

**EAST SUSSEX HEALTHCARE NHS TRUST**

**TRUST BOARD MEETING**

**A meeting of East Sussex Healthcare NHS Trust Board will be held on  
Tuesday, 4<sup>th</sup> August 2020 commencing at 10:30 using MS Teams**

**AGENDA**

**Lead:**

1.	Apologies for absence		Chair
2.	Declarations of interests		Chair
3.	Minutes of the Trust Board Meeting held on 2 <sup>nd</sup> June 2020	A	
4.	Matters Arising	B	
5.	Board Assurance Framework	C	DCA
6.	Chief Executive's Report	D	CEO
7.	IPR – Month 3	E	Execs
<b>BREAK</b>			
8.	Restoration and Recovery Update	F	DS
9.	<u>Paper for noting only</u> <ul style="list-style-type: none"> <li>South East Regional Chair's Briefing</li> </ul>	G	
10.	Committee Minutes	H	
11.	Questions from members of the public		
12.	Date of Next Meeting: Tuesday 6 <sup>th</sup> October		Chair

**Steve Phoenix**, Chairman, 29<sup>th</sup> June 2020

## TRUST BOARD MEETING

### Minutes of a meeting of the Trust Board held in public on Tuesday, 2<sup>nd</sup> June 2020 at 10:45am video conference via Microsoft Teams

**Present:**

- Mr Steve Phoenix, Chairman
- Dr Adrian Bull, Chief Executive
- Ms Vikki Carruth, Director of Nursing
- Mrs Joe Chadwick-Bell, Deputy Chief Executive
- Mrs Jackie Churchward-Cardiff, Non-Executive Director
- Mrs Miranda Kavanagh, Non-Executive Director
- Mrs Karen Manson, Non-Executive Director
- Mr Barry Nealon, Vice Chairman
- Mr Damian Reid, Director of Finance
- Mrs Nicola Webber, Non-Executive Director
- Dr David Walker, Medical Director

**Non-Voting Directors:**

- Mrs Catherine Ashton, Director of Covid-19 Planning
- Ms Monica Green, Director of Human Resources
- Mr Richard Milner, Director of Strategy Innovation & Planning
- Mr Pareshe Patel, Associate Non-Executive Director
- Ms Lynette Wells, Director of Corporate Affairs
- Ms Carys Williams, Associate Non-Executive Director

**In attendance:**

- Mr Peter Palmer, Assistant Company Secretary (minutes)

028/2020 **Welcome**

1. Chair's Opening Remarks  
Mr Phoenix welcomed everyone to the meeting and Mr Milner to his first meeting of the Board. He noted that this was the last meeting for Ms Ashton, thanking her for her work with the Board and the Trust. It was also Mr Nealon's last meeting, having been with the Trust for eight years and he thanked him for his contribution to both the organisation and to Rye Hospital.
2. Apologies for Absence  
Mr Phoenix advised that no apologies for absence had been received

029/2020 **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.

030/2020 **Minutes**

The minutes of the Trust Board meeting held on 7<sup>th</sup> April 2020 were considered and were agreed as an accurate record. Dr Walker and Ms Williams both noted that they had attended the meeting and the minutes were amended to reflect this. A minor amendment to wording on page 4 was also made. The minutes were signed by the Chairman and would be lodged in the Register of Minutes.

031/2020 **Matters Arising**

There were three matters arising from the previous meeting, all addressed in the papers presented to the Board.

032/2020 **Board Assurance Framework**

Mrs Wells reported that the Board Assurance Framework (BAF) had been reviewed by the Quality and Safety (Q&S) Committee the previous week. The Committee had agreed a proposed change to the rating concerning seven day services from amber to green as improved assurance about services was available. The gap in control concerning Covid-19 had been reworded and the Board were asked to approve this amendment.

Mrs Webber asked why the gap in control concerning Covid-19 was rated as amber and not as red. She noted that that objective was for the Trust to be able to treat patients in a timely fashion, and the pandemic meant that clinically non-urgent patients were not being treated within the usual timeframe. Dr Bull clarified that the gap in control was about ensuring that patients with Covid were treated in a timely manner, rather than all patients. The treatment of some patients with non-urgent conditions had been deferred due to the pandemic; these patients were being tracked, allocated a clinical priority and would be treated as soon as possible. Urgent and cancer related surgery had continued during the pandemic. Dr Walker anticipated that waiting list numbers would increase further as patients had deferred visiting GPs due to the pandemic and that it would be some time before the full scale of the issue was known.

Mrs Chadwick-Bell asked whether the gap in control should be split in two, with a risk for Covid patients as well as a risk for elective work, in order to avoid any ambiguity. Mrs Churchward-Cardiff, Mrs Kavanagh and Mrs Manson agreed that separating the risks would be beneficial.

Mrs Churchward-Cardiff asked whether the gap in control concerning the Trust's capital plan would be updated to reflect emerging infection control issues as a result of Covid-19. Mrs Wells agreed to discuss the matter with Mr Reid and update the gap in control accordingly.

**The Board noted the revised Board Assurance Framework which covered the main risks and appropriate actions to manage them. The Board agreed with the revised Green rating for 7 day working and that the Covid risk would be redrafted.**

033/2020 **Chief Executive's Report**

Dr Bull explained that he had not presented a written report to the Board due to the rapidly evolving position within the Trust. He praised the organisation for its response to the epidemic, explaining that staff throughout the Trust had faced issues they had never considered before and had dealt with them in a way that remained consistent with the values, teamwork and collaborative approach of the organisation. He noted the commitment of staff, and the pride they had taken in being part of the response to the pandemic.

Clinically, the Trust had seen a large reduction in A&E attendances and referrals from GPs, with bed occupancy reducing to 60%. Demand for other resources had significantly increased, including a peak of 30 patients being treated in critical care. Teams working in areas where demand had reduced had changed roles to help treat patients and control the pandemic both in

hospitals and in the community. Staff had stepped forward to help wherever they were needed in an admirable manner, without complaint, and Dr Bull praised the response.

The early predictions of peak demand had not been realised, with the peak occurring earlier than anticipated. On the day of the Board meeting, the Trust was caring for 12 patients with Covid on acute wards and intermediary units and no confirmed cases in critical care beds. At its peak the Trust had cared for over 70 patients with a confirmed diagnosis, along with 20 more suspected cases. 89 people had died in the Trust from Covid during the pandemic.

The number of Covid cases seen in Hastings and Rother and Eastbourne had been amongst the lowest in the country; however, Ashford had seen some of the highest rates. The reasons for this relatively local disparity were being investigated by Public Health England. Dr Bull noted that the lack of local mass transportation and urban areas, alongside the early lockdown may have contributed. He noted that the Trust had worked closely with social care colleagues prior to the pandemic to support local care and residential homes. This support had increased during the pandemic, and homes had been positive about the Trust's support. Existing close collaboration with system colleagues had been reinforced during the pandemic.

The Trust had not run out of Personal Protective Equipment (PPE) at any time, although had come close on a number of occasions. Dr Bull praised the procurement team who had worked 12 hour days, seven days a week, to manage supplies during the pandemic. There had been issues with PPE in local care homes and the Trust had provided as much support as was possible.

The Trust had seen significant numbers of staff relocated to other areas of work for their own protection or due to clinical need. Over 400 staff had needed to work from home due to shielding, or because they were at high risk, and the Trust was developing plans to safely bring them back to the workplace if appropriate.

The commitment of managers and leaders throughout the organisation had been excellent, with Executives taking a key role. Dr Bull praised the work of Mrs Chadwick-Bell, Mrs Carruth and Dr Walker in introducing effective command structures and he explained how proud he had been of the Trust's response to the pandemic. A systematic program of recovery and restoration was being introduced, with the immediate restoration of services being crucial.

Mr Phoenix noted that there had been a lot of coverage about the additional risks faced by Black, Asian and Minority Ethnic (BAME) staff, asking how these had been addressed by the Trust. Dr Bull explained that a lot of work had been undertaken to address the issue, with recent publications suggesting that the risk to BAME staff was 1.9 greater than that to Caucasian staff. He noted that age also increased relative risk factors, along with other underlying health conditions, some of which were more prevalent amongst BAME staff. The Trust had tried to recognise and address the risks from this variety of factors. Managers had worked through a risk framework with staff to identify specific risk factors. The Trust's priority had been to stop staff and patients from getting the virus. Transmission in the early stages had been amongst colleagues or from outside factors, rather than from patients. The workplace was being carefully managed to protect those most at risk.

Mrs Churchward-Cardiff thanked staff and Executives for their response to the

pandemic. She asked about the fragility of the global supply system for PPE, asking if lessons had been learned for the future. Mrs Carruth explained that PPE had been one of the three crucial factors in the Trust's response to the pandemic, alongside social distancing and infection prevention and control. The Trust was a member of a national PPE group, and had joined a national pilot scheme, looking at repurposing hospital gowns and masks. There was a desire to have a UK based production of PPE moving forward, with a reduced reliance on disposable items.

Mrs Churchward-Cardiff asked about whether any controls were going to be put in place for the public entering hospitals on both main sites. Mrs Carruth explained that visiting restrictions currently remained in place in the Trust and only a small number of people were visiting. Dr Bull noted that there were many posters advising visitors of restrictions, and the Trust would review front door processes as visitor numbers increased. There was a rigorous screening process in place for patients coming in for treatment.

Mrs Webber asked how the Trust could be sure that there was not a problem if they were not checking the public as they attended the hospital. Mrs Chadwick-Bell explained that a conscious decision had been taken not to temperature check people coming into the hospital at the start of the pandemic. This decision was being monitored.

**The Board noted the Chief Executive's Report and commended the Trust's response to the Covid-19 pandemic.**

#### 034/2020 Integrated Performance Report Month 1 (April)

##### i. Quality & Safety

Mrs Carruth reported that no Serious Incidents had been reported in the Trust during April. There had been an increase in May, in line with increasing activity levels. 44 falls had been reported in April, with none resulting in harm to a patient. Pressure ulcer rates had increased significantly in April. Mrs Carruth suspected that this data had been distorted by the redeployment of tissue viability nurses during the pandemic, impacting both numbers and data validity. A deep dive into pressure ulcers would be presented to the Patient Safety Group.

No limit for clostridium difficile cases had been set for 2020/21 and the Trust was working to the limit set for 2019/20. There had been no MRSA infections in the Trust since September 2019. A national template Infection Control Assurance Framework was being populated and would be presented to the Infection Control group, Q&S Committee and to the Board in August.

The collection of responses to Friends and Family tests had been suspended nationally in March. The Trust had seen an extremely large number of plaudits, cards and emails from members of public during the previous couple of months. Mrs Carruth praised the work of volunteers during the pandemic, with many having to be stood down due to shielding. New volunteers had joined, benefiting from a streamlined recruitment process.

Mrs Carruth reported that there had been 277 confirmed Covid cases in the Trust, with 155 patients discharged and 89 deaths. She explained that there had been a number of patients who had displayed Covid symptoms despite negative tests, and had been treated as being positive as a result.

Dr Walker reported that the Summary Hospital-level Mortality Indicator (SHMI) had been 0.97 in April; the Risk-Adjusted Mortality Index (RAMI) had been 81, with both metrics increasing slightly. The RAMI had reduced in comparison to peer organisations in February, and remained in the top third of the country.

He noted that in some cases where patients had died with Covid symptoms, despite no positive test result Covid had been entered as a cause of death. Covid had been the biggest cause of death in the Trust during the pandemic; all other causes of death had reduced due to a reduction in non-Covid patients being treated.

Mrs Webber praised the progress being made in reducing infection control incidents, but asked why rates of falls and pressure ulcers remained above targets. Mrs Carruth explained that an active falls prevention programme had been introduced, but that it was impossible to eliminate falls entirely as patient behaviour could never be controlled. The Trust remained committed and determined to reducing rates of falls and had successfully reduced the number of repeat falls.

Pressure ulcers were closely monitored, and the Patient Safety Group regularly had deep dives into the issue. She explained that no category three or four ulcers had been reported in April. When these occurred, a Serious Incident was raised and investigated to understand whether there were any contributory factors. Risk assessments of patients were undertaken, with advice and support offered to patients. Managing falls in patients' homes was particularly challenging.

Mrs Webber asked for more detail about the reasons for patient falls in hospital. Mrs Carruth explained that underlying conditions, medication and patient behaviour made some incidents unavoidable. Dr Bull noted that the rate of falls per 1,000 bed days had increased, but that the absolute numbers of falls had not increased. During the pandemic the number of bed days had increased substantially. Only those patients most in need had remained in hospital and therefore the increase in pressure ulcer rates reported was predictable. Falls and pressure ulcers were discussed with Divisions on a monthly basis and formed a core safety metric for the organisation.

Mrs Webber asked about the small upward trend being reported in the Trust's mortality figures. Dr Walker explained that the quality and depth of coding within the Trust had been highlighted as a potential cause for the increase and after focussed work there were signs that this was improving.

ii. Access and Delivery

Mrs Chadwick-Bell reported that during April and March, the Trust had been delivering within the top quartile nationally against constitutional standards. During April, four hour A&E performance had been 92.8%, increasing to just over 95% during May. Activity had reduced by about 50% during the early stages of the pandemic but had returned to very close to pre-Covid levels and was being well managed.

During the pandemic, focussed work had seen medically fit patients being discharged from hospital at an early stage in their pathway, resulting in reduced lengths of stay and numbers of stranded patients. A seven day a week discharge hub had been introduced, in conjunction with system partners, where patients identified as medically fit were managed with an ambition of same day discharge.



Every patient on the Trust's waiting list underwent medical assessment and was then categorised for treatment, with urgent and cancer patients rapidly receiving care. Patients who were not classified as urgent were regularly clinically reviewed and managed according to clinical priority. The Referral to Treatment (RTT) position for April had reduced to 82.4%, and the Trust had seen 52 week breaches for the first time in a number of years due to the pandemic. The Trust was now focussing on restoration and recovery, in order to get back to the pre-Covid position. Productivity had reduced due to infection control protocols but the number of patients being treated was slowly increasing.

Around 50% of outpatient appointments were being undertaken virtually using digital technology. Oncology patients had been attending hospital for their first appointment, and with very few exceptions follow up appointments had been undertaken virtually. Patient feedback on the new arrangements had been very positive, and the Trust did not intend to return to the previous method of managing oncology pathways.

48.2% of patients had waited for over six weeks for diagnostic procedures in April, demonstrating the reduction in routine appointments for patients. The Trust continued to undertake diagnostic procedures for cancer and urgent patients. Additional diagnostic capacity was being sought either independently or from other providers, including the potential for a mobile CT scanner.

The Trust's performance against the 62 day cancer target had been its best ever at 83.4%. Mrs Chadwick-Bell anticipated that this would reduce in May due to patients not wanting to attend hospital appointments. All patients on two week referral pathways were being offered initial phone assessments and would then attend an appointment in person or have a diagnostic appointment as appropriate.

Mr Phoenix praised the improved cancer performance, noting that the challenge would be to maintain the level of performance once the pandemic had passed. Mrs Chadwick-Bell expected performance to reduce in May for some pathways, but work would continue to improve cancer performance in the Trust. Mr Phoenix asked whether there was an opportunity to build additional capacity into pathways in order to meet targets. Mrs Chadwick-Bell explained that improvements could be made to outpatient pathways, but productivity would be reduced while staff had to continue to don and doff PPE. A review of all the Trust's clinical pathways was being undertaken in conjunction with the cancer alliance including reviews of capacity and demand.

Mrs Churchward-Cardiff asked how additional diagnostic capacity and a potential mobile CT scanner would be funded. Mrs Chadwick-Bell explained that she was unsure whether a mobile scanner would be available; funding would be managed within Trust budgets.

iii. Leadership and Culture

Miss Green reported that vacancies had increased during April due to an increase in the substantive budget and a slowing down of staff joining the organisation due to issues relating to visas and border closures. Restrictions on visas for NHS staff had subsequently been lifted, and visas had been extended for existing staff. A peak of over 500 staff had been redeployed by the Trust, and over 400 remained redeployed in support of the pandemic response. The Trust's annual turnover of staff had reduced to 9.7%, having been 10.9% at the

same time in 2018/19. As a result of the pandemic, the Trust had seen an increase in both agency and temporary workforce spend in April; sickness rates had increased to 5.4% and daily monitoring of staff sickness was taking place.

Every member of staff who was off sick was given support to enable them to return to work as soon as possible. Support was also being offered to staff throughout the Trust and included a Time to Talk helpline, psychological first aid seminars and a psychologist on the intensive care unit. Health checks for staff were being planned, along with a package of formal debriefing and psychological support for staff as the pandemic ended.

Mr Nealon asked about agency usage, noting the importance of maintaining control of the organisation's cost base during the pandemic. Mr Reid agreed that this was crucial and work was being undertaken to ensure that appropriate controls remained in place as the Trust returned to business as usual.

Mrs Churchward-Cardiff asked about plans for recovering mandatory training and appraisal rates following the pandemic. Miss Green explained that targets were being set with divisions for recovery and would be monitored during monthly IPRs. Some areas had been very busy during the pandemic and had been unable to undertake mandatory training or appraisals, while others had been quieter and had taken the opportunity to improve rates.

iv.

#### Finance

Mr Reid reported that the Trust had recorded an operational deficit of £3.5m in April, £2.2m of which was directly attributable to Covid. Costs had included moving services to enable them to operate safely along with increased agency and bank staff costs. He anticipated that the financial picture would remain complex for a number of months. The Trust's focus would be on returning to business as usual, reaching a stable position with a near normal rate of staffing and patient capacity.

Mrs Churchward-Cardiff noted that it would be difficult to determine how the Trust's cost base would look following the pandemic, as productivity would be reduced and pathways changed. Dr Bull agreed, anticipating that the current financial regime might last throughout the 2020/21 financial year, particularly if a second wave of Covid was seen. The Trust was undertaking work to restate all budgets on a cost basis rather than income basis from July and these would be presented to the Board.

Mrs Webber asked whether, if the impact of Covid was removed, the Trust would be more or less efficient than before the pandemic. She explained that it was difficult to understand whether the Trust was performing well despite the impact of Covid. Dr Bull noted the difficulty in doing this, as Covid had affected all aspects of the Trust's work. It was possible to identify many Covid related costs, but not to produce figures that negated the impact of the pandemic. Work on efficiency, including GIRFT and model hospital, had continued.

Mr Reid reported that work was being undertaken to improve financial reporting to the Board within the IPR. Mrs Manson noted that additional analysis about the figures being reported would be helpful. She asked about progress in identifying Cost Improvement Programmes (CIPs) for the financial year, noting that over 50% remained unidentified. Mr Reid explained that nationally CIPs had been suspended until at least month four of the year. The Trust's CIP program would be refreshed in July. National rules stated that business cases had needed to be set aside during the pandemic, so budgets would also need



to be restated. The effective management of excess costs as the Trust moved into the restoration and recovery phase would be a priority for the organisation.

**The Board noted the IPR Report for Month 1 and actions in place**

035/2020

**ESHT 2025 Framework**

Ms Ashton presented the draft ESHT 2025 framework, which built on ESHT 2020 and the Trust's ambition to become an outstanding organisation. She explained that framework was high level, strategic and set out the proposed direction for the organisation over the next five years. It would be supported by business planning processes and annual planning. The framework focused on three areas: being the best place to work, best use of resources and best place to receive care. The Building For Our Future programme would sit alongside the framework as a key priority for the organisation,

Mrs Kavanagh explained that she did not feel that the framework sufficiently captured how the Trust would look following the pandemic. Ms Ashton explained that individual programmes of work, each with a named executive lead, which would sit beneath the framework and would be provide greater detail. Dr Bull noted that the programmes of work would include improvements that had been seen during the pandemic, including flexible working and virtual out-patient appointments.

Mrs Churchward-Cardiff explained that she did not feel that the framework contained sufficient detail about how it was expected that the Trust would look in 2025, and should include a greater emphasis on community services.

Dr Bull advised that the document should convey an easily understandable direction of travel for staff, forming a touchstone for the organisation owned by everyone.

Mr Phoenix noted that the next iteration of the framework would include a shared view of how the Trust would look in 2025, shaping annual plans. This would be discussed at the next meeting of the Strategy Committee.

**The Board noted the direction of travel outlined in the 2025 framework and agreed this would be further developed by the whole Board at the Strategy Committee.**

036/2020

**Capital Update**

- i. Month 12 Capital Outturn  
Mr Reid reported that the Trust had delivered its £24.5m capital plan for 2019/20. Mr Phoenix praised the work of staff who had worked on capital plans throughout the organisation in achieving the delivery of the plan.
- ii. Month 12 Financial Performance of East Sussex Health and Social Care System Partnership  
Mr Reid presented a paper setting out the financial performance of the East Sussex Health and Social Care System Partnership in month 12. The system still awaited information about anticipated final additional funding; it was hoped that this would improve the final position by around £20m from a £94m deficit. The final system position would be presented to the Board when available.

**The Board noted the Capital achievements of the Trust and the system wide financial performance.**

037/2020 **Board and Committee Meetings**

Mrs Wells reported that the Board and its Committees had altered the way that they had operated during the pandemic, and presented a paper setting out how they would return to business as usual. Virtual meetings would continue to be held wherever possible to address social distancing requirements. The Board was required to hold meetings in public and different methods to do this virtually were being explored. It was planned to livestream the AGM, allowing the public to participate. Board walks had been suspended and their resumption would be reviewed in October. Attendance and terms of reference for Committees would be reviewed to allow them to fully resume as soon as possible.

Mr Phoenix reported that Non-Executive membership of Committees had been discussed due to Mr Nealon's retirement, along with Committee frequency and content. Non-Executive and Executive leads for Committees were working closely together to manage this process. Non-Executives were keen to restart Board walks, but understood the practical difficulties of doing so during the pandemic.

Dr Bull noted that he had visited the community nursing team at Wheel Farm with Mr Patel the previous day, explaining that the visit had gone well with social distancing being maintained. Visits could be undertaken using MS Teams, or carefully in person.

**The Board noted and supported the approach taken to managing meetings.**

038/2020 **Papers received for noting only**

Mr Phoenix asked that any routine questions about the Learning from Deaths paper be sent to Dr Walker outside of the meeting. Dr Walker noted that there had been a single death that had been considered avoidable over the previous year. The Board noted the Learning from Deaths paper;

039/2020 **Questions from Members of the Public**

Members of the public submitted questions to the Board in advance of the meeting. Trust responses were prepared in advance of the meeting and are shown in italics.

1. Did the onset of the pandemic crisis lead to a re-prioritising of programmes being dealt with through the Improvement Hub (assuming that this is still functioning) and were any of the programmes already under consideration implemented?

*Yes, there was some re-prioritisation of programmes and resources to deal with Covid pressures. Some changes that had been planned were accelerated. The programme will be put back on track as part of our restoration planning.*

2. If implemented, did they bring positive and on-going benefits during the crisis?

*Some did, yes – for example remote consultations for patients.*

3. Have there been any other occurrences of viral infections within the Trust other than Covid-19 during the pandemic period?

*No other different or unexpected viral infections and Flu season is finished for now.*

4. Has there been any simple data analysis completed for those patients identified as positive for the coronavirus to establish if there were any common datasets that might help future identification and eradication of the disease?

*We have participated in several Covid-related research programmes and will continue to do so.*

5. Have there been any changes to the strategy for discharging elderly patients from hospital back into the community?

*ESHT, with commissioners and the local authority established integrated discharge hubs working 7 days a week, these are still in place and we are looking at a sustainable model so that we can continue on an on-going basis. The aim is to discharge on the same day as declared medically fit, although this is not always achieved*

*We increased senior clinical cover at the front end of the hospital (EDs and AMU) as well as additional ward cover*

*Additional discharge to assess and local authority capacity has been put in place, and we have maintained our community beds at winter levels to support discharge to assess*

*Patients are tested for their Covid status 48 hours before discharge is going to a care home.*

*We typically have about 50 medically ready to transfer patients in our acute beds and 10 in community beds*

*We have not changed increased our risk appetite to discharging patients*

*Long stay patients have halved (7 days plus, and 21 days plus).*

6. Where patients have been discharged from the Trust during the current crisis has the discharge process identified whether there any gaps in the process of notifying other healthcare providers of the discharge and future care provisions?

*There have been some communication challenges which have been fed back and as such we are undertaking an initial review of a small number of discharges (with the CCG) to identify any issues. One of the Trust's key programme, being led by our Director of Nursing is to improve patient experience on discharge.*

7. Have there been fewer management meetings and if so has this

improved the decision making process and the allocation of responsibility for action?

*There have been different management meetings not necessarily fewer overall. The use of virtual meetings has made some things more efficient. The presumption that fewer management meetings would improve the decision making process is not a correct one – for example some aspects of governance are inevitably weakened by fewer governance meetings and we have been conscious of mitigating this risk.*

8. In considering the age profile of the population treated by the Trust, do any process flow charts for the discharge of patients exist and could copies be provided, please?

*The key discharge pathways are attached (see info graphic), these have been standardised across Sussex.*

9. Has a budget been set for the financial year 2020/2021 and under what form of contract has funding from the CCG for financial year 2020/2021 been agreed?

*There is a specific national Covid related budget arrangement in place which has been extended to the end of August and remains under review for extension to the end of the year. It will ensure that additional Covid costs are covered.*

10. Can you say if there is any likelihood that the new Director of Strategy may produce a paper in the near future that reviews the impact of the pandemic on the Trust's operations and the gains and losses incurred in all areas of care provision as a result of taking action to deal with the crisis.

*There is considerable work underway across Sussex as to how Trusts return to pre-COVID activity levels as soon as is safely practicable. This is informed by information and data modelling to take account of the major factors that affect the pace of service restoration; including (but not limited to) staffing, infection prevention and control and Royal College guidance. This work necessarily addresses the differentiated impact of the pandemic upon our services.*

11. The number of Covid related deaths in the ESHT area seems to have been relatively low compared to the total number nationally. Does the board have details regarding the background of people who have been treated for the virus. By that I mean, is there any particular area, rather than hospital, covered by ESHT that has had a higher proportion of cases.

*This does not appear to be the case. Eastbourne generally seems to have had a higher incidence than Hastings and Rother but the reasons for this are not clear.*

12. Is there any particular group of workers that have been more adversely affected, workers in a non-medical environment e.g. public transport, delivery drivers, police, post etc.

*There is no evidence of this but local epidemiological analysis of this sort has not yet been concluded. The department of Public Health at the County Council is working on these issues.*

040/2020 **Date of Next Meeting**  
Tuesday 4<sup>th</sup> August 2020

Signed .....

Position .....

Date .....

## East Sussex Healthcare NHS Trust

### Progress against Action Items from East Sussex Healthcare NHS Trust 2<sup>nd</sup> June 2020 Trust Board Meeting

There were no matters arising from the minutes of the Trust Board meeting on 2<sup>nd</sup> June 2020



## Board Assurance Framework

Meeting information:			
Date of Meeting:	4 <sup>th</sup> August 2020	Agenda Item:	5C
Meeting:	Trust Board	Reporting Officer:	Lynette Wells, Director of Corporate Affairs

Purpose of paper: (Please tick)			
Assurance	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>

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

### Summary:

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

Attached is the revised format Board Assurance Framework. The relevant risks have transferred across from the previous version with the addition of a new risk regarding protecting our staff from Covid-19. The new format enables the tracking of risk over a period of time and used a three lines of defence assurance mapping model.

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

Quality and Safety Committee	27 <sup>th</sup> July
Finance and Strategy Committee	30 <sup>th</sup> July
Audit Committee	30 <sup>th</sup> July

#### 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.

## Board Assurance Framework (BAF)

### Quarter 1 2020/21

#### Overview

The Board Assurance Framework (BAF) was revised in June 2020 to align it with best practice and ensure it provides a robust a structure and process to support the Board in focussing on the key risks which might compromise the achievement of the organisation's Strategic Objectives.

The BAF maps out the key controls which are in place to support delivery of the Objectives and to mitigate risk and provide a framework of assurance which the Board can draw upon when considering the effectiveness of those controls. These assurances have been set out in line with the '3 lines of defence' model (appendix 2), aiding the identification of areas of weakness.

Each principal risk is owned by an Executive Director and rated in accordance with the grading matrix (Appendix 1). The Executive lead ensures the controls, assurance, gaps and risk score reflect the management of the risk. A Board sub-committee is also nominated to have oversight of the risk.

- The first page of the document provides a high level overview of each risk, the objectives impacted and tracks the rating each quarter. This reflects the extent to which risks change and risk treatment is effective
- The second page is a heat map of the residual risk against each objective. The residual risk is the current scoring of the risk this is defined as (net) assessment (after current controls) of the risk.
- The BAF then outlines further detail of each of the 9 risks in detail including actions and timescales. This also includes details of some of the associated risks on the Trust's high level risk register.






# BOARD ASSURANCE FRAMEWORK - SUMMARY PAGE



Ref	RISK SUMMARY	Monitoring Committee	Objectives Impacted					Inherent risk	Current position (Residual risk)								Change	Target rating	Target date
									2020/21				2021/22						
									Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
BAF 1	Sustained and Continuous improvement	Q&S	✓					20	9								◀▶	6	Mar-21
BAF 2	Ongoing impact of Covid19	F&S	✓	✓	✓	✓	✓	20	16								◀▶	6	Dec-20
BAF 3	The Trust’s performance against access standards is inconsistent	Q&S	✓	✓				20	12								◀▶	6	Mar-21
BAF 4	Sustainable Workforce	POD	✓	✓	✓		✓	20	16								◀▶	9	Mar-21
BAF 5	Protecting our staff	POD			✓				12								◀▶	8	Jul-20
BAF 6	Financial Sustainability	F&S				✓	✓	16	12								◀▶	8	Dec-20
BAF 7	Investment required for IT, medical equipment and other capital items	F&S	✓				✓	20	16								◀▶	8	Mar-21
BAF 8	Investment required for estate infrastructure – buildings and environment	F&S	✓				✓	20	16								◀▶	8	Mar-21
BAF 9	Cyber Security	Audit	✓	✓			✓	20	16								◀▶	8	Mar-21

- Inherent - (gross) assessment (before current controls) of the risk
- Residual - (net) assessment (after current controls) of the risk

BAF Action Plans – Key to Progress Ratings		
<b>B</b>	<b>Complete / Business as Usual</b>	Completed: Improvement / action delivered with sustainability assured.
<b>G</b>	<b>On Track or not yet due</b>	Improvement on trajectory either:
<b>A</b>	<b>Problematic</b>	Delivery remains feasible, issues / risks require additional intervention to deliver the required improvement e.g. Milestones breached.
<b>R</b>	<b>Delayed</b>	Off track / trajectory – milestone / timescales breached. Recovery plan required.

## RESIDUAL RISK MATRIX

	 Safe and excellent patient care, high quality clinical services	 Operate, efficiently and effectively in a timely way	 Value, respect and involve employees	 Work closely with partners to prevent ill health and deliver services to meet needs	 Use resources efficiently and effectively to ensure clinical, operational and financial sustainability
BAF 1 - Sustained and Continuous improvement	9				
BAF 2 - Ongoing impact of Covid19	16	16	16	16	16
BAF 3 - The Trust's performance against key access standards is inconsistent	12	12			
BAF 4 - Sustainable Workforce	16	16	16		16
BAF 5 – Protecting our Staff	12				
BAF 6 - Financial Sustainability				12	12
BAF 7 - Investment required for IT, medical equipment and other capital items	16				16
BAF 8 – Investment required for estate infrastructure – buildings and environment	16				16
BAF 9 - Cyber Security	16	16			16

Risk Summary						
BAF Reference and Summary Title:	BAF 1: Safe Care				Strategic Objectives Impacted	
						
Risk Description:	There is a risk that we will not provide sustained and continuous improvement in patient safety and quality of care					
Lead Director:	Director of Nursing/ Medical Director	Lead Committee:	Quality and Safety Committee		Date of last review:	July 2020
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	22/05/14	1187	Ophthalmology follow up waiting list	20	16	◀▶
	25/09/15	1360	Cardiology catheter labs breakdowns	16	16	◀▶
	16/01/20	1858	Reduced medicine supply due to national shortages	20	16	◀▶
	10/03/18	1785	Ambulance transfers/capacity	20	16	◀▶
	19/02/16	1458	Non-Compliance with NICE guidance NG19 (Diabetic Foot)	20	16	◀▶
	17/06/20	1891	Increased backlog of patients	20	15	◀▶
	12/06/20	1884	Delayed surgical treatment	20	16	◀▶

BAF Risk Scoring								
Quarter	Q1	Q2	Q3	Q4	Rationale for Risk Level	Target Risk Level (Risk Appetite)		Target Date
Likelihood:	3				Despite some individual risks, the Trust has a robust quality framework and governance in place to manage and monitor quality and safety metrics. The Covid 19 pandemic has resulted in some services being suspended/additional pressures. Therefore likelihood has been scored as 'possible' as patient harm might happen despite implementation of controls and assurance; consequence scored as 'moderate' due to the potential implications on patient safety and experience if controls are not fully implemented.	Likelihood:	2	Mar-21
Consequence:	3					Consequence:	3	
Risk Level:	9					Risk Level:	6	
Cause of risk:	<ul style="list-style-type: none"><li>Pressure of Covid-19 may impact the Trust's continued quality improved</li><li>Clinical governance systems and systems for learning from incidents and other quality metrics may not be consistently applied and effective</li></ul>				Impact:	<p>Failure to provide safe and effective care may result in:</p> <ul style="list-style-type: none"><li>Sub-optimum patient outcomes and experience</li><li>impact on our registration and compliance with regulatory bodies</li></ul>		

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	SO1: Safe Care		SO2: Access		SO3: Valuing employees		SO4: Partnership Working		SO5: Efficient use of resources
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Current methods of management (controls)	<ul style="list-style-type: none"> <li>Robust governance process, to support quality improvement and risk management; including undertaking Root Cause Analysis where there are incidents and sharing learning,</li> <li>Quality Improvement strategy in place and improvement hub established QSIR improvement utilised and training programme in place</li> <li>'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</li> <li>Patient tracking lists and MDT meetings in place</li> </ul>
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Assurance Framework – 3 Lines of Defence			
	1 <sup>st</sup> line of Defence (service delivery and day to day management of risk and control)	2 <sup>nd</sup> Line of Defence (specialist support, policy and procedure setting, oversight responsibility)	3 <sup>rd</sup> Line of Defence (Independent challenge on levels of assurance, risk and control)
Assurance:	<ul style="list-style-type: none"> <li>Oversight of excellence in care at ward and service level</li> <li>Health Assure being utilised by wards and services as depository for CQC evidence</li> <li>Divisional management of risk and control framework</li> </ul>	Divisional IPR meetings cover quality and safety <ul style="list-style-type: none"> <li>Weekly patient safety summit</li> <li>Clinical Outcomes and effectiveness group</li> <li>Integrated Performance Report and incident reporting to Quality and Safety Committee and Trust Board</li> <li>Improved quality in a number of areas for example sepsis, falls resulting in harm and reduced mortality</li> <li>Getting it Right First Time (GIRFT) in place has improved learning and actions to improve quality of care</li> </ul>	<ul style="list-style-type: none"> <li>CQC inspection regime – Trust rated Good overall and Outstanding at Conquest and Community Services</li> <li>CCG review of incidents prior to closure</li> <li>Internal audit conduct annual audit of quality account indicators</li> <li>External accreditation and quality surveillance such as JAG, audiology</li> </ul>
Gaps in control/assurance:			
<ul style="list-style-type: none"> <li>CQC identified some “should do” requirements</li> <li>Refer to BAF 2 for other gaps</li> <li>Improvements required in discharge particularly around information and communication to care homes</li> </ul>			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 1 Progress Report	BRAG
1.	Action plan required and monitoring to address CQC should do requirement	Director of Corporate Affairs	End Dec 2020	Action plan developed and review by Quality and Safety Committee. Ongoing monitoring to ensure actions are complete and embedded	
2.	Programme of work require to improve discharge pathway and quality of discharge	COO/DoN	End Oct 2020	Patient Flow – Safe Discharge Workstream in place and multi-disciplinary improvement group focussing on quality being established	

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 SO1: Safe Care	 SO2: Access	 SO3: Valuing employees	 SO4: Partnership Working	 SO5: Efficient use of resources
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Risk Summary						
BAF Reference and Summary Title:	BAF 2: Restoration and Recovery				Strategic Objectives Impacted	
						
Risk Description:	There is a risk that the historical and ongoing impact of Covid 19 will mean that services are not delivered in a timely and effective way, the trust cannot operate effectively, and that clinical outcomes are not optimised and patient needs are not met.					
Lead Director:	Director of Strategy	Lead Committee:	Finance and Strategy Committee	Date of last review:	July 2020	
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	19/03/20	1862	Covid-19 Pandemic Risk	25	16	▼
	17/06/20	1891	Increased backlog of patients	20	15	◀▶
	12/06/20	1884	Delayed surgical treatment	20	16	◀▶
	12/06/20	1888	Staff shortages due to Covid-19	20	16	◀▶
	11/06/20	1887	Use of Anaesthetic machines off-label during COVID-19	20	15	▼
	11/06/20	1885	Insufficient oxygen supplies	20	16	◀▶
	12/06/20	1886	Insufficient medical equipment	20	16	◀▶

BAF Risk Scoring								
Quarter	Q1	Q2	Q3	Q4	Rationale for Risk Level	Target Risk Level (Risk Appetite)		Target Date
Likelihood:	4				Establishment of the Restoration and Recovery Programme is in its very early stages of development and there are a number of further actions needed to ensure that there is a clear strategic framework in place with agreed expectations and reporting / assurance which aligns to system and national priorities for Restoration and Recovery.	Likelihood:	2	Dec-20
Consequence:	4					Consequence:	3	
Risk Level:	16					Risk Level:	6	
Cause of risk:	A number of actions were implemented to support the Trust in effectively responding to the Covid-19 pandemic whilst maintaining patient safety. Measures included cancelling all non-urgent surgery, relocating services, redeployment of staff and managing reduction in staffing due to self-isolation, suspension of some meetings and move to virtual meetings.				Impact:	Failure to establish a robust restoration and recovery programme gives rise to risk of <ul style="list-style-type: none"><li>patient harm</li><li>impaired patient and staff experience</li><li>failure to meet constitutional and contractual standards</li><li>damage to Trust's regulatory and contractual relationships and public reputation</li></ul>		



Current methods of management (controls)	<ul style="list-style-type: none"> <li>Recovery workstreams in place aligned to patient, people, process, finance, digital and estates</li> <li>NHSEI Guidance on priorities for Restoration and Recovery – ‘Trilogy’ of correspondence issued</li> <li>Activity Tracker being developed – focussing on restoration and to track actual pts vs expected capacity</li> <li>Estates space utilisation being reviewed taking account of requirements for recovery of safe services whilst maintaining social distancing</li> <li>Identifying areas where improvements have been made eg such as virtual out-patient appointments and maximising these opportunities</li> <li>Staff track and trace in place</li> <li>Utilisation of capacity in private providers</li> <li>Development of harm review process</li> </ul>
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Assurance Framework – 3 Lines of Defence			
	1 <sup>st</sup> line of Defence (service delivery and day to day management of risk and control)	2 <sup>nd</sup> Line of Defence (specialist support, policy and procedure setting, oversight responsibility)	3 <sup>rd</sup> Line of Defence (Independent challenge on levels of assurance, risk and control)
Assurance:	<ul style="list-style-type: none"> <li>Risk and Recovery Board meeting twice weekly, chaired by Director of Strategy</li> <li>Workstreams and associated governance arrangements in place</li> <li>Weekly update report covering concerns / key actions / positive assurance and decisions presented to Executive Team</li> </ul>	<ul style="list-style-type: none"> <li>Report on Restoration and Recovery presented to Trust Board in June 2020 and standing item on Board agenda</li> <li>Linking into system wide recovery approach</li> <li>Digital infrastructure improved; hardware available to facilitate home working</li> </ul>	<ul style="list-style-type: none"> <li>Internal audit plan will include aspects of the management of Covid-19</li> <li>Oversight by NHS Improvement through submission of sitrep information and oversight meetings</li> <li>ICP/ICS risk and recovery group</li> </ul>
Gaps in control/assurance:			
<ul style="list-style-type: none"> <li>Reduction in contacts with GPs/ A&amp;E and small number of patients unwilling to engage with treatment plans as a result of concerns about safety in the pandemic period</li> <li>Significant number of staff self isolating or shielding impacting ability to staff wards and support areas</li> </ul>			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 1 Progress Report	BRAG
1.	Reviewing staff redeployments with aim of all staff returning to substantive posts	Director of HR	End July 2020	This is reviewed weekly as part of the Trust governance of R&R. There are at 07/07 only 73 staff without active plans and these are being addressed at divisional level	
2.	Programme of work in place to return relocated and suspended services – including EMU, oncology, ophthalmology and cardiology	COO	End August 2020	As above, this is addressed by the Estates/Space workstream and is ongoing. All services have been restored; recovery plans in place but not fully complete	
3.	Options for continued virtual meetings to be reviewed	DF	End July 2020	Finance and IMT colleagues supporting development of a fully costed proposal to ensure this is in place	
4.	Further work on implementing elective activity tracker with an initial focus on restoration and then moving to recovery	COO	End July 2020	Tracker in place and performance reviewed weekly. Updates by specialty (to YE) will be complete by end of July to enable calculation of RTT/18 weeks impact and resulting support required	

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 SO1: Safe Care	 SO2: Access	 SO3: Valuing employees	 SO4: Partnership Working	 SO5: Efficient use of resources
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Risk Summary						
BAF Reference and Summary Title:	BAF 3: Inconsistent performance against key access standards				Strategic Objectives Impacted	
						
Risk Description:	There is a risk that we will not fully and consistently meet mandated access standards					
Lead Director:	Chief Operating Officer	Lead Committee:	Quality and Safety Committee		Date of last review:	July 2020
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	15/04/13	999	Cancer 62 day compliance	16	12	◀▶

BAF Risk Scoring								
Quarter	Q1	Q2	Q3	Q4	Rationale for Risk Level	Target Risk Level (Risk Appetite)		Target Date
Likelihood:	4				Performance against the cancer access standards had improved in quarter 4 2020. However, there have been consistent challenges in meeting the 62 day cancer access standard due to increased demand and limited capacity. The Trust's A&E performance is also inconsistent but there are some improvement in meeting the 4 hour standard.	Likelihood:	2	Mar-21
Consequence:	3					Consequence:	3	
Risk Level:	12					Risk Level:	6	
Cause of risk:	Increased demand for services and diagnostics year on year. This has been further impacted in patient presentations to GPs during the pandemic, leading to a growing backlog of currently unidentified need, and to reluctance on the part of some patients to engage with treatment plans during the pandemic period.				Impact:	Failure to meet access standards consistently gives rise to risk of <ul style="list-style-type: none"><li>patient harm</li><li>impaired patient experience</li><li>failure to meet constitutional and contractual standards</li><li>damage to Trust's regulatory and contractual relationships and public reputation</li></ul>		
Current methods of management (controls)	<ul style="list-style-type: none"><li>Urgent care programme of work in place</li><li>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.</li><li>Pathway Improvements for A&amp;E, Cancer and Diagnostics<ul style="list-style-type: none"><li>- pathway review in line with 28/62 days</li><li>- identifying digital opportunities to proactively manage cancer</li><li>- Alliance decision to be confirmed re AI digital tracking</li><li>- Contact with individual patient and agreeing individual approaches to mitigating concerns</li><li>- Contact with GPs / CCGs / Primary Care Networks etc</li></ul></li><li>Working closely with the Cancer Alliance on improvement actions such as:</li></ul>							

	<ul style="list-style-type: none"> <li>- Recruitment of sonographers</li> <li>- Addressing inconsistent reporting times in Radiology</li> <li>- Implementation of Breast Triple Assessment clinics</li> <li>- Campaign to support seeing all referred patients by day 7</li> <li>• Addressing Histology turnaround times and implementation of the Faster Diagnostic Standard</li> </ul>
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Assurance Framework – 3 Lines of Defence			
	1 <sup>st</sup> Line of Defence (service delivery and day to day management of risk and control)	2 <sup>nd</sup> Line of Defence (specialist support, policy and procedure setting, oversight responsibility)	3 <sup>rd</sup> Line of Defence (Independent challenge on levels of assurance, risk and control)
Assurance:	<ul style="list-style-type: none"> <li>• Clinical oversight and review of cancer PTL throughout pandemic and recovery period.</li> <li>• Day to day oversight of A&amp;E performance</li> </ul>	<ul style="list-style-type: none"> <li>• Specialist support from Cancer Alliance</li> <li>• Policy and procedures for MDT reviews strengthened early 2020</li> <li>• Divisional IPR meetings in place</li> <li>• Cancer Board, Urgent Care and Elective Care Boards with oversight of metrics</li> <li>• Review by Quality and Safety Committee</li> <li>• IPR reports to Trust Board</li> <li>• Flow transformation project in place</li> </ul>	<ul style="list-style-type: none"> <li>• Oversight by NHS Improvement through submission of sitrep information and oversight meetings</li> </ul>
Gaps in control/assurance:			
<ul style="list-style-type: none"> <li>• 62 day referral to treatment and 31 day diagnosis standards breached in March 2020</li> <li>• Small number of patients unwilling to engage with treatment plans as a result of concerns about safety in the pandemic period</li> <li>• Suspension of diagnostic endoscopy during pandemic period</li> <li>• A&amp;E 4 hour performance is inconsistent</li> </ul>			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 1 Progress Report	BRAG
1.	Essential and urgent cancer treatments are to continue using guidance for clinicians on appropriate risk versus benefit discussions with patients.	COO	End July 2020	Process in place	
2.	Restoration of services	COO	End August 2020	Current focus on reintroducing Endoscopy services	
3.	Improving ED flow and site management workstream -	COO	End Dec 2020	Project milestones being finalised	

Risk Summary						
BAF Reference and Summary Title:	BAF 4: Sustainable Workforce				Strategic Objectives Impacted	
						
Risk Description:	There is a risk that the Trust will be unable to attract, develop and retain its workforce to deliver outstanding services within its financial envelope					
						
Lead Director:	Director of Human Resources	Lead Committee:	People and Organisational Development	Date of last review:	August 2020	
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	23/02/12	767	Workforce Plan and Capacity	20	16	◀▶
	23/08/16	1538	Nursing Recruitment	20	16	◀▶
	23/08/16	1540	AHP/Technical Recruitment	20	16	◀▶
	03/05/17	1616	Consultant Vacancies	20	16	◀▶
	21/12/18	1772	Insufficient intensive care consultants	20	16	◀▶
	21/04/15	1289	Histopathology consultant vacancies	20	16	◀▶

BAF Risk Scoring								
Quarter	Q1	Q2	Q3	Q4	Rationale for Risk Level	Target Risk Level (Risk Appetite)		Target Date
Likelihood:	4				There are pockets of specialities where recruitment is challenged, although these largely reflect national difficulties. Some headway has been made into recruiting permanently to the 'Hard to Recruit' posts, particularly Consultant posts.	Likelihood:	3	Mar-21
Consequence:	4					Consequence:	3	
Risk Level:	16					Risk Level:	9	
Cause of risk:	<ul style="list-style-type: none"><li>Recognised national shortages in some staff groups</li><li>Geographical location</li><li>Continued pressure in a number of clinical areas</li><li>Uncertainty about the effect of exit from the EU impacting recruitment and retention</li><li>Lack of opportunity for career development</li></ul>				Impact:	<p>Failure to maintain workforce stability gives rise to risk of:</p> <ul style="list-style-type: none"><li>Increased workforce expenditure due to agency requirements</li><li>Detrimental impact on patient care and experience</li><li>Failure to comply with regulatory requirements and constitutional standards</li><li>Detriment to staff health and well-being</li></ul>		
Current methods of management (controls)	<ul style="list-style-type: none"><li>Ongoing monitoring of Recruitment and Retention Strategy and developing wide range of recruitment methodologies (events, social media, recruitment consultancies, targeted recruitment activity, including a significant overseas recruitment plan)</li><li>Talent management, appraisals and development programmes</li><li>Developing new roles and “growing our own”</li><li>Workforce metrics in place and monitored</li><li>Quarterly CU Reviews in place to determine workforce planning requirements.</li></ul>							

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	SO1: Safe Care		SO2: Access		SO3: Valuing employees		SO4: Partnership Working		SO5: Efficient use of resources
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	<ul style="list-style-type: none"> <li>Review of nursing establishment 6 monthly as per Developing Workforce Safeguards</li> <li>Full participation in HEKSS Education commissioning process</li> <li>Exit interview programme</li> <li>Ongoing communication with regard Pre Settled status application</li> <li>Development of Nursing Competency Framework</li> </ul>
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Assurance Framework – 3 Lines of Defence			
	1 <sup>st</sup> Line of Defence (service delivery and day to day management of risk and control)	2 <sup>nd</sup> Line of Defence (specialist support, policy and procedure setting, oversight responsibility)	3 <sup>rd</sup> Line of Defence (Independent challenge on levels of assurance, risk and control)
Assurance:	<ul style="list-style-type: none"> <li>Monthly reviews of vacancies together with vacancy and turnover rates</li> <li>Twice yearly establishment reviews</li> <li>Success with some hard to recruit areas e.g. A&amp;E, Histopathology, Stroke and Acute Medicine.</li> <li>Introduction of Certificate of Eligibility of Specialist Registration (CESR) programme in A&amp;E August 2020</li> <li>In house Temporary Workforce Service to facilitate bank and agency requirement</li> </ul>	<ul style="list-style-type: none"> <li>Workforce strategy aligned with workforce plans, strategic direction and other delivery plans and metrics reviewed by POD and Trust Board</li> <li>Trust 3 year Recruitment Strategy produced</li> <li>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.</li> <li>Trust net vacancy trending at 9.4% in April 2020 a decrease of .4% vs April 2019. Predicted year end finish was 9.5%.</li> <li>Temporary workforce costs scrutinised by Finance and Strategy</li> <li>Committee</li> </ul>	<ul style="list-style-type: none"> <li>National Staff Friends and Family Test</li> <li>Clinical Commissioning Group Quarterly Workforce meetings</li> <li>Internal audits of workforce policies and processes</li> </ul>
Gaps in control/assurance:			
<ul style="list-style-type: none"> <li>Covid travel restrictions has impacted some overseas recruitment/new starters</li> </ul>			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 1 Progress Report	BRAG
1.	Continue with recruitment initiatives and international sourcing of Medical candidates, including Radiographers and Sonographers	DHR	End Aug 2020	42 International nurses recruited April/May/June 2020. Introducing targeted campaign for specialist roles with monthly interviews. Target of 100 candidates 2020/21	
2.	Establishment of local networks with BAME groups and organisations to increase diversity and talent pools.	DHR	End Aug 2020		

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 SO1: Safe Care	 SO2: Access	 SO3: Valuing employees	 SO4: Partnership Working	 SO5: Efficient use of resources
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Risk Summary						
BAF Reference and Summary Title:	BAF 5: Protecting our Staff				Strategic Objectives Impacted	
						
Risk Description:	There is a risk to staff welfare and morale if we do not undertake and act upon effective risk assessments					
Lead Director:	Director of Human Resources	Lead Committee:	People and Organisational Development	Date of last review:	August 2020	
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	X	x	To be added - protecting our staff	16	12	◀▶

BAF Risk Scoring								
Quarter	Q1	Q2	Q3	Q4	Rationale for Risk Level	Target Risk Level (Risk Appetite)		Target Date
Likelihood:	3				Level of compliance to completing risks assessments and adhering to adjustments to reduce risk.	Likelihood:	2	End Jul-20
Consequence:	4					Consequence:	4	
Risk Level:	12					Risk Level:	8	
Cause of risk:	<ul style="list-style-type: none"><li>Failure to appropriately risk assess and act upon assessments may lead to colleagues being placed at greater risk of contracting Covid-19.</li></ul>				Impact:	Increase risk to exposure to COVID 19. Risk of increased absences and therefore inability to deliver on services; possible closure of services; adverse impact on health and wellbeing and reputational risks.		
Current methods of management (controls)	<ul style="list-style-type: none"><li>Systems and processes in place to risk assess staff to reduce the risk from infection of COVID 19.</li><li>Managers are required to complete a risk assessment to identify measures that need to be put in place to enable a member of staff to remain safe at work. If this cannot be achieved managers need to consider deploying their staff member to a different area or working from home if need be.</li></ul>							

Assurance Framework – 3 Lines of Defence			
	1 <sup>st</sup> Line of Defence (service delivery and day to day management of risk and control)	2 <sup>nd</sup> Line of Defence (specialist support, policy and procedure setting, oversight responsibility)	3 <sup>rd</sup> Line of Defence (Independent challenge on levels of assurance, risk and control)
Assurance:	<ul style="list-style-type: none"> <li>Risk assessment process implemented to be undertaken by line manager and retained on personnel file</li> <li>Completion of risk assessments to be recorded on ESR.</li> <li>Appropriate PPE provided</li> </ul>	<ul style="list-style-type: none"> <li>Occupational Health audit of risk assessments</li> <li>Metrics reported to executive team, POD and Trust Board</li> <li>Weekly COVID19 Workforce Group</li> </ul>	<ul style="list-style-type: none"> <li>CCG undertaking assurance reviews</li> </ul>
Gaps in control/assurance:			
<ul style="list-style-type: none"> <li>Although a process is in place, there needs to be greater pace in completing and acting upon risk assessments and ensuring that these are recorded on ESR</li> </ul>			



Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 1 Progress Report	BRAG
1.	Increased communication about risk assessments across the organisation and support to line manager	DHR	End July 2020	Communication commenced	
2.	Targeted approach to monitoring the levels of risk assessments carried out	DHR	Mid Aug 2020	Monitoring process being developed	

Risk Summary						
BAF Reference and Summary Title:	BAF 6: Financial Sustainability				Strategic Objectives Impacted	
						
Risk Description:	There is a risk that the Trust will fail to operate within available resources leading to a financially unsustainable run-rate at the end of 20/21 or not complying with Covid financial guidance and audit breaches					
Lead Director:	Director of Finance	Lead Committee:	Finance and Strategy Committee	Date of last review:	July 2020	
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	20/05/20	1878	Delivery of 20/21 Financial Plan	20	12	◀▶

BAF Risk Scoring								
Quarter	Q1	Q2	Q3	Q4	Rationale for Risk Level	Target Risk Level (Risk Appetite)		Target Date
Likelihood:	3				NHSE/I commitment to ensure NHS organisations break even during 20/21. Funded on the basis of last year actuals plus Covid costs (no allowance for business cases). The Trust will have at least 7 months without CIP, then 5 months of mixed Covid and recovery plan to return to normal levels of activity.	Likelihood:	2	Dec-20
Consequence:	4					Consequence:	4	
Risk Level:	12					Risk Level:	8	
Cause of risk:	Controls for financial delivery are established and robust, but the CIP challenge and financial plan for 2020/21 need continual monitoring and support. It will be harder to maintain efficiency as service delivery transforms and PbR is harder to track during the block contract period.				Impact:	Failure to maintain financial sustainability gives rise to risk of <ul style="list-style-type: none"><li>Unviable services and increased cost improvement programme</li><li>failure to meet contractual standards and possible regulatory action</li><li>damage to Trust's regulatory and contractual relationships and public reputation</li></ul>		
Current methods of management (controls)	<ul style="list-style-type: none"><li>Risk adjusted CIP programme in place and PID produced for each scheme.</li><li>Process in place for setting and managing budgets “grip and control”</li><li>Developed financial ‘solution’ for the non-recurrent component of CIP delivery driven by delayed investment 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:<ul style="list-style-type: none"><li>A refresh of the efficiency plans working with divisions;</li><li>Cost pressures arising from service developments/ recruitment</li><li>How to strengthen the controls and accountability frameworks</li></ul></li></ul>							

Assurance Framework – 3 Lines of Defence			
	1 <sup>st</sup> Line of Defence (service delivery and day to day management of risk and control)	2 <sup>nd</sup> Line of Defence (specialist support, policy and procedure setting, oversight responsibility)	3 <sup>rd</sup> Line of Defence (Independent challenge on levels of assurance, risk and control)
Assurance:	<ul style="list-style-type: none"> <li>Work continues through divisional meetings to both maintain contingency and to strengthen recurrent delivery of the programme.</li> <li>Covid related costs captured and reimbursed to date</li> </ul>	<ul style="list-style-type: none"> <li>Oversight by Transformation and Efficiency Committee and Finance and Strategy Committee</li> <li>Robust leadership of CIP programme, with strong link to Model Hospital and GIRFT established.</li> </ul>	<ul style="list-style-type: none"> <li>ICS Capital Programme in place in Line with Capital Resource Limit (CRL)</li> <li>Internal audit reviewing controls and Covid management</li> <li>External audit programme in place</li> </ul>
Gaps in control/assurance:			
<ul style="list-style-type: none"> <li>None identified but need to ensure that the system of internal financial control remains robust and that there is effective governance in place to manage the re-establishment of services</li> </ul>			


Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 1 Progress Report	BRAG
1.	Maintain system of Internal Financial control and due governance as services step back up	DF	End July 2020	TIAA check of Covid incident governance during Qtr 1. Project group to validate coding of Covid claim.	
2.	Ensure the emerging financial regime post end of October is fully understood and risks identified	DF	End August 2020	SLF and Executive Directors briefed on revised arrangements	
3.	Develop processes to manage the Capital resource limit within the Trust	DF	End July 2020	Tracked within Capital Planning Group	
4.	Update financial reporting pack to support board oversight and scrutiny of financial performance	DF	End July 2020	To be reviewed in July	

Risk Summary						
BAF Reference and Summary Title:	BAF 7: Infrastructure				Strategic Objectives Impacted	
						
Risk Description:	There is a risk that the Trust will not have the necessary investment required for IT, medical equipment and other capital items					
Lead Director:	Director of Finance	Lead Committee:	Finance and Strategy Committee	Date of last review:	July 2020	
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	27/05/20	1879	Capital sustainability	20	12	◀▶
	12/02/14	1152	Obsolete medical devices	20	15	◀▶
	25/09/15	1360	Cardiac catheter lab breakdowns	16	16	◀▶

BAF Risk Scoring									
Quarter	Q1	Q2	Q3	Q4	Rationale for Risk Level		Target Risk Level (Risk Appetite)		Target Date
Likelihood:	4				Capital plan was delivered in 19/20, with elements continuing in the 20/21 capital plan. However, the 2020/21 capital programme is fully subscribed with a reserve list.		Likelihood:	2	Mar-21
Consequence:	4						Consequence:	4	
Risk Level:	16						Risk Level:	8	
Cause of risk:	The historic financial performance of the Trust has led to a restricted internally generated capital budget for many years. Although the Trust has successfully bid for emergency capital funding from NHSE/I the demand for capital outstrips the supply.				Impact:	Lack of capital for investing in the future sustainability of the Trust Failure gives rise to risk of a significant impact on the Trust's ability to meet its requirements to provide safe, modern and efficient patient care.			
Current methods of management (controls)	<ul style="list-style-type: none"><li>2020/21 capital plan is being reprioritised to ensure that it is fit for purpose post COVID-19.</li><li>Continuous prioritisation of spending and active management of capital resource limit through capital programme work-streams Capital bids being prioritised and prepared for submission to ICS.</li><li>Essential work prioritised with estates, IT and medical equipment</li><li>Lease/Managed Equipment Service options explored</li></ul>								

Assurance Framework – 3 Lines of Defence			
	1 <sup>st</sup> Line of Defence (service delivery and day to day management of risk and control)	2 <sup>nd</sup> Line of Defence (specialist support, policy and procedure setting, oversight responsibility)	3 <sup>rd</sup> Line of Defence (Independent challenge on levels of assurance, risk and control)
Assurance:	<ul style="list-style-type: none"> <li>Day to day management of infrastructure requirements and prioritisation by services</li> <li>Electronics and Medical Engineering (EME) in close liaison with divisions</li> <li>Full inventory of medical devices and life cycle maintenance</li> </ul>	<ul style="list-style-type: none"> <li>Oversight by Finance and Strategy Committee</li> <li>Estates and Facilities IPR</li> <li>Digital IPR</li> <li>Clinical procurement group in place</li> </ul>	<ul style="list-style-type: none"> <li>Capital business cases reviewed by ICS</li> </ul>
Gaps in control/assurance:			
<ul style="list-style-type: none"> <li>Longer term capital programme required to identify pressures and requirements</li> </ul>			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 1 Progress Report	BRAG
1.	10 year capital programme has been developed covering key areas of pressure and investment, aimed at supporting the Trust in delivery of the strategic plan.	Director of Finance	End Mar 2021	Will be utilised to support management of Capital	

Risk Summary						
BAF Reference and Summary Title:	BAF 8: Infrastructure				Strategic Objectives Impacted	
						
Risk Description:	There is a risk that the Trust estates infrastructure, buildings and environment, will not be fit for purpose					
Lead Director:	Director of Estates	Lead Committee:	Finance and Strategy Committee	Date of last review:	July 2020	
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	27/05/20	1879	Capital Sustainability	20	12	◀▶
	25/02/02	19	Preventing legionella in hot and cold water systems	20	15	◀▶
	26/06/03	79	Limiting asbestos exposure	20	15	◀▶
	11/11/15	1397	Clinical environment maintenance and refurbishment	20	15	◀▶
	12/11/15	1410	Inability to manage and control a fire event	20	16	◀▶



BAF Risk Scoring								
Quarter	Q1	Q2	Q3	Q4	Rationale for Risk Level	Target Risk Level (Risk Appetite)		Target Date
Likelihood:	4				Capital plan was delivered in 19/20, with elements continuing in the 20/21 capital plan. However, the 2020/21 capital programme is fully subscribed with a reserve list. Six facet survey indicates significant backlog maintenance.	Likelihood:	2	Mar-21
Consequence:	4					Consequence:	4	
Risk Level:	16					Risk Level:	8	
Cause of risk:	The historic financial performance of the Trust has led to a restricted internally generated capital budget for many years. Although the Trust has successfully bid for HIP2 seed funding to develop the Strategic Outline Case (SOC) there is an immediate need for capital which outstrips the available capital.				Impact:	Lack of capital for investing in the future sustainability of the Trust Failure gives rise to risk of a significant impact on the Trust's ability to meet its requirements to provide safe, modern and efficient patient care.		
Current methods of management (controls)	<ul style="list-style-type: none"><li>2020/21 capital plan is being reprioritised to ensure that it is fit for purpose post COVID-19.</li><li>Continuous prioritisation of spending and active management of capital resource limit through capital programme work-streams Capital bids being prioritised and prepared for submission to ICS.</li><li>Essential work prioritised with estates, IT and medical equipment</li></ul>							



- Maintenance of active fire precautions eg automatic fire detection. emergency lighting and firefighting equipment

Assurance Framework – 3 Lines of Defence			
	1 <sup>st</sup> Line of Defence (service delivery and day to day management of risk and control)	2 <sup>nd</sup> Line of Defence (specialist support, policy and procedure setting, oversight responsibility)	3 <sup>rd</sup> Line of Defence (Independent challenge on levels of assurance, risk and control)
Assurance:	<ul style="list-style-type: none"> <li>• Day to day management of infrastructure requirements and prioritisation by services</li> </ul>	<ul style="list-style-type: none"> <li>• Oversight by Finance and Strategy Committee</li> <li>• Simulated patient safety exercise undertaken on Seaford ward in June 2019 - will support refinement of evacuation plans</li> <li>• Estates and Facilities IPR</li> </ul>	<ul style="list-style-type: none"> <li>• Capital business cases reviewed by ICS</li> <li>• 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 seed funding to develop the SOC has been approved by DHSC.</li> <li>• NHSI funding confirmed Sept-19 in order to facilitate additional fire compartmentation works.</li> <li>• Oversight of Fire requirements by East Sussex Fire and Rescue Service</li> <li>• Six Facet Survey</li> </ul>
Gaps in control/assurance:			
<ul style="list-style-type: none"> <li>• Longer term capital programme required to identify pressures and requirements</li> <li>• Need to recommence fire infrastructure work impacted by Covid-19</li> <li>• Building works delayed to impact of Covid-19</li> </ul>			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 1 Progress Report	BRAG
1.	Developing "Building for Our Future" full business case and project board being established – first phase develop Strategic Outline Case	Chief Executive	End Mar 2021	Programme Director recruited and progressing developing Strategic Outline Case	
2.	Aiming to resume fire compartmentation works at DGH in Autumn 2020 in late Summer 2020	Director of Estates	End Mar-2021	Now that the Maternity Day Unit has become available the 1 <sup>st</sup> phase of the refurbishment plan will commence in August '20	

Risk Summary						
BAF Reference and Summary Title:	BAF 9: Infrastructure				Strategic Objectives Impacted	
						
Risk Description:	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 would impact the Trust's ability to deliver its strategic objectives					
Lead Director:	Director of Finance	Lead Committee:	Audit Committee		Date of last review:	July 2020
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	23/08/17	1660	Cyber Security	20	16	◀▶

BAF Risk Scoring									
Quarter	Q1	Q2	Q3	Q4	Rationale for Risk Level		Target Risk Level (Risk Appetite)		Target Date
Likelihood:	4				There are a number of robust controls in place but further mitigation can be achieved by implementing a formal programme of work that addresses the wider information security agenda.		Likelihood:	4	Mar-21
Consequence:	4						Consequence:	2	
Risk Level:	16						Risk Level:	8	
Cause of risk:	Global malware attacks infecting computers and server operating systems. The most common type of cyber-attack are phishing attacks, through fraudulent emails or being directed to a fraudulent website,				Impact:	A shut down of key IT systems could have a detrimental impact on patient care and access. They can lead to a loss of money and data as well as access to files, networks or system damage.			
Current methods of management (controls)	<ul style="list-style-type: none"><li>Advanced Threat Protection (ATP) solution implemented to defend against hacking /malware. Regular scanning for vulnerability.</li><li>Anti-virus and Anti-malware software in place with programme of ongoing monitoring. Client and server patching programme in place and monitored</li><li>Process in place to review and respond to national NHS Digital CareCert notifications</li><li>Self-assessment against Cyber Essential Plus Framework to support development of actions for protection against threats</li><li>Education campaign to raise staff awareness - training ongoing with cyber security awareness campaign commenced October 2019</li><li>System patching programme in place</li><li>Engaged with NHS secure Boundary and signed up to implementing it at ESHT</li></ul>								

Assurance Framework – 3 Lines of Defence			
	1 <sup>st</sup> Line of Defence (service delivery and day to day management of risk and control)	2 <sup>nd</sup> Line of Defence (specialist support, policy and procedure setting, oversight responsibility)	3 <sup>rd</sup> Line of Defence (Independent challenge on levels of assurance, risk and control)
Assurance:	<ul style="list-style-type: none"> <li>Cyber Essential Plus Framework assessment reviewed by division</li> <li>Day to say support provided by cyber security team with increased capacity</li> </ul>	<ul style="list-style-type: none"> <li>Policies and process in place to support data security and protection and evidence submitted to the DSPToolkit</li> <li>Information sharing and development with SESCOG Sussex and East Surrey Cyber Security Group</li> <li>Regular quarterly security status report to IG Steering Group and Audit Committee</li> </ul>	<ul style="list-style-type: none"> <li>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)</li> <li>Trust was resilient to WannaCry ransomware attack (May 2017)</li> <li>Whilst noting the progress made internal audit gave "Limited Assurance" on 19/20 cyber security audit.</li> </ul>
Gaps in control/assurance:			
Obtain ISO27001 to provide assurance on reliability and security of systems and information. Continue with patching programme and address points raised by internal audit			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 1 Progress Report	BRAG
1.	Pursuing ISO27001 certification and engaging with national funded resources to assess and report on our current position against the Cyber Essential Plus framework.	Director of Finance	End March 2021	Ongoing	
2.	Further investment in monitoring solutions and to increase compliance with server patching will be addressed as part of digital programme.	Director of Finance	End March 2021	Ongoing	
3.	SOP for the network security administration will be created to ensure a standard approach	Director of Finance	End Aug 2020	SOP being developed	

## Appendix One: Risk Matrix

**LIKELIHOOD RISK RATING** - Likelihood Rating is a matter of personal judgement; the table below provides some structure to aid thinking.

Likelihood	Descriptor	Score
<b>Certain</b>	This type of event will happen or certain to occur in the future, (and frequently)	5
<b>High probability</b>	This type of event may happen or there is a 50/50 chance of it happening again	4
<b>Possible</b>	This type of event may happen again, or it is possible for this event to happen (occasionally)	3
<b>Unlikely</b>	This type of event is unlikely occur or it is unlikely to happen again (remote chance)	2
<b>Rare</b>	Cannot believe this type of event will occur or happen again (in the foreseeable future)	1

**Table LIKELIHOOD X CONSEQUENCE/IMPACT = RISK RATING**

		CONSEQUENCES / IMPACT				
		Insignificant	Minor	Moderate	Major	Catastrophic
		(1)	(2)	(3)	(4)	(5)
LIKELIHOOD	Certain (5)	5	10	15	20	25
	High probability (4)	4	8	12	16	20
	Possible (3)	3	6	9	12	15
	Unlikely (2)	2	4	6	8	10
	Rare (1)	1	2	3	4	5

**Low**  
1 – 3

**Moderate**  
4 – 6

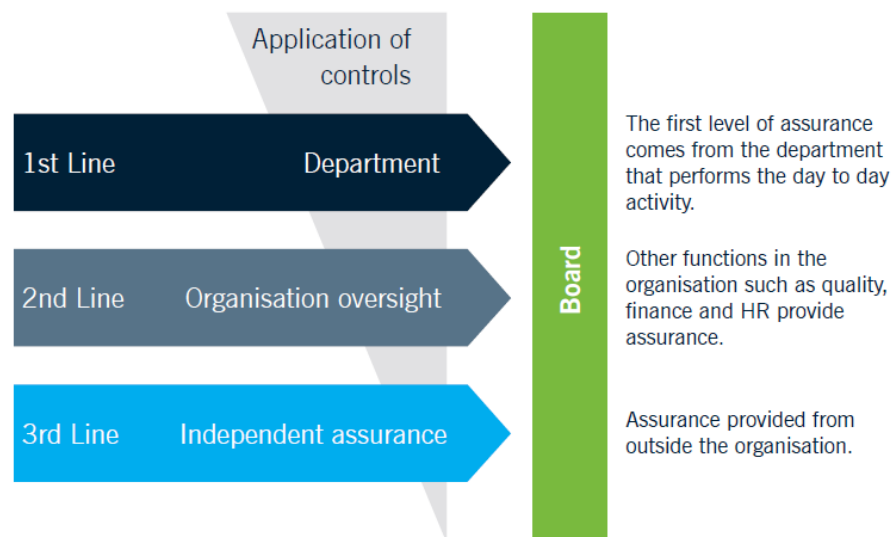
**High**  
8 – 12

**Extreme**  
15 – 25



## Appendix Two – Three Lines of Defence Assurance Model

This model helps to provide a clearer picture of where the organisation receives assurance and whether it has too much, is duplicated, or has none at all, and whether the coverage of assurances is set at the right level to provide confidence to the Board. It is also important to consider the independence of any assurance provided in terms of how much reliance or comfort can be taken from it. The assurances that an organisation receives can be broken down into the three lines model as illustrated below:



- **1<sup>st</sup> Line** – provides assurance that performance is monitored, risks identified and addressed and objectives are being achieved. However, may lack objectivity but it is valued that it comes from those who know the business, culture and day to day challenges.
- **2<sup>nd</sup> Line** – provides insight into how well work is being carried out in line with set expectations and policy or regulatory considerations. It is distinct from and more objective than the first line of assurance
- **3<sup>rd</sup> Line** – Independent of the first and second lines of defence. Includes internal and external auditors.

Sources: Baker Tilly: Board Assurance: A toolkit for health sector organisations/BAF University Hospitals of North Midlands

## Chief Executive Report

Meeting information:			
Date of Meeting:	4 <sup>th</sup> August 2020	Agenda Item:	6D
Meeting:	Trust Board	Reporting Officer:	Dr Adrian Bull, CEO

Purpose of paper: (Please tick)			
Assurance	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>

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

## Summary:

1. Quality and Safety**COVID 19 – Visiting**

National guidance relating to visiting patients has had to flex, sometimes at short notice. In response we have also had to flex our local operating arrangements according to levels of Covid infection. We continue to work to achieve the best possible arrangements, for our patients and their visitors, to enable visiting to take place where safe to do so. Visiting arrangements remain under constant review.

**Infection Prevention and Control**

Focus remains on controlling the spread of COVID-19, protecting patients and staff and safely re-instating elective services. Our COVID ward at EDGH is busy although thankfully the numbers of patients currently requiring critical care remains low.

As we learn more about this emerging disease it is clear there is growing concern that people may transmit the virus when they have no or very mild symptoms. This makes it much more challenging to detect and control and as a result we have had to report outbreaks of infection.

All patients who test negative on admission will be re-swabbed on day 6 to double check that they are COVID negative and were not incubating the infection on admission. Limited onsite testing capacity means we have to carefully manage how we prioritise patient tests to manage operational and infection control risks.

Preparation is underway for the forthcoming flu season.

## Transition

Transition is a term used to describe the process of preparing, planning and moving from children's to adult services. To support children and families through transition, we are adopting the nationally approved **Ready Steady Go** documentation. This has been added to the IT portal 'Patient Knows Best' and is being piloted by ESHT stakeholders. The national lead from NHSI Transition, Angela Horsley, visited the Trust in February and commended the Trust on the work undertaken. The steering group was on hold during the pandemic and has reconvened this month and is planning to present to the national transition group in September.

## Discharge

Patient discharge from hospital has been identified as an area we will focus on this year. A Trust wide Multidisciplinary Discharge Strategic Improvement Group has been set up to focus on key aspects of discharge and refine processes with emphasis on the quality of information shared within the discharge letter and improvement in the recording of Mental Capacity. Feedback from external and internal stakeholders is being sought.

## Complaints

The complaints process was paused from 20<sup>th</sup> March as part of the national initiative to reduce the burden on clinical teams during the Covid-19 pandemic. The process has now resumed from 1<sup>st</sup> July. Although ESHT had paused the process in relation to adhering to timescales, the Complaints team did continue to send complaints through to divisions for a response as and when they could provide one. A steady stream of responses have been received and so when the process formally restarted ESHT was in a good position with only a small number of complaints waiting to be processed.

The number of new complaints received since March had significantly reduced but there has been a small increase since the end of June.

## Safeguarding

The introduction of Safeguard Liberty Protections is expected to now be delayed until 2021. To mitigate against any risk the Safeguarding Team has joined up with the CCG to support this change. On Domestic Violence, funding has been secured, through the CCG, for a Health Independent Domestic Violence Advisor (HIDVA) to support both acute sites.

Children in Care – Initial Health Assessments – Compliance, previously at 90%, has been impacted by Covid-19. Appropriate sites have been identified that will enable children to be seen safely as via on-line is not best practice in these cases.

LD Standards and Autism Standards Local Authority raised concerns that in a small number of cases ReSPECT Forms were not being completed in a way which involved the patient with a Learning Disability and their family or carers. The Safeguarding Team has worked with the End of Life Improvement Group to address this.

The February 2020 Joint Targeted Agency Review of the Emergency Departments' management identified that the child's voice was not always heard and that there needs to be an improved Risk Assessment of children when they present with mental health conditions to the Emergency Departments. An audit of this is currently underway with a view to addressing this.

## COVID-19 response

As levels of COVID circulating in the community are falling, now is a good time to reflect on the Trust's response to the pandemic.



By the time the wider NHS declared a level 4 major incident, we had already implemented our own pandemic plan. A clinically led, multi-professional response across all Trust sites was co-ordinated from an incident room (which became virtual with the new meeting technology to avoid risk of infection), with frequent tele-conferences with wider NHS colleagues across Sussex and the South East. To ensure patient safety we moved chemotherapy off-site and due to ambulance response times suspended home births and closed the MLU at Eastbourne. Some other services were also temporarily relocated to allow for the rapid expansion of our critical care capacity. Non-urgent surgery was stopped to allow redeployment of staff to the front line – in the Emergency departments and critical care in particular, but cancer surgery continued. Out-patients became “virtual” and took place by telephone or video link.

Structural changes were also made to separate COVID and non-COVID streams within ED and the wards, with patient testing implemented to facilitate this. Our infection prevention and control team co-ordinated these changes across the Trust and were key to the successful implementation of the plan. PPE availability was frequently in the national news as an issue, but we did not run out of any items within the Trust at any stage, although this required an enormous effort from our procurement team. FP3 masks (the highest level of protection) changed frequently and so repeat fit-testing for staff was required and is still on-going.

We are now in the phase of recovery and restoration, which in some respects is more complex than the initial response to the pandemic. Deploying staff back to their original roles, restarting routine surgery and face to face appointments whilst keeping staff and patients safe is on-going and will take a while because of the restrictions of using PPE and the extra requirements for cleaning. At all times we are aware that a second wave of COVID may arrive in the autumn and we remain vigilant and prepared.

During the surge, the COVID Redeployment Office placed 549 staff within ESHT and 12 from partner organisations (total 560 staff covering 623 placements).

As part of the restoration work, all staff have been repatriated with the exception of 57 who are supporting other areas i.e. Discharge Hub.

### **Frailty**

Work on our Trust priorities and strategic objectives, such as being the best at frailty, has now restarted. The frailty project has been ongoing for some time in acute medicine but is now being expanded into elective care, to improve outcomes for frail or elderly patients requiring major surgery. We are starting a trial in urology looking at the pre-operative assessment of frail patients; if successful this will be expanded across other surgical specialities.

### **GIRFT**

The “Getting It Right First Time” program will be relaunched in August. There are reports on specialities which arrived just prior to COVID which need to be assessed and implemented, ongoing improvement work from earlier reports to be reviewed and new speciality visits to be arranged.

## **2. People, Leadership and Culture**

### **Education**

#### Rotas:

A revised rota was introduced as part of the agreed GMC Action Plan in ED Conquest site in March 2020, it was due to be rolled out across the rest of the medical division however as a result of the COVID 19 pandemic all rotas were suspended and surge rotas were implemented. In May 2020 the surge rotas were discontinued in light of improving COVID 19 situation nationally.

## Induction

### *Urgent Care:*

Local Induction Package has been revised and will include showing new trainees films of the service- these will updated following the completion of the work in the department across both sites. A Simulation “game” will also be used to introduce trainees to the department. All written materials have also been reviewed and revised.

### *Stroke:*

Local Induction programme – has been revised with some work being done collaboratively with Integrated Education. It will be used for the local induction of IMT trainees at the next rotation.

Work is continuing with the other sub specialities to revise and review their local induction programmes.

Trust Induction for doctors in training and medical students has been reviewed and revised in line with GMC/HEE Guidance. The Core skills Training is all now provided online using videos and Microsoft Teams sessions have replaced most of the face to face sessions. CAT QR, an app to record all training and induction delivery, is to be piloted at August Induction.

## Quality Walks

All Quality Walks have been suspended in light of the COVID 19 pandemic. A revised process is being developed to use support of trainee representatives, clinical tutors and the Integrated Education Team.

## **Leadership and Culture**

44 colleagues from a range of professions will be undertaking the MA in Leadership – Senior Masters Apprenticeship Programme with Henley Business School, commencing in November 2020.

A new in house programme for aspiring leaders will be launched in late 2020.

The Trust achieved set target of 80% fully approved consultant job plans by end of June 2020 and as of 10<sup>th</sup> July 85% on target to achieve 90% NHSI target by end of August 2020.

## **Health and Wellbeing**

The Occupational Health and Wellbeing teams have worked with key partners to provide health and wellbeing support during the Covid pandemic. There is a programme of post-incident debriefing of staff in place. A range of counselling and psychological support is available to those who need it.

## **Recruitment**

The vacancy rate has seen a further monthly reduction since the start of the financial year (April 2020 9.4%) of 0.1% and is now 9.0%. Application numbers overall across the Trust remain high.

The remaining 8 International Nurses from the visit to India in 2019 are due to join the Trust in late August, as well as a further c34 following recent Skype Interviews (pending travel restrictions due to Covid 19).

There are currently targeted recruitment campaigns to support the urgent care and out of hospital departments, working closely with advertising and recruitment agencies to utilise the current strong brand image of both the Trust and the wider NHS. Recruitment agencies are engaged to assist with both radiographers and sonographers vacancies. A further 8 international radiographers are due to join the Trust by September/October.

From the engagement with our main agency supplier, 13 medical staff have been recruited to date and a further 14 offers of appointment are in the pipeline, with start dates still to be confirmed due to Covid 19 travel restrictions.

### **3. Communication & Engagement**

Our communications priority over the last few months has been to make sure that members of staff understand how we are responding to Covid-19. The backbone of this work was done via our Covid-19 resource, held on the extranet. During the months between March and June, traffic through our extranet doubled. This was backed up by a staff only set of pages on our website which were accessible by those people who were shielding or working from home and not able to access our extranet. We also rolled out weekly CEO all staff live briefings which gave key messages and took questions. Between 200-400 members of staff watch these sessions live and more watch the recordings back.

Our public facing communications supported the national communications effort. Locally our public messages fell under three key headings: keeping patients safe, treating patients with Covid and seeking care when you need it.

We received a great deal of positive national media coverage (for example GMB, Lorraine and BBC national news) during the height of the pandemic when we profiled the stories of patients and members of staff leaving Critical Care or the hospitals. On Facebook alone, 400,000 people viewed the staff guard of honour as nurse Uma Pradhan left critical care. We also profiled a number of frontline staff talking about their experience of working through the pandemic.

We have produced a number of “help us help you” videos distributed via our social media platforms, profiling clinicians who offer advice and guidance to members of the public. Dr David Walker talked about hand washing and the importance of seeking emergency treatment when it was needed; Prof Nik Patel talked about the importance of seeking help for cardiac or stroke care and cancer clinicians talked about the importance of acting on any symptoms of cancer. We filmed a number of patients reinforcing these messages and talking about the safety measures we have put in place. More recently we have rolled out a series of specific information aimed at patients about the adjustments we have made to keep them safe while in our care.

We set up and are managing a service where members of the public can virtually send a message to a loved one while visiting was restricted. This service has been used over 300 times and will continue to be used while there are restrictions on visiting.

Engagement with the public has been limited because of social distancing. Even so, we held a number of virtual engagement sessions, talking to members of the public about cardiology transformation we also held our virtual AGM where 100 people joined us online to find out more about the work of the Trust over the last year and our response to Covid-19. Following the meeting we have published our ESHT Review which will be offered to patients and visitors who come to our hospitals.

### **4. Finance**

Since April 2020 NHSE/I have implemented an amended financial regime which is currently in place until 31 October 2020.

The financial regime means that we are on a nationally calculated block contract so there has been no requirement to contract with our local commissioners. NHSE/I have committed to ensuring that all NHS organisations will break-even by providing a ‘true-up’ where COVID-19 costs are centrally met. During the pandemic we cannot approve business cases nor is there a requirement to deliver a Cost Improvement Programme.

At the end of quarter 1 (April to June 2020), we have incurred a deficit of £9.3m of which £5.5m has been incurred due to the delivery of our response to COVID-19; £3.8m due to the NHSE/I methodology for calculating our block contract and lost income. A 'true up' will be provided by NHSE/I to restore our financial performance back to break-even each month whilst this financial regime is in place.

Our cash position is stable as the financial regime ensures that the liquidity of all NHS organisations is not impacted by the pandemic, as well as ensuring that suppliers continue to receive payment.

The Trust's initial capital budget is £24.4m across all of our services and sites. There are also four business cases, totalling £9m, that are currently excluded from the capital budget as these have yet to be formally approved by NHSE/I. Capital spending is £2m at the end of quarter 1 which is lower than anticipated. There is focused work taking place on capital schemes to get them back on track. Despite this outturn there are significant pressures on our capital budget. These pressures include construction costs relating to the pandemic, which are being carefully managed by our multi-disciplinary Capital Review Group. In addition to our own capital budget, we have submitted further capital bids to NHSE/I in relation to restore and recover e.g. increased COVID-19 pathology capacity as well as submitting a Sussex Health and Care Partnership capital bid that underpins demand and capacity modelling for the system and a plan which supports restoration and involves strategic and care approaches together with enabling factors such as digital and workforce ambitions to be able to deliver high quality, equitable services for our population. The ICS capital plan currently is c. £6m above the system allocation. The system capital plan will need to be developed further to ensure that it remains within the allocation. In addition, there are early indications that Sussex may be allocated a further £18m of capital arising from the £1.5bn Government capital funding announcement. The ICS's bid has been agreed and includes £8m of this sum for ESHT.

Finally, we are developing our Trust wide financial plan which includes our work on restoring and recovering our services, revised activity levels, developing our workforce model and understanding the implications of these so that a financial envelope can be developed which will enable us to get back to a 'new normal'

## **5. Strategic Development and Sustainability**

The team continues to support a range of operational priorities during restoration and recovery, but as COVID-related activity slows and stabilises the team are spending more time restoring the elements of their own "day jobs".

As reported at the Strategy Committee, Board-level preparations are underway for our strategic plan refresh, which will chart the course and describe the shape of ESHT in 2025.

The QI team has responded to increasing requests for support by creating online training modules to ensure ongoing access to support, where individuals and teams are keen to use the Trust's model for improvement to guide their approach to change management.

Despite the COVID-based moratorium on many business cases, several of these continue to need our support so the small business development team have restarted this work. There is an agreed programme with CCG colleagues regarding the Cardiology transformation programme. The case for change will be jointly presented to the Health Overview & Scrutiny Panel in September. We are working toward the same approach for Ophthalmology, aiming for the following month in order to maximise the certainty around the models for these two services, which will form part of our wider Strategic Outline Case for Building for Our Future.

With regards to our clinical research team, almost all research programmes were paused at the start of the pandemic apart from those where this would have detrimental effects for ongoing patient care. The Trust is participating in four national NIHR registered Covid-related trials.

# Integrated Quality & Performance Report

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**Prepared for East Sussex Healthcare NHS Trust Board  
For the Period June 2020 (Month 3)**

# Content

1.	About our Integrated Performance Report (IPR)	
2.	Performance at a Glance	
3.	Quality and Safety <ul style="list-style-type: none"> <li>- Delivering safe care for our patients</li> <li>- What our patients are telling us?</li> <li>- Delivering effective care for our patients</li> </ul>	
4.	Our People – Our Staff <ul style="list-style-type: none"> <li>- Recruitment and retention</li> <li>- Staff turnover/sickness</li> <li>- Our quality workforce</li> <li>- Job Planning</li> </ul>	
5.	Access and Responsiveness <ul style="list-style-type: none"> <li>- Delivering the NHS Constitutional Standards</li> <li>- Urgent Care - Front Door</li> <li>- Urgent Care – Flow</li> <li>- Planned Care</li> <li>- Our Cancer services</li> </ul>	
6.	Financial Control and Capital Development <ul style="list-style-type: none"> <li>- Our Income and Expenditure</li> <li>- Our Income and Activity</li> <li>- Our Expenditure and Workforce, including temporary workforce</li> <li>- Cost Improvement Plans</li> <li>- Divisional Summaries</li> </ul>	

# 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**





# Performance Summary

Safe	Target	May-20	Jun-20	Variation	Assurance
Serious Incidents	<>	5	2		
Never Events	0	0	0		
Falls, per 1000 Beddays	< 5.5	5.3	5.6		
Pressure Ulcers, grade 3 to 4	0	0	1		

Infection Control	Target	May-20	Jun-20	Variation	Assurance
MRSA Cases	0	0	0		
Cdiff cases	< 5	3	3		
MSSA cases	<>	3	4		

Mortality	Target	Prev	Latest	Variation	Assurance
RAMI	<>	81	81		
SHMI (NHS Digital)	<>	0.97	0.98		

Caring	Target	May-20	Jun-20	Variation	Assurance
Complaints received	<>	10	19		
A&E FFT Score	> 96%				
Inpatient FFT Score	> 96%				
Out of Hospital FFT Score	> 96%				
Maternity FFT Score	> 96%				
Out of Hospital FFT Score	> 96%				
Outpatient FFT Score	> 96%				

Operational Performance (Responsive)	Target	May-20	Jun-20	Variation	Assurance
A&E 4 hour target	> 95%	95.4%	95.2%		
12 Hour DTAs	0	0	0		
Acute Non Elective LoS	3.9	3.2	3.3		
Community LoS	25	12.2	18.4		
RTT under 18 weeks	> 92%	75.6%	68.6%		
RTT 52 week wait	0	24	73		
Out of Hospital within target wait time	<>	93.7%	93.1%		
Diagnostic under 6 week	< 1%	45.5%	32.7%		
Cancer 2 week wait	> 93%	93.8%			
Cancer 62 day	> 85%	66.3%			

Organisational Health	Target	May-20	Jun-20	Variation	Assurance
Trust Level Sickness Rate	<>	4.7%	4.7%		
Trust Turnover Rate	10.4%	9.8%	9.8%		
Vacancy Rate	9.3%	9.1%	9.0%		
Mandatory Training	90%	85.7%	86.3%		
Appraisal Rate (%) 12 months	85%	73.4%	76.7%		

Exceptions in month	Target	May-20	Jun-20	Variation	Assurance
VTE Assessment compliance	95%	89.6%	92.4%		

FFT suspended mid March 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 inconsistency in meeting target	Variation indicates consistently falling short of Target	Variation indicates consistently meeting or exceeding Target

03/08/2020

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# 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

Quality and  
Safety

June 2020  
Data

## Complaints received

There has been a very slight increase in complaints with Trust activity beginning to increase. The complaints process officially resumed on 1 July 2020.

## Falls

Overall the rate of falls is relatively stable and within expected control limits.

## Infection Control

Mandatory reporting of healthcare associated infections continues with all infections within limits previously set.

## Staffing

All but 76 of the 500+ staff that were redeployed have now returned to their substantive roles as services start to resume. This has been carefully monitored against the risk of a second wave of Covid-19. Risk assessment of staff continues.

## Mortality

Our current SHMI is 97. NHS Digital have informed us that all COVID deaths will be excluded from SHMI calculation which is unfortunate as we have had very few.

## COVID-19

The initial surge of COVID-19 infection has been less marked than expected. Modelling for East Sussex suggests a possible second surge of 2.5x the initial peak if the R value rises to 1.3 so close monitoring of the situation is essential.

## Serious incidents

There have been 2 incidents in June following 5 in May. Both were as a result of a fall.

## Infection Control

At the time of writing the response to Covid-19 remains robust. Due to the constantly changing picture a verbal update is provided to the board by the DoN/DIPC. The challenge remains to resurrect clinical services that were temporarily suspended, while retaining capacity and resources for future surges in Covid-19 cases.

## Pressure Ulcers

The rate of PUs per 1,000 bed days reduced in May & June. This followed the rise in April which was likely due to the significant change in the acuity of patients related admitted during first surge, and the reduction in the total number of patient bed days as result of reduced elective activity. One category 4 pressure ulcer was reported in June and is subject to RCA.

## Falls

There was a very slight increase in falls overall with 2 significant falls in June. All significant falls are subject to RCA and report into the Weekly Patient Safety Summit and the Patient Safety & Quality Group.

## Staffing

CHPPD and fill rate data continues to be distorted due to Covid-19 and Infection Control requirements regarding restoration/recovery. A number of areas are still needing to provide "red" and "green" services and will need to continue to do so for the foreseeable future. Activity is slowly increasing and staffing is monitored and reviewed on a daily basis by senior clinical and operational colleagues to ensure safe and efficient use of resources.



**Vikki Carruth**  
Director of Nursing  
and Director of  
Infection Prevention  
and Control



**David Walker**  
Medical Director

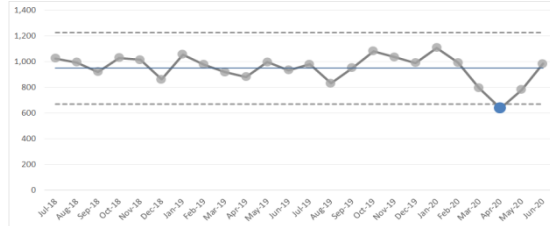
03/08/2020

# Safe Care – Incidents

## Patient Safety Incidents

(Total Incidents  
ESHT and Non ESHT)

Target: monitor  
Variation normal  
Current Month: 983



There has been an increase in the number of patient safety incidents reported which is in line with increasing Trust activity as the organisation continues with restoration and recovery.

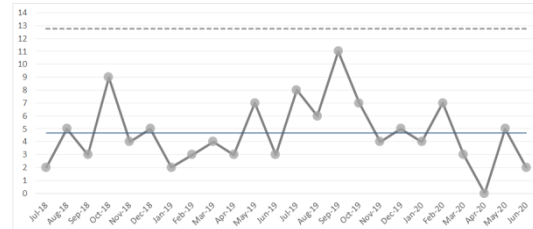
Top 3 categories for ESHT **safety incidents** are:

- Medication-related incidents (121) Deep dive to go to PS&QG
- Antenatal, Maternity and Postnatal care (105)
- Slips, Trips and Falls (94)

## Serious Incidents

(Incidents recorded  
on Datix)

Target: monitor  
Variation: normal  
Current Month: 2



## Serious Incident Management and Duty of Candour:

There were 2 **serious incidents** reported during June 2020:

- One fall resulting in a Sub Dural haematoma
- One fall resulting in a fractured neck of femur

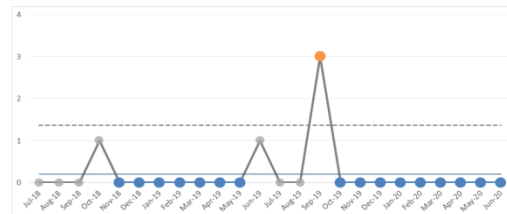
At the end of June there were 29 Serious Incidents open in the system; 16 under investigation and within timescales, 2 kept open by the CCG, 9 with CCG for closure and there are 2 incidents with the HSIB.

For June, verbal DoC was 74% and written was 83%. Verbal DoC has shown a significant improvement since January. 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)

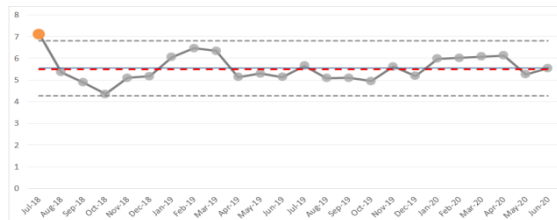
Target: 0  
Variation: run (improvement)  
Current Month: 0



# Safe Care - Falls

## Total Falls Per 1000 beddays

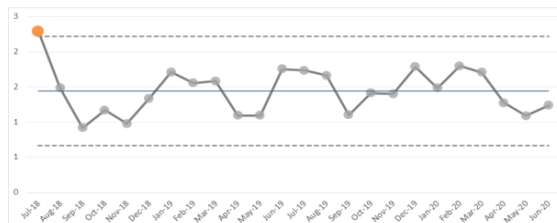
Target: 5.5  
Variation: Normal  
Current Month: 5.5



The rate of falls per 1,000 bed days continues to show common cause variation since December 2017 and is largely stable.

## Falls with Harm Per 1000 beddays

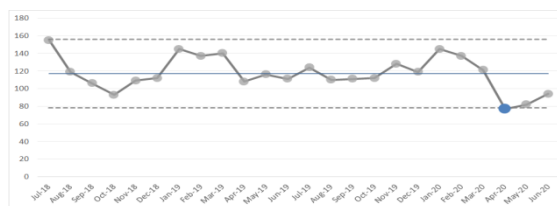
Target: monitor  
Variation: Normal  
Current Month: 1.2



There was a slight increase in Falls with harm for June although it is showing normal variation.  
All falls with harm needing intervention are investigated as Serious Incidents.

## Total Falls

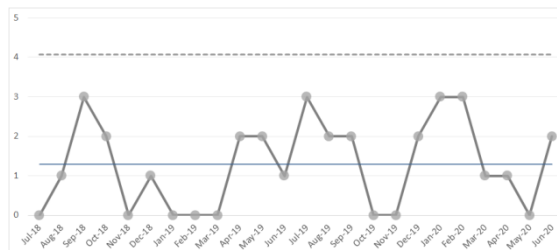
Target: monitor  
Variation: normal  
Current Month: 94



A detailed Falls review paper was presented to the Patient Safety & Quality group in June and will come to the Quality & Safety Committee shortly.

## Major or Catastrophic Falls

Target: monitor  
Variation: normal  
Current Month: 2



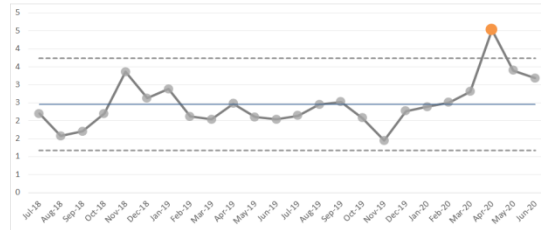
There were two severity 4 falls in June with RCAs underway.

03/08/2020

# Safe Care - Pressure Ulcers

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

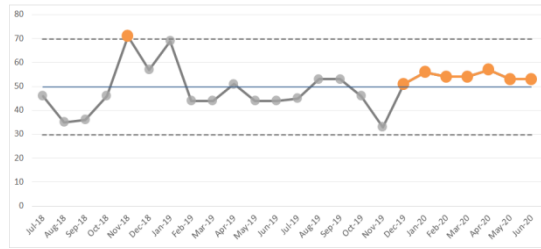
Target: monitor  
Variation: normal  
Current Month: 3.2



After a significant rise in April, the rate of pressure ulcers per 1000 bed days reduced in May & June, returning to common cause variation. The rise in April coincided with significant operational changes in inpatient activity and dependency/acuity during the first Covid-19 surge. 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)

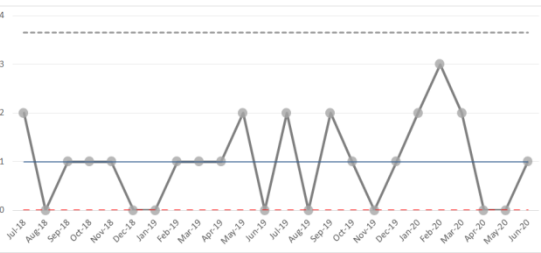
Target: monitor  
Variation: shift (concern)  
Current Month: 53



Category 2 pressure ulcers have shown common cause variation since February 2018. In June 2020, there were a combined total of 53 category 2 ulcers reported in patients in our hospitals and in the community.

## Pressure Ulcers Category 3&4

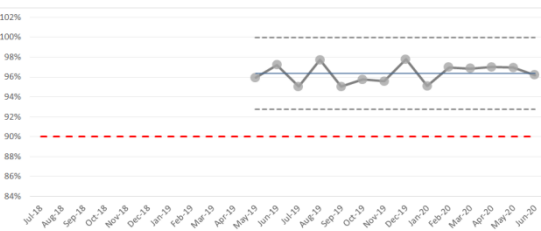
Target: zero  
Variation: normal  
Current Month: 1



One category 4 pressure ulcer was reported in June 2020.

## Pressure Ulcers Assessment Compliance

Target: 90%  
Variation: normal  
Current Month: 96%



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

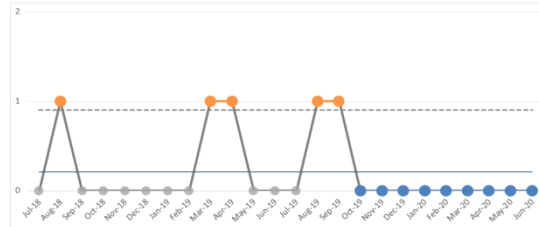
03/08/2020

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# Safe Care - Infection Control (non Covid)

## MRSA cases

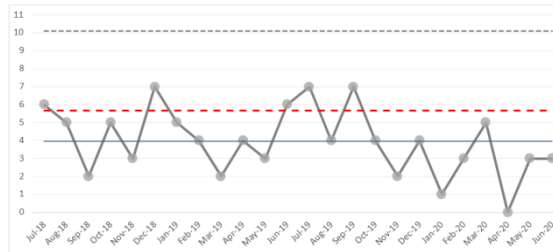
Target: zero  
Variation: shift (improvement)  
Current Month: 0



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

## CDIFF cases

Target: 5.66  
Variation: normal  
Current Month: 3

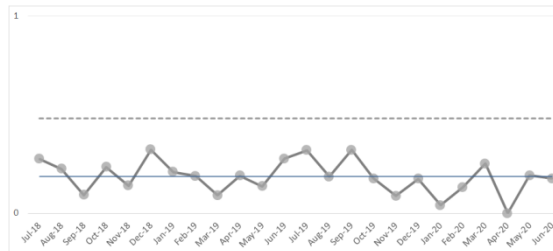


**Clostridium Difficile** – Three cases attributable to ESHT were reported for June. All cases were HOHA (Hospital Onset Healthcare Associated). Cases were reported from Cuckmere ward, Seaford ward and Michelham Unit. Ribotyping has been requested and Post Infection Reviews (PIR) are underway.

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

## CDIFF per 1000 bed days

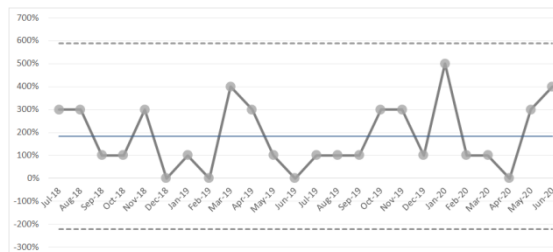
Target: monitor  
Variation: normal  
Current Month: 0.18



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

## MSSA

Target: monitor  
Variation: normal  
Current Month: 4



**MSSA bacteraemia** – Four HAI MSSA bacteraemias reported in June. Investigations have been undertaken into the four reported cases. Three of the cases were found to be of an unknown source. The fourth case has been found to be related to a urinary infection. The patient was treated for Urosepsis. Infection deemed as potentially avoidable.

03/08/2020

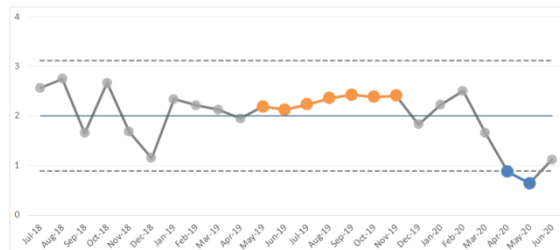
10



# What patients are telling us?

## Complaints Received per 1000 bed days

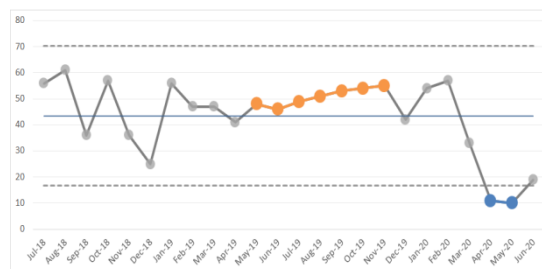
Target: Monitor  
Variation: normal  
Current Month: 1.12



19 new complaints were received in June 2020, with a rate of 1.12 per 1,000 bed days. The reduction has been during the Covid-19 pandemic when 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 the Covid-19 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: normal  
Current Month: 19

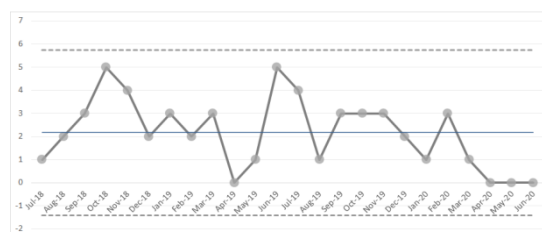


Complaints process has resumed from 1<sup>st</sup> July as per national guidance.

- Medicine - 7 inpatient complaints - 0.6 per 1000 bed days – 10 complaints overall
- DAS - 3 inpatient complaints - 0.7 per 1000 bed days – 5 overall
- WCSH – 0 complaints for inpatients and 2 for the division overall
- Urgent Care - 1 complaint
- Out of Hospital - 1 complaint

## PHSO contacts

Target: Monitor  
Variation: normal  
Current Month: 0

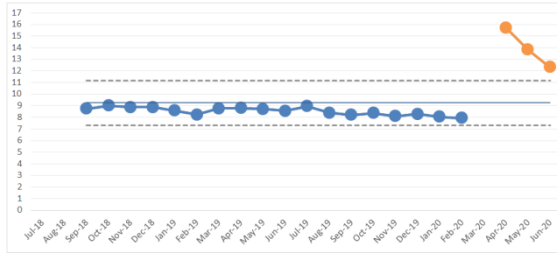


There were no PHSO contacts in June 2020. The PHSO has not been reviewing cases since Covid surge but has resumed its process from 1<sup>st</sup> July.

# Effective Care – Nursing & Midwifery Workforce

## CHPPD (Trust)

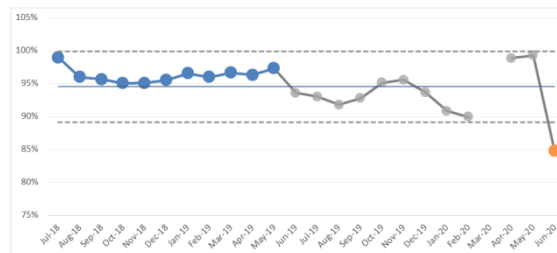
Target: monitor  
Variation: shift (concern)  
Current Month: 12.3



**Care Hours Per Patient Day (CHPPD):** As activity resumes so the CHPPD is consistently returning to an expected level. The latest available rates reported in Model Hospital for comparison are for December 2019; National 8.0 & Peer Providers 7.8. There has still not been an update in the Model Hospital data. (The gap in data collection was a national pause in response to first peak)

## Staff Fill Rate (total)

Target: 100%  
Variation: Outlier (concern)  
Current Month: 84.8%



### Staff fill rate – planned vs actual:

In June the areas with the lowest staff fill rate (predominately at the Conquest Hospital site) had lower bed occupancy as the numbers of patients reduced following the first peak of the pandemic. It is anticipated that as activity resumes so the fill rate will return to expected levels.

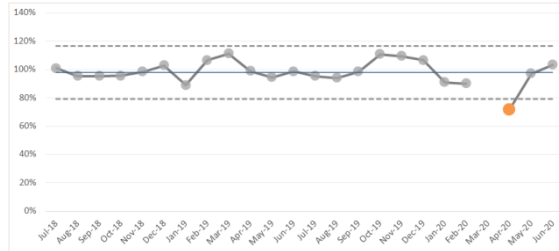
It is important to note that these fill rates only relate to inpatient areas and any additional escalation capacity is largely staffed/supported by substantive areas.

Safety remains a top priority and clinical and operational staff work closely every day to ensure best and safest care for patients in all areas.

# Effective Care – Nursing Workforce

## Staff Fill Rate (Bexhill)

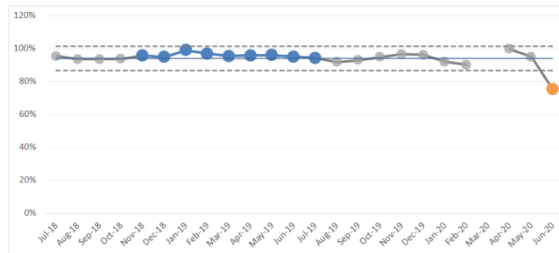
Target: 100%  
Variation: normal  
Current Month: 100%



Bexhill remains largely stable at the moment with no concerns or exceptions to note.

## Staff Fill Rate (Conquest)

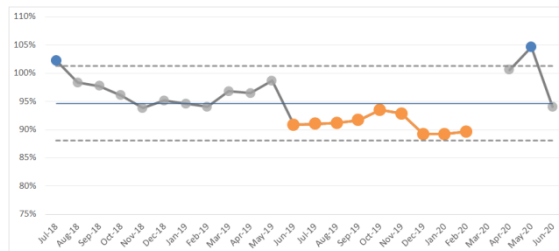
Target: 100%  
Variation: Outlier (concern)  
Current Month: 76%



The Conquest fill rate reduced in June. Areas with the lowest fill rate included Critical Care and a ward designated for patients with Covid-19 and neither of these areas were at full occupancy. Vacant shifts (absence and vacancy) therefore did not need to be covered by temporary workforce and so the patients were safely cared for by the available staff.

## Staff Fill Rate (Eastbourne DGH)

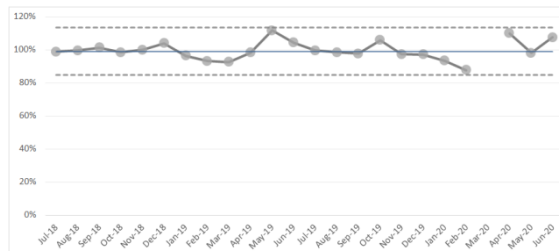
Target: 100%  
Variation: normal  
Current Month: 94%



Eastbourne rates are returning to previous levels and the site has continued to see more Covid-19 positive patients than Hastings with a slight increase recently.

## Staff Fill Rate (Rye Memorial)

Target: 100%  
Variation: normal  
Current Month: 108%



Rye remains largely stable with no concerns or exceptions to note.

03/08/2020

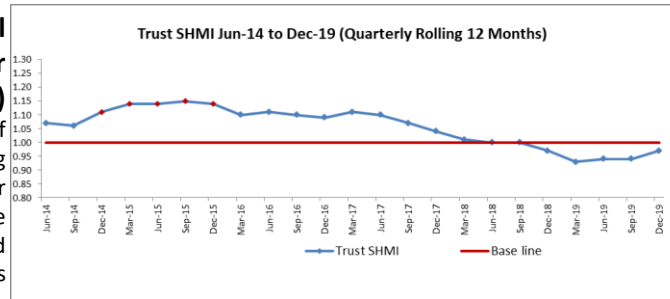
13

# Effective Care - Mortality

**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.

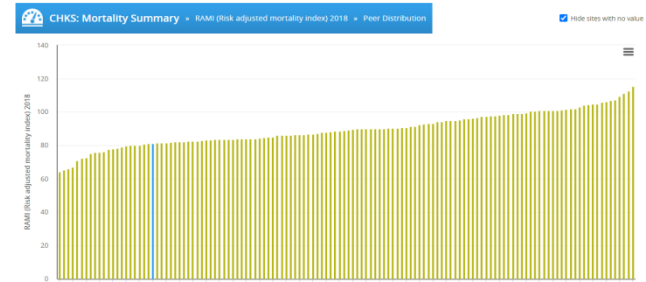
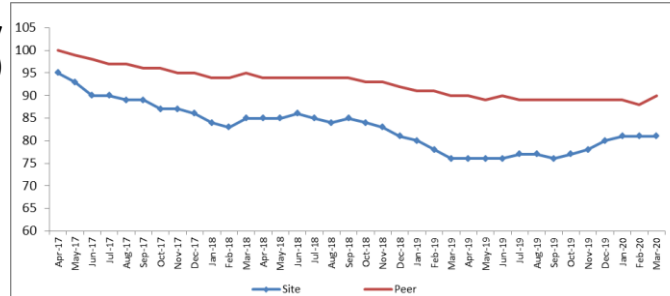
## Summary Hospital Mortality Indicator (SHMI)

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



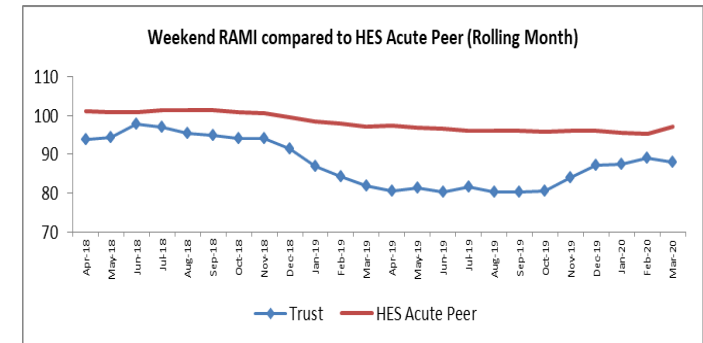
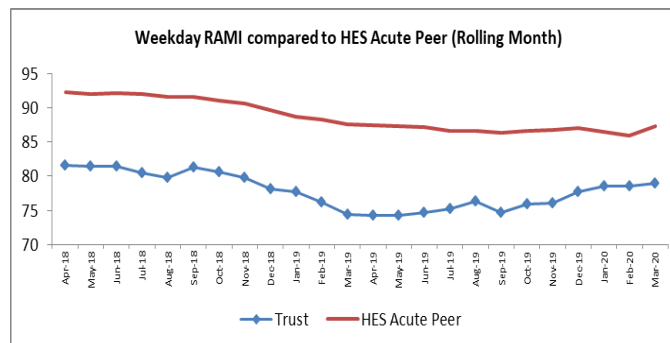
- SHMI – January 2019 to December 2019 is showing an index of 0.97.
- RAMI 18 – April 2019 to March 2020 (rolling 12 months) is 81 compared to 76 for the same period last year (April 2018 to March 2019). March 2019 to February 2020 was also 81.
- RAMI 18 shows a March position of 83. The peer value for March is 114. The February position was 82 against a peer value of 90.
- Crude mortality shows April 2019 to March 2020 at 1.56% compared to 1.45% for the same period last year.
- The percentage of deaths reviewed within 3 months was 81% in March 2020, February 2020 was 77%.

## Risk Adjusted Mortality Index (RAMI)



**RAMI v Peer**  
This shows our position nationally against other acute trusts - currently 22/130

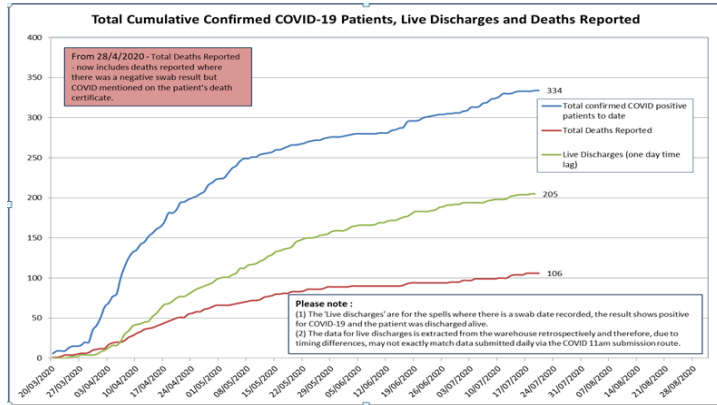
## Weekday/Weekend RAMI



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



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

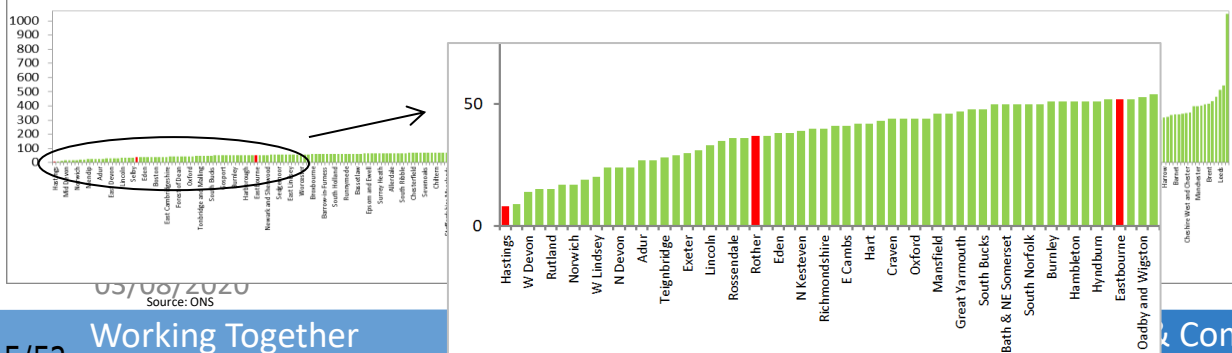
Pneumonia	26
Cancer	18
Cerebro-vascular Incident	8
COVID-19	7
Sepsis/Septicaemia	7
Heart Failure	5
Liver Disease	4
Chronic Obstructive Pulmonary Disease (COPD)	3
Hospital-acquired Pneumonia	3
Acute Kidney Injury (AKI)	2
Bowel Obstruction	2
Community-acquired Pneumonia	2
Myocardial Infarction (MI)	2
Urinary Tract Infection (UTI)	1

COVID has dropped to 4th position in June with 7 deaths compared to 15 in May.

There are:

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

Covid-19 deaths reported by Lower Tier Local Authority updated 19 July 2020

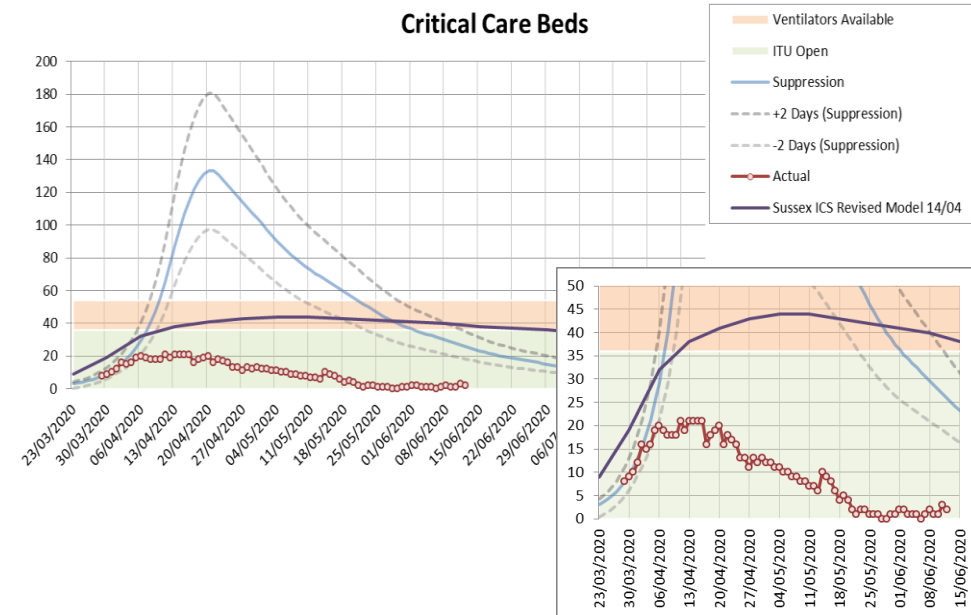


Lowest deaths :  
Hastings 1<sup>st</sup>  
Rother 23rd  
Eastbourne 52nd

## East Sussex Healthcare Trust - COVID19 Bed Demand against Modelling, following suppression measures enforced by Government

### Monitoring Actuals vs Model Projections – 12<sup>th</sup> June 2020

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/NTAPS (treated as positive as bed and ventilators in use). See below – Smaller square graph shows the same data but zoomed in on the lower levels of the graph.




# 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

	Positives	Challenges & Risks	Author
Responsive	<p><b>Annual turnover</b> is unchanged at 9.8%, reflecting 593.2 FTE leavers in the rolling 12 months</p> <p>The <b>Trust vacancy rate</b> has reduced by 0.1% to 9.0% Current vacancies are 647.5 fte, a reduction of 5.1 ftes this month.</p> <p><b>Monthly sickness</b> has reduced by 0.7% to 3.9% whilst the overall <b>annual sickness</b> rate is unchanged at 4.7%</p> <p><b>Appraisal</b> compliance has increased by 3.3% to 76.7% .8%.</p> <p><b>Mandatory Training</b> compliance rate has increased by 0.6% to 86.3%</p>		 <b>Monica Green</b> Director of Human Resources
Actions:	<p>The Trust is committed to ensuring our staff are 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.</p> <ul style="list-style-type: none"> <li>Recruitment continues despite delays to visas caused by Covid-19. This year, 34 International nurses have received offers with further planned monthly interviews for the rest of the year to address specific nurse vacancies. Planned late August cohort to join the Trust. Medacs have 14 candidates in the pipeline to join the Trust.</li> <li>The Redeployment Office has now closed with only 57 staff requiring a repatriation date. HR are continuing to support the divisions.</li> <li>Specialty based workforce plans have been drafted to support recovery &amp; restoration as well as medium and long-term business planning. These are scheduled to be discussed in the next round of IPRs.</li> <li>Integrated Education: Medical have robust plans in place to support the Induction of over 120 new doctors from late July 20. Social Distancing will be maintained, as smaller cohorts will be used. Induction programme blended using videos, Microsoft teams, e-learning and some face to face. Similarly, there will be a revised Induction and Core Skills Training Programme</li> <li>A review of the Appraisal Training has been completed- Three tiered approach to be adopted to include specific targeting of persistent non-compliance, blended approach of videos, e-learning and Microsoft team training resources, sourcing on line e Appraisal Tool working in collaboration with Staff Engagement and HWB Team.</li> <li>Occupational Health have completed the 5,372 COVID-19 antibody tests for staff. This work stream has now closed. Staff antigen testing continues to be available via the national testing programme with improved access and turnaround times for results being reported. They have also implemented a staff contact tracing process picking up from where the National Track and Trace service stops. .</li> <li>In response to recent guidance for NHSI/E where the definition of 'at risk' staff has been significantly extended, the Covid-19 risk assessments for vulnerable &amp; 'at risk' staff has been refreshed and updated. Guidance notes and a process flow has been created to support staff &amp; managers and Occupational Health and Operational HR are assisting managers with any complexities created as a result of this work.</li> <li>Staff Engagement have been working collaboratively with the Corporate Nursing team and Integrated Education to develop a career pathway for all levels of the nursing profession. Each level of the pathway will describe the competences required for each role.</li> <li>The Consultants Induction programme introduced in 2019 was reviewed in June. Overall feedback was very positive and further discussions will be held with the Medical director.</li> </ul>		

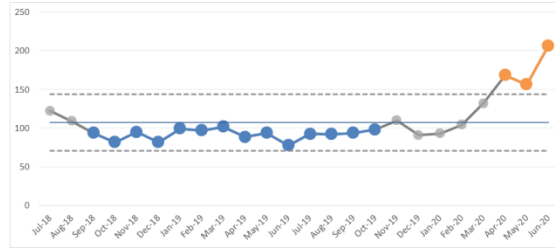
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# Workforce – Contract type

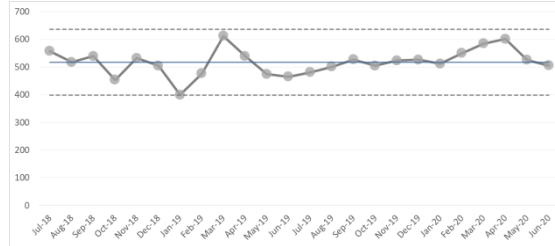
## Agency FTE Usage



Current Month: 206.7

- Agency fte usage has increased this month (+50.1 ftes) largely due to a correction in the recording of Estates & Ancillary usage plus there has been medical agency vacancy cover in Geriatrics and Stroke. June's total usage of 206.7 ftes is the highest in the last two years.

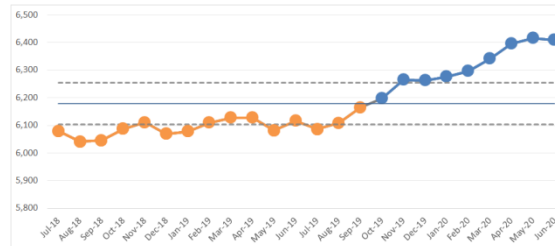
## Bank FTE Usage



Current Month: 505.1

- Bank fte usage has reduced this month (-20.3 fte), as Covid pressures have eased. Usage has reduced for Registered & Unregistered Nursing, Allied Health Professionals and Admin & Clerical staff. There was a marginal increase of 0.7 fte usage for Medical & Dental locums.

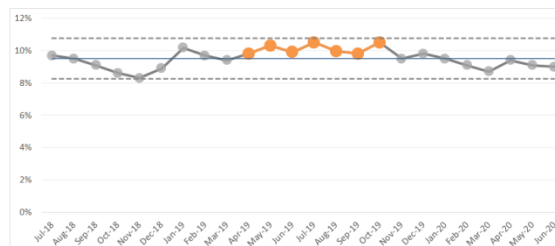
## Substantive FTE Usage



Current Month: 6408.9

- Substantive fte usage was slightly down this month by 7.0 ftes to 6,408.9 ftes.

## Vacancy Rate



Current Month: 9.0%

- The vacancy rate has reduced again by 0.1% to 9.0%, Current Trust vacancies are 647.5 ftes, a reduction of 5.1 ftes. Medical & Dental staff have the highest vacancy rate at 18.7% (148.6 fte vacancies).

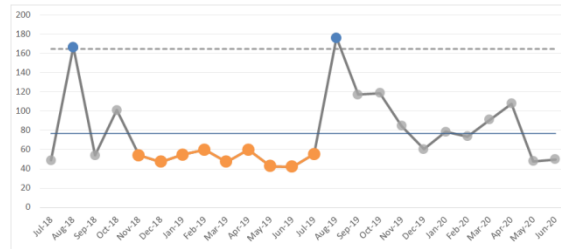
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# Workforce - Churn

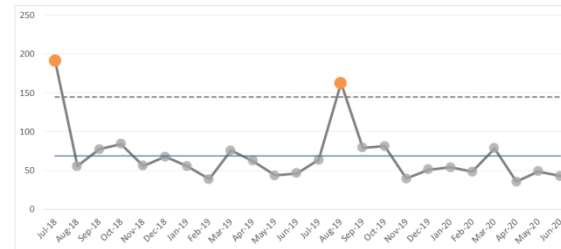
## Starters FTE

Current Month: 49.7



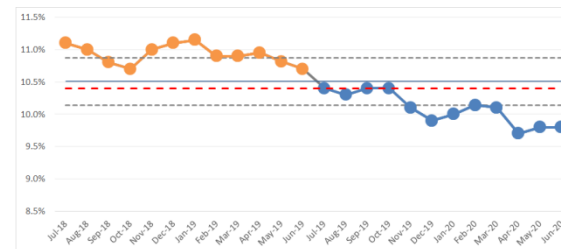
## Leavers FTE

Current Month: 42.5



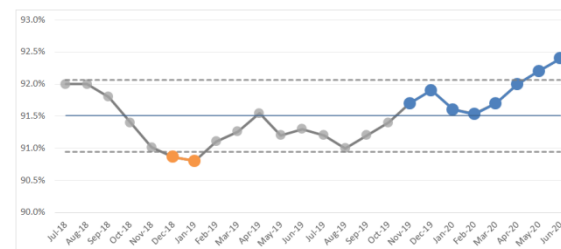
## Annual Turnover Rate

Current Month: 9.8%



## Retention Rate

Current Month: 92.4%



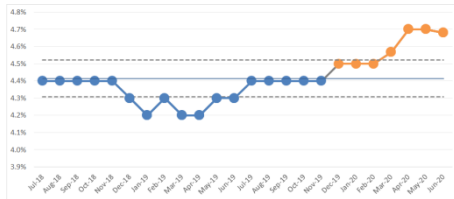
- 49.7 ftes joined the Trust this month, 42.5 ftes left. There was a net increase of 2.9 Allied Health Profs, 6.6 Additional Clinical Services and 14.6 Students but a net decrease of -11.5 Registered Nurses & Midwives and -0.1 Medical & Dental staff.
- The recruitment process for International Medics is still impacted by travel and visa restrictions. Interviews are still ongoing to keep the pipeline active. Provisional start dates have been given, but are subject to change. 14 candidates in the pipeline to start via Medacs including Consultants in Histopathology, Radiology, Cardiology and Gastroenterology. There is a continued focus on Emergency Medicine.
- International nurse recruitment slowed due to border closures and the impact of Covid-19. 13 nurses awaiting arrival from the India visit. Monthly Skype interviews conducted with a further 34 potential offers. Planning for late August cohort to arrive at Trust.
- 12 Radiographers in the pipeline due to start with the Trust October or November.
- Trust turnover has remained unchanged at 9.8% (593.2 fte leavers). Turnover is highest for Healthcare Scientists at 15.2% (21.8 fte leavers) and Addit Prof Scientific & Tech staff at 14.4% (20.1 fte leavers). Medical & Dental turnover is 10.3% and for Registered Nursing & Midwifery it is 10.5%. Overall turnover has reduced by 1.1% 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 0.2% to 92.4%.

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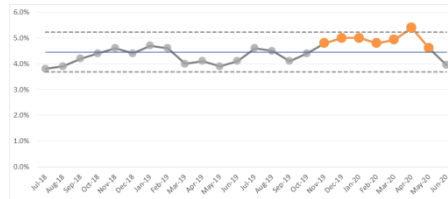
19

# Workforce - Sickness

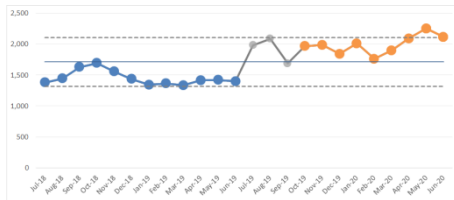
Annual Sickness Current Month: 4.7%



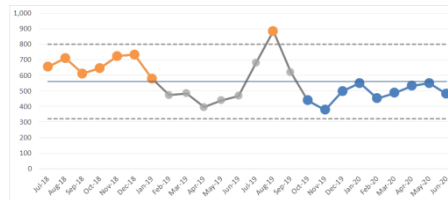
Monthly Sickness Current Month: 3.9%



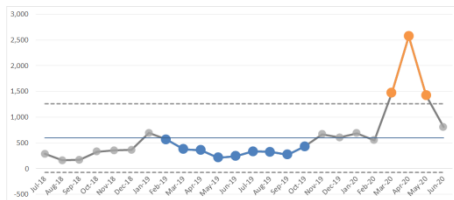
Anxiety/Stress/Depression



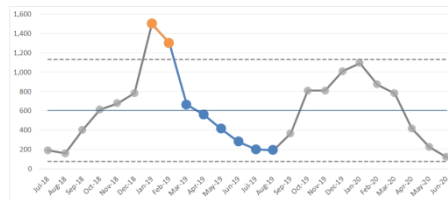
Back Problems



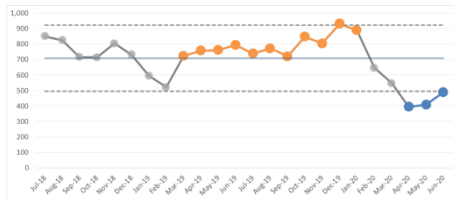
Chest & Respiratory Problems



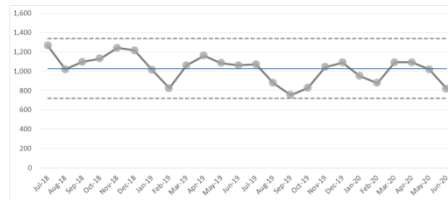
Cough, Cold & Flu



Gastro-intestinal Problems



Other MSK problems



- Annual sickness is unchanged this month at 4.7%.
- Monthly sickness has reduced by 0.7% this month to 3.9% as the effect of Covid-19 has declined. This month, sickness has been highest amongst Estates & Ancillary staff at 6.3% and Additional Clinical Services (mostly unregistered nurses and therapy helpers) at 5.8%. Registered Nurses & Midwives sickness was 5.0%.
- Overall there has been a reduction of 1,459 fte days lost to sickness this month. Chest & Respiratory illnesses have reduced by 615 fte days, other MSK problems have reduced by 203 fte days and Anxiety/stress/depression fte days lost have reduced by 139 fte days lost.
- Priority is being given to supporting managers with staff who are shielding to ensure that conversations happen with those staff around supporting their return as shielding pauses. Staff are being asked to complete or review their risk assessment with plans prior to their return. To support their return into their substantive posts, HR will work with managers to ensure support is given where required.
- For staff off due to anxiety/stress and depression, support continues to be available through Care First, and Time to Talk. Psychological support programmes are available as we move through the recovery stage and to identify PTSD. This support is being offered to staff by line managers through both group and one2one discussion.

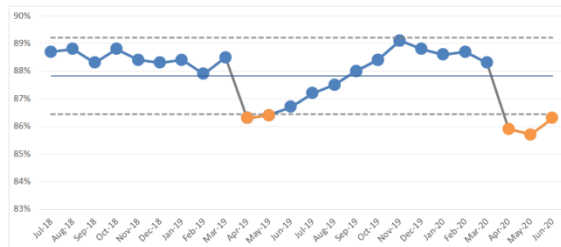
03/08/2020

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# Workforce - Compliance

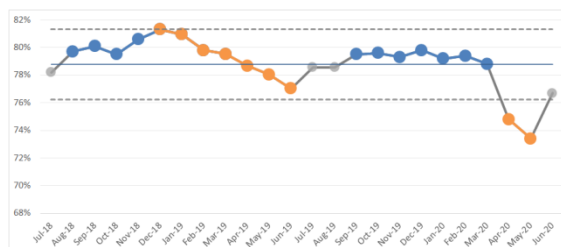
## Mandatory Training Compliance

Current Month: 86.3%



## Appraisal Rate

Current Month: 76.7%



- The overall mandatory training compliance rate has increased by 0.6% to 86.3% as compliance rates in most of the mandatory training modules have improved .
- The increase in compliance demonstrates the work which Integrated Education have undertaken with the Divisions to promote completion of mandatory training through eLearning where possible. Bulk enrolling staff onto the MCA and DoLs modules has been particularly successful. There was a reduction in compliance for Moving & Handling this month (-3.0%) which is likely to be due to smaller classroom sizes as a result of Covid- 19 and social distancing requirements.
- The Trust appraisal rate has increased this month by 3.3% to 76.7% as Divisions recover from the effect of the pandemic. Following advice from NHS England , the decision has been taken to cancel all appraisals for doctors for the 2020-21 appraisal year

**Urgent Care**, compliance rate this month increased by 7.9% to 82.6%

**Medicine**, compliance rate this month increased by 4.4% to 73.8%

**Out of Hospital Care**, compliance rate this month decreased by - 1.3% to 72.1%

**Diagnostics Anaes & Surgery**, compliance rate this month increased by 4.6% to 83.0%

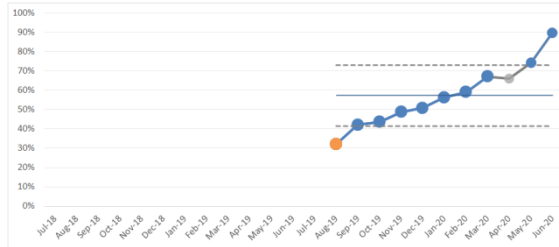
**Women & Children**, compliance rate this month increased by 2.8% to 79.0%

**Estates & Facilities**, compliance rate this month increased by 2.8% to 69.8%

# Workforce – Job Planning

## Consultant eJob-Planning Fully Approved Rate

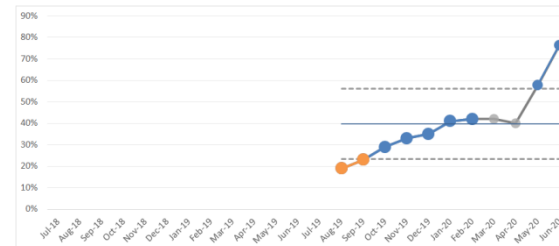
Current Month: 87%



- 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, 212 of 243 consultants (87%) and 78 of 104 SAS grades (75%) had fully approved job plans.
- The set target to achieve 80% fully signed of job plans by the end of June was accomplished . Currently the job planning completion rate for the Trust is at 83.6%
- Target now is for 90% fully complete job plan target by end of August to be compliant with NHSI Levels of Attainment

## SAS Grades eJob-Planning Fully Approved Rate

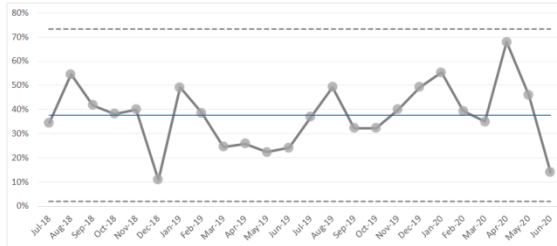
Current Month: 75%



# Workforce – Roster Completion

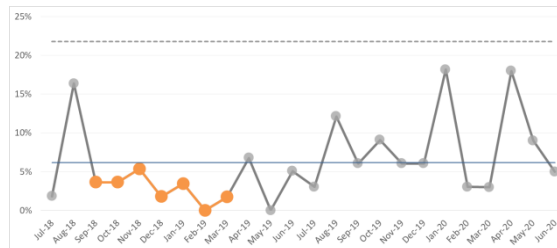
## 6 week Nursing Management Roster Approval Rate

Current Month: 14.0%



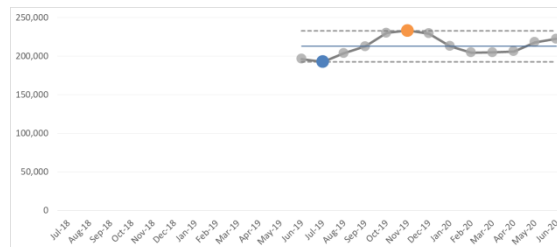
## 8 week Nursing Management Roster Approval Rate

Current Month: 5.0%



## Salary Overpayments

Current Month: 222349



- 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 18th May '20 14% of rosters had been approved at 6 weeks before commencement and 5% had been approved at 8 weeks prior to commencement.
- Monthly reports are produced and sent to Assistant Directors of Nursing and compliance is monitored at the Safer Staffing meeting. During the pandemic, some rostering has been shorter term due to the changing ward footprint.
- Outstanding debts as of May 20 totalled £222,349 against a 12 month average of £214,237. New debt added in May equated to £32,072, from 35 new cases
- There are currently 265 cases in all; 72 relating to current staff and 193 for leavers. Medicine and DAS have the joint highest number of cases at 49 each outstanding.
- The most common reason for debts is late notification of leaving (32% of cases)

# 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

## Positives

The Covid-19 pandemic has led to significant changes in the way non-elective and elective care is being delivered. Over the past few months, the Trust has continued to delivered well in most constitutional standards, compared to peers.

Following the initial impact of the Covid19 pandemic, the Trust started to demonstrate a positive recovery in April of it's A&E Performance which has continued in May and June with a reported position of 95.2% . This was against a national average of 92.8% and positioned ESHT, 36<sup>th</sup> out of 114 reporting organisations.

Both Emergency Departments continue to have safe RED / GREEN streams. EDGH has closed Majors to enable the essential estates work to be undertaken and is currently ahead of plan with ED Staff excellently supporting this temporary new way of working .

Diagnostic services are gradually recovering although there is a huge challenge of clearing the backlogs. DM01 performance in June improved by 12.8% on previous month.

Reporting metrics to show elective restoration and recovery are underway, as the priority is to treat patients in clinical priority whilst capacity remains constrained. Monitoring of our recovery is now taking place through the Elective Care Board that reports through to the Trust Recovery Board.

Cancer 62 day backlog has continued to reduce in June and into July, whilst patient pathways over 104 days has also started to come down during the past month.

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## Challenges & Risks

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.

Following a period reduction in attendances during the peak of the pandemic, ED attendances are back to pre-COVID numbers. Our Bed Occupancy levels have risen and stranded/super-stranded numbers have increased making patient flow more challenging. This has led to 26 escalation beds being open at EDGH during

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.

Unfortunately due to the restrictions on elective activity and patient isolation, the Trust has continued to report an increase in patients waiting longer than 52 weeks for elective surgery. New Harm review policy and process in draft for any patient waiting longer than 62/104 days (Cancer) and 52 weeks (RTT).

62 Day standard has felt the impact of the reduced Cancer treatments during the Covid pandemic, recording a final May position of 66.3%. This was against a national average of 69.7% and placed ESHT 82<sup>nd</sup> out of 123 reporting organisations. There is a risk that performance will be challenged over next 4 months as Diagnostic's come back on line.



**Imran Devji**  
Interim Chief  
Operating  
Officer

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# Restoration & Recovery

Significant progress has been made in the restoration and recovery of planned care services. More specifically:

- Outpatient activity is now at 75% of pre COVID baseline
- Rapid progress has been made in the delivery of non-face to face outpatient appointments (virtual)
- As a proportion of pre COVID baseline, day case activity is at the expected level of 40% and elective is at 60% against a prediction of 55%.
- Utilisation of Independent Sector (IS capacity), which has been commissioned nationally, has increased and is exceeding planned levels, with other services looking at opportunities to move to the IS setting
- RTT backlog pre COVID was circa 2600 patients (10% of the total active PTL) the current backlog is at 7900 patients (this includes those patients on the cancer.
- Capital bids have been submitted to help address the immediate and longer terms gaps in diagnostic capacity.
- PTL validation exercise by NECS to identify opportunities to reduce overall PTL

The Business Intelligence team are working to support the Divisions in producing production planning models for the delivery of services and to profile the current waiting lists, demand and backlogs to determine the recovery trajectories for RTT, DM01 and Cancer standards.

The tables below set out the Trust recovery of initial activity assumptions based on the pre COVID baseline, based on capacity identified within the divisions and within known constraints.

Activity Type	May-20	Jun-20 Predicted	Jul-20	Sep-20	Dec-20	Mar-20
OP New	63%	74%	76%	78%	80%	80%
OP F-up	49%	67%	70%	77%	80%	80%
EL DC	25%	37%	40%	40%	40%	40%
EL Inpatient	38%	51%	55%	60%	55%	60%

Activity Type	Apr-20	Jun-20	Jul-20	Sep-20	Dec-20	Mar-20
Endoscopy	16%	60%	67%	74%	74%	74%
CT	54%	60%	62%	65%	65%	65%
NOUS	39%	45%	48%	55%	60%	60%
MRI	31%	39%	45%	52%	56%	60%

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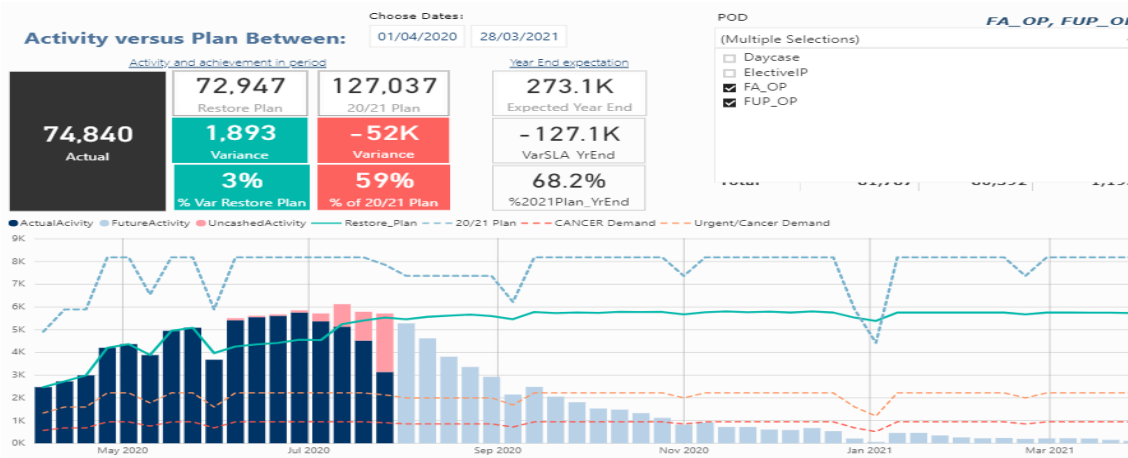
# Restoration & Recovery

Key challenges for the system include:

- Endoscopy capacity is a significant constraint and represents a critical challenge to successfully restoring cancer diagnosis pathways
- Booking teams continue to experience patients not willing to self-isolate for 14 days or declining surgery
- Lack of certainty regarding the future of current IS contracts as all recovery plans are predicated on access to March 2021
- Theatre capacity and limitations of current estate to create red and green sites which impacts on provider ability to protect planned care recovery during winter/a second wave
- An increasing number of patients waiting over 52 weeks
- A large number of patients waiting on multiple PTLs across different providers requiring a system wide approach to ensure patient are treated fairly and in order of clinical need
- Service specific challenges in ENT, MSK, ophthalmology, breast, neurology, cardiology

## Outpatients

Majority of specialty recovery plans show ability to recover first outpatient appointment capacity pre COVID levels, this includes virtual appointments. This transformation is a priority to embed into business as usual and will require the development of virtual clinic room space/facilities to ensure that we do not revert back to face to face in large numbers. The outpatient transformation board is leading on this and has work streams to review the Directory of Services, e-triaging and what digital innovation can be adopted and the expanded use of the Attend Anywhere app. Four high volume specialties - Orthopaedics, Ophthalmology, Gastroenterology and Cardiology identified as currently constrained due to space or redeployed staff. Plans to unlock the constraints are being developed by the Divisions and reported through the weekly Elective Care Board, with escalation the Recovery Board if necessary.



ClinicalUnitName	SpecialtyName	Actual	Restore Plan	Var from Restore	% of 20/21 Plan
All					
General Surgery	General Surgery	4,080	4,038	42	88%
Urology	Urology	5,272	6,274	-1,002	71%
Breast Surgery	Breast Surgery	2,167	2,602	-435	73%
Vascular Surgery	Vascular Surgery	840	1,095	-255	100%
Trauma & Orthopaedics	Trauma & Orthopaedics	2,014	1,899	115	15%
ENT	ENT	4,775	4,723	52	83%
Ophthalmology	Ophthalmology	7,373	4,861	2,512	28%
Orthodontics	Orthodontics	420	316	104	74%
Maxillo-Facial Surgery	Maxillo-Facial Surgery	3,923	3,557	366	77%
Paediatric Surgery	Paediatric Surgery	110	200	-90	46%
Anaesthetics	Anaesthetics	251	287	-36	68%
Paediatric Epilepsy	Paediatric Epilepsy	152	266	-114	95%
Paediatric Diabetes	Paediatric Diabetes	150	131	19	14703%
Gastroenterology	Gastroenterology	4,760	4,092	668	87%
Endocrinology	Endocrinology	1,177	1,199	-22	59%
Haematology	Haematology	2,958	2,913	45	99%
Hepatology	Hepatology	206	84	122	Infinity
Diabetic Medicine	Diabetic Medicine	1,486	1,741	-255	76%
Palliative Medicine	Palliative Medicine	9	13	-4	56%
Cardiology	Cardiology	6,127	3,602	2,525	51%
Stroke Medicine	Stroke Medicine	379	299	80	88%
Transient Ischaemic Attack	Transient Ischaemic Attack	264	543	-279	65%
Total		74,840	72,947	1,893	59%

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# Restoration & Recovery

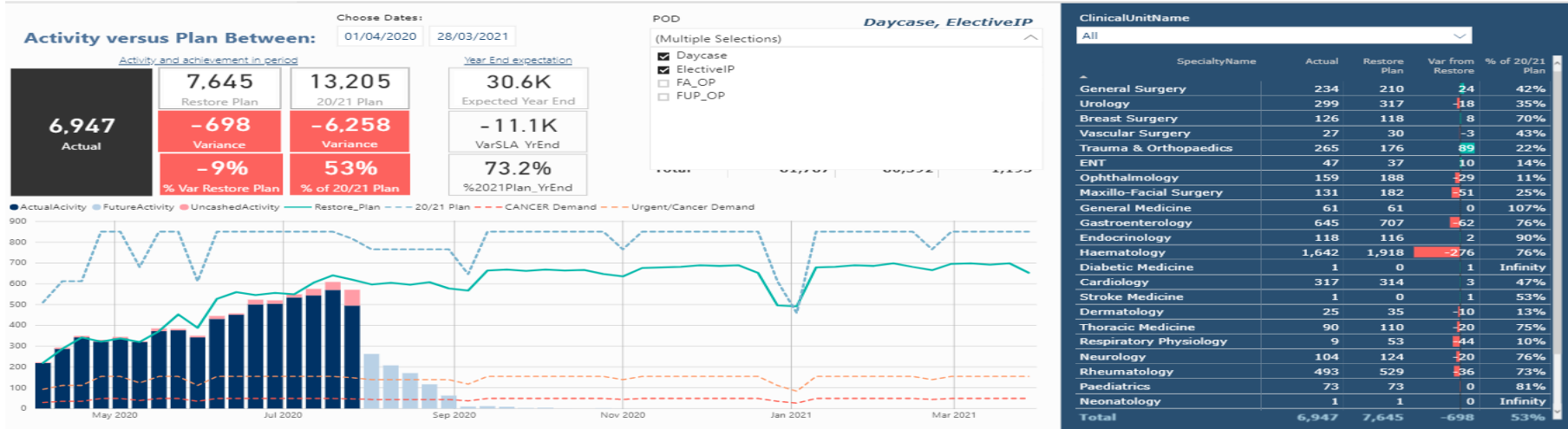
## Elective Admitted

Almost all activity ceased during first two months of the pandemic (April/May). The restore progress can be seen throughout June and capacity continues to increase through July

The majority of specialties now listing P2 and P3 patients for surgery in addition to urgent and cancers.

Due to constraints at point of delivery Urology and Breast surgery currently remain below requirement to meet all urgent demand.

Surgical specialties have now identified and planned to their maximum weekly capacity for the remainder of the year with the exception of Ophthalmology. Ophthalmology is resuming services throughout August and September and is projecting to be fully restored by Nov-20



The table below sets out the weekly capacity identified for remainder of 20/21 against pre COVID plan (expected demand):

Specialty	Weekly Daycase and Elective inpatient			
	20/21 Plan (Pre-Covid)	Restore Capacity	Gap	% increase required
100 - GENERAL SURGERY	34	23	11	49%
101 - UROLOGY	53	26	27	103%
103 - BREAST SURGERY	11	7	4	62%
107 - VASCULAR SURGERY	4	3	1	55%
110 - TRAUMA & ORTHOPAEDICS	74	35	39	112%
120 - ENT	20	14	6	45%
130 - OPHTHALMOLOGY	88	80	8	10%
144 - MAXILLO-FACIAL SURGERY	32	24	8	35%
320 - CARDIOLOGY	42	23	19	82%
502 - GYNAECOLOGY	25	16	9	56%
Total	383	250	133	53%

## Next Steps:

Now that we understand the gap required to recover to pre-covid activity levels, services can work towards identifying where capacity can be released in our current infrastructure.

This will allow the ESH to model its recovery trajectory for the national standards.

# NHS Constitutional Standards

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

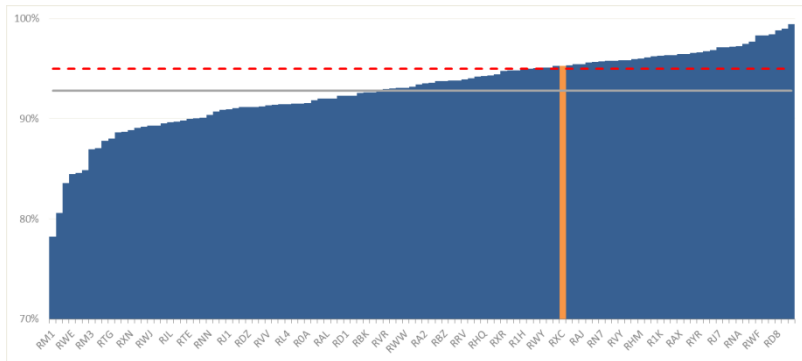
ESHT denoted in orange, leading rankings to the right

## Urgent Care – A&E Performance

June 2020 Peer Review

National Average: 92.8%

ESHT Rank: 36/114

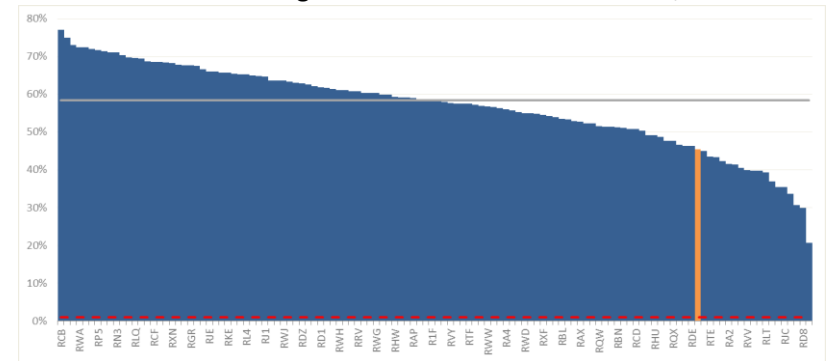


## Planned Care – Diagnostic Waiting Times

May 2020 Peer Review\*

National Average: 58.5%

ESHT Rank: 19/122

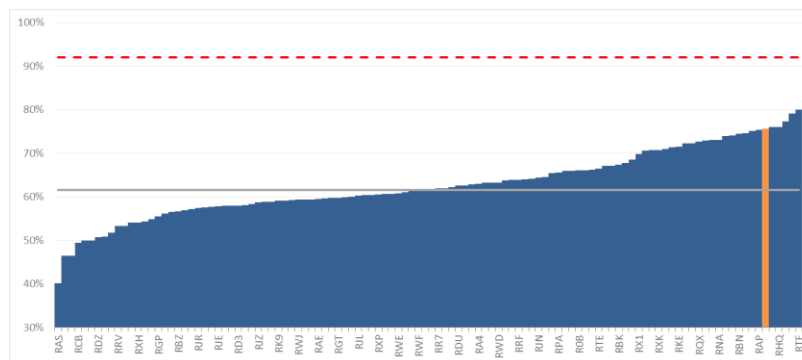


## Planned Care – Referral to Treatment

May 2020 Peer Review\*

National Average: 61.6%

ESHT Rank: 6/112

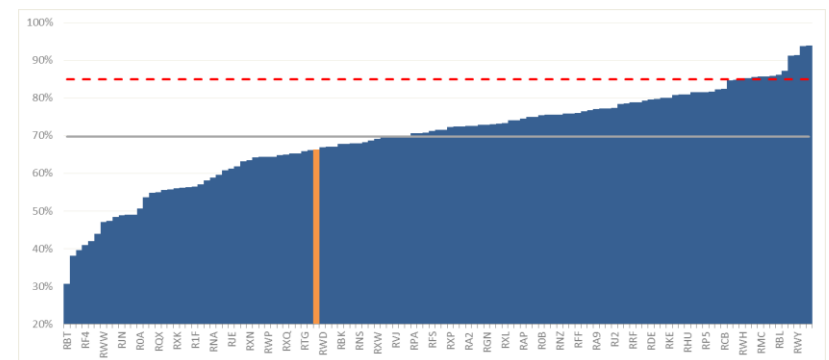


## Cancer Treatment – 62 Day Wait for First Treatment

May 2020 Peer Review\*

National Average: 69.7%

ESHT Rank: 82/123



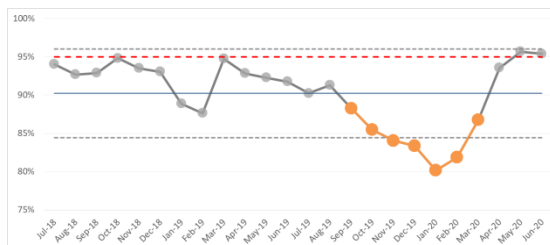
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# Urgent Care – Front Door

## A&E Performance (Local System)

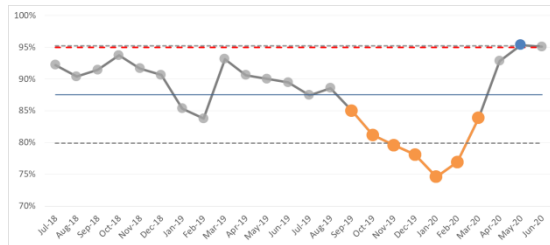
Target: 95%  
Current Month: 95.4%



From 1<sup>st</sup> June to the 30<sup>th</sup> June, the A&E Performances (including Walk in Centre Numbers) were:  
Trust 95.4% – CQ 96.8% – EDGH 94.0%  
ED has an Improving Performance Action plan in place along with weekly meetings to discuss patient safety issues, recruitment and improvements to process.

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

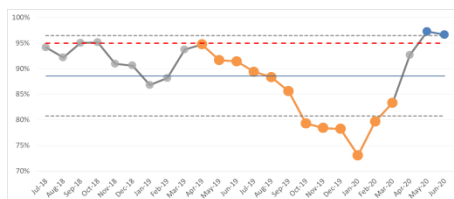
Target: 95%  
Current Month: 95.1%



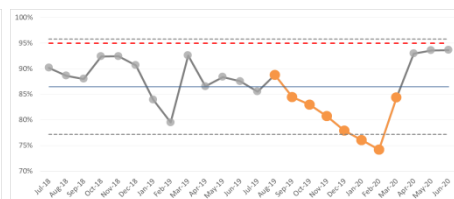
From 1<sup>st</sup> June to the 30<sup>th</sup> June, the A&E Performances (Type 1 and Type 3 only) were:

Trust 95.1% – CQ 96.6% – EDGH 93.6%

## CONQ



## EDGH

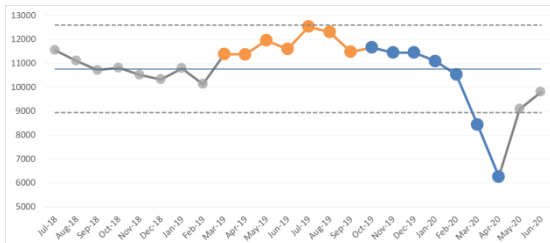


For Conquest, the highest breach reason in June was “Clinical Exception” with 38 breaches.

For EDGH, the highest breach reason in June was “MAU Bed” with 69 breaches.

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

Target: Monitor  
Current Month: 9,803



On average, there were 326 attendances a day in June for the Trust, 160 attendances for Conquest and 166 attendances for EDGH.

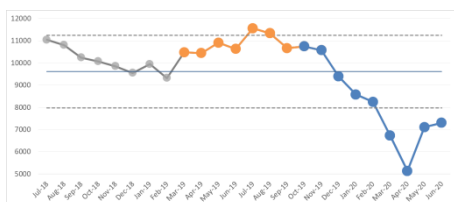
ESHT is now the a fast follower organisation for the ‘Talk before you Walk’ government initiative to reduce unplanned walk- ins to ED.

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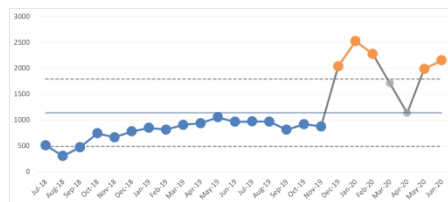
30

# Urgent Care – Front Door

ESHT Total Type 1



ESHT Total Type 3



## Types of A&E service:

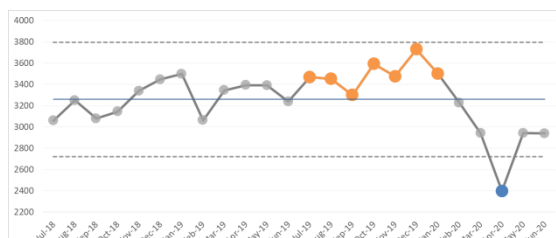
*Type 1: Consultant led 24 hour service with full resus facilities.*

*Type 3: Other type of A&E/minor injury units/Walk-in-Centres/Urgent Care Centre.*

On average there were 252 Type 1 attendances and 74 Type 3 attendances in June.

## Conveyances (ESHT – CQ and EDGH)

Target: Monitor  
Current Month: 2,937



On average there were 98 conveyances a day in June.

On average there were 48 conveyances at Conquest and 50 conveyances at EDGH a day in June.

The departments are facing the challenges of redeployed staff being moved back to their original departments and services.

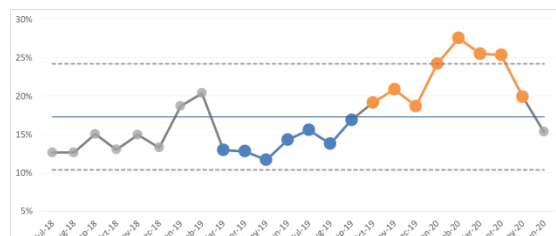
Medical recruitment at Conquest & EDGH has been difficult due to COVID-19 and the challenges in overseas staff travelling/gaining visas etc/competitive other offers.

From 1<sup>st</sup> June to the 30<sup>th</sup> June, the SDEC Performances were:

Trust 41.6% – CONQ 43.3% – EDGH 39.8%

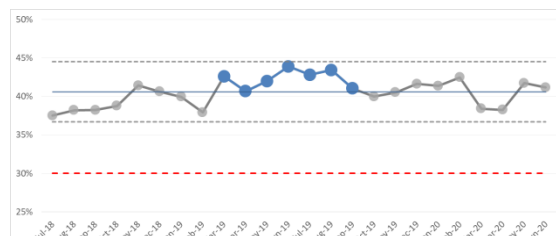
## Conveyance Handover >30 (ESHT – CQ and EDGH)

Source: SECamb  
Target: Monitor  
Current Month: 15.3%



## Same Day Emergency Care (ESHT – CQ and EDGH)

Target: 30%  
Current Month: 41.6%



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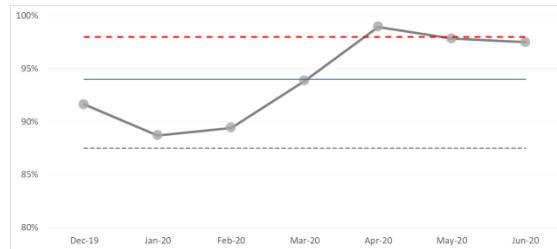
31



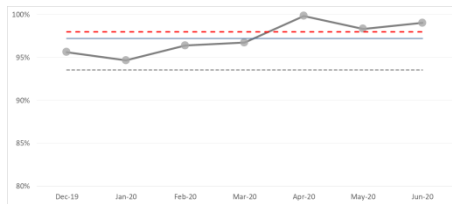
# Urgent Care – UTC

## UTC 2 Hour Standard (Treatment start within 2 hrs)

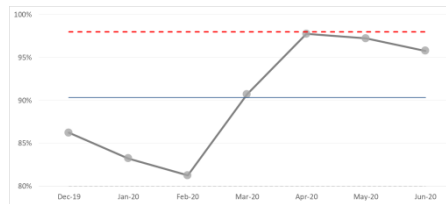
Target: **98%**  
Current Month: 97.5%



### CONQ

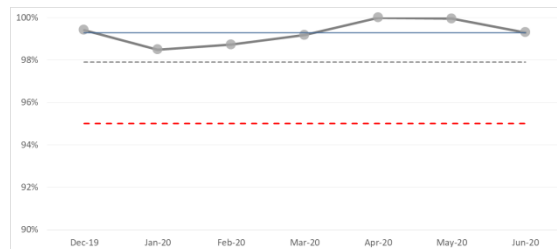


### EDGH

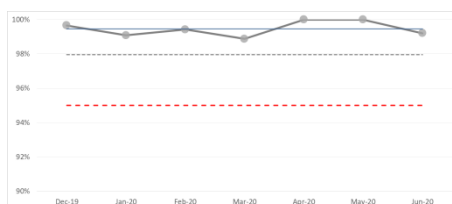


## UTC 4 hour standard (Visit complete within 4 hours)

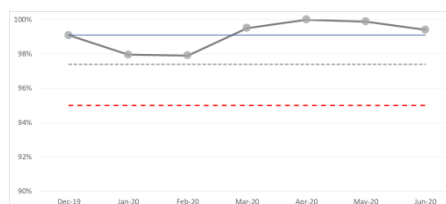
Target: **95%**  
Current Month: 99.3%



### CONQ



### EDGH



UTC GP Front Door Model agreed.

Bookable appointments will be available within the next month for 111 to book directly to the UTC.

Processes are now in place to report UTC attendances.

Continuing to receive high numbers of referrals from 111 especially OOHs. Deep dive completed work continues with 111 to ensure other non-ED pathways are sign-posted to rather than ED first priority option unless ED appropriate or Bookable appointments.

## From May to June Comparison.

### 2 Hour

TRUST – 0.3% decrease (97.8% to 97.5%)  
CONQ – 0.7% increase (98.3% to 99.0%)  
EDGH – 1.4% decrease (97.2% to 95.8%)

### 4 Hour

TRUST – 0.6% decrease (99.9% to 99.3%)  
CONQ – 0.8% decrease (100% to 99.2%)  
EDGH – 0.5% decrease (99.9% to 99.4%)

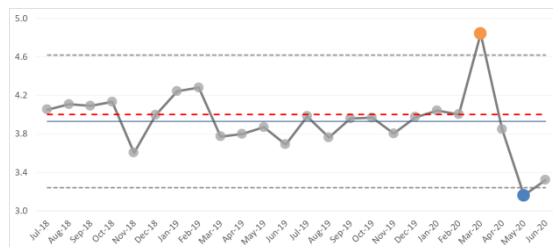
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# Urgent Care - Flow

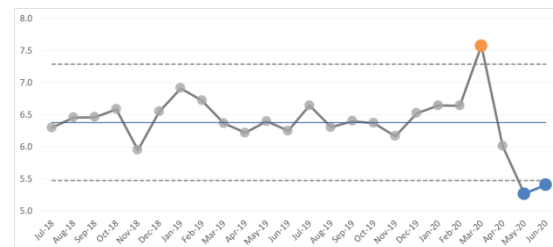
## Non-elective Length of Stay (Acute)

Target: 4.0  
Current Month: 3.3



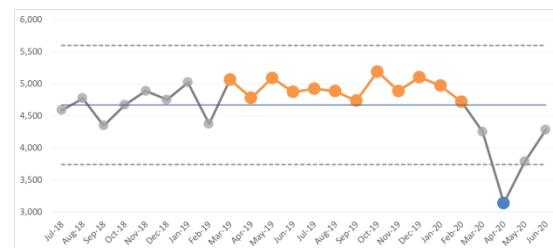
## Non-elective Length of Stay, excluding zero LoS (Acute)

Target: Monitor  
Current Month: 5.4



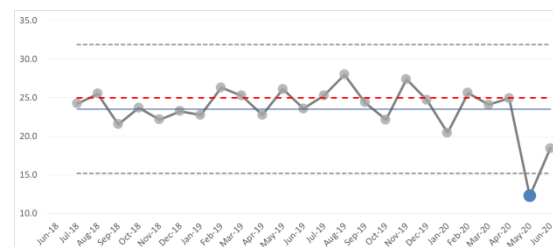
## Non-elective Spells

Target: Monitor  
Current Month: 4,279



## Intermediate Care Units Average LoS (Community)

Target: 25.0  
Current Month: 18.4



Discharge Hub working 7 days per week on all medically fit patients on pathways 0 – 3. Out of hospital staff are supporting the hub due to redeployed staff returning to substantive roles. A plan is being discussed with the CCG for the system hub to be covered when staff return to substantive roles. A 50 bed community location under the responsibility of the NHS is being sought. The aim is to have this in place by September.

A Multi Agency Discharge Event was held from 17 – 18 June on the Eastbourne site.

Plans for a Trust monthly 'Improvement Week' driven by the COO and Deputy COO for ED which will embed good flow practices.

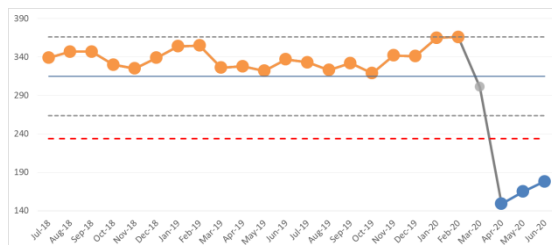
Increased discharges occurred and actions are being taken through the daily discharge leadership meeting. Further actions are being taken through the Patient Flow Programme Board.

Nervecentre is progressing well – nearly all wards at using this consistently.

# Urgent Care - Flow

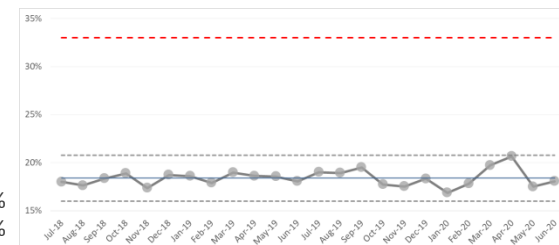
## Adult inpatients in hospital for 7+ days (Acute)

Target: 234  
Current Month: 178 (Daily Avg.)



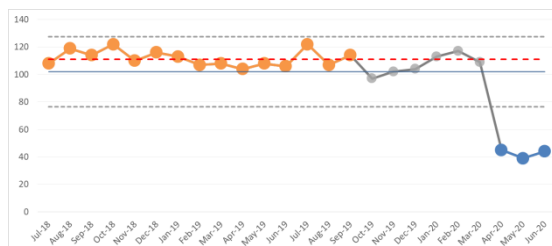
## Patients discharged before midday %

Target: 33%  
Current Month: 18.1%



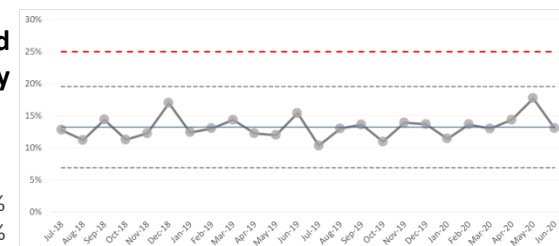
## Adult inpatients in hospital for 21+ days (Acute)

Target: 111  
Current Month: 44 (Daily Avg.)



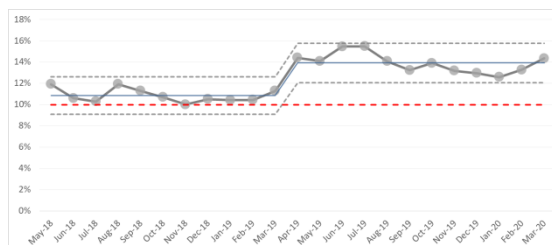
## Patients discharged on weekend day

Target: 25%  
Current Month: 13.0%



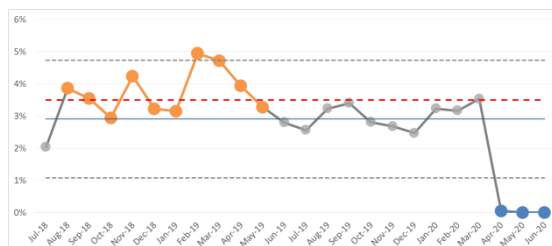
## Emergency Re-Admissions within 30 days

Target: 10%  
Current Month: 14.3% (Mar-20)



## Delayed transfer of care (National Standard)

Target: 3.5%  
Current Month: 0.0%



The stranded patient number has seen a further increase to 178 across both acute sites, previously c 380. 21 day (LLOS) patients has increased from 39 to 44 in June, previously c 100.

June has seen a small improvement in patients discharged before midday although the percentage of weekend discharges has fallen back to previous levels after a positive spike in May.

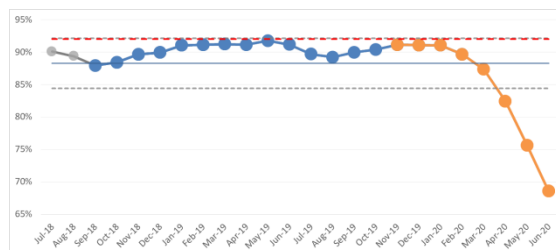
The established emergency readmission rate metric uses finance flags to exclude readmissions in cases where either the initial admission or readmission was an ambulatory tariff. The tariff was discontinued for 19/20, so there has been a step change in the readmission rate because ambulatory admissions are no longer identified as exclusions.

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# Planned Care – Waiting Times

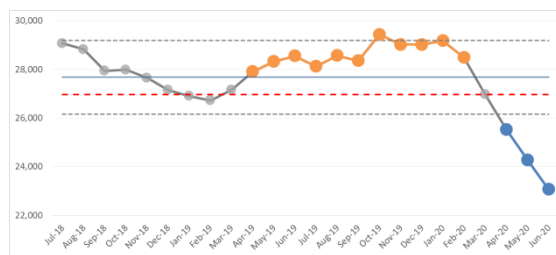
## RTT Incomplete Standard

Target: 92%  
Current Month: 68.6%



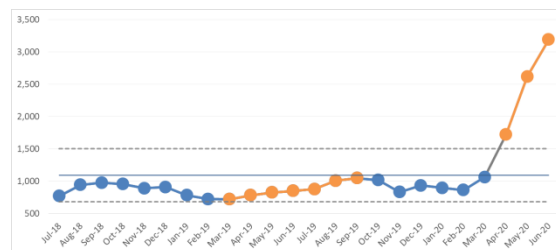
## RTT Total Waiting List Size

Target: 26,965  
Current Month: 23,064



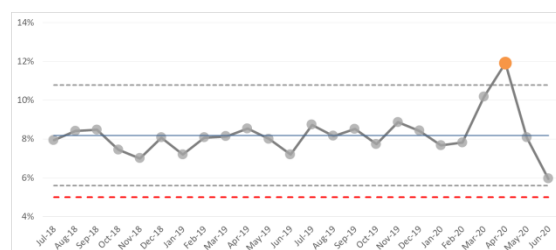
## RTT 26 Week Waiters

Target: Monitor  
Current Month: 3,190



## Cancellations On The Day (Activity %)

Target: 5%  
Current Month: 5.9%



The Trust has continued to see the on-going impact of Covid 19 on RTT performance through April, May and June.

Performance has continued fall to **68.6%** with the surgical division experiencing the greatest loss of activity with only 56% of theatre activity undertaken in June (16% in April and 38% in May) compared pre-COVID levels.

The total waiting list has reduced by over 1,000 from previous month to 23,064. However, the number of patients already waiting over 18 weeks for treatment has increased by 1,336 to 7,251. This is mostly within the DAS division as theatre capacity has been heavily restricted. As a result of limited theatre and daycase capacity, specialties experienced a further drop in performance. T&O (↓37%), Urology (↓ 3%), ENT (↓ 8%), Oral Surgery (↓ 7%) and Ophthalmology (↓ 15%).

Medicine as a Division continues to deliver RTT although some services were unable to achieve 92% (Gastro, Cardiology and Dermatology). Gastro is heavily reliant on Endoscopy to diagnose patients but has a sizable backlog to address. Cardiology has also suffered with limited diagnostics (echos) taking place.

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.

Utilisation of the Independent Sector continues to increase throughout May and June with Radiology, T&O and General Surgery also using Spire. A second theatre has come on line in July for T&O at Spire along with Endoscopy services.

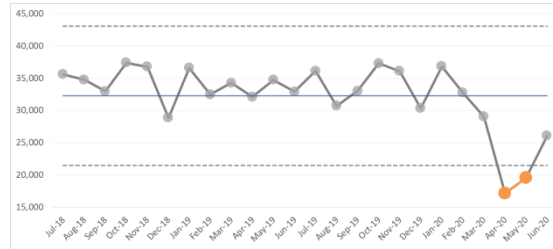
The Trust has also agreed usage of theatre capacity at the Horder Centre for T&O whilst continuing to explore capacity with other IS providers as part of the national contract.

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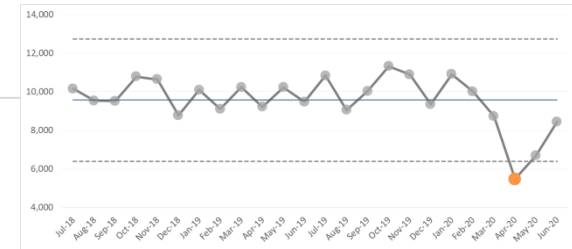
# Planned Care – Outpatient Delivery

## Outpatient Total Activity (New and Follow-up)

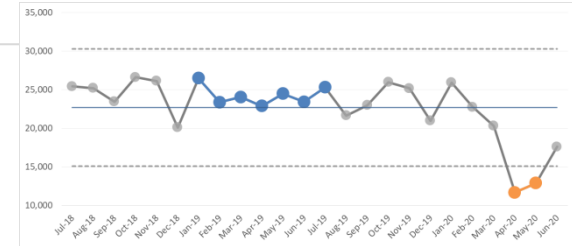
Target: Monitor  
Current Month: 26,082



## New



## Follow-up



Clinic utilisation and Outpatient activity has started show some recovery over the past two months.

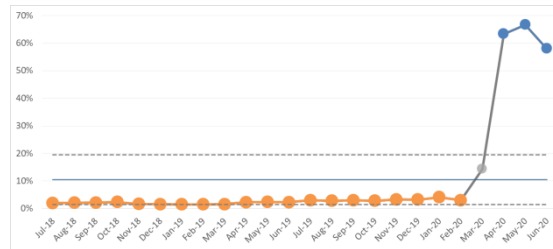
During the peak of the pandemic, the Trust followed national guidance and produced a Standard Operating Procedure (SOP) - Managing Outpatients Services During COVID19 – “A how to guide”.

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

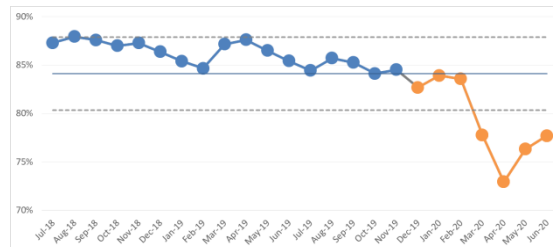
## Non Face to Face Outpatients Activity (Activity %)

Target: Monitor  
Current Month: 58.0%



## Outpatient Utilisation (XX1 and Non XX1 Clinics)

Target: 95%  
Current Month: 77.7%



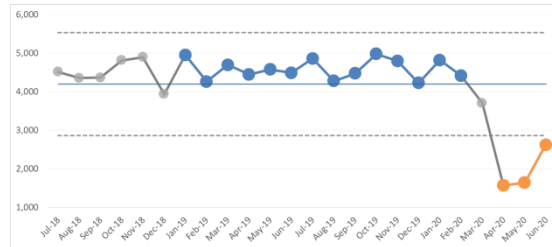
03/08/2020

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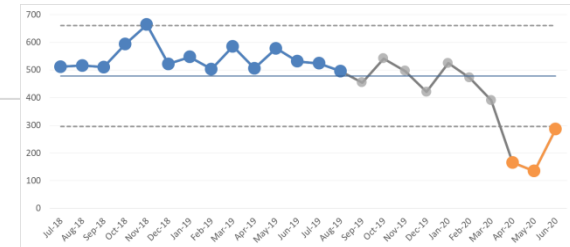
# Planned Care – Admitted Delivery

## Elective Spells (Day case and Elective IP)

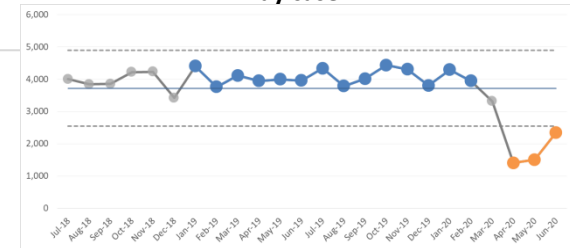
Target: Monitor  
Current Month: 2,627



## Elective IP

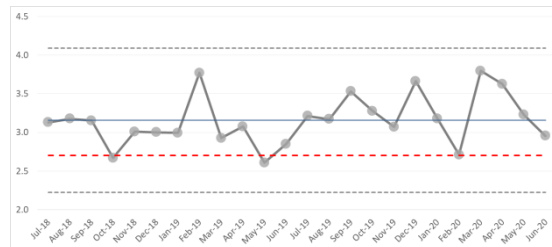


## Day case



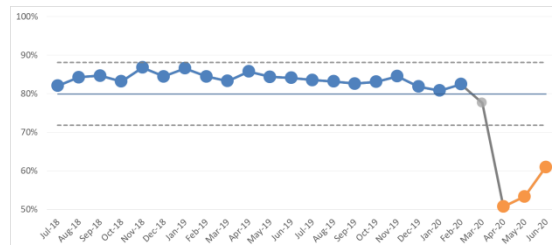
## Elective Average LoS (Acute)

Target: 2.7  
Current Month: 3.0



## Theatre Utilisation

Target: 90%  
Current Month: 61.0%



During May and June, all T&O trauma was relocated to the Conquest site from Spire which released Independent Sector capacity for urgent Priority 1 patients and Cancer Priority 2 patients. Any theatre activity taking place continues work to restrictions in terms of utilisation time due to theatre deep cleans and staff PPE 'Donning & Doffing' times.

During June, the Trust has seen an increase in utilisation and activity as part of the Restore & Recovery programme. The Trust has also experienced challenges of patients either declining or cancelling their elective treatment due to the 14 day isolation requirements.

Elective Length of Stay (LoS) has continued to reduce over the past three months although it still remains just above the 2.7 day target.

# Planned Care – Activity vs Plan

## First OP

SpecialtyName	Activity	Plan	Var (%)	Variance Inc Uncashed
Trauma & Orthopaedics	121	3554	-96.6%	-3433
Ophthalmology	1125	4190	-73.2%	-3065
Dermatology	588	1349	-56.4%	-761
ENT	1422	2150	-33.9%	-728
Breast Surgery	785	1265	-37.9%	-480
Hepatology	21	0	0.0%	21
Chemical Pathology	115	93	23.3%	22
Obstetrics	842	772	9.1%	70
Neurology	1116	992	12.5%	124
Rheumatology	935	737	26.8%	198
<b>Total</b>	<b>18875</b>	<b>29461</b>	<b>-35.9%</b>	<b>-10586</b>

## Follow-Up OP

SpecialtyName	Activity	Plan	Var (%)	Variance Inc Uncashed
Ophthalmology	4321	16418	-73.7%	-12097
Trauma & Orthopaedics	1278	6469	-80.2%	-5191
Cardiology	3241	7903	-59.0%	-4662
Dermatology	1081	2597	-58.4%	-1516
Rheumatology	963	2325	-58.6%	-1362
Hepatology	141	0	0.0%	141
ENT	2475	2284	8.3%	190
Gastroenterology	2955	2631	12.3%	324
Clinical Oncology	2772	2348	18.1%	424
Respiratory Physiology	1656	1149	44.1%	507
<b>Total</b>	<b>40483</b>	<b>68436</b>	<b>-40.8%</b>	<b>-27953</b>

## Day Case

SpecialtyName	Activity	Plan	Var (%)	Variance
Endoscopy	846	3620	-76.6%	-2774
Ophthalmology	49	1093	-95.5%	-1044
Trauma & Orthopaedics	84	551	-84.8%	-467
Clinical Oncology	1369	1835	-25.4%	-466
Haematology	1235	1575	-21.6%	-340
Transient Ischaemic Attac	0	0	0.0%	0
Stroke Medicine	0	0	0.0%	0
Respiratory Physiology	1	0	0.0%	1
General Medicine	25	21	21.1%	4
Thoracic Medicine	63	55	14.9%	8
<b>Total</b>	<b>5360</b>	<b>12270</b>	<b>-56.3%</b>	<b>-6910</b>

## Elective

SpecialtyName	Activity	Plan	Var (%)	Variance
Trauma & Orthopaedics	51	377	-86.5%	-326
Urology	137	336	-59.3%	-199
Gynaecology	40	131	-69.4%	-91
General Surgery	66	150	-56.1%	-84
ENT	7	78	-91.1%	-71
Clinical Oncology	4	4	2.0%	0
Neonatology	1	0	0.0%	1
Geriatric Medicine	7	6	23.0%	1
Paediatrics	7	2	251.4%	5
Obstetrics	121	42	188.6%	79
<b>Total</b>	<b>619</b>	<b>1526</b>	<b>-59.4%</b>	<b>-907</b>

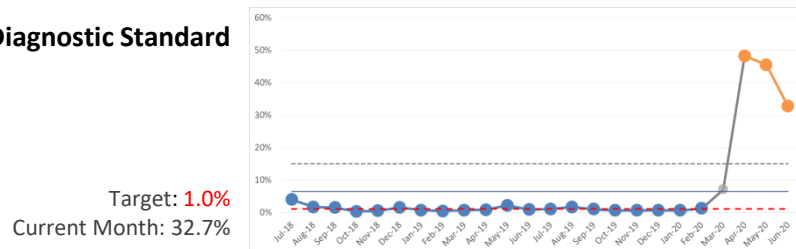
Top five Specialties above and below plan by point of delivery shown for first three months of 2020/21. Uncashed activity included using Specialty specific attendance rates to determine realisable activity. Gross total for each point of delivery shown.

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



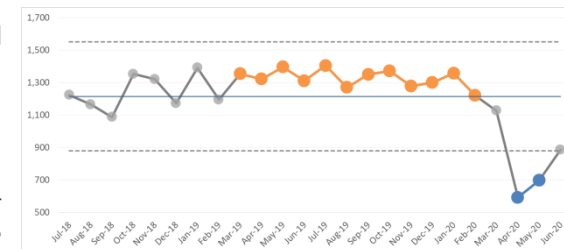
# Planned Care – Diagnostic

## Diagnostic Standard



## Endoscopy Demand (Waiting List Additions)

Target: Monitor  
Current Month: 885



### 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 with a slight positive reduction in May (45.5%). With the continued reintroduction of Diagnostic services, the Trust has seen further improvements in performance in June with a final position of **32.7%**. The national average for May 2020 was 61.6%. This ranks ESHT 6<sup>th</sup> out of 112 reporting organisations (May). The national peer data for June will not be available until early August.

### Radiology

During May the Trust restarted some of its Diagnostic services which have continued to be rolled out in June. The focus has been 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 are back up and running along with additional MRI capacity being utilised through QVH and also the Spire and the Benenden Hospitals 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. The Endoscopy department recommenced services in early June with two rooms at DGH and two rooms at Conquest. Options for possible use of a the third room at DGH continued to be explored although workforce is the restricting factor. 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.

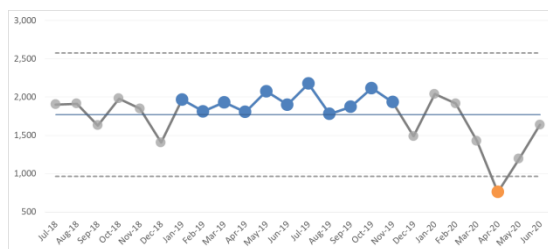
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# Cancer Pathway

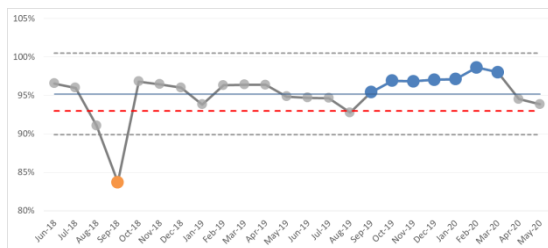
## Two Week Wait Referrals

Target: Monitor  
Current Month: 1,638



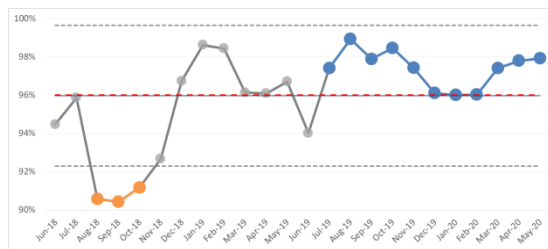
## Cancer 2WW Standard

Target: 93%  
Current Month: 93.8%



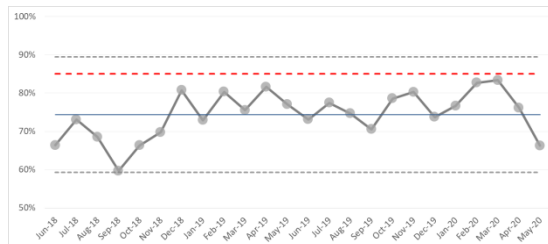
## Cancer 31 Day Standard

Target: 96%  
Current Month: 97.9%



## Cancer 62 Standard

Target: 85%  
Current Month: 66.3%



The Trust has continued meet the 2 week wait and 31 day cancer standards in May although as predicted, the 62 Day standard has felt the impact of the reduced Cancer treatments during the Covid pandemic, recording a final position of 66.3%. This was against a national average of 69.7% and placed ESHT 82<sup>th</sup> out of 123 reporting organisations.

Validation of June's data will not be available until early August but early intelligence suggests a improvement of approximately 8% is to be expected.

The Trust received a considerable reduction of Two Week Wait referrals during the peak of the pandemic but since May, has started to see an increase albeit still below normal levels. June referral rate is down by 17% compared to 2019 averages but there a 27% increase in June compared to May.

The Waiting list size has also stabilised throughout June (Circa 1500).

June referral rate is down by 17% compared to 2019 averages.

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: 56 breaches out of 910 patients first seen.
- 31 Day Standard: 2 breaches out of 96 treatments.
- 62 Day Standard: 28.5 breaches out of 84.5 treatments.
- 9.5 out of the 28.5 breaches for May were impacted in some way by Covid-19, either through surgical restrictions, diagnostic restrictions e.g. endoscopy, consideration of the risk of specific treatment type or cancelled/delayed clinics .

The Trust reported 3 treatments on or over 104 days, 1.0 of these was shared treatments with other Trusts (Brighton & QVH) and there were 4 individual patients in total.

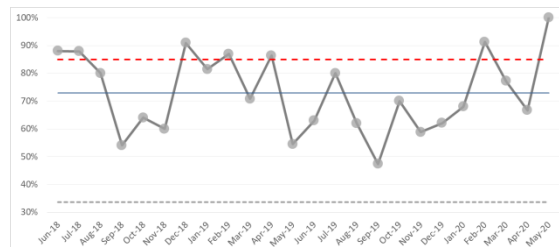
The 28 Day Faster Diagnostic Standard (FDS) for May was 72.8%

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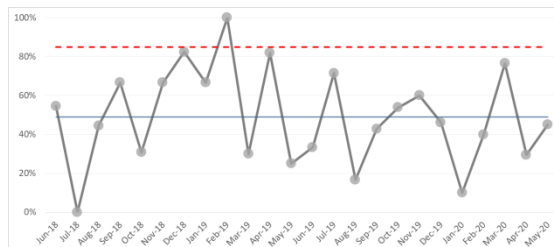
03/08/2020

# 2WW Referral to First Treatment 62 Days

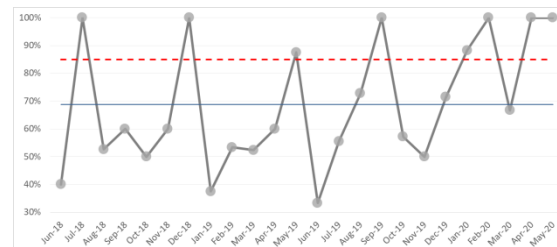
**Breast**



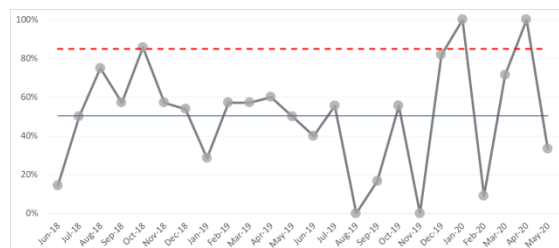
**Gynaecology**



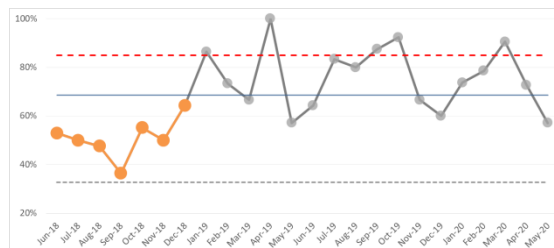
**Haematology**



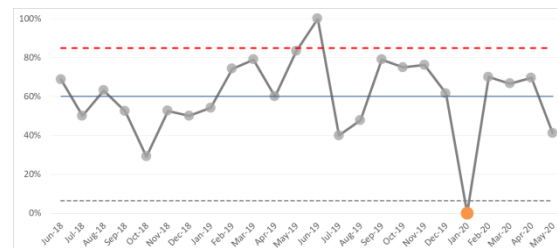
**Head & Neck**



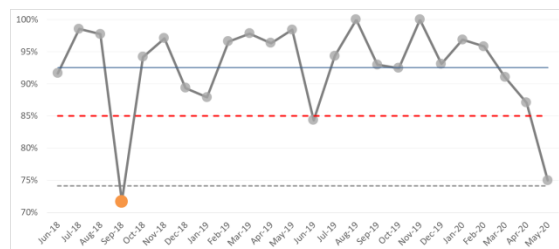
**Colorectal**



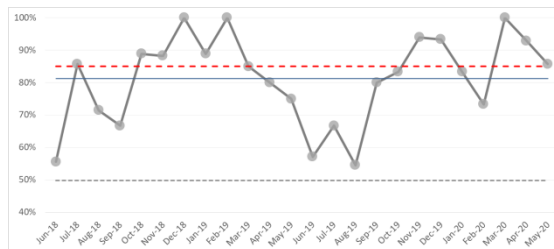
**Lung**



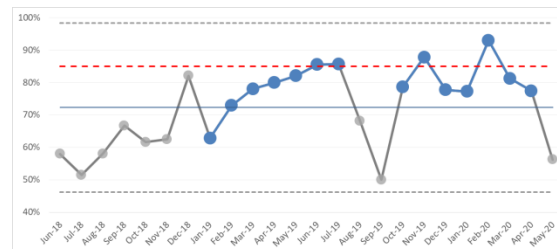
**Skin**



**Upper GI**



**Urology**



The 62 day treatments reported in May were impacted more by Covid-19 compared to April; there continues to be a number of patients on a 62 day pathway/PTL that are still continuing through the diagnostic phase of their pathway as a result of the impact of Covid-19.

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# 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

## Finance Report Summary - Month 3

					Operational Deficit				Agency Usage			
	Plan YTD	Actual YTD	Plan FOT	Forecast FOT	Pr Year Actual £k	Plan £k	Actual £k	Variance £k	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Capital service cover	4	4	4	4	Year to Date (8,628)	0	0	● 0	Year to Date (1,876)	(2,532)	(3,256)	● (724)
Liquidity	1	4	1	1	Year End Forecast (9,987)	0	0	● 0	Year End Forecast (9,556)	(3,376)	(3,376)	● 0
I&E margin	4	4	4	4	NHSE/I has provided a commitment to all NHS organisations that during the period from April to October 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.				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.			
Variance From Control Total	1	1	1	1								
Agency	1	1	1	1								
Rating With Overrides	3		3									
					The Trust recorded an in-month surplus of £0.2m. This reduced the top up value from £9.2m to £9.0m as all NHS organisations can only achieve a break-even financial position. This deficit is analysed as £5.5m due to our response to COVID-19; £3.5m due to NHSE/I planning assumptions							

Income					Operating Costs					Pay Costs Excluding COVID-19				
	Pr Year Actual £k	Plan £k	Actual £k	Variance £k		Pr Year Actual £k	Plan £k	Actual £k	Variance £k		Q1 Plan £	Q1 Actual £k	Variance £k	
Year to Date	107,311	118,341	122,926	● 4,585	Year to Date	(112,644)	(115,965)	(122,059)	◆ (6,094)	Permanent	68,355	69,083	◆ (727)	
Year End Forecast	466,231	480,141	480,141	● 0	Year End Forecast	(468,227)	(469,952)	(469,952)	● 0	Temporary	9,835	9,439	● 397	
										Total	78,191	78,521	◆ (331)	
In line with the NHSE/I amended financial regime the Trust's financial position includes £9m of COVID-19 retrospective top-up that will be reimbursed. This consists of £5.5m of COVID-19 reclaimable costs and £3.5m of lost income and planning assumptions. This is offset by a £4.4m loss of non-patient care income (divisional income).					The Trust has an operational cost deficit mainly due to COVID-19 related expenditure over and above planned operating expenditure. This overspend is made up of pay costs of £4.4m (£1.1m non-Covid related) and non-pay costs of £1.7m.					The Q1 plan is based on M1 actuals extrapolated for the quarter. Outturn is 1.06% higher in Q1 than the planned figure but the overspend is offset by the underspend on temporary staff.				

Cash					Capital Plan				BPPC					
	Pr Year Actual £k	Plan £k	Actual £k	Variance £k		Plan £k	Actual £k	Variance £k		Month Volume	Month Value	YTD Volume	YTD Value	
Current Balance	2,100	2,100	74,606	<span>72,506</span>	Year to Date	2,811	3,001	<span>(190)</span>	Trade Invoices <span></span>	<span>75.13%</span>	<span>88.13%</span>	<span>84.22%</span>	<span>92.66%</span>	
Year End Forecast	2,100	2,100	2,100	<span>0</span>	Year End Forecast	33,580	24,424	<span>9,156</span>	NHS Invoices <span></span>	<span>94.52%</span>	<span>90.67%</span>	<span>97.03%</span>	<span>95.32%</span>	
As a result of the financial regime changes, funding has been received in advance of the period it relates to causing a higher than usual cash balance.					The 2020/21 planned CRL is €33.58m and combines plans for internally generated depreciation of €14.023m, year 2 of fire compartmentalisation €6.02m, Building For Our Future (HIP2) €4.23m and bids for medical equipment €4.0m; integrated theatres €0.25m; Scan4Safety €1.5m; and cash labs €3.25m.					75% of trade invoices were paid within 26 days which equates to 88% of the total value paid in month.				
					At M3 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.					95% of NHS invoices were paid within contract or within 28 days of receipt which was 91% of the total NHS invoices paid.				
					At the end of quarter 1, spend is lower than anticipated as the M3 outturn also includes COVID capital spend.									

Divisional Performance												
Division	In the Month						Year to Date			Forecast Outturn		
	Month 1 Basis FTE	Actual FTE	Variance FTE	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k
Diagnostics, Anaesthetics & Surgery	1,731.57	1,705.43	26.14	(2)	0	2	(6)	0	6	2,931	2,931	0
Medicine	1,503.82	1,467.71	36.11	(14)	0	14	(42)	0	42	29,621	29,621	0
Urgent Care	368.66	378.32	(9.66)	(4)	(4)	(0)	(12)	(12)	0	8,014	8,014	0
Out of Hospital Care	1,053.16	1,056.49	(3.33)	(0)	(0)	0	(0)	(0)	(0)	(3,563)	(3,563)	0
Women's, Children's & Sexual Health	632.15	672.68	19.47	(1)	(1)	0	(3)	(2)	0	8,595	8,595	0
Estates & Facilities	723.85	745.40	(21.55)	(2,411)	(2,765)	(354)	(7,234)	(7,737)	(503)	(26,719)	(26,719)	0
Corporate	1,089.80	1,094.66	(4.86)	(4,366)	(6,551)	(2,185)	(18,936)	(18,936)	(5,828)	(52,052)	(52,052)	0
Central	0.00	0.00	0.00	6,799	9,322	2,523	20,423	26,687	6,265	36,188	36,188	0
Total	7,163.01	7,120.69	42.32	0	0	0	18	0	(18)	3,015	3,015	0

Key Risks		Mitigations	
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.	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.
Key Risk 2	Continued recruitment to vacant posts and service developments which commenced prior to the amended financial regime could lead to expenditure commitments higher than the funding allows in the block funding for 2020/21.	Mitigation 2	An update of the Trust's financial plan is being undertaken based on month 1 as a benchmark to monitor pay spend and permanent recruitment

# Income & Expenditure Summary - Month 3

	In Month				Year to Date			
	Pr Yr Actual (£m)	Plan (£m)	Actual (£m)	Variance (£m)	Pr Yr Actual (£m)	Plan (£m)	Actual (£m)	Variance (£m)
NHS Patient Income	27.8	33.3	33.3	♦ (0.0)	83.9	100.0	99.9	♦ (0.1)
Tariff-Excluded Drugs & Devices	3.3	0.0	0.0	● 0.0	9.1	0.0	0.0	● 0.0
Private Patient / ICR	0.2	0.0	0.0	● 0.0	0.6	0.0	0.0	● 0.0
Non Contract Income	3.7	6.1	7.5	● 1.4	13.6	18.4	23.0	● 4.7
<b>Total Income</b>	<b>35.0</b>	<b>39.4</b>	<b>40.8</b>	<b>● 1.3</b>	<b>107.3</b>	<b>118.3</b>	<b>122.9</b>	<b>● 4.6</b>
Pay - Substantive	(22.0)	(23.0)	(24.2)	♦ (1.1)	(67.1)	(69.1)	(71.9)	♦ (2.7)
Pay - Bank	(2.0)	(2.4)	(2.6)	♦ (0.2)	(6.3)	(7.2)	(8.2)	♦ (1.0)
Pay - Agency	(0.6)	(0.8)	(1.3)	♦ (0.4)	(1.9)	(2.5)	(3.3)	♦ (0.7)
<b>Total Pay</b>	<b>(24.5)</b>	<b>(26.3)</b>	<b>(28.1)</b>	<b>♦ (1.8)</b>	<b>(75.3)</b>	<b>(78.9)</b>	<b>(83.3)</b>	<b>♦ (4.4)</b>
Drugs	(3.7)	(4.4)	(3.8)	● 0.6	(11.1)	(13.2)	(11.3)	● 1.9
Supplies & Services - Clinical	(2.7)	(2.7)	(1.3)	● 1.4	(8.1)	(8.2)	(7.3)	● 0.9
Supplies & Services - General	(0.3)	(0.3)	(0.6)	♦ (0.2)	(0.9)	(1.0)	(1.5)	♦ (0.5)
Purchase of Healthcare (non-NHS)	(0.5)	(0.5)	(0.4)	● 0.1	(1.5)	(1.6)	(1.4)	● 0.2
Services from Other NHS Bodies	(0.5)	(0.2)	(0.4)	♦ (0.2)	(1.2)	(0.6)	(1.1)	♦ (0.5)
Consultancy	(0.0)	(0.0)	(0.0)	● 0.0	(0.2)	(0.0)	(0.0)	● 0.0
Clinical Negligence	(0.8)	(0.8)	(0.9)	♦ (0.1)	(2.4)	(2.5)	(2.7)	♦ (0.2)
Premises	(1.3)	(0.5)	(1.6)	♦ (1.0)	(4.0)	(1.6)	(4.2)	♦ (2.6)
Depreciation	(1.1)	(0.9)	(1.2)	♦ (0.3)	(3.2)	(2.7)	(3.6)	♦ (0.9)
Other	(1.2)	(1.9)	(2.0)	♦ (0.1)	(4.8)	(5.6)	(5.6)	♦ (0.1)
<b>Total Non-Pay</b>	<b>(12.1)</b>	<b>(12.4)</b>	<b>(12.2)</b>	<b>● 0.2</b>	<b>(37.4)</b>	<b>(37.1)</b>	<b>(38.7)</b>	<b>♦ (1.7)</b>
<b>Total Operating Costs</b>	<b>(36.7)</b>	<b>(38.7)</b>	<b>(40.3)</b>	<b>♦ (1.6)</b>	<b>(112.6)</b>	<b>(116.0)</b>	<b>(122.1)</b>	<b>♦ (6.1)</b>
<b>Net Surplus/(Deficit) from Operations</b>	<b>(1.7)</b>	<b>0.8</b>	<b>0.5</b>	<b>♦ (0.3)</b>	<b>(5.3)</b>	<b>2.4</b>	<b>0.9</b>	<b>♦ (1.5)</b>
Financing Costs	(0.6)	(0.8)	(0.4)	● 0.4	(1.7)	(2.4)	(1.1)	● 1.3
<b>Total Non-Operating Costs</b>	<b>(0.6)</b>	<b>(0.8)</b>	<b>(0.4)</b>	<b>● 0.4</b>	<b>(1.7)</b>	<b>(2.4)</b>	<b>(1.1)</b>	<b>● 1.3</b>
<b>Total Costs</b>	<b>(37.2)</b>	<b>(39.4)</b>	<b>(40.6)</b>	<b>♦ (1.2)</b>	<b>(114.4)</b>	<b>(118.3)</b>	<b>(123.1)</b>	<b>♦ (4.8)</b>
<b>Net Surplus/(Deficit)</b>	<b>(2.2)</b>	<b>0.0</b>	<b>0.2</b>	<b>● 0.1</b>	<b>(7.1)</b>	<b>0.0</b>	<b>(0.2)</b>	<b>♦ (0.2)</b>
Donated Asset/Impairment Adjustment	0.0	0.0	0.1	● 0.1	(1.6)	0.0	0.3	● 0.3
<b>Net Surplus/(Deficit)</b>	<b>(2.2)</b>	<b>0.0</b>	<b>0.2</b>	<b>● 0.2</b>	<b>(8.6)</b>	<b>0.0</b>	<b>0.0</b>	<b>● 0.0</b>

## Summary & Next Steps

It is key that the Trust continues to focus on cost control as it has a block contract in place during April to October 2020.



# Income & Activity Summary - Month 3

	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)
<b>Block contract income:</b>								
NHS East Sussex CCG	25,257	26,698	26,698	● 0	75,621	80,094	80,094	● 0
NHS West Sussex CCG	45	106	106	● 0	122	318	318	● 0
NHS Brighton and Hove CCG	51	73	73	● 0	142	216	216	● 0
NHS Kent and Medway CCG	129	496	496	● 0	383	1,489	1,489	● 0
NHS South East London CCG	0	37	37	● 0	0	110	110	● 0
NHS South West London CCG	0	22	22	● 0	0	65	65	● 0
NHS England - South East Specialised Commissioning Hub	2,980	3,848	3,848	● 0	10,527	11,544	11,544	● 0
NHS England - Wessex (Cancer Drug Fund)	201	209	209	● 0	705	625	625	◆ (0)
<b>Total block payments</b>	<b>28,663</b>	<b>31,488</b>	<b>31,488</b>	<b>● 0</b>	<b>87,500</b>	<b>94,461</b>	<b>94,461</b>	<b>● 0</b>
<b>Other contract income</b>								
East Sussex County Council	771	788	737	◆ (51)	3,065	2,368	2,259	● 110
Sussex MSK Partnership (East)	1,298	1,051	1,051	● 0	5,020	3,153	3,153	● 0
Non-Contract Activity	359	0	7	● 7	1,393	0	7	◆ (7)
Patients from Devolved Administrations	12	0	1	● 1	41	0	1	◆ (1)
<b>Total block and contract income</b>	<b>31,104</b>	<b>33,326</b>	<b>33,283</b>	<b>◆ (43)</b>	<b>97,019</b>	<b>99,982</b>	<b>99,880</b>	<b>◆ (102)</b>
<b>Non contract income:</b>								
Allocated top-up income	0	2,915	2,915	● 0	0	8,744	8,744	● 0
Divisional income	6,414	3,208	1,956	◆ (1,252)	10,234	9,617	5,287	◆ (4,330)
Additional top-up income to achieve break-even	0	0	2,625	● 2,625	0	0	9,016	● 9,016
<b>Non contract income</b>	<b>6,414</b>	<b>6,122</b>	<b>7,495</b>	<b>1,373</b>	<b>10,234</b>	<b>18,361</b>	<b>23,047</b>	<b>4,686</b>
<b>Total Income</b>	<b>37,517</b>	<b>39,448</b>	<b>40,778</b>	<b>● 1,329</b>	<b>107,253</b>	<b>118,342</b>	<b>122,926</b>	<b>● 4,584</b>

## Income Commentary

For April through to October 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%.

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, it is based on the average income recorded over the 3 months of November 2019 to January 2020. The actual income recorded in M3 is £1.2m lower than the NHSE/I assumptions (this is £3.7m lower YTD). This is mainly due to two elements:

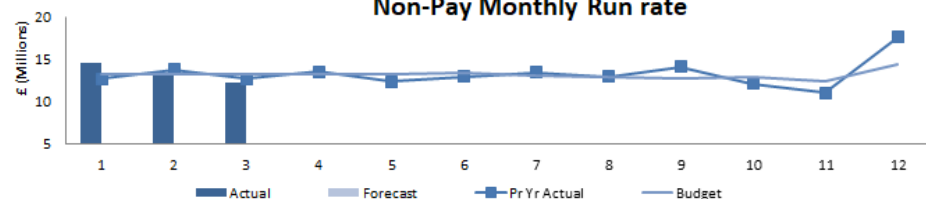
- (i) items that we are unable to invoice for e.g. non-patient services normally invoiced to CCGs.
- (ii) items that have either stopped or materially reduced as a result of the pandemic e.g. private patient income and car parking income.

The financial position includes a £2.6m additional top-up for M3, totalling £9m YTD - this covers the reimbursement of COVID-19 costs and the funding of the shortfall against the income assumptions.

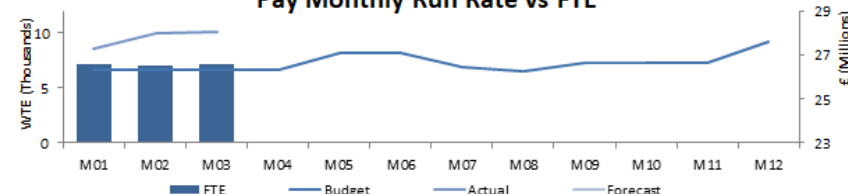
## Expenditure & Workforce Summary - Month 3

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)	20/21 Expenditure Variance (£k)	Pr Yr Expenditure Actual (£k)	Expenditure Plan (£k)	Expenditure Actual (£k)	20/21 Expenditure Variance (£k)	Plan (£k)	FOT (£k)	Variance (£k)
Administrative & Management	1293	1425	1325	100	3,690	4,132	3,958	174	11,255	12,376	12,100	276	49,620	49,620	0
Ancillary	669	701	723	-22	1,570	1,542	1,766	(225)	4,617	4,625	5,114	(489)	18,567	18,567	0
Medical	702	807	769	38	5,974	6,682	6,690	(8)	18,225	20,038	20,101	(63)	81,981	81,981	0
Nursing & Midwifery	3027	3356	3245	111	9,904	10,429	11,385	(957)	30,268	31,230	33,622	(2,392)	127,505	127,505	0
Prof, Scientific & Tech	501	538	549	-11	1,693	1,852	2,000	(148)	5,189	5,532	5,788	(256)	22,129	22,129	0
Professions Allied to Medicine	464	548	509	39	1,633	1,953	1,879	74	5,011	5,882	5,519	363	24,046	24,046	0
Other	0	0	0	1	75	(296)	377	(672)	687	(804)	1,078	(1,882)	(4,253)	(4,253)	0
<b>Total Pay</b>	<b>6655</b>	<b>7374</b>	<b>7120</b>	<b>255</b>	<b>24,539</b>	<b>26,293</b>	<b>28,055</b>	<b>(1,762)</b>	<b>75,251</b>	<b>78,879</b>	<b>83,321</b>	<b>(4,442)</b>	<b>319,596</b>	<b>55,266</b>	<b>0</b>
Services from Other NHS Bodies					460	346	416	(70)	1,218	1,037	1,090	(53)	4,155	4,155	0
Clinical Negligence Premium					806	915	915	0	2,417	2,746	2,746	0	10,986	10,986	0
Consultancy					40	11	9	2	150	33	28	5	116	116	0
Drugs					589	1,626	951	675	2,432	5,187	2,562	2,625	10,518	10,518	0
Drugs - Tariff Excluded					3,119	2,764	2,844	(80)	8,685	7,983	8,695	(712)	33,931	33,931	0
Education and Training					59	89	103	(15)	120	266	312	(46)	1,064	1,064	0
Establishment Expenses					391	552	557	(5)	1,755	1,658	1,601	58	6,629	6,629	0
Premises					1,306	1,383	1,559	(176)	4,038	1,593	4,153	(2,560)	16,589	16,589	0
Purchase of Healthcare from Non NHS Bodies					508	544	449	95	1,541	1,632	1,360	272	6,536	6,536	0
Supplies and Services - Clinical					2,745	2,739	1,298	1,441	8,108	8,217	7,300	917	32,518	32,518	0
Supplies and Services - General					329	337	553	(216)	855	1,011	1,537	(526)	4,659	4,659	0
Other Non-Pay					1,766	1,094	2,184	(1,090)	6,075	5,739	7,355	(1,616)	26,818	26,818	0
<b>Total Non-Pay</b>					<b>12,116</b>	<b>12,401</b>	<b>11,840</b>	<b>561</b>	<b>37,393</b>	<b>37,103</b>	<b>38,738</b>	<b>(1,635)</b>	<b>154,518</b>	<b>26,899</b>	<b>0</b>
<b>Total Expenditure</b>	<b>6655</b>	<b>7374</b>	<b>7120</b>	<b>255</b>	<b>36,655</b>	<b>38,694</b>	<b>39,894</b>	<b>(1,200)</b>	<b>112,644</b>	<b>115,982</b>	<b>122,059</b>	<b>(6,077)</b>	<b>474,114</b>	<b>82,165</b>	<b>0</b>

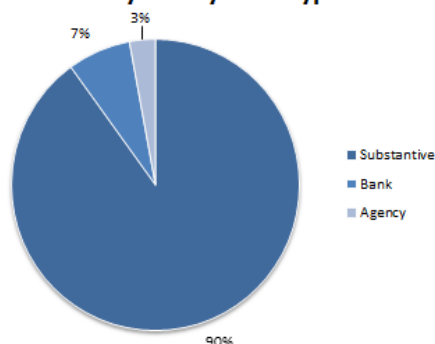
### Non-Pay Monthly Run rate



### Pay Monthly Run Rate vs FTE



### Pay FTE by Staff Type



#### Summary & Next Steps

Variances in Other Pay is overspent by £1.8m 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 £2.4m overall, due to vacancies and reliance on high cost agency usage relating to COVID-19. The total pay variance attributable to COVID-19 is £3.3m.

Tariff Excluded Drugs spend is £0.7m 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.

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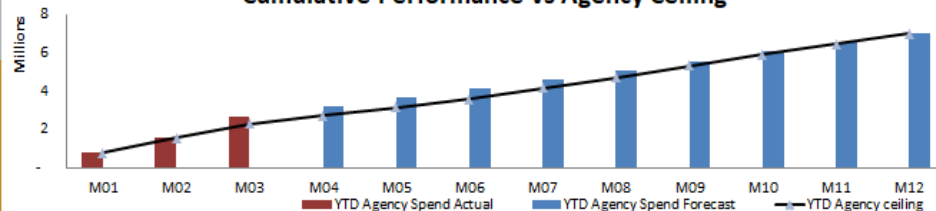
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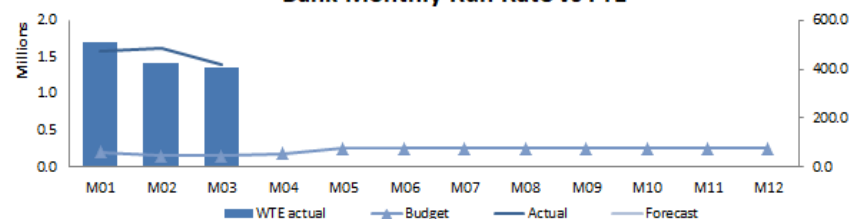
# Temporary Workforce Summary - Month 3

Cost Element					In Month					Year to Date				Forecast Outturn		
	Pr Yr				Pr Yr	Expenditure	Expenditure	Expenditure		Pr Yr	Expenditure	Expenditure	Expenditure			
	WTE Actual	WTE Plan	WTE Actual	WTE Variance	Expenditure Actual (£k)	Plan (£k)	Actual (£k)	Variance (£k)		Expenditure Actual (£k)	Plan (£k)	Actual (£k)	Variance (£k)	Plan (£k)	FOT (£k)	Variance (£k)
Agency																
Administrative & Management	4	0	8	⬇️ (8.36)	65	38	15	⬇️ 23		185	114	156	⬇️ (42)	152	152	⬇️ 0
Ancillary	6	0	39	⬇️ (38.77)	45	38	147	⬇️ (109)		99	114	326	⬇️ (212)	152	152	⬇️ 0
Medical	17	11	35	⬇️ (23.06)	230	383	428	⬇️ (45)		875	1,149	1,178	⬇️ (29)	1,532	1,532	⬇️ 0
Nursing & Midwifery	34	0	84	⬇️ (84.35)	137	209	450	⬇️ (241)		476	627	1,153	⬇️ (526)	836	836	⬇️ 0
Prof, Scientific & Tech	18	0	41	⬇️ (40.34)	81	176	224	⬇️ (48)		239	528	443	⬇️ 85	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	78	12	207	⬇️ (194.88)	558	844	1,264	⬇️ (420)		1,876	2,532	3,256	⬇️ (724)	3,376	1,993	⬆️ 0
Bank																
Administrative & Management	46	8	44	⬇️ (35.87)	101	131	118	⬇️ 12		324	392	428	⬇️ (36)	522	522	⬇️ 0
Ancillary	44	22	63	⬇️ (41.67)	100	131	161	⬇️ (30)		323	392	496	⬇️ (105)	522	522	⬇️ 0
Medical	0	0	0	⬆️ 0.00	0	0	0	⬆️ 0		0	0	0	⬆️ 0	0	0	⬆️ 0
Nursing & Midwifery	287	52	268	⬇️ (215.47)	826	945	999	⬇️ (54)		2,644	2,835	3,300	⬇️ (465)	3,780	3,780	⬇️ 0
Prof, Scientific & Tech	11	1	12	⬇️ (11.00)	42	96	40	⬇️ 56		121	288	147	⬇️ 141	384	384	⬇️ 0
Professions Allied to Medicine	9	6	18	⬇️ (12.20)	25	0	74	⬇️ (74)		103	0	222	⬇️ (222)	0	0	⬆️ 0
Other Employees	0	0	0	⬆️ 0.00	0	0	0	⬆️ 0		0	0	0	⬆️ 0	0	0	⬆️ 0
Total Bank	397	89	405	⬇️ (316.21)	1,094	1,302	1,392	⬇️ (90)		3,515	3,906	4,593	⬇️ (687)	5,208	3,201	⬆️ 2,007
Total Locum	72	10	100	⬇️ (90.08)	870	0	1,240	⬇️ (1,240)		2,766	3,303	3,596	⬇️ (293)	4,404	2,356	⬆️ 2,048
Total Waiting List Initiative	18	0	1	⬇️ (1.29)	174	0	18	⬇️ (18)		463	113	197	⬇️ (83)	671	179	⬆️ 492
Total Temporary Workforce	565	111	713	⬇️ (602.46)	2,696	2,146	3,914	⬇️ (1,768)		8,619	9,854	11,642	⬇️ (1,788)	13,659	7,728	⬆️ 4,547

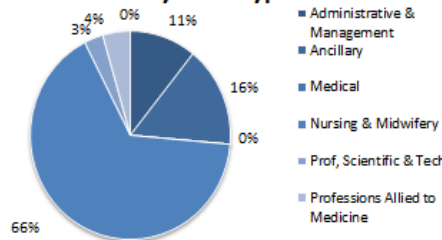
## Cumulative Performance vs Agency Ceiling



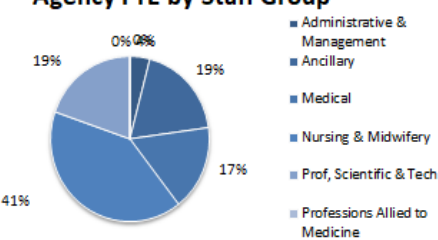
## Bank Monthly Run Rate vs FTE



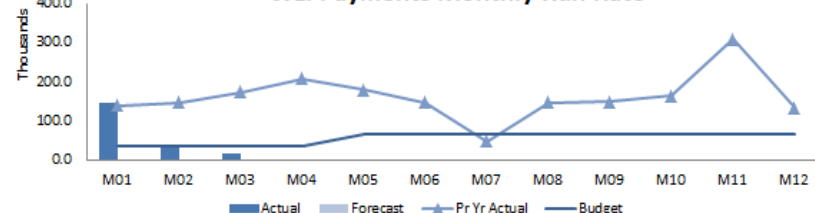
## Bank FTE by Staff Type



## Agency FTE by Staff Group



## WLI Payments Monthly Run Rate



## Summary & Next steps

Overall agency is £420k 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 agency spend for the same period is evidence of the impact of COVID-19. The Trust agency ceiling is currently being breached but is expected to ease when COVID-19 agency expenditure pressures are reduced.

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# Finance Report Divisional Summaries - Month 3

	Divisional Performance												
Division	In the Month			Year to Date			Forecast Outturn			Summary			
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	
Diagnostics, Anaesthetics & Surgery													
Contract Income				9,936	9,686	♦ (251)	29,809	28,178	♦ (1,631)	115,848	115,848	● 0	The DAS division are under plan in terms of expenditure mainly due to clinical supplies & services expenditure arising from reduced activity levels. These are part absorbed the pay overspends of £411k which are due to Agency costs of Nursing & Prof, Scientific & Tech.
Divisional Income				168	183	● 15	503	541	● 38	4,641	4,641	● 0	
Pay	1,727.93	1,705.43	● 22.50	(7,496)	(7,578)	♦ (82)	(22,488)	(22,899)	♦ (411)	(87,275)	(87,275)	● 0	
Non-Pay				(2,610)	(2,293)	● 317	(7,831)	(5,826)	● 2,005	(30,283)	(30,283)	● 0	
Overall	1,727.93	1,705.43	● 22.50	(2)	(2)	● 0	(6)	(6)	♦ (0)	2,931	2,931	● 0	The division is managing its theatres, bed stock and capacity in Red & Green zones which require increased cost when compared to the levels of activity it would ordinarily be carrying out.
Medicine													
Contract Income				6,610	6,546	♦ (63)	19,656	19,242	♦ (414)	106,705	106,705	● 0	Medicine division are under plan in terms of expenditure led by clinical supplies & services under spending due to reduced activity levels. This is combined with a small pay under spend.
Divisional Income				110	(23)	♦ (132)	330	164	♦ (167)	1,399	1,399	● 0	
Pay	1,676.16	1,467.71	● 208.45	(5,871)	(5,903)	♦ (32)	(17,521)	(17,515)	● 6	(68,374)	(68,374)	● 0	
Non-Pay				(863)	(635)	● 228	(2,508)	(1,932)	● 575	(10,109)	(10,109)	● 0	
Overall	1,676.16	1,467.71	● 208.45	(14)	(14)	● 0	(42)	(42)	● 0	29,621	29,621	● 0	The division is managing its bed stock and capacity in red & green zone which require increased cost when compared to the levels of activity it would ordinarily be carrying out.
Urgent Care													
Contract Income				2,045	2,014	♦ (31)	6,135	5,658	♦ (477)	31,692	31,692	● 0	Urgent Care division are under plan in terms of expenditure led by clinical supplies & services under spending due to reduced activity levels. This is combined with a small pay under spend.
Divisional Income				3	1	♦ (2)	9	2	♦ (7)	37	37	● 0	
Pay	415.71	378.32	● 37.39	(1,964)	(1,946)	● 18	(5,892)	(5,434)	● 458	(22,655)	(22,655)	● 0	
Non-Pay				(88)	(74)	● 14	(265)	(238)	● 26	(1,059)	(1,059)	● 0	
Overall	415.71	378.32	● 37.39	(4)	(4)	● 0	(12)	(12)	● 0	8,014	8,014	● 0	The division is managing its bed stock and capacity in red & green zones which require increased cost when compared to the levels of activity it would ordinarily be carrying out.
Out of Hospital Care													
Contract Income				4,335	4,635	● 300	13,006	12,877	♦ (130)	47,261	47,261	● 0	Out of Hospital division are under plan in terms of expenditure led by under spends in drugs and clinical supplies and services. Staffing under spends due to vacancies also contribute to the under spend YTD. The division is managing its activity levels with increasing backlogs due to vacancies. The division is also operating with red & green methodology which require increased cost when compared to the levels of activity it would ordinarily be carrying out.
Divisional Income				204	134	♦ (70)	613	505	♦ (108)	3,140	3,140	● 0	
Pay	1,136.37	1,056.49	● 79.88	(3,484)	(3,520)	♦ (36)	(10,451)	(10,406)	● 45	(41,731)	(41,731)	● 0	
Non-Pay				(1,056)	(1,250)	♦ (194)	(3,169)	(2,976)	● 193	(12,233)	(12,233)	● 0	
Overall	1,136.37	1,056.49	● 79.88	(0)	(0)	● 0	(0)	(0)	♦ (0)	(3,563)	(3,563)	● 0	
Women's, Children's & Sexual Health													
Contract Income				3,151	3,084	♦ (66)	9,453	9,257	♦ (195)	45,839	45,839	● 0	Women's & Childrens division are under plan in terms of expenditure led by staffing under spends due to reduced activity levels. This is nearly matched by under spends in clinical supplies and services.
Divisional Income				37	50	● 13	111	115	● 5	721	721	● 0	
Pay	725.22	672.68	● 52.54	(2,918)	(2,867)	● 50	(8,753)	(8,652)	● 101	(35,008)	(35,008)	● 0	
Non-Pay				(271)	(268)	● 3	(813)	(724)	● 90	(2,957)	(2,957)	● 0	
Overall	725.22	672.68	● 52.54	(1)	(1)	● 0	(3)	(2)	● 0	8,595	8,595	● 0	The division is managing its bed stock and capacity in red & green zones which require increased cost when compared to the levels of activity it would ordinarily be carrying out.
Estates & Facilities													
Divisional Income				627	493	♦ (134)	1,881	1,401	♦ (480)	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 £460k of CCG income year to date.
Pay	724.49	745.40	♦ (20.91)	(1,732)	(1,847)	♦ (115)	(5,196)	(5,313)	♦ (117)	(20,382)	(20,382)	● 0	
Non-Pay				(1,306)	(1,411)	♦ (105)	(3,918)	(3,824)	● 94	(15,105)	(15,105)	● 0	
Overall	724.49	745.40	♦ (20.91)	(2,411)	(2,765)	♦ (354)	(7,234)	(7,737)	♦ (503)	(26,719)	(26,719)	● 0	
Corporate													
Divisional Income				894	1,213	● 320	2,681	3,120	● 438	11,553	11,553	● 0	The Trust's operational deficit due to Covid related expenditure over and above planned operating expense made up of pay costs of £4.4m and non-pay costs of £5.4m are reported in the Corporate division
Pay	968.27	1,094.66	♦ (126.39)	(3,225)	(4,223)	♦ (997)	(9,685)	(12,429)	♦ (2,744)	(38,085)	(38,085)	● 0	
Non-Pay				(2,035)	(3,542)	♦ (1,507)	(6,104)	(9,627)	♦ (3,523)	(25,520)	(25,520)	● 0	
Overall	968.27	1,094.66	♦ (126.39)	(4,366)	(6,551)	♦ (2,185)	(13,108)	(18,936)	♦ (5,828)	(52,052)	(52,052)	● 0	
Central													
Contract Income				7,255	7,299	● 45	21,921	24,623	● 2,702	63,848	63,848	● 0	In line with the NHSE/ COVID-19 financial regime to ensure NHS Provider Trusts can adequately provide for Covid related costs, the Trust's assumption that our Covid Costs of £5.5m will be reimbursed by NHSE/ is reported in the Central Division. The Divisional Income favourable position is driven largely due to this claim
Divisional Income				4,073	5,087	● 1,014	12,232	17,426	● 5,195	38,690	38,690	● 0	
Pay	0.00	0.00	● 0.00	396	(171)	♦ (568)	1,106	(673)	♦ (1,779)	(6,087)	(6,087)	● 0	
Non-Pay				(4,925)	(2,729)	● 2,196	(14,855)	(14,681)	● 174	(60,263)	(60,263)	● 0	
Overall	0.00	0.00	● 0.00	6,799	9,486	● 2,688	20,404	26,695	● 6,291	36,188	36,188	● 0	
Donated assets adjustment													
				0	80	● 80	0	269	● 269				
Total	7,374.15	7,120.69	● 253.46	0	229	● 229	0	229	● 229	3,015	3,015	● 0	

# Statement of Financial Position - Month 3

	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)	
<b>Non Current Assets</b>								
Property, Plant and Equipment	229.5	232.3	228.9	◆ (3.4)	252.6	252.6	● 0.0	
Intangible Assets	2.4	1.8	2.4	● 0.6	2.3	2.3	● 0.0	
Other Assets	3.0	10.7	2.2	◆ (8.5)	8.8	8.8	● 0.0	
<b>Total Non Current Assets</b>	<b>234.9</b>	<b>244.9</b>	<b>233.5</b>	<b>◆ (11.4)</b>	<b>263.7</b>	<b>263.7</b>	<b>● 0.0</b>	
<b>Current Assets</b>								
Inventories	7.3	6.6	6.5	◆ (0.2)	6.6	6.6	● 0.0	
Trade and Other Receivables	47.3	36.4	27.0	◆ (9.4)	37.6	37.6	● 0.0	
Cash and Cash Equivalents	2.1	4.5	74.6	● 70.1	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	
<b>Total Current Assets</b>	<b>56.8</b>	<b>47.5</b>	<b>108.1</b>	<b>● 60.5</b>	<b>47.5</b>	<b>46.3</b>	<b>● 0.0</b>	
<b>Current Liabilities</b>								
Trade and Other Payables	(28.8)	(35.1)	(42.2)	◆ (7.2)	(32.5)	(32.5)	● 0.0	
Borrowings	(234.1)	(4.3)	(234.1)	◆ (229.8)	(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)	(0.3)	● 0.1	(0.4)	(0.4)	● 0.0	
Other Liabilities	(1.4)	(2.2)	(36.2)	◆ (34.0)	(2.2)	(2.2)	● 0.0	
<b>Total Current Liabilities</b>	<b>(264.6)</b>	<b>(41.9)</b>	<b>(312.8)</b>	<b>◆ (270.9)</b>	<b>(41.9)</b>	<b>(40.4)</b>	<b>● 0.0</b>	
<b>Non-Current Liabilities</b>								
Borrowings	(1.8)	(18.1)	(1.8)	● 16.3	(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)	(2.0)	(2.8)	◆ (0.8)	(1.8)	(1.8)	● 0.0	
<b>Total Non Current Liabilities</b>	<b>(4.6)</b>	<b>(20.1)</b>	<b>(4.6)</b>	<b>● 15.5</b>	<b>(28.9)</b>	<b>(28.9)</b>	<b>● 0.0</b>	
<b>Total Assets Employed</b>	<b>22.4</b>	<b>230.4</b>	<b>24.1</b>	<b>◆ (206.3)</b>	<b>240.4</b>	<b>240.7</b>	<b>● 0.0</b>	
<b>Financed By</b>								
Public Dividend Capital	162.6	384.4	164.4	◆ (220.0)	388.6	388.6	● 0.0	
Income & Expenditure Reserve	(230.5)	(251.7)	(230.5)	● 21.2	(245.6)	(245.6)	● 0.0	
Revaluation Reserve	90.2	97.7	90.2	◆ (7.5)	97.7	97.7	● 0.0	
<b>Total Tax Payers Equity</b>	<b>22.4</b>	<b>230.4</b>	<b>24.1</b>	<b>◆ (206.3)</b>	<b>240.7</b>	<b>240.7</b>	<b>● 0.0</b>	

**Summary & Next Steps**

1. On 2 April 2020, the Department of Health and Social Care (DHSC) 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, at the time the plan was generated, the assumed debt conversion was April 2020 hence the variance.

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

4. Due to the financial regime changes the Trust has been moved on to block contract payments. Funding is being received in advance causing a higher than usual cash balance at the end of month.

# Cashflow & Borrowing Summary - Month 3

Short Term (13 week) Cashflow Forecast													
Week Ending (Friday)	Actual (£k)				Forecast (£k)								
	05-Jun	12-Jun	19-Jun	26-Jun	03-Jul	10-Jul	17-Jul	24-Jul	31-Jul	07-Aug	14-Aug	21-Aug	28-Aug
Balance Brought Forward	70,404	69,683	69,257	92,751	74,385	73,444	71,059	88,524	72,560	69,792	67,219	98,103	84,333
<b>Receipts</b>													
WGA Income	1,705	702	38,072	169	1,871	20	31,517	30	350	30	31,517	30	1,168
Other Income	647	1,246	337	111	932	1,058	1,094	2,056	732	250	1,713	250	854
External Financing	0	0	0	0	0	1,115	0	0	0	1,300	2,600	0	0
<b>Total Receipts</b>	<b>2,352</b>	<b>1,948</b>	<b>38,409</b>	<b>280</b>	<b>2,803</b>	<b>2,193</b>	<b>32,611</b>	<b>2,086</b>	<b>1,082</b>	<b>1,580</b>	<b>35,830</b>	<b>280</b>	<b>2,022</b>
<b>Payments</b>													
Pay	(265)	(260)	(11,543)	(14,769)	(321)	(241)	(10,430)	(14,430)	(230)	(230)	(230)	(10,430)	(14,430)
Non-Pay	(2,662)	(2,055)	(3,277)	(3,802)	(3,062)	(3,563)	(4,716)	(3,620)	(3,620)	(3,923)	(4,716)	(3,620)	(3,620)
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	(146)	(58)	(95)	(76)	(361)	(773)	0	0	0	0	0	0	0
<b>Total Payments</b>	<b>(3,073)</b>	<b>(2,373)</b>	<b>(14,915)</b>	<b>(18,646)</b>	<b>(3,745)</b>	<b>(4,577)</b>	<b>(15,146)</b>	<b>(18,050)</b>	<b>(3,850)</b>	<b>(4,153)</b>	<b>(4,946)</b>	<b>(14,050)</b>	<b>(18,050)</b>
<b>Net Cash Movement</b>	<b>(721)</b>	<b>(425)</b>	<b>23,494</b>	<b>(18,366)</b>	<b>(942)</b>	<b>(2,384)</b>	<b>17,465</b>	<b>(15,964)</b>	<b>(2,768)</b>	<b>(2,573)</b>	<b>30,884</b>	<b>(13,770)</b>	<b>(16,028)</b>
Balance Carried Forward	69,683	69,257	92,751	74,385	73,444	71,059	88,524	72,560	69,792	67,219	98,103	84,333	68,305

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

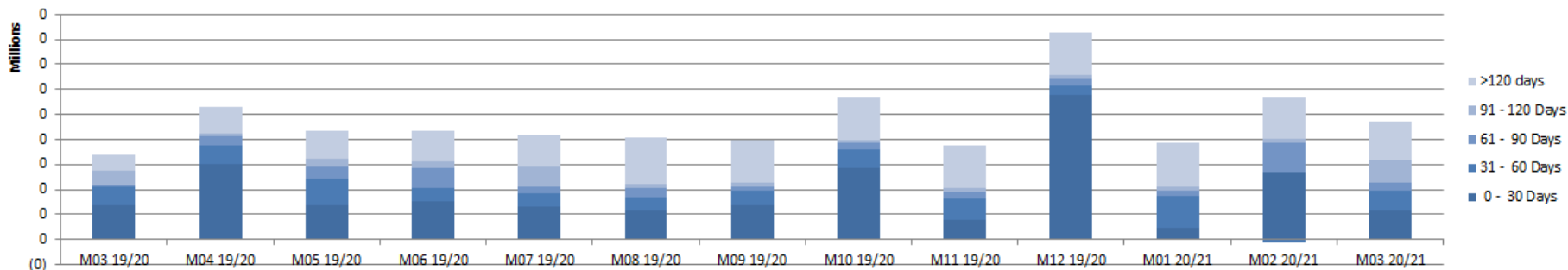
	Draw Value	Date Drawn	Term	Interest Rate	Principal outstanding at 31 March 2020	Annual Interest
	£k					£k
<b>Prior Years</b>						
Capital Loan 2 - Endoscopy Developme	2,000	Dec 09	20	4.00%	971	37
Capital Loan 3 - Endoscopy Developme	2,000	Jun 10	20	3.90%	1,000	38
Capital Loan 4 - Health Records	428	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
<b>Prior Year Total</b>	<b>204,480</b>				<b>1,971</b>	<b>75</b>
<b>Current Year</b>						
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
<b>Current Year Total</b>	<b>35,328</b>				<b>0</b>	<b>0</b>
<b>Total Loans</b>	<b>239,808</b>				<b>1,971</b>	<b>75</b>

## Summary & Next steps

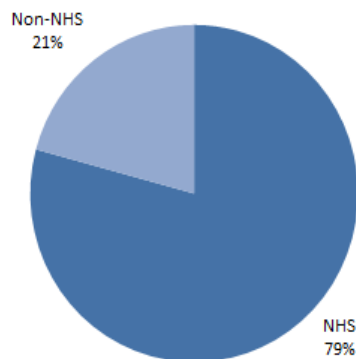
- On 2 April 2020, the Department of Health and Social Care (DHSC) announced reforms to the NHS cash regime for the 2020/21 financial year which included that all interim revenue and capital loans as at 31 March 2020 would be extinguished and replaced with the issue of Public Dividend Capital (PDC).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

## Receivables Summary - Month 3

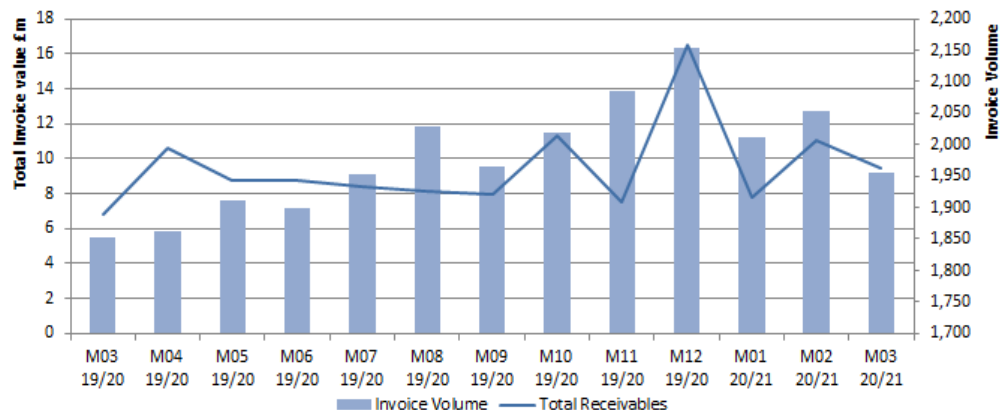
Receivables Aging Run rate (£k)													
Aging Profile	M03 19/20	M04 19/20	M05 19/20	M06 19/20	M07 19/20	M08 19/20	M09 19/20	M10 19/20	M11 19/20	M12 19/20	M01 20/21	M02 20/21	M03 20/21
0 - 30 Days	2,765	6,013	2,785	3,050	2,581	2,294	2,699	5,663	1,546	11,593	946	5,400	2,285
31 - 60 Days	1,418	1,501	2,027	1,097	1,129	1,131	1,243	1,522	1,687	703	2,526	(291)	1,615
61 - 90 Days	182	719	1,014	1,580	511	701	318	503	541	552	471	2,299	672
91 - 120 Days	1,118	211	637	537	1,578	339	283	232	363	315	318	317	1,796
>120 days	1,286	2,188	2,255	2,451	2,593	3,699	3,403	3,423	3,417	3,366	3,485	3,350	3,070
<b>Total Receivables</b>	<b>6,768</b>	<b>10,632</b>	<b>8,717</b>	<b>8,715</b>	<b>8,393</b>	<b>8,164</b>	<b>7,946</b>	<b>11,343</b>	<b>7,554</b>	<b>16,529</b>	<b>7,745</b>	<b>11,074</b>	<b>9,438</b>
<b>Invoice Volume</b>	<b>1,852</b>	<b>1,862</b>	<b>1,911</b>	<b>1,899</b>	<b>1,952</b>	<b>2,028</b>	<b>1,964</b>	<b>2,018</b>	<b>2,085</b>	<b>2,153</b>	<b>2,012</b>	<b>2,054</b>	<b>1,954</b>



### Current Month % NHS vs Non-NHS by Value



### Receivables Invoice Value vs Volume Run Rate



### Summary & Next Steps

1. The sales ledger balance in June is £9.4m which is a reduction of £1.6m in month.
2. An adverse movement in total aged debt (> 31 days) by £1.5m in month.
3. An adverse movement in over 90 day debt of £1.2m in month.
4. Reduction in debtor days to 22 days (improvement of 1 day).
5. A slight decrease in invoices in month of 100 taking the total invoices on sales ledger in the month to 1954.

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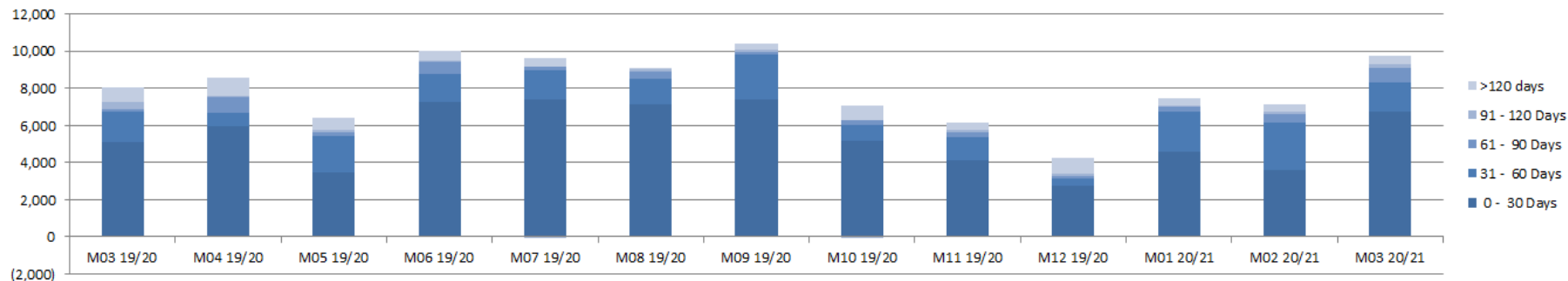
51



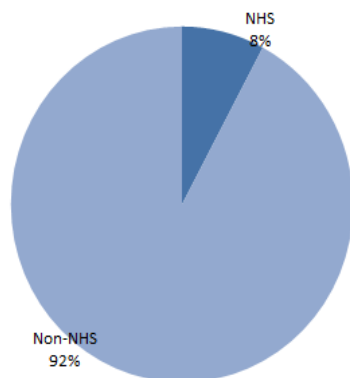
## Payables Summary - Month 3

Payables Aging Run rate (£k)

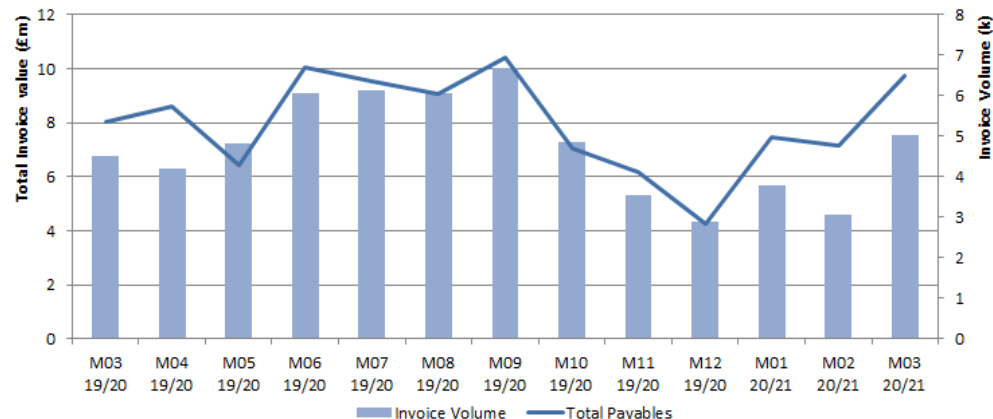
Aging Profile	M03 19/20	M04 19/20	M05 19/20	M06 19/20	M07 19/20	M08 19/20	M09 19/20	M10 19/20	M11 19/20	M12 19/20	M01 20/21	M02 20/21	M03 20/21
0 - 30 Days	5,133	5,927	3,476	7,249	7,370	7,112	7,423	5,179	4,155	2,761	4,596	3,629	6,719
31 - 60 Days	1,603	753	1,943	1,559	1,593	1,428	2,372	861	1,218	375	2,166	2,516	1,612
61 - 90 Days	133	842	241	595	213	375	154	223	285	163	219	446	750
91 - 120 Days	380	59	86	112	(87)	108	124	(55)	85	121	94	126	241
>120 days	788	1,020	681	510	427	33	312	831	432	850	370	451	430
<b>Total Payables</b>	<b>8,037</b>	<b>8,601</b>	<b>6,427</b>	<b>10,025</b>	<b>9,515</b>	<b>9,056</b>	<b>10,386</b>	<b>7,040</b>	<b>6,175</b>	<b>4,271</b>	<b>7,444</b>	<b>7,169</b>	<b>9,752</b>
<b>Invoice Volume</b>	<b>4,512</b>	<b>4,190</b>	<b>4,834</b>	<b>6,073</b>	<b>6,121</b>	<b>6,064</b>	<b>6,673</b>	<b>4,841</b>	<b>3,527</b>	<b>2,900</b>	<b>3,794</b>	<b>3,077</b>	<b>5,014</b>



Current Month % NHS vs Non-NHS by Value



Payables Invoice Value vs Volume Run Rate



### Summary & Next Steps

1. An increase in total creditors in month of £2.6m.
2. Creditor days have increased to 101 days in June, an increase of 13 days.
3. Balances that are aged and not ready for payment reflect invoices that are received without a valid purchase order number or invoices that are awaiting authorisation or the receipting of goods/services.
4. 5,014 outstanding invoices on the purchase ledger system at the close of the month (1,937 more than the previous month).

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## Capital Programme Summary - Month 3

YTD Capital Programme Performance	Original Plan £000	Revised Plan £000	CRG Plan £000	YTD Plan £000	Actual Expenditure £000	Variance to YTD Plan £000
Brought Forward	-	-	250	-	319	319
Estates	3,559	3,559	7,574	75	504	429
Backlog Maintenance	2,783	2,783	1,896	200	258	58
Digital	1,975	1,975	1,969	250	366	116
Medical Equipment	3,667	3,667	3,703	616	78	(538)
Finance	1,500	1,500	1,500	375	375	-
Unplanned urgents	545	545	563	-	-	-
Fire compartmentalisation	6,020	6,020	4,000	300	-	(300)
Medical Equipment	4,000	4,000	4,000	-	-	-
Building For Our Future (HIP2)	4,230	4,375	4,375	940	51	(889)
Integrated Theatres	250	250	250	-	-	-
Track4Safety barcode implementatio	1,500	1,500	1,500	-	-	-
General Provision	301	-	-	55	-	(55)
Cardiology Cath Labs	3,250	3,250	2,000	-	2	2
COVID-19	-	-	-	-	1,048	1,048
<b>Total Owned</b>	<b>33,580</b>	<b>33,424</b>	<b>33,580</b>	<b>2,811</b>	<b>3,001</b>	<b>190</b>
Donated	1,000	1,000	1,000	100	-	(100)
Less donated Income	(1,000)	(1,000)	(1,000)	(100)	-	100
<b>Total</b>	<b>33,580</b>	<b>33,424</b>	<b>33,580</b>	<b>2,811</b>	<b>3,001</b>	<b>190</b>

Capital Resource Limit (CRL)	£k
<b>Planning CRL</b>	<b>33,580</b>
<b>2020/21 Opening CRL</b>	<b>14,029</b>
Fire Compartmentalisation	6,020
Building For Our Future (HIP2)	4,375
<b>Closing CRL (internally generated)</b>	<b>24,424</b>
<b>Business cases (yet to be approved)</b>	<b>9,000</b>
<b>Forecast CRL</b>	<b>33,424</b>
<b>Overplanning margin</b>	<b>156</b>

### 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 Our 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 3, 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.

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## Restoration & Recovery (R&R) monthly update

Meeting information:		
Date of Meeting:	4 <sup>th</sup> August 2020	Agenda Item: 6
Meeting:	Private Trust Board	Reporting Officer: Director of Strategy, Improvement & Innovation

Purpose of paper: (Please tick)		
Assurance	<input checked="" type="checkbox"/>	Decision <input type="checkbox"/>

Has this paper considered: (Please tick)			
<b>Key stakeholders:</b>		<b>Compliance with:</b>	
Patients	<input type="checkbox"/>	Equality, diversity and human rights	<input type="checkbox"/>
Staff	<input checked="" type="checkbox"/>	Regulation (CQC, NHSi/CCG)	<input type="checkbox"/>
		Legal frameworks (NHS Constitution/HSE)	<input type="checkbox"/>
<b>Other stakeholders</b> please state: .....			
Have any risks been identified <input checked="" type="checkbox"/> (Please highlight these in the narrative below)		On the risk register?	Y

### Summary:

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

The supporting slides show the progress of the Trust as regards restoring services post-COVID.

- There are now only a handful of lower volume services not fully restored and these have plans to do so
- The forward view of available capacity by Division is now available to year end and reflects operational resource availability and risk
- The forward views are based on current availability and suggest that constitutional standards (e.g. RTT) will not be delivered this financial year and not without further intervention. This is a common challenge across the NHS
- Work is on-going to mitigate this position with the Divisions and services
- The immediate focus over the coming 4-8 weeks is to ensure that, as we move from “restoration” phase into “recovery” we have the right governance, focus and attendance at the relevant forum for reviewing this work on an ongoing basis
- What was initially a COVID-related response and restoration is now transitioning toward a more sustainable and operationally-led movement. While this work is definitively not “business as usual” (especially given the potential for a second surge over winter) it is nevertheless increasingly returning to the purview of operational business

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

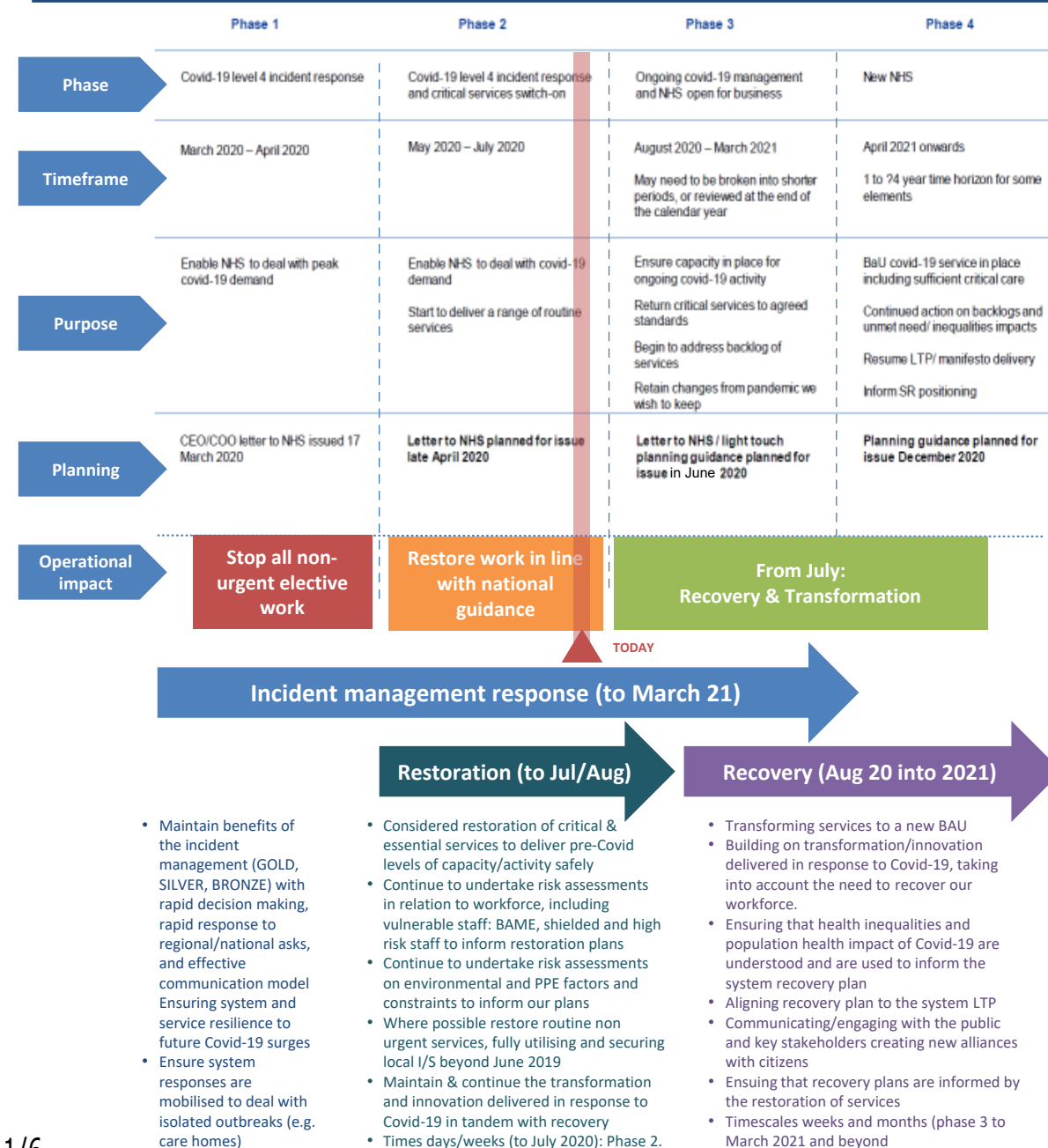
The Executive Team reviews Restoration and Recovery updates weekly and the Recovery Board meets to discuss these issues on a weekly basis. Some of the data that informs this report has been presented at Quality & Safety Committee as regards the elective care

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

The Board is asked to note the progress to date and forthcoming actions



# System progress to date: We are moving from restoration into recovery



- The expectation is that incident response and R&R will be managed in parallel for the remainder of FY 2021
- Recovery is seen as enduring into 21/22. Other regions are talking of some routine surgery recovery timelines being 18 – 24 months
- Current challenges are focusing on:
  - Restarting all services
  - Maintaining red/green COVID pathways while planning for winter
  - Understanding where the Trust will be service by service vs. normal activity levels
  - Evaluating where the pinchpoints could be and how we can work with teams to mitigate these

# ESHT progress: key points

## 1. Current position & progress made:

- Significant progress made on activity/capacity forward plans by specialty - ongoing work to review RTT/waiting times impact and potential mitigation
- Only a small number of specialties had yet to restart (audiology f-t-f, varicose veins, were noted) and that these all had plans
- This work is supported through the Divisional forecasting meetings, led by DoF which seeks to review activity assumptions with divisional top teams through to YE with the aim of producing a coherent financial/cost plan by the autumn
- Improved position on redeployment of staff – 48 in total being managed through Divisions. All others either returned or with a planned return date.
- Ongoing risks/issues related to estates and space planning: main outstanding area remains WCSH (acute and community paed) these are being progressed directly between estates and clinical teams (co-ordinated by Divisions)

## 2. Key actions going forward:

- Review delivery of workstream objectives that were established at the inception of R&R; are these still the right areas of focus?
- Consider re-scoping of workstreams to fit with system approach as R&R requirements evolve (e.g. community workstream needs separation)
- Incorporate into workstream planning the recent second wave guidance – mitigations/escalation and potential service impact (fit with Winter plan)
- Wider review of governance model to ensure visibility and awareness of R&R impact through to YE in the first instance

## 3. Ongoing Risks

RISK 1	Workforce still supporting C-19 areas
RISK 2	Reduced capacity due to social distancing
RISK 3	Supply of medicines to support activity
RISK 4	Potential second surge of COVID-19 coinciding with flu season
RISK 5	Insufficient beds due to delays
RISK 6	Increased usage of PPE outstrips supplies

## ESHT forward plan priorities over August/September

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- **Review and refresh ESHT restoration & recovery (R&R) workstreams**
  - Provide requisite structure/focus in line with evolving priorities
  - Ensure consistency with system R&R priorities
  - Check delivery of existing objectives and any need for revision
- **Maintain oversight of capacity forward view by Divisions**
  - Track and monitor planned versus actual activity
  - Understand operational support needs (e.g. capacity/resource)
  - Validate the support provided and the impact made
- **Revisit governance model**
  - Move R&R to a more assurance approach now services are broadly restored
  - Support an effective approach to ensuring Exec Team escalation internally
  - Ensure link with wider Sussex acute programmes and common approaches (“different by design”)

## Appendix 1-3

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1	<b>SRO weekly workstream updates</b>	<ul style="list-style-type: none"><li>• Latest summary report (for operational &amp; corporate workstreams)</li><li>• These are provided to ET as weekly progress reports</li><li>• Matters requiring ET decision are escalated to a separate meeting</li></ul>
2	<b>Initial activity assumptions to YE</b>	<ul style="list-style-type: none"><li>• Summary by POD (point of delivery) of activity vs. pre-COVID plans</li><li>• Based on Divisional capacity/availability estimates</li></ul>
3	<b>Divisional Capacity Forward Views</b>	<ul style="list-style-type: none"><li>• These underpin summary data shown in appendix 2</li><li>• Split by Division and POD</li><li>• These are reviewed weekly as part of check/challenge to support Divisions to make progress</li></ul>

# 1. Summary SRO updates from Operational workstreams

Workstream	Executive Sponsor & SRO	Updates & exceptions	Upcoming milestones or key actions	RAG
<b>Non Elective Care</b>	<a href="#">Exec sponsor</a> COO  <a href="#">SRO</a> Deputy COO emergency	<ul style="list-style-type: none"> <li>Focus on improving earlier dx</li> <li>MRDs rising – challenge remains reticence from community partners to take</li> <li>Dx reporting – BI bridging the gap but NHSE/I daily reporting is struggling</li> <li>Testing – in-house capacity remains limited, need to ensure rapid turnaround for send-outs to S'thampton</li> </ul>	<ul style="list-style-type: none"> <li>Identification of additional trackers will be needed to support the additional workload</li> <li>Development of revised emergency care plan (from attendance to dx) aims to strengthen flow (ahead of winter)</li> </ul>	
<b>Planned Elective Care</b>  (includes Cancer, Crit Care, OPD & I/S)	<a href="#">Exec sponsor</a> COO  <a href="#">SRO</a> Deputy COO planned	<ul style="list-style-type: none"> <li>Detailed report prepared for COO and Deputy CEO re: forward plans</li> <li>All services have plans to YE and full impact on RTT/ waits under review</li> <li>Crit Care bid awaiting review as part of capital submission</li> <li>Diagnostic activity shows significant uptick – exploring Benenden as additional capacity (patients reluctant)</li> </ul>	<ul style="list-style-type: none"> <li>Challenge remains 18 weeks patients waiting over 52 weeks</li> <li>Work to understand how the capacity forward view to YE impacts on RTT/18 weeks for each specialty</li> <li>Aim is to understand the timescale of the recovery (on a sustainable basis) and the potential mechanisms (by specialty) to achieve this</li> </ul>	
<b>W&amp;C/Maternity</b>	<a href="#">Exec sponsor</a> COO  <a href="#">SRO</a> ADO WCSH	<ul style="list-style-type: none"> <li>Further restart dependent upon space allocation for both acute and community paed</li> <li>Urgent action required on community paed – BL noted she had recently discovered all space now lost (accepting that mat day unit now returned)</li> </ul>	<ul style="list-style-type: none"> <li>No space for BAU – LAC have been prioritised, but CAMHS assessments and routine neurodev are impacted</li> <li>Acute paed – pressure to start routine work, but currently gynae has no space to create “super green” areas so need to understand how this can be done sustainably</li> </ul>	
<b>Community</b>	<a href="#">Exec sponsor</a> COO  <a href="#">SRO</a> ADO OOH	<ul style="list-style-type: none"> <li>Key issue is dx hub and support for flow</li> <li>Community teams are dealing with more complex patients (early dx has meant they have arrived in OOH earlier) and primary care retrenchment has meant patients' first appointment has been in a community setting</li> </ul>	<ul style="list-style-type: none"> <li>Recommendation as part of wider review of workstreams to spit community work</li> <li>FCPs – being taken forward as part of primary care recovery and need to ensure we remain engaged</li> <li>Community beds (Seacole) ahead of winter and staffing arrangements</li> </ul>	

# 1. Summary SRO updates from Corporate enabling workstreams

Workstream	Executive Sponsor & SRO	Updates & exceptions	Upcoming milestones or key actions	RAG
People	<p>Exec sponsor HRD</p> <p>SRO PW/LM</p>	<ul style="list-style-type: none"> <li>Redeployment issues are resolved, only 48 staff without a plan - the structure to support the Divisions is in place to resolve this</li> <li>Third party support for MH and psychological support is reporting over 70 staff have accessed the additional support, of which 80% were from our BAME communities</li> </ul>	<ul style="list-style-type: none"> <li>Review of surge plans – process for rapid escalation into confidence for staff anxious about a return to the workplace</li> </ul>	
Space/Estates	<p>Exec sponsor DoEF</p> <p>SRO DoEF</p>	<ul style="list-style-type: none"> <li>Urgent space planning continues with ADOs. General challenge for the team is covering the scale of demand within the existing team resource – currently seeking additional support</li> <li>Chemo moving from Kings, W&amp;C paed services</li> <li>Paper from ADO Medicine has been prepared to consider loss of 8 infusion chairs displaced at CQ</li> </ul>	<ul style="list-style-type: none"> <li>Additional space concerns raised in meeting by WCSH team that now require urgent resolution</li> <li>DAS issues also raised regarding ENT and Ophthalmology – estates support requested to facilitate these</li> <li>Team continue to work through increasing requests (and also preparing for winter planning as per annual plan</li> </ul>	
Digital	<p>Exec sponsor FD</p> <p>SRO ADIMT</p>	<ul style="list-style-type: none"> <li>Main issue re: windows teams to support recovery more widely</li> </ul>	<ul style="list-style-type: none"> <li>Business Case now complete. Recommendation is to stand down this workstream (key IT/digital issues are picked up in individual workstreams)</li> </ul>	
Patient	<p>Exec sponsor DN</p> <p>SRO ADN</p>	<ul style="list-style-type: none"> <li>Workstream underway – priority task is the review of QIA documentation where changes have taken place across Divisions</li> </ul>	<ul style="list-style-type: none"> <li>Follow up re: QIAs as response rate is extremely low. DoS to support, alongside COO</li> </ul>	

**EAST SUSSEX HEALTHCARE NHS TRUST**

**AUDIT COMMITTEE**

**Minutes of the Audit Committee meeting held on  
Thursday 30<sup>th</sup> January 2020 at 1300  
in the Committee Room, Conquest**

**Present:** Mrs Nicola Webber, Non-Executive Director (Chair)  
Mr Barry Nealon, Non-Executive Director  
Ms Carys Williams, Associate Non-Executive Director

**In attendance:** Dr Adrian Bull, Chief Executive  
Mrs Vikki Carruth, Director of Nursing  
Mr Jonathan Reid, Director of Finance  
Mrs Lynette Wells, Director of Corporate Affairs  
Mrs Lisa Forward, Head of Governance  
Mrs Rae Joel, Risk and Health and Safety Lead  
Mr Chris Lovegrove, Counterfraud Manager, TiAA  
Mr Adrian Mills, Audit Manager, TiAA  
Mr Giles Parratt, Audit Manager, TiAA  
Mrs Hazel Tonge, Deputy Director of Nursing  
Mr Mike Townsend, Regional Managing Director, TiAA  
Mr Darren Wells, Engagement Lead, Grant Thornton  
Mr Pete Palmer, Assistant Company Secretary (minutes)

**Action**

**001/20 Welcome and Apologies for Absence**

Mrs Webber opened the meeting. Apologies for absence had been received from:

Dr David Walker, Medical Director  
Dr James Wilkinson, Deputy Medical Director  
Emma Moore  
Ms Saba Sadiq, Deputy Director of Finance

**002/20 Minutes of the meeting held on 28<sup>th</sup> November 2019**

The minutes of the meeting held on 28<sup>th</sup> November 2019 were reviewed.

Mrs Webber asked whether a statement on the Trust's risk appetite should be included on the Board Assurance Framework (BAF). Mr Wells agreed to send an example of a statement from another organisation to Mrs Wells for consideration. Mrs Wells noted that an audit of the BAF was being undertaken by the internal audit team.

**DW**

Mrs Webber asked for additional information on how cybersecurity risks were assessed by the organisation. Mr Reid explained that the digital team reviewed risks within their division, before they were assessed by the Trust's risk team to ensure that they had been appropriately rated. The finance leadership team also undertook a regular review of all of the risks within their division. Dr Bull noted that in clinical areas a similar process was in place, with senior divisional managers reviewing any risks within their division.

Mrs Webber requested a number of minor alterations to the previous minutes.

## 003/20 Matters Arising

### 012/19 – Tenders and Waivers

Mr Reid explained that work was ongoing with the procurement team to develop a revised trajectory for tenders and waivers. A trajectory would be presented at March's meeting.

### 024/19 - LCFS

An update on the Trust's response to Local Counterfraud Service (LCFS) recommendations had been included in the papers for the meeting. Mr Reid reported that a review of fraud risk assessment processes had taken place the previous day. It had been agreed that further reviews should be undertaken on a six monthly basis, including reviews of fraud notices sent to the organisation. Urgent recommendations would continue to be managed immediately.

### 049/19 – External Audit – Quality Account External Audit Report

A presentation on data quality was scheduled to be presented to the Committee in March 2020. Mr Reid advised that additional investment was planned to further strengthen support for data quality in the organisation.

### 054/19 – Audit Committee Work Programme

Mrs Webber updated that she was reviewing what best practice for an audit committee looked like and this would be shared with the Committee when finalised. Mr Reid noted that the Committee was meeting its terms of reference although there were always further areas for improvement. Mrs Webber agreed and asked that the matter arising be reworded to reflect that the discussions were around improving the Committee rather than addressing a specific gap in compliance.

### 061/19 – Trust Responses to Internal Audit Recommendations

Trust responses to Internal Audit recommendations were included in the papers.

### 072/19 – Minutes of the meeting held on 26th September 2019

Mr Palmer confirmed that Mrs Moore had sent revised wording which had been incorporated into the previous minutes.

### 075/19 - Review of Corporate Governance Documents

Mr Townsend confirmed that he had sent Ms Sadiq an example of a single page summary of corporate documents.

### 077/19 - EPRR Update

Progress on completing local continuity plans would be included in the next Emergency Preparedness, Resilience and Response (EPRR) report, due in July 2020. **Action to remain open until July.**

### 079/19 - Internal Audit Update

Ms Sadiq confirmed that Trust's responses to internal audit recommendations had been submitted to internal auditors.



079/19 - Internal Audit Update

Mr Mills confirmed that he had met with the Head of the Trust's Project Support Office in December to review actions and observe new processes. The recommendations associated with this CIP processes had been recommended for closure on the audit tracker.

**004/20 Declarations of Interest**

Mrs Wells explained declarations of interest processes had been strengthened in 2017, at which point the Trust had adopted an electronic system to manage the process. At that time, there was only one provider of an appropriate system and a number of issues had been experienced with the system. The Trust had worked closely with the provider to address the issues and while it had greatly improved, the process was still not as good as it could be. Mrs Wells was confident that key people in the organisation were making declarations. However, she noted that all consultants were required to declare any private practice that they undertook, which wasn't happening universally.

Mrs Webber asked for confirmation that 50% of staff who were asked to make a declaration hadn't done so and Mrs Wells confirmed that this was correct. She explained that the Trust's threshold for declarations was quite wide and the Trust's level of compliance was in line with other Trusts.

Nationally, discussions had recently taken place about whether Trusts would be required to publish the names of members of staff who failed to complete a declaration during 2020/21. Ms Williams noted that failing to complete a declaration was a disciplinary issue in private organisations. Mrs Webber noted that the Trust's ambition should be for all members of staff to make a declaration, with consideration given to the implications for not doing so. Mrs Wells agreed, explaining that further communications would be made to staff ahead of the next financial year to ensure that the process and reasons for asking for declarations were fully understood. Once these were fully embedded within the organisation then consequences would be agreed.

Mr Nealon asked whether a member of Trust staff could receive income from another employer without declaring it. Mrs Wells explained that the requirement to declare outside employment was included within all staff contracts. Mr Lovegrove noted that a proactive review of declarations within the Trust was being undertaken by LCFS. Processes would be updated if any issues were identified.

Mr Reid noted that consultants' private practice was included within job planning processes so was already recognised by the Trust even when not formally declared by consultants. Mrs Wells explained that communications to all staff would help to improve compliance and proposed providing an updated report to the Committee in six months' time. Mrs Webber asked that a plan including a baseline for improvement from this year to next year also be presented so that progress and improvements could be tracked. She suggested that if improvement were not seen during the following six months then conversations about the consequences of non-compliance should be discussed with the HR team. Mr Wells asked if the level of non-compliance with declarations should be included within the Annual Governance Statement. Mrs Wells replied that this was not a significant control issue and key individuals had made declarations however, she

agreed to review this.

#### 005/20 **Board Assurance Framework and High Level Risk Register**

Ms Williams explained that she was comfortable with the structure of the Board Assurance Framework (BAF) but had considered the content, controls, actions and timescales included on the document could be improved. She noted the importance of ensuring that the controls that were in place for risks were clearly articulated, along with how the Trust's strategic risks were being monitored. She explained that she hoped that the wording of the document could be updated to provide increased assurance.

Mrs Webber asked whether the BAF had been updated by the owners of the different areas, and Mrs Wells confirmed that this had been done.

Dr Bull noted that it wasn't possible to anticipate all the risks to the organisation. Issues that were identified were discussed by Committees and by the Board

Mrs Webber explained that she and Ms Williams were viewing the BAF without the organisational knowledge that Executives had. Dr Bull noted that differing perspectives were very valuable, and the challenge that came from Non-Executive Directors (NEDs) helped the organisation to ensure that it was well governed. He noted the difficulty in balancing the requirement for a succinct summary of issues and the level of detail being requested and suggested that the Committee should go through an item on the BAF in detail to fully understand the concerns of the NEDs.

The Committee discussed the first item on the BAF, concerning patient safety and quality of care. Mrs Webber noted that the controls described on the BAF concerned the monitoring of a framework within the organisation, rather than the control of the risk as described. Without detailed knowledge of the framework, it was difficult to understand the control being described.

Mr Nealon noted that the BAF was reviewed on a regular basis by the Quality and Safety (Q&S) Committee, by the Board and by Trust Executives. This ensured that issues were reviewed from a number of different perspectives.

Mr Mills noted that internal audit undertook a yearly audit of the BAF and had compared BAFs from a number of different Trusts during this process. The audit would suggest some changes that could be made to improve the descriptions of controls, sources of assurance and the outcomes of assurance which ensured that controls were effective. Mrs Williams noted that it would be helpful to include some detail about where assurance about controls had been received from.

Dr Bull explained that he did not think that the BAF should undergo revision without discussion with the Trust Board, as other members of the Board might have different concerns. He noted the importance of ensuring that the BAF provided appropriate assurance without requiring additional explanation from Executives.

Mrs Webber noted that she was happy for changes to the BAF to be made

in a collaborative manner to ensure that the Board was collectively happy with the assurance provided by the document. Mrs Wells noted that the BAF was reviewed on an annual basis during a Board seminar. She felt that there may be differing views on what should be included on the BAF from the Q&S and Audit Committees and from the Board.

It was agreed that a meeting should be organised to go through two initial risks on the BAF in detail. The BAF would be updated accordingly and the Board would be asked if they approved the revised approach.

PP

## 006/20 Clinical Audit Update

Mrs Forward presented the clinical audit update, noting that there were concerns about the completion of emergency medicine audits in the Trust as the team were finding it difficult to find patients who met the criteria for the audit. The number of participants had increased since the previous year. Mrs Forward noted that in Mrs Moore's absence she was unsure if the issue raised was of particular concern and would clarify this; if it was of concern then she would ensure that the issue was escalated to the Medical Director.

Mrs Webber asked for an update on the adult asthma audit. Dr Bull reported that the audit had been discussed at a recent IPR, with good progress being made. Mrs Forward noted that the recent involvement of respiratory nurses had provided an increase in the number of submissions made, and she anticipated further improvements over the coming months.

## 007/20 Internal Audit Update

### i. Progress Report

Mr Parratt reported that four final reports had been issued since the previous meeting of the Audit Committee:

- Data Quality Framework – an advisory audit only, with no opinion assigned
- Business Cases – Limited Assurance given
- Data Security and Protection Toolkit Part 1 – an advisory audit only, with no opinion assigned
- Risk Management – Reasonable Assurance given

He advised that there had been a delay in finalising the report on business cases due to agreeing recommendations and actions with the Trust. Mr Reid noted that the audit had been undertaken voluntarily by the Trust, and had been a helpful and productive exercise which had raised some issues around compliance with guidelines rather than the business case planning process.

Mrs Webber asked whether the Trust's Standing Financial Instructions (SFIs) had been breached when business cases of worth more than £100k had been approved by F&I but not by the Board. Mr Reid explained that there had been issues where it had not been clear whether expenditure had been improvements or business cases. The process was now more clearly defined for divisions and would ensure that the financial value of a transaction alone would determine where it needed to be approved.

Mrs Webber queried whether the threshold of £100k remained correct, and Mr Reid agreed to review this, noting that this might prove to be low for an organisation with a £430m turnover. Dr Bull noted that Business Development Group played a crucial role in providing oversight of business cases within the organisation. He agreed that agreement should be reached by Executives about the threshold for approvals for business cases, and then submitted to the Finance and Investment (F&I) Committee for approval. He agreed that an update on business case processes should be presented at a future Audit Committee.

DR

Mr Nealon asked whether the Trust was now able to give contractors increased assurance about when they would be paid, following previous difficulties when the Trust's cash position had been less stable. Mr Reid confirmed that the Trust's improving financial position had helped to restore its reputation and improve payment terms to suppliers.

Mr Parrett explained that the Data Security and Protection Toolkit Part 1 audit was a mandatory audit, undertaken in two parts with the second part due in March 2020. Mr Mills noted that the Trust had received substantial assurance from this audit the previous year and anticipated that this would be the case when the current audit was completed. Ms Williams asked to be sent a copy of the full recent Risk Management audit, and Mr Parrett agreed to send this.

GP

Mr Parrett reported that a draft report of the Cybersecurity Governance had been issued, with limited assurance given. Three high priority recommendations were included which would be presented at the next meeting of the Committee. He reported that progress against the 2019/20 internal audit plan was set out within the report. The start of the plan had been delayed and therefore a lot of work continued to be undertaken.

Mrs Williams asked why auditors had struggled to get responses from the Trust about recommendations for RTT pathways. Mr Mills explained that a meeting had not been able to be arranged due to the recent CQC inspection; this had now been organised.

Mr Parrett noted that Trust responses to recommendations had been included within the internal audit report for the first time. Mrs Webber thanked auditors for doing this.

## ii. Status of Internal Audit Recommendations

Mrs Williams asked about the first recommendation on the report concerning business cases, which had been recommended for closure. She asked whether business cases should be tested by auditors after closure in order to receive assurance the recommendation was being followed. Mr Mills explained that the recommendation concerned communications around the business case process. He noted that auditors did not have a budget for retesting within the 2019/20 plan and that it was important to allow time for new processes to embed. A follow up audit could be added to the plan for 2020/21 and Mrs Webber asked that this was done before the end of 2020.

Mrs Webber noted that there remained a number of outstanding recommendations, a large number of which were related to either financial

policies and the disposal of goods policy. Dr Bull explained that Executives had reviewed all the recommendations and would continue to do so on a quarterly basis. He noted that recommendations concerning policies were only removed once the policy had been ratified and published; this wasn't an indication that policies were not being updated. Mr Reid noted that a new head of financial services was joining the Trust and anticipated that a number of recommendations would be updated and closed before the end of the financial year as a result.

### iii Internal Audit Plan 2020/21

Mr Parrett presented the first draft of the internal audit plan for 2020/21, explaining that this had been shared with Mr Reid but not yet discussed in detail. He advised that the plan was based on knowledge of the Trust and emerging issues in the health sector. It set out a risk analysis, looking at both internal and external factors.

Mrs Williams asked whether the plan reconciled with the BAF and Risk Register. Mr Parrett explained that the current version did not, but the next version would provide clear cross references to the documents. Mrs Webber noted that it would be helpful if the next version also referenced previous audits.

Mr Mills noted that the BAF had been directly referenced within the proposed audits, explaining that auditors did not have the capacity to look at everything on the BAF alongside other fundamental audits. He explained that the plan was reviewed throughout the year, changing as required.

Mr Reid reported that the plan had been discussed by Executives and provided a useful starting point for internal audit planning for the following year. The list of optional recommendations would be reviewed and a decision taken about which were priorities. The final plan would be presented to the Audit Committee for approval.

Mrs Williams asked whether there were sufficient budgeted days included in the plan to allow for follow-up of audits. Mr Mills explained that high level follow-up work was undertaken by necessity. Further time was included within the plan to allow for additional follow-up work and re-audits where required. Mr Reid explained that as part of the planning process, the balance of core and voluntary audits would be reviewed to ensure value for the organisation by using auditor's time in the best way possible. Mrs Webber noted that the Trust's willingness to send auditors into challenging areas was to be commended and was reassuring.

### 008/20 **Local Counter Fraud Service Progress Report**

Mr Lovegrove reported that no new referrals had been received, although there had been a recent contact from the Trust's HR department. Further information was being awaited following this.

A review of declarations of interest in the Trust had been started and findings would be reported to Executives and then to the Audit Committee.

He asked whether a Trust Fraud Champion had been agreed, and Mr Reid confirmed that he had offered to undertake this role. A fraud survey was



due to take place in January, which would enable benchmarking and identification of areas of focus.

#### 009/20 External Audit Progress Report

Mr Wells presented two papers to the Committee. He noted that the King's Fund report around the deteriorating state of the NHS was of particular interest. The Committee noted the progress report.

Mrs Webber asked how confident Mr Wells was about the end of year review of the organisation in light of staff changes with the finance team. Mr Wells confirmed that the auditors' key organisational contact was Ms Sadiq and therefore he was confident that this was not a risk.

Mr Wells explained that the audit plan highlighted risks that would be a focus, the materiality that would shape the audit and two risks of concern for the value for money conclusion for the Trust. Ms Williams asked if there was a significant risk concerning management override of control within the Trust and Mr Wells explained that auditors were required to be professionally sceptical about this risk, and that it was not of particular concern within the Trust.

Mr Wells reported that the exercise for disclosure in the 2019/20 accounts was about reviewing the impact that would hit the following year's account. He explained that NHSI might commission a piece of additional audit work from auditors around IFRS16 implementation for following year.

#### 010/20 Information Governance Update

Mrs Wells presented the report. She reported that the scope of an internal audit on unauthorised access to medical records by staff had been agreed in order to identify if there was an issue within the Trust.

Mrs Williams noted that some teams were reported as having more than 100% compliance with information governance training. Mrs Wells agreed to check the accuracy of the data being recorded but it was likely that they were exposed to training by more than one method for example digitally and face to face.

LW

Mrs Webber asked that future reports included only a short summary of incidents reported to the Information Commissioner's Office (ICO), rather than a whole page table.

#### 011/20 Tenders and Waivers

Mrs Webber noted her continued concern with tenders and waivers, commenting that it appeared waivers continued to be issued retrospectively with poor narrative about why they had been issued. Mr Reid agreed to speak to the procurement team about the importance of including appropriate narrative in the report. Mrs Webber asked for additional assurance from the report presented to the next meeting of the Committee.

#### 012/20 Audit Fees 2020/21

*Redacted from Board Meeting in public minutes due to commercial confidentiality.*

**013/20 Date of Next Meeting**

The next meeting of the Audit Committee would be held on:  
Thursday 26th March 2020, 1300 - 1500, St Mary's Boardroom, EDGH

Signed: .....

Date: .....

**EAST SUSSEX HEALTHCARE NHS TRUST**

**AUDIT COMMITTEE**

**Minutes of the Audit Committee meeting held on  
Friday 3<sup>rd</sup> April 2020 at 1400  
via Microsoft Teams**

**Present:** Mrs Nicola Webber, Non-Executive Director (Chair)  
Mr Barry Nealon, Non-Executive Director  
Ms Carys Williams, Associate Non-Executive Director

**In attendance:** Mrs Lynette Wells, Director of Corporate Affairs  
Ms Saba Sadiq, Deputy Director of Finance  
Mr Andy Conlan, Engagement Manager, Grant Thornton  
Mr Pete Palmer, Assistant Company Secretary (minutes)

**Action**

**014/20 Welcome and Apologies for Absence**

Mrs Webber opened the meeting. No apologies for absence had been received.

**015/20 Minutes of the meeting held on 30<sup>th</sup> January 2020**

The minutes of the meeting held on 30<sup>th</sup> January 2020 were approved.

**016/20 Matters Arising**

Mrs Webber noted that the following matters arising from previous meetings would be addressed when organisational pressures had eased:

- the trajectory for reducing the number of tenders and waivers being issued
- data quality within the Trust
- EPRR Update

**017/20 Update on Year End and External Audit**

Ms Sadiq explained that work to finalise the Trust's year end position was at an early stage. She anticipated that the Trust would meet its control total and work continued to finalise the Trust's capital position for year end.

Concern about Grant Thornton's ability to carry out an end of year stock take, due to not being on site as a result of the pandemic, were discussed. Although this was not a material concern, a limitation of scope in the audit opinion would have to be included, unless the Trust was able to provide sufficient evidence of materiality. This was an issue that was likely to affect a number of Trusts nationally, and an explanation would be given that the limitation was technical in scope if it had to be included.

Ms Sadiq explained that the Trust was aiming to submit its annual accounts to auditors on 27<sup>th</sup> April. Mr Conlan noted that the impact of auditors working from home was being reviewed, and plans were being made for how audit evidence could be viewed remotely. He hoped that this would not impact on the timeline of the audit.



Mrs Wells noted that the Annual Governance statement had already been written, and would be updated to include covid-19 information. Annual self-certification had also been completed and would be presented to the Board the following week. Further guidance on the form and content required for the annual report was awaited, and it was anticipated that there would be reduced reporting requirements. Committee chairs would be asked to submit annual reports for their Committees to the Board, and Mrs Wells explained that she would contact them to request this.

LW

Mrs Webber asked whether there might be value in writing a full annual report for the year, particularly given the Trust's anticipated success in meeting financial targets and the positive CQC inspection. Mrs Wells explained that we would aim to do this however, the capacity of staff to write the annual report in full, and to gain the information needed throughout the Trust, was limited due to the covid-19 response. She explained that guidance about the form that the AGM should take was also awaited; this was scheduled for July, and was unlikely to be in the same format as in previous years.

Mrs Wells noted that Internal Auditors had been furloughed, with the internal audit programme on hold. Local Counterfraud remained available if required. Mrs Webber asked that consideration be given about the areas internal audit could look at once the covid-19 response had ended.

Mr Nealon noted that the Finance and Investment Committee had been cancelled at the end of March and asked about financial controls during the pandemic. Mrs Wells noted that this would be covered in the next agenda item. A central covid-19 fund existed and all covid related spending was set against this fund and claimed back by the Trust. The process was being overseen by Ms Sadiq and controls were in place.

Mr Conlan asked about how internal audit would provide their head of internal audit opinion when they had been furloughed and Ms Sadiq agreed to follow up this issue.

SS

## 018/20 Revised Governance Arrangements

### i. Financial Governance Arrangements

Ms Sadiq presented a paper setting out revised financial governance arrangements within the organisation due to the covid-19 pandemic, noting that these had been based on an NHSI/E template and tailored to the Trust. Changes had been made to normal financial governance arrangements concerned the procurement of items, with the suspension of the requirement to get three quotes during the pandemic. Ms Sadiq noted that changes had been made in a number of other areas, which were being closely monitored to ensure that financial governance arrangements remained effective.

All expenditure relating to covid-19 was being closely monitored and Ms Sadiq was confident that a robust financial framework was in place. Mrs Wells explained that the Board would be asked to formally adopt the proposed changes to financial governance the following week.

Mrs Williams asked whether there was a mechanism in place for documenting decisions that were being made in response to the pandemic,

to ensure that an auditable trail existed that could be referred to in the future. Ms Sadiq explained that there was a full audit trail of decisions, with emails providing evidence relating to financial decisions being stored in one place, and other incident related decisions being centrally logged. Mrs Williams asked whether internal audit could look at these processes in the future to ensure that they had worked as planned.

Mrs Webber asked about approval processes for contracts during the pandemic, noting that Associate Directors of Operations could sign off any contracts of over £100,000 and that the Chief Executive and Director of Finance could approve expenditure up to £1,000,000. Spending above £1,000,000 required the approval of the Board. She asked what controls were in place to prevent senior staff from abusing these mechanisms. Ms Sadiq explained that the risk of the Chief Executive and Director of Finance colluding to authorise payment would always exist, but that any large contract would be managed by the procurement team who would flag up unusual activity. She provided assurance that the Trust had done as much as possible to mitigate against any risk of abuse of the system.

Mr Nealon asked if there had been a change to the dynamic between the Trust and the system due to the pandemic. Ms Sadiq explained that a meeting was taking place the following week to discuss financial arrangements for the pandemic; an update could be provided following this.

ii. Reducing the Burden

Mrs Wells reported that NHSI/E had produced a document collating the various guidance published on reducing the burden on organisations during the pandemic. A lot of business as usual within the Trust was being suspended; updated national guidance was being received multiple times a day and disseminated by the central control room, a process that Mrs Wells felt was being well managed.

Mrs Webber asked about approval processes, noting that the paper explained that approvals could be made at short notice by Executives and the Chairman. Mrs Wells explained that decisions might have to be made at very short notice. The Trust's constitution set out emergency powers that allowed the Trust to do anything necessary in an emergency; if this was the case decisions would be made by Executives and the Chair, with a note sent to Non-Executives to inform them. However, decisions would be discussed with Non-Executives wherever possible. The paper would be discussed by the Board the following week.

Mrs Webber asked what how normal governance processes in the Trust had altered due to the pandemic. Mrs Wells explained that monthly IPRs continued, albeit in a shorter format, with issues and risks discussed with divisions and a focus on non-covid related issues. These had a reduced membership, and continued to be chaired by the Chief Executive with Executives attendance when possible. Weekly Executive meetings continued to be held. Governance teams continued to work, although with reduced numbers of staff due to illness or self-isolation. Not all staff were able to work from home due to limited numbers of laptops and VPN access.

Mr Nealon asked about how Non-Executives would receive assurance, as Board and Committees meetings had been reduced. Mrs Wells explained that monthly Board meetings would continue, along with some Committees. Conversations between Executives and Committee Chairs would take place on a regular basis. Weekly emails were sent out to Non-Executives to keep them informed. If there were any issues of particular concern, then they should be discussed with Executives, or flagged at meetings, and they would be addressed.

Mrs Wells reported that she was in the process of compiling a covid specific risk register, pulling together high level critical risks into a single document. This would be managed by the Incident Control Centre.

Mrs Webber asked whether Board members were isolating from each other to avoid the possibility of all of them becoming unwell at the same time. Mrs Wells explained that the Chairman and Non-Executives were not coming into the Trust. Meetings throughout the Trust were being held virtually, using Microsoft Teams so executives were rarely in the same room together.

#### 019/20 Board Assurance Framework

Mrs Wells advised that the Board Assurance Framework (BAF) presented had been updated a couple of weeks previously. The gap in control concerning covid-19 would be updated to take into account the changes that had taken place since updating the document.

Discussions with Non-Executive and Executive colleagues had resulted in changes to descriptions of some of the controls on the BAF. Mrs Webber confirmed that the changes reflected the discussions that had taken place, and asked whether matters delegated to other Board Committees on the BAF had been discussed by those Committees. Mrs Wells explained that the recent Quality and Safety and People and Organisational Development Committees had been cancelled, so the BAF had not been discussed. The BAF was on the agenda for the following week's Board, and Committee Chairs would be asked to review and update their Committee's actions.

Mrs Williams asked whether there was an easy way to highlight whether controls on the BAF had been reduced or were no longer operating due to the pandemic. Mrs Wells noted that the BAF would be discussed at the following week's Board meeting, where she could give the Board a sense of the changes that had taken place. Mrs Williams noted that she was seeking clarification about where assurance couldn't be received due to the pandemic, not to challenge any decisions being made.

Mr Nealon and Ms Sadiq agreed to speak prior to the Board meeting to enable additional assurance about financial matters within the Trust to be given.

Mrs Webber asked about whether there were any issues with supplies of Personal Protective Equipment (PPE) within the Trust, as national issues with supplies had been reported by the media. Mrs Wells reported that national guidance on the appropriate use of PPE had been updated on a number of occasions, causing confusion amongst staff. The Trust was communicating PPE requirements to provide staff with assurance about appropriate use. The Trust had sufficient stocks of PPE, although at times

this was “just in time”; every Trust was in the same position, so stockpiling was not possible. FIT testing of masks was an issue, as there was a national shortage of the solution required to undertake the test. When different makes of mask were received, a large number of staff needed to be FIT tested again. The Trust would continue to follow government guidance on PPE.

Mr Nealon asked about the provision of elective surgery during the pandemic. Mrs Wells explained that all elective surgery had been stopped, apart from for life or limb threatening conditions.

**020/20 Date of Meeting for signing of annual report and accounts**

It was agreed that this would be arranged on one of 22, 23 or 24<sup>th</sup> June. A meeting date and time would be circulated.

PP

**021/20 Any Other Business**

No other business was discussed.

**022/20 Date of Next Meeting**

The next meeting of the Audit Committee would be held on:  
22, 23 or 24<sup>th</sup> June 2020

Signed: .....

Date: .....

## East Sussex Health Care NHS Trust

## Audit Committee Annual Report 2019/2020

**1. Introduction**

The purpose of this report is to formally appraise the Board of the work of the Audit Committee during the period 1st April 2019 to 31st March 2020 and to set out how it has met its terms of reference [attached as Appendix A] and priorities.

**2. Meetings of the Committee**

The Committee is chaired by a non-executive director with a financial background and membership comprised two other non-executive directors. This reflects and meets the need for independence and objectivity. The Committee convened on five occasions throughout the financial year and all of the meetings were quorate. Meetings were also held with auditors in private session.

The Audit Committee was chaired by Nicola Webber. Carys Williams joined the Trust on 1<sup>st</sup> August 2019.

Attendance at meetings was as follows:

Nicola Webber, Audit Chair	5/5
Barry Nealon, Non-executive director	3/5
Carys Williams, Associate non-executive director	3/4

Mr Nealon chairs the Finance and Investment Committee. Mrs Webber is a member of the Finance and Investment Committee.

**3. Governance, risk management and internal control**

The Committee reviewed relevant disclosure statements, in particular the Annual Governance Statement together with the Head of Internal Audit opinion, External Audit opinion and other appropriate independent assurances and considered that the Annual Governance Statement was consistent with the Committee's view on the Trust's system of internal control. Accordingly, the Committee supported Board approval of the Annual Governance Statement.

The Committee provides assurance as to the adequacy and effectiveness of the organisation's systems and processes for risk management. To facilitate this, the Trust's Board Assurance Framework (BAF) and high-level Risk Register were presented at each meeting and scrutinised to test assurances and ensure mechanisms were in place to effectively control and mitigate risks. The articulation of risks has continued to improve, and there is increased scrutiny at sub-committee level. The BAF is being further developed in line with best practice,

Progress against achieving compliance with the Data Security and Protection Toolkit (DSPT) was monitored throughout the year. The Trust achieved full compliance with the DSPT in March 2020 and submission was made prior to the onset of the covid-19 pandemic.

The Committee reviewed the Trust's Annual Quality Account and noted compliance with statutory requirements.

#### 4. Internal audit

The internal audit service was provided by TiAA Limited. A procurement exercise was undertaken at the end of 2018/19 to market test the internal audit and local counter fraud service contract using the East of England NHS Collaborative Procurement Hub Framework. The Audit Committee re-appointed TiAA as the Trust's Internal Audit and Local Counter Fraud service with effect from 1<sup>st</sup> April 2019 for a period of 3 years.

The Committee approved the detailed internal audit programme of work. As a result of the Covid-19 pandemic, some work from the 2019/20 plan was carried forward to 2020/21 and will be picked up as early as possible. Planned work on the Quality Account was subsequently agreed to be cancelled, as there was no requirement for quality account submission for 19/20 due to national governance framework amendments due to Covid. The Committee received a report from the internal auditor at each of its committee meetings which summarised the audit reports issued since the previous meeting.

TiAA carried out 9 assurance reviews during the year, which were designed to ascertain the extent to which the internal controls in the system were adequate to ensure that activities and procedures were operating to achieve the Trust's objectives. One audit gave 'substantial assurance', five audits gave 'reasonable assurance', and three gave 'limited assurance'. In addition there were three advisory reviews which did not assign an assurance opinion.

Throughout the year, the Committee worked effectively with internal audit to strengthen the Trust's internal control processes and ensured there is an improved process for tracking audit actions. The overall annual opinion from TiAA was Reasonable Assurance on the adequacy of the Trust's risk management, control and governance processes.

#### 5. External audit

The external audit service was provided by Grant Thornton UK LLP.

The Committee approved the External Audit Plan at the start of the financial year and received regular updates on the progress of work. At each meeting the Committee received reports and briefings from the external auditors in accordance with the national requirements. These included: the annual audit letter; final accounts memorandum; a report on the audit of financial statements; and briefings on specific issues.

#### 6. Counter Fraud Services

Counter fraud services were provided by TiAA Limited and the service continued to enhance the Trust's overall anti-fraud arrangements through a range of agreed activities, managed and monitored against an approved counter fraud work plan for 2019/2020. A counter fraud representative attended four of the five meetings and updated on actions being taken in respect of reactive work and progress of investigations. Proactive work included:

- Dissemination of fraud alerts/intelligence bulleting
- Cyber awareness on-line training module
- A proactive review of Conflict of Interest and Declaration of Interest processes in the Trust
- Counter fraud surveys to assess staff awareness of counter fraud
- Fraud awareness presentations at inductions for new staff and to departmental meetings

Fraud awareness training was promoted throughout the Trust and counter fraud education was included in induction training.

The Trust remained compliant with the directions issued by the Secretary of State in 1999, the NHS Standard Contract (2012) and the NHS Counter Fraud and Corruption Manual.



## 7. Clinical Audit

At each meeting, the Committee received a report on progress in implementing the Clinical Audit Forward Plan 2019/2020, ensuring that the system in place allowed lessons learnt from clinical audit activity to be shared effectively, and recommendations for improvement to be implemented in a timely manner.

Increased support from the senior staff resulted in the Trust participating in 99% of all applicable nationally mandated clinical audits during 2019/20. During the pandemic, the requirement to submit data to the national audit programme was lifted for NHS organisations although reporting to the Child death database, MBRRACE-UK perinatal surveillance and ICNARC (adult intensive care) audits continued. Data submission for other national audits continued at the discretion of Audit Leads, where it did not impact on clinical capacity.

## 8. Management

The Committee gave constructive challenge to the assurance process when appropriate and requested and received assurance reports from Trust management and various other sources both internally and externally throughout the year.

The Committee worked closely with the executive directors to ensure that the assurance mechanisms within the Trust were fully effective and that a robust process was in place to ensure that actions falling out of external reviews were implemented and monitored by the Committee.

## 9. Financial reporting

The Committee reviewed the annual financial statements before submission to the Board and considered them to be accurate.

## 10. Review of the effectiveness and impact of the Audit Committee

The Committee performed its duties during the year as delegated by the Trust Board and mandated through governance requirements, ensuring compliance with and further developing good practice.

The Committee undertakes a review of its Terms of Reference on an annual basis.

## 11. Audit Committee Chairman's Comments

The Audit Committee has supported the Board by critically reviewing the governance and assurance process on which the Board places reliance. The Committee has sought and found assurance that internal controls (clinical and non-clinical) are reliable, robust, appropriately applied, and support the Trust's objectives, and has sought reports and assurances from officers as appropriate.

The Committee has ensured that there are effective internal and external audit and counter-fraud functions which provide appropriate independent assurance to the Committee, the Chief Executive and the Board, and has monitored the integrity of the Trust's financial systems, and systems of control, and found these to be effective.

The Committee has appropriately reported issues to the Board on an exception basis, and there are no matters of which the Committee is aware that have not been appropriately disclosed.

Nicola Webber  
Audit Committee Chair

June 2020



## Appendix A

### Audit Committee Terms of Reference

#### East Sussex Healthcare NHS Trust

#### Audit Committee - Terms of Reference

##### 1. Constitution

The Board has resolved to establish a committee of the Board to be known as the Audit Committee (the Committee). The Committee is a non-executive committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference. These terms of reference shall apply for as long as the Trust is an NHS Trust and can only be amended by the Trust Board.

##### 2. Purpose

The Audit Committee will support the Board by critically reviewing governance and assurance processes on which the Board places reliance. It will seek assurance that financial reporting and internal control principles are applied, and maintain an appropriate relationship with the organisation's auditors, both internal and external. This includes the power to review other committee's work, including in relation to quality, and to provide assurance to the board with regard to the reliability and robustness of internal controls.

The Committee will agree and work to an annual programme that takes into account the need to contribute to the timely sign-off of statutory requirements such as the annual accounts. This programme will be reviewed by the Board. The Committee may be commissioned by the Board to undertake particular studies or investigations, or to focus attention on any matters relating to finance and investment as the Trust Board thinks fit.

##### 3. Membership

The Committee shall be appointed by the Chairman of the Trust Board from amongst the non-executive directors of the Trust and shall consist of not less than three members.

One of the members will be appointed Chair of the Committee by the Trust Board Chairman. One member should also be a member of the Quality and Standards Committee and one member a member of the Finance and Investment Committee.

At least one member of the Committee should have recent and relevant financial experience.

The Chairman of the Trust shall not be a member or act as substitute for a member of the Committee.

Other non-executive directors of the Trust, including any designate non-executive directors, may substitute for members of the Audit Committee in their absence and will form part of the quorum.

##### 4. Attendance

Members of the Committee are expected to attend all meetings; if this is not possible then another non-executive director may substitute as outlined in the preceding paragraph.

The Director of Finance and appropriate Internal and External Audit representatives shall normally attend the meetings.

At least once a year the Committee should meet privately with the internal and external auditors.

The Chief Executive and other executive directors shall be invited to attend particularly when the Committee is discussing areas that are the responsibility of that Director.

The Chief Executive shall be invited to attend, at least annually, to discuss with the Committee the process of assurance that supports the Annual Governance Statement.

The Company Secretary shall attend the meetings to provide appropriate support and advice to the Chairman and committee members.

## **5. Quorum**

A meeting of the Committee shall be quorate if at least two members are present, one of whom shall be the Chairman of the Committee or his delegated nominee. Other non-executive directors of the Trust, including any associate non-executive directors who are substituted for members, may form part of the quorum.

## **6. Frequency**

Meetings shall be held not less than four times a year and at such other times as the Chairman of the Committee shall require. The external auditor or head of internal audit may request a meeting if they consider that one is necessary.

## **7. Authority**

The Committee is authorised by the Board to investigate any activity within its Terms of Reference and in line with the Committees prime purpose of providing assurance to the Board.

It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

## **8. Duties**

### **8.1 Governance, Risk Management and Internal control**

The Committee shall review the establishment and maintenance of an effective system of governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.

In particular, the Committee will review the adequacy and effectiveness of:

- the board assurance framework, risk management system, Annual Governance Statement together with an accompanying Head of Internal Audit Statement, external

- audit opinion or other appropriate independent assurances, prior to discussion by the Board where possible
- the clinical governance system of the Trust, including the clinical audit programme
  - the information governance system, including requirements under the NHS Information Governance Toolkit and progress in implementing the General Data Protection Regulations (GDPR)
  - the research governance system relating to any research activity the Trust may be engaged with
  - the rigour of the processes for producing the quality accounts, in particular whether the information included in the quality account is reported accurately and whether the quality account is representative in its reporting of the services provided and the issues of concern to its stakeholders.
  - the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the Annual Governance Statement
  - the policies and procedures for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting
  - the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service
  - Standing Financial Instructions (SFIs) and Standing Orders (SOs) on an annual basis.
  - the Committee shall report issues in relation to audit, risk or internal control to the Board of Directors on an exception basis in addition to an annual report focused on the effectiveness of the Committee in exercising these duties.
  - the Committee will be responsible for forming a panel to procure and appoint both internal and external auditors

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions.

It will also seek reports and assurances from officers as appropriate, concentrating on the overarching systems of governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

## 8.2 Internal Audit

The Committee shall ensure that there is an effective internal audit function established by management that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Committee, Chief Executive and Board. This will be achieved by:

- Consideration of the provision of the Internal Audit Service, the cost of the audit and any questions of resignation and dismissal.
- Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that it is consistent with the audit needs of the organisation as identified in the Assurance Framework and ensuring co-ordination between the Internal and External Auditors to optimise audit resources.
- Review of the major findings of Internal Audit work, management's response and the implementation of management action
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation.
- An annual review of the effectiveness of internal audit.

### 8.3 External audit

The Committee shall review the work and findings of the External Auditors and consider the implications and management's responses to their work. This will be achieved by:

- consideration of the appointment and performance of the External Auditor as far as the rules governing the appointment permit.
- discussion and agreement with the External Auditor, before the audit commences on the nature and scope of the audit as set out in the Annual Plan, and ensuring co-ordination, as appropriate with other external and internal auditors in the local health economy.
- discussion with the External Auditors of the local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.
- review of all external audit reports including agreement of the annual audit letter before submission to the Board for any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

### 8.4 Counter Fraud

The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of Counter Fraud work.

### 8.5 Other assurance functions

The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

These will include but will not be limited to reviews by:

- Department of Health
- Care Quality Commission
- NHS Litigation Authority
- Other regulators and inspectors

- Professional bodies with responsibility for performance of staff or functions including Royal Colleges and accreditation bodies
- The Trust's internal assurance function

In addition, the Committee will review the work of other Committees within the organisation whose work can provide relevant assurance to the Audit Committee's own scope of work; in particular this will include the Quality and Standards Committee and the Finance and Investment Committee. In reviewing the work of the Quality and Standards Committee and issues around clinical risk management, the Audit Committee will wish to satisfy itself that appropriate assurance that can be gained from the clinical audit function and to take the advice of the Quality and Standards Committee on how this function should best be utilised.

## 8.6 Hosted arrangements

The Committee will review and provide assurance to the Board in respect of any hosted arrangements or services, both those services hosted by the Trust and also those services hosted elsewhere but to which the Trust is a party.

## 8.8 Management

The Committee shall request and review reports and positive assurances from Directors and Managers on the overall arrangements for governance, risk and internal control.

The Committee may also request specific reports from individual functions within the organisation (for example clinical audit) as they may be relevant to the overall arrangements.

## 8.9 Financial reporting

The Committee shall monitor the integrity of the financial systems of the Trust and systems of financial control.

The Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

- the wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee.
- changes in and compliance with accounting policies and practices.
- unadjusted mis-statements in the financial statements.
- significant judgments in preparation of the financial statements.
- significant adjustments resulting from the audit.

The Committee should ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

## 9. Reporting arrangements

Minutes of the Committee meetings shall be formally recorded by the Company Secretary, or her nominee, and submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board or require executive action.

The Committee will report to the Board annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness of purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and compliance with CQC registration standards.

The Committee shall undertake a self assessment of its effectiveness on at least an annual basis and this will be timetabled into the schedule of audit committee business.

This assessment will follow best practice as outlined in the NHS Audit Committee Handbook and may be facilitated by independent advisors if the Committee considers this appropriate or necessary. A copy of the self-assessment and any proposed actions will be reviewed by the Trust Board.

These Terms of Reference shall be reviewed by the Committee and Trust Board at least annually.

## **East Sussex Healthcare NHS Trust**

### **Finance and Investment Committee - Annual Review 2019/20**

#### **1. Introduction**

The purpose of this paper is to provide assurance to the Trust Board that the Finance and Investment Committee (F&I) has carried out its objectives in accordance with its Terms of Reference set by the Trust Board.

#### **2. Authority and Duties**

The F&I Committee is a sub committee of the Board with responsibility for maintaining a detailed overview of the Trust's assets and resources in relation to the achievement of financial targets and business objectives and the financial stability of the Trust. Under delegated authority from the Trust Board, the Committee determines and reviews the:

- Financial strategy for the Trust
- Future financial challenges and opportunities for the Trust
- Future financial risks of the organisation
- Integrity of the Trust's financial structure
- Effectiveness and robustness of financial planning
- Effectiveness and robustness of investment management
- Robustness of the Trust's cash investment approach
- Investment and market environment the Trust is operating in
- Financial and strategic risk appetite that is appropriate for the organisation
- Process for business case assessments and scrutiny and the process for agreeing or dismissing investment decisions depending on the above

#### **3. Membership**

The Committee is chaired by a Non Executive Director of the Trust and has 2 Non Executive Directors as members who are appointed by the Trust Chair. The Chief Executive, Director of Finance, Chief Operating Officer and Director of Corporate Affairs and Director of Strategy, Innovation and Planning are also members.

Quoracy for the meeting is 3 members of which one must be a non-executive director. The Committee met 11 times during the financial year. All meetings were quorate. All members of the Board are also able to attend the meeting and other non-executives attended meetings throughout the year.



#### **4. Annual review of terms of reference and work plan**

The Committee's Terms of Reference (TORs) were considered as part of the self-effectiveness review and it was agreed they remain fit for purpose but there were some areas they could be strengthened. In addition, there were a couple of areas on the Terms of Reference which required review or adding to the agenda for consideration by the Committee. These were the robustness of the Trust's cash investment approach and the investment and market environment the Trust is operating in, and the process for agreeing or dismissing investment decisions

The Annual Work Programme was set at the start of the year as a standing agenda item and was reviewed at every meeting of the Committee.

Matters considered in 2019/20 included:

- Reviewing monthly operational and financial performance against the Trust's Financial Plans, to provide assurance to the Trust Board and test the robustness of financial governance
- Review of 2019/20 forecast outturn on a quarterly basis, analysis of key variances, challenge to the Executive Team and Director of Finance, aimed at providing assurance to the Board on the forecast financial position;
- Review of the Long Term Financial Model (3+2) and its assumptions, including testing the key model inputs and evaluating the likely impact on the financial and operational plans for the Trust;
- Oversight of the financial and business planning process on behalf of the Trust Board, including budget setting for 2019/20
- The annual capital programme and regular updates against plan
- Reviews of all Business Cases over £250k in value, either for approval or for recommendation for further review at the Trust Board – including both capital and revenue business cases as appropriate;
- Quarterly reviews of EBITDA (Earnings before interest, taxes, depreciation, and amortisation) and a programme of regular rolling reviews of specialties with negative EBITDA;
- Estates and energy planning
- Regular review of the cash flow including aged debtors

- Updates on Operational Productivity Programme (Lord Carter) bed modelling and Clinical Services Strategy
- Progress on the STP and ICP development and they system financial position

## **5. Annual Self Assessment of Effectiveness**

In June 2020 the Committee undertook an annual self assessment of its effectiveness. The key messages from this feedback are summarised below and were discussed in the Committee meeting.

Members agreed that the number of Committee meetings held had been sufficient in the past year and that holding a monthly meeting was appropriate given the financial position of the organisation. The reduction of meetings to bi-monthly allowing for a focus on Strategy was supported.

Most members agreed that the agenda for the Committee was appropriately structured. However, it was noted that whilst improvements had been made some papers would benefit from being more succinct, with a focus on key matters to bring to the Committee's attention.

It was highlighted that there was often insufficient time to review business cases in detail and that the agenda should be reshaped so this item was considered earlier in the meeting. It was also suggested that the Committee should give greater focus to considering the financial risks of the organisation and receive the Board Assurance Framework.

It was proposed that equipment purchased through charitable funds with a significant revenue implication should be considered by F&I.

The majority of members agreed matters considered and decisions made by the Committee were taken on an informed basis based on the information presented and where appropriate additional details were requested and provided. Decisions made by the Committee were understood, owned and properly recorded and would bear scrutiny.

Concerns were raised about the robustness of the process for approving capital and revenue spend in line with the Trust's SFI's and in addition ensuring there was a process for evaluating this expenditure and reporting back to the Committee. This had been flagged to the Board and was being reviewed so processes could be improved.

It was agreed an effective feedback mechanism from the F&I to the Board was in place, with the minutes being received and matters highlighted by the Committee Chair at each Board meeting. It was suggested that the feedback to the Board should be more structured and written instead of verbal.

It was noted that the Committee Terms of Reference and work plan was being reviewed at the end of June 2020 and meetings had now moved to bi-monthly.

## **6. F&I Chair's Overview**

This is my last report as Chairman of the Finance and Investment Committee and during my tenure the Trust's financial governance and effectiveness has gone from strength to strength. In July 2019, the Trust was removed from Financial Special Measures which was a welcome recognition of the improvements made.

During this time, the F&I Committee remained clear in its position that all cost improvement and efficiency plans should have no adverse impact on quality or safety and our recent CQC report is testament to the organisation's focus on this.

The Trust must remain vigilant in its cost control to maintain the improvements made and it must embrace the Strategic Planning necessary to maximise its future potential.

On behalf of the Committee, I would like to place on record our thanks to the Executive Assistants in the Finance Department, both of whom so ably provide administrative support.

The Committee is of the opinion that it has effectively discharged its responsibilities throughout the year and that there is nothing it is aware of at this time that have not been disclosed appropriately.

**Barry Nealon**  
**Finance & Investment Committee Chairman**  
**25 June 2020**

## **East Sussex Healthcare NHS Trust**

### **Finance and Investment Committee - Terms of Reference**

#### **1. Constitution**

The Trust Board has resolved to establish a committee of the Board to be known as the Finance and Investment Committee (the Committee). The Committee is a committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference. These terms of reference shall apply for as long as the Trust is an NHS Trust and can only be amended by the Board of directors.

#### **2. Purpose**

The Finance and Investment Committee should provide recommendations and assurance to the Board relating to:

- Oversight of the Trust Financial Strategy including a review of future financial challenges and opportunities for the Trust
- The future financial risks of the organisation
- The integrity of the Trust's financial structure
- The effectiveness and robustness of financial planning
- The effectiveness and robustness of investment management
- The robustness of the Trust's cash investment approach
- The investment and market environment the Trust is operating in, and the process for agreeing or dismissing investment decisions
- The risk appetite that is appropriate for the organisation
- The process for business case assessments and scrutiny
- Review and approve business cases including tracking of delivery against plan and benefits realisation
- Monitoring the capital investment programme
- Undertake substantial reviews of issues and areas of concern.

#### **3. Membership and attendance**

The Committee and the Committee Chair shall be appointed by the Chair of the Board of directors. The membership of the Committee shall be as follows:

- At least three non-executive directors (one of whom shall be a member of the Audit Committee)
- Chief Executive
- Chief Financial Officer
- Chief Operating Officer
- Director of Strategy, Innovation and Planning
- Director of Corporate Affairs

#### **4. Quorum**

Quorum of the Committee shall be three members which must include a non-executive director and the Chief Financial Officer (or deputy). Nominated deputies will count towards the quorum.

#### **5. Frequency**

Meetings shall be held at least four times a year and at such other times as the Chairman of the Committee shall require.

#### **6. Duties**

The Committee shall review and monitor the longer-term financial health of the Trust.

In particular its duties include:

- Reviewing the financial environment the Trust is operating within, and supporting the Board to ensure that its focus on financial and business issues continually improves
- Supporting the Board to understand and secure the financial and fiscal performance data and reporting it needs in order to discharge its duties
- Understanding the market and business environment that the Trust is operating within and keeping the capacity and capability of the Trust to respond to the demands of the market under review
- Understanding the business risk environment that the organisation is operating within, and helping the Board to agree an appropriate risk appetite for the Trust
- Supporting the Board to agree an investment and business development strategy and process
- Supporting the Board to agree an integrated business plan
- Approval for business cases with a value between £250k-£500k and recommendation of business cases over £500k to the Board
- Ensure that business cases submitted for approval are in line with the priorities identified in the Board's agreed Development Plan
- Receive assurance and scrutinise the effectiveness of demand and capacity planning.

The Board may from time to time delegate to the Committee the authority to agree specific investment decisions over and above the annual financial plan provided that the amended plans:

- Do not compromise the Standing Orders and Standing Financial Instructions
- Do not adversely affect the strategic risk facing the Trust

- Do not adversely affect the organisation's ability to deliver its operational plans

The Committee will review the work of other Committees within the organisation whose work can provide relevant assurance to the Finance and Investment Committee's own scope of work; in particular this will include the Audit Committee and the Quality and Standards Committee.

## **7. Reporting arrangements**

The minutes of the Committee meetings shall be formally recorded by the EA to the Chief Financial Officer and submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board or require executive actions.

The Committee shall undertake a self-assessment of its effectiveness on at least an annual basis. The Director of Corporate Affairs will support the Committee to develop and implement an annual work programme

These terms of reference shall be reviewed by the Board of directors at least annually.

June 2020

## POD Committee Executive Summary 20 May 2020

Meeting information:	
Date of Meeting:	Agenda Item:
Meeting: Trust Board	Reporting Officer:

Purpose of paper: (Please tick)	
Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>

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

### Summary:

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

Executive summary attached for POD Committee meeting that was scheduled to be held on 21 May 2020 although cancelled due to the Covid-19 situation.

#### 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 asked to note the contents of the Executive summary.



## East Sussex Healthcare NHS Trust

### People & Organisational Development (POD) Committee

#### 1. Introduction

Since the Board last met a POD Committee meeting was scheduled to be held on 21 May 2020. Due to the Covid-19 situation the Committee meeting was cancelled.

The Chair, Non-Executive Director and the Director of HR had a Microsoft Teams discussion about the key issues; a summary is set out below.

#### 2. Workforce Strategy 2020-2025

The Workforce Strategy was supported although it was noted that it should clearly set out the key workforce priorities for the Trust and agreed that these were:

- Recruitment and Retention
- Developing a strategic workforce plan to describe the workforce model and priorities for each area and in turn the resourcing of this
- The leadership and culture of the Trust including development and learning needed for all staff
- Health and wellbeing in order to make the Trust a model employer and improve retention.

#### 3. HR Action Plan and Priorities

The HR Priorities 2020-2025 sits alongside the Workforce Strategy listing key priorities, objectives, actions and how these will be measured. A discussion took place on the need to make Priorities into SMART goals with additional visibility on accountability/responsibility, timelines, interdependencies and possible further prioritisation.

#### 4. Recruitment Update

The written Recruitment Update Report detailed the progress of recruitment across the Trust.

#### 5. Workforce Report for Month 12

This was discussed in detail and questions were asked, namely what was the uptake of some of the health and wellbeing initiatives including counselling initiatives and identification of pressure points within the organisation. It was also noted that turnover for healthcare scientists appeared higher than other groups and that the reasons for leaving coding should be addressed so that "not known" is no longer a reason for leaving. There was also discussion about the issuing of rosters and whether this was done in a timely and effective way.

#### 6. Medical Revalidation and Nursing & Midwifery Revalidation Annual Reports

It was agreed that these were very helpful reports and thanks were passed on to Debbie McGreevy and her team.

#### 7. Workforce implications of recent Covid outbreak.

The Director of HR provided a comprehensive report detailing the redeployment of staff to meet Covid challenges, the increases of recruitment to the Trust and the new streamlined recruitment process, the numbers of returns to the Trust including those who have retired and returned and newly qualified students working for the Trust. There were also discussions about the health and wellbeing initiatives put in place to support staff.

**Miranda Kavanagh**  
**Chair of POD Committee**  
**May 2020**