financed by Taxpayers Equity			
Public Dividend Capital	200,706	207,655	6,949 ▲
Retained Earnings	(117,989)	(165,923)	(47,935) ▼
Revaluation Reserve	53,098	56,702	3,604 ▲
Total Taxpayers' Equity	135,816	98,435	(37,381) ▼

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

Trust closing cash balances for March was £13.9m (£5.2m February) £9.3m above plan. See cash report for further details.

Trade and other receivables have increased from the 2019/20 opening position by £8.0m (£5.0m increase in February). Invoiced debtors have decreased from the opening position by £1.6m to £23.2m (£17.1m February) at the end of March.

All working capital borrowing is being shown as falling due on the assumption that this will be cleared by PDC early in 2020/21. - this is shown in current liabilities.

Payables have decreased by £3.8m YTD (£3.5m decrease in February). Creditors have increased by £1.3m from the opening position to £25.1m. 34% (41% February) relates to current invoices with 9% (10% February) or £2.2m (£2.2m February) over 90 days.

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 12 (March) 2019/20

Top ten debtor balances outstanding as at 31/03/2020

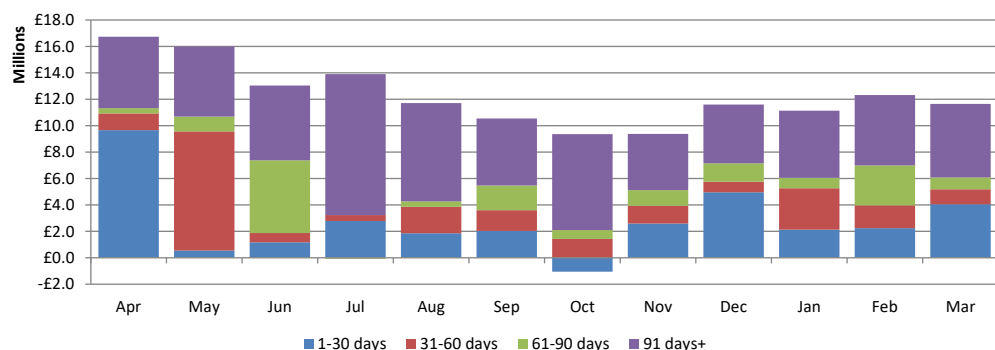
Debtor Name	Current	1-30 Days	31-60 Days	61-90 Days	Over 90	Total
NHS ENGLAND SOUTH EAST COMMISSIONING HUB (14G)	4,465	2			1,431	5,899
2GETHER SUPPORT SOLUTIONS LTD	969	1,867			2	2,834
SPENCER PRIVATE HOSPITALS LIMITED	646	136	417	10	473	1,682
KENT COMMUNITY HEALTH NHS FOUNDATION TRUST	756	135	66	35	219	1,211
WESSEX SPECIALISED COMMISSIONING HUB 13N	700	414			14	1,100
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	233	62	33	41	431	801
HEALTHX	12	12	12	24	687	748
MEDWAY NHS FOUNDATION TRUST	208	77	1	171	231	688
NHS SWALE CCG	531	283			150	664
NHS SOUTH KENT COAST CCG	541		87		26	654
Total	9,061	2,990	616	282	3,332	16,281

Total invoiced debtors have decreased from the opening position of £24.8m by £1.6m to £23.2m (of which £11.9m is current debt) following good work clearing historic debts and improving inter-company processes.

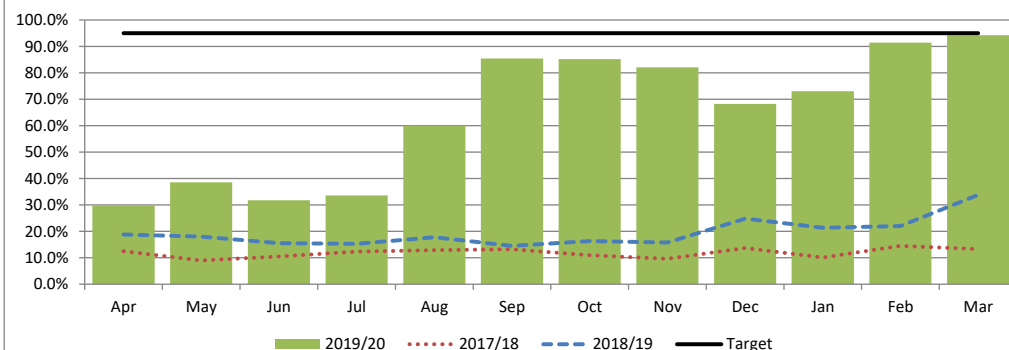
At 31st March there were 5 debtors owing over £1m.

- Spencer Private Hospitals (formerly EKMS) outstanding balance: £1.6m (Healthx £0.7m). Their debt position reduced by £1.4m in month and work is ongoing to clear further invoices for payment
- NHS England owe £5.8m; £4.9m relating to 1920 overperformance
- 2gether Support Solutions owe £2.8m: all of which is less than 30 days overdue
- Kent Community FT owe £1.2m; £0.8m invoiced in March
- Wessex Specialised Commissioning owe £1.1m; High Costs Drugs invoices which have been paid in Month 1

Aged Debt



Percentage paid within 30 days (By Volume)



Top ten creditor balances outstanding as at 31/03/2020

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
Total	2,933	11,942	594	429	1,512	17,410

Invoiced creditors have increased by £1.3m from the opening position to £25.1m.

34% relates to current invoices with 9% or £2.2m over 90 days.

Overdue NHS creditors have increased by £80k in Month.

- Guys & St Thomas NHS Foundation Trust (RJ1) - £46k
- Kings College Hospital NHS Foundation Trust (RJZ) - £21k
- Medway NHS Foundation Trust (RPA) - £18k

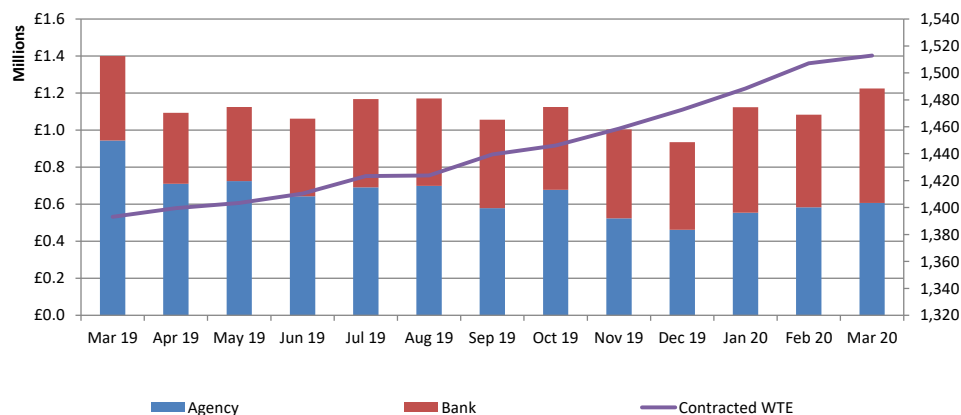
YTD the Trust has paid 74.5% of NHS and 78.5% of non NHS invoices by value to 30 days compared to last year where the Trust paid 62.7% and 53.6% respectively.

General and Specialist Medicine

Month 12 (March) 2019/20

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	1,810	1,647	(163)	21,788	20,590	(1,198)
Non-Electives	7,623	8,087	463	95,615	100,854	5,240
Accident and Emergency						
Outpatients	2,106	1,833	(273)	24,128	24,848	720
High Cost Drugs	793	878	85	9,338	9,526	188
Private Patients	7	5	(3)	89	57	(32)
Other NHS Clinical Income	1,805	1,744	(61)	22,577	17,967	(4,610)
Other Clinical Income	13	12	()	155	187	32
Total Clinical Income	14,157	14,206	48	173,689	174,028	339
Non Clinical Income	35	254	219	557	1,052	495
Total Income	14,192	14,460	268	174,245	175,080	835
Expenditure						
Substantive Staff	(5,556)	(5,573)	(18)	(63,761)	(63,990)	(228)
Bank	(438)	(618)	(180)	(4,449)	(5,718)	(1,269)
Agency	(554)	(607)	(53)	(7,273)	(7,454)	(182)
Total Pay	(6,548)	(6,798)	(251)	(75,483)	(77,162)	(1,679)
Purchase of Healthcare	(249)	(379)	(130)	(2,659)	(2,919)	(260)
Supplies and Services Clinical	(419)	(575)	(156)	(8,540)	(9,489)	(949)
Supplies and Services General	(117)	(118)	(2)	(926)	(859)	67
Drugs	(946)	(1,070)	(124)	(11,453)	(12,026)	(573)
All Other, incl Transport	(223)	(281)	(58)	(1,956)	(1,985)	(29)
Total Expenditure	(8,502)	(9,222)	(720)	(101,016)	(104,439)	(3,423)
Contribution	5,690	5,237	(452)	73,229	70,642	(2,588)

Premium Pay Costs v WTE



Income £0.8m favourable ytd (£0.3m favourable in Mth 12)

The ytd aligned incentive contract adjustment is £5m due to NEL over performance of £4.8m. This is driving the expenditure overspend due to additional ward/medical staffing and non-pay costs.

Non Clinical Income was £0.2m ahead of plan in March due to externally recharged Consultant PAs which is offset by adverse pay, plus £0.1m non-recurrent income CIP.

Pay £1.7m adverse ytd (£0.3m adverse Mth 12)

Agency spend remained consistent with February at £0.6m, £0.1m above forecast due to HCOOP Consultant and Nursing cover for COVID sickness absence, alongside the lack of recruitment into substantive Consultant posts as planned. Medical pay costs included £0.1m Consultant PA arrears and £0.1m costs offset to other income. Medical and Nursing Bank costs increased, a high level piece of work was undertaken to evaluate the costs associated with Covid-19. The majority of wards are overspent to manage increased NEL activity, and provide additional staff for a high number of challenging patients requiring individual care.

Non Pay £1.7m adverse ytd (£0.5m adverse Mth 12)

The 18 Week cost in endoscopy, plus non-achievement of CIP, caused an adverse variance of £0.2m; partly due to additional bowel cancer screening lists, which are funded by NHSE. CPAP costs were high in Mth 12 due to additional purchases in advance, to mitigate against Supplier price increases.

Forecast

The Care Group outturn was £0.4m adverse to forecast, as indicated after Month 11 I&E, key drivers being:

CCG income write-off £50k (Exec decision)

Endoscopy loss of Agency causing increase to 18 Weeks and non-delivery of CIP (£200k)

Additional Agency staff to manage outliers on all Sites, and as requested by Execs (£100k)

Growth in ward staffing costs (£75k)

Covid-19 costs totalling £0.5m were funded in March.

Urgent and Emergency Care

Month 12 (March) 2019/20

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	1	(2)	(3)	61	22	(39)
Non-Electives	1,308	1,402	94	8,766	18,732	9,965
Accident and Emergency	2,990	2,308	(681)	33,836	34,883	1,047
Outpatients	0	1	1	0	1	1
High Cost Drugs	7	()	(7)	79	192	114
Private Patients						
Other NHS Clinical Income	()	572	572	()	(10,310)	(10,310)
Other Clinical Income	115	94	(21)	1,381	1,393	12
Total Clinical Income	4,420	4,374	(46)	44,123	44,912	790
Non Clinical Income	3	(472)	(475)	65	42	(23)
Total Income	4,423	3,902	(521)	44,188	44,954	767
Expenditure						
Substantive Staff	(3,540)	(3,361)	180	(39,048)	(38,442)	606
Bank	(479)	(591)	(112)	(3,723)	(4,361)	(639)
Agency	(746)	(867)	(121)	(11,043)	(13,758)	(2,714)
Total Pay	(4,765)	(4,818)	(53)	(53,814)	(56,561)	(2,747)
Purchase of Healthcare						
Supplies and Services Clinical	(179)	(208)	(29)	(1,859)	(1,916)	(58)
Supplies and Services General	(53)	(47)	5	(368)	(228)	140
Drugs	(164)	(148)	16	(1,914)	(1,866)	49
All Other, incl Transport	(73)	315	389	(816)	(1,356)	(541)
Total Expenditure	(5,234)	(4,907)	328	(58,772)	(61,928)	(3,156)
Contribution	(811)	(1,004)	(193)	(14,584)	(16,973)	(2,389)

Income:

Overall clinical income was marginally adverse to plan in month but finished the year £0.8m above plan. 'Out of area' activity (patients attending A&E who reside outside of east Kent) continued to decline, and significantly so in March- the first month this year where income was below plan. A&E Attendances were 23% below plan in month, almost certainly due to the Covid-19 outbreak, but were 5% (11.5k attendances) above plan for the year. Due to the reduced activity level, March's aligned incentive contract adjustment was £0.6m favourable. The adjustment for the year was £10.0m unfavourable-the majority due to the observation bay activity but £1.0m due to attendances.

The £0.5m negative variance in 'non clinical income' relates to a re-coding of Urgent Treatment Centre (UTC) set up costs from revenue to capital expenditure. There is an equal and offsetting adjustment within non-pay expenditure.

Pay:

Pay was £0.1m overspent in month and is £2.7m overspent year to date. Covid-19 funding totalling £0.3m (based on the increase in temporary staffing costs in March, compared to the November to February average) has supported the position this month.

Bank expenditure was £0.6m, £0.1m higher than last month and £0.2m higher than the average for the year. The majority of the increase in run rate is due to higher nursing spend in relation to Covid-19. Higher rates are also being paid for nursing bank staff in order to improve fill rates for reasons of safety and ultimately, in time, to reduce agency expenditure.

Agency expenditure was £0.9m in March, £0.3m lower than last month and the average for the year. This was predominantly due to the release of unnecessary, duplicated RMO (Resident Medical Officer) accruals relating to previous months. Excluding this adjustment, agency costs actually increased by £0.1m compared to the November to January average.

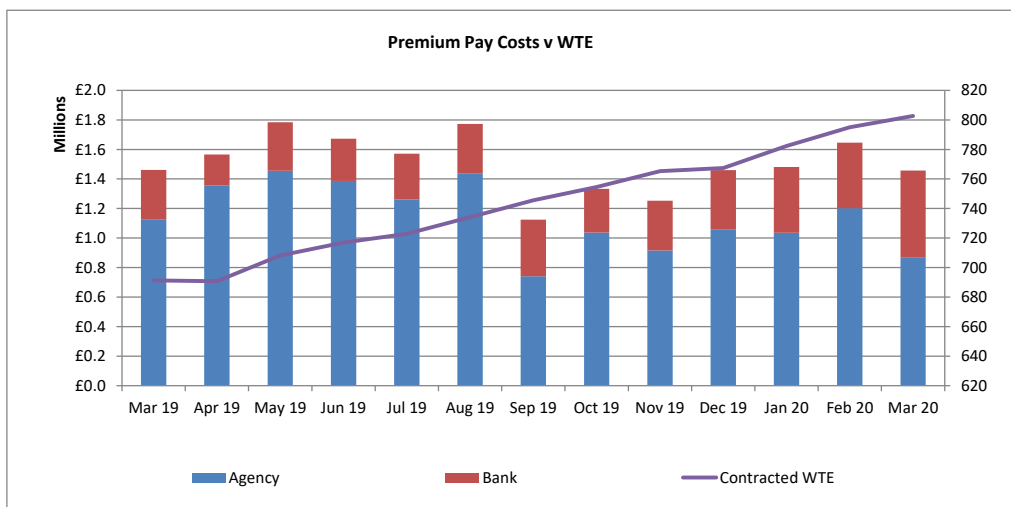
Overall temporary staffing costs are down by £0.1m gross per month this year compared to last year but the Care Group needed to achieve an average £0.4m gross monthly reduction to achieve its CIP target- This is the main driver of the pay overspend for the year.

Non Pay:

Non pay was underspent by £0.4m in month and finished the year £0.4m overspent. The underspend in March is predominantly due to the UTC revenue to capital adjustment referred to in the income section- i.e. the resulting credit to non pay is fully offset by an income debit.

Forecast:

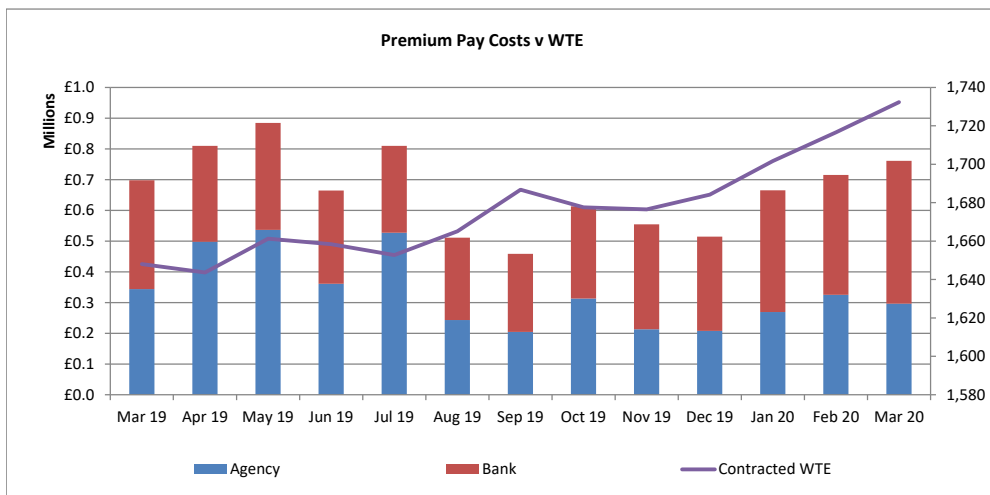
The £2.1m year end deficit forecast was exceeded by £0.3m. This mainly breaks down to an overestimate of clinical income and an underestimate of non-pay expenditure.



Surgery and Anaesthetics

Month 12 (March) 2019/20

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	3,918	2,681	(1,237)	46,088	42,596	(3,492)
Non-Electives	3,246	3,011	(235)	40,911	39,280	(1,631)
Accident and Emergency						
Outpatients	1,353	1,191	(162)	15,459	15,482	23
High Cost Drugs	26	27	1	305	375	71
Private Patients	7	10	3	86	130	45
Other NHS Clinical Income	1,529	3,265	1,736	18,031	23,427	5,396
Other Clinical Income	9	32	23	107	258	151
Total Clinical Income	10,088	10,218	130	120,986	121,548	562
Non Clinical Income	208	(18)	(226)	2,348	1,774	(574)
Total Income	10,296	10,200	(96)	123,333	123,322	(11)
Expenditure						
Substantive Staff	(6,945)	(7,222)	(278)	(82,298)	(83,324)	(1,025)
Bank	(289)	(465)	(175)	(2,702)	(3,969)	(1,266)
Agency	(339)	(296)	43	(4,441)	(3,995)	445
Total Pay	(7,573)	(7,983)	(411)	(89,441)	(91,287)	(1,846)
Purchase of Healthcare	(102)	0	102	(1,339)	15	1,354
Supplies and Services Clinical	(1,882)	(1,932)	(51)	(19,631)	(20,157)	(526)
Supplies and Services General	(116)	(111)	6	(804)	(699)	105
Drugs	(355)	(337)	17	(4,125)	(4,107)	18
All Other, incl Transport	(92)	(167)	(75)	(1,494)	(1,501)	(7)
Total Expenditure	(10,120)	(10,531)	(412)	(116,834)	(117,737)	(903)
Contribution	176	(331)	(507)	6,499	5,585	(914)



The Care Group is £914k adverse to plan, a deterioration in month of £507k, of which £464k has been demonstrated to be COVID-19 related new costs.

SLA Income is £562k favourable to plan in relation to an over performance on patient activity outside the local CCG contract.

However the Aligned Incentive contract adjustment increased by £1.5m in March to a positive £4.3m, to offset the overall underperformance on the local CCG's activity.

Elective income is below plan (£3.5m), with underperformances in T&O (£3.1m) & General Surgery (£0.8m).

Non-Electives is below plan (£1.6m), with underperformances in General Surgery and T&O.

Other NHS Clinical Income is favourable (£1.1m), with over performance on Critical Care and T&O Best Practice Tariffs.

Non Clinical Income is adverse (£574k), with a significant reduction in Spencer Hospitals recharges.

Pay is adverse (£1.8m), with an unmet CIP target (£2.1m) offset with non pay CIPs. Medical agency costs for middle grade vacancies have remains significantly below last year's average. However both Nursing Bank and Agency costs increased since December with winter bed pressures, Bank incentive payments and COVID-19 additional costs.

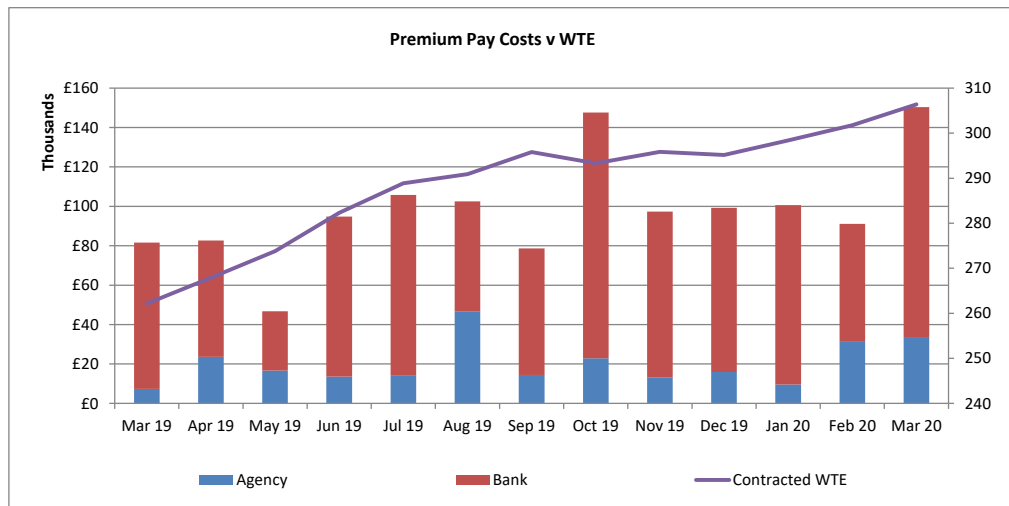
Non Pay is favourable (£0.9m), with CIPs over performance £(1.8m) largely in relation to successfully cissing outsourcing activity to the independent sector. Clinical Supplies are adverse (£0.5m), partly in relation to Year End Stock adjustments and COVID-19 costs.

CIPs target of £6.5m is overachieved by £200k.

Surgery - Head and neck, Breast Surgery and Dermatology

Month 12 (March) 2019/20

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	1,294	1,064	(230)	15,124	15,107	(18)
Non-Electives	176	109	(67)	2,062	1,831	(231)
Accident and Emergency						
Outpatients	1,901	1,466	(434)	21,665	21,356	(309)
High Cost Drugs	558	253	(305)	6,570	4,593	(1,978)
Private Patients	5	3	(2)	63	53	(10)
Other NHS Clinical Income	103	659	556	1,210	1,374	164
Other Clinical Income	1		(1)	9	3	(6)
Total Clinical Income	4,037	3,555	(482)	46,704	44,316	(2,388)
Non Clinical Income	16	8	(8)	190	126	(64)
Total Income	4,054	3,563	(491)	46,894	44,443	(2,451)
Expenditure						
Substantive Staff	(1,428)	(1,441)	(13)	(16,980)	(16,945)	35
Bank	(60)	(117)	(57)	(718)	(942)	(225)
Agency	(22)	(33)	(11)	(307)	(255)	52
Total Pay	(1,510)	(1,591)	(81)	(18,004)	(18,143)	(138)
Purchase of Healthcare	(107)	(166)	(58)	(2,024)	(1,838)	186
Supplies and Services Clinical	(85)	(85)	(0)	(1,018)	(1,096)	(77)
Supplies and Services General	6	(1)	(7)	59	(14)	(74)
Drugs	(645)	(399)	246	(7,581)	(5,818)	1,762
All Other, incl Transport	(2)	(59)	(57)	(319)	(453)	(134)
Total Expenditure	(2,343)	(2,301)	42	(28,887)	(27,361)	1,525
Contribution	1,711	1,262	(449)	18,007	17,081	(926)



The Care Group is £926k adverse to plan, a deterioration in month of £449k mainly due to COVID-19 measures implemented.

SLA Income is £2.4m adverse to plan, with an overall under performance of £0.4m on patient activity outside the local CCG contract, and £2.0m on High Cost Drugs (which is offset with an underspend in expenditure).

The Aligned Incentive contract adjustment increased by £0.6m in month to reflect the reduction in activity due to COVID-19 measures, which resulted in a year end £22k under performance on the local CCG's plan.

Elective income broke-even, with under performance in Ophthalmology (£0.3m), offset by over performances in ENT and Breast Surgery.

Non-Electives is below plan (£0.2m), with under performances in Max Fax and ENT.

Outpatient performance swung adversely in March by £0.4m, as a consequence of COVID-19 reprioritisation. Year end underperformance of £0.3m due to Ophthalmology and Max Fax.

Pay is adverse (£0.1m), with additional locum consultant cover required for sickness and an approved dermatology agency post to reduce the elective backlog and improve RTT.

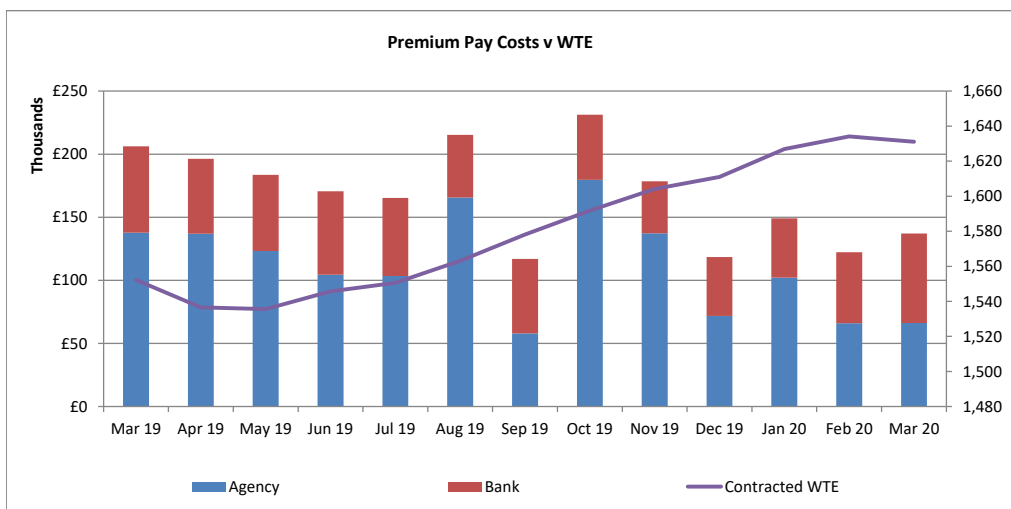
Non Pay is favourable (£1.7m), with overspends on general drugs (£0.2m), offset by the High Cost Drugs underspend and below plan usage of an external healthcare provider for Ophthalmology in-house activity.

CIPs target of £1m has been over achieved by £178k.

Clinical Support

Month 12 (March) 2019/20

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	62	50	(12)	584	936	352
Non-Electives	1	0	(1)	48	64	16
Accident and Emergency						
Outpatients	290	217	(73)	3,427	3,522	96
High Cost Drugs	1,331	1,078	(253)	15,686	16,241	554
Private Patients	6	3	(3)	75	85	10
Other NHS Clinical Income	3,252	3,503	251	37,997	38,416	419
Other Clinical Income		0	()			
Total Clinical Income	4,942	4,852	(91)	57,817	59,263	1,447
Non Clinical Income	490	603	113	5,930	8,269	2,339
Total Income	5,433	5,455	22	63,747	67,533	3,786
Expenditure						
Substantive Staff	(5,168)	(5,283)	(115)	(61,211)	(62,885)	(1,674)
Bank	(24)	(71)	(47)	(291)	(670)	(378)
Agency	(160)	(66)	94	(2,230)	(1,315)	915
Total Pay	(5,352)	(5,420)	(68)	(63,733)	(64,869)	(1,136)
Purchase of Healthcare	(16)	(14)	2	(194)	(178)	16
Supplies and Services Clinical	(2,302)	(2,171)	130	(25,933)	(27,016)	(1,084)
Supplies and Services General	(20)	(35)	(15)	(273)	(219)	53
Drugs	(1,281)	(1,317)	(36)	(15,256)	(17,104)	(1,848)
All Other, incl Transport	(240)	(217)	23	(2,510)	(2,629)	(118)
Total Expenditure	(9,210)	(9,174)	36	(107,899)	(112,016)	(4,117)
Contribution	(3,778)	(3,719)	59	(44,152)	(44,483)	(331)



The Clinical Support Care Group ended the year with a deficit of £0.3m, which is markedly better than predicted earlier in the year, due to favourable income increases as well as necessary funding received for cost pressures such as demand growth and emergency contingency funding.

Main patient care income continued trend of over performance throughout the year in all Specialty groups except Audiology who met an already increased income plan. The only individual department to under deliver against plan in 2019-20 was Nuclear Medicine. This was due to the decommissioning of 2 obsolete gamma cameras for clinical safety notices issued against them.

The pay deficit (£1.1m) at the end of the year represented 1.8% of total Pay budget. This was significantly due to the challenging CIP target attributed to Pay (£1.1m). In addition to this there was successful recruitment and retention through the year with an additional 88 wte in post compared to March in the previous year. The Care Group, particularly Radiology were successful in dramatically reducing agency cost by £1.5m compared to 2018-19.

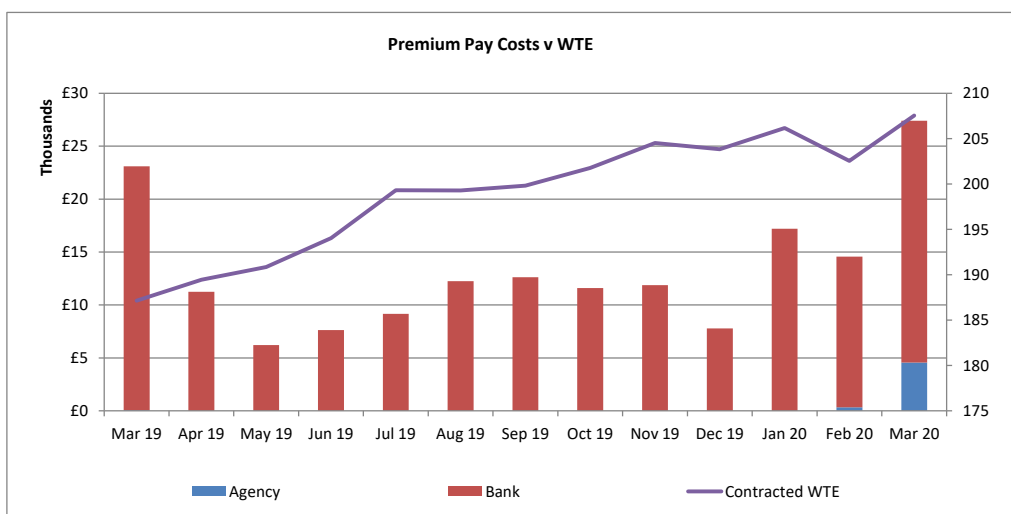
The mid-year transfer of Spencer Wing AMD from the Surgical Care Group resulted in large off-setting variances in both Income and Non-pay (£2.1m). Other significant factors impacting the non-pay position were the increase in demand for Pathology services, both from external organisations and from within EKHUFT and also outsourced Radiology reporting. The undelivered CIP target in non-pay represents £0.4m of the adverse deficit.

CIPs delivered in this year, £4.8m, achieving 89% of the target. 94% of the savings delivered were recurrent.

Cancer Services

Month 12 (March) 2019/20

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	386	427	41	4,396	4,599	202
Non-Electives	28	7	(22)	214	290	77
Accident and Emergency						
Outpatients	642	638	(5)	7,246	7,477	231
High Cost Drugs	1,817	2,332	516	21,473	24,181	2,709
Private Patients		0	()		0	()
Other NHS Clinical Income	759	777	18	9,071	8,879	(193)
Other Clinical Income		0	()	3	6	3
Total Clinical Income	3,633	4,181	548	42,402	45,432	3,030
Non Clinical Income	89	91	2	1,051	1,011	(40)
Total Income	3,722	4,272	550	43,453	46,443	2,990
Expenditure						
Substantive Staff	(743)	(730)	14	(8,713)	(8,549)	164
Bank	(18)	(23)	(5)	(149)	(145)	4
Agency	(5)	(5)		(22)	(5)	17
Total Pay	(765)	(757)	8	(8,884)	(8,699)	185
Purchase of Healthcare	(1)	()		(12)	(4)	7
Supplies and Services Clinical	(188)	(187)	1	(2,149)	(2,278)	(129)
Supplies and Services General	(6)	(7)	(1)	(90)	(92)	(2)
Drugs	(1,883)	(2,277)	(394)	(22,459)	(24,761)	(2,302)
All Other, incl Transport	(43)	(73)	(30)	(499)	(625)	(126)
Total Expenditure	(2,887)	(3,301)	(414)	(34,093)	(36,459)	(2,367)
Contribution	835	970	135	9,360	9,984	623



The Cancer, Clinical Haematology and Haemophilia Care Group ended the year with a surplus of £0.6m.

Clinical Oncology income ended above plan, £3.3m of which £2.9m was in relation to passthrough high cost drugs, cost within the non-pay position. Chemotherapy income met plan, although activity was above plan. Outpatients and Regular Day attenders exceeded plan together £0.6m and contributed towards the Care Groups' CIP performance.

Clinical Haematology activity and Income was below plan, net -£0.2m outturn. Haemophilia blood products were under plan £0.1m which represents less than 2% of the plan. Palliative Medicine and Anticoagulation Service met their income plans.

The small non-clinical income deficit is due to a reduction in Macmillan staff funding since last financial year, this will increase in the coming year with an increase in Macmillan funded posts coming to the Care Group.

Pay across the Care Group remained within budget through the year, with the Care Group having improved recruitment and retention and therefore had very low temporary staff costs.

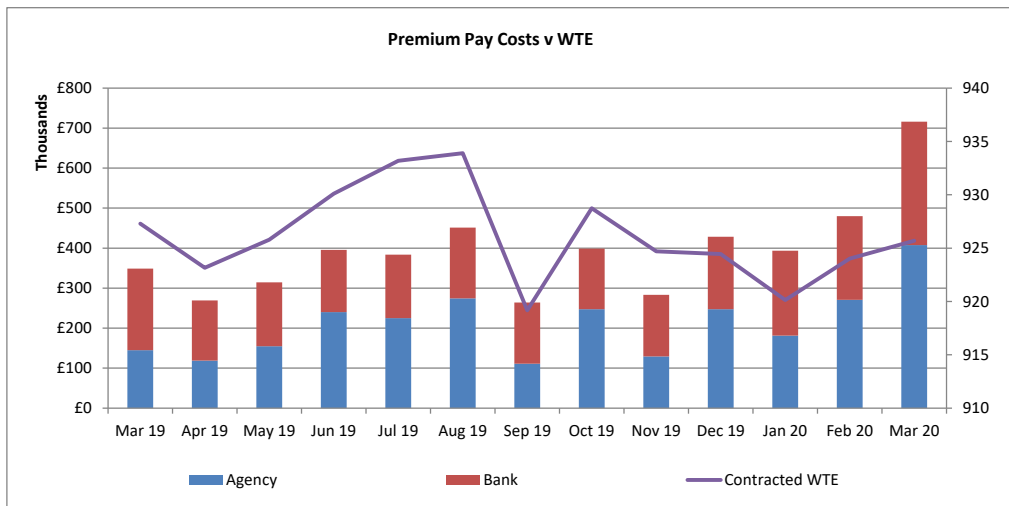
The non-pay overspend is almost completely attributable to the high cost drugs spend, being 97% of the variance. The Clinical supplies and services overspend is reflective of the CIP target within this subjective heading. This partly unmet CIP target non-pay was met through increased income CIP schemes and pay slippage.

The CIP delivered by the CCHH care group in 2019-20 was £0.8m, 100% of plan. 94% of CIP delivery was recurrent.

Women's and Children's Services

Month 12 (March) 2019/20

Statement of Comprehensive Income £000	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Electives	533	467	(67)	6,385	6,251	(135)
Non-Electives	2,688	2,114	(574)	31,618	27,711	(3,908)
Accident and Emergency						
Outpatients	671	628	(43)	7,982	8,601	619
High Cost Drugs	25	18	(7)	292	207	(85)
Private Patients		0	()	3	2	(1)
Other NHS Clinical Income	2,535	3,102	567	31,177	33,921	2,743
Other Clinical Income	6	14	8	74	111	37
Total Clinical Income	6,459	6,342	(116)	77,533	76,804	(729)
Non Clinical Income	92	97	5	1,071	1,134	63
Total Income	6,551	6,439	(111)	78,603	77,938	(665)
Expenditure						
Substantive Staff	(4,046)	(3,969)	77	(48,078)	(47,836)	241
Bank	(183)	(308)	(125)	(967)	(2,170)	(1,203)
Agency	(117)	(408)	(291)	(1,104)	(2,609)	(1,505)
Total Pay	(4,346)	(4,685)	(338)	(50,148)	(52,615)	(2,467)
Purchase of Healthcare	(3)	(1)	2	(32)	(19)	14
Supplies and Services Clinical	(223)	(276)	(54)	(2,734)	(2,989)	(255)
Supplies and Services General	(15)	(19)	(5)	(106)	(91)	15
Drugs	(160)	(176)	(16)	(1,890)	(1,920)	(30)
All Other, incl Transport	71	(66)	(138)	(76)	(710)	(634)
Total Expenditure	(4,675)	(5,223)	(548)	(54,985)	(58,344)	(3,359)
Contribution	1,876	1,216	(660)	23,618	19,593	(4,024)



Income:

Overall clinical income was £0.1m adverse to plan in month and finished the year £0.7m below plan. Continued and accelerated underperformance against the specialist commissioning contract in both the gynaecology and paediatric specialties is the main driver. Elective income was lower than usual in March due to the postponement of non-urgent activity as part of the Covid-19 response. Non-elective activity also continued to perform below plan.

The aligned incentive contract adjustment was £0.4m favourable in March and ended the year £2.1m favourable.

Pay:

Pay was £0.3m overspent in month and ended the year £2.5m overspent. Covid-19 funding totalling £0.2m (based on the increase in temporary staffing costs in March, compared to the November to February average) has supported the position this month.

The overall pay run rate was £0.1m higher than last month and £0.3m higher than the average for the year. The main driver was higher agency and bank spend.

Agency expenditure increased by £0.1m on last month and was £0.2m higher than the average for the year. Again, Covid-19 is a driver, together with ongoing issues such as medical rota cover and consultant vacancies.

Bank expenditure was £0.1m higher than last month and the average for the year, this is predominantly due to extra nursing cover being required during March.

Overall temporary staffing costs were £75k higher per month compared to last year and the Care Group needed to achieve average net pay CIPs of £150k per month. This is the main driver of the overspend.

Non Pay:

Non-pay was overspent by £0.2m in month and ended the year £0.9m overspent. The overspend in month was predominantly driven by a revised insurance rebate expectation but also due to higher disposable and equipment purchases than planned.

Forecast:

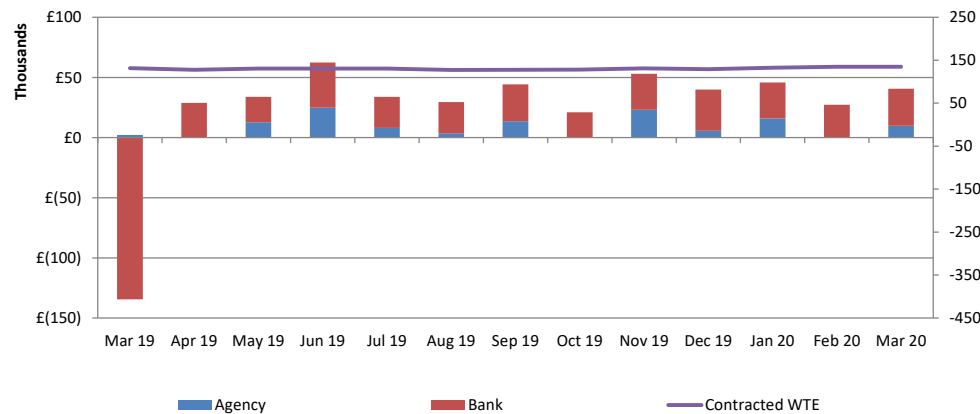
The £3.6m year end deficit forecast was exceeded by £0.4m. This mainly breaks down to an overestimate of clinical income. Expenditure was largely in line with forecast.

Strategic Development and Capital Planning

Month 12 (March) 2019/20

Statement of Comprehensive Income	This Month			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.
£000						
Income						
Non Patient Care Services	(190)	109	299	558	499	(59)
Car Parking	384	350	(34)	4,609	4,901	292
Staff Accommodation	195	184	(11)	2,327	2,317	(10)
All Other Income	740	731	(8)	1,344	2,041	697
Total Income	1,129	1,375	246	8,838	9,758	920
Expenditure						
Substantive Staff	(468)	(517)	(49)	(5,524)	(6,118)	(594)
Bank	(32)	(31)	1	(385)	(343)	42
Agency	0	(10)	(10)	(85)	(117)	(32)
Total Pay	(500)	(557)	(57)	(5,994)	(6,578)	(584)
Supplies and Services General	(4,695)	(4,774)	(79)	(46,303)	(46,840)	(537)
Establishment	(129)	(124)	6	(1,559)	(1,594)	(35)
Premises and Rates	(242)	(242)		(2,850)	(2,850)	
Premises Other	(942)	(724)	218	(9,276)	(9,160)	116
Transport	(23)	(18)	5	(280)	(231)	49
Education and Training	(7)	(7)		(82)	(59)	22
All Other	50	6	(44)	569	(6)	(575)
Total Expenditure	(6,489)	(6,440)	49	(65,776)	(67,318)	(1,543)
PDC Dividend	(186)		186	(430)		430
Income and Expenditure Surplus/(Deficit)	(5,545)	(5,065)	481	(57,368)	(57,560)	(192)

Premium Pay Costs v WTE



Strategic Development and Capital Planning is favourable by £481k in month and adverse £(192)k YTD.

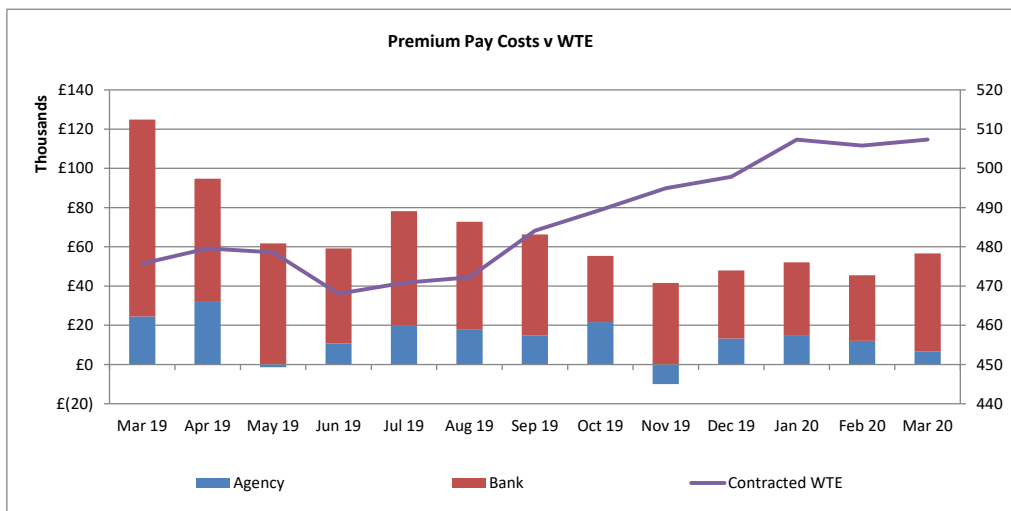
Income £246k favourable in mth and £920k favourable YTD. Car Parking Income is favourable £141k net of savings. The other favourable variance is income savings achieved which offsets the savings target that resides subjectively within pay, mainly the capital goods scheme benefit of £650k. The swing in the month is due to budgetary adjustment re: the tenancy adjustment that has taken place in M12 between EKHUFT and 2gether.

Pay is adverse £(584)k YTD and £(57)k in mth, the underlying factor is the pay savings target that was attributed at budget setting, as stated this is being offset by Income savings. Excluding the pay savings target, the pay position would be £(137)k of which some are project posts offset by income and an underspend on inter site transfers.

Non Pay is £292 favourable in mth and £(528)k adverse YTD. The underlying factor to the adverse variance YTD is due to prior year savings of £(695)k. Subjectively there are various under and overspends which offset each other the main one being carbon tax funding £200k as this has been replaced by the climate change levy which now comes via the utility bills, utilities are now adverse £(175)k mainly split equally between gas and electric, this will be addressed during the budget setting process. Parking management is £188k favourable due to the sinking fund repair budget.

As forecast, CIPs have been achieved in year, however there are subjective variances between income, Pay and Non Pay. Overall £127k favourable in mth and £22k favourable YTD, with digital dictation and PDC savings actioned in mth.

Statement of Comprehensive Income	This Month			Year to Date		
£000	Plan	Actual	Var.	Plan	Actual	Var.
Income						
Non Patient Care Services	21	39	18	644	683	39
Research and Innovation	236	226	(10)	2,866	2,882	15
Education and Training Income	1,498	1,439	(59)	14,610	14,961	351
All Other Income	71	79	8	791	851	60
Total Income	1,826	1,783	(43)	18,911	19,377	466
Expenditure						
Substantive Staff	(2,195)	(2,215)	(20)	(25,416)	(25,000)	415
Bank	(39)	(50)	(11)	(36)	(568)	(532)
Agency	(1)	(7)	(6)	(10)	(153)	(143)
Total Pay	(2,235)	(2,272)	(36)	(25,461)	(25,721)	(260)
Supplies and Services General	(261)	(270)	(9)	(331)	(489)	(158)
Establishment	(39)	(103)	(65)	(479)	(625)	(147)
Premises Other	(263)	(294)	(31)	(1,957)	(1,902)	55
Transport	(86)	(60)	26	(568)	(523)	45
Clinical Negligence	(1,812)	(1,812)	()	(21,745)	(21,745)	
Education and Training	(193)	(286)	(93)	(1,815)	(1,859)	(44)
All Other	(699)	(766)	(68)	(4,997)	(5,080)	(83)
Total Expenditure	(5,588)	(5,863)	(276)	(57,354)	(57,945)	(592)
Contribution	(3,762)	(4,080)	(319)	(38,443)	(38,568)	(125)



The position is adverse £(319)k in month and adverse £(125)k YTD. YTD position is as follows CQ&PS £167k, HR £(660)k, Finance £201k, Ops £83k, Trust Board £4k, PGME and R&I £78k.

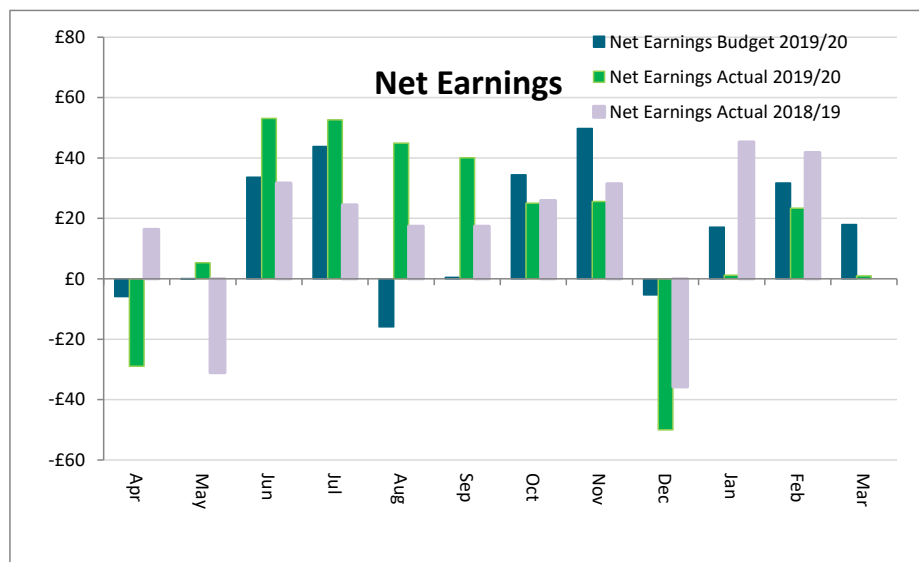
Income adverse £(43)k in month and favourable £466k YTD. The make up of this is as follows £185k favourable education and training income Post Grad and contracted Post Grad Income £35k favourable YTD these are offsetting non pay expenditure awaiting subjective agreement from PGME and finally income savings achieved favourable £100k N&Q.

Pay is showing an adverse variance in the month of £(36)k and adverse £(260)k ytd. N&Q are £31k favourable in mth and £(48)k YTD due to savings target offset by vacancies in prior periods. HR favourable in mth £(22)k adverse in mth but £(73)k adverse YTD due to non rec pay costs and also a cost pressure due to matrons within resourcing. Finance £(44)k adverse in mth and £(188)k adverse YTD, again due to non rec pay costs and the savings target £(475)k being offset by non pay savings. Operations u/s £95k YTD due to senior manager vacancies.

Non Pay is adverse £(240)k in mth and £(332)k YTD. The make up of this by directorate is as follows. N&Q £(58)k adverse in mth due to training costs and £67k fav YTD mainly attributable to non rec non pay savings offsetting pay savings target. HR £(181)k adverse in mth and £(556)k YTD, HR savings £(131)k adverse YTD and the other main contributory factors are work permits which are adverse in mth by £(12)k and adverse £(158)k YTD. Overseas recruitment fees £(60)k in mth £(120)k YTD. Plans for these areas are being reviewed as part of the business planning round. Finance £(20)k in mth and £369k favourable YTD mainly attributable to non recurrent savings. PGME is adverse £(237)k however as stated previously this is offset by Income.

Summary Profit & Loss March 2020 and Outturn Forecast

£'000s	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
Income	1,224	1,091	133	15,934	12,468	3,466
Pay	(399)	(344)	(55)	(4,743)	(4,104)	(639)
Non Pay	(664)	(590)	(74)	(9,299)	(6,601)	(2,699)
Other Costs	(145)	(126)	(19)	(1,578)	(1,401)	(177)
Operating Profit	16	30	(14)	314	362	(48)
OP %	0.7%	2.8%	-15.9%	1.9%	2.9%	-1.6%
Interest Receivable						
Interest Expense	(3)	(4)	1	(47)	(0)	(47)
Net Profit before Tax	13	26	(13)	268	362	(95)
NPBT %	0.5%	2.4%	-15.4%	1.6%	2.9%	-2.9%
Tax	(5)	(9)	4	(74)	(99)	26
Net Profit after Tax	8	18	(10)	194	263	(69)
NPAT %	0.1%	1.6%	-12.4%	1.2%	2.1%	-2.2%



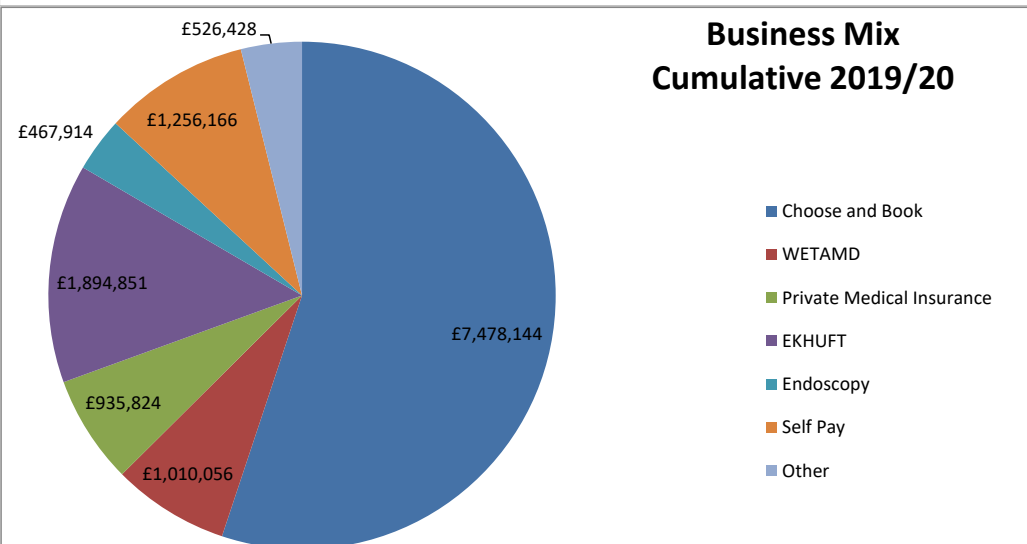
Salient comments on month / ytd results:

Income YTD is significantly over budget due to £2.4m of unbudgeted income relating to High Cost Drugs for eye services purchased at cost from EKHUFT during the year. March activity & business mix was significantly impacted by the cancellation of private & CCG procedures during the second half of March as part of the COVID emergency measures.

The performance year-to-date shows the impact of additional activity driving increased income and the necessary expenditure to enable that activity to happen.

Taking into account the fact that the company has absorbed net costs of £95K relating to the new

Canterbury development during the year, the residual slight increase in year-to-date surplus indicates that additional activity is being done at a profit.



Summary Profit & Loss March 2020 and Outturn Forecast

£'000s	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
Income	9,946	7,026	2,920	98,397	84,330	14,067
Costs	(9,776)	(6,935)	(2,841)	(97,343)	(83,963)	(13,380)
Operating Profit/(Loss)	170	91	79	1,055	367	688
OP %	1.7%	1.3%	0.4%	1.1%	0.4%	0.6%
Interest Receivable	263	271	(8)	3,253	3,252	1
Interest Expense	(195)	(198)	3	(2,366)	(2,366)	0
Net Profit/(Loss) before Tax	238	164	74	1,942	1,253	689
NPBT %	2.4%	2.3%	0.1%	2.0%	1.5%	0.5%
Tax	(532)	(30)	(502)	(800)	(370)	(430)
Net Profit/(Loss) after Tax	(294)	134	(428)	1,142	883	259
NPAT %	-3.0%	1.9%	-4.9%	1.2%	1.0%	0.1%

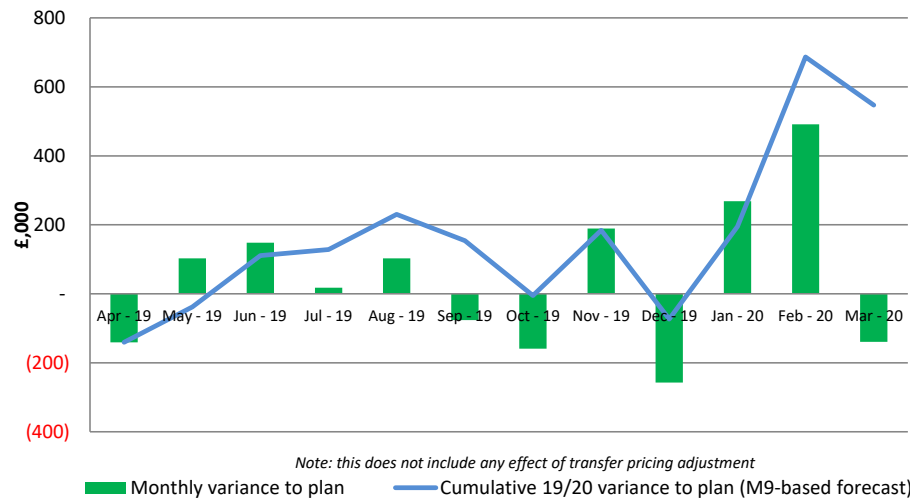
Salient comments on month / ytd results:

- Income and Costs variance primarily driven by higher consumables ordered by EKHUFT than budgeted. YTD Figures included up to CCN 11.
- A number of scope change costs have been incurred by 2gether whereby a Contract Change has uplifted the actual income to offset these costs.
- Budget phasing lacked consistency. The budgeted loss for the month is disproportionately high given the average across the year was £74k.

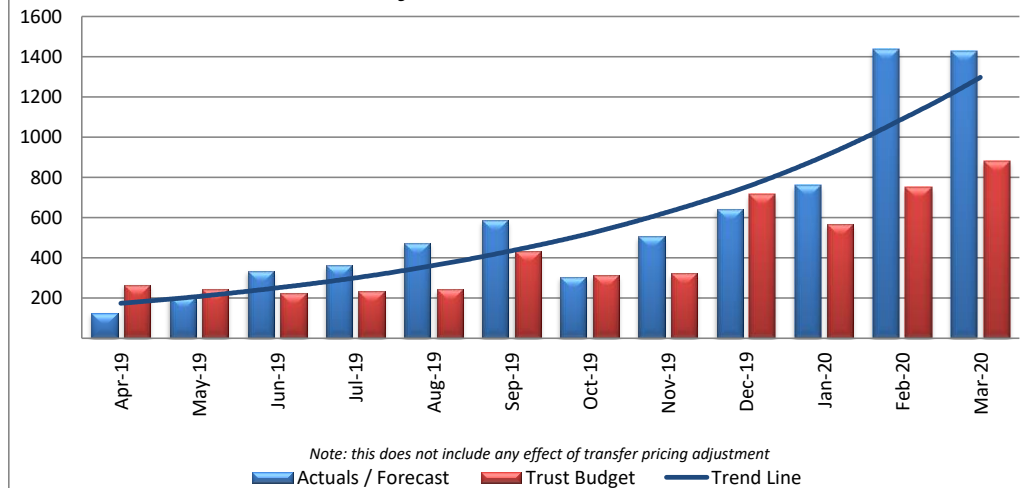
Actions for this quarter:

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

Projected Financial Performance



YTD Actual Projected Profit After Tax 2019/20



Cash Flow

Month 12 (March) 2019/20

Year to Date		This Month			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual		Plan	Actual	Variance	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
18,700	Opening Bank Balance	3,366	5,238	1,872	18,700	21,238	18,844	7,388	7,468	8,831	15,452	15,355	10,795	13,470	7,567	5,238
75,091	Ashford CCG - Main	6,325	6,026	(299)	5,780	6,867	8,196	6,032	6,029	6,029	6,026	6,025	6,027	6,027	6,027	6,026
127,117	C4G - Main	10,381	8,512	(1,869)	9,619	11,125	11,545	10,748	10,753	10,747	11,100	10,739	10,739	10,739	10,750	8,512
136,844	South Kent Coast CCG - Main	11,582	11,668	86	10,918	12,358	10,914	11,362	11,418	11,360	11,356	11,359	11,412	11,355	11,364	11,668
104,886	Thanet CCG - Main	8,361	11,563	3,202	7,745	8,964	8,943	8,558	8,575	8,575	8,559	7,630	8,610	8,600	8,565	11,563
	Additional Income															
487	Dartford, Gravesham & Swanley CCG	38	84	46	38	45	42	47	37	39	39	39	39		39	84
2,427	Medway CCG	164	190	25	181	176	232	193	182	190	190	322	190	190	190	190
3,408	Swale CCG	362		(362)	305	304	250	307	296	374	441	283	284	283	284	
8,023	West Kent CCG	552	942	391	466	454	593	482	495	484	1,922	485	1,091	607	1	942
107,752	NHS England	8,671	8,961	289	8,058	8,756	8,563	8,424	8,749	11,395	8,324	8,945	9,441	9,448	8,688	8,961
34,638	All Other NHS Organisations	967	1,766	799	1,388	4,947	1,180	1,483	6,378	851	6,011	1,665	1,661	5,916	1,393	1,766
5,444	Capital Receipts		3,300	3,300								2,144				3,300
87,495	All Other Receipts	5,206	20,836	15,630	6,833	3,287	1,076	4,609	9,667	10,732	5,799	8,126	9,427	2,361	4,742	20,836
36,945	Revenue Loans	2,858	2,618	(240)	8,147		2,972	1,769	2,791	4,462	1,556	2,116	2,942	2,960	4,612	2,618
	Loans Repaid															
730,557	Total Receipts	55,468	76,466	20,998	59,477	57,282	54,507	54,014	65,369	65,238	61,324	59,876	61,863	58,487	56,653	76,466
	Creditor Payment Run															
(356,986)	Monthly Payroll inc NI & Super	(30,168)	(30,542)	(373)	(28,951)	(29,292)	(29,003)	(28,991)	(29,218)	(30,375)	(30,124)	(29,887)	(29,969)	(30,061)	(30,574)	(30,542)
(355,080)	Creditor Payment Run	(19,024)	(34,646)	(15,623)	(17,064)	(29,062)	(35,800)	(24,597)	(33,732)	(25,641)	(30,672)	(33,371)	(28,550)	(33,871)	(28,074)	(34,646)
(17,255)	Capital Payments	(2,010)	(115)	1,895	(10,868)	(1,234)	(1,038)	(252)	(899)	(386)	(422)	(1,093)	(495)	(329)	(125)	(115)
(2,573)	PDC Dividend Payment	(1,950)	(1,403)	547						(1,170)						(1,403)
(3,473)	Interest Payments	(1,109)	(1,109)		(56)	(88)	(122)	(95)	(158)	(1,046)	(202)	(85)	(174)	(129)	(208)	(1,109)
(735,367)	Total Payments	(54,261)	(67,814)	(13,553)	(56,940)	(59,676)	(65,962)	(53,934)	(64,006)	(58,618)	(61,421)	(64,437)	(59,188)	(64,390)	(58,981)	(67,814)
(4,810)	Total Movement In Bank Balance	1,207	8,652	7,445	2,537	(2,394)	(11,456)	80	1,364	6,620	(97)	(4,560)	2,675	(5,904)	(2,328)	8,652
13,891	Closing Bank Balance	4,573	13,890	9,317	21,238	18,844	7,388	7,468	8,831	15,452	15,355	10,795	13,470	7,567	5,238	13,890
	Plan				17,750	12,620	4,179	10,508	4,996	3,390	4,674	4,477	5,198	2,408	3,366	4,573
	Variance				3,487	6,224	3,209	(3,041)	3,835	12,061	10,681	6,318	8,273	5,159	1,873	9,317

		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Clinical Income Consolidated	Plan	47,218	49,745	49,002	50,019	48,806	46,814	50,066	48,697	46,823	49,014	45,731	48,523
	Actual	46,777	50,110	49,004	51,154	51,154	47,538	51,110	49,131	47,353	50,773	48,240	68,024
	Variance	-441	365	2	1,135	2,348	724	1,044	434	530	1,759	2,509	19,501
	Quarterly rolling average	47,029	48,786	48,630	50,089	50,437	49,949	49,934	-49,260	49,198	49,086	48,789	55,679
Other Income Consolidated	Plan	3,667	3,669	3,669	3,672	3,672	3,672	3,672	3,672	4,322	3,672	3,673	3,678
	Actual	3,860	4,401	4,312	4,257	4,257	5,949	4,486	4,696	3,864	4,288	4,232	3,224
	Variance	193	732	643	585	585	2,277	814	1,024	-458	616	559	-454
	Quarterly rolling average	3,748	3,853	4,191	4,323	4,275	4,821	4,897	5,044	4,349	4,283	4,128	3,915
Pay Consolidated	Plan	-36,200	-36,677	-36,179	-35,352	-35,271	-35,397	-35,146	-35,072	-35,066	-35,582	-35,221	-35,045
	Actual	-36,353	-36,190	-35,971	-35,677	-35,677	-36,104	-36,174	-35,911	-35,637	-37,193	-37,384	-53,131
	Variance	-153	487	208	-325	-406	-707	-1,028	-839	-571	-1,611	-2,163	-18,086
	Quarterly rolling average spend	-35,578	-36,103	-36,171	-35,946	-35,775	-35,819	-35,985	-36,063	-35,907	-36,247	-36,738	-42,569
Non Pay Operating Expenses Consolidated	Plan	-17,658	-18,070	-17,740	-18,309	-18,007	-17,649	-18,172	-17,431	-17,041	-17,675	-16,754	-17,738
	Actual	-16,912	-19,977	-17,361	-20,821	-20,821	-18,409	-19,440	-18,028	-18,049	-19,259	-17,991	-18,837
	Variance	746	-1,907	379	-2,512	-2,814	-760	-1,268	-597	-1,008	-1,584	-1,237	-1,099
	Quarterly rolling average spend	-17,821	-18,756	-18,083	-19,386	-19,668	-20,017	-19,557	-18,626	-18,506	-18,445	-18,433	-18,696
Non Operating Consolidated	Plan	-1,878	-1,891	-1,892	-1,933	-1,937	-1,942	-2,017	-2,023	-2,021	-2,063	-2,073	-2,577
	Actual	-2,143	-1,543	-2,162	-614	-614	-1,991	-1,922	-1,947	-773	-1,480	-2,173	-12,717
	Variance	-265	348	-270	1,319	1,323	-49	95	76	1,248	583	-100	-10,140
	Quarterly rolling average spend	-2,099	-1,775	-1,949	-1,440	-1,130	-1,073	-1,509	-1,953	-1,547	-1,400	-1,475	-5,457
Agency Unconsolidated	Plan	-2,163	-2,096	-1,871	-1,667	-1,535	-1,451	-1,193	-1,154	-1,098	-1,155	-1,155	-1,113
	Actual	-2,675	-2,948	-2,706	-2,599	-2,875	-1,844	-2,333	-1,946	-2,024	-2,275	-2,451	-2,299
	Variance	-512	-852	-835	-932	-309	-882	-1,140	-792	-926	-1,121	-1,296	-1,186
	Quarterly rolling average spend	-2,745	-2,777	-2,776	-2,751	-2,383	-2,259	-2,351	-2,041	-2,101	-2,082	-2,250	-2,342
CIPS Unconsolidated	Plan	963	1,067	1,602	2,371	2,452	2,446	2,836	3,000	3,746	3,118	3,135	3,264
	Actual	1,039	1,842	1,743	2,045	2,066	1,943	3,225	3,131	3,724	2,662	2,660	2,720
	Variance	76	775	141	-326	-386	-503	389	131	-22	-456	-475	-544
Cash Unconsolidated	Plan	17,750	12,620	4,179	10,508	4,996	3,390	4,674	4,477	5,198	2,408	3,366	4,573
	Actual	21,238	18,844	7,388	7,468	8,831	15,452	15,355	10,795	13,470	7,567	5,238	13,890
	Variance	3,487	6,224	3,209	-3,041	3,835	12,061	10,681	6,318	8,273	5,159	1,873	9,317

Cost Improvement Summary

Month 12 (March) 2019/20

Planned Summary

Programme Care Groups £000	2019 - 2020		Target Variance	
	Plan	Net	vs Net	vs RAG
Clinical Support	3,635	2,703	(932)	(934)
General & Specialist Medicine	6,138	5,653	(486)	(584)
Urgent & Emergency Care	2,170	1,078	(1,092)	(1,092)
Surgery & Anaesthetics	6,500	6,737	237	237
Surgery - Head and neck, Breast Surgery and Dermatology	1,000	1,182	182	182
Women's & Children's	3,000	1,641	(1,359)	(1,359)
Cancer	800	849	49	45
Corporate	1,800	1,132	(668)	(668)
SD&CP	1,752	2,509	757	724
Procurement	2,000	1,624	(376)	(378)
Medicines Value	1,765	2,178	413	409
Sub-total	30,561	27,285	(3,276)	(3,418)
Central	(561)	1,515	2,075	2,075
Grand Total	30,000	28,799	(1,201)	(1,342)

Planned Summary

Programme Themes £000	2019 - 2020		Target Variance	
	Plan	Net	vs Net	vs RAG
Patient Flow/LOS	1,000	575	(425)	(425)
Agency	7,962	5,218	(2,744)	(2,744)
Workforce *	5,442	4,624	(818)	(818)
Procurement	2,000	1,369	(631)	(631)
Medicines Value	1,765	2,128	363	363
Theatres	2,812	4,824	2,012	2,012
Division Schemes **	7,778	9,086	1,309	1,309
Sub-total	28,759	27,826	(933)	(933)
Central	1,241	953	(288)	(288)
Grand Total	30,000	28,779	(1,221)	(1,221)

Cost Improvement Phasing

Month 12 (March) 2019/20

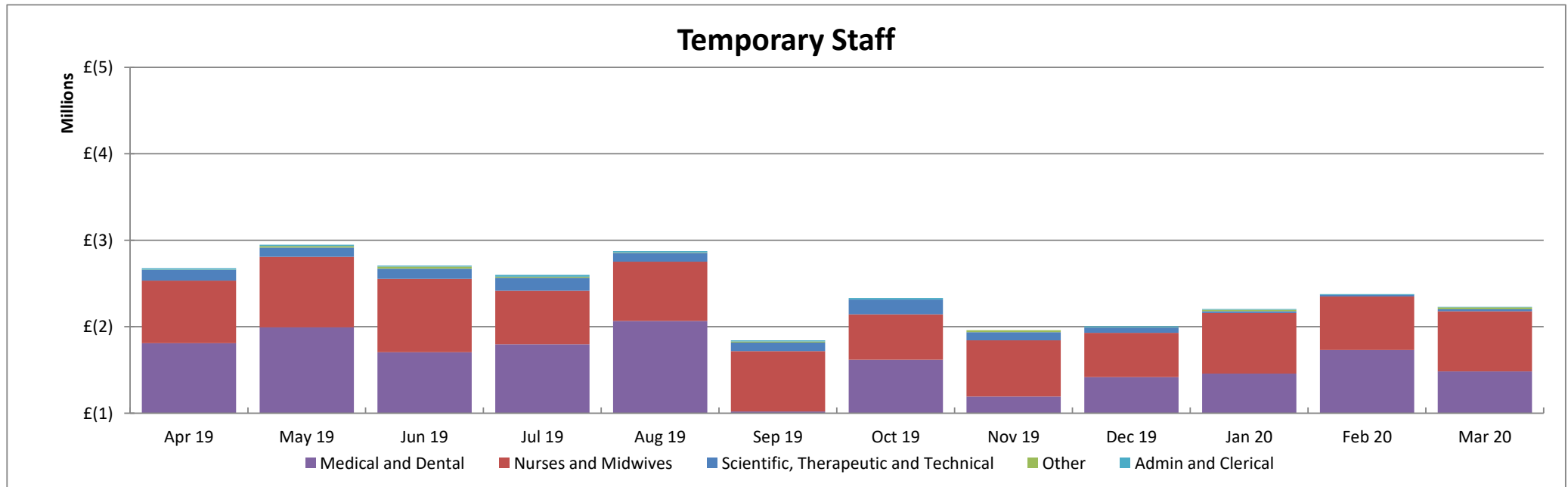
Work stream Gross £'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Patient Flow/LOS	-	-	100	100	100	100	100	100	100	100	100	100	1,000
Agency	123	129	612	738	874	969	695	829	714	728	727	824	7,962
Workforce	324	335	337	448	401	396	414	391	525	628	617	627	5,442
Procurement	41	41	41	208	208	208	208	208	208	209	210	210	2,000
Medicines Value	139	140	140	149	149	149	150	150	150	150	150	150	1,765
Theatres	115	193	193	318	318	240	240	240	240	240	240	240	2,812
Clinical Support Services	35	35	35	79	79	79	94	94	95	110	110	110	956
General & Specialist Medicine	71	71	26	103	93	5	244	313	314	321	321	321	2,203
Urgent & Emergency Care	1	1	1	1	1	2	2	2	2	2	2	22	40
Surgery & Anaesthetics	17	17	17	52	52	52	52	52	52	52	52	52	523
Surgery - Head and neck, Breast Sur	8	8	14	20	20	20	20	20	20	20	20	20	208
Women's & Children's	11	19	19	25	27	32	169	169	169	169	170	170	1,147
Cancer Services	(7)	(7)	(19)	26	26	90	92	92	92	94	94	95	670
Corporate - Other	9	9	9	9	9	9	34	34	59	59	59	59	359
SD&CP	75	75	76	96	96	96	148	198	203	203	203	202	1,672
Sub-total	963	1,067	1,602	2,371	2,452	2,446	2,662	2,892	2,943	3,085	3,075	3,202	28,759
Central	-	-	-	-	-	-	174	108	803	33	60	62	1,241
Grand Total	963	1,067	1,602	2,371	2,452	2,446	2,836	3,000	3,746	3,118	3,135	3,264	30,000

Workstream RAG adj £'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Patient Flow/LOS	-	-	-	-	9	39	88	88	88	88	88	66	553
Agency	256	708	192	556	451	561	418	504	194	343	552	565	5,300
Workforce	330	220	331	316	390	175	140	515	1,124	411	319	252	4,522
Procurement	2	149	12	49	52	48	145	170	59	201	337	116	1,339
Medicines Value	24	285	164	216	162	189	180	130	350	126	218	131	2,174
Theatres	202	288	485	422	485	443	424	425	432	417	402	416	4,841
Clinical Support	44	27	167	56	111	97	190	280	41	74	126	129	1,343
General & Specialist Medicine	65	55	138	86	132	104	184	450	230	263	159	305	2,171
Urgent & Emergency Care	-	3	1	1	1	1	1	42	3	2	4	23	84
Surgery & Anaesthetics	3	16	142	118	123	101	166	163	173	159	130	131	1,425
Surgery - Head and neck, Breast Sur	(0)	2	1	5	5	5	5	4	4	7	5	15	59
Women's & Children's	28	19	23	26	22	27	169	162	167	(196)	72	69	587
Cancer Services	56	45	0	39	1	67	131	3	97	98	107	84	727
Corporate - Other	3	-	-	30	18	10	322	143	38	126	30	49	770
SD&CP	25	26	74	125	104	54	365	54	70	143	434	270	1,745
Sub-total	1,039	1,842	1,731	2,046	2,067	1,922	2,928	3,133	3,071	2,263	2,981	2,620	27,643
Central	-	-	-	-	-	-	299	-	655	400	(320)	(18)	1,015
Grand Total	1,039	1,842	1,731	2,046	2,067	1,922	3,227	3,133	3,725	2,663	2,661	2,603	28,658

Pay Analysis - Temporary Staff

Month 12 (March) 2019/20

In Month £000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Medical and Dental	(1,811)	(1,995)	(1,706)	(1,798)	(2,068)	(1,019)	(1,618)	(1,193)	(1,418)	(1,459)	(1,732)	(1,485)
Agency	(1,733)	(1,809)	(1,276)	(1,404)	(984)	(893)	(1,011)	(726)	(1,146)	(886)	(1,183)	(760)
Direct Engagement	(78)	(186)	(429)	(394)	(1,084)	(126)	(608)	(466)	(272)	(573)	(548)	(725)
Scientific, Therapeutic and Technical	(127)	(107)	(118)	(150)	(102)	(98)	(170)	(96)	(60)	(19)	(20)	(23)
Agency	(127)	(107)	(118)	(150)	(102)	(98)	(170)	(96)	(60)	(19)	(20)	(23)
Nurses and Midwives	(722)	(813)	(847)	(618)	(685)	(700)	(525)	(650)	(513)	(700)	(619)	(696)
Agency	(722)	(813)	(847)	(618)	(685)	(700)	(525)	(650)	(513)	(700)	(619)	(696)
Admin and Clerical	(15)	(15)	(11)	(20)	(16)	(13)	(20)	16	(12)	(7)	(8)	(4)
Agency	(15)	(15)	(11)	(20)	(16)	(13)	(20)	16	(12)	(7)	(8)	(4)
Other	()	(18)	(25)	(12)	(4)	(14)		(23)	(3)	(20)		(23)
Agency	()	(18)	(25)	(12)	(4)	(14)		(23)	(3)	(20)		(23)
Total	(2,675)	(2,933)	(2,696)	(2,579)	(2,859)	(1,830)	(2,313)	(1,961)	(1,993)	(2,198)	(2,371)	(2,226)



Pay Analysis - Temporary Staff

Month 12 (March) 2019/20

Temporary Staff Actual £m	M & D	N & M	PAMS	A&C Other	Total	Variance v 2019/20	Variance v 2018/19
General and Specialist Medicine	0.37	0.23			0.59	(0.03)	(0.22)
Urgent and Emergency Care	0.50	0.36		0.01	0.87	(0.28)	(0.37)
Surgery and Anaesthetics	0.19	0.08	0.02		0.29	(0.04)	(0.25)
Surgery - Head and Neck, Breast Surgery and Dermatol	0.03				0.03	0.01	
Clinical Support Services	0.01				0.02	(0.08)	(0.22)
Cancer Services		0.01			0.01		
Women's and Children's Services	0.39	0.02			0.41	0.19	0.24
Strategic Development and Capital Planning				0.01	0.01		(0.02)
Corporate					0.01	(0.01)	(0.01)
Central						0.06	0.06
Total	1.49	0.70	0.02	0.02	2.23	(0.18)	(0.79)
Variance v 2019/20 average	(0.12)	0.02	(0.07)	0.01	(0.17)		
Variance v 2018/19 average	(0.29)	(0.25)	(0.18)	(0.08)	(0.81)		

Temporary Staff Year to Date £m	M & D	N & M	PAMS	A&C Other	Total	Average per Month
General and Specialist Medicine	4.67	2.56	0.17		7.41	0.62
Urgent and Emergency Care	9.51	4.23		0.01	13.76	1.15
Surgery and Anaesthetics	2.87	0.92	0.19		3.98	0.33
Surgery - Head and Neck, Breast Surgery and Dermatol	0.23	0.02			0.26	0.02
Clinical Support Services	0.42		0.72		1.14	0.10
Cancer Services		0.01			0.01	
Women's and Children's Services	2.14	0.47			2.61	0.22
Strategic Development and Capital Planning				0.12	0.12	0.01
Corporate		0.03		0.13	0.15	0.01
Central	(0.54)	(0.15)	0.01		(0.69)	(0.06)
Total	19.30	8.09	1.09	0.26	28.74	2.40
Average per month	1.61	0.67	0.09	0.02	2.40	

REPORT TO:	BOARD OF DIRECTORS (BOD)
DATE:	19 MAY 2020
REPORT TITLE:	HIGHEST MITIGATED STRATEGIC RISKS REPORT
BOARD SPONSOR:	CHIEF NURSE AND DIRECTOR OF QUALITY AND PATIENT EXPERIENCE
PAPER AUTHOR:	RISK MANAGER
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: STRATEGIC RISK REGISTER DATED 14 MAY 2020 APPENDIX 2: CORPORATE RISK REGISTER (RISKS OUTSIDE OF RISK APPETITE) DATED 14 MAY 2020

BACKGROUND AND EXECUTIVE SUMMARY

This report provides the Board of Directors with an update of the full Strategic Risk Register (SRR). The full Strategic Risk Register and the risks outside of the risk appetite on the Corporate Risk Register (CRR) were last reviewed by the Board on 16 April 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 (24)

Heatmap Type: Residual Risk Score Update

5. Extreme	Low (5)	Moderate (10) 1	High (15) 2	Extreme (20) 2	Extreme (25)
4. Significant	Low (4)	Moderate (8) 1	Moderate (12) 3	High (16) 3	Extreme (20)
3. Moderate	Very Low (3)	Low (6)	Moderate (9)	Moderate (12) 2	High (15)
2. Low	Very Low (2)	Low (4)	Low (6) 1	Moderate (8)	Moderate (10)
1. Negligible	Very Low (1)	Very Low (2)	Very Low (3)	Low (4)	Low (5)
	1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost Certain

Heatmap Type: Residual Risk Score Update

5. Extreme	Low (5)	Moderate (10)	High (15) 2	Extreme (20) 2	Extreme (25)
4. Significant	Low (4)	Moderate (8) 5	Moderate (12) 5	High (16) 1	Extreme (20) 1
3. Moderate	Very Low (3)	Low (6)	Moderate (9) 3	Moderate (12) 2	High (15) 2
2. Low	Very Low (2)	Low (4)	Low (6)	Moderate (8)	Moderate (10) 1
1. Negligible	Very Low (1)	Very Low (2)	Very Low (3)	Low (4)	Low (5)
	1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost Certain

1

1/5



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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 Mar 20	Residual Score Apr 20	Direction of travel	Target Score
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. <i>The likelihood of this risk occurring has reduced as a significant level of support has been introduced to mitigate the health and well-being impacts of the COVID-19 pandemic.</i>	16 High	12 Moderate		8 Moderate
SRR 27	If there are multiple change programmes on-going there is a risk that the Trust will not have the capacity to successfully deliver the T3 programme. <i>The likelihood of the risk occurring has reduced as the OrderComms go live has been delayed to ensure there is capacity to deliver. The explore and learning environment has been launched and the clinical portal is due to be launched in May 2020.</i>	16 High	8 Moderate		4 Low

Risks approved for closure on the Strategic Risk Register

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




New risks added to the Strategic Risk Register

- 3 There were no new risks added to the Strategic Risk Register in April 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 Mar 20	Residual Score Apr 20	Direction of travel	Target Score	
CRR 16	Poor patient experience due to delayed and ineffective complaints process <i>The likelihood of this risk has been reduced as the Complaints and Patient Advice and Liaison Service (PALS) policies have been reviewed, an Interim Complaints manager has been appointed and all new complaints posts have been successfully recruited to, it is anticipated that some will be able to begin shortly. There is currently a clinical triage and quality check of complaints.</i>	12 Moderate	9 Moderate		6 Low	
CRR 34	Inadequate Health & Safety (H&S) systems embedded within the Care Groups <i>The likelihood of this risk occurring has reduced due to the improved compliance with the Health and Safety Standards within the Trust for 2019/20. Compliance has increased from 72% in 2018/19 to 95% in 2019/20.</i>	12 Moderate	8 Moderate		6 Low	
CRR 73	Patient safety compromised as a result of inappropriate use of SafeAssist personnel causing potential safeguarding concerns <i>The likelihood of this risk occurring has reduced as Safe Assist deployment has decreased. Audit evidence shows appropriate use. No incident reports have been received with regards to safeguarding issues resulting from a use of Safe Assist personnel.</i>	12 Moderate	8 Moderate		4 Low	

The target score for CRR 16 – Poor patient experience due to delayed and ineffective complaints process has been reduced from moderate (9) to low (6).

Risks approved for closure on the Corporate Risk Register

- 5 There were no risks proposed for closure on the Corporate Risk Register in April 2020.

New Corporate Risks added to the Corporate Risk Register

- 6 There were no new risks added to the Corporate Risk Register in April 2020.

Risks outside of Trust risk appetite

- 7 There are three risks on the Corporate Risk Register that are outside of the Trust's risk appetite.
- CRR 68 - Risk to the delivery of the operational constitutional standards and undertakings.
 - CRR 78 - Risk of overcrowding in Emergency Departments compromising patient safety and patient experience.
 - 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

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

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

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors are invited to:

1. Review the 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	14 May 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 22	Urgent Treatment Centre may not become established and result in increased demand to ED Risk Owner: Lee Martin Delegated Risk Owner: Matthew Pomeroy Last Updated: 01 Apr 2020 Latest Review Date: 01 Apr 2020 Latest Review By: Matthew Pomeroy Latest Review Comments: Updated. Target dates updated due to delay in go live of UTC's due to Covid-19.	07 Jun 2019	Cause Lack of engagement between the CCG, GP colleagues and EKHUFT clinicians Lack of appropriate accommodation at the acute hospital site Effect Increased demand to ED Delivery of the 4 hour Emergency Access Standard Reduced workforce in ED Increased cost of service provision Increased attendance across the health economy	Higher standards for patients - Improve the quality and experience of the care we offer, so patients are treated in a timely way and access the best care at all times	I = 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 Control Owner: Lee Martin	Adequate	I = 5 L = 4 Extreme (20) <div><div></div><div></div></div>	Pathways are being developed to maximise integration of primary and secondary care staff Person Responsible: Matthew Pomeroy To be implemented by: 29 May 2020	Not Set	17 Mar 2020 COVID-19 pandemic is delaying the development of the pathways. Operations Director spending the majority of their role on mobilisation.	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 Control Owner: Lee Martin	Adequate					
						ED Improvement Plan in place Control Owner: Lee Martin	Limited					
						Senior management support has been identified to support the project Control Owner: Lee Martin	Adequate					
						The project is being monitored monthly through the Local Care implementation group meetings Control Owner: 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 5	Failure to achieve financial plans as agreed by NHSI and E under the Financial Special Measures regime Risk Owner: Philip Cave Delegated Risk Owner: Last Updated: 23 Sep 2019 Latest Review Date: 15 Apr 2020 Latest Review By: Rhiannon Adey Latest Review Comments: 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	Cause 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 Effect 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	I = 5 L = 5 Extreme (25) 	Aligned Incentive Contract in place Control Owner: Philip Cave	Adequate	I = 5 L = 4 Extreme (20) 	Person Responsible: To be implemented by:			I = 5 L = 3 High (15) 
						Clinically led business planning process embedded. Control Owner: Philip Cave	Adequate					
						Contracted ex-Chief Executive to provide challenge to the Care Groups and Executives Control Owner: Susan Acott	Substantial					
						Cost Improvement Plan for 2019/20 developed and targets in place with workstream in support Control Owner: Philip Cave	Adequate					
						Financial Annual Plan for 2019/20 in place Control Owner: Philip Cave	Substantial					
						Financial Improvement Oversight Group (FIOG) in place to review key metrics Control Owner: Philip Cave	Adequate					
						Fortnightly confirm and challenge meetings with the Care Groups (including Corporate) Control Owner: Philip Cave	Adequate					
						HFMA training available for staff across the Trust Control Owner: Andrea Ashman	Limited					
						Improved Business Planning process in place for 2019/20 Control Owner: Philip Cave	Adequate					
						Local Vacancy Control Panel in place Control Owner: Philip Cave	Adequate					
						Process in place for managing decline in financial performance of Care Groups Control Owner: Philip Cave	Adequate					
						Production planning in place to ensure projection of activity plans in order to take remedial action if required Control Owner: Philip Cave	Adequate					
						Programme Management Office (PMO) in place with clear targets, milestones, grip & control and accountability to deliver the CIP Control Owner: 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). Control Owner: 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 Control Owner: Andrea Ashman	Limited					
SRR 16	Failure to maximise/sustain benefits realised and evidence improvements to services from transformational programmes Risk Owner: Susan Acott Delegated Risk Owner: Simon Hayward Last Updated: 25 Jul 2019 Latest Review Date: 27 Apr 2020 Latest Review By: Rhiannon Adey Latest Review Comments: 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	Cause * 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. Effect * 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	I = 4 L = 5 Extreme (20) 	Care Group Performance Meetings in place to monitor progress against transformational programmes Control Owner: Lee Martin	Adequate	I = 4 L = 4 High (16) 	Person Responsible: To be implemented by:			I = 4 L = 2 Moderate (8) 
						Implementation team in place for the Transformation Programme Control Owner: 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 Control Owner: Philip Cave	Substantial					
						Phase 1 of Leadership & Development programme with EY & Plum in place Control Owner: Andrea Ashman	Adequate					
						Take learning from others – Strategic Development Team and Clinicians have gone on visits to other NHS hospitals Control Owner: Elizabeth Shutler	Adequate					
						Transformation and Financial governance architecture in place (including programme structure; reporting methodology and clinical and non-clinical engagement). Control Owner: Simon Hayward	Adequate					
						Transformation Improvement Group is in place to ensure programme is delivered Control Owner: 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 Risk Owner: Andrea Ashman Delegated Risk Owner: Last Updated: 30 Sep 2019 Latest Review Date: 26 Apr 2020 Latest Review By: Rhiannon Adey Latest Review Comments: 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	Cause Insufficient targeted/specific learning and development for new managers Changes to Care Group structures have produced able people new to management positions Effect Poor standard of care High turnover Poor recruitment Lack of staff engagement	A great place to work - Making the Trust a great place to work for our current and future staff	I = 4 L = 4 High (16) 	Freedom to speak up guardians available Control Owner: Andrea Ashman Guidance and toolkits Control Owner: Andrea Ashman Leadership Development Plans and targeted development plans for individuals in place Control Owner: Andrea Ashman Leadership diagnostics Control Owner: Andrea Ashman Staff Survey local action plans Control Owner: Andrea Ashman Team Talk sessions Control Owner: Andrea Ashman	Adequate Adequate Adequate Adequate Adequate Adequate	I = 4 L = 4 High (16) 	To finalise the Trust-wide leadership competency framework which will be the basis of a comprehensive diagnostic and structured development / assessment programme. Person Responsible: Jane Waters To be implemented by: 31 Dec 2019 Development of senior, middle non-clinical leaders against the EKHUFT leadership framework Person Responsible: Jane Waters To be implemented by: 31 Mar 2020	Not Set Not Set	06 Mar 2020 Framework updated to align with We Care and is ready to launch to support the approach 06 Mar 2020 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	I = 2 L = 2 Low (4)
SRR 4	Estate Condition - Unable to implement improvements in the Estate across the Trust to ensure long term quality of patient facilities Risk Owner: Elizabeth Shutler Delegated Risk Owner: Nicky Bentley Last Updated: 30 Jul 2019 Latest Review Date: 26 Apr 2020 Latest Review By: Rhiannon Adey Latest Review Comments: Risk reviewed with Deputy CEO/Director of Strategic Development.	20 Jan 2016	Cause - Backlog of work (£71 million); - The financial constraint on capital funding; - The sheer volume and extent of work required Effect - Resulting in poor patient and staff experience - Adverse effects during extreme weather conditions (e.g. leaking roofs; burst pipes leading to water supply shortage; injury to staff/patients) - Potential breaches to health & safety standards and legislation - Inefficiencies and difficulties in moving forward with providing services of the future such as the Clinical Strategy	Delivering our future - Transforming the way we provide services across east Kent, enabling the whole system to offer excellent integrated services	I = 4 L = 5 Extreme (20) 	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. Control Owner: Elizabeth Shutler Interim Estates Strategy in place Control Owner: Elizabeth Shutler Prioritisation exercise for capital spend has been completed to ensure resources are used in the most effective / efficient way Control Owner: Elizabeth Shutler Prioritised Patients Environment Investment Committee (PEIC) action plan in place for 2019/20. Control Owner: Elizabeth Shutler Risk assessed condition survey carried out every 5 years (rolling interim plan every 18months) Control Owner: Elizabeth Shutler Statutory Compliance dashboard in place Control Owner: Elizabeth Shutler	Adequate Adequate Adequate Adequate Adequate	I = 4 L = 4 High (16) 	To use 6 facet survey to prioritise Trust capital expenditure and STP capital requirements across Kent and Medway Person Responsible: Elizabeth Shutler To be implemented by: 28 Aug 2020 Request further emergency capital from the centre for 2020/21 financial year Person Responsible: Elizabeth Shutler To be implemented by: 25 Sep 2020	Not Set Not Set	26 Apr 2020 6 facet survey completed and looks at physical condition (Fabric & M&E), statutory compliance, space utilisation, functional suitability, quality and environmental management. 26 Apr 2020 Additional emergency capital received from the centre in 2019/20 has focused on statutory compliance in ED and fire.	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 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 Risk Owner: Elizabeth Shutler Delegated Risk Owner: Nicky Bentley Last Updated: 26 Nov 2019 Latest Review Date: 26 Apr 2020 Latest Review By: Rhiannon Adey Latest Review Comments: Risk reviewed by Deputy CEO/Director of Strategic Development. Additional actions added.	10 Jun 2019	Cause Requirement for the PCBC to be signed off by external bodies Effect 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	I = 5 L = 4 Extreme (20) 	PCBC submitted Control Owner: Nicky Bentley		I = 5 L = 3 High (15) 	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 Person Responsible: Susan Acott To be implemented by: 26 Jun 2020	Not Set		I = 5 L = 2 Moderate (10)
						STP Governance Process Control Owner: Elizabeth Shutler	Adequate					
						STP system leaders group Control Owner: Elizabeth Shutler	Adequate					
									Use 6 facet survey to review capital expenditure for option 1 and 2 Person Responsible: Nicky Bentley To be implemented by: 30 Sep 2020	Not Set		
SRR 8	Inability to attract, recruit and retain high calibre staff (substantive) to the Trust Risk Owner: Andrea Ashman Delegated Risk Owner: Louise Goldup Last Updated: 30 Sep 2019 Latest Review Date: 26 Apr 2020 Latest Review By: Rhiannon Adey Latest Review Comments: Risk reviewed with Director of HR. The Trust has engaged in the Bring Back Scheme and have been successful.	23 Feb 2016	Cause * It is widely known that there is a national shortage of healthcare staff in specific occupational groups / specialities. * It is a highly competitive recruitment market for these hard to fill roles, * Potential negative impact of Brexit * The Trust progressing the work on its finances under the financial special measures regime, cultural issues identified in the CQC inspection * Proximity to London has impacted on the ability to attract and retain high calibre staff. * QE geographical location impacting on recruitment of staff * Increase in staff turnover due to retirement and voluntary resignation (exit interview suggests retirement accounts for 25% of turnover figures) * Uncertainty due to the STP plans * Increase in service demand * Potential negative impact that may arise from the publication of the Staff Survey Results. * Reputation of some medical specialities * Split site organisation increases the intensity of on call rotas Effect * Potential negative impact on patient outcomes and experience * High agency spend - potential breach of NHSI agency cap * Financial loss * Reputational damage * Negative impact on staff health and wellbeing * Increase in stress levels and anxiety in key staff groups * Patient safety * Service delivery * Turnover * Unsafe staffing * Overtime * Withdrawal of GMC support	A great place to work - Making the Trust a great place to work for our current and future staff	I = 5 L = 5 Extreme (25) 	The Trust has a plan in place that supports the retention of newly qualified nursing staff locally. Control Owner: Amanda Hallums	Adequate	I = 5 L = 3 High (15) 	Welfare paper due to be presented at CEMG on 13 May 2020 Person Responsible: Andrea Ashman To be implemented by: 13 May 2020	Not Set		I = 4 L = 2 Moderate (8)
						Care Group Great Place to Work Action Plans in place Control Owner: Jane Waters	Adequate		Care Groups are developing action plans based on the 2019 staff survey results which will be realigned to current COVID planning Person Responsible: Jane Waters To be implemented by: 31 Aug 2020	Not Set		
						Hard to recruit plan in place and being implemented Control Owner: 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 Person Responsible: Louise Goldup To be implemented by: 31 Aug 2020	Not Set		
						Implementation of retention plan as agreed with the Strategic Workforce Committee Control Owner: Andrea Ashman	Adequate		Engage with medical school to promote and support opportunities for partnership working and joint appointments Person Responsible: Andrea Ashman To be implemented by: 30 Sep 2020	Not Set		
						Occupation Health run a series of Mindfulness and Resilience and One to One Counselling (including active referrals) Control Owner: Emma Palmer	Substantial		Pursue streamlining and passporting opportunities for new appointments across the STP Person Responsible: Lindsey Shorter To be implemented by: 31 Mar 2021	Not Set		
						Revised recruitment process has been implemented Control Owner: Andrea Ashman	Adequate					
						Staff Performance Appraisals in place Control Owner: Jane Waters	Adequate					
						STP Recruitment & Retention Working Group Control Owner: Louise Goldup						
						Training plans in place in each Care Group / corporate area that supports staff development. Control Owner: 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 17	Risk to safety, quality and experience as a result of not achieving the strategic objectives Risk Owner: Rebecca Martin Delegated Risk Owner: Paul Stevens Last Updated: 08 Mar 2020 Latest Review Date: 27 Apr 2020 Latest Review By: Rhiannon Adey Latest Review Comments: Risk reviewed with Medical Director. Improvement work has ceased during COVID-19 pandemic. This risk will be recommended for suspension.	06 Jun 2019	Cause Due to a lack of resources, skills deficit, engagement and appropriate systems Effect 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 Control Owner: 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 Person Responsible: Mansoor Akhtar To be implemented by: 31 Dec 2019	Not Set	08 Mar 2020 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 Control Owner: Paul Stevens	Adequate		Improve support for staff involved in medication incidents and develop a positive hospital culture around medication error reporting	Not Set	16 Dec 2019 There now appears to be a good level of incident reporting where medication related incidents occur	
						Audit regime in place Control Owner: Amanda Hallums	Adequate		Person Responsible: Paul Stevens To be implemented by: 31 Mar 2020	Not Set		
						Benchmarking in place to assess performance against peers Control Owner: Lee Martin	Adequate		Continue to support workstreams to improve care of patients at risk of hypercapnoea (embedding NEWS2 pathway and oxygen wristband pilot). Person Responsible: Paul Stevens To be implemented by: 31 Mar 2020	Not Set		
						Coordination of information from Trust systems in a central information repository linking into Careflow as a vehicle to deliver targeted alerts Control Owner: Michael Bedford	Adequate		Improve support for managing difficult intravenous access out of hours Person Responsible: Gemma Oliver To be implemented by: 31 Mar 2020	Not Set	10 Mar 2020 A business case has been submitted to business planning. Awaiting outcome as to whether this was successful.	
						Pressure ulcers, falls, medicines optimisation and the deteriorating patient are the 4 agreed quality areas for focus Control Owner: Paul Stevens	Limited		Introduce gate keeping and an absolute requirement for cohorting and nursing NIV patients in designated beds Person Responsible: Paul Stevens To be implemented by: 31 Mar 2020	Not Set	16 Dec 2019 Until we have access to more actual space on the emergency floors it will be difficult to complete this action	
						QII hubs Control Owner: Amanda Hallums	Adequate		Review and improve education and training of existing and new staff, student practitioners and doctors with regards medication safety Person Responsible: Michael Jenkinson To be implemented by: 31 Mar 2020	Not Set	28 Apr 2020 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	
						Recording of data against the Patient Safety Thermometer across all Trust inpatient areas Control Owner: Jackie Shaba	Adequate					
						Skilled personnel and leadership in the areas of tissue viability, falls management, medicines optimisation and deteriorating patient Control Owner: Amanda Hallums	Adequate					
						Training and support Control Owner: Amanda Hallums	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
									Implement ReSPECT Person Responsible: Judith Banks To be implemented by: 30 Jun 2020	Not Set	18 Mar 2020 Consideration is being given to the appropriateness of implementation during the COVID-19 pandemic.	
									Ensure consistency in adherence to Vital Pac protocol across the organisation Person Responsible: Amanda Hallums To be implemented by: 30 Jun 2020	Not Set	27 Apr 2020 Action remains ongoing. Adherence to protocols should improve with the reduced number of patients within the Trust.	
									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 Person Responsible: Will Willson To be implemented by: 30 Nov 2020	Not Set	16 Dec 2019 Essentially this action depends on the introduction of electronic prescribing which will be in Autumn 2020	
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 Risk Owner: Andrea Ashman Delegated Risk Owner: Last Updated: 01 Oct 2019 Latest Review Date: 27 Apr 2020 Latest Review By: Rhiannon Adey Latest Review Comments: Risk reviewed by Director of HR. Risk will be recommended for closure at May CEMG meeting.	10 Jun 2019	Cause Time not built in to undertake the appraisals Lack of engagement in the process Effect 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) 	Annual reports produced and presented to the Strategic Workforce Committee detailing both appraisal compliance and the results of any quality audits Control Owner: Andrea Ashman Appraisal policies in place for all staff Control Owner: Andrea Ashman Appraisal section including FAQ and Toolkit on Staff Zone available for all staff Control Owner: Andrea Ashman Appraisal training in place for all staff Control Owner: Andrea Ashman	Adequate Adequate Adequate Adequate	I = 3 L = 4 Moderate (12) 	Conduct a quality audit of 2018/19 appraisals Person Responsible: Andrea Ashman To be implemented by: 31 Mar 2020	Not Set	17 Mar 2020 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)
SRR 18	Integrated respiratory pathways will not be developed to enable patients to be managed in the community setting Risk Owner: Lee Martin Delegated Risk Owner: Last Updated: 25 Jul 2019 Latest Review Date: 20 Mar 2020 Latest Review By: Rhiannon Adey Latest Review Comments: This risk will increase due to the vulnerability of respiratory patients to the new coronavirus COVID-19	07 Jun 2019	Cause Potential lack of engagement from primary and secondary care clinicians (GP/Respiratory CNS/EKHUFT Consultant and Specialist nurses) Effect Patients with a respiratory condition presenting to the ED and putting deliver of the 4 hour Emergency Access Standard at risk and increasing the risk of admission Risk to patient of contracting a hospital acquired infection or deconditioning resulting in increased length of stay.	Higher standards for patients - Improve the quality and experience of the care we offer, so patients are treated in a timely way and access the best care at all times	I = 3 L = 4 Moderate (12) 	Local care plan is an integrated plan which includes an integrated respiratory pathway which has been signed up to by the local health economy and led by the CCG Control Owner: Lee Martin	Adequate	I = 3 L = 4 Moderate (12) 	A QIPP for respiratory, which the Acute and Specialist Medicine Care Group lead on will support and enhance the development of integrated optimal respiratory pathways Person Responsible: Lee Martin To be implemented by: 31 Mar 2020	Not Set	27 Sep 2019 Steering Group established; action plan being developed. Lightfoot data shared across acute and community care teams	I = 3 L = 2 Low (6)

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 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 Risk Owner: Andrea Ashman Delegated Risk Owner: Last Updated: 26 Apr 2020 Latest Review Date: 26 Apr 2020 Latest Review By: Rhiannon Adey Latest Review Comments: Risk reviewed with Director of HR. Risk rating reviewed and likelihood reduced to possible. Actions updated.	10 Jun 2019	Cause Changes in structures and processes Lack of training and development for new leaders Values not sufficiently well embedded over a period of some years Effect 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) <div><div></div><div></div></div>	Ambassadors for Freedom to Speak Up Control Owner: Michelle Webb	Adequate	I = 4 L = 3 Moderate (12) <div><div></div><div></div></div>	Source and implement a cultural change programme Person Responsible: Andrea Ashman To be implemented by: 31 Mar 2020	Not Set	26 Apr 2020 The We Care programme has been put on hold for the direction of the COVID-19 outbreak.	I = 4 L = 2 Moderate (8) <div><div></div><div></div></div>
						Annual Staff Survey Control Owner: Andrea Ashman	Substantial		Delivery of We Care cultural change programme at Care Group level Person Responsible: Lee Martin To be implemented by: 31 Mar 2021	Not Set	26 Apr 2020 This action has been suspended in order to navigate operational requirements of COVID-19 pandemic.	
						Leadership development programme in place Control Owner: Andrea Ashman	Adequate		Actively engage in Health and Wellbeing support for staff during and post COVID-19 pandemic Person Responsible: Andrea Ashman To be implemented by: 31 Mar 2021	Not Set		
						Occupational Health service provide one to one support Control Owner: Andrea Ashman	Adequate					
						Refresh and relaunch of Trust Respect programme incorporating Equality, diversity and inclusion as a key element during 2019 Control Owner: Andrea Ashman	Adequate					
						Staff Networks in place Control Owner: Andrea Ashman	Limited					
						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. Control Owner: 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 21	Due to lack of capacity in tertiary centre patients may breach the 62 day standard waiting on diagnostic or treatment Risk Owner: Lee Martin Delegated Risk Owner: Last Updated: 12 Aug 2019 Latest Review Date: 20 Mar 2020 Latest Review By: Rhiannon Adey Latest Review Comments: Risk reviewed by Deputy COO and Director of Performance. Risk remains due to lack of capacity in tertiary centres.	07 Jun 2019	Cause Lack of capacity Consultant based decision Availability of high tech interventions Effect 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 Control Owner: Sarah Collins	Adequate	I = 4 L = 3 Moderate (12) <div><div></div><div></div></div>	Implement business case as approved by FPC Person Responsible: Sarah Collins To be implemented by: 28 Feb 2020	Not Set		I = 4 L = 2 Moderate (8) <div><div></div><div></div></div>
						Cancer Improvement Plan in place Control Owner: Sarah Collins	Adequate					
						Daily performance telephone call with Operations Director for Cancer Services, Out Patient booking managers and General Managers to monitor and resolve any capacity issues Control Owner: Sarah Collins	Adequate					
						Director of Operations or COO to expedite patient's treatment where necessary Control Owner: Sarah Collins						
						Track patients through their pathway to ensure there are no internal delays and the pathway is optimal Control Owner: Sarah Collins	Adequate					
						Weekly call with Maidstone and Tunbridge Well NHS Trust Control Owner: Sarah Collins	Adequate					
						Weekly cancer PTL meeting to monitor all cancer standards Control Owner: Karen Rowland	Adequate					
						Weekly KPI meeting led by COO, Deputy COO for Elective Services and Director of Performance with Operations Directors and General Managers Control Owner: Karen Rowland	Adequate					
						Weekly tertiary centre PTL to escalate any patients of concern Control Owner: 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 Risk Owner: Lee Martin Delegated Risk Owner: Last Updated: 15 Nov 2019 Latest Review Date: 20 Mar 2020 Latest Review By: Rhiannon Adey Latest Review Comments: Frailty pathways in but there is more work to do. Executive Lead is reviewing the terms of reference for the steering group to ensure standardisation and delivery. Increase the numbers of patients going through a frailty pathway.	10 Jun 2019	Cause Consultant geriatrician vacancies Lack of consultant engagement Effect Patients will be admitted and risk decompensating rather than have access to integrated ambulatory and community pathways Adding pressure to bed base Patients decompensating	Higher standards for patients - Improve the quality and experience of the care we offer, so patients are treated in a timely way and access the best care at all times	I = 5 L = 3 High (15) <div><div></div><div></div></div>	A joint clinical lead has been appointed to lead the service Control Owner: Lee Martin	Adequate	I = 5 L = 2 Moderate (10) <div><div></div><div></div></div>	Pathways are being developed to maximise integration of primary and secondary care staff Person Responsible: Lee Martin To be implemented by: 31 Mar 2020	Not Set	20 Mar 2020 Frailty pathways in but there is more work to do. Executive Lead is reviewing the terms of reference for the steering group to ensure standardisation and delivery. Increase the numbers of patients going through a frailty pathway.	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 Control Owner: Lee Martin	Adequate					
						Clinicians from Primary Care and EKHUFT have been meeting for over a year to build strong working relationships and a commitment to develop an integrated frailty service. Control Owner: Lee Martin	Adequate					
						Length of Stay (LOS) Improvement Plan in place Control Owner: Lee Martin	Adequate					
						Monthly steering group in place Control Owner: Natalie Acheson	Adequate					
						Senior management support has been identified to support the project Control Owner: Lee Martin	Adequate					
						The project is being monitored monthly through the Local Care implementation group meetings Control Owner: 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 Risk Owner: Elizabeth Shutler Delegated Risk Owner: Andy Barker Last Updated: 26 Apr 2020 Latest Review Date: 26 Apr 2020 Latest Review By: Rhiannon Adey Latest Review Comments: Risk reviewed with Deputy CEO/Director of Strategic Development. Residual risk rating reduced.	10 Jun 2019	Cause Multiple change programmes Effect Staff time and capacity to focus on all projects	Delivering our future - Transforming the way we provide services across east Kent, enabling the whole system to offer excellent integrated services	I = 4 L = 4 High (16) <div><div></div><div></div></div>	East Kent Digital Strategy Group chaired by Director of IT Control Owner: Andy Barker	Adequate	I = 4 L = 2 Moderate (8) <div><div></div><div></div></div>	Escalate any identified implementation conflict initially at SMT. This is an ongoing action leading up to T3 go live. Person Responsible: Andy Barker To be implemented by: 30 Sep 2020	Not Set	26 Apr 2020 Launched explore and learning environment. Clinical portal is due to be launched in May 2020. OrderComms go live delayed to September 2020.	I = 2 L = 2 Low (4) <div><div></div><div></div></div>
						External audit of capacity and capability undertaken Control Owner: Elizabeth Shutler	Substantial					
						Governance sign off by Finance and Performance Committee and Trust Board Control Owner: Elizabeth Shutler	Adequate					
						IDG Oversight of whole IT Programme Control Owner: Andy Barker						
						Internal T3 Programme Board with Executive membership Control Owner: Elizabeth Shutler	Adequate					
						T3 clinical group Control Owner: Paul Stevens	Adequate					
						T3 Programme governance structure in place reporting to CEMG Control Owner: 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 19	Patients may decline a date within breach and choose to delay their treatment until after their 52 week breach date Risk Owner: Lee Martin Delegated Risk Owner: Last Updated: 12 Aug 2019 Latest Review Date: 20 Mar 2020 Latest Review By: Rhiannon Adey Latest Review Comments: Patients at 52 weeks may not be urgent and government advice is to cancel those patients not urgent at this present. Each Care Group receives a list of patients over 30 weeks, asking each clinician to review the pathway to determine whether patient is clinically urgent or not.	07 Jun 2019	Cause The potential number of patients who have waited over 18 weeks for treatment Effect £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) <div><div></div><div></div></div>	52ww - Monthly monitoring via the Executive Performance Reviews Control Owner: Lee Martin	Adequate	I = 2 L = 3 Low (6) <div><div></div><div></div></div>	Internal discussion to be undertaken about those patients that don't want to attend the hospital due to COVID-19 pandemic. Ensure effective communication between patient and clinician and determine whether patients could be managed effectively by their local care provider. Person Responsible: Karen Costelloe To be implemented by: 29 May 2020	Not Set		I = 2 L = 2 Low (4) <div><div></div><div></div></div>	
						Clinical review of patient risk conducted by the Care Groups Control Owner: 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 Control Owner: Karen Rowland	Adequate		Internal discussion to be undertaken about those patients that don't want to attend the hospital due to COVID-19 pandemic. Ensure effective communication between patient and clinician and determine whether patients could be managed effectively by their local care provider. Person Responsible: Sarah Collins To be implemented by: 29 May 2020	Not Set			
						Live reporting via RTT App on all Directors and General Managers telephone and is also available on iPads, laptop and desktop computers Control Owner: 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 Control Owner: Lee Martin	Adequate		Internal discussion to be undertaken about those patients that don't want to attend the hospital due to COVID-19 pandemic. Ensure effective communication between patient and clinician and determine whether patients could be managed effectively by their local care provider. Person Responsible: Christine Hudson To be implemented by: 29 May 2020	Not Set			
									Internal discussion to be undertaken about those patients that don't want to attend the hospital due to COVID-19 pandemic. Ensure effective communication between patient and clinician and determine whether patients could be managed effectively by their local care provider. Person Responsible: Sarah Hyett To be implemented by: 29 May 2020	Not Set			

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 78	14/01/2020	Risk of overcrowding in ED compromising patient safety and patient experience Risk Owner: Lee Martin Delegated Risk Owner: Last Updated: 21 Jan 2020 Latest Review Date: 20 Mar 2020 Latest Review By: Rhiannon Adey Latest Review Comments: With the current COVID-19 pandemic the number of patients attending ED has reduced, however, as the virus spreads this is likely to increase.	Cause: Increased and unplanned local demand for emergency services that the Trust is unable to meet with the resources and infrastructure available Over time the demography, comorbidity and acuity of ED attendees has changed, together with the rise in number of attendees, resulting in an increased requirement for conversion to admission Lack of availability of GP at the front door Failure of the NHS 111 to provide appropriate advice Surge resilience plans do not meet unprecedented demand Failure to respond appropriately to the Operational Pressure Escalation Framework Not enough capacity in the system Effect: Poor Patient experience Harm to Patients Staff morale Patients getting lost in flow Privacy and dignity Infection control issues	Higher standards for patients - Improve the quality and experience of the care we offer, so patients are treated in a timely way and access the best care at all times	I = 4 L = 5 Extreme (20) =	A&E improvement plan in place with work streams for Admission Avoidance, A&E Streaming, Improved Flow, Discharges and Workforce Control Owner: Lee Martin	Limited	I = 4 L = 5 Extreme (20) =	Develop a plan to build staff competencies in communication between paediatrics and adult emergency departments Person Responsible: Lee Martin To be implemented by: 28 Feb 2020	20 Mar 2020 Rhiannon Adey There is a 9.30 phone call every day between paed ed and the wards.	I = 4 L = 2 Moderate (8) =	
						Accident and Emergency Delivery Board in place Control Owner: Susan Acott	Limited		Reduction in the number of medically optimised patients awaiting discharge by 25% over the next 3 months and 50% over the next 6 months Person Responsible: Lee Martin To be implemented by: 31 Mar 2020	09 Mar 2020 Rhiannon Adey Update on behalf of Lesley White - Long LOS >21 days are monitored weekly via national and internal EMT report. Weekly internal >21 day board rounds established to monitor and progress patient pathways.		
						Acute Medical Model in place Control Owner: Andrew Mortimer	Limited		Develop integrated frailty pathways with primary and secondary care Person Responsible: Lee Martin To be implemented by: 01 Apr 2020	09 Mar 2020 Rhiannon Adey Update on behalf of Lesley White - Frailty model implemented at WHH and QEQMH. Frailty steering group with whole system engagement has been implemented and continues to refine and monitor the model.		
						Daily intensive review/bed matching for emergency admissions not placed at time of review Control Owner: Lee Martin	Adequate					
						Demand and capacity reviewed and monitored in all areas outlined in the Operating Framework Control Owner: Lee Martin	Limited		Build plans for converting admin areas to clinical Person Responsible: Lee Martin To be implemented by: 30 Jun 2020	20 Mar 2020 Rhiannon Adey Works have started at QEQM to convert admin areas to clinical		
						Escalation protocols developed and agreed with Care Groups Control Owner: Lee Martin	Limited					
						Health Economy Plan in place. Intensive work on relationship management and lateral integrations and partnership working. Control Owner: Lee Martin	Limited		Implement Urgent Treatment Centres at four sites Person Responsible: Lee Martin To be implemented by: 30 Jun 2020			
						Increased acute medical bed capacity through moving the cardiology ward to the Arundel suite as part of creating a cardiology inpatient area including CCU and general cardiology beds. Vacated space becomes an acute medical area Control Owner: Lesley White	Adequate		Develop integrated optimal respiratory pathways with partners Person Responsible: Lee Martin To be implemented by: 30 Jun 2020	09 Mar 2020 Rhiannon Adey Update on behalf of Lesley White - Integrated programme in place and progressing		
						Increased opening hours of the surgical emergency assessment unit Control Owner: Victoria Harrison	Adequate		Scope ambulatory care Person Responsible: Lee Martin To be implemented by: 31 Dec 2020	20 Mar 2020 Rhiannon Adey Ambulatory care has moved to a new unit. Need is likely to increase with COVID-19.		
						Introduction of Bristol safety checklist in the EDs Control Owner: Elisa Steele	Adequate		Increase space for paediatric emergency departments Person Responsible: Lee Martin To be implemented by: 31 Dec 2020			

						<div>Medical assessment areas are now in place as part of the emergency floor at both QEQUH and WHH. Control Owner: Matthew Pomeroy</div> <div>Primary care service in place at QEQUH and WHH for a minimum of 12 hours per day, Control Owner: Andrew Mortimer</div> <div>Review of Emergency Care Pathway and revised Improvement Plan Control Owner: Lee Martin</div> <div>Weekly site based meetings in place designed to improve ownership of the emergency care pathway and reduce overcrowding in the emergency department Control Owner: Andrew Mortimer</div>	<div>Adequate</div> <div>Adequate</div> <div>Adequate</div> <div>Adequate</div>		
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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 68	10/05/2019	Risk to the delivery of the operational constitutional standards and undertakings Risk Owner: Lee Martin Delegated Risk Owner: Last Updated: 26 Jun 2019 Latest Review Date: 29 Apr 2020 Latest Review By: Rhiannon Adey Latest Review Comments: There is a risk to maintaining all constitutional standards. There is a risk to emergency access standards as we try and create proper flows based on clinical need. Patients may choose to cancel due to government advice, their own fears or they may be shielding at home.	Cause: Inability of organisation to meet constitutional standards due to unplanned demand, workforce or infrastructure availability including equipment failure Effect: Patients are delayed in their pathway Possible harm to patients There is non-compliance against access standards and our agreed trajectories Negative impact on workforce Reputational damage Greater overview and scrutiny by regulators/MP's Financial impact Wider health economy implications	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 = 5 Extreme (25) 	Agreed trajectories with CCG and NHSI	Adequate	I = 5 L = 4 Extreme (20) 	Recruitment of acute physicians and specialty doctors establishment	23 Mar 2020 Rhiannon Adey Increased short term staffing gaps likely due to current coronavirus pandemic. May result in significant staffing gaps during periods of extreme pressure on the department as staff are either unwell, undergoing self-isolation or due to care needs of children. Will attempt to mitigate by asking staff to be as flexible as possible. Coronavirus screening of staff to reduce impact of self isolation has been suggested as a measure to mitigate impact but not feasible until testing capacity within trust available.	I = 4 L = 2 Moderate (8)
						Control Owner: Lee Martin			Person Responsible: Andrew Mortimer To be implemented by: 30 Sep 2019		
						Business Continuity Plans in place	Limited				
						Control Owner: Matthew Pomeroy					
						Business Continuity Plans in place	Adequate				
						Control Owner: Sarah Hyett					
						Business Continuity Plans in place	Limited				
						Control Owner: Victoria Harrison					
						Business Continuity Plans in place	Limited				
						Control Owner: Natalie Acheson					
						Business Continuity Plans in place	Limited				
						Control Owner: Sarah Collins					
						Business Continuity Plans in place	Adequate				
						Control Owner: Christine Hudson					
						Business Plans	Adequate				
						Control Owner: Lesley White					
						Care Group production plans	Adequate				
						Control Owner: Lesley White					
						Escalation processes in place	Adequate				
						Control Owner: Lee Martin					
						Improvement plan for Cancer	Adequate				
						Control Owner: Sarah Collins					
						Improvement plan for ED	Adequate				
						Control Owner: Matthew Pomeroy					
						Improvement plan for Outpatients	Adequate				
						Control Owner: Christine Hudson					
						Improvement plan for Radiology	Adequate				
						Control Owner: Christine Hudson					
						Improvement plan for RTT	Adequate				

[illegible]

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	16/03/2020	<p>Risk to patient care due to the temporary suspension of services during the global coronavirus (COVID-19) pandemic</p> <p>Risk Owner: Susan Acott Delegated Risk Owner: Last Updated: 06 May 2020 Latest Review Date: 06 May 2020 Latest Review By: Rhiannon Adey Latest Review Comments: Risk reviewed at EMT, cause of the risk updated</p>	<p>Cause:</p> <ul style="list-style-type: none">•COVID-19 pandemic and the need to create capacity <p>Effect:</p> <ul style="list-style-type: none">•Risk to patient care and the treatment of patients presenting due to the suspension of services•Increase in waiting list size with consequence that patients are waiting longer for disease progression to be managed•Some patients disease or illness will become more acute•Chronic illness will become more severe•Increase in mental health/psychological distress•Increase in isolation•Increase in physical inactivity increasing poor outcome and vulnerability	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	<div>I = 5 L = 4</div> <div>Extreme (20)</div> <div><div></div><div></div></div>	<div>Advice line for GPs</div> <div>Control Owner: Rebecca Martin</div> <div>All work that has been wound down has been risk assessed and prioritised</div> <div>Control Owner: Lee Martin</div> <div>Consultants triaging referrals</div> <div>Control Owner: Rebecca Martin</div> <div>Emergency work being maintained (PCI and trauma)</div> <div>Control Owner: Rebecca Martin</div> <div>List of high risk patients shared with CCG</div> <div>Control Owner: Lee Martin</div> <div>Significant use of telephone and virtual clinics to give oversight of patients by clinicians and specialist nurses</div> <div>Control Owner: Christine Hudson</div> <div></div>	<div>Adequate</div> <div>Adequate</div> <div>Adequate</div> <div>Adequate</div> <div>Adequate</div> <div>Adequate</div> <div>Adequate</div>	<div>I = 5 L = 4</div> <div>Extreme (20)</div> <div><div></div><div></div></div>	<div>National campaign to inform the public that NHS services remain open including GPs, A&E for direct access and clinician contact</div> <div>Person Responsible: Natalie Yost To be implemented by: 29 May 2020</div> <div>Determine when 72 hour harm reviews can be completed</div> <div>Person Responsible: Lee Martin To be implemented by: 26 Jun 2020</div> <div>Detailed monitoring of waiting list by specialty</div> <div>Person Responsible: Karen Rowland To be implemented by: 26 Jun 2020</div> <div>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.</div> <div>Person Responsible: Karen Rowland To be implemented by: 30 Jun 2020</div> <div>Structured recovery programme to bring clinical activity back in line in a staged way when safe to do so and agreed with national team</div> <div>Person Responsible: Lee Martin To be implemented by: 30 Sep 2020</div>	<div>29 Apr 2020</div> <div>Natalie Yost</div> <div>Communications team using national campaign resources to promote messages locally. Consultant interviews with local press. Using Videos on social media to communicate messages. Banner on home page of website.</div> <div>29 Apr 2020</div> <div>Rhiannon Adey</div> <div>Work is ongoing with Karen Rowland, Deputy COO and the information team and all clinical specialties.</div>	<div>I = 5 L = 2</div> <div>Moderate (10)</div> <div><div></div><div></div></div>

REPORT TO:	BOARD OF DIRECTORS
DATE:	19 MAY 2020
REPORT TITLE:	THIRD REPORT FROM THE LEARNING AND REVIEW COMMITTEE (LRC) - MATERNITY
BOARD SPONSOR:	CHIEF EXECUTIVE
PAPER AUTHOR:	INDEPENDENT CHAIR – LRC
PURPOSE:	DISCUSSION
APPENDICES:	APPENDIX 1: LRC SECOND REPORT

BACKGROUND AND EXECUTIVE SUMMARY

This is the third report to Trust Board from the Learning and Review committee 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 has agreed with Ursula Marsh (Head of Midwifery) that she will develop an overarching action and audit programme on behalf of the committee that can be used by the Trust Quality Committee to give assurance that all work stated as complete or in progress is being delivered. This will include all the actions underpinning the response to HM Coroner with respect to the inquest held for Harry Richford, any unresolved or newly appropriate actions from the look back at the Royal College of Obstetrics and Gynaecology report, and milestones agreed with the Birthing Excellence Success Through Teamwork (BESTT) programme. The programme of work will need to be modified to include improvement in relation to the independent review led by Dr Kirkup.

Having replied to the HM Coroner, the workstream leading this work will no longer meet. Its lead will continue to input both to the LRC, and its other workstreams, and thereby support the creation of the overarching assurance plan.

The BESTT improvement programme has met with the women and childrens' health care centre leadership, but has not completed all its work on priorities and investment. There has been significant investment into staffing and equipment. The Trust uses physiological fetal assessment and monitoring based on systems used in London and in Scotland and Wales. Elsewhere this model has two band 8 midwives running education and learning. At the present time EKUHFT has chosen to bed in new medical consultant staff (which will give enhanced labour ward presence at Queen Elizabeth the Queen Mother Hospital (QEQMH) and 24/7 presence at William Harvey Hospital (WHH)) and its tier of band 7 supernumerary midwives to understand whether this provides the right level of competency and leadership. The Trust will need to be clear on the outcomes it expects to see if it adopts a different model to other units in the longer term.

The Medical Director and the governance lead (both appointed recently to the Trust) will review the conclusions and evidence of actions taken within the Trust since the Royal College of Obstetrics and Gynaecology (RCOG) report in 2016. This will be presented to the LRC so it can understand if and where recommendations remain undelivered. This work will also inform the overarching action plan.

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

RECOMMENDATIONS AND ACTION REQUIRED:

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

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EKHFT Learning and Review Committee - Maternity

Report to Trust Board 19 May 2020

The background to the Learning and Review Committee (LRC), its remit and membership were covered in its first report to the Board on 12 March 2020. Since that report the committee has met for a fourth time with attendance in person or by dial in from its membership.

Overall plan of work for the Trust Quality Committee going forward

The task and finish group which carried out the work underpinning the response to the HM Coroner's letter following the inquest into the death of baby Harry Richford reported the completion of a number of pieces of work, but also reported some work that is not yet in place. It was reported at the last Trust Board that an audit programme suitable to provide governance that all stated work was completed and evidenced by the maternity team would be developed. At the most recent LRC it was agreed that this work and the output of the other work streams would be presented at the Trust's Quality Committee (QC) in order to give assurance that actions were complete and evidence of this being so was robust. It was also therefore agreed that a single overarching plan would be developed for the committee's use. This plan will be produced by Ursula Marsh, Head of Midwifery, and the appropriate workstream leads, and presented and agreed to be appropriate by the LRC. This agreed plan will be brought to trust board in June 2020.

The BESTT programme

Birthing Excellence Success Through Teamwork (BESTT) began in 2017 following the RCOG report, General Medical Council (GMC) and staff surveys and in response to Care Quality Commission (CQC) reports. It has focused on a number of areas as described in previous Board reports.

The clinical leaders of the BESTT programme have met with care group managers. However, due to operational pressures from the Covid-19 pandemic a full discussion of the future aims and objectives of the BESTT programme didn't happen. Funding for the purchase of further fetal heart rate monitoring has been agreed. In addition, the deployment of an extra Band 7 midwife to every shift (two supernumerary band 7 midwives per shift) is progressing. This initiative, as well as successful recruitment of further consultant obstetrician-gynaecologists has enabled a full shift consultant rota with 24h consultant presence to be put in place at the WHH site from September. At the QEQUH site the ambition is to provide consultant delivered service until 10.00 pm, with on call arrangements thereafter, which will be enabled by further recruitment and conversion of locum posts to substantive posts.

Following the lead set by London, and then by Scotland and Wales, EKHFT has moved to physiological fetal monitoring in labour. The LRC heard that this model usually uses two senior midwives (band 8) with advanced skills in fetal monitoring and education to ensure full benefit from the programme. The LRC heard that the Trust will monitor how the extra tier of supernumerary band 7 midwives, and extra consultants that have been appointed but will start in September, will affect and deliver the service. It was clear at the LRC that the decision not to appoint the two extra senior midwives was not financially driven. The care

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group and staff will need to decide how this different model should be measured and ensure outcomes for mums and babies are as good or exceed those with the traditional use of physiological monitoring supported by Band 8s if it chooses to stay with the different structure.

The BESTT programme aims to deliver a safe, high quality and personal service that is well regarded by its users. It has put a lot of energy into identifying midwifery and medical champions for teaching, and training staff in formal face-to-face sessions (which at present due to covid 19 have moved to on line training) and setting standards of competency for permanent and for temporary staff.

The programme recommends learning from patient stories when things do not go well. This methodology could be enhanced through the safety huddles, and the use of more clinical material. Every woman and baby who receives electronic monitoring can be an effective learning opportunity at a safety huddle, as can maternity 'near misses' where the outcome for mum or baby is not ultimately abnormal. Learning could also be enhanced and demonstrated if serious incidents are categorised in a similar way to the methodology used by HSIB. Using a broader taxonomy rather than a main label (such as CTG, or escalation) allows more focused improvement work. Other trusts are beginning to use this methodology and there are units within Kent Surrey and Sussex (KSS) who would be happy to support EKHFT if it chose to do this. A culture where cases are looked at whatever the outcome will personalise learning more than only looking at cases where individual staff were not involved. The BESTT programme needs to align outcome metrics with its improvement work. Whilst it is important that staff have received the expected training, this needs to be seen to drive better outcomes for service users and evidence changes in staff culture.

Royal College of Obstetrics and Gynaecology report.

The workstream has reported that the majority of actions required by the authors in reviewing the report have been completed and have offered the evidence that this is so to the LRC. This evidence is going to be reviewed in detail by the Chief Medical Officer and the newly appointed governance lead, and presented to the LRC for assurance. Any on-going actions will form part of the overarching plan written by the Head of Midwifery and held at the Quality Committee.

Emergency care pathways for children

This work continues internally but will be overseen by the newly appointed associate medical director, an experienced Paediatrician identified by NHSE/I, with an interest in Emergency Department Paediatrics.

Perinatal mortality

A review of perinatal mortality was presented (without looking at cases individually). As was reported in the April Board the team are expecting an analysis of their data to be performed by Imperial College but it was reported that over a similar time period to the introduction of physiological monitoring there has been a reduction in the incidence of babies born in poor condition who require head cooling (an intervention for babies born in poor condition who are at high risk of intra-cerebral injury). This finding fits with the most recent HSIB report. The LRC was shown a breakdown of death by fetal gestational age and has asked that the babies in this group who were born prematurely but beyond 32 weeks gestation, be re-looked at for any trends.

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Conclusion

Covid 19 and the disruption to normal working has affected the LRC and to a lesser extent its workstreams. An overarching work plan (actions, audit, assurance) relating to the Coroner's prevention of future deaths letter; residual work relating to the RCOG report, and the ongoing work of the BESTT programme will be developed with suggested timescales.

Dr Des Holden

11 May 2020

REPORT TO:	BOARD OF DIRECTORS (BoD)
DATE:	19 MAY 2020
SUBJECT:	REPORT FROM THE INTEGRATED AUDIT AND GOVERNANCE COMMITTEE (IAGC) CHAIR
BOARD SPONSOR:	CHAIR OF THE IAGC
PAPER AUTHOR:	BOARD SUPPORT SECRETARY
PURPOSE:	APPROVAL
APPENDICES:	APPENDIX 1: MATERNITY SAFETY SUPPORT PROGRAMME LEARNING AND REVIEW (LRC) TERMS OF REFERENCE (TOR)

BACKGROUND AND EXECUTIVE SUMMARY

The Integrated Audit and Governance Committee (IAGC) is the high-level committee with overarching responsibility for risk. The role of the IAGC is to scrutinise and review the Trust's systems of governance, risk management, and internal control. It reports to the Board of Directors (herein shown as the Board) on its work in support of the Annual Report, Quality Report, Annual Governance Statement, specifically commenting on the fitness for purpose of the Board Assurance Framework, the completeness of risk management arrangements, and the robustness of the self-assessment against Care Quality Commission (CQC) regulations.

The report seeks to answer the following questions in relation to risk, governance and assurance:

- What positive assurances were received?
- What concerns in relation to assurance were identified?
- Were any risks identified?
- What other reports were discussed?

MEETING HELD ON 30 APRIL 2020

Limited assurance was received in relation to:

1. The Committee received a verbal update regarding progress to revise and update the Trust's Policies that were outstanding and out of date. The Committee raised concern that a number of policies remained out of date and emphasised the importance that these be reviewed and revised as a matter of urgency, as these included key policies such as Health & Safety and Infection Prevention & Control policies. The majority of these required review and revision by staff that were currently focussed on managing the COVID-19 pandemic. Mitigating actions and arrangements were in place to identify and allocate individuals to draft revised versions of the policies for consideration and ratification. The Committee was reassured that in spite of the COVID-19 crisis the Trust was committed to addressing these out of date policies and ensuring they were updated.

2. The Committee received and discussed a report on the Highest Mitigated Risks (Corporate Risk Registers) noting in response to the COVID-19 pandemic a separate COVID-19 risk register had been produced. The Committee reviewed the residual risk scores that had been reduced, those risks suspended due to COVID-19, the risks recommended for closure and the impact on the Trust's agreed risk appetite. The Committee raised concern in respect of the suspension of some risks noting that these would be reviewed monthly in line with the review of all the current risks. The Chief Nurse & Director of Patient Experience and Quality would review the reduced risk scores with the Executive Director lead to identify and confirm the reasons and evidence for their reduction.

Other reports received and discussed:

3. The Committee received and approved the TOR of the LRC in respect of the Trust's Maternity Safety Support Programme recommending these for approval by the Board (Appendix 1).
4. The Committee received and discussed the 2019/20 Data Security and Protection Toolkit (DSPT) submission noting the Trust was compliant with 115 of 116 evidence requirements. Non-compliance related to the single requirement that 95% of staff have completed annual mandatory Information Governance (IG) training and the Trust's current uptake was 89%. This poor training uptake had been previously raised and discussed by the IAGC, which appeared to correlate with uptake of annual appraisals. NHS Digital has extended the deadline for submission (after the Trust submitted) to 30 September 2020, providing the opportunity to improve IG training uptake and re-submit evidence to achieve the 95% target. The Trust's performance overall in relation to reporting training and compliance was in a better position than the previous year and was performing well against other trusts. The Deputy Director of Finance and Performance would provide a briefing at the next Committee meeting updating members on the reasons for poor compliance, actions to address IG training non-compliance and improve training uptake as well as annual appraisals.
5. The Committee received, discussed and approved the draft Annual Governance Statement noting the deadline for submission extended to 27 June. The Committee confirmed the draft statement reflected the Trust's position over the previous year and recommended this for Board approval. The statement would be updated further to reflect the current position in relation to risks and circulated to the Committee for review and consideration prior to presentation to the Board prior to submission of the final version in June.
6. The Committee received a verbal update regarding the 2019/20 annual documentation required to be submitted extended to the end of June 2020. Work was on-going to produce these documents to meet this revised timeframe that included the Annual Accounts, Annual Report and Quality Report.
7. The Committee received and approved the 2019/20 Annual Accounts Review of Accounting Policies.
8. The Committee received and noted a quarterly Freedom to Speak Up Guardian (FTSUG) report providing an update on the activity of the FTSUGs in Q4. The FTSUG service had been successfully embedded within the organisation with an increased number of cases now raised at the William Harvey Hospital (WHH) site, as the majority had previously been at Kent & Canterbury Hospital (K&CH). The Committee noted funding allocation for the recruitment of a full time Guardian and the Trust will be going out to recruit to this permanent role.

10. The Committee received and discussed the progress report from the Trust's External Auditor, noting the completion of the annual audit of the Trust's accounts in mid-June. It was proposed that an extraordinary Board meeting be scheduled to be held on 23 June for approval of the annual accounts prior to the 25 June submission date.
11. The Committee received and discussed the Internal Audit progress report, Internal Audit Strategy 2020 – 2023, and Annual Internal Audit Report and Draft Head of Internal Audit Opinion. The Committee noted the finalised Internal Audit reports that had recently been published providing substantial assurance and reasonable assurance, with the exception of the DSPT for the reasons related to non-compliance as noted above. Good progress had been made in respect of progress and closure of management actions. The annual internal audit plan would be revisited to reflect the COVID-19 crisis. The Committee noted the positive outcome of the Head of Internal Audit Opinion.
12. The Committee received and discussed reports from TIAA, the Trust's outgoing Local Counter Fraud provider, which included a progress report, annual report 2019/20 and self review tool (SRT) process summary.
13. The Committee received and approved the draft 2020/21 work plan from RSM Risk Assurance Services LLP Local Counter Fraud Specialist (LCFS), the Trust's incoming Local Counter Fraud provider. The Committee noted that in general during the COVID-19 pandemic an increase had been seen in fraud activity but this was not reflected at the Trust. The handover process was being progress and TIAA and RSM were working well to ensure a smooth handover.
14. The Committee received and noted an annual losses and special payments report providing a summary of the losses and special payments made from 1 April 2019 to 31 March 2020.
15. The Committee received and noted a six-monthly report regarding Single Tender Waivers (STWs) for quarters three and four. The Committee acknowledged the elevated risk with the potential for increased numbers of STWs due to the management of the COVID-19 pandemic and the need to ensure prompt procurement and delivery of supplies. An increase in the number of STWs towards the end of the financial year due to the late allocation of emergency capital funding that was required to be spent by year-end.
16. The Committee received and noted the annual work programme for IAGC.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board of Directors is asked to:

- 1) Discuss and **APPROVE** the report;
- 2) **APPROVE** the Learning Review Committee Terms of Reference.

TERMS OF REFERENCE

MATERNITY SUPPORT PROGRAMME – LEARNING AND REVIEW COMMITTEE

1. CONSTITUTION

A Learning and Review Committee has been convened by the Board of Directors to undertake specific tasks to address concerns identified by during the Single Item Quality Surveillance Group meeting of 10 December 2019. This takes into consideration feedback from HSIB regarding themes for learning.

2. PURPOSE

To provide oversight to a number of pieces of work put in place to ensure learning and action in relation to the concerns related to the Women's and Children Care Group. Ultimately, to provide assurance to the Board of Directors that Care Group staff are doing all the correct things to ensure that today, services are safe, effective, caring, responsive and well-led on behalf of the women and families in East Kent.

3. OBJECTIVES

3.1 To oversee effective and evidenced implementation of the outputs from all task and finish groups - this to include agreement of appropriate timescales for delivery of actions. Task and finish groups have been established to consider:

- what actions occurred in respect of the 2015 RCOG report and what further actions are needed;
- the span and focus of the BESTT programme in light of the current concerns;
- the strategic position and oversight of paediatric ED within the Trust;
- to undertake analysis regarding the data and trends in the available reports;
- to consider job plan changes to increase the senior coverage of women's and children's services.

3.2 To oversee effective and evidenced implementation of recommendations from regulatory bodies and / or coroner – this to include agreement of appropriate timescales for delivery of actions;

3.3 To have input in designing solutions / actions based on experience;

3.4 To receive presentations from the Trust's staff in relation to the improvements they have made and are making;

3.5 To effectively challenge and highlight concerns and risks in relation to the delivery of the action plans to the Trust's Board of Directors and NHSI and the CQC; and

3.6 To have final sign-off of delivery of the actions once they have been fully evidenced and embedded with appropriate audits and to agree the governance arrangements going forward.

4. MEMBERSHIP AND ATTENDANCE

Chair and governance support – Des Holden (External)
 Chief Medical Officer
 CEO
 Chief Nurse & Director of Patient Experience and Quality

Non-Executive Director - Jane Ollis
Non-Executive Director (Quality Committee Chair) – Wendy Cookson
Head of Midwifery (Women's and Children's)
Clinical Director (Women's and Children's)
Clinical Director (CSSD)
Clinical Director (Surgery and Anaesthetics)
Deputy Chief Nurse, Risk Governance and Patient Safety
Clinical Commission Group (CCG) Chief Nurse
Group Company Secretary
Healthwatch / Maternity Voices Partnership

Attendees

As well as the members there will be attendance from the leads for the Task and Finish Groups.

Quorum

The meeting will be quorate when 5 members are in attendance at the meeting. Quoracy should include the following roles: CEO or CMO; NED, CNO or HoM.

- 4.1. The Chair or their nominated deputy of the will be expected to attend 100% of the meetings. Other members will be required to attend a minimum of 80% of all meetings and be allowed to send a Deputy who is fully briefed.
- 4.2. Other staff may be co-opted to attend meetings as considered appropriate by the Committee on an ad-hoc basis.

5. FREQUENCY

- 5.1. The committee shall meet at least once a month. The Chair may call additional meetings or teleconferences as needed to ensure business is undertaken in a timely way.

6. AUTHORITY

- 6.1. The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
- 6.2. The Committee has decision making powers with regard to the approval of Board of Directors.
- 6.3. The Committee is authorised to create sub-groups or working groups, as are necessary to fulfil its responsibilities within its terms of reference. The Committee may not delegate executive powers (unless expressly authorised to do so) and remains accountable for the work of any such group.
- 6.4. The Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience if it considers this necessary or advantageous to its work.

7. SERVICING ARRANGEMENTS

- 7.1. The Group will be serviced by the Corporate Committee Secretary.

- 7.2. Papers will be sent prior to meetings and members will be encouraged to comment via correspondence between meetings as appropriate.

8. ACCOUNTABILITY AND REPORTING

- 8.1. The Committee is accountable to the Board of Directors.
- 8.2. The Committee will report its activity and outputs to the EKHFT Board of Directors.
- 8.3. Minutes will be reported to the Board of Directors once they have been approved by the Chair along with exception reports as agreed by the membership of this Committee / Group.

9. MONITORING EFFECTIVENESS AND REVIEW

- 9.1. The terms of reference will be reviewed and approved by the Board of Directors.

April 2020