

Meeting	Public Board of Directors
Time of meeting	09:00-12.00
Date of meeting	6 February 2019
Meeting Room	Dulwich Room, Hambleden Wing
Site	Denmark Hill

			Encl.	Lead	Time
1. STANDING ITEMS				Chair	9:00
1.1. Apologies					
1.2. Declarations of Interest					
1.3. Chair's Action					
1.4. Minutes of Previous Meeting – 05/12/2018	FA		Enc. 1.4		
1.5. Action Tracker & Matters Arising	FE		Enc. 1.5		
2. PATIENT FOCUS					
2.1. Patient's Story	FD		Oral	S Dolan	09:05
2.2. End of Life Annual Report	FR		Enc. 2.2	S Dolan	09.35
3. TOP PRODUCTIVITY					
3.1. Integrated Performance Report (<i>Month 9</i>)	FD		Enc. 3.1	S Dolan	09.50
3.2. Chief Executive's Report	FD		Enc. 3.2	P Herring	10.20
4. SKILLED, CAN DO TEAMS					
4.1. Monthly Safer Staffing levels (Nursing)	FD		Enc. 4.1	S Dolan	10.30
5. FIRM FOUNDATIONS					
5.1 <u>Sound Finances</u>					
5.1.1. Finance Report (<i>Month 9</i>)	FR		Enc. 5.1.1	L Woods	10.50
5.2 <u>Rigorous Governance</u>					
5.2.1 Board Assurance Framework	FR		Enc. 5.2.1	S Coldwell	11.20
5.2.2 Board Resolution NHSI Draw Down	FA		Enc. 5.2.2	L Woods	11.30
5.2.3 Report from Governors	FR		Enc. 5.2.3	C North	11.40
5. ANY OTHER BUSINESS				Chair	11.50
6. DATE OF NEXT MEETING					
9am Wednesday 6 th March 2019, Bromley Parish Church, Church Road, Bromley, BR2 0EG					

Key: **FE:** For Endorsement; **FA:** For Approval; **FR:** For Report; **FI:** For Information

Members: Ian Smith Sue Slipman Faith Boardman Prof. Ghulam Mufti Dr Alix Pryde Christopher Stooke Peter Herring Lorcan Woods Dr Shelley Dolan Prof. Julia Wendon Dawn Brodrick Steven Bannister – <i>Non-voting Director</i> Lisa Hollins– <i>Non-voting Director</i> Abigail Stapleton– <i>Non-voting Director</i>	Trust Chair (<i>Chair</i>) Non-Executive Director, Vice Chair Non-Executive Director (SID) Non-Executive Director Non-Executive Director Non-Executive Director Interim Chief Executive Chief Finance Officer Chief Operating Officer and Chief Nurse Executive Medical Director Executive Director of Workforce Development Interim Director of Capital, Estates and Facilities Executive Director of Improvement, Informatics & ICT Director of Strategy
Attendees: Siobhan Coldwell Sao Bui-Van Jessica Bush	Trust Secretary and Head of Corporate Governance (Minutes) Director of Communication Head of Engagement and Patient Experience
Apologies:	
Circulation List: Board of Directors & Attendees	



King's College Hospital NHS Foundation Trust Board of Directors – with the Council of Governors

Draft Minutes of the Meeting of the Board of Directors held at 9am-12 noon on 5th December 2018, at Kings College Hospital Denmark Hill.

Members:

Ian Smith	Trust Chair, Meeting Chair
Sue Slipman	Non-Executive Director
Dr Alix Pryde	Non-Executive Director
Chris Stooke	Non-Executive Director
Faith Boardman	Non-Executive Director
Prof Jonathon Cohen	Non-Executive Director
Peter Herring	Chief Executive
Dr Shelley Dolan	Chief Nurse and Chief Operating Officer
Prof Julia Wendon	Executive Medical Director
Lorcan Woods	Chief Finance Officer
Dawn Brodrick	Executive Workforce Director
Lisa Hollins – Non-voting Director	Director of Improvement, Informatics and ICT
Abigail Stapleton - Non-voting Director	Director of Strategy
Steven Bannister – Non-voting Director	Director of Capital Estates and Facilities

In attendance:

Siobhan Coldwell	Trust Secretary and Head of Corporate Governance (minutes)
Sao Bui-Van	Director of Communications
Jessica Bush	Head of Patient Engagement and Patient Experience
Barrie Coker	Patient, Patient Story
Dr Simon Chapman	KAOS
Dr Hannah Baynes	KAOS
Barney Dunn	KAOS
Rosalinda James	Children's Safeguarding
Penny Dale	Public Governor
Chris North	Lead Governor
Barbara Goodhew	Public Governor
Claire Saha	Staff Governor
Claire Clifford Turner	Member of staff
Susan Gidgwich	Southwark Resident
Sigurd Reinton	Governance Consultant

Apologies:

Prof. Richard Trembath	Non-Executive Director (part meeting)
Prof Ghulam Mufti	Non-Executive Director

Enc. 1.4

Item	Subject	Action
18/126	<u>Apologies</u> Apologies for absence were noted.	
18/127	<u>Declarations of Interest</u> None.	
18/128	<u>Chair's Actions</u> No Chair's Actions were reported.	
18/129	<u>Minutes of the last meeting</u> The minutes were agreed as an accurate record of the meeting held on 8 th November 2018.	
18/130	<u>Action Tracker and Matters arising</u> The content of the action tracker was noted.	
18/131	<u>Patient Story</u> Mr Barry Coker attended the meeting to talk to the Board about his experience of being a patient at King's College Hospital. He noted that in recent years he has had c35 outpatient appointments and has had a pacemaker fitted. He reported that his experience of King's was generally good and the medical care he has received has been excellent. However, administration can be poor. The telephone reminder system works very well but letters are poorly written and don't always explain why the patient is being asked to attend an appointment. Reception staff are not always as friendly as they could be and the guidance to patients on transport links to King's is out of date. He noted also that although PALS is excellent, but is not properly advertised. The Board thanked Mr Coker for taking the time to come and speak to them about his experience. They were interested to know whether he thought the service had improved or deteriorated over the 7 years he has been a patient. He responded that it depended on the clinics. In response to a question about how well King's compared to other hospitals he noted that a family member had received excellent care from SLAM and that the links between King's and SLAM had been excellent.	
18/132	<u>King's Adolescent Outreach Service</u> Dr Simon Chapman, Dr Hannah Baynes and Mr Barney Dunn attended the Board to outline a new service aimed at providing outreach and support to adolescents who come into the Trust. The service is aimed at older adolescents whose medical needs are being met through mainstream services, but need wider support. Following an engagement event "Growing up with King's" KAOS was established. It is a team of c40 professionals across the Trust who are advocates for young people and young adults and who volunteer 10 days per year to support the service. Funding has been provided by a local charity which has enabled the team to recruit Mr Dunn to provide more structured support.	

Enc. 1.4

Item	Subject	Action
18/132 cont...	<p><u>KAOS cont...</u></p> <p>The Board heard that the service engaged with 100 patients between April and November 2018, 78% of the relevant age group. Referrals come through EPR but they also receive a list every day. They are often working with young people being treated by 25 diff sub-specialities across 30 wards, excluding paediatrics. On average 10% of these young people want to self-discharge and the team has been successful stopping 75% of those. The team also look at preventable and non-preventable admissions. The readmission rate for young people they have engaged with is 1.8% compared to 3.8% for the cohort.</p> <p>The team provided the Board with two case studies of how they had successfully re-engaged young patients in their treatment, supporting them to manage their illnesses more effectively and in one of the cases, to develop longer term goals to return to education and eventually to employment.</p> <p>The Board praised the success of the programme and asked about the how the programme could be further developed. It was reported that funding was not secure, there could be more engagement with out-patients and ED as well as more follow-up once patients had been discharged. The Board also heard that the team would broaden the age range of young people they currently work with and that youth work could be better co-ordinated. The Board also discussed the level of mental health need amongst the cohort they engage with.</p> <p>The Board thanked KAOS for the good work they do with young patients in the Trust.</p>	
18/133	<p><u>Children's Safeguarding Annual Report</u></p> <p>Dr Dolan introduced the annual children's safeguarding report. Activity has been high, reflecting the deprived urban nature of the local area in Camberwell, although Bromley is not without issues. Dr Dolan reported that the team has done an excellent job and the feedback from the local authority safeguarding boards is positive. She added that the Board should be assured that this vulnerable area is well managed. The Board discussed where the Trust could improve. It was noted that ED sees many older teenagers who are vulnerable but not always co-operative and training was being done to address this. It was noted that there was also scope to improve levels of mandatory training.</p> <p>The Board noted the report.</p>	
18/134	<p><u>Patient Experience</u></p> <p>The Board received a report outlining the results of a patient experience audit of the Frailty Unit, a new service that has been developed to improve the service provided to frail older people that attend ED. The feedback has been excellent and demonstrates the impact the transformation team has had on redesigning pathways. The Unit has very good results and average length of stay has fallen by 3 days in the past year.</p> <p>The Board welcomed the findings of the report.</p>	

Enc. 1.4

Item	Subject	Action
18/135	<p><u>Patient Outcomes</u></p> <p>Professor Wendon introduced the report, which outlines Q2 patient outcomes. She noted that many of the measures were rated 'green' which was reassuring. She highlighted the significant improvement in falls and pressure sores, as well as the consistency of the SHIMI data which showed there was no 'out of hours' effect on the data. She noted that the stroke audit was red. This was in part due to delays in patients arriving at HASU and pressure sores were also a concern. Action plans are in place to address the audit findings. She went to highlight the ICNARC data that showed general and liver ITUs were outliers. She explained that patient outcomes were still excellent and work was being done to understand why the units were outliers. Finally, she summarised the learning from deaths data, stating that only one could have been avoided.</p> <p>The Board noted improvements in pressure ulcers. The Board discussed the ICNARC data and what could be done to reduce the numbers of late referrals. It was noted that the critical care GIRFT programme will have a positive impact and that the i-mobile team needs to do more education across the Trust. Case reviews showed that there were no concerns about admission, once patients had been identified, which supports the view that better education is key. The introduction of NEWS2 would also make a difference.</p> <p>The Board noted the number of never events and discussed the causes. It was noted in relation to air and oxygen that this is a new 'never event' nationally and that staff have been educated but behaviour change is difficult to achieve. Structural changes are being made to air and oxygen sockets which will reduce the likelihood of further events.</p>	
18/136	<p><u>Integrated Performance Report – M7</u></p> <p>Dr Dolan updated the Board on mental health provision. The Board has long been concerned about the rise of severely mentally ill patients attending the emergency department. It was not uncommon to have 10-12 patients a night in ED who required a mental health response and most of them stayed in ED more than 48 hours because of the national shortage of mental health beds. The King's experience was common across London and other large urban centres outside London. There has been significant lobbying at a London and national level and an action plan was drawn up. Much of it has been successfully implemented but bed availability remained a problem. This has now been addressed and SLAM has successfully freed up 90 beds. She noted that in the past 4 weeks no patient has waited more than 48 hours for a bed. Other changes are being implemented to ensure patient flow is maintained and that further problems do not occur later on, particularly as winter arrives.</p> <p>The Board were pleased that progress has been made and asked about the impact it had on ED. Dr Dolan noted that it was not clear whether there had been an improvement in performance but that the impact on staff and patient experience has been significant. The Board discussed the learning from the October Patient Story, particularly about patient experience. Dr Dolan noted that as a result of that presentation, an action plan had been drawn up with Dr Sharpe and the team, aimed at addressing the issues raised. That has now been fully implemented. The Board agreed Dr Sharpe should be invited back to discuss how services are being improved.</p> <p>Action: Dr Sharpe to be invited to a future Board meeting to discuss how services are being improved.</p>	

Enc. 1.4

Item	Subject	Action
18/136 cont...	<p><u>Integrated Performance Report – M7 cont....</u></p> <p>The Board discussed whether there are plans to increase overall bed numbers at the local mental health Trusts. It was noted that the PRUH is generally well served by Oxleas and that King's is very supportive of SLAM's development plans.</p> <p>Dr Dolan moved onto ED performance. She started by outlining the key elements required for achieving the 4 hour access target. The 4 hour target is a measure of the whole system including out of hospital. There is compelling evidence is that the whole system has to be engaged. Only those who needed it should be coming through ED. It is clear from the analysis from the national GIRFT team that too many acute admissions come through ED at King's. Other Trusts have multiple pathways. Dental is the only care group to do this at Kings, but it creates difficulties when a bed is needed (albeit only very occasionally) because of ED priority.</p> <p>EDs need a proper streaming service with patients being redirected at the front door. This should be led by emergency nurse practitioners. This may involve redirecting people to their GP. It has been agreed that additional GP training will be provided. Redirection to the UCC needs to be effective. At the PRUH it generally works well but there have been issues at DH in part as a result of the way the contract has been written and performance managed. UCC needs to run at 98% to be effective.</p> <p>Flow in ED needs to be effective. There are new clinical directors at both sites who are doing good work to improve existing processes including diagnostics and staffing. Treatment and assessment also needs to work well. ED doctors can do diagnosis and treatment, but shouldn't. National data shows the Trust has 20% fewer assessment beds than needed but the required levels could be achieved within current capacity. Achieving flow and getting the approach to assessment right also requires a change in culture and behaviour which is being addressed. Finally, patient flow through the hospital is needed. The Trust needs requires 132 beds per day to achieve this which means ensuring early discharge across the Trust.</p> <p>She went on to outline what the Trust is doing in each of these areas to improve overall performance against the target. This includes from January using data to ensure patients are being directed appropriately. All relevant clinicians will attend a 1 day workshop to discuss pathways, and to work through how to get them fit for purpose. GP training is going to be regularly reinforced. Medical staffing levels are also being increased as they are comparatively low.</p> <p>It was noted that flow is working quite well in medicine but needs to be better in surgery. The staff here are well engaged and keen to develop new approaches. At DH ensuring the whole hospital is engaged in supporting ED to meet the target is difficult. Tertiary specialities are not well engaged in flow and bed availability. This is a cultural challenge and will be a priority for Hunters when they start their programme. They have experience of doing this successfully in other similar Trusts. A number of other actions have recently been implemented including the opening of the Olympic entrance and the engagement of CHS in supporting discharge of patients that are medically fit to leave.</p> <p>The Board welcomed the focus on reducing demand noting there was some way to go to reach the national average of 67%. It was acknowledged that very few Trusts nationally are meeting the 4 hour target but the King's performance is poor and has been for a long time. Many of the drivers of poor performance are within the Trust's purview to resolve.</p>	

Enc. 1.4

Item	Subject	Action
18/136 cont....	<p><u>Integrated Performance Report – M7 cont....</u></p> <p>The slight decrease in performance at the PRUH was noted, and the Board discussed whether One Bromley was delivering. It was noted that it is currently aspirational. It may be successful in time, but the Trust is having to make decisions about providing additional 'step-down' beds because the community beds that were promised have not materialised. It was noted that a recent workshop had highlighted a number of problems, mainly transactional, than can be quickly fixed. There is a medium term plan. The Board agreed it should receive a report outlining progress to date in the new year.</p> <p>ACTION: Board to receive an update on One Bromley at its next meeting.</p> <p>In concluding the discussion on the 4 hour target, the Board sought reassurance that the Trust was prepared for winter pressures. It was noted there had been significant learning from last year and that many of the changes highlighted above mean the Trust is better prepared.</p> <p>Dr Dolan went on to outline how the Trust was meeting the RTT targets. She focused on 52 weeks, noting that it was unlikely the Trust would get to zero by the end of December. NHSI have been made aware. There is no capacity in London to meet the bariatrics waiting list. In Orthopaedics there are 160 outstanding cases. 28 will be taken off either because they are refusing treatment or don't need surgery. The Trust is working with SWELIOC to reduce the list. Managers are working very hard to ensure that the prioritisation is right and that lists are being pooled where possible.</p> <p>Whilst there have been challenges with organisational culture and behaviour there have also been historical systemic problems, which in the main have been resolved through the GIRFT productivity programme. The Board also noted that the management grip and control of RTT needs to be improved so that performance is sustained.</p> <p>The Board went on to discuss performance against the cancer targets, noting the positive direction of travel.</p>	
18/137	<p><u>Chief Executive Report</u></p> <p>Peter Herring provided the Board with a summary of the key points in his update report. The Board noted the report.</p>	
18/138	<p><u>Freedom to Speak Up Guardian Report</u></p> <p>Sue Slipman updated the Board on the work of the committee and commended the work of Jen Watson as the Trust's Freedom to Speak Up Guardian. She noted that it has become obvious through year that Jen couldn't do everything and following a recruitment process a Guardian for the PRUH, Stefan Kolkowski, has been appointed. The next step will be to recruit an ambassador network, that reflects the Trust. She went on to outline the cases that come through, noting that there are some patient safety related cases but most are bullying and harassment. The report outlines how the Trust is addressing bullying and harassment, including support for managers as there staff feel there is a lack of training and support. The learning has been shared with HR. She concluded by noting that the Freedom to Speak Up Guardian now feels embedded and there is good engagement.</p>	

Enc. 1.4

Item	Subject	Action
18/138 cont..	<p><u>Freedom to Speak Up Guardian Report cont..</u></p> <p>The Board discussed the importance of good leadership and the need for managers at all levels to live the values of the organisation. It was noted that the data supports data reviewed by EWDC, highlighting weak spots within the Trust. .</p> <p>The Executive Director of Workforce noted that a number of metrics have subtly changed in recent months, possibly demonstrating the impact of the BAME Network. Their ambassadors are representative and are picking up issues. It is recognised that staff aren't always confident that their issues will be treated confidentially.</p>	
18/139	<p><u>Monthly Nurse Staffing Levels</u></p> <p>The Board noted the findings of the report.</p>	
18/140	<p><u>M7 Finance Report</u></p> <p>The M7 finance report was introduced by Lorcan Woods, Chief Finance Officer. It was reported that financial control is improving, although difficulties remain, in part because detailed information is not readily available. An improvement plan has been developed and the finance function has been reviewed. A new structure is being implemented and vacancies are being filled. New systems may be needed in time, and financial leadership is required. The Board welcomed the finance department's progress and looked forward to better engagement in the next round of business planning.</p> <p>The Board discussed the Trust's subsidiaries, noting that KFM is now stable and the accounts will be signed by the auditors before the Christmas break.</p> <p>The overall M7 position was disappointing and although pay budgets are underspent, income expectations have not been achieved for a number of months. The level of commissioner challenges to invoices remains a concern and the Board agreed this was unhelpful. It was also noted that the savings from the CIP programme were weighted to the second part of the year, so it is important that those are achieved.</p>	
18/141	<p><u>Board Resolution Draw Down Facility</u></p> <p>The Board agreed to the resolution outlined in the paper.</p>	
18/142	<p><u>Report from the Governors</u></p> <p>Mr North started by welcoming the developments in mental health. He went on to note that the governors remain concerned about performance and the Trust's financial position. In respect of performance he remains concerned about capacity and whether this is being fully addressed in the plans. In respect of the financial position, the governors are concerned about income challenges with the CCG. He noted that the Board should be having discussions about how this is being addressed in public. Finally, he noted the comments made throughout the meeting about the cultures that exist within the Trust and how important addressing this would be for the performance of the Trust.</p>	
18/143	<p><u>Any Other Business</u></p> <p>No other business was raised.</p>	

Enc. 1.4



18/142 Date Of Next Meeting

9am, Wednesday 6th February 2019, Denmark Hill

BOARD OF DIRECTORS (PUBLIC MEETING) ACTION TRACKER

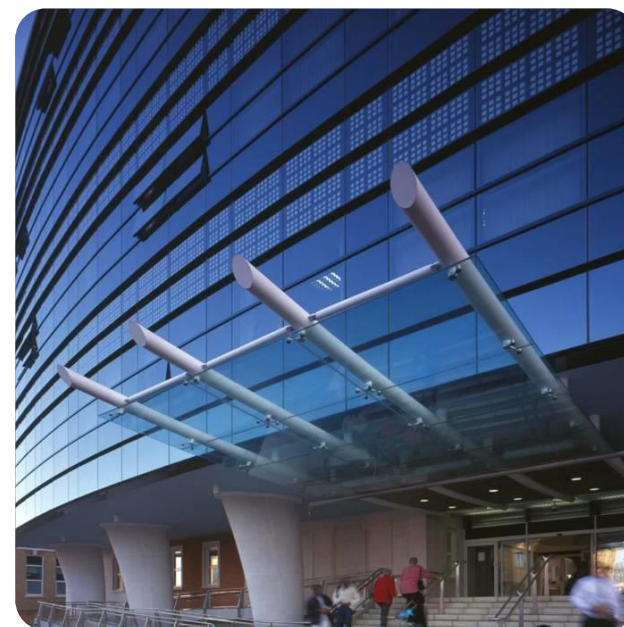
Date	Item	Action	Who	Due	Update
05/12/18	18/136	Integrated Performance Report Dr Sharpe to be invited to a future Board meeting to discuss how support for mentally unwell patients in ED are being improved.		Asap	Dates to be agreed.
COMPLETE					
05/12/18	18/136	Integrated Performance Report Board to receive an update on One Bromley at its next meeting			On private board agenda
	18/96	Report from the Governors The Board agreed that a fuller discussion on mental health should be held at the November meeting	S Dolan	December 2018	Verbal update to be provided on recent developments.

End of Life Care Report

Dr Polly Edmonds

Board Report
February 2019

King's



 KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

Report to:	<i>Trust Board</i>
Date of meeting:	<i>February 2019</i>
Subject:	<i>End of Life Care</i>
Author(s):	<i>Dr Polly Edmonds</i>
Presented by:	<i>Dr Polly Edmonds</i>
Sponsor:	<i>Dr Shelley Dolan</i>
History:	<i>End of Life Care strategy group – by email January 2019</i>
Status:	<i>Discussion/Information</i>

Summary of Report

- *Requirements for yearly feedback to trust : progress report on work across trust to improve end of life care*
- *2018 achievements: trust wide work to improve quality of DNACPR decision-making and documentation; mandatory e-learning module launched on LEAP; start of 7-day CNS visiting service at PRUH; updated processes and policies (end of life; DNACPR; last offices; verification of death); launch of EOLC volunteer programme at DH; PRUH viewing room refurbishment; children's library and boxes in ICU; pilot of Swan image in ICU*

Action required

- *Note progress and provide constructive feedback / suggestions for further work.*

Key implications

Legal:	Legal requirement to discuss DNACPR decisions with patients (where possible) and families and to accurately document decisions
Financial:	Late identification of patients that are dying may have financial implications for trust - longer LOS, reduced chance of patient dying in preferred place of care. 7-day palliative care service – evidence to support reduced LOS; reduced inappropriate interventions
Assurance:	Ongoing work to embed the 'Five Priorities for Care of the dying' into practice to standardise and improve quality of care for patients and those close to them
Clinical:	There are a small number of complaints where EOLC is a theme and where communication, identification and planning could have been improved. However feedback from bereaved carers survey mostly positive. Good quality EOLC is a basic right and staff across trust need support to identify and manage patients at end of life and their families
Equality & Diversity:	No specific issues identified
Performance:	National care of the dying audit 2018 – draft report available online. Overall trust performance has remained stable between 2015 and 2018; several areas remain where there is limited documentation to support aspects of care (e.g. decisions re nutrition / hydration; assessment of capacity; documentation of preferred place of care or death)
Strategy:	The trust has an established EOLC strategy group that continues to work through a number of actions to drive improvements in care
Workforce:	The PRUH palliative care team moved to 7-day working from April 2018. There is a vacant B8a post on this site and this is putting strain on the delivery of 7-day working.
Estates:	PRUH: bariatric facilities in mortuary (business case submitted) / viewing room refurbishment due for completion early 2019
Reputation:	CQC: 'needs improvement' rating for EOLC

4. Appendices

- *CQC Report 2015*
- *NACEL Report 2018 (not yet available)*
- *EOLC and DNACPR Policies available via Kwiki*
- *External documents*
 - *National Palliative and End of Life Care Partnership (2018): Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020*
 - *NICE 2015: Care of dying adults in the last days of life*
 - *Leadership Alliance for the Care of Dying People (2014): One Chance to get it Right*

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Prof. Mike Richards, previous Chief Inspector of Hospitals at the Care Quality Commission

‘How we care for the dying must surely be an indicator of how we care for all our sick and vulnerable patients. Care of the dying is URGENT care; with only one opportunity to get it right to create a potential lasting memory for relatives and carers’

- Are services effective? (Requires improvement)
 - Processes and documentation for DNACPR require standardisation across the trust
- Requirement notice
 - The Trust MUST improve the documentation of patient care including DNACPR orders
 - At PRUH: Review and improve record documentation to ensure it is fully completed and in line with national guidance including DNACPR orders

Update on main actions from CQC Report 2015 (end of life care)

Issue	Actions
CPR / DNACPR <ul style="list-style-type: none"> • Roll out of eDNACPR at DH and PRUH • All patients to have a CPR decision on admission (NCEPOD 2012) • Improvement in documentation of decisions 	<p>DH: eDNACPR now fully implemented. Process revised 2017 and again in 2018 in response to learning from SUIs. Patient safety Grand Round presentations 2 x in 2018 and SafetyNet bulletin to highlight learning. QIP completed in clinical gerontology.</p> <p>PRUH: eDNACPR now fully implemented. SUI investigation led to change to EPR process and no further incidents have occurred. Grand Round presentations November 2018 and planned for Jan 2019. QIP underway on post-acute medical wards.</p> <p>Trust: trust-wide audit undertaken Jan-April 2018. Action Plan in place</p>
Syringe pumps at DH <ul style="list-style-type: none"> • Training for AMU and ED staff • Updating of processes and communication with external agencies • Risk assessment • Monitoring of Als 	<p>Policies, procedures and Kwiki page updated Education completed No further Als directly related to T34 use at DH Ongoing monitoring via palliative care governance</p>

Issue	Actions
Clearer articulation of strategy around end of life care	<p>Vision and 'iCARE' developed and rolled out 2017</p> <ul style="list-style-type: none"> • Lanyard cards distributed • Ongoing education and training led by PDN • Dying Matters events annually • EOLC strategy developed • Kwiki page updated • Trust-wide action plan in place
Ongoing liaison with Bromley commissioners re adequate funding of PRUH service (including 24/7)	<p>Bromley CCG approved local tariff from April 2016</p> <p>Business case for expansion of team at PRUH to facilitate 7-day working successful 2017</p> <ul style="list-style-type: none"> • 1.2 new consultants appointed and existing consultant has increased from 0.2 to 0.6WTE • New CNSs, PDN and SW all in post • 7-day CNS visiting service started April 2018
Audits of preferred place of care / rapid discharge processes	<p>Preferred place of care audits completed 2015, 2016 and 2018– agreed method of capture of information via PCS database; improved documentation</p> <p>Rapid discharge audit completed for DH and work ongoing with discharge team to improve processes</p>

In place 2016-17

- Concessionary parking for relatives
- Fold-up beds
- Comfort packs
- Patient literature
 - Support for Families leaflet updated 2018
 - Incorporating Coping with Dying and Facilities
 - Treatment escalation plans including DNACPR
- Development of electronic platform for bereaved carers survey in conjunction with patient experience team
- Hand massages (volunteer-led)

Achievements 2018

- Start of 7-day visiting service at PRUH
- EOLC Volunteers
 - Successful training of volunteers to support dying patients at DH
 - Early feedback very positive
 - Roll out to PRUH early 2019
- Grant secured for purchase of library of material to support children when parent dying
- Children's boxes in ICU
- Pilot of Swan symbol to identify dying patients in ICU
- PRUH viewing room refurbishment
- Patient experience: pilot of patient stories completed at DH
- Bereaved carers survey: iPads installed in bereavement offices to enable electronic data collection
- EOLC communication skills pilot completed
- Mind and Body initiative: routinely include mood assessment as part of holistic palliative care assessment (using IPOS or NICE trigger questions)
 - Internal training – 'empowering therapeutic engagement' planned at DH

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR): decisions and documentation

Trust Audit of DNACPR Documentation

- Review of all electronically completed DNACPR forms from 1st January – 9th May 2018
- DH: 1370 patients had a DNACPR form completed in the audit period
- PRUH and Orpington: 1541 patients had a DNACPR form completed in the audit period

- Very junior doctors are completing DNACPR forms
 - Fewer consultants are 'signing off' the forms in EPR (23% at DH and 8% at PRUH) and the senior clinician involved in the decision is not always clearly named on the form
- There is evidence of discussion with patients with capacity or reference either to previous / community DNACPR decisions or to why the patient cannot be involved.
 - However this section is inadequately completed in a significant minority of patients on both sites (14% at DH and 14% at PRUH)
- There is evidence of discussion with families and / or next of kin in 55% of forms at DH and 55% at PRUH
 - Where this has not been done this is most commonly as it is outstanding (22% of patients at DH and 21% at PRUH), rather than patients having no family or the family not being contactable.
- There is limited evidence of ward nurses being involved in DNACPR decisions or being informed of decisions; this is a significant risk and relates to adverse incidents where ward nurses were not aware of patients' CPR status
- Senior decision making: only 43% of forms at DH and 52% at PRUH name the consultant involved in the decision, with a further 5% at DH and 6% at PRUH of forms being completed by consultants
 - At DH 22.5% of forms were not completed by or co-signed by a consultant
 - At PRUH 8% of forms were not completed by or co-signed by a consultant

Action	Progress
Refine EPR order	Complete
Communication re learning from Sis	Safetynet June 2018 and patient safety grand round November 2018 Safetynet agreed for early 2019 PRUH grand round 2018
Improve handover of CPR and TEP decisions	Linked into trust handover SOP and Kings Way for Wards programme Handover guidance developed at DH in post-acute medicine; re-audit demonstrated improvement
Transfer of care between settings within trust	DNACPR Policy updated Post-acute medicine handover guidance

Learning from bereaved carers, complaints & compliments

Learning from complaints

2018 Complaints

- 72 complaints where EOLC a theme between January and October
 - 40 DH
 - 31 PRUH
 - 1 both sites
- Small number of complaints compared to total deaths across trust (> 2000)
- Challenging to capture compliments as usually go back to clinical area / individual clinicians

Main themes – complaints

- Communication – between clinical teams and with patient / those close to them
- Delayed identification of dying (linked to failure to identify and appropriately plan care for deteriorating patients)
- Failure to treat patient / those close to them with respect, empathy, dignity
- Medical care
- Nursing care
- Staffing
- Delays in management of symptoms / administration of medication

“Was [care delivered] because my extremely unwell (terminal) mother had been placed on the ‘Liverpool Care Pathway’ or something similar? It certainly seems to be the case! Is it the trusts policy to end the life of critically ill elderly patients before their time? Or was my mother’s atrocious care a reflection on the night ward manager and his team who deemed her to be worthless as she was dying anyway and therefore

Palliative Care – Patient Stories (DH)

- Qualitative interviews with five patients
- Explored experience of receiving palliative care at King's, with a focus on the care provided by the KCH Palliative Care Team
- Positive feedback re hospital experience, including palliative care & chaplaincy teams
- Issues identified re volume of information whilst an inpatient and discharge processes

Bereaved Carers Survey

- On collection of Medical Certification of Death from Bereavement Department, family/friends offered 'End of Life Care: Patient Experience' survey to complete and return
 - Includes questions relating to quality of end of life care provided to relative/friend and demographic data
 - All ward areas/departments included
- Responses analysed and discussed at End of Life Strategy Group Meeting and disseminated to relevant wards/services
- Survey moved to an electronic platform in 2018 – which will allow quicker analysis
- iPads purchased to allow real time data capture in bereavement offices

Feedback from Bereaved Carers Survey 2017-18

- 131 responses: 81 in 2018, 50 in 2017
- Majority of respondents DH
- Qualitative feedback
 - Overwhelmingly positive comments about medical and nursing teams across all wards and units; highlighting compassion, understanding & professionalism
 - Positive feedback re: role of palliative care team
 - Importance of emotional support and flexibility for carers to stay with patient highlighted
 - Communication: comments highlight importance of being kept updated and impact of lack of continuity in communication; suboptimal communication; late communication re deterioration
 - Importance of patient being comfortable / pain and symptom free
 - A number of negative comments about getting the death certificate and registering the death (including cultural issues)
 - Some individual examples of poor care – lack of nursing staff/no support for bathing; nurses bursting in when someone had died/being too loud at time of death
 - Lack of facilities for relatives to stay overnight

I know the NHS are massively under pressure at the moment and things must be very stressful for all staff, but the staff on duty were brilliant. It wasn't just the nurses, it was everyone on the ward. There was a lady who I think was a cleaner who was also making us tea and being very caring."

"Despite it being a very busy environment, the nurses gave great palliative care to [], identifying that he was deteriorating and needed a syringe driver, and giving fantastic emotional support to [] wife and daughters too. [AMU nurses] were both excellent, sitting in on family meetings, as well as giving great holistic care to []. The family asked me to pass on thanks to the nursing staff. They felt he couldn't have had better care. He went to the hospice for the last week of his life, but the family commented that the care was as good on []"

"The level of kindness shown by [AMU] staff, ITU outreach and medical and palliative care teams is one of the overriding memories that I have. From his admission to his passing, he was treated with the utmost dignity and respect and died a peaceful death free from suffering. In times when the NHS is reported to be in crisis, it is both reassuring and humbling to witness such compassion and professionalism first hand"

“Everyone without exception was brilliant, faultless.... My [patient’s daughter – retired nurse] personal and professional opinion was listened to, respected and acted on. He was moved to a single room then AMU. He was comfortable throughout. Palliative care was consulted and end of life drugs used appropriately. He was turned, changed and washed regularly and given mouth care. He was addressed by his preferred name..... There was no problem for us staying 24h by his bedside. We were given time to talk and ask questions, given tea and offered as much comfort as possible. He died gently and peacefully with dignity with his closest family with him. Please thank and encourage everyone who cared for him and us so exceptionally well. We are most grateful and impressed.”

- Mandatory e-learning live on LEAP since Nov 2018 (once only)
 - 1453 staff completed end Q3 2018-19
- PDNs in post on both sites
 - Programmes of ward based teaching in place
- PRUH study day Jan 2019
 - 50 attendees, multiprofessional
 - Well-evaluated

EOLC Communication Skill Training

- Communication skills training involving simulation with actors piloted DH and PRUH autumn 2018
 - Facilitators in place
 - Exploring options for funding in 2019
- Rolled out at both sites with very good feedback

*'So much of our training focusses on treatment /science / practicalities but so much of what we do requires our effective communication, emotional awareness and demonstration of empathy and this course was a unique way to hone and develop these core skills. Thank you.
(Doctor)*

- Catering facilities for families at DH
- Ease of parking
- Quiet room provision
- Side room provision
- Spiritual care support – team very stretched
- Psychological support for ward teams, e.g. debriefs

Summary

- Significant progress in 2018
 - Electronic CPR / DNACPR documentation
 - Education and training
 - Patient and family initiatives
- Challenges remain
- Work plan in place for 2019
 - Improving EOLC: monitoring training, new internal medicine curriculum, funding for communication skills training; EOLC volunteers at PRUH; learning from national audit 2018; impact of 7-day working
 - Safe prescribing at end of life (response to Gosport)
 - Appoint clinical director for EOLC to improve leadership
 - Improved advance care planning - CMC integration
 - Streamlining rapid discharges from hospital
 - Improved care after death (link to LfD work)

Report to: Board Committee
Date of meeting: 6 February 2019
Subject: Integrated Performance Report 2018/19 Month 9 (December)
Author(s): Adam Creeggan, Director of Performance and Planning;
 Steve Coakley, Assistant Director Performance and Planning

Presented by: Shelley Dolan, Chief Nurse / Chief Operating Officer

Sponsor: Shelley Dolan, Chief Nurse / Chief Operating Officer
History: None
Status: For Discussion

1. Background/Purpose

This report provides the details of performance achieved against key national performance, quality, and governance indicators defined in the NHSi Single Oversight Framework (SOF) as at Month 9 2018/19.

2. Action required

The Committee is asked to approve the 2018/19 M9 performance reported against the governance indicators defined in the Strategic Oversight Framework (SOF).

3. Key implications

Legal:	Report relates to performance against statutory requirements of the Trust license.
Financial:	Trust reported financial performance against published plan.
Assurance:	The summary report provides detailed performance against the operational metrics defined within the NHSi SOF.
Clinical:	There is no direct impact on clinical issues.
Equality & Diversity:	There is no direct impact on equality and diversity issues.
Performance:	The report summarises performance against local and national KPIs.
Strategy:	Highlights performance against the Trust's annual plan forecasts and key objectives.
Workforce:	Links to effectiveness of workforce and forward planning.
Estates:	Links to effectiveness of estate use and forward planning.
Reputation:	Trust's quarterly and monthly results will be published by NHSi and the DoH.
Other:(please specify)	

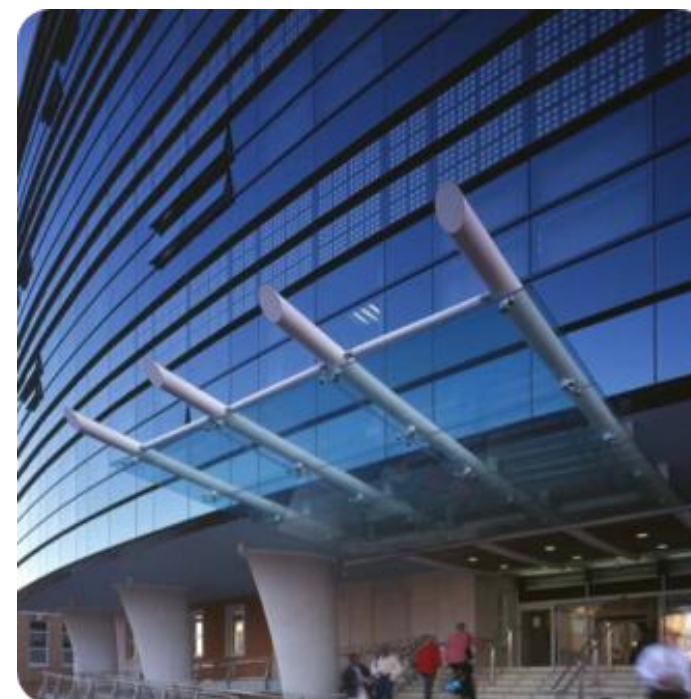
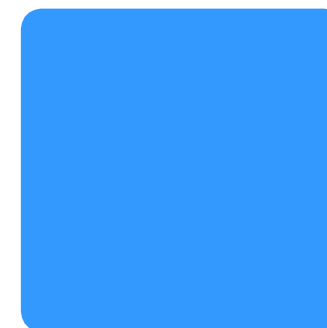
4. Appendices

Appendix 1: Trust Integrated Performance Scorecard
 Appendix 2: Domain Scorecards

Integrated Performance Report

Month 9 (December) 2018/19

Board Committee
6 February 2019



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Best Quality Of Care – Safety, Effectiveness & Experience

- The national Summary Hospital Mortality Index (SHMI) is 95.94 based on the latest data available, and performance on all Trust sites is better than the expected index of 100.
- HCAI – One MRSA bacteraemia case reported in December on the DH site in Neurosciences; 3 new VRE bacteraemia cases reported which is below the target of 5 cases; E-Coli bacteraemia: 6 new cases reported in December which is below the target of 11 cases; 5 new C-difficile cases which equals the monthly quota of 8 cases.
- Friends & Family (FFT) Inpatient survey recommendation score reduced slightly to 93.5%. FFT score for Maternity remained static at 91.2% but Outpatients reduced by nearly 1% to 86.3% for the Trust overall.

Skilled, Motivated, Can Do Teams

- Appraisal rates: there was a small decrease in the appraisal rate from 89.7% in November to 89.6% in November, below the 90% target.
- Statutory & Mandatory training: compliance improved further to 81.96% in November and remains above the Trust target of 80%.
- Sickness rates: has remained static for December at 3.78%. Of the 2,248 occurrences reported in December 1,959 are classified as short-term and 289 as long-term instances.
- Vacancy rates: shows an increase of 0.95% to 10.88% in December. The vacancy rates for the main clinical divisions are PRUH/South Sites at 9.79%, Networked Services at 10.03% and UPACS at 8.91%.

Best Quality Of Care – Patient Access

- Trust A&E compliance reduced from 73.84% in November to 71.67% in December, set against a recovery trajectory of 91.3%.
- Latest data available shows that treatment within 62 days of post-GP referral is not compliant with the 85% target at 81.8% for December 2018. Treatment within 62 days following screening service referral is compliant with the 90% target at 95.0%
- The national target of 1% patients waiting above 6 weeks for diagnostic test was not achieved in December at 14.81%.
- RTT incomplete performance reduced slightly from 79.03% for November to 77.95% in December. The number of patients waiting >52 weeks decreased by 83 to 249 cases in December, of which 242 cases are admitted incomplete pathways and 7 cases are non-admitted.

Top Productivity

- Outpatients: initiated InTouch check-in system expansion project with core stakeholders and planned 2019 implementation working groups.
- Kings Way for Wards (KWfW): almost half way through the programme with 36 wards completed out of the 78 wards across all sites.
- Theatres: overall theatre productivity has been higher than baseline levels for the last 10 consecutive weeks. Urology has been under their baseline mainly due to a lack of beds.
- Flow: London Ambulance Assessment Areas (LASAA) launched on 21 December which has led to improved ambulance handover times. Trial of ambulatory plus model at PRUH in the Acute Hub to support patients requiring admission. Proceeding with using one 2-bedded bay on Churchill ward at Orpington site

Excellent Teaching and Research

- Total income received via the annual allocation from the South London CRN based on research recruitment is still to be confirmed. At present, there are 16 NIHR grants hosted which are currently active, plus 13 charity and 6 industry grants.
- There have been 14,685 patients recruited into active studies for the first 8 months of this financial year.
- There have been 32 research incidents raised from April 2018 to-date. There are 8 open incidents which are currently under investigation/review (this is reported quarterly).
- There have been zero serious events that have been subject to in-depth investigation, reporting and remedial action planning.

Firm Foundations – Finance

- The YTD deficit is £147.7m (excluding STF) at Month 9, which is £31.3m adverse to the Trust's plan. The Trust has reported an in-month deficit of £25.9m which is a £8.9m adverse variance to the in-month plan.
- Income: reporting an adverse variance of £27.3m YTD due to an adverse variance on clinical income (£26.6m) at Month 9.
- Pay: reporting a favourable variance of £6.1m YTD now adjusted for the AfC pay award, predominantly due A&C and other staff underspends.
- Non-Pay: reporting an adverse variance of £6.8m YTD.
- CIP: The Trust's CIP programme has delivered £16m to the bottom line YTD which is an adverse variance of £0.6m..

DOMAIN 1:
Best Quality Of Care - Safety, Effectiveness & Experience

- Healthcare Associated Infection
- Mortality
- Friends and Family Test

OPERATIONAL CONTEXT

Denmark Hill

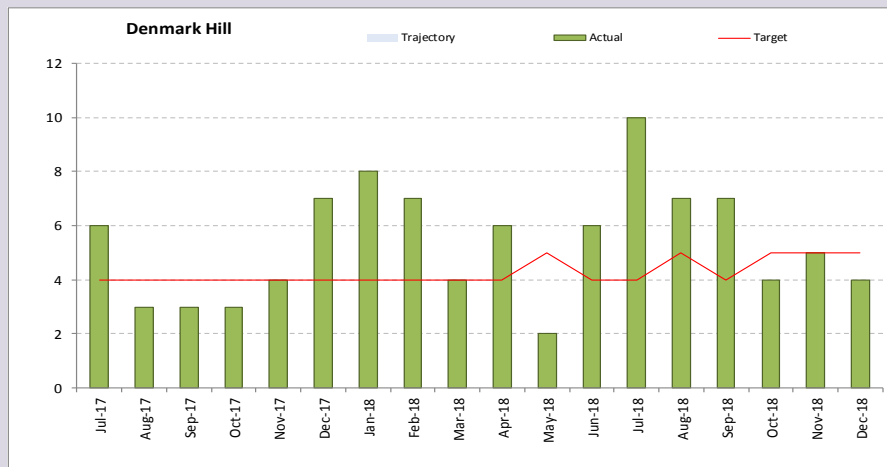
- **MRSA:** One case reported in December, with the previous cases reported for November (1) September (1) and August (1) this year.
- **C-difficile:** 4 cases reported in December against the target for the month of 4 cases. 51 cases reported YTD which is above the cumulative target of 39 cases for 2018/19.
- **e-Coli:** 3 cases reported in December which is below the target for the month of 7 cases. YTD there has been 69 cases which is above the target of 60 cases.
- **VRE:** 3 cases reported in December which is below the target of 4 cases for the month. YTD there has been 25 cases reported which is below the target of 30 cases.

PRUH

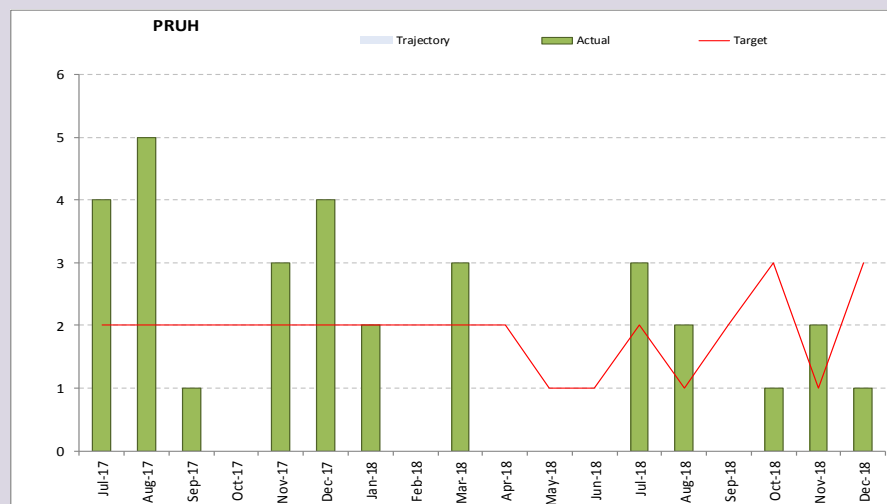
- **MRSA:** There were no MRSA Bacteraemia cases reported in December the last case occurred in November.
- **C-difficile:** One case reported in December, which is below the target of 2 cases for the month. YTD there has been 9 cases reported which remains below the cumulative target of 14 cases for 2018/19.
- **e-Coli:** 3 cases reported in December against a target for the month of 2 cases. YTD there has been 23 cases reported which is above the target of 14 cases.

DECEMBER DELIVERY

• C-Difficile: Denmark Hill reported cases



C-Difficile: PRUH reported cases



HCAI DELIVERY PLAN ACTIONS

Denmark Hill

- One MRSA Bacteraemia case was reported in Neurosciences. The review meeting to identify the root cause and the learning is planned.

C.difficile (CDI):

- The four cases occurred in Renal (2) and Post-Acute and Planned Medicine (2) care groups.
- The EPR team are including key messages on EPR when ordering CDI test as well as prompts on the electronic stool chart. This will be approved at the CDI Task and Finish group meeting on the 23rd January 2019. A nurse-led environment action group is due to commence on the 24th January to review cleaning audits reports at the DH site and agree actions.

E.Coli:

- The cases occurred in Haematology (1), Surgery (1) and one in Post Acute and Planned Medicine (1) Care Groups. From the three cases none were catheter related. The E.Coli reducing bacteraemia Task and Finish Group is continuing. A review of all blood cultures led by a Microbiology Registrar to determine the source of infection has been undertaken and the findings presented. Further work is planned to identify the areas for focus. A Catheter Focus across the Trust is being planned.

VRE Cases

- The cases occurred in different care groups: Liver/ Renal and Critical Care. Where clusters are identified, further review is being undertaken.

PRUH

MRSA:

- There were no MRSA Bacteraemia cases reported in December. The last case occurred in Surgery.

C.difficile:

- The case in December occurred in Post Acute Medicine at Orpington site. The root cause analysis is planned.

E.coli:

- The E.Coli Surveillance Nurse from Bromley CCG continues to review all hospital attributable and community attributable cases and provides monthly and quarterly reports.

Domain 1: Key Delivery Metrics Mortality

NATIONAL CONTEXT

SHMI (Summary Hospital-level Mortality Indicator)

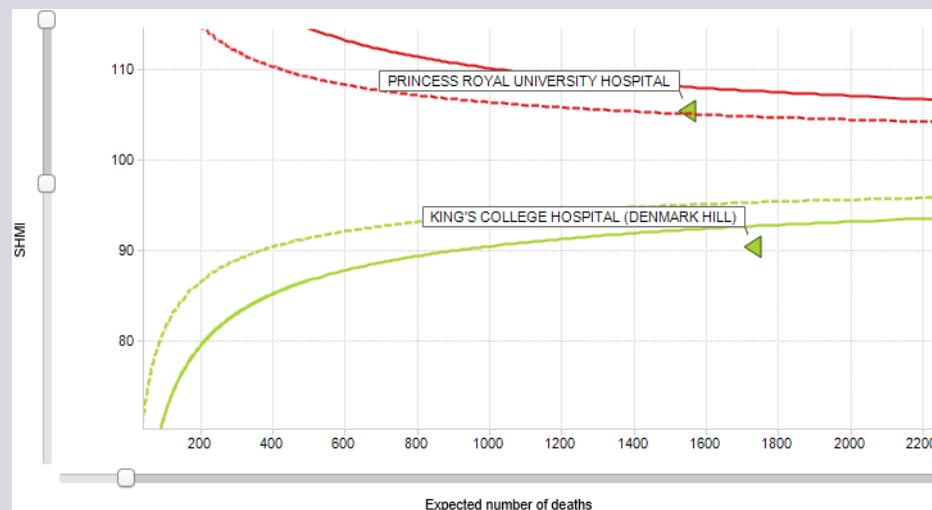
- King's SHMI (September 2017 to August 2018) is 95.94 (95% CI 92.70, 99.30), based on latest Hospital Episode Statistics data available via the HED system.
- The national Summary Hospital-level Mortality Indicator (SHMI) is a risk-adjusted mortality indicator expressed as an index based on the actual number of patients discharged who died in hospital or within 30 days compared to the expected number of deaths. A SHMI of below 100 indicates fewer deaths than expected.

HSMR (Hospital Standardised Mortality Rate)

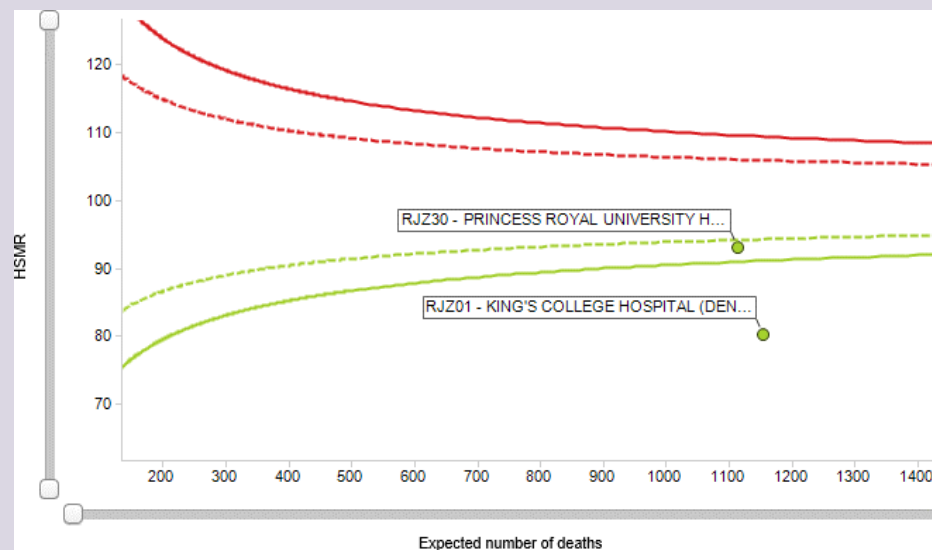
- King's Hospital Standardised Mortality Ratio (HSMR) for November 2017 to October 2018 is 85.49 (95% CI 81.76, 89.35), based on latest Hospital Episode Statistics data available via the HED system.
- HSMR is a similar model to SHMI but includes just 56 diagnostic groups, includes only in-hospital deaths and excludes patients identified as receiving palliative care.

MORTALITY - HSMR and SHMI measures

SHMI: Denmark Hill and PRUH



HSMR: Denmark Hill and PRUH



Data Source: HED

MORTALITY: DENMARK HILL

- SHMI for September 2017 to August 2018 is 90.45 (95% CI 86.00, 95.10), representing a risk-adjusted mortality rate below expected.
- HSMR for November 2017 to October 2018 is 80.38 (95% CI 75.29, 85.72).

MORTALITY: PRUH

- SHMI for September 2017 to August 2018 is 105.44 (95% CI 100.40, 110.70), representing a risk-adjusted mortality rate within expected range.
- HSMR for November 2017 to October 2018 is 93.02 (95% CI 87.44, 98.86).

FFT - A&E

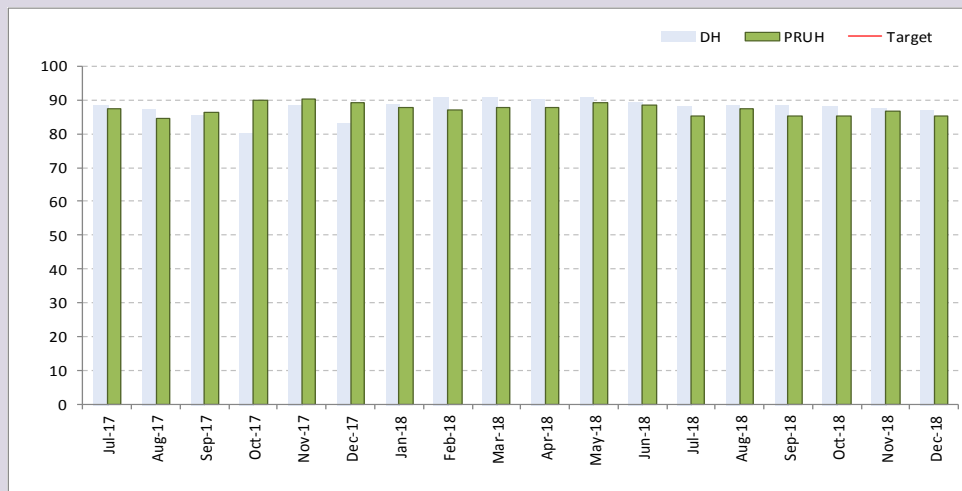
- Continued improvement on both sites in December.
- DH improved for the third month in a row.
- DH score at 77% and PRUH at 75%, compared to 73% in November.
- There are still very high actual numbers of patients who are unlikely or extremely unlikely to recommend.
- London and national average scores for November were 86% and 87% of patients recommending ED respectively.

FFT - Inpatient

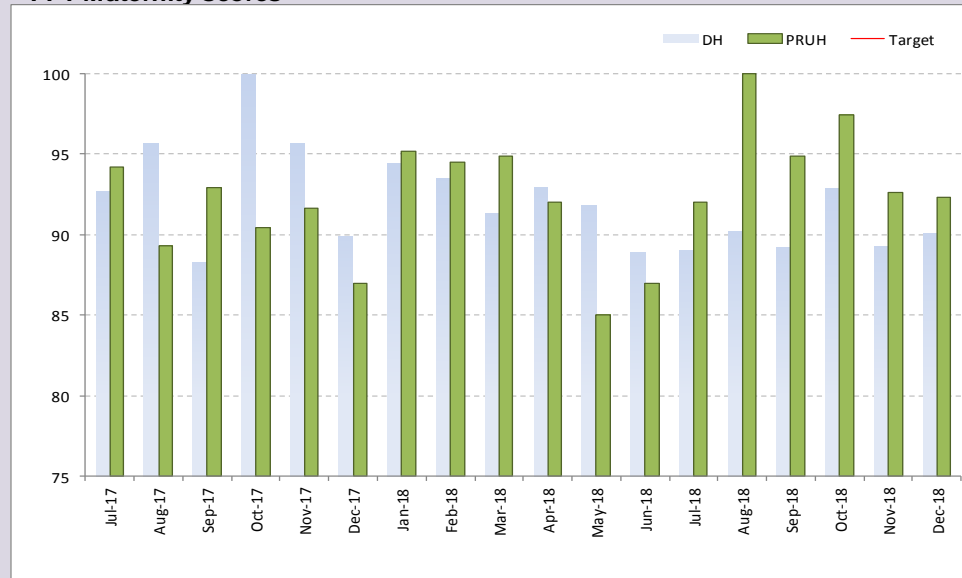
- Inpatient FFT score remained at 94% recommending compared to a London average of 94% (which is a reduction of one point), and a national average of 96%.
- DH and PRUH and South Sites at 94% of patients recommending, and 1 % of patients who would not recommend.

FRIENDS AND FAMILY TEST (FFT): DECEMBER 2018

• FFT Outpatient scores



• FFT Maternity scores



FFT - OUTPATIENTS

- DH recommendation score reduced by one point to 87%, with PRUH remaining unchanged at 84%.
- Most recent national data (November 2018) shows Trusts nationally scoring 94% and London Trusts scoring 92%.
- Outpatients will continue as a Trust quality priority for 2019-2020.
- Project underway to improve outpatient letters both in terms of quality and performance against national targets for turnaround of clinic letters.
- Essential that patient experience remains part of the outpatient transformation work.

FFT - MATERNITY

- Good improvement at DH with recommendation rate increasing from 87% to 90%, and PRUH showing slight improvement.
- We are still scoring below London and national average with London averaging 94% and England 96%.
- Results of the 2018 National Maternity Survey due for publication in on 29th January 2019.

DOMAIN 2:
Best Quality Of Care – Patient Access

- A&E – 4 Hour Waits
- Cancer Waiting Times
- Diagnostic Waiting Times
- Referral To Treatment (18 Weeks)

NATIONAL CONTEXT

Period: December 2018
Source: NHS England

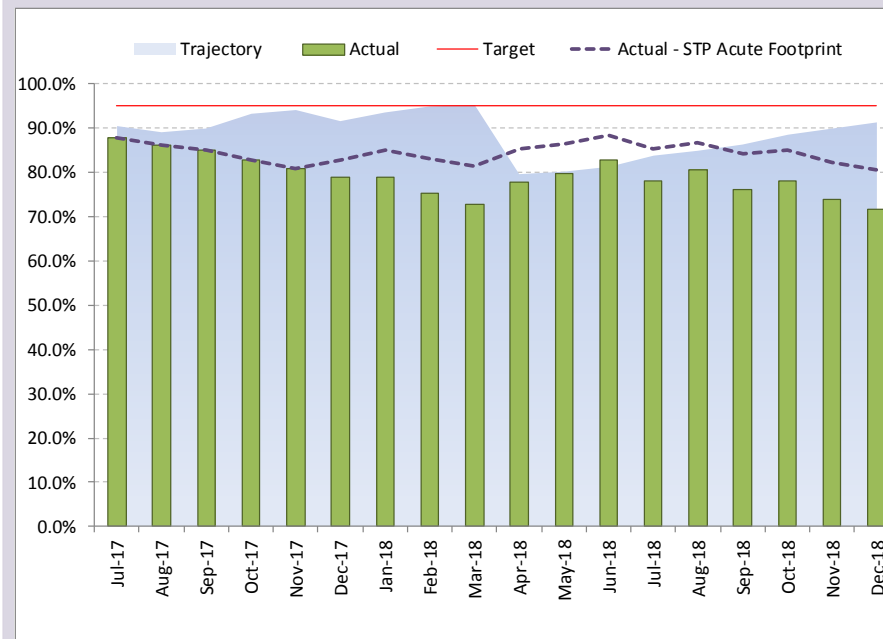
From December 2017 to June 2018, NHSI were including local Type 3 (urgent care centre) activity in published statistics. From July 2018 onwards, the figures below reflect provider level data which excludes non co-located type 3 activity:

- 42.7% of all ED/UCC providers (227) in England were compliant in December.
- Providers with less than 10,000 A&E attendances per month were compliant in 65.5% of cases, whereas only 9.0% of providers between 10,000 and 19,999 attendances per month were compliant.
- 21 providers have more than 20,000 attendances (including Kings); only none of the Trusts in this group were compliant in December.
- KCH had the 14th highest A&E Type 1 attendance volume in England (of 134 Acute Providers).
- KCH had the 14th highest volume of admissions via A&E (of 134 Acute Providers)

DECEMBER DELIVERY

- Trust 4-hour performance reduced from 73.84% in November to 71.67% in December. Compliance is below the recovery trajectory of 91.3% for the month.
- Aggregate STP acute footprint performance compliance reduced from 82.33% in November to 80.65% in December, which includes non co-located Type 3 urgent care centre activity.
- Medical, surgical and specialist funded bed stock utilisation reduced slightly in December but remains unsustainably high at 98.3% in December based on our daily Sitrep submissions.
- The proportion of formally reportable delayed transfers remained at an average of 2.6% of the 499 medical bed-base in December. This excludes patients who are medically fit for discharge but have not been classified as delayed transfers under national guidance as a multi-disciplinary case review had not taken place.

A&E: Maximum waiting time of 4 hours from arrival to admission, transfer or discharge



ACTIONS TO RECOVER

- Schemes at working group level are progressing to plan, including opening of LASAA on the DH site and implementation of board round coaching at PRUH. An overall lack of flow is preventing any positive impact on performance
- Hunter Healthcare have commenced working with the Trust from w/c 11 December to focus on driving flow on both sites as a key enabler to all aspects of the ED recovery programme.

DH

- ED non-admitted performance has worsened.
- Issues relating to streaming to AMA and under-streaming to UCC.
- projects to improve overnight resilience in UCC and the correct streaming of patients are being developed.

PRUH

- Low discharge levels have put pressure on ED capacity which has impacted on times seen to first clinician.
- Daily breach information by specialty is being reported and reviewed at meetings with the respective leads to improve performance.
- The RAT process should also assist earlier referral to specialties.

ACTIONS TO SUSTAIN

- Culture change that achieves site-wide engagement recognised as a key enabler for both sites with targeted actions to deliver the recovery plan.
- At least weekly review of actions through groups on each site.
- Increased Board and Kings Executive (KE) oversight: Monthly Board reporting and fortnightly KE reporting on progress against recovery plan.

Domain 2: Key Delivery Metrics A&E – 4 Hour Waits (2)

OPERATIONAL CONTEXT

Denmark Hill

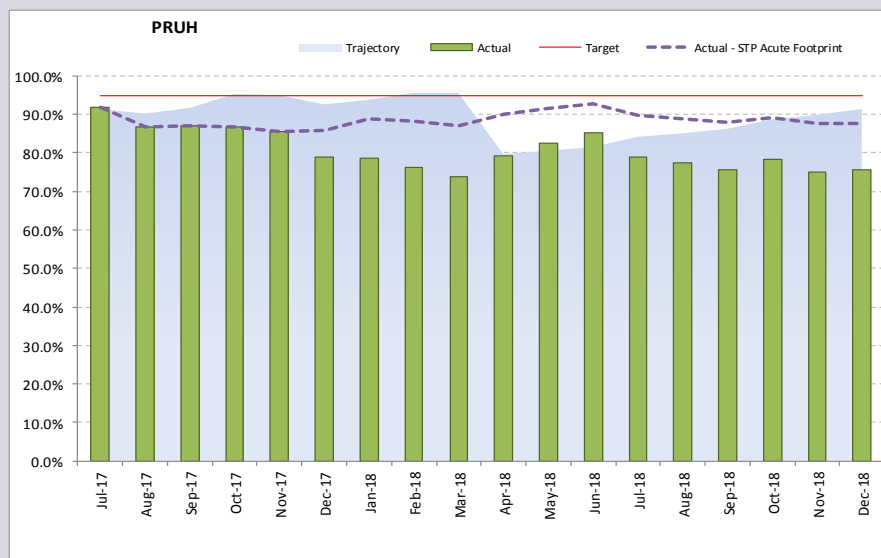
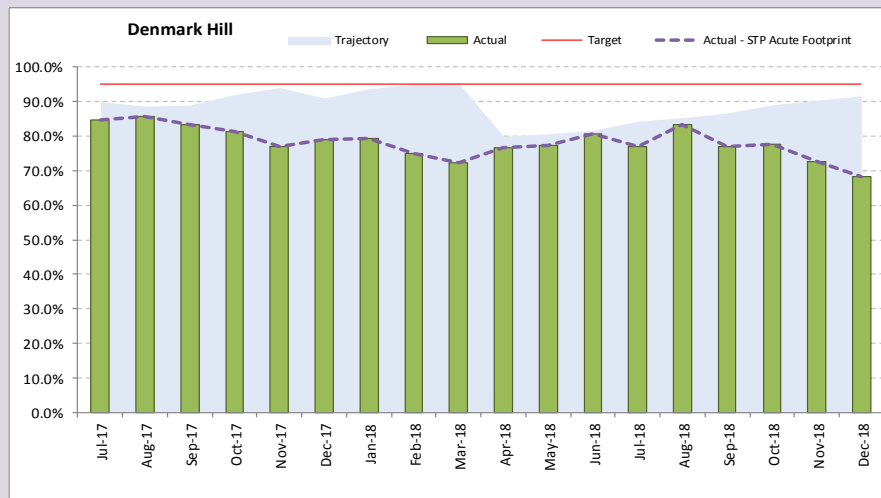
- 10,453 ED attendances in Dec-18 vs 11,648 in Dec-17, which represents a -10.3% decrease in activity, mainly in the 0-64 age group with a -12.1% reduction in attendances.
- 2,478 emergency admissions in Dec-18 vs 2,178 in Dec-17 which represents a 13.8% increase.
- There was a 19.5% increase in the 0-64 age group admissions compared to December last year, and a 4-6% increase in the elderly and frail elderly age groups for emergency admissions.
- Daily average of 11 DToC in Dec-18, consistent with the previous year.
- 2,417 ambulance conveyances in Dec-18 vs 2,268 in Dec-17.
- 700 Red phone conveyances in Dec-18 vs 678 in Dec-17.
- 12 declared 12-hour breaches in December based on our daily Sitrep submissions.

PRUH

- 5,530 ED type 1 attendances in Dec-18 vs 5,839 in Dec-17, which represents a -5.9% decrease in activity. There were reduced numbers of patients seen across all age groups.
- 2,274 emergency admissions in Dec-18 vs 2,214 in Dec-17, with an attendance increase of 13.0% in the 0-64 age group.
- Daily average of 2 DToC in Dec-18 compared to 5 in Dec-17.
- 2,107 ambulance conveyances in Dec-18 vs 2,018 in Dec-17.
- 443 Red phone conveyances in Dec-18 vs 487 in Dec-17.
- 7 declared 12-hour breaches in December based on our daily Sitrep submissions.

DECEMBER DELIVERY

- A&E: Maximum waiting time of 4 hours from arrival to admission, transfer or discharge**



DELIVERY ACTIONS: DENMARK HILL

- ED** - London Ambulance Assessment Area opened on 21 December which has helped improve ambulance handover times.
- Acute Medicine** - ECIST supporting Acute Medicine re-design and right-sizing of capacity ambulatory is delayed due to gaps in consultant rota.
- Frailty** - screening percentage and LOS improvement sustained. Successful bid to HEE for frailty training for UEC staff.
- Acute Surgery** - Additional 5 surgical assessment trollies launched on Brunel ward which has improved cohorting of acute surgical patients. GIRFT kick-off meeting held.
- Flow** - Stranded patient review in place for all specialties, and achieved 31% reduction on 17 December compared to a target of 27%. Increase in hours for the transfer team on-site from 10:00-22:00 to allow for early transfers from ED to support flow. MADE event planned for Friday 11 January at the DH site.

DELIVERY ACTIONS: PRUH

- RAT model** - improve time to decision making, improve safety in the ED to ensure that sicker patients can be assessed and prioritised, and speed-up referrals to specialties.
- Medical referrals** - to be directly added to post-take list to reduce delays and better utilise doctor's time.
- Acute hub open and operational to support greater capacity within ED and improve ambulance handover.
- Increased frequency of daily huddles with clear action focus to ensure safety in ED is maintained.
- Nurse to nurse referral in ambulatory to improve pathway/access.
- Trial of discharge doctor within discharge lounge to support timely discharge of patients from the inpatient wards.
- Implement discharge consultant and SHO for weekends (Saturday and Sunday).

NATIONAL CONTEXT

Period: November 2018 (latest published)
Source: NHS England

- Compliance is assessed monthly; for the 62-day all cancers treatment target, only 8.2% of Trusts were compliant in all 12 months of 2017/18.
- 49.1% of Trusts were compliant in 6 or more months during 2017/18 (includes KCH).
- Only 41.8% of Trusts were compliant with the 62-day time to first treatment target (85%) in November.
- Only 56 of 154 Trust's undertake => 100 treatments in month (including KCH), and 19.6% of Trust's in this peer group were compliant in November.

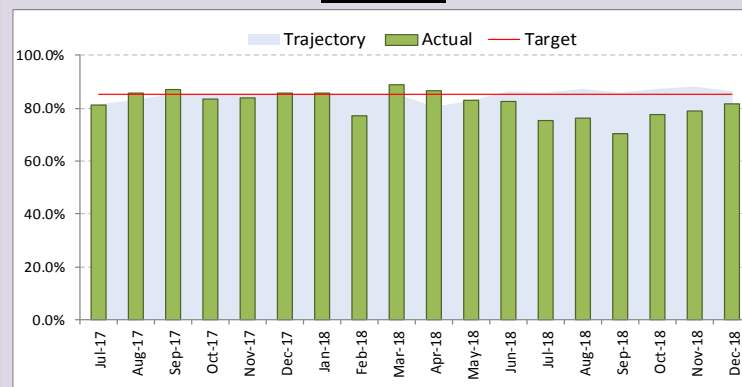
OPERATIONAL CONTEXT

- 2,007 2WW referrals received in Dec-18 vs 1,745 in Oct-17, representing a 15.0% increase.
- Based on the number of 2WW referrals received, the conversion rate to the cancer PTL was 6.1% in Dec-18 compared to 5.7% in Dec-17.
- There were no patients added to the PTL post day-38 in December 2018 compared to 1 patient added post day-38 in December 2017.
- There were 188 cancer 62-day treatments in December 2018 compared to 228 in November 2018.
- There were 179 total treatments (including non-cancer) in December 2018 compared to 282 in November 2018.

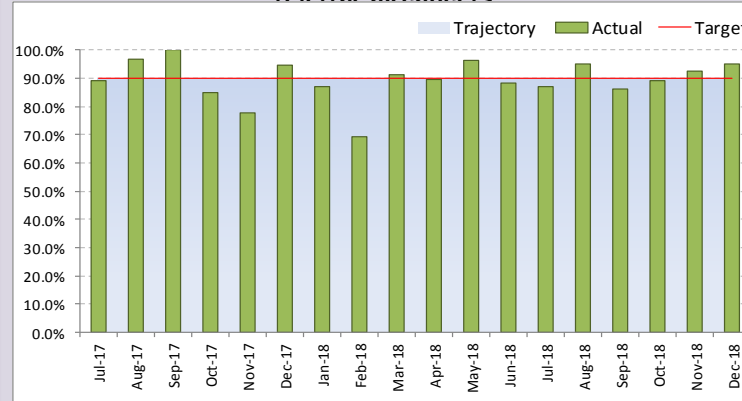
DECEMBER DELIVERY

- Cancer compliance is subject to further ratification prior to national reporting, and is shown for indicative purposes only.
- Based on the latest month-end data for December, cancer treatment performance within 62 days following GP referral is improving but is not compliant with 81.76% of urgent GP referrals meeting standard (target 85%).
- Cancer treatment performance within 62 days following screening service referral is compliant with 95.0% of referrals meeting standard (target 90%).
- Two week waiting times performance following GP referral is also improving at 92.35%, but below the national target of 93%.

Cancer 62 days for first treatment: from urgent GP referral: all cancers



Cancer 62 days for first treatment: national screening service referral: all cancers



ACTIONS TO RECOVER

- In-month challenges include delays to GI radiology reporting, PRUH urology biopsy and clinic capacity and PRUH skin surgical capacity. Response actions include:
- Appointment of two locum GI radiologists and weekend working.
 - Dedicated working group (including commissioners) reviewing PRUH urology workforce.
 - 2-3 additional PRUH urology (prostate) biopsy theatres lists in place per week, with training for further staff underway.
 - Additional Dermatology insourcing until the end of December, and additional surgical sessions in place to clear backlog.

ACTIONS TO SUSTAIN

- Additional outsourcing of endoscopy capacity is being well utilised and additional Insourcing in place until the end of 2018/19.
- HPB have implemented mini-MDMs for likely benign patients, in order to discuss cancer patients more quickly in pathway (which affect pathways across network). In addition, educational sessions are ongoing with referring organisations to prevent unnecessary referrals to the centre HPB MDM.
- HCC post MDM OPA review pathway streamlined to ensure no delay between MDM and OPA.
- All additional MDT co-ordinator posts in place. Increased scrutiny on high impact pathways from cancer management team (additional review of patients waiting below 27 days in place).
- Sustained colorectal virtual clinic capacity in place on both sites with daily triaging of 2WW referrals.
- Developing CNS-led colorectal referral triage and assessment model triaging appropriate referrals straight to CT Colongraphy (pilot commenced).
- Implementation of new cancer information system in use.

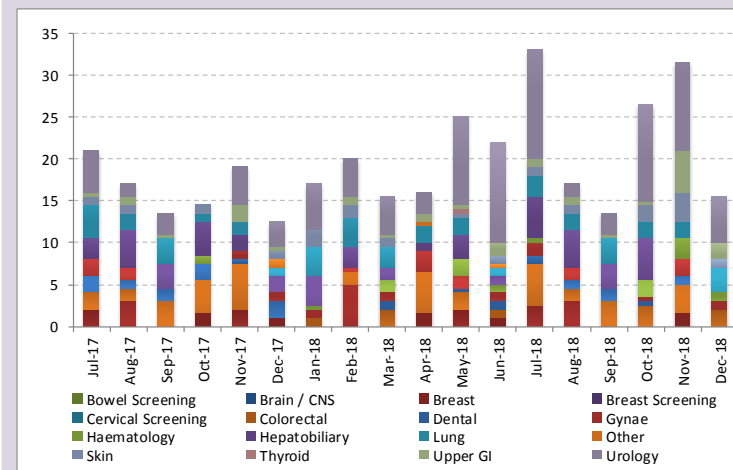
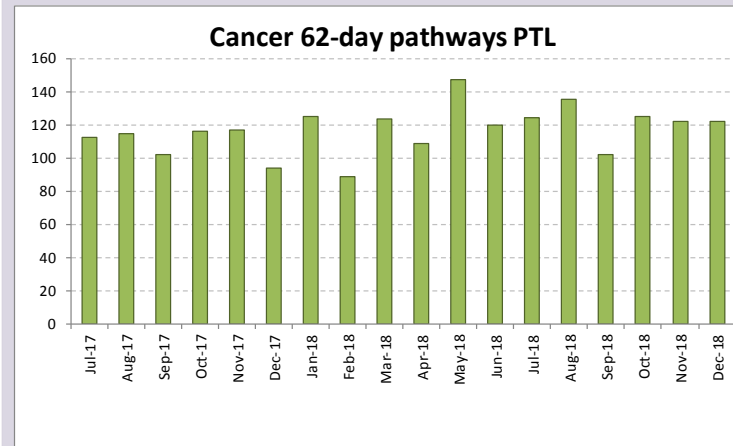
Domain 2: Key Delivery Metrics Cancer Waiting Times (2)

PATHWAY REDESIGN & IMPROVEMENT

- Ring-fenced CT guided biopsy capacity now in place for lung pathway at DH. Additional daily CT chest slot provided by GSTT.
- Endoscopy pre-assessment at PRUH embedded at PRUH which has improved compliance by 6%.
- Fast tracking process in place for all 2WW pathology samples to enable swifter reporting.
- DH urology pathway has same day MRI scans with bone scans directly from clinic. DH gynae 1-stop clinic has commenced.
- Sector wide lung cancer pathway meeting taking place in December 2018, specifically reviewing earlier diagnostics in the pathway.
- DH urology (prostate) pathway meeting taking place in January 2019 to review recent breach themes with aim for potential improvement.

DECEMBER DELIVERY

Cancer 62-day PTL trend



IMPROVING >38 DAY TERTIARY REFERRALS

- Continuous review of all capacity and demand and eRS polling ranges for high impact specialities, with aim to reduce median waits for first appointment to 7 days.
- Some routine PRUH Urology work diverted to community services to increase cancer capacity (agreed with CCGs). Out of area referrals restricted for remainder of 2018/19.
- Template biopsy procedures to be undertaken in outpatient settings (both sites) from Q4 2018/19.
- Improving capacity for MDT follow up appointments and 2WW clinic in Urology @ PRUH.
- Improved alert system for ITTs to be sent post outpatient clinic in place.
- Revised cancer escalation process in place to flag pathway issues.

Domain 2: Key Delivery Metrics Diagnostic Waiting Times

NATIONAL CONTEXT

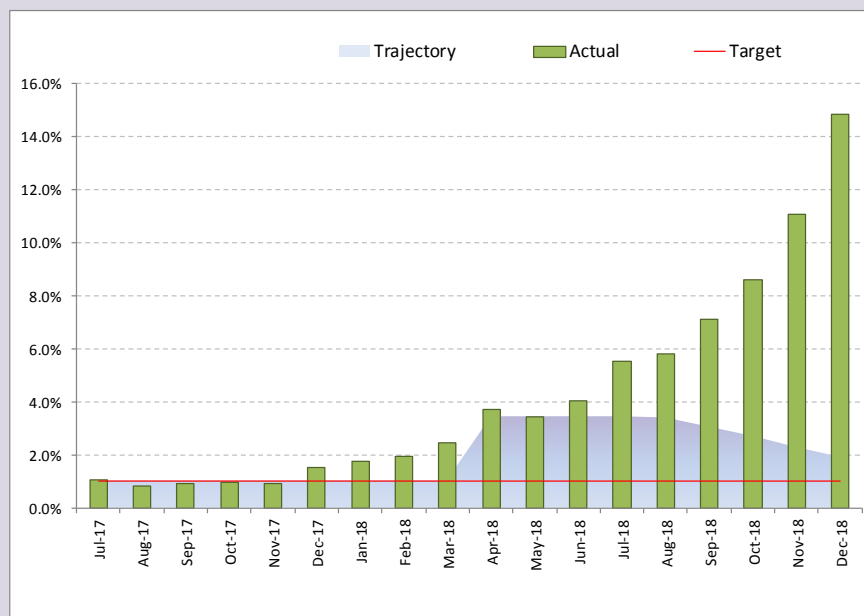
Period: November 2018
(latest published)
Source: NHS England

- Nationally 74.9% of Trusts were compliant in November 2018.
- KCH is in the 36 Trusts with the highest turnover (>13,000 tests per month). Within this peer group, 58.3% were compliant.
- 61.9% of providers with between 10,000 and 12,999 tests per month were compliant; 51.7% for providers with between 5000-9,999 tests per month.
- The majority of providers (247 of 362) deliver less than 5000 tests per month, with 84.1% of organisations in this group being compliant.

DECEMBER DELIVERY

- The national target of 1% patients waiting above 6 weeks for diagnostic test was not achieved in December with Trust performance of 14.81%. This is above the recovery trajectory of 1.89% for the month.
- At site level, the number of breaches for PRUH sites increased from 1,297 reported in November to 1,424 in December, which equated to 23.60% performance. The breaches at PRUH are mainly endoscopy tests (938 in total) including 531 colonoscopy, 272 gastroscopy and 135 sigmoidoscopy breaches. The number of breaches reported in cardiology echocardiography increased from 390 breaches in November to 452 in December.
- Performance at Denmark Hill is not compliant reporting 5.32% performance for December with 297 breaches. There were 218 breaches in cardiology echocardiography, 32 breaches in cystoscopy tests and 10 CT breaches.

Diagnostics: Maximum waiting time of 6 weeks for diagnostic test



ACTIONS TO SUSTAIN

- Revised recovery plan has been developed and revised trajectory shared with commissioners and NHS Improvement in 13 December meeting.
- Specialties continue to secure additional capacity to ensure management of waits; PRUH Endoscopy using additional private sector capacity (BMI) and will be increasing insourcing with enough endoscopy lists to start to reduce the backlog, and additional Echocardiography capacity on both sites being mobilised to return to target by end March 2019.
- Radiology continues to utilise additional capacity including use of independent sector, mobile imaging scanners and providing additional sessions in-house.

KEY RISKS

- PRUH Endoscopy capacity continues to be challenged despite increasing capacity through multiple providers supported by ACN; demand is still outstripping capacity causing the backlog to increase. There is a risk with endoscopy being utilised as an inpatient escalation area, but increased insourcing will aim to mitigate this.
- PRUH and South Sites have seen an increase in non-Obstetric ultrasound (NOUS) breaches, mainly due to the termination of community TV scanning service; PRUH are currently in discussions with commissioners regarding re-commissioning this service. Current mitigation plans have minimised the number of breaches.
- Both sites Cardiac echo capacity has been challenged with demand requiring additional weekend activity to keep pace. Solution dependent on existing staff working additional weekend lists; both sites to review demand and capacity and business cases may be required if demand persists.
- Denmark Hill CT capacity remains constrained due to the de-commissioning of CT2 scanner; the replacement scanner has been awarded and the procurement timescales to re-open is April 2019.

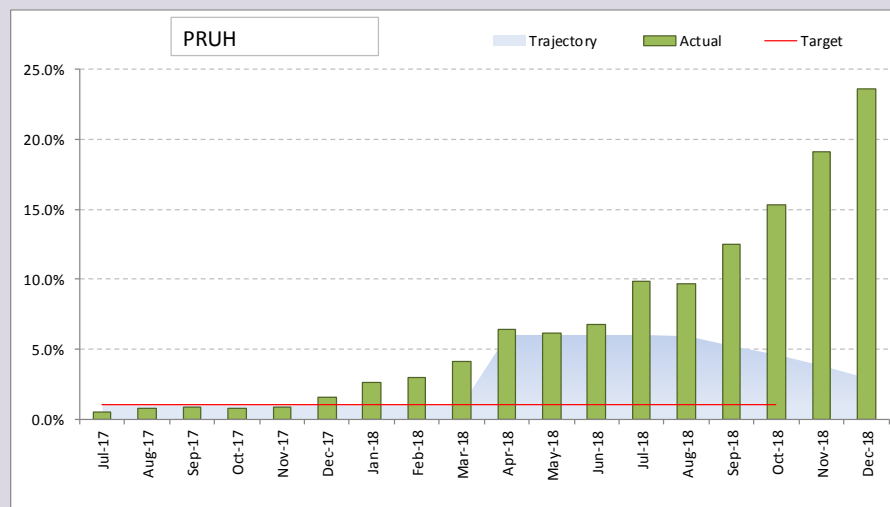
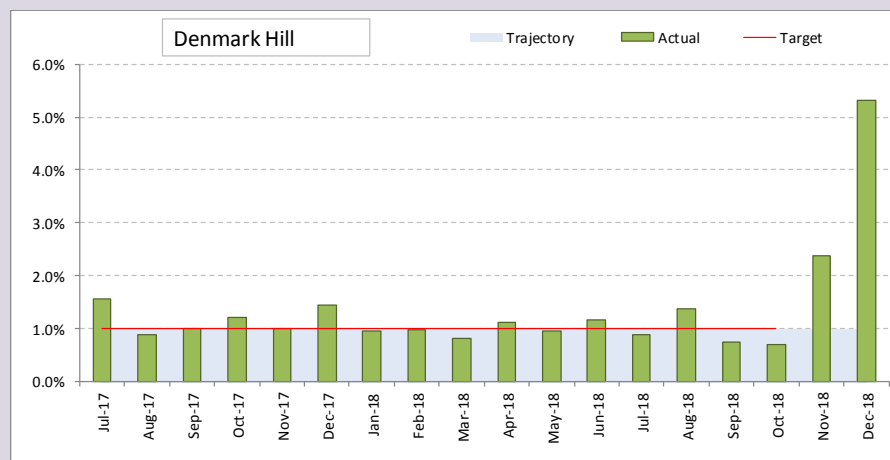
Domain 2: Key Delivery Metrics Diagnostic Waiting Times (2)

OPERATIONAL CONTEXT

- There has been a 3.4% increase in the volume of tests undertaken in December 2018 (as reported on the DM01 return) compared to December 2017.
- For the same comparative period 1,155 more non-obstetric ultrasound tests, 635 more CT scans and 128 more flexible sigmoidoscopy tests have been undertaken.
- We have however performed 1,163 fewer MRI scans, 251 fewer dexta scans and 144 fewer cystoscopy tests.
- 11,619 patients waiting at the end of Dec-18 vs 10,079 in Dec-17, which represents an increase of 1,540 patients waiting.
- Over the same period 930 more cardiology echocardiography tests (2,214 patients waiting), 433 more non-obstetric ultrasound scans (4,347 total waiters), 506 more colonoscopy tests waiting (977 total waiters) and 137 more gastroscopy waiters (633 total waiters).
- In terms of waiting list reductions, there were 221 fewer patients waiting for MRI scans (978 total waiters) and 208 fewer Dexta tests (363 total waiters).

DECEMBER DELIVERY

Diagnostics: Maximum waiting time of 6 weeks for diagnostic test by Site



DELIVERY ACTIONS: DENMARK HILL

- Action plan around Radiology in place with additional MRI and CT capacity secured through mobile scanners on the DH site (12 days of CT, remainder days MR).
- This is being led and funded by the Accountable Cancer Network (ACN) and has been requested for Q4 to support the replacement of DH CT2 scanner (project works have now started).
- DH cystoscopy - the service took delivery of additional cystoscopes in the second week of December, with a forecast return to compliance by the end of February.
- DH Echocardiography - additional capacity through weekend working under controlled management has been agreed for January. The service will closely monitor trajectory progress to return to compliance by end Q4.

DELIVERY ACTIONS: PRUH

- PRUH Endoscopy - uptake of additional independent sector capacity provided by BMI to be monitored. The service have commissioning further insourced capacity from a private provider working on the PRUH site at weekends, commencing 19 January 2019. This solution should create the required capacity surplus to drive backlog cleared by the end of March 2019.
- Radiology action plan in place to deliver non-obstetric ultrasound backlog requirement, and is being closely monitored. Main pressure point is MSK.
- Cardiac echo weekend working under controlled management has been agreed; the service is closely monitoring trajectory progress. capacity has increased from 90 slots in December to 229 in January. Demand and capacity analysis is underway.

NATIONAL CONTEXT

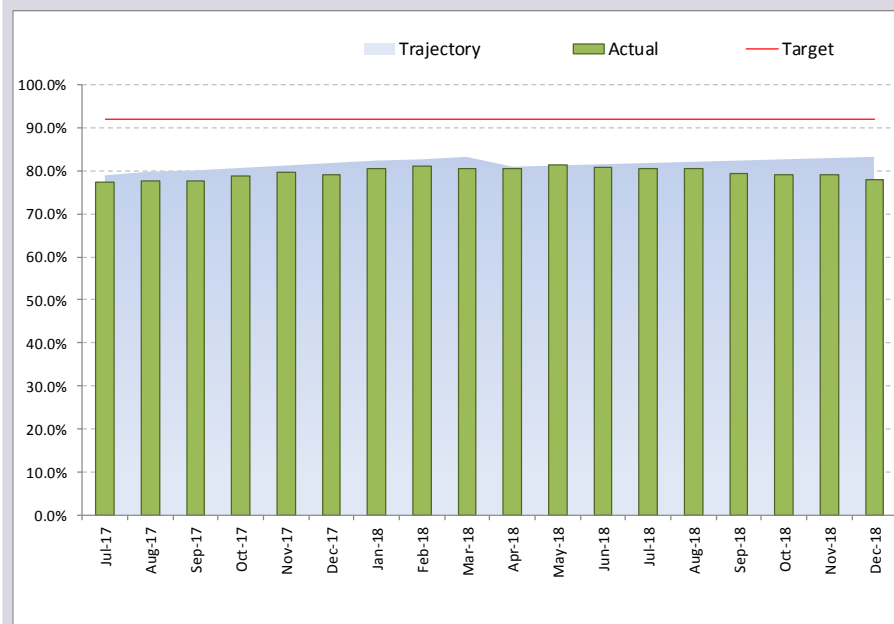
Period: November 2018 (latest published)
Source: NHS England

- Nationally 44.0% of Trusts compliant in November 2018.
- 69.8% of Trusts with a PTL (waiting list) of 20,000 or less were compliant, whereas only 15.1% of those with a PTL of greater than 20,000 were compliant.
- 14 Trusts have a PTL of >50,000 pathways, and only 1 Trust within this peer group is compliant.
- KCH has the fourth largest PTL in England (74,436) of those Trusts reporting RTT positions. Barts Health (91,022), University Hospital Birmingham (87,218) and Manchester University Trust (78,968) are reporting the largest PTL positions in England.
- The Trust had the 3rd highest GP referral demand in England (of 361 providers). In 2017-18 this demand reduced by -3.3% compared to 2016/17.
- The Trust was the 7th highest provider of elective admission in England (of 335 providers).

DECEMBER DELIVERY

- Performance compliance worsened from 79.03% for November to 77.95% for December (national target 92%). This reported position is below the trajectory target of 83.11% for the month.
- Total PTL increased by 102 cases to 74,770 patients waiting for treatment at the end of December, with a reduction of 725 pathways for patients waiting 0-17 weeks.
- The >18 week backlog increased by 827 pathways to 16,487 in December compared to the November position of 15,660 - there were small backlog reductions reported in Geriatric Medicine (-37), Orthodontics (-32) and Colorectal Surgery (-29).
- >52 weeks breaches decreased by a further 83 cases from 332 cases reported in November to 249 cases in December, of which 242 cases are admitted pathways (a decrease of 75 patients) and 7 cases are non-admitted pathways. The biggest reductions in 52-week wait pathways were reported in General Surgery (-36), T&O (-16) and Colorectal Surgery (-13).

RTT: Maximum waiting time of 18 weeks from referral to treatment



ACTIONS TO RECOVER

- A revised weekly 52-week recovery trajectory for all specialties incurring 52 week breaches or breach risks has been shared with NHSI, delivered with continued use of all available independent sector capacity, and use of extended hours booking (evenings/weekends). RTT process and weekly reporting scrutinised by NHSI.
- We plan to 31 breaches in Bariatric Surgery by the end of March 2019 only, with no breaches in other specialties.
- Monthly reporting to the Board and fortnightly to KE using the updated action tracker.
- The Trust continues to work with 18 Weeks Support to provide additional outpatient and day case activity, and with a number of independent sector providers to provide additional admitted capacity in T&O and bariatric surgery.

ACTIONS TO SUSTAIN

- With additional investment from local and national commissioners, plans have been developed to recover the 52+ week breach position by March 2019 by:
- Increasing outpatient capacity to treat 840 non-admitted pathways that currently exceed or risk breaching 52 weeks.
- Provide an additional 169 day case lists within Kings capacity, and utilise private sector capacity to treat 302 T&O long-wait patients.
- Resource an additional 240 inpatient lists required to treat 342 additional 52-week breach patients.
- Continue with Insourcing arrangements with our existing provider, 18 Weeks Support primarily in Dermatology and Endoscopy.
- A new theatres productivity programme has been launched on 3rd September 2018, using similar data, processes and principles to the national theatre productivity programme.
- For 6 of the last 10 weeks, we have delivered activity above the weighted average cases per session target. Overall productivity has been higher than baseline levels for the last 10 consecutive weeks.

Domain 2: Key Delivery Metrics Referral to Treatment (2)

King's College Hospital
NHS Foundation Trust

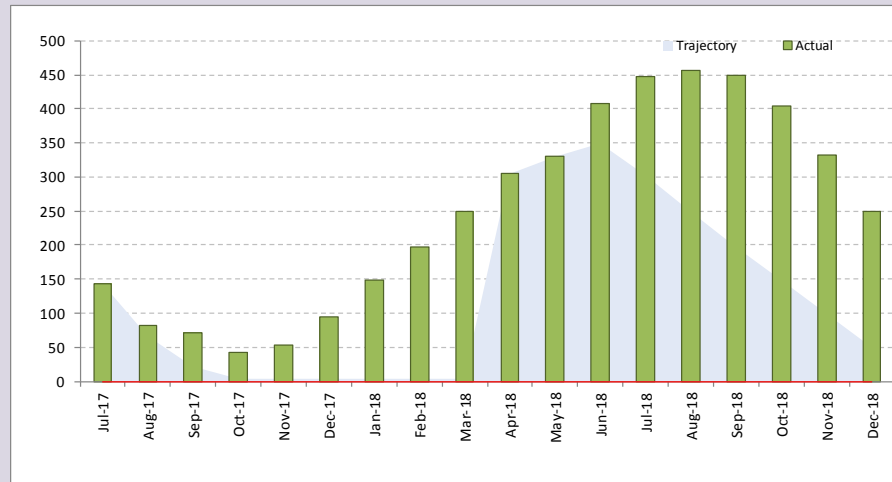


OPERATIONAL CONTEXT

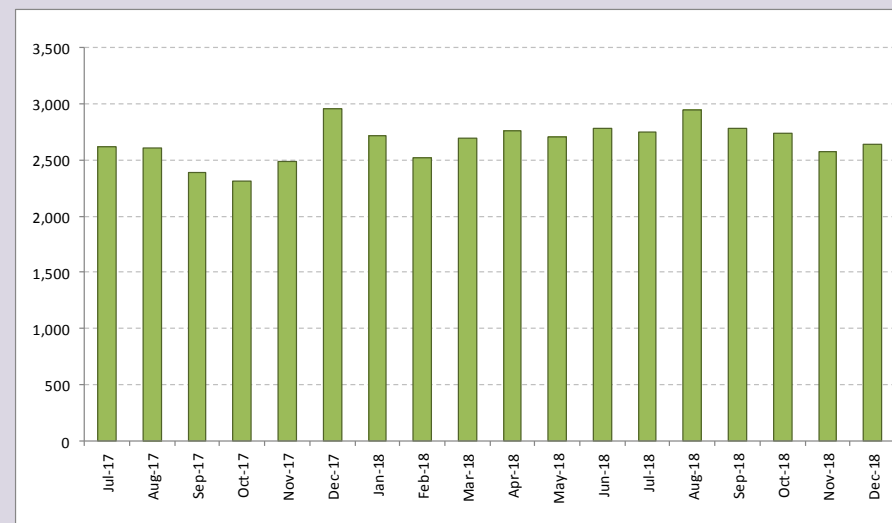
- 3,004 RTT admitted completed pathways in Dec-18 vs 3,134 in Dec-17. Main increase in admitted completed pathways in Oral Surgery (+91), and Cardiology (+11) pathways.
- 14,268 non-admitted completed pathways in Dec-18 vs 15,057 in Dec-17. There were increased completed pathways in Oral Surgery (+182), Thoracic Medicine (+232) and Gastroenterology (+75). However, reduced non-admitted completed pathways in Ophthalmology (-385), Gynaecology (-189) and Neurology (-117).
- 32,967 referrals received in Dec-18 vs 33,885 in Dec-17, a decrease of -918 referrals. This was driven largely by a decrease in GP referrals (-1,055 and Dental referrals (-803). There was an increase in self referrals (+503) and external consultant referrals (+729).
- 25,833 New attendances seen in Dec-18 vs 36,475 in Dec-17, a -2.4% decrease.
- 66,298 Follow-up attendances seen in Dec-18 vs 63,341 in Dec-17, a 4.7% increase.
- 3,599 New DNA's in Dec-18 vs 4,345 in Dec-17.
- 8,248 Follow-Up DNA's in Dec-18 vs 8,8765 in Dec-17.
- New:FU ratio Worsened from to 2.04 in Dec-17 compared to 2.22 in Dec-18.

LONG WAITERS

RTT: Patients waiting >52 weeks from referral to treatment



RTT: Patients waiting >36 weeks (un-validated) from referral to treatment



INSOURCING

- King's continues to use an insourcing provider, 18 Weeks Support, to deliver additional weekend capacity during 2018/19. Dermatology and endoscopy activity is planned to be delivered during Q3-Q4 this year.
- Over 9,300 patients have been seen in outpatient clinics in Ophthalmology and Dermatology between April to December 2018. 2,579 day case patients seen between April to December, with 1,132 Ophthalmology, 697 Dermatology and 750 endoscopy patients seen.
- This activity is being funded from additional RTT monies made available from commissioners to support our backlog reduction plans.

DATA QUALITY IMPROVEMENT

- A number of data quality reports are published directly within the Operational PTL which can be accessed by the central validation team as well as all divisional PTL users.
- The data quality dashboard within the PTL also enables drill-down to patients requiring follow-up after an active monitoring outcome, who have no future appointment booked.
- Recruitment is on-going to enlarge the central team to enable a more sustainable and managed approach to data quality, with new staff members joining the team in January 2019.
- For 'lost to follow-up' cohorts that passed sample testing, the BIU team have commenced work with our system supplier to close all of these pathway referrals on PiMS from January 2019.
- The RTT Performance Manager will lead a programme of work to further refine and conduct sample validation within cohorts that did not pass initial validation tests.

DOMAIN 3: Excellent Teaching and Research

➤ Research

R&I GRANTS AND FUNDING	R&I UPDATE	ACTIONS
<ul style="list-style-type: none"> The CRN funding YTD awarded metric shows the total income received via the annual allocation from the South London CRN based on research recruitment (£TBC) – and topped up by successful applications in year for contingency funding for extra research activity. This will increase further in-year. The KCH R&I Department supports investigators to apply for grants (research funding) to support clinical trials and research studies. Investigators apply for funding from NIHR, charities and pharmaceutical companies (industry). At present, there are 35 active grants where KCH is receiving income (16 NIHR grants, 13 charity grants, and 6 industry grants). Of the total 35, 11 (5 NIHR, 3 industry & 3 charity) have been awarded since 1st April 2017 - March 2018. 	<ul style="list-style-type: none"> The KCH R&I Department supports non-commercial clinical research which has been adopted into the NIHR Portfolio. The clinical research includes Clinical Trials, interventional and observational studies. The R&I Department and research staff within Kings College Hospital NHS Foundation Trust are funded by the local South London Clinical Research Network (CRN). The Number of Studies figures (320 in total) show the number of active studies by study-type (which indicates complexity and funding allocation) in the first month of this year. KCH also support commercial trials at KCH; these are supported by the KHP Commercial Trials Office (CTO). The Recruitment to NIHR Clinical Research Network portfolio studies (all) metric shows the number of patients (14,685) that have been recruited into active studies for the first 8 months of the year. There have been 32 research incidents raised to-date from April 2018. We monitor untoward incidents where research protocols are not properly observed or patients have been affected. These are managed, reviewed and reported via the DATIX system and reviewed by subject matter experts in the R&I governance framework. There have been 0 Serious events that have been subject to in-depth investigation, reporting and remedial action planning. There are 8 open incidents which are currently under investigation/review. 	<ul style="list-style-type: none"> As part of the governance review of R&I, a comprehensive balanced scorecard for research is in development. Additional information will be included for the next reporting cycle.

DOMAIN 4:
Skilled, Motivated, Can Do Teams

- Appraisal Rates
- Training Rates
- Sickness Rates
- Vacancy Rates

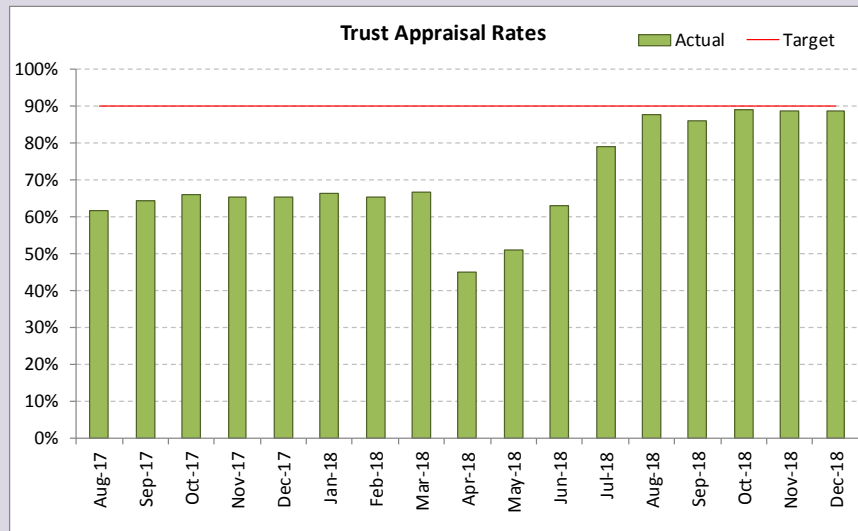
Domain 4: Key Delivery Metrics Appraisal Rates

NATIONAL CONTEXT

- In the 2017 National Staff Survey, 65% Kings' staff reported that they had received an Appraisal in the last 12 months. This survey went to all staff with a 44% response rate.

DECEMBER 2018 DELIVERY

- The individual rates for medical and non-medical appraisals are reported as 81.28% and 90.40% respectively. The medical appraisal rate shows a small increase of 0.06% from November, and the non-medical appraisal rate has had a decrease of 0.10% and remains under the 90% Trust target.
- The combined appraisal rate reported in December is 88.64%, showing an small decrease of 0.07% when compared to November (88.71%).



ACTIONS TO RECOVER

- See below

ACTIONS TO SUSTAIN

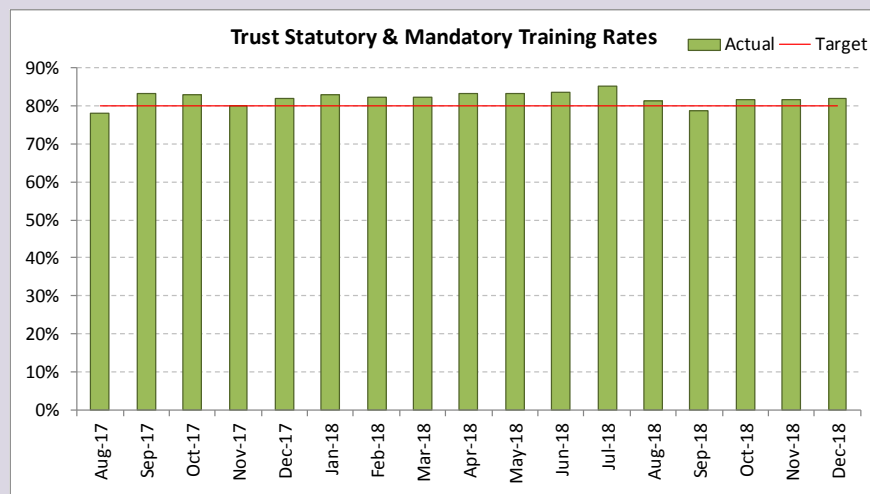
- Workforce indicators are discussed at Divisional Board meetings each month.
- Area's which are not achieving the required target are highlighted in monthly reports, and progress is discussed as Divisional Boards.
- The Workforce Medical staffing team is reviewing all medical appraisals and are undertaking more focused work in Dentistry.
- Improved data management on the recording systems have supported improved analytics.
- Additional training has been provided so that any barriers to recording appraisal data are being overcome.

CONTEXT

- We are seeking to collect this data from similar sized Trusts, AUKUH (Association of UK University Hospitals) and from Trusts who form part of the Shelford Group.

DECEMBER 2018 DELIVERY

- Statutory & Mandatory Training compliance has increased for the second consecutive month from 81.79% in November to 81.96% in December, and continues to be within the 80% target.



ACTIONS TO RECOVER

- See below.

ACTIONS TO SUSTAIN

- Continue to promote Core Skills Update Day as main route for clinical staff to refresh 5 Statutory and Mandatory topics in one day.
- Increase Induction capacity for non-medical staff to ensure that new starters can complete their statutory and mandatory training in a timely way.
- All statutory and mandatory topics are being reviewed via the Challenge Panel in terms of their target audience, frequency and delivery mode.
- Develop plan via new On boarding function on LEAP to roll out eLearning to new starters in advance of joining the Trust (this is already in place for medical staff).

Domain 4: Key Delivery Metrics Sickness Rates

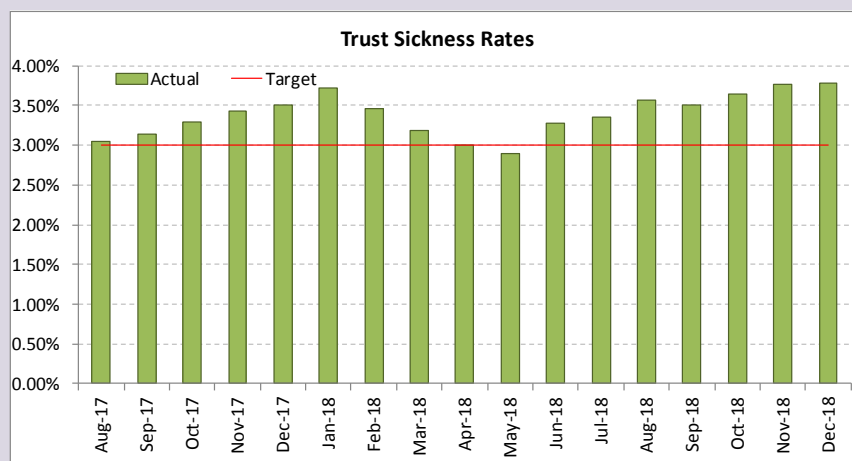
NATIONAL CONTEXT

- We are seeking to collect this data from similar sized Trusts, AUKUH (Association of UK University Hospitals) and Trust who form part of the Shelford Group.
- 3.29% is the combined sickness absence percentage for Trusts in Health Education South London for May 2017.

Source: NHS Digital

DECEMBER 2018 DELIVERY

- The sickness rate for December is 3.78% showing a very small increase of 0.01% points from the previous month (3.77%). Sickness rates at this time of year are likely to represent the seasonal pressures, however, the rate is also higher than the one reported for the same period in 2016 and 2017 (3.50% and 3.70% respectively).
- The sickness rate for the main divisions are: 3.30% for Networked Services, 4.45% for PRUH/South Sites and 3.80% for UPACs.
- Analysis on staff groups' sickness shows that Estate and Ancillary sickness has decreased from 9.02% in November to 8.63% in December, but it is still the highest rate reported by staff group. The other two highest rates reported remain similar to previous months: 5.66% for Additional Clinical Services and 4.79% for Admin & Clerical staff groups.
- The total number of occurrences reported in December were 2,248 - of which 1,959 are classified as short-term and 289 as long-term instances.
- The 2 highest reasons for short-term sickness remain the same as in the last eleven months, "Cold, Cough, Flu - Influenza" (585 occurrences) and "Gastrointestinal problems" (309 occurrences). Trends for Long-term sickness also remain similar: "Anxiety/stress/depression/other psychiatric illnesses" (60 occurrences) and "Other musculoskeletal problems" (41 occurrences).



ACTIONS TO RECOVER

- The target of 3% is an aspirational Trust Target.

ACTIONS TO SUSTAIN

- There are a range of initiatives underway as part of the Attendance Project which will support the lowering of the average days lost per person due to sickness, and hence the Trust overall % sickness.
- These include well-being initiatives such as Younger Lives and improved access to Occupational Health Services.
- Active management for both long and short term sickness cases across is happening with oversight from Directorate teams and Workforce.

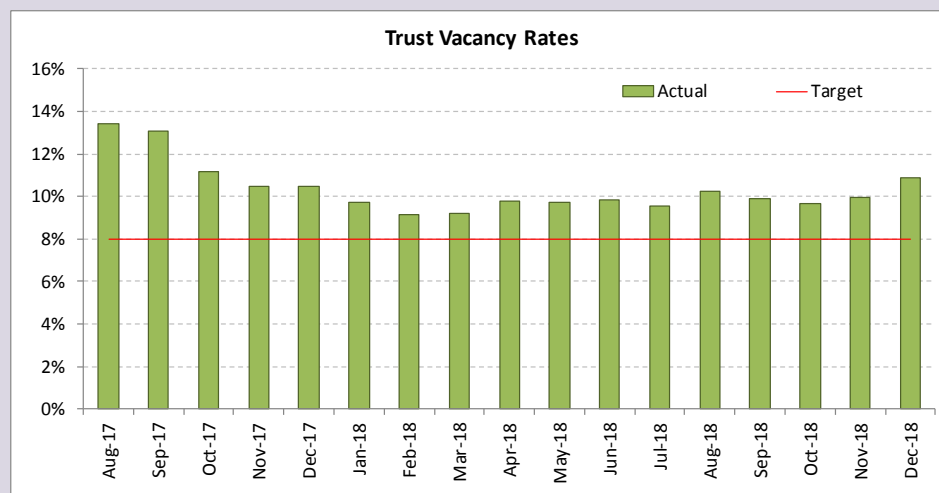
Domain 4: Key Delivery Metrics Vacancy Rates

NATIONAL CONTEXT

- We are seeking to collect this data from similar sized Trusts, AUKUH (Association of UK University Hospitals) and from Trusts who form part of the Shelford Group.

DECEMBER 2018 DELIVERY

- The reported vacancy for December 2018 is 10.88%. This rate shows an increase of 0.95% when compared to November (9.93%). December trends have been similar for the last few years showing a low intake of new starters in the month and a higher level of leavers. This is normally attributed to the Christmas break and together with the increase in establishment would have lifted the vacancy rate this month.
- The vacancy rate for the main divisions are: 10.03% for Networked Services, 9.79% for PRUH/South Sites and 8.91% for UPACs.
- Adding up the Bank & Agency FTE and substantive FTE shows a total actual FTE for December of 12,367.46. The budgeted establishment for month 9 is 12,975.56. This shows a real vacancy figure of 4.69%.



ACTIONS TO RECOVER

- The target of 8% is an aspirational Trust Target and not reflective of a local or national position.

ACTIONS TO SUSTAIN

- The Recruitment function is continuing with its extensive programme of regional, national and international recruitment. Campaigns are regularly monitored and assessed to ensure they contain to deliver successful candidates.
- Work will continue on reducing voluntary turnover through a range of initiatives.
- Work will continue on managing the budgeted establishment of the Trust.

DOMAIN 5: Top Productivity

- Transformation - Outpatients
- King's Way For Wards
- Theatre Productivity
- Transformation – Flow

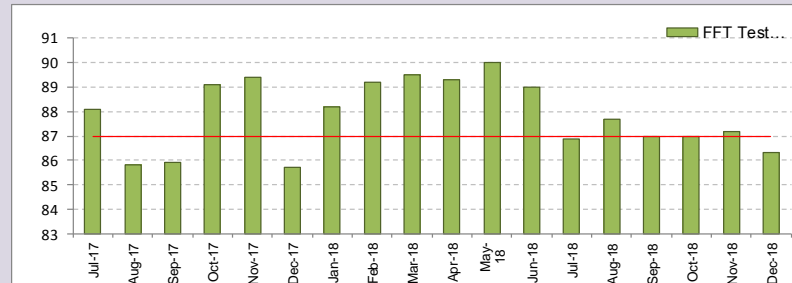
CURRENT PROGRESS

The outpatient programme covers the following areas:

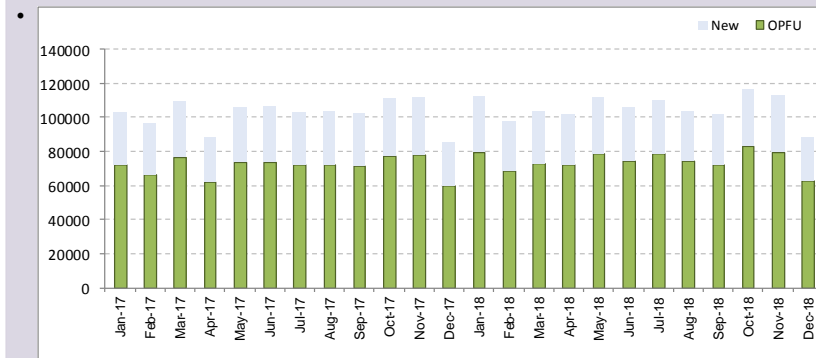
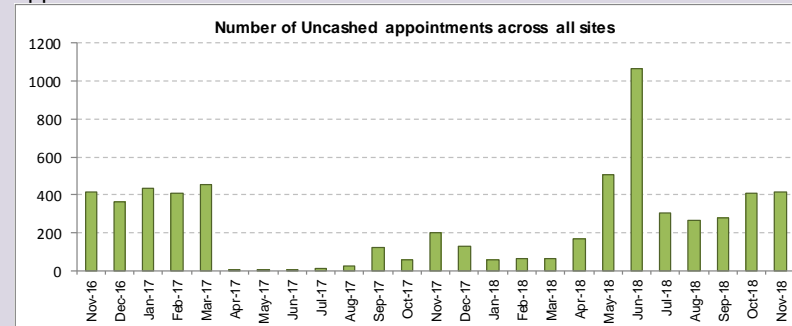
- a health check that has been rolled out to all outpatient areas to review aspects that impact on patient experience.
- a review of outpatient demand and capacity, including bookings and referrals processes and a move to standardisation.
- a financial improvement project that seeks to correctly charge for outpatient procedures, MDT clinics, and the provision of Advice & Guidance advice phone calls and virtual clinics.
- an utilisation improvement programme to improve waits, reduce DNAs and the booking process for patients.
- the design and roll out of King's Way for Outpatients, a programme that standardises processes and improves visual management for staff and patients.
- implementation of digital outpatient processes across each site including the testing of an end to end patient pathway and electronic referral systems.
- joint partnership working across Southwark, Lambeth, and Bromley CCGs on Aspiring Integrated Care System work.

TRANSFORMATION - OUTPATIENTS

- Improving experience: Overall percentage of patients recommending Kings



- Improving processes: Reductions in lost income due to not cashing-up appointments



THIS MONTH'S IMPROVEMENT

- Continued ordering of *Hello My Name Is* badges (have now ordered for 7,000 staff across Trust sites).
- Agreed specialties for collaborative pilot with GSTT colleagues to establish a cross-Trust referral assessment/triage service (RAS).
- Worked with vendor to revise *Hello My Name Is* online ordering portal ahead of go-live launch.
- Held inaugural PRUH Outpatients Clinical Programme Board to engage PRUH/South sites clinicians and accelerate initiatives.
- Initiated InTouch expansion project with core stakeholders and planned 2019 implementation working groups.
- Explored existing patient apps/online patient portals and agreed to model their ability to reduce unnecessary follow-up appointments.
- Efficiency SOP's being reviewed by subject matter experts and will be issued for quality assessment.

NEXT STEPS

- Meet with patient app developers to conduct in-depth market research and appraise benefits and constraints.
- Trial InTouch waiting time system in Trauma & Orthopaedics specialties (Suite 3).
- Establish Paperlite and Digital Outpatient Pathways Steering Group and hold first meeting with key stakeholders.
- Activate online ordering portal for *'Hello my name is'* badges and provide super users with portal log-ins.
- Establish Trust Outpatients Strategy Board and hold first meeting with key stakeholders.
- Meet with Southwark CCG Associate Director and GSTT colleagues to agree funding support and collaborative project plan for cross-Trust referral and triage pilot.
- Sign off/QA Efficiency programme Standard Operation Procedures.

Domain 5: Key Delivery Metrics

King's Way For Wards

KWfW PROGRAMME UPDATE

- King's Way for Wards Quality Improvement Programme helps all wards to use the same processes and systems, so that we provide consistently excellent care across all sites.
- ALMOST HALF WAY THROUGH THE PROGRAMME!
- 36 wards completed out of 78 across all sites
- Denmark Hill:** - 23 wards out of 49 signed off (47%)
- PRUH/South Sites:** 13 wards out of 29 signed off (45%)

CURRENT WARDS ON PROGRAMME

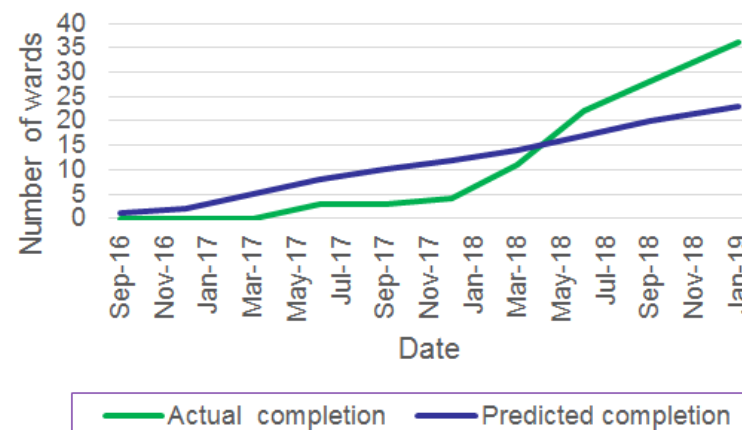
- Current wards undergoing KWfW:
- DENMARK HILL:** Friends Stroke Unit, Murray Falconer, Women's Surgical Unit, Cotton, Sam Oram/CCU, Victoria & Albert and HDU, Katherine Monk
- PRUH/South Sites:** Critical Care/ICU, Coronary Care/Medical 8, Chartwell Unit

KiFM

- Stock reviews on Women's Surgical ward, Friend's Stroke Unit (FSU) and Derek Mitchell Unit.
- On average reducing stock holding profile by £2k per ward.
- Overstocked areas logged and re-distributed and cross-charged.
- Wastage of stock to value of £2k on FSU due to historical overstocking of low use niche items.

ACTUAL PROGRESS EXCEEDING PREDICTED PROGRESS

Number of Wards Completed/Graduated King's Way for Wards



WARD ACCREDITATION UPDATE

The Accreditation process changed in October 2018 and is now undertaken via the Perfect Ward App so areas get immediate results. All inpatient areas are undertaken in cycles, aiming to repeat 4 monthly.

- Cycle 1:** Average score of 84% and 2 wards turned green; TCCCC and Rays of Sunshine.
- Cycle 2:** Average score of 80% with ED left to complete.

Areas where excel:

- Good evidence of learning from incidence.
- Staff feel empowered to improve patient care.
- Patients feel they are treated with care and compassion.

Areas to improve:

- Observations not taken as per NEWs score.
- Fridge temperatures not taken/escalated Staff not adhering to uniform policy.

WHITE BELT TRAINING

Site	White Belt booked	White Belt Trained	Total
PRUH	69	184	253
DH	55	310	365
TOTAL	124	494	618

Most trained PRUH

- 1. Medical 6
- 2. Medical 7
- 3. Medical 4

Most trained DH

- 1. Katherine Monk
- 2. Donne
- 3. Oliver

Domain 5: Key Delivery Metrics Theatre Productivity

King's College Hospital
NHS Foundation Trust



CURRENT PROGRESS

The King's Theatre Productivity Programme incorporates a number of the elements of the national theatre programme, and focuses on four key workstreams:

- **6:4:2 and Session Management** - Maximising the number of theatre sessions used through better governance and cross-cover.
- **Scheduling** – Ensuring lists are filled productively and booked at least four weeks out.
- **Pre-assessment** – Maximising throughput and reliability of pre-assessment clinics.
- **Theatre Processes** – Starting on time, minimising inter-case downtime and avoiding cancellations.
- The theatre productivity programme commenced on 3rd September 2018, and initial progress has been encouraging.

The overall aims of the theatre productivity programme are to:

- Increase the in-session productivity of theatre lists, as measured by Average Cases Per Session (ACPS).
- Ensure as many theatre lists are used as possible.
- Ensure theatre sessions as allocated to the specialties who need them most.
- Support chronological booking to clear the Trust's 52-week backlog as swiftly as possible.

TRANSFORMATION - THEATRES PRODUCTIVITY

• Average Cases per Session (APCS)

Specialty	Target Average APCS	Baseline Average APCS 02/04/18 to 02/09/18	29/10/2018	05/11/2018	12/11/2018	19/11/2018	26/11/2018	03/12/2018	10/12/2018	17/12/2018	07/01/2019	14/01/2019
General Surge	2.13	1.44	1.62	1.21	1.55	2.07	1.72	1.46	1.59	1.49	1.79	1.49
Gynaecology	4.11	3.02	3.75	3.03	4.33	2.93	2.82	3.57	4.00	2.98	4.00	3.14
Liver HPB	1.06	0.74	0.81	0.83	0.67	0.82	0.63	1.01	0.85	0.71	0.71	0.82
Neurosurgery	1.15	1.03	0.88	1.06	0.97	1.08	1.32	1.04	0.95	0.98	0.87	0.95
Ophthalmology	4.38	3.21	4.44	3.92	3.90	4.15	4.20	3.76	4.38	4.11	4.05	3.77
T&O	1.93	1.7	1.63	1.88	1.79	1.73	1.83	1.92	1.87	1.74	1.69	1.90
Urology	2.87	2.38	2.86	2.52	2.88	1.12	2.50	2.17	2.18	2.72	2.27	2.38
Vascular	1.53	1.33	1.33	1.08	1.51	1.26	1.58	1.24	1.17	1.33	1.25	1.31
Overall Average	2.40	1.86	2.16	1.94	2.20	1.90	2.08	2.02	2.12	2.01	2.08	1.97
Overall Weight	1.99	1.80	1.95	1.93	1.96	2.00	2.07	2.08	2.15	2.15	2.09	
% Opportunity (Weighted)			47.4%	39.5%	31.6%	47.4%	52.6%	71.1%	73.7%	92.1%	92.1%	76.3%

• Number of Cases per Week

Specialty	Target Cases Per Week	Baseline Cases Per Week 02/04/18 to 02/09/18	29/10/2018	05/11/2018	12/11/2018	19/11/2018	26/11/2018	03/12/2018	10/12/2018	17/12/2018	07/01/2019	14/01/2019
General Surge	43	38	59	46	42	59	49	44	55	33	38	15
Gynaecology	30	23	19	28	26	19	24	33	28	27	28	28
Liver HPB	16	15	20	15	15	16	15	23	19	16	16	16
Neurosurgery	37	31	33	38	37	35	49	38	37	42	36	32
Ophthalmology	99	77	98	102	113	108	105	104	122	121	113	93
T&O	133	112	120	122	136	119	129	128	135	112	120	100
Urology	30	22	28	20	27	12	35	19	26	32	29	20
Vascular	15	13	16	13	12	12	15	15	14	16	15	16
Overall	403	331	389	384	408	378	421	404	436	399	395	334
Difference to Baseline			58	53	77	47	90	73	105	68	64	3
Running Total			476	529	606	653	744	817	922	990	1054	1058

• On The Day Cancellations

Specialty	Target Reduction	Baseline OTD Cancellations Per Week 02/04/18 to 02/09/18	29/10/2018	05/11/2018	12/11/2018	19/11/2018	26/11/2018	03/12/2018	10/12/2018	17/12/2018	07/01/2019	14/01/2019
General Surge	1	3	4	5	9	5	10	3	3	4	1	6
Gynaecology	1	2	0	5	2	3	4	0	2	4	2	3
Liver HPB	0	1	2	0	1	0	1	2	0	1	1	0
Neurosurgery	1	3	9	5	6	1	2	5	4	4	7	7
Ophthalmology	5	10	11	17	13	5	10	15	9	10	16	14
T&O	4	8	6	9	4	6	12	7	7	6	10	6
Urology	2	5	2	3	5	9	7	3	2	4	5	2
Vascular	1	3	2	5	5	1	1	4	2	4	3	4
Overall	15	35	36	49	45	30	47	39	29	37	45	42
Difference to Baseline			-1	14	10	-5	12	4	-6	2	10	7
Running Total			344	393	438	468	515	554	583	620	665	707

THIS MONTH'S IMPROVEMENT

In Session productivity

- For 6 out of the last 10 weeks we have been above our weighted ACPS target, with the weeks of 17th December and 7th January achieving 92.1% of the opportunity.
- Urology has been under their baseline for 4 of the 10 weeks, the issue of a lack of beds is presenting a challenge and will continue to do so over the winter period.
- Overall productivity was higher than baseline levels for the last ten consecutive weeks.
- We aim to consistently deliver the target ACPS from January 2018 onwards in as many specialties as possible, but this will be subject to adequate resourcing of the theatres productivity project team.

Total Elective Theatre Activity

- We have had 3 weeks where all eight core surgical specialties delivered more than their baseline level of elective activity.
- The target level of activity is calculated by multiplying the target ACPS by the number of weekly operating sessions allocated to each specialty within the regular theatre schedule.
- The tables to the left demonstrate how much additional operating the Trust is delivering, partly through increased ACPS and partly through additional weekend sessions.
- We have delivered more than our baseline level of overall activity for 10 consistent weeks.
- On average the trust has a 9% on the day cancellation rate compared to a target of 5%.

NEXT STEPS

- Support admissions team to book theatre lists 4-6 weeks out, in order to support better chronological booking.
- Finalise quantification of in-year and FYE financial benefits and draw up into a POD.
- Focus on in theatre efficiencies (late starts, turnaround, underruns) and challenge avoidable on the day cancellations.
- The theatre programme will officially commence at PRUH with support dependant on adequate resourcing of the theatres productivity project team.

Domain 5: Key Delivery Metrics Transformation – Flow Programme

CURRENT PROGRESS - DENMARK HILL

ED/UCC

- LASAA launched on 21st December. Further work on SOPs and small estate work on-going. Ambulance Handover times have improved.
- Formal review of UCC Contract taking place at executive level.

Frailty

- Screening percentage and LOS improvement sustained, successful bid to HEE for Frailty training for UEC staff.

Surgery

- 5x surgical assessment trolleys launched on Brunel ward, which has improved cohorting of acute surgical patients.
- GIRFT kick-off meeting and governance structures put in place.

Medicine

- ECIST supporting Acute Medicine re-design, and right-sizing of capacity, ambulatory delayed due to gaps in Consultant rota.

Supported Discharge

- Stranded review in place for all specialties, achieved 31% reduction on 17 December 2018 compared to a target of 27%.

Network Flow

Neurosurgery GIRFT programme includes:

- Review of AHP / Therapist pathways in pre-assessment.
- Neuro Admission Lounge has opened.
- On-going work to support on the day admissions for Neurosurgery to reduce Los and improve patient flow.
- Working group set up to review on the day of admissions for Liver.

KEY UPCOMING MILESTONES

DH

- ECIST intensive support week beginning 21st January 2019.
- New Emergency Care Improvement Programme governance structures launching w/c 21st January.

PRUH

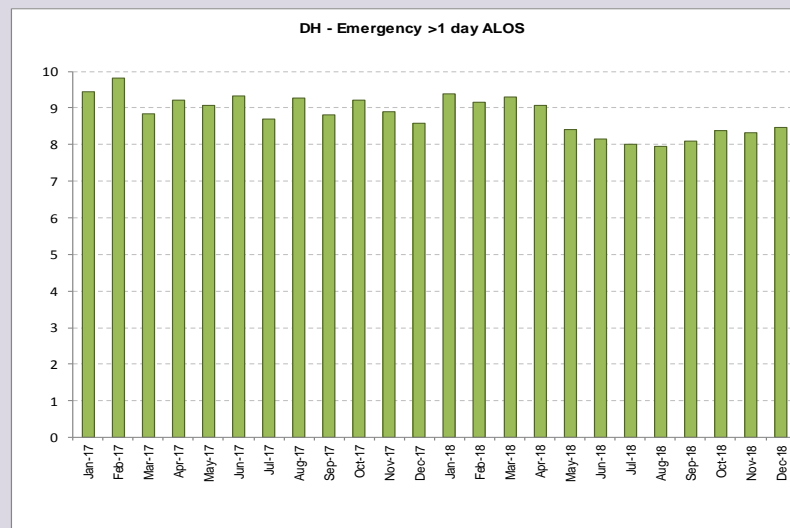
- 0 Ambulance delays – off plan, being supported by ECIST for delivery in Feb
- Trail RAT model – on track for delivery end of Jan
- Revised Model for Jr Doc Staffing – In progress

Networked Care

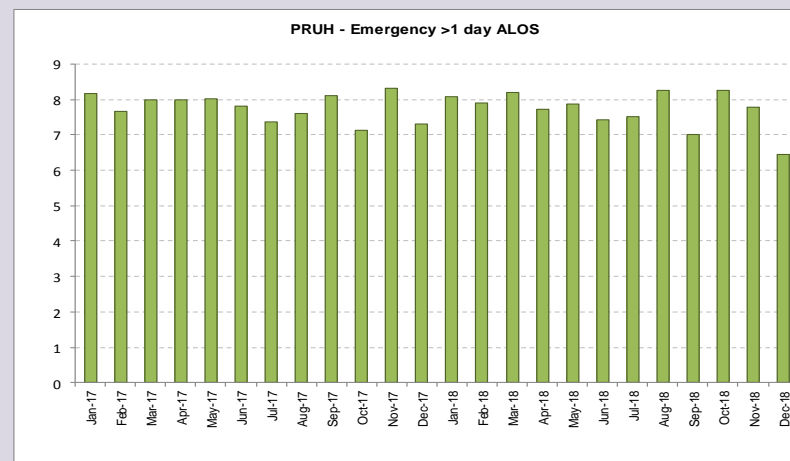
- Benchmarking spends on surgical devices and consumables with other Trusts to standardise product choice.
- Theatre productivity: review of portering provision and development of SOPS e.g. Golden patient

TRANSFORMATION - FLOW PROGRAMME

• Average Length of Stay - Emergency Admissions >1 day - DH



• Average Length of Stay - Emergency Admissions >1 day - PRUH



CURRENT PROGRESS - PRUH

ED/UCC

- RAT model in place Mon-Fri 12-5pm. Shifts out to team with view to extending to 5-10pm on Mon-Fri and weekends. Collecting outcome data to review efficacy. On-going support with ECIST during trial.
- Trialing ambulatory plus model in Acute Hub to support patients requiring admission who are suitable to sit in a chair whilst awaiting a bed, and reduce cubicle crowding in ED.

Frailty

- Re-casting 'front door' MDT frailty team in ED/CDU (nurses and therapists with clinician support) to utilise £50k funding from system winter resilience fund. WAPs approved and recruiting for Band 7 (ED held) and therapy posts. Band 6 nursing and band 8b lead post pending finalisation of re-cast OBC to submit w/c 14 January 2019.
- Proceeding with using one 2-bedded bay on Churchill ward. Finalizing OBC based on £100k funding from system winter resilience fund, submit OBC w/c 14 January 2019. Remedial works and VAP/WAP requests to be scheduled as soon as OBC approved.

Surgery

- Rapid Access lists remain on hold pending agreement with consultants regarding clinical responsibility. Additional shifts for doctor cover in Ambulatory out but not consistently filled to meet extended hours. Barriers to data capture and referral process captured during SAEC support visit. Service looking to embed changes as soon as possible.

Medicine

- Extended opening times in place (8-8 Mon - Sun). Trialing nurse to nurse referrals from 21 January.

Supported Discharge

- Increased access to D2A in place and Bromley @ Home. TOCB completing ward-based training to increase referrals and awareness. @ Home to actively pull from wards until service is at capacity. Provider workshop planned for 28 January.
- Week 6 of 6 of Long LOS review of patients on wards. Although the number of 21+ day inpatients has increased over the Christmas period, ALOS continues to fall. Process to be supported operationally following pilot.

KEY RISKS

- PRUH** - Impact of RAT model and extended hours in ED may not be as high as hoped. Sustainability of Medical Hub to be tested. Impact of Ambulatory referrals on ED standard and use of extended hours.
- DH** - ED performance and time to treatment still challenged. Challenge in implementing Ambulatory due to gaps in current Acute Med Consultant cover.

**DOMAIN 6:
Firm Foundations**

- Income
- Operating Expenditure

Domain 6: Key Delivery Metrics Income

INCOME VARIANCES

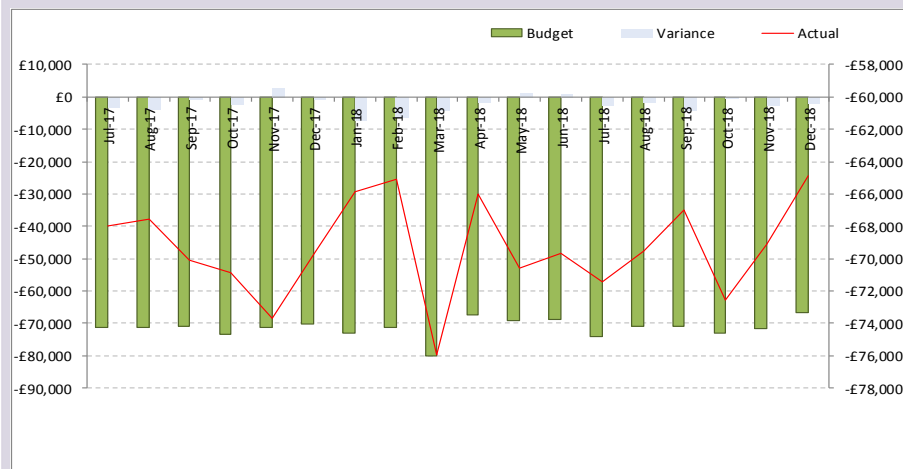
- The overall income variance YTD at Month 9 is £27.3m (adverse), excluding pass through drugs and devices (£14.6m) adverse. This is due to a YTD adverse variance on clinical income of £26.6m as at Month 9.
- Other operating income is £15.5m adverse YTD, largely due to not being able to recognise the achievement of the STF (£11.7m).
- The Clinical Income has been reduced by £7.3m YTD in respect to 'Counting & Coding' contractual rules for the following services: A&E, Stroke and Outpatient Procedures (Neurophysiology & Ophthalmology). The Trust will be able to charge for this activity from April 2020, apart from A&E which will be billed from April 2019. No challenges have been accrued to date.

The key variance trends YTD are:

- BMT Transplants (£1.5m) - activity income has improved but Month 9 activity was adverse by £411k.
- Liver Transplants (£1.3m) driven by non-achievement of additional cases relating to business case brought to Investment Board in August, but planned from April. However, activity was in-line with plan for Month 9.
- Critical care is £3.7m below plan with the adverse variance due to the delay in the opening of the new unit.
- RTT activity is £2.8m behind the original phased plan but elective activity is showing an over-performance of £4m.
- Renal (£0.4m YTD) – Activity recording issue in respect to plan set and actual activity reported in year.

2018/19 M9: INCOME AND FINANCIAL POSITION

Income from Activities (£000s)



Other Operating Income (£000s)



SUMMARY

- The YTD deficit is £147.7m (excluding STF) which is £31.3m adverse to the Trust's plan. The Trust has reported an in-month deficit of £25.9m which is £8.9m adverse to the in-month plan.
- The total capital plan for 2018/19 is £70.6m. Internal funding of £27m has been identified in 2018/19, including the 2017/18 approved loan carried forward (£8.4m). Therefore, external funding of £43.5m is required to deliver the approved £70.6m plan.
- The Trust has received approval for 2018/19 capital funding of £10.95m against urgent and committed capital projects in 2018/19. A bid for the total of £43.5m (including £11m emergency loan) has been submitted to NHSi/DHSC.

RUN RATE AND CIPs

- The planned CIP delivery at M9 is £24.1m. The actual delivery to-date is £16.0m resulting in an adverse variance of £0.6m against the NHSi plan. Key M9 deadlines based on the YTD position:
- Slippage in various flow through schemes from last year's programme (£0.3m).
- Slippage on KiFM on their standardisation and commercial workstream (£0.9m).
- Slippage at the PRUH related to HCD insulin pumps which is awaiting validation (note this is likely to recover £0.1m).
- Slippage on Crystal Palace Physio Group which is also awaiting validation from Contracts team on pricing. This is also likely to recover £0.2m.
- This under-performance is offset somewhat by over-performance in Pharmacy of £1.1m.

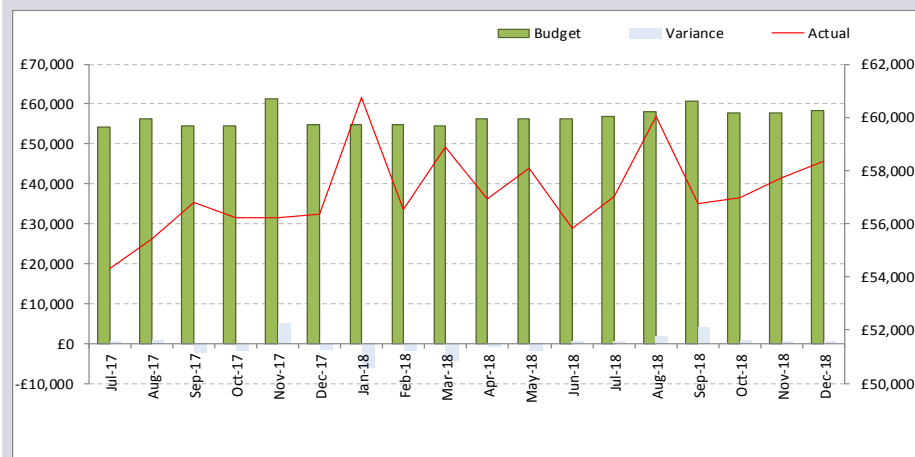
Domain 6: Key Delivery Metrics Operating Expenditure

KEY PAY VARIANCES

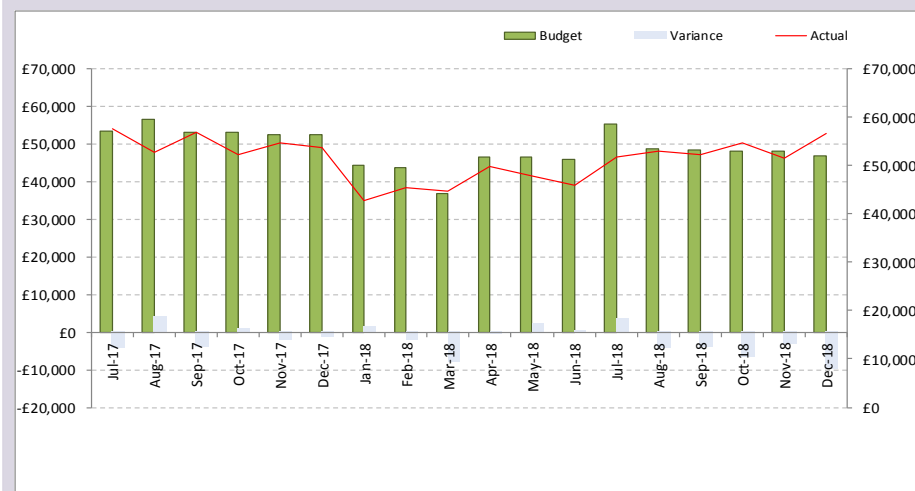
- Pay is £6.1m better than plan predominantly due to A&C and other staff underspends.
- Nursing pay increased on last month by £0.6m as a result of having to cover escalation, enhanced care and short-term sickness in December.
- The cost of medical staff was £0.5m lower than the previous month.

2018/19 M9 OPERATING EXPENDITURE

Pay (£000s): including Admin & Managerial Staff/Agency, Medical Staff/Agency, Nursing Staff/Agency



Non-Pay £000s): including Establishment Expenses, Drugs, Clinical Supplies & Services, General Supplies & Services, Services from Non-NHS Providers, Services from NHS Bodies



KEY NON-PAY VARIANCES

- Non pay (excluding pass through drugs and non-allocated CIP) is £6.8m adverse against plan YTD. Within this position there are overspends in:
- Consultancy (£5.5m) - in the main due to PwC costs relating to the financial recovery programme.
- External Services due to recognising potential pay award for external staff of £3.8m.

2018/19 FINANCIAL RECOVERY PROGRAMME

- Over £50m has been identified during the course of the financial year, however much of this has been moved into supporting other elements of the recovery/financial plan, such as the pay dis-investment and income targets.
- The CIP programme has retained opportunities of £30.9 towards the £44.1m target. (£24.3m in green/conditional amber, £2.8m in amber and £3.8m in red).
- The CIP programme as at M9 reporting has delivered £16m to the bottom line YTD. This is an adverse variance of £0.6m against plan YTD.
- CIP delivery in Month 9 was ahead of plan with £2.3m delivered against a plan of £1.9m. Two significant movements drove the in-month position:
- UPACs (Planned Care) = £0.3m favourable due to retrospective Dental non-recurrent pay savings realised in-month.
- Pharmacy - £0.3m as profile is ahead of plan.

TRUST INTEGRATED PERFORMANCE SCORECARD

DOMAIN SCORECARDS



Integrated Performance

A selection of core metrics for aggregate KCH performance to Board/FPC and organisational review
Trust (1000)

December 2018

Best Quality of Care - Safety, Effectiveness, Experience

	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Month Target	F-YTD Actual	Rolling 12mth	Trend
476 MRSA Bacteraemias	0	0	0	0	0	0	0	0	1	1	0	1	1	0	4	4	
473 CDT Cases	11	10	7	7	6	2	6	13	9	7	5	7	5	6	60	84	
487 Care hours Per Patient per day	5.9	6.2	6.3	6.4	6.4	6.3	6.1	5.8	5.7	5.2	5.9	6.4			6.0	6.1	
628 Falls per 1000 bed days	4.22	4.34	3.98	4.27	3.94	4.08	4.31	4.39	4.43	4.18	3.57	4.17	4.00	6.60	4.12	4.14	
509 Never Events	0	1	1	2	0	3	0	2	1	2	0	1	0	0	9	13	
519 Serious Harm/Death Incidents	8	18	9	5	9	14	13	11	12	13	9	15	12		108	140	
516 Moderate Harm Incidents	25	29	19	15	22	32	30	21	27	23	27	37	43		262	325	
520 Total Serious Incidents reported	26	22	11	9	17	23	24	20	13	21	20	15	19		172	214	
436 HSMR	87.0	86.6	86.6	87.8	86.9	86.6	86.8	87.0	86.2	86.4	85.5			100.0			
433 SHMI	92.0	92.3	93.2	95.0	94.5	94.9	96.2	96.6	95.9					105.0			
353 Outpatient Cancellations < 6 week notice (Hosp)	4647	5343	5583	5443	5211	6120	5933	6549	5622	6477	7426	7160	5802	4551	56300	72669	
838 Number of complaints per 1000 bed days	1.51	2.13	1.87	1.64	1.73	1.71	1.86	2.09	1.71	1.50	1.81	2.17	1.22	1.66	1.75	1.79	
615 Number of complaints - High & Severe	9	19	19	5	11	8	9	14	12	7	8	9	6	0	84	127	
619 Number of complaints	72	103	85	81	88	83	86	100	82	74	94	107	59	80	773	1042	
620 Number of complaints not responded to within 25 Days	44	56	52	54	37	46	37	50	54	46	43	56	48	51	417	579	
839 Surgical Cancellations due to Trust Capacity - OTD	37	70	48	67	67	44	40	46	35	48	75	93	50	59	498	683	

Best Quality of Care - Access

	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Month Target	F-YTD Actual	Rolling 12mth	Trend
364 RTT Incomplete Performance	79.03%	80.34%	81.03%	80.54%	80.57%	81.20%	80.85%	80.55%	80.57%	79.41%	79.12%	79.03%	77.95%	92.00%	79.92%	80.10%	
632 Patients waiting over 52 weeks (RTT)	94	148	198	249	305	331	408	448	457	450	404	332	249	0	3384	3979	
412 Cancer 2 weeks wait GP referral	93.63%	92.69%	95.05%	94.48%	93.67%	95.29%	85.80%	85.91%	80.51%	76.00%	89.78%	90.00%	93.14%	93.00%	87.35%	89.04%	
413 Cancer 2 weeks wait referral - Breast	96.00%	92.59%	96.72%	97.92%	85.71%	92.42%	90.48%	91.11%	96.67%	100.00%	96.00%	97.60%	100.00%	93.00%	93.52%	94.33%	
419 Cancer 62 day referral to treatment - GP	85.86%	85.83%	77.05%	88.76%	86.36%	82.92%	82.52%	75.19%	75.99%	70.42%	77.65%	79.00%	84.34%	85.00%	79.49%	80.78%	
420 Cancer 62 day referral to treatment - Screening Service	94.74%	86.96%	69.23%	91.30%	89.47%	96.30%	88.24%	86.96%	95.24%	86.36%	89.29%	92.50%	95.00%	90.00%	91.48%	89.80%	
536 Diagnostic Waiting Times Performance > 6 Wks	1.51%	1.75%	1.94%	2.48%	3.70%	3.44%	4.02%	5.52%	5.81%	7.13%	8.61%	11.06%	14.81%	1.00%	7.15%	5.94%	
459 A&E 4 hour performance (monthly SITREP)	78.98%	79.00%	73.57%	71.15%	77.86%	79.83%	82.73%	77.99%	80.54%	76.29%	78.10%	73.84%	71.67%	95.00%	77.64%	76.91%	
1397 A&E 4 hour performance (Acute Trust Footprint)	82.91%	84.96%	82.40%	80.66%	85.33%	86.52%	88.50%	85.25%	86.80%	84.10%	85.05%	82.33%	80.65%	95.00%	84.95%	84.39%	
399 Weekend Discharges	25.7%	19.9%	20.8%	21.0%	22.2%	20.2%	22.0%	19.5%	19.1%	25.1%	18.2%	18.5%	25.3%	21.6%	21.1%	21.0%	
404 Discharges before 1pm	20.3%	20.9%	20.4%	20.9%	19.3%	19.5%	19.1%	18.8%	18.9%	18.1%	18.1%	18.1%	18.6%	19.8%	18.7%	19.2%	
747 Bed Occupancy	90.4%	90.6%	91.9%	92.3%	92.9%	91.0%	87.9%	88.3%	86.0%	90.0%	92.3%	93.0%	89.9%	91.4%	90.1%	90.5%	
1357 Number of Stranded Patients (LOS 7+ Days)	655	628	639	662	643	600	597	552	346	224	204	247	257	574	3670	5599	
1358 Number of Super Stranded Patients (LOS 21+ Days)	922	905	919	933	920	851	837	793	593	470	438	484	504	898	5890	8647	
800 Delayed Transfer of Care Days (per calendar day)	6.9	8.7	11.4	15.8	8.3	8.2	7.0	12.9	13.5	9.0	9.4	10.0		0.0	9.8	10.4	
772 12 Hour DTAs	1	9	10	26	24	16	21	13	29	20	10	14	19	0			



Integrated Performance

A selection of core metrics for aggregate KCH performance to Board/FPC and organisational review
Trust (1000)

December 2018

Skilled, Motivated, Can Do Teams

	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Month Target	F-YTD Actual	Rolling 12mth	Trend
715 % appraisals up to date - Combined	65.37%	66.37%	65.53%	66.87%	45.09%	50.99%	63.19%	79.19%	87.57%	86.14%	89.41%	88.71%	88.64%	90.00%			
721 Statutory & Mandatory Training	81.92%	82.82%	82.19%	82.27%	83.73%	83.39%	83.48%	85.17%	81.20%	78.62%	81.77%	81.79%	81.96%	90.00%			
732 Vacancy Rate %	10.48%	9.73%	9.15%	9.22%	9.77%	9.70%	9.86%	9.57%	10.24%	9.88%	9.69%	9.93%	10.88%	8.00%			
743 Monthly Sickness Rate	3.50%	3.72%	3.46%	3.19%	3.00%	2.89%	3.27%	3.36%	3.56%	3.50%	3.65%	3.77%	3.78%	3.00%			

Top Productivity

	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Month Target	F-YTD Actual	Rolling 12mth	Trend
374 Theatre Utilisation - Main Theatres	76.1%	73.5%	76.1%	77.2%	76.1%	83.1%	77.7%	79.4%	80.9%	78.9%	81.5%	81.3%	78.8%	80.0%	79.8%	78.7%	
373 Theatre Utilisation - Day Surgery Unit	69.9%	73.4%	69.8%	72.4%	74.4%	77.0%	75.7%	76.7%	74.8%	74.7%	76.5%	75.9%	75.8%	80.0%	75.8%	74.8%	
521 Theatre Utilisation - Overall	73.9%	73.5%	73.8%	75.4%	75.5%	80.8%	77.0%	78.4%	78.6%	77.4%	79.7%	79.4%	77.8%	80.0%	78.3%	77.3%	
801 Day Case Rate	74.4%	78.7%	77.5%	76.7%	76.7%	78.1%	76.3%	76.0%	76.1%	75.5%	76.8%	75.3%	73.8%	76.6%	76.1%	76.5%	
345 Outpatient DNA Rate	12.9%	12.3%	11.7%	12.7%	11.6%	11.4%	11.1%	11.5%	11.4%	11.5%	11.5%	11.2%	11.5%	11.9%	11.4%	11.6%	
965 Outpatient DNA Rate - First Attendance	14.1%	13.0%	13.0%	13.7%	12.8%	12.1%	12.0%	12.6%	12.4%	12.2%	12.7%	11.9%	12.3%	10.6%	12.3%	12.6%	
966 Outpatient DNA Rate - Follow Up Attendance	12.4%	11.9%	11.2%	12.3%	11.1%	11.1%	10.7%	11.0%	11.0%	11.2%	11.1%	10.8%	11.2%	12.9%	11.0%	11.2%	
622 First to Follow up ratios - consultant led	2.4	2.5	2.5	2.5	2.6	2.5	2.5	2.6	2.7	2.6	2.6	2.6	2.6	2.4	2.6	2.6	
426 Average Length of Stay - Elective ALoS	4.2	4.0	4.1	4.3	3.9	4.2	3.2	3.7	4.2	4.1	4.1	4.0	5.0	4.1	4.0	4.1	
428 Average Length of Stay - Non - Elective ALoS	6.3	6.6	7.0	6.9	6.5	6.5	6.2	6.2	6.3	6.0	6.2	6.2	5.8	6.6	6.2	6.4	
429 Zero Length of Stay - Emergency	851	800	644	649	744	773	837	865	800	830	796	861	1098	813	7604	9697	
352 Outpatients waiting more than 12 weeks	9419	13462	11928	11963	10990	12162	13258	12386	12007	12793	14797	14249	10327	11872	112969	150322	
376 Referrals to Consultant led services	27538	34933	31655	34090	32333	36306	33947	33984	32846	31563	36072	33563	25778	32372	296392	397070	
537 Decision To Admit	7154	8823	8034	8414	8126	8864	8519	8233	7623	7916	8947	8768	6677	8384	73673	98944	

Firm Foundations - Finance

	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Month Target	F-YTD Actual	Rolling 12mth	Trend
895 Actual - Overall	10,720	15,803	13,830	22,203	18,434	15,437	11,242	16,855	17,541	19,802	16,426	20,753	27,140	16,751	163,632	215,467	
896 Budget - Overall	5,580	2,771	3,907	(12,087)	17,545	15,182	11,295	15,430	12,547	12,347	9,074	10,315	16,751		120,487	115,078	
897 Variance - Overall	(5,140)	(13,032)	(9,923)	(34,290)	(889)	(255)	53	(1,425)	(4,994)	(7,456)	(7,352)	(10,439)	(10,389)	0	(43,145)	(100,390)	
602 Variance - Medical - Agency	(614)	(3,385)	(657)	(591)	(1,033)	(912)	(818)	(848)	(1,070)	(671)	(597)	(1,216)	(798)	0	(7,963)	(12,596)	
1095 Variance - Medical Bank	(251)	(286)	(240)	(275)	(391)	(367)	(340)	(481)	(359)	(345)	(640)	(289)	(304)	0	(3,515)	(4,315)	
599 Variance - Medical Substantive	719	299	136	(216)	973	77	801	1,417	923	596	1,043	448	624	0	6,903	7,121	
603 Variance - Nursing Agency	(922)	(553)	(276)	(452)	(610)	(346)	(176)	(433)	(148)	(258)	(162)	(88)	(124)	0	(2,344)	(3,625)	
1104 Variance - Nursing Bank	(1,109)	(2,903)	(2,724)	(3,266)	(3,076)	(3,063)	(2,491)	(2,059)	(2,070)	(1,932)	(1,909)	(1,913)	(2,302)	0	(20,815)	(29,708)	



Integrated Performance

A selection of core metrics for aggregate KCH performance to Board/FPC and organisational review
Trust (1000)

December 2018

606	Variance - Nursing Substantive	2,633	2,133	2,607	2,141	2,539	2,344	2,317	1,816	638	3,668	2,046	2,165	2,049	0	19,581	26,461	
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Firm Foundations - Activity

	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Month Target	F-YTD Actual	Rolling 12mth	Trend
401 Elective Inpatient Spells	8665	10587	9644	10121	9591	10513	10112	9999	9465	9158	10667	10276			79781	110133	
403 Non-Elective Inpatient Spells	1650	1686	1489	1598	1548	1717	1670	1720	1698	1729	1819	1603			13504	18277	
424 Elective Excess Beddays	462	413	533	537	595	512	412	521	340	317	494	611			3802	5285	
425 Non-Elective Excess Beddays	133	162	369	268	230	609	183	347	41	440	245	45			2140	2939	
431 First Outpatient Attendances	20693	26049	22577	24289	23446	25232	24901	25270	22982	22977	27160	26671			198639	271554	
430 Follow Up Outpatient Attendances	63221	81183	71080	75791	75047	80165	74739	78887	74199	72076	81604	80459			617176	845230	
461 A&E Attendances	18980	19765	17584	17587	17171	18559	18056	18531	17070	17596	18221	18219			143423	198359	
464 Procedure coded outpatient attendances	16.5%	16.2%	17.3%	15.8%	17.5%	17.9%	19.7%	18.9%	19.5%	20.0%	19.2%	18.5%			18.9%	18.2%	

Excellent Teaching & Research

	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Month Target	F-YTD Actual	Rolling 12mth	Trend
937 Number of Observational Studies	98	98	106	107	33	44	63	77	86	92	101	108	111		715	1026	
938 Number of Interventional Studies	100	109	120	120	44	52	73	80	86	89	98	106	113		741	1090	
939 Number of Large-scale Studies	6	8	11	11	9	10	11	12	13	14	15	15	15		114	144	
888 Number of Commercial Studies	72	81	87	88	11	24	33	38	44	49	59	65	74		397	653	
940 Total number of Studies	276	296	324	326	97	130	180	207	229	244	273	294	313		1967	2913	



Integrated Performance

A selection of core metrics for aggregate KCH performance to Board/FPC and organisational review

Trust (1000)

Item Definition	
345	Number of DNAs as a percentage of the number of DNAs and attendances. Excluding telephone clinics.
352	Number of Outpatients waiting more than 12 weeks from referral to new outpatient appointment
353	The number of outpatient appointments cancelled by the hospital based on a set of cancellation reason codes for which it is deemed that the patient was affected by the appointment change.
364	The percentage of patients on an incomplete pathway waiting 18 weeks or more at the end of the month position. DOH submitted figures.
373	King's Utilisation: (session actual start time [anaesthetic start] to session actual end time) - (overrun minutes + early start minutes) for Day Surgery
374	King's Utilisation: (session actual start time [anaesthetic start] to session actual end time) - (overrun minutes + early start minutes) for Main Theatres
376	Number of consultant referrals received (all referral sources). Only consultant & dental consultant included.
399	The number of patients discharged at the weekend expressed as a percentage of all patients discharged, excluding renal dialysis patients, patients discharged to other hospitals and zero LOS spells, based on discharging ward.
401	Total number of Elective spells completed in the month (includes Inpatient and Daycase) –attributed to the specialty of the episode with the dominant HRG.
403	Total number of Non-elective spells completed in the month (includes Inpatient and Daycase) –attributed to the specialty of the episode with the dominant HRG.
404	The number of patients discharged before 1pm expressed as a percentage of all patients discharged during the week, excluding renal dialysis patients, patients discharged to other hospitals and zero LOS spells, based on discharging ward.
412	The percentage of pathways achieving a maximum two week wait from an urgent GP referral for suspected cancer to DATE FIRST SEEN by a specialist for all suspected cancers
413	The percentage of pathways achieving a maximum two week wait from referral for breast symptoms (where cancer is not initially suspected) to DATE FIRST SEEN.
419	The percentage of pathways achieving a maximum two month (62-day) wait from urgent GP referral for suspected cancer to First Definitive Treatment for all cancers
420	The percentage of pathways achieving a maximum 62-day wait from referral from a cancer Screening Programme to First Definitive Treatment for all cancers
424	Total excess bed days for elective inpatients, with contract monitoring exclusions applied
425	Total excess bed days for non-elective inpatients, with contract monitoring exclusions applied
426	Total bed days for elective spells / Number of Spells. Attributed to the dominant episode. Excluding CDU zero stay Spells. Specialties excluded are well babies, rehabilitation and A&E.
428	Total bed days for non - elective inpatient spells / Number of inpatient Spells. Attributed to the dominant episode. Excluding CDU zero stay Spells. Specialties excluded are well babies, rehabilitation and A&E.
429	Number of emergency admission patients with a zero length of stay spell
430	Total number follow up outpatient attendances completed in the month – attributed to the specialty of the episode with the dominant HRG.
431	Total number new outpatient attendances completed in the month – attributed to the specialty of the episode with the dominant HRG.
433	The national summary hospital mortality indicator (SMI) is a risk adjusted mortality rate expressed as an index based on the actual number of patients discharged who died in hospital or within 30 days compared to the expected number of deaths. This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
436	The NSMR is a ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in-hospital deaths (multiplied by 100) for 56 diagnosis groups in a specified patient group (as per HED methodology). This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
459	Percentage of all patients who are admitted, transferred or discharged within 4 hours of arrival at A&E: excluding any type 2 and external type 3 activity (Type 3 activity = QMS/Erith UCC and 38% Beckenham Beacon)
461	Total number of A&E attendances in the month based on Contractual SUS data - which uses arrival date. Denominator will therefore differ from A&E performance
464	Percentage of outpatient attendances with a primary procedure code recorded
473	Number of episodes of Clostridium difficile toxin post 48 hours hospital admission (patients > 2 years)
476	Number of episodes of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemias post 48 hours hospital admission



Integrated Performance

A selection of core metrics for aggregate KCH performance to Board/FPC and organisational review

Trust (1000)

487	Ratio of the number of hours of registered nurses and midwives to the total number of inpatients
509	The number of never events recorded based on the reported date on the Datix system.
516	The number of incidents recorded on Datix that resulted in moderate harm to patients. Based on the reported date recorded on Datix.
519	The number of incidents recorded on Datix that resulted in serious harm or death to patients. Based on the reported date recorded on Datix.
520	Number of Serious Incidents declared to Commissioners. Based on the SteIS (Strategic Executive Information System) reported date on Datix.
521	Sum of used session minutes (excluding overruns and early starts) / planned session minutes
536	% of patients waiting greater than 6 weeks for a diagnostic test
537	number of elective DTAs (DOWT) booked & planned
599	Total surplus(+ve) or deficit(-ve) generated by Medical Staff
602	Total surplus(+ve) or deficit(-ve) generated by Medical Staff - Agency Staff
603	Total surplus(+ve) or deficit(-ve) generated by Nursing Staff - Agency Staff
606	Total surplus(+ve) or deficit(-ve) generated by Nursing Staff
615	The number of complaints recorded as High or Severe on the Datix system for the reported month.
619	the number of complaints received in the month.
620	the number of complaints not responded to within 25 working days .
628	Number of Inpatient slips, trips and falls by patients reported based on the reported date recorded on Datix. Per 1000 bed days.
632	Number Patients waiting over 52 weeks (RTT). DOH submitted figures
715	Percentage of staff that have been appraised within the last 12 months (medical & non-medical combined).
721	Percentage of compliant with Statutory & Mandatory training.
732	the percentage of vacant posts compared to planned full establishment recorded on ESR
743	The number of FTE calendar days lost during the month to sickness absence compare to the number of staff available FTE in the same period.
747	the percentage occupancy of inpatient beds based on the midnight census
800	Calculated by total delayed days during the month / calendar days in month.
801	Number of day cases divided by number of elective spells
839	number of on-the-day cancellations due to the following reasons: No ward bed available, No critical care/HDU bed available, Overrunning operation list, Emergency took priority, Complications in previous case, Previous list/case overran, More urgent case, Unable to staff
888	Number of commercial clinical trials contracts recruiting patients in the relevant period
937	Studies that are funded by the NIHR, other areas of central Government and NIHR non-commercial Partners. UK total sample size < 10,000
938	Studies that are funded by the NIHR, other areas of central Government and NIHR non-commercial Partners. UK total sample size < 5,000
939	Studies that are funded by the NIHR, other areas of central Government and NIHR non-commercial Partners. UK total sample size =/ > 10,000
965	Number of DNAs divided by Number of DNAs and attendances for New OP Appointments
966	Number of DNAs divided by Number of DNAs and attendances for Follow-up OP Appointments
1095	variance for medical bank
1104	variance for nursing bank
1357	Number of stranded patients. I.e: any patient who is in the hospital for 7 days or more.
1358	Number of super stranded patients. I.e: any patient who is in the hospital for 21 days or more.
1397	Percentage of all patients who are admitted, transferred or discharged within 4 hours of arrival at A&E: excluding type 2 activity but including external type 3 activity (QMS/Erith UCC and 38% Beckenham Beacon)

December 2018

	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Month Target	F-YTD Actual	Rolling 12mth	Trend
Safety - Infection Control																	
Safety - Infection Control domain score	1.82	1.98	1.93	1.98	2.27	1.98	2.05	2.02	1.84	2.07	2.05	2.25	2.09	2.50	2.03		
Reportable to DoH																	
476 MRSA Bacteraemias	0	0	0	0	0	0	0	0	1	1	0	1	1	0	4	4	
475 VRE Bacteraemias	9	3	4	3	2	5	4	3	4	2	3	1	4	4	28	38	
473 CDT Cases	11	10	7	7	6	2	6	13	9	7	5	7	5	6	60	84	
470 MSSA Bacteraemias	5	3	4	0	3	3	0	0	4	5	5	3	3	2	26	33	
474 E.Coli Bacteraemias	7	11	8	13	10	14	7	13	14	10	10	8	6	9	92	124	
879 Klebsiella spp. Bacteraemia	6	9	5	5	11	5	7	11	10	8	5	14	3	6	74	93	
880 Pseudomonas aeruginosa Bacteraemia	3	7	6	1	3	4	2	4	6	6	7	7	7	5	46	60	
881 Carbapenemase producing organism (Confirmed CPE/CPO)	5	10	10	10	9	15	16	9	17	8	14	10	16	13	114	144	
Clusters & Outbreaks																	
477 Clusters of Infection	2	6	2	2	2	4	5	3	2	6	1	0	2	0	25	35	
478 Outbreaks	11	9	2	3	0	2	1	0	2	1	2	0	0	0	8	22	
All hospital-acquired Alert Orgs																	
490 MRSA	4	7	4	13	8	9	7	8	6	5	10	6	5	6	64	88	
495 Clostridium difficile (including local PCR)	21	15	11	11	8	10	16	17	11	14	16	14	11	9	117	154	
496 VRE	27	5	18	21	15	18	25	13	21	21	14	16	26	23	169	213	
497 Enterobacteriaceae	24	24	41	33	33	43	32	31	46	35	64	31	34	40	349	447	
498 Resistant non-fermenters	9	7	11	8	7	7	4	17	20	11	6	11	7	12	90	116	
882 Norovirus	55	81	7	10	4	9	0	3	7	11	3	0	2	18	39	137	
883 Other Viral Infection	55	92	65	59	18	12	15	6	4	10	22	16	41	32	144	360	
502 Other Alert Organisms	7	3	2	2	5	13	5	8	5	6	6	8	5	6	61	68	
503 Total Hospital-acquired	202	234	159	157	98	121	104	103	120	113	141	102	131	104	1033	1583	
Assurance Audits																	
499 CDT Time to Isolation Compliance	66.7%	68.8%	50.0%	83.3%	54.6%	73.3%	90.0%	69.6%	69.2%	68.4%	81.8%	83.3%	76.9%	100.0%	75.3%	73.5%	
500 MRSA Time to Isolation Compliance	42.9%	33.3%	23.1%	40.0%	43.5%	57.1%	47.1%	64.7%	73.3%	33.3%	40.9%	94.4%	53.6%	100.0%	55.7%	51.1%	
501 MRSA Time to Decolonisation Compliance	85.7%	83.3%	84.6%	59.1%	76.2%	60.0%	75.0%	64.3%	83.3%	92.3%	100.0%	88.2%	86.4%	100.0%	80.7%	78.6%	
492 MRSA Screening - Elective	98.3%	97.9%	98.7%	96.5%	98.3%	98.7%	98.6%	95.4%	98.7%	98.0%	97.7%	98.4%	98.6%	100.0%	98.0%	98.0%	
494 MRSA Screening - Emergency	95.4%	95.9%	85.9%	86.4%	87.8%	88.5%	87.1%	86.0%	89.2%	90.9%	90.3%	92.0%	91.6%	100.0%	89.1%	89.2%	
757 Hand Hygiene Compliance - Inpatients	94.8%	93.1%	94.5%	94.5%	94.3%	94.4%	94.0%	94.9%	94.7%	93.7%	92.6%	94.1%	94.7%	90.0%			
758 Hand Hygiene Compliance - Outpatients	96.1%	94.0%	96.5%	94.9%	94.0%	95.5%	98.6%	96.4%	95.9%	95.9%	92.7%	95.1%	93.9%	90.0%			
Care of IV Lines																	
522 Dressing Appropriate	81.9%	95.8%	82.1%	91.7%	89.4%	94.8%	80.6%	97.2%	84.9%	95.1%	89.0%	95.1%	96.6%	95.0%	92.6%	92.3%	
523 Date recorded	82.2%	81.7%	86.3%	82.9%	85.9%	88.5%	91.6%	84.7%	85.9%	82.5%	88.1%	85.8%	89.4%	95.0%	86.5%	85.6%	
524 Line Still Needed	89.6%	91.9%	90.9%	90.4%	87.1%	92.3%	88.6%	93.9%	89.4%	95.5%	91.0%	92.4%	91.3%	95.0%	91.8%	91.7%	
525 Documentation is complete	71.0%	77.3%	68.1%	77.0%	67.8%	80.4%	57.1%	77.3%	67.3%	79.3%	76.7%	78.2%	79.4%	95.0%	75.2%	75.3%	
1217 Assessed VIP		96.3%	86.3%	97.8%	85.1%	97.9%	58.6%	96.7%	75.6%	97.7%	95.4%	98.0%	92.5%	95.0%	91.4%	92.3%	



Best Quality of Care – Safety, Effectiveness, Experience

Directorate: Trust (1000)

Report Executed: 23/01/2019 11:34:10

December 2018

1317	Administration Set Dated		96.3%	89.7%	95.3%	93.7%	96.2%	96.3%	92.2%	98.7%	92.6%	94.5%	97.1%	93.8%	95.0%	94.9%	94.8%	
Antibiotic Stewardship																		
569	Antibiotic Stewardship - Clinical indication recorded	86.5%	87.1%	91.3%	91.6%	97.5%	97.0%	95.7%	92.1%	96.6%	97.3%	96.6%	98.2%	96.8%	95.0%	96.4%	94.8%	
571	Antibiotic Stewardship - Stop/Review date recorded	73.2%	74.8%	76.9%	79.8%	86.6%	83.0%	83.3%	81.5%	84.3%	80.2%	86.5%	86.0%	77.2%	95.0%	83.2%	81.6%	
570	Antibiotic Stewardship - IV PO switch not overdue	82.0%	93.1%	89.8%	86.1%	90.4%	91.9%	91.6%	82.2%	89.6%	91.6%	93.2%	94.3%	93.5%	95.0%	90.9%	90.6%	
568	Antibiotic Stewardship - As per Guideline	82.1%	90.0%	90.3%	89.7%	88.2%	82.0%	81.5%	86.8%	90.3%	88.7%	90.6%	92.4%	92.2%	95.0%	88.1%	88.6%	
Environment																		
760	Medirest/ISS Cleaning	97.7%	97.8%	98.1%	97.5%	97.8%	97.8%	97.6%	97.5%	98.1%	97.4%	97.0%	97.6%	98.7%	97.1%	97.7%	97.7%	
761	Nurse Cleaning	97.1%	97.5%	97.2%	95.6%	97.4%	96.0%	96.7%	95.5%	96.4%	95.3%	95.0%	96.6%	97.0%	96.9%	96.2%	96.3%	
514	Number of commodes audited	88	101	128	174	149	130	176	146	213	300	412	197	175	137	1898	2301	
515	Are Commodes in a Good State of Repair?	98.9%	95.1%	100.0%	99.4%	100.0%	96.9%	98.9%	96.6%	99.5%	95.7%	89.8%	84.3%	77.1%	100.0%	92.7%	93.7%	
1805	Are Commodes Clean?									93.9%	93.3%	94.2%	95.4%	96.6%	91.5%	94.4%	93.9%	
1697	Are Commodes Taped?									6.1%	5.7%	26.0%	88.3%	85.7%	0.0%	35.5%	35.5%	
1698	Is there a Commodes Cleaning Poster?									9.1%	6.7%	55.0%	75.4%	76.0%	0.0%	47.3%	47.3%	
Infection Control Audit Composite																		
759	Assurance Audits - Non Compliance %	88.2%	82.4%	81.3%	87.5%	75.0%	87.5%	81.3%	81.3%	87.5%	75.0%	75.0%	75.0%	37.5%	10.9%	15.3%	14.0%	

Safety - Other

Safety - Other domain score		2.19	2.14	1.76	2.00	2.00	2.19	1.81	1.81	1.90	1.76	2.14	1.86	2.05	2.50	1.97		
Safer Care																		
469	VTE Risk Assessment	93.6%	94.6%	94.7%	95.5%	96.2%	96.7%	96.9%	96.8%	97.1%	97.0%	97.6%	97.8%	97.6%	95.0%	97.1%	96.6%	
1897	Potentially Preventable Hospital Associated VTE	2	1	4	2	3	0	5	4	1	5	9	4	1	2	32	39	
487	Care hours Per Patient per day	5.9	6.2	6.3	6.4	6.4	6.3	6.1	5.8	5.7	5.2	5.9	6.4			6.0	6.1	
627	Deteriorating Patient Incidents per 1000 bed days	0.17	0.12	0.34	0.20	0.15	0.17	0.22	0.17	0.09	0.06	0.12	0.21	0.10	0.17	0.14	0.16	
846	Deteriorating Patient Incidents resulting in moderate harm, major harm or death per 1000 bed days	0.02	0.06	0.05	0.00	0.02	0.02	0.02	0.02	0.00	0.00	0.00	0.02	0.02	0.00	0.00	0.00	
788	Delayed Vital Signs	65	89	73	84	63	73	77	77	54	73	66	68	73		624	870	
646	Patients Absconding	13	11	12	14	20	28	20	33	32	31	30	22	25		241	278	
647	Violent & Aggressive Behaviour to Staff	176	147	143	191	178	185	228	218	198	217	220	217	170		1831	2312	
786	Omitted Medication Incidents	50	49	39	55	38	49	56	66	52	53	70	47	58		489	632	
787	Delayed Medication Incidents	23	19	12	21	19	29	17	16	25	19	20	17	17		179	231	
488	Safer Staffing Average Fill Rate - Day	98.6%	97.3%	100.3%	100.3%	102.5%	99.9%	99.2%	98.3%	98.0%	98.3%	98.8%	99.6%			99.4%	99.3%	
489	Safer Staffing Average Fill Rate - Night	102.4%	104.6%	107.3%	108.1%	107.3%	105.1%	102.1%	101.0%	100.9%	102.3%	102.8%	102.1%			103.1%	104.2%	
538	Hospital Acquired Pressure Ulcers (Grade 3 or 4)	1	2	1	2	3	0	1	3	1	3	0	0	0	0			
780	Hospital Acquired Pressure Ulcers (Grade 3 or 4) per 1000 bed days	0.02	0.04	0.02	0.04	0.06	0.00	0.02	0.06	0.02	0.06	0.00	0.00	0.00	0.00	0.03	0.03	
890	Total Falls	222	225	208	237	202	221	206	223	230	213	195	221	216	225	1927	2597	
891	Falls Resulting in Moderate Harm	3	3	3	2	1	4	2	1	5	2	1	4	4	0	24	32	
893	Falls Resulting in Major Harm	3	6	1	1	2	5	2	0	1	3	2	1	1	0	17	25	
892	Falls Resulting in Death	0	0	0	0	0	0	0	0	0	1	0	0	1	0	2	2	
628	Falls per 1000 bed days	4.22	4.34	3.98	4.27	3.94	4.08	4.31	4.39	4.43	4.18	3.57	4.17	4.00	6.60	4.12	4.14	

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629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.12	0.18	0.07	0.04	0.04	0.19	0.09	0.02	0.13	0.13	0.06	0.11	0.13	0.19	0.10	0.10	
868	Surgery - % WHO checklist Compliance	94.1%	88.4%	90.3%	89.8%	89.3%	89.5%	90.2%	94.6%	93.2%	94.9%	95.8%	95.0%	94.4%	92.8%	93.0%	92.1%	
Incident Reporting																		
509	Never Events	0	1	1	2	0	3	0	2	1	2	0	1	0	0	9	13	
519	Serious Harm/Death Incidents	8	18	9	5	9	14	13	11	12	13	9	15	12		108	140	
516	Moderate Harm Incidents	25	29	19	15	22	32	30	21	27	23	27	37	43		262	325	
520	Total Serious Incidents reported	26	22	11	9	17	23	24	20	13	21	20	15	19		172	214	
648	Amber RCAs	79	88	82	101	82	111	123	112	118	97	110	127	106		986	1257	
Incident Management																		
660	Duty of Candour - Conversations recorded in notes	96.7%	100.0%	91.7%	88.9%	88.9%	95.2%	95.0%	79.3%	74.3%	78.8%	80.0%	68.8%	55.8%	95.1%	78.3%	81.7%	
661	Duty of Candour - Letters sent following DoC Incidents	86.7%	97.7%	87.5%	94.4%	88.9%	95.2%	87.5%	75.9%	62.9%	72.7%	66.7%	66.7%	40.4%	93.2%	71.4%	76.0%	
1617	Duty of Candour - Investigation Findings Shared	90.0%	95.4%	62.5%	66.7%	74.1%	71.4%	67.5%	58.6%	31.4%	30.3%	16.7%	10.4%	0.0%	85.5%	37.2%	45.8%	
842	Number of incidents not reviewed (rolling 12 months)	406	495	562	641	685	740	771	831	888	949	1074	1333	1769	243			
843	Number of incidents under investigation (rolling 12 months)	1113	1265	1432	1614	1769	2014	2136	2361	2640	2817	3125	3545	4031	754			
511	Incidents reported in month	2463	2635	2514	3028	2606	2868	2651	3008	2735	2703	2807	2636	2611		24625	32802	

Effectiveness

Effectiveness domain score		2.28	2.14	2.33	2.21	2.48	2.33	2.50	2.52	2.55	2.57	2.48	2.19	2.00	2.50	2.37		
CQUIN																		
746	Smoking Cessation Screening		61.3%	55.2%	60.6%	63.5%	57.9%	57.6%	51.1%	52.2%	57.4%	54.9%	51.7%	49.8%	59.1%	54.9%	56.0%	
745	Alcohol Screening		60.6%	54.7%	59.6%	61.9%	56.8%	56.8%	50.7%	51.8%	57.7%	54.1%	50.8%	49.1%	58.4%	54.2%	55.2%	
649	Patients receiving Fractured Neck of Femur surgery w/in 36hrs	83.9%	85.0%	86.5%	80.0%	72.1%	72.7%	79.5%	82.6%	84.6%	85.4%	77.8%	76.7%	93.8%	78.3%	79.5%	80.5%	
Improving Outcomes																		
862	TOPS - offer of HIV tests	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
863	TOPS - uptake of HIV tests	29.73%	30.12%	28.13%	23.33%	53.03%	41.03%	35.90%	31.37%	32.84%	43.66%	32.88%	44.62%	30.77%	70.00%	38.95%	35.97%	
864	TOPS - patients receiving full contraceptive consultation	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
865	TOPS - women leaving on LARC or oral contraceptive pill	51.35%	59.04%	70.77%	74.60%	65.15%	64.20%	63.86%	73.08%	68.66%	67.61%	72.97%	77.27%	82.05%	50.00%	69.62%	69.01%	
755	Emergency Readmissions within 30 days	6.0%	5.9%	6.2%	6.5%	6.3%	6.2%	6.1%	6.4%	6.2%	6.5%	5.9%	5.3%	3.6%	5.9%	5.8%	5.9%	
436	HSMR	87.0	86.6	86.6	87.8	86.9	86.6	86.8	87.0	86.2	86.4	85.5			100.0			
456	HSMR - Weekend	92.2	90.9	92.2	91.0	91.5	90.1	91.6	92.4	90.5	91.3	89.1			100.0			
480	Elective Crude Mortality Rate	0.34%	0.23%	0.18%	0.38%	0.00%	0.33%	0.21%	0.16%	0.29%	0.22%	0.20%	0.10%	0.50%	0.27%	0.22%	0.23%	
481	Non Elective Crude Mortality Rate	3.5%	3.8%	3.6%	3.7%	2.8%	3.0%	2.6%	2.6%	2.6%	2.8%	2.6%	2.7%	3.1%	3.0%	2.8%	3.0%	
831	Relative Risk of Readmission	94.7	94.5	94.2	93.5	92.6	92.4	92.2	91.9	91.5	91.2				105.0			
651	Relative Risk of Readmission - Acute Myocardial Infarction	94.3	90.7	93.2	94.7	94.9	100.2	94.3	94.8	99.1	94.8				105.0			
652	Relative Risk of Readmission - Heart Failure	101.7	103.1	104.2	99.7	97.4	96.2	98.2	97.2	96.2	99.0				105.0			
653	Relative Risk of Readmission - Septicemia	108.6	105.5	104.8	104.3	101.9	101.7	100.6	97.9	99.2	98.0				105.0			
654	Relative Risk of Readmission - Stroke	108.3	113.1	110.8	111.3	118.3	116.5	121.8	121.9	116.9	115.9				105.0			
655	Relative Risk of Readmission - Fractured Neck of Femur	114.2	117.4	109.0	107.6	109.0	110.0	106.1	98.6	99.6	93.6				105.0			
656	Relative Risk of Readmission - Pneumonia	109.2	106.5	104.9	103.6	103.4	104.9	101.6	100.2	103.3	104.6				105.0			

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433	SHMI	92.0	92.3	93.2	95.0	94.5	94.9	96.2	96.6	95.9					105.0			
540	SHMI - Elective	81.4	81.4	76.4	80.6	79.3	86.0	85.7	85.0	86.3					105.0			
641	SHMI - Heart Failure	98.5	98.3	98.7	105.9	104.7	105.3	107.1	105.6	99.3					105.0			
541	SHMI - Non-Elective	92.6	92.8	94.0	95.7	95.2	95.4	96.8	97.1	96.4					105.0			
547	SHMI - Weekend	98.7	97.8	100.1	101.3	102.5	103.1	104.8	104.6	103.1					105.0			
542	SHMI - Fractured Neck of Femur	73.4	86.4	87.2	93.2	91.3	94.1	92.9	93.6	95.8					105.0			
638	SHMI - Acute Kidney Injury	130.2	127.1	121.1	118.0	113.1	110.5	108.5	109.9	107.6					105.0			
543	SHMI - Myocardial Infarction	131.2	129.1	135.7	131.4	138.4	140.3	148.3	150.8	147.5					105.0			
544	SHMI - Pneumonia	78.2	77.3	77.2	78.4	78.6	78.8	81.5	81.2	80.6					105.0			
545	SHMI - Septicaemia	100.1	100.4	101.8	102.5	102.7	103.0	102.3	101.5	102.7					105.0			
546	SHMI - Stroke	82.1	82.7	82.8	84.7	82.7	85.0	87.1	85.3	86.0					105.0			
Improving Outcomes - Child Birth																		
463	C-Section - Elective	10.7%	12.4%	9.9%	8.3%	9.2%	11.3%	11.4%	8.1%	10.6%	8.3%	11.8%	12.2%	12.1%	10.0%	10.6%	10.5%	
465	C-Section - Emergency	17.6%	17.3%	18.0%	17.4%	17.3%	16.9%	15.5%	18.3%	16.2%	17.3%	15.5%	18.1%	16.2%	17.2%	16.8%	17.0%	
462	Deliveries complicated by Major Postpartum Haemorrhage (PPH)	30	35	33	33	39	34	20	35	28	28	30	32	30	10			
466	Home Birth	3.0%	2.9%	3.5%	3.4%	3.4%	3.4%	3.8%	3.7%	3.8%	3.5%	3.3%	2.3%	2.5%	3.1%	3.3%	3.3%	
467	OASIS/Midwifery led suites birth	85	87	88	97	108	98	95	87	97	116	119	114	87	150	921	1193	
750	Admission of Term Babies to Neonatal Care	77	66	50	62	66	57	56	56	55	44	53	60			447	625	
751	Maternal Deaths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
678	Unplanned neonatal readmission within 28 days of birth	10	16	0	2	3	2	2	9	10	11	29	21	25		112	130	
679	Unplanned maternal readmission within 42 days of delivery	25	33	26	24	30	27	27	22	25	24	37	15	26		233	316	
Improving Outcomes for Older Patients																		
435	Over 65 emergency admissions discharged to usual residence in 7 days	8.1%	6.6%	6.7%	6.4%	6.5%	6.9%	7.3%	7.1%	7.5%	7.0%	6.8%	6.9%	8.3%	7.0%	7.1%	7.0%	
485	Dementia Screening within 72 hours	100.00%	83.40%	92.82%	96.41%	98.06%	99.01%	98.12%	95.65%	93.56%	94.44%	96.65%	95.41%		90.00%	96.31%	94.65%	
754	Dementia Screening Leading to Further Referral	97.5%	94.3%	100.0%	96.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	99.0%	
815	Night time Ward moves patients > 75	221	257	268	254	213	240	195	216	221	200	181	209	243	224	1918	2697	
539	SHMI - Over 75	91.4	91.6	92.2	94.0	94.1	94.7	95.6	96.1	95.6					105.0			

Patient Experience

Patient Experience domain score		2.33	2.33	2.38	2.43	2.19	2.33	2.29	2.19	2.24	2.38	2.00	2.00	2.00	2.50	2.24		
HRWD																		
342	How are we doing? (Inpatients)	91%	91%	91%	90%	91%	91%	93%	91%	91%	92%	90%	92%		89%	91%	91%	
504	Respect & Dignity	95%	96%	96%	94%	96%	96%	97%	96%	96%	96%	96%	96%		94%	96%	96%	
505	Involvement in care	87%	88%	86%	86%	88%	87%	89%	87%	88%	89%	83%	89%		85%	88%	87%	
506	Kindness & Understanding	96%	96%	96%	95%	96%	96%	97%	96%	96%	96%	96%	96%		94%	96%	96%	
507	Control of Pain	94%	95%	94%	93%	94%	94%	95%	93%	94%	94%	93%	94%		93%	94%	94%	
508	Involvement in Discharge	82%	81%	82%	81%	82%	80%	84%	81%	81%	83%	83%	83%		75%	82%	82%	
1337	How are we doing? (Outpatients)	80%	86%	78%	78%	81%	80%	83%	82%	90%	81%	79%	92%			82%	81%	
422	Friends and Family Inpatients	92.8%	94.6%	93.6%	95.5%	93.5%	94.4%	93.9%	93.9%	93.9%	94.0%	94.4%	94.0%	93.5%	94.0%	94.0%	94.2%	

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423	Friends and Family ED	83.2%	81.6%	80.5%	77.2%	83.4%	83.4%	83.8%	84.4%	83.4%	82.0%	78.2%	78.6%	78.5%	81.6%	82.5%	81.4%	
774	Friends & Family - Outpatients	85.9%	88.2%	89.2%	89.5%	89.3%	90.0%	89.0%	86.9%	87.7%	87.0%	87.0%	87.2%	86.3%	88.6%	87.6%	88.1%	
775	Friends & Family - Maternity	87.8%	94.8%	93.9%	92.8%	91.9%	88.2%	87.7%	90.7%	90.3%	90.8%	94.9%	91.4%	91.2%	92.0%	91.2%	91.8%	
Operational Engagement																		
353	Outpatient Cancellations < 6 week notice (Hosp)	4647	5343	5583	5443	5211	6120	5933	6549	5622	6477	7426	7160	5802	4551	56300	72669	
440	28 Day Cancelled Operation Rule	16.5%	35.6%	23.1%	35.0%	17.5%	17.4%	14.0%	11.4%	27.3%	20.5%	15.0%	14.3%	27.8%	0.0%	17.6%	21.2%	
460	Inpatient Cancellations (Hosp)	59	65	80	80	92	57	79	44	39	60	82	94	53	0	600	825	
618	PALS Contacts - Concerns	66.9%	63.7%	80.2%	87.5%	89.5%	87.8%	91.7%	91.6%	88.9%	91.4%	92.5%	88.6%	77.7%		89.2%	85.7%	
621	PALS Contacts - Praise	1.4%	1.3%	1.4%	2.1%	1.9%	1.8%	1.6%	1.3%	1.9%	1.1%	1.0%	2.2%	3.6%		1.8%	1.7%	
1537	PALS Contacts - % of Open Cases	0.9%	1.4%	0.8%	0.7%	0.6%	1.6%	2.4%	0.4%	1.5%	1.6%	1.6%	3.5%	5.9%	10.0%	1.9%	1.7%	
839	Surgical Cancellations due to Trust Capacity - OTD	37	70	48	67	67	44	40	46	35	48	75	93	50	59	498	683	
Other																		
483	Mixed Sex Accommodation	9	16	17	20	20	8	11	18	17	20	18	15	19	0			
Complaints																		
838	Number of complaints per 1000 bed days	1.51	2.13	1.87	1.64	1.73	1.71	1.86	2.09	1.71	1.50	1.81	2.17	1.22	1.66	1.75	1.79	
615	Number of complaints - High & Severe	9	19	19	5	11	8	9	14	12	7	8	9	6	0	84	127	
619	Number of complaints	72	103	85	81	88	83	86	100	82	74	94	107	59	80	773	1042	
620	Number of complaints not responded to within 25 Days	44	56	52	54	37	46	37	50	54	46	43	56	48	51	417	579	

Best Quality of Care - Access

Directorate: Trust (1000)

Report Executed: 23/01/2019 11:33:17














December 2018

	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Month Target	F-YTD Actual	Rolling 12mth	Trend
Key Targets																	
Key Targets domain score	1.85	1.82	1.74	1.82	1.88	1.94	1.79	1.74	1.94	1.85	1.76	1.76	2.03	2.50	1.84		
Access Management - RTT, CWT and Diagnostics																	
364 RTT Incomplete Performance	79.03%	80.34%	81.03%	80.54%	80.57%	81.20%	80.85%	80.55%	80.57%	79.41%	79.12%	79.03%	77.95%	92.00%	79.92%	80.10%	
365 RTT Incomplete Performance (Admitted)	55.41%	55.39%	55.40%	53.58%	53.99%	54.61%	54.53%	54.11%	52.91%	52.57%	53.80%	55.84%	54.87%	92.00%	54.14%	54.30%	
366 RTT Incomplete Performance (Non-Admitted)	85.68%	87.37%	88.25%	88.14%	88.10%	88.57%	87.91%	87.68%	87.84%	86.61%	85.91%	85.43%	84.40%	92.00%	86.95%	87.19%	
632 Patients waiting over 52 weeks (RTT)	94	148	198	249	305	331	408	448	457	450	404	332	249	0	3384	3979	
412 Cancer 2 weeks wait GP referral	93.63%	92.69%	95.05%	94.48%	93.67%	95.29%	85.80%	85.91%	80.51%	76.00%	89.78%	90.00%	93.14%	93.00%	87.35%	89.04%	
413 Cancer 2 weeks wait referral - Breast	96.00%	92.59%	96.72%	97.92%	85.71%	92.42%	90.48%	91.11%	96.67%	100.00%	96.00%	97.60%	100.00%	93.00%	93.52%	94.33%	
414 Cancer 31 Day first definitive treatment	93.14%	92.83%	90.91%	94.76%	96.06%	99.63%	98.74%	97.92%	98.36%	95.39%	97.90%	96.60%	98.67%	96.00%	97.94%	96.49%	
415 Cancer 31 day second or subsequent treatment - Drug	100.00%	98.11%	100.00%	93.88%	97.30%	100.00%	100.00%	94.74%	100.00%	100.00%	100.00%	95.50%	100.00%	98.00%	99.02%	98.25%	
416 Cancer 31 day second or subsequent treatment - Other	96.77%	92.31%	96.55%	96.67%	96.15%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	94.00%	100.00%	98.93%	
417 Cancer 31 day second or subsequent treatment - Surgery	91.18%	95.56%	100.00%	96.00%	87.76%	91.43%	90.91%	90.24%	94.87%	100.00%	75.00%	100.00%	100.00%	94.00%	92.61%	94.06%	
418 Cancer 62 day referral to treatment - Consultant Upgrade	95.65%	93.94%	90.00%	88.46%	91.67%	97.44%	91.67%	87.88%	93.33%	96.15%	100.00%	81.60%	85.06%	90.00%	91.65%	91.50%	
419 Cancer 62 day referral to treatment - GP	85.86%	85.83%	77.05%	88.76%	86.36%	82.92%	82.52%	75.19%	75.99%	70.42%	77.65%	79.00%	84.34%	85.00%	79.49%	80.78%	
420 Cancer 62 day referral to treatment - Screening Service	94.74%	86.96%	69.23%	91.30%	89.47%	96.30%	88.24%	86.96%	95.24%	86.36%	89.29%	92.50%	95.00%	90.00%	91.48%	89.80%	
536 Diagnostic Waiting Times Performance > 6 Wks	1.51%	1.75%	1.94%	2.48%	3.70%	3.44%	4.02%	5.52%	5.81%	7.13%	8.61%	11.06%	14.81%	1.00%	7.15%	5.94%	
RTT Data Quality																	
634 Number of unoutcomed RTT appointments	1695	1513	1494	1723	1275	1381	1447	1493	1513	1646	1270	1715	1497	1591	13237	17967	
482 Planned Waiting List past or without Admit by date	65	98	80	93	126	132	142	143	126	129	204	307	433	68	1742	2013	
Access Management - Emergency Flow																	
409 A&E Patients left before seen rate	5.3%	5.4%	6.5%	6.2%	5.2%	5.9%	5.8%	6.8%	5.1%	6.0%	5.9%	5.9%	6.7%	5.0%	5.9%	6.0%	
408 A&E Re-attendance rate	3.9%	4.2%	3.7%	3.9%	3.7%	4.3%	4.1%	4.3%	4.1%	4.3%	4.1%	4.1%	4.0%	5.0%	4.1%	4.1%	
407 A&E DTAs reaching bed within 60 minutes	17.77%	16.02%	16.88%	16.37%	23.16%	35.62%	44.43%	34.58%	38.64%	30.99%	27.90%	21.61%	22.28%	80.00%	30.20%	26.54%	
458 A&E 4 hour performance (Type 1)	72.35%	70.42%	64.45%	61.80%	70.61%	72.89%	76.93%	70.80%	73.99%	68.32%	71.04%	65.48%	61.76%		70.20%	69.07%	
459 A&E 4 hour performance (monthly SITREP)	78.98%	79.00%	73.57%	71.15%	77.86%	79.83%	82.73%	77.99%	80.54%	76.29%	78.10%	73.84%	71.67%	95.00%	77.64%	76.91%	
1397 A&E 4 hour performance (Acute Trust Footprint)	82.91%	84.96%	82.40%	80.66%	85.33%	86.52%	88.50%	85.25%	86.80%	84.10%	85.05%	82.33%	80.65%	95.00%	84.95%	84.39%	
855 Time to initial assessment (95th percentile)	0	0	0	0	0	0	0	0	0	0	0	0	0	15			
917 Number of Emergency Admissions	4747	4698	4214	4674	4540	4894	4863	4912	4756	4742	5027	4979	5316	4809	44029	57615	
859 A&E Conversion Rate	24.8%	25.6%	27.1%	25.9%	27.0%	26.9%	27.5%	26.6%	28.2%	28.5%	28.5%	28.1%	29.8%	21.1%	27.9%	27.5%	
770 Urgent Care Centre / ED Activity	48.5%	47.2%	46.7%	47.2%	48.9%	50.2%	48.6%	48.0%	47.0%	46.9%	46.3%	48.8%	48.3%	50.0%	48.1%	47.9%	
Patient Flow																	
399 Weekend Discharges	25.7%	19.9%	20.8%	21.0%	22.2%	20.2%	22.0%	19.5%	19.1%	25.1%	18.2%	18.5%	25.3%	21.6%	21.1%	21.0%	
404 Discharges before 1pm	20.3%	20.9%	20.4%	20.9%	19.3%	19.5%	19.1%	18.8%	18.9%	18.1%	18.1%	18.1%	18.6%	19.8%	18.7%	19.2%	
747 Bed Occupancy	90.4%	90.6%	91.9%	92.3%	92.9%	91.0%	87.9%	88.3%	86.0%	90.0%	92.3%	93.0%	89.9%	91.4%	90.1%	90.5%	
1357 Number of Stranded Patients (LOS 7+ Days)	655	628	639	662	643	600	597	552	346	224	204	247	257	574	3670	5599	
1358 Number of Super Stranded Patients (LOS 21+ Days)	922	905	919	933	920	851	837	793	593	470	438	484	504	898	5890	8647	
800 Delayed Transfer of Care Days (per calendar day)	6.9	8.7	11.4	15.8	8.3	8.2	7.0	12.9	13.5	9.0	9.4	10.0		0.0	9.8	10.4	

December 2018

762	Ambulance Delays > 30 Minutes	351	498	303	331	199	204	153	168	127	139	155	251		0			
763	Ambulance Delays > 60 Minutes	209	270	182	186	45	18	4	37	69	65	72	129		0			
772	12 Hour DTAs	1	9	10	26	24	16	21	13	29	20	10	14	19	0			

Operational Activity

Operational Activity domain score		2.58	2.83	2.58	2.83	1.83	2.33	2.25	2.33	2.33	2.08	2.33	2.50	2.00	2.50	2.40		
Contract Monitoring (Operational Activity)																		
401	Elective Inpatient Spells	8665	10587	9644	10121	9591	10513	10112	9999	9465	9158	10667	10276			79781	110133	
403	Non-Elective Inpatient Spells	1650	1686	1489	1598	1548	1717	1670	1720	1698	1729	1819	1603			13504	18277	
1183	Emergency Inpatient Spells	4729	4700	4228	4755	4537	4896	4919	4895	4733	4803	5007	4982			38772	52455	
424	Elective Excess Beddays	462	413	533	537	595	512	412	521	340	317	494	611			3802	5285	
425	Non-Elective Excess Beddays	133	162	369	268	230	609	183	347	41	440	245	45			2140	2939	
1197	Emergency Excess Beddays	1254	1955	1663	1772	1908	1803	2036	1856	962	2015	1502	1093			13175	18565	
431	First Outpatient Attendances	20693	26049	22577	24289	23446	25232	24901	25270	22982	22977	27160	26671			198639	271554	
430	Follow Up Outpatient Attendances	63221	81183	71080	75791	75047	80165	74739	78887	74199	72076	81604	80459			617176	845230	
461	A&E Attendances	18980	19765	17584	17587	17171	18559	18056	18531	17070	17596	18221	18219			143423	198359	
464	Procedure coded outpatient attendances	16.5%	16.2%	17.3%	15.8%	17.5%	17.9%	19.7%	18.9%	19.5%	20.0%	19.2%	18.5%			18.9%	18.2%	
Operational Strategic																		
622	First to Follow up ratios - consultant led	2.4	2.5	2.5	2.5	2.6	2.5	2.5	2.6	2.7	2.6	2.6	2.6	2.6	2.4	2.6	2.6	
860	Ethnic Coding	95.12%	95.14%	95.14%	95.24%	95.19%	95.35%	95.32%	95.30%	95.39%	95.34%	95.51%	95.33%	95.39%	90.00%	95.35%	95.31%	



Excellent Teaching & Research

Directorate: Trust (1000)

Report Executed: 23/01/2019 11:36:43

December 2018

	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Month Target	F-YTD Actual	Rolling 12mth	Trend
Teaching																	
Teaching domain score														2.50			
709 PGME - Doctors reporting excessive workload																	
710 PGME - Doctors reporting feeling undermined/harrassed/bullied																	
711 PGME - Doctors reporting Inadequate supervision/working beyond competence																	
713 End of PGME placement composite score																	
Research																	
Research domain score														2.50			
937 Number of Observational Studies	98	98	106	107	33	44	63	77	86	92	101	108	111		715	1026	
938 Number of Interventional Studies	100	109	120	120	44	52	73	80	86	89	98	106	113		741	1090	
939 Number of Large-scale Studies	6	8	11	11	9	10	11	12	13	14	15	15	15		114	144	
888 Number of Commercial Studies	72	81	87	88	11	24	33	38	44	49	59	65	74		397	653	
940 Total number of Studies	276	296	324	326	97	130	180	207	229	244	273	294	313		1967	2913	
978 Raw Recruitment to commercial studies	310	378	420	441	40	92	121	147	166	188	220	265	289		1528	2767	
946 Raw Recruitment to NIHR CRN portfolio studies (all)	10470	11935	14553	15346	717	1823	3603	6044	9461	10632	11034	12257	13562		69133	110967	
977 Weighted Recruitment to NIHR CRN portfolio studies (all)	1374.5	1917.0	3654.0	3001.5	2941.5	5660.0	10829.0	17956.5	24192.0	29988.0	31856.5	36328.0	39056.0		198807.5	207380.0	
941 NIHR grants hosted currently active	21			24												24	
942 CRN funding YTD awarded (£000)																	
943 Total number of research incidents raised	8			9			5			11			30		46	55	
945 Open Incidents	8			7			10			15			13		38	45	
979 Serious breach incidents	7			0			0			0			0		0	0	
887 Numbers recruited to Clinical trials																	
889 Number of citations in peer reviewed papers																	

December 2018

	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Month Target	F-YTD Actual	Rolling 12mth	Trend
Staff Development & Happiness																	
Staff Development & Happiness domain score	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.33	2.33	2.00	2.33	2.33	2.33	2.50	2.13		
Staff Feedback																	
705 % who would recommend Friends & Family - Staff (Qtrly)																	
706 % who would recommend this Trust as a place to work																	
707 Number of Greatix reported in month	16	38	38	51	30	46	45	43	46	42	78	120	82	1	532	659	
712 Response rate to National Staff Survey														50.00%			
708 GMC Red Flags																	
Staff Training & CPD																	
715 % appraisals up to date - Combined	65.37%	66.37%	65.53%	66.87%	45.09%	50.99%	63.19%	79.19%	87.57%	86.14%	89.41%	88.71%	88.64%	90.00%			
869 % appraisals up to date - Medical Staff																	
876 % appraisals up to date - Non- Medical Staff																	
721 Statutory & Mandatory Training	81.92%	82.82%	82.19%	82.27%	83.73%	83.39%	83.48%	85.17%	81.20%	78.62%	81.77%	81.79%	81.96%	90.00%			
722 % Medical Staff who have completed local induction																	
Staffing Levels																	
Staffing Levels domain score	2.40	2.44	2.33	2.33	2.78	2.56	2.44	2.22	2.67	2.44	2.44	2.44	2.44	2.50	2.46		
Staffing Capacity																	
729 Establishment FTE	12550.17	12539.51	12538.70	12539.70	12674.01	12674.01	12674.01	12774.53	12829.06	12882.96	12882.75	12921.95	12975.56	12550.83			
877 Headcount	12172	12235	12338	12339	12395	12396	12428	12438	12455	12561	12579	12601	12505	11991			
730 In-Post FTE - Total FTE at month end	11234.59	11319.26	11391.19	11383.46	11435.64	11444.63	11424.33	11551.49	11515.39	11610.67	11634.48	11638.67	11563.97	11081.75			
872 Leavers headcount	138	150	169	169	173	140	137	468	176	282	241	150	193	194	1960	2448	
873 Starters Headcount	109	261	231	157	253	138	164	189	396	378	286	173	88	246	2065	2714	
875 Voluntary Turnover %	13.9%	13.6%	13.5%	13.2%	13.4%	13.6%	13.6%	13.7%	13.8%	13.8%	13.9%	14.0%	14.2%	10.0%			
732 Vacancy Rate %	10.48%	9.73%	9.15%	9.22%	9.77%	9.70%	9.86%	9.57%	10.24%	9.88%	9.69%	9.93%	10.88%	8.00%			
874 Vacancy Rate FTE	1315.58	1220.25	1147.51	1156.24	1238.37	1229.38	1249.69	1223.05	1313.68	1272.29	1248.27	1283.28	1411.59	1469.08			
Efficiency																	
743 Monthly Sickness Rate	3.50%	3.72%	3.46%	3.19%	3.00%	2.89%	3.27%	3.36%	3.56%	3.50%	3.65%	3.77%	3.78%	3.00%			
740 Number of Red Shifts - Doctors (Awaiting Data Source)																	
741 Number of Red Shifts - Nursing	144																

Top Productivity

Directorate: Trust (1000)

Report Executed: 23/01/2019 11:34:58

December 2018

	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Month Target	F-YTD Actual	Rolling 12mth	Trend
Transformation																	
Transformation domain score	1.92	1.81	1.69	1.96	2.15	2.23	2.31	2.12	2.27	2.08	2.08	2.19	1.92	2.50	2.06		
Outpatient Productivity																	
354 Cancellations less than 6 weeks	9385	11148	11350	11334	10332	11863	11735	12709	10585	11671	13352	13083	10439	10202	105769	139601	
355 Outpatient Discharge Rate	23.4%	23.6%	23.4%	23.2%	23.7%	23.9%	24.2%	23.6%	23.4%	23.7%	23.9%	23.3%	22.9%	23.5%	23.6%	23.6%	
356 Outpatient Hospital Cancellations	8799	10832	10055	10429	9930	11263	11133	12192	11311	11868	13074	12530	10688	8735	103989	135305	
406 New to Follow Up Ratio - all	2.3	2.4	2.4	2.4	2.5	2.4	2.4	2.5	2.6	2.5	2.4	2.4	2.5	2.3	2.5	2.5	
659 Number of uncashed appointments	1866	1225	1330	1125	1049	1610	1730	2063	2379	2070	1627	1737	1507	915	15772	19452	
795 Clinic Utilisation (Attendances vs Slots)	60.6%	63.9%	63.2%	62.0%	65.0%	66.6%	65.9%	63.9%	62.8%	63.6%	60.3%	60.8%	56.6%	63.7%	62.6%	62.7%	
Theatre Productivity																	
367 On time Starts % - Main Theatres	28.6%	31.2%	25.0%	28.6%	32.1%	32.8%	31.7%	29.8%	29.4%	32.5%	24.4%	30.2%	33.4%	30.6%	30.6%	30.0%	
368 On Time Starts % - Day Surgery Unit	34.8%	31.1%	31.9%	30.4%	30.1%	31.3%	34.4%	29.8%	33.3%	32.2%	24.4%	28.0%	26.8%	32.2%	30.0%	30.3%	
370 Average Turnaround Time - Day Surgery Unit	8.3	9.0	8.3	7.5	7.4	10.6	11.6	10.0	6.9	9.0	7.5	13.5	11.3	8.8	87.7	112.5	
369 Average Turnaround Time - Main Theatres	28.8	30.0	29.2	28.4	33.3	28.8	27.1	40.0	28.5	28.3	35.1	28.4	29.2	27.7	278.6	366.1	
372 % Early Finishes >45 Minutes - Day Surgery Unit	35.4%	32.8%	31.9%	31.4%	30.7%	27.3%	31.2%	29.3%	36.1%	28.8%	28.9%	25.1%	27.6%	31.3%	29.4%	30.1%	
371 % Early finishes > 45 mins - Main Theatres	35.5%	34.9%	36.6%	29.9%	28.8%	33.3%	37.9%	36.1%	32.6%	30.1%	26.8%	29.5%	33.1%	33.2%	31.9%	32.4%	
373 Theatre Utilisation - Day Surgery Unit	69.9%	73.4%	69.8%	72.4%	74.4%	77.0%	75.7%	76.7%	74.8%	74.7%	76.5%	75.9%	75.8%	80.0%	75.8%	74.8%	
374 Theatre Utilisation - Main Theatres	76.1%	73.5%	76.1%	77.2%	76.1%	83.1%	77.7%	79.4%	80.9%	78.9%	81.5%	81.3%	78.8%	80.0%	79.8%	78.7%	
375 Average Cases per four hour list	1.9	2.0	2.0	2.1	2.1	2.2	2.1	2.2	2.2	2.1	2.1	2.2	2.0	2.0	2.1	2.1	
397 Total Cases - Day Surgery Unit	1667	2162	1912	2000	1894	2106	2103	2132	2052	1920	2256	2167	1600	2027	18230	24304	
396 Total Cases - Main Theatres	1054	1190	1088	1161	1133	1156	1208	1168	1115	1119	1342	1317	1067	1190	10625	14064	
631 Average time in Recovery to leave	151.9	150.1	151.7	145.1	152.9	151.1	150.4	152.2	154.2	157.9	151.2	150.5	142.9	0.0	0.0	0.0	
797 On-The-Day Cancellations - Hospital	165	225	187	180	190	171	161	161	147	168	221	210	146	195	1575	2167	
798 On-The-Day Cancellations - Patient	128	131	144	135	141	148	134	164	148	128	162	147	109	135	1281	1691	
Kings Way for Wards																	
438 Discharges Before 11am excluding obstetrics	7.4%	7.3%	7.5%	8.8%	7.5%	7.7%	6.9%	7.6%	7.7%	6.6%	7.0%	7.7%	7.3%	7.5%	7.3%	7.5%	
441 Inlier bed days	688.9	684.2	705.4	711.5	711.9	695.0	684.6	681.2	671.2	697.2	681.9	696.4	672.5	693.6	687.9	690.9	
Emergency & Acute Care																	
790 Direct AMU Discharges	575	513	454	494	533	573	593	629	621	624	651	681	653	568	5558	7019	
791 % Discharges before 11am - AMU	5.8%	4.2%	5.3%	5.9%	6.4%	5.1%	3.4%	4.4%	4.2%	4.7%	4.2%	7.6%	4.0%	5.2%	4.9%	5.0%	
792 Median LOS on AMU	1.6	1.6	1.7	1.6	1.7	1.2	1.1	1.2	1.2	1.4	1.3	1.3	1.4	1.3	11.7	16.6	
793 Number of AMU Stays >72hrs	339	326	332	362	320	268	224	289	255	304	290	284	284	295	2518	3538	
















Operational Strategic

Business Intelligence Unit

 Secure Email: kch-tr.performance-team@nhs.net

Created date: June 2017

December 2018

Operational Strategic domain score		1.92	2.17	2.25	2.08	2.67	2.67	2.33	2.50	2.33	2.17	2.42	2.33	1.83	2.50	2.28			
Productivity & Efficiency																			
801	Day Case Rate	74.4%	78.7%	77.5%	76.7%	76.7%	78.1%	76.3%	76.0%	76.1%	75.5%	76.8%	75.3%	73.8%	76.6%	76.1%	76.5%		
345	Outpatient DNA Rate	12.9%	12.3%	11.7%	12.7%	11.6%	11.4%	11.1%	11.5%	11.4%	11.5%	11.5%	11.2%	11.5%	11.9%	11.4%	11.6%		
622	First to Follow up ratios - consultant led	2.4	2.5	2.5	2.5	2.6	2.5	2.5	2.6	2.7	2.6	2.6	2.6	2.6	2.4	2.6	2.6		
426	Average Length of Stay - Elective ALoS	4.2	4.0	4.1	4.3	3.9	4.2	3.2	3.7	4.2	4.1	4.1	4.0	5.0	4.1	4.0	4.1		
428	Average Length of Stay - Non - Elective ALoS	6.3	6.6	7.0	6.9	6.5	6.5	6.2	6.2	6.3	6.0	6.2	6.2	5.8	6.6	6.2	6.4		
429	Zero Length of Stay - Emergency	851	800	644	649	744	773	837	865	800	830	796	861	1098	813	7604	9697		
521	Theatre Utilisation - Overall	73.9%	73.5%	73.8%	75.4%	75.5%	80.8%	77.0%	78.4%	78.6%	77.4%	79.7%	79.4%	77.8%	80.0%	78.3%	77.3%		
Demand & Capacity																			
350	% Unoutcomed Appointments	8.1%	7.6%	7.4%	7.5%	7.3%	7.4%	7.3%	7.3%	7.6%	7.5%	7.4%	7.3%	9.2%	7.3%	7.6%	7.5%		
352	Outpatients waiting more than 12 weeks	9419	13462	11928	11963	10990	12162	13258	12386	12007	12793	14797	14249	10327	11872	112969	150322		
376	Referrals to Consultant led services	27538	34933	31655	34090	32333	36306	33947	33984	32846	31563	36072	33563	25778	32372	296392	397070		
405	First Outpatient Attendances - Consultant Led	19097	24195	20978	22456	21902	23878	23037	22931	20848	20827	24419	24047	17863	23081	199752	267381		
537	Decision To Admit	7154	8823	8034	8414	8126	8864	8519	8233	7623	7916	8947	8768	6677	8384	73673	98944		

Firm Foundations - Finance

Directorate: Trust (1000)

Report Executed: 23/01/2019 11:35:34

December 2018



		Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Month Target	F-YTD Actual	Rolling 12mth	Trend
Overall (000s)																		
895	Actual - Overall	10,720	15,803	13,830	22,203	18,434	15,437	11,242	16,855	17,541	19,802	16,426	20,753	27,140	16,751	163,632	215,467	
896	Budget - Overall	5,580	2,771	3,907	(12,087)	17,545	15,182	11,295	15,430	12,547	12,347	9,074	10,315	16,751		120,487	115,078	
897	Variance - Overall	(5,140)	(13,032)	(9,923)	(34,290)	(889)	(255)	53	(1,425)	(4,994)	(7,456)	(7,352)	(10,439)	(10,389)	0	(43,145)	(100,390)	

Income (000s)																		
	Income (000s) domain score	2.13	1.43	1.96	2.18	1.44	2.00	1.67	1.60	2.20	2.20	1.20	1.20	2.20	2.50	1.82		
Education & Training Income																		
582	Actual - Education & Training Income	(3,842)	(3,778)	(4,029)											(3,731)		(7,808)	
583	Budget - Education & Training Income	(3,817)	(3,817)	(3,817)	(3,817)	(3,670)	(3,670)	(3,670)	(3,731)	(3,731)	(3,731)	(3,731)	(3,731)	(3,731)		(33,392)	(44,845)	
581	Variance - Education & Training Income	25	(39)	212	(35)	28	(273)	241	(63)	20	5	(2)	(225)	8	0	(261)	(122)	
Fines and Penalties																		
1097	Actual - Fines and Penalties	300	261	257	(3,218)												(2,700)	
1103	Budget - Fines and Penalties	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1105	Variance - Fines and Penalties	(300)	(261)	(257)	3,218										0		2,700	
NHS Clinical Contract Income																		
1107	Actual - NHS Clinical Contract Income	(69,713)	(65,852)	(65,124)	(76,145)	(65,997)	(70,568)	(69,665)	(71,459)	(69,531)	(67,009)	(72,579)	(69,104)	(64,858)	(66,714)	(620,770)	(827,891)	
1108	Budget - NHS Clinical Contract Income	(70,393)	(72,950)	(71,380)	(79,986)	(67,436)	(69,251)	(68,844)	(73,928)	(70,932)	(70,993)	(73,053)	(71,763)	(66,714)		(632,914)	(857,230)	
1109	Variance - NHS Clinical Contract Income	(679)	(7,099)	(6,256)	(3,841)	(1,439)	1,317	821	(2,468)	(1,401)	(3,984)	(474)	(2,659)	(1,857)	0	(12,144)	(29,340)	
Other NHS Clinical Income																		
1110	Actual - Other NHS Clinical Income	(447)	(414)	(458)	(245)	(384)	(374)	(334)								(1,092)	(2,209)	
1111	Budget - Other NHS Clinical Income	(422)	(422)	(422)	(422)	(395)	(395)	(395)								(1,184)	(2,451)	
1112	Variance - Other NHS Clinical Income	24	(8)	35	(177)	(11)	(20)	(61)							0	(92)	(243)	
Other Operating Income																		
585	Actual - Other Operating Income	(4,654)	(3,676)	(4,017)	1,597	(2,875)	(3,065)	(3,193)	(4,359)	(5,633)	(3,928)	(4,170)	(4,380)	(5,110)	(4,200)	(36,714)	(42,809)	
586	Budget - Other Operating Income	(4,325)	(4,329)	(4,326)	(7,138)	(2,990)	(2,990)	(3,482)	(3,232)	(3,214)	(7,978)	(4,316)	(4,528)	(4,200)		(36,928)	(52,721)	
584	Variance - Other Operating Income	329	(653)	(310)	(8,735)	(115)	75	(288)	1,127	2,420	(4,049)	(146)	(147)	910	0	(214)	(9,912)	
Overseas Visitor Income																		
1113	Actual - Overseas Visitor Income	(410)	34	(471)	104	(487)	(104)	(205)								(796)	(1,129)	
1114	Budget - Overseas Visitor Income	(681)	(681)	(681)	(681)	(547)	(547)	(547)								(1,642)	(3,683)	
1115	Variance - Overseas Visitor Income	(271)	(714)	(210)	(784)	(60)	(444)	(342)							0	(846)	(2,555)	
Pass Through Devices - Income																		
1116	Actual - Pass Through Devices - Income	(1,828)	(1,805)	(2,031)	(1,891)	(1,583)	(931)	(1,972)	(1,282)	(1,455)	(1,947)	(1,613)	(1,508)	(1,880)	(1,405)	(14,172)	(19,900)	
1117	Budget - Pass Through Devices - Income	(1,504)	(1,504)	(1,504)	(1,504)	(1,479)	(1,553)	(1,536)	(1,592)	(1,570)	(1,587)	(1,657)	(1,609)	(1,405)		(13,988)	(18,500)	
1118	Variance - Pass Through Devices - Income	324	301	527	387	104	(622)	436	(310)	(115)	360	(43)	(101)	475	0	184	1,399	
Pass Through Drugs - Income																		
1119	Actual - Pass Through Drugs - Income	(9,546)	(9,561)	(8,694)	(10,656)	(9,894)	(8,033)	(10,222)								(28,149)	(57,060)	
1120	Budget - Pass Through Drugs - Income	(10,139)	(10,139)	(10,139)	(10,139)	(10,360)	(10,842)	(10,733)								(31,935)	(62,352)	
1121	Variance - Pass Through Drugs - Income	(593)	(578)	(1,445)	517	(466)	(2,809)	(511)							0	(3,786)	(5,292)	
Private Patient Income																		

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1122	Actual - Private Patient Income	(1,071)	(1,520)	(1,617)	(1,929)											(5,066)		
1123	Budget - Private Patient Income	(1,619)	(1,675)	(1,662)	(1,651)											(4,988)		
1124	Variance - Private Patient Income	(548)	(155)	(45)	279									0		78		
R&I Income																		
1125	Actual - R&I Income	(1,328)	(1,374)	(1,441)	(2,378)	(1,185)	(1,683)	(928)	(954)	(1,418)	(1,458)	(751)	875	(794)	(1,216)	(8,296)	(13,489)	
1126	Budget - R&I Income	(1,306)	(1,306)	(1,306)	(1,306)	(1,307)	(1,307)	(1,307)	(1,342)	(1,316)	(1,316)	(1,216)	(1,216)	(1,216)		(11,543)	(15,462)	
1127	Variance - R&I Income	21	67	134	1,071	(122)	376	(379)	(389)	102	143	(465)	(2,091)	(422)	0	(3,247)	(1,973)	
RTA Income																		
1128	Actual - RTA Income	(290)	55	(633)	(447)	(302)	(348)	(251)								(901)	(1,926)	
1129	Budget - RTA Income	(67)	(334)	(334)	(334)	(305)	(305)	(305)								(915)	(1,916)	
1130	Variance - RTA Income	223	(388)	299	113	(3)	43	(54)							0	(14)	10	
Miscellaneous Income																		
1131	Actual - Miscellaneous Income	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1132	Budget - Miscellaneous Income	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1133	Variance - Miscellaneous Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Nonpay - Financing (000s)

Nonpay - Financing (000s) domain score		2.46	2.38	2.69	2.46	2.15	2.38	2.11	2.56	3.00	3.00	2.67	3.00	3.00	2.50	2.57		
Interest Payable																		
1134	Actual - Interest payable	2,907	3,489	2,200	3,127	3,285	3,605	4,136	3,410	3,222	3,494	3,771	3,274	3,268	3,519	31,465	40,281	
1135	Budget - Interest payable	2,892	2,892	2,892	2,892	3,676	3,676	3,676	3,410	3,572	3,596	3,610	3,616	3,519		32,350	41,025	
1136	Variance - Interest payable	(15)	(597)	692	(235)	390	70	(460)	0	351	102	(160)	342	251	0	885	744	
Interest Receivable																		
1137	Actual - Interest receivable	(1)	(71)	(30)	(76)	(42)	(42)	(42)	(39)	(44)	(85)	(57)	(57)	(57)	(42)	(465)	(641)	
1138	Budget - Interest receivable	(10)	(10)	(10)	(10)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)		(376)	(406)	
1139	Variance - Interest receivable	(9)	61	20	66	()		0	(3)	2	43	16	16	16	0	89	236	
Profit/Loss on Disposal of Fixed Assets																		
1140	Actual - Profit/Loss on Disposal of Fixed Assets	(175)	55	0	(174)	0		62	21	21	21	21	21	21	21	187	68	
1141	Budget - Profit/Loss on Disposal of Fixed Assets	21	21	21	(479)	21	21	21	21	21	21	21	21	21		187	(250)	
1142	Variance - Profit/Loss on Disposal of Fixed Assets	195	(34)	21	(305)	21	21	(42)	0	0	0	0	0	0	0	0	(318)	
Public Dividend Capital																		
1143	Actual - Public Dividend Capital	339	(2,671)	83	(916)	0	0	0	0	0	0	0	0	0	0	0	(3,504)	
1144	Budget - Public Dividend Capital	339	339	339	339												1,017	
1145	Variance - Public Dividend Capital	0	3,010	256	1,255	0	0	0	0	0	0	0	0	0	0	0	4,521	
Depreciation																		
1049	Actual - Depreciation	2,275	(903)	1,969	1,579	2,008	2,308									4,316	6,960	
1050	Budget - Depreciation	2,280	1,779	1,779	1,779												5,338	
1052	Variance - Depreciation	5	2,682	(190)	200	(2,008)	(2,308)								0	(4,316)	(1,623)	
Impairment																		
1055	Actual - Impairment	1,000	1,000	1,000	(6,383)	2,186	2,186									4,371	(12)	
1056	Budget - Impairment	1,000	1,000	1,000	1,000												3,000	
1059	Variance - Impairment	0	0	0	7,383	(2,186)	(2,186)								0	(4,371)	3,012	

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Miscellaneous Nonpay - Financing																	
1063	Actual - Miscellaneous Nonpay - Financing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1065	Budget - Miscellaneous Nonpay - Financing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1048	Variance - Miscellaneous Nonpay - Financing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

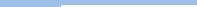



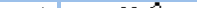


Non-Pay (000s)

Non-Pay (000s) domain score		1.83	2.06	2.00	1.72	1.83	1.94	2.17	1.94	1.61	1.61	2.11	1.83	1.28	2.50	1.84	
Clinical Supplies																	
554	Actual - Clinical Supplies	7,648	7,772	7,402	(43,158)	2,902	2,514	3,198	2,952	3,182	2,283	2,862	2,244	2,489	1,949	24,626	(3,359)
555	Budget - Clinical Supplies	8,808	8,525	8,589	(44,559)	3,648	3,648	3,648	2,148	3,336	(2,658)	2,407	2,008	1,949		20,133	(7,311)
556	Variance - Clinical Supplies	1,161	754	1,187	(1,401)	746	1,133	450	(804)	153	(4,941)	(455)	(236)	(539)	0	(4,493)	(3,952)
Consultancy																	
1068	Actual - Consultancy	730	813	836	1,190	861	1,082	1,127	1,315	1,730	1,838	1,791	1,968	1,878	488	13,591	16,430
1070	Budget - Consultancy	503	378	491	488	419	419	419	2,615	565	477	2,221	494	488		8,115	9,472
1072	Variance - Consultancy	(227)	(435)	(346)	(702)	(442)	(663)	(708)	1,299	(1,165)	(1,361)	429	(1,475)	(1,390)	0	(5,476)	(6,958)
Drugs																	
548	Actual - Drugs	5,556	4,607	3,019	3,366	2,336	2,056	2,145	2,304	2,284	2,132	2,535	2,208	2,149	2,046	20,150	31,141
552	Budget - Drugs	3,366	3,366	3,366	3,365	2,782	2,786	2,797	78	2,063	2,117	2,114	2,086	2,046		18,870	28,967
553	Variance - Drugs	(2,190)	(1,241)	348	(1)	446	730	651	(2,226)	(221)	(14)	(421)	(122)	(103)	0	(1,279)	(2,174)
Non-Clinical Supplies																	
1074	Actual - Non-Clinical Supplies	5,177	5,041	4,636	355	4,773	4,862	5,452	5,140	4,906	4,826	4,749	7,382	5,525	4,921	47,614	57,646
1076	Budget - Non-Clinical Supplies	5,065	5,188	4,607	(902)	4,572	4,572	4,572	4,592	4,581	4,636	5,194	7,233	4,921		44,874	53,767
1079	Variance - Non-Clinical Supplies	(112)	148	(29)	(1,257)	(201)	(290)	(879)	(548)	(325)	(190)	444	(148)	(604)	0	(2,740)	(3,879)
Other Non-Pay																	
1083	Actual - Other Non-Pay	2,805	2,140	2,259	23,621	2,408	2,398	530	1,936	2,595	2,405	2,935	860	2,541	1,893	18,607	46,627
1084	Budget - Other Non-Pay	2,614	2,614	2,614	(622)	1,859	1,859	1,870	1,859	1,929	1,934	1,797	2,062	1,893		17,061	21,668
1087	Variance - Other Non-Pay	(191)	474	355	(24,243)	(549)	(539)	1,341	(77)	(666)	(471)	(1,137)	1,202	(649)	0	(1,545)	(24,960)
Pass Through Drugs - Expenditure																	
1146	Actual - Pass Through Drugs - Expenditure	6,424	7,596	7,597	8,254	10,086	7,846	8,936	9,472	8,593	9,020	9,639	9,378	9,222	10,866	82,193	105,640
1147	Budget - Pass Through Drugs - Expenditure	8,761	8,761	8,761	8,761	9,207	9,207	9,207	15,418	10,821	10,780	10,886	10,876	10,866		97,267	123,551
1148	Variance - Pass Through Drugs - Expenditure	2,337	1,165	1,164	508	(879)	1,361	270	5,946	2,227	1,759	1,247	1,498	1,644	0	15,074	17,911
Purchase of Healthcare from Non NHS Providers																	
567	Actual - Purchase of Healthcare from Non NHS Providers	3,313	4,149	4,746	65,992	9,172	9,278	9,726	14,190	10,727	11,871	11,628	8,723	14,096	12,042	99,411	174,297
573	Budget - Purchase of Healthcare from Non NHS Providers	3,350	3,851	3,851	68,122	8,254	8,254	8,254	17,029	10,386	17,516	11,761	7,256	12,042		100,753	176,577
574	Variance - Purchase of Healthcare from Non NHS Providers	37	(297)	(895)	2,130	(917)	(1,024)	(1,472)	2,839	(341)	5,645	133	(1,467)	(2,054)	0	1,342	2,280
Services from other NHS Bodies																	
576	Actual - Services from other NHS Bodies	4,714	4,639	4,648	3,707	4,971	5,363	5,120	5,244	5,371	5,367	5,102	4,968	5,916	5,182	47,423	60,417
577	Budget - Services from other NHS Bodies	4,596	4,565	4,593	3,159	4,703	4,696	4,696	6,503	5,355	4,902	5,356	5,469	5,182		46,860	59,177
578	Variance - Services from other NHS Bodies	(118)	(74)	(54)	(548)	(268)	(667)	(424)	1,259	(17)	(465)	254	501	(735)	0	(563)	(1,239)
Miscellaneous Nonpay																	
1149	Actual - Miscellaneous Nonpay - Nonpay	7,809	5,118	8,149	(2,987)	9,055	8,971	9,645	9,232	10,340	9,146	9,692	10,434	9,560	7,266	86,075	96,355
1150	Budget - Miscellaneous Nonpay - Nonpay	4,657	4,736	4,617	(129)	11,109	11,109	10,417	5,122	8,740	7,992	5,858	9,802	7,266		77,416	86,641

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1151	Variance - Miscellaneous Nonpay - Nonpay	(3,152)	(382)	(3,532)	2,859	2,054	2,138	772	(4,110)	(1,599)	(1,154)	(3,833)	(632)	(2,294)	0	(8,659)	(9,714)	
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Nonpay - Unallocated CIP (000s)

Nonpay - Unallocated CIP (000s) domain score		1.67	1.67	1.67	1.67	3.00	3.00	1.67	3.00	1.67	1.67	1.67	1.67	1.67	2.50	1.97		
Unallocated CIP - Nonpay																		
1152	Actual - Unallocated CIP - NonPay	0	0	0	0	0	0	0	0	0	0	0	0	0	(3,280)	0	0	
1153	Budget - Unallocated CIP - NonPay	(1,430)	(908)	(936)	(3,488)	0	0	(692)	1,497	(2,458)	(2,868)	(2,968)	(2,754)	(3,280)		(13,523)	(18,855)	
1154	Variance - Unallocated CIP - NonPay	(1,430)	(908)	(936)	(3,488)	0	0	(692)	1,497	(2,458)	(2,868)	(2,968)	(2,754)	(3,280)	0	(13,523)	(18,855)	
Miscellaneous Nonpay - Unallocated CIP																		
1155	Actual - Miscellaneous Nonpay - Unallocated CIP	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1156	Budget - Miscellaneous Nonpay - Unallocated CIP	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1157	Variance - Miscellaneous Nonpay - Unallocated CIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Pay - Admin and Clerical (000s)

Pay - Admin and Clerical (000s) domain score		2.00	1.75	2.00	1.63	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.50	1.95			
Admin & Clerical - Agency																			
593	Actual - Admin & Clerical - Agency	142	151	89	381	152	227	217	202	104	229	161	153	430	32	1,875	2,496		
594	Budget - Admin & Clerical - Agency	(849)	142	60	60	73	73	73	41	(102)	32	32	32	32		284	546		
592	Variance - Admin & Clerical - Agency	(991)	(9)	(29)	(321)	(79)	(154)	(144)	(161)	(206)	(197)	(130)	(121)	(398)	0	(1,591)	(1,950)		
Admin & Clerical Bank																			
1158	Actual - Admin & Clerical Bank	454	369	267	478	273	408	403	261	340	157	366	206	191	61	2,605	3,719		
1159	Budget - Admin & Clerical Bank	72	72	72	362	61	61	61	61	61	61	61	61	61		550	1,055		
1160	Variance - Admin & Clerical Bank	(383)	(297)	(196)	(116)	(212)	(347)	(342)	(200)	(279)	(96)	(305)	(145)	(130)	0	(2,056)	(2,664)		
Admin & Clerical Substantive																			
1161	Actual - Admin & Clerical Substantive	7,425	7,551	7,356	7,668	7,714	7,781	7,331	8,006	8,355	7,581	7,713	7,864	7,990	9,123	70,336	92,912		
1162	Budget - Admin & Clerical Substantive	7,507	7,525	7,509	7,027	8,566	8,571	8,599	8,884	9,127	10,020	8,782	8,671	9,123		80,342	102,404		
1163	Variance - Admin & Clerical Substantive	82	(26)	152	(641)	852	789	1,268	878	772	2,439	1,068	807	1,132	0	10,006	9,492		
Miscellaneous Pay - Admin & Clerical																			
1165	Actual - Miscellaneous Pay - Admin & Clerical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1166	Budget - Miscellaneous Pay - Admin & Clerical	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
1167	Variance - Miscellaneous Pay Admin & Clerical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		











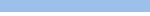


Pay - Medical Staff (000s)

Pay - Medical Staff (000s) domain score		1.86	1.86	1.86	1.57	1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	2.50	1.84			
Medical - Agency																			
600	Actual - Medical - Agency	1,152	3,922	1,195	1,129	1,176	1,055	918	947	1,083	771	697	1,316	898	100	8,861	15,107		
601	Budget - Medical - Agency	538	538	538	538	143	143	100	100	14	100	100	100	100		898	2,511		
602	Variance - Medical - Agency	(614)	(3,385)	(657)	(591)	(1,033)	(912)	(818)	(848)	(1,070)	(671)	(597)	(1,216)	(798)	0	(7,963)	(12,596)		
Medical Bank																			
1054	Actual - Medical Bank	358	393	347	382	397	372	345	481	363	349	644	293	308	4	3,552	4,674		
1078	Budget - Medical Bank	107	107	107	107	5	5	5	()	4	4	4	4	4		37	359		

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1095	Variance - Medical Bank	(251)	(286)	(240)	(275)	(391)	(367)	(340)	(481)	(359)	(345)	(640)	(289)	(304)	0	(3,515)	(4,315)	
Medical Substantive																		
597	Actual - Medical Substantive	16,490	16,907	17,065	17,489	16,770	17,666	16,942	16,821	17,086	17,493	17,234	17,866	17,762	18,490	155,643	207,103	
598	Budget - Medical Substantive	17,209	17,206	17,201	17,272	17,743	17,743	17,743	18,239	18,009	18,089	18,278	18,315	18,386		162,546	214,224	
599	Variance - Medical Substantive	719	299	136	(216)	973	77	801	1,417	923	596	1,043	448	624	0	6,903	7,121	
Miscellaneous Pay - Medical Staff																		
1058	Actual - Miscellaneous Pay - Medical Staff	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1082	Budget - Miscellaneous Pay - Medical Staff	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1099	Variance - Miscellaneous Pay - Medical Staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Pay - Nursing Staff (000s)

Pay - Nursing Staff (000s) domain score		1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	2.50	1.86		
Nursing Agency																		
607	Actual - Nursing Agency	1,310	828	654	831	746	482	312	455	387	393	297	223	259	136	3,554	5,867	
608	Budget - Nursing Agency	389	275	378	378	136	136	136	22	240	136	136	136	136		1,210	2,242	
603	Variance - Nursing Agency	(922)	(553)	(276)	(452)	(610)	(346)	(176)	(433)	(148)	(258)	(162)	(88)	(124)	0	(2,344)	(3,625)	
Nursing Bank																		
1066	Actual - Nursing Bank	2,635	3,427	3,248	3,790	3,168	3,154	2,582	2,130	2,162	2,073	2,010	2,010	2,399	97	21,688	32,153	
1088	Budget - Nursing Bank	1,526	524	524	524	91	91	91	71	91	141	100	97	97		873	2,446	
1104	Variance - Nursing Bank	(1,109)	(2,903)	(2,724)	(3,266)	(3,076)	(3,063)	(2,491)	(2,059)	(2,070)	(1,932)	(1,909)	(1,913)	(2,302)	0	(20,815)	(29,708)	
Nursing Substantive																		
604	Actual - Nursing Substantive	19,307	19,754	19,349	19,766	19,855	20,055	20,069	20,667	22,667	20,822	20,909	20,861	21,091	23,140	186,996	245,864	
605	Budget - Nursing Substantive	21,940	21,887	21,956	21,907	22,394	22,398	22,386	22,483	23,305	24,489	22,955	23,026	23,140		206,576	272,326	
606	Variance - Nursing Substantive	2,633	2,133	2,607	2,141	2,539	2,344	2,317	1,816	638	3,668	2,046	2,165	2,049	0	19,581	26,461	
Miscellaneous Pay - Nursing Staff																		
1061	Actual - Miscellaneous Pay - Nursing staff	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1085	Budget - Miscellaneous Pay - Nursing staff	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1102	Variance - Miscellaneous Pay - Nursing staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Pay - Other Staff (000s)

Pay - Other Staff (000s) domain score		1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	2.50	1.86		
Other Agency Staff																		
1073	Actual - Other Agency Staff	649	927	472	474	463	314	286	460	506	420	422	544	532	35	3,945	5,818	
1092	Budget - Other Agency Staff	143	143	143	143	36	36	36	32	35	35	35	35	35		315	746	
1106	Variance - Other Agency Staff	(505)	(784)	(328)	(331)	(427)	(278)	(250)	(428)	(471)	(385)	(387)	(509)	(496)	0	(3,630)	(5,072)	
Other Bank Staff																		
1172	Actual - Other Bank Staff	253	242	220	342	168	289	237	179	80	97	156	79	105	11	1,393	2,198	
1173	Budget - Other Bank Staff	35	35	35	35	11	11	11	11	11	11	11	11	11		96	201	
1171	Variance - Other Bank Staff	(218)	(207)	(185)	(307)	(158)	(279)	(227)	(168)	(70)	(87)	(146)	(69)	(95)	0	(1,297)	(1,996)	
Other Substantive Staff																		
1051	Actual - Other Substantive Staff	6,169	6,266	6,279	6,164	6,048	6,272	6,191	6,398	6,917	6,373	6,350	6,314	6,373	7,247	57,237	75,947	

December 2018

1053	Budget - Other Substantive Staff	6,553	6,592	6,592	6,503	6,965	6,966	6,966	7,076	7,400	7,579	7,237	7,339	7,247		64,775	84,462	
1057	Variance - Other Substantive Staff	384	326	312	339	916	694	775	678	483	1,206	888	1,025	874	0	7,538	8,516	
Miscellaneous Pay - Other Staff																		
1062	Actual - Miscellaneous Pay - Other staff	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1064	Budget - Miscellaneous Pay - Other staff	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1060	Variance - Miscellaneous Pay - Other staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Pay - Unallocated CIP (000s)

Pay - Unallocated CIP (000s) domain score		3.00	1.67	1.67	1.67	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.50	2.43		
Unallocated CIP - Pay																		
1067	Actual - Unallocated CIP - Pay	0	0	0	0												0	
1069	Budget - Unallocated CIP - Pay		(366)	(399)	(431)												(1,196)	
1071	Variance - Unallocated CIP - Pay	0	(366)	(399)	(431)										0		(1,196)	
Miscellaneous Pay - Unallocated CIP																		
1075	Actual - Miscellaneous Pay - Unallocated CIP	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1077	Budget - Miscellaneous Pay - Unallocated CIP	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1080	Variance - Miscellaneous Pay - Unallocated CIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

SLR Recharges (000s)

SLR Recharges (000s) domain score		2.14	2.57	2.43	2.57	2.43	2.43	1.86	2.57	2.43	2.43	2.14	2.14	2.00	2.50	2.32		
SLR Recharges																		
1164	Actual - SLR Recharges	(25,170)	(25,509)	(23,810)	(25,372)	0	0	(79,765)	(29,392)	(26,967)	(27,356)	(29,504)	(30,430)	(27,077)	(27,908)	(250,491)	(325,183)	
1086	Budget - SLR Recharges	(24,146)	(24,146)	(24,146)	(24,146)	(26,882)	(26,882)	(26,882)	(27,910)	(27,139)	(27,565)	(28,760)	(29,371)	(27,908)		(249,302)	(321,739)	
1081	Variance - SLR Recharges	1,024	1,364	(336)	1,227	(26,882)	(26,882)	52,882	1,482	(172)	(209)	744	1,059	(831)	0	1,189	3,444	
SLR Recharges - Fixed																		
1090	Actual - SLR Recharges - Fixed	945	945	945	945	0	0	3,549	1,183	1,183	1,183	1,183	1,183	1,183	1,183	10,648	13,482	
1091	Budget - SLR Recharges - Fixed	945	945	945	945	1,183	1,183	1,183	1,183	1,183	1,183	1,183	1,183	1,183		10,648	13,482	
1089	Variance - SLR Recharges - Fixed	()				1,183	1,183	(2,366)				()	()	()	0			
SLR Recharges - Variable																		
1094	Actual - SLR Recharges - Variable	24,183	24,586	22,865	24,428		0	76,216	28,209	25,784	26,173	28,321	29,247	25,894	26,725	239,843	311,722	
1096	Budget - SLR Recharges - Variable	23,201	23,201	23,201	23,201	25,699	25,699	25,699	26,727	25,956	26,382	27,577	28,188	26,725		238,654	308,257	
1093	Variance - SLR Recharges - Variable	(982)	(1,385)	336	(1,227)	25,699	25,699	(50,516)	(1,482)	172	209	(744)	(1,059)	831	0	(1,189)	(3,465)	
Miscellaneous SLR Recharges																		
1100	Actual - Miscellaneous SLR Recharges	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1101	Budget - Miscellaneous SLR Recharges	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1098	Variance - Miscellaneous SLR Recharges	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	



Firm Foundations - Activity

Directorate: Trust (1000)

Report Executed: 23/01/2019 11:36:14

December 2018

	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Month Target	F-YTD Actual	Rolling 12mth	Trend
Operational Activity																	
Operational Activity domain score	2.58	2.83	2.58	2.83	1.83	2.33	2.25	2.33	2.33	2.08	2.33	2.50	2.00	2.50	2.40		
Contract Monitoring (Operational Activity)																	
401 Elective Inpatient Spells	8665	10587	9644	10121	9591	10513	10112	9999	9465	9158	10667	10276			79781	110133	
403 Non-Elective Inpatient Spells	1650	1686	1489	1598	1548	1717	1670	1720	1698	1729	1819	1603			13504	18277	
1183 Emergency Inpatient Spells	4729	4700	4228	4755	4537	4896	4919	4895	4733	4803	5007	4982			38772	52455	
424 Elective Excess Beddays	462	413	533	537	595	512	412	521	340	317	494	611			3802	5285	
425 Non-Elective Excess Beddays	133	162	369	268	230	609	183	347	41	440	245	45			2140	2939	
1197 Emergency Excess Beddays	1254	1955	1663	1772	1908	1803	2036	1856	962	2015	1502	1093			13175	18565	
431 First Outpatient Attendances	20693	26049	22577	24289	23446	25232	24901	25270	22982	22977	27160	26671			198639	271554	
430 Follow Up Outpatient Attendances	63221	81183	71080	75791	75047	80165	74739	78887	74199	72076	81604	80459			617176	845230	
461 A&E Attendances	18980	19765	17584	17587	17171	18559	18056	18531	17070	17596	18221	18219			143423	198359	
464 Procedure coded outpatient attendances	16.5%	16.2%	17.3%	15.8%	17.5%	17.9%	19.7%	18.9%	19.5%	20.0%	19.2%	18.5%			18.9%	18.2%	
Operational Strategic																	
622 First to Follow up ratios - consultant led	2.4	2.5	2.5	2.5	2.6	2.5	2.5	2.6	2.7	2.6	2.6	2.6	2.6	2.4	2.6	2.6	
860 Ethnic Coding	95.12%	95.14%	95.14%	95.24%	95.19%	95.35%	95.32%	95.30%	95.39%	95.34%	95.51%	95.33%	95.39%	90.00%	95.35%	95.31%	



Best Quality of Care – Safety, Effectiveness,

Directorate: Trust (1000)

King's College Hospital
NHS Foundation Trust

Report Executed:

15/11/2018 14:33:10

3.1

Item	Definition
342	The proportion of positive responses on the "How are we doing?" survey that discharged patients completed during the relevant month. Only the best available answer to the question is counted as a positive response.
353	The number of outpatient appointments cancelled by the hospital based on a set of cancellation reason codes for which it is deemed that the patient was affected by the appointment change.
422	The Friends and Family survey net promoter score for Inpatients and Day Cases submitted to the DH via the Unify system for the reported month.
423	The Friends and Family survey net promoter score for patients attending the A&E department, submitted to the DH via the Unify system for the reported month.
433	The national summary hospital mortality indicator (SHMI) is a risk adjusted mortality rate expressed as an index based on the actual number of patients discharged who died in hospital or within 30 days compared to the expected number of deaths. This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
435	Patients aged over 65 admitted as an emergency and discharged to their usual residence within 7 days as a % of all discharges
436	The ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in-hospital deaths (multiplied by 100) for 36 diagnosis groups in a specified patient group (as per HED methodology). This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
440	Number of hospital initiated cancelled operations, cancelled on the day of surgery for non clinical reasons, who are not admitted within 28 days expressed as a percentage of all hospital initiated cancelled operations.
456	Ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in-hospital deaths (multiplied by 100) for 36 diagnosis groups in a specified patient group (as per HED methodology). This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
460	Patients who had their operation cancelled by the hospital on the day of admission for non-medical reasons.
462	The percentage of women that have had a PPH of >2L
463	The percentage of Number of women delivered by elective caesarean (procedures) / Number of women delivered
465	The percentage of Number of women delivered by emergency caesarean (procedures) / Number of women delivered
466	The percentage of the Number of women who had a home birth / Number of women who have delivered
467	Number of births on the Midwifery Led Suites/OASIS within Nightingale Birth Centre
469	The number of patients who have been risk assessed as at risk of VTE on admission, expressed as a percentage of all discharges including Renal Dialysis patients
470	Number of episodes of Methicillin Sensitive Staphylococcus aureus (MSSA) bacteraemias post 48 hours hospital admission
473	Number of episodes of Clostridium difficile toxin post 48 hours hospital admission (patients > 2 years)
474	Number of episodes of Escherichia coli bacteraemias post 48 hours hospital admission
475	Number of episodes of Vancomycin-resistant Enterococci bacteraemias post 48 hours hospital admission
476	Number of episodes of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemias post 48 hours hospital admission
477	Two or more cases with the same alert organism/condition identified within a 7 day period or a PII (period of increased incidence) initiated by the Infection Control Doctor
478	Higher incidence of cases with the same alert organism/condition identified or ward closure is being considered and outbreak meeting held
480	The number of inpatient deaths within the hospital for the month expressed as a percentage of all elective inpatient spells.
481	The number of inpatient deaths within the hospital for the month expressed as a percentage of all non-elective inpatient spells.
483	Number of single sex accommodation breaches and other patients within the ward location affected by the breach excluding clinical exceptions, and who would attract a financial penalty
485	% of all patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who are asked the dementia case finding question within 72 hours of admission
487	Ratio of the number of hours of registered nurses and midwives to the total number of inpatients
488	Ratio of the number of actual hours to the number of planned hours of registered nurses and midwives - day
489	Ratio of the number of actual hours to the number of planned hours of registered nurses and midwives - night
490	Number of cases of MRSA isolated from any site post 48 hours hospital admission
492	The number of elective patients (adjusted for DoH exclusions) who have been screened for MRSA, expressed as a percentage of all admissions.
494	The number of emergency patients (adjusted for DoH exclusions) who have been screened for MRSA, expressed as a percentage of all admissions.
495	Number of episodes of C. difficile including local episodes post 48 hours hospital admission (includes DoH reportable toxin positive cases and PCR positive cases)
496	Vancomycin resistant Enterococci isolated post 48 hours hospital admission
497	Multi-resistant Enterobacteriaceae isolated post 48 hours hospital admission
498	Multi-resistant "non-fermenters" isolated post 48 hours hospital admission. Includes Pseudomonas and Acinetobacter.
499	For all identified Clostridium difficile cases (both HAI and CAI) on the ward during this month, the time to isolate is based on whether this is achieved within 4 hours of onset of unexplained diarrhoea
500	For all new MRSA cases (both HAI and CAI) on the ward this month, the time to isolate is based on whether this is achieved by the end of the current shift
501	The MRSA time to decolonise compliance is based on whether the protocol is prescribed within 4 hours of the ward being informed of a positive result
502	Other Alert Organisms not specified above isolated post 48 hours hospital admission
503	Total number of hospital-acquired alert organisms (post 48 hour hospital admission)
504	The proportion of positive responses to the Respect & Dignity question on the "How are we doing?" survey that discharged patients completed during the relevant month. Only the best available answer to the question is counted as a positive response
505	The proportion of positive responses to the Involvement in Care question on the "How are we doing?" survey that discharged patients completed during the relevant month. Only the best available answer to the question is counted as a positive response.
506	The proportion of positive responses to the Kindness & Understanding question on the "How are we doing?" survey that discharged patients completed during the relevant month. Only the best available answer to the question is counted as a +ive response
507	The proportion of positive responses to the Control of Pain question on the "How are we doing?" survey that discharged patients completed during the relevant month. Only the best available answer to the question is counted as a positive response.
508	The proportion of positive responses to the Involvement in Discharge question on the "How are we doing?" survey that discharged patients completed during the relevant month. Only the best available answer to the question is counted as a +ive response
509	The number of never events recorded based on the incident date on the Datix system.
511	Number of reported incidents
514	Number of commodes Audited
515	Are commodes in a good state or repair?
516	The number of incidents recorded on Datix that resulted in moderate harm to patients
518	Are commodes visibly clean and tape?
519	The number of incidents recorded on Datix that resulted in serious harm or death to patients.
520	Number of Serious Incidents declared.
522	A clear, transparent dressing as per Trust policy is in place
523	The dressing has been dated, for PVC with the date of insertion and for CVC with the date of dressing change.
524	There is a clear clinical need for the cannula to remain in situ, i.e. IV medication, IV fluids, etc.
525	The insertion details of the intravascular line and regular observations are documented
526	Peripheral cannulas must not be in situ for longer than 72 hours
538	Number of hospital acquired pressure ulcers - Grade 3 or Grade 4
539	National Summary Hospital Mortality Indicator (SHMI) for patients aged over 75. This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
540	National Summary Hospital Mortality Indicator (SHMI) where Admission Method = "Elective". This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
541	National Summary Hospital Mortality Indicator (SHMI) where Admission Method = "Non-elective". This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
542	National Summary Hospital Mortality Indicator (SHMI) where Diagnostic Group (CCS) = "226 - Fracture of neck or femur (hip)". This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
543	National Summary Hospital Mortality Indicator (SHMI) where Diagnostic Group (CCS) = "100 - Acute myocardial infarction". This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
544	National Summary Hospital Mortality Indicator (SHMI) where Diagnostic Group (CCS) = "122 - Pneumonia (except that caused by tuberculosis or sexually transmitted disease)". This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
545	National Summary Hospital Mortality Indicator (SHMI) where Diagnostic Group (CCS) = "2 - Septicemia (except in labor)". This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
546	National Summary Hospital Mortality Indicator (SHMI) where Diagnostic Group (CCS) = "109 - Acute cerebrovascular disease". This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
547	National Summary Hospital Mortality Indicator (SHMI) where Weekend Admission = "Weekend". This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
569	Antimicrobial clinical indication (target = 95%). An indication for antimicrobial therapy must be documented on all antimicrobial prescriptions. Data Source is - IC Drs/Ward champions and Infection Surveillance Team
570	IV PO switch (target = 95% for "not overdue"). Patients receiving IV antimicrobial therapy should be reviewed at 24, and then 48 hours and converted to a suitable oral alternative as per King's College Hospital Antibiotic IV to Oral 'Switch' Policy
571	Antimicrobial review/stop dates (target = 95%). A review or a stop date must be documented on all antimicrobial prescriptions. As per King's College Antibiotic 'Stop' Policy. Data Source is - IC Drs/Ward champions and Infection Surveillance Team
615	The number of complaints recorded as High or Severe on the Datix system for the reported month.

618	% of PALS contacts relating to a concern.
619	The number of complaints received in the month.
620	The number of complaints not responded to within 25 working days.
621	% of PALS contacts relating to a praise.
627	Number of deteriorating patient incidents per 1000 bed days
628	Number of Inpatient slips, trips and falls by patients reported based on incident date. Per 1000 bed days.
629	Number of Inpatient slips, trips and falls by patients with moderate or major injury/ death reported based on incident date. Per 1000 bed days.
638	National Summary Hospital Mortality Indicator (SHMI) where Diagnostic Group (CCS) = '157 - Acute and unspecified renal failure'. This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
641	National Summary Hospital Mortality Indicator (SHMI) where Diagnostic Group (CCS) = '108 - Congestive heart failure'. This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
646	Incidents in month related to Patients Absconding
647	Incidents in month related to violent & aggressive behaviour to staff
648	Number of Amber RCAs carried out
649	Percentage of patients treated within 36hrs from the time of admission to the time that the patient was seen in theatre for a fractured neck of femur
651	The relative risk of 30 day emergency readmissions (ie: the ratio (multiplied by 100) of observed number of emergency readmissions to the expected number of 30 day readmissions) where Diagnostic Group (CCS) = '100 - Acute myocardial infarction'. This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
652	The relative risk of 30 day emergency readmissions (ie: the ratio (multiplied by 100) of observed number of emergency readmissions to the expected number of 30 day readmissions) where Diagnostic Group (CCS) = '108 - Congestive heart failure'. This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
653	The relative risk of 30 day emergency readmissions (ie: the ratio (multiplied by 100) of observed number of emergency readmissions to the expected number of 30 day readmissions) where Diagnostic Group (CCS) = '2 - Septicemia (except in labour)'. This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
654	The relative risk of 30 day emergency readmissions (ie: the ratio (multiplied by 100) of observed number of emergency readmissions to the expected number of 30 day readmissions) where Diagnostic Group (CCS) = '109 - Acute cerebrovascular disease'. This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
655	The relative risk of 30 day emergency readmissions (ie: the ratio (multiplied by 100) of observed number of emergency readmissions to the expected number of 30 day readmissions) where Diagnostic Group (CCS) = '226 - Fracture of neck or femur (hip)'. This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
656	The relative risk of 30 day emergency readmissions (ie: the ratio (multiplied by 100) of observed number of emergency readmissions to the expected number of 30 day readmissions) where Diagnostic Group (CCS) = '122 - Pneumonia (except that caused by tuberculosis or sexually transmitted disease)'. This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
660	Duty of Candour - The percentage of conversations had following reported moderate/severe/death incidents
661	Duty of Candour - Number of letters sent following DOC incidents
678	The number of babies that had a Readmission (admission method codes LIKE '2%' or = '32') within 28 days of the date of birth, excluding readmissions with a length of stay of less than one day and babies with a discharge of death
679	Maternal readmission to hospital within 42 days of delivery - in line with the requirements. Includes only Readmissions (admission method codes LIKE '2%' or = '32') within 42 days of the date of delivery, excluding readmission with a LOS < 1 day
750	Number of Term (37+ weeks) babies admitted to Neonatal Care, treated at DH or PRUH. Admitted from DH, PRUH or Home.
755	Percentage of emergency readmissions within 30 days excluding Renal Dialysis, Well Babies and Regular Day Attenders only
759	This is the percentage of assurance audits that have not reached the target and shown as red in the KPI status column. The audits included in this metric are those in the Assurance Audits, Care of IV Lines, Antibiotic Stewardship, Staffing measures and Environment sections (25 audits in total).
780	Number of hospital acquired pressure ulcers (Grade 3 or Grade 4) per 1000 bed days
815	Number of ward transfers between 10pm and 6am for patients aged over 75
816	Number of ward transfers where patient is recorded as having a positive dementia screening
818	Number of cardiac arrest calls per 1000 bed days
831	The relative risk of 30 day emergency readmissions (ie: the ratio (multiplied by 100) of observed number of emergency readmissions to the expected number of 30 day readmissions). This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
839	Number of on-time day cancellations due to the following reasons:
846	No ward bed available. No critical care/HDU bed available. Overrunning operation list. Emergency took priority. Complications in previous case. Previous list/case overrun. More urgent case. Unable to staff.
862	Percentage of Deteriorating Patient Incidents resulting in moderate harm, major harm or death per 1000 bed days
863	Percentage of TOPS patients offered HIV testing
864	Percentage uptake of HIV testing for TOPS patients
864	Percentage of TOPS patients receiving a full contraceptive consultation
865	Percentage of TOPS patients leaving on LARC or oral contraceptive pill
868	The percentage of theatre cases which had completed surgical safety checklist sign in, time out and sign out
879	Number of episodes of Klebsiella spp bacteraemias post 48 hours hospital admission
880	Number of episodes of Pseudomonas aeruginosa bacteraemias post 48 hours hospital admission
881	Carbapenemase producing organism (Confirmed CPE/CPO) - hospital and community acquired episodes
882	Number of cases of Norovirus post 48 hours hospital admission
883	Other viral infections post 48 hours hospital admission (excluding Norovirus)
891	Falls resulting in moderate harm
892	Falls resulting in death
893	Falls resulting in major harm
918	The percentage of Electronic Discharge Summaries (eDNs) sent by post or electronically
919	The percentage of Electronic Discharge Summaries (eDNs) sent by post or electronically that are sent within 24 hours
957	The number of Alerts not responded to by services within 25 working days
958	The number of alerts received each month based upon the date received from CCG



Best Quality of Care - Access

Directorate: Trust (1000)

King's College Hospital NHS Foundation Trust

Report Executed:

03/01/2018 09:18:57

Item Definition	
364	The percentage of patients on an incomplete pathway waiting 18 weeks or more at the end of the month position. DOH submitted figures.
365	The percentage of patients on an incomplete pathway, on an admitted waiting list, waiting 18 weeks or more at the end of the month position. DOH submitted figures.
366	The percentage of patients on an incomplete pathway, on an non-admitted waiting list, waiting 18 weeks or more at the end of the month position. DOH submitted figures.
377	Number of Intra Trust Cons to Cons Referrals
399	The number of patients discharged at the weekend expressed as a percentage of all patients discharged, excluding renal dialysis patients, patients discharged to other hospitals and zero LOS spells, based on discharging ward.
401	Total number of Elective spells completed in the month (includes Inpatient and Daycase) -attributed to the specialty of the episode with the dominant HRG.
403	Total number of Non-elective spells completed in the month (includes Inpatient and Daycase) -attributed to the specialty of the episode with the dominant HRG.
404	The number of patients discharged before 1pm expressed as a percentage of all patients discharged during the week, excluding renal dialysis patients, patients discharged to other hospitals and zero LOS spells, based on discharging ward.
407	DTAs reaching bed within 60 minutes as a proportion of all ED admissions
408	The number of re-attendances against the total number of attendances as a percentage
409	The proportion of patient who left before being seen against total attendances as a percentage
412	The percentage of pathways achieving a maximum two week wait from an urgent GP referral for suspected cancer to DATE FIRST SEEN by a specialist for all suspected cancers
413	The percentage of pathways achieving a maximum two week wait from referral for breast symptoms (where cancer is not initially suspected) to DATE FIRST SEEN.
414	The percentage of pathways achieving a maximum one month (31-day) wait from diagnosis (CANCER TREATMENT PERIOD START DATE) to First Definitive Treatment for all cancers
415	The percentage of pathways achieving a maximum 31-day wait for all subsequent treatments for new cases of primary and recurrent cancer where an Anti-Cancer Drug Regimen is the chosen CANCER TREATMENT MODALITY
416	The percentage of pathways achieving a maximum 31-day wait for all subsequent treatments for new cases of primary and recurrent cancer where Other treatment is the chosen CANCER TREATMENT MODALITY
417	The percentage of pathways achieving a maximum 31-day wait for all subsequent treatments for new cases of primary and recurrent cancer where Surgery is the chosen CANCER TREATMENT MODALITY
418	The percentage of pathways achieving a maximum 62-day wait from a CONSULTANT'S decision to upgrade the urgency of a PATIENT they suspect to have cancer to First Definitive Treatment for all cancers
419	The percentage of pathways achieving a maximum two month (62-day) wait from urgent GP referral for suspected cancer to First Definitive Treatment for all cancers
420	The percentage of pathways achieving a maximum 62-day wait from referral from a cancer Screening Programme to First Definitive Treatment for all cancers
424	Total excess bed days for elective inpatients, with contract monitoring exclusions applied
425	Total excess bed days for non-elective inpatients, with contract monitoring exclusions applied
430	Total number follow up outpatient attendances completed in the month - attributed to the specialty of the episode with the dominant HRG.

431	Total number new outpatient attendances completed in the month – attributed to the specialty of the episode with the dominant HRG.
458	Percentage of all patients who are admitted, transferred or discharged within 4 hours of arrival at A&E Type 1: Major A&E Departments
459	Percentage of all patients who are admitted, transferred or discharged within 4 hours of arrival at A&E: all A&E types
461	Total number of A&E attendances in the month
464	Percentage of outpatient attendances with a primary procedure code recorded
482	Number of patients on the waiting list whose admit by date is missing or has passed.
536	% of patients waiting greater than 6 weeks for a diagnostic test
623	The number of occupied bed/day delays after 2 days from the repatriation delay being initially recorded on EPR to the date of discharge/transfer to the referring hospital.
632	Number Patients waiting over 52 weeks (RTT). DOH submitted figures
634	Number of uncompleted RTT appointments
747	The percentage occupancy or inpatient beds based on the midnight census
762	The number of times the LAS Arrival to Patient Handover Time is >15 mins but <=30 mins during any calendar month
763	The number of times the LAS Arrival to Patient Handover Time is >30 mins but <=60 mins during any calendar month
800	Delayed transfer or care days (when a patient is ready to depart from care and is still occupying a bed) within the month for all patients delayed throughout the month. Shown as a percentage of first FCEs.
860	Percentage of FCEs and appointments with a valid ethnicity code (monthly value)
917	The number of inpatient admissions to the Trust with an emergency admission method code



Excellent Teaching & Research

Directorate: Trust (1000)

King's College Hospital NHS Foundation Trust

Report Executed: 21/12/2017 10:31:53

Item Definition	
888	Number of commercial clinical trials contracts recruiting patients in the relevant period
937	Studies that are funded by the NIHR, other areas of central Government and NIHR non-commercial Partners. UK total sample size < 10,000
938	Studies that are funded by the NIHR, other areas of central Government and NIHR non-commercial Partners. UK total sample size < 5,000
939	Studies that are funded by the NIHR, other areas of central Government and NIHR non-commercial Partners. UK total sample size >= 10,000
941	Number of NIHR grants currently being supported by R&I for submission to relevant funding streams
942	An allocation based on LCRN recruitment activity and an allocation based on the number of non-commercial studies for which an LCRN was the Lead LCRN. Contingency Funding is available through a competitive bidding process
943	All research related incidents on Datix by incident date
944	All incidents classed as serious breaches reported on Datix
945	All research related incidents which are open on Datix
946	Actual number of participants recruited into NIHR portfolio in the relevant period
977	Recruitment that has been adjusted for study complexity into complexity bands and ratios/weightings which dictates the NIHR CRN funding model
978	Actual number of participants recruited into commercial studies
979	All research related serious breach investigations which are still open on Datix



Skilled, Motivated, Can Do Teams

Directorate: Trust (1000)

King's College Hospital NHS Foundation Trust

Report Executed: 03/01/2018 18:11:58

Item Definition	
705	Quarterly data
706	How likely are you to recommend this organisation to friends and family as a place to work
707	Quarterly Data
707	The number of Greatix recorded in the month; sourced from DATIX
708	Greatix is a positive reporting tool for capturing the excellence displayed by colleagues.
708	The number of alerts reported to the General Medical Council
715	Percentage of staff that have been appraised within the last 12 months (medical & non-medical combined).
721	Percentage of compliant with Statutory & Mandatory training.
729	FTE Funded established positions as recorded on ESR
730	Staff in post FTE at the end of the month (excludes Bank & Honorary Staff)
732	The percentage of vacant posts compared to planned full establishment recorded on ESR
741	A red shift occurs when fewer Registered Nurses than planned are in place, or when the number of staff planned is correct but the patients are more acutely sick or dependent than usual requiring a higher staffing level (NICE 2015).
743	The number of FTE calendar days lost during the month to sickness absence compare to the number of staff available FTE in the same period.
869	**Data not currently available at this granularity**
872	Individuals that have left the Trust during the month. It does not include internal leavers, i.e. those moving to different departments - ESR
873	Individuals that have started working for the Trust during the month. It does not include internal transfers i.e. those moving in from other departments
874	Difference between the establishment recorded on ESR and vacant posts.
875	The total number of voluntary leavers in a 12 month period as a percentage of the average headcount or staff in post in the same 12 month period.
875	Note: Voluntary turnover is determined by the reason of leaving recorded on ESR. Voluntary turnover excludes 'Death in service', 'Dismissal', 'End of fixed-term contract and 'Redundancy' (Compulsory)
876	**Data not currently available at this granularity**
877	Staff employed at the end of the month (excludes Bank & Honorary Staff)



Top Productivity

Directorate: Trust (1000)

King's College Hospital NHS Foundation Trust

Report Executed: 21/12/2017 10:37:03

Item Definition	
345	Number of DNAs / Number of DNAs and attendances
350	Percentage of appointments with an outcome of "9 - Unspecified" recorded

352	Number of Outpatients waiting more than 12 weeks from referral to new outpatient appointment
354	The number of outpatient appointments cancelled with less than 6 weeks notice
355	Attended appointments where outcome of attendance = "1 - Discharged", as a percentage of all attended appointments
356	Total number of appointments cancelled by the hospital
367	Percentage of Day Surgery Unit sessions that started within 10 minutes of the scheduled start time
368	Percentage of Day Surgery Unit sessions that started within 10 minutes of scheduled start time
369	Average turnaround time (patient out to anaesthetic start) in Main Theatres. (turnaround time/turnaround count).
370	Average turnaround time (patient out to anaesthetic start) in Day Surgery. (turnaround time/turnaround count).
371	Percentage of Main Theatres sessions that finished 45 mins or more before the scheduled end time, where no cancellations occurred. Actual session finish is when the last patient on the list goes into recovery.
372	Percentage of Day Surgery sessions that finished 45 mins or more before the scheduled end time, where no cancellations occurred. Actual session finish is when the last patient on the list goes into recovery.
373	King's Utilisation: (session actual start time [anaesthetic start] to session actual end time) - (overrun minutes + early start minutes) for Day Surgery
374	King's Utilisation: (session actual start time [anaesthetic start] to session actual end time) - (overrun minutes + early start minutes) for Main Theatres
375	Average number of cases held per four-hour "block"
376	Number of consultant referrals received (all referral sources). Only consultant & dental consultant included.
396	Total number of cases done in Day Surgery, excluding cancelled cases.
397	Total number of cases done in Main Theatres, excluding cancelled cases
405	Number of attended new appointments where the referral is to a consultant (based on RTT reporting logic)
406	Ratio of new to follow up attended face-to-face appointments
426	Total bed days for elective spells / Number of Spells. Attributed to the dominant episode. Excluding CDU zero stay Spells. Specialties excluded are well babies, rehabilitation and A&E.
428	Total bed days for non - elective inpatient spells / Number of inpatient Spells. Attributed to the dominant episode. Excluding CDU zero stay Spells. Specialties excluded are well babies, rehabilitation and A&E.
429	Number of emergency admission patients with a zero length of stay spell
438	The number of patients discharged between 7am and 11am expressed as a percentage of all patients discharged during the week, excluding obstetrics, renal dialysis patients, patients discharged to other hospitals and zero LOS spells.
441	The number of occupied beddays (based on midnight census) where a Liver, Surgery or TEAM care group specialty has occupied a bed within its division's designated bed pool.
521	Sum of used session minutes (excluding overruns and early starts) / planned session minutes
537	Number of elective UTAS (Urology, Gynaecology & planned)
630	Surgical hours as a percentage of used session hours where surgical hours is the sum of hours from procedure start to end (cut to close) and is the total hours from first patients anaesthetics start to last patient into recovery.
790	Number of patients discharged from hospital where the final ward in their spell was an Acute Medical Unit one (AZ and RDL at Denmark Hill, and EAUP and MW9P at PRUH)
791	The number of patients discharged between 7am and 11am from Acute Medical Unit wards (AZ, RDL, EAUP and MW9P) expressed as a percentage of all patients discharged during the week, excluding obstetrics, renal dialysis patients, patients discharged to other hospitals and zero LOS spells.
792	Median length of stay on Acute Medical Unit wards (AZ and RDL at Denmark Hill, and EAUP and MW9P at PRUH). This includes all stays on these wards, regardless of whereabouts in the spell they occurred.
793	Number of stays greater than 72 hours on Acute Medical Unit wards (AZ and RDL at Denmark Hill, and EAUP and MW9P at PRUH). This includes all stays >72hrs, regardless of whereabouts in the spell they occurred.
801	Number of day cases divided by number of elective spells



Firm Foundations - Finance

Directorate: Trust (1000)

King's College Hospital NHS Foundation Trust

Report Executed:

21/12/2017 10:38:56

Item Definition	
548	Non Pay actual for Drugs
552	Non Pay budget for Drugs
553	Total surplus(+ve) or deficit(-ve) generated by Drugs
554	Non Pay actual for Clinical Supplies & Services
555	Non Pay budget for Clinical Supplies & Services
556	Total non-pay surplus(+ve) or deficit(-ve) generated by Clinical Supplies & Services
576	Non Pay actual for Services from NHS Bodies
577	Non Pay budget for Services from NHS Bodies
578	Total surplus(+ve) or deficit(-ve) generated by Services from NHS Bodies
581	Total surplus(+ve) or deficit(-ve) generated by Education, Training & Research
582	Income for Education, Training & Research
583	Budget for Education, Training & Research
584	Total surplus(+ve) or deficit(-ve) generated by Other Operating Income
585	Income for Other Operating Income
586	Budget for Other Operating Income
589	Total surplus(+ve) or deficit(-ve) generated by Admin & Managerial Staff
590	Pay actual for Admin & Managerial Staff
591	Pay budget for Admin & Managerial Staff
592	Total surplus(+ve) or deficit(-ve) generated by Admin & Managerial Staff - Agency Staff
593	Pay actual for Admin & Managerial Staff - Agency Staff
594	Pay budget for Admin & Managerial Staff - Agency Staff
597	Pay actual for Medical Staff - Agency Staff
598	Pay budget for Medical Staff
599	Total surplus(+ve) or deficit(-ve) generated by Medical Staff
600	Pay actual for Medical Staff - Agency Staff
601	Pay budget for Medical Staff - Agency Staff
602	Total surplus(+ve) or deficit(-ve) generated by Medical Staff - Agency Staff
603	Total surplus(+ve) or deficit(-ve) generated by Nursing Staff - Agency Staff
604	Pay actual for Nursing Staff
605	Pay budget for Nursing Staff
606	Total surplus(+ve) or deficit(-ve) generated by Nursing Staff
607	Pay actual for Nursing Staff - Agency Staff
608	Pay budget for Nursing Staff - Agency Staff
1048	Total non-pay surplus(+ve) or deficit(-ve) generated by miscellaneous nonpay financing.
1049	Actual for depreciation.
1050	Budget for depreciation.
1051	Actual for Other Substantive Staff
1052	Total surplus(+ve) or deficit(-ve) generated by depreciation.
1053	Budget for Other Substantive Staff
1054	Actual for Medical Bank
1055	Actual for impairment.
1056	Budget for impairment.

1057	Total surplus(+ve) or deficit(-ve) generated by Other Substantive Staff
1058	Actual Miscellaneous Pay for medical staff
1059	Total surplus(+ve) or deficit(-ve) generated by impairment.
1060	Total surplus(+ve) or deficit(-ve) generated by Miscellaneous Pay - Other staff
1061	Actual Miscellaneous Pay for nursing staff
1062	Actual for Miscellaneous Pay - Other staff
1063	Actual for miscellaneous nonpay financing.
1064	Budget for Miscellaneous Pay - Other staff
1065	Budget for miscellaneous nonpay financing.
1066	Actual for nursing bank
1067	Actual for Unallocated CIP - Pay
1068	Actual for consultancy.
1069	Budget for Unallocated CIP - Pay
1070	Budget for consultancy.
1071	Total surplus(+ve) or deficit(-ve) generated by Unallocated CIP - Pay
1072	Total surplus(+ve) or deficit(-ve) generated by consultancy.
1073	Actual for Other Agency staff
1074	Actual for non-clinical supplies.
1075	Actual for Miscellaneous Pay - Unallocated CIP
1076	Budget for non-clinical supplies.
1077	Budget for Budget - Miscellaneous Pay - Unallocated CIP
1078	Budget for medical bank
1079	Total surplus(+ve) or deficit(-ve) generated by non-clinical supplies.
1080	Total surplus(+ve) or deficit(-ve) generated by Miscellaneous Pay - Unallocated CIP
1081	Actual for SLR Recharges
1082	Budget for Miscellaneous Pay for medical staff
1083	Actual for other non-pay.
1084	Budget for other non-pay.
1085	Budget for Miscellaneous Pay for nursing staff
1086	Budget for SLR Recharges
1087	Total surplus(+ve) or deficit(-ve) generated by other non-pay.
1088	Budget for nursing bank
1089	Total surplus(+ve) or deficit(-ve) generated by SLR Recharges - Fixed
1090	Actual for SLR Recharges - Fixed
1091	Budget for SLR Recharges - Fixed
1092	Budget for Other Agency staff
1093	Total surplus(+ve) or deficit(-ve) generated by SLR Recharges - Variable
1094	Actual for SLR Recharges - Variable
1095	Variance for medical bank
1096	Budget for SLR Recharges - Variable
1097	Actual for Fines and Penalties
1098	Total surplus(+ve) or deficit(-ve) generated by Variance - Miscellaneous SLR Recharges
1099	Variance for miscellaneous pay for medical staff
1100	Actual for Miscellaneous SLR Recharges
1101	Budget for Miscellaneous SLR Recharges
1102	Variance for miscellaneous pay for nursing staff
1103	Budget for Fines and Penalties
1104	Variance for nursing bank
1105	Total surplus(+ve) or deficit(-ve) generated by Fines and Penalties
1106	Variance for Other Agency staff
1107	Actual for NHS Clinical Contract Income
1108	Budget for NHS Clinical Contract Income
1109	Total surplus(+ve) or deficit(-ve) generated by NHS Clinical Contract Income
1110	Actual for Other NHS Clinical Income
1111	Budget for Other NHS Clinical Income
1112	Total surplus(+ve) or deficit(-ve) generated by Other NHS Clinical Income
1113	Actual for Overseas Visitor Income
1114	Budget for Overseas Visitor Income
1115	Total surplus(+ve) or deficit(-ve) generated by Overseas Visitor Income
1116	Actual for Pass Through Devices - Income
1117	Budget for Pass Through Devices - Income
1118	Total surplus(+ve) or deficit(-ve) generated by Pass Through Devices
1119	Actual for Pass Through Drugs - Income
1120	Budget for Pass Through Drugs - Income
1121	Total surplus(+ve) or deficit(-ve) generated by Pass Through Drugs
1122	Actual for Private Patient Income
1123	Budget for Private Patient Income
1124	Total surplus(+ve) or deficit(-ve) generated by Private Patient Income
1125	Actual for R&I Income
1127	Total surplus(+ve) or deficit(-ve) generated by R&I income
1128	Actual - RTA Income
1129	Budget for RTA Income
1130	Total surplus(+ve) or deficit(-ve) generated by RTA
1131	Actual for Miscellaneous Income
1132	Budget for miscellaneous income
1133	Total surplus(+ve) or deficit(-ve) generated by miscellaneous income
1134	Actual for Interest payable
1135	Budget for interest payable
1136	Total surplus(+ve) or deficit(-ve) generated by Interest payable
1137	Actual for interest receivable
1138	Budget for Interest receivable
1139	Total surplus(+ve) or deficit(-ve) generated by interest receivable
1140	Actual for Profit/Loss on Disposal of Fixed Assets
1141	Budget for Profit/Loss on Disposal of Fixed Assets
1142	Total surplus(+ve) or deficit(-ve) generated by Fixed Assets

1143	Actual for Public Dividend Capital
1144	
1145	Total surplus(+ve) or deficit(-ve) generated by Public Dividend Capital
1164	Actual for SLR Recharges
1165	Actual for Miscellaneous Pay - Admin & Clerical
1166	Budget for Miscellaneous Pay - Admin & Clerical
1167	Total non-pay surplus(+ve) or deficit(-ve) generated by Miscellaneous Pay - Admin & Clerical
1171	Total surplus(+ve) or deficit(-ve) generated by Other Bank Staff
1172	Actual for Other Bank Staff
1173	Budget for Other Bank Staff



Report To:	Board of Directors
Date of Meeting:	6th February 2019
Presented By:	Peter Herring, Interim Chief Executive
Subject:	Chief Executive's Report to the Board

1. Introduction

The Trust remains committed to providing high quality and safe care to our patients. Work continues to address challenges with our performance and our financial stability. We continue to work to stabilise our finances and provide excellent and safe care. Work remains ongoing to improve performance across the Trust's emergency pathway. Improving and sustaining performance to deliver our constitutional target is supported by clinical and operational staff across the Trust.

2. Best Quality Of Care – Safety, Effectiveness and Experience

December 2018 data

Outcomes

Summary Hospital-Level Mortality Indicator (SHMI) for Sep 2017 to Aug 2018 is 96.37 which is below the expected national range – this is a good indicator of the quality care provided at Kings.

Standardised Readmissions Ratio (SRR) for September 2017 to August 2018 is 91.4 which is below the expected national range – this is a good indicator of the quality care provided at Kings.

The National Bowel Cancer Audit (NBOCA) published its 2018 annual report in December 2018 with some positive results:

- Adjusted 2-year mortality is below national average on both sites: DH 12.8%, PRUH 13.7%, national average 18.9%. Last year we were identified as an outlier so this has improved as following investigation we identified data issues affecting the risk adjustment model which are now resolved.
- DH and PRUH are also below national average for 90-day mortality rate and 18-month stoma rate.

Patient Safety

The overall trust reporting of no harm /near miss incidents for December is 82% which is above the national average of 73%. This is an indicator of a good reporting culture for the organisation.

There were 19 serious incidents reported in December all of which will have a robust investigation. The patient and or their next of kin will be informed of the findings and given the opportunity to discuss the event as part of the duty of candour process.

Capping off of the air outlets (except in specialist areas) well underway across the trust following the never events where air used in error instead of oxygen ports.

4.0 Falls per 1000 bed days remains low compared to national (around 6.3 per 100 bed days but the most recent national figure is 2015)

3. Skilled, Motivated, “Can Do” Teams**Advanced Leadership Programme**

We will be launching our new Advanced Leadership Programme for senior leaders in King's during March. The programme will be delivered over a 9 month period and is intended to:

- Expand our senior leaders' strategic skill set.
- Enable our senior leaders to lead Trust wide in a corporate and collaborative way – 'King's Approach'.
- Equip senior leaders with the appropriate strategic leadership and change management tools to drive organizational performance
- Build our senior leaders' capacity to cope with the rigour of managing and leading in the NHS

Over the next quarter we will be developing the launch plan with cohort one starting before the end of the financial year.

Health and Wellbeing

The Occupational Health and Wellbeing Team held the first of our Healthier Kings wellbeing days at the PRUH on the 3rd January. As well as being able to have a mini health MOT with the OH and dietetic team who also provided information on workstation use, healthy backs, and healthy eating, visitors were able to get advice on mental wellbeing, from our SLAM colleagues and learn about the Employee Assistance Programme. There were also information stands from local gyms, and the Parkrun team.

4. Research and Innovation

The R&I Strategy has been presented to the Trust Board and the Governors Strategy Committee. The Trust remains in a strong position regarding recruitment of patients to research studies with a total of 14,580 patients recruited since April 1st 2018. The areas with the highest recruitment are Fetal medicine and HIV research.

The first research Quality Assurance Manager is now in place. Roxy Ribeiro started in post on 28th January. She will link closely with the Trust Patient Safety and Risk Management Team.

Rahman Ahmed has been appointed as the Trust R&I Manager and Dr Mark McPhail has been appointed as the new R&I Lead for Liver research.

The Trust will undergo a 2 day scheduled regulatory inspection (MHRA) of the KCH Research Labs on 31st January and 1st February 2019.

5. Compelling Communications

Social Media in 2018

In 2018, the Trust's social media statistics were Facebook - 5.8 million (Reach validated by source); Twitter – 2.2 million (Impressions validated by source); Instagram - 146, 046 (Unvalidated reach per post and potentially higher). Among the most successful campaigns were NHS70, International Nurses Day and nursing recruitment, Volunteers Week and Christmas At King's.

Press & Media Relations

In December King's participated in a Guardian Podcast – “Can the NHS be saved?” - regarding the NHS Long-Term Plan featuring interviews with Dr Emer Sutherland (Consultant in Emergency Medicine); Dr Prash Vas (Consultant in Diabetes), Dr Catherine Bryant (Consultant Geriatrician), Emma Ouldred (Dementia and Delirium Nurse Specialist) and Lesley Roberts (Clinical Site Manager).

At the end of the year, the media continued to cover the impact of knife crime in the capital and King's was featured in print and broadcast. The Sunday Times published a feature-length article, “Stabbings in London” by Christina Lamb. Dr Emer Sutherland, Consultant in Emergency Medicine, was interviewed about the volume and nature of the injuries she and her team see in the Emergency Department, and the Trust's partnership with youth charity, Redthread. Mr Malcolm Bew was interviewed for the Evening Standard (“Trauma surgeon tells of surge in knife and gun attacks”) and BBC Radio 5 live.

The Evening Standard published a story about a young patient who was cared for at King's after he developed a life-threatening brain condition. In the story – “Boy whose skull was cut into four ...” - the patient's mother praised the care her son received at King's.

Additionally, the Southward News quoted Neonatal Consultant, Dr Ann Hickey in an article regarding local Dulwich support for premature babies (“Dulwich knitters keeping premature babies warm this Christmas”) and a visit from Crystal Palace FC to both the PRUH and King's College Hospital was covered in local media.

In January 2019, The Sun newspaper published a wholly-erroneous story regarding the mortuary services at the Princess Royal University Hospital. The Trust has challenged the story and has referred the matter to the regulator, IPSO. For noting, Communications has continued to work with The Sun and facilitated an interview with a patient who had suffered serious injuries while base jumping (“Base jumper reveals how he cheated death ... January 11 2019).

Mr Duncan Bew, Trauma Surgeon, featured in coverage on knife violence. For BBC One he was interviewed for “London Knife Wars” as well as being interviewed and providing an op ed for the Daily Express, Knife crime death toll would top 400 but for NHS heroes

Daily Mail journalist, Tessa Dunlop wrote an article regarding her experiences of pregnancy in her 40s. “Why no woman should wait until her 40s ...” which positively featured Dr Roger Smith, Consultant Obstetrician at the Trust.

Stakeholder Engagement

In December Helen Hayes MP met clinical colleagues and patients in the Children's Emergency Department to donate a Christmas tree. Additionally, the Mayor of Southwark, Councillor Catherine Rose visited the Variety Children's Hospital to present an award to a patient who had won a poster competition for World Antibiotics Week. The pharmacy and Paediatric teams had worked with Southwark CCG to launch the competition for young patients and the poster will displayed in local GP practices and libraries.

The Trust continues to work with partners regarding local transport initiatives including the Champion Hill 'No Entry' trial and improvements to Denmark Hill station. The latter included staff and patients communications regarding entry and exit to the station from December 2018.

Internal Communications & Engagement

IC and Engagement continued to support both the Flu and CQC preparedness campaigns across the Trust in December 2018 and January 2019. Additionally, two new campaigns were launched - an ICT Security Campaign as well as a campaign for King's Able, the Trust's new disability network to raise awareness for the network as well as a launch event in February 2019.

The December issue of The Pulse@King's celebrated the King's Star Awards ceremony held the previous month but also included key news for staff including details of the EU Settlement Scheme. In January the edition covered service improvements such as the PRUH Discharge Lounge as well as the NHS Organ Donor Register and King's Commendations.

6. Top Productivity

ICT

The team have rolled out the following functionality over the last few months:

Inpatient discharge summaries to the Denmark Hill site – ensuring that the same inpatient discharge summary is live across both the Denmark Hill site as of the 6th November and the PRUH sites now with the Orpington site now live as of the 4th December. The PRUH and Orpington site has benefitted from increased functionality in eClerking / therapies, nursing clerking, NEWS2, digital fluid balance chart, SpO2 target capture. This has given the PRUH site much greater ability to standardize and audit clinical standards together with the opportunity to reduce the use of paper assessments. This functionality will be brought back to Denmark Hill over the next three months.

Improvement

Our Value Based Healthcare work continues. A major programme of work on Diabetes has been launched and will focus on

- Working with KHP to develop a model of care for Type 2 Diabetes patients that focuses on e-health solutions and supporting self-care management, and developing an outcomes based commissioning model for diabetes care.
- T1DE - The pilot T1DE service will unite mental health and diabetes experts in providing a multidisciplinary management plan with the aim of:
 - Reducing emergency admissions for diabetic ketoacidosis (DKA);
 - Meeting the mental health and physical health needs of patients;
 - Enabling the longer term benefit of stabilisation of blood glucose levels.
- Diabetic Foot Service - In order to provide a more consistent and collaborative approach and an enhanced pathway to diabetes foot care across SE London, NHSE granted temporary funding in 2017 to establish three new Multi-disciplinary Diabetes Foot Teams (MDFTs) in the boroughs that didn't have provision (Bexley, Bromley and Greenwich). These MDFTs are part of the wider SE London Hub & Spoke model. A delivery plan is required to sustain the diabetic foot service provision across KCH and PRUH.
- Bariatric/Metabolic Bariatric Surgery pathway – building on previous improvement work we will further streamline the pathway to reduce long waiting times and the number of pre-operative appointments.

We are one of the major European University hospitals working on the PiPPI project (Procuring for Innovation and Innovation in Procurement). The PiPPI team, who have received £2.7 million from the European Commission, have come together to:

- Identify common clinical needs that could be met by digital healthcare solutions
- To prepare cross-border Pre Commercial Procurements (PCP) for selected clinical needs
- To offer tailored assistance on procurement to other hospitals within and outside of this Community of Practice

Informatics

The Business Information Unit team launched the refreshed operational planning process in September, with much greater involvement from divisions and a more sophisticated analysis of our capacity and demand. This has ensured that we have a much more accurate way of planning future activity within the hospital and a bespoke operational planning tool that will help us to do this. Detailed discussions have been taking place with commissioners to negotiate the level of activity for next year – using our operational planning tool as the baseline.

The Information Governance team have refreshed 70 policies to ensure that they are GDPR compliant. This is a major compliance strand for the new Data Security Protection toolkit. The refreshed Data Protection policy will come to the Board in March with additional training for Board Members.

7. Patient Experience, Engagement and Volunteering

Patient Experience

Friends and Family Test (FFT):

- Inpatient FFT: 94% recommend from a response rate of 36%
- A&E FFT: 76% recommend from a response rate of 3%
- Maternity FFT: 94% recommend from a response rate of 37%
- Outpatients FFT: 84% recommend from a response rate of 7%

Complaints

Our compliance to managing complaints within timescale is improving again going from 83 overdue in November to 59 in January. Still work to do but the days overdue are also reducing.

Engagement:

- **Working with Healthwatch:** Quarterly meeting held with Healthwatch Lambeth and Southwark. Healthwatch Lambeth and some young people presented their Enter and View report and recommendations on young people's views of adult and paediatric ED and the KAOS service to staff.
- **Associate members:** *Southwark Carers* attended their first session on King's health and ageing unit to develop a new monthly carer's session for relatives/families of patients on our wards for older, frail patients. Work with the *Prince's Trust* will continue in 2019 to promote our referrals of 16-30 year olds to the Trust and to establish ourselves as the first hospital Achieve Club for 11-16 year olds to provide more tailored learning and development for children missing out school.
- **Variety Children's Hospital:** Completed the report on engagement with some 300 local primary school children on 'what makes a brilliant children's hospital'
- New survey in place for King's Adolescent Outreach Service team to evaluate the impact of young people's service for 16-19 year olds across inpatient wards

King's Volunteer Service

- In December 2018 King's had 477 active volunteers with 182 applications and 99 prospective volunteers in training. Volunteers contributed 2807 hours of support with 7162 patient interactions.
- Cumulative financial year total April – December 2018 25,803 hours / 78,883 patient interactions.
- King's volunteer service has now become a **Duke of Edinburgh (DofE)** approved activity provider, the second Trust in the country to do so. Our volunteering service will be advertised through the DofE website as a site for either Silver or Gold awards.
- **End of Life Companion** service was launched at the beginning of October. Volunteers support and provide companionship to patients who are actively dying. 7 volunteers trained with 10 Patients referred to date. Support ranges from: Befriending, reading the bible, sitting and talking, singing, listening to hymns, holding patients hand, reading, taken outside for air.

- **Home Hamper Service:** We have provided patients with 150 food parcels so far this financial year and 1000 food parcels since 2014
- **Hairdressing Service:** We have two volunteers who provide hairdressing services to patients and we have seen 92 patients since August 2018.

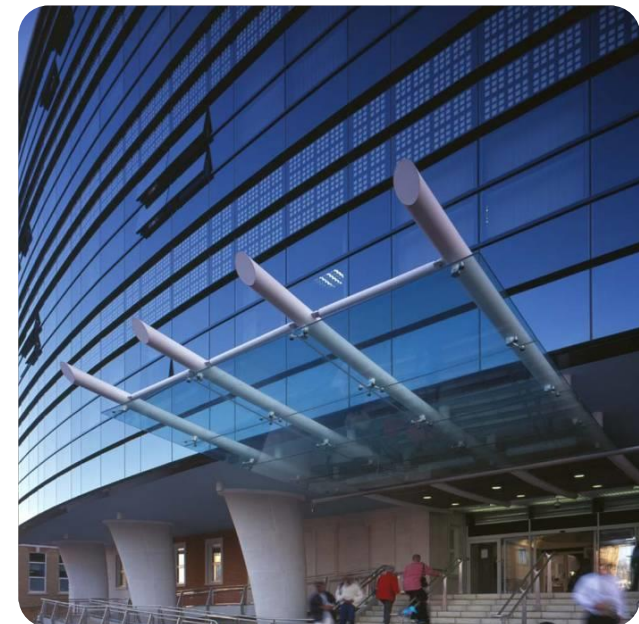
8. Other Governance Activity

- New Board Assurance framework in development aligned to new strategy
- Corporate risk register streamlined
- All 15 and above risks under review for descriptions, controls, scoring
- PALS service - data reporting being amended to improve quality of information to influence change
- New Patient Experience Review process agreed and commencing in March – focus by care group to review all experience data and identify 2 action points to work on for the year to improve experience (data will be from complaints, PALS, Friends and family Test results, inpatient questionnaire, Sit and See, Healthwatch and NHS Choices). This enables local change and ownership specific to the needs of their specialty service users.

Monthly Nurse Safer Staffing Report November and December 2018

Trust Board February 2019

Dr Shelley Dolan
Chief Nurse /Chief Operating Officer



KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

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Introduction

Following the investigation into Mid Staffordshire NHS Trust, the resultant Francis report, NHS England (NHSE) and NHS Improvement (NHSi) requested that all Trust Boards receive monthly reports on the levels of planned and actual nursing and care staff.

This report provides evidence to the Board on the Nursing and Midwifery and care staff levels across the Trust for **November and December 2018** and provides details of the actual hours of Nursing, Midwifery and Health Care Assistant (HCA) on day and night shifts versus planned staffing levels. Care Hours Per Patient Day (CHPPD) are also being collected as mandated by NHS England (2016) and are benchmarked with other London and Shelford Trusts when the data is available through the Model Hospital (NHSi).

This report includes data relating to nurse staffing levels, areas where safe staffing levels were not met and CHPPD, in addition information is provided regarding current recruitment initiatives that are supporting the reduction in the nursing and midwifery vacancy rate

Background

The international evidence demonstrates that the six critical issues for safe staffing and quality patient care and experience are the following:

1. Expert clinical leadership at Sister /Charge Nurse and Matron level
2. Appropriate skill mix for the acuity and dependency of the patient group
3. Appropriate establishment for the size / complexity of the unit
4. Ability to recruit the numbers required to fill the establishment
5. Good retention rates , ensuring staff are experienced in the clinical speciality and context / environment
6. Ability to flex at short notice to fill with temporary staff when there are unplanned vacancies / or to use staff from other areas.

The number of staff required per shift is calculated using an evidence based tool, dependent on the acuity level of the patients. This is further informed by professional judgement, taking into consideration issues such as ward size and layout, patient dependency, staff experience, incidence of harm and patient satisfaction and is in line with NICE guidance. This provides the optimum planned number of staff per shift.

For each of the 79 clinical inpatient areas in, the actual number of staff as a percentage of the planned number is recorded on a monthly basis.

The table below represents the high level summary of the planned and actual ward staffing levels reported for **December 2018**.

	%Fill Rates Day & Night				Care Hours Per Patient Day (CHPPD)		
	Average fill rate- RN/Midwives (%) Day	Average fill rate- RN/Midwives (%) Night	Average fill rate - Care staff (%) Day	Average fill rate - Care staff (%) Night	Reg. midwi ves/ nurses	Care Staff	Total CHPPD
DH	97%	99%	107%	118%	7.4	2.4	9.8
PRUH & South Sites	97%	98%	96%	101%	4.7	3.0	7.7

Some clinical areas were unable to achieve the planned staffing levels due to vacancies and sickness, staffing levels are however maintained through the relocation of staff, use of bank staff and where necessary agency staff.

Please note: CHPPD is a metric which reflects the number of hours of total nursing staff versus the number of in-patient admissions in a 24 hour period. This metric is widely used as a benchmarking tool across the NHS. Currently CHPPD is gathered through a Business Intelligence Unit application, requiring manual input from the wards twice a day. It is evident that CHPPD gathered in this way is unreliable, this is under review and plans are in place to start using e-roster to extract this information, which will increase accuracy.

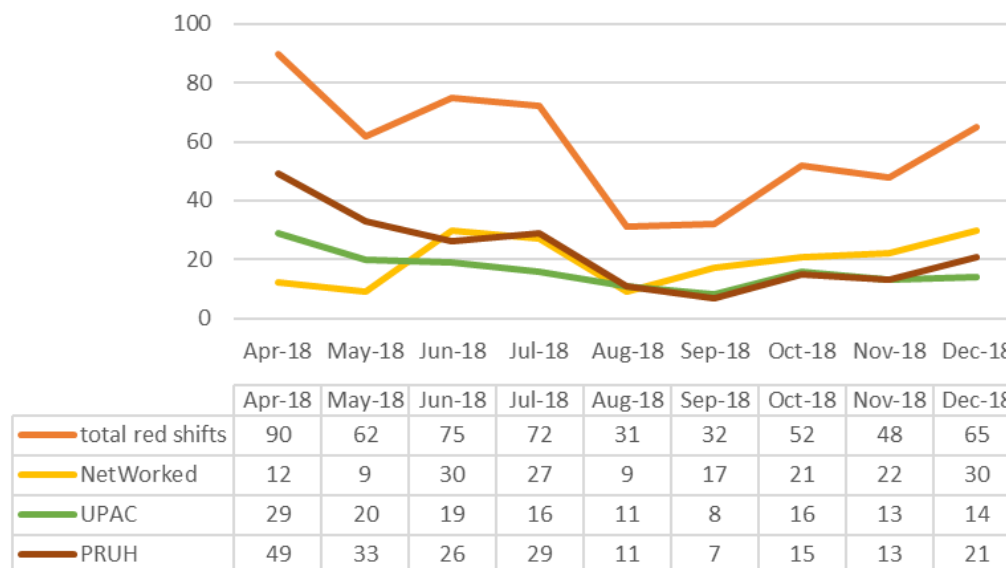
Red Shifts

A red shift occurs when there is a shortfall in the expected numbers of staff to manage the acuity and dependency of the patients of a ward / department. There is a daily trust wide red shift alert issued to senior nursing staff; this highlights the location of wards and departments with red shifts which in turn enables senior nursing staff to support these wards.

During December 2018 the total number of red shifts was 65 across the trust. 44 were recorded at the Denmark Hill Site and 21 at the Princess Royal University Hospital ; 60% of these red shifts occurred on day shifts.

The trend of red shifts will continue to be monitored on a monthly basis, utilising a newly developed heat map that will be reviewed at the monthly safer care forums. This information will be reviewed alongside harms and other safety metrics to ensure there is adequate oversight of any gaps in staffing that may impact negatively on care.

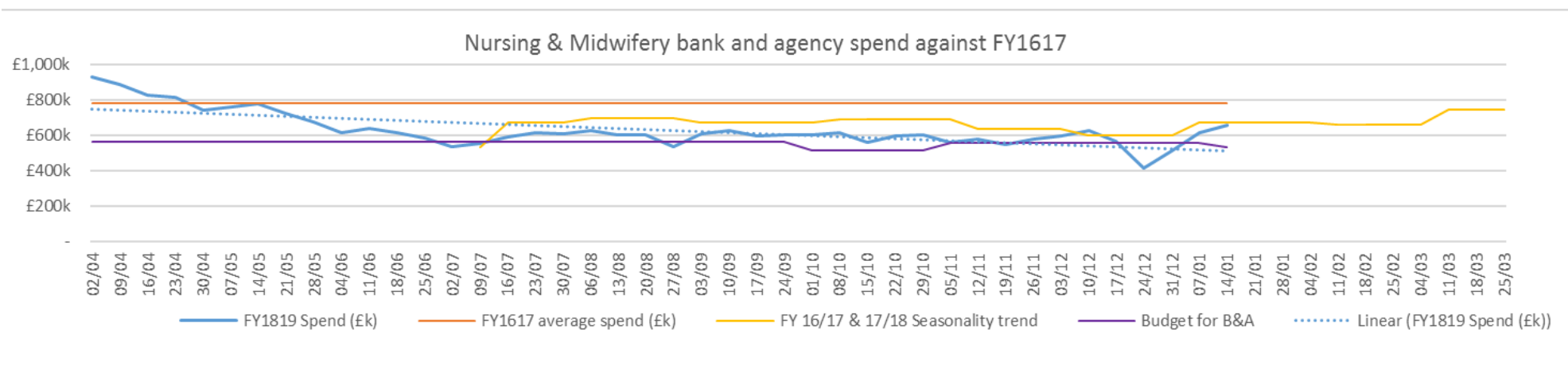
Red shifts by month April 2018 onwards



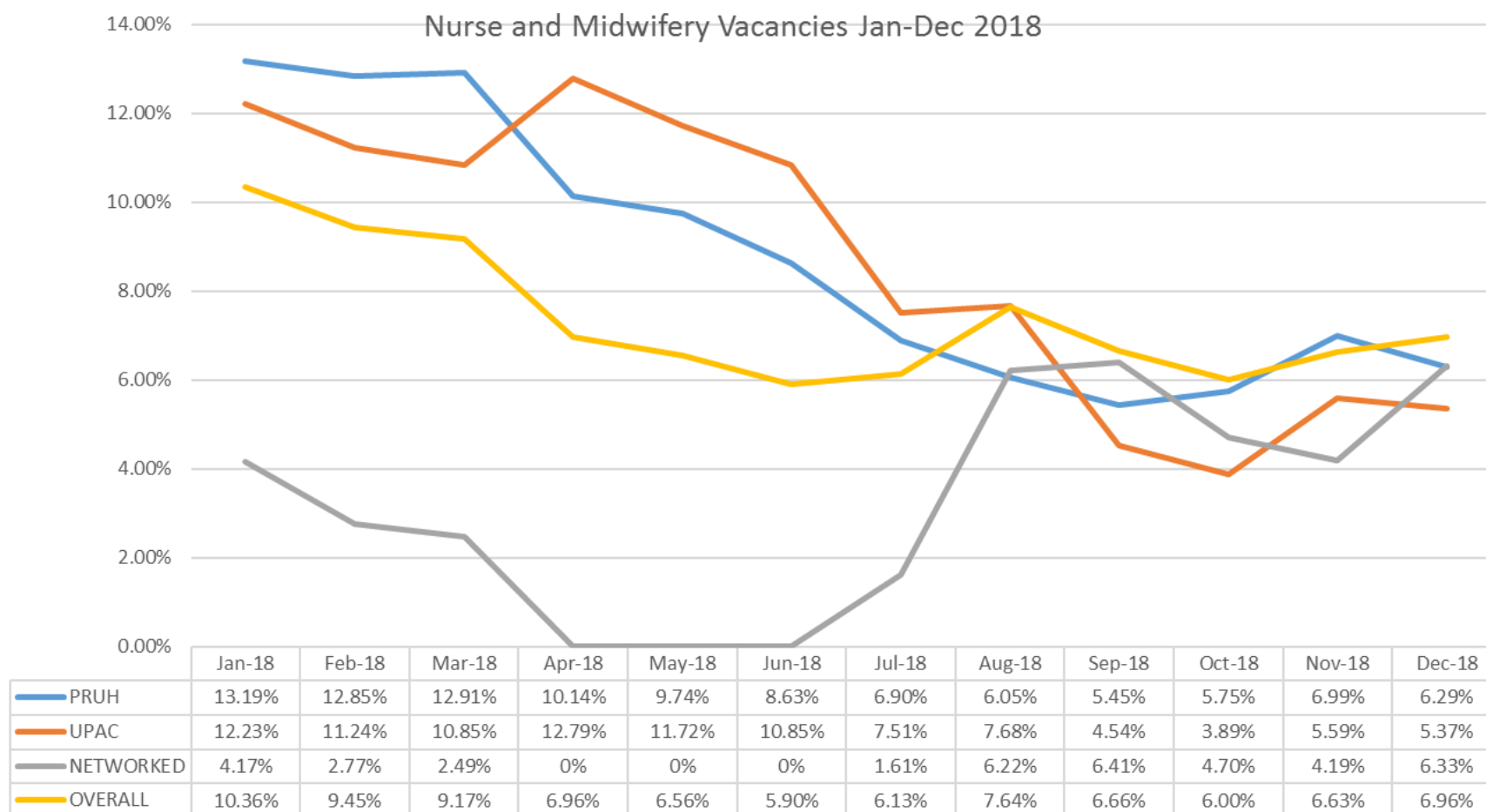
The following graph shows the bank and agency expenditure for FY18/19 spend against FY16/17

All divisional Directors of Nursing/Midwifery hold weekly bank and agency meetings, reviewing the temporary staffing usage, both retrospectively and prospectively. This process has had a positive impact to reduce the use of temporary staffing.

Bank and agency has increased in the last month. In the main this has been attributed to higher than average sickness levels of 4.1% across the trust. Additionally there has been opening of escalation beds due to winter pressures and enhanced care requiring 1:1 or 2:1 staffing.

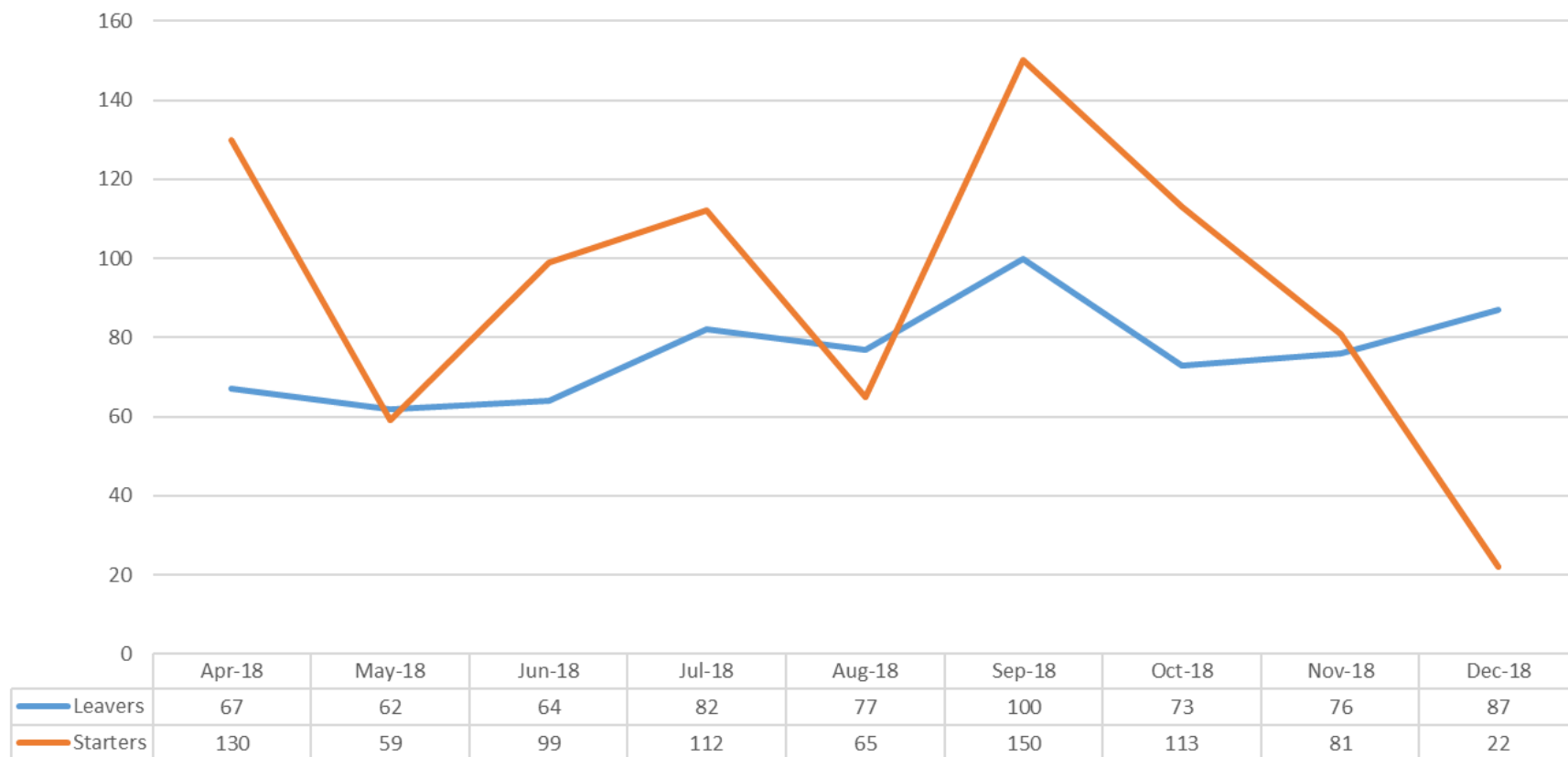


The graph below outlines the Trust vacancies for Nursing and Midwifery for the divisions and overall numbers (**registered staff only**). The overall current vacancy for December 2018 has increased slightly to 6.96%, this is expected to decrease in January 2019 when there is higher volume of new starters, including the deployment of 37 Internationally Educated Nurses.

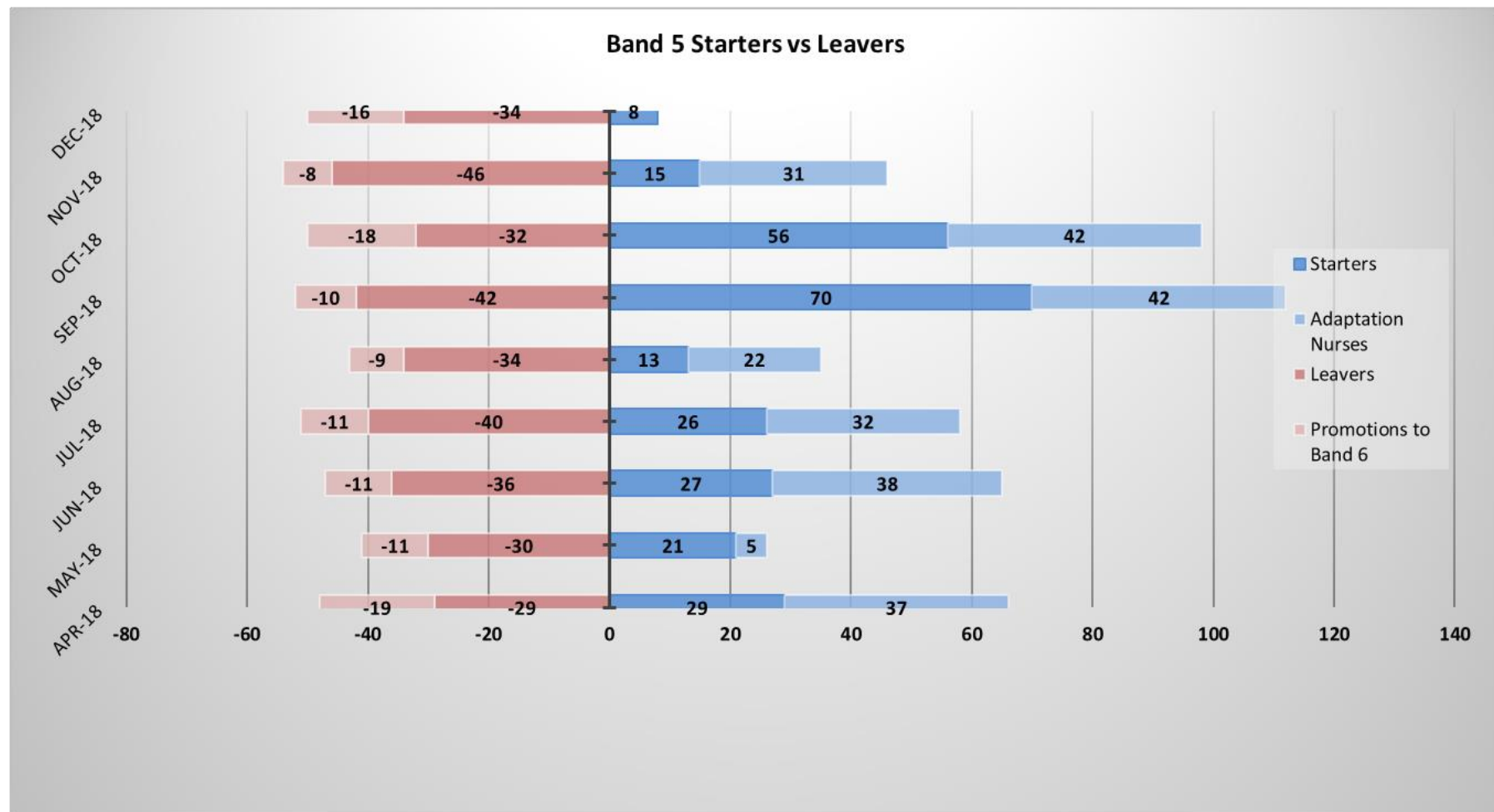


The graph below outlines the Trust starters and leavers for all Nursing and Midwifery registered and un-registered staff. A low intake of staff is expected in December 2018, with an expected higher intake of new starters in January 2019.

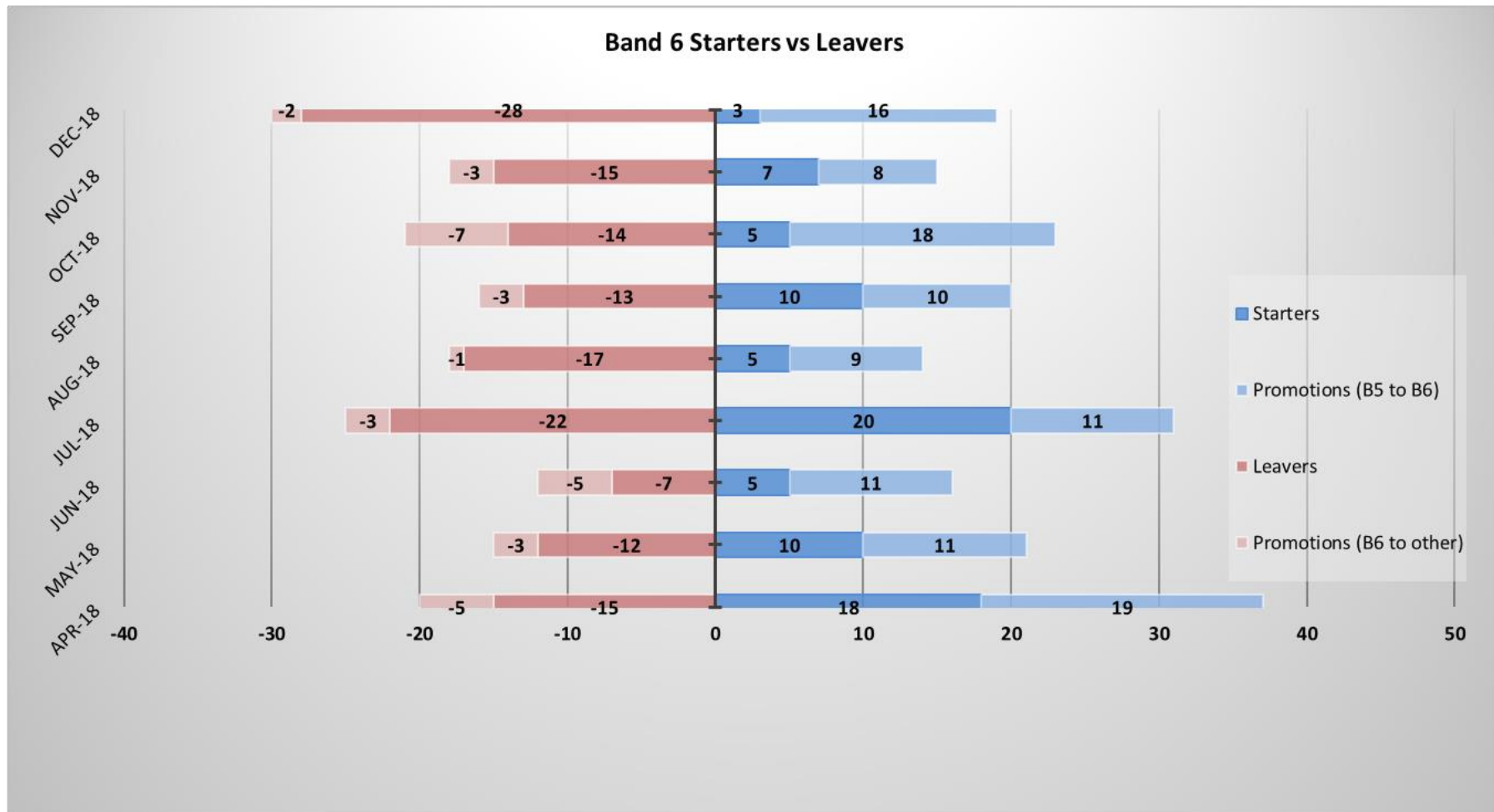
Registered Nursing and Midwifery Staff (registered and un-registered - Starters and Leavers from April 2018



The graph below shows the B5 starters versus leavers
Adaption Nurses are Internationally Educated Nurses starting on a Band 3. September 2018 and October 2018 have a greater proportion of starters as this a peak time for qualifying.



The graph below shows the B6 starters versus leavers, highlighting the internal promotion of B5 to B6. Although the Trust has seen a higher than average rate of leavers for December, there is a higher than average rate of promotions from B5 to B6.



‘Hotspot’ areas for nursing/midwifery staffing

The aggregate nursing and midwifery registered staff vacancy for December 2018 has increased slightly this month to 6.96%. This has fluctuated in the last three months, but there is an overall 0.68% decrease since August 2018.

The nursing hotspot areas are outlined below with higher vacancy rates, various successful recruitment campaigns have supported to decrease the vacancies, but some areas still remain with an above 10% vacancy rate. These vacancies are for all grades, with very few band 5 vacant posts.

DH: Acute and emergency care (11.20%), Theatres (11.47%), Children's (15.48%)

PRUH: Acute and Emergency Care (15.47%)

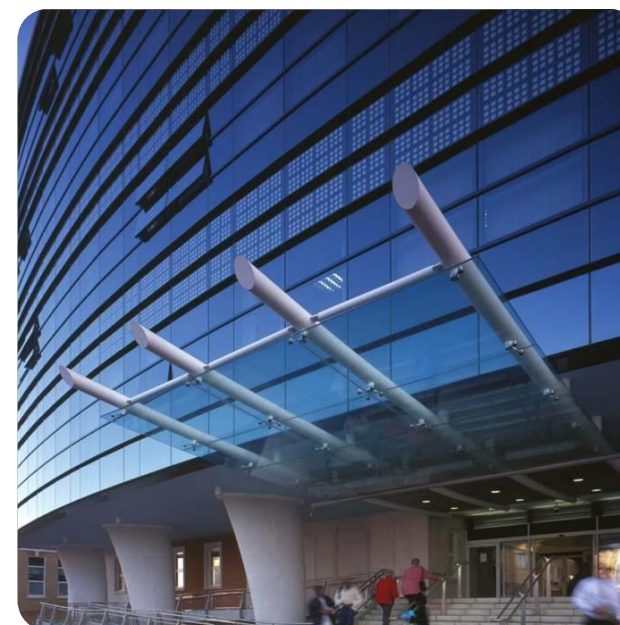
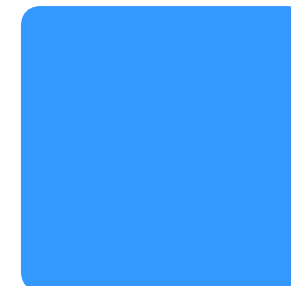
- Band 5 vacancies are at an all time low. Processes between the Executive Nursing team and HR are being reviewed to update the recruitment workforce plan for internationally educated nurses and newly qualified nurses.
- Monthly recruitment and retention meetings for all divisions are now in place.
- There will now be an increased focus on retention; with the senior nursing team working closely with HR colleagues on this initiative.
- All Heads of Nursing are attending monthly meetings to ensure that headroom is maintained at 19.5% and overall roster management is as robust as possible. This has facilitated review outside the Core Rosters, which will give greater accountability for Heads of Nursing to manage their rosters.
- Transfer scheme for Nurses and Midwives across the Trust, opened for the month of January, this was the first time to include B2 with B5. An update will be provided with next month's Board Paper.

The Board of Directors are asked to note the information contained in this briefing: the use of the red flag system to highlight concerns raised and the continued focus on recruitment, retention and innovation to support effective workforce utilisation.

Month 09 Finance Report

Trust Board

Wednesday 6th February



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M09 Financial Position – Key Headlines

Performance against plan/control total

The YTD deficit is £147.7m (excl STF) which is £31.3 m adverse to the Trust's plan. The Trust has reported an in month deficit of £25.9 m, £8.9m adverse to the in month plan.

Income

The overall income variance YTD at month 9 is £27.3m (adverse) excluding pass through drugs & devices £14.6m (adverse). This is due to a YTD adverse variance on clinical income of £26.6m. Other operating income is £15.5m (adverse) largely due to not being able to recognise the achievement of the STF £11.7m. The Clinical Income has been reduced by £7.3m YTD in respect to 'Counting & Coding' contractual rules for the following services: A&E, Stroke & Outpatient Procedures (Neurophysiology & Ophthalmology) – the Trust will be able to charge for this activity from April 2020, apart from A&E which will be billed from April 2019. No challenges have been accrued to date.

Pay

Pay is £6.1m better than plan, predominantly due to A&C and other staff underspends. However, Nursing pay increased on last month by £0.6m as a result of having to cover escalation, enhanced care and short term sickness in December.

Non Pay

Nonpay (excluding pass through drugs and non-allocated CIP) is £6.8m adverse to plan. Within this position there are overspends in Consultancy £5.5m and external services due to recognising potential pay award for external staff £3.8m.

CIP

The CIP programme has delivered benefits of £16.0m to date. This is £11.8m behind the YTD profiled plan that was submitted to NHSi. The programme is currently forecasting to deliver £22.3m by year end against an in implementation (green and conditional amber schemes) plan of £24.4m

Cash

The overall forecast revenue loan cash requirement £156.6m for the year reflects the forecast deficit position circa £125m plus the 17/18 funding deficit of £24.5m. Planned cash balances reflect the expectation that a minimum cash balance of £3m will be held although due to timing of receipts and payments this fluctuates in month. Total Revenue Funding drawn to December 18 is £91.9m.

Capital

The total capital plan for 18/19 is £70.6m. Internal funding of £27m has been identified in 18/19, including the 17/18 approved loan carried forward of £8.4m. Therefore, external funding of £43.5m is required to deliver the approved £70.6m plan. The Trust has received approval for 18/19 capital funding of £10.95m against urgent and committed capital projects in 18/19 which has been received. A bid for the total £43.5m (incl £11m emergency loan) has been submitted to NHSi/DHSC. DoH have granted a £2.49m PDC award to the Trust for the Urgent and Emergency Care Capital Scheme. This has been received on the 3rd December 2018

Summary of Year to Date Financial Position

Finance Report Month 9 2018/19 Summary Financial Position

Type	Annual Budget £'000	Current month			Year to Date		
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
NHS Clinical Contract Income	843,642	66,714	64,858	(1,857)	632,914	620,770	(12,144)
Pass Through Devices - Income	18,635	1,405	1,880	475	13,988	14,172	184
Pass Through Drugs - Income	130,554	9,916	8,616	(1,300)	97,994	83,395	(14,599)
NHS Clinical Contract Income	992,831	78,035	75,353	(2,682)	744,896	718,336	(26,560)
Education & Training Income	44,584	3,731	3,739	8	33,392	33,132	(261)
Other Operating Income	49,331	4,200	5,110	910	36,928	36,714	(214)
R&I Income	15,805	1,216	794	(422)	11,543	8,296	(3,247)
Sustainability and Transformation Fund	21,532	2,154	0	(2,154)	13,996	2,261	(11,735)
Other Operating Income	131,252	11,300	9,642	(1,658)	95,859	80,402	(15,456)
Private Patient & Overseas Income	26,399	2,200	2,091	(110)	19,803	19,616	(187)
Other NHS Clinical Income	4,726	393	396	3	3,548	3,531	(17)
RTA Income	3,660	305	323	18	2,745	3,045	300
Total Income	1,158,867	92,233	87,805	(4,428)	866,850	824,930	(41,920)
Medical Agency	(1,198)	(100)	(898)	(798)	(898)	(8,861)	(7,963)
Medical Bank	(49)	(4)	(308)	(304)	(37)	(3,552)	(3,515)
Medical Substantive	(217,729)	(18,386)	(17,762)	624	(162,546)	(155,643)	6,903
Medical Staff	(218,976)	(18,490)	(18,967)	(477)	(163,481)	(168,055)	(4,575)
Nursing Agency	(1,617)	(136)	(259)	(124)	(1,210)	(3,554)	(2,344)
Nursing Bank	(1,147)	(97)	(2,399)	(2,302)	(873)	(21,688)	(20,815)
Nursing Substantive	(275,985)	(23,140)	(21,091)	2,049	(206,576)	(186,996)	19,581
Nursing Staff	(278,749)	(23,373)	(23,749)	(376)	(208,659)	(212,238)	(3,579)
A&C Agency	(379)	(32)	(430)	(398)	(284)	(1,875)	(1,591)
A&C Bank	(733)	(61)	(191)	(130)	(550)	(2,605)	(2,056)
A&C Substantive	(107,638)	(9,123)	(7,990)	1,132	(80,342)	(70,336)	10,006
A&C Staff	(108,750)	(9,215)	(8,611)	604	(81,176)	(74,816)	6,360
Other Agency Staff	(420)	(35)	(532)	(496)	(315)	(3,945)	(3,630)
Other Bank Staff	(128)	(11)	(105)	(95)	(96)	(1,393)	(1,297)
Other Substantive Staff	(86,799)	(7,247)	(6,373)	874	(64,775)	(57,237)	7,538
Other Staff	(87,347)	(7,293)	(7,010)	282	(65,186)	(62,575)	2,611
Pay Reserves	(8,150)	(463)	0	463	(5,323)	0	5,323
Unallocated CIP - Pay	0	0	0	0	0	0	0
Total Pay	(701,973)	(58,834)	(58,338)	496	(523,825)	(517,685)	6,141
Agency Bank	(3,614)	(302)	(2,118)	(1,816)	(2,708)	(18,235)	(15,527)
Substantive	(2,057)	(173)	(3,003)	(2,830)	(1,555)	(29,238)	(27,683)
Substantive	(696,302)	(58,359)	(53,216)	5,143	(519,562)	(470,211)	49,351
Pass Through Drugs	(129,805)	(10,866)	(9,222)	1,644	(97,267)	(82,193)	15,074
Drugs	(24,799)	(2,046)	(2,149)	(103)	(18,870)	(20,150)	(1,279)
Clinical Supplies	(26,314)	(1,949)	(2,489)	(539)	(20,133)	(24,626)	(4,493)
Consultancy	(9,578)	(488)	(1,878)	(1,390)	(8,115)	(13,591)	(5,476)
External Services	(54,805)	(4,522)	(5,067)	(545)	(41,238)	(45,634)	(4,397)
Purchase of Healthcare from Non-NHS Provider	(135,815)	(12,042)	(14,096)	(2,054)	(100,753)	(99,411)	1,342
Services from other NHS Bodies	(62,392)	(5,182)	(5,916)	(735)	(46,860)	(47,423)	(563)
Non-Clinical Supplies	(58,723)	(4,921)	(5,525)	(604)	(44,874)	(47,614)	(2,740)
Other Non-Pay	(22,735)	(1,893)	(2,541)	(649)	(17,061)	(18,607)	(1,545)
Depreciation	(27,694)	(2,308)	(2,308)	0	(20,770)	(20,770)	0
Impairment	(26,227)	(2,186)	(2,186)	0	(19,670)	(19,670)	0
Reserves	(8,062)	(1,564)	0	1,564	(9,295)	0	9,295
Unallocated CIP - NonPay	24,449	3,280	0	(3,280)	13,523	0	(13,523)
Total Non - Pay	(562,501)	(46,687)	(53,377)	(6,690)	(431,384)	(439,690)	(8,306)
Interest payable	(43,031)	(3,519)	(3,268)	251	(32,350)	(31,465)	885
Interest receivable	501	42	57	16	376	465	89
Profit/Loss on Disposal of Fixed Assets	(50)	(21)	(21)	0	(187)	(187)	0
Public Dividend Capital	0	0	0	0	0	0	0
Financing	(42,580)	(3,498)	(3,231)	266	(32,161)	(31,187)	974
TRUST TOTAL (deficit per ledger)	(148,186)	(16,785)	(27,140)	(10,355)	(120,521)	(163,632)	(43,111)
Less Impairment	26,227	2,186	2,186	0	19,670	19,670	0
Less Donated Income	(3,303)	(234)	(1,026)	(792)	(2,102)	(2,025)	77
Less Donated Depreciation	756	63	63	0	567	567	0
Less PSF Funding	(21,532)	(2,154)	0	2,154	(13,996)	(2,261)	11,735
OPERATING DEFICIT (excluding STF)	(146,038)	(16,924)	(25,918)	(8,993)	(116,382)	(147,681)	(31,299)
Operating surplus / (deficit)	(105,607)	(13,288)	(23,909)	(10,621)	(88,359)	(132,444)	(44,085)
Add back depreciation and amortisation	27,694	2,308	2,308	0	20,770	20,770	0
Add back all I&E impairments/(reversals)	26,227	2,186	2,186	0	19,670	19,670	0
Less cash donations / grants for the purchase of capital assets	(3,303)	(234)	(1,026)	(792)	(2,102)	(2,025)	77
EBITDA	(54,989)	(9,028)	(20,442)	(11,414)	(50,021)	(94,029)	(44,008)

Income

Clinical income is £26.560m adverse to plan year to date (£2.682m in month).

In summary, the variance in month related to a new £3m provision in response to a high level of CCG Commissioner activity data challenges. This covered clinical activity and off-tariff drugs. This issue is recognised in the contract alignment process with Commissioners as part of the STP return.

The key variances trends YTD include:

- BMT Transplant activity (£1.5m YTD) – Activity income has improved but month 9 activity was adverse by £411k.
- Liver Transplants (£1.3m YTD) – This is driven by the non-achievement of additional cases; relating to the business case bought to Investment Board in August but planned from April. Activity was in line with plan for month 9.
- Outpatient follow up – (£0.5m YTD) – Renal counting and coding correction has driven the adverse variance. Outpatient new referrals is adverse (£1m YTD).
- Critical Care (£3.7m YTD) – The adverse variance is due to the delay in the opening of the new unit.
- Renal (£0.4m YTD) – Activity recording issue in respect to plan set and actual activity reported in year.
- RTT activity (£2.8m YTD) is currently behind the original phased plan but elective activity is showing an over-performance of £4m. The Trust has developed plans to deliver the RTT income target of £4m against an original plan of £7m.
- The off tariff drugs variance to date is £14.6m adverse (YTD) which is due the investment in the NHSE contract for NICE drugs impact (£6.2m FYE) but this has not materialised in year. The variance is also due to the reduction in off tariff drug prices for Cancer and Hep C drugs; plus the impact of clinical trials reducing cost.
- Non-elective inpatient activity (£0.4m YTD) and A&E activity (£0.4k YTD) are also adverse against plan due to counting and coding rules neutralisation. Both areas reported a positive income variance in month 9.

The above variances include any adjustments for the block contract which is currently over-performing. However a number of QTR 1 & 2 challenges are yet to be resolved to reflect the finalised position The Trust has generated a £3m income provision in respect to the high level challenges from the CCGs.

Other operating income:

Excluding STF funding, the main driver of the adverse variance is R & I income £ 3.2m and is largely due to the Trust correctly recognising the treatment of deferred income from prior years. In month there has been an adverse movement in Overseas Visitor income on £0.3m which is being investigated although early indications are that this was due to staff shortages in month. The adverse position on Overseas Visitors is offset by the positive performance in Private Patients, however this is not expected to continue.

The Trust agreed to a control total in 18/19 and there are no financial sanctions, MRET and Readmission financial impacts as there were in 17/18. These elements are automatically re-invested through the local block contract with the Trust's main Commissioner's (Lambeth, Southwark and Bromley CCG's).

Pay

The variance to budget for pay in the Trust now recognises the AfC pay award element. Pay is £6.1m better than plan as the Trust (adjusted for the AFC pay award), predominantly due to A&C and other staff underspends. Nursing pay increased by £0.6m as a result of the requirement to cover escalation, enhanced care and sickness however the cost of medical staff was £0.5m lower than the previous month.

Non Pay

Non pay (excluding pass through drugs and non-allocated CIP) is £8.3m adverse to plan. Within this position there are overspends in:

Consultancy (£5.5m) – in the main due to the PWC costs relating to the financial recovery programme

External services due to recognising potential pay award for external staff (£3.8m)

Purchase of Healthcare from Non NHS results reflect the new KFM contract.

Run Rate Report

Finance Report Month 9 2018/19

Run Rate

		ACTUALS 2018/19												
Type	17/18 Average £000	1 £000	2 £000	3 £000	4 £000	5 £000	6 £000	7 £000	8 £000	9 £000	YTD £000	M9 v M8 £000	M9 v 1718 Avg £000	
NHS Clinical Contract Income	69,438	65,997	70,568	69,665	71,459	69,531	67,009	72,579	69,104	64,858	620,770	(4,246)	(4,580)	
Pass Through Devices - Income	1,818	1,583	931	1,972	1,282	1,455	1,947	1,613	1,508	1,880	14,172	372	62	
Pass Through Drugs - Income	9,672	9,894	8,033	10,222	9,511	9,950	9,981	9,055	8,132	8,616	83,395	483	(1,056)	
NHS Clinical Contract Income	80,928	77,474	79,531	81,859	82,253	80,936	78,938	83,247	78,744	75,353	718,336	(3,391)	(5,575)	
Education & Training Income	3,799	3,698	3,397	3,910	3,667	3,751	3,736	3,728	3,506	3,739	33,132	233	(60)	
Other Operating Income	3,959	2,875	3,065	3,193	4,359	5,633	3,928	4,170	4,380	5,110	36,714	730	1,151	
R&I Income	1,353	1,185	1,683	928	954	1,418	1,458	751	(875)	794	8,296	1,668	(560)	
Sustainability and Transformation Fund		0	0	2,261	1,004	1,004	(2,009)	(0)	0	0	2,261	0	0	
Other Operating income	9,111	7,758	8,144	10,293	9,984	11,806	7,113	8,649	7,012	9,642	80,402	2,631	531	
Private Patient Income	1,697	1,897	2,071	1,688	1,665	1,534	1,630	2,029	1,290	1,799	15,601	509	101	
Overseas Visitor Income	504	487	104	205	418	430	814	579	685	292	4,014	(393)	(211)	
Private Patient & Overseas Income	2,201	2,384	2,174	1,893	2,083	1,964	2,444	2,608	1,975	2,091	19,616	116	(110)	
Other NHS Clinical Income	400	384	374	334	407	448	434	391	364	396	3,531	32	(4)	
RTA Income	306	302	348	251	602	283	346	306	283	323	3,045	40	17	
Total Income	92,945	88,301	90,572	94,629	95,329	95,438	89,275	95,201	88,378	87,805	824,930	(573)	(5,140)	
Medical Agency	(1,386)	(1,176)	(1,055)	(918)	(947)	(1,083)	(771)	(697)	(1,316)	(898)	(8,861)	418	488	
Medical Bank	(444)	(397)	(372)	(345)	(481)	(363)	(349)	(644)	(293)	(308)	(3,552)	(15)	136	
Medical Substantive	(16,445)	(16,770)	(17,666)	(16,942)	(16,821)	(17,086)	(17,493)	(17,234)	(17,866)	(17,762)	(155,643)	104	(1,317)	
Medical Staff	(18,275)	(18,343)	(19,093)	(18,205)	(18,250)	(18,533)	(18,613)	(18,576)	(19,475)	(18,967)	(168,055)	508	(693)	
Nursing Agency	(965)	(746)	(482)	(312)	(455)	(387)	(393)	(297)	(223)	(259)	(3,554)	(36)	706	
Nursing Bank	(3,262)	(3,168)	(3,154)	(2,582)	(2,130)	(2,162)	(2,073)	(2,010)	(2,010)	(2,399)	(21,688)	(389)	862	
Nursing Substantive	(18,886)	(19,855)	(20,055)	(20,069)	(20,667)	(22,667)	(20,822)	(20,909)	(20,861)	(21,091)	(186,996)	(230)	(2,205)	
Nursing Staff	(23,112)	(23,769)	(23,691)	(22,963)	(23,252)	(25,216)	(23,288)	(23,216)	(23,094)	(23,749)	(212,238)	(655)	(637)	
A&C agency	(146)	(152)	(227)	(217)	(202)	(104)	(229)	(161)	(153)	(430)	(1,875)	(277)	(284)	
A&C Bank	(384)	(273)	(408)	(403)	(261)	(340)	(157)	(366)	(206)	(191)	(2,605)	15	193	
A&C Substantive	(7,494)	(7,714)	(7,781)	(7,331)	(8,006)	(8,355)	(7,581)	(7,713)	(7,864)	(7,990)	(70,336)	(126)	(496)	
A&C Staff	(8,023)	(8,139)	(8,417)	(7,951)	(8,469)	(8,799)	(7,967)	(8,241)	(8,223)	(8,611)	(74,816)	(388)	(588)	
Other Agency Staff	(461)	(463)	(314)	(286)	(460)	(506)	(420)	(422)	(544)	(532)	(3,945)	12	(70)	
Other Bank Staff	(223)	(168)	(289)	(237)	(179)	(80)	(97)	(156)	(79)	(105)	(1,393)	(26)	118	
Other Substantive Staff	(6,113)	(6,048)	(6,272)	(6,191)	(6,398)	(6,917)	(6,373)	(6,350)	(6,314)	(6,373)	(57,237)	(59)	(260)	
Other Staff	(6,797)	(6,680)	(6,875)	(6,715)	(7,037)	(7,503)	(6,890)	(6,928)	(6,937)	(7,010)	(62,575)	(74)	(213)	
Total Pay	(56,208)	(56,930)	(58,076)	(55,835)	(57,008)	(60,051)	(56,758)	(56,960)	(57,729)	(58,338)	(517,685)	(609)	(2,130)	
Agency	(2,958)	(2,536)	(2,077)	(1,733)	(2,064)	(2,081)	(1,813)	(1,578)	(2,235)	(2,118)	(18,235)	117	839	
Bank	(4,312)	(4,006)	(4,224)	(3,568)	(3,051)	(2,945)	(2,677)	(3,176)	(2,588)	(3,003)	(29,238)	(415)	1,309	
Substantive	(48,938)	(50,387)	(51,774)	(50,534)	(51,893)	(55,025)	(52,269)	(52,207)	(52,906)	(53,216)	(470,211)	(311)	(4,278)	
Pass Through Drugs - Expenditure	(8,394)	(10,086)	(7,846)	(8,936)	(9,472)	(8,593)	(9,020)	(9,639)	(9,378)	(9,222)	(82,193)	155	(828)	
Drugs	(3,767)	(2,336)	(2,056)	(2,145)	(2,304)	(2,284)	(2,132)	(2,535)	(2,208)	(2,149)	(20,150)	59	1,618	
Clinical Supplies	(3,517)	(2,902)	(2,514)	(3,198)	(2,952)	(3,182)	(2,283)	(2,862)	(2,244)	(2,489)	(24,626)	(244)	1,028	
Consultancy	(725)	(861)	(1,082)	(1,127)	(1,315)	(1,730)	(1,838)	(1,791)	(1,968)	(1,878)	(13,591)	91	(1,153)	
External Services	(4,781)	(4,861)	(4,477)	(4,852)	(4,739)	(5,846)	(4,653)	(5,198)	(5,941)	(5,067)	(45,634)	874	(286)	
Purchase of Healthcare from Non-NHS Provider	(8,689)	(9,172)	(9,278)	(9,726)	(14,190)	(10,727)	(11,871)	(11,628)	(8,723)	(14,096)	(99,411)	(5,373)	(5,406)	
Services from other NHS Bodies	(4,505)	(4,971)	(5,363)	(5,120)	(5,244)	(5,371)	(5,367)	(5,102)	(4,968)	(5,916)	(47,423)	(948)	(1,411)	
Non-Clinical Supplies	(4,637)	(4,773)	(4,862)	(5,452)	(5,140)	(4,906)	(4,826)	(4,749)	(7,382)	(5,525)	(47,614)	1,856	(888)	
Other Non-Pay	(2,833)	(2,408)	(2,398)	(530)	(1,936)	(2,595)	(2,405)	(2,935)	(860)	(2,541)	(18,607)	(1,681)	291	
Depreciation	(1,926)	(2,008)	(2,308)	(2,608)	(2,308)	(2,308)	(2,308)	(2,308)	(2,308)	(2,308)	(20,770)	0	(381)	
Impairment	(408)	(2,186)	(2,186)	(2,186)	(2,186)	(2,186)	(2,186)	(2,186)	(2,186)	(2,186)	(19,670)	0	(1,777)	
Reserves	81	0	0	0	0	0	0	0	0	0	0	0	(81)	
Total Non-pay	(44,103)	(46,562)	(44,370)	(45,879)	(51,785)	(49,729)	(48,889)	(50,933)	(48,165)	(53,377)	(439,690)	(5,212)	(9,275)	
Interest payable	(2,907)	(3,285)	(3,605)	(4,136)	(3,410)	(3,222)	(3,494)	(3,771)	(3,274)	(3,268)	(31,465)	6	(360)	
Interest receivable	40	42	42	42	39	44	85	57	57	57	465	0	17	
Profit/Loss on Disposal of Fixed Assets	16	0	(0)	(62)	(21)	(21)	(21)	(21)	(21)	(21)	(187)	0	(36)	
Public Dividend Capital	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Financing	(2,852)	(3,244)	(3,564)	(4,156)	(3,391)	(3,199)	(3,430)	(3,734)	(3,238)	(3,231)	(31,187)	6	(379)	
TRUST TOTAL (deficit per ledger)	(10,217)	(18,434)	(15,437)	(11,242)	(16,855)	(17,541)	(19,802)	(16,426)	(20,753)	(27,140)	(163,632)	(6,387)	(16,924)	
Less Impairment	408	2,186	2,186	2,186	2,186	2,186	2,186	2,186	2,186	2,186	19,670	0	1,777	
Less Donated Income	(169)	0	(224)	(110)	(419)	33	(130)	(161)	12	(1,026)	(2,025)	(1,038)	(856)	
Less Donated Depreciation	60	68	68	68	68	44	63	63	63	63	567	0	3	
Less STF funding		0	0	(2,261)	(1,004)	(1,004)	2,009	0	0	0	(2,261)	0	0	
Operating Deficit	(9,918)	(16,181)	(13,408)	(11,360)	(16,025)	(16,283)	(15,675)	(14,339)	(18,493)	(25,918)	(147,681)	(7,425)	(16,000)	

Income

- Income run-rate has decreased by £3.4m from M8.
- Renal Outpatient and EPO drug data reporting issue (circa £1.6m)
- PSF Income accrued for Q1 Financial Target achievement only.
- 3 less working day (circa £4.5m)
- £1.4m relates to PI costs where income was taken into the position last year rather than being deferred. This has been recognised in the YTD position (M1-9) and is included in the forecast.

Pay

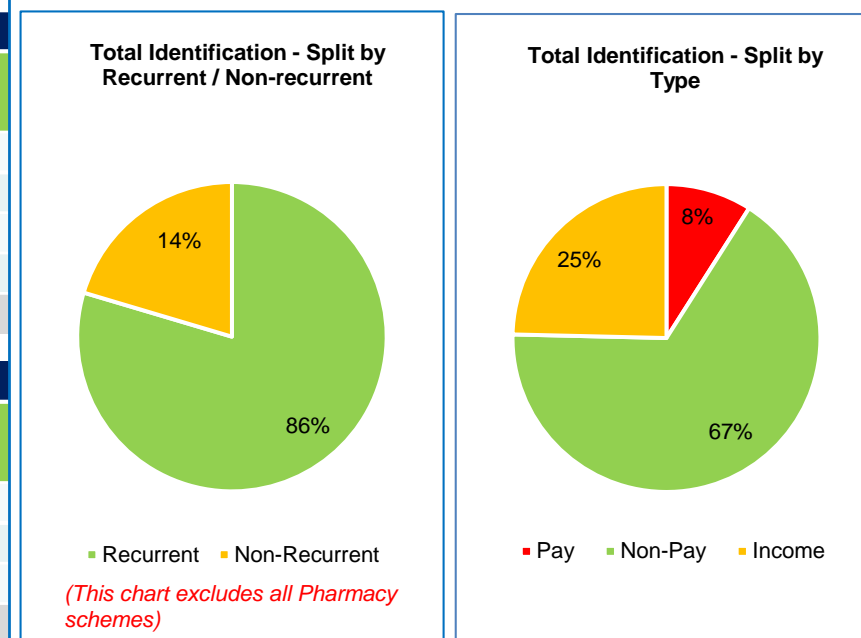
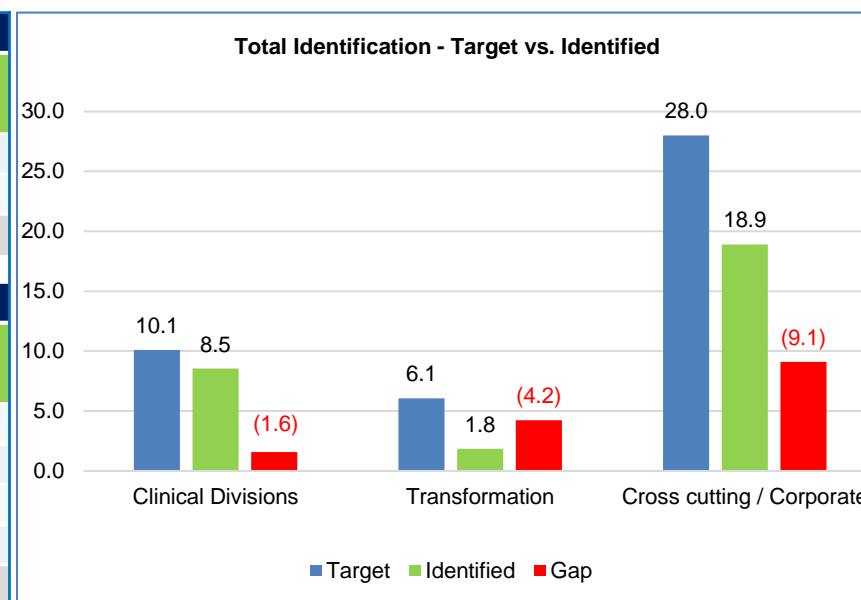
- £6.1m better than plan (adjusted for the AFC pay award), predominantly due to A&C and other staff underspends.
- Nursing pay increased by £0.6m as a result of the requirement to cover escalation, enhanced care and sickness however the cost of medical staff was £0.5m lower than the previous month.

Non-pay

- Run rate excluding pass through drugs has been broadly consistent
- External services costs due to recognising potential pay award for external staff accounts for £3.8m.

18/19 CIP Scheme Development Dashboard

Week on week progress							
Week commencing			Identified	Ideas	Dev	Dev: Conditional	Imp
17 December 2018			28.9	2.2	2.7	2.4	21.7
24 December 2018			31.0	4.0	2.6	2.6	21.7
Variance			2.1	1.8	(0.1)	0.2	0.0
Total identification - Target vs. Identified							
Theme	Target	Identified	Gap	Ideas	Dev	Dev: Conditional	Imp
Flow Through	0.0	1.7	1.7	0.0	0.0	0.0	1.7
Clinical Divisions	10.1	8.5	(1.6)	0.2	1.0	0.4	6.9
Transformation	6.1	1.8	(4.2)	0.8	0.0	0.8	0.2
Cross cutting / Corporate	28.0	18.9	(9.1)	3.0	1.6	1.4	12.9
Total	44.1	31.0	(13.2)	4.0	2.6	2.6	21.7
Total identification - Split by Type							
Type	Target	Identified	Gap	Ideas	Dev	Dev: Conditional	Imp
Flow Through	0.0	1.7	1.7	0.0	0.0	0.0	1.7
Pay	11.6	2.4	(9.2)	0.1	0.3	0.2	1.8
Non-Pay	11.6	19.6	8.0	2.8	1.5	1.3	14.0
Income	20.9	7.2	(13.7)	1.1	0.8	1.1	4.2
Total	44.1	31.0	(13.1)	4.0	2.6	2.6	21.7
Total Identification - Split by Recurrent / Non-recurrent							
Type	Target	Identified	Gap	Ideas	Dev	Dev: Conditional	Imp
Flow Through	0.0	1.7	1.7	0.0	0.0	0.0	1.7
Recurrent	44.1	15.9	(28.3)	4.0	1.2	2.6	8.1
Non-Recurrent	0.0	13.4	13.4	0.0	1.5	0.0	11.9
Total	44.1	31.0	(13.2)	4.0	2.6	2.6	21.7



CIP Delivery - Overview

Division / Workstream / Theme	18-19 COST IMPROVEMENT PROGRAMME										FORECAST				
	Full Year	Full Year	In Month (M9)				YTD (M1-9)				Year End Forecast (M1-12)				
	Annual FY Plan	Green & CA Plan	Plan	Actual	Variance	%	Plan	Actual	Variance	%	Annual FY Plan	Green & CA Plan	Forecast	Variance	%
17-18 Flow Through	1.9	1.7	0.0	0.0	(0.0)	98%	1.7	1.3	(0.3)	79%	1.7	1.7	1.3	(0.4)	79%
Networked Care Div A	1.7	1.1	0.1	0.1	0.0	104%	0.8	0.8	(0.0)	98%	1.1	1.1	1.1	(0.0)	99%
Networked Care Div B	1.7	1.2	0.1	0.1	0.0	118%	0.8	0.9	0.1	112%	1.2	1.2	1.1	(0.1)	94%
PRUH and South Sites	3.4	2.0	0.2	0.1	(0.0)	71%	1.6	1.1	(0.4)	74%	2.0	2.0	1.6	(0.5)	78%
Urgent Care, Planned Care and ACS - Planned	1.7	1.6	0.1	0.5	0.3	384%	1.2	1.2	(0.0)	98%	1.6	1.6	1.6	(0.0)	99%
Urgent Care, Planned Care and ACS - Urgent	1.7	1.3	0.1	0.1	0.0	123%	1.0	1.0	(0.0)	99%	1.3	1.3	1.3	(0.1)	96%
Division Total	10.1	7.3	0.6	0.9	0.3	159%	5.4	5.0	(0.4)	93%	7.3	7.3	6.7	(0.6)	92%
Digitisation	0.3	0.2	0.0	0.0	0.0	100%	0.2	0.2	0.0	100%	0.2	0.2	0.2	0.0	100%
Outpatients	2.3	0.8	0.1	0.1	0.0	152%	0.6	0.8	0.2	132%	0.8	0.8	1.1	0.3	137%
Patient Flow and LoS	2.2	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%	0.0	0.0	0.0	0.0	0%
Theatres Productivity	1.4	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%	0.0	0.0	0.0	0.0	0%
Transformation Total	6.1	1.0	0.1	0.1	0.0	141%	0.8	1.0	0.2	126%	1.0	1.0	1.3	0.3	129%
Corporate	0.0	2.0	0.3	0.2	(0.2)	47%	1.2	1.1	(0.2)	86%	2.0	2.0	1.8	(0.2)	91%
Estates	1.5	1.4	0.1	0.1	(0.0)	91%	0.9	0.8	(0.1)	92%	1.4	1.4	1.3	(0.1)	92%
Income (KCS)	0.9	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%	0.0	0.0	0.0	0.0	0%
Other - Central	0.5	0.1	0.0	0.0	0.0	100%	0.1	0.1	0.0	100%	0.1	0.1	0.1	(0.0)	100%
Pharmacy	4.5	9.3	0.7	1.0	0.3	148%	5.4	6.6	1.1	121%	9.3	9.3	9.5	0.1	102%
Procurement / KIFM	6.0	1.3	0.1	0.0	(0.1)	0%	0.9	0.0	(0.9)	0%	1.3	1.3	0.0	(1.3)	0%
Revenue Recovery (PBR)	5.4	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%	0.0	0.0	0.0	0.0	0%
Workforce	1.8	0.2	0.0	0.0	0.0	100%	0.1	0.1	0.0	100%	0.2	0.2	0.2	0.0	100%
Income (Private Patients)	1.8	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%	0.0	0.0	0.0	0.0	0%
Research And Innovation	2.0	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%	0.0	0.0	0.0	0.0	0%
Cross Cutting Total	24.4	14.3	1.2	1.2	0.1	105%	8.7	8.7	(0.0)	100%	14.3	14.3	12.8	(1.4)	90%
Unallocated Total	1.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	19.8	0.0	0.0	0.0	0.0
Total Cost Improvement Programme	44.1	24.4	1.9	2.3	0.4	124%	16.5	16.0	(0.6)	97%	44.1	24.4	22.3	(2.1)	91%

M9 Key Metrics

- Full Year Plan – 44.1m
- In Implementation – 24.4m
- In Month Delivery – 2.3m
- In Month Variance – 0.4m **Favourable**
- YTD Delivery – 16.0m
- YTD Variance To Plan – 0.6m **Adverse**

M9 Headlines

In Month

- Three significant movements:
- UPAC-Planned – 0.3m favourable. Due to retrospective Dental non recurrent pay savings realised in month.
- Pharmacy – 0.3m as profile is ahead of plan.
- Corporate – 0.2 m adverse for non PFI financing due to absence of current information.
- KIFM – Slippage on KIFM on their standardisation and commercial work stream 0.9m.

YTD

- Slippage on various flow through schemes from last year's programme 0.3m.
- Slippage on KIFM on their standardisation and commercial work stream 0.9m.
- Slippage at the PRUH related to HCD insulin pumps which is awaiting validation – Note this is likely to recover 0.1m. Slippage on Crystal Palace physio group which is also awaiting validation from contracts on pricing. This is also likely to recover 0.2m.
- This underperformance is offset somewhat by over performance in pharmacy of 1.1m.

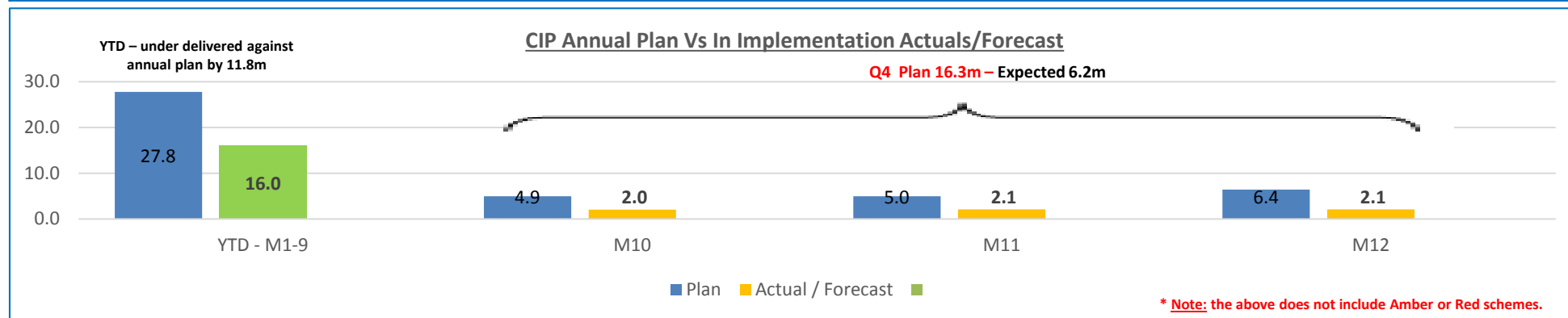
Programme Performance By Type

The in implementation value is split as 67% non pay, 25% income, and 8% pay with the significant variances being in income. The variance drivers in income are:

- **c.0.3m 17-18 Flow Through** – Minor under performance against several income schemes.
- **c.0.9m KIFM** – Invalidated KIFM position.

CIP Forward View – M9

Division / Workstream / Theme	18-19 COST IMPROVEMENT PROGRAMME										FORECAST					PROGRAMME PROFILE			FORECAST DELIVERY		
	Full Year	Full Year	In Month (M9)				YTD (M1-9)				Year End Forecast (M1-12)					Q4			Q4		
	Annual FY Plan	Green & CA Plan	Plan	Actual	Variance	%	Plan	Actual	Variance	%	Annual FY Plan	Green & CA Plan	Forecast	Variance	%	M10	M11	M12	M10	M11	M12
17-18 Flow Through	1.9	1.7	0.0	0.0	(0.0)	98%	1.7	1.3	(0.3)	79%	1.7	1.7	1.3	(0.4)	79%	0.0	0.0	0.0	0.0	0.0	0.0
Networked Care Div A	1.7	1.1	0.1	0.1	0.0	104%	0.8	0.8	(0.0)	98%	1.1	1.1	1.1	(0.0)	99%	0.1	0.1	0.1	0.1	0.1	0.1
Networked Care Div B	1.7	1.2	0.1	0.1	0.0	118%	0.8	0.9	0.1	112%	1.2	1.2	1.1	(0.1)	94%	0.1	0.1	0.1	0.1	0.1	(0.0)
PRUH and South Sites	3.4	2.0	0.2	0.1	(0.0)	71%	1.6	1.1	(0.4)	74%	2.0	2.0	1.6	(0.5)	78%	0.2	0.2	0.2	0.1	0.1	0.1
Urgent Care, Planned Care and ACS - Planned	1.7	1.6	0.1	0.5	0.3	384%	1.2	1.2	(0.0)	98%	1.6	1.6	1.6	(0.0)	99%	0.1	0.1	0.1	0.1	0.1	0.2
Urgent Care, Planned Care and ACS - Urgent	1.7	1.3	0.1	0.1	0.0	123%	1.0	1.0	(0.0)	99%	1.3	1.3	1.3	(0.1)	96%	0.1	0.1	0.1	0.1	0.1	0.1
Division Total	10.1	7.3	0.6	0.9	0.3	159%	5.4	5.0	(0.4)	93%	7.3	7.3	6.7	(0.6)	92%	0.6	0.6	0.6	0.6	0.6	0.5
Digitisation	0.3	0.2	0.0	0.0	0.0	100%	0.2	0.2	0.0	100%	0.2	0.2	0.2	0.0	100%	0.0	0.0	0.0	0.0	0.0	0.0
Outpatients	2.3	0.8	0.1	0.1	0.0	152%	0.6	0.8	0.2	132%	0.8	0.8	1.1	0.3	137%	0.1	0.1	0.1	0.1	0.1	0.1
Patient Flow and LoS	2.2	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0.0	0.0	0.0
Theatres Productivity	1.4	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%	0.0	0.0	0.0	0.0	0%	0.1	0.1	0.1	(0.1)	0.0	0.0
Transformation Total	6.1	1.0	0.1	0.1	0.0	141%	0.8	1.0	0.2	126%	1.0	1.0	1.3	0.3	129%	0.2	0.2	0.2	0.1	0.1	0.1
Corporate	0.0	2.0	0.3	0.2	(0.2)	47%	1.2	1.1	(0.2)	86%	2.0	2.0	1.8	(0.2)	91%	0.2	0.2	0.3	0.2	0.2	0.3
Estates	1.5	1.4	0.1	0.1	(0.0)	91%	0.9	0.8	(0.1)	92%	1.4	1.4	1.3	(0.1)	92%	0.1	0.1	0.3	0.1	0.1	0.3
Income (KCS)	0.9	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0.0	0.0	0.0
Other - Central	0.5	0.1	0.0	0.0	0.0	100%	0.1	0.1	0.0	100%	0.1	0.1	0.1	(0.0)	100%	0.0	0.0	0.0	0.0	0.0	0.0
Pharmacy	4.5	9.3	0.7	1.0	0.3	148%	5.4	6.6	1.1	121%	9.3	9.3	9.5	0.1	102%	0.7	0.7	0.8	1.0	1.0	0.9
Procurement / KIFM	6.0	1.3	0.1	0.0	(0.1)	0%	0.9	0.0	(0.9)	0%	1.3	1.3	0.0	(1.3)	0%	0.1	0.1	0.3	0.0	0.0	0.0
Revenue Recovery (PBR)	5.4	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0.0	0.0	0.0
Workforce	1.8	0.2	0.0	0.0	0.0	100%	0.1	0.1	0.0	100%	0.2	0.2	0.2	0.0	100%	0.0	0.0	0.0	0.0	0.0	0.0
Income (Private Patients)	1.8	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0.0	0.0	0.0
Research And Innovation	2.0	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0.0	0.0	0.0
Cross Cutting Total	24.4	14.3	1.2	1.2	0.1	105%	8.7	8.7	(0.0)	100%	14.3	14.3	12.8	(1.4)	90%	1.1	1.1	1.7	1.3	1.4	1.5
Unallocated Total	1.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	19.8	0.0	0.0	0.0	0.0	3.0	3.0	3.9	2.9	2.8	4.3
Total Cost Improvement Programme	44.1	24.4	1.9	2.3	0.4	124%	16.5	16.0	(0.6)	97%	44.1	24.4	22.3	(2.1)	91%	4.9	5.0	6.4	4.9	5.0	6.4



The CIP profiling within the annual plan reflects a time where the programme had very little in implementation. The programme since then has developed however is behind plan as at M9 by 11.8m. The position above clearly demonstrates that there remains a significant gap against the 44.1m target which will continue to impact the CIP performance month on month until the end of the year. The forecast at M9 is to deliver 22.3m against the 24.1m plan resulting in a 1.8m adverse to plan variance. This adverse performance is driven by Flow-through slippages, KIFM standardisation schemes and PRUH income slippage which is awaiting contracts validation.

Underlying Position and Risks

LEDGER									
Actuals	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9
NHS Clinical Contract Income	77,858	79,906	82,193	82,253	81,384	79,371	83,944	79,391	76,072
Other Operating Income	10,443	10,667	12,437	13,076	14,054	9,904	11,257	8,987	11,733
Total Income	88,301	90,573	94,630	95,329	95,438	89,275	95,201	88,378	87,805
Total Pay	(56,929)	(58,075)	(55,835)	(57,008)	(60,051)	(56,758)	(56,960)	(57,729)	(58,338)
Total Non-Pay	(46,562)	(44,371)	(45,880)	(51,785)	(49,729)	(48,889)	(50,933)	(48,165)	(53,377)
Financing	(3,244)	(3,564)	(4,156)	(3,391)	(3,199)	(3,430)	(3,734)	(3,238)	(3,231)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(18,434)	(15,437)	(11,241)	(16,855)	(17,541)	(19,802)	(16,426)	(20,753)	(27,141)
Add Back All I & E Impairments/(reversals)	2,186	2,186	2,186	2,186	2,186	2,186	2,186	2,186	2,186
Remove Capital Donations/Grants I & E impact	68	(156)	(43)	(351)	77	(67)	(98)	75	(963)
Excl PSF	0	0	(2,261)	(1,004)	(1,004)	2,009	0	0	0
Adjusted Financial Performance Surplus/(Deficit) excluding PSF	(16,180)	(13,407)	(11,359)	(16,025)	(16,283)	(15,675)	(14,338)	(18,493)	(25,918)
Cumulative Run Rate	(16,180)	(29,587)	(40,946)	(56,971)	(73,253)	(88,928)	(103,267)	(121,760)	(147,678)
NORMALISED POSITION									
Normalising Items									
Income	88,301	90,573	94,630	95,329	95,438	89,275	95,201	88,378	87,805
CCG Non-Recurrent Repayments	850	850	850	850	850	850	850	850	850
CCG Non-Recurrent QIPP with Block	458	458	458	458	458	458	458	458	458
Data Challenges/CQUIN non-achievement accruals (10%)	290	290	290	282	290	290	290	290	290
Data Challenges provision re contract alignment	(333)	(333)	(333)	(333)	(333)	(333)	(333)	(333)	2,667
Gainshare (tbc if recurrent by NHSE)				(1,100)	(267)	(484)	(484)	(484)	(484)
Prior Year Estimate Adjustments	(124)	306	(93)	288	152	0	0	0	400
Provider Sustainability Fund	0	0	(2,261)	(1,004)	(1,005)	2,009	0	0	0
Back Dated Pay Arrears	725	725	725	0	(2,100)	0	0	0	0
Celgene Capital Donation Grant	0	(224)	(110)	(419)	33	(130)	(161)	12	(1,206)
HEP C pass through drugs over payment							(428)		200
NHSE prior year overpayment - Dental							(150)		
Data Challenges Croydon							(155)		
Overbilling of EPO drugs	(125)	(125)	(125)	(125)	(125)	(125)	(125)	874	
Overbilling of renal outpatients	(75)	(75)	(75)	(75)	(75)	(75)	(75)	525	
Renal billing recovery						100	100	(200)	
R & D other operating income PI deferred income adjustment	(75)	(75)	(75)	(75)	(75)	(75)	(75)	300	
Normalised RR	89,892	92,370	93,881	94,076	93,241	91,760	94,913	90,670	90,980
Pay	(56,929)	(58,075)	(55,835)	(57,008)	(60,051)	(56,758)	(56,960)	(57,729)	(58,338)
Retrospective ADH Payments	0	800	0	0	0				
One-off Tribunal Backdated pay arrears	0	110	0	0	0				
Retrospective Ophthalmology Locum Costs	0	0	130	0	0				
Back Dated Pay Arrears	(725)	(725)	(725)	0	2,100				
Normalised RR	(57,654)	(57,890)	(56,430)	(57,008)	(57,951)	(56,758)	(56,960)	(57,729)	(58,338)
Nonpay	(46,562)	(44,371)	(45,880)	(51,785)	(49,729)	(48,889)	(50,933)	(48,165)	(53,377)
M12 Homecare accrual over estimation	(160)	0	0	0	0				
Private Patients jnl correction	0	800	(800)	0	0				
Bad Debt Provision Release	0	(60)	0	0	0				
Insourcing Activity Catchup	(75)	(75)	150	0	0				
Consultancy Non recurrent	646	684	558	616	751	692	627	384	175
Pay Arrears Contracted Out Services	(375)	(375)	(375)	(375)	1,500				
KIFM Disputed Invoices	(1,223)	(1,223)	(1,223)	3,668	0				
KIFM Contract adjustment - rephasing of out of scope services	(372)	(372)	(372)	(372)	(372)			1,860	
Normalised RR	(48,121)	(44,992)	(47,942)	(48,248)	(47,850)	(48,197)	(50,306)	(45,921)	(53,202)
Normalised Operating Deficit	(16,941)	(11,890)	(12,461)	(12,386)	(13,573)	(14,440)	(13,901)	(14,032)	(21,605)
(Excludes Impairment, Donations & PSF)									
Cumulative Normalised Operating Deficit	(16,941)	(28,830)	(41,291)	(53,676)	(67,250)	(81,690)	(95,591)	(109,623)	

Underlying Position

The Trust's run rate has been normalised to take into consideration significant one-off items.

Risks and opportunities against FOT

Risks:

- CIP efficiency plan: Detailed reviews taking place with Clinical Divisions to derive additional savings
- Costs associated with the winter plan requirements
- Capital programme is fully committed and equipment issues such as new CT scanner & ventilation system could adversely impact on the activity income plans or generate cost pressures in respect to outsourcing.
- To continue to reduce pay costs and live within the pay control total throughout the year and particularly the winter period.

Opportunities

- Continue to deliver QIPP savings through pharmacy schemes and pursue further gain share options.
- Develop and deliver further CIP and run rate reduction plans.

Cash Flow & Revenue Support - Debtors and Creditors

Cash Position	Cash Flow Forecast at 03 Dec (31 Dec)	Actual (31 Dec)	Variance (Act - Fcast)
	£17.3m	£40m	£22.7m
Trust's Borrowings	31 Mar 18	30 Nov 18	31 Dec 18
Revenue Working Capital	(£376.2)	(£449.0)	(£469.0)
Capital borrowings (incl. £47m re Windsor Walk)	(£137.2)	(£140.0)	(£144.4)
PFI, Finance Leases & other borrowings	(£150.4)	(£148.3)	(£148.0)
TOTAL	(£663.8)	(£737.8)	(£761.4)
Outstanding Debtors	31 Mar 18	30 Nov 18	31 Dec 18
	£94.7m	£108.5m	£108m
Debtor Days	31.0 Days	35.91 Days	35.94 Days
Outstanding Creditors	31 Mar 18	30 Nov 18	31 Dec 18
	(£112.6m)	(£118.9m)	(£113.5m)
Creditor Days	77.6 Days	75.1 Days	71.1 Days

Highlights for the period

- Cash balance at 31 December is £40m, £22.7m favourable compared to forecast submitted to NHSI in December 18.
- £22.7m favourable variance is mainly due to better than expected operating receipts (£8.9m), lower than anticipated operating payments (£7.2m) and lower than expected financing flows (3.9m) which are all largely timing related.
- Total Revenue funding of £91.9m has been drawn down to the end of December 2018 to support the 18/19 YTD Trust revenue deficit position.
- The Trust has requested Additional Revenue Funding of £16.642m which was received on 14 January.
- The cash funding received in Apr and May 2018 (£24.5m) was drawn against the final 17/18 reported deficit of £138.9m. The total revenue funding drawn against the 17/18 deficit was £129.9m.
- The Trust carried forward Capital cash funding received in March 2018 and has utilised this cash to pay capital creditors outstanding at the end of March as well as to fund capital equipment purchases where lead times on ordering and delivery delayed the receipt of these items into 18/19. The Trust has received approval for 18/19 capital funding of £10.95m against urgent and committed capital projects in 18/19. The Trust received £6.95m on the 5th November 2018. The remaining £4m was received on 17 December 2018.
- DoH granted a £2.49m PDC award to the Trust for the Urgent and Emergency Care Capital Scheme. This was received on the 3rd December 2018.
- Planned cash balances reflect the expectation that a minimum cash balance of £3m will be held, but due to timing of receipts and payments actual balances will fluctuate throughout the month.
- The overall forecast revenue loan cash requirement (£156.6m) for the year 18/19 reflects the Trust's forecast deficit position (c. £125m) plus the funding received against the 17/18 deficit (£24.5m). Capital funding of £44m (including the approved £10.95m) is also requested to support the 18/19 capital programme.
- A revenue term loan of £98.9m was due to be repaid on 18 November 2018, Trust is currently in discussion with NHSI/DH on how this loan will be extended or renegotiated.
- The Trust continues to run its weekly cash forecast process, to ensure accuracy of draw down requests, and control. Planned cash balances reflect the expectation that a minimum cash balance of £3m will be held, but due to timing of receipts and payments actual balances will fluctuate throughout the month.

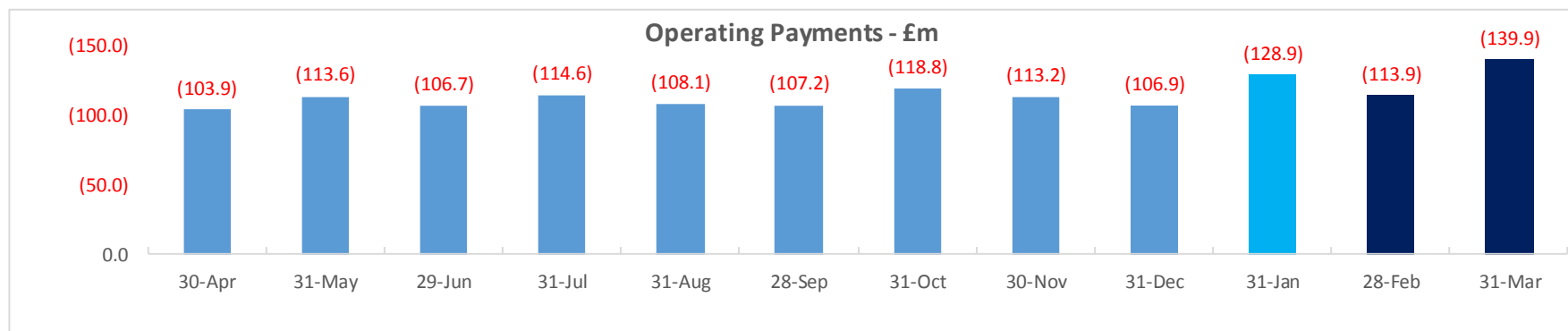
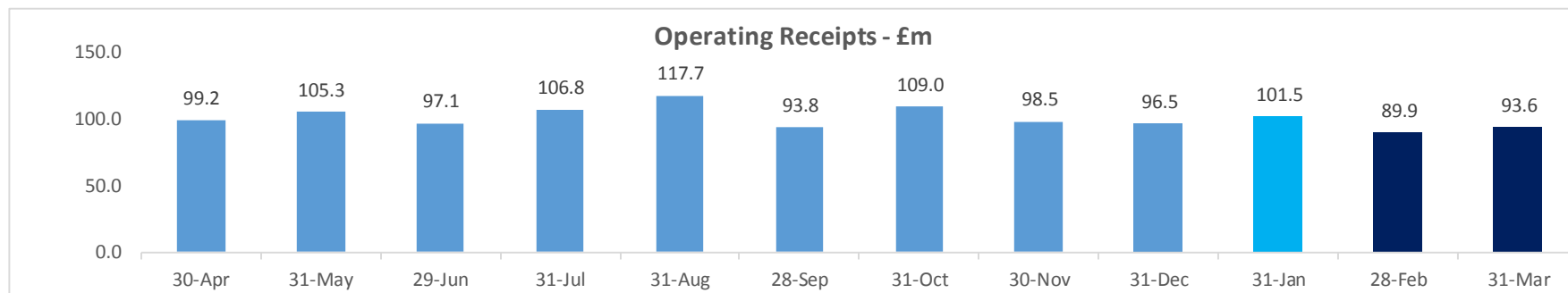
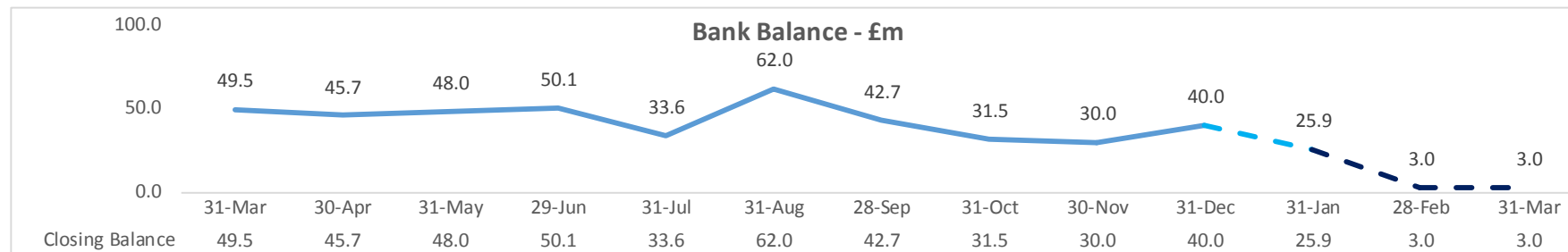
FY 18-19 Cash Flow Summary Apr 18 to Mar 19

£'m	Actual												FY 18-19	Actual	Act-Fcast
	30-Apr	31-May	30-Jun	31-Jul	31-Aug	28-Sep	31-Oct	30-Nov	31-Dec	31-Jan	28-Feb	31-Mar	Apr to Mar	Apr to Nov	Jan to Mar
Opening Balance	49.5	45.7	48.0	50.1	33.6	62.0	42.7	31.5	30.0	40.0	25.9	3.0	49.5	49.5	40.0
Receipts - Patient Care	88.8	90.0	86.3	86.7	98.5	85.9	84.2	86.5	84.0	79.8	79.7	81.8	1,032.2	790.9	241.3
Receipts - Non-Patient Care	10.4	15.3	10.7	20.1	19.2	7.9	24.9	12.0	12.4	21.6	10.2	11.8	176.6	133.0	43.6
Operating Receipts	99.2	105.3	97.1	106.8	117.7	93.8	109.0	98.5	96.5	101.5	89.9	93.6	1,208.8	923.9	284.9
Payments - Pay	(58.1)	(57.9)	(56.9)	(58.1)	(57.8)	(57.2)	(57.7)	(57.0)	(56.6)	(59.9)	(59.3)	(59.3)	(695.9)	(517.4)	(178.5)
Payments - Non-Pay	(45.8)	(55.7)	(49.9)	(56.5)	(50.3)	(50.0)	(61.1)	(56.2)	(50.3)	(69.0)	(54.6)	(80.6)	(679.9)	(475.7)	(204.2)
Operating Payments	(103.9)	(113.6)	(106.7)	(114.6)	(108.1)	(107.2)	(118.8)	(113.2)	(106.9)	(128.9)	(113.9)	(139.9)	(1,375.8)	(993.1)	(382.7)
Net Operating Cashflow	(4.8)	(8.3)	(9.7)	(7.7)	9.6	(13.4)	(9.8)	(14.7)	(10.4)	(27.4)	(24.0)	(46.4)	(166.9)	(69.2)	(97.7)
Capital Receipts	0.0	0.0	0.0	0.0	0.0	1.0	0.0	7.0	6.5	0.0	0.0	0.0	14.4	14.4	0.0
Capital payments	(5.9)	(5.2)	(6.0)	(8.1)	(0.2)	(4.0)	(0.9)	(1.7)	(3.1)	(2.6)	(5.2)	(4.1)	(47.0)	(35.2)	(11.8)
Facility Drawdown	6.8	17.7	19.0	0.0	19.3	0.0	0.0	10.3	18.8	16.6	7.6	53.4	169.6	91.9	77.6
Facility Repayments	0.0	0.0	0.0	0.0	0.0	0.0	(0.5)	0.0	0.0	0.0	0.0	0.0	(0.5)	(0.5)	0.0
Interest receipts	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.2	0.0
Interest payments	0.0	(1.9)	(1.3)	(0.7)	(0.3)	(3.0)	0.0	(2.5)	(1.8)	(0.7)	(1.4)	(3.0)	(16.3)	(11.3)	(5.0)
Capital/Financing Cashflow	0.9	10.7	11.8	(8.7)	18.8	(5.9)	(1.4)	13.1	20.4	13.4	1.0	46.4	120.4	59.6	60.8
Net Cashflow	(3.8)	2.3	2.1	(16.5)	28.4	(19.3)	(11.2)	(1.5)	10.0	(14.0)	(22.9)	0.0	(46.5)	(9.6)	(37.0)
Closing Balance	45.7	48.0	50.1	33.6	62.0	42.7	31.5	30.0	40.0	25.9	3.0	3.0	3.0	40.0	3.0

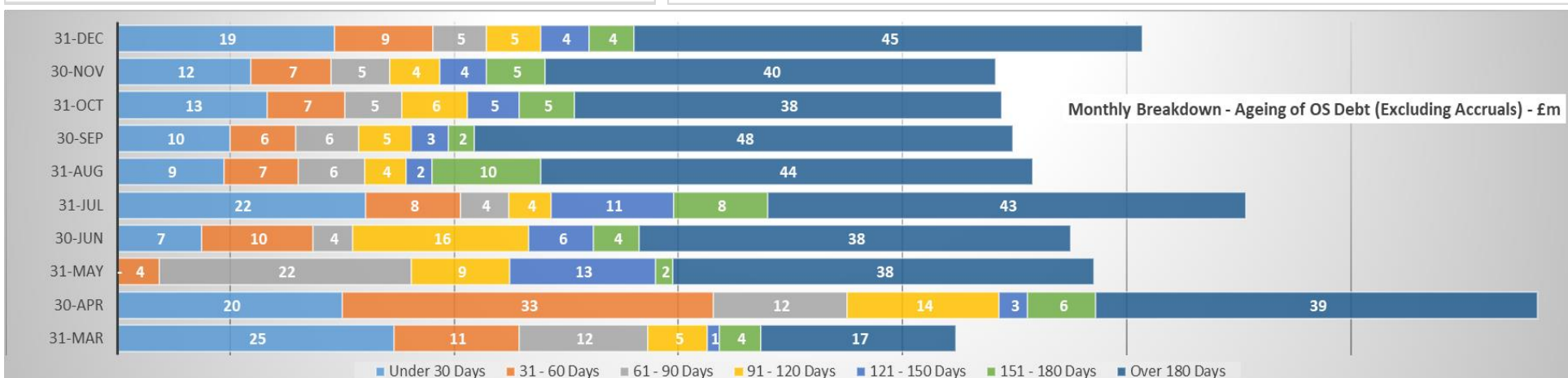
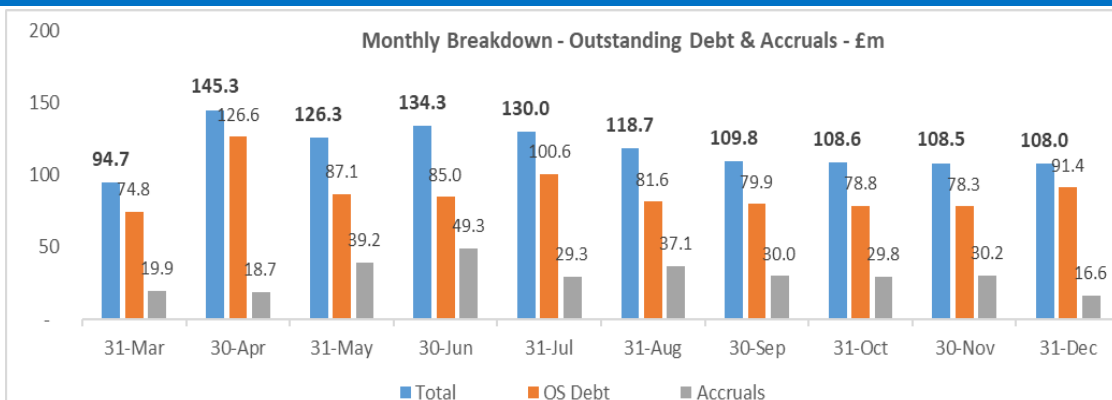
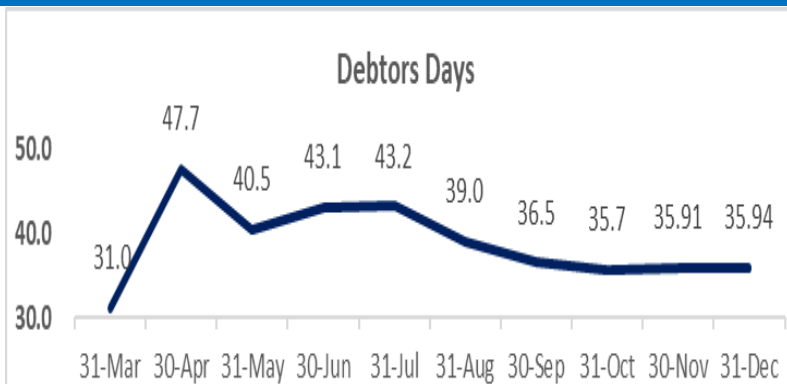
Key commentary:

- £16.6m Revenue funding has been received on 14 January from the DoH for Jan 19.
- Forecast funding requirement for Mar 19 is £53.4m. The increased funding requirement is largely due to KIFM (£24m) increased funding request to pay creditors.
- Forecast operating receipts and payments for Jan 19 to Mar 19 are £284.9m and (£382.7m).

FY 18-19 Operating receipts, payments and bank balance summary - Apr 18 to Mar 19



FY 2018-19 Debtors Summary



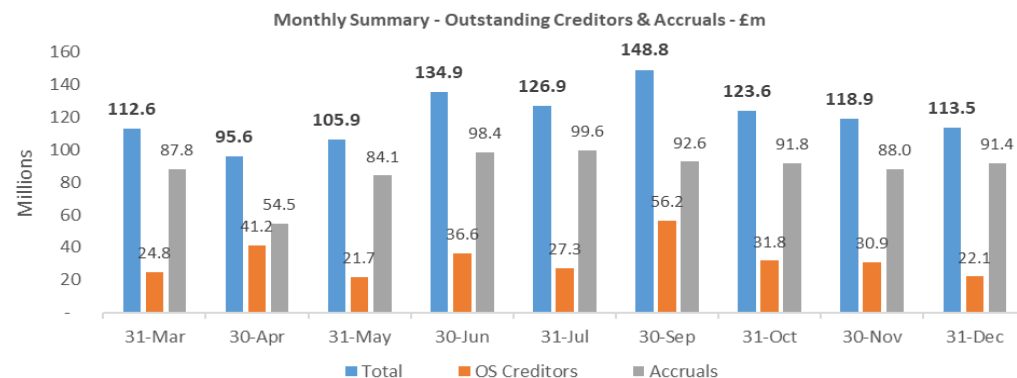
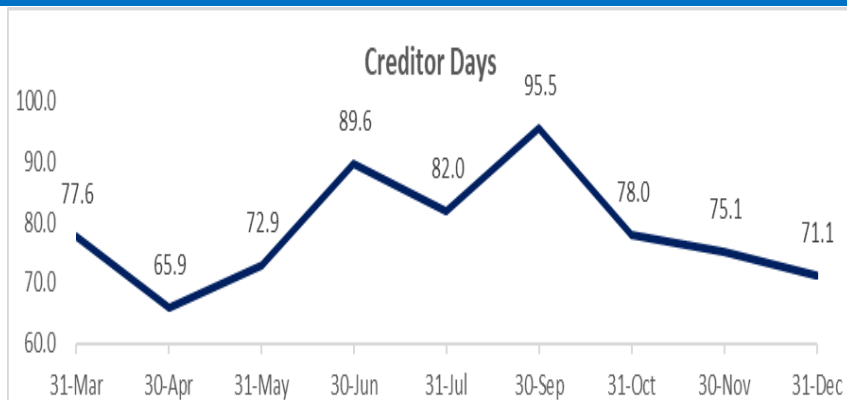
Highlights for the period:

- December 18 Debtor days are 36, broadly in line with the last three months.
- Outstanding debt at 31 December is £108m which includes £16.6m of accruals.
- Continued focus on escalation of the Aged NHS and Non NHS outstanding query resolution.
- Comprehensive review and analysis of the receivables and payables static data and dimensions, identifying customer and supplier account irregularities.

Planned activity for next period:

- Continued focus on the old debt and reconciliation of both sides of the ledger.
- Meeting with our key customers & partners to resolve outstanding issues and arrange reciprocal payments on both sides of the ledger.
- Using the AOB (Agreement of Balances) Portal as part of M9 AOB process, day to day monitoring and regular reconciliation and reporting activities.
- Continue to action the results of the receivables and payables static data review and analysis, cleaning the master customer and supplier datasets.

FY 2018-19 Creditors Summary



Highlights for the period:

- December 18 Creditor days are 71 days, (75 Days Nov 18).
- Outstanding Creditors at 31 December is £113.5m (£18.9m Nov 18). £91.4m of the total debt represents accruals at month end (£88m Nov 18).
- Continue to focus on the NHS / Non NHS Creditors and the receipting issues resulted in reduction in greater than 90 days aged creditors between September and December.
- Comprehensive review and analysis of the receivables and payables static data and dimensions, identifying customer and supplier account/payment irregularities.
- Non NHS Creditors at 31 Dec are £49.3 (including £29.7m KIFM-representing 62% of the total (£49.3m)). We are reconciling our intercompany flows to reduce the outstanding balance.

Planned activity for next period:

- Continued focus on the old debt and reconciliation of both sides of the ledger.
- Liaising with our key suppliers to increase automated processing of invoices which is expected to significantly improve processing of invoices.
- Meeting with our key suppliers / partners to resolve outstanding issues and arrange reciprocal payments on both sides of the ledger.
- Continue to action the results of the receivables and payables data review and analysis. Cleaning the master customer and supplier datasets, recovering overpayments.
- Continue to explore the use of AOB portal for Non NHS Suppliers, implement for day to day monitoring, regular supplier account reconciliation and reporting processes.

Trust Income Month 9 - Analysis by patient type

Appendix 1

Patient Delivery Type							Run Rate (£)									18/19	17/18
	Annual Budget	YTD Budget	YTD Actual	YTD	Last	In Month	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Average	Average
	£'000s	£'000s	£'000s	Variance £'000s	Month Variance	Movement £'000s	2018/19 £'000s	2018/19 £'000s	2018/19 £'000s	2018/19 £'000s	2018/19 £'000s	2018/19 £'000s	2018/19 £'000s	2018/19 £'000s	2018/19 £'000s	Income £'000s	Income £'000s
NHS Acute: Accident & Emergency (A&E)	34,771	26,100	25,656	-444	-680	236	2,658	3,429	2,820	2,965	2,978	1,729	3,382	2,831	2,864	2,851	2,746
NHS Acute: Bone Marrow Transplant (BMT)	14,669	11,011	9,462	-1,549	-1,139	-411	1,334	1,103	1,272	725	488	933	1,283	1,630	694	1,051	1,256
NHS Acute: Critical Care	82,982	61,731	58,022	-3,710	-3,185	-524	6,179	6,746	5,598	7,443	6,936	6,382	6,486	6,338	5,914	6,447	6,487
NHS Acute: Day Case (Incl Insourcing Activity)	73,846	55,766	55,870	104	-171	275	5,603	6,602	6,589	5,942	6,488	5,889	6,713	6,256	5,789	6,208	5,964
NHS Acute: Devices (Off-Tariff)	18,635	13,988	14,172	184	-291	475	1,583	931	1,972	1,282	1,455	1,947	1,613	1,508	1,880	1,575	1,818
NHS Acute: Direct Access Pathology	7,051	5,287	5,287	-0	-0	0	635	-206	463	1,457	589	331	842	589	587	587	646
NHS Acute: Drugs (Off-Tariff)	130,554	97,994	83,395	-14,599	-13,299	-1,300	9,894	8,033	10,222	9,511	9,950	9,981	9,055	8,132	8,616	9,266	9,957
NHS Acute: Elective (Incl Insourcing Activity)	74,704	56,372	60,403	4,031	2,968	1,063	6,257	5,945	7,006	6,918	6,216	6,795	7,352	7,342	6,571	6,711	6,195
NHS Acute: Maternity Pathway	58,797	44,136	44,967	831	246	585	4,748	4,480	4,907	5,917	4,983	4,919	4,965	5,032	5,016	4,996	4,432
NHS Acute: Non Elective	202,785	152,218	151,854	-364	-1,270	906	16,120	16,458	17,502	16,043	17,180	17,012	18,271	17,074	16,195	16,873	16,505
NHS Acute: Outpatient New (Incl Insourcing Activity)	49,212	37,005	35,936	-1,069	-1,029	-40	3,876	3,800	3,979	4,502	3,939	3,936	4,084	4,156	3,664	3,993	4,278
NHS Acute: Outpatient Follow Up (Incl Insourcing Activity)	54,573	40,946	40,438	-508	-589	81	4,451	4,872	4,495	4,701	4,440	4,476	4,828	3,986	4,189	4,493	4,650
NHS Acute: Outpatient Procedure (Incl Insourcing Activity)	34,022	25,628	25,756	128	-184	312	2,453	3,834	3,236	2,590	2,939	2,011	2,926	2,898	2,869	2,862	2,631
NHS Acute: Gentio-Urinary (GUM)	3,866	2,902	3,422	520	476	44	330	317	331	457	503	353	382	414	336	380	372
NHS Acute: Patient Transport (journey charges)	6,858	5,148	5,421	273	276	-3	545	502	997	381	654	596	530	703	514	602	568
NHS Acute: Other (Other block funding services - NET of QIPP reduction)	33,277	24,704	29,847	5,143	6,214	-1,071	3,239	5,595	2,539	3,827	3,015	3,094	2,555	1,893	4,089	3,316	5,924
NHS Acute: Other (Liver Transplant)	16,365	12,283	10,970	-1,313	-1,284	-30	1,218	1,133	1,302	1,421	1,169	1,272	1,223	1,013	1,218	1,219	1,223
NHS Acute: Radiology	22,739	17,069	16,877	-192	-367	175	1,790	1,996	2,135	1,688	2,008	1,775	1,833	1,762	1,890	1,875	1,815
NHS Acute: Renal	24,459	18,349	17,988	-361	-567	206	2,013	1,683	2,092	1,988	2,097	1,899	1,917	2,248	2,051	1,999	2,042
NHS Acute: Unallocated Income (RTT backlog activity subject to delivery plans)	5,200	3,520	702	-2,817	-2,576	-242	0	0	0	0	0	0	299	185	218	78	0
NHS Acute: Contingency for data challenges from Commissioners	0	0	-1,838	-1,838	0	-1,838	-114	-114	-114	-121	-116	-116	-116	809	-1,838	-204	0
NHS Acute: CQUIN (based on 90% achievement)	19,344	14,508	14,508	-0	-0	-0	1,500	1,500	1,175	1,478	1,847	2,308	1,476	1,612	1,612	1,612	1,570
Commissioning Contract Sub-Total - A	968,709	726,667	709,114	-17,552	-16,451	-1,101	76,312	78,639	80,520	81,116	79,756	77,522	81,899	78,410	74,939	78,790	81,078
Other Commissioning Income Sub-Total - B	15,567	11,593	9,222	-2,371	-1,461	-909	1,234	818	1,340	1,137	1,181	1,415	1,348	334	415	1,025	1,399
Clinical Income CIPs Sub-Total - C	8,555	6,636	0	-6,636	-5,966	-670	0	0	0	0	0	0	0	0	0	0	0
NHS CLINICAL CONTRACT INCOME (A+B+C)	992,831	744,896	718,336	-26,559	-23,878	-2,681	77,546	79,457	81,860	82,254	80,937	78,937	83,247	78,744	75,354	79,815	82,477
RTA INCOME	3,660	2,745	3,045	300	282	18	302	348	251	602	283	346	306	283	323	338	306
OTHER NHS CLINICAL (DoH/ P2P)	4,726	3,548	3,531	-17	-21	3	384	374	334	407	448	434	391	364	396	392	400
PRIVATE PATIENT INCOME	26,399	19,803	19,616	-187	-77	-110	2,384	2,175	1,892	2,083	1,964	2,444	2,608	1,975	2,091	2,180	2,201
EDUCATION & TRAINING INCOME	44,584	33,392	33,132	-261	-269	8	3,698	3,397	3,910	3,667	3,751	3,736	3,728	3,506	3,739	3,681	3,817
RESEARCH & DEVELOPMENT INCOME	15,805	11,543	8,296	-3,247	-2,824	-422	1,185	1,683	928	954	1,418	1,458	751	-875	794	922	1,353
MISC OTHER OPERATING INCOME	49,331	36,928	36,714	-214	-1,124	910	2,875	3,065	3,193	4,359	5,633	3,928	4,170	4,380	5,110	4,079	3,959
TOTAL TRUST INCOME (excluding PSF)	1,137,335	852,854	822,669	-30,185	-27,912	-2,273	88,374	90,499	92,367	94,325	94,434	91,283	95,201	88,378	87,806	91,408	94,513
PSF Income	21,532	13,996	2,261	-11,735	-9,581	-2,154	0	0	2,261	1,004	1,004	-2,009	-0	0	0	251	0
TOTAL TRUST INCOME (including PSF)	1,158,867	866,850	824,930	-41,920	-37,493	-4,427	88,374	90,499	94,628	95,330	95,438	89,274	95,201	88,378	87,806	91,659	94,513

The Actuals reflect 'Block' contract adjustments for over/under performance and reflect what will be 'paid' by Contract Type.

See following report (appendix 2) for unadjusted activity performance by Clinical Division.

Divisional Income Month 9 - Analysis by patient type

Row Labels	CEF (PTS)	Commercial (ACU & Pathology Contract)	Networked Care	PRUH	UPAC	Trust Income (Excl Block Adjustments)	Data Challenges	Block Adjustment	Grand Total
NHS Acute: A&E				761,557	1,179,079	-0		-674,668	1,265,967
NHS Acute: A&E Neutralisation				-634,628	-1,075,409				-1,710,036
NHS Acute: DC		-964	988,604	-469,510	-949,229	254		534,801	103,956
NHS Acute: EL			2,389,658	507,068	1,697,175	-266,960		-296,637	4,030,304
NHS Acute: NEL		-1,030	1,487,496	4,318,530	2,020,607	18,162		-6,007,898	1,835,867
NHS Acute: NEL Stroke Neutralisation			-1,146,000	-1,054,000					-2,200,000
NHS Acute: OP FUP		-29,119	233,299	-991,234	-342,724	885,142		-263,166	-507,802
NHS Acute: OP NEW		2,943	-214,578	-665,738	-1,521,551	46,312		1,283,401	-1,069,211
NHS Acute: OP PROC			1,147,460	-211,173	2,906,063	457,304		-810,368	3,489,286
NHS Acute: OP PROC Neutralisation (Neurophysiology & Ophthalmology)			-500,000		-2,861,742				-3,361,742
NHS Acute: GUM					519,986	0		0	519,986
NHS Acute: BMT			-1,549,334			0		0	-1,549,334
NHS Acute: Critical Care			-5,470,144	-242,025	-36,284	-0		2,038,761	-3,709,692
NHS Acute: Devices			-49,072	-82,043	519,114	1,791		-206,209	183,581
NHS Acute: Drugs		156,724	-8,135,474	654,724	192,235	-5,909,234	-362,125	-25,941	-13,429,091
NHS Acute: Drugs (EPO adjustment)			-1,170,000						-1,170,000
NHS Acute: MATERNITY PATHWAY			-24,703	-1,201,061	-137,392	0		2,193,985	830,829
NHS Acute: OTHER	-603,754	173,760	-633,081	-868,283	577,978	2,724,684	-1,837,875	364,954	-101,618
NHS Acute: Patient Transport	1,293,711				0	-91,558		-929,143	273,010
NHS Acute: RADIOLOGY		1,196	-228,287	-156,278	680,798	-274,889		-214,554	-192,014
NHS Acute: RENAL			-360,936			0		0	-360,936
NHS Acute: DIRECT ACCESS PATHOLOGY		115,073		2,621,733		-2,701,971		-34,835	-0
NHS Acute: CQUIN						0		0	0
NHS Acute: Unallocated Income (RTT)					-655,592	-2,161,772		0	-2,817,364
Business Cases (Renal)			-277,018			0		0	-277,018
Clinical Income Savings Target (Actual incorporated in lines above)			-1,199,451	-2,136,881		-3,300,002		0	-6,636,334
Grand Total	689,957	418,583	-14,711,561	150,758	2,713,112	-10,572,736	-2,200,000	-3,047,519	-26,559,406

(1) Block Adjustments - these adjustments do not take into account the CSU data challenges for Q1 & Q2, which have not been resolved to date. The calculation is based on a CCG straight-line phasing as opposed to the Trust phased plan which incorporates seasonality variation. As at Month 9, Block Contract was over-performing £3m against Plan (Bromley £4.6m, Lambeth £(1)m & Southwark £(0.6)m)

(2) Trust-wide neutralisation is £7.2m (see table above - highlighted)

(3) In summary, the variance in month related to a new £3m provision in response to a high level of CCG Commissioner activity data challenges. This covered clinical activity and off-tariff drugs. This issue is recognised in the contract alignment process with Commissioners as part of the STP return.

The key variances trends YTD include:

> BMT Transplant activity (£1.5m YTD) – Activity income has improved but month 9 activity was adverse by £411k.

> Liver Transplants (£1.3m YTD) – This is driven by the non-achievement of additional cases; relating to the business case bought to Investment Board in August but planned from April. Activity was in line with plan for month 9.

> Outpatient follow up – (£0.5m YTD) – Renal counting and coding correction has driven the adverse variance. Outpatient new referrals is adverse (£1m YTD).

> Critical Care (£3.7m YTD) – The adverse variance is due to the delay in the opening of the new unit.

> Renal (£0.4m YTD) – Activity recording issue in respect to plan set and actual activity reported in year.

> RTT activity (£2.8m YTD) is currently behind the original phased plan but elective activity is showing an over-performance of £4m. The Trust has developed plans to deliver the RTT income target of £4m against an original plan of £7m.

> The off tariff drugs variance to date is £14.6m adverse (YTD) which is due the investment in the NHSE contract for NICE drugs impact (£6.2m FYE) but this has not materialised in year. The variance is also due to the reduction in off tariff drug prices for Cancer and Hep C drugs; plus the impact of clinical trials reducing cost.

> Non-elective inpatient activity (£0.4m YTD) and A&E activity (£0.4k YTD) are also adverse against plan due to counting and coding rules neutralisation. Both areas reported a positive income variance in month 9.

> The above variances include any adjustments for the block contract which is currently over-performing. However a number of QTR 1 & 2 challenges are yet to be resolved to reflect the finalised position. The Trust has generated a £3m income provision in respect to the high level challenges from the CCGs.

> A number of prior year credit notes have also been incurred since the QTR 4 17/18 reconciliation was completed regarding fines and off tariff drug data validation challenges. The income CIPs plan is £8.5m and there is a forecast adverse variance of £2.6m.

As part of the year end forecast assumptions, the Trust is anticipating the delivery of additional income in a number of specialist services including NICU/PICU catch up, Haematology including BMT, Renal, Neurosurgery and Liver transplants.

KFM - Year to Date Financial Position

Income & Expenditure - December 2018

-----In month £000s-----			Description	-----Year to-date £000s-----			Annual £000s Budget
Budget	Actual	Variance		Budget	Actual	Variance	
7,937	7,938	1	Income	71,433	71,433	(0)	95,244
	320	320	Contract Income		894	894	
7,937	8,257	320	Total Income	71,433	72,327	894	95,244
			Pay				
(329)	(237)	92	Procurement pay	(2,962)	(2,925)	37	(3,950)
(187)	(180)	7	Corporate pay	(1,686)	(1,785)	(99)	(2,247)
(204)	(285)	(81)	Professional & Technical Staff	(1,837)	(1,733)	104	(2,449)
(721)	(703)	18	Total Pay	(6,485)	(6,442)	42	(8,646)
			Non-pay				
(2,211)	(3,340)	(1,129)	Medical supplies	(19,899)	(22,619)	(2,720)	(26,532)
(1,137)	(1,180)	(43)	Medical equipment	(10,229)	(11,154)	(926)	(13,638)
(1,190)	(836)	355	Medical prostheses	(10,711)	(10,377)	334	(14,282)
(157)	(109)	48	Pharma & chemicals	(1,409)	(1,424)	(15)	(1,878)
(108)	(476)	(368)	Repairs & maintenance	(976)	(1,882)	(906)	(1,301)
(169)	(246)	(78)	Dressings	(1,518)	(1,969)	(451)	(2,024)
(162)	(126)	36	Dental & optical	(1,459)	(1,254)	205	(1,945)
(557)	(364)	193	Other direct costs	(5,017)	(3,985)	1,032	(6,689)
(1,088)	(1,097)	(9)	Trust charges	(9,795)	(10,103)	(308)	(13,060)
(85)	(75)	10	Overhead costs	(766)	(1,086)	(321)	(1,021)
0	0	0	Unallocated Cost	0	0	0	0
(6,864)	(7,850)	(986)	Total Non-pay	(61,777)	(65,853)	(4,076)	(82,370)
(122)	(140)	(18)	Depreciation	(1,096)	(953)	143	(1,462)
(7,706)	(8,692)	(986)	Total operating expenditure	(69,358)	(73,248)	(3,890)	(92,478)
230	(435)	(665)	Total Operating Profit/(Loss)	2,074	(922)	(2,996)	2,766
(32)	(49)	(17)	Interest	(288)	(392)	(104)	(384)
198	(483)	(682)	Net Profit/(Loss)	1,786	(1,314)	(3,100)	2,382

M9 Results

Other income in the month is the reclassification of rebate and CCN income from the Contract Income category.

Challenged YTD is £1.9m not posted to the P&L but currently booked in KFM balance sheet awaiting credit notes.

KCH actual invoices posted in current month but not accrued at year end £45k in the month.

KCH accrual recharges relating to prior year was credit of £121k generated from an overpayment of pacemaker cost.

Overhead cost - Lower in the month as result of further accrual review and releases within ICT.

Depreciation cost is higher in the month as a result of assets capitalisations within the month £2.5m

Trust Services Recharge is £9k over budget in the month mainly due to Steris recharge being higher than budget.

Procurement salary cost lower than budget due to reclassification of Help Desk staff to the Professional & Technical category.

Professional & Technical salary cost is higher than budget partly due to the ICT staff reclassification and higher agency cost within Operations and Endoscopy.

The result includes a £757k provision booked for invoices received but not goods receipted.

KFM – Run Rate Report

Description	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD
Income										
Contract Income	7,463	6,780	7,121	7,121	7,121	12,015	7,937	7,936	7,938	71,433
Other income	23	7	7	43	15	(21)	192	308	320	894
Total Income	7,486	6,787	7,128	7,165	7,136	11,993	8,129	8,245	8,257	72,327
Pay										
Procurement pay	(316)	(370)	(406)	(412)	(416)	(125)	(292)	(352)	(237)	(2,925)
Corporate pay	(108)	(212)	(175)	(165)	(183)	(388)	(190)	(182)	(180)	(1,785)
Professional & Technical Staff	(170)	(174)	(177)	(183)	(218)	(138)	(186)	(202)	(285)	(1,733)
Total Pay	(594)	(756)	(757)	(759)	(818)	(651)	(668)	(737)	(703)	(6,442)
Non-pay										
Medical supplies	(1,935)	(2,052)	(3,005)	(2,801)	(2,327)	(2,243)	(2,549)	(2,366)	(3,340)	(22,619)
Medical equipment	(1,492)	(368)	(991)	(1,734)	(1,611)	(989)	(1,531)	(1,258)	(1,180)	(11,154)
Medical prostheses	(747)	(1,063)	(1,446)	(1,089)	(944)	(1,889)	(1,161)	(1,201)	(836)	(10,377)
Pharma & chemicals	(170)	(192)	(165)	(170)	(143)	(228)	(82)	(165)	(109)	(1,424)
Repairs & maintenance	(194)	105	(365)	(71)	(15)	(330)	(119)	(417)	(476)	(1,882)
Dressings	(187)	(220)	(220)	(157)	(201)	(258)	(242)	(238)	(246)	(1,969)
Dental & optical	(149)	(158)	(138)	(175)	(149)	(101)	(112)	(145)	(126)	(1,254)
Other direct costs	(417)	(644)	(311)	(340)	(615)	(384)	(526)	(385)	(364)	(3,985)
Trust charges	(1,264)	(1,264)	(1,240)	(1,258)	(1,216)	(288)	(1,087)	(1,387)	(1,097)	(10,103)
Overhead costs	(57)	(168)	(3)	(124)	(95)	(362)	(165)	(36)	(75)	(1,086)
Unallocated Cost	(19)	0	19	0	0	0	0	0	0	0
Total Non-pay	(6,630)	(6,024)	(7,866)	(7,921)	(7,318)	(7,072)	(7,573)	(7,600)	(7,850)	(65,853)
Depreciation	(132)	(178)	(131)	184	(119)	(118)	(191)	(129)	(140)	(953)
Total operating expenditure	(7,355)	(6,958)	(8,754)	(8,496)	(8,255)	(7,842)	(8,432)	(8,465)	(8,692)	(73,248)
Total Operating Profit/(Loss)	131	(171)	(1,625)	(1,331)	(1,119)	4,152	(303)	(220)	(435)	(922)
Interest	(52)	(12)	(32)	(33)	(32)	(23)	(111)	(49)	(49)	(392)
Net Profit/(Loss)	79	(183)	(1,657)	(1,364)	(1,151)	4,129	(414)	(269)	(483)	(1,314)

KFM RUN RATE

Contract income now normalised in line with revised budget after reclassification of other income category.

Other income includes Radiology X-Ray machine contract changes £146k and Heart & Lung £149k.

Pay cost a now broadly in line with new reporting structure, month on month variances (Nov & Dec) between Procurement and the Professional & Technical category is due to the reclassification of ICT staff. Cost are marginally lower than prior month partly due savings generated from Agency staff not working during Christmas break.

In post establishment 176.64 wte (vs 173.44 wte Nov) of which Agency 30.9 wte (vs 31.2 wte Nov)

Overhead cost - Includes £159k (£80k prior year) charge for the Omnicell cabinets, £45k Zendesk IT costs and £44k Iron Mountain storage cost.

Direct expenditure: Cost peaked in June and July (prior year cost) with a gradual month on month reduction trend; Sept £6,422: Oct £6,321: Nov £6,177

Depreciation cost: The positive number in July is as a result of the release of YTD Dental depreciation accruals. The Dec 2018 cost is higher than the prior month due to asset capitalisation in the month.

Trust Charges: Recharge cost higher than budget mainly due to Steris recharge cost.

Interest Charges: Recharge cost higher than budget as a result of higher interest rate from July 2018 (2.7% vs Budget 2.5%) and higher outstanding loan balance (£6m).

Public Board

6th February 2019

Board Assurance Framework

1. Introduction

The Board Assurance Framework (BAF) is a document that should provide a structure to monitor progress towards meeting the trust strategy. It should also identify any organisational risks (internal and external) that could prevent the successful implementation of the key strategic objectives within the strategy. This document should ideally be used to shape the Board meetings as it will maintain focus on all elements of the strategy throughout the financial year.

The current trust Board Assurance Framework is linked to the current BEST Strategy, however all but 2 of the 8 risks were opened in 2012. The BAF does not identify all the risks to achieving the strategy or allow progress monitoring of the strategy, therefore the Executive Team requested a review and update to this document.

2. Proposed Plan

The new Trust Strategy is progressing well (due for implementation from 1st April 2019) having been to the Board and currently out to consultation with staff, therefore changing the existing BAF to meet the current BEST Strategy for just 2 months appears to be an inefficient use of resources.

The proposal is to develop the new BAF using the new Strategy so both will be launched together and live from the new financial year. Through working with the Strategy Team this will enable the testing of some deliverables and identification of all present risks to achieving these. The Executive Lead for each deliverable will be able to consider the actions required and the risks to achieving them whilst developing the BAF. This could identify new deliverables or require revision of current ones.

The only consequence to this process is the BAF may change when alterations made to the strategy following staff feedback but the impact to this will be reduced with regular meetings between the Director of Quality Governance and the Deputy Director of Strategy.

3. Principles for the new Board Assurance Framework

The new BAF template is designed to identify risks to achieving the deliverables linked to the objectives and also to identify the core actions required to either mitigate the risk or to complete the deliverable. This will provide a useful tracker for progress in addition to the management of the risks.

Each section of the new BAF template is explained below:

- The key strategic objectives in the BAF are the 5 year outcomes within the strategy;

- The principle objectives in the BAF are the aims underpinning each outcome within the strategy;
- The principle risk is the deliverable under each 5 year outcome but linked to each aim. The wording for each deliverable within the strategy has been altered into a risk to achieving the deliverable (these are identified as “deliverable risk”) as this will allow the identification of controls and assurance to manage the task. In addition, other risks have been included from the trust risk register that could impact the completion of the deliverable (this is likely to change during the year);
- Risk Score – Using the trust risk matrix this is the risk to achieving the deliverable;
- Key controls – What is in place to ensure the deliverable is achieved or the risk managed;
- Assurance – These should be actual measures (qualitative or quantitative) to demonstrate the risk is managed and deliverable on track, completed and monitored;
- Gaps in Controls/Assurance – Where the owner believes we do not have sufficient controls to manage the risk/complete deliverable or any measure to provide robust assurance to the Board it is on track or risk managed;
- Actions – High level actions to reduce risk and complete deliverable;
- Deliverable on track – An overall rating for the Board to progress to achieving strategy.

4. Next Steps

- a) The strategy will continue to be developed following engagement events prior to final version presented to the Board;
- b) Each executive lead to populate their sections of the BAF through meetings with Director of Quality Governance or Trust Secretary – this needs to progress swiftly and ensure any other risk to achieving deliverable is identified;
- c) Regular meetings between Governance and Strategy Team to update changes following staff feedback;
- d) Work is underway to ensure the divisional and department risks have appropriate wording (description), controls, actions and rated correctly to enable the production of the Corporate Risk Register that is reported to the Quality Assurance and Research Committee;
- d) This paper and template BAF to be submitted to Trust Board so aware of progress and decision making to working towards BAF for the new strategy.

Ashley Parrott
 Director of Quality Governance
 17/1/19

Ref	Principle Objective	Principle Risk	Risk Score			Key Controls	Assurance	Gaps in controls / assurance	Actions	Completion Date	Deliverable on track Red, Amber, Green	Exec Lead	Lead Committee
			Likelihood	Consequence	Rating								
1.0 Strategic Objective - An empowered and engaged workforce													
1.1	Develop a culture where all our staff feel valued, respected and engaged	<p>Risk - There is a risk that staff feel/are bullied or harassed by other members of staff or their managers due to poor line management, team behaviours, failure of trust to act on poor behaviour or lack of understanding from staff on impact of behaviours. This could result in staff feeling undervalued and poor engagement and poor staff survey results and increased staff turnover.</p> <p>Strategy deliverable - Improve on Bullying and Harassment within Staff survey results</p> <p>Risk - There is a risk that staff feel they are not valued or listened to due to low levels of staff engagement across the trust. This could impact on the national staff survey results and impact on the resilience and ability for the trust to identify and embed improvement.</p> <p>Strategy deliverable - Improved staff survey results around staff feeling valued and recognised.</p> <p>Risk - There is a risk that the diversity programme within the trust does not have a positive impact on staff morale and engagement.</p> <p>Risk - There is a risk staff do not feel valued and could impact on recruitment and retention due to limited funding to provide effective health and wellbeing programmes across the trust</p> <p>Risk 3865 - There is a risk that staff will be verbally abused or physically assaulted in a number of clinical settings due to the patient conditions treated and the increased number of patients arriving with severe mental health conditions at the front door areas. This will impact on staff morale and the ability to treat patients swiftly through their pathway. This links to a number of risks in the organisation - 82,297,2430,575</p>	4	4	16	<p>1. Bullying and Harassment hotline</p> <p>2. Targeted listening events from areas with known issues</p> <p>3. Appraisal process</p> <p>4. Reduced vacancy rates</p> <p>5. Relationship policy</p> <p>6. BAME network established</p> <p>7. Manager learning programme</p> <p>8. Staff FFT includes extra questions re harassment and bullying</p> <p>1. Listening events</p> <p>2. Recognition scheme (Kings Stars)</p> <p>3. Daily bulletins</p> <p>4. Pulse Magazine</p> <p>5. Executive attendance at Joint Consultative Committee</p> <p>6. Staff Networks</p> <p>7. Conversation stations in UPAC</p> <p>8. Speak up Guardian</p> <p>9. Employee Assistance Programme</p> <p>10. Appraisal system</p> <p>11. Exit questionnaire</p>	<p>1. National staff survey results</p> <p>2. Staff FFT</p> <p>3. Staff network feedback results</p> <p>1. National staff survey results</p> <p>2. Staff FFT survey</p> <p>3. Network feedback</p>	<p>1. Investment discussion following this year staff survey results latest national figure poor will need to invest in increased engagement programme</p> <p>1. Specific questions on engagement in staff FFT</p> <p>2. Conversation stations in other Divisions</p> <p>3. Specific engagement strategy in clinical and corporate Divisions and</p>	<p>1. Review investment required for 2019/20</p> <p>1. Specific questions on engagement in staff FFT</p> <p>2. Conversation stations in other Divisions</p> <p>3. Specific engagement strategy in clinical and corporate Divisions and</p>	<p>3/31/2020</p> <p>TBC</p>	<p>Amber</p> <p>Amber</p>	<p>Director of Workforce</p> <p>Director of Workforce</p>	<p>Education and Workforce Development</p> <p>Education and Workforce Development</p>
1.2	Grow leadership capability to enable diverse, high-performing teams and ensure accountability for delivery	<p>Risk - There is a risk that the leadership and management programmes are not implemented or have limited effect on staff leadership capability due to delays in the design, production and delivery.</p> <p>Strategy deliverable - Develop the advanced management programme</p> <p>Strategy deliverable - Succession planning embedded throughout the organisation</p>										Director of Workforce	Education and Workforce Development
1.3	Invest in the learning, skills and education of our people to nurture talent and build rewarding careers	<p>Risk - Failure to provide training for staff and ensure development opportunities through appraisals due to limited funding which will result in high turnover</p> <p>Strategy Deliverable - Voluntary turnover of 10%</p>										Director of Workforce	Education and Workforce Development
1.4	Embed integrated activity, financial and workforce planning	<p>Risk:?</p> <p>Strategy deliverable - Aligned activity, financial and workforce planning</p> <p>Risk - Failure to deliver workforce capacity and capability across the organisation due to limited external workforce availability and limited funding for posts</p>										Director of Workforce	Education and Workforce Development
			3	4	12	<p>• Monitor Hard to Recruit plans and targets</p> <p>• Nursing revalidation programme for all clinical staff</p> <p>• Staff Transfer Window rounds – nurse retention data</p> <p>• VAP/WAP meetings with the Divisions – Weekly</p> <p>• Safer staffing levels review monthly</p> <p>Workforce Delivery Group meetings - Monthly</p> <p>• 3-year Workforce strategy and plan with focus on capacity and capability – now Year 1 of 3 year strategy</p> <p>• Attendance management caseworkers in place and divisional sickness absence reviews</p>	<p>Vacancy rates</p> <p>- Nursing</p> <p>- Medical staffing vacancy rates</p> <p>- AHP vacancy rates</p> <p>- Administration roles vacancy rates</p> <p>Trust sickness rate</p> <p>National Staff survey result</p>	<p>1. Pulse surveys during the year to monitor elements within staff survey</p> <p>2. Medical vacancy rate remains challenged</p>	<p>1. Continue to recruit to medical vacancies</p>			Director of Workforce	Education and Workforce Development
2.0 Excellent local care with global reach													
2.1	Embed best practice in quality & productivity to improve access to outpatients, theatres and emergency departments and enhance site flow	<p>Deliverable Risk - Failure to achieve high response rates and satisfaction scores for Friends and Family Test in all areas of Out-patients, A&E, Inpatient and Maternity due to inadequate response number and poor patient experience</p> <p>Strategy deliverable - Be one of the best London trusts for outpatient experience</p> <p>Risk - There is a risk of delay or failure of the outpatient transformation programme to deliver the productivity and effectiveness required due to lack of engagement, PMO resources, IT infrastructure and staffing resources to deliver the changes required. - Andy Oxbey will be able to populate this</p> <p>Strategy deliverable - New model for outpatients implemented</p>	4	3	12	<p>1. System in place to collect data</p> <p>2. Monthly data analysis</p> <p>3. Data reviewed and scrutinised at performance meetings</p>	<p>FFT Score</p> <p>Inpatient - 93%, A&E - 78%, Maternity - 91%, OPD - 86%</p> <p>FFT response rates</p> <p>Inpatient - 37%, A&E - 3%, Maternity - 24%, OPD - 7%</p>	<p>The data provides a score but not clear on root cause for lower scores. The response rates are low in some areas and could be increased.</p>	<p>Commence new process to analyse results alongside other experience data for each Care Group and work on 2 actions per area to drive improvements.</p>			Chief Nurse	Patient Experience Committee
												Chief Operating Officer	TBC

Ref	Principle Objective	Principle Risk	Risk Score			Key Controls	Assurance	Gaps in controls / assurance	Actions	Completion Date	Deliverable on track Red, Amber, Green	Exec Lead	Lead Committee
			Likelihood	Consequence	Rating								
		<p>Risk - There is a risk of failure to meet CQC fundamental standards for quality care and achieve rating of good or outstanding due to limited improvement from previous inspections, patient flow difficulties, waiting times, financial deficit, ageing estates infrastructure and failings to follow clinical policies and procedures by some staff groups or areas.</p> <p>Risk - There is a potential failure to embed the quality improvement programme across the whole organisation due to an un-coordinated approach to improvement at senior and local level with multiple schemes underway across the organisation and limited resources and support for staff and managers to deliver these.</p> <p>Strategy deliverable - Embedded quality improvement programme</p> <p>Risk - There is a risk that patients could have a delay to assessment or leave without being assessed due to the long waiting times in the Emergency Departments caused by increased attendances, slow patient flow through the hospital, engagement with specialities to review and lack of space within the departments. This will also impact on the trust compliance to the national 4 hour standard. There are 3 related risks on the register to this: 290,956</p> <p>Strategy deliverable - Improve patient flow to enable delivery of 4 hour access target</p>	4	4	16	<p>1. Trust Governance Structure in place for quality committees</p> <p>2. Tracking of improvements through Planning and Delivery Board</p> <p>3. Reporting for all 3 domains of quality in place and escalated areas</p> <p>4. Risk registers in place</p> <p>5. Perfect Ward reviews conducted</p> <p>6. Ward accreditation scheme</p> <p>7. Leadership structure in place within Divisions</p>	<p>1. CQC rating - Requires Improvement</p> <p>2. CQC improvement action plan has demonstrable improvements</p>	<p>1. Risk register not used for business planning and prioritisation of work due to incorrect grading and unclear risk descriptions</p> <p>2. Improvement capability and methodology not embedded throughout the organisation</p> <p>3. Financial deficit and estates infrastructure will impact on achieving good due to well led and responsive domains</p> <p>4. Estates masterplan implementation</p>	<p>1. Revise risk register (descriptions, controls and ratings) and ensure embedded in committee activity across the organisation</p> <p>2. Ensure clear link between perfect ward, ward accreditation and improvement methodology/capability</p> <p>3. Continue to reduce financial deficit</p> <p>4. Estates masterplan implementation</p>	<p>1. 28/2/19</p> <p>2. TBC</p>		Chief Nurse	Planning and Delivery Board Quality Assurance and Research committee
			3	3	9	<p>1. Agreed trust wide improvement methodology</p> <p>2. QI Training Programme in place and on-going</p> <p>3. Clear improvement plan - kings way for wards, pathway redesign and training in methodology</p>	<p>1. QI Training figures</p> <p>2. Number of QI projects underway</p> <p>3. Number of clinical pathways redesigned</p> <p>4. Number of wards completed Kings Way for Wards</p>	<p>1. Quality Improvement Steering Group</p>	<p>1. Establish Quality Improvement Steering Group</p>	3/31/2020	Amber	Director of Improvement Informatics and ICT	Executive Quality Board
			4	4	16	<p>1. Agreed trust wide improvement methodology</p> <p>2. Regular bed meetings throughout the day</p> <p>3. Denmark Hill now has area to assess walk in/seated patients</p>	<p>1. 4 hour access target</p>					Chief Operating Officer	Planning and Delivery Board
2.2	Work with system partners to better align clinical capacity and patient demand, developing innovative models of integrated care and networked solutions where appropriate. Informed by our populations' physical and mental health needs and by outcomes that matter to patients	<p>Risk - RTT18 - There is a risk of harm to patients where the Trust does not achieve the 18 week referral target for patient to treatment. Meeting waiting time targets has proven challenging due to limited inpatient bed and theatre capacity. This could lead to an impact on patients as they will wait for extended periods which may see a worsening of their condition. This could also impact on the Trust's reputation and lead to possible fines for breach of targets.</p> <p>Strategy deliverable - Improve and maintain productivity in theatres and outpatients</p>	5	3	15	<p>1. Monthly Trust wide waiting time report reviewed</p> <p>2. Weekly monitoring of individual consultant waiting lists</p> <p>3. Weekly theatre scheduling meeting</p> <p>4. Patient pathway matron now in post</p>						Chief Operating Officer	Planning and Delivery Board
2.3	Reconfigure pathways across our sites, aligned to GIRFT	<p>Risk - Failure to address necessary actions identified within GIRFT programmes for the specialities due to inadequate systems and resources (capacity/ time and skill, infrastructure) to implement the identified changes and or local clinical ownership and engagement.</p> <p>Strategic deliverable - Full implementation and embedding of GIRFT deliverables in Ophthalmology and other specialities</p> <p>Risk - Beds and flow at PRUH is main risk to this - speak to Meredith</p> <p>Strategy deliverable - One Bromley (ICS) delivering improved integrated elective and emergency care</p>	3	4	12	<p>1. Action plans for GIRFT reviewed on rolling programme to EOB</p> <p>2. Clinical Directors and Care Group Leads review reports and actions</p> <p>3. Specific programmes (ophthalmology, orthopaedics, general surgery and neurosurgery) have two weekly progress meetings with members of Executive Team</p> <p>4. GIRFT data reviewed alongside national dashboards and outcomes</p> <p>5. Executive and National GIRFT Leadership</p>	<p>1. KPIs on productivity and outcomes for specific 4 programmes</p> <p>2. Action plan progress at EOB</p> <p>3. Financial savings</p> <p>4. FFT results</p> <p>5. Improved clinical outcomes</p>	<p>1. EOB review could be deemed slow to review re timescales but each report is reviewed by Executive Leads</p>	<p>1. Accelerate GIRFT actions to EOB</p> <p>2. Review of all GIRFT programmes reporting arrangements</p>	3/1/2019	N/A	Chief Operating Officer	Executive Quality Board
2.4	Innovate and grow to build centres of excellence and networks delivering world class outcomes in haematology, neurosciences, liver disease & transplantation - across the life course incorporating fetal, paediatric, adult and end of life services	<p>Risk? Strategic deliverable - KHP joint venture contracts agreed and leadership in place (incl Haematology)</p> <p>Risk - Potential failure to reconfigure South East London clinical portfolio and established networks due to relationships and financial arrangements with other trusts and Clinical Commissioning Group</p> <p>Strategy deliverable - Reconfigured clinical portfolio and networks established</p>										Director of Strategy and Commercial Services	King's Commercial Ventures Committee
												Director of Strategy and Commercial Services	TBC
3.0 Cutting edge research													
3.1	Increase research activity (commercial and academic), ensuring equity of access across sites	<p>Strategy deliverable - Failure to recruit >18,000 patients to National Institute for Health Research portfolio annually</p>	3	3	9	<p>1. Well developed R&I team structure</p> <p>2. Stable and resourced central office for R&I</p> <p>3. Clinical staff and Principle Investigators delivering against research aims and objectives</p> <p>4. Specialist work attracts commercial and non commercial research</p> <p>5. R&I Committee - monthly</p>	<p>1. Recruitment numbers regularly tracked</p>	<p>PRUH requires support to increased recruitment</p>	<p>1. Ensure financial and operational clarity between research facilities and partners</p> <p>2. Review research groups and finding aligned across the whole trust</p>	3/31/2020	Amber	Medical Director	Quality Assurance and Research committee
3.2	With our partners, invest in genomics and advanced cellular therapies to develop a translational and biomedical hub linked to our clinical peaks	<p>Strategy deliverable - Failure to develop and deliver Infrastructure for Advanced Therapies Medicinal Products, specialised genomics, clinical research and improved outcomes due to poor alignment with other centres and lack of space, infrastructure, funding and staff to deliver the requirements.</p>	3	5	15	<p>1. Identified partners</p> <p>2. Identified suitable space</p> <p>3. Memorandum of Understanding between commercial providers and Kings and partners</p>	<p>1. Tracking of patients enrolled onto CAR-T programme</p> <p>2. Specialist and associated cancer Genomics being delivered at DH and under NHSE Genomics programme (regional host GSTT)</p> <p>3. Equipment in place</p>	<p>1. Time and focus to ensure appropriate negotiations</p> <p>2. Local infrastructure challenged, and service partially delivered through external provider</p>	<p>1. Need clarity for funding of equipment</p> <p>2. Purchase equipment</p> <p>3. Engagement with Genomics partnership board</p> <p>4. Influencing financial costing and flow</p>		Red	Medical Director	Quality Assurance and Research committee
3.3	Develop a supporting Trust wide research culture including a workforce who are skilled in the conduct and use of research outputs	<p>Risk? Strategy deliverable - Failure to establish robust R&I business planning, financial model and effective governance structure in place for research</p>										Medical Director	Quality Assurance and Research committee

Ref	Principle Objective	Principle Risk	Risk Score			Key Controls	Assurance	Gaps in controls / assurance	Actions	Completion Date	Deliverable on track Red, Amber, Green	Exec Lead	Lead Committee
			Likelihood	Consequence	Rating								
4.0 Able to invest in our future													
4.1	Agree sustainable system contractual arrangements (ACHIEVE FINANCIAL SUSTAINABILITY)	Deliverable Risk - Failure to achieve financial break even position across our portfolio by the end of 2023. This risk is reviewed on an annual basis to achieve each year recovery targets. Strategy deliverable : Financial break even across our portfolio				1. Financial planning and reporting framework encompassing care groups, divisions, Kings Executive and Board with budget responsibility 2. Annual integrated activity and workforce financial plan with monthly reporting and re-forecasting 3. System of pay controls in place including investment board and VAP/WAP Panels 4. Cost improvement programme with financial recovery board with dedicated Director and PMO Team	1. Monthly reporting against budget and forecast in Financial Oversight Meetings and Finance and Performance Committee	1. Lack of understanding of income recording and understanding of contractual arrangements 2. Collective lack of financial responsibility across the trust 3. Lack of visibility of financial information, in particular non pay spend 4. Difficulty in keeping workforce controls in place at a detailed post by post level 5. Poor and under resourced contract management capabilities	1. Improve how operations, BIU and finance record and cost activity 2. continue to work with divisions and care groups to ensure understanding and responsibility 3. Enhance management reporting from Sprinter 4. ESR to Ledger process improvement 5. KFM Alternative delivery model transfer	Year one financial control total by March 2020	Amber	Chief Finance Officer	Finance and Performance Committee
		Failure to receive all the income required due to unsustainable contractual arrangements	4	4	16								
		Strategy deliverable - Sustainable system contractual arrangements											
		Strategy deliverable - Shared corporate services (STP, wider London and beyond) implemented											
		Risk: Failure to ensure robust internal control framework with particular emphasis on financial controls, accounting, and audit functions could result in poor external confidence and failure to identify internal gaps with systems in place.										Chief Finance Officer	Finance and Performance Committee
4.2	Realise new procurement opportunities and develop new partnerships around equipment replacement	Risk - Potential procurement and supply difficulties that could impact safety and cost for the trust due to the current UK/ European Agreement situation.										Chief Finance Officer	Finance and Performance Committee
4.3	Accelerate growth in our commercial opportunities	Strategy deliverable - Growth in commercial income (target TBC)										Director of Strategy and Commercial Services	King's Commercial Ventures Committee
4.4	Pursue alternative estate delivery models to address maintenance backlog and finance new Denmark Hill masterplan	There is a risk that the planning approvals are rejected or result in major construction changes due to the local authority and community opposing the plans. This could impact on the delivery of the estates plan in terms of timescales and funding opportunities, and therefore the strategy deliverable.										Director of Estates	TBC
		Strategy deliverable - Planning approvals for masterplan secured											
		Risk - ?										Director of Estates	TBC
		Strategy deliverable - Haematology Stage 1 built and Stage 2 commenced* Strategy deliverable - Variety Children's Hospital full business case approved and phase 1 underway*											
		Risk - There is a risk the new alternative delivery model for CEF transferring functions to KFM fail to meet the key performance indicators required to ensure delivery of essential services for clinical areas.										Director of Estates	TBC
		Risk - There is a risk that Kings subsidiary companies do not deliver intended clinical and financial benefits for the organisation due to poor compliance monitoring, limited investment on core areas or unaligned priorities. This could impact on the delivery of the maintenance backlog and masterplan.				1. Subsidiary companies established with individual boards 2. Clear key performance indicators in place						Director of Estates	TBC
		Risk - There is a risk that clinical equipment may not be available or clinical areas unsuitable due to cleaning difficulties and maintenance problems because there is insufficient funding to manage the backlog maintenance programme. The backlog work increases and the cost to funding temporary measures to mitigate maintenance impact are also continuing to increase.	4	4	16							Director of Estates	TBC
4.5	Strengthen our digital infrastructure to drive efficiency, enable partnership working and improve patient care	Strategy deliverable - Comprehensive rollout of the electronic health record at each site	4	4	16	1. Digital road map in place 2.Roll out started on all 5 sites 3. Work programme overseen by digital technology board 4. Programme plan in place 5. Electronic prescribing in place	1. Roll out as per roll out plan 2. Inpatient record at PRUH and DH all digital	1. Outpatient records to be completed 2. A&E and Theatres to be completed	1. Source funding to continue programme	31/3/2020 - Outpatients completed	Red	Director of Improvement Informatics and ICT	Digital and Technology Programme Board
		Risk: Limited capital funding available to enable IT improvements in infrastructure and to manage core daily business	4	4	16	1. Applications submitted for internal and external funding	1. Budget available	1. Internal budget decisions not made for 2019/20 2. External funding decision making - awaiting answer		N/A	Director of Improvement Informatics and ICT	Digital and Technology Programme Board	
		Strategy deliverable - Interoperable, electronic patient record linked across services and comprehensive digital offer	4	3	12	1. Digital road map in place 2.Roll out started on all 5 sites 3. Work programme overseen by digital technology board 4. Programme plan in place 5. STP Digital Programme Board in place 6. Solution in place to link all systems between providers	1. Roll out as per roll out plan	1. Regional and national timescale requirements	1. Source funding to continue programme from STP	Unknown	Amber	Director of Improvement Informatics and ICT	Digital and Technology Programme Board

Board Resolution

Statement from the Chair and the Responsible Officer of King's College Hospital NHS Foundation Trust regarding the Trust Board approval of Single Currency Interim Revenue Support Facility Agreement reference

DHPF/ISUCL/RJZ/2019-01-30/A

The Board has discussed and contemplated its financial position and the need to apply for the proposed loan. This has been discussed at its Finance and Performance Committee and at the Board of Directors meetings held in October and November 2016. Having taking account of these discussions and the contents of the loan agreement, the Board considered the written resolution on 2 December 2016.

This recommends that an Uncommitted Single Currency Interim Revenue Support Facility totalling **£7.572m** is taken, repayable by the **18 February 2022**

We confirm the Board have accepted this recommendation and therefore approve the facility on behalf of the Trust.

In line with Schedule 1 of the Uncommitted Single Currency Interim Revenue Support Agreement (henceforth referred to as the Finance Documents), we also:

- a) Approve the terms of, and the transactions contemplated by, the Finance Documents to which it is a party and resolving that it execute the Finance Documents to which it is a party;
- b) authorise **Simon Dixon, Deputy Chief Financial Officer and Nicola Hoeksema, Associate Chief Financial Officer** to execute the Finance Documents to which it is a party on its behalf; and
- c) authorise **Simon Dixon, Deputy Chief Financial Officer and Nicola Hoeksema, Associate Chief Financial Officer** to sign and/ or dispatch all documents and notices (including the Utilisation Request) in connection with the Finance documents to which it is a party on its behalf.
- d) Confirm our undertaking to comply with the Additional Terms and Conditions.
- e) Agree that the Chair will take Chair's Action and approve the monthly resolution and that he and the Chief Executive execute the resolution on behalf of the Board.

We certify that the Trust Board has scrutinised the proposed Finance Documents and that this has been circulated to all Trust Board members.

Ian Smith - Chair, King's College Hospital NHS Foundation Trust

Lorcan Woods – Chief Financial Officer, King's College Hospital NHS Foundation Trust

Dated:

DATED _____ **2019**

KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST
(as Borrower)

and

THE SECRETARY OF STATE FOR HEALTH
(as Lender)

£7,572,000.

UNCOMMITTED SINGLE CURRENCY INTERIM REVENUE SUPPORT

FACILITY AGREEMENT

REF NO: DHPF/ISUCL/RJZ/2019-01-30/A

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THIS AGREEMENT is dated

2019 and made between:

- (1) **KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST** of **Denmark Hill, London, SE5 9RS** (the "**Borrower**" which expression shall include any successors in title or permitted transferees or assignees); and
- (2) **THE SECRETARY OF STATE FOR HEALTH** as lender (the "**Lender**" which expression shall include any successors in title or permitted transferees or assignees).

IT IS AGREED as follows:

1. DEFINITIONS AND INTERPRETATION

1.1 Definitions

In this Agreement:

"Account" means the Borrower's account held with the Government Banking Service.

"Act" means the National Health Service Act 2006 as amended from time to time.

"Additional Terms and Conditions" means the terms and conditions set out in Schedule 8.

"Agreed Purpose" means working capital expenditure for use only if it has insufficient working capital available as set out under the Terms of this Agreement, to maintain the provision of the Borrower's services in its capacity as an NHS Body. For the purposes of this agreement, working capital expenditure shall include repayment of outstanding loans under any working capital facility provided by the Lender to the Borrower.

"Authorisation" means an authorisation, consent, approval, resolution, licence, exemption, filing, notarisation or registration.

"Available Facility" means the Facility Amount less:

- (A) all outstanding Loans; and
- (B) in relation to any proposed Utilisation, the amount of any Loan that is due to be made on or before the proposed Utilisation Date.

"Availability Period" means two years from and including the date of this Agreement. The Availability Period may be extended, at the Borrower's option, subject to no outstanding Event of Default. Any extension can be for a period of up to twelve months, subject to the Availability Period expiring no later than the Final Repayment Date.

"Business Day" means a day (other than a Saturday or Sunday) on which banks are open for general banking business in London.

"Capital Limit" means the overall maximum net inflow/outflow from investing activities incurred by the Borrower as set by the Lender for any relevant financial year

"Cash Balance" means the Borrower's available cash balances, whether held within the Government Banking Service or otherwise, on the Utilisation Date to the Monday preceding the 18th day of the following Month.

"Cashflow Forecast" means the Borrower's current rolling 13 week cashflow forecast in a form to be agreed with the Lender from time to time (and as prepared on behalf of the Borrower's Board). The forecast must include all utilisations and proposed utilisations under any agreement with the Lender for the relevant period.

"Compliance Framework" means the relevant Supervisory Body's frameworks and/or any replacement to such frameworks for monitoring and assessing NHS Bodies and their compliance with any consents, permissions and approvals.

"Dangerous Substance" means any natural or artificial substance (whether in a solid or liquid form or in the form of a gas or vapour and whether alone or in combination with any such other substance) capable of causing harm to the Environment or damaging the Environment or public health or welfare including any noxious, hazardous, toxic, dangerous, special or controlled waste or other polluting substance or matter.

"Default" means an Event of Default or any event or circumstance specified in Clause 18 (*Events of Default*) which would (with the expiry of a grace period, the giving of notice, the making of any determination under the Finance Documents or any combination of any of the foregoing) be an Event of Default.

"Default Rate" means the official bank rate (also called the Bank of England base rate or BOEBR) plus 300 basis points per annum.

"Deficit Limit" means the Surplus/Deficit outturn for the Borrower set by the Lender for any relevant financial year before impairments and transfers.

"Environment" means the natural and man-made environment and all or any of the following media namely air (including air within buildings and air within other natural or man-made structures above or below ground), water (including water under or within land or in drains or sewers and inland waters), land and any living organisms (including humans) or systems supported by those media.

"Environmental Claim" means any claim alleging liability whether civil or criminal and whether actual or potential arising out of or resulting from the presence at on or under property owned or occupied by the Borrower or presence in or escape or release into the environment of any Dangerous Substance from any such property or in circumstances attributable to the operation of the Borrower's activities or any breach of any applicable Environmental Law or any applicable Environmental Licence.

"Environmental Law" means all statutes, instruments, regulations, orders and ordinances (including European Union legislation, regulations, directives, decisions and judgements applicable to the United Kingdom) being in force from time to time and directly enforceable in the United Kingdom relating to pollution, prevention thereof or protection of human health or the conditions of the Environment or the use, disposal, generation, storage, transportation, treatment, dumping, release, deposit, burial, emission or disposal of any Dangerous Substance.

"Environmental Licence" shall mean any permit, licence, authorisation, consent or other approval required by any Environmental Law or the Planning (Hazardous Substances) Act 1990.

"Event of Default" means any event or circumstance specified as such in Clause 18 (*Events of Default*).

"Facility" means the uncommitted interim support facility made available under this Agreement as described in Clause 2 (*The Facility*).

"Facility Amount" means **£7,572,000**. at the date of this Agreement and thereafter that amount to the extent not cancelled, reduced or transferred by the Lender or the Borrower (as may be amended by the Lender from time to time).

"Final Repayment Date" means 18 February 2022.

"Finance Documents" means:

- (A) this Agreement; and
- (B) any other document designated as such by the Lender and the Borrower.

"Financial Indebtedness" means any indebtedness for or in respect of:

- (A) moneys borrowed;
- (B) any amount raised by acceptance under any acceptance credit facility;
- (C) any amount raised pursuant to any note purchase facility or the issue of bonds, notes, debentures, loan stock or any similar instrument;
- (D) the amount of any liability in respect of any lease or hire purchase contract which would, in accordance with any applicable Audit Code for NHS Bodies, any applicable Manual for Accounts for NHS Bodies and Annual Report Guidance for NHS Bodies, be treated as a finance or capital lease;
- (E) receivables sold or discounted (other than any receivables to the extent they are sold on a non-recourse basis);
- (F) any amount raised under any other transaction (including any forward sale or purchase agreement) having the commercial effect of a borrowing;
- (G) any derivative transaction entered into in connection with protection against or benefit from fluctuation in any rate or price (and, when calculating the value of any derivative transaction, only the marked to market value shall be taken into account);
- (H) any counter-indemnity obligation in respect of a guarantee, indemnity, bond, standby or documentary letter of credit or any other instrument issued by a bank or financial institution; and
- (I) the amount of any liability in respect of any guarantee or indemnity for any of the items referred to in paragraphs (A) to (H) above.

"Government Banking Service" means the body established in April 2008 being the banking shared service provider to government and the wider public sector incorporating the Office of HM Paymaster General (OPG).

"Interest Payment Date" means the last day of an Interest Period.

"Interest Period" means, in relation to a Loan, the period determined in accordance with Clause 9 (*Interest Periods*) and, in relation to an Unpaid Sum, each period determined in accordance with Clause 8.3 (*Default interest*).

"Interest Rate" means 3.50% per annum, or other applicable interest rate that shall be notified by the Lender to the Borrower in respect of each Loan upon Utilisation.

"Licence" means the licence issued by Monitor to any person who provides a health care service for the purposes of the NHS.

"Limits" means the Deficit Limit and/or the Capital Limit where set out in the Finance Document

"Loan" means a loan made or to be made under the Facility or the principal amount outstanding for the time being of that loan.

"Material Adverse Effect" means a material adverse effect on:

- (A) the business or financial condition of the Borrower;
- (B) the ability of the Borrower to perform any of its material obligations under any Finance Document;
- (C) the validity or enforceability of any Finance Document; or
- (D) any right or remedy of the Lender in respect of a Finance Document.

“Minimum Cash Balance” means £3,000,000

“Monitor” means the sector regulator for health care services in England or any successor body to that organisation

"Month" means a period starting on one day in a calendar month and ending on the numerically corresponding day in the next calendar month, except that:

- (A) (subject to paragraph (C) below) if the numerically corresponding day is not a Business Day, that period shall end on the next Business Day in that calendar month in which that period is to end if there is one, or if there is not, on the immediately preceding Business Day;
- (B) if there is no numerically corresponding day in the calendar month in which that period is to end, that period shall end on the last Business Day in that calendar month; and
- (C) if a period begins on the last Business Day of a calendar month, that period shall end on the last Business Day in the calendar month in which that period is to end,

provided that the above rules will only apply to the last Month of any period.

“NHS Body” means either an NHS Trust or an NHS Foundation Trust, or any successor body to that organisation.

“NHS Improvement” means the body incorporating the roles of Monitor and the NHS Trust Development Authority and acting as the health sector regulator providing healthcare transformation, regulatory and patient safety expertise.

“NHS Trust Development Authority” means the body responsible for monitoring the performance of NHS Trusts and providing assurance of clinical quality, governance and risk in NHS Trusts, or any successor body to that organisation;

"Original Financial Statements" means a certified copy of the audited financial statements of the Borrower for the financial year ended 31st March 2017.

"Participating Member State" means any member state of the European Communities that adopts or has adopted the euro as its lawful currency in accordance with legislation of the European Community relating to Economic and Monetary Union.

"Party" means a party to this Agreement.

"Permitted Security" means:

- (A) normal title retention arrangements arising in favour of suppliers of goods acquired by the Borrower in the ordinary course of its business or arising under conditional sale or hiring agreements in respect of goods acquired by the Borrower in the ordinary course of its business;
- (B) liens arising by way of operation of law in the ordinary course of business so long as the amounts in respect of which such liens arise are not overdue for payment;
- (C) any existing Security listed in Schedule 7;
- (D) any Security created or outstanding with the prior written consent of the Lender; and
- (E) any other Security securing in aggregate not more than £150,000 at any time.

"Relevant Consents" means any authorisation, consent, approval, resolution, licence, exemption, filing, notarisation or registration of whatsoever nature necessary or appropriate to be obtained for the purpose of entering into and performing the Borrower's obligations under the Finance Documents.

"Relevant Percentage" means in respect of each Repayment Date, the percentage figure set opposite such Repayment Date in the Repayment Schedule.

"Repayment Dates" means the repayment dates set out in the Schedule 6 (Repayment Schedule).

"Repayment Instalment" means each instalment for the repayment of the Loan referred to in Clause 6.2.

"Repayment Schedule" means the repayment schedule set out in Schedule 6 (*Repayment Schedule*).

"Repeating Representations" means each of the representations set out in Clause 14 (*Representations*) other than those under Clauses 14.9, 14.10, 14.12.2 and 14.16.2.

"Security" means a mortgage, charge, pledge, lien or other security interest securing any obligation of any person or any other agreement or arrangement having a similar effect.

"Supervisory Body" means NHS Improvement, incorporating and representing both of the bodies previously known as the NHS Trust Development Authority and Monitor.

"Tax" means any tax, levy, impost, duty or other charge or withholding of a similar nature (including any penalty or interest payable in connection with any failure to pay or any delay in paying any of the same).

"Tax Deduction" means a deduction or withholding for or on account of Tax from a payment under a Finance Document.

"Test Date" means the Utilisation Date and each Interest Payment Date.

"Unpaid Sum" means any sum due and payable but unpaid by the Borrower under the Finance Documents.

"Utilisation" means a utilisation of the Facility.

"Utilisation Date" means the date of a Utilisation, on which a drawing is to be made under the Facility, such date to be the Monday preceding the 18th day of any month.

"Utilisation Request" means a notice substantially in the form set out in Schedule 2 (*Utilisation Request*).

"VAT" means value added tax as provided for in the Value Added Tax Act 1994 and other tax of a similar nature, whether imposed in the UK or elsewhere.

1.2 Construction

1.2.1 Unless a contrary indication appears, any reference in any Finance Document to:

- (A) the **"Lender"**, the **"Borrower"** the **"Supervisory Body"** or any **"Party"** shall be construed so as to include its successors in title, permitted assigns and permitted transferees;
- (B) **"assets"** includes present and future properties, revenues and rights of every description;
- (C) a **"Finance Document"** or any other agreement or instrument is a reference to that Finance Document or other agreement or instrument as amended or novated;
- (D) **"indebtedness"** shall be construed so as to include any obligation (whether incurred as principal or as surety) for the payment or repayment of money, whether present or future, actual or contingent;

- (E) a **"person"** includes any person, firm, company, corporation, government, state or agency of a state or any association, trust or partnership (whether or not having separate legal personality) or two or more of the foregoing;
- (F) a **"regulation"** includes any regulation, rule, official directive, request or guideline (whether or not having the force of law) of any governmental, intergovernmental or supranational body, agency, department or regulatory, self-regulatory or other authority or organisation;
- (G) **"repay"** (or any derivative form thereof) shall, subject to any contrary indication, be construed to include **"prepay"** (or, as the case may be, the corresponding derivative form thereof);
- (H) a provision of law is a reference to that provision as amended or re-enacted;
- (I) a time of day is a reference to London time; and
- (J) the word **"including"** is without limitation.

1.2.2 Section, Clause and Schedule headings are for ease of reference only.

1.2.3 Unless a contrary indication appears, a term used in any other Finance Document or in any notice given under or in connection with any Finance Document has the same meaning in that Finance Document or notice as in this Agreement.

1.2.4 A Default (other than an Event of Default) is **"continuing"** if it has not been remedied or waived and an Event of Default is **"continuing"** if it has not been waived or remedied to the satisfaction of the Lender.

1.3 Third party rights

1.3.1 Except as provided in a Finance Document, the terms of a Finance Document may be enforced only by a party to it and the operation of the Contracts (Rights of Third Parties) Act 1999 is excluded.

1.3.2 Notwithstanding any provision of any Finance Document, the Parties to a Finance Document do not require the consent of any third party to rescind or vary any Finance Document at any time.

2. THE FACILITY

2.1 Subject to the terms of this Agreement, the Lender makes available to the Borrower an uncommitted sterling interim support facility in an aggregate amount equal to the Facility Amount under the terms of which the Lender may, in its sole and absolute discretion, provide Loans to the Borrower from time to time, unless the Lender, in its sole and absolute discretion, has previously notified the Borrower of the termination of the Facility.

2.2 This agreement is not, nor shall it be deemed to constitute, a commitment on the part of the Lender to make any extension of credit to or for the account of the borrower and may not be relied upon by the Borrower for any financing.

2.3 The Lender reserves the right to revoke or withdraw this agreement and the facility in its sole and absolute discretion at any time.

2.4 The Facility shall be utilised by the Borrower for the purposes of and/or in connection with its functions as an NHS Body.

3. PURPOSE

3.1 Purpose

The Borrower shall apply all Loans towards financing or refinancing the Agreed Purpose.

3.2 Pending application

Without prejudice to Clause 3.1 (*Purpose*), pending application of the proceeds of any Loan towards financing or refinancing the Agreed Purpose, the Borrower must deposit such proceeds in the Account.

3.3 Monitoring

The Lender is not bound to monitor or verify the application of any amount borrowed pursuant to this Agreement.

4. CONDITIONS OF UTILISATION**4.1 Initial conditions precedent**

The Borrower may not deliver the first Utilisation Request unless the Lender has received all of the documents and other evidence listed in Schedule 1 (*Conditions precedent*) in form and substance satisfactory to the Lender or to the extent it has not received the same, it has waived receipt of the same. The Lender shall notify the Borrower promptly upon being so satisfied.

4.2 Further conditions precedent

The Lender will only comply with a Utilisation Request if on the date of the Utilisation Request and on the proposed Utilisation Date:

- 4.2.1 No Event of Default might reasonably be expected to result from the making of an Utilisation other than those of which the Lender and Borrower are aware;
- 4.2.2 the Repeating Representations to be made by the Borrower with reference to the facts and circumstances then subsisting are true in all material respects; and,
- 4.2.3 the Borrower has provided to the Lender its most recent 13 week cash flow forecast, together with any other information that may from time to time be required.

5. UTILISATION**5.1 Utilisation**

- 5.1.1 The Borrower may take Loans from time to time hereunder, subject to receipt by the Lender from the Borrower, of a Utilisation Request in accordance with this Agreement and an appropriate Cashflow Forecast.
- 5.1.2 The Utilisation Request must be for an amount not greater than the amount specified under Clause 5.4.2
- 5.1.3 Where agreed by the Lender, the proceeds of a Utilisation may be used to repay outstanding loans under any working capital facility between the Lender and the Borrower provided that:
 - (A) Such agreement is granted by the Lender;
 - (B) any request is included in the Cashflow Forecast; and
 - (C) that such repayment is received by the Lender on the same working day as the Utilisation.

5.2 Delivery of a Utilisation Request

The Borrower may utilise the Facility by delivery to the Lender of a duly completed Utilisation Request not later than 11.00 a.m. five Business Days before the proposed Utilisation Date unless otherwise agreed.

- 5.2.1 The Borrower may only issue one Utilisation Request per Month unless otherwise agreed.

5.3 Completion of a Utilisation Request

The Utilisation Request is irrevocable and will not be regarded as having been duly completed unless:

- (A) the proposed Utilisation Date is a Business Day within the Availability Period; and
- (B) the currency and amount of the Utilisation comply with Clause 5.4 (*Currency and amount*).

5.4 Currency and amount

- 5.4.1 The currency specified in the Utilisation Request must be sterling.
- 5.4.2 The amount of each proposed Loan must be an amount which is not more than the amount required to maintain a Cash Balance equivalent to the Minimum Cash Balance for a period from the Utilisation Date to the Monday preceding the 18th day of the following Month
- 5.4.3 The amount of each proposed Loan must be an amount which is not more than the Available Facility and which is a minimum of £150,000 or, if less, the Available Facility.

5.5 Payment to the Account

The Lender shall pay each Loan:

- 5.5.1 by way of credit to the Account and so that, unless and until the Lender shall notify the Borrower to the contrary, the Lender hereby consents to the withdrawal by the Borrower from the Account of any amount equal to the relevant Loan provided that any sums so withdrawn are applied by the Borrower for the purposes for which the relevant Loan was made;
- 5.5.2 if the Lender so agrees or requires, on behalf of the Borrower directly to the person to whom the relevant payment is due as specified in the relevant Utilisation Request; or
- 5.5.3 in such other manner as shall be agreed between the Lender and the Borrower.

6. PAYMENTS AND REPAYMENT**6.1 Payments**

- 6.1.1 The Borrower shall make all payments payable under the Finance Documents without any Tax Deductions, unless a Tax Deduction is required by law.
- 6.1.2 The Borrower shall promptly upon becoming aware that it must make a Tax Deduction (or that there is any change in the rate or the basis of a Tax Deduction) notify the Lender accordingly.
- 6.1.3 If a Tax Deduction is required by law to be made by the Borrower, the amount of the payment due from the Borrower shall be increased to an amount which (after making any Tax Deduction) leaves an amount equal to the payment which would have been due if no Tax Deduction had been required.

- 6.1.4 If the Borrower is required to make a Tax Deduction, the Borrower shall make that Tax Deduction and any payment required in connection with that Tax Deduction within the time allowed and in the minimum amount required by law.
- 6.1.5 Within thirty days of making either a Tax Deduction or any payment required in connection with that Tax Deduction, the Borrower shall deliver to the Lender evidence reasonably satisfactory to the Lender that the Tax Deduction has been made or (as applicable) any appropriate payment paid to the relevant taxing authority.

6.2 Repayment

The Borrower shall repay the aggregate value of all outstanding Loans drawn under the Facility in full on or before the last day of the current Availability Period as set out in Schedule 6 (*Repayment Schedule*).

6.3 Reborrowing

The Borrower may not reborrow any part of the Facility which is repaid or prepaid.

7. PREPAYMENT AND CANCELLATION

7.1 Illegality

If it becomes unlawful in any applicable jurisdiction for the Lender to perform any of its obligations as contemplated by this Agreement or to fund or maintain all or any part of the Loans:

- 7.1.1 the Lender shall promptly notify the Borrower upon becoming aware of that event;
- 7.1.2 upon the Lender notifying the Borrower, the Available Facility will be immediately cancelled; and
- 7.1.3 the Borrower shall repay such Loans on the last day of the Interest Period for Loans occurring after the Lender has notified the Borrower or, if earlier, the date specified by the Lender in the notice delivered to the Borrower (being no earlier than the last day of any applicable grace period permitted by law).

7.2 Voluntary cancellation

The Borrower may, if it gives the Lender not less than seven days' (or such shorter period as the Lender may agree) and not more than fourteen days' prior notice, cancel the whole or any part (being a minimum amount of £100,000) of the Facility Amount.

7.3 Voluntary prepayment of Loans

The Borrower may, if it gives the Lender not less than seven days' (or such shorter period as the Lender may agree) and not more than thirty days' prior notice, prepay the whole or any part of any Loan (but, if in part, being an amount that reduces the amount of the Loan by a minimum amount of £250,000).

7.4 Restrictions

- 7.4.1 Any notice of cancellation or prepayment given by any Party under this Clause 7 shall be irrevocable and, unless a contrary indication appears in this Agreement, shall specify the date or dates upon which the relevant cancellation or prepayment is to be made and the amount of that cancellation or prepayment.
- 7.4.2 Any prepayment under this Agreement shall be made together with accrued interest on the amount prepaid without premium or penalty and applied against the outstanding Repayment Instalments in inverse order of maturity.

- 7.4.3 The Borrower shall not repay or prepay all or any part of the Loan or cancel all or any part of the Available Facility except at the times and in the manner expressly provided for in this Agreement.
- 7.4.4 No amount of the Available Facility cancelled under this Agreement may be subsequently reinstated.
- 7.5 Automatic Cancellation**
- At the end of the Availability Period the undrawn part of the Available Facility will be cancelled.
- 8. INTEREST**
- 8.1 Calculation of interest**
- The rate of interest on each Loan for each Interest Period is the Interest Rate.
- 8.2 Payment of interest**
- The Borrower shall pay accrued interest on each Loan on the last day of each Interest Period.
- 8.3 Default interest**
- 8.3.1 If the Borrower fails to pay any amount payable by it under a Finance Document on its due date, interest shall accrue on Unpaid Sums from the due date up to the date of actual payment (both before and after judgment) at the Default Rate. Any interest accruing under this Clause 8.3 shall be immediately payable by the Borrower on demand by the Lender.
- 8.3.2 Default interest (if unpaid) arising on an overdue amount will be compounded with the overdue amount at the end of each Interest Period applicable to that overdue amount but will remain immediately due and payable.
- 9. INTEREST PERIODS**
- 9.1 Interest Payment Dates**
- The Interest Period for each Loan shall be six Months, provided that any Interest Period which begins during another Interest Period shall end at the same time as that other Interest Period (and, where two or more such Interest Periods expire on the same day, the Loans to which those Interest Periods relate shall thereafter constitute and be referred to as one Loan).
- 9.2 Shortening Interest Periods**
- If an Interest Period would otherwise overrun the relevant Repayment Date, it shall be shortened so that it ends on the relevant Repayment Date.
- 9.2A Payment Start Date**
- Each Interest Period for a Loan shall start on the Utilisation Date or (if already made) on the last day of its preceding Interest Period.
- 9.3 Non-Business Days**
- If an Interest Period would otherwise end on a day which is not a Business Day, that Interest Period will instead end on the next Business Day in that calendar month (if there is one) or the preceding Business Day (if there is not).
- 9.4 Consolidation of Loans**
- If two or more Interest Periods end on the same date, those Loans will be consolidated into and be treated as a single Loan on the last day of the Interest Period.

10. PREPAYMENT AMOUNT

- 10.1.1 If all or any part of the Loans are subject to a voluntary prepayment pursuant to Clause 7.3 (*Voluntary prepayment of Loans*), the Borrower shall pay to the Lender on the relevant prepayment date the Prepayment Amount in respect of the same.
- 10.1.2 For as long as the Secretary of State for Health remains the Lender, the Lender will consider waiving the Prepayment Amount in cases where the Borrower can demonstrate to the Lender's satisfaction that the voluntary prepayment results from the Borrower's proper use of genuine surplus funds resulting from a sale of assets or trading activities.

11. INDEMNITIES

11.1 Currency indemnity

- 11.1.1 If any sum due from the Borrower under the Finance Documents (a "**Sum**"), or any order, judgment or award given or made in relation to a Sum, has to be converted from the currency (the "**First Currency**") in which that Sum is payable into another currency (the "**Second Currency**") for the purpose of:

- (A) making or filing a claim or proof against the Borrower;
- (B) obtaining or enforcing an order, judgment or award in relation to any litigation or arbitration proceedings,

the Borrower shall as an independent obligation, within five Business Days of demand, indemnify the Lender against any cost, loss or liability arising out of or as a result of the conversion including any discrepancy between (A) the rate of exchange used to convert that Sum from the First Currency into the Second Currency and (B) the rate or rates of exchange available to that person at the time of its receipt of that Sum.

- 11.1.2 The Borrower waives any right it may have in any jurisdiction to pay any amount under the Finance Documents in a currency or currency unit other than that in which it is expressed to be payable.

11.2 Other indemnities

The Borrower shall, within five Business Days of demand, indemnify the Lender against any cost, loss or liability incurred by the Lender as a result of:

- 11.2.1 the occurrence of any Event of Default;
- 11.2.2 a failure by the Borrower to pay any amount due under a Finance Document on its due date;
- 11.2.3 funding, or making arrangements to fund, all or any part of the Loans requested by the Borrower in a Utilisation Request but not made by reason of the operation of any one or more of the provisions of this Agreement (other than by reason of default or negligence by the Lender alone); or
- 11.2.4 the Loans (or part of the Loans) not being prepaid in accordance with a notice of prepayment given by the Borrower.

11.3 Indemnity to the Lender

The Borrower shall promptly indemnify the Lender against any cost, loss or liability incurred by the Lender (acting reasonably) as a result of:

- 11.3.1 investigating any event which it reasonably believes is a Default; or
- 11.3.2 acting or relying on any notice, request or instruction which it reasonably believes to be genuine, correct and appropriately authorised.

11.4 Environmental indemnity

The Borrower shall promptly indemnify the Lender within five Business Days of demand in respect of any judgments, liabilities, claims, fees, costs and expenses (including fees and disbursements of any legal, environmental consultants or other professional advisers) suffered or incurred by the Lender as a consequence of the breach of or any liability imposed under any Environmental Law with respect to the Borrower or its property (including the occupation or use of such property).

12. MITIGATION BY THE LENDER**12.1 Mitigation**

12.1.1 The Lender shall, in consultation with the Borrower, take all reasonable steps to mitigate any circumstances which arise and which would result in any amount becoming payable under or pursuant to, or cancelled pursuant to Clause 7.1 (Illegality) including transferring its rights and obligations under the Finance Documents to another entity owned or supported by the Lender.

12.1.2 Clause 12.1.1 does not in any way limit the obligations of the Borrower under the Finance Documents.

12.2 Limitation of liability

12.2.1 The Borrower shall indemnify the Lender for all costs and expenses reasonably incurred by the Lender as a result of steps taken by it under Clause 12.1 (Mitigation).

12.2.2 The Lender is not obliged to take any steps under Clause 12.1 (Mitigation) if, in its opinion (acting reasonably), to do so might be prejudicial to it.

13. COSTS AND EXPENSES**13.1 Enforcement costs**

The Borrower shall, within three Business Days of demand, pay to the Lender the amount of all costs and expenses (including legal fees) incurred by the Lender in connection with the enforcement of, or the preservation of any rights under, any Finance Document.

14. REPRESENTATIONS

The Borrower makes the representations and warranties set out in this Clause 14 to the Lender on the date of this Agreement.

14.1 Status

14.1.1 It is an NHS Body in accordance with the provisions of the Act.

14.1.2 It has the power to own its assets and carry on its business as it is being conducted.

14.2 Binding obligations

The obligations expressed to be assumed by it in each Finance Document are legal, valid, binding and enforceable obligations.

14.3 Non-conflict with other obligations

The entry into and performance by it of, and the transactions contemplated by, the Finance Documents to which it is party do not and will not conflict with:

14.3.1 any law or regulation applicable to it;

14.3.2 its constitutional documents; or

14.3.3 any agreement or instrument binding upon it or any of its assets.

14.4 Power and authority

It has the power to enter into, exercise its rights under, perform and deliver, and has taken all necessary action to authorise its entry into, performance and delivery of, the Finance Documents to which it is a party and the transactions contemplated by those Finance Documents.

14.5 Validity and admissibility in evidence

All Authorisations required:

14.5.1 to enable it lawfully to enter into, exercise its rights and comply with its obligations in the Finance Documents to which it is a party; and

14.5.2 to make the Finance Documents to which it is a party admissible in evidence in its jurisdiction of incorporation,

have been obtained or effected and are in full force and effect.

14.6 Relevant Consents

14.6.1 All Relevant Consents which it is necessary or appropriate for the Borrower to hold have been obtained and effected and are in full force and effect.

14.6.2 There exists no reason known to it, having made all reasonable enquiries, why any Relevant Consent might be withdrawn, suspended, cancelled, varied, surrendered or revoked.

14.6.3 All Relevant Consents and other consents, permissions and approvals have been or are being complied with.

14.7 Governing law and enforcement

14.7.1 The choice of English law as the governing law of the Finance Documents will be recognised and enforced by the courts of England and Wales.

14.7.2 Any judgment obtained in England in relation to a Finance Document will be recognised and enforced by the courts of England and Wales.

14.8 Deduction of Tax

It is not required to make any deduction for or on account of Tax from any payment it may make under any Finance Document.

14.9 No filing or stamp taxes

It is not necessary that the Finance Documents be filed, recorded or enrolled with any court or other authority in any jurisdiction or that any stamp, registration or similar tax be paid on or in relation to the Finance Documents or the transactions contemplated by the Finance Documents.

14.10 No default

14.10.1 No Event of Default might reasonably be expected to result from the making of an Utilisation other than those of which the Lender and Borrower are aware.

14.10.2 No other event which constitutes a default under any other agreement or instrument which is binding on it or to which its assets are subject which might have a Material Adverse Effect might reasonably be expected to result from the making of an Utilisation other than those of which the Lender and Borrower are aware.

14.11 No misleading information

14.11.1 All factual information provided by or on behalf of the Borrower in connection with the Borrower or any Finance Document was true and accurate in all material respects as at the date it was provided or as at the date (if any) at which it is stated.

14.11.2 Any financial projections provided to the Lender by or on behalf of the Borrower have been prepared on the basis of recent historical information and on the basis of reasonable assumptions.

14.11.3 Nothing has occurred or been omitted and no information has been given or withheld that results in the information referred to in Clause 14.12.1 being untrue or misleading in any material respect.

14.12 Financial statements

14.12.1 Its financial statements most recently delivered to the Lender (being on the date of this Agreement, the Original Financial Statements) were prepared in accordance with any applicable Audit Code for NHS Bodies, any applicable Manual for Accounts for NHS Bodies and Annual Report Guidance for NHS Bodies and/or any other guidance with which NHS Bodies are (or in the case of the Original Financial Statements were) required to comply.

14.12.2 Its financial statements most recently delivered to the Lender (being on the date of this Agreement, the Original Financial Statements) fairly represent its financial condition and operations during the relevant financial year.

14.12.3 There has been no material adverse change in the business or financial condition of the Borrower since the date to which its financial statements most recently delivered to the Lender were made up.

14.13 Ranking

Its payment obligations under the Finance Documents rank at least pari passu with the claims of all its other unsecured and unsubordinated creditors, except for obligations mandatorily preferred by law.

14.14 No proceedings pending or threatened

No litigation, arbitration or administrative proceedings of or before any court, arbitral body or agency which, if adversely determined, might reasonably be expected to have a Material Adverse Effect have (to the best of its knowledge and belief) been started or threatened against it.

14.15 Environmental Matters

14.15.1 It is and has been in full compliance with all applicable Environmental Laws and there are, to the best of its knowledge and belief after reasonable enquiry, no circumstances that may prevent or interfere with such full compliance in the future, in each case to the extent necessary to avoid a Material Adverse Effect and the Borrower has not other than in the ordinary course of its activities placed or allowed to be placed on any part of its property any Dangerous Substance and where such Dangerous Substance has been so placed, it is kept, stored, handled, treated and transported safely and prudently so as not to pose a risk of harm to the Environment.

14.15.2 It is and has been, in compliance in all material respects with the terms of all Environmental Licences necessary for the ownership and operation of its activities as presently owned and operated and as presently proposed to be owned and operated.

14.15.3 It is not aware, having made reasonable enquiries, of any Environmental Claim.

14.16 Repetition

The Repeating Representations are deemed to be made by the Borrower by reference to the facts and circumstances then existing on the date of each Utilisation Request and on the first day of each Interest Period.

15. INFORMATION UNDERTAKINGS

The undertakings in this Clause 15 remain in force from the date of this Agreement for so long as any amount is outstanding under the Finance Documents or any part of the Facility is available for utilisation.

15.1 Financial statements

The Borrower shall supply to the Lender its audited financial statements for each financial year and its financial statements for each financial half year (including any monitoring returns sent to the appropriate Supervisory Body), in each case when such statements are provided to the appropriate Supervisory Body.

15.2 Requirements as to financial statements

15.2.1 Each set of financial statements delivered by the Borrower pursuant to Clause 15.1 (Financial statements) shall be certified by a director of the Borrower, acting on the instructions of the board of directors of the Borrower, as fairly representing its financial condition as at the date as at which those financial statements were drawn up.

15.2.2 The Borrower shall procure that each set of financial statements delivered pursuant to Clause 15.1 (Financial statements) is prepared in accordance with any applicable Audit Code for NHS Bodies and any applicable Manual for Accounts for NHS Bodies and Annual Report Guidance for NHS Bodies or in the case of the Original Financial Statements in accordance with such guidelines with which NHS Bodies are required to comply.

15.3 Information: miscellaneous

The Borrower shall supply to the Lender:

- 15.3.1 copies or details of all material communications between the Borrower and the relevant Supervisory Body, including all relevant official notices received by the Borrower promptly after the same are made or received and, upon the Lender's request, any other relevant documents, information and returns sent by it to the appropriate Supervisory Body;
- 15.3.2 copies or details of all material communications between the Borrower and its members or its creditors (or in each case any class thereof), including all official notices received by the Borrower promptly after the same are made or received and upon the Lender's request any and all other documents dispatched by it to its members or its creditors (or in each case any class thereof), promptly after they are sent to such members or creditors;
- 15.3.3 details of any breaches by the Borrower of the Compliance Framework;
- 15.3.4 details of any breaches by the Borrower of the Licence or the terms of their Licence;
- 15.3.5 details of any other financial assistance or guarantee requested or received from the Secretary of State for Health other than in the ordinary course of business promptly after the same are requested or received;
- 15.3.6 upon the Lender's request, information regarding the application of the proceeds of the Facility;
- 15.3.7 promptly upon becoming aware of them, the details of any litigation, arbitration and/or administrative proceedings which are current, threatened or pending against the Borrower which would reasonably be expected to have a Material Adverse Effect;
- 15.3.8 promptly, such further information regarding the financial condition, business and operations of the Borrower as the Lender may reasonably request to the extent the same are relevant to the Borrower's obligations under this Agreement or otherwise significant in the assessment of the Borrower's financial performance and further to the extent that the disclosure of information will not cause the Borrower to be in breach of any obligation of confidence owed to any third party or any relevant data protection legislation; and
- 15.3.9 any change in the status of the Borrower after the date of this Agreement

15.4 Notification of default

- 15.4.1 The Borrower shall notify the Lender of any Default (and the steps being taken to remedy it) promptly upon becoming aware of its occurrence.
- 15.4.2 Promptly upon a request by the Lender, the Borrower shall supply a certificate signed by two of its directors (acting on the instructions of the board of directors of the Borrower) on its behalf certifying that no Default is continuing (or if a Default is continuing, specifying the Default and the steps, if any, being taken to remedy it).

15.5 Other information

The Borrower shall promptly upon request by the Lender supply, or procure the supply of, such documentation and other evidence as is reasonably requested by the Lender (for itself or on behalf of a prospective transferee) in order for the Lender (or such prospective transferee) to carry out and be satisfied with the results of all necessary money laundering and identification checks in relation to any person that it is required to carry out pursuant to the transactions contemplated by the Finance Documents.

16. GENERAL UNDERTAKINGS

The undertakings in this Clause 16 remain in force from the date of this Agreement for so long as any amount is outstanding under the Finance Documents or any part of the Facility is available for utilisation.

16.1 Authorisations

The Borrower shall promptly:

- 16.1.1 obtain, comply with and do all that is necessary to maintain in full force and effect; and
- 16.1.2 supply certified copies to the Lender of any Authorisation required under any law or regulation of its jurisdiction of incorporation to enable it to perform its obligations under the Finance Documents and to ensure the legality, validity, enforceability or admissibility in evidence in England of any Finance Document.

16.2 Compliance with laws

The Borrower shall comply in all respects with all laws to which it may be subject, if failure so to comply would materially impair its ability to perform its obligations under the Finance Documents and shall exercise its powers and perform its functions in accordance with its constitutional documents.

16.3 Negative pledge

16.3.1 The Borrower shall not without the prior written consent of the Lender (such consent not to be unreasonably withheld or delayed) create or permit to subsist any Security over any of its assets save for any Permitted Security.

16.3.2 The Borrower shall not:

- (A) sell, transfer or otherwise dispose of any of its assets on terms whereby they are or may be leased to or re-acquired by it;
 - (B) sell, transfer or otherwise dispose of any of its receivables on recourse terms;
 - (C) enter into any arrangement under which money or the benefit of a bank or other account may be applied, set-off or made subject to a combination of accounts; or
 - (D) enter into any other preferential arrangement having a similar effect,
- in circumstances where the arrangement or transaction is entered into primarily as a method of raising Financial Indebtedness or of financing the acquisition of an asset.

16.4 Disposals

16.4.1 The Borrower shall not in a single transaction or a series of transactions (whether related or not) and whether voluntary or involuntary sell, lease, transfer or otherwise dispose of any material asset without the prior written consent of the Lender.

16.4.2 Clause 16.4.1 does not apply to:

- (A) any sale, lease, transfer or other disposal where the higher of the market value or consideration receivable does not (in aggregate) in any financial year exceed 10% of the total net assets of the Borrower as at the end of the most recent financial year end for which audited financial statements have been published.
- (B) any sale, lease, transfer or other disposal expressly identified in Schedule 8..

16.5 Merger

Without prejudice to Clause 16.4 (disposals) the Borrower shall not, without the prior written consent of the Lender, enter into nor apply to the relevant Supervisory Body (including pursuant to Section 56 of the Act) to enter into any amalgamation, demerger, merger or corporate reconstruction.

16.6 Guarantees

The Borrower will not, without the prior written consent of the Lender, give or permit to exist any guarantee or indemnity by it of any obligation of any person, nor permit or suffer any person to give any security for or guarantee or indemnity of any of its obligations except for guarantees and indemnities:

16.6.1 made in the ordinary course of the Borrower's business as an NHS Body; and

16.6.2 which when aggregated with any loans, credit or financial accommodation made pursuant to Clause 16.7 (*Loans*) do not exceed £1,000,000 (or its equivalent in any other currency or currencies) in aggregate in any financial year.

16.7 Loans

The Borrower will not make any investment in nor make any loan or provide any other form of credit or financial accommodation to, any person except for investments, loans, credit or financial accommodation:

16.7.1 made in the ordinary course of the Borrower's business as an NHS Body ;

16.7.2 made in accordance with any investment policy or guidance issued by the relevant Supervisory Body; and

16.7.3 which when aggregated with any guarantees or indemnities given or existing under Clause 16.6 (*Guarantees*) do not exceed £1,000,000 (or its equivalent in any other currency or currencies) in aggregate in any financial year.

16.8 Consents

The Borrower must ensure that all Relevant Consents and all statutory requirements, as are necessary to enable it to perform its obligations under the Finance Documents to which it is a party, are duly obtained and maintained in full force and effect or, as the case may be, complied with.

16.9 Activities

The Borrower will not engage in any activities other than activities which enable it to carry on its principal purpose better, if to do so may, in the Lender's opinion, have a Material Adverse Effect.

16.10 Environmental

The Borrower shall:

16.10.1 obtain, maintain and comply in all material respects with all necessary Environmental Licences in relation to its activities and its property and comply with all Environmental Laws to the extent necessary to avoid a Material Adverse Effect;

16.10.2 promptly upon becoming aware notify the Lender of:

- (A) any Environmental Claim current or to its knowledge threatened;
- (B) any circumstances likely to result in an Environmental Claim; or
- (C) any suspension, revocation or notification of any Environmental Licence;

16.10.3 indemnify the Lender against any loss or liability which:

- (A) the Lender incurs as a result of any actual or alleged breach of any Environmental Law by any person; and
- (B) which would not have arisen if a Finance Document had not been entered into; and

16.10.4 take all reasonable steps to ensure that all occupiers of the Borrower's property carry on their activities on the property in a prudent manner and keep them secure so as not to cause or knowingly permit material harm or damage to the Environment (including nuisance or pollution) or the significant risk thereof.

16.11 **Constitution**

The Borrower will not amend or seek to amend the terms of its authorisation as an NHS Body or the terms of its constitution without the prior written consent of the Lender, in each case if to do so would be reasonably likely to have a Material Adverse Effect.

16.12 **The relevant Supervisory Body**

The Borrower will comply promptly with all directions and notices received from the relevant Supervisory Body to the extent failure to do so might have a Material Adverse Effect and will, upon the Lender's request, provide reasonable evidence that it has so complied.

16.13 **Additional Terms and Conditions**

The Borrower will comply promptly with the Additional Terms and Conditions.

17. **COMPLIANCE FRAMEWORK**

17.1 **Compliance**

The Borrower shall ensure at all times that it complies with its Licence and/or any other terms and conditions set by the relevant Supervisory Body.

17.2 **Advance Notification**

Without prejudice to the Borrower's obligations under Clause 17.1 (*Compliance*), if the Borrower becomes aware at any time after the date of signing of the Agreement that it is or is likely to breach any of the terms referred to in Clause 17.1 and/or a material failure under the requirements of the Compliance Framework is likely, it shall immediately notify the Lender of the details of the impending breach.

18. **EVENTS OF DEFAULT**

Each of the events or circumstances set out in this Clause 18 is an Event of Default.

18.1 **Non-payment**

The Borrower does not pay on the due date any amount payable pursuant to a Finance Document at the place at and in the currency in which it is expressed to be payable unless:

- 18.1.1 its failure to pay is caused by administrative or technical error; and
- 18.1.2 payment is made within two Business Days of its due date.

18.2 **Compliance Framework and Negative Pledge**

Any requirement of Clause 17 (*COMPLIANCE FRAMEWORK*) or Clause 16.3 (*Negative Pledge*) is not satisfied.

18.3 Other obligations

18.3.1 The Borrower does not comply with any term of:

- (A) Clause 15.5 (*Notification of default*); or
- (B) Clause 16 (*General Undertakings*).

18.3.2 The Borrower does not comply with any term of any Finance Document (other than those referred to in Clause 18.1 (*Non-payment*), Clause 18.2 (*Compliance Framework and Negative Pledge*) and Clause 18.3.1 (*Other obligations*) unless the failure to comply is capable of remedy and is remedied within ten Business Days of the earlier of the Lender giving notice or the Borrower becoming aware of the failure to comply.

18.4 Misrepresentation

Any representation or statement made or deemed to be made by the Borrower in any Finance Document or any other document delivered by or on behalf of the Borrower under or in connection with any Finance Document is or proves to have been incorrect or misleading in any material respect when made or deemed to be made.

18.5 Cross default

18.5.1 Any Financial Indebtedness of the Borrower is not paid when due nor within any originally applicable grace period.

18.5.2 Any Financial Indebtedness of the Borrower is declared to be or otherwise becomes due and payable prior to its specified maturity as a result of an event of default (however described).

18.5.3 Any commitment for any Financial Indebtedness of the Borrower is cancelled or suspended by a creditor of the Borrower as a result of an event of default (however described).

18.5.4 Any creditor of the Borrower becomes entitled to declare any Financial Indebtedness of the Borrower due and payable prior to its specified maturity as a result of an event of default (however described).

18.5.5 No Event of Default will occur under this Clause 18.5 if the aggregate amount of Financial Indebtedness or commitment for Financial Indebtedness falling within Clauses 18.5.1 to 18.5.4 is less than £250,000 (or its equivalent in any other currency or currencies).

except that for as long as the Secretary of State for Health remains the Lender, the provisions of Clause 18.5 relate to Financial Indebtedness owed to any party but do not apply to amounts owed to other NHS bodies in the normal course of business where a claim has arisen which is being disputed in good faith or where the Borrower has a valid and contractual right of setoff.

18.6 Insolvency

18.6.1 The Borrower is unable or admits inability to pay its debts as they fall due, suspends making payments on any of its debts or, by reason of actual or anticipated financial difficulties, commences negotiations with one or more of its creditors with a view to rescheduling any of its indebtedness.

18.6.2 A moratorium is declared in respect of any indebtedness of the Borrower.

18.7 Insolvency proceedings

Any corporate action, legal proceedings or other procedure or step is taken:

18.7.1 in relation to a composition, assignment or arrangement with any creditor of the Borrower; or

18.7.2 in relation to the appointment of a liquidator, receiver, administrator, administrative receiver, compulsory manager or other similar officer in respect of the Borrower or any of its assets; or

18.7.3 in relation to the enforcement of any Security over any assets of the Borrower, or any analogous action, proceedings, procedure or step is taken in any jurisdiction.

18.8 Appointment of a Trust Special Administrator

An order, made as required under The Act for the appointment of a Trust Special Administrator.

18.9 Creditors' process

Any expropriation, attachment, sequestration, distress or execution affects any asset or assets of the Borrower having an aggregate value of £250,000 and is not discharged within ten Business Days.

18.10 Repudiation

The Borrower or any other party to a Finance Document repudiates any of the Finance Documents or does or causes to be done any act or thing evidencing an intention to repudiate any Finance Document.

18.11 Cessation of Business

Other than with the prior written approval of the Lender, the Borrower ceases, or threatens to cease, to carry on all or a substantial part of its business or operations.

18.12 Unlawfulness

It is or becomes unlawful for the Borrower or any other party to a Finance Document to perform any of its obligations under any Finance Document.

18.13 Material adverse change

Any event or circumstance or series of events or circumstances occurs which, in the reasonable opinion of the Lender, has or is reasonably likely to have a Material Adverse Effect.

18.14 Additional Terms and Conditions

In the reasonable opinion of the Lender, the Borrower fails to make reasonable efforts to comply with the Additional Terms and Conditions.

18.15 Acceleration

On and at any time after the occurrence of an Event of Default which is continuing the Lender may by notice to the Borrower:

- 18.15.1 cancel the Facility whereupon it shall immediately be cancelled; and/or
- 18.15.2 declare that all or part of the Loans, together with accrued interest, and all other amounts accrued or outstanding under the Finance Documents be immediately due and payable, whereupon they shall become immediately due and payable; and/or
- 18.15.3 declare that all or part of the Loans be payable on demand, whereupon they shall immediately become payable on demand by the Lender.

19. ASSIGNMENTS AND TRANSFERS**19.1 Assignments and transfers by the Lender**

Subject to this Clause 19, the Lender may:

- 19.1.1 assign any of its rights; or
- 19.1.2 transfer by novation any of its rights and obligations,

to another entity owned or supported by the Lender or to a bank or a financial institution or to a trust, fund or other entity which is regularly engaged in or established for the purpose of making, purchasing or investing in loans, securities or other financial assets (the "**New Lender**").

19.2 Conditions of assignment or transfer

- 19.2.1 The consent of the Borrower is required for an assignment or transfer by the Lender, unless:
 - (A) the assignment or transfer is to an entity owned or supported by the Lender; or
 - (B) a Default is continuing.
- 19.2.2 The consent of the Borrower to an assignment or transfer must not be unreasonably withheld or delayed. The Borrower will be deemed to have given its consent twenty Business Days after the Lender has requested it unless consent is expressly refused (and reasons for such refusal are given) by the Borrower within that time.

provided that nothing in this Clause shall restrict the rights of the Secretary of State for Health to effect a statutory transfer.

19.3 Disclosure of information

The Lender may disclose to any person:

- 19.3.1 to (or through) whom the Lender assigns or transfers (or may potentially assign or transfer) all or any of its rights and obligations under the Finance Documents;
- 19.3.2 with (or through) whom the Lender enters into (or may potentially enter into) any transaction under which payments are to be made by reference to, any Finance Document or the Borrower;
- 19.3.3 to whom, and to the extent that, information is required to be disclosed by any applicable law or regulation;

19.3.4 which are investors or potential investors in any of its rights and obligations under the Finance Documents and only to the extent required in relation to such rights and obligations;

19.3.5 which is a governmental, banking, taxation or other regulatory authority and only to the extent information is required to be disclosed to such authority,

any information about the Borrower and/or the Finance Documents as the Lender shall consider appropriate if, in relation to Clauses 19.3.1, 19.3.2 and 19.3.4 the person to whom the information is to be given has agreed to keep such information confidential on terms of this Clause 19.3 provided always that the Lender shall comply with any relevant data protection legislation.

19.4 **Assignment and transfer by the Borrower**

The Borrower may not assign any of its rights or transfer any of its rights or obligations under the Finance Documents.

20. **ROLE OF THE LENDER**

20.1 **Rights and discretions of the Lender**

20.1.1 The Lender may rely on:

- (A) any representation, notice or document believed by it to be genuine, correct and appropriately authorised; and
- (B) any statement made by a director, authorised signatory or authorised employee of any person regarding any matters which may reasonably be assumed to be within his knowledge or within his power to verify.

20.1.2 The Lender may engage, pay for and rely on the advice or services of any lawyers, accountants, surveyors or other experts.

20.1.3 The Lender may act in relation to the Finance Documents through its personnel and agents.

20.1.4 Notwithstanding any other provision of any Finance Document to the contrary, the Lender is not obliged to do or omit to do anything if it would or might in its reasonable opinion constitute a breach of any law or a breach of a fiduciary duty or duty of confidentiality.

20.2 **Exclusion of liability**

20.2.1 Without limiting Clause 20.2.2, the Lender will not be liable for any omission or any act taken by it under or in connection with any Finance Document, unless directly caused by its gross negligence or wilful misconduct.

20.2.2 The Borrower may not take any proceedings against any officer, employee or agent of the Lender in respect of any claim it might have against the Lender or in respect of any act or omission of any kind by that officer, employee or agent in relation to any Finance Document and any officer, employee or agent of the Lender may rely on this Clause. Any third party referred to in this Clause 20.2.2 may enjoy the benefit of or enforce the terms of this Clause in accordance with the provisions of the Contracts (Rights of Third Parties) Act 1999.

20.2.3 The Lender will not be liable for any delay (or any related consequences) in crediting an account with an amount required under the Finance Documents to be paid by the Lender if the Lender has taken all necessary steps as soon as reasonably practicable to comply with the regulations or operating procedures of any recognised clearing or settlement system used by the Lender for that purpose.

20.2.4 The Lender shall not be liable:

- (A) for any failure by the Borrower to give notice to any third party or to register, file or record (or any defect in such registration, filing or recording) any Finance Document; or
- (B) for any failure by the Borrower to obtain any licence, consent or other authority required in connection with any of the Finance Documents; or
- (C) For any other omission or action taken by it in connection with any Finance Document unless directly caused by its gross negligence or wilful misconduct.

21. PAYMENT MECHANICS

21.1 Payments

21.1.1 The Borrower shall receive notification 10 working days prior to each payment required under a Finance Document, the Borrower shall make the same available to the Lender (unless a contrary indication appears in a Finance Document) for value on the due date at the time and in such funds specified by the Lender as being customary at the time for settlement of transactions in the relevant currency in the place of payment.

21.1.2 Payment shall be collected through Direct Debit from a Borrower's account with the Government Banking Service.

21.2 Distributions to the Borrower

The Lender may (with the consent of the Borrower or in accordance with Clause 22 (*Set-off*)) apply any amount received by it for the Borrower in or towards payment (on the date and in the currency and funds of receipt) of any amount due from the Borrower under the Finance Documents or in or towards purchase of any amount of any currency to be so applied.

21.3 Partial payments

If the Lender receives a payment that is insufficient to discharge all the amounts then due and payable by the Borrower under the Finance Documents, the Lender shall apply that payment towards the obligations of the Borrower in such order and in such manner as the Lender may at its discretion decide.

21.4 No set-off

All payments to be made by the Borrower under the Finance Documents shall be calculated and be made without (and free and clear of any deduction for) set-off or counterclaim.

21.5 Business Days

21.5.1 Any payment which is due to be made on a day that is not a Business Day shall be made on the next Business Day in the same calendar month (if there is one) or the preceding Business Day (if there is not).

21.5.2 During any extension of the due date for payment of any principal or Unpaid Sum under this Agreement, interest is payable on the principal or Unpaid Sum at the rate payable on the original due date.

21.6 Currency of account

21.6.1 Subject to Clauses 21.6.2 to 21.6.5, sterling is the currency of account and payment for any sum due from the Borrower under any Finance Document.

21.6.2 A repayment of the Loan or Unpaid Sum or a part of the Loan or Unpaid Sum shall be made in the currency in which the Loan or Unpaid Sum is denominated on its due date.

21.6.3 Each payment of interest shall be made in the currency in which the sum in respect of which the interest is payable was denominated when that interest accrued.

21.6.4 Each payment in respect of costs, expenses or Taxes shall be made in the currency in which the costs, expenses or Taxes are incurred.

21.6.5 Any amount expressed to be payable in a currency other than sterling shall be paid in that other currency.

21.7 **Change of currency**

21.7.1 Unless otherwise prohibited by law, if more than one currency or currency unit are at the same time recognised by the central bank of any country as the lawful currency of that country, then:

- (A) any reference in the Finance Documents to, and any obligations arising under the Finance Documents in, the currency of that country shall be translated into, or paid in, the currency or currency unit of that country designated by the Lender (after consultation with the Borrower); and
- (B) any translation from one currency or currency unit to another shall be at the official rate of exchange recognised by the central bank for the conversion of that currency or currency unit into the other, rounded up or down by the Lender (acting reasonably).

21.7.2 If a change in any currency of a country occurs, this Agreement will, to the extent the Lender (acting reasonably and after consultation with the Borrower) specifies to be necessary, be amended to comply with any generally accepted conventions and market practice in the London interbank market and otherwise to reflect the change in currency.

22. **SET-OFF**

The Lender may set off any matured obligation due from the Borrower under the Finance Documents against any matured obligation owed by the Lender to the Borrower, regardless of the place of payment, booking branch or currency of either obligation. If the obligations are in different currencies, the Lender may convert either obligation at a market rate of exchange in its usual course of business for the purpose of the set-off.

23. **NOTICES**

23.1 **Communications in writing**

Any communication to be made under or in connection with the Finance Documents shall be made in writing and, unless otherwise stated, may be given in person, by post, fax or by electronic communication.

23.2 **Addresses**

The address and fax number (and the department or officer, if any, for whose attention the communication is to be made) of each Party for any communication or document to be made or delivered under or in connection with the Finance Documents is:

23.2.1 in the case of the Borrower, that identified with its name below; and

23.2.2 in the case of the Lender, that identified with its name below,

or any substitute address, email address, fax number or department or officer as the Borrower may notify to the Lender by not less than five Business Days' written notice.

23.3 Delivery

23.3.1 Any communication or document made or delivered by one person to another under or in connection with the Finance Documents will only be effective:

- (A) if by way of fax, when received in legible form; or
- (B) if by way of letter, when it has been left at the relevant address or five Business Days after being deposited in the post postage prepaid in an envelope addressed to it at that address,

and, if a particular department or officer is specified as part of its address details provided under Clause 23.2 (*Addresses*), if addressed to that department or officer.

23.3.2 Any communication or document to be made or delivered to the Lender will be effective only when actually received by the Lender and then only if it is expressly marked for the attention of the department or officer identified with the Lender's signature below (or any substitute department or officer as the Lender shall specify for this purpose).

23.4 Electronic communication

23.4.1 Any communication to be made between the Borrower and the Lender under or in connection with this Agreement and any other Finance Document may be made by electronic mail or other electronic means, if the Borrower and the Lender:

- (A) agree that, unless and until notified to the contrary, this is to be an accepted form of communication;
- (B) notify each other in writing of their electronic mail address and/or any other information required to enable the sending and receipt of information by that means; and
- (C) notify each other of any change to their address or any other such information supplied by them.

23.4.2 Any electronic communication made between the Borrower and the Lender will be effective only when actually received in readable form and only if it is addressed in such a manner as the Borrower and the Lender, as the case may be, specify for this purpose.

24. CALCULATIONS AND CERTIFICATES**24.1 Accounts**

In any litigation or arbitration proceedings arising out of or in connection with a Finance Document, the entries made in the accounts maintained by the Lender are *prima facie* evidence of the matters to which they relate.

24.2 Certificates and Determinations

Any certification or determination by the Lender of a rate or amount under any Finance Document is, in the absence of manifest error, conclusive evidence of the matters to which it relates.

24.3 Day count convention

Any interest, commission or fee accruing under a Finance Document will accrue from day to day and is calculated on the basis of the actual number of days elapsed and a year of 365 days or, in any case where the practice in the London interbank market differs, in accordance with that market practice.

25. PARTIAL INVALIDITY

If, at any time, any provision of the Finance Documents is or becomes illegal, invalid or unenforceable in any respect under any law of any jurisdiction, neither the legality, validity or enforceability of the remaining provisions nor the legality, validity or enforceability of such provision under the law of any other jurisdiction will in any way be affected or impaired.

26. REMEDIES AND WAIVERS

No failure to exercise, nor any delay in exercising, on the part of the Lender, any right or remedy under the Finance Documents shall operate as a waiver, nor shall any single or partial exercise of any right or remedy prevent any further or other exercise or the exercise of any other right or remedy. The rights and remedies provided in this Agreement are cumulative and not exclusive of any rights or remedies provided by law.

27. AMENDMENTS AND WAIVERS

Any term of the Finance Documents may only be amended or waived in writing.

28. COUNTERPARTS

Each Finance Document may be executed in any number of counterparts, and this has the same effect as if the signatures on the counterparts were on a single copy of the Finance Document.

29. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with English law.

30. DISPUTE RESOLUTION

The Parties agree that all disputes arising out of or in connection with this Agreement will be settled in accordance with the terms of Schedule 5.

This Agreement has been entered into on the date stated at the beginning of this Agreement.

SCHEDULE 1: CONDITIONS PRECEDENT

1. Authorisations

- 1.1 A copy of a resolution of the board of directors of the Borrower:
- (A) approving the terms of, and the transactions contemplated by, the Finance Documents to which it is a party and resolving that it execute the Finance Documents to which it is a party;
 - (B) authorising a specified person or persons to execute the Finance Documents to which it is a party on its behalf; and
 - (C) authorising a specified person or persons, on its behalf, to sign and/or despatch all documents and notices (including, if relevant, any Utilisation Request and) to be signed and/or despatched by it under or in connection with the Finance Documents to which it is a party.
 - (D) Confirming the Borrower's undertaking to comply with the Additional Terms and Conditions
- 1.2 A certificate of an authorised signatory of the Borrower certifying that each copy document relating to it specified in this Schedule 1 and provided to the Lender is correct, complete and in full force and effect as at a date no earlier than the date of this Agreement.

2. Financial Information

Updated financial statements of the Borrower unless otherwise available.

3. Finance Documents

- 3.1 This Agreement (original).
- 3.2 The original or certified copy (as the Lender shall require) of any Finance Document not listed above.

4. General

- 4.1 A copy of any other Authorisation or other document, opinion or assurance which the Lender considers to be necessary or desirable in connection with the entry into and performance of the transactions contemplated by any Finance Document or for the validity and enforceability of any Finance Document.
- 4.2 Evidence that the fees, costs and expenses then due from the Borrower pursuant to Clause 13 (*Costs and expenses*) have been paid or will be paid by the first Utilisation Date.

SCHEDULE 2: UTILISATION REQUEST**Utilisation Request for Loan or Public Dividend Capital
from the Department of Health & Social Care**

**Department
of Health &
Social Care**

Funding Request Information

Reference Number

Limit/Loan Facility Amount

Org Name

Org Code

Amount required (**Round Thousands ONLY**)

Date Cash Required (Monday excl Bank Holidays)

Declaration

I duly authorise the application for the funds and can confirm that, under the Trust's Standing Financial Instructions, and scheme of delegation I am authorised by the Board to make this request for funding.

I accept that if the information I have given is inaccurate, civil and/or criminal proceedings may be taken against me.

Approved Signatories (Signature)

1.	2.
----	----

Approved Signatories (Printed)

1.	2.
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Date

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Conditions of Utilisation

By applying for this funding you are confirming your understanding that;

- For loans, each condition specified in Clause 4.2 (Further conditions precedent) is satisfied on the date of this Utilisation Request.
- The funding will be applied solely towards expenditure in respect of the Agreed Purpose;
- This request is irrevocable;
- This request is being made in line with the declaration;
- Any loan is subject to the terms specified in the agreement referenced above;
- Any PDC is subject to the terms specified in the MOU for the allocation referenced above;
- The funds requested are not being drawn in advance of need.

Use this template for each draw of cash relating to the specific scheme or Loan. A new form will be required for each draw relating to individual financing.

5.2

SCHEDULE 3: NOT USED

SCHEDULE 4: ANTICIPATED DRAWDOWN SCHEDULE

NOT USED.

SCHEDULE 5: DISPUTE RESOLUTION

1. NEGOTIATION

If any claim, dispute or difference of whatsoever nature arising out of or in connection with this Agreement ("**Dispute(s)**") arises, the Parties will attempt in good faith to settle it by negotiation. Each Party will nominate at least one management representative ("**Authorised Representative**") who shall attend and participate in the negotiation with authority to negotiate a solution on behalf of the Party so represented.

2. MEDIATION

It shall be a condition precedent to the commencement of reference to arbitration that the Parties have sought to have the dispute resolved amicably by mediation as provided by this paragraph 2.

2.1 Initiation of Mediation Proceeding

- (A) If the Parties are unable to settle the Dispute(s) by negotiation in accordance with paragraph 1 within 15 days, either Party may by written notice upon the other initiate mediation under this paragraph 2. The notice initiating mediation shall describe generally the nature of the Dispute.
- (B) Each Party's Authorised Representative nominated in accordance with paragraph 1 shall attend and participate in the mediation with authority to negotiate a settlement on behalf of the Party so represented.

2.2 Appointment of Mediator

- (A) The Parties shall appoint, by agreement, a neutral third person to act as a mediator (the "Mediator") to assist them in resolving the Dispute. If the Parties are unable to agree on the identity of the Mediator within 10 days after notice initiating mediation either party may request the Centre for Effective Dispute Resolution ("CEDR Solve") to appoint a Mediator.
- (B) The Parties will agree the terms of appointment of the Mediator and such appointment shall be subject to the Parties entering into a formal written agreement with the Mediator regulating all the terms and conditions including payment of fees in respect of the appointment. If the Parties are unable to agree the terms of appointment of the Mediator within 10 days after notice initiating mediation either Party may request CEDR Solve to decide the terms of appointment of the Mediator
- (C) If the appointed Mediator is or becomes unable or unwilling to act, either Party may within 10 days of the Mediator being or becoming unable or unwilling to act follow the process at paragraph 2.3 to appoint a replacement Mediator and paragraph 2.4 to settle the terms of the appointment of the replacement Mediator.

2.3 Determination of Procedure

The Parties shall, with the assistance of the Mediator, seek to agree the mediation procedure. In default of such agreement, the Mediator shall act in accordance with CEDR Solve's Model Mediation Procedure and Agreement. The Parties shall within 10 days of the appointment of the Mediator, meet (or talk to) the Mediator in order to agree a programme for the exchange of any relevant information and the structure to be adopted for the mediation.

2.4 Without Prejudice/Confidentiality

All rights of the Parties in respect of the Dispute(s) are and shall remain fully reserved and the entire mediation including all documents produced or to which reference is made, discussions and oral presentations shall be strictly confidential to the Parties and shall be conducted on the same basis as "without prejudice" negotiations, privileged, inadmissible, not subject to disclosure in any other proceedings whatever and shall not constitute any waiver of privilege whether between the Parties or between either of them and a third party. Nothing in this paragraph 2.4 shall make any document privileged, inadmissible or not subject to disclosure which would have been discloseable in any reference to arbitration commenced pursuant to paragraph 3.

2.5 Resolution of Dispute

If any settlement agreement is reached with the assistance of the Mediator which resolves the Dispute, such agreement shall be set out in a written settlement agreement and executed by both parties' Authorised Representatives and shall not be legally binding unless and until both parties have observed and complied with the requirements of this paragraph 2.5. Once the settlement agreement is legally binding, it may be enforced by either party taking action in the High Court.

2.6 Failure to Resolve Dispute

In the event that the Dispute(s) has not been resolved to the satisfaction of either Party within 30 days after the appointment of the Mediator either party may refer the Dispute to arbitration in accordance with paragraph 3.

2.7 Costs

Unless the Parties otherwise agree, the fees and expenses of the Mediator and all other costs of the mediation shall be borne equally by the Parties and each Party shall bear their own respective costs incurred in the mediation regardless of the outcome of the mediation.

3. ARBITRATION

- 3.1 If the Parties are unable to settle the Dispute(s) by mediation in accordance with paragraph 2 within 30 days, the Dispute(s) shall be referred to and finally determined by arbitration before an Arbitral Tribunal composed of a single Arbitrator.
- 3.2 Any reference of a Dispute to arbitration shall be determined in accordance with the provisions of the Arbitration Act 1996 and in accordance with such arbitration rules as the Parties may agree within 20 days after notice initiating arbitration or, in default of agreement, in accordance with the Rules of the London Court of International Arbitration which Rules are deemed to be incorporated by reference into this clause.
- 3.3 London shall be the seat of the arbitration.
- 3.4 Reference of a Dispute to arbitration shall be commenced by notice in writing from one Party to the other Party served in accordance with the provisions of Clause 23 (Notices).
- 3.5 The Arbitral Tribunal shall be appointed as follows.
 - (A) Within 14 days of receipt of any notice referring a Dispute to arbitration the Parties shall agree the identity of the person to act as Arbitrator. In default of agreement or in the event the person so identified is unable or unwilling to act, either party shall be

entitled to request the President for the time being of the Chartered Institute of Arbitrators to appoint an Arbitrator for the Dispute and the parties shall accept the person so appointed.

- (B) If the Arbitrator becomes unwilling or unable to act, the procedure for the appointment of a replacement Arbitrator shall be in accordance with the provisions of paragraph 3.5(A).

3.6 The language of the arbitration shall be English.

SCHEDULE 6: REPAYMENT SCHEDULE

Repayment Date	Relevant Percentage
18 February 2022	100%

5.2

SCHEDULE 7: PERMITTED SECURITY – EXISTING SECURITY

NONE

5.2

SCHEDULE 8: ADDITIONAL TERMS AND CONDITIONS

1. Surplus/Deficit and Capital Limits

- 1.1. The Lender has set a Surplus/Deficit Limit and/or a Capital Limit for the Borrower in consultation with the relevant Supervisory Body.
- 1.2. The Borrower understands and accepts these Limits in the recognition that any net expenditure in excess of the relevant Limit(s) cannot be funded by the Lender based upon the assumptions made by the Lender at the date of this Agreement.
- 1.3. The Borrower undertakes not to put forward any Utilisation Requests on this or any other Facility with the Lender that would result in Limits being exceeded by the Borrower without the explicit agreement of the Lender.
- 1.4. In the event that a utilisation is likely to lead to a Limit being exceeded, the Borrower shall inform the Lender two calendar months before any such utilisation may be submitted.
- 1.5. The Borrower will make no assumptions in any financial planning in relation to any financial support from the Lender beyond financing previously agreed to support the relevant Limit(s).
- 1.6. Limits may be adjusted by the Lender from time to time in consultation with the relevant Supervisory Body.
- 1.7. Performance against Limits will be monitored by the relevant Supervisory Body.

2. Nursing agency expenditure:

- 2.1. The Borrower undertakes to comply with nursing agency spending rules as set out in the letter of 1 September 2015 from David Bennett and Robert Alexander to NHS Foundation Trust and Trust Chief Executives as may be updated from time to time. In particular, the Borrower undertakes to:
 - 2.1.1. Procure all nursing agency staff through approved frameworks unless such action is otherwise authorised by the relevant Supervisory Body.
 - 2.1.2. Implement an annual maximum limit for agency nursing expenditure as a percentage of the total nursing staff budget as set out in the letter of 01 September 2015 or as otherwise notified by the relevant Supervisory Body.
 - 2.1.3. Implement any additional controls as may be required by the relevant Supervisory Body in relation to the planned introduction of price caps.
- 2.2. The Borrower additionally undertakes to Implement the NHS Employers Five High Impact Actions

3. Professional Services Consultancy Spend

- 3.1. The Borrower will not enter into any contract for the procurement of professional consultancy services with a value in excess of £50,000 without the prior approval of the relevant Supervisory Body. The value of multiple contracts issued in respect similar Terms of Reference will be aggregated, as though a single contract had been issued, in respect of the application of this clause.

4. VSM Pay Costs

- 4.1. Where the borrower is authorised as an NHS Foundation Trust, the Borrower will, via the Lender, seek the views of the appropriate Health Minister before making appointments to Boards/Executive Boards where the proposed annual salary exceeds £150,000.
- 4.2. Where the borrower is not authorised as an NHS Foundation Trust, the Borrower will, via the Lender, seek the approval of the appropriate Health Minister before making appointments to Boards/Executive Boards where the proposed annual salary exceeds £150,000.
- 4.3. The Borrower undertakes to implement the requirements in respect of the treatment of "off - payroll" workers included in the letter from David Nicholson to Chairs and Chief Executives of 20th August 2012, or any subsequent guidance issued by the Lender.
- 4.4. The Borrower shall apply the most recently updated version of standard redundancy terms for NHS staff in England to all newly appointed VSMs except where existing statutory terms take precedence. In addition the Borrower shall apply the most recently updated version of standard redundancy terms for NHS staff in England for existing VSMs where Section 16 is referenced in their contracts of employment.

5. Estate Costs

- 5.1. The Borrower undertakes to examine the overall running costs of Estates and Facilities against a benchmark group of similar NHS Trusts within 3 months from the date of this Agreement. Where higher than average costs are identified, and there is no valid reason for this, the Borrower will put in place an action plan to reduce these costs to match the agreed benchmark level. DH will need to satisfy itself that the benchmark is reasonable and plan is deliverable.

6. Surplus Land

- 6.1. The Borrower shall ensure that it has in place an up to date estates strategy covering a period at least 3 years from the date of this Agreement. The estates strategy should be informed by discussions with commissioners about clinical service requirements and consider options for rationalising the estate and releasing surplus land.
- 6.2. The report required in clause 6.1 shall identify surplus land and potentially surplus land to be released during the period from the date of this Agreement date to 31 March 2020.
- 6.3. The Borrower shall provide the Lender with a copy of its estate strategy within 6 weeks of the date of this Agreement or at a date otherwise agreed with the Lender. The Lender will need satisfy itself that the strategy is complete and deliverable for this condition to be satisfied.

7. Procure21

- 7.1. The Borrower will use the P21+ Procurement Framework for all publicly funded capital works, unless otherwise agreed with the relevant Supervisory Body.
- 7.2. Where the Borrower proposes to use an alternative procurement route, the Borrower will submit a business case to the relevant Supervisory Body for approval demonstrating that an alternative procurement route offers better Value for Money than the P21+ Procurement Framework.

8. Finance and Accounting and Payroll

- 8.1. The Borrower undertakes to commission NHS Shared Business Services to complete a baseline assessment of the Borrower's finance and accounting and payroll services to assess the benefit of the use, or increased use, of an outsourced service provider. The Borrower will provide full details of the outcome of this assessment to the Lender within 6 Months of the date of this Agreement.
- 8.2. Where the assessment by NHS Shared Business Services supports the case for the use, or increased use, of an outsourced service provider, the Borrower will undertake an appropriate market testing exercise or use existing Government Framework Agreements to procure an outsourced service provider within a timescale to be agreed with the Lender.

9. Bank Staffing

- 9.1. The Borrower will undertake an assessment using the appropriate tool kit published on the NHS Centre for Procurement Efficiency to assess the benefit of the use, or increased use of an Outsourced Staff Bank provider. The Borrower commits to provide full details of the outcome of this assessment to the Lender within 6 Months of the date of this Agreement.
- 9.2. Where an assessment using the appropriate tool kit published on the NHS Centre for Procurement Efficiency supports the case for the use of Outsourced Staff Bank provider, the Borrower will undertake an appropriate market testing exercise or use an existing Government Framework Agreement to procure an Outsourced Staff Bank provider within a timescale to be agreed with the Lender.

10. Procurement

- 10.1. The Borrower shall provide third party non-pay spend to the lender in a format specified by the Lender, within 6 months of the date of this Agreement, and at least annually thereafter, on the request of the Lender,
- 10.2. The Borrower shall test the savings opportunities of increasing usage of the NHS Supply Chain and future editions and/or replacements of the NHS Catalogue within 6 months of the date of this Agreement and at least annually thereafter, on the request of the Lender,
- 10.3. Any savings identified through the process set out in 10.2 will be pursued by the Borrower. Any identified savings which the Borrower does not intend to pursue must be notified to the Lender along with the reasons for not doing so.
- 10.4. The Borrower will provide the Lender with current copies of its medical capital equipment asset register, medical equipment maintenance schedule, and capital medical equipment procurement plans within 6 months of the date of this Agreement, and at least annually thereafter on the request of the Lender.

11. Crown Commercial Services ("CCS")

- 11.1. The Borrower undertakes to test the scope of savings opportunities from CCS within 6 months of the date of this Agreement, subject to appropriate CCS resources being available to support this undertaking. Any savings identified as part of this process which the Borrower does not intend to pursue must be notified to the Lender with the reasons for not doing so.
- 11.2. The Borrower additionally undertakes to provide details of its relevant requirements in support of all future collaborative procurements including e-auctions.

12. EEA and non-EEA Patient Costs Reporting

12.1. The Borrower undertakes to:

- 12.1.1. Become a member of the EEA portal and actively report EHIC and S2 patient activity on the portal
- 12.1.2. Provide an overview of the patient identification, billing and costs recovery systems in place with any planned improvements (for EEA and non-EEA patients)
- 12.1.3. Participate and collaborate with local/national commissioners in the development of the new ""risk sharing"" model for non-EEA chargeable patients.

- 13. On request of the Lender, the Borrower agrees to provide timely information and enable appropriate access to parties acting on behalf of the Lender for the purposes of appropriate tracking and reporting of progress delivering the conditions set out within this Schedule.

SIGNATORIES

Borrower

For and on behalf of KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

By:

Name:

Position:

Address:

Denmark Hill,

London,

SE5 9RS

Email: colingentile1@nhs.net

Attention: Colin Gentile

Lender

The Secretary of State for Health

By:

Name:

Address: Department of Health,
2nd Floor
Quarry House,
Quarry Hill,
Leeds, LS2 7UE

Email: providerfinance@dhsc.gov.uk

Utilisation Request for Loan or Public Dividend Capital from the Department of Health & Social Care

5.2

Funding Request Information

Reference Number	DHPF/ISUCL/RJZ/2019-01-30/A		
Limit/Loan Facility Amount	£7,572,000.		
Org Name	King's College Hospital NHS Foundation Trust		
Org Code	RJZ		
Amount required (Round Thousands ONLY)	£7,572,000.		
Date Cash Required (Monday excl Bank Holidays)	11/02/2019		
Declaration	<p>I duly authorise the application for the funds and can confirm that, under the Trust's Standing Financial Instructions, and scheme of delegation I am authorised by the Board to make this request for funding.</p> <p>I accept that if the information I have given is inaccurate, civil and/or criminal proceedings may be taken against me.</p>		
Approved Signatories (Signature)	<table border="1"> <tr> <td>1.</td> <td>2.</td> </tr> </table>	1.	2.
1.	2.		
Approved Signatories (Printed)	<table border="1"> <tr> <td>1.</td> <td>2.</td> </tr> </table>	1.	2.
1.	2.		
Date			

Conditions of Utilisation

By applying for this funding you are confirming your understanding that;

- For loans, each condition specified in Clause 4.2 (Further conditions precedent) is satisfied on the date of this request. The funding will be applied solely towards expenditure in respect of the Agreed Purpose;
- This request is irrevocable;
- This request is being made in line with the declaration;
- Any loan is subject to the terms specified in the agreement referenced above;
- Any PDC is subject to the terms specified in the MOU for the allocation referenced above;
- The funds requested are not being drawn in advance of need.

Use this template for each draw of cash relating to the specific scheme or Loan. A new form will be required for each draw relating to individual financing.

Submission Information and Key Contacts

For Capital PDC or Interim Loan Funding, please e-mail completed forms to	nhsi.capitalcashqueries@nhs.net
For all other funding, please submit completed forms to	providerfinance@dhsc.gov.uk