EAST SUSSEX HEALTHCARE NHS TRUST

TRUST BOARD MEETING

A meeting of East Sussex Healthcare NHS Trust Board will be held on Tuesday, 2nd June 2020 commencing at 10:45

	AGENDA		**Lead:**
1.	Apologies for absence		Chair
2.	Declarations of interests		Chair
3.	Minutes of the Trust Board Meeting held on 7th April 2020	A	
4.	Matters Arising	B	
5.	Board Assurance Framework	C	DCA
6.	Chief Executive's Report (verbal)		CEO
7.	IPR	D	Execs
	BREAK		
8.	ESHT 2025 Framework	E	DS
9.	Capital Update • Month 12 Capital Outturn • Month 12 Financial Performance of East Sussex Health and Social Care System Partnership	F	DF
10.	Board and Committee Meetings	G	DCA
10.	Papers for noting only • Learning from deaths	H	
11.	Questions from members of the public		
12.	Date of Next Meeting: Tuesday 4th August		Chair

Steve Phoenix
Chairman 12.05.20

TRUST BOARD MEETING

Minutes of a meeting of the Trust Board held in public on Tuesday, 7th April 2020 at 09:30am video conference via Microsoft Teams

Present:
Mr Steve Phoenix, Chairman
Mr Barry Nealon, Vice Chairman
Mrs Jackie Churchward-Cardiff, Non-Executive Director
Mrs Miranda Kavanagh, Non-Executive Director
Mrs Karen Manson, Non-Executive Director
Mrs Nicola Webber, Non-Executive Director
Mr Paresh Patel, Associate Non-Executive Director
Dr Adrian Bull, Chief Executive
Mrs Joe Chadwick-Bell, Deputy Chief Executive
Mrs Catherine Ashton, Director of Strategy, Improvement & Planning
Ms Vikki Carruth, Director of Nursing
Ms Monica Green, Director of Human Resources
Mr Damian Reid, Director of Finance
Mrs Lynette Wells, Director of Corporate Affairs

In attendance:
Mr Peter Palmer, Assistant Company Secretary (minutes)

017/2020 **Welcome**

1. Chair's Opening Remarks
Mr Phoenix welcomed everyone to the virtual meeting and welcomed Mr Reid to his first meeting of the Board.

The Chairman noted how quickly the pandemic had developed since the last time the Board had met in February, paying tribute to the work of staff throughout the organisation, praising their care, bravery and diligence during a very difficult period. He thanked Dr Bull and Executives for their leadership during the pandemic. He paid tribute to Pooja Sharma, a Trust pharmacist who had recently died.

2. Apologies for Absence
Mr Phoenix advised that no apologies for absence had been received

018/2020 **Declarations of Interest**
In accordance with the Trust's Standing Orders that directors should formally disclose any interests in items of business at the meeting, the Chairman noted that no potential conflicts of interest had been declared.

019/2020 **Minutes**
The minutes of the Trust Board meeting held on 4th February 2020 were considered. Two minor amendments were noted and they were otherwise agreed as an accurate record. The minutes were signed by the Chairman and would be lodged in the Register of Minutes.

020/2020 **Matters Arising**
There were no matters arising from the previous meeting.

021/2020 **Chief Executive's Report**

Dr Bull reported that incident command structures had quickly been introduced to the organisation at the start of the response to the pandemic; they managed the large amount of communications being received, and provided a central point of leadership during the Trust's response. Planning to meet the predicted surge of covid-19 cases was being undertaken within the Trust and throughout the system. An early reduction in the number of patients coming to A&E had been seen with less than half the normal number of patients attending. A focus on discharging patients, in conjunction with system partners, had resulted in reduced occupancy and had enabled changes to be made to the delivery of some services during the pandemic, including:

- the consolidation of maternity services at Conquest
- chemotherapy and day infusion services moving off site to Sussex Coast College in Eastbourne
- consolidation of emergency cardiac care at Eastbourne
- suspension of routine elective surgery

Stakeholders were being kept informed of the changes that were taking place.

Across Sussex there was an ambition for critical care patients to be treated within acute hospitals, with non-critical care patients being put into overspill capacity in independent hospitals and potentially 350 beds in the Brighton area, operating as a field hospital. It remained uncertain whether this additional capacity would be required. Critical care capacity had been increased in the Trust, expanding into other areas of the hospital, but there were three limiting factors to this additional capacity: oxygen supply; staffing and access to ventilators. Additional ventilators had been ordered.

The Trust had not yet seen a surge in patients due to the pandemic, and was operating at around 60% capacity with 20 patients in critical care, and 40 patients with confirmed diagnoses not in critical care. The predicted doubling of numbers in cases was taking place every seven to nine days, and Dr Bull reported that the peak of cases was now anticipated in late April. There were around 800 members of staff off work due to covid-19, either with symptoms, self-isolating due to underlying health conditions or due to a family member with symptoms, or with underlying conditions. Staff testing on a small scale had begun the previous week.

Personal protective equipment (PPE) had been a widely reported national issue, and the Trust had been careful to give a single and consistent message about its use following national guidance. Staff were understandably very anxious about their protection from the virus, and the Trust was doing everything possible to ensure that there was adequate PPE available.

Central guidance had been received about where community work should be continued or suspended. Health visitors were supporting midwifery teams and some working practices were being changed to enable more support to be offered to patients in their homes.

There had been an excellent response from staff engagement teams, with additional counselling support offered to staff; Trust nurseries were offering additional spaces to support staff whose children were not able to go to school.

Miss Green explained that redeployment offices had been set up to allow staff whose normal roles had diminished or no longer existed due to the pandemic to

help the organisation in a different capacity. Staff wellbeing was a priority, and a lot of work had been undertaken to ensure that staff were as well supported as possible. Additional staff had been recruited, including retire and return staff, and induction and recruitment processes had been streamlined.

Mrs Churchward-Cardiff asked whether changes to processes that were proving to be effective were being captured so that they could be maintained following the pandemic. Dr Bull explained that many changes had been affected very swiftly and there was a desire to ensure that good practices continued in the future. Mrs Chadwick-Bell explained that decisions and recommendations were captured by the Incident Management Team and within the Incident Control Centre.

Dr Bull highlighted the importance of ensuring that business as usual was maintained as much as possible during the pandemic. Some meetings had been suspended, but the Board and some Board Committees would continue. The Trust would continue to review, track and manage non-covid related performance and quality. Costs and decision making related to the pandemic were being closely tracked to ensure accountability when the crisis had ended. It was crucial that the organisation was in as good shape as possible when normal business resumed.

Mrs Kavanagh asked about the number of staff off sick, asking whether testing was a limitation for knowing who had the virus. Dr Bull explained that testing was crucial. Early results from testing had shown a positive rate in around 60% of tests. Mrs Churchward-Cardiff noted that testing once might not be sufficient as staff who tested negative could get the virus the following day. Dr Bull agreed, but noted that many staff were off due to family members with symptoms, rather than having symptoms themselves, so testing would allow them to return to work.

Dr Bull reported that staff numbers on wards were being closely tracked to ensure that they weren't overstaffed; due to low occupancy, staffing levels were excellent despite the number of absent staff. Staff who were being redeployed were being given training to enable them to undertake their new roles. Ms Williams asked whether staff were cancelling annual leave, noting the risk of staff burning out and the problems that might accrue towards the end of the year if lots of staff attempted to take leave once the pandemic had ended. Dr Bull explained that staff had been told that they should not cancel annual leave unless requested to do so by the Trust. Mrs Carruth noted the importance of striking a balance between covering services and ensuring that staff had a chance to rest. The pandemic would continue for a number of months, and for smaller teams this would be particularly challenging.

Mr Phoenix asked whether plans had been made to ensure the resilience of the Executive team. Dr Bull noted that a lot of the Trust had moved to seven day working; Executives would shortly be doing the same, ensuring that days were taken off during the week to make up for any weekend days worked.

Mr Phoenix noted that the impact of the pandemic would be felt by the organisation for many months, with no comparable incident in living memory. It was vital that staff throughout the organisation were well looked after.

022/2020 **Integrated Performance Report Month 11 (February)**

1. Access and Delivery

Mrs Chadwick-Bell reported that during February, performance against the four hour A&E standard had dropped, affected by increasing attendances to A&E, high occupancy rates and staff sickness. A new deputy Chief Operating Officer had recently joined the Trust and would provide support to teams. The GP out-of-hours service for the Urgent Treatment Centre had ceased on 1st April. This continued, supported by IC24 while the Trust recruited GPs. Referral To Treatment (RTT) performance in February had been just under 90%. Issues with duplicate entries on the Trust's waiting list had been identified and resolved.

Since the start of the pandemic there had been significant changes to performance in some areas of the Trust. Medically fit for discharge patients normally numbered around 280 across all sites, and had reduced to between 60-70. Stranded patients were normally between 380-400 and had reduced to 160. Long length of stay patients were normally between 90-100 and had reduced to 38. Non-elective activity had reduced by around 50%.

Mrs Chadwick-Bell explained that there had been issues with transporting patients between sites due to pressure on SeCAMB; mental health services were also under pressure, affecting four hour performance. New processes to speed up the discharge of patients were being developed.

Cancer care was being closely monitored and continued to take place. The pathway for two week cancer waits had been updated to allow this to happen. Some patients did not want to come to hospital and a nursing line had been introduced, allowing patients to raise concerns and speak directly to nurses. Outpatient referrals had dropped considerably; activity continued where possible, but was being offered in different ways due to the pandemic.

Mrs Webber asked about arrangements for the treatment of patients whose care was not classified as urgent, noting the potential for large waiting lists to build up during the pandemic. Mrs Chadwick-Bell explained that patients were clinically assessed by consultants to identify the urgency of their treatment. Decisions about patient care during the pandemic were being made by the Trust's Clinical Advisory Group (CAG) in line with national guidance, before being formally ratified by the Incident Management Team (IMT). Patients could request reassessment if their condition changed. There would be a large backlog of patients requiring treatment once the pandemic ended.

Mrs Manson asked whether plans for recovering performance in the Trust once the pandemic had ended had been made. Ms Ashton explained that the strategy team had supported initial pandemic planning processes. These were now embedded, and they would now focus on identifying good practice emerging during the pandemic, and on developing de-escalation plans.

ii. Quality & Safety

Mrs Carruth reported that there were no specific areas of concern with February's data. She noted the importance of ensuring that good governance continued within the organisation during the pandemic, reporting that central governance functions continued to monitor all of the key safety indicators within the organisation. Regular meetings took place between herself, Mrs Churchward-Cardiff and the AD of Governance to discuss any issues. The Q&S

Committee and weekly Patient Summits continued, and incidents continued to be investigated. Ms Carruth noted that the organisation's capacity to continue to investigate incidents may be compromised as the pandemic progressed. A Sussex wide dashboard for key quality and safety indicators would be developed and presented to system wide meetings.

Mrs Churchward-Cardiff noted that the regular conversations had been very helpful. She highlighted that the final report on the cluster of Never Events was due to be presented to the Q&S Committee at the end of May, and would then be presented to the Board. Mrs Carruth noted that the Quality Account had been put on hold; however collection of data had continued which would allow the document to be produced when required.

Mrs Churchward-Cardiff asked whether the reported reduction in midwifery care hours was of concern. Mrs Carruth explained that this figure had reduced over time, bringing the Trust in line with other organisations. She anticipated that the figure reported for March would be substantially different due to the considerable recent changes to midwifery services as a result of the pandemic.

Dr Walker noted that the format of the mortality slide in the IPR had been updated and asked for any comments on the changes to be sent to him. He explained that future slides would be updated to provide relevant mortality data; metrics for Summary Hospital-Level Mortality Indicator (SHMI) and Risk Adjusted Mortality Index (RAMI) would be included in each IPR.

iii Leadership and Culture

Miss Green reported that recruitment during month eleven had been good across both nursing and medical roles. During February staff sickness and staff turnover had reduced. She hoped that the positive recruitment trends would be sustained, but noted that staff sickness for March would be greatly increased.

Mrs Kavanagh explained that she had a phone call scheduled with Miss Green and would issue a POD Committee note to the Board in lieu of the Committee meeting.

iv Finance

Mr Reid reported that the Trust's financial position in month eleven had been ahead of budget by £350k. He anticipated that the Trust would meet its annual budget. He explained that focused work to fully understand the financial implications of the pandemic continued.

Mr Nealon asked whether other organisations across the system had financial issues. Dr Bull reported that no issues had been raised during a system-wide meeting the previous week. He anticipated that the CCG would meet their financial targets. He asked that an update on capital spending, and the Trust's capital position at the end of the financial year, be presented at the next Board meeting. **DR**

Mrs Churchward-Cardiff asked whether the Trust was managing cash flow during the pandemic by delaying payments to other organisations. Mr Reid explained that Trusts would receive funding to ensure that payments to suppliers could be processed swiftly.

Mrs Chadwick-Bell asked Non-Executives whether they would like to be sent any additional information during the pandemic to provide additional assurance. Mr Phoenix noted that Mrs Wells sent a weekly email to NEDs and asked that

any additional information requested be included within this email.

The Board noted the IPR Report for Month 11

023/2020 **Revised Governance Arrangements**

Mrs Wells reported that the papers on governance arrangements had been presented and supported by the Audit Committee the previous week. The financial paper presented had been adapted from a paper sent out by NHSI/E which set out financial governance arrangements during the pandemic, ensuring that controls continued to be managed appropriately.

Mr Reid noted the importance of ensuring that money spent on the pandemic response was carefully monitored and would be subject to monthly regional reporting. He noted that the Trust would initially be able to authorise capital spending of up to £250k and sums beyond this with support from the region.

Mr Phoenix asked about the implications of recent reports that historical debts of NHS Trusts would be written off. Mr Reid explained that Trusts who achieved financial targets already received additional incentive funding. From 2020/21 the incentive funding would enable all Trusts to reach a breakeven position, with historic debt being converted into capital. Full details about the process had not yet been received.

Mrs Churchward-Cardiff asked whether the changes to funding would mean that the Trust would have no Cost Improvement Programme (CIP) target in 2020/21. Dr Bull explained that the Trust would continue to work to reduce pay costs and realise cost efficiencies within the organisation, alongside Model Hospital work. He noted that the country's response to the Pandemic would massively increase the national debt and the ramifications of this for the NHS would need to be identified and addressed in the future.

Mrs Wells explained that the Reducing the Burden document brought together the revised guidance that was being received from national bodies into a single document. More guidance was being received on a daily basis and the document would be updated as necessary. Formal guidance about the form of the Annual Report was still awaited.

Mr Phoenix noted that while he and NED colleagues had tried to take a step back to give Executives the space to manage the pandemic, they remained supportive and would be happy to contribute whenever they were needed. He asked Executives to let them know how they could help.

024/2020 **Delegation of approval of Annual Report and Accounts 2019/20**

The Board approved delegation of approval of the Annual Report and Accounts to the Audit Committee. It was anticipated that this would take place in June 2020.

025/2020 **Contracts in excess of £1million**

i. <u>Nervecentre</u>

Mrs Chadwick-Bell explained that NerveCentre had been introduced to the Trust in 2019, providing a live bed state. The initial funding for the software had been received from emergency winter funding and had been under £1million. The success of the system meant that additional modules for A&E and electronic observations were being requested. The total figure for the initial investment and the add-ons was £2.532m. Dr Bull noted that the Board had

previously seen analysis of the importance of moving from paper based systems to a single electronic solution. He explained that NerveCentre would replace VitalPAC, and included bed management software.

Ms Williams asked whether a decision had already been made about NerveCentre, as the paper spoke about retrospective approval for the business case. Dr Bull explained that this referred to the cost of the original bed module, which had been below the level required for Board approval. The additional modules took the total cost to more than £1m, requiring the Board's approval. Ms Williams asked whether a key financial control had been missed during the business planning process. Mrs Chadwick-Bell explained that the order for the modules had not yet been placed, and therefore the approval being requested was not retrospective. She apologised for the miswording on the paper, noting that it had been written at short notice.

Dr Bull asked that a revised paper be written and presented to the Board, clarifying the historical and proposed spending on NerveCentre. **DR**

ii. MSI Group

Miss Green explained that the MSI contract concerned the potential recruitment of overseas nursing staff during the next three years. MSI had already been successful in recruiting over 110 overseas nurses to the organisation; they also provided services at a cheaper rate than competitors. A benchmarking process looking at how much other organisations were spending had also taken place.

Mrs Webber noted that it would have been helpful if the paper presented to the Board had contained this additional information and Miss Green apologised, explaining that the paper had been written quickly by colleagues who were also supporting the management of the pandemic.

Mrs Churchward-Cardiff asked whether the Trust would be looking to develop a pool of associate nurses to help with reducing international recruitment. Miss Green explained that both measures would be required and she anticipated that 10-20 associate nurses would be recruited from the initial programme.

The Board agreed to delegate authority to Mr Phoenix and Dr Bull to sign the contracts once additional information and assurance had been received.

026/2020 **Papers received for noting only**

Mr Phoenix asked that any routine questions about the papers be sent to the relevant Executive lead outside of the meeting.

Mrs Wells noted that the Board Assurance Framework had been revised to include more detail about controls following feedback from Non-Executive colleagues. She asked Committee Chairs to review gaps in assurance assigned to their Committees, and to send her any feedback and updates.

027/2020 **Date of Next Meeting**

Tuesday 5th May 2020 from 0930-1100

Signed ……

Position ……..

Date ……

East Sussex Healthcare NHS Trust

Progress against Action Items from East Sussex Healthcare NHS Trust 4th February and 7th April 2020 Trust Board Meetings

Agenda item	Action	Lead	Progress
104/2019 – Integrated Performance Report Month 7	Detailed cancer data, showing year-on-years and long term trends to be presented to the Board in the future.	**JCB**	On Board planner for discussion at September 2020 seminar.
115/2019 – Questions from Members of the Public	Glossary of commonly used NHS terms to be developed, for circulation with Board papers.	**PP**	Glossary is being compiled. Anticipate that this will be complete by end of June.
022/2020 - Integrated Performance Report Month 11 (February)	An update on the Trust's capital spending and position at the end of 2019/20 to be presented to the Board.	**DR**	Included within meeting papers

Board Assurance Framework

Meeting information:			
Date of Meeting:	2nd June 2020	Agenda Item:	5C
Meeting:	Trust Board	Reporting Officer:	Lynette Wells, Director of Corporate Affairs

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☒

Has this paper considered: (Please tick)			
Key stakeholders:		**Compliance with:**	
Patients	☒	Equality, diversity and human rights	☒
Staff	☒	Regulation (CQC, NHSi/CCG)	☒
		Legal frameworks (NHS Constitution/HSE)	☒
Other stakeholders please state:			
Have any risks been identified ☐ *(Please highlight these in the narrative below)*		On the risk register?	

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

The impact of the Covid-19 pandemic has been reflected in the BAF for example in relation to our cancer 62 day performance and financial position. Updates are shown in red. There are two areas where it is proposed to revise the rating:

2.1.2 The gap in control regarding the impact of Covid-19 has been redrafted to reflect the recovery and restoration phase and actions have been updated. It is proposed, and supported by Q&S, that this is rated Amber

3.3.1 We are now compliant with the 7 day service standards and it is proposed, and supported by Q&S, to move this rating to Green.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

Quality and Safety Committee 21st May 2020

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Trust Board is asked to review and note the revised Board Assurance Framework and consider whether the main inherent/residual risks have been identified and that actions are appropriate to manage the risks. The Board is requested to agree the RAG ratings in respect of the impact of Covid-19 and 7 day working.

Assurance Framework - Key

RAG RATING:
Effective controls in place and Board satisfied that adequate assurances is available.
Effective controls in place but additional actions may be required to provide further assurance
Effective controls may not be in place and/or sufficient assurances are not available to the Board.

Status:	
▲	Assurance levels increased
▼	Assurance levels reduced
◄►	No change

Risk Tolerance **Low**	As little as reasonably possible. Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential
Risk Tolerance **Moderate**	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
Risk Tolerance **High**	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM).
Risk Tolerance **Significant**	Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk).

Key:	
Chief Executive	CEO
Chief Operating Officer	COO
Director of Nursing	DN
Director of Finance	DF
Director of Human Resources	HRD
Director of Strategy	DS
Medical Director	MD
Director of Corporate Affairs	DCA
Committee:	
Finance and Investment Committee	F&I
Quality and Safety Committee	Q&S
Audit Committee	AC
Senior Leaders Forum	SLF
People and Organisational Development Committee	POD

Strategic Objectives:

Safe patient care is our highest priority. We will provide high quality clinical services that achieve and demonstrate optimum clinical outcomes and provide an excellent care experience for patients.

All ESHT's employees will be valued and respected. They will be involved in decisions about the services they provide and offered the training and development that they need to fulfil their roles.

We will work closely with commissioners, local authorities, and other partners to prevent ill health and to plan and deliver services that meet the needs of our local population in conjunction with other care services.

We will operate efficiently and effectively, diagnosing and treating patients in timely fashion to optimise their health.

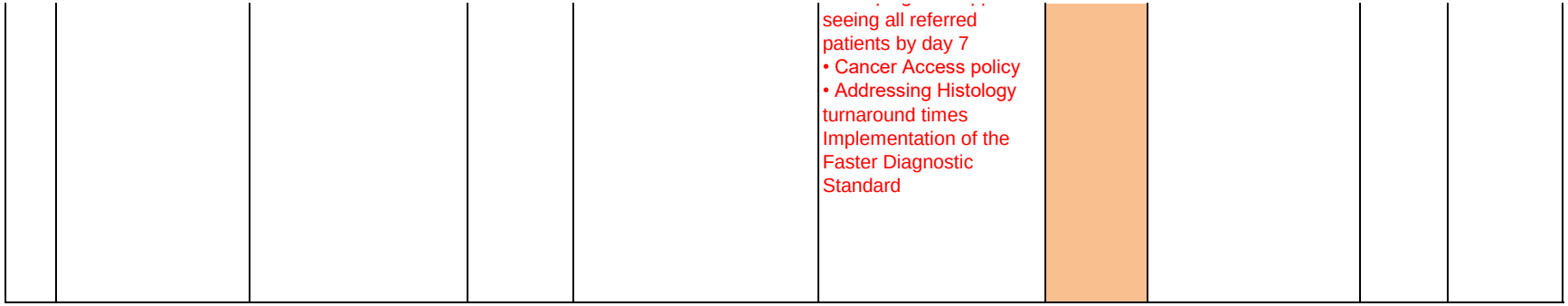
We will use our resources efficiently and effectively for the benefit of our patients and their care to ensure our services are clinically, operationally, and financially sustainable.

Risks:

We are unable to demonstrate continuous and sustained improvement in patient safety and the quality of care we provide which could impact on our registration and compliance with regulatory bodies.
We are unable to demonstrate that the Trust's performance meets expectations against national and local requirements resulting in poor patient experience, adverse reputational impact, loss of market share and financial penalties.
There is a lack of leadership capability and capacity to lead on-going performance improvement and build a high performing organisation.
We are unable to develop and maintain collaborative relationships based on shared aims, objectives and timescales with partner organisations resulting in an impact on our ability to operate efficiently and effectively within the local health economy.
We are unable to define our strategic intentions, service plans and configuration in an Integrated Business Plan that ensures sustainable services and future viability.
We are unable to demonstrate that we are improving outcomes and experience for our patients and as a result we may not be the provider of choice for our local population or commissioners
We are unable to adapt our capacity in response to commissioning intentions, resulting in our services becoming unsustainable.
In running a significant deficit budget we may be unable to invest in delivering and improving quality of care and patient outcomes. It could also compromise our ability to make investment in infrastructure and service improvement
We are unable to effectively align our finance, estate and IM&T infrastructure to effectively support our mission and strategic plan
We are unable to respond to external factors and influences and still meet our organisational goals and deliver sustainability.
We are unable to effectively recruit our workforce and to positively engage with staff at all levels.
If we fail to effect cultural change we will be unable to lead improvements in organisational capability and staff morale.

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
Strategic Objective 1: Safe patient care is our highest priority. We will provide high quality clinical services that achieve and demonstrate optimum clinical outcomes and provide an excellent care experience for patients									
1	We are unable to demonstrate continuous and sustained improvement in patient safety and the quality of care we provide which could impact on our registration and compliance with regulatory bodies	No significant gaps identified in respect of compliance or regulation	Low	ESHT 2020 framework in place to support ambition of "Outstanding and always improving" Robust governance process, to support quality improvement and risk management; including undertaking Root Cause Analysis where there are incidents and sharing learning, Quality Improvement strategy in place and improvement hub established QSIR improvement utilised and training programme in place 'Excellence in Care' audit and reporting programme rolled out to in-patient areas to facilitate clinical areas in assessing themselves against Trust wide standards of care Getting it Right First Time (GIRFT) in place to improve learning and quality of care	Trust rated Good overall by CQC following Nov/Dec 19 inspections. Conquest and Community Outstanding and DGH Good. Improved quality in a number of areas for example sepsis and reduced mortality Progress reported to Q&S and action plan reviewed and on track. Positive feedback from internal reviews undertaken of acute and community services involving external as well as Trust staff. Evidence base available - Health Assure being utilised as depository for CQC evidence Review of never events by clinically led panel and reported to Quality and Safety Committee May 20		Developing golden thread to support the Trust in achieving Outstanding overall and framing revised objectives aligned to delivering the best care, the best place to work and the best use of resources. Developing ESHT 2025 overarching framework to facilitate continued improvement will be considered by Board June 20 Actions developed to address CQC "should do" requirements will be monitored via Q&S	end Jun-20	DoCA/DN Q&S

Strategic Objective 2: We will operate efficiently and effectively, diagnosing and treating patients in timely fashion to optimise their health.									
2.1	We are unable to demonstrate that the Trust's performance meets expectations against national and local requirements resulting in poor patient experience, adverse reputational impact, loss of market share and financial penalties.	Added May-17 - revised May 20 2.1.1 Effective controls required to support the delivery of 62 day cancer metric and ability to respond to increasing demand and patient choice.	Low	ESHT has been allocated a Cancer Alliance Relationship manager who is working in partnership with the Trust. This work focuses on best practice timed pathways along with partnership working with other providers to learn and share best practice. Pathway Improvement - pathway review in line with 28/62 days - identifying digital opportunities to proactively manage cancer - Alliance decision to be confirmed re AI digital tracking	There were positive signs of progress in 62 day Cancer performance in Q4 with performance above 82% in February and March. Although every effort is being made to minimise the impact of the Covid19 pandemic for patients on Cancer Pathways, there will still be a reduction in Cancer performance. This is due to factors such as patient isolation, national treatment restrictions and patients choosing not to proceed with treatment during the pandemic. Working closely with the Cancer Alliance on improvement actions such as: • Recruitment of sonographers • Addressing inconsistent reporting times in Radiology • Implementation of Breast Triple Assessment clinics • Campaign to support		Essential and urgent cancer treatments are to continue using guidance for clinicians on appropriate risk versus benefit discussions with patients. All patients are on continuous review and receiving follow up call during pandemic to check on their health. Current focus on reintroducing Endoscopy services	COO Dec-20	COO Q&S


seeing all referred
patients by day 7
• Cancer Access policy
• Addressing Histology
turnaround times
Implementation of the
Faster Diagnostic
Standard

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
2.1	We are unable to operate efficiently and effectively, diagnosing and treating patients in timely fashion to optimise their health.	Added March 20 revised May 20 2.1.2 There is a risk that having reconfigured services and resources to respond to the covid19 pandemic the Trust will face a number of challenges in resuming "business as usual" whilst managing any surge in demand and ongoing covid-19 cases. This will impact the Trust's ability to provide optimum care and experience for our population.	Low	National guidance being followed and standard operating procedures in place - eg Regional adult critical care surge process System wide working across the ICS. Working with private providers to source additional capacity. Executive led Covid19 incident management team in place Recovery and restoration project group in place with multi-disciplinary membership and workstreams - outlined to Board May 2020. Staff testing in place to enable early diagnosis and management of return to work Ward areas divided into "red" and "green" zones so there are Covid free areas	Staff appropriately trained and protective equipment available Effectively managed the number of patients presenting with Covid-19 with low mortality rate Continued oversight and support to staff who are self isolating	Amber RAG to be discussed	Recovery and Restoration Project Group established and workstreams commenced, Identifying areas where improvements have been made eg such as virtual out-patient appointments and maximising these opportunities Ensuring there are robust plans in place should there be a second wave	COO Dec-20	COO Q&S

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
2.1	We are unable to demonstrate that the Trust's performance meets expectations against national and local requirements resulting in poor patient experience, adverse reputational impact, loss of market share and financial penalties.	Revised Jan-18 2.1.3 Effective controls are required to ensure increasing numbers of young people being admitted to acute medical wards, with mental health and deliberate self harm diagnoses, are assessed and treated appropriately.	Low	CAMHS transformation plan in place. Working party, including CAMHS and ESHT established to review /monitor existing services SPFT escalation process in place, engagement with CAMHS/FEDS once admitted and also when medically fit for discharge. Inappropriate ward admissions recorded and assessment delays tracked and logged as incidents. escalated for COO/ COO discussion. Themes and trends identified by reviewing previous 12 months data with escalation to CAMHS. New model of care being introduced that will make the provision of CAMHS beds more flexible and support young people requiring NG feed tubes.	Independent review taking place pan Sussex into mental health provision. Continual monitoring and liaison with health partners.		Medically fit CAMHS patients are datixed and escalated to the COO. Feeding and eating disorders (FEDs) are also escalated. Medical and Nursing team have had a training session with the FEDS team to support with FEDS children and more planned. However, acute setting is generally not appropriate for their needs. There is little in between the acute and the specialist centres other than management at home. Liaison between the acute and the specialist teams is regular. Out of hours support remains limited.	Mar-20	COO Q&S

2.1	We are unable to demonstrate that the Trust's performance meets expectations against national and local requirements resulting in poor patient experience, adverse reputational impact, loss of market share and financial penalties.	<u>Added May-19</u> 2.1.4 Following implementation of follow-up appointment database, risks have been highlighted due to insufficient clinical capacity and limitation in the functionality of the database. Effective controls required to ensure treatment is not delayed as a result of overdue follow up appointments	Low	Follow up database is reviewed at specialty PTLs Training, competency assessment and guidance for booking and reception teams. Extensive validation and local procedures for patient on cancer pathways & urgent ophthalmology follow up appointment Failsafe Officer in post for Ophthalmology and additional activity to reduce follow ups particularly in Ophthalmology	Audit of 600 patients on the FU database has given a high level of confidence regarding data accuracy and therefore risk is reducing Reporting of follow up through Div IPRs who are responsible for action and registering risk if indicated.	◄►	Risk reducing as greater levels of confidence in the quality of data on the FU list. Digital team exploring an alternative approach to allow 'time critical' follow up patients to be highlighted. However, options available to date are not functional. Risk is however lowered as Trust controls strengthened Commissioning audit to validate strengthened position Remaining on BAF subject to audit outcome. Audit delayed due to Covid Pandemic	Mar-20	COO Q&S	

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
3.1	*We are unable to:* maintain collaborative relationships with partner organisations based on shared aims objectives and timescales resulting in an impact on our ability to operate efficiently and effectively within the local health economy.	None identified	Moderate	Aligned plan developed with wider health economy and submitted to NHS/E STP wide (Sussex) response to the long term plan submitted. Includes a subset of placed based plans including the East Sussex Plan. Trust priorities incorporated in the plan and we continue to work closely with commissioners on how we ensure delivery of key objectives. Key programmes of work are focused on Acute Care, Planned Care and community based services	Trust fully engaged with STP and Alliance programmes. Sussex Health and Care Partnership achieved Integrated Care System (ICS) status May 2020 Implementation of the East Sussex system wide integrated plan is in progress. Establishing governance structures to commence development of the integrated East Sussex Place.	◄►	Ongoing programme of work no significant gaps in control or assurance	Mar-20	DS Strategy Committee

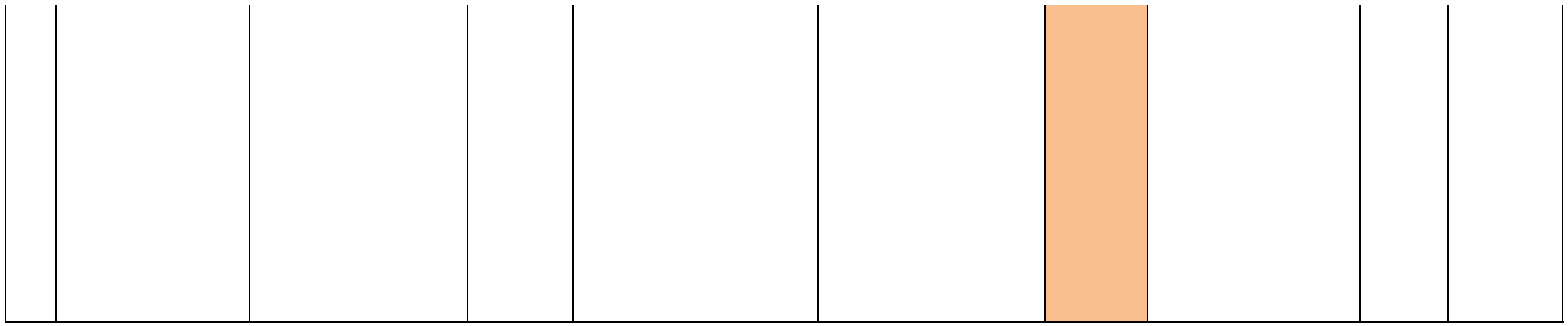
Strategic Objective 3: We will work closely with local with commissioners, local authorities, and other partners to prevent ill health and to plan and deliver services that meet the needs of our local population in conjunction with other care services									
Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
3.3	We are unable to demonstrate that we are improving outcomes and experience for our patients and as a result we may not be the provider of choice for our local population or commissioners.	Added Sept-17 3.3.1 Effective controls are required to ensure the Trust achieves compliance with the four core 7 day service standards by 2020.	Moderate	7 Day Service Steering Group established. PMO project support with dedicated project lead assigned. PID in place with monitoring of progress. Rollout of Nerve Centre will support documentation of consultant-led review and delegation processes for inpatients. Increased the number of Acute Medicine consultants to provide better support on AMU/AAU, particularly at weekends. Educational work has been undertaken across all specialities to improve documentation of daily review and review delegation. Daily multidisciplinary consultant-led board rounds are in place on admission and assessment units and on acute inpatient wards, as the Trust is	Self-Assessment approved by Board (Oct-19) submitted to NHS Improvement and 7DS progress reported and discussed with CCGs at CQRG. Standard 2 Routine Monitoring of via "Excellence in Care" programme audits indicates sustained compliance overall. Can now evidence >90% of patients seen by consultants within 14 hours of admission both on weekdays and at weekends All standards now compliant. Trusts crude mortality has reduced and all indices of risk-adjusted mortality have improved substantially over the last 4 years: SHMI from 1.15 to 0.97, HSMR from 145 to 74, with non-elective falling to 79 (acute peer	Propose move from Amber to Green May 20 ▲	Standard 8 also now compliant overall Re-audit of Standard 8 across both acute hospitals in Mar 20 confirmed:: • Once-daily review was 96% overall and 92% at weekends. • Twice-daily review was 100% in ITU / HDU both on weekdays and at weekends. . NerveCentre roll-out is now underway again, Refresher training being given over next 6-8 weeks to medical and ward staff. Observation module planned over next few months and full transfer from VitalPAK in August.	Mar-20	MD Q&S

				operating the SAFER approach to inpatient care.	group 90) and RAMI from 126 to 76 (Peers 89)					

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
Strategic Objective 4: We will use our resources efficiently and effectively for the benefit of our patients and their care to ensure our services are clinically, operationally, and financially sustainable.									
4.1	We are unable to adapt our capacity in response to commissioning intentions, resulting in our services becoming unsustainable.	Revised May 20 4.1.1 Controls for financial delivery are established and robust, but the CIP challenge and financial plan for 2020/21 need continual monitoring and support. In 20/21 due to the Covid-19 pandemic Trust will have at least 7 months months without CIP. Then 5 months of mixed Covid and recovery plan to return to normal levels of activity with a CIP plan .	Moderate	Robust leadership of CIP programme, with strong link to Model Hospital and GIRFT established. Risk adjusted CIP programme in place and PID produced for each scheme. Confirm and Challenge refreshed to support delivery of the CIP target. Developed financial 'solution' for the non-recurrent component of CIP delivery driven by delayed investment and is included in the draft plan for 2020/21. The finance team are combining a forecast update on the budget with the planners producing a revised activity plan as part of recovery Key areas of focus include: • A refresh of the efficiency plans working with divisions; • Cost pressures arising	Activity and delivery of CIPs regularly managed and monitored through accountability reviews, FISC and F&I. Work continues through Divisional meetings to both maintain contingency and to strengthen recurrent delivery of the programme. 19/20 CIP programme has over achieved delivering £20.7m against a plan of £20.6m CIP was delivered and partially achieved non-recurrently.		NHSE/I has committed to ensure that NHS organisations break even during the period 1 April to 31 July and have extended this until 31st October. Funded on the basis of last year actuals plus covid costs, so no allowance for business cases. If there are other drivers of the deficit then there is a potential that Trusts may not receive the 'true up' to break-even.. £234m of debt will be extinguished in September 2020 and converted to PDC	On-going review and monitoring to end of Mar 21	DoF F&I

				from service developments/ recruitment • How to strengthen the control s and accountability frameworks						

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
4.2 4.3	In running a significant deficit budget we may be unable to invest in delivering and improving quality of care and patient outcomes. It could also compromise our ability to make investment in infrastructure and service improvement We are unable to effectively align our finance, estate and IM&T infrastructure to effectively support our mission and strategic plan.	<u>Revised Jan-20</u> 4.2.1 The Trust is refreshing its five year plan, which makes a number of assumptions around external as well as internal funding. Assurance is required that the Trust has the necessary investment required for estate infrastructure, IT and medical equipment over and above that included in the Clinical Strategy FBC. Available capital resource is limited to that internally generated through depreciation which is not currently adequate for need. As a result there is a significant overplanning margin over the 5 year planning period and a risk that essential works may not be affordable.	Moderate	2020/21 capital plan is being reprioritised to ensure that it is fit for purpose post COVID-19. Capital bids being prioritised and prepared for submission to ICS. Essential work prioritised with estates, IT and medical equipment	Regular review by F&I and FISC committees A £13.8m fire costs bid has been approved by DHSC in September 2019, and will support delivery of key infrastructure investment and repairs over the next three years – but this represents only a component of the £95m estimated backlog maintenance cost. A further £3.9m of backlog maintenance and equipment was approved in December 2019. The Trust has been named as part of the HIP Programme (Phase 2) and has commenced dialogue with NHSI/E colleagues on next steps to secure significant funding over the next 3-5 years. . £5m bid development cost funding has been approved by DHSC.	◄► Dec-19	Capital plan was delivered in 19/20, with elements continuing in the 20/21 capital plan. Developing 10 year capital programme covering key areas of pressure and investment, aimed at supporting the Trust in delivery of the strategic plan. Will be considered by F&I.	On-going review and monitoring to end Mar-21	DoF F&I



Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Timescale	Lead and Monitoring Committee
4.3	In running a significant deficit budget we may be unable to invest in delivering and improving quality of care and patient outcomes. It could also compromise our ability to make investment in infrastructure and service improvement	<u>Added Sept-17</u> 4.3.1 Adequate controls are required to ensure that the Trust is compliant with Fire Safety Legislation. There are a number of defective buildings across the estate and systems which may lead to failure of statutory duty inspections. This includes inadequate Fire Compartmentation at EDGH	Low	Initial works completed as planned including remedial works to existing compartment walls completed in Seaford and Hailsham Wards at DGH. Fire Safety Team in place and Trust has a Fire Strategy, Policy and Fire Risk Assessments undertaken. Fire Training and evacuation drills in place Fire Warden's in place and undertake Weekly Checks. Maintenance of active fire precautions eg automatic fire detection. emergency lighting and fire fighting equipment.	Regular communication and meeting with ESFRS to update on progress/provide assurance. Simulated patient safety exercise undertaken on Seaford ward in June 2019 - will support refinement of evacuation plans	◄►	NHSI funding confirmed Sept-19 in order to facilitate additional fire compartmentation works. This will improve infrastructure and ensure compliance with ESFRS requirements. Programme of fire works delayed due to Covid-19 Pandemic, now aiming to get the project re-started in Autumn	end Dec 20	COO F&I

Ref	Strategic Risk	Strategic Threat	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of threat	Time-scale	Lead and Monitoring Committee
4.4	We are unable to respond to external factors and influences and still meet our organisational goals and deliver sustainability.	A large-scale cyber-attack could shut down the IT network and severely limits the availability of essential information and access to systems for a prolonged period which could have a detrimental impact on patient care	Low	Advanced Threat Protection (ATP) solution implemented to defend against hacking /malware. Regular scanning for vulnerability. Anti-virus and Anti-malware software in place with programme of ongoing monitoring. Client and server patching programme in place and monitored Process in place to review and respond to national NHS Digital CareCert notifications Policies and process in place to support data security and protection and evidence submitted to the DSPToolkit Self-assessment against Cyber Essential Plus Framework to support development of actions for protection against threats Education campaign to raise staff awareness - training ongoing with cyber	Information sharing and development with SESCSG Sussex and East Surrey Cyber Security Group Cyber Essential Plus Framework assessment reviewed by division and reported to audit committee Regular quarterly security status report to IG Steering Group and Audit Committee Trust was resilient to WannaCry ransomware attack (May 2017) Cyber security testing and exercises eg senior leaders participated in IT / Cyber exercise delivered by Police South-East Regional Police Organised Crime Unit (Nov-19)	Nov-17	Pursuing ISO27001 certification and engaging with national funded resources to assess and report on our current position against the Cyber Essential Plus framework. Further investment in monitoring solutions and to increase compliance with server patching will be addressed as part of digital programme.	end Jun-20	DF Audit Committee

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
Strategic Objective 5: All ESHT's employees will be valued and respected. They will be involved in decisions about the services they provide and offered the training and development that they need to fulfil their roles.									
5.1	We are unable to effectively recruit our workforce and to positively engage with staff at all levels.	Added 2015 5.1.1 Assurance required that the Trust is able to appoint to "hard to recruit specialties" and effectively manage vacancies. There are future staff shortages in some areas due to an ageing workforce and changes in education provision and national shortages in some specialties	High	Workforce strategy aligned with workforce plans, strategic direction and other delivery plans Ongoing monitoring of Recruitment and Retention Strategy Workforce metrics Quarterly CU Reviews to determine workforce planning requirements. Review of nursing establishment quarterly Medacs supporting recruitment In house Temporary Workforce Service to facilitate bank and agency requirement Full participation in HEKSS Education commissioning process	Success with some hard to recruit areas e.g. A&E, Histopathology, Stroke and Acute Medicine. Trust overall Time to hire 72 days April 2020. (inc advertising/notice period). A slight increase of 2 days since last update due to Covid 19 travel restrictions. Trust net vacancy trending at 9.4% in April 2020 a decrease of .4% vs April 2019. Predicted year end finish was 9.5%.	◄►	Medical recruitment, hard to fill posts - 11 candidates in place sourced via Medacs, a further 12 posts at offer Since May 2019 100 Band 5 Indian nurses arrived at Trust, with a further 8 due to arrive once Covid travel restrictions are lifted. Additional International nurses c100 to be sourced for 2020/21. Continued International sourcing of Medical candidates, including Radiographers and Sonographers. A further 2 International Radiographers due to start with Trust once Covid Travel restrictions are lifted. Planned Skype Interviews during May 2020.	ongoing to end Mar-21	DHR POD

East Sussex Healthcare NHS Trust

Integrated Quality & Performance Report

Prepared for East Sussex Healthcare NHS Trust Board

For the Period April 2020 (Month 1)

East Sussex Healthcare NHS Trust

Content

East Sussex Healthcare NHS Trust

About our IPR

- Our IPR reflects how the Trust is currently working and how the on-going journey of improvement and excellence, reflected within our Strategy and Operational Plan (2019/20), is being delivered.
- Throughout our work we remain committed to delivering and improving on:
  - Care Quality Commission Standards
    - Are we safe?
    - Are we effective?
    - Are we caring?
    - Are we responsive?
    - Are we well-led?
  - Constitutional Standards
  - Financial Sustainability in the long term plan
- Our IPR, therefore, aims to narrate the story of how we are doing and more importantly how we will be doing as we look towards the future.
- Detailed data can be found within the IPR Data Detail (appendix A).

Our AMBITION is to be an outstanding organisation that is always improving
Our VISION is to combine community and hospital services to provide safe, compassionate and high quality care to improve the health and well-being of the people of East Sussex

East Sussex Healthcare NHS Trust

Performance Summary

Safe	Target	Mar-20	Apr-20	Variation	Assurance
Serious Incidents	<>	3	0		
Never Events	0	0	0		
Falls, per 1000 Beddays	< 5.5	6.0	6.1		
Pressure Ulcers, grade 3 to 4	0	1	0		

Infection Control	Target	Mar-20	Apr-20	Variation	Assurance
MRSA Cases	0	0	0		
Cdiff cases	< 5	5	0		
MSSA cases	<>	1	0		

Mortality	Target	Prev	Latest	Variation	Assurance
RAMI	<>	90	92		
SHMI (NHS Digital)	<>	0.94	0.97		

Caring	Target	Mar-20	Apr-20	Variation	Assurance
Complaints received	<>	33	12		
A&E FFT Score	> 96%	96.9%			
Inpatient FFT Score	> 96%	98.8%			
Out of Hospital FFT Score	> 96%	98.3%			
Maternity FFT Score	> 96%	95.2%			
Out of Hospital FFT Score	> 96%	98.3%			
Outpatient FFT Score	> 96%	98.2%			

Operational Performance (Responsive)	Target	Mar-20	Apr-20	Variation	Assurance
A&E 4 hour target	> 95%	83.9%	92.8%		
12 Hour DTAs	0	0	0		
Acute Non Elective LoS	3.9	0.0	3.9		
Community LoS	25	24.1	24.9		
RTT under 18 weeks	> 92%	87.3%	82.4%		
RTT 52 week wait	0	0	6		
Out of Hospital within target wait time	<>	88.0%	93.2%		
Diagnosic under 6 week	< 1%	7.0%	48.2%		
Cancer 2 week wait	> 93%	98.0%			
Cancer 62 day	> 85%	83.4%			

Organisational Health	Target	Mar-20	Apr-20	Variation	Assurance
Trust Level Sickness Rate	<>	4.6%	4.7%		
Trust Turnover Rate	10.4%	10.1%	9.7%		
Vacancy Rate	9.3%	8.7%	9.4%		
Mandatory Training	90%	88.3%	85.9%		
Appraisal Rate (%) 12 months	85%	78.8%	74.8%		

Exceptions in month	Target	Mar-20	Apr-20	Variation	Assurance
VTE Assessment compliance	95%	94.4%	88.9%		

FFT suspended mid March 2020

April 2020 Cancer data not available until June 2020

Variation			Assurance		
Common Cause - No Significant change	Special Cause of concerning nature or higher pressure	Special Cause of improving nature or lower pressure	Variation indicates continued inconsistancy in meeting target	Variation indicates consistantly falling short of Target	Variation indicates consistantly meeting or exceeding Target

Quality and Safety

Delivering safe care for our patients
What patients are telling us?
Delivering effective care for our patients
Challenges and risks

Safe patient care is our highest priority

Delivering high quality clinical services that achieve and demonstrate the best outcomes and provide excellent experience for patients

Summary

East Sussex Healthcare NHS Trust

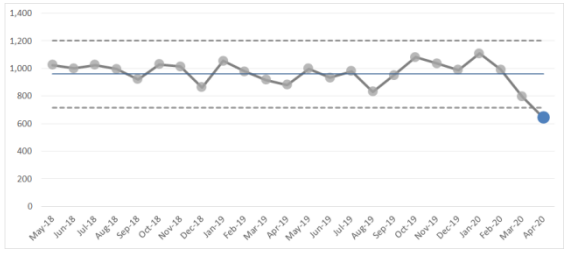
	Positives	Challenges & Risks	Author
Quality and Safety **April 2020 Data**	**Friends and Family Test** FFT was suspended from 20th March, so there is reduced response data for April. **Infection Control** There were no hospital onset infections to report for mandatory surveillance for April. IPC focused on risk assessing positive cases of Covid and undertaking contact tracing of those who had contact with positive cases while in our care. Outbreaks at Irvine unit affecting 10 patients and 31 staff and on Frailty ward affecting 8 patients and 22 staff are being investigated via formal SI process. **Staffing** As part of our Covid Pandemic response over 500 staff were redeployed to support the increased challenge to deliver acute care and increase ICU capacity as well as new roles. **Mortality** NHS Digital have corrected the data error and our current SHMI is now 97. The previous two published SHMI were both 94. **COVID-19** The initial surge of COVID-19 infection has been less marked than expected due to the effectiveness of the government's lockdown. Currently it is estimated that only 5% of the population has been infected, and so there is the distinct possibility of a further surge as lockdown is eased. Up to now the 2 ITUs have coped remarkably well, and the COVID/non COVID areas in ED and on the wards likewise.	**Infection Control** At time of writing the response to Covid remains robust with a verbal update for the board from the DoN/DIPC as it is a changing picture on a weekly basis. **Pressure Ulcers** The overall all rise in PUs per 1,000 bed days in April is likely to reflect the change in the acuity of patients related to acute admissions during the Pandemic. However there were zero category 3 or 4 pressure ulcers reported during this month. **Falls** Total falls have shown normal variation since December 2017. There were no severity 3 or 4 falls in April. **Staffing** CHPPD and fill rates for nursing are one of many external returns that are suspended for now due to Covid19. Due to the considerable redeployment and recruitment of additional/new staff this would be difficult in any event. Usual daily checks and oversight continue and in the main with occupancy lower (although increasing), most areas are manging well. There has been more pressure on critical care areas (who are in full PPE for long periods) and they are being closely monitored and supported. The Director of HR will comment in more detail on workforce and wellbeing overall.	 **Vikki Carruth** Director of Nursing and Director of Infection Prevention and Control  Medical Director

Safe Care – Incidents

East Sussex Healthcare NHS Trust

Quality and Safety

Patient Safety Incidents
(Total Incidents)



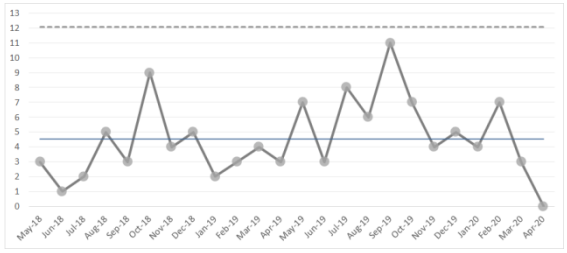
Target: monitor
Variation : outlier (improvement)
Current Month: 641

There has been an overall reduction in the number of patient safety incidents due to a reduction in activity during the Covid crisis

Top 3 categories for **safety incidents** are:

- Slips, Trips and Falls (77)
- Pressure Ulcers ESHT Community (70)
- Antenatal, Maternity and Postnatal care (62)

Serious Incidents
(Incidents recorded on Datix)



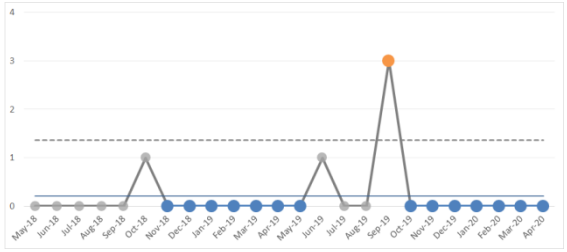
Target: monitor
Variation: normal
Current Month: 0

Serious Incident Management and Duty of Candour:

There were 0 **serious incidents** reported during April 2020:

At the end of April there were 30 Serious Incidents open in the system; 17 under investigation and within timescales, 4 kept open by the CCG, 7 with CCG for closure and there are 2 incidents with the HSIB.
For April, verbal DoC was 74% and written was 81%. This is a rolling 12 month figure and is discussed at the Weekly Patient Safety Summit and the Quality & Safety Committee.

Never Events
(Incidents recorded on Datix)



Target: 0
Variation: run (improvement)
Current Month: 0

Never Events
The Chair of the Clinical Practice Review Group has completed a final report which is will be presented to the Trust Board at the June meeting.

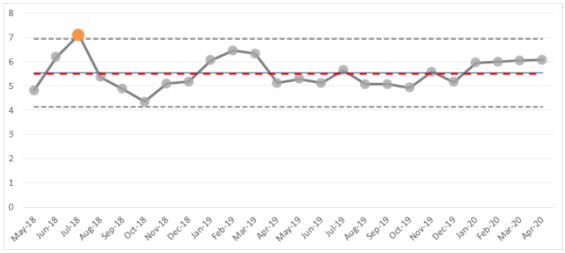
Safe Care - Falls

East Sussex Healthcare NHS Trust

Quality and Safety

Total Falls Per 1000 beddays

Target: 5.5
Variation: Normal
Current Month: 6.1

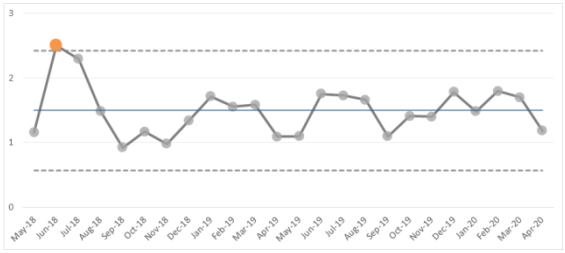


The rate of falls per 1,000 bed days has shown common cause variation since December 2017.

April saw 44 fewer falls than the previous month and there are no themes or trends of concern to note. This is due to the reduced activity within the organisation.

Falls with Harm Per 1000 beddays

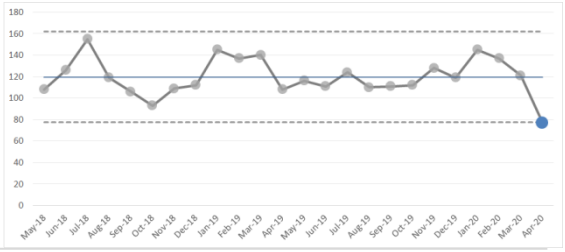
Target: monitor
Variation: Normal
Current Month: 1.2



Falls with harm is now showing normal variation.
Any falls with harm needing intervention are investigated as Serious Incidents.

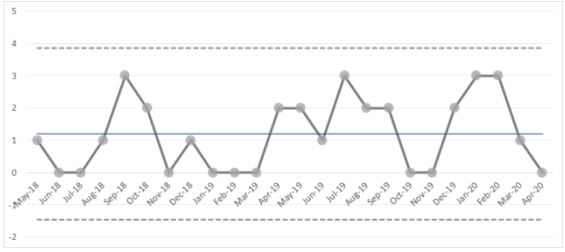
Total Falls

Target: monitor
Variation: outlier (improvement)
Current Month: 77



Major Falls

Target: monitor
Variation: normal
Current Month: 0



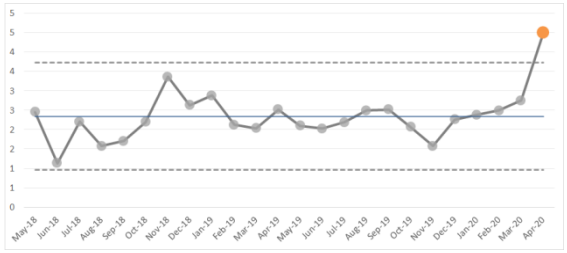
There were no severity 3 or 4 falls in April.

Safe Care - Pressure Ulcers

East Sussex Healthcare NHS Trust

Pressure Ulcers Per 1000 bed days (Grade 2,3,4)

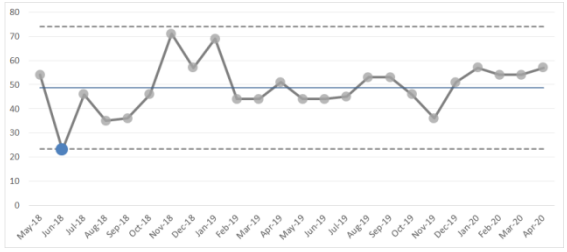
Target: monitor
Variation: outlier (concern)
Current Month: 4.5



The rate of pressure ulcers per 1000 bed days has shown a significant rise in April, outside of the common cause variation. This has coincided with operational changes of inpatient activity during the COVID-19 Pandemic. During this period normal elective activity was dramatically reduced. The total number of inpatients' overnight stays was significantly lower and the vast majority of patients were acute, unplanned admissions in medicine.

Pressure Ulcers Category 2 (inpatient and community)

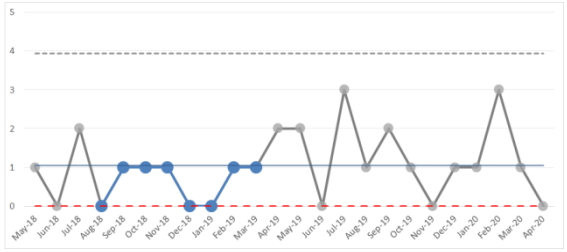
Target: monitor
Variation: normal
Current Month: 57



Category 2 pressure ulcers have shown common cause variation since February 2018. In April 2020, there were 29 category 2 ulcers reported in the two acute hospitals, 28 in the community and 1 in our community hospitals.

Pressure Ulcers Category 3&4

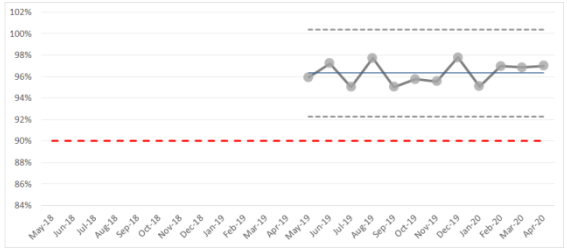
Target: zero
Variation: normal
Current Month: 0



Zero category 3 & 4 category pressure ulcers were reported in April 2020.

Pressure Ulcers Assessment Compliance

Target: 90%
Variation: normal
Current Month: 97%



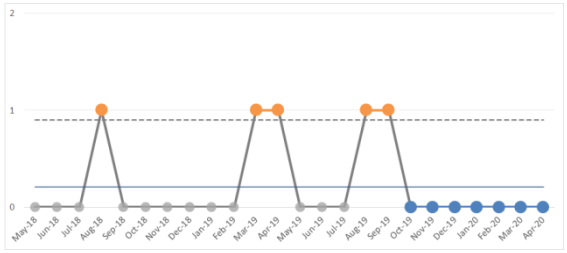
The target for pressure ulcer assessment compliance is 90% and this has been relatively consistently achieved since May 2019.

Safe Care - Infection Control (non Covid)

East Sussex Healthcare NHS Trust

MRSA cases

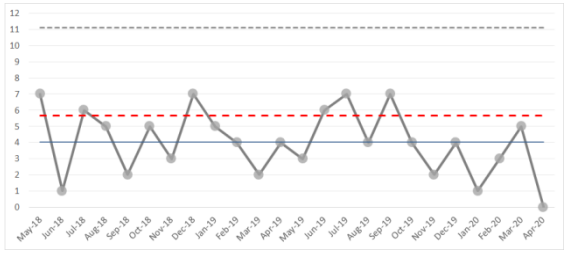
Target: zero
Variation: normal
Current Month: 0



MRSA bacteraemia – There have been no Healthcare Associated Infections (HAI) in April 2020.

CDIFF cases

Target: 5.66
Variation: normal
Current Month: 0



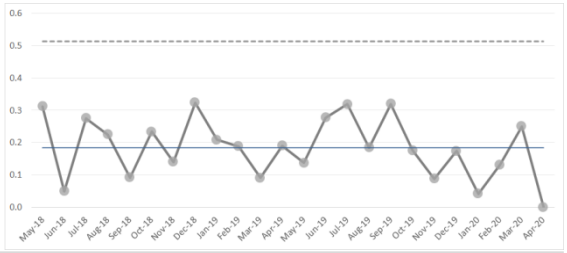
Clostridium Difficile – No cases of hospital onset infection were reported in April.

We have not yet been notified of the trust CDI limit for the 2020/21.

Publication of annual data and commentary for mandatory reportable healthcare associated infections 2019/20 has been postponed until November 2020.

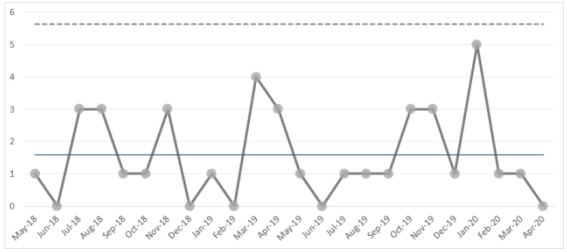
CDIFF per 1000 bed days

Target: monitor
Variation: normal
Current Month: 0



MSSA

Target: monitor
Variation: normal
Current Month: 0

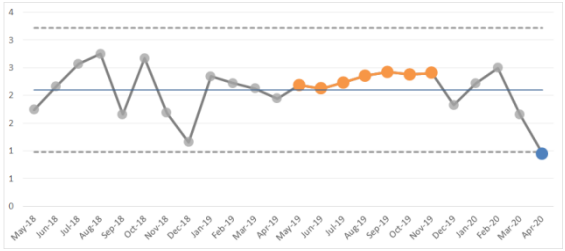


MSSA bacteraemia – No HAI MSSA bacteraemias reported in April 2020.

What patients are telling us?

East Sussex Healthcare NHS Trust

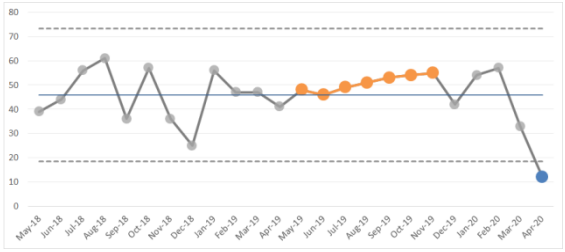
Complaints Received per 1000 bed days



Target: Monitor
Variation: normal
Current Month: 0.95

11 new complaints were received in April 2020, with a rate of 0.95 per 1,000 bed days. The reduction has been since the Covid pandemic. National guidance advised Trusts to pause the complaints process. Where possible the Trust continues to respond but timescales will remain challenging due to staff absence and impact of Covid19 response. There continues to be no obvious/apparent themes or trends in terms of the current figures reported over the last 6 months.

Complaints Received

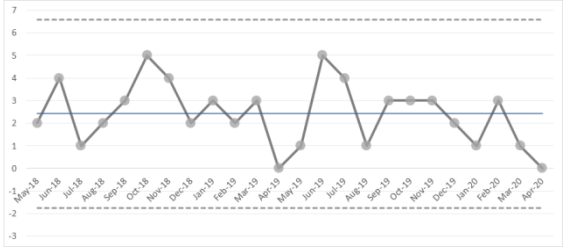


Target: Monitor
Variation: outlier (improvement)
Current Month: 12

- Medicine - 1 complaint = 0.1 per 1000 bed days
- DAS - 3 complaints = 0.9 per 1000 bed days
- WCSH – 4 complaints = 3.6 per 1000 bed days
- Urgent Care = 2 complaints
- Out of Hospital – 1 = 1.1. per 1000 bed days

Women's and Children's Division has the highest rate of complaints. The reason for this is known - lower bed day numbers, as with Out of Hospital Division, tend to impact the rate.

PHSO contacts



Target: Monitor
Variation: normal
Current Month: 0

There were no PHSO contacts in April 2020. The PHSO has confirmed it will not be reviewing cases at this time.

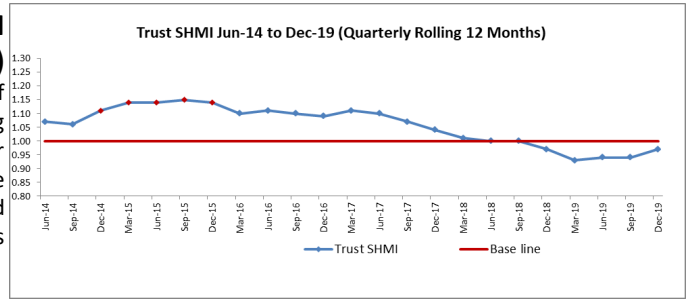
Effective Care - Mortality

East Sussex Healthcare NHS Trust

Why we measure Mortality – it's used as an indicator of hospital quality in order to look for improvement in mortality rates over time, improve patient safety and reduce avoidable variation in care and outcomes.

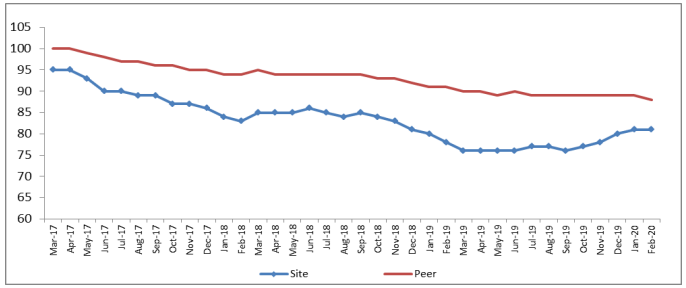
Summary Hospital Mortality Indicator (SHMI)

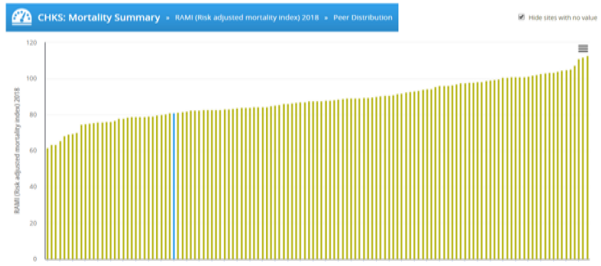
Ratio between the number of patients who die following hospitalisation and the number that would be expected to die on the basis of average England figures



- SHMI – January 2019 to December 2019 is showing an index of 0.97.
- RAMI 18 – March 2019 to February 2020 (rolling 12 months) is 81 compared to 78 for the same period last year (March 2018 to February 2019). February 2019 to January 2020 was also 81.
- RAMI 18 shows a February position of 82. The peer value for February is 97. The January position was 94 against a peer value of 92.
- Crude mortality shows March 2019 to February 2020 at 1.53% compared to 1.51% for the same period last year.
- The percentage of deaths reviewed within 3 months was 69% in January 2020, December 2019 was 74%.

Risk Adjusted Mortality Index (RAMI)

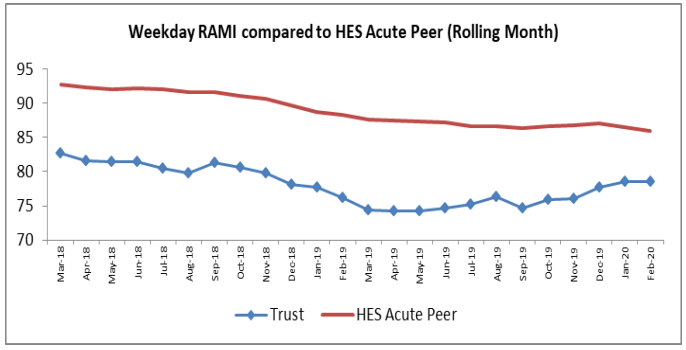


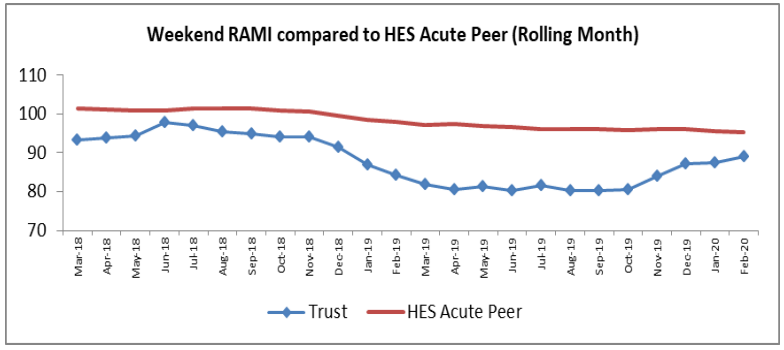


RAMI v Peer

This shows our position nationally against other acute trusts - currently 31/129

Weekday/Weekend RAMI



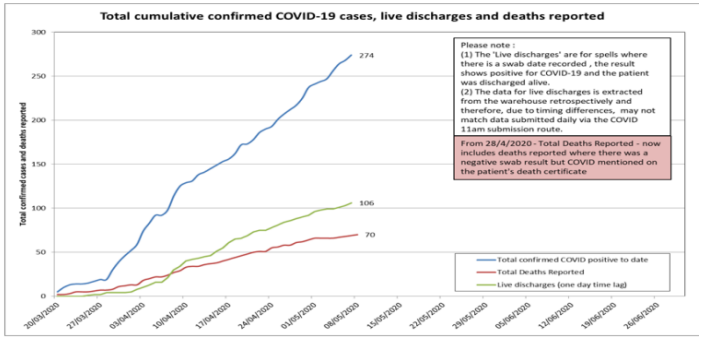


For some years in the NHS, there have been concerns over weekend mortality. Our weekend RAMI, although higher than weekday, remains better than the national average.

Effective Care - Covid-19

COVID-19 confirmed cases

East Sussex Healthcare NHS Trust



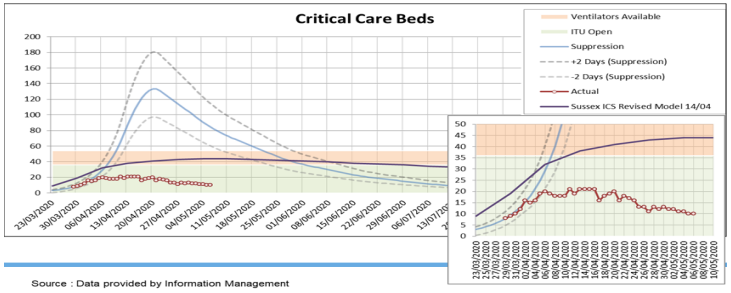
Estimated Impact on COVID19 Bed Demand following suppression measures enforced by government

Monitoring actuals vs Model Predictions 6th May 2020

East Sussex Healthcare NHS Trust

x Healthcare NHS Trust

Following continued evidence of a flatter peak in Sussex, central modelling has been updated. New Sussex modelling included in graph. Actuals includes confirmed positives and suspected (treated as positive as bed and ventilators in use). Critical care Covid patients fallen and plateaued remaining between 10-13 patients for the last 12 days. See below – Smaller square graph shows the same data but zoomed in on the lower levels of the graph.



Source : Data provided by Information Management

April 2020 Main Cause of In-Hospital Death Groups (ESHT)

COVID-19	48
Pneumonia	29
Cancer	12
Heart Failure	11
Sepsis/Septicaemia	8
Cerebro-vascular Incident	6
Myocardial Infarction (MI)	6
Chronic Obstructive Pulmonary Disease (COPD)	4
Liver Disease	3
Community-acquired Pneumonia	2
Acute Kidney Injury (AKI)	1
Atrial Fibrillation (AF)	1
Bowel Obstruction	1
Dementia	1
Urinary Tract Infection (UTI)	1

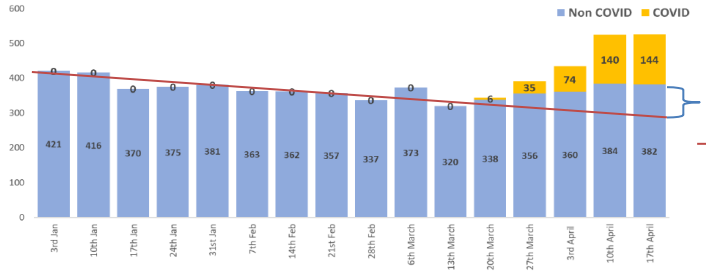
COVID has gone to the top
In March, 8 COVID deaths only

There are:

- 19 cases which did not fall into these groups and have been entered as 'other not specified'.
- 12 cases for which no CoD has been entered on the database and therefore no main cause of death group selected.

Sussex All Deaths By Week – registered by 25th April

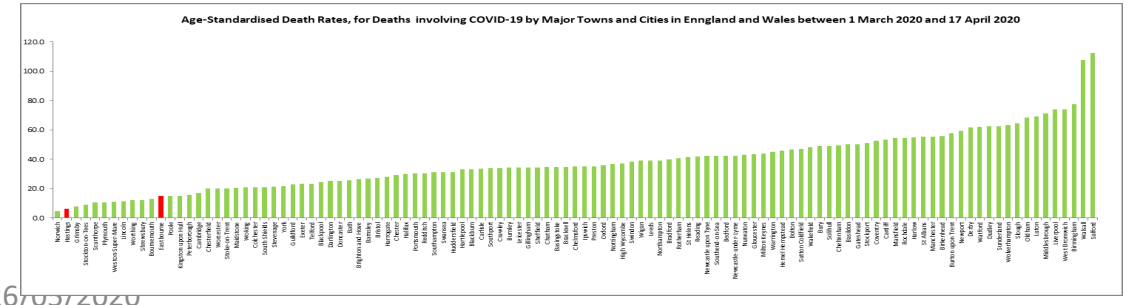
COVID and non-COVID Deaths



?XS non COVID deaths

Deaths usually decline in spring

- Note: From 31 March 2020 figures also show the number of deaths involving coronavirus (COVID-19), based on any mention of COVID-19 on the death certificate.
- By week ending 17th April there had been 399 deaths with COVID



Source: ONS

Hastings 2nd lowest deaths
Eastbourne 11th

Workforce

Delivering safe care for our patients
What patients are telling us?
Delivering effective care for our patients
Challenges and risks

Safe patient care is our highest priority

Delivering high quality clinical services that achieve and demonstrate the best outcomes and provide excellent experience for patients

Summary

East Sussex Healthcare NHS Trust

Our People

	Positives	Challenges & Risks	Author
Responsive	**Annual turnover** has reduced by 0.4% to 9.7%, reflecting 589.6 FTE leavers in the rolling 12 months **Retention rate** (i.e. % of staff with more than 1 year's service) has increased by 0.3%.	The Trust **vacancy rate** has increased by 0.7% to 9.4% **Current vacancies** are 677.0 fte, an increase of 64.1 ftes this month (n.b. substantive budgeted establishment has increased by 149.4 ftes in Month 1 20/21). Monthly **sickness** has increased by 0.5% to 5.4% whilst the overall annual sickness rate has slightly increased by 0.1% to 4.7% **Appraisal** compliance has reduced by 4.0% from 78.8% to 74.8%. **Mandatory Training** compliance rate has reduced by 2.4% to 85.9% **Temporary expenditure** of £3,944k represents an increase of £137k since last month	 **Monica Green** Director of Human Resources

Actions:

The Trust is committed to ensuring our staff is valued, respected and able to deliver the highest level of care. Therefore ensuring that we have the right people, at the right time providing the right care is of ultimate importance.

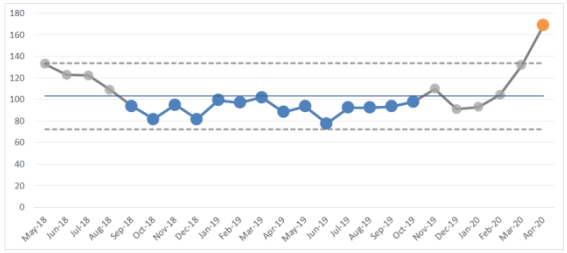
The Covid-19 pandemic has resulted in a need to refocus on measures to support the Trust in dealing with this emergency. This includes

- Covid relief recruitment fast track which involves safely streamlining processes to speed up the recruitment of key staff. This includes substantive, temporary and HEE Covid returners to meet the clinical need. The recruitment team has also continued with business as usual such as remote international recruitment and the development of the strategy.
- The maintenance and coordination of a redeployment office to manage requests from areas that needed additional staff or new roles and more recently the support to the restoration work that has initiated. We continue working with the clinical teams and Rosters support to model the workforce required in a rapidly changing environment.
- Occupational Health continues supporting with the testing of staff to facilitate safe return to work, fast tracking recruitment assessment for key staff and also providing access to Mental Health practitioners for those suffering from anxiety and PSTD.
- Daily reporting on absence due to Covid-19, through sickness, isolation, shielding or carers leave to enable effective planning & testing
- Supporting the divisions by keeping in contact with those currently off sick, confirming the reasons, be it Covid-19 or other reasons and where possible discussing return to work and any support required for cases including anxiety/stress/depression and MSK problems.
- Education and Training staff focussing on inducting TWS/COVID return to practice staff and upskilling redeployed staff as required to meet their roles.
- Staff Engagement & Wellbeing arranging additional support for staff through the Care First Counselling service, Time to Talk phone lines, Collection Hubs for staff for practical items and expanded nursery provision for staff now allowing for up to age 11.
- The workforce planning and HR managers are working with the divisions to give continuation and finalise local workforce plans.

Workforce – Contract type

East Sussex Healthcare NHS Trust

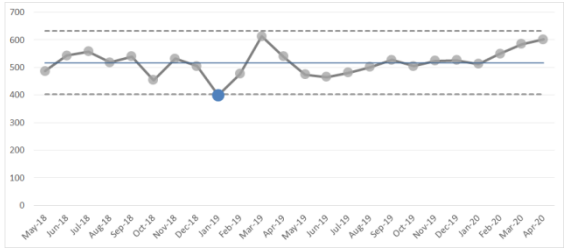
Agency FTE Usage



Current Month: 168.7

- Agency fte usage has increased this month (+37 ftes) due to additional demand for nursing staff as a result of the Covid-19 pandemic. This month's total usage of 168.7 ftes is the highest in the last two years.
- Demand for medical & dental agency and AHP agency, this month, did slightly reduce.

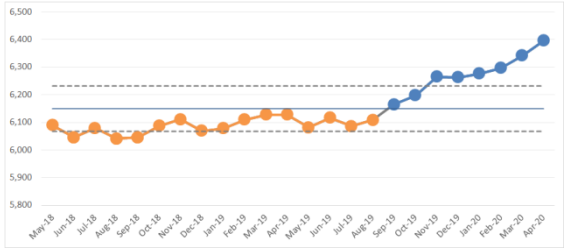
Bank FTE Usage



Current Month: 601.2

- Bank fte usage has increased this month (+16 fte) overall as a result of the Covid-19 pandemic. Usage increased for Medical & Dental, Registered & Unregistered Nursing, Allied Health Professionals and Estates & Ancillary staff. This month's total fte usage of 601.2 was the highest since Apr '18. .

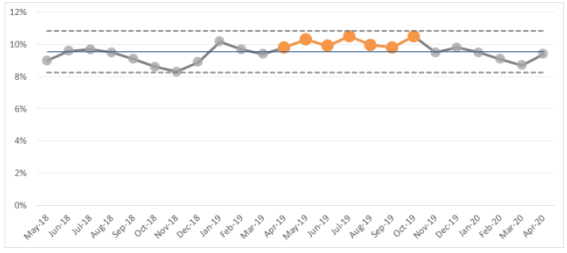
Substantive FTE Usage



Current Month: 6,396.1

- Substantive fte usage continues to rise to a new high of 6396.1 ftes (+55 ftes this month), representing the continued filling of vacancies.

Vacancy Rate



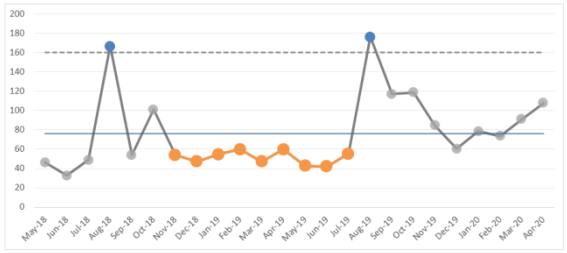
Current Month: 9.4%

- The vacancy rate has increased by 0.7% to 9.4%, after three months consecutive reductions. Current Trust vacancies are 677.0 ftes, an increase of 64.1 ftes but this is due an increase in the substantive budgeted fte establishment at the start of the financial year (+149.4 ftes), which has been partly offset by continued recruitment to vacancies..

Workforce - Churn

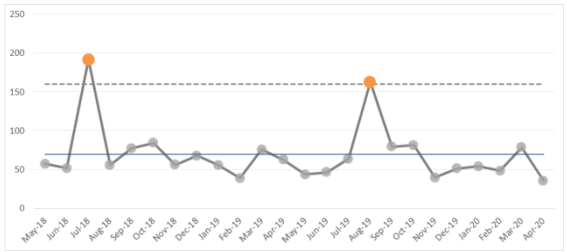
East Sussex Healthcare NHS Trust

Starters FTE



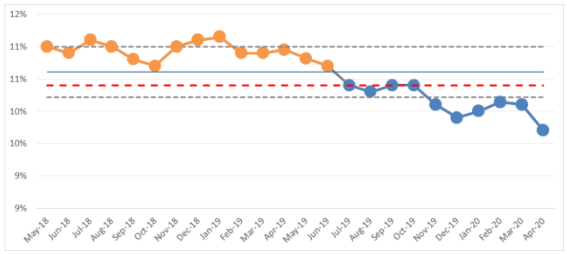
Current Month: 107.7

Leavers FTE



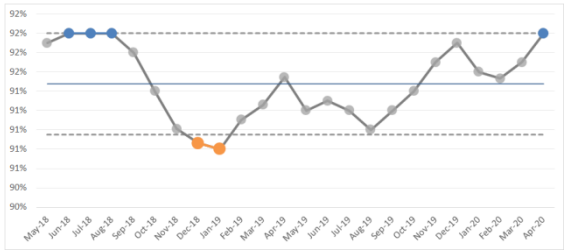
Current Month: 35.5

Annual Turnover Rate



Current Month: 9.7%

Retention Rate



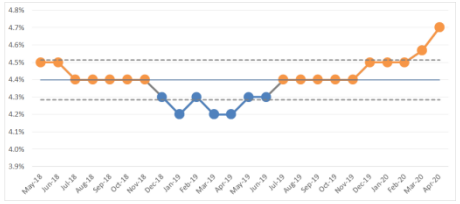
Current Month: 92.0%

- 107.7 ftes joined the Trust this month, 35.5 ftes left . There was a net increase of 11.0 Medical & Dental staff, 3.2 Allied Health Profs and 20.3 Additional Clinical Services staff but a net decrease of -2.8 Registered Nurses & Midwives.
- The recruitment process has slowed due to visa restrictions and some border closures. Interviews are still being conducted to keep the pipeline active and provisional start dates have been given for medical staff but are subject to change. In Emergency Medicine, 5 Middle Grade and 1 Consultant are due to start. Consultants for Cardiology/ Radiology and Histopathology are also due to start.
- 8 Nurses are awaiting arrival from the last India visit. Skype interviews took place in May which led to 17 new offers and there are additional interviews for a further 8. Skype interviews have also been arranged for Radiographers.
- Trust turnover has reduced by 0.4% to 9.7% (589.6 fte leavers). Turnover is highest for Healthcare Scientists at 14.7% (20.9 fte leavers) and Allied Health Profs at 11.5% (47.3 ftes). However, overall turnover has reduced by 1.2% in the last two years
- The retention rate (i.e. % of staff with more than 1 year's service with ESHT) has increased this month by 0.3% to 92.0%, in line with the reduction in the turnover trend. The retention rate has remained relatively high within the range 90.8% to 92.7% across the last two years.

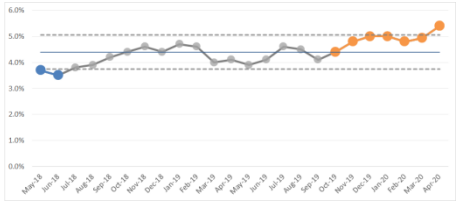
Workforce - Sickness

East Sussex Healthcare NHS Trust

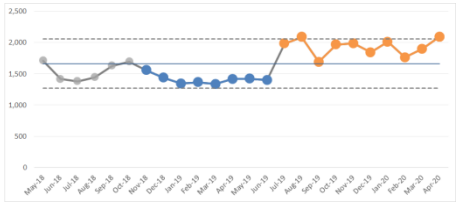
Annual Sickness Current Month:4.7%



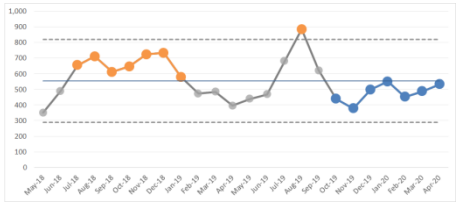
Monthly Sickness Current Month: 5.4%



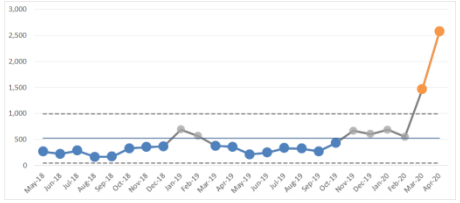
Anxiety/Stress/Depression



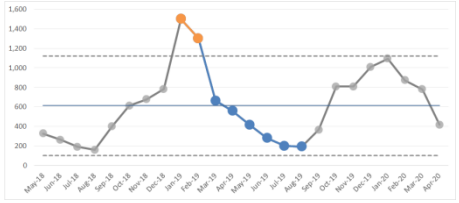
Back Problems



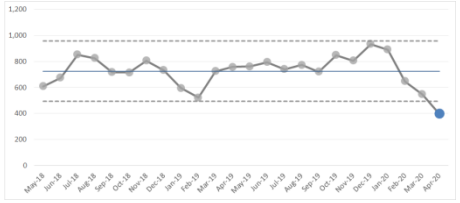
Chest & Respiratory Problems



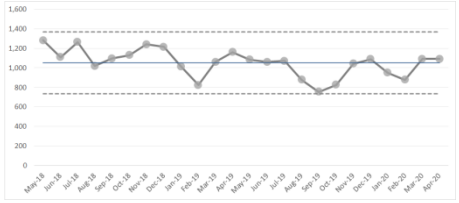
Cough, Cold & Flu



Gastro-intestinal Problems



Other MSK problems



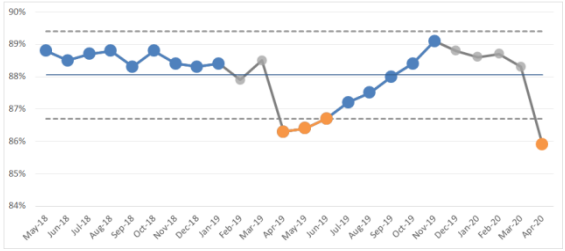
- Annual sickness has increased this month by 0.1% to 4.7% reflecting the increasing monthly trend.
- Monthly sickness increased by 0.5% this month to 5.4% as a result of the impact of Covid-19. This month, sickness has been highest amongst Additional Clinical Services (mostly unregistered nurses and therapy helpers) at 7.1%, Estates & Ancillary staff (6.2%). Registered Nurses & Midwives sickness was 5.6%.
- The increase in monthly sickness is due to a 75% increase in fte days lost to Chest & Respiratory illnesses (+1103 fte days) reflecting the impact of Covid-19. Sickness due to anxiety/stress/depression has also increased by 192 fte days lost this month. Usual seasonal illness such as Cough, Cold & Flu have reduced by 362 fte days lost and Gastrointestinal illnesses by 152 days lost, potentially demonstrating the effect of lockdown in reducing transmission.
- In DAS, WCSH and Estates & Facilities, the fte days lost to Chest & Respiratory illnesses actually reduced this month compared to last month's sharp rise but there were increases in the other Divisions with particularly acute rises in Medicine and OOH
- The focus this month continues to be working with the divisions to understand the Covid-19 reasons for absence and ensure that they are reported correctly within Healthroster. Stress and anxiety are also a major focus and the HR department are ensuring that staff feel supported by answering queries and signposting them to the support available, including CareFirst and Time To Talk. Health & Wellbeing, including Occ Health, are leading on support for staff and the Covid-19 testing.

Workforce - Compliance

East Sussex Healthcare NHS Trust

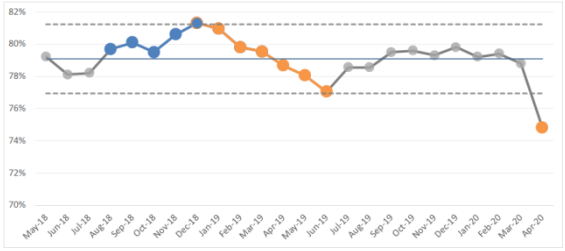
Mandatory Training Compliance

Current Month: 85.9%



Appraisal Rate

Current Month: 74.8%



- The overall mandatory training compliance rate has reduced by 2.4% to 85.9% this month following the suspension of mandatory training classroom modules, as a result of the pandemic.
- As there is now a reduction in the numbers of new TWS staff coming through for Induction, Learning & Development are looking at plans to re-introduce mandatory training. Staff will be advised over the coming weeks to complete eLearning for the majority of topics and L&D are working with trainers to look at alternative methods for delivering taught sessions to ensure social distancing or whether virtual sessions can take place.
- The Trust appraisal rate has decreased by 4.0% to 74.8%. This is likely to be due to the impact of Covid-19. 166 appraisals were logged for April '20 compared to 435 in Apr '19. Medical appraisals have been temporarily suspended due to the pandemic.

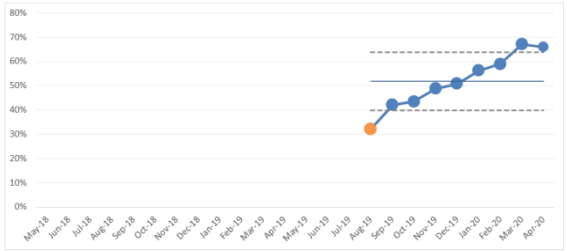
Urgent Care, compliance rate this month decreased by 1.7% to 71.3%.
Medicine, compliance rate this month decreased by 3.7% to 72.1%.
DAS, compliance rate this month decreased by 5.9% to 83.8%.
OOH, compliance rate this month decreased by 1.0% to 73.1%.
WCSH, compliance rate this month decreased by 2.6% to 76.3%.
Estates & Facilities, compliance rate this month decreased by 8.0% to 69.5

Workforce – Job Planning

East Sussex Healthcare NHS Trust

Consultant eJob-Planning Fully Approved Rate

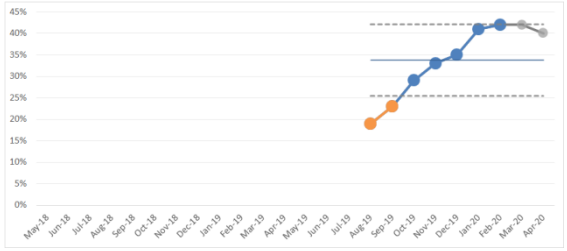
Current Month: 66.0%



- The associated graph reflects a 24 month view however data is only available from July 2019, when progress reporting was first started (historical reporting is not available).
- As of 30th April 2020, 163 of 247 consultants (66%) and 42 of 106 SAS grades (40%) had fully approved job plans.
- Strategic focus for May/June 2020 is to obtain written consent from Clinical Leads to republish signed off job plans and sign them off at all levels and to harmonise job plan start and end date by ensuring all job plans start on 1st April and end on 31st March

SAS Grades eJob-Planning Fully Approved Rate

Current Month: 40.0%

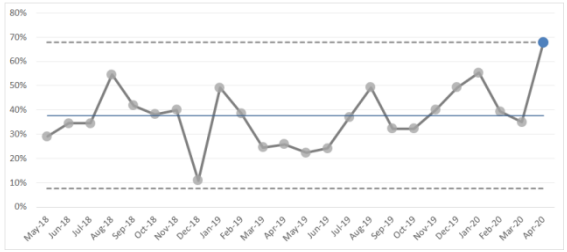


Workforce – Roster Completion

East Sussex Healthcare NHS Trust

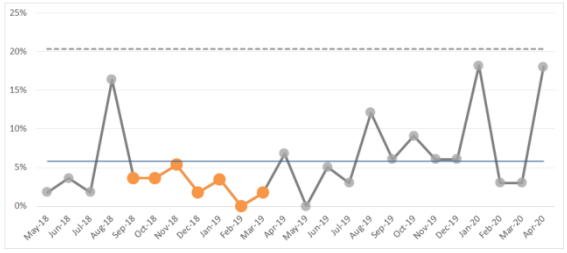
6 week Nursing Management Roster Approval Rate

Current Month: 68.0%



8 week Nursing Management Roster Approval Rate

Current Month: 18.0%



- The following charts show the % of approved rosters as at 6 & 8 weeks prior to commencement, in line with the Lord Carter recommendations.
- For the period commencing 23rd March 68% of rosters had been approved at 6 weeks before commencement and 18% had been approved at 8 weeks prior to commencement.
- The 6 week figure of 68% is new high whilst the 8 week figure equals the previous highest figure (period commencing 30 Dec '19)

Access and Responsiveness

Delivering the NHS Constitutional Standards

Our front door - Urgent Care

How our patients flow through the hospital

Our Cancer Services

Our Out of Hospital Services

We will operate efficiently & effectively

Diagnosing and treating our patients in a timely way that supports their return to health

Summary

East Sussex Healthcare NHS Trust

	Positives	Challenges & Risks	Author
Responsive	The Covid-19 pandemic has led to significant changes in the way non-elective and elective care is being delivered. Through March and April, the Trust has delivered well against its peers (next slide) Cancer 62 day performance in February and March has continued to improve with a final position of 83.4%. This was against a national average of 78.7% and placed ESHT 45th out of 128 reporting organisations. After a challenging winter period which was then followed by the initial impact of the Covid19 pandemic, the Trust has started to demonstrate a positive recovery in it's A&E Performance. April was reported at 93.5% , an increase of just under 10%. The focus from mid May onwards is to deliver services to patients who have been clinically prioritised as P2 (treatment required in one month) and P3 (treatment required in 3 months), at pre-Covid levels. Reporting metrics to show elective restoration and recovery are underway, as the priority is to treat patients in clinical priority whilst capacity remains constrained.	The challenges of Covid19 has resulted in the Trust having to adapt the way in which services are provided in order to ensure the safety of both staff and patients. April has seen a further reduction in attendances to our Emergency Departments but at the same time has provided us with challenges regarding Covid19 free areas (also known as Red & Green areas). Our DM01 (Diagnostic 6 week standard) services have been negatively affected during the pandemic and due to restrictions from national clinical guidelines, services such as Endoscopy and Radiology, have seen a considerable impact on service provision and performance. This in turn will place challenges on our Cancer services and patient pathways over the coming months. The Trust has continued to see patients via non-face to face clinics but there has been restrictions on surgical treatments during the pandemic which has impacted on RTT performance. Unfortunately due to the restrictions on elective activity and patient isolation, the Trust has had to report 6, 52 week wait breaches.	 **Joe Chadwick-Bell** Deputy Chief Executive

NHS Constitutional Standards

East Sussex Healthcare NHS Trust

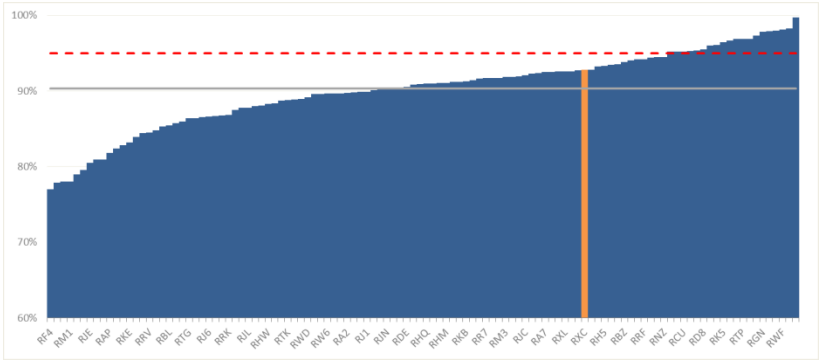
*NHS England has yet to publish all April 2020 Provider based waiting time comparator statistics

ESHT denoted in orange, leading rankings to the right

Urgent Care – A&E Performance

April 2020 Peer Review

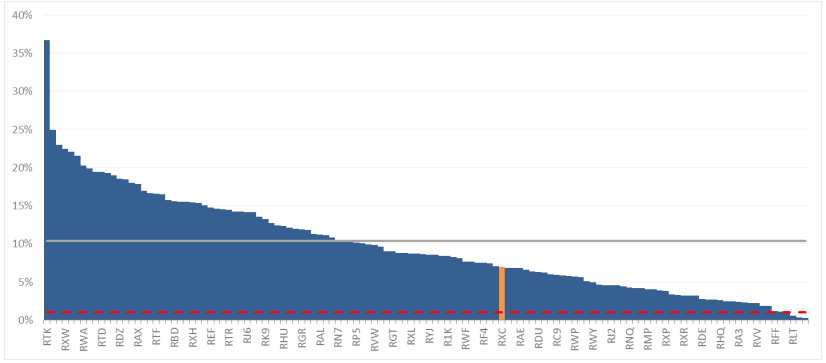
National Average: 90.4% ESHT Rank: 33/114



Planned Care – Diagnostic Waiting Times

March 2020 Peer Review*

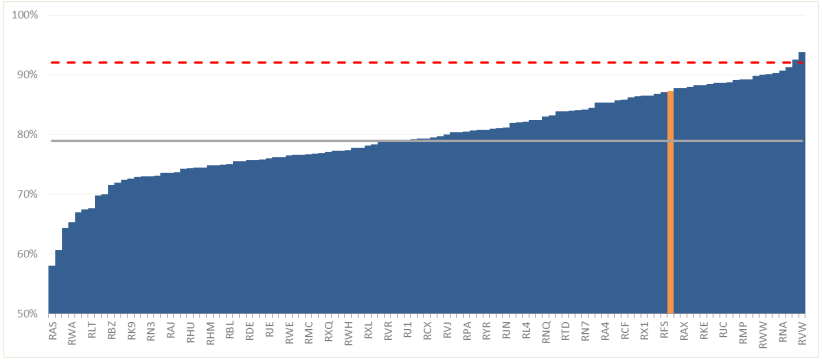
National Average: 10.4% ESHT Rank: 51/126



Planned Care – Referral to Treatment

March 2020 Peer Review*

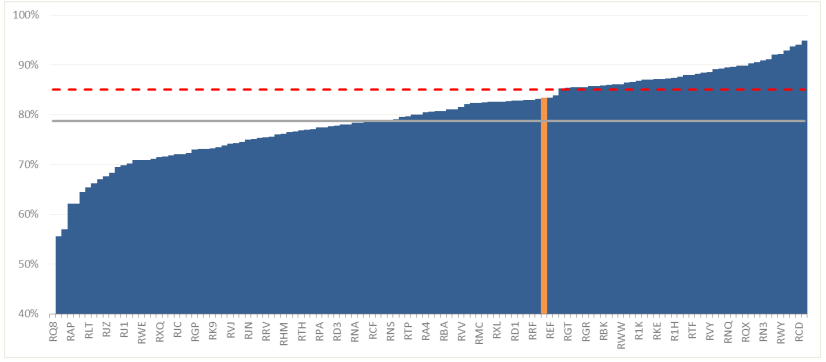
National Average: 78.9% ESHT Rank: 21/115



Cancer Treatment – 62 Day Wait for First Treatment

March 2020 Peer Review*

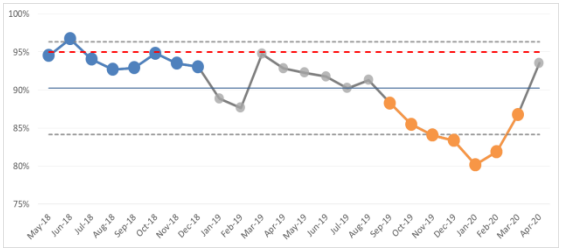
National Average: 78.7% ESHT Rank: 45/128



Urgent Care – Front Door

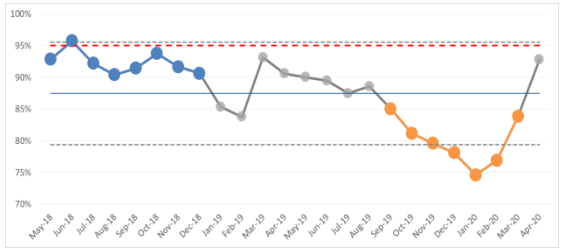
East Sussex Healthcare NHS Trust

A&E Performance
(Local System)



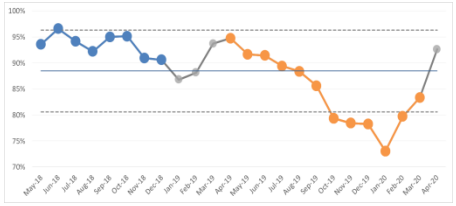
Target: 95%
Current Month: 93.5%

A&E Performance
(ESHT Total Type 1 & 3)

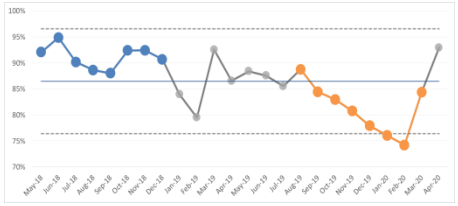


Target: 95%
Current Month: 92.8%

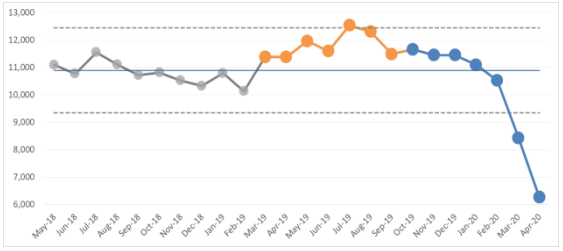
CONQ



EDGH



A&E Attendances
(ESHT Total Type 1 & 3)



Target: Monitor
Current Month: 6,269

The Trust 4 Hour performance standard in April was **92.8%** which was an improvement on 83.9% for March 2020 against a national performance of 90.4%. This ranked the Trust 33rd out of 114 reporting organisations.
The system 'Walk-In' centres and the Acute Trusts combined performance for April was 93.5%.

Key points:
- ED activity has reduced by approx. 50%, although activity has returned to 80-90% of the norm through May
- Admissions have reduced by approx 35%
- Stranded and LLOS patients have reduced by 50%

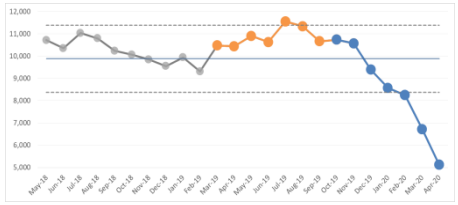
Bed occupancy has steadily increased through April and into May with Conquest on average 56% and EDGH on average 78%.

The emergency department continues to be reconfigured into red and green areas, and all admitted patients are swabbed to ensure patients are care for in the appropriate clinical areas.

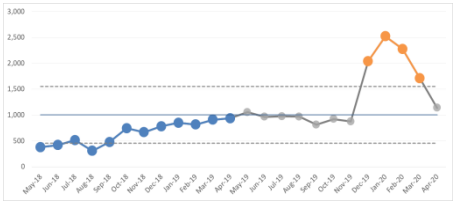
Urgent Care – Front Door

East Sussex Healthcare NHS Trust

ESHT Total Type 1

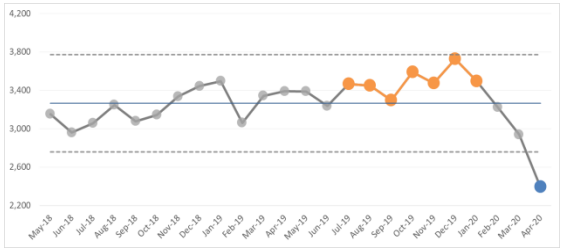


ESHT Total Type 3



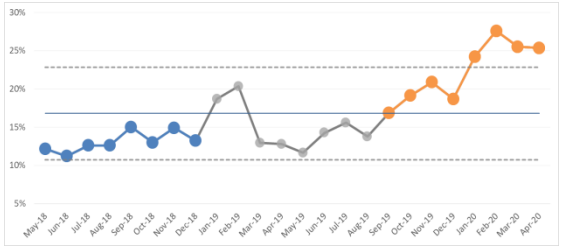
Conveyances
(ESHT – CQ and EDGH)

Target: Monitor
Current Month: 2,397



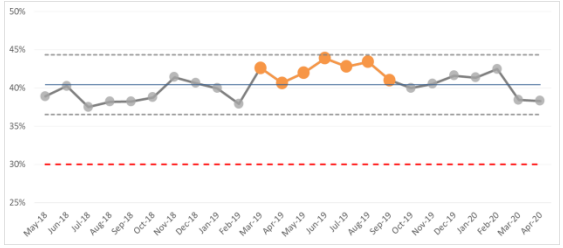
Conveyance Handover >30
(ESHT – CQ and EDGH)

Source: SECAmb
Target: Monitor
Current Month: 25.4%



Same Day Emergency Care
(ESHT – CQ and EDGH)

Target: 30%
Current Month: 38.3%



ED leadership team working with the medical division to ensure streamline process for COVID-19 patients and this has included a one team single clerking model.
Dr Habeeb - Chief of Emergency Medicine Division continues to work on improving streaming to Specialties with other Chief's of Division.

Roles, responsibilities and processes in ED and site operations at both sites have been reviewed and standard operating procedures put in place by the DCOO – Urgent Care. The 'predict and prevent' model for breach avoidance has also been implemented.

Ambulance conveyances are closely monitored on a daily basis and the time to handover and ED receiving processes have been reviewed, roles clarified and responsibilities have been set out. The data and procedures for entering the clock stop are being reviewed when in red areas.

The flow of walk-in and ambulance conveyed patients has been reviewed and clearly set out in floor flow plans to ensure social distancing is adhered to. It also ensures suspected Covid19 positive patients do not cross over with Covid19 negative patients. All patients attending ED have an immediate temperature check and Covid19 questionnaire screen prior to being assigned to either a UTC based clinician or into the Acute stream for an ED Dr review.

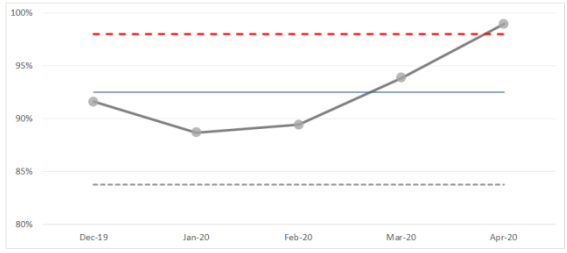
Nerve Centre has been implemented in April and this includes an ED view as well as mapping of all Covid19 positive, suspected and negative patients. This ensures patients are transferred safely and to a suitable speciality Red or Green bed as required.

Types of A&E service:
Type 1: Consultant led 24 hour service with full resus facilities.
Type 3: Other type of A&E/minor injury units/Walk-in-Centres/Urgent Care Centre.

Urgent Care – UTC

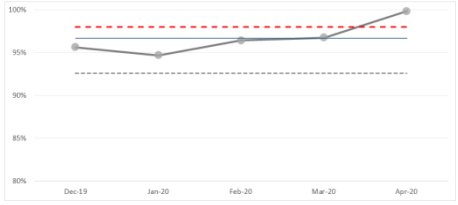
East Sussex Healthcare NHS Trust

UTC 2 Hour Standard
(Treatment start within 2 hrs)

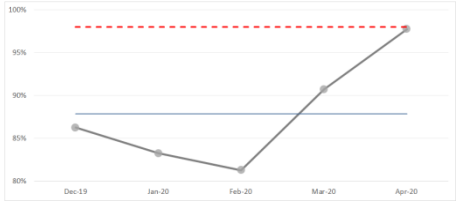


Target: 98%
Current Month: 98.9%

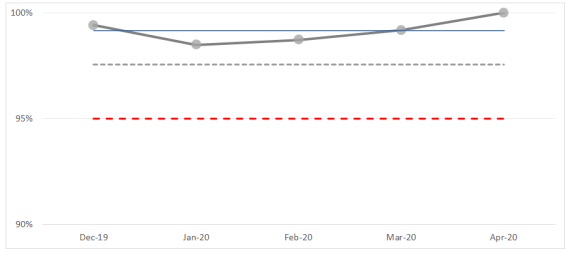
CONQ



EDGH

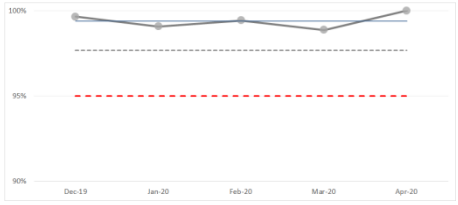


UTC 4 hour standard
(Visit complete within 4 hours)

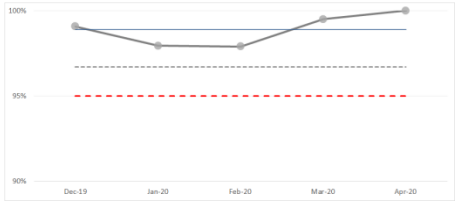


Target: 95%
Current Month: 100%

CONQ



EDGH



- Process are now in place to report UTC attendances. The UTC Manager commenced in May.

- Performance against the UTC 2 hour treatment started standard at 98.8% & UTC 4 hour standard visit complete within 4 hours for April is 100%.

- As part of the on-going development of the UTC and national integrated urgent care model work continues with 111 to ensure that patients are sign-posted to the relevant service and booked appointments are offered where available.

From December to April Comparison.

2 Hour
TRUST – 7.3% improvement (91.6% to 98.9%)
CONQ – 4.2% improvement (95.6% to 99.8%)
EDGH – 11.5% improvement (86.3% to 97.8%)

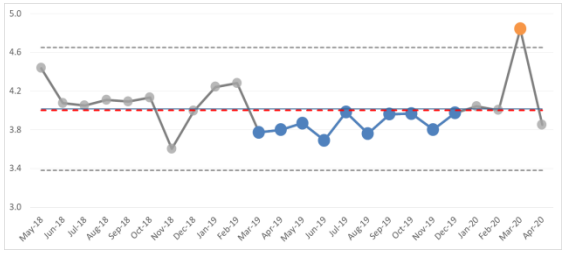
4 Hour
TRUST – 0.6% improvement (99.4% to 100%)
CONQ – 0.3% improvement (99.7% to 100%)
EDGH – 0.9% improvement (99.1% to 100%)

Urgent Care - Flow

East Sussex Healthcare NHS Trust

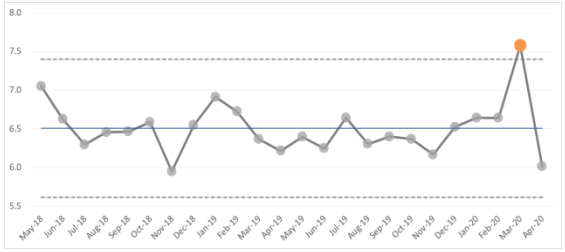
Non-elective Length of Stay (Acute)

Target: 4.0
Current Month: 3.9



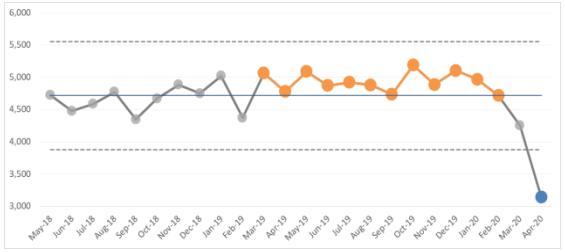
Non-elective Length of Stay, excluding zero LoS (Acute)

Target: Monitor
Current Month: 6.0



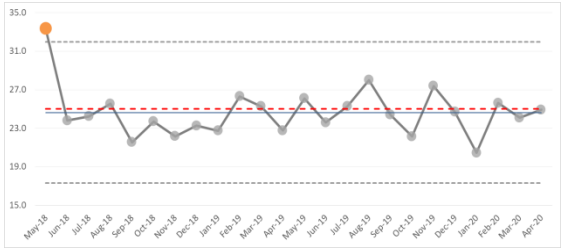
Non-elective Spells

Target: Monitor
Current Month: 3,140



Intermediate Care Units Average LoS (Community)

Target: 25.0
Current Month: 24.9



Non-elective length of stay has reduced and continues to be tracked against median and upper quartile benchmarks and targets will be set in line with winter plans at speciality and site level.

The Patient Flow Programme has been reviewed in the light of Covid 19 and with a view to winter planning, with a clear governance structure, terms of reference and work streams.
The Covid19 pandemic response has led to structural and process changes which have increased the rate of patient flow as well as reduced the number of patient attending our Emergency Departments.

The Flow programme continues to focus on the following key performance indicators:

- ✓ The percentage of patients seen and treated within 4hrs (target 95%)
- ✓ The percentage of same day emergency care cases (target 30%)
- ✓ Emergency re-admissions with 30 days (target 10%<)
- ✓ Non-elective length of stay (target 4 days<)
- ✓ 7+ and 21+ day stranded patients
- ✓ The percentage of patients discharged before noon (target 40% of the daily expected discharges)
- ✓ The number of patients discharged on weekend days (target 25% of the average week day discharges).
- ✓ Same day discharge and on-going development of the integrated discharge team

The work streams are:

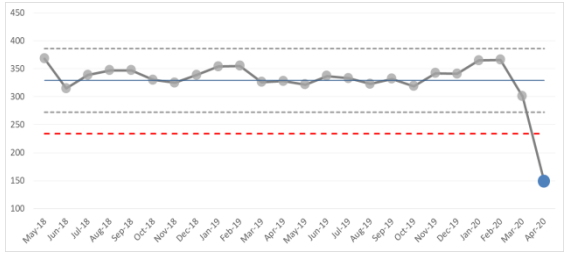
1. Prevent people from attending A&E inappropriately
2. Minimise inappropriate admissions
3. Safe discharge of patients from hospital
4. Underpinning work stream enablers i.e. S.O.P.s, clear roles and responsibilities, Live bed state – NerveCentre & eConsult in A&E.

Urgent Care - Flow

East Sussex Healthcare NHS Trust

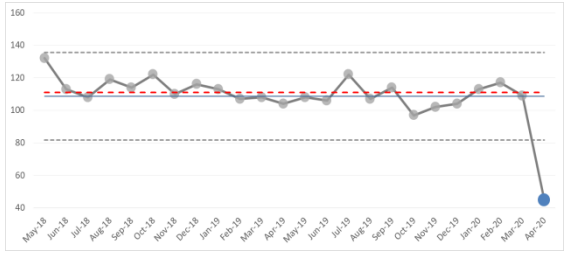
Adult inpatients in hospital for 7+ days (Acute)

Target: 234
Current Month: 149 (Daily Avg.)



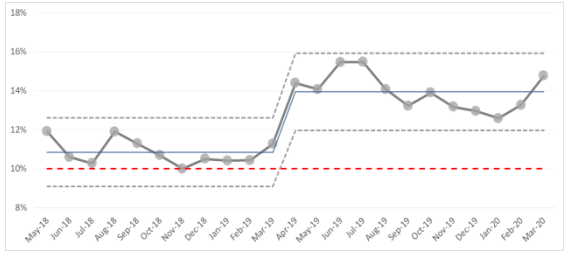
Adult inpatients in hospital for 21+ days (Acute)

Target: 111
Current Month: 45 (Daily Avg.)



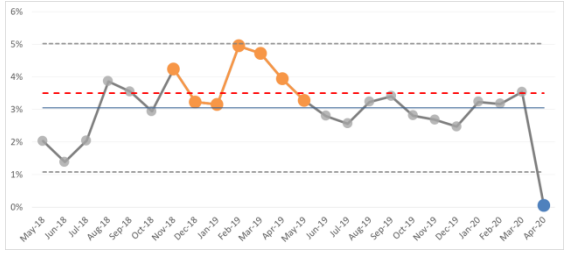
Emergency Re-Admissions within 30 days

Target: 10%
Current Month: 14.8% (Mar-20)



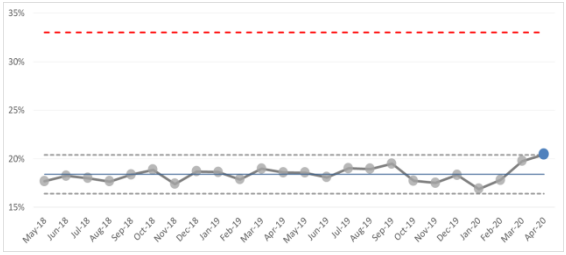
Delayed transfer of care (National Standard)

Target: 3.5%
Current Month: 0.0%



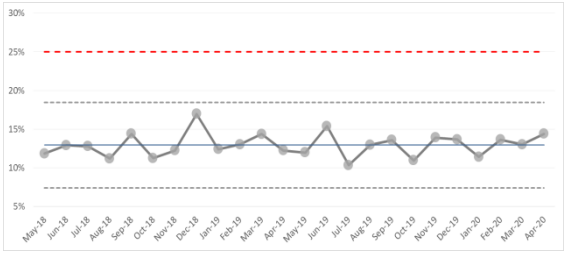
Patients discharged before midday %

Target: 33%
Current Month: 20.4%



Patients discharged on weekend day

Target: 25%
Current Month: 14.4%



The stranded patient number as of 4/5/20 has reduced to 160 across the 2 acute sites, previously c 380. 21 day (LLOS) patients have reduced to 30 previously c 95. Medically fit patients have reduced from c 180 to 38.

DTOC reporting has now been ceased nationally, with medically for discharge being a more appropriate measure. The national aim is that patients are discharged within 3 hours, the Trust is working to achieve same day discharge in the first instance.

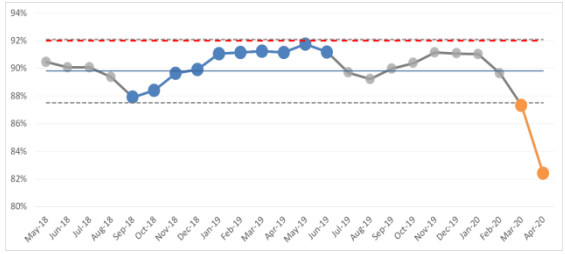
Planned Care – Waiting Times

East Sussex Healthcare NHS Trust

Access and Responsiveness

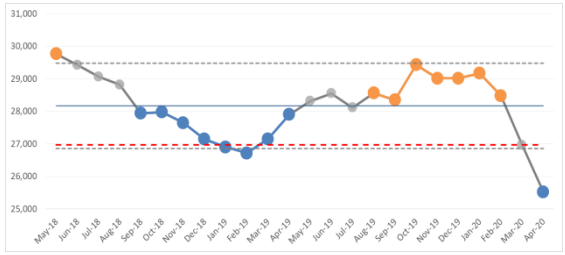
RTT Incomplete Standard

Target: 92%
Current Month: 82.4%



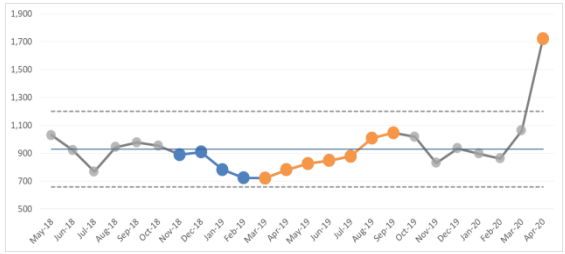
RTT Total Waiting List Size

Target: 26,965
Current Month: 25,526



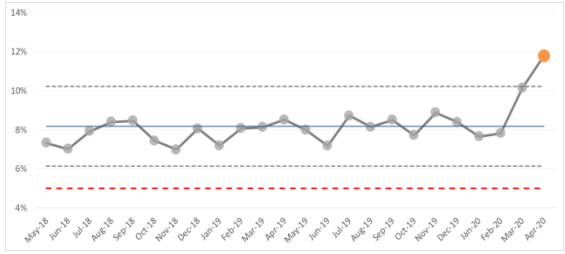
RTT 26 Week Waiters

Target: Monitor
Current Month: 1722



Cancellations On The Day (Activity %)

Target: 5%
Current Month: 11.8%



The Trust has seen a considerable impact on RTT performance through April due to the restrictions of Covid19 on services. Performance has fallen to **82.4%** with the surgical division experiencing the greatest loss of activity with only 16% of theatre activity undertaken in April compared pre-COVID levels. With the reduction in activity, the Trust has been unable to treat many of its routine elective patients. T&O performance dropped by over 20% in 2 months due to the operating restrictions with similar scenarios in General Surgery (10%), Urology (9%) and Ophthalmology (12%), all which have contributed sizeably to the fall in overall performance.

The Medicine division also experienced a reduction in performance within its Gastroenterology services (down 7%) due national clinical guidance to ceased all non-essential activity at the beginning of this pandemic.

Gynaecology was impacted much like surgery and has seen the admitted backlog grow. There are now lists in place at Spire, 4 days per week as part of the utilisation of the Independent Sector (IS) national contract although this will only support the Trusts maintenance of cancer and urgent demand.

The Increase of Cancellations on the Day is due to the reduced number of elective cases taking place. With such low activity numbers , just one cancellation can cause a significant increase in the percentage figure.

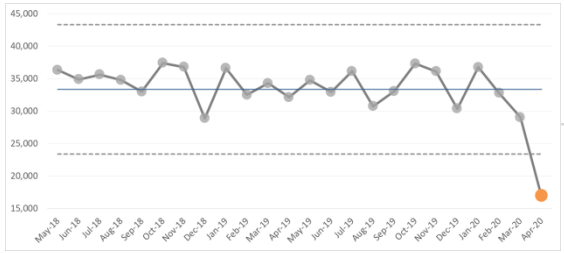
The waiting list size has reduced by 1439 patients hence the denominator will in turn be reduced.

Planned Care – Outpatient Delivery

East Sussex Healthcare NHS Trust

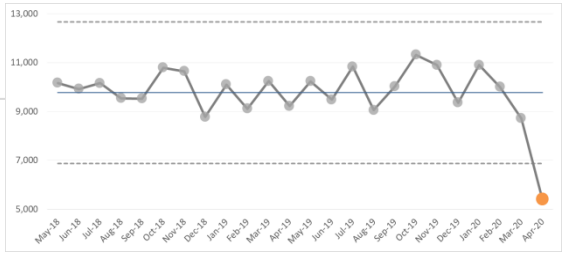
Access and Responsiveness

Outpatient Total Activity
(New and Follow-up)

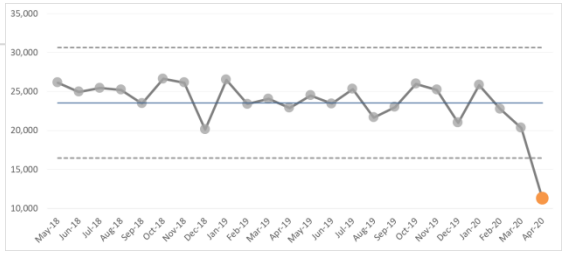


Target: Monitor
Current Month: 16,690

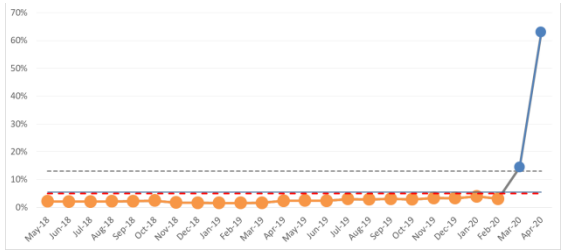
New



Follow-up

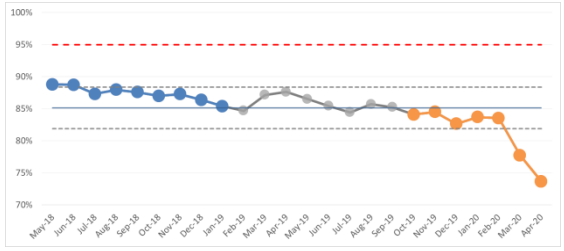


Non Face to Face Outpatients Activity
(Activity %)



Target: 5% (by April 2020)
Current Month: 62.9%

Outpatient Utilisation
(XX1 and Non XX1 Clinics)



Target: 95%
Current Month: 73.6%

During this period, the Trust has been following national guidance and produced a Standard Operating Procedure (SOP) - Managing Outpatients Services During COVID19 – "A how to guide".

The key principles supporting:

- Referral Assessment Service (RAS) for all specialties
- Active use of Advice & Guidance
- Enhanced clinical triage of referrals (similar to Gastro)
- Telephone or video Outpatient Appointments, if patient contact required
- Face to Face (F2F) only when essential
- Routines 'on hold' with feedback to GP and patients (Routine referrals received via a RAS and referrals will be triaged and where possible, dealt with through a virtual route e.g. A&G, Telephone, Video clinics)

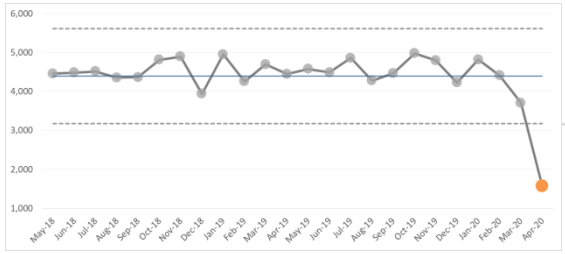
Clinic utilisation has reduced due to the impact of Covid guidelines and patient choice.

Planned Care – Admitted Delivery

East Sussex Healthcare NHS Trust

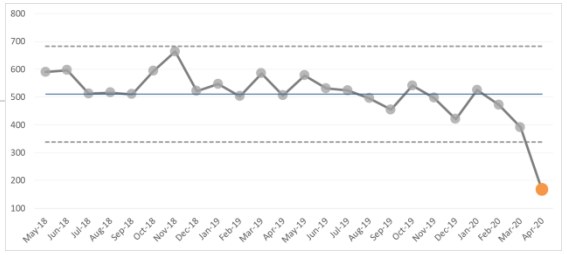
Access and Responsiveness

Elective Spells
(Day case and Elective IP)

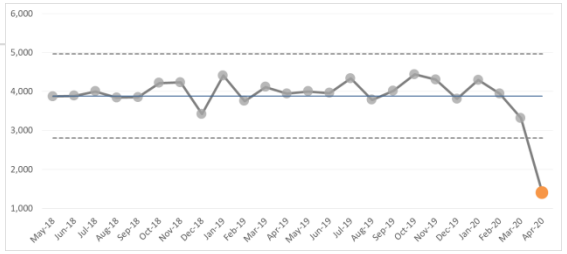


Target: Monitor
Current Month: 1,570

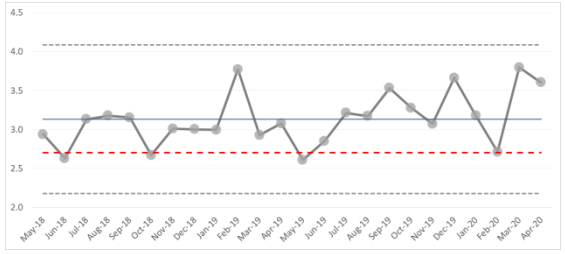
Elective IP



Day case

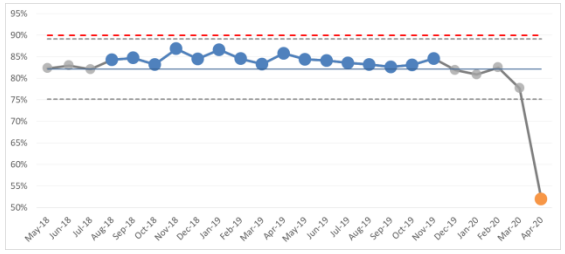


Elective Average LoS
(Acute)



Target: 2.7
Current Month: 3.6

Theatre Utilisation



Target: 90%
Current Month: 52.0%

During March and April, all T&O trauma was relocated to the Spire at Hastings and only urgent Priority 1 patients and Cancer Priority 2 patients receiving treatments in ESHT Theatres at Conquest and Eastbourne.

Any theatre activity taking place is also restricted in terms of utilisation time due to theatre deep cleans and staff PPE 'Donning & Doffing' times.

A Theatre plan is in place to support Phase 1 recovery, taking into account staffing levels, turnaround times, red and green theatres etc. Elective patients are being advised to self isolate in advance of surgery for 14 days and are being tested 72 hours in advance of admission.

Length of Stay (LoS) has increased over the past two months due to the reduced numbers of electives patients, lowering the denominator.

Planned Care – Activity vs Plan

East Sussex Healthcare NHS Trust

First OP

SpecialtyName	Activity	Plan	Var (%)	Variance Inc Uncashed
Ophthalmology	235	1345	-82.5%	-1110
Trauma & Orthopaedics	559	1141	-51.0%	-582
ENT	231	690	-66.6%	-460
Dermatology	109	433	-74.8%	-324
Breast Surgery	178	406	-56.2%	-228
Paediatric Epilepsy	7	3	161.2%	4
Clinical Oncology	141	135	4.1%	6
Respiratory Physiology	107	95	12.1%	12
Chemical Pathology	47	30	57.0%	17
Obstetrics	284	248	14.6%	36
Grand Total	**1898**	**4527**	**-58.1%**	**-2629**

Follow-Up OP

SpecialtyName	Activity	Plan	Var (%)	Variance Inc Uncashed
Ophthalmology	1330	5271	-74.8%	-3941
Cardiology	423	2537	-83.3%	-2114
Trauma & Orthopaedics	1299	2077	-37.5%	-778
Rheumatology	143	746	-80.8%	-603
Dermatology	288	834	-65.5%	-546
Obstetrics	366	351	4.1%	14
Vascular Surgery	131	99	32.0%	32
Paediatric Diabetes	35	0	13752.1%	35
Clinical Oncology	899	754	19.3%	145
Respiratory Physiology	665	369	80.2%	296
Grand Total	**5578**	**13039**	**-57.2%**	**-7461**

Day Case

SpecialtyName	Activity	Plan	Var (%)	Variance
Gastroenterology	255	831	-69.3%	-576
General Surgery	50	578	-91.4%	-528
Ophthalmology	5	351	-98.6%	-346
Clinical Oncology	421	589	-28.5%	-168
Trauma & Orthopaedics	9	177	-94.9%	-168
Orthodontics	0	0	0.0%	0
Paediatric Surgery	0	0	0.0%	0
Palliative Medicine	0	0	0.0%	0
Diabetic Medicine	1	0	0.0%	1
Breast Surgery	32	27	17.2%	5
Grand Total	**773**	**2554**	**-69.7%**	**-1781**

Elective

SpecialtyName	Activity	Plan	Var (%)	Variance
Trauma & Orthopaedics	2	121	-98.3%	-119
Urology	34	108	-68.5%	-74
Gynaecology	9	42	-78.6%	-33
General Surgery	20	48	-58.6%	-28
ENT	0	25	-100.0%	-25
Orthodontics	0	0	0.0%	0
Diabetic Medicine	0	0	0.0%	0
Clinical Oncology	2	1	58.8%	1
Geriatric Medicine	3	2	64.2%	1
Obstetrics	42	13	214.4%	29
Grand Total	**112**	**361**	**-68.9%**	**-249**

Top five Specialties above and below plan by point of delivery shown for April 2020. Uncashed activity included using Specialty specific attendance rates to determine realisable activity. Gross total for each point of delivery shown.

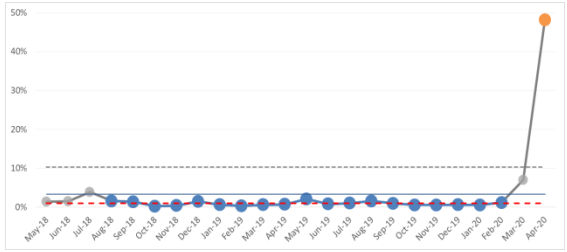
This is an estimated level of activity which will eventually be recorded if all outstanding clinics are cashed up.

Planned Care – Diagnostic

East Sussex Healthcare NHS Trust

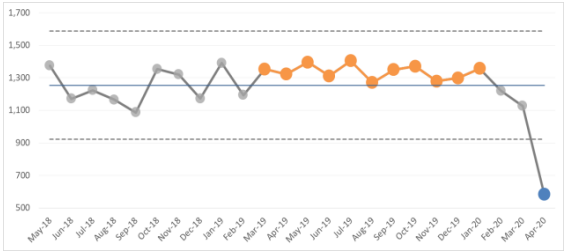
Diagnostic Standard

Target: 1.0%
Current Month: 48.2%



Endoscopy Demand
(Waiting List Additions)

Target: Monitor
Current Month: 584



Diagnostics

In order to protect patients and staff during the peak period of the pandemic, the Trust has had to follow national clinical guidance which has restricted routine and some specific procedures which has in turn impacted on diagnostic activity and performance. This has created a significant increase in patients waiting over 6 weeks for their diagnostic tests. The DM01 standard requires the number of patients waiting for a diagnostic test to be less than 1% of the total Diagnostic waiting list number. The position for March rose to 7% followed by a further sharp increase to **48.2%** in **April**. The national average for March 2020 has also increased and was reported at 10.4% against a performance of 7.0% for ESHT during the same timeframe. This ranks ESHT 51st out of 126 reporting organisations (March). The national peer data for April will not be available until early June. Cancer and Urgent referrals have continued throughout the March, April and ongoing.

Radiology

Where possible, during May the Trust will be restarting some of its Diagnostic services. The focus will be on the surveillance cancer work first, followed by routine cases. Restrictions will still be in place, leading to longer appointment slots in some modalities due to PPE requirements. Both MRIs at Conquest and the Inhealth scanners at EDGH were back up and running in May along with additional MRI capacity being utilised through the Spire as part of the National contract with the Independent sector. Bexhill imaging has also reopened for green pathway X-ray and ultrasound. Whilst CT scanners on both main sites are running a red and green service, CT capacity remains as one of the largest challenges facing the service. Options to mitigate the capacity gap are continuing to be explored at both a local and regional level.

Endoscopy

The Endoscopy units, in line with National and BSG guidance ceased all non-essential activity at the beginning of this pandemic which included the EDGH Endoscopy unit being allocated to ICU escalation and a majority its staff redeployed. A recovery database was developed so that all patients needing to be cancelled and any future referrals could be triaged and phased according to priority. Triage criteria was developed and agreed by the clinical leads for Gastroenterology and Surgery as part of the recovery plan for endoscopy services during the COVID 19 Pandemic. The Medicine division has developed a Standard Operating Procedure (SOP) in line with latest guidance and an Endoscopy recovery plan to ensure that cancer and urgent patients are prioritised. This is expected to commence in early June although PPE stock levels could be a limiting factor. To deliver the endoscopy recovery plan, two rooms at DGH and two rooms at Conquest will be used. It is not possible to use the third room at DGH due to a reduction in workforce. Procedures will be grouped into days, creating two lower GI days and three upper GI days. This will facilitate social distancing between patients.

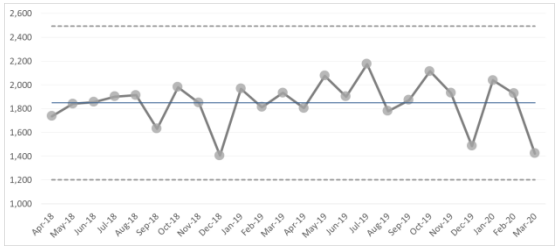
Through the Trust Recovery Board, further planning and modelling with all services continues to develop along with expected recovery trajectories which will focus on a return to pre-Covid levels of activity.

Cancer Pathway

East Sussex Healthcare NHS Trust

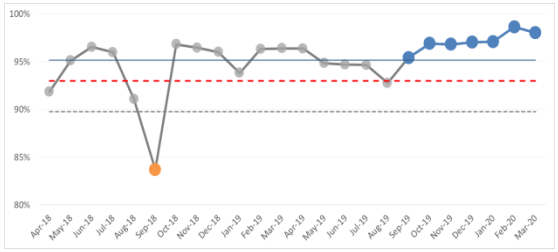
Two Week Wait Referrals

Target: Monitor
Current Month: 1,424



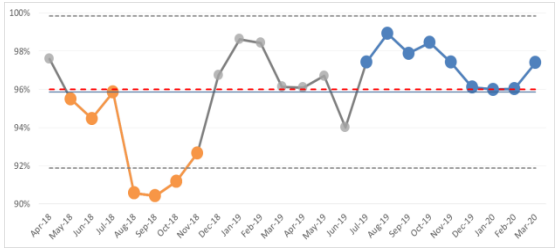
Cancer 2WW Standard

Target: 93%
Current Month: 98.0%



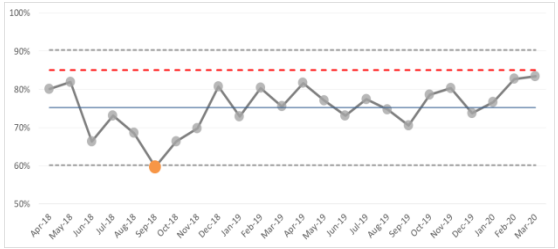
Cancer 31 Day Standard

Target: 96%
Current Month: 97.4%



Cancer 62 Standard

Target: 85%
Current Month: 83.4%



The Trust has continued meet the 2 week wait and 31 day cancer standards in March along with further recovery of the 62 Day standard, recording a final position of 83.4%. This was against a national average of 78.7% and placed ESHT 45th out of 128 reporting organisations.
It should be noted that this is before the impact of Covid19 and that we are expecting to see a drop in performance of approximately 8% during April. Validation of April's data will not be available until early June.

The Trust has seen a considerable reduction of Two Week Wait referrals during March but continues to accept referrals in the normal way if they meet NG12 requirements. In order to protect patients the normal requirement of a face to face appointments has been suspended and that it is recommended that all first appointments are now carried out by phone following clinical triage. This is in place across all tumour sites.

During the Covid19 pandemic, the Trust is continuing to work closely with the Cancer Alliance in order to continue to provide services and work on improvement actions.

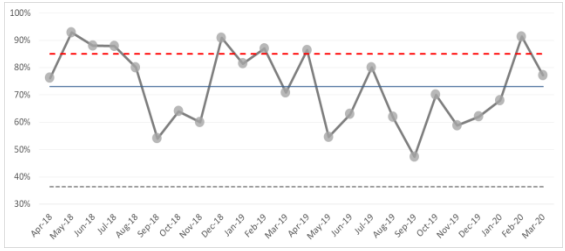
- 2WW Standard: 32 breaches out of 1,613 patients first seen.
- 31 Day Standard: 6 breaches out of 231 treatments.
- 62 Day Standard: 26.5 breaches out of 159.5 treatments.

The Trust reported 6 treatment breaches on or over 104 days, 1.0 of these was shared treatments with other Trusts (Brighton & East Surrey) and there were 7 individual patients in total.

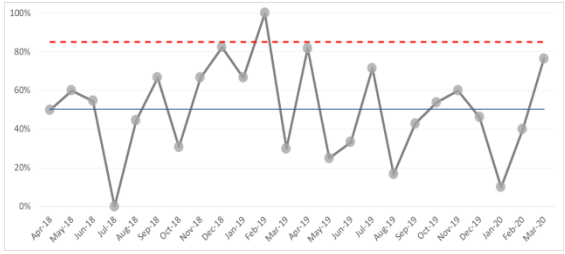
2WW Referral to First Treatment 62 Days

East Sussex Healthcare NHS Trust

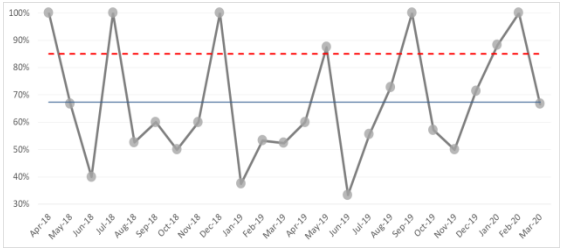
Breast



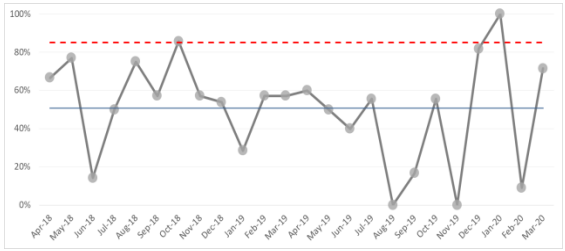
Gynaecology



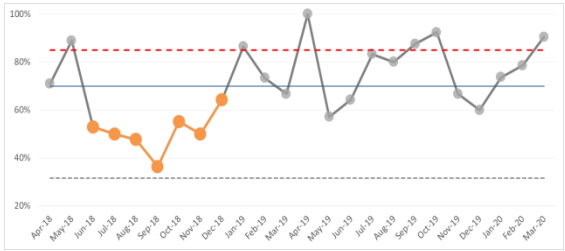
Haematology



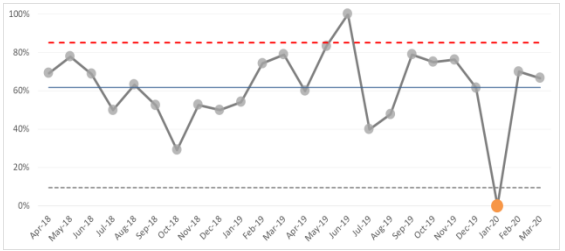
Head & Neck



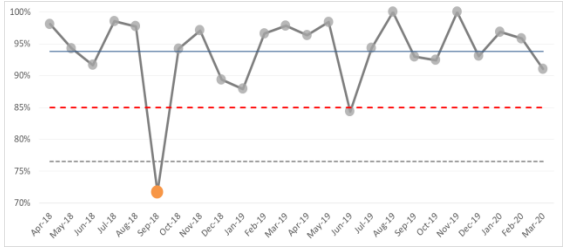
Colorectal



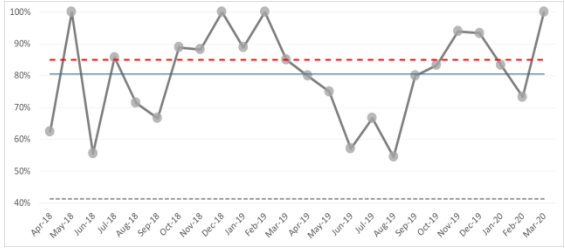
Lung



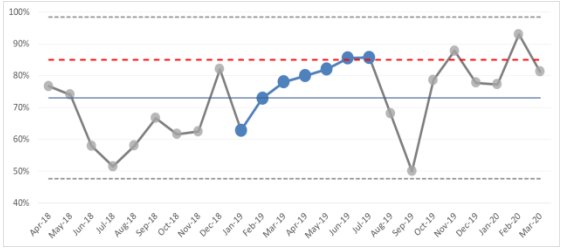
Skin



Upper GI



Urology



Financial Performance

Trust Financial Performance

Statement of Financial Position

Workforce Expenditure

Non Pay Expenditure, Efficiencies & Capital

Receivables, Payables & Cash

Divisional Financial Performance

We will use our resources economically, efficiently and effectively
Ensuring our services are financially sustainable for the benefit of our patients and their care

East Sussex Healthcare NHS Trust

Finance Report Summary - Month 1

	Plan YTD	Actual YTD	Plan FOT	Forecast FOT
Capital service cover	4	4	4	4
Liquidity	1	4	1	1
I&E margin	4	4	4	4
Variance From Control Total		1		1
Agency	1	1	1	1
Rating With Overrides		3		3

Operational Deficit

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Year to Date	(3,446)	0	0	0
Year End Forecast	(9,987)	0	0	0

NHSE/I has provided a commitment to all NHS organisations that during the period from April to July 2020, a break-even position will be achieved as the Trust will receive a 'true up' as its deficit would arise from its response to the delivery of the NHS response to COVID-19.

The Trust recorded a deficit of £3.5m of which £2.2m is attributable to our response to COVID-19; £1.2m is due to NHSI assumptions in relation to our income; and £0.1m is due to income we cannot reclaim.

Agency Usage

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Year to Date	(611)	(844)	(1,005)	(161)
Year End Forecast	(9,556)	(3,376)	(3,376)	0

Agency spend is above plan due to the need for additional nursing staff to deliver the COVID-19 response and to provide cover for staff absence due to COVID-19 sickness and self-isolation.

Income

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Year to Date	34,791	39,447	41,687	2,240
Year End Forecast	466,231	480,187	480,187	0

In line with the NHSE/I amended financial regime the Trust's financial position includes £2.2m of COVID-19 costs that will be reimbursed by NHSE/I hence the income variance.

Operating Costs

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Year to Date	(37,762)	(38,849)	(41,404)	(2,555)
Year End Forecast	(468,227)	(469,998)	(469,998)	0

The Trust has an operational cost deficit due to COVID-19 related expenditure over and above planned operating expense. This is made up of pay costs of £0.7m and non-pay costs of £1.5m. The remainder consists of other expenditure incurred (depreciation of £0.3m) which is above plan. This is however offset by favourable finance cost variances e.g bank interest..

Cost Improvement Programme

	Plan £k	Actual £k	Variance £k
Year to Date	524	331	(193)
Year End Forecast	15,007	15,007	0

During the delivery of the NHS response to COVID-19 pandemic the Cost Improvement Plan has been stood down as part of the amended financial regime in operation across the NHS between April to July 2020. Therefore CIP does not form part of the Trust's formal accountability and performance framework with NHSE/I.

The Trust has delivered £0.331m against a plan of £0.524m, a £0.193m under performance in the month. This under performance can be broken down into 3 elements:
1) £0.183m NHSE/I planning assumptions;,
2) £0.001m Loss of unclaimable income and
3) £0.009m divisional surplus/(deficit).

Cash

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Current Balance	2,100	2,100	52,905	50,805
Year End Forecast	2,100	2,100	2,100	0

Due to the financial regime changes introduced by the Department of Health and Social Care and NHS England and NHS Improvement, the Trust has been moved on to block contract payments as part of the NHS response to COVID-19. As a result of the financial regime changes, funding was received on 1 and 15 April causing a higher than usual cash balance at the end of M1.

Capital Plan

	Plan £k	Actual £k	Variance £k
Year to Date	368	748	(380)
Year End Forecast	33,580	24,424	9,156

The planned CRL for 2020/21 is £33.58m and combines plans for internally generated depreciation of £14.029m, year 2 of fire compartmentalisation £6.02m, Building For Your Future (HIP2) £4.23m and bids for medical equipment £4.0m; integrated theatres £0.25m; Scan4Safety £1.5m; and cath labs £3.25m.

At month 1 the actual year end forecast for CRL is £24.424m because only the fire and the HIP2 monies have been confirmed. The other bids are business cases that are in train.

BPPC

	Month Volume	Month Value	YTD Volume	YTD Value
Trade Invoices	81.92%	93.86%	81.92%	93.86%
NHS Invoices	80.25%	99.48%	80.25%	99.48%

82% of trade invoices were paid within 28 days which equates to 94% of the total value paid in month.

80% of NHS invoices were paid within contract or within 28 days of receipt which was 99% of the total NHS invoices paid.

Divisional Performance

Division	In the Month Plan FTE	Actual FTE	Variance FTE	Plan £k	Actual £k	Variance £k	Year to Date Plan £k	Actual £k	Variance £k	Forecast Outturn Plan £k	Actual £k	Variance £k
Diagnostics, Anaesthetics & Surgery	1,727.94	1,732.57	(4.63)	0	0	0	0	0	0	2,954	2,954	0
Medicine	1,631.69	1,502.82	128.87	0	0	0	0	0	0	29,791	29,791	0
Urgent Care	414.71	368.66	46.05	0	0	0	0	0	0	8,063	8,063	0
Out of Hospital Care	1,126.54	1,057.05	69.49	0	0	0	0	0	0	(3,563)	(3,563)	0
Women's, Children's & Sexual Health	725.22	691.26	33.96	0	0	0	0	0	0	8,605	8,605	0
Estates & Facilities	724.49	723.85	0.64	(2,411)	(2,487)	(76)	(2,411)	(2,487)	(76)	(26,719)	(26,719)	0
Corporate	971.27	1,089.80	(118.53)	(4,392)	(6,570)	(2,178)	(4,392)	(6,570)	(2,178)	(52,303)	(52,303)	0
Central	0.00	0.00	0.00	6,803	9,056	2,254	6,842	9,056	2,215	36,188	36,188	0
Total	**7,321.86**	**7,166.01**	**155.85**	**0**	**0**	**0**	**39**	**0**	**(39)**	**3,015**	**3,015**	**0**

Key Risks

Key Risk 1	The amended financial regime is based on the average income for months 8 to 10 plus a 3.2% inflator. This has the potential to create cost pressures as the block contract is based on a period of time and not on forecast outturn.
Key Risk 2	During the delivery of the NHS response to COVID-19 pandemic the Cost Improvement Plan has been stood down as part of the amended financial regime in operation across the NHS for months 1 to 4 of 2020/21. The CIP target is £15.06m but may need to be delivered within a shorter duration.

Mitigations

Mitigation 1	An expenditure forecast will be undertaken to understand both the financial opportunities and challenges and put in place early mitigation for the challenges.
Mitigation 2	To date only £6.2m of the £15m CIP target has robust plans that have been signed off and approved. The efficiency programme is being developed to ensure readiness for delivery.

Income & Expenditure Summary - Month 1

	In Month				Year to Date				Forecast Outturn		
	Pr Yr Actual (£m)	Plan (£m)	Actual (£m)	Variance (£m)	Pr Yr Actual (£m)	Plan (£m)	Actual (£m)	Variance (£m)	Plan (£m)	FOT (£m)	Variance (£m)
NHS Patient Income	27.9	33.6	33.3	(0.3)	27.9	33.6	33.3	(0.3)	134.4	0.0	(134.4)
Tariff-Excluded Drugs & Devices	3.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0
Private Patient / ICR	0.1	0.3	0.0	(0.3)	0.1	0.3	0.1	(0.2)	1.2	0.0	(1.2)
Non Contract Income	3.7	5.6	8.4	2.8	3.7	5.6	8.3	2.8	22.2	0.0	(22.2)
Total Income	**34.8**	**39.4**	**41.7**	**2.2**	**34.8**	**39.4**	**41.7**	**2.2**	**157.8**	**0.0**	**(157.8)**
Pay - Substantive	(22.8)	(23.0)	(23.6)	(0.6)	(22.8)	(23.0)	(23.6)	(0.6)	(92.2)	0.0	92.2
Pay - Bank	(2.3)	(2.4)	(2.7)	(0.3)	(2.3)	(2.4)	(2.7)	(0.3)	(9.6)	0.0	9.6
Pay - Agency	(0.6)	(0.8)	(1.0)	(0.2)	(0.6)	(0.8)	(1.0)	(0.2)	(3.4)	0.0	3.4
Total Pay	**(25.7)**	**(26.3)**	**(27.3)**	**(1.0)**	**(25.7)**	**(26.3)**	**(27.3)**	**(1.0)**	**(105.2)**	**0.0**	**105.2**
Drugs	(3.7)	(4.4)	(4.3)		(3.7)	(4.4)	(4.3)	0.1	(17.6)	(44.4)	(26.9)
Supplies & Services - Clinical	(2.2)	(2.7)	(3.3)	(0.5)	(2.2)	(2.7)	(3.3)	(0.5)	(11.0)	(32.5)	(21.6)
Supplies & Services - General	(0.3)	(0.3)	(0.4)	(0.1)	(0.3)	(0.3)	(0.4)	(0.1)	(1.3)	(4.7)	(3.3)
Purchase of Healthcare (non-NHS)	(0.5)	(0.5)	(0.6)	(0.0)	(0.5)	(0.5)	(0.6)	(0.0)	(2.1)	(6.5)	(4.4)
Services from Other NHS Bodies	(0.3)	(0.2)	(0.3)	(0.1)	(0.3)	(0.2)	(0.3)	(0.1)	(0.8)	(4.2)	(3.3)
Consultancy	(0.0)	(0.0)	(0.0)	0.0	(0.0)	(0.0)	(0.0)	0.0	(0.0)	(0.1)	(0.1)
Clinical Negligence	(0.8)	(0.8)	(0.9)	(0.1)	(0.8)	(0.8)	(0.9)	(0.1)	(3.3)	(11.0)	(7.6)
Premises	(1.4)	(0.5)	(1.5)	(0.9)	(1.4)	(0.5)	(1.5)	(0.9)	(2.1)	(16.6)	(14.5)
Depreciation	(1.1)	(0.9)	(1.2)	(0.3)	(1.1)	(0.9)	(1.2)	(0.3)	(3.7)	0.0	3.7
Other	(1.8)	(1.9)	(1.7)	0.2	(1.8)	(1.9)	(1.7)	0.2	(7.5)	120.0	127.5
Total Non-Pay	**(12.1)**	**(12.4)**	**(14.1)**	**(1.8)**	**(12.1)**	**(12.4)**	**(14.1)**	**(1.8)**	**(49.4)**	**0.0**	**49.4**
Total Operating Costs	**(37.8)**	**(38.7)**	**(41.4)**	**(2.7)**	**(37.8)**	**(38.7)**	**(41.4)**	**(2.7)**	**(154.6)**	**0.0**	**154.6**
Net Surplus/(Deficit) from Operations	**(3.0)**	**0.8**	**0.3**	**(0.5)**	**(3.0)**	**0.8**	**0.3**	**(0.5)**	**3.2**	**0.0**	**(3.2)**
Financing Costs	(0.6)	(0.8)	(0.4)	0.4	(0.6)	(0.8)	(0.4)	0.4	(3.0)	0.0	3.0
Total Non-Operating Costs	**(0.6)**	**(0.8)**	**(0.4)**	**0.4**	**(0.6)**	**(0.8)**	**(0.4)**	**0.4**	**(3.0)**	**0.0**	**3.0**
Total Costs	**(38.3)**	**(39.4)**	**(41.8)**	**(2.4)**	**(38.3)**	**(39.4)**	**(41.8)**	**(2.4)**	**(157.6)**	**0.0**	**157.6**
Net Surplus/(Deficit)	**(3.5)**	**0.0**	**(0.1)**	**(0.1)**	**(3.5)**	**0.0**	**(0.1)**	**(0.1)**	**0.2**	**0.0**	**(0.2)**
Donated Asset/Impairment Adjustment	0.1	0.0	0.1	0.1	0.1	0.0	0.1	0.1	0.0	0.0	0.0
Net Surplus/(Deficit)	**(3.4)**	**0.0**	**(0.0)**	**0.0**	**(3.4)**	**0.0**	**(0.0)**	**0.0**	**0.2**	**0.0**	**(0.2)**

Summary & Next Steps

It is key that the Trust continues to focus on cost control as it has a block contract in place during months 1 to 4 of 2020/21.

Income & Activity Summary - Month 1

	In Month				Year to Date			
	Pr Yr Actual (£k)	Plan (£k)	Actual (£k)	Variance (£k)	Pr Yr Actual (£k)	Plan (£k)	Actual (£k)	Variance (£k)
Block contract income:								
NHS East Sussex CCG	25,032	26,698	26,698	0	25,032	26,698	26,698	0
NHS West Sussex CCG	45	106	106	0	45	106	106	0
NHS Brighton and Hove CCG	51	72	72	0	51	72	72	0
NHS Kent and Medway CCG	150	496	496	0	150	496	496	0
NHS South East London CCG	0	37	37	0	0	37	37	0
NHS South West London CCG	0	22	22	0	0	22	22	0
NHS England - South East Specialised Commissioning Hub	3,239	3,848	3,848	0	3,239	3,848	3,848	0
NHS England - Wessex (Cancer Drug Fund)	302	209	180	(29)	302	209	180	29
Total block payments	**28,819**	**31,487**	**31,459**	**(29)**	**28,819**	**31,487**	**31,459**	**(29)**
Other contract income								
East Sussex County Council	765	779	779	0	765	779	779	0
Sussex MSK Partnership (East)	932	1,051	1,051	0	932	1,051	1,051	0
Non-Contract Activity	328	0	0	0	328	0	0	0
Patients from Devolved Administrations	4	0	0	0	4	0	0	0
Total block and contract income	**59,666**	**33,317**	**33,288**	**(29)**	**59,666**	**33,317**	**33,288**	**(29)**
Non contract income:								
Allocated top-up income	0	2,918	2,918	0	0	2,918	2,918	0
Divisional income	3,943	3,212	1,968	(1,244)	3,943	39,447	39,878	431
Additional top-up income to achieve break-even	0	0	3,513	3,513	0	0	3,513	3,513
Non contract income	**3,943**	**0**	**8,399**	**2,268**	**3,943**	**42,365**	**46,309**	**3,944**
Total Income	**63,610**	**39,447**	**41,687**	**3,513**	**63,610**	**75,682**	**79,597**	**3,915**

Income Commentary

For April through to July 2020, NHSE/I have calculated and allocated monthly block payments to providers from CCGs. This funding is based on the average income recorded for 3 months (November 2019 - January 2020) plus an inflator of 3.2%. NHSE/I have now indicated this block funding will continue through to at least October 2020.

Values for East Sussex County Council and Sussex MSK Partnership have been set on a similar block basis. The values have been agreed with each commissioner and do not relate to the amount of activity performed.

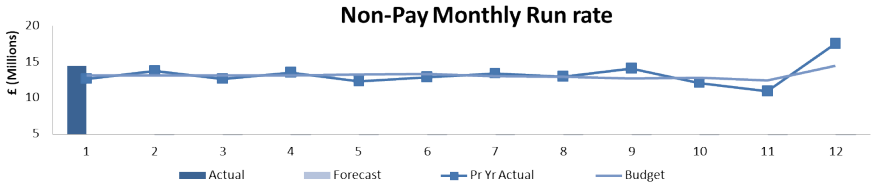
NHSE/I have also calculated divisional income and, again, is based on the average income recorded over the 3 months of November 2019 to January 2020. The actual income recorded in M1 is £1.2m lower than the NHSE/I assumptions. This is mainly due to two elements:
(i) items that we are unable to invoice for e.g. non-patient services normally invoiced to CCGs.
(ii) items that have either stopped or materially reduced as a result of the pandemic e.g. private patient income and car parking income.

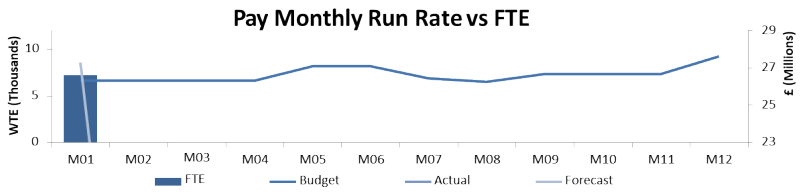
The financial position includes a top up payment of £2.9m at M1 and the reimbursement of £2.2m COVID-19 costs.

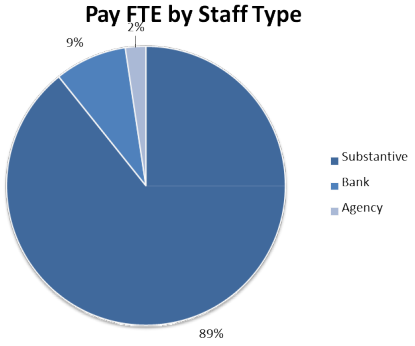
East Sussex Healthcare NHS Trust

Expenditure & Workforce Summary - Month 1

Cost Element	In Month								Year to Date				Forecast Outturn			
	Pr Yr WTE Actual	WTE Plan	WTE Actual	WTE Variance	Pr Yr Expenditure Actual (£k)	Expenditure Plan (£k)	Expenditure Actual (£k)	19/20 Expenditure Variance (£k)	Pr Yr Expenditure Actual (£k)	Expenditure Plan (£k)	Expenditure Actual (£k)	19/20 Expenditure Variance (£k)	Plan (£k)	FOT (£k)	Variance (£k)	
Administrative & Management	1318	1423	1376	47	3,901	4,122	4,040	82	3,901	4,122	4,040	82	49,564	49,564	0	
Ancillary	677	701	702	-1	1,555	1,542	1,630	(88)	1,555	1,542	1,630	(88)	18,567	18,567	0	
Medical	717	803	748	55	6,148	6,669	6,560	109	6,148	6,669	6,560	109	81,935	81,935	0	
Nursing & Midwifery	3069	3310	3299	10	10,418	10,401	10,973	(572)	10,418	10,401	10,973	(572)	127,561	127,561	0	
Prof, Scientific & Tech	511	536	541	-5	1,770	1,840	1,911	(71)	1,770	1,840	1,911	(71)	22,083	22,083	0	
Professions Allied to Medicine	472	549	499	50	1,724	1,965	1,816	149	1,724	1,965	1,816	149	24,093	24,093	0	
Other	0	0	0	1	138	(246)	353	(599)	138	(246)	353	(599)	(4,253)	(4,253)	0	
Total Pay	**6764**	**7322**	**7166**	**156**	**25,653**	**26,293**	**27,283**	**(990)**	**25,653**	**26,293**	**27,283**	**(990)**	**319,550**	**0**	**0**	
Services from Other NHS Bodies					274	345	341	4	274	345	341	4	4,155	4,155	0	
Clinical Negligence Premium					806	915	915	(0)	806	915	915	(0)	10,986	10,986	0	
Consultancy					44	11	1	10	44	11	1	10	116	116	0	
Drugs					794	1,951	828	1,123	794	1,951	828	1,123	10,518	10,518	0	
Drugs - Tariff Excluded					2,868	2,439	3,431	(992)	2,868	2,439	3,431	(992)	33,931	33,931	0	
Education and Training					23	96	88	8	23	96	88	8	1,156	1,156	0	
Establishment Expenses					532	553	632	(78)	532	553	632	(78)	6,629	6,629	0	
Premises					1,397	1,377	1,450	(74)	1,397	531	1,450	(919)	16,589	16,589	0	
Purchase of Healthcare from Non NHS Bodies					490	543	578	(35)	490	543	578	(35)	6,536	6,536	0	
Supplies and Services - Clinical					2,238	2,739	3,279	(540)	2,238	2,739	3,279	(540)	32,518	32,518	0	
Supplies and Services - General					310	337	431	(94)	310	337	431	(94)	4,659	4,659	0	
Other Non-Pay					2,333	1,094	2,146	(1,052)	2,333	1,940	2,146	(206)	26,818	26,818	0	
Total Non-Pay					**12,110**	**12,401**	**14,121**	**(1,720)**	**12,110**	**12,401**	**14,121**	**(1,720)**	**154,610**	**0**	**0**	
Total Expenditure	**6764**	**7322**	**7166**	**156**	**37,762**	**38,694**	**41,404**	**(2,710)**	**37,762**	**38,694**	**41,404**	**(2,710)**	**474,160**	**0**	**0**	







Summary & Next Steps

Variances in Other Pay is attributable to a combination of vacancy factors applied to various specialties with historically high levels of clinical vacancies and planned pay CIP being identified via income schemes; spend is due largely to apprenticeship levy payments.

Nursing & midwifery is overspent by £0.6m overall, due to vacancies and additional staffing high cost agency usage relating to COVID-19.The pay variance attributable to COVID-19 is £0.7m..

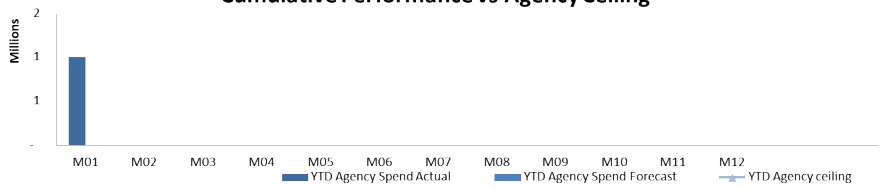
Tariff Excluded Drugs spend is £0.9m overspent, which is due to increased levels of prescribing to avoid frequent visits to the hospitals or other care settings during the pandemic.

The non-pay overspends in month are due to the Trust's COVID-19 response and reflect the increased utilisation of consumables in the treatment of the pandemic. Additional costs incurred during the COVID-19 response are being reimbursed by NHSE/I. The Trust has incurred COVID-19 related expenditure over and above planned operating expense.

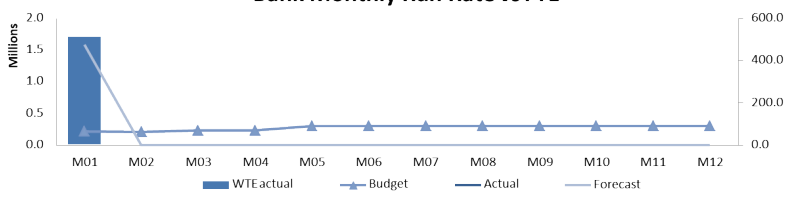
Temporary Workforce Summary - Month 1

Cost Element	In Month								Year to Date				Forecast Outturn		
	Pr Yr WTE Actual	WTE Plan	WTE Actual	WTE Variance	Pr Yr Expenditure Actual (£k)	Expenditure Plan (£k)	Expenditure Actual (£k)	Expenditure Variance (£k)	Pr Yr Expenditure Actual (£k)	Expenditure Plan (£k)	Expenditure Actual (£k)	Expenditure Variance (£k)	Plan (£k)	FOT (£k)	Variance (£k)
Agency															
Administrative & Management	4	0	5	(5.00)	51	38	51	(13)	51	38	51	(13)	152	152	0
Ancillary	15	0	0	0.00	13	38	42	(4)	13	38	42	(4)	152	152	0
Medical	27	11	34	(22.86)	337	383	419	(36)	337	383	419	(36)	1,532	1,532	0
Nursing & Midwifery	32	0	102	(101.61)	143	209	379	(170)	143	209	379	(170)	836	836	0
Prof, Scientific & Tech	21	0	28	(27.38)	67	176	113	63	67	176	113	63	704	704	0
Professions Allied to Medicine	0	0	0	0.00	0	0	0	0	0	0	0	0	0	0	0
Other Employees	0	0	0	0.00	0	0	0	0	0	0	0	0	0	0	0
Total Agency	98	12	169	(156.85)	611	844	1,005	(161)	611	844	1,005	(161)	3,376	0	0
Bank															
Administrative & Management	51	8	57	(49.16)	120	131	150	(20)	120	131	150	(20)	522	522	0
Ancillary	54	22	78	(56.08)	128	131	181	(50)	128	131	181	(50)	522	522	0
Medical	0	0	0	0.00	0	0	0	0	0	0	0	0	0	0	0
Nursing & Midwifery	322	31	343	(312.51)	955	945	1,114	(169)	955	945	1,114	(169)	3,780	3,780	0
Prof, Scientific & Tech	12	1	15	(13.38)	39	96	69	27	39	96	69	27	384	384	0
Professions Allied to Medicine	13	6	19	(13.46)	45	0	71	(71)	45	0	71	(71)	0	0	0
Other Employees	0	0	0	0.00	0	0	0	0	0	0	0	0	0	0	0
Total Bank	453	67	512	(444.59)	1,288	1,302	1,584	(282)	1,288	1,302	1,584	(282)	5,208	0	5,208
Total Locum	88	10	89	(79.45)	982	0	1,085	(1,085)	982	1,101	1,085	16	4,404	0	4,404
Total Waiting List Initiative	17	0	10	(9.75)	140	0	146	(146)	140	38	146	(108)	671	0	671
Total Temporary Workforce	656	89	780	(690.64)	3,021	2,146	3,821	(1,675)	3,021	3,285	3,821	(536)	13,659	0	10,283

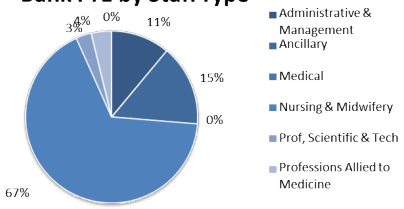
Cumulative Performance vs Agency Ceiling



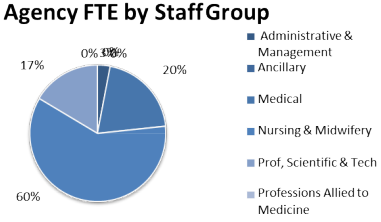
Bank Monthly Run Rate vs FTE



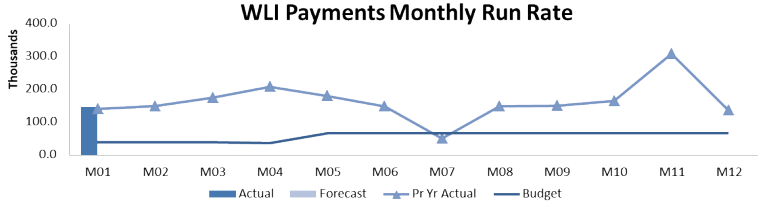
Bank FTE by Staff Type



Agency FTE by Staff Group



WLI Payments Monthly Run Rate



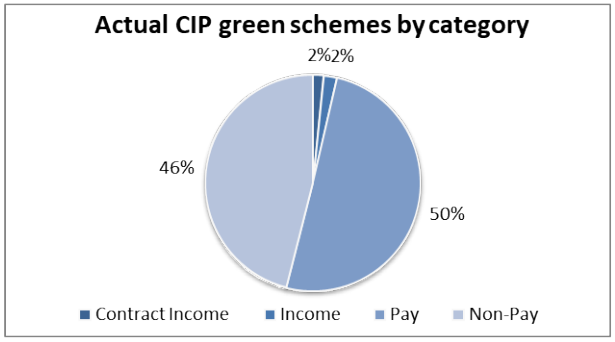
Summary & Next steps

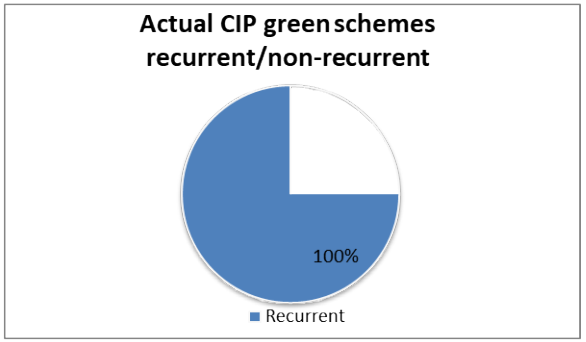
Overall agency is £161k above plan for in month as a result of increased utilisation and rates of agency Medical and Nursing staff in response to COVID-19, particularly in A&E.
The Trust continues to use Medacs, with a focus on hard to fill Medical vacancies. The considerably higher than 19/20 anency spend for the same period is evidence of the impace of COVID-19

East Sussex Healthcare NHS Trust

Cost Improvement Programme Summary - Month 1

Category	In Month Plan (£k)	In Month Actual (£k)	In Month Variance (£k)	Forecast Outturn Plan (£k)	Forecast Outturn Actual (£k)	Forecast Outturn Variance (£k)	YTD Rec (£k)	YTD Non-Rec
Contract Income	204	5	-199	2,074	1,903	-171	5	0
Income	49	7	-42	364	322	-42	7	0
Pay	140	167	27	2,479	2,435	-44	54	113
Non-Pay	131	152	21	1,244	1,255	11	150	2
Total Identified Schemes	**524**	**331**	**-193**	**6,162**	**5,915**	**-247**	**216**	**115**
Unidentified CIPs to be found	0	0	0	8,845	9,092	247	65%	35%
Total	**524**	**331**	**-193**	**15,007**	**15,007**	**0**		





Division	Actual (£k)
Corporate	42
E&F	26
Emergency Care	3
Medicine	22
OOH	124
DAS	39
WCSH	75
Total	**331**

Summary & Next Steps

During the delivery of the NHS response to COVID-19 pandemic the Cost Improvement Plan has been stood down as part of the amended financial regime in operation across the NHS for months 1 to 4 of 2020/21 and therefore does not form part of the Trust's formal accountability and performance framework with NHSE/I.

In Month: The Trust has delivered £0.331m against a plan of £0.524m, a £0.193m under performance in the month. This under performance can be broken down into 3 elements, 1) £0.183m NHSE/I Planning Assumptions Surplus/(Deficit), 2) £0.001m Unclaimable income and 3) £0.009m Divisional Surplus/(Deficit).

Full Year: The efficiency target is £15m for the year, to date only £6.2m has robust plans that have been signed off and approved. As a result of Covid-19, the development of CIPs has been on hold whilst the organisation responds to the pandemic. There is work on-going in the background to develop plans ready for the Divisions to take forward when the operational presures ease.

Recurrent/Non-recurrent split : £0.216m (65%) has been delivered on a non-recurrent basis in the month.

East Sussex Healthcare NHS Trust

Finance Report Divisional Summaries - Month 1

Division	In the Month			Year to Date			Forecast Outturn			Summary
Diagnostics, Anaesthetics & Surgery										
Contract Income				9,937	9,964	27	115,848	115,848	0	Under the NHSE/I amended financial regime all NHS organisations will break even during April to July 2020. Consequently, operational divisions have achieved break-even
Divisional Income				168	201	33	4,641	4,641	0	
Pay	1,727.94	1,732.57	(4.63)	(7,494)	(7,580)	(86)	(87,251)	(87,251)	0	
Non-Pay				(2,610)	(2,585)	26	(30,283)	(30,283)	0	
Overall	**1,727.94**	**1,732.57**	**(4.63)**	**0**	**(0)**	**(0)**	**2,954**	**2,954**	**0**	
Medicine										
Contract Income				6,518	6,518	0	106,705	106,705	0	Under the NHSE/I amended financial regime all NHS organisations will break even during April to July 2020. Consequently, operational divisions have achieved break-even
Divisional Income				113	103	(10)	1,435	1,435	0	
Pay	1,631.69	1,502.82	128.87	(5,809)	(5,837)	(28)	(68,240)	(68,240)	0	
Non-Pay				(822)	(784)	38	(10,109)	(10,109)	0	
Overall	**1,631.69**	**1,502.82**	**128.87**	**0**	**(0)**	**(0)**	**29,791**	**29,791**	**0**	
Urgent Care										
Contract Income				2,045	2,045	0	31,692	31,692	0	Under the NHSE/I amended financial regime all NHS organisations will break even during April to July 2020. Consequently, operational divisions have achieved break-even
Divisional Income				3	0	(3)	37	37	0	
Pay	414.71	368.66	46.05	(1,960)	(1,672)	288	(22,606)	(22,606)	0	
Non-Pay				(88)	(373)	(285)	(1,059)	(1,059)	0	
Overall	**414.71**	**368.66**	**46.05**	**0**	**0**	**0**	**8,063**	**8,063**	**0**	
Out of Hospital Care										
Contract Income				4,336	4,336	0	47,261	47,261	0	Under the NHSE/I amended financial regime all NHS organisations will break even during April to July 2020. Consequently, operational divisions have achieved break-even
Divisional Income				204	188	(16)	3,140	3,140	0	
Pay	1,126.54	1,057.05	69.49	(3,484)	(3,450)	34	(41,731)	(41,731)	0	
Non-Pay				(1,056)	(1,074)	(18)	(12,233)	(12,233)	0	
Overall	**1,126.54**	**1,057.05**	**69.49**	**0**	**0**	**0**	**(3,563)**	**(3,563)**	**0**	
Women's, Children's & Sexual Health										
Contract Income				3,151	3,151	0	45,839	45,839	0	Under the NHSE/I amended financial regime all NHS organisations will break even during April to July 2020. Consequently, operational divisions have achieved break-even
Divisional Income				38	41	3	731	731	0	
Pay	725.22	691.26	33.96	(2,918)	(2,936)	(19)	(35,008)	(35,008)	0	
Non-Pay				(271)	(256)	15	(2,957)	(2,957)	0	
Overall	**725.22**	**691.26**	**33.96**	**0**	**0**	**0**	**8,605**	**8,605**	**0**	
Estates & Facilities										
Divisional Income				627	440	(187)	8,768	8,768	0	Loss of income under car parking due to freeze of car parking fees & accommodation income due to COVID measures. Also not recognising £156k of CCG income in-month. Housekeeping & Community Facilities reporting an overspend due to the increase in Porterage and Housekeeping pressures.
Pay	724.49	723.85	0.64	(1,732)	(1,794)	(62)	(20,382)	(20,382)	0	
Non-Pay				(1,306)	(1,133)	173	(15,105)	(15,105)	0	
Overall	**724.49**	**723.85**	**0.64**	**(2,411)**	**(2,487)**	**(76)**	**(26,719)**	**(26,719)**	**0**	
Corporate										
Divisional Income				894	934	40	11,553	11,553	0	The Trust's operatinal deficit due to Covid related expenditure over and above planned operating expense made up of pay costs of £0.7m and non-pay costs of £1.5m are reported in the Corporate division
Pay	971.27	1,089.80	(118.53)	(3,243)	(3,782)	(540)	(38,244)	(38,244)	0	
Non-Pay				(2,043)	(3,721)	(1,679)	(25,613)	(25,613)	0	
Overall	**971.27**	**1,089.80**	**(118.53)**	**(4,392)**	**(6,570)**	**(2,178)**	**(52,303)**	**(52,303)**	**0**	
Central										
Contract Income				7,338	7,282	(56)	63,848	63,848	0	In line with the NHSE/I COVID-19 finacial regime to ensure NHS Provider Trusts can adequately provide for Covid related costs, the Trust's assumption that our Covid Costs of £2.2m will be reimbursed by NHSE/I is reported in the Central Division.
Divisional Income				4,076	6,484	2,408	38,690	38,690	0	
Pay	0.00	0.00	0.00	346	(232)	(578)	(6,087)	(6,087)	0	
Non-Pay				(4,957)	(4,573)	384	(60,263)	(60,263)	0	
Overall	**0.00**	**0.00**	**0.00**	**6,803**	**8,962**	**2,159**	**36,188**	**36,188**	**0**	
Donated assets adjustment				**0**	**95**	**95**	**0**	**95**	**95**	
Total	**7,321.86**	**7,166.01**	**155.85**	**0**	**(0)**	**(0)**	**0**	**(0)**	**(0)**	**3,015**	**3,015**	**0**	

East Sussex Healthcare NHS Trust

Statement of Financial Position - Month 1

	Year to date				Forecast Outturn		
	19/20 Actual (£m)	20/21 Plan (£m)	20/21 Actual (£m)	Variance (£m)	20/21 Plan (£m)	20/21 Outturn (£m)	Variance (£m)
Non Current Assets							
Property, Plant and Equipment	229.5	252.6	229.1	(23.5)	252.6	252.6	0.0
Intangible Assets	2.4	2.3	2.3	(0.0)	2.3	2.3	0.0
Other Assets	3.0	8.8	2.2	(6.6)	8.8	8.8	0.0
Total Non Current Assets	**234.9**	**263.7**	**233.6**	**(30.1)**	**263.7**	**263.7**	**0.0**
Current Assets							
Inventories	7.3	6.6	7.8	1.2	6.6	6.6	0.0
Trade and Other Receivables	47.3	37.6	11.3	(26.3)	37.6	37.6	0.0
Cash and Cash Equivalents	2.1	2.1	52.9	50.8	2.1	2.1	0.0
Non Current Assets Held for Sale	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Current Assets	**56.8**	**46.3**	**72.1**	**25.7**	**46.3**	**46.3**	**0.0**
Current Liabilities							
Trade and Other Payables	(28.8)	(32.5)	(38.6)	(6.1)	(32.5)	(32.5)	0.0
Borrowings	(234.1)	(5.3)	(234.1)	(228.8)	(5.3)	(5.3)	0.0
Other Financial Liabilities	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Provisions	(0.4)	(0.4)	(0.4)	(0.0)	(0.4)	(0.4)	0.0
Other Liabilities	(1.4)	(2.2)	(3.9)	(1.7)	(2.2)	(2.2)	0.0
Total Current Liabilities	**(264.6)**	**(40.4)**	**(277.0)**	**(236.6)**	**(40.4)**	**(40.4)**	**0.0**
Non-Current Liabilities							
Borrowings	(1.8)	(27.1)	(3.5)	23.6	(27.1)	(27.1)	0.0
Trade and Other Payables	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Provisions	(2.8)	(1.8)	(2.8)	(1.0)	(1.8)	(1.8)	0.0
Total Non Current Liabilities	**(4.6)**	**(28.9)**	**(6.4)**	**22.5**	**(28.9)**	**(28.9)**	**0.0**
Total Assets Employed	**22.4**	**240.7**	**22.3**	**(218.4)**	**240.7**	**240.7**	**0.0**
Financed By							
Public Dividend Capital	162.6	388.6	162.6	(226.0)	388.6	388.6	0.0
Income & Expenditure Reserve	(230.5)	(245.6)	(230.6)	15.0	(245.6)	(245.6)	0.0
Revaluation Reserve	90.2	97.7	90.2	(7.5)	97.7	97.7	0.0
Total Tax Payers Equity	**22.4**	**240.7**	**22.3**	**(218.4)**	**240.7**	**240.7**	**0.0**

Summary & Next Steps

1.On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year which included that all interim revenue and capital loans as at 31 March 2020 would be extinguished and replaced with the issue of Public Dividend Capital (PDC). In addition, the Trust was moved to block contract payments as part of the NHS response to COVID-19.

2. The effective date for the extinguishing of debt is 30 September 2020

3. All outstanding interim loans totalling £234m have been classified as current as they will be repayable within 12 months.

Cashflow & Borrowing Summary - Month 1

Short Term (13 week) Cashflow Forecast

	Actual (£k)				Forecast (£k)								
Week Ending (Friday)	03-Apr	10-Apr	17-Apr	24-Apr	01-May	08-May	15-May	22-May	29-May	05-Jun	12-Jun	19-Jun	26-Jun
Balance Brought Forward	**13,757**	**35,869**	**37,485**	**68,849**	**57,627**	**53,446**	**50,154**	**80,015**	**53,527**	**52,019**	**48,491**	**45,266**	**64,153**
Receipts													
WGA Income	35,439	105	35,355	7,209	604	176	32,505	1,377	1,651	364	364	32,675	1,651
Other Income	138	3,307	425	102	354	282	2,290	274	680	250	250	1,347	756
External Financing	0	0	0	1,770	0	0	0	0	0	0	0	0	0
Total Receipts	**35,578**	**3,412**	**35,780**	**9,081**	**958**	**458**	**34,795**	**1,651**	**2,331**	**614**	**614**	**34,022**	**2,407**
Payments													
Pay	(6,333)	(239)	(747)	(18,287)	(210)	(271)	(244)	(24,544)	(244)	(244)	(244)	(10,444)	(14,344)
Non-Pay	(6,977)	(1,558)	(3,163)	(1,959)	(4,507)	(3,420)	(4,691)	(3,595)	(3,595)	(3,898)	(3,595)	(4,691)	(3,595)
Capital Expenditure	0	0	0	0	0	0	0	0	0	0	0	0	0
PDC Dividend	0	0	0	0	0	0	0	0	0	0	0	0	0
Other payments	(156)	(0)	(505)	(57)	(422)	(59)	0	0	0	0	0	0	0
Total Payments	**(13,465)**	**(1,797)**	**(4,416)**	**(20,302)**	**(5,140)**	**(3,749)**	**(4,935)**	**(28,139)**	**(3,839)**	**(4,142)**	**(3,839)**	**(15,135)**	**(17,939)**
Net Cash Movement	**22,112**	**1,616**	**31,364**	**(11,222)**	**(4,182)**	**(3,291)**	**29,861**	**(26,488)**	**(1,508)**	**(3,528)**	**(3,225)**	**18,887**	**(15,532)**
Balance Carried Forward	**35,869**	**37,485**	**68,849**	**57,627**	**53,446**	**50,154**	**80,015**	**53,527**	**52,019**	**48,491**	**45,266**	**64,153**	**48,621**

NB: The above classification do not directly match the I&E subjective classifications, for example Non-pay above includes agency staff expenditure and VAT thereon

Loans

	Draw Value £k	Date Drawn	Term	Interest Rate	Principal outstanding at 31 March 2020 £k	Annual Interest £k
Prior Years						
Capital Loan 2 - Endoscopy Development	2,000	Dec 09	20	4.00%	971	37
Capital Loan 3 - Endoscopy Development	2,000	Jun 10	20	3.90%	1,000	38
Capital Loan 4 - Health Records	428	Mar 15	10	1.40%	0	0
Capital Loan 5 - Health Records	441	Mar 15	10	1.40%	0	0
Capital Loan 6 - Ambulatory Care	800	Feb 18	20	1.60%	0	0
Revolving Working Capital	31,300		5	3.50%	0	0
Interim Loan Agreement	35,218		3	1.50%	0	0
2016/17 Loans	23,144	Dec 16 - Mar 17	3	6.00%	0	0
2017/18 Loans	13,755	Apr 17 - Jul 17	3	6.00%	0	0
2017/18 Loans	50,393	Aug 17 - Mar 18	3	3.50%	0	0
2018/19 Loans	45,001	Apr 19 - Mar 19	3	3.50%	0	0
Prior Year Total	**204,480**				**1,971**	**75**
Current Year						
Loan April 2019	4,095	Apr 19	3	3.50%	0	0
Loan May 2019	4,603	May 19	3	3.50%	0	0
Loan June 2019	3,321	Jun 19	3	3.50%	0	0
Loan July 2019	2,549	Jul 19	3	3.50%	0	0
Loan August 2019	2,673	Aug 19	3	3.50%	0	0
Loan September 2019	2,160	Sep 19	3	3.50%	0	0
Loan November 2019	2,087	Nov 19	3	1.50%	0	0
Loan January 2020	1,997	Jan 20	3	1.50%	0	0
Capital (Fire) Loan November 2019	4,550	Nov 19	20	0.85%	0	0
Medical Equipment (Capital) loan	3,950	Dec 18	8	0.58%	0	0
Loan February 2020	1,469	Feb-20	3	1.50%	0	0
Loan March 2020	1,874	Mar-20	3	1.50%	0	0
Current Year Total	**35,328**				**0**	**0**
Total Loans	**239,808**				**1,971**	**75**

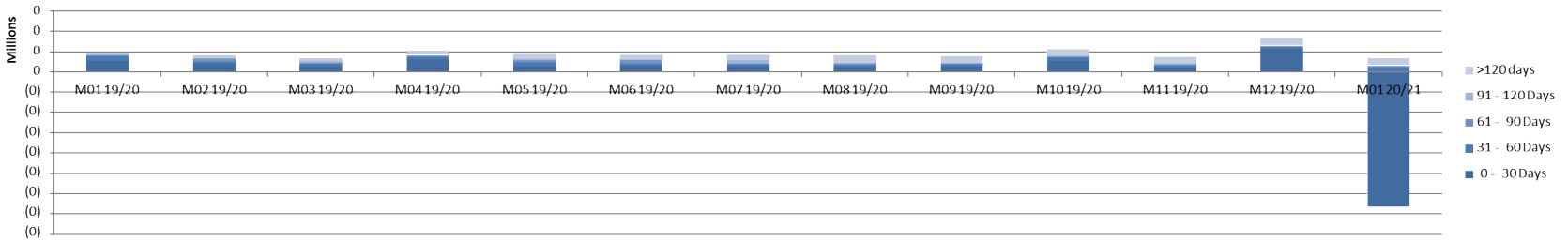
Summary & Next steps

1.On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year including guidance that all interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC). Therefore all outstanding interim loans totalling £234m have been classified as current as they will be repayable within 12 months.

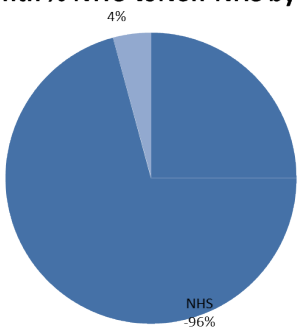
2.All loans shown in the table with the exception of those highlighted have been frozen at 31 March 2020 and interest payments also ceased at that date. The effective date to repay these loans and PDC of the equivalent amount will be issued on 30 September 2020.

Receivables Summary - Month 1

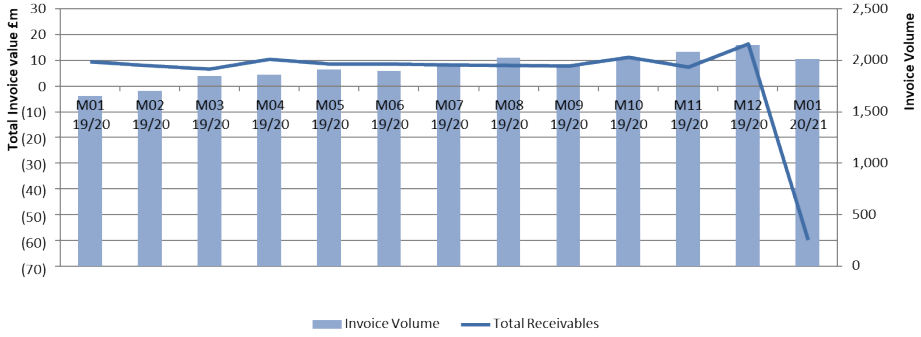
Receivables Aging Run rate (£k)													
Aging Profile	M01 19/20	M02 19/20	M03 19/20	M04 19/20	M05 19/20	M06 19/20	M07 19/20	M08 19/20	M09 19/20	M10 19/20	M11 19/20	M12 19/20	M01 20/21
0 - 30 Days	5,525	3,972	2,765	6,013	2,785	3,050	2,581	2,294	2,699	5,663	1,546	11,593	(66,486)
31 - 60 Days	2,602	1,005	1,418	1,501	2,027	1,097	1,129	1,131	1,243	1,522	1,687	703	2,526
61 - 90 Days	305	1,674	182	719	1,014	1,580	511	701	318	503	541	552	471
91 - 120 Days	270	279	1,118	211	637	537	1,578	339	283	232	363	315	318
>120 days	938	1,153	1,286	2,188	2,255	2,451	2,593	3,699	3,403	3,423	3,417	3,366	3,485
Total Receivables	9,639	8,083	6,768	10,632	8,717	8,715	8,393	8,164	7,946	11,343	7,554	16,529	(59,686)
Invoice Volume	1,655	1,705	1,852	1,862	1,911	1,899	1,952	2,028	1,964	2,018	2,085	2,153	2,012



Current Month % NHS vs Non-NHS by Value



Receivables Invoice Value vs Volume Run Rate

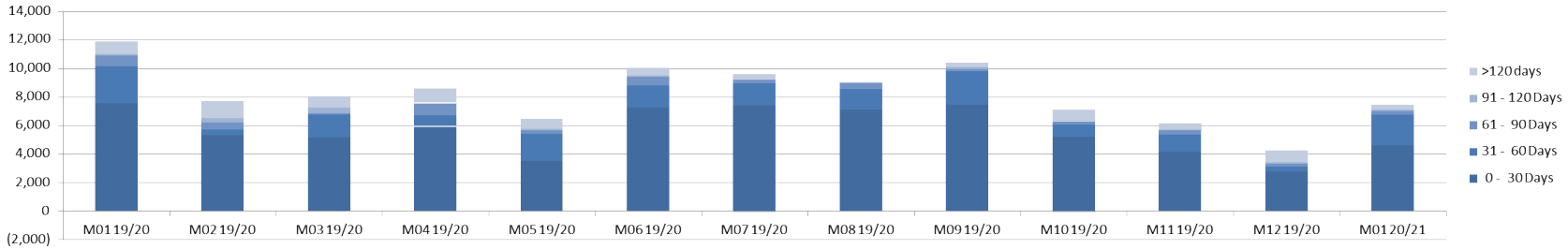


Summary & Next Steps

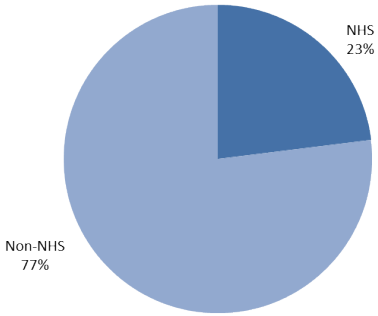
1. Debtor balance displaying a credit balance due to the block income being received without invoices being raised on sales ledger and the timing of M1 close down process meant this could not be cleared. These will be amended in M2.
2. An adverse movement in total aged debt (> 31 days) by £1.9m in month.
3. An adverse movement in over 90 day debt of £100k in month.
4. Debtor days in month is 10 days however this is distorted by the sales ledger credit balance referred to in point 1.
5. 2,012 invoices on the sales ledger system at the end of the month (an decrease of 141 in month).

Payables Summary - Month 1

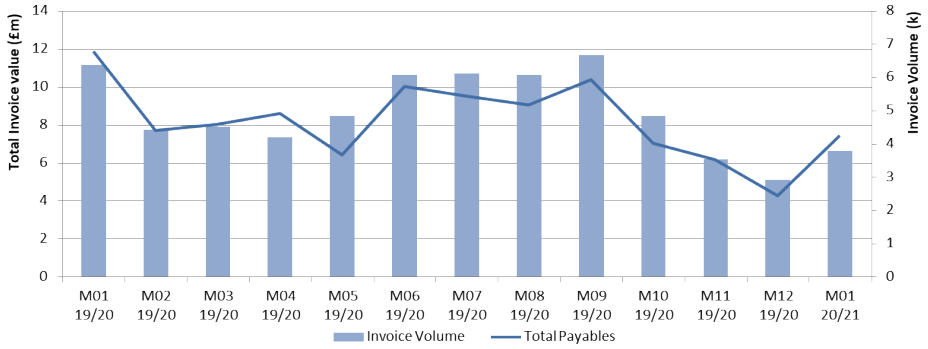
Payables Aging Run rate (£k)													
Aging Profile	M01 19/20	M02 19/20	M03 19/20	M04 19/20	M05 19/20	M06 19/20	M07 19/20	M08 19/20	M09 19/20	M10 19/20	M11 19/20	M12 19/20	M01 20/21
0 - 30 Days	7,517	5,324	5,133	5,927	3,476	7,249	7,370	7,112	7,423	5,179	4,155	2,761	4,596
31 - 60 Days	2,612	396	1,603	753	1,943	1,559	1,593	1,428	2,372	861	1,218	375	2,166
61 - 90 Days	735	494	133	842	241	595	213	375	154	223	285	163	219
91 - 120 Days	108	277	380	59	86	112	(87)	108	124	(55)	85	121	94
>120 days	909	1,217	788	1,020	681	510	427	33	312	831	432	850	370
Total Payables	11,881	7,710	8,037	8,601	6,427	10,025	9,515	9,056	10,386	7,040	6,175	4,271	7,444
Invoice Volume	6,373	4,425	4,512	4,190	4,834	6,073	6,121	6,064	6,673	4,841	3,527	2,900	3,794



Current Month % NHS vs Non-NHS by Value



Payables Invoice Value vs Volume Run Rate



Summary & Next Steps

1. Adverse change in total creditors in month of £3.2m.
2. Creditor days 94 days in April.
3. Internal KPIs to target elimination of registered > 120 days and creditor days < 60. Balances that are aged and not ready for payment reflect high levels of invoices that are received without a valid purchase order number.
4. 3,794 outstanding invoices on the purchase ledger system at the close of the month (894 more than in March).

Capital Programme Summary - Month 1

YTD Capital Programme Performance	Original Plan £000	Revised Plan £000	CRG Plan £000	YTD Plan £000	Actual Expenditure £000	Variance to Plan £000
Brought Forward	-	-	250	-	-	-
Estates	3,559	3,559	4,095	25	121	96
Backlog Maintenance	2,783	2,783	1,896	25	94	69
Digital	1,975	1,975	1,393	75	12	(63)
Medical Equipment	3,667	3,667	3,732	-	199	199
Finance	1,500	1,500	1,500	125	125	-
Unplanned urgents	545	545	463	-	-	-
Fire compartmentalisation	6,020	6,020	7,020	100	5	(95)
Medical Equipment	4,000	4,000	4,000	-	-	-
Building For Your Future (HIP2)	4,230	4,375	4,230	-	1	1
Integrated Theatres	250	250	250	-	-	-
Track4Safety barcode implementation	1,500	1,500	1,500	-	-	-
General Provision	301	-	-	18	-	(18)
Cardiology Cath Labs	3,250	3,250	3,250	-	-	-
COVID-19	-	-	-	-	191	191
Total Owned	**33,580**	**33,424**	**33,580**	**368**	**748**	**380**
Donated	1,000	1,000	1,000	-	-	-
Less donated Income	(1,000)	(1,000)	(1,000)	-	-	-
Total	**33,580**	**33,424**	**33,580**	**368**	**748**	**380**

Capital Resource Limit (CRL)	£k
Planning CRL	**33,580**
2020/21 Opening CRL	**14,029**
Fire Compartmentalisation	6,020
Building For Your Future (HIP2)	4,375
Closing CRL	**24,424**
Outturn	**748**
Variance	**(23,676)**

Capital Commentary

1.The planned CRL for 2020/21 is £33.58m and combines planned for internally generated depreciation of £14.029m, year 2 of fire compartmentalisation £6.02m, Building For Your Future (HIP2) £4.23m and bids for; medical equipment £4.0m; integrated theatres £0.25m; scan4safety £1.5m; and, cath labs £3.25m.

2.At month 1, the actual year end CRL forecast is £24.424m. This is because to date only the fire compartmentalisation and HIP2 funding is confirmed. The other bids require business cases to be submitted to the Integrated Care System (ICS) for support prior to submission to NHSE/I for final approval and these business cases are in train.

3.CRL is the maximum that can be spent on capital purchases in year however actual permitted expenditure is determined by the capital departmental expenditure limit (CDEL) and this is based on actual depreciation in year, loan repayments and asset disposals. At month 1, the CRL and CDEL are aligned.

M12 2019/20 Capital Outturn

Meeting information:			
Date of Meeting:	2nd June 2020	Agenda Item:	9i
Meeting:	Trust Board	Reporting Officer: Report prepared:	Damian Reid. Saba Sadiq

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☐

Has this paper considered: (Please tick)			
Key stakeholders:		**Compliance with:**	
Patients	☒	Equality, diversity and human rights	☐
Staff	☒	Regulation (CQC, NHSi/CCG)	☒
		Legal frameworks (NHS Constitution/HSE)	☐
Other stakeholders please state:			
Have any risks been identified ☒ *(Please highlight these in the narrative below)*		On the risk register?	☒

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

In 2019/20, the Trust spent £25.4m of capital expenditure on making improvements across our infrastructure, IT and medical equipment.

2. REVIEW BY OTHER COMMITTEES

Capital Review Group on 20th May, the Finance & Investment Committee and the Executive Team.

3. RECOMMENDATIONS

The Trust Board is asked to note that the Trust met its 2019/20 CRL.

Capital Outturn 2019/20

In 2019/20, the Trust spent £25.4m of capital expenditure on making improvements across our infrastructure, IT and medical equipment.

The capital outturn position by category for 2019/20 can be shown in table 1 below, the full detail in table 2.

Table 1

Category	£000	% ot Total
Fire	4,383	17%
Digital	4,314	17%
Medical Equipment	4,151	16%
Estates	3,220	13%
Winter	2,546	10%
Backlog Maintenance	2,369	9%
Minor Capital	1,915	8%
COVID-19	1,115	4%
HSLI	778	3%
Cyber Security	365	1%
Digital Imaging Equipment	297	1%
Local Health Record	270	1%
Other	132	1%
MRI Loss on Disposal	-406	-2%
Total	**25,449**	**100%**

During 2019/20 the Trust increased the capital allocation by successfully bidding for the following additional capital funding:

- Fire compartmentalisation loan, total £13.86m spread over 3 years. £4.55m in 2019/20;
- Medical Equipment £3.0m: PDC loan;
- Backlog maintenance £0.95m: PDC loan;
- Urgent and emergency care, winter £1.41m:PDC;
- Digital imaging equipment £0.287m:PDC;
- Local health record £0.2m:PDC;
- Cyber security £0.473m:PDC;
- Pharmacy system upgrades £0.022m:PDC;
- Health service led investment (HSLI) £1.178m:PDC; and
- COVID-19 £1.115m: PDC.

Table 2

Capital Programme: Summary 2019-20	OUTTURN
Capital Resource Limit (CRL)	*25,958*
Capital Programme	*25,855*
Loss on disposal	*(406)*
Capital Resource Limit (CRL)	*25,449*

REF	CATEGORY	LEAD	CAPITAL PROGRAMME 2019/20	Actual Spend 19/20
8953	Estates	Estates	MRI	1,627,865
8096	Winter	Estates	Emergency Dept wraparound - decant	1,424,307
8411	Digital	Digital	Desktop Refresh	1,176,834
8988	Estates	Estates	ESH.18-19.1019 Ambulatory Emergency Centre (AEC) - Conquest	1,108,182
8142	MedEquip	Clinical	high acuity patient monitors	951,922
8171	Fire	Digital	Nerve Centre incl E-Obs	1,324,595
8514	Backlog	Estates	EDGH Roof Repairs	472,235
8350	Digital	Digital	EPMA - PDC allocated	904,599
8962	Winter	Estates	Urology Investigation Suite (UIS)	753,887
8991	Fire	Estates	EDGH Residential Fire Alarms	274,713
8302	Digital	Digital	Storage Area Network Refresh	591,294
8144	MedEquip	Clinical	mid acuity Obs patient monitors	347,028
8290	Estates	Estates	19.20 CONQ FRONT OF HOUSE	254,586
8500	Backlog	Estates	ESH.18-19.1107 CQC Issues in Theatre at Conquest	467,002
8418	HSLI	Digital	HSLI: PACS	508,496
8087	MedEquip	Clinical	Replacement Scopes	966,560
8410	Digital	Digital	Community TPP Rollout	769,644
8039	Cyber	Digital	19.20 CYBER SECURITY	364,627
8146	MedEquip	Clinical	13 ITU ventilators	360,000
8164	Fire	Estates	Vacuum Insulated Evaporator (VIE)	632
8128	Fire	Estates	Digital Team Relocation (EDGH - Duncan House to PMU)	353,533
8285	Backlog	Estates	ESH.18-19.1027 External Facades, decoration and repair	129,236
8129	Winter	Estates	Emergency Dept wraparound	333,945
8181	Winter	Estates	Lift Car Refurbishment	33,811
8531	Digital Imaging	Clinical	Mammography Digital Imaging	297,203
8480	Equip	Clinical	Pressure Relieving Mattresses	284,160
8502	Backlog	Estates	ESH.18-19.1033 Statutory Legionella (Testing/Survey & Remedial Scope/Works Specification)	322,359
8288	Fire	Estates	EDGH Phase 2 Water Ingress	272,142
8163	Estates	Estates	Creation of ground floor amenity space under Burton Unit	131,312
8415	Local Health Reco	Digital	Local health care record	270,337
8419	HSLI	Digital	HSLI: Sussex Integrated Dataset	200,000
8508	Backlog	Estates	ESH.18-19.1028 Roof Repairs	118,032
8942	Fire	Estates	Fire Compartmentalisation	236,140
8409	Digital	Digital	Windows 10 Refresh	156,304
8412	Digital	Digital	Network Cabinet refurbishment	282,756
8162	Backlog	Estates	Flooring	81,913
8517	Fire	Estates	Accommodation refurbishment to 21 flats	221,120
8291	Backlog	Estates	EME Room	153,395
8149	MedEquip	Clinical	Urology Laser replacements	144,000
8501	Backlog	Estates	ESH.18-19.1106 Fire Seperation / compartmentation	102,953
8503	Backlog	Estates	ESH.18-19.1026 Flooring 19-20	99,682
8141	MedEquip	Clinical	Operating tables	125,309
8408	Digital	Digital	Order Comms	126,342
8165	Fire	Estates	19.20 Health Infra Plan seed funding bid	616,999
8930	Fire	Estates	ESH.18-19.1008 Front of House - Conquest	7,951
8097	MedEquip	Clinical	2 x Cardio Echos for DGH	114,707

8151	MedEquip	Clinical	Replacement and additional Olympus 30 degree telescopes	92,107
8140	MedEquip	Clinical	60 acute site hospital beds	79,860
8190	MedEquip	Clinical	Diabetic Eye Clinic Cameras	94,283
8295	Fire	Estates	Ventilation within Delivery Suite	90,380
8289	Backlog	Estates	ESH.18-19.1032a Pan Site Ventilation ductwork cleaning	84,847
8298	Fire	Estates	19.20 EDGH URGENT TREAT CENTRE	224,317
8137	Fire	Clinical	Replacement Ultrasound x 1 (Trust wide requirement for 9)	75,100
8504	Fire	Estates	ESH.18-19.1103 Changing Places for Disabled Visitors	88,776
8533	MedEquip	Clinical	Critical Care Echo Cardiac Ultrasound Machines	83,950
8297	Fire	Estates	Michelham Improvements	72,657
8114	Digital	Digital	Maternity System Replacement - BADGERNET	65,779
8112	Backlog	Estates	Redesign of maternity/gynaecology footprint	71,645
8145	MedEquip	Clinical	4 ITU patient beds	72,000
8420	HSLI	Digital	HSLI: ESBT	70,000
8090	Fire	Clinical	7 x CTG Machines	69,859
8166	MedEquip	Clinical	Angio Suite Stryker	59,100
8989	Digital	Digital	Live Bed State	72,267
8155	Equip	Clinical	Hearing screening equipment	57,961
8183	MedEquip	Clinical	AGFA Mobile X-Ray DFD100	58,740
8188	Estates	Estates	Catering Equipment (EDGH/Conq/Bex)	7,492
8510	Fire	Estates	Asbestos Management and Removal	34,351
8125	Fire	Clinical	Stryker Power Tools	55,848
8509	Backlog	Estates	ESH.18-19.1090 Cross Site Parking and pothole repairs	21,295
8287	Backlog	Estates	ESH.18-19.1105 Statutory Wiring & Electrical Systems	4,174
8143	MedEquip	Clinical	Automatic external defibrilators	50,350
8414	Fire	Digital	Server Refresh	44,553
8511	Backlog	Estates	NSC/PLACE Estates remedial works	48,991
8413	Digital	Digital	Phase 2 BigHand (Dictation Scheme) + Change and Project costs	39,197
8346	digital	Digital	WINDOWS 10 ROLL OUT	108,756
8160	Backlog	Estates	Fabric repairs buildings	20,000
8286	Backlog	Estates	ESH.18-19.1035 Statutory Lift Inspections	34,435
8174	Fire	Digital	Rollout of Telephony	39,400
8342	Estates	Estates	Accomodation Wifi	38,479
8116	Estates	Estates	ED (EDGH and CQ) CQC Paeds Waiting Areas	36,000
8528	Fire	Clinical	HSDU Washer	30,391
8505	Backlog	Estates	180503 Eastbourne DGH Quirepace Controller	15,795
8108	Backlog	Estates	ESH.18-19.1027 External Facades, decoration and repair 19-20	29,542
8126	Fire	Clinical	Medtronic ENT equipment	29,402
8150	MedEquip	Clinical	Stortz Nephroscopes	26,528
8134	Fire	Digital	CBRN Storage	34,035
8154	MedEquip	Clinical	Diathermy Machine with Argon probe Coagulation	26,482
8182	MedEquip	Clinical	AGFA DR Retrofit	23,999
8529	Fire	Clinical	4 x Trolleys ED Falls Prevention	22,338
8115	Digital	Digital	Data Centre Licences	20,000
8092	Fire	Clinical	Haematek Stainer x 2	19,200
8742	Fire	Clinical	ENT Microscope	18,854
8186	MedEquip	Clinical	ENT Debrider	18,418
8532	Fire	Clinical	19.20 ENDOSCOPY TROLLEYS	16,610
8083	MedEquip	Clinical	Blood Fridges	17,312
8138	Fire	Estates	Climate Change Ventilation Feasibility Study	8,204
8157	MedEquip	Clinical	Bladder Scanner x 2	15,495
8091	MedEquip	Clinical	Bladder Scanner x 2	15,300
8153	MedEquip	Clinical	SCBU- New Ventilator	17,867
8168	MedEquip	Clinical	Resps 2 x EPOC machines	13,320
8187	Estates	Estates	Porter radios	12,781
8082	MedEquip	Clinical	Cryostat Conquest	12,300
8156	MedEquip	Clinical	Ward ventilators x4 -Baird and Jevington	12,000
8084	Fire	Clinical	Blood Fridges EDGH	10,877
8101	Backlog	Estates	ESH.18-19.1093 EDGH Entrance Doors to departments	10,000

8184	MedEquip	Clinical	Replacement Thoracoscopy	9,486
8104	Backlog	Estates	ESH.18-19.1055 Whole Site Drainage Issues	9,281
8088	Fire	Clinical	Non Invasive Ventilator	8,999
8513	Fire	Estates	Water Damage	1,356
8093	Fire	Clinical	ENT Consultation Chair	6,712
8512	Estates	Estates	Theatre Flooring	912
8506	Fire	Estates	Occupational Health Relocation	468
8293	Backlog	Estates	ESH.18-19.1 Pressure Test on Steam Circuits. NDT Test.	47
8118	Fire	Digital	Desktop Refresh Adj	56,482
8175	Estates	Estates	Triple Breast Assessment	2,128
8191	Corona	Corona	19.20 CORONAVIRUS CAP EXP BUILD	106,489
8196	Corona	Corona	1920 CVIRUS MED CAP EXP P&M	979,436
8382	Corona	Corona	MORTUARY SYSTEM	29,083
8294	Backlog	Estates	Statutory Compliance Pressure	72,421
8516	Fire	Estates	19.20 SURVEY FOR ACCOMMODATION PROJECT	15,680
86**	Minor Cap	Finance	Minor Capital - revenue to capital transfers	1,915,315
Various	General	Finance	Net Spend in 2019-20 closing off Schemes from 2018-19	132,170

2019/20 M12 SHCP: Financial Performance

Meeting information:			
Date of Meeting:	2nd June 2020	Agenda Item:	9ii
Meeting:	Trust Board	Reporting Officer: Report prepared:	Damian Reid. Saba Sadiq

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☒

Has this paper considered: (Please tick)			
Key stakeholders:		**Compliance with:**	
Patients	☒	Equality, diversity and human rights	☐
Staff	☒	Regulation (CQC, NHSi/CCG)	☒
		Legal frameworks (NHS Constitution/HSE)	☐
Other stakeholders please state:			
Have any risks been identified ☐ *(Please highlight these in the narrative below)*		On the risk register?	

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

In 2019/20 at M12 the majority of providers and commissioners in SHCP have met or exceeded their plan for the year. However, North CCGs, QVH and SCFT are the exception.

The attached report provides the detail. The Board is already aware that the Trust achieved a small surplus of £50k at the end of 2019/20.

2. REVIEW BY OTHER COMMITTEES

East Sussex Health and Social Care System Partnership Board and the Trust's Finance & Investment Committee.

3. RECOMMENDATIONS

The Trust Board is asked to note that the financial performance of the SHCP.

Sussex
Health and Care Partnership

Financial Performance Report

2019/20 Month 12

May 2020

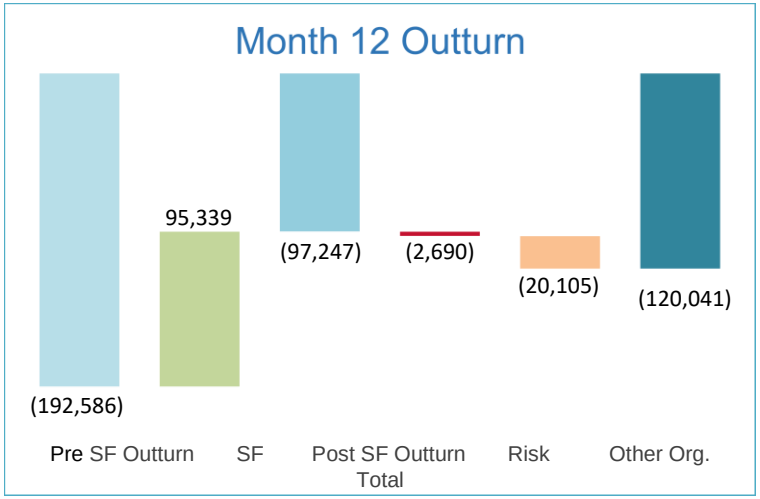
Please note: this draft report has been populated with draft figures received from NHSEI, which are liable to change

The majority of providers and commissioners in SHCP have met or exceeded their plan for the year, North CCGs, QVH and SCFT are the exception

Month 12 Financial Update

Narrative Summary

- Thus far, draft M12 information has been received for Sussex Health and Care Partnership commissioners and providers, showing a provider and commissioner pre-sustainability outturn of £(192.6)m.
- Post-sustainability funding, the reported provider and commissioner outturn is £(97.2)m.
- There is a total negative variance from plan of £(22.8)m, with Crawley and HMS CCGs reporting a negative variance of £(13.6)m and £(10.8)m respectively, and QVH reporting a variance of £(2.0)m. These negative variances are partially offset by small positive variances reported by other organisations.
- While on paper SCFT is reported not to have met its control total, this is due to Covid-19 annual leave accrual. NHSEI have made an allowance for this, and SCFT will still receive sustainability funding. We are aware that other providers also claimed for holiday pay accrual, so may be expecting to receive a similar allowance.
- There is net provider and commissioner risk of £(2.7)m for the draft accounts. SCFT reports £(2.5)m net risk relating to Property Services, and QVH reported £(0.2)m net risk relating to high risk annual leave.
- Provider and commissioner risk has reduced by £8.7m compared to M11
- The M12 outturn for other organisations, including Specialised Commissioning, some Local Authorities and Delegated Primary care is £(20.1)m. We have yet to receive finalised provider and commissioner information, and complete M12 financial information relating to Local Authorities.



Please note: this draft report has been populated with draft figures received from NHSEI, which are liable to change

M12 Outturn for providers and commissioners is £(192.6)m pre-sustainability funding, and £(97.2)m post-sustainability funding

Month 12 Provider & Commissioner Outturn, Variance, and Risk

All figures in (£000)	Control Total s/(d)	Pre-SF Outturn s/(d)	Variance to Control Total	Sustainability Funding	Post-SF Outturn s/(d)	Post-SF Plan s/(d)	Variance to Plan	Net Draft Accounts Risk
B&H	0	84	84	0	84	0	84	0
CWS	200	243	43	0	243	240	3	0
Crawley	(7,700)	(26,684)	(18,984)	0	(26,684)	(13,059)	(13,625)	0
EHS	(15,300)	(15,143)	157	11,500	(3,643)	(3,800)	157	0
H&R	(8,600)	(8,546)	54	8,600	54	0	54	0
HWLH	(7,600)	(7,473)	127	7,600	127	0	127	0
HMS	(31,300)	(44,278)	(12,978)	0	(44,278)	(33,474)	(10,804)	0
CCGs	**(70,300)**	**(101,796)**	**(31,496)**	**27,700**	**(74,096)**	**(50,094)**	**(24,002)**	**0**
ESHT	(34,033)	(33,895)	138	23,908	(9,987)	(10,125)	138	0
BSUH	(52,996)	(51,560)	1,436	27,249	(24,311)	(25,747)	1,436	0
QVH	(174)	(9,185)	(9,011)	0	(9,185)	(7,216)	(1,969)	(190)
SCFT	(241)	(437)	(196)	2,769	2,332	2,528	(196)	(2,500)
SPFT	1,361	1,815	454	2,110	3,925	2,143	1,782	0
WSHFT	2,459	2,472	13	11,603	14,075	14,062	13	0
Providers	**(83,624)**	**(90,790)**	**(7,166)**	**67,639**	**(23,151)**	**(24,355)**	**1,204**	**(2,690)**
Provider & CCG Total	**(153,924)**	**(192,586)**	**(38,662)**	**95,339**	**(97,247)**	**(74,449)**	**(22,798)**	**(2,690)**

Please note: this draft report has been populated with draft figures received from NHSEI, which are liable to change

West Sussex has a M12 post-SF Outturn of £(62.3)m, Brighton & Hove an Outturn of £(23.0)m, and East Sussex an Outturn of £(12.0)m

Month 12 Outturn, Variance, and Risk by Place

All figures in (£000)	Pre-SF Outturn s/(d)	SF	Post-SF Outturn s/(d)	Post-SF Plan s/(d)	Variance to Plan	Net Draft Accounts Risk
West Sussex Commissioners	(70,719)	0	(70,719)	(46,294)	(24,425)	0
West Sussex Providers	(6,216)	14,618	8,402	9,696	(1,294)	(2,047)
West Sussex Place Subtotal	**(76,935)**	**14,618**	**(62,317)**	**(36,598)**	**(25,718)**	**(2,047)**
Brighton & Hove Commissioner	84	0	84	0	84	0
Brighton & Hove Providers	(51,248)	28,173	(23,075)	(24,857)	1,782	(428)
Brighton & Hove Place Subtotal	**(51,164)**	**28,173**	**(22,991)**	**(24,857)**	**1,866**	**(428)**
East Sussex Commissioners	(31,161)	27,700	(3,461)	(3,800)	339	0
East Sussex Providers	**(33**,327)	24,850	(8,477)	(9,193)	716	(214)
East Sussex Place Subtotal	**(64,488)**	**52,550**	**(11,938)**	**(12,993)**	**1,055**	**(214)**
Provider and CCG Total	**(192,586)**	**95,339**	**(97,247)**	**(74,449)**	**(22,798)**	**(2,690)**

Please note: this draft report has been populated with draft figures received from NHSEI, which are liable to change

The SHCP had a M12 Post-SF Outturn of £(117.4)m, including specialised commissioning, adult social care and primary care

System Outturn and Risk

All figures in (£000)	Pre-SF Outturn Surplus/(Deficit)	SF	Post-SF Outturn Surplus/(Deficit)	Post-SF Plan Surplus/(Deficit)	Variance to Plan	Net Draft Plan Risk
Commissioner	(101,796)	27,700	(74,096)	(50,094)	(24,002)	0
Provider	(90,790)	67,639	(23,151)	(24,355)	1,204	(2,690)
Commissioner & Provider Subtotal	**(192,586)**	**95,339**	**(97,247)**	**(74,449)**	**(22,798)**	**(2,690)**
Spec Comm	(15,319)		(15,319)	0	(15,319)	
Adult Social Care	(4,813)		(4,813)	0	(4,813)	0
Primary Care	27		27	0	27	
Other Orgs Subtotal	**(20,105)**		**(20,105)**	0	**(20,105)**	0
System Total	**(212,691)**	**95,339**	**(117,352)**	**(74,449)**	**(42,903)**	**(2,690)**

The Month 12 Post-SF Outturn for West Sussex Place is £(62.6)m

West Sussex Outturn and Risk

All figures in (£000)	Pre-SF Outturn Surplus/(Deficit)	SF	Post-SF Outturn Surplus/(Deficit)	Plan Surplus/(Deficit)	Variance to Plan	Net Draft Plan Risk
Commissioner	(70,719)	0	(70,719)	(46,294)	(24,425)	0
Provider	(6,216)	14,618	8,402	9,696	(1,294)	(2,047)
Commissioner & Provider Subtotal	**(76,935)**	**14,618**	**(62,317)**	**(36,598)**	**(25,719)**	**(2,047)**
Spec Comm	(355)		(355)	0	(355)	
Adult Social Care	0		0	0	0	0
Primary Care	27		27	0	27	
Other Orgs Subtotal	(328)		(328)	0	(328)	0
System Total	**(77,263)**	**14,618**	**(62,645)**	**(36,598)**	**(26,047)**	**(2,047)**

The Month 12 Post-SF Outturn for Brighton & Hove Place is £(38.9)m

Brighton & Hove Outturn and Risk

All figures in (£000)	Pre-SF Outturn Surplus/(Deficit)	SF	Post-SF Outturn Surplus/(Deficit)	Plan Surplus/(Deficit)	Variance to Plan	Net Draft Plan Risk
Commissioner	84	0	84	0	84	0
Provider	(51,248)	28,173	(23,075)	(24,857)	1,782	(428)
Commissioner & Provider Subtotal	**(51,164)**	**28,173**	**(22,991)**	**(24,857)**	**1,866**	**(428)**
Spec Comm	(11,126)		(11,126)	0	(11,126)	
Adult Social Care	(4,813)		(4,813)	0	(4,813)	0
Primary Care	0		0	0	0	
Other Orgs Subtotal	**(15,939)**		**(15,939)**	**0**	**(15,939)**	0
System Total	**(67,103)**	**28,173**	**(38,930)**	**(24,857)**	**(14,073)**	**(428)**

The Month 12 Post-SF Outturn for East Sussex Place is £(15.8)m

East Sussex Outturn and Risk

All figures in (£000)	Pre-SF Outturn Surplus/(Deficit)	SF	Post-SF Outturn Surplus/(Deficit)	Plan Surplus/(Deficit)	Variance to Plan	Net Draft Plan Risk
Commissioner	(31,161)	27,700	(3,461)	(3,800)	339	0
Provider	**(33**,327)	24,850	(8,477)	(9,193)	716	(214)
Commissioner & Provider Subtotal	**(64,488)**	**52,550**	**(11,938)**	**(12,993)**	**1,055**	**(214)**
Spec Comm	(3,838)		(3,838)	0	(3,838)	
Adult Social Care	0		0	0	0	0
Primary Care	0		0	0	0	
Other Orgs Subtotal	**(3,838)**		**(3,838)**	**0**	**(3,838)**	**(214)**
System Total	**(68,326)**	**52,550**	**(15,776)**	**(12,993)**	**(2,783)**	**(214)**

Appendix

Detailed breakdowns by organisation

The CCG M12 Post-SF Outturn was £(74.1)m

CCG Outturn

All figures in (£000)	Pre-SF Outturn Surplus/(Deficit)	SF	Post-SF Outturn Surplus/(Deficit)	Plan Surplus/(Deficit)	Variance to Plan	Change from M11
NHS Crawley CCG	(26,684)	0	(26,684)	(13,059)	(13,625)	57
NHS Horsham & Mid Sussex CCG	(44,278)	0	(44,278)	(33,474)	(10,804)	26
NHS Coastal West Sussex CCG	243	0	243	240	3	2
West Place Subtotal	**(70,719)**	**0**	**(70,719)**	**(46,294)**	**(24,425)**	**85**
NHS Brighton & Hove CCG	84	0	84	0	84	84
B&H Place Subtotal	84	0	84	0	84	84
NHS Eastbourne, Hailsham and Seaford CCG	(15,143)	11,500	(3,643)	(3,800)	157	157
NHS Hastings & Rother CCG	(8,546)	8,600	54	0	54	54
NHS High Weald Lewes Havens CCG	(7,473)	7,600	127	0	127	127
East Place Subtotal	**(31,161)**	**27,700**	**(3,461)**	**(3,800)**	**339**	**339**
CCG Total	**(101,796)**	**27,700**	**(74,096)**	**(50,094)**	**(24,002)**	**508**

The provider M12 Post-SF Outturn was £(23.2)m

Provider Outturn

All figures in (£000)	Pre-SF Outturn Surplus/(Deficit)	SF	Post-SF Outturn Surplus/(Deficit)	Plan Surplus/(Deficit)	Variance to Plan	Change from M11
East Sussex Healthcare NHS Trust	(33,895)	23,908	(9,987)	(10,125)	138	0
Brighton & Sussex University Hospitals NHS Trust	(51,560)	27,249	(24,311)	(25,747)	1,436	1,402
Queen Victoria NHS FT	(9,185)	0	(9,185)	(7,216)	(1,969)	20
Sussex Community NHS FT	(437)	2,769	2,332	2,528	(196)	(198)
Sussex Partnership NHS FT	1,815	2,110	3,925	2,143	1,782	3,067
Western Sussex Hospitals NHS FT	2,472	11,603	14,075	14,062	13	(7)
Provider Total	**(90,790)**	**67,639**	**(23,151)**	**(24,355)**	**1,204**	4,285

The M12 system total for efficiencies was £15.8m

CCG and Provider Outturn Efficiencies

All figures in (£000)	Actual	Plan	Variance to Plan
NHS Brighton & Hove CCG	10,100	8,000	2,100
NHS Coastal West Sussex CCG	25,400	32,400	(7,000)
NHS Crawley CCG	2,900	4,800	(1,900)
NHS Eastbourne, Hailsham & Seaford CCG	11,500	13,000	(1,500)
NHS Hastings & Rother CCG	10,800	12,200	(1,400)
NHS High Weald Lewes Havens CCG	9,100	12,400	(3,300)
NHS Horsham & Mid Sussex CCG	6,100	8,900	(2,800)
CCG Subtotal	**75,900**	**91,700**	**(15,800)**
East Sussex Healthcare NHS Trust	0	0	0
Brighton & Sussex University Hospitals NHS Trust	0	0	0
Queen Victoria NHS FT	0	0	0
Sussex Community NHS FT	0	0	0
Sussex Partnership NHS FT	0	0	0
Western Sussex Hospitals NHS FT	0	0	0
Provider Subtotal	**0**	**0**	**0**
System Total	**75,900**	**91,700**	**(15,800)**

Please note: Provider efficiencies outstanding

The M12 Outturn for Specialised Commissioning was £294.9m

Specialised Commissioning Outturn

All figures in (£000)	Outturn	Plan	Variance to Plan	Change from M11
East Sussex Healthcare NHS Trust	37,429	33,896	(3,533)	0
Brighton & Sussex University Hospitals NHS Trust	179,001	167,893	(11,108)	47
Queen Victoria NHS FT	11,405	10,831	(574)	0
Sussex Community NHS FT	2,724	2,757	33	43
Sussex Partnership NHS FT	27,735	25,379	(2,356)	0
Western Sussex Hospitals NHS FT	36,561	36,867	306	0
Provider Subtotal	**294,854**	**277,623**	**(17,231)**	**90**
0.5% Contingency	0	1,377	1,377	0
0.3% Non Recurrent Reserve	0	536	536	0
Specialised Commissioning Total	**294,854**	**279,535**	**(15,319)**	**90**

Local Authority Outturn Net Expenditure was £303.5m

Local Authorities Outturn

All figures in (£000)	Net Expenditure Surplus/(Deficit)	Plan Net Expenditure Surplus/(Deficit)	Variance to Plan	Change from M11	Net Risk
East Sussex CC	0	0	0	772	0
West Sussex CC	205,000	205,000	0	0	0
Brighton & Hove CC	98,513	93,700	(4,813)	(163)	0
Local Authorities Total	**303,513**	**298,700**	**(4,813)**	**609**	0

Please note: East Sussex CC information was not received

Weightings in generation of place and system aggregation

Agreed with Sussex Health & Care Partnership Finance Group

	Overall system	Places		
	Sussex	West Sussex	Brighton & Hove	East Sussex
NHS Brighton & Hove	100%		100%	
NHS Coastal West Sussex	100%	100%		
NHS Crawley	100%	100%		
NHS Eastbourne, Hailsham & Seaford	100%			100%
NHS Hastings & Rother	100%			100%
NHS High Weald Lewes Havens	100%			100%
NHS Horsham & Mid Sussex	100%	100%		
East Sussex Healthcare NHS Trust	100%			100%
Brighton & Sussex University Hospitals NHS Trust	100%		100%	
Queen Victoria NHS FT	100%	100%		
Sussex Community NHS FT	100%	74%	17%	9%
Sussex Partnership NHS FT	100%	45%	21%	33%
Western Sussex Hospitals NHS FT	100%	100%		
East Sussex CC	100%			100%
West Sussex CC	100%	100%		
Brighton & Hove CC	100%		100%	

Board and Committee Meetings

Meeting information:			
Date of Meeting:	2nd June 2020	Agenda Item:	10G
Meeting:	Trust Board	Reporting Officer:	Steve Phoenix, Chairman

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☒

Has this paper considered: (Please tick)			
Key stakeholders:		**Compliance with:**	
Patients	☐	Equality, diversity and human rights	☐
Staff	☐	Regulation (CQC, NHSi/CCG)	☐
		Legal frameworks (NHS Constitution/HSE)	☐
Other stakeholders please state:			
Have any risks been identified ☐ *(Please highlight these in the narrative below)*		On the risk register?	

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

On 23rd March, as part of our planning for managing the impact of Covid19, we streamlined our governance framework for Board and Committee meetings. This enabled the organisation and our executive team to focus on those activities that were essential for clinical and operational delivery and limited the risk of transmission. The response has been well managed and we have now reached the point where we can review the arrangements that were put in place.

MS Teams

Meetings held during the pandemic have taken place virtually using MS Teams and feedback has been very positive; it has allowed us to conduct business, whilst social distancing. It is proposed that all Board and Committee meetings should continue to convene through Teams. We have produced some draft guidance attached to support chairs and committee members in managing and participating in Teams meetings

Meetings in Public and AGM

Our constitution requires us to hold Board meetings in public. We suspended public attendance and have been posting our public papers on line and also a summary of the key points discussed following the meeting. Our next public meeting is in June and we are planning on recording the Teams meeting and then uploading this to youtube. We are issuing a press release about this and inviting questions from members of the public in advance with the commitment of answering as many as possible at the meeting. The answers to the questions will also then be published online.

The AGM is scheduled for 7th July and we are planning to hold this virtually with more opportunity for the public to engage in realtime (this is likely to be via Glisser which is how Adrian undertakes the weekly staff briefing). Further details will follow.

Committee Meetings

It is planned that all committees should meet through Teams from 23rd June, this will be Audit Committee, followed by F&I on the 25th June. This is an opportunity for meeting Chairs and executive leads/Director of Corporate Affairs to review work plans, membership and papers of the Committees with the aim of streamlining where feasible. Committee work-plans and matters arising from previous meetings should also be reviewed to ensure that items which were postponed are picked up as appropriate. It is also important to ensure that all papers are circulated at least a week before the meeting so that all participants are well prepared and questions can be submitted in advance of the meeting.

We will review the revised arrangements in October.

Board Walks

The programme is currently suspended and we will also review this in early October.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

N/A

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Board is requested to review and agreed the proposals outlined in this document.

East Sussex Healthcare NHS Trust

GOOD PRACTICE FOR VIRTUAL MEETINGS USING MICROSOFT TEAMS

Please note that not all the functionality described below is available on iPads.

Before the meeting

- Clear instructions on accessing the meeting are essential. Not all participants will be familiar with the technology, or they may not have appropriate equipment. Give everyone clear instructions in advance about how to access the meeting and offer individual help if necessary.
- Try to attend the meeting from a quiet place, to avoid distraction.
- Meeting papers should be circulated in advance, with sufficient time to allow attendees to read them.
- If possible, attendees should submit questions to the meeting Chair in advance to ensure the smooth running of the meeting.

Joining the meeting

- Join the meeting at least a minute or two before the scheduled start time.

Chair - Starting the Meeting

- Don't start the meeting early unless everyone invited has joined the call.
- Ensure that a quorum is present by checking attendance. This can be done by clicking the attendee icon () while in a meeting
- Make introductions if necessary so that everyone knows who is on the call.
- Advise if the meeting is being recorded
- Advise attendees not to interrupt or speak over others.
- Attendees can indicate in the chat channel ()whether they wish to ask a question, or to post their question.
- Remind attendees to mute their microphone when not talking, especially if there are a large number of attendees.
- Invite individuals to speak to avoid over talking.
- Ask attendees to highlight if they can't hear.

Chair - Conducting the Meeting

- Address someone by name if you want them to respond so that people are sure who needs to answer something.
- Take the meeting through any questions raised in advance and in the chat channel
- Check whether there are any other comments before moving to the next item.
- Make sure all attendees speak audibly and clearly and that everyone can hear them – please ask for clarification if they are not clear.
- Recap any actions that need to be taken, or decisions that have been made, at the end of each agenda item to ensure that there is no confusion for attendees or the minute taker about what has been agreed.

Individuals - During the Meeting

- If you are presenting a paper, assume it has been read. Report to the meeting by exception (if there are any issues of particular concern, or significant successes to highlight) in a succinct manner.
- Address someone by name if you want them to respond so that people are sure who needs to answer something.
- When not speaking, you should mute your microphone, especially if you are in a place where background noise is present or possible. If you wish to ask a question, use the 'raise hands' icon () to alert the Chair.
- Avoid entering in to dialogue with other attendees on the chat channel during the meeting as this can be distracting - it should be used for posting your questions, indicating that you wish to speak, or that you have to leave the meeting.

Mortality Report – Learning from Deaths 1st April 2017 to 31st December 2019

Meeting information:			
Date of Meeting:	2nd June 2020	Agenda Item:	11
Meeting:	Trust Board	Reporting Officer:	David Walker

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☐

Has this paper considered: (Please tick)			
Key stakeholders:		**Compliance with:**	
Patients	☒	Equality, diversity and human rights	☐
Staff	☐	Regulation (CQC, NHSI/CCG)	☒
		Legal frameworks (NHS Constitution/HSE)	☒
Other stakeholders please state:			
Have any risks been identified ☒ *(Please highlight these in the narrative below)*		On the risk register? No	

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

The attached report on "Learning from Deaths" follows the requirements set out in the Care Quality Commission review. The mortality database is designed to reflect this process and all plaudits and care concerns raised by family or carers of the deceased are recorded.

The current report details the April 2017 – December 2019 deaths recorded and reviewed on the mortality database. The Mortality Review Audit Group continues to review the deaths with a higher likelihood of avoidability on a quarterly basis, to ensure accuracy in reporting.

Medical Examiners have now been recruited locally, but have not started work as yet. It was hoped the new national review process would be in place from April 2020, but due to the current pandemic situation this will now be postponed until later in the year. The Medical Examiners will ensure compliance with the legal and procedural requirements associated with current and proposed reformed processes of certification, investigation by coroners and registration of deaths.

Learning disability deaths are being reviewed externally against the LeDeR (learning disability mortality review) programme, however, feedback to individual Trusts from these external reviews is extremely slow. Internal reviews therefore continue, in order to mitigate any risk.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

N/A

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Board are requested to note the report. Learning from death reports are required on a quarterly basis.

EAST SUSSEX HEALTHCARE TRUST: Learning from Deaths Dashboard December 2019-20

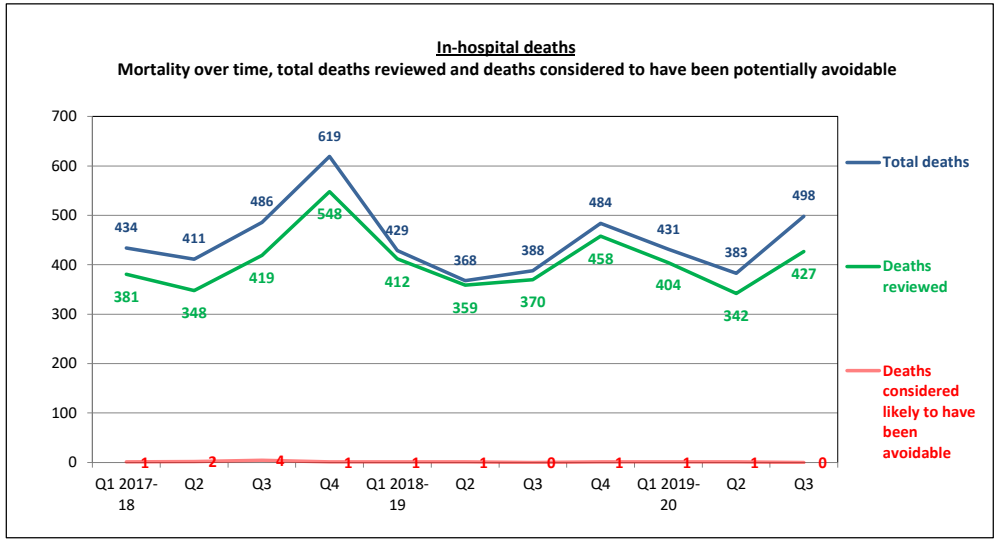
Description:
This dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

Summary of total number of in-hospital deaths and total number of cases reviewed under the Structured Judgement Review methodology (Data as at 14/05/2020)

Total number of in-hospital deaths, deaths reviewed and deaths deemed avoidable (does not include patients with identified learning disabilities)

Time Series:	Start date	2017-18	Q1	End date	2019-20	Q3

Total number of deaths in scope		Total deaths reviewed		Total number of deaths considered to have been potentially avoidable (RCP Score <=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
194	150	160	128	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
498	383	427	342	0	1
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
1312	1669	1173	1599	2	3



Total deaths reviewed by RCP methodology score

Score 1 Definitely avoidable			Score 2 Strong evidence of avoidability			Score 3 Probably avoidable (more than 50:50)			Score 4 Possibly avoidable but not very likely			Score 5 Slight evidence of avoidability			Score 6 Definitely not avoidable		
This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-
This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%	This Quarter (QTD)	1	100.0%	This Quarter (QTD)	0	0.0%
This Year (YTD)	0	0.0%	This Year (YTD)	1	20.0%	This Year (YTD)	1	20.0%	This Year (YTD)	2	40.0%	This Year (YTD)	1	20.0%	This Year (YTD)	0	0.0%

Data above is as at 14/05/2020 and does not include deaths of patients with learning disabilities.
Family/carer concerns - There were 3 care concerns expressed to the Trust Bereavement team relating to Quarter 3 2019/20 deaths, none of which were subsequently raised as a complaint.
Complaints - Of the complaints closed during Quarter 3 2019/20 which were relating to 'bereavement', none have overall care ratings of 'poor care' on the mortality database.
Serious incidents - There was one severity 5 incident reported in Quarter 3 2019/20. The mortality review rating is not included in the data above, as the death relates to a patient with identified learning disability and is therefore reported on page 2.
As at 14/05/2020 there are 463 April 2017 - December 2019 deaths still outstanding for review on the Mortality database.

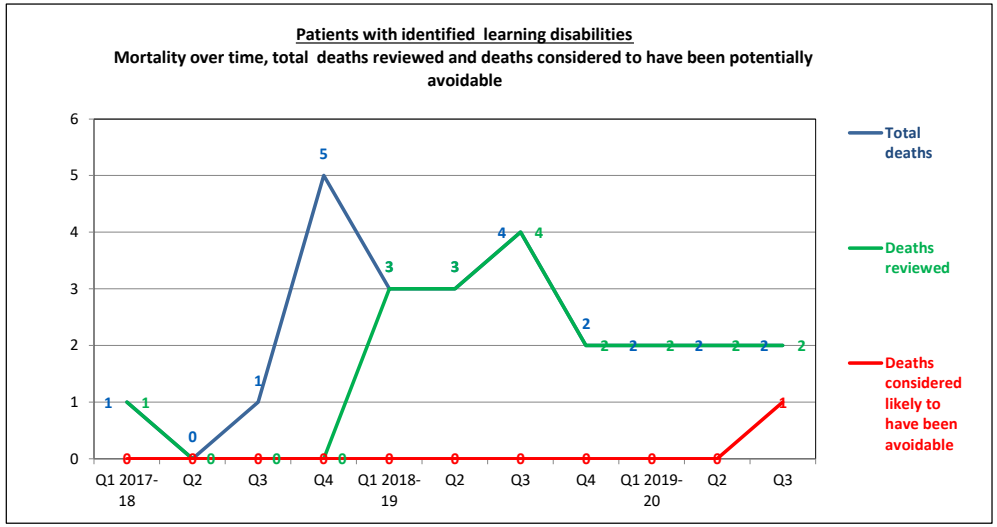
Summary of total number of deaths and total number reviewed for patients with identified learning disabilities (Data as at 14/05/2020)

Total number of deaths, deaths reviewed and deaths deemed avoidable for patients with identified learning disabilities

Time Series:	Start date	2017-18	Q1

End date	2019-20	Q3

Total number of deaths in scope		Total deaths reviewed through the LeDeR methodology (or equivalent)		Total number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	0	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
2	2	2	2	1	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
6	12	6	12	1	0



The LeDeR (learning disability mortality review) programme is now in place and the learning disability deaths are being reviewed against the new criteria externally. Feedback from these external reviews will be received by the Trust in due course. Prior to the national requirement to review learning disability deaths using the national LeDeR methodology, the deaths were reviewed by the learning disability nurse and Head of nursing for safeguarding who entered their review findings on the mortality database.
As the feedback from the wider external LeDeR has not yet been received, the internal reviews are being continued in order to mitigate against any risk.
Serious incident - A severity 5 incident was reported in Quarter 3 2019/20 which related to the death of a patient with a Learning disability. This case was discussed at the Mortality Review Audit Group where an avoidability rating of 3 - probably avoidable (more than 50:50) was agreed. The death was reviewed internally by the learning disability nurse and Head of nursing for safeguarding who found there to be no indication of any clinical overshadowing based upon the patients diagnosed Learning disability.