

AGENDA

Meeting	Public Council Of Governors
Time of meeting	18:00-20:00
Date of meeting	Thursday 9th May 2019
Meeting Room	Boardroom, Hambleton Wing
Site	Denmark Hill

			Encl.	Lead	Time
1. Standing Items				Chair	18:00
1.1. Welcome and Apologies					
1.2. Declarations of Interest					
1.3. Chair's Action					
1.4. Minutes of Previous Meeting – 06/03/2019	FA	Enc.			
1.5. Matters Arising / Action Tracker	FR	Enc.			
2. Performance Update	FR	Enc.		Bernie Bluhm	18:05
3. Finance Update	FR	Enc.		Lorcan Woods	18:25
4. Governor Elections 2019: Update and Draft Elections Timetable	FR	Enc.		Siobhan Coldwell	18:45
5. Governor Involvement & Engagement					19:00
5.1. Governor Engagement & Involvement Activities	FR	Verbal		Chris North	
5.2. Patient Experience & Safety Committee (PESC)	FR	Enc.		Victoria Silvester	
5.3. Membership & Community Engagement Committee (MCEC)	FR	Verbal		Penny Dale	
5.4. Governor Strategy Committee – Summary of last meeting	FR	Verbal		Mr Ashish Desai	
6. For Information				Chair	19:25
6.1. Sub-Committee – Confirmed Minutes	FI	Enc.			
6.1.1. Patient Experience & Safety Committee, 14/02/2019					
6.1.2. Strategy Committee, 07/02/2019					
7. Any Other Business				Chair	19:35
8. Date Of Next Meeting	Wednesday 2 nd October 2019 (14:30-15:30) in Boardroom, Hambleton Wing, Denmark Hill site				

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

Sir Hugh Taylor	Trust Chair
Elected: Chris North Jane Clark Diana Coutts-Pauling Penny Dale David Jefferys Alfred Ekellot Barbara Goodhew Susan Wise Paul Cosh Emmanuel Forche Andrea Towers Jane Alberry Pam Cohen Stephanie Harris Victoria Silvester Mr Ashish Desai Kevin Labode Carol Olding Claire Saha Heather Weir	Lambeth / Lead Governor Bromley Bromley Bromley Bromley Lambeth Lambeth Lewisham Patient Patient Patient Southwark Southwark Southwark Southwark Staff – Medical & Dental Staff – Administration, Clerical & Management Staff – Nurses and Midwives Staff - Allied Health Professionals, Scientific & Technical Staff – Nurses and Midwives
Nominated/Partnership Organisations: Dr Noel Baxter Cllr. Jim Dickson Cllr Robert Evans Charlotte Hudson Richard Leeming Phidema Lisowska Anne-Marie Rafferty	Southwark Clinical Commissioning Group Lambeth Council Bromley Council South London & Maudsley NHS Foundation Trust Southwark Council Joint Staff Committee King's College London
In attendance: Dr Clive Kay Faith Boardman Prof Jonathan Cohen Prof Ghulam Mufti Alix Pryde Sue Slipman Chris Stooke Prof Richard Trembath Steven Bannister – Non-voting Director Bernie Bluhm – Non-voting Director Dawn Brodrick Sao Bui-Van Siobhan Coldwell Dr Shelley Dolan Lisa Hollins – Non-voting Director Nina Martin Peter Pentecost Dale Rustige Abigail Stapleton – Non-voting Director Prof Julia Wendon Fiona Wheeler – Non-voting Director Lorcan Woods	Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Interim Director of Capital, Estates & Facilities Interim Chief Operating Officer Executive Director of Workforce Director of Communications Trust Secretary and Head of Corporate Governance Acting Deputy Chief Executive / Chief Nurse Executive Director of Improvement, Informatics and ICT Assistant Board Secretary Director of Financial Recovery Corporate Governance Officer (Minutes) Director of Strategy Medical Director Acting Executive Managing Director of the PRUH Chief Financial Officer
Apologies: Derek St Clair Catrall	Patient

Circulation to: Council of Governors and Board of Directors
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Council of Governors – Public Session

Minutes

Minutes of the Council of Governors (Public Session) meeting held on Wednesday 6th March 2019 at 14:30 in the Lecture Theatre, Education Centre, Princess Royal University Hospital.

Chair:

Sir Hugh Taylor Trust Chair

Elected Governors:

Chris North	Lambeth / Lead Governor
Jane Clark	Bromley Governor
Diana Coutts-Pauling	Bromley Governor
Penny Dale	Bromley Governor
David Jefferys	Bromley Governor
Alfred Ekellot	Lambeth Governor
Paul Cosh	Patient Governor
Emmanuel Forche	Patient Governor
Andrea Towers	Patient Governor
Jane Allberry	Southwark Governor
Pam Cohen	Southwark Governor
Stephanie Harris	Southwark Governor
Victoria Silvester	Southwark Governor
Ashish Desai	Staff Governor – Medical & Dental
Kevin Labode	Staff Governor – Administration and Clerical

Nominated/Partnership Organisation Governors:

Cllr. Robert Evans	Nominated/Partnership Governor – Bromley Council
Phidelma Lisowska	Nominated/Partnership Governor – Joint Staff Committee

In Attendance:

Peter Herring	Interim Chief Executive Officer
Faith Boardman	Non-Executive Director
Prof Jon Cohen	Non-Executive Director
Sue Slipman	Non-Executive Director
Chris Stooke	Non-Executive Director
Prof Richard Trembath	Non-Executive Director
Dawn Brodrick	Director of Workforce Development
Siobhan Coldwell	Trust Secretary and Head of Corporate Governance
Dr Shelley Dolan	Acting Deputy Chief Executive / Chief Nurse
Lisa Hollins	Executive Director of Improvement, Informatics & ICT
Prof Julia Wendon	Medical Director
Fiona Wheeler	Acting Executive Managing Director, PRUH
Lorcan Woods	Chief Financial Officer
Nina Martin	Assistant Board Secretary
Dale Rustige	Corporate Governance Officer (Minutes)

Apologies:

Cllr. Jim Dickson	Nominated/Partnership Governor – Lambeth Council
Barbara Goodhew	Lambeth Governor
Charlotte Hudson	South London & Maudsley NHS Foundation Trust
Richard Leeming	Nominated/Partnership Governor – Southwark Council
Carole Olding	Staff Governor – Nursing and Midwifery
Prof Anne Marie Rafferty	Nominated/Partnership Governor – King's College London
Claire Saha	Staff Governor - Allied & Health Professionals
Derek St Clair Cattrall	Patient Governor

Item	Subject	Action
19/01	<p>Welcome and Apologies</p> <p>A warm welcome was extended to Sir Hugh Taylor, who was chairing the Council of Governors for the first time since his appointment as Trust Chair. Sir Hugh noted that he looked forward to working with the Council of Governors.</p>	
19/02	<p>Declarations of Interest</p> <p>None.</p>	
19/03	<p>Chair's Action</p> <p>None.</p>	
19/04	<p>Minutes of the Previous Meeting</p> <p>The minutes of the last meeting held on 6th December 2018 were approved as accurate.</p>	
19/05	<p>Matters Arising / Action Tracker</p> <p>The Council noted that there were outstanding no actions to note.</p>	
REFLECTION SESSION ON THE BOARD OF DIRECTORS MEETING		
19/06	<p>The Council received and noted feedback from Governors on the Public Board of Directors meeting, which was held immediately prior to the Council meeting.</p> <p>Governors were reassured to hear about all the work being done by the Board. There was a question regarding some of the performance figures, which still appeared low and unchanged. The Council was informed that the Trust was undertaking lots of work to improve performance and sometimes the background work was not always visible.</p> <p>Work had been done on the development of ambulatory care, development of the UCC, and a drive to further improve the emergency department (ED). There were still challenges with 90% of patients going through ED and effort continue in improving the pathway. It was noted that evidence had also show that an organisation facing financial challenges, most usually experience a negative effect on its operational performance.</p> <p>It was noted that it was positive to hear that the appraisal rate rates are up. There were some concerns regarding the staff satisfaction rate, which required further improvement. There were also concerns raised regarding staff morale. The Council heard that staff health and well-being was a key priority for the Trust and more work would be done by senior leadership in engaging and motivating staff. The importance of good leadership was highlighted and the tone and values of an organisation was set from the top.</p>	
FOR REPORTING		
19/07	<p>Quality Priorities</p>	

Item	Subject	Action
	<p>The Council received and noted the progress report of the King's Quality Account Priorities for 2018/19. The report also set out the proposed priorities for 2019/20.</p> <p>Dr Shelley Dolan, Acting Deputy Chief Executive / Chief Nurse, reported that a range of sub-sets within the priorities for 2018/19 had been achieved by the Trust. Although, certain areas still needed more work.</p> <p>It was noted that moving forward with the new priorities in 2019/20, the Trust would ensure that clear KPIs and measurements would be in place to be able to much more clearly measure progress.</p> <p>A comment was received from one of the Governors that priorities for cancer for 2019/20 looks much clearer in comparison to the previous year.</p> <p>The Council noted that there would be a focus on four quality priorities for 2019/20:</p> <ol style="list-style-type: none"> 1. Improving the experience for cancer patients 2. Improving the outpatient experience 3. Improving the care of people with mental, as well as physical, health needs 4. Improving the patient discharge experience <p>Governors welcomed the news of the appointment of a senior nurse for mental health. There was a question on how the impact of the appointment to this role can be measured. The Council was informed that the role's job plan has KPIs built in.</p> <p>Governors provided some feedback for the document, which were noted by Dr Dolan.</p> <p>The Chair commended Dr Dolan and her team for the work with the quality priorities. The Council welcomed the approach in deciding to have four priorities to focus for 2019/20.</p>	
19/08	Governor Elections 2019 – Update	
	<p>The Council received a verbal update on the governor elections for 2019. The Foundation Trust Office team would be organising the process. The team was currently in the process of sourcing an external provider to manage the administration and logistics of the elections. Further updates would be provided to the Council in due course. It was noted that the final results would be announced at the Annual Members' Meeting at the end of the year.</p>	
19/09	Updates from the Non-Executive Directors	
	<p>The Council received a verbal update from the Non-Executive Directors (NEDs) present at the meeting.</p> <p>Sue Slipman, provided a verbal update on the Freedom to Speak Up Guardian Committee, which she chairs. Two governors attend the Committee. It was noted that King's was unique in having an established committee for the guardian work, as most other Trusts do not have a dedicated committee in place. The Trust had two guardians - one for Denmark Hill and another for the PRUH & South Sites. There were also 19 ambassadors. The Committee was also undertaking a self-review. Ms Slipman was also heavily involved with the Clinical Engagement Strategy.</p> <p>Chris Stooke, Chair of the Finance & Performance Committee, provided a verbal update. Two governors attend the Committee as observers. The finance team continued to work on strengthening their operational processes. It was noted that</p>	

Item	Subject	Action
	<p>the focus would be ensuring that processes are put in place for long term improvement and not quick fixes.</p> <p>Prof Jon Cohen, Chair of the Quality Assurance & Research Committee, provided a verbal update. He noted that he had recently taken on the role of committee chair. Recent themes looked at by the Committee include outpatient transformation, capital & estates issues and the impact on quality of care, SHMI data, quality and performance of the research and innovation provision. It was noted that Prof Cohen also chairs the KHP Delivery Board for Paediatrics.</p> <p>Faith Boardman, Chair of the Education and Workforce Development Committee, provided a verbal update. It was noted the Committee ensured that its agendas were set from the bottom up and informed by the staff survey results. Diversity concerns and equality were key items. Key themes reviewed by the Committee include support and education for staff, recruitment numbers, staff communications and engagement. Ms Boardman noted that in the current climate, it was important that positive news was highlighted to boost staff morale.</p>	

GOVERNOR INVOLVEMENT AND ENGAGEMENT

- 19/10**
- 1. Governor Engagement & Involvement Activities**

The Council received a verbal update from Chris North, Lead Governor. He noted that Governors had been very involved in both Board-level and Governor sub-committees. Governors also do specific engagement and volunteer work across various areas within the community and the Trust.

Council had a discussion on the level of engagement by Governors with Clinical Commissioning Groups (CCGs). Council heard that CCG representatives have nominated Governor seats. There were also Governor representatives attending the Clinical Quality Review Group (CQRG) meetings, which had close engagement with CCGs, who then report back to the Patient Experience & Safety Committee (PESC).

Council noted that a meeting between the Governors and NHSI was being organised, following a recent letter from the Governors to Baroness Dido Harding (Chair of NHSI) raising several concerns. Governors were encouraged to attend the meeting when a date was decided.
 - 2. Governor Strategy Committee**

Jane Allberry had provided a verbal update on behalf of the Committee. The key themes recently discussed by the Committee was work with the Trust Strategy, Neuroscience Institute, and quality account priorities indicators. The Committee also explored more ways of working with CCGs and local authorities.
 - 3. Membership and Community Engagement Committee (MCEC)**

The Council received and noted a summary of the recent Committee meeting on 07/02/2019. The Committee Chair, Penny Dale, provided a verbal update. She expressed concerns that more engagement work could be done with the local communities/constituencies represented by Governors. It was noted that this was one area that more could be done on.
 - 4. Patient Experience & Safety Committee (PESC)**

The Council received and noted a summary of the recent Committee meeting on 14/02/2018. The Committee Chair, Victoria Silvester, provided a verbal update. She reported that the Committee had trialled having a private session for Governors only during the first 15 minutes of the meeting; this was an

Item	Subject	Action
	<p>opportunity for the Committee to raise concerns in the closed session. The Committee discussed concerns relating to noise complaints, visitors overstaying, and updates on the recent CQC visit.</p>	
	FOR INFORMATION	
19/11	Confirmed Minutes of Governor Sub-committees	
	<p>The Council noted the following minutes: a) Patient Experience & Safety Committee (PESC), 15/11/2018 b) Membership & Community Engagement Committee (MCEC), 15/11/2018 c) Strategy Committee, 11/12/2018</p>	
19/12	ANY OTHER BUSINESS	
	None.	
19/13	Date of next meeting	
	<p>Thursday 9th May 2019 (18:00-21:00) in the Boardroom, Hambleton Wing, King's College Hospital, Denmark Hill site.</p>	

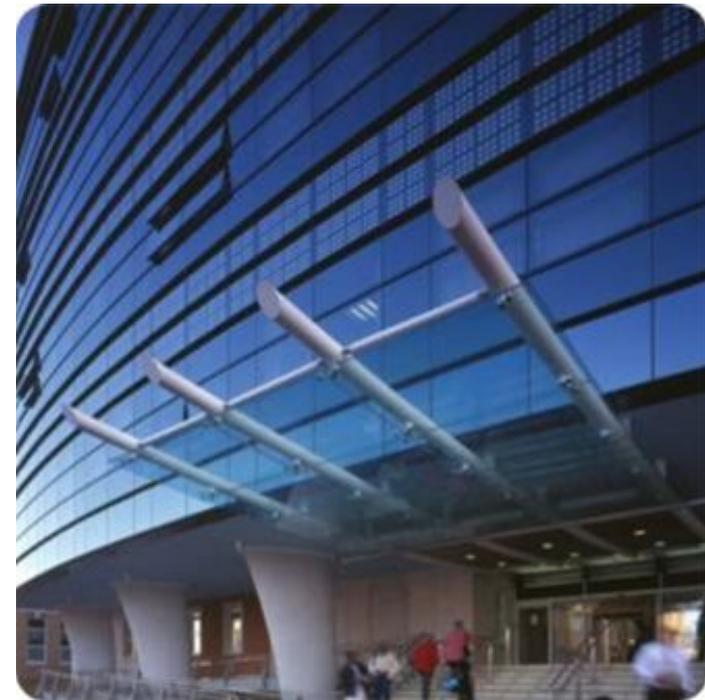
**Council of Governors (Public Session) – 9th May 2019
 Action Tracker**

All actions closed; no actions due.

Date	Item	Action	Who	Due	Update

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

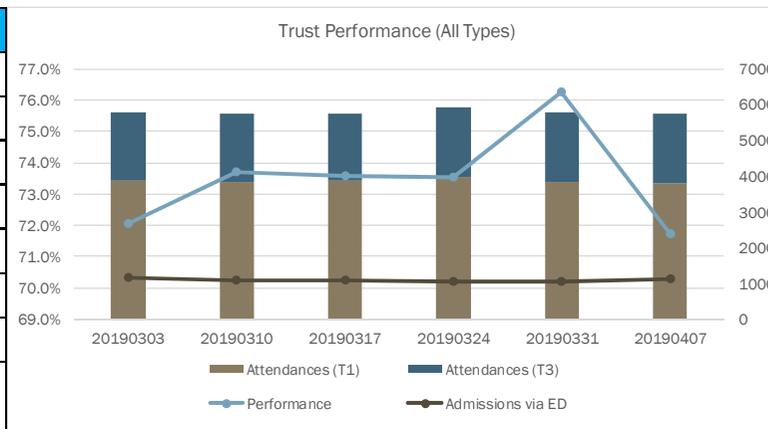
- Planned waiting list monitored at the weekly PTL meeting
- Capacity planning and mapping of pathways commenced – milestones of 1st OP at 8 wks, DTA at max 14wks

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%

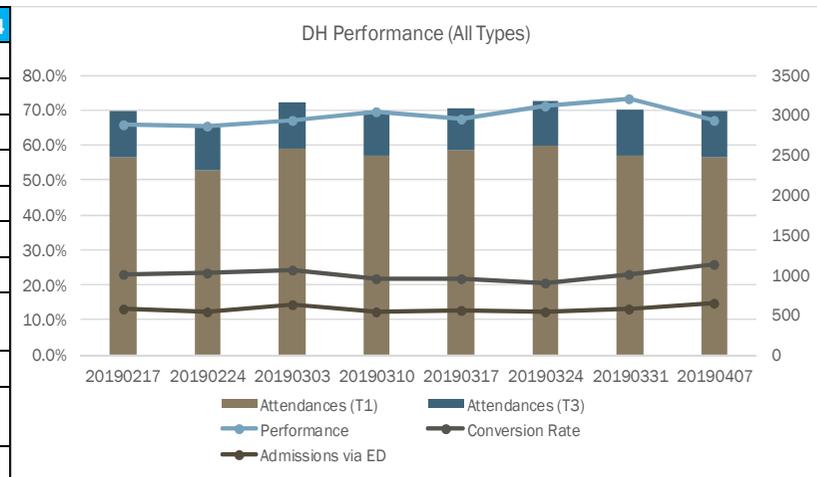


Performance Highlights:

- 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

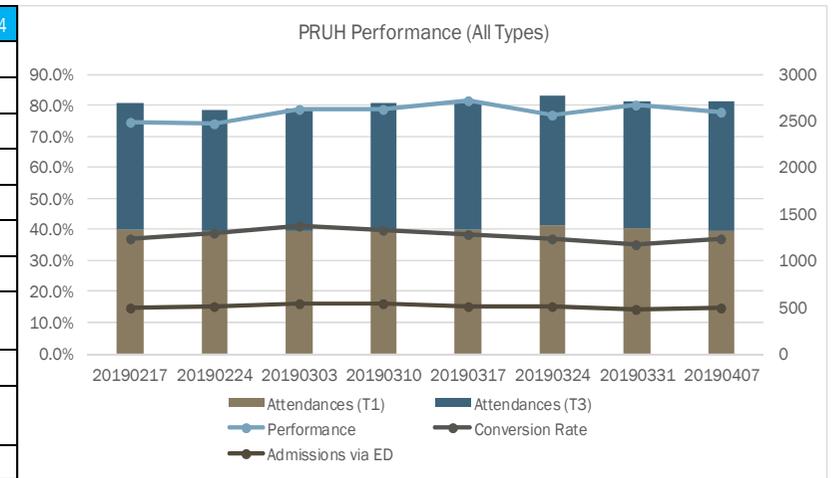
- 7 x band 8a ENP posts are now advertised

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

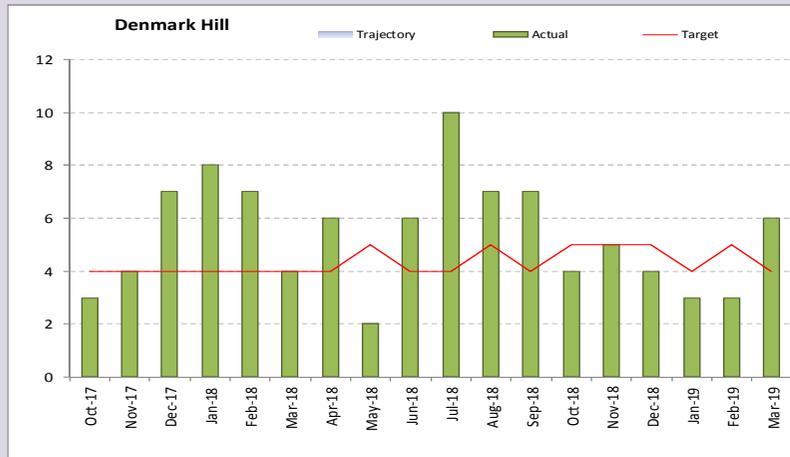
- **MRSA:** One case reported in March with previous cases reported in January (1), December (1), November (1) September (1) and August (1) this year.
- **C-difficile:** 6 cases reported in March against the target for the month of 4 cases. 63 cases reported YTD which is above the cumulative target of 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

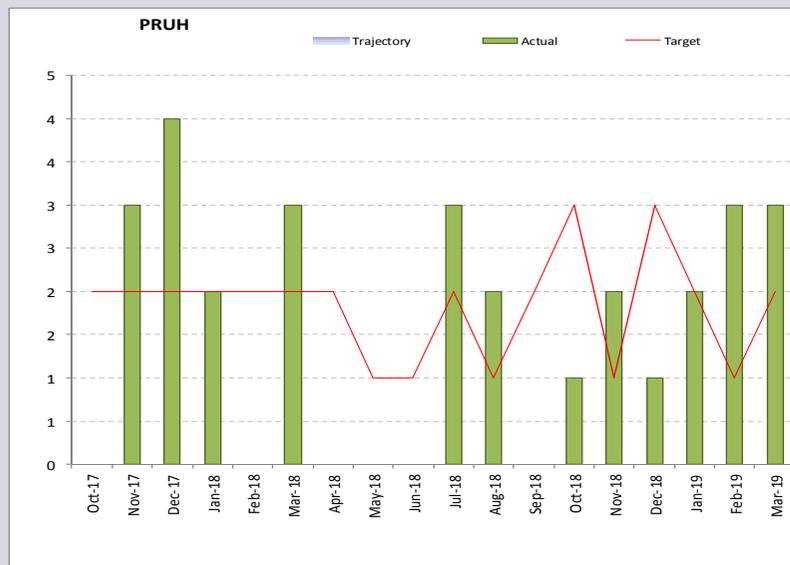
- **MRSA:** One case reported in March with the last case reported in November 2017.
- **C-difficile:** 3 cases reported in March, which is above the target of 2 cases for the month. YTD there has been 17 cases reported which remains below the cumulative target of 19 cases for 2018/19.
- **e-Coli:** 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 23 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.

NATIONAL CONTEXT

SHMI (Summary Hospital-level Mortality Indicator)

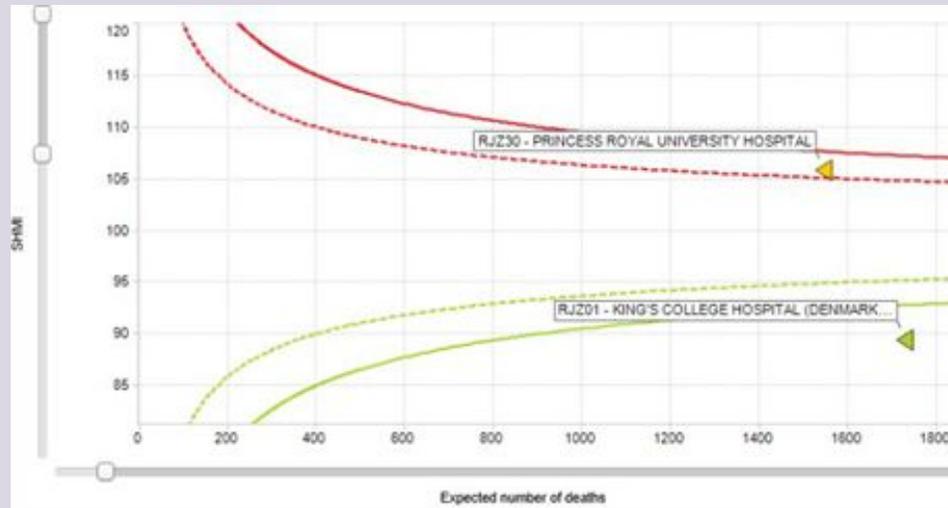
- King's SHMI (January 2018 to December 2018) is 94.64 (95% CI 91.40, 98.00), based on latest Hospital Episode Statistics data available via the HED system.
- The national Summary Hospital-level Mortality Indicator (SHMI) is a risk-adjusted mortality indicator expressed as an index based on the actual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

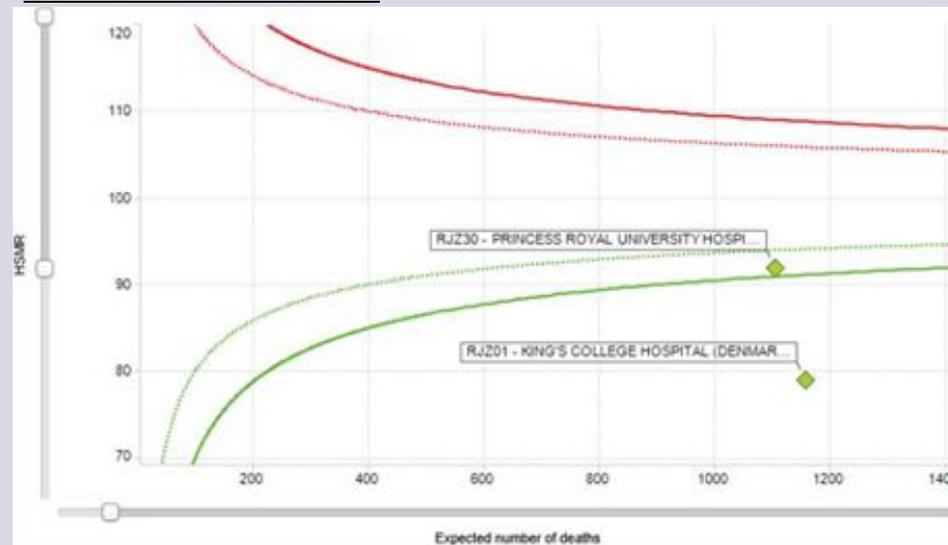
MORTALITY - HSMR and SHMI measures

- 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).

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

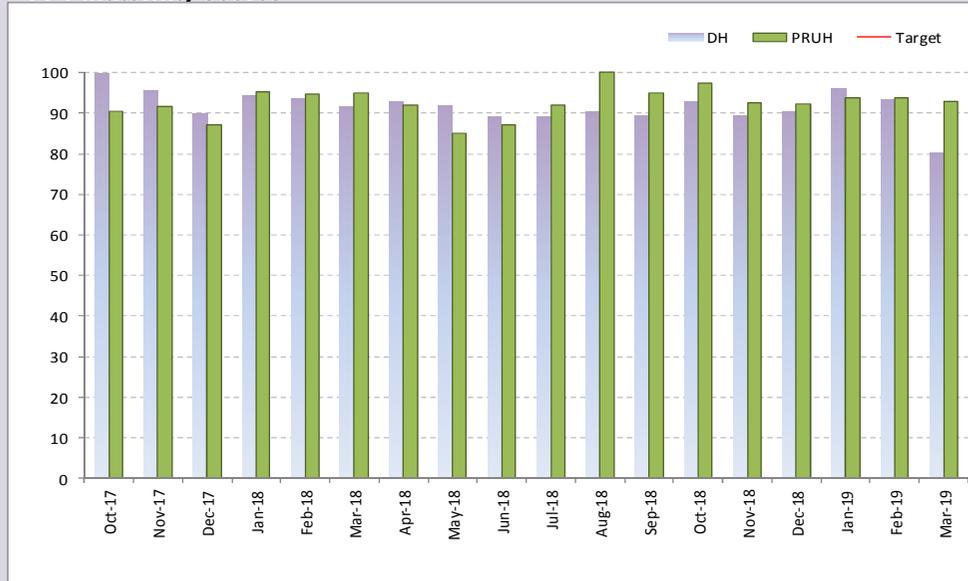
- Inpatient FFT remained at 94% of patients recommending, with the number of patients not recommending reducing to 1%.
- The Denmark Hill score reduced to 94% of patients recommending, with the PRUH score increasing from 93% to 94%.
- Twenty-five wards did not meet the FFT target, with two wards scoring 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)

NATIONAL CONTEXT

Period: March 2019
Source: NHS England

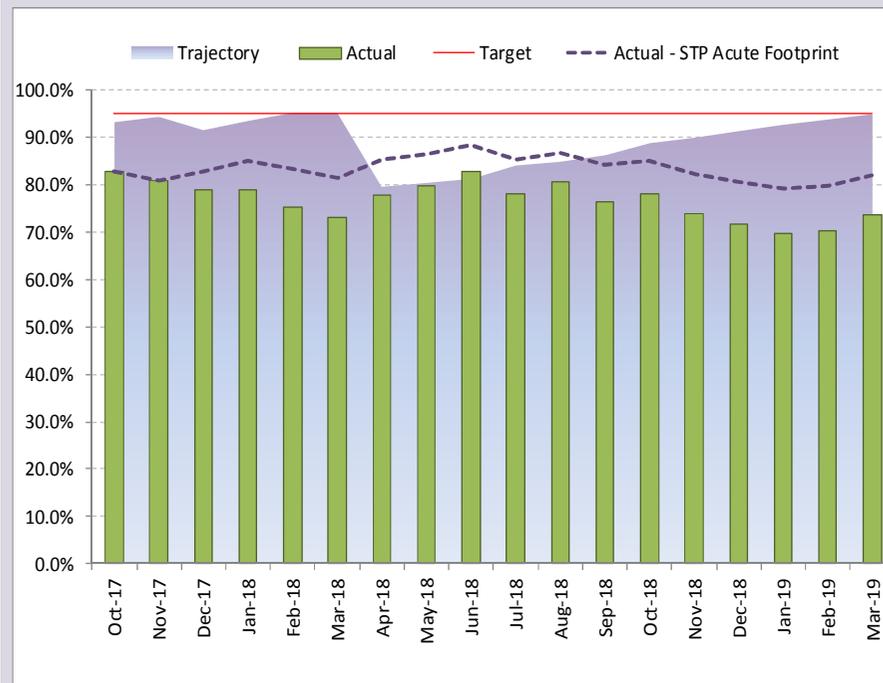
From December 2017 to June 2018, NHSI were including local Type 3 (urgent care centre) activity in published statistics. From July 2018 onwards, the figures below reflect provider level data which excludes non co-located type 3 activity:

- 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.

OPERATIONAL CONTEXT

Denmark Hill

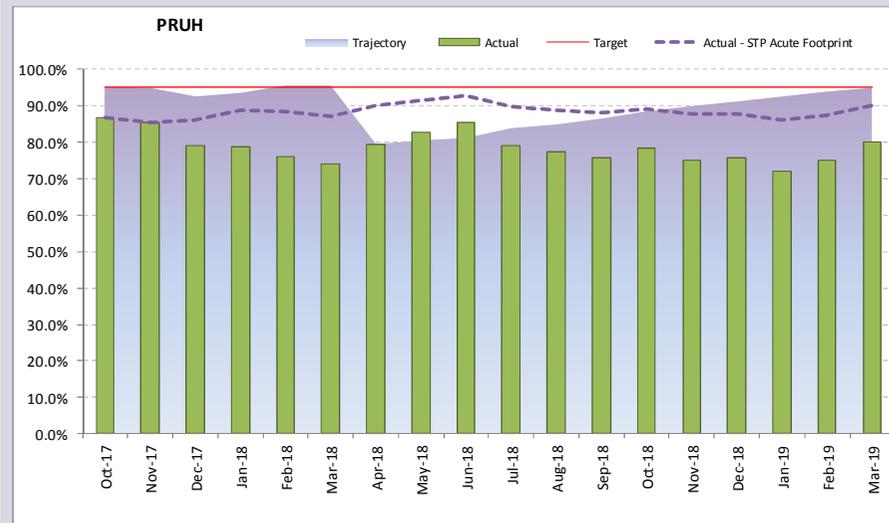
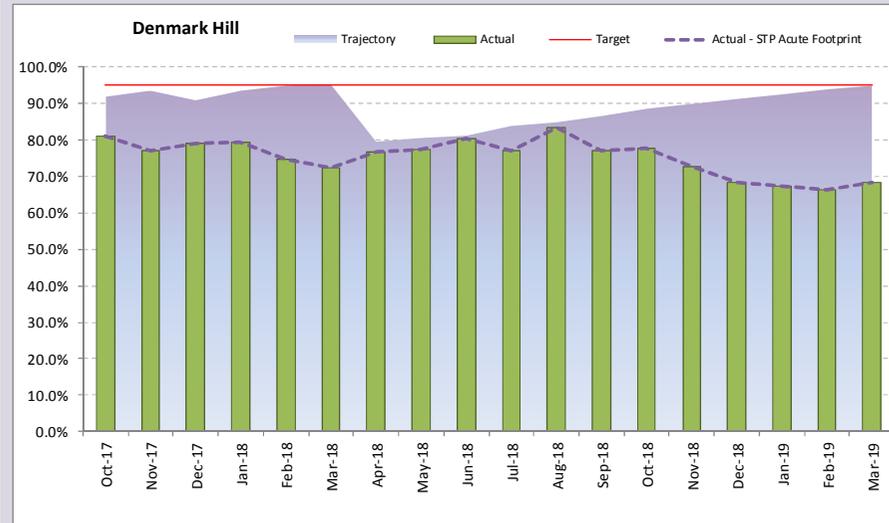
- 11,258 ED attendances in Mar-19 vs 10,366 in Mar-18, which represents a 8.6% increase in activity, with 764 additional attendances in the 0-64 age group.
- 2,817 emergency admissions in Mar-19 vs 2,506 in Mar-18 which represents a 12.4% increase, with increased admissions seen in all age groups.
- 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.

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 => 100 treatments in month (including KCH), and 8.3% of Trust's in this peer group were compliant in February.

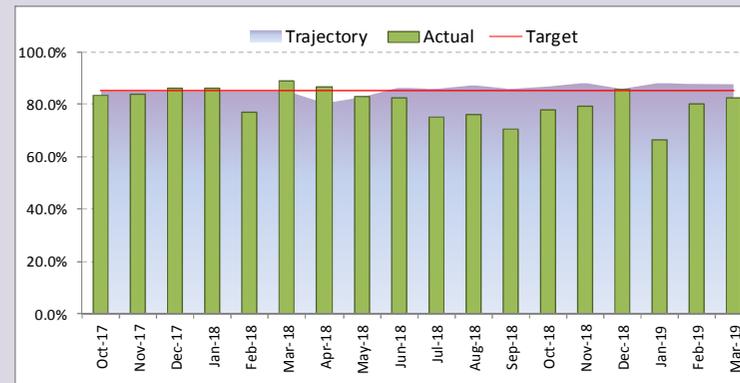
OPERATIONAL CONTEXT

- 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.

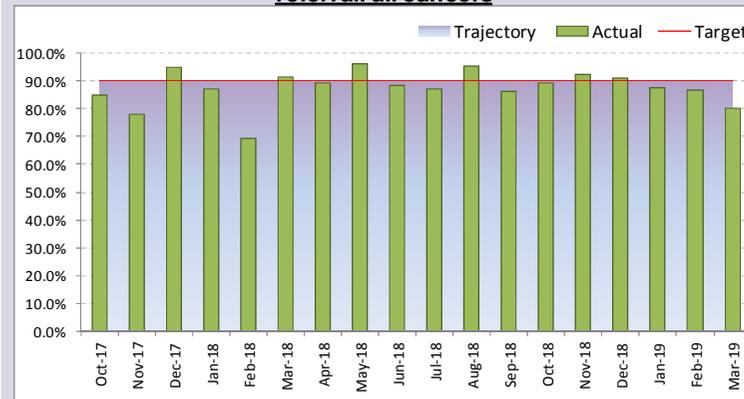
MARCH DELIVERY

- 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

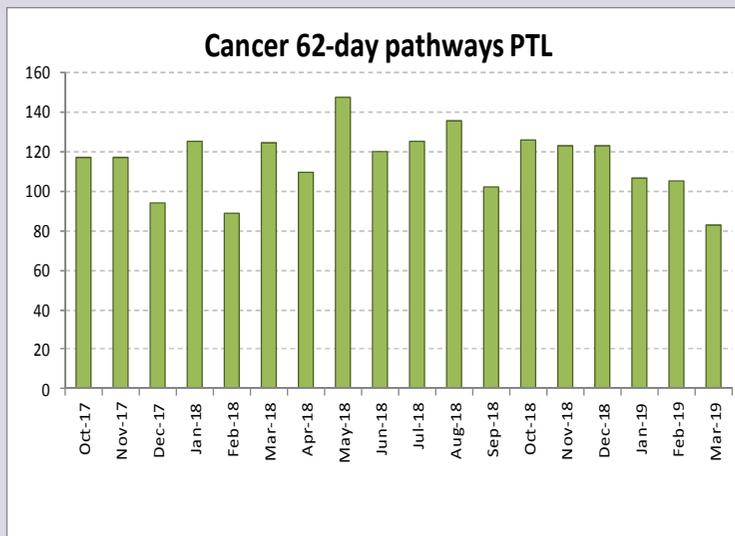
- Educational sessions are on-going with referring organisations to prevent unnecessary referrals to the centre HPB MDM (ACN led action).
- HCC post MDM OPA review pathway streamlined to ensure no delay between MDM and OPA.
- Cancer PTL tracking change implemented in late March 2019. This will take three 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.

PATHWAY REDESIGN & IMPROVEMENT

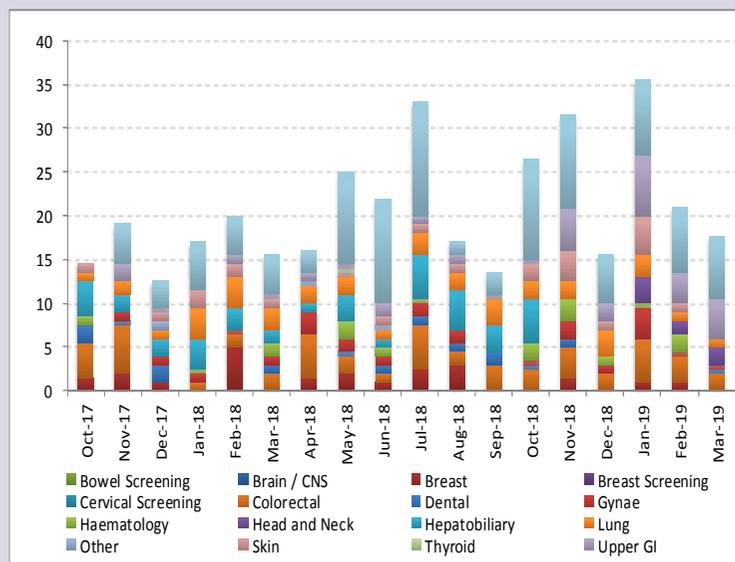
- Ring-fenced CT guided biopsy capacity now in place for lung pathway at DH. Replacement CT scanner now in use at DH.
- Fast tracking process in place for all 2WW pathology samples to enable swifter reporting.
- Molecular pathology for lung cancer pathway to be moved in-house to DH (for all sites) - 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.

NATIONAL CONTEXT

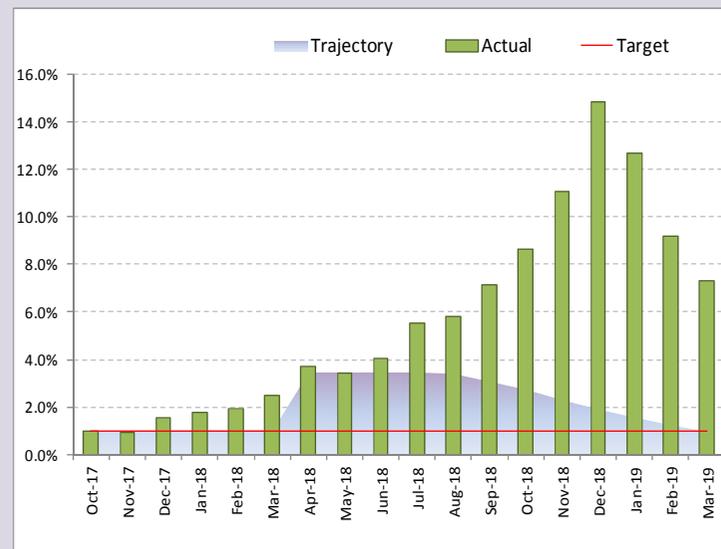
Period: February 2019
(latest published)
Source: NHS England

- 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.

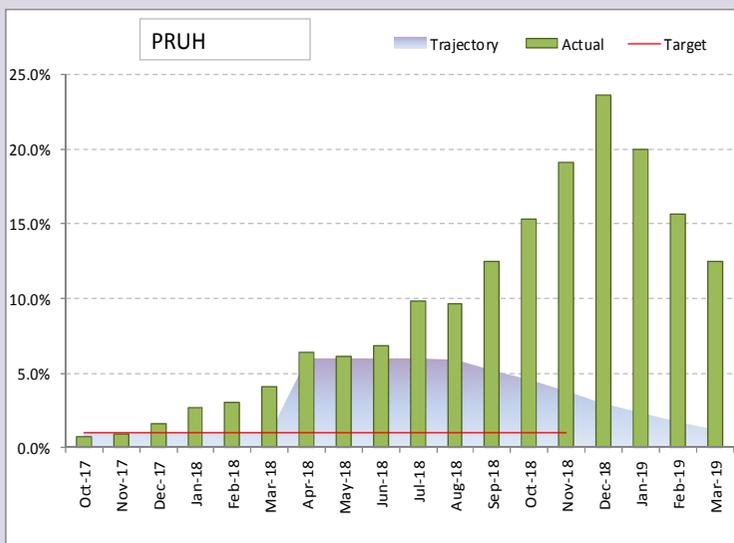
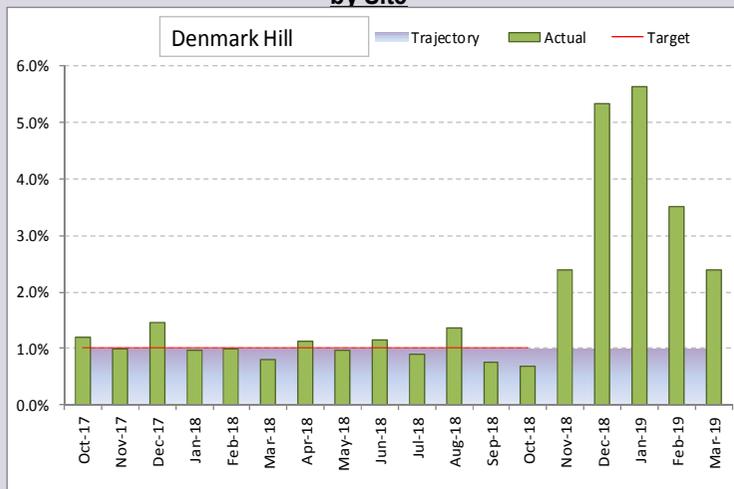
Domain 2: Key Delivery Metrics Diagnostic Waiting Times (2)

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 dexa 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 Dexa 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

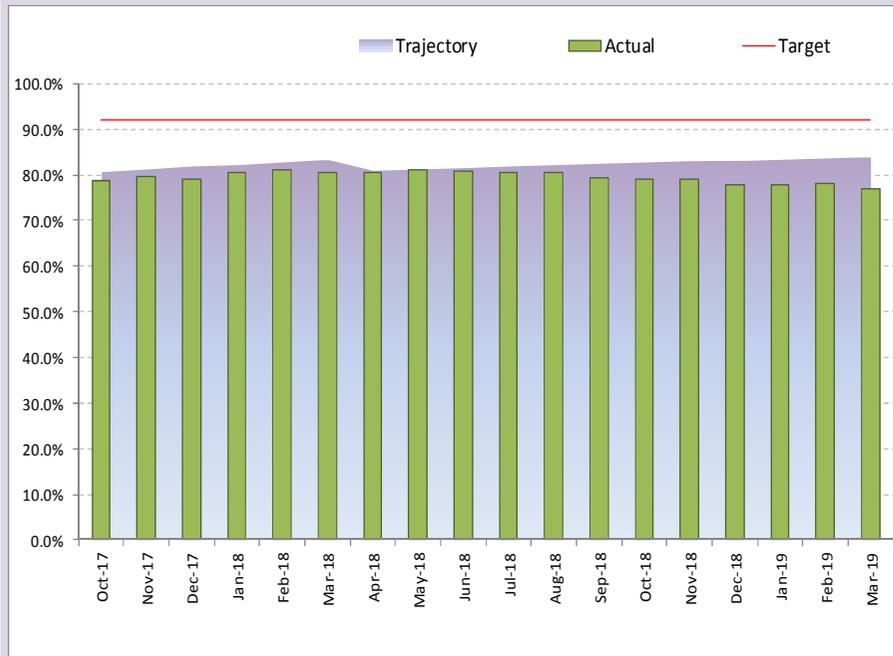
Period: February 2019 (latest published)
Source: NHS England

- 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 as 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.

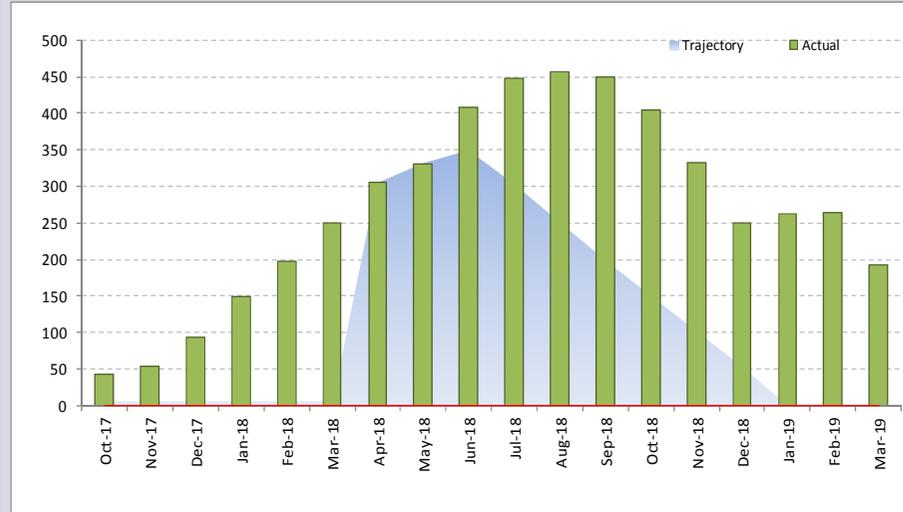
Domain 2: Key Delivery Metrics Referral to Treatment (2)

OPERATIONAL CONTEXT

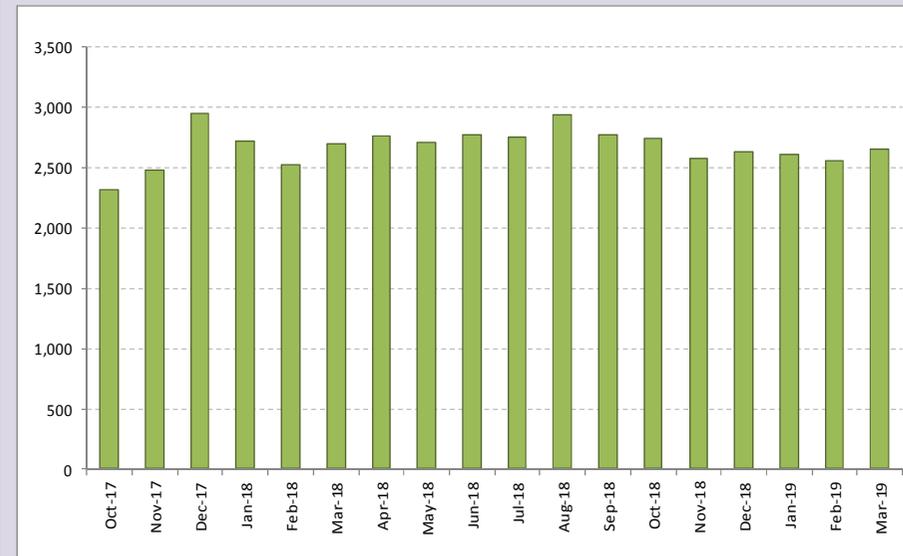
- 3,729 RTT admitted completed pathways in Mar-19 vs 3,800 in Mar-18, driven by a reduction of 129 pathways in Ophthalmology, 88 in Dermatology and 53 in T&O.
- 17,616 non-admitted competed pathways in Mar-19 vs 17,106 in Mar-18. There were reduced non-admitted completed pathways in Ophthalmology (-243), 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

- 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.

R&I UPDATE

- 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.

ACTIONS

- 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

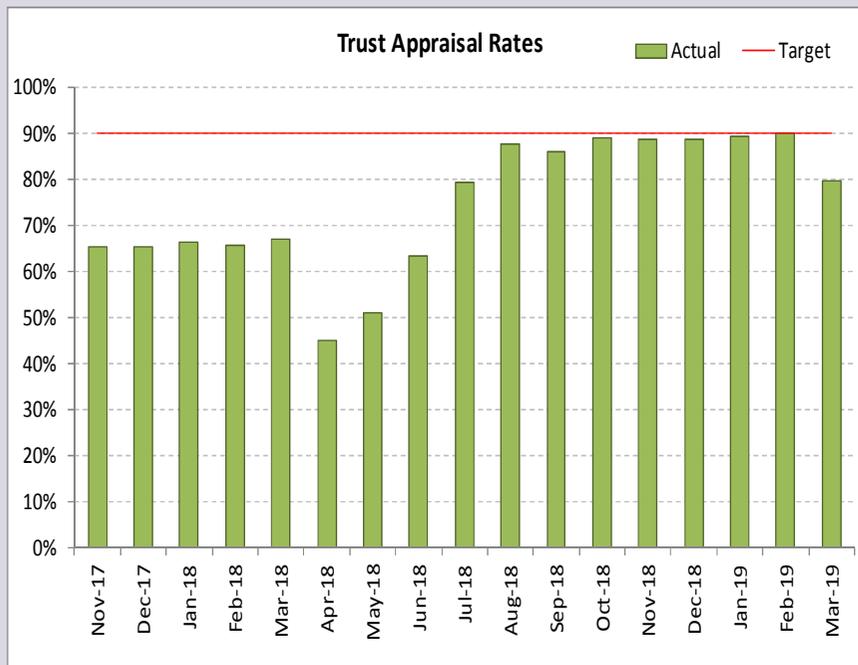
- Appraisal Rates
- Training Rates
- Sickness Rates
- Vacancy Rates

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

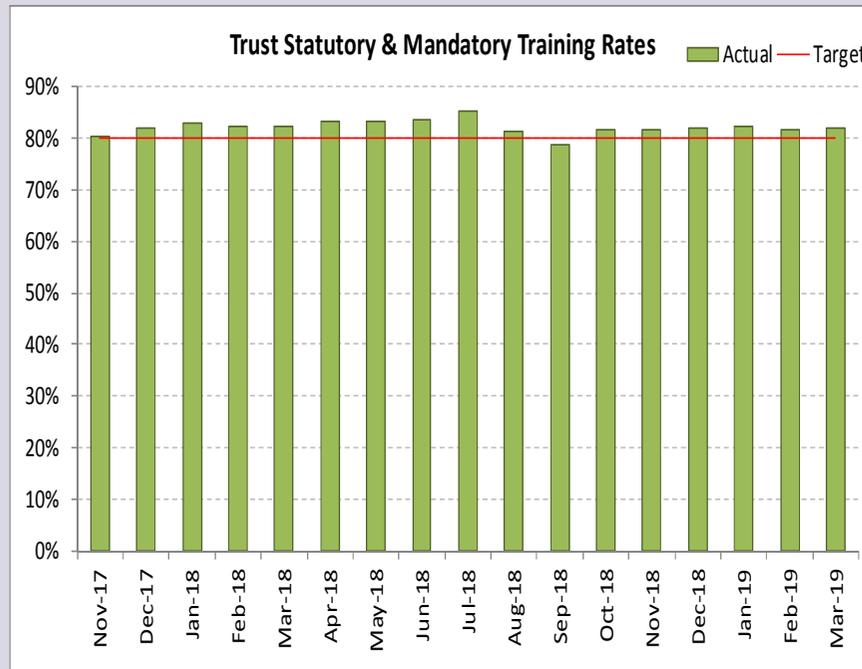
- Workforce indicators are discussed at Divisional Board meetings each month.
- Area's which are not achieving the required target are highlighted in monthly reports, and progress is discussed as Divisional Boards.
- The Workforce Medical staffing team is reviewing all medical appraisals and are undertaking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

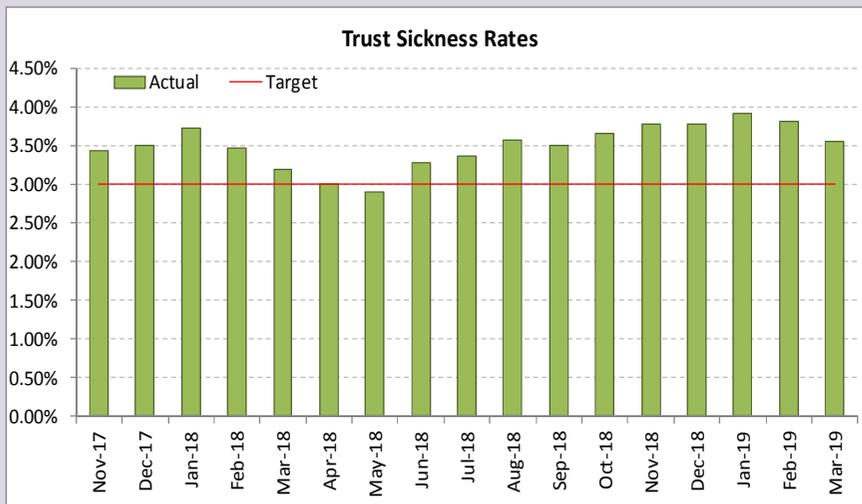
NATIONAL CONTEXT

- 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

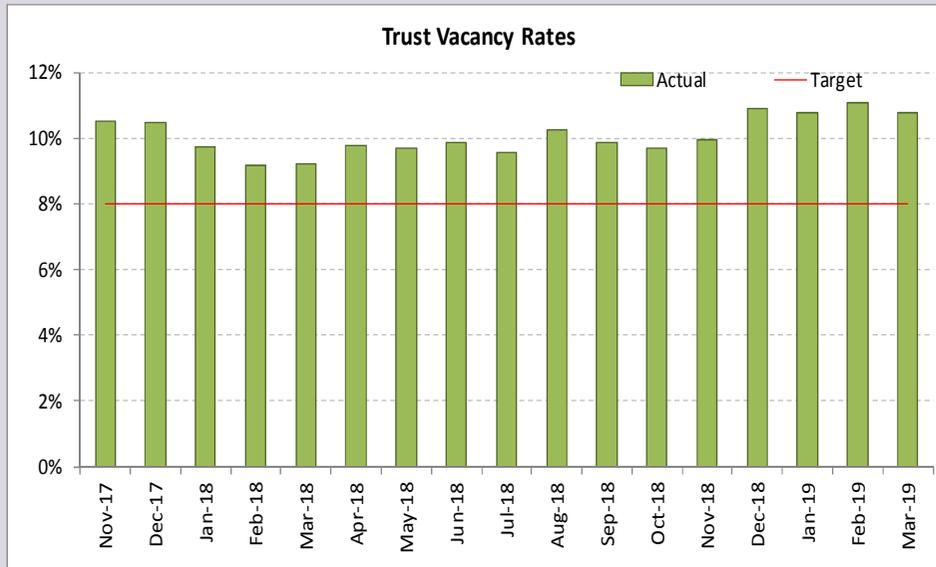
- There are a range of initiatives underway as part of the Attendance Project which will support the lowering of the average's days lost per person due to sickness, and hence the Trust overall sickness rate.
- These include well-being initiatives such as Younger Lives and improved access to Occupational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

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

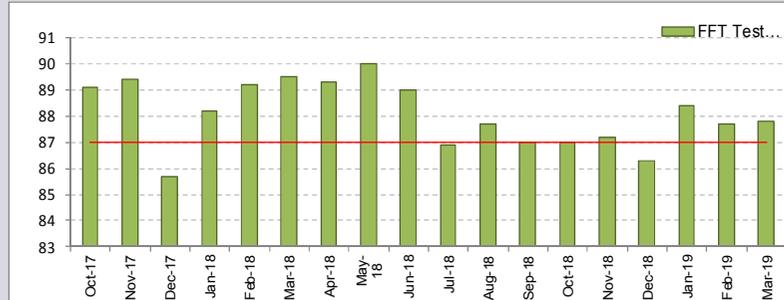
CURRENT PROGRESS

The outpatient programme covers the following areas:

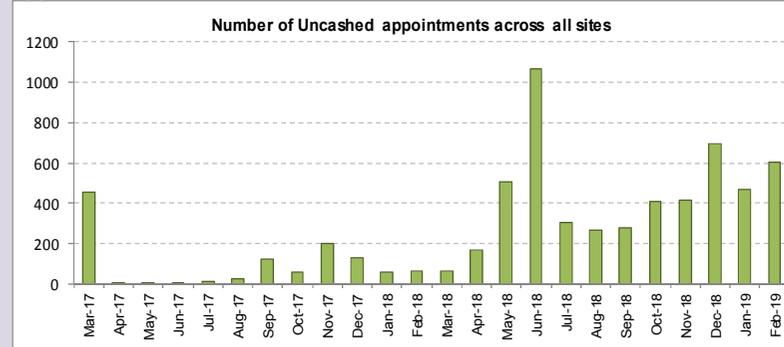
- a health check that has been rolled out to all outpatient areas to review aspects that impact on patient experience.
- a review of outpatient demand and capacity, including bookings and referrals processes and a move to standardisation.
- a financial improvement project that seeks to correctly charge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

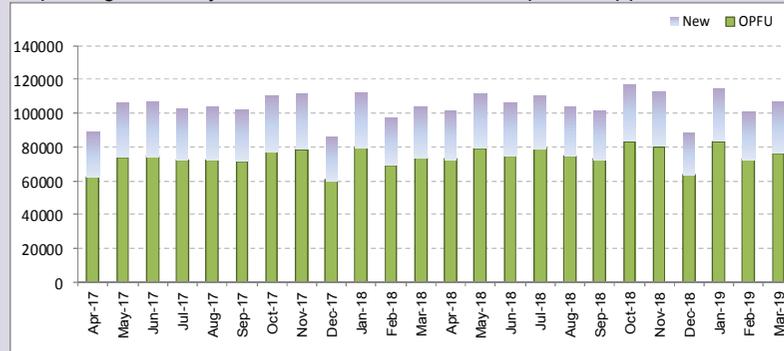
- Improving experience: Overall percentage of patients recommending Kings



- 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.

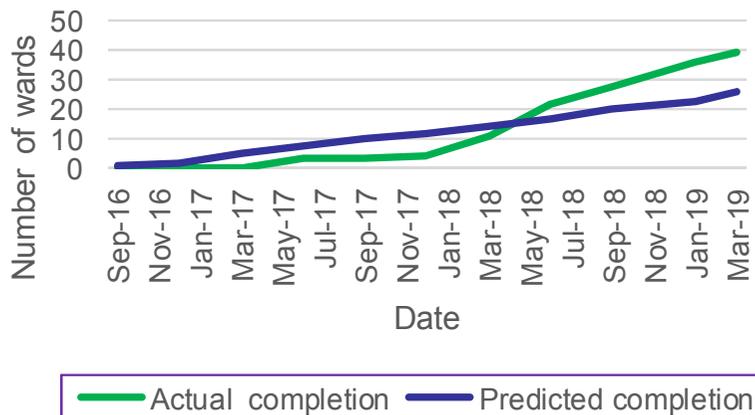
CURRENT WARDS ON PROGRAMME

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.

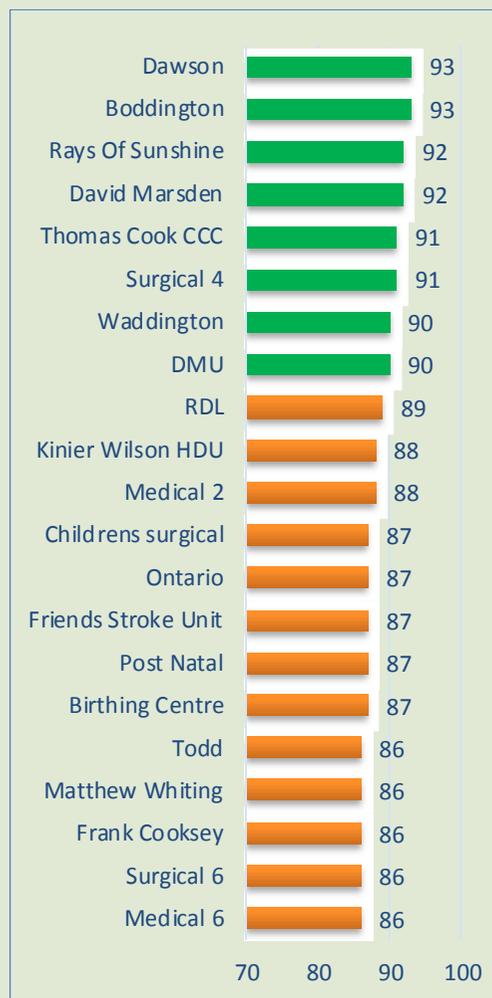
ACTUAL PROGRESS EXCEEDING PREDICTED PROGRESS

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



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



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 specialities who need them most.
- Support chronological booking to clear the Trust's 52-week backlog as swiftly as possible.

TRANSFORMATION - THEATRES PRODUCTIVITY

Average Cases per Session (ACPS)

Speciality	Target	Baseline Average ACPS 2017/2018	2018/2019			
			04/09/2019	11/09/2019	18/09/2019	25/09/2019
General Surgery	1.64	1.44	1.50	1.57	1.51	1.54
Gynaecology	4.11	3.32	3.88	3.78	3.82	3.88
Liver HPB	1.06	0.74	0.81	0.83	0.87	0.79
Neurosurgery	1.15	1.01	1.00	0.98	1.00	0.98
Ophthalmology	4.28	3.21	3.82	3.81	4.04	3.76
T&O	1.96	1.64	1.77	1.80	1.78	1.75
Urology	2.87	2.39	2.51	2.38	2.50	2.58
Vascular	1.33	1.33	1.48	1.44	1.47	1.58
Pain	1.97	1.75	1.88	1.82	1.83	1.86
Renal	1.93	1.68	1.83	2.00	1.88	1.92
Cardiothoracic	0.83	0.77	0.81	0.81	0.75	0.77
Max Fax	1.42	1.30	1.44	1.74	1.51	1.68
Breast	1.75	1.68	1.73	1.78	1.78	1.78
Pain	3.00	4.93	7.20	5.10	5.14	6.00
Oral	3.99	3.54	3.31	3.31	3.64	3.59
Overall Average	2.41	2.08	2.21	2.18	2.18	2.19

Number of Cases per Week

Speciality	Target Cases Per Week	Baseline Cases Per Week 2017/2018	2018/2019			
			04/09/2019	11/09/2019	18/09/2019	25/09/2019
General Surgery	41	34	44	48	47	45
Gynaecology	30	21	27	28	30	29
Liver HPB	16	11	12	12	12	12
Neurosurgery	17	16	16	16	17	16
Ophthalmology	55	31	38	38	40	38
T&O	38	32	35	35	35	35
Urology	40	24	26	25	26	27
Vascular	15	13	15	15	15	15
Pain	14	11	12	12	12	11
Renal	8	7	8	9	8	8
Cardiothoracic	20	18	18	18	17	18
Max Fax	11	10	14	17	15	17
Breast	7	4	5	5	5	5
Pain	11	12	12	10	12	12
Oral	31	24	21	21	24	23
Overall	472	292	407	410	444	423
Difference to baseline			79	83	94	81
Running Total			194	164	170	179

Financials

Speciality	Target Income per week	Baseline Income 02/04/18 to 02/09/18	2018/2019			
			04/09/2019	11/09/2019	18/09/2019	25/09/2019
General Surgery	£175,463.00	£151,293.00	£177,496.00	£183,350.00	£182,380.00	£181,530.00
Gynaecology	£32,130.00	£24,418.80	£28,937.00	£29,699.00	£30,799.00	£29,620.00
Liver HPB	£122,228.00	£124,895.00	£122,338.00	£117,894.00	£120,396.00	£117,284.00
Neurosurgery	£81,384.00	£82,382.00	£80,848.00	£80,848.00	£82,378.00	£81,960.00
Ophthalmology	£114,741.00	£89,341.00	£125,170.00	£109,700.00	£117,039.00	£128,649.00
T&O	£64,311.00	£50,186.70	£57,010.00	£56,626.00	£58,130.00	£58,341.00
Urology	£54,150.00	£39,750.00	£54,130.00	£43,325.00	£48,320.00	£49,325.00
Vascular	£43,045.00	£34,639.50	£40,040.00	£40,000.00	£40,000.00	£40,000.00
Pain	£38,094.00	£28,961.00	£30,000.00	£27,000.00	£28,500.00	£29,911.00
Renal	£10,017.00	£8,478.00	£10,057.00	£11,254.00	£9,310.00	£9,600.00
Cardiothoracic	£24,600.00	£28,340.00	£24,600.00	£24,600.00	£27,830.00	£28,140.00
Max Fax	£18,433.00	£14,905.00	£46,902.00	£28,212.00	£44,930.00	£39,960.00
Breast	£13,535.31	£11,269.84	£12,000.00	£11,000.00	£10,330.31	£10,513.31
Pain	£8,421.00	£6,170.00	£6,170.00	£6,170.00	£6,170.00	£6,170.00
Oral	£24,110.00	£19,521.00	£25,775.00	£24,210.00	£27,335.00	£27,360.00
Overall	£1,222,593.32	£1,051,891.34	£1,212,467.82	£1,095,266.87	£1,146,129.90	£1,094,461.32
Difference to baseline			£136,811.48	£142,176.73	£137,299.54	£137,999.99
Running Total - CE (PBR)			£1,028,422.47	£726,599.20	£1,048,428.74	£1,146,428.74
Running Total - Block Contract (20% reduction) (PBR)			£408,864.49	£412,318.84	£429,721.75	£432,001.35

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 speciality 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 specialities 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

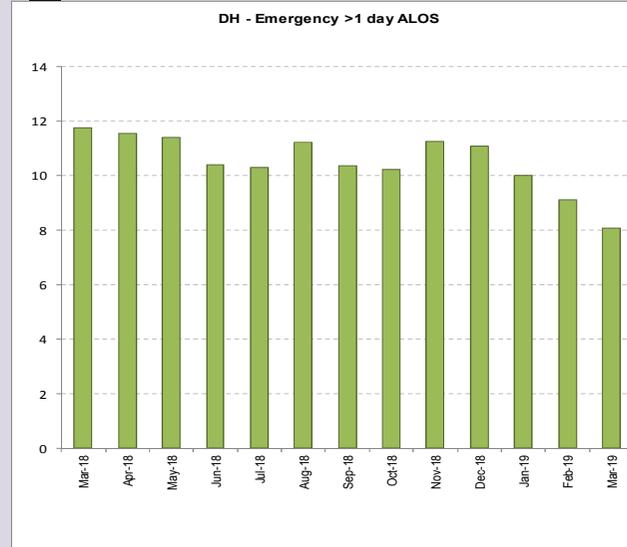
- Trial with ACP on front door providing see and treat model to be implemented.
- Second and substantively recruit to Patient Flow Coordinator role to support breach avoidance plans.
- Agree staff for front door frailty MDT, including with Bromley Healthcare and Transfer of Care Bureau.
- Work through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

Networked Care

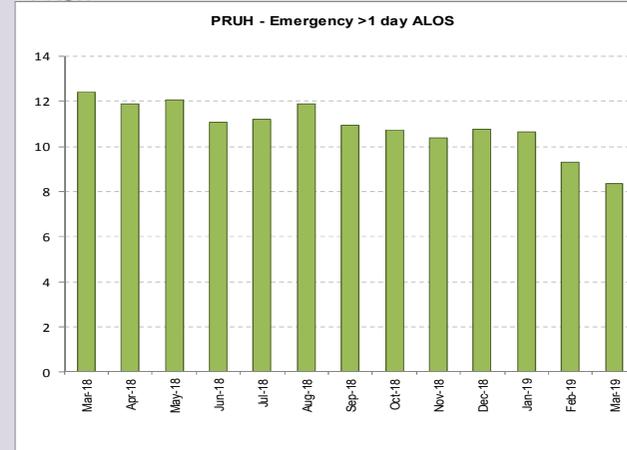
- Theatre productivity: Trial of golden patient SOP for emergency Neurosurgery to reduce delays to theatre start time in G3 theatre.
- Review of AHP / Therapist pathways in pre-assessment.
- Development of Integrated Care Pathway for Neuro-oncology to reduce LOS.

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:

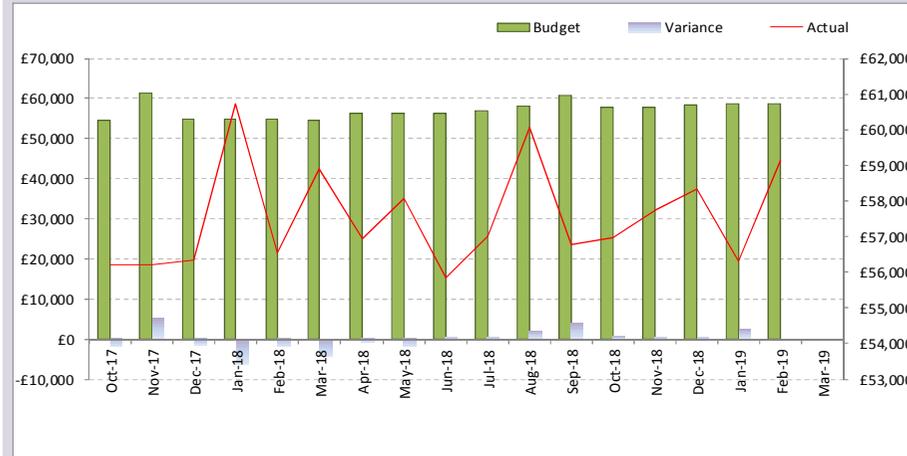
- Slippage on various flow through schemes from last year's programme £0.3m.
- Slippage on KIFM on their standardisation and commercial work stream £0.5m.
- Slippage at the PRUH (0.9m) related to HCD insulin pumps – Note this has recovered to £0.1m.
- Slippage on Crystal Palace physio group. This activity 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.

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.

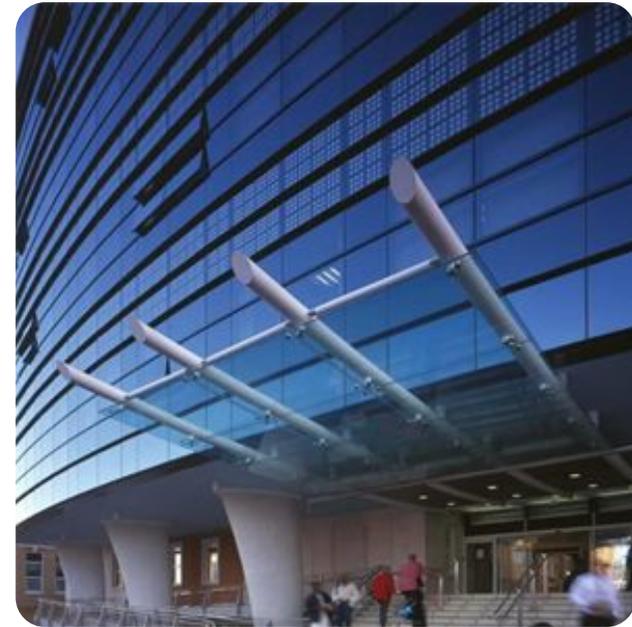
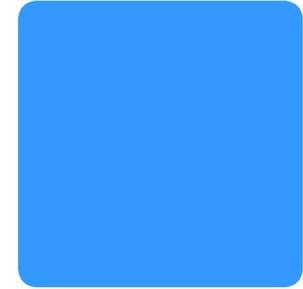
TRUST INTEGRATED PERFORMANCE SCORECARD

DOMAIN SCORECARDS

Month 12 Finance Report

**Finance & Performance
Committee Meeting**

Trust Board 9th May 2019



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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								
Type	TRUST UNCONSOLIDATED							CONSOLIDATED ACTUALS £'000
	Annual Budget £'000	Current month			Year to Date			
		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)	(126,792)	(71,858)	

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.

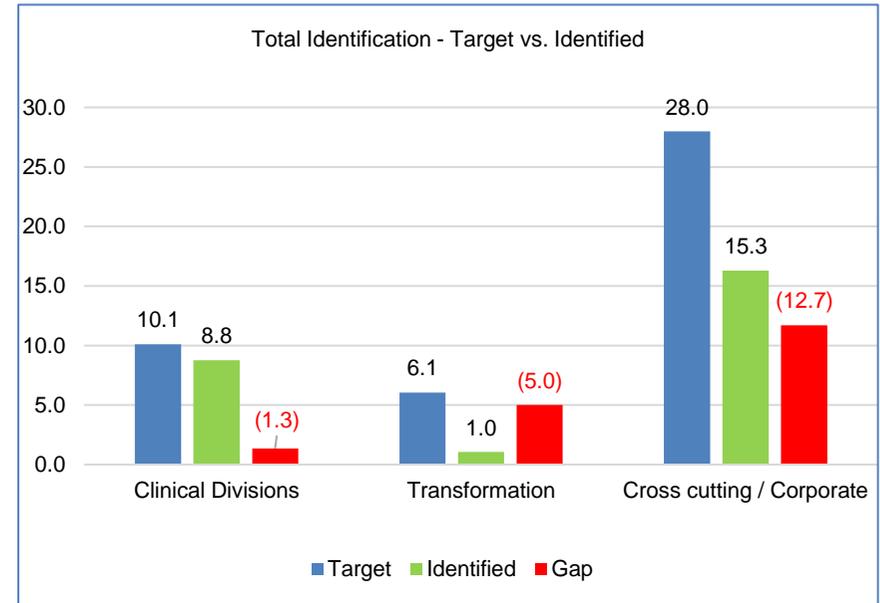
Other Non Pay - £13.1m adverse which is due to a £ 4.8m increase in bad debt provision for overseas visitor income and a write off of £3.6m for overseas visitors income.

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.

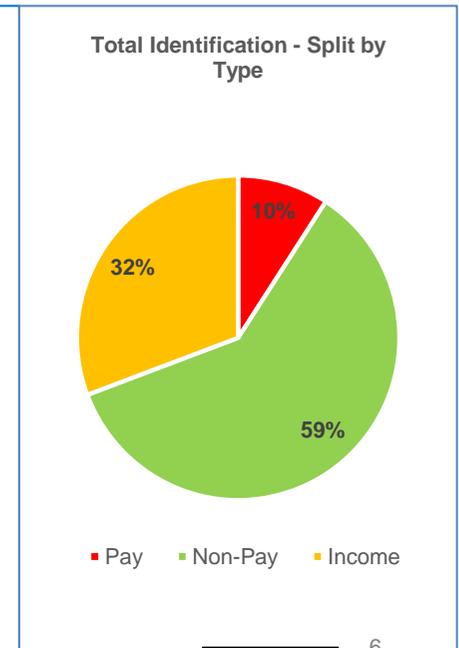
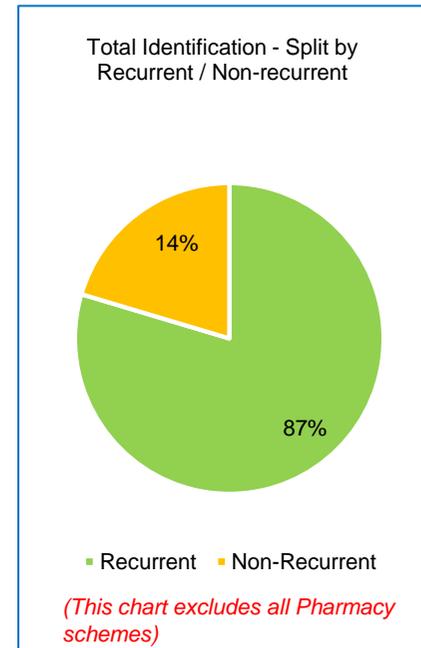
18/19 CIP Scheme Development Dashboard

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)	Actual (31 Mar)	Variance (Act - Fcast)
	£28m	£40.4m	£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.

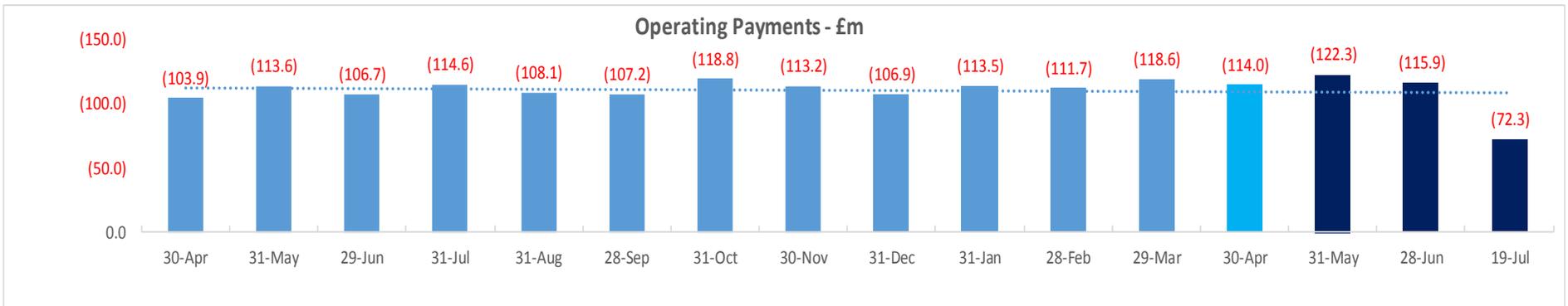
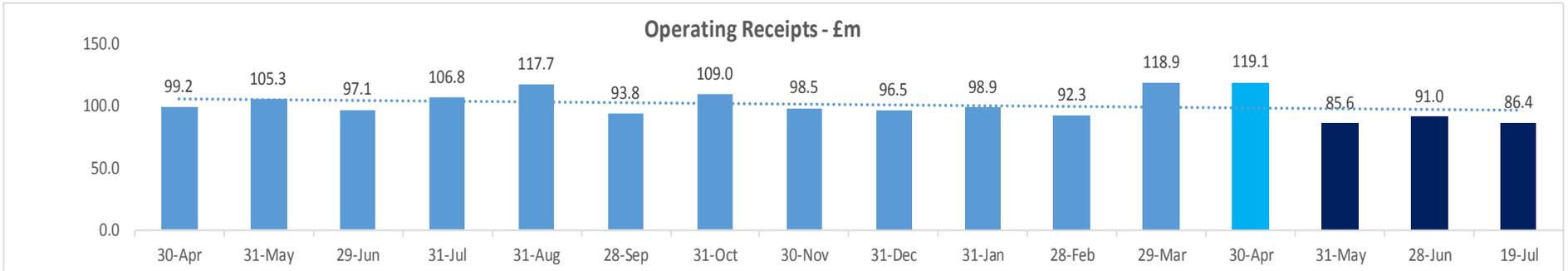
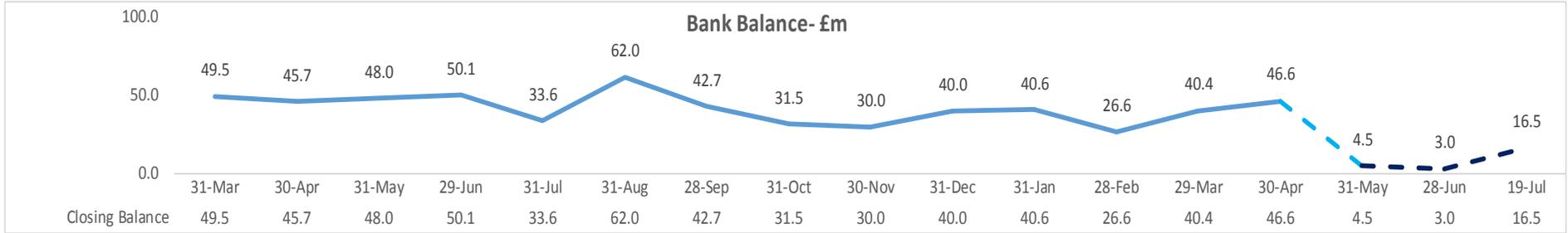
FY 18-19 Cash Flow Summary Apr 18 to 19 Jul 19

£'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

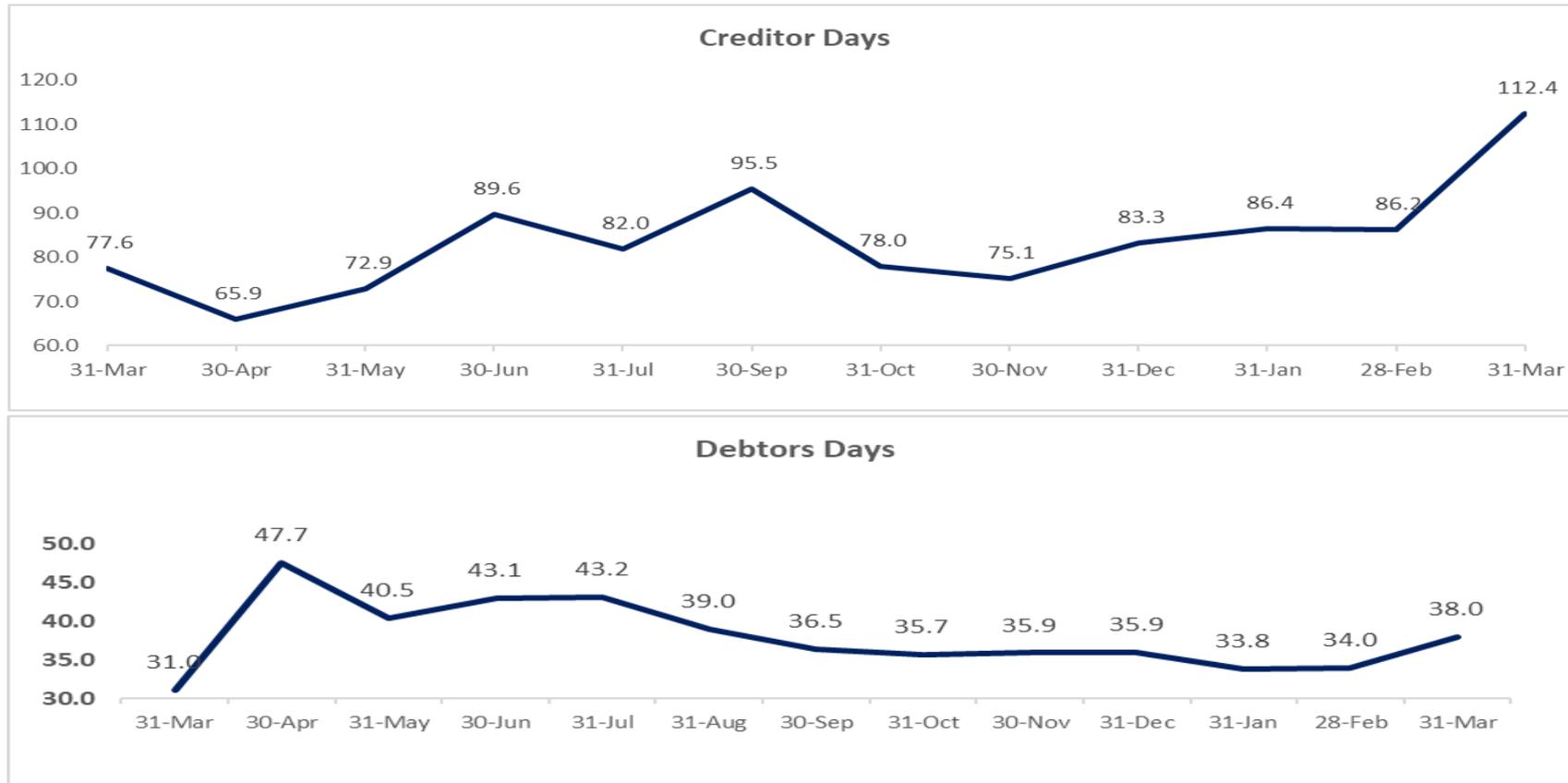
Key commentary:

- £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	YTD	YTD	YTD	Last	In Month	Run Rate (£)											
	Budget	Actual	Variance	Month	Movement	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
	£'000s	£'000s	£'000s	Variance	£'000s	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19	2018/19
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											
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	794	-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	794	-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			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		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

Report to:	Public Council of Governors
Date of meeting:	9th May 2019
Subject:	Governor Elections 2019
Author:	Foundation Trust Office
Presenting:	Siobhan Coldwell, Trust Secretary & Head of Corporate Governance

1. Summary

In line with the provisions of the NHS Constitution, the Trust will be holding elections for its Council of Governors (the Council) in 2019 for 11 out of 34 seats which will become available.

An election and engagement plan has been devised which satisfies both the Model Election Rules around process and the Trust's engagement requirements. Nominations and voting in the elections are open only to Foundation Trust Members who are a member of the constituency in which there is a seat available. A rigorous and comprehensive induction and training programme will ensure that all new governors are equipped to start their terms of office.

2. Recommendations

The Council is asked to:

- a) **NOTE** the Council of Governors membership list, the constituencies in which seats will become available, the governors whose terms will be ending (see table 1 & 2).
- b) **NOTE** the draft election timetable (table 3).
- c) Provide any feedback and suggestions.

3. Council of Governors – Current Membership

Table 1: Current membership and term end dates

		Constituency	Term Ending
Public Governors:			
1.	Jane Clark (previously Rosemary Andrews)	Bromley	31/01/2020
2.	Diana Coutts-Pauling	Bromley	31/01/2020
3.	David Jefferys	Bromley	31/01/2020
4.	Penny Dale	Bromley	31/01/2020
5.	Vacant (previously Sam Waterson)	Lambeth	30/11/2020
6.	Barbara Goodhew	Lambeth	30/11/2020
7.	Alfred Ekellot	Lambeth	30/11/2020
8.	Chris North	Lambeth	30/11/2019
9.	Susan Wise	Lewisham	31/01/2020
10.	Jane Allberry	Southwark	30/11/2020
11.	Stephanie Harris-Plender	Southwark	30/11/2020
12.	Pam Cohen	Southwark	30/11/2019
13.	Victoria Silvester	Southwark	30/11/2020
Patient:			
14.	Derek St Clair Cattrall	Patient	30/11/2020
15.	Vacant (previously Craig Jacobs)	Patient	30/11/2020
16.	Andrea Towers	Patient	30/11/2019
17.	Vacant (previously Nicola Bates)	Patient	30/11/2019
18.	Paul Cosh	Patient	30/11/2020
19.	Emmanuel Forche	Patient	30/11/2020
Staff:			
20.	Ashish Desai	Medical and Dentistry	30/11/2020
21.	Carole Olding	Nurses and Midwives	30/11/2020
22.	Vacant (previously Heather Weir)	Nurses and Midwives	30/11/2019
23.	Kevin Labode	Admin, Clerical & Management	30/11/2020
24.	Clare Saha	Allied Health Professionals	30/11/2020
Nominated/Partnership Organisations Governors:			
25.	Dr Noel Baxter	Southwark CCG	31/03/2019
26.	Cllr Jim Dickson	Lambeth Council	22/08/2018
27.	Cllr Robert Evans	Bromley Council	19/11/2016
28.	Charlotte Hudson	South London and Maudsley NHS Foundation Trust	13/03/2021
29.	Richard Leeming	Southwark Council	30/09/2019
30.	Phidelma Lisowska	Joint Staff Committee	02/07/2016
31.	Anne Marie Rafferty	King's College London	
32.	Vacant	Bromley Clinical Commissioning Group	
33.	Vacant	Guy's & St Thomas' NHS Foundation Trust	
34.	Dr Di Aitken	Lambeth CCG	31/03/2022

4. Governors and Seats up for Election

The table below lists the governors whose terms will come and for which the Trust will hold elections. Governors who are approaching the end of their second term are eligible to stand for a final two-year term.

Table 2: Governors whose current terms are ending

Governor	Constituency / Role	Term Details	Term of Office		Eligible for Re-election (Y/N)
1. Jane Clark*	Public Governor: Bromley	1 st 3-year term	01/02/2017	31/01/2020	Y
2. Diana Coutts-Pauling	Public Governor: Bromley	1 st 3-year term	01/02/2017	31/01/2020	Y
3. David Jefferys	Public Governor: Bromley	1 st 3-year term	01/02/2017	31/01/2020	Y
4. Penny Dale	Public Governor: Bromley	2 nd 3-year term	01/02/2017	31/01/2020	Y
5. Chris North	Public Governor: Lambeth	3 rd 2-year term	01/12/2014	30/11/2019	N
6. Susan Wise	Public Governor: Lewisham	1 st 3-year term	01/02/2017	31/01/2020	Y
7. Pam Cohen	Public Governor: Southwark	3 rd 2-year term	01/05/2013	30/11/2019	N
8. Vacant (previously Craig Jacobs)	Patient Governor				
9. Andrea Towers*	Patient Governor	1 st 3-year term	01/12/2016	30/11/2019	Y
10. Vacant (previously Nicola Bates)	Patient Governor				
11. Vacant (previously Heather Weir)	Staff Governor: Nurses and Midwives				

**Governors who took over from the terms of the original elected individuals (who ended their terms early) by nature of them having attracted the second highest number of votes. Serving a residual balance counts as a term. Therefore, if these governors stand for re-election it will be to serve a second term.*

5. Election Timetable 2019

Table 3 below outlines the election timetable and the key dates for which this will be ratified through the Trust’s governance structure. The timetable ensures the Trust is compliant with Purdah guidance in relation to European Parliament elections on Thursday 23 May 2019. Purdah has been in place since 02 May 2019 and will be in effect until 24 May 2019.

The guidance states that, whilst there is no law prohibiting foundation trust elections from taking place during Purdah, care needs to be taken to ensure that public material, including candidates’ statements, does not include party bias or other politically sensitive information.

It is business-as-usual to ensure that all election-based materials are free from political bias, and this same due diligence will be applied in promotions designed to attract nominations since this will happen during Purdah.

Table 3: Timetable for governor elections (DRAFT)

Events		Notes	Date
Election Period	Notice Of Elections	<i>No later than 40 days before the close of the poll. Actual days allowed = 119 days</i>	Mon, 20 May 2019
	Governor Awareness Session (PRUH)		Mon, 10 June 2019
	Governor Awareness Session (Denmark Hill)		Tue, 18 June 2019
	Election Special In @King’s		Summer Issue
	Governor Information Stands @ Trust Open Day	Subject to funding	
	Final Day For Receipt Of Nominations	No later than 28 days before the close of the poll Actual days allowed = 68 Days	Mon, 8 July 2019
	Final Date For Candidate Withdrawal	No later than 25 days before the day of the close of poll Actual days allowed = 61 Days	Mon, 15 July 2019
	Publication Of Candidate Statements	No later than the 27 days before close of the poll Actual Days allowed = 60 Days	Wed, 17 July 2019
	Notice Of Poll	No later than 15 days before the day of the close of poll Actual days allowed = 49 days	Wed, 31 July 2017
	Close Of The Poll	By 5.00pm on the final day of the election	Mon, 16 September 2019
	Election Results announced at AMM		TBC

Meeting:	Council of Governors
Date:	9th May 2019
Topic:	Summary of the Patient Experience and Safety Committee (PESC) Meeting, 11th April 2019
Action:	For Information

1. PATIENT EXPERIENCE

a. Outpatient Transformation

The Committee received a progress update on the transformation of the Trust's outpatients service. Nicky Waring-Edkins (Director of Delivery and Outpatients) and Andy Oxby (Senior Programme Manager) attended the meeting to provide an update.

The Committee was informed that plenty of work was being done to address the various improvement areas. Work was being done to improve the patient pathway and ensure that only patients who require the outpatients service were coming through. The Committee was informed that up to 45% of patients currently being referred to the Trust's outpatient service (totalling thousands of patients) did not need to be referred. There were also thousands of follow-ups being done unnecessarily. The Trust had been working with primary care to ensure more effective triaging and referrals.

A review of the systems and processes was also being done to ensure consistency across the service. The use of the "consultant connect system" would be further developed; this was a way for primary care to receive information from consultants, therefore potentially avoiding unnecessary referrals.

One of the key areas of work was the reduction of the "did not attend" (DNA) rates, in which patients missed appointments without providing notice. The Committee heard that effective communications with patients was a key factor in reducing DNA rates. This would involve calling or texting patients to remind them about their appointments. The next phase would be for the Trust to use digital apps for mobiles that would enable patients to book or manage their own appointments.

b. Patient Information Materials

The Committee reviewed a sample of three patient information leaflets produced by the Trust. Robert Marlow, Publications Manager from the Communications Department, was also present at the meeting to provide an update on the process in producing information leaflets and answer any queries. The Committee was informed that care groups and specific clinical areas were responsible for the production of the content of the leaflets. This would then be passed on to the Communications Department to review, do the design formatting, and produce print copies if needed. However, the PRUH currently uses an outsourced/external system in which they can download generic patient information materials on different clinical procedures, which would then be provided to patients. The Denmark Hill site produces its own tailored materials.

Concerns were noted about the difficulty in being able to monitor all patient information materials produced across the Trust. One of the ways this issue is being managed is to ensure that care groups are made aware that they have responsibility over patient information materials provided within their wards/areas. This would be linked up with the Trust's perfect ward initiative. Care groups would also be asked to consult patients to inform the process of developing their patient information materials.

2. PATIENT SAFETY & RISK MANAGEMENT

a. Quality & Performance Report

The Committee received and noted the Trust's Quality & Performance Report (February 2019 data). The Committee had a question regarding the response rate figure for the Friends and Family Test and Patient Feedback for the A&E service, which appeared quite low at 4%. The Committee was informed that there were various reasons for the low figure. The emergency department can get very busy and challenging, which could have an impact on the level of priority given to providing service feedback. It was recognised that more work was needed to improve the response rates in this area.

b. King's Quality Account 2018/19 – Governors' Commentary

The Committee received the Draft Quality Account 2018/19 for feedback and review. Plenty of feedback and comments were given by Governors to Ashley Parrott, Director of Quality Governance, to inform the final version of the document.

The Committee was informed that some changes will be made to the overall presentation of the Quality Account. More infographics would be added, narrative on the Trust's achievements and challenges, and the possibility of including patient stories.

c. Governor Feedback

Governors were concerned about the food service on David Marsden ward. Alternative meals were given to patients for no apparent reason and on one occasion, food was unavailable due to Medirest's late delivery to Denmark Hill site.

Governors' Patient Experience & Safety Committee

Minutes

Minutes of the Patient Experience & Safety Committee (PESC) meeting held on Thursday 14th February 2019 at 09:00-11:00 in the Dulwich Meeting Room, King's College Hospital, Denmark Hill.

Present:

Victoria Silvester	Public Governor (Chair)
Jane Allberry	Public Governor
Penny Dale	Public Governor
Stephanie Harris	Public Governor

In attendance:

Carole Olding	Staff Governor: Nurses and Midwives
Ashley Parrott	Director of Quality Governance
Dale Rustige	Corporate Governance Officer (<i>Minutes</i>)

Apologies:

Jessica Bush	Head of Engagement & Patient Experience
Chris North	Public Governor / Lead Governor
Pam Cohen	Public Governor
Diana Coutts-Pauling	Public Governor
Barbara Goodhew	Public Governor
Anne-Marie Rafferty	Stakeholder Governor
Claire Saha	Staff Governor AHP

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Item	Subject	Action
19/00	Welcome and Introductions Apologies for absence were noted.	
19/01	Declarations of Interest None.	
19/02	Chair's Action None.	
19/03	Minutes of the Previous Meeting The minutes of the last meeting held on 15 th November 2018 were approved as an accurate record.	
19/04	Action Tracker and Matters Arising The Committee reviewed the action tracker and the following updates were noted:	
	<ol style="list-style-type: none"> 1. 15/11/2018 (18/38): Noise complaints from waste collections during night hours An update on this action would be followed up by the Governance Officer after the meeting and circulated to the Committee offline. (Action ongoing) 2. 15/11/2018 (18/34): Terms of Reference: Committee involvement with inputting into patient information materials It was agreed that a random sample of patient information materials (e.g. posters, leaflets, flyers) would be presented to the Committee for evaluation periodically. This would be added to the Committee's annual work plan. (Action closed) 	Governance Officer

Item	Subject	Action
3.	<p>15/11/2018 (18/35): Annual Work Plan 2019 A meeting was held between the Chair, Siobhan Coldwell, Ashley Parrott, and the Governance Officer on 23rd November 2018, in which the work plan was discussed and agreed. (Action closed)</p>	
4.	<p>Maternity Results CQC inspection The Committee noted that this had been on the action tracker for approximately a year and enquired if there were any updates on this. The Committee was informed that the data on this should be ready. Jessica Bush (Head of Engagement & Patient Experience) would be asked to provide an update on this action. (Action ongoing)</p>	<p>Governance Officer</p>
19/05	<p>Governors' Private Session</p> <p>A 15-minute private session (9:00-9:15) for governors was held to discuss any particular matters or issues to be raised during the meeting. The following points were raised:</p> <p>a. Noise from waste collections during the night hours The Committee noted that an update had yet to be received regarding its feedback about noise complaints from waste collection during the night hours. There was a discussion about broader and more general noise concerns reportedly happening in the wards during the night hours. Governors had plenty of anecdotal evidence and feedback regarding this from patients. Mr Ashley Parrott, Director of Quality Governance, noted at the meeting that the noise concerns could be included as one of the themes of the care group reviews that would be undertaken across the Trust. Work from this would be fed back to the Committee as the work progresses.</p> <p>b. Visitors overstaying There was a discussion regarding concerns about visitors overstaying beyond visiting times. The Committee was informed that staff would usually offer reminders to visitors and information was also available regarding visiting times. However, discretionary allowances would sometimes be given to visitors on a case-by-case basis. Governors would like further discussion with the new Chief Nurse on this matter.</p> <p>Action: It was agreed that the Committee's feedback regarding this would be presented to the principal nursing meeting held at the Trust to see if this was an issue. Feedback on this would be brought back at a future meeting.</p>	<p>Ashley Parrott</p>
	<p>c. Patient information materials The Committee received an update on the Trust's internal process for approving patient leaflets. The Committee was informed that a structure was in place in which the Trust's communications team would review draft versions of core patient leaflets before they are published or issued. However, it was noted that there were challenges in being able to monitor every single leaflet produced across the Trust due to the size of the organisation. However, the Trust would be running its 'perfect ward audits' across all sites. Mr Parrott noted that this would be an opportunity to ensure that care groups are responsible in reviewing their patient information materials and that these are put through the appropriate vetting process.</p> <p>Action: It was agreed that a sample of patient information materials would be presented periodically to the Committee for evaluation.</p>	<p>Governance Officer</p>

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Item	Subject	Action
PATIENT EXPERIENCE		
19/06	Patient Experience Quarterly Report (Quarter 3)	
	<p>The Committee received and noted the quarter 3 report.</p> <p>Mr Parrott provided a verbal update. There was good news with regards to the Trust’s complaints figures. There had been 83 overdue complaints reported at the beginning of December 2018, which had been reduced to 36 as of February 2019. The aim was to get overdue complaints down to zero. The Trust’s internal targets of dealing with complaints had also been revised. There had been an internal target of 25 days, but it was identified that this was not enough time to deal with more complex complaints. Therefore, more complex complaints would be allocated a deadline of 40 days.</p> <p>There was an internal restructure with the reporting lines of the patient experience team, including the complaints department. The aim was to ensure the appropriate resources were in the right place.</p>	
19/07	Quality Priorities 2019/20 – Progress Update	
	<p>The Committee received and noted a verbal update from Mr Parrott on the quality priorities 2019/20.</p> <p>The Committee was informed that the Trust had chosen to focus on four priorities for 2019/20:</p> <ol style="list-style-type: none"> 1. Improving the experience for cancer patients 2. Improving the outpatient experience 3. Improving the care of people with mental, as well as physical, health needs 4. Improving the patient discharge experience <p>The selection of the indicators was driven in part by NHS Improvement, linking into the improvement of the Trust’s emergency department and cancer waiting targets. It was noted that Governors could play a key part in seeking assurance on the future progress of the selected priorities.</p> <p>The Committee was informed that the selected quality priorities for 2019/20 would be presented to the Council of Governors meeting in March 2019.</p>	
PATIENT SAFETY AND RISK MANAGEMENT		
19/08	Quality and Performance Report	
	<p>The Committee received and noted the report, which covered data from December 2018.</p> <p>Mr Parrott provided a verbal update. The work in transforming patient flow in the emergency department continued to make progress. Hunters, an external consultancy specialising in patient flow, had been brought in to help the Trust with the work. It was noted that improvements in this area would have an indirect impact on improving patient experience and reducing complaints.</p> <p>There was a discussion regarding some of the diagnostics data relating to digital imaging in the report: “11% seen over six weeks in November”. The Committee</p>	

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Item	Subject	Action
	<p>was informed that the increased demand for imaging services was a national issue.</p> <p>The Duty of Candour provisions at the Trust had been performing well; the lead for this is also a consultant within the Trust. The Trust's level of reporting for no harm / near miss incidents at 82% was good; the figures indicate a very good reporting culture across the Trust. The national average was 73%.</p>	
19/09	CQC Visit Update	
	<p>The Committee received a verbal update from Mr Parrott on the recent CQC visit to the Trust.</p> <p>It was noted that there had been over 700 documents provided to the CQC following information requests. This was quite common during visits.</p> <p>The Trust received some initial feedback from the CQC, most of which were expected. Particular feedback was given on the emergency department (ED) and resuscitation area at the PRUH. There had also been some questions regarding violence and aggression against staff and the Trust's approach to this. Feedback was also received on how the visiting team had witnessed some really great care.</p> <p>The Committee raised a general question regarding ease of entry and accessibility from areas within ED to other areas of the hospital. There was a question on how easy it would be for any member of the public to access other areas within the hospital from ED. The Committee was informed that there were security measures and systems in place. Only staff were permitted secure access into other areas through locked doors using security badges.</p>	
	GOVERNOR FEEDBACK	
19/10	Commissioners Quality Review Group (CQRG)	
	<p>The Committee noted that Jane Allberry and Barbara Goodhew had been nominated as governor representatives on the CQRG. They would be attending their first CQRG meeting on 19th February 2019.</p>	
19/11	Chair's Summary of the Quality Assurance & Research Committee (QARC) meetings	
	<p>The Committee noted the meeting summaries from the QARC meetings on 20th November 2018 and 29th January 2019.</p>	
19/12	Update from Committee Members and Governors in attendance on activities	
	<p>The Committee received and noted a verbal update on governor activities relating to patient experience and safety:</p> <ul style="list-style-type: none"> • Victoria Silvester (Chair) attended: food audits in December 2018 and January 2019; QARC meetings in November 2018 and January 2019; discharge planning members meeting on 28 November 2018; Governor Development Day in November 2018; Patient Food Service meeting in January 2019; PE meeting in December 2018. • Stephanie Harris attended: an interview panel to select the new Head of Nursing for Mental Health; Quality Reviews; Trust Mental Health Board; involvement with KCH Mind and Body Advisory Panel; and Dignity Awards. • Jane Allberry attended: Members' meeting on the King's Forward Strategy; 	

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	<p>End of Life Care Committee meetings; SE London Cancer Alliance; and SE London Patient and Public Advisory Group.</p> <ul style="list-style-type: none"> • Penny Dale had attended: Trust PEC on Nov. 6th, Dec. 4th and Feb. 13th; Trust End of Life meeting on Dec. 23rd and Jan. 11th; Health talk at PRUH on Nov 20th; Quality Market place at DH on Dec. 3rd; Trust Freedom to Speak Up Committee meeting on Dec.18th; Trust Awards Ceremony on Nov. 8th; Breakfast Meeting on Dec. 19th; Trust Board meetings on Nov 2018, Dec 2018 and Feb 2019; Extra Council of Governors Meeting on Jan 17th. 	
19/13	ANY OTHER BUSINESS	
	None.	
19/14	DATE OF NEXT MEETING	
	Thursday 11 th April 2019 (11:00-13:00) in the Dulwich Room, Hambleton Wing, Denmark Hill.	

Governors' Strategy Committee

Minutes

Minutes of the Meeting of the Governors' Strategy Committee held on Thursday 7th February 2019, 2.00-4.00pm in the Dulwich Room, Hambleton Wing, Denmark Hill

Members Present:

Ashish Desai	Chair
Chris North	Public Governor
Carole Olding	Staff Governor
Penny Dale	Public Governor
Stephanie Harris-Plender	Public Governor
Jane Allberry	Public Governor

In Attendance:

Nina Martin	Assistant Board Secretary (minutes)
Siobhan Coldwell	Trust Secretary
Heather Gilmour	Interim Deputy Director of Strategy
Natalia Stepan	Strategy Manager
Karen Larcombe	Programme Director – Neurosciences Institute
Mark Richardson	Honorary Consultant/Senior Lecturer - Neurology
Jozef Jarosz	Clinical Director, Neuroscience

Apologies:

Kevin Labode	Staff Governor
Craig Jacobs	Patient Governor
Abigail Stapleton	Director of Strategy
Clare Saha	Staff Governor
Victoria Silvester	Public Governor

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STANDING ITEMS

019/01 Welcome and Apologies

All were welcomed to the meeting.

019/02 Minutes of the Previous Meeting – 11 December 2018

The minutes of the previous meeting were agreed as an accurate record.

019/03 Matters Arising and Action Tracker

The Committee noted the actions

TRUST STRATEGIC FOCUS

019/04 Neuroscience Institute Update

The Committee noted the presentation from the Neuroscience team.

Over 6,000 conditions make up neuroscience, including stroke, MS and Parkinson's in addition to various functional disorders. A holistic approach was being taken to address both physical and emotional needs through incorporating neuropsychology. The Institute's aim was to be positioned among the top ten global neuroscience institutes. The Institute's collaborative methodology sets it apart from other institutes. The team highlighted the various innovations in clinical services such as delivering services in patients' home and receiving patient data

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in their home in real time via a cloud server.

The Committee highlighted concerns around the limited availability of neuro rehabilitation services. The Committee heard that there had been a service in Lewisham which had moved to Orpington. Level 1 rehab beds were needed in Denmark Hill. The neuro team recognised the need to work with the community to integrate mental and physical rehab.

The Committee questioned the achievability of the plans given the funding constraints. The Institute team would be developing plans and a business case to highlight the benefits of the neuro work to take to the Commissioners. A business case for vocational rehab services was also being developed for Commissioners.

In terms of developing a multi-site seamless service, the Committee was reminded that neuro was totally secondary care based and each of the KHP partners focussed on different specialities, e.g. brain tumour at KCH and chemo at GSTT. Making use of virtual technology would support collaboration and joined up service delivery across sites.

Further to a query, it was confirmed that there were positive outcomes for patients with complex interventions, however, tangible data was not yet available.

There was a discussion around plans to raise the neuro profile regionally and linking up care across the regional centres. The Team was also presently reviewing the repatriation service to identify and address any issues.

The Committee also commented on the need to focus on supporting patients to achieve their independence and further emphasised prioritising neurological rehab. Ms Allberry added that she was a member of the Headway Charity and flagged the issue of navigating patients back into the clinical pathway after presenting at ED and being discharged when head injury and/or trauma had not been identified.

019/05 Trust Strategic Framework and link to long term plan

The Deputy Director of Strategy updated that a series of engagement sessions on the Trust strategy had taken place between December and March. Over 200 people had attended the sessions. The following was noted:

- Further detailed work would be required during 2019/20, including translating the trust strategy into strategies for divisions and care groups so they are owned and embedded.
- The team had utilised engagement platforms such as staff forums and drop-in sessions to widen staff engagement. All feedback received had been documented.
- The engagement process would extend beyond March 2019.
- The Strategy team was using the feedback so far to develop a new sample strapline and vision which would be tested in the second phase of engagement

Even though Trust changes in leadership could potentially impact the present strategy, the Trust would still have developed the engagement foundation. Further to discussion the Committee was reminded that the strategy was building on existing work already underway in the Trust.

Embedding and ownership of the strategy was key, but this presented a challenge. One option being explored was to incorporate the strategy as part of the new appraisal process from April onward. The Strategy team would be keen to

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hear of other ideas to support the engagement and ownership process. Of the 200 or so staff that had been engaged, the Chair asked for clarity on the types and make-up of the staff group. The Committee was informed that this included senior leaders in corporate and clinical divisions and the hope was that they would cascade discussions to their teams. The BAME network and nursing Board had also been engaged in the process.

Concerns were expressed that staff tend to view these engagement events with some cynicism and doubt that their opinions would be taken on board. Other barriers to engagement included cultural issues and low morale. The Chair added that staff needed to be assured that this was not a tick box exercise and the Trust should guard against the perception that one speciality was favoured over another.

There was a discussion on the NHS Long term plan. Key themes included new models of care, integrated care systems and collaboration over competition.

Chris North asked what was being done internally to drive forward collaborative working as the Trust's voice should not be lost in the partnership process as it would then be led by others. The Committee heard that collaboration was already ongoing and the Trust was exploring possible opportunities to shape geographical pathways.

Further to discussion it was noted that limited funding meant large scale reconfiguration of services was not possible so the approach would be to explore ways to optimise our present service offerings.

Going forward, the Governors asked that they be involved and engaged earlier in discussions as this would ensure members and constituents views are taken into consideration.

Ms Dale further highlighted the Orthopaedics which had a number of issues and raised concerns that attracting staff could be a challenge.

2018/19 EXTERNAL AUDIT

019/06 Quality indicators to be audited

Ashley Parrott, the Director of Quality Governance presented this item. At the January Audit Committee last week the external auditors had presented their draft 18/19 external audit plan. In discussing the quality audit element, the Committee highlighted the Governor's remit in selecting the one of the indicators to be audited. It was agreed that this would be discussed at today's Strategy Committee.

Mr Parrott confirmed that most trusts were doing the SHIMI as strongly recommended by NHSI. Although this did not give the governors any choice it would be advisable to go with the regulators' recommendation.

The Governors endorsed the SHIMI as quality indicator for the external audit.

Mr Parrott also highlighted the Quality Account Priorities. This would come to the March CoG session for discussion. Based on previous engagement, the following priorities had been proposed for inclusion:

- Guidance around discharge communications.
- Outpatient service improvement especially letters and delays
- Cancer patient experience – psychological support

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- Mental health patient experience – screening and signposting.

Teams were presently working on clear measures and would produce a quarterly report against indicator performance. Historically, quality priorities had lacked a monitoring process and this was being addressed.

COMMITTEE BUSINESS

019/07 Improving Governors involvement and expertise at the Committee

All to feedback any thoughts to the Chair offline.

019/08 2019 Workplan

The 2019 workplan was deferred to the next meeting.

019/09 ANY OTHER BUSINESS

No other business were noted.

019/10 DATE OF NEXT MEETING

The next meeting is scheduled for Tuesday 11 April 2019, 2.00-4.00pm, Dulwich Room, Hambleden Wing.

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