



Amazing things happen  
at King's – every minute of  
every day. Together, these  
developments enable us  
to report on another  
**year of achievement**





## OUR MISSION

King's: achieving excellence in patient care

## OUR VISION

King's College Hospital will be recognised as:

- providing services which are relevant and sensitive to our patient's needs, are underpinned by quality systems and practices and deliver optimal health outcomes
- ensuring that patients are cared for in facilities which meet the demands of today and can adapt to changes in healthcare in the future
- adding value and delivering benefits to the community in south-east London
- involving and working in partnership with patients and a wide range of organisations and people to improve services and foster appropriate clinical networks
- a world class university teaching hospital achieving excellence in collaborative clinical practice, teaching, training and research
- an organisation in which life-long learning and continuous performance improvement are fostered amongst all staff, enabling them to reach and use their full potential

Our 2002/03 strategic objectives:

- to deliver an all-round level of performance that ensures the Trust continues to be a three star hospital
- to push forward the development of the hospital in line with the national agenda and the NHS Plan
- to develop a culture where increasing focus is placed on caring for patients and staff and life-long learning is encouraged
- to work in partnership with other organisations to develop the local health economy and King's position as an acute teaching hospital within that health economy
- to implement the key deliverables set out in the Trust's strategic direction document, Delivering Excellence at King's, and the underlying component strategies

# from the chairman and the chief executive



In 2001/02, King's College Hospital delivered significant achievements against NHS Plan investment and reform targets. We retained the maximum three stars for performance. And we treated more patients than ever before. These achievements provided important building blocks for continued progress in 2002/03, and beyond. These are, without doubt, exciting times for King's, for the NHS and for our patients and staff.

## ABOUT KING'S

King's is one of London's largest and busiest hospitals and a significant research centre. We provide important local, regional, national and international services, as well as training and education for medical, nursing and dental students. However, we are first and foremost a local hospital serving the needs of local residents. To serve these needs, we aim to provide services that are fast, effective, convenient and focused on our patients. We also involve patients in the development of our services. In 2001/02, we involved more patients than ever before in King's development activities through our user involvement strategy and initiatives such as King's in the Community. We are a truly local London hospital.

## FIT FOR THE FUTURE

King's is developing 21st century facilities which will provide modern, patient-centred services and increased capacity. Significant investment was made at King's in 2001/02, including an expanded children's accident and emergency department, the transfer and refurbishment of rehabilitation services and the refurbishment of the day hospital and of outpatient clinics at Dulwich. Looking ahead, we will be opening the doors of our new Golden Jubilee Wing to patients later this year. This facility is designed around the needs of patients and staff, and will be a milestone in our history and development.

## COMMITTED TO CARE

Of course, buildings and facilities are nothing without the staff who provide care from them. We value enormously the contribution that our staff make to King's success. Indeed, our three-star achievements would not have been possible without their support, skill and enthusiasm. We

would like to thank them all personally. This year King's has been re-accredited as an Investor in People, is working towards Improving Working Lives accreditation and has made significant strides in valuing the diversity of our staff. Thanks also go to the other organisations who have supported us including the King's College Charitable Trust, King's Medical Research Trust, The King's Appeal and the Friends of King's and Dulwich.

## MAKING CONNECTIONS

We continue to strengthen relationships with other local healthcare providers and partners. Our links with primary care are well established and enable positive collaboration, for example in the direct booking of hospital appointments from GP surgeries. A land swap with the Guy's, King's and St Thomas' School of Medicine and Dentistry is further evidence of partnership in action and will allow us to develop a centre at King's to research new treatments, such as stem cell therapy, and also for heart disease, sickle cell, liver disease and brain disorders. This major investment in our campus will be operational by the end of 2004.

## QUITE A YEAR!

You will see from this year's report that it has been an extremely busy and successful year for everyone at King's. While we are proud of our achievements, our focus now is to ensure we have the right facilities, capacity and staff to deliver our plans for the coming years. King's is an organisation that seeks to exceed the modernisation targets set for us. Taking part in the internationally recognised healthcare improvement programme, Pursuing Perfection, with our partner organisations will help us to achieve this. The pace and scale of change at King's is fast, ambitious and exciting but we know that King's and our staff are more than up to the challenge!

**FRANK STANSIL**  
Acting Chairman

**MALCOLM LOWE-LAURI**  
Chief Executive

# key achievements

King's has an annual budget of £260 million, 951 inpatient beds and 41 day case beds. Below we summarise the key achievements of 2001/02.



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## CONNECTING WITH OUTPATIENTS

Outpatients are now able to agree a date for their appointment in our new outpatient appointment centre via one central telephone number. The centre is open Monday to Friday from 8am to 8pm and on Saturdays between 9am and 12 noon. This is much more convenient for patients as it allows them to select a date which suits them and to telephone us to discuss outpatient queries. This initiative will also help us reduce the numbers of patients who do not attend their appointments so that we achieve the target of having no patients waiting more than 13 weeks for an outpatient appointment by April 2005.

## EXPANDING STAFFING AND SERVICES

Service expansion was high on the agenda in 2001/02. We established a new four-bedded high dependency ward in surgery and set up a third satellite kidney dialysis unit at Dulwich which enables us to treat an extra 32 patients a week. We appointed new consultants including a fifth liver surgeon and a consultant specialising in treating young adults with cystic fibrosis. A new neurosurgical technique was also used for the first time in the UK to give hope to children who suffer from severe epileptic seizures. In order that we learn and improve our practice, a project has been carried out to minimise any risks that may arise when seriously ill patients are taken from the ward to have x-rays and scans.

## 2,000 LIVER TRANSPLANTS

King's operates Europe's largest liver transplant programme and this year celebrated performing 2,000 liver transplants for 1,500 adults and 500 children. The celebrations culminated in a patient day held at London's Café Royal, attended by patients and current and former staff. At the end of the day, 2,000 balloons were released from the roof.

## VIPs LEND THEIR SUPPORT

We welcomed a number of important visitors during the year. Prime Minister Tony Blair visited the cardiac department to announce the national Patient Choice project. Alan Milburn, Secretary of State for Health, announced the appointment of a surgery 'tsar' from our Day Surgery Unit. John Hutton Minister of State for Health visited our A&E and attended a photo-call with our 12 modern matrons. Cherie Booth officially opened the new chemotherapy day care unit. And Beverly Malone, President of the Royal College of Nursing, made her first visit to King's.





## NEW FACILITIES

A hospital-wide pneumatic delivery system was installed to allow messages, drugs and samples to be transferred between the pathology laboratories, pharmacy, wards and departments. New facilities have been created for our anaesthetic department and breast services have been expanded. King's has also taken responsibility for all the roads on the Denmark Hill site enabling us to create our own campus. We have appointed a design and art co-ordinator to help make the hospital environment a better place for patients and to improve signage to help patients and visitors find their way around the hospital.

## KING'S GOES NO SMOKING . . .

With smoking costing the NHS £1.5bn a year, King's is committed to a programme to control and ultimately remove smoking on our sites by January 2005. On National No Smoking Day, we introduced a new no smoking policy launched with a day of activities aimed at helping people to give up. Smoking is now only allowed in specially designated smoking cabins outside the hospital and a smoking cessation advisor has started working with patients and staff.

## AND GREEN TOO

In an effort to reduce the potential impact King's might have on the environment, we appointed an environmental co-ordinator to support departments in recycling. The hospital generates 950 tonnes of waste a year, around 20% of it paper. Staff can also take up the offer of a King's Charitable Trust loan to purchase a bicycle to use to cycle to work.

## CHARITABLE GIVING

The King's Happy Birthday Appeal to raise £200,000 to buy additional specialist equipment for maternity services hit the half way mark a year into the appeal - a fantastic achievement. King's continued to receive generous support from the Charitable Trust, part of this was £1.5 million funding for medium-sized projects including support for a new Chair in Rehabilitation and money for electro-physiology equipment. We are also supported by charities such as the Friends of King's and Dulwich and the King's Medical Research Trust.



## USING TECHNOLOGY TO BENEFIT PATIENTS

All wards and outpatient clinical areas can now review and order tests following implementation of the electronic patient record system. The system is linked to referral information from GPs and also to A&E so that doctors can tell whether a patient has attended the department. A total of 2,400 staff have been trained and can access the system through 624 workstations. Electronic systems have also enabled us to improve the continuity of patients' care between hospital and the community. We have undertaken a pilot on five wards to introduce electronic discharge information for GPs and community nurses.

## RECOGNISING STAFF REPRESENTATIVES

A partnership agreement was signed as part of a long established history of positive relations between King's and the trades unions representing our staff. The agreement recognises the contribution that partnership adds to the delivery of healthcare and the quality of employment conditions at the hospital.

Public consultation for the NHS Plan in 2000 resulted in overwhelming calls to *bring back Matron*. King's now has 12 modern matrons, as they are now known.

# modern matrons

## – closer to patients

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**Sarah Dheansa**, modern matron for the surgical care group, usually starts her day by getting in early to catch up on paperwork. “Then I visit all of my five surgical wards to see what’s going on, find out about any staffing issues, identify the sickest patients and determine whether there are any environmental issues such as cleaning that need picking up on. This takes at least two hours depending on what is happening on the wards.

“I see my role as acting as an advocate for patients to ensure that everyone on the wards, and not just the clinical staff, is focused on patient care. It’s also about supporting staff so they stay longer and are happier in their work. Ultimately patients benefit from this.

“Implementing the Essence of Care is a great example of what the modern matron is able to achieve. The Essence of Care is a set of national standards for nurses which is basically about ensuring that we take care of patients in key areas which impact directly on their ability to get better. The standards include privacy and dignity, tissue viability, mouthcare, records, safety, continence, mental health and self care. I am responsible for ensuring that the standards are met across the five wards.

“Each afternoon I will usually have a one-on-one meeting with one of the ward managers. My role is about empowering and developing the ward managers to enable them to do their job of running the individual wards to the best of their ability. I couldn’t do my job without their support and the fact that they are willing to work at the pace of change here. King’s is a forward thinking organisation and we have to work together and be fully committed to respond to the challenges.

The afternoons are also an opportunity to work on the projects that Sarah has responsibility for. “I am currently undertaking a skills analysis of all the nurses in surgery. This will enable me to set up a training database so we can keep track of who can be developed by what training and to ensure that all our nurses have the skills they need to provide the best care for patients.

“When I first came into post I reviewed the nutritional care we were providing for patients. Action plans were then drawn up with nurses on the ward. The second review has just happened and the results have improved greatly, which is immensely satisfying.”

Sarah says her’s is a very busy, challenging job and every day is different. “Today, because of the overview I have of the beds in the whole surgical unit, I was able to free up a bed in our high dependency unit. That meant a patient didn’t have to have her operation cancelled. The patient didn’t realise what had happened but it is a great example of why I find being a modern matron so satisfying.”

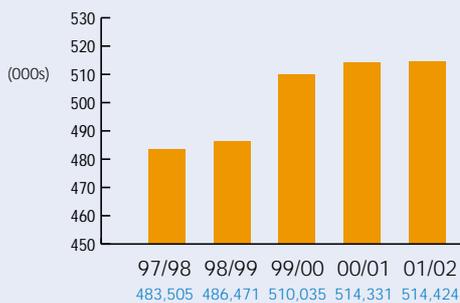




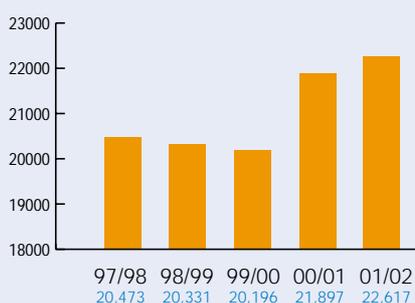
**“Throughout my admission I was totally impressed by the quality of care and pleasant co-operative nature of the staff.”**

Patient Survey comment

### Numbers of patients treated



### Emergency admissions\*



\* includes emergency transfers from other hospitals

### MENTAL HEALTH TEAM

A new team of eight specially trained mental health nurses is now in operation. Based in A&E, they provide a comprehensive mental health service to King's A&E and inpatient wards. Patient waiting times will be reduced as the on-site team can see patients quickly rather than having to wait for the duty psychiatrist.

### WORLD FIRST FOR INFECTION CONTROL

The King's infection control team has been increased by four members of staff this year. We are also the first hospital in the world to issue all staff involved with patient care with disinfectant hand wash in a handy 'tottle' that clips onto uniforms. Good hand washing is the single most effective measure in preventing the spread of infection.



### THREE OUT OF FOUR FOR CLEANLINESS

King's achieved three out of four from the Patient Environment Action Team (PEAT) at both the Denmark Hill and Dulwich sites. The team, which includes a patient representative, inspects cleanliness, catering and the environment. Action was taken in a number of areas including working with our catering and cleaning contractors to ensure consistently high standards. We also undertake our own, weekly internal PEAT inspections to maintain standards.

### PROTECTING PATIENTS' MEALTIMES

The nutritional well-being of patients is as important as their clinical care. All wards now have a ward hostess to serve meals and help patients at mealtimes. King's is taking part in a national pilot to test protected mealtimes for patients. By not normally allowing visitors between 12pm and 2pm, patients can concentrate on eating their meal and also have an opportunity to rest. We are also looking at how we can minimise interruptions for clinical reasons during this time.



### FACTS & FIGURES

- 4,346 babies were born at King's in 2001/02 including 87 sets of twins and one set of triplets.
- King's has the highest home birth rate in London with 6% of births taking place at home.

## pals – a great support

PALS - short for patient advice and liaison service - has been established to help patients, visitors and carers to access and negotiate the NHS system.



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Anyone with a question, a comment about hospital services or a problem can drop in to see the PALS team near the main entrance for help and support. "And if we can't provide it, we generally know someone who can," says PALS co-ordinator **Mary Mitchinson**.

Set up last year, the office is open from 9am to 6pm Monday to Friday. As soon as she arrives for work, Mary checks the answerphone for any overnight messages and follows up any complex queries from the day before. "It's not long before someone will come through the door or 'phone us up and you can never predict when that will be," says Mary. "Contact is made with us by patients themselves, their carers or visitors. Staff also advise people to come to us for help if they can't answer questions, if issues can't be resolved there and then or where a patient feels they would like someone away from the ward environment who may be able to listen more objectively.

"Some questions, like an outpatient query, can be sorted out very quickly. Others are more complex and require us to dig a bit deeper for information, set up meetings with the relevant doctor or nurses or liaise with external organisations such as the Benefit Agency or other hospitals. Some patients will also need an interpreter.

"We were busy from the day we opened, the numbers are increasing all the time and we are now getting over a 1,000 queries a quarter. There is a real variety too - from enquiries about accommodation available locally for visitors to a patient wanting to know how to view their medical records. One person wanted to know how to donate their body to medical science.



"What we aren't about is complaints. We will either help to resolve an issue so that it doesn't become a complaint or, if that isn't possible, we will advise someone how to make a formal complaint. Senior managers investigate complaints but we have the advantage of being able to go direct to the person who can solve a problem which makes the whole process much quicker and easier for enquirers."

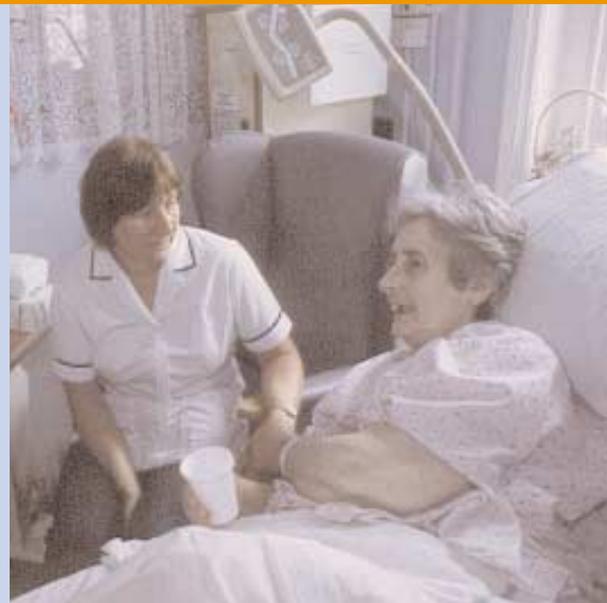
PALS co-ordinator **Marilyn Bamforth** adds: "We have a special database to record all the information. Now we are established we are beginning to use it to identify if there are similar queries about a particular area. We can then advise that department so that they may be able to do things differently to make things clearer for patients. For example, the outpatient letter for one particular department had generated a number of queries. We spotted the pattern and were able to work with them to amend their letter and to streamline their process. This is something we want to do more of this year, involving patients who give us comments in the design of services."

PALS manager **Cathy Varley** says the real benefit of the PALS service is that patients, visitors and staff have a central point of contact. "We take on the responsibility if someone has a query and we will seek out information as quickly as we can and keep in touch with everyone involved until we find the answer. We won't just pass it onto another department. We have time to listen and can give people a way in and cut through the NHS system, which can seem daunting at times. What is really satisfying is when a patient says, 'Thank you, you've really made a difference'."



**“I was very impressed with the enthusiasm, quality and friendliness of staff and doctors. It’s a great hospital to be in.”**

**Patient Survey comment**



## CHI PRAISES USER INVOLVEMENT STRATEGY

The Commission for Health Improvement (CHI) review praised King's for its user involvement strategy. User involvement leads have been identified in care groups. Training has been provided to key staff, and guidelines on how to involve users have been produced. Users are being involved in many different areas of the Trust. For example, they are helping us reshape services for people affected by motor neurone disease, represent patients on the Patient/Carer Experience Group and as part of the National Service Framework for older people. The User Involvement team has also co-ordinated the first Department of Health National Inpatient Survey. King's also continues to undertake its own surveys of patients which it has done now for the last five years.



## KING'S IN THE COMMUNITY

A community nurse has been appointed at the Caldecot Centre for Genito-urinary Medicine to work with our diverse local community and to ensure that their particular needs in this area are met. A successful day was held with local community members and organisations as part of our King's in the Community Project.

## KEEPING TABS ON THE PATIENT EXPERIENCE

In an organisation as large and complex as King's, we need to take a proactive approach to complaints and aim to resolve them as quickly as possible, when and where they arise. All complaints are fully investigated. We also encourage complainants to meet with clinical staff as this is often an effective way of dealing with their complaints. In the last year, the number of formal complaints remained static at 708. We resolved 67% of complaints within the target of 20 days. A total of 14 complainants were dissatisfied with their response and requested an independent review panel. After formal consideration and discussion, two complaints went forward to a panel, nine were referred back for local resolution and two required no further action.

Complaints are used to help change and improve our services. For example, as a result of complaints this year we have altered some of our admission letters to patients to make them easier to understand. We have also introduced safety markers on our main entrance glass doors to aid partially sighted patients and improved our treatment plans for patients needing antibiotics directly into a vein.

### FACTS & FIGURES

- Average daily admissions of emergency patients – 37.
- Average patient stay at King's – 6.5 days.
- Last year King's performed over 27,000 operations.
- King's treats 514,000 patients a year including 335,000 outpatients, 84,500 inpatients and over 91,500 A&E attendances.
- 1,000 patients have been seen in our nurse-led deep vein thrombosis service.

# booked admissions

## – improving attendances

Patient partnerships are being strengthened through a project that allows patients to choose convenient appointment times.

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Like many local GPs, **Dr Stephen Miller**, a GP at the Paxton Green practice in south Lambeth for seven years, works closely with our booked admission team. Paxton Green is a large practice with 17,000 patients and 10 GPs. Stephen has been using the booked admission system to refer and arrange outpatient appointments for his patients.

“Previously, if I decided a patient needed to be referred to King’s for a consultant opinion I would dictate a letter, pass it to my secretary who would then type it up and return it to me for signing,” he recalls. “It would then be put in the post to King’s where it would be sorted in the postroom before being sent up to

the consultant’s office where a secretary would open it and pass it onto the consultant for prioritising. It would then travel to the outpatient clerk to arrange an appointment date, which would then be sent in the post to the patient. Assuming no hold ups, this process would have taken a minimum of three weeks!

“Now, if the specialty I am referring a patient to has an on-line protocol, I can key in the information required to make a referral whilst the patient is in my office. The system will then take us through to further screens that enable me to make an appointment or, in some cases, to identify whether a scan or test will be required before an appointment.

“Once we have filled in the tick box information we can choose an appointment there and then. The beauty of the system is that we agree the date and time with the patient whilst they are in the surgery, so they get an appointment that is as convenient as possible for them. The advantage for me as a GP is that I only give the information that is needed to make the referral and that my staff can be doing more useful jobs than typing up letters. Also we don’t have to spend time chasing for patients when they haven’t heard about their appointment date.”

King’s aims to have 95% of specialties on-line by November 2002. The benefits of booked admissions to the hospital include savings on administration and a greater likelihood that patients will attend their appointment.

Stephen says working in partnership with King’s has been an eye-opener. “The committee which oversees the booked admission project is one of the best examples of interaction and co-operation between primary care and hospitals I have ever seen. We are all working together for one common goal and it has been a real pleasure.”

As for the future, Stephen will be working for six months as the clinical lead for the South East London Enterprise Community. “This is designed to build on what booked admissions has achieved so far - improving access and choice for patients,” he says. “We will be streamlining processes and agreeing standard protocols for the three local hospitals. So not only will patients be able to choose when they have their appointment, they will also be able to choose where.”





**“The team looking after me always made me feel I was in good hands.”**

**Patient Survey comment**

## JOINT CANCER CENTRE AGREED WITH GUY'S

A joint cancer centre with Guy's and St Thomas' NHS Trust is being established. This collaboration will ensure that we jointly provide cancer services that meet the needs of local patients. Key cancer specialties will be sited at one or other of the hospitals to ensure a concentration of expertise and the development of best practice.



## OTHER JOINT WORKING SUCCESSES

A proposal for a joint drugs formulary for King's, Guy's and St Thomas' and Lewisham hospitals has been agreed. The new arrangement is designed to encourage a unified approach to drug treatment, allow amalgamation of best practice, reduce duplication of

effort and provide a unified approach to the managed entry of new drugs. King's is also working with the other Trusts to ensure that our computer systems are compatible in the run-up to electronic patient record roll-out. The challenge is to ensure that clinical information on patients transferring to the other hospitals is available to all appropriate staff.

## POSTER CAMPAIGN TO REDUCE DNAs

The numbers of DNA patients - those who 'do not attend' their hospital appointments - are high. To counter this, King's worked with the Doctor Patient Partnership to launch a poster campaign to encourage patients to let the hospital know if they are unable to attend their appointment. It is hoped that the campaign will help reduce DNAs. Currently one in five patients do not attend their appointment. Our new outpatient appointment centre should also help to reduce the numbers of patients not attending for their appointments as they will have negotiated a time to suit them.



## LIGHTHOUSE KINGS

King's has formed a dynamic partnership with Lighthouse South London and successfully bid to develop a range of new and innovative services. Lighthouse King's provides us with the opportunity to integrate health and social care services for people living with and affected by HIV and AIDS. This includes a solicitor and peer support workers.

### FACTS & FIGURES

- King's recorded England's highest number of GP booked referrals in 2001/02.
- 100% of our urgent cancer patients are seen within two weeks of a referral from their GP.
- 91% of patients are found a hospital bed within four hours of the decision being made in A&E to admit them to hospital.

As a major teaching hospital and a base for regional, national and international specialties, King's undertakes research to find better and new treatments for a wide range of conditions.

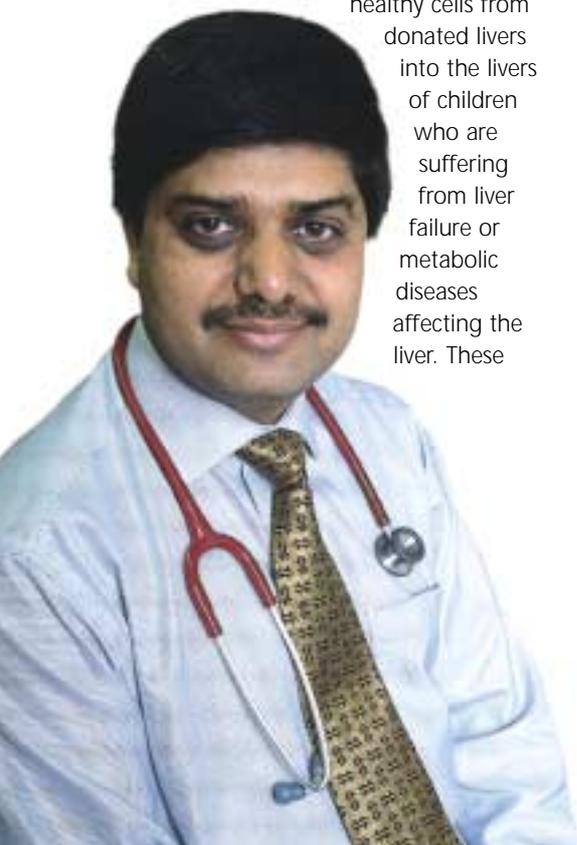
# liver transplants

## – new hope for children

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**Dr Anil Dhawan**, a consultant specialising in children's liver diseases, is undertaking research that could reduce the number of children requiring liver transplants. Currently, King's performs 50 liver transplants on children a year, making us the world's biggest children's liver centre. If successful, the research - the only programme of its kind in the United Kingdom - could prevent children needing to have liver transplants at all.

Dr Dhawan and his team are injecting healthy cells from donated livers into the livers of children who are suffering from liver failure or metabolic diseases affecting the liver. These



cells will then start to regenerate and eventually all the old liver cells will be replaced with new, healthy ones. The key to this research has been to separate liver cells from a donated liver. "We can now do this in our new purpose-built cell isolation laboratory," says Dr Dhawan. The laboratory, which is shared with the King's diabetes team, has been rigorously tested to ensure that cells are free from contamination or particles when the liver cells are separated.

"Liver cells fit together like bricks," Dr Dhawan explained. "We break down the cement with enzymes, filter them, test to see if they are healthy and then freeze them. We can use parts of livers that aren't needed for transplants or those which aren't suitable to be transplanted. One liver may provide enough cells for two patients.

"We are now at the exciting stage of being ready to start trials with patients. Children will still have to have immuno-suppressant drugs but will not have the trauma of a liver transplant. We can also freeze separated cells so that they can be injected as soon as the need arises. The laboratory was the first step but our ultimate goal is to take children's existing cells, correct the defect and then inject them back into the child.

This way, they won't need to take drugs for the rest of their lives."

Dr Dhawan added that the team is also working to improve the quality of life for children who have had liver transplants, but who will not be suitable for this new treatment. "We are looking particularly at minimising the side effects and complications of anti-rejection drugs," he says.

Dr Dhawan's day begins catching up on new research and medical journals, checking his emails and going through telephone messages. "Once these are dealt with I am ready to see patients. In the children's liver department the three consultant physicians work on a three monthly rotation. The first month I am very much based on the wards, undertaking ward rounds and looking after inpatients. The second month I am based in day case seeing patients and counselling families. In the third month I will see patients in outpatient clinics and concentrate on research."

Anil says he enjoys having the opportunity to do new things. "This field of research is progressing very quickly and ensuring that King's stays ahead of the rest of the world is a real challenge and one that will give great benefits to the patients we treat."

**“All the staff were friendly, kind and helpful, even when busy.”**

Patient Survey comment



## DIABETES UNDER THE MICROSCOPE

King's cell isolation laboratory has also enabled another clinical trial to get underway. Professor Stephanie Amiel and her team are separating the islets from donated pancreases with the aim of transplanting them into patients with insulin-dependent diabetes. The team has started trials on patients who would normally need a pancreas transplant as their diabetes is not controllable with insulin.

## IMPROVING CARE FOR SICKLE-CELL CHILDREN

More than 400 children with sickle cell disease attend clinics at King's and it is thought to be the fastest growing genetic disease in the UK. Lung and breathing problems are a large cause of illness and death in sickle cell anaemia and the exact

nature of these problems is being studied by the children's and neonatal departments. The study has looked at children aged between six and 12 years with sickle cell disease. The findings will now be used in the treatment of children with sickle cell and to help us plan future service developments.

## BREAKTHROUGH TEST FOR DOWN'S SYNDROME

Professor Kypros Nicolaides and his team in the Harris Birthright Unit have made a breakthrough discovery in testing for Down's Syndrome. The new test can be carried out during the routine ultrasound test that all pregnant women have at 12 weeks. Doctors can now look to see if babies have a nasal bone as this bone is likely to be absent in babies with Down's Syndrome. The test will dramatically reduce the number of miscarriages following the more usual invasive testing procedures.



## PALLIATIVE TEAM INVESTIGATING

The King's palliative care team is analysing people's attitudes to death and the meaning of death for older people and in different cultural and regional areas. The first part of the study has investigated the needs and experiences of our local community. The next phase is to research ways in which services can be changed in response to the initial findings. This will ensure that services can more closely meet cultural and healthcare needs.

### FACTS & FIGURES

- We have more than 1000 research projects on-going at any one time.
- 300 new research projects start every year.
- Research is undertaken by 600 researchers.
- King's is one of the largest centres for children with sickle cell disease in the UK.

Our commitment to involving staff in our plans translates ultimately into higher quality patient care.

# changing attitudes – and improving working lives

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As an employee relations manager, you might expect **Wendy Gay** to be desk-bound. However, a typical day can see her attending a meeting with the hospital's 34 union representatives, holding a sickness case conference or giving advice to a manager on equality in the workplace.

Wendy is part of the human resources department at King's. Her job is to support the operational departments in the hospital. She also takes the lead on initiatives to improve the working environment at King's, to the benefit of staff and patients.

Wendy says: "I play a major role in supporting managers who are changing the way in which we work at King's and also how we relate to patients. In the broadest sense my role is about improving the working lives of staff here. If staff enjoy their jobs and stay here for longer then you also improve things for patients."

King's received the national Improving Working Lives pledge status in April 2001 and have recently been assessed on the first stage accreditation.

"Improving Working Lives is about the NHS being an employer of choice. We'd like King's to become the hospital employer of choice, it's all about making sure staff are treated well," she says. "We are assessed in

eight different areas. These are flexible working, staff benefits, staff involvement and communication, workforce planning, strategy, diversity and getting feedback from staff.

"It's a big agenda and you can't change everything all at once. This year we have made some really good progress. More staff than ever before have benefited from King's Flex, our flexible working scheme. We have won funding from the Department of Trade and Industry for a project with Unison to create a joint mediation scheme. This is a first in the NHS and will enable us to train a range of staff in different jobs and departments to act as mediators to resolve staff grievances in a much more informal way."

Pilots are underway in physiotherapy and pharmacy to find out what happens on a day-to-day basis to involve staff. Wendy is interested to know whether they have multi-disciplinary team meetings and whether staff are asked for their views on changes to how the department they work in is run. In the coming year, Wendy is committed to running a leadership course for staff and will particularly welcome black and ethnic staff to ensure that hospital managers reflect the diversity of the staff we employ.

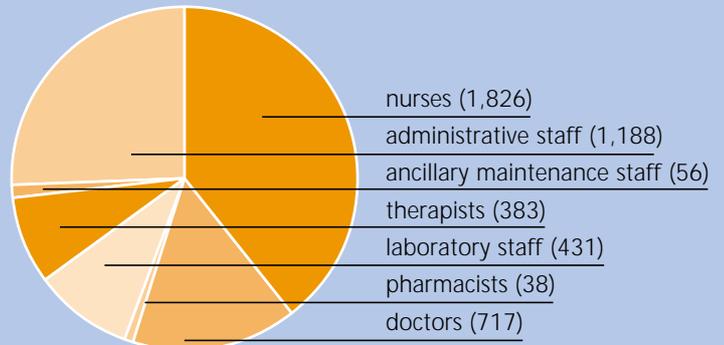
"We are also working on a video about our harassment support line so that we can raise awareness of it through staff induction."

For Wendy, the best parts of the job are the variety, resolving problems and the satisfaction that she has seeing the real difference in the working lives of staff. Says Wendy, "Feedback from our annual staff survey confirms that staff satisfaction isn't just about money, it's about valuing and involving staff to ensure that patients remain our top priority."





### Staff working at King's



**Total 4,639**

### INVESTING IN PEOPLE

King's was re-accredited for the prestigious Investors In People award in December 2001. This accreditation is given to organisations that demonstrate their commitment to developing and involving staff. A continuing professional development facilitator was appointed during the year to support the Trust's aim of having all staff appraised and given a personal development plan every year.



### NEW FACILITIES FOR STAFF

King's bid successfully for funding to establish a third on-site nursery for staff during the year. The nursery will provide 60 more places for the children of Trust staff. We have also extended the staff canteen opening hours until midnight and have installed vending machines and

microwaves to enable staff to have a hot meal 24 hours a day. Hospital-owned rental accommodation was also refurbished during the year including en-suite single accommodation and flats for couples sharing.

### COMMUNICATING WITH STAFF

With support from the King's College Hospital Charitable Trust, Kingsweb the web-based intranet for staff has been completely re-launched. Kingsweb provides a web-based system of local information such as telephone numbers, policies and procedures. The intranet can be accessed from all computers in the Trust and also from 15 cyber-terminals that have been set up around the hospital for staff who don't have easy access to a computer. King's has also introduced King's Brief a fortnightly briefing from the Trust's executive for staff.



### VALUING DIVERSITY OFFICER APPOINTED

A valuing diversity officer has been appointed to work across all parts of the hospital to ensure that we value and respect diversity at King's, whether that is ensuring the needs of disabled patients and staff are catered for or ensuring that our services do not racially discriminate. A Patient Diversity Group has been established and a Valuing Diversity Strategy produced. The strategy is King's response to the Race Relations (Amendment) Act 2001 and sets out plans for action to ensure that staff recruited from overseas are fully integrated into King's and for developing disability awareness training.

### FACTS & FIGURES

- King's has won two awards this year that recognise us as a good employer. One of these is for our Career Escalator, which offers healthcare assistants and occupational therapy assistants the chance to qualify as fully qualified nurses and occupational therapists.
- King's recognise 17 unions and there are 34 union representatives at the hospital.

New performance targets are helping us improve the patient experience and bed management. The results are encouraging.

# admissions and discharge

## – streamlining our service



16

As a publicly-funded service, the NHS must be accountable to its funders and users. The introduction of the star rating awards for performance management has increased our internal and external focus on reaching the performance targets set for us. Key targets include the patient experience and how quickly patients are admitted to a hospital bed from A&E.

The new combined admission and discharge team is enabling us to make the process of admitting and discharging patients from hospital much more streamlined. It also meets the governments agenda of moving towards integrated health and social care structures to ensure the patient gets a seamless service throughout their hospital stay and discharge into the community. This will improve patients' experience of hospital care and help to make beds available when we need them.

The admission and discharge team was formed following a year-long review of discharge arrangements. The team, based at Dulwich Hospital, aims to provide a more co-ordinated approach to the safe and timely discharge of patients from the hospital.

**Matthew Winn**, our health and social care project manager, says: "We are all more accessible, through

a single point of contact for ward staff via telephone and fax. Our administrative staff work across all the teams. This helps reduce duplication between teams and also frees up time for all staff to deal more effectively with seeing patients and safely discharging them from hospital.

"The new team is a real partnership and comprises staff from King's College Hospital, Southwark and Lambeth social services adult social work teams, Southwark Primary Care Trust supported discharge and rapid response team and a community liaison nurse."

Discharge co-ordinators, **Alison Mullaney**, **Katherine Hannon** and **Connie Walfall** support the wards in planning discharge for patients who have complex care needs which need to be met in the community whether that is at home or in a care setting.

"Patients may have new housing problems, there may be issues around equipment needed for discharge or ensuring it is safe to send someone home when they have been in hospital for any length of time," says Alison Mullaney. "Each of us is responsible for particular ward areas across the hospital and attend their multi-disciplinary team meetings that include nurses, doctors,

physiotherapists, occupational therapists and social workers. We'll liaise with community professionals, the social workers and clinical site managers who are working to find beds for patients to be admitted where necessary. We also act as a resource for all staff, enabling them to arrange for a patient to go home. We have an educational role too: for example I have taught our new nurses from the Philippines how our system works in relation to the discharge process and who is involved."

Since the staff came together in one team they have all found it much easier to communicate with each other, as before it was telephone calls and messages. Now they can just walk down the corridor and talk face-to-face. This view is echoed by social worker, **Nicholas Jackson-Barnes**, part of the Lambeth team. "I really love being based at the hospital and coming into contact with a greater variety of people and professions. It's great being part of a wider team and much easier to sort out queries."

Katherine Hannon concludes, "The best thing is the feeling that you can make a difference. We can come up with a solution to help a patient (one we didn't even know existed at the start of the day) back to their own home."



### THREE STARS FOR SECOND YEAR RUNNING

For the second year running King's has been awarded the top three-star rating in the national performance ranking of hospitals. Staff have worked incredibly hard to achieve the greater number of targets set for us. We have treated more patients than ever before, have met or exceeded all the national waiting list and waiting time reduction targets and reduced staff turnover.

### A LEARNING ORGANISATION

At King's, ongoing education, research and good practice is essential, and we actively encourage staff to learn from events. Our clinical governance committee links with clinical governance leads in each care group to identify and promote good practice and improvements. A newsletter is produced, as well as a clinical governance report each year detailing our plans and achievements in this area. The report can be found on our website [www.kingsch.nhs.uk](http://www.kingsch.nhs.uk).

### NATIONAL SERVICE FRAMEWORKS

King's is measured against national frameworks or standards for improving care in cancer, coronary heart disease and services for older

people. We have made significant progress in achieving these standards. This year a rapid access chest clinic for people with chest pains has been established, no patient waits more than two weeks to see a doctor following an urgent referral for suspected cancer, and less than 10% of patients over 75 were delayed from leaving hospital.

### DISCHARGE LOUNGE

A discharge lounge for adults has been created to provide a waiting environment for medical and surgical patients who are ready to go home but who are waiting for hospital transport, medication or families to collect them. Patients are able to wait in the lounge which has a television and magazines. This frees up beds on the wards for other patients needing admission.

### CHARTERMARK FOR THERAPISTS

King's therapy services department, a combined occupational therapy, physiotherapy and speech and language therapy service, has been recognised for its high levels of customer satisfaction with a Charter Mark award. The award is part of a Government scheme and means that therapy services have demonstrated that they put customers first and how high standards in the public sector can be.



#### Waiting list targets

Targets for 2001/02 set by health authority

##### OUTPATIENTS

No more than 678 patients referred by their GP should wait for 13-26 weeks for a new outpatient appointment.

##### INPATIENTS

No patient should wait for more than 15 months for an operation.

No more than 7,427 patients should be on the waiting list for inpatient and daycase care.

Results for 2001/02

Target exceeded by 85. One patient waited over 26 weeks due to an administrative error but was treated in April 2002.

Achieved. At the end of the year only 103 patients had been waiting more than 12 months.

Target exceeded by 19.

# 21st century care – planning the future

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With demand for our services increasing, we must be ready to meet patient needs and ensure that patients continue to benefit from the latest medical and technological advances. We must also ensure we get the basics right - the right number and right type of beds, buildings, services and equipment - alongside the right number of staff.

£100 million will be invested in facilities at King's this year enabling us to centralise all acute services at Denmark Hill by 2004. Key to

ensuring we have the right facilities is the opening of the six storey Golden Jubilee Wing in October. The wing will house all women's services, most outpatient clinics, an integrated therapies centre, two new wards for medical patients and a purpose-built high dependency unit.

**Joan Douglas**, a midwife who will be moving into the new Nightingale Birth Centre, says: "A typical day at the moment includes one meeting about our move into the Golden Jubilee Wing. Lots of planning is going on to ensure that the move goes smoothly as we are not just moving equipment, furniture and records but also people as well! We are trying to avoid closing services, so we have a tight timetable for what moves and when. The antenatal clinic and fetal assessment unit will move first on a Friday, ready to open three days later. Then over the weekend the base that our community midwives use will transfer over. On Monday in the afternoon the antenatal and postnatal wards including mums and babies will move over. The neonatal intensive care unit and special care baby unit, along with the labour ward will all move on the same day to ensure that all the facilities are available for any sick babies.

"The new centre will make a huge difference to the way we care for women. Firstly, the new name - The Nightingale Birth Centre - will hopefully lead to a new way of thinking about hospital birth. Secondly, the fantastic facilities - all rooms are en-suite and are bigger. There will be two bereavement rooms for women who have lost a baby, away from areas where there are women with babies or who are having babies. The rooms will also have double beds so that partners can stay over. Thirdly the environment - it will be a calming and soothing place to give birth in. We are hoping to designate two rooms for giving birth without any high tech equipment and with normal beds for low-risk women who want as close to a home birth as possible but with the safety net of a hospital. Staff will also benefit from having a nicer place to work - the new building, more facilities and we will be able to work in partnership much more easily as all the women's departments are integrated.

"The best part of my job is the contact with women and talking to them, sharing their experiences and helping to make their experience of birth a positive one. The move to the Golden Jubilee Wing will enable us to make it even more positive."





## PURSUING PERFECTION

King's, in partnership with Lambeth and Southwark Primary Care Trusts, has been chosen as one of only four UK sites to participate in the prestigious Pursuing Perfection programme, an international healthcare improvement programme that aims to go further than the targets set out in the NHS Plan. The programme seeks to facilitate the provision of high quality care to patients at the right time, in the right place and by the right person. The programme is led internationally by the Institute for Healthcare Improvement in Boston, USA and in the UK in partnership with the NHS Modernisation Agency.



## NEW COMMUNITY HOSPITAL FOR DULWICH

Dulwich Hospital dates from the 1880s and can no longer meet modern acute healthcare needs. We are supporting the development of a new community hospital, to be managed by Southwark Primary Care Trust, on the Dulwich site that will improve health and social care services in South East London. The new community hospital will provide more immediate care facilities and services, expand primary care, community health, mental health and social care services and encourage the integration of these services.

## ENCOURAGING PATIENT CHOICE

King's has been chosen as the site for the South East for the London Patients Choice Project. This project is piloting a new approach enabling patients to have a choice as to where they have their operations if they have been waiting more than six months. Ophthalmology will be the first specialty, with all specialties available by June 2003. Due to our short waiting lists for cardiac treatment, King's is also taking cardiac patients who have been waiting over six months under the national Patient Choice initiative.

## NEW RESEARCH CENTRE FOR 2004

Our links with the Guy's, King's and St Thomas' Schools of Medicine and Dentistry and the Institute of Psychiatry continue to be strengthened. Together we are developing a centre at King's for research into stem cell therapy, heart disease, sickle cell, liver disease and brain disorders. This is a major investment by the medical school in our campus, which will be operational by the end of 2004.

### FACTS & FIGURES

- In 2002/03 six wards will be refurbished or upgraded. This will enable us to meet privacy and dignity standards and provide 21st century care.
- The Golden Jubilee Wing will house all women's services, most outpatients clinics, an integrated therapies centre, two new wards and a purpose-built high dependency unit.
- In addition to the Golden Jubilee Wing new facilities, two new wards and two new theatres will be provided in 2002/03.

This review prefaces King's College Hospital's summary financial statements, which are set out on pages 22 to 25. Copies of the full financial statements are available free of charge on application to the Director of Finance. These statements reflect the Trust's financial performance during 2001/02 against the financial targets set by the NHS Executive. These targets are to:

- Achieve a break-even position taking one year with another
- Earn a 6% pre-interest return on average assets employed
- Make a net reduction in the requirement for External Financing of £5.403 million
- Manage within a Capital Resource Limit (CRL) set at £7.833 million.

Performance on the first two targets reflects the extent to which the Trust has been able to ensure that patient activity and expenditure is managed within the levels of income generated. In the 2001/02 financial year, the Trust was able to achieve a return of 6.45% and a surplus of £176,000.

The Trust has seen a significant increase in demand for its services, which has itself caused pressures in terms of both physical and financial resources. This continued increase in demand, coupled with more stringent waiting time targets, will provide significant pressure within the coming financial year, which we need to manage in partnership with the Trust's lead commissioner, Southwark PCT, and the South East London Strategic Health Authority. In addition Lambeth, Southwark and Lewisham Health Authority provided £500,000 of non-recurrent funding to the Trust in 2001/02 in order to support the additional expenditure being incurred as a result of the ongoing site development at Denmark Hill.

The third financial target reflects the Trust's cash management and was achieved for the ninth year in succession, as was the new limit set in 2001/02 on the use of Capital Resources. These targets ensure that the Trust manages within its cash resources and capital expenditure targets.

The building works associated with the Trust's Private Finance Initiative scheme to centralise acute services have continued throughout the year and phase one will be completed in October 2002. The scheme provides a new clinical building at the front of the hospital and a refurbishment to the existing Ruskin Wing. The works are being undertaken by the Trust's private sector partner, in return for a 38 year contract for use of the new building and the provision of site-wide hotel services. The annual payments relating to the new build and site services will be treated as revenue charges, whereas the refurbishment will be the subject of a finance lease with effect from the date of acceptance by the Trust.

From April 2002, responsibility for all clinical negligence claims passed to the NHS Litigation Authority. As the NHSLA has a constructive obligation for these liabilities in 2001/02, the transfer has been recognised by the Trust as an exceptional gain in the Income and Expenditure Account for the year, and the write back of related reimbursements has been included as an exceptional loss.

The Trust complied with the NHS Chief Executive's letter of 9 April 2001 in respect of managers' pay.

#### STATEMENT ON INTERNAL CONTROL

The Board is accountable for internal control. As Accountable Officer, and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and for reviewing its effectiveness. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing risk management process designed to identify the principal risks to the achievement of the organisation's objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core Controls Assurance Standards:

- Governance
- Financial Management
- Risk Management [Risk Management System standard for 2001/2002]

I plan to have the necessary procedures in place by the beginning of the financial year 2003/04 to meet the Treasury guidance. This takes into account the time needed to fully embed the processes that the Board has agreed should be implemented.

- The organisation has undertaken a self-assessment exercise against the core Controls Assurance standards (Governance, Financial Management and Risk Management). An action plan has been developed and implemented to meet any gaps
- The organisation has in place arrangements to monitor, as part of its risk identification and management processes, compliance with other key standards, including relevant Controls Assurance standards covering areas of potentially significant organisational risk.

In addition to the actions outlined above, in the coming year it is planned to:

- Further integrate clinical and non clinical risk management
- Consolidate all risk assessments into a unified risk register
- Review the risk management structures for the Trust

As Accountable Officer, I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control has taken account of the work of the executive management team within the organisation who have responsibility for the development and maintenance of the internal control framework, and of the internal auditors. I have also taken account of comments made by external auditors and other review bodies in their reports.

#### MALCOLM LOWE-LAURI

Chief Executive, 7 August 2002  
(on behalf of the Board)

#### INDEPENDENT AUDITOR'S REPORT

We have examined the summary financial statements.

#### Respective responsibilities of directors and auditors

The directors are responsible for preparing the annual report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the annual report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

#### Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 "The auditor's statement on the summary financial statements" issued by the Auditing Practices Board for use in the United Kingdom.

#### Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2002 on which we have issued an unqualified opinion.

#### GEOFFREY BANISTER

Audit Manager, District Audit,  
4th Floor, Millbank Tower,  
Millbank, London SW1P 4QP 7 August 2002

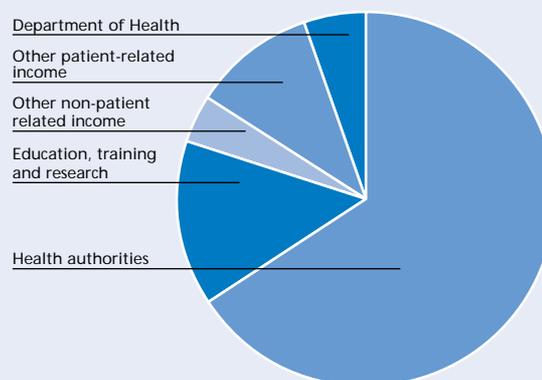
# annual accounts 2001/02

## BREAKEVEN PERFORMANCE – FIVE YEAR TREND

	2001/02 £000	2000/01 £000	1999/2000 £000	1998/99 £000	1997/98 £000
Turnover	<b>264,239</b>	236,398	215,142	199,558	183,590
Break-even in-year position	<b>176</b>	25	295	47	(1,792)
Break-even cumulative position	<b>(1,249)</b>	(1,425)	(1,450)	(1,745)	(1,792)

## TURNOVER

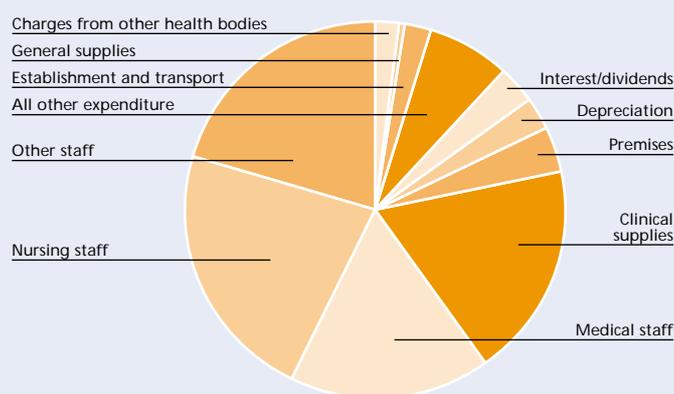
	2001/02 £000	2000/01 £000
Health Authorities	173,383	165,875
Education, training and research	37,664	36,802
Other non-patient related income	11,291	9,585
Other patient related income	27,852	12,213
Department of Health	14,049	12,250
	<b>264,239</b>	<b>236,725</b>



The Trust also received £450,000 from interest on treasury deposits in the financial year 2001/02 (£327,000 : 2000/01).

## EXPENDITURE

	2001/02 £000	2000/01 £000
Nursing staff	58,988	45,110
Other staff	53,958	55,337
Clinical supplies	48,615	45,607
Medical staff	45,111	35,974
All other expenditure	18,638	18,101
Premises	10,287	8,764
Interest/dividends payable	8,569	7,827
Depreciation	7,361	8,000
Establishment & transport expenses	5,950	5,228
Charges from other health bodies	5,292	4,677
General supplies	1,294	1,011
Profit (Loss) on sale of fixed assets	0	1,064
	<b>264,063</b>	<b>236,700</b>



# annual accounts 2001/02

## INCOME AND EXPENDITURE ACCOUNT FOR YEAR ENDED 31 MARCH 2002

	2001/02 £000	2000/01 £000
<b>Income from activities:</b>		
Continuing operations	215,284	190,338
<b>Other operating income</b>	48,505	46,060
<b>Total Income</b>	263,789	236,398
<b>Operating expenses:</b>		
Continuing operations	(255,494)	(227,809)
<b>OPERATING SURPLUS</b>		
Continuing operations	8,295	8,589
<b>Exceptional gain: on write-out of clinical negligence provisions</b>	18,773	0
<b>Exceptional loss: on write-out of clinical negligence debtors</b>	(18,773)	0
Cost of fundamental reorganisation/restructuring	0	0
Profit (loss) on disposal of fixed assets	0	(1,064)
<b>SURPLUS BEFORE INTEREST</b>	8,295	7,525
Interest receivable	450	327
Interest payable	0	(5)
Other finance costs	(249)	(457)
<b>SURPLUS FOR THE FINANCIAL YEAR</b>	8,496	7,390
Public Dividend Capital dividends payable	(8,320)	(7,365)
<b>RETAINED SURPLUS FOR THE YEAR</b>	176	25

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## STATEMENT OF TOTAL RECOGNISED GAINS & LOSSES FOR YEAR ENDED 31 MARCH 2002

	2001/02 £000	2000/01 £000
Surplus for the financial year before dividend payments	8,496	7,390
Fixed asset impairment losses	0	0
Unrealised surplus on fixed asset revaluations/indexation	4,217	1,238
Increase in the donation reserve due to receipt of donated and government grant financed assets	1,968	1,139
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	(615)	(569)
Additions/(reductions) in "other reserves"	0	0
<b>Total recognised gains and losses for the financial year</b>	14,066	9,198
Prior period adjustment	0	(2,043)
<b>Total gains and losses recognised in the financial year</b>	14,066	7,155

## BALANCE SHEET AS AT 31 MARCH 2002

	31 MARCH 2002 £000	31 MARCH 2001 £000
<b>FIXED ASSETS</b>		
Intangible assets	168	179
Tangible assets	151,166	144,511
	<b>151,334</b>	144,690
<b>Current Assets</b>		
Stocks and work in progress	4,786	4,100
Debtors	15,350	30,722
Investments	0	0
Cash at bank and in hand	3,400	522
	<b>23,536</b>	35,344
<b>Total Current Assets</b>	<b>23,536</b>	35,344
<b>CREDITORS: Amounts falling due within one year</b>	<b>(30,157)</b>	(22,997)
<b>NET CURRENT ASSETS (LIABILITIES)</b>	<b>(6,621)</b>	12,347
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>144,713</b>	157,037
<b>CREDITORS: Amounts falling due after more than one year</b>	<b>0</b>	0
<b>PROVISIONS FOR LIABILITIES AND CHARGES</b>	<b>(3,090)</b>	(15,944)
<b>TOTAL ASSETS EMPLOYED</b>	<b>141,623</b>	141,093
<b>FINANCED BY:</b>		
<b>CAPITAL AND RESERVES</b>		
Public dividend capital	<b>100,718</b>	105,935
Revaluation reserve	<b>28,787</b>	24,717
Donated asset reserve	<b>12,679</b>	11,178
Government grant reserve	<b>0</b>	0
Other reserves	<b>0</b>	0
Income and expenditure reserve	<b>(561)</b>	(737)
<b>TOTAL CAPITAL AND RESERVES</b>	<b>141,623</b>	141,093

# annual accounts 2001/02

## CASHFLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2002

	2001/02 £000	2000/01 £000
<b>OPERATING ACTIVITIES</b>		
<b>Net cash inflow from operating activities</b>	<b>21,558</b>	<b>14,524</b>
<b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:</b>		
Interest received	417	327
Interest paid	0	0
Interest element of finance leases	0	(5)
<b>Net cash inflow from returns on investments and servicing of finance</b>	<b>417</b>	<b>322</b>
<b>CAPITAL EXPENDITURE</b>		
Payments to acquire tangible fixed assets	(8,722)	(8,770)
Receipts from sale of tangible fixed assets	0	6
(Payments to acquire)/receipts from sale of intangible assets	(39)	(85)
<b>Net cash inflow (outflow) from capital expenditure</b>	<b>(8,761)</b>	<b>(8,849)</b>
<b>DIVIDENDS PAID</b>	<b>(8,320)</b>	<b>(7,365)</b>
<b>Net cash inflow/(outflow) before management of liquid resources and financing</b>	<b>4,894</b>	<b>(1,368)</b>
<b>MANAGEMENT OF LIQUID RESOURCES</b>		
Purchase of investments	0	0
Sale of investments	0	0
<b>Net cash inflow (outflow) from management of liquid resources</b>	<b>0</b>	<b>0</b>
<b>Net cash inflow (outflow) before financing</b>	<b>4,894</b>	<b>(1,368)</b>
<b>FINANCING</b>		
Public dividend capital received	3,000	10,465
Public dividend capital repaid (not previously accrued)	(8,217)	(10,300)
Public dividend capital repaid (accrued in prior period)	0	0
Loans received	0	0
Loans repaid	0	0
Other capital receipts	509	1,408
Capital element of finance lease rental payments	0	(12)
Cash transferred from/to other NHS bodies	0	0
<b>Net cash inflow (outflow) from financing</b>	<b>(4,708)</b>	<b>1,561</b>
<b>Increase (decrease) in cash</b>	<b>186</b>	<b>193</b>

## SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS

Name and Title	Period in Office	Age as at 31 March 2002	Salary £000	Other remuneration £000	Golden hello / compensation for loss of office £000	Benefits in kind £000	Real increase in pension at age 60 £000	Total accrued pension at age 60 as at 31 March 2002 £000
<b>Members of Board</b>								
<b>Chairman &amp; Non-Executive Directors</b>								
Michael Doherty - Chairman	April 01 – March 02	62	20	0	0	0	N/A	N/A
Frank Stansil	April 01 – March 02	67	5	0	0	0	N/A	N/A
Heather Gilmour	April 01 – March 02	37	5	0	0	0	N/A	N/A
Elizabeth Jenkins	April 01 – June 01	55	1	0	0	0	N/A	N/A
Gareth Roscoe	August 01 – March 02	54	3	0	0	0	N/A	N/A
Pamela Brown	August 01 – March 02	46	3	0	0	0	N/A	N/A
John Moxham	April 01 – March 02	57	5	0	0	0	N/A	N/A
<b>Executive Directors</b>								
Ron De Witt - Chief Executive	April 01 – December 01	54	106	0	0	0	1	16
Paul Forden - Director of Finance & Information Services	April 01 – December 01	41	81	0	0	0	2	14
Paul Forden - Acting Chief Executive	January 02 – March 02	41	33	0	0	0	0	0
Simon Taylor - Acting Director of Finance	January 02 – March 02	40	23	0	0	0	2	18
Paul O'Connor - Director of Operations	April 01 – July 01	43	36	0	0	0	1	15
Jacqueline Docherty - Director of Nursing	April 01 – March 02							(Consent to disclosure withheld)
Jacqueline Docherty - Acting Director of Operations	August 01 – March 02							(Consent to disclosure withheld)
Christopher Clough - Medical Director	April 01 – March 02	48	21	94	0	0	4	30

Performance related bonuses are paid as a lump sum on the achievement of a combination of team and individual objectives. The objectives cover patient services, financial performance and organisational development. These criteria are weighted to reflect the significance of each area. Review of the bonus targets and overall performance is undertaken by the Remuneration Committee comprising of the Non-Executive Directors of the Trust.

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## MANAGEMENT COSTS

	2001/02 £000	2000/01 £000
Management costs	9,158	8,704
Total income	263,789	236,398
Management costs as a % of Income	3.47	3.68

## PUBLIC SECTOR PAYMENT POLICY

### Better Payment Practice Code - measure of compliance

The NHS Executive requires that Trusts pay their non-NHS trade creditors in accordance with the CBI prompt payment code and Government accounting rules. The target is to pay non-NHS creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier.

	2001/02 number	2001/02 £000	2000/01 £000
Total bills paid in the year	106,870	110,590	102,780
Total bills paid within target	83,727	90,321	88,234
Percentage of bills paid within target	78.34%	81.67%	85.85%

### The Late Payment of Commercial Debts (Interest) Act 1998

Amounts included within Interest Payable arising from claims made by businesses under this legislation was £0 (2000/01 £0).

## Board of Directors

### Chairman

**Michael Doherty** (to May 2002).

Reappointed November 2000.

Chair: Trust Board, Governance Committee and Finance Committee. Director: Hamiltons London Limited. Chairman: Council, St John's School, Leatherhead and Norcros Trustees. Director and Chairman: Chronos Richardson Ltd. Trustee: King's College Hospital Charitable Trust.

### Non-executive directors

#### Frank Stansil

Reappointed November 2000.

Chair: Audit Committee (to May 2002). Non-Executive Chairman: Independent Direct Marketing Limited; Caviar Kaspia (London) Limited; Petit Delice plc. Non-Executive Director: Feline (Lost & Found Cats) Helpline; Tower Casino Group Ltd. Trustee: The King's Appeal.

#### Heather Gilmour

Appointed November 1997.

Chair: Audit Committee (from June 2002). Private consultant, undertaking work for a range of NHS bodies.

#### Prof John Moxham

Appointed October 2000.

Chair: Governance Committee (from June 2002).

#### Gareth Roscoe

Appointed August 2001.

Chair: Board Working Group on Complaints (from August 2001).

#### Pamela Brown

Appointed August 2001.

Chair: Fair Access and Equal Opportunities Committee. Management consultant, undertaking work within the NHS. Chair of Presentation Housing Association, which may tender for provision of housing for key workers.

#### Liz Jenkins (to June 2001).

Appointed November 1999.

Chair: Board Working Group on Complaints (to June 2001). Trustee: REFRESH (charity providing respite care).

## Executive directors

Executive directors are appointed through a process of open advertising and formal selection interview. All appointments are permanent and subject to normal procedures and notice entitlements.

### Chief Executive

**Ron De Witt** (to December 2001).

Tel 020 7346 2124

Appointed May 1999.

Chairman: English National Board for Nursing, Midwifery and Health Visiting. Member: London Modernisation Board. Professor of Health Commissioning, Sheffield & Hallam University. Honorary Fellow, University of Lincolnshire/ Humberside.

### Executive Director – Operations

**Paul O'Connor** (to August 2001).

Tel 020 7346 3392

Appointed October 1997.

### Executive Director – Finance & Information Services

**Paul Forden**

Tel 020 7346 6038

Appointed January 2000.

Acting Chief Executive from January 2001.

### Executive Director – Medical

**Dr Chris Clough**

Tel 020 7346 5319

Appointed June 1998.

Part-time NHS consultant. Performs private practice at Sloane Hospital and Chelsfield Park. Association of British Neurologists, (Training & Education Sub-Committee). Specialist Advisory Committee of Neurology. Member: Dystonia Society.

### Executive Director – Nursing

**Jacqueline Docherty**

Tel 020 7346 3939

Appointed September 1997.

Acting Executive Director – Operations (from August 2001).

## Directors

Human Resources: **Michael Griffin**

Strategic Development: **Simon Wood**

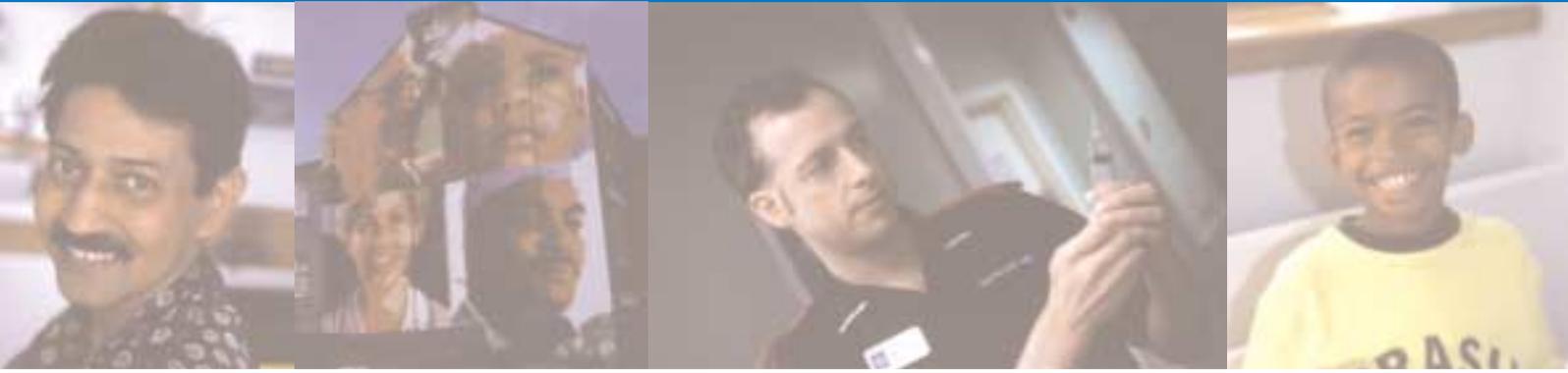
Research & Development: **Dr Mark Lewis** (to July 2001)

Facilities: **Ahmad Toumadj**

# directors



\* Audit Committee members  
+ Remuneration Committee members



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