

Meeting	Public Board of Directors
Time of meeting	15.00-17.30
Date of meeting	9th May 2019
Meeting Room	Dulwich Room, Hambleden Wing
Site	Denmark Hill

			Encl.	Lead	Time
1. STANDING ITEMS				Chair	15:00
1.1. Apologies					
1.2. Declarations of Interest					
1.3. Chair's Action					
1.4. Minutes of Previous Meeting – 06/03/2018	FA		Enc. 1.4		
1.5. Action Tracker & Matters Arising	FE		Enc. 1.5		
2. PATIENT FOCUS					
2.1. Patient Story	FD		Oral	Dr S Dolan	15:05
3. PRODUCTIVITY					
3.1. Chief Executive's Report	FD		Enc. 3.1	Dr C Kay	15.35
3.2. Integrated Performance Report (<i>Month 12</i>)	FD		Enc. 3.2	B Bluhm/F Wheeler	15.50
4. SAFE STAFFING					
4.1. Monthly Safer Staffing levels (Nursing)	FD		Enc. 4.1	Dr S Dolan	16.20
5. Finance					
5.1 Finance Report (<i>Month 12</i>)	FR		Enc. 5.1	L Woods	16.40
6. Governance					
6.1 Report from Governors	FR			C North	17.10
7. ANY OTHER BUSINESS				Chair	17.20
8. DATE OF NEXT MEETING					
9am Wednesday 5 th June, Dulwich Room, Hambledon Wing					

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

Members: Sir Hugh Taylor Faith Boardman Prof. Ghulam Mufti Dr Alix Pryde Prof Jonathan Cohen Christopher Stooke Dr Clive Kay Lorcan Woods Dr Shelley Dolan Prof. Julia Wendon Bernie Bluhm – <i>Non-voting Director</i> Fiona Wheeler– <i>Non-voting Director</i> Steven Bannister – <i>Non-voting Director</i> Lisa Hollins– <i>Non-voting Director</i> Abigail Stapleton– <i>Non-voting Director</i>	InterimTrust Chair (<i>Chair</i>) Non-Executive Director (SID) Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Chief Finance Officer Chief Nurse and Acting Deputy Chief Executive Executive Medical Director Interim Chief Operating Officer, Denmark Hill Acting Executive Managing Director, PRUH Interim Director of Capital, Estates and Facilities Executive Director of Improvement, Informatics & ICT Director of Strategy
Attendees: Siobhan Coldwell Sao Bui-Van Jessica Bush	Trust Secretary and Head of Corporate Governance (Minutes) Director of Communication Head of Engagement and Patient Experience
Apologies: Sue Slipman Dawn Brodrick Prof Richard Trembath	Non-Executive Director, Vice Chair Executive Director of Workforce Development 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 11am-1pm on 6th March 2019, at the Princess Royal University Hospital, Bromley.

Members:

Sir Hugh Taylor	Trust Chair, Meeting Chair
Sue Slipman	Non-Executive Director
Chris Stooke	Non-Executive Director
Faith Boardman	Non-Executive Director
Prof Jonathon Cohen	Non-Executive Director
Peter Herring	Chief Executive
Dr Shelley Dolan	Chief Nurse and Acting Deputy Chief Executive
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
Bernie Bluhm – Non-voting Director	Interim Chief Operating Officer (DH)
Fiona Wheeler – Non-voting Director	Acting Executive Managing Director (PRUH)

In attendance:

Siobhan Coldwell	Trust Secretary and Head of Corporate Governance (minutes)
Sao Bui-Van	Director of Communications
Chris North	Lead Governor
Penny Dale	Public Governor
Stephanie Harris	Public Governor
Jane Allberry	Public Governor
Victoria Silvester	Public Governor
Diana Coutts-Pauling	Public Governor
Kevin Labode	Staff Governor
Dominique Allwood	NEXT Director
Andrea Towers	Patient Governor
Emmanuel Forche	Patient Governor
Sarah Cooper	Johnson & Johnson
Mary Stirling	GSTT Governor

Apologies:

Prof. Richard Trembath	Non-Executive Director
Prof Ghulam Mufti	Non-Executive Director
Dr Alix Pryde	Non-Executive Director
Steven Bannister – Non-voting Director	Director of Capital Estates and Facilities

Enc. 1.4

	Subject	Action
019/16	<u>Apologies</u>	
	Apologies for absence were noted.	
019/17	<u>Declarations of Interest</u>	
	None.	
019/18	<u>Chair's Actions</u>	
	No Chair's actions were reported.	
019/19	<u>Minutes of the last meeting</u>	
	The minutes were agreed as an accurate record of the meeting held on 6 th February 2019.	
019/20	<u>Action Tracker and Matters arising</u>	
	The content of the action tracker was noted.	
019/21	<u>Patient Story</u>	
	Item withdrawn.	
019/22	<u>Patient Outcomes</u>	
	Prof. Julia Wendon introduced the Q3 patient outcomes report, noting that the majority of indicators were green. Only seven indicators were red-rated and these related to aspects of emergency laparotomy, kidney transplant, fractured neck of femur pain management and stroke. She noted that the national emergency laparotomy audit (NELA) shows a lack of risk assessment. However, mortality rates are lower than the national average. More generally, the Trust's mortality indicators remain positive and analysis shows that weekends and demographics do not impact negatively on the indicators.	
	Prof Cohen noted that QARC had discussed mortality data and were concerned that there had been an upward trend at the PRUH that needed to be further investigated. It was reported that there had been a concern about sepsis and co-morbidity and staff training had been improved.	
	Mrs Boardman asked whether theatre utilisation was a factor in the laparotomy audit. It was reported theatre productivity has improved, particularly for elective use, but emergency capacity remains challenged. However the NELA cohort is small and outcomes remain good.	
	The Board noted the report.	

Enc. 1.4

Subject

Action

019/23 Integrated Performance Report

The Board received a report outlining the M10 and year to date operational performance of the Trust. Dr Dolan summarised the key quality indicators, noting that the Trust would not meet the c-difficile target for the year. Next year the target will be higher as the methodology is changing to include community acquired infections. The Trust will be working with the STP to agree recording mechanisms. The Trust has reviewed 4 cases in detail to understand the root cause. Only two lapses have been care were found.

Bernie Bluhm updated the Board on emergency care access, noting that performance in January had been poor at 69.7%. An improvement plan is in place, supported by an external provider. Improvement is needed in a number of key areas including early decision making, early discharge and ambulatory care. The Trust will be working with the regulator and commissioners to ensure that the recovery trajectory is realistic. Fiona Wheeler reported that the PRUH faced many of the same challenges although the urgent care centre performance was very good. The PRUH also has an externally supported improvement plan in place that focuses on flow through the emergency department, ambulatory care and discharge planning. The PRUH is working to ensure engagement of external partners with a view to achieving better out of hospital assessments. Mr Stooke noted the relationship with the friends and family survey data and sought assurance that the Trust was working to improve patient experience in both EDs. Ms Bluhm noted it was difficult given the long waits and overcrowding, but the importance of communication with patients was being reinforced with staff.

In respect of Referral to Treatment (RTT), 77.8% of patients were treated within 18 weeks, which is slight improvement. Work is ongoing to improve the 52 week breaches and a plan is being developed with clinicians. The Board was assured that all patients who have waited for more than 52 weeks for treatment have been assessed for harm and safety. Demand and capacity modelling is underway to minimise the number by the end of Q4. The Board noted that QARC had reviewed this in detail and had emphasised the importance of ensuring patients were being contacted regularly with an updated position.

Cancer performance was reported to be compliant at the PRUH, but not at Denmark Hill. The Trust is part of a system and therefore ensuring patient referrals are timely is key, and performance in this area needs to improve. The backlog of prostate and colorectal cases has reduced. The Board noted the need to improve in this area, considering it a patient safety issue.

Diagnostics are compliant with the exception of Endoscopy at the PRUH. The unit does not have sufficient capacity to cope with demand. NHSI are supporting the development of a plan to address this, but the lack of capital funding is a concern.

The Board noted the findings of the HEE visit. The Board also noted the positive workforce data including vacancy and training rates. The increases in sickness and turnover were noted.

Enc. 1.4

	Subject	Action
019/24	<u>Chief Executive Report</u>	
	<p>Peter Herring provided the Board with a summary of his report, highlighting the contribution the Trust had made to a recent knife crime report. He also noted that the Care Quality Commission has visited the Trust a number of times to carry out a detailed inspection that includes use of resources and whether the Trust is well led. Their work is now concluded and the Trust should receive a draft report in April 2019.</p> <p>The Board noted the report.</p>	
019/25	<u>Chair and NED Activity</u>	
	<p>The Board noted the report, which outlined the activities of the Chair and NEDs over the previous 3 months.</p>	
019/26	<u>Monthly Safer Staffing Levels (Nursing)</u>	
	<p>Dr Dolan presented the monthly safer staffing levels, that provides the Board with assurance that nurse staffing levels are regularly monitored across the Trust. She noted that the Trust nurse vacancy rate is very low, but there are hotspots within the Trust e.g. childrens and neonatal, where there are national shortages. There has been a renewed focus on reducing sickness levels because of the impact this has on the Trust's ability to provide safe care.</p> <p>The Board noted the report</p>	
019/27	<u>M10 Finance Report</u>	
	<p>Lorcan Woods confirmed that following a conversation with Board earlier in the year, the Trust had accepted its control total for 2019/20 and the Trust is now focused on agreeing the budget, capital plan and cost improvement programme (CIP). The contract discussions with commissioners should also be concluded by the end of March.</p> <p>He went on to report that in M10, the Trust had recorded an in-month deficit of £14m and that the year to date deficit is £162m. This was within the forecasted range. The Board noted that pay control remains good and that there is a better understanding of the shortfall on clinical income, but that non-pay expenditure control needs to improve. In 191/20, the Trust will plan differently for winter pressures within the budget.</p> <p>As the Trust approaches the end of the financial year, the finance teams has plans in place to ensure the annual accounts are produced and audited within the prescribed timetables.</p> <p>The Board discussed the vacancy levels within the admin and clerical staff group and asked what had been done to ensure that the staffing levels were fit for purposed. It was noted that within the finance function a full review had been completed and the structure had been red. However this approach has not been undertaken</p>	

Enc. 1.4

Subject**Action**

consistently across all areas. The Board recognised that ensuring staff had the appropriate skills was as important as headcount.

The Board discussed the capital position, noting that the 19/20 capital budget will be very difficult and that discussions are ongoing with NHSI to address this. More generally the Board recognised the importance of meeting 19/20 financial targets in order to build confidence that the deficit is being addressed.

The Board welcomed the announcement that the Trust has been awarded £1.4m from the STP digital maturity fund.

The Board noted the report.

019/28 Board Assurance Framework

Dr Dolan presented the latest iteration of the Board Assurance Framework (BAF). The corporate risk register has been refocused and now aligns with the BAF. The Board agreed there needed to be more clarity on the key risks facing the Trust and how they are being addressed.

019/29 Loan Resolution

The Board agreed the draw-down request.

019/30 Report from the Governors

Chris North welcomed Sir Hugh to King's and reported that he was pleased to hear that Sir Hugh would be patient-centric in his approach. He noted that the governors remain concerned about performance, particularly against the emergency care referral to treatment standards.

He thanks Mr Herring for the contribution he had made to the Trust as interim Chief Executive and sought assurance that there would be a full handover with Dr Kay, the incoming CEO. Mr Herring confirmed this was in place.

019/31 Any Other Business

The Chair updated that the Trust had preparations for the pending EU exit in hand, particularly if the UK left with 'no deal'. There has been national contingency planning and the Trust has been fully engaged.

The Chair noted that Peter Herring would be leaving the Trust at the end of March and thanked him for his contribution. Mr Herring had joined the Trust at a difficult time and had been important in stabilising the organisation.

019/32 Date of the next Meeting

TBC

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.

Report to: Board of Directors
Date of meeting: 9th May 2019
Author: Siobhan Coldwell
Presented by: Dr Clive Kay
Sponsor: Dr Clive Kay
Subject: Chief Executive's Report
Status: For Information

Summary of Report

This paper outlines the key developments and occurrences from April 2019 that the Chief Executive wishes to discuss with the Board of Directors.

Action Required

The Board is asked to note the content of the report.

Report from the Chief Executive

The Board will be aware that I joined the Trust at the beginning of April, so much of the past month has been focused on getting to know the Trust, its staff and patients and of course our external stakeholders.

I would like to take the opportunity to thank everyone I have met so far. I have been overwhelmed at how welcome I have been made to feel and it is clear that the staff here are high calibre and committed to the 'Kings' brand.

I have spent at least two days a week since I have been here, visiting different parts of the Trust and there is a table below outlining the visits to date. I am committed to continuing this as an ongoing part of my induction to Kings.

Care Groups
Radiology Therapies, Social Workers and Discharge Service (Paran Govender) Orthopaedics, Orpington Stroke and Neuro Rehab, PRUH Chartwell Ward and Cancer Services, PRUH Sexual Health Services King's Volunteers (Petula Storey) Theatres and Anaesthesia (DH) Professor Anil Dhawan and the Child Health Management team
Ward Visits
PRUH – Farnborough and Darwin 1 & 2 DH – Health and Ageing Unit, Coptcoat and Twining
Partner Engagement
Hilary Sears (Chair) and Gail Scott-Spicer (Chief Executive), King's College Hospital Charity (including a visit to Paediatric ED to see the work they have supported in the department) Jill Lockett, Director (Performance and Delivery), King's Health Partners STP and CCG partners NHSI – London Leaders
Internal engagement
Senior Leadership Meeting State of the Nation Meetings at both DH and the PRUH

As noted above, I have been impressed by the commitment of King's staff across all sites. Nevertheless, the Trust is facing a number of challenges. Since the Board last met formally in March 2019, the Trust submitted its annual plan to the Regulator. This outlines the operational and financial targets the Trust is working to in 2019/20. The Trust has agreed a control total of £-168m with the regulator and a plan is in place to achieve this. The target is realistic, but it will be challenging.

King's is a great institution that provides excellent patient outcomes, but operational performance against core targets present a real challenge. Again, trajectories have been agreed with NHSI, which will be challenging.

Briefings from External Providers

Attached for information is a briefing for the Board's information from NHS providers, "The Big Picture" that provides a policy overview of key issues facing the sector.

April 2019



The BIG PICTURE

National messaging to share with local stakeholders

The BIG PICTURE

This briefing aims to support trusts in building relationships with local stakeholders, including local MPs, by providing a national policy overview of key issues.

We will update this every quarter, each time focusing on three high priority topics within the national conversation. In this edition we focus on:

- the national picture with regard to Q3 finances
- the results of our recent survey into pressures on mental health services
- the need to secure a sustainable social care system.

We hope this will complement trust communications on local developments with groups such as staff, patients and service users, the voluntary sector, MPs and councillors.

We hope that trusts can supplement this material with their own examples, or use this as a basis for their own briefing in support of their engagement with local stakeholders.

Performance

2018/19 Q3 finances and performance



- There are 100,500 vacancies across trusts (11% vacancy rate) including nearly 40,000 nurses and 9,000 doctors.
- 134 trusts were in deficit at the end of quarter 3 2018/19, and the provider sector deficit at the end of the year is expected to be around £917million (this includes the provider sustainability funding that hasn't been allocated and other one-off payments).
- Demand for emergency care is higher than ever. Nationally, there has been a 6% increase in emergency admissions since last year and over winter, ambulance arrivals rose to an all time high.
- In March 2019, 86.6% of people were seen within the 95% four-hour A&E standard, and only 15 trusts with a major A&E department met the standard. This follows the most pressured month ever for the NHS, when performance against the standard was at a record low of 85%.
- Despite the fall in performance against the A&E target, the NHS saw an additional 141,391 people within four hours in March than the same month last year – demand is simply outstripping capacity.
- Demand for mental health, community and specialist services is also increasing. As a result of increased activity and a limited number of inpatient mental health beds, 675 people were treated outside their local area in January 2019.

These figures show that trusts are doing all they can to deliver timely, high quality care. But it is also clear that there is a significant gap between the resources available and the current demand for services.

Mental health services

Addressing the care deficit



NHS Providers' recent survey of mental health trust leaders found significant unmet need for a number of mental health conditions, as well as commissioning decisions resulting in services being cut or reduced. Demand for services is outstripping supply and socio-economic factors are contributing to this.

In implementing the NHS long term plan, both mental health trusts and the national bodies need to address the following priorities:

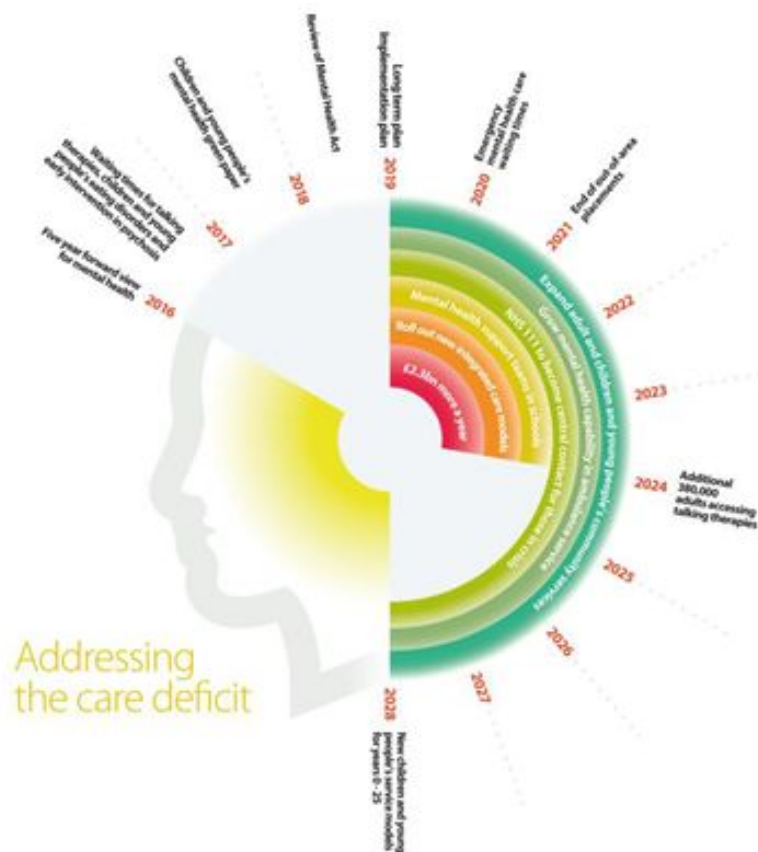
- **recognition of sustained increases in demand**, and a continued focus on reducing the number of out of area placements and addressing inpatient capacity problems
- **meeting providers' capital investment needs** so that urgent improvements can be made to estates
- **promoting careers in mental health** and retaining the current financial incentives to recruit mental health professionals
- **continuing the progress already made on data collection and data quality** to give a better understanding of mental health activity, access and outcomes that can then enable better commissioning of services.

Mental health services

Addressing the care deficit



Socio-economic drivers of demand



Mental health leaders told us

73%

said they are worried they do not currently have the right numbers and skills of staff

88%

agreed that pressures in the wider system have a knock-on effect and increase demand for mental health services

69%

said they are worried about maintaining the current quality of services over the next two years

58%

said that demand for community services is increasing

92%

said changes to benefits/ universal credit are increasing demand

48%

said that demand for mental health services increases over the winter

Social care and the NHS

Two sides of the same coin



NHS Providers is one of 15 health organisations that have come together as part of Health for Care, a coalition led by the NHS Confederation, to call on the government to create a sustainable social care system.



A 2018 report commissioned by the NHS Confederation, and undertaken by the Institute for Fiscal Studies and the Health Foundation, calculated that social care funding would need to increase by 3.9% a year to meet the needs of an ageing population and an increasing number of younger adults living with disabilities.

The impact on the public of cuts to local authority funding has been profound. There are around 1.4 million older people who are not able to access the support they need and demand for care is likely to increase in the coming years. There are 850,000 people with dementia in the UK, with this figure expected to increase to more than 1 million by 2025. Up to 58% of people over 60 are living with at least one long-term condition such as diabetes, arthritis or hypertension, and the number of people with co-morbidities has been rising by 8% a year.

Without addressing the social care challenge, we risk devaluing the recent funding settlement for the NHS and undermining the ability of health services to meet the ambitions of the NHS long term plan. Adult social care services are facing a funding gap of £3.6bn by 2025. There is a growing workforce gap due to low pay, working conditions and lack of job security.

We therefore need:

- eligibility based on need, widened to ensure those with unmet or under-met need have access to appropriate care and support
- a transparent public debate on funding for social care, underpinned by a bold new vision and proposals to secure, long-term, funding to enable the social care system to operate effectively and deliver the personalised support people need and deserve.

The **BIG** PICTURE

Public Board Meeting-09/05/19

We'd love to hear your feedback on this briefing.
If there are any topics you'd like covered, or if another
format would be more helpful, please let us know.

Please share any feedback you have with Kerry Racher,
public affairs advisor, at kerry.racher@nhsproviders.org



nhsproviders.org
[@NHSProviders](https://twitter.com/NHSProviders)

Report to: Board Committee

Date of meeting: 9 May 2019

Subject: Integrated Performance Report 2018/19 Month 12 (March)

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

Presented by: Bernie Bluhm, Chief Operating Officer

Sponsor: Bernie Bluhm, Chief Operating Officer

History: None

Status: For Discussion

1. Background/Purpose

This report provides the details of performance achieved against key national performance, quality, and governance indicators defined in the NHSi Single Oversight Framework (SOF) as at Month 12 2018/19.

2. Action required

The Committee is asked to approve the 2018/19 M12 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)	
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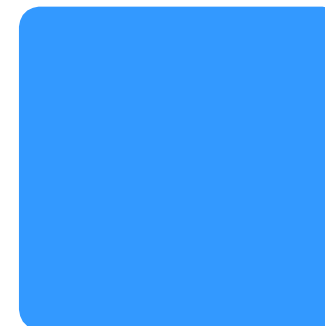
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4. Appendices

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

Operational Performance Summary Report for March 2019

Presented to Board Committee
9 May 2019



- The slides below provide a site specific operational performance update on patient access target performance with a focus on delivery and recovery actions.
- The weekly performance metrics for ED are based on key performance indicators (KPIs) that have been agreed as part of the Urgent and Emergency Care (UEC) improvement programme.
- These slides should be read in conjunction with the Integrated Performance Report (IPR).

Referral To Treatment (1/4) Trust Aggregate

RTT Performance Headlines (Mar-19)

- RTT Incomplete performance: 78.08%
- 52+ Week breaches: 192
- Total 18+ Week Waiters: 17,971
- Total PTL Size: 77,959

PTL Summary

- RTT Incomplete compliance declined from 78.08% in Feb-19 to 76.95% in Mar-19, and remains below our trajectory of 83.83%.
- No specialty lines were compliant in the Mar-19 reported position.
- Total RTT PTL for open/incomplete pathways increased by 2,395, from 75,564 in Feb-19 to 77,959 in Mar-19.
- Number of <18 Week waiters increased by 991 from 58,997 in Feb-19 to 59,988 in Mar-19.
- Number of >18 Week waiters increased by 1,404 from 16,567 in Feb-19 to 17,971 in Mar-19.

52 Weeks breaches

- Number of 52 week waiters reduced by 72 patients from 264 in Feb-19 to 192 in Mar-19. This is below the revised trajectory of 194 cases for the month.
- The longest wait patient is currently waiting 138 weeks in Colorectal Surgery.

Insourcing Activity (Mar-19)

- No further outpatients seen by 18WS at KCH during Mar-19 since the 131 outpatients seen in Feb-19 in Dermatology.
- 75 endoscopy patients seen by 19WS at KCH in Mar-19 compared to the 109 endoscopy patients seen in Feb-19.

Outsourcing Activity (Mar-19)

- 30 elective patients seen at BMI hospitals in General Surgery and T&O compared to 37 patients seen in February.
- 23 elective patients seen at Harley Street in Neurosurgery compared to 19 patients seen in February.
- 7 bariatric patients seen at Princess Grace Hospital compared to 3 patients seen in February.
- 18 T&O patients seen at SWLEOC compared to 5 patients seen in February.
- 3 T&O patients treated by Darent Valley consultants at Queen Marys Sidcup hospital in March.
- 119 endoscopy patients seen at BMI hospitals funded by CAN compared to 30 patients seen in February.

Cancelled Operations

Total – 56 cancelled on the day of surgery for non-clinical reasons. These were cancelled mainly due to:

- 12 due to the operating list over-running.
- 7 due to emergency cases taking priority.
- 7 due to critical care/ward beds not available.
- 4 due to booking/letter issues.
- 28-day cancellation rate increased from 19.7% in February (13 cases) to 33.3% in March (17 cases).

**Please note that that 28-day cancellation rate is based on patients who have not been treated within 28 days of their previous cancellation.*

Planned Waiting List (current position)

- 8,110 patients on the Planned Waiting List compared to 8,378 patients reported last month.
- Of these patients, 3,746 do not have a planned Admit By Date recorded, compared to 4,434 last month.
- 1,095 patients are still waiting for admission beyond their planned Admit By Date, compared to 1,095 last month.
- The longest waiting patient on the planned list beyond their Admit By Date, subject to further validation is 238 weeks.

Planned Waiting List Validation update

- 6,064 planned waiting list entries have been validated
- Our RTT Performance Manager will be conducting a sample validation audit of the outcomes recorded so far. Subject to this sampling, key outcomes are:
- 1,679 patients potentially need to revert to waiting on the RTT PTL waiting list as an incomplete, reportable pathway.
- 897 planned entries to be removed from the planned waiting list.

Referral To Treatment (3/4) Site Summaries – Denmark Hill

RTT Performance Headlines (Mar-19)

- RTT Incomplete performance: 78.16%
- 52+ Week breaches: 176
- Total 18+ Week Waiters: 37,067
- Total PTL Size: 10,359

Denmark Hill

PTL Summary

- RTT Incomplete compliance declined from 79.18% in Feb-19 to 78.16% in Mar-19.
- Total RTT PTL for open/incomplete pathways increased by 1,556 cases, from 45,870 in Feb-19 to 47,426 in Mar-19.
- Number of <18 Week waiters increased by 746 cases from 36,321 in Feb-19 to 37,067 in Mar-19.
- Number of >18 Week waiters increased by 810 cases from 9,549 in Feb-19 to 10,359 in Mar-19.

52 Weeks breaches

- Number of 52 week waiters reduced by 62 patients from 238 in Feb-19 to 176 in Mar-19.

Planned Waiting List (current position)

- 4,163 patients on Planned Waiting List compared to 4,009 reported last month.
- Of these patients, 2,450 do not have a planned Admit By Date recorded.
- 288 patients are still waiting for admission beyond their planned Admit By Date.

Mitigating Actions / Key Risks

PTL Management

- Care group PTL reviews supported by BIU 18 week lead.
- RTT lead now established and working daily across both divisions and linking into PRUH.
- Weekly PTL meetings established and led by COO.
- Focus on all patients waiting weeks 43-51 to avoid further movement into 52 week position.
- Training programme in development.

52 Weeks breaches

- March trajectory was delivered. The on-going capacity gap remains in Bariatric surgery – discussions with commissioners have begun in relation to a system wide solution.
- Outsourcing providers increased for April and May.

Planned Waiting List

- On completion of validation, the planned waiting list will be monitored at the weekly PTL meeting.
- Regular audit of the planned waiting list will commence on completion of the current validation exercise.
- Additional validation resource support being sought.

Key Risks

- Capacity for Bariatric surgery.
- Validation demand .
- Competing priorities –
 - Operating capacity for some specialities, eg Neurosurgery
 - Productivity in some specialities.

RTT Performance Headlines (Mar-19)

- RTT Incomplete performance: 75.07%
- 52+ Week breaches: 16
- Total 18+ Week Waiters: 22,921
- Total PTL Size: 7,612

PRUH**PTL Summary**

- RTT Incomplete compliance declined from 76.37% in Feb-19 to 75.07% in Mar-19.
- Total RTT PTL for open/incomplete pathways increased by 839 cases, from 29,694 in Feb-19 to 30,533 in Mar-19.
- Number of <18 Week waiters increased by 245 from 22,676 in Feb-19 to 22,921 in Mar-19.
- Number of >18 Week waiters increased by 594 from 7,018 in Feb-19 to 7,612 in Mar-19.

52 Weeks breaches

- Number of 52 week waiters reduced by 10 patients from 26 in Feb-19 to 16 in Mar-19.

Planned Waiting List (current position)

- 3,947 patients on Planned Waiting List compared to 4,439 reported last month.
- Of these patients, 1,296 do not have a planned Admit By Date recorded.
- 807 patients are still waiting for admission beyond their planned Admit By Date.

Mitigating Actions / Key Risks**PTL Management**

- Weekly PTL meetings set up led by DDO for Planned Care
- Care Group reviews established with a focus on challenged specialties
- Focus on all patients waiting weeks 43-51 to avoid further movement into 52 week position
- Back to basics PTL management training for all service managers and outpatient staff being developed with roll-out in May
- Transformation + development of alternative pathways underway eg A+G, OP Integration with One Bromley
- Recovery plans in development at specialty level.

52 Weeks breaches

- March trajectory was delivered for the PRUH
- Daily forward review of 52 weeks risks
- T&O remains a challenge with waits for GSTT pathways (small numbers)
- Recovery plan for endoscopy backlog and impact on RTT for colorectal, upper GI

Planned Waiting List

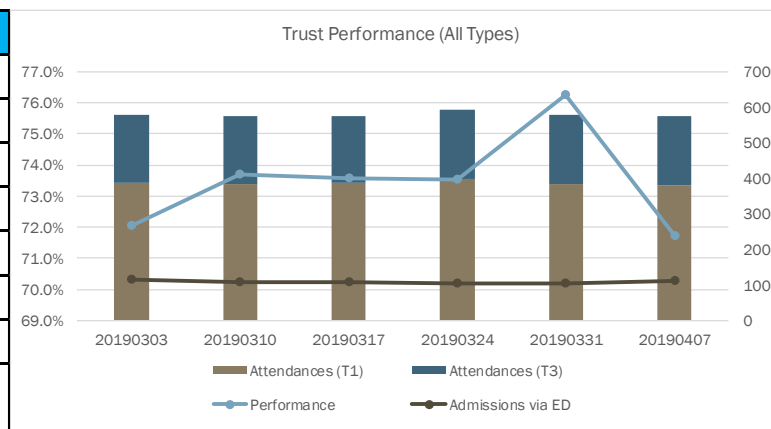
- Planned waiting list monitored at the weekly PTL meeting
- Capacity planning and mapping of pathways commenced – milestones of 1st OP at 8 wks, DTA at max 14wks

Key Risks

- Capacity for endoscopy
- Challenged specialties >18wks: Gen surgery, ENT, T+O, colorectal, upper GI
- Increased 2ww demand for 1st OP competing RTT capacity
- Productivity and staffing gaps in some specialties.

- The table below summarises ED activity and performance measures as defined within the unscheduled care improvement programme for the 6-weeks to 14 April 2019

Metric Name	20190310	20190317	20190324	20190331	20190407	20190414
A&E Attendances - All Types	6134	6188	6350	6162	6138	5729
A&E Attendances - Type 1	3833	3880	3992	3830	3788	3598
A&E Attendances - Type 3	1905	1887	1955	1948	1966	1784
A&E Performance - All Types	73.70%	73.59%	73.54%	76.27%	71.70%	73.96%
ED Attendances - Admitted	1068	1066	1039	1043	1126	1085
ED Type 1 Performance	62.07%	70.47%	64.86%	67.36%	62.36%	62.95%
ED Type 1 Performance - Admitted	37.83%	40.90%	38.11%	37.10%	30.46%	38.99%
ED Type 1 Performance - Non Admitted	74.71%	74.06%	75.04%	79.18%	73.88%	76.13%

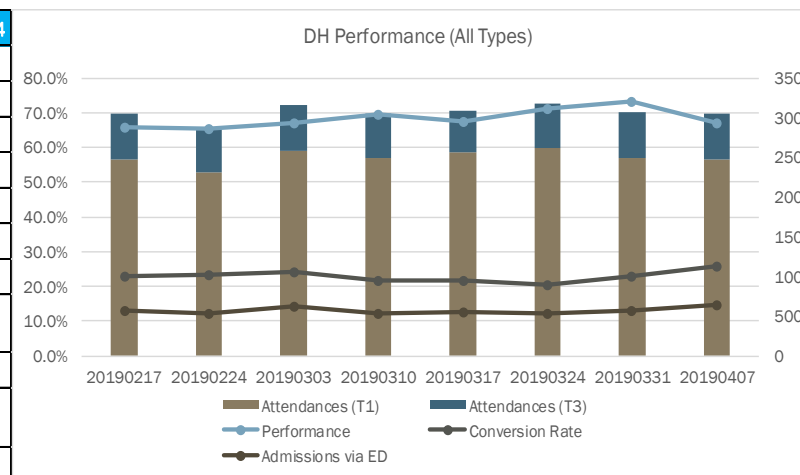


Performance Highlights:

- Trust 4-hour performance improved from 70.39% in February to 73.72% in March, below the recovery trajectory of 95% for the month.
- ED type 1 attendances exceeded 3,830 attendances each week in March, reducing for the first 2 weeks in April.
- ED All types performance improved to 76.27% for the week-ending 31 March, the highest for the 6-week period.
- Weekly average of 1,054 emergency admissions seen in March which increased to over 1,120 for the first week in April.

- The table below summarises ED activity and performance measures as defined within the unscheduled care improvement programme for the 8-weeks to 14 April 2019

Metric Name	20190217	20190224	20190303	20190310	20190317	20190324	20190331	20190407	20190414
A&E Attendances - All Types	3367	3303	3558	3448	3501	3575	3450	3436	3184
A&E Attendances - Type 1	2469	2303	2574	2499	2556	2612	2485	2473	2316
A&E Attendances - Type 3	580	548	579	553	524	560	581	579	521
A&E Performance - All Types	65.87%	65.55%	67.23%	69.75%	67.38%	71.05%	73.39%	67.08%	71.95%
ED Attendances - Admitted	567	535	619	537	557	531	572	638	567
ED Type 1 Performance	58.32%	53.71%	59.60%	60.90%	59.31%	65.20%	65.63%	58.84%	64.38%
ED Type 1 Performance - Admitted	29.98%	25.61%	26.98%	31.84%	27.65%	33.15%	31.12%	25.71%	33.16%
ED Type 1 Performance - Non Admitted	73.80%	71.64%	75.16%	76.83%	73.52%	76.40%	80.57%	75.28%	79.23%
ED Type 3 Performance	80.00%	87.59%	80.48%	89.33%	80.53%	79.82%	88.98%	83.42%	88.87%
Conversion Rate (based on T1 attendances)	22.96%	23.23%	24.05%	21.49%	21.79%	20.33%	23.02%	25.80%	24.48%
Time to First Clinician (median)	132	116	129	104	117	113	99	113	91



Performance Highlights:

- ED type 1 attendances have exceeded the baseline of 2,491 in each of the 5 weeks in March, whereas type 3 attendances have broadly been consistent with the baseline of 561 attendances.
- ED all types performance has improved week-on-week with the exception of w/e 10 March from 67.2% at the start of the month to 73.3% at the end of March. Type 3 performance still remains volatile fluctuating from 80.5% to 89.3% in-month.
- In terms of monthly performance, ED all types performance improved to 68.36% in March compared to 66.37% in February. We are not including type 2 activity in our performance assessment, but there were 1,687 Type 2 patients seen in Mar-19 with 99.0% seen within 4 hours.
- Despite an increase in emergency admissions to 619 for the first week in March, the number of admissions reduced to levels more consistent with the baseline of 563 admission for the remainder of the month.
- Performance for patients seen by the ENP staff group has improved from 69.4% for the week-ending 24 February to over 89.5% for the last 2 weeks in March.
- Median time to treatment increased from 127 minutes in Feb-19 to 109 minutes in Mar-19.
- Non-elective ALOS reduced from 6.6 days in Feb-19 to 5.9 days in Mar-19, but there was an increase in the number of stranded patients (7+ day LOS) from 143 to 149 patients, and an increase in super stranded patients (21+ day LOS) from 299 to 307 patients.

Mitigating Actions – Key actions as summary of larger UEC improvement programme**UCC development**

- Joint weekly clinical meetings (Hurley and KCH) commenced as part of UEC improvement programme
- Initial scoping on joint working improvements have been agreed
- Proposal on improvements to be presented to steering group on the 23rd April

CDU/ADU

- Re-provision of the seated ADU space has been agreed and works commenced, completion date 8th May – CCG funding supported
- Discussions on the potential use of existing CDU 16 beds as alternative assessment space to be presented to steering group on the 23rd April

Ambulatory Care / Same Day Emergency Care (SDEC)

- Work with the surgical division to protect 5 assessment trolley spaces on Brunel
- Support surgical flow and LOS improvement by cohorting surgical specialties (bed configuration plan being developed)
- Medical SDEC – in the absence of immediate clinical space available for combined assessment and SDEC model, plans to open a stand alone SDEC are being prepared for presentation to steering group on the 23rd April. Options being considered are current CDU and Twining ward.

ENP performance

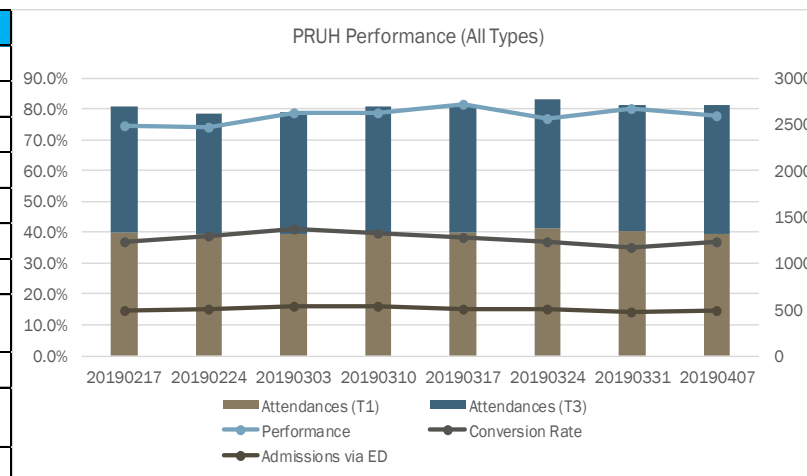
- 7 x band 8a ENP posts are now advertised

Key Risks

- Recruitment to the 7 vacant posts (ENP) within ED.
- Reduced ED senior decision making out of hours particularly at night
- Insufficient discharges at weekends continues to cause exit block and increased breaches
- Daily performance management role in ED difficult to fill
- Medical staffing agreement not yet reached for proposed SDEC facility

- The table below summarises ED activity and performance measures as defined within the work programme for the 8-weeks to 14 April 2019 at PRUH, including the type 3 activity provided by Greenbrook Healthcare

Metric Name	20190217	20190224	20190303	20190310	20190317	20190324	20190331	20190407	20190414
A&E Attendances - All Types	2698	2617	2627	2686	2687	2775	2712	2702	2545
A&E Attendances - Type 1	1333	1323	1308	1334	1324	1380	1345	1315	1282
A&E Attendances - Type 3	1365	1294	1319	1352	1363	1395	1367	1387	1263
A&E Performance - All Types	74.68%	74.05%	78.57%	78.78%	81.69%	76.76%	79.94%	77.57%	76.46%
ED Attendances - Admitted	489	510	535	531	509	508	471	488	518
ED Type 1 Performance	55.44%	54.35%	65.06%	62.07%	70.47%	64.86%	67.36%	62.36%	62.95%
ED Type 1 Performance - Admitted	27.61%	31.37%	44.67%	43.88%	55.40%	43.31%	44.37%	36.68%	45.37%
ED Type 1 Performance - Non Admitted	67.54%	62.98%	72.83%	68.07%	75.74%	70.87%	75.17%	69.77%	66.84%
ED Type 3 Performance	93.48%	94.20%	91.96%	95.27%	92.59%	88.53%	92.32%	92.00%	90.18%
Conversion Rate (based on T1 attendances)	36.68%	38.55%	40.90%	39.81%	38.44%	36.81%	35.02%	37.11%	40.41%
Time to First Clinician (median)	105	112	97	109	89	94	94	96.5	100



Performance Highlights:

- All types performance improved during the first 3 weeks in March to 81.7% for the week-ending 17 March, and has remained above the baseline of 77.0%.
- Type 3 performance has been declining from the 95.3% reported in week-ending 10 March to 90.2% for the week-ending 14 April.
- In terms of monthly performance, ED all types performance was 79.92% in Mar-19 which is a 5.0% improvement compared to 74.95% in Feb-19 which includes type 3 which includes type UCC patients seen.
- Type 1 attendances were 48 above baseline for the week-ending 24 March, and consistent with baseline for the other weeks in March, but we have seen a reduction in activity for the first 2 weeks in April. Type 3 UCC attendances have been increasing during March with 1,395 attendances for the week-ending 24 March, above the baseline of 1,334.
- Emergency admissions were 20 above baseline for the first 2 weeks in March, but more consistent with the 511 baseline for the remainder of the month.
- Non-elective ALOS reduced from 5.7 days in Feb-19 to 5.1 days in Mar-19. However there was an increase in the number of stranded patients (7+ day LOS) from 73 to 95 patients, and an increase in super stranded patients (21+ day LOS) from 135 to 162 patients.

Mitigating Actions and summary of improvement programme

Improving Flow within the Emergency Department

- Band 4 flow co-ordinator recruited – start date in May: 3 month trial to support ED-acute flow.
- Business case for ED expansion being revised to take into account impact of improvement programme: resus capacity, MH needs, CDU chairs, fit to sit, ambulance offload.
- Daily ED rhythm embedded – 2 hourly huddles 24/7; daily performance reviews.
- Sub-acute area operational 24/7 with medical and nursing support – 2 streams in place – reducing non-admitted breaches.
- RAT model extended to include evenings and weekends – ECIST support to embed consistent RAT model.
- Scoping front door “see and treat” model with use of ACPs.

Frailty Strategy

- Frailty strategy has been developed in collaboration with One Bromley and over the next 12-18 months will deliver step up/down subacute facilities, acute frailty assessment unit including MDT at the front door, older persons ambulatory pathways in community.

Ambulatory Emergency Care

- Ambulatory (medical and surgical) extended hours in operation (12hrs/day) 7 days a week, nurse to nurse referral embedded.
- Scoping surgical assessment and location to provide separate assessment activity from ambulatory.

Early Discharges

- Weekly ward-based eLOS reviews, weekly 14- 21 reviews and top 10 reviews (multi-agency) commenced mid-April.
- 7-day discharge lounge and daily list of Golden patients supported by improved site processes.
- SAFER and R2G roll-out commencing in May on Darwin 1 and 2 (ECIST support) – roll out to all wards over next 6 months, delay codes embedding on stroke unit and medical wards.

Key Risks

- Senior operational and clinical leadership of ED processes and flow out of hours/weekends.
- Staffing gaps in ED – nursing and medical.
- Physical capacity in ED and Business Case approval.
- Surgical ambulatory and assessment model and location.
- SAFER/ R2G not commenced and length of time to embed on site
- Sustainability and further improvements are dependent on a focused change programme requiring a system-wide approach to pathway redesign and organisational development.
- Community capacity and out of hospital pathways eg IVAB and other @home services.

- 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 March, cancer treatment performance within 62 days following GP referral is not compliant with 82.5% of urgent GP referrals meeting standard (target 85%).
- Cancer treatment performance within 62 days following screening service referral is not compliant with 80.3% of referrals meeting standard (target 90%).
- Two week waiting times performance following GP referral is also not compliant at 92.1%, below the national target of 93%.

	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Month Target
Cancer 2 weeks wait GP referral	94.48%	93.67%	95.29%	85.80%	85.91%	80.51%	76.00%	89.78%	90.00%	93.14%	91.20%	91.16%	92.12%	93.00%
Cancer 2 weeks wait referral - Breast	97.92%	85.71%	92.42%	90.48%	91.11%	96.67%	100.00%	96.00%	97.60%	100.00%	73.33%	77.78%	92.54%	93.00%
Cancer 31 Day first definitive treatment	94.76%	96.06%	99.63%	98.74%	97.92%	98.36%	95.39%	97.90%	96.60%	98.67%	95.77%	95.89%	96.71%	96.00%
Cancer 31 day second or subsequent treatment - Drug	93.88%	97.30%	100.00%	100.00%	94.74%	100.00%	100.00%	100.00%	95.50%	100.00%	84.62%	87.50%	75.00%	98.00%
Cancer 31 day second or subsequent treatment - Other	96.67%	96.15%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	94.00%
Cancer 31 day second or subsequent treatment - Surgery	96.00%	87.76%	91.43%	90.91%	90.24%	94.87%	100.00%	75.00%	100.00%	100.00%	100.00%	81.82%	80.00%	94.00%
Cancer 62 day referral to treatment - Consultant Upgrade	88.46%	91.67%	97.44%	91.67%	87.88%	93.33%	96.15%	100.00%	81.60%	85.06%	88.54%	82.69%	82.19%	90.00%
Cancer 62 day referral to treatment - GP	88.40%	86.92%	83.65%	83.60%	75.38%	76.34%	71.00%	77.40%	79.00%	85.70%	66.51%	80.00%	82.47%	85.00%
Cancer 62 day referral to treatment - Screening Service	88.30%	94.34%	92.65%	84.91%	83.58%	85.90%	87.80%	84.80%	92.60%	90.80%	87.50%	86.49%	80.33%	90.00%

Mitigating Actions

- 2ww standard not achieved due to breaches in colorectal, lung and upper GI
- Colorectal now triage all referrals and stream all appropriate for STT, 50% of referrals are now processed via telephone assessment clinic (TAC)
- Action plans being developed for 2ww upper GI and lung with EBUS commencing on site in Q2
- 62 days non-compliance is due to gynae (small numbers), haem, upper GI and urology – action plans are being updated to ensure capacity, pathways and workforce requirements are captured

Key Risks

- 2 ww standard not achieved in March due to breaches in colorectal, lung and upper GI
- 2ww referral showing an upward trend compared with previous months – Dec 1118, Jan 1212, Feb 1335, Mar 1318
- Urology cross-site solution and recruitment.

- The national target of 1% patients waiting above 6 weeks for diagnostic test was not achieved in March with Trust performance improving to 7.30% (compared to 9.22% reported in February).
- At site level, the number of breaches for PRUH sites reduced from 916 reported in February to 729 in March, which equated to 12.5% performance. Performance at Denmark Hill is not compliant reporting 2.4%% performance for March with 147 breaches.

Test	6+ Weeks	Total WL	Total WL
DENMARK HILL	147	6157	2.4%
BARIUM_EMEMA		2	0.0%
CARDIOLOGY-ECHOCARDIOGRAPHY	117	1056	11.1%
COLONOSCOPY-ADULT	1	113	0.9%
CT-NEURORADIOLOGY	1	85	1.2%
CT-RADIOLOGY	2	434	0.5%
CYSTOSCOPY-GYNAECOLOGY	3	92	3.3%
DEXA_SCAN	15	255	5.9%
ENDOSCOPY_NON-OBSTETRIC_ULTRASOUND		13	0.0%
FLEXI_SIGMOIDOSCOPY-ADULT		45	0.0%
GASTROSCOPY-ADULT	1	183	0.5%
GASTROSCOPY-PAEDIATRIC	1	13	7.7%
MRI-NEURORADIOLOGY	2	559	0.4%
MRI-RADIOLOGY		588	0.0%
PERIPHERAL_NERUOPHYSIOLOGY		599	0.0%
RADIOLOGY_NON-OBSTETRICS_ULTRASOUND		1829	0.0%
SLEEP_STUDIES	2	161	1.2%
URODYNAMICS-GYNAE	2	130	1.5%
PRUH	729	5835	12.5%
CARDIOLOGY_ECHOCARDIOGRAPHY	3	835	0.4%
COLONOSCOPY-ADULT	376	688	54.7%
CT-RADIOLOGY	2	492	0.4%
CYSTOSCOPY-SURGICAL	24	82	29.3%
DEXA_SCAN		233	0.0%
FLEXI_SIGMOIDOSCOPY-ADULT	80	164	48.8%
GASTROSCOPY-ADULT	234	439	53.3%
MRI-RADIOLOGY		89	0.0%
RADIOLOGY_NON-OBSTETRICS_ULTRASOUND	2	2802	0.1%
URODYNAMICS-GYNAE	8	11	72.7%
Total WL	876	11992	7.30%

Mitigating Actions (DH)

- Cardiac CT remains a pressure following outsourcing whilst CT2 was replaced. The service continues to closely monitor uptake and continue to use in April/May until CT2 app testing complete.
- 2 WTE additional temporary staff continue to be booked to maintain recovery of echocardiology backlog.

Key Risks (DH)

- KE approval given to proceed to full business case and procurement exercise to procure a radiology commercial partnership, as the majority of the DG scanners are beyond the manufacturers' life time recommendations (10 years).
- Contingency plan put in place as DH Dexa scanner failed on 12 February 2019 and is beyond economic repair.

Mitigating Actions (PRUH)

- Approval given to continue with outsourcing at 100 cases/week.
- Waiting approval for capital for additional scopes and stacks to enable 7-day endoscopy on-site.
- Long term solution of additional capacity at Orpington.

Key Risks (PRUH)

- Endoscopy waiting list total is 1189, 605 have waited more than 6 weeks (breached and are counted as backlog)
- There are 797 surveillance patients waiting c. 10 months for a procedure
- Interim solution supports clearance of backlog but does not meet the current demand – DM01 compliance will be compromised.

Integrated Performance Report

Month 12 (March) 2018/19

Board Committee
9 May 2019



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Best Quality Of Care – Safety, Effectiveness & Experience

- The national Summary Hospital Mortality Index (SHMI) improved to 94.64 based on the latest data available, and performance on all Trust sites is better than the expected index of 100.
- HCAI – Two MRSA bacteraemia cases reported in March; 7 new VRE bacteraemia cases reported which is above the target of 4 cases; E-Coli bacteraemia: 10 new cases reported in March which is above the target of 7 cases; 9 new C-difficile cases which is above the monthly quota of 5 cases.
- Friends & Family (FFT) Inpatient survey recommendation score remained at 94%. Slight improvement in the FFT score for ED to 68.7% of patients recommending, FFT score for maternity reduced by 3 points to 91%.

Skilled, Motivated, Can Do Teams

- Appraisal rates: there was a decrease in the appraisal rate from 89.9% in February to 79.53% in February, below the 90% target.
- Statutory & Mandatory training: compliance increased from 81.48% in February to 81.94% in March, and remains above the 80% target.
- Sickness rates: has improved further from 3.81% in February to 3.55% in March. Of the 2,000 occurrences reported in March, 1,758 are classified as short-term and 242 as long-term instances.
- Vacancy rates: shows an decrease from 11.07% in February to 10.76% in March. The vacancy rates for the divisions are PRUH/South Sites at 10.25%, Networked Services at 11.89% and UPACs at 8.20%.

Best Quality Of Care – Patient Access

- Trust A&E compliance improved from 70.39% in February to 73.72% in March, set against the recovery trajectory of 95.0%.
- Latest data available shows that treatment within 62 days of post-GP referral is not compliant with the 85% target at 82.5% for March 2019. Treatment within 62 days following screening service referral is not compliant with the 90% target at 80.3%
- The national target of 1% patients waiting above 6 weeks for diagnostic test was not achieved in March at 7.3% but improving.
- RTT incomplete performance declined from 78.08% for February to 76.95% in March. The number of patients waiting >52 weeks reduced by 72 to 192 cases in March, of which 187 cases are admitted incomplete pathways and 5 cases are non-admitted.

Top Productivity

- Outpatients: commenced pilot of Calypso software at DH which enables clinicians to triage referrals in eRS and have the referral transfer into EPR.
- Kings Way for Wards (KWfW): over half way through the programme with 45 wards completed out of the 79 wards across all sites.
- Theatres: over 6 months of the programme and 1,737 extra cases seen compared to last year. Flow: New Test and Learn process commenced on Donne (HAU) ward and Matthew Whiting ward in Medicine. Surgical assessment pathways established on Brunel ward with reduced ALOS for emergency surgery patients. ED internal professional standards and escalation protocols circulated to all professional groups at PRUH.

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 19,497 patients recruited into active studies for 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 forecast outturn at month 12 was a deficit position of £191.0m excluding ADM. The Trust's reported consolidated outturn is £189.7m.
- Income: Clinical income was £29.4m adverse for the year and other operating income was £2.3m adverse for the year.
- Pay: YTD pay variance is £11.0m favourable due to the continuing underspends in Admin & Clerical (£9.4m) and other staff (£3.6m).
- Non-Pay: YTD Non Pay is £19.0m excluding pass through drugs.
- CIP: The forecast CIP delivery at M12 is £25.6m which is an adverse variance of £1.1m to plan.

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

- Healthcare Associated Infection
- Mortality
- Friends and Family Test

OPERATIONAL CONTEXT

Denmark Hill

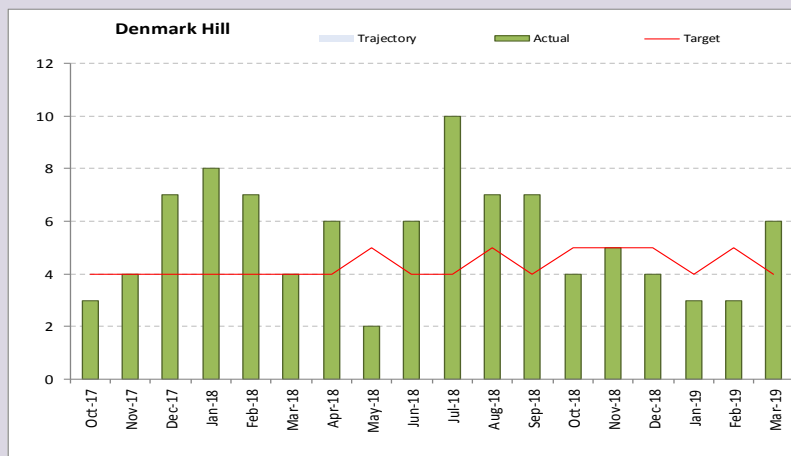
- **MRSA:** One case reported in March with previous cases reported in January (1), December (1), November (1) September (1) and August (1) this year.
- **C-difficile:** 6 cases reported in March against the target for the month of 4 cases. 63 cases reported YTD which is above the cumulative target of 51 cases for 2018/19.
- **e-Coli:** 8 cases reported in March which is above the target for the month of 6 cases. YTD there has been 89 cases which is above the target of 79 cases.
- **VRE:** 7 cases reported in March which is above the target of 4 cases for the month. YTD there has been 39 cases reported which is below the target of 40 cases.

PRUH

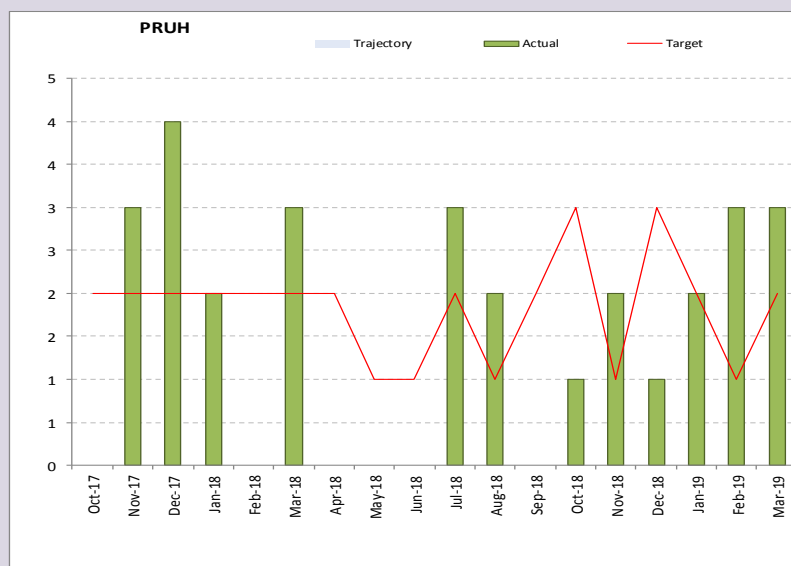
- **MRSA:** One case reported in March with the last case reported in November 2017.
- **C-difficile:** 3 cases reported in March, which is above the target of 2 cases for the month. YTD there has been 17 cases reported which remains below the cumulative target of 19 cases for 2018/19.
- **e-Coli:** 2 cases reported in March against a target for the month of 1 case. YTD there has been 27 cases reported which is above the target of 17 cases.

MARCH DELIVERY

• C-Difficile: Denmark Hill reported cases



C-Difficile: PRUH reported cases



HCAI DELIVERY PLAN ACTIONS

Denmark Hill

- One MRSA bacteraemia occurred in Haematology. The Post Infection Review was undertaken and the source of the bacteraemia was the Hickman line. The key learning from the review included a missed opportunity for MRSA screening and documentation of Intravenous Devices was incomplete. The learning from the case has been shared and actions taken to reinforce the MRSA policy and IV Documentation. A plan is being developed to improve IV line care.

C.difficile (CDI):

- The CDI cases occurred in Post Acute Medicine (2), Critical Care (2), Neurosciences (1), Haematology (1). All cases occurred on different wards. From the Root Cause Analysis for the cases that have been reviewed, the key learning included lack of documentation of stool type on the electronic stool chart, concerns around the cleaning in critical care, patient prescribed two PPIs and laxative not reviewed before the sample was sent. The learning from the cases have been shared at the Matrons Forum and other Clinical Meeting. Actions have been taken to address the issues identified. The CDI Task and Finish Group is continuing.

E.coli:

- The cases occurred in Post Acute Medicine (3), Liver (1), Critical Care (2), Surgery (2). The learning from the bacteraemia have been discussed at the Gram negative Blood stream infection task and finish Group. The common source appears to be lower UTI and Hepatobiliary. A Catheter Focus action plan is in place and a project linked to Neurosciences and Post-Acute Medicine is in progress.

VRE Cases

- The cases occurred in Haematology (3), Critical Care (4), and Renal (1). A review of the cases in Haematology has been undertaken and strategies for reducing numbers are being explored.

PRUH:

MRSA

- One MRSA Bacteraemia occurred in an Haematology Oncology patient on Darwin 2 ward. The Post Infection Review identified the source as the wound from the scalp, which was positive for MRSA.
- MRSA screening was not completed after 14 days in accordance with the Policy.

C.difficile:

- The CDI cases occurred in Post Acute Medicine (1), Neurosciences (1) and Womens Health (1).
- Delay in isolating and delay in sending sampling to the lab as well as use of multiple antibiotics, but in line with the policy. The case In Womens Health is likely to be due inflammatory bowel disease.

E.coli:

- The cases occurred in Acute Medicine (1) and Surgery (1). The E.coli Surveillance Nurse is continuing to review the cases.

Domain 1: Key Delivery Metrics Mortality

NATIONAL CONTEXT

SHMI (Summary Hospital-level Mortality Indicator)

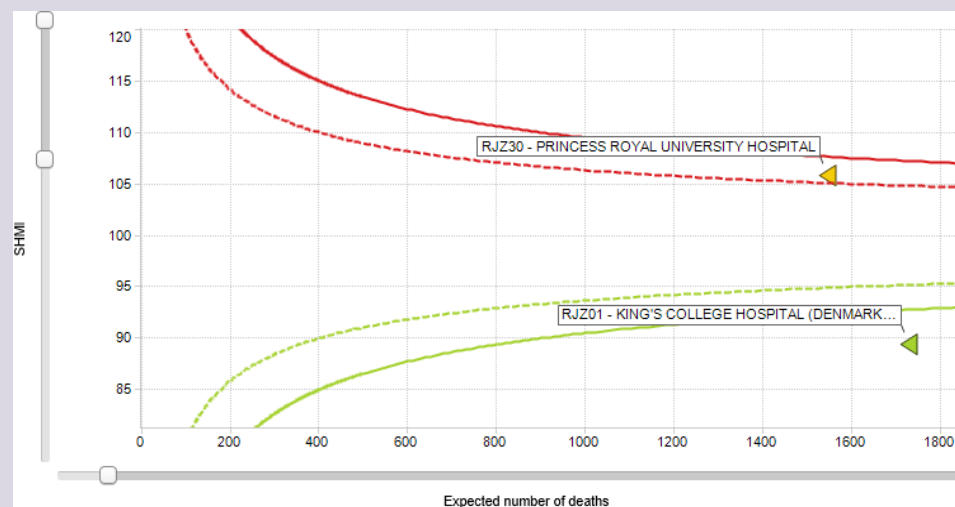
- King's SHMI (January 2018 to December 2018) is 94.64 (95% CI 91.40, 98.00), based on latest Hospital Episode Statistics data available via the HED system.
- The national Summary Hospital-level Mortality Indicator (SHMI) is a risk-adjusted mortality indicator expressed as an index based on the actual 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 February 2018 to January 2019 is 84.46 (95% CI 80.74, 88.31), 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.

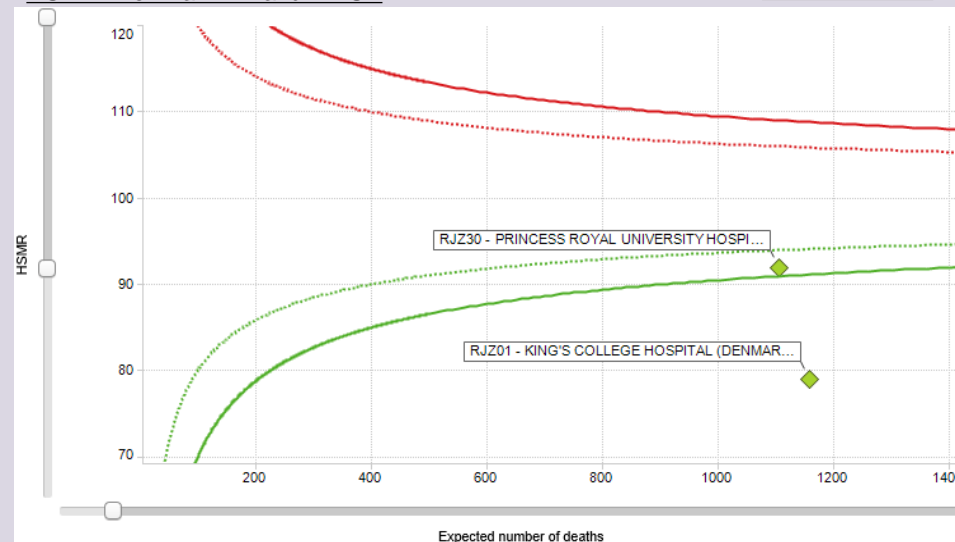
MORTALITY - HSMR and SHMI measures

• SHMI: Denmark Hill and PRUH



Data Source: HED

• HSMR: Denmark Hill and PRUH



MORTALITY : DENMARK HILL

- SHMI for January 2018 to December 2018 is 89.19 (95% CI 84.80, 93.70), representing a risk-adjusted mortality rate below expected.
- HSMR for February 2018 to January 2019 is 81.73 (95% CI 76.64, 87.06).

MORTALITY : PRUH

- SHMI for January 2018 to December 2018 is 104.30 (95% CI 99.20, 109.60), representing a risk-adjusted mortality rate within expected range.
- HSMR for February 2018 to January 2019 is 89.81 (95% CI 84.22, 95.67).

Domain 1: Key Delivery Metrics Friends & Family Test

FFT - A&E

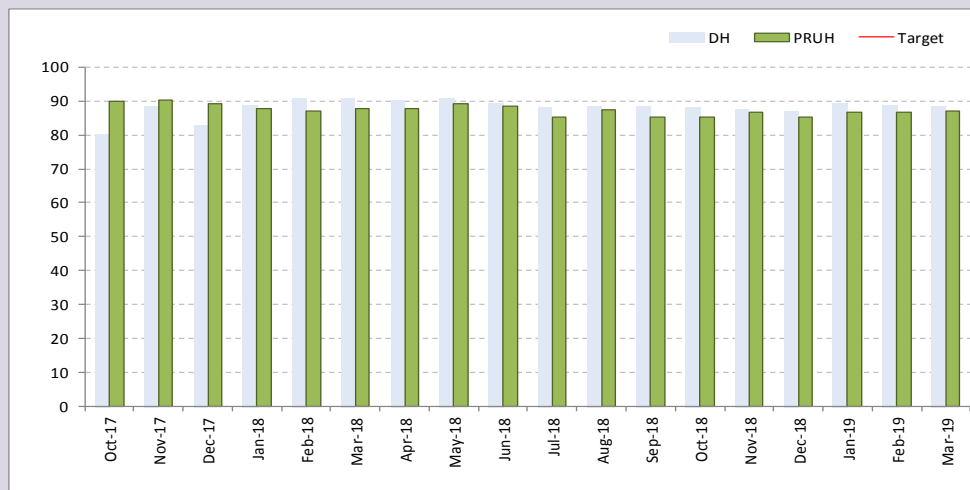
- There was an improvement to the overall Trust score from 68.7% of patients recommending to 71%.
- The percentage of patients not recommending also decreased from 19% to 17%.
- The Denmark Hill FFT score increased from 68% to 70%, with PRUH also increasing from 70% to 73%.

FFT - Inpatient

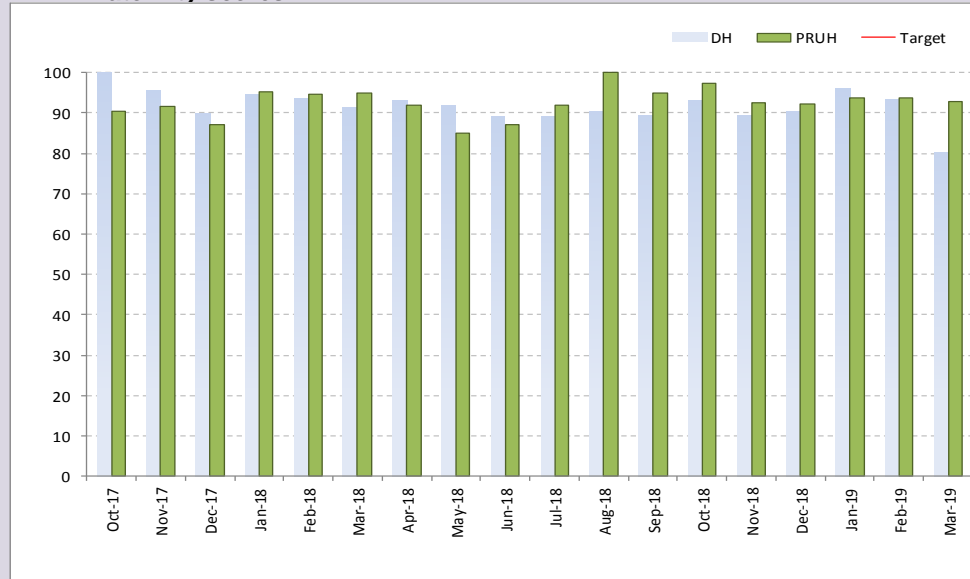
- Inpatient FFT remained at 94% of patients recommending, with the number of patients not recommending reducing to 1%.
- The Denmark Hill score reduced to 94% of patients recommending, with the PRUH score increasing from 93% to 94%.
- Twenty-five wards did not meet the FFT target, with two wards scoring less than 80% of inpatients recommending.
- 2018 CQC National Inpatient Survey report available. Action plans being developed for monitoring at Planning and Delivery Board.

FRIENDS AND FAMILY TEST (FFT): MARCH 2019

• FFT Outpatient scores



• FFT Maternity scores



FFT - OUTPATIENTS

- The overall Trust score improved from 87% recommending to 88%, with 5% not recommending.
- Denmark Hill remained at 88% recommending, and PRUH remained at 86%.
- Ten outpatient departments were rated red this month.

FFT - MATERNITY

- The overall combined FFT score reduced to 91% of women recommending, with 4% of women not recommending.
- The Denmark Hill FFT score dropped to 86% recommending, with the reduction largely in response to post-natal experience.
- However, the number of patients recommending the maternity service at the PRUH rose from 94% to 96%.

DOMAIN 2:
Best Quality Of Care – Patient Access

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

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

NATIONAL CONTEXT

Period: March 2019
Source: NHS England

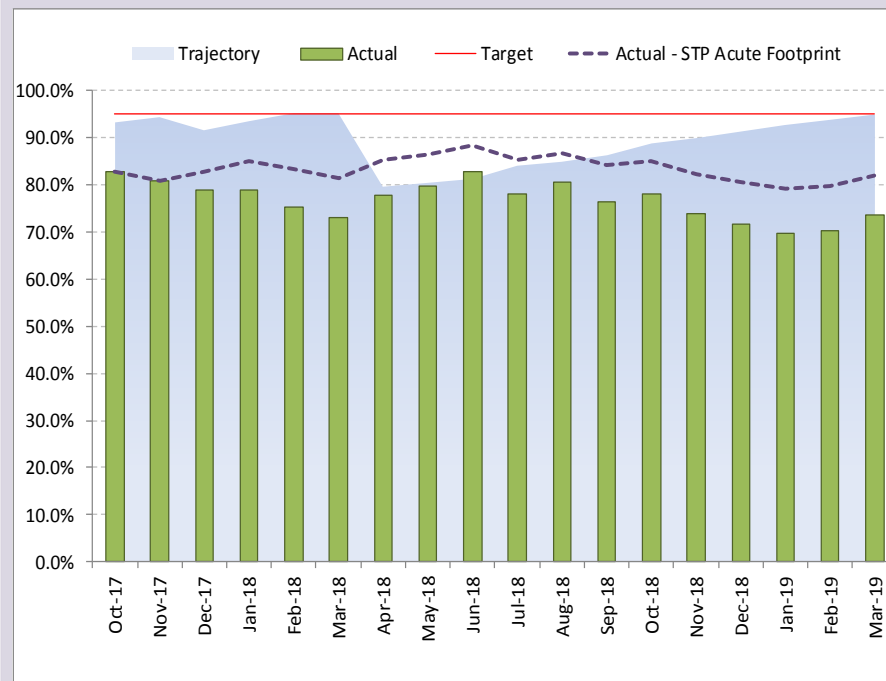
From December 2017 to June 2018, NHSI were including local Type 3 (urgent care centre) activity in published statistics. From July 2018 onwards, the figures below reflect provider level data which excludes non co-located type 3 activity:

- 46.0% of all ED/UCC providers (226) in England were compliant in March.
- Providers with less than 10,000 A&E attendances per month were compliant in 68.4% of cases, whereas only 15.7% of providers between 10,000 and 19,999 attendances per month were compliant.
- 23 providers have more than 20,000 attendances (including Kings) and 2 of the Trusts in this group were compliant in March.
- KCH had the 12th highest A&E Type 1 attendance volume in England (of 134 Acute Providers).
- KCH had the 11th highest volume of admissions via A&E (of 134 Acute Providers)

MARCH DELIVERY

- Trust 4-hour performance improved from 70.39% in February to 73.72% in March. Compliance is below the recovery trajectory of 95.0% for the month.
- Aggregate STP acute footprint performance compliance improved from 79.73% in February to 82.04% in March, which includes non co-located Type 3 urgent care centre activity.
- Medical, surgical and specialist funded bed stock utilisation reduced slightly in March but remains unsustainably high at 98.5% based on our daily Sitrep submissions.
- The proportion of formally reportable delayed transfers increased to an average of 3.4% of the 499 medical bed-base in March. 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

- Joint weekly clinical meetings between Hurley and the Trust commenced as part of the UEC improvement programme.
- Recruitment to 7 vacant ENP posts within the ED has commenced.
- Re-provision of the seated ADU space has been agreed and works commenced with a planned completion date of 8 May, supported by CCG funding.

PRUH

- Band 4 flow co-ordinator recruited to commence 3-month trial to support ED-acute flow from May.
- High staff turnover with increased number of vacancies across the medical and nursing staffing - the senior leadership team are reviewing recruitment and retention strategy.
- Daily breach information by specialty is being reported and reviewed at meetings with the respective leads to improve performance.
- Robust action plans with timelines for delivery have been developed in the following key areas: Improving Flow within the ED, Frailty Working Group, Ambulatory Emergency Care Steering Group and Early Discharges including the Acute Medical Unit.

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

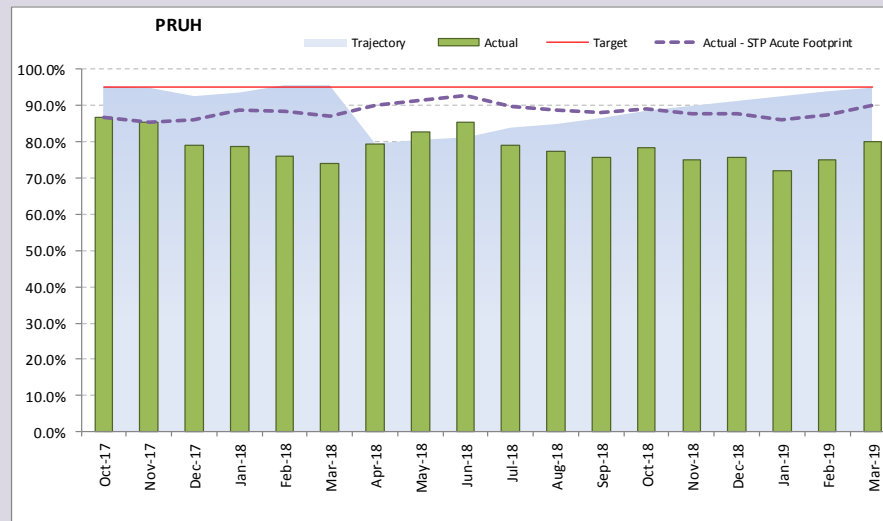
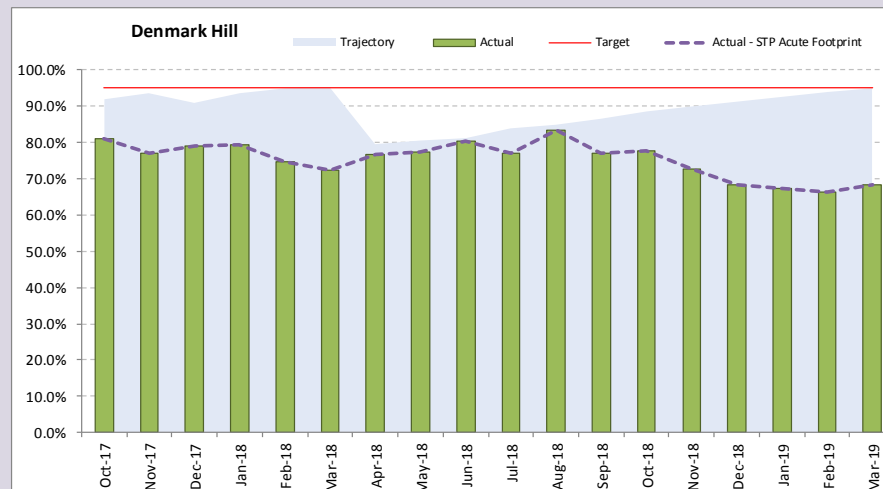
- 11,258 ED attendances in Mar-19 vs 10,366 in Mar-18, which represents a 8.6% increase in activity, with 764 additional attendances in the 0-64 age group.
- 2,817 emergency admissions in Mar-19 vs 2,506 in Mar-18 which represents a 12.4% increase, with increased admissions seen in all age groups.
- Daily average of 12 DToC in Mar-19 compared to 13 DToC in Mar-18.
- 3,095 ambulance conveyances in Mar-19 vs 2,969 in Mar-18.
- 655 Red phone conveyances in Mar-19 vs 693 in Mar-18.
- 5 declared 12-hour breaches in March based on our daily Sitrep submissions.

PRUH

- 5,906 ED type 1 attendances in Mar-19 vs 6,066 in Mar-18, which represents a -2.6% decrease in activity. There were reduced attendances seen in all age groups.
- 2,782 emergency admissions in Mar-19 vs 2,257 in Mar-18, with increased admissions seen in all age groups.
- Daily average of 5 DToC in Mar-19 compared to 8 in Mar-19.
- 2,529 ambulance conveyances in Feb-19 vs 2,385 in Mar-19.
- 398 Red phone conveyances in Mar-19 vs 477 in Mar-18.
- 9 declared 12-hour breaches in March based on our daily Sitrep submissions.

MARCH DELIVERY

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



DELIVERY ACTIONS: DENMARK HILL

- Emergency Care Improvement Programme focus on:
 - ED processes and resilience.
 - Medical ambulatory care unit staffing model and location.
 - Site team review and re-structure.
 - Patient tracking and electronic bed management.
 - Board round processes and utilisation of the CUR system.
 - Reducing stranded patient reviews to 14 days during March.
- Additional operational actions to be added to the Programme including cleaning, portering and transport.

DELIVERY ACTIONS: PRUH

- RAT model in place Monday-Friday (5 hours per day) and in the process of establishing extended model to include evenings and weekends. ECIST support to embed consistent RAT model.
- Daily ED rhythm embedded with 2 hourly huddles 24/7; daily performance review meeting including deep-dive review into previous day breaches.
- Sub-acute area operational 24/7 with medical and nursing support - 2 streams in place which is reducing non-admitted breaches.
- Ambulatory extended hours in operation (12 hours per day) 7 days a week, and embedded nurse-to-nurse referral to improve flow from ED.
- Scoping surgical assessment and location to provide separate assessment activity from ambulatory.
- The full business case for ED expansion is being revised to take into account impact of improvement programme: resus capacity, MH needs, CDU chairs, fit to sit and ambulance offload.

Domain 2: Key Delivery Metrics Cancer Waiting Times

NATIONAL CONTEXT

Period: February 2019 (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 31.8% of Trusts were compliant with the 62-day time to first treatment target (85%) in February.
- Only 48 of 154 Trust's undertake \geq 100 treatments in month (including KCH), and 8.3% of Trust's in this peer group were compliant in February.

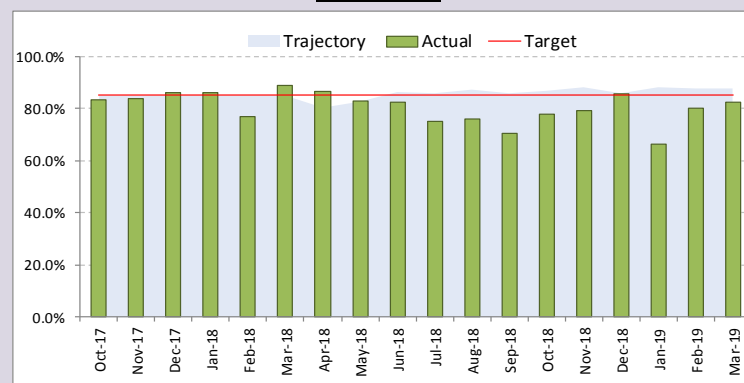
OPERATIONAL CONTEXT

- 2,464 2WW referrals received in March 2019 vs 2,339 in February 2018, representing a 5.3% increase.
- Based on the number of 2WW referrals received, the conversion rate to the cancer PTL was 5.5% in Mar-19 compared to 7.1% in Mar-18.
- There were no patients added to the PTL post day-38 in March 2019 compared to 9 added in March 2018.
- There were 136 cancer 62-day treatments in March 2019 compared to 149.5 in February 2019.
- There were 139 total treatments (including non-cancer) in March 2019 compared to 174 in February 2019.

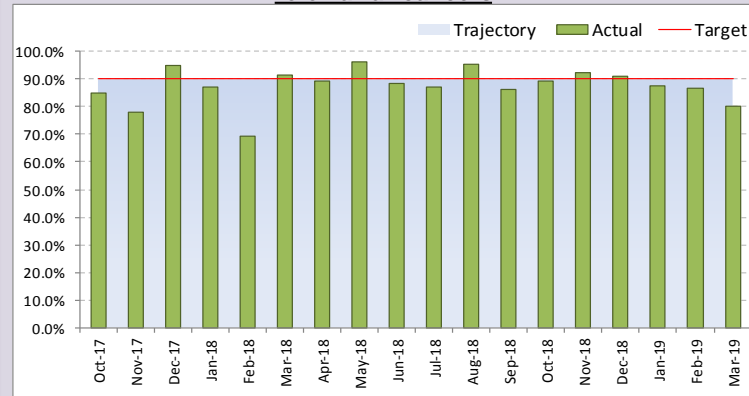
MARCH DELIVERY

- 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 March, cancer treatment performance within 62 days following GP referral is not compliant with 82.47% of urgent GP referrals meeting standard (target 85%).
- Cancer treatment performance within 62 days following screening service referral is not compliant with 80.33% of referrals meeting standard (target 90%).
- Two week waiting times performance following GP referral is also not compliant at 92.12%, 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 DH and PRUH prostate biopsy capacity issues and DH interventional radiology capacity issues.

Response actions include:

- Cross site proposals for scheduling of prostate biopsy procedures.
- Additional training for DH outpatient nurses who support prostate biopsy procedures to enable additional capacity.
- Review of interventional radiology admission procedures to reduce need for in-patient stay (which will result in capacity less reliant on in-patient beds).

ACTIONS TO SUSTAIN

- Educational sessions are on-going with referring organisations to prevent unnecessary referrals to the centre HPB MDM (ACN led action).
- HCC post MDM OPA review pathway streamlined to ensure no delay between MDM and OPA.
- Cancer PTL tracking change implemented in late March 2019. This will take three months before impact is noticed.
- Developing CNS-led colorectal referral triage and assessment model triaging appropriate referrals straight to CT Colongraphy (pilot commenced).
- Trust approved diagnostic capacity fund in place for 2019/20.

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

King's College Hospital
NHS Foundation Trust



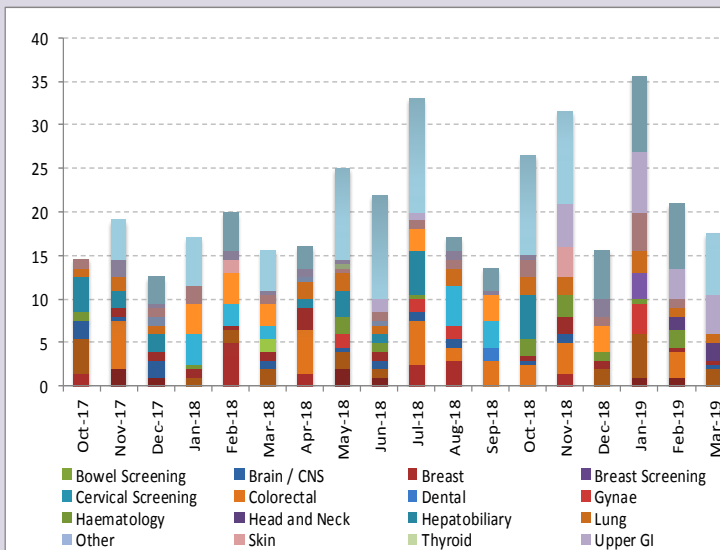
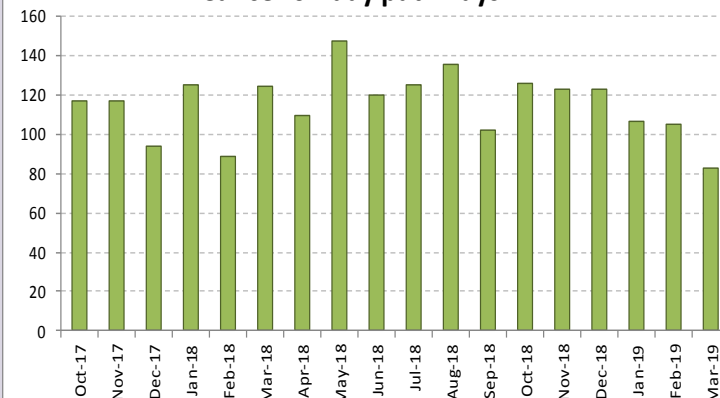
PATHWAY REDESIGN & IMPROVEMENT

- Ring-fenced CT guided biopsy capacity now in place for lung pathway at DH.
- Replacement CT scanner now in use at DH.
- Fast tracking process in place for all 2WW pathology samples to enable swifter reporting.
- Molecular pathology for lung cancer pathway to be moved in-house to DH (for all sites) - operational review taking place in late April 2019.
- DH urology pathway has same day MRI scans with bone scans directly from clinic.
- DH gynae 1-stop clinic has commenced.
- Surgical pre-assessment fast track pathway being reviewed at PRUH.
- New prostate biopsy technique in place at DH and PRUH (reducing overall waiting time).

MARCH DELIVERY

Cancer 62-day PTL trend

Cancer 62-day pathways PTL



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).
- 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.
- Network wide electronic inter Trust referral process being developed).
- Consideration of pre-assessment for CTC scans for DH colorectal pathway.
- ACN funded cancer pathway managers to be recruited in 2019/20 to address further pathway enhancements.
- Review of start of lung pathway to fast track chest x-rays to CT scans for suspected lung cancer patients underway.
- Cross site consultant urology job plans being advertised to enable further elective capacity, particularly at the PRUH site.

Domain 2: Key Delivery Metrics Diagnostic Waiting Times

NATIONAL CONTEXT

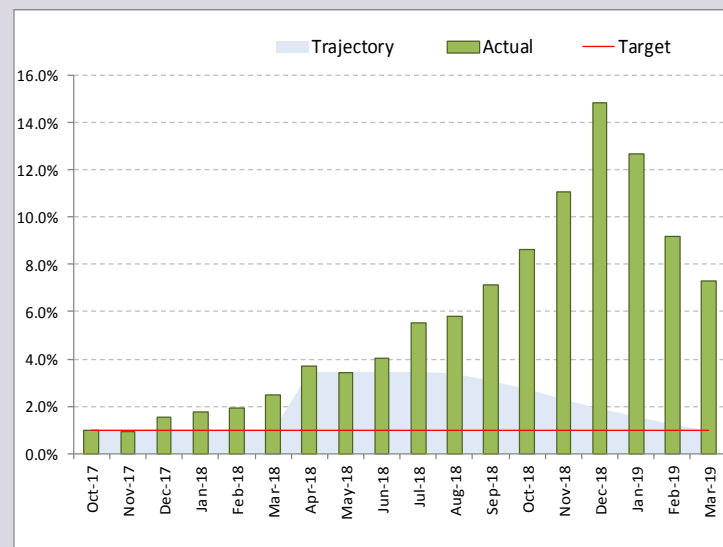
Period: February 2019
(latest published)
Source: NHS England

- Nationally 73.4% of Trusts were compliant in February 2019.
- KCH is in the 26 Trusts with the highest turnover (>13,000 tests per month). Within this peer group, 38.5% were compliant.
- 70.8% of providers with between 10,000 and 12,999 tests per month were compliant; 56.3% for providers with between 5000-9,999 tests per month.
- The majority of providers (259 of 369) deliver less than 5000 tests per month, with 83.4% of organisations in this group being compliant.

MARCH DELIVERY

- The national target of 1% patients waiting above 6 weeks for diagnostic test was not achieved in March with Trust performance improving to 7.30%. This is above the recovery trajectory of 1.0% for the month.
- At site level, the number of breaches for PRUH sites reduced from 916 reported in February to 729 in March, which equated to 12.49% performance. The breaches at PRUH are mainly endoscopy tests (690 in total) including 376 colonoscopy, 234 gastroscopy and 80 sigmoidoscopy breaches. There were also 24 breaches in cystoscopy.
- Performance at Denmark Hill is not compliant reporting 2.39% performance for March with 147 breaches. There were 117 breaches in cardiology echocardiography and 15 breaches for DEXA scans.

Diagnostics: Maximum waiting time of 6 weeks for diagnostic test



ACTIONS TO SUSTAIN

- Following March's Performance meeting with Commissioners and NHSI/E, it was agreed that Trust would review again the 2019/20 proposed trajectory in respect to PRUH Endoscopy backlog clearance plans, as concern was raised in relation to the worsening position across Q1/2.
- PRUH Endoscopy continues to use additional NHS and private sector capacity. The previous plan to increase insourcing through additional partners did not come to fruition, so the backlog has not improved as per 18/19 trajectory. The Business case was presented to April's IBG to approve a comprehensive interim plan which included outsourcing, and the purchase of additional scopes to then enable insourcing to resume. The outsourcing element only was approved at this time, whilst agreement over capital spend is confirmed and the potential of additional activity on the Denmark Hill site is revisited. As a result, the current backlog trajectory submitted shows a worsening position until August which could deteriorate further if these final decisions are delayed. The long term business case has been developed and the final cost and documentation is expected by May 2019.
- Echocardiography additional capacity on both sites has been mobilised in order to return to target. PRUH back within target range and DH remain on-track to return to compliance by end of Q1.
- Radiology continues to utilise additional capacity including use of independent sector; mobile imaging scanners and providing additional sessions in-house out of hours. DH CT capacity is back to 2018 levels following the successful commissioning of the replacement CT2.

KEY RISKS

- PRUH Endoscopy capacity continues to be challenged due to high demand especially for 2WW referrals. Discussions held with Medical Director regarding the clinical risk associated with those patients already waiting considerably greater than 6 weeks. All patients are to be risk assessed and this work has commenced.
- In addition PRUH and UPACS divisions are looking at the potential equalising the endoscopy wait across both sites to mitigate clinical risk and potentially to run additional activity on DH site.
- In relation to the PRUH Endoscopy backlog clearance plan going forward, this is dependent on the approval of additional scopes which is to be considered by KE in context of the broader Trust capital requirements on the 30th April. Lead times are circa 12 weeks.
- Cardiac echo capacity backlog clearance solutions have been dependent on existing staff working additional weekend lists. Additional temporary staff at DH has proven problematic to secure, and the situation remains under daily review and the rates of pay been reviewed.
- Risks associated with DH Dexa scanner failure on the 12th Feb.19 is concluding; the replacement scanner has been delivered and fully commissioned.

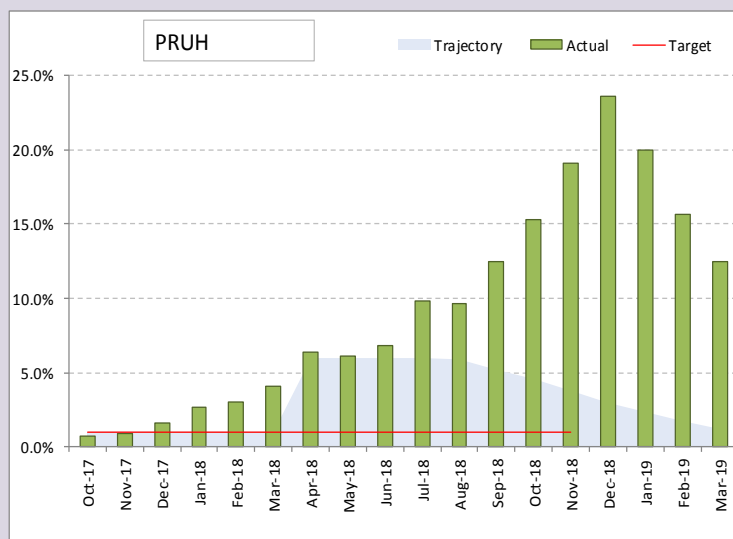
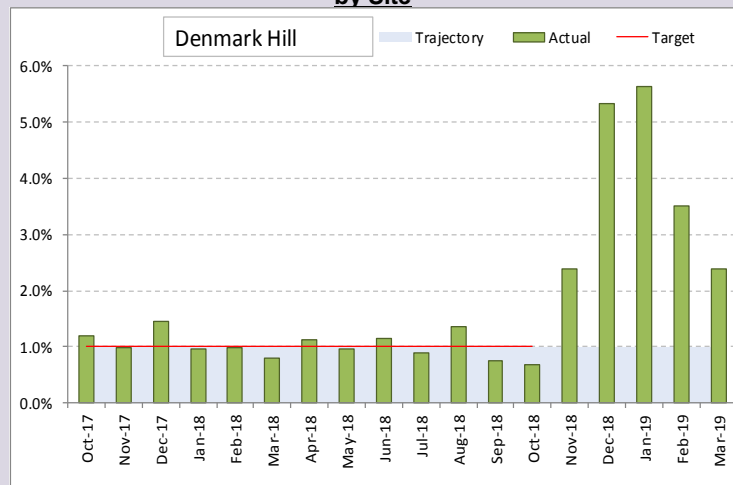
Domain 2: Key Delivery Metrics Diagnostic Waiting Times (2)

OPERATIONAL CONTEXT

- There has been a 6.0% increase in the volume of tests undertaken in March 2019 (as reported on the DM01 return) compared to March 2018.
- For the same comparative period 799 more non-obstetric ultrasound tests, 537 more CT scans and 377 more cardiology echocardiography tests have been undertaken.
- We have however performed 778 fewer MRI scans, 278 fewer dexta scans and 49 fewer audiology assessments.
- 11,992 patients waiting at the end of Mar-19 vs 11,783 in Mar-18, which represents an increase of 253 patients waiting.
- Over the same period 482 more cardiology echocardiography tests (1,891 patients waiting), 260 more colonoscopy tests waiting (801 total waiters) and 86 more gastroscopy waiters (635 total waiters).
- In terms of waiting list reductions, there were 390 fewer patients waiting for DEXA scans (488 total waiters) and 68 fewer MRI scans (1,236 total waiters).

MARCH DELIVERY

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



DELIVERY ACTIONS: DENMARK HILL

- For the DH site the new Performance Improvement Plan requested by the Commissioners and Regulators is ready for Executive sign-off.
- DH CT breaches – whilst only 3 in March, Cardiac remains a pressure point following outsourcing whilst CT2 was replaced. The service continues to closely monitor uptake re: offsite providers and will continue to use in April/May until CT2 Cardiac app testing complete and waits adequately reduced.
- DH Dexta scanner – 15 breaches in March, many arising from patient choice (declined offers at Orpington and GSTT); New scanner now installed, and anticipating similar breach numbers in April and then back within compliance from May.
- Gynaecology cystoscopy – back within compliance as plan and will monitor closely across Q1.
- Echocardiography – 2 WTE additional temporary staff continue to be booked across April/May re: bank holidays and associated hard-to-fill initiative lists. Backlog is reducing and next available date within 6 weeks.

DELIVERY ACTIONS: PRUH

- PRUH Endoscopy - Delivery of backlog clearance continues and includes:
 - A number of solutions are required ranging from capital and workforce investment to continuing with in-sourcing and out-sourcing due to on site capacity constraints and the volume of the backlog.
 - OBC written for robust sustainable solutions to clear DMO1 backlog for Endoscopy and manage capacity moving forward until the long term plan and capital case for expansion was submitted – for review in conjunction with whole Trust capital ask.
 - To mitigate timeline for approval of OBC additional endoscopy capacity has been approved and now confirming sources (aiming for 100 per week – 50 at BMI confirmed) and additional partners being sought.
 - Ad hoc sessions to support 7 day working are being offered and have in the past been supported by 18 weeks insourcing, which may be the only option in the short term.
 - Assessment of clinical risk of patients within the back log cohort has commenced.
- Radiology action plan in place and currently compliant and monitoring very closely previous breach issue from 2018 regarding non-obstetric ultrasound breaches. Small increase in CT Cardiac breaches to be reviewed.
- Surgery diagnostic - in March were 24 Cystoscopy breaches and 8 for Urodynamics - GM review underway and recovery actions if required to be agreed with PRUH DDO for Planned Care.
- Echocardiography weekend working under controlled management now restored; Echo service is meeting trajectory.

NATIONAL CONTEXT

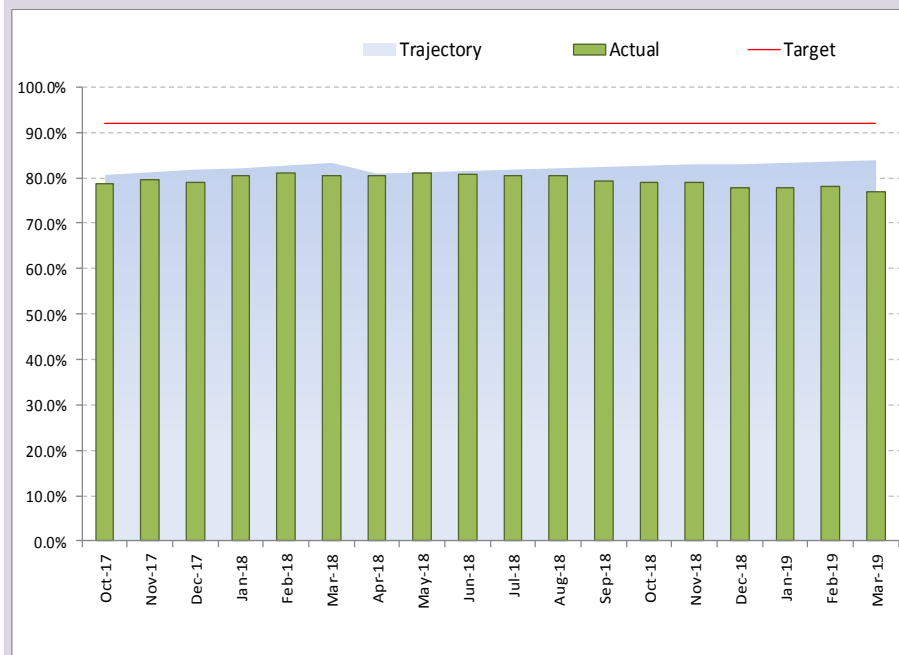
Period: February 2019 (latest published)
Source: NHS England

- Nationally 42.6% of Trusts compliant in February 2019.
- 67.7% of Trusts with a PTL (waiting list) of 20,000 or less were compliant, whereas only 14.9% of those with a PTL of greater than 20,000 were compliant.
- 12 Trusts have a PTL of >50,000 pathways, and only 1 Trust within this peer group is compliant.
- KCH has the fifth largest PTL in England (75,312) of those Trusts reporting RTT positions. Barts Health (89,299), University Hospital Birmingham (85,608), Manchester University Trust (81,834) and GST (76,270) are reporting the largest PTL positions in England.
- The Trust had the 2nd highest GP referral demand in England (of 362 providers). In 2017-18 this demand reduced by -3.3% compared to 2016/17.
- The Trust was the 8th highest provider of elective admission in England (of 336 providers).

MARCH DELIVERY

- Performance compliance declined from 78.08% for February to 76.95% for March (national target 92%). This reported position is below the trajectory target of 83.83% for the month.
- Total PTL increased by 2,395 cases to 77,959 patients waiting for treatment at the end of March, with an increase of 991 pathways for patients waiting 0-17 weeks.
- The >18 week backlog increased by 1,404 pathways to 17,971 in March compared to the February position of 16,567 - there were key backlog increases in Paediatric Dentistry (+248), Ophthalmology (+183), T&O (+76) and Oral Surgery (+75). There were backlog reductions reported in Colorectal Surgery (-58), Vascular Surgery (-32) and Maxillo-Facial Surgery (-23).
- >52 weeks breaches increased by -72 cases from 264 cases reported in February to 192 cases in March, of which 187 cases are admitted pathways (a decrease of 77 patients) and 5 cases are non-admitted pathways. The main decreases in 52-week wait pathways were reported in General Surgery (-28), T&O (-25) and Colorectal Surgery (-15).

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



ACTIONS TO RECOVER

- 52 week trajectory was delivered in March.
- Outsourcing providers have increased for April and May.
- Care group PTL reviews in place supported by RTT Performance Manager.
- Weekly PTL meetings established and led by the COO.
- RTT process and weekly reporting scrutinised by NHSI and their final report has now been issued to the Trust.
- On-going capacity gap remains in Bariatric Surgery and discussions have begun with commissioners in relation to a system wide solution.

ACTIONS TO SUSTAIN

- A new theatres productivity programme was launched on 3rd September 2018, using similar data, processes and principles to the national theatre productivity programme. Nearly 1,740 extra cases have been seen as part of this programme over the last 6 months compared to last year.
- An 8-4-2 booking process is due to commence at PRUH week commencing 25th March 2019.
- A new Trust-wide Governance system has been launched in March 2019. An RTT lead has been established and working daily across both divisions and linking into PRUH.
- Focus on all patients waiting 43-51 weeks to avoid further movement into the 52 week position.
- Back to basics PTL management being developed and will implement in May.

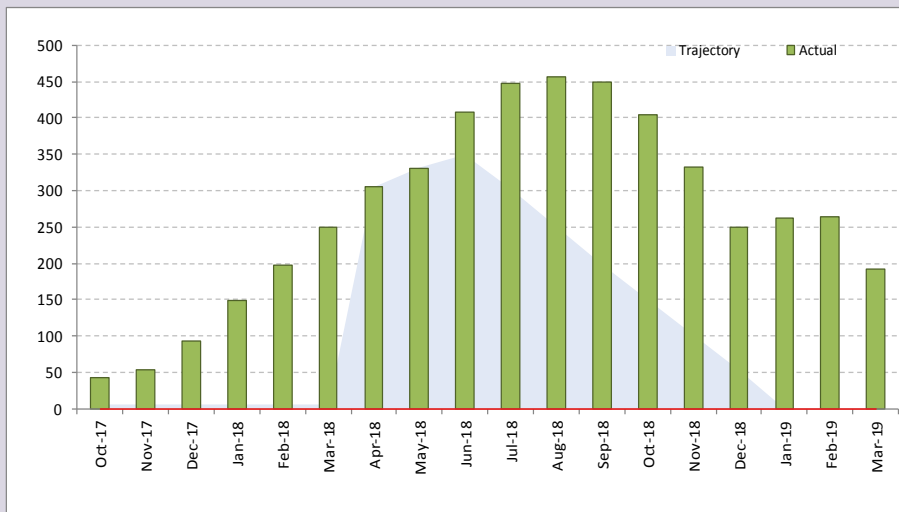
Domain 2: Key Delivery Metrics Referral to Treatment (2)

OPERATIONAL CONTEXT

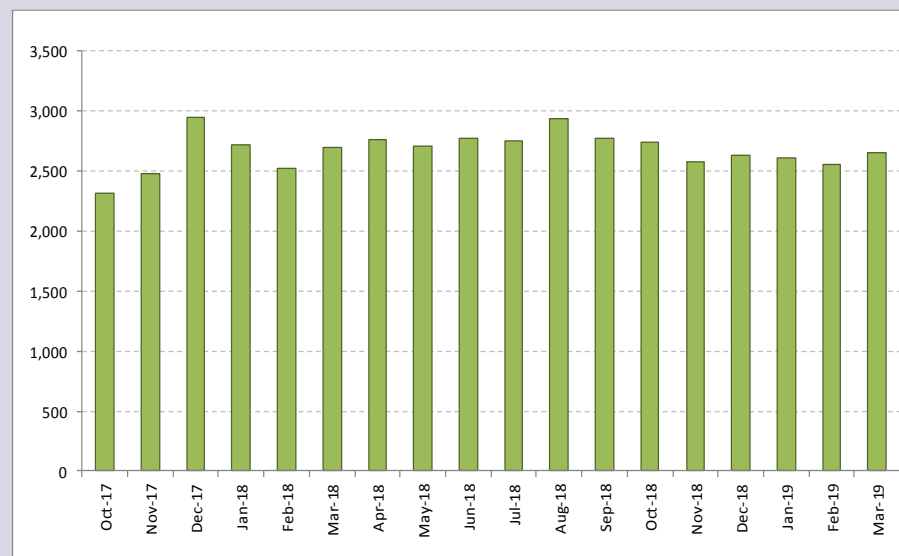
- 3,729 RTT admitted completed pathways in Mar-19 vs 3,800 in Mar-18, driven by a reduction of 129 pathways in Ophthalmology, 88 in Dermatology and 53 in T&O.
- 17,616 non-admitted completed pathways in Mar-19 vs 17,106 in Mar-18. There were reduced non-admitted completed pathways in Ophthalmology (-243), Gynaecology (-302) and Cardiology (-86). There were increased non-admitted completed pathways in Oral Surgery (+535), General Surgery (+161) and Thoracic Medicine (+135).
- 42,186 referrals received in Mar-19 vs 41,403 in Mar-18, an increase of 783 referrals. Whilst there was a decrease of 1,484 GP referrals, there was an increase in consultant-tertiary referrals (+857), A&E referrals (+523) and self referrals (+358).
- 30,973 New attendances seen in Mar-19 vs 30,927 in Mar-18, a 0.5% increase.
- 78,411 Follow-up attendances seen in Mar-19 vs 76,874 in Mar-18, a 2.0% increase.
- 3,847 New DNA's in Mar-19 vs 4,904 in Mar-18.
- 8,530 Follow-Up DNA's in Mar-19 vs 10,657 in Mar-18.
- New:FU ratio worsened from to 2.49 in Mar-18 compared to 2.53 in Mar-19.

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.
- Nearly 9,690 patients have been seen in outpatient clinics in Ophthalmology and Dermatology between April 2018 to March 2019. 2,869 day case patients seen between April 2018 to March 2019, with 1,132 Ophthalmology, 722 Dermatology and 1,015 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 to enlarge the central team has been completed and the team is now fully established.
- This team will focus on validation work within the 'lost to follow-up' cohorts that did not pass initial sample testing.
- Following a recent review by NHSE into the Trust's RTT elective care management position, an immediate action was for the Trust to validate the entire planned waiting list. In particular where patients either did not have an 'admit by date' recorded or they have waited beyond their admit by date.
- The Trust has also secured additional resource from an external consultancy, Ideal, to assist with this immediate validation priority.

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 (364 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 (19,497) that have been recruited into active studies for FY 2018-2019. 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

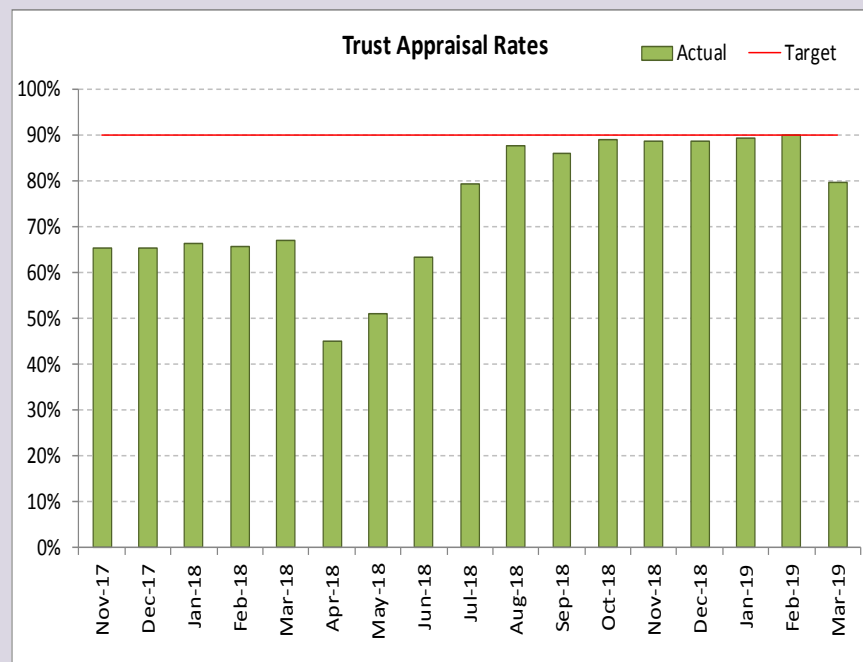
Domain 4: Key Delivery Metrics Appraisal Rates

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.

MARCH 2019 DELIVERY

- The individual rates for medical and non-medical appraisals are reported as 86.73% and 78% respectively. The rates are showing a decrease of 2.8% and 11.9% respectively. It should be noted that the new appraisal window for non-medical appraisals has just started and will remain open until 31st July 2019. Therefore, it is expected that non-medical rates will increase gradually in the following four months.
- The overall appraisal rate is 79.53%, showing a 0.10% decrease from last month.



ACTIONS TO RECOVER

- See below

ACTIONS TO SUSTAIN

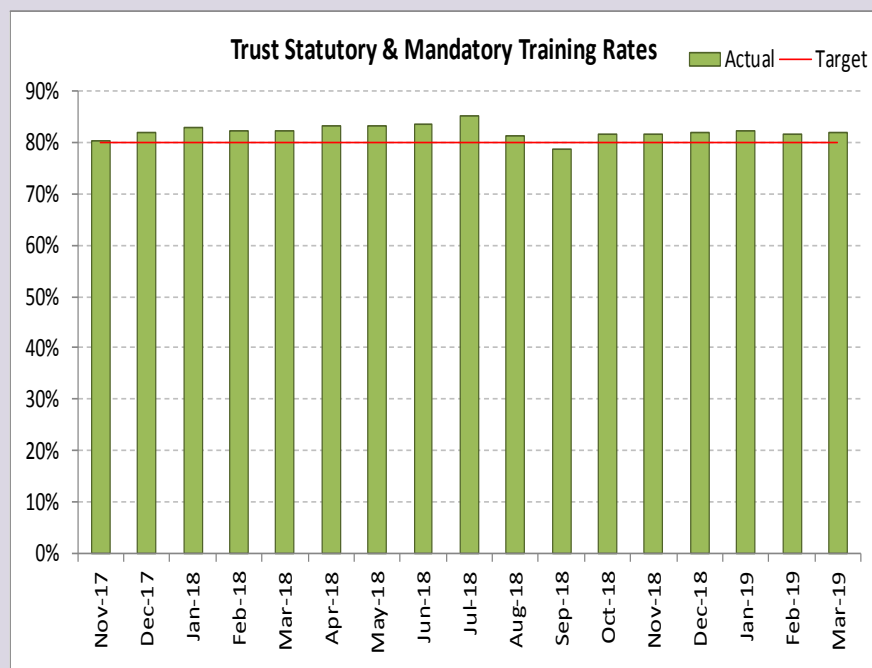
- Workforce indicators are discussed at Divisional Board meetings each month.
- Area's which are not achieving the required target are highlighted in monthly reports, and progress is discussed as Divisional Boards.
- The Workforce Medical staffing team is reviewing all medical appraisals and are undertaking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

MARCH 2019 DELIVERY

- Statutory & Mandatory Training compliance has increased this month from 81.48% in February to 81.94% in March, and continues to be within the 80% target.



ACTIONS TO RECOVER

- See below.

ACTIONS TO SUSTAIN

- Continue to promote Core Skills Update Day as main route for clinical staff to refresh 5 Statutory & Mandatory topics in one day.
- Increase Induction capacity for non-medical staff to ensure that new starters can complete their statutory & mandatory training in a timely way.
- All statutory & 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

King's College Hospital
NHS Foundation Trust



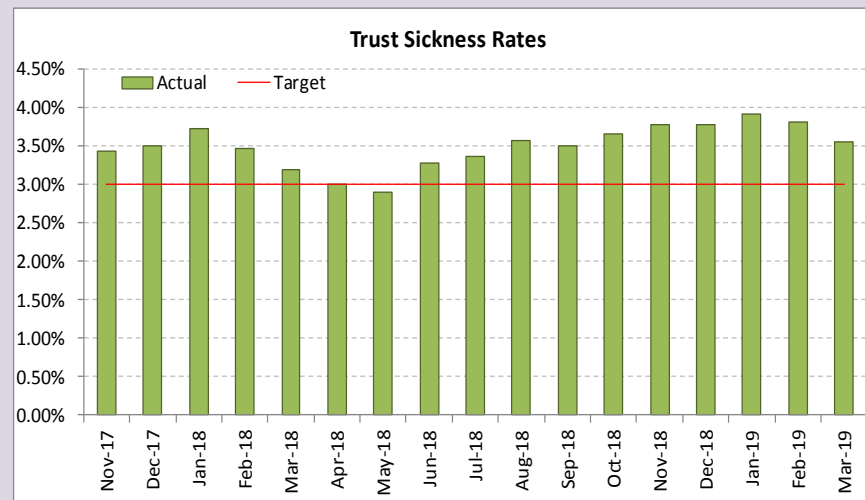
NATIONAL CONTEXT

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

Source: NHS Digital

MARCH 2019 DELIVERY

- The sickness rate for March is 3.55% showing a second increase of 0.26% from previous month (3.81%). However, continuing the same trend as on previous months, the figure is higher than the one reported for the same period in 2018 (3.19%).
- All the sickness rates for the main divisions have improved compared to the previous month: Networked 2.83% (within Trust target of 3%), PRUH 3.96% and UPACS 4.11%. Corporate areas show a combined rate of 2.97% which is within Trust target.
- Analysis on staff groups' shows that Estates and Ancillary is still the highest reported rate by staff group, but the rate has decreased for the fourth consecutive month to 6.81%. Additional Clinical Services (5.53%) and A&C (4.26%) are the other two highest rates, which also show a decrease from previous month.
- The total number of occurrences reported in February were 2,000 of which 1,758 are classified as short-term and 242 as long-term instances.
- The 2 highest reasons for short-term sickness remain the same during the last year, "Cold, Cough, Flu - Influenza" (418 occurrences) and "Gastrointestinal problems" (302 occurrences). Trends for long-term sickness also remain similar: "Anxiety/stress/depression/other psychiatric illnesses" (57 occurrences) and "Other musculoskeletal problems" (32 occurrences).



ACTIONS TO RECOVER

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

ACTIONS TO SUSTAIN

- There are a range of initiatives underway as part of the Attendance Project which will support the lowering of the average's 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 across is happening with oversight from Directorate teams and Workforce.

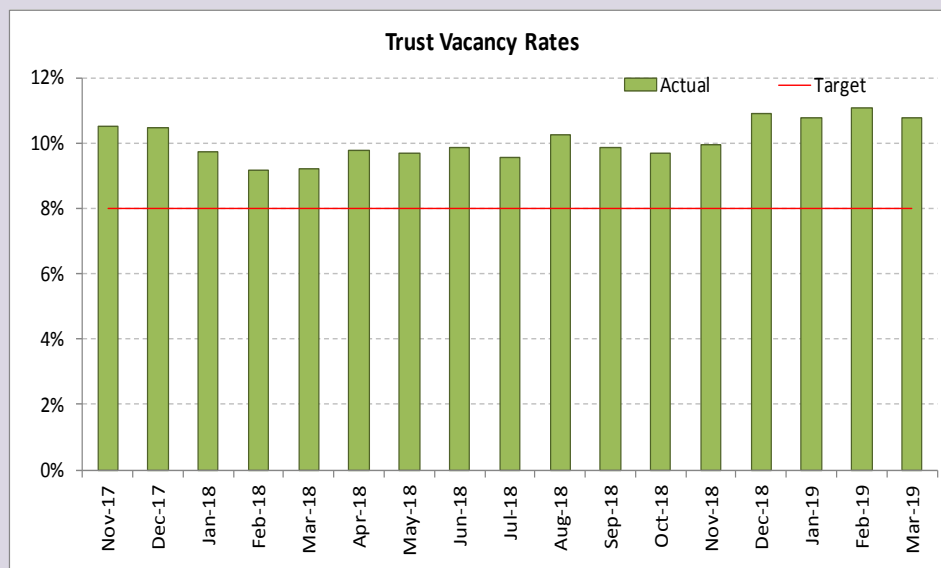
Domain 4: Key Delivery Metrics Vacancy Rates

NATIONAL CONTEXT

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

MARCH 2019 DELIVERY

- The reported vacancy for March is 10.76%. This rate shows a decrease of 0.31% when compared to February 19 (11.07%).
- The vacancy rate for the main divisions are: 11.89% Networked, 10.25% PRUH and 8.20% UPACs.
- Adding up the B&A FTE and substantive FTE shows a total actual FTE for March of 12,809.93 FTE. The budgeted establishment for month 12 is 13,036.14. This shows an all employees (permanent and temporary) vacancy figure of 1.74%.



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

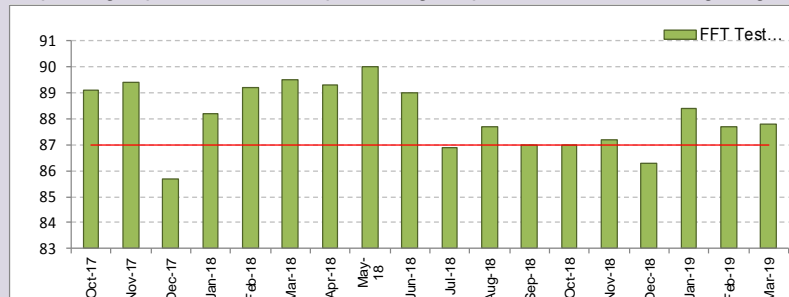
CURRENT PROGRESS

The outpatient programme covers the following areas:

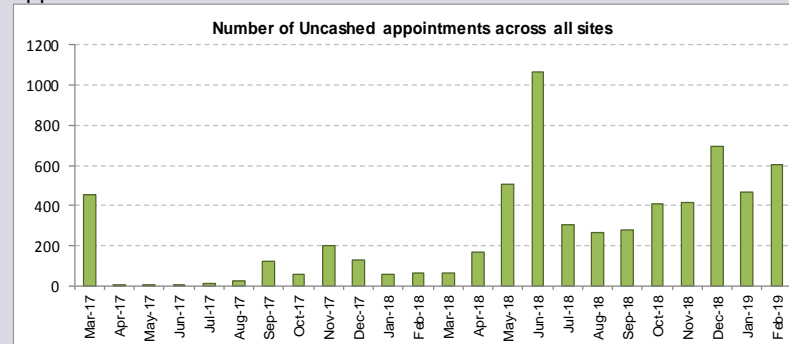
- a health check that has been rolled out to all outpatient areas to review aspects that impact on patient experience.
- a review of outpatient demand and capacity, including bookings and referrals processes and a move to standardisation.
- a financial improvement project that seeks to correctly charge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

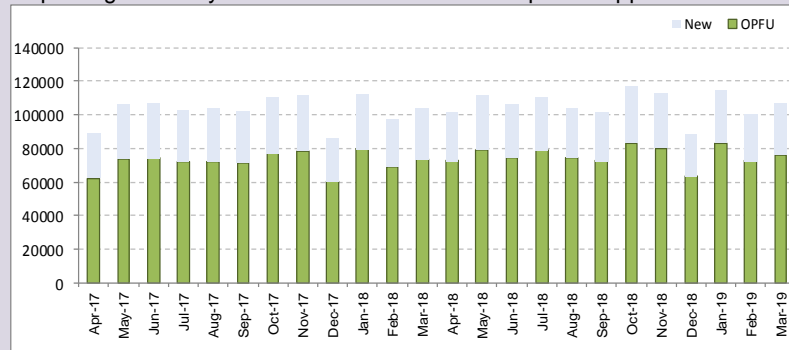
- Improving experience: Overall percentage of patients recommending Kings



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



- Improving efficiency: Increase in the number of outpatient appointments



THIS MONTH'S IMPROVEMENT

- Agreed phasing for InTouch expansion and prepared induction for new project manager.
- Commenced pilot of Calypso software at Denmark Hill, enabling clinicians to triage in eRS and have this transfer into the electronic patient record (EPR).
- Progressed development of value-based healthcare programme with Head of Patient Outcomes.
- Attended face-to-face meeting for Platform for Procurement of Innovation and Innovation of Procurement (PiPPI), to progress workstreams and gain clarity on KCH white paper input.
- Reviewed potential for financial improvements relating to several projects within digital outpatients for FY 19/20 and beyond.
- Joined the Health Innovation Network digital discovery project, focussing on how to redesign outpatients delivery in critical pathways.

NEXT STEPS

- Hold inaugural PiPPI steering group to present project aims and needs and engage with key stakeholders.
- Agree value-based healthcare training course content with King's Health Partners colleagues in order to implement pilot course.
- Present update on InTouch expansion and mobile-first pilot to Patient Governors Board.
- Submit business case for digitisation of paper records across the Trust to King's Executive.
- Meet with respiratory, Trauma & Orthopaedics and palliative care clinical leads to discuss value-based healthcare pathways and scope opportunities at King's to implement.
- Engage new Denmark Hill Outpatients Clinical Lead for steer on follow-up app development.
- Meet with leads from patient outcome and costings teams to progress value-based healthcare work.

Domain 5: Key Delivery Metrics

King's Way For Wards

KWfW PROGRAMME UPDATE

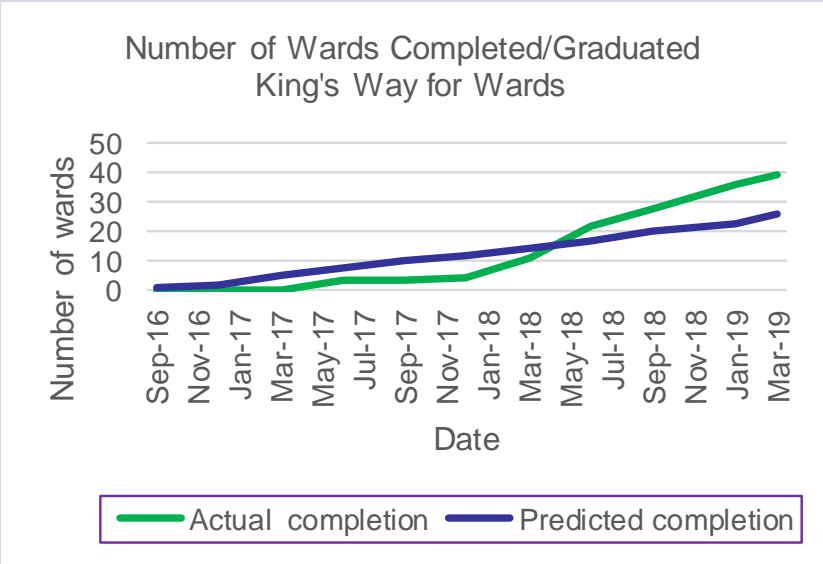
- King's Way for Wards Quality Improvement Programme helps all wards to use the same processes and systems, so that we provide consistently excellent care across all sites.
- 45 areas out of 79 have now graduated from King's Way for Wards:
- 38 wards at Denmark Hill and 17 wards at PRUH and South Sites.
- The team recently held drop-in events at the PRUH and DH sites which were received very well. Representatives from KFM, the Perfect Ward app, patient experience and continuous improvement training also exhibited creating an excellent opportunity for networking.
- Within the King's Way for Wards Quality Improvement Team, a new staff member has joined the team as Sister, covering a maternity leave vacancy.
- There is also the position of Lead Nurse which is currently advertised.

CURRENT WARDS ON PROGRAMME

DENMARK HILL: Fisk & Cheere, Lister Ward Howard, Todd, Twining, Kinnier Wilson HDU, Guthrie

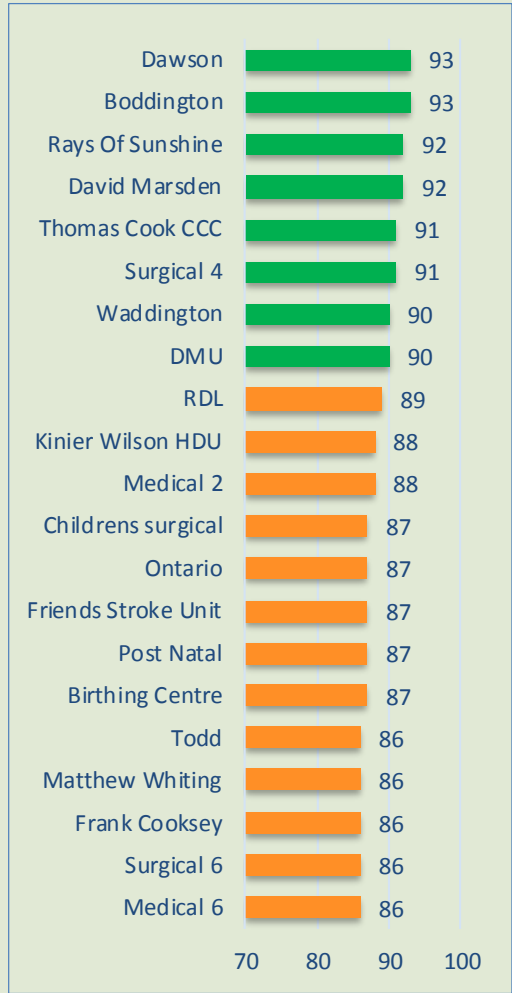
PRUH/South Sites: Medical 1 and Medical 2, Farnborough ward and Discharge Lounge.

ACTUAL PROGRESS EXCEEDING PREDICTED PROGRESS



WARD ACCREDITATION UPDATE

- 10% of wards at KCH have achieved green accreditation – a score of 90% or more.
- Graph below shows all wards with scores >85%.



Domain 5: Key Delivery Metrics Theatre Productivity

King's College Hospital
NHS Foundation Trust



CURRENT PROGRESS

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

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

The overall aims of the theatre productivity programme are to:

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

TRANSFORMATION - THEATRE PRODUCTIVITY

Average Cases per Session (APCS)

Specialty	Target	Baseline Average APCS	04/03/2019	11/03/2019	18/03/2019	25/03/2019
General Surgery	1.64	1.44	1.50	1.57	1.53	1.54
Gynaecology	4.11	3.02	2.96	2.36	3.52	2.79
Liver HPB	1.06	0.74	0.58	0.83	0.83	0.79
Neurosurgery	1.15	1.03	1.03	0.88	1.13	0.82
Ophthalmology	4.38	3.21	3.82	3.91	4.04	3.79
T&O	1.86	1.64	1.83	1.85	1.55	1.75
Urology	2.87	2.38	2.53	2.38	2.53	2.30
Vascular	1.53	1.33	1.25	1.43	1.71	1.34
Paed	1.97	1.75	1.04	1.82	1.85	1.28
Renal	1.93	1.68	1.55	2.00	1.05	0.50
Cardiothoracic	0.83	0.77	0.75	0.75	0.77	0.73
Max Fax	1.42	1.30	1.44	1.74	1.14	1.68
Breast	1.78	1.68	2.55	1.54	1.54	1.27
Pain	5.60	4.93	7.00	5.03	5.14	6.00
Oral	3.99	3.54	3.51	3.57	3.43	2.79
Overall Average	2.41	2.05	2.22	2.10	2.13	1.95

Number of Cases per Week

Specialty	Target Cases Per Week	Baseline Cases Per Week	04/03/2019	11/03/2019	18/03/2019	25/03/2019
General Surgery	43	38	44	38	40	45
Gynaecology	30	23	27	39	39	29
Liver HPB	16	13	10	18	18	16
Neurosurgery	37	31	30	30	31	30
Ophthalmology	99	71	80	80	101	81
T&O	108	93	98	98	98	92
Urology	30	22	30	23	24	21
Vascular	15	13	13	19	12	8
Paed	14	11	5	10	8	11
Renal	3	2	2	4	3	3
Cardiothoracic	20	18	20	20	20	16
Max Fax	11	10	14	17	10	8
Breast	7	6	14	5	7	7
Pain	13	10	10	10	27	8
Oral	31	25	31	25	39	24
Overall	472	392	467	455	444	423
Difference to Baseline			75	63	56	31
Running Total			1586	1649	1705	1737

Financials

		Baseline Income Per Week					
	Target Income per week	02/04/18 to 02/09/18	04/03/2019	11/03/2019	18/03/2019	25/03/2019	
Specialty							
General Surgery	£173,462.00	£153,292.00	£177,496.00	£145,274.00	£161,360.00	£181,530.00	
Gynaecology	£32,130.00	£24,418.00	£28,937.00	£20,349.00	£41,769.00	£21,420.00	
Liver HPB	£122,128.00	£114,495.00	£122,128.00	£137,394.00	£137,394.00	£137,394.00	
Neurosurgery	£85,984.00	£82,392.00	£406,846.00	£131,360.00	£123,392.00	£132,960.00	
Ophthalmology	£114,741.00	£89,343.00	£125,172.00	£150,670.00	£117,099.00	£128,649.00	
T&O	£164,311.00	£121,867.00	£118,130.00	£146,626.00	£263,738.00	£128,941.00	
Urology	£54,150.00	£39,710.00	£54,150.00	£41,515.00	£43,320.00	£45,125.00	
Vascular	£63,045.00	£54,695.00	£61,045.00	£42,080.00	£50,436.00	£33,624.00	
Paed	£38,094.00	£29,911.00	£19,047.00	£27,210.00	£21,768.00	£29,911.00	
Renal	£10,017.00	£6,678.00	£10,017.00	£13,356.00	£8,338.00	£8,339.00	
Cardiothoracic	£264,600.00	£238,140.00	£264,600.00	£264,600.00	£277,330.00	£238,140.00	
Max/Fax	£38,423.00	£34,910.00	£46,932.00	£59,381.00	£34,930.00	£27,944.00	
Breast	£15,515.31	£13,298.84	£13,030.63	£11,083.37	£35,535.31	£15,515.31	
Pain	£83,421	£64,170	£449.38	£64,170	£1,732.59	£93,02	
Oral	£24,211.00	£19,525.00	£25,775.00	£19,525.00	£27,335.00	£17,162.00	
Overall	£1,222,593.52	£1,053,091.34	£1,752,407.82	£1,095,268.07	£1,340,120.90	£1,094,489.31	
Difference to baseline			£1,99,311.48	£42,176.73	£87,029.56	£11,997.99	
Running Total - CYE (PBR)			£2,019,422.47	£2,061,599.20	£2,348,628.76	£2,160,026.75	
Running Total - Block Contract (90% reduction) CYE			£409,884.49	£412,319.84	£429,725.75	£432,005.35	

THIS MONTH'S IMPROVEMENT

In Session productivity

- ACPS has been above baseline but not reached target over the last 4 weeks partially due to admissions booking issues
- Network care services have hit their targets on a few occasions over the last 4 weeks

Total Elective Theatre Activity

- Over the 6 months of the programme we have seen 1737 extra cases above the year before
- 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.
- Financially we have seen an extra income of £432.005 under the block contract which is equivalent to £2,160,026 income under full PBR.
- 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 see this rise back above 2 weeks. This has meant that not all lists have been filled fully because of resource.

NEXT STEPS

- The following 6 specialties will be focused in terms of their opportunity:
 - General Surgery
 - Liver HPB
 - Max Fax
 - Neurosurgery
 - Cardiothoracic Surgery
 - Ophthalmology
- Focus on supporting PCAT team with target bookings and weekly KPI reporting

Domain 5: Key Delivery Metrics Transformation – Flow Programme

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

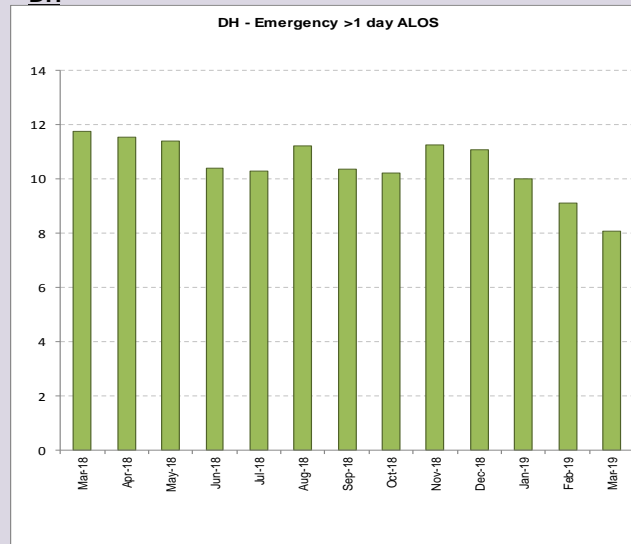
- Trial with ACP on front door providing see and treat model to be implemented.
- Second and substantively recruit to Patient Flow Coordinator role to support breach avoidance plans.
- Agree staff for front door frailty MDT, including with Bromley Healthcare and Transfer of Care Bureau.
- Work through delay codes identified in relation to cardiology and AMU with teams.

Networked Care

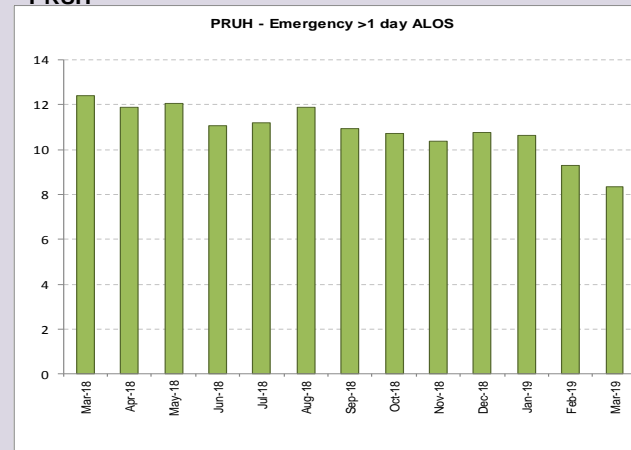
- Theatre productivity: Trial of golden patient SOP for emergency Neurosurgery to reduce delays to theatre start time in G3 theatre.
- Review of AHP / Therapist pathways in pre-assessment.
- Development of Integrated Care Pathway for Neuro-oncology to reduce LOS.

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

- Daily exception reporting <85% performance incorporated into BAU, supporting breach avoidance plans and issues to escalate.
- Internal Professional Standards and Escalation Protocols circulated to all professional groups and now embedding. Most recent data demonstrates a 13% improvement on response times in the last 2 months.
- Appointed flow coordinator post on a fixed term 3-month trial from May. Service manager to continue supporting role and working with NIC and EPIC to support early decision-making.
- Commenced review of service line agreement with UCC to improve alignment to performance vs 4 hour standard. Daily meetings in place with UCC as part of performance review. Monthly meetings now established with General manager, Clinical Director and UCC Director to address key challenges.
- Continued joint working with ECIST to establish improved flow including RAT model, sub acute and CDU utilisation and implementation of front door ACP for see and treat model.
- Consultant job planning underway to ensure suitable skill mix and team allocation to support peak attendances within ED.

Frailty

- Front door frailty MDT working to commence in CDU in May and move to ED June. Working group overseeing operational arrangements and go-live.
- Agreed membership of One Bromley Frailty Task and Finish Group: first meeting in May.

Surgery

- Rapid Access lists remain on-hold pending agreement with consultants on clinical responsibility.
- Ongoing work with surgical teams to review use of admissions lounge and designing SAU pathway.

Medicine

- Ambulatory utilisation continues to strengthen with increased pull from nurse to nurse referrals in place. Clarified use of acute medical hub with all staff.

Supported Discharge

- Refined and built out delay codes as part of board round noting in EPR. Worked with ICT on reporting from coding - circulated to wards daily in pilot phase. Finalising roll out plan to wider PRUH site.
- Developed plan to reduce LoS. This includes full implementation of SAFER/Red to Green with ECIST support, commencing on two wards May 2019; to roll to next pair of wards once embedded.
- MADE held March and two events held in April.

KEY RISKS

- **PRUH** - Staffing challenges limit full embedding of RAT 24/7, impact therefore under plan. Ongoing recruitment strategy and RAT taking place Mon - Fri 12:00-17:00 successfully.
- Additional surgical doctor shifts for Ambulatory out but not consistently filled to meet extended hours.
- Staffing of front door frailty MDT pilot at risk due to need for CCG to confirm frailty funding can be directed to this.
- **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

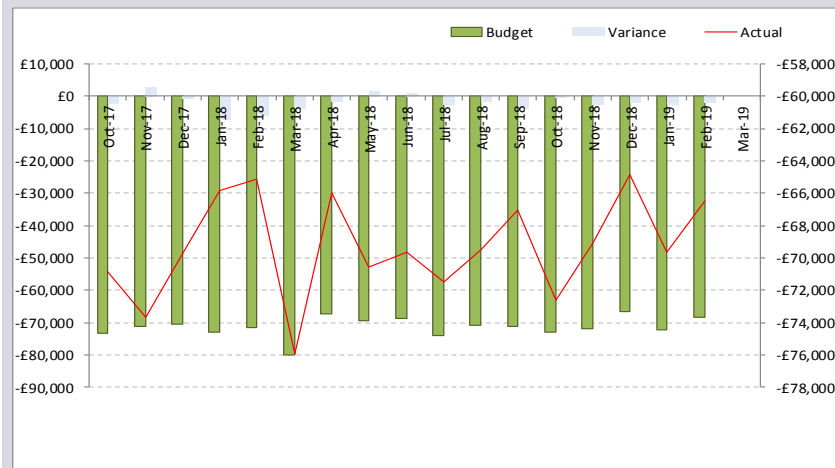
Domain 6: Key Delivery Metrics Income

INCOME VARIANCES

- The key variances from the annual plan relate to clinical income from patient care activities (£29.4m) and other operating income (£2.5m).
- The Trust accrued an estimated income figure for NHSE based on month 11 flex data and has taken into account potential data challenges making a prudent provision of £2.5m to date for NHSE Commissioner challenges as the Trust did not agree a final year position with NHSE. The Trust agreed 18/19 clinical income balances with all SEL CCG's circa £425m.
- The key clinical income variances related to off tariff drugs (£15.3m) as the NICE drug impact by NHSE did not materialise; and the non-delivery of business case income (Critical Care, BMT, Liver Transplants - £7.8m).
- The remaining variance (circa £6m) related to the non-achievement of clinical income CIPs, RTT delivery and prior year debt write off, which was covered by the release of prior year provisions in non-pay.
- Of the other income variances (£1.3m) adverse related to the non-delivery of Road Traffic Accident (RTA) income, (£1.7m) adverse Overseas Visitor income and (£2.2m) adverse R&D income.
- Other operating income: excluding STF funding, the main driver of the adverse variance is R & I income £2.2m, 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 £1.7m relating to a reduction in chargeable patients across the Trust and bad debt write off.

2018/19 M12: INCOME AND FINANCIAL POSITION

Income from Activities (£000s)



Other Operating Income (£000s)



SUMMARY

- The Trust forecast outturn at month 12 was a deficit position of £191.0m excluding ADM. The Trust's reported consolidated outturn is £189.7m.
- The total capital plan for 18/19 has been reduced from £71m to £36.3m. The original plan included an external funding requirement of £44m of which £14.9m (£11m loan, £3.9m PDC) has been received. As additional capital funding for 18/19 has not been confirmed, the Trust would be unable to procure all prioritised capital assets prior to year-end due to construction timelines and equipment ordering and lead times for delivery.
- Capital expenditure in 2018/19 was £35.4m against on-going contractually committed estates projects and medical and IT equipment requirements.

RUN RATE AND CIPs

- The forecast CIP delivery at M12 is £25.6m which is an adverse variance of £1.1m to plan.

Key M12 deadlines based on the YTD position:

- Slippage on various flow through schemes from last year's programme £0.3m.
- Slippage on KIFM on their standardisation and commercial work stream £0.5m.
- Slippage at the PRUH (0.9m) related to HCD insulin pumps – Note this has recovered to £0.1m.
- Slippage on Crystal Palace physio group. This activity has decreased and has continued on this tangent for the remaining months of 18/19.
- This underperformance is offset somewhat by over performance in pharmacy of 0.9m.

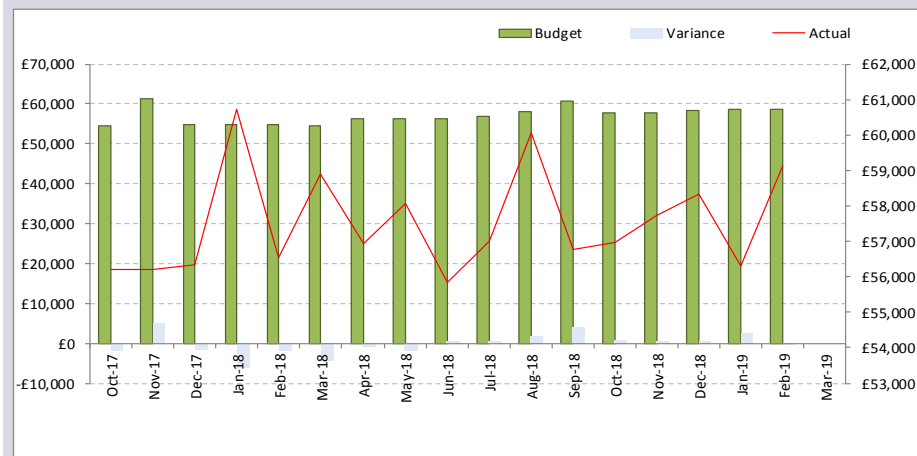
Domain 6: Key Delivery Metrics Operating Expenditure

KEY PAY VARIANCES

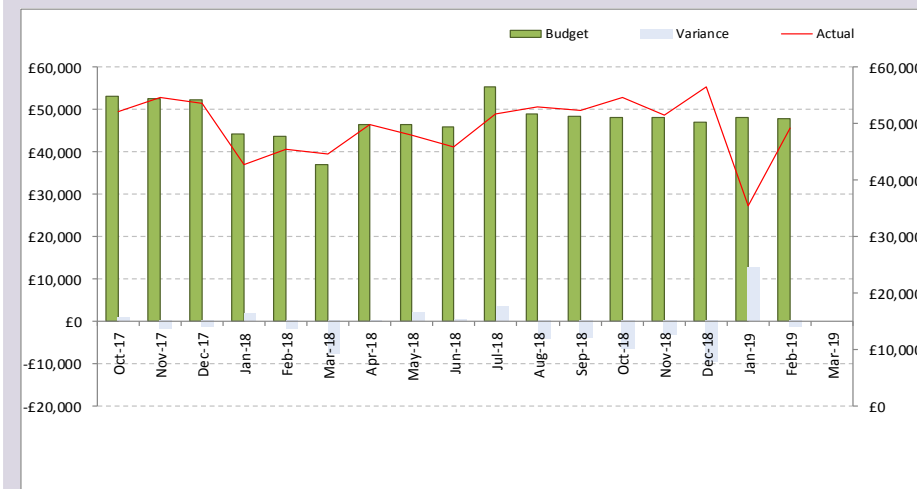
- YTD pay variance is £11.0m favourable due to the continuing underspends in Admin & Clerical (£9.4m) and other staff (£3.6m). This was offset by overspends Medical staffing (£4.6m) and Nursing staff (£4.4m).
- In month pay is £2.2m favourable of which £1.1m relates to A&C, £0.6m in medical staffing and £0.1m relates to Other Staff.
- Agenda for Change (AfC) Pay Award: The AfC cost pressure for staff costs not funded in respect to PFI staff and other subsidiaries/joint ventures (£3.45m). The Agenda for Change pay award above 1% creates a cost pressure to the Trust of £1.381m in respect to PFI staff (PRUH), subsidiary staff (KIFM). These costs are not funded through the DHSC AfC funding stream (£8.969m); together with £2.066m for Medirest outsourced staff and Viapath Pathology JV staff. A cost pressure reported in non-pay contracted out services and pay costs for KIFM on consolidation.
- The Trust has calculated the AfC Award using current Trust employed substantive staff and actual bank staff. The variance to the DHSC funding is minimal. The Trust has received information from CAPITA to complete the AfC award reconciliation with the Trust calculation.
- £2.1m of additional funding is still to be approved by NHSI/DoH pending approval of the AfC Assurance statements.

2018/19 M12 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 £9.9m adverse variance. Excluding pass through drugs the in month position is £11.4m adverse. YTD Non Pay is £19.0m excluding pass through drugs. YTD the main drivers of the £19.0m non pay variance are:
- Drugs - £2.1m adverse variance £0.8m UPAC, £0.8m PRUH and £0.3m Network Care.
- Clinical Supplies – adverse variance of £12.5m. £ 11.9m is due to the agreement on the enhanced supply chain and is off set by a favourable variance in purchase of healthcare from non NHS bodies.
- Consultancy– the £ 6.6m adverse variance is largely due to costs associated with the financial recovery programme.
- External Services – Adverse £7.0m and mainly relates to higher Medica and HCA outsourcing costs in radiology (£2.5m) and an overspend in patient transport £1.4m due to an increase in contract price not expected to be offset by increased income from the commissioners.
- Purchase of Healthcare with Non NHS Providers – £10.8m favourable of which £11.2 is the enhanced supply chain offset. Excluding this the position is £0.4m adverse.
- Other Non Pay - £13.1m adverse which is due to a £ 4.8m increase in bad debt provision for overseas visitor income and a write off of £3.6m for overseas visitors income.
- The CNST Maternity Incentive Scheme impact is as follows: the Trust has incurred additional costs of £6.5m in 18/19 which were built into the Annual Plan. The Trust is receiving £435k to deliver key safety requirements in year.

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)

March 2019

Best Quality of Care - Safety, Effectiveness, Experience

	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
476 MRSA Bacteraemias	0	0	0	0	0	1	1	0	1	1	1	0	2	0	7	7	
473 CDT Cases	7	6	2	6	13	9	7	5	7	5	5	6	9	6	80	80	
487 Care hours Per Patient per day	6.4	6.4	6.3	6.1	5.8	5.7	5.2	5.9	6.4	6.4	6.5	6.6			6.1	6.1	
628 Falls per 1000 bed days	4.27	3.94	4.08	4.31	4.39	4.43	4.18	3.57	4.17	4.00	4.34	4.33	3.98	6.60	4.14	4.14	
509 Never Events	2	0	3	0	2	1	2	0	1	0	1	0	0	0	10	10	
519 Serious Harm/Death Incidents	5	9	14	13	12	11	13	11	15	14	15	17	12		156	156	
516 Moderate Harm Incidents	15	19	29	29	19	22	19	26	35	32	33	30	48		341	341	
520 Total Serious Incidents reported	9	17	22	25	20	12	21	19	14	17	20	23	16		226	226	
436 HSMR	87.9	87.0	86.7	87.0	87.2	86.4	86.6	86.3	85.6	85.3	84.5			100.0			
433 SHMI	95.0	94.4	94.8	96.0	96.7	96.6	96.8	96.3	95.2	94.6				105.0			
353 Outpatient Cancellations < 6 week notice (Hosp)	5445	5211	6120	5934	6554	5625	6477	7427	7166	5803	6470	6329	7088	4551	76204	76204	
838 Number of complaints per 1000 bed days	1.64	1.73	1.71	1.86	2.10	1.71	1.51	1.82	2.18	1.22	1.82	1.66	2.05	1.66	1.78	1.78	
615 Number of complaints - High & Severe	5	11	8	9	14	12	7	8	9	7	7	5	9	0	106	106	
619 Number of complaints	81	88	83	86	100	82	74	94	107	59	93	74	99	80	1039	1039	
620 Number of complaints not responded to within 25 Days	54	37	46	37	50	52	46	41	55	46	41	33	34	50	518	518	
839 Surgical Cancellations due to Trust Capacity - OTD	67	67	44	40	46	35	52	75	94	50	67	40	58	59	668	668	

Best Quality of Care - Access

	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
364 RTT Incomplete Performance	80.54%	80.57%	81.20%	80.85%	80.55%	80.57%	79.41%	79.12%	79.03%	77.95%	77.89%	78.08%	76.95%	92.00%	79.35%	79.35%	
632 Patients waiting over 52 weeks (RTT)	249	305	331	408	448	457	450	404	332	249	262	264	192	0	4102	4102	
412 Cancer 2 weeks wait GP referral	94.48%	93.67%	95.29%	85.80%	85.91%	80.51%	76.00%	89.78%	90.00%	93.14%	91.20%	91.16%	92.12%	93.00%	88.46%	88.46%	
413 Cancer 2 weeks wait referral - Breast	97.92%	85.71%	92.42%	90.48%	91.11%	96.67%	100.00%	96.00%	97.60%	100.00%	73.33%	77.78%	92.54%	93.00%	92.13%	92.13%	
419 Cancer 62 day referral to treatment - GP	88.40%	86.92%	83.65%	83.60%	75.38%	76.34%	71.00%	77.40%	79.00%	85.70%	66.51%	80.00%	82.47%	85.00%	79.06%	79.06%	
420 Cancer 62 day referral to treatment - Screening Service	88.30%	94.34%	92.65%	84.91%	83.58%	85.90%	87.80%	84.80%	92.60%	90.80%	87.50%	86.49%	80.33%	90.00%	87.36%	87.36%	
536 Diagnostic Waiting Times Performance > 6 Wks	2.48%	3.70%	3.44%	4.02%	5.52%	5.81%	7.13%	8.61%	11.06%	14.81%	12.70%	9.22%	7.30%	1.00%	7.81%	7.81%	
459 A&E 4 hour performance (monthly SITREP)	71.15%	77.86%	79.83%	82.73%	77.99%	80.54%	76.29%	78.10%	73.84%	71.67%	69.62%	70.39%	73.72%	95.00%	75.99%	75.99%	
1397 A&E 4 hour performance (Acute Trust Footprint)	80.66%	85.33%	86.52%	88.50%	85.25%	86.80%	84.10%	85.05%	82.33%	80.65%	79.11%	79.73%	82.04%	95.00%	83.77%	83.77%	
399 Weekend Discharges	21.0%	22.2%	20.2%	22.0%	19.5%	19.1%	25.1%	18.2%	18.4%	25.3%	19.9%	20.4%	23.7%	21.8%	21.1%	21.1%	
404 Discharges before 1pm	21.0%	19.3%	19.5%	19.1%	18.8%	18.9%	18.1%	18.1%	18.1%	18.6%	19.7%	18.6%	20.5%	19.8%	18.9%	18.9%	
747 Bed Occupancy	92.3%	92.9%	91.0%	87.9%	88.3%	86.0%	90.0%	92.3%	93.0%	89.9%	92.1%	93.1%	92.8%	91.4%	90.8%	90.8%	
1357 Number of Stranded Patients (LOS 7+ Days)	662	643	600	597	552	346	224	204	247	257	254	216	244	574	4384	4384	
1358 Number of Super Stranded Patients (LOS 21+ Days)	933	920	851	837	793	593	470	438	484	504	481	434	469	898	7274	7274	
800 Delayed Transfer of Care Days (per calendar day)	15.8	8.3	8.2	7.0	12.9	13.5	9.0	9.4	10.0	6.6	10.5	10.0	13.8	0.0	9.9	9.9	



Integrated Performance

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

Trust (1000)

772	12 Hour DTAs	26	24	16	21	13	29	20	10	14	19	7	13	14	0			
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Skilled, Motivated, Can Do Teams

	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
715 % appraisals up to date - Combined	66.87%	45.09%	50.99%	63.19%	79.19%	87.57%	86.14%	89.41%	88.71%	88.64%	89.46%	89.85%	79.53%	90.00%			
721 Statutory & Mandatory Training	82.27%	83.73%	83.39%	83.48%	85.17%	81.20%	78.62%	81.77%	81.79%	81.96%	82.35%	81.48%	81.94%	90.00%			
732 Vacancy Rate %	9.22%	9.77%	9.70%	9.86%	9.57%	10.24%	9.88%	9.69%	9.93%	10.88%	10.75%	11.07%	10.76%	8.00%			
743 Monthly Sickness Rate	3.19%	3.00%	2.89%	3.27%	3.36%	3.56%	3.50%	3.65%	3.77%	3.78%	3.91%	3.81%	3.55%	3.00%			

Top Productivity

	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
374 Theatre Utilisation - Main Theatres	77.3%	76.3%	82.9%	77.7%	79.5%	81.1%	80.6%	82.4%	81.9%	80.0%	78.3%	78.6%	78.9%	80.0%	79.9%	79.9%	
373 Theatre Utilisation - Day Surgery Unit	72.1%	74.1%	76.9%	75.7%	76.7%	74.7%	75.1%	76.7%	75.8%	75.9%	76.3%	73.8%	75.5%	80.0%	75.6%	75.6%	
521 Theatre Utilisation - Overall	75.4%	75.5%	80.6%	76.9%	78.4%	78.7%	78.6%	80.3%	79.7%	78.7%	77.5%	76.9%	77.7%	80.0%	78.3%	78.3%	
801 Day Case Rate	76.7%	76.7%	78.1%	76.3%	76.0%	76.1%	75.5%	76.8%	75.3%	74.0%	75.5%	74.9%	74.4%	76.8%	75.8%	75.8%	
345 Outpatient DNA Rate	12.7%	11.6%	11.4%	11.1%	11.5%	11.4%	11.5%	11.5%	11.2%	11.6%	11.2%	10.9%	10.3%	11.9%	11.3%	11.3%	
965 Outpatient DNA Rate - First Attendance	13.7%	12.8%	12.1%	12.0%	12.6%	12.4%	12.3%	12.7%	11.9%	12.5%	12.1%	11.6%	11.1%	10.6%	12.2%	12.2%	
966 Outpatient DNA Rate - Follow Up Attendance	12.3%	11.1%	11.1%	10.7%	11.0%	11.0%	11.2%	11.0%	10.8%	11.2%	10.9%	10.7%	10.0%	12.9%	10.9%	10.9%	
622 First to Follow up ratios - consultant led	2.5	2.6	2.5	2.5	2.6	2.7	2.6	2.6	2.6	2.7	2.8	2.8	2.7	2.4	2.6	2.6	
426 Average Length of Stay - Elective ALoS	4.3	3.9	4.2	3.2	3.7	4.2	4.1	4.1	4.0	4.5	3.5	3.4	3.9	4.1	3.9	3.9	
428 Average Length of Stay - Non - Elective ALoS	6.9	6.5	6.5	6.2	6.2	6.3	6.0	6.2	6.2	5.9	6.0	6.2	5.6	6.6	6.2	6.2	
429 Zero Length of Stay - Emergency	650	744	773	837	865	800	829	796	840	1033	1109	1036	1252	894	10914	10914	
352 Outpatients waiting more than 12 weeks	11966	10990	12165	13265	12394	12021	12814	14851	14296	10381	14654	12876	13385	11875	154092	154092	
376 Referrals to Consultant led services	34099	32355	36316	33984	34035	32929	31373	36154	34035	28056	33907	30997	32958	32375	397099	397099	
537 Decision To Admit	8421	8143	8880	8534	8262	7661	7954	9054	8963	7032	8481	7547	7668	8388	98179	98179	

Firm Foundations - Finance

	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
895 Actual - Overall	22,203	18,434	15,437	11,242	16,855	17,541	19,804	16,426	20,753	27,140	(1,318)	17,477			179,793	179,793	
896 Budget - Overall	(12,087)	17,545	15,182	11,295	15,430	12,547	12,347	9,074	10,315	16,751	10,297	14,747			145,530	145,530	
897 Variance - Overall	(34,290)	(889)	(255)	53	(1,425)	(4,994)	(7,458)	(7,352)	(10,439)	(10,389)	11,615	(2,730)		0	(34,262)	(34,262)	
602 Variance - Medical - Agency	(591)	(1,033)	(912)	(818)	(848)	(1,070)	(671)	(597)	(1,216)	(798)	(665)	(891)		0	(9,518)	(9,518)	
1095 Variance - Medical Bank	(275)	(391)	(367)	(340)	(481)	(359)	(345)	(640)	(289)	(304)	(551)	(401)		0	(4,468)	(4,468)	
599 Variance - Medical Substantive	(216)	973	77	801	1,417	923	596	1,043	448	624	742	1,135		0	8,780	8,780	
603 Variance - Nursing Agency	(452)	(610)	(346)	(176)	(433)	(148)	(258)	(162)	(88)	(124)	(140)	(128)		0	(2,612)	(2,612)	



Integrated Performance

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

Trust (1000)

1104	Variance - Nursing Bank	(3,266)	(3,076)	(3,063)	(2,491)	(2,059)	(2,070)	(1,932)	(1,909)	(1,913)	(2,302)	(2,083)	(2,409)		0	(25,307)	(25,307)	
606	Variance - Nursing Substantive	2,141	2,539	2,344	2,317	1,816	638	3,668	2,046	2,165	2,049	2,231	2,267		0	24,079	24,079	

Firm Foundations - Activity

		Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
401	Elective Inpatient Spells	10121	9591	10513	10112	9999	9465	9158	10667	10340	8484	10000	9349			107678	107678	
403	Non-Elective Inpatient Spells	1598	1548	1717	1670	1720	1698	1729	1819	1596	1690	1682	1473			18342	18342	
424	Elective Excess Beddays	537	595	512	412	521	340	317	494	659	363	412	410			5035	5035	
425	Non-Elective Excess Beddays	268	230	609	183	347	41	440	245	99	196	62	83			2535	2535	
431	First Outpatient Attendances	24289	23446	25232	24901	25270	22982	22977	27160	26712	20328	24985	22613			266606	266606	
430	Follow Up Outpatient Attendances	75791	75047	80165	74739	78887	74199	72076	81604	79979	63442	80193	70386			830717	830717	
461	A&E Attendances	17587	17171	18559	18056	18531	17070	17596	18221	18217	18109	19071	17518			198119	198119	
464	Procedure coded outpatient attendances	15.8%	17.5%	17.9%	19.7%	18.9%	19.5%	20.0%	19.2%	19.4%	20.1%	20.3%	19.8%			19.3%	19.3%	

Excellent Teaching & Research

		Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
937	Number of Observational Studies	107	33	44	63	77	86	92	101	108	111	111	115	116		1057	1057	
938	Number of Interventional Studies	120	44	52	73	80	86	89	98	106	113	119	126	130		1116	1116	
939	Number of Large-scale Studies	11	9	10	11	12	13	14	15	15	15	15	15	16		160	160	
888	Number of Commercial Studies	88	11	24	33	38	44	49	59	65	74	81	85	94		657	657	
940	Total number of Studies	326	97	130	180	207	229	244	273	294	313	326	341	356		2990	2990	



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
436	KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database) The SHMR 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

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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 DfAs (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 ESR
743	The number of FTE calendar days lost during the month to sickness absence compare to the number of staff available FTE in the same period.
747	The percentage occupancy of inpatient beds based on the midnight census
800	Calculated by total delayed days during the month / calendar days in month.
801	Number of day cases divided by number of elective spells
839	Number of on-the-day cancellations due to the following reasons: No ward bed available. No critical care/HDU bed available. Overrunning operation list. Emergency took priority. Complications in previous case. Previous list/case overran. More urgent case. Unable to staff
888	Number of commercial clinical trials contracts recruiting patients in the relevant period
937	Studies that are funded by the NIHR, other areas of central Government and NIHR non-commercial Partners. UK total sample size < 10,000
938	Studies that are funded by the NIHR, other areas of central Government and NIHR non-commercial Partners. UK total sample size < 5,000
939	Studies that are funded by the NIHR, other areas of central Government and NIHR non-commercial Partners. UK total sample size ≥/ > 10,000
965	Number of DNAs divided by Number of DNAs and attendances for New OP Appointments
966	Number of DNAs divided by Number of DNAs and attendances for Follow-up OP Appointments
1095	Variance for medical bank



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)

Created date: January 2018

Business Intelligence Unit
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March 2019

	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
Safety - Infection Control																	
Safety - Infection Control domain score	1.93	2.25	1.95	2.00	1.98	1.70	1.93	1.93	2.12	1.95	2.02	2.16	1.81	2.50	1.98		
Reportable to DoH																	
476 MRSA Bacteraemias	0	0	0	0	0	1	1	0	1	1	1	0	2	0	7	7	
475 VRE Bacteraemias	3	2	5	4	3	4	2	3	1	4	3	4	7	4	42	42	
473 CDT Cases	7	6	2	6	13	9	7	5	7	5	5	6	9	6	80	80	
470 MSSA Bacteraemias	0	3	3	0	0	4	5	5	3	3	4	2	2	3	34	34	
474 E.Coli Bacteraemias	13	10	14	7	13	14	10	10	8	6	7	7	10	7	116	116	
879 Klebsiella spp. Bacteraemia	5	11	5	7	11	10	8	5	14	3	10	6	8	5	98	98	
880 Pseudomonas aeruginosa Bacteraemia	1	3	4	2	4	6	6	7	7	7	9	3	6	4	64	64	
881 Carbapenemase producing organism (Confirmed CPE/CPO)	10	9	15	16	9	17	8	14	10	16	10	11	17	13	152	152	
Clusters & Outbreaks																	
477 Clusters of Infection	2	2	4	5	3	2	6	1	0	2	1	3	5	0	34	34	
478 Outbreaks	3	0	2	1	0	2	1	2	0	0	5	1	3	0	17	17	
All hospital-acquired Alert Orgs																	
490 MRSA	13	8	9	7	8	6	5	10	6	5	6	7	13	6	90	90	
495 Clostridium difficile (including local PCR)	11	8	10	16	17	11	14	16	14	11	13	11	10	9	151	151	
496 VRE	21	15	18	25	13	21	21	14	16	26	16	24	28	23	237	237	
497 Enterobacteriaceae	33	33	43	32	31	46	35	64	31	34	36	39	40	40	464	464	
498 Resistant non-fermenters	8	7	7	4	17	20	11	6	11	7	10	8	13	12	121	121	
882 Norovirus	10	4	9	0	3	7	11	3	0	2	19	0	4	18	62	62	
883 Other Viral Infection	59	18	12	15	6	4	10	22	16	41	57	56	61	32	318	318	
502 Other Alert Organisms	2	5	13	5	8	5	6	6	8	5	6	3	4	6	74	74	
503 Total Hospital-acquired	157	98	121	104	103	120	113	141	102	131	163	148	173	104	1517	1517	
Assurance Audits																	
499 CDT Time to Isolation Compliance	83.3%	54.6%	73.3%	90.0%	69.6%	69.2%	68.4%	81.8%	83.3%	76.9%	92.9%	77.8%	94.1%	100.0%	78.4%	78.4%	
500 MRSA Time to Isolation Compliance	40.0%	43.5%	57.1%	47.1%	64.7%	73.3%	33.3%	40.9%	94.4%	53.6%	58.8%	60.0%	36.4%	100.0%	55.3%	55.3%	
501 MRSA Time to Decolonisation Compliance	59.1%	76.2%	60.0%	75.0%	64.3%	83.3%	92.3%	100.0%	88.2%	86.4%	75.0%	91.7%	81.8%	100.0%	80.9%	80.9%	
492 MRSA Screening - Elective	96.5%	98.3%	98.7%	98.6%	95.4%	98.7%	98.0%	97.7%	98.4%	98.6%	97.8%	98.2%	99.3%	100.0%	98.1%	98.1%	
494 MRSA Screening - Emergency	86.4%	87.8%	88.5%	87.1%	86.0%	89.2%	90.9%	90.3%	92.0%	91.6%	91.4%	92.6%	91.9%	100.0%	89.7%	89.7%	
757 Hand Hygiene Compliance - Inpatients	94.5%	94.3%	94.4%	94.0%	94.0%	94.7%	93.7%	92.6%	94.1%	94.7%	94.6%	94.4%	93.5%	90.0%			
758 Hand Hygiene Compliance - Outpatients	94.9%	94.0%	95.5%	98.6%	96.4%	95.9%	95.9%	92.7%	95.1%	93.9%	95.1%	95.8%	96.4%	90.0%			
Care of IV Lines																	
522 Dressing Appropriate	91.7%	89.4%	94.8%	80.6%	97.2%	84.9%	95.1%	89.0%	95.1%	96.6%	96.4%	93.4%	97.0%	95.0%	93.6%	93.6%	
523 Date recorded	82.9%	85.9%	88.5%	91.6%	84.7%	85.9%	82.5%	88.1%	85.8%	89.4%	85.3%	91.8%	89.2%	95.0%	86.9%	86.9%	
524 Line Still Needed	90.4%	87.1%	92.3%	88.6%	93.9%	89.4%	95.5%	91.0%	92.4%	91.3%	92.3%	96.5%	91.1%	95.0%	92.0%	92.0%	
525 Documentation is complete	77.0%	67.8%	80.4%	57.1%	77.3%	67.3%	79.3%	76.7%	78.2%	79.4%	81.9%	82.9%	78.3%	95.0%	76.7%	76.7%	
1217 Assessed VIP	97.8%	85.1%	97.9%	58.6%	96.7%	75.6%	97.7%	95.4%	98.0%	92.5%	99.2%	98.8%	96.9%	95.0%	93.3%	93.3%	
1317 Administration Set Dated	95.3%	93.7%	96.2%	96.3%	92.2%	98.7%	92.6%	94.5%	97.1%	93.8%	97.6%	97.7%	93.5%	95.0%	95.2%	95.2%	

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Antibiotic Stewardship																	
569	Antibiotic Stewardship - Clinical indication recorded	91.6%	97.5%	97.0%	95.7%	92.1%	96.6%	97.3%	96.6%	98.2%	96.8%	98.1%	98.3%	96.6%	95.0%	96.8%	96.8%
571	Antibiotic Stewardship - Stop/Review date recorded	79.8%	86.6%	83.0%	83.3%	81.5%	84.3%	80.2%	86.5%	86.0%	77.2%	82.4%	82.3%	80.7%	95.0%	82.8%	82.8%
570	Antibiotic Stewardship - IV PO switch not overdue	86.1%	90.4%	91.9%	91.6%	82.2%	89.6%	91.6%	93.2%	94.3%	93.5%	93.1%	85.8%	93.0%	95.0%	90.9%	90.9%
568	Antibiotic Stewardship - As per Guideline	89.7%	88.2%	82.0%	81.5%	86.8%	90.3%	88.7%	90.6%	92.4%	92.2%	91.6%	91.0%	89.9%	95.0%	88.8%	88.8%
Environment																	
760	Medirect/ISS Cleaning	97.5%	97.9%	97.9%	97.6%	97.6%	98.2%	97.5%	97.0%	97.6%	98.7%	98.5%	97.8%	98.2%	97.1%	97.9%	97.9%
761	Nurse Cleaning	95.7%	97.4%	96.0%	96.6%	95.4%	96.5%	95.3%	95.1%	96.6%	97.0%	97.3%	96.7%	97.3%	96.9%	96.4%	96.4%
514	Number of commodes audited	174	149	130	176	150	213	300	412	205	177	439	270	237		2858	2858
515	Are Commodes in a Good State of Repair?	99.4%	100.0%	96.9%	98.9%	96.7%	99.5%	95.7%	91.8%	86.3%	81.9%	72.7%	98.9%	97.9%	100.0%	91.4%	91.4%
1805	Are Commodes Clean?						93.9%	93.3%	94.2%	95.6%	96.6%	91.8%	97.8%	94.5%	100.0%	94.3%	94.3%
1697	Are Commodes Taped?						6.1%	5.7%	26.0%	88.8%	86.4%	92.5%	91.1%	91.6%	100.0%	59.5%	59.5%
1698	Is there a Commodes Cleaning Poster?						9.1%	6.7%	53.3%	74.6%	75.0%	156.3%	121.2%	105.9%	100.0%	82.8%	82.8%
Infection Control Audit Composite																	
759	Assurance Audits - Non Compliance %	87.5%	75.0%	81.3%	81.3%	81.3%	87.5%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	25.0%	5.5%	9.9%	9.9%

Safety - Other																	
Safety - Other domain score		2.19	2.24	2.14	1.95	1.95	1.95	1.86	2.05	2.05	1.86	1.71	1.95	1.95	2.50	1.99	
Safer Care																	
469	VTE Risk Assessment	95.5%	96.2%	96.7%	96.9%	96.8%	97.1%	97.0%	97.6%	97.8%	97.6%	97.8%	97.7%	97.7%	95.0%	97.3%	97.3%
1897	Potentially Preventable Hospital Associated VTE	2	3	0	4	4	1	6	10	7	2	4	2	5	1	48	48
487	Care hours Per Patient per day	6.4	6.4	6.3	6.1	5.8	5.7	5.2	5.9	6.4	6.4	6.5	6.6			6.1	6.1
627	Deteriorating Patient Incidents per 1000 bed days	0.20	0.15	0.17	0.22	0.17	0.13	0.06	0.14	0.21	0.11	0.19	0.09	0.02	0.17	0.14	0.14
846	Deteriorating Patient Incidents resulting in moderate harm, major harm or death per 1000 bed days	0.00	0.00	0.02	0.02	0.02	0.04	0.00	0.00	0.02	0.02	0.06	0.00	0.00	0.00	0.00	0.00
788	Delayed Vital Signs	84	63	74	75	77	54	73	64	68	73	71	85	72		849	849
646	Patients Absconding	14	20	28	20	33	32	31	30	22	25	31	21	29		322	322
647	Violent & Aggressive Behaviour to Staff	191	178	185	228	218	198	217	220	217	170	263	206	258		2558	2558
786	Omitted Medication Incidents	44	30	42	45	35	32	30	36	25	26	28	44	30		403	403
787	Delayed Medication Incidents	32	27	37	28	47	45	42	54	40	50	51	40	44		505	505
488	Safer Staffing Average Fill Rate - Day	100.3%	102.5%	99.9%	99.2%	98.3%	98.0%	98.3%	98.8%	99.6%	98.3%	97.9%	99.1%			99.1%	99.1%
489	Safer Staffing Average Fill Rate - Night	108.1%	107.3%	105.1%	102.1%	101.0%	100.9%	102.3%	102.8%	102.1%	101.9%	102.3%	102.4%			102.9%	102.9%
538	Hospital Acquired Pressure Ulcers (Grade 3 or 4)	0	3	0	1	2	1	3	2	0	1	0	0	2	0		
780	Hospital Acquired Pressure Ulcers (Grade 3 or 4) per 1000 bed days	0.00	0.07	0.04	0.02	0.09	0.00	0.07	0.06	0.00	0.00	0.06	0.02	0.02	0.00	0.04	0.04
890	Total Falls	237	202	221	206	223	230	213	195	221	216	237	224	215	225	2603	2603
891	Falls Resulting in Moderate Harm	2	1	4	2	1	5	1	1	4	3	1	4	3	0	30	30
893	Falls Resulting in Major Harm	1	2	5	2	0	1	3	2	1	1	3	6	3	0	29	29
892	Falls Resulting in Death	0	0	0	0	0	0	1	0	0	1	0	0	0	0	2	2
628	Falls per 1000 bed days	4.27	3.94	4.08	4.31	4.39	4.43	4.18	3.57	4.17	4.00	4.34	4.33	3.98	6.60	4.14	4.14
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.04	0.04	0.19	0.09	0.02	0.11	0.11	0.04	0.11	0.08	0.08	0.23	0.12	0.19	0.10	0.10
868	Surgery - % WHO checklist Compliance	89.9%	89.4%	89.6%	90.2%	94.6%	92.8%	94.5%	95.7%	94.9%	94.3%	94.3%	94.0%	94.9%	92.8%	93.2%	93.2%
Incident Reporting																	
509	Never Events	2	0	3	0	2	1	2	0	1	0	1	0	0	0	10	10

519	Serious Harm/Death Incidents	5	9	14	13	12	11	13	11	15	14	15	17	12		156	156	
516	Moderate Harm Incidents	15	19	29	29	19	22	19	26	35	32	33	30	48		341	341	
520	Total Serious Incidents reported	9	17	22	25	20	12	21	19	14	17	20	23	16		226	226	
648	Amber RCAs	96	72	100	108	104	101	88	91	102	98	100	104	124		1192	1192	
Incident Management																		
660	Duty of Candour - Conversations recorded in notes	88.9%	96.0%	100.0%	100.0%	92.9%	93.1%	93.1%	87.5%	95.7%	82.6%	73.8%	72.1%	68.0%	95.0%	86.6%	86.6%	
661	Duty of Candour - Letters sent following DoC Incidents	94.4%	100.0%	100.0%	100.0%	92.9%	89.7%	93.1%	84.4%	95.7%	78.3%	61.9%	60.5%	40.0%	93.4%	80.6%	80.6%	
1617	Duty of Candour - Investigation Findings Shared	88.9%	88.0%	84.6%	80.0%	82.1%	58.6%	75.9%	37.5%	34.8%	15.2%	9.5%	4.7%	0.0%	88.7%	42.3%	42.3%	
842	Number of incidents not reviewed (rolling 12 months)	399	417	443	442	455	469	467	466	520	544	616	860	1317	183			
843	Number of incidents under investigation (rolling 12 months)	1316	1420	1594	1692	1874	2112	2249	2473	2761	3139	3707	4313	4992	593			
511	Incidents reported in month	3026	2600	2866	2649	3006	2735	2700	2806	2631	2598	2952	2826	2905		33274	33274	

Effectiveness

Effectiveness domain score		2.04	2.40	2.27	2.46	2.46	2.46	2.58	2.58	2.35	2.27	2.05	2.29	2.42	2.50	2.36		
CQUIN																		
746	Smoking Cessation Screening	60.6%	63.5%	57.9%	57.6%	51.1%	52.2%	57.4%	54.9%	51.7%	49.8%	53.3%	53.3%	54.8%	59.1%	54.6%	54.6%	
745	Alcohol Screening	59.6%	61.9%	56.8%	56.8%	50.7%	51.8%	57.7%	54.1%	50.8%	49.1%	52.2%	52.6%	55.0%	58.4%	53.9%	53.9%	
649	Patients receiving Fractured Neck of Femur surgery w/in 36hrs	80.0%	72.1%	72.7%	79.5%	82.6%	84.6%	85.4%	78.7%	75.5%	79.0%	90.2%	93.1%	83.9%	78.3%	80.9%	80.9%	
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	23.33%	53.03%	41.03%	35.90%	31.37%	32.84%	43.66%	32.88%	44.62%	30.77%	38.81%	29.41%	33.33%	70.00%	37.68%	37.68%	
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	74.60%	65.15%	64.20%	63.86%	73.08%	68.66%	67.61%	72.97%	77.27%	82.05%	64.18%	72.06%	80.33%	50.00%	70.19%	70.19%	
755	Emergency Readmissions within 30 days	6.5%	6.3%	6.2%	6.1%	6.4%	6.2%	6.5%	6.0%	5.6%	6.2%	6.0%	6.1%	3.7%	5.9%	5.9%	5.9%	
436	HSMR	87.9	87.0	86.7	87.0	87.2	86.4	86.6	86.3	85.6	85.3	84.5			100.0			
480	Elective Crude Mortality Rate	0.38%		0.33%	0.21%	0.16%	0.29%	0.22%	0.20%	0.10%	0.22%	0.30%	0.26%	0.24%	0.26%	0.21%	0.21%	
481	Non Elective Crude Mortality Rate	3.7%	2.8%	3.0%	2.6%	2.6%	2.6%	2.8%	2.6%	2.7%	3.2%	3.1%	3.2%	2.2%	2.9%	2.8%	2.8%	
831	Standardised Readmission Ratio	92.3	91.6	91.3	90.9	90.5	90.1	90.0	90.2	89.5	89.6				105.0			
433	SHMI	95.0	94.4	94.8	96.0	96.7	96.6	96.8	96.3	95.2	94.6				105.0			
540	SHMI - Elective	79.8	78.3	84.8	84.4	84.1	85.6	83.3	82.2	80.1	78.4				105.0			
Improving Outcomes - Child Birth																		
463	C-Section - Elective	8.3%	9.2%	11.3%	11.4%	8.1%	10.6%	8.3%	11.8%	12.2%	12.1%	13.1%	11.8%	10.5%	10.0%	10.9%	10.9%	
465	C-Section - Emergency	17.4%	17.3%	16.9%	15.5%	18.3%	16.2%	17.3%	15.5%	18.1%	16.2%	18.7%	16.5%	15.0%	17.2%	16.8%	16.8%	
462	Deliveries complicated by Major Postpartum Haemorrhage (PPH)	33	39	34	20	35	28	28	30	32	30	32	34	26	10			
466	Home Birth	3.4%	3.4%	3.4%	3.8%	3.7%	3.8%	3.5%	3.3%	2.3%	2.5%	2.2%	3.1%	3.6%	3.1%	3.2%	3.2%	
467	OASIS/Midwifery led suites birth	97	108	98	95	87	97	116	119	114	87	89	94	99	150	1203	1203	
750	Admission of Term Babies to Neonatal Care	62	66	57	56	56	55	44	53	60	56	48	52	39	56	642	642	
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	2	3	2	2	9	10	11	29	21	25	9	19	18		158	158	
679	Unplanned maternal readmission within 42 days of delivery	24	30	27	27	22	25	24	37	15	26	8	27	20		288	288	
Improving Outcomes for Older Patients																		
435	Over 65 emergency admissions discharged to usual residence in 7 days	6.4%	6.5%	6.9%	7.3%	7.1%	7.5%	7.0%	6.8%	6.8%	8.1%	7.4%	7.2%	7.7%	7.0%	7.2%	7.2%	

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485	Dementia Screening within 72 hours	96.41%	98.06%	99.01%	98.12%	95.65%	93.56%	94.44%	96.65%	95.41%	98.19%	94.92%	94.94%		90.00%	96.25%	96.25%	
754	Dementia Screening Leading to Further Referral	96.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.6%	92.2%			99.3%	99.3%	
815	Night time Ward moves patients > 75	254	213	240	195	216	221	200	181	209	244	298	301	304	224	2822	2822	
539	SHMI - Over 75	94.1	94.1	94.7	95.5	96.3	96.4	96.4	96.6	95.4	94.0				105.0			

Patient Experience

Patient Experience domain score		2.33	2.19	2.33	2.29	2.19	2.24	2.38	2.05	2.05	2.33	2.14	2.33	2.14	2.50	2.23		
HRWD																		
342	How are we doing? (Inpatients)	90%	91%	91%	93%	91%	91%	92%	90%	92%	91%	90%	92%	91%	89%	91%	91%	
504	Respect & Dignity	94%	96%	96%	97%	96%	96%	96%	96%	96%	96%	96%	96%	95%	94%	96%	96%	
505	Involvement in care	86%	88%	87%	89%	87%	88%	89%	83%	89%	88%	84%	89%	87%	85%	87%	87%	
506	Kindness & Understanding	95%	96%	96%	97%	96%	96%	96%	96%	96%	96%	96%	96%	95%	94%	96%	96%	
507	Control of Pain	93%	94%	94%	95%	93%	94%	94%	93%	94%	95%	94%	94%	94%	93%	94%	94%	
508	Involvement in Discharge	81%	82%	80%	84%	81%	81%	83%	83%	83%	81%	82%	84%	83%	75%	82%	82%	
1337	How are we doing? (Outpatients)	78%	81%	80%	83%	82%	90%	81%	79%	92%	86%	83%	88%	90%	81%	83%	83%	
422	Friends & Family - Inpatients	95.5%	93.5%	94.4%	93.9%	93.9%	93.9%	94.0%	94.4%	94.0%	93.5%	95.4%	93.9%	94.9%	94.0%	94.2%	94.2%	
423	Friends & Family - ED	77.2%	83.4%	83.4%	83.8%	84.4%	83.4%	82.0%	78.2%	78.6%	78.5%	74.9%	69.7%	73.4%	81.6%	80.6%	80.6%	
774	Friends & Family - Outpatients	89.5%	89.3%	90.0%	89.0%	86.9%	87.7%	87.0%	87.0%	87.2%	86.3%	88.4%	87.7%	87.8%	88.6%	87.7%	87.7%	
775	Friends & Family - Maternity	92.8%	91.9%	88.2%	87.7%	90.7%	90.3%	90.8%	94.9%	91.4%	91.2%	94.1%	93.7%	90.8%	92.0%	91.7%	91.7%	
Operational Engagement																		
353	Outpatient Cancellations < 6 week notice (Hosp)	5445	5211	6120	5934	6554	5625	6477	7427	7166	5803	6470	6329	7088	4551	76204	76204	
440	28 Day Cancelled Operation Rule	35.0%	17.5%	17.4%	14.0%	11.4%	27.3%	20.5%	15.0%	12.3%	16.0%	15.1%	19.7%	37.8%	0.0%	17.6%	17.6%	
460	Inpatient Cancellations (Hosp)	80	92	57	79	43	39	62	82	95	53	76	51	56	0	785	785	
618	PALS Contacts - Concerns	87.5%	89.5%	87.8%	91.7%	91.6%	88.9%	91.4%	92.5%	88.6%	77.7%	76.0%	81.1%	79.8%		86.5%	86.5%	
621	PALS Contacts - Praise	2.1%	1.9%	1.8%	1.6%	1.3%	1.9%	1.1%	1.0%	2.2%	3.5%	2.1%	2.6%	4.1%		2.1%	2.1%	
1537	PALS Contacts - % of Open Cases	0.7%	0.6%	1.6%	2.3%	0.3%	1.5%	1.5%	1.5%	1.8%	2.8%	3.4%	8.9%	8.7%	10.0%	2.7%	2.7%	
839	Surgical Cancellations due to Trust Capacity - OTD	67	67	44	40	46	35	52	75	94	50	67	40	58	59	668	668	
Other																		
483	Mixed Sex Accommodation	20	20	8	11	18	17	20	18	15	19	18	17	3	0			
Complaints																		
838	Number of complaints per 1000 bed days	1.64	1.73	1.71	1.86	2.10	1.71	1.51	1.82	2.18	1.22	1.82	1.66	2.05	1.66	1.78	1.78	
615	Number of complaints - High & Severe	5	11	8	9	14	12	7	8	9	7	7	5	9	0	106	106	
619	Number of complaints	81	88	83	86	100	82	74	94	107	59	93	74	99	80	1039	1039	
620	Number of complaints not responded to within 25 Days	54	37	46	37	50	52	46	41	55	46	41	33	34	50	518	518	

	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
Key Targets																	
Key Targets domain score	1.79	1.91	1.97	1.88	1.79	1.97	1.85	1.76	1.76	2.00	1.68	1.68	1.78	2.50	1.83		
Access Management - RTT, CWT and Diagnostics																	
364 RTT Incomplete Performance	80.54%	80.57%	81.20%	80.85%	80.55%	80.57%	79.41%	79.12%	79.03%	77.95%	77.89%	78.08%	76.95%	92.00%	79.35%	79.35%	
365 RTT Incomplete Performance (Admitted)	53.58%	53.99%	54.61%	54.53%	54.11%	52.91%	52.57%	53.80%	55.84%	54.87%	54.70%	53.82%	52.02%	92.00%	53.98%	53.98%	
366 RTT Incomplete Performance (Non-Admitted)	88.14%	88.10%	88.57%	87.91%	87.68%	87.84%	86.61%	85.91%	85.43%	84.40%	84.26%	84.66%	83.36%	92.00%	86.23%	86.23%	
632 Patients waiting over 52 weeks (RTT)	249	305	331	408	448	457	450	404	332	249	262	264	192	0	4102	4102	
412 Cancer 2 weeks wait GP referral	94.48%	93.67%	95.29%	85.80%	85.91%	80.51%	76.00%	89.78%	90.00%	93.14%	91.20%	91.16%	92.12%	93.00%	88.46%	88.46%	
413 Cancer 2 weeks wait referral - Breast	97.92%	85.71%	92.42%	90.48%	91.11%	96.67%	100.00%	96.00%	97.60%	100.00%	73.33%	77.78%	92.54%	93.00%	92.13%	92.13%	
414 Cancer 31 Day first definitive treatment	94.76%	96.06%	99.63%	98.74%	97.92%	98.36%	95.39%	97.90%	96.60%	98.67%	95.77%	95.89%	96.71%	96.00%	97.55%	97.55%	
415 Cancer 31 day second or subsequent treatment - Drug	93.88%	97.30%	100.00%	100.00%	94.74%	100.00%	100.00%	100.00%	95.50%	100.00%	84.62%	87.50%	75.00%	98.00%	97.41%	97.41%	
416 Cancer 31 day second or subsequent treatment - Other	96.67%	96.15%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	94.00%	100.00%	100.00%	
417 Cancer 31 day second or subsequent treatment - Surgery	96.00%	87.76%	91.43%	90.91%	90.24%	94.87%	100.00%	75.00%	100.00%	100.00%	100.00%	81.82%	80.00%	94.00%	91.93%	91.93%	
418 Cancer 62 day referral to treatment - Consultant Upgrade	88.46%	91.67%	97.44%	91.67%	87.88%	93.33%	96.15%	100.00%	81.60%	85.06%	88.54%	82.69%	82.19%	90.00%	88.75%	88.75%	
419 Cancer 62 day referral to treatment - GP	88.40%	86.92%	83.65%	83.60%	75.38%	76.34%	71.00%	77.40%	79.00%	85.70%	66.51%	80.00%	82.47%	85.00%	79.06%	79.06%	
420 Cancer 62 day referral to treatment - Screening Service	88.30%	94.34%	92.65%	84.91%	83.58%	85.90%	87.80%	84.80%	92.60%	90.80%	87.50%	86.49%	80.33%	90.00%	87.36%	87.36%	
536 Diagnostic Waiting Times Performance > 6 Wks	2.48%	3.70%	3.44%	4.02%	5.52%	5.81%	7.13%	8.61%	11.06%	14.81%	12.70%	9.22%	7.30%	1.00%	7.81%	7.81%	
RTT Data Quality																	
634 Number of unoutcomed RTT appointments	1723	1275	1381	1447	1493	1513	1646	1270	1715	1497	1511	1300	1205	1591	17253	17253	
482 Planned Waiting List past or without Admit by date	58	69	81	69	100	80	103	106	139	163	216	195	402	52	1723	1723	
Access Management - Emergency Flow																	
409 A&E Patients left before seen rate	6.2%	5.2%	5.9%	5.8%	6.8%	5.1%	6.0%	5.9%	5.9%	6.7%	7.3%	7.9%	6.7%	5.0%	6.3%	6.3%	
408 A&E Re-attendance rate	3.9%	3.7%	4.3%	4.1%	4.3%	4.1%	4.3%	4.1%	4.1%	4.0%	3.9%	3.7%	3.7%	5.0%	4.0%	4.0%	
407 A&E DTAs reaching bed within 60 minutes	16.37%	23.16%	35.62%	44.43%	34.58%	38.64%	30.99%	27.90%	21.61%	22.28%	18.41%	17.12%	22.06%	80.00%	27.20%	27.20%	
458 A&E 4 hour performance (Type 1)	61.80%	70.61%	72.89%	76.93%	70.80%	73.99%	68.32%	71.04%	65.48%	61.76%	59.92%	60.09%	65.64%		68.12%	68.12%	
459 A&E 4 hour performance (monthly SITREP)	71.15%	77.86%	79.83%	82.73%	77.99%	80.54%	76.29%	78.10%	73.84%	71.67%	69.62%	70.39%	73.72%	95.00%	75.99%	75.99%	
1397 A&E 4 hour performance (Acute Trust Footprint)	80.66%	85.33%	86.52%	88.50%	85.25%	86.80%	84.10%	85.05%	82.33%	80.65%	79.11%	79.73%	82.04%	95.00%	83.77%	83.77%	
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	4675	4540	4895	4864	4912	4755	4741	5027	4925	5188	5268	4898	5513	4658	59526	59526	
859 A&E Conversion Rate	25.9%	27.0%	26.9%	27.5%	26.6%	28.2%	28.5%	28.4%	27.9%	29.3%	28.1%	28.7%	29.0%	21.1%	28.0%	28.0%	
770 Urgent Care Centre / ED Activity	47.2%	48.9%	50.2%	48.6%	48.0%	47.0%	46.9%	46.3%	47.0%	48.3%	49.3%	50.8%	50.6%	50.0%	48.5%	48.5%	
Patient Flow																	
399 Weekend Discharges	21.0%	22.2%	20.2%	22.0%	19.5%	19.1%	25.1%	18.2%	18.4%	25.3%	19.9%	20.4%	23.7%	21.8%	21.1%	21.1%	
404 Discharges before 1pm	21.0%	19.3%	19.5%	19.1%	18.8%	18.9%	18.1%	18.1%	18.1%	18.6%	19.7%	18.6%	20.5%	19.8%	18.9%	18.9%	
747 Bed Occupancy	92.3%	92.9%	91.0%	87.9%	88.3%	86.0%	90.0%	92.3%	93.0%	89.9%	92.1%	93.1%	92.8%	91.4%	90.8%	90.8%	
1357 Number of Stranded Patients (LOS 7+ Days)	662	643	600	597	552	346	224	204	247	257	254	216	244	574	4384	4384	
1358 Number of Super Stranded Patients (LOS 21+ Days)	933	920	851	837	793	593	470	438	484	504	481	434	469	898	7274	7274	
800 Delayed Transfer of Care Days (per calendar day)	15.8	8.3	8.2	7.0	12.9	13.5	9.0	9.4	10.0	6.6	10.5	10.0	13.8	0.0	9.9	9.9	



Best Quality of Care - Access

Directorate: Trust (1000)

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762	Ambulance Delays > 30 Minutes	331	199	204	153	168	127	139	155	251	461	381	294		0			
763	Ambulance Delays > 60 Minutes	186	45	18	4	37	69	65	72	129	197	202	179		0			
772	12 Hour DTAs	26	24	16	21	13	29	20	10	14	19	7	13	14	0			

Operational Activity

Operational Activity domain score		2.83	1.83	2.33	2.25	2.33	2.33	2.08	2.33	2.42	1.92	2.50	2.00	2.00	2.50	2.26		
Contract Monitoring (Operational Activity)																		
401	Elective Inpatient Spells	10121	9591	10513	10112	9999	9465	9158	10667	10340	8484	10000	9349			107678	107678	
403	Non-Elective Inpatient Spells	1598	1548	1717	1670	1720	1698	1729	1819	1596	1690	1682	1473			18342	18342	
1183	Emergency Inpatient Spells	4755	4537	4896	4919	4895	4733	4803	5007	4965	5254	5266	4992			54267	54267	
424	Elective Excess Beddays	537	595	512	412	521	340	317	494	659	363	412	410			5035	5035	
425	Non-Elective Excess Beddays	268	230	609	183	347	41	440	245	99	196	62	83			2535	2535	
1197	Emergency Excess Beddays	1772	1908	1803	2036	1856	962	2015	1502	1251	1361	1140	1335			17169	17169	
431	First Outpatient Attendances	24289	23446	25232	24901	25270	22982	22977	27160	26712	20328	24985	22613			266606	266606	
430	Follow Up Outpatient Attendances	75791	75047	80165	74739	78887	74199	72076	81604	79979	63442	80193	70386			830717	830717	
461	A&E Attendances	17587	17171	18559	18056	18531	17070	17596	18221	18217	18109	19071	17518			198119	198119	
464	Procedure coded outpatient attendances	15.8%	17.5%	17.9%	19.7%	18.9%	19.5%	20.0%	19.2%	19.4%	20.1%	20.3%	19.8%			19.3%	19.3%	
Operational Strategic																		
622	First to Follow up ratios - consultant led	2.5	2.6	2.5	2.5	2.6	2.7	2.6	2.6	2.6	2.7	2.8	2.8	2.7	2.4	2.6	2.6	
860	Ethnic Coding	95.29%	95.25%	95.41%	95.38%	95.37%	95.45%	95.39%	95.58%	95.41%	95.49%	95.27%	95.46%	95.47%	90.00%	95.41%	95.41%	

March 2019

	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	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																	

	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
Research																	
Research domain score														2.50			
937 Number of Observational Studies	107	33	44	63	77	86	92	101	108	111	111	115	116		1057	1057	
938 Number of Interventional Studies	120	44	52	73	80	86	89	98	106	113	119	126	130		1116	1116	
939 Number of Large-scale Studies	11	9	10	11	12	13	14	15	15	15	15	15	16		160	160	
888 Number of Commercial Studies	88	11	24	33	38	44	49	59	65	74	81	85	94		657	657	
940 Total number of Studies	326	97	130	180	207	229	244	273	294	313	326	341	356		2990	2990	
978 Raw Recruitment to commercial studies	441	40	92	121	147	166	188	220	265	289	419	458	473		2878	2878	
946 Raw Recruitment to NIHR CRN portfolio studies (all)	15346	717	1823	3603	6044	9461	10632	11034	12257	13562	15789	16479	18184		119585	119585	
977 Weighted Recruitment to NIHR CRN portfolio studies (all)	3002	2942	5660	10829	17957	24192	29988	31857	36328	39056	45746	48848	53017		346419	346419	
941 NIHR grants hosted currently active	24																
942 CRN funding YTD awarded (£000)																	
943 Total number of research incidents raised	9			5			11			30					46	46	
945 Open Incidents	7			10			15			13					38	38	
979 Serious breach incidents	0			0			0			0					0	0	
887 Numbers recruited to Clinical trials																	
889 Number of citations in peer reviewed papers																	



Skilled, Motivated, Can Do Teams

Directorate: Trust (1000)

King's College Hospital NHS Foundation Trust

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March 2019

	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
Staff Development & Happiness																	
Staff Development & Happiness domain score	2.20	2.00	2.00	2.00	2.33	2.33	2.00	2.33	2.33	2.33	2.33	2.33	2.33	2.50	2.20		
Staff Feedback																	
705 Friends & Family Staff - Care or Treatment (Quarterly)	81%			80%			79%								80%	80%	
706 Friends & Family Staff - Place to Work (Quarterly)	58%			55%			55%								55%	55%	
707 Number of Greatix reported in month	51	30	46	45	43	46	42	78	120	82	92	107	137	1	868	868	
712 Response rate to National Staff Survey														50.00%			
708 GMC Red Flags																	
Staff Training & CPD																	
715 % appraisals up to date - Combined	66.87%	45.09%	50.99%	63.19%	79.19%	87.57%	86.14%	89.41%	88.71%	88.64%	89.46%	89.85%	79.53%	90.00%			
869 % appraisals up to date - Medical Staff																	
876 % appraisals up to date - Non- Medical Staff																	
721 Statutory & Mandatory Training	82.27%	83.73%	83.39%	83.48%	85.17%	81.20%	78.62%	81.77%	81.79%	81.96%	82.35%	81.48%	81.94%	90.00%			
722 % Medical Staff who have completed local induction																	
Staffing Levels																	
Staffing Levels domain score	2.20	2.80	2.60	2.50	2.30	2.70	2.50	2.50	2.50	2.50	2.70	2.40	2.50	2.50	2.52		
Staffing Capacity																	
729 Establishment FTE	12539.70	12674.01	12674.01	12674.01	12774.53	12829.06	12882.96	12882.75	12921.95	12975.56	13005.89	13045.04	13036.14	12550.83			
877 Headcount	12339	12395	12396	12428	12438	12455	12561	12579	12601	12505	12546	12535	12567	11991			
730 In-Post FTE - Total FTE at month end	11383.46	11435.63	11444.62	11424.31	11551.48	11515.38	11610.66	11634.48	11638.67	11563.97	11608.05	11600.81	11633.53	11081.75			
872 Leavers headcount	169	173	140	137	468	176	282	241	150	193	183	145	177	194	2465	2465	
873 Starters Headcount	157	253	138	164	189	396	378	286	173	88	247	164	186	246	2662	2662	
875 Voluntary Turnover %	13.2%	13.4%	13.6%	13.6%	13.7%	13.8%	13.8%	13.9%	14.0%	14.2%	14.4%	14.3%	14.4%	10.0%			
732 Vacancy Rate %	9.22%	9.77%	9.70%	9.86%	9.57%	10.24%	9.88%	9.69%	9.93%	10.88%	10.75%	11.07%	10.76%	8.00%			
874 Vacancy Rate FTE	1156.24	1238.38	1229.39	1249.70	1223.05	1313.68	1272.30	1248.27	1283.28	1411.59	1397.84	1444.23	1402.61	1469.08			
Efficiency																	
743 Monthly Sickness Rate	3.19%	3.00%	2.89%	3.27%	3.36%	3.56%	3.50%	3.65%	3.77%	3.78%	3.91%	3.81%	3.55%	3.00%			
740 Number of Red Shifts - Doctors (Awaiting Data Source)																	
741 Number of Red Shifts - Nursing	167	90	62	75	71	31	32	51	48	67	82	44	75	114	728	728	

March 2019

	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
Transformation																	
Transformation domain score	1.73	1.96	2.15	2.27	2.31	2.12	2.27	2.08	2.08	2.19	1.96	2.08	2.08	2.50	2.10		
Outpatient Productivity																	
354 Cancellations less than 6 weeks	11350	11334	10332	11863	11735	12712	10585	11671	13353	13082	10435	11705	11401	10202	128874	140208	
355 Outpatient Discharge Rate	23.4%	23.2%	23.8%	24.0%	24.2%	23.6%	23.4%	23.7%	23.9%	23.3%	23.2%	22.7%	22.1%	23.5%	23.4%	23.4%	
356 Outpatient Hospital Cancellations	10057	10429	9930	11264	11135	12200	11318	11876	13074	12560	10812	13245	11755	8736	129169	139598	
406 New to Follow Up Ratio - all	2.4	2.4	2.5	2.4	2.4	2.5	2.6	2.5	2.4	2.4	2.5	2.6	2.5	2.3	2.5	2.5	
659 Number of uncashed appointments	1330	1125	1049	1610	1730	2063	2379	2070	1627	1737	1507	1439	1870	915	19081	20206	
795 Clinic Utilisation (Attendances vs Slots)	63.0%	61.8%	64.8%	66.5%	65.7%	63.8%	62.6%	63.5%	60.5%	60.9%	57.1%	59.4%	57.0%	63.7%	61.7%	61.8%	
Theatre Productivity																	
367 On time Starts % - Main Theatres	25.0%	28.6%	32.1%	32.8%	31.7%	29.8%	29.4%	32.5%	24.4%	30.2%	33.4%	34.1%	31.6%	30.6%	31.0%	30.8%	
368 On Time Starts % - Day Surgery Unit	31.9%	30.4%	30.1%	31.3%	34.4%	29.8%	33.3%	32.2%	24.4%	28.0%	26.8%	31.4%	30.8%	32.2%	30.2%	30.3%	
370 Average Turnaround Time - Day Surgery Unit	8.3	7.5	7.4	10.6	11.6	10.0	6.9	9.0	7.5	13.5	11.3	8.2	12.6	8.8	108.5	116.0	
369 Average Turnaround Time - Main Theatres	29.2	28.4	33.3	28.8	27.1	40.0	28.5	28.3	35.1	28.4	29.2	29.8	27.7	27.7	336.1	364.4	
372 % Early Finishes >45 Minutes - Day Surgery Unit	31.5%	31.3%	30.4%	27.3%	31.0%	29.2%	35.7%	28.7%	28.9%	25.2%	27.8%	30.1%	28.2%	31.6%	29.3%	29.5%	
371 % Early finishes > 45 mins - Main Theatres	36.3%	29.7%	28.7%	33.1%	37.6%	36.0%	32.5%	30.1%	26.8%	29.5%	33.0%	34.8%	35.1%	32.9%	32.4%	32.2%	
373 Theatre Utilisation - Day Surgery Unit	69.8%	72.4%	74.4%	77.0%	75.7%	76.7%	74.8%	74.7%	76.5%	75.9%	76.0%	76.3%	73.8%	80.0%	75.6%	75.4%	
374 Theatre Utilisation - Main Theatres	76.1%	77.2%	76.1%	83.1%	77.7%	79.4%	80.9%	78.9%	81.5%	81.3%	78.8%	78.2%	77.6%	80.0%	79.4%	79.2%	
375 Average Cases per four hour list	2.0	2.1	2.1	2.2	2.2	2.2	2.2	2.1	2.1	2.2	2.0	2.1	2.1	2.0	2.1	2.1	
397 Total Cases - Day Surgery Unit	1940	2016	1910	2115	2123	2138	2065	1924	2256	2174	1612	2135	1921	2064	22373	24389	
396 Total Cases - Main Theatres	1093	1158	1134	1151	1212	1175	1116	1119	1342	1313	1069	1203	1104	1197	12938	14096	
631 Average time in Recovery to leave	151.7	145.1	152.9	151.1	150.4	152.2	154.2	157.9	151.2	150.5	143.0	160.3	145.6	0.0	0.0	0.0	
797 On-The-Day Cancellations - Hospital	187	180	190	171	161	161	147	168	221	210	148	227	160	195	1964	2144	
798 On-The-Day Cancellations - Patient	144	135	141	148	134	164	148	128	162	147	111	135	134	135	1552	1687	
Kings Way for Wards																	
438 Discharges Before 11am excluding obstetrics	7.5%	8.8%	7.5%	7.7%	6.9%	7.6%	7.7%	6.6%	7.0%	7.7%	7.3%	7.4%	7.4%	7.4%	7.3%	7.5%	
441 Inlirer bed days	705.4	711.5	711.9	695.0	684.6	681.2	671.2	697.2	681.9	696.0	671.0	679.8	684.4	693.6	686.6	688.8	
Emergency & Acute Care																	
790 Direct AMU Discharges	454	494	533	573	593	629	621	624	651	680	651	596	485	563	6636	7130	
791 % Discharges before 11am - AMU	5.3%	5.9%	6.4%	5.1%	3.4%	4.4%	4.2%	4.7%	4.2%	7.6%	4.0%	5.6%	8.2%	5.2%	5.2%	5.3%	
792 Median LOS on AMU	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	1.3	14.4	16.0	
793 Number of AMU Stays >72hrs	332	362	320	268	224	289	255	304	290	284	284	329	268	295	3115	3477	

Top Productivity

Directorate: Trust (1000)

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Operational Strategic

Operational Strategic domain score		2.25	2.08	2.67	2.67	2.33	2.50	2.33	2.25	2.50	2.42	2.00	2.25	2.00	2.50	2.33		
Productivity & Efficiency																		
801	Day Case Rate	77.5%	76.7%	76.7%	78.1%	76.3%	76.0%	76.1%	75.5%	76.8%	75.2%	73.9%	75.4%	74.7%	76.7%	75.9%	76.0%	
345	Outpatient DNA Rate	11.7%	12.7%	11.6%	11.4%	11.1%	11.5%	11.4%	11.5%	11.5%	11.2%	11.6%	11.2%	10.9%	11.9%	11.4%	11.5%	
622	First to Follow up ratios - consultant led	2.5	2.5	2.6	2.5	2.5	2.6	2.7	2.6	2.6	2.6	2.7	2.8	2.7	2.4	2.6	2.6	
426	Average Length of Stay - Elective ALoS	4.1	4.3	3.9	4.2	3.2	3.7	4.2	4.1	4.1	4.0	4.5	3.5	3.4	4.1	3.9	3.9	
428	Average Length of Stay - Non - Elective ALoS	7.0	6.9	6.5	6.5	6.2	6.2	6.3	6.0	6.2	6.2	5.9	6.0	6.2	6.6	6.2	6.3	
429	Zero Length of Stay - Emergency	644	649	744	773	836	865	800	830	796	840	1033	1106	1062	813	9685	10334	
521	Theatre Utilisation - Overall	73.8%	75.4%	75.5%	80.8%	77.0%	78.4%	78.6%	77.4%	79.7%	79.4%	77.9%	77.5%	76.3%	80.0%	78.1%	77.8%	
Demand & Capacity																		
350	% Unoutcomed Appointments	7.2%	7.3%	7.1%	7.2%	7.0%	7.1%	7.4%	7.2%	7.0%	6.8%	7.6%	7.2%	8.9%	7.3%	7.3%	7.3%	
352	Outpatients waiting more than 12 weeks	11931	11966	10991	12166	13265	12393	12023	12815	14841	14282	10376	14628	12863	11874	140643	152609	
376	Referrals to Consultant led services	31658	34096	32357	36316	33972	34005	32903	31342	36167	34261	27893	33526	29907	32373	362649	396745	
405	First Outpatient Attendances - Consultant Led	20980	22458	21901	23879	23039	22934	20854	20843	24447	24087	17991	22263	19779	23083	242017	264475	
537	Decision To Admit	8043	8419	8138	8874	8530	8257	7657	7947	9021	8919	6975	8379	7254	8386	89951	98370	

March 2019

	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
Overall (000s)																	
895 Actual - Overall	22,203	18,434	15,437	11,242	16,855	17,541	19,804	16,426	20,753	27,140	(1,318)	17,477			179,793	179,793	
896 Budget - Overall	(12,087)	17,545	15,182	11,295	15,430	12,547	12,347	9,074	10,315	16,751	10,297	14,747			145,530	145,530	
897 Variance - Overall	(34,290)	(889)	(255)	53	(1,425)	(4,994)	(7,458)	(7,352)	(10,439)	(10,389)	11,615	(2,730)		0	(34,262)	(34,262)	
Income (000s)																	
Income (000s) domain score	2.18	1.44	2.00	1.67	1.60	2.20	2.20	1.20	1.20	2.20	1.80	2.20	3.00	2.50	1.84		
Education & Training Income																	
582 Actual - Education & Training Income																	
583 Budget - Education & Training Income	(3,817)	(3,670)	(3,670)	(3,670)	(3,731)	(3,731)	(3,731)	(3,731)	(3,731)	(3,731)	(3,731)	(3,743)			(40,866)	(40,866)	
581 Variance - Education & Training Income	(35)	28	(273)	241	(63)	20	5	(2)	(225)	8	43	165		0	(53)	(53)	
Fines and Penalties																	
1097 Actual - Fines and Penalties	(3,218)																
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	3,218													0			
NHS Clinical Contract Income																	
1107 Actual - NHS Clinical Contract Income	(76,145)	(65,997)	(70,568)	(69,665)	(71,459)	(69,531)	(67,009)	(72,579)	(69,104)	(64,858)	(69,632)	(66,509)			(756,910)	(756,910)	
1108 Budget - NHS Clinical Contract Income	(79,986)	(67,436)	(69,251)	(68,844)	(73,928)	(70,932)	(70,993)	(73,053)	(71,763)	(66,714)	(72,353)	(68,419)			(773,685)	(773,685)	
1109 Variance - NHS Clinical Contract Income	(3,841)	(1,439)	1,317	821	(2,468)	(1,401)	(3,984)	(474)	(2,659)	(1,857)	(2,721)	(1,910)		0	(16,775)	(16,775)	
Other NHS Clinical Income																	
1110 Actual - Other NHS Clinical Income	(245)	(384)	(374)	(334)											(1,092)	(1,092)	
1111 Budget - Other NHS Clinical Income	(422)	(395)	(395)	(395)											(1,184)	(1,184)	
1112 Variance - Other NHS Clinical Income	(177)	(11)	(20)	(61)										0	(92)	(92)	
Other Operating Income																	
585 Actual - Other Operating Income	1,597	(2,875)	(3,065)	(3,193)	(4,359)	(5,633)	(3,928)	(4,170)	(4,380)	(5,110)	(3,912)	(4,781)			(45,407)	(45,407)	
586 Budget - Other Operating Income	(7,138)	(2,990)	(2,990)	(3,482)	(3,232)	(3,214)	(7,978)	(4,316)	(4,528)	(4,200)	(4,418)	(4,558)			(45,904)	(45,904)	
584 Variance - Other Operating Income	(8,735)	(115)	75	(288)	1,127	2,420	(4,049)	(146)	(147)	910	(506)	223		0	(497)	(497)	
Overseas Visitor Income																	
1113 Actual - Overseas Visitor Income	104	(487)	(104)	(205)											(796)	(796)	
1114 Budget - Overseas Visitor Income	(681)	(547)	(547)	(547)											(1,642)	(1,642)	
1115 Variance - Overseas Visitor Income	(784)	(60)	(444)	(342)										0	(846)	(846)	
Pass Through Devices - Income																	
1116 Actual - Pass Through Devices - Income	(1,891)	(1,583)	(931)	(1,972)	(1,282)	(1,455)	(1,947)	(1,613)	(1,508)	(1,880)	(1,245)	(1,915)			(17,332)	(17,332)	
1117 Budget - Pass Through Devices - Income	(1,504)	(1,479)	(1,553)	(1,536)	(1,592)	(1,570)	(1,587)	(1,657)	(1,609)	(1,405)	(1,627)	(1,473)			(17,088)	(17,088)	
1118 Variance - Pass Through Devices - Income	387	104	(622)	436	(310)	(115)	360	(43)	(101)	475	(382)	442		0	244	244	
Pass Through Drugs - Income																	
1119 Actual - Pass Through Drugs - Income	(10,656)	(9,894)	(8,033)	(10,222)											(28,149)	(28,149)	
1120 Budget - Pass Through Drugs - Income	(10,139)	(10,360)	(10,842)	(10,733)											(31,935)	(31,935)	
1121 Variance - Pass Through Drugs - Income	517	(466)	(2,809)	(511)										0	(3,786)	(3,786)	

Firm Foundations - Finance















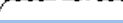











Directorate: Trust (1000)

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Private Patient Income																
1122	Actual - Private Patient Income	(1,929)														
1123	Budget - Private Patient Income	(1,651)														
1124	Variance - Private Patient Income	279												0		
R&I Income																
1125	Actual - R&I Income	(2,378)	(1,185)	(1,683)	(928)	(954)	(1,418)	(1,458)	(751)	875	(794)	(1,422)	(1,228)		(10,945)	(10,945)
1126	Budget - R&I Income	(1,306)	(1,307)	(1,307)	(1,307)	(1,342)	(1,316)	(1,316)	(1,216)	(1,216)	(1,216)	(1,216)	(1,261)		(14,019)	(14,019)
1127	Variance - R&I Income	1,071	(122)	376	(379)	(389)	102	143	(465)	(2,091)	(422)	206	(33)	0	(3,074)	(3,074)
RTA Income																
1128	Actual - RTA Income	(447)	(302)	(348)	(251)										(901)	(901)
1129	Budget - RTA Income	(334)	(305)	(305)	(305)										(915)	(915)
1130	Variance - RTA Income	113	(3)	43	(54)									0	(14)	(14)
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
Nonpay - Financing (000s)																
Nonpay - Financing (000s) domain score		2.46	2.15	2.38	2.11	2.56	3.00	3.00	2.67	3.00	3.00	2.67	3.00	3.00	2.50	2.64
Interest Payable																
1134	Actual - Interest payable	3,127	3,285	3,605	4,136	3,410	3,222	3,494	3,771	3,274	3,268	3,607	3,507		38,579	38,579
1135	Budget - Interest payable	2,892	3,676	3,676	3,676	3,410	3,572	3,596	3,610	3,616	3,519	3,535	3,605		39,490	39,490
1136	Variance - Interest payable	(235)	390	70	(460)	0	351	102	(160)	342	251	(72)	98	0	912	912
Interest Receivable																
1137	Actual - Interest receivable	(76)	(42)	(42)	(42)	(39)	(44)	(85)	(57)	(57)	(57)	(57)	(304)		(826)	(826)
1138	Budget - Interest receivable	(10)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)	(42)		(459)	(459)
1139	Variance - Interest receivable	66	()		0	(3)	2	43	16	16	16	16	262	0	367	367
Profit/Loss on Disposal of Fixed Assets																
1140	Actual - Profit/Loss on Disposal of Fixed Assets	(174)	0		62	21	21	21	21	21	21	21	(373)		(165)	(165)
1141	Budget - Profit/Loss on Disposal of Fixed Assets	(479)	21	21	21	21	21	21	21	21	21	21	21		229	229
1142	Variance - Profit/Loss on Disposal of Fixed Assets	(305)	21	21	(42)	0	0	0	0	0	0	0	394	0	394	394
Public Dividend Capital																
1143	Actual - Public Dividend Capital	(916)	0	0	0	0	0	0	0	0	0	0	0		0	0
1144	Budget - Public Dividend Capital	339														
1145	Variance - Public Dividend Capital	1,255	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Depreciation																
1049	Actual - Depreciation	1,579	2,008	2,308											4,316	4,316
1050	Budget - Depreciation	1,779														
1052	Variance - Depreciation	200	(2,008)	(2,308)										0	(4,316)	(4,316)
Impairment																
1055	Actual - Impairment	(6,383)	2,186	2,186											4,371	4,371
1056	Budget - Impairment	1,000														

1059	Variance - Impairment	7,383	(2,186)	(2,186)											0	(4,371)	(4,371)	
Miscellaneous Nonpay - Financing																		
1063	Actual - Miscellaneous Nonpay - Financing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1065	Budget - Miscellaneous Nonpay - Financing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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		1.72	1.83	1.94	2.17	1.94	1.61	1.61	2.11	1.83	1.28	1.72	2.28	3.00	2.50	1.85		
Clinical Supplies																		
554	Actual - Clinical Supplies	(43,158)	2,902	2,514	3,198	2,952	3,182	2,285	2,862	2,244	2,489	3,274	3,086			30,988	30,988	
555	Budget - Clinical Supplies	(44,559)	3,648	3,648	3,648	2,148	3,336	(2,658)	2,407	2,008	1,949	2,071	2,071			24,275	24,275	
556	Variance - Clinical Supplies	(1,401)	746	1,133	450	(804)	153	(4,943)	(455)	(236)	(539)	(1,203)	(1,015)		0	(6,713)	(6,713)	
Consultancy																		
1068	Actual - Consultancy	1,190	861	1,082	1,127	1,315	1,730	1,838	1,791	1,968	1,878	1,690	105			15,386	15,386	
1070	Budget - Consultancy	488	419	419	419	2,615	565	477	2,221	494	488	488	484			9,087	9,087	
1072	Variance - Consultancy	(702)	(442)	(663)	(708)	1,299	(1,165)	(1,361)	429	(1,475)	(1,390)	(1,202)	379		0	(6,299)	(6,299)	
Drugs																		
548	Actual - Drugs	3,366	2,336	2,056	2,145	2,304	2,284	2,132	2,535	2,208	2,149	2,703	1,938			24,791	24,791	
552	Budget - Drugs	3,365	2,782	2,786	2,797	78	2,063	2,117	2,114	2,086	2,046	2,019	1,985			22,875	22,875	
553	Variance - Drugs	(1)	446	730	651	(2,226)	(221)	(14)	(421)	(122)	(103)	(683)	46		0	(1,916)	(1,916)	
Non-Clinical Supplies																		
1074	Actual - Non-Clinical Supplies	355	4,773	4,862	5,452	5,140	4,906	4,826	4,749	7,382	5,525	5,883	1,497			54,994	54,994	
1076	Budget - Non-Clinical Supplies	(902)	4,572	4,572	4,572	4,592	4,581	4,636	5,194	7,233	4,921	4,921	2,394			52,189	52,189	
1079	Variance - Non-Clinical Supplies	(1,257)	(201)	(290)	(879)	(548)	(325)	(190)	444	(148)	(604)	(962)	897		0	(2,805)	(2,805)	
Other Non-Pay																		
1083	Actual - Other Non-Pay	23,621	2,408	2,398	530	1,936	2,595	2,405	2,935	860	2,541	3,013	588			22,209	22,209	
1084	Budget - Other Non-Pay	(622)	1,859	1,859	1,870	1,859	1,929	1,934	1,797	2,062	1,893	1,889	1,899			20,850	20,850	
1087	Variance - Other Non-Pay	(24,243)	(549)	(539)	1,341	(77)	(666)	(471)	(1,137)	1,202	(649)	(1,124)	1,311		0	(1,359)	(1,359)	
Pass Through Drugs - Expenditure																		
1146	Actual - Pass Through Drugs - Expenditure	8,254	10,086	7,846	8,936	9,472	8,593	9,020	9,639	9,378	9,222	9,372	11,239			102,805	102,805	
1147	Budget - Pass Through Drugs - Expenditure	8,761	9,207	9,207	9,207	15,418	10,821	10,780	10,886	10,876	10,866	10,856	10,846			118,969	118,969	
1148	Variance - Pass Through Drugs - Expenditure	508	(879)	1,361	270	5,946	2,227	1,759	1,247	1,498	1,644	1,484	(394)		0	16,164	16,164	
Purchase of Healthcare from Non NHS Providers																		
567	Actual - Purchase of Healthcare from Non NHS Providers	65,992	9,172	9,278	9,726	14,190	10,727	11,871	11,628	8,723	14,096	11,426	12,688			123,525	123,525	
573	Budget - Purchase of Healthcare from Non NHS Providers	68,122	8,254	8,254	8,254	17,029	10,386	17,516	11,761	7,256	12,042	11,673	12,175			124,600	124,600	
574	Variance - Purchase of Healthcare from Non NHS Providers	2,130	(917)	(1,024)	(1,472)	2,839	(341)	5,645	133	(1,467)	(2,054)	247	(513)		0	1,075	1,075	
Services from other NHS Bodies																		
576	Actual - Services from other NHS Bodies	3,707	4,971	5,363	5,120	5,244	5,371	5,367	5,102	4,968	5,916	5,372	5,486			58,281	58,281	
577	Budget - Services from other NHS Bodies	3,159	4,703	4,696	4,696	6,503	5,355	4,902	5,356	5,469	5,182	5,177	5,183			57,220	57,220	
578	Variance - Services from other NHS Bodies	(548)	(268)	(667)	(424)	1,259	(17)	(465)	254	501	(735)	(195)	(303)		0	(1,060)	(1,060)	
Miscellaneous Nonpay																		
1149	Actual - Miscellaneous Nonpay - Nonpay	(2,987)	9,055	8,971	9,645	9,232	10,340	9,146	9,692	10,434	9,560	(10,778)	9,727	0	7,011	85,024	85,024	








Firm Foundations - Finance

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1150	Budget - Miscellaneous Nonpay - Nonpay	(129)	11,109	11,109	10,417	5,122	8,740	7,992	5,858	9,802	7,266	8,773	10,263	0		96,452	96,452	
1151	Variance - Miscellaneous Nonpay - Nonpay	2,859	2,054	2,138	772	(4,110)	(1,599)	(1,154)	(3,833)	(632)	(2,294)	19,551	536	0	0	11,429	11,429	

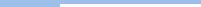





Nonpay - Unallocated CIP (000s)

Nonpay - Unallocated CIP (000s) domain score		1.67	3.00	3.00	1.67	3.00	1.67	1.67	1.67	1.67	1.67	1.67	3.00	2.50	2.03				
Unallocated CIP - Nonpay																			
1152	Actual - Unallocated CIP - NonPay	0	0	0	0	0	0	0	0	0	0	0			0	0			
1153	Budget - Unallocated CIP - NonPay	(3,488)	0	0	(692)	1,497	(2,458)	(2,868)	(2,968)	(2,754)	(3,280)	(3,150)	(3,055)			(19,728)	(19,728)		
1154	Variance - Unallocated CIP - NonPay	(3,488)	0	0	(692)	1,497	(2,458)	(2,868)	(2,968)	(2,754)	(3,280)	(3,150)	(3,055)		0	(19,728)	(19,728)		
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		
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		1.63	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	3.00	2.50	1.99		
Admin & Clerical - Agency																		
593	Actual - Admin & Clerical - Agency	381	152	227	217	202	104	229	161	153	430	84	315			2,274	2,274	
594	Budget - Admin & Clerical - Agency	60	73	73	73	41	(102)	32	32	32	32	32	32			347	347	
592	Variance - Admin & Clerical - Agency	(321)	(79)	(154)	(144)	(161)	(206)	(197)	(130)	(121)	(398)	(53)	(283)		0	(1,926)	(1,926)	
Admin & Clerical Bank																		
1158	Actual - Admin & Clerical Bank	478	273	408	403	261	340	157	366	206	191	294	226			3,126	3,126	
1159	Budget - Admin & Clerical Bank	362	61	61	61	61	61	61	61	61	61	61	61			672	672	
1160	Variance - Admin & Clerical Bank	(116)	(212)	(347)	(342)	(200)	(279)	(96)	(305)	(145)	(130)	(233)	(165)		0	(2,454)	(2,454)	
Admin & Clerical Substantive																		
1161	Actual - Admin & Clerical Substantive	7,668	7,714	7,781	7,331	8,006	8,355	7,581	7,713	7,864	7,990	6,532	9,048			85,916	85,916	
1162	Budget - Admin & Clerical Substantive	7,027	8,566	8,571	8,599	8,884	9,127	10,020	8,782	8,671	9,123	9,001	9,246			98,589	98,589	
1163	Variance - Admin & Clerical Substantive	(641)	852	789	1,268	878	772	2,439	1,068	807	1,132	2,469	197		0	12,673	12,673	
Miscellaneous Pay - Admin & Clerical																		
1165	Actual - Miscellaneous Pay - Admin & Clerical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1166	Budget - Miscellaneous Pay - Admin & Clerical	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1167	Variance - Miscellaneous Pay Admin & Clerical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Pay - Medical Staff (000s)

Pay - Medical Staff (000s) domain score		1.57	1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	1.86	3.00	2.50	1.85			
Medical - Agency																		
600	Actual - Medical - Agency	1,129	1,176	1,055	918	947	1,083	771	697	1,316	898	765	820			10,446	10,446	
601	Budget - Medical - Agency	538	143	143	100	100	14	100	100	100	100	100	(71)			927	927	
602	Variance - Medical - Agency	(591)	(1,033)	(912)	(818)	(848)	(1,070)	(671)	(597)	(1,216)	(798)	(665)	(891)		0	(9,518)	(9,518)	
Medical Bank																		
1054	Actual - Medical Bank	382	397	372	345	481	363	349	644	293	308	556	406			4,513	4,513	
1078	Budget - Medical Bank	107	5	5	5	()	4	4	4	4	4	4	4			45	45	

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1095	Variance - Medical Bank	(275)	(391)	(367)	(340)	(481)	(359)	(345)	(640)	(289)	(304)	(551)	(401)		0	(4,468)	(4,468)	
Medical Substantive																		
597	Actual - Medical Substantive	17,489	16,770	17,666	16,942	16,821	17,086	17,493	17,234	17,866	17,762	17,664	17,602			190,908	190,908	
598	Budget - Medical Substantive	17,272	17,743	17,743	17,743	18,239	18,009	18,089	18,278	18,315	18,386	18,406	18,737			199,689	199,689	
599	Variance - Medical Substantive	(216)	973	77	801	1,417	923	596	1,043	448	624	742	1,135		0	8,780	8,780	
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	3.00	2.50	1.87		
Nursing Agency																		
607	Actual - Nursing Agency	831	746	482	312	455	387	393	297	223	259	276	263			4,094	4,094	
608	Budget - Nursing Agency	378	136	136	136	22	240	136	136	136	136	136	136			1,481	1,481	
603	Variance - Nursing Agency	(452)	(610)	(346)	(176)	(433)	(148)	(258)	(162)	(88)	(124)	(140)	(128)		0	(2,612)	(2,612)	
Nursing Bank																		
1066	Actual - Nursing Bank	3,790	3,168	3,154	2,582	2,130	2,162	2,073	2,010	2,010	2,399	2,180	2,458			26,326	26,326	
1088	Budget - Nursing Bank	524	91	91	91	71	91	141	100	97	97	97	49			1,019	1,019	
1104	Variance - Nursing Bank	(3,266)	(3,076)	(3,063)	(2,491)	(2,059)	(2,070)	(1,932)	(1,909)	(1,913)	(2,302)	(2,083)	(2,409)		0	(25,307)	(25,307)	
Nursing Substantive																		
604	Actual - Nursing Substantive	19,766	19,855	20,055	20,069	20,667	22,667	20,822	20,909	20,861	21,091	21,039	20,905			228,939	228,939	
605	Budget - Nursing Substantive	21,907	22,394	22,398	22,386	22,483	23,305	24,489	22,955	23,026	23,140	23,269	23,172			253,018	253,018	
606	Variance - Nursing Substantive	2,141	2,539	2,344	2,317	1,816	638	3,668	2,046	2,165	2,049	2,231	2,267		0	24,079	24,079	
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	3.00	2.50	1.87		
Other Agency Staff																		
1073	Actual - Other Agency Staff	474	463	314	286	460	506	420	422	544	532	430	546			4,922	4,922	
1092	Budget - Other Agency Staff	143	36	36	36	32	35	35	35	35	35	35	35			385	385	
1106	Variance - Other Agency Staff	(331)	(427)	(278)	(250)	(428)	(471)	(385)	(387)	(509)	(496)	(395)	(511)		0	(4,536)	(4,536)	
Other Bank Staff																		
1172	Actual - Other Bank Staff	342	168	289	237	179	80	97	156	79	105	175	124			1,691	1,691	
1173	Budget - Other Bank Staff	35	11	11	11	11	11	11	11	11	11	11	11			117	117	
1171	Variance - Other Bank Staff	(307)	(158)	(279)	(227)	(168)	(70)	(87)	(146)	(69)	(95)	(164)	(113)		0	(1,574)	(1,574)	
Other Substantive Staff																		
1051	Actual - Other Substantive Staff	6,164	6,048	6,272	6,191	6,398	6,917	6,373	6,350	6,314	6,373	6,312	6,405			69,953	69,953	
1053	Budget - Other Substantive Staff	6,503	6,965	6,966	6,966	7,076	7,400	7,579	7,237	7,339	7,247	7,465	7,345			79,585	79,585	








Firm Foundations - Finance

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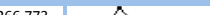


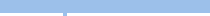


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1057	Variance - Other Substantive Staff	339	916	694	775	678	483	1,206	888	1,025	874	1,154	940		0	9,631	9,631	
Miscellaneous Pay - Other Staff																		
1062	Actual - Miscellaneous Pay - Other staff	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1064	Budget - Miscellaneous Pay - Other staff	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1060	Variance - Miscellaneous Pay - Other staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Pay - Unallocated CIP (000s)

Pay - Unallocated CIP (000s) domain score		1.67	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.50	2.73		
Unallocated CIP - Pay																		
1067	Actual - Unallocated CIP - Pay	0																
1069	Budget - Unallocated CIP - Pay	(431)																
1071	Variance - Unallocated CIP - Pay	(431)													0			
Miscellaneous Pay - Unallocated CIP																		
1075	Actual - Miscellaneous Pay - Unallocated CIP	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1077	Budget - Miscellaneous Pay - Unallocated CIP	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1080	Variance - Miscellaneous Pay - Unallocated CIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

SLR Recharges (000s)

SLR Recharges (000s) domain score		2.57	2.43	2.43	1.86	2.57	2.43	2.43	2.14	2.14	2.00	2.57	3.00	3.00	2.50	2.34		
SLR Recharges																		
1164	Actual - SLR Recharges	(25,372)	0	0	(79,765)	(29,392)	(26,967)	(27,356)	(29,504)	(30,430)	(27,077)	(28,103)				(278,594)	(278,594)	
1086	Budget - SLR Recharges	(24,146)	(26,882)	(26,882)	(26,882)	(27,910)	(27,139)	(27,565)	(28,760)	(29,371)	(27,908)	(27,908)				(277,210)	(277,210)	
1081	Variance - SLR Recharges	1,227	(26,882)	(26,882)	52,882	1,482	(172)	(209)	744	1,059	(831)	195			0	1,384	1,384	
SLR Recharges - Fixed																		
1090	Actual - SLR Recharges - Fixed	945	0	0	3,549	1,183	1,183	1,183	1,183	1,183	1,183	1,183				11,831	11,831	
1091	Budget - SLR Recharges - Fixed	945	1,183	1,183	1,183	1,183	1,183	1,183	1,183	1,183	1,183	1,183				11,831	11,831	
1089	Variance - SLR Recharges - Fixed		1,183	1,183	(2,366)				()	()	()				0			
SLR Recharges - Variable																		
1094	Actual - SLR Recharges - Variable	24,428		0	76,216	28,209	25,784	26,173	28,321	29,247	25,894	26,930				266,773	266,773	
1096	Budget - SLR Recharges - Variable	23,201	25,699	25,699	25,699	26,727	25,956	26,382	27,577	28,188	26,725	26,725				265,379	265,379	
1093	Variance - SLR Recharges - Variable	(1,227)	25,699	25,699	(50,516)	(1,482)	172	209	(744)	(1,059)	831	(205)			0	(1,394)	(1,394)	
Miscellaneous SLR Recharges																		
1100	Actual - Miscellaneous SLR Recharges	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1101	Budget - Miscellaneous SLR Recharges	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
1098	Variance - Miscellaneous SLR Recharges	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

March 2019

	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
Operational Activity																	
Operational Activity domain score	2.83	1.83	2.33	2.25	2.33	2.33	2.08	2.33	2.42	1.92	2.50	2.00	2.00	2.50	2.26		
Contract Monitoring (Operational Activity)																	
401 Elective Inpatient Spells	10121	9591	10513	10112	9999	9465	9158	10667	10340	8484	10000	9349			107678	107678	
403 Non-Elective Inpatient Spells	1598	1548	1717	1670	1720	1698	1729	1819	1596	1690	1682	1473			18342	18342	
1183 Emergency Inpatient Spells	4755	4537	4896	4919	4895	4733	4803	5007	4965	5254	5266	4992			54267	54267	
424 Elective Excess Beddays	537	595	512	412	521	340	317	494	659	363	412	410			5035	5035	
425 Non-Elective Excess Beddays	268	230	609	183	347	41	440	245	99	196	62	83			2535	2535	
1197 Emergency Excess Beddays	1772	1908	1803	2036	1856	962	2015	1502	1251	1361	1140	1335			17169	17169	
431 First Outpatient Attendances	24289	23446	25232	24901	25270	22982	22977	27160	26712	20328	24985	22613			266606	266606	
430 Follow Up Outpatient Attendances	75791	75047	80165	74739	78887	74199	72076	81604	79979	63442	80193	70386			830717	830717	
461 A&E Attendances	17587	17171	18559	18056	18531	17070	17596	18221	18217	18109	19071	17518			198119	198119	
464 Procedure coded outpatient attendances	15.8%	17.5%	17.9%	19.7%	18.9%	19.5%	20.0%	19.2%	19.4%	20.1%	20.3%	19.8%			19.3%	19.3%	
Operational Strategic																	
622 First to Follow up ratios - consultant led	2.5	2.6	2.5	2.5	2.6	2.7	2.6	2.6	2.6	2.7	2.8	2.8	2.7	2.4	2.6	2.6	
860 Ethnic Coding	95.29%	95.25%	95.41%	95.38%	95.37%	95.45%	95.39%	95.58%	95.41%	95.49%	95.27%	95.46%	95.47%	90.00%	95.41%	95.41%	



Best Quality of Care – Safety, Effectiveness,

Directorate: Trust (1000)

King's College Hospital NHS Foundation Trust

Report Executed:

20/02/2019 16:59:10

3.2

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



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 UTAs (DOWNS) 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

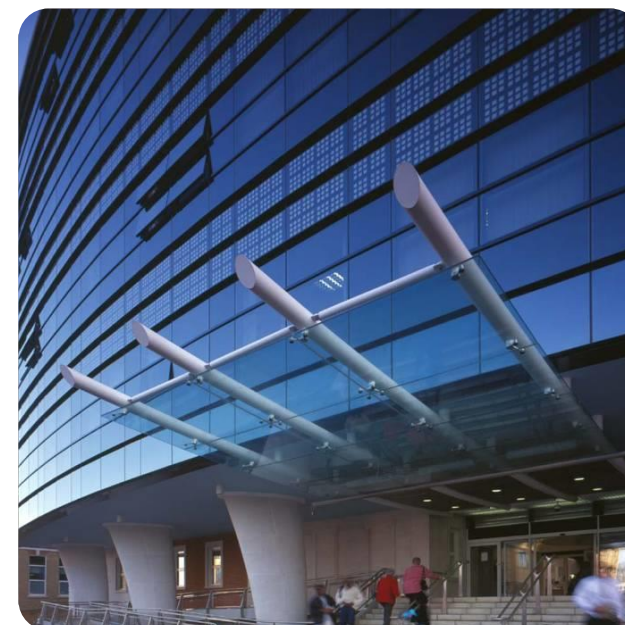
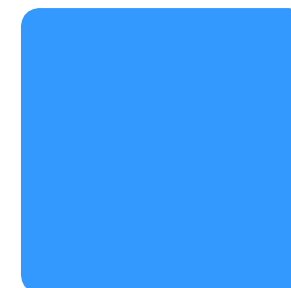
1133	Total surplus(+ve) or deficit(-ve) generated by Miscellaneous Income
1134	Actual for Interest payable
1135	Budget for Interest payable
1136	Total surplus(+ve) or deficit(-ve) generated by Interest payable
1137	Actual for Interest receivable
1138	Budget for Interest receivable
1139	Total surplus(+ve) 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

3.2

Monthly Safer Staffing Report for Nursing and Midwifery March 2019

Trust Board May 2019

Dr Shelley Dolan
Chief Nurse /Chief Operating Officer



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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 **March 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, BIU development and reducing vacancies with Band 2.

The number of staff required per shift is calculated using an evidence based tool, dependent on the acuity 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 **March 2019**.

	% Fill Rates - Day & Night				Care Hours Per Patient Day (CHPPD)		
	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%	97%	114%	128%	7.5	2.8	10.3
PRUH & South Sites	95%	98%	96%	108%	4.9	3.3	8.2

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 in exceptional cases agency staff.

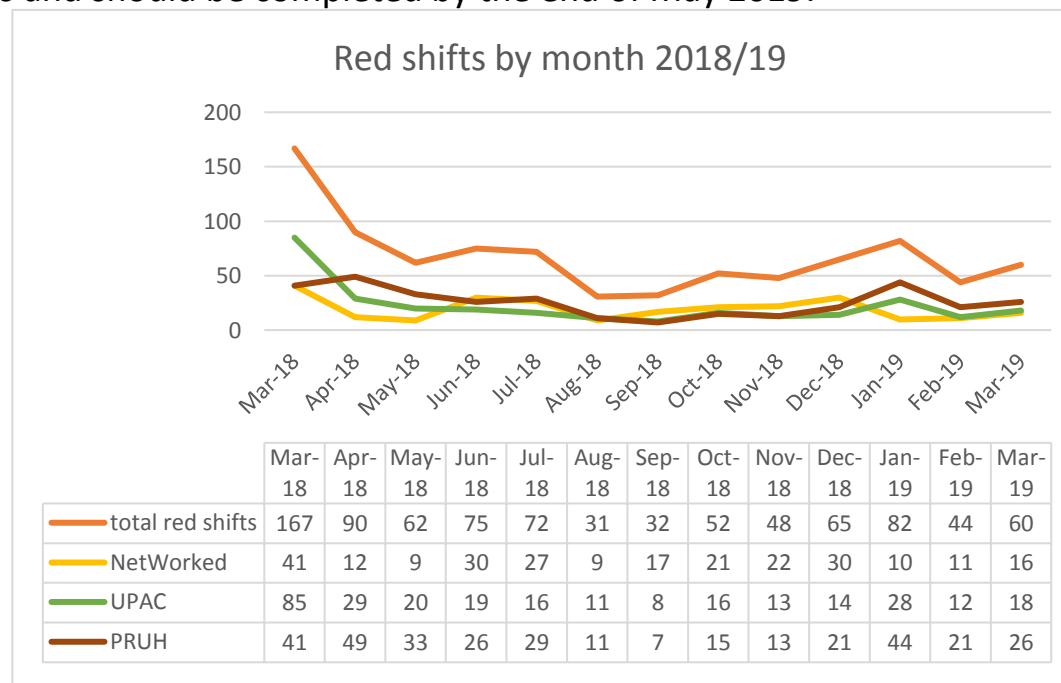
Please note: CHPPD is a metric which reflects the number of hours of total nursing staff versus the number of in-patient admissions in a 24 hour period. This metric is widely used as a benchmarking tool across the NHS.

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.

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. Twice a day there is a 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 March 2019 the total number of red shifts was 60 across the trust in comparison in March 18 it was 167. 34 were recorded at the Denmark Hill Site and 26 at the Princess Royal University Hospital; 62% of these red shifts occurred on day shifts. The number of recorded red shifts have increased slightly for March 2019. It is recognised that there are some on-going issues with recording accuracy, this is reflected within the January 2019 data, work is on-going with BIU to address this and should be completed by the end of May 2019.



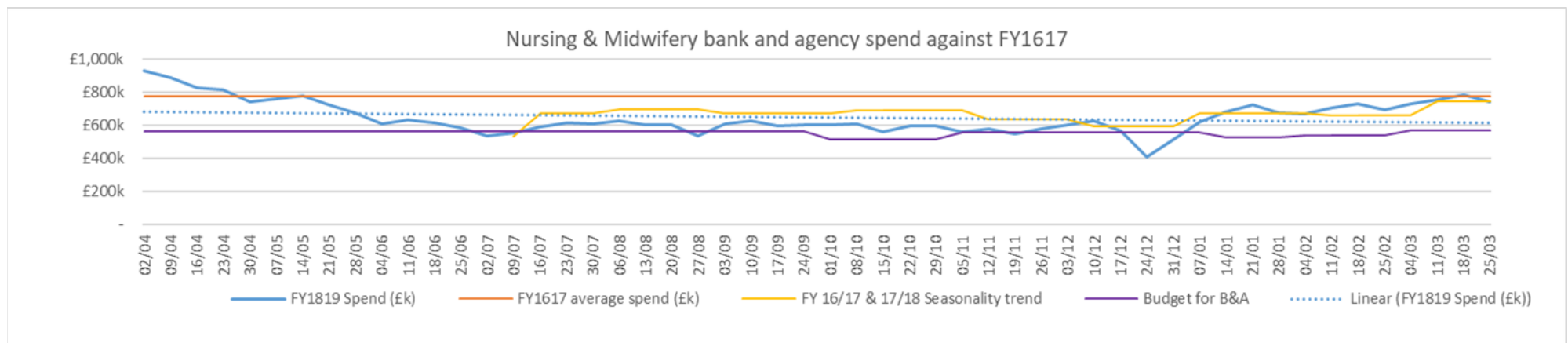
Bank and Agency Spend

King's College Hospital
NHS Foundation Trust

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

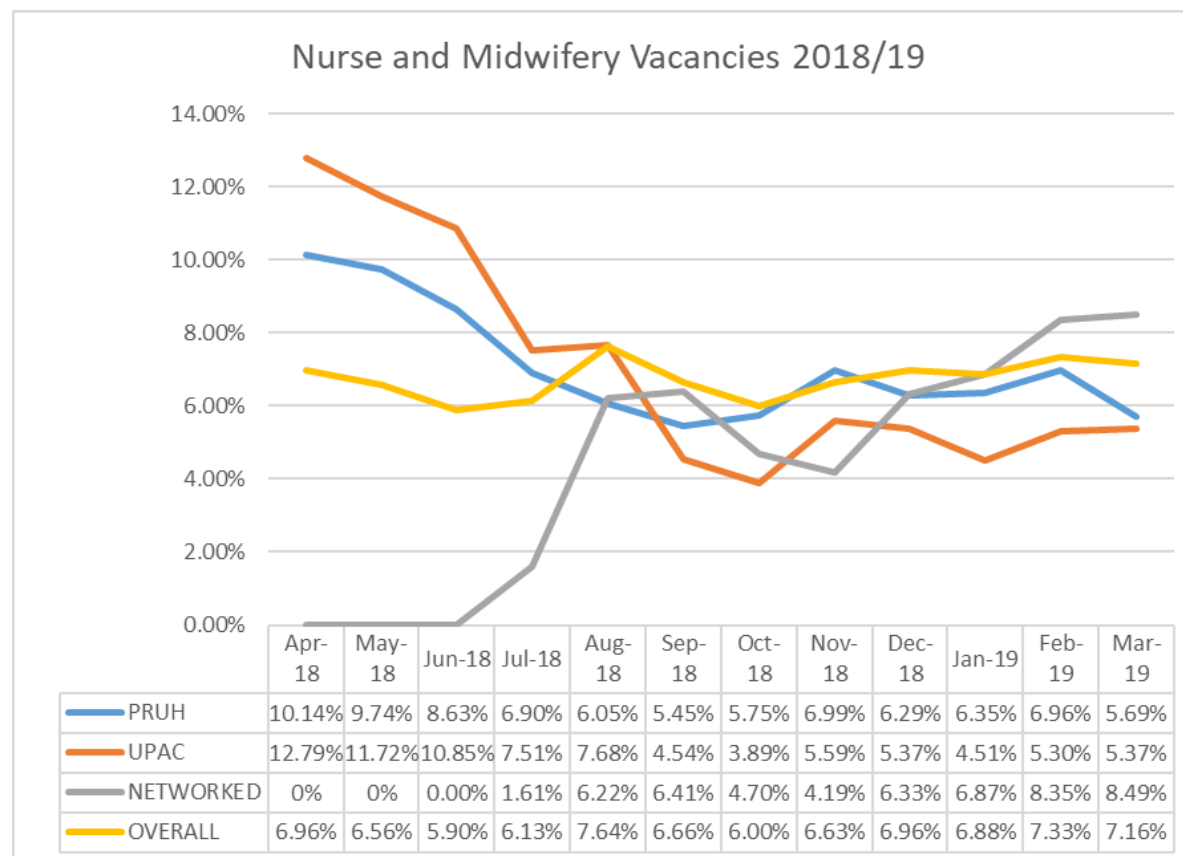
All divisional Directors of Nursing/Midwifery hold weekly bank and agency meetings, reviewing the temporary staffing usage, both retrospectively and prospectively. This process has had a positive impact to reduce the use of temporary staffing.

The Trust is consistently below FY16/17 spend levels for the organisation as a whole, though there does remain some areas that are over that level. Maintaining to FY16/17 spend levels was required to deliver the Nursing portion of the overall £75m recovery program. The majority of the Trust use of temporary nursing staffing during March 2019 was required for enhanced care, initiative and escalation.



The graph below outlines the Trust vacancies for Nursing and Midwifery for the divisions for registered and unregistered staff.

The current vacancy overall for March 2019 is 7.16%, this is a 1.16% increase since October 2018. The vacancies are monitored at Divisional Recruitment and Retention Meetings held by Directors of Nursing alongside HR, which has ensured timely placement of staff into the vacant posts, although the start date is held up on occasions due to completing courses or working their notice period.



Nursing and Midwifery Band 5 Vacancies

King's College Hospital

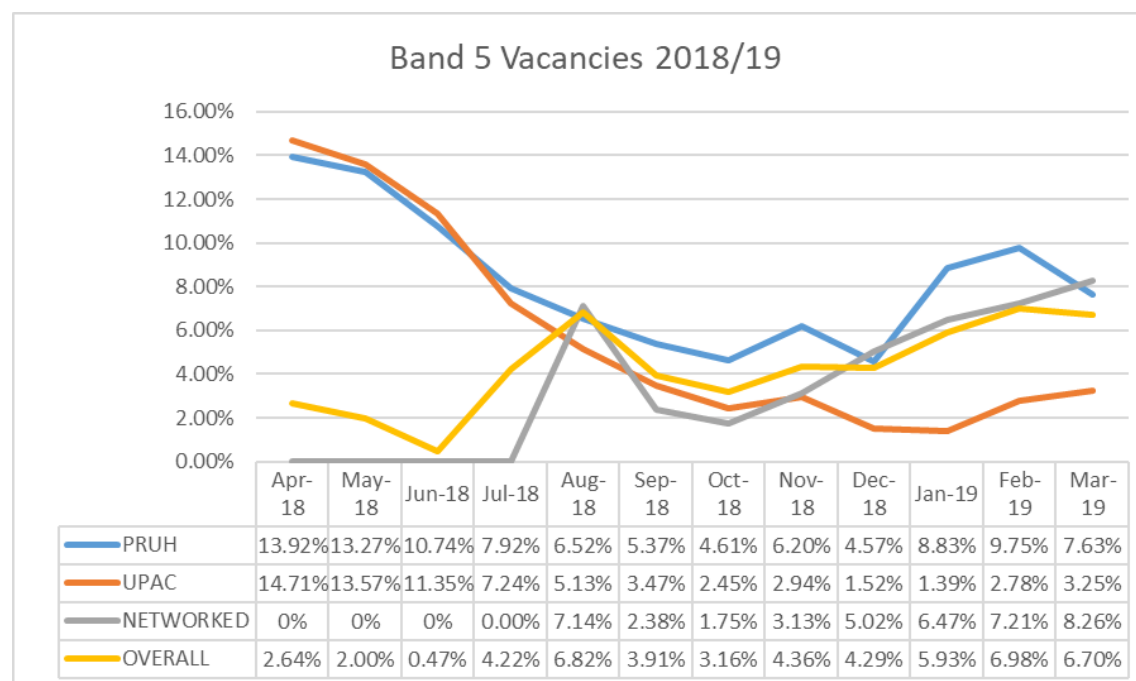


NHS Foundation Trust

The graph below outlines the Trust vacancies for Band 5 Nursing and Midwifery for the divisions and overall in percentages.

The current vacancy overall for March 2019 is 6.70%, this is a 3.54% increase since October 2018. This is being monitored closely within the Divisional Recruitment and Retention Meetings, ensuring that when a vacancy arises this is filled as soon as practically possible.

Due to the decrease in Band 5 vacancies in September 2018, relevant recruitment events were reviewed and streamlined. The vacancy figures have increased since the beginning of 2019, therefore the focus is on balancing recruitment and retention. The Executive Nursing Team are bringing together the retention work plan for the year and will present this to Nursing Board in June 2019.



‘Hotspot’ areas for nursing/midwifery staffing

The aggregate nursing and midwifery registered staff vacancy for March 2019 has increased slightly this month to 7.16%. This has steadily increased since October 2018 when the overall vacancy was 6.0%.

The registered nursing recruitment hotspots are outlined below. Various successful recruitment campaigns have decreased the vacancies, but some areas still remain with an above 10% vacancy rate.

DH: Theatres (11.85%), Children's (15.39%), Cardiovascular (12.51%), Cancer (13.98%)

PRUH: Acute and Emergency Care (18.83%), Paediatric Services (10.53%)

Please note: Acute and emergency care at Denmark Hill have a vacancy of 9.74% during March 2019. This is an increase of 3.24%, since January 2019 the team have been working closely with HR to address this.

The current overall vacancy for Band 2 HCA is 11.74%. HR and Executive Nursing will be exploring ways to reduce the vacancies across all divisions, including apprenticeships, focussed recruitment in the local communities and advertisement of the salary; which is in line with average pay of post graduates within London.

- A retention meeting with Executive Nursing, Divisional representation and HR is now in place, which is bringing together a work plan for Nursing and Midwifery Retention for the next year. An overview of the plans will be submitted for June 2019 Nursing Board.
- Further work is currently happening on the recording of the Red Shifts and how this is managed for all in-patient areas. This will improve the reporting to Trust Board once embedded.
- The 6 monthly establishment reviews will be happening during May 2019. BIU have produced a dashboard to support this work, bringing together the recommendations for staffing drawn from the Safer Nursing Care Tool (SCNT), the current nursing establishment, budgeted nursing establishments and quality metrics for all ward areas. This will be presented to Trust Board once completed.
- The current overall vacancy for Band 2 HCA is 11.74%. HR and Executive Nursing will be exploring ways to reduce the vacancies across all divisions, including apprenticeships, focussed recruitment in the local communities and advertisement of the salary; which is in line with average pay of post graduates within London.

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



Report to: Trust Board -

Date of meeting: 9th May 2019

Subject: Finance Report M12

Author(s): Lorcan Woods

Presented by: Lorcan Woods

Sponsor: Lorcan Woods

History: Finance and Performance Committee

Status: For Discussion

1. Background/Purpose

The paper attached at appendix one summarises the M12 financial position and year-end out-turn. Trust forecast outturn at month 8 was a deficit position of £191.0m. The Trust's reported **consolidated** outturn is £189.7m.

2. Action required

The Board is asked to note the Month 12 monitoring report and year-end out-turn.

3. Key implications

Legal:	
Financial:	The paper addresses the Trust's financial position.
Assurance:	
Clinical:	
Equality & Diversity:	
Performance:	
Strategy:	
Workforce:	
Estates:	The paper addresses the Trust's capital position
Reputation:	

Enc [No.]

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

4. Appendices

(
M12 Finance Report.

[insert REPORT TITLE]**Executive summary**

Authors are expected to write an executive summary highlighting key points for Board consideration.

Recommendations

Authors should copy the recommendations found at the end of the report.

1. Background/purpose

Authors should provide background information and inform the Board as to the purpose of the report. This should be clear covering only recent history.

2. Key implications

Expand on summary of key implications highlighted on cover sheet to ensure consistency within the report and ensure papers support the Board in directing discussion appropriately.

Legal: Summarise any legal issues or regulatory obligations and its impacts on the Trust.

Financial: Clearly explain financial or cost implications. Further information can be appended to the report as necessary.

Assurance: Clearly indicate and explain any relationship with the Assurance Framework (Risk, Controls, and Governance).

Equality & Diversity: Clearly highlight and explain any issues relating to equality and diversity within the report and its implications.

Clinical: Indicate any links to clinical effectiveness, patient experience or any other clinical related issues.

Performance: Highlight performance against national and local targets, clinical targets, KPIs and any other performance indicators.

Strategy: relationship with Trust strategic objectives.

Workforce: implications for the workforce and impact on the Trust's Workforce Strategy.

Other: If the focus of the report falls outside of these headings, provide an indication in 'other' section.

Enc [No.]

3. Options

Where applicable, set out main options to be considered as well as likely outcomes of each option – (both pros & cons). This should be followed by key recommendations.

4. Conclusion

Indicate conclusions of the paper, e.g. recommended option or finding.

5. Recommendations

- Specify what action the Board is required to take:- [Approve/ Note/ Comment]
- Check if specific wording is required by an external organisation (Care Quality Commission, Monitor etc)

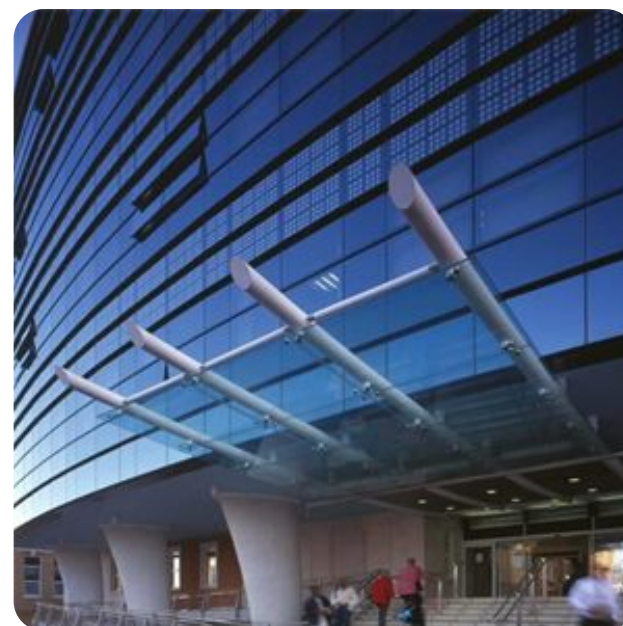
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Month 12 Finance Report

Finance & Performance Committee Meeting

Trust Board 9th May 2019

King's



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M12 Financial Position – Key Headlines

Performance against plan/control total

The Trust forecast outturn at month 8 was a deficit position of £191.0m excluding ADM. The Trust's reported **consolidated** outturn is £189.7m.

Income

Clinical income was £29.4m adverse for the year (£3.7m favourable in month) and other operating income was £2.3m adverse for the year (£1.3m favourable in month). These adverse variances exclude the Provider Sustainability Fund (PSF) adverse variance of £19.3m for the year (£2.51m in month).

Pay

In month pay is £2.2m favourable of which £1.1m relates to A&C, £0.6m in medical staffing and £0.1m relates to Other staff. YTD pay variance is £11.0m favourable due to the continuing underspends in A&C (£9.4m) and other staff (£3.6m). This was offset by overspends Medical staffing (£4.6m) and Nursing staff (£4.4m).

Non Pay

In month overall non pay is a £9.9m adverse variance. Excluding pass through drugs the in month position is £11.4m adverse. YTD Non Pay is £19.0m excluding pass through drugs.

CIP

The CIP programme has delivered benefits of £25.6m to date. This is £18.5m behind the 18/19 profiled plan that was submitted to NHSi. The programme is has delivered £25.6m at year end against an in implementation (green and conditional amber schemes) plan of £26.7m.

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 February 2019 is £134.8m.

Capital

The total capital plan for 18/19 has been reduced from £71m to £36.3m. The original plan included an external funding requirement of £44m of which £14.9m (£11m loan, £3.9m PDC) has been received. As additional capital funding for 18/19 has not been confirmed, the Trust would be unable to procure all prioritised capital assets prior to year-end due to construction timelines and equipment ordering and lead times for delivery. Capital expenditure in 2018/19 was £35.4m against on-going contractually committed estates projects and medical and IT equipment requirements.

Summary of Year to Date Financial Position

Finance Report Month 12 2018/19								
Summary Financial Position								
TRUST UNCONSOLIDATED								
Type	Annual Budget £'000	Current month			Year to Date			CONSOLIDATED ACTUALS £'000
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	
NHS Clinical Contract Income	844,161	70,476	73,061	2,585	844,161	829,971	(14,190)	829,971
Pass Through Devices - Income	18,635	1,547	1,491	(55)	18,635	18,824	189	18,824
Pass Through Drugs - Income	130,554	10,840	11,959	1,120	130,554	115,204	(15,350)	115,204
NHS Clinical Contract Income	993,350	82,862	86,511	3,650	993,350	963,999	(29,351)	963,999
Other Operating Income	132,082	12,273	11,153	(1,120)	132,082	112,884	(19,198)	112,884
Private Patient & Overseas Income	26,399	2,200	1,467	(734)	26,399	25,473	(926)	25,473
Other NHS Clinical Income	4,775	442	232	(211)	4,775	4,539	(237)	4,539
RTA Income	3,660	305	(1,348)	(1,653)	3,660	2,330	(1,330)	2,330
INCOME ADJUSTMENTS ON CONSOLIDATION								(39,547)
Total Income	1,160,266	98,083	98,015	(68)	1,160,266	1,109,225	(51,041)	1,069,678
Medical Agency	(1,011)	(84)	(155)	(71)	(1,011)	(10,601)	(9,589)	(10,601)
Medical Bank	(49)	(4)	(671)	(667)	(49)	(5,185)	(5,135)	(5,185)
Medical Substantive	(218,813)	(19,124)	(17,749)	1,375	(218,813)	(208,657)	10,156	(208,657)
Medical Staff	(219,874)	(19,213)	(18,575)	637	(219,874)	(224,442)	(4,569)	(224,442)
Nursing Agency	(1,617)	(136)	(259)	(123)	(1,617)	(4,352)	(2,736)	(4,352)
Nursing Bank	(1,110)	(91)	(3,397)	(3,306)	(1,110)	(29,723)	(28,613)	(29,723)
Nursing Substantive	(276,419)	(23,401)	(20,568)	2,833	(276,419)	(249,508)	26,912	(249,508)
Nursing Staff	(279,146)	(23,628)	(24,224)	(596)	(279,146)	(283,583)	(4,437)	(283,583)
A&C agency	(379)	(32)	(170)	(138)	(379)	(2,444)	(2,065)	(2,444)
A&C Bank	(733)	(61)	(397)	(336)	(733)	(3,523)	(2,790)	(3,523)
A&C Substantive	(107,628)	(9,039)	(7,490)	1,549	(107,628)	(93,406)	14,222	(93,406)
A&C Staff	(108,740)	(9,132)	(8,057)	1,075	(108,740)	(99,373)	9,367	(99,373)
Other Agency Staff	(420)	(35)	(516)	(481)	(420)	(5,438)	(5,018)	(5,438)
Other Bank Staff	(128)	(11)	(269)	(258)	(128)	(1,960)	(1,832)	(1,960)
Other Substantive Staff	(86,912)	(7,328)	(6,481)	846	(86,912)	(76,435)	10,478	(76,435)
Other Staff	(87,460)	(7,373)	(7,266)	107	(87,460)	(83,832)	3,628	(83,832)
Pay Reserves	(6,988)	(926)	0	926	(6,988)	0	6,988	0
Unallocated CIP - Pay	0	0	0	0	0	0	0	0
PAY ADJUSTMENTS ON CONSOLIDATION								(8,608)
Total Pay	(702,208)	(60,271)	(58,122)	2,150	(702,208)	(691,230)	10,977	(699,838)
Agency	(3,428)	(286)	(1,100)	(813)	(3,428)	(22,835)	(19,407)	(22,835)
Bank	(2,019)	(167)	(4,734)	(4,567)	(2,019)	(40,390)	(38,371)	(40,390)
Substantive	(696,761)	(59,818)	(52,288)	7,530	(696,761)	(628,006)	68,755	(628,006)
Pass Through Drugs	(129,805)	(10,836)	(9,370)	1,466	(129,805)	(112,175)	17,630	(112,175)
Drugs	(24,823)	(1,948)	(2,120)	(172)	(24,823)	(26,911)	(2,088)	(26,911)
Clinical Supplies	(26,304)	(2,029)	(7,784)	(5,755)	(26,304)	(38,771)	(12,468)	(38,771)
Consultancy	(9,554)	(467)	(781)	(314)	(9,554)	(16,167)	(6,612)	(16,167)
External Services	(56,693)	(4,515)	(4,945)	(430)	(56,693)	(63,711)	(7,018)	(63,711)
Purchase of Healthcare from Non-NHS Provider	(136,815)	(12,215)	(2,459)	9,755	(136,815)	(125,984)	10,831	(125,984)
Services from other NHS Bodies	(62,398)	(5,177)	(5,029)	148	(62,398)	(63,310)	(912)	(63,310)
Non-Clinical Supplies	(56,655)	(4,466)	(3,507)	959	(56,655)	(58,501)	(1,846)	(58,501)
Other Non-Pay	(23,105)	(2,255)	(14,044)	(11,788)	(23,105)	(36,252)	(13,147)	(36,252)
Depreciation	(27,694)	(2,308)	(1,713)	595	(27,694)	(23,231)	4,463	(23,231)
Impairment	(26,227)	(2,186)	4,739	6,925	(26,227)	0	26,227	0
Reserves	(7,062)	7,511	0	(7,511)	(7,062)	0	7,062	0
Unallocated CIP - NonPay	23,525	3,798	0	(3,798)	23,525	0	(23,525)	0
NONPAY ADJUSTMENTS ON CONSOLIDATION								51,503
Total Non - Pay	(563,610)	(37,093)	(47,012)	(9,919)	(563,610)	(565,013)	(1,404)	(513,510)
Interest payable	(43,086)	(3,595)	(4,118)	(522)	(43,086)	(42,696)	390	(42,696)
Interest receivable	501	42	81	40	501	908	407	908
Profit/Loss on Disposal of Fixed Assets	(50)	179	(484)	(663)	(50)	(319)	(269)	(319)
Public Dividend Capital	0	0	0	0	0	0	0	0
FINANCING ADJUSTMENTS ON CONSOLIDATION								598
Financing	(42,635)	(3,375)	(4,520)	(1,146)	(42,635)	(42,107)	527	(41,509)
TRUST TOTAL (deficit per ledger)	(148,186)	(2,656)	(11,639)	(8,983)	(148,186)	(189,127)	(40,940)	(185,179)
Less Impairment	26,227	2,186	(4,739)	(6,925)	26,227	0	(26,227)	0
Less Donated Income	(3,303)	(734)	(885)	(152)	(3,303)	(3,004)	299	(3,004)
Less Donated Depreciation	756	63	64	1	756	731	(25)	731
Less PSF funding	(21,532)	(2,512)	0	2,512	(21,532)	(2,261)	19,271	(2,261)
OPERATING DEFICIT (excluding STF)	(146,038)	(3,653)	(17,200)	(13,546)	(146,038)	(193,660)	(47,622)	(189,713)
Operating surplus / (deficit)	(105,552)	718	(7,119)	(7,837)	(105,552)	(147,019)	(41,468)	(143,670)
Add back depreciation and amortisation	27,694	2,308	1,713	(595)	27,694	23,231	(4,463)	23,231
Add back all I&E impairments/(reversals)	26,227	2,186	(4,739)	(6,925)	26,227	0	(26,227)	0
Less cash donations / grants for the purchase of capital assets	(3,303)	(734)	(885)	(152)	(3,303)	(3,004)	299	(3,004)
EBITDA	(54,934)	4,478	(11,031)	(15,509)	(54,934)		(71,858)	(123,443)

Summary of Year to Date Financial Position

Performance against plan/control total

The Trust forecast outturn at month 8 was a deficit position of £191.0m excluding ADM. The Trust's reported **consolidated** outturn is £189.7m.

INCOME - UNCONSOLIDATED POSITION

The key variances from the annual plan relate to clinical income from patient care activities (£29.4m) and other operating income (£2.5m).

The Trust accrued an estimated income figure for NHSE based on month 11 flex data and has taken into account potential data challenges making a prudent provision of £2.5m to date for NHSE Commissioner challenges as the Trust did not agree a final year position with NHSE.

The Trust agreed 18/19 clinical income balances with all SEL CCG's circa £425m.

The key clinical income variances related to off tariff drugs (£15.3m) as the NICE drug impact by NHSE did not materialise; and the non-delivery of business case income (Critical Care, BMT, Liver Transplants - £7.8m). The remaining variance (circa £6m) related to the non-achievement of clinical income CIPs, RTT delivery and prior year debt write off, which was covered by the release of prior year provisions in non-pay.

Of the other income variances (£1.3m) adverse related to the non-delivery of Road Traffic Accident (RTA) income, (£1.7m) adverse Overseas Visitor income and (£2.2m) adverse R&D income.

Clinical income

£29.4m adverse from plan for the year, excluding STF adverse variance of £19.3m. However, there was a positive in month movement of £3.6m (£2.5 excluding pass through drugs of £1.1m).

The details behind the £2.5m are set out below:

Day case and Elective income and outpatient procedures were all positive in month by £2.6m net of RTT and CIP Delivery in month targets.

Non-elective was also £2.5m favourable against plan.

Renal income was favourable in month 12 by £546k due to a positive outcome regarding late data reporting with NHSE.

The new CAR-T gene therapy development programme of £750k was delivered in month 12

The favourable variances were off-set by negative variances in respect to:

Agreed data challenges with Commissioners and debt write off (£3.4m)

Critical Care (£74k), Liver (£156k), BMT (£191k)

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

Other operating income:

Excluding STF funding, the main driver of the adverse variance is R & I income £ 2.2m 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 £1.7m relating to a reduction in chargeable patients across the Trust and bad debt write off.

PAY – UNCONSOLIDATED POSITION

In month pay is £2.2m favourable of which £1.1m relates to A&C, £0.6m in medical staffing and £0.1m relates to Other staff.

YTD pay variance is £11.0m favourable due to the continuing underspends in A&C (£9.4m) and other staff (£3.6m). This was offset by overspends Medical staffing (£4.6m) and Nursing staff (£4.4m).

Agenda for Change (AfC) Pay Award

The AfC cost pressure for staff costs not funded in respect to PFI staff and other subsidiaries/joint ventures (£3.45m). The Agenda for Change pay award above 1% creates a cost pressure to the Trust of £1.381m in respect to PFI staff (PRUH), subsidiary staff (KIFM). These costs are not funded through the DHSC AfC funding stream (£8.969m); together with £2.066m for Medirest outsourced staff and Viapath Pathology JV staff. A cost pressure reported in non-pay contracted out services and pay costs for KIFM on consolidation.

The Trust has calculated the AfC Award using current Trust employed substantive staff and actual bank staff. The variance to the DHSC funding is minimal. The Trust has received information from CAPITA to complete the AfC award reconciliation with the Trust calculation.

£2.1m of additional funding is still to be approved by NHS/DoH pending approval of the AfC Assurance statements.

NON PAY – UNCONSOLIDATED POSITION

In month overall non pay is a £9.9m adverse variance. Excluding pass through drugs the in month position is £11.4m adverse. YTD Non Pay is £19.0m excluding pass through drugs.

YTD the main drivers of the £19.0m non pay variance are

Drugs - £2.1m adverse variance £0.8m UPAC, £0.8m PRUH and £0.3m Network Care

Clinical Supplies – adverse variance of £12.5 m. £ 11.9m is due to the agreement on the enhanced supply chain and is off set by a favourable variance in purchase of healthcare from non NHS bodies. The remainder of the overspend is driven by activity increases for example in the delivery of the RTT targets and increase in use of insulin pumps.

Consultancy– the £ 6.6m adverse variance is largely due to costs associated with the financial recovery programme.

External Services – Adverse £7.0m and mainly relates to higher Medica and HCA outsourcing costs in radiology (£2.5m) and an overspend in patient transport £1.4m due to an increase in contract price not expected to be offset by increased income from the commissioners.

Purchase of Healthcare with Non NHS Providers – £10.8m favourable of which £11.2 is the enhanced supply chain offset. Excluding this the position is £0.4m adverse.

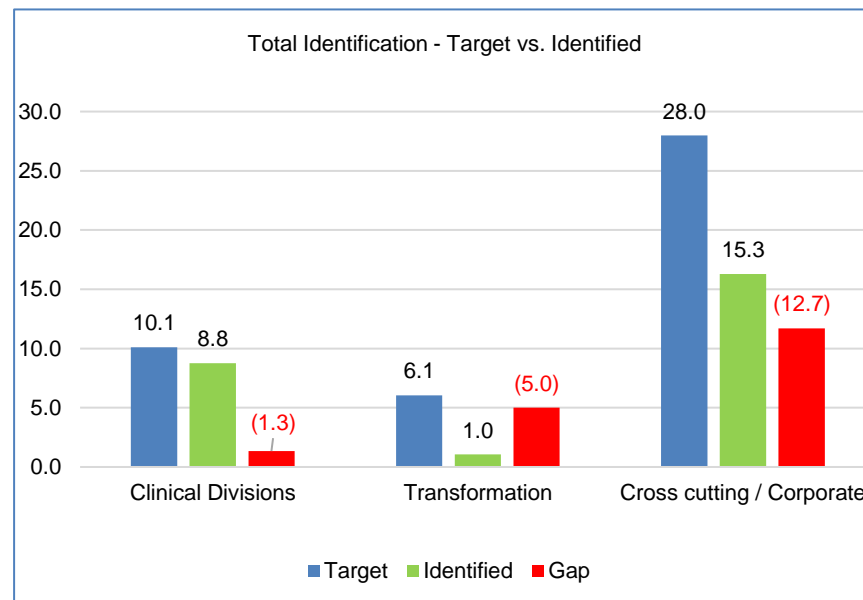
Other Non Pay - £13.1m adverse which is due to a £ 4.8m increase in bad debt provision for overseas visitor income and a write off of £3.6m for overseas visitors income.

The CNST Maternity Incentive Scheme impact is as follows: the Trust has incurred additional costs of £6.5m in 18/19 which were built into the Annual Plan. The Trust is receiving £435k to deliver key safety requirements in year.

18/19 CIP Scheme Development Dashboard

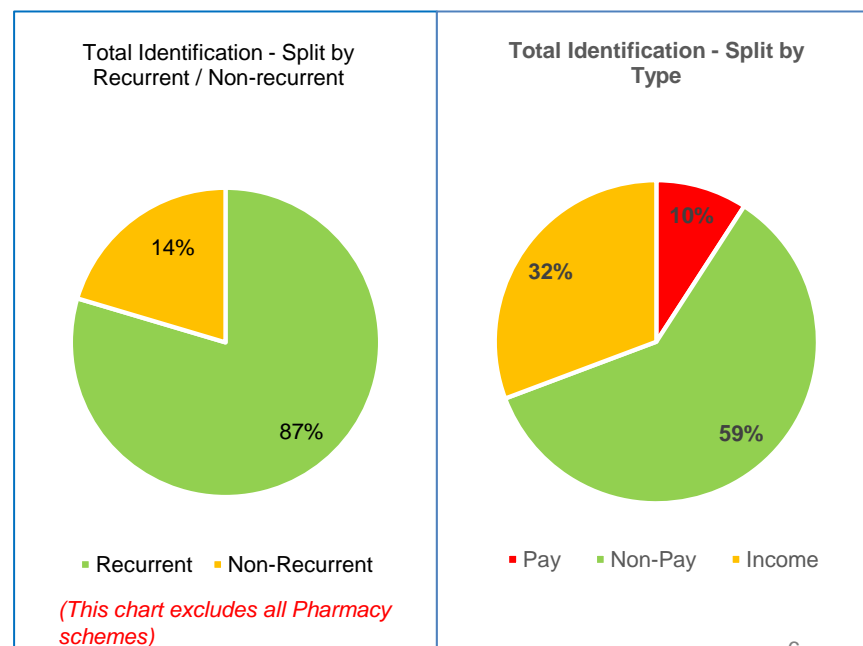
Week on week progress					
Week commencing	Identified	Ideas	Dev	Dev: Conditional	Imp
25 March 2019	27.8	0.0	0.1	1.6	26.1
01 April 2019	26.7	0.0	0.1	0.0	26.7
Variance	(1.1)	0.0	0.0	(1.6)	0.6

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	8.8	(1.3)	0.0	0.1	0.0	8.7
Transformation	6.1	1.0	(5.0)	0.0	0.0	0.0	1.0
Cross cutting / Corporate	28.0	15.3	(12.7)	0.0	0.0	0.0	15.3
Total	44.1	26.7	(17.4)	0.0	0.1	0.0	26.7



Total identification - Split by Type							
Type	Target	Identified	Gap	Ideas	Dev	Dev: Conditional	Imp
Flow Through	0.0	1.7	1.7	0.0	0.0	0.0	1.7
Pay	11.6	2.4	(9.2)	0.0	0.0	0.0	2.4
Non-Pay	11.6	14.8	3.2	0.0	0.0	0.0	14.8
Income	20.9	7.9	(13.0)	0.0	0.1	0.0	7.8
Total	44.1	26.7	(17.4)	0.0	0.1	0.0	26.7

Total Identification - Split by Recurrent / Non-recurrent							
Type	Target	Identified	Gap	Ideas	Dev	Dev: Conditional	Imp
Flow Through	0.0	1.7	1.7	0.0	0.0	0.0	1.7
Recurrent	44.1	12.2	(31.9)	0.0	0.0	0.0	12.2
Non-Recurrent	0.0	12.8	12.8	0.0	0.1	0.0	12.8
Total	44.1	26.7	(17.4)	0.0	0.1	0.0	26.7



CIP Delivery - Overview

18-19 COST IMPROVEMENT PROGRAMME										
Division / Workstream / Theme	Full Year	Full Year	In Month (M12)				YTD (M1-12)			
	Annual FY Plan	Green & CA Plan	Plan	Actual	Variance	%	Plan	Actual	Variance	%
17-18 Flow Through	1.9	1.7	0.0	0.0	(0.0)	98%	1.7	1.3	(0.3)	79%
Networked Care Div A	1.7	1.3	0.2	0.1	(0.1)	53%	1.3	1.1	(0.2)	85%
Networked Care Div B	1.7	1.6	0.1	0.1	(0.1)	47%	1.6	1.2	(0.4)	76%
PRUH and South Sites	3.4	2.6	0.3	0.1	(0.2)	25%	2.6	1.7	(0.9)	66%
Urgent Care, Planned Care and ACS - Planned	1.7	1.6	0.1	0.1	(0.0)	99%	1.6	1.6	(0.0)	98%
Urgent Care, Planned Care and ACS - Urgent	1.7	1.5	0.1	0.1	(0.0)	100%	1.5	1.5	(0.0)	100%
Division Total	10.1	8.8	0.9	0.5	(0.4)	57%	8.8	7.3	(1.5)	83%
Digitisation	0.3	0.2	0.0	0.0	0.0	100%	0.2	0.2	0.0	100%
Outpatients	2.3	0.8	0.1	0.2	0.1	226%	0.8	1.4	0.6	172%
Patient Flow and LoS	2.2	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%
Transformation Total	6.1	1.0	0.1	0.2	0.1	195%	1.0	1.6	0.6	157%
Corporate	0.0	2.0	0.3	0.4	0.1	129%	2.0	2.0	(0.0)	100%
Estates	1.5	1.4	0.3	0.2	(0.1)	80%	1.4	1.2	(0.1)	89%
Income (KCS)	0.9	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%
Other - Central	0.5	0.2	0.0	0.0	0.0	100%	0.2	0.1	(0.1)	56%
Pharmacy	4.5	9.3	0.8	1.1	0.3	137%	9.3	10.2	0.9	110%
Procurement / KIFM	6.0	2.2	1.8	1.7	(0.1)	95%	2.2	1.7	(0.5)	77%
Revenue Recovery (PBR)	5.4	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%	0.2	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%
Research And Innovation	2.0	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%
Cross Cutting Total	24.4	15.3	3.2	3.4	0.2	107%	15.3	15.4	0.1	101%
Unallocated Total	1.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Cost Improvement Programme	44.1	26.7	4.2	4.1	(0.1)	98%	26.7	25.6	(1.1)	96%

M12 Key Metrics

- Full Year Plan – 44.1m
- In Implementation – 26.7m
- In Month Delivery – 4.1m
- In Month Variance – 0.1m **Adverse**
- YTD Delivery – 25.6m
- YTD Variance To Plan – 1.1m **Adverse**

M12 Headlines

In Month

- Three significant movements:
- Pharmacy – 0.3m as profile is ahead of plan.
- PRUH– 0.2m adverse as schemes for Crystal Palace Physio Group, Elizabeth Ward Closure and TTE activity have shown lower than expected income in month.
- NWC – Division A – 0.1m adverse as two schemes have not provided their expected achievement in month, for non recurrent pay savings and MEP P2P income increase.

YTD

- Slippage on various flow through schemes from last year's programme 0.3m.
- Slippage on KIFM on their standardisation and commercial work stream 0.5m.
- Slippage at the PRUH (0.9m) related to HCD insulin pumps – Note this has recovered to 0.1m. Slippage on Crystal Palace physio group. This activity has decreased and has continued on this tangent for the remaining months of 18/19.
- This underperformance is offset somewhat by over performance in pharmacy of 0.9m.

Programme Performance By Type

The in implementation value is split as 58% non pay, 32% income, and 9% pay with the significant variances being in income. The variance drivers in income are:

- c.0.4m 17-18 Flow Through** – Minor under performance against several income schemes.
- c.0.5m KIFM** – Invalidated KIFM position.
- Unallocated figure of 17.1m offset by 6.5m related to Run Rate schemes in the programme.

Cash Flow & Revenue Support - Debtors and Creditors

Cash Position	Cash Flow Forecast at 08 Mar (31 Mar) £28m	Actual (31 Mar) £40.4m	Variance (Act - Fcast) £12.4m
Trust's Borrowings	31 Mar 18	28 Feb 19	31 Mar 19
Revenue Working Capital	(£376)	(£495)	(514)
Capital borrowings (incl. £47m re Windsor Walk)	(£137)	(£141)	(£141)
PFI, Finance Leases & other borrowings	(£151)	(£146)	(£149)
TOTAL	(£664)	(£782)	(£782)
Outstanding Debtors	31 Mar 18	28 Feb 19	31 Mar 19
	£94.7m	£102.2m	£115.3m
Debtor Days	31.0 Days	34 Days	38 Days
Outstanding Creditors	31 Mar 18	28 Feb 19	31 Mar 19
	(£112.6m)	(£133.2m)	(£159.8m)
Creditor Days	77.6 Days	86.2 Days	112.4 Days

Highlights for the period

- Cash balance at 31 March is £40.4m, £12.4m favourable compared to forecast submitted to NHSI in the week commencing 08 March 19.
- £12.4m favourable variance is mainly due to higher than expected operating receipts (£10.9m), lower than anticipated operating payments (£2.5m) and higher than expected capital and financing flows (£3.9m) which are all largely expected to be timing related.
- Total Revenue funding of £134.8m has been drawn down to the end of March 2019 to support the 18/19 YTD Trust revenue deficit position.
- The Trust has not requested additional revenue funding for May 19h.
- £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.

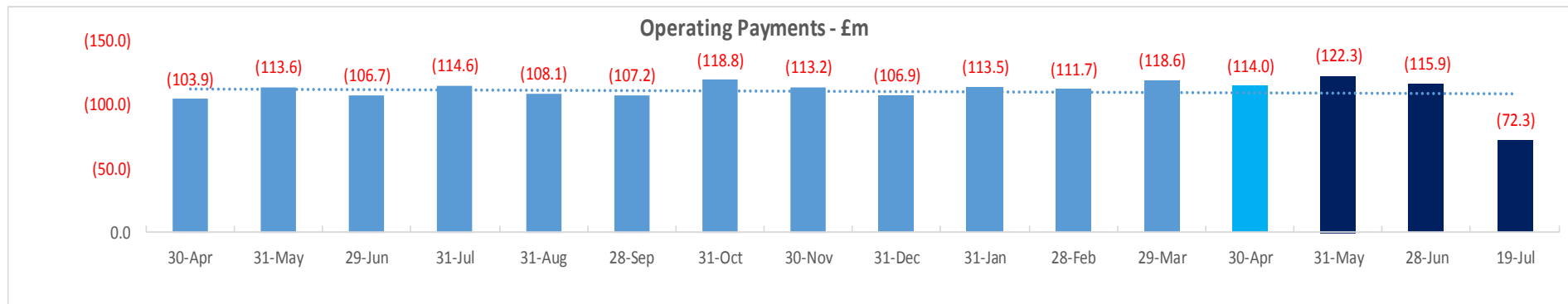
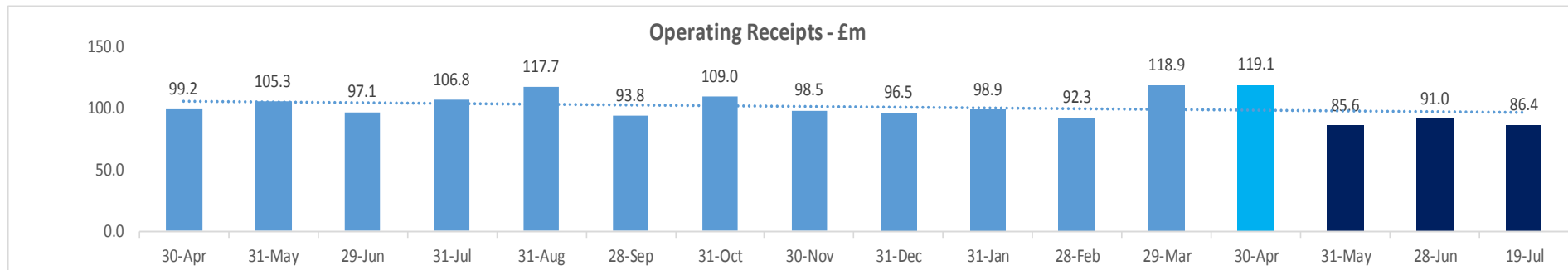
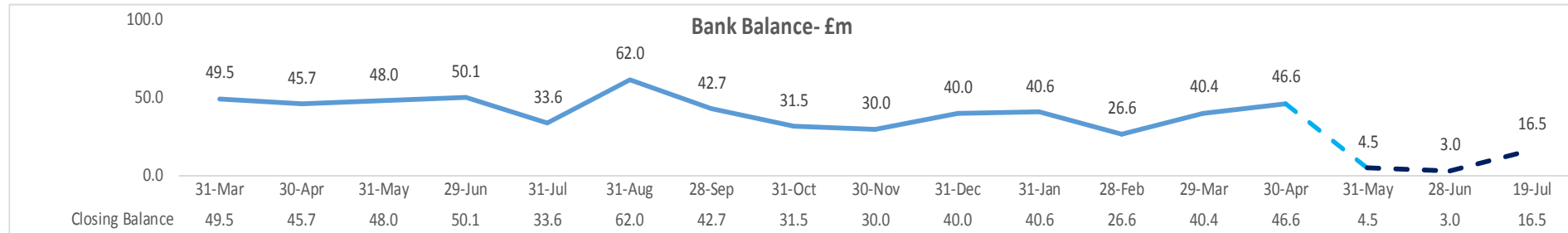
FY 18-19 Cash Flow Summary Apr 18 to 19 Jul 19

£'m	Actual												Act-Fcast	Forecast	Forecast	Forecast		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	29-Mar	30-Apr	31-May	28-Jun	19-Jul	02 Apr 18 19 Jul 19	Apr 18 Mar 19	02 Apr 18 19 Jul 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	26.6	40.4	46.6	4.5	3.0	49.5	49.5	49.5	40.4
Receipts - Patient Care	88.8	90.0	86.3	86.7	98.5	85.9	84.2	86.5	84.0	77.3	85.5	90.3	84.0	79.8	81.5	81.0	1,370.2	1,044.0	1,044.0	326.2
Receipts - Non-Patient Care	10.4	15.3	10.7	20.1	19.2	7.9	24.9	12.0	12.4	21.6	6.8	28.5	35.2	5.9	9.5	5.5	246.0	189.9	189.9	56.0
Operating Receipts	99.2	105.3	97.1	106.8	117.7	93.8	109.0	98.5	96.5	98.9	92.3	118.9	119.1	85.6	91.0	86.4	1,616.2	1,234.0	1,234.0	382.2
Payments - Pay	(58.1)	(57.9)	(56.9)	(58.1)	(57.8)	(57.2)	(57.7)	(57.0)	(56.6)	(57.4)	(55.5)	(58.7)	(59.4)	(61.4)	(60.2)	(29.9)	(899.8)	(689.0)	(689.0)	(210.9)
Payments - Non-Pay	(45.8)	(55.7)	(49.9)	(56.5)	(50.3)	(50.0)	(61.1)	(56.2)	(50.3)	(56.1)	(56.2)	(59.9)	(54.6)	(60.9)	(55.7)	(42.4)	(861.5)	(647.9)	(647.9)	(213.6)
Operating Payments	(103.9)	(113.6)	(106.7)	(114.6)	(108.1)	(107.2)	(118.8)	(113.2)	(106.9)	(113.5)	(111.7)	(118.6)	(114.0)	(122.3)	(115.9)	(72.3)	(1,761.4)	(1,336.9)	(1,336.9)	(424.4)
Net Operating Cashflow	(4.8)	(8.3)	(9.7)	(7.7)	9.6	(13.4)	(9.8)	(14.7)	(10.4)	(14.6)	(19.4)	0.3	5.1	(36.7)	(24.8)	14.2	(145.2)	(102.9)	(102.9)	(42.2)
Capital Receipts	0.0	0.0	0.0	0.0	0.0	1.0	0.0	7.0	6.5	0.0	0.0	1.5	0.0	0.0	0.0	0.0	15.9	15.9	15.9	0.0
Capital payments	(5.9)	(5.2)	(6.0)	(8.1)	(0.2)	(4.0)	(0.9)	(1.7)	(3.1)	(0.7)	(0.8)	(3.6)	(3.9)	(3.6)	(2.8)	(0.4)	(51.0)	(40.4)	(40.4)	(10.7)
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	5.5	0.0	28.3	0.0	168.6	134.8	134.8	33.8
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	0.0	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	0.0	0.0	0.3	0.3	0.3	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)	(2.1)	(0.3)	(21.1)	(16.3)	(16.3)	(4.7)
Capital/Financing Cashflow	0.9	10.7	11.8	(8.7)	18.8	(5.9)	(1.4)	13.1	20.4	15.3	5.4	13.5	1.1	(5.5)	23.4	(0.7)	112.1	93.7	93.7	18.4
Net Cashflow	(3.8)	2.3	2.1	(16.5)	28.4	(19.3)	(11.2)	(1.5)	10.0	0.6	(14.0)	13.7	6.3	(42.2)	(1.5)	13.5	(33.0)	(9.2)	(9.2)	(23.8)
Closing Balance	45.7	48.0	50.1	33.6	62.0	42.7	31.5	30.0	40.0	40.6	26.6	40.4	46.6	4.5	3.0	16.5	16.5	40.4	40.4	16.5

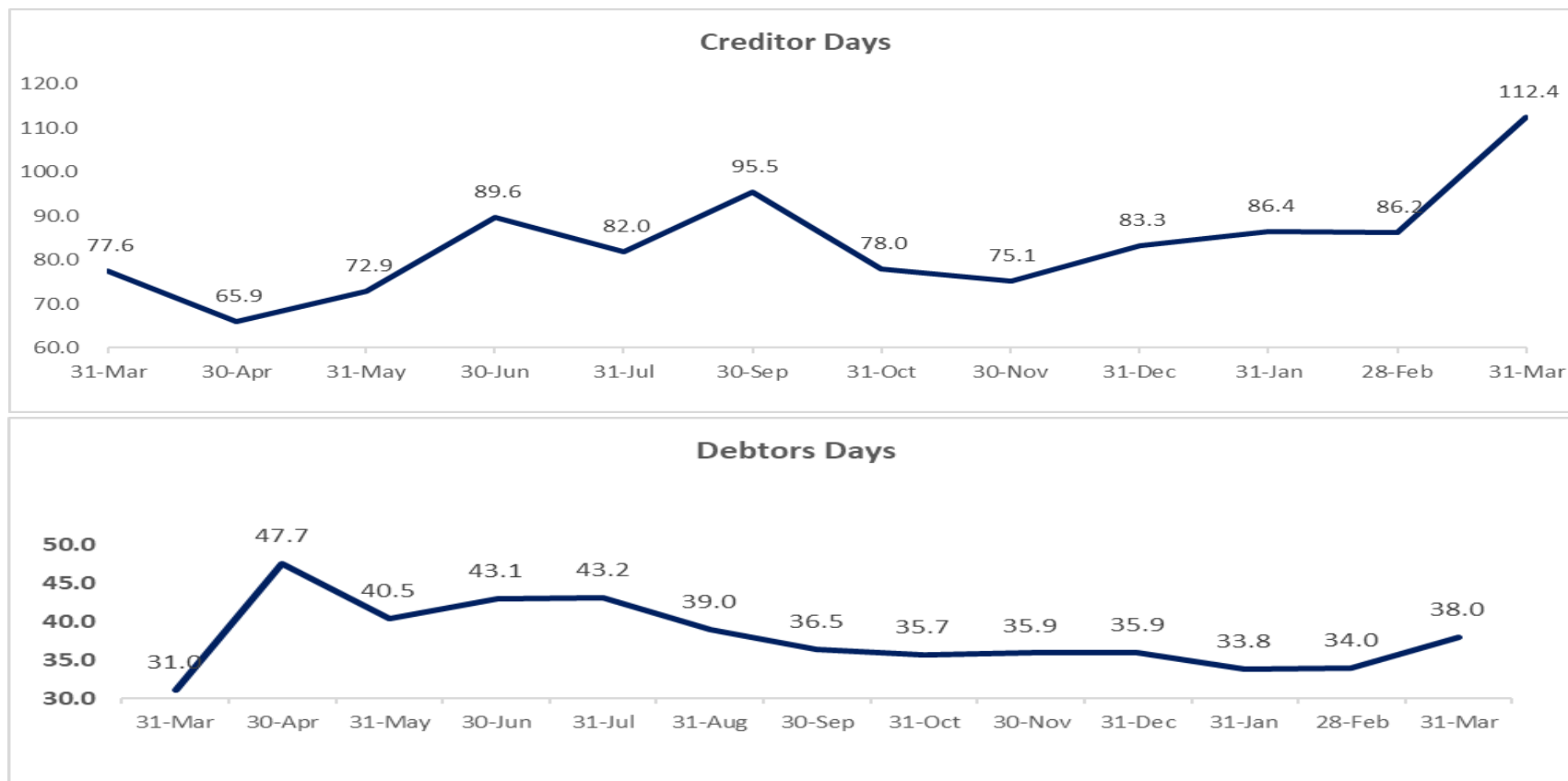
Key commentary:

- £5.5m Revenue funding has been received in April from the DoH for the period to the next submission in early May 19.
- No Funding required for the following month.
- Forecast operating receipts and payments for the forecast period (Apr 19 to 19-Jul-19) are £382.2m and (£424.4).

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



FY 2018-19 Debtors and Creditors Summary



Highlights for the period:

- March 19 Debtor days are 38.
- Outstanding Debtors at 31 March is £115.3m which includes £17.5m of accruals.
- March 19 Creditors days are 112.4, higher compared to previous month, largely due to increased KIFM debt at year end.
- Outstanding Creditors at 31 March is £159.8m which includes £108.4m of accruals.

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.

Trust Income Month 12 - Analysis by patient type

Appendix 1

Patient Delivery Type						Run Rate (£)											
	YTD	YTD	YTD	Last	In Month	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
	Budget	Actual	Variance	Month	Movement	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19
	£'000s	£'000s	£'000s	Variance	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
NHS Acute: Accident & Emergency (A&E)	34,771	34,358	-413	-510	97	2,658	3,429	2,820	2,965	2,978	1,729	3,382	2,831	2,864	2,866	2,853	2,983
NHS Acute: Bone Marrow Transplant (BMT)	14,669	12,884	-1,785	-1,594	-191	1,334	1,103	1,272	725	488	933	1,283	1,630	694	1,309	1,087	1,027
NHS Acute: Critical Care	82,982	78,759	-4,223	-4,149	-74	6,179	6,746	5,598	7,443	6,936	6,382	6,486	6,338	5,914	6,436	7,292	7,009
NHS Acute: Day Case (Incl Insourcing Activity)	73,846	75,052	1,206	209	997	5,603	6,602	6,589	5,942	6,488	5,889	6,713	6,256	5,789	5,925	6,242	7,015
NHS Acute: Devices (Off-Tariff)	18,635	18,824	189	244	-55	1,583	931	1,972	1,282	1,455	1,947	1,613	1,508	1,880	1,245	1,915	1,491
NHS Acute: Direct Access Pathology	7,049	7,050	0	-0	1	635	-206	463	1,457	589	331	842	589	587	587	588	588
NHS Acute: Drugs (Off-Tariff)	130,554	115,204	-15,350	-16,470	1,120	9,894	8,033	10,222	9,511	9,950	9,981	9,055	8,132	8,616	10,335	9,516	11,959
NHS Acute: Elective (Incl Insourcing Activity)	74,704	82,116	7,412	5,873	1,539	6,257	5,945	7,006	6,918	6,216	6,795	7,352	7,342	6,571	7,350	6,722	7,640
NHS Acute: Maternity Pathway	58,797	60,071	1,273	1,133	140	4,748	4,480	4,907	5,917	4,983	4,919	4,965	5,032	5,016	5,009	5,074	5,021
NHS Acute: Non Elective	202,785	207,520	4,734	2,209	2,526	16,120	16,458	17,502	16,043	17,180	17,012	18,271	17,074	16,195	18,228	18,080	19,358
NHS Acute: Outpatient New (Incl Insourcing Activity)	49,212	47,845	-1,367	-1,322	-45	3,876	3,800	3,979	4,502	3,939	3,936	4,084	4,156	3,664	5,461	2,430	4,018
NHS Acute: Outpatient Follow Up (Incl Insourcing Activity)	54,573	53,873	-700	-673	-27	4,451	4,872	4,495	4,701	4,440	4,476	4,828	3,986	4,189	4,519	4,407	4,509
NHS Acute: Outpatient Procedure (Incl Insourcing Activity)	34,022	35,766	1,744	525	1,219	2,453	3,834	3,236	2,590	2,939	2,011	2,926	2,898	2,869	1,615	4,382	4,013
NHS Acute: Gento-Urinary (GUM)	3,866	4,711	845	553	292	330	317	331	457	503	353	382	414	336	325	351	612
NHS Acute: Patient Transport (journey charges)	6,858	7,181	323	1,106	-783	545	502	997	381	654	596	530	703	514	1,788	186	-214
NHS Acute: Other (Other block funding services - NET of QIPP reduction)	33,628	34,571	943	5,476	-4,533	3,239	5,595	2,539	3,827	3,015	3,094	2,555	1,893	4,089	2,684	3,328	-1,288
NHS Acute: Other (Liver Transplant)	16,365	14,626	-1,739	-1,584	-156	1,218	1,133	1,302	1,421	1,169	1,272	1,223	1,013	1,218	1,218	1,234	1,203
NHS Acute: Radiology	22,739	22,305	-435	-448	14	1,790	1,996	2,135	1,688	2,008	1,775	1,833	1,762	1,890	1,690	1,836	1,901
NHS Acute: Renal	24,459	24,785	327	-219	546	2,013	1,683	2,092	1,988	2,097	1,899	1,917	2,248	2,051	2,102	2,119	2,576
NHS Acute: Car-T	0	750	750	0	750	0	0	0	0	0	0	0	0	0	0	0	750
NHS Acute: Unallocated Income (RTT backlog activity subject to delivery plans)	5,200	0	-5,200	-4,640	-560	0	0	0	0	0	0	299	185	218	-234	-468	0
NHS Acute: Contingency for data challenges from Commissioners	0	-1,200	-1,200	-4,246	3,046	-114	-114	-114	-121	-116	-116	-116	809	-1,838	-204	-2,204	3,046
NHS Acute: CQUIN (based on 90% achievement)	19,344	19,344	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	1,612
Commissioning Contract Sub-Total - A	969,059	956,393	-12,666	-18,527	5,861	76,312	78,639	80,520	81,116	79,756	77,522	81,899	78,410	74,939	81,866	78,581	86,831
Bexley MSK Contract (Musculoskeletal)	14,555	14,600	45	45	0	1,213	1,213	1,213	1,213	1,213	1,258	1,213	1,213	1,213	1,213	1,213	1,213
Work In Progress (BMT WIP adjustment)	0	-820	-820	-813	-7	0	-142	-31	133	-8	123	157	-231	313	-911	-216	-7
Prior Year Income adjustments	0	-6,952	-6,952	-5,768	-1,184	124	-306	93	-288	-152	-110	-69	-594	-1,162	-857	-2,447	-1,184
Other (Southwark CCG - Overseas reciprocal and Dulwich Rental)	532	778	245	631	-386	-103	53	65	79	128	144	47	-54	51	-99	808	-341
Business Cases - Clinical Income	480	0	-480	-410	-69	0	0	0	0	0	0	0	0	0	0	0	0
Other Commissioning Income Sub-Total - B	15,567	7,606	-7,961	-6,315	-1,646	1,234	818	1,340	1,137	1,181	1,415	1,348	334	415	-654	-642	-319
Clinical Income CIP (reflected as Over-Performance on 'Contract' lines above (A))	8,724	0	-8,724	-8,160	-564	0	0	0	0	0	0	0	0	0	0	0	0
Clinical Income CIPs Sub-Total - C	8,724	0	-8,724	-8,160	-564	0	0	0	0	0	0	0	0	0	0	0	0
NHS CLINICAL CONTRACT INCOME (A+B+C)	993,350	963,999	-29,351	-33,001	3,651	77,546	79,457	81,860	82,254	80,937	78,937	83,247	78,744	75,354	81,212	77,940	86,512
Road Traffic Accident (cost recovery from claims)	3,660	2,330	-1,330	323	-1,653	302	348	251	602	283	346	306	283	323	294	339	-1,348
RTA INCOME	3,660	2,330	-1,330	323	-1,653	302	348	251	602	283	346	306	283	323	294	339	-1,348
OTHER NHS CLINICAL (DoH/ P2P)	4,775	4,539	-237	-26	-211	384	374	334	407	448	434	391	364	396	420	357	232
Private Patients	19,832	20,579	747	566	182	1,897	2,071	1,687	1,665	1,534	1,630	2,029	1,290	1,799	1,632	1,511	1,835
Overseas (Reciprocal & Non-Reciprocal)	6,567	4,894	-1,673	-757	-916	487	104	205	418	430	814	579	685	292	494	754	-368
PRIVATE PATIENT INCOME	26,399	25,473	-926	-192	-734	2,384	2,175	1,892	2,083	1,964	2,444	2,608	1,975	2,091	2,126	2,265	1,467
EDUCATION & TRAINING INCOME	44,603	45,273	670	-53	723	3,698	3,397	3,910	3,667	3,751	3,736	3,728	3,506	3,739	3,774	3,908	4,460
R&D Income	15,912	13,684	-2,227	-2,906	678	1,185	1,683	928	954	1,418	1,458	751	-875	794	1,422	1,396	2,570
RESEARCH & DEVELOPMENT INCOME	15,912	13,684	-2,227	-2,906	678	1,185	1,683	928	954	1,418	1,458	751	-875	794	1,422	1,396	2,570
Misc Income	50,036	51,666	1,630	-901	2,531	2,875	3,065	3,193	4,359	5,633	3,928	4,170	4,380	5,110	3,912	4,377	6,664
MISC OTHER OPERATING INCOME	50,036	51,666	1,630	-901	2,531	2,875	3,065	3,193	4,359	5,633	3,928	4,170	4,380	5,110	3,912	4,377	6,664
TOTAL TRUST INCOME (excluding PSF))	1,138,733	1,106,964	-31,769	-36,755	4,986	88,374	90,499	92,367	94,325	94,434	91,283	95,201	88,378	87,806	93,158	90,581	100,556
PSF Income	21,532	2,261	-19,271	-16,759	-2,512	0	0	2,261	1,004	1,004	-2,009	-0	0	0	0	0	0
TOTAL TRUST INCOME (including PSF)	1,160,265	1,109,225	-51,040	-53,514	2,474	88,374	90,499	94,628	95,330	95,438	89,274	95,201	88,378	87,806	93,158	90,581	100,556

Divisional Income Month 12 - Analysis by patient type

Row Labels	Capital, Estates and Facilities	Commercial	Networked Care	PRUH and South Sites	Urgent Care, Planned Care and Allied Clinical Services	Trust Income	Data Challenges	Block Adjustments	Grand Total
NHS Acute: A&E				-86,978	485,318			-811,275	-412,935
NHS Acute: BMT			-1,784,945						-1,784,945
NHS Acute: CQUIN						0			0
NHS Acute: Critical Care			-6,419,439	-436,348	-39,359			2,672,436	-4,222,710
NHS Acute: DC		3,232	1,399,243	-570,910	-1,346,977	2,094,780		-373,631	1,205,737
NHS Acute: Devices			-80,173	-98,333	542,766	2,848		-178,389	188,719
NHS Acute: DIRECT ACCESS PATHOLOGY		74,129		3,496,483		-3,570,612		34,848	34,848
NHS Acute: Drugs		188,165	-8,278,824	202,874	119,108	-7,106,434	-1,020,000	545,154	-15,349,957
NHS Acute: EL		4,621	4,343,672	113,499	3,007,385	203,123		-260,657	7,411,643
NHS Acute: Elective XSBDs			0	0	0				0
NHS Acute: GUM					844,556	0			844,556
NHS Acute: MATERNITY PATHWAY			-23,177	-2,039,881	-103,840	-0		3,439,974	1,273,076
NHS Acute: NEL		-334	3,860,347	6,870,629	5,400,927	401,593		-11,798,801	4,734,361
NHS Acute: Non-Elective XSBDs			0	0	0				0
NHS Acute: OP									0
NHS Acute: OP FUP		-40,680	244,709	-1,226,284	-500,600	1,078,549		-255,653	-699,959
NHS Acute: OP NEW		18,434	-187,277	-1,169,329	-2,053,967	70,952		1,954,318	-1,366,869
NHS Acute: OP PROC			1,998,801	-317,769	620,702	518,405		-1,076,386	1,743,753
NHS Acute: OTHER	-805,013	-688,461	-1,919,946	-1,351,257	1,068,295	1,963,773	-1,200,000	901,651	-2,030,958
NHS Acute: Patient Transport	416,092				0	-122,351		29,314	323,055
NHS Acute: RADIOLOGY		2,077	-548,730	-275,368	911,125	-382,519		-141,348	-434,763
NHS Acute: RENAL			326,724			0			326,724
NHS Acute: Unallocated Income					-1,358,000	-3,841,658			-5,199,658
NHS Acute: Car-T			750,000						750,000
Bexley MSK Contract (Musculoskeletal)		45,355							45,355
Clinical Income Savings Target			-1,692,320	-2,631,444		-4,400,000			-8,723,764
Other (Prior Year, WIP, CCG Other)		375,721	180,056	0		-8,562,085			-8,006,308
Grand Total	-388,921	-17,741	-7,831,279	479,584	7,597,439	-21,651,636	-2,220,000	-5,318,444	-29,350,998