

Meeting	Public Board of Directors
Time of meeting	11:00-13.00
Date of meeting	6 March 2019
Meeting Room	Lecture Theatre Education Centre
Site	PRUH

			Encl.	Lead	Time
1. STANDING ITEMS				Chair	11:00
1.1. Apologies					
1.2. Declarations of Interest					
1.3. Chair's Action					
1.4. Minutes of Previous Meeting – 06/02/2019	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	11.05
2.2. Patient Outcomes	FD		Enc 2.2	J Wendon	
3. TOP PRODUCTIVITY					
3.1. Integrated Performance Report (<i>Month 10</i>)	FD		Enc. 3.1	TBC	
3.2. Chief Executive's Report	FD		Enc. 3.2	P Herring	
3.3. Chair and NEDs' Activities – Nov 2018 to Feb 2019	FI		Enc. 3.3	Chair	
4. SKILLED, CAN DO TEAMS					
4.1. Monthly Safer Staffing levels (Nursing)	FD		Enc. 4.1	S Dolan	
5. FIRM FOUNDATIONS					
5.1 <u>Sound Finances</u>					
5.1.1. Finance Report (<i>Month 10</i>)	FR		Enc. 5.1.1	L Woods	
5.2 <u>Rigorous Governance</u>					
5.2.1 Board Assurance Framework	FR		Enc. 5.2.1	S Coldwell	
5.2.2 Board Resolution NHSI Draw Down	FA		Enc. 5.2.2	L Woods	
5.2.3 Report from Governors	FR		Oral	C North	
5. ANY OTHER BUSINESS				Chair	
6. DATE OF NEXT MEETING					

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

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



King's College Hospital NHS Foundation Trust Board of Directors

Draft Minutes of the Meeting of the Board of Directors held at 9am-11.30am on 6th February 2019, 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. Richard Trembath	Non-Executive Director (part meeting)
Prof Ghulam Mufti	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
Dr Polly Edmonds	Clinical Director (Cancer)
Sir Hugh Taylor	Chair Designate
Chris North	Lead Governor
Penny Dale	Public Governor
Barbara Goodhew	Public Governor
Stephanie Harris	Public Governor
Jane Allberry	Public Governor
Victoria Silvester	Public Governor
Carole Olding	Staff Governor
Claire Saha	Staff Governor
Sigurd Reinton	Governance Consultant

Apologies:

Prof Jonathon Cohen	Non-Executive Director
---------------------	------------------------

Enc. 1.4

Item	Subject	Action
019/01	<u>Apologies</u>	
	Apologies for absence were noted.	
019/02	<u>Declarations of Interest</u>	
	None.	
019/03	<u>Chair's Actions</u>	
	The Chair Ian Smith noted that he would be standing down at the end of February, and invited Sir Hugh Taylor who will become Chair on 1 st March 2019 to say a few words. Sir Hugh indicated he was pleased to have been offered the role, given his long family association with the Trust. He stated his commitment to the role and noted that the medium term solution to King's challenges lie within the wider system. He concluded by saying he would spend a few weeks getting to know the Trust before coming to a view about how to turn the rhetoric of more collaboration into a reality.	
019/04	<u>Minutes of the last meeting</u>	
	The minutes were agreed as an accurate record of the meeting held on 5 th December 2018.	
019/05	<u>Action Tracker and Matters arising</u>	
	The content of the action tracker was noted.	
019/06	<u>Integrated Performance Report M9</u>	
	Dr Dolan introduced the report by focusing on infection prevention and control. The recent outbreak of Norovirus at the PRUH was well managed. There has been very little norovirus at DH and there has been much less flu than last year. The Trust is in the top 5 improved Trusts for flu vaccination this year. There has been some c-difficile, but only two caused by lapses of care.	
	She noted that mortality data remains good across both sites and there are on-going reviews for each ward so that any anomalies can be quickly analysed.	
	ED performance remains poor, with both sites failing to reach 70% in December. Both departments are working closely with Hunters to ensure streaming is right. Action is being taken to address the poor performance at the DH Urgent Care Centre (UCC). Options for improving ambulatory care are also being developed. Bed management is improving. More needs to be done to change behaviours.	
	Cancer performance is improving and the Trust was compliant for the first time in several months. This has been the result concerted effort to improve the timeliness of diagnosis and better use of virtual clinics and electronic referrals. It is likely performance will not be as good in January as a result seasonal holidays, but the Trust should be fully compliant again by the end of February.	
	The Trust continues to focus on reducing the number of patients that have waited for more than 52 weeks for treatment. The number has reduced from 700 to 200 and it is hoped that they will all be booked (barring Bariatrics) by the end of March. It was	

Enc. 1.4

Item	Subject	Action
019/06 cont/...	<p><u>Integrated Performance Report cont/...</u></p> <p>noted that capacity was now available as a result of the GIRFT Orthopaedics programme and the Trust has reached agreement with SWELIOC to provide additional support. Bariatrics remains a concern, as the Trust has the highest level of referrals in the South of England. Consideration is being given to developing a networked model with other Trusts but agreement would be needed to do this. Current referral patterns are not sustainable. Booking teams are fragile with high levels of sickness. Additional staffing has been provided and there is new management in place for the orthopaedics care group. The chief executive acknowledged that situation was unacceptable and that meeting the target to reduce the list to zero by March would be very difficult.</p> <p>The Board remains concerned about the situation and sought reassurance that the problems with the booking team were not a consequence of budget reductions. It was confirmed that this was not the case, teams were properly funded but management needed to improve. Whilst patient care is the primary concern, the Board also noted that the rules will change in April and both the Trust and commissioners will be fined. It is hoped this will drive a change of behaviours in the system. The Board also sought reassurance that the clinical teams and particularly the medical staff were engaged in tackling the problem. It was confirmed that this was generally the case and that the GIRFT programme had been influential in achieving the right behaviours. The Board acknowledged that it was important the right performance indicators were being used to identify difficulties at an earlier stage.</p> <p>The Board discussed the need to consider further the strategic position in relation to bariatrics, and the role of the university. The Trust's research programme in this area is exciting but the financial flows are not beneficial so the current position is not sustainable.</p> <p>Dr Dolan went on to highlight that the Trust continues to do well in research and is one of the highest recruiters in the country.</p> <p>The Board went on to discuss the workforce indicators. Appraisals rate have been sustained at 90% and statutory and mandatory training is above the target of 80%. Sickness is up slightly as are vacancy rates, although nursing vacancies remain low. Although there have been improvements in medical staffing at the PRUH, there are concerns about some areas including e.g. gerontology and the Trust is looking at different models to resolve this. Vacancies in admin and clerical roles remain high, particularly in key admin roles. Whilst the Board recognised good work being done by the Trust in this area, morale and engagement remain a concern. It was noted that the staff survey will be brought to the March Board and it will be possible to see if there has been movement in areas where there has been management focus. The Trust has had a challenging year and friends and family data has been static.</p> <p>Theatre productivity in the Trust is improving, particularly at Orpington. Demark Hill theatre usage is also above 80% although there are still some issues with late starts. Theatre usage at the PRUH is mixed.</p> <p>Diagnostics performance is mixed. Imaging is compliant and endoscopy at the PRUH will be compliant by the end of April if the in/outourcing solutions are successful. Sustainability of the service is a challenge as there has been an 80% increase in demand as a result of national screening programmes.</p>	

Enc. 1.4

Item	Subject	Action
019/06 cont/...	<p><u>Integrated Performance Report cont/...</u></p> <p>At Denmark Hill there has been a backlog with echocardiograph that was caused by some ill-judged budget control measures that have since been reversed and the service will be meeting targets again by the end of February.</p> <p>The Board congratulated the teams at Orpington Hospital on the positive scores, particularly theatres and friends and family data. It was noted that this was achieved through the positive engagement and empowerment of key staff members, particularly in nursing, and some excellent team work which has led to changes in culture and behaviour.</p>	
019/07	<p><u>Report from the Chief Executive</u></p> <p>Mr Herring introduced his report by highlighting the good clinical outcomes the Trust is achieving and as well as the good levels of patient.</p> <p>He went on to emphasise the importance of the Advanced Leadership Programme which will be launched during February. It aims to provide managers with skills and tools to motivate and inspire their staff as well as hold them to account. The Trust needs to develop a more explicit culture of continuous improvement. The Board discussed the content of the programme. it was noted that it has been designed as a modular programme that develop skills in key areas such as change management and the integration of people management, morale, performance and patient care. The programme will be sponsored by the Chief Executive, who will set the tone at the start of each programme and will make the links to the Trust strategy and values. Each cohort will be multi-disciplinary but it will take some time to provide the training to all 130 senior leaders. The Board welcomed the initiative, noting it was developed, along with a number of other leadership training courses, as a result of the staff survey in 2016. The Board would welcome feedback from staff on how the programme has benefited them.</p>	
019/08	<p><u>Monthly Nurse Staffing Levels</u></p> <p>Dr Dolan introduced the report noting there were many fewer red shifts. The Trust has a number of hotspots including ED at both sites, where turnover is high. There is a London-wide challenge in relation to paediatric nurses, and there is ongoing dialogue with universities to ensure more are trained. There has been much improved grip and control on staffing, and leadership across the Trust is much better, particularly at the PRUH. The Board sought reassurance that the rise in red shifts was not indicative a wider problem. It was reported that the upward trend is in part sickness and turnover at Christmas (which is an annual occurrence). Nevertheless the Trust is not complacent and the data is reviewed weekly.</p> <p>The Board noted the findings of the report.</p>	

Enc. 1.4

Item	Subject	Action
------	---------	--------

019/09	<u>M9 Finance Report</u>	
--------	---------------------------------	--

The M9 finance report was introduced by Lorcan Woods, Chief Finance Officer. The reported deficit at the end of M9 was £147m. There has been better control in a number of areas, management teams understand their business have the right people in place to ensure timely management of budgets. Forecasting is improving as is financial oversight. There is also a better understanding of income flows. There is good pay control in place. Non-pay oversight and control remains difficult, in part because managers do not have the right levels of information available. Whilst a number of problems remain, e.g. accounting in research and innovation, the level of prior year invoices and the value of investments in the subsidiaries, these are now understood and being addressed.

He went on to note that the finance team is currently being reorganised and the staff are being consulted. The aim of the exercise to provide better support to the rest of the Trust and it will be followed by a continuous improvement programme using the Kings Way methodology.

In terms of the detail of the M9 income and expenditure report, clinical income is £12m below anticipated level. Many of the reasons for this are known (theatre closures, CCU), but there have been disappointing activity levels in some area. There is a cost pressure in research as the income was taken in 2017/18. The pay budget is underspent by £6m, this is mainly in admin and clerical. Nursing spend is nudging up so vigilance will be needed. In non-pay, the most significant impact has been the pay award for ISS and the consultancy spend, where alternative provision is being developed and costs are coming down. The Board noted that there is shadow activity recording in place in a number of areas, this is a standard approach with commissioners and is valued at c£7m. There are also c£17m in legacy issues from 2017/18.

The Board went on to look at the financial recovery programme including the CIP. The plan aimed to deliver £75m in savings including pay reduction. It was an ambitious target and is anticipated that 90% will be delivered although the CIP will under-deliver which is disappointing. The reasons for this are still being identified. It was noted that plans are being developed for 19/20 and there will be a focus on programmes that reduce run-rate. The Board was reassured that the integration of budget setting and financial recovery had minimised double counting.

Finally the Board discussed capital expenditure. It was noted that there is no indication that the Trust will receive further funding before the end of the financial year, although the CFO has written to NHSI requesting for further support. The budget is fully committed, but because the CCU2 is still under construction, it has not been depreciated and therefore the budget is smaller than anticipated.

The Board noted the report.

019/10	<u>Board Resolution Draw Down Facility</u>	
--------	---	--

The Board agreed to the resolution outlined in the paper.

Enc. 1.4

Item	Subject	Action
019/11	<u>Board Assurance Framework</u>	
	<p>Dr Dolan updated the Board on the development of the board assurance framework (BAF) in the context of the Trust's new strategic framework. It was presented as a working progress and aims to show the strategic risks facing the Trust and the controls in place. The Board noted that there was nothing specific on the KHP Institutes and there were no shared risk strategies with system partners. The Board also asked to see a 'risk map' on a summary page, when it is next presented to the Board.</p>	SD
019/12	<u>Patient Story</u>	
	<p>The patient story, delivered via video, focused on the importance of clear and patient focused communication, particularly in written communications. There is a large scale project aimed at improving this aspect of communication, both in terms of quality and timeliness, led by Dr Paul Donohoe. It is also likely to be a quality account priority for 19/20.</p> <p>The Board agreed that this was a priority as it is raised as an issue in many patient stories. It is important to get the right balance between humanity and technical content. The training aspect needs to be considered and needs to be extended to nurse specialists and MDTs where volumes are high. It was noted that the local care records, which GPs have access to, should include patient communication. There is patient demand for digital communication and this is being piloted.</p>	
019/13	<u>End of Life Care</u>	
	<p>Dr Polly Edmonds attended the Board meeting to update on the programme of work she has led to improve the end of life care the Trust gives to patients. The programme has been comprehensive and has including developing a clear strategy and robust action plan, with ongoing work plans as the improvements are embedded. The Trust is now much better at recording DNA/CPR information on EPR when patients arrive, and this is regularly audited. The process is generally followed, but documentation reviews highlight issues with senior medical sign off and communication with families. There is also limited evidence of nurse engagement. The process has been amended to address this. CQC did not raise any issues when they visited in late January 2019.</p> <p>A seven day service is now available at the PRUH. The staff are busy, which is an indication of the previously unmet need. Considerable effort has been put into improving the quality of care and the support to families and the volunteers at both sites provide invaluable additional support. There has been proactive learning from complaints. Numbers are low but there are common themes including communication, clinical care and dignity and respect. Carer surveys are undertaken but capturing feedback is very difficult and a variety of methods are used including patient stories, which have proved illuminating. Feedback is generally good, but communication again is a theme as is continuity of care. A new training model has been developed, which addresses this. 1,500 staff have completed training.</p> <p>The Board welcomed the update and thanked Dr Edmonds for a comprehensive report.</p>	

Enc. 1.4

Item	Subject	Action
019/13 cont/..	<p><u>End of Life Care cont/...</u></p> <p>Dr Edmonds was asked about palliative care for patients with dementia, with particular concern that this group may be unable to communicate their pain. She noted that dementia behaviour can be pain related and the Trust has recently received a grant to explore this further.</p> <p>The Board discussed the importance of recoding DNA/CPR and the use of electronic records. It was noted that the Trust ensures “co-ordinate my care” records are updated, as advanced planning is important for end of life care, but in order to be effective it needs to be used by all services including London Ambulance Service and EDs. Opportunities to improve take up are being explored as it helps inform decision-making, although there will be issues with care home access.</p> <p>It was noted that doctors in training do get communication training which includes care for the dying. Nevertheless, there are concerns with junior staff leading decision making. EPR has been changed so that consultants must now countersign the records. It is audited. Patient safety grand rounds an academic half days are also available for medical staff who find it difficult.</p> <p>Chris Stooke provided the Board with assurance that there has been effective executive and non-executive oversight of end of life care through the End of Life Care Committee. It was also noted that national surveys are used to undertake deep-dives that are reported to the monthly committee. One of the key findings is that the doctors in training at both sites are committed and knowledgeable which has been a significant change in recent years.</p>	
019/14	<p><u>Report from the Governors</u></p> <p>Mr North reported that the Council of Governors remain appreciative of the work all staff are doing through the winter. Nevertheless the Governors remain concerned about some aspects of performance particularly in relation to the four hour access target. They are particularly disappointed about the RTT 52 week situation having previously been told it would be resolved by the end of 2018.</p> <p>In relation to the Trust's financial position, it would appear that there is now a clear understanding of the situation and a clear idea of what the run-rate should be moving forward as well as the activity/coding/income gap. The Governors recognise that the Commissioners will not fund some activity until 2020, and would therefore urge the Board to be firm in ensuring the control total and requests for capital are realistic in setting the 19/20 budget.</p> <p>Mr North noted that he has spent some time with Mr Reinton on the governance review. COG is looking forward to seeing the outcome of that work. The Governors have been concerned about instability of leadership and think it likely that the review will confirm this. It is therefore of concern that the Chair will be leaving at the end of the month. Mr North took the opportunity to acknowledge the significant work Mr Smith has led to understand the problems facing the Trust. The appointment of a new Chair and Chief Executive will be disruptive in the short term. In relation to the appointment of the new Chair, the governors have written to NHSI to ask for their views on the future direction of the NHS and the impact this will have for staff and patient care.</p>	

Enc. 1.4

Item	Subject	Action
------	---------	--------

Any Other Business

Sue Slipman thanked Ian Smith for chairing the Trust over the past year. She noted that he dedicated last year to helping the Trust get to grips with what went wrong, and in doing so has left no stone unturned. The groundwork is now in place to build a sustainable future and deliver the King's strategy. She noted that he also won the respect of the Governors which is important and had not been easy. NHSI have also recognised the job that has been done.

019/15 Date Of Next Meeting

11am, Wednesday 6th March 2019, Bromley

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					
06/02/2019	019/11	Board Assurance Framework The framework needs to include an explicit reference to the KHP Institutes and to shared systems partnership risks. The BAF also needs a front summary sheet highlighting the issues of most concern.	SD	March	complete

Report to:	Board of Directors
Date of meeting:	6 March 2019
Subject:	Patient Outcomes Report, 2018-19 Quarter 3
Author(s):	Claire Palmer, Head of Patient Outcomes
Presented by:	Jules Wendon, Chair, Patient Outcomes Committee
Sponsor:	Jules Wendon, Executive Medical Director
History:	Previously considered by Executive Quality Board
Status:	For information.

1. Summary of Report

Patient outcomes are defined as **‘the results people care about most when seeking treatment, including longer life, symptom relief, quicker recovery and the ability to live normal, productive lives.’** Ensuring outcomes as good as the best in the NHS and globally is identified as one of the Trust’s ‘BEST’ goals and is a key measure of Trust performance.

This report includes Trust performance in relation to:

- King’s key patient outcomes indicators.
- Patient outcomes outliers and investigations.
- Learning from Deaths.
- Performance in national clinical audits.
- Performance against key patient outcomes governance indicators.
- Progress reports on the Trust’s identified Quality Priorities for patient outcomes.
- Update on King’s public health work programme.

2. Action required

The Board is asked to:

- Note Quarter 3 performance against the indicators provided.
- Note NICE derogation in relation to venous thromboembolism prophylaxis (see 10.1).

3. Report key

Key:

- Positive analysis: Outcome measures better than or within expected range; underperformance against <50% process targets with no demonstrable impact on patient outcome.
- Neutral analysis: Outcome measures within expected range; underperformance against >50% process targets with no demonstrable impact on patient outcome.
- Negative analysis: Outcome measures outside (below) expected range - negative outlier; underperformance against significant key process targets.
- Not applicable: Service not provided at this location.
- Methodological issue: Issues with the study’s methods that prevent a rating, e.g. sample too small, sample not representative, results do not provide a measure of performance.

4. Key implications

Legal:	Delivering good patient outcomes reduces risk of litigation.
Financial:	<ul style="list-style-type: none"> Contractual requirement to participate in the National Clinical Audit & Patient Outcomes Programme and the four Patient Reported Outcomes Measures (PROMs). Subscription costs. Development of outcomes-based commissioning. Contractual requirement to comply, where applicable, with NICE guidance. Best Practice Tariffs associated with performance in some national clinical audits. Cost implications in relation to implementation of NICE guidance – NICE recommendations take into account cost-effectiveness across the system but can incur costs for acute care.
Assurance:	<ul style="list-style-type: none"> Assurance provided for: Trust Board, CQC, Monitor, commissioners. Assurance provided by: external data including CQC Outliers Programme, national clinical audit programme, Hospital Episode Statistics provided through Healthcare Evaluation Data (HED); internal data including that analysed for investigation reports, mortality monitoring, Trust Patient Outcomes Quality Priorities, CQUINs, NICE implementation, clinical governance.
Clinical:	Patient outcomes and clinical quality indicators reviewed and improvement actions monitored.
Equality & Diversity:	Outcomes data will be provided for different population groups, where available, to provide assurance and/or identify opportunities for improvement in relation to health inequalities.
Performance:	Performance information provided for Summary Hospital-level Mortality Index (SHMI), Trust patient outcomes indicators, national clinical audits.
Strategy:	King's Strategy 2016 goal to achieve 'outcomes as good as the best in the NHS and globally.' King's 2018-19 Trust priority: 'deliver excellent clinical outcomes'.
Workforce:	None in this report.
Estates:	None in this report.
Reputation:	Risk and opportunity – results contribute to CQC rating and many are publically available e.g. Consultant Outcomes Programme and national audit results.
Other:	None in this report.

5. Key messages of this report

Performance this Quarter:	<p>Indicators rated green (positive analysis): 123</p> <p>Indicators rated yellow (neutral analysis): 14</p> <p>Indicators rated red (negative analysis): 7</p>
Successes identified this Quarter:	<ol style="list-style-type: none"> 85% (123/144) of indicators included in this report have been rated green, indicating outcomes better than expected, better than peer and/or within expected range. Mortality continues to be better than expected against key indicators. KCH is in the top quartile for Hospital Standardised Mortality Ratio (HSMR) but not for Summary Hospital-level Mortality Indicator (SHMI), which includes palliative care deaths and deaths up to 30 days following discharge (see 6.1). Mortality is better than expected or within expected range for (see 6.1 and 6.2): <ol style="list-style-type: none"> Trauma Stroke Acute myocardial infarction Pneumonia Sepsis Acute kidney injury Hip fracture Endocrine surgery Bariatric surgery Nephrectomy Hip and knee replacement surgery Emergency laparotomy Renal replacement therapy. KCH is the 3rd best trust nationally for risk-adjusted readmissions (see 6.1). 72% of consented organ donors become actual donors (national average 72%) (see 6.2). Progress against Trust Quality Priorities – Patient Outcomes: <ol style="list-style-type: none"> Mental health (see 12.1) Hip replacement (see 12.2) Heart failure (see 12.3).
Issues identified this Quarter:	<p>No outlier investigations were initiated, in progress or completed this quarter.</p> <p>7 red indicators in this report relate to:</p> <ul style="list-style-type: none"> 1 red indicator relates to key national stroke indicator at PRUH – see areas identified for improvement in previous reports, below. 2 red indicators relate to the wait for kidney transplant 2 red indicators relate to emergency laparotomy – At DH, the proportion of patients arriving in theatres within the time appropriate to the urgency of their surgery is below national average. There is a significant piece of work in progress to improve theatres utilisation. At PRUH, the proportion of patients in whom a risk assessment was documented preoperatively is below national and action has been taken to raise consultant awareness. 2 red indicators relate to fractured neck of femur management of pain in ED. Local improvements have been made and a local audit is in progress – results will be reported next quarter.

Learning from Deaths	<p>2018-19 Quarter 2 data - at KCH there were:</p> <ul style="list-style-type: none"> • 547 deaths • 110 (20%) of these were subject to a protocolised case record review and/or investigation. • None of these were judged to be probably avoidable (see 8.2).
Areas identified for improvement in previous Reports:	<p>Stroke reported in 2018-19 Quarters 1 and 2 – performance has been driven by a combination of increased complexity of stroke patients coupled with bed pressures (see 6.1.2). There is also a data issue in relation to therapy provision, known to the national audit team, whereby the denominator used is ‘all patients’ when it should be ‘all patients for whom 45 mins of therapy is appropriate’.</p>
Quality governance	<p>National clinical audits, mortality reviews, NCEPOD studies – no issues for escalation (Section 10).</p> <p>NICE derogation:</p> <p>Executive Quality Committee (19/10/18) approved KCH derogation from NICE guideline NG89: Venous thromboembolism in over 16s – reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism, on the grounds of lack of evidence-base for the recommendations, increased anxiety for families, low risk to patients, burden on ward staff and costs. King’s Thrombosis Centre is a recognised world-leader in research, diagnosis and management of thromboses and was the first UK Thrombosis Exemplar Centre.</p>

6. Performance against King's key patient outcomes indicators

6.1. Quarterly indicators

6.1.1. Mortality at KCH is better than expected against all key high-level indicators. The raised SHMI at PRUH is currently under investigation – it may be linked to the 2017-18 national high rate of excess winter deaths and/or it may be driven by national coding changes.

6.1.2. Whilst overall the Trust is doing well against the **Sentinel Stroke National Audit Programme** indicators, the overall team-centred rating score remains red at PRUH. The score is driven by bed pressures and by indicators relating to therapies provision. There is a data issue in relation to therapies provision, known to the national audit team, whereby the denominator used is 'all patients' when it should be 'all patients for whom 45 mins of therapy is appropriate'.

Outcomes Category ¹	Specialty	Indicator		Site see Key (95% Confidence Intervals)			Previous Quarter/Period (95% Confidence Intervals)			Peer average (Shelford Group ² unless specified)	Period	Source
				KCH	DH	PRUH	KCH	DH	PRUH			
Survival / mortality	Trust mortality	SHMI ³		96.0 (92.7, 99.3)	90.5 (86.0, 95.1)	105.5 (100.4, 110.7)	95.0 (91.7, 98.4)	90.4 (86, 95)	102.9 (97.9, 108.1)	85.8	Sept-17 to Aug-18	HES data via HED SHMI Monthly (31/12/18)
		SHMI – national position		36/130			37/133	-	-	7/9		
		HSMR ⁴		85.5 (81.8, 89.4)	80.6 (75.5, 86.0)	93.1 (87.5, 99.0)	86.5 (82.7, 90.4)	81.3 (76.2, 86.7)	94.1 (88.4, 100.1)	89.9	Oct-17 to Sept-18	HES via HED HSMR (31/12/18)
		HSMR – national position		13/133			15/133	-	-	4/9		
		SHMI – weekend admissions		102.4 (95.7, 109.4)	95.4 (86.3, 105.1)	113.1 (103.1, 123.9)	93.3 (89.6, 97.2)	89.5 (84.5, 94.8)	100.1 (94.3, 106)	92.9	Sept-17 to Aug-18	HES data via HED SHMI Monthly (31/12/18)
		SHMI – deprivation quintiles	Q1 – most deprived	92.9 (85.5, 100.8)	91.9 (83.4, 100.9)	97.0 (81.8, 114.2)	86.3 (79.4, 93.5)	81.9 (74.3, 90.1)	100.0 (85.22, 116.6)	91.9	Apr-17 to Mar-18	HES data via HED SHMI pre-release (31/12/18)
			Q5 – most affluent	98.9 (90.7, 107.7)	102.0 (80.6, 127.3)	101.5 (92.3, 111.4)	93.7 (85.7, 101.5)	103.3 (82.8, 127.46)	91.7 (83.4, 100.5)	90.6		
		SHMI – gender	Female : Male	97 : 95	89 : 92	109 : 101	97 : 93	90 : 91	107 : 99	85 : 86	Sept-17 to Aug-18	HES data via HED SHMI Monthly (31/12/18)
		SHMI – age 75+		95.6 (91.5, 99.8)	86.0 (80.0, 92.3)	106.7 (100.9, 112.8)	93.8 (89.7, 97.9)	84.0 (78.1, 90.2)	104.3 (98.5, 110.3)	85.4 (83.7, 87.2)		
		SHMI – ethnic group	Asian/ Asian British	82.6 (64.8, 103.9)	84.6 (64.3, 109.4)	77.7 (43.4, 128.1)	80.5 (64.2, 99.6)	79.6 (61.1, 101.8)	83.3 (51.55, 127.4)	76.2	Apr-17 to Mar-18	HES data via HED SHMI pre-release (31/12/18)
			Black/ Black British	78.8 (69.9, 88.5)	78.7 (69.5, 88.8)	78.8 (46.7, 124.5)	73.6 (65.3, 82.6)	73.5 (65.0, 82.8)	74.50 (43.4, 119.3)	76.1		
			White	97.9 (93.8, 102.1)	91.6 (85.7, 97.9)	106.0 (100.2, 112.0)	92.9 (88.8, 95.3)	84.6 (79.1, 90.3)	99.7 (94.4, 105.2)	89.1		

¹ Outcomes categories as defined by: Porter ME. What is value in health care? N Engl J Med 2010; 363:2477-81

² Shelford Group includes: University College London, Sheffield Teaching Hospitals, Oxford University Hospitals, Newcastle-Upon-Tyne Hosp, King's College Hospital, Imperial College Healthcare, Guy's and St Thomas', Central Manchester University Hospitals and Cambridge University Hospitals.

³ Summary Hospital-level Mortality Indicator (SHMI) is a hospital-level indicator produced by NHS Digital (aka HSCIC) and is a ratio of observed to expected number of hospital deaths. It includes deaths up to 30 days following discharge and all diagnoses, including palliative care.

⁴ Hospital Standardised Mortality Ratio (HSMR) is a ratio of the observed number of in-hospital deaths to the expected number of in-hospital deaths only and includes 56 diagnosis groups, excluding palliative care. HSMR represents 80% of hospital deaths.

Outcomes Category ¹	Specialty	Indicator	Site see Key (95% Confidence Intervals)			Previous Quarter/Period (95% Confidence Intervals)			Peer average (Shelford Group ⁵ unless specified)	Period	Source
			KCH	DH	PRUH	KCH	DH	PRUH			
	Trauma	Rate of survival: additional survivors out of every 100 patients		0.7 (-0.24, 1.5)	0.1 (-2.38, 2.6)		0.5 (-0.46, 1.5)	0.1 (-2.5, 2.7)	London peer ⁵ range: 0.1 – 2.9	1/1/16 – 31/07/18	TARN ⁶ , 31/12/18
	Stroke	SHMI – Acute cerebrovascular disease	86.0 (76.2, 96.6)	85.7 (72.4, 100.8)	86.8 (72.6, 103.0)	85.1 (75.4, 95.6)	85.4 (72.0, 100.7)	86.2 (72.4, 101.9)	92.9	Sept-17 to Aug-18	HES data via HED SHMI Monthly (31/12/18)
	Acute myocardial infarction	SHMI – Acute myocardial infarction	133.1 (99.4, 174.5)	137.8 (99.3, 186.3)	117.6 (56.3, 216.3)	118.2 (89.3, 153.5)	124.6 (91.2, 166.2)	98.9 (47.3, 181.9)	83.9		
	Pneumonia	SHMI – Pneumonia except that caused by tuberculosis or sexually transmitted disease	80.7 (72.5, 89.5)	73.1 (61.1, 86.8)	88.8 (77.4, 101.3)	77.4 (69.4, 86.1)	68.3 (57.0, 81.1)	87.1 (75.7, 99.6)	87.4		
	Sepsis	SHMI – Septicaemia (except in labour)	102.7 (92.4, 113.8)	86.1 (71.6, 102.7)	118.6 (104.2, 134.9)	105.4 (95.1, 116.4)	93.1 (79.0, 108.9)	121.4 (106.2, 138.1)	96.3		
	Acute kidney injury	SHMI – acute and unspecified renal failure	99.7 (80.1, 122.7)	81.1 (54.7, 115.7)	117.1 (88.9, 151.3)	105.4 (82.3, 132.9)	99.4 (69.2, 138.3)	114.3 (79.6, 159.0)	78.4		
	Hip fracture	30-day crude mortality (%) - annual		2.3	7.7	-	1.9	6.3	6.5 (national)	Aug-17 to Jul-18	NHFD ⁷ 31/12/18
		SHMI – fracture of neck of femur	89.2 (63.7, 121.4)	65.7 (30.0, 124.8)	102.2 (69.4, 145.0)	80.1 (56.7, 110)	68.6 (34.2, 122.8)	88.5 (58.3, 128.7)	92.9	Sept-17 to Aug-18	HES data via HED SHMI Monthly (31/12/18)
Disutility of care	Hip fracture	In-patient fractures (%) - annual		3.7	2.69		3.0	3.3	3.69 (national)	Nov-17 to Oct-18	NHFD ⁸ 31/12/18
		Pressure ulcers (%)		3.1	3.2		3.6	3.8	2.7 (national)		
		Re-operation rate (%)		0.0	0.7		0.0	1.0	0.9 (national)		
Sustainability of health	Readmission	Standardised Readmission Ratio (SRR) ⁹	91.3 (89.6, 93.2)	90.4 (88.1, 92.6)	93.0 (90.1, 96.0)	92.7 (90.9, 94.5)	90.8 (88.5, 93.1)	95.8 (92.8, 98.8)	99.6	Sept-17 to Aug-18	HES data via HED RRR (31/12/18)
		SRR – national position	3/133			5/133	-	-	1/9		
		SRR – gender	Female: 91 : 92 Male	90 : 91	92 : 94	94 : 92	92 : 89	96 : 96	101 : 99		
		SRR age 75+	100.1 (96.9, 103.4)	98.9 (94.4, 103.4)	101.4 (96.9, 106.2)	99.6 (96.5, 102.9)	98.3 (93.9, 102.9)	101 (96.5, 105.7)	102.4		
	Dementia	Re-admissions ¹⁰ : Number of people with dementia readmitted within 30 days (% of all patients readmitted within 30 days)	18% (197/1094)	18% (96/542)	18% (101/549)	18% (206/1128)	17% (100/576)	19% (106/552)		1/10/18 – 31/12/18	BIU data 17/01/19
		Standardised Readmission Ratio (CCS Senility & organic brain disorders)	92.0 (69.3, 119.8)	82.3 (53.7, 120.5)	103.0 (68.9, 147.9)	100.7 (80, 125.2)	99.9 (71.3, 136.0)	101.5 (72.8, 137.7)	99.8	Sept-17 to Aug-18	HES data via HED RRR (31/12/18)

⁵ St George's, Royal London, St Mary's⁶ [Trauma Audit & Research Network Online Survival Data](#)⁷ [National Hip Fracture Database \(NHFD\)](#)⁸ [National Hip Fracture Database \(NHFD\)](#)⁹ Standardised Readmission Ratio – is the relative risk of 30 day readmissions, that is the ratio (multiplied by 100) of observed number of emergency readmissions to the expected number of 30 day readmissions. It includes readmission to any other English hospital.¹⁰ Board-level reporting required by National Audit of Dementia

Outcomes Category ¹	Specialty	Indicator	Site see Key (95% Confidence Intervals)			Previous Quarter/Period (95% Confidence Intervals)			Peer average (Shelford Group unless specified)	Period	Source
			KCH	DH	PRUH	KCH	DH	PRUH			
Key evidence-based process measures	Patients admitted with a stroke (or having stroke onset as an inpatient) and/or discharged from hospital during the sample time period.	SSNAP overall score (HASU)		83.6 (A)	73.1 (B)		81.7 (A)	78 (B)	25% achieved level A	Jul 18- Sept 18	Sentinel Stroke National Audit Programme (SSNAP): Published Nov-18
		SSNAP overall score (SU)		91 (A)	74.7 (B)		74.7 (B)	72.8 (B)			
		SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator (HASU)		C	E		C	E			
		SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator (SU)		A	A		A	A			
	Hip fracture	Care meets best practice criteria (%)		56.2	75.0	-	23.3	42.9	National target: 60	Oct 18	National Hip Fracture Database, 31/12/18
		Hours to operation (hours)		42.9	26.4		40.5	26.7	National average: 32.8	Nov-17 to Oct-18	

6.2. Indicators reported annually, or at another frequency

- 6.2.1. Risk-adjusted mortality following surgery:** KCH is within expected range for endocrine surgery, bariatric surgery, nephrectomy, hip and knee replacement surgery and emergency laparotomy.
- 6.2.2. Renal patients:** Adjusted survival one year and five year (after 90 days) for renal replacement therapy (RTT) patients is within expected range. The risk-adjusted proportion of patients wait-listed for a kidney transplant prior to or within two years of RTT start is 40%, below peer (Guy's Hospital – 52%) (2011-2016). Median time to transplant wait listing is 1064 days; Guy's Hospital is 512 days (2011-2013).
- 6.2.3. Emergency laparotomy:** Risk-adjusted mortality at DH and PRUH is around half of national (DH 5.5%, PRUH 4.9%; national 10%). The proportion of patients in whom a risk assessment was documented preoperatively is below national average at PRUH (PRUH: 67%, national average 74.6%) and has fallen since the previous round of the audit (2016-16: 74.6%). Action has been taken to raise consultant awareness of the need to complete risk assessments. The proportion of patients arriving in theatre within a time appropriate for the urgency of surgery is lower than national average at DH (DH: 62.1%; national average 82.5%) and has deteriorated since the previous round of the audit (67.1%). Theatres productivity and reduction in time-to-theatres is a Trust improvement priority.
- 6.2.4. Organ donation:** 72% of consented deceased donors became actual donors, same as national average.
- 6.2.5. Acute myocardial ischaemia:** KCH performs better than, or similar to, national average for all key indicators including the proportion of patients seen by Cardiology and admitted to a Cardiac unit/ward, and the proportion of patients who receive secondary preventative medication. Performance has improved since the last round of the audit.
- 6.2.6. Fractured neck of femur in Emergency Department:** DH has performed below national average for assessment and treatment of pain in ED following hip fracture. Improvement actions are in place and a local audit in progress.

6.2.7. Stroke: See 6.1.2 above.

Outcomes Category ¹⁰	Patient Group	Indicator	Site			Previous period			National average (unless specified otherwise)	Period	Source
			KCH	DH	PRUH	KCH	DH	PRUH			
Survival/ mortality	Patients who have had endocrine surgery	Post-operative in hospital risk-adjusted mortality rate (%)	Consultant 1		0.00			0.00	0.1	Jul- 12 to Jun-16	British Association of Endocrine and Thyroid Surgeons (BAETS). Published May-18
			Consultant 2		0.00		0.00				
			Consultant 3		0.22		0.00				
			Consultant 4		0.48		0.65				
	All patients who have had bariatric surgery	In-hospital risk-adjusted mortality rate	Consultant 1		0.00				0.02	01/04/14-31/03/17	National Bariatric Surgery Registry, Consultant Outcomes Publication (COP) Published Jul 18
			Consultant 2		0.00						
			Consultant 3		0.00						
			Consultant 4		0.00						
			Consultant 5		0.00						
	Nephrectomy patients	Risk-adjusted mortality rate %	Consultant 1		0.00		0.00		0.38	01/04/14-31/03/17	British Association of Urological Surgeons Nephrectomy, Oct 18
			Consultant 2		0.00		0.00				
	Joint replacement and revision procedures	Knee replacement : risk-adjusted 90-day mortality							N/A	01/04/03-01/03/18	National Joint Registry 15th Annual Report (Sep 18)
		Hip replacement : risk-adjusted 90-day mortality									
	All deaths in critical and emergency care in patients aged 80 and under	% of consented brain death donors that became actual donors	82 (37/45)			83 (20/24)			UK 90%	Apr- 17 to Mar- 18	NHS Blood and Transplant (May 18)
		% of consented cardiac death donors that became actual donors	54 (13/24)			67 (8/12)			UK 55%		
		% of consented deceased donors that became actual donors	72 (50/69)			78 (28/36)			UK 72%		
	Patients who underwent emergency laparotomy	Adjusted 30 day Mortality Rate, %		5.5	4.9		5.3	9.6	10%	01/12/16 – 30/11/17	Royal College of Anaesthetists, Royal College of Surgeons (Nov 18)
	Adult Acute Myocardial Ischaemia patients	30 day unadjusted mortality rates for STEMI patients admitted to hospital		7.27 (92/1266)					11.66% (8206/ 90027)	01/04/14 - 31/03/17	Myocardial Ischaemia National Audit Project (Nov 18)
	Renal replacement therapy (RRT) patients	Age, primary renal diagnosis and comorbidity adjusted survival one year after 90 days (%)		91.5			91.4		91.3	2012 to 2015	UK Renal Registry 20th Report (Sep 18)
		Incident RRT survival after 90 days from start of RRT adjusted to age 60, % (5 year survival 2011 cohort)		64.5			66.6		62.3	2011 to 2015	
Sustainability of health		Risk-adjusted proportion of patients wait listed for a kidney transplant prior to or within two years of RRT start (%)		40.0			37.3		Guy's: 51.8	2011 - 2016	
		Median time to transplant wait listing (days)		1064			1305		Guy's: 512	2011 - 2013	
Key Evidence-based processes	Patients who underwent an emergency laparotomy	Proportion of patients in whom a risk assessment was documented preoperatively, %		97.5	67		95.5	72.7	74.6	01/12/16 – 30/11/17	Royal College of Anaesthetists, Royal College of Surgeons (Nov 18)
		Proportion of patients arriving in theatre within a time appropriate for the urgency of surgery, %		62.1	94.9		67.1	79.3	82.5		

Outcomes Category ¹⁰	Patient Group	Indicator	Site			Previous period			National average (unless specified otherwise)	Period	Source
			KCH	DH	PRUH	KCH	DH	PRUH			
		Consultant surgeon and anaesthetist present in theatre when patients had a risk of death ≥5%, %		75	89.9		62.2	91.0	82.5		
		Proportion of patients admitted to critical care post op when risk of death >10%, %		63.6	77.8		94.1	81.4	62.9		
	Adult Acute Myocardial Ischaemia patients	Eligible patients who received pPCI within 90 minutes of arrival at Heart Attack Centre (Door-to-balloon), (DTB) (%)		87.18 (n = 312)			83.6 (271/324)		88.81	01/04/16 - 31/03/17	Myocardial Ischaemia National Audit Project (MINAP) Annual Report (Nov 18)
		Management of patients admitted to hospital with nSTEMI		99.51	98.21		83.3 (285/342)	93.8 (76/81)	96.18		
		nSTEMI patients seen by a Cardiologist or member of team (%)									
		nSTEMI patients admitted to cardiac unit or ward (%)		75.18	55.36		22.2 (76/342)	3.7 (3/81)	57.95		
		Secondary prevention medication		100 (630/630)	100 (58/58)		95.6 (586/613)	60 (48/80)	Not given		
		Patients who received all secondary medication (%)									
	Patients who presented to ED with fractured neck of femur	Pain score is assessed within 15 minutes of arrival, %		15	46	26			29%	01/01/17 - 31/12/17	Royal College of Emergency Medicine
		Patients in severe pain (pain score 7 to 10) received appropriate analgesia: 100% within 60 mins of arrival or triage whichever is the earliest, %		18	58				30		
	Women aged 50 – 69 years who have been treated for Breast Cancer	Median time to treatment (chemotherapy or surgery)	4.9 Weeks						4.7 Weeks	Jan-14 to Dec-16	National Audit of Breast Cancer in Older Patients (NABCOP) Published Jul-18
	Women above 70 years who have been treated for Breast Cancer	Median time to treatment (chemotherapy or surgery)	4.6 Weeks						4.6 Weeks		
	Heart failure admissions with a primary diagnosis of heart failure	Treatment and management on discharge in England - received discharge planning (%)		98.5	95.9		91	88.3	91.9	01/04/16 – 31/03/17	National Heart Failure Audit (Nov 18)

7. Outliers update

No outlier reviews were undertaken this quarter.

8. Learning from Deaths

To allow time for data to be gathered centrally, reviews to be undertaken, discussion to take place within clinical teams and for the learning to be reported to the Mortality Monitoring Committee, the Patient Outcomes Report reports on the reviews of deaths that occurred in the previous quarter.

In many specialties every death is subject to detailed review. Across the Trust, all deaths identified in the following categories are subject to review:

- The patient had a severe mental illness
- The patient had a learning disability
- A complaint has been received relating to the quality of clinical care
- An adverse incident was raised in relation to an event that led to patient harm
- A death that followed an elective procedure
- Poor quality of care
- Possibility of avoidable death.

8.1. Quarter 3 report based on Quarter 2 deaths

During Quarter 2, 547 patients died at KCH:

- 256 at Denmark Hill
- 288 at Princess Royal University Hospital
- 3 at Orpington Hospital.

(source: Business Intelligence Unit)

110 of the 547 deaths (20%) were subject to protocolised case record review and/or investigation. Of these:

- 97 deaths were subject to case record review (Mortality Review Forms completed)
- 16 deaths were subject to investigations (following adverse incidents or complaints).

During Quarter 2 there were 28 deaths of patients in the key categories identified above (patient had a severe mental illness or learning disability, complaint received, adverse incident etc.). Of these:

- 16 (57%) have been subject to case record review to date.

During Quarter 2, no deaths were judged to be more likely than not to have been due to problems in the care provided to the patient.

8.2. Learning from deaths

There were no deaths judged to be avoidable in Quarter 2.

8.3. Learning disability death reviews

There was one death of a patient with learning disabilities in Quarter 2.

In total nine deaths have been reported to LeDeR since the programme began in 2015. Of these, five deaths have been allocated to KCH for review. In three of these cases, KCH are the lead reviewers and in the other two cases KCH are second reviewers.

Of the five reviews, three of the initial reviews have been submitted, two of these have been signed off by the Local Area Co-ordinator as completed and additional information has been requested by the CCG for the third case. The two remaining reviews are in process, one of which is going to a multi-agency review.

Learning from the two completed LeDeR reviews will be brought to the Safeguarding Adults Committee and Mortality Monitoring Committee and headlines will be reported in subsequent Patient Outcomes Report.

9. Performance in national clinical audits

15 national audits were reviewed this quarter. Details are provided in Appendix 1.

10. Performance against key patient outcomes governance indicators

10.1. NICE derogation

The Executive Quality Board (19/10/2018) approved the Trust's derogation from NICE Guideline 89: Venous thromboembolism in over 16s – Reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism. The grounds of the derogation are that there is no good quality evidence to support the NICE recommendations, which may lead to greater family anxiety as well as placing additional burden on ward staff and costs to the Trust. KCH has rigorous hospital-acquired thrombosis prevention and monitoring processes in place and King's Thrombosis Centre is a recognised world-leader in research, diagnosis and management of thromboses and was the first UK Thrombosis Exemplar Centre.

10.2. Local clinical guidelines

The Clinical Guidelines Development Plan has resulted in 10% improvement in the proportion of local clinical guidelines that have passed their review date. Improvement work continues.

Key governance Indicators	Site			Previous Quarter			Period	Source	Comment
	KCH	DH	PRUH	KCH	DH	PRUH			
Mandatory national clinical audits, Consultant Outcomes Publication and Confidential Enquiries (%)	100 (87/87)	100 (87/87)	100 (64/64)	100 (84/84)	100 (84/84)	100 (63/63)	2018	National audit providers & Patient Outcomes Team	Required by NHS Standard Contract, Quality Account or identified as Trust priority
Mandatory ¹¹ NICE guidance – all implementation actions completed (%)	100 (465/465)	100 (465/465)	100 (465/465)	100 (449/449)	100 (449/449)	100 (449/449)	As of 15/01/19	Patient Outcomes Team	See Appendix 2 for further details
Non-mandatory NICE guidance – all implementation actions completed (%)	69 (756/1098)	72 (791/1098)	74 (815/1098)	65 (695/1074)	68 (727/1074)	70 (751/1074)			
Local clinical guidelines within review date (%) (Approved documents only)	43 (397/926)	-	-	33 (324/985)	-	-	As of 15/01/19	King's Clinical Guidelines System	
New clinical procedures - outcomes feedback reported to NCPC ¹² (%)	95 (169/178)	95 (169/178)	n/a – no applications	94 (166/176)	94 (166/176)	n/a – no applications	Aug-08 to Dec -18	NCPC papers	

¹¹ Includes Technology Appraisals and Highly Specialised Technologies

¹² New Clinical Procedures Committee. NB. This does not represent all applications to the committee, just those procedures that have been approved for use at KCH.

10.3. National Confidential Enquiry into Patient Outcomes and Death (NCEPOD)

- Data collection is in progress for studies on Pulmonary Embolism, Acute Bowel Obstruction and Long Term Ventilation.
- NCEPOD reports have been published on Diabetes Perioperative Care (Dec 2018), Cancer in Children (Dec 2018) and Heart Failure (Nov 2018). Gap analyses and action plans have been completed.

11. Trust quality priorities – patient outcomes**11.1. Mental health**Why is this a priority?

Nearly a third of people with long-term medical conditions have a mental illness, and nearly half of people with mental illness have at least one long-term medical condition. Joining-up the care of both mind and body leads to better patient outcomes. It is also cost-effective - £1 in every £8 spent on caring for people with long-term medical conditions is linked to poor mental health. National studies show that there is much that hospitals like King's can do to improve mental health care.

Our aims for 2018-19 are to:

- Increase outpatient clinics undertaking screening for mental health.
- Provide self-help resources for our patients and help patients to refer themselves to psychology services.
- Develop new ways to join up physical and mental health care to improve the outcomes, experience and safety of our patients.
- Support staff to provide better mental health care through training and supervision.
- Work in partnership with South London & Maudsley NHS Trust, general practitioners and other local hospitals.

Progress this quarter:

- Increasing outpatient clinics undertaking screening for mental health:
 - IMPARTS is live in 29 clinics at KCH with a further 20 in the pipeline. At KCH, 28,869 screens have been completed to date (31/12/18).
 - IMPARTS implementation discussions underway with PRUH Cardiology & Rheumatology.
- Self-help resources for patients:
 - The second run of our online Massive Open Online Course (MOOC) 'Integrating care: depression, anxiety and physical illness' launched in January, with more than 6,375 people registered (exceeding first run in September).
- Joining up physical and mental health care and working in partnership:
 - Successful Macmillan 2-year grant for a new psychology service for patients with cancer. Led by Jane Hutton and Irina Belun-Vieira, the service will provide direct patient care, develop integrated pathways and provide education to the various cancer clinical teams.
 - Led by the KHP Institute for Diabetes, Obesity & Endocrinology, NHS England funding secured for new integrated type 1 diabetes and eating disorder service, launching in February. This service would fill a current gap for patients with these complex needs who often do not receive the care they need to support recovery. The business case for the service will be presented at the KCH Investment Board in February.
 - 3DLC has now screened more than 2,000 patients in COPD, heart failure and hypertension clinics at GSTT and KCH, resulting in 750 referrals to the team. At KCH, we are working with clinical leads and general managers to submit a business case for service continuity in 19/20 to the Investment Board in February.

- A Mind and Body Champions Focus Group on Children's & Young People's (CYP) mental and physical health agreed a set of actions to increase awareness of all relevant services available across KHP, test IMPARTS for CYP, and provide targeted education and training.
 - Scoping work with KHP Urology Consultants to review the current evidence base around men's cancers (prostate and testicular) and our understanding of the impact of mental health and psychological factors on cancer progression. An application for a PhD Studentship to the King's Medical Research Trust/KCH Joint Research Committee has been submitted.
 - The Mind and Body team have recruited a GP Clinical Lead 1-day a week to help improve the integration of primary and secondary care services and ensuring patients have their mind and body needs identified and addressed in the community as far as possible.
 - The KHP Haematology Institute's new Mind and Body service, based at Denmark Hill, has now recruited to the Psychiatry post, and implementation discussions including on IMPARTS are underway. A learning event is planned between the new Haem team and the existing 3DLC service to share best practice and implementation advice.
- d) Supporting staff through training and supervision:
- With nursing and Psychiatric Liaison colleagues, initial mapping of all education and training courses available to improve awareness and uptake.
 - New course dates available for 1 day Mind and Body clinical skills course (adult and CYP), 2 day Healthy Lives simulation course, and 5 day specialist 'Mental Health Skills for non-Mental Health Professionals'
 - Developing IMPARTS online refresher training to support clinical teams to continue mental health screening and assessment
 - Mind and Body stall and promotion at PRUH Staff Health & Wellbeing event, driving recruitment of Champions
 - Working with Acute Medicine teams at KCH and Aubrey Lewis 3 inpatient men's ward at SLaM to develop a team twinning project, where teams will shadow each other's day-to-day work and discuss relevant topics in existing team teaching sessions. Teams currently collecting baseline data from staff regarding knowledge, confidence and skills and meeting in January to launch the project.

11.2. Improving outcomes for people with osteoarthritis undergoing uncomplicated hip replacement surgery

Why is this a priority?

In 2016/17 approximately 750 hip replacements were undertaken at King's College Hospital NHS Foundation Trust, with most hip replacements undertaken on our Orpington Hospital site. Following surgery, patients' care is provided either at Queen Mary's Hospital (QMS) or Denmark Hill (DH). Our objective is to measure the outcomes for patients at the two sites and, if we find that one site results in better outcomes, learn from this and develop the best approach for all our patients. By 'outcomes' we mean return to normal activities and quality of life after surgery.

Our aims for 2018-19 are to:

- e) Look at national information already gathered on patients' outcomes after surgery and compare the two services in detail.
- f) Use this information to develop services that lead to the best possible patient outcomes at both hospital sites.
- g) Share this information with other local hospitals. This will include improving the patient discharge process and information provided after a hospital stay.

Progress this quarter:

The focus this quarter has been on compiling the results and preparing a manuscript for publication.

The work has led to further projects including evaluation of a second orthopaedic pathway which will include a comparison of costing methodologies. The results of the initial study have been shared with patient groups, clinical groups within the hospital, as well as the Health Finance Management Association, and there is a plan to present the work at regional quality meetings which focus on outcomes. The Darzi Fellow working on the project has been successful in gaining a place on the Harvard Business School Value-Based Healthcare Program in January. This is a valuable opportunity to consolidate learnings and network with others around the world working on similar projects to share our experiences and potentially collaborate on future project work. The orthopaedic work at KCH has contributed more broadly to the growing shift in priorities within the trust toward a Value Based Health Care model (VBHC).

Next quarter's work will focus on:

- Finalising the manuscript which has been submitted to BMJ Quality.
- Completing the associated patient outcome work involving obtaining feedback direct from patients via telephone interviews and a focus group.
- Addressing those aspects of recovery that are not included in existing measures (e.g. capacity to return to work).
- An evaluation of the shoulder joint replacement pathway is underway. This study will again calculate the value of the care pathway, in terms of patient outcomes and the costs of delivering them.
- A financial comparison between Patient Level Income and Costing System (PLICS) and Time Driven Activity Based Costing (TDABC) analysis has commenced.
- Identifying and addressing organisational barriers to pathway optimisation e.g. the collection of PROMS and the potential to build data collection into the collection of routine clinical information describing care.

11.3. Improving outcomes for people with heart failure

Why is this a priority?

Heart failure (HF) is the most common reason for admission to hospital for patients over 65 years of age and, without appropriate treatment, is associated with high morbidity and mortality. UK Audit data demonstrates that 30–40% of patients newly diagnosed with heart failure die within a year. Despite this high cost to both the patient and NHS services, recognition of HF in the community setting is challenging, with many patients remaining undiagnosed. It is estimated that 9,000 people are living with heart failure in Southwark and Lambeth and less than 3,000 are known to services. The HF Service aims to promote the benefits of timely, accurate diagnosis with diagnostic pathways and help people with heart failure live longer, with a better quality of life in their own homes.

Our aims for 2018-19 are to:

- a) Build on work started in 2015 to ensure more patients are diagnosed and receive the treatment they need as soon as possible, and to keep people at home wherever possible.
- b) Work with local GP practices to ensure that it is easy for GPs to refer the right patients to specialist heart failure clinics.
- c) Provide a 'one stop shop' service for patients to ensure they get everything they need in one place, and to ensure they receive treatment quickly.
- d) Ensure every patient receives information to help them live with their condition.
- e) Ensure that care continues after the patient leaves hospital.

Progress this quarter:

- a) Build on work started in 2015 to ensure more patients are diagnosed and receive the treatment they need as soon as possible, and to keep people at home wherever possible:
 - The HF team worked with local GPs to roll out information on using the correct test to detect heart failure (NTproBNP test) and between January and May 2018, KCH received approximately

- 150 referrals for assessment of patients with suspected new onset HF from local GP practice based on using the correct HF test
- Compared with 2017, there has been a 50% increase in new patient HF appointments in 2018.
 - KCH has been working with the @home service to provide care for HF patients in their home environment wherever possible.
- b) Work with local GP practices to ensure that it is easy for GPs to refer the right patients to specialist heart failure clinics:
- To speed up the referral process, GPs are now able to refer patients to a single point of access and does not require them to assess the urgency of review.
 - We have worked with Southwark CCG clinical effectiveness group to provide evidence-based guidelines for the management of HF in primary care.
 - Diagnostic referral pathways have been developed and educational events delivered.
 - Two dedicated local GP champions have been identified.
- c) Provide a 'one stop shop' service for patients to ensure they get everything they need in one place, and to ensure they receive treatment quickly.
- Protected slots for echocardiography have been secured for new referrals as part of the HF clinic visit, meaning that patients only have to attend one appointment. An audit of new patient appointments demonstrated that 20% of patients received an echocardiogram on the same day as their review appointment. For January to April 2018, 36% of patients had an echocardiogram on the same day.
- d) Ensure every patient receives information to help them live with their condition.
- A series of patient information leaflets have been developed in collaboration with Guy's & St Thomas', including Medicines for Heart Failure, the Heart Failure Team, Self-Management Tool and Managing Fluid Balance.
 - KCH and GSTT produced a series of films to give patients practical advice on how to cope with HF and 108 patients used the films between January and March 2018.
- f) Ensure that care continues after the patient leaves hospital.
- Referrals to the community team following discharge has nearly doubled.
 - A monthly community HF nurse specialist multi-disciplinary team meeting is held at KCH to ensure effective coordination of patients' care after discharge, including the use of the @home care service to provide care for HF patients in their home environment where possible.

Appendix 1: National Clinical Audit Performance Report

Care Group(s)	National Audit Title	Source	Participation	KCH NCA/COP Rating		Comment
				DH	PRUH	
Networked Care Neurosciences PRUH and South Sites Post-Acute Medicine	Sentinel Stroke National Audit Programme (SSNAP) Hyper Acute Stroke Unit (HASU) and Stroke Unit (SU) data Published Aug-18	Royal College of Physicians	Sample size: DH: HASU, 239 SU, 40 PRUH: HASU, 203 SU, 96 Patient Group: Patients admitted with a stroke (or having stroke onset as an inpatient) and/or discharged from hospital during the sample time period. Period: 01/04/18 – 30/06/18	HASU- SU-	HASU- SU-	Positive analysis: For DH HASU : <ul style="list-style-type: none"> Overall SSNAP score and team centred SSNAP scores have improved from C to A rating. Domain 2 indicator, stroke unit, has improved from D to C rating. Domain 5 indicator, occupational therapy, has improved from C to A rating. Domain 7 indicator, speech and language has improved from E to B rating. Domain 8 indicator, MDT working has improved from C to B rating. For PRUH HASU : <ul style="list-style-type: none"> Domain 1 indicator, scanning, has improved from B to A rating. Domain 3 indicator, thrombolysis, has improved from D to C rating. Domains 7 (speech & language) and 10 (discharge processes) have improved from C to B rating. For PRUH SU , the overall SSNAP score for has improved from C to B rating. For DH SU , domain 5 indicator, occupational therapy, has improved from B to A rating. Neutral analysis: <ul style="list-style-type: none"> For PRUH HASU, the overall SSNAP score and team centred SSNAP score have remained at B rating. For DH SU, the overall SSNAP score and team centred SSNAP score have remained at B and A ratings respectively. For PRUH and DH SUs domain 2 indicators, stroke unit, has remained at A rating. Negative analysis: <ul style="list-style-type: none"> For PRUH SU, the Team centred SSNAP score has gone down from B to C rating. Domains 5 (occupational therapy) and 10 (discharge processes) have gone down from B to C rating. The DH SU domain 6 indicator, physiotherapy has gone down from A to B rating.
Urgent Care, Planned Care and Allied Clinical Services Planned Surgical PRUH and South Sites Surgery and Theatres (PRUH)	British Association of Endocrine and Thyroid Surgeons (BAETS) Endocrine Surgery Surgeon Specific Outcomes Annual Report (Online only) Published May 2018	British Association of Endocrine and Thyroid Surgeons (BAETS)	Sample size: Number of patients varies according to surgeon and site. Patient Group: All patients who have had endocrine surgery. Period: 01/07/12 – 30/06/16			Positive analysis: All KCH surgeons are within expected range for in hospital mortality rates, related readmissions and re-exploration for bleeding rates.
Networked Care Paediatric Liver Liver	Annual Report on Liver Transplantation Report for 2017/18 (1 April 2008 – 31 March 2018) Published: Sep-18	NHS Blood and Transplant (NHSBT)	Sample size: DH Total Elective: 45 DH Total Super-Urgent: 7 Patient Group: Paediatric patients (aged <17 years)			Positive analysis: <ul style="list-style-type: none"> King's College Hospital had the largest share of the transplant list (31%) (Includes multi-organ, elective and super-urgent registrations). King's achieved: <ul style="list-style-type: none"> King's achieved the highest five year unadjusted patient survival for paediatric elective deceased donor first liver transplants (93.5%) out of all three transplant centres (91.5% nationally). The highest five year unadjusted patient

Care Group(s)	National Audit Title	Source	Participation	KCH NCA/COP Rating		Comment
				DH	PRUH	
			Period: 01/04/17 to 31/03/18			survival for paediatric super-urgent deceased donor first liver transplants (79.3%) out of all three transplant centres (74.1% nationally). <ul style="list-style-type: none"> The highest five year unadjusted patient survival for paediatric super-urgent deceased donor first liver transplants (73.6%) out of all three transplant centres (68.7% nationally). Negative analysis: <ul style="list-style-type: none"> King's experienced the longest median waiting time to liver only transplant in the UK for paediatric elective patients (90 days (63 – 117) out of all three transplant centres (80 days (56– 104) nationally). King's experienced the longest median waiting time to liver only transplant in the UK for paediatric super urgent patients (6 days (4 – 8) out of all three transplant centres (4 days (3-5) nationally).
Networked Care Adult Liver	Annual Report on Liver Transplantation Report for 2017/18 (1 April 2008– 31 March 2018) Published: Sep-18	NHS Blood and Transplant (NHSBT)	Sample size: KCH Total Elective: 186 KCH Total Super-Urgent: 17 For period: 01/04/17 to 31/03/18 Sample size: KCH Total Elective: 1493 KCH Total Super-Urgent: 198 For period: 01/04/08 to 31/03/18 Patient Group: Adult patients who are currently on the UK Liver transplant list or have had a liver transplant Patients on active liver transplant as of 31/03/2018: 91	●	●	Positive analysis: <ul style="list-style-type: none"> In the period 01/04/2009 to 21/03/2013, King's achieved the highest five year risk-adjusted patient survival for super-urgent (89.9%) deceased donor first liver transplants. King's achieved the second highest five year (74%) and 10 year (62%) patient survival rate for adult elective liver transplantation. Neutral analysis: <ul style="list-style-type: none"> King's undertook the largest number of elective adult liver transplants (186) and undertook the third largest number super-urgent liver transplants (17). King's achieved the same median waiting time to liver only transplant in the UK for adult super-urgent patients (2 days (1 – 3) when compared to the national average (2 days (2 - 2)). King's achieved the third highest one year (85%) patient survival rate for adult elective first liver registration. King's achieved the third highest lifetime follow-up return rate (95%), this is a combination of both elective and super-urgent patients. This was joint with Birmingham and Cambridge. The highest return rate was 99%. King's was within expected range for one year risk-adjusted patient survival for adult super-urgent deceased donor first liver transplants (81.8%). Negative analysis: <ul style="list-style-type: none"> In the period up to 31/03/2018, King's achieved the longest active liver transplant waiting list (91 patients). The lowest waiting list was held by Newcastle (8 patients) in the same time period. King's had the longest median waiting time to liver only transplant in the UK for adult elective patients (189 days (163 – 215) out of all seven transplant centres. The national average was 134 days (124 – 144).
Urgent Care, Planned Care and Allied Clinical Services Orthopaedics Planned Surgical PRUH and South Sites	National Joint Registry (NJR) Annual Report Published Sep-18	Healthcare Quality Improvement Partnership (HQIP) Academy of Medical Royal Colleges Royal College of Nursing and National Voices	Sample size: DH: 127 PRUH: 68 Orpington: 732 Patient Group: Elbow, Hip, Knee and Shoulder replacement and revision procedures. Period:	●	●	Positive analysis: <ul style="list-style-type: none"> King's has not been identified as an outlier for hips and knees replacement mortality or revision. DH (98%) and Orpington (95%) have been given a green rating for linkability. Negative analysis: <ul style="list-style-type: none"> KCH have been given an amber rating for overall data compliance (85%). DH (79%) and PRUH (38%) have been given a red rating for consent. Data entry issues are being investigated.

Care Group(s)	National Audit Title	Source	Participation	KCH NCA/COP Rating		Comment
				DH	PRUH	
Post-Acute Medicine (PRUH)			01/04/16 – 31/03/17			<ul style="list-style-type: none"> PRUH have been given an amber rating for linkability (84%). Orpington has been given an amber rating for consent (86%). Improvement analysis <ul style="list-style-type: none"> Data entry issues regarding consent and linkability - action has been taken to upload backlog. Work being undertaken with EPR provider to review whether NJR data collection requirements can be embedded within EPR, rather than collecting on data forms. Note: Consultant outcomes publication and specific site level data relating to the annual report will be published in November 2018.
Urgent Care, Planned Care and Allied Clinical Services Planned Surgical	National Bariatric Surgery Registry, Consultant Outcomes Publication (COP) Annual Report Published Jul-18	Association of Laparoscopic Surgeons of Great Britain and Ireland (ALSGBI) Association of Upper Gastrointestinal Surgery (AUGIS) British Obesity & Metabolic Surgery Society (BOMSS) Dendrite Clinical Systems	Sample size: Number of patients varies according to surgeon and site. Patient Group: All patients who have had bariatric surgery. Period: 01/04/14 – 31/03/17	●	●	Positive analysis: <ul style="list-style-type: none"> All KCH surgeons are within expected range for in hospital mortality rates. Negative analysis: <ul style="list-style-type: none"> Professor Ameet Patel is an outlier for data completeness (see appendix 1, page 5). Professor Rubino's data does not appear. Issue has been raised with Clinical Director for action. Improvement actions: To improve data completeness for outlier consultant.
Urgent Care, Planned Care and Allied Clinical Services Planned Surgical Urology	British Association of Urological Surgeons Nephrectomy, Consultant Outcomes Publication (COP) Annual Report Published Oct-18	British Association of Urological Surgeons (BAUS)	Sample size: KCH: Patient Group: Nephrectomy patients. Period: 01/04/15 – 31/03/17	●	●	Positive analysis: <ul style="list-style-type: none"> DH is well within the national average and below the 99% & 99.9% upper alarms (red lines) for: Complication rate Mortality rate DH's transfusion rate is within normal range. Note: Joint care pathway with GSTT.
Networked Care Critical Care, Radiology & MEP (All specialties) Variety Children's Hospital & Paediatric Board PRUH and South Sites Women's & Children's, Critical Care, Precision Medicine and Clinical Support Services (PRUH)	Actual and Potential Deceased Organ Donation Audit Published May 2018	NHS Blood and Transplant	Sample size: Donors after brain death (DBD): 77 Donors after circulating death (DCD): 84 Total deceased donors: 159 Patient Group: All deaths in critical and emergency care in patients aged 80 and under. Period: 01/04/17 – 31/03/18 PICU Sample size: Donors after brain death (DBD): 2 Donors after circulating death	●		Positive analysis: <ul style="list-style-type: none"> KCH was "exceptional (gold) for referral of potential DCD organ donors to NHS Blood and Transplant's Organ Donation Service" KCH performance was "exceptional (gold) for specialist nurse presence in approaches to families of eligible DCD donors". "The neurological death testing rate in KCH was exceptional (gold) when compared with UK performance". Neutral analysis: <ul style="list-style-type: none"> KCH performance was "average for referral of potential DBD organ donors and average for referral of potential DCD organ donors to NHS Blood and Transplant's Organ Donation Service". KCH performance was "average for specialist nurse presence in approaches to families of eligible DBD donors". KCH consent rate was "average for DBD and DCD donors".

Care Group(s)	National Audit Title	Source	Participation	KCH NCA/COP Rating		Comment
				DH	PRUH	
			(DCD): 5 Total deceased donors: 7 Patient Group: All child deaths in critical and emergency care. Period: 01/04/17 – 31/03/18			
Urgent Care, Planned Care and Allied Clinical Services Acute & Emergency Care Theatres & Anaesthetics PRUH and South Sites Surgery & Theatres	National Emergency Laparotomy Audit Dec 2016 – Nov 2017 Published: November 2018	Royal College of Anaesthetists, Royal College of Surgeons, National Institute of Academic Anaesthesia, Healthcare Quality Improvement Partnership	Sample size: DH:81 PRUH: 97 Patient Group: Patients who underwent an emergency laparotomy Period: 01/12/2016 – 30/11/2017	●	●	Positive analysis: <ul style="list-style-type: none"> Adjusted 30 day mortality rate at both DH (5.5%) and PRUH (4.9%) is lower than national (10%). Risk documented preoperatively in DH (97.5%) is higher than the last year and the national average (74.6%). At PRUH, the proportion of patients arriving in theatre within a time appropriate for the urgency of surgery (94.9%) has improved since last year and is higher than national (82.5%). At PRUH, consultant surgeon and anaesthetist present in theatre when patients had a risk of death ≥5%, is higher (89.9%) than national (82.5%). For both sites, the proportion of patients admitted to critical care post op when risk of death >10%, is higher than national. Neutral analysis: <ul style="list-style-type: none"> At DH, consultant surgeon and anaesthetist present in theatre when patients had a risk of death ≥5%, is higher (75%) than last year (62.2%) and slightly lower than national (82.5%). Negative analysis: <ul style="list-style-type: none"> At PRUH, risk documented preoperatively (67%) is lower than the national (74.6%) and lower than last year. At DH, the proportion of patients arriving in theatre within a time appropriate for the urgency of surgery is worse (62.1%) than last year and lower than the national average (82.5%). Theatre capacity is subject of high level action planning. At PRUH, the proportion of patients who received a CT scan reported before surgery is lower (47.4%) than last year and much lower than national (64.4%).
Networked Care Cardiology PRUH and South Sites Cardiology	Myocardial Ischaemia National Audit Project (MINAP) Annual Public Report (2016-17 data) Published: Nov-18	National Institute for Cardiovascular Outcomes Research (NICOR)	Sample size: nSTEMI patients: DH:413 PRUH:56 STEMI patients: DH: 419 PRUH:5 Patient Group: Adult Acute Myocardial Ischaemia patients Period: 01/04/16 – 31/03/17	●	●	Positive analysis: DH performed higher than/similar to national average for: <ul style="list-style-type: none"> Eligible patients who received pPCI within 90 minutes of arrival at Heart Attack Centre (Door-to-balloon), (DTB). Eligible patients who received pPCI within 150 minutes of calling for help (Call-to-balloon), (CTB) including those directly admitted or transferred to a Heart Attack Centre. Proportion of nSTEMI patients seen by a Cardiologist or member of team (%) Proportion of nSTEMI patients admitted to cardiac unit or ward (%) Proportion of nSTEMI patients who had angiography during admission (%) Proportion of patients who received all secondary medication for which they were eligible (%)

Care Group(s)	National Audit Title	Source	Participation	KCH NCA/COP Rating		Comment
				DH	PRUH	
						<ul style="list-style-type: none"> No reperfusion for patients with STEMI % of patients who received echocardiogram during admission <p>PRUH performed higher than/similar to national average for:</p> <ul style="list-style-type: none"> Proportion of nSTEMI patients seen by a Cardiologist or member of team (%) Proportion of nSTEMI patients admitted to cardiac unit or ward (%) Proportion of nSTEMI patients who had angiography during admission (%) Proportion of patients who received all secondary medication for which they were eligible (%)
Acute & Emergency care Emergency medicine	Fractured neck of femur, 2017/18 Published October 2018	Royal College of Emergency Medicine	Sample size: DH: 48 PRUH: 100 Patient Group: Patients who presented to ED with fractured neck of femur during the audit period. Period: 01/01/2017 - 31/12/2017	●	●	Positive analysis: <ul style="list-style-type: none"> PRUH performed better than the national average among all the indicators DH performed better than the national average for: <ul style="list-style-type: none"> 75% of patients in severe pain receiving appropriate analgesia within 30 mins of arrival or triage whichever is the earliest. 75% of patients with moderate pain received appropriate analgesia within 30 mins of arrival or triage whichever is the earliest Neutral analysis: DH performed at the same level as the national average for: <ul style="list-style-type: none"> 75% of patients with moderate pain received appropriate analgesia within 30 mins of arrival or triage whichever is the earliest Negative analysis: <ul style="list-style-type: none"> Pain score assessed within 15 minutes of arrival in DH (15%) is lower than the national average (29%). <p>DH performed worse than the national figures for:</p> <ul style="list-style-type: none"> 95% of patients being admitted within 4 hours of arrival and pain score assessed within 15 minutes of arrival. 75% of patients receiving an X-ray within 120 minutes of arrival or triage, whichever is the earliest. 100% of patients in severe pain receiving appropriate analgesia within 60 mins of arrival or triage whichever is the earliest. 100% of the patients with moderate pain received appropriate analgesia within 60 mins of arrival or triage whichever is the earliest. Improvement actions: A trial of a Safety checklist in PRUH ED to act as a prompt for all staff to provide time critical treatments and analgesia.
Urgent Care, Planned Care and Allied Clinical Services Planned Surgical PRUH and South Sites Surgery and Theatres (PRUH)	National Audit of Breast Cancer in Older Patients Annual Report Published Jul-18	Royal College of Surgeons Association of Breast Surgery (ABS) Healthcare Quality Improvement Partnership (HQIP)	Sample size: KCH: 1118 Patient Group: All women 50-69 years old who have been diagnosed with breast cancer. Sample size: KCH: 475 Patient Group: All women 70 years old and above whom have been diagnosed with breast cancer.	●	●	Positive analysis: <ul style="list-style-type: none"> CNS contact with women 50-69 years old (93%) well above NABCOP NHS Organisations (85%) CNS contact with women 70 years old and above (95%) well above NABCOP NHS Organisations (84%) ER and HER2 status recorded for women 50-69 years old (95%, 94%) higher than NABCOP NHS Organisations (88%, 86%) ER and HER2 status recorded for women 70 years old and above (93%, 91%) higher than NABCOP NHS Organisations (84%, 76%) Neutral analysis: <ul style="list-style-type: none"> Median time to treatment for women 70 years old and above is 4.6 weeks, same as the NABCOP NHS Organisations average

Care Group(s)	National Audit Title	Source	Participation	KCH NCA/COP Rating		Comment
				DH	PRUH	
			Period: 01/01/14 – 31/12/16			<ul style="list-style-type: none"> Median time to treatment for women 50-69 years old is 4.9 weeks, while NABCOP NHS Organisations average is 4.7 weeks Average data completeness for women 50 and above is 75%
Networked Care Cardiology PRUH and South Sites Cardiology	National Heart Failure Audit: April 2016 – March 2017 Annual Report Published November 2018	National Institute for Cardiovascular Outcomes Research (NICOR)	Sample size: DH: 427 PRUH: 316 Case ascertainment: 70% (743/1068) Patient Group: The number of heart failure admissions with a primary death or discharge diagnosis of heart failure as recorded by Hospital episode Statistics (HES) in England. Period: 01/04/16 – 31/03/17	●	●	Positive analysis: DH performed similar or better than national average on: <ul style="list-style-type: none"> Received echo Input from Consultant cardiologist Pt received discharge planning Referral to Cardiology follow-up PRUH performed similar or better than national average for most of the key process measures. Negative analysis: DH performed worse than national average on: <ul style="list-style-type: none"> Angiotensin converting enzyme inhibitor (ACEI) on discharge Referral to Heart Failure nurse follow-up PRUH performed worse than national average on: <ul style="list-style-type: none"> Input from specialist Referral to Heart Failure nurse follow-up Referral to Cardiac Rehabilitation
Networked Care Cardiovascular	National Audit of Percutaneous Coronary interventions (PCI) Consultant Outcomes	National Institute for Cardiovascular Outcomes Research (NICOR)	Sample size: DH: 4526 PCI procedures PRUH: Not applicable Patient Group: Patients who underwent percutaneous coronary interventions Period: 01/01/14 - 31/12/16	●	●	Positive analysis: <ul style="list-style-type: none"> Overall results for Trust within expected range. Negative analysis: <ul style="list-style-type: none"> 'Inadequate data completeness' for 9/11 consultants which leaves the overall data completeness for the Trust as 'inadequate'.
Networked Care Liver & Renal Renal	UK Renal Registry 20 th Annual Report 2017 Published Sep-18	Renal Association Nephron	Incident Patient Group: Patients starting Renal Replacement Therapy (RRT) Period: 01/01/16 – 31/12/16 Population size: DH and PRUH: 152 Prevalent Patient Group: Patients being managed by RRT on 31.12.16 Period: followed up to 31/12/16 Population Size by RRT modality: Haemodialysis (HD): 581 Peritoneal	●	●	Positive analysis: <ul style="list-style-type: none"> King's age adjusted (to age 60) one year after 90 day survival (91.5%), is higher than the national average (90.6%) for the 2012-2015 cohort. King's age primary renal diagnosis and comorbidity adjusted survival one year after 90 days (91.5%) is higher than the national average (91.3%). The adjusted one year survival of prevalent dialysis patients remains higher than the national average and within expected range (89.3% 95%CI (85.2-90.3), national average 88%. 66.2% of our haemodialysis and 68% of our peritoneal dialysis patients had serum phosphate levels within target; the national levels were 59.9% and 58.7% respectively. 64% of our haemodialysis and 59% of our peritoneal dialysis patients had haemoglobin levels within target; the national levels were 59% and 55% respectively. Neutral analysis: <ul style="list-style-type: none"> 51.7% of our haemodialysis and 47.0% of our peritoneal dialysis patients had parathyroid hormone levels within target. This is lower than the national average of 58.3% and

Care Group(s)	National Audit Title	Source	Participation	KCH NCA/COP Rating		Comment
				DH	PRUH	
			dialysis (PD): 91 Transplant (Tx): 436			<p>65.7% respectively.</p> <p>Negative analysis:</p> <ul style="list-style-type: none"> King's had one of the highest reported median times to wait listing for renal transplant ion (1064 days) across the UK (incident dialysis patients between 01.01.2011 and 31.12.2013). <p>Note:</p> <p>Median time to wait-listing : In the reported median time to wait listing- the KCH Kaplan-Meier did not reach 50% therefore we have been given a 'n/a' in the column and the final listing event date in the analysed cohort provided is 1064 days.</p>

Appendix 2: NICE Performance Report

	Q3 2018/19		
	KCH	DH	PRUH
1. All NICE guidance implementation actions completed <ul style="list-style-type: none"> Including Mandatory NICE guidance, Non-mandatory NICE guidance, Quality Standards. 	78% (1221/1563)	80% (1256/1563)	82% (1280/1563)
2. Mandatory NICE guidance – all implementation actions completed <ul style="list-style-type: none"> Including Technology Appraisals and Highly Specialised Technologies. 	100% (465/465)	100% (465/465)	100% (465/465)
3. Non-mandatory NICE guidance – all implementation actions completed <ul style="list-style-type: none"> Including NICE Guidance (Including Clinical and Public Health Guidelines), Social Care Guidelines, Safe Staffing Guidelines, Medicines Practice Guidelines, Interventional Procedures, Medical Technologies, Diagnostics Guidance and Quality Standards. Excluding Technology Appraisals and Highly Specialised Technologies. 	69% (756/1098)	72% (791/1098)	74% (815/1098)
6. Derogations	0	0	0
7. Guidance assessed as 'not relevant'	28% (433/1563)	29% (459/1563)	42% (658/1563)

Report to: Board Committee

Date of meeting: 6 March 2019

Subject: Integrated Performance Report 2018/19 Month 10 (January)

Author(s): Adam Creeggan, Director of Performance and Planning;
Steve Coakley, Assistant Director Performance and Planning

Presented by: Shelley Dolan, Acting Deputy Chief Executive

Sponsor: Shelley Dolan, Acting Deputy Chief Executive

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 10 2018/19.

2. Action required

The Committee is asked to approve the 2018/19 M10 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.

Enc [No.]

Other:(please specify)	
------------------------	--

3.1

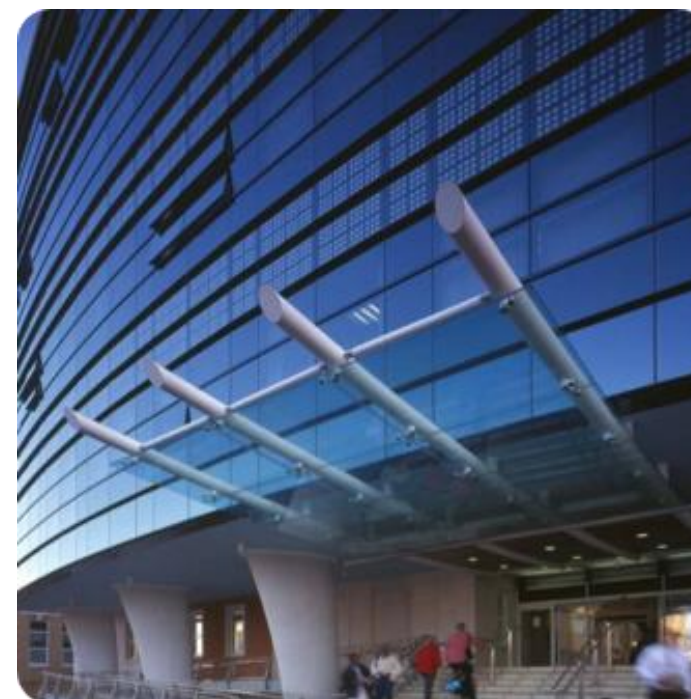
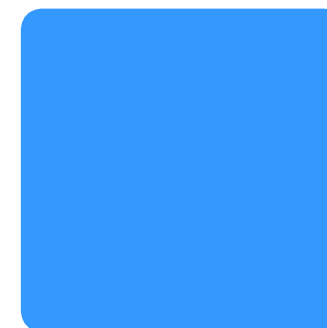
4. Appendices

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

Integrated Performance Report

Month 10 (January) 2018/19

Board Committee
6 March 2019



	<u>Page(s)</u>
Executive Summary	3
Domain 1: Best Quality Of Care - Safety, Effectiveness & Experience	4 - 7
Domain 2: Best Quality of Care - Access	8 - 16
Domain 3: Excellent Teaching and Research	17- 18
Domain 4: Skilled, Motivated, Can Do Teams	19 – 23
Domain 5: Top Productivity	24 – 28
Domain 6: Firm Foundations	29 - 31

Best Quality Of Care – Safety, Effectiveness & Experience

- The national Summary Hospital Mortality Index (SHMI) improved to 95.55 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 January on the DH site in Cardiovascular; 3 new VRE bacteraemia cases reported which equals the target of 3 cases; E-Coli bacteraemia: 7 new cases reported in January which is below the target of 8 cases; 5 new C-difficile cases which equals the monthly quota of 5 cases.
- Friends & Family (FFT) Inpatient survey recommendation score increased slightly to 95%. FFT score for ED reduced significantly to its lowest level reported at 67.5%.

Skilled, Motivated, Can Do Teams

- Appraisal rates: there was a small increase in the appraisal rate from 88.6% in December to 89.5% in January, below the 90% target.
- Statutory & Mandatory training: compliance improved further to 82.35% in January and remains above the Trust target of 80%.
- Sickness rates: has worsened from 3.78% in December to 3.91% in January. Of the 2,487 occurrences reported in January, 2,219 are classified as short-term and 268 as long-term instances.
- Vacancy rates: shows an decrease from 10.88% in December to 10.75% in January. The vacancy rates for the divisions are PRUH/South Sites at 10.05%, Networked Services at 10.35% and UPACS at 8.49%.

Best Quality Of Care – Patient Access

- Trust A&E compliance reduced from 71.67% in December to 69.62% in January, set against a recovery trajectory of 92.6%.
- Latest data available shows that treatment within 62 days of post-GP referral is not compliant with the 85% target at 66.5% for January 2019. Treatment within 62 days following screening service referral is not compliant with the 90% target at 85.5%
- The national target of 1% patients waiting above 6 weeks for diagnostic test was not achieved in January at 12.7%.
- RTT incomplete performance reduced slightly from 77.95% for December to 77.89% in January. The number of patients waiting >52 weeks increased by 13 to 262 cases in January, of which 251 cases are admitted incomplete pathways and 11 cases are non-admitted.

Top Productivity

- Outpatients: InTouch check-in system business case has been submitted to Investment Board.
- Kings Way for Wards (KWfW): over half way through the programme with 39 wards completed out of the 78 wards across all sites.
- Theatres: all fifteen specialties have delivered more than their baseline level of elective activity for 23 weeks. Focus on admissions team to book theatre lists to 4-6 weeks.
- Flow: Surgical assessment pathways established on Brunel ward on the DH site, showing reduction in average length of stay for emergency patients since its launch. Two working group meetings held for ambulatory emergency care to devise strategies for increasing daily utilisation and support flow in ED at PRUH 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 15,789 patients recruited into active studies for the first 10 months of this financial year.
- There have been 43 research incidents raised from April 2018 to-date. There are 10 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 Trust is currently off plan in month 10 with a YTD adverse variance of £34.6m (excl. PSF). In month, the Trust had an adverse variance of £3.2m.
- Clinical Income: reporting adverse variance of £2.7m in month excluding off tariff drugs and devices (£1.4m). The off tariff drugs and devices variance is offset by a reduction in expenditure.
- Pay: reporting a favourable variance of £2.7m, predominantly due to Admin & Clerical (A&C) and other staff underspends.
- Non-Pay: reporting a favourable variance of £15.9m, due to an adjustment made in depreciation and impairment to reflect the delayed completion of the Critical Care Unit.

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

- Healthcare Associated Infection
- Mortality
- Friends and Family Test

OPERATIONAL CONTEXT

Denmark Hill

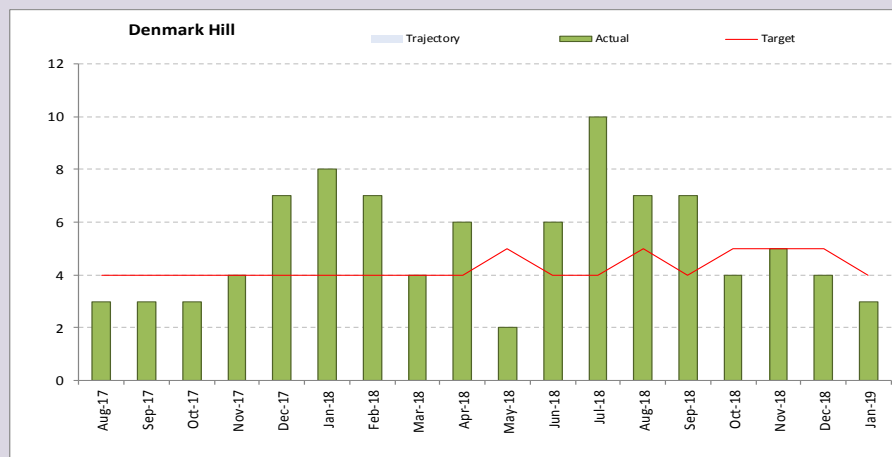
- **MRSA:** One case reported in January, with the previous cases reported for December (1), November (1) September (1) and August (1) this year.
- **C-difficile:** 3 cases reported in January against the target for the month of 3 cases. 54 cases reported YTD which is above the cumulative target of 42 cases for 2018/19.
- **e-Coli:** 6 cases reported in January which equals the target for the month of 6 cases. YTD there has been 75 cases which is above the target of 66 cases.
- **VRE:** 3 cases reported in January which equals the target of 3 cases for the month. YTD there has been 28 cases reported which is below the target of 33 cases.

PRUH

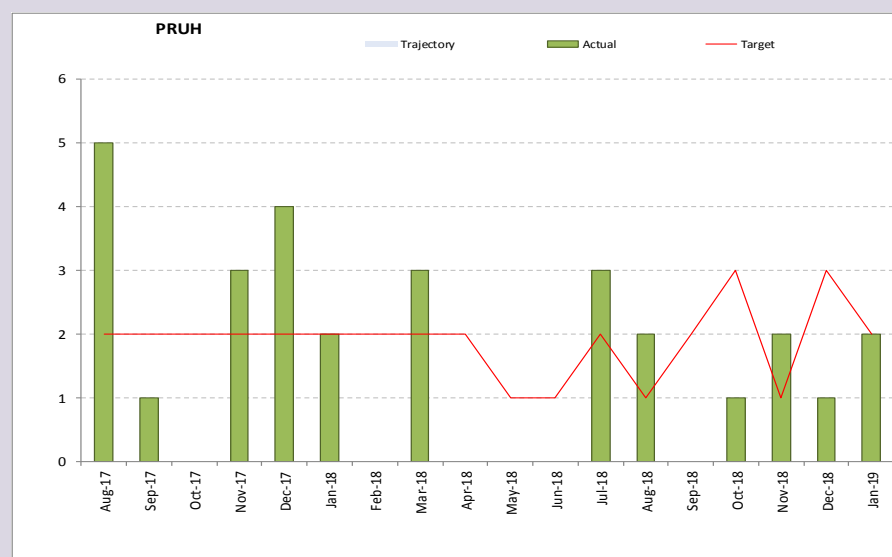
- **MRSA:** There were no MRSA Bacteraemia cases reported in January the last case occurred in November 2017.
- **C-difficile:** Two cases reported in January, which equals the target of 2 cases for the month. YTD there has been 11 cases reported which remains below the cumulative target of 16 cases for 2018/19.
- **e-Coli:** 1 case reported in January against a target for the month of 2 cases. YTD there has been 24 cases reported which is above the target of 15 cases.

JANUARY 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 the Cardiac Care Group. The Post Infection Review was undertaken. The source of the bacteraemia was unclear, possibly due to a chest drain or IV cannula.
- The key learning: missed screening for MRSA, missed and unclear documentation on IV cannulas and seldinger drain and antimicrobial therapy not reviewed. An action plan is being developed by the Matron.

C.difficile (CDI):

- The three cases occurred in Renal (1) and Post-Acute and Planned Medicine (1) and Critical Care (1).
- The CDI Task and Finish Group is continuing next meeting planned for Friday 22 February.
- EPR prompts for appropriate sampling to go live 20 February. Some changes to be made to electronic stool chart. A review of the top 10 ranking hospitals with the lowest rate is being undertaken.

E.Coli:

- The cases occurred in Haematology (2), Critical Care (1) Post Acute and Planned Medicine (1), Neurosciences (1), Child Health (1).
- Three of the six cases are possibly catheter-related and the Continence team and IPC team are undertaking further reviews. The E.Coli Task and Finish Group continues with a broader focus on all GNBSIs. Work is on-going to improve management of patients with catheters in hospital and in the community

VRE Cases

- The cases occurred in Haematology (2) and Critical Care (1). The IPC team are working with the clinical teams to understand root cause and agree strategies.

PRUH:

- There were no MRSA Bacteraemia cases reported in January.

C.difficile:

- Two cases occurred in Post Acute Medicine on different wards. The root cause analysis is planned. Increase sampling due to Norovirus.

E.coli:

- The E.Coli Surveillance Nurse from Bromley CCG continues to review all hospital attributable and community attributable cases. The CCG has now establish a working group with a focus on nursing homes and GPs.

Domain 1: Key Delivery Metrics Mortality

NATIONAL CONTEXT

SHMI (Summary Hospital-level Mortality Indicator)

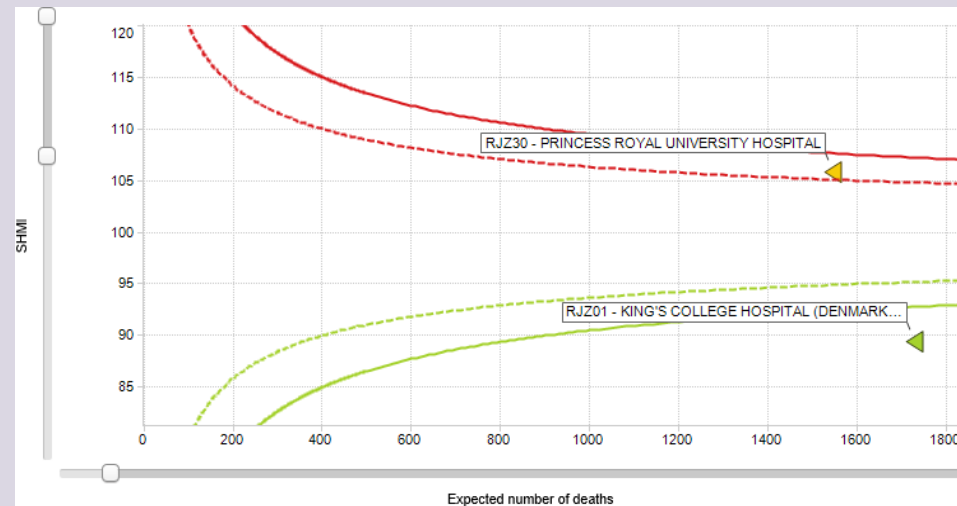
- King's SHMI (November 2017 to October 2018) is 95.55 (95% CI 92.30, 98.90), based on latest Hospital Episode Statistics data available via the HED system.
- The national Summary Hospital-level Mortality Indicator (SHMI) is a risk-adjusted mortality indicator expressed as an index based on the actual 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 HSMR for December 2017 to November 2018 is 84.49 (95% CI 80.78, 88.32), 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.

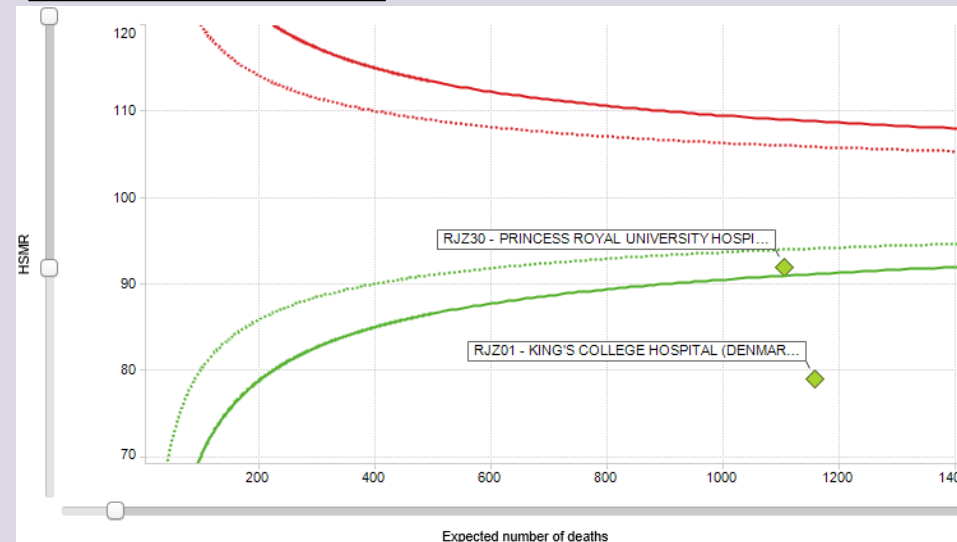
MORTALITY - HSMR and SHMI measures

• SHMI: Denmark Hill and PRUH



Data Source: HED

• HSMR: Denmark Hill and PRUH



MORTALITY : DENMARK HILL

- SHMI for November 2017 to October 2018 is 89.38 (95% CI 85.00, 93.90), representing a risk-adjusted mortality rate below expected.
- HSMR for December 2017 to November 2018 is 79.20 (95% CI 74.15, 84.49).

MORTALITY : PRUH

- SHMI for November 2017 to October 2018 is 105.82 (95% CI 100.80, 111.10), representing a risk-adjusted mortality rate within expected range.
- HSMR for December 2017 to November 2018 is 92.25 (95% CI 86.67, 98.10).

Domain 1: Key Delivery Metrics Friends & Family Test

FFT - A&E

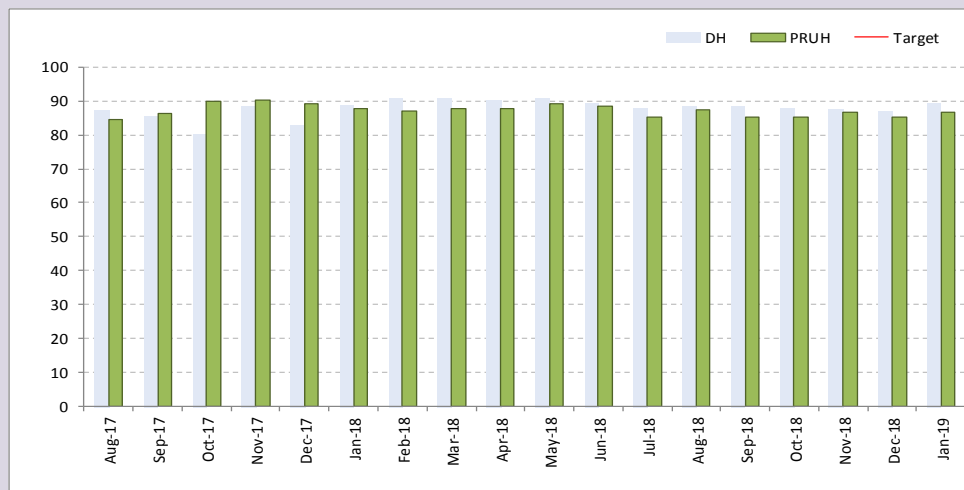
- Significant drop in patient experience scores with a Trust ED score of 67.5% of patients recommending and 17% not recommending.
- Both sites deteriorated in January, with DH scoring 68.8% and PRUH 64.6%. Just under 20% of patients were not recommending the PRUH.
- This is the worst FFT survey result since FFT reporting commenced.
- London average FFT scores for ED are 85% and the national score is 86%.

FFT - Inpatient

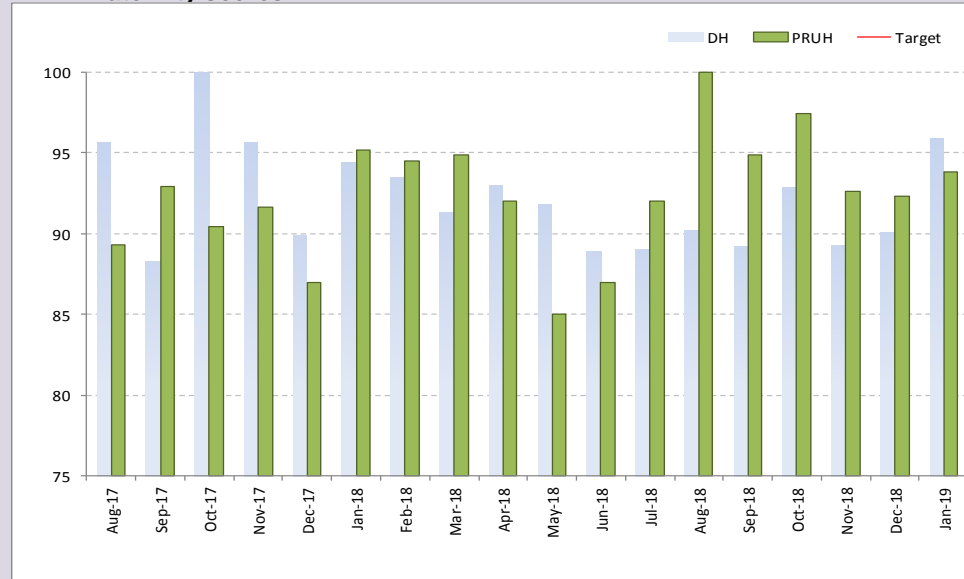
- Inpatient FFT score increased slightly from 94% in December 2018 to 95% in January for patients recommending.
- DH scored well with 95.9% recommending, in line with national average and above London average.
- PRUH score dropped back to 93% recommending.

FRIENDS AND FAMILY TEST (FFT): JANUARY 2019

• FFT Outpatient scores



• FFT Maternity scores



FFT - OUTPATIENTS

- DH improved by one point to 88% patients recommending, with a drop in the patients not recommending score from 6.3% to 4.5%.
- Both sites improved with DH achieving 89% and PRUH achieving 86%.
- London and national average scores remain at 92% and 94% respectively.
- KCH remains the only Shelford Group Trust to score below 90%.

FFT - MATERNITY

- Overall combined FFT score increased by 3 percentage points to 94% of women recommending, compared to 91% in December.
- Good improvement again at DH, with the patients recommending score improving from 90% to nearly 96% in January.
- PRUH also improved with the patients recommending score from increasing from 92% to 93.8%.
- Results of the 2018 National Maternity Survey published on 29th January 2019, and an action plan for improvement is in place.

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: January 2019
Source: NHS England

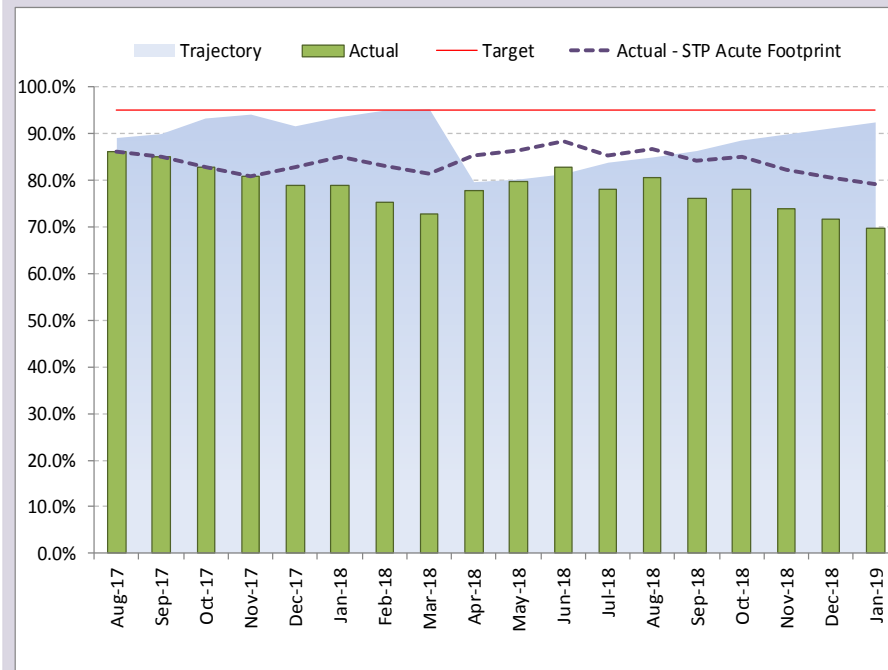
From December 2017 to June 2018, NHSI were including local Type 3 (urgent care centre) activity in published statistics. From July 2018 onwards, the figures below reflect provider level data which excludes non co-located type 3 activity:

- 41.9% of all ED/UCC providers (227) in England were compliant in January.
- Providers with less than 10,000 A&E attendances per month were compliant in 65.2% of cases, whereas only 7.4% of providers between 10,000 and 19,999 attendances per month were compliant.
- 21 providers have more than 20,000 attendances (including Kings) and none of the Trusts in this group were compliant in January.
- KCH had the 12th 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)

JANUARY DELIVERY

- Trust 4-hour performance reduced from 71.67% in December to 69.62% in January. Compliance is below the recovery trajectory of 92.6% for the month.
- Aggregate STP acute footprint performance compliance reduced from 80.65% in December to 79.11% in January, which includes non co-located Type 3 urgent care centre activity.
- Medical, surgical and specialist funded bed stock utilisation increased in January and remains unsustainably high at 98.8% based on our daily Sitrep submissions.
- The proportion of formally reportable delayed transfers increased to an average of 3.6% of the 499 medical bed-base in January. 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

DH

- Type 3 UCC performance continues to be volatile, averaging ten breaches per day.
- UCC model under review.
- 30% increase in the proportion of patients triaged in January following the opening of the new ED entrance.
- CHS contract is in its second month, and eleven patients have been placed in January.

PRUH

- The number of beds closed due to norovirus/flu and an inconsistent discharge profile across the 7-days continued to contribute to the high volume of 4-hour breaches, related to available beds and congestion in the ED.
- Hunter Healthcare front-end programme now initiated with focus on appropriate streaming, clear roles and responsibilities, effective performance meetings/monitoring and escalation.
- 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 and needs consistency of delivery.

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

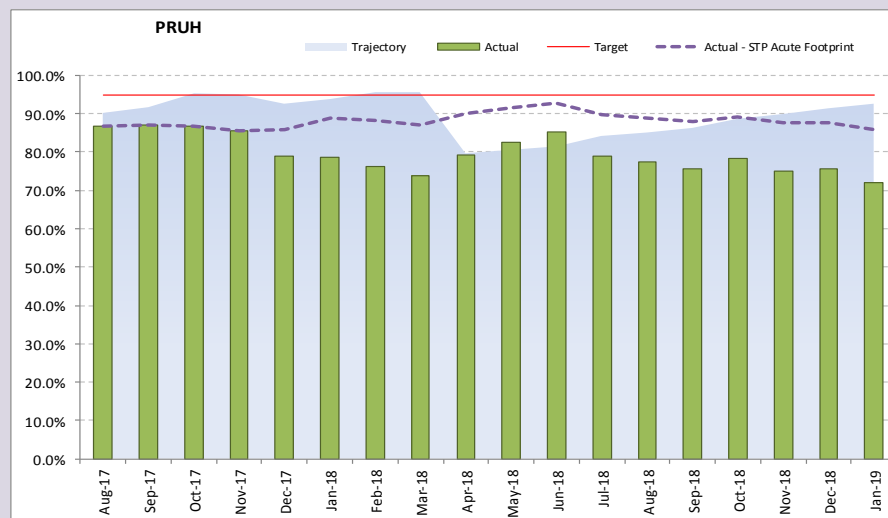
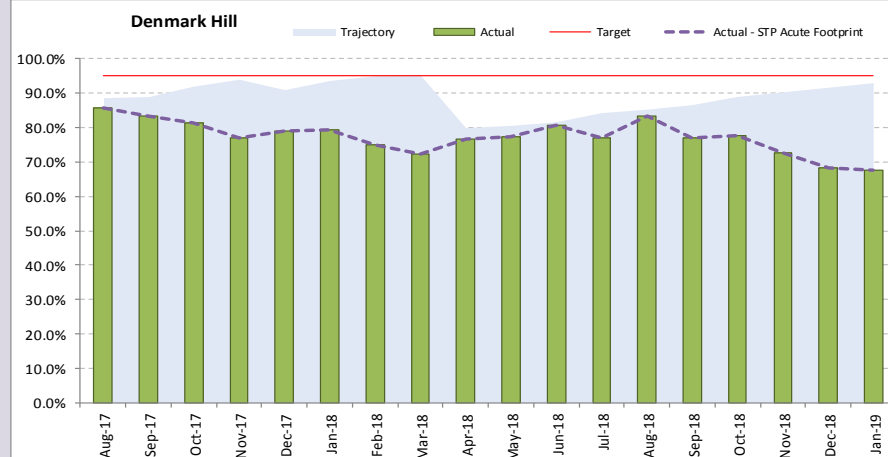
- 10,879 ED attendances in Jan-19 vs 12,201 in Jan-18, which represents a -10.8% decrease in activity, mainly in the 0-64 age group with a -12.6% reduction in attendances.
- 2,388 emergency admissions in Jan-19 vs 2,131 in Jan-18 which represents a 12.1% increase.
- There was a 13.4% increase in the 0-64 age group admissions compared to January last year, a 13.4% increase in the 65-84 year old group and a 4.4% increase in the frail elderly age group for emergency admissions.
- Daily average of 12 DToC in Jan-19 compared to 9 DToC in Jan-18.
- 2,439 ambulance conveyances in Jan-19 vs 2,297 in Jan-18.
- 650 Red phone conveyances in Jan-19 vs 622 in Jan-18.
- 4 declared 12-hour breaches in January based on our daily Sitrep submissions.

PRUH

- 5,779 ED type 1 attendances in Jan-19 vs 5,767 in Jan-18, which represents a 0.2% increase in activity. There was a 1.6% increase in 0-64 age group attendances but slight reductions in attendances in the 65-84 and frail elderly age groups.
- 2,331 emergency admissions in Jan-19 vs 2,172 in Jan-18, with increases in the 0-64 and 65-84 age groups.
- Daily average of 5 DToC in Jan-19 compared to 7 in Jan-19.
- 2,107 ambulance conveyances in Dec-18 vs 2,018 in Dec-17.
- 441 Red phone conveyances in Jan-19 vs 487 in Jan-18.
- 3 declared 12-hour breaches in January based on our daily Sitrep submissions.

JANUARY DELIVERY

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



DELIVERY ACTIONS: DENMARK HILL

- Ambulance offloads significantly improved since the opening of the London Ambulance Assessment Area (LASAA) on 21 December 2018.
- Emergency Care Improvement Programme is now well established:
 - Daily ED rhythm embedded with 2 hourly huddles in place 24/7, including a daily breach review meeting.
 - Streaming review is underway.
 - Medical ambulatory care unit modelled, for rapid implementation pending location.
 - "Test and Learn" on initial wards is under way.
- Improved operational grip including silver leads on-site at weekends, additional medical staff booked to support ED and regular MADE events planned.

DELIVERY ACTIONS: PRUH

- RAT model in place Monday-Friday (5 hours per day) to 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. ECIST team are also supporting.
- Acute hub operational daily 08:00-18:00 to support admitted pathways, reducing crowding within ED and improve ambulance handover times by moving Decision To Admit patients to an acute area.
- CDU pathway under review to support higher utilisation of both trolley and seated areas.
- Band 4 flow co-ordinator recruited to support ED-acute flow.
- Ambulatory extended hours in operation (12 hours per day), and initiated nurse-to-nurse referral to improve flow from ED. Weekend activity is improving, and ambulatory review is now part of the daily huddle discussion.
- The full business case for the expansion of resus cubicles and a dedicated paediatric cubicle is being revised for further re-submission.

NATIONAL CONTEXT

Period: December 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 47.7% of Trusts were compliant with the 62-day time to first treatment target (85%) in December.
- Only 56 of 155 Trust's undertake => 100 treatments in month (including KCH), and 32.7% of Trust's in this peer group were compliant in December.

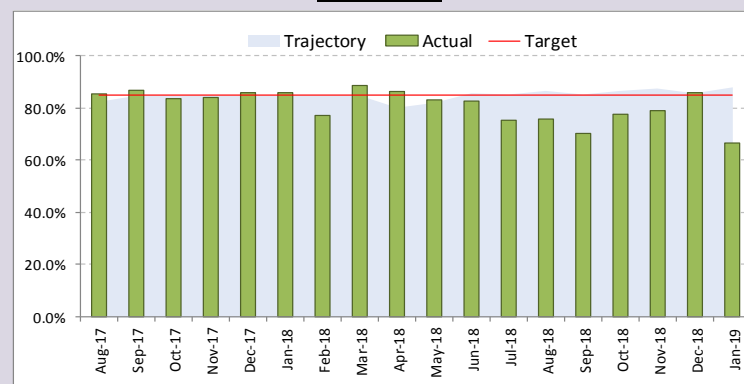
OPERATIONAL CONTEXT

- 2,012 2WW referrals received in January 2019 vs 2,066 in January 2018, representing a 2.6% decrease.
- Based on the number of 2WW referrals received, the conversion rate to the cancer PTL was 5.3% in Jan-19 compared to 6.5% in Jan-18.
- There were no patients added to the PTL post day-38 in January 2019 compared to 8 patients added in January 2018.
- There were 182 cancer 62-day treatments in January 2019 compared to 168 in January 2018.
- There were 222 total treatments (including non-cancer) in January 2019 compared to 376 in January 2018.

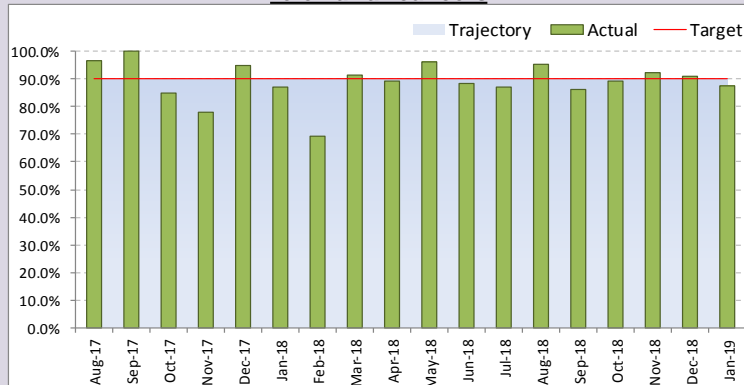
JANUARY DELIVERY

- 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 January, cancer treatment performance within 62 days following GP referral is not compliant with 66.51% of urgent GP referrals meeting standard (target 85%).
- Cancer treatment performance within 62 days following screening service referral is not compliant with 85.5% of referrals meeting standard (target 90%).
- Two week waiting times performance following GP referral is also not compliant at 91.20%, 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, an additional GI radiologist on bank and weekend working;
- Dedicated working group (including commissioners) reviewing PRUH urology workforce;
- Surgical biopsy capacity being reviewed to enable ring-fencing of slots.

ACTIONS TO SUSTAIN

- Additional outsourcing endoscopy capacity is being well utilised and additional Insourcing in place until the end of 2018/19.
- Educational sessions are on-going with referring organisations to prevent unnecessary referrals to the centre HPB MDM (ACN led action).
- HCC post-MDM outpatient review pathway streamlined to ensure no delay between MDM and outpatient appointment.
- Review of cancer PTL management underway in line with best practice in other NHS Trusts.
- 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.

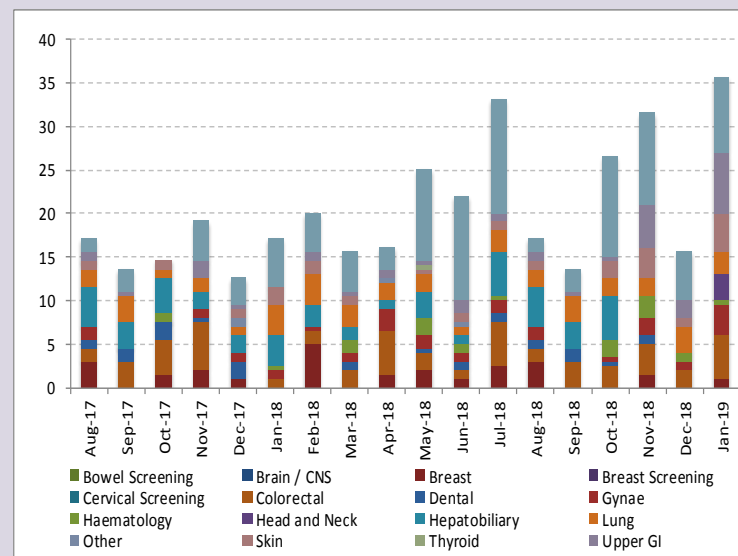
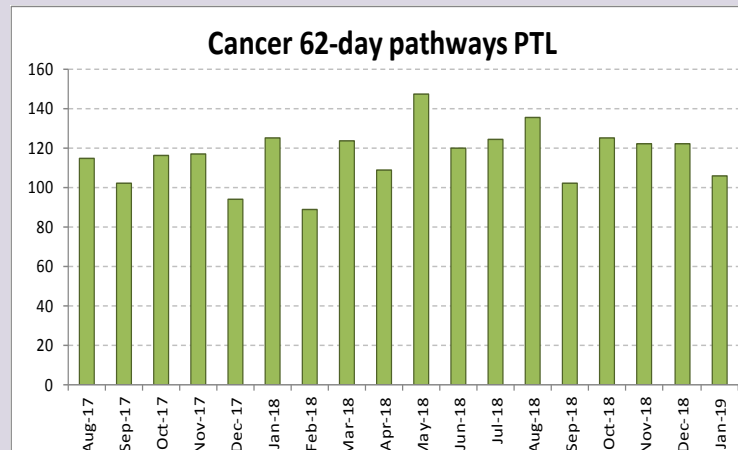
Domain 2: Key Delivery Metrics Cancer Waiting Times (2)

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.
- 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.
- Pathology reviewing in house reporting of all molecular pathology for lung cancer pathway (DH and PRUH).
- Surgical pre-assessment fast track pathway being reviewed at PRUH.
- New prostate biopsy technique being rolled out at DH (February) and PRUH (March) in outpatient setting (reducing overall waiting time).

JANUARY DELIVERY

Cancer 62-day PTL trend



IMPROVING >38 DAY TERIARY REFERRALS

- All high volume, high impact 2WW polling ranges at DH reduced to 8 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.
- 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 across the Trust.
- Revised cancer escalation process in place to flag pathway issues.

Domain 2: Key Delivery Metrics Diagnostic Waiting Times

NATIONAL CONTEXT

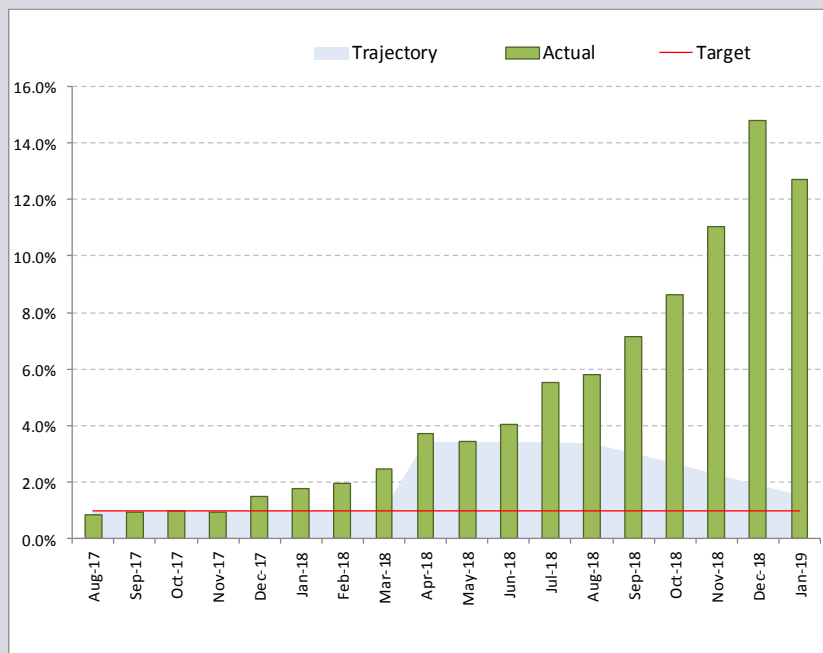
Period: December 2018
(latest published)
Source: NHS England

- Nationally 64.9% of Trusts were compliant in December 2018.
- KCH is in the 23 Trusts with the highest turnover (>13,000 tests per month). Within this peer group, 39.1% were compliant.
- 47.8% of providers with between 10,000 and 12,999 tests per month were compliant; 43.3% for providers with between 5000-9,999 tests per month.
- The majority of providers (236 of 365) deliver less than 5000 tests per month, with 74.6% of organisations in this group being compliant.

JANUARY DELIVERY

- The national target of 1% patients waiting above 6 weeks for diagnostic test was not achieved in January with Trust performance improving to 12.70%. This is above the recovery trajectory of 1.56% 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 5.63% performance for January with 357 breaches. There were 283 breaches in cardiology echocardiography, 35 CT breaches and 16 breaches in cystoscopy tests.

Diagnostics: Maximum waiting time of 6 weeks for diagnostic test



ACTIONS TO SUSTAIN

- Revised recovery plan has been developed and shared with commissioners and NHSI. Specialties continue to secure additional capacity to ensure management of waiting times.
- PRUH Endoscopy continue to use additional private sector capacity (BMI). However, without being able to increase insourcing as initially planned, we will not meet revise trajectory to clear backlog by end of March. Service is now activity working with other NHS providers which will mitigate some of capacity lost from the insourcing option.
- Echocardiography additional capacity on both sites now mobilised in order to return to target by end of Q4. Services are scoping sustainable solutions.
- Radiology continues to utilise additional capacity including use of independent sector, mobile imaging scanners and providing additional sessions in-house out of hours.

KEY RISKS

- PRUH Endoscopy capacity continues to be challenged due to demand, despite increasing capacity supported by ACN;
- January's recovery plan of increasing insourcing with private provider on PRUH site has stalled due to legal and contractual issues surrounding equipment and decontamination element.
- Use of a possible Vanguard solution has now been discounted based on scale & cost of enabling works.
- QMS and GSTT do however have capacity immediately available and discussions to secure underway w/e 16th February.
- There is also a risk with PRUH endoscopy being utilised as inpatient escalation area.
- Cardiac echo capacity backlog clearance solution is dependent on existing staff working additional weekend lists; staff absences rates being monitored.
- Denmark Hill CT capacity remains constrained due to the de-commissioning of CT2 scanner; the replacement scanner project to re-open is April 2019. To date project is on time and being monitored.

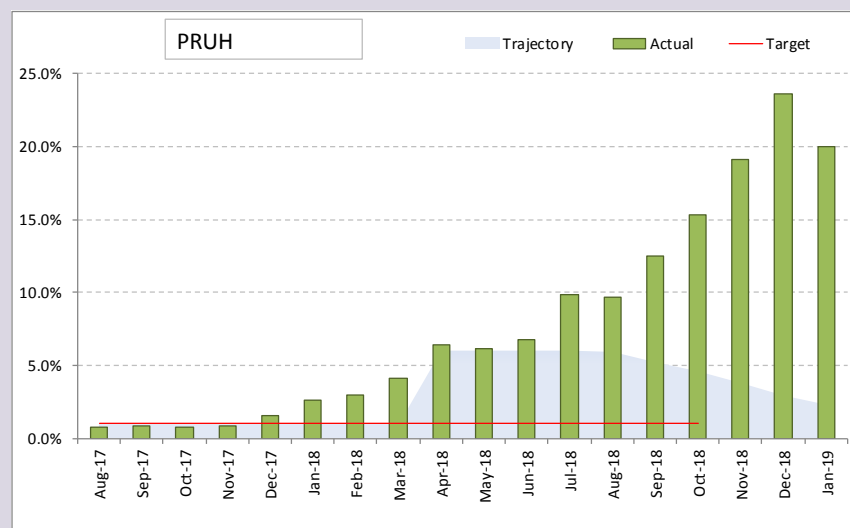
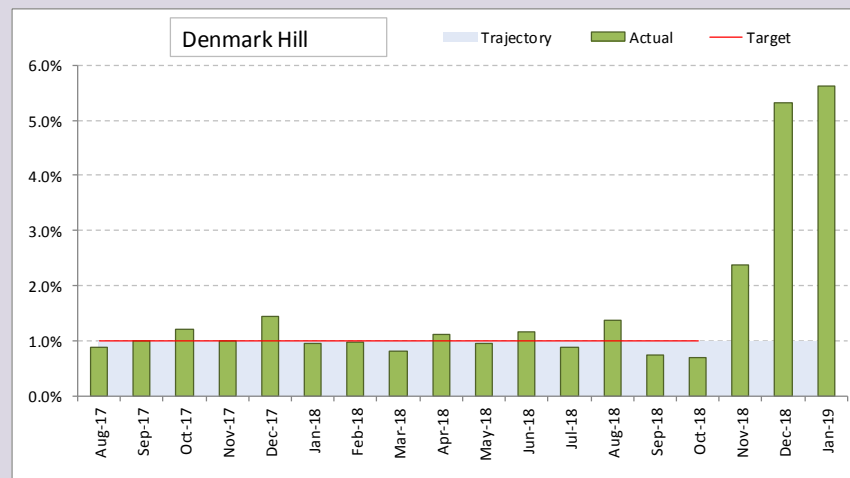
Domain 2: Key Delivery Metrics Diagnostic Waiting Times (2)

OPERATIONAL CONTEXT

- There has been a 5.2% increase in the volume of tests undertaken in January 2019 (as reported on the DM01 return) compared to January 2018.
- For the same comparative period 1,224 more non-obstetric ultrasound tests, 480 more CT scans and 222 more cardiology echocardiography tests have been undertaken.
- We have however performed 732 fewer MRI scans, 160 fewer dexta scans and 83 fewer gastroscopy tests.
- 12,484 patients waiting at the end of Jan-19 vs 11,118 in Jan-18, which represents an increase of 1,366 patients waiting.
- Over the same period 790 more cardiology echocardiography tests (2,225 patients waiting), 552 more colonoscopy tests waiting (1,047 total waiters) and 199 more gastroscopy waiters (740 total waiters).
- In terms of waiting list reductions, there were 188 fewer patients waiting for MRI scans (1,192 total waiters) and 150 fewer Dexta tests (457 total waiters).

JANUARY DELIVERY

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



DELIVERY ACTIONS: DENMARK HILL

- Radiology Non-Obstetric ultrasound breaches arose due to administration issues - review of admin booking and staff re-training underway and to be completed by 21 February. New weekly scrutiny meeting instigated.
- CT capacity monitoring is in place due to the complexity of using multiple outsourcing providers whilst CT2 is being replaced – continual scrutiny of refurbishment project to ensure April Go Live date.
- Gynaecology cystoscopy - ensure additional cases per session to be booked (new scopes now in use) and service to start to book 3 additional lists per month to enable compliance by end of Q4.
- Echocardiography – Ensure clearance capacity remains in place till end Mar 2019 (2 WTE additional temporary staff secured from mid-January). The service will closely monitor trajectory progress to return to compliance by end Q4.

DELIVERY ACTIONS: PRUH

- PRUH Endoscopy - Recovery plan deliverables to reduce backlog as follows: Croydon continue to support by providing capacity for surveillance patients; Ad hoc sessions to avoid drop lists in place with a locum funded by the cancer network; Utilising BMI capacity; Agree and bring on-line NHS provider capacity from GSTT and QMH - General Manager to re-calculate trajectory; Outline business case to purchase scopes/stack to utilise DSU surgical dropped sessions and run weekends with 18 Weeks Support to be completed.
- Radiology action plan in place to deliver non-obstetric ultrasound backlog requirement, to continue to be closely monitored.
- Echocardiography weekend working under controlled management now restored; Recruitment to one substantive B7 post (starts April); one remaining vacancy back to advert. Daily monitoring of waiting list by Principal Cardiac Physiologist Manager.
- Issue remains on Risk Register; Trust-wide deep dive underway and business case in development to reduce dependency on initiative lists to manage demand.

NATIONAL CONTEXT

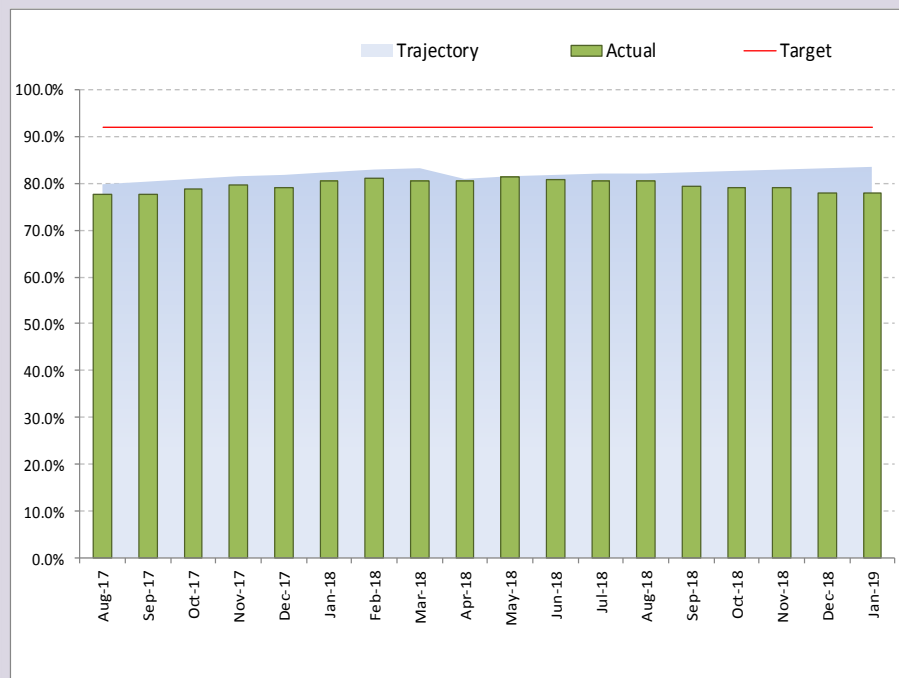
Period: December 2018 (latest published)
Source: NHS England

- Nationally 44.8% of Trusts compliant in December 2018.
- 68.4% of Trusts with a PTL (waiting list) of 20,000 or less were compliant, whereas only 17.6% of those with a PTL of greater than 20,000 were compliant.
- 13 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 (74,546) of those Trusts reporting RTT positions. Barts Health (90,044), University Hospital Birmingham (86,431) and Manchester University Trust (78,864) are reporting the largest PTL positions in England.
- The Trust had the 3rd highest GP referral demand in England (of 359 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 338 providers).

JANUARY DELIVERY

- Performance compliance worsened slightly from 77.95% for December to 77.89% for January (national target 92%). This reported position is below the trajectory target of 83.34% for the month.
- Total PTL increased by 320 cases to 75,090 patients waiting for treatment at the end of January, with an increase of 208 pathways for patients waiting 0-17 weeks.
- The >18 week backlog increased by 112 pathways to 16,599 in January compared to the December position of 15,487 - there were backlog increases in Ophthalmology (+146), General Surgery (+47) and Gynaecology (+43), and small backlog reductions reported in Cardiology (-54) and Urology (-51).
- >52 weeks breaches increased by 13 cases from 249 cases reported in December to 262 cases in January, of which 251 cases are admitted pathways (an increase of 9 patients) and 11 cases are non-admitted pathways. The main increases in 52-week wait pathways were reported in Colorectal Surgery (+9) and HpB Liver (+4).

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

- 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.
- We have had 23 weeks where all fifteen specialties have delivered more than their baseline level of elective activity. Overall productivity has been higher than baseline levels for the last fifteen consecutive weeks.
- An augmented Orthopaedic admissions team is booking into available slots, and lists are now being booked to 3-4 week out. The intention is that the team will book to 6 weeks.
- Consultant-level plans have been refined in Orthopaedics and Bariatric Surgery, including pooling of consultant lists where possible.
- A new Trust-wide Governance system is planned to be launched in March 2019.

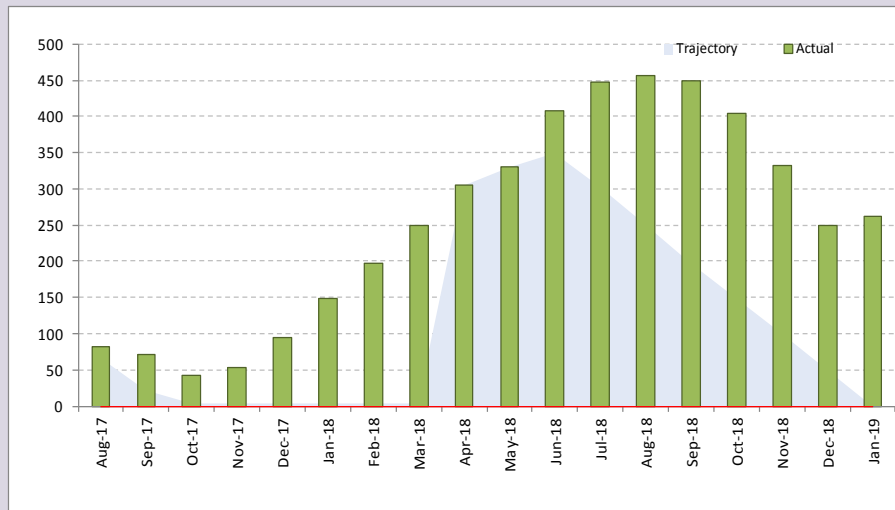
Domain 2: Key Delivery Metrics Referral to Treatment (2)

OPERATIONAL CONTEXT

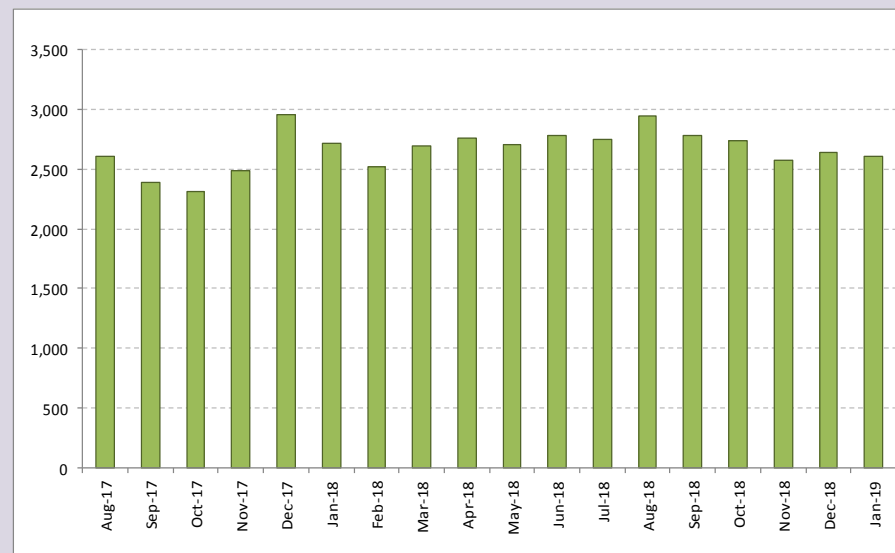
- 3,838 RTT admitted completed pathways in Jan-19 vs 4,129 in Jan-18, driven by a reduction of 153 pathways in Ophthalmology and 95 in Dermatology.
- 17,698 non-admitted competed pathways in Jan-19 vs 18,553 in Jan-18. There were reduced non-admitted completed pathways in Ophthalmology (-320), Gynaecology (-209) and T&O (-114).
- 40,458 referrals received in Jan-19 vs 43,176 in Jan-18, a decrease of -2,718 referrals. This was driven largely by a decrease in GP referrals (-3,516) and Dentist (-349) referrals. There was an increase in self referrals (+514) and external consultant referrals (+478).
- 31,745 New attendances seen in Jan-19 vs 33,366 in Jan-18, a 2.8% increase.
- 84,740 Follow-up attendances seen in Jan-19 vs 82,442 in Jan-18, a 2.8% increase.
- 4,286 New DNA's in Jan-19 vs 4,984 in Jan-18.
- 10,167 Follow-Up DNA's in Jan-19 vs 11,055 in Jan-18.
- New:FU ratio worsened from to 2.37 in Jan-18 compared to 2.22 in Jan-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 9,550 patients have been seen in outpatient clinics in Ophthalmology and Dermatology between April 2018 to January 2019. 2,665 day case patients seen between April 2018 to January 2019, with 1,132 Ophthalmology, 699 Dermatology and 834 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 now commenced the automatic closure of all referrals within the cohorts that have passed.
- 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 (326 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 (15,789) that have been recruited into active studies for the first 10 months of the year. There have been 43 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 10 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

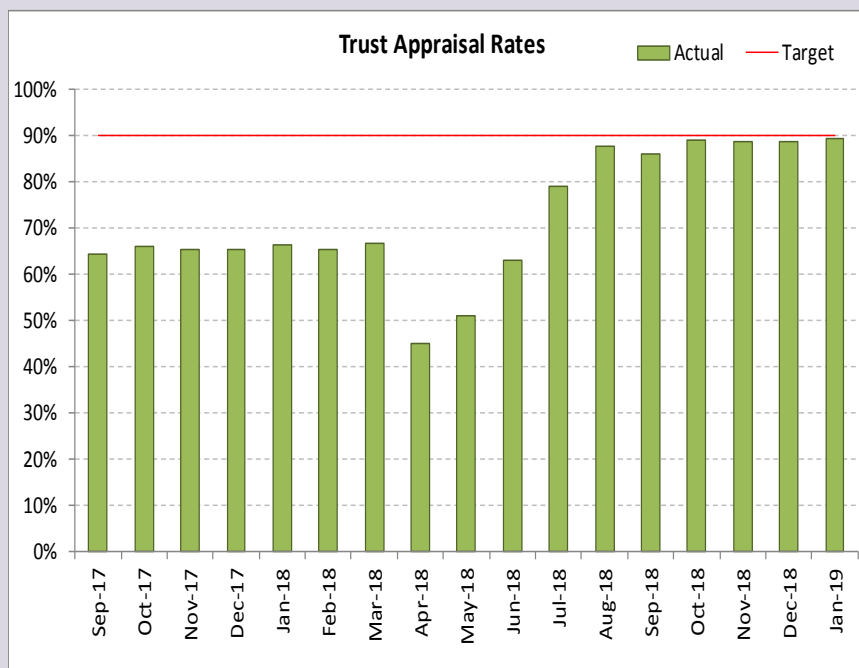
Domain 4: Key Delivery Metrics Appraisal Rates

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.

JANUARY 2019 DELIVERY

- The individual appraisal rates for medical and non-medical are reported as 82.63% and 91% respectively. The medical appraisal rate remains the same as (0.01% increase) as December, whilst the non-medical appraisal rate has had a higher increase of 0.60%.
- The overall appraisal rate for all staff groups remains below the 90% Trust target.
- The appraisal rate reported in January 2019 is 89.46%, showing an increase of 0.81% when compared to December 2018 (88.64%).



ACTIONS TO RECOVER

- See below

ACTIONS TO SUSTAIN

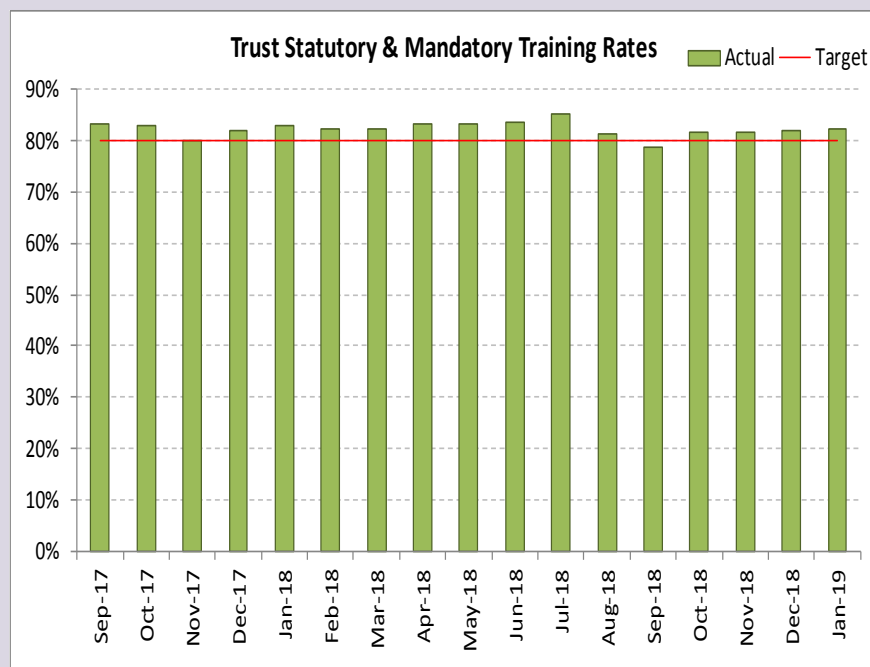
- Workforce indicators are discussed at Divisional Board meetings each month.
- Area's which are not achieving the required target are highlighted in monthly reports, and progress is discussed as Divisional Boards.
- The Workforce Medical staffing team is reviewing all medical appraisals and are undertaking 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.

JANUARY 2019 DELIVERY

- Statutory & Mandatory Training compliance has increased for the third consecutive month from 81.96% in December to 82.35% in January, and continues to exceed 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	JANUARY 2019 DELIVERY	ACTIONS TO RECOVER																																																						
<ul style="list-style-type: none"> 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. <p>Source: NHS Digital</p>	<ul style="list-style-type: none"> The sickness rate for January is 3.91%, showing a small increase of 0.13% from previous month (3.78%). Continuing the same trend as the previous month, the sickness rate is also higher than the rate reported for the same period in 2016 and 2017 (3.74% and 3.72% respectively). Analysis of staff groups shows that Estates and Ancillary is still showing the highest reported rate by staff group, but it decreased for the second consecutive month from 8.63% in December to 7.93% in January. Additional Clinical Services (6.13%) and Admin & Clerical (4.99%) are the other two highest rates by staff group. The total number of sickness occurrences reported in January were 2,487 - of which 2,219 are classified as short-term and 268 as long-term instances. The 2 highest reasons for short-term sickness remain the same during the last year, "Cold, Cough, Flu - Influenza" (766 occurrences) and "Gastrointestinal problems" (344 occurrences). Trends for Long-term sickness also remain similar: "Anxiety/stress/depression/other psychiatric illnesses" (68 occurrences) and "Other musculoskeletal problems" (35 occurrences). The number of occurrences recorded without a particular reason were 243 in January, which is 10% of all recorded occurrences. This figures is 2% lower than the percentage reported in the last three months. <div data-bbox="577 1011 1442 1505"> <p>Trust Sickness Rates</p> <table border="1"> <caption>Trust Sickness Rates Data</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Sep-17</td><td>3.15</td><td>3.00</td></tr> <tr><td>Oct-17</td><td>3.30</td><td>3.00</td></tr> <tr><td>Nov-17</td><td>3.45</td><td>3.00</td></tr> <tr><td>Dec-17</td><td>3.50</td><td>3.00</td></tr> <tr><td>Jan-18</td><td>3.75</td><td>3.00</td></tr> <tr><td>Feb-18</td><td>3.50</td><td>3.00</td></tr> <tr><td>Mar-18</td><td>3.20</td><td>3.00</td></tr> <tr><td>Apr-18</td><td>3.00</td><td>3.00</td></tr> <tr><td>May-18</td><td>2.90</td><td>3.00</td></tr> <tr><td>Jun-18</td><td>3.30</td><td>3.00</td></tr> <tr><td>Jul-18</td><td>3.40</td><td>3.00</td></tr> <tr><td>Aug-18</td><td>3.60</td><td>3.00</td></tr> <tr><td>Sep-18</td><td>3.50</td><td>3.00</td></tr> <tr><td>Oct-18</td><td>3.70</td><td>3.00</td></tr> <tr><td>Nov-18</td><td>3.80</td><td>3.00</td></tr> <tr><td>Dec-18</td><td>3.78</td><td>3.00</td></tr> <tr><td>Jan-19</td><td>3.91</td><td>3.00</td></tr> </tbody> </table> </div>	Month	Actual (%)	Target (%)	Sep-17	3.15	3.00	Oct-17	3.30	3.00	Nov-17	3.45	3.00	Dec-17	3.50	3.00	Jan-18	3.75	3.00	Feb-18	3.50	3.00	Mar-18	3.20	3.00	Apr-18	3.00	3.00	May-18	2.90	3.00	Jun-18	3.30	3.00	Jul-18	3.40	3.00	Aug-18	3.60	3.00	Sep-18	3.50	3.00	Oct-18	3.70	3.00	Nov-18	3.80	3.00	Dec-18	3.78	3.00	Jan-19	3.91	3.00	<div data-bbox="1485 333 2094 820"> <p>ACTIONS TO RECOVER</p> <ul style="list-style-type: none"> The target of 3% is an aspirational Trust Target. </div> <div data-bbox="1485 844 2094 1505"> <p>ACTIONS TO SUSTAIN</p> <ul style="list-style-type: none"> 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 rate. 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 is happening with oversight from Directorate teams and Workforce. </div>
Month	Actual (%)	Target (%)																																																						
Sep-17	3.15	3.00																																																						
Oct-17	3.30	3.00																																																						
Nov-17	3.45	3.00																																																						
Dec-17	3.50	3.00																																																						
Jan-18	3.75	3.00																																																						
Feb-18	3.50	3.00																																																						
Mar-18	3.20	3.00																																																						
Apr-18	3.00	3.00																																																						
May-18	2.90	3.00																																																						
Jun-18	3.30	3.00																																																						
Jul-18	3.40	3.00																																																						
Aug-18	3.60	3.00																																																						
Sep-18	3.50	3.00																																																						
Oct-18	3.70	3.00																																																						
Nov-18	3.80	3.00																																																						
Dec-18	3.78	3.00																																																						
Jan-19	3.91	3.00																																																						

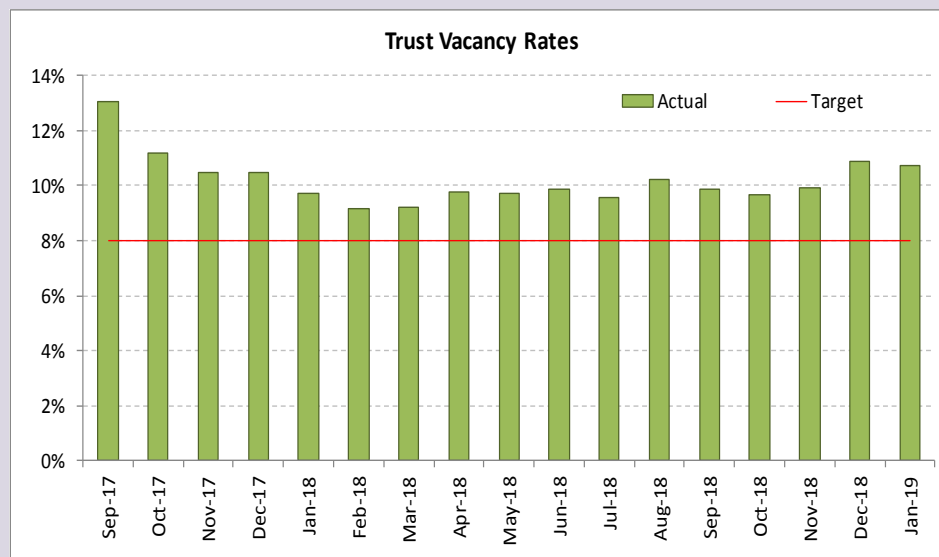
Domain 4: Key Delivery Metrics Vacancy Rates

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.

JANUARY 2019 DELIVERY

- The reported vacancy rate for January is 10.75%. This rate shows a decrease of 0.13% when compared to December (10.88%).
- The vacancy rate for the main divisions are: Networked Services (10.35%), PRUH (10.05%) and UPACs (8.49%).
- Adding up the Bank & Agency FTE and substantive FTE shows a total actual FTE for January of 12,563.61 FTE. The budgeted establishment for month 10 is 13,005.89. This shows an all employees (permanent and temporary) vacancy figure of 3.40%.



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

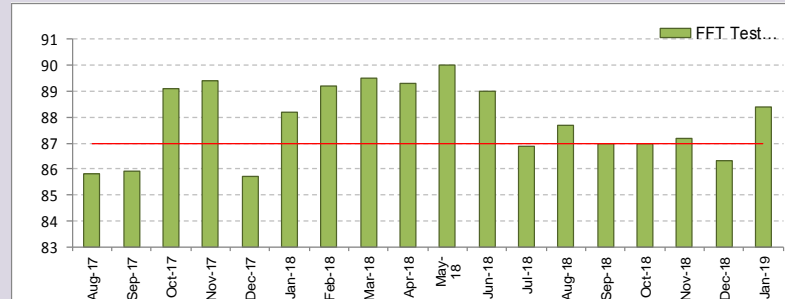
CURRENT PROGRESS

The outpatient programme covers the following areas:

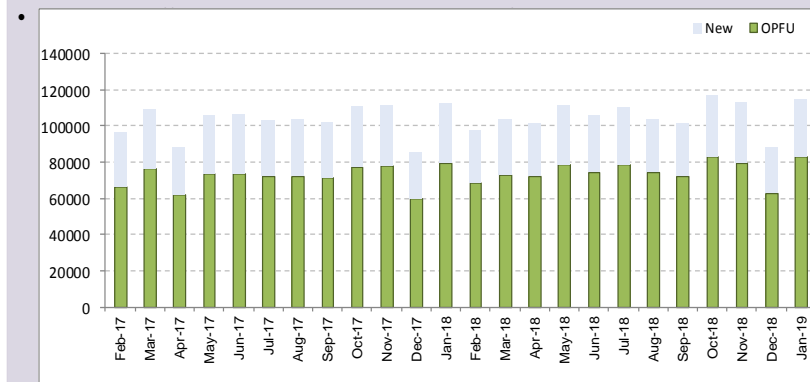
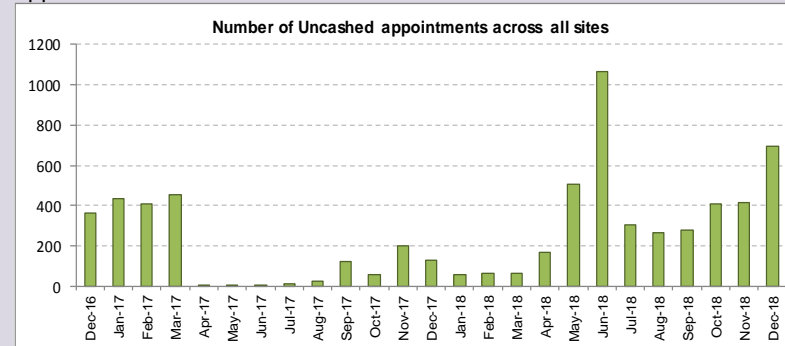
- a health check that has been rolled out to all outpatient areas to review aspects that impact on patient experience
- a review of outpatient demand and capacity, including bookings and referrals processes and a move to standardisation
- a financial improvement project that seeks to correctly charge 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

- Submitted InTouch revenue funding business case to Investment Board Group.
- Met with patient application developers to appraise benefits and constraints and explore commercials.
- Established Paper-light and Digital Outpatients Steering Group and held first set of meetings.
- Provided 'Hello my name is' badges superusers with portal log-in details for ordering.
- Met with GSTT colleagues to agree collaborative project plan for cross-Trust referral and triage pilot.
- Commenced development of paper-light/records digitisation outline business case.
- Met with European Healthcare Alliance to develop value-based healthcare implementation plans for Kings.
- Agreed in principle that Community Dermatology will explore expanding from Southwark into Lambeth.

NEXT STEPS

- Trial InTouch waiting time system in Trauma & Orthopaedics specialties in Suite 3.
- Finalise paper-light/records digitisation business case and submit to March Investment Board Group.
- *Activate online ordering portal for 'Hello my name is' badges.*
- Establish Trust Outpatients Strategy Board and hold first meeting with key stakeholders.
- Go out to advert for InTouch project manager post.
- Finalise Irritable Bowel Disease modelling to assess impact of an application to reduce follow-ups.
- Meet Pancreatic cancer clinical lead to assess interest in implementing value-based healthcare pathways.
- Meet with colleagues from GSTT and leads from Southwark CCG to progress digital and OP follow-up transformation.

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.
- 39 areas complete (38 Inpatient Wards and one outpatient area).
- 23 wards at Denmark Hill and 14 areas at PRUH and South Sites.

CURRENT WARDS ON PROGRAMME

- DENMARK HILL:** Cotton, Sam Oram/CCU, Victoria & Albert and HDU, Katherine Monk wards.
- PRUH/South Sites:** Critical Care/ICU, Coronary Care/Medical 8, Chartwell Unit wards.

PROJECTS

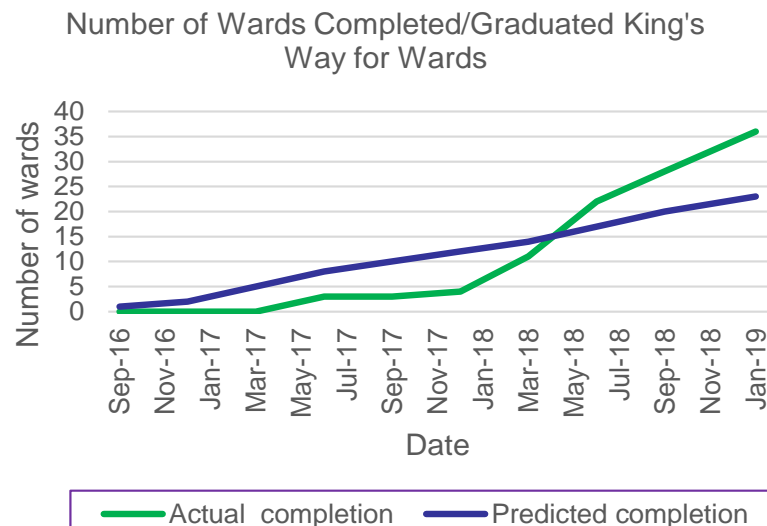
Automated fridge telemetry

- IT phase/installation almost complete on PRUH and DH sites.
- Plan for pilot wards on both sites in week commencing 25 February 2019 subject to QC sign-off.
- Will monitor medication fridge temperatures continuously, and alert if out of range to maintain safe storage of medication.

Clinical Handover

- SOP written, ratified and rolled-out and proforma for all inpatient areas completed and stored in data library.
- Bedside Nursing Handover Audit: >90% happening at bedside; use of combined IT and paper notes is challenging; need to improve patient involvement in process; areas of innovation – patient involvement on Neuro wards at DH and Orpington, tape recorded handover on Coptcoat, Tea Room Teaching on critical care.

ACTUAL PROGRESS EXCEEDING PREDICTED PROGRESS



WARD ACCREDITATION UPDATE

- Cycle 3 of the Accreditation started at the end of January. The current average score is 85% and wards have increased their accreditation score by between 3%-18%.
- Congratulations to David Marsden and Dawson Ward teams for turning green in their Accreditation with a score of 92% and 93% respectively.

Areas where excel:

- Good evidence of MDT meetings for patients.
- Staff feel that there is a clear escalation process to senior teams.
- Patients feel they are treated with care and compassion.

Areas to improve:

- Fluid charts not completed fully and totalled.
- Fridge temperatures not taken/escalated.
- Friends and Family response rate below Trust target.

WHITE BELT TRAINING

Site	White Belt booked	White Belt Trained	Total
PRUH	123	172	295
DH	106	331	437
TOTAL	229	503	732

Most trained PRUH

- 1. Medical 6
- 2. HASU/Stroke
- 3. Critical Care

Most trained DH

- 1. Katherine Monk
- 2. Annie Zunz
- 3. Donne

Domain 5: Key Delivery Metrics Theatre Productivity

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	07/01/2019	14/01/2019	21/01/2019	28/01/2019	04/02/2019	11/02/2019
General Surgery	2.13	1.44	1.79	1.49	1.63	1.17	1.50	1.42
Gynaecology	4.11	3.02	4.00	3.14	2.58	2.43	3.03	3.03
Liver HPB	1.06	0.74	0.71	0.82	0.88	0.75	0.71	0.67
Neurosurgery	1.15	1.03	0.87	0.95	1.24	0.98	0.98	0.93
Ophthalmology	4.38	3.21	4.05	3.77	4.48	3.74	3.69	4.07
T&O	2.19	1.93	1.66	1.94	1.68	1.78	1.95	2.02
Urology	2.87	2.38	2.27	2.38	2.66	2.33	2.33	2.49
Vascular	1.53	1.33	1.25	1.31	1.71	1.26	1.42	1.18
Paed	1.97	1.75	2.35	1.45	1.56	2.35	2.22	2.10
Renal	1.93	1.68	1.00	2.00	2.00	2.00	1.00	2.00
Cardiothoracic	0.83	0.77	0.72	0.70	0.71	0.69	0.62	0.85
Max Fax	1.42	1.3	1.64	1.29	1.14	1.43	1.22	1.57
Breast	1.78	1.68	1.33	1.41	1.23	1.64	1.65	1.78
Pain	5.60	4.93	5.54	5.23	5.00	5.85	4.00	5.85
Oral	3.99	3.54	3.33	3.72	3.35	3.33	3.12	2.92
Overall Average	2.37	1.99	2.13	2.08	2.12	2.12	1.96	2.19

• Number of Cases per Week

Specialty	Target Cases Per Week	Baseline Cases Per Week 02/04/18 to 02/09/18	07/01/2019	14/01/2019	21/01/2019	28/01/2019	04/02/2019	11/02/2019
General Surgery	43	38	39	35	35	29	38	30
Gynaecology	30	23	28	22	25	25	28	25
Liver HPB	16	15	16	16	20	18	16	17
Neurosurgery	37	31	39	32	40	32	36	31
Ophthalmology	99	77	115	93	116	112	110	118
T&O	103	91	105	82	84	104	111	83
Urology	30	22	29	20	29	21	28	16
Vascular	15	13	15	16	14	12	17	10
Paed	14	11	10	8	8	10	10	11
Renal	3	2	2	4	2	4	2	2
Cardiothoracic	20	18	21	17	19	19	16	22
Max Fax	11	10	16	9	8	10	11	11
Breast	7	6	6	6	4	9	7	7
Pain	13	10	19	17	10	19	4	19
Oral	31	25	20	27	31	29	32	27
Overall	472	392	480	404	445	453	466	429
Difference to Baseline			88	12	53	61	74	37
Running Total			1353	1366	1419	1480	1554	1591

• On The Day Cancellations

Specialty	Target Reduction	Baseline OTD Cancellations Per Week 02/04/18 to 02/09/18	07/01/2019	14/01/2019	21/01/2019	28/01/2019	04/02/2019	11/02/2019
General Surgery	1	3	1	6	6	3	3	3
Gynaecology	1	2	2	3	3	2	4	2
Liver HPB	0	1	1	0	1	2	1	1
Neurosurgery	1	3	7	7	5	5	2	4
Ophthalmology	5	10	16	14	6	14	25	10
T&O	4	8	10	6	13	7	6	5
Urology	2	5	5	2	3	2	4	2
Vascular	1	3	3	4	2	6	2	1
Paed	0	2	0	2	2	3	0	1
Renal	0	1	0	1	0	0	0	1
Cardiothoracic	1	3	1	2	2	5	5	2
Max Fax	1	2	1	2	2	0	1	1
Breast	0	1	1	0	1	1	0	0
Pain	1	2	1	1	1	1	3	2
Oral	1	2	3	1	0	2	2	2
Overall	19	48	52	51	49	56	60	37
Difference to Baseline			4	3	1	8	12	11
Running Total			848	899	948	1004	1064	1101

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 improved its ACPS over the last 5 weeks.
- Overall productivity was higher than baseline levels for the last fifteen 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 23 weeks where all fifteen 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.
- Cancellations have been a challenge over the last month, however last week we saw a marked drop in cancellations with the rate reducing down to 8% where for all fifteen specialties it had been sitting around the 10% mark.
- We carried out a 'Perfect Week' for orthopaedics in Orpington and DH Main theatres last week. The aim was to reduce late starts to show the actual opportunity in relation to underruns. Orpington brought their late starts down to 6 minutes from 17 and DH Main brought their late starts down to 13 minutes from 28. We will repeat the perfect week in 6 weeks once actions gained from lessons learned are implemented.
- There have been challenges within the admissions booking teams meaning that booking out has reduced to less than 2 weeks, a plan is in place which has now seen this rise back above 2 weeks. This has meant that not all lists have been filled fully because of resource.

NEXT STEPS

- Support the 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, under-runs) 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

King's College Hospital
NHS Foundation Trust



CURRENT PROGRESS - DENMARK HILL

ED/UCC

- UCC nursing rota - identified demand vs capacity for ENP's, work in progress to review rotas to match demand.
- Identified gaps in GP rota against demand - 24 extra GP hours added to rota.
- Arranged for medical representatives to be present weekly every Monday at ED Performance meeting.

Frailty

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

Surgery

- Surgical assessment pathways established on Brunel, showing reduction in ALOS for emergency surgery patients since launch.

Medicine

- Test and Learn's were kicked off on Donne (HAU) on 30 January 2019 and on Matthew Whiting 1 February.

Supported Discharge

- Super Stranded Patient Reviews for Medicine and Surgery set up.

Network Flow

Neurosurgery GIRFT programme:

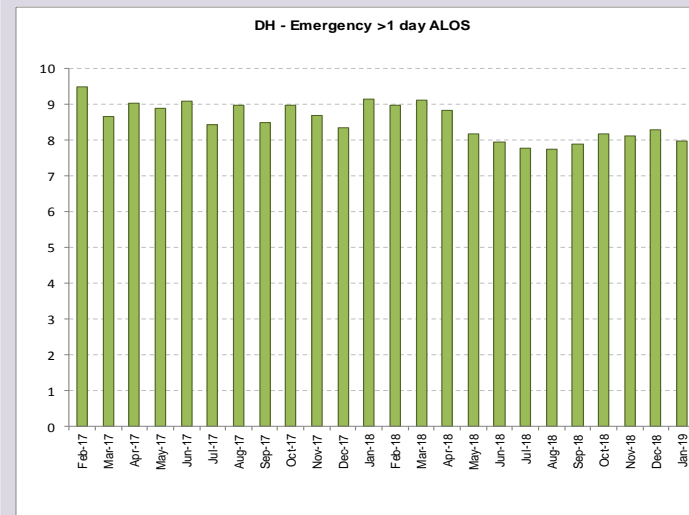
- Working towards 7 day working in Murray Falconer ward and Neuro Admission Lounge (NAL) - now open on Saturday.
- On-going work to support on the day admissions for Neurosurgery to reduce Los and improve patient flow.
- Scoping and Planning to support Day of Surgery Admissions in Liver.

KEY UPCOMING MILESTONES

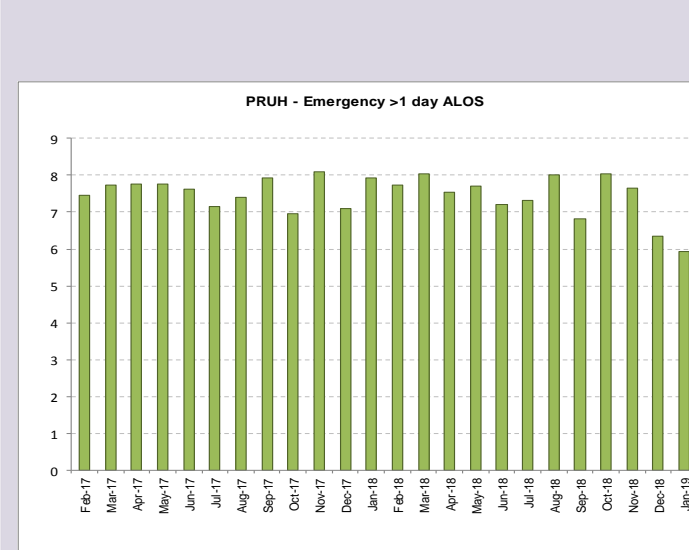
- **DH**
 - Establish required links with Estates for delivery of ambulatory unit.
 - Nurse-led discharge for appendicectomy and lap chole to launch from 25 February.
 - Hunter meeting with the Integrated Discharge Team to get more understanding of managing the relationships and getting the buy-in and support.
- **PRUH**
 - Drafted a Patient Flow Coordinator role to support breach avoidance plans- awaiting vacancy sign off and recruitment into the role.
 - Implement PM ward huddle pro-forma to support consistency of approach across the test and learn wards to check on delay management.
 - To implement a standard for reducing 72 hour LOS on AMU.
 - Communications to be sent regarding the use of the discharge lounge to be introduced as part of the Top 3 huddle discussion at ward level.
- **Networked Care**
 - Theatre productivity: Trial of golden patient SOP for emergency Neurosurgery to reduce delays to theatre start time in G3 theatre.
 - Review of AHP / Therapist pathways in pre-assessment.
 - Development of Integrated Care Pathway for Neuro-oncology to reduce LOS.

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

- Held the first Breach Validation Test and Learn. Identified the "As Is" position and agreed that clinical validation should take place in the morning until 24/7 real-time validation commences.
- Held the first Working Group for Improving Flow in the ED. Outcome was a set of roles cards for EPIC, NIC, ED Manager and Site Lead. The group are reviewing Internal Professional Standards and Escalation Protocols.
- Targeted approach to improve overall performance around Type 3 and Paediatrics (admitted/non-admitted).

Frailty

- Hunter have met with Service Manager for Gerontology to understand current PRUH approach to Frailty and what have been the blockers to delivery. Currently a lack of clinical lead for Frailty.
- Met with Community Trust senior management to establish community provision for admission avoidance.
- First meeting held to move forward with a frailty team front door.

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 imbed changes as soon as possible.

Medicine

- Two Working Group meetings held for Ambulatory Emergency Care (AEC) to devise strategies for increasing daily utilisation to >50 patients per day and support flow in ED.

Supported Discharge

- Commenced coaching in relation to Board Round management on Farnborough Ward.
- Reviewed feedback from ward managers SAFER self assessment document in terms of understanding of exit pathways (D2A and Bromley@Home), EDD setting and criteria led discharge opportunities within PAM wards.
- Trial use of discharge delay codes commenced on Farnborough Ward and AMU, in order to provide meaningful data on delays to site team and TOC.

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.
- Medical manpower shortages flagged on test and learn ward (Farnborough) which consultant reports as impacting on early completion of EDN/TTAs.
- **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

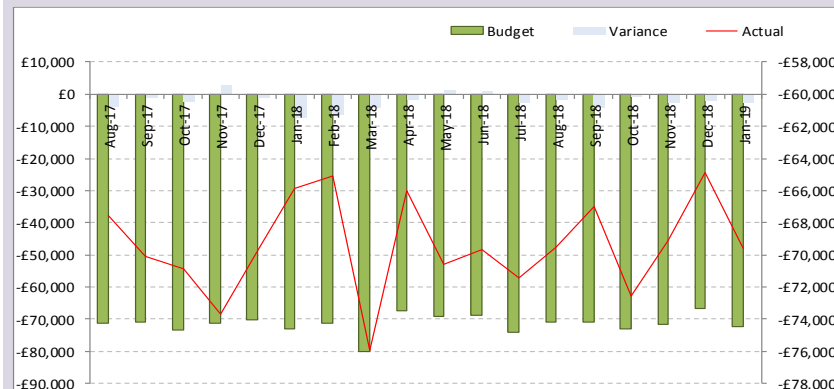
- The clinical income adverse variance is £2.7m in month excluding off tariff drugs and devices (£1.4m). The off tariff drugs and devices variance is offset by a reduction in expenditure.
- Clinical income has increased by £6.0m from Month 9 as a result of an additional 3 working days in January compared to December.
- This increase is seen across Inpatients (£2.9m) Outpatients (£0.8m), BMT (£0.6m) and patient transport (£1.3m) where we expect to CCGs to fund the activity on a pass-through basis.
- Excluding STF funding, the main driver of the adverse variance is R&I income (£3.0m), and is largely due to the Trust correctly recognising the treatment of deferred income from prior years.

The key variance trends YTD are:

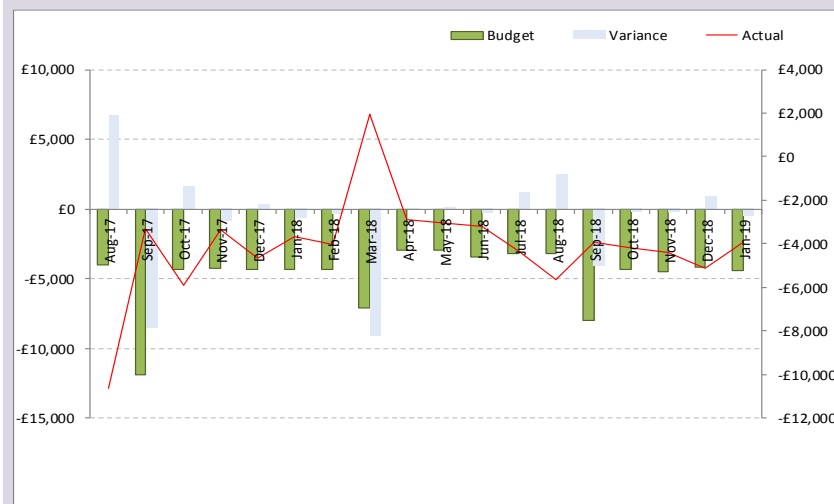
- BMT Transplants (£1.5m) - activity income has improved in Month 10 and is in-line with the monthly plan.
- Liver Transplants (£1.5m) driven by non-achievement of additional cases relating to business case brought to Investment Board in August, but planned from April. Adverse in Month 10 by £220k.
- Critical care is £4.7m below plan with the adverse variance due to the delay in the opening of the new unit.
- RTT activity is £3.6m behind the original phased plan but elective activity is showing an over-performance and an element of this activity will relate to RTT activity.
- Off-tariff drugs variance YTD is £15.6m adverse.

2018/19 M10: INCOME AND FINANCIAL POSITION

Income from Activities (£000s)



Other Operating Income (£000s)



SUMMARY

- The Trust is currently off plan in month 10 with a YTD adverse variance of £34.6m (excl. PSF). In month, the Trust had an adverse variance of £3.2m.
- The key drivers of the adverse performance continue to relate to clinical income from patient care activities and the AfC cost pressure of staff costs not funded in respect to PFI staff and other subsidiaries/joint ventures.
- The Trust's capital plan for 18/19 has been reduced from £71m to £36.4m. The original plan included an external funding requirement of £44m of which £13.6m (£11m loan, £2.6m PDC) has been received.
- The Trust has internal resources (£27m) including the 2017/18 approved loan carried forward (£8.4m), and the available internal funding has been allocated against committed capital projects.

RUN RATE AND CIPs

- The forecast CIP delivery at M10 is £23.4m against the £24.6m plan, resulting in a £1.1m adverse to plan variance.

Key M10 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 (£1.0m).
- 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 has been validated by the Contracts team on pricing. Activity has decreased during 2018/19 and we are expecting an adverse variance of £0.3m.
- This under-performance is offset somewhat by over-performance in Pharmacy of £1.7m.

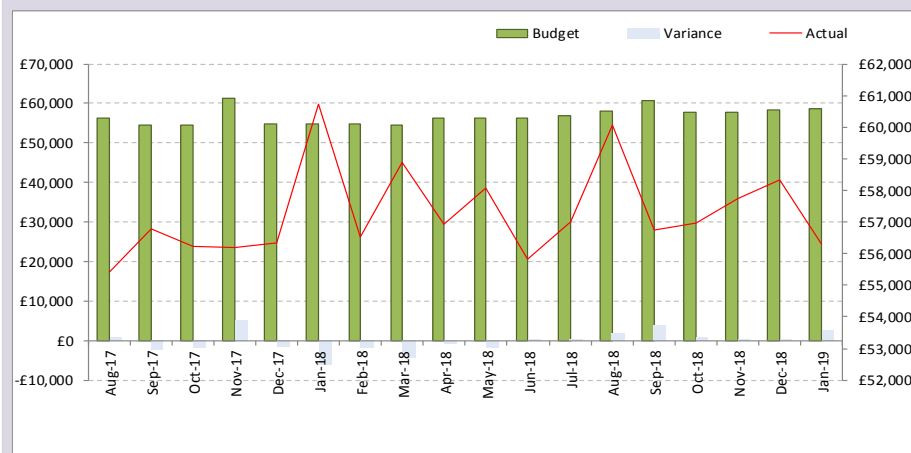
Domain 6: Key Delivery Metrics Operating Expenditure

KEY PAY VARIANCES

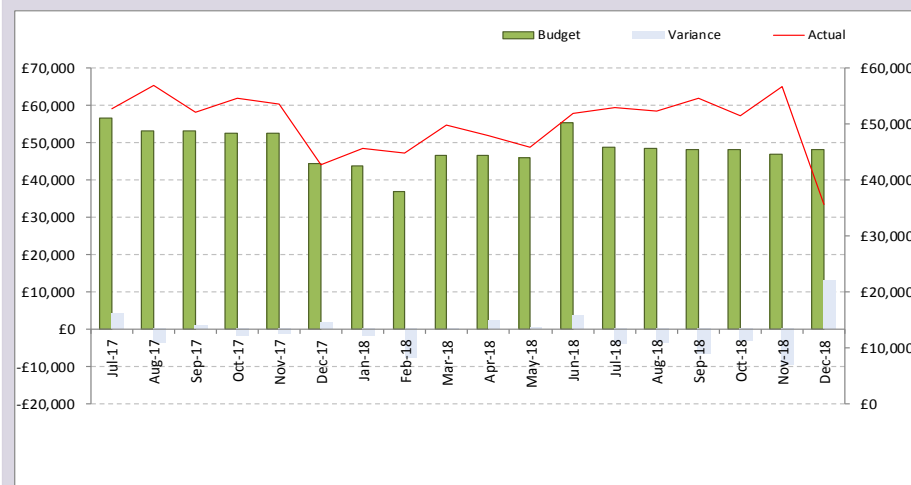
- In month, pay is favourable by £2.7m, predominantly due to Admin & Clerical (A&C) and other staff underspends.
- The in-month variance for A&C pay is £2.2m of which £1.1m is the transfer of an industrial tribunal award from pay to non-pay consultancy.
- Medical and Nursing staff run rate continues to hold steady.
- Nursing pay increased by £0.6m as a result of the requirement to cover escalation, enhanced care and sickness cover.
- The cost of medical staff was £0.5m lower than the previous month.
- YTD pay variance is £8.9m due to the continuing A&C and other staff underspend.

2018/19 M10 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

- In month overall non-pay is a £15.9m favourable variance. However this is due to adjustment made in depreciation and impairment to reflect the delayed completion of the Critical Care Unit.
- Excluding the adjustment and pass through drugs the in month position is £6.6m adverse.

2018/19 FINANCIAL RECOVERY PROGRAMME

- Actual delivery to date of the entire financial improvement programme (M1-M10) is £42.0m, and this is already reflected in the financial run rate position of the Trust.
- The improvement programme is forecast to deliver a further £15.8m over the next 2 months.
- The CIP programme as at M10 reporting has £24.6m in implementation and has delivered £18.6m to the bottom line YTD. This is on-plan.
- CIP delivery in Month 10 was ahead of plan with £3.5m delivered against a plan of £1.8m. There were no areas of significant under-delivery in-month, and four significant positive movements drove the positive in-month variance:
 - Networked Care (B) - £0.5m favourable due to retrospective P2P income increases.
 - Pharmacy - £0.6m favourable as profile is ahead of plan.
 - Networked Care (A) - £0.3m favourable as a result of back-dated income for cardiac procedure coding.
 - UPACs - £0.4m favourable due to back-dated achievement of two schemes.

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)

January 2019

Best Quality of Care - Safety, Effectiveness, Experience

	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
476 MRSA Bacteremias	0	0	0	0	0	0	0	1	1	0	1	1	1	0	5	5	
473 CDT Cases	10	7	7	6	2	6	13	9	7	5	7	5	5	6	65	79	
487 Care hours Per Patient per day	6.2	6.3	6.4	6.4	6.3	6.1	5.8	5.7	5.2	5.9	6.4	6.4			6.0	6.1	
628 Falls per 1000 bed days	4.34	3.98	4.27	3.94	4.08	4.31	4.39	4.42	4.18	3.57	4.17	3.99	4.32	6.60	4.13	4.13	
509 Never Events	1	1	2	0	3	0	2	1	2	0	1	0	1	0	10	13	
519 Serious Harm/Death Incidents	18	8	5	9	14	13	12	12	13	9	15	14	19		130	143	
516 Moderate Harm Incidents	29	19	15	19	30	30	19	23	18	24	34	32	49		278	312	
520 Total Serious Incidents reported	22	11	9	17	23	24	20	13	21	19	15	19	20		191	211	
436 HSMR	86.5	86.5	87.6	86.8	86.4	86.7	87.0	86.0	86.2	85.8	84.4			100.0			
433 SHMI	92.3	93.2	95.0	94.5	94.9	96.3	96.6	96.2	96.1	95.5				105.0			
353 Outpatient Cancellations < 6 week notice (Hosp)	5343	5583	5443	5211	6120	5933	6552	5622	6477	7426	7161	5801	6475	4551	62778	73804	
838 Number of complaints per 1000 bed days	2.13	1.87	1.64	1.73	1.71	1.86	2.09	1.71	1.50	1.81	2.17	1.22	1.83	1.66	1.76	1.76	
615 Number of complaints - High & Severe	19	19	5	11	8	9	14	12	7	8	9	6	7	0	91	115	
619 Number of complaints	103	85	81	88	83	86	100	82	74	94	107	59	94	80	867	1033	
620 Number of complaints not responded to within 25 Days	56	52	54	37	46	37	50	52	46	41	55	46	41	51	451	557	
839 Surgical Cancellations due to Trust Capacity - OTD	70	48	67	67	44	40	46	35	48	75	93	50	67	59	565	680	

Best Quality of Care - Access

	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
364 RTT Incomplete Performance	80.34%	81.03%	80.54%	80.57%	81.20%	80.85%	80.55%	80.57%	79.41%	79.12%	79.03%	77.55%	77.89%	92.00%	79.72%	79.90%	
632 Patients waiting over 52 weeks (RTT)	148	198	249	305	331	408	448	457	450	404	332	249	262	0	3646	4093	
412 Cancer 2 weeks wait GP referral	92.69%	95.05%	94.48%	93.67%	95.29%	85.80%	85.91%	80.51%	76.00%	89.78%	90.00%	93.14%	91.20%	93.00%	87.75%	88.94%	
413 Cancer 2 weeks wait referral - Breast	92.59%	96.72%	97.92%	85.71%	92.42%	90.48%	91.11%	96.67%	100.00%	96.00%	97.60%	100.00%	73.33%	93.00%	92.48%	93.78%	
419 Cancer 62 day referral to treatment - GP	85.80%	76.70%	88.40%	86.92%	83.65%	83.60%	75.38%	76.34%	71.00%	77.40%	79.00%	85.70%	66.51%	85.00%	78.71%	79.43%	
420 Cancer 62 day referral to treatment - Screening Service	83.10%	75.00%	88.30%	94.34%	92.65%	84.91%	83.58%	85.90%	87.80%	84.80%	92.60%	90.80%	87.50%	90.00%	88.10%	86.95%	
536 Diagnostic Waiting Times Performance > 6 Wks	1.75%	1.94%	2.48%	3.70%	3.44%	4.02%	5.52%	5.81%	7.13%	8.61%	11.06%	14.81%	12.70%	1.00%	7.72%	6.83%	
459 A&E 4 hour performance (monthly SITREP)	79.00%	73.57%	71.15%	77.86%	79.83%	82.73%	77.99%	80.54%	76.29%	78.10%	73.84%	71.67%	69.62%	95.00%	76.79%	76.07%	
1397 A&E 4 hour performance (Acute Trust Footprint)	84.96%	82.40%	80.66%	85.33%	86.52%	88.50%	85.25%	86.80%	84.10%	85.05%	82.33%	80.65%	79.11%	95.00%	84.35%	83.88%	
399 Weekend Discharges	19.9%	20.8%	21.0%	22.2%	22.0%	20.2%	19.5%	19.1%	25.1%	18.2%	18.4%	25.1%	20.0%	21.7%	21.0%	21.0%	
404 Discharges before 1pm	20.9%	20.4%	21.0%	19.3%	19.5%	19.1%	18.8%	18.9%	18.1%	18.1%	18.1%	18.6%	19.8%	19.8%	18.8%	19.1%	
747 Bed Occupancy	90.6%	91.9%	92.3%	92.9%	91.0%	87.9%	88.3%	86.0%	90.0%	92.3%	93.0%	89.9%	92.1%	91.4%	90.3%	90.6%	
1357 Number of Stranded Patients (LOS 7+ Days)	628	639	662	643	600	597	552	346	224	204	247	257	254	574	3924	5225	
1358 Number of Super Stranded Patients (LOS 21+ Days)	905	919	933	920	851	837	793	593	470	438	484	504	481	898	6371	8223	
800 Delayed Transfer of Care Days (per calendar day)	8.7	11.4	15.8	8.3	8.2	7.0	12.9	13.5	9.0	9.4	10.0	6.6		0.0	9.5	10.2	
772 12 Hour DTAs	9	10	26	24	16	21	13	29	20	10	14	19	7	0			

Skilled, Motivated, Can Do Teams

	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
715 % appraisals up to date - Combined	66.37%	65.53%	66.87%	45.09%	50.99%	63.19%	79.19%	87.57%	86.14%	89.41%	88.71%	88.64%	89.46%	90.00%			
721 Statutory & Mandatory Training	82.82%	82.19%	82.27%	83.73%	83.39%	83.48%	85.17%	81.20%	78.62%	81.77%	81.79%	81.96%	82.35%	90.00%			
732 Vacancy Rate %	9.73%	9.15%	9.22%	9.77%	9.70%	9.86%	9.57%	10.24%	9.88%	9.69%	9.93%	10.88%	10.75%	8.00%			
743 Monthly Sickness Rate	3.72%	3.46%	3.19%	3.00%	2.89%	3.27%	3.36%	3.56%	3.50%	3.65%	3.77%	3.78%	3.91%	3.00%			

Top Productivity

	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
374 Theatre Utilisation - Main Theatres	73.5%	76.1%	77.2%	76.1%	83.1%	77.7%	79.4%	80.9%	78.9%	81.5%	81.3%	78.8%	78.2%	80.0%	79.6%	79.1%	
373 Theatre Utilisation - Day Surgery Unit	73.4%	69.8%	72.4%	74.4%	77.0%	75.7%	76.7%	74.8%	74.7%	76.5%	75.9%	76.0%	75.9%	80.0%	75.8%	75.0%	
521 Theatre Utilisation - Overall	73.5%	73.8%	75.4%	75.5%	80.8%	77.0%	78.4%	78.6%	77.4%	79.7%	79.4%	77.9%	77.3%	80.0%	78.2%	77.6%	
801 Day Case Rate	78.7%	77.5%	76.7%	76.7%	78.1%	76.3%	76.0%	76.1%	75.5%	76.8%	75.2%	73.8%	75.3%	76.6%	76.0%	76.2%	
345 Outpatient DNA Rate	12.3%	11.7%	12.7%	11.6%	11.4%	11.1%	11.5%	11.4%	11.5%	11.5%	11.2%	11.5%	11.2%	11.9%	11.4%	11.5%	
965 Outpatient DNA Rate - First Attendance	13.0%	13.0%	13.7%	12.8%	12.1%	12.0%	12.6%	12.4%	12.2%	12.7%	11.9%	12.4%	12.0%	10.6%	12.3%	12.5%	

Integrated Performance

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

Trust (1000)

January 2019

Best Quality of Care - Safety, Effectiveness, Experience

	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
966 Outpatient DNA Rate - Follow Up Attendance	11.9%	11.2%	12.3%	11.1%	11.1%	10.7%	11.0%	11.0%	11.2%	11.0%	10.8%	11.2%	10.9%	12.9%	11.0%	11.1%	
622 First to Follow up ratios - consultant led	2.5	2.5	2.5	2.6	2.5	2.5	2.6	2.7	2.6	2.6	2.6	2.7	2.8	2.4	2.6	2.6	
426 Average Length of Stay - Elective ALoS	4.0	4.1	4.3	3.9	4.2	3.2	3.7	4.2	4.1	4.1	4.0	4.5	3.5	4.1	3.9	4.0	
428 Average Length of Stay - Non - Elective ALoS	6.6	7.0	6.9	6.5	6.5	6.2	6.2	6.3	6.0	6.2	6.2	5.9	6.0	6.6	6.2	6.3	
429 Zero Length of Stay - Emergency	800	644	649	744	773	837	865	800	830	796	840	1080	1150	813	8715	10008	
352 Outpatients waiting more than 12 weeks	13463	11930	11963	10990	12164	13262	12388	12016	12810	14827	14273	10350	14571	11873	127651	151544	
376 Referrals to Consultant led services	34918	31658	34089	32350	36313	33967	34020	32889	31319	36357	34053	27508	31796	32372	330572	396319	
537 Decision To Admit	8824	8041	8418	8133	8867	8524	8249	7648	7939	8996	8853	6899	8039	8386	82147	98606	

Firm Foundations - Finance

	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
895 Actual - Overall	15,803	13,830	22,203	18,434	15,437	11,242	16,855	17,541	19,804	16,426	20,753	27,140	(1,318)	10,297	162,315	198,348	
896 Budget - Overall	2,771	3,907	(12,087)	17,545	15,182	11,295	15,430	12,347	12,347	9,074	10,315	16,751	10,297		130,783	122,603	
897 Variance - Overall	(13,032)	(9,923)	(34,290)	(889)	(255)	73	(1,425)	(4,994)	(7,458)	(7,352)	(10,439)	(10,389)	11,615	0	(31,532)	(75,745)	
602 Variance - Medical - Agency	(3,385)	(657)	(591)	(1,033)	(912)	(818)	(848)	(1,070)	(671)	(597)	(1,216)	(798)	(665)	0	(8,628)	(9,876)	
1095 Variance - Medical Bank	(286)	(240)	(275)	(391)	(367)	(340)	(481)	(359)	(345)	(640)	(289)	(304)	(551)	0	(4,066)	(4,581)	
599 Variance - Medical Substantive	299	136	(216)	973	77	801	1,417	923	596	1,043	448	624	742	0	7,645	7,564	
603 Variance - Nursing Agency	(553)	(276)	(452)	(610)	(346)	(176)	(433)	(148)	(258)	(162)	(88)	(124)	(140)	0	(2,485)	(3,213)	
1104 Variance - Nursing Bank	(2,903)	(2,724)	(3,266)	(3,076)	(3,063)	(2,491)	(2,059)	(2,070)	(1,932)	(1,909)	(1,913)	(2,302)	(2,083)	0	(22,899)	(28,888)	
606 Variance - Nursing Substantive	2,133	2,607	2,141	2,539	2,344	2,317	1,816	638	3,668	2,046	2,165	2,049	2,231	0	21,812	26,559	

Firm Foundations - Activity

	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
401 Elective Inpatient Spells	10587	9644	10121	9591	10513	10112	9999	9465	9158	10667	10340	8474			88319	108084	
403 Non-Elective Inpatient Spells	1686	1489	1598	1548	1717	1670	1720	1698	1729	1819	1596	1684			15191	18278	
424 Elective Excess Beddays	413	533	537	595	512	412	521	340	317	494	659	1448			5298	6368	
425 Non-Elective Excess Beddays	162	369	268	230	609	183	347	41	440	245	99	196			2390	3027	
431 First Outpatient Attendances	26049	22577	24289	23446	25232	24901	25270	22982	22977	27160	26712	20349			219029	265895	
430 Follow Up Outpatient Attendances	81183	71080	75791	75047	80165	74739	78887	74199	72076	81604	79979	63319			680015	826886	
461 A&E Attendances	19765	17584	17587	17171	18559	18056	18531	17070	17596	18221	18217	18109			161530	196701	
464 Procedure coded outpatient attendances	16.2%	17.3%	15.8%	17.5%	17.9%	19.7%	18.9%	19.5%	20.0%	19.2%	19.4%	19.4%			19.0%	18.6%	

Excellent Teaching & Research

	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
937 Number of Observational Studies	98	106	107	33	44	63	77	86	92	101	108	111	111		826	1039	
938 Number of Interventional Studies	109	120	120	44	52	73	80	86	89	98	106	113	119		860	1100	
939 Number of Large-scale Studies	8	11	11	9	10	11	12	13	14	15	15	15	15		129	151	
888 Number of Commercial Studies	81	87	88	11	24	33	38	44	49	59	65	74	81		478	653	
940 Total number of Studies	296	324	326	97	130	180	207	229	244	273	294	313	326		2293	2943	



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 acheiving 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 acheiving 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 acheiving 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 (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. KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
436	The SHMI 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). 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 Meticillin 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 PTAs (DOVWL) 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 ESK
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



Integrated Performance

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

Trust (1000)

1104	Variance for Nursing Bank
1357	Number of stranded patients. Ie: any patient who is in the hospital for 7 days or more.
1358	Number of super stranded patients. Ie: 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)

[illegible]

January 2019

	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
Safety - Infection Control																	
Safety - Infection Control domain score	1.95	1.90	1.95	2.25	1.98	2.03	2.00	1.70	1.93	1.93	2.12	1.95	2.02	2.50	1.98		
Reportable to DoH																	
476 MRSA Bacteraemias	0	0	0	0	0	0	0	1	1	0	1	1	1	0	5	5	
475 VRE Bacteraemias	3	4	3	2	5	4	3	4	2	3	1	4	3	4	31	38	
473 CDT Cases	10	7	7	6	2	6	13	9	7	5	7	5	5	6	65	79	
470 MSSA Bacteraemias	3	4	0	3	3	0	0	4	5	5	3	3	4	3	30	34	
474 E.Coli Bacteraemias	11	8	13	10	14	7	13	14	10	10	8	6	7	8	99	120	
879 Klebsiella spp. Bacteraemia	9	5	5	11	5	7	11	10	8	5	14	3	10	5	84	94	
880 Pseudomonas aeruginosa Bacteraemia	7	6	1	3	4	2	4	6	6	7	7	7	9	3	55	62	
881 Carbapenemase producing organism (Confirmed CPE/CPO)	10	10	10	9	15	16	9	17	8	14	10	16	10	13	124	144	
Clusters & Outbreaks																	
477 Clusters of Infection	6	2	2	2	4	5	3	2	6	1	0	2	1	0	26	30	
478 Outbreaks	9	2	3	0	2	1	0	2	1	2	0	0	5	0	13	18	
All hospital-acquired Alert Orgs																	
490 MRSA	7	4	13	8	9	7	8	6	5	10	6	5	6	6	70	87	
495 Clostridium difficile (including local PCR)	15	11	11	8	10	16	17	11	14	16	14	11	13	9	130	152	
496 VRE	5	18	21	15	18	25	13	21	21	14	16	26	16	23	185	224	
497 Enterobacteriaceae	24	41	33	33	43	32	31	46	35	64	31	34	36	40	385	459	
498 Resistant non-fermenters	7	11	8	7	7	4	17	20	11	6	11	7	10	12	100	119	
882 Norovirus	81	7	10	4	9	0	3	7	11	3	0	2	19	18	58	75	
883 Other Viral Infection	92	65	59	18	12	15	6	4	10	22	16	41	57	32	201	325	
502 Other Alert Organisms	3	2	2	5	13	5	8	5	6	6	8	5	6	6	67	71	
503 Total Hospital-acquired	234	159	157	98	121	104	103	120	113	141	102	131	163	104	1196	1512	
Assurance Audits																	
499 CDT Time to Isolation Compliance	68.8%	50.0%	83.3%	54.6%	73.3%	90.0%	69.6%	69.2%	68.4%	81.8%	83.3%	76.9%	92.9%	100.0%	76.8%	75.3%	
500 MRSA Time to Isolation Compliance	33.3%	23.1%	40.0%	43.5%	57.1%	47.1%	64.7%	73.3%	33.3%	40.9%	94.4%	53.6%	58.8%	100.0%	56.0%	52.4%	
501 MRSA Time to Decolonisation Compliance	83.3%	84.6%	59.1%	76.2%	60.0%	75.0%	64.3%	83.3%	92.3%	100.0%	88.2%	86.4%	75.0%	100.0%	80.1%	78.2%	
492 MRSA Screening - Elective	97.9%	98.7%	96.5%	98.3%	98.7%	98.6%	95.4%	98.7%	98.0%	97.7%	98.4%	98.6%	97.8%	100.0%	98.0%	97.9%	
494 MRSA Screening - Emergency	95.9%	85.9%	86.4%	87.8%	88.5%	87.1%	86.0%	89.2%	90.9%	90.3%	92.0%	91.6%	91.4%	100.0%	89.3%	88.7%	
757 Hand Hygiene Compliance - Inpatients	93.1%	94.5%	94.5%	94.3%	94.4%	94.0%	94.9%	94.7%	93.7%	92.6%	94.1%	94.7%	94.6%	90.0%			
758 Hand Hygiene Compliance - Outpatients	94.0%	96.5%	94.9%	94.0%	95.5%	98.6%	96.4%	95.9%	95.9%	92.7%	95.1%	93.9%	95.1%	90.0%			
Care of IV Lines																	
522 Dressing Appropriate	95.8%	82.1%	91.7%	89.4%	94.8%	80.6%	97.2%	84.9%	95.1%	89.0%	95.1%	96.6%	96.4%	95.0%	93.1%	92.5%	
523 Date recorded	81.7%	86.3%	82.9%	85.9%	88.5%	91.6%	84.7%	85.9%	82.5%	88.1%	85.8%	89.4%	85.3%	95.0%	86.3%	86.0%	
524 Line Still Needed	91.9%	90.9%	90.4%	87.1%	92.3%	88.6%	93.9%	89.4%	95.5%	91.0%	92.4%	91.3%	92.3%	95.0%	91.9%	91.7%	
525 Documentation is complete	77.3%	68.1%	77.0%	67.8%	80.4%	57.1%	77.3%	67.3%	79.3%	76.7%	78.2%	79.4%	81.9%	95.0%	76.2%	75.8%	
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%	99.2%	95.0%	92.5%	92.7%	
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%	97.6%	95.0%	95.3%	95.0%	
Antibiotic Stewardship																	
569 Antibiotic Stewardship - Clinical indication recorded	87.1%	91.3%	91.6%	97.5%	97.0%	95.7%	92.1%	96.6%	97.3%	96.6%	98.2%	96.8%	98.1%	95.0%	96.6%	95.7%	
571 Antibiotic Stewardship - Stop/Review date recorded	74.8%	76.9%	79.8%	86.6%	83.0%	83.3%	81.5%	84.3%	80.2%	86.5%	86.0%	77.2%	82.4%	95.0%	83.1%	82.2%	
570 Antibiotic Stewardship - IV PO switch not overdue	93.1%	89.8%	86.1%	90.4%	91.9%	91.6%	82.2%	89.6%	91.6%	93.2%	94.3%	93.5%	93.1%	95.0%	91.2%	90.6%	
568 Antibiotic Stewardship - As per Guideline	90.0%	90.3%	89.7%	88.2%	82.0%	81.5%	86.8%	90.3%	88.7%	90.6%	92.4%	92.2%	91.6%	95.0%	88.5%	88.8%	
Environment																	

January 2019

	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
760 Medirest/ISS Cleaning	97.8%	98.1%	97.5%	97.9%	97.9%	97.6%	97.6%	98.1%	97.5%	97.0%	97.6%	98.7%	98.5%	97.1%	97.8%	97.8%	
761 Nurse Cleaning	97.5%	97.2%	95.7%	97.4%	96.0%	96.6%	95.5%	96.5%	95.3%	95.1%	96.6%	97.0%	97.3%	96.9%	96.3%	96.3%	
514 Number of commodes audited	101	128	174	149	130	176	150	213	300	412	205	177	435		2347	2649	
515 Are Commodes in a Good State of Repair?	95.1%	100.0%	99.4%	100.0%	96.9%	98.9%	96.7%	99.5%	95.7%	91.8%	86.3%	80.8%	72.0%	100.0%	89.7%	90.8%	
1805 Are Commodes Clean?								93.9%	93.3%	94.2%	95.6%	96.6%	92.0%	100.0%	93.9%	93.5%	
1697 Are Commodes Taped?								6.1%	5.7%	26.0%	88.8%	86.4%	92.6%	100.0%	50.2%	50.2%	
1698 Is there a Commodes Cleaning Poster?								9.1%	6.7%	53.3%	74.6%	75.0%	157.1%	100.0%	70.3%	70.3%	
Infection Control Audit Composite																	
759 Assurance Audits - Non Compliance %	82.4%	81.3%	87.5%	75.0%	81.3%	81.3%	81.3%	87.5%	75.0%	75.0%	75.0%	75.0%	37.5%	5.5%	9.4%	8.3%	

Safety - Other

Safety - Other domain score	2.14	1.81	2.05	2.24	2.24	1.90	1.90	1.86	1.95	2.05	1.95	2.05	1.61	2.50	1.99		
Safer Care																	
469 VTE Risk Assessment	94.6%	94.7%	95.5%	96.2%	96.7%	96.9%	96.8%	97.1%	97.0%	97.6%	97.8%	97.6%	97.8%	95.0%	97.2%	96.9%	
1897 Potentially Preventable Hospital Associated VTE	1	4	2	3	0	5	4	1	5	9	4	1			32	38	
487 Care hours Per Patient per day	6.2	6.3	6.4	6.4	6.3	6.1	5.8	5.7	5.2	5.9	6.4	6.4			6.0	6.1	
627 Deteriorating Patient Incidents per 1000 bed days	0.12	0.34	0.20	0.15	0.17	0.22	0.17	0.13	0.06	0.14	0.21	0.10	0.20	0.17	0.16	0.18	
846 Deteriorating Patient Incidents resulting in moderate harm, major harm or death per 1000 bed days	0.06	0.05	0.00	0.00	0.02	0.02	0.02	0.04	0.00	0.00	0.02	0.02	0.08	0.00	0.00	0.00	
788 Delayed Vital Signs	89	73	84	63	73	77	77	54	73	64	68	73	70		692	849	
646 Patients Absconding	11	12	14	20	28	20	33	32	31	30	22	25	31		272	298	
647 Violent & Aggressive Behaviour to Staff	147	143	191	178	185	228	218	198	217	220	217	170	263		2094	2428	
786 Omitted Medication Incidents	49	39	55	38	49	56	66	52	53	70	47	58	69		558	652	
787 Delayed Medication Incidents	19	12	21	19	30	17	16	25	19	20	17	17	9		189	222	
488 Safer Staffing Average Fill Rate - Day	97.3%	100.3%	100.3%	102.5%	99.9%	99.2%	98.3%	98.0%	98.3%	98.8%	99.6%	98.3%			99.2%	99.4%	
489 Safer Staffing Average Fill Rate - Night	104.6%	107.3%	108.1%	107.3%	105.1%	102.1%	101.0%	100.9%	102.3%	102.8%	102.1%	101.9%			103.0%	103.9%	
538 Hospital Acquired Pressure Ulcers (Grade 3 or 4)	2	1	2	3	0	1	3	1	3	2	0	0	2	0			
780 Hospital Acquired Pressure Ulcers (Grade 3 or 4) per 1000 bed days	0.04	0.02	0.04	0.06	0.00	0.02	0.06	0.02	0.06	0.04	0.00	0.00	0.04	0.00	0.03	0.03	
890 Total Falls	225	208	237	202	221	206	223	230	213	195	221	216	237	225	2164	2609	
891 Falls Resulting in Moderate Harm	3	3	2	1	4	2	1	5	1	1	4	3	1	0	23	28	
893 Falls Resulting in Major Harm	6	1	1	2	5	2	0	1	3	2	1	1	3	0	20	22	
892 Falls Resulting in Death	0	0	0	0	0	0	0	0	1	0	0	1	0	0	2	2	
628 Falls per 1000 bed days	4.34	3.98	4.27	3.94	4.08	4.31	4.39	4.42	4.18	3.57	4.17	3.99	4.32	6.60	4.13	4.13	
629 Falls resulting in moderate harm, major harm or death per 1000 bed days	0.18	0.07	0.04	0.04	0.19	0.09	0.02	0.13	0.11	0.04	0.11	0.10	0.08	0.19	0.09	0.08	
868 Surgery - % WHO checklist Compliance	88.4%	90.3%	89.8%	89.3%	89.5%	90.2%	94.6%	93.2%	94.9%	95.8%	95.0%	94.4%	94.4%	92.8%	93.1%	92.6%	
Incident Reporting																	
509 Never Events	1	1	2	0	3	0	2	1	2	0	1	0	1	0	10	13	
519 Serious Harm/Death Incidents	18	8	5	9	14	13	12	12	13	9	15	14	19		130	143	
516 Moderate Harm Incidents	29	19	15	19	30	30	19	23	18	24	34	32	49		278	312	
520 Total Serious Incidents reported	22	11	9	17	23	24	20	13	21	19	15	19	20		191	211	
648 Amber RCAs	88	82	102	76	108	118	110	114	93	105	109	105	104		1042	1226	
Incident Management																	
660 Duty of Candour - Conversations recorded in notes	100.0%	91.7%	88.9%	96.0%	100.0%	100.0%	92.9%	90.3%	96.4%	89.3%	91.1%	82.6%	56.9%	94.7%	87.3%	87.6%	
661 Duty of Candour - Letters sent following DoC Incidents	100.0%	87.5%	94.4%	96.0%	100.0%	100.0%	92.9%	83.9%	96.4%	89.3%	88.9%	71.7%	31.0%	93.2%	81.0%	82.0%	
1617 Duty of Candour - Investigation Findings Shared	100.0%	79.2%	83.3%	80.0%	82.5%	77.5%	71.4%	45.2%	57.1%	28.6%	24.4%	6.5%	1.7%	87.9%	42.6%	46.5%	
842 Number of incidents not reviewed (rolling 12 months)	329	369	423	446	475	476	492	504	503	521	601	677	928	194			

January 2019

		Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
843	Number of incidents under investigation (rolling 12 months)	1302	1468	1651	1809	2048	2177	2414	2699	2884	3200	3606	4194	5106	756			
511	Incidents reported in month	2635	2514	3028	2604	2868	2650	3008	2735	2703	2805	2635	2604	2959		27571	33113	

Effectiveness

Effectiveness domain score		2.14	2.33	2.21	2.48	2.36	2.50	2.52	2.55	2.60	2.60	2.26	2.10	2.00	2.50	2.39		
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%	53.3%	59.1%	54.7%	55.3%	
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%	52.2%	58.4%	54.0%	54.5%	
649	Patients receiving Fractured Neck of Femur surgery w/in 36hrs	85.0%	86.5%	80.0%	72.1%	72.7%	79.5%	82.6%	84.6%	85.4%	78.7%	77.1%	87.1%	96.0%	78.3%	80.7%	81.0%	
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	30.12%	28.13%	23.33%	53.03%	41.03%	35.90%	31.37%	32.84%	43.66%	32.88%	44.62%	30.77%	38.81%	70.00%	38.93%	36.84%	
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	59.04%	70.77%	74.60%	65.15%	64.20%	63.86%	73.08%	68.66%	67.61%	72.97%	77.27%	82.05%	64.18%	50.00%	69.07%	69.65%	
755	Emergency Readmissions within 30 days	5.9%	6.2%	6.5%	6.3%	6.2%	6.1%	6.4%	6.2%	6.5%	6.0%	5.5%	5.9%	3.4%	5.9%	5.9%	5.9%	
436	HSMR	86.5	86.5	87.6	86.8	86.4	86.7	87.0	86.0	86.2	85.8	84.4			100.0			
456	HSMR - Weekend	90.8	92.1	91.0	91.4	90.1	91.5	92.3	90.3	91.0	89.6	87.4			100.0			
480	Elective Crude Mortality Rate	0.23%	0.18%	0.38%	0.00%	0.33%	0.21%	0.16%	0.29%	0.22%	0.20%	0.10%	0.22%	0.30%	0.27%	0.20%	0.21%	
481	Non Elective Crude Mortality Rate	3.8%	3.6%	3.7%	2.8%	3.0%	2.6%	2.6%	2.6%	2.8%	2.6%	2.7%	3.1%	3.1%	3.0%	2.8%	2.9%	
831	Relative Risk of Readmission	94.5	94.1	93.4	92.6	92.4	92.1	92.0	91.7	91.6	91.5				105.0			
651	Relative Risk of Readmission - Acute Myocardial Infarction	90.6	93.0	94.5	94.8	99.9	94.0	94.5	98.8	94.6	95.3				105.0			
652	Relative Risk of Readmission - Heart Failure	102.8	104.0	99.5	97.2	96.0	97.9	97.0	95.9	98.7	100.1				105.0			
653	Relative Risk of Readmission - Septicemia	105.4	104.7	104.2	102.1	102.0	101.0	98.6	99.9	99.1	98.9				105.0			
654	Relative Risk of Readmission - Stroke	113.1	110.9	111.4	118.5	116.5	121.7	122.1	116.6	115.7	112.2				105.0			
655	Relative Risk of Readmission - Fractured Neck of Femur	116.9	108.5	107.0	108.4	109.3	105.6	98.4	100.8	96.3	94.8				105.0			
656	Relative Risk of Readmission - Pneumonia	106.5	105.0	103.6	103.5	104.9	101.7	100.3	103.8	105.8	107.8				105.0			
433	SHMI	92.3	93.2	95.0	94.5	94.9	96.3	96.6	96.2	96.1	95.5				105.0			
540	SHMI - Elective	81.4	76.4	80.6	79.3	86.0	85.7	85.0	86.3	83.7	82.6				105.0			
641	SHMI - Heart Failure	98.3	98.7	105.9	104.7	105.3	107.1	105.6	99.3	95.8	99.8				105.0			
541	SHMI - Non-Elective	92.8	94.0	95.7	95.3	95.4	96.8	97.2	96.7	96.6	96.1				105.0			
547	SHMI - Weekend	97.0	99.1	100.2	101.4	102.1	103.9	103.7	102.7	103.6	101.1				105.0			
542	SHMI - Fractured Neck of Femur	86.4	87.2	93.2	91.3	94.1	92.9	93.6	95.8	100.6	98.0				105.0			
638	SHMI - Acute Kidney Injury	127.1	121.1	118.0	113.1	110.5	108.5	109.9	107.6	107.9	108.6				105.0			
543	SHMI - Myocardial Infarction	129.1	135.7	131.4	138.4	140.3	148.3	150.8	147.5	143.0	139.4				105.0			
544	SHMI - Pneumonia	77.3	77.2	78.4	78.6	78.8	81.5	81.2	80.6	82.3	84.5				105.0			
545	SHMI - Septicaemia	100.4	101.8	102.5	102.7	103.0	102.3	101.5	102.7	101.7	103.1				105.0			
546	SHMI - Stroke	82.7	82.8	85.0	83.0	85.3	87.4	85.6	86.6	87.7	84.7				105.0			
Improving Outcomes - Child Birth																		
463	C-Section - Elective	12.4%	9.9%	8.3%	9.2%	11.3%	11.4%	8.1%	10.6%	8.3%	11.8%	12.2%	12.1%	13.1%	10.0%	10.8%	10.5%	
465	C-Section - Emergency	17.3%	18.0%	17.4%	17.3%	16.9%	15.5%	18.3%	16.2%	17.3%	15.5%	18.1%	16.2%	18.7%	17.2%	17.0%	17.1%	
462	Deliveries complicated by Major Postpartum Haemorrhage (PPH)	35	33	33	39	34	20	35	28	28	30	32	30	32	10			
466	Home Birth	2.9%	3.5%	3.4%	3.4%	3.4%	3.8%	3.7%	3.8%	3.5%	3.3%	2.3%	2.5%	2.2%	3.1%	3.2%	3.2%	
467	OASIS/Midwifery led suites birth	87	88	97	108	98	95	87	97	116	119	114	87	89	150	1010	1195	
750	Admission of Term Babies to Neonatal Care	66	50	62	66	57	56	56	55	44	53	60	56	48	56	551	663	
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	16	0	2	3	2	2	9	10	11	29	21	25	9		121	123	

January 2019

		Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
679	Unplanned maternal readmission within 42 days of delivery	33	26	24	30	27	27	22	25	24	37	15	26	8		241	291	
Improving Outcomes for Older Patients																		
435	Over 65 emergency admissions discharged to adult residence in 7 days	6.6%	6.7%	6.4%	6.5%	6.9%	7.3%	7.1%	7.5%	7.0%	6.8%	6.8%	8.3%	7.5%	7.0%	7.1%	7.0%	
485	Dementia Screening within 72 hours	83.40%	92.82%	96.41%	98.06%	99.01%	98.12%	95.65%	93.56%	94.44%	96.65%	95.41%	98.19%		90.00%	96.54%	96.16%	
754	Dementia Screening Leading to Further Referral	94.3%	100.0%	96.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	99.5%	
815	Night time Ward moves patients > 75	257	268	254	213	240	195	216	221	200	181	209	244	298	224	2217	2739	
539	SHMI - Over 75	91.6	92.2	94.0	94.1	94.7	95.6	96.1	95.9	95.6	95.8				105.0			

Patient Experience

Patient Experience domain score		2.33	2.38	2.43	2.19	2.33	2.29	2.19	2.24	2.38	2.00	2.05	2.33	2.10	2.50	2.25		
HRWD																		
342	How are we doing? (Inpatients)	91%	91%	90%	91%	91%	93%	91%	91%	92%	90%	92%	91%	90%	89%	91%	91%	
504	Respect & Dignity	96%	96%	94%	96%	96%	97%	96%	96%	96%	96%	96%	96%	96%	94%	96%	96%	
505	Involvement in care	88%	86%	86%	88%	87%	89%	87%	88%	89%	83%	89%	88%	84%	85%	87%	87%	
506	Kindness & Understanding	96%	96%	95%	96%	96%	97%	96%	96%	96%	96%	96%	96%	96%	94%	96%	96%	
507	Control of Pain	95%	94%	93%	94%	94%	95%	93%	94%	94%	93%	94%	95%	94%	93%	94%	94%	
508	Involvement in Discharge	81%	82%	81%	82%	80%	84%	81%	81%	83%	83%	83%	81%	82%	75%	82%	82%	
1337	How are we doing? (Outpatients)	86%	78%	78%	81%	80%	83%	82%	90%	81%	79%	92%	86%	83%	81%	82%	80%	
422	Friends and Family Inpatients	94.6%	93.6%	95.5%	93.5%	94.4%	93.9%	93.9%	93.9%	94.0%	94.4%	94.0%	93.5%	95.4%	94.0%	94.1%	94.2%	
423	Friends and Family ED	81.6%	80.5%	77.2%	83.4%	83.4%	83.8%	84.4%	83.4%	82.0%	78.2%	78.6%	78.5%	74.9%	81.6%	82.0%	81.1%	
774	Friends & Family - Outpatients	88.2%	89.2%	89.5%	89.3%	90.0%	89.0%	86.9%	87.7%	87.0%	87.0%	87.2%	86.3%	88.4%	88.6%	87.6%	88.1%	
775	Friends & Family - Maternity	94.8%	93.9%	92.8%	91.9%	88.2%	87.7%	90.7%	90.3%	90.8%	94.9%	91.4%	91.2%	94.1%	92.0%	91.6%	91.9%	
Operational Engagement																		
353	Outpatient Cancellations < 6 week notice (Hosp)	5343	5583	5443	5211	6120	5933	6552	5622	6477	7426	7161	5801	6475	4551	62778	73804	
440	28 Day Cancelled Operation Rule	35.6%	23.1%	35.0%	17.5%	17.4%	14.0%	11.4%	27.3%	20.5%	15.0%	12.3%	16.0%	15.1%	0.0%	16.1%	18.5%	
460	Inpatient Cancellations (Hosp)	65	80	80	92	57	79	44	39	60	82	94	53	76	0	676	836	
618	PALS Contacts - Concerns	63.7%	80.2%	87.5%	89.5%	87.8%	91.7%	91.6%	88.9%	91.4%	92.5%	88.6%	77.7%	76.0%		87.7%	87.1%	
621	PALS Contacts - Praise	1.3%	1.4%	2.1%	1.9%	1.8%	1.6%	1.3%	1.9%	1.1%	1.0%	2.2%	3.6%	2.2%		1.8%	1.8%	
1537	PALS Contacts - % of Open Cases	1.4%	0.8%	0.7%	0.6%	1.6%	2.4%	0.4%	1.5%	1.5%	1.6%	3.1%	5.2%	5.8%	10.0%	2.2%	2.0%	
839	Surgical Cancellations due to Trust Capacity - OTD	70	48	67	67	44	40	46	35	48	75	93	50	67	59	565	680	
Other																		
483	Mixed Sex Accommodation	16	17	20	20	8	11	18	17	20	18	15	19	18	0			
Complaints																		
838	Number of complaints per 1000 bed days	2.13	1.87	1.64	1.73	1.71	1.86	2.09	1.71	1.50	1.81	2.17	1.22	1.83	1.66	1.76	1.76	
615	Number of complaints - High & Severe	19	19	5	11	8	9	14	12	7	8	9	6	7	0	91	115	
619	Number of complaints	103	85	81	88	83	86	100	82	74	94	107	59	94	80	867	1033	
620	Number of complaints not responded to within 25 Days	56	52	54	37	46	37	50	52	46	41	55	46	41	51	451	557	

Best Quality of Care - Access

Directorate: Trust (1000)

Report Executed: 20/02/2019 16:34:06

January 2019

	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
Key Targets																	
Key Targets domain score	1.82	1.74	1.79	1.91	1.97	1.88	1.74	1.94	1.85	1.76	1.76	1.97	1.71	2.50	1.84		
Access Management - RTT, CWT and Diagnostics																	
364 RTT Incomplete Performance	80.34%	81.03%	80.54%	80.57%	81.20%	80.85%	80.55%	80.57%	79.41%	79.12%	79.03%	77.95%	77.89%	92.00%	79.72%	79.90%	
365 RTT Incomplete Performance (Admitted)	55.39%	55.40%	53.58%	53.99%	54.61%	54.53%	54.11%	52.91%	52.57%	53.80%	55.84%	54.87%	54.70%	92.00%	54.19%	54.24%	
366 RTT Incomplete Performance (Non-Admitted)	87.37%	88.25%	88.14%	88.10%	88.57%	87.91%	87.68%	87.84%	86.61%	85.91%	85.43%	84.40%	84.26%	92.00%	86.69%	86.93%	
632 Patients waiting over 52 weeks (RTT)	148	198	249	305	331	408	448	457	450	404	332	249	262	0	3646	4093	
412 Cancer 2 weeks wait GP referral	92.69%	95.05%	94.48%	93.67%	95.29%	85.80%	85.91%	80.51%	76.00%	89.78%	90.00%	93.14%	91.20%	93.00%	87.75%	88.94%	
413 Cancer 2 weeks wait referral - Breast	92.59%	96.72%	97.92%	85.71%	92.42%	90.48%	91.11%	96.67%	100.00%	96.00%	97.60%	100.00%	73.33%	93.00%	92.48%	93.78%	
414 Cancer 31 Day first definitive treatment	92.83%	90.91%	94.76%	96.06%	99.63%	98.74%	97.92%	98.36%	95.39%	97.90%	96.60%	98.67%	95.77%	96.00%	97.73%	96.83%	
415 Cancer 31 day second or subsequent treatment - Drug	98.11%	100.00%	93.88%	97.30%	100.00%	100.00%	94.74%	100.00%	100.00%	100.00%	95.50%	100.00%	84.62%	98.00%	98.17%	97.69%	
416 Cancer 31 day second or subsequent treatment - Other	92.31%	96.55%	96.67%	96.15%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	94.00%	100.00%	99.29%	
417 Cancer 31 day second or subsequent treatment - Surgery	95.56%	100.00%	96.00%	87.76%	91.43%	90.91%	90.24%	94.87%	100.00%	75.00%	100.00%	100.00%	100.00%	94.00%	92.80%	93.98%	
418 Cancer 62 day referral to treatment - Consultant Upgrade	93.94%	90.00%	88.46%	91.67%	97.44%	91.67%	87.88%	93.33%	96.15%	100.00%	81.60%	85.06%	88.54%	90.00%	90.86%	90.66%	
419 Cancer 62 day referral to treatment - GP	85.80%	76.70%	88.40%	86.92%	83.65%	83.60%	75.38%	76.34%	71.00%	77.40%	79.00%	85.70%	66.51%	85.00%	78.71%	79.43%	
420 Cancer 62 day referral to treatment - Screening Service	83.10%	75.00%	88.30%	94.34%	92.65%	84.91%	83.58%	85.90%	87.80%	84.80%	92.60%	90.80%	87.50%	90.00%	88.10%	86.95%	
536 Diagnostic Waiting Times Performance > 6 Wks	1.75%	1.94%	2.48%	3.70%	3.44%	4.02%	5.52%	5.81%	7.13%	8.61%	11.06%	14.81%	12.70%	1.00%	7.72%	6.83%	
RTT Data Quality																	
634 Number of unoutcomed RTT appointments	1513	1494	1723	1275	1381	1447	1493	1513	1646	1270	1715	1497	1511	1591	14748	17965	
482 Planned Waiting List past or without Admit by date	102	76	80	96	118	124	167	110	113	168	219	255	451	65	1821	1977	
Access Management - Emergency Flow																	
409 A&E Patients left before seen rate	5.4%	6.5%	6.2%	5.2%	5.9%	5.8%	6.8%	5.1%	6.0%	5.9%	5.9%	6.7%	7.3%	5.0%	6.1%	6.1%	
408 A&E Re-attendance rate	4.2%	3.7%	3.9%	3.7%	4.3%	4.1%	4.3%	4.1%	4.3%	4.1%	4.1%	4.0%	3.9%	5.0%	4.1%	4.0%	
407 A&E DTAs reaching bed within 60 minutes	16.02%	16.88%	16.37%	23.16%	35.62%	44.43%	34.58%	38.64%	30.99%	27.90%	21.61%	22.28%	18.41%	80.00%	28.82%	26.72%	
458 A&E 4 hour performance (Type 1)	70.42%	64.45%	61.80%	70.61%	72.89%	76.93%	70.80%	73.99%	68.32%	71.04%	65.48%	61.76%	59.92%		69.14%	68.16%	
459 A&E 4 hour performance (monthly SITREP)	79.00%	73.57%	71.15%	77.86%	79.83%	82.73%	77.99%	80.54%	76.29%	78.10%	73.84%	71.67%	69.62%	95.00%	76.79%	76.07%	
1397 A&E 4 hour performance (Acute Trust Footprint)	84.96%	82.40%	80.66%	85.33%	86.52%	88.50%	85.25%	86.80%	84.10%	85.05%	82.33%	80.65%	79.11%	95.00%	84.35%	83.88%	
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	4698	4214	4674	4540	4894	4863	4912	4756	4742	5027	4925	5294	5345	4801	49298	58186	
859 A&E Conversion Rate	25.6%	27.1%	25.9%	27.0%	26.9%	27.5%	26.6%	28.2%	28.5%	28.4%	28.0%	29.6%	28.3%	21.1%	27.9%	27.7%	
770 Urgent Care Centre / ED Activity	47.2%	46.7%	47.2%	48.9%	50.2%	48.6%	48.0%	47.0%	46.9%	46.3%	47.0%	48.3%	49.3%	50.0%	48.1%	47.9%	
Patient Flow																	
399 Weekend Discharges	19.9%	20.8%	21.0%	22.2%	20.2%	22.0%	19.5%	19.1%	25.1%	18.2%	18.4%	25.3%	20.0%	21.7%	21.0%	21.0%	
404 Discharges before 1pm	20.9%	20.4%	21.0%	19.3%	19.5%	19.1%	18.8%	18.9%	18.1%	18.1%	18.1%	18.6%	19.8%	19.8%	18.8%	19.1%	
747 Bed Occupancy	90.6%	91.9%	92.3%	92.9%	91.0%	87.9%	88.3%	86.0%	90.0%	92.3%	93.0%	89.9%	92.1%	91.4%	90.3%	90.6%	
1357 Number of Stranded Patients (LOS 7+ Days)	628	639	662	643	600	597	552	346	224	204	247	257	254	574	3924	5225	
1358 Number of Super Stranded Patients (LOS 21+ Days)	905	919	933	920	851	837	793	593	470	438	484	504	481	898	6371	8223	

January 2019

		Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
800	Delayed Transfer of Care Days (per calendar day)	8.7	11.4	15.8	8.3	8.2	7.0	12.9	13.5	9.0	9.4	10.0	6.6		0.0	9.5	10.2	
762	Ambulance Delays > 30 Minutes	498	303	331	199	204	153	168	127	139	155	251	493		0			
763	Ambulance Delays > 60 Minutes	270	182	186	45	18	4	37	69	65	72	129	222		0			
772	12 Hour DTAs	9	10	26	24	16	21	13	29	20	10	14	19	7	0			

Operational Activity

	Operational Activity domain score	2.83	2.58	2.83	1.83	2.33	2.25	2.33	2.33	2.08	2.33	2.42	1.92	2.00	2.50	2.34		
	Contract Monitoring (Operational Activity)																	
401	Elective Inpatient Spells	10587	9644	10121	9591	10513	10112	9999	9465	9158	10667	10340	8474			88319	108084	
403	Non-Elective Inpatient Spells	1686	1489	1598	1548	1717	1670	1720	1698	1729	1819	1596	1694			15191	18278	
1183	Emergency Inpatient Spells	4700	4228	4755	4537	4896	4919	4895	4733	4803	5007	4965	5300			44055	53038	
424	Elective Excess Beddays	413	533	537	595	512	412	521	340	317	494	659	1448			5298	6368	
425	Non-Elective Excess Beddays	162	369	268	230	609	183	347	41	440	245	99	196			2390	3027	
1197	Emergency Excess Beddays	1955	1663	1772	1908	1803	2036	1856	962	2015	1502	1251	1069			14402	17837	
431	First Outpatient Attendances	26049	22577	24289	23446	25232	24901	25270	22982	22977	27160	26712	20349			219029	265895	
430	Follow Up Outpatient Attendances	81183	71080	75791	75047	80165	74739	78887	74199	72076	81604	79979	63319			680015	826886	
461	A&E Attendances	19765	17584	17587	17171	18559	18056	18531	17070	17596	18221	18217	18109			161530	196701	
464	Procedure coded outpatient attendances	16.2%	17.3%	15.8%	17.5%	17.9%	19.7%	18.9%	19.5%	20.0%	19.2%	19.4%	19.4%			19.0%	18.6%	
	Operational Strategic																	
622	First to Follow up ratios - consultant led	2.5	2.5	2.5	2.6	2.5	2.5	2.6	2.7	2.6	2.6	2.6	2.7	2.8	2.4	2.6	2.6	
860	Ethnic Coding	95.15%	95.15%	95.24%	95.20%	95.36%	95.33%	95.32%	95.41%	95.34%	95.54%	95.36%	95.42%	95.19%	90.00%	95.35%	95.32%	



Excellent Teaching & Research

Directorate: Trust (1000)

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

January 2019

	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																	

January 2019

	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	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	2.33	2.33	2.00	2.33	2.33	2.33	2.33	2.50	2.15		
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	38	38	51	30	46	45	43	46	42	78	120	82	92	1	624	713	
712 Response rate to National Staff Survey														50.00%			
708 GMC Red Flags																	
Staff Training & CPD																	
715 % appraisals up to date - Combined	66.37%	65.53%	66.87%	45.09%	50.99%	63.19%	79.19%	87.57%	86.14%	89.41%	88.71%	88.64%	89.46%	90.00%			
869 % appraisals up to date - Medical Staff																	
876 % appraisals up to date - Non- Medical Staff																	
721 Statutory & Mandatory Training	82.82%	82.19%	82.27%	83.73%	83.39%	83.48%	85.17%	81.20%	78.62%	81.77%	81.79%	81.96%	82.35%	90.00%			
722 % Medical Staff who have completed local induction																	
Staffing Levels																	
Staffing Levels domain score	2.44	2.33	2.33	2.78	2.56	2.44	2.22	2.67	2.44	2.44	2.44	2.44	2.67	2.50	2.48		
Staffing Capacity																	
729 Establishment FTE	12539.51	12538.70	12539.70	12674.01	12674.01	12674.01	12774.53	12829.06	12882.96	12882.75	12921.95	12975.56	13005.89	12550.83			
877 Headcount	12235	12338	12339	12395	12396	12428	12438	12455	12561	12579	12601	12505	12546	11991			
730 In-Post FTE - Total FTE at month end	11319.26	11391.19	11383.46	11435.63	11444.62	11424.31	11551.48	11515.38	11610.66	11634.48	11638.67	11563.97	11608.05	11081.75			
872 Leavers headcount	150	169	169	173	140	137	468	176	282	241	150	193	183	194	2143	2481	
873 Starters Headcount	261	231	157	253	138	164	189	396	378	286	173	88	247	246	2312	2700	
875 Voluntary Turnover %	13.6%	13.5%	13.2%	13.4%	13.6%	13.6%	13.7%	13.8%	13.8%	13.9%	14.0%	14.2%	14.4%	10.0%			
732 Vacancy Rate %	9.73%	9.15%	9.22%	9.77%	9.70%	9.86%	9.57%	10.24%	9.88%	9.69%	9.93%	10.88%	10.75%	8.00%			
874 Vacancy Rate FTE	1220.25	1147.51	1156.24	1238.38	1229.39	1249.70	1223.05	1313.68	1272.30	1248.27	1283.28	1411.59	1397.84	1469.08			
Efficiency																	
743 Monthly Sickness Rate	3.72%	3.46%	3.19%	3.00%	2.89%	3.27%	3.36%	3.56%	3.50%	3.65%	3.77%	3.78%	3.91%	3.00%			
740 Number of Red Shifts - Doctors (Awaiting Data Source)																	
741 Number of Red Shifts - Nursing																	

January 2019

	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
Transformation																	
Transformation domain score	1.85	1.65	1.96	2.15	2.23	2.27	2.12	2.27	2.08	2.08	2.19	1.92	2.08	2.50	2.07		
Outpatient Productivity																	
354 Cancellations less than 6 weeks	11148	11350	11334	10332	11863	11735	12712	10585	11671	13352	13082	10437	11714	10202	117483	140167	
355 Outpatient Discharge Rate	23.6%	23.4%	23.2%	23.7%	23.9%	24.2%	23.6%	23.4%	23.7%	23.9%	23.2%	23.2%	22.4%	23.5%	23.5%	23.5%	
356 Outpatient Hospital Cancellations	10833	10056	10429	9930	11263	11134	12200	11313	11875	13074	12557	10742	13161	8736	117249	137734	
406 New to Follow Up Ratio - all	2.4	2.4	2.4	2.5	2.4	2.4	2.5	2.6	2.5	2.4	2.4	2.5	2.6	2.3	2.5	2.5	
659 Number of uncashed appointments	1225	1330	1125	1049	1610	1730	2063	2379	2070	1627	1737	1507	1439	915	17211	19666	
795 Clinic Utilisation (Attendances vs Slots)	63.7%	63.0%	61.8%	64.8%	66.5%	65.7%	63.8%	62.6%	63.5%	60.4%	60.9%	57.0%	59.2%	63.7%	62.2%	62.2%	
Theatre Productivity																	
367 On time Starts % - Main Theatres	31.2%	25.0%	28.6%	32.1%	32.8%	31.7%	29.8%	29.4%	32.5%	24.4%	30.2%	33.4%	35.3%	30.6%	31.1%	30.4%	
368 On Time Starts % - Day Surgery Unit	31.1%	31.9%	30.4%	30.1%	31.3%	34.4%	29.8%	33.3%	32.2%	24.4%	28.0%	26.8%	31.4%	32.2%	30.2%	30.4%	
370 Average Turnaround Time - Day Surgery Unit	9.0	8.3	7.5	7.4	10.6	11.6	10.0	6.9	9.0	7.5	13.5	11.3	8.2	8.8	95.9	111.7	
369 Average Turnaround Time - Main Theatres	30.0	29.2	28.4	33.3	28.8	27.1	40.0	28.5	28.3	35.1	28.4	29.2	29.9	27.7	308.5	366.0	
372 % Early Finishes >45 Minutes - Day Surgery Unit	34.0%	32.3%	31.9%	31.3%	28.7%	32.2%	30.4%	36.9%	29.0%	30.0%	27.1%	29.1%	30.7%	31.3%	30.6%	30.8%	
371 % Early finishes > 45 mins - Main Theatres	35.1%	37.0%	29.4%	28.8%	33.3%	38.2%	36.2%	32.6%	30.1%	26.9%	30.1%	32.8%	34.3%	33.2%	32.3%	32.4%	
373 Theatre Utilisation - Day Surgery Unit	73.4%	69.8%	72.4%	74.4%	77.0%	75.7%	76.7%	74.8%	74.7%	76.5%	75.9%	76.0%	75.9%	80.0%	75.8%	75.0%	
374 Theatre Utilisation - Main Theatres	73.5%	76.1%	77.2%	76.1%	83.1%	77.7%	79.4%	80.9%	78.9%	81.5%	81.3%	78.8%	78.2%	80.0%	79.6%	79.1%	
375 Average Cases per four hour list	2.0	2.0	2.1	2.1	2.2	2.1	2.2	2.2	2.1	2.1	2.1	2.0	2.1	2.0	2.1	2.1	
397 Total Cases - Day Surgery Unit	2155	1928	2006	1887	2114	2114	2131	2063	1922	2232	2165	1605	2166	2027	20399	24333	
396 Total Cases - Main Theatres	1206	1090	1155	1128	1146	1201	1164	1114	1120	1335	1302	1067	1194	1190	11771	14016	
631 Average time in Recovery to leave	150.1	151.7	145.1	152.9	151.1	150.4	152.2	154.2	157.9	151.2	150.5	143.0	160.7	0.0	0.0	0.0	
797 On-The-Day Cancellations - Hospital	225	187	180	190	171	161	161	147	168	221	210	148	225	195	1802	2169	
798 On-The-Day Cancellations - Patient	131	144	135	141	148	134	164	148	128	162	147	111	135	135	1418	1697	
Kings Way for Wards																	
438 Discharges Before 11am excluding obstetrics	7.3%	7.5%	8.8%	7.5%	7.7%	6.9%	7.6%	7.7%	6.6%	7.0%	7.7%	7.3%	7.4%	7.5%	7.3%	7.5%	
441 Inlier bed days	684.2	705.4	711.5	711.9	695.0	684.6	681.2	671.2	697.2	681.9	696.0	671.8	679.5	693.6	686.9	690.4	
Emergency & Acute Care																	
790 Direct AMU Discharges	513	454	494	533	573	593	629	621	624	651	680	651	596	568	6151	7099	
791 % Discharges before 11am - AMU	4.2%	5.3%	5.9%	6.4%	5.1%	3.4%	4.4%	4.2%	4.7%	4.2%	7.6%	4.0%	5.6%	5.2%	5.0%	5.1%	
792 Median LOS on AMU	1.6	1.7	1.6	1.7	1.2	1.1	1.2	1.2	1.4	1.3	1.3	1.4	1.4	1.3	13.1	16.4	
793 Number of AMU Stays >72hrs	326	332	362	320	268	224	289	255	304	290	284	284	329	295	2847	3541	

January 2019

	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
Operational Strategic																	
Operational Strategic domain score	2.25	2.25	2.08	2.67	2.67	2.33	2.50	2.33	2.25	2.50	2.42	2.00	2.00	2.50	2.33		
Productivity & Efficiency																	
801 Day Case Rate	78.7%	77.5%	76.7%	76.7%	78.1%	76.3%	76.0%	76.1%	75.5%	76.8%	75.2%	73.8%	75.3%	76.6%	76.0%	76.2%	
345 Outpatient DNA Rate	12.3%	11.7%	12.7%	11.6%	11.4%	11.1%	11.5%	11.4%	11.5%	11.5%	11.2%	11.5%	11.2%	11.9%	11.4%	11.5%	
622 First to Follow up ratios - consultant led	2.5	2.5	2.5	2.6	2.5	2.5	2.6	2.7	2.6	2.6	2.6	2.7	2.8	2.4	2.6	2.6	
426 Average Length of Stay - Elective ALoS	4.0	4.1	4.3	3.9	4.2	3.2	3.7	4.2	4.1	4.1	4.0	4.5	3.5	4.1	3.9	4.0	
428 Average Length of Stay - Non - Elective ALoS	6.6	7.0	6.9	6.5	6.5	6.2	6.2	6.3	6.0	6.2	6.2	5.9	6.0	6.6	6.2	6.3	
429 Zero Length of Stay - Emergency	800	644	649	744	773	837	865	800	830	796	840	1080	1150	813	8715	10008	
521 Theatre Utilisation - Overall	73.5%	73.8%	75.4%	75.5%	80.8%	77.0%	78.4%	78.6%	77.4%	79.7%	79.4%	77.9%	77.3%	80.0%	78.2%	77.6%	
Demand & Capacity																	
350 % Unoutcomed Appointments	7.5%	7.2%	7.4%	7.2%	7.3%	7.1%	7.2%	7.5%	7.2%	7.1%	6.9%	7.9%	8.3%	7.3%	7.4%	7.4%	
352 Outpatients waiting more than 12 weeks	13463	11930	11963	10990	12164	13262	12388	12016	12810	14827	14273	10350	14571	11873	127651	151544	
376 Referrals to Consultant led services	34938	31658	34089	32350	36313	33967	34020	32889	31319	36357	34053	27508	31796	32372	330572	396319	
405 First Outpatient Attendances - Consultant Led	24196	20980	22457	21901	23880	23038	22932	20851	20832	24433	24072	17944	22103	23082	221986	265423	
537 Decision To Admit	8824	8041	8418	8133	8867	8524	8249	7648	7939	8996	8853	6899	8039	8386	82147	98606	

BIU		Firm Foundations - Finance												King's College Hospital NHS Foundation Trust		Report Executed: 20/02/2019 16:36:23		
Business Intelligence Unit		Directorate: Trust (1000)												January 2019				
		Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
Overall (000s)																		
895	Actual - Overall	15,803	11,800	22,201	18,434	15,417	13,147	16,855	17,541	19,804	16,420	20,761	27,140	11,916	10,297	140,215	198,348	
896	Budget - Overall	2,771	3,907	12,087	17,545	15,182	11,295	15,430	12,547	12,347	9,074	10,315	16,751	10,297		130,783	122,603	
897	Variance - Overall	(11,012)	(9,923)	(14,200)	(880)	(255)	747	(1,425)	(4,994)	(7,458)	(7,352)	(10,439)	(10,189)	11,615	0	(11,512)	(75,745)	
Income (000s)																		
Income (000s) domain score		1.43	1.96	2.18	1.44	2.00	1.67	1.40	2.20	2.20	1.20	1.20	2.20	1.80	2.50	3.78		
Education & Training Income																		
582	Actual - Education & Training Income	(3,778)	(1,029)												(3,731)		(4,029)	
583	Budget - Education & Training Income	(3,817)	(1,817)	(3,817)	(3,670)	(3,670)	(3,670)	(3,731)	(3,731)	(3,731)	(3,731)	(3,731)	(3,731)	(3,731)		(37,123)	(44,758)	
581	Variance - Education & Training Income	(59)	212	(35)	76	(275)	241	(63)	36	7	(2)	(225)	6	44	0	(218)	(40)	
Fines and Penalties																		
1097	Actual - Fines and Penalties	261	257	(3,318)													(2,961)	
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	(261)	(257)	3,318											0		2,961	
NHS Clinical Contract Income																		
1107	Actual - NHS Clinical Contract Income	(65,852)	(65,124)	(76,145)	(63,997)	(70,568)	(70,568)	(71,458)	(69,531)	(67,009)	(72,578)	(69,104)	(64,858)	(69,632)	(72,353)	(690,401)	(831,671)	
1108	Budget - NHS Clinical Contract Income	(72,950)	(71,380)	(79,986)	(67,436)	(69,251)	(68,844)	(73,928)	(70,932)	(70,993)	(73,053)	(71,763)	(66,714)	(72,353)		(705,266)	(856,633)	
1109	Variance - NHS Clinical Contract Income	(7,099)	(6,256)	(13,841)	(1,439)	(1,911)	911	(2,468)	(1,401)	(1,984)	(474)	(2,659)	(1,257)	(2,721)	0	(14,865)	(24,962)	
Other NHS Clinical Income																		
1110	Actual - Other NHS Clinical Income	(414)	(638)	(245)	(184)	(374)	(134)									(1,002)	(1,795)	
1111	Budget - Other NHS Clinical Income	(422)	(422)	(422)	(395)	(395)	(395)									(1,184)	(2,029)	
1112	Variance - Other NHS Clinical Income	(8)	284	(177)	(111)	(220)	(61)								0	(82)	(234)	
Other Operating Income																		
585	Actual - Other Operating Income	(3,676)	(4,012)	1,507	(2,875)	(1,261)	(1,301)	(4,330)	(5,511)	(3,501)	(4,170)	(4,380)	(5,110)	(1,912)	(4,418)	(40,620)	(43,045)	
586	Budget - Other Operating Income	(4,129)	(4,320)	(7,138)	(2,990)	(2,990)	(3,482)	(3,232)	(3,214)	(7,978)	(4,318)	(4,528)	(4,200)	(4,418)		(41,345)	(52,833)	
584	Variance - Other Operating Income	(653)	(130)	(8,705)	(115)	75	(280)	(1,127)	(3,424)	(4,480)	(146)	(147)	910	(506)	0	(725)	(9,788)	
Overseas Visitor Income																		
1113	Actual - Overseas Visitor Income	34	(471)	104	(487)	(104)	(205)									(796)	(1,163)	
1114	Budget - Overseas Visitor Income	(681)	(681)	(681)	(547)	(547)	(547)									(1,642)	(3,003)	
1115	Variance - Overseas Visitor Income	(714)	(210)	(785)	(60)	(444)	(342)								0	(848)	(1,840)	
Pass Through Devices - Income																		
1116	Actual - Pass Through Devices - Income	(14,609)	(14,011)	(18,071)	(7,589)	(9,011)	(16,721)	(11,222)	(1,401)	(14,497)	(6,611)	(1,500)	(14,898)	(1,300)	(1,627)	(15,410)	(10,340)	
1117	Budget - Pass Through Devices - Income	(1,504)	(1,504)	(1,504)	(1,479)	(1,551)	(1,536)	(1,592)	(1,570)	(1,587)	(1,657)	(1,609)	(1,405)	(1,627)		(15,615)	(18,623)	
1118	Variance - Pass Through Devices - Income	(13,105)	(12,507)	(16,567)	(6,110)	(7,460)	(15,185)	(9,630)	(2,971)	(12,910)	(5,054)	(3,091)	(13,493)	(2,927)	0	(1,205)	(8,283)	
Pass Through Drugs - Income																		
1119	Actual - Pass Through Drugs - Income	(9,561)	(8,694)	(10,656)	(9,894)	(8,011)	(10,222)									(28,149)	(47,499)	
1120	Budget - Pass Through Drugs - Income	(10,139)	(10,139)	(10,139)	(10,360)	(10,842)	(10,733)									(31,935)	(52,213)	
1121	Variance - Pass Through Drugs - Income	(578)	(1,445)	511	(466)	(2,830)	(1,511)								0	(3,364)	(4,714)	
Private Patient Income																		
1122	Actual - Private Patient Income	(1,520)	(1,617)	(1,929)													(3,546)	
1123	Budget - Private Patient Income	(1,675)	(1,662)	(1,651)												0	(3,313)	
1124	Variance - Private Patient Income	(155)	(65)	272											0		233	
R&I Income																		
1125	Actual - R&I Income	(1,174)	(1,441)	(2,376)	(1,185)	(1,641)	(936)	(954)	(1,419)	(1,458)	(751)	875	(794)	(1,421)	(1,216)	(9,716)	(13,536)	
1126	Budget - R&I Income	(1,306)	(1,306)	(1,306)	(1,307)	(1,307)	(1,307)	(1,342)	(1,316)	(1,316)	(1,216)	(1,216)	(1,216)	(1,216)		(12,759)	(15,372)	
1127	Variance - R&I Income	(132)	(135)	(1,070)	(122)	366	(370)	(388)	107	147	(465)	(2,091)	(422)	206	0	(3,043)	(1,835)	
RTA Income																		
1128	Actual - RTA Income	65	(631)	(449)	(102)	(146)	(251)									(901)	(1,980)	
1129	Budget - RTA Income	(334)	(334)	(334)	(305)	(305)	(305)									(915)	(1,582)	
1130	Variance - RTA Income	(399)	(299)	(111)	(9)	41	(54)								0	(14)	398	
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		2.38	2.08	2.46	2.15	2.38	2.11	1.96	3.06	3.00	2.67	3.06	3.00	2.67	2.50	2.58		
Interest Payable																		
1134	Actual - Interest payable	3,480	2,200	3,127	1,280	1,600	4,136	1,410	3,322	3,494	1,771	3,214	3,108	3,607	3,515	(35,072)	40,398	
1135	Budget - Interest payable	2,892	2,892	2,892	3,676	3,676	3,676	3,410	3,572	3,596	3,610	3,616	3,519	3,515		(35,885)	41,668	
1136	Variance - Interest payable	(592)	(692)	(235)	(139)	76	(440)	240	(250)	(104)	(140)	(402)	(407)	(72)	0	(813)	(1,270)	
Interest Receivable																		
1137	Actual - Interest receivable	(71)	(80)	(76)	(42)	(191)	(64)	(17)	(146)	(86)	(197)	(197)	(197)	(197)	(42)	(192)	(627)	
1138	Budget - Interest receivable	(10)	(10)	(10)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)		(10)	(418)	
1139	Variance - Interest receivable	(61)	(70)	(66)	0	(149)	(22)	(25)	(104)	(44)	(155)	(155)	(155)	(155)	0	(182)	(209)	
Profit/Loss on Disposal of Fixed Assets																		
1140	Actual - Profit/Loss on Disposal of Fixed Assets	55	0	(174)	0	62	21	21	21	21	21	21	21	21	21	208	34	
1141	Budget - Profit/Loss on Disposal of Fixed Assets	21	21	(479)	21	21	21	21	21	21	21	21	21	21	21	208	(250)	
1142	Variance - Profit/Loss on Disposal of Fixed Assets	(34)	21	(305)	21	21	(42)	0	0	0	0	0	0	0	0	0	(284)	
Public Dividend Capital																		
1143	Actual - Public Dividend Capital	(2,671)	81	(916)	0	0	0	0	0	0	0	0	0	0	0	0	(833)	
1144	Budget - Public Dividend Capital	339	339	339												0	678	
1145	Variance - Public Dividend Capital	(3,010)	(258)	(1,255)	0	0	0	0	0	0	0	0	0	0	0	0	(1,511)	
Depreciation																		
1049	Actual - Depreciation	2,909	1,900	1,919	2,008	2,308										4,914	7,864	
1050	Budget - Depreciation	1,779	1,779	1,779												3,559		
1052	Variance - Depreciation	2,130	(190)	200	(2,008)	(2,308)									0	(4,310)	(4,305)	
Impairment																		
1055	Actual - Impairment	1,000	1,000	(6,381)	2,186	2,186										4,921	(1,012)	
1056	Budget - Impairment	1,000	1,000	1,000												2,000		
1059	Variance - Impairment	0	0	(7,381)	(2,186)	(2,186)									0	(4,971)	(3,012)	
Miscellaneous Nonpay - Financing																		
1063	Actual - Miscellaneous Nonpay - Financing	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	

January 2021																		
	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	6-YTD Actual	Rolling 12month	Trend	
1065 Budget - Miscellaneous Nonpay - Financing	0	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	0		
Non-Pay (000s)																		
Non-Pay (000s) domain score																		
Clinical Supplies	2.06	2.00	1.92	1.83	1.94	2.17	1.94	1.42	1.61	2.11	1.83	1.28	1.72	2.50	1.83			
554 Actual - Clinical Supplies	7,279	7,644	(43,158)	3,008	2,514	3,398	8,912	3,343	7,238	2,803	2,344	2,488	3,724	2,071	27,606	(7,855)		
555 Budget - Clinical Supplies	8,525	8,588	(64,558)	1,648	3,648	1,648	2,148	3,336	4,052	2,407	2,008	1,949	2,091		22,204	(13,766)		
556 Variance - Clinical Supplies	754	1,137	(15,401)	740	1,131	1,400	(804)	101	(814)	(453)	(236)	(139)	(1,207)	0	(6,648)	(5,911)		
Consulancy																		
1068 Actual - Consulancy	813	836	1,190	861	1,082	1,127	1,311	1,730	1,838	1,716	1,968	1,878	1,690	488	15,281	17,307		
1070 Budget - Consulancy	378	491	488	419	419	419	2,615	565	477	2,221	494	488	488		8,603	9,581		
1072 Variance - Consulancy	(435)	(344)	(702)	(442)	(663)	(708)	(1,299)	(1,165)	(1,361)	(425)	(1475)	(1,390)	(1,202)	0	(6,678)	(27,216)		
Drugs																		
548 Actual - Drugs	6,029	6,048	9,066	8,236	2,076	2,626	2,304	2,224	2,432	2,533	2,208	2,449	2,703	2,019	22,558	29,237		
552 Budget - Drugs	3,366	3,366	3,366	3,782	2,786	2,797	78	2,063	2,117	2,114	2,086	2,046	2,019		20,890	27,821		
553 Variance - Drugs	(1,243)	341	411	454	739	1,551	(6,228)	(221)	314	(421)	(121)	(603)	(683)	0	(1,568)	(1,616)		
Non-Clinical Supplies																		
1074 Actual - Non-Clinical Supplies	1,041	4,636	305	4,773	4,882	5,452	5,140	4,906	4,826	4,749	7,382	5,525	5,983	4,921	15,449	58,489		
1076 Budget - Non-Clinical Supplies	5,188	4,607	(202)	4,572	4,572	4,572	4,592	4,583	4,636	5,194	7,233	4,921	4,921		49,795	53,500		
1079 Variance - Non-Clinical Supplies	144	269	(197)	(201)	(280)	(679)	(448)	(125)	146	(444)	(148)	(604)	(962)	0	(1,702)	(4,989)		
Other Non-Pay																		
1083 Actual - Other Non-Pay	5,496	5,234	23,621	2,406	2,106	1,106	1,936	2,106	2,602	2,106	846	2,541	3,001	1,889	31,606	47,500		
1084 Budget - Other Non-Pay	2,614	2,614	(822)	1,859	1,859	1,870	1,859	1,829	1,934	1,797	2,062	1,893	1,893		18,551	30,943		
1087 Variance - Other Non-Pay	2,882	2,619	(24,243)	(540)	(553)	(3,964)	(777)	(680)	(672)	(1,339)	(1,216)	(600)	(1,124)	0	(2,620)	(26,558)		
Pass Through Drugs - Expenditure																		
1146 Actual - Pass Through Drugs - Expenditure	17,506	17,507	5,214	10,086	7,946	9,106	16,472	8,101	10,021	16,331	9,178	12,222	13,772	10,856	91,266	107,416		
1147 Budget - Pass Through Drugs - Expenditure	8,761	8,761	8,761	9,207	9,207	9,207	15,418	10,821	10,780	10,886	10,876	10,886	10,886		108,123	125,645		
1148 Variance - Pass Through Drugs - Expenditure	1,165	1,164	586	(879)	1,341	1,799	1,044	2,127	1,798	1,249	1,498	1,644	1,644	0	16,538	18,229		
Purchase of Healthcare from Non NHS Providers																		
567 Actual - Purchase of Healthcare from Non NHS Providers	4,149	4,746	16,992	3,172	9,278	9,726	14,104	10,727	17,871	13,628	8,723	14,096	11,426		110,837	181,574		
573 Budget - Purchase of Healthcare from Non NHS Providers	3,851	3,851	68,122	8,254	8,254	8,254	17,029	10,369	15,716	11,761	7,236	12,042	11,673		112,426	198,199		
574 Variance - Purchase of Healthcare from Non NHS Providers	(297)	(895)	2,139	(937)	(1,026)	(10,428)	(2,899)	(347)	3,664	1,917	(1,407)	(10,564)	2,497	0	(1,349)	2,824		
Services from other NHS Bodies																		
576 Actual - Services from other NHS Bodies	4,637	4,648	1,707	4,971	5,361	5,120	2,244	3,711	3,867	3,101	4,308	5,916	5,872	5,177	62,796	62,149		
577 Budget - Services from other NHS Bodies	4,565	4,593	3,159	4,703	4,696	4,696	6,501	5,355	4,802	5,356	5,469	5,182	5,177		52,038	59,789		
578 Variance - Services from other NHS Bodies	(74)	(45)	(848)	(268)	(667)	(624)	(125)	(117)	(605)	(254)	501	(735)	(191)	0	(757)	(1,360)		
Miscellaneous Nonpay																		
1149 Actual - Miscellaneous Nonpay - Nonpay	5,118	8,149	(7,981)	1,005	8,911	9,645	9,212	10,340	9,146	9,692	10,434	9,560	10,778	8,773	75,297	80,458		
1150 Budget - Miscellaneous Nonpay - Nonpay	4,736	4,617	(129)	11,109	11,109	10,417	5,122	8,740	7,992	8,858	9,802	7,266	8,773		86,189	90,678		
1151 Variance - Miscellaneous Nonpay - Nonpay	(582)	(1,522)	2,839	(2,004)	(2,194)	(772)	(4,110)	(1,598)	(1,154)	(9,855)	(852)	(12,540)	5,582	0	(10,893)	10,220		
Nonpay - Unallocated CIP (000s)																		
Nonpay - Unallocated CIP (000s) domain score																		
Unallocated CIP - Nonpay	1.67	1.67	1.67	1.39	1.19	1.67	1.39	1.67	1.67	1.67	1.67	1.67	1.67	2.50	1.97			
1152 Actual - Unallocated CIP - Nonpay	0	0	0	0	0	0	0	0	0	0	0	0	0	(3,150)	0	0		
1153 Budget - Unallocated CIP - Nonpay	(908)	(930)	(3,488)	0	0	(692)	1,497	(2,458)	(2,868)	(2,968)	(2,754)	(3,280)	(1,150)		(16,673)	(21,097)		
1154 Variance - Unallocated CIP - Nonpay	(908)	(930)	(4,488)	0	0	(692)	1,497	(2,458)	(2,868)	(2,968)	(2,754)	(1,280)	(1,150)	0	(16,673)	(21,097)		
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	0		
1156 Budget - Miscellaneous Nonpay - Unallocated CIP	0	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																		
Admin & Clerical - Agency	1.75	2.00	1.63	2.00	2.00	2.00	2.20	2.00	2.00	2.20	2.00	2.00	2.00	2.50	1.95			
593 Actual - Admin & Clerical - Agency	151	89	381	152	227	217	202	104	229	161	153	430	84	32	1,969	2,429		
594 Budget - Admin & Clerical - Agency	142	60	60	73	73	73	41	(102)	32	32	32	32	32		316	436		
592 Variance - Admin & Clerical - Agency	(9)	29	(221)	79	(154)	(164)	(161)	200	(197)	129	(121)	(198)	152	0	(1,643)	(1,999)		
Admin & Clerical Bank																		
1158 Actual - Admin & Clerical Bank	103	267	426	273	402	401	261	142	157	166	206	191	294	61	8,645	8,645		
1159 Budget - Admin & Clerical Bank	72	72	302	61	61	61	61	61	61	61	61	61	61		611	1,064		
1160 Variance - Admin & Clerical Bank	(297)	(196)	(116)	(121)	(141)	(142)	(100)	(209)	(96)	(95)	(145)	(130)	(231)	0	(2,248)	(2,461)		
Admin & Clerical Substantive																		
1161 Actual - Admin & Clerical Substantive	7,551	7,316	7,648	7,714	7,761	7,311	7,006	8,315	7,581	7,711	7,864	7,990	8,512	9,001	76,868	91,892		
1162 Budget - Admin & Clerical Substantive	7,525	7,509	7,027	8,566	8,571	8,599	8,884	9,127	10,020	8,782	8,671	9,123	9,001		89,343	103,879		
1163 Variance - Admin & Clerical Substantive	(26)	155	(641)	(852)	785	1,248	(878)	772	1,499	1,064	907	1,131	2,468	0	12,475	11,587		
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	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																		
Medical - Agency	1.86	1.86	1.97	1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	2.50	1.84			
600 Actual - Medical - Agency	1,922	1,195	1,129	1,176	1,025	918	947	1,288	771	697	1,316	898	765	100	9,646	11,950		
601 Budget - Medical - Agency	538	538	143	143	100	100	14	100	14	100	100	100	100		998	2,074		
602 Variance - Medical - Agency	(1,385)	(657)	(991)	(1,031)	(912)	(818)	(948)	(1,070)	(671)	(597)	(1,216)	(198)	(665)	0	(6,628)	(8,876)		
Medical Bank																		
1054 Actual - Medical Bank	103	107	107	107	107	107	107	107	107	107	107	107	107	4	4,198	4,837		
1077 Budget - Medical Bank	107	107	107	107	107	107	107	107	107	107	107	107	107		4,198	4,837		
1055 Variance - Medical Bank	(288)	(248)	(222)	(191)	(187)	(190)	(483)	(159)	(165)	(460)	(289)	(604)	(531)	0	(4,666)	20,860		
Medical Substantive																		
597 Actual - Medical Substantive	16,907	17,065	17,489	17,746	16,942	16,821	17,666	17,493	17,234	17,396	17,764	17,764	17,645	18,510	173,336	207,801		

BIU		Firm Foundations - Finance												King's College Hospital		NHS Foundation Trust		Report Executed: 20/02/2019 16:36:23	
Business Intelligence Unit		Directorate: Trust (1000)																	
		Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	F-YTD Actual	Rolling 12mth	Trend	
598	Budget - Medical Substantive	17,206	17,201	17,272	17,743	17,743	17,743	18,239	18,009	18,089	18,278	18,315	18,386	18,406		180,951	215,424		
599	Variance - Medical Substantive	249	196	(216)	719	77	861	1,417	521	346	1,041	446	624	742	0	7,645	7,564		
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		
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	828	654	831	746	482	312	455	387	383	297	223	259	276	136	3,836	5,315		
608	Budget - Nursing Agency	275	378	378	136	136	136	22	240	136	136	136	136	136		1,346	2,102		
603	Variance - Nursing Agency	(553)	(276)	(452)	(610)	(346)	(176)	(433)	(145)	(258)	(162)	(89)	(124)	(140)	0	(2,485)	(3,213)		
Nursing Bank																			
1066	Actual - Nursing Bank	3,427	3,248	3,750	3,168	3,154	2,582	2,191	2,142	2,073	2,010	2,032	2,399	2,110	97	23,846	30,507		
1088	Budget - Nursing Bank	524	524	524	91	91	91	91	141	100	97	97	97	97		970	2,018		
1104	Variance - Nursing Bank	(2,903)	(2,724)	(3,266)	(3,076)	(3,063)	(2,491)	(2,099)	(2,070)	(1,932)	(1,909)	(1,913)	(2,302)	(2,088)	0	(22,889)	(28,888)		
Nursing Substantive																			
604	Actual - Nursing Substantive	10,754	16,349	19,766	19,855	20,054	20,069	20,563	22,647	20,422	20,908	20,861	21,091	21,038	23,269	208,034	247,149		
605	Budget - Nursing Substantive	21,887	21,956	21,907	22,394	22,398	22,386	22,483	23,305	24,489	22,955	23,026	23,140	23,269		229,846	273,708		
606	Variance - Nursing Substantive	2,131	2,607	2,141	2,599	2,344	2,317	1,816	638	5,068	2,046	2,166	2,049	2,231	0	(21,812)	26,559		
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		
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	927	472	474	463	314	286	460	506	420	422	544	532	430	35	4,935	5,321		
1092	Budget - Other Agency Staff	143	143	143	36	36	36	32	35	35	35	35	35	35		350	637		
1106	Variance - Other Agency Staff	(784)	(320)	(131)	(427)	(278)	(250)	(426)	(472)	(185)	(387)	(509)	(406)	(995)	0	(4,025)	(4,684)		
Other Bank Staff																			
1172	Actual - Other Bank Staff	242	220	342	348	289	217	179	40	97	156	79	105	175	11	1,907	2,130		
1173	Budget - Other Bank Staff	25	35	35	11	11	11	11	11	11	11	11	11	11		106	177		
1171	Variance - Other Bank Staff	(207)	(185)	(307)	(158)	(279)	(227)	(168)	(70)	(67)	(146)	(69)	(165)	(164)	0	(1,461)	(1,954)		
Other Substantive Staff																			
1051	Actual - Other Substantive Staff	6,216	6,279	6,164	6,048	6,272	6,371	6,398	6,317	6,371	6,350	6,314	6,371	6,312	7,465	63,546	75,992		
1053	Budget - Other Substantive Staff	6,592	6,592	6,503	6,965	6,966	6,966	7,076	7,400	7,579	7,237	7,339	7,247	7,465		72,240	85,335		
1057	Variance - Other Substantive Staff	376	312	339	316	694	715	878	661	1,206	888	1,035	874	1,154	0	8,692	9,343		
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		
Pay - Unallocated CIP (000s)																			
Pay - Unallocated CIP (000s) domain score		1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	2.50	1.67			
Unallocated CIP - Pay																			
1067	Actual - Unallocated CIP - Pay	0	0	0	0												0		
1069	Budget - Unallocated CIP - Pay	(366)	(366)	(431)													(830)		
1071	Variance - Unallocated CIP - Pay	(366)	(366)	(431)													(830)		
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		
SLR Recharges (000s)																			
SLR Recharges (000s) domain score		2.37	2.43	2.37	2.43	2.43	1.86	2.37	2.43	2.43	2.14	2.14	2.00	2.34	2.50	2.35			
SLR Recharges																			
1164	Actual - SLR Recharges	(25,509)	(23,810)	(25,372)	0	0	(75,763)	(25,202)	(26,367)	(27,358)	(15,504)	(15,410)	(27,077)	(18,303)	(27,908)	(17,763,94)	(127,776)		
1086	Budget - SLR Recharges	(24,140)	(24,140)	(24,140)	(26,882)	(26,882)	(26,882)	(27,910)	(27,139)	(27,565)	(28,769)	(29,373)	(27,908)			(277,210)	(325,501)		
1081	Variance - SLR Recharges	1,369	(130)	1,237	(26,882)	(26,882)	(52,862)	1,462	(172)	(209)	744	1,056	(831)	395	0	1,364	2,275		
SLR Recharges - Fixed																			
1090	Actual - SLR Recharges - Fixed	945	945	945	0	0	3,549	1,181	1,181	1,181	1,181	1,181	1,181	1,181	1,181	11,811	13,720		
1091	Budget - SLR Recharges - Fixed	945	945	945	1,181	1,181	1,181	1,181	1,181	1,181	1,181	1,181	1,181	1,181		11,811	13,721		
1089	Variance - SLR Recharges - Fixed				1,181	1,181	(2,666)					0	0	0	0				
SLR Recharges - Variable																			
1094	Actual - SLR Recharges - Variable	24,586	26,985	24,424	0	0	6,211	28,209	26,974	26,178	26,221	29,247	26,894	26,930	26,725	266,173	314,065		
1093	Budget - SLR Recharges - Variable	21,201	21,201	21,201	25,699	25,699	6,211	28,209	24,727	26,974	26,832	27,577	28,118	26,725		266,173	311,781		
1095	Variance - SLR Recharges - Variable	(3,385)	3,386	(3,227)	(25,699)	(25,699)	(6,000)	(1,442)	3,752	3,396	(648)	(1,056)	3,675	(205)	0	(11,346)	(2,285)		
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		

January 2019

	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
Operational Activity																	
Operational Activity domain score	2.83	2.58	2.83	1.83	2.33	2.25	2.33	2.33	2.08	2.33	2.42	1.92	2.00	2.50	2.34		
Contract Monitoring (Operational Activity)																	
401 Elective Inpatient Spells	10587	9644	10121	9591	10513	10112	9999	9465	9158	10667	10340	8474			88319	108084	
403 Non-Elective Inpatient Spells	1686	1489	1598	1548	1717	1670	1720	1698	1729	1819	1596	1694			15191	18278	
1183 Emergency Inpatient Spells	4700	4228	4755	4537	4896	4919	4895	4733	4803	5007	4965	5300			44055	53038	
424 Elective Excess Beddays	413	533	537	595	512	412	521	340	317	494	659	1448			5298	6368	
425 Non-Elective Excess Beddays	162	369	268	230	609	183	347	41	440	245	99	196			2390	3027	
1197 Emergency Excess Beddays	1955	1663	1772	1908	1803	2036	1856	962	2015	1502	1251	1069			14402	17837	
431 First Outpatient Attendances	26049	22577	24289	23446	25232	24901	25270	22982	22977	27160	26712	20349			219029	265895	
430 Follow Up Outpatient Attendances	81183	71080	75791	75047	80165	74739	78887	74199	72076	81604	79979	63319			680015	826886	
461 A&E Attendances	19765	17584	17587	17171	18559	18056	18531	17070	17596	18221	18217	18109			161530	196701	
464 Procedure coded outpatient attendances	16.2%	17.3%	15.8%	17.5%	17.9%	19.7%	18.9%	19.5%	20.0%	19.2%	19.4%	19.4%			19.0%	18.6%	
Operational Strategic																	
622 First to Follow up ratios - consultant led	2.5	2.5	2.5	2.6	2.5	2.5	2.6	2.7	2.6	2.6	2.6	2.7	2.8	2.4	2.6	2.6	
860 Ethnic Coding	95.15%	95.15%	95.24%	95.20%	95.36%	95.33%	95.32%	95.41%	95.34%	95.54%	95.36%	95.42%	95.19%	90.00%	95.35%	95.32%	



Best Quality of Care – Safety, Effectiveness,

Directorate: Trust (1000)

King's College Hospital NHS Foundation Trust

Report Executed:

20/02/2019 16:59:10

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 SHMI 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).
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 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).
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 Metiliclin 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 Metiliclin 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 48hours 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 48hours 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 visually clean and taped
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 (SNMI) 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 (SNMI) 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 - Sepsis (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 reported moderate/severe/death 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 one-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 overrun. More urgent case. Unable to staff.
846	Number of Deteriorating Patient Incidents resulting in moderate harm, major harm or death per 1000 bed days
862	Percentage of TOPS patients offered HIV testing
863	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

3.1



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 CONSULTANTS 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 bedday 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 of 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 - created recorded in the month, sourced from Datix
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.
876	Note: Voluntary turnover is determined by the reasons of leaving recorded on ESR. Voluntary turnover excludes "death in service", "Dismissal", "End of fixed-term contract" and "Redundancy" (Compulsory).
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 UAS (DOWNL) booked & 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

3.1

Report To:	Board of Directors
Date of Meeting:	6th March 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

Outcomes

Mortality continues to be better than expected against key indicators. KCH is in the top quartile for Hospital Standardised Mortality Ratio (HSMR). However the Summary Hospital level Mortality Indicator (SHMI) although remains lower than national expected range has increased slightly at the PRUH site and this is under review by the outcomes team to determine the exact cause and if could be avoidable. Early indication suggests this could be linked to Sepsis.

KCH is the 3rd best trust nationally for risk-adjusted readmissions. We are 91.3 and our peer average is 99.6 (the lower the better).

Our overall Stroke service rating through the Sentinel Stroke National Audit Programme (SSNAP) is A for Denmark Hill and B for PRUH sites. This is a good rating.

Acute myocardial ischaemia: KCH performs better than, or similar to, national average for all key indicators including the proportion of patients seen by Cardiology and admitted to a Cardiac unit/ward, and the proportion of patients who receive secondary preventative medication. Performance has improved since the last round of the audit.

Safety and risk

Falls year to date is 4.4 per 1000 bed days which is well below national average of 6.6 per 1000 bed days.

Incident reporting remains high across the trust with 83% of those reported causing no harm which is a good indicator of an open culture

1 Never Event incident reported which was a retained swab, the patient did not come to any serious harm.

The revised NEWS2 monitoring and escalation (early warning score) tool is on target for roll out by April 19. This will further enhance the identification of deteriorating patients and continue to enable the findings to be escalated to prevent harm.

Top organisational risks remain as

- Referral to treatment waiting times
- 4 hour access target – patient flow
- Backlog maintenance for estates – infrastructure
- Financial deficit

3. Skilled, Motivated, “Can Do” Teams**Equality Diversity and Inclusion**

During February the Disability Staff Network (King's able) held its launch event. The event was supported by several external organisations such as Department for Work and Pensions, Caretrade, Disability Rights UK and Genius Within. The event was attended by 60 staff and covered a range of topics from autism, Access to Work and neurodiversity. Following the event there have been several positive comments about the event.

Recruitment

The Trust vacancy rate was 10.75% in January 2019. This was a very slight increase on the previous month (December – 10.88%) but reflective of an establishment growth of 30 FTE. The Trust vacancy rate has remained around 9.5% to 10.8% during the financial year set against an establishment growth of 467. The vacancy rate within Operations was at 9.53%, against an 8% target. The Nursing & Midwifery vacancy rate remained low at 6.88% in January 2019. The key areas of recruitment focus are for AHP's, which had a 16.47% vacancy factor in January 2019 (albeit down from 17.33% in December) and Admin & Clerical with a 13.96% vacancy factor over the same period (albeit down from 15.21% in December). The vacancy for Band 5 Nurses remains locally and nationally low at 5.93%.

4. Research and Innovation

The R&I Strategy has been finalised and a formal launch, including a showcase of research being undertaken at the Trust, is scheduled for the 11th April 2019.

King's College Hospital are currently the 4th highest recruiting Trust in the UK to NIHR portfolio studies– this is the highest position the Trust has ever achieved with a total of

16,100 patients recruited since April 1st 2018. The areas with the highest recruitment are Fetal medicine and HIV research.

The Trust underwent a 2 day scheduled regulatory inspection (MHRA) of the KCH Research Labs on 31st January and 1st February 2019. The initial report and feedback were good with no critical findings and only one major finding related to protocol compliance. The final report will be sent to R&I within 5 weeks of the inspection and we will then have 5 weeks to produce a CAPA (Corrective Action And Preventative Action Plan) to address the major finding and the nine minor findings that were highlighted.

A joint initiative with the Clinical Research Network – “greenshoots” aimed at growing the next generation of clinical researchers has resulted in eight medics receiving funding for one PA of ring fenced time to develop their research careers, apply for grants or NIHR fellowships and to be able to develop research protocols in their areas of clinical expertise. The Network have funded half the time with R&I funding the other half. KCH received the maximum funding award from the CRN for this initiative.

Ann –Marie Murtagh has been appointed as the R&I Director (Delivery)/ Head of Nursing for Research and will take up this post in April 2019. She has been providing R&I oversight for the last 10 months on a part time secondment from GSTFT.

5. Compelling Communications

The Trust announced three appointments in February. Sir Hugh Taylor was announced as the new interim Chairman of the Trust, in collaboration with NHS Improvement and Guy's and St Thomas' NHS Foundation Trust. Additionally, the Trust announced the appointment of Dr Clive Kay as permanent Chief Executive and Professor Nicola Ranger who will join the Trust in April and July respectively.

Press, Media Relations & Social Media

The Trust continued to field spokespeople to the media regarding crime and intervention. Dr Emer Sutherland (Clinical Director, Emergency Medicine) was interviewed on BBC Radio 4's Today programme and by LBC's Matt Frei regarding the Trust's collaboration with charity Redthread to tackle youth violence; and Mr Duncan Bew (Clinical Director, Major Trauma) was interviewed by The Guardian regarding knife crime and knife-related injury.

The Trust also worked with Redthread to manage a visit to Denmark Hill by the Home Secretary, Rt Hon Sajid Javid for an exclusive for BBC Radio 1's Newsbeat. The Secretary of State spoke to King's staff and Redthread youth workers about the work the partnership is doing. The Trust is also expecting follow up coverage in Southwark News and South London Press.

The Trust social media campaign for February 14 asked the public why they #LoveKings. The campaign reached 14,564 people, received 419 likes and generated 86 comments.

Internal Communications and Engagement

The Trust's monthly staff magazine, The Pulse@King's covered a range of stories including flu vaccinators (The Trust is one of the top five improved trusts in terms of flu vaccination) as well as an a feature interview on equality, diversity and inclusion and the relaunch of the King's Hospital charity rebrand.

IC and Engagement also supported the launch of King's Able, the Trust's new disability network and campaigns continued to support the impending inspection by the Care Quality Commission and flu vaccination.

Stakeholder Engagement

The Trust's magazine for Members included coverage of the Trust's new Thamesmead dialysis unit opened by Teresa Pearce MP, artificial intelligence in radiology and the PRUH iMobile service.

The Trust also hosted visits by MPs Helen Hayes (Dulwich and West Norwood, Labour) and James Brokenshire (Old Bexley and Sidcup, Conservative). As well as meeting with Trust executives the MPs visited Radiology and Paediatric Intensive Care and Elective Orthopaedics respectively.

6. Patient Experience, Engagement and Volunteering

Patient Experience

Care Quality Commission – 2018 National Maternity Survey Results

250 women who had their babies at Denmark Hill or the Princess Royal responded to the 2018 CQC National Maternity Survey. The survey asks women about their experience of through their pregnancy, about labour and birth and the care that they received after they had their baby.

King's was rated Amber, the same as expected, for all sections of the survey with an overall patient experience score of 8.3 / 10.

There was good improvement in:

- Antenatal care, for women being spoken to in a way that they could understand and being involved in decisions about their care and
- Reducing delays to discharge on the day women left hospital

However, the service was 'Red' rated (worse than expected) for midwives providing relevant information during pregnancy about feeding your baby

King's remains amongst the top London hospitals for women's experience of maternity care.

An action plan is in place and the teams are working to improve areas where women feedback less positively.

Patient Engagement

Quality priorities: Over 40 members, governors and volunteers participated in a workshop to develop ideas for our quality priorities 2019-20. The feedback was used to inform the design of our quality priorities for next year and which include improving services for mental health, outpatients, cancer and a new priority to improve information and communication about discharge which our stakeholders highlighted as an issue for quality improvement.

Royal Brompton and Harefield and King's Health Partners engagement (RBH-KHP): Over 65 King's patients attended a workshop/completed a survey to share their initial views on the proposals for heart and lung services to be delivered by the RBH-KHP partnership. A report is being compiled in February and will form part of the proposal submission to NHS England.

Quality reviews: Patients and members have started to participate in weekly quality reviews as part of teams including clinical and other staff on inpatient wards across our sites. Their role is to provide a patient/public perspective on the quality of care and the environment and to talk to other patients during the review.

Volunteering

King's has become the second NHS Trust to be given Duke of Edinburgh Approved Activity Provider status. This means that young people over the age of 16 can put their King's volunteering hours towards their Silver or Gold DofE award.

Three years ago, we started to offer Dementia Friends training to all our volunteers – to date 824 volunteers have become Dementia Friends.

Report to: Board of Directors
Period covered: Nov 2018 to Feb 2019
Subject: Chair's and Non-Executive Directors' Activity Report
Presented by: Sir Hugh Taylor, Trust Chair
Status: For Information

1. Background/ Purpose

This report details the activities undertaken by the Non-Executive Directors of the Board for the period from November 2018 to February 2019

2. Action required

The Board is asked to note the contents of this report.

a) Ian Smith – Previous Interim Trust Chairman

Date	Activity
05/11/2018	Meeting Re: Neurosurgery GIRFT
06/11/2018	BAME Conference Speaker Manoj Badale
08/11/2018	Board of Directors (Public & Private) Chair and NEDs meeting
12/11/2018	Nye Bevan media simulation design conversation
20/11/2018	Board Development Day
21/11/2018	Mental Health Board
21/11/2018	Audit Committee
04/12/2018	Finance and Performance Committee
07/12/2018	High Intensity User Project Meeting
18/12/2018	Finance and Performance Committee
19/12/2019	Brea
20/12/2018	Dutch healthcare system visit
08/01/2019	Trauma and Emergency
08/01/2019	Take Forward the Bromley Urgent Care Integrated System
10/01/2019	Board of Directors (Private)
15/01/2019	St George's Visit to Kings
17/01/2019	Brainstorming NHS board talent
29/01/2019	Finance and Performance Committee
29/01/2019	Quality Assurance & Research Committee
01/02/2019	King's Commercial Ventures Committee
04/02/2019	Whistleblowing
05/02/2019	Stakeholder Partners and One Bromley
06/02/2019	Board of Directors (Public & Private) Chair and NEDs meeting
21/02/2019	Well Led CQC Interview

b) Faith Boardman – Non-Executive Director, Chair of Education Workforce and Development Committee, Lead for Organisational Development

Date	Activity
04/12/2018	Finance and Performance Committee
20/11/2018	Board Development Day
05/12/2018	Board of Directors (Public & Private) Chair and NEDs meeting
11/12/2018	Audit Committee
18/12/2018	Finance and Performance Committee
18/12/2018	Freedom to Speak Up Guardian Committee
06/12/2018	Council of Governors (Public)
10/01/2019	NHSI meeting
22/01/2019	Audit Committee
28/01/2019	Sigurd Reinton (Governance Review)
29/01/2019	Sick Leave: Finance & Performance Committee Quality Assurance & Research Committee Education and Workforce Development Committee
06/02/2019	Board of Directors (Public & Private) Go & See Visits
20/02/2019	CQC Meeting
26/02/2019	Finance & Performance Committee Freedom to Speak Up Committee Quality Assurance & Research Committee

c) Jon Cohen – Non-Executive Director, Lead for Improving Quality of Patient Care

Date	Activity
05/11/2018	Board to Board run through session
05/11/2018	Pre-planning Children's Delivery Board meeting
06/11/2018	Board to Board meeting
15/11/2018	Kings Stars Awards
20/11/2018	Board Development Day
26/11/2018	Children's Delivery Board
27/11/2018	Quality Assurance & Research Committee
29/11/2018	Medical Directors and Nursing Leads Clinical Workstream meeting
30/11/2018	RBH/KHP Chairs' meeting
04/12/2018	KCH Neuroscience Board
05/12/2018	Board of Directors (Public & Private) Chair and NEDs meeting
06/12/2018	KHP/RBH Children's Workstream Next Steps meeting
10/12/2018	Children's Delivery Board
13/12/2018	RBH/KHP social evening
18/12/2018	Meeting with Jill Lockett re Progress of Institute Boards
18/12/2018	Chief Nursing Officer Interview Panel
15/01/2019	Pre-planning KCH Neuroscience Board meeting
18/01/2019	AAC Interview Panel
21/01/2019	Children's Delivery Board
25/01/2019	RBH/KCP Trust Board discussion
29/01/2019	Quality Assurance & Research Committee
29/01/2019	Education and Workforce Development Committee
14/02/2019	Pre-planning Children's Delivery Board meeting
18/02/2019	Children's Delivery Board
19/02/2019	RBH/KHP Chairs' meeting
20/02/2019	NEDs Well-led briefing and NED CQC focus group

d) Professor Ghulam Mufti – Non Executive Director, Chair of Quality Assurance and Research Committee, Lead of Trust Strategy (KHP)

Date	Activity
08/11/2018	Board of Directors (Public & Private) Chair and NEDs meeting
27/11/2018	Quality Assurance & Research Committee
20/11/2018	Board Development Day
10/01/2019	Board of Directors (Private)
29/01/2019	Quality Assurance & Research Committee
06/02/2019	Board of Directors (Public & Private) Chair and NEDs meeting

e) Alix Pryde – Non Executive Director, Chair of Audit Committee, Lead for Move to Operational Sustainability

Date	Activity
08/11/2018	Attended Public Board of Directors
20/11/2018	Attended Board Development Day
05/12/2018	Attended Diligent Training Attended Public Board of Directors Attended NEW Lunch Attended Private Board of Directors
07/12/2018	Call with Internal Auditors (KPMG)
11/12/2018	Chaired Audit Committee
10/01/2019	Attended Private Board of Directors (by telephone)
22/01/2019	Chaired Audit Committee
25/01/2019	Attended Private Board of Directors Attended Remuneration Committee Met with Sigurd Reinton
31/01/2019	Met with CFO
06/02/2019	Attended Public Board of Directors Met with Chair designate and NEDs CQC Inspection interview Attended Private Board of Directors
13/02/2019	Met with Internal Auditors (KPMG) Met with Sigurd Reinton
14/02/2019	Call with Sigurd Reinton

f) Sue Slipman – Non Executive Director, Deputy Trust Chair, Chair of Private Board Strategy Focus, Lead for Trust Strategy

Date	Activity
08/11/2018	Board of Directors (Public & Private) Chair and NEDs meeting
20/11/2018	Board Development Day
04/12/2018	Finance and Performance Committee
05/12/2018	Board of Directors (Public & Private)
10/12/2018	Chaired the Consultant Appointment Panel
12/12/2018	Haematology Institute Programme Board
18/12/2018	Finance and Performance Committee
18/12/2018	Freedom to Speak Up Guardian Committee
06/01/2019	Catch up with the Trust Chair
10/01/2019	Board of Directors (Private)
23/01/2019	Haematology Institute Programme Board

25/01/2019	Board of Directors (Private) REMCO KCH Strategy
29/01/2019	Finance and Performance Committee
01/02/2019	Chaired the Commercial Ventures Committee
02/02/2019	Discussion NHSI
04/02/2019	KCH meetings with Chair, Chief Executive, Company Sec
05/02/2019	Spoke at KCH Consultants Network Group
06/02/2019	Board of Directors (Public & Private)
06/02/2019	Meetings with Governors and NEDs
06/02/2019	Report to GSTT Cancer Board on behalf of Haematology Institute
07/02/2019	KHP Haematology Institute meeting with Commissioners
07/02/2019	Meeting with CEO/ Head Haematology and Dean of Medical School St George's
12/02/2019	Meeting with Kate Barlow and John Hadden
18/02/2019	Meeting Mark Turner NHSI
20/02/2019	NEDs forum with Care Quality Commission on Well Led Review
20/02/2019	Chaired the Haematology Institute Programme Board

g) Chris Stooke – Non Executive Director, Chair Finance and Performance Committee, Lead for Delivering Financial Plans

Date	Activity
02/11/2018	Board to Board preparation meeting
05/11/2018	Board to Board preparation
06/11/2018	Board to Board meeting with NHSI
08/11/2018	Board of Directors (Public & Private) Chair and NEDs meeting
15/11/2018	KCHC interviews
20/11/2018	Board Development Day
04/12/2018	Finance and Performance Committee
05/12/2018	Board of Directors (Public & Private)
06/12/2018	KCHC Board
11/12/2018	Audit Committee
18/12/2018	Finance and Performance Committee
10/01/2019	Board of Directors (Private)
22/01/2019	Audit Committee
29/01/2019	Finance and Performance Committee
31/01/2019	CQC Meeting: End of Life Care
06/02/2019	Board of Directors (Public & Private)
20/02/2019	CQC Board to Board
22/02/2019	End of Life Care Meeting
26/02/2019	Finance and Performance Committee

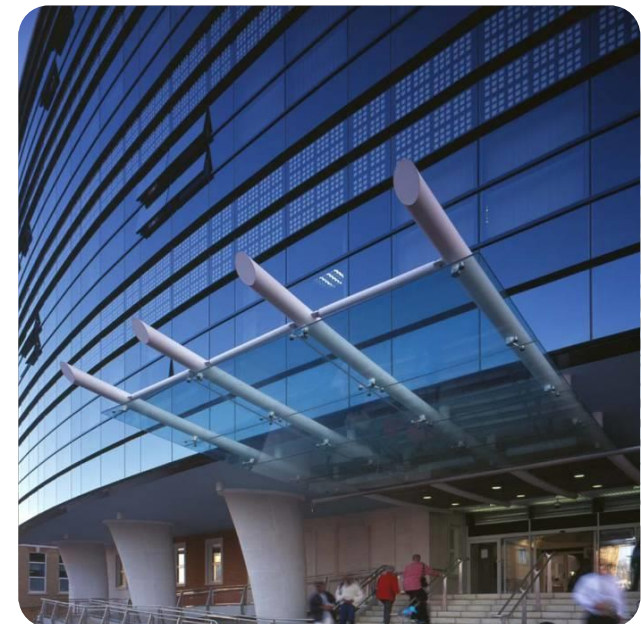
h) Professor Richard Trembath – Non Executive Director – Board Member

Date	Activity
08/11/2018	Board of Directors (Private) Chair and NEDs meeting
20/11/2018	Board Development Day
05/12/2018	Board of Directors (Private)
25/01/2019	Board of Directors (Private)
06/02/2019	Board of Directors (Public & Private)
20/02/2019	CQC Well-led Briefing with NEDs

Monthly Safer Staffing Report for Nursing and Midwifery January 2019

Trust Board March 2019

Dr Shelley Dolan
Chief Nurse /Acting Deputy Chief Executive



KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

Background

From June 2014 it is a national requirement for all hospitals to publish information about staffing levels on wards, including the percentage of shifts meeting their agreed staffing levels. This initiative is part of the NHS response to the Francis Report which called for greater openness and transparency in the health service.

During 2013 NHS England produced guidance to support NHS Trusts in ensuring safe staffing requirements: How to ensure the right people, with the right skills are in the right place at the right time - A guide to nursing, midwifery and care staffing capacity and capability. This has been supported further by the recent guidance Developing workforce safeguards: Supporting providers to deliver high quality care through safe and effective staffing (NHSi, October 2018). This guidance contains new recommendations to support Trusts in making informed, safe and sustainable workforce decisions, and identifies examples of best practice within the NHS.

Introduction

The international evidence demonstrates that the six critical issues for safe staffing, 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.

This report provides evidence to the Board on the Nursing, Midwifery and care staff levels across the Trust for **January 2019**. This report includes high level data and information relating to nurse/midwifery staffing levels, CHPPD, bank and agency spend, starters versus leavers and vacancies. In addition, information is provided regarding retention, an update for the transfer scheme and the e-roster performance meetings.

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, 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 **January 2019**.

	% Fill Rates - Day & Night				Care Hours Per Patient Day		
	Avg Fill Rate RN/Midwives (Day) %	Avg Fill Rate RN/Midwives (Night) %	Avg Fill Rate Care Staff (Day) %	Avg Fill Rate Care Staff (Night) %	RN & Midwives	Care Staff	Total CHPPD
DH	97%	98%	106%	124%	7.5	2.5	10.1
PRUH & South	95%	98%	96%	104%	4.8	3.1	8.0

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. Critical care units provide 1:1 nursing to their patients, this in turn increases the overall CHPPD for Denmark Hill due to the amount of critical care beds that are provided on this site.

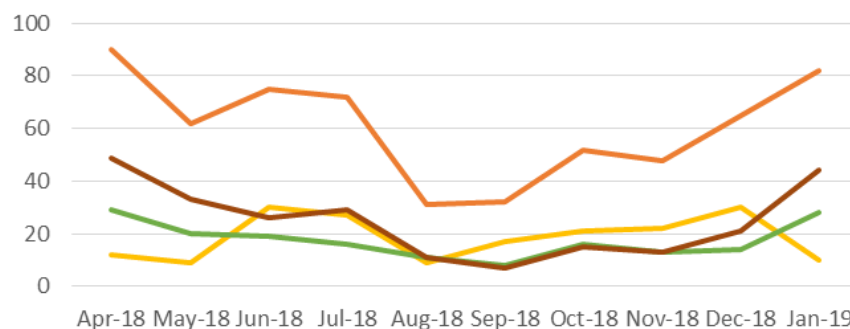
Currently CHPPD is gathered through a Business Intelligence Unit application, requiring manual input from the wards twice a day. It is evident that CHPPD gathered in this way is unreliable, this is under review and plans are in place to start using e-roster to extract this information, which will increase accuracy. To improve the reporting while waiting for this is put in place, BIU are providing an additional report which is allows monitoring of ward areas that are not completing the staffing position twice a day, so this can be completed retrospectively, thus producing a full data set.

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 January 2019 the total number of red shifts was 82 across the trust. 38 were recorded at the Denmark Hill Site and 44 at the Princess Royal University Hospital; 67% of these red shifts occurred on day shifts. The number of recorded red shifts have increased since October 2018, therefore the trend of red shifts will have increased monitoring from next month. The shift will be reviewed and if it is mitigated and reduced by support or interventions from the wider team, then the app will be updated to reflect this. This will ensure that only the shifts that have remained red for the full duration is reported and recorded on Datix.

Red shifts by month April 2018 onwards

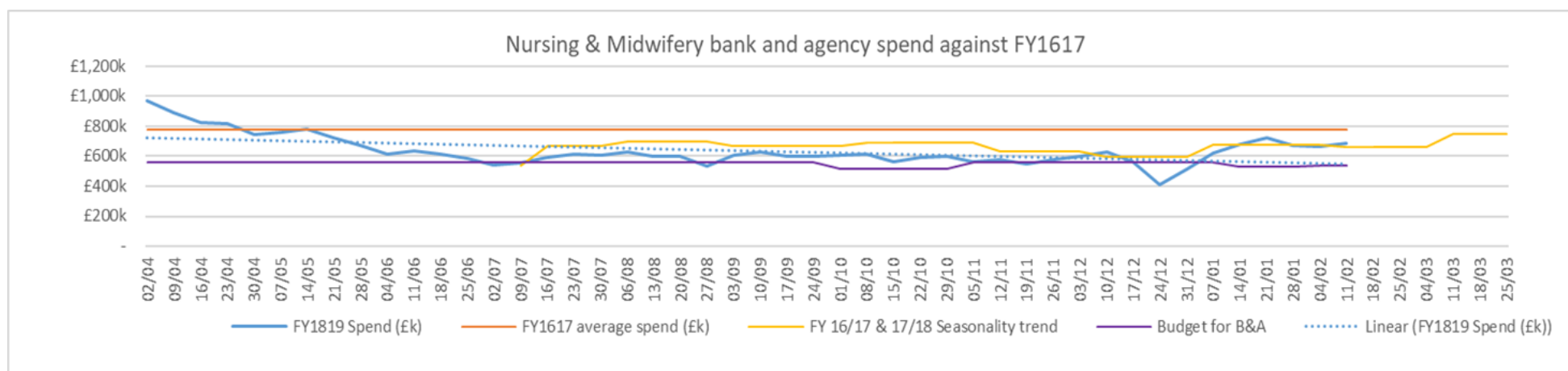


	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
total red shifts	90	62	75	72	31	32	52	48	65	82
NetWorked	12	9	30	27	9	17	21	22	30	10
UPAC	29	20	19	16	11	8	16	13	14	28
PRUH	49	33	26	29	11	7	15	13	21	44

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.

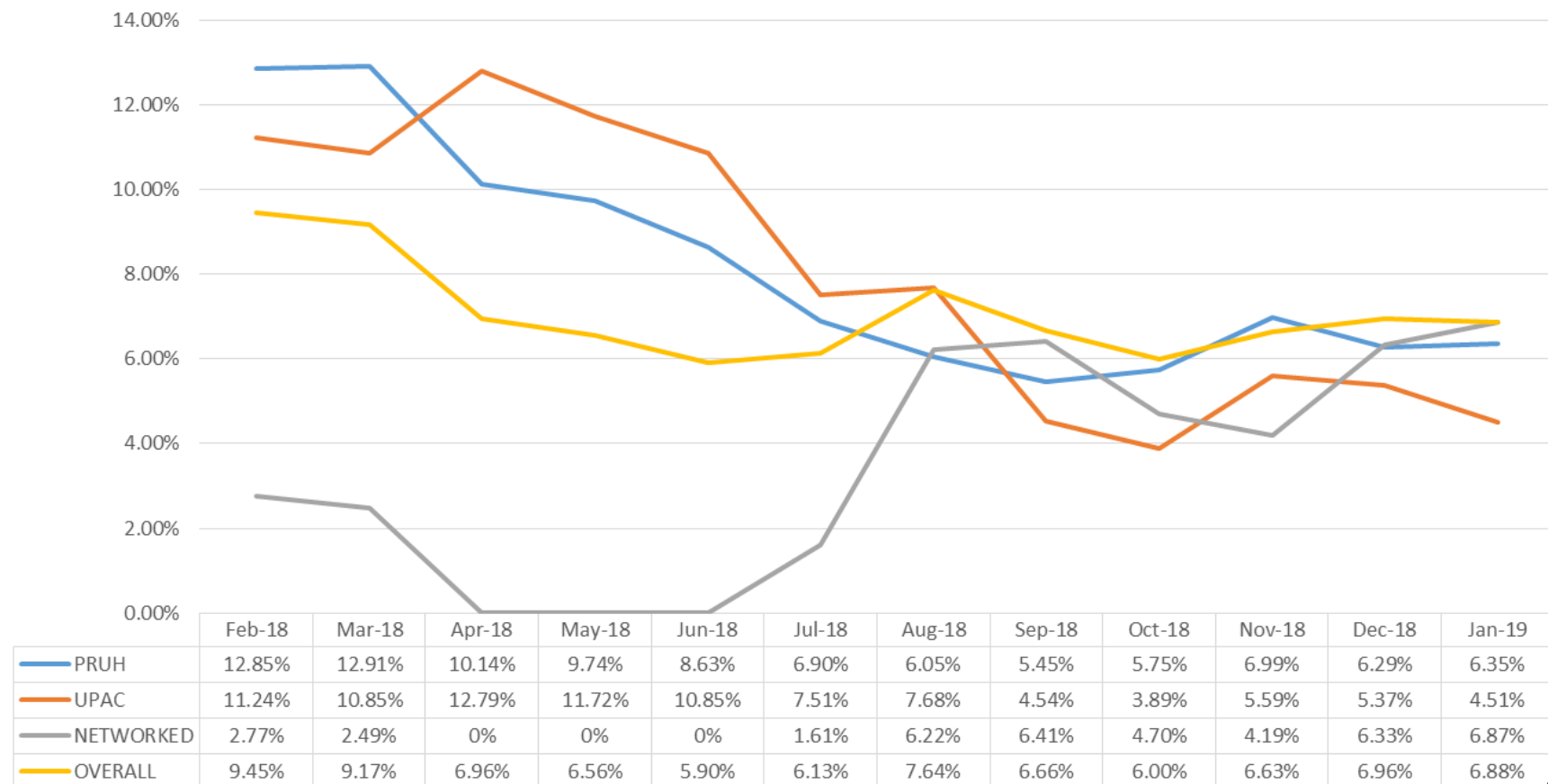
Bank and agency spend increased during January 2019; this is due to escalation, seasonal pressures including staff sickness and increased enhanced care requiring 1:1 or 2:1 staffing.



The graph below outlines the Trust vacancies for Nursing and Midwifery for the divisions and overall numbers for registered staff only.

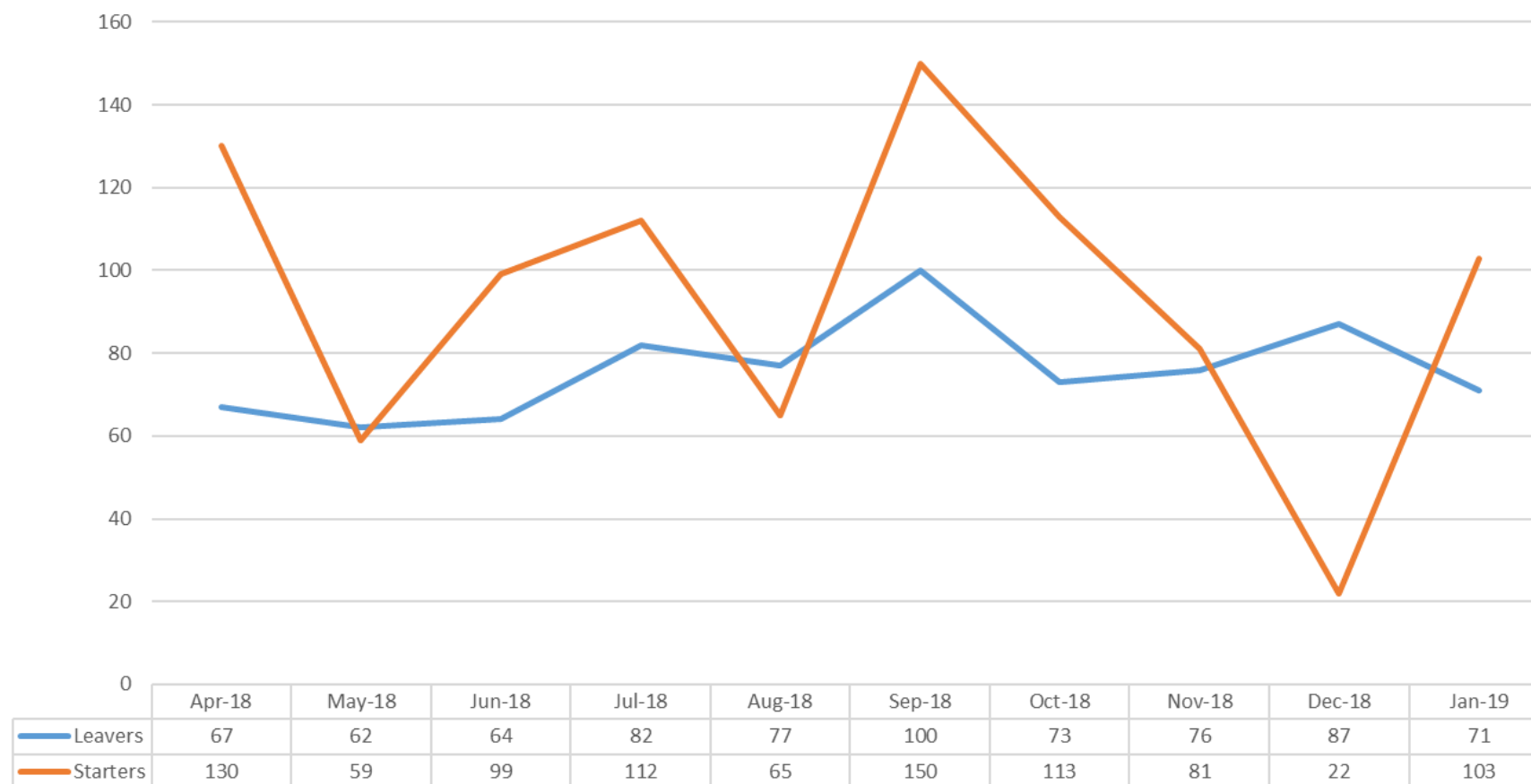
The overall current vacancy for January 2019 has decreased slightly to 6.88%. Since February 2018 the decrease of overall vacancies has been reduced by 2.57%.

Nurse and Midwifery Vacancies 2018-2019



The graph below outlines the Trust starters and leavers for all Nursing and Midwifery registered and un-registered staff. There were 30 International Educated Nurses included with the new starters during January 2019.

Registered Nursing and Midwifery Staff - Starters and Leavers from April 2018



‘Hotspot’ areas for nursing/midwifery staffing

The aggregate nursing and midwifery registered staff vacancy for January 2019 has decreased slightly this month to 6.88%. This has fluctuated in the last three months, but there is an overall 0.68% decrease since August 2018.

The nursing recruitment hotspots are outlined below. 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 vacancies.

DH: Theatres (11.98%), Children's (15.39%), Cardiovascular (12.59%), Cancer (19.35%)

PRUH: Acute and Emergency Care (26.27%), Paediatric Services (12.37%)

Please note: Acute and emergency care at Denmark Hill have reduced their vacancy to 6.50% during January 2019, this was previously 11.20% during December 2018.

- King's has been chosen by Capital Nurse to provide a focus group for experienced nurses. During March 2019 there will be a total of 9 focus groups at both Denmark Hill and the PRUH, inviting nurses aged 50+ to participate in discussions about what it is like to work within King's, and what could be put into place to retain them. This qualitative research will be presented by Capital Nurse to King's during May 2019.
- 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.
- The Transfer scheme for Nurses and Midwives across the Trust, opened for the month of January 2019, this was the first time to include B2's with B5's. There were a total of 10 Band 2's, and 19 B5's. The areas that have been requested have been contacted to ensure the applicants are suitable for the transfer, and if agreed they will start work during April 2019.

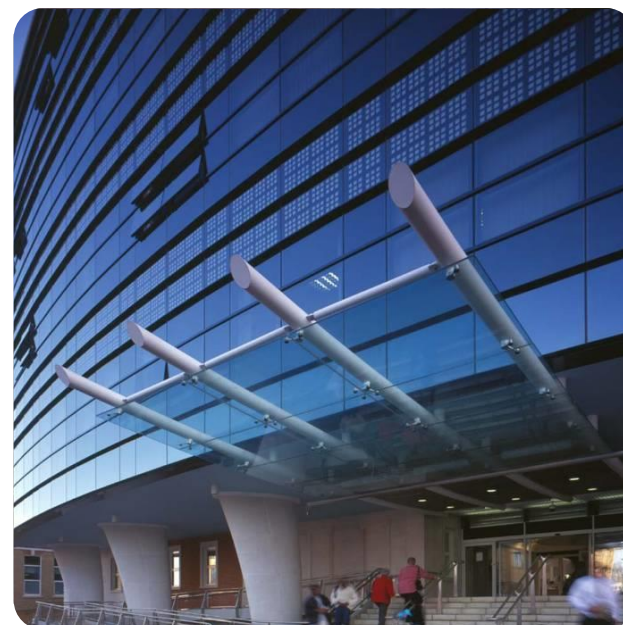
The Board of Directors are asked to note the information contained in this briefing: the use of the red flag system to highlight concerns raised and the continued focus on recruitment, retention and innovation to support effective workforce utilisation.

Month 10 Finance Report

Trust Public Board Meeting

Wednesday 6th March 2019

King's



KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

Contents

	Page
M10 Financial Position – Key Headlines	3
Summary of Year to Date Financial Position	4
Run Rate Report	5
18/19 CIP Scheme Development Dashboard	6
CIP Delivery – Overview	7
CIP Forward View – M10	8
Underlying Position and Risks	9
Cash Flow & Revenue Support - Debtors and Creditors	10
FY 18-19 Cash Flow Summary Apr 18 to Mar 19	11
FY 18-19 Operating receipts, payments and bank balance summary - Apr 18 to Mar19	12
FY 2018-19 Debtors Summary	13
FY 2018-19 Creditors Summary	14
Trust Income Month 10 – Analysis by patient type	15
Divisional Income Month 10 – Analysis by patient type	16

M10 Financial Position – Key Headlines

Performance against plan

The Trust is currently off plan in month 10 with a YTD adverse variance of £34.6m (excl. PSF). In month, the Trust had an adverse variance of £3.2m. The key drivers of the adverse performance continue to relate to clinical income from patient care activities and the AfC cost pressure of staff costs not funded in respect to PFI staff and other subsidiaries/joint ventures.

Income

The clinical income adverse variance is £2.7m in month excluding off tariff drugs and devices (£1.4m). The off tariff drugs and devices variance is offset by a reduction in expenditure. Clinical income has increased by £6.0m from month 9 as a result of an additional 3 working days in January compared to December. This increase is seen across Inpatients (£2.9m) Outpatients (£0.8m), BMT (£0.6m) and patient transport (£1.3m) where we expect to CCGs to fund the activity on a pass through basis.

Pay

In month, pay is favourable by £2.7m, predominantly due to A&C and other staff underspends. The in month variance for A&C pay is £2.2m of which £1.1m is the transfer of an industrial tribunal award from pay to non pay. Nursing and Medical staff run rate continues to hold steady.

Non Pay

In month overall non pay is a £15.9m favourable variance. However this is due to adjustment made in depreciation and impairment to reflect the delayed completion of the Critical Care Unit. Excluding the adjustment and pass through drugs the in month position is £6.6m adverse. The main areas of overspend are highlighted on the next slide.

CIP

The CIP programme has delivered benefits of £18.6m to date. This is £14.1m behind the YTD profiled plan that was submitted to NHSi. The programme is currently forecasting to deliver £23.4m by year end against an in implementation (green and conditional amber schemes) plan of £24.6m.

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 January 2019 is £108.6m.

Capital

The total capital plan for 18/19 has been reduced from £71m to £36.3m. The revised value of the total funding available is made up of £22.7m of internal funds plus £13.6m and is as a result Trust only receiving £13.6m of the £44.0m external funding bid. Year to date expenditure is £22.2m against the contractually committed estates projects and medical and IT equipment requirements carried forward from 17/18.

Summary of Year to Date Financial Position

Finance Report Month 10 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	843,811	72,353	69,632	(2,721)	705,266	690,401	(14,865)
Pass Through Devices - Income	18,635	1,627	1,245	(382)	15,615	15,417	(198)
Pass Through Drugs - Income	130,554	11,361	10,335	(1,027)	109,355	93,729	(15,626)
NHS Clinical Contract Income	993,000	85,341	81,212	(4,129)	830,237	799,548	(30,689)
Education & Training Income	44,584	3,731	3,774	43	37,123	36,905	(218)
Other Operating Income	49,485	4,418	3,912	(506)	41,345	40,626	(720)
R&I Income	15,805	1,216	1,422	206	12,759	9,718	(3,041)
Sustainability and Transformation Fund	21,532	2,512	0	(2,512)	16,508	2,261	(14,247)
Other Operating Income	131,406	11,876	9,107	(2,769)	107,735	89,509	(18,225)
Private Patient Income	19,832	1,651	1,632	(18)	16,528	17,234	706
Overseas Visitor Income	6,567	547	494	(54)	5,473	4,508	(964)
Private Patient & Overseas Income	26,399	2,198	2,126	(72)	22,000	21,742	(259)
Other NHS Clinical Income	4,726	393	420	27	3,941	3,951	10
RTA Income	3,660	305	294	(11)	3,050	3,338	289
Total Income	1,159,190	100,112	93,158	(6,954)	966,962	918,088	(48,874)
Medical Agency	(1,198)	(100)	(765)	(665)	(998)	(9,626)	(8,628)
Medical Bank	(49)	(4)	(556)	(551)	(41)	(4,108)	(4,066)
Medical Substantive	(217,873)	(18,406)	(17,664)	742	(180,951)	(173,306)	7,645
Medical Staff	(219,120)	(18,510)	(18,984)	(475)	(181,990)	(187,040)	(5,049)
Nursing Agency	(1,617)	(136)	(276)	(140)	(1,346)	(3,830)	(2,485)
Nursing Bank	(1,152)	(97)	(2,180)	(2,083)	(970)	(23,868)	(22,899)
Nursing Substantive	(276,210)	(23,269)	(21,039)	2,231	(229,846)	(208,034)	21,812
Nursing Staff	(278,979)	(23,502)	(23,494)	7	(232,161)	(235,733)	(3,572)
A&C agency	(379)	(32)	(84)	(53)	(316)	(1,959)	(1,643)
A&C Bank	(733)	(61)	(294)	(233)	(611)	(2,900)	(2,289)
A&C Substantive	(107,539)	(9,001)	(6,532)	2,469	(89,343)	(76,868)	12,475
A&C Staff	(108,651)	(9,093)	(6,910)	2,183	(90,270)	(81,727)	8,543
Other Agency Staff	(420)	(35)	(430)	(395)	(350)	(4,375)	(4,025)
Other Bank Staff	(128)	(11)	(175)	(164)	(106)	(1,567)	(1,461)
Other Substantive Staff	(87,007)	(7,465)	(6,312)	1,154	(72,240)	(63,548)	8,692
Other Staff	(87,555)	(7,511)	(6,916)	594	(72,697)	(69,491)	3,206
Pay Reserves	(7,815)	(411)	0	411	(5,734)	0	5,734
Unallocated CIP - Pay	0	0	0	0	0	0	0
Total Pay	(702,120)	(59,027)	(56,306)	2,721	(582,852)	(573,990)	8,862
Agency	(3,614)	(302)	(1,555)	(1,253)	(3,010)	(19,790)	(16,780)
Bank	(2,062)	(173)	(3,205)	(3,032)	(1,728)	(32,443)	(30,715)
Substantive	(696,444)	(58,552)	(51,546)	7,006	(578,114)	(521,757)	56,357
Pass Through Drugs	(129,805)	(10,856)	(9,372)	1,484	(108,123)	(91,566)	16,558
Drugs	(24,799)	(2,019)	(2,703)	(683)	(20,890)	(22,853)	(1,963)
Clinical Supplies	(26,289)	(2,071)	(3,274)	(1,203)	(22,204)	(27,901)	(5,698)
Consultancy	(9,578)	(488)	(1,690)	(1,202)	(8,603)	(15,281)	(6,678)
External Services	(54,805)	(4,522)	(5,771)	(1,248)	(45,760)	(51,405)	(5,645)
Purchase of Healthcare from Non-NHS Provider	(135,815)	(11,673)	(11,426)	247	(112,426)	(110,837)	1,589
Services from other NHS Bodies	(62,392)	(5,177)	(5,372)	(195)	(52,038)	(52,795)	(757)
Non-Clinical Supplies	(58,723)	(4,921)	(5,883)	(962)	(49,795)	(53,497)	(3,702)
Other Non-Pay	(22,735)	(1,889)	(3,013)	(1,124)	(18,951)	(21,620)	(2,670)
Depreciation	(27,694)	(2,308)	1,187	3,495	(23,078)	(19,583)	3,495
Impairment	(26,227)	(2,186)	15,362	17,548	(21,856)	(4,308)	17,548
Reserves	(8,062)	(2,907)	0	2,907	(12,168)	0	12,168
Unallocated CIP - NonPay	24,247	3,150	0	(3,150)	16,673	0	(16,673)
Total Non - Pay	(562,677)	(47,868)	(31,954)	15,913	(479,218)	(471,646)	7,572
Interest payable	(43,031)	(3,535)	(3,607)	(72)	(35,885)	(35,072)	813
Interest receivable	501	42	57	16	418	522	105
Profit/Loss on Disposal of Fixed Assets	(50)	(21)	(21)	0	(208)	(208)	0
Public Dividend Capital	0	0	0	0	0	0	0
Financing	(42,580)	(3,514)	(3,570)	(56)	(35,676)	(34,757)	918
TRUST TOTAL (deficit per ledger)	(148,186)	(10,297)	1,328	11,624	(130,783)	(162,306)	(31,523)
Less Impairment	26,227	2,186	(15,362)	(17,548)	21,856	4,308	(17,548)
Less Donated Income	(3,303)	(234)	(0)	233	(2,336)	(2,026)	310
Less Donated Depreciation	756	63	36	(27)	630	603	(27)
Less PSF funding	(21,532)	(2,512)	0	2,512	(16,508)	(2,261)	14,247
OPERATING DEFICIT (excluding STF)	(146,038)	(10,794)	(13,999)	(3,205)	(127,141)	(161,681)	(34,540)
Operating surplus / (deficit)	(105,607)	(6,782)	4,898	11,680	(95,108)	(127,548)	(32,441)
Add back depreciation and amortisation	27,694	2,308	(1,187)	(3,495)	23,078	19,583	(3,495)
Add back all I&E impairments/(reversals)	26,227	2,186	(15,362)	(17,548)	21,856	4,308	(17,548)
Less cash donations / grants for the purchase of capital assets	(3,303)	(234)	(0)	233	(2,336)	(2,026)	310
EBITDA	(54,989)	(2,523)	(11,652)	(9,129)	(52,509)	(105,683)	(53,173)

Income

Clinical income

In month £4.1m adverse excluding STF. Excluding the off tariff drugs (£1.4m) the adverse variance is £2.7m. In summary, the remaining adverse variance in month related to RTT non-delivery £0.8m, clinical income CIPs £0.5m, a reduction in patient work in progress (WIP) value £0.5m and the continued provision for Commissioner data challenges including Hep C drugs £0.9m. These issues are built into the contract alignment process with Commissioners as part of the STP return.

Key variances trends YTD include:

·BMT Transplant activity (£1.5m YTD) – Activity income has improved but month 10 and in line with the monthly plan.

·Liver Transplants (£1.5m 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. Adverse in month by £200k.

·Critical Care (£4.7m YTD) – The adverse variance is due to the delay in the opening of the new unit.

·Renal (£0.4m YTD) – Activity in line with plan for month 10. Historic variance is due to a coding issue and current discussion with NHSE to fund activity not recorded correctly.

·RTT activity (£3.6m YTD) is currently behind the original phased plan (£7m) but elective activity is showing an over-performance and an element of this activity will relate to RTT activity.

·The off tariff drugs variance to date is £15.6m 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 drug costs incurred by the Trust.

·The above variances include adjustments for the block contract which is currently over-performing. A number of QTR 1 & 2 challenges are yet to be resolved to reflect the finalised position The Trust has prudently accounted for an income provision in respect to the high level challenges from the CCGs.

£2m to date including 18/19 HEP C drugs challenge provision.

·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. An additional £300K accrued for Hep C Drugs.

·The income CIPs plan is £3.8m adverse against plan to date.

Other operating income:

Excluding STF funding, the main driver of the adverse variance is R & I income £ 3.0m and is largely due to the Trust correctly recognising the treatment of deferred income from prior years. The YTD adverse position on Overseas Visitors is £1.0m relating to a reduction in chargeable patients across the Trust. The first CAR – T patient was discharged and £0.4m of income has been recognised in Private patients however this masks an underlying underperformance in Private Patient activity. The expenditure associated with this patient is circa £0.3m mainly in high cost drugs.

Pay

In month Pay is £2.7m better than plan, predominantly due to A&C and other staff underspends, however the in month variance for A&C staff of £2.2m includes the transfer of £1.1m of industrial tribunal costs that have been moved from pay to non pay consultancy. 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.

YTD pay variance is £8.9m due to the continuing A&C and other staff underspend. Medical and Nursing staff run rate continues to hold steady.

Non Pay

In month overall non pay is a £15.9m favourable variance however this is due the adjustment made in depreciation and impairment to reflect the delayed completion of the Critical Care Unit. Excluding the adjustment and pass through drugs, the in month position is £6.6m adverse.

Run Rate Report

Finance Report Month 10 2018/19 Run Rate

		ACTUALS 2018/19												M10 v M9		M10 v 1718	
Type	17/18 Average £000	1 £000	2 £000	3 £000	4 £000	5 £000	6 £000	7 £000	8 £000	9 £000	10 £000	YTD £000	M10 v M9 £000	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	69,632	690,401	4,774	194			
Pass Through Devices - Income	1,818	1,583	931	1,972	1,282	1,455	1,947	1,613	1,508	1,880	1,245	15,417	(635)	(573)			
Pass Through Drugs - Income	9,672	9,894	8,033	10,222	9,511	9,950	9,981	9,055	8,132	8,616	10,335	93,729	1,719	663			
NHS Clinical Contract Income	80,928	77,474	79,531	81,859	82,253	80,936	78,938	83,247	78,744	75,353	81,212	799,548	5,858	284			
Education & Training Income	3,799	3,698	3,397	3,910	3,667	3,751	3,736	3,728	3,506	3,739	3,774	36,905	35	(25)			
Other Operating Income	3,959	2,875	3,065	3,193	4,359	5,633	3,928	4,170	4,380	5,110	3,912	40,626	(1,198)	(47)			
R&I Income	1,353	1,185	1,683	928	954	1,418	1,458	751	(875)	794	1,422	9,718	628	68			
Sustainability and Transformation Fund		0	0	2,261	1,004	1,004	(2,009)	(0)	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	9,107	89,509	(535)	(4)			
Private Patient Income	1,697	1,897	2,071	1,688	1,665	1,534	1,630	2,029	1,290	1,799	1,632	17,234	(167)	(65)			
Overseas Visitor Income	504	487	104	205	418	430	814	579	685	292	494	4,508	202	(10)			
Private Patient & Overseas Income	2,201	2,384	2,174	1,893	2,083	1,964	2,444	2,608	1,975	2,091	2,126	21,742	35	(75)			
Other NHS Clinical Income	400	384	374	334	407	448	434	391	364	396	420	3,951	24	20			
RTA Income	306	302	348	251	602	283	346	306	283	323	294	3,338	(30)	(12)			
Total Income	92,945	88,301	90,572	94,629	95,329	95,438	89,275	95,201	88,378	87,805	93,158	918,088	5,352	212			
Medical Agency	(1,386)	(1,176)	(1,055)	(918)	(947)	(1,083)	(771)	(697)	(1,316)	(898)	(765)	(9,626)	133	621			
Medical Bank	(444)	(397)	(372)	(345)	(481)	(363)	(349)	(644)	(293)	(308)	(556)	(4,108)	(248)	(112)			
Medical Substantive	(16,445)	(16,770)	(17,666)	(16,942)	(16,821)	(17,086)	(17,493)	(17,234)	(17,866)	(17,762)	(17,664)	(173,306)	98	(1,218)			
Medical Staff	(18,275)	(18,343)	(19,093)	(18,205)	(18,250)	(18,533)	(18,613)	(18,576)	(19,475)	(18,967)	(18,984)	(187,040)	(17)	(709)			
Nursing Agency	(965)	(746)	(482)	(312)	(455)	(387)	(393)	(297)	(223)	(259)	(276)	(3,830)	(17)	689			
Nursing Bank	(3,262)	(3,168)	(3,154)	(2,582)	(2,130)	(2,162)	(2,073)	(2,010)	(2,010)	(2,399)	(2,180)	(23,868)	219	1,082			
Nursing Substantive	(18,886)	(19,855)	(20,055)	(20,069)	(20,667)	(22,667)	(20,822)	(20,909)	(20,861)	(21,091)	(21,039)	(208,034)	52	(2,153)			
Nursing Staff	(23,112)	(23,769)	(23,691)	(22,963)	(23,252)	(25,216)	(23,288)	(23,216)	(23,094)	(23,749)	(23,494)	(235,733)	255	(382)			
A&C agency	(146)	(152)	(227)	(217)	(202)	(104)	(229)	(161)	(153)	(430)	(84)	(1,959)	346	61			
A&C Bank	(384)	(273)	(408)	(403)	(261)	(340)	(157)	(366)	(206)	(191)	(294)	(2,900)	(103)	89			
A&C Substantive	(7,494)	(7,714)	(7,781)	(7,331)	(8,006)	(8,355)	(7,581)	(7,713)	(7,864)	(7,990)	(6,532)	(76,868)	1,458	962			
A&C Staff	(8,023)	(8,139)	(8,417)	(7,951)	(8,469)	(8,799)	(7,967)	(8,241)	(8,223)	(8,611)	(6,910)	(81,727)	1,701	1,113			
Other Agency Staff	(461)	(463)	(314)	(286)	(460)	(506)	(420)	(422)	(544)	(532)	(430)	(4,375)	101	31			
Other Bank Staff	(223)	(168)	(289)	(237)	(179)	(80)	(97)	(156)	(79)	(105)	(175)	(1,567)	(69)	48			
Other Substantive Staff	(6,113)	(6,048)	(6,272)	(6,191)	(6,398)	(6,917)	(6,373)	(6,350)	(6,314)	(6,373)	(6,312)	(63,548)	62	(199)			
Other Staff	(6,797)	(6,680)	(6,875)	(6,715)	(7,037)	(7,503)	(6,890)	(6,928)	(6,937)	(7,010)	(6,916)	(69,491)	94	(119)			
Total Pay	(56,208)	(56,930)	(58,076)	(55,835)	(57,008)	(60,051)	(56,758)	(56,960)	(57,729)	(58,338)	(56,306)	(573,990)	2,032	(98)			
Agency	(2,958)	(2,536)	(2,077)	(1,733)	(2,064)	(2,081)	(1,813)	(1,578)	(2,235)	(2,118)	(1,555)	(19,790)	563	1,402			
Bank	(4,312)	(4,006)	(4,224)	(3,568)	(3,051)	(2,945)	(2,677)	(3,176)	(2,588)	(3,003)	(3,205)	(32,443)	(201)	1,107			
Substantive	(48,938)	(50,387)	(51,774)	(50,534)	(51,893)	(55,025)	(52,269)	(52,207)	(52,906)	(53,216)	(51,546)	(521,757)	1,671	(2,607)			
Pass Through Drugs - Expenditure	(8,394)	(10,086)	(7,846)	(8,936)	(9,472)	(8,593)	(9,020)	(9,639)	(9,378)	(9,222)	(9,372)	(91,566)	(150)	(978)			
Drugs	(3,767)	(2,336)	(2,056)	(2,145)	(2,304)	(2,284)	(2,132)	(2,535)	(2,208)	(2,149)	(2,703)	(22,853)	(553)	1,064			
Clinical Supplies	(3,517)	(2,902)	(2,514)	(3,198)	(2,952)	(3,182)	(2,285)	(2,862)	(2,244)	(2,489)	(3,274)	(27,901)	(785)	243			
Consultancy	(725)	(861)	(1,082)	(1,127)	(1,315)	(1,730)	(1,838)	(1,791)	(1,968)	(1,878)	(1,690)	(15,281)	188	(965)			
External Services	(4,781)	(4,861)	(4,477)	(4,852)	(4,739)	(5,846)	(4,653)	(5,198)	(5,941)	(5,067)	(5,771)	(51,405)	(704)	(990)			
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)	(11,426)	(110,837)	2,670	(2,737)			
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)	(5,372)	(52,795)	544	(867)			
Non-Clinical Supplies	(4,637)	(4,773)	(4,862)	(5,452)	(5,140)	(4,906)	(4,826)	(4,749)	(7,382)	(5,525)	(5,883)	(53,497)	(358)	(1,246)			
Other Non-Pay	(2,833)	(2,408)	(2,398)	(530)	(1,936)	(2,595)	(2,405)	(2,935)	(860)	(2,541)	(3,013)	(21,620)	(472)	(181)			
Depreciation	(1,926)	(2,008)	(2,308)	(2,608)	(2,308)	(2,308)	(2,308)	(2,308)	(2,308)	(2,308)	1,187	(19,583)	3,495	3,114			
Impairment	(408)	(2,186)	(2,186)	(2,186)	(2,186)	(2,186)	(2,186)	(2,186)	(2,186)	(2,186)	15,362	(4,308)	17,548	15,770			
Reserves	81	0	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)	(48,891)	(50,933)	(48,165)	(53,377)	(31,954)	(471,646)	21,423	12,148			
Interest payable	(2,907)	(3,285)	(3,605)	(4,136)	(3,410)	(3,222)	(3,494)	(3,771)	(3,274)	(3,268)	(3,607)	(35,072)	(339)	(700)			
Interest receivable	40	42	42	42	39	44	85	57	57	57	57	522	0	17			
Profit/Loss on Disposal of Fixed Assets	16	0	(0)	(62)	(21)	(21)	(21)	(21)	(21)	(21)	(21)	(208)	0	(36)			
Public Dividend Capital	0	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)	(3,570)	(34,757)	(339)	(719)			
TRUST TOTAL (deficit per ledger)	(10,217)	(18,434)	(15,437)	(11,242)	(16,855)	(17,541)	(19,804)	(16,426)	(20,753)	(27,140)	1,328	(162,306)	28,468	11,544			
Less Impairment	408	2,186	2,186	2,186	2,186	2,186	2,186	2,186	2,186	2,186	(15,362)	4,308	(17,548)	(15,770)			
Less Donated Income	(169)	0	(224)	(110)	(419)	33	(130)	(161)	12	(1,026)	(0)	(2,026)	1,025	169			
Less Donated Depreciation	60	68	68	68	68	44	63	63	63	63	36	603	(27)	(23)			
Less STF funding		0	0	(2,261)	(1,004)	(1,004)	2,009	0	0	0	0	(2,261)	0	0			
Operating Deficit	(9,918)	(16,181)	(13,408)	(11,360)	(16,025)	(16,283)	(15,677)	(14,339)	(18,493)	(25,918)	(13,999)	(161,681)	11,919	(4,080)			

Income

- Clinical income run rate has increased in month 10 due to additional working days in January compared to month 9.
- Patient Transport over-performance against contract is expected to be funded by the local CCGs and this income has been accrued in month 10 (£1.3m).
- Over-performance has been offset in month by the continued Critical Care under-performance in respect to the delayed opening of the new building (£1m adverse in month 10).

Pay

- In month Pay is £2.7m better than plan, predominantly due to A&C and other staff underspends, however the in month variance for A&C staff of £2.2m includes the transfer of £1.1m of industrial tribunal costs that have been moved from pay to non pay consultancy.

Non-pay

Excluding the depreciation and impairment adjustment and pass through drugs, in month position is £6.6m adverse. Main areas of the £6.6m overspend are:

- Clinical Supplies – is driven by activity increases e.g. insulin pumps offset by underspends in purchase of healthcare with Non NHS providers.
- Consultancy– Upside from release of provisions of £1.1m offsets the industrial tribunal costs £1.1m transferred from pay expenditure.
- External Services – over performance on the Hurley contract in line with increased activity £0.2m with £0.9m of prior year invoices (£0.4m PRUH radiology, £0.2m Medica and £0.3m HCA in Network Care).
- Purchase of Healthcare with Non NHS Providers – includes £1.3m to recognise the current forecast deficit in KFM
- Non Clinical Supplies – £1.0m overspends mainly driven by increases in costs of replacing pharmacy equipment to meet CQC requirements, computer maintenance costs and demand led requirements for example ED stationery.
- Other Non Pay - £1.1m overspends mainly driven by increases in leasing costs for theatre equipment and mortuary services at the PRUH.

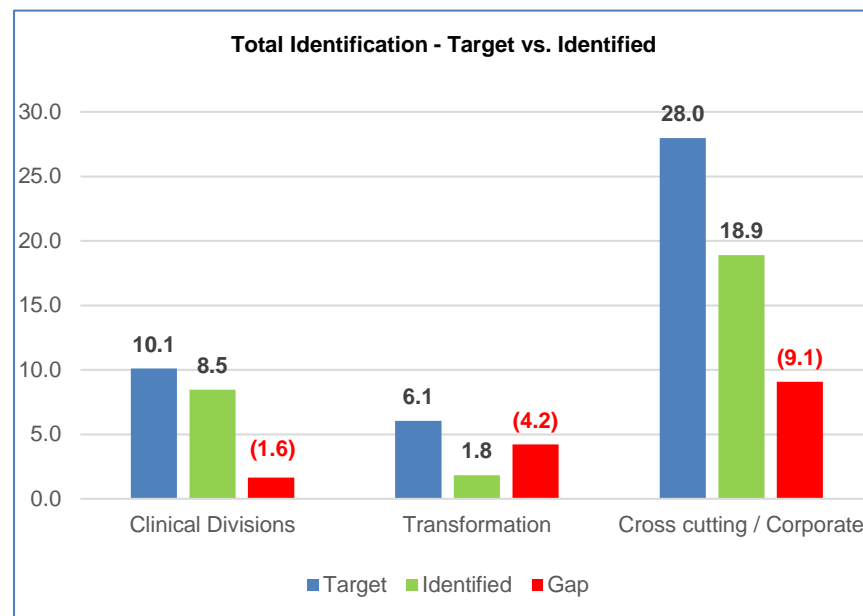
18/19 CIP Scheme Development Dashboard

Week on week progress

Week commencing	Identified	Ideas	Dev	Dev: Conditional	Imp
28 January 2019	30.9	3.8	2.7	2.6	21.7
04 February 2019	30.9	3.8	2.6	2.6	21.9
Variance	0.0	0.0	(0.1)	0.0	0.2

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)	0.0	0.9	0.4	7.1
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	30.9	(13.3)	3.8	2.6	2.6	21.9



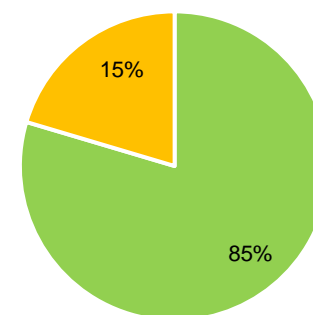
Total identification - Split by Type

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)	0.0	0.4	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)	1.0	0.7	1.1	4.4
Total	44.1	30.9	(13.3)	3.8	2.6	2.6	21.9

Total Identification - Split by Recurrent / Non-recurrent

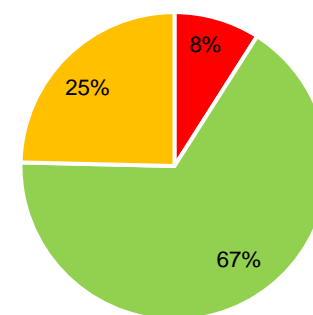
Type	Target	Identified	Gap	Ideas	Dev	Dev: Conditional	Imp
Flow Through	0.0	1.7	1.7	0.0	0.0	0.0	1.7
Recurrent	44.1	15.5	(28.6)	3.8	0.8	2.6	8.3
Non-Recurrent	0.0	13.7	13.7	0.0	1.7	0.0	11.9
Total	44.1	30.9	(13.3)	3.8	2.6	2.6	21.9

Total Identification - Split by Recurrent / Non-recurrent



■ Recurrent ■ Non-Recurrent
(This chart excludes all Pharmacy schemes)

Total Identification - Split by Type



■ Pay ■ Non-Pay ■ Income

CIP Delivery - Overview

Division / Workstream / Theme	18-19 COST IMPROVEMENT PROGRAMME										FORECAST				
	Full Year	Full Year	In Month (M10)				YTD (M1-10)				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	(0.3)	79%
Networked Care Div A	1.7	1.1	0.1	0.1	(0.0)	86%	0.9	0.9	(0.0)	96%	1.1	1.1	1.1	(0.1)	95%
Networked Care Div B	1.7	1.3	0.1	0.6	0.5	510%	1.1	1.0	(0.0)	97%	1.3	1.3	1.3	0.0	101%
PRUH and South Sites	3.4	2.1	0.2	0.2	(0.0)	91%	1.8	1.3	(0.5)	72%	2.1	2.1	1.6	(0.5)	76%
Urgent Care, Planned Care and ACS - Planned	1.7	1.6	0.1	0.5	0.3	346%	1.3	1.3	(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	0.2	0.1	183%	1.1	1.1	(0.0)	100%	1.3	1.3	1.3	(0.0)	98%
Division Total	10.1	7.5	0.6	1.5	0.9	238%	6.2	5.6	(0.6)	91%	7.5	7.5	6.9	(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	0.3	0.3	498%	0.7	1.2	0.5	169%	0.8	0.8	1.4	0.6	171%
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	0.4	0.3	399%	0.9	1.3	0.5	155%	1.0	1.0	1.6	0.6	156%
Corporate	0.0	2.0	0.2	0.2	0.0	100%	1.5	1.3	(0.2)	88%	2.0	2.0	1.8	(0.2)	91%
Estates	1.5	1.4	0.1	0.1	(0.0)	87%	1.0	0.9	(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	1.2	0.6	187%	6.1	7.8	1.7	128%	9.3	9.3	10.2	0.8	109%
Procurement / KIFM	6.0	1.3	0.1	0.0	(0.1)	0%	1.0	0.0	(1.0)	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	1.1	1.6	0.5	145%	9.8	10.3	0.5	105%	14.3	14.3	13.6	(0.7)	95%
Unallocated Total	1.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	19.6	0.0	0.0	0.0	0.0
Total Cost Improvement Programme	44.1	24.6	1.8	3.5	1.7	190%	18.6	18.6	0.0	100%	44.1	24.6	23.4	(1.1)	95%

M10 Key Metrics

- Full Year Plan – 44.1m
- In Implementation – 24.6m
- In Month Delivery – 3.5m
- In Month Variance – 1.7m **Favourable**
- YTD Delivery – 18.6m
- YTD Variance To Plan – 18.6m **Break-even**

M10 Headlines

In Month

- Four significant movements:
- NWC-Network B – 0.5m favourable. Due to retrospective P2P income increases.
- Pharmacy – 0.6m as profile is ahead of plan.
- Outpatient – 0.3m favourable as Trust has received backdated income for Cardiac Proc Coding for Network A scheme.
- UPAC – 0.4m favourable as two schemes have shown backdated achievement in month.

YTD

- Slippage on various flow through schemes from last year's programme 0.3m.
- Slippage on KIFM on their standardisation and commercial work stream 1.0m.
- 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 has been validated via contracts, however activity has decreased and will continue on this tangent for the remaining months of 18/19. This is also likely to plateau at a 0.3m adverse variance.
- This underperformance is offset somewhat by over performance in pharmacy of 1.7m.

Programme Performance By Type

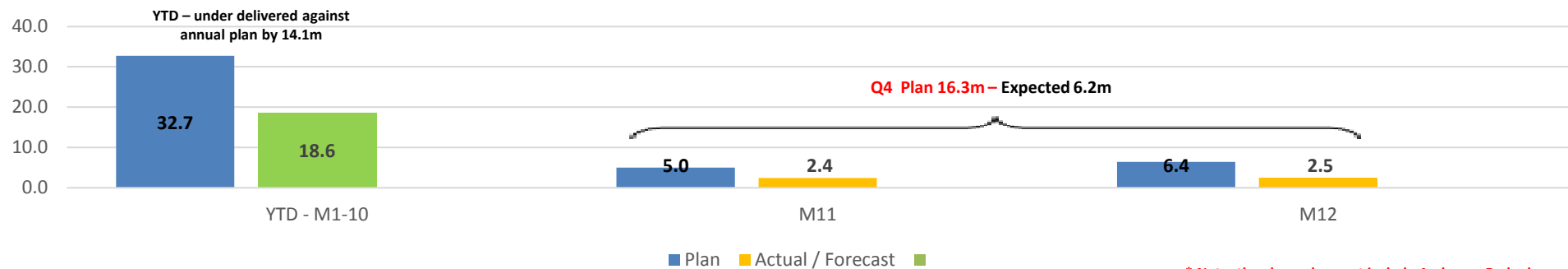
The in implementation value is split as 67% non pay, 25% income, and 8% pay with the significant variances being in income. The variance drivers in income are:

- c.0.3m 17-18 Flow Through – Minor under performance against several income schemes.
- c.1.0m KIFM – Invalidated KIFM position.
- Unallocated figure of 19.6m offset by 12.6m related to Run Rate and Red/Amber schemes in the programme.

CIP Forward View – M10

Division / Workstream / Theme	18-19 COST IMPROVEMENT PROGRAMME										FORECAST					PROGRAMME PROFILE		FORECAST DELIVERY	
	Full Year	Full Year	In Month (M10)				YTD (M1-10)				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	%	M11	M12	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	(0.3)	79%	0.0	0.0	0.0	0.0
Networked Care Div A	1.7	1.1	0.1	0.1	(0.0)	86%	0.9	0.9	(0.0)	96%	1.1	1.1	1.1	(0.1)	95%	0.1	0.1	0.1	0.1
Networked Care Div B	1.7	1.3	0.1	0.6	0.5	510%	1.1	1.0	(0.0)	97%	1.3	1.3	1.3	0.0	101%	0.1	0.1	0.1	0.1
PRUH and South Sites	3.4	2.1	0.2	0.2	(0.0)	91%	1.8	1.3	(0.5)	72%	2.1	2.1	1.6	(0.5)	76%	0.2	0.2	0.2	0.2
Urgent Care, Planned Care and ACS - Planned	1.7	1.6	0.1	0.5	0.3	346%	1.3	1.3	(0.0)	98%	1.6	1.6	1.6	(0.0)	99%	0.1	0.1	0.1	0.2
Urgent Care, Planned Care and ACS - Urgent	1.7	1.3	0.1	0.2	0.1	183%	1.1	1.1	(0.0)	100%	1.3	1.3	1.3	(0.0)	98%	0.1	0.1	0.1	0.1
Division Total	10.1	7.5	0.6	1.5	0.9	238%	6.2	5.6	(0.6)	91%	7.5	7.5	6.9	(0.6)	92%	0.6	0.7	0.6	0.7
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
Outpatients	2.3	0.8	0.1	0.3	0.3	498%	0.7	1.2	0.5	169%	0.8	0.8	1.4	0.6	171%	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
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	0.0	0.0
Transformation Total	6.1	1.0	0.1	0.4	0.3	399%	0.9	1.3	0.5	155%	1.0	1.0	1.6	0.6	156%	0.2	0.2	0.2	0.2
Corporate	0.0	2.0	0.2	0.2	0.0	100%	1.5	1.3	(0.2)	88%	2.0	2.0	1.8	(0.2)	91%	0.2	0.3	0.2	0.3
Estates	1.5	1.4	0.1	0.1	(0.0)	87%	1.0	0.9	(0.1)	92%	1.4	1.4	1.3	(0.1)	92%	0.1	0.3	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
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
Pharmacy	4.5	9.3	0.7	1.2	0.6	187%	6.1	7.8	1.7	128%	9.3	9.3	10.2	0.8	109%	0.7	0.8	1.3	1.1
Procurement / KIFM	6.0	1.3	0.1	0.0	(0.1)	0%	1.0	0.0	(1.0)	0%	1.3	1.3	0.0	(1.3)	0%	0.1	0.3	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
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
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
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
Cross Cutting Total	24.4	14.3	1.1	1.6	0.5	145%	9.8	10.3	0.5	105%	14.3	14.3	13.6	(0.7)	95%	1.1	1.7	1.6	1.7
Unallocated Total	1.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	19.6	0.0	0.0	0.0	0.0	3.0	3.9	2.6	3.9
Total Cost Improvement Programme	44.1	24.6	1.8	3.5	1.7	190%	18.6	18.6	0.0	100%	44.1	24.6	23.4	(1.1)	95%	5.0	6.4	5.0	6.4

CIP Annual Plan Vs In Implementation Actuals/Forecast



* Note: the above does not include Amber or Red schemes.

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 M10 by 14.1m. 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 M10 is to deliver 23.4m against the 24.6m plan resulting in a 1.1m 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	Month 10
NHS Clinical Contract Income	77,858	79,906	82,193	82,253	81,384	79,371	83,944	79,391	76,072	81,925
Other Operating Income	10,443	10,667	12,437	13,076	14,054	9,904	11,257	8,987	11,733	11,233
Total Income	88,301	90,573	94,630	95,329	95,438	89,275	95,201	88,378	87,805	93,158
Total Pay	(56,929)	(58,075)	(55,835)	(57,008)	(60,051)	(56,758)	(56,960)	(57,729)	(58,338)	(56,306)
Total Non-Pay	(46,562)	(44,371)	(45,880)	(51,785)	(49,729)	(48,889)	(50,933)	(48,165)	(53,377)	(31,954)
Financing	(3,244)	(3,564)	(4,156)	(3,391)	(3,199)	(3,430)	(3,734)	(3,238)	(3,231)	(3,570)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(18,434)	(15,437)	(11,241)	(16,855)	(17,541)	(19,802)	(16,426)	(20,753)	(27,141)	1,328
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	(15,362)
Remove Capital Donations/Grants I & E impact	68	(156)	(43)	(351)	77	(67)	(98)	75	(963)	36
Excl PSF	0	0	(2,261)	(1,004)	(1,004)	2,009	0	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)	(13,999)
Cumulative Run Rate	(16,180)	(29,587)	(40,946)	(56,971)	(73,253)	(88,928)	(103,267)	(121,760)	(147,678)	(161,677)
NORMALISED POSITION										
Normalising Items										
Income	88,301	90,573	94,630	95,329	95,438	89,275	95,201	88,378	87,805	93,158
CCG Non-Recurrent Repayments	850	850	850	850	850	850	850	850	850	850
CCG Non-Recurrent QIPP with Block	458	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	590
Gainshare (tbc if recurrent by NHSE)				(1,100)	(267)	0	0	0	0	0
Prior Year Estimate Adjustments	(124)	306	(93)	288	152	0	0	0	0	0
Provider Sustainability Fund	0	0	(2,261)	(1,004)	(1,005)	2,009	0	0	0	0
Back Dated Pay Arrears	725	725	725	0	(2,100)	0	0	0	0	0
Celgene Capital Donation Grant	0	(224)	(110)	(419)	33	(130)	(161)	12	(1,206)	(568)
HEP C pass through drugs over payment							(428)			
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	90,225	92,703	94,214	94,409	93,574	92,577	95,730	91,487	88,197	94,488
Pay	(56,929)	(58,075)	(55,835)	(57,008)	(60,051)	(56,758)	(56,960)	(57,729)	(58,338)	(56,306)
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					
Transfer of industrial tribunal costs										(1,100)
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)	(57,406)
Nonpay	(46,562)	(44,371)	(45,880)	(51,785)	(49,729)	(48,889)	(50,933)	(48,165)	(53,377)	(31,954)
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	250	350
Pay Arrears Contracted Out Services	(375)	(375)	(375)	(375)	1,500					
Prior year invoices external services										900
One off industrial tribunal cost									1,100	1,100
Impairment adjustment due to delayed completion of the CCU	1,755	1,755	1,755	1,755	1,755	1,755	1,755	1,755	1,755	(15,793)
Depreciation adjustment due to the delayed completion of the CCU	314	314	314	314	314	314	314	314	314	(2,832)
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	(46,052)	(42,923)	(45,873)	(46,179)	(45,781)	(46,128)	(48,237)	(43,852)	(49,958)	(48,229)
Normalised Operating Deficit	(14,539)	(9,488)	(10,059)	(9,984)	(11,171)	(11,554)	(11,015)	(11,146)	(21,144)	(14,717)
(Excludes Impairment, Donations & PSF)										
Cumulative Normalised Operating Deficit	(14,539)	(24,026)	(34,085)	(44,068)	(55,240)	(66,794)	(77,809)	(105,507)	(126,651)	(141,369)

Underlying Position

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

Risks & opportunities against FOT

Risks:

- CIP efficiency plan does not deliver as forecast.
- The Trust's winter plan costs more than planned.
- Capital programme is fully committed and equipment issues such as new CT scanner & ventilation system adversely impact on the activity income plans or generate cost pressures in respect to outsourcing.
- RTT plan does not deliver the income target of £7m and further outsourcing results in additional cost pressures.
- To continue to reduce agency costs and live within the pay control total throughout the year and particularly the winter period.
- CCG and NHSE QTR 1 & 2 challenges.
- Activity catch up in the latter half of the year - Specialised Services

Opportunities

- Continue to deliver QIPP savings through pharmacy schemes and pursue further gain share options.
- The Trust continues to manage and maintain contingency reserves if the CIP programme does not fully deliver.

Cash Flow & Revenue Support - Debtors and Creditors

Cash Position	Cash Flow Forecast at 07 Jan (31 Jan)	Actual (31 Jan)	Variance (Act - Fcast)
	£25.9m	£40.6m	£14.7m
Trust's Borrowings	31 Mar 18	31 Dec 18	31 Jan 19
Revenue Working Capital	(£376.2)	(£468.1)	(£487)
Capital borrowings (incl. £47m re Windsor Walk)	(£137.2)	(£140.7)	(£141)
PFI, Finance Leases & other borrowings	(£150.4)	(£148.0)	(£146)
TOTAL	(£663.8)	(£761.4)	(£772.9)
Outstanding Debtors	31 Mar 18	31 Dec 18	31 Jan 19
	£94.7m	£108m	£101.8m
Debtor Days	31.0 Days	35.94 Days	33.82 Days
Outstanding Creditors	31 Mar 18	31 Dec 18	31 Jan 19
	(£112.6m)	(£133.8m)	(£133.8m)
Creditor Days	77.6 Days	86.4 Days	83.3 Days

Highlights for the period

- Cash balance at 31 January is £40.6m, £14.7m favourable compared to forecast submitted to NHSI in the week ending 08 Jan 18.
- £14.7m favourable variance is mainly due to lower than expected operating receipts (£2.6m), lower than anticipated operating payments (£15.3m) and higher than expected capital and financing flows (£1.9m) which are all largely expected to be timing related.
- Total Revenue funding of £108.6m has been drawn down to the end of January 2019 to support the 18/19 YTD Trust revenue deficit position.
- The Trust has requested additional revenue funding of £7.6m for March 19 which was received on 11 February.
- £24.5m funding received in Apr & May 2018 was drawn against the FY 1718 reported deficit of £138.9m. Revenue funding drawn against 1718 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 Nov 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.

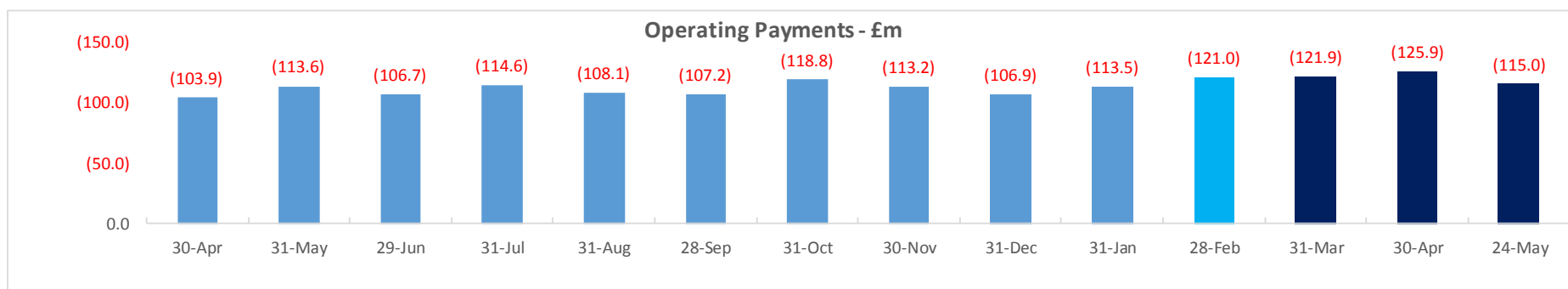
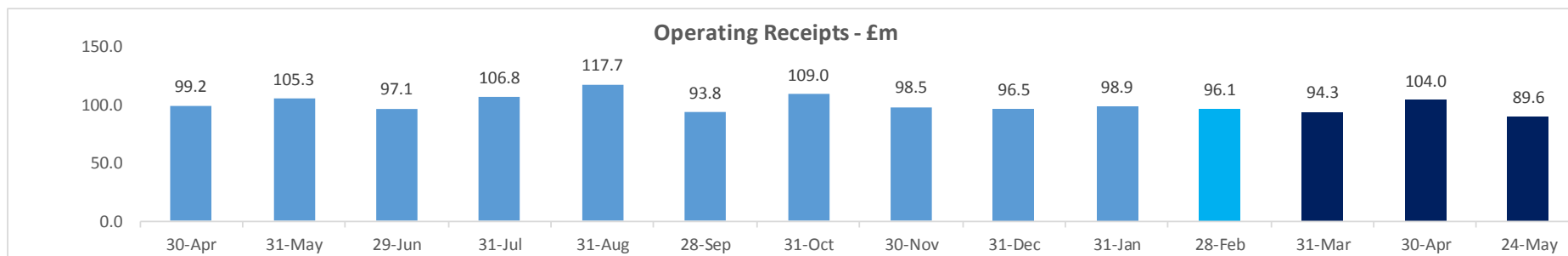
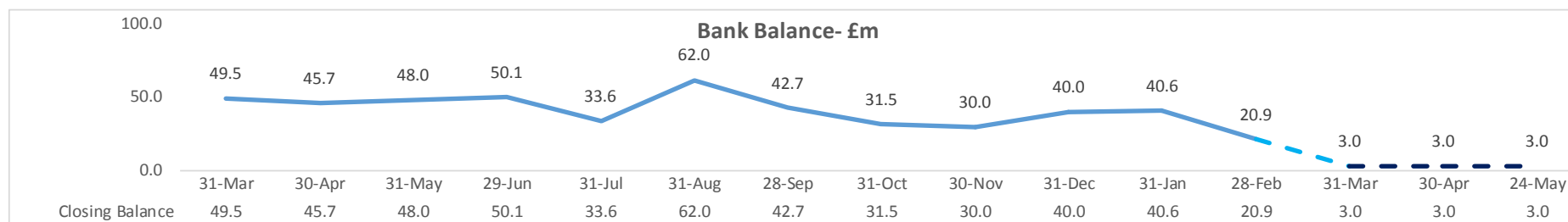
FY 18-19 Cash Flow Summary Apr 18 to May 19

£'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	30-Apr	24-May	02 Apr 18 24 May 19	Apr 18 Mar 19	02 Apr 18 24 May 19	
Opening Balance	49.5	45.7	48.0	50.1	33.6	62.0	42.7	31.5	30.0	40.0	40.6	20.9	3.0	3.0	49.5	49.5	49.5	40.6
Receipts - Patient Care	88.8	90.0	86.3	86.7	98.5	85.9	84.2	86.5	84.0	77.3	82.8	77.8	80.6	80.6	1,190.1	1,028.9	868.2	321.9
Receipts - Non-Patient Care	10.4	15.3	10.7	20.1	19.2	7.9	24.9	12.0	12.4	21.6	13.3	16.5	23.4	8.9	216.7	184.3	154.6	62.1
Operating Receipts	99.2	105.3	97.1	106.8	117.7	93.8	109.0	98.5	96.5	98.9	96.1	94.3	104.0	89.6	1,406.8	1,213.2	1,022.8	383.9
Payments - Pay	(58.1)	(57.9)	(56.9)	(58.1)	(57.8)	(57.2)	(57.7)	(57.0)	(56.6)	(57.4)	(59.5)	(59.6)	(58.9)	(59.2)	(811.9)	(693.9)	(574.8)	(237.1)
Payments - Non-Pay	(45.8)	(55.7)	(49.9)	(56.5)	(50.3)	(50.0)	(61.1)	(56.2)	(50.3)	(56.1)	(61.5)	(62.3)	(67.0)	(55.9)	(778.5)	(655.7)	(531.8)	(246.6)
Operating Payments	(103.9)	(113.6)	(106.7)	(114.6)	(108.1)	(107.2)	(118.8)	(113.2)	(106.9)	(113.5)	(121.0)	(121.9)	(125.9)	(115.0)	(1,590.4)	(1,349.5)	(1,106.6)	(483.8)
Net Operating Cashflow	(4.8)	(8.3)	(9.7)	(7.7)	9.6	(13.4)	(9.8)	(14.7)	(10.4)	(14.6)	(24.9)	(27.6)	(21.9)	(25.5)	(183.7)	(136.3)	(83.8)	(99.9)
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	0.0	0.0	14.5	14.5	14.4	0.0
Capital payments	(5.9)	(5.2)	(6.0)	(8.1)	(0.2)	(4.0)	(0.9)	(1.7)	(3.1)	(0.7)	(1.0)	(6.0)	(0.7)	(2.0)	(45.6)	(42.9)	(35.9)	(9.7)
Facility Drawdown	6.8	17.7	19.0	0.0	19.3	0.0	0.0	10.3	18.8	16.6	7.6	18.6	23.2	29.3	187.2	134.8	108.6	78.6
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	0.0	0.0	(0.5)	(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	0.0	0.0	0.2	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)	(0.5)	(1.8)	(18.7)	(16.3)	(12.0)	(6.7)
Capital/Financing Cashflow	0.9	10.7	11.8	(8.7)	18.8	(5.9)	(1.4)	13.1	20.4	15.3	5.2	9.7	21.9	25.5	137.1	89.7	74.9	62.3
Net Cashflow	(3.8)	2.3	2.1	(16.5)	28.4	(19.3)	(11.2)	(1.5)	10.0	0.6	(19.7)	(17.9)	0.0	0.0	(46.5)	(46.5)	(8.9)	(37.6)
Closing Balance	45.7	48.0	50.1	33.6	62.0	42.7	31.5	30.0	40.0	40.6	20.9	3.0	3.0	3.0	3.0	3.0	40.6	3.0

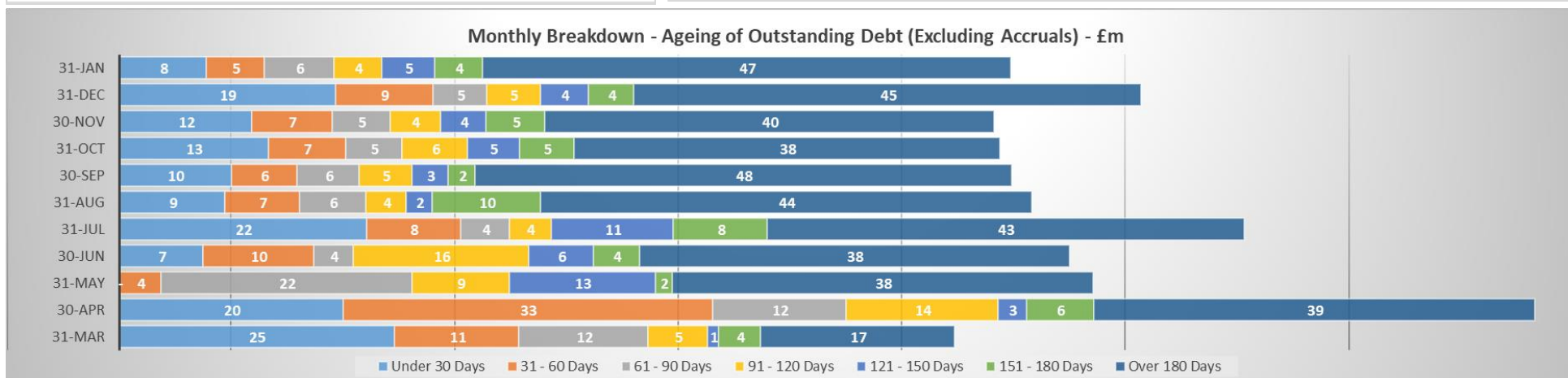
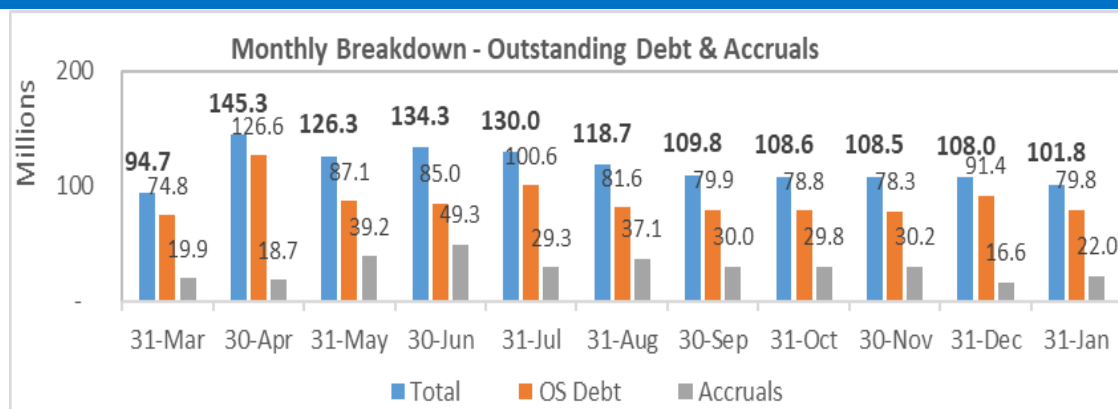
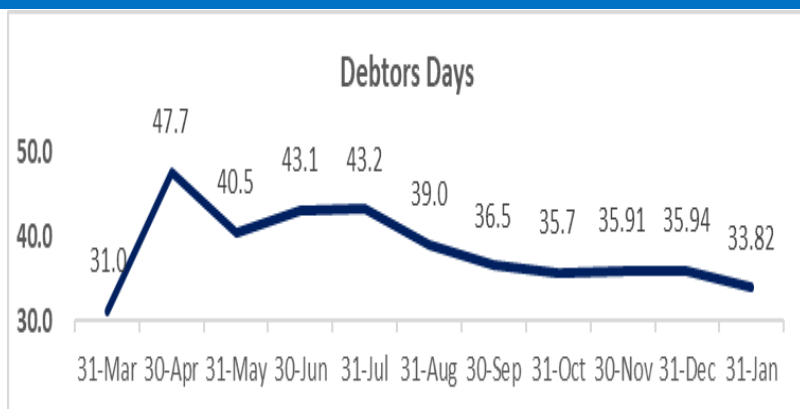
Key commentary:

- £7.6m Revenue funding has been received on 11 February from the DoH for the period to the next submission in early March 19.
- Funding requirement for the following month is £18.6m.
- Forecast operating receipts and payments for the remainder of FY 1819 (Feb 19 and Mar 19) are £190.4m and (£266.9m).
- Forecast operating receipts and payments for the forecast period (Feb 19 to 24 May 19) are £383.9m and (£507.8).

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



FY 2018-19 Debtors Summary



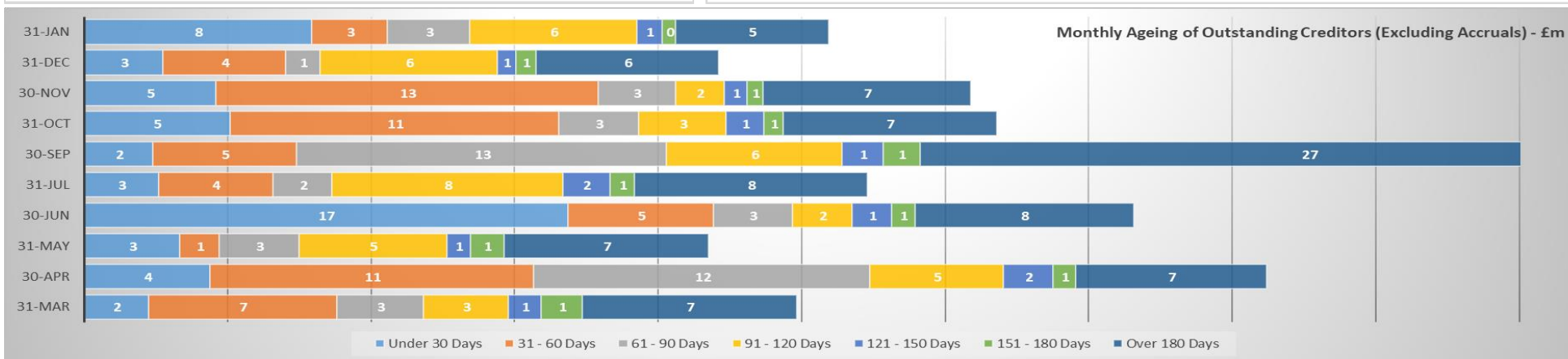
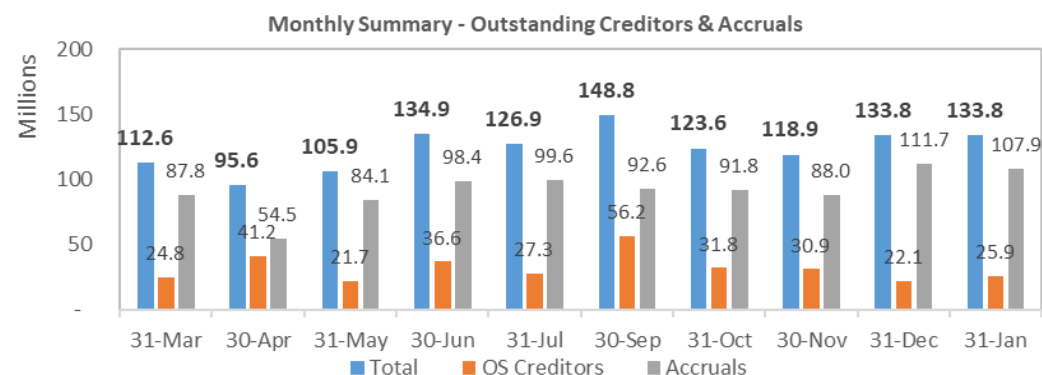
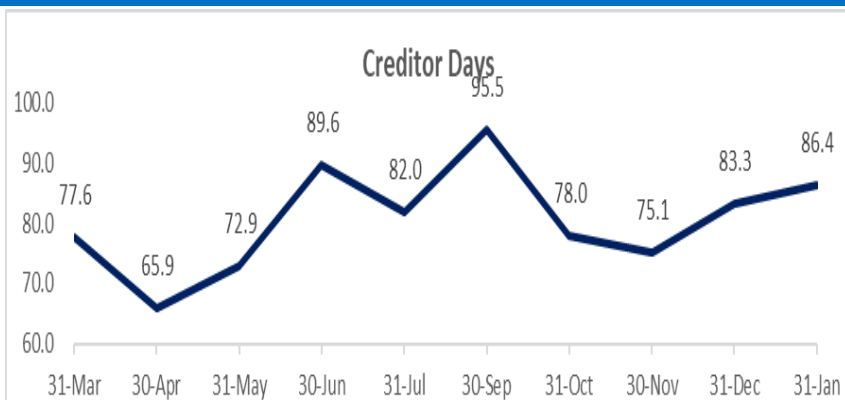
Highlights for the period:

- January 19 Debtor days are 33.82, broadly in line with the previous three months.
- Outstanding debt at 31 January is £101.8m which includes £22m of accruals (£79.8m excluding accruals).
- Continued focus on the Aged NHS and Non NHS debt escalation and outstanding query resolution.
- Non NHS Debtors at 31 Jan are £41.8m (including £23.8m KIFM-representing 57% of the total Non-NHS debt). We are reconciling our intercompany flows to reduce the outstanding balance.

Planned activity for next period:

- Ongoing focus on the old debt and reconciliation of both sides of the ledger.
- Meeting with our key customers & partners to resolve the outstanding issues and arrange reciprocal payments on both sides of the ledger.
- Continue to action the results of the receivables ledger review and reconciliations.

FY 2018-19 Creditors Summary



Highlights for the period:

- January 19 Creditor days are 86.4 days, (83.3 Days - Dec 18). The increased accruals level (£19.9 since Nov 18) broadly accounts for the increase in creditors days.
- The Outstanding Creditors (excluding accruals) at 31 January are £25.9m (£22.1m Nov18).
- Additional key suppliers have been approached regarding automated processing of invoices. The first of these are now utilizing this facility which is expected to significantly improve processing of invoices.
- The review and analysis of the payables ledger has continued, further identifying and correcting customer and supplier account/payment irregularities.

Planned activity for next period:

- Continue to focus on the receipting issues and on boarding of additional suppliers with automated invoice submission and processing.
- Liaising with our key suppliers / partners to resolve outstanding issues on both sides of the ledger.
- Continue to action the results of the payables ledger review and reconciliations.

Trust Income Month 10 - 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	Month 10	Average	Average
	£'000s	£'000s	£'000s	£'000s	Month	Month		2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	Total	Total
				Variance	Variance	Movement		£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	Income	Income
																		£'000s	£'000s
NHS Acute: Accident & Emergency (A&E)	34,771	29,133	28,522	-610	-444	-166		2,658	3,429	2,820	2,965	2,978	1,729	3,382	2,831	2,864	2,866	2,852	2,746
NHS Acute: Bone Marrow Transplant (BMT)	14,669	12,293	10,771	-1,522	-1,549	28		1,334	1,103	1,272	725	488	933	1,283	1,630	694	1,309	1,077	1,256
NHS Acute: Critical Care	82,982	69,175	64,458	-4,717	-3,710	-1,007		6,179	6,746	5,598	7,443	6,936	6,382	6,486	6,338	5,914	6,436	6,446	6,487
NHS Acute: Day Case (Incl Insourcing Activity)	73,846	62,102	61,795	-307	104	-411		5,603	6,602	6,589	5,942	6,488	5,889	6,713	6,256	5,789	5,925	6,179	5,964
NHS Acute: Devices (Off-Tariff)	18,635	15,615	15,417	-198	184	-382		1,583	931	1,972	1,282	1,455	1,947	1,613	1,508	1,880	1,245	1,542	1,818
NHS Acute: Direct Access Pathology	7,049	5,874	5,874	-0	-0	0		635	-206	463	1,457	589	331	842	589	587	587	587	646
NHS Acute: Drugs (Off-Tariff)	130,554	109,355	93,729	-15,626	-14,599	-1,027		9,894	8,033	10,222	9,511	9,950	9,981	9,055	8,132	8,616	10,335	9,373	9,957
NHS Acute: Elective (Incl Insourcing Activity)	74,704	62,810	67,753	4,943	4,031	912		6,257	5,945	7,006	6,918	6,216	6,795	7,352	7,342	6,571	7,350	6,775	6,195
NHS Acute: Maternity Pathway	58,797	49,270	49,976	706	831	-125		4,748	4,480	4,907	5,917	4,983	4,919	4,965	5,032	5,016	5,009	4,998	4,432
NHS Acute: Non Elective	202,785	169,922	170,082	159	-364	524		16,120	16,458	17,502	16,043	17,180	17,012	18,271	17,074	16,195	18,228	17,008	16,505
NHS Acute: Outpatient New (Incl Insourcing Activity)	49,212	41,279	41,397	118	-1,069	1,187		3,876	3,800	3,979	4,502	3,939	3,936	4,084	4,156	3,664	5,461	4,140	4,278
NHS Acute: Outpatient Follow Up (Incl Insourcing Activity)	54,573	45,716	44,957	-759	-508	-251		4,451	4,872	4,495	4,701	4,440	4,476	4,828	3,986	4,189	4,519	4,496	4,650
NHS Acute: Outpatient Procedure (Incl Insourcing Activity)	34,022	28,567	27,370	-1,197	128	-1,324		2,453	3,834	3,236	2,590	2,939	2,011	2,926	2,898	2,869	1,615	2,737	2,631
NHS Acute: Gento-Urinary (GUM)	3,866	3,240	3,747	508	520	-12		330	317	331	457	503	353	382	414	336	325	375	372
NHS Acute: Patient Transport (journey charges)	6,858	5,747	7,209	1,462	273	1,189		545	502	997	381	654	596	530	703	514	1,788	721	568
NHS Acute: Other (Other block funding services - NET of QIPP reduction)	33,279	26,321	32,530	6,210	5,143	1,067		3,239	5,595	2,539	3,827	3,015	3,094	2,555	1,893	4,089	2,684	3,253	5,924
NHS Acute: Other (Liver Transplant)	16,365	13,705	12,188	-1,517	-1,313	-203		1,218	1,133	1,302	1,421	1,169	1,272	1,223	1,013	1,218	1,218	1,219	1,223
NHS Acute: Radiology	22,739	19,054	18,567	-487	-192	-295		1,790	1,996	2,135	1,688	2,008	1,775	1,833	1,762	1,890	1,690	1,857	1,815
NHS Acute: Renal	24,459	20,485	20,090	-395	-361	-34		2,013	1,683	2,092	1,988	2,097	1,899	1,917	2,248	2,051	2,102	2,009	2,042
NHS Acute: Unallocated Income (RTT backlog activity subject to delivery plans)	5,200	4,080	468	-3,612	-2,817	-794		0	0	0	0	0	0	299	185	218	-234	47	0
NHS Acute: Contingency for data challenges from Commissioners	0	0	-2,042	-2,042	-1,838	-204		-114	-114	-114	-121	-116	-116	-116	809	-1,838	-204	-204	0
NHS Acute: CQUIN (based on 90% achievement)	19,344	16,120	16,120	-0	-0	-0		1,500	1,500	1,175	1,478	1,847	2,308	1,476	1,612	1,612	1,612	1,612	1,570
Commissioning Contract Sub-Total - A	968,709	809,861	790,981	-18,880	-17,552	-1,328		76,312	78,639	80,520	81,116	79,756	77,522	81,899	78,410	74,939	81,866	79,098	81,078
Other Commissioning Income Sub-Total - B	15,567	12,917	8,567	-4,349	-2,371	-1,978		1,234	818	1,340	1,137	1,181	1,415	1,348	334	415	-654	857	1,399
Clinical Income CIPs Sub-Total - C	8,724	7,459	0	-7,459	-6,636	-823		0	0	0	0	0	0	0	0	0	0	0	0
NHS CLINICAL CONTRACT INCOME (A+B+C)	993,000	830,237	799,548	-30,689	-26,559	-4,130		77,546	79,457	81,860	82,254	80,937	78,937	83,247	78,744	75,354	81,212	79,955	82,477
RTA INCOME	3,660	3,050	3,338	289	300	-11		302	348	251	602	283	346	306	283	323	294	334	306
PRIVATE PATIENT INCOME	26,399	22,000	21,742	-259	-187	-72		2,384	2,175	1,892	2,083	1,964	2,444	2,608	1,975	2,091	2,126	2,174	2,201
EDUCATION & TRAINING INCOME	44,584	37,123	36,905	-218	-261	43		3,698	3,397	3,910	3,667	3,751	3,736	3,728	3,506	3,739	3,774	3,691	3,817
RESEARCH & DEVELOPMENT INCOME	15,805	12,759	9,718	-3,041	-3,247	206		1,185	1,683	928	954	1,418	1,458	751	-875	794	1,422	972	1,353
MISC OTHER OPERATING INCOME	49,485	41,345	40,626	-720	-214	-506		2,875	3,065	3,193	4,359	5,633	3,928	4,170	4,380	5,110	3,912	4,063	3,959
PSF Income	21,532	16,508	2,261	-14,247	-11,735	-2,512		0	0	2,261	1,004	1,004	-2,009	-0	0	0	0	226	0
TOTAL TRUST INCOME (including PSF)	1,159,190	966,962	918,088	-48,874	-41,920	-6,955		88,374	90,499	94,628	95,330	95,438	89,274	95,201	88,378	87,806	93,158	91,809	94,513

Divisional Income Month 10 - Analysis by patient type

Row Labels	CEF	Commercial	Networked Care	PRUH	UPAC	Trust Income	Data Challenges	Block Adjustment	Grand Total
A&E				167,977	1,784	0		-779,961	-610,200
BMT			-1,521,798			0			-1,521,798
CQUIN						0		0	0
CRITICAL CARE			-5,501,624	-179,543	-36,779	0		1,000,893	-4,717,053
DAYCASE		-1,076	793,468	-570,412	-1,209,769	212		680,953	-306,624
DEVICES			-431,103	-66,592	483,639	-106		-183,854	-198,016
DIRECT ACCESS PATHOLOGY		53,424		2,909,223		-2,987,984		25,337	-0
DRUGS		166,011	-9,907,503	314,229	116,998	-5,674,833	-850,000	209,211	-15,625,887
ELECTIVE			2,957,666	388,501	2,159,311	-172,763		-389,379	4,943,336
GUM					507,769	0			507,769
MATERNITY			-24,327	-1,597,412	-347,724	-0		2,675,673	706,210
NON-ELECTIVE		-1,451	1,228,908	4,453,795	3,225,998	36,785		-8,784,634	159,401
OUTPATIENTS - FUP		-32,511	136,360	-1,099,802	-387,148	973,119		-348,551	-758,533
OUTPATIENTS - NEW		7,815	-231,096	-712,395	-1,731,481	44,251		2,740,726	117,820
OUTPATIENTS - PROC			856,070	-334,593	79,235	499,318		-2,296,975	-1,196,945
PATIENT TRANSPORT	1,123,343				0	1,578,326		-1,239,482	1,462,187
RADIOLOGY		1,489	-442,757	-278,545	634,213	-313,568		-87,374	-486,542
RENAL			-394,735			0		0	-394,735
OTHER	-670,802	30,703	-2,336,862	-1,138,586	643,433	3,265,294	-2,042,083	550,595	-1,698,309
OTHER - UNALLOCATED (RTT)					-890,000	-2,721,734			-3,611,734
Business Cases (Renal)									0
Clinical Income CIPs (Actual incorporated above lines)			-1,405,771	-2,386,925		-3,666,669			-7,459,365
Grand Total	452,541	224,404	-16,225,104	-131,080	3,249,479	-9,140,351	-2,892,083	-6,226,823	-30,689,018

(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 10, Block Contract was over-performing £4m against Plan.

(2) Trust-wide neutralisation is £9.1m (A&E - £1.9m, OP Proc - £3.2m, Stroke - £2.8m & Renal EPO - £1.2m)

(3) The in-month & YTD position takes into account 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:

- > Liver Transplants (£1.45m 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 – (£0.76m YTD) – Renal counting and coding correction has driven the adverse variance.
- > Critical Care (£4.7m 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 (£3.6m YTD) is currently behind the original phased plan but elective activity is showing an over-performance of £5m. 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 £15.6m 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.
- > A&E activity (£0.6k YTD) adverse against plan due to counting and coding rules neutralisation.
- > 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, BMT, Renal, Neurosurgery and Liver transplants.



Report to: Board
Date of meeting: 6th March 2019
By: Ashley Parrott
Subject: Board Assurance Framework

5.2

Executive Summary

Background.

Assurance goes to the heart of the work of board of directors. The provision of healthcare involves risk and being assured is a major factor in successfully controlling risk.

The board assurance framework (BAF) brings together in one place all of the relevant information on the risks to the board's strategic objectives. It is an essential tool for boards

The BAF has been revised in line with the development with the new Trust strategic framework and is presented to the Board for comment. When previously review the Board suggested a risk related to the KHP institutes needed to be explicitly included as well as a recognition of the wider systems partnership risks. The Board also requested a high level one-page summary.

The most recent assessment is attached at appendix 1.

Recommendations.

1. The Board is asked to note the current BAF and discuss whether it meets the needs the needs of the Board moving forward.

Board Assurance Summary Sheet

Total deliverables	28
Number of Deliverables not on target	6 (2.1, 3.2, 4.1 and 4.5)
Total Risks	32
Total Risks Rated at 16 (High)	8
Total Risks Rated 20 or 25 (Very High)	3 (2.1, 4.1 and 4.2)

1.0 KSO - An empowered and engaged workforce	
1.1 Aim: Develop a culture where all our staff feel valued, respected and engaged	
Risk - Diversity programme	9
Risk - Bullying and harassment	16
Risk - Violence and aggression	16
Risk - Health and wellbeing	6
1.2 Aim: Grow leadership capability to	
Risk - Leadership and management programmes	6
1.3 Aim: Invest in the learning, skills and education of our people to	
Risk - Staff engagement	12
1.4 Aim: Embed integrated activity, financial and workforce planning	
Risk - Workforce capacity and capability	12

2.0 KSO - Excellent local care with global reach	
2.1 Aim: Embed best practice in quality & productivity to improve access to	
Risk - Patient satisfaction -FFT	12
Risk - Outpatient transformation	9
Risk - CQC standards - moving to good	16
Risk - Quality improvement	9
Risk - Patient flow, 4 hour access	20
Risk - RTT18 and 52 week waits	15
2.2 Aim: Work with system partners to better align clinical capacity and patient demand	
Risk- South East London clinical portfolio & networks	16
Risk - One Bromley	15
2.3 Aim: Reconfigure pathways across our sites, aligned to GIRFT	
Risk - Delivery of GIRFT Programmes	12
2.4 Aim: Innovate and grow to build centres of excellence and networks ..	
Risk - Joint venture contracts	9
Risk - Clinical networks	9
Risk - Funding for Variety Children's Hospital	9

3.0 KSO - Cutting edge research	
3.1 Aim: Increase research activity (commercial and academic).....	
Risk - Recruitment for research	9
3.2 Aim: With our partners, invest in genomics and advanced cellular therapies to....	
Risk - Research infrastructure	15
3.3 Aim: Develop a supporting Trust wide research culture.....	
Risk - Recruitment targets	6

4.0 KSO - Able to invest in our future	
4.1 Aim: Achieve financial sustainability	
Risk - Financial recovery targets	16
Risk - Contract income	20
Risk - Shared Corporate services	8
Risk - Internal controls	12
4.2 Aim: Realise new procurement opportunities ...	
Risk -Impact of Brexit	20
4.3 Aim: Accelerate growth in our commercial opportunities	
Risk - Private patient income and international ventures	6
4.4 Aim: Pursue alternative estate delivery models to...	
Risk - Planning approvals	8
Risk - Alternative CEF delivery model	12
Risk - Backlog maintenance and medical devices	16
4.5 Aim: Strengthen our digital infrastructure to	
Risk - Health record roll out	16
Risk - Capital funding for IT Improvements	16
Risk - Electronic record across services	12

Note: the number by each risk is the current rating

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 Strategy deliverable - Improve on Bullying and Harassment within Staff survey results	Risk of low staff morale caused by bullying and harassment, poor staff engagement, limited health and wellbeing support, failure to improve basic welfare facilities in some areas and poor diversity programme management. This could result in poor staff survey results and increased staff turnover.	4	4	16	1. Bullying and Harassment hotline 2. Targeted listening events from areas with known issues 3. Appraisal process 4. Reduced vacancy rates 5. Relationship policy 6. BAME network established 7. Manager learning programme 8. Staff FFT includes extra questions re harassment and bullying 9. Diversity training on induction April 2019 10. Race Equality Action Plan tracked at Education and Workforce Development Committee (EWDC) and reported to Board 11. Equality Lead in place 12. Disability equality plan covered at EWDC 13. Staff Health and Wellbeing Group chaired by Executive lead 14. Health and Well being plans developed and submitted for funding allocation 15. Employee Assistance Programme 16. Additional services provided by Occupational Health department 17. Mindfulness and Mental Health at Work training for staff 18. Resilience and stress awareness training	1. National staff survey results 2. Staff FFT 3. Staff network feedback results 4. Exit questionnaires 5.. Gender pay gap annual reporting	1. Investment discussion following this year staff survey results latest national figure poor will need to invest in increased engagement programmes 2. Staff availability to attend health and wellbeing sessions as many staff not released 3. Inclusion awareness for senior leaders within the organisation	1. Review investment required for 2019/20 2. Investment for inclusion training to be confirmed 3. Develop reverse mentoring second round 4. Recruitment and selection training go live	1. April 19 2. April 19 3. April 19 4. April 19	Amber	Director of Workforce	Education and Workforce Development
		Risk that staff will be verbally abused or physically assaulted in clinical settings due to the patient condition and the increased number of patients arriving with severe mental health conditions. 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 (On Corporate Risk Register - Risk 3865)	4	4	16	1. Security employed in high risk areas such as A&E 2. Pinpoint alarm system for staff in high risk areas (DH only) 3. Enhanced care policy 4. Staff training programme on de-escalation techniques 5. Twinning with SLAM on wards to share physical and mental health (DH only)	1. Reported cases 2. Staff survey	1. Staff feedback on whether trust doing all possible	1. Survey staff in high risk areas to determine if they feel trust doing all possible to mitigate events wherever possible	Mar-19	N/A	Chief Nurse	Planning and Delivery Board
1.2	Grow leadership capability to enable diverse, high-performing teams and ensure accountability for delivery Strategy Deliverable - Develop the advanced leadership programme Strategy Deliverable - Succession planning embedded throughout the organisation	Risk that leadership and management programmes are not implemented or have limited effect on staff leadership capability due to delays in delivery and attendance and engagement of senior leaders.	2	3	6	1. Design of course in advanced stage 2. Dates provisionally identified with provider 3. Content scoping sessions completed	1. Attendance figures 2. Evaluation of course	1. Communication on planning for the course to Senior Leaders	1. Agree and communicate cohorts	Apr-19	Amber	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 Strategy Deliverable - Improved staff survey results around staff feeling valued and recognised. Strategy Deliverable - Voluntary turnover of 10%	Risk that staff feel they are not valued due to limited talent management and career development opportunities. This could impact on the national staff survey results and impact on the resilience and ability for the trust to identify and embed improvement.	3	4	12	1. Listening events 2. Recognition scheme (Kings Stars) 3. Daily bulletins 4. Pulse Magazine 5. Executive attendance at Joint Consultative Committee 6. Staff Networks 7. Conversation stations in UPAC 8. Speak up Guardian 9. Appraisal system 10. Exit questionnaire	1. National staff survey results 2. Staff FFT survey 3. Network feedback 4. Staff survey includes quality of appraisal conversation	1. Specific questions on engagement in staff FFT 2. Conversation stations in other Divisions 3. Specific engagement strategy in clinical and corporate Divisions 4. Potential external funding gaps	1. Specific questions on engagement in staff FFT 2. Conversation stations in other Divisions 3. Specific engagement strategy in clinical and corporate Divisions 4. Develop managers to improve quality of appraisals	TBC	Amber	Director of Workforce	Education and Workforce Development

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								
1.4	Embed integrated activity, financial and workforce planning Strategy deliverable - Aligned activity, financial and workforce planning	Risk of failure to deliver workforce capacity and capability across the organisation due to limited external workforce availability and limited funding for posts	3	4	12	<ul style="list-style-type: none"> • Monitor Hard to Recruit plans and targets • Nursing revalidation programme for all clinical staff • Staff Transfer Window rounds – nurse retention data • VAP/WAP meetings with the Divisions – Weekly • Safer staffing levels review monthly Workforce Delivery Group meetings - Monthly • 3-year Workforce strategy and plan with focus on capacity and capability – now Year 1 of 3 year strategy • Attendance management caseworkers in place and divisional sickness absence reviews 	Vacancy rates - Nursing - Medical staffing vacancy rates - AHP vacancy rates - Administration roles vacancy rates Trust sickness rate National Staff survey result	1. Pulse surveys during the year to monitor elements within staff survey 2. Medical vacancy rate remains challenged	1. Continue to recruit to medical vacancies	On-going recruitment	Amber	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 Strategy deliverable - Be one of the best London trusts for outpatient experience Strategy deliverable - New model for outpatients implemented Strategy deliverable - Embedded quality improvement programme Strategy deliverable - Improve and maintain productivity in theatres and outpatients	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.	4	4	16	1. Trust Governance Structure in place for quality committees 2. Tracking of improvements through Planning and Delivery Board 3. Reporting for all 3 domains of quality in place and escalated areas 4. Risk registers in place 5. Perfect Ward reviews conducted 6. Ward accreditation scheme 7. Leadership structure in place within Divisions 8. Non - Executive Directors in place as leads on core areas such as end of Life care, learning from deaths	1. CQC rating - Requires Improvement 2. CQC improvement action plan has demonstrable improvements	1. Risk register not used for business planning and prioritisation of work due to incorrect grading and unclear risk descriptions 2. Improvement capability and methodology not embedded throughout the organisation 3. Financial deficit and estates infrastructure will impact on achieving good due to well led and responsive domains	1. Complete CQC immediate actions 2. Review CQC findings and identify and act on root causes 3. Revise risk register (descriptions, controls and ratings) and ensure embedded in committee activity across the organisation 4. Continue to reduce financial deficit 5. Estates masterplan implementation	1. As soon as informed 2. 28/2/19 3. End of Q1 2019/20	N/A	Chief Nurse	Planning and Delivery Board Quality Assurance and Research committee
	Strategy deliverable - Improve patient flow to enable delivery of 4 hour access target	Risk that patients could have an assessment and treatment delay 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 specialties 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 4 related risks on the register to this: 290,956, 3761,2537 (On Corporate Risk Register)	4	5	20	1. Safety huddles 24/7 2. Regular bed meetings throughout the day 3. Denmark Hill now has area to assess walk in/seated patients 4. Bristol Safety Checklist in place 5. Full capacity protocol	1. 4 hour access monitoring 2. Incident monitoring	1. PRUH Clinical Leadership in Emergency Department	1. Complete Hunters programme - emergency flow improvement 2. Finalise and embed the Internal Professional Standards 3. Review and strengthen clinical leadership at PRUH Emergency department	1. Q2 2019/20 2. Q1 2019/20	Red	Chief Operating Officer	Planning and Delivery Board

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								
		Risk 270 - Risk of harm to patients waiting too long for their treatment with some waiting for over 52 weeks due to limited inpatient bed and theatre capacity. The difficulties in improving the RTT18 position could also impact on the Trust's reputation and lead to possible fines for breach of targets. (On Corporate Risk Register)	5	3	15	1. Validation of all PTL lists 2. Weekly theatre scheduling meeting 3. Daily review of patients waiting over 52 weeks 4. Weekly RTT challenge meeting 5. Root Cause Analysis review of all patients waiting over 52 weeks and if harm identified reported on Datix and managed through Serious Incident framework 6. Ring fenced funding for high demand areas to clear waiting lists 7. Outsourcing of work in high demand areas 8. Capacity and demand modelling completed by BIU for each speciality	RTT18 position 52 week wait totals	Assurance process re tracking and monitoring of RTT18	1. Treatment or removal of all 52-week waiters by end of Q1 2019-20 2. Review RTT18 Governance processes 3. Recruit RTT Improvement Lead Post 4. Complete Outpatient utilisation maximisation programme run by central Transformation Team	1. Q1 2019-20 2. Q1 2019-20 3. Q1 2019-20 4. TBC	Amber	Chief Operating Officer	Planning and Delivery Board
		Risk of failure to achieve high response rates and satisfaction scores for Friends and Family Test in all areas of Outpatients, A&E, Inpatient and Maternity due to inadequate response number and poor patient experience	4	3	12	1. System in place to collect data 2. Monthly data analysis 3. Data reviewed and scrutinised at performance meetings	FFT Score Inpatient - 93%, A&E - 78%, Maternity - 91%, OPD - 86% FFT response rates Inpatient - 37%, A&E - 3%, Maternity - 24%, OPD - 7%	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.	Commence new process to analyse results alongside other experience data for each Care Group and work on 2 actions per area to drive improvements.	Q2 2019/20	Red	Chief Nurse	Patient Experience Committee
		Risk of 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.	3	3	9	1. Agreed trust wide improvement methodology 2. QI Training Programme in place and on-going 3. Clear improvement plan - kings way for wards, pathway redesign and training in methodology	1. QI Training figures 2. Number of QI projects underway 3. Number of clinical pathways redesigned 4. Number of wards completed Kings Way for Wards	1. Quality Improvement Steering Group	1. Establish Quality Improvement Steering Group	31/03/2020	Amber	Director of Improvement Informatics and ICT	Executive Quality Board
		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.	3	3	9	1. Dashboard displaying Clinic capacity Booking utilisation, non-attendance (refreshed daily) 2. Tracking improvement through weekly DDO lead meetings 3. Project Board in place (meet by-weekly) 4. Risks and Issues log in place 5. Weekly report to executive lead 6. Outpatients Programme Governance structure in place (Efficiency Project, Centralisation Project, Digital Outpatients Project)	KPI reporting (template to bookable, booking utilisation, DNA's, clinic utilisation) Financial reporting against plan and last years performance.	Data inaccuracies Operational processes and delivery accountability clarity	1. Enhance clarity on operational ownership (e.g. divisions/OPAC, who books the follow-ups etc.) 2. Ensure data updates are processed in timely manner 3. Operational accountability of meeting KPI's	By end of Q1 2019/20	Amber	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 Strategy deliverable - Reconfigured clinical portfolio and networks established Strategy deliverable - One Bromley (ICS) delivering improved integrated elective and	Risk of 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. This is a shared partnership risk.	4	4	16	1. Provider federation within STP 2. Agreed clinical programmes and priorities aligned to all provider strategic priorities	1. STP agreement of programmes and project plan and mechanism to track joint key performance indicators	1. No clear model to follow due to evolving system roles	1. Agree system clinical priorities in collaboration with other providers and commissioners 2. Develop strategic options for reconfiguration and delivery 3. Develop project plans and resource to action recommendations 4. Deliver project plans	1 to 3 Q4 2019	Amber	Director of Strategy and Commercial Services	Trust Planning and Delivery Board

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								
	emergency care	Risk of failure to the delivery of the One Bromley Model due to leadership, bandwidth and engagement of all stakeholders.	3	5	15	1. Monthly ICS meetings in place, chaired by MD of Bromley CCG and attended by MDs from all partner organisations. 2. Partnerships fully operational since 2017 3. ICS strategy has been updated to include the key points of the NHS 10 year plan 4. Transfer of Care Bureau established at the PRUH 5. Bromley @Home Pilot commenced 12.2018 6. New model of primary care in Bromley 7. ICS lead from USA supporting rapid roll-out of ICS in Bromley 8. Frailty pathways – front door and Orpington ambulatory 9. Review of unplanned activity with shift to JOP activity overall and more services in community	Compliance against the ICS Leadership, Strategy and Governance plans	1. Workforce strategy not fully designed or agreed 2. Financial modelling and pooled resources not designed or agreed 3. Activity shift and impact on acute site not reviewed in totality 4. Information systems and technology to allow shared patient information not agreed 5. Estates strategy needs to be developed	1. Phase 1: Urgent and Emergency Care Programme One Bromley Delivery Unit 2. Phase 2: Mental Health, Children and Young People, Diabetes, Planned Care, Cancer 3. Medium and long term objective: implement shadow ICS, frequent attenders, capitated budgets, single system working	2019/2020 roll out of Phase 1 and elective activity review Phase 2 will commence in 19/20	Amber	Director of Strategy and Commercial Services	Planning and Delivery Board
2.3	Reconfigure pathways across our sites, aligned to GIRFT programmes: T&O, Ophthalmology, Neurosurgery, Emergency department and General Surgery. Strategic deliverable - Full implementation and embedding of GIRFT deliverables in Ophthalmology and other specialties	Risk of failure to address necessary actions identified within GIRFT programmes for the specialties due to inadequate systems and resources (capacity/ time and skill, infrastructure) to implement the identified changes and or local clinical ownership and engagement.	3	4	12	1. Action plans for GIRFT reviewed on rolling programme to EQB 2. Clinical Directors and Care Group Leads review reports and actions 3. Specific programmes have Executive Led oversight meetings 4. GIRFT data reviewed alongside national dashboards and outcomes 5. Executive and National GIRFT Leadership	1. KPIs on productivity and outcomes for specific 4 programmes 2.Improved clinical outcomes 3. Action plan progress at EQB 4. Financial savings 5. FFT results	1. EQB review could be deemed slow to review re timescales but each report is reviewed by Executive Leads	1. Accelerate GIRFT actions to EQB 2. Review of all GIRFT programmes reporting arrangements	01/03/2019	Amber	Deputy Chief Executive	Executive Quality Board
2.4	Innovate and grow to build centres of excellence and networks delivering world class outcomes led by the KHP institutes.For example, haematology, neurosciences, liver disease & transplantation - across the life course incorporating fetal, paediatric, adult and end of life services Strategic deliverable - KHP joint venture contracts agreed and leadership in place (incl Haematology)	Risk of failure to have an approved business case and contractual mechanism to establish joint venture contracts due to regulatory approval/consultation decisions and inability to have agreed contract between parties. There is an additional risk to financing the build associated with the building due to inability to hit philanthropy targets and find appropriate financing partners	3	3	9	1. Established programme board - NED led 2. Established programme plan 3. CEO action groups to resolve issues 4. Workshops conducted to develop contracts 5. Discussions with NHSI and NHSE on intentions 6. Contact with network providers 7. KCL Fundraising team in place 8. Commercial advisors in place	Tracking against programme plans	No	1. Agreement on final design principles for institutes 2. Finalise draft joint venture contract 3. Develop implementation plans for each institute 4. Establish shadow arrangements	1. Q1 2019/20 2. Q1 2019/20 3. Q1 2019/20 4. Q4 2019/20	Green	Director of Strategy and Commercial Services	King's Commercial Ventures Committee
	Strategy deliverable - Haematology Stage 1 built and Stage 2 commenced	Risk of failure to develop effective networks to support delivery of world class outcomes across the health systems linked to our clinical peaks.	3	3	9	1. Established network arrangements including KHP programmes, ODNs and associated network development plans 2. Established programme arrangements for RBH/KHP collaboration	Tracking against programme plans for individual networks	1. KCH Oversight of network approaches across programmes for consistency and effectiveness	1. Explore current oversight mechanisms across different programmes, identify gaps/opportunities for shared learning	1. Q2 2019/20	Amber	Director of Strategy and Commercial Services	Planning and Delivery Board
	Strategy deliverable - Variety Children's Hospital full business case approved and phase 1 underway*	Risk of failure to develop an approved business case or implement move due to regulatory approval and ability to fundraise for programme.	4	2	8	1. VCH working Group and SG in place (incl. strategy and fundraising representatives) 2. Building plan and propositions in development supported by early fundraising discussions	Tracking against programme plan and fundraising target	1. Steering Group links to KE and Board to be clarified 2. Programme plan to be established, including fundraising and financing targets and contracting arrangements	1. Clarify links to KE and Board. 2. Development of programme plan 3. Agreement on fundraising targets and contract arrangements between fundraising partners 4. Development of OBC	1. Q1 2019/20 2. Q2 2019/20 3. Q3 2019/20 4. Q4 2019/20	Amber	Director of Strategy and Commercial Services	Planning and Delivery Board
3.0 Cutting edge research													

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								
3.1	Increase research activity (commercial and academic), ensuring equity of access across sites Strategy deliverable - Recruit >18,000 patients to National Institute for Health Research portfolio annually	Risk of failure to recruit >18,000 patients to National Institute for Health Research portfolio annually	3	3	9	1. Well developed R&I team structure 2. Stable and resourced central office for R&I 3. Clinical staff and Principle Investigators delivering against research aims and objectives 4. Specialist work attracts commercial and non commercial research 5. R&I Committee - monthly	1. Recruitment numbers regularly tracked	PRUH requires support to increase recruitment for research	1. Ensure financial and operational clarity between research facilities and partners 2. Review research groups and finding aligned across the whole trust	31/03/2020	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 Strategy deliverable - Develop and deliver infrastructure for Advanced Therapies Medicinal Products, specialised genomics, clinical research and improved outcomes	Risk of 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.	3	5	15	1. Identified partners 2. Identified suitable space 3. Memorandum of Understanding between commercial providers and Kings and partners	1. Tracking of patients enrolled onto CAR-T programme 2. Specialist and associated cancer Genomics being delivered at DH and under NHSE Genomics programme (regional host GSTT) 3. Equipment in place	1. Time and focus to ensure appropriate negotiations 2. Local infrastructure challenged, and service partially delivered through external provider	1. Need clarity for funding of equipment 2. Purchase equipment 3. Engagement with Genomics partnership board 4. Influencing financial costing and flow	Q4 2019/20	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 Strategy deliverable - Establish robust R&I business planning, financial model and effective governance structure in place for research	Risk of failure to meet recruitment targets and attract commercial companies	2	3	6	1. Research representation at Trust Board and Executive Level 2. New transparent CRN funding model in place	1. Monthly reporting against budget and forecast in Financial Oversight Meetings and Finance and Performance Committee	1. Monthly R&I finance review with Directors 2. Accurate LPMS - EDGE in place and resourced	1. Appoint QA Manager 2. Line of sight from Trust Exec for Research to be strengthened 3. Research workforce census carried out and research workforce strategy developed	1. Q1 2019/20 2 and 3. Q3 2022	Amber	Medical Director	Quality Assurance and Research committee
4.0 Able to invest in our future													
4.1	Achieve financial sustainability Strategy deliverable : Financial break even across our portfolio Strategy deliverable - Sustainable system contractual arrangements Strategy deliverable - Shared corporate services (STP, wider London and beyond) implemented	Risk of 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. (On Corporate Risk Register)	4	4	16	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
		Risk of potential failure to receive all the income required from the work undertaken which will impact on our financial position due to unsustainable contractual arrangements with commissioners and inaccurate activity recording in health records leading to coding difficulties. This will have greater impact when moving away from block contracts.	5	4	20	1. Acknowledgement by commissioners of the quantum of activity which the trust is not funded for 2. The Trust has signalled areas where it is not receiving funding in its commissioning intentions and provided the necessary notice 3. Coding analysis benchmarked trust well compared with peers and improvement identified	1. Monthly overall income monitoring	1. Resourcing of contracting function 2. Current vacancies within BIU	1. New contracting structure to be implemented 2. Recruitment of BIU staff	01/06/2019 Oct 2019	Amber	Chief Finance Officer	Finance and Performance 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								
		Risk we cannot develop shared corporate services due to the potential lack of STP appetite or prioritisation.	3	2	8	1. Finance function transformation programme	Decision at Board and STP level	1. None	1. Continue to engage STP partners	Ongoing	Red	Chief Finance Officer	Finance and Performance Committee
		Risk of 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 within the current systems and processes.	3	4	12	1. Internal audit 2. External audit 3. Audit Committee 4. Finance and Performance Committee 5. Standard Financial Instructions revised	External Audit Results	1. Quarterly balance sheet of overall trust position 2. Enhanced key performance indicators 3. Compliance with the trust audit plan and actions	1. Quarterly balance sheet review 2. Review and amend KPI's within Board reports 3. Audit committee to track audit plan and actions	1. June 2019 2. June 2019 3. April 2019	N/A	Chief Finance Officer	Finance and Performance Committee
4.2	Realise new procurement opportunities and develop new partnerships around equipment replacement	Risk of patient harm due to delay in treatment, inferior quality products being used or omissions in treatment due to lack in stock of medical devices/consumables and drugs. The Trust depends on a large volume of import of MD from outside of the UK via Europe. There is a concern that as of April 2019 there may be a significant impact on the supply chain for medical devices/consumables and drugs. KCH currently stocks ~72 hours worth of supplies with limitations on potential storage provisions and finance.(risk 3772)	4	5	20	1. Assurance and information provided at a national level. 2. Contingency plans and assurance being sought from key suppliers 3. 2 weekly meetings with Executive Lead 4. Meetings with sector and regional leads	No assurance	No plan agreed	1. Explore potential storage possibilities with Estates 2. Procurement are working through supplier list. 3. Pharmacy to link with regional and national leads	1. Feb 2019	N/A	Director of Improvement Informatics and ICT	Executive Quality Board
4.3	Accelerate growth in our commercial opportunities Strategy deliverable - Growth in commercial income	Risk of potential failure to deliver on private patient income plans due to poor infrastructure and lack of bed capacity. There is also a risk to grow international ventures due to unclear business model and value proposition.	3	2	6	1. Private patient operational board established 2. Commercial services board established 3. Kings commercial ventures committee in place 4. Full Dubai venture implemented	Financial reporting to various committees Quality reporting to Quality Assurance and Research committee Strategy and forward plan reported to Kings Commercial Ventures Committee	Detailed financial reporting mechanism for private patients	1. Development of enhanced finance and activity planning for private patients 2. Develop forward plan for private patients 3. Complete international commercial strategy review	1. Q1 2019/20 2. Q1 2019/20 3. Q1 2019/20	Green	Director of Strategy and Commercial Services and Chief Operating Officer	King's Commercial Ventures Committee
4.4	Pursue alternative estate delivery models to address maintenance backlog and finance new Denmark Hill masterplan Strategy deliverable - Planning approvals for masterplan secured	Risk that the planning approvals are rejected or result in major construction changes due to the absence of an estates and clinical strategy, limited support from the STP and or 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.	2	4	8	1. Engagement underway with local authority 2. Masterplan endorsed by Board	Planning approval	1. Estates strategy	1. Develop estates strategy 2. Progress to planning application 3. Engagement with STP	1. Q4 2019/20 2. Q1 2020/21 3. Q1 2019/20	Amber	Director of Estates	Finance and Performance Committee
		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 due to lack of workforce and skill set and poor performance from provider.	3	4	12	1. Enhanced contract management committee and governance structure 2. KPI's established and monthly reporting	KPI monitoring Contract monitoring	None	1. Establish trust performance and monitoring team 2. Estates governance restructure	1. Q2 2019/20 2. Q2 2019/20	N/A	Director of Estates	Finance and Performance Committee 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								
		Risk of patient safety / experience as clinical equipment may not be available or unsuitable clinical areas due to the age and deteriorating nature of building fabric and mains infrastructure caused from previous poor investments and limited budget availability to maintain estate and purchase medical devices. The backlog work increases and the cost to funding temporary measures to mitigate maintenance impact are also continuing to increase.(Risk 3864)	4	4	16	1. EBME contracts 2. Maintenance contracts for high risk equipment such as radiology 3. Backlog maintenance prioritised on essential services 4. Funding provided from NHSI for 2018/19 5. Funding bids submitted for 2019/20 6. KFM manage medical device contracts	Place scores Incident monitoring Infection monitoring	1. Governance structure on medical devices 2. Asset management	1. Complete estates masterplan and seek planning permission 2. Confirm funding from NHSI for 2019/20 3. Revise governance structure for medical devices and Capital Estates and Facilities	1. Q1 2020/21 2. Q1 2019/20 3. Q2 2019/20	N/A	Director of Estates	Finance and Performance Committee
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 Strategy deliverable - Interoperable, electronic patient record linked across services and comprehensive digital offer	Risk of failure to rollout 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	N/A	31/3/2020 - Outpatients completed	Red	Director of Improvement Informatics and ICT	Digital and Technology Programme Board
		Risk of 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	N/A	N/A	Director of Improvement Informatics and ICT	Digital and Technology Programme Board
		Risk to establish 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/2019-02-27/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 **£18.596m** is taken, repayable by the **18 March 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)

£18,596,000.

UNCOMMITTED SINGLE CURRENCY INTERIM REVENUE SUPPORT

FACILITY AGREEMENT

REF NO: DHPF/ISUCL/RJZ/2019-02-27/A

5.2

TABLE OF CONTENTS

Clause	Headings	Page
1.	DEFINITIONS AND INTERPRETATION	2
2.	THE FACILITY	7
3.	PURPOSE.....	7
4.	CONDITIONS OF UTILISATION.....	8
5.	UTILISATION	8
6.	PAYMENTS AND REPAYMENT.....	9
7.	PREPAYMENT AND CANCELLATION	10
8.	INTEREST.....	11
9.	INTEREST PERIODS	11
10.	PREPAYMENT AMOUNT	12
11.	INDEMNITIES.....	12
12.	MITIGATION BY THE LENDER	13
13.	COSTS AND EXPENSES.....	13
14.	REPRESENTATIONS	13
15.	INFORMATION UNDERTAKINGS	16
16.	GENERAL UNDERTAKINGS.....	18
17.	COMPLIANCE FRAMEWORK.....	20
18.	EVENTS OF DEFAULT.....	20
19.	ASSIGNMENTS AND TRANSFERS	23
20.	ROLE OF THE LENDER	24
21.	PAYMENT MECHANICS.....	25
22.	SET-OFF.....	26
23.	NOTICES.....	26
24.	CALCULATIONS AND CERTIFICATES	27
25.	PARTIAL INVALIDITY	28
26.	REMEDIES AND WAIVERS.....	28
27.	AMENDMENTS AND WAIVERS	28
28.	COUNTERPARTS	28
29.	GOVERNING LAW.....	28
30.	DISPUTE RESOLUTION	28
	SCHEDULE 1: CONDITIONS PRECEDENT	29
	SCHEDULE 2: UTILISATION REQUEST.....	30
	SCHEDULE 3: NOT USED	31
	SCHEDULE 4: ANTICIPATED DRAWDOWN SCHEDULE	32
	SCHEDULE 5: DISPUTE RESOLUTION	33
	SCHEDULE 6: REPAYMENT SCHEDULE.....	36
	SCHEDULE 7: PERMITTED SECURITY – EXISTING SECURITY	37
	SCHEDULE 8: ADDITIONAL TERMS AND CONDITIONS.....	38

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 **£18,596,000**. 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 March 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	<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>

5.2

Approved Signatories (Signature)	1.	2.
Approved Signatories (Printed)	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 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.

SCHEDULE 3: NOT USED

5.2

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 March 2022	100%

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/2019-02-27/A		
Limit/Loan Facility Amount	£18,596,000.		
Org Name	King's College Hospital NHS Foundation Trust		
Org Code	RJZ		
Amount required (Round Thousands ONLY)	£18,596,000.		
Date Cash Required (Monday excl Bank Holidays)	11/03/2019		
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