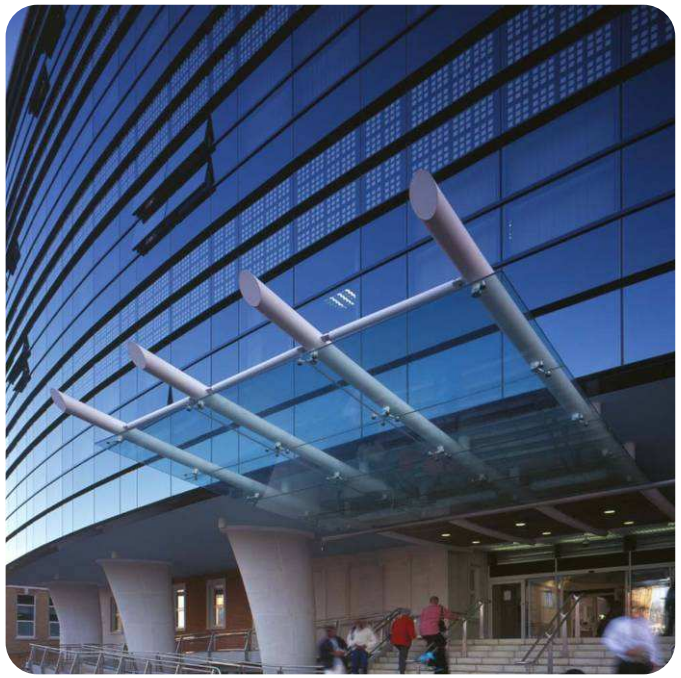
King's College Hospital NHS Foundation Trust Annual Plan 2007-08



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King's College Hospital NHS Foundation Trust

- Following licensing in December 2006, this is the first Annual Plan to be prepared by King's College Hospital NHS Foundation Trust in the format required by Monitor, and to be agreed following formal consultation with our Governors and Members

- As well as including all the mandatory information required by Monitor, this document will be made available to all staff on the intranet, which can be accessed and used to shape and inform activities for the coming year.

King's in 2006-07

King's College Hospital NHS Foundation Trust

2006-07 Overview & Performance

- **Targets**: met 11 of 13; underachieved on 62 day cancer wait. For new targets: should achieve 10 of 12; off target on MRSA but 20% reduction from 2005/06
- **Finance**: £4.4m surplus; 87% cost improvement delivery; year end cash of £1.1m
- **Staff Development**: despite the withdrawal of £2.7m education funding during 2006/07, the Trust maintained its progress on a range of education programmes
- **First Choice King's, R&D and Strategy**: good progress being made in building capabilities.

King's Vision & Strategic Objectives

- Leading university hospital, with a reputation for innovation and excellent patient care
- Comprehensive local services, delivered in partnership with other healthcare providers
- Focused portfolio of specialist services, underpinned by academic strength.

The plan for 2007-08

King's College Hospital NHS Foundation Trust

Finance & Activity 2007-08

- Background: PCTs stepping up demand management; capital investment requires surplus and balance sheet needs strengthening
- Changes include: reductions in central levies and increased costs (e.g. clinical governance/risk management £1.2m)
- Cost saving requirement of 3% vacancy rate plus 3.5% CIP
- Target surplus of £7.3m
- Liquidity managed through £25m facility – aiming at year end cash of £5m; liquidity constrains risk rating.

Performance Targets 2007-08

- Set by the Annual Health Check, Monitor and Trust objectives (targets at clinical team level where appropriate)
- Cover: quality of care (e.g. A&E 4 hour wait); staff (e.g. appraisals); patient experience (e.g. 18 weeks); and finance and efficiency (e.g. risk rating)
- Robust performance management arrangements in place to track delivery

Governance, Membership & Risk Analysis

King's College Hospital NHS Foundation Trust

Governance & Membership

- Constitution approved, self certification under way, good involvement with local health economy
- Membership growing with plan for further development
- Active membership engagement programme in place (e.g. successful consultation events on Trust strategy).

Risk Analysis

- Key risks around governance (e.g. MRSA and 62 day wait for Cancer) and finance have been identified
- Mitigation strategies are in place (e.g. monthly scrutiny of finance and performance by Board level committees) and robust performance management arrangements at care group level.

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King's College Hospital NHS Foundation Trust

Foundation Trust Status

King's College Hospital NHS Foundation Trust

Authorised as a foundation trust in December 2006

What does this mean for King's ?

More say for stakeholders (local people, staff and patients) in shaping our future services

Greater financial stability and flexibility

- Longer term contracts
- Borrowing

Increased governance

- Finance
- Performance
- Role of the Board

Annual Health Check 2007-08 (Initial Evaluation)

- **Existing National Targets**
  - Healthcare Commission has released tolerances
  - Trust assessment is that we score 'achieved' on 11/13 targets
  - Not achieved on 62 day cancer wait target; on last year's performance this would score 'under-achieved' rather than 'fail'
  - Thrombolysis target – this is no longer the primary procedure used at King's, patients now receive a PTCA and we are currently speaking to the Healthcare commission on how we will be measured.

- **New National Targets**
  - Not as easy to predict as Healthcare Commission have not issued tolerances, in most cases a prediction has been made using last year's thresholds
  - 12 indicators in total of which we should gain 'achieved' on 10
  - 'Experience of patients' indicator – Trust showing improvement but outcome dependant on the questions chosen by HC for basis of their assessment
  - MRSA indicator – Trust has achieved 20% reduction in cases since 2005/06 but anticipate being off-target.

Existing National Targets

Indicator	Measure	Current Position	King's 2006 value	Tolerance to score 'achieved'	Achieved? Actions/Issues
All cancers: 2 week waits	% of patients seen at first outpatient appointment within 2 weeks of urgent GP referral for suspected cancer	99.89%	Achieved: 99.67%	>=98%	Achieved
All cancers – treatment within 1 month of diagnosis	% of patients treated within one month of diagnosis of cancer being made	99.46%	Achieved: 100%	>=97%	Achieved
All cancers - treatment within 2 months of urgent GP referral	% of patients treated within 2 months of urgent GP referral for suspected cancer	87.81%	Underachieved: 86.11%	>=94%	Not achieved – tolerance for under achieved or failed not known. Similar performance last year scored 'underachieved'
Cancelled operations	% of patients with operation cancelled on the day of admission % of these not offered a new date within 28 days of cancellation	0.18% 5 breaches (=3.4%)	Underachieved 0.5% 7.5%	<=0.8% cancellations and <=5% of breaches of the 28 day standard	Achieved
Convenience and choice – Directory of Service	Slot availability within 13 weeks on C&B system Self certification on whether Directory is loaded on to Choose and Book system and NHS.UK website	Slots currently available within 13 weeks DoS on NHS and Choose and Book system	Achieved: DoS on NHS C&B system		Achieved

Existing National Targets cont.

Indicator	Measure	Current Position	King's 2006 Value	Tolerance to score 'achieved'	Achieved Achieved? Actions/Issues
Outpatient and elective (inpatient & day case) bookings	% of first outpatient appointments that were pre-booked. % of elective (inpatient & day case) admissions that were pre-booked.	100% (OP) 100% (DC) 100% (IP)	Achieved: >98% (OP) >98% (DC) >98% (IP)	>98% for IP and OP	Achieved
Delayed transfers of care	Patients occupying an acute bed whose transfer of care was delayed	<1%	Achieved: 0.51%	<=3.5%	Achieved
Outpatients waiting longer than the standard following GP written referral	% of patients waiting longer than 13 weeks	0%	Achieved: 0%	<=0.03%	Achieved
In-patients waiting longer than the standard	% of patients waiting longer than 6 months	0%	Achieved: 0%	<=0.03%	Achieved
Patients waiting longer than 3 months for revascularisation	% of patients waiting longer than 3 months for revascularisation. Over full year 2006/07	0%	Achieved: 0%	<=0.10%	Achieved
Thrombolysis within 60 minutes of calling for professional help	% of patients receiving thrombolysis within 60 minutes of calling professional help	Not applicable – see note	Not applicable – see note	>68% in 06/07 or 20% improvement between 03/04 & 06/07 and >=38% in 06/07	No longer primary procedure used at King's. Change in clinical practice - patients now receive a PTCA. Unclear how King's will be assessed. E**nsure all patients are registered on MINAP by 31st May**
Total time in A&E: 4 hours or less	% of patients waiting 4 hours or less in A&E from arrival to admission, transfer or discharge. Over full year 2006/07	98.4%	Achieved: 98.53%	>=98%	Achieved
Patients referred to rapid access chest pain clinic seen <2 weeks	% of patients seen at rapid access chest pain clinic within 14 days of decision to refer (where referral was received within 24 hours). Over full year 2006/07	100%	Underachieved: 95.4%	>=98%	Achieved

New National Targets

Indicator	Measure	Current Position	2006 Position	Comments/Actions
Access to GUM clinic	% of patients seen at GUM clinic within 48 hours of contacting the service	80%	Achieved: 86.2%	Position above England average, score of 'achieved' likely
Ethnic coding	% of patients with a valid ethnic code	92%	Achieved: 88.2%	Achieved
Provision of information and clear screening and referral process for drug misusers accessing A&E and maternity services	Responses to a series of questions asked as part of a special data collection	Positive response to all questions.	Achieved. Positive responses in more than 60% of questions	Achieved
Emergency bed days	Reduction in emergency bed days in 2006/07 compared to 2005/06	3% reduction in 2006/07 on 2005/06	Achieved: 4% reduction on 2004/05 compared to 2003/04	Overall there has been a 9.25% reduction in emergency bed days against the 2003/04 baseline
Experience of patients	Selected questions from Healthcare Commission Inpatient Survey to be undertaken in Winter 2006	Not able to report information as HCC have not released indicators to be included	Achieved: Performance consistent or better than average	Some improvement on previous years, although indicator is dependent on which questions HC chooses to asses. 'Achieved' is likely
Stroke Care	% of stroke patients spending >50% of their stay in a stroke unit	Data awaited	New target for 2007	
Infant health: Data completeness	% of deliveries where it is known whether new mothers have initiated breast feeding or not. % of women who have given birth whose smoking status is known	Data is collected	Achieved. Greater than 85% completeness for both indicators	Score of 'Achieved' likely
	% of patients seen within 20 weeks from decision to admit to treatment (target 97%) % of patients seen at Outpatients within 11 weeks of referral from GP (target 97%) % of patients waiting 13 weeks or more for diagnostics as at March 31st 2007	On target to achieve 97% On target to achieve 97% Small number of patients waiting over 13 weeks expected	New 2007 target	Achieved Achieved Underachieved This would give overall rating of 'achieved'

New National Targets cont.

Indicator	Measure	Current Position	2006 Position	Comments/Actions
MRSA	Performance against the trajectory in reduction of MRSA Bacteriaemia.	62 cases against trajectory of 54	Underachieved: MRSA Bacteriaemias reported much greater than planned level	Threshold not known for 'underachieved' or 'failed'
Participation in audits	• 90% completion of 20 key fields in the Myocardial Infarction National Audit Project (MINAP) and took part in the 2006 MINAP data validation exercise • Whether a trust that provides PCI procedures participated in the BCIS-CCAD audit project with the monthly uploading of individual procedural data to the Central Cardiac Audit Database (CCAD) servers • Whether the Trust submitted details for at least 60 patients for inclusion in the National Sentinel audit on Stroke	>90% compliance and took part in validation exercise Trust submits data to the BCIS-CCAD >60 patients included in the audit	Achieved MINAP indicator only. >90% compliance and took part in validation exercise	Score of 'Achieved' felt likely
Compliance with NICE guidelines on treatment and management of self-harm in emergency departments	Special data collection that will ask for responses to a series of questions to assess compliance against NICE guidance.	Positive response to all questions	Failed: Positive response to one out of five questions only	Achieved
Smoke free NHS	Progress against 'Guidance for smoke free hospital trusts'. Also whether smoking status is recorded for patients and whether management processes exist for the provision of advice and referral for treatment for adult in-patients who smoke.	Smoking status recorded in patient notes. Compliance achieved against the smoke free hospital standard	Achieved: Positive response to three questions	Achieved

Headlines

- £4.4 million surplus on Income and Expenditure
- 87% delivery of Cost Improvement Programmes
- Year end cash balance - £1.1 million

Private Patient Income

- Section 15 of the Health and Social Care Act 2003 requires that the proportion of private patient income to total patient related income of the NHS Foundation Trust should not exceed 3.51% - its proportion when the organisation was an NHS Trust in 2002/03.

		2006/07 £000
Private patient income		**3,496**
Total patient related income		**118,081**
Proportion (as a percentage)		**2.96%**

Staff Development delivered by the Trust within the last year:

- Commenced six In-house NVQ Programmes
- Provided in-house Accredited Management Training and continued the in-house MBA
- Introduced a revised Induction Programme for new managers
- Continued Diversity Awareness Training programme
- Continued to support staff through e-Learning Training in the Learning Zone
- Provided Business Case and Coaching Skills training relevant to Foundation Trusts to managers via 'First Choice'

We have also seen:

- 85 students receive awards in management, assessment and verification, health and social care, customer service and administration
- The recruitment of over 60 healthcare assistants from the local community
- Over 250 potential candidates attending open days to learn more about the healthcare assistant role.

Staff Development (FISH)

King's College Hospital NHS Foundation Trust

FISH programme introduced - designed to motivate staff focusing on 4 key areas

- Making my day – doing something to make someone else's day better
- Being present – engaging fully the person you are with
- Being playful – encouraging staff to have fun at work
- Choosing a great attitude – having a positive attitude while at work

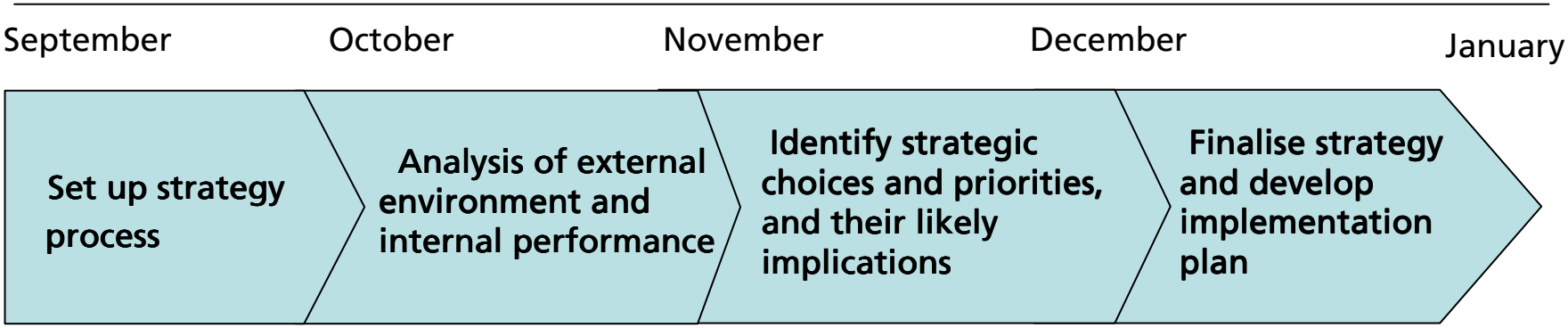
Successful pilot in 2006-07 run by General Medicine care group nurses

- Nurses encouraged to incorporate values into daily working lives
- When nurses observed putting FISH philosophy into practice, they are given a FISH 'thank you' card – an easy way for senior staff to say 'I've noticed'

FISH to be rolled out further across the Trust in 2007-08

Strategy Development Care Groups - Autumn 2006

King's College Hospital NHS Foundation Trust



- Set up a project team
- Plan initial and final workshops
- Identify key analysis to be done and work with BIU/ Strategy team to start analysis (based on strategy suggested analyses)

- **Run kick-off workshop with the care group**
- Do external and internal interviews and focus groups
- Complete identified analyses
- Start to identify strategic "imperatives" and choices
- **Milestone:** November 6th meet with KE to outline findings from analysis and early view on strategic imperatives

- Further develop strategic **Debate strategic** imperatives and choices
- **imperatives and choices in a care group workshop**
- Identify impact and risks with strategic imperatives and choices
- Complete first draft of strategy
- **Milestone:** December 8th meet with KE to outline the strategy and get their feedback

- Finalise strategy based on KE comments
- Complete implementation plan
- **Milestone:** Send final strategy to KE

COMMUNICATE & IMPLEMENT STRATEGY

- **Ongoing Service Transformation Work**
  - Continued downward trend in average length of stay (ALOS) in General Medicine
  - Day surgery rates are improving and ALOS beginning to reduce in Surgery
- **Implementing a Strategy Phase**
  - Beginning with Child health in early 2006, we introduced a strategy development process in advance of the operational transformation work, which provides a context and over-arching objectives for operational change.
  - Liver has also completed a local strategy, focused on creating a world class service
- **Service Re-design in Child health and Liver**
  - Focus on OP process redesign & ward visual management in Child Health
  - “Levels of Care” project in Liver to ensure appropriate patient pathways
- **Completing the Performance Management Roll-out**
  - Local scorecards & performance meetings in place in all care groups & corporate departments
- **Activity Based costing**
  - ABC being developed across all clinical services and as commercial product

Innovations and Developments

King's College Hospital NHS Foundation Trust

These are just a few examples of new services and improved care for patients in 06-07.

- **Service for Acute Stroke**
  - King's has established a specialist service, which operates 24/7 for patients who have had an acute stroke or TIA. This service provides a rapid diagnosis, specialist treatment and can significantly improve prognosis for stroke patients.
- **One-stop Gynaecology Service**
  - Patients attending king's for gynaecology services prior to 2006 faced a significant wait for an ultrasound scan (which is a requirement for the majority of patients), following an outpatient appointment. With the purchase of additional scanners we are now able to offer same day outpatient appointments and US scans, dramatically reducing the time from referral to treatment.
- **UK First for Brain Bypass Surgery**
  - Mr Tolias, a neurosurgeon at King's, carried out the first non-occlusive bypass in the country. This technique uses a grafted vein to allow surgery to proceed without stopping blood flow, thus significantly reducing the inherent risk of stroke during the procedure.
- **Emergency Service for Adolescents**
  - Increasing numbers of young people are attending King's A&E with conditions often related to violence, self-harm, substance misuse or sexual health. The new service has a dedicated room and a youth worker who can provide counselling and refer as appropriate.

NHS R&D Strategy

- South East London Strategy Group led by King's Chief Executive, Malcolm Lowe-Lauri, has coordinated the local response to the National R&D Strategy
- Local successes include 3 new nationally designated Research Centres:-
  1. Patient Safety and Service Quality - led by KCH and in partnership with King's College London
  2. Comprehensive Biomedical Centre - KCH is also a partner in the project led by Guys' & St Thomas' NHS FT/ KCL
  3. Specialist Biomedical Centre - led by South London and Maudsley NHS FT / Institute of Psychiatry)

Care Group Strategies

- Care group service strategy work has for most clinical services highlighted the importance of R & D to the future of the Trust

Academic Developments at Denmark Hill - projects that will benefit the Trust include:

- James Black Centre (cell biology, linking haematology, cardiac and other clinical services)
- Cicely Saunders Institute of Palliative Care (unique development to bring together academic and clinical palliative care)
- Wellcome clinical research facility – joint project with SLAM/IoP

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King's College Hospital NHS Foundation Trust

The King's Vision

The overarching aim of the Trust is to:

" *maintain and build on, its position as a leading university hospital, providing comprehensive local services and a focused portfolio of specialist services."*

King's Long Term Goals

King's College Hospital NHS Foundation Trust

By 2010 we will -

- Be working closely with local healthcare providers, to deliver high quality care, close to patients' homes (and only in hospital when absolutely necessary)
- Grow and strengthen our specialist services, each underpinned by strong academic programmes
- Have an outstanding reputation for innovation, good clinical outcomes, and exceptional patient experience
- Drive continual efficiency improvements, and pursue opportunities for income generation
- Create financial surpluses, for re-investment in service improvements and key priorities

External Environment

Challenges:

Intensifying Competition

- Foundation Trusts (FTs)
- Independent Sector Treatment Centres (ISTC's)

Increasing Financial Pressure

- Reduction in Research & Development (R&D) and teaching levies
- Reduction in tariff for efficiency (2.5%)

Primary Care Trust (PCT) Demand Management Agenda

- Reducing new : follow -up ratios
- Reducing internal consultant to consultant referrals
- Reduce excess bed days, reduce A&E : short stay admission rates
- Introduction of checklists for range of treatments (dermatology, musculo-skeletal etc)

Reconfiguration Plans (Sector and London-wide)

- SE London £150m deficit in 2009/10

Trust's activities reflect this changing environment

King's College Hospital NHS Foundation Trust

Developments in the environment…

1. Drive for efficiency
2. Resource shift to primary care
3. Increased competition in acute services
4. Introduction of private sector
5. Consolidation of R&D Funding
6. Reconfigurations of SE London and fewer London teaching hospitals

..... and Trust activity

1. First Choice King's service transformation
2. Partnering with primary care and improving patient experience
3. Strategy work and patient experience
4. Partnering in e.g. Kings @ Dartford, Pathology.
5. R&D liaison in SE London and King's College London alignment
6. Reconfiguration conversations with DGHs and GSTT (haem, urology)

Strategic Themes/ Key Objectives 2007-08

King's College Hospital NHS Foundation Trust

Partnerships & Sector Relationships

- Work collaboratively with PCTs to drive transfer of routine clinical services to non-hospital settings
- Build relationships with local District General Hospitals (DGHs) in context of SE London reconfiguration plans
- Work towards greater collaboration with Guy's and St Thomas' NHS Foundation Trust
- Build links with academic partners and independent sector providers

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Cross-cutting Clinical Priorities

- Further Development in cancer services at King's
- Improve infection control / reduce hospital acquired infections
- Strengthen critical care
- Improve endoscopy facilities

Cross-cutting Operational Priorities

- Drive improvements in efficiency
- Develop R&D strategy
- Deliver 18 week target
- Build marketing and communications capability

Care Group Strategies 2007-08

King's College Hospital NHS Foundation Trust

- During Autumn 2006, Care Groups have developed evidence based service strategies addressing a number of issues, including:
  - Patient expectations, and transfer of care to non-hospital settings
  - Internal economic modelling and market analysis
  - Expected technological advances and service configuration changes
- Examples of developments include plans for a birthing centre and enhanced clinical trials infrastructure
- Care Group Strategies will be monitored through the Trust's on going business processes.

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King's College Hospital NHS Foundation Trust

Background

King's College Hospital NHS Foundation Trust

- 2007-08 end of Payment by Results transition
- Tariff includes 2.5% efficiency reduction
- PCTs stepping up pace of demand management initiatives
- Capital investment requires surplus
- Balance Sheet requires further strengthening

Major Changes

- Reductions in central levies - £4.1m
- Increased capital charges due to past investments - £2.1m
- Increased costs of clinical governance and risk management standards - £1.2m
- Increased activity driven costs - £6m
- Pay Awards and Increments - £12m
- Future years – further R & D levy reductions

Cost Saving Requirement

King's College Hospital NHS Foundation Trust

- Budgets set on fully costed establishment
- Actual vacancy rate averages 7%
- Allowing 4% backfill – 3% vacancy rate is expected across the year
- In addition, a 3.5% C.I.P. is required to achieve the target surplus of £7.3m
- For future years, provisional CIP requirement of 2.5% set

Finance 2007-08 – Income and Activity

King's College Hospital NHS Foundation Trust

- Budgeted income from contracts:
  - Primary Care Trusts £276.0m
  - Market Force Factor £ 45.0m
  - National Commissioning Group £ 20.4m
  - Consortia £ 12.5m

PCT Activity Growth

King's College Hospital NHS Foundation Trust

PCT (£276m) activity

Based on Month 8 2006/07 projections:

- Elective IP/DC
- Non – Elective IP
- Accident & Emergency attendances
- Outpatients
- Drugs and devices
- Critical Care
- Renal Dialysis

PLUS

- Emergencies at 2005/06 outturn – PbR guidance
- 2006/07 activity = 24% increase from 2005/06. Expected to recover this through over-performance in 2007/08.

+

- 8% growth in elective activity to achieve 18 week milestones
- 6% growth in new outpatients to achieve 18 week milestones
- 5% growth in elective cardiac from Bexley and West Kent PCTs
- 10% renal dialysis growth from Southwark, Lambeth, Lewisham, Bromley and Bexley PCTs

PCT Demand Management

King's College Hospital NHS Foundation Trust

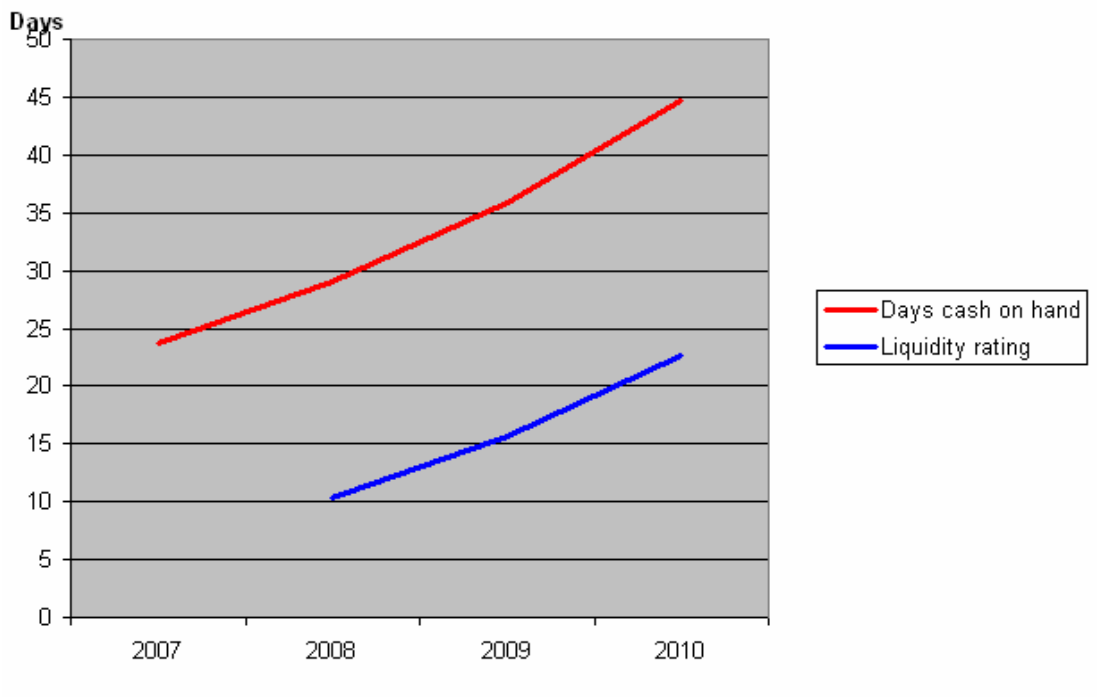
- **Local PCTs (Lambeth, Lewisham and Bexley PCTs):**
  - 8% reduction in excess bed days
  - 10% reduction in internal referrals
  - 2% reduction in emergency admissions
  - 10% reduction in new:follow-up ratios
  - 6% reduction in new outpatients
  - 5% reduction in follow-ups

For each of these elements of demand management, we will be assessing deliverability by clinical service and working closely with local PCTs

- **Non Local PCTs:**
  - 3.5% reduction in critical care
  - 1% reduction in elective inpatients

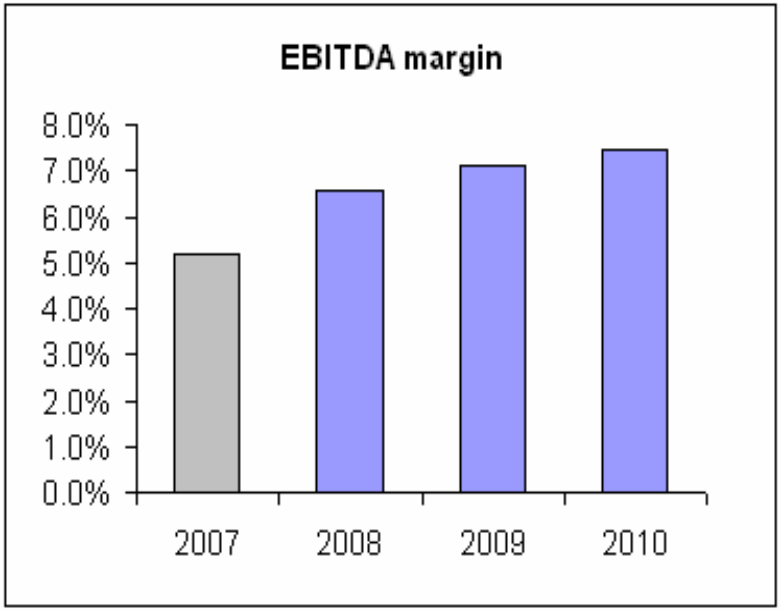
Liquidity and Working Capital (1/2)

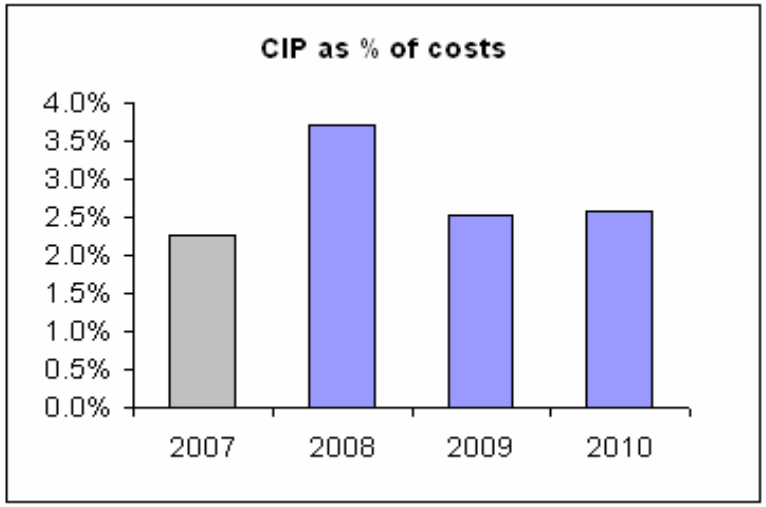
- Committed £25m facility in place
- Minimal usage anticipated to fund debtor cycle
- Anticipated year end cash position £6m

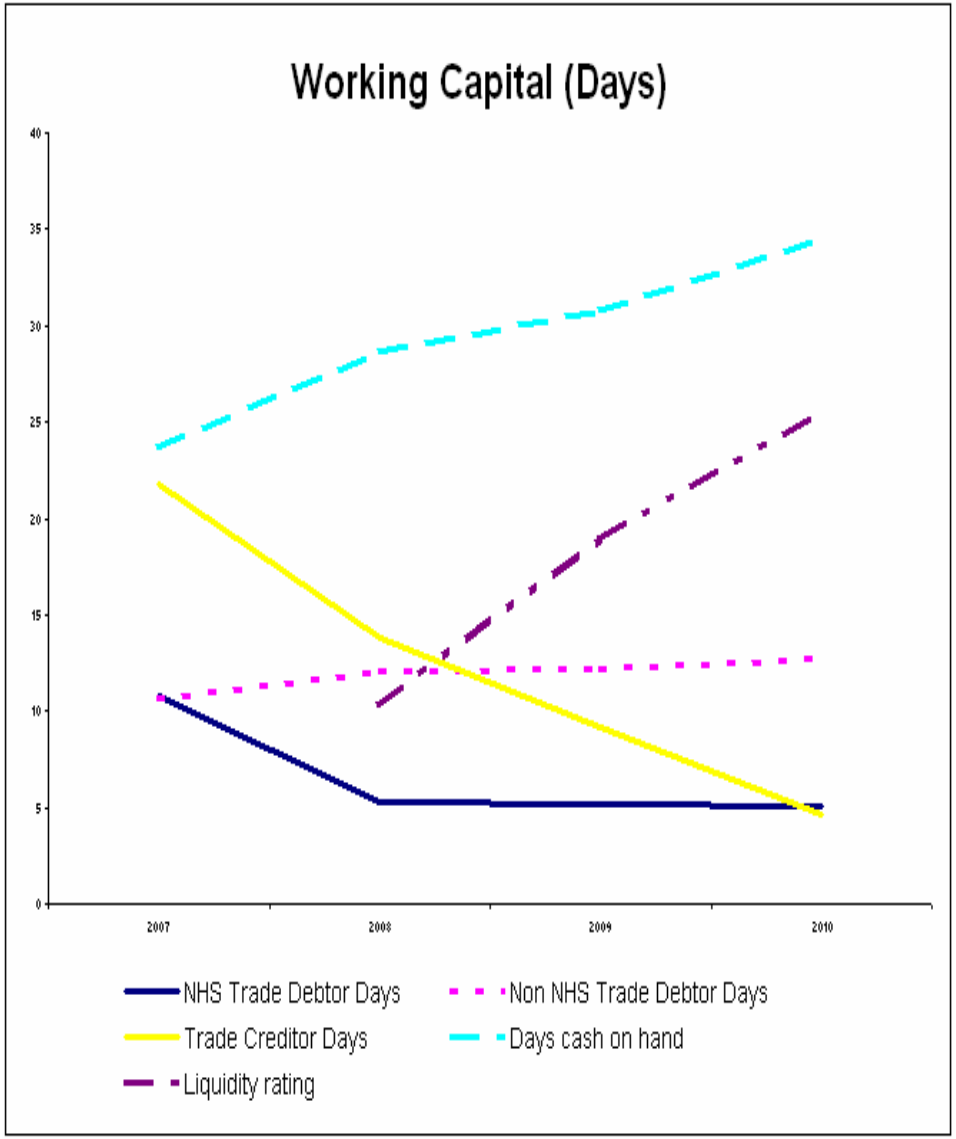


Liquidity and Working Capital (2/2)

King's College Hospital NHS Foundation Trust







Projected Risk Rating

King's College Hospital NHS Foundation Trust

Limiting Constraint Is Liquidity

Financial Bucket

Metric	Actual	Rating
EBITDA margin	6.5%	3
EBITDA, % achieved	102.2%	5
ROA	7.1%	5
I&E surplus margin	1.7%	3
Liquid ratio	10.4	2
Weighted Average		3.4

Financial Criteria	
Underlying Performance	3
Achievment of Plan	5
Financial Efficiency	4
Liquidity	2

PBC ratios

Maximum Debt/ Capital Ratio	-4%	TRUE
Minimum Dividend Cover	3.4x	TRUE
Minimum Interest Cover	23.9x	TRUE
Minimum Debt Service Cover	22.4x	TRUE
Maximum Debt Service to Revenue	0%	TRUE
PBC metrics		TRUE

Overriding rules		Rating
Plan submitted on time	YES	
Plans submitted complete and correct	YES	
PDC dividend paid in full	YES	
Year 2 OR Year 3 deficit	NO	
Year 2 AND Year 3 deficit	NO	
Lowest ranked metric a '1'?	NO	
One financial criteria '1' or '2'	YES	3
Two financial criteria '1' or '2'	NO	
Two financial criteria at '1'	NO	
Unplanned breach of PBC	NO	
Less than 1 year as an Foundation Trust	NO	
Overriding rules rating		3

Overall Rating **3**

Impact of educational funding withdrawal by the Strategic Health Authority:

- Reductions in secondments (total numbers and financing of these) to nursing/midwifery 1st qualification
- Withdrawal of the course giving a 2nd qualification in Child Health in 2006. Possible funding in 2007, but the university no longer provides the course
- Salary support for a Midwifery conversion course was withdrawn in 2006. Funding for 2007 currently under discussion.
- Pharmacy Pre-Registration post support was reduced by £7500 per head. Reduction of £1.4 m in SIFT funding
- Reduction of £71k MADEL funding
- Continuing Professional Development funding of £80k ceased
- PTD Elsewhere funding of £174k ceased
- ILA/NVQ funding of £180k ceased
- Southwark Borough Group funding of £30k ceased

Managing the challenges

King's College Hospital NHS Foundation Trust

We have put in place a number of measures and actions to manage our training and education budget, to enable us to maintain an active learning culture at King's.

- 3 staff to be seconded to undertake the Nursing Diploma
- The Child Health course is being discussed with the University
- We are reviewing numbers to be seconded for Midwifery conversion
- Pharmacy pre-registration posts reduced from 8 to 4
- Study leave for junior Doctors only given for essential training within the specialities
- We are reducing the NHS contribution to the library
- Cessation of externally led diversity awareness training. To be re-provided using in-house trainers
- Commissioning the Mini MBA
- Bring in-house the customer care, assertion, presentation skills, minute taking, time management and leadership courses
- Coaching for performance
- Continuation of Learning Zone
- Development and in-house authoring of specific King's e-learning packages e.g. on Child Protection and Infection Control

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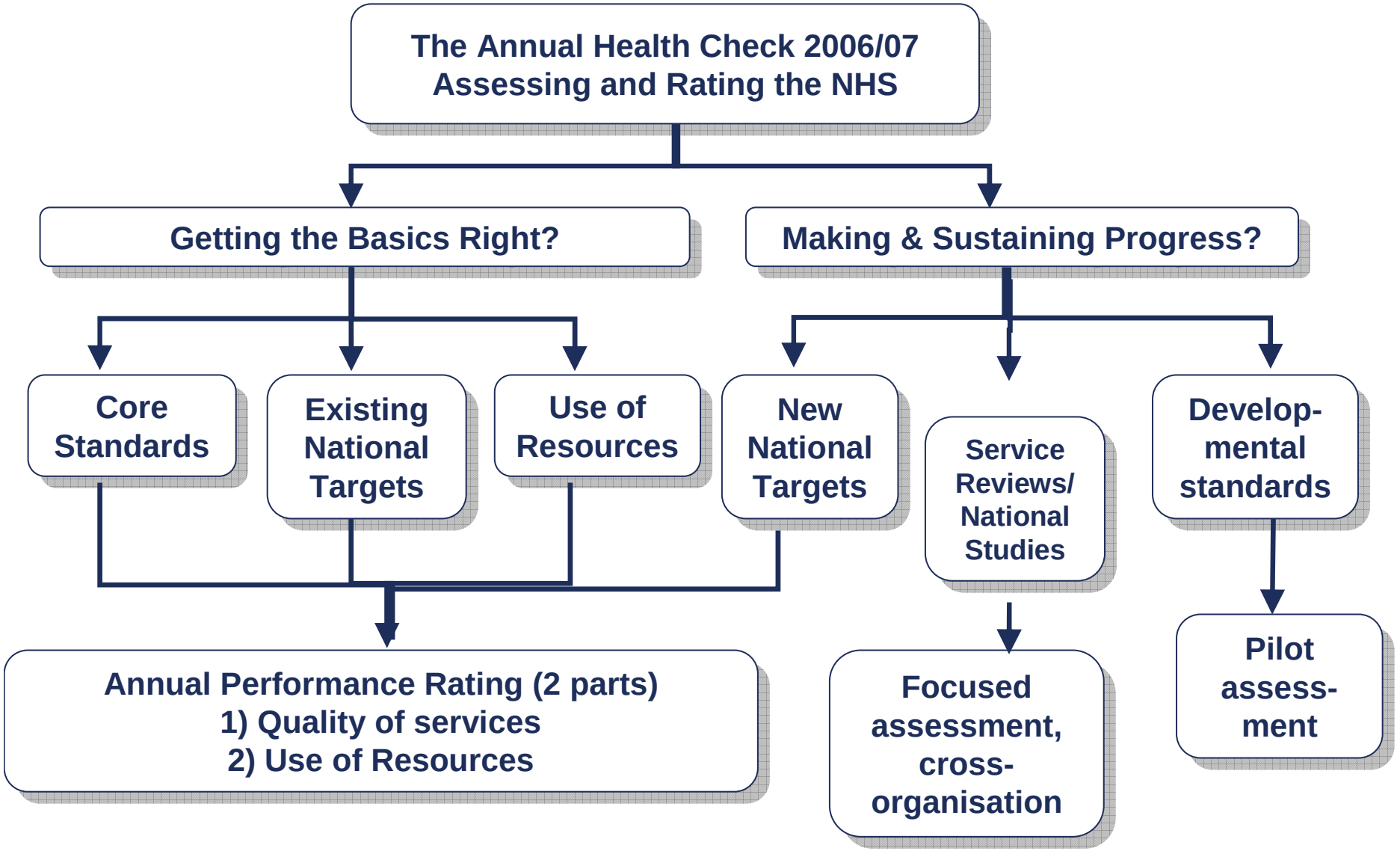
The Annual Health Check

King's College Hospital NHS Foundation Trust



Key Performance Targets 2007-08 (1/2)

King's College Hospital NHS Foundation Trust

Quality of Care

- Cancer Waiting Times (2 weeks, 31 day and 62 day)
- Access to GUM clinics
- Rapid access chest pain clinic waiting times (2 weeks)
- A&E 4 hour wait (98%)
- Revascularisation waiting times (3 months)
- Delayed transfers of care
- Infection Control – MRSA, Cdif

Annual Health Check

- Cancer development
- Top quartile performer in Average Length of Stay
- Top quartile performer in Day case rate
- Expand Critical Care
- Improve Endoscopy facilities

Strategic Direction

Staff

- Appraisals
- Sickness and Absence
- Health and Safety

Strategic Direction

Key Performance Targets 2007-08 (2/2)

King's College Hospital NHS Foundation Trust

Patient Experience

- Achievement of 85% of 18 week referral to treatment waiting time milestone
- On the day hospital cancelled operations and those not re-admitted within 28 days
- Provider information in place to support patient choice (Directory of Services)
- How are we doing patient survey?
- Smoke-free NHS

Annual Health Check

Finance and Efficiency

- Maintain good financial risk rating as a Foundation Trust

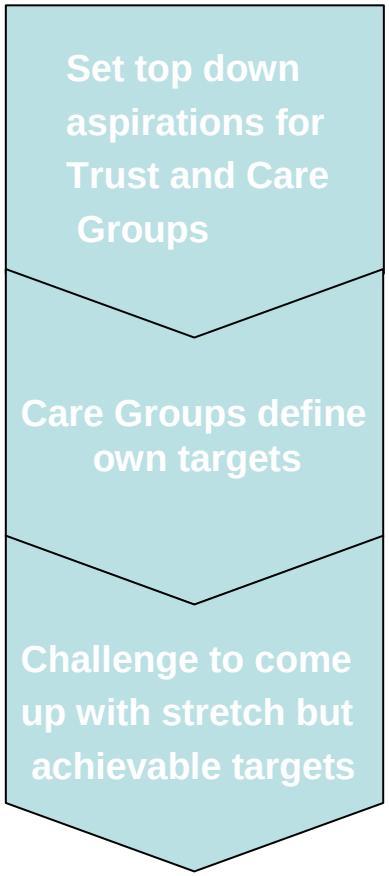
Annual Health Check/ Monitor

- Achieve financial surplus, to support re-investment
- Achieve contribution to income target
- Fully utilise the Trusts Activity based Costing system
- Deliver non clinical service income, e.g. commercial services.

Strategic Direction

Setting challenging but achievable targets

King's College Hospital NHS Foundation Trust

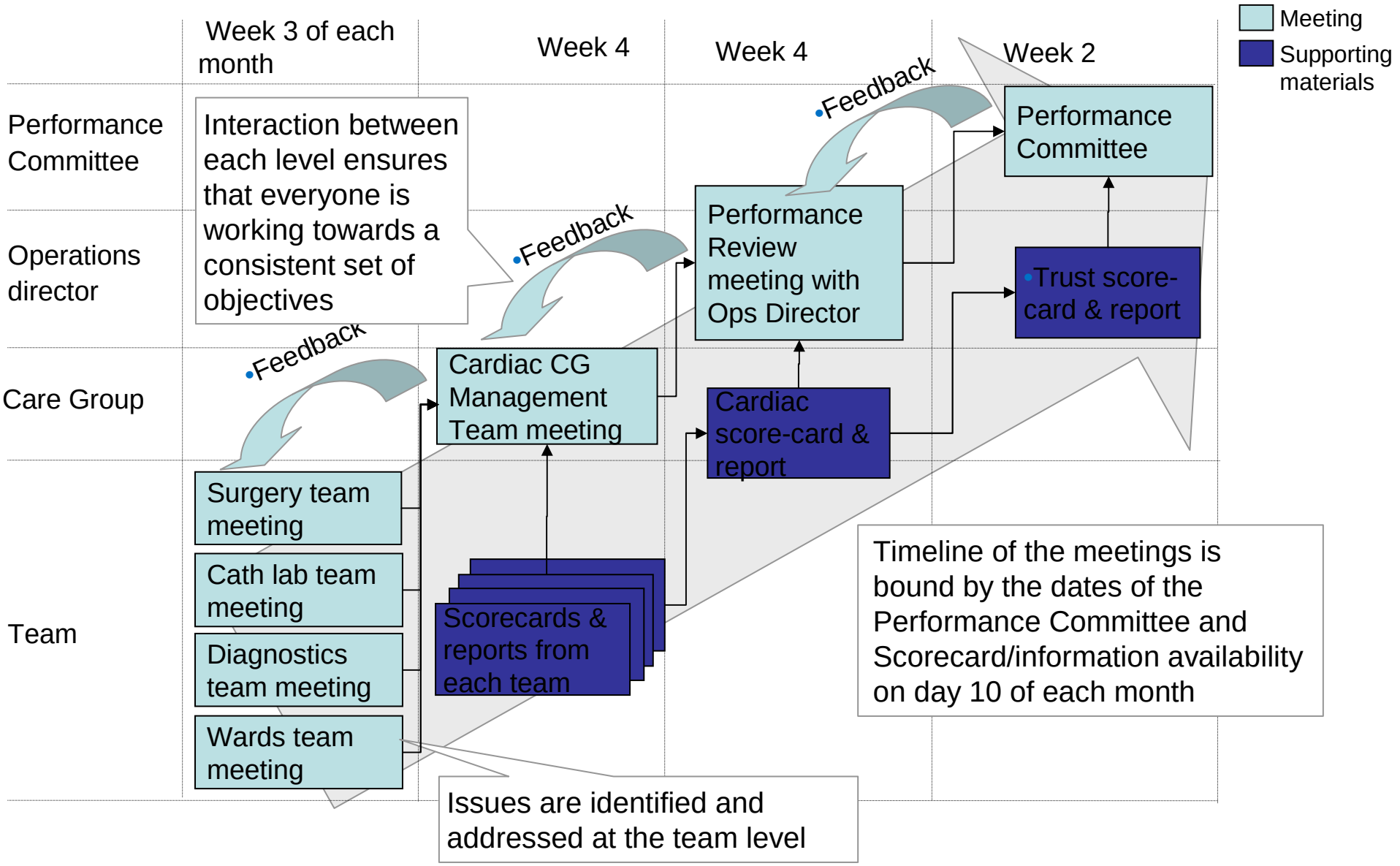


Activities

- Review Kings's aspirations in line with the strategic direction
- Analyse historical data to understand what had been achievable
- Analyse/define peer benchmarks (CHKS, international benchmarks where appropriate)
- Explain methodology and Trust aspirations for target-setting to Care Groups
- Care Groups develop bottom-up targets based on the agreed methodology and internal analysis of improvement opportunities for each service
- Work with Care Groups to challenge targets set to ensure stretch (match top-down and bottom-up)

Tracking Performance – Care Group example

King's College Hospital NHS Foundation Trust



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King's College Hospital NHS Foundation Trust

Trust Governance

King's College Hospital NHS Foundation Trust

- Constitution and terms of authorisation approved by Monitor on 1 December 2006
- Strong broadly representative Foundation Trust membership - detailed in the separate membership section of this report
- The Board of Directors has signed self-certification statements relating to the following areas: clinical quality, service performance against targets and national standards, appropriate board roles,structures and capacity, effective risk and performance management and compliance with the authorisation
- The trust enjoys collaborative relationships with a range of NHS bodies, including Guy's and St Thomas' NHS FT, South London and Maudsley (SLAM) NHS FT, the 2 local Primary Care Trusts (PCTs) of Lambeth and Southwark and the London Strategic Health Authority
- The Trust works closely with the London Boroughs of Lambeth and Southwark and their Overview and Scrutiny Committees. Both London Boroughs and PCTs of Lambeth and Southwark are represented on the Board of Governors.

Trust Membership

King's College Hospital NHS Foundation Trust

- Public and Patient membership has grown in 2006/2007 by 2,887 members - an increase of 57 % - as a result of active recruitment
- An active membership engagement programme was carried out, including a series of constituency based consultation, events on Strategy, a series of clinical seminars and the issue of the Trust's Member's newsletter
- The Trust's public Membership is broadly representative of the local community, with the exception of young people, where the Trust plans targeted activity this year
- Governors have been very engaged with the Trust over the last year, contributing directly through three Working groups on Membership, Transport and Access and Marketing and Patient Choice as well as contributing through a number of different panels, such as Research and Development
- There have been no elections held this year
- Full details of the Membership and future plans are contained within the membership report which is attached as an Appendix.

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King's College Hospital NHS Foundation Trust

Key Risks

- Failure to achieve key national targets eg MRSA, 62 day cancer waits
- Potential loss of market share

Potential Mitigation

- Rigorous programme of performance monitoring and scrutiny of finance and performance through Board Committees.
- Infection Control Policy and Strategy Group
- DoH improvement review in relation to MRSA
- Saving Lives Programme - audit
- Quarterly reports on cancer referrals to improve tracking of cancer patients
- Development of Care Group and Trust Marketing Strategy
- Programme of engagement with GPs and DGH referrers

Risk Analysis - Finance

King's College Hospital NHS Foundation Trust

Key Risks

- Further Reduction In Central Levies
- Loss of Activity Due to Patient Choice
- Rise in Debtors due to non-payment by PCTs
- Shortfall of Cost Improvement Delivery

Potential mitigation

- Reduce the level of capital expenditure in future years
- Increase external funding of capital expenditure
- Disposal of Jennie Lee House
- Reduced External support for First Choice Kings
- Enter Joint Venture for Pathology

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King's College Hospital NHS Foundation Trust

Declaration and Self Certification

King's College Hospital NHS Foundation Trust

Board statements

Using the separate templates provided, the Board of Directors must confirm that the Board statements are true. Confirmation should take the form of signatures from both the Accounting Officer and the Chairman of the Trust. Where the Trust is unable to confirm a statement is true, it should provide reasons for that decision on the template itself. Supporting pages may be attached as required. In the event that an NHS Foundation Trust is unable to fully self-certify, it should not tick the relevant box. It must provide a commentary (in the space provided) explaining the reasons for the absence of full self-certification and the action they propose to take to address it. Monitor may adjust the relevant risk rating if there are significant issues arising and this may increase the frequency and intensity of monitoring.

Statements signed by the Chairman and Chief Executive have been submitted to Monitor

Appendices

King's College Hospital NHS Foundation Trust

- Annual Plan financial model
- Schedule 2 – Mandatory services activity schedule
- Schedule 3 – Mandatory Education Schedule
- Membership Report
- Signed Board Statements