

## AGENDA

<b>Meeting</b>	<b>Board of Directors</b>
<b>Time of meeting</b>	<b>3.30pm-5.30pm</b>
<b>Date of meeting</b>	<b>10<sup>th</sup> June 2021</b>
<b>Meeting Room</b>	<b>By Video Conference</b>
<b>Site</b>	<b>N/A</b>

			Encl.	Lead	Time
1.	<b>STANDING ITEMS</b> 1.1. Apologies - Steve Weiner 1.2. Declarations of Interest 1.3. Chair’s Action 1.4. Minutes of Previous Meeting – 11 <sup>th</sup> March 2021	FA	Enc	Sir H Taylor	3.30pm
2.	<b>PATIENT STORY</b>			Prof N Ranger	3.35pm
3.	<b>QUALITY, PEOPLE FINANCE AND PERFORMANCE</b>				
	3.1 Report from the Chief Executive 3.1.1. – Integrated Performance Review (M1) 3.1.2. – Finance Report (M12)  3.2 Report from the Freedom to Speak Up Guardian  3.3 National Staff Survey Results 2020	FR	Enc  Enc Enc	Prof C Kay  Prof N Ranger L Clark	3.50pm  4.25pm 4.40pm
4.	<b>GOVERNANCE AND ASSURANCE</b>				
	4.1 Report from the Risk and Governance Committee 4.2 Safer Nursing 4.3 Learning from COVID-19	FR FR FR	Enc Enc Enc	Prof C Kay Prof N Ranger J Lowe	4.55pm 5.00pm 5.10pm
5.	<b>REPORT FROM THE GOVERNORS</b>	FR	Oral	J Allberry	5.20pm
6.	<b>FOR INFORMATION</b> <u>Committee Minutes</u> <ul style="list-style-type: none"><li>Finance and Commercial Committee 28<sup>th</sup> Jan and 25<sup>th</sup> March 2021</li><li>Quality, People and Performance Committee 4<sup>th</sup> Feb and 15<sup>th</sup> April 2021</li><li>Audit Committee 21<sup>st</sup> Jan and 4<sup>th</sup> March 2021</li></ul>	FI	Enc		

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

<b>7. ANY OTHER BUSINESS</b>			<b>Sir H Taylor</b>	<b>5.25pm</b>
<b>8. DATE OF NEXT MEETING</b>	<b>10<sup>th</sup> September 2021 at 3.30pm</b>			

<b>Members:</b>	
Sir Hugh Taylor	Trust Chair ( <i>Chair</i> )
Sue Slipman	Non-Executive Director ( <i>Vice Chair</i> )
Prof Jonathan Cohen	Non-Executive Director
Prof Richard Trembath	Non-Executive Director
Nicholas Campbell-Watts	Non-Executive Director
Steve Weiner	Non-Executive Director
Akhter Mateen	Non-Executive Director
Prof Clive Kay	Chief Executive
Lorcan Woods	Chief Finance Officer
Prof Nicola Ranger	Chief Nurse and Executive Director of Midwifery
Dr Leonie Penna	Chief Medical Officer
Louise Clark	Acting Chief People Officer
Julie Lowe	Site CEO – Denmark Hill
Jonathan Lofthouse	Site CEO – PRUH and South Sites
Beverley Bryant	Chief Digital Information Officer
<b>Attendees:</b>	
Claudette Elliott	Interim Director of Equality, Diversity and Inclusion
Siobhan Coldwell	Trust Secretary (Minutes)
Richard Chew	Interim Director of Communications
<b>Circulation List:</b>	
Board of Directors & Attendees	

**King's College Hospital NHS Foundation Trust Board of Directors**

**DRAFT** Minutes of the Meeting of the Board of Directors held at 3.30pm on 11<sup>th</sup> March 2021, by MS Teams.

**Members:**

Sir Hugh Taylor	Trust Chair, Meeting Chair
Akhter Mateen	Non-Executive Director
Prof Jonathan Cohen	Non-Executive Director
Nicholas Campbell-Watts	Non-Executive Director
Steve Weiner	Non-Executive Director
Sue Slipman	Non-Executive Director
Prof Clive Kay	Chief Executive Officer
Prof Nicola Ranger	Chief Nurse and Executive Director of Midwifery
Dr Leonie Penna	Acting Chief Medical Officer
Julie Lowe	Interim Site Chief Executive - Denmark Hill
Lorcan Woods	Chief Finance Officer
Jonathan Lofthouse	Site Chief Executive – PRUH
Beverley Bryant	Chief Digital Information Officer
Louise Clark	Acting Chief People Officer

**In attendance:**

Siobhan Coldwell	Trust Secretary and Head of Corporate Governance (minutes)
Richard Chew	Interim Director of Communications
Claudette Elliott	Interim Director of Equality, Diversity and Inclusion
Members of the Council of Governors	
Members of the Public	

**Apologies:**

Prof Richard Trembath	Non-Executive Director
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	Subject	Action
021/19	<b><u>Apologies</u></b>	
	There were apologies for absence from Professor Richard Trembath.	
021/20	<b><u>Declarations of Interest</u></b>	
	None.	
021/21	<b><u>Chair's Actions</u></b>	
	There were no Chair's Actions to report.	
021/22	<b><u>Minutes of the last meeting</u></b>	
	The minutes of the meeting held on 10 <sup>th</sup> December 2020 were agreed.	
021/23	<b><u>Staff Story</u></b>	
	The Board welcomed Lucy Flood, Critical Care Matron at Denmark Hill and Margaret Finnegan, Lead Emergency Care Nurse at the PRUH, to the meeting to hear about their experiences of providing care to patients during COVID-19. They talked about the challenges they and their colleagues had experienced in relation to patient care, supporting families, team working and collaboration.	
	The impact of redeployment into critical care had been very positive on team-working and collaboration, with staff from other specialities gaining a better understanding of how critical care operates, but also bringing their own expertise to benefit patient outcomes. There is now a much better understanding of deterioration across the Trust due nature of the illness and the number of patients the Trust treated during that time.	
	They highlighted the impact on staff wellbeing, and particularly the risk of moral injury to staff who were being asked to reduce nursing ratios in critical care. They welcomed the staff wellbeing support being put in place but were concerned about the long-term impact on mental health and the need to allow staff time to reflect on their experiences.	
	Due to visiting restrictions, supporting families had been challenging but staff found creative ways of doing this. The family liaison teams in particular were excellent. They spoke movingly of the devastating impact on families and whilst the Trust has seen some excellent outcomes, many patients are facing long hospital stays and extensive rehabilitation.	
	The Board thanked Ms Flood and Ms Finnegan for their thoughtful and inspiring contribution and expressed deep gratitude to them and their colleagues for their work. Board welcomed the benefits of redeployment and team working and agreed that staff-wellbeing has to be a priority.	

**Subject****Action****021/24    The Trust Response to Wave 2 of the COVID-19 Pandemic**

The Chief Executive provided the Board with a summary of the impact of COVID-19 Wave 2, which started at the end of December 2020. The level of activity was much higher than in Wave 1 and it increased more quickly. The Trust had learnt lessons from Wave 1 but there were some notable differences. Staff health and wellbeing programmes were in place, better treatment options were available and the demographics of the patients were different. Patient outcomes were better. Staff sickness was very high at the start of Wave 2 but has recovered and there has been considerable staff redeployment. The Trust also received support from the Army, in the form of 40 combat medical technicians. CCU2 re-opened and the Trust continued to deliver urgent elective treatment as well as the vaccination programme. Prof Kay extended his gratitude to the staff who had worked so tirelessly to provide excellent patient care.

The Board **NOTED** the report and echoed Prof Kay's appreciation of the staff. The patient outcomes were impressive. More generally patient outcomes and mortality are being tracked and there have been no concerns.

**021/25    The COVID-19 Vaccination Programme**

Julie Lowe, Site CEO DH, provided a summary of the Trust's role in the national vaccination programme. Both sites were in the forefront, having been in the first tranche of hospital hubs that opened in December 2020. The Trust has administered over 30k first doses to staff (including care homes and neighbouring Trusts) and patients. A mass vaccination site in Bromley has recently opened and is being run by the PRUH. It is anticipated that there will also be a mass vaccination hub on the Denmark Hill site later in the spring.

All staff have been offered a vaccination and take up to date is 68% (60% BAME staff). This is below target and there is ongoing work to support staff who are hesitant. The Board discussed hesitancy, noting that it was driven by a number of issues and a number of strategies are being used to address it. The Trust has also set up walk in clinics and worked with local community and faith groups to build confidence in the programme.

The Board **NOTED** the report and welcomed the interventions being put in place to support staff.

**021/26    Report from the Chief Executive**

The Board received a report from the Chief Executive that summarised the key issues he wished to bring to the Board's attention. The detailed Integrated Performance Report and M10 Finance Report were also attached. Prof Kay highlighted a number of positive news stories, a summary of the support received from the Charity during COVID-19 wave 2 as well some excellent clinical achievements. Patient outcomes remain good in many areas, the serious incident backlog has reduced, as has the complaints backlog.

In respect of operational performance, the Board discussed the ongoing challenges to recovery elective activity, noting that all theatres will have reopened by the end of the month. A robust prioritisation programme is in place, focusing on clinical need, but the number of patients that have waited more than 52 weeks for treatment is now over 7000.

**Report from the Chief Executive cont...**

Performance against the Emergency Care Standard is has improved since the Board last met, particularly at the PRUH, but attendances are now back to pre-COVID-19 levels. Cancer referrals are also back to pre-COVID-19. Achieving cancer targets will be challenging in the short term, given the backlog in diagnostic testing.

The Board discussed the risk of clinical harm to patients and sought assurance that this was being addressed. The Board noted that a review and validation process is in place that includes outpatients as well as those waiting for an operation. A number of pathways have also been reviewed and automated. The Board also discussed ongoing collaboration across south east London to ensure that all capacity is being fully utilised and the ongoing collaboration between the PRUH and Denmark Hill to decongest DH so that tertiary services have capacity to undertake the more complex treatments.

The Board discussed staff recovery and the need to focus on staff well-being in the context of increasing pressure on elective recovery. The Board noted the number of initiatives being implemented including the Thank-you Campaign and the values refresh. The Chief People Officer, Louise Clark noted the national staff survey had been released (10/3/2021) and the results were similar to the previous year. The Board recognised the building blocks for recovery are in place.

The Chief Finance Officer, Lorcan Woods, updated that the financial position continued to be relative stable and a small surplus had been recorded in months 10 and 11. It is increasingly likely that the Trust will break-even by year-end. The Trust has received notification that the block funding arrangement will continue for the first half of 2021/22 which provides ongoing stability. The Board noted that elective recovery will create cost pressures, particularly in non-pay expenditure. Mr Woods went on to provide a summary of the capital position, noting that the Trust has received c£90m of capital monies during the year. This has allowed the Trust to reduce the estates maintenance backlog and improve the Trust's infrastructure. The Trust's Critical Care surge capacity plan was funded as were plans to improve urgent and emergency care.

The Board **NOTED** the report from the Chief Executive, the M10 Integrated Performance Report and the M10 Finance Report.

**021/27    Safer Staffing Report**

The Board received the quarterly review of nurse staffing levels from the Chief Nurse. Vacancy levels and turnover have reduced and the focus moving forward will be staff retention. The Board noted that vacancies were under 30% in all areas and this has impacted positively on morale and patient care.

The Board discussed the red flags in the report. The Chief Nurse noted that there has been increased reporting and summarised the actions taken where flags were raised.

The Board **NOTED** the report.

**021/28    Ockenden Maternity Review – Trust Response**

The Board received a paper that summarised the findings of Donna Ockenden's first report: *Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust* on 11th December 2020, and provided a summary of the current position in the Maternity Service at King's against the seven 'immediate and essential actions' as well as the twelve urgent clinical priorities set out in the document. The Board noted that Sue

Slipman has agreed to be the Board's non-executive maternity champion and had attended a national event earlier in the month. The self-assessment highlights a number of areas for development and an action plan is in place. Governance has been established to ensure oversight and there will be regular reporting through QPPC.

The Board **NOTED** the report and agreed to keep the action plan under review. The Trust has two very busy maternity units and patient expectation and experience need to be monitored.

**021/29 Report from the Chair of the Risk and Governance Committee**

Professor Kay provided a short summary of the Risk and Governance Committee meeting of 24<sup>th</sup> February 2021. The Trust's internal auditors attended the meeting and delivered the Draft Head of Internal Audit Opinion for 2020/21. They also presented the findings of their recent review of whistleblowing and the draft 2021/22 Internal Audit Plan. The Committee noted that progress was being made in implementing internal audit recommendations. The Committee considered the revised risk management strategy and agreed it should be submitted to Audit Committee and the Board of Directors for approval. The Committee considered the Corporate and COVID-19 risk registers and agreed to de-escalate a number of risks. The Committee also considered a draft Trust Quality Governance Manual, the External Visits Register and the timeline for producing the Annual Report and Accounts.

The Board **NOTED** the business of the Risk and Governance Committee.

**021/30 Risk Management Strategy 2021-24**

The Board considered the refreshed Risk Management Strategy, Risk Management Policy and the improvement plan to embed the documents and risk process within the Trust. The Risk Management Strategy has been overhauled and clearly outlines the risk escalation and management processes within the Trust. The risk appetite statements have not been changed since approved by the Board in February 2020.

The Risk Management Policy replaces the guidelines that were previously in place. This document has changed to provide clarity to the actual risk process for staff to follow.

The Board noted the Risk Management Strategy and Policy were reviewed by the Audit Committee at its meeting on 4<sup>th</sup> March 2021 and the Committee recommended the strategy and policy to the Board for approval.

The Board welcomed the document and **APPROVED** the Risk Management and Strategy.

**021/31 Report from the Governors**

Jane Allberry, Lead Governor, thanked the Trust's staff for their ongoing hard work and compassion and welcomed the support the Trust was providing to staff. The Chair thanked the Governors for their ongoing support and engagement.

**021/32 For Information**

The minutes of the following meetings were received for information:

- Finance and Commercial 26<sup>th</sup> November 2020 and 17<sup>th</sup> December 2020
- Quality, People and Performance 3<sup>rd</sup> December 2020
- Audit Committee 19<sup>th</sup> November 2020 and 19<sup>th</sup> January 2021

**021/33    Any Other Business**

There were no items of other business.

**021/34    Date of the Next Meeting**

3.30pm 10<sup>th</sup> June 2021



**Report to:** The Board of Directors  
**Date of meeting:** 10<sup>th</sup> June 2021  
**Subject:** Report from the Chief Executive  
**Author(s):** Rachel Rutt, Chief of Staff to the Chief Executive  
 Siobhan Coldwell, Trust Secretary  
**Presented by:** Professor Clive Kay  
**Sponsor:** Chief Executive  
**History:** N/A  
**Status:** Discussion

### 1. Background/Purpose

This paper outlines the key developments and occurrences since the last Board meeting held on 11<sup>th</sup> March 2021 that the Chief Executive wishes to discuss with the Board of Directors.

### 2. Action required

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

### 3. Key implications

Legal:	There are no legal issues arising out of this report.
Financial:	The paper summarises the latest Foundation Trust financial position.
Assurance:	There are no assurance issues arising out of this report.
Clinical:	The paper addresses a number of clinical issues facing the Foundation Trust.
Equality & Diversity:	The Board should note the activity in relation to promoting equality and diversity within the Foundation Trust.
Performance:	The paper summarises the latest operational performance position.
Strategy:	The Board is asked to note the strategic implications of the vision.
Workforce:	The Board is asked to note the workforce changes outlined in this report.
Estates:	There are no estates implications arising out of this report.

**King's College Hospital NHS Foundation Trust: Report from the Chief Executive Officer**

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4. APC next steps
5. Recovery
6. Financial Performance
7. Workforce Update
8. Equality, Diversity and Inclusion
9. Board Committee Meetings
10. Good News Stories

Appendix 1 – Consultant Appointments

## 1.0 Introduction

- 1.1. This paper outlines the key developments and occurrences since the last Board meeting on the 11<sup>th</sup> March 2021 that the Chief Executive Officer (CEO) wishes to discuss with the Board of Directors.
- 1.2. At the time of the last meeting the Trust was coming through wave 2 of the COVID-19 pandemic. As the number of COVID-19 patients has been declining, the Trust has reverted to focus on elective recovery, balancing the care of the continued smaller cohort of COVID-19 patients whilst working across South East London (SEL) to recover our own, and our partners', waiting lists.
- 1.3. I would like to commend all of our teams for their hard work and dedication. Whilst the initial pressure from COVID-19 has diminished we have moved straight into recovery which is going to be equally challenging for teams which, in some cases, have not had a break for over a year now.

## 2.0 Quality, Patient Experience and Safety Report

- 2.1 The **main trend inpatient safety incidents** reported are violence and aggression, falls, pressure damage and assessment, diagnosis, monitoring and review. Quality improvement workstreams continue to address these trends. The Trust continues to make positive progress in reducing the number of open serious incidents that are overdue. A significant number are awaiting CCG sign off and the Chief Nurse is in discussions to improve the delay.
- 2.2 The Trust has made notable improvement with its compliance in relation to **Duty of Candour** reporting – currently at 96% in the last 3 months for section 1 and 100% in section 2. The Trust continues to improve the score for section 3 – the delay in CCG sign off the final serious incident reports is challenging this % compliance. The Chief Nurse has agreed that draft final reports be discussed with families initially.
- 2.3 The Foundation Trust's percentage of no harm-related incidents remains above the national average which demonstrates a good reporting culture.
- 2.4 The Trust has recently undertaken a self-review against the NHS Patient Experience framework (2018), this has been supported by NHSE/I Patient Experience Leads and has had good engagement from across the Trust. The framework included a review of the following areas in relation to patient experience.
  - Leadership
  - Organisational Culture
  - Collecting Feedback
  - Analysis and Triangulation
  - Reporting and Publication
- 2.5 This has highlighted a number of areas that require improvement, an improvement plan is being developed which will have particular focus on reporting, training and ensuring that other areas of work, such as the existing work relating to organisational culture are aware of the findings from this review.

- 2.6 The Trust continues to have challenges in resolving the **on-going backlog of complaints**. The Chief Nurse continues to work with the team, new processes have been introduced and additional resource has been secured to assist in reducing the backlog and ensure that performance improves.
- 2.7 A Nutrition and Hydration Improvement programme has been established in response to the feedback that has been received in the national inpatient survey. There is good multi professional engagement in this programme of work, which will include a plan to rebrand and relaunch protected mealtimes.
- 3.0 Operational Performance for the period M1 to M12 inclusive**
- 3.1 At peak periods of COVID-19 demand in 2020/21 over half of our available beds were occupied by COVID-19 positive patients, making the Trust one of the largest Covid-19 treatment centres nationally. Successive COVID-19 admission waves required that the Trust curtail elective activity to safely treat those with immediate care needs, and to reduce admissions during period of high infection risk.
- 3.2 This enforced reduction in elective throughput has created a distorted elective waiting list profile for diagnostics and elective treatment, and significantly increased the number of patients waiting longer than the target.
- 3.3 In response, the Trust has deployed enhanced clinical prioritisation protocols and clinical harm assessment methods. Patients who are a high clinical priority have been seen and treated normally, usually within a few weeks.
- 3.4 In parallel, the Trust has developed a detailed recovery plan to ensure we restore routine elective waiting times as rapidly as possible, while also meeting the needs of our urgent care demand at pre-pandemic levels. We have worked with our neighbouring provider Trusts to ensure our plans exploit all available options for mutual aid and equalisation of waiting times across our sector.

#### **Referral to Treatment (RTT)**

- 3.5 The total number of patients waiting on the Trust's RTT waiting lists has continued to increase as referrals return to normal levels following the January peak in COVID-19 demand. At end of March 2021 the Trust had 61,635 patients waiting compared to a low of 56,877 at the end of November 2020.
- 3.6 The number of patients in the 18+ week backlog has also increased to 21,670 in March in comparison to a low of 15,559 at the end of December. This generated a compliance level of 64.84% against the constitutional standard of 92.0% of patients waiting less than 18 weeks.
- 3.7 Despite the growth in waiting list size, the Trust stabilised the number of patients waiting 52+ weeks in March at 6,788, and reduced this volume considerably since that point. At the time of writing, the 52+ backlog had reduced to 4,593 (week ending 16<sup>th</sup> May 21).

### Emergency Care Standard

- 3.8 A&E attendance volumes have increased consistently since January 2021 and have now returned to the pre COVID-19 baseline range.
- 3.9 Performance at Trust level (all attendance types):
- 80.85% in March 21 compared to 76.44% in February 21 (95% target).
- 3.10 Performance at site level (all attendance types):
- 77.38% in March 21 compared to 71.50% in February 21 at Denmark Hill.
  - 84.63% in March 21 compared to 81.80% in February 21 at the PRUH

### Diagnostic waiting times

- 3.11 The number of patient waiting greater than 6 weeks for a diagnostic test increased to 40.16% at the end of January 2021 due to the impact of the Dec-Mar COVID-19 wave. Through focus recovery schemes compliance improved to 30.98% at end of March 21. This improvement has been sustained into April 2021 with the end of month position falling again to 23.28%

### Cancer

- 3.12 2 Week Wait standard: 96.49% (93% target) and delivered on both sites (97.22% at Denmark Hill and 95.75% at PRUH/SS).
- 3.13 62 day GP referred First treatments: 70.29% at Trust aggregate level (65.79% at Denmark Hill and 80.00% at PRUH/SS).
- 3.14 Further detail can be found in the **Integrated Performance Report** later in this set of papers.

### 4.0 South East London Acute Provider Collaborative (APC) - Next Steps

- 4.1 I have updated the Board previously regarding the formation of the APC in South East London (SEL) through the pandemic, and the work we have been collectively doing to ensure our patients are seen in as timely a manner as possible.
- 4.2 Following the publication of '*Integrating Care – Next Steps to Building Strong and Effective Integrated Care Systems across England*' by NHS England and Improvement,<sup>1</sup> and the subsequent White Paper, it is clear that there are going to be some significant changes made to ensure the NHS can recover waiting times, while ensuring patient safety and staff recovery.
- 4.3 This will see the establishment of statutory Integrated Care Systems (ICSs) which are made up of an ICS NHS Board and an ICS Health and Care Partnership, along with a variety of other regulatory reforms to transform the working environment that we operate in. These changes will require considerable development work in order to achieve the 'triple aim' of improved health, healthcare, and value for money.

<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2021/01/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems.pdf>

- 4.4 The APC Committee-in-Common met last month to consider a proposal on the role, scope and purpose of the Collaborative in the coming years, as well as the infrastructure and resources that will be needed to support this. The Committee in Common asked the Chief Executives to develop proposals for agreement by the three Trusts and to ensure consideration is given to risk appetite, governance of joint decision-making, stakeholder engagement and external communication.

## **5.0 Recovery**

- 5.1 Recovery continues to be our highest priority as the last year has led to an increasing backlog of patients who require treatment, at King's and across South East London as a whole. The Operational section (4.0) focuses on how we are managing our elective waiting lists, and section (8.0) focuses on our staff recovery programme.

## **6.0 Financial Performance - Summary of the 2020/21 Financial Position**

- 6.1 The Trust achieved a surplus of £0.3m in 2020/21 (pre audit). Although COVID-19 has meant that the NHS financial framework was different this year, this is still a significant achievement for the Trust. It is the second year in a row that we have achieved our financial 'control total' which has helped us to further improve the confidence of internal and external stakeholders in the Trust's financial performance.

- 6.2 In addition to achieving our revenue control total the Trust managed to spend £96m of capital in year (45% of the South East London budget). We were able to make the most of the additional capital funding we received in year to both meet the COVID-19 challenge and improve the Trust's capital infrastructure as a whole:

- Addressing the Trust's backlog maintenance by making use of downtime to refurbish theatres and wards and address the Trust's aged infrastructure.
- Improving infection control across the Trust and creating additional Urgent and Emergency Care (UEC) capacity at the PRUH and Denmark Hill.
- Investing in equipment and estates work to facilitate surge capacity across all our sites and increase our CCU capacity.
- Investing in our wellbeing hubs at Denmark Hill, PRUH and Orpington
- Addressing our aged ICT infrastructure by investing in servers, storage, remote access and telecoms infrastructures. Alongside this the trust has invested in the IT equipment required to assist with remote and mobile working ( 1500 laptops / docking stations to assist in remote working, addition of 1,400 video screens monitors / large monitors, 1,600 video cameras and 1,600 headsets).
- As part of the government's support to replace aged imaging equipment the site has invested in CT, MRI and SPEC CT scanners.

- 6.3 The financial framework for the next 6 months is broadly a rollover of arrangements which were in place for the second half of 2020/21. This essentially provides the Trust with an envelope which is in line with our Q3 financial spend with the ability to gain further income if we (and the Integrated Care System) are able to over achieve on the Elective thresholds. Over the last few months care groups have been developing their baseline budgets and developing plans for recovery and reset. The aim for the next 6 months is to maximise the Trust's capacity to begin to tackle the

Trust's elective backlog and achieve elective performance over and above the national thresholds in order to maximise the Trust's income. This will need to be done through a combination of increased efficiency and non-recurrent investment in additional capacity, ensuring that the Trust is exiting the year having not committed to increases in its recurrent cost base.

## **7.0 Workforce update**

### **End of Year Vacancy position**

7.1 The Trust ended the financial year with a vacancy rate of 9.89%, which was an improved position on the 10.37% predicted position from earlier on in the year. This is a significant achievement given the disruption caused by the pandemic and with an increasing establishment. In 2020/21 3053 new starters joined the Trust, a net gain of 685 on leavers.

7.2 Our Nurses 'Thank You' recruitment campaign won a prestigious RAD (Recruitment Advertising Design) Award in March under the Staff Engagement category.

### **Consultant Recruitment**

7.3 Our Medical & Dental vacancy rate reduced from 9.25% to 8.59% by the end of March, below the 10% target rate. Vacancies are higher at the PRUH and associated sites. We appointed to the following Consultant posts in M12 in the following specialties:

- Consultant Paediatrician (General - 10 PAs) x 1
- Consultant Paediatrician (Allergy - 8 PAs) x 1
- Consultant in Neonatology x 2
- Consultant Dermatologist x 1
- Consultant Haematopathologist with a Special Interest in Malignant Haematopathology x 1

### **Health Education England Visit**

7.4 There was a virtual Health Education England (HEE) inspection of Medicine at the PRUH on 6<sup>th</sup> and 7<sup>th</sup> May 2021. This was to review the Trust's progress against the action plan that was put in place in November 2020, to address the challenges identified through the GMC National Trainee Satisfaction survey. The root causes of the challenges were vacancies at both consultant and junior doctor levels, and insufficient support from the medical staffing coordinator team. The reviewers noted the progress made: vacancies down to <10% from about 30% last year and work undertaken to strengthen the medical staffing coordinator function by the site leadership team. The Trust is committed to resolving all outstanding issues by July/August 2021. A further HEE review is scheduled for September 2021.

### **Staff Recovery Update**

7.5 The COVID-19 pandemic has had a significant impact on the health and wellbeing of our staff over the past year and in response we have launched a comprehensive staff recovery programme comprising a range of initiatives from "thank-you" events through to mental health support and management training.



- 7.6 As of 12<sup>th</sup> May, a total of 337 managers had either attended or signed up to our 'REACT Mental Health' training courses which will equip managers with the tools to have a mental health conversation with their employees. We have also launched 'Reflect and Reconnect' conversations for staff as part of the annual appraisal cycle to review the past year both personally and professionally, providing support where needed.
- 7.7 In May, we launched the South East London ICS mental health and wellbeing portal. The Portal includes a suite of self-assessment tools to allow staff to get a rapid mental health assessment and provides signposting to local services in addition to Trust led services.
- 7.8 We have also launched an enhanced series of Schwartz rounds. As of April 21<sup>st</sup> there were 123 attendees.
- 7.9 The birthday leave offer was taken up by 769 staff in April.

### **Thanking our people**

- 7.10 As part of our thank you to everyone for their work over the last 12 months, we used Easter and our Thank You Week (held in the week commencing 4<sup>th</sup> May) to enable Team King's to come together as one, to recognise and celebrate the achievements of the Trust and its staff.
- 7.11 Ensuring high senior manager visibility, through executive welcomes and walk-rounds, we organised a packed programme of activities and events designed to promote a healthy mind, a healthy body, and healthy living across all sites. 5,000 goodie bags containing 15,000 items (including notepads and water bottles) were given out, 5,683 Easter eggs were delivered to wards and an additional 10,000 Easter bunnies and 2,300 hot cross buns were distributed across all sites. A personalised thank you card was sent to 13,500 home addresses.
- 7.12 Events were run across the week including the presence of hairdressers, mindfulness and wellbeing events and craft sessions for staff.
- 7.13 In April we also launched our charity funded Feel Good Fund. Teams are able to apply for money to fund improvements to their immediate environment. We have £350,000 available.

### **Health and Wellbeing**

- 7.14 Health and wellbeing continues to be a priority for the Trust and a comprehensive staff support offer is in place. There are plans underway to establish permanent health and wellbeing hubs at Denmark Hill, PRUH and Orpington.
- 7.15 The Health & Wellbeing support has been well received across the organisation and was recognised nationally by being named as the HSJ Workforce Initiative of the Year, in March 2021.



## 8.0 Equality, Diversity and Inclusion

8.1 We continue to prioritise the agenda of Equality Diversity and Inclusion (EDI) here at King's.

8.2 The EDI team has been focused on the delivery of the following priorities and interventions:

- Collaboration and joint working on refreshing the Trust values, the emerging People and Culture Strategy and Trust Strategy. Incorporating EDI into these key strategic developments is a significant step forward in how we embed EDI into everything that we do.
- Setting individual and collective objectives with the Trust staff networks. This will provide a clear focus for each of the staff networks, which will be aligned to the EDI delivery Plan. We have taken the opportunity to work with our staff networks in agreeing a single objective that they will be working on together, further strengthening how an inclusive approach to EDI is equally important.
- Religious Identity and working in the NHS workshops have commenced for staff to attend, as 1 of 5 Trusts involved in this research project this is a good opportunity for King's College Hospital to contribute to how we develop a more inclusive NHS from a religious perspective.
- Reflecting on Faith and COVID-19 Vaccines discussion session for staff who are hesitant from a religious perspective. This session has been developed with our chaplaincy service, community faith leaders and colleagues in Primary Care.
- Finalising the Equality Risk Assessment Framework toolkit, guidance and training for managers.
- Supporting our staff who are affected by the COVID-19 surge in India. Recognising the impact on our staff who have family and friends in India we have pulled together a range of support that includes:
  - The Wellbeing Hubs for rest and recharge across sites, and access to staff who are trained in psychological first aid and can signpost you towards helpful resources and staff support options.
  - Drop in sessions for staff with access to colleagues who have volunteered to offer a listening ear and support.
- We have successfully recruited to the EDI team, with four staff members appointed to work across sites and with our care groups. This is a significant step forward having the additional capacity, skills and knowledge to drive forward with our ambition to become an exemplar in EDI.
- We are delighted to have engaged in discussion with a third sector organisation in supporting people with a learning disability to gain meaningful employment. We are exploring the opportunity to work with eight young people offering placements working in the Trust from September 2021.

8.3 Funmi Onamusi, will be joining the Trust on 21 June 2021 as our substantive Director of Equality, Diversity and Inclusion (EDI). As a core member of our senior leadership team, and working directly to me, Funmi will have responsibility for accelerating our ambitious EDI agenda across King's. She will also lead the way in inspiring and

delivering sustainable cultural change, and ensure we are an exemplar in all our people practices.

- 8.4 I would like to take this opportunity to say thank you to Claudette Elliott, Acting Director of Equality, Diversity and Inclusion, for the contribution she has made since she joined the Trust in the Autumn of 2020. Claudette has helped shape the Trust's approach to EDI, creating a strong platform on which to build.

## 9.0 Board Committee Meetings

Bromley Committee	18 <sup>th</sup> March 2021
Acute Provider Collaborative Committee in Common	18 <sup>th</sup> March 2021
Finance and Commercial Committee	25 <sup>th</sup> March 2021
Quality, People and Performance Committee	15 <sup>th</sup> April 2021
Board Development Session	15 <sup>th</sup> April 2021
Major Projects Committee	22 <sup>nd</sup> April 2021
Audit Committee	29 <sup>th</sup> April 2021
Government Strategy Committee	29 <sup>th</sup> April 2021
Acute Provider Collaborative Committee in Common	6 <sup>th</sup> May 2021
Governor Nomination Committee	6 <sup>th</sup> May 2021
Governor Patient Engagement and Safety Committee	6 <sup>th</sup> May 2021
Remuneration Committee	11 <sup>th</sup> May 2021
Board Development Session	13 <sup>th</sup> May 2021
Finance and Commercial Committee	27 <sup>th</sup> May 2021

## 10.0 Good news stories

- 10.1 **Supporting families throughout the pandemic** - BBC Six and Ten O'clock News featured the important work of the Family Liaison Unit at King's, keeping patients and their families connected during the pandemic. A number of staff members were interviewed on camera, including Consultant Orthopaedic Surgeon Miss Sarah Phillips, Consultant Orthodontist Miss Helen Tippet and critical care nurses Grace Murphy and Malachi Connolly, as well as relatives and patients.
- 10.2 **Bromley COVID-19 Vaccination Centre goes live** - The new Bromley COVID-19 Vaccination Centre, operated by Princess Royal University Hospital (PRUH), opened on Tuesday March 2. Bromley Council Leader, Cllr Colin Smith, marked the occasion by welcoming members of both the PRUH and the South East London Clinical Commissioning Group to the site, based at the town's Civic Centre.
- 10.3 **Denmark Hill COVID-19 Vaccination Centre goes live** - As part of our continuing support of the national coronavirus (COVID-19) vaccination programme, we opened a mass vaccination centre at the Weston Education Centre (WEC) at King's College Hospital on Wednesday 19 May. The centre is being operated in partnership with NHS South East London Clinical Commissioning Group, Lambeth Council and King's College London, and also involves many of our teams across the hospital.

- 10.4 **King's awarded £1.7m to trial new liver treatment** - King's researchers have recently been awarded a prestigious grant, totalling more than £1.7m, to trial another "world first" in the treatment of children with liver disease. The money has been awarded by the Medical Research Council (MRC) to a team led by Professor Anil Dhawan.
  
- 10.5 **"Big Thank You" campaign scoops top award** - Our recent "Big Thank You" campaign won a prestigious recruitment award at the RAD Awards. Under the Employee Engagement category, our work with the creative agency TMP Worldwide has brought our sites to life with vibrant and colourful images of various staff displayed.
  
- 10.6 **Top award scooped at Health Service Journal (HSJ) Awards** - Our COVID-19 Staff Support and Wellbeing Programme was named as the winner of the Workforce Initiative of the Year at this year's awards. This is tremendous recognition and a well-deserved success for the programme team. Congratulations to everyone involved. The programme was recognised for its ambition and demonstrable positive impact that the project has had on patient and staff experiences within the health and/or social care sector. King's Health Partners (KHP) were also shortlisted for an award in the 'Digitising Patient Services Initiative' category.
  
- 10.7 **PRUH Pharmacy Robot** - The new robot is now live in the PRUH Pharmacy. The robot will enhance the efficiency, speed and accuracy of ward stock medication production picking 150-200 packs per hour and simultaneously dispensing medicine packs at a speed of three seconds per item. Patient safety is crucial, the new robot is able to dispense with over 99% accuracy resulting in the right drug for the right patient at the right time.
  
- 10.8 **Prof. Ammar Al-Chalabi appointed as National Institute for Health Research (NIHR) Senior Investigator** - Professor Al-Chalabi, Consultant Neurologist at our Denmark Hill site, has been appointed to the NIHR College of Senior Investigators for 2021 in the 14th round of the Senior Investigator competition. The annual competition is led by an international panel of experts, and awardees go on to provide visible leadership within the NIHR.
  
- 10.9 **Prof. Peter Goadsby awarded world's top Brain Prize** - Prof. Goadsby has been awarded the world's top Brain Prize from the Lundbeck Foundation for his pioneering migraine research. Professor Goadsby, alongside Professor Lars Edvinsson (Sweden), Professor Michael Moskowitz (USA), and Professor Jes Olesen (Denmark), have been recognised with the world's most prestigious award for brain research for their discovery of a biological mechanism that triggers a migraine attack 40 years ago. This has since led to powerful new treatments which patients have remarked have "given them their life back".
  
- 10.10 **"I had to get better for my family" - Jose-Luis Fernandez tells us about being one of the first King's patients treated for COVID-19** - King's admitted its first COVID-19 patients in February 2020, and as we looked back at an extraordinary 12 months for our Trust, we spoke to Jose-Luis Fernandez, 81, who was one of the first people treated with the virus. Jose spent 28 days in intensive care, initially at the

PRUH, and then at King's, and despite all the odds, returned home to his family in April 2020.

- 10.11 **Series featuring Prof Nicolaides wins award** - As we shared earlier in March, two documentaries filmed at King's were nominated in this year's Royal Television Society awards. The winners were announced on 16 March and *The Surgeon's Cut*, one episode of which featured the work of Professor Kypros Nicolaides and was filmed in our Fetal Medicine Institute, won in the Science and Natural History category. Many congratulations to the teams working in the shortlisted areas, and to Prof Nicolaides for success in this category.
  
- 10.12 **Consultant Midwife appointed Honorary Senior Lecturer** - Dr Argyro Syngelaki, a Specialist Consultant Midwife working at the Fetal Medicine institute, has been appointed as an Honorary Senior Lecturer at the Faculty of Life Science and Medicine, King's College London. In her new role as Honorary Senior Lecturer, Argyro is keen to use her experience and academic excellence to benefit undergraduate and postgraduate teaching and higher degree supervision.
  
- 10.13 **Baby transferred to King's by air in race against time** - A Norfolk family has praised our hospital staff and emergency services for pulling out all the stops to transfer their critically ill new-born son to London after it became clear King's College Hospital was the only centre that could cater for his needs.
  
- 10.14 **Extra funding for transgender sexual health service** - Our transgender sexual health service will continue to care for Londoners for a further two years, thanks to funding from the London Boroughs of Lambeth, Southwark and Lewisham.
  
- 10.15 **New diagnostic criteria may reduce liver transplants** - A team of researchers here at King's has identified new clinical criteria to more accurately predict which patients with acute liver failure (ALF) will most likely benefit from a liver transplant. The study was published in the *Journal of Hepatology*.
  
- 10.16 **King's Health Partners Education Academy Awards winner** - Congratulations to Lucy Levick, practice development nurse on Thomas Cook Children's Critical Care Centre who won in the 'Workplace Based Learning' category. Lucy was nominated by colleagues for using innovative educational approaches and resources on children's critical care, such as co-ordinating education for caring for critically ill adults as part of the response to COVID-19.
  
- 10.17 **Local family gives out £10,000 in thank you gifts** - Georgie Theobald has put a smile on thousands of faces at King's, after staff helped save the life of her grandmother and her son. She said: *"The staff were absolutely amazing. It was such a busy time and everyone was working really long shifts with barely any time for a break. In spite of it all, one nurse popped in to see me on Christmas Day with a card and a little present. Their kindness and thoughtfulness, in the middle of a global pandemic, is something I will never forget."*

- 10.18 **King's documentaries up for two TV 'Oscars'** - Two documentaries filmed at King's – one fully and the other in part – have been shortlisted in this year's BAFTA television awards, which is wonderful news. *Surviving Covid* (Channel 4) is in the Best Single Documentary category, while *The Surgeon's Cut* (Netflix) is shortlisted for Specialist Factual Programme. The winners will be unveiled on BBC 1 on June 6.

## APPENDICES

### Appendix 1: List of Consultant appointments

Name of Post	Appointee	Post Type New / Replacement	Start Date	End Date
Consultant Physician – Acute Medicine	Dr Kar Wai Tsang	New	01/03/2021	Permanent
Consultant in GIM and Endocrinology	Dr Ling Ling Chuah	New	15/03/2021	Permanent
Consultant Physician with Special Interest in HIV Medicine and Infectious Diseases	Dr Naomi Marguerite Fitzgerald	New	15/03/2021	Permanent
Consultant Paediatricians With A Special Interest In Safeguarding Children and Young People and/or Forensic Medicine	Dr Alice Mary Monfrinoli	Replacement	16/03/2021	Permanent
Consultant in Palliative Care	Dr Louise Christine Exton	New	22/03/2021	Permanent
Consultant in Palliative Care	Dr Leena Srivastava	New	22/03/2021	Permanent
Consultant General Paediatrician with interest in Paediatric Allergy	Dr Katherine Hazel Fawbert	Replacement	29/03/2021	Permanent
Consultant Radiologist with Specialist Interest in GI Imaging	Dr Milda Dedelaite	Replacement	01/04/2021	Permanent
Consultant Virologist and Infectious Diseases Physician	Dr Temidayo Ladipo Lampejo	Replacement	01/04/2021	Permanent
Consultant in Neuroanaesthesia	Dr Brenda Nyamaizi	New	01/04/2021	Permanent
Consultant in Emergency Medicine	Dr Joshua Edward Clough	Replacement	01/04/2021	Permanent
Consultant in Medical Microbiology and Infection Control Doctor	Dr Martin Neville Brown	Replacement	01/04/2021	Permanent
Consultant in Neonatal Medicine	Dr Sophia Chuin-Sung Teoh	Replacement	01/04/2021	Permanent
Consultant General Paediatrician	Dr Lucy Sarah Stokes Pickard	Replacement	05/04/2021	Permanent
Consultant in Neonatal Medicine	Dr Ayevbekpen Grace Okoye	Replacement	06/04/2021	Permanent

Consultant Radiologist	Dr Khalid Ballal Dr Husam Wassati	Replacement	03/05/2021 TBC	Permanent
Medical Examiner (Part-time)	Dr Helen Margaret Phillips Dr Deen Mohammad Mirza Dr Yasmin Katy Kapadia Dr Duncan Bew	New	10/05/2021 26/05/2021 TBC TBC	3 Years Fixed-term
Consultant Dermatologist	Dr Fiona Worsnop	Replacement	TBC	Permanent
Consultant Haematopathologist with a Special Interest in Malignant Haematopathology	Dr Liron Barnea Slonim	New	TBC	Permanent
Consultant Dermatologist	Dr Zahra Haider	Replacement	TBC	Permanent
Consultant Interventional Cardiologist with a Specialist Interest in Coronary Intervention	Dr Nilesh Pareek	Replacement	TBC	Permanent
Consultant Cardiac surgeon with a Special Interest in Minimal Access Valve surgery	Mr Habib Ur Rehman Khan	New	TBC	Permanent
Consultant Gerontology & Frailty	Dr Ruth Eyres	Replacement	TBC	Permanent
Honorary Consultant Critical Care Medicine	Prof. Jan Hendrik Piet van der Meulen	Honorary	08/04/2021	07/04/2024
Honorary Consultant Paediatric Hepatologist	Dr Eirini Kyrana	Honorary	26/04/2021	25/04/2024
Honorary Consultant Paediatric Hepatologist	Prof. Giorgia Mieli-Vergani	Honorary	26/04/2021	25/04/2024
Locum Consultant Neonatologist	Dr Russell Stuart Pryce	Replacement	01/03/2021	28/02/2022
Locum Consultant Neonatologist	Dr Lekshmi Sasidharan	Replacement	01/03/2021	28/02/2022
Locum Consultant Anaesthetist	Dr Lauren Tully	Replacement	10/03/2021	09/03/2022
Locum Consultant Anaesthetist	Dr Kayathrie Jeyarajah	Replacement	15/03/2021	14/09/2021
Locum Consultant Colorectal Surgeon	Mr Danko Lyubomirov Kostadinov	New	15/03/2021	14/03/2022

Locum Consultant in Special Care Dentistry	Dr Samina Anis Nayani-Low	Replacement	01/04/2021	31/12/2021
Locum Glaucoma Consultant, Ophthalmology	Ms Shelly-Anne Lalchan	Replacement	01/04/2021	31/03/2022
Locum Consultant Renal Medicine	Dr Sui Phin Kon	Replacement	02/04/2021	31/03/2022
Locum Consultant Ophthalmologist - Cataract Theatre Back Fill	Mrs Sujatha Srinivasan	Replacement	03/04/2021	02/04/2022
Locum Consultant Rheumatologist	Dr Nirupam Purkayastha	Replacement	05/04/2021	04/04/2022
Locum Consultant Nephrologist	Dr Theodoros Kasimatis	Replacement	05/04/2021	04/04/2022
Locum Consultant in Acute/General Medicine	Dr Stacy Jane Smith	New	07/04/2021	06/04/2022
Locum Glaucoma Consultant, Ophthalmology	Dr Sokratis Zormpas	Replacement	08/04/2021	07/04/2022
Locum Consultant Colorectal Surgeon	Mr Hasanin Al Chalabi	Replacement	19/04/2021	18/04/2022
Locum Consultant Ophthalmologist - Cataract Theatre Back Fill	Mr Muhammad Ali Memon	Replacement	19/04/2021	18/04/2022
Locum Consultant Haematologist with Special Interest in Haemoglobinopathies	Dr John Nicholas Brewin	Replacement	26/04/2021	25/08/2021



# Integrated Performance Report

Month 1 (April) 2021/22

Trust Board

10 June 2021



Report to:	<i>Trust Board</i>
Date of meeting:	<i>Thursday 10<sup>th</sup> June 2021</i>
Subject:	<i>Integrated Performance Report 2021/22 Month 1 (April)</i>
Author(s):	<i>Adam Creeggan, Director of Performance &amp; Planning; Steve Coakley, Assistant Director of Performance &amp; Planning;</i>
Presented by:	<i>Jonathan Lofthouse, Site Chief Executive – PRUH &amp; South Sites</i>
Sponsor:	<i>Jonathan Lofthouse, Site Chief Executive – PRUH &amp; South Sites</i>
History:	<i>Quality, People and Performance Committee 3<sup>rd</sup> June 2021</i>
Status:	<i>For Discussion</i>

### Summary of Report

- This report provides the details of the latest performance achieved against key national performance, quality and patient waiting times targets, noting that our required Trust response to COVID-19 continues to impact activity delivery and performance for April 2021 returns.*
- The report provides a site specific operational performance update on patient access target performance, with a focus on delivery and recovery actions and key risks.*

### Action required

- The Committee is asked to approve the latest available 2021/22 M1 performance reported against the governance indicators defined in the Strategic Oversight Framework (SOF).*

### 3. Key implications

Legal:	<i>Report relates to performance against statutory requirements of the Trust license in relation to waiting times.</i>
Financial:	<i>Trust reported financial performance against published plan.</i>
Assurance:	<i>The summary report provides detailed performance against the operational waiting time metrics defined within the NHSi Strategic Oversight Framework .</i>
Clinical:	<i>There is no direct impact on clinical issues.</i>
Equality & Diversity:	<i>There is no direct impact on equality and diversity issues</i>
Performance:	<i>The report summarises performance against local and national KPIs.</i>
Strategy:	<i>Highlights performance against the Trust's key objectives in relation to improvement of delivery against national waiting time targets.</i>
Workforce:	<i>Links to effectiveness of workforce and forward planning.</i>
Estates:	<i>Links to effectiveness of workforce and forward planning.</i>
Reputation:	<i>Trust's quarterly and monthly results will be published by NHSi and the DoH.</i>
Other:(please specify)	

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## Executive Summary

### 2021/22 Month 1

#### QUALITY

- Summary Hospital Mortality Index (SHMI) increased slightly from 97.9 to 98.5 – but better than the expected index of score of 100.
- HCAI:
  - ☐ No MRSA bacteraemia cases reported in April.
  - ☐ 8 new VRE bacteraemia cases reported in April which is above the target of 4 cases;
  - ☐ E-Coli bacteraemia: 4 new cases reported in April, which is above the target of 5 cases;
  - ☐ 12 new C-difficile cases reported in April which is below the quota of 16 cases.
- Overall Trust recommendation rate for Inpatients improved slightly to 94.4% for April. The FFT recommendation rate for ED reduced from 84.8% in March to 81.3% in April, and the Outpatient recommendation rate reduced by 1.0% to 88.8%.

#### PERFORMANCE

- Trust A&E/ECS compliance reduced from 80.85% in March to 80.00% in April. By Site: DH 76.04% and PRUH 84.43%
- Cancer:
  - ☐ Treatment within 62 days of post-GP referral is not compliant and reduced slightly to 69.05% for April (target 85%).
  - ☐ Treatment within 62 days following screening service referral was not compliant at 60.00% for April (target 90%).
  - ☐ The two-week wait from GP referral standard was also not compliant at 89.71% (target 93%) for April.
- Diagnostics: performance improved by 7.70% to 23.28% of patients waiting >6 weeks for diagnostic test in April (National target <1%).
- RTT incomplete performance improved by 0.84% to 64.84% in April (target 92%).
- RTT patients waiting >52 weeks reduced by 1,546 cases to 5,242 cases in April, compared to 6,788 cases in March.

#### WORKFORCE

- The appraisal window for FY2021/22 has re-opened in April, and the appraisal rates for all staff was 61.19% in April, below the 90% target.
- There has been a small decrease in the sickness rate for the second consecutive month. The general sickness has increase slightly from 2.88% to 2.99%, and COVID-19 related sickness has also reduced from 0.63% to 0.36%
- Statutory and Mandatory Training compliance improved to 87.10% in April which is the highest compliance in 12 months.
- The vacancy rate is showing an increase of 1.58% to 11.465 in April, although there has been a decrease in establishment.
- The Trust voluntary turnover rate of 11.21% for April has continually decreased and remained within the target of 14% for 12 consecutive months. All sites are reporting below the target.

#### FINANCE

- The Trust has reported a £2.0m deficit for M01. This is driven by the incremental costs of reset and recovery to achieve activity above the national thresholds. The Trust should recover this through ERF funding.
- The financial framework for the next 6 months is broadly a rollover of arrangements which were in place for the second half of 2020/21. The centrally calculated envelope would have provided the Trust with an envelope which was in line with our Q3 financial spend with the ability to gain further income if the Trust (and the ICS) were able to over achieve on the elective thresholds.
- Pay Run Rate - The Trust exited 2020/21 with a pay bill of £813m. This includes a £12.5m annual leave accrual and £12.5m of costs relating to COVID. Within this financial envelope, the Trust has a planned pay budget of £754m.
- Non-Pay - deterioration in run-rate when compared to 2020/21 Q3 average, is due to adjusting for bad debt provisions. Movement is expected each month as and when the Trust recovers it's debt.

# NHSi Dashboard - Strategic Oversight Framework

## NHSi Dashboard

Domain	Indicator	Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend
		Feb 21	Mar 21	Apr 21	F-YTD Actual	Feb 21	Mar 21	Apr 21	F-YTD Actual	Feb 21	Mar 21	Apr 21	F-YTD Actual	
A&E	A&E Waiting times - Types 1 & 3 Depts (Target: > 95%)	71.50%	77.38%	76.04%	76.04%	81.80%	84.63%	84.43%	84.43%	76.44%	80.85%	80.00%	80.00%	
RTT	RTT Incomplete Performance	64.83%	63.87%	64.80%	64.80%	68.01%	66.76%	67.32%	67.32%	65.87%	64.84%	65.68%	65.68%	
Cancer (Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Feb-21) in this report)	2 weeks from referral to first appointment all urgent referrals (Target: > 93%)	96.63%	97.22%	92.76%	92.76%	85.25%	95.75%	86.65%	86.65%	90.97%	96.49%	89.71%	89.71%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: > 93%)		100.00%	50.00%	50.00%	75.00%	93.94%	76.09%	76.09%	75.00%	94.03%	74.00%	74.00%	
	31 days diagnosis to first treatment (Target: >96%)	85.86%	85.61%	83.78%	83.78%	75.00%	100.00%	92.45%	92.45%	82.35%	89.56%	86.67%	86.67%	
	31 days subsequent treatment - Drug (Target: >98%)	80.95%	100.00%	76.00%	76.00%	100.00%	60.00%	100.00%	100.00%	83.33%	94.12%	77.78%	77.78%	
	31 days subsequent treatment - Surgery (Target: >98%)	57.58%	61.11%	65.12%	65.12%	57.14%	85.71%	20.00%	20.00%	57.50%	65.12%	60.42%	60.42%	
	62 days GP referral to first treatment (Target: >85%)	40.24%	65.79%	65.69%	65.69%	59.21%	80.00%	74.24%	74.24%	49.37%	70.29%	69.05%	69.05%	
Patient Safety	62 days NHS screening service referral to first treatment (Target: >90%)	77.27%	59.09%	63.33%	63.33%	50.00%	100.00%	40.00%	40.00%	65.79%	70.00%	60.00%	60.00%	
	Clostridium difficile infections (Year End Target: xx)	8	15	9	9	3	3	1	1	11	18	12	12	

### A&E 4 Hour Standard

- A&E performance was non-compliant in April at 80.00%, below the national target of 95%, and reduced by 0.85% compared to 80.85% performance achieved in March 2021.

### Cancer

- The latest interim 62-day performance for patients referred by their GP for first cancer treatment reduced slightly from 70.29% reported for March 2021 to 69.05% in April, below the national target of 85%.

### RTT

- RTT performance is validated at 65.68% for April which is a further improvement compared to 64.84% performance achieved in March.

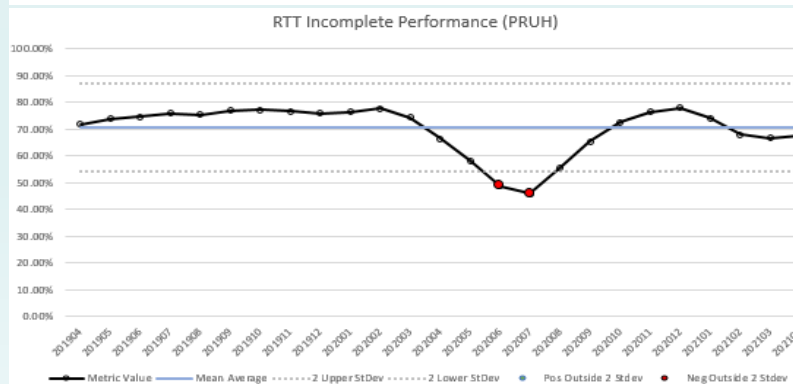
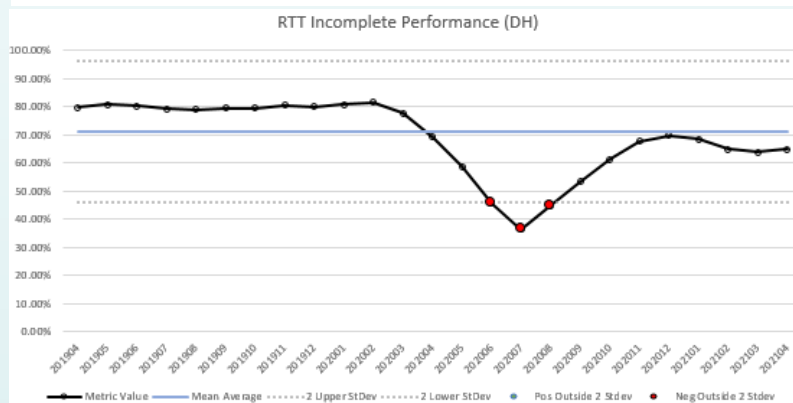
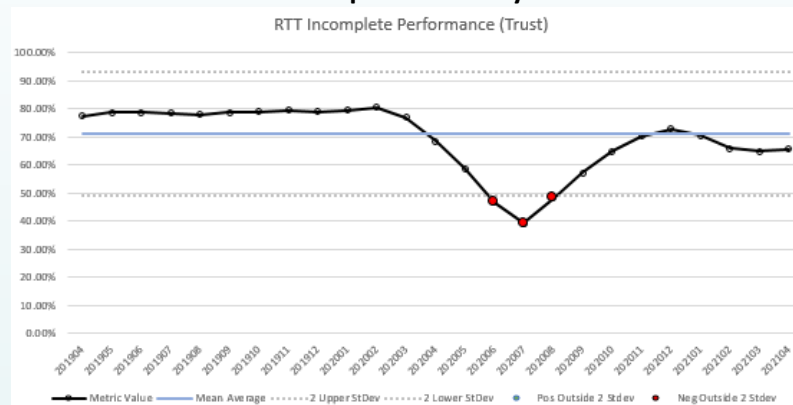
### C-difficile

- There were 12 Trust attributed cases of c-Difficile in April 2021 which is below the monthly target of 16 cases.

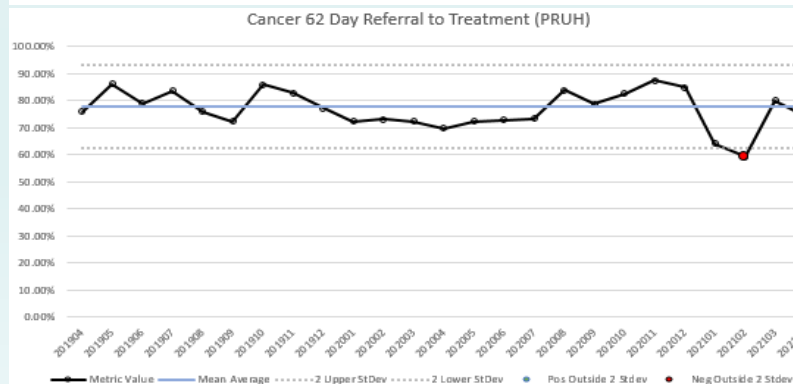
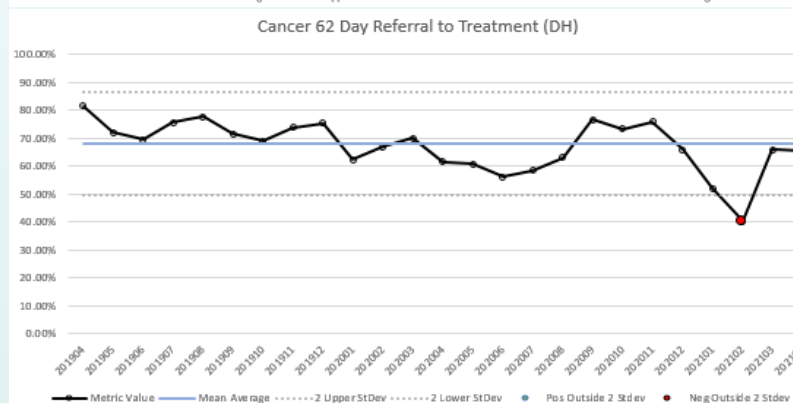
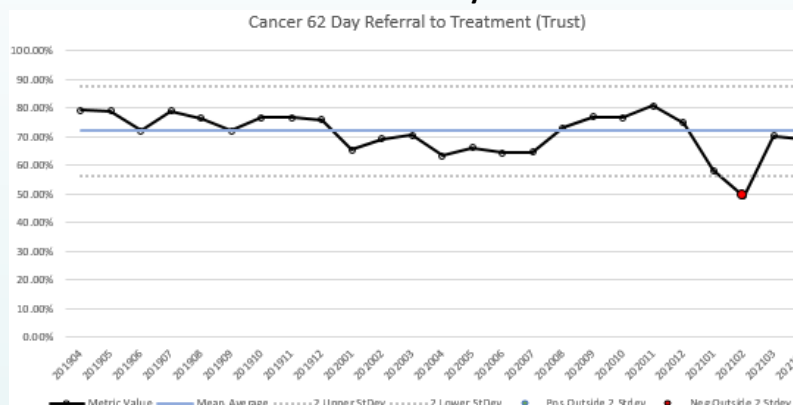
# Selected Board Report NHSi Indicators

## Statistical Process Control Charts for the last 25 Months Mar-19 to Apr-21

### RTT Incomplete Pathways



### Cancer: 62 day standard



# Safety Dashboard

## Safe

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend	
		Feb 21	Mar 21	Apr 21	F-YTD Actual	Feb 21	Mar 21	Apr 21	F-YTD Actual	Feb 21	Mar 21	Apr 21	F-YTD Actual		
CQC level of inquiry: Safe															
Reportable to DoH															
2717	Number of DoH Reportable Infections	76	45	38	38	11	10	8	8	87	55	46	46		
Safer Care															
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.04	0.00	0.00	0.00	0.07	0.42	0.37	0.37	0.05	0.16	0.14	0.14		
1897	Potentially Preventable Hospital Associated VTE	0	0	1	1	3	2	2	2	3	2	3	3		
538	Hospital Acquired Pressure Ulcers (Grade 3 or 4)	0	0	0		0	0	0		0	0	0			
945	Open Incidents										17				
Incident Reporting															
520	Total Serious Incidents reported	10	9	6	6	11	9	11	11	21	18	17	17		
516	Moderate Harm Incidents	26	18	18	18	6	18	22	22	35	38	40	40		
509	Never Events	1	1	0		0	1	0		1	2	0			

## HCAI

- No MRSA bacteraemia cases reported in April, and the last case was reported in October 2020 with 4 cases reported in total for the previous financial year 2020/21.
- 8 new VRE bacteraemia cases reported in April with 4 cases reported on critical care wards, and is above the monthly target of 4 cases.
- E-Coli bacteraemia: 4 new cases reported in April which is below the monthly target of 5 cases.
- 12 Trust attributed cases of c-Difficile in April 2021 which is below the monthly target of 16 cases. There were 6 cases reported in General Medicine wards at PRUH; and on the DH site there were 3 cases reported on Haematology wards, 2 cases in Acute Medicine and 1 case on a critical care ward.



# Patient Experience Dashboard

## Caring

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend	
		Feb 21	Mar 21	Apr 21	F-YTD Actual	Feb 21	Mar 21	Apr 21	F-YTD Actual	Feb 21	Mar 21	Apr 21	F-YTD Actual		
CQC level of inquiry: Caring															
HRWD															
422	Friends & Family - Inpatients	91.9%	93.0%	94.1%	94.1%	97.7%	96.5%	94.8%	94.8%	93.3%	94.2%	94.3%	94.3%		
423	Friends & Family - ED	86.9%	84.8%	83.6%	83.6%	83.3%	84.9%	74.5%	74.5%	85.7%	84.8%	81.3%	81.3%		
774	Friends & Family - Outpatients	89.3%	89.8%	89.2%	89.2%	89.2%	89.6%	88.0%	88.0%	89.3%	89.8%	88.8%	88.8%		
775	Friends & Family - Maternity	0.0%	50.0%	92.9%	92.9%	96.4%	97.7%	95.8%	88.0%	96.4%	95.6%	95.1%	95.1%		
Complaints															
619	Number of complaints	47	67	61	61	30	33	25	25	78	101	92	92		
Operational Engagement															
620	Number of complaints not responded to within 25 Days	26	39	54	54	32	28	24	24	58	67	78	78		
3119	Number of PALS enquiries – unable to contact department									60	36	25	25		
Incident Management															
660	Duty of Candour - Conversations recorded in notes	100.0%	86.7%	75.0%	75.0%	100.0%	100.0%	87.0%	87.0%	100.0%	95.4%	84.1%	84.1%		
661	Duty of Candour - Letters sent following DoC Incidents	96.7%	86.7%	75.0%	75.0%	100.0%	100.0%	87.0%	87.0%	97.9%	95.4%	84.1%	84.1%		
1617	Duty of Candour - Investigation Findings Shared	10.0%	0.0%	8.3%	8.3%	0.0%	0.0%	0.0%	0.0%	10.4%	0.0%	2.3%	2.3%		

- **FFT - A&E:** Trust score reduced from 84.8% to 81.3% in April. The DH score reduced by 1.2% to 83.6% patients recommending, with PRUH reducing from 84.9% in March to 74.5% in April. DH patient experience improvement plan in place, and at PRUH there are specific surveys for SACU/MACU being setup.
- **FFT – Inpatient:** Trust score remained relatively static at 94.3%. The DH score improved by 1.1% to 94.1%, with PRUH reducing by 1.7% to 94.8% for April. A short term plan in place to increase inpatient FFT response rates which will provide more reliable and representative data.
- **FFT – Outpatients:** Trust FFT score for outpatients reduced by 1% to 88.8%, with DH reducing by 0.6% to 89.2%, and PRUH reducing by 1.6% to 88.0%. Outpatient SMS has moved over to broadcast methodology with link to FFT and improvement questions.
- **FFT – Maternity:** Trust FFT score for maternity reduced from 95.6% in March to 95.1% in April, with DH improving to 92.9%, and PRUH reducing by 1.9% to 95.8%. Ante and post-natal FFT response rates remain very low across sites despite solutions put in place.

# Performance Dashboard

## Performance

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend	
		Feb 21	Mar 21	Apr 21	F-YTD Actual	Feb 21	Mar 21	Apr 21	F-YTD Actual	Feb 21	Mar 21	Apr 21	F-YTD Actual		
CQC level of inquiry: Responsive															
Access Management - RTT, CWT and Diagnostics															
364	RTT Incomplete Performance	64.83%	63.87%	64.80%	64.80%	68.01%	66.76%	67.32%	67.32%	65.87%	64.84%	65.68%	65.68%		
632	Patients waiting over 52 weeks (RTT)	5957	5946	4636	4636	851	840	604	604	6813	6788	5242	5242		
412	Cancer 2 weeks wait GP referral	96.63%	97.22%	92.76%	92.76%	85.25%	95.75%	86.65%	86.65%	90.97%	96.49%	89.71%	89.71%		
413	Cancer 2 weeks wait referral - Breast		100.00%	50.00%	50.00%	75.00%	93.94%	76.09%	76.09%	75.00%	94.03%	74.00%	74.00%		
419	Cancer 62 day referral to treatment - GP	40.24%	65.79%	65.69%	65.69%	59.21%	80.00%	74.24%	74.24%	49.37%	70.29%	69.05%	69.39%		
536	Diagnostic Waiting Times Performance > 6 Wks	35.56%	25.44%	16.60%	16.60%	56.48%	53.10%	50.07%	50.07%	39.83%	30.98%	23.28%	23.28%		
Access Management - Emergency Flow															
459	A&E 4 hour performance (monthly SITREP)	71.50%	77.38%	76.04%	76.04%	81.80%	84.63%	84.43%	84.43%	76.44%	80.85%	80.00%	80.00%		
Patient Flow															
399	Weekend Discharges	21.4%	19.1%	19.1%	19.1%	17.8%	18.8%	18.2%	18.2%	20.0%	19.0%	18.7%	18.7%		
404	Discharges before 1pm	15.3%	16.3%	15.5%	15.5%	16.0%	16.3%	18.9%	18.9%	15.9%	16.3%	17.0%	17.0%		
747	Bed Occupancy	75.1%	75.8%	79.5%	79.5%	86.0%	87.3%	89.1%	89.1%	79.2%	80.1%	83.0%	83.0%		
1357	Number of Stranded Patients (LOS 7+ Days)	309	318	300	300	175	192	171	171	486	512	473	473		
1358	Number of Super Stranded Patients (LOS 21+ Days)	133	144	133	133	46	52	66	66	181	198	201	201		
762	Ambulance Delays > 30 Minutes	307	302			39	19			346	321				
772	12 Hour DTAs	22	30	29	29	52	40	7	7	74	70	36	36		
Theatre Productivity															
801	Day Case Rate	77.1%	79.8%	79.1%	79.1%	95.2%	89.2%	83.9%	83.9%	83.6%	83.7%	81.9%	81.9%		

### A&E 4 Hour Standard

- A&E performance was non-compliant in April at 80.00% which has reduced from the 80.85% performance achieved in March.

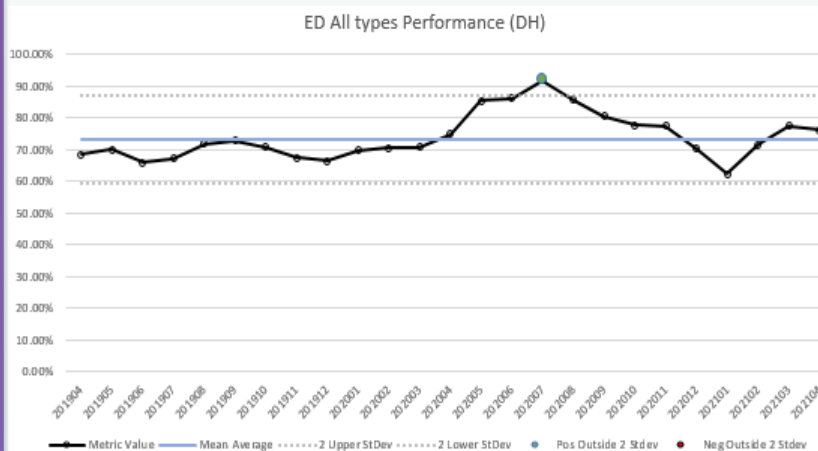
### Cancer

- Treatment within 62 days of post-GP referral is not compliant and was 69.05% for April (target 85%), compared to 70.29% in March.
- The two-week wait from GP referral standard was not compliant at 89.71% for April (target 93%), compared to 96.49% in March where the national target was exceeded.

# Emergency Care Standard

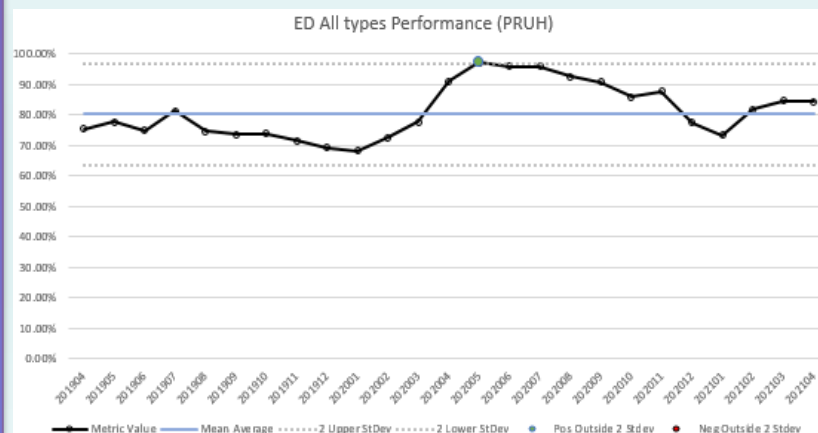
## Denmark Hill performance:

- Executive Owner: Julie Lowe, Site Chief Executive
- Management/Clinical Owner: Emer Sutherland, CD



## PRUH performance:

- Executive Owner: Jonathan Lofthouse, Site Chief Executive
- Management/Clinical Owner: tbc



## Background / target description:

- Ensure at least 95% of attendees to A&E are admitted, transferred or discharged within 4 hours of arrival.

## Underlying issues:

- Continued increase in attendances with particular increase in the Urgent Care Centre, and Paediatric A&E has also seen an increase specifically at the DH site.

## DH Actions:

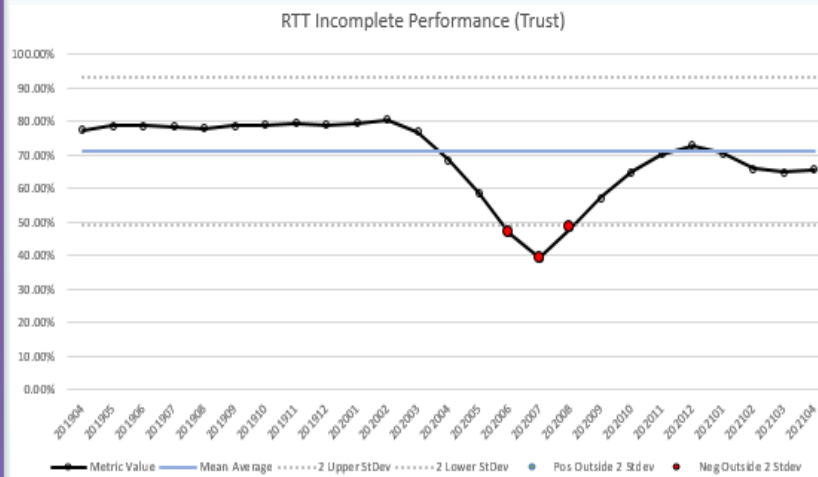
- New enhanced discharge lounge on Matthew Whiting now open to pull discharges through earlier in the day.
- IT interface in development to enable 24/7 rapid COVID testing in ED.
- Refer and move to Medicine to begin first week of June.
- Increase in RAT capacity.
- UTC re-procurement continuing and remains on track to go-live in September

## PRUH Actions:

- Modular buildings:** Two modular buildings, co-located with ED, delivered 27-28 March. Enabling works underway with anticipated operational start date in June. Joint meeting held with PRUH, Oxleas and Greenbrook Healthcare to finalise staffing model and patient pathway in anticipation of go live.
- Paediatric ED:** Works underway to facilitate converting existing cubicles into individual rooms within Paediatric ED. Part of the work is also to create a safe room for children and young people presenting in mental health crisis.
- CAMHS safe room:** To be upgraded and made ligature free. Waiting confirmation of start date.
- Acute medical take:** Acute improvement plan in place to support admission avoidance and appropriate care outside of the acute setting. Part of this work will tie in with the SDEC pathways but also review of skill mix, decision making and resource for acute medical patients in ED.
- SDEC Pathways:** Joint ED and acute improvement group established alongside senior medical, nursing and operational leads to review scope and effectiveness of ambulatory care models in line with national guidance.

**RTT Incomplete performance:**

- Executive Owner: Jonathan Lofthouse, Site Chief Executive
- Management/Clinical Owner: Palmer Winstanley, DOO

**Background / target description:**

- Ensure 92% of patients are treated within 18 weeks of referral.

**Underlying issues:**

- Appointment Slot Issues (ASI) at PRUH are back to pre-COVID levels with the exception of a couple of services. There are 1,707 ASI's at DH and services are working to clear outstanding appointments for booking worklists. All services have a patient booking window applied of 100 days.

**Current RTT Incomplete position:**

- RTT performance is validated at 65.68% for April which is a further improvement compared to 64.84% performance achieved in March. Total PTL increased by 651 to 62,286 pathways whilst the backlog reduced by 294 to 21,376 pathways.

**DH Actions**

- Plans have been developed for a centralised pre-assessment service with 2 options for consideration – either occupying space in Dental which would release Admissions back to support DSU flow, or to consulting rooms and a small reception area within DSU.
- Pre-assessment activity is nearing 2019 levels with face-to-face appointments re-starting for ASA 3 and 4 patients from the beginning of May, with all other assessment conducted over the telephone. Risk remains that patients are being booked too close to their surgery and the current location impacts on DSU flow as ward beds are used to admit patients.

**PRUH Actions**

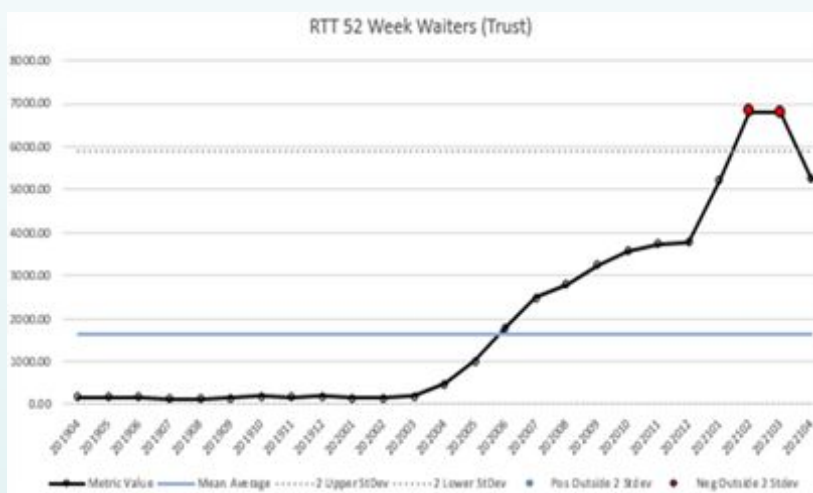
- DSU now has a full elective schedule across the 6 theatres, and is now well established as a 23-hour unit which has enabled the team to support the formation of a Urology hub (with daily all day lists).
- Main theatres maintain CEPOD and TRAUMA lists and there are now 4 elective theatres in operation. 2 theatres have been allocated to DH based consultants to operate on General Surgery, Bariatric, and colorectal long waiters. PRUH no longer has any sessions in the independent sector/GSST.

# RTT – 52 Weeks

## RTT Incomplete performance:

- Executive Owner: Jonathan Lofthouse, Site Chief Executive
- Management/Clinical Owner: Palmer Winstanley, DOO

## RTT 52+ Week waiters:



## Background / target description:

- Zero patients waiting over 52 weeks.

## Underlying issues:

- DH pre-operative assessment service is running at capacity, and is currently located in DSU in the admissions area which limits flow, delays afternoon lists and compromises patient experience.
- PRUH main theatre maintenance continues based on the schedule with one theatre closed until 4 June.

## 52 Week position:

- Decrease of 1,546 breaches from 6,788 in March to 5,242 in April.
- The majority of the breaches are in Ophthalmology (1,333 patients), Oral Surgery (1,194 patients), General/ Bariatric Surgery (502 patients), T&O (266 patients), Orthodontics (241 patients), and Community Dental (204 patients).
- The number of 52 week breaches at Denmark Hill has reduced by 1,310 cases from 5,946 in March to 4,636 in April.
- The number of 52 week breaches at PRUH/South Sites reduced by 236 cases from 840 in March to 236 in April.

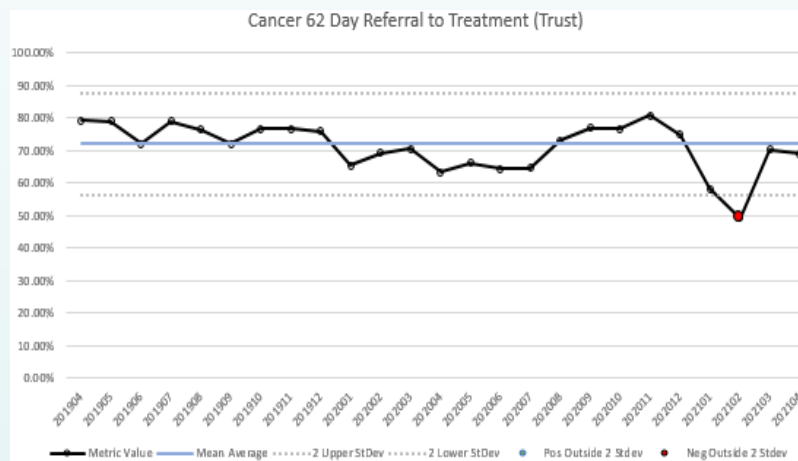
## Actions

- **COVID results** - Patients are arriving without a confirmed swab result – the DH team are working with the laboratory and Dental teams to refine the Trust's swabbing process. The national swabbing pathway will also be reviewed.
- **Estates (DH)** - CCU1 build continued overhead with minimal disruption. Liver Transplant theatre air handling 4-week down time planning from end of July. The 52 week maintenance plan to be reviewed from w/c 31 May.
- **Estates (PRUH)** - Orpington theatre lights have arrived on-site ready for installation. Planning to be done in collaboration with T&O to prevent cancellations.
- **Scheduling and Galaxy System** - Temporary licenses in place pending one site system business case. Commercial team and GSTT ICT leads now involved in negotiations with supplier. Business Case to be submitted by 28 May. Booking resource has been agreed with plans to recruit in progress.

# Cancer 62 day standard

## 62 days GP referral to first treatment performance:

- Executive Owner: Jonathan Lofthouse, Site Chief Executive
- Management/Clinical Owner: tbc



CANCER SITE	TARGET	CASES	BREACHES	NO BREACH	PERF
Breast	85%	16.0	1.0	15.0	93.8%
Colorectal	85%	10.0	4.0	6.0	60.0%
Gynaecology	85%	1.5	0.5	1.0	66.7%
Haematology	85%	3.0	1.0	2.0	66.7%
Lung	85%	1.5	0.5	1.0	66.7%
Skin	85%	3.0	0.0	3.0	100.0%
Upper GI - HPB	85%	1.0	1.0	0.0	0.0%
Urology	85%	15.5	8.5	7.0	45.2%

## Background / target description:

- That 85% of patients receive their first definitive treatment for cancer within 62 days of an urgent GP (GDP or GMP) referral for suspected cancer.
- That 90% of patients receive their first definitive treatment for cancer within 62 days of referral from an NHS cancer screening service.

## Underlying issues:

- The number of over 62 day GP referred patients (backlog) is comparable to the pre-COVID period.
- Trust CWT improvement plan revised and relaunched in April 2021.

## DH Actions

- HpB - Redesign of HCC (liver) pathway to reduce referrals into Trust and waiting times for MDM discussions and OPAs (process mapping meeting to be held).
- HpB – short term training plan enacted in May which has reduced waiting time for specialist diagnostic procedure to one week.
- Colorectal - revised virtual clinic process for benign patients to meet 28-day standard launched in May. implementation of breaking bad news slots within 24 hours of MDM required (additional CNS post out to advert, further post in cancer investment paper, pilot to begin in Q1/Q2).
- DH and PRUH Lung – faster scheduling process in place for PET-CT scans.

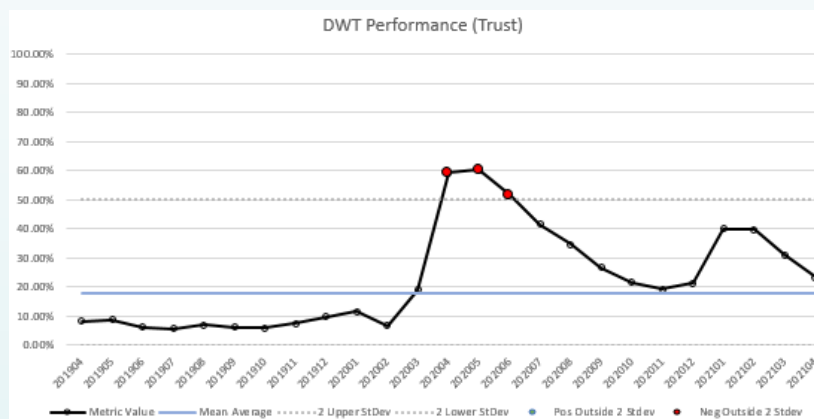
## PRUH Actions

- Gynaecology – hysteroscopy capacity and demand review to be undertaken
- Head Neck – Develop 1-stop clinic for PRUH patients (new clinical leads in place, pathway mapping meet to be held).
- Skin – development of 1-stop clinics (requiring nursing workforce training through approved transformation funding and additional medical workforce through business case).
- Radiology – extension of CT and MRI to 7-day service will reduce 2WW waits.
- Urology - breaking bad news ring-fenced slots required for PRUH prostate patients (being reviewed with job plan changes and implementation of buddy system for cover).

# Diagnostic Waiting Times

## DM01 performance:

- Executive Owner: Jonathan Lofthouse/Julie Lowe, Site Chief Executive
- Management/Clinical Owner: tbc



## Background / target description:

- The percentage of patients not seen within six weeks for 15 tests reported in the DM01 diagnostic waiting times return.

## Underlying issues:

- 95% achievement against forecasted activity trajectory for the week-ending 16 May position, with 2,902 procedures behind plan.
- All modalities behind plan apart from CT.

## DH Actions

- Largest backlog remains in cardiac echo (reduced from 443 to 298 over the last 2 weeks). Long-term capacity is sufficient, but additional external IS provider support which commenced 10 April providing additional capacity to clear the current backlog.
- Significant volume of long waiters (but the backlog has reduced from 433 to 290 over the last 2 weeks) in peripheral neurophysiology. Recovery is expected in Q1.
- MRI recovery trajectory has improved since the introduction of an insourcing company from the middle of March, with planned activity now only 3.5% behind plans.

## PRUH Actions

- Cardiac CT has some capacity issues but this is continuing to improve and for May. As the new CT scanner is now fully operational at the DH site, PRUH Cardiac patients waiting to be scanned in-month will be routinely requested to attend this site.
- Since April, the use of the independent sector for Endoscopy is now with Lyca Healthshare only. All sites are now accepting 2WW referrals as well as routine and surveillance. The PRUH is on target to achieve DM01 compliance by the end of May for Endoscopy.
- The extended Endoscopy harm review has been completed.
- MRI activity is 3% ahead of plan with support from additional external MRI capacity.

# Workforce Dashboard

## Workforce

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend	
		Feb 21	Mar 21	Apr 21	F-YTD Actual	Feb 21	Mar 21	Apr 21	F-YTD Actual	Feb 21	Mar 21	Apr 21	F-YTD Actual		
CQC level of inquiry: Well Led															
Staff Training & CPD															
715	% appraisals up to date - Combined									73.98%	74.17%	61.19%			
721	Statutory & Mandatory Training									83.85%	85.01%	87.10%			
Staffing Capacity															
875	Voluntary Turnover %	11.2%	11.2%	11.1%		11.4%	11.5%	11.3%		11.3%	11.3%	11.2%			
732	Vacancy Rate %	10.97%	10.42%	11.06%		11.46%	10.74%	10.29%		10.32%	9.88%	11.46%			
Efficiency															
743	Monthly Sickness Rate	4.61%	3.37%	3.26%		6.17%	3.93%	3.78%		4.99%	3.51%	3.35%			

### Appraisals

- Appraisal rates have reduced from 74.17% in March to 61.19% in April for all staff. Compliance is 100% for Deanery doctors.

### Sickness

- The sickness rate has reduced slightly from 3.51% in March to 3.35% in April. COVID-19 related sickness has also reduced from 0.63% to 0.36%.

### Training

- Statutory and Mandatory Training has increased from 85.01% in March to 87.10% for April, which the highest rise in the last 12 months and also the highest compliance in the last 12 months.

### Staff Vacancy and Turnover

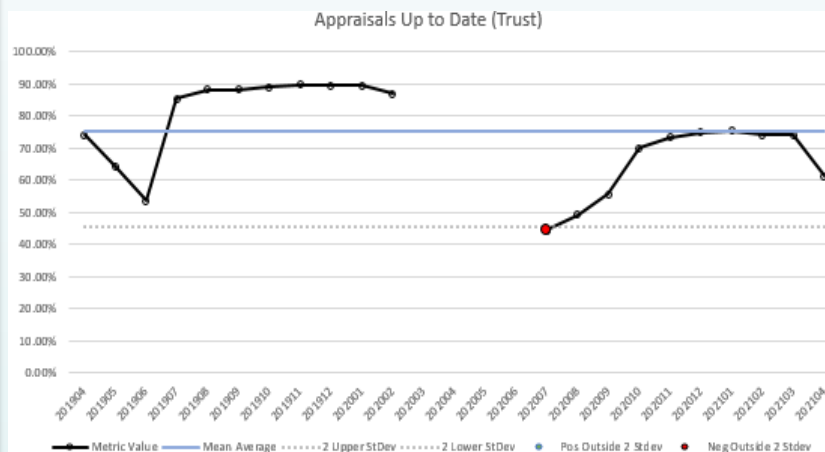
- The vacancy rate is showing an increase of 1.58% to 11.46% in April, although there has been a decrease in establishment. One of the reasons for the increase is a reduction of 52.98 FTE staff in post. The Trust voluntary turnover rate of 11.21% for April has been continually decreasing and remained within the target of 14% for 12 consecutive months. All sites are reporting below the target.



# Appraisal Rate

## Appraisal Rate:

- Executive Owner: Louise Clark (interim)
- Management/Clinical Owner: tbc



## Performance Delivery:

### Non-Medical:

- The appraisal window for 21/22 has opened in April and will close on the 31st of July.
- We did not have any data in the first three months of 20/21 for comparison. However, the earliest figure provided in July 20 was 44.47%, which is 16.72 decimal points lower than this year.

### Medical:

- Compliance has decreased slightly from M12. The compliance is 100% for Deanery doctors.
- A trajectory for improvement of medical appraisal has been set to 8.3% per month with expectation that will achieve 95% compliance by September's 21

## Background / target description:

- The percentage of staff that have been appraised within the last 12 months (medical & non-medical combined)

## Actions to Sustain:

### Non-Medical:

- The window set by the Trust has re-opened in April, and compliance will continually update as the system will still recognise any appraisals recorded outside the Trust window.

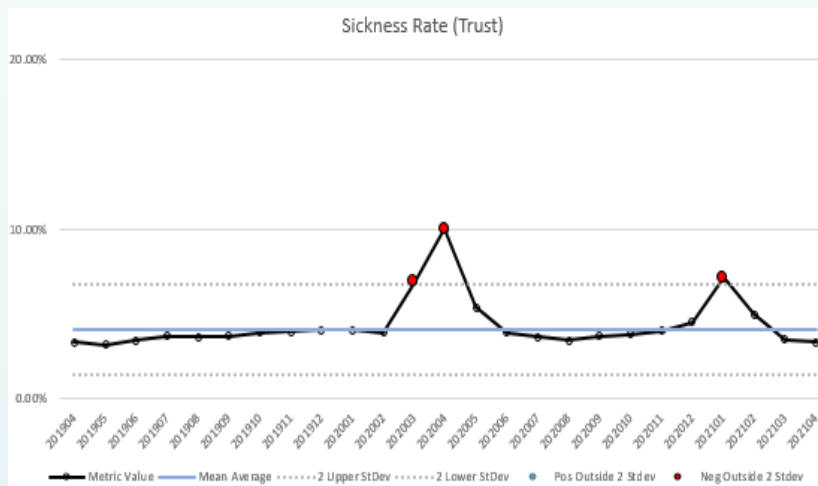
### Medical:

- Monthly appraisal and job planning compliance report by Care Group is sent to Clinical Director's, Site Managing Directors, HRBP's, and General Managers. CD's and Site MD's also have access to SARD to view and monitor appraisal and job planning compliance in real time.
- Appraisal reminders are sent automatically from SARD to individuals at 3, 2, and 1 month prior to the appraisal due date (including to those overdue with their appraisal, i.e. 12-15 months non-compliant).
- Review 12-15 months non-compliant list and escalate to CD's and Site MD's.
- Regular review of submitted appraisals on SARD pending sign-off - chase appraiser and appraisee to complete relevant sections of the appraisal.
- CD's to provide support to a colleagues in their Care Group who has difficulty identifying an appraiser.
- Monthly meeting with Chief Medical Officer, Responsible Officer, Trust Lead for Appraisal and Revalidation and Site Medical Directors to monitor/address appraisal compliance will be re-instated from April 2021.

## Sickness Rate

### Sickness Rate:

- Executive Owner: Louise Clark (interim)
- Management/Clinical Owner: tbc



### Performance Delivery:

- The Trust has seen a small decrease in the sickness rate for the second consecutive month for April. COVID-19 related sickness has also reduced from 0.63% to 0.36%. The general sickness rate has increase slightly from 2.88% to 2.99%.
- The main reasons for sickness excluding COVID-19 with the highest sickness rates are: Anxiety/stress/depression/other psychiatric illnesses, Other musculoskeletal problems, and Other known causes - not elsewhere classified.
- The rolling sickness rates of 4.22% shows a decrease in both short-term sickness from 2.26% to 1.88%, and long-term from 2.48% to 2.34%.

### Background / target description:

- The number of FTE calendar days lost during the month to sickness absence compare to the number of staff available FTE in the same period.

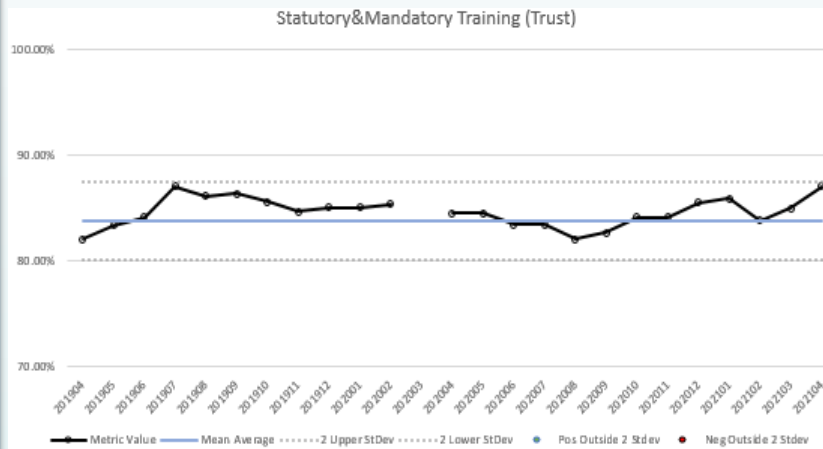
### Actions to Sustain:

- Comments have been received and work continues on the latest version of the sickness policy.
- Sickness rates are being monitored and managed. The ER Team Leader (ERTL) has a fortnightly 1:1 meetings with the ER Advisors (ERAs) to go through sickness cases.
- Monthly meetings are held with line managers to review and progress sickness cases and ensure that staff have access to the relevant support.
- The Health & Wellbeing business case has been signed off and the plan is being mobilised. This will provide an increase in Psychological and pastoral support available to staff .
- The ER Team is increasing awareness of the EAP service / OH offering and continue to support managers to manage sickness are currently reviewing all long term sickness absence to ensure the appropriate support is in place for individuals.

# Statutory and Mandatory Training

## Statutory and Mandatory Training

- Executive Owner: Louise Clark (interim)
- Management/Clinical Owner: tbc



## Performance Delivery:

- There has been an increase in compliance for April at 87.10%. This is the highest rise in 12 months and also the highest compliance in 12 months.
- The top 3 topics for compliance are the Safeguarding Adults L1&2 and Children L2. The bottom 3 topics are Information Governance, Resus and manual handling clinical. Both the Safeguarding Adults topics have exceeded the Trust's target of 90%.
- There has been a general rise in compliance across the staff groups of up to 5.86% from M12 with Additional Clinical Services having the highest increase. Admin & Clerical, Allied Health Professionals and Estates & Ancillary remain above the compliance target. Medical and Dental continues to increase in compliance with a rise of 2.09% from M12.

## Background / target description:

- The percentage of staff compliant with Statutory & Mandatory training.

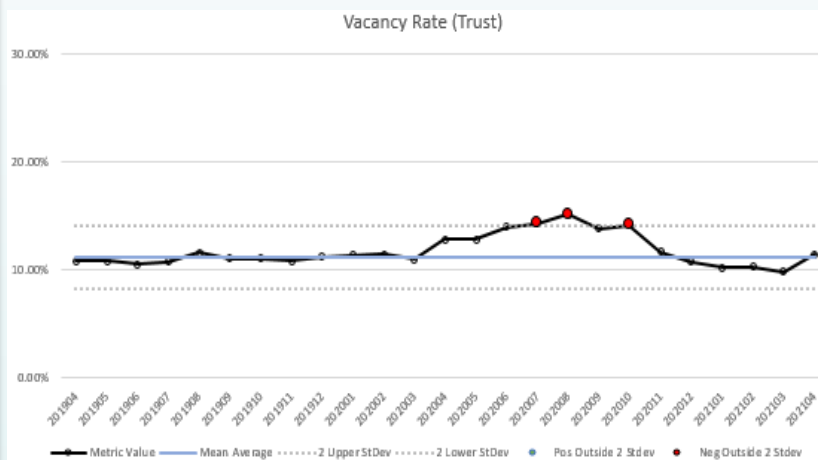
## Actions to Sustain:

- Care groups to focus on lowest compliance, HR Business Partners (HRBP) are targeting areas with low compliance, fortnightly meetings with the HRBP's/Learning & Organisational Development to monitor.
- LEAP Line Manager check-in – 3 monthly check required to maintain hierarchy.
- Audience re-mapping will commence in the coming month. This will mean cleaning up all audiences in the LEAP system, some of which are still as they were when copied from KAD (legacy system).
- Virtual training dates for the year to be confirmed and uploaded enabling staff to plan their training in line with expiry dates.
- Targeted emails to staff expired.
- Benchmarking to be carried out within the SG network to establish methods of delivery, average compliance rate and the impact the method of training is having on SG issues.
- A number of development projects are about to be initialised to improve compliance. There are two priority projects:
  - Potential options working with Recruitment for collection of previous training history to update compliance on joining.
  - An automated function that allows users to self-certify against courses already completed elsewhere which triggers a notification to the LEAP team to validate and approve.

## Vacancy Rate

### Vacancy Rate:

- Executive Owner: Louise Clark (interim)
- Management/Clinical Owner: tbc



### Performance Delivery:

- The vacancy rate is showing an increase in April of 1.58%, although there has been a decrease in establishment. One of the reasons for the increase is a reduction of staff in post (52.98 FTE). There has also been a review of 200 plus FTEs that were classified as recharge in positions in the previous month. Recharged in positions are not included in vacancy calculations, as they are occupied by an individual non-directly employed by Kings.
- In spite of the negative vacancy rate, 138 new OSCE nurses (international educated nurses) had started in April, as well as 56 new medical and dental staff of which 14 are consultants.

### Background / target description:

- The percentage of vacant posts compared to planned full establishment recorded on ESR.

*Note: When the actual FTE is higher than the establishment FTE the vacancy % is displayed as zero.*

### Actions to Sustain:

### Strategy and future action:

- A major review of recruitment has commenced with an over-arching recruitment strategy for 2021 and beyond.
- Working with Airline Industry, Retail and the Hospitality Industries to encourage interest in NHS roles in our Trust.
- Discussions refreshed with Lambeth, Southwark and Bromley local authorities and local DWP offices on a range of activity for local people to work in the Trust.

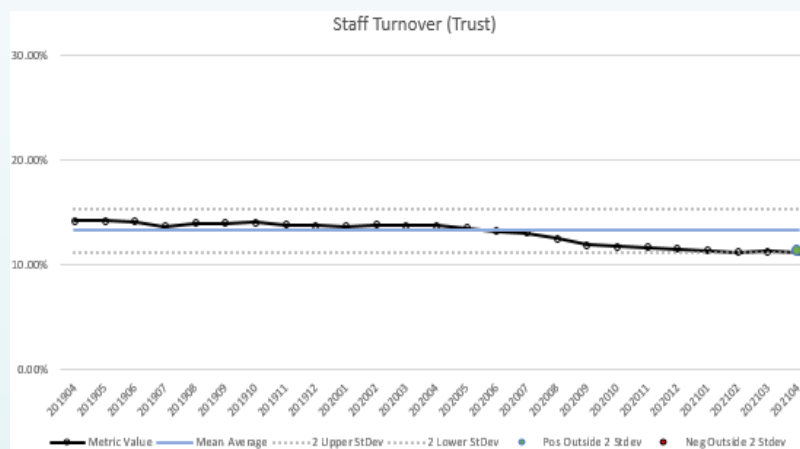
### Priority areas of recruitment:

- Increase in local talent pools staff at Band 5 and Band 6 level, promoting specialist roles on social media and are working to convert bank and agency staff to Trust contracts.
- A targeted medical recruitment campaign has being developed with the Guardian at the PRUH and is helping to reduce vacancies.
- AHP – continual adverts with talent pooling at Band 5 and 6 level, promotion of more specialised posts on Social media, conversion of bank & agency staff.
- International Recruitment and deployment (of IEN's) between November 2020 and March 2021. A successful bid of £109k to NHSE&I has helped accelerate this programme following a delay during COVID-19. A further bid of £350,000 was successful in order to bring an additional 50 IEN's into the Trust by the end of April 2021.

# Turnover Rate

## Turnover Rate:

- Executive Owner: Louise Clark (interim)
- Management/Clinical Owner: tbc



## Performance Delivery:

- The Trust voluntary turnover rate of 11.21% for April has continually decreased, and remains within the target of 14% for 12 consecutive months. All sites are reporting below the target.
- In April there were 193 leavers, of which 111 were voluntary and 82 non-voluntary. It should be noted that 67 leavers this month are part of the ViaPath transfer.
- The top three reasons for leaving voluntarily in April are: Promotion, Relocation and Retirement (12).

## Background / target description:

- The percentage of vacant posts compared to planned full establishment recorded on ESR

*Note: When the actual FTE is higher than the establishment FTE the vacancy % is displayed as zero.*

## Actions to Sustain:

- Exit interview data is being reviewed.
- The retention working group is currently working on various initiatives.
- Initiatives such as the launch of the Feel Good Fund and King's Stars presentation evening, hopefully will drive an improvement in retention.

# Finance Dashboard

## Finance

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend
		Feb 21	Mar 21	Apr 21	F-YTD Actual	Feb 21	Mar 21	Apr 21	F-YTD Actual	Feb 21	Mar 21	Apr 21	F-YTD Actual	
Overall (000s)														
895	Actual - Overall	19,654	16,579	65,831	65,831	6,775	7,433	19,634	19,634	9,310	109,461	(5,195)	(5,195)	
896	Budget - Overall	1,337	558			3,733	3,221			22,115	23,811			
897	Variance - Overall	(18316)	(16,021)	(65,831)	(65,831)	(3,002)	(4,211)	(19,634)	(19,634)	12,805	(85,650)	5,195	5,195	
Medical - Agency														
602	Variance - Medical - Agency	(161)	(205)	(33)	(33)	(102)	(61)	(356)	(356)	(268)	(339)	(388)	(388)	
Medical Bank														
1095	Variance - Medical Bank	(3,240)	(1,500)	(1,006)	(1,006)	(336)	(150)	(495)	(495)	(3,569)	(1,604)	(1,505)	(1,505)	
Medical Substantive														
599	Variance - Medical Substantive	(142)	(2,274)	(15,286)	(15,286)	388	(398)	(4,068)	(4,068)	(24)	(2,479)	(19,904)	(19,904)	
Nursing Agency														
603	Variance - Nursing Agency	(231)	(299)	(333)	(333)	(172)	(268)	(253)	(253)	(449)	(553)	(601)	(601)	
Nursing Bank														
1104	Variance - Nursing Bank	(2,020)	(2,216)	(1,693)	(1,693)	(803)	(896)	(1,063)	(1,063)	(3,260)	(4,849)	(3,099)	(3,099)	
Nursing Substantive														
606	Variance - Nursing Substantive	2,003	1,293	(15,914)	(15,914)	788	761	(6,273)	(6,273)	3,083	2,387	(23,588)	(23,588)	

- The Trust has reported a £2.0m deficit for M01. This is driven by the incremental costs of reset and recovery to achieve activity above the national thresholds. The Trust should recover this through ERF funding.
- Due to pressures elsewhere in the sector and the need for a system contingency, £12m of stretch has been added to the King's position. The Trust maintains the ability to gain further income (ERF) through the elective incentive scheme if both it, and the ICS achieve activity over and above the national elective thresholds. It is anticipated that a combination of the Trust's 2% CIP and achievement of ERF will bridge this stretch target.
- Pay - is in line with the 2020/21 Q3 average. Comparing to 2020/21 M08-10 average, the Trust will need to improve its pay costs by 1% in order to meet expected plan budget for M01-6 (£67.7m/month).
- Non Pay - Drug costs deteriorated due to accounting for prior year invoices relating to Cystic Fibrosis £2.5m and additional provision for Homecare £1m. Both of these have been offset with income expected.

## Domain 4: Finance

### M1 (April) – Financial Performance



#### Surplus / (Deficit)

£2.1m

Actual M01

(£11.1m)

Average 19/20



#### Pay

(£67.7m)

Actual M01

(£66.4m)

Average Q3  
20/21

#### Non Pay

(£54.6m)

Actual M01

(£54.2m)

Average Q3  
20/21

#### COVID Costs

£50.8m

Actuals Total  
2021

£12.6m

Pay 20/21

£38.2m

Non Pay 20/21



#### Payment Compliance

##### Debtor Days

15.12

Actual M12

17.2

Prior Month

##### Creditor Days

93.7

Actual M12

90.6

Prior Month



#### Capital

(£93.0m)

Annual Plan  
20/21

(£88.5m)

Actual YTD  
20/21



## Key Metrics - IPR Summary

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

Trust (100)

April 2021

### Performance

		Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Responsive																		
Access Management - RTT, CWT and Diagnostics																		
364	RTT Incomplete Performance	68.50%	58.70%	46.66%	39.28%	48.20%	57.16%	64.82%	70.36%	72.71%	70.47%	65.87%	64.84%	65.68%	92.00%	65.68%	60.18%	
632	Patients waiting over 52 weeks (RTT)	483	1017	1784	2495	2802	3250	3568	3739	3777	5212	6813	6788	5242	0	5242	46487	
412	Cancer 2 weeks wait GP referral	88.56%	88.23%	84.57%	86.12%	79.80%	85.40%	90.65%	95.41%	95.63%	89.39%	90.97%	96.49%	89.71%	93.00%	89.71%	89.92%	
413	Cancer 2 weeks wait referral - Breast	95.65%	97.50%	98.28%	96.39%	96.23%	93.07%	92.00%	98.11%	86.96%	75.00%	75.00%	94.03%	74.00%	93.00%	74.00%	91.63%	
419	Cancer 62 day referral to treatment - GP	63.38%	66.23%	64.33%	64.55%	73.02%	76.79%	76.61%	80.66%	74.73%	58.28%	49.37%	70.29%	69.05%	85.00%	69.05%	69.80%	
536	Diagnostic Waiting Times Performance > 6 Wks	59.35%	60.25%	51.56%	41.59%	34.71%	26.81%	21.73%	19.34%	21.41%	40.16%	39.83%	30.98%	23.28%	1.00%	23.28%	33.83%	
Access Management - Emergency Flow																		
459	A&E 4 hour performance (monthly SITREP)	82.82%	91.11%	90.72%	93.63%	88.91%	85.26%	81.51%	82.26%	73.69%	67.38%	76.44%	80.85%	80.00%	95.00%	80.00%	82.70%	
Patient Flow																		
399	Weekend Discharges	19.6%	25.5%	20.1%	18.5%	25.5%	18.0%	21.3%	21.4%	17.7%	24.6%	20.0%	19.0%	18.7%	20.9%	18.7%	20.8%	
404	Discharges before 1pm	18.7%	18.1%	17.9%	16.8%	16.9%	16.1%	17.1%	17.0%	15.4%	15.3%	15.9%	16.3%	17.0%	16.7%	17.0%	16.6%	
747	Bed Occupancy	61.7%	63.6%	70.8%	78.1%	80.8%	83.7%	83.4%	81.6%	82.5%	79.9%	79.2%	80.1%	83.0%	77.2%	83.0%	79.0%	
1357	Number of Stranded Patients (LOS 7+ Days)	361	329	395	421	417	502	460	469	472	512	486	512	473		473	5448	
1358	Number of Super Stranded Patients (LOS 21+ Days)	171	121	141	169	164	193	183	176	175	195	181	198	201		201	2097	
800	Delayed Transfer of Care Days (per calendar day)														0.0			
762	Ambulance Delays > 30 Minutes	411	258	182	128	223	256	386	314	603	650	346	321		0		3667	
772	12 Hour DTAs	13	12	28	37	45	34	53	69	249	245	74	70	36	0	36	952	
Theatre Productivity																		
801	Day Case Rate	73.1%	76.0%	76.8%	77.6%	77.7%	79.7%	80.6%	80.6%	79.4%	84.8%	83.6%	83.7%	81.9%	80.0%	81.9%	80.4%	

### Quality

Apr 20															May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Safe																														
Reportable to DoH																														
2717	Number of DoH Reportable Infections	40	57	66	53	62	57	48	71	73	72	87	55	46	62	46	747													
Safer Care																														
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.14	0.06	0.03	0.10	0.07	0.14	0.09	0.17	0.18	0.20	0.05	0.16	0.14	0.19	0.14	0.12													
1897	Potentially Preventable Hospital Associated VTE	3	1	2	1	2	2	4	6	7	7	3	2	3	0	3	40													
538	Hospital Acquired Pressure Ulcers (Grade 3 or 4)	0	1	0	0	0	1	0	0	0	0	0	0	0	0															
945	Open Incidents			40			22			34			17				113													
Incident Reporting																														
520	Total Serious Incidents reported	9	10	14	13	6	2	9	10	8	4	21	18	17		17	132													

Business Intelligence Unit  
Secure Email: [kch-tr.performance-team@nhs.net](mailto:kch-tr.performance-team@nhs.net)

Created date: October 2019





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

Trust (100)

516	Moderate Harm Incidents	17	15	24	29	26	26	29	24	23	27	35	38	40		40	336	
509	Never Events	0	0	2	0	1	0	1	0	0	0	1	2	0	0		7	

### CQC level of inquiry: Caring

#### HRWD

422	Friends & Family - Inpatients	95.7%	96.0%	94.5%	93.1%	95.0%	94.9%	95.2%	94.0%	94.2%	93.2%	93.3%	94.2%	94.4%	96.0%	94.4%	94.3%	
423	Friends & Family - ED	89.6%	89.0%	84.6%	89.3%	83.4%	82.6%	83.6%	85.0%	81.6%	84.9%	85.7%	84.8%	81.3%	86.0%	81.3%	84.4%	
774	Friends & Family - Outpatients	88.5%	87.1%	85.1%	85.6%	88.2%	88.2%	89.1%	89.7%	88.5%	88.1%	89.3%	89.8%	88.8%	92.0%	88.8%	88.5%	
775	Friends & Family - Maternity	89.1%	96.0%	94.2%	91.8%	94.1%	91.2%	92.4%	95.4%	96.2%	96.9%	96.4%	95.6%	95.1%	94.0%	95.1%	94.3%	

#### Complaints

619	Number of complaints	23	40	71	87	110	95	129	124	92	75	78	101	92	85	92	1094	
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#### Operational Engagement

620	Number of complaints not responded to within 25 Days	42	16	40	60	57	80	50	99	77	82	58	67	78	61	78	764	
3119	Number of PALS enquiries – unable to contact department	10	12	24	48	52	67	66	41	112	56	60	36	25	49	25	599	

#### Incident Management

660	Duty of Candour - Conversations recorded in notes	100.0%	100.0%	100.0%	100.0%	95.5%	96.3%	100.0%	77.8%	100.0%	95.0%	100.0%	95.4%	84.1%	96.8%	84.1%	95.2%	
661	Duty of Candour - Letters sent following DoC Incidents	100.0%	100.0%	96.4%	100.0%	90.9%	100.0%	100.0%	81.5%	100.0%	95.0%	97.9%	95.4%	84.1%	96.5%	84.1%	95.0%	
1617	Duty of Candour - Investigation Findings Shared	65.2%	45.0%	53.6%	48.5%	40.9%	18.5%	28.6%	18.5%	17.2%	7.5%	10.4%	0.0%	2.3%	25.9%	2.3%	21.0%	

### CQC level of inquiry: Effective

#### Improving Outcomes

831	Standardised Readmission Ratio	86.7	86.4	86.3	86.0	86.7	87.0	87.2	87.1	86.3	86.6				105.0			
436	HSMR	90.6	90.6	89.7	88.6	87.5	88.1	88.0	89.6	90.0	92.7	93.8			100.0			
433	SHMI	98.4	97.9	96.6	96.5	96.5	96.6	95.9	97.4	97.9	98.5				105.0			
649	Patients receiving Fractured Neck of Femur surgery w/in 36hrs	74.3%	88.9%	71.0%	63.0%	71.9%	71.7%	86.8%	67.7%	91.4%	86.8%	89.7%	69.2%	80.0%	77.6%	80.0%	78.1%	
625	Diagnostic Results Acknowledgement	13.5%	13.7%	13.4%	13.9%	13.7%	12.7%	13.6%	13.0%	12.7%	13.3%	12.4%	13.0%	10.7%	13.2%	10.7%	13.0%	

## Workforce

		Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	Month Target	F-YTD Actual	Rolling 12mth	Trend
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### CQC level of inquiry: Well Led

#### Staff Training & CPD

715	% appraisals up to date - Combined				44.47%	49.25%	55.66%	70.05%	73.21%	74.74%	75.29%	73.98%	74.17%	61.19%	90.00%			
721	Statutory & Mandatory Training	84.57%	84.57%	83.47%	83.47%	82.09%	82.72%	84.18%	84.18%	85.55%	85.92%	83.85%	85.01%	87.10%	90.00%			

#### Staffing Capacity

875	Voluntary Turnover %	13.8%	13.5%	13.3%	13.1%	12.6%	11.9%	11.8%	11.7%	11.5%	11.4%	11.3%	11.3%	11.2%	14.0%			
732	Vacancy Rate %	12.83%	12.87%	13.97%	14.29%	15.16%	13.89%	14.19%	11.67%	10.78%	10.28%	10.32%	9.88%	11.46%	10.00%			

#### Efficiency

743	Monthly Sickness Rate	9.98%	5.40%	3.89%	3.66%	3.46%	3.71%	3.83%	3.99%	4.55%	7.14%	4.99%	3.51%	3.35%	3.50%			
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## Finance

Business Intelligence Unit  
Secure Email: [kch-tr.performance-team@nhs.net](mailto:kch-tr.performance-team@nhs.net)

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## Key Metrics - IPR Summary

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

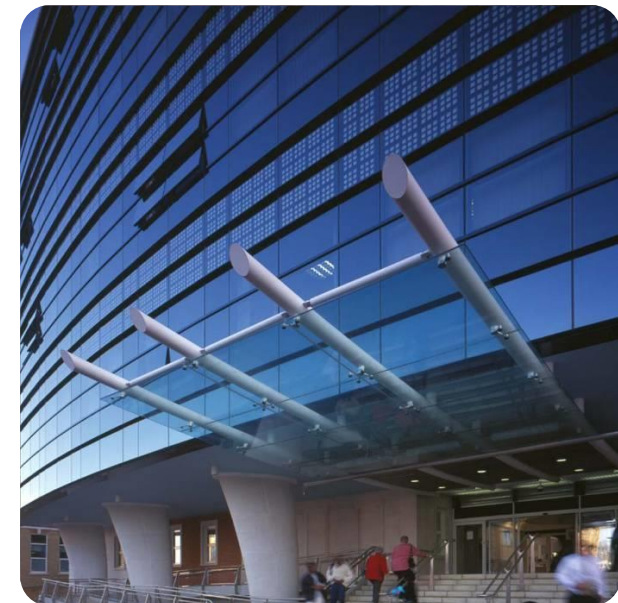
Trust (100)

		Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	Month Target	F-YTD Actual	Rolling 12mth	Trend
<b>Overall (000s)</b>																		
895	Actual - Overall	5,580	567	3,535	2,835	4,789	2,546	2,694	7,602	13,671	(5,965)	9,310	109,461	(5,195)		(5,195)	145,851	
896	Budget - Overall	19,224	18,968	18,969	14,466	14,366	14,366	14,695	14,579	14,490	28,683	22,115	23,811				199,509	
897	Variance - Overall	13,644	18,401	15,433	11,631	9,577	11,820	12,001	6,977	820	34,648	12,805	(85,650)	5,195	0	5,195	53,658	
<b>Medical - Agency</b>																		
602	Variance - Medical - Agency	(364)	(384)	(230)	(324)	(353)	(581)	(747)	(832)	(658)	(459)	(268)	(339)	(388)	0	(388)	(5,564)	
<b>Medical Bank</b>																		
1095	Variance - Medical Bank	(944)	(1,857)	(796)	(1,548)	(1,356)	(1,331)	(2,034)	(1,022)	(1,728)	(1,171)	(3,569)	(1,604)	(1,505)	0	(1,505)	(19,521)	
<b>Medical Substantive</b>																		
599	Variance - Medical Substantive	1,081	303	1,178	1,357	1,877	1,011	1,936	1,252	691	2,095	(24)	(2,479)	(19,904)	0	(19,904)	(10,707)	
<b>Nursing Agency</b>																		
603	Variance - Nursing Agency	(473)	(417)	(407)	(666)	(583)	(810)	(836)	(676)	(622)	(430)	(449)	(553)	(601)	0	(601)	(7,050)	
<b>Nursing Bank</b>																		
1104	Variance - Nursing Bank	(2,442)	(2,116)	(2,003)	(1,645)	(2,194)	(2,659)	(2,496)	(2,942)	(2,861)	(3,274)	(3,260)	(4,849)	(3,099)	0	(3,099)	(33,397)	
<b>Nursing Substantive</b>																		
606	Variance - Nursing Substantive	3,344	2,624	1,684	2,474	3,281	3,656	2,661	3,117	2,615	2,722	3,083	2,387	(23,588)	0	(23,588)	6,718	

King's

**2020/21**  
**Month 12 Finance Report**  
**Trust Board**  
**10<sup>th</sup> June 2021**

King's



An Academic Health Sciences Centre for London

Pioneering better health for all

## Summary of Year to Date Financial Position

**As at month 12, the Trust has achieved a break even position for the year, as per forecast. The Trust's unaudited outturn for FY 2020/21 is a surplus of £400k, including consolidation of the subsidiary company accounts for KFM, KCS, and Kings Management.**

NHSE category	2020-21 Outturn £M
Operating Income From Patient Care Activities	1,307.9
Other Operating Income	163.8
<b>Operating Income Total</b>	<b>1,471.6</b>
Finance Income	0.1
<b>Non Operating Income Total</b>	<b>0.1</b>
<b>Income Total</b>	<b>1,471.7</b>
Admin & Clerical	(134.3)
Medical Staff	(258.6)
Nursing Staff	(323.0)
Other Staff	(97.8)
<b>Employee Operating Expenses Total</b>	<b>(813.7)</b>
<b>Operating Expenses Total</b>	<b>(634.5)</b>
Finance Cost	(36.2)
<b>Non Operating Expenses Total</b>	<b>(36.2)</b>
<b>Grand Total *(pre-consolidation of subsidiaries)</b>	<b>(12.7)</b>
<b>Consolidation of Subsidiary Companies</b>	<b>£M</b>
KFM	8.2
Kings Commercial Services (KCS)	3.9
Kings Management Ltd	1.0
<b>Total</b>	<b>13.1</b>
<b>Consolidated Total</b>	<b>0.4</b>

COVID Spend Summary	2020/21 Total £000s
Pay Total	(12,583)
Non-Pay Total	(38,178)
<b>Grand Total</b>	<b>(50,762)</b>

For the first 6 months of 2020/21 the Trust was provided with retrospective top up funding to help the Trust reach a broadly break even position. For months 7-12, funding arrangements have moved to a system block with the Trust receiving a block income of £107.6m each month until the end of this financial year. This income has been sufficient in helping the Trust achieve a breakeven position.

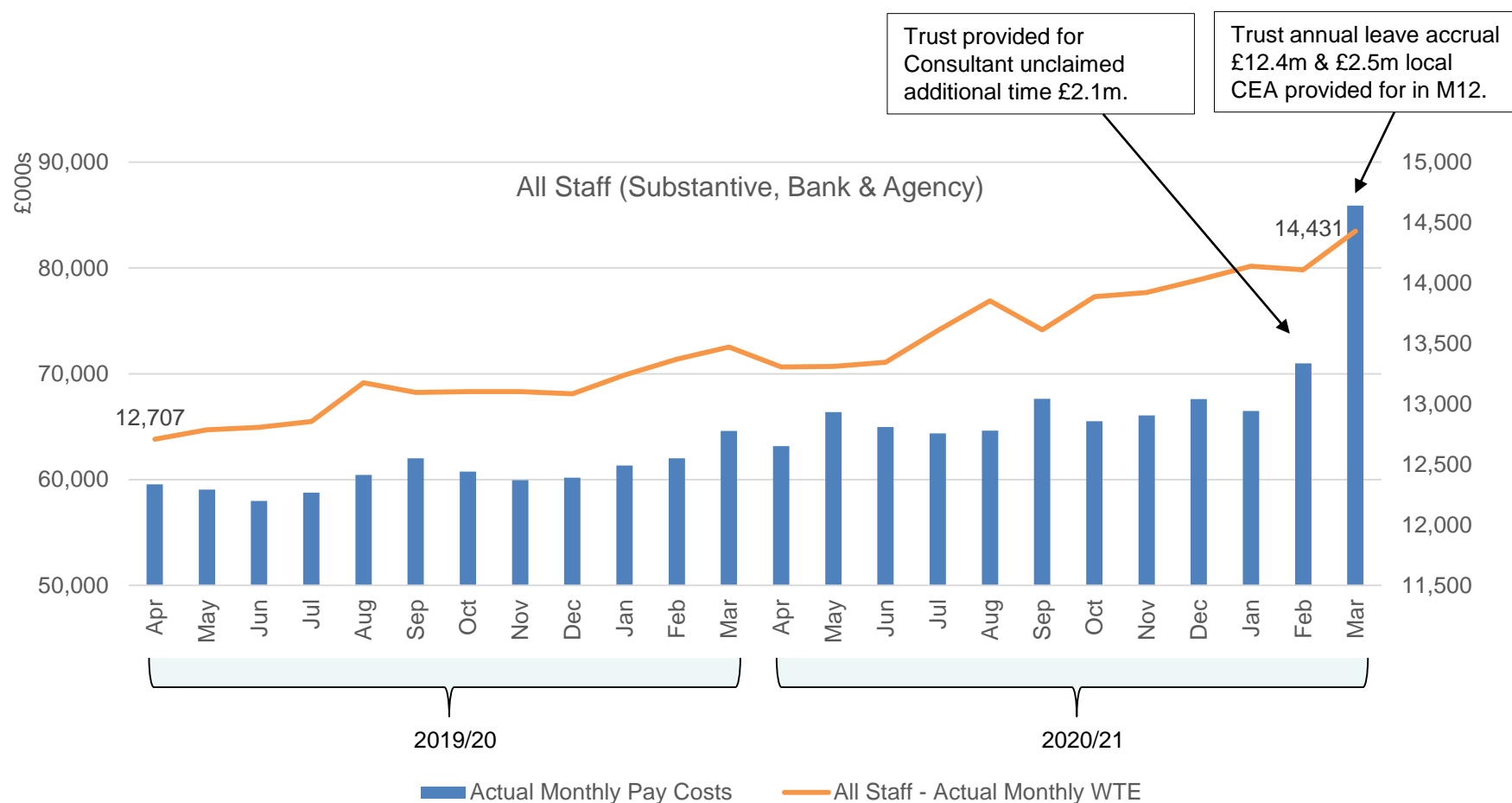
The Trust has recorded a surplus of £400k following consolidation of subsidiary companies. The key drivers for this year include:

- System block contract arrangements helped the Trust report a 20% increase (£247.6m) when compared to 2019/20 (£1,224.1m), pre-consolidation. This is due to the top-up COVID payments received to help cover the additional costs incurred throughout the pandemic.
- However employee expenses (pay) costs grew considerably by 10% (£74m) when compared 2019/20 (£726.2m), and ignoring the £12.5m annual leave accrual in month 12. COVID has been one of the key drivers here accounting for 2% (12.5m) of this increase. An ongoing review is being undertaken to understand this trend.
- Other expenses (non-pay) increased slightly by 2% (£11.4m) when compared to 2019/20 (£623.1). This is a predominately driven by COVID costs which accounts for £38.2m of this increase. Drugs had also increased over the same period by £27.6m. However, this is offset through reduced outsourcing and purchasing of consumables, which has resulted in KFM reporting a £8.2m surplus this year.

## Year on Year – Pay Review

The Trust had exited this financial year with an outturn of £801m (pre £12.5m annual leave accrual). This is an increase of 10% when compared to 2019/20 (£726m). A corresponding increase in all staff WTE had also been recorded of 6%.

- The Trusts pay bill grew by 10% when compared to last year (ignoring annual leave accrual). This had partly been driven by COVID costs.
- All staff actual WTE, on average increased over the same period by 6%.



## Year to Date - Pay run rate

The Trust exited 2020/21 with a pay bill of £813m. This includes a £12.5m annual leave accrual and £12.5m of costs relating to COVID. Within this financial envelope, the Trust has a planned pay budget of £754m.

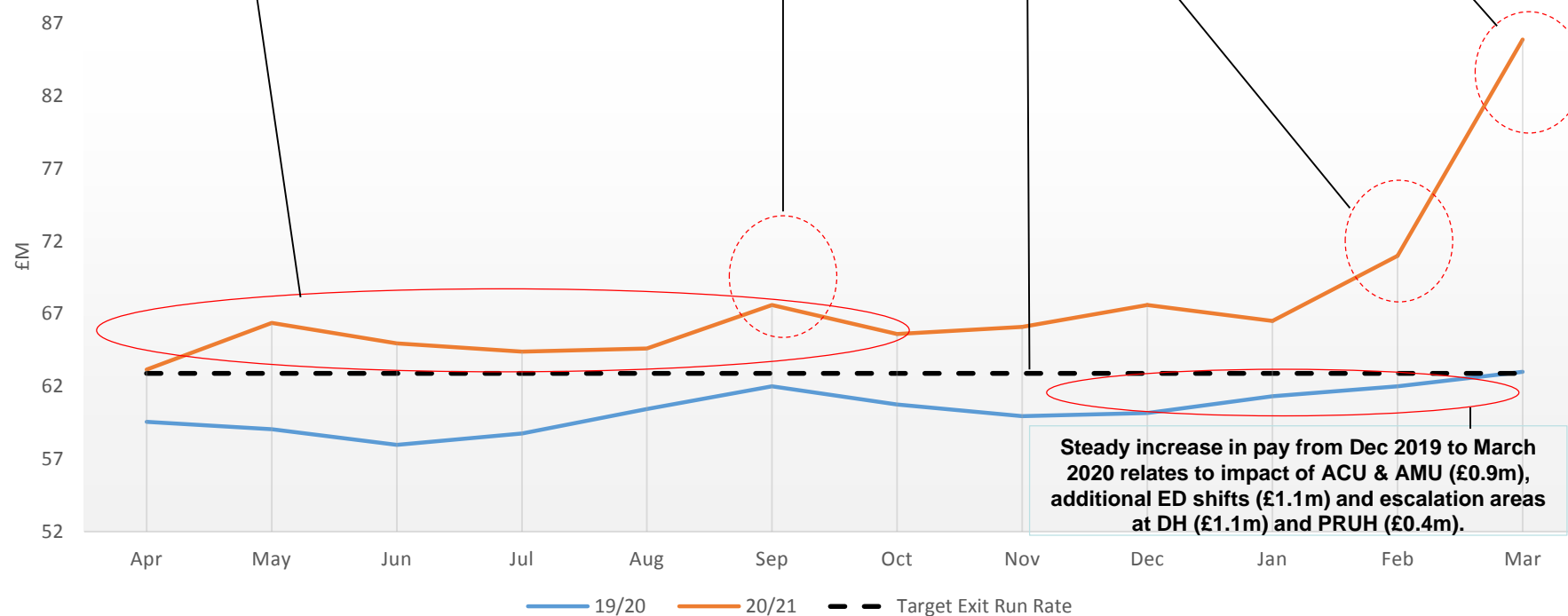
Pay has increased by 9.5% compared to months 8-10. Partially due to COVID but also due to recruitment to 19/20 business cases. For the first 10 months, pay is showing an increase of £59.9m (excluding COVID and Inflation) compared to last year\*.

Budgeted pay level with investments offset by cost savings.

£1.7m Medical Pay Awards paid in M06 covering April to September 2020.

£2.1m for backdated unclaimed ADHs (mainly CCU). £0.7m for backdated local CEAs, and £0.5m for selling of annual leave.

Annual leave accrual £12.5m, plus a £2.5m provision for unclaimed local CEA's accounted for at year end.



## Detail (1/3) - Income

Sub-category	2020-21 Outturn £M
Clinical Commissioning Groups	703.6
Injury Cost Recovery Scheme	3.6
Local Authorities	3.5
NHS England	581.4
NHS Foundation Trusts	(0.1)
NHS Other (Including Public Health England)	3.3
NHS Trusts	0.5
Non NHS: Private Patients	6.3
Non-NHS: Overseas Patients (Non-Reciprocal, Chargeable To Patient)	5.7
Operating Income From Patient Care Activities Total	1,307.9
Charitable and Other Contributions To Expenditure	0.1
Education and Training	44.4
Income In Respect Of Employee Benefits Accounted On A Gross Basis	8.5
Non-Patient Care Services To Other Non Wga Bodies	3.9
Other (Operating Income)	46.3
PSF, FRF, MRET funding and Top-Up	40.3
Rental Revenue From Operating Leases	1.2
Research and Development	19.0
Other Operating Income Total	163.8
Operating Income Total	1,471.6
Finance Income	0.1
Finance Income Total	0.1
Income Total	1,471.7

For months 7-12, the Trusts funding arrangements have moved to a system block income of £107.6m each month until the end of this financial year. This includes a system top of £15m and a £5m COVID top up each month.

NHS England (NHSE) and Clinical Commissioning Groups (CCG) income amounts to £109m. This is largely made up of system block (£107m) and £1m each month for NHSE drugs.

As part of the year end deal with NSHE, an additional £2.9m was recorded in month 12 for CDF drugs.

Private Patient income had reduced this year as expected due to capacity being utilised for COVID patients. This reduced by almost 75% from £23.7m being recorded in 2019/20.

However, the Trust secured an additional £3m in funding for research and development projects compared to 2019/20. A reflection of the Trusts capability in leading national projects such as ARC.

## Detail (2/3) - Pay

Sub-category	2020-21 Outturn £M
Agency / Contract	(2.3)
Bank Staff	(4.1)
Substantive Staff	(127.7)
Substantive Staff (Apprentices)	(0.2)
<b>Admin &amp; Clerical Total</b>	<b>(134.3)</b>
Agency / Contract	(7.2)
Bank Staff	(19.3)
Substantive Staff	(232.2)
<b>Medical Staff Total</b>	<b>(258.6)</b>
Agency / Contract	(8.0)
Bank Staff	(40.2)
Substantive Staff	(274.7)
<b>Nursing Staff Total</b>	<b>(323.0)</b>
Agency / Contract	(3.7)
Bank Staff	(2.1)
Substantive Staff	(92.0)
<b>Other Staff Total</b>	<b>(97.8)</b>
<b>Employee Operating Expenses Total</b>	<b>(813.7)</b>

The Trust's pay bill had increased by 10% when compared to 2019/20 (£726.2m). Ignoring the £12.5m annual leave accrual that was made in month 12 to mitigate any potential risk of carried forward leave.

Notable changes compared to 2019/20:

- Selling of annual leave grew by £2.5m when compared to 2019/20 (£0.5m).
- An annual leave accrual has been provided for carry forward annual leave of £12.5m.
- COVID attributed £12.5m of this increase which equates to 2%. Other drivers are being under review. Please refer to table below for a breakdown of these costs.

COVID Spend Summary	2020/21 Total £000s
Substantive	(5,984)
Bank	(5,230)
Agency	(1,370)
<b>Pay Total</b>	<b>(12,583)</b>



## Detail (3/3) – Non Pay

Sub-category	2020-21 Outturn £M	The Trust has done well in managing its spend on other operating expenses throughout the pandemic.  Other operating expenses (non-pay) grew slightly by 2% when compared to 2019/20.  Key drivers include: <ul style="list-style-type: none"><li>• Drug costs have increased by 20% when compared to 20/19/20 (£149m).</li><li>• Purchase of healthcare and premise related costs have reduced by 8% (£28m) when compared to 2019/20. This is largely due to reduced outsourcing costs, despite seeing an increase in RTT costs in Q4 as the Trust returns to normal business.</li><li>• COVID costs (£38.5m) had also been incurred which is the key driver in attributing to this increase. Please refer to table below for a breakdown of these costs.</li></ul>	
Amortisation			
Audit Fees and Other Auditor Remuneration	(0.3)		
Clinical Negligence	(43.7)		
Consultancy	(4.3)		
Depreciation	(26.7)		
Drugs Costs	(177.1)		
Education and Training - Non-Staff	(6.4)		
Establishment	(9.9)		
Fixed Asset Impairments net of Reversals	(4.5)		
Increase/(Decrease) In Impairment Of Receivables	(10.3)		
Non-Executive Directors	(0.1)		
Other	(13.4)		
Premises - Business Rates Payable To Local Authorities	(4.5)		
Premises - Other	(91.7)		
Purchase Of Healthcare From NHS Bodies	(18.3)		
Purchase Of Healthcare From Non-NHS Bodies	(177.7)		
Research and Development - Non-Staff	(0.4)		
Supplies and Services - Clinical (Excluding Drugs Costs)	(32.5)		
Supplies and Services - General	(1.4)		
Transport	(11.3)		
Operating Expenses Excluding Employee Expenses Total	(634.5)		
Operating Expenses Total	(634.5)		
Corporation Tax Expense			
Finance Expense	(36.2)		
Gains/(Losses) On Disposal Of Assets	0.0		
Finance Cost Total	(36.2)		
Grand Total	(12.7)		

COVID Spend Summary	2020/21 Total £000s
Other	(23,885)
Purchase of healthcare from non NHS bodies	(7,269)
Premises - other	(4,073)
Transport (other)	(1,508)
Supplies and services - general	(635)
Establishment	(337)
Supplies and services - clinical (excluding drug costs)	(308)
Operating Lease Expenditure	(121)
Education and training - non-staff	(42)
Non-Pay Total	(38,178)



# Appendices

## Appendix 2.0 – Glossary

Glossary of Terms					
OLD (Aptos)			NEW (NEP Oracle)		
FOM Type	FOM Summary		NHSI Type	NHSI Category	
Income	NHS Clinical Contract Income	}	Operating Income	Operating Income from Patient Care Activities	
	Private Patient & Overseas Income			Other Operating Income	
	Other Non-NHS Clinical Income				
	Other Operating Income				
Pay	Medical Staff	}	Employee Operating Expenses	Medical Staff	
	Nursing Staff			Nursing Staff	
	Admin & Clerical			Admin & Clerical	
	Other Staff			Other Staff	
Non Pay	Drugs	}	Operating Expenses Excluding Employee Expenses	Operating Expenses Excluding Employee Expenses	
	Clinical Supplies				
	External Services				
	Other Non-Pay Capital				
Financing	Finance Expense	}	Non Operating Expenses		
	Gains/(Losses) on Disposal of Assets				
a few examples:	<b>FOM Lookup</b>			<b>NHSI Sub Type</b>	
	RTA Income	}		Injury Cost Recovery Scheme	
	Salary Recharge			Income In Respect Of Employee Benefits Accounted On A Gross Basis	
	Pass Through Drugs Expenditure			Drugs Costs (Drug Inventory Consumed and Purchase Of Non-Inventory Drugs)	
	Drugs			Increase/(Decrease) in Impairment of Receivables	
	Other Non-Pay (Bad Debt)				
<b>Other: Abbreviations</b>					
	PSF			Provider Sustainability Fund	
	FRF			Financial Recovery Fund	
	MRET			Marginal Rate Emergency Funding	

<b>Committee:</b>	The Board of Directors
<b>Subject:</b>	Freedom to Speak Up (FTSU) Annual Report for 2020/21
<b>Date of meeting:</b>	Thursday 10th June 2021
<b>Author:</b>	Jacqueline Coles, Freedom to Speak Up Guardian.
<b>Executive Sponsor:</b>	Nicola Ranger, Chief Nurse
<b>History:</b>	King's Executive
<b>Status:</b>	Discussion/Assurance/Information

### Key implications

Legal:	Joint working with the patient safety team, EDI, workforce, well-being and clinical leads, has increased the confidence of staff to 'speak up', with a commensurate increase in the level of issues raised. This presents the opportunity for early intervention and resolution of staff concerns, with a consequential reduction in the potential for grievances and subsequent risk of litigation.
Financial:	The allocation of a non-pay budget to the FTSU Guardian has permitted material/tools to be purchased to promote the FTSU agenda and support communication and awareness initiatives.
Assurance:	There is a contractual requirement for NHS trusts to submit quarterly case data to the National Guardians Office (NGO). Benchmarking against the metrics, is enabling the King's Guardian to identify areas for improvement and to implement learning. The Board Self Review Tool is now complete and up to date. The data in the newly developed 'Culture and Engagement' area of the Model Hospital, provides valuable insight and assurance. Board level training is outstanding at the time of writing the report.
Clinical:	Increased worker confidence in FTSU, has resulted in early interventions regarding clinical/patient safety issues. King's is in the top 25% of Trusts reporting patient safety/quality concerns.
Equality & Diversity:	The FTSU Guardian is working closely with the EDI team/Network Chairs, to identify and address barriers to speaking up. 62% of Ambassadors are from diverse backgrounds. This is in line with recommendations from the London Workforce Race Strategy, October 2020.
Performance:	The increase in the number of concerns raised, is an indicator of an improved awareness, culture and confidence to speak up. The challenge is to ensure that workers do not see FTSU as an avenue to push back against HR processes. It is also essential to ensure feedback and lessons learned are prioritised.
Strategy:	The FTSU strategy for King's is on hold until the People and Culture and NGO 5 year strategies are published. The FTSU policy at King's requires updating, but is reliant upon the NHSE/I policy release date (This is expected in summer 2021)

Workforce:	The FTSU Guardian continues to work closely with ER, patient safety colleagues and the Early Resolution Team, to implement a 'just culture'. Regular meetings with HR business partners has resulted in early implementation of actions and improvement plans. A reduction in cases raised anonymously, is a positive indicator of increasing staff confidence.
Estates:	Identifying the optimum space and location for the FTSU continues.
Reputation:	The FTSU Guardian is Vice Chair of the London Regional Network of Guardians. The Guardian is also working closely with the NGO on several projects to raise the profile of King's and implement learning from the region and nationally. The data submitted to the Model Hospital, indicates an increase in case numbers and cultural change.
Other:(please specify)	Increased casework, strategic responsibilities and multiple sites, has led to capacity challenges for the Guardian. The requirement that FTSU is for all workers on site, not just King's staff, places additional pressure on the service.

## Introduction

This is the Executive Summary of the Freedom to Speak Up (FTSU) 2020/21 Annual Report to the Trust Board, regarding progress made in relation to Freedom to Speak Up at King's College Hospital for the period 1 April 2020 to 31 March 2021.

## Action Required from the Board

- To consider the progress made against previously identified gaps within the FTSU agenda at King's.
- To offer feedback on the contents of the report and highlight any particular areas of required focus and/or for improvement.
- Consider the benchmarking data provided in the report.
- To consider moving presentation of the annual report to September of each year, to align with and take into account the publication of NGO Financial Year data.
- To support the vision for King's going forward; ensuring a continuous drive for improvement and an environment where all workers are supported to speak up, barriers are addressed and disadvantageous treatment is challenged.

## Purpose of Report

The purpose of this Executive Summary is to provide an overview of the progress made in respect of the FTSU agenda at King's in the year 2020/21. It is also intended to facilitate discussion regarding the priorities and potential for Financial Year 2021/22.

## Background

The Freedom to Speak Up Review of 2015, was established following failings identified in the Mid-Staffordshire Inquiry (2013) and disquiet regarding the way organisations dealt with concerns raised by NHS staff. The review identified a clear correlation between the impacts of bullying and consequential potential for harm to patients or less than optimal care. Sir Robert Francis QC stated, "Quite apart from the unacceptable impact on victims, bullying is a safety issue if it deters people from speaking up."

As a consequence of the review, all NHS Trusts across the UK are required to have a Freedom to Speak Guardian and commit to the FTSU agenda. The National Guardians Office (NGO), although not a regulator, is funded and supported by the CQC and NHS England.

## 2020/21 FTSU Activity at King's

### Recruitment of a full time Guardian at King's

The requirement for a full-time FTSU King's Guardian was identified in 2018. A business case establishing the role was approved by the Investment Board in July 2020.

The King's FTSU Guardian took up post in late September 2020.

With the national FTSU 'Speak up month' taking place annually in October, this provided a timely opportunity for the Guardian to re-launch the King's vision for FTSU in October 2020.

### Board Self-Review Tool

The Self-Review tool is a national requirement to enable Boards to self-reflect FTSU Trust culture and promote it. It is not the responsibility of the FTSU Guardian to complete the tool, but rather to support the Board through the process. The completed King's Trust review tool is available in the

annual report. The key areas currently outstanding are in relation to the FTSU Strategy and Board assurance relating to culture.

The FTSU Strategy is on hold until the NGO strategy is published, expected summer 2021. This will then align with the Trust People and Culture Strategy once published.

### The Freedom to Speak Up Index and Culture

The FTSU Index is one of the indicators which can help build a picture of what the speaking up culture feels like for workers. It is a metric for NHS Trusts, drawn from questions in the NHS Annual Staff Survey, asking whether staff feel knowledgeable, encouraged and supported to raise concerns and if they agree they would be treated fairly if involved in an incident or near miss.

The FTSU Index value for King's (2019) was 75.5%. Nationally, it was 78.9% and for the peer group Shelford Trusts, 79.2%, with the highest Trust scoring 86.6%. This placed King's in the bottom 25% nationally.

Trusts with the highest Index score are generally trusts CQC rated 'Good' or 'Outstanding' and the majority have a substantive Guardian. (This is evidenced in the NGO annual survey - March 2021). The 2020 Index value, is due to be published in May/June 2021.

The 2020 NHS staff survey included an additional question asking workers if they feel safe to speak up about anything that concerns them within their organisation. King's proactive support to FTSU and the appointment of a full time Guardian is highly likely to lead to increased staff confidence and over time, an improved FTSU Index value.

### **What the national and local data tells us**

Following feedback on the 2019/20 annual report developments have been made to ensure the FTSU data can be triangulated with other information, to provide a holistic picture of the culture at King's. This also allows the Trust to benchmark King's against national, regional and Shelford Trusts.

### The Model Hospital

In October 2020, the National Health Service Improvement (NHSI) Model Hospital developed a new 'Culture an Engagement' area, populated with a range of speaking up indicators. This includes data from the Annual Staff Survey, staff sickness/turnover rates, as well as data submitted on a quarterly basis to the NGO by the Trust Guardian.

### Benchmarking King's

Fostering a positive FTSU culture sits firmly with the Trust leadership and the proactive stance by the King's Board regarding FTSU over the last year, is beginning to show dividends.

### Number of Cases reported

Over the last 12 months King's cases rose by 17.4%, placing the Trust in the highest 25% of Trusts nationally for FTSU concerns raised.

The total number of cases reported per 1000 WTE at Kings currently, has a value score of 3.58. This compares favourably with the national median also of 3.58 and the Shelford Trusts with only

0.83%. This is a positive performance figure for King's, which along with the willingness of managers to support FTSU training and awareness events, indicates an increasing confidence of all staff to speak up.

Of the 23 Trusts nationally reporting more cases than King's, 17 (74%) are CQC rated as Good or Outstanding. Broadly speaking there is a strong correlation between trusts that report higher numbers of concerns and those rated highest by the CQC.

#### Bullying and Harassment

King's cases of bullying and harassment is higher than the national average, again placing it in the top 25% of Trusts nationally and also in the top 25% across London.

This is further evidence of increasing workforce confidence in both the FTSU agenda and senior managers at King's. It also provides significant opportunities for the Trust to improve patient safety, as bullying and harassment is recognised to impact on patient care.

#### Patient Safety and Quality

King's has the highest level of patient safety concerns in the Shelford Trust group and is in the top 25% of Trusts nationally in this area. Per 1000 WTE, King's value score is 0.67 compared to Shelford Trusts score of 0.04 and the national median of .051. However, this should be viewed as positive progress and increasing staff willingness to speak up.

#### Kings FTSU data 2020/21

As already stated, 2020/21 saw a 17.4% increase in King's cases reported under FTSU, with the greatest proportion being at Denmark Hill (83.1% of cases). The King's Guardian primary area of influence since taking up post, has been at Denmark Hill and due to workload, the Guardian's presence at the PRUH and South Sites has been far less. As a consequence, the opportunity for a visible presence of and interaction with the FTSU, has been limited and this appears to be borne out by the number of cases being reported.

#### Staff Group Breakdown

The highest reporting group regarding FTSU is 'Nursing' at 41%, however with nurses accounting for 34.5% of Trust staff, this is to be expected.

#### Themes of reported concerns

A detailed breakdown of all reported concerns raised is included in the full report. As previously discussed, bullying and harassment and poor working relationships are the highest reporting concern.

Detailed data relating to the above areas can be seen in the full report.

### **Making Speaking Up Business as Usual**

Since taking up post, the primary focus of the Guardian has been to raise the profile of FTSU, ensure all workers are aware of and have access to FTSU, to build strong partnerships and networks across the Trust, encourage FTSU training and utilise promotional materials to deliver the King's vision for FTSU. Ultimately, the strategic intention is to make 'Speak Up', along with 'Listen Up' and 'Follow Up', a significant aspect of business as usual at Kings.



### Addressing Barriers to Speaking Up

There is a strong focus on working with EDI team and Directors of Nursing to address barriers to Speaking up.

### The Ambassador Network at King's

The Ambassador network at King's reflects the recommendations of the London WRES strategy to recruit a more diverse and representative network. Currently 62% of Ambassadors at King's are from BME backgrounds and/or hard to reach groups.

### FTSU focus for 2021/22

The focus of 2021/22 is to build on the foundations of the last six months, increase FTSU presence at PRUH and South Sites and to establish a Listen Up/Follow Up culture to support Speak Up, going forward.

### **Conclusion**

Since the appointment of a substantive FTSU Guardian and a commensurate proactive response to the FTSU agenda, King's has seen a significant increase in reporting under Speaking Up, with the Trust in the top 25% nationally for raising concerns.

At first glance this might be perceived as an area of concern. However, increased reporting is a very strong indicator of success of the FTSU agenda. Increasing staff confidence in FTSU, means staff feel they can raise concerns properly and do this without fear of retribution. The request for proactive listening events and training is also a strong indicator of a good speaking up culture. The level of reporting has also increased the positive reputation of King's with the NGO and ultimately, with the CQC.

It is likely that as confidence grows even stronger, as FTSU is further embedded at PRUH and the South Sites, that there will be even more reporting.

Evidence consistently shows that a positive speaking up culture leads to better care for patients.

# **Freedom to Speak Up Annual Report**

## **2020/21**

## Freedom to Speak Up Annual Report 2020/21

This is the Annual Report for Freedom to Speak Up. The purpose of this report is to provide an overview of the progress made in respect of the FTSU agenda at King's in the year 2020/21. It is also intended to facilitate discussion regarding the priorities and potential for Financial Year 2021/22.

### Background

Over five years has passed since the publication of the Francis Freedom to Speak Up (FTSU) Review of 2015. The speaking up culture of the health sector in England has changed significantly during that period

The Review was set up in response to the failings identified in the Mid Staffordshire Inquiry and the continuing disquiet about the way NHS organisations dealt with concerns raised by NHS staff. There was also unease regarding the treatment of some of those who did speak up and a sense of many not being listened to when they did.

The review made a clear correlation between the impacts of bullying of an individual or team and the fact that patients suffer harm or receive less than optimal care. Sir Robert Francis QC stated, "Quite apart from the unacceptable impact on victims, bullying is a safety issue if it deters people from speaking up."

The review built on the progress made and shift in NHS culture, following the 2013 Public Inquiry into the failings at Mid Staffordshire NHS Trust. It further set out 20 basic principles, which would guide the development of a consistent approach to raising and welcoming concerns throughout the NHS.

The overarching principle was - 'Every organisation needs to foster a culture of safety and learning in which all staff feel safe to raise a concern. There is a need to get away from the culture of blame, and the fear that it generates, to one which celebrates openness and commitment to safety and improvement'.

The principles and actions are seen as essential in order to embed a culture of safety, culture of raising concerns and a culture free from bullying.

Speaking in December 2021, Henrietta Hughes (National Guardian) said, 'Workers need support and protection to speak up safely. Guardians need support and protection to deliver difficult messages. Managers need skills and headspace to be able to listen up effectively and senior leaders need to listen, believe and take the necessary actions, fostering a positive speaking up culture.'

As Vice-Chair of the London Regional Network of Guardians, the Guardian at King's is working closely with the National Guardians Office (NGO) to ensure a positive speaking up culture is embedded across the Trust.

Throughout this report, reference will be made to data collated from the NHSI Model Hospital, NGO Guardian staff survey, London Workforce Relations Strategy and King's confidential data collection.

## 2020/21 FTSU Activity

### Recruitment of a full time Guardian at King's

- The requirement for a full time FTSU Guardian at King's was highlighted as far back as 2018. In July 2020, a business case was successfully submitted to the Investment Board and approval given for the recruitment of a full time Guardian at King's.
- The King's Guardian took up post in late September 2020. The post holder is supported by a full time FTSU Support Officer, who took up post in January 2021.
- The NGO Guardian Survey of October 2020, demonstrated that 30% of trusts nationally, have substantive Guardians in post. In London, 34% of Guardians work more than 4 days.
- The annual FTSU October 'Speak Up Month' is led nationally by the NGO. October 2020 Speak Up month, coincided with the King's Guardian's arrival in post and presented the perfect platform to re-launch the FTSU vision across the Trust. The Guardian also contributed to a communication campaign undertaken by the NGO, significantly raising the profile of King's.
- Since the Guardian has been in post, King's has taken a proactive approach to embedding a 'speak up', 'listen up' and 'follow up culture'. This proactive approach has resulted in an increased awareness of, and access to the FTSU service, Trust wide.

### Board Self-Review Tool

- The Self Review Tool (attached as Appendix B) allows the Board to reflect on what it perceives King's culture to be. The FTSU Guardian does not participate in the completion of the tool, but rather, offers advice and support. Completion is managed by the Trust secretary.
- There are a number of gaps identified in the self-review tool, such as development required around culture and leadership behaviours. Supporting the Trust Secretary to address these gaps will be a priority in the Guardian's 2021/22 work plan.
- The CQC will assess the Board approach to FTSU under inspection criteria KLOE3 - well-led. The completion and regular updating of the self-review tool, will support the Board to reflect on its current position and identify improvements needed, in order to meet the requirements of the regulator and NGO.
- The CQC consider the commitment to the FTSU Guardian role, including the provision of sufficient ring-fenced time, as an important element in their assessment of well-led.
- The FTSU Guardian has direct access to the Chief Executive, Executive Lead for FTSU (Chief Nurse), Chair and Non-Executive Lead for FTSU (Nicholas

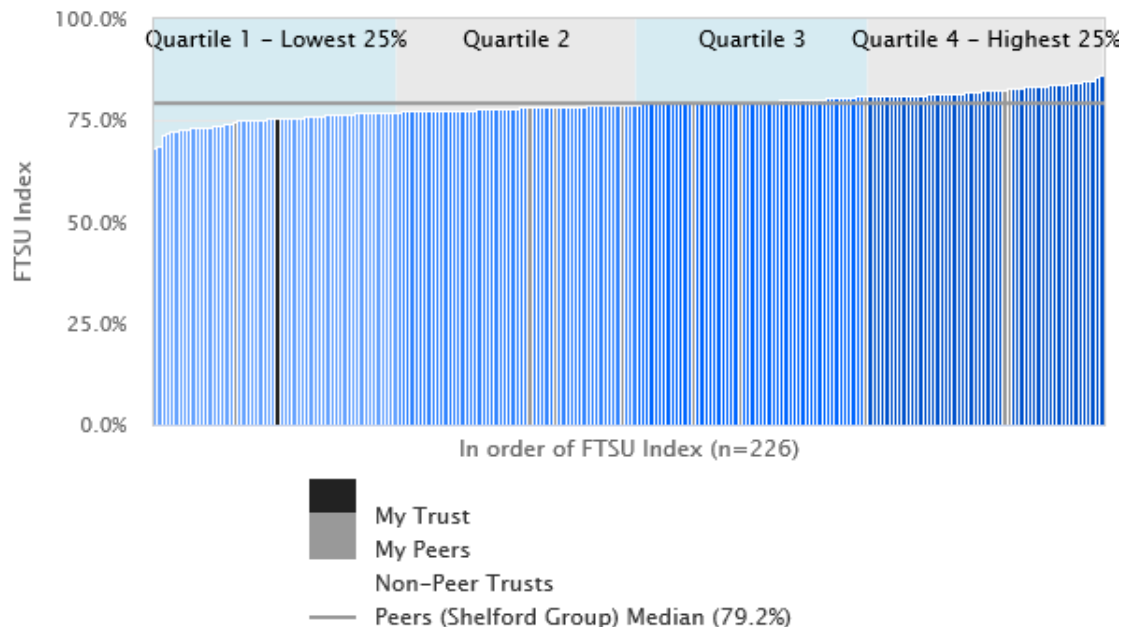
Campbell-Watts). Scheduled meetings take place with the Executive Leads and CEO on a monthly basis and includes the Chair every quarter. This has led to immediate action being taken in relation to some concerns.

### The Freedom to Speak Up Index and Culture

- The FTSU Index is one of the indicators which can help build a picture of what the speaking up culture feels like for workers. It is a metric for NHS Trusts, drawn from questions in the NHS Annual Staff Survey, asking whether staff feel knowledgeable, encouraged and supported to raise concerns and if they agree they would be treated fairly if involved in an incident or near miss.
- The FTSU Index value for King's in 2019 was 75.5%, compared to a national median of 78.9% and peer group (Shelford Trusts) of 79.2%. This placed King's in the lowest 25% of trusts.
- The 2020 NHS staff survey included an additional question asking workers if they feel safe to speak up about anything that concerns them within their organisation. King's proactive support to FTSU and the appointment of a full time Guardian is highly likely to lead to increased staff confidence and over time, an improved FTSU Index value.
- Trusts with the highest Index score are generally trusts CQC rated 'Good' or 'Outstanding' and the majority have a substantive Guardian. (This is evidenced in the NGO annual survey - March 2021). The 2020 Index value, is due to be published in May/June 2021.
- The CQC is a key partner in helping the NGO to underline the importance of good practice and the role of the Guardian. The NGO are currently working with the CQC on rating characteristics, so that speaking up is properly reflected in ratings.

*The tables below demonstrate how King's compares to other trusts nationally and to the Shelford Trusts. (Source - Model Hospital)*

### FTSU Index, National Distribution



- The 2021 Index report will be published in May/June 2021.

#### What the national and local data tells us

By using data to improve understanding of the speaking up landscape at King's, the Trust is better placed to learn and support improvements in the way speaking up takes place.

Following feedback from the Board in relation to the 2019/20 annual report, the requirement for more information in relation to FTSU was evident. With support from the risk team, a new database has been developed. This has allowed for meaningful data to be collated and analysed. FTSU data can now be triangulated with other relevant material, to give a holistic picture of what the culture is at King's and the impact FTSU is having in supporting the cultural shift journey.

This now allows the Trust to take learning from King's data and also to benchmark King's against national, regional and Shelford Trusts.

#### The Model Hospital

In October 2020, National Health Service Improvement (NHSI) Model Hospital, developed a new 'Culture and Engagement' area. This new area has been populated with a range of speaking up indicators, including data from the staff survey, workforce staff sickness and turnover rates, as well as the data submitted to the NGO on a quarterly basis by NHS Guardians.

On a quarterly basis, all FTSU Guardians are required to report specific information to the NGO regarding speaking up cases brought to them. The data is used to monitor trends and identify themes and opportunities for improvement.

Key metrics include:

- Bullying and Harassment cases reported to FTSU Guardians
- Patient Safety and quality cases reported to FTSU Guardians
- All case numbers reported to FTSU Guardians.
- Cases reported anonymously
- Number of cases reporting disadvantageous treatment after speaking up.

*Note: From 1<sup>st</sup> April 2021, Worker Safety will be included in the metrics, defined as, 'any case that includes an element that may indicate a risk of adverse impact on worker safety. This can be a current or historic matter and may identify risks or actual events.' Examples include similar concerns to those raised during the COVID-19 pandemic, such as worries regarding PPE, social distancing and vaccinations.*

### Benchmarking King's

The tables displayed below illustrate King's reporting of FTSU cases, compared to the national data and Shelford Trusts. Comparison between London trusts is also demonstrated.

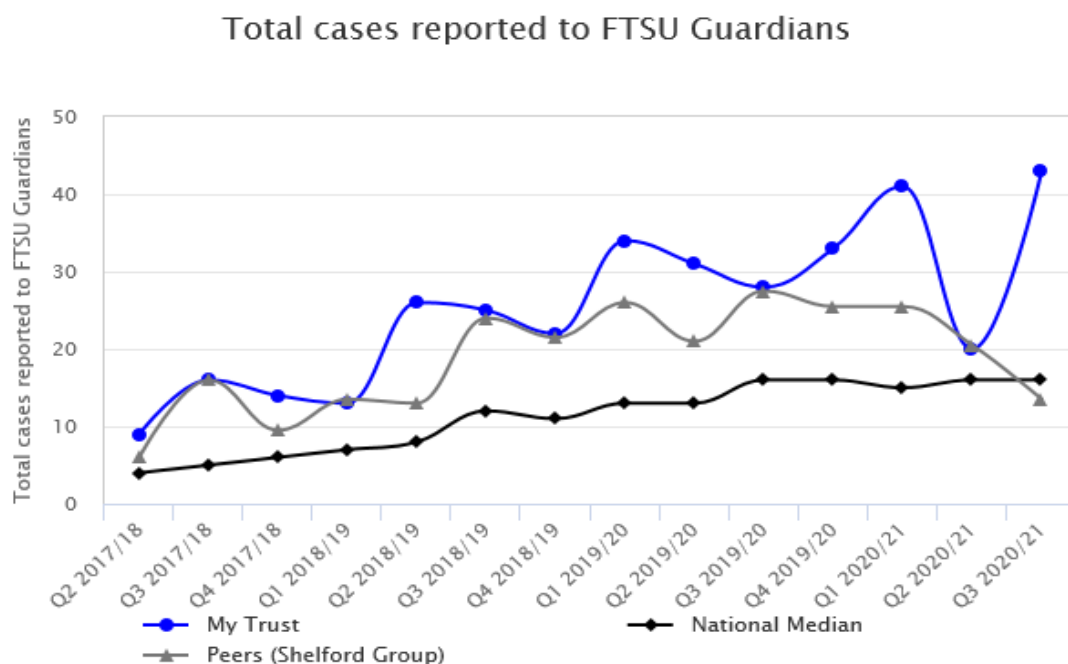
Fostering a positive speaking up culture sits firmly with the Trust leadership and we can see that organisations with higher FTSU Index scores, tend to be Trusts with higher case numbers and are usually rated as Outstanding or Good by CQC.

### Number of Cases reported

- Nationally, 16,199 cases (2019/20 data) were brought to Freedom to Speak Up Guardians, representing an increase of 32% on the previous year. This aligns with King's progress and increasing number of cases. The increased confidence of staff to speak up was welcomed by Sir Simon Stevens when talking about the FTSU Index Review 2020. He said, "We've seen an improvement in people's sense of power to speak up"
- The data shows that in the 2020/21 reporting period, King's was in the highest 25% of trusts nationally, for the number of cases reported.
- In Quarter 3, 2020, King's reported 43 cases. The only other Shelford Trust in the top 25% nationally in the same period, is Cambridge University Hospitals, with 44 cases reported.
- Of the 23 trusts nationally reporting more cases than King's, 17 (74%) are CQC rated as Good or Outstanding. Broadly speaking there is a strong correlation between trust's that are rated the highest by the CQC and those that report higher FTSU case numbers.
- The total number of cases reported per 1,000 WTE staff at King's has a value score of 3.58. This aligns with the national median of 3.58. Shelford Trusts median is 0.83.

- The positive upward trend at King's should be viewed as a positive indicator of an improving culture. In London, King's reported the highest number of cases, which is further evidence of an improved confidence of staff to report concerns.

### National Trend for FTSU cases



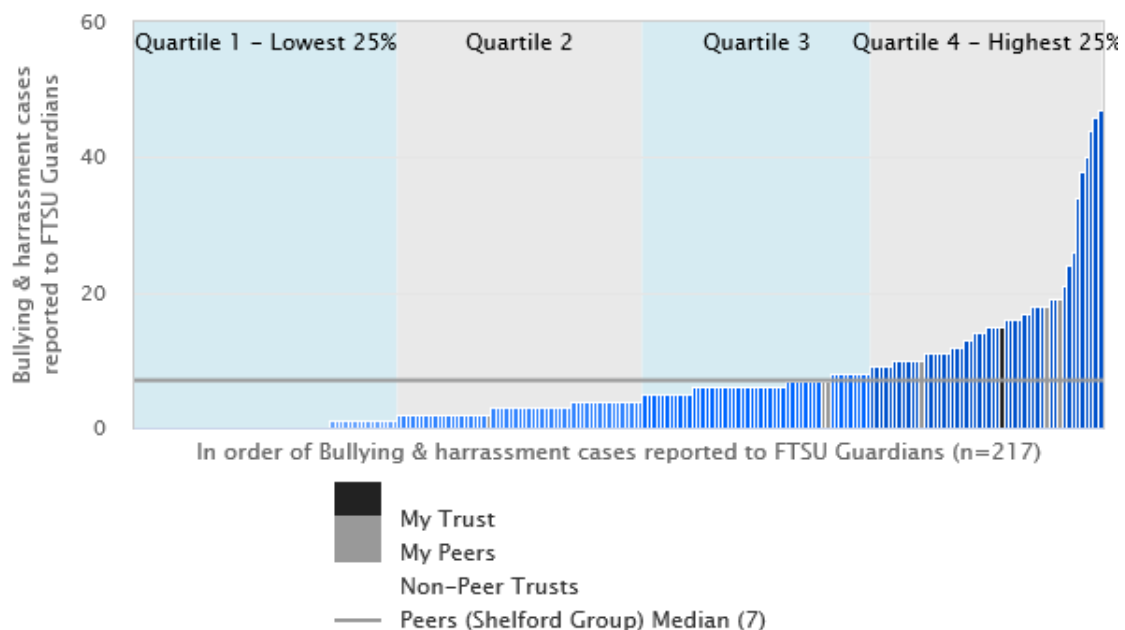
### Benchmarking - Bullying and Harassment

- King's reported cases of bullying and harassment is higher than the national average and places King's in the top 25% of trusts for this category.
- King's is also in the top 25% of trusts reporting bullying and harassment in London. The increase should be viewed as a positive indicator of the confidence staff have to speak up and be listened to.
- Nationally, 36% of concerns raised to Guardians relate to bullying and harassment. At King's, 46 cases in the year relate to this issue, representing 31% of total concerns. It is important to consider how many cases of perceived bullying and harassment actually have an element of patient safety as well.
- The increase in bullying and harassment cases is not unusual to King's. NHS Guardians across the London Network are noting a similar trend post COVID-19, with a rise of challenging and poor behaviour across all Trusts in the region.



- Of the 46 cases reported in relation to bullying and harassment, 24 had an element of a patient safety concern. This is further evidence that bullying cannot be considered in isolation. Sir Robert Francis highlighted in the 2015 Speak Up Review, that “bullying and harassment must be viewed as a patient safety concern.” The increased confidence to report bullying and harassment is welcomed and will assist in improving patient safety and experience.
- Cambridge University Hospitals and Oxford University Hospitals are Shelford Trusts with higher scores than King's for bullying and harassment.
- Per 1,000 WTE staff, King's value score is 1.25, compared to a national median of 0.86 and Shelford Trusts of 0.54, which is a positive indicator
- FTSU is accessed by all workers. The challenge at King's is that not all those who report bullying and harassment are actually King's employees, but include contract workers.
- Joint working with employee relations, middle managers and contract leads, is underway to effect cultural change in this particular area.

### Bullying & harassment cases reported to FTSU Guardians, National Distribution

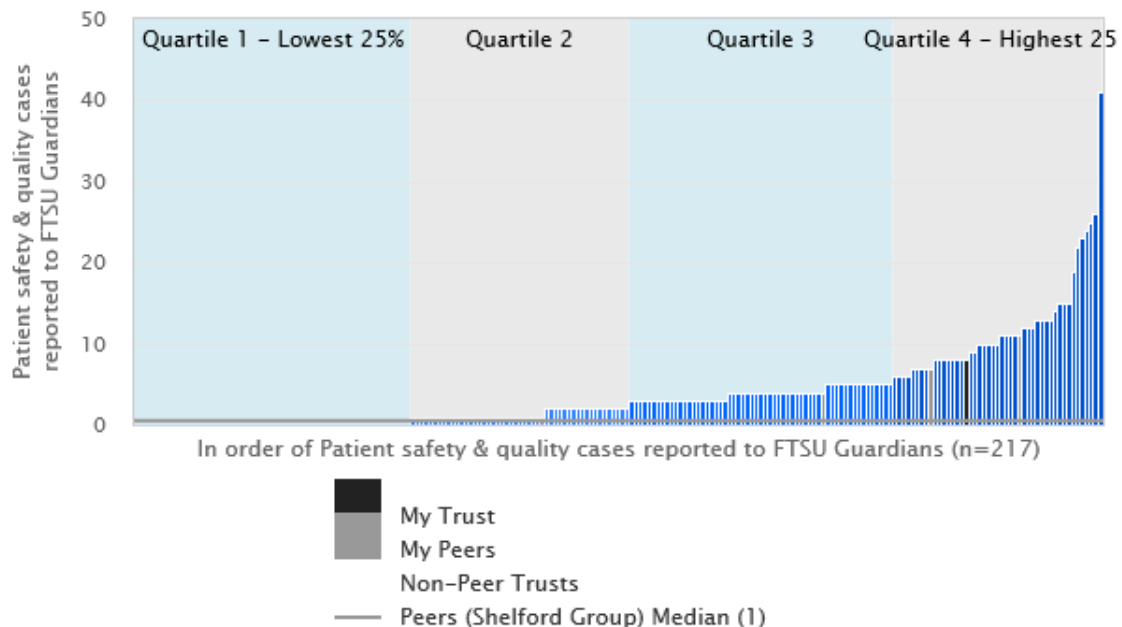


### Benchmarking - Patient Safety and Quality

- King's is in the top 25% of Trusts for reporting concerns relating to patient safety and quality. This is very positive and is likely to have been driven by an increased awareness and confidence in FTSU and a focus Trust-wide, on a 'learn not blame' culture.
- In London, King's is also in the top 25% of Trusts reporting patient safety concerns. King's is also the highest reporting Shelford Trust in London.
- Oxford University Hospital was the only Shelford Trust reporting higher than King's nationally.
- Per 1,000 WTE staff, King's value score is 0.67, compared to a national median of 0.51 and a Shelford Trusts median of 0.04.
- Although 7 cases were specifically reported in relation to patient safety/quality, the NGO requires Guardians to report cases with an element of patient safety, even if that was not the main reason for reporting a concern. Concerns regarding bullying and harassment, culture and poor communication, include a patient safety concern.
- In 2020/21, 32 other cases had an element of patient safety/quality concerns, representing 21.6% of the total cases reported for the year. This compares to 18.2% for 2019/20. This also suggests increasing staff confidence to speak up.

National data graph

### Patient safety & quality cases reported to FTSU Guardians, National Distribution



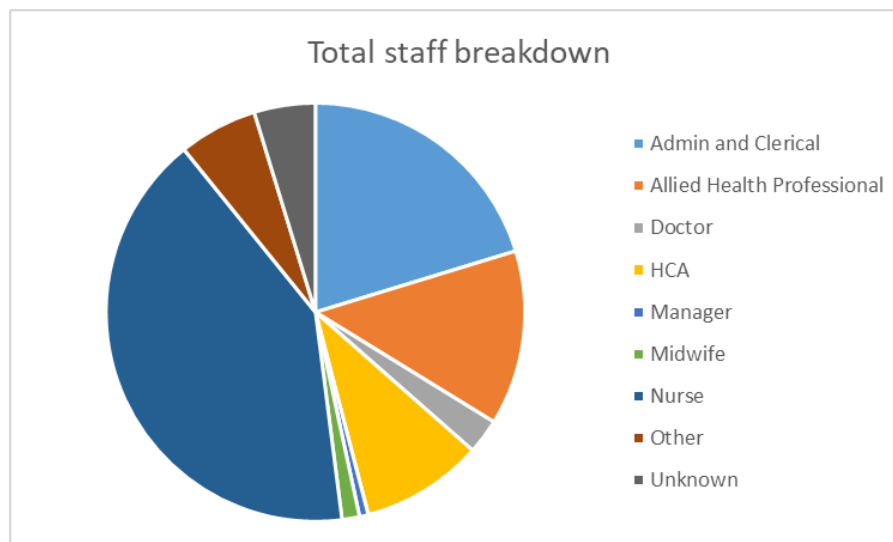
#### Kings FTSU data 2020/21

- In the Financial Year 2020/21, 148 cases were reported through FTSU at King's. This compares to 126 cases reported in 2019/20, representing an increase of 17.4%.
- The table below illustrates the breakdown of cases per site. The largest proportion relate to the Denmark Hill Site with 123 cases, representing 83.1% of the total for the year. PRUH and South Sites with 21 cases, account for 14.2%.
- The significant difference in the proportion of cases at Denmark Hill may be due to the visibility of, and access to the FTSU Guardian. The Guardian does visit the PRUH and South Sites at least one day a week, but this limits the amount of staff exposure to FTSU.

#### Staff Group Breakdown

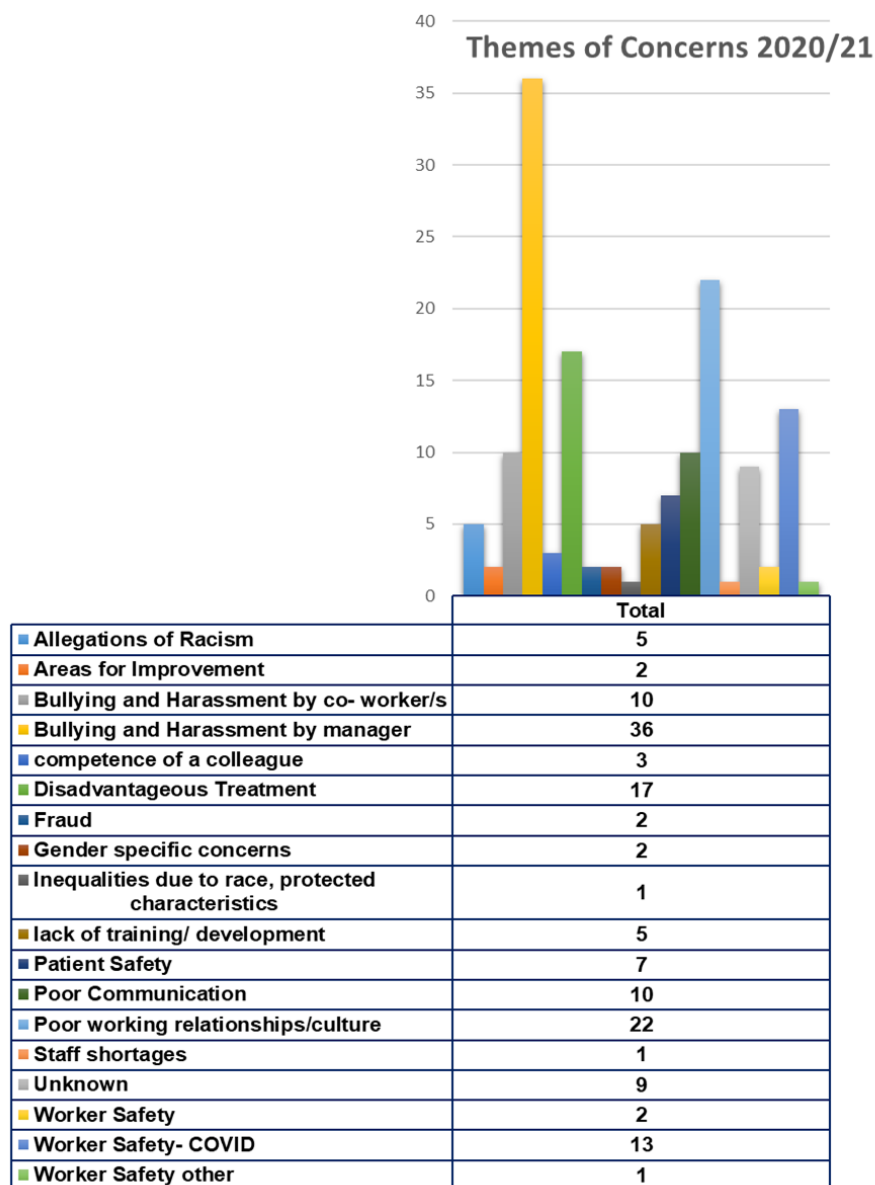
- The graph below illustrates the breakdown by staff groups of those reporting FTSU concerns.
- Nursing remains the highest reporting category, accounting for 41% of concerns raised during 2020/21. However, this is to be expected, as registered nurses account for 34.5% of Trust staff. Nursing is also the highest reporting staff group nationally, contributing to 28% of total concerns.
- Administrative and Clerical staff account for the second highest reporting group at 20%. Nationally, this staff group is also the second highest reporting group at 19%. Administrative and clerical employees represent 19.35% of all staff.

- Allied Health Professionals (AHP) are the third highest reporting staff group at 14%. AHPs account for 5.5% of the workforce at King's.
- Midwifery is the lowest reporting staff group.



#### Themes of reported concerns

- The table below demonstrates the breakdown of themes reported at King's, for the period 1<sup>st</sup> April 2020 - 31<sup>st</sup> March 2021.
- Perceived bullying and harassment by managers and co-workers is the highest reporting category, with alleged bullying by a manager accounting for 12% of concerns and bullying by co-workers 3%. Addressing bullying and harassment and identifying reasons for this concern, is a priority.
- Of the 22 cases related to poor working relationships/culture, 6 of these had an element of patient safety.
- Patient safety/quality reporting is a positive marker for an improving culture at King's. As mentioned previously, King's is one of the highest reporting Trusts.
- Allegations of racism are discussed with the Director and Head of EDI and support is offered to those raising such issues.
- COVID related concerns impacted on the number of cases in 2020/21, with 13 concerns specifically related to the pandemic.



- In the year 2020/21 - 71 cases have been closed
- 44 cases are currently at the investigation stage
- 11 cases are subject to HR processes. It has been evidenced that some of the cases reported as bullying and harassment from managers, were already subject to HR processes. The FTSU Guardian is working closely with HR and EDI colleagues to address this. In addition, all FTSU training includes a reference to recognising the difference between bullying and harassment and firm/fair management.
- There is a strong focus on ensuring investigations are managed in a timely manner.

- One of the biggest barriers to speaking up is a perception that nothing will change. Following up on actions and communicating lessons learned by adopting a 'you said, we listened and acted approach' is a high priority for the next 12 months.

Case status	Total
Acknowledged	1
Closed	71
Decided not to proceed	7
Initial contact made	1
No response to follow up	11
On Hold	1
Referred to line manager	1
Subject to HR processes	11
Under Investigation	44
<b>Total</b>	<b>148</b>

#### Making Speaking Up Business as Usual

- Since 1 October 2020, the main priority has been to raise the profile of FTSU and the Guardian role. The intention was also to ensure all workers have an awareness and access to FTSU, confidential support and advice. Building strong networks and working in partnership across the Trust has enabled this, as has access to promotional materials and support training.
- As part of the promotion of the FTSU service, all new starters will receive the Trust induction handbook, including within it, the FTSU contact details.
- An increase in FTSU activity and awareness in 2020, has resulted in proactive requests for listening events in many areas. This demonstrates a commitment to embed a 'speak up, listen up' culture across the Trust.

#### Addressing Barriers to Speaking Up

- In October 2020, the London Workforce Relations Strategy recognised the need for an increase in Black Minority Ethnic (BME) representation among Freedom to Speak Up Guardians and Ambassadors.
- The strategy revealed that most BME staff do not use the Guardian service because they do not trust the system and fear that they will be victimised for raising concerns. BME staff doubt the confidentiality of the FTSU service and look at it as an extension of the Trust's management. They also fear that raising concerns will make their situation even worse.
- Individuals feel more confident talking about the issues they face, when they can feel that the person they are talking to can relate, through experience, to the issues and problems they are dealing with. There is a need to build trust among

BME staff, by increasing the number of BME Guardians and Ambassadors in London and to reflect the London race demographics of the NHS. The recommendation for London, aligns with the national priority and the priority at King's.

- Aligning with the recommendations of the London WRES, delivering an integrated approach and joint working with the EDI, Early Resolution, HR, OD, Wellbeing Leads, Executive and Clinical Leads, has resulted in early identification of potential areas of poor workplace environment. It has also identified cultural issues and those workers who face barriers to speaking up. By joint working, the Guardian at King's is supporting the embedding of a 'learn, not blame, culture.'
- The FTSU Guardian and Head of EDI, are working jointly with the NGO, to develop communications and a webinar on the importance and success of joint working, using King's model as an example of best practice.
- Identifying groups who may face barriers to speaking up, has been an ongoing process through gap analysis, staff networks and forums, listening to workers and gathering and triangulating data from survey results.
- The FTSU Guardian has also adopted an integrated approach to working with the King's networks and delivered awareness and training sessions to the networks.

#### The Ambassador Network at King's

- The Ambassador network at King's reflects the recommendations of the London WRES Strategy. Of the 69 Ambassadors recruited since October 2020, 56 are based at Denmark Hill and 13 at PRUH and South Sites. 43 of the new Ambassadors (62%), are from minority ethnic background and/or recognised hard to reach groups.
- In April 2021, the NGO published guidance on the development and role of Ambassador Networks. The guidance sets out the principles for the development and support of FTSU Ambassadors.
- The National Guardians Office, 'Recommends a clear distinction between the role of guardian and ambassador and that only FTSU Guardians, having received NGO training and registered on the NGP's public directory, should handle cases.'
- The newly issued guidance aligns with Ambassador role at King's, as they do not manage cases, but rather signpost to the Guardian or appropriate line manager. Ambassadors are required to role model and promote the FTSU culture and values, encourage training and proactively support the Guardian to identify areas needing additional support and interventions. All Ambassadors must complete an expression of interest form and require line management agreement/support to undertake the role.
- The Executive Lead for FTSU (Chief Nurse) has raised some concerns regarding the role of Ambassador at King's prior, to the publication of the new guidance. Although the NGO has permitted Trusts a year to review the role, at King's the Chief Nurse, supported by the Chief People Officer, Deputy Chief Nurse and the Directors of workforce and EDI, will meet with all Ambassadors on an individual

basis. This is to ensure they are fully aware of the responsibilities within the role and represent the values of an Ambassador at King's.

- The Guardian has also developed a supervision framework to support and supervise all Ambassadors. A bespoke training module is now available on LEAP for all Ambassadors to then undertake. (Note - basic training developed by the NGO has already been completed by all Ambassadors). The Guardian has been supported by EDI, workforce and clinical psychology colleagues, to ensure all Ambassadors are clear about their role and responsibilities, whilst also feeling enabled to support colleagues who then come to them for advice or support.

#### FTSU Training

- The National Guardians Office have released 2 e-learning modules (accessible through e-learning for health and uploaded onto King's LEAP).
- The COVID-19 pandemic and increased use of 'Teams', has allowed the Guardian to access many departments and deliver training and awareness sessions Trust wide. Attendance at team meetings and bite size sessions, appears to be increasing FTSU awareness. There has been an increase in requests for the Guardian to deliver training sessions across many teams at King's. This is a positive reinforcement of the impact FTSU is having on staff learning, development and team culture.

#### Policy and Strategy

- King's Whistleblowing/Speak Up policy is due to be updated (as highlighted in the internal audit report on Whistleblowing). This remains an outstanding action, due to the fact that NHSE/I has not yet released the updated version of their policy, which King's policy is required to align to. The NGO is fully aware, as this remains a national issue. It should be noted that the NGO/CQC are encouraging Trusts to adopt the term 'Speaking Up', rather than 'Whistleblowing'.

#### FTSU focus for 2021/22

The overall increase in the number of cases is a positive indicator of an improving Trust culture, in respect of FTSU. Going forward, the Guardian intends to build on the foundations of the last six months.

#### 'Listen Up'

At Kings, it is recognised that managers should be the first point of contact for workers raising a concern. Managers play a key role in fostering a culture where speaking up is valued. However, it is recognised that managers may also feel vulnerable when people speak up, particularly if the issue is personal or undermines their role. Managers need support to listen without judging and use the information to improve and share learning. From 1 April 2021, managers and senior leaders at King's will be encouraged and supported to make a pledge to 'listen up.'

#### 'Follow up'

It is acknowledged that one of the reasons why workers do not speak up, is because they don't believe anything will change, so embedding a follow up culture is essential. Working



with the leadership team, the Guardian will ensure concerns are followed up, lessons learned and those who speak up are thanked.

### Visibility

Maintaining visibility across the sites will continue to be a key priority. It is recognised that this can be challenging due the multiple sites and the fact that FTSU is for all 'workers'. 'Workers' includes contractors, agency, bank staff, and volunteers, which presents a very large workforce. The Guardian has developed strong working relationships with KFM, ISS and Medirest and will continue to strengthen this in the forthcoming year.

## **APPENDIX A**



Appendix A QPP  
 FTSU Update April 2

## **APPENDIX B**



FTSU\_Board\_review  
 \_toolv2.docx



**King's College Hospital NHS Foundation Trust**

**Freedom to Speak Up Board Review Tool**

**May 2021**

Summary of the expectation	Reference for complete detail  <small>Pages refer to the guidance and sections to supplementary information</small>	How fully do we meet this now?		Evidence	Principal actions needed in relation to a 'not' or 'partial' rating
		March 2021	Next Review March 2022		
Behave in a way that encourages workers to speak up					
<p>Individual executive and non-executive directors can evidence that they behave in a way that encourages workers to speak up. Evidence should demonstrate that they:</p> <ul style="list-style-type: none"><li>• understand the impact their behaviour can have on a trust's culture</li><li>• know what behaviours encourage and inhibit workers from speaking up</li><li>• test their beliefs about their behaviours using a wide range of feedback</li><li>• reflect on the feedback and make changes as necessary</li><li>• constructively and compassionately challenge each other when appropriate behaviour is not displayed</li></ul>	Section 1  p5	Partially met		<p>The Board aspires to lead by example and create opportunities for staff to speak up. The Board has considered its leadership role in Board Development sessions within the past year. The Board has recently commissioned a well-led review that will provide feedback, albeit on its leadership role more broadly.</p>	<p>A Board Development Session focused on culture and behaviours, and the importance of role modelling desirable leadership behaviours and understanding the barriers to speaking up. This will be timed to fit with the new guidance being released from the National Guardian's Office in July 2021</p>  

Summary of the expectation	Reference for complete detail <small>Pages refer to the guidance and sections to supplementary information</small>	How fully do we meet this now?		Evidence	Principal actions needed in relation to a 'not' or 'partial' rating
		March 2021	Next Review March 2022		
<ul style="list-style-type: none"> <li>they welcome workers to speak about their experiences in person at board meetings</li> <li>the trust has a sustained and ongoing focus on the reduction of bullying, harassment and incivility</li> <li>there is a plan to monitor possible detriment to those who have spoken up and a robust process to review claims of detriment if they are made</li> <li>the trust continually invests in leadership development</li> <li>the trust regularly evaluates how effective its FTSU Guardian and champion model is</li> <li>the trust invests in a sustained, creative and engaging communication strategy to tell positive stories about speaking up.</li> </ul>				<p>meets monthly with the CEO and CN, as well as the NED Champion. She also meets quarterly with the Chair, CEO and CN. The Chief Nurse has an open door policy to staff who wish to speak up.</p> <p>The Board is concerned with bullying, harassment and incivility and there is a programme of work in place to address this. The Board has received updates on the programme through QPP. The Board also monitors dispute data. The Guardian of Safe Working reports to QPP on a regular basis.</p> <p>Leadership development programmes are in place and are being enhanced to support the new care group structure. JC was invited to speak to senior managers about the importance of speaking up and listening up and all managers are encouraged to undertake "listen up" training.</p> <p>The Board has recently heard a staff story at a public Board meeting, but since the start of COVID-19, there is no routine engagement between Board members and staff as ward visits had to be halted.</p> <p>During FTSU Month in October 2020, the Trust undertook considerable engagement activity and staff received regular reminders that they could approach the Guardian with any concerns during COVID-19. There is an ongoing</p>	<p>be underpinned by an on-going communication programme. TBC due to need to align with National Guardian strategy and Trust Strategy. Need a board decision on whether it needs to be a separate strategy from the People and Culture strategy. CPO SEPTEMBER 2021</p> <p>Following new guidance for ambassadors, the Trust's current model is being reviewed. This will have support from the CPO and CN – by end July 2021</p> <p>Guardian will review the model on a quarterly basis moving forward, incorporating any learning from the London Network.</p>

Summary of the expectation	Reference for complete detail <small>Pages refer to the guidance and sections to supplementary information</small>	How fully do we meet this now?		Evidence	Principal actions needed in relation to a 'not' or 'partial' rating
		March 2021	Next Review March 2022		
				<p>communication plan, with intranet reminders and pop-up surveys.</p> <p>The Guardian is frequently invited to attend team meetings and proactive listening events to raise awareness, this should be seen as evidence that there is a good level of awareness in the Trust.</p> <p>Regular review speaking up data – doing regular benchmarking now – reported in the annual report and will be reported more frequently moving forward.</p> <p>The Trust has a network of FTSU Ambassadors in place. Previously called Champions the role has been evaluated and refocused within the last 12 months and improved governance and supervision is now in place. However, the first of a series of pop-up surveys was undertaken March 2021 to test awareness and success of the Trust's FTSU model. Results will be available in April.</p> <p>Whilst there is good data available on issues raised as well as relevant demographics.</p>	

Have a strategy to improve your FTSU culture					
<p>The board can evidence it has a comprehensive and up-to-date strategy to improve its FTSU culture. Evidence should demonstrate:</p> <ul style="list-style-type: none"> <li>• as a minimum – the draft strategy was shared with key stakeholders</li> <li>• the strategy has been discussed and agreed by the board</li> <li>• the strategy is linked to or embedded within other relevant strategies</li> <li>• the board is regularly updated by the executive lead on the progress against the strategy as a whole</li> <li>• the executive lead oversees the regular evaluation of what the strategy has achieved using a range of qualitative and quantitative measures.</li> </ul>	P7 Section 4	<b>Not met</b>		<p>The Trust is currently developing a detailed People and Culture Strategy which will have fostering an open and supportive learning culture at its heart. Once this is in place it will be possible to develop a comprehensive FTSU strategy. The Board understands the need to ensure that there are strong links between the Trust's approach to improving equality, diversity and inclusion.</p>	<p>The recommendation is that this is integrated in the People and Culture Strategy which will be published in the Autumn.</p> <p>ACTION CPO September 2021</p>

Support your FTSU Guardian					
<p>The executive team can evidence they actively support their FTSU Guardian. Evidence should demonstrate:</p> <ul style="list-style-type: none"> <li>they have carefully evaluated whether their Guardian/champions have enough ringfenced time to carry out all aspects of their role effectively</li> <li>the Guardian has been given time and resource to complete training and development</li> <li>there is support available to enable the Guardian to reflect on the emotional aspects of their role</li> <li>there are regular meetings between the Guardian and key executives as well as the non-executive lead.</li> <li>individual executives have enabled the Guardian to escalate patient safety matters and to ensure that speaking up cases are progressed in a timely manner</li> <li>they have enabled the Guardian to have access to anonymised patient safety and employee relations data for triangulation purposes</li> <li>the Guardian is enabled to develop external relationships and attend National Guardian related events</li> </ul>	<p>p7 Section 1 Section 2 Section 5</p>	<b>Fully</b>		<p>During 2020, the Trust agreed to fund a full-time Guardian as well as an additional post to provide administrative support. Funding has been approved to ensure FTSU is visible and accessible across all sites and communication and engagement materials are readily available. The Trust has supported the Guardian to become the Vice Chair of the London Network.</p> <p>The Guardian is supported to undertake training and is actively encouraged to participate in national and regional Guardian networks.</p> <p>The Guardian meets regularly with the NED Champion and has access to Executives as needed. This allows issues to be escalated where necessary.</p> <p>The Guardian has access to data as needed including patient safety and ER data.</p>	n/a

Be assured your FTSU culture is healthy and effective					
<p>Evidence that you have a speaking up policy that reflects the minimum standards set out by NHS Improvement. Evidence should demonstrate:</p> <ul style="list-style-type: none"> <li>that the policy is up to date and has been reviewed at least every two years</li> <li>reviews have been informed by feedback from workers who have spoken up, audits, quality assurance findings and gap analysis against recommendations from the National Guardian.</li> </ul>	<p>P8 Section 8 National policy</p>	<p>Partially</p>		<p>Following an internal audit review, the policy was updated in Q1 2021. However, the Trust has not yet published the updated policy as we are aware that national guidance is due to be published.</p>	<p>Review existing policy in light of forthcoming guidance from the National Guardian. Action: Chief Nurse timing TBC</p>
<p>Evidence that you receive assurance to demonstrate that the speaking up culture is healthy and effective. Evidence should demonstrate:</p> <ul style="list-style-type: none"> <li>you receive a variety of assurance</li> <li>assurance in relation to FTSU is appropriately triangulated with assurance in relation to patient experience/safety and worker experience.</li> <li>you map and assess your assurance to ensure there are no gaps and you flex the amount of assurance you require to suit your current circumstances</li> <li>you have gathered further assurance during times of change or when there has been a negative outcome of an investigation or inspection</li> <li>you evaluate gaps in assurance and manage any risks identified, adding them to the trust's risk register where appropriate.</li> </ul>	<p>P8 Section 6</p>	<p>Partially Met</p>		<p>The Board receives assurance in a number of forms including FTSU, patient safety and relevant workforce data. However, there is limited triangulation of data at this time.</p> <p>During COVID-19, data was regularly reviewed to ensure any emerging issues were promptly identified and addressed as necessary.</p> <p>The Trust uses model hospital to benchmark trends and incidence of speaking up is increasing which is seen as positive.</p>	<p>The Board is aware there are gaps in assurance, due to a lack of systematic triangulation of data and through QPP is seeking to develop a more comprehensive Quality Dashboard aimed at addressing this gap. Action: Site CEO (PRUH) timing TBC</p>



The board can evidence the Guardian attends board meetings, at least every six months, and presents a comprehensive report.	P8 Section 7	Fully		The Guardian reports to QPP on a 6 monthly basis, with a written update.	n/a
The board can evidence the FTSU Guardian role has been implemented using a fair recruitment process in accordance with the example job description (JD) and other guidance published by the National Guardian.	Section 1 NGO JD	Fully		The Trust appointed a full-time Guardian during 2020 using a fair, open and transparent process. The role was advertised externally, and supported by a job description. The JD reflects national guidance.	n/a
The board can evidence they receive gap analysis in relation to guidance and reports from the National Guardian.	Section 7	Fully		The Guardian's reports to the Board include reference to National Guardian reports, and processes are reviewed as a result e.g. Ambassador review. The FSUG also updates the ED and NED regular meetings with any updates from the Guardian.  Internal Audit review found significant assurance.	Ongoing inclusion in regular reports to the Board.
Be open and transparent					
<p>The trust can evidence how it has been open and transparent in relation to concerns raised by its workers. Evidence should demonstrate:</p> <ul style="list-style-type: none"> <li>discussion with relevant oversight organisation</li> <li>discussion within relevant peer networks</li> <li>content in the trust's annual report</li> <li>content on the trust's website</li> <li>discussion at the public board</li> <li>welcoming engagement with the National Guardian and her staff</li> </ul>	P9	Partially		<p>The Trust's Guardian is actively engaged with regional and national networks and ensures that the Trust is fully engaged with the National Guardian. The Trust's Guardian engages with local stakeholders as required. The Trust's annual report and quality account have included FSUG information, although there is scope to improve the content. The Trust's intranet is up-to-date, with comprehensive support to staff. There is scope to improve content on the Trust's website. The Guardian is included in the Trust's Who's Who document.</p>	<p>Annual Report and Quality Account to include more information on FSUG activity. COMPLETE JUNE 2021</p> <p>FSUG Annual Report to be presented to June Public Board.</p> <p>Trust Website to be updated in include information on Freedom to Speak Up. Guardian with Director of Communications by end August 2021.</p>

Individual responsibilities					
The chair, chief executive, executive lead for FTSU, Non-executive lead for FTSU, HR/OD director, medical director and director of nursing should evidence that they have considered how they meet the various responsibilities associated with their role as part of their appraisal.	Section 1			As noted above there is good engagement at Board level with Freedom to Speak Up.	

<b>Report to:</b>	The Board of Directors
<b>Date of meeting:</b>	10 June 2021
<b>Subject:</b>	National Staff Survey Results 2020
<b>Author</b>	Andrew Paton, Senior OD Practitioner
<b>Presented by</b>	Louise Clark, Chief People Officer
<b>Executive Sponsor</b>	Louise Clark, Chief People Officer
<b>History</b>	King's Executive
<b>Status</b>	For discussion

### Summary

This report provides the full results of the 2020 NHS National Staff Survey.

The survey categorizes staff experience into ten key themes. Overall, there has been very little change in levels of engagement when compared to 2019. At a theme level, there is a statistically significant improvement in the Health and Wellbeing score when compared to last year but a statistically significant reduction for the Equality, Diversity and Inclusion result. Overall, King's scores remain below average across all ten themes.

### Recommendations

The Board members are asked to:

- Note the Staff Survey 2020 thematic results
- Note the four core people priorities, EDI, staff wellbeing, leadership and ways of working and behaviors remain the same
- Note that the year one delivery plan for the People and Culture Strategy will respond to these results and be the consolidated improvement plan

### Key implications

Legal:	There are no legal implications
Financial:	There are no financial implications
Assurance:	There are no assurance implications
Clinical:	There are no direct clinical implications
Equality & Diversity:	The Board is asked to note the staff survey results on Equality and Diversity
Performance:	There are no direct performance implications
Strategy:	The staff survey results are a key driver and performance measure of our People and Culture Strategy. ..
Workforce:	The Board is asked to note the 2020/21 plans to support the workforce; at both a trust wide and at a local level
Estates:	There are no estates implications
Reputation:	The results are published externally on the NHS staff survey website, with King's results benchmarked against other Acute Trusts

## Introduction

This report provides the Trust Board with a summary of the 2020 National NHS Staff Survey results and details the next steps. The 2020 survey took place between October and December 2020. The Trust carried out a full census and 4979 staff responded (40%). The response rate is lower than 2019 (43%) and remains below average when compared to Acute Trusts in England (45%).

## Survey Methodology

The 2020 NHS Staff Survey has followed the same methodology and timings as in previous years, with many of the same questions being asked in the same way. This has allowed us to compare question level and theme scores year on year. There has also been the addition of some specific questions about the COVID-19 pandemic, in order to give a more in-depth understanding of the impact that the pandemic has had on NHS staff.

## Results and Analysis

### 1. Equality, Diversity & Inclusion

Equality, Diversity and Inclusion	2018	2019	2020
King's score	8.3	8.4	8.2
Average (Acute Trusts)	9.1	9	9.1
Best Performing Trust	9.6	9.4	9.5
Worst Performing Trust	8.1	8.3	8.1

The results in this theme place King's toward the worst performing in the benchmarking group. The organization scored 8.2 as compared to our peer group score of 9.1. The worst score for our peer group was 8.1.

The staff group with the lowest EDI scores were those that have worked on COVID specific areas, scoring 7.8, matching that of the worst performing in the benchmarking group.

- 29.4% of staff feel that King's does not act fairly on career progression regardless of protected characteristic (worsened by 2%).
- 15.7% have experienced discrimination at work from patients/service users, their relatives or the public (worsened by 2.3%)
- 14.2% have experienced discrimination at work from a manager/team leader or colleague (worsened by 1.7%)

### 2. Health & Wellbeing

Health & Wellbeing	2018	2019	2020
King's score	5.2	5.3	5.5
Average (Acute Trusts)	5.9	5.9	6.1
Best Performing Trust	6.7	6.7	6.9
Worst Performing Trust	5.2	5.3	5.5

King's saw an improvement of 0.2 for the Health & Wellbeing theme this year. There has been a significant programme of staff support and health and wellbeing over the last 12 months and it is good to report that this has had some impact. Despite this improvement, the

results show that King's is in line with the worst performing providers in the benchmarking group.

King's scored 5.5 compared to an average of 6.1.

- A lot more staff feel that King's takes positive action on health and wellbeing (increase of 7.5% to 27.2%)
- Staff feel there has been a steep rise in the opportunity for flexible working patterns (improved by 5.6% to 50%)
- A significant number of staff are experiencing musculoskeletal problems as a result of work (37.4%)
- Around 50% of our staff have felt unwell in the last 12 months due to work related stress.

### 3. Immediate Managers

Immediate Managers	2018	2019	2020
King's score	6.5	6.7	6.6
Average (Acute Trusts)	6.7	6.8	6.8
Best Performing Trust	7.3	7.4	7.3
Worst Performing Trust	6.2	6.0	6.2

There has been a slight decrease of 0.1 in the theme of immediate managers. The average has remained the same and worst performing trusts increasing by 0.2. This has meant King's has fallen closer to the worst performing trusts.

- Only 66.2% of staff were satisfied or very satisfied with the support they receive from their direct line manager (worsened by 0.7%)
- Only 53.7% of staff feel that their manager asks their opinion before making decisions that affect their work (worsened by 0.4%)

### 4. Morale

Morale	2018	2019	2020
King's score	5.6	5.7	5.8
Average (Acute Trusts)	6.1	6.1	6.2
Best Performing Trust	6.7	6.7	6.9
Worst Performing Trust	5.4	5.5	5.6

King's result increased by 0.1 in the theme of Morale. This was in line with the average and worst performing Trusts. Best performing increased by 0.2.

- Almost one quarter (24.3%) believe that they have unrealistic time pressures to complete their work
- Staff feeling involved in decisions that affect their area fell to 46.8% (worsened by 1.5%)
- Staff feeling that they receive the respect they deserve from their colleagues fell to 67.1% (worsened by 0.9%)
- Staff looking to leave the organization fell in accordance with the average of other Acute Trust's

## 5. Quality of Care

Quality of Care	2018	2019	2020
King's score	7.3	7.4	7.4
Average (Acute Trusts)	7.4	7.5	7.5
Best Performing Trust	8.1	8.1	8.1
Worst Performing Trust	7.0	6.7	7.0

King's result remained the same in 2020, in line with the average and best performing Trust's. The worst performing increased by 0.3 meaning that King's moved closer to the worst performing.

- 68.5% of staff feel they are able to give the quality of care they aspire to (Improvement of 2.7%)

## 6. Safe Environment – Bullying and Harassment

Bullying & Harassment	2018	2019	2020
King's score	7.3	7.4	7.5
Average (Acute Trusts)	7.9	7.9	8.1
Best Performing Trust	8.5	8.5	8.7
Worst Performing Trust	7.1	7.3	7.2

King's improved by 0.1 in the theme of Bullying and Harassment. The average and best performing Trusts increased by 0.2.

- Just under 25% of our staff have experienced at least one incident of bullying, harassment or abuse from colleagues (decrease of 1.7%).
- 33.4% of our staff have experienced at least one incident of bullying, harassment or abuse from service users, their relatives or the public.

## 7. Safe Environment – Violence

Violence	2018	2019	2020
King's score	9.2	9.3	9.3
Average (Acute Trusts)	9.4	9.4	9.5
Best Performing Trust	9.6	9.6	9.8
Worst Performing Trust	9.2	9.2	9.1

King's results remained the same in the theme of Violence, with both the average and best performing trust's scoring higher. The worst performing trust scored lower, widening the range.

## 8. Safety Culture

Safety Culture	2018	2019	2020
King's score	6.5	6.5	6.5
Average (Acute Trusts)	6.6	6.7	6.8
Best Performing Trust	7.2	7.2	7.4
Worst Performing Trust	6.0	5.7	6.1

Our score for Safety Culture has remained the same for the last three years. The average, best performing and worst performing have all seen improvements in this area meaning King's has slipped toward the lower end of the spectrum.

## 9. Staff Engagement

Staff Engagement	2018	2019	2020
King's score	6.8	6.8	6.8
Average (Acute Trusts)	7.0	7.0	7.0
Best Performing Trust	7.6	7.5	7.6
Worst Performing Trust	6.4	6.1	6.4

Overall staff engagement has remained the same for the last three years, as has the average score.

- 60.1% would recommend King's as a place to work (Improvement of 4%)

## 10. Team Working

Team Working	2018	2019	2020
King's score	6.3	6.4	6.3
Average (Acute Trusts)	6.6	6.6	6.5
Best Performing Trust	7.1	7.2	7.1
Worst Performing Trust	5.9	6.1	6.0

In 2020 we saw a decrease of 0.1 in the area of Team Working. This was in line with the average, best and worst scores.

- Only 55.5% of staff feel that they meet often to discuss team effectiveness

### COVID-19 Questions

Staff were asked four classification questions relating to their experience during the COVID-19 pandemic:

a. Have you worked on a Covid-19 specific ward or area at any time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you been redeployed due to the Covid-19 pandemic at any time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have you been required to work remotely/from home due to the Covid-19 pandemic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Have you been shielding?	<input type="checkbox"/> Yes, for myself	<input type="checkbox"/> Yes, for a member of my household <input type="checkbox"/> No

Eight of the ten theme results follow a similar pattern, with staff who have worked from home reporting better experiences than those who are shielding for a household member or working on a COVID-19 ward.

For example, at a theme level the results confirmed that engagement levels were highest for staff who were working from home (7.0) or shielding for themselves (7.0), and lowest for staff shielding for a household member (6.6) compared to the Trust score (6.8). Morale was highest for staff working from home (6.0) and lowest for staff working on a COVID-19 ward (5.6) or shielding for a household member (5.6) compared to the overall Trust score (5.8).

EDI was rated more highly by those working from home (8.6) compared to staff working on a COVID-19 ward (7.8) and bullying harassment again rated more highly by those working from home (8.1) compared to those working on a COVID-19 ward (6.9).

There were two themes with a reverse pattern. Safety culture was reported more positively by those on a COVID-19 ward (6.6) compared to those working from home (6.5) and quality of care was reported more positively by those on a COVID-19 ward (7.4) compared to those working from home (7.2).

This information will feed in to the learning from wave two review.

### Next Steps

King's is currently in the middle of a significant programme of staff engagement to refresh our Trust values and deliver a new People and Culture Strategy. Based on engagement work to date, with our staff and key stakeholders, it is clear that our priority areas remain the same; Equality, Diversity and Inclusion, Behaviour and Ways of Working, Leadership and Health and Wellbeing.

The new People and Culture Strategy will respond directly to the results of the National Staff Survey, as well as the wealth of feedback gained through the engagement process. The year one plan to deliver the Strategy will detail the programme of work and timescales in one consolidated people plan and will be presented to King's Executive and the Board in Quarter Two.



## Conclusions:

The Board is asked to:

- Note the Staff Survey 2020 thematic results
- Note the four core people priorities, EDI, staff wellbeing, leadership and culture and behaviours
- Note that more granular level reports will be shared with the Site and Corporate Teams
- Note that the year one delivery plan for the People and Culture Strategy will respond to these results and be the consolidated improvement plan

## Appendix A



## SUMMARY OF KEY DISCUSSIONS

### RISK AND GOVERNANCE COMMITTEE MEETING

Thursday 25<sup>th</sup> May 2021

#### 1. GOOD GOVERNANCE INSTITUTE INTRODUCTION

The Good Governance Institute (GGI) improvement programme aims to be integrated with the Trust's other work streams with a focus on care group leadership to develop their quality, risk and assurance. The programme comprised of six workstreams:

1. A review of the Trust's complaints systems, agreeing best practice and developing a detailed set of proposals.
2. Working with care groups on a process to understand the quality governance systems and structures.
3. Implementation using the 'Three waves' approach to ensure the new process is embedded.
4. Looking at mid-risk management to assist in embedding the policies in the various care and assurance groups.
5. Developing tailored training and coaching on key areas such as risk management.
6. Imaginative communication techniques to help embed the governance changes to ensure clear understanding on the processes.

#### 2. INTERNAL AUDIT UPDATE

##### Internal Audit Recommendation Tracker

The updates on all open recommendations arising from the Internal Audit report were noted.

- IG training was highlighted as a red rated risk, the deadline for this is June 2021. A reminder to complete the IG training would be included in the Chief Executive's Core brief in June.
- A number of risk management recommendations were still open and the deadline for these would be extended by a month to allow for the new Head of Quality Governance to review and progress.

The Committee noted there was reasonable progress in terms of meeting deadlines and closing reports.

#### 3. CORPORATE RISK REGISTER

The Committee was informed of the proposal for the addition of a new risk in relation to infection control issues related to the Trust's estate. There was oversight of the specialist committees as part of the risk management strategy. The aim was to aggregate all the risks and incorporate as one risk on the corporate register. The aggregated risks would remain open as individual risks managed locally as the controls are managed by the local services.

#### 4. LEGAL UPDATE

The Committee received an update on current inquests and claims. Future reports will include the types of allegations and the actions being undertaken, taking into account the learnings and the potential to improve on current practises. This would give the Committee assurance that the team is working towards improving the Trust practises and reducing the costs of claims.

In terms of KCH performance in medical litigation, King's has a high number of medical claims and request for medical records. However the number of live claims was not a concern in comparison to the size of the organisation.

## **5. HARM REVIEW UPDATE**

The committee considered a report updating on a number of harm reviews that were undertaking in 2019/20. The endoscopy harm review would be an ongoing process, a number of risk cases resulting from a lack of capacity at PRUH had led to patients not being managed appropriately in relation to endoscopy pathways. The positive finding was that no new harm was found than previously known in terms of the sampling technique. The ophthalmology harm review was based on a number of patient harm due to lack of follow up appointments provided and patient's being lost from pathways. This was being monitored for new cases and the team had made good progress on their action plan.

## **6. NEUROPATHOLOGY INTERNAL AUDIT**

Following a full review in neuropathology to improve processes, corrective actions were put in place including ensuring that the necessary SOPs and a systematic series of audits to ensure full compliance with the processes in place. The findings of the most recent audit indicated that there were no breaches in relation to any of the processes and no areas of concern. There will be an ongoing audit process and a SOP for the audit will be introduced.

## **7. MEDICINES SAFETY REPORT**

There is good reporting culture at the Trust in relation to medicine safety incidents. The incidents are predominately related medicines administration errors. There are a number of ongoing work streams that are modified on an annual basis to improve medicine safety including Datix in relation to Anticoagulation and Insulin type incidents. The Committee sought reassurance on whether there were clinical areas placing patients at increased risk of adverse incidents, unsafe practice leading to complaints, claim and SIs in medicine areas.

## **8. HEALTH AND SAFETY UPDATE**

The Chief Finance Officer provided an updated on the Health and Safety report. There was concern about the gaps in the anti-ligature assessments throughout the Trust. A robust plan of how the ligature assessments will be completed across the 'higher risk' and 'lower risk' areas would be produced.

## **9. EXTERNAL VISITS REGISTER**

The Committee agreed this would now be called the External Reviews Register. The Health Education England (HEE) had conducted a virtual inspection of Medicine at the PRUH. There was recognition of progress and a further HEE review was scheduled for September.

## **10. ANY OTHER BUSINESS**

The Site Director of PRUH and South Sites informed the Committee that a harm review in relation to the ENT service was likely to be undertaken.

<b>Report to:</b>	The Board of Directors
<b>Date of meeting:</b>	10 June 2021
<b>Subject:</b>	Safer Staffing
<b>Author(s):</b>	Emma Symes, Associate Director of Nursing
<b>Presented by:</b>	Prof Nicola Ranger, Chief Nurse and Executive Director of Midwifery
<b>Sponsor:</b>	Prof Nicola Ranger, Chief Nurse and Executive Director of Midwifery
<b>History:</b>	N/A
<b>Status:</b>	For information/ assurance

### Background/Purpose

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

This 3 monthly safer staffing report, for the nursing and midwifery workforce, will provide assurance to the board by outlining trends over the previous 3 month period. This is in line with the recommendations from NHSi's Workforce Safeguards ensuring we are reporting from ward to board

### Action required

The Board is asked to note the report.

### Key implications

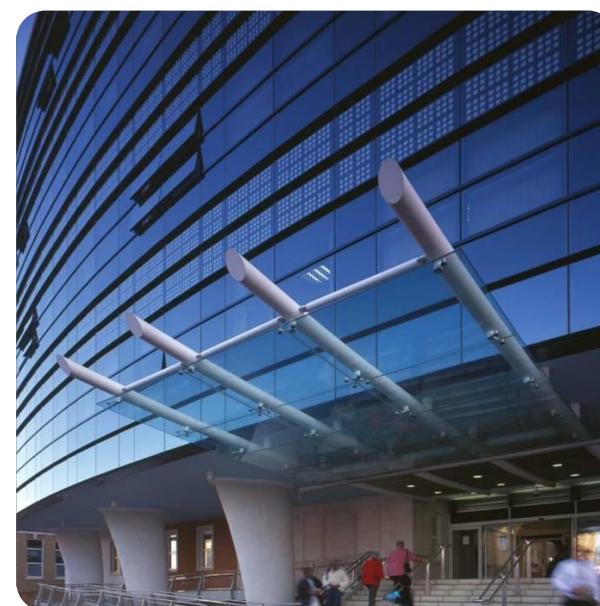
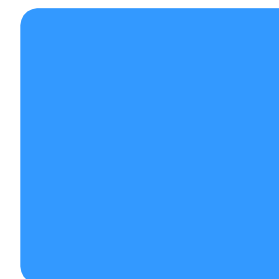
Legal:	Reporting regularly to the Board on safe staffing is a regulatory requirement.
Financial:	
Assurance:	This purpose of this report is to provide assurance that nursing levels have been safe over the past three months.
Clinical:	Safe staffing levels are key to patient care, experience and outcomes.
Equality & Diversity:	
Performance:	
Strategy:	
Workforce:	The report summaries nurse staffing levels across the Trust including vacancy rates and hotspots.
Estates:	
Reputation:	Ensuring safe staffing levels supports better patient care.



# 3 Monthly Safer Staffing Report for Nursing and Midwifery February 2021 – April 2021

Trust Board June 2021

Nicola Ranger  
Chief Nurse



KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

## Background

- From June 2014 it is a national requirement for all hospitals to publish information about staffing levels on wards, including the percentage of shifts meeting their agreed staffing levels. This initiative is part of the NHS response to the Francis Report which called for greater openness and transparency in the health service.
- NHS Improvement's Developing Workforce Safeguards report provides recommendations to support Trusts in making informed, safe and sustainable workforce decisions, and identifies examples of best practice in the NHS, this builds on the National Quality Board's (NQB) guidance. NQB's guidance states that the Trust must deploy sufficient suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively (through the use of e-rostering, clinical site management and operational meetings and decisions.)
- The Trust's compliance will be assessed with the 'triangulated approach' to deciding staffing requirements described in NQB's guidance. This combines evidence-based tools, professional judgement and outcomes to ensure the right staff with the right skills are in the right place at the right time. It is based on patients' needs, acuity, dependency and risks, and as a Trust this should be monitored from ward to board.
- This 3 monthly safer staffing report, for the nursing and midwifery workforce, will provide assurance to the board by outlining trends over the previous 3 month period. This is in line with the recommendations from NHSi's Workforce Safeguards ensuring we are reporting from ward to board.
- Monthly assurance will be monitored through the Trust wide Nursing Midwifery Workforce Governance Group (relaunching post COVID in June 2021.)

## Staffing Position

The number of staff required per shift is calculated using an evidence based tool (the Safer Nursing Care Tool, which provides specific multipliers depending on the acuity and dependency levels of patients.) This is further informed by professional judgement, taking into consideration issues such as ward size and layout, patient dependency, staff experience, incidence of harm and patient satisfaction which is in line with NICE, NQB and NHSi guidance. This provides the optimum planned number of staff per shift.

For each of the 79 clinical inpatient areas, the actual number of staff as a percentage of the planned number is recorded on a monthly basis. The table below represents the high level summary of the actual ward staffing levels reported for March 2021, the most recent data currently available on BIU (national CHPPD reporting was ceased for Mar and Apr 20 and again in Nov and Dec 20 due to COVID-19.)

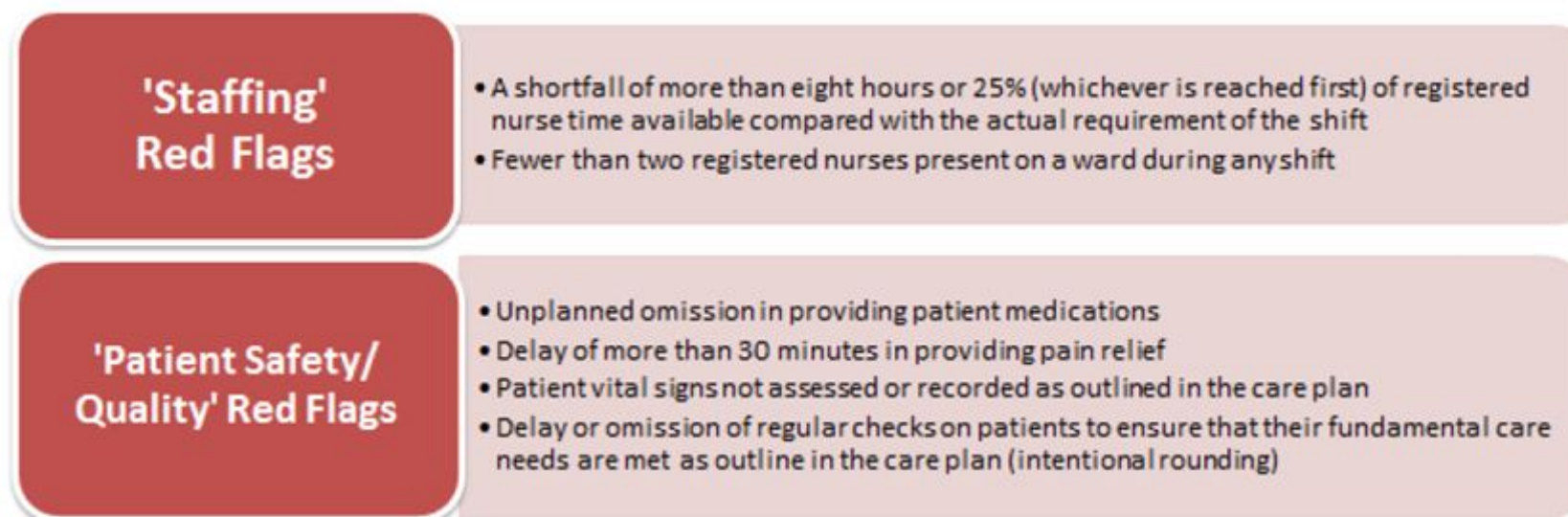
	% Fill Rates - Day & Night				Care Hours Per Patient Day (CHPPD)		
	Avg Fill Rate RN/Midwives (Day) %	Avg Fill Rate RN/Midwives (Night) %	Avg Fill Rate Care Staff (Day) %	Avg Fill Rate Care Staff (Night) %	RN & Midwives	Care Staff	Total CHPPD
Urgent Care, Planned Care and Allied Clinical Services	93%	97%	95%	112%	4.4	2.7	7.2
PRUH and South Sites	91%	93%	92%	107%	4.3	3.1	7.4
Networked Care	87%	88%	105%	116%	8.2	2.8	11.0

- Lower RN/Midwives fill rates are noted due to some clinical areas not achieving planned staffing levels due to vacancies/sickness particularly as a result of COVID-19. Staffing levels are maintained through relocation of staff, use of bank staff and where necessary agency staff to ensure safety.

**Please note:** CHPPD is a metric which reflects the number of hours of total nursing support staff and registered staff versus the number of inpatients at 23:59 (aggregated for the month.) This metric is widely used as a benchmarking tool across the NHS. Critical care units provide 1:1 nursing to their patients, this in turn increases the overall CHPPD for Networked Care due to the amount of critical care beds that are provided in this division.



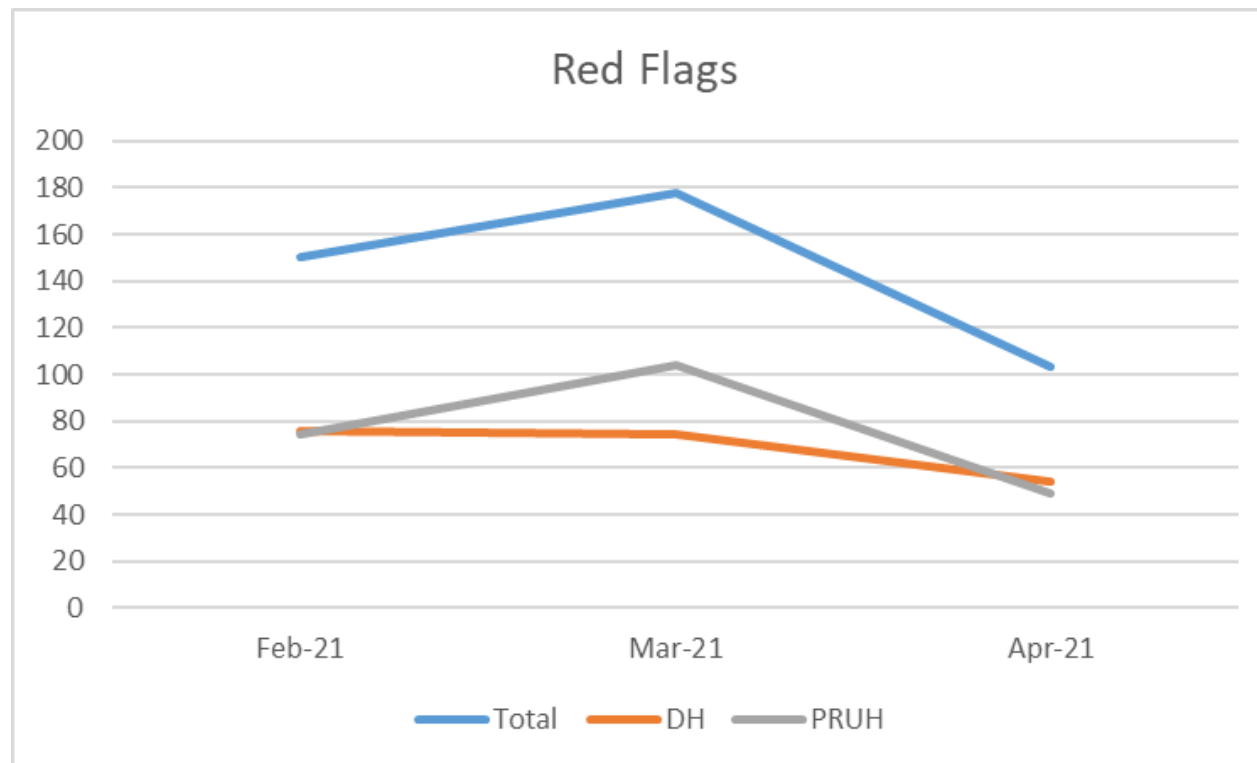
In order to be compliant with NHSi's Workforce Safeguards see below our updated Red Flag procedure for nursing within the Trust. The below process has been adhered to from July 20 onwards in line with the next planned focused acuity & dependency collection.



- The purpose of a Red Flag being raised is to identify those times where either essential nursing care has not been delivered, or where there is a risk that the quality of patient care may be impacted. If clinical areas do not have enough nurses on duty with the right skills to safely meet the needs of your ward/unit, they will raise a Red Flag.
- Updated process for raising Red Flags:
  - Ward nurse to inform Matron (in hours) and Clinical Site Manager (out of hours)
  - All Red Flags reported will be reviewed at the time by the senior nurse receiving this information and any mitigating actions taken
  - All Red Flags must be recorded on Datix once the above operational process has been followed and any mitigating actions taken

# Red Flags

- Twice a day there is a Trust wide red alert issued to senior nursing staff highlighting the location of departments with red flags which in turn enables senior nursing staff to ensure the right staff are in the right place at the right time.
- There is an upward trend in red flags across all sites Feb-21 to Mar-21 this is due to particular staffing challenges remaining from Wave 2 of COVID-19 and ongoing staff shielding/isolating but positively, there is a downward trend in red flags across all sites Mar-21 to Apr-21 highlighting improved staffing levels during this time. Staffing issues continue to be mitigated on a daily basis with the site management team, operational matrons and senior nurses to maintain safe nurse to patient staffing levels.
- Refresher training on Red Flags has been undertaken with all HoNs, Matrons and Ward Leaders in Sep/Oct-20 and repeated in May-21. Red Flags is also covered in the Workforce masterclasses on Preceptorship and the Outstanding Care programme. This training has reiterated the definitions of red flags and on closer inspection has highlighted the incorrect use of red flags at times historically (eg. Wards raising a red flag when they are 1x RN short)
- The graph below outlines the trend for the last 3 months:



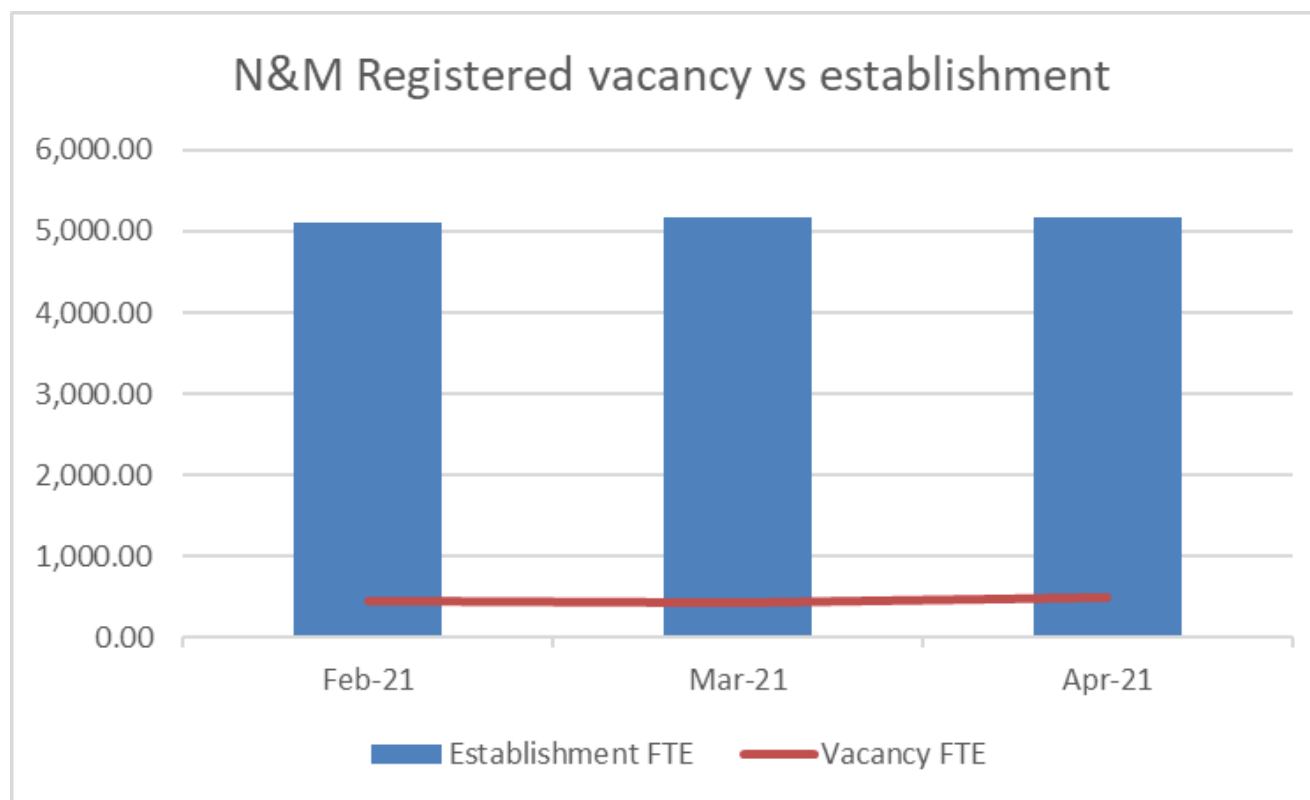
## Registered N&M Vacancies

King's College Hospital



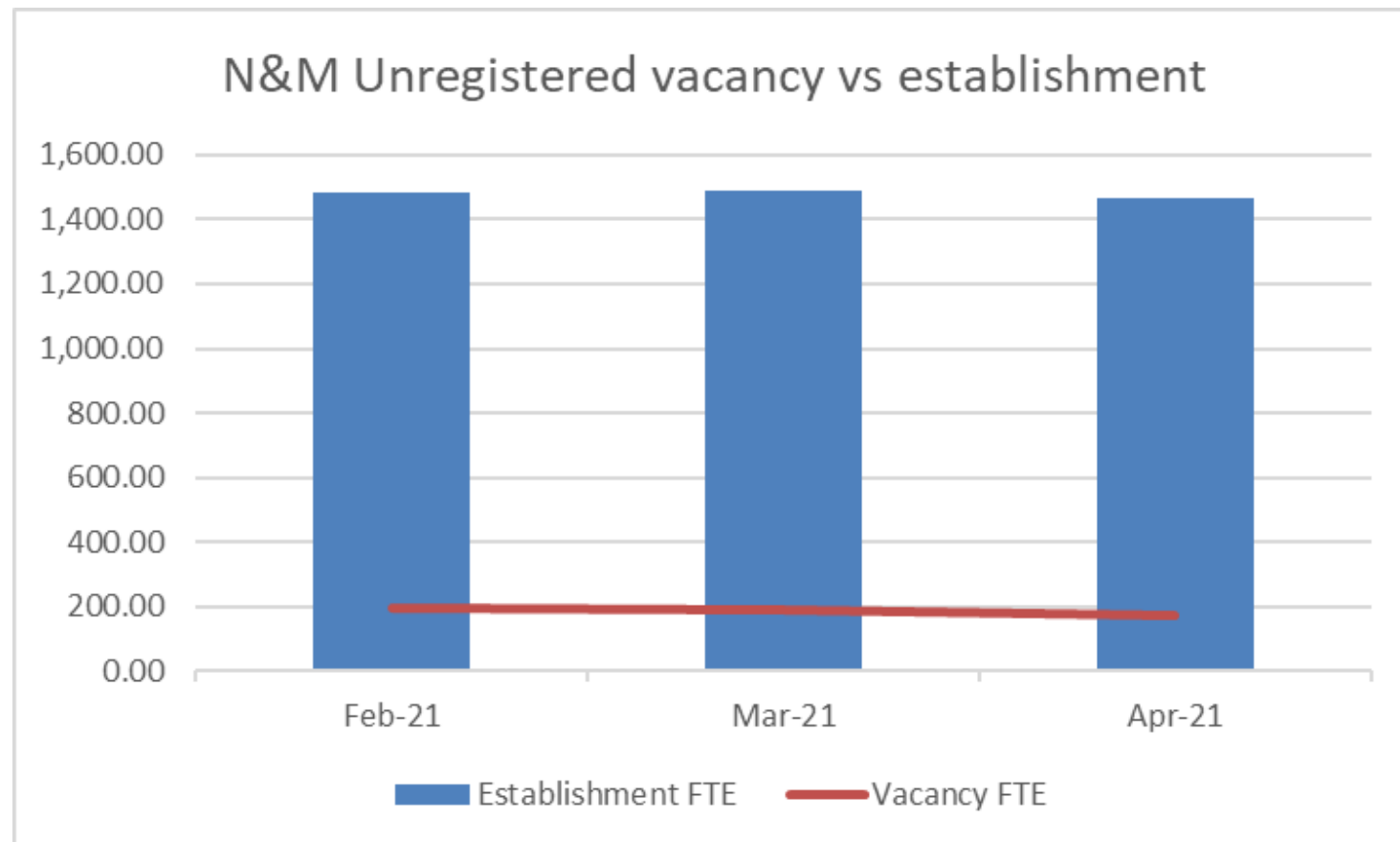
NHS Foundation Trust

- The current vacancy for April 2021 is 9.79% for registered Nursing and Midwifery staff. The Trust's national N&M recruitment campaign (with TMP) fully launched in Nov 20-Jan 21.
- Registered N&M vacancy has been consistently below 10% in 2021 (Feb-21: 8.95%, Mar-21: 8.39% and Apr-21: 9.79%)
- **Registered vacancies have remained mostly static between Mar-21 – Apr-21:**
  - Post Wave 2 of COVID-19 we have seen the return of the Trust's usual international recruitment activity however, there are still some restrictions in place which has marginally affected the vacancy rate and will continue to do so until these are fully lifted.
  - The graph below outlines this position:



## HCA &amp; CSW Vacancies

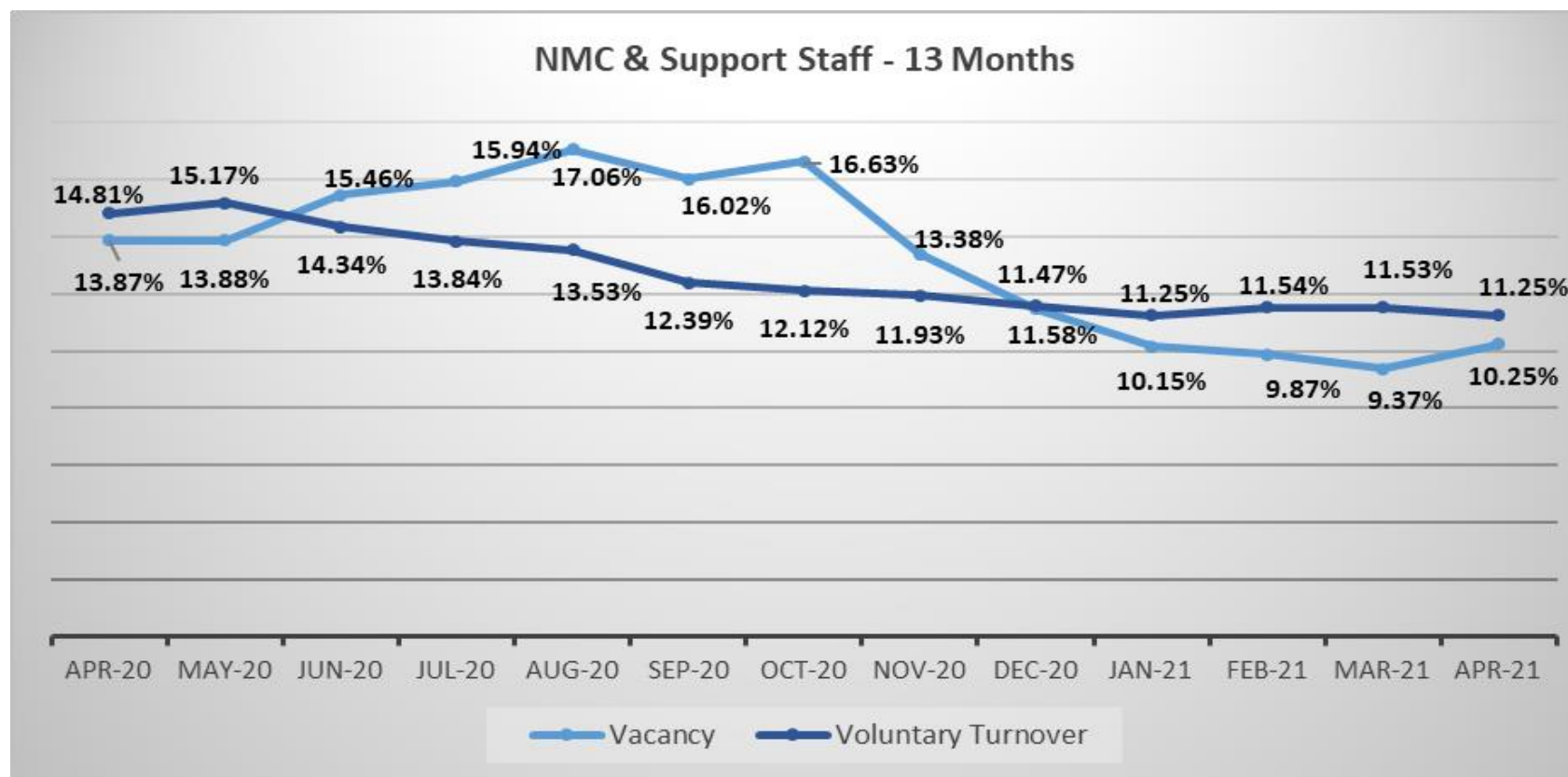
- The current vacancy for April 2021 is 11.86% for all unregistered Nursing and Midwifery staff.
- **There has been a downward trend to unregistered N&M vacancies from Feb-21 – Apr-21:**
  - HCA advertising, recruitment centres and widening participation work has been increased in line with the national drive to reduce Health Care Support Worker vacancies to 0%.
  - The Trust is also actively engaged with pan London widening participation events for new starters into the NHS. The graph below outlines the current position:



## Nursing and Midwifery Turnover

As of April 2021, the voluntary turnover for registered nursing and midwifery staff is 10.45% and is currently 13.82% for the unregistered workforce. The monthly Trust wide N&M Workforce Governance meeting will monitor vacancies alongside care group-specific recruitment and retention work plans with the aim to maintain registered vacancies below 10% and reduce total voluntary turnover to 10% by the end of 2021.

The graph below outlines the current position highlighting a reduction in turnover to the lowest value it has been for 18 months.



The aggregate nursing and midwifery staff vacancy for April 2021 is 10.25%. This is a slight increase from March 2021 but there has been a significant reduction over the last 3 months. The current N&M hotspot is outlined below, plans for this area are being actioned departmentally with support from the divisional recruitment partner and will be flagged at monthly site based recruitment meetings.

As of April 2021 there are no inpatient areas with an above 30% vacancy rate. Due to some recruitment challenges during the national and international response to COVID-19 there is one department with a total vacancy rate above 20%.

Inpatient area with a vacancy rate above 20% listed below:

- **DH:** Adult ED (22.32%),

The Trust wide N&M Workforce Governance meeting considers the pathways to successful recruitment and the key principles of retention. The group supports the Directors of Nursing and Midwifery to lead on identifying, securing and developing a stable workforce for their designated areas:

- Work plans are being reviewed to improve the recruitment and retention of the Nursing and Midwifery staff across the Trust.
- There are robust divisional-specific recruitment plans to support hot spot areas, pipelines have been created for each care group with a number of Bands 2-7 staff currently on-boarding waiting to fill Trust vacancies.
- These monthly meetings will have oversight of the Trust's 3-5 year plan for nursing and midwifery (N&M) to enable the senior N&M team, alongside HR/ Workforce colleagues, to forecast for the future workforce by monitoring the pipeline of new starters at both a strategic and ward level.

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

The below points further highlight the key work streams/priorities being focussed on to further improve vacancy and turnover % in N&M. Updates in relation to the below are shared at Nursing and Midwifery Board monthly and at relevant Workforce & Education Trust wide updates.

**Target** - 10% vacancy RN and 0 WTE HCA vacancies by the end of 2021

#### Recruitment:

- Increased HCA interview dates continue to support filling vacancies and collaborative working with local job centres to grow our own from the local community
- Workforce transformation: Trainee Nursing Associates (TNA) recruited in Feb/March for next cohorts
- International nurse recruitment: recent IEN deployments January – 79, February – 58, March/April – 66
- IEN OSCE pass rate: 73 IENs took their OSCE in April with 63 passing on their first attempt
- New streamlined recruitment pack (colourful pdf) with welcome letter from Nicola Ranger and the relevant DoN/DoM now used on jobs sites
- Widening participation work ongoing in the local community with organised visits to nearby Sixth Form Colleges & Job Centres
- King's N&M Educational page on social media platforms launched in April 2021 with an events/comms calendar for 21/22

**Target** - 10% vacancy RN and HCA turnover by the end of 2021

#### Retention:

- Departmental Retention meetings: facilitated with each ward area led by Nicola to listen to the teams and review retention initiatives, ensuring a joined up approach to retention strategy and to discuss flexible working, rostering/self rostering
- Trust wide Flexible Working group commencing (led by HR colleagues)
- Review of CPD/in-house modules/post grad offer ongoing with next Leadership programme cohorts commencing
- Educational programmes restarted in April 21 (to include Preceptorship and student forums)
- Improved pastoral support for IENs: new high quality accommodation provided for 6 (previously 4) weeks and support packages provided incl food deliveries, laptops and virtual support calls during quarantine period as well as 6 study days within the Trust Preceptorship programme

**Report to:** The Board of Directors  
**Date of meeting:** 10 June 2021  
**Subject:** COVID-19 review and planning  
**Author(s):** Lesley Powls/ James Cook – COVID Incident Command Team  
 Emilie Perry, Director of Operations, PRUH  
  
**Presented by:** Julie Lowe, Site Chief Executive, Denmark Hill  
**Sponsor:** Site Chief Executives  
**History:** Previously discussed at Board, COVID sub- committee, Audit Committee (Wave 1 review) and KE  
**Status:** For information/ assurance

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### 1. Background/Purpose

This paper provides an update on the Trust's response to the COVID 19 pandemic. It includes the key learning from wave 1 and wave 2 and the Trust's plans for a potential 3<sup>rd</sup> wave.

### 2. Action required

The Board is asked to note the learning so far and the plans for mitigating the impact of the ongoing pandemic, in particular the plans for a 3<sup>rd</sup> wave.

### 3. Key implications

Legal:	The response to the pandemic was managed as a Level 4 major incident by the Trust in line with national instruction. This was stepped down to a critical incident in April (in line with the wider NHS) and at the time of writing incident stand down is planned to coincide with the ending of COVID restrictions on 21 June although this date is subject to change.
Financial:	Additional funding has been made available nationally for costs directly relating to COVID. There is also specific funding around clearing backlogs of patients who are waiting as a result of the cessation of non-urgent activity (Elective Recovery Fund).
Assurance:	A detailed review of learning from Wave 1 was undertaken and this was reviewed by KPMG as part of the Internal Audit programme. A national enquiry into the response to COVID is expected. A contemporaneous log of all decisions has been kept in line with NHS Emergency Planning practice (GOLD and SILVER) A national statutory enquiry into the COVID pandemic has been announced and is due to commence in Spring 2022.

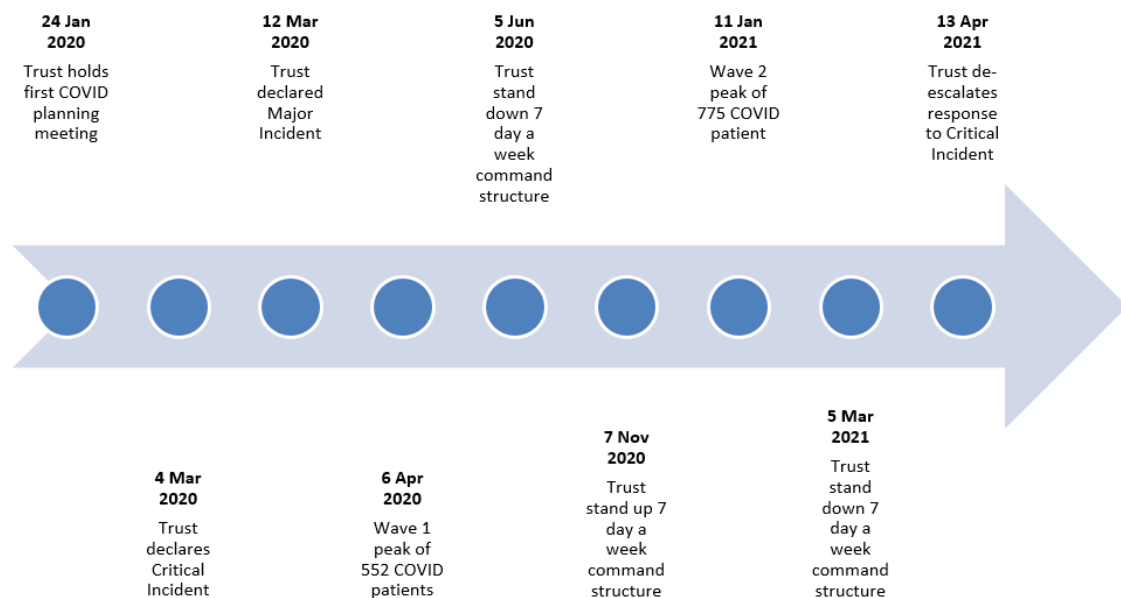


Clinical:	There have been detailed reviews about the management of patients with COVID and their outcomes. These are outside the scope of this paper. There is also work on going to review those non- COVID patients whose treatment was delayed or cancelled as a result of our response to COVID. This will continue to be monitored and reported via QPP Committee.
Equality & Diversity:	There is national work on going which suggests that the impact of COVID has been greater in some communities. This appears to be linked to levels of pre-existing health conditions to crowded and/ or multi-generational households. There is also work on encouraging vaccine uptake as rates vary by ethnicity and age group even amongst healthcare workers.
Performance:	The COVID pandemic has led to a significant worsening of the Trust's performance against constitutional standards, especially elective waiting times. This is mentioned in the paper but covered in more detail through performance reports to QPP and Board.
Strategy:	There is a need to ensure that the Trust's emerging strategy is mindful of future potential pandemics. There is also an opportunity to embed some of the new ways of working, such as virtual clinics, in future planning as well as accelerate the development of Community Diagnostic Hubs which offer protected capacity away from main hospital sites.
Workforce:	The pandemic has had a significant impact on our workforce and there is a continued need for support around wellbeing. This is being reported via QPP.
Estates:	There is a continued need to ensure that patients can be separated according to infection risk. There is also a need to re-visit ventilation in some areas to ensure that aerosol generating procedures can be carried out safely.
Reputation:	Like most of the NHS the Trust benefited from amazing support from the public, particularly during wave 1. The challenge over the coming months is to manage the impact of some very long waiting times on our patients and to use good communication to ensure our reputation is not damaged.

## Review of COVID Wave 1 and Wave 2

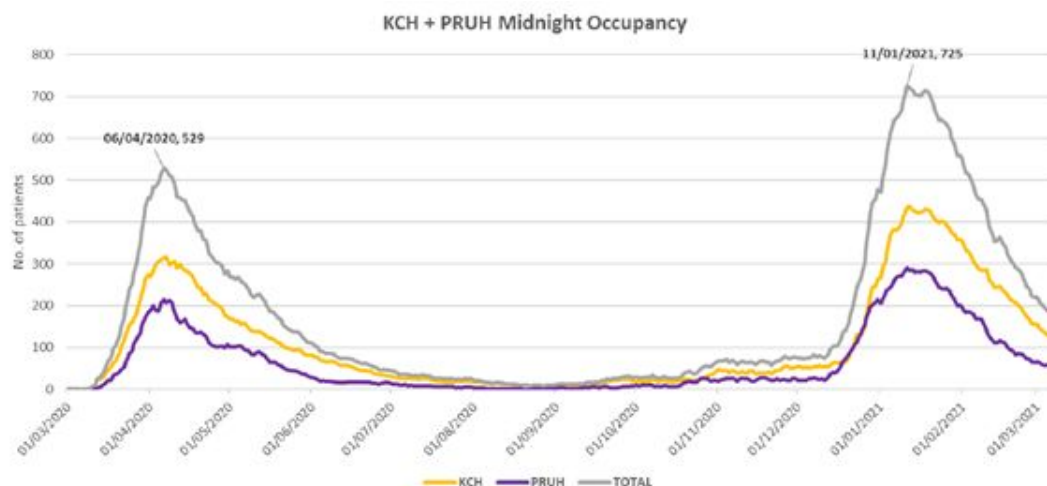
### Overview of COVID-19

Since 24th January 2020 the Trust has been preparing for and managing the implications of the COVID-19 Pandemic. It has been responding to COVID-19 under Command and Control arrangements from 12th March 2020. The illustration details the key milestones of the Trust's management of COVID-19 so far.



The second wave of COVID-19 presented a different set of challenges to the first which included:

- Fatigued workforce and absences due to for example COVID related sickness, long COVID and contact tracing and exposure;
- Rollout of COVID-19 Vaccination Programme;
- Concurrent with Winter Pressures, EU Transition and recovery from wave 1; and
- Significant increase in COVID-19 occupancy compared to wave 1 best illustrated with the following graph.



### Review of learning from Wave 1

The Trust commissioned an independent review of learning from the first COVID-19 wave and was presented to King's Executive in September 2020 and formally reported to Board in December 2020. The review identified 37 recommendations and their implementation was monitored via the COVID-19 command structure.

In April 2021 KPMG reviewed the processes and controls including the governance arrangements that the Trust put in place to implement the findings from the 'Learning from COVID-19: Wave One' report published in Sept 2020.

Please see Annex 1 an action plan for the Trust's implementation of the KPMG

### Approach to learning from Wave 2

Between March and April 2021 the Trust took the opportunity to conduct a review of the Trust's response to the second COVID-19 wave as the pressures eased. The purpose of the review was to consider the effectiveness of the Trust's incident management arrangements in response to the second COVID-19 wave, EU Transition and Winter 2020/21 to inform our readiness for future incidents including further COVID-19 waves.

The review was conducted by Silver Command and followed a similar format to that conducted by the team following the first COVID-19 wave and consisted of the following:

- Review of Wave 1 learning
- Electronic Survey for members of Gold and Silver
- Interviews with key personnel
- Lessons learnt report and action plan

Overall, there were over 50 responses to the survey and 3 members of the Trust's Executive were interviewed. Annex 2 contains the recommendations and action plan.

Key operational teams are being offered a specific debrief and the incident survey has been resent to a number of key individuals who had previously received the survey to ensure any further feedback is captured and factored into the Trust's COVID-19 Wave 3 Plan (At the time of writing the wave 3 plan remains a dynamic document which is being updated as new information becomes available).

### Summary of key learning from Wave 2

The COVID-19 Pandemic has provided exceptional challenges for the UK as a whole and shone a spotlight on the NHS. Overall, despite the exceptional circumstances the Trust has met the challenges and responded well.

The following strategic SMART recommendations have been identified from our second wave review:

- a) **Planning for further COVID-19 waves.** As a priority the Site Chief Executive Officers are updating the COVID-19 Incident (Surge) Management Plan which incorporates learning from the second COVID-19 wave. At the time of writing the surge 3 plan remains a dynamic document but a summary is provided here (annex 3).
- b) **Staff Redeployment.** The Chief People Officer is updating the plans and arrangements for redeployment in the light of wave 2.
- c) **Communication.** Internal arrangements for communicating key decisions, changes to policy/procedures and other relevant information are being updated.
- d) **Command and Control.** Within 3 months the Site Chief Executive Officers will review with key stakeholders and publish a revised Trust Command and Control Policy. This will include updated arrangements for silver command (which may vary depending on the incident) and gold command,
- e) **COVID-19 as endemic.** Within 4 months the Site Chief Executives will consult with key stakeholders and publish a long-term plan detailing how the Trust will manage the on-going implications of COVID-19.

Please see Annex 2 for the Trust's COVID-19 Wave 2 Learning Action Plan.



## Annex 1 – Key Learning from COVID-19: Wave One Action Plan

The below table details the recommendations identified by KPMG and action plan for the implementation of those recommendations.

Key Learning from COVID-19: Wave One Action Plan					
ID	Recommendation	Comments	Owner	Timescale	Status
1.	<b>Defining the SMART actions required</b> The report that was received had a number of recommendations that were very high level and reflected actions that were outside of the direct control of the Trust. In these cases it is important that a clear set of SMART actions are identified to allow the robust application of the recommendation to the situation of the Trust. This would allow for better tracking, provision of assurance and integration with other areas of Covid-19 learning the Trust has been undertaking both formally and informally. When a post Covid-19 incident review is completed and actions developed each of these should be SMART in order to address the clear link to the underlying cause of issues and learning required.	Development of action plan following wave 2 post incident review will include SMART objectives.  Evidence of implementation: Post incident action plan with SMART actions in place.  Wave 2 SMART recommendations and action plan is including in this paper.	Site Chief Executive Denmark Hill	30 June 2021	Complete - wave 2 SMART recommendations and action plan included in this paper.
2.	<b>Assurance and follow up</b> Actions were appropriately supported as implemented and then marked as closed on the Trust's tracker in place for these learnings. There is, however, no mechanism in place for following up and assuring the impact of implementing these actions.  When a post Covid-19 incident review is completed, it should define the follow up process and mechanism to be followed in order to provide assurance that the action has been effective. This should include when and what will be required to complete this.	Confirming mechanism for following up and measuring impact of actions and applying this to wave 1 and wave 2 actions.  Evidence of implementation: Follow up and assurance requirements for post incident action plan.	Site Chief Executive Denmark Hill	30 June 2021	Complete – agreed that King's Executive will oversee and ensure follow-up



ID	Recommendation	Comments	Owner	Timescale	Status
3.	<b>Post Covid-19 incident review</b> The learning from Covid-19 wave one report provided a crucial first set of learning for the Trust from the initial onset of Covid-19. There will have been significant learning that has happened since then – for example, through other impacts at the Trust and at the system level. It is crucial that there is a post incident Covid-19 review undertaken.	A paper will be prepared which reviews progress since the first wave and the impact of the completed actions.  Evidence of implementation: Post incident Covid-19 review	Site Chief Executive Denmark Hill	30 June 2021	Complete - wave 2 SMART recommendations and action plan included in this paper.
4.	<b>Involvement of the Board</b> The Trust Board received the learning from Covid-19 Wave one report on 10 December 2020 and noted the report. To ensure accountability for the implementation of the actions it is important that the Board receive assurance that these have been implemented.  Whilst the frequency of Boards and the timing of the reporting meant the majority of recommendations were marked as implemented by the date it was taken, follow up through action tracking to verify full implementation would have provided a fuller assurance	Board paper as described above will include evidence (where available) that actions have been implemented and sustained.  Evidence of implementation: Post incident Covid-19 review	Site Chief Executive Denmark Hill	30 June 2021	Complete – Board paper due in June 2021 covering Wave 1 & 2 learning and Wave 3 Plan



## Annex 2 – Trust's COVID-19 Wave 2 Learning Action Plan

The below table details the strategic SMART recommendations and action plan for the Trust's COVID-19 Wave 2 Learning.

COVID-19 Wave 2 SMART Recommendations and Action Plan					
ID	Recommendation	Comments	Owner	Timescale	Status
1.	<b>Planning for further COVID-19 waves.</b> As a priority the Site Chief Executive Officers will publish an updated COVID-19 Incident (Surge) Management Plan which incorporates learning from the second COVID-19 wave.	Modelling suggests a further wave as early as Summer 2021. Key themes identified from wave 2 which need further consideration include: workforce and wellbeing challenges; consideration for a pre-agreed ward escalation plan; and clear triggers and actions as surge progresses.	Site Chief Executives	Board Sign off – June 2021	In progress
2.	<b>Staff Redeployment.</b> Within 1 month the Chief People Officer will develop detailed plans for the timely re-deployment of staff to critical services in the event of further COVID-19 waves and other incidents.	Complexities of timely Trust-wide redeployment function identified as one of the most significant challenges from wave 2. This was partly related to the Christmas/ New Year holidays. There is also a need to balance redeployment to support the COVID response with the potential harm caused by reducing elective work.	Chief People Officer	June 2021	In progress
3.	<b>Communication.</b> Within 2 months the Site Chief Executive Officers and Director of Communications will review with key stakeholders and develop internal arrangements for communicating key decisions, changes to policy/procedures and other relevant information in a timelier manner.	Feedback identified that communication was one of the key areas for improvement for a range of reasons including: comms to wider clinical staff; challenges caused by pace of change to guidance and volume of guidance.	Site Chief Executives and Director of Comms	June 2021	In progress
4.	<b>Command and Control.</b> Within 3 months the Site Chief Executive Officers will review with key stakeholders and publish an updated Trust Command and Control Policy.	This will include a review of silver and gold command arrangements and their relationship with non COVID on call arrangements	Site Chief Executives	July 2021	In progress
5.	<b>COVID-19 as endemic virus.</b> Within 4 months the Site Chief Executives will consult with key stakeholders and publish a long-term plan detailing how the Trust will manage the on-going implications of COVID-19.	Science suggests that COVID-19 will become endemic and will be with us for year to come much like seasonal influenza. The Trust now needs to consider how best to manage the on-going implications such as COVID pathways, Long COVID clinics, Vaccinations for example.	Site Chief Executives	Aug 2021	In progress

## Annex 3

### Summary of Plans for COVID Surge 3

#### Scope

A detailed operating plan has been prepared for both sites which will be used as a framework for managing the incident by Silver Command on both sites escalating to Gold command as required. The plan builds on the plans that were used in wave 1 and wave 2 with key changes and developments described below. The plan is being updated regularly as more information becomes available on a potential 3<sup>rd</sup> wave.

#### Key changes from previous waves

**Vaccination** This will be the first wave since COVID vaccines have been widely available. Planning covers a surge in COVID amongst the unvaccinated population but does not affect the vaccinated population, as well as the possibility of milder illness in the vaccinated population and the potential for a variant of COVID illness against which the vaccine is ineffective.

**Respiratory illness in children** In the previous waves of COVID very few children experienced severe illness so staff and resources that are normally reserved for children, such as the Paediatric Intensive Care Unit, were used to support the adult response. Planning for a 3<sup>rd</sup> wave considers the possibility that this wave coincides with an increase in general respiratory illness in young children, similar to the admissions normally seen in winter, but potentially deferred this year due to the impact of lockdown. Plans therefore rely less on paediatric resource being available.

**Elective work and diagnostics** During wave 1 and wave 2 elective activity for all but the most life-threatening cases came to a virtual stop. As we learn more about COVID, ways to protect some elective pathways are being built into plans for future waves. As a modelling assumption, if the 3<sup>rd</sup> wave had a peak at about the level of the first wave (and rates of hospitalisation were low due to vaccination) then it might be possible to continue with around 80% of elective work. However, this relies on a relatively low need for staff redeployment and the ability to keep COVID and non-COVID pathways separate.

**Staff Redeployment** During waves 1 and 2 there was a lot of short notice redeployment of staff. Planning for the 3<sup>rd</sup> wave aims to agree in advance which staff will be available and where they will be redeployed. Where possible staff will be redeployed to areas where they have worked in previous waves or have other prior experience. Plans are in place to enable those who have learned new skills during the pandemic to continue to practise them regularly so that the need for emergency retraining is reduced. There is an expectation that elective work and diagnostics will continue where this can be done in a COVID secure way to reduce the risk of harm



from non COVID illness. For this reason some staff who have previously been redeployed may continue with their normal role in future surges.

**Well being for staff** All NHS organisations now have a much better understanding of how to support staff under pressure. At King's this knowledge will be built into wave 2 planning and our continued well being offer. Flexible options, such as working from home, will continue to be offered where possible. Risk assessments for clinically vulnerable staff will continue with adaptations to working patterns or environment made as necessary.

**Agreed escalation areas** On both site there is an agreed list of which areas will be used for COVID escalation. It is recognised that the order of use may vary depending on the situation at the time. However learning from wave 1 and wave 2 suggested that the ability to plan was helpful for operational teams.



**King's College Hospital NHS Foundation Trust – Finance & Commercial Committee  
Incorporating Major Projects**

Minutes of the Finance and Commercial Committee, incorporating Major Projects Meeting held on Thursday 28 January at 9.00am, via MS Teams video conference

**Present**

Sue Slipman	Non-Executive Director (Chair)
Professor Richard Trembath	Non-Executive Director
Akhter Mateen	Non-Executive Director
Sir Hugh Taylor	Trust Chair
Steve Weiner	Non-Executive Director
Professor Clive Kay	Chief Executive
Beverley Bryant	Chief Digital Information Officer/SIRO
Lorcan Woods	Chief Financial Officer (CFO)
Julie Lowe	Interim Site Chief Executive, DH
Jonathan Lofthouse	Site Chief Executive, PRUH and south sites
Professor Nicola Ranger	Chief Nurse and Executive Director of Midwifery

**In attendance:**

Sultana Akther	Corporate Governance Officer (minutes)
Siobhan Coldwell	Trust Secretary and Head of Governance
Lauren Gable	Director of Commercial & Contracting
Mike Joyce	Director in King's Commercial Services
Eric Munro	CEF Director
Arthur Vaughan	Deputy CFO
Zohaib Nurmohammed	Director of Financial Strategy, Planning and Investment
Carole Olding	Governor Observer (part meeting)
Marcus Ward	Governor Observer

**Apologies:**

Dr Leonie Penna	Acting Chief Medical Officer
Paul Cosh	Governor Observer

Item	Subject	Action
021/01	<b>Introductions and Apologies for Absence</b> All introductions were made and apologies noted.	
021/02	<b>Declarations of Interest</b> Steve Weiner declared his interest in Mediclinic and would leave the meeting for the KCS discussions. The KCS strategy and performance updates were not made visible to Steve.	
021/03	<b>Chair's Action</b> No Chair's action was reported.	
021/04	<b>Minutes of the Previous meeting on 26/11/2020</b> The minutes of the previous meeting were approved as an accurate record of the meeting.	

**021/05 Matters Arising and action tracker**

There were no matters arising.

**Subsidiaries**

**021/06 KFM: Contract Extension**

The Committee was presented with the proposal to renew two key KFM contracts, due to expire in 2021, for a period of 3 years, providing a degree of certainty to KFM staff and suppliers, enabling them to achieve the best price for the Trust. The proposal included a clause to retain a 6 month notice ability to terminate the contract without cause. This was to give the Trust flexibility should other system options become available and to be able to take the benefit of greater collaboration with other partners.

A review and negotiation exercise of the contract value is carried out, based on the Trust's requirements and products available. There has been collaborative working with KFM to have good sight of spend and there is opportunity for KFM to drive best price. The organisation is motivated to achieve a profit and procurement savings. It was anticipated that there would be a better baseline of elective activity in the second year of the 3-year renewal proposal. The financial process would be presented to the King's Executive meetings to indicate what is being proposed for the contract value.

The Committee noted that the scope for procurement opportunity is around bulk deals, this has been a challenge as a number of arrangements made are under the volume commitments put forward. The supplier change teams have been overstretched due to the pandemic and normal procurement activities have not been operating as usual. The opportunity to work as a collaborative with partners has also been hindered. The ambition was to continue to push for greater collaborative working with the GSTT, ICS and APC over the next 3 years. A benchmarking exercise was undertaken with GSTT, both Trusts use a third party company to provide analysis of pricing versus the best price available within the NHS.

The Committee agreed the renewal KFM contract for 3 years with a 6 months' notice clause at the like for like level. Other opportunities would be explored as the system matures. The Committee sought assurance and felt it would be useful to have insight into the proposition value and the types of activities undertaken by KFM. This would be built into the KFM procurement programme.

**021/07 REDACTED- COMMERCIALLY SENSITIVE**

**021/08 VIAPATH Update**

The year-end financial position of Viapath was discussed and the following points were highlighted:

- In 2020, Viapath turned a profit of £5.7m. This is a significant uplift on the previous year where the profit was £2.4m. Last year, King's was a 1/3 owner so received £1.8m of profit. This year King's is at 50/50 ownership with GSTT, therefore the profit share is anticipated to be a significant improvement of £2.85m.
- Third party revenue is performing better than the prior year. Viapath has taken on new clients such as Boots delivering high volumes of tests in addition to existing clients.

- SEL Tender progress - all work streams are set up and active with King's membership on each. The final agreement is expected to be signed before 28 February, for Synlab to buy into the Viapath group on 31 March and delivery of the SEL pathology services to commence on 1 April 2021.
- In terms of progress of negotiation, Synlab have preferred a particular property through the arrangement. This would require a guarantee from an NHS organisation to the lease arrangement for rent to be secured for a 20 year period. The guarantee would be two-tier with recourse to the wider Synlab group. It would also add a degree of exposure to the Trust should there be default. The risks associated with the possible two-tier guarantee would need to be considered in the context of action undertaken that would benefit the Trust.
- A long term risk is to ensure clinical leadership is secured. There was good progress and the current priority now was the stability of the Viapath senior team and where they fit in the future of Synlab.

An update paper was being developed for the Board which addressed some of the issues raised and how the joint venture works together in a way that is productive for both Trusts and Synlab, to achieve the best pathology service. The Committee asked to review a proposed Governance map for the joint venture and its relationship with the Trust, to understand any potential conflicts of interests and how these would be addressed.

## In Year Financial Reporting

### 021/09 Month 09 Finance Report

The Trust recorded a deficit of £5.7m, which brings the Trust to a year to date £6.9m deficit. The Trust is on a breakeven trajectory due to a number of run rate benefits forecast in Q4. These include the CNST benefit of £8m, Viapath tender will provide a £5-8m benefit, which is partly to do with the release of legal provisions and a profit on disposal and the KCS profits. There is a potential risk of the annul leave accrual as a result of the pandemic which will either have to be accrued or sold.

The key point to note was the cash position. King's cash balance was £165m at December 2020, this resulted from the special payment arrangements in place for the Covid-19 response. King's would need to pay attention to its cash position.

**Action: There was currently negotiations taking place on the capital loan application to the Department of Health for £20m. A further update would be provided at the next Committee.**

Arthur  
Vaughan

Due to the number of Covid-19 patient occupancy, the provision of Trusts being penalised for not meeting certain levels of last year's BAU was suspended for London. There was no indication whether this would be reinstated.

A summary of the year to date financial position of the Trust was provided:

- The block arrangements for this year would be rolled over for a quarter in Q1.
- The planning round for next year has been postponed by a quarter. The Trust would be asked to submit a draft plan at the start of the next financial year, and be finalised by the end of Q1. This would form the basis of the financial regime for the remainder of the year.
- With regard to capital, the system envelop would be provided in February and this would be devolved to the Trusts. There was indication that no new

schemes would be introduced and the critical infrastructure funding would be included in the system envelop. There would be some funding on UEC level. A refresh bid on securing a UEC funding for next year over and above the system envelop would be submitted.

The Committee recognised the need to identify what the run rate of the Trust is and how to achieve the financial sustainability plan put in place moving forward.

## 021/10 Month 09 Capital Report

The Director of Financial Strategy, Planning and Investment provided an update:

- The capital plan totals £96m, showing the initial programmes of work and how this has changed throughout the year as the Trust repurposed underspend against new strategic projects.
- The repurposing exercise was significant in ensuring maximum use of the available internal and external funding.
- There is a major risk to the £10m UEC funding for DH to facilitate the Modernising Medicine programme and other emergency care schemes. NHSE/I has confirmed the funding cannot be carried forward to next year therefore there is a risk the funds will have to be returned to the London region.
- Against the revised plan of £96m, the trust has received and paid invoices to the value of £26.9m (28%) and has a further £19.4m (20%) of orders that the Trust has committed against. This totals £46.3m (48% of the plan). This is a significant improvement in comparison to prior month's expenditure however there is further work to be undertaken in order to achieve the forecasted out-turn of £89.8m.

The Committee was assured of the focus to meet the £89m capital expenditure and there are constant reviews and meetings to progress updates on all projects. In the event of further slippage or underspends, there is a contingency list which would enable transactions at pace and spend before year end.

The Committee noted the proposal to report progress against programmes and the 10 key milestones of a project. There was suggestion to build in a further milestone with regard to post implementation reviews. This would usually be 12 months post hand over. For complex projects, it was felt there needed to be an interim review and a format of that review would be discussed further. It was also important to have good scrutiny of benefits realisation post implementation and lessons learnt from the procurement.

**Action: The capital report would be presented as a strategic risk register and would be updated bimonthly for the FCC meetings. The Committee agreed that each time there is a capital report, all of the major projects would be presented against all of the milestones.**

Eric  
Munro

## Major Projects

## 021/11 Acquisition of Link Building

The Chief Financial Officer provided an update on the acquisition of EDF Link Building. The Board asked the Charity to acquire interest in the EDF building, on behalf of the Trust, for a short period of time. However due to the financial constraints on the Trust, it was prolonged for 4 years. The intention was for the Trust to own the building, to allow for its demolition and use as the strategic development space for the Trust. The current state of the building, the liabilities,

and the risks associated with demolition and the remediation works, needed to be clearly documented.

The Committee was informed that the return that the Charity would receive is greater than what the property and investment yield should be. However, the contractual terms were agreed in 2016 and the proposal to offset the rent paid over the last four years, to be deducted from the purchase price was not agreed.

The Committee approved the following:

1. The proposed action to acquire the Charity's interest in the Property.
2. The Trust CFO and CEO to sign any necessary transaction documents to achieve the transfer.

## **Governance**

### **021/12 Board Assurance Framework (BAF)**

The Trust Secretary provided an update that a plan was in place to manage the risks associated with the delivery of the capital programme which provides good assurance. There were challenges with the uncertainty of the financial model moving forward and the underlying financial position of the Trust in 2021-22. Risk management needed to be integrated into the rhythm of the business to underline factors such as financial sustainability risks to gain a better understanding of risk progression/regression.

**Action: The Trust Secretary would start building this into the reporting template.**

There remained issues on providing assurance to committees. The role of the Major Projects Committee needed to be considered in relation to the role of the Finance and Commercial Committee and addressing the governance issues around this.

### **021/13 Any Other Business**

#### **Extraordinary Meeting**

It was noted that an extraordinary meeting may need to be held to discuss progression of Modernising Medicine.

#### **Apollo Programme**

The Chief Digital Information Officer updated the Committee on the Apollo programme. Following the Committee's approval of £3.5m for King's to be part of the joint design of the Epic System (now Apollo Programme), the recruitment campaign had commenced for the 1 year secondment posts. An update on the progression of the programme would be provided at a future to Major Projects Committee meeting.

### **021/14 Date Of Next Meeting**

Thursday 25 March, 2021 (09:00-11:00) via MS Teams.



# **King's College Hospital NHS Foundation Trust – Finance & Commercial Committee**

Minutes of the Finance and Commercial Committee meeting held on Thursday 25 March at 9.00am, via MS Teams video conference

## **Present**

Sue Slipman	Non-Executive Director (Chair)
Akhter Mateen	Non-Executive Director
Professor Clive Kay	Chief Executive
Julie Lowe	Interim Site Chief Executive, DH
Professor Nicola Ranger	Chief Nurse and Executive Director of Midwifery

## **In attendance:**

Nina Martin	Assistant Board Secretary (minutes)
Siobhan Coldwell	Trust Secretary and Head of Governance
Lauren Gable	Director of Commercial & Contracting
Eric Munro	CEF Director (part)
Arthur Vaughan	Deputy CFO
Carole Olding	Governor Observer
Paul Cosh	Governor Observer

## **Apologies:**

Sir Hugh Taylor	Trust Chair
Steve Weiner	Non-Executive Director
Professor Richard Trembath	Non-Executive Director
Dr Leonie Penna	Acting Chief Medical Officer
Jonathan Lofthouse	Site Chief Exec, PRUH/South sites
Lorcan Woods	Chief Financial Officer
Beverley Bryant	Joint Chief Digital Information Officer

Item	Subject	Action
021/16	<b>Introductions and Apologies for Absence</b> All introductions were made and apologies noted.	
021/17	<b>Declarations of Interest</b> Steve Weiner sent apologies for the meeting. KCS strategy and performance reports had not been made visible to Steve due to his declared interest in Mediclinic	
021/18	<b>Chair's Action</b> No Chair's action was reported.	
021/19	<b>Minutes of the Previous meeting on 28/01/21</b> The minutes of the previous meeting were approved as an accurate record of the meeting.	

**021/20 Matters Arising and action tracker**

**Acquisition of Link Building** – Transfer of Charity interest in the property. The necessary transaction documents to achieve the transfer of the property to the Trust had been signed.

All other items were either completed or on the meeting agenda.

**SUSTAINABILITY**

**021/21 Sustainability Plan and Progress Update**

The Committee noted the report. The Trust's Green plan was being finalised based on feedback from the sustainability survey, workshop feedback and engagement with clinical and non-clinical staff. The Director of Capital, Estates and Facilities (CEF) updated as follows:

- 80 staff had signed up to be Green Champions.
- Another workshop was planned for 30 March where staff would receive an update on the Green Plan and be given the opportunity to answer any questions they may have.
- The plan would not be limited to environmental matters but would also incorporate wider issues such as climate emergency, social and corporate responsibility and local community.
- The governance structure for the programme had been drafted for discussion and review before finalising.
- The membership of the planned Sustainability Steering Group will be finalised over the next few weeks to ensure wide Trust representation.
- King's sustainability work was being supported by GSTT's Essentia Trading Limited (ETL). An interim Sustainability Manager from ETL was supporting the programme until a substantive appointment is made.

The Committee heard from the DH Site Chief Executive that there was enthusiasm within the ICS for this agenda and advised encouraging the substantive post holder to work collaboratively with their counterparts in the ICS organisations. These partners are very interested in the role King's plays as an anchor organisation and as a big employer.

There was also enthusiasm from junior doctors and this was also an opportunity to work with the local council and approach the sustainability work as a local community initiative looking at sustainable transport, rehabilitation of the area and job creation for the local community. Local council representation on the steering group would be important going forward.

The Chair queried how the wider sustainability issues mentioned would inform the plan. At this stage, these areas were the least developed but this would be raised and ideas discussed at the next workshop. A Climate Emergency declaration statement would be taken to KE next month for discussion and endorsement.

The Committee received assurance that there was communications representation on the steering group. The communications team would support internal staff engagement as well as engagement with external stakeholders such as local councils, neighbourhoods and the wider community.

As the Guardian for staff well-being, the Chair welcomed senior HR involvement in the Steering Group and asked to see the staff well-being plan and what it incorporates.



There was assurance that all King's sites were engaging with and were enthusiastic about the sustainability agenda.

The full report would be ready for review within the next 6-8 weeks and would subsequently go to KE for approval.

## **SUBSIDIARIES**

### **021/22 King's Facilities Management (KFM) Update**

The Committee noted the update and the KFM Managing Director, presented the following key updates:

- The 2020 staff survey results had shown improvement from the previous year. Staff engagement score and survey response were higher than both KCH and the wider NHS.
- Savings were being achieved through increased digital automation. This had removed seven posts from the structure.
- Electronic prescribing had increased significantly. This allowed prescriptions to arrive at the Pharmacy before patients and reduced waiting times.
- As the Portacabins were not fit for purpose, the aim was to move the outpatient pharmacy into the modernising medicine build.
- Internal Audit action on governance of non-Trust business going forward had been agreed by the KFM Board. The governance process was in place and included in the report. Signoff matrix with limits and based on size of the deal was also part of the process.
- Strong engagement with NHS Supply Chain on London Region distribution model provided by KFM (90% reduction in journeys).
- 2021/22 strategy and plan refresh had been approved by KFM Board

Regarding the Supply Chain, the Committee queried the process to mitigate exposure particularly around logistics non-delivery and penalty clauses. There had been a discussion on the Heads of terms the previous day with the Supply Chain and no penalty clauses had been proposed. Once the contract progressed to the next stage of approval, it is likely that this would be revisited and included.

Assurance was sought on the governance around discussing KCH exposure. The Committee heard that the new approval process stipulates that contracts exceeding half a million pounds across the life of the contract which in this case was five years needed approval by the KFM Board. The KCH Chief Nurse and the Chief Financial Officer are the Trust representatives on the KFM Board and have seen and noted the proposed governance approval process.

The Trust Secretary added that governance/contract discussions would fall under reserved matters criteria which would provide the opportunity for KCH input and engagement. The reserved matter criteria may need to be clearer on what is deemed "material" and should be clarified to say if the two KCH members on the KFM Board believe a contract could have a material impact to the Trust by way of financial value or implications, this would go to KCH for approval. There was concern that this may raise a potential conflict of interest issue.

It was subsequently agreed that while KCH members will take decisions as part of the KFM Board and can feed in views and concerns the Trust may have, additionally, the size of the contract is likely to be a reserved matter and so there would be an obligation to bring this to the Financial and Commercial Committee.

**021/23 KFM loan increase request**

The Director of Commercial and Contracting presented the report to the Committee. The report asked the support of the Committee to increase the loan to KFM from £50m to £80m, to enable delivery of the Trust contract requirements in 2020/21 and 2021/22. All of the Trust non-pay and capital requirements are delivered through KFM. As such, the Trust's expanded capital programme, including the exceptional buy-out of building and equipment leases which have a longer term benefit on the Trust revenue position, have increased the cash requirements of KFM.

Further to the discussion, the Director of Commercial and Contracting proposed for assurance and transparency going forward, enhancing KFM reporting to FCC to include updates on KFM cash flow positions as well as a summary of loan drawdown alongside the value of KFM assets as these should generally be in alignment. The Committee supports this proposal in the interest of transparency as it relates to the tracking of the loan draw down.

**Action: KFM report to include KFM loan draw down, asset value, and a cash flow statement and forecast.**

**A  
Lockwood/  
S Sheehy**

The committee asked for clarity on the interest rates charged to KFM in light of the change to KCH's debt which is now classified as equity and attracts a PDC charge @ 3.5% and if we were to consider an increase in the interest rate charged to KFM how will it impact KFM as its profit margin is 2.5%. Due to Covid-19, the Trust had some changes to its own funding in that debt funding had been converted to equity funding. Historically, KFM loan had been on the same terms as the Trust.

Some overall arrangements may need to be reviewed. KFM profit level is 2.5% which does not easily align with standard loan arrangements and can present a challenge with the loan increase. We may need to charge PDC which is a higher rate than the debt funding and which is likely to be 1% above the KFM profit margin. This will be the main challenge as the loan grows and as we continue to use KFM to deliver our capital programme because of its procurement capability and VAT efficiencies.

The level of leverage of KFM could raise challenges in securing the most advantageous deals with some suppliers and may need to be reviewed.'

**Action: Review the KFM model and how the Trust uses the subsidiary and the impact of interest rates on the KFM position in terms of leveraging.**

**L Gable**

The Committee agreed to increase the loan to KFM in the requested amount.

**021/24 REDACTED – COMMERCIALY SENSITIVE**

**IN YEAR FINANCIAL REPORTING**

**021/25 Month 11 Finance Report**

The Committee noted the report and the Deputy Financial Officer highlighted the key points:

- Year to date the Trust has recorded a surplus of £3.9m. The Trust is still forecasting to break even this financial year.
- The Trust has been seeing an underlying deficit £4-5m each month over the last 3 months and this continued in-month. Last month the Trust had a

number of non-recurrent benefits as a result of Covid-19 and following a review of prior year provisions.

- The next 3 months figures may look peculiar due to the release of provisions.
- Elective incentive payment is likely to be a complicated process as it will be done on a system basis.

Pay costs had risen by £4m driven by retrospective bank and agency spend which had not been claimed and a deep dive was underway to determine reasons behind this. Critical care and anaesthetics would be key areas of focus as staff in these teams were understandably doing the most overtime during the Covid-19 response and may not always have had the time to claim. The finance function have been working through the rosters to assess the overtime value, to be adequately prepared once clinicians began making claims.

A refocus on the Trust's cash position was planned for the coming months and there will be enhanced reporting of this at FCC. The cash position had not been a focus in the last year or two as the Department of Health had been making advanced payments to the Trust but this would come to an end in April.

Mr Akhter asked for clarity on any CIP work undertaken or planned for the coming year. The Committee heard that this year Pharmacy had achieved CIP savings as part of the system. There was also good procurement savings made by KFM. Better non-pay reporting will be shared with the care groups. The improved reporting format will better help them to better track their spending and so better able to achieve savings.

Next year the system steer is that there will be a more sensible approach to the amount of CIP we are asked to achieve. King's has made significant investments in the last year so our CIP target may be more than the national level. The Trust has set a target of £50m for planning purposes to largely get staff thinking about saving ideas. The challenge now is how to engage the organisation in this programme of work and to re-adapt to a more stringent approach to spending following the Covid-19 response where there was a more generous funding regime.

There was a discussion on the implications of the CIP work on business cases and future clinical strategy development. Some cases will be within the clinical strategy and some will be undergoing a prioritisation process.

Given the complexity of taking this work forward all agreed the importance of getting the narrative and messaging for staff engagement right. The site Chief Executives were working with Adam Creegan, Director of Planning and Performance, to effectively explain and simplify the process to staff so that they are incentivised to engage. There was a need to carefully balance clinical innovation with strategic grip, service prioritisation and elective recovery.

**A Vaughan  
S Coldwell**

**Action: The Committee asked for timescales to be agreed and discussions had on how this will be linked into the Trust's communication strategy and update at the May FCC. Additionally, as this was a future organisational strategy conversation, the Chair proposed bringing this to a Board Development session.**

As things will be moving quickly during the planning rounds, the Deputy CFO has agreed to circulate virtually the report of the Trust's underlying exit position to the Committee so they are kept informed ahead of the May Committee

The Chair proposed an extra FCC meeting if the Finance function needed any support.

**021/26 Month 11 Capital Report**

The Deputy Financial Officer provided this update to the Committee. The capital plan of £90.5m has changed throughout the year as more external funding has been made available (£34m) and due to certain projects, which were originally planned for 20/21 not going ahead as expected. As a result new projects have been prioritised against accumulated underspends and put forward for implementation to ensure the capital programme, specifically the internally generated funds, spend up to the planned value.

There was national pressure due the capital underspend in the NHS as a result of the pandemic. The Trust was however on target to achieve its £90.5m spend. £47.2m has been spent, £36m committed and £8m more to spend in March. This was being managed daily with Estates, managed equipment and ICT colleagues. All needed to ensure that there was paper work such as valuations, transfers of ownership, and receipts to evidence spend.

In the draft 21/22 programme, the Trust currently has internally funded schemes up to the value of £112m against internally generated funds of c£25m and an LTP submission of £55m. A proposed programme of work has been put forward to the value of £55m for consideration and approval which includes the strategic major projects and portfolios of works the trust expects to implement next year. These have largely gone through the relevant governance processes and there was general agreement around the major projects priorities.

At a system level, an appropriate method was needed to devolve the envelope to individual Trusts. This can be done through a prioritisation process. Backlog maintenance and medical equipment was difficult to prioritise at a Trust level and more so on a system level, so a method was needed to develop envelopes for this. Regarding major projects, given timescales a proposal would be to develop envelopes through a fair formula. This will be discussed with ICS leads over the next few weeks. The £50m could be reduced to £45-50m.

It is vital that the Trust stays on trajectory for Unit 6, modernising medicine and endoscopy projects as slippage can adversely impact the Trust's 22/23 capital programme. Slippages here can also impact the clinical strategy as well as JACIE authorisation for unit 6 as the site for the Haematology Institute.

There is a great deal to take into consideration around the capital programme with system envelopes adding to the challenge. KCH finance leads had proposed convening an ICS investment Board given that system capital prioritisation is likely to be the direction of travel going forward.

Given the possibility that the £55m capital spend may reduce to £45-50m, the Committee queried the availability of other pots of funding which the Trust could access. One option was the legacy of the radiology funds and potentially funding to deal with recovery and reset for increasing of critical care beds in the system or additional theatre capacity. The issue is largely not only what we want to spend but also what we have the capacity in the structure to spend.

**Action: The Committee will receive an update at the May Committee on the Critical Care beds provision in the system and the impact of this on King's**

**CCU. The update would include a progress report on the Trust's relationship with its contractors and the status of the work programme.**

**A  
Vaughan/L  
Woods**

The Deputy CFO should have an update on the formula for devolving funding at an ICS level by the next meeting.

**021/27 Date Of Next Meeting**

Thursday 27 May, 2021 (09:00-11:00) via MS Teams.

**Quality, People and Performance Committee**

Minutes of the Quality, People and Performance Committee (QPPC) Meeting

**Thursday 4<sup>th</sup> February 2021 at 09:30 – 11:30am**

MS Teams, Video Conference

**Present:**

Professor Jonathan Cohen	Non – Executive Director (Chair)
Nicholas Campbell-Watts	Non – Executive Director
Louise Clark	Acting Chief People Officer
Professor Clive Kay	Chief Executive Officer
Jonathan Lofthouse	Site Chief Executive Officer, PRUH & South Sites
Julie Lowe	Interim Site Chief Executive, Denmark Hill
Leonie Penna	Acting Chief Medical Officer
Professor Nicola Ranger	Chief Nurse & Executive Director of Midwifery

**In attendance:**

Professor Will Bernal	Corporate Medical Director
Siobhan Coldwell	Trust Secretary & Head of Corporate Governance
Claudette Elliott	Director of Equality, Diversity and Inclusion
Samantha Gradwell	Head of Patient Safety
Tracey MacCormack	Head of Midwifery
Claire Palmer	Head of Patient Outcomes
Kirsty Alexander	Patient Governor (Observer)
Victoria Silvester	Southwark Governor (Observer)
Tara Knight	Corporate Governance Officer (Minutes)

**Part Meeting:**

Jenny Cleary	Director of Midwifery & Gynaecology
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**Apologies:**

Sir Hugh Taylor	Trust Chairman
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Item	Subject	Action
<b>21/01</b>	<b>Introduction and Apologies</b>	
	Apologies were received and noted for Hugh Taylor, the Trust Chairman.	
	The Committee welcomed Tracey MacCormack, who has been appointed as the new Director of Midwifery.	
<b>21/02</b>	<b>Declaration of Interests</b>	
	No interests were declared.	
<b>21/03</b>	<b>Chair's Action</b>	
	The Chair informed the Committee that a paper has been signed off, through Gold command, to temporarily extend the current 25 day response rate for complaints. This is in line with other organisations. The paper is included under item 5.1.	
<b>21/04</b>	<b>Minutes of Previous Meetings</b>	
	The Committee noted the minutes of the previous meeting held on 03.12.2020 and accepted them as an accurate record of the meeting.	

Item	Subject	Action
21/05	<b>Action Tracker/Matters Arising</b>	
	The action tracker was reviewed and the following updates were received:	
	<ul style="list-style-type: none"> <li>– <b>Action 19/39: Death from Ligature Suspension</b> The Committee received a comprehensive report and updated action plan in response to this never event. The Chief Nurse informed the Committee that changes to the leadership structure and support from medical staff has greatly improved conditions. Work continues to take place to ensure family concerns are listened to.</li> <li>– <b>Action 20/56: Adolescents and CAMHS Care in A&amp;E</b> The Committee received an update on the strategy for addressing the issues around adolescents and CAMHS care in A&amp;E following the identification of some system issues. A series of key actions are in place and broader discussions are in progress with SLaM, GSTT, Oxleas and Local Authorities. A more targeted strategy, with trajectories and timelines will go through the Mental Health Board and an update will come to the next Committee meeting.</li> <li>– <b>Action 20/136: Board Assurance Framework (BAF)</b> The Trust Secretary to circulate the updated BAF.</li> <li>– <b>Action 20/75-5: Child Safeguarding Incident</b> This case is now going through legal process.</li> </ul>	<p><b>J Lowe</b></p> <p><b>S Coldwell</b></p>
21/06	<b>Immediate Items for Information</b>	
	The Chief Nurse informed the Committee that there has been an increase in the number of reported falls that result in harm The data will be included in the next Patient Safety Report and presented at the April QPPC meeting.	
21/07	<b>COVID-19/Vaccination Update</b>	
	The Chief Medical Officer updated the Committee on the Trust's current COVID-19 status. The Committee noted the following:	
	<ul style="list-style-type: none"> <li>• The peak of the second wave is abating. There are 519 in-patients who are COVID-19 positive across the Trust. 96 of these patients are in critical care.</li> <li>• There have been over 1000 deaths from Coronavirus across the Trust.</li> <li>• General and Acute ward staff have been extremely challenged and strained.</li> <li>• CCU2 reopened on 21<sup>st</sup> January 2021. The re-opening of the unit has enabled the consolidation of critical care provision in a purpose built environment and will relieve pressure on General and Acute beds and theatre and recovery space.</li> <li>• Services are now moving back out of non-traditional critical care areas.</li> </ul>	
	The Site Chief Executive for Denmark Hill updated the Committee on the vaccination programme and the following was noted:	
	<ul style="list-style-type: none"> <li>• The Trust has set up vaccination hubs at both Hospital sites for the priority groups - over 70s, the extremely clinically vulnerable, KCH staff, care home staff and other key workers (NHS staff from other Trusts).</li> <li>• Additional vaccination hubs have been arranged for Bromley Civic Centre and the Weston Education Centre at the Denmark Hill site.</li> <li>• The vaccination programme is likely to run until August/September.</li> </ul>	

Item	Subject	Action
	<ul style="list-style-type: none"> <li>Challenges remain due to changing advice on timelines for the second dose and the logistical challenges associated with the Pfizer vaccination.</li> <li>Take up of the vaccine is varied across different groups and work is taking place to address vaccine hesitancy.</li> <li>The proportion of BAME staff that have been vaccinated is lower than for white staff.</li> <li>The Director of Equality, Diversity and Inclusion is working with the communications team, the BAME Vaccine Uptake Working Group and the BAME Network Steering Group to develop initiatives to encourage better take up.</li> <li>Initiatives include publishing FAQs, Webinars, posters, real life case studies on social media.</li> </ul>	

The Corporate Medical Director presented the Wave 2 Mortality Review and the Committee noted the following:

- Compared to Wave 1, patients admitted during Wave 2 are younger. This suggests lower disease severity and thus lower expected mortality.
- Current Wave 2 Case Fatality Rate for patients is significantly lower than in Wave 1 on General and Acute wards.
- Current Wave 2 Case Fatality Rate for patients treated in Critical Care is similar to that in Wave 1.
- Trust-wide Wave 2 Case Fatality Rates are likely to increase as all cases resolve, but likely to remain lower than in Wave 1.
- Data confirmed by adjusted data findings from KCL.

Over 1000 members of staff have been redeployed. The Chief People Officer explained to the Committee that after reviewing findings during Wave 1, there were a number of adjustments made to the redeployment of staff. The Committee noted the following:

- Staff redeployed in groups where possible and for longer periods of time.
- Working more closely with the Operations Team and Heads of Nursing who have led the initial conversations with staff.
- Two nurse-led tactical meetings take place daily to increase responsiveness to any needs.
- Redeployed staff are receiving welfare calls earlier.

## PERFORMANCE

### 21/08 Integrated Performance Summary Report

The Committee received and noted the Integrated Performance Report. The Site Chief Executive Officers for both sites updated the Committee on the following:

#### PRUH ED

- There has been a 10% reduction in compliance with the 4 hour wait Emergency Care Standard.
- There has been a 75% increase in COVID presentations compared to Wave 1 resulting in increased daily admissions.
- Long length of stay has improved.
- New initiatives for March:
  - New Frailty Assessment Unit attached to the ED
  - An Oxleas run Mental Health Assessment Unit (Adults & Children)



Item	Subject	Action
	<p><b>Denmark Hill ED:</b></p> <ul style="list-style-type: none"> <li>• More COVID presentations than in Wave 1. Still have more patients on site than at the peak of Wave 1.</li> <li>• Non-COVID presentations at A&amp;E have not decreased by anything like as much as compared to Wave 1.</li> <li>• No access to the independent sector for urgent cases.</li> <li>• Physical capacity has been reduced.</li> <li>• Compliance with the 4 hour Emergency Care Standard has declined.</li> <li>• New Emergency Care Standards – the 4 hour standard will be replaced by a series of clinical standards.</li> </ul> <p><b>PRUH Cancer/DM01 Diagnostics:</b></p> <p>Between June and December, significant recovery progress was made in compliance with the 2 week Cancer standard, which was met, and the 62 day standard. The Trust also secured progressive improvement in the DM01/Diagnostic standard, which directly affects compliance with cancer standards. Since Wave 2, compliance with the standards have declined.</p> <p><b>RTT/Elective Waiting List</b></p> <p>There is concern around the Priority 2 waiting list, which includes a large cohort of patients, over 2000, who require operative care within 28 days or risk significant harm. Currently, the Trust does not have sufficient capacity to respond to this clinical risk. Support from the Independent Sector has reduced significantly. ICS Leaders are discussing the overseeing of Priority 2 recovery to ensure a consistent approach is adopted in the Acute Provider Collaborative and sector.</p> <p><b>PEOPLE</b></p>	
21/09	<p><b>Workforce Metrics</b></p> <p>The Chief People Officer presented the Workforce Metrics to the Committee and the following was noted:</p> <ul style="list-style-type: none"> <li>• There has been a reduction in establishment but a healthy intake of staff in December, which has resulted in a reduction in the vacancy rate.</li> <li>• Sustained reduction in the staff turnover rate. It is recognised that there has been a reduction in the number of people actively looking for alternative work. The staff recovery plan will include a focus on retention.</li> <li>• Sickness rates have increased. There has been an increase in stress and anxiety related sickness. Significant amounts of PTSD, anxiety and fatigue reported among staff. Military combat technicians have joined the Trust to provide support in ICU.</li> <li>• The CEO and Chief People Officer are meeting with the Military Medicine experts at KCL to learn how to adapt some of the post-combat military decompression processes for NHS staff post COVID.</li> <li>• Employee relations cases – continuing to embed the new model and making progress with early resolution.</li> </ul>	
21/10	<p><b>Equality, Diversity and Inclusion Update</b></p> <p>The Committee received and noted the Equality, Diversity and Inclusion update. The Director of Equality, Diversity and Inclusion highlighted the following to the Committee:</p>	

Item	Subject	Action
	<ul style="list-style-type: none"> <li>Equality, Diversity and Inclusion continues to be a priority for the organisation. Collaborative work continues to embed the EDI plan during this challenging time.</li> <li>Preparations for recruitment to the EDI team has commenced.</li> <li>An Equality Risk Assessment Framework has now been drafted, which will help to ensure decisions made will not impact negatively on any of the protected characteristic groupings.</li> </ul>	

## QUALITY

### 21/11 Trust Response to the Ockenden Report on Maternity Services

The Chief Nurse informed the Committee that a formal, more in depth report on Maternity Services will come to the next QPPC Meeting.

Jenny Cleary, Director of Midwifery, highlighted the following to the Committee:

- The Service has designed a template to benchmark progress against the 7 Immediate and Essential Actions (IEAs) outlined in the [Ockenden Report](#) and provide assurance of effective implementation.
- Key areas that the Trust will focus on includes:
  - New audits to be implemented.
  - Updating job plans for Consultants so that they reflect the additional work in relation to the Ockenden recommendations.
  - New Maternity website, which will make access to information easier for service users.
  - Improved IT equipment for use in the community to ensure access to all relevant information and records when needed.

The modified visiting arrangements in Maternity were explained to the Committee. Partners are able to stay with mothers throughout labour, however, visiting times after birth has been restricted to ensure social distancing can be observed. Partners may also attend scans but are not permitted to wait in the waiting areas.

### 21/12 Duty of Candour Compliance Update

The Committee received the Duty of Candour Update report for quarter 3. The report outlines the compliance with the following standards:

- Having a conversation within the first 10 working days of the incident being reported onto Datix.
- Follow up letter sent out within the first 15 days of the incident being reported on Datix.

The Patient Safety Manager presented much improved data findings for January and the Committee noted the following:

- Trust wide, compliance with DoC conversations is 85%. The PRUH are 94% compliant and Denmark Hill 73%.
- The number of overdue cases has significantly decreased. There are currently 15 overdue cases.
- Compliance with sending out a follow up letter at Denmark Hill is 89%. Compliance at the PRUH is 75%. All letters were sent out within month at both sites.
- Changes have been made to the way data is captured on Datix to ensure full explanations for non-compliance can be recorded.

Item	Subject	Action
21/13	<p><b>Patient Safety Report – Quarter 3</b></p> <p>The Patient Safety Report for quarter 3 was presented to the Committee and the following was noted:</p> <ul style="list-style-type: none"> <li>• The number of reported incidents was similar to last quarter but has increased marginally.</li> <li>• Amber reported incidents have not been prioritised during the response to COVID. Over 33% of cases are rated as moderate harm and 160 of these cases are overdue.</li> <li>• Two never events were reported in quarter 3. One within the Maternity Service and the other in Ophthalmology.</li> </ul> <p><b>Action: The Committee Chair will meet with the Chief Nurse and Chief Medical Officer to review recent never events.</b></p> <ul style="list-style-type: none"> <li>• The backlog of Serious Incidents has now significantly reduced. An agency member of staff was appointed to support the reduction of the backlog of serious incident investigations and their contract has since been extended.</li> <li>• Patient Falls was the most common type of SI declared.</li> </ul>	<p><b>J Cohen N Ranger L Penna</b></p>
21/14	<p><b>Patient Outcomes Report</b></p> <p>The Committee received the Patient Outcomes report for quarter 3 and noted the following:</p> <ul style="list-style-type: none"> <li>• <b>Diabetes care</b> – medication and prescription errors are better than the national average and patients are reporting that they are satisfied/mostly satisfied that their care is higher than the national average.</li> <li>• <b>Liver transplant outcomes</b> – 1 year survival for adult elective liver transplants is the second highest out of all the UK transplant centres.</li> <li>• <b>Vascular surgery outcomes</b> – adjusted in-hospital mortality and/or stroke rate is better than expected.</li> <li>• <b>Organ donation outcomes</b> – KCH was rated as exceptional (gold) by the NHS Blood and Transplant's Organ Donation Service for its referral of potential organ donors after brainstem death, and good (silver) for referrals after circulatory death.</li> </ul> <p>The Committee acknowledged the Trust's excellent outcomes data and recommended that good news stories, such as this, should be promoted Trust wide.</p>	
21/15	<p><b>Patient Experience Report</b></p> <p>The Committee received and noted the Patient Experience report for quarter 3.</p> <p>The Chief Nurse is working with the new lead to address the on-going backlog of complaints. The Committee will be updated on progress at the meeting in June.</p> <p>Feedback from the inpatient survey has indicated that improvement is needed with regard to food and beverages. The Chief Nurse is working with the Nursing Site Directors and the Improvement team to investigate causes and develop an action plan. The Committee will receive an update in due course.</p> <p>The Volunteer Service and Chaplaincy team were commended for their invaluable contribution, assistance and support during the pandemic.</p> <p>Recruitment for a new Patient Experience Lead will commence next week.</p>	

Item	Subject	Action
	<b>FOR INFORMATION/REPORTING &amp; DISCUSSION BY EXCEPTION</b>	
<b>21/16</b>	<b>Temporary Changes to Complaints Timelines</b>	
	The Committee noted the decision made to agree the temporary extension of the complaints response time.	
<b>21/17</b>	<b>Sub-Committee Minutes</b>	
	The Committee noted the minutes from the Maternity & Neonatal Board (with Terms of Reference), December 2020.	
<b>21/18</b>	<b>ANY OTHER BUSINESS</b>	
	No other items of business were discussed.	
	<b>DATE OF NEXT MEETING</b>	
	Thursday 15 <sup>th</sup> April, 09:00am – 12:00pm	

## Quality, People and Performance Committee

Minutes of the Quality, People and Performance Committee (QPPC) Meeting

**Thursday 15<sup>th</sup> April 2021 at 09:00am – 12:00pm**

MS Teams, Video Conference

### Present:

Professor Jonathan Cohen	Non – Executive Director (Chair)
Sir Hugh Taylor	Trust Chairman
Nicholas Campbell-Watts	Non – Executive Director
Professor Clive Kay	Chief Executive Officer
Jonathan Lofthouse	Site Chief Executive Officer, PRUH & South Sites
Julie Lowe	Interim Site Chief Executive, Denmark Hill
Professor Nicola Ranger	Chief Nurse & Executive Director of Midwifery

### In attendance:

Professor Will Bernal	Corporate Medical Director
Paul Donohoe	Corporate Medical Director, Quality Governance and Risk
Siobhan Coldwell	Trust Secretary & Head of Corporate Governance
Claudette Elliott	Director of Equality, Diversity and Inclusion
Keith Loveridge	Acting Director of Workforce
Tracey MacCormack	Head of Midwifery
Kirsty Alexander	Patient Governor (Observer)
Victoria Silvester	Southwark Governor (Observer)
Tara Knight	Corporate Governance Officer (Minutes)

### Part Meeting:

Samantha Gradwell	Head of Patient Safety
Clare Williams	Deputy Chief Nurse

### Apologies:

Louise Clark	Acting Chief People Officer
Dr Leonie Penna	Chief Medical Officer

Item	Subject	Action
21/19	<b>Introduction and Apologies</b>	
	Apologies were received and noted for Louise Clark, Chief People Officer, and Dr Leonie Penna, Chief Medical Officer.	
21/20	<b>Declaration of Interests</b>	
	No interests were declared.	
21/21	<b>Chair's Action</b>	
	There were no actions for the Chair.	
21/22	<b>Minutes of Previous Meetings</b>	
	The Committee noted the minutes of the previous meeting held on 04.02.2021 and accepted them as an accurate record of the meeting.	

Item	Subject	Action
21/23	<p><b>Action Tracker/Matters Arising</b></p> <p>The Action Tracker from 04.02.2021 should be updated to include the following action under item 21/11:</p> <p><b><i>The Chief Nurse informed the Committee that a formal, more in depth report on Maternity Services will come to the next QPPC Meeting.</i></b></p> <p>The action tracker was reviewed and the following updates were received:</p> <ul style="list-style-type: none"> <li>– <b>Action 19/20: KCS Clinical Governance: Dubai Clinic</b> Travel restrictions remain in place due to COVID-19. The Committee were informed that no major concerns have been reported.</li> <li>– <b>Action 20/72: QPPC Dashboard</b> The Chief Nurse informed the Committee that initial discussion with the BIU team have taken place and a draft will be ready for the next meeting. The Site Chief Executive for PRUH/South sites acknowledged the overlap with action 20/145 and will support the Chief Nurse to move this forward.</li> <li>– <b>Action 20/127: HASU Capacity Issues</b> A paper on the Stroke HASU position was circulated to members. The Committee were informed that the London model requires a review. The Trust will commission an internal review.</li> <li>– <b>Action 20/56: Adolescents and CAMHS Care in A&amp;E</b> The information requested is a larger piece of work and will need some dedicated time. It will be taken through the MH Board and brought to the June QPCC meeting. The Chief Nurse informed the Committee that recruitment had started for a Mental Health Nurse and that a permanent managerial post has been created to work alongside the Mental Health Nurse. An operational plan is in place. The Chair requested a Safeguarding Children update report for the next meeting.</li> <li>– <b>Action 20/75-5: Child Safeguarding Incident</b> An action plan has been submitted to Lambeth and has been circulated to the Committee for information. There is some learning for the Trust about ensuring the Children's Safeguarding team is always contacted and that minutes of the meetings are taken properly.</li> </ul> <p><b>Matters Arising</b> An update on 'Never Events' was circulated to the Committee. The Chief Nurse informed the Committee that since meeting with the Chair and Medical Director to discuss the current position, the total number of 'Never Events' for 2020 has risen to 7. Ongoing work continues as cases and procedures are reviewed to identify trends and themes. An updated report will come to the June QPPC.</p>	<p>N Ranger</p> <p>N Ranger</p>
21/24	<p><b>Immediate Items for Information</b></p> <p>The Chief Nurse informed the Committee that there have been two instances, reported by staff, where care has required improvement. One case involved the restraint of a patient to give medication; the other involved care when taking a patient to the bathroom. Both cases are being formally investigated. In one case, staff have</p>	

Item	Subject	Action
	been suspended pending investigation. The Alzheimer's Society will be updated on investigation findings in one of the cases.	
21/25	<p><b>COVID-19/Vaccination Programme Update</b></p> <p>The Site Chief Executive for Denmark Hill updated the Committee on COVID-19/Vaccination Programme at the Trust and the following was noted:</p> <p><b>COVID-19 Update</b></p> <ul style="list-style-type: none"> <li>• The number of inpatients who are COVID-19 positive across the Trust continues to decrease.</li> <li>• There are a number of long staying patients in Critical Care at Denmark Hill. These patients are taking a long time to recover. The Trust will continue to monitor this position.</li> <li>• There are a small number of new admissions with COVID. Many of these cases are incidental findings after being admitted for another reason.</li> <li>• There is currently concern around the South African and the Brazilian variants in Lambeth, parts of Southwark and in Wandsworth. Mass PCR community testing has started for people who live, work or travel through these boroughs from 11 years of age and over.</li> <li>• The Trust is currently in the process of setting up PCR testing for staff on the Denmark Hill site. This will not be mandated, in line with guidance for the local population. At this stage, the focus is to review how much the variant has spread rather than tracing individual cases.</li> <li>• Director of Public Health for Lambeth has stated that she does not expect to see a vast number of cases and, at the moment, there is no suggestion of a return to lockdown for Lambeth, although this is being kept under review.</li> <li>• The Trust has seen one patient with the variant from the nursing home that is at the centre of the outbreak. This patient presented for another condition.</li> <li>• The Trust continues preparation for a third wave and has been advised to prepare for the possibility of significant illness in a younger population and possibly vaccine resistant variants.</li> <li>• COVID Major Incident has been stepped down to a Critical Incident. The Trust has commenced business as usual whilst keeping as much of the control infrastructure in place as is possible.</li> <li>• Patients are only tested if they are admitted as an inpatient to hospital.</li> </ul> <p>The Committee discussed the significant Portuguese speaking population in Lambeth and Southwark. Staff from affected countries have been unable to travel due to restrictions.</p> <p><b>Vaccination Programme</b></p> <ul style="list-style-type: none"> <li>• The second dose of the Pfizer vaccinations will come to an end on 23<sup>rd</sup> April. The original hospital vaccination hubs are, therefore, effectively, complete.</li> <li>• Vaccines continue to be offered to staff. Most of these doses are AstraZeneca, although there are other arrangements in place for staff under 30 years of age in line with the change in national guidance due to concerns over clotting.</li> <li>• The Weston Education Centre will become the mass vaccination site from 26<sup>th</sup> April. Initially, this will be for staff only and from May, it will become a</li> </ul>	

Item	Subject	Action
	<p>community mass vaccination site. The Bromley Civic Centre continues as a mass vaccination site for staff.</p> <ul style="list-style-type: none"> <li>The Trust continues to encourage staff to take up the vaccine and try to understand any reasons for hesitancy. This has become slightly more difficult due to concerns around the AstraZeneca vaccine.</li> <li>Staff working off site and/or from home have been offered the opportunity to book a vaccination at a mass vaccination centre.</li> <li>In theory, it may be possible to mandate the COVID vaccine for newly recruited staff as part of their contract. It would be very difficult to mandate for existing staff. The Trust has no current plans to mandate the use of the vaccine for any of its staff.</li> <li>PPE remains the primary defence against transmission, along with PCR testing and social distancing measures.</li> </ul>	N Ranger
	<p><b>Action: Updating Infection Control Policies/Guidance around employment and vaccinations will be discussed when national guidance is published.</b></p>	
	<b>QUALITY</b>	
21/26	<p><b>COVID-19 Hospital Acquired Infection</b></p> <p>Professor Will Bernal presented data on second wave hospital onset COVID-19 and the Committee noted the following:</p> <ul style="list-style-type: none"> <li>National comparative data on mortality is now available.</li> <li>The Trust performed better in the second wave. The inpatient death rate at the Trust is lower than the national average.</li> <li>The Trust's ICU is amongst the very best performing in the country.</li> <li>Hospital Onset COVID-19 infection is present at KCH. Second wave prevalence 5-6%, which is lower than equivalent London Trusts.</li> <li>8% of those with definite hospital onset COVID infection died (43 patients). Most patients died of COVID rather than <i>with</i> COVID.</li> <li>Of these patients, 37 were case reviewed. The mean age was 79, the majority were emergency admissions and all except one case had significant comorbidity.</li> <li>34/37 developed infection as part of an outbreak.</li> <li>Potentially clinically significant Quality of Care issues were identified in 20% of cases, including 6 falls.</li> <li>In most of the cases reviewed, documentation was insufficient to confirm that the requirements of Duty of Candour had been fulfilled.</li> </ul>	
	<p><b>Action: An appendix to be included to explain issues of data comparison between Trusts.</b></p>	W Bernal
21/27	<p><b>Quality Account Priorities – 2021/22</b></p> <p>The Committee received and noted the paper on the proposed Quality Account Priorities for 2021/22.</p> <p>Due to the impact of COVID pressures, the priorities for 2020/21 have not progressed sufficiently to achieve the outcomes expected. Priorities 1, 2 and 3 from 2020/21 will remain for 2021/22 to ensure full delivery on requirements. The recommended Quality Account Priorities for 2021/22 are, therefore:</p>	



Item	Subject	Action
	<ol style="list-style-type: none"> <li>1. Reducing harm to deteriorating patients.</li> <li>2. Reducing violence and aggression to staff and increasing patient safety.</li> <li>3. Improving patient experience for inpatients, outpatients, emergency departments, maternity services and cancer services.</li> <li>4. Improving outcomes for people with long-term effects of COVID-19 ('long COVID' or Post COVID Syndrome).</li> </ol>	
	<p><b>Action: The Committed noted that the report does not provide robust outcome measures of success in respect of the "Long COVID" priority. The Chief Nurse will address this with the team.</b></p>	<b>N Ranger</b>
<b>21/28</b>	<b>Virtual Clinics</b>	
	<p>The Committee received an assurance paper on the safety of Remote/Virtual Clinics and the following was noted:</p> <ul style="list-style-type: none"> <li>• COVID has led to a significant shift of outpatient work from face to face to remote/telephone appointments.</li> <li>• A Standard of Practice for Remote/Virtual Clinics has been developed and risk assessments for safety and mitigating actions have been put in place for each specialty.</li> <li>• The Trust offers multiple layers of communication preferences to ensure accessibility, including written letters and leaflets available in 99 different languages, mobile/media communications and audio format, which is available in 15 spoken languages.</li> <li>• Clinical leads will make the decision on whether a face to face consultation is the best option in each case.</li> <li>• Monitoring of the new structure started from 1<sup>st</sup> April and thus far, 37% of outpatient activity at the PRUH has been virtual. Roll out at the Denmark Hill site began later than at the PRUH; 14% of outpatient activity at Denmark Hill has been virtual.</li> <li>• Equality Impact and Information Governance reviews took place before the roll out of the new model.</li> <li>• A full report on the improvement piece, including patient satisfaction data, will go to the Patient Experience &amp; Safety Governor Committee in May.</li> </ul>	
<b>21/29</b>	<b>Patient Safety Report – Quarter 4</b>	
	<p>The Committee received the Patient Safety Report for quarter 4 and noted the following:</p> <ul style="list-style-type: none"> <li>• The Trust has seen a reduction of incidents being reported in both the first and second wave of the COVID pandemic. The first wave of COVID had a greater reduction in reported incidents.</li> <li>• There has been a decrease in the number of reported incidents compared to quarter 3.</li> <li>• Security teams have reported the highest number of incidents. The Committee were informed that these numbers include every security call out that the team attends, including the events that do not constitute an incident. This is being reviewed.</li> <li>• The Amber reports continue to increase. There remains a backlog of roughly 488 amber reports that are overdue. Of these, 162 are rated moderate harm.</li> </ul>	

Item	Subject	Action
	<p>Clinical staff are currently experiencing time challenges. Any reports that required immediate action have been addressed.</p> <ul style="list-style-type: none"> <li>• Harm Free Care programme has started to look at falls and pressure ulcers and gather data to identify root causes and themes to avoid having to repeat investigations into the same issues. An action plan will be developed.</li> <li>• There has been an increase in serious incidents compared to last quarter, however data this quarter is similar to the same time last year.</li> <li>• The serious incident backlog is being addressed, although the second wave of COVID has caused a further backlog. An interim Patient Safety Manager continues to be employed to support the reduction of the backlog of serious incident investigations. A clear plan to reduce the backlog will be in place next week.</li> <li>• There is a backlog of about 50 serious incidents with the CCG awaiting their sign off.</li> <li>• Two never events were reported in quarter 4, which brings the total declared for the year to 7 which is an increase from 5 in the previous year.</li> <li>• There have been two reported never events in Ophthalmology this year. A summit has been planned where observation studies will be carried out.</li> </ul> <p><b>Action: The Committee requested a clear response and action plan in relation to never events in Ophthalmology.</b></p> <p><b>Action: In relation to the reported Serious Incident in Endoscopy, the Chair requested assurance that robust consent procedures are in place.</b></p> <p>The Committee were informed that a CMO site lead for governance and quality improvement has been appointed who will champion learning and the acceleration of the outstanding investigations.</p> <p>The Committee were concerned that incidents related to violence and aggression have doubled over the last year and this requires particular attention.</p>	<p><b>P Donohoe</b></p> <p><b>P Donohoe</b></p>
21/30	<p><b>Duty of Candour Report</b></p> <p>The Committee received the Duty of Candour Report and noted the following:</p> <ul style="list-style-type: none"> <li>• Compliance for having a conversation within the first 10 working days of the incident being reported onto Datix was 96%. It is expected that compliance will be 100% by the end of April.</li> <li>• Datix has been updated so that legitimate mitigating factors can be recorded.</li> <li>• The Trust continues to have a lower level of compliance on the timeliness of providing the final written reports to patients.</li> </ul> <p><b>Action: The data on compliance with the standard for providing timely final written reports to patients is to be included in the next Duty of Candour report.</b></p> <p>The Chief Executive Officer thanked the team for the work which has taken place to improve compliance with Duty of Candour.</p>	<p><b>N Ranger</b></p>
	<p><b>GOVERNANCE</b></p>	
21/31	<p><b>Red Risk Review – Deteriorating Patients</b></p>	

Item	Subject	Action
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The Deputy Chief Nurse presented an update to the Committee on the programme of work on recognising the deteriorating patient. The Committee noted the following:

- Reducing harm to deteriorating patients is one of the quality priorities for the Trust. Analysis has shown that the Trust has opportunities to improve how staff recognise, record, manage and escalate deteriorating patients.
- Frontline teams have been involved in identifying the reasons behind poor performance in reporting, managing and escalating deteriorating patients.
- A number of staff were trained, at pace, to prepare for the pandemic.
- Key areas for improvement were identified in:
  - Education – nationally recognised qualifications will be made available through training for nurses and HCAs.
  - Culture, Leadership and Accountability – identify what the data is showing and what should be done about it; timely escalation; align all safety workstreams.
  - Equipment – the Chief Nurse will arrange for the procurement of more observation machines.
- Training will include an MDT approach and will include recognising deteriorating patients for both adults and children.
- The Patient Safety Committee will be relaunched in May. The Deteriorating Patient Working Group will report to the Patient Safety Committee.
- Metrics to measure progress are being developed.

## PEOPLE

### 21/32 Workforce Metrics

The Director of Workforce presented the workforce metrics for Month 11 to the Committee and the following was noted:

- **Establishment** – There was an increase in the overall establishment from month 10 to 11.
- **Vacancy** - The vacancy rate has increased slightly. As turnover continues to decrease, the Trust's recruitment activity is now having a bigger impact on reducing the vacancy rate. There were 182 new starters. This current rate is now only slightly above the Trust target.
- **Sickness Absence** - COVID-19 related sickness has decreased. When excluding the COVID-19 related sickness, the rate of sickness is higher than the Trust target but still within expected rates for the time of year. There is increased psychological support and a range of wellbeing services available to staff, alongside permanent hubs and the programme of staff recovery.
- **Statutory and Mandatory Training** – There is a general decrease in compliance across all staff groups. This is a reflection of Wave 2 and the challenge on people's availability. Compliance is expected to increase next month and there are various actions plans in place to improve compliance.
- **Medical Appraisal and Consultant Job Planning** – A recovery paper to detail plans for recovery, with trajectories, has been drafted.
- **Employee Relations** - The average case is open for 13 weeks against a target of 12 weeks, which is a significant improvement on the 22-week average reported in Month 5. There continues to be a decrease in the number of ethnic minority staff being taken through a formal disciplinary process. The new oversight panel that was implemented in Month 6 chaired by the Acting Chief

Item	Subject	Action
	People Officer and attended by the Trust's Director of EDI continues to run each week.	
<b>21/33</b>	<b>Staff Recovery Programme</b>	
	The Committee received a report on the King's Staff Recovery Programme, which was developed based on research and advice from academic colleagues at KCL. The Programme will reflect the diversity and experience of staff and will run to provide support for 12 months.	
	The Staff Recovery Programme consists of six elements; training for managers, recognition, reflection, reflect and reset conversations, an additional day's annual leave for staff to celebrate their birthday and a mental health self-assessment, with enhanced support for staff with mental health issues.	
	The staff recovery plan, and its delivery mechanisms are in place and a dedicated team will ensure delivery remains on track over the next 12 months.	
<b>21/34</b>	<b>Guardian of Safe Working Update</b>	
	This item was deferred to the next meeting.	
	<b>PERFORMANCE</b>	
<b>21/35</b>	<b>Proposed Changes to Reporting Structure</b>	
	The Site Chief Executive Officer for PRUH & South Sites informed the Committee that the performance report was in the process of being redesigned to improve comprehensibility. The BIU Team have drafted a new version of the template, which will be shared with Executive colleagues next week. The proposal will allow for a clearer split between the two sites for performance assurance and monitoring. It will allow for benchmarking against different types of organisation, which, in turn, will allow for contextualised scrutiny.	
<b>21/36</b>	<b>Integrated Performance Summary Report</b>	
	The Committee received the Integrated Performance Report and the following was noted:	
	<ul style="list-style-type: none"> <li>The organisation restarted the majority of elective activity in early March and was the first Trust to reopen all theatres and outpatient services.</li> <li>There is a significant backlog against all service modalities. A recovery trajectory monitoring tool has been developed to allow performance monitoring by each service modality.</li> <li>The capacity and demand software has been refreshed, which will lead to job plan and theatre timetable changes.</li> <li>Virtual clinics and the new patient portals have been extended and roll out will continue during quarter 1.</li> <li>The digitisation and roll out of aggregated pre-operative assessments at the PRUH has been initiated. Roll out at Denmark Hill will take place later in the year.</li> <li>Improved validation tool has been developed for waiting lists by modality. 94% of patients waiting for an operative procedure have been individually validated and risk assessed.</li> </ul>	

Item	Subject	Action
	<ul style="list-style-type: none"> <li>80% of the outpatient service has returned to within 10% tolerance of last year – now at a near normalised state of volume demand and service.</li> <li>Cancer referrals have now started to increase.</li> <li>52 week waits, in the London context, continue to be a significant concern. The Trust is the third highest owner of over 52 week waiters.</li> <li>Recent notification received from London regional colleagues outlining a structured and enhanced form of performance management and monitoring to be introduced in the near future for the elective recovery position.</li> </ul> <p>The Committee was concerned about the monitoring of clinical risks associated with long waiting and the assurance processes in place. The Committee discussed oversight of delivery against the recovery trajectory. It was suggested that a sub-group of the Committee might be established to ensure the appropriate detailed monitoring, time and oversight can be given.</p>	
	<b>Action: The Chief Executive Officer will work with the Trust Secretary to decide where oversight of the elective recovery programme will rest within the governance structure.</b>	<b>C Kay S Coldwell</b>
	<b>Action: An update on the Cancer Improvement Strategy to come to the Committee.</b>	<b>J Lofthouse</b>

#### FOR INFORMATION/REPORTING & DISCUSSION BY EXCEPTION

##### 21/37 Sub-Committee Minutes

The Committee noted the approved minutes from the following:

- Health & Safety Committee, 28<sup>th</sup> January 2021
- Maternity & Neonatal Board, 1<sup>st</sup> December 2020
- Medication Safety Committee, 9<sup>th</sup> December 2020

##### 21/38 ANY OTHER BUSINESS

No other items of business were discussed.

#### DATE OF NEXT MEETING

Thursday 3<sup>rd</sup> June 2021, 09:30am – 3:00pm  
MS Teams

### Audit Committee – Minutes

Minutes of the meeting of the Audit Committee held on Thursday 21 January 2021 at 9.05am  
via MS Teams

#### Present:

Akhter Mateen  
Sue Slipman  
Jon Cohen

Non-Executive Director (Chair)  
Non-Executive Director  
Non-Executive Director

#### In attendance:

Sir Hugh Taylor  
Steve Weiner  
Lorcan Woods  
Dr Mairi Bell  
Nina Martin  
Jane Allberry  
Siobhan Coldwell  
Neil Hewitson  
Charles Medley  
Ellen Millington  
Paul Dossett

Trust Chair  
Non-Executive Director  
Chief Finance Officer  
Director of Financial Operations  
Assistant Board Secretary (*Minutes*)  
Lead Governor  
Trust Secretary and Head of Corporate Governance  
Internal Audit (KPMG)  
Internal Audit (KPMG)  
External Audit (Grant Thornton)  
External Audit (Grant Thornton)

Item	Subject	Action
	<b>2. STANDING ITEMS</b>	
021/01	<b>Welcome and Apologies</b> The Chair welcomed all to the meeting	
021/02	<b>Declarations of Interest</b> No interests were declared.	
021/03	<b>Chair's Action</b> The decision had been made to have a shorter meeting which would cover external assurance, so senior executive could continue to focus on the COVID response. The external and internal auditors confirmed that other Trusts were either doing the same or deferring their AC meetings because of COVID.	
021/04	<b>Minutes of the Previous Meeting</b> The minutes of the meeting held on 21 November, 2020 were approved.	
021/05	<b>Action Tracker and Matters Arising</b> Some actions were deferred due to the pandemic response and demand on management time.	
	<b>Declaration of Interest review</b> – As agreed, the CFO and IA had a discussion following which a revised proposal which included making some recommendations more pragmatic	

Item	Subject	Action
	was submitted to the CFO the day before. The finalised review would come to the March Committee.	
	<b>4. EXTERNAL ASSURANCE</b>	
021/06	<p><b>Internal Audit – Progress Report (incl counter fraud)</b></p> <p>KPMG were on trajectory with the delivery of the 20/21 programme of work and updates on the remaining 20/21 reviews would be brought to the March Committee.</p> <p>Work remained ongoing on the live counter fraud cases and the Committee heard that there were no new cases to flag. It was recognised that the COVID pressures provided potential opportunities for fraud and so work was continuing to promote fraud awareness.</p> <p>An update on the 21/22 IA plan would be brought to the next Committee. The usual approach to engagement with management on the reviews would need to be adapted given the present pressures on their time. The IA team would meet with the Chief Nurse and CFO and then bring the discussion to the wider KE. The AC chair would then be engaged to get NED input.</p> <p>The Data quality review had been deferred and remains a document in draft. IA would want executive feedback before commenting on the status and findings of the review.</p>	
021/07	<p><b>Recommendation Tracker</b></p> <p>A number of recommendations were overdue for report/implementation and a number of these had no updates. Some of the recommendations were marked closed but KPMG had yet to see the evidence. It was acknowledged that implementation of many of the recommendations inevitably was delayed because of COVID and the pressure of the response, but it was important for the tracker to be kept up to date and for recommendation owners to provide updates, even if it to say that COVID pressures was the cause of the delay.</p> <p><b>Action: KPMG to work with the Trust Secretary and CFO to ensure fuller updates in plenty of time for the March meeting and to ensure realistic timelines for recommendations be set for moving forward.</b></p> <p>The Committee was asked to note that most of the actions had progressed but not recorded due to the Covid response.</p> <p>The Trust Secretary updated that Ashley Parrott and Nicola Ranger were progressing the risk management recommendations and work.</p> <p>The subsequent updates to the tracker which had been circulated highlighted progress with the IT actions.</p>	
021/08	<p><b>Ledger Review (Oracle System)</b></p> <p>The Committee noted the report. There were no major governance gaps to flag and there had been good compliance with the risk processes in place. The recommendations made were largely in the form of lessons learnt.</p> <p>A dedicated project manager and the input of KPMG at project meetings had helped with the transition and smooth implementation. The CFO asked that IA review be amended to include that that there had been HR presence at the project meetings.</p>	

Item	Subject	Action
	The Committee commended the smooth implementation and looked forward to further assurance once EA carried out their review.	
021/09	<p><b>External Audit</b></p> <p>Grant Thornton updated briefly on their start at King's, key issues that they are likely to be looking at going forward and some of the changes in audit procedures which would affect the external audit process. Their other key updates included:</p> <ul style="list-style-type: none"> <li>• No risks to the audit work had as yet been identified from the impact of the pandemic but this will be continually monitored.</li> <li>• Further clarity and details around the new Value for Money requirements would come to the March Committee.</li> <li>• Assessing going concern status would need to be planned proactively given the Covid pressures.</li> <li>• It had been confirmed that the Quality Report won't be audited this year.</li> </ul>	
021/10	<p><b>EA Progress Report</b></p> <p>EA had attended a number of Trust meetings. They hoped to soon confirm an approach to the stock take. Grant Thornton would liaise with the previous auditors to get any learning from the previous year's approach. While most of their work will be carried out remotely, Grant Thornton will take a flexible approach if needed to take forward this year's stock take.</p>	
021/11	<p><b>Finance Reports</b></p> <p>These discussions would be deferred to the next Committee. The Committee noted the waivers report. The Chair added that it would be helpful to include the names of the suppliers and the nature of their business to the waiver report.</p>	
021/12	<p><b>Date of next meeting</b></p> <p>The next meeting was scheduled for 4 March 2021, 9am via MS Teams.</p>	



### Audit Committee – Minutes

Minutes of the meeting of the Audit Committee held on Thursday 04 March 2021 at 9.05am  
 via MS Teams

**Present:**

Akhter Mateen  
 Sue Slipman  
 Jon Cohen

Non-Executive Director (Chair)  
 Non-Executive Director  
 Non-Executive Director

**In attendance:**

Steve Weiner  
 Lorcan Woods  
 Dr Mairi Bell  
 Nina Martin  
 Siobhan Coldwell  
 Neil Hewitson  
 Charles Medley  
 Gareth Norris  
 Paul Dossett  
 Ellen Millington

Non-Executive Director  
 Chief Finance Officer  
 Director of Financial Operations  
 Assistant Board Secretary (*Minutes*)  
 Trust Secretary and Head of Corporate Governance  
 Internal Audit (KPMG)  
 Internal Audit (KPMG)  
 External Audit (Grant Thornton)  
 External Audit (Grant Thornton)  
 External Audit (Grant Thornton)

**Apologies:**

Jane Allberry  
 Sir Hugh Taylor

Lead Governor  
 Trust Chair

Item	Subject	Action
	<b>2. STANDING ITEMS</b>	
021/13	<b>Welcome and Apologies</b> The Chair welcomed all to the meeting	
021/14	<b>Declarations of Interest</b> No interests were declared.	
021/15	<b>Chair's Action</b> There were no Chair's actions to report since the last Committee.	
021/16	<b>Minutes of the Previous Meeting</b> The minutes of the meeting held on 21 January, 2021 were approved.	
021/17	<b>Action Tracker and Matters Arising</b> <b>Counter Fraud Service – Investigation into the complex case involving an overseas visitor</b> - The patient was referred to KCH from another Trust and was very unwell when he arrived here. There is a possibility that we would have treated the patient, based on clinical need, regardless of whether he had recourse to public funds. This item can now be <b>CLOSED</b> .	

Item	Subject	Action
	<p><b>Board Assurance Framework</b> - This is being progressed as part of the Risk Management Strategy and updates at the Audit Committee would remain ongoing.</p> <p>All other due actions were on the meeting's agenda for report and update.</p>	
	<b>3. RISK AND RISK MANAGEMENT</b>	
021/18	<p><b>Risk Management Strategy, Risk Management Policy and Improvement Plan</b> – The Committee noted the report. The Chief Nurse and the Director of Quality Governance updated the Committee on the key issues. The Risk Management Strategy had been revised since last presented to the Committee. The strategy outlines the risk escalation and management process within the trust. The Risk Management Policy had been revised to provide clarity to the actual risk process for staff to follow. There had been a delay in the new Datix software implementation as some critical issues with the system had been identified and these were being addressed with the Datix Management Team.</p> <p>A change in culture and behaviour was needed to support the embedding of the risk strategy and improvement plan. Staff would be coached to take ownership of the management of identified risks rather than simply populating the register or using the tool as a weapon to get things done.</p> <p>A historical concern from the care groups was the perception that risks were not being addressed. They are now able to see that this is changing and their concerns are being addressed. The Risk and Integrated Governance Committee was also providing reassurance around the prioritisation of risk management.</p> <p>The Committee noted the importance of having mechanisms to evaluate the processes implemented. One mode of evaluation of the process would be to determine whether care groups know and are able to recognise their risks. Both hard and soft evaluation measures will be used during care group governance meetings.</p> <p><b>Action: The Committee proposed the development of a review dashboard to support the evaluation process detailing the status of the risks reviewed, closed and being addressed at the Risk and Governance Committee. The BAF needed to link in with the key corporate risks.</b></p>	Chief Nurse
	<b>The committee recommended the report be presented the Board for approval.</b>	Trust Sec
	<b>FINANCE REPORTS</b>	
021/19	<p>The Director of Financial Operations presented these updates.</p> <p><b>Going Concern</b></p> <p>The Director of Financial Operations presented an oral update. This remains a live discussion at the centre and the committee heard that given the events of the past year, the burden on Trusts to evidence their going concern status would be reduced this year. The External Auditors added that public bodies would be assumed to be going concerns in the present circumstances. However, the auditors would still be reviewing financial sustainability in their value for money work.</p>	
021/20	<p><b>Debt Write Off</b></p> <p>The Committee noted the report which gave an overview of all write offs proposed for the financial year 2020/21 as well as the Trust's approach to provisions held against bad</p>	

Item	Subject	Action
	<p>debt. This was an indicative position as at Month 10, and would be finalised prior to year-end.</p> <p>There was no improvement in the overseas debt since the previous year and the finance function would be working with the overseas team to better understand the value of any write offs and to get further reassurance that recovery of the amounts was not possible. While the embassy debts had been reduced from last year it was still at a high level.</p> <p>Further to the discussion, it was clarified that private patient treatments were usually planned and payment or up front deposits received before treatment. This service can operate profitably for the Trust. There was a report carried out by NHSI analysing the Trust's overseas patients' debts and recovery risks which the CFO will circulate to the Committee.</p> <p>The likely impact of Brexit on overseas patients' recovery costs should also be considered for the future.</p>	
021/21	<p><b>Losses and Special Payments</b></p> <p>The Committee received and noted the annual report on losses and special payments and proposed management actions to minimise losses and special payments. The report was based on mid-February data. Finance had not yet had sight of lost and damaged stock disclosure particularly within Pharmacy. This is implicitly accounted for but for transparency of reporting the data needs to be extracted. Write offs of expired and non-utilised blood should also be included in the report.</p>	
021/22	<p><b>Waivers Report</b></p> <p>The Committee noted the updated report which included a short description and narrative of the contract or service for which there were waivers. The biggest values of waiver was within CEF and there were mechanisms in place to ensure value for money. Most of the waivers were undertaken in response to the Covid pandemic/response. The CFO would address as appropriate those waivers in the report not populated with reasons behind the waiver.</p>	
021/23	<p><b>EXTERNAL ASSURANCE</b></p> <p><b>Internal Audit (IA) Progress Report (incl Counter Fraud)/ Reviews</b></p> <p>The Progress report highlighted the summary of work carried out since the last Audit Committee as well as the upcoming programme of work. The Auditors were on track with the substantive reviews though the Diagnostic and data review remained ongoing and was yet to be finalised.</p>	
021/24	<p><b>Recommendation Tracker</b></p> <p>There had been a reduction in the volume of overdue recommendations since the last Committee. Of the 58 live recommendations, 50 were not yet due for update, while 8 were overdue. The Committee recognised the Trust's response to the pandemic had impacted progress with the recommendations.</p> <p><b>Action: The drop in reported overdue recommendations was attributed to revised timelines and the Committee asked for implementation updates on the 50 recommendations given revised dates, at the next Committee.</b></p>	Trust Sec

Item	Subject	Action
	<p>The Chair flagged Board non-compliance on the data security awareness training and the Chief Executive assured that this would be taken forward at the next Board Development session.</p> <p><b>Action: The Trust Secretary would include Board data security awareness training to the agenda of the next Board Development session.</b></p>	Trust Sec
021/25	<p><b>Draft Head of Internal Audit Opinion 2020/21</b></p> <p>The draft opinion was that of “partial assurance with improvements required”. There were six high priority recommendations in year which would still be live by year end. These related to Estates Safety and Compliance; Incident Management; and Diagnostic data quality. The data quality diagnostics review was outstanding and the auditors were advised to prioritise its completion.</p> <p>There were areas of improvement in the Trust’s system of internal control, for example the positive assurances achieved in 2020/21 in financial controls. An identified area for improvement and prioritisation was the implementation and embedding of the new risk management framework.</p> <p>Based on the discussion and Committee feedback the commentary on the opinion would be revised.</p>	
021/26	<p><b>Draft Internal Audit Plan 2021/22</b></p> <p>The Committee noted the proposed schedule for delivering the 2021/22 Internal Audit Plan. There were 13 reviews proposed. The draft plan had been developed in conversation with Trust Executive and took on board their feedback on what areas they believe auditors might best support the Trust.</p> <p>Synlab was one of the areas for review and in support of the new Synlab contract, the robustness of processes and controls in place to govern and support the set up and establishment of the new Synlab arrangements would be reviewed.</p> <p>The Committee agreed that the process and the expected outcomes from the CCU infrastructure investment review would need to be clarified.</p> <p><b>Action: The Auditors together with the Trust Executive would undertake a scoping exercise to clarify the expectations of the CCU review.</b></p> <p>The integrated back office was on the review reserve list. However, the CFO updated that given the recent RBH merger, there was no appetite within GSTT to pursue this so there was nothing for KPMG to review.</p> <p>The plan was approved with the caveat that the scoping exercise on the expected outcomes from the CCU review is carried out.</p>	
021/27	<p><b>Declaration of Interests Review update</b></p> <p>The Committee noted the update which summarised the high priority recommendations and the management responses to these. The Committee asked for clarity on how this would work operationally especially within the procurement team. It was heard that the procurement team through KFM will have access to the register. It should be noted that part of the recommendation included undertaking spot checking exercises for staff annually and this would support the monitoring of compliance.</p>	

Item	Subject	Action
021/28	<p><b>External Audit</b></p> <p><b>Audit Progress Report</b> - The Committee noted the report. Grant Thornton's report provided a summary of work that has been done and also updated on their proposed audit plan. Going concern was not being considered a significant risk this year due to revised NHSI guidance. Those risks requiring special audit consideration and procedures to address the likelihood of a material financial statement error have been identified as: fraud in revenue recognition; fraud in expenditure recognition; management override of controls; valuation of land and buildings; new finance system implementation.</p> <p>The team had a clearer idea of the value of Trust inventory and it was unlikely that the value would be material to the audit.</p>	
021/29	<p><b>External Audit Plan</b> – The Committee noted the three company audit plans. The significant risks identified for these audits were around revenue recognition, management override of controls and changes in control environment with the new ledger implementation. Further updates included:</p> <ul style="list-style-type: none"> <li>• The key focus of the For KCH management would be on the PIK note and its valuation.</li> <li>• The Viapath audit was anticipated to be more straightforward. The auditors will be valuing stock virtually and were presently discussing with management the development of an appropriate audit approach.</li> </ul>	
021/30	<p><b>Management Response to EA Inquiries</b></p> <p>The Director of Financial Operations will bring updates on land and buildings, significant accruals, depreciation, recognition of stock total and on any key judgements, assumptions and estimations to the next Audit Committee.</p> <p>Regarding EPIC, things were moving at pace regarding contractual commitments. This would potentially be discussed at next week's Board. The main contract would be between EPIC and GSTT. The KCH contract will be a variation of the main contract.</p> <p>The CFO updated that the KFM Director had resigned in December and the hope is to have a replacement in post by April.</p>	
021/31	<p><b>GOVERNANCE REPORTS</b></p> <p><b>NHS Resolutions Claims and Liabilities update</b> - The committee noted the claims activity over the past 12 months and the trends in claims against the Trust. There had been a rising year on year CNST cost to the Trust. Given the increased costs of the CNST scheme, there needs to be better management of claims and learning embedded from the claims. If we don't learn from the claims, liabilities will continue to rise. To support this, more control of the Trust's claims process has been given to the NHR and panel solicitors to avoid unnecessary delay. Training sessions take place with panel solicitors to share learning.</p> <p>Key challenges within the legal function related to silos working and getting involved in claims cases too late. Closer working with PALS and Complaints would help prevent issues progressing to legal action.</p>	

Item	Subject	Action
	<p>The Committee agreed that the discussion on the evaluation of learning from claims should go to the QPPC.</p> <p>Historically there had been no governance around the interactions between clinicians, trust solicitors and the external legal teams. This was being addressed by the Chief Nurse, and Acting Medical Director.</p>	
021/32	<p><b>Year-End Reporting update: Annual Report and Accounts</b></p> <p>The Trust Secretary updated on the new reporting requirements: Equality of service delivery to different groups; Diversity and inclusion policies, initiatives and longer term ambitions; staff turnover. The Trust will be working to meet the mid-June submission deadline even if granted an extension.</p> <p>The Trust Secretary would present a draft of the annual report and the Annual Governance Statement to the April Audit Committee.</p> <p>A Covid performance section would be included in the Annual Report.</p>	
021/33	<p><b>Any other business</b></p> <p>The Trust Secretary updated on the revised date of the April Committee. The May Committee would move to 7 June where the ARA would be approved to go to the Board. The Board approval of the ARA would take place at the 10 June Private Board meeting.</p>	
021/34	<p><b>Date and time of the next meeting</b></p> <p>The next meeting was rescheduled from 22 April to the 29 April</p>	