

AGENDA

Meeting	Board of Directors
Time of meeting	3.30pm - 5.30pm
Date of meeting	Thursday 9th September 2021
Meeting Room	By Video Conference
Site	N/A

			Encl.	Lead	Time
1. STANDING ITEMS				Sir H Taylor	3.30pm
1.1. Apologies					
1.2. Declarations of Interest					
1.3. Chair's Action					
1.4. Minutes of Previous Meeting – 10 th June 2021	FA	Enc			
2. PATIENT STORY				Prof N Ranger	3.35pm
3. QUALITY, PEOPLE, FINANCE AND PERFORMANCE					
3.1 Report from the Chief Executive	FR	Enc		Prof C Kay	3.50pm
3.1.1. – Integrated Performance Review (M4)					
3.1.2. – Finance Report (M4)					
4. TRUST STRATEGY	FA	Enc		L Woods	4.30
4.1 Trust Strategy and Values					
5. GOVERNANCE AND ASSURANCE					
5.1 Revisions to the Constitution	FR	Enc		Sir HTaylor	4.55pm
5.2 Safer Nursing	FR	Enc		Prof N Ranger	5.05pm
6. REPORT FROM THE GOVERNORS	FR	Oral		J Allberry	5.15pm
7. FOR INFORMATION					
<u>Committee Minutes</u>	FI	Enc			
• Finance and Commercial Committee 27 th May 2021					
• Quality, People and Performance Committee 4 th June 2021					
• Audit Committee 29 th April and 22 nd June 2021					

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

8. ANY OTHER BUSINESS			Sir H Taylor	5.25pm
9. DATE OF NEXT MEETING	9 th December 2021 at 3.30pm			

Members:	
Sir Hugh Taylor	Trust Chair (<i>Chair</i>)
Sue Slipman	Non-Executive Director (<i>Deputy 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
Mark Preston	Chief People Officer
Julie Lowe	Site CEO – Denmark Hill
Jonathan Lofthouse	Site CEO – PRUH and South Sites
Beverley Bryant	Chief Digital Information Officer
Attendees:	
Funmi Onamusi	Director of Equality, Diversity and Inclusion
Siobhan Coldwell	AD Corporate Governance (Minutes)
Chris Rolfe	Director of Communications
Sophie Whelan	Director of Corporate Affairs
Circulation List:	
Board of Directors & Attendees	

King's College Hospital NHS Foundation Trust Board of Directors

DRAFT Minutes of the Meeting of the Board of Directors held at 3.30pm on 10th June 2021, by MS Teams.

Members:

Sir Hugh Taylor
Akhter Mateen
Prof Jonathan Cohen
Nicholas Campbell-Watts
Prof Richard Trembath

Trust Chair, Meeting Chair
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director

Sue Slipman
Prof Clive Kay
Prof Nicola Ranger
Dr Leonie Penna
Julie Lowe
Lorcan Woods
Jonathan Lofthouse
Beverley Bryant
Louise Clark

Non-Executive Director
Chief Executive Officer
Chief Nurse and Executive Director of Midwifery
Chief Medical Officer
Site Chief Executive - Denmark Hill
Chief Financial Officer
Site Chief Executive – PRUH and South Sites
Chief Digital Information Officer
Acting Chief People Officer

In attendance:

Siobhan Coldwell

Trust Secretary and Head of Corporate Governance
(minutes)

Richard Chew
Claudette Elliott
Members of the Council of Governors
Members of the Public

Interim Director of Communications
Interim Director of Equality, Diversity and Inclusion

Apologies:

Steve Weiner

Non-Executive Director

Subject

Action

021/35 Apologies

There were apologies for absence from Steve Weiner.

021/36 Declarations of Interest

None.

021/37 Chair's Actions

There were no Chair's Actions to report.

021/38 Minutes of the last meeting

The minutes of the meeting held on 11th March 2021 were agreed.

021/39 Staff Story

The Chief Nurse introduced LW, who received a liver transplant in June 2020. Being told they needed a liver transplant in April 2020 had been devastating but life changing. The assessment and approval process was efficient, and once LW had been approved for transplant, they received a new liver very quickly. The staff who prepared LW for the operation were excellent, as was the treatment LW received whilst at King's. LW was particularly positive about the lack of judgement from the staff that treated them, given the circumstances that led to LW requiring a transplant. LW received further treatment in August 2020 and since then their quality of life has improved significantly. LW has received considerable ongoing support to ensure they stay well. LW took the opportunity to thank all the staff who had cared for them, from the surgeons and doctors to the nurses, porters and housekeeping staff, and underlined the benefits of continuity of care.

The Board thanked LW for their bravery in attending the Board and telling their story. With the focus on waiting lists and post COVID-19 recovery, it is easy to lose sight of the excellent services the Trust delivers on an ongoing basis.

021/40 The Report from the Chief Executive

The Chief Executive highlighted a number of areas in his report including quality and safety, operational and financial performance as well as staffing, equality, diversity and inclusion and staff health and wellbeing. The Trust is still treating c30 COVID-19 patients but the activity has fallen considerably since the Board last met. The Trust is now focussed on the recovery of planned care activity. Demand for urgent and emergency care is now back to pre-pandemic levels. On behalf of the Board, he expressed his gratitude to the Trust's staff for the excellent contribution they have made over the last 15 months.

In relation to quality and safety, the Board discussed violence and aggression from patients towards staff. The number of incidents has started to increase post-pandemic. The security team in the Trust are extremely effective, but there is more to do. There are two strands of work on-going in relation to patients who are unknown to the Trust and those who are known to have challenging behaviour. A new matron is being recruited to lead this programmes and work with wards and departments to support staff. This will include practical de-escalation techniques for staff.

Subject**Action****021/40 The Report from the Chief Executive cont.....
cont..**

The Board went on to discuss operational performance. The number of patients waiting over 52 weeks for treatment has reduced since the Board last meet. Over half of the remaining patients are in three specialities and plans are in place to ensure they are treated. On RTT more generally, the Trust is performing ahead of the trajectory agreed with the Regulator. Prioritisation processes are in place to ensure that all patients are treated as per their clinical need. Cancer performance is improving and in June is over 90% for treatment within 62 days. Likewise, two week referrals have recovered. Diagnostic performance (DMO1) is now 21% (i.e. 79% of patients have their treatment within 6 weeks of referral) and plans are in place to ensure trajectories are met. Emergency care performance remains below target, with performance at Denmark Hill well below that of the PRUH. The Board noted the medium to long term programmes in place to drive improvement as well as a number of immediate initiatives including a new discharge lounge, a new Urgent Care provider and the implementation of "Refer and Move", to ensure patients who are being referred to a speciality are being moved out of ED as soon as possible. Mental health remains a concern and work is ongoing with SLAM to ensure that patient needs are met. At the PRUH, a joint mental health assessment unit is opening in partnership with Oxleas later in the summer.

The Board noted the progress that is being made to recover planned care, but were concerned about a 3rd Wave of COVID-19. Early signs are that the link between prevalence and hospitalisation has been severed as a result of the vaccination programme. Modelling indicates that a third wave will be smaller than wave 1 and will therefore have less of an impact. However, there will be workforce implications.

The Board discussed the vaccination programme. The Trust continues to offer staff vaccines, but staff are also now able to book through the national programme at a location of their choice. There are still some differences in the vaccination rates amongst various staff groups e.g. black and minority ethnic and pregnant staff, but the gaps are narrowing. Discussions are ongoing about whether boosters will be needed in the autumn and whether a surge programme will be needed in Lambeth as a result of increased COVID-19 prevalence. Care group vaccination rates are of concern within the ICS.

The Board noted the Trust's financial position. The Trust delivered a small surplus in 2020/21 and continues to break-even during 2021/22. The Trust delivered a capital programme of £92m in 2020/21, approximately double the size of the previous year. The external audit of the end of year accounts is ongoing and should be complete by the end of June.

The Board welcomed the staffing developments in recent months including an improved vacancy rate and lower sickness rates, the work to improve staff wellbeing and the recent 'thank you campaign. It is possible there will be a COVID-19 legacy on vacancy rates and turnover, once travel restrictions are lifted. Staff engagement is focused on retention and there have been some unintended positive outcomes from COVID-19 that will help including improved teamwork. The Trust received a visit from Health Education England which noted satisfactory process in implementing the action plan to improve support to trainees working in Medicine at the PRUH.

	Subject	Action
021/40 cont..	<p><u>The Report from the Chief Executive cont.....</u></p> <p>The Board noted the EDI plans and activity. The WRES data remains disappointing but the most recent assessment pre-dates some of the initiatives outlined in the report and it can take up to eighteen months for improvements to be seen.</p> <p>The CEO concluded by thanking Claudette Elliott for her contribution to the Trust's Equality, Diversity and Inclusion agenda since joining the Trust in October 2020.</p> <p>The Board NOTED the report.</p>	
021/41	<p><u>Report from the Freedom to Speak Up Guardian</u></p> <p>The Chief Nurse provided a summary of the Freedom to Speak Up Guardian's Annual Report. The Trust has made good progress in this area in the last year, particularly with the establishment of a full-time Guardian, Jacqui Coles. The key focus for the next year will be to improve the Trust performance in the Freedom to Speak Up Index, ensuring that staff feel confident to speak up when they have concerns, and that they will be listened to when they do.</p> <p>The Board APPROVED the report and welcomed the interventions being put in place to support staff. The Board expressed its support to moving the reporting cycle to September to coincide with the national reporting cycle. The Board thanked Jacqui Coles, the Trust's Guardian for her report.</p>	
021/42	<p><u>National Staff Survey Results 2020</u></p> <p>Louise Clark, Acting Chief People Officer provided a short summary of the 2020 national NHS staff survey results. Although there was no change to the staff engagement score, health and wellbeing improved marginally but remained comparatively low. The EDI score reduced slightly. The scores have stabilised but have yet to be influenced by the activity that has taken place over the past year including the health and well-being and staff recovery programmes, the values refresh and the development of the new People and Culture Strategy. The Board noted the differences in engagement between staff who had worked on the front line during COVID and those who have worked from home. Work is ongoing to better understand why there has been a difference and new ways of working will be influenced by the outcome of this. The feedback will also be built into future redeployment plans.</p> <p>The Chair noted that the survey results continue to present a challenge to the Board. Plans are in place as outlined elsewhere on this agenda and the Board recognised the impact of good staff engagement on the patient of quality care.</p> <p>The Board NOTED the 2021 staff survey results.</p>	
021/43	<p><u>Report from the Risk and Governance Committee</u></p> <p>The Board noted the summary of the most recent Risk and Governance Committee.</p>	

	Subject	Action
021/44	<u>Safer Staffing Report</u>	
	<p>The Board received the quarterly review of nurse staffing levels from the Chief Nurse. Vacancy levels are now under 10% and turnover have reduced and the focus moving forward will be staff retention. This includes a focus on education and flexible working. Vacancy rates in unregistered posts (e.g. Healthcare assistants) remains higher but plans are in place to address this. There is some concern that the low turnover rates are not sustainable due to the impact of COVID-19.</p> <p>The Board NOTED the report.</p>	
021/45	<u>Learning from COVID-19</u>	
	<p>The Board received a report on COVID-19, which covered learning from Waves 1 and 2 as well as surge plans for Wave 3. The report also covered the actions taking following the internal audit review undertaken earlier in 2021. Plans are in place to ensure all staff that need it have access to vaccines including the influenza vaccine. The Board discussed the importance of ensuring a proactive flu campaign.</p> <p>The Board NOTED the report.</p>	
021/46	<u>Report from the Governors</u>	
	<p>Jane Allberry, Lead Governor, raised the issue of communication to patients in relation to COVID-19 and delays to treatment, and the importance of delivering improvements here particularly if there is a 3rd Wave. The Governors welcomed the improvement in managing complaints and serious incidents but were concerned that the improvements were sustainable. The Governors thanked staff for their ongoing efforts.</p>	
021/47	<u>For Information</u>	
	<p>The minutes of the following meetings were received for information:</p> <ul style="list-style-type: none"> • Finance and Commercial 28th January 2021 and 25th March 2021 • Quality, People and Performance 4th February and 15th April 2021 • Audit Committee 21st January and 4th March 2021 	
021/48	<u>Any Other Business</u>	
	<p>The Chair noted that this was the final meeting for Claudette Elliott and Louise Clark and thanked them both for significant contribution they have made to the Board and the Trust.</p>	
021/49	<u>Date of the Next Meeting</u>	
	<p>3.30pm 9th September 2021</p>	

Report to: The Board of Directors
Date of meeting: 9th September 2021
Subject: Report from the Chief Executive
Author(s): 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 10th June 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 of Directors 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 of Directors is asked to note the strategic implications of the vision.
Workforce:	The Board of Directors 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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7. South east London Acute Provider Collaborative next steps
8. Elective Recovery
9. Financial Performance
10. Workforce Update
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Appendix 1 – Consultant Appointments

1.0 Introduction

- 1.1. This paper outlines the key developments and occurrences since the last Board meeting on 10th June 2021 that the Chief Executive Officer (CEO) wishes to discuss with the Board of Directors.
- 1.2. At the time of the last Board of Directors meeting, the number of COVID-19 in-patients had been declining, and the Foundation Trust had made progress 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. As restrictions have lifted, the Trust has seen a modest increase in the number of COVID-19 in-patients and potential further increases are being factored into our winter plans.
- 1.3. I would like to commend all of our teams for their hard work and dedication in continuing to deliver compassionate care to our patients in spite of the significant operational pressures we face as an organisation.

2.0 Trust Strategy and Values

- 2.1 In July, the Trust launched its **Strong Roots, Global Reach** strategy. It sets out our **BOLD** vision: to have brilliant people, provide outstanding care for patients, to be leaders in research, innovation and education, and to have diversity, equality and inclusion at the heart of everything we do. The strategy has been shaped by the views of over 4,500 people, through workshops and engagement events with staff, patients, public and partners from across the King's family. We have developed the strategy in line with our commitment to being a clinically-led organisation. The work has been jointly-led by a group of clinicians, and developed through input from colleagues at all levels of seniority, site and service area. This approach gives us confidence that we have a widely shared vision for King's, and that we have a clear sense of our collective aims and ambitions for the coming five years.
- 2.2 Our identity and vision talk about 'what' we do, but our values give a meaningful statement about 'how' we do things at King's. In October 2020, the Trust launched a programme to refresh the Trust Values. This included working with 65 'values volunteers' who gathered stories from staff, a Culture Survey which garnered nearly 3000 responses, and a series of workshops which engaged over 700 staff. Patients and members of our local communities also contributed to the programme.
- 2.3 This culminated in a new set of values. At King's, we are a **Kind, Respectful Team**.
 - **Kind:** we show compassion and understanding and bring a positive attitude to our work.
 - **Respectful:** we promote equality, are inclusive and honest, speaking up when needed.
 - **Team:** we support each other, communicate openly and are reassuringly professional.

- 2.4 In the autumn we will promote strongly the values as part of our communication of our **Strong Roots, Global Reach** Strategy. The values will be embedded into core workforce practices such as recruitment, induction and appraisal. There is further detail about both the strategy and the values later on this agenda.

3.0 Quality, Patient Experience and Safety

- 3.1 The reporting trends remain high for violence and aggression, falls, pressure damage, patient assessment, diagnosis, monitoring and review. The majority of violence and aggression incidents are reported by site security teams. Tackling such incidents in order to improve safety for patients and for staff is one of our Quality Priorities for 2021/22. Plans to address the violence and aggression incidents has included a task and finish group to scrutinise the data more fully.

Falls, pressure damage, patient assessment, diagnosis and monitoring are part of a quality improvement programme of work that is ongoing. Of particular note is a recent roundtable discussion involving a cluster of incidents at the PRUH relating to patients with fractures of the neck of femur.

- 3.2 The Trust continues to make good progress in reducing the number of overdue open serious incidents which formed part of the defined backlog. Although the number of serious incidents awaiting CCG sign off remains high, recent commissioning engagement discussions involving the NHSE/I, CGG, and Trust senior nursing leadership, involve reconciliation and escalation, have taken place.
- 3.3 The Trust continues to improve its statutory compliance in relation to Duty of Candour reporting. This currently stands at 97% for verbal discussion, and 98% for the Foundation Trust sending the letter to the patient/family affected following initial discussion. The Trust continues to be challenged with sending out the final approved reports due to the impact of the delay in CCG sign off. The Chief Nurse has agreed that draft Trust-approved final reports can be discussed with families initially, and this work is ongoing.
- 3.4 Following completion of a self-review against the NHS Patient Experience Framework (2018) reported previously, an improvement plan has been developed and has been incorporated into the workplan across the patient experience function. An accessibility workstream will play a significant part in delivering against the objectives agreed.
- 3.5 The Trust continues to address the ongoing backlog of complaints and has plans in place to reduce the backlog by end of October 2021. This work is being led by the recently appointed Assistant Director of Patient Experience. The most recent data is demonstrating that progress is being made.
- 3.6 The Foundation Trust's Volunteering service has resumed its normal levels of activity with support being offered in clinical areas. The 'pets as therapy' service has also been re-introduced. Between April 2021 and July 2021, 388 volunteers contributed 13,308 hours; an equivalent to 27 WTE staff members. Ambitious targets have been set for 2021/2022 with the service seeking to provide 500 active volunteers, developing and delivering 10 new inpatient activities and ensuring that 2 volunteers per clinical area are available to support mealtimes when requested.

- 3.7 The Trust has been subject to two recent unannounced CQC inspections of the Emergency Departments (ED) at the PRUH (June 2021) and Denmark Hill (July 2021). The report following the PRUH ED inspection was published on the 11th August 2021 and I am pleased to report that the PRUH ED has been upgraded from 'Inadequate' to 'Requires Improvement' and that improvements were noted in four of the five Key Lines of Enquiry (Safe, Caring, Responsive and Well Led).

Emergency Department at Princess Royal University Hospital		
CQC domain	November 2019	August 2021
Safe	Inadequate	Requires Improvement
Effective	Requires improvement	Requires Improvement
Caring	Requires Improvement	Good
Responsive	Inadequate	Requires Improvement
Well Led	Inadequate	Requires Improvement
OVERALL	Inadequate	Requires Improvement

- 3.8 The ED at PRUH – which treats, on average, 380 patients every day – was rated 'Inadequate' by the CQC after a focussed inspection in November 2019. However, the CQC said a number of improvements had been put in place since then. As a result, the ED at PRUH is now rated 'Requires Improvement' for being safe, effective, well-led and responsive – and 'Good' for caring. This represents an improvement on the CQC's previous inspection in November 2019, when the ED at PRUH was rated 'Inadequate' for being safe, responsive and well-led – and 'Requires Improvement' for being effective and caring.
- 3.9 During their recent inspection, the CQC found that the ED at PRUH had the right number and mix of skilled staff, and that infection control measures were being followed. The inspection team also found that steps had been taken to improve the facilities in which patients with mental health needs were seen and treated. They also said that the ED at PRUH worked well with other organisations to protect patients from abuse. The CQC also said that staff treated patients with compassion and kindness, and that managers within the service were visible and approachable. Whilst there is still much work to do, it is a positive sign that we are improving.
- 3.10 The DH inspection report is likely to be published in September 2021.
- 3.11 Following an inquest on the 4th August 2021, the coroner indicated that he intended to make a regulation 28 Preventing Future Death's report in respect of the death of a patient at the PRUH. The patient was admitted following a fall at home in January 2021. The patient suffered a further fall on the ward and the coroner is understood to have raised concerns relating to fall risk assessment completion, call-bell responsiveness, and staffing levels. The patient developed pneumonia and died following an operation to address the injuries caused by the fall.

4.0 Operational Performance for the period M1 to M4 inclusive

- 4.1 The effects of the first and second waves of COVID-19, and the resultant reduction in elective activity to enable us to meet the in-patient demands of our COVID-19-related patient admissions, has generated a distorted elective waiting list profile for diagnostics and elective treatment. This has also meant that there are significantly increased numbers of patients waiting longer than the national Referral to Treatment (RTT) target (18 weeks), and in some cases, patients are waiting over two years for treatment.
- 4.2 The Foundation Trust is maintaining a clinically-led system whereby our waiting list management protocols prioritise the safe delivery of urgent and emergency pathways first and foremost. In addition, we have deployed enhanced clinical prioritisation protocols and clinical harm assessment methods to enable us to treat Clinical Priority 2 (P2) patients, including cancer patients, as the first elective priority. Our P3 and P4 long waiting patients are then treated as the next priority, dated in order of longest wait first – with checks in place across SEL to ensure there is equitable access across the sector.
- 4.3 Alongside our elective commitments, the Foundation Trust continues to respond to the changing levels of COVID-19 positive admissions demand. At the start of this financial year (April 2021) there were 70 COVID-19 positive patients occupying our beds across all the in-patient sites, with 46 in our general and acute (G and A) ward beds, and 24 patients in Intensive Care Unit (ICU) beds. This reduced to a baseline of circa 30 COVID-19 positive patients occupying our beds from the middle of May to the end of June 2021.
- 4.4 Since the beginning of July, the Foundation trust has seen a surge in the number of daily COVID-19 patients being admitted to both the Denmark Hill and PRUH sites with a peak of 100 COVID-19 patients occupying beds on 2 August (85 patients in G and A beds, and 15 patients in ICU beds). This has showed subsequent signs of stabilising, and the volume is 94 patients at the time of writing. We continue to undertake daily monitoring of population case volumes and conversion to hospital admission, via which our COVID-19 modelling generates a dynamic bed forecast to ensure we have significant forewarning should a genuine third COVID-19 wave in admissions take place. In parallel, the Foundation Trust has introduced a real-time tracker for monitoring positive Respiratory Syncytial Virus (RSV) and lower respiratory tract infection to detect any risk in altered bed demands for paediatric in-patients.

Referral to Treatment (RTT)

- 4.5 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 Wave Two peak in COVID-19 demand. There are now 63,126 patients waiting on the Foundation Trust's RTT waiting list at the end of July 2021 compared to 61,635 patients waiting at the end of March 2021.
- 4.6 As a result of implementing our elective recovery programme of work, the number of patients in the 18+ week backlog has reduced from 21,670 in March to 14,948 at the end of July. This gives a compliance level of 76.32%, against the constitutional standard of more than 92.0% of patients waiting less than 18 weeks.

- 4.7 Despite the growth in waiting list size, the Trust stabilised the number of patients waiting 52+ weeks by March at 6,788. Since then, this volume of patients waiting over 52 weeks for treatment has reduced by over 5,000 patients to 1,757 patients at the end of July 2021. The largest reductions have been delivered in Dental specialties (-2482 fewer patients waiting), Ophthalmology (-1,371) and General Surgery (-430) for this time period.

I am sure the Board of Directors will join me in thanking our colleagues for all their superb and continued efforts to reduce the major backlogs in elective patient care.

Emergency Care Standard

- 4.8 A&E attendance volumes have increased consistently since January 2021 and have now returned to the pre-COVID-19 baseline range.
- 4.9 Performance at Trust level (all attendance types):
- 67.90% in July 2021 compared to 70.78% in June 2021 (95% target).
- 4.10 Performance at site level (all attendance types):
- 61.33% in July 2021 compared to 64.10% in June 2021 at Denmark Hill.
 - 75.46% in July 2021 compared to 78.51% in June 2021 at the PRUH

Diagnostic waiting times

- 4.11 Through focussed recovery schemes, the percentage of patients waiting greater than 6 weeks for a diagnostic test has reduced to 10.95% by the end of July 2021. This represents a reduction in the total number of patients waiting over 6 weeks, from a peak of 4,490 waiting immediately after COVID-19 Wave Two (March 21), to 1,463 waiting at the end of July '21.

Cancer

- 4.12 The 2 Week Wait standard for the Trust is 92.47% (93% target), and is 94.44% at Denmark Hill, and 90.78% at PRUH/SS sites.
- 4.13 The Trust aggregate performance for the 62 day GP referred First treatments is 78.92% (85% target). This consists of 70.65% delivered at Denmark Hill, and 86.82% at PRUH/SS sites.
- 4.14 Further detail can be found in the **Integrated Performance Report** later in this set of papers.

5.0 COVID-19 Wave Three and Vaccinations

- 5.1 The number of COVID-19 patients across the Trust has remained at around 80-100 across the Trust throughout August with the majority on the DH site. Weekly admissions have broadly matched discharges, although there are a number of long stay patients (15 as at 18 August). It is unclear whether there will be a further 'wave' of COVID-19, but at the time of writing, operational and clinical teams are planning on the basis that a 'best guess' would suggest a further wave in late September/ early October. Even without a further wave, there are significant operational challenges involved in caring for such large numbers of COVID-19 in-patients (the equivalent of three wards), whilst providing a full range of services and managing a backlog of

patients requiring elective treatment. For this reason the Trust is supporting a number of initiatives across SE London to encourage vaccine uptake amongst younger adults and 16/17 year olds. It is worth noting that very few double-vaccinated patients are being admitted and that the majority of seriously ill patients are not fully vaccinated. Plans for a further wave of COVID-19 this autumn/ winter are included within our winter plan (please see below).

- 5.2 It is expected that, across the NHS, a booster dose of COVID-19 vaccine will be offered in the autumn, possibly to be administered at the same time as the annual influenza vaccine. However, this has not been confirmed at the time of writing and details are expected in early September. We are planning to reopen Hospital Hubs for staff at both DH and PRUH. We will also retain our mass vaccination facilities at Bromley Civic Centre and the Weston Education Centre (WEC) at DH for the general public (who are expected to be called in for COVID-19 booster/ flu in priority/ age order according to the Joint Committee in Vaccination and Immunisation (JCVI) categories). We have reviewed staffing levels and have plans to be able to continue vaccinating through the winter as needed on a flexible basis (using the shared SE London staffing pool led by GST and some of our own staff).
- 5.3 Vaccination becomes mandatory for care home workers from 11 November (which means staff will have had to have received a first dose by 16 September). The consultation on mandatory vaccination for hospital staff is on-going.
- 5.4 The best long term planning assumption is that we need to be prepared to deliver an annual COVID-19 booster programme at least for staff (probably combined with flu vaccination).

6.0 Winter Planning (including influenza campaign)

- 6.1 Winter plans across the Trust (and wider SE London plans) are well-developed. As presented at the June Trust Board, these plans incorporate winter planning, the potential for further waves of COVID-19, and the expected increase in non-COVID-19 respiratory illness in children. The Emergency Planning team ran a successful winter table top exercise during August named 'Exercise Rhea'. The learning from this exercise is being incorporated into updated plans which will be finalised during September.
- 6.2 The flu campaign is expected to run alongside the COVID-19 booster programme as above. We will also offer some stand-alone flu clinics e.g. for those who have chosen not to have a COVID-19 vaccine or who have had COVID-19 vaccine separately. The Trust has access to 16,000 flu vaccines which is sufficient to cover all staff working on our sites, including contractors.
- 6.3 Given the level of concern about demand for services over the winter, the Foundation Trust is expecting to run command and control arrangements throughout the winter period on both DH and PRUH sites, providing senior leadership on site (including weekends) through a dedicated 'winter room/ Silver command'.

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

- 7.1 I have updated the Board of Directors 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.

- 7.2 I am pleased to announce that Fiona Howgego has been appointed to the substantive role of Managing Director of the APC. Fiona has been in the role on an interim basis since May 2021. Progress is being made in further formalising structures and governance for the APC, in light of recent guidance from NHSI/E and this will come to the Board for discussion later in the year.
- 7.3 The APC Chief Executives, at its recent monthly meeting (August), outlined the timescales and plans to develop a further proposal on the role, scope and purpose of the Collaborative in the coming years, the clinical governance framework required to provide leadership across the system as well as the infrastructure and resources that will be needed to support this. The group reviewed elective recovery progress as well as review the APC's response to a number of requests from the NHSI regional team to identify funding requirements in areas such as diagnostics, capital requirements, and obesity services.

8.0 Elective Recovery

- 8.1 The Trust and the wider South East London (SEL) healthcare system has committed to the principle that no patient should be waiting over two years for treatment by March 2022. A fully mitigated Trust and SEL position has been submitted to the London Region on 17 August 2021 detailing the trajectory for achieving zero waits by that deadline. Achieving this target is reliant on a range of issues including, potential further COVID-19 waves, multiple actions, capacity assumptions, patient choice, independent sector capacity uptake and NHS patient transfers.
- 8.2 Wider system support to Lewisham and Greenwich NHS Trust (LGT) is required in order to deliver this South East London commitment. KCH is planning to treat 115 Trauma and Orthopaedics and 20 Vascular Surgery patients as part of our offer of mutual aid support to LGT.

9.0 Finance

Summary of the Financial Position (Month 4)

- 9.1 For July 2021 (M04) the Trust had reported an £8.6m deficit resulting in a 'year to date' deficit of £11.7m (before adjusting for Elective Recovery Fund (ERF) payment). This is predominantly driven by incremental non-pay spend on reset and recovery seen in KFM (£2m), increased pathology activity in M1-3 (£1.5m) and a £4m reduction in Higher Education England (HEE) income as a result of a calculation error on their side.
- 9.2 ERF calculations are still subject to ongoing review and the national team have queried our inclusion of Vaccination and Testing activity. However, following a recent update, SEL has now received its full allocation for ERF for M01 (95% activity) and 90% for M02 (98% activity). For M03, the System has calculated that it will achieve 89% activity. Assuming the same level of performance as M3, the System will not meet the required thresholds to attract ERF, so at this stage we are assuming zero system income for M4-6.
- 9.3 The Trust had set a plan based on the initial calculations of achieving £12.3m ERF income for M01-3. However, following System achievement of targets, the national income calculation has been revised to £22.8m for M01-3 although the vaccination and testing income represents c£5m of this and can be classed as at risk.

- 9.4 After adjusting for the £22.8m of ERF, the Trust has a year to date surplus of £11.1m.

System Oversight Framework

- 9.5 NHS England and NHS Improvement has published a new NHS System Oversight Framework 2021/22. The new framework consists of 4 segments with segment 1 having the most earned autonomy and segment 2 being the default segment for ICSs, Trusts and CCGs. Where ICSs, Trusts and CCGs have significant support needs which may require formal intervention and mandated support, they will be placed in segment 3 or 4. They will be subject to enhanced direct oversight by NHS England and NHS Improvement (in the case of individual organisations this will happen in partnership with the ICS) and, depending on the nature of the problem(s) identified, additional reporting requirements and financial controls.
- 9.6 Mandated support consists of a set of interventions designed to remedy the problems within a reasonable timeframe. There are two levels depending on the severity and complexity of the issues:
- a. Mandated support that is led and co-ordinated by NHS England and NHS Improvement regional teams with input from the national intensive support team where requested. This level of support means automatic entry to segment 3.
 - b. Mandated intensive support that is agreed with NHS England and NHS Improvement regional teams and delivered through the nationally coordinated Recovery Support Programme. This level of support means automatic entry to segment 4.
- 9.7 The Trust has now received confirmation from NHSI/E that the Trust will be in segment 4. All Trusts which were previously in special measures will automatically enter segmentation 4, and formally transition to the Recovery Support Programme. The Chief Executive and the Chief Financial Officer are working with the national team to understand the exit criteria to move to segment 3 and to better understand what 'mandated intensive support' will mean in practice.

10.0 Workforce update

Recruitment

- 10.1 Recruitment remains at a high level. We expect to recruit 2500 new starters in 2021/22. In addition, c500 Health Education England (HEE) junior doctors will join the Trust on rotational training programmes. Our vacancy rate increased to 11.7% in July as a result of growth in our funded establishment of 112 posts. The vacancy rate is lower than the anticipated trajectory for this time of year and we are on target to meet our 10% vacancy rate target by March 2022.
- 10.2 A number of new colleagues have joined the senior leadership of the Trust. I would like to welcome Mark Preston to the Board as the new substantive Chief People Officer. Since we last met, Sophie Whelan has joined the Trust as Director of Corporate Affairs/Trust Secretary; Chris Rolfe is now our substantive Director of Communications; and Funmi Onamusi has joined as our substantive Director of Equality, Diversity and Inclusion. I am delighted to inform the Board of Directors that these appointments now mean that all Board-level Directors are permanent and substantive.

Project Search

- 10.3 The Trust is collaborating with Project SEARCH and Lambeth College on a programme to help young people with learning disabilities and autism gain the skills and experience needed to move into employment. This is an exciting opportunity to support young people in Lambeth. We have recruited eight interns who will each undertake three supported work placements over the course of the academic year starting in September. A similar programme will be launched at the PRUH, working in conjunction with Bromley Council and Bromley College. A large number of departments have offered to host interns. I am absolutely delighted that we are participating in such worthy programmes, as I worked closely with project SEARCH during my previous role as CEO of Bradford Teaching Hospitals.

NHS Pay Increase

- 10.4 The government has accepted the recommendations of the NHS Pay Review Body and agreed a 3 per cent uplift. The new pay rates and backdated arrears will take effect on 24 September 2021.

Annual leave payments for people who do regular overtime

- 10.5 The Trust will backdate increased annual leave payments to 1300 people in September to take into account regular overtime payments received in 2019/20 and 2020/21. This implements an NHS Staff Council agreement that follows the Supreme Court decision on *East of England Ambulance Services NHS Trust v Flowers*. The value of the additional payments is £450,000. The payments will be centrally funded.

Health and Wellbeing and Staff Recovery

- 10.6 This section provides an update on health and wellbeing and our staff recovery programme. The programme ranges from “thank-you” events through to mental health support and management training. Our health and well-being support programme has been shortlisted for the HPMA (Healthcare People Management Association) Excellence in People Awards. The awards ceremony takes place on 7 October.
- 10.7 By July 2021, 810 people had either attended or signed up for future sessions of the ‘*REACT Mental Health*’ training course. The course, which until now has been delivered by March on Stress, equips managers with the tools to have positive mental health conversations with their staff. *March on Stress* will continue to deliver the course until September. 44 staff have attended a train the trainer programme which will enable us to run in-house sessions as part of our standard suite of management training.
- 10.8 The Foundation Trust continues to offer everyone a ‘*Reflect and Reconnect*’ conversation as part of the annual appraisal discussion. These conversations provide people with the opportunity to reflect on the past 18 months and to signpost them to resources for support where needed.
- 10.9 From September 2021, people will be able to obtain rapid access to a mental health assessment with a clinician at South London and the Maudsley (SLaM) through the South East London ICS mental health and wellbeing portal.

- 10.10 We continue to run virtual Schwartz rounds, with over 250 attendees to date, and further rounds planned each month. Speakers have ranged from executives to healthcare assistants. Feedback from attendees has been overwhelmingly positive.
- 10.11 As a token of appreciation for the way members of the team have kept our services running, our patients cared for, and our colleagues and community safe, the Trust has been able to give an extra day's leave to all staff to celebrate their birthday. To date, more than 2000 staff have taken their birthday leave.
- 10.12 As we continue on the roadmap out of lockdown, we recognise that staff will want to travel abroad to visit friends and relatives and take holidays. In order to support people through confusing rule changes on international travel we have established a well-publicised Staff Travel Advisory Service.

11.0 Equality, Diversity and Inclusion

- 11.1 The launch of the new Trust Strategy builds on our commitment to ensure that Equality Diversity and Inclusion (EDI) is at the heart of everything that we do.
- 11.2 The EDI team has been focused on the delivery of the following priorities during July:
- A high level action plan was developed and shared with members at King's Executive. The key drivers for our plan include the following and all our activity and efforts over the next 5.5 months will be aligned to these pillars to ensure that we maximise impact and these include:
 - Raising awareness of EDI across the Trust.
 - Improving our processes / Embedding Diversity and Inclusion.
 - Engaging our leadership to take an active role supporting a culture of inclusion.
 - Creating and publishing an EDI 2022 -2026 roadmap.
 - Developed and launched an inclusion calendar aimed at promoting and showcasing local, national and global religious and cultural events to foster an inclusive culture across the Trust. The inclusion calendar is accessible as a printable download and also an electronic version via Outlook. Teams and departments have been encouraged to share these calendars and use them as part of their team meetings to celebrate key events and increase a sense of belonging.
 - The EDI section on the King's website has been refreshed with new content that aligns with the Trust strategy. It has been updated to reflect the breadth of EDI reporting, information on our staff networks, the launch of the inclusion calendar and contact for the team.
 - An EDI specific workshop was delivered to the Liver Care Group as part of their away day and an EDI induction was delivered to of Health Care Assistants.
 - The staff networks continue to gain visibility and grow as they engage with their members and undergo leadership changes. The EDI team has supported the recruitment of the BAME network chair and has now initiated recruitment to the role of chair(s) of King's Able.

- The Equalities Risk Assessment Framework was ratified at King's Executive and this will replace the previous Equalities Impact Assessment. This update will enable the Trust to assess the risk posed from every policy, decision and service improvement change on people from protected characteristics through an equalities lens.
- The Trust held its third and final workshop exploring Religious identity in the workplace which was facilitated by external researchers from the University of Surrey. This will form part of a large research piece and will be reported back to the Trust and the four other Trusts taking part in the autumn.
- EDI questions were drafted and included as part of the quarterly pulse surveys.

11.3 During August, there were a number of key activities planned and delivered and these included the following:

- Establishing statutory reporting and analysis including Gender Pay Gap, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard.
- Refreshed the EDI content on the intranet to make the platform a 'one stop shop' for all things EDI, including team contact details, advice and guidance information, EDI reports and action plans and EDI policies.
- Planning underway for a series of three EDI awareness days in September to coincide with National Inclusion Week. These will include one day each at Denmark Hill, PRUH and Orpington and will include a range of activities and information to: increase EDI awareness and visibility of the EDI team; gain people and patient insight on what is needed to create an inclusive experience; and to celebrate National Inclusion Week.
- The EDI held an engagement and listening event with Nursing and Midwifery team on 12 August and was well-attended with approximately 55 staff in attendance. This was a great opportunity to introduce the EDI team, share plans for the coming months and to listen to views on EDI.
- A pathways mapping session was undertaken as part of a collaborative exercise between EDI, Freedom to Speak Up and Employee Relations to develop clear pathways for staff in the event of a poor staff experience. The outputs of this will be communicated to staff during the EDI awareness days planned.
- The EDI team continues to respond to, and engage with, different parts of the organisation as queries relating to poor experience, advice and guidance come into the team.

12.0 Board Committee Meetings since the last Board of Directors Meeting (10th June 2021)

Bromley Committee	17 th June 2021
Board Development Session	17 th June 2021
Audit Committee	22 nd June 2021
Board Meeting (Annual Report and Accounts)	29 th June 2021
Audit Committee	1 st July 2021
Governor Strategy Committee	1 st July 2021
Board Meeting in Committee	8 th July 2021
Finance and Commercial Committee	22 nd July 2021
Major Projects Committee	22 nd July 2021
Quality, People and Performance Committee	29 th July 2021
Governor Patient Engagement and Safety Committee	2 nd September 2021

13.0 Good news stories

- 13.1 **PRUH ED upgraded from 'Inadequate' to 'Requires Improvement'** - The Bromley News Shopper and Southwark News reported on news that the Emergency Department at Princess Royal University Hospital has had its rating upgraded from 'Inadequate' to 'Requires Improvement' by the Care Quality Commission. Professor Clive Kay, Chief Executive described the news as 'a positive step forward'.
- 13.2 **King's nurse nominated for top award** - A King's nurse has been nominated by a teenage patient for a prestigious award after the junior sister's care and kindness helped the young woman turn her life around. Orna Carey is one of six nurses who have been named finalists in the Patient's Choice category of the RCN Nursing Awards.
- 13.3 **Man whose heart stopped for three hours makes full recovery** - BBC South East and the Evening Standard reported on the case of patient Paul Curtis, who was transferred to King's by air ambulance for ECMO treatment following a kayaking accident. Dr Malcolm Tunnicliff, emergency medicine consultant at King's, explained how the chain of survival saved Paul's life
- 13.4 **King's staff discuss COVID-19 response on BBC News (national)** - The BBC's Hugh Pym reported on the rise of younger, unvaccinated or partially vaccinated patients being admitted to King's with respiratory problems resulting from COVID-19. He spoke to Dr Jimstan Periselneris, respiratory consultant; Ben Bowthorpe-Weller, iMobile nurse; Lorrie Lawton, ED Head of Nursing; and a young patient admitted with breathing difficulties.
- 13.5 We also granted filming access to **BBC London**, who reported on the same story described above. They interviewed Professor Clive Kay, Chief Executive; Dr Jimstan Periselneris, respiratory consultant; Helen Fletcher, deputy director of nursing; Dr Emer Sutherland, consultant in emergency medicine; and a patient in his thirties who had developed COVID-19 related blood clots.
- 13.6 **Praise for wellbeing initiatives at King's** - BBC London reported on the success of wellbeing initiatives being used at King's to support staff as they continue to treat high numbers of patients with COVID-19. Wellbeing team leader, Tracie Culpitt and

nursing colleagues from Toni and Guy ward including Kevin Farrell, Sophie Brown and Siobhan Clarke were interviewed.

- 13.7 **King's staff urge pregnant women to get COVID-19 vaccine** - Dr Leonie Penna, Chief Medical Officer and Consultant Obstetrician, and Tess Dunning, Lead Midwife, were interviewed by BBC and ITV News (national) about the importance of pregnant women getting the COVID-19 vaccine.
- 13.8 **David Furnish thanks King's Sexual Health and HIV team** - Canadian filmmaker and husband to Sir Elton John, David Furnish, thanked our sexual health and HIV team for their work on HIV Emergency Department testing. David said: "Your work at King's College Hospital has been fantastic, undertaking over 100,000 tests in the Emergency Department... and over 100 people have been brought into care."
- 13.9 **King's Facilities Management (KFM)** - KFM has been announced as a finalist in the CIPS Excellence in Procurement Awards 2021. KFM's award entry highlighted collaboration with King's College Hospital to support the Trust's response to the COVID-19 pandemic. Winners will be announced on 22 September 2021.
- 13.10 **PRUH nominated for Municipal Journal Award** – the PRUH has been nominated, along with our Bromley partners, for an MJ Award for their integrated community and acute response for COVID-19. The shared discharge to assess model, still in place today, has saved over 11,500 bed days during the pandemic. The MJ local government awards celebrate the best in public services.
- 13.11 **King's maxillofacial surgeon made Professor** – Miss Kathy Fan has been made a Professor of Oral and Maxillofacial Surgeon by King's College London. Professor Fan is based at our Denmark Hill site, and treats patients for conditions affecting the mouth, jaws, face and neck.
- 13.12 **King's Professor appointed to key role at King's College London** - Professor Ajay Shah has been appointed as Executive Dean of the Faculty of Life Sciences and Medicine at King's College London. Professor Shah is a Consultant Cardiologist based at our Denmark Hill site.
- 13.13 **King's teams shortlisted for Nursing Times awards** - Two of our nursing teams have been shortlisted in the Nursing Times Awards. Our Musculo-skeletal (MSK) pain team at Queen Mary's Hospital, Sidcup have been nominated for the Patient Safety Improvement Award - and our Surgical Ambulatory and Assessment Unit team at Princess Royal University Hospital, Bromley are shortlisted in the Surgical Nursing category. The winners will be announced in October.
- 13.14 **Cancer team shortlisted for top awards** – Our cancer team based at Denmark Hill has been shortlisted as a finalist in both the 2021 Patient Experience Network National Awards (PENNA) and Patient Safety Awards. Both awards recognise and celebrate teams and organisations which have taken major steps to improve the experience of patients with cancer.

APPENDICES**Appendix 1: List of Consultant appointments**

AAC Date	Name of Post	Appointee	Post Type New / Replacement	Start Date	End Date
17/03/2021	Consultant Dermatologist	Dr Fiona Suzanne Worsnop	Replacement	19/07/2021	Permanent
23/03/2021	Consultant Haematopathologist with a Special Interest in Malignant Haematopathology	Dr Liron Barnea Slonim	New	19/07/2021	Permanent
06/07/2021	Consultant Obstetrician and Gynaecologist	Dr Kuhan Rajah Dharmarajah	Replacement	15/07/2021	Permanent
13/07/2021	Consultant Urologist	Mr Paul Sturch Mr Sanjith Gnanappiragasam	Replacement	TBC TBC	Permanent
23/07/2021	Consultant in Emergency Medicine	Dr Imran Shareef	Replacement	TBC	Permanent
Honorary	Honorary Consultant Haematologist	Dr Robin Martin Ireland	Honorary	01/07/2021	30/06/2023
Honorary	Honorary Consultant Radiologist	Dr Liyanaarachchige Kishan Dissanayake	Honorary	12/07/2021	06/07/2022
Honorary	Honorary Consultant in Fetal Medicine	Dr Makrina Savvidou	Honorary	12/07/2021	11/07/2024
Honorary	Honorary Consultant Haematologist	Dr Charlotte Elizabeth Graham	Honorary	20/07/2021	30/06/2024

Honorary	Honorary Consultant Obstetrics	Ms Smriti Kuntal	Honorary	30/07/2021	29/07/2023
Locum Consultant	Locum Consultant Neuroradiologist	Ahmed Hassan Mohamed Elzeki Hammam	Replacement	08/07/2021	07/07/2022
Locum Consultant	Locum Consultant Haematologist with a Special Interest in Myeloid Diseases	Dr Sahera Awad Ali	Replacement	19/07/2021	19/01/2022
21/07/2020	Consultant in Critical Care	Dr Michael Berry	Replacement	07/06/2021	Permanent
08/09/2020	Consultant in Paediatric Respiratory Medicine	Dr Dominic Alan Hughes	New	07/06/2021	Permanent
17/02/2021	Consultant Paediatrician with a Special interest in safeguarding children and young people and/or forensic medicine	Dr Briony Claire Arrowsmith	Replacement	14/06/2021	Permanent
04/06/2021	Consultant Haematologist with a special interest in General Haematology and Consultative Haematology	Dr Muhammed Mansour Ceesay	Replacement	16/08/2021	Permanent
08/06/2021	Consultant Paediatric Neurologist	Dr Jonathan Gadian - Post 1, epilepsy and brain tumour focus Dr Marietta Pal-Magdic – Post 2, neurodisability focus	Replacement	TBC TBC	Permanent
11/06/2021	Consultant Hepatologist	Dr Nicola Eve Owen	New	TBC	Permanent
22/06/2021	Consultant Neuropsychiatrist with a special interest in brain injury	Dr Michael David Dilley	New	TBC	Permanent

25/06/2021	Consultant General Paediatrician With Ambulatory Interest	Dr Nia Williams (Ambulatory)	Replacement	TBC	Permanent
	Consultant General Paediatrician and Deputy Safeguarding Lead	Dr Kafayat Busari (Safeguarding)		TBC	
Fixed term	PT 2 PAs Medical Examiner	Dr Yasmin Katy Kapadia	New	21/06/2021	27/06/2024
Honorary	Honorary Consultant Haematologist	Dr Katie Mairwen Greenwood Snape	Replacement	01/06/2021	31/05/2024
Honorary	Honorary Consultant in Pathology	Dr Marc Ooft	Honorary	11/06/2021	10/06/2024
Honorary	Honorary Consultant Gastroenterologist	Dr David Michael Reffitt	Honorary	23/06/2021	22/06/2023
Locum Consultant	Locum Consultant Translational Gastroenterology	Dr Polychronis Pavlidis	New	01/06/2021	28/02/2022
Locum Consultant	Locum Consultant Cardiologist	Dr Daniel Ian Bromage	Replacement	08/06/2021	07/06/2022
Locum Consultant	Locum Consultant Nephrologist	Dr Alfredo Petrosino	Replacement	25/06/2021	24/06/2022

Integrated Performance Report

Month 4 (July) 2021/22
Board Committee

9 September 2021



Report to:	<i>Trust Board Committee</i>
Date of meeting:	<i>9 September 2021</i>
Subject:	<i>Integrated Performance Report 2021/22 Month 4 (July)</i>
Author(s):	<i>Adam Creeggan, Director of Performance & Planning; Steve Coakley, Assistant Director of Performance & Planning;</i>
Presented by:	<i>Jonathan Lofthouse, Site Chief Executive – PRUH & South Sites</i>
Sponsor:	<i>Jonathan Lofthouse, Site Chief Executive – PRUH & South Sites</i>
History:	<i>None</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 July 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 M4 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 4

QUALITY

- Summary Hospital Mortality Index (SHMI) improved slightly from 95.3 to 94.5 – but better than the expected index of score of 100.
- HCAI:**
 - Zero MRSA bacteraemia cases reported in July. (1 case YTD)
 - 6 new VRE bacteraemia cases reported in July, 26 cases YTD which is below the target of 28 cases;
 - E-Coli bacteraemia: 8 new cases reported in July, 30 cases YTD which is just below the target of 31 cases;
 - 10 new C-difficile cases reported in July, 41 cases YTD which is above the quota of 40 cases.
- FFT ED patient recommendation scores have reduced to their lowest over the past 13 months to 71.4% in July, and below the 76.4% target.
- There were 20 complaints received in July rated as high/severe which is the highest monthly received over the last 13 months.

PERFORMANCE

- Trust A&E/ECS compliance reduced further from 70.78% in June to 67.90% in July. By Site: DH 61.33% and PRUH 75.46%.
- Cancer:
 - Treatment within 62 days of post-GP referral is not compliant but improved to 80.79% for July (target 85%).
 - Treatment within 62 days following screening service referral is not compliant at 75.00% for July (target 90%).
 - The two-week wait from GP referral standard reduced to 92.46% (target 93%) for July.
- Diagnostics: performance improved by 3.77% to 10.76% of patients waiting >6 weeks for diagnostic test in July (National target <1%).
- RTT incomplete performance improved by 1.05% to 76.32% in July (target 92%).
- RTT patients waiting >52 weeks reduced by a further 538 cases to 2,295 cases in July, compared to 2,8952 cases in June.

WORKFORCE

- The FY2021/22 appraisal window re-opened in April, and the Appraisal rate for non-medical staff improved to 50.06% for July. Medical staff appraisal rate improved to 87.36% for July.
- There has been an increase in the sickness rate for July, from 3.57% in June to 3.73% in July. COVID-19 related sickness has also rise from 0.30% to 0.55% respectively.
- There has been a general raise in compliance which has improved month on month since May to 88.67% in July. By staff group, consultant compliance for July stands at 92%.
- The Trust vacancy rate has seen a further increase to 11.71% in July, albeit this is reflective of an establishment rise of 112 posts. The Trust voluntary turnover rate for July is reported as 11.50% which is a very slight decrease from 11.52% in June, albeit this is still a significant reduction from July 2020 which was reported at 13.10%.

FINANCE

- The Trust has reported a £8.6m deficit for M04 resulting in a YTD deficit of £11.7m (before adjusting for £22.8m ERF). This is largely the result of incremental reset and recovery activity and reduced HEE funding (£4m). The Trust will look to recover this through ERF.
- Operating income** – YTD variance includes expected £3.1m NHSE income for drugs over performance relating to cystic fibrosis and cancer drug fund. The Trust has also accounted £3.8m YTD income for patient testing carried out by Viapath.
- Employee expenses** - the current months run-rate has remained stable here. The Trust has accounted YTD costs in relation to COVID (£0.3m), recovery and reset (£1.3m), and mass vaccination (£1.3m).
- Operating expenses** - the Trust has received an update in respect of out of scope disputed KFM charges (£0.8m) which has now been settled. A further two contract change notices from KFM had also been received which are now settled relating to; MRI scanner activity (£0.3m) and ophthalmology (£0.2m).

NHSi Dashboard - Strategic Oversight Framework

NHSi Dashboard

Domain	Indicator	Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend
		May 21	Jun 21	Jul 21	F-YTD Actual	May 21	Jun 21	Jul 21	F-YTD Actual	May 21	Jun 21	Jul 21	F-YTD Actual	
A&E	A&E Waiting times - Types 1 & 3 Depts (Target: > 95%)	70.67%	64.10%	61.33%	67.75%	83.59%	78.51%	75.46%	80.38%	76.72%	70.78%	67.90%	73.65%	
RTT	RTT Incomplete Performance	69.47%	73.67%	75.00%	70.73%	73.42%	78.51%	79.11%	74.67%	70.79%	75.27%	76.32%	72.04%	
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%)	95.79%	95.66%	94.12%	94.60%	90.46%	93.01%	90.71%	90.26%	93.21%	94.38%	92.46%	92.48%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: > 93%)			100.00%	60.00%	94.23%	100.00%	82.67%	88.11%	94.23%	100.00%	82.89%	87.50%	
	31 days diagnosis to first treatment (Target: >96%)	86.84%	89.21%	89.47%	87.53%	100.00%	97.22%	94.12%	95.74%	90.74%	90.86%	90.81%	89.81%	
	31 days subsequent treatment - Drug (Target: >98%)	92.59%	96.55%	95.83%	90.48%		50.00%	100.00%	80.00%	92.59%	93.55%	96.00%	90.00%	
	31 days subsequent treatment - Surgery (Target: >98%)	73.17%	86.21%	80.00%	74.83%	75.00%	100.00%	100.00%	68.75%	73.33%	88.57%	80.65%	74.21%	
	62 days GP referral to first treatment (Target: >85%)	60.95%	73.87%	75.44%	69.21%	86.36%	81.67%	90.00%	82.94%	70.35%	75.72%	80.79%	74.06%	
	62 days NHS screening service referral to first treatment (Target: >90%)	65.79%	78.43%	75.00%	71.52%	100.00%	100.00%	75.00%	82.76%	72.92%	80.70%	75.00%	73.33%	
Patient Safety	Clostridium difficile infections (Year End Target: xx)	2	10	6	24	3	4	4	17	5	14	10	41	

A&E 4 Hour Standard

- A&E performance was non-compliant in July at 67.90%, below the national target of 95% and reduced by 2.88% compared to 67.90% performance achieved in June 2021.

Cancer

- The latest interim 62-day performance for patients referred by their GP for first cancer treatment improved by 5.07% from 75.72% reported for June 2021 to 80.79% in July, but below the national target of 85%.

RTT

- RTT performance is validated at 76.32% for July which is a further improvement of 1.05% compared to 75.27% performance achieved in June.

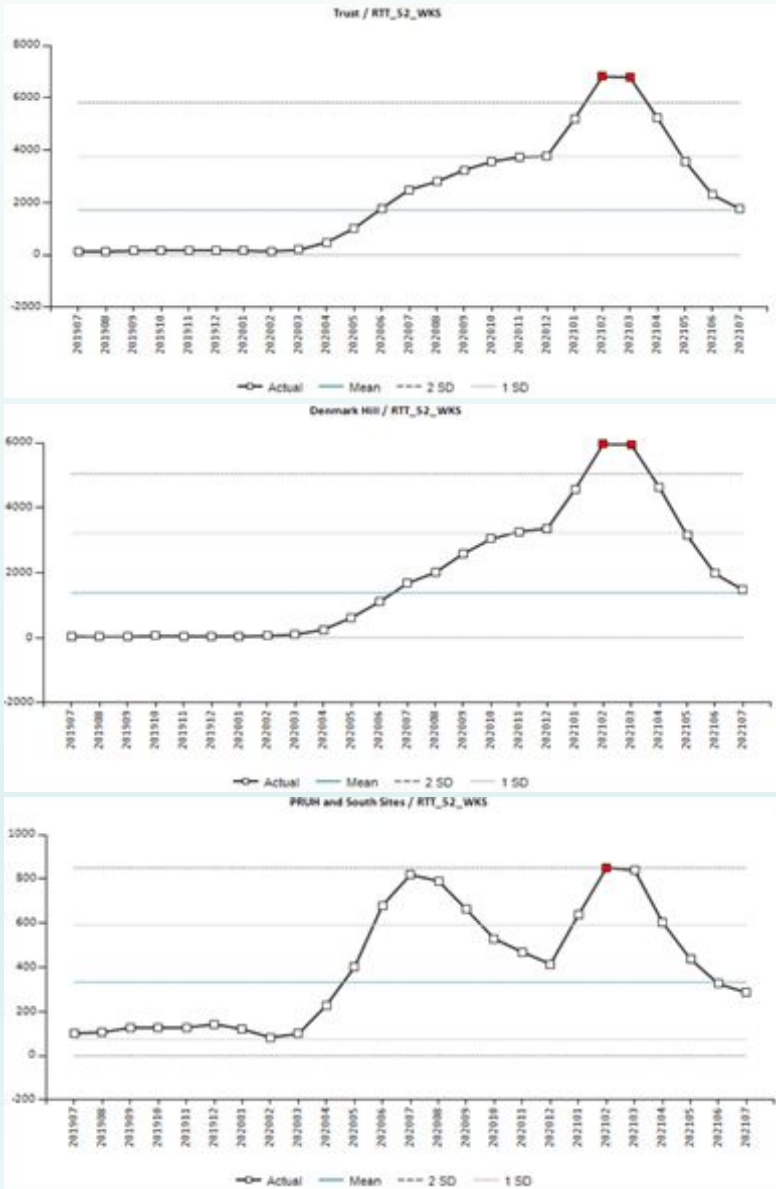
C-difficile

- There were 10 Trust attributed cases of C-Difficile in July 2021, 4 cases YTD which is above the cumulative YTD target of 40 cases.

Selected Board Report NHSi Indicators

Statistical Process Control Charts for the last 25 Months Jul-19 to Jul-21

RTT Incomplete Pathways

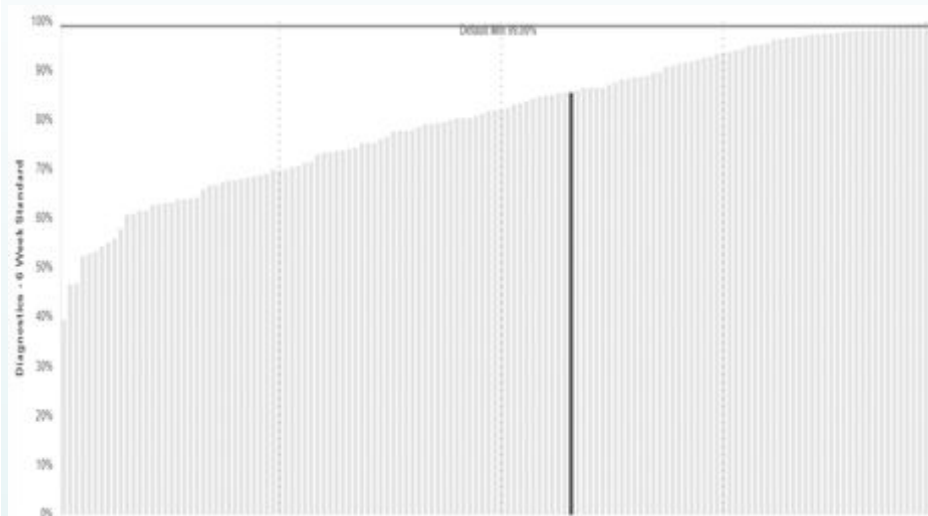


Cancer: 62 day standard

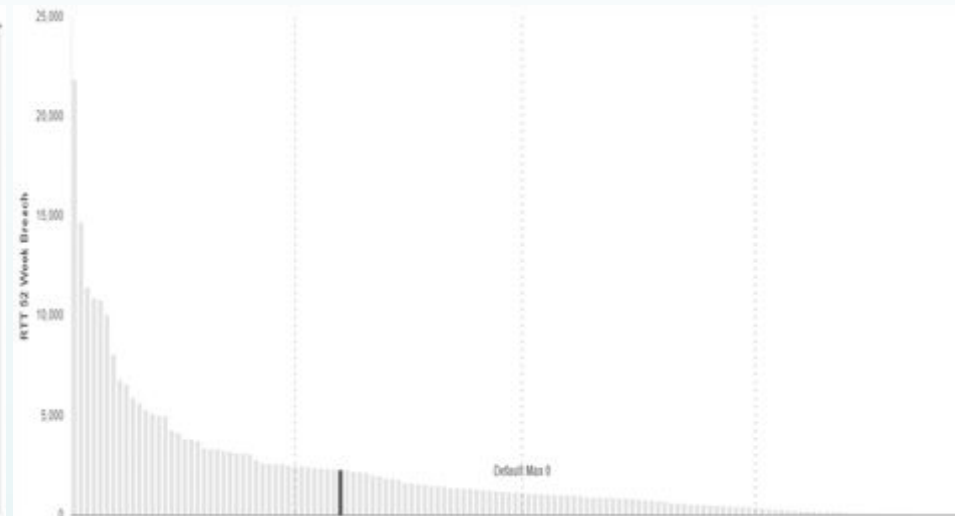


Selected Board Report NHSi Indicators

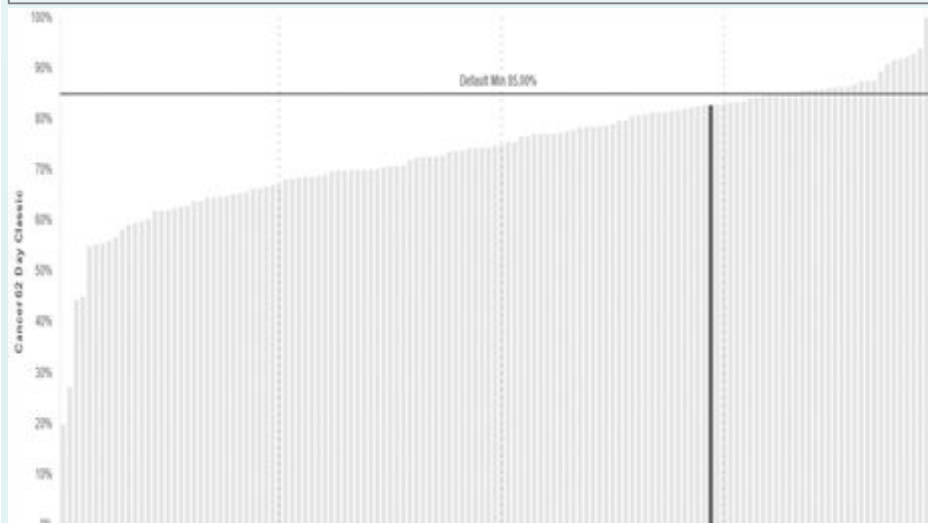
Based on data published from 'Public View'



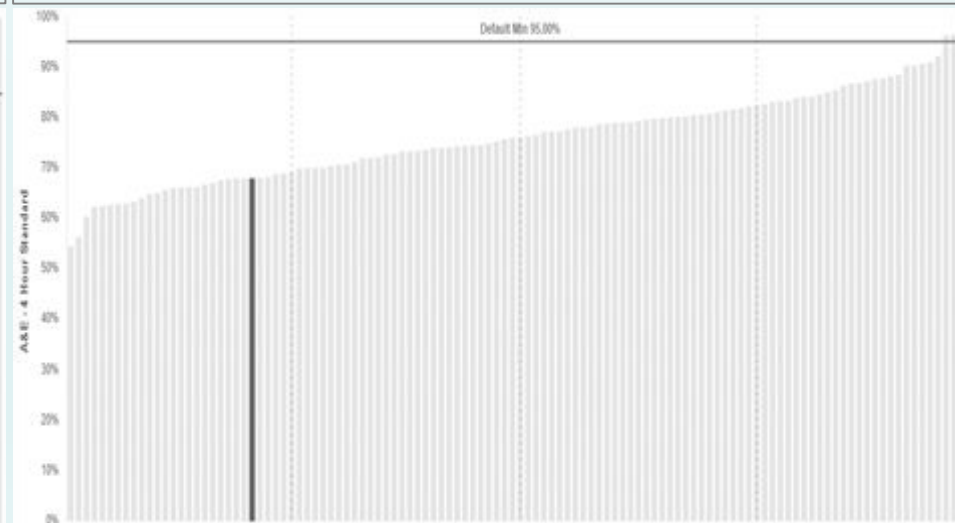
The chart above shows the national ranking against the DM01 diagnostic 6 week standard. Kings is ranked 73 out of 138 selected Trusts, based on latest Jun 2021 data published.



The chart above shows the national ranking against the RTT 52 week standard. Kings is ranked 98 out of 139 selected Trusts, based on latest Jun 2021 data published.



The chart above shows the national ranking against the cancer standard for patients receiving first definitive treatment within 62 days of an urgent GP referral. Kings is ranked 36 out of 136 selected Trusts, based on latest Jun 2021 data published.



The chart above shows the national ranking against the 4 hour Emergency Care Standard. Kings is ranked 111 out of 134 selected Trusts, based on latest July 2021 data published.

Safety Dashboard

Safe

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend	
		May 21	Jun 21	Jul 21	F-YTD Actual	May 21	Jun 21	Jul 21	F-YTD Actual	May 21	Jun 21	Jul 21	F-YTD Actual		
CQC level of inquiry: Safe															
Reportable to DoH															
2717	Number of DoH Reportable Infections	45	69	53	205	7	10	10	35	53	82	65	246		
Safer Care															
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.13	0.07	0.07	0.07	0.49	0.18	0.23	0.33	0.26	0.11	0.13	0.16		
1897	Potentially Preventable Hospital Associated VTE	1	0	3	5	2	1	0	5	3	1	3	10		
538	Hospital Acquired Pressure Ulcers (Grade 3 or 4)	0	0	1		0	0	0		0	0	1			
945	Open Incidents										36		36		
Incident Reporting															
520	Total Serious Incidents reported	4	3	3	17	11	5	10	37	15	9	14	56		
516	Moderate Harm Incidents	17	13	19	66	15	7	8	52	32	22	29	122		
509	Never Events	0	0	0		1	0	0	1	1	0	0	1		

HCAI

- There were no MRSA bacteraemia cases reported for July this year - the last case was reported last month in June 2021 on the Denmark Hill site.
- 6 new VRE bacteraemia cases reported in July and there are now 26 cases YTD which is below the cumulative target of 28 cases.
- E-Coli bacteraemia: 8 new cases reported in July, 30 cases YTD which is just below the cumulative target of 31 cases.
- 10 Trust attributed cases of c-Difficile in July, 41 cases YTD which is above the cumulative target of 40 cases.

Complaints

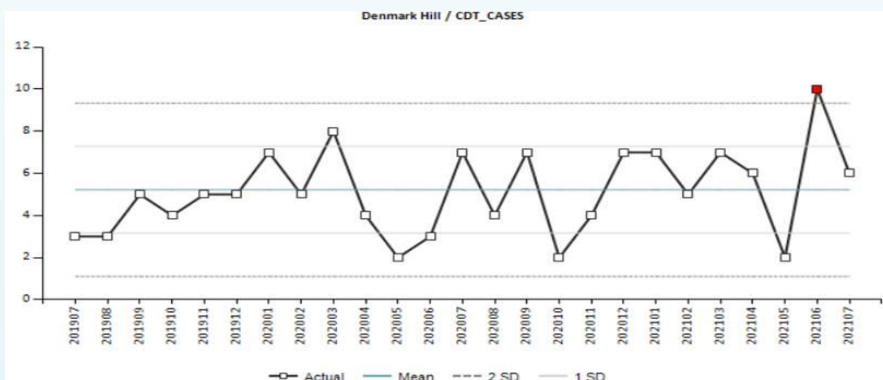
- There were 20 complaints received in July rated as high/severe which is the highest monthly received over the last 13 months.

Pressure Ulcers

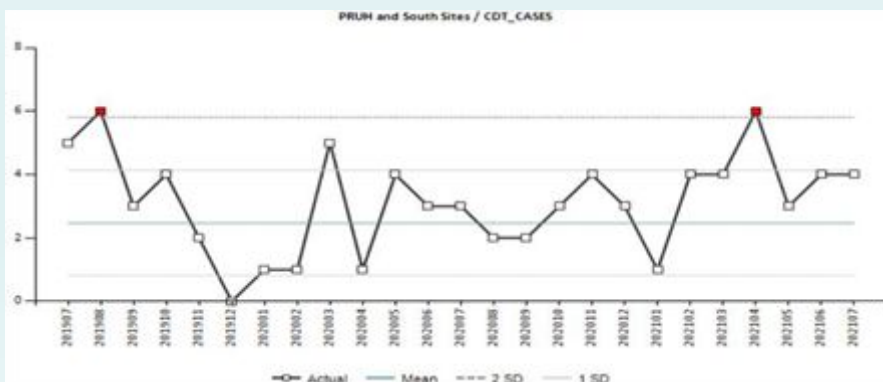
- One hospital-acquired grade 3 pressure ulcer on Kinnier Wilson ward on the Denmark Hill site.

Denmark Hill performance:

- Executive Owner: Nicola Ranger, Chief Nurse & Executive Director of Midwifery
- Management/Clinical Owner: Ashley Flores, Director of Infection Prevention & Control

**PRUH performance:**

- Executive Owner: Nicola Ranger, Chief Nurse & Executive Director of Midwifery
- Management/Clinical Owner: Ashley Flores, Director of Infection Prevention & Control

**MRSA:**

- There were no MRSA bacteraemia cases reported for July this year - the last case was reported last month in June 2021. This last case was reported on the Christine Brown critical care unit on the Denmark Hill site.

VRE:

- 6 new VRE bacteraemia cases reported in July which includes 2 cases reported in Haematology and 1 case in Neurosciences, Renal & Urology, Critical Care and General Medicine wards. There are now 26 cases YTD which is below the cumulative target of 28 cases.

E-Coli:

- E-Coli bacteraemia: 8 new cases reported in July, 30 cases YTD which is just below the cumulative target of 31 cases.

C-Difficile:

- 10 Trust attributed cases of c-Difficile in July, 41 cases YTD which is above the cumulative target of 40 cases.
- For July there were 4 cases reported in wards at PRUH (2 cases in General Medicine and 2 cases in Surgery and Womens Health wards).
- 6 cases at DH (2 cases in Haematology and Liver & Gastro, and 1 case in Cardiovascular and an Acute Medicine ward).

Patient Experience Dashboard

Caring

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend	
		May 21	Jun 21	Jul 21	F-YTD Actual	May 21	Jun 21	Jul 21	F-YTD Actual	May 21	Jun 21	Jul 21	F-YTD Actual		
CQC level of inquiry: Caring															
HRWD															
422	Friends & Family - Inpatients	94.5%	93.2%	93.6%	93.9%	94.7%	95.2%	96.4%	95.2%	94.6%	93.9%	94.3%	94.3%		
423	Friends & Family - ED	79.9%	72.9%	70.0%	76.8%	77.1%	74.9%	74.9%	75.3%	79.2%	73.4%	71.4%	76.4%		
774	Friends & Family - Outpatients	88.4%	87.6%	88.4%	88.4%	86.9%	87.1%	90.2%	87.9%	87.9%	87.4%	88.8%	88.2%		
775	Friends & Family - Maternity	93.0%	94.9%	87.5%	92.1%	95.8%	88.9%	96.7%	94.6%	94.2%	92.7%	90.2%	93.3%		
Complaints															
619	Number of complaints	54	64	74	254	27	29	28	108	83	97	106	376		
Operational Engagement															
620	Number of complaints not responded to within 25 Days	43	48	40	184	20	27	22	91	67	75	68	285		
3119	Number of PALS enquiries – unable to contact department									36	40	38	139		
Incident Management															
660	Duty of Candour - Conversations recorded in notes	95.2%	90.9%	85.0%	90.6%	88.9%	90.9%	100.0%	93.7%	93.0%	89.3%	84.2%	89.5%		
661	Duty of Candour - Letters sent following DoC Incidents	90.5%	90.9%	90.0%	90.6%	100.0%	72.7%	100.0%	93.7%	95.4%	82.1%	86.8%	90.2%		
1617	Duty of Candour - Investigation Findings Shared	4.8%	9.1%	10.0%	12.5%	5.6%	9.1%	0.0%	11.1%	4.7%	7.1%	5.3%	11.1%		

- **FFT - A&E:** Continuing downward trend with overall Trust score reducing from 73.4% in June to 71.4% in July. The DH score reduced by 2.9% to 70.0% whereas PRUH remained static at 74.9%. The DH Patient Experience Group has highlighted issues in the UCC relating in particular to patients coming in with a 111 appointment and having to wait.
- **FFT – Inpatient:** Trust score improved slightly from 93.9% to 94.3% recommendation rate. DH score reduced slightly to 93.6% whereas PRUH improved by 0.8% to 96.4%, exceeding the 95.2% target.
- **FFT – Outpatients:** Trust FFT score for outpatients increased to 88.8% in July following 3 consecutive months of reducing patient scores. DH scores improved slightly to 88.4% and PRUH scores improved by 3.1% to 90.2%.
- **FFT – Maternity combined:** Overall trust combined FFT maternity score dropped by 2.5% to 90.2%. DH scores reduced by 7.4% to 94.9% in June to 87.5%. PRUH scores improved by 8.2% from 88.9% in June to 96.7% in July.

Performance Dashboard

Performance

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend	
		May 21	Jun 21	Jul 21	F-YTD Actual	May 21	Jun 21	Jul 21	F-YTD Actual	May 21	Jun 21	Jul 21	F-YTD Actual		
CQC level of inquiry: Responsive															
Access Management - RTT, CWT and Diagnostics															
364	RTT Incomplete Performance	69.47%	73.67%	75.00%	70.73%	73.42%	78.51%	79.11%	74.67%	70.79%	75.27%	76.32%	72.04%		
632	Patients waiting over 52 weeks (RTT)	3145	1970	1471	11222	437	325	286	1652	3582	2295	1757	12876		
412	Cancer 2 weeks wait GP referral	95.79%	95.66%	94.12%	94.60%	90.46%	93.01%	90.71%	90.26%	93.21%	94.38%	92.46%	92.48%		
413	Cancer 2 weeks wait referral - Breast			100.00%	60.00%	94.23%	100.00%	82.67%	88.11%	94.23%	100.00%	82.89%	87.50%		
419	Cancer 62 day referral to treatment - GP	60.95%	73.87%	75.44%	69.21%	86.36%	81.67%	90.00%	82.94%	70.35%	75.72%	80.79%	74.06%		
536	Diagnostic Waiting Times Performance > 6 Wks	12.74%	10.16%	9.30%	12.25%	47.24%	38.08%	17.73%	39.18%	19.60%	14.53%	10.76%	17.16%		
Access Management - Emergency Flow															
459	A&E 4 hour performance (monthly SITREP)	70.67%	64.10%	61.33%	67.75%	83.59%	78.51%	75.46%	80.38%	76.72%	70.78%	67.90%	73.65%		
Patient Flow															
399	Weekend Discharges	25.0%	19.0%	21.8%	21.3%	24.0%	19.6%	19.3%	20.3%	24.6%	19.2%	20.8%	20.9%		
404	Discharges before 1pm	16.6%	16.3%	15.6%	16.0%	19.4%	20.1%	21.3%	20.0%	17.9%	17.8%	17.8%	17.6%		
747	Bed Occupancy	84.2%	86.5%	86.4%	84.1%	89.5%	88.3%	90.5%	89.3%	86.1%	87.1%	87.9%	85.9%		
1357	Number of Stranded Patients (LOS 7+ Days)	321	369	314	1314	162	204	188	724	484	574	503	2044		
1358	Number of Super Stranded Patients (LOS 21+ Days)	148	160	155	601	56	59	47	227	205	220	203	833		
762	Ambulance Delays > 30 Minutes	395			766	49			83	444			849		
772	12 Hour DTAs	20	37	46	132	9	26	49	91	29	63	95	223		
Theatre Productivity															
801	Day Case Rate	77.8%	78.4%	77.7%	78.2%	83.8%	82.0%	81.1%	82.7%	80.8%	80.9%	80.1%	80.9%		

A&E 4 Hour Standard

- A&E performance was non-compliant in July at 67.90% which has reduced from the 70.78% performance achieved in June and 76.72% in May.

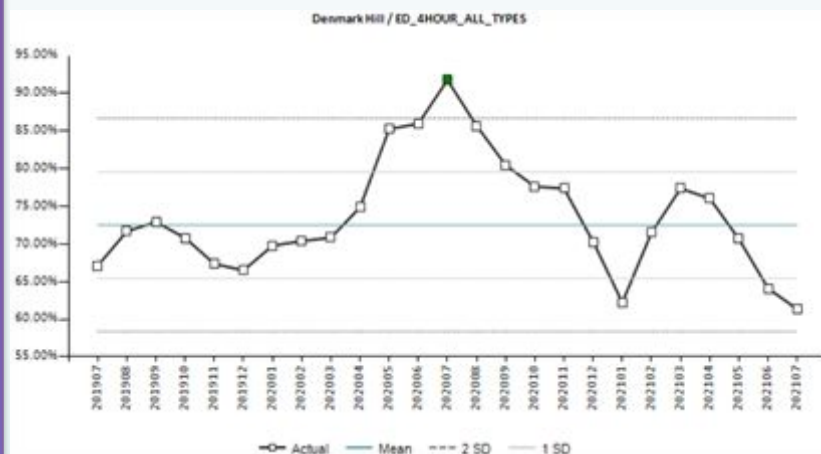
Cancer

- Treatment within 62 days of post-GP referral is not compliant but improved to 75.72% for June (target 85%), compared to 70.35% in May.
- The two-week wait from GP referral standard was compliant in May at 93.21% for May (target 93%) as well as in June at 94.38%, but has reduced to 92.46% below target in July.

Emergency Care Standard

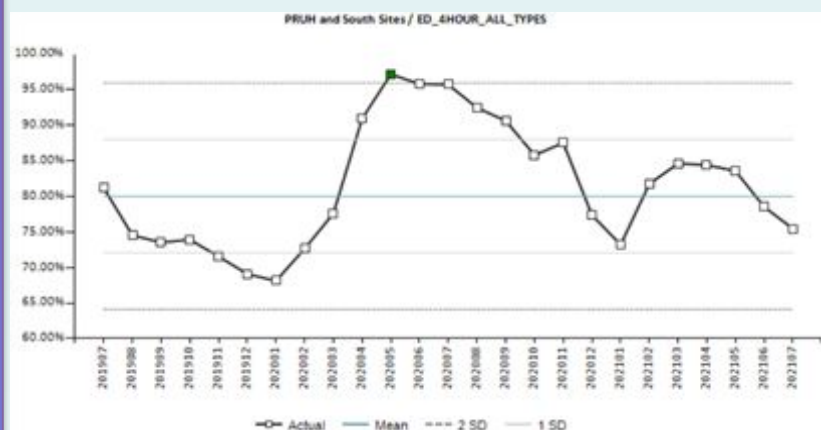
Denmark Hill performance:

- 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:

- Attendances at DH remain at pre-COVID levels, and UCC continues to be a pressure point within the department.
- ED attendances continue at increased levels at the PRUH, with many days above pre-COVID levels. This has been seen in both our Majors and UCC pathways, with peaks in attendances impacting on our performance.

DH Actions:

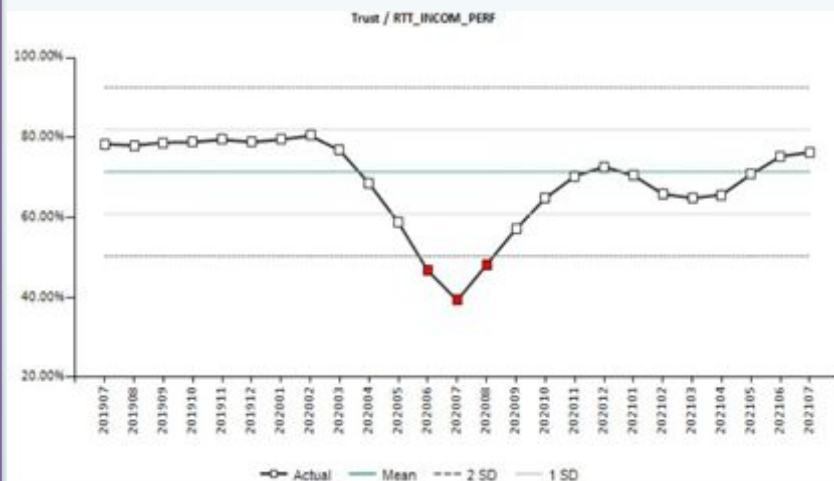
- Poor performance in ENP and GP queue, and continued deterioration in GP performance, with some sub-40% performance days for GP patients.
- Challenged nursing staffing throughout the month.
- UTC re-tender continues and is on track to be live on 4 October. Working groups are underway to agree clinical pathways.
- Refer and move for Medicine continues with improved bed waits over August.
- Improved waits for mental health beds.

PRUH Actions:

- Modular buildings:** The ED modular building was handed over earlier in July. The urgent treatment centre has a target date of 2 September for its opening. The chest unit occupied its modular building on 23 July 2021.
- Adult Medicine:** The Palliative Care Task & Finish group has scheduled its first meeting on 6th September. The service has also recruited five new juniors to HASU (provisional start dates in October) and three new juniors to Geriatrics (provisional start dates September / October).
- ED Full Capacity & Escalation:** policy being refreshed and relaunched to ensure agility of escalation at times of peak attendances and admissions.
- Mental Health:** High numbers of patients presenting in Mental Health crisis have continued, including high numbers of children and young people. Work continues at a South East London level to increase resource to support this vulnerable group of patients, with a 20 bedded short stay proposed at Oxleas House.

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:

- **DH DSU storage and patient flow:** Cluttered with no space to store clinical equipment. Admissions area lost to POA leading to late starts for afternoon lists.
- **DH POA relocation plans:** lack of capital funds delaying review of workspaces (emphasis on minor works to make clinically suitable). May use portable sinks if possible.

Current RTT Incomplete position:

- RTT performance is validated at 76.32% for July which is a further improvement compared to 75.27% performance achieved in June. Total PTL increased by 46 to 63,126 pathways whilst the backlog reduced by 652 to 14,948 pathways.

DH Actions

- **Scheduling and Galaxy System** – Galaxy system reconciliation is on-going. Purchase Order discussion near closure. Teams also working on proposed EPIC system build. Plans to be confirmed to adopt scanning ability in theatres (NHSE requirement for implants).
- **Outpatients** - The centralised team are supporting all clinic re-build across the whole of DH.

PRUH Actions

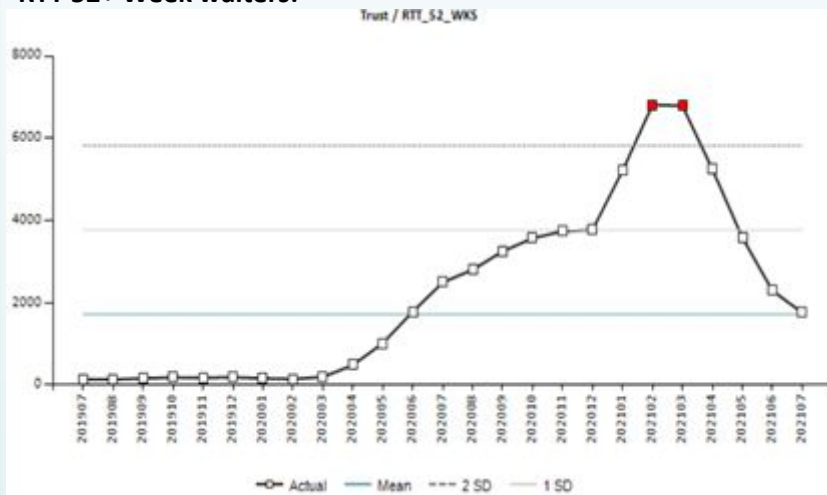
- DSU has a full elective schedule across the 6 theatres, and is now well established as a 23-hour unit which has enabled the team to support the formation of a Urology hub with daily all day lists. A DSU project has been launched to support flow and improve patient experience.
- Orpington theatres will move to 6 days a week, supporting Orthopaedic long waiters from across SEL.
- Dermatology has use of Agile (insourcing) to support their non-admitted patient pathways.

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:

- The impact of COVID and elective restrictions has meant there are significantly increased numbers of patients waiting beyond the national RTT target, and in some instances waiting over two years for treatment. The Trust has committed to the principle that no patient should be waiting over two years for treatment by March 2022. A fully mitigated Trust and SEL position has been submitted to London Region on 17 August 2021 detailing the trajectory for achieving zero waits by that deadline.

52 Week position:

- Decrease of 538 breaches from 2,295 in June to 1,757 in July.
- The majority of the breaches are in Ophthalmology (453 patients), Oral Surgery (335 patients), General Surgery (170 patients), T&O (159 patients), Bariatric Surgery (119 patients) and Max-Facial Surgery (83 patients).
- The number of 52 week breaches at Denmark Hill has reduced by 499 cases from 1,970 in June to 1,471 in July.
- The number of 52 week breaches at PRUH/South Sites reduced by 39 cases from 325 in June to 286 in July.

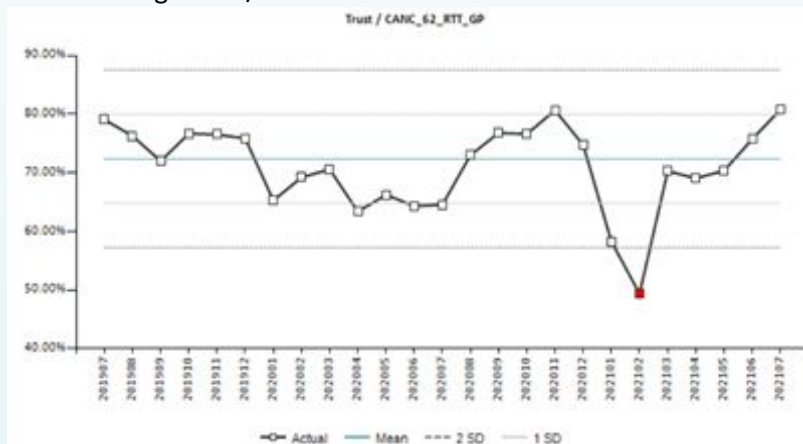
Actions

- **Theatres (DH)** – Theatres have agreed a new template to go-live from 20 September with new allocations informed by demand & capacity modelling provided by BIU. Beds allocations will be changed to ensure the green pathways are established across all specialties in September.
- **T&O long waiters (PRUH)** - T&O long-wait patients are complex and diabetic foot patients, previously only undertaken on the DH site. 8 sessions per week, additional theatre capacity will be provided at the PRUH from 6 September to work through this backlog.
- **Estates (DH)** - Liver transplant air handling and CQC fixes complete. G3 remedial checks to happen over Christmas.
- **Estates (PRUH)** – The new Lung Function Modular Unit opened on 2 August.

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:

- Specialist PET-CT scans – GSTT to potentially support with pharmaceutical demand for D-PETs. Ring-fenced slots to be used for PSMA PET-CTs to reduce waits.
- Oncology - long term plan to review provision of oncology services in South East London.

DH Actions

- Colorectal – implementation of breaking bad news slots within 24 hours of MDM required (additional CNS post to commence in August 2021 to enable this).
- 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 – delayed due to workforce issues).
- Interventional radiology – revision of scheduling pathway required to reduce waits.

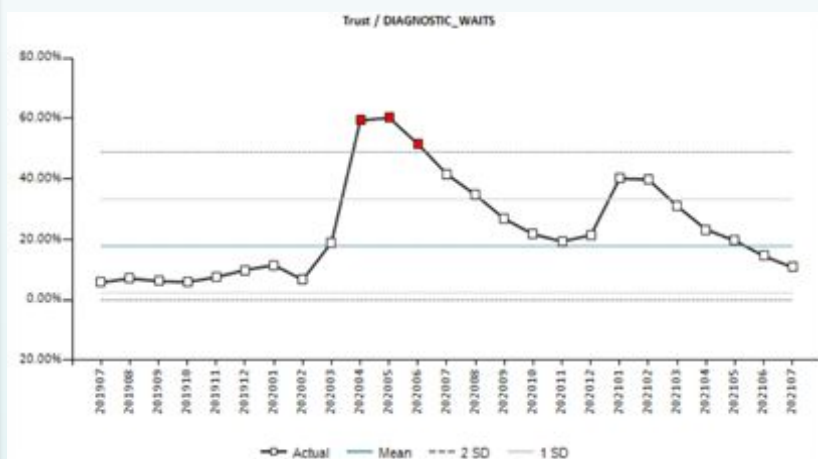
PRUH Actions

- Gynaecology – hysteroscopy capacity and demand review underway for PRUH (and being revised at DH).
- Head & neck – Develop one-stop clinic for PRUH patients (task & finish group in place – pathology to provide funding costs).
- Skin – development of one-stop clinics (nursing workforce training through approved transformation funding to commenced in Q3).
- Colorectal – ring-fenced slots now in place for CT and MRI scans. Rapid diagnostic pathway to commence in September.
- Urology - breaking bad news ringfenced 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:

- 15.7% achievement above plan against 2021/22 H1 forecasted activity plan for the week-ending 22 August position, with 19,206 tests above plan.

DH Actions

- The new CT scanner is fully operational at the DH site, and some PRUH Cardiac patients waiting to be scanned in-month will be routinely requested to attend this site. DH backlog has reduced from 155 reported last month to 12 with additional external IS provider support which commenced 10 April providing additional capacity to clear the current backlog.
- MRI backlog has reduced to 317, and since the introduction of an insourcing company from the middle of March planned activity is now 21.4% above plan. New MRI hub up and running at Tessa Jowell Health Centre.
- Insourcing and outsourcing continues for most modalities to enable enough capacity to clear backlogs.

PRUH Actions

- The largest backlog remains within Cardiac Echo (reduced to 348 breaches), however recovery plans are 46.4% ahead of trajectory and forecast to be compliant by the end of August.
- Endoscopy insourcing with Lyca Healthshare continues and recovery is ahead of plan, with compliance forecast by early August.
- The extended PRUH Endoscopy harm review has been completed.
- MRI activity is 20.3% ahead of plan with support from additional external MRI capacity.
- CT has some capacity issues but this is continuing to improve and we only have 1 breach in the current position.
- Radiology is using a third party outsourcing Ultrasound Company to support Ultrasound activity and continuing to outsource 14 Ultrasound patients per week to Chelsfield under a diagnostic NHSi contract.

Workforce Dashboard

Workforce

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				
		May 21	Jun 21	Jul 21	F-YTD Actual	May 21	Jun 21	Jul 21	F-YTD Actual	May 21	Jun 21	Jul 21	F-YTD Actual	13-Month Trend
CQC level of inquiry: Well Led														
Staff Training & CPD														
715	% appraisals up to date - Combined									63.06%	26.93%	57.00%		
721	Statutory & Mandatory Training									86.27%	88.59%	88.67%		
Staffing Capacity														
875	Voluntary Turnover %	11.3%	11.6%	11.8%		10.9%	10.8%	10.9%		11.3%	11.5%	11.5%		
732	Vacancy Rate %	10.87%	12.08%	12.56%		10.88%	11.01%	12.33%		10.23%	11.01%	11.71%		
Efficiency														
743	Monthly Sickness Rate	3.39%	3.82%	4.21%		3.92%	4.01%	4.27%		3.49%	3.87%	4.28%		

Appraisals

- The Appraisal rate for non-medical staff has improved from 16.95% for June to 50.06% in July, and the target remains 90%.
- Medical staff appraisal rate increased from 80.39% for June to 87.36% for July, and compliance is 100% for Deanery doctors.

Sickness

- The sickness rate has increased from 3.87% in June to 4.28% in July. COVID-19 related sickness has seen an increase from 0.30% to 0.55% in July.

Training

- Statutory and Mandatory Training has increased from 88.59% in June to 88.67% for July. Safeguarding Adults L1 which increased by 3.80%, Safeguarding Adults L2 which increased by 1.2% and Fire are the top 3 topics with the highest compliance.

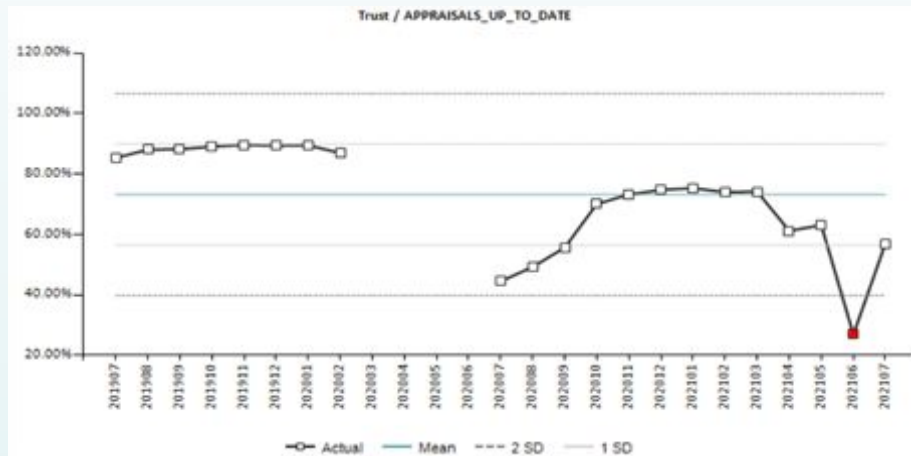
Staff Vacancy and Turnover

- The vacancy rate is showing an increase from 11.01% in June to 11.71% in July, albeit this is reflective of an establishment rise of 112 posts. The Trust voluntary turnover rate remains static at 11.5% for July.

Appraisal Rate

Appraisal Rate:

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



Performance Delivery:

Non-Medical:

- The appraisal window opened in April and the new Reflect and Reconnect sessions are underway. The target remains at 90%.
- HRBPs and L&OD are working closely together to promote the need to achieve the target by the end of September. Currently the rate is 50.06% which is a significant increase when compared to June.
- Promoting and communicating the need to reach our target of 90% will continue to be a key priority after the September target.

Medical:

- Compliance has increased from M3. 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 2021.

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 Reflect and Reconnect sessions are being well communicated within the Trust. Senior Management across the Trust are being contacted to ensure they have completed the appraisals for their teams and request this be cascaded down. Appraisal information is being circulated frequently to different forums across the trust.

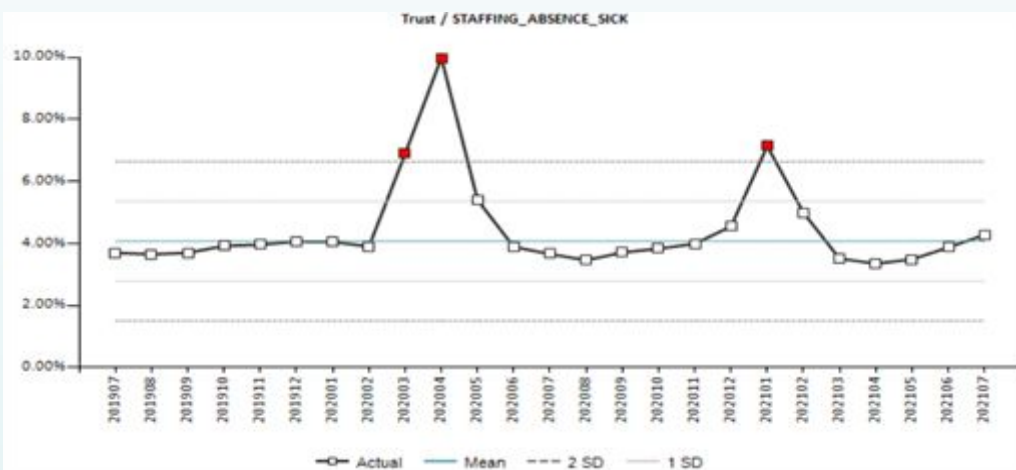
Medical:

- Monthly appraisal (weekly 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 appraisal 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.

Sickness Rate

Sickness Rate:

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



Performance Delivery:

- There has been a slight increase in the non-COVID sickness rate to 3.73% for July 2021 from 3.57% in June. COVID-19 related sickness has also risen to 0.55% from 0.30% in June.
- The slight increase in overall monthly sickness is also reflected in staff reporting psychiatric illness up to 9% in July compared to 8% in June.
- The rolling sickness rates show that long term sickness is still higher than short term sickness at 2.23%. The ER Advisers continue to work with managers on reducing the sickness rates (long term and short term) across the Trust. The overall rolling sickness rate is still higher at the PRUH 4.60% than at DH 4.01%.
- The team has launched the Effective People Management training for line managers which includes a session on sickness absence management. This has been well received and the ER Team has had positive feedback. In addition, the Team Leader has met the ER Advisers to devise a focused sickness management plan for their areas.

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 1-2-1's 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 a general improvement in compliance which has risen month on month since May to 88.67% compared to the 90% target.
- When looking at the different topics: Safeguarding Adults L1 decreased by 1.50%, Safeguarding Adults L2 increased by 0.50% and Fire remains the same; which are the top 3 topics with the highest compliance. The bottom 3 topics remain: Preventing Radicalisation, Manual handling and Resuscitation.
- By staff group, it should be highlighted that the Consultant compliance on Statutory & Mandatory training for July stands at 92%.

Background / target description:

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

Actions to Sustain:

- Care groups to focus on lowest compliance, HRPB's are targeting areas with low compliance, fortnightly meetings with the HRPB's/L&OD to monitor.
- LEAP Line Manager check in – 3 monthly check required to maintain hierarchy.
- Audience remapping will commence in the coming month.
- 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 Trust vacancy rate has seen an increase albeit this is reflective of an establishment rise of 112 posts. The vacancy rate increase is slightly below that predicted as per the recruitment trajectory.
- The N&M rate has increased and is just above the 10% target. However once the International Recruitment is taken into account with those nurses undertaking adaptation the vacancy rate would be 8.86% and therefore an improved position on anticipated 10% target.
- HCA/ CSW vacancy rate has increased slightly from 11.86% in June to 12.56% in July. A pipeline of recruited candidates exists that are currently going through pre-employment checks. Additional recruitment is on-going.
- The AHP vacancy rate has decreased slightly in July. Diagnostic Radiographer vacancies remain a challenge – albeit they reduced slightly from 23.56% to 23.52%.

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:

- Continuing to work with Airline Industry, Retail and the Hospitality Industries to encourage interest in NHS roles in our Trust.
- Working with local DWP, Lambeth College and Lambeth Local authority to offer work experience placements to their disability network (Project Search). 8 placements have been made for Denmark Hill and a similar campaign is being set up for the Pruh and South Sites.

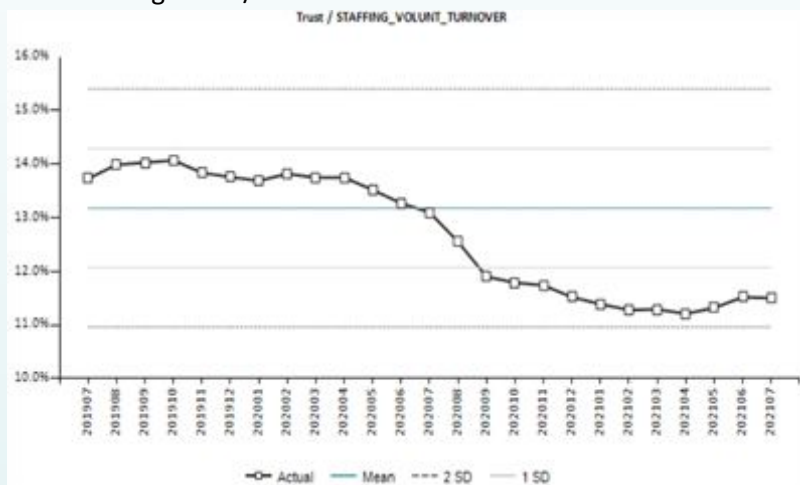
Priority areas of recruitment:

- Increase in local talent pools staff at B5 and B6 level, promoting specialist roles on social media and are working to convert bank and agency staff on to Trust contracts.
- A targeted medical recruitment campaign has being developed with TMP at the PRUH and is helping to reduce vacancies.
- AHP – continual adverts with talent pooling at band 5 & 6 level, promotion of more specialised posts on Social media, conversion of bank/agency staff.
- International Recruitment and deployment (of IEN's) between August 27th 2021 and March 2022
- We successfully deployed 50 IEN's in April 2021 and have 52 scheduled for August 21.

Turnover Rate

Turnover Rate:

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



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.

Performance Delivery:

- The Trust voluntary turnover rate for July is reported as 11.50% which is a very slight decrease from 11.52% in June, albeit this is still a significant reduction from July 2020 which was reported at 13.10%.
- Turnover has remained below the target of 14% for 12 consecutive months. Both sites are reporting turnover below the target but have had a slight increase on both sites with DH reporting 11.81% and PRUH at 11.09%.
- The Trust gross turnover rate is 19.40% (this includes both voluntary and non-voluntary turnover).
- In July there were 124 voluntary leavers, a decrease of five from June.
- The top three reasons for leaving remain the same: and were relocation, promotion and work life balance. There were 28 leavers with less than one years service, with the top reason for leaving recorded as work life balance and undertaking further education.
- There are a high number of 'other/not known' recorded for leaving, this option has now been removed to improve recoding and better inform our retention plans.

Finance Dashboard

Finance

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend
		May 21	Jun 21	Jul 21	F-YTD Actual	May 21	Jun 21	Jul 21	F-YTD Actual	May 21	Jun 21	Jul 21	F-YTD Actual	
Overall (000s)														
895	Actual - Overall	(43,110)	7,644	(12,471)	36,115	(15,904)	3,547	3,732	18,025	(598)	(1,792)	1,835	(5,750)	
896	Budget - Overall	62,128	62,214	(159,655)	26,690	18,697	18,744	(37,405)	18,612	(1,189)	(1,189)	(619)	(4,185)	
897	Variance - Overall	105,239	54,571	(147,185)	(9,425)	34,601	15,197	(41,137)	587	(591)	603	(2,454)	1,565	
Medical - Agency														
602	Variance - Medical - Agency	(221)	(103)	(287)	(601)	(550)	(484)	(486)	(1,846)	(779)	(597)	(779)	(2,471)	
Medical Bank														
1095	Variance - Medical Bank	(1,095)	(682)	(1,221)	(3,992)	(467)	(428)	(377)	(1,753)	(1,561)	(1,132)	(1,635)	(5,808)	
Medical Substantive														
599	Variance - Medical Substantive	1,141	1,268	1,480	4,865	296	314	404	1,237	1,349	1,501	2,020	6,118	
Nursing Agency														
603	Variance - Nursing Agency	(332)	(579)	(267)	(1,436)	(193)	(222)	(118)	(751)	(542)	(828)	(402)	(2,264)	
Nursing Bank														
1104	Variance - Nursing Bank	(1,317)	(1,275)	(1,318)	(5,199)	(665)	(591)	(708)	(2,872)	(2,086)	(1,953)	(2,183)	(8,704)	
Nursing Substantive														
606	Variance - Nursing Substantive	1,878	1,609	1,996	7,569	778	704	1,076	3,244	2,944	2,623	3,327	11,934	

- **Operating income:** an improvement of £4.2m against last month. The improvement here is predominately driven by an increase in ERF allocation of £10.4m when compared to £4.7m in M03.
- **Pay Review:** The Trust's pay run-rate is consistent over M01-4 of this year. When comparing to previous month, substantive recruitment has increased and this is being offset by reducing temporary staffing spend. The current months run-rate has remained stable here. The Trust has accounted YTD costs in relation to COVID (£0.3m), recovery & reset (£1.3m), and mass vaccination (£1.3m). Compared to M01-4 last year, temporary staff spending as reduced by 8% whilst substantive costs have increased by 5%. This is predominately driven by COVID reductions.
- **Operating expenses:** a deterioration of £5.3m against last month. Pathology Business Unit has included a catch up in costs of £2.1m this month offset against £1m income provision, relating to an increase in testing activity. Further, an update in respect of out of scope disputed KFM charges (£0.8m) has now been settled but recorded in-month. Two contract change notices from KFM had also been received which are now settled relating to; MRI scanner activity (£0.3m) and ophthalmology (£0.2m).

Domain 4: Finance

M4 (July) – Financial Performance



Surplus / (Deficit)

£0.7m

Actual M04

(£4.4m)

Average Q3
20/21

Pay

(£67.8m)

Actual M04

(£66.4m)

Average Q3
20/21

Non Pay

(£59.0m)

Actual M04

(£54.2m)

Average Q3
20/21

COVID Costs

£4.5m

Actuals Total
YTD

£1.4m

Pay YTD

£5.9m

Non Pay YTD



Payment Compliance

Debtor Days

18.8

Actual M04

13.7

Prior Month

Creditor Days

77.8

Actual M04

71.9

Prior Month



Capital

(£51.3m)

Annual Plan
21/22

(£7.5m)

Actual YTD
21/22



Key Metrics - IPR Summary

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

Trust (100)

July 2021

Performance

		Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Responsive																		
Access Management - RTT, CWT and Diagnostics																		
364	RTT Incomplete Performance	39.28%	48.20%	57.16%	64.82%	70.36%	72.71%	70.47%	65.87%	64.84%	65.68%	70.79%	75.27%	76.32%	92.00%	72.04%	66.97%	
632	Patients waiting over 52 weeks (RTT)	2495	2802	3250	3568	3739	3777	5212	6813	6788	5242	3582	2295	1757	0	12876	48825	
412	Cancer 2 weeks wait GP referral	86.12%	79.80%	85.40%	90.65%	95.41%	95.63%	89.39%	90.97%	96.49%	89.71%	93.21%	94.38%	92.46%	93.00%	92.48%	92.37%	
413	Cancer 2 weeks wait referral - Breast	96.39%	96.23%	93.07%	92.00%	98.11%	86.96%	75.00%	75.00%	94.03%	74.00%	94.23%	100.00%	82.89%	93.00%	87.50%	89.20%	
419	Cancer 62 day referral to treatment - GP	64.55%	73.02%	76.79%	76.61%	80.66%	74.73%	58.28%	49.37%	70.29%	69.05%	70.35%	75.72%	80.79%	85.00%	74.06%	72.10%	
536	Diagnostic Waiting Times Performance > 6 Wks	41.59%	34.71%	26.81%	21.73%	19.34%	21.41%	40.16%	39.83%	30.98%	23.28%	19.60%	14.53%	10.76%	1.00%	17.16%	25.27%	
Access Management - Emergency Flow																		
459	A&E 4 hour performance (monthly SITREP)	93.63%	88.91%	85.26%	81.51%	82.26%	73.69%	67.38%	76.44%	80.85%	80.00%	76.72%	70.78%	67.90%	95.00%	73.65%	76.49%	
Patient Flow																		
399	Weekend Discharges	18.5%	25.5%	18.0%	21.3%	21.4%	17.7%	24.6%	20.0%	19.0%	18.7%	24.6%	19.2%	20.8%	20.9%	20.9%	20.9%	
404	Discharges before 1pm	16.8%	16.9%	16.1%	17.1%	17.0%	15.4%	15.3%	15.9%	16.3%	16.9%	17.9%	17.8%	17.8%	16.7%	17.6%	16.7%	
747	Bed Occupancy	80.2%	82.4%	83.6%	82.7%	81.1%	81.6%	79.1%	78.4%	79.5%	82.8%	86.1%	87.1%	87.9%	77.2%	85.9%	82.7%	
1357	Number of Stranded Patients (LOS 7+ Days)	421	417	518	478	478	483	529	497	527	483	484	574	503		2044	5971	
1358	Number of Super Stranded Patients (LOS 21+ Days)	169	164	200	189	183	181	200	188	201	205	205	220	203		833	2339	
800	Delayed Transfer of Care Days (per calendar day)														0.0			
762	Ambulance Delays > 30 Minutes	128	223	256	386	314	603	650	346	321	405	444			0	849	3948	
772	12 Hour DTAs	37	45	34	53	69	249	245	74	70	36	29	63	95	0	223	1017	
Theatre Productivity																		
801	Day Case Rate	77.6%	77.7%	79.7%	80.6%	80.6%	79.4%	84.8%	83.6%	83.7%	81.8%	80.8%	80.9%	80.1%	80.0%	80.9%	80.9%	

Quality

		Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Safe																		
Reportable to DoH																		
2717	Number of DoH Reportable Infections	53	62	57	48	71	73	72	87	55	46	53	82	65	62	246	771	
Safer Care																		
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.10	0.07	0.14	0.09	0.17	0.18	0.20	0.05	0.16	0.16	0.26	0.11	0.13	0.19	0.16	0.14	
1897	Potentially Preventable Hospital Associated VTE	1	2	2	4	6	7	7	3	2	3	3	1	3	0	10	43	
538	Hospital Acquired Pressure Ulcers (Grade 3 or 4)	0	0	1	0	0	0	0	0	0	3	0	0	1	0			
945	Open Incidents			22			34			17			36			36	109	
Incident Reporting																		



Key Metrics - IPR Summary

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

Trust (100)

520	Total Serious Incidents reported	12	6	1	9	8	8	4	21	18	18	15	9	14		56	131	
516	Moderate Harm Incidents	29	25	26	29	23	23	25	34	35	39	32	22	29		122	342	
509	Never Events	0	1	0	1	0	0	0	1	2	0	1	0	0	0	1	6	

CQC level of inquiry: Caring

HRWD

422	Friends & Family - Inpatients	93.1%	95.0%	94.9%	95.2%	94.0%	94.2%	93.2%	93.3%	94.2%	94.5%	94.6%	93.9%	94.3%	96.0%	94.3%	94.3%	
423	Friends & Family - ED	89.3%	83.4%	82.6%	83.6%	85.0%	81.6%	84.9%	85.7%	84.8%	81.3%	79.2%	73.4%	71.4%	86.0%	76.4%	81.0%	
774	Friends & Family - Outpatients	85.6%	88.2%	88.2%	89.1%	89.7%	88.5%	88.1%	89.3%	89.8%	88.8%	87.9%	87.4%	88.8%	92.0%	88.2%	88.7%	
775	Friends & Family - Maternity	91.8%	94.1%	91.2%	92.4%	95.4%	96.2%	96.9%	96.4%	95.6%	95.1%	94.2%	92.7%	90.2%	94.0%	93.3%	94.0%	

Complaints

619	Number of complaints	87	110	94	129	124	92	75	78	100	90	83	97	106	85	376	1178	
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Operational Engagement

620	Number of complaints not responded to within 25 Days	60	57	80	49	98	76	81	58	66	75	67	75	68	60	285	850	
3119	Number of PALS enquiries – unable to contact department	48	52	67	66	41	112	56	60	36	25	36	40	38	49	139	629	

Incident Management

660	Duty of Candour - Conversations recorded in notes	100.0%	95.2%	96.3%	100.0%	80.8%	100.0%	94.7%	100.0%	97.5%	90.9%	93.0%	89.3%	84.2%	97.3%	89.5%	93.8%	
661	Duty of Candour - Letters sent following DoC Incidents	100.0%	95.2%	100.0%	100.0%	88.5%	100.0%	100.0%	100.0%	97.5%	93.2%	95.4%	82.1%	86.8%	98.6%	90.2%	95.2%	
1617	Duty of Candour - Investigation Findings Shared	54.6%	57.1%	48.2%	51.4%	26.9%	41.4%	29.0%	23.4%	17.5%	25.0%	4.7%	7.1%	5.3%	42.5%	11.1%	26.0%	

CQC level of inquiry: Effective

Improving Outcomes

831	Standardised Readmission Ratio	86.2	86.9	87.2	87.4	87.2	86.4	87.0	87.4						105.0			
436	HSMR	88.8	87.7	88.4	88.3	89.9	90.4	93.1	94.5	92.7					100.0			
433	SHMI	97.1	97.0	97.1	96.5	97.9	98.1	98.3	98.4						105.0			
649	Patients receiving Fractured Neck of Femur surgery w/in 36hrs	63.0%	71.9%	71.7%	86.8%	67.7%	91.4%	86.8%	85.4%	69.2%	75.6%	83.7%	57.6%	68.0%	77.2%	73.0%	77.7%	
625	Diagnostic Results Acknowledgement	14.0%	13.8%	12.8%	13.7%	13.2%	13.1%	13.9%	13.1%	14.0%	12.6%	14.3%	12.0%	11.0%	13.4%	12.5%	13.1%	

Workforce

		Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Month Target	F-YTD Actual	Rolling 12mth	Trend
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%	63.06%	26.93%	57.00%	90.00%			
721	Statutory & Mandatory Training	83.47%	82.09%	82.72%	84.18%	84.18%	85.55%	85.92%	83.85%	85.01%	87.10%	86.27%	88.59%	88.67%	90.00%			
Staffing Capacity																		
875	Voluntary Turnover %	13.1%	12.6%	11.9%	11.8%	11.7%	11.5%	11.4%	11.3%	11.3%	11.2%	11.3%	11.5%		14.0%			
732	Vacancy Rate %	14.29%	15.16%	13.89%	14.19%	11.67%	10.78%	10.28%	10.32%	9.88%	11.46%	10.23%	11.01%		10.00%			
Efficiency																		
743	Monthly Sickness Rate	3.66%	3.46%	3.71%	3.83%	3.99%	4.55%	7.14%	4.99%	3.51%	3.35%	3.49%	3.87%		3.50%			



Key Metrics - IPR Summary

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

Trust (100)

Finance

		Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Month Target	F-YTD Actual	Rolling 12mth	Trend
Overall (000s)																		
895	Actual - Overall	2,835	4,789	2,546	2,694	7,602	13,671	(5,965)	9,310	109,461	(5,195)	(598)	(1,792)	1,835	(619)	(5,750)	138,359	
896	Budget - Overall	14,466	14,366	14,366	14,695	14,579	14,490	28,683	22,115	23,811	(1,189)	(1,189)	(1,189)	(619)		(4,185)	142,920	
897	Variance - Overall	11,631	9,577	11,820	12,001	6,977	820	34,648	12,805	(85,650)	4,007	(591)	603	(2,454)	0	1,565	4,562	
Medical - Agency																		
602	Variance - Medical - Agency	(324)	(353)	(581)	(747)	(832)	(658)	(459)	(268)	(339)	(315)	(779)	(597)	(779)	0	(2,471)	(6,708)	
Medical Bank																		
1095	Variance - Medical Bank	(1,548)	(1,356)	(1,331)	(2,034)	(1,022)	(1,728)	(1,171)	(3,569)	(1,604)	(1,480)	(1,561)	(1,132)	(1,635)	0	(5,808)	(19,623)	
Medical Substantive																		
599	Variance - Medical Substantive	1,357	1,877	1,011	1,936	1,252	691	2,095	(24)	(2,479)	1,248	1,349	1,501	2,020	0	6,118	12,477	
Nursing Agency																		
603	Variance - Nursing Agency	(666)	(583)	(810)	(836)	(676)	(622)	(430)	(449)	(553)	(492)	(542)	(828)	(402)	0	(2,264)	(7,222)	
Nursing Bank																		
1104	Variance - Nursing Bank	(1,645)	(2,194)	(2,659)	(2,496)	(2,942)	(2,861)	(3,274)	(3,260)	(4,849)	(2,483)	(2,086)	(1,953)	(2,183)	0	(8,704)	(33,239)	
Nursing Substantive																		
606	Variance - Nursing Substantive	2,474	3,281	3,656	2,661	3,117	2,615	2,722	3,083	2,387	3,040	2,944	2,623	3,327	0	11,934	35,457	

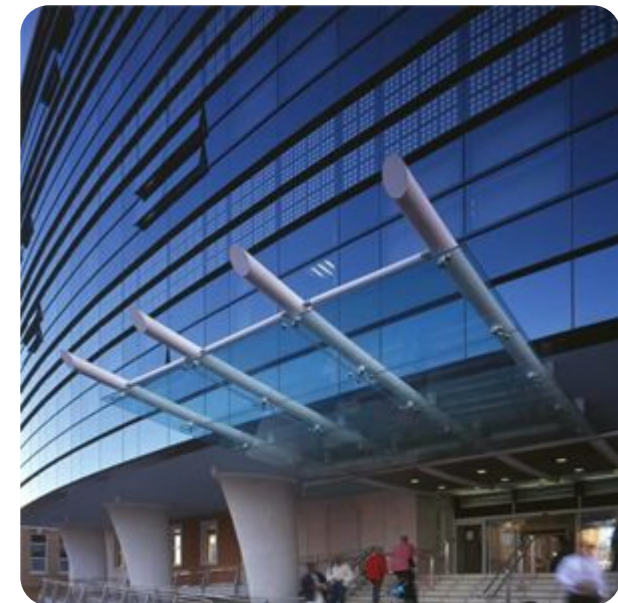
King's

July Finance Report 2021/22

Trust Board

August 2021

King's



An Academic Health Sciences Centre for London

Pioneering better health for all

Summary of Year to Date Financial Position

The Trust has reported a £8.6m deficit for M04, resulting in a YTD deficit of £11.7m (before adjusting for £22.8m ERF). This is largely the result of incremental reset and recovery activity & reduced HEE funding (£4m). The Trust will look to recover this through ERF.

	Annual	Last Month	Current Month				Year to Date				Run Rate
	Budget	M3	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	Change
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Operating Income	1,507.6	129.5	118.6	125.8	130.3	4.5	471.9	509.0	515.1	6.1	1.8
Employee Operating Expenses	(820.1)	(67.8)	(64.4)	(66.5)	(67.8)	(1.3)	(258.8)	(271.4)	(271.4)	0.0	0.0
Operating Expenses Excluding Employee Expenses	(640.1)	(53.7)	(52.0)	(55.3)	(59.0)	(3.7)	(205.1)	(220.0)	(220.1)	(0.1)	(5.4)
Non Operating Expenses	(40.3)	(3.2)	(4.4)	(3.4)	(2.7)	0.6	(16.2)	(13.4)	(12.5)	0.9	0.5
Trust Total	7.1	4.8	(2.1)	0.6	0.7	0.1	(8.3)	4.2	11.1	6.9	(3.1)
Less impairment, donated income	0.9	0.1	0.1	0.1	0.1	(0.0)	8.3	0.3	(0.0)	0.3	(0.1)
Operating Total (including ERF)	8.0	4.9	0.0	0.7	0.8	0.1	0.0	4.5	11.1	7.2	(3.2)
Elective recovery fund (ERF)		(4.7)			(10.4)				(22.8)		
Operating Total (excluding ERF)	8.0	0.2	0.0	0.7	(9.6)	0.1	0.0	4.5	(11.7)	7.2	(3.2)

Key Messages:

- For July 2021 (M04) the Trust had reported an £8.6m deficit resulting in a YTD deficit of £11.7m (pre-ERF adjustment). This is predominately driven by incremental non pay spend on reset and recovery, increased pathology activity and a £4m reduction in HEE income.
- As previously reported, ERF calculations are still subject to ongoing review. Following a recent update, SEL has now received full allocation for ERF for M01 (95% activity) and 90% for M02 (98% activity). For M03, the System has calculated that it will achieve 89% activity. Assuming the same level of performance as M3, the System will not meet the required thresholds to attract ERF, so at this stage we are assuming zero system income for M4-6.
- The Trust had set a plan based on the initial calculations of achieving £12.3m ERF income for M01-3. However, following System achievement of targets, the national income calculation has been revised to £22.8m for M01-3. After adjusting for the £22.8m of ERF, the Trust has year to date a surplus of £11.1m.
- The Trust has a £2-2.5m deficit each month if we ignore ERF. Assuming this continues, and no further ERF is expected, the Trust is expected to meet its plan of £7.1m surplus for H1.

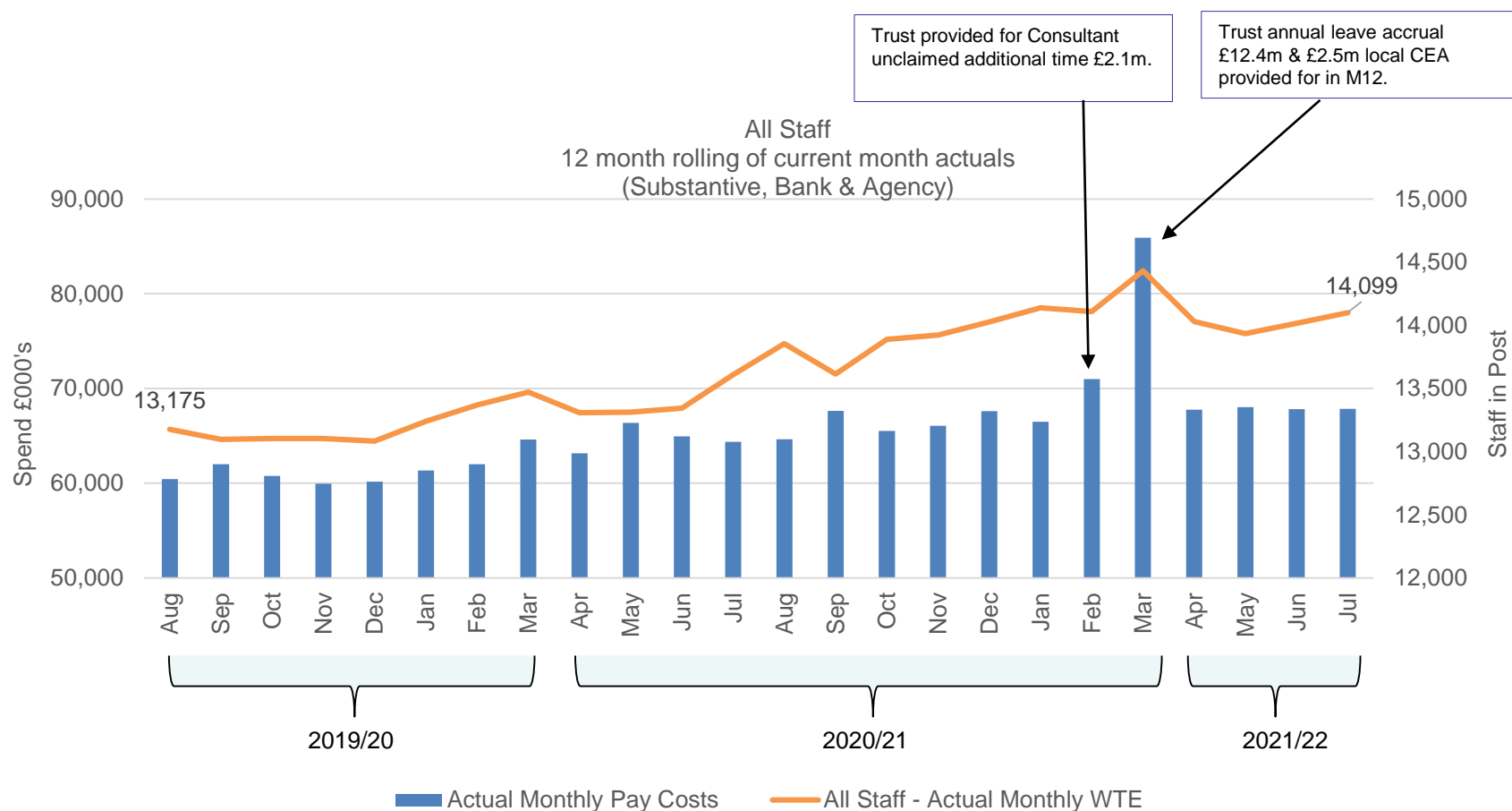
Key movements from last month include:

- Operating income; ERF revised allocations had led to an increase of £4.3m. This has been offset by a £4m reduction in E&T income due to HEE error in calculations. YTD variance includes expected £3.1m NHSE income for drugs over performance relating to cystic fibrosis and cancer drug fund. The Trust has also accounted £3.8m YTD income for patient testing carried out by Viapath.
- Employee operating expenses; the current months run-rate has remained stable here. The Trust has accounted YTD costs in relation to COVID (£0.3m), recovery & reset (£1.3m), and mass vaccination (£1.3m).
- Non operating expenses; the Trust has received an update in respect of out of scope disputed KFM charges (£0.8m) which has now been settled. A further two contract change notices from KFM had also been received which are now settled relating to; MRI scanner activity (£0.3m) and ophthalmology (£0.2m). Further, KFM have recorded a profit share loss of £0.9m this month, compared to £0.3m favourable in June, in light of increasing recovery and reset and elective recovery activity.

Year on Year – Pay Review

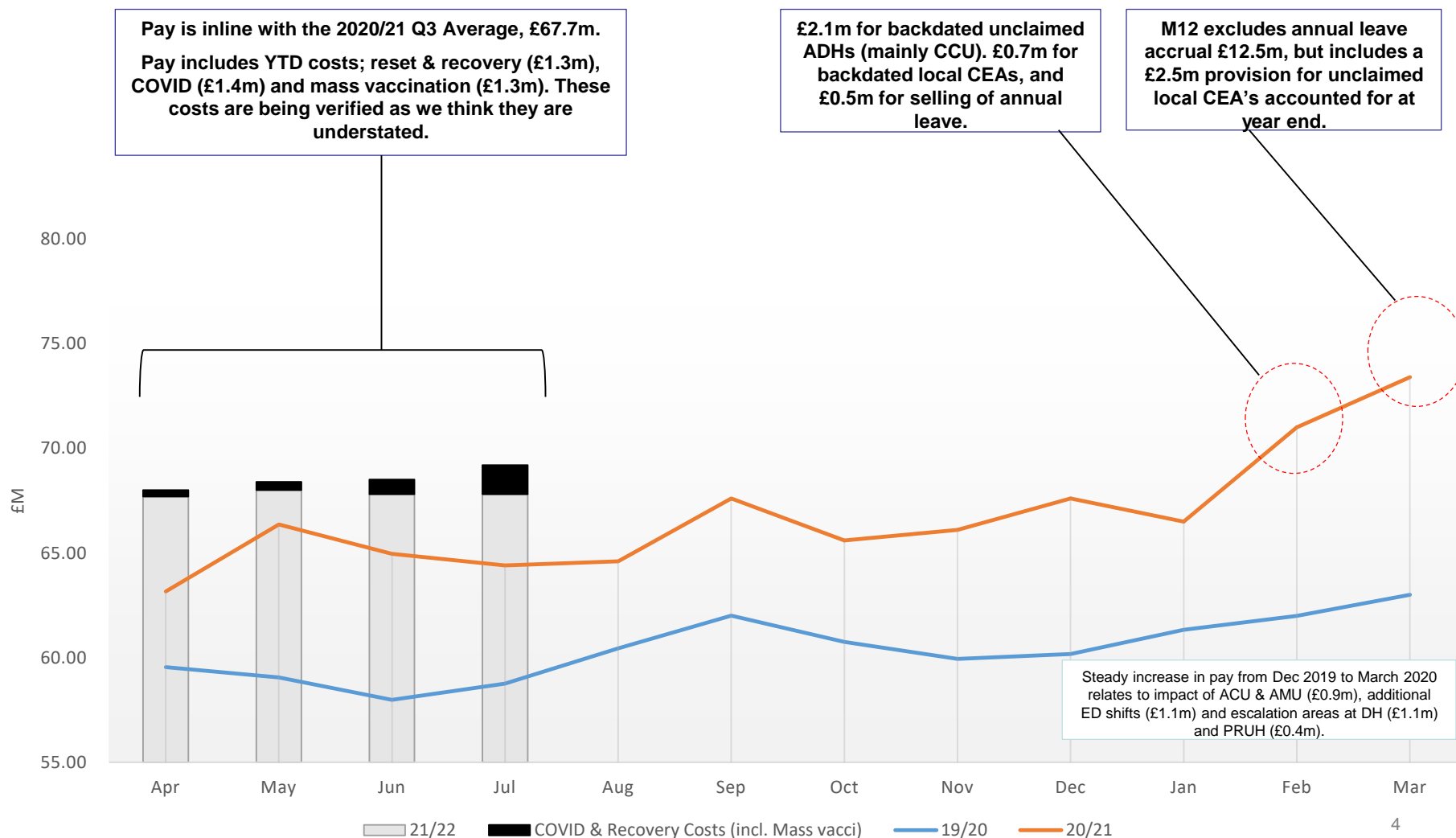
The Trust's pay run-rate is consistent over M01-4 of this year. When comparing to previous month, substantive recruitment has increased and this is being offset by reducing temporary staffing spend.

- The current months run-rate has remained stable here. The Trust has accounted YTD costs in relation to COVID (£0.3m), recovery & reset (£1.3m), and mass vaccination (£1.3m).
- Compared to M01-4 last year, temporary staff spending as reduced by 8% whilst substantive costs have increased by 5%. This is predominately driven by COVID reductions.



Year to Date - Pay run rate

The Trust exited 2020/21 with a pay bill of £813m (excluding £12.5m annual leave provision) resulting in an average of £67.7m. The current year average is £67.8m but is expected to increase in line with increasing reset & recovery activity.



Detail (1/3) – Operating Income

	Annual	Last Month	Current Month				Year to Date				Run Rate
	Budget	M3	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	Change
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
NHS England	523.2	43.4	55.4	43.6	42.6	(1.0)	221.6	174.4	172.4	(2.0)	(0.7)
Clinical Commissioning Groups	858.0	74.2	47.9	73.3	79.0	5.7	192.8	293.1	299.1	6.0	5.7
NHS Foundation Trusts		(0.0)	0.0		0.0	0.0	(0.0)		0.0	0.0	(0.0)
NHS Trusts	0.7	0.3	0.1	0.0	0.0	0.0	0.2	0.2	0.3	0.1	(0.1)
Local Authorities	3.4	0.3	0.3	0.3	0.3	0.0	1.2	1.1	0.8	(0.3)	0.1
NHS Other (Including Public Health England)	3.5	0.3	0.1	0.3	0.5	0.2	0.4	1.2	2.0	0.9	0.0
Non NHS: Private Patients	4.7	0.2	0.7	0.4	0.6	0.2	2.0	1.6	1.1	(0.4)	0.4
Non-NHS: Overseas Patients	3.6	0.3	0.4	0.3	0.3	0.0	1.7	1.2	1.2	(0.0)	0.0
Injury Cost Recovery Scheme	3.5	0.4	0.3	0.3	0.2	(0.0)	1.3	1.2	1.1	(0.1)	(0.0)
Non NHS: Other											
Operating Income From Patient Care Activities	1,400.5	119.4	105.1	118.4	123.6	5.1	421.2	473.9	478.1	4.2	5.4
Research and Development	16.0	1.4	1.3	1.3	1.4	0.1	7.7	5.3	5.6	0.3	(0.1)
Education and Training	41.3	4.1	4.2	2.9	0.0	(2.8)	15.7	13.2	12.9	(0.3)	(4.2)
Cash Donations / Grants For The Purchase Of Capital	0.1	0.1	0.0	0.0	0.0	(0.0)	0.0	0.0	0.4	0.4	(0.0)
Charitable and Other Contributions To Expenditure		0.0	0.1		0.0	0.0	0.0		0.0	0.0	0.0
Non-Patient Care Services To Other Non Wga Bodies	2.3	1.1	0.3	0.2	1.0	0.9	1.1	0.8	4.3	3.5	(0.1)
PSF, FRF, MRET funding and Top-Up		0.9			1.0	1.0	0.0		3.8	3.8	0.0
Income In Respect Of Employee Benefits	7.6	0.5	0.6	0.5	0.6	0.2	2.4	2.5	2.6	0.0	0.0
Rental Revenue From Operating Leases		0.1	0.1		0.1	0.1	0.3		0.4	0.4	0.1
Other (Operating Income)	39.8	2.0	7.1	2.6	2.5	(0.1)	23.4	13.3	7.2	(6.1)	0.7
Other Operating Income	107.1	10.1	13.5	7.4	6.8	(0.6)	50.7	35.1	37.1	2.0	(3.6)
Operating Income	1,507.6	129.5	118.6	125.8	130.3	4.5	471.9	509.0	515.1	6.1	1.8

Operating Income from Patient Care – an improvement of £4.2m against last month

- 1 The improvement here is predominately driven by an increase in ERF allocation of £10.4m when compared to £4.7m in M03. This is due to the System mostly achieving targets for M01-3 has resulted in a revised calculation of ERF. This income is being captured against CCG.

The Trust has also recorded YTD £3.1m income relating to CF, CDF, and Hep C which currently sits outside of block for which the Trust had incurred activity. This income offsets the incremental increase in drug costs this year. Whilst current negotiations with NHSE/I are ongoing, Trust is expected to receive this income.

Other Income – a deterioration of £3.3m against last month

- 2 The main driver here is the reduction of £3m in HEE monies. This is due to HEE calculation errors and so income has been revised this month to match current schedules. Plans have been revised in light of this too.
- 3 The Trust continues to deliver its testing programmes whilst this activity is currently being undertaken by Viapath. A provision of £3.8m YTD has been provided. There is no plan for this but offsets cost incurred in relation to testing. Further, £2.9m has been provided for Trust central agreements with Viapath. A plan is expected to be put in place for this from next month.
- 4 Other (operating income) is showing an adverse YTD variance. This is largely driven by duplicate PFI budgets which are to be rectified in M05. However, this has no impact on the overall income position.

Detail (2/3) – Employee Expenses (pay)

	Annual	Last Month	Current Month			Year to Date				Run Rate	
	Budget	M3	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	Change
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Substantive Staff	(256.4)	(19.8)	(18.3)	(21.7)	(19.7)	2.0	(74.5)	(85.4)	(79.2)	6.1	0.2
Bank Staff	(0.3)	(1.2)	(1.5)	(0.0)	(1.7)	(1.6)	(5.2)	(0.1)	(5.9)	(5.8)	(0.2)
Agency / Contract	(0.9)	(0.7)	(0.5)	(0.1)	(0.9)	(0.8)	(1.8)	(0.3)	(2.8)	(2.5)	(0.2)
Medical Staff	(257.5)	(21.6)	(20.3)	(21.8)	(22.2)	(0.4)	(81.6)	(85.8)	(87.9)	(2.2)	(0.3)
Substantive Staff	(322.1)	(24.1)	(23.1)	(27.1)	(23.8)	3.3	(91.7)	(107.2)	(95.3)	11.9	0.0
Bank Staff	(7.4)	(2.6)	(2.3)	(0.6)	(2.8)	(2.2)	(10.7)	(2.5)	(11.2)	(8.7)	(0.0)
Agency / Contract	(1.3)	(0.9)	(0.8)	(0.1)	(0.5)	(0.4)	(2.3)	(0.4)	(2.7)	(2.3)	0.2
Nursing Staff	(330.8)	(27.6)	(26.1)	(27.8)	(27.1)	0.7	(104.7)	(110.1)	(109.1)	1.0	0.2
Substantive Staff	(124.7)	(9.8)	(9.5)	(8.9)	(9.7)	(0.8)	(37.8)	(40.0)	(39.3)	0.7	0.1
Bank Staff	(0.3)	(0.4)	(0.3)	0.0	(0.5)	(0.5)	(1.4)	(0.1)	(1.5)	(1.4)	(0.2)
Agency / Contract		(0.2)	(0.1)		(0.2)	(0.2)	(0.6)		(0.9)	(0.9)	0.1
Admin & Clerical	(125.0)	(10.4)	(9.9)	(8.9)	(10.4)	(1.5)	(39.7)	(40.2)	(41.7)	(1.6)	0.0
Substantive Staff	(105.6)	(7.7)	(7.4)	(7.9)	(7.6)	0.3	(30.2)	(35.0)	(30.8)	4.2	0.2
Substantive Staff (Apprentices)	(0.3)	(0.0)	(0.0)	(0.0)	(0.0)	0.0	(0.1)	(0.1)	(0.1)	0.0	0.0
Bank Staff	(0.2)	(0.2)	(0.2)	(0.0)	(0.4)	(0.3)	(0.7)	(0.1)	(0.9)	(0.8)	(0.2)
Agency / Contract	(0.6)	(0.3)	(0.4)	(0.1)	(0.2)	(0.1)	(1.8)	(0.2)	(0.8)	(0.6)	0.0
Other Staff	(106.7)	(8.1)	(8.1)	(8.0)	(8.1)	(0.1)	(32.8)	(35.4)	(32.6)	2.8	0.0
Employee Operating Expenses	(820.1)	(67.8)	(64.4)	(66.5)	(67.8)	(1.3)	(258.8)	(271.4)	(271.4)	0.0	0.0

1

Medical – a deterioration of £0.6m against last month

Retrospective shift costs have come through this month due to late bookings, £0.3m. However pressures across General Medicine (PRUH) due to rota gaps, sickness, vacancies and running of two outlier wards has attributed to the overall variance here.

A further £0.3m RTT pressures have been recorded here for PRUH.

These are offset against vacancies in a number of areas but predominately Neuroscience and Children's.

2

Nursing – an improvement of £0.5m against last month

Acute Medicine recorded 17 leavers this month which is main reason for the reducing spend here. A further £0.2m relating to prior year recorded last month has now been offset against provisions this month.

3

A&C – remained consistent against last month

The YTD variance here is driven by CIP targets, £1.8m YTD. Further, Apollo project has been funded from April 2021 with minimal spend incurred to date.

Detail (3/3) – Operating Expenses (non-pay)

NHSI Category	Annual	Last Month	Current Month				Year to Date				Run Rate
	Budget £ M	M3 £ M	Last Year £ M	Budget £ M	Actual £ M	Variance £ M	Last Year £ M	Budget £ M	Actual £ M	Variance £ M	Change £ M
Purchase Of Healthcare From NHS Bodies	(13.9)	(0.7)	(1.3)	(1.2)	(1.0)	0.1	(5.0)	(4.6)	(3.6)	1.0	(0.2)
Purchase Of Healthcare From Non-NHS Bodies	(170.5)	(15.1)	(13.8)	(13.9)	(18.3)	(4.4)	(56.8)	(56.9)	(64.1)	(7.2)	(3.2)
Supplies and Services - Clinical (Excluding Drugs Costs)	(21.7)	(2.0)	(1.6)	(1.6)	(2.1)	(0.5)	(6.2)	(7.2)	(8.8)	(1.5)	0.1
Supplies and Services - General	(1.6)	0.1	(0.1)	(0.1)	(0.1)	0.0	(0.5)	(0.5)	(0.6)	(0.0)	0.0
Drugs Costs	(180.5)	(17.0)	(13.3)	(15.0)	(16.0)	(0.9)	(47.7)	(60.2)	(62.1)	(2.0)	(0.6)
Consultancy	(4.0)	(0.5)	(0.2)	(0.6)	(0.5)	0.2	(1.1)	(1.3)	(1.8)	(0.4)	(0.1)
Establishment	(10.9)	(1.2)	(0.8)	(1.5)	(1.2)	0.3	(3.4)	(3.6)	(4.7)	(1.1)	(0.0)
Premises - Business Rates Payable To Local Authorities	(4.4)	(0.4)	(0.5)	(0.3)	(0.4)	(0.1)	(1.8)	(1.5)	(1.6)	(0.1)	(0.0)
Premises - Other	(100.9)	(8.9)	(9.8)	(8.0)	(9.7)	(1.7)	(25.6)	(33.6)	(36.2)	(2.6)	(0.9)
Transport	(9.5)	(0.8)	(0.8)	(0.7)	(0.9)	(0.1)	(3.6)	(3.2)	(3.5)	(0.4)	0.0
Depreciation	(32.2)	(2.6)	(2.4)	(2.7)	(3.0)	(0.4)	(9.4)	(10.7)	(10.8)	(0.0)	(0.5)
Fixed Asset Impairments net of Reversals	(0.0)		(2.0)	(0.0)		0.0	(8.0)	(0.0)		0.0	
Increase/(Decrease) In Impairment Of Receivables	(4.2)	0.5	(0.5)	(0.3)	(0.2)	0.2	(1.8)	(1.4)	(1.2)	0.2	0.1
Audit Fees and Other Auditor Remuneration	(0.4)	(0.0)	(0.0)	(0.1)	(0.0)	0.0	(0.1)	(0.1)	(0.1)	(0.0)	0.0
Clinical Negligence	(48.7)	(4.0)	(4.6)	(4.8)	(4.2)	0.6	(18.3)	(16.2)	(16.0)	0.2	(0.2)
Research and Development - Non-Staff	(2.5)	0.0	0.0	(0.2)	(0.0)	0.2	(0.3)	(0.8)	(0.1)	0.8	(0.0)
Education and Training - Non-Staff	(5.9)	(0.4)	(0.4)	(0.6)	(0.4)	0.2	(1.8)	(2.0)	(1.5)	0.5	0.0
Other	(28.4)	(0.7)	0.0	(3.6)	(0.9)	2.7	(13.8)	(16.1)	(3.5)	12.7	(0.1)
Operating Expenses Excluding Employee Expenses	(640.1)	(53.7)	(52.0)	(55.3)	(59.0)	(3.7)	(205.1)	(220.0)	(220.1)	(0.1)	(5.4)
Operating Expenses Excluding Employee Expenses	(640.1)	(53.7)	(52.0)	(55.3)	(59.0)	(3.7)	(205.1)	(220.0)	(220.1)	(0.1)	(5.4)
Finance Expense	(40.3)	(3.2)	(4.4)	(3.4)	(2.7)	0.6	(16.5)	(13.4)	(12.6)	0.9	0.5
Gains/(Losses) On Disposal Of Assets	(0.0)	0.0	0.0	(0.0)		0.0	0.3	(0.0)	0.0	0.0	
Non Operating Expenses	(40.3)	(3.2)	(4.4)	(3.4)	(2.7)	0.6	(16.2)	(13.4)	(12.5)	0.9	0.5
Non Operating Expenses	(40.3)	(3.2)	(4.4)	(3.4)	(2.7)	0.6	(16.2)	(13.4)	(12.5)	0.9	0.5
TRUST TOTAL (deficit per ledger)	7.1	4.8	(2.1)	0.6	0.8	0.1	(8.3)	4.2	11.1	6.9	(3.1)

Operating expenses – a deterioration of £5.3m against last month

- 1 Here we have costs associated with the Trusts outsourcing of services from Commercial and Independent sector and other Foundation Trusts. Pathology Business Unit has included a catch up in costs of £2.1m this month offset against £1m income provision, relating to an increase in testing activity. Further, an update in respect of out of scope disputed KFM charges (£0.8m) has now been settled but recorded in-month. Two contract change notices from KFM had also been received which are now settled relating to; MRI scanner activity (£0.3m) and ophthalmology (£0.2m).
- 2 Premise costs include KFM profit share, PFI, building maintenance, rent and utilities. KFM profit share had moved by £1.2m due to increase in elective activity over the last few months. We recorded a £0.3m surplus last month but has now been revised to £0.9m loss YTD. £1.2m YTD variance is due to PFI RPI uplift. This is under review.
- 3 £0.5m has been recorded in-month in relation to depreciation on KFM assets.
- 4 Other category includes a £3.0m full year CIP target of which £0.6m is YTD. The YTD variance is largely being driven by reserves underspend of £15m.



Appendices

Appendix 1.1 – Run Rate Detail – Operating Income

Current Month Run Rate - 12 mont rolling	August	September	October	November	December	January	February	March	April	May	June	July
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
NHS England	55.4	55.4	39.4	40.6	40.9	41.1	41.9	74.3	43.9	42.5	43.4	42.6
Clinical Commissioning Groups	50.0	47.9	68.9	68.4	69.9	72.8	63.7	69.2	69.3	76.6	74.2	79.0
NHS Foundation Trusts	0.0	(0.0)	0.0	0.0	0.0	0.0	(0.1)	0.0	0.0	0.0	(0.0)	0.0
NHS Trusts	0.0	0.1	0.1	0.1	0.2	0.0	0.1	(0.4)	0.1	(0.1)	0.3	0.0
Local Authorities	0.3	0.3	0.3	0.3	0.3	0.2	0.3	0.3	0.3	(0.1)	0.3	0.3
NHS Other (Including Public Health England)	0.6	0.4	0.4	0.1	0.3	0.5	0.2	0.4	0.1	1.1	0.3	0.5
Non NHS: Private Patients	0.9	0.4	0.3	0.4	0.4	0.7	0.5	0.6	0.2	0.2	0.2	0.6
Non-NHS: Overseas Patients (Non-Reciprocal, Chargeable To Patient)	0.6	0.6	0.4	0.6	0.2	0.2	0.6	0.8	0.4	0.2	0.3	0.3
Injury Cost Recovery Scheme	0.3	0.2	0.3	0.3	0.3	0.2	0.4	0.3	0.3	0.2	0.4	0.2
Operating Income From Patient Care Activities	108.1	105.3	110.2	110.8	112.4	115.9	107.7	145.4	114.5	120.6	119.4	123.6
Research and Development	1.6	1.5	0.8	1.3	1.4	1.2	1.8	1.8	1.5	1.2	1.4	1.4
Education and Training	2.8	1.4	3.2	5.8	3.8	3.6	3.8	4.9	4.3	4.4	4.1	0.0
Cash Donations / Grants For The Purchase Of Capital Assets	(0.0)	0.0	0.0	0.6	(0.6)	0.0	0.3	1.8		0.4	0.1	0.0
Charitable and Other Contributions To Expenditure	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Non-Patient Care Services To Other Non Wga Bodies	0.2	0.2	0.2	0.4	0.3	0.3	0.5	0.7	0.3	1.9	1.1	1.0
PSF, FRF, MRET funding and Top-Up	0.0	0.0	0.0	0.0	35.1	0.0	4.5	0.7	1.0	1.0	0.9	1.0
Income In Respect Of Employee Benefits Accounted On A Gross Basis	1.1	0.7	1.0	0.6	0.5	0.8	0.7	0.7	0.7	0.7	0.5	0.6
Rental Revenue From Operating Leases	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.4	0.1	0.1	0.1	0.1
Other (Operating Income)	3.1	17.9	3.6	(0.1)	(33.1)	(0.1)	4.2	27.4	1.1	1.6	2.0	2.5
Other Operating Income	8.9	21.7	8.9	8.8	7.4	5.9	15.9	38.3	9.0	11.3	10.1	6.8
Operating Income	117.0	127.0	119.1	119.5	119.8	121.7	123.6	183.8	123.5	131.8	129.5	130.3

Appendix 1.2 – Run Rate Detail – Employee Expenses

Current Month Run Rate - 12 mont rolling	August	September	October	November	December	January	February	March	April	May	June	July
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Substantive Staff	(18.4)	(20.5)	(18.3)	(19.2)	(19.7)	(18.5)	(20.4)	(22.8)	(19.9)	(19.9)	(19.8)	(19.7)
Bank Staff	(1.4)	(1.4)	(2.1)	(1.0)	(1.8)	(1.2)	(3.6)	(1.6)	(1.5)	(1.6)	(1.2)	(1.7)
Agency / Contract	(0.5)	(0.7)	(0.9)	(1.0)	(0.8)	(0.6)	(0.4)	(0.5)	(0.4)	(0.9)	(0.7)	(0.9)
Medical Staff	(20.2)	(22.5)	(21.3)	(21.2)	(22.2)	(20.3)	(24.4)	(24.9)	(21.8)	(22.3)	(21.6)	(22.2)
Substantive Staff	(22.4)	(22.0)	(22.7)	(22.5)	(22.9)	(23.1)	(23.9)	(23.6)	(23.6)	(23.8)	(24.1)	(23.8)
Bank Staff	(2.8)	(3.3)	(3.1)	(3.6)	(3.5)	(3.9)	(3.9)	(5.5)	(3.1)	(2.7)	(2.6)	(2.8)
Agency / Contract	(0.7)	(0.9)	(0.9)	(0.8)	(0.7)	(0.5)	(0.5)	(0.6)	(0.6)	(0.7)	(0.9)	(0.5)
Nursing Staff	(25.8)	(26.2)	(26.7)	(26.8)	(27.2)	(27.6)	(28.3)	(29.7)	(27.3)	(27.1)	(27.6)	(27.1)
Substantive Staff	(10.2)	(10.0)	(9.7)	(9.5)	(9.4)	(9.8)	(9.9)	(21.4)	(10.1)	(9.7)	(9.8)	(9.7)
Bank Staff	(0.3)	(0.5)	(0.1)	0.0	(0.5)	(0.2)	(0.3)	(0.8)	(0.1)	(0.5)	(0.4)	(0.5)
Agency / Contract	(0.2)	(0.2)	(0.0)	(0.3)	(0.2)	(0.4)	(0.1)	(0.4)	(0.2)	(0.3)	(0.2)	(0.2)
Admin & Clerical	(10.7)	(10.8)	(9.8)	(9.8)	(10.1)	(10.3)	(10.3)	(22.6)	(10.4)	(10.5)	(10.4)	(10.4)
Substantive Staff	(7.4)	(7.5)	(7.5)	(7.7)	(7.7)	(7.9)	(7.8)	(8.2)	(7.9)	(7.6)	(7.7)	(7.6)
Substantive Staff (Apprentices)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)
Bank Staff	(0.2)	(0.3)	(0.1)	(0.1)	(0.2)	(0.1)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.4)
Agency / Contract	(0.2)	(0.3)	(0.2)	(0.3)	(0.2)	(0.3)	(0.1)	(0.3)	(0.1)	(0.2)	(0.3)	(0.2)
Other Staff	(7.9)	(8.1)	(7.8)	(8.1)	(8.2)	(8.4)	(8.0)	(8.7)	(8.2)	(8.1)	(8.1)	(8.1)
Employee Operating Expenses	(64.6)	(67.6)	(65.6)	(66.0)	(67.6)	(66.5)	(71.0)	(115.1)	(67.7)	(68.0)	(67.8)	(67.8)

Appendix 1.3 – Run Rate Detail – Operating Expenses

Current Month Run Rate - 12 mont rolling	August	September	October	November	December	January	February	March	April	May	June	July
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Purchase Of Healthcare From NHS Bodies	(1.2)	(1.2)	(1.1)	0.4	(2.9)	1.8	(2.8)	(6.1)	(0.9)	(1.0)	(0.7)	(1.0)
Purchase Of Healthcare From Non-NHS Bodies	(14.2)	(14.3)	(15.1)	(14.5)	(15.2)	(15.2)	(16.6)	(10.1)	(15.3)	(15.3)	(15.1)	(18.3)
Supplies and Services - Clinical (Excluding Drugs Costs)	(1.8)	(1.7)	(0.5)	(1.8)	(1.5)	(0.9)	(1.6)	(16.6)	(1.0)	(3.6)	(2.0)	(2.1)
Supplies and Services - General	(0.1)	(0.1)	(0.1)	(0.2)	(0.1)	(0.1)	(0.1)	(0.2)	(0.1)	(0.4)	0.1	(0.1)
Drugs Costs	(12.0)	(13.1)	(12.7)	(13.2)	(12.5)	(14.7)	(16.5)	(34.8)	(16.2)	(13.0)	(17.0)	(16.0)
Consultancy	(0.0)	(0.5)	(0.5)	(0.2)	(0.7)	5.9	(0.4)	(6.8)	(0.3)	(0.5)	(0.5)	(0.5)
Establishment	(0.7)	(0.8)	(0.6)	(0.9)	(0.6)	(0.2)	(1.1)	(1.7)	(1.2)	(1.2)	(1.2)	(1.2)
Premises - Business Rates Payable To Local Authorities	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.0)	0.1	(0.4)	(0.4)	(0.4)	(0.4)
Premises - Other	(15.6)	(10.2)	(11.8)	(6.4)	(9.7)	(6.4)	(7.5)	1.6	(9.0)	(8.5)	(8.9)	(9.7)
Transport	(0.6)	(1.5)	(0.8)	(1.0)	(1.2)	(0.8)	(0.5)	(1.4)	(1.2)	(0.6)	(0.8)	(0.9)
Depreciation	(2.4)	(2.4)	(2.4)	(2.1)	(2.3)	(2.3)	(2.4)	(6.2)	(2.8)	(2.4)	(2.6)	(3.0)
Fixed Asset Impairments net of Reversals	(2.0)	(2.0)	(2.0)	(2.0)	(2.0)	(2.0)	(2.0)	(40.6)				
Increase/(Decrease) In Impairment Of Receivables	(0.4)	(0.4)	(0.6)	(1.1)	(0.4)	(0.3)	(0.4)	4.5	(1.0)	(0.5)	0.5	(0.2)
Audit Fees and Other Auditor Remuneration	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	0.0	(0.0)	(0.1)	(0.0)	(0.0)
Clinical Negligence	(4.6)	(4.6)	(4.6)	(4.5)	(4.6)	(2.7)	0.0	0.1	(3.9)	(4.0)	(4.0)	(4.2)
Research and Development - Non-Staff	0.0	(0.1)	0.0	(0.0)	(0.1)	(0.0)	0.0	(0.0)	(0.1)	(0.0)	0.0	(0.0)
Education and Training - Non-Staff	(0.4)	(0.4)	(0.2)	(0.5)	(0.4)	(0.5)	(0.4)	(2.4)	(0.4)	(0.3)	(0.4)	(0.4)
Other	4.9	(6.8)	0.2	(4.0)	(2.3)	(2.5)	(0.9)	2.6	(0.7)	(1.1)	(0.7)	(0.9)
Operating Expenses Excluding Employee Expenses	(51.6)	(60.5)	(53.1)	(52.6)	(57.0)	(41.4)	(53.1)	(118.1)	(54.6)	(52.8)	(53.7)	(59.0)
Operating Expenses Excluding Employee Expenses	(51.6)	(60.5)	(53.1)	(52.6)	(57.0)	(41.4)	(53.1)	(118.1)	(54.6)	(52.8)	(53.7)	(59.0)
Finance Expense	(4.1)	0.3	(2.2)	(3.9)	(3.4)	(3.3)	(3.1)	(0.2)	(3.3)	(3.3)	(3.2)	(2.7)
Gains/(Losses) On Disposal Of Assets	0.0	0.0	0.0	0.0	(0.2)	0.0	0.0	0.0		0.0	0.0	
Non Operating Expenses	(4.1)	0.3	(2.2)	(3.9)	(3.6)	(3.3)	(3.1)	(0.2)	(3.3)	(3.3)	(3.2)	(2.7)
Non Operating Expenses	(4.1)	0.3	(2.2)	(3.9)	(3.6)	(3.3)	(3.1)	(0.2)	(3.3)	(3.3)	(3.2)	(2.7)
TRUST TOTAL (deficit per ledger)	(3.4)	(0.8)	(1.8)	(2.9)	(8.4)	10.5	(3.5)	(49.5)	(2.1)	7.6	4.8	0.7
Less Depr On Donated Assets	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1
Less Donated Assets Income	0.0	0.0	(0.0)	(0.6)	0.6	(0.0)	(0.3)	(0.4)		(0.4)	(0.1)	0.0
Less Fixed Asset Impairments	2.0	2.0	2.0	2.0	2.0	2.0	2.0	36.1				
STF Total:	2.1	2.1	2.1	1.5	2.7	2.1	1.8	35.8	0.1	(0.3)	0.1	0.1
OPERATING DEFICIT (excluding STF)	(1.2)	1.3	0.3	(1.5)	(5.7)	12.6	(1.8)	(13.7)	(2.0)	7.4	4.9	0.8

21/22 Waste Reduction (Efficiency) programme Plan

Division	CareGroup	Pay	Non-Pay	Total CIP
Commercial	TBC	463	1,081	1,544
Commercial Total		463	1,081	1,544
CORPORATE	TBC	825	1,925	2,750
CORPORATE Total		825	1,925	2,750
DENMARKHILL	Dental	308	720	1,028
	Ophthalmology	161	375	536
	Radiology	370	863	1,232
	Surgery	175	409	584
	TheatresandAnaesthetics	407	949	1,356
	WomensHealth	220	513	733
	AcuteMedicine	350	816	1,166
	PlannedMedicine	256	597	852
	CardiovascularSciences	267	623	890
	CriticalCare	326	762	1,088
	ChildHealth	397	927	1,325
	HaematologyandPathology	409	954	1,362
	LiverGastroUpperGlandEndoscopy	277	646	923
	RenalandUrology	222	518	740
	NeurosciencesandStroke	332	775	1,107
	EmergencyCare	208	486	694
DENMARKHILL Total		4,685	10,931	15,616
PRUHANDSOUTHSITES	Orthopaedics	475	1,108	1,583
	Cancer	52	122	174
	MedicalEngineeringandPhysics	76	177	253
	TherapiesRehabilitationandIntegratedCareServices	435	1,015	1,450
	GeneralMedicine	617	1,439	2,055
	SpecialityMedicine	393	917	1,309
	SurgeryandWomensHealth	883	2,059	2,942
	PRUHSiteManagement	-1,403	-3,273	-4,676
PRUHANDSOUTHSITES Total		1,527	3,563	5,089
Grand Total		7,500	17,500	25,000

30% Pay : 70% Non Pay

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:	FOM Lookup			NHSI Sub Type	
	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)				
Other: Abbreviations					
	PSF			Provider Sustainability Fund	
	FRF			Financial Recovery Fund	
	MRET			Marginal Rate Emergency Funding	

Report to: Trust Board
Date of meeting: 9 September 2021
Subject: Trust Strategy and Values
Author(s): Roxanne Smith (Acting Director of Strategy)
 Chris Rolfe (Director of Communications)
 Keith Loveridge (Director of Workforce)
Presented by: Roxanne Smith
Sponsor: Lorcan Woods
History: Previously considered by Board/Committee/KE
Status: Discussion

1. Background

We launched our new Trust strategy: '*Strong Roots, Global Reach*' on 12 July 2021, which included our new King's values 'Kind,' 'Respectful,' 'Team.'

Over the weeks since we have focused on building awareness of the new strategy, starting to get colleagues and partners to engage with the strategy and what it means for them, embedding the strategy and values into policies and ways of working, and beginning work on our delivery plan.

2. Action required

The Board is asked to:

- Note the progress to date in building awareness and engagement with the new strategy and values;
- Comment on plans for further awareness-raising and engagement activity over autumn 2021;
- Comment on the proposed approach to developing a delivery plan for the new strategy by end of December 2021 (including governance structures and involvement of the Board in this process).

3. Key implications

Legal:	There are no legal implications arising out of this report
Financial:	There are no financial implications arising directly out of this report, although in future, strategic priorities will influence financial prioritisation.
Assurance:	The report considers how the Board will gain assurance that the strategy is being implemented.
Clinical:	There are no specific clinical implications arising out of this report

Equality & Diversity:	The Trust Strategy and Values seek to ensure that the Trust is more diverse and inclusive. It also seeks to address health inequality.
Performance:	There are no direct performance implications arising out of this report.
Strategy:	The Trust Strategy sets the strategic direction for the Trust over the next period.
Workforce:	There is a clear focus on workforce within the strategy.
Estates:	There are no specific estates issues arising out of this report.
Reputation:	The paper addresses the communication plan to support the strategy. Successful delivery of the Trust's strategic objectives will enhance the reputation of the Trust.

4. Appendices

The Trust Strategy is attached at appendix 1

Trust Strategy and Values – Update and Next Steps

Executive summary

1. King's new strategy for 2021-2026 ('Strong Roots, Global Reach') and new values were launched on 12 July 2021. Since their launch, we have carried out a range of activities to boost awareness of the new strategy and values, and to encourage people to begin thinking about what they may mean for people across the Trust. This paper provides an overview of the activity we have undertaken to date, our plans for further awareness-raising and engagement activity in the autumn, and a proposed approach to developing the strategy delivery plan by end of December 2021.

Recommendations

2. The Board is asked to:
 - a) Note the progress to date in building awareness and engagement with the new strategy and values;
 - b) Comment on plans for further awareness-raising and engagement activity over autumn 2021;
 - c) Comment on the proposed approach to developing a delivery plan for the new strategy by end of December 2021 (including governance structures and involvement of the Board in this process)

Progress Update – building awareness and engagement with the new strategy and values

3. Our first objective when launching King's new strategy and values was to build awareness of their respective content. To achieve this we:
 - Created a visually engaging document with strong colour themes and elements such as the 'strategy on a page,' the King's timeline of achievements and infographics that could be used separately for communication activity;
 - Made the strategy available on Kingsweb (intranet) for internal audiences, created a new page for the strategy on our external website, and updated our values page;
 - Delivered a successful social media campaign that included posts across Instagram, Facebook and Twitter all using graphics and themes from the strategy. This included a day focused on giving an overview of the new strategy and then a day on each of the key elements of BOLD (Brilliant people; Outstanding care; Leaders in research, innovation and education and Diversity, equality and inclusion at the heart of everything we do);
 - Proactively shared the new strategy and values with those who had been involved with their development - staff, patients, partners and members of the public;
 - Shared the strategy with senior system partners and external stakeholders across Bromley, Lambeth and Southwark;

- Promoted the strategy through key internal channels such as the Core Brief, Ask the CEO sessions, Daily Bulletin and the CEO's weekly message.
 - Presented the strategy and discussed areas of potential collaboration with partners such as Guy's and St Thomas' NHS Foundation Trust, King's Health Partners and South London and Maudsley NHS Foundation Trust.
4. Feedback from local and system partners has been incredibly positive about the new strategy and values. Analysis from the launch period in July showed that our social media engagement was high compared with other corporate activity that we have promoted on social media. Over 15,000 people engaged with our posts in the immediate post-launch period.
 5. In terms of purely internal engagement, the quarterly pulse survey that opened for 2 weeks from 26 July (a fortnight after the strategy launch) showed that 3,224 people were aware of the new Trust values (84% of the 3840 who participated) and 2,419 people were aware of the new 'Strong Roots, Global Reach' strategy (63% of the 3,840 who participated). This gives us a good baseline from which we can measure the impact of our next phase of communication and engagement activity.

Next steps - building awareness and engagement with the new strategy and values

6. Whilst we feel that our initial activity to build awareness and engagement has been reasonably successful, we are working together as a cross-cutting delivery group including strategy, communications, and workforce to continue to build on this foundation and begin embedding the strategy. Our objectives for the next phase of activity are:
 - To raise awareness and build understanding among every member of Team King's about our BOLD vision and the purpose of having an organisational strategy.
 - To ensure our people can describe the Trust's BOLD vision for the next five years, and share our Trust-wide values with their teams and colleagues.
 - To create interest and positivity amongst staff on the future direction for King's, and to create enthusiasm to put our vision into action through the development of implementation plans and metrics for success.
 - To continue to share information about our strategy and values with patients, partners, and members of the public.
 - To begin to influence culture and develop behaviours across the Trust in line with our new values.
7. To achieve our objectives around building awareness and understanding, we will continue to promote the strategy and values through a range of new banners, posters and hard copies of the publication which will be visible across the King's estate from late August. New signature templates including the Trust values are now available, and we are encouraging people across King's to include them in their e-mails. We are also setting up stands in the wellbeing hubs to boost awareness and provide staff with information about the key elements of the strategy.
8. To support staff engagement with the strategy, we will continue to share and explain the BOLD vision and values through an ongoing series of bitesize staff webinars that

started in August, and have been well-attended. In September, we will also be hosting roadshows across our sites with information stands and a range of colleagues ready to explain and discuss the vision and values. And, we have produced a standard slide deck and script that can be used by colleagues throughout the organisation to deliver presentations about the vision and values to their teams. We will also ensure that the strategy and values continue to be referenced regularly across our communications channels (bulletins, intranet, weekly message, core brief etc.), so that they become a commonly understood reference point for staff.

9. Between September and November, we will be running focused communications, engagement and awareness raising activities, enabling us to shine a spotlight on different parts of the strategy at specific times. Each week will combine a mix of internal and external communications activity, as well as engagement events supported by the strategy and organisational development teams. Our Equality, Diversity and Inclusion (EDI) team will also design and drive activity directly relevant to the diversity and inclusion agenda.
10. Activity will include awareness raising events, webinars, blogs, video content, giveaways, external speakers and more. We will share content via our internal and external communication channels (e.g. website, and social media). The schedule will be:
 - **Brilliant People** (27 September-1 October), which will have a particular focus on our new values, and on National Inclusion Week - both of which are linked to the Brilliant People strand of our strategy.
 - **Outstanding Care** (11-15 October), which will showcase lots of the excellent work taking place across the Trust, and highlight our plans to improve estates and facilities.
 - **Leaders in Research, Innovation & Education** (25-29 October), which will have a particular focus on our digital transformation, cutting edge technologies and our work to make research more diverse and inclusive.
 - **Diversity, Equality and Inclusion** will be given two weeks (8-19 November), during which we will also mark Interfaith week (14-21 November) plus Anti-Bullying week (15-19 November) and will also include a focus on our Green Plan and work on the Anchor Agenda.
11. In line with our commitment in the strategy to have diversity, equality and inclusion at the heart of everything we do, EDI will be a key focus within each of the weeks – demonstrating that it is integral to how we work at King's.
12. We will measure the success of the engagement activity through the quarterly pulse survey in November, the annual People Survey, participation and interaction with the events and content alongside softer intelligence from colleagues across the organisation about awareness and engagement with the strategy and values.

Q1. Are you content with our approach to building awareness and engagement with the strategy? Are there other things you would like us to consider?

Strategy and values into action – embedding and integrating

13. Alongside communications and engagement activity throughout the autumn, we have already taken practical steps to embed the strategy and values into how we do things across King's. We will continue to do further work, including:
- **Integrating the values and vision into our people policies and practices** – induction, appraisals, leadership and development programmes, and committing to values-based recruitment;
 - **Embedding the values** – delivering an organisational development programme across the Trust (led by the Organisational Development and Learning Team) that includes: briefings for leaders; Board engagement; values champions; employee engagement sessions and materials to enable people to understand how the values relate to them, and to support managers to embed them with their teams.
 - **Using the BOLD vision and framework as the structure for plans and supporting strategies** across the Trust, for example, the digital and data strategy and nursing strategy/plan – which will follow the BOLD framework and demonstrate how they will help to deliver the vision;
 - **Integrating the BOLD vision (including our ambitions and priority actions) into business planning and annual priority setting cycles** – ensuring a clear link between activity, resource and our strategic priorities.
 - **Building the vision and values into our programme and project management (PPM) tools**, including templates for papers, business case analysis and project management documentation;
 - **Developing new branding and associated collateral** (logos, slide templates, website/social media visuals etc.) that build from the colours and themes of the strategy. Further detail and advice about this work will be provided by communications colleagues over the coming months.

Developing our delivery plan

14. To ensure the successful implementation of the strategy, we have started to develop a range of delivery assurance tools, including:
- **Commitment tracker** – which provides an overview of the progress status and accountability for each commitment outlined within the strategy.
 - **High-level programme plan** – which sets out a programme-level milestone chart showing the timeline to finalising our work to build engagement, awareness and develop our agreed delivery plan by end of December 2021.
 - **Implementation plan** – an initial draft plan (which we are just starting to socialise with colleagues internally) that maps the vision, ambitions, actions, deliverables along with goals, trajectories, current governance arrangements and accountable executive leads. This will require significant further development and input from colleagues over the coming months. It will also require discussion with the Board, and particular engagement around determining priorities and goals.

- **Governance map** – using our existing governance structure, we have started looking at how the key actions and programmes of work set out in the strategy will map against and report into our Board committee structures.

Priorities and goals – Board involvement

15. We propose to develop and iterate our delivery plans with the Board, relevant teams within King's, our partners and patients over the coming months, so that we can agree an overall strategy delivery plan by the end of 2021. We will work closely with the Clinical Management Group to shape priorities and goals (where appropriate) for the elements of the strategy that the Trust Board would like the greatest involvement in driving progress, and seek delivery assurance.
16. We propose to run a session at the next Board Away Day on 21 October to collectively work through and agree a position on priorities. We feel that it would also be timely to have a Board session about the new values. Time is currently being held on the draft agenda for these two items, subject to your agreement.

Q2. Are you content with our proposed approach to developing our delivery plan, including the timeline to agree a plan by the end of December 2021?

Q3. Are you content to have a session at the Board Away Day on 21 October to discuss priorities and goals for the strategy, and to consider the new Trust values?

Governance

17. The governance of the strategy will be key to its successful implementation. For the time being, we propose that we manage the delivery of the strategy through the existing governance model. This will mean that particular commitments or programmes of work will feed into a range of existing Board committees (as they do at present), with the Strategy, Research and Partnerships Committee taking a holistic overview of the strategy and its implementation, ultimately feeding into the Trust Board.
18. We think there are clear opportunities and benefits to better aligning our governance model with the structure of the strategy, and our priorities. For example, our initial governance mapping shows very uneven distribution of commitments across our Boards (with the Quality, People and Performance Committee being particularly heavily weighted). We recommend, however, that we feed this thinking into ongoing work on governance reviews that are taking place within the Trust, and into our incoming Director of Corporate Affairs.

Q4. Are you content with our proposed approach to governance?

19. Effective communication about the strategy by the Board and senior colleagues will be critical to how well we are able to engage people in developing the delivery plan, and going on to achieve our BOLD vision. We also know from feedback through the strategy development process, that some colleagues have felt that they have not historically had sufficient ongoing communication about the progress that is being made in delivering strategies and achieving our ambitions for King's. We will work with communications colleagues to agree a regular rhythm for updates about progress with the strategy. We would also value the Board's support in taking opportunities to talk about the strategy and support some of our communications activity.

Q5. Are you content to support us with communication activity around the strategy and its delivery?

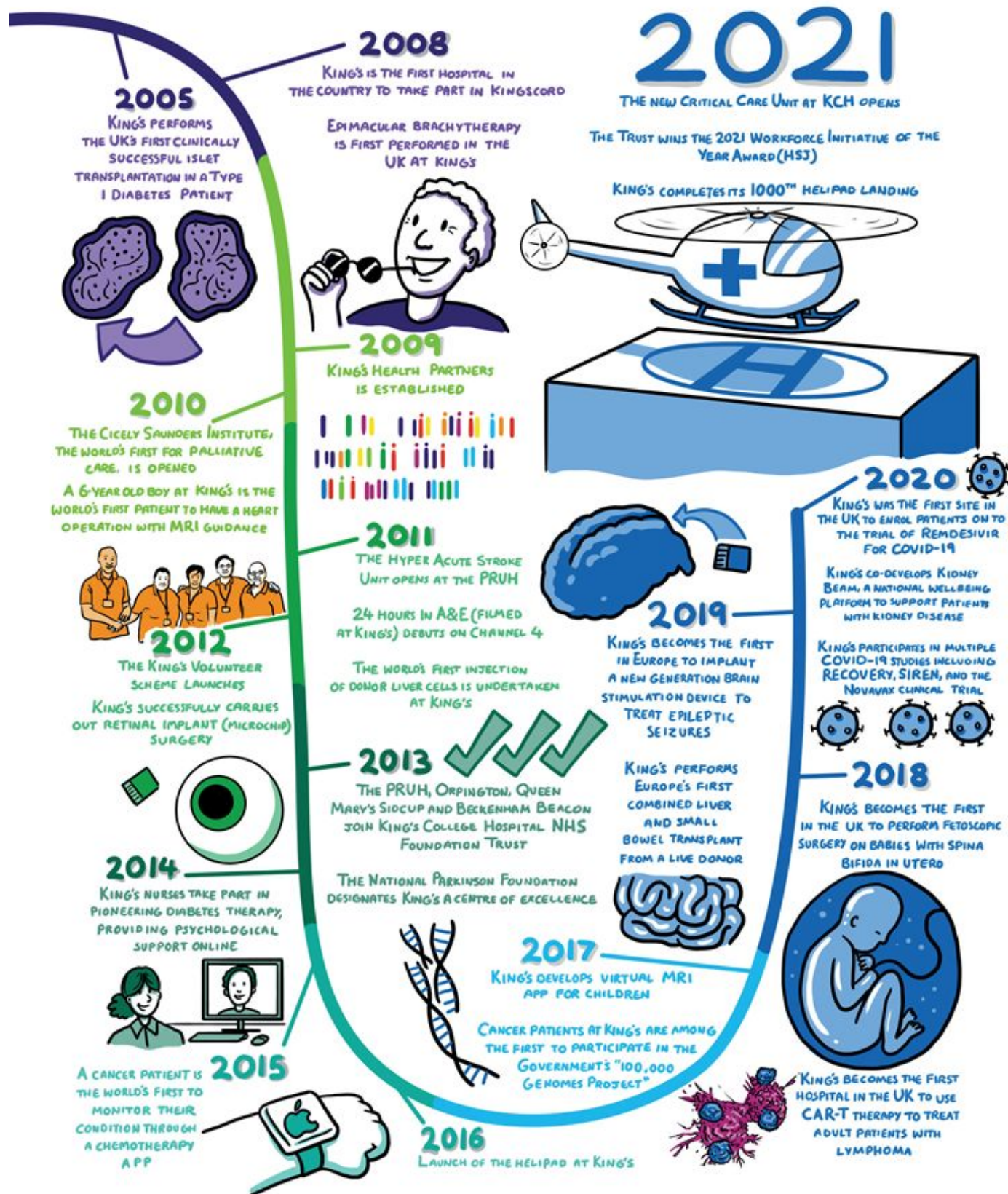
Conclusion

20. We feel that good early progress has been made in building awareness and engagement with the strategy and values, and recognise the importance of continuing to build on this over the autumn. We believe that our plan will enable us to achieve our objectives here, and are grateful for the Board's support to date.
21. We also feel that we have made a good start with developing our delivery plan, both in terms of early discussions we have had within King's, but also conversations that have started between us and our partners about areas of potential collaboration and shared objectives (e.g. elective recovery, population health, health inequalities, and anchor organisation). We look forward to working with the Board over the coming months to continue to build on our progress, and develop a delivery plan that will enable us to successfully deliver our shared vision for King's and the South East London Integrated Care System.

Strong Roots, Global Reach







Welcome



I am delighted to present King's College Hospital NHS Foundation Trust's new strategy for 2021-2026.

Our Strong Roots, Global Reach strategy sets our bold vision: to have brilliant people, provide outstanding care for patients, to be leaders in research, innovation and education, and to have diversity, equality and inclusion at the heart of everything we do.

Our strategy has been developed by staff, patients, public and partners from across the King's family. We have held workshops, engagement events and run a wide-ranging public survey. Our strategy has been shaped by the views and priorities of over 4,500 people. We have developed the strategy in line with our commitment to being a clinically-led organisation. The work has been jointly-led by a group of clinicians, and developed through input from colleagues at all levels of seniority, site and service area. This approach gives us confidence that we have a widely shared vision for King's, and that we have a clear sense of our collective aims and ambitions for the coming five years.

We are a unique Trust, defined by the richness of our diversity. We are one of the largest and busiest teaching Trusts in the country. The location of our hospitals span from busy urban to leafy suburban; our 13,500 people in Team King's represent a multitude of cultures, religions, sexualities, abilities, and backgrounds. We have such diversity in our communities and populations that it is often said that we have 'the world on our doorstep'. In addition, we serve some of the most deprived and affluent areas in London, and have some of the youngest and oldest populations. The services we deliver reflect these diverse needs, from aiming to deliver excellence in our local hospitals and building our strong roots in the community, alongside access to world-leading specialist services and cutting-edge research which give us global reach.

Throughout the COVID-19 pandemic, our staff have worked bravely and tirelessly in the face of extraordinary challenges. This comes on the back of a period of significant financial challenges we have experienced as a Trust. We are now entering a period of change and transition as we work with South East London partners to give patients access to care as quickly as possible, prioritise our staff's health and wellbeing, and continue to improve the efficiency and productivity of our services. And, we are doing this in the context of significant organisational change across the NHS and in our local health system. We feel that now is the time for King's to take stock and plan for our future as a key partner in the new South East London integrated care system.

This strategy marks a significant step forward in how we work as a Trust. We embrace the opportunity to work in an increasingly collaborative way with our partners across the South East London integrated care system, and more widely across South London, Kent, Surrey and Sussex. Alongside investment in both our specialist and general hospital services, we will also place greater emphasis on addressing the socioeconomic determinants of health. We have an important role to play in improving population health outcomes, boosting the local health economy, and actively improving our environmental sustainability.

We recognise that the best quality care and clinical outcomes can only be achieved in an environment that inspires lifelong learning, research and innovation. We have a rich history of achievements, and alongside King's College London and with King's Health Partners and other collaborators, we will continue to push the boundaries to innovate and transform healthcare.

This is a challenging yet exciting time for King's. Our strategy marks the next step on our improvement journey. We look forward to working together to shape the future of health and social care across South East London and beyond.

Professor Clive Kay
Chief Executive

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About King's

King's College Hospital NHS Foundation Trust (King's) is one of the biggest and busiest Trusts in the country, primarily serving the London Boroughs of Southwark, Lambeth, and Bromley, with a population of 1 million people and acting as a tertiary referral centre for millions more. We provide services from King's College Hospital, Denmark Hill; Princess Royal University Hospital; Orpington Hospital; Queen Mary's Hospital, Sidcup; and Beckenham Beacon.

We are proud to provide excellent local services to the people of South East London. People from throughout the UK and beyond also come to us for our world-renowned specialist services such as liver, neurosciences, haematology and fetal medicine. We are a world-class teaching and research centre and we are a home to a set of highly specialised diagnostic and emergency care services including one of London's leading trauma centres, a high-volume heart attack centre, and two hyper-acute stroke units.

King's is a pioneer in medical research, with an outstanding record of innovation. We are a founding member of King's Health Partners (KHP) – one of eight accredited Academic Health Science Centres in the UK, committed to delivering better health for all through high impact innovation. And, we are a member of the Shelford Group - a group of the top 10 teaching and research-active NHS Trusts.

King's is home to a number of leading clinical units and research centres, such as the Clinical Age Research Unit, the HIV Research Centre, the Cicely Saunders Institute, the Tessa Jowell Health Centre and the Harris Birthright Centre.

Our 13,500 exceptionally talented and motivated staff are working hard to build a clinically-led organisation that delivers some of the best clinical outcomes in the country. **We work together as Team King's – delivering our best for our patients.**



King's by numbers

LOCAL POPULATION
ACROSS LAMBETH,
SOUTHWARK,
BROMLEY



1,008,700

13,496

NUMBER OF STAFF AT KING'S



439

NUMBER OF
VOLUNTEERS
AT KING'S



1,673

NUMBER
OF BEDS



46

NUMBER OF
OPERATING THEATRES



663

AVERAGE
BIRTHS PER MONTH

152,021



NUMBER OF VIDEO
APPOINTMENTS
IN 2020/21



NUMBER OF RADIOLOGY
IMAGES AND SCANS
IN 2020/21

496,836

1,006

TOTAL NUMBER
OF HELICOPTER
LANDINGS



NUMBER OF
PARTICIPANTS
IN RESEARCH
STUDIES IN 2020



19,675

835

NUMBER OF
RESEARCH
STUDIES IN 2020



6,057

TOTAL NUMBER
OF LIVER
TRANSPLANTS



ACROSS THE TRUST EVERY DAY, ON AVERAGE WE SEE:

784



PEOPLE IN OUR EMERGENCY
DEPARTMENTS AND WALK-IN CENTRES

174



PATIENTS
ADMITTED TO HOSPITAL

83



OPERATIONS
PERFORMED

Strategic Context

Population, Pandemic and Partnerships

Population: We serve a changing, highly diverse, and mobile population with high levels of deprivation and significant health needs

We have great diversity both within our boroughs, and between boroughs. The proportion of our populations who are black and minority ethnic ranges from 19% in Bromley to over 40% in Lambeth, and the socioeconomic difference between the north and south of our boroughs can be as pronounced as it is between boroughs.

South East London has a higher than average proportion of residents who identify as LGBTQIA+. Lambeth and Southwark have the second and third largest lesbian, gay and bisexual communities in England.

Across our local boroughs we care for some of the most deprived communities in the country. One in five children across South East London live in low income homes. Southwark and Lambeth rank amongst the 15% most deprived local authority areas in the country. While Bromley is significantly less deprived overall, there are pockets of deprivation.

Life expectancy across our local boroughs is below the London average, and can vary up to nine years between our most and least deprived areas. Historically, poor health and mortality have been driven by high blood pressure, poor mental health, obesity, smoking and alcohol consumption. Poor air quality across our boroughs is a leading environmental factor contributing to poor health. Data also suggest there will be significant growth in multi-morbidities and chronic conditions across our communities in the coming years.

And, Bromley has the greatest number of over 65s in London. Although our overall rate of population growth is forecasted to lessen over the next 10 years, our growth is pronounced in the older population of those aged over 65. In Bromley, the proportion of people aged 65 and over is expected to increase to 19% by 2027.

Pandemic: The COVID-19 pandemic has had a significant impact on Team King's and our patients – shaping some of the priorities for our strategy

The last 18 months have seen the greatest health crisis since the formation of the NHS. Throughout these unprecedented challenges, we have been proud of the quality of care and commitment our people have shown to our patients and communities.

We do not underestimate the toll this will have taken on many of our people, and this strategy will make a long-term commitment to looking after them.

(Brilliant People pp. 12-17)

The pandemic has also had an impact on people being able to access care and treatment. Prior to the pandemic, South East London already had too many people on waiting lists for too long, but the pandemic has significantly worsened this backlog. And, patients who have not accessed necessary medical care over the last 18 months, are now more likely to present with advanced conditions and need more complex treatment.

The backlog of elective care and the demands on diagnostic services are key examples of problems that will require a local system-level response, with excellent partnership working to deliver the best care. Our strategy sets out how collaboration will enable us to deliver even better care for our patients. **(Outstanding Care pp. 18-25)**

The pandemic has brought about closer partnership working across South East London and catalysed benefits that may otherwise not have been realised so quickly - we have shown we can be flexible, agile and innovative in how we do things. It is claimed that the pandemic has increased the pace of innovation and the role of technology in the NHS by many years.

Building on our patients' and people's enthusiasm for innovation, our aspiration is to revolutionise the use of technology across the Trust. We want to adopt new and better ways to care for our patients. Embedding a culture of improvement and advancement into our 'business as usual' in the way that we provide care, how we think about our jobs and the role of patients in their own care.

(Leaders in Research, Innovation and Education pp. 26-31).

And, the pandemic has increased the profile of life sciences and research due to their pivotal role in the national and international response. King's has been at the forefront of the international research effort throughout the pandemic. We have participated in trialling treatments for COVID-19, supported vaccine development, delivered care through virtual wards, and helped people to better understand recovery from Long COVID.

We aim to build on the increased profile of research and innovation and to support the government's ambition to make the UK a 'science superpower.' By making our work more inclusive of our diverse communities and populations, research and innovation will be key components of improving population health here and across the world.

(Diversity, Equality and Inclusion at the heart of everything we do pp. 32-37).

Partnerships: We will need to work together to improve population health, tackle inequalities and deliver financially sustainable health services

King's has historically collaborated in a range of place-based, regional, national and international partnerships.

And, working in collaboration will have even greater prominence in our strategy for the next five years.

The pandemic has exposed and exacerbated longstanding health inequalities in society. There is evidence that it has led to a significant increase of mental ill-health, has worsened the health of people with pre-existing health conditions, and has had a disproportionate impact on deprived communities, people living with disabilities and on ethnic minorities in South East London. We expect these factors to play a significant and long-lasting role in the health of our communities.

It is clear that we will need to do more to improve population health and tackle inequalities in the future. To do this, we will need to work together with our local partners across the South East London integrated care system and our place-based partnerships – One Bromley, Lambeth Together and Partnership Southwark.

We will also need to work even more closely with our neighbouring local acute providers to make best use of our shared capacity to tackle the long waiting lists that have resulted from the pandemic, and ensure that those patients with the greatest health needs get access to treatment first. Through the South East London Acute Provider Collaborative (APC), we are working together with this common aim.

And we will be working ever more closely through our membership of King's Health Partners and Specialised Services Networks across South London and beyond to improve the health of all populations that we serve. We will seek to align patient pathways wherever possible and, using our collective depth in service provision, research, innovation and education, to strengthen the support for our network partners.

Our charity and fundraising partners are also important to us, our patients, their families and carers. We will continue to work closely with King's College Hospital Charity raising money for cutting-edge equipment and facilities, innovative research, pioneering treatment and improving the working environment and wellbeing of our people.

Partnership working also provides great opportunity to maximise the productivity and efficiency of services.

It will allow us to make best use of local resources by enabling us to manage demand and capacity at local level, tackle unwarranted variation, improve care pathways and identify opportunities to align back-office functions. We see this model of partnership working as being key to King's future financial stability and sustainability.

Summary of our Strategy

Actions

Putting patients first:

We will provide effective, person-centred care – improving patient outcomes and experience.

Providing the best services:

We will build on our clinical strengths and focus investment on the areas that will have the biggest impact on our communities and populations.

Improving population health by working together:

We will work with health system partners to improve the health of our communities.

Delivering sustainable care:

We will achieve financial stability and sustainability, maximising productivity and efficiency to deliver the best care.

Being a listening and learning organisation:

We will embed improvement in everything we do, delivering safe and effective care.

Outstanding Care

We deliver excellent health outcomes for our patients, and they always feel safe, cared for and listened to

Our vision
for King's
BO

Golden threads – our cross-cutting strategic themes



Person-centred – listening to and learning from all of our people (staff and patients) to create a positive environment and deliver the best care



Digitally-enabled – embracing and integrating digital technology and clinical data to improve the quality of care we deliver, and make our services more accessible

B

Brilliant People

We attract, retain and develop passionate and talented people, creating an environment where they can thrive

Actions

Belonging to King's: We will be an inclusive organisation where everyone feels welcome and part of Team King's. We will embrace diversity, value difference and ensure equity of opportunity for everyone.

Being our best: We will strive to be our best, demonstrating our values in everything we do.

Looking after our people: We will be kind and caring, we will prioritise and invest in the holistic health and wellbeing of our people.

Inspiring leadership: We will be a clinically-led organisation with visible and high quality leadership.

Ensuring our people thrive: We will support the personal growth, education and development of our current and future teams to meet our people's and patients' needs.



Strong
Global



OUR VALUES

AT KING'S WE ARE A KIND, RESPECTFUL TEAM



KIND

WE SHOW COMPASSION + UNDERSTANDING + BRING A POSITIVE ATTITUDE TO OUR WORK



RESPECTFUL

WE PROMOTE EQUALITY, ARE INCLUSIVE + HONEST, SPEAKING UP WHEN NEEDED



TEAM

WE SUPPORT EACH OTHER, COMMUNICATE OPENLY + PUT OUR PATIENTS AT THE CENTRE

vision is
y's to be
LD

L

Leaders in Research, Innovation and Education

We continue to develop and deliver world-class research, innovation and education - providing the best teaching, and bringing new treatments and technologies to patients

Actions

Investing in digital transformation: We will invest in digital and data innovation to improve patient care and deliver better services.

Making our research more inclusive to improve population health: We will increase participation of our diverse South East London communities and populations in research, contributing to better health outcomes.

Building partnerships and networks: We will grow our industry partnerships and academic networks.

Being future-focused and growing our innovation culture: We will be at the forefront of research and innovation – understanding what works, and adopting and spreading it.

Teaching the leaders of tomorrow and supporting lifelong learning: We will deliver high quality education and training throughout our people's careers.



Sustainability – maintaining our focus on financial stability and sustainability through more efficient and productive services and building a new focus on becoming more environmentally sustainable through delivering our 'Green Plan'



Team King's – working as 'one Trust' across our sites, and as a good partner in our local integrated care system and beyond

Diversity, Equality and Inclusion at the heart of everything we do

We proudly champion diversity and inclusion at King's, and act decisively to deliver more equitable experiences and outcomes for our patients and people

Actions

Leading the way by developing our culture and skill: We will build a culture that champions diversity, equality and inclusion. Supporting and developing our people to provide compassionate and culturally competent care to our patients and each other.

Tackling health inequalities: We will be proactive in anticipating the diversity of our patient needs and will respond to them to ensure we achieve the best outcomes.

Being an anchor in the community: We will take our social and environmental responsibility seriously, addressing the socioeconomic determinants of health.

Building community partnerships: We will improve the reach of our organisation and grow our standing in the community through local partnerships.



Roots,
Reach



Brilliant People

We attract, retain and develop passionate and talented people, creating an environment where they can thrive

We have prioritised five actions to achieve our ambition for brilliant people:	Belonging to King's: We will be an inclusive organisation where everyone feels welcome and part of Team King's. We will embrace diversity, value difference and ensure equity of opportunity for everyone.	Being our best: We will strive to be our best, demonstrating our values in everything we do.
Looking after our people: We will be kind and caring, we will prioritise and invest in the holistic health and wellbeing of our people.	Inspiring leadership: We will be a clinically-led organisation with visible and high quality leadership.	Ensuring our people thrive: We will support the personal growth, education and development of our current and future teams to meet our people's and patients' needs.

It all starts with our people. We are part of a 1.3 million strong NHS team, and we deliver extraordinary care every day. Our ambition is to support everyone across Team King's by creating an environment where everyone can thrive, where we celebrate our rich diversity and maximise our opportunity as an anchor institution, where our leaders are visible, innovative and compassionate, and where our vision and values are embedded in everything we do.

We want to be an organisation where everyone shares a commitment to delivering the very best care and feels like their contribution is valuable and valued.

Belonging to King's: We will be an inclusive organisation where everyone feels welcome. We will embrace diversity, value difference and ensure equality of opportunity for everyone

King's is committed to being inclusive, embracing diversity and ensuring equality of opportunity. We will be known for our progressive, innovative thinking and ways of working. We will be relentless in our efforts and dedication to being an inclusive organisation where everyone feels welcome.

During 2020, we have made demonstrable progress in our commitment to equality, diversity and inclusion through the creation of a new Equality, Diversity and Inclusion Director role reporting directly to the Chief Executive, alongside investment in resources to support the delivery of a sustainable change programme.

We are committed to building on our foundations of dignity and respect, demonstrating through our actions that we value the richness that diversity brings.

We will create a safe and inclusive environment, where all staff are valued, and their backgrounds, sexuality and beliefs are respected. We will encourage staff to have the confidence to be their authentic selves, feel engaged, and see their contribution to building Team King's. There will be a culture of psychological safety, where every staff member feels supported to speak up about concerns, or any experiences of bullying, discrimination, or harassment.

We will engage and respond skilfully and appropriately to the needs of our diverse communities and networks. We will seek feedback, learn and develop King's to be the very best for our people, patients and partners.

And, we will continue our commitment to achieving accreditation as a London Living Wage employer.

Over the next five years, **we will become an exemplar in our wider integrated care system, ensuring that equality, diversity and inclusion is everyone's responsibility and is core to our ways of working.**

Our Values

AT KING'S WE ARE A KIND, RESPECTFUL TEAM



KIND

WE SHOW COMPASSION + UNDERSTANDING
+ BRING A POSITIVE ATTITUDE TO OUR WORK



RESPECTFUL

WE PROMOTE EQUALITY, ARE INCLUSIVE
+ HONEST, SPEAKING UP WHEN NEEDED



TEAM

WE SUPPORT EACH OTHER, COMMUNICATE
OPENLY + PUT OUR PATIENTS AT THE CENTRE

Being our best: We will strive to be our best, demonstrating our values in everything we do

At King's we are a Kind, Respectful Team. Our new values have been co-created with over 3,500 staff and stakeholders. The new values provide a platform for us to clearly articulate the behaviours and ways of working that will support us in strengthening our compassionate, visible leadership, supporting greater staff engagement and communications, and creating stronger communities.

King's will be known for having a kind and compassionate culture, where openness and transparency, inclusivity, safety and fairness are the norm. Trust, confidence and morale will improve as positive values are celebrated and rewarded, leaders and managers act as role models, and there are clear consequences of falling short of our values and behaviours.

We are committed to working as Team King's – in our organisation, and across the health system, we will work with team spirit and common purpose. We will work in a way that shows that everyone is respected, accepted and developed. We will embrace diversity.



Looking after our people: We will be kind and caring, we will prioritise and invest in the holistic health and wellbeing of our people

Over the course of the COVID-19 pandemic we recognise that the physical and mental health of our people has been challenged and over the next five years, we will prioritise their wellbeing during the development and delivery of services.

King's is a kind and caring organisation; we are recognised for having a well-established health and wellbeing programme, that visibly cares for the physical, mental and emotional wellbeing of all our people. In March 2021, our health and wellbeing programme was recognised as the winner of the Health Service Journal Workforce Initiative of the Year, and in June 2021 has been shortlisted for a Healthcare People Management Association Award.

Over the next five years, our health and wellbeing offer is a vital component in our pursuit for the best patient care and outcomes. We will deliver a visible and embedded psychology service, new support services for Long COVID, and increase the availability of psychological, employee assistance and occupational health support to our people. We will also create a culture where staff wellbeing is fundamental to our way of working. This will be embedded in all activities at King's to provide an environment that promotes healthy living, less stress, flexible working and encourages improved levels of engagement.

Inspiring leadership: We will be a clinically-led organisation with visible and high quality leadership

This is an exciting time to be a leader at King's. In 2020, King's implemented a new organisational model. The model created Group and Site leadership teams and re-structured our Care Groups, so they are all now led by a triumvirate led by a clinician and consisting of a Clinical Director, Head of Nursing and General Manager with significant and increased dedicated time for clinical leadership, a fundamental shift in our way of working.

Leaders have a pivotal role to play in developing a culture that is conducive to delivering safe, effective, high-quality services and ensuring that care delivered to our patients is of the very best standard.

We will have confident and compassionate leaders and managers who are inclusive and consistently deliver fair and equitable opportunities for their teams. Our King's leaders will insist on openness and transparent leadership across our Trust and our wider health and social care system. They will communicate clearly, understand what their teams need to deliver the best for their patients, and be recognised for their effectiveness.

Ensuring our people thrive: We will support the personal growth, education and development of our current and future teams to meet our people's and patients' needs

We have some of the brightest and best people at King's. We are committed to developing our people and creating new and exciting opportunities that ultimately support the needs of our patients, people and organisation. We will support and enable our people to develop and increase the number of national and international leaders in their fields. We will build on lessons learned through the COVID-19 pandemic, we will explore new and extended roles, creating agile working approaches, welcoming feedback, and being open and active to change and innovation. We will work closely with our education and training partners to give our people access to development opportunities throughout their careers and encourage a culture of lifelong learning.

We will work collectively with our South East London partners to ensure we have a sustainable workforce model that meets the needs of our patients now and in the future through strategic workforce planning. We will build on our ambitions as an anchor institution to widen and support employment opportunities, encouraging people to join Team King's through work experience, volunteering, and increasing apprenticeships and other training pathways.

Workforce insight and analysis will be a priority. We will gather insights to understand people's experiences, engagement levels or reasons for leaving, informing workforce plans and initiatives, and to guide us to respond to them quickly.

To meet our workforce plan, we have launched an award-winning recruitment 'thank you' campaign. We will continue to review our plans to ensure they are fair, open and transparent and we will work closely with NHS England and NHS Improvement and other London Trusts to continue to grow our national and international recruitment plans.



Our BOLD vision

Outstanding Care

We deliver excellent health outcomes
for our patients, and they always feel safe,
cared for and listened to



We have prioritised five actions to achieve our ambition for outstanding care:	Putting patients first: We will provide effective, person-centred care – improving patient outcomes and experience.	Providing the best services: We will build on our clinical strengths and focus investment on the areas that will have the biggest impact on our communities and populations.
Improving population health by working together: We will work with health system partners to improve the health of our communities.	Delivering sustainable care: We will achieve financial stability and sustainability, maximising productivity and efficiency to deliver the best care.	Being a listening and learning organisation: We will embed improvement in everything we do, delivering safe and effective care.

At King’s, our purpose is to deliver the very best care for all of our patients, their families and carers. We want to empower our patients, to focus on the outcomes that matter most to them, and deliver safe, effective and responsive care.

We are proud to deliver a portfolio of services that reflect our strong roots in our communities, and our global reach. We aspire to provide outstanding care in our local hospital services, and in our world-class specialist services. We are ambitious about the quality of care we provide, and already achieve some of the best clinical outcomes in the country. We aim to build on those strengths and realise the benefits from partnership working, closer clinical and academic links, and the opportunities to learn and innovate across, and between, clinical areas.

We know that our highly specialised services are not only important to the populations we serve, but also to the wider UK life sciences sector. We will strive to deliver the very best cutting-edge research and innovation, so that our clinical services are underpinned by academic excellence.

We will be demanding of ourselves, and our partners in South East London to ensure that we work together to make a meaningful impact on population health, and tackle health inequalities. We will work as a local health system to deliver sustainable services that provide good value to the taxpayer.

Putting patients first: We will provide effective, person-centred care – improving patient outcomes and experience

Our care must have the needs of people at its heart, and must be provided with kindness and compassion.

We want our patients to feel empowered, respected, equipped and supported to shape and manage their own care. We want to understand and prioritise the outcomes that matter most to them, and to be responsive to their preferences and needs. We will aim to deliver a significant improvement in the experience that patients, their families and carers have across our services and sites over the next five years.

To achieve these improvements, we will take some key steps:

- To ensure that changes to our services and facilities are made in a person-centred way, we will build stronger links with our patient groups, volunteers and local community, working with them to improve King's through co-production.
- We want to deliver care that prioritises the outcomes that matter most to our patients. We will embed shared-decision making across King's, setting the expectation that patients should be involved in decisions about their care.
- We will ask: 'what matters most to you?' as a routine part of our care, strengthening our approach to value-based healthcare, extending it across a greater number of our services and building on the excellent examples we already have in respiratory medicine, diabetes and orthopaedics.
- We know that many of our patients, including those with long-term conditions, would like greater control over their care. We will empower, equip and support patients to self-manage their conditions, including through new digital technologies.
- Building on the digital programme of virtual appointments, virtual wards and greater use of telemedicine, we will continue to focus on enabling patients to access care and support closer to home.
- Our patients have told us that we must improve our communication. We will do this through a new 'accessibility programme' that will be co-created with patient groups to improve the management of appointments and make it easier to communicate with the Trust. We will also build a new external website by the end of 2022.
- We will deliver a new patient entertainment platform to improve the experience of our patients that will be accessible at no cost from the bedside through a patient's own device, or one of 500 new tablets. It will enable voice/video calling, TV, radio, games, and movies and will be accessible to patients with visual or hearing difficulties.
- We will improve the nutrition and hydration of patients in our care through improved education of all staff, relaunching protected mealtimes, improving nutritional screening for all patients, and working with patients to improve our menus. We will also reflect our commitment to environmental sustainability by working with our catering partners to move towards a healthier, more plant-based menu that will progressively remove processed red meat.
- Our services will be configured to ensure that they meet the needs of age-appropriate care, building on our existing services and introducing new ways of working to ensure that they meet the needs of our patients in terms of environment, access and provision.



Providing the best services: We will build on our clinical strengths and focus investment on the areas that will have the biggest impact on our communities and populations

We know that the portfolio of services we deliver, and the communities that we deliver them to, are part of what makes the care at King's so special. Our distinctiveness is exemplified across the full life-course with our reach extending from pioneering fetal surgery, through care for children, teenagers and young adults, then progressing through adulthood, and completing the life cycle with our commitment to palliative care.

We will continue to value, maintain and develop our unique combination of highly specialised emergency and planned care services, including the underpinning highly specialised diagnostic and critical care services.

We will strengthen our clinical academic focus, and build on the synergies both between our specialised services, and with our general hospital services that are intrinsically linked. And, we will continue to strengthen our partnership working to provide a blend of acute and specialist care that allows our patients to benefit from the synergies and learning across a wide range of services, and the opportunity to experience their care through better care pathways both within King's, and across the wider South East London integrated care system.

To support us to meet our aspiration for outstanding care, we will prioritise our service and investment plans carefully, seeking as far as possible to ensure that we both:

- address the needs of all the key services that have to be delivered across the Trust, a number of which are operating in conditions and with equipment which need upgrading, and;
- create room for focused investment in the capacity and capability of those specialised services where King's has a leading role in the system or has a distinctive role in terms of its clinical-academic excellence in KHP and in our geography - and which we need to expand, develop and work at the cutting edge of research and innovation if they are to maintain their regional, national and international reach and reputation.

We will also make best use of our sites and spaces. In the future, this will mean considering whether there are increased benefits to patients from reconfiguring activity across our Trust or the wider South East London integrated care system.

And, we will continue to encourage and support our people to innovate and improve, make better use of technology, and work even more closely with patients and partners in South East London to design more effective pathways and services.

To achieve our ambition for outstanding local services in the coming years, our investment priorities will include:

- Transforming our urgent and emergency care at King's College Hospital, Denmark Hill through an ambitious capital and estates programme which will create a new integrated emergency floor, a new discharge unit, and rapid access clinic. This will limit waiting times, reduce unnecessary admissions, and give faster access to specialist care.
- Delivering an ongoing programme of continuous improvement for our emergency care services at King's College Hospital, Denmark Hill and Princess Royal University Hospital, focused on reducing waiting times and improving facilities.
- Improving care during pregnancy across all sites. Aligned with our commitment to the importance of the life course and NHS Long-Term Plan focus on 'starting well,' and alongside the national focus on women's health, we will develop a new maternity strategy.
- Expanding and developing frailty and dementia services across our sites, including opening a new frailty unit at Princess Royal University Hospital. Recognising that frailty and dementia are health priorities for our communities.
- Completing our new critical care unit at King's College Hospital, Denmark Hill to support adequate critical care capacity for our local and specialist services.
- Developing our stroke services and Hyper Acute Stroke Units at Princess Royal University Hospital and King's College Hospital, Denmark Hill, and delivering a 24/7 thrombectomy service at King's College Hospital, Denmark Hill from 2022.

And, we will also develop and improve our world-class specialist services, with the needs of our local communities and integrated care system in mind. We will work in collaboration to support the KHP Institutes, including giving particular focus to opportunities to tackle the health issues that affect our local communities, responding where there is unmet need, and continuing to improve the services that our patients rely on us to deliver. In the coming years, this will mean that in addition to delivering outstanding local services, our priorities will include:

Growing our world-class liver, adult and paediatric hepatobiliary, hepatology, and pancreatic services

- As a major European transplant programme we will grow by 7-9% per year across liver services and ensure the infrastructure is in place to support this.
- We aim to perform more than 300 adult and paediatric liver transplants per year by 2026.
- We will continue to pioneer new models of care, procedures and technologies in these fields with advancements in areas such as perfusion technologies, hepatitis C and cirrhosis networks and gaining Improving Quality in Liver Services (IQILS) accreditation.

Building the capacity needed by the system, and continuing to enhance our world leading services in adult and paediatric neurosurgery, neurology and neurosciences

- Growing our service to meet the demand from our local and regional health systems, which could increase by 20% over five years.
- Developing a 'one team' model across KHP, including enabling cross-site passports and exploring joint appointments, that brings our systems physical and mental health providers closer to our research and training.
- Building on our work as innovators in specialist cancer neurosurgery in adults and children, expanding our expertise in functional neurosurgery and functional neurology, and growing our reputation on the international stage.
- Supporting better patient outcomes by exploring new rehabilitation models across our acute sites – in recognition of the significant demand driven by our role as a major trauma centre and heart attack centre, alongside the needs of stroke and neuro-oncology patients.



Enhancing our world-leading work in fetal medicine

- Building a new focus on genomics and gene editing technology.
- Working across KHP to bring fetal medicine together with maternal medicine, to improve population health and tackle inequalities through improved maternal health and health management.

Strengthening our haematology service

- Working with our partners to establish a 'one team' model for the haematology service in South East London, and establishing a world-class KHP Institute of Haematology predominantly situated at our King's College Hospital, Denmark Hill site.
- Building a new environmentally-sustainable haematology outpatient facility at King's College Hospital, Denmark Hill and refurbishing our existing ambulatory and day case environments. This will provide safer services, and a more positive experience for our patients.
- Continuing our focus on innovation, by expanding our work in CAR-T cell therapy so that more patients can benefit from novel therapeutics.

Developing our cardiovascular services

- Working with the KHP institute to develop our 'one team' across our sites enabling us to build on our site-based strengths and collective expertise across clinical delivery, research and training.
- Enhancing our emergency cardiac services through our heart attack centre (one of the busiest in London), world-leading cardiac imaging department, and minimally invasive cardiac surgery we will develop our treatments and follow up pathways to continue improved outcomes for patients.

Supporting our paediatric speciality services, including the paediatric intensive care unit, to enable our world-leading services in, for example, paediatric liver, neurosurgery and cystic fibrosis to continue to thrive and deliver excellent patient outcomes.

Continuing to evolve our major trauma service through developments in pathways of care in resuscitation, definitive care, and rehabilitation. This will support the synergy between acute and tertiary care both at King's and with our network partners, providing the very best of modern major trauma care to South East London, Kent and Medway.



Improving population health by working together: We will work with health system partners to improve the health of our communities

Collaboration is key to improving population health. We know that patients will have the best outcomes through joined-up care that meets the full range of their health needs.

The best services will increasingly be delivered through partnership working, and we will continue to build links with a range of partners across our local integrated care system, including:

- South East London integrated care system partners, including Lambeth Together, Partnership Southwark, and One Bromley, to develop new joined-up integrated care pathways, and to consider the best use of new capacity across the system.
- South East London APC, which brings us together with Guy's and St Thomas' NHS Foundation Trust and Lewisham and Greenwich NHS Trust, and has led to a step-change in the way we work together as acute providers. We will continue to work as an APC on our South East London elective service recovery programme, and on other areas where joint working will deliver better care for the people of South East London.
- KHP, bringing together expertise from the three South East London acute healthcare providers, the South London and Maudsley NHS Foundation Trust, and King's College London to develop services that benefit from clinical and academic excellence, and the benefits of working as 'one team' across partner organisations to deliver the best care.
- Specialised services - in the interest of better patient care, we will work together with colleagues from KHP, neighbouring integrated care systems and clinical networks to streamline patient pathways and deliver world-class tertiary services across South London and beyond.

Over the next five years we will work together as system partners to embed population health management, reduce unwarranted variation and tackle health inequalities. At King's this will mean:

- When making future investment decisions, we will consider the contribution to improving population health, and tackling health inequalities.
- Championing the 'Vital 5' - we know that the five most significant health risk factors driving illness and premature death in our communities are high blood pressure, poor mental health, obesity, smoking and alcohol. Over the next five years, in collaboration with community, primary care, and mental health services and local authority partners, we will explore opportunities to significantly improve prevention, detection, management and treatment of the 'Vital 5' including through screening our patients, and collecting data through our new electronic patient record system.
- Targeting obesity and diabetes, given the particularly high levels of obesity in our communities, including some of the highest childhood obesity rates in Europe, we will work jointly with KHP on a range of interventions from prevention through to growing our innovative programs in metabolic endoscopy and metabolic surgery.
- Focusing on prevention by leveraging our specialist expertise as a major trauma centre by supporting trauma prevention.
- Developing our work with KHP on 'Mind and Body', including building on our pathfinder services in renal, rheumatology and diabetes where we are Integrating Mental and Physical Health care: Research, Training and Services (IMPARTS) into routine clinical care for our patients. For patients with long-term and chronic conditions, overcoming the division between mind and body will be a priority.

We will also work as part of the South East London integrated care system to increase capacity in line with the needs of patients across our shared geography, for example:

- Expanding our neonatal intensive care services at King's College Hospital, Denmark Hill and Princess Royal University Hospital;
- Increasing theatre capacity at Orpington Hospital to create a new hub of surgical excellence and support elective service recovery; and
- Building additional diagnostic capacity in recognition of its vital role in post-pandemic recovery, including redesigning care pathways with partners to develop community diagnostic hubs that will deliver the highest quality services in radiology, endoscopy (including through a new standalone endoscopy suite at Princess Royal University Hospital), and specialist pathology services in precision medicine and genomics.

We will continue to build on the excellent examples of collaboration we have in the delivery of children's services (for example with Evelina London Children's Hospital, The Royal Marsden Hospital and Great Ormond Street Hospital for Children), the Cardiovascular Institute and cancer services. And look to develop more joint services with our partners at Guy's and St Thomas' NHS Foundation Trust and beyond. This may include new partnerships to deliver renal and respiratory services, amongst others.

Delivering sustainable care: We will achieve financial stability and sustainability, maximising productivity and efficiency to deliver the best care

To continue delivering high quality care, and invest in our services and facilities, we need financial stability and sustainability as a Trust. Over the last few years, we have made significant progress in improving our financial position, delivering on our financial plan in 19/20 and 20/21. We have also improved our clinical productivity by 7% based on the latest Model Hospital data for 2019/20, and our costs are now comparable with our Shelford Group peers. We aim to work with our local system and regional colleagues to ensure we are no longer in need of financial special measures, and that King's establishes itself in a long-term, sustainable financial position.

Continuing on this improvement trajectory for our financial stability and sustainability is key to our strategy. Over the next five years, we will work with our partners across South East London to develop and maintain a sustainable local and regional health economy, and to be a financially sustainable organisation within it. This will require us to:

- Continue delivering productivity/efficiency improvements - through the Getting It Right First Time (GIRFT) programme, reducing unwarranted variation, enhancing our use of technology and collaborating across the South East London integrated care system on support services and other areas where there may be opportunities to realise efficiencies by working as a system;
- Secure capital provision to bring our existing estate up to standard and to support prioritised investment in new facilities; and
- Grow our national and international commercial portfolio to fund local service development.

Growing our international commercial portfolio will be a key strand of our strategy to increase our non-NHS income. It will mean building on the work that King's Commercial Services have been doing in recent years, including the successful opening of a 100 bed hospital, King's Dubai, and two other hospitals under construction in Jeddah and Abuja. These international platforms generate income for the Trust through recruitment, education and training. King's is a leader in this area of work within the NHS, and we will aim to expand in Africa, Asia and the Middle East in the coming years.

In addition, we will look to restart our private patient services which have been effectively put on hold by the pandemic. We will aim to increase our private patient income above pre-pandemic levels for both UK and overseas patients, with fit for purpose facilities and a dedicated management team.

Being a listening and learning organisation: We will embed improvement in everything we do, delivering safe and effective care

We recognise the importance of being more open and responsive to feedback from our patients and staff, and as an organisation we will be committed to continuous improvement. This will mean:

- We will continue to improve our safety culture, and ensure that we have the right systems and processes in place.
- We will use the best available systems and technology to collect and analyse data on the safety of our services. Priorities for safety improvement will be monitored and managed through appropriate governance, with Board-level oversight.
- We will improve our care for people experiencing mental ill-health, including improving staff training, creating more suitable facilities and strengthening links with mental health providers and other partners in our local integrated care system to improve access to mental health services.
- We will give greater prominence to continuous quality improvement by training and empowering our staff to improve services for patients in their areas. We will recognise and reward those who develop and embed improvements, and encourage our teams to be bold in searching for better solutions.
- We will work with patient groups to develop and embed a new approach to providing timely feedback. We will simplify the feedback process for patients and ensure that improvements can be implemented swiftly and sustainably.
- We will continue to improve the processes and governance which support the handling of formal complaints, ensuring we capture and act on opportunities to learn.
- We will embed and encourage the use of quality improvement tools and techniques, to help us to understand the impact of changes, asking: 'does it work?' when we try new things. We will support staff when changes do not work so that they are empowered to keep trying to make improvements.

Our BOLD vision

Leaders in Research, Innovation and Education

We continue to develop and deliver world-class research, innovation and education - providing the best teaching, and bringing new treatments and technologies to patients



We have prioritised five actions to achieve our ambition to be leaders in research, innovation and education:	Investing in digital transformation: We will invest in digital and data innovation to improve patient care and deliver better services.	Making our research more inclusive to improve population health: We will increase participation of our diverse South East London communities and populations in research, contributing to better health outcomes.
Building partnerships and networks: We will grow our industry partnerships and academic networks.	Being future-focused and growing our innovation culture: We will be at the forefront of research and innovation – understanding what works, and adopting and spreading it.	Teaching the leaders of tomorrow and supporting lifelong learning: We will deliver high quality education and training throughout our people’s careers.

King’s is recognised globally as a world-leading research and innovation centre. From conducting the UK’s first bone-marrow transplant, to developing ground-breaking fetal surgery, to more recently pushing the boundaries with revolutionary therapies using artificial intelligence and machine learning, our work continues to transform healthcare around the world.

The excellence of our world-leading clinical services is underpinned by the strength of our innovative and pioneering research. We see opportunity to build on this strength, and translate our research outcomes into new therapies.

As we look to the next five years, we know that the pace of technological change will only increase, and the opportunities for research and innovation will evolve. We are committed to being at the forefront, driving change for local and international populations.



Investing in digital transformation: We will invest in digital innovation to improve patient care and deliver better services

Over the next five years, working in collaboration with partners across South East London, we will revolutionise our digital and data capabilities, improving health outcomes and the working environment for our people.

- We will develop a single accessible and reliable integrated electronic health record (EHR) system together with our colleagues at Guy's and St Thomas' NHS Foundation Trust, and empower patients through the implementation of a secure patient portal. This will lead to safer care, better join-up between services and greater transparency and information for our patients.
- We will improve our digital maturity and maximise the use of technologies to equip both our patients and people with tools that allow more proactive, personalised care. For our people, this will improve their day-to-day experience by giving them more flexibility, increasing productivity, streamlining processes and maximising the time that they can spend with patients. For our patients, it will enable the use of more self-management tools such as virtual wards and application-based care to enable them to manage their conditions from home, or closer to home, with our clinical oversight.

- We will better collect, integrate and utilise clinical data to detect patterns of disease, improve patient outcomes, understand and address health inequalities, improve efficiency and deliver more effective care.

Our forthcoming Digital Strategy will set out the guiding principles for delivering our digital transformation.

Making our research more inclusive to improve population health: We will increase the participation of our diverse South East London communities in research, contributing to better health outcomes

We are consistently one of the top research-active Trusts in the country, with an average of 620 studies taking place across the Trust at any one time. We aim to increase the impact of our research over the next five years.

We know that better health outcomes for our communities rely on participation in our clinical research from our diverse local populations. Access to 'the world on our doorstep' means that the Trust has the potential to research health topics of global concern. King's is already an exemplar of increasing diversity in research, and our work is attracting attention as this area becomes a national priority for organisations such as the National Institute for Health Research (NIHR) and Genomics England. We will continue to build on our work by:

- Increasing participation in clinical trials amongst our diverse local populations. We will empower the local Black, Asian and minority ethnic (BAME) population to increasingly participate in research by building on our existing strategies through work with the King's BAME Network and our wider integrated care system partners.
- Removing unconscious bias of researchers.
- Conducting research which focuses on clinical conditions that are prevalent in our communities.
- Focusing research attention on health in pregnancy and its subsequent effect on the life course of women and families. This offers an opportunity to impact on the long-term metabolic, cardiovascular, renal and hepatic health of our local communities by improving maternal health and its management. This will synergise with the established campus-based academic strength within the James Black Centre and the Institute of Hepatology.

We will also aim to make our research activity more inclusive across the Trust by increasing research activity at Princess Royal University Hospital, and engaging a wider range of colleagues in research and its translation into improving patient care and outcomes.

Building partnerships and networks: We will grow our industry partnerships and academic networks

Our relationships with industry and academic partners are fundamental to the depth and breadth of our research and innovation activity. Over the coming five years we will continue to develop these partnerships.

We will remain a committed member of KHP, working together to identify further opportunities to build on our collective research and clinical strengths, and bring high impact innovation to our patients.

We are a founding partner in the new SC1 innovation district, which will be formally launched in summer 2021, and will create a new globally recognised hub for life sciences. SC1 will drive clinical innovation for the benefit of patients, support start-ups, scale-ups and small and medium-sized enterprises (SMEs), and contribute to the economic growth of South East London.

We aim to increase our commercial contract research and industry partnerships, as part of our strategy to boost non-NHS sources of income across the Trust. We will also seek to strengthen our relationships with national funding bodies and research charities.

Being future-focused: We will be at the forefront of research and innovation – understanding what works and adopting and spreading it

It is impossible for us to predict the many advances that will occur over the next five years. Our aim of being at the forefront of research and innovation means that flexibility must be fundamental to our strategy. **To allow us to respond to new and emerging opportunities and ways of working we will:**

- Develop advanced therapies through a new precision and personalised medicine laboratory which will co-locate clinical and academic activity focused on our specialist services across the life course. This will bring cutting-edge treatments and technologies to our patients.
- Conduct ground-breaking research, such as first-in-human trials in areas of clinical and research strength, such as spinal cord injury and Motor Neurone Disease.
- Adopt the best new technologies, where they are appropriate for our patients' needs, for example, piloting the 'artificial pancreas' closed loop technology for Type 1 Diabetes, and exploring the use of robotics and machine learning in surgery.
- Grow and embed a culture of innovation, ensuring that we do it in a person-centred way, working with our patients and people so that we meet their needs and priorities, and implementing change sustainably.
- Improve our internal horizon scanning work, strengthen communication and intelligence sharing across clinical and research areas and increase internal awareness of national and international life sciences priorities.



Teaching the leaders of tomorrow and supporting lifelong learning: We will deliver high quality education and training throughout our people's careers

As a teaching Trust, we are always learning. We have some of the brightest and best people at King's and we are proud to be training the next generation of healthcare professionals.

We are committed to promoting a culture of lifelong learning, offering continuing personal and professional development opportunities for clinical and non-clinical staff.

We work closely with our academic partners King's College London and KHP to collectively deliver a combination of education, clinical training and research expertise.

Over the next five years we will:

- Launch the new King's Academy – our new Nursing and Midwifery Academy which will create an environment where nurses and midwives can flourish, and where their practice can advance to deliver even more for our patients and for Team King's. The Academy will launch in 2021/22, and will coordinate our current professional activities, provide focus for professional development – including both practice and academic development, creating a vibrant environment for our nurses and midwives to innovate and thrive.
- Contribute to undergraduate and postgraduate education delivered through King's College London in the fields of medicine, dentistry, nursing, midwifery, pharmacy, and therapeutic and technical health disciplines - supporting the academic mission that produces the teams of tomorrow.
- Work with the KHP Education Academy to train and develop the healthcare teams of the future, recognising the need for new roles, improved skills and values and, supporting diversity.
- Ensure the provision of the best education for all postgraduate doctors, dentists and consultants at King's through our Postgraduate Medical Centre.
- Be flexible to the educational needs of our physician and nursing associates.
- Enable a culture of development for our administrative and NHS managerial staff to ensure that all our people have support to progress in their careers, and be the very best they can be.

We will enhance learning and education through the use of innovative methods such as technology enhanced learning, and state of the art simulation training.

Over the next five years, we will continue to support our leaders of tomorrow through a targeted leadership and talent development programme which supports our clinically-led organisation and develops our effective clinical and non-clinical teams.



Our BOLD vision

Diversity, Equality and Inclusion at the heart of everything we do

We proudly champion diversity and inclusion at King's, and act decisively to deliver more equitable experiences and outcomes for our patients and people



We have prioritised four actions to achieve our ambition to put diversity, equality and inclusion at the heart of everything we do:

Leading the way by developing our culture and skill: We will build a culture that champions diversity, equality and inclusion. Supporting and developing our people to provide compassionate and culturally competent care to our patients and each other.

Tackling health inequalities: We will be proactive in anticipating the diversity of our patient needs and will respond to them to ensure we achieve the best outcomes.

Being an anchor in the community: We will take our social and environmental responsibility seriously, addressing the socioeconomic determinants of health.

Building community partnerships: We will improve the reach of our organisation and grow our standing in the community through local partnerships.

At King's we are proud of the diversity of our 13,500 staff and the strength that gives us to provide compassionate care to all of our patients. We are committed to teams that reflect the diverse populations we serve, and will continue to strengthen our culture of inclusivity. We expect our leaders to actively champion equality, diversity and inclusion, and will equip and support them to do so. In this way, we will address inequalities across our services, strengthen our partnerships within the community, and ensure we meet our social and environmental responsibilities with pride and determination.

Leading the way by developing our culture and skill: We will build a culture that champions diversity, equality and inclusion. Supporting and developing our people to provide compassionate and culturally competent care to our patients and each other.

King's will be an inclusive organisation where everyone feels they belong. We will embrace diversity, value difference and ensure equity for everyone.

We will equip and support our Board and leaders to be visible and active champions of equality, diversity and inclusion across King's. They will demonstrate ownership and accountability for delivering our vision of being an inclusive organisation that embraces diversity, values difference, and strives for equity for all.

We also believe equality, diversity and inclusion is everyone's responsibility and is core to our ways of working. Under the direction of our Equality, Diversity and Inclusion team, all of our people at King's (including partners and sub-contractors) will have a clear understanding of their part in the equality, diversity and inclusion agenda, why it matters, and the expectations that go with it.

We are determined to be known for our commitment to a culture that is wholly supportive of equal opportunities and cultural difference, and which stands resolutely against discrimination. Everyone who comes across King's will be welcomed and valued equally, and without prejudice.

We will formally embed equality, diversity and inclusion standards in all aspects of our core business from clinical service delivery, strategy and policy development and recruitment.

Our staff network groups will provide leadership and advocate for their members, strengthening the culture of inclusion and helping to co-design key processes and policies.

King's will ensure that gender equality continues to be an integral part of our Equality, Diversity and Inclusion Plan, as we continue to undertake analysis to understand the factors influencing the gender pay gap.

We will ensure we better support staff needs by developing a culture whereby staff feel encouraged to disclose their disability status so that we have an accurate record of staff disability.

We will make significant progress in the Workforce Race Equality Standard across recruitment, access to learning, disciplinary processes and board representation, which includes exceeding the Model Employer targets.

And, we will be a champion for the London Workforce Race Strategy and its initiatives, increasing our involvement with this important work.

Tackling health inequalities: We will be proactive in anticipating the diversity of our patient needs and will respond to them to ensure we achieve the best outcomes

While we take pride in the outstanding care we provide to patients across all of our sites, we know that health and wellbeing is not solely dependent on the availability of quality health services. **We must ensure our services are accessible and play a larger role in helping people to live healthy lives.**

We will ensure that the way we provide care to our communities is sensitive to the differences among us. Any new services we establish will be co-designed alongside patients and members of the public to make sure they are fit for purpose and accessible to all.

We will work closely with our partners across the South East London integrated care system to take a systematic approach to reducing inequalities. In particular, we will collaborate with local authorities - alongside education, housing and other local service providers - to tackle these inequalities in a way that is most appropriate and effective for our patients.

We must make our services accessible to all people.

We will work with patients and local groups to ensure that digital platforms, technology, language services, and physical aids are readily available to guard against inadvertent exclusion. The accessibility of our services is a fundamental aspect of ensuring that all patients who come to King's have the best experience possible.



Leveraging our specialist expertise to promote a prevention agenda. King's has a world-renowned reputation for providing excellent specialist services. In complement to our efforts to address poor health outcomes at a population level, we will also leverage our expertise in these specialist areas to establish a prevention agenda that mitigates against the risk of injury and illness.

Being an anchor in the community: We will take our social and environmental responsibility seriously, addressing the socioeconomic determinants of health

Across South East London there is variation in life expectancy and quality of life. As an anchor institution - a longstanding local organisation with the opportunity and means to positively impact and uplift our community – it is our social and environmental responsibility to address this inequality in a holistic manner. We take this responsibility seriously, recognising that the benefits we can bring to the social, environmental, and economic wellbeing of our communities can also reduce deprivation and improve population health outcomes.

We pledge our commitment to working as an anchor institution in our communities and modelling our social and environmental responsibility. By publicly pledging to advocate for these principles, we can have an even greater impact on the wider socioeconomic factors that keep our communities healthy, while still providing excellent healthcare to those who are in need.

We will strive to offer employment and career opportunities to as many local residents as possible. We will achieve this by doing more to visibly promote King's as an employer locally, and working directly with local authorities, schools and universities.

We will work closely with third sector organisations to ensure we are supporting employment opportunities for people with disabilities, and continuing to offer apprenticeships, work experience and volunteering opportunities particularly targeting younger people.

We are committed to delivering sustainable healthcare for all, by reducing our carbon footprint and supporting national Greener NHS ambitions. Through the King's Green Plan we are committed to delivering sustainable healthcare for all by responding to climate change, improving health and wellbeing now and for future generations, reducing harmful carbon emissions and improving local air quality. To do this we have set carbon reduction targets of 80% by 2032; and 100% (net zero) by 2040.

Building community partnerships: We will improve the reach of our organisation and grow our standing in the community through local partnerships

Throughout our history, we have built strong ties within our communities, and we will continue to work with local partners in mutually beneficial ways to improve the health of our patients and populations.

We will leverage the visibility and reputation of our hospitals to amplify the achievements of local partners and extend the reach of their work. **Over the next five years we are going to be ambitious about the contributions we can make across health and wellbeing, through working closely with local partners, charities, and other agencies who are already doing excellent work.**

Similarly, there are local high-profile organisations and individuals whose visibility in the public sphere far outshines that of our Trust. We will seek strategic partnerships with these groups to gain endorsement of King's services, initiatives and messages to the public.

We will build new relationships at a grassroots level within our communities. We know that there are ongoing barriers to accessing our services, and we will strive to find new ways to engage people locally, including through having a greater presence at local events including festivals, markets and religious gatherings.



What will this mean for me?

What success will look like for our people, patients and communities across our whole Trust:

Brilliant People: Our people at King's feel valued and are treated with respect and kindness and demonstrate those same values towards others. They are engaged and committed to delivering the best possible care in whatever role or place they work across the Trust, and they have the support they need to do this. High quality care is delivered because our teams, regardless of size, understand that they are essential for the whole organisation to function at the high standard to which they aspire. Our strong culture of learning and improvement allows our people to feel supported and encouraged to develop the very best models of care, and to build the best working environment. King's is recognised as an organisation that is well-led and where people want to come to work and train.

Our people work as an inclusive team that recognises the value of diversity and works to ensure this is a strength at King's. The richness that comes from diverse backgrounds, cultures, beliefs and experiences are valued and celebrated. And, people at all levels and roles throughout the organisation feel that they are supported in their development and that King's cares about their progression.

Outstanding Care: Our patients always receive safe and effective care and treatment at the right time and as close to home as possible. The care is excellent because our patients tell us, they design services with us, and we listen and act to make improvements and deliver outcomes that they value. Our patients and communities know that they are at the heart of the services we provide, and the focus is on what matters most to them.

Patients benefit from King's working collaboratively across South East London and beyond to deliver integrated care that better meets their needs. They have access to more efficient and productive services that deliver better value as a result of our work as a local integrated care system, including through our system-wide approach to making decisions about services to improve population health.

Leaders in Research, Innovation and Education: We deliver even better care and improve health outcomes around the world through the influence of our research and innovation in practice. We involve more of our patient communities both locally and globally in the research we do. We have global reach through our research and innovation achievements that focus on reducing health inequalities and preventing ill health in our local communities, which reflect the 'world on our doorstep'.

The services that we deliver are supported by the best technology and are aligned to the needs of patients. Patients have more choice and control over their care and have the opportunity to access their information in a way that suits them. When they access our services and share their story, they know that their information will securely follow them around the hospital and beyond across our local integrated care system.

Diversity, Equality and Inclusion at the heart of everything we do: King's is a safe place. Our services are inclusive, designed for and with patients, and everyone who comes into contact with them feels respected and valued. Demonstrating pride and respect for our local communities, we are always finding new ways to engage with local people and building new relationships that boost our collective health and wellbeing.

Everyone across the Trust understands the responsibility we have as an anchor organisation in our local communities. We have widened our employment opportunities, and made significant headway in reducing our carbon footprint and increasing our role in supporting local supply chains.

What success will look like for our people, patients and communities across Princess Royal University Hospital, Orpington Hospital, Queen Mary’s Hospital Sidcup and Beckenham Beacon:

Brilliant People: Across our sites, our people know the vital and important contribution they are making as part of Team King’s and towards our Trust ambitions. Our wellbeing hubs at Princess Royal University Hospital and Orpington Hospital are central to the support and care we provide for the health and wellbeing of all our people.

Outstanding Care: Our patients and communities access outstanding local and specialist services that support them in all stages of life. Our urgent and emergency care services benefit from our programme of continuous improvement, and our care during pregnancy ensures that our youngest patients have the best start in life. In line with the needs and priorities of our communities, we provide world-class frailty and dementia services, and operate a leading-edge frailty unit. Our patients and communities receive the right care at the right time, and benefit from the specialist services delivered across the whole Trust.

Supporting the South East London integrated care system to increase capacity in line with the needs of the population, our patients have access to expanded neonatal intensive care services, increased theatre capacity at Orpington Hospital through a surgical excellence hub, and additional diagnostic capacity through our new endoscopy suite and rapid diagnostics hub.

Leaders in Research, Innovation and Education: Investment in technology has empowered our patients to better manage and understand their health conditions, and supported our people to provide efficient, effective care. By boosting research activity at Princess Royal University Hospital we have more colleagues engaged in research and its translation into improving outcomes that matter most in our communities, and provide new opportunities for our staff to develop and engage in cross-site activity. We are alert to advances in technology and the opportunities to innovate, and are quick to adopt cost-effective innovations.



Diversity, Equality and Inclusion at the heart of everything we do: The care we provide is sensitive to the differences among us and is culturally competent. We co-design all new services alongside patients and members of the public to make sure they are fit for purpose and accessible to all. As an anchor organisation in Bromley, we benefit our local area by taking our social and environmental responsibility seriously. Working closely with our partners across One Bromley, we strive to have an even greater impact on the wider socioeconomic factors that keep our communities healthy. We are also a great local employer, offering employment and career opportunities to local Bromley residents, and work closely with our schools and local authority colleagues.

What success will look like for our people, patients and communities at King's College Hospital, Denmark Hill:

Brilliant People: Across our sites, our people know the vital and important contribution they are making as part of Team King's and towards our Trust ambitions. Our wellbeing hub at King's College Hospital, Denmark Hill is central to the support and care we provide for the health and wellbeing of all our people.

Outstanding Care: Our patients and communities access highly complex, advanced care across all ages from pre-birth to end of life. The care we provide is holistic and integrated, recognising the interdependencies between our multiple specialties and partners to improve outcomes for patients.

Our patients know that we prioritise their care, and the South East London integrated care system can see that we are providing specialist services that support the needs of the wider community, through our investment in fetal and maternal medicine, hepatology and hepatobiliary services, neurosciences, cardiovascular and haematology. This is supported by our specialist critical care units, diagnostic services and major trauma services. Our patients and communities access outstanding local services that are available to them when they need them most. We have transformed our urgent and emergency care to address some of the issues that matter most to our patients - limiting waiting times, reducing unnecessary admissions, and giving faster access to specialist care.

Leaders in Research, Innovation and Education: Our research is more inclusive, and we are increasing the participation of our diverse local communities. Building on the speciality services delivered on our site we continue to grow our research achievements and, working with our partners as part of the SC1 innovation district, we are translating these achievements into clinical innovation that will benefit our patients and populations around the world. We are alert to advances in technology and the opportunities to innovate, and are quick to adopt cost-effective innovations. We are also playing an important role in contributing to the UK life sciences agenda and supporting the ambition for the UK to be a 'science superpower'.

Diversity, Equality and Inclusion at the heart of everything we do:

We recognise that we provide care for a changing, highly diverse and mobile population with high levels of deprivation and significant health needs. The care we provide is sensitive to the differences among us, and is culturally competent. We co-design all new services alongside patients and members of the public to make sure they are fit for purpose and accessible to all. As an anchor organisation in Southwark and Lambeth, we benefit our local areas by taking our social and environmental responsibility seriously. Our place-based partnerships improve the health and wellbeing of our communities, influencing local social and economic conditions through the way we employ people, purchase goods and services, use our buildings and space, and reduce our environmental impact.



How will we deliver this strategy?

A successful strategy is measured on its delivery. Although our strategy is ambitious, it is achievable and will be meaningful for our patients, communities and our people. Our strategy will be a living document that will evolve through further development with our people, communities and partners, and in light of our changing NHS landscape. We see flexibility and agility as key features of how we will work at King's and we will ensure that our strategy can respond to new and changing priorities and events.

For Team King's our strategy will provide a framework for everything we do, shaping our decisions and day-to-day actions. It will be embedded in the organisation through our vision, values and behaviours, and supported by our governance structures, corporate objectives, Care Group plans, and individual and team objectives.

Over the next six months we will develop our implementation plan and begin driving change to enable us to embed our new culture and achieve our ambitions and priorities. It will be important for us to do this alongside partners as part of the evolving South East London integrated care system, and our wider colleagues in neighbouring health systems.

The delivery of our strategy will be driven through annual business planning, and an annual strategic priority setting process which will enable us to break down our five year ambitions into clear, measurable objectives. All decisions made across the Trust will take account of our vision and values.

Our implementation plan will be monitored by our Trust Board who will track progress against the overall strategy on a regular basis. We will also clearly communicate the progress we are making against our priorities, and ensure that both successes and challenges are shared and understood across King's, including with our Governors.

Future engagement

Building on the engagement that we have established through the strategy development process, we will work with colleagues across our clinically-led organisation to embed and evolve strategic thinking across the Trust, empowering and supporting them to align their own Care Group-level strategies with the Trust strategy.

We aspire to be a more responsive organisation in the future. We will continue to listen to, and engage with, our patients and people about our strategy, through regular meetings with our Governors, existing patient groups, stakeholder forums and through regular conversations across Team King's. **This engagement will be essential to ensure that the voices of our people, patients and partners shape King's in the future, and help us to deliver on our shared vision to be BOLD: to have brilliant people, provide outstanding care for patients, to be leaders in research, innovation and education, and to have diversity, equality and inclusion at the heart of everything we do.**



KING'S STRATEGY 2021-26 | HOW WE BUILT OUR STRATEGY

THEMES: WHAT WE HEARD FROM YOU

BASED ON WORKSHOPS, SURVEYS + DISCUSSIONS WE'VE HAD WITH 4,500 STAFF, PATIENTS, PUBLIC + PARTNERS



KING'S HAS a VERY CLEAR IDENTITY that is BUILT on a LONG HISTORY of EXCELLENT CLINICAL CARE, SAFETY, + PATIENT-FOCUSED SERVICES.



WE HAVE an INTERNATIONAL, WORLD-RENOWNED REPUTATION as a LEADING HEALTHCARE ORGANISATION, BOTH for DELIVERING HEALTHCARE + for OUR ACADEMIC RESEARCH.



WE are INNOVATIVE, ADOPTING NEW TECHNOLOGIES + DEVICES, + CREATING NEW TECHNIQUES. WE are a STRONG TEACHING + LEARNING ORGANISATION.



TEAM KING'S is a COMMUNITY WITHIN ITSELF. WE are DIVERSE + MULTICULTURAL + WE SERVE a VERY DIVERSE + MULTICULTURAL LOCAL POPULATION; as WELL as PATIENTS ACROSS the COUNTRY + INTERNATIONALLY.



WE HAVE BOLD HEARTS + CURIOUS MINDS. WE are a FAMILY, BUILT on FRIENDLINESS, KINDNESS, COMPASSION.



WE WANT to COLLABORATE MORE with PARTNERS. OTHER HOSPITALS, UNIVERSITIES, KING'S HEALTH PARTNERS - in ORDER to DELIVER the BEST CARE.



IN RECENT YEARS, WE'VE HAD CHALLENGES with FINANCIAL DIFFICULTIES + AGEING ESTATES

WE WANT TO BE... **BOLD**



WE HAVE a RESPONSIBILITY to our COMMUNITIES to DO MORE for THEM: PROMOTING LOCAL ECONOMY, EMPLOYMENT + COMMUNITY ENGAGEMENT.



WE WANT to SHOUT MORE ABOUT OUR ACHIEVEMENTS + the GOOD THINGS we've DONE...

OUR *Vision* at KING'S is to BE...

B RILLIANT PEOPLE

O USTANDING CARE

L EADERS in RESEARCH, INNOVATION
+ EDUCATION

D IVERSITY, EQUALITY + INCLUSION at the
HEART of EVERYTHING WE DO

THE LETTERS of
BOLD SET the
FRAMEWORK for
OUR STRATEGY...



DIGITALLY-ENABLED

L EADERS in RESEARCH,
INNOVATION + EDUCATION

WE CONTINUE to DEVELOP + DELIVER
WORLD-CLASS RESEARCH, INNOVATION +
EDUCATION - PROVIDING the BEST TEACHING,
+ BRINGING NEW TREATMENTS + TECHNOLOGIES
to PATIENTS

D IVERSITY, EQUALITY +
INCLUSION at the HEART
of EVERYTHING WE DO

WE PROUDLY CHAMPION
DIVERSITY + INCLUSION at KING'S,
+ ACT DECISIVELY to DELIVER MORE
EQUITABLE EXPERIENCES + OUTCOMES
for OUR PATIENTS + PEOPLE.

SUSTAINABILITY

TEAM

WE SUPPORT EACH OTHER,
COMMUNICATE OPENLY, +
PUT OUR PATIENTS at the
CENTRE



Ambitions

PERSON-CENTRED

B RILLIANT PEOPLE

WE ATTRACT, RETAIN + DEVELOP
PASSIONATE + TALENTED PEOPLE,
CREATING an ENVIRONMENT
WHERE they CAN THRIVE



TEAM KING'S

Values

AT KING'S, WE ARE A
KIND, RESPECTFUL TEAM...

O USTANDING CARE

WE DELIVER EXCELLENT HEALTH
OUTCOMES for OUR PATIENTS, +
THEY ALWAYS FEEL SAFE, CARED
for + LISTENED TO.



KIND

WE SHOW COMPASSION +
UNDERSTANDING + BRING
a POSITIVE ATTITUDE to
OUR WORK



RESPECTFUL

WE PROMOTE EQUALITY, are
INCLUSIVE + HONEST, SPEAKING
UP WHEN NEEDED



King's Strategy 2021-2026
Strong Roots, Global Reach

Published by King's College Hospital NHS Foundation Trust
July 2021

www.kch.nhs.uk

Report to:	Board of Directors
Date of meeting:	9 th September 2021
Subject:	Revisions to the Constitution
Author(s):	Siobhan Coldwell, Trust Secretary
Presented by:	Sir Hugh Taylor, Chairman
Sponsor:	n/a
History:	n/a
Status:	For Approval

Summary

It is good practice for Foundation Trusts to review and update their constitutions on a regular basis. The Council of Governors established a small working group to undertake this review. Following discussions with the working group a number of revisions are being proposed. The key changes can be summarised as follows (n.b. paragraph numbering refers to the paragraphs in the constitution):

1. The language of the constitution has been gender neutralised in line with current legal practice.
2. The Governor positions allocated to partnership organisations has been updated to reflect the current partnership landscape. (para 12.19)
3. The section on the lead governor has been expanded (para 14.2) and now outlines the process for appointing a lead governor as well as the responsibilities of the role.
4. The term of office for NEDs has been clarified (para 18.6).
5. The definition of a 'significant transaction' has been expanded (para 28.2), in line with the model constitution.
6. The public constituencies have been updated and expanded (Annex 1).

Whilst the rights and duties of the Council of Governors includes reviewing the Constitution and approving any proposed amendments, any changes must also be approved by the Board of Directors (para 28 of the existing constitution).

Decision required

The Board of Directors is asked to approve the proposed revisions to the constitution including:

- endorsing the updates to language (pt 1 above) and the expanded definition of 'significant transaction' (pt 5 above),
- agreeing the allocation of seats to partnership allocations (pt 2 above),
- approving on the new section on the appointment and role of the Lead Governor (pt 3 above),
- confirming that the Trust continues to offer its NEDs a term of 4 years, with the option of two terms of 4 years (pt 4 above),
- changing the Lewisham seat to a South East London seat, to recognise changes to pathways within the local system. (pt 6 above), and
- creating a new London constituency which means the addition of 1 public governor (offset by the loss of a CCG governor) (pt 6 above).

3. Key implications

Legal:	NHS Foundation Trust Constitutions must be compliant with the NHS Act 2006. All proposed changes are in line with the 2006 Act.
Financial:	n/a
Assurance:	n/a
Clinical:	n/a
Equality & Diversity:	n/a
Performance:	n/a
Strategy:	n/a
Workforce:	n/a
Estates:	n/a
Reputation:	n/a

Detailed Report

The Governor's working group have considered the current constitution and are recommending a number of revisions to the Council of Governors. A full revised document can be made available on request. The key changes can be found at appendix 1 below.

Significant Transaction

The current version of the constitution requires to the Board of Directors to seek approval from the Council of Governors before entering into any 'significant transactions', but does not define 'significant transaction'. In order to provide clarification, the constitution has been expanded to include the definition that is widely used by Foundation Trusts (as per the model constitution).

Lead Governor

The Constitution allows for the appointment of a lead governor, but provides no guidance as to appointment process, tenure and role description. This has now been rectified.

NED Tenure

In relation to the NED term of office, the revisions reflect the Trust's current practice. A review of the appointments of longer standing NEDs on the Board indicates that this has been in place for some time. It is also in line with the constitution of Guy's and St Thomas' NHS Foundation Trust, a key partner.

It is worth noting that the NHS Code of Governance recommends that NEDs should be appointed for 3 year terms (maximum 2 terms). It states that:

Any term beyond six years (e.g., two three-year terms) for a non-executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. Non-executive directors may, in exceptional circumstances, serve longer than six years (e.g., two three-year terms following authorisation of the NHS foundation trust) but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive's independence.

The Code of Practice is based on the principle of 'comply or explain', in other words compliance is not mandatory. However, the Trust should have a rationale for continuing to deviate from the norm and should be ready to disclose this in its annual report.

King's is a large and challenged organisation that operates in a complex and ever-changing partnership landscape. It continues to face financial and operational performance challenges. Leadership stability will be increasingly important as the Board works to deliver sustained improvement on behalf of patients and staff **and it**

is therefore recommended that the Trust continues to offer its NEDs a term of 4 years, with the option of two terms of 4 years.

Constituencies

The description of the public constituencies is outlined in Annex 1 of the Constitution. Governors will be aware that the geographical constituencies, whilst generally reflective of patient flows, were formulated before the creation of the Integrated Care System for South East London, and are felt to be too tightly drawn when considering NED recruitment. Recent recruitment exercises have confirmed that without significantly affecting the balance of the Council of Governors itself, the Trust would benefit from the creation of a wider public constituency, to strengthen the depth of our field for NED roles, in a way that is commensurate with the scale and ambition of the Trust and brings it into line with other tertiary Trusts in London.

The Trust is limited in its options with regards these changes, due to the NHS Act 2006 which places the following limitations:

- *Paragraph 16(4) of Schedule 7 to the NHS Act 2006 provides that a person may only be appointed as a NED if:*
 - (a) He is a member of a public constituency or the patients' constituency; or*
 - (b) Where any of the corporation's hospitals includes a medical or dental school provided by a university, he exercises functions for the purposes of that university.*

Paragraph 7 of Schedule 7 to the NHS Act 2006 provides that members of a constituency (or classes within a constituency) may elect any of their number to be a member of the Council of Governors.

The Constitution has been updated as follows:

- **The Lewisham constituency has been widened to cover the remain boroughs in the SEL System – LB Bexley and LB Greenwich**
- **An additional public constituency has been added to cover the rest of London.**

Appendix 1: Summary of Changes

The following paragraphs are extracted from the proposed revised Constitution. The sections highlighted in red are the proposed additions.

MERGERS AND SIGNIFICANT TRANSACTIONS

- 28.1 The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors.
- 28.2 The Trust may enter into a Significant Transaction only if more than half of the members of the Council of Governors voting approve entering into the transaction.

"Significant Transaction" means:

- 28.2.1 the acquisition of, or an agreement to acquire, whether contingent or not, assets the value of which is more than 25% of the value of the Trust's gross assets before the acquisition; or
 - 28.2.2 the disposition of, or an agreement to dispose of, whether contingent or not, assets of the Trust the value of which is more than 25% of the value of the Trust's gross assets before the disposition; or
 - 28.2.3 a transaction that has or is likely to have the effect of the Trust acquiring rights or interests or incurring obligations or liabilities, including contingent liabilities, the value of which is more than 25% of the value of the Trust's gross assets before the transaction.
- 28.3 For the purpose of this paragraph 28.2:
 - 28.3.1 "gross assets" means the total of fixed assets and current assets;
 - 28.3.2 in assessing the value of any contingent liability for the purposes of sub- paragraph 28.2.3, the Directors:
 - 28.4 The views of the Council of Governors will be taken into account before the Trust enters into any proposed transaction which would exceed a threshold of 10% for any of the criteria set out in paragraph 28.2 (a "Material Transaction").

LEAD GOVERNOR

14.2 The Council of Governors may elect a lead governor.

14.2.1 When a vacancy occurs, an appointment meeting of the Council of Governors shall be called.

14.2.2 Any Governor with at least one year of their term remaining, may nominate themselves for the office of Lead Governor by giving notice to the Chair at least ten clear days before the Appointment Meeting.

14.2.3 As long as at least one nomination has been received in accordance with paragraph 14.2.1, the Council of Governors shall appoint the Lead Governor at the Appointment Meeting.

14.3 If:

- one nomination has been received, the nominated Governor shall be appointed Lead Governor at the Appointment Meeting;
- more than one nomination has been received, the Council of Governors shall choose the Lead Governor by paper ballot at the Appointment Meeting, and if there is an equality of votes, the tied nominees shall draw lots to decide which of them shall be chosen;
- no nomination has been received, the office shall lie vacant until the next Appointment Meeting.

14.4 The Lead Governor may resign from the office at any time by giving written notice to the Chair, and shall cease to hold the office immediately if they cease to be a Governor.

14.5 If a Lead Governor ceases to hold office during their term, the second- placed nominee in the last ballot for the office shall be offered the opportunity to assume the vacant office for the unexpired balance of the retiring Lead Governor's term. If that candidate does not agree to fill the vacancy it will then be offered to the third-placed nominee and so on until the vacancy is filled. If no candidate is available or willing to fill the vacancy, the office shall remain vacant until the next Appointment Meeting.

14.6 The Lead Governor's duties shall be as follows:

- facilitating communication between Governors and members of the Board of Directors;
- assisting the Chair in settling the agenda for meetings of the Council of Governors and other meetings involving Governors;
- chairing the Council of Governors when required to do so by the Standing Orders attached at Annex 2;
- contributing to the appraisal of the Chair in such manner and to such extent as the person conducting the appraisal may see fit;
- initiating proceedings to remove a Governor where circumstances set out in this Constitution for removal have arisen (without prejudice to the right of any other Governor to initiate such proceedings);

- liaising, as appropriate, with councils of governors for other NHS Foundation Trusts, and
- such other duties, consistent with the 2006 Act and this Constitution, as may be approved by the Governors.

Terms of Office

18.6 The non-executive Directors (including the Chair) shall be eligible for appointment for two four year terms of office, and in exceptional circumstances a further term of two years. No non-executive Director (including the Chair) shall be appointed to that office for a total period which exceeds ten years in aggregate.

Partnership Constituencies

12.9 The South East London Clinical Commissioning Group shall be entitled to appoint two System Governors in accordance with a process of appointment agreed with the Secretary. The absence of any such agreed process shall not preclude the organisation from appointing its System Governors.

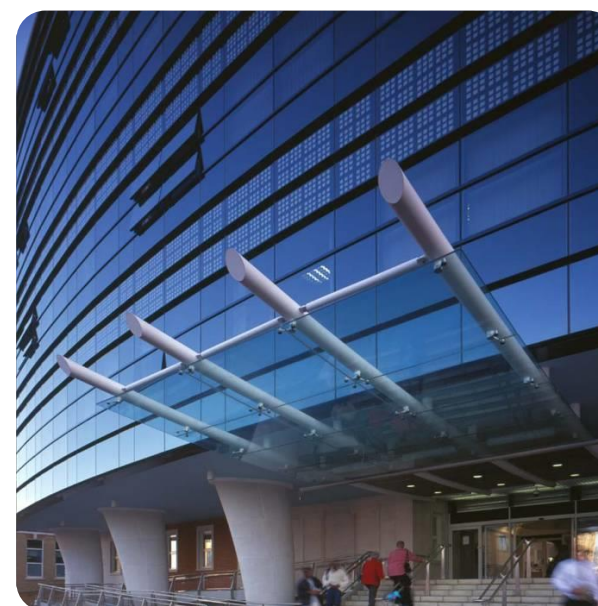
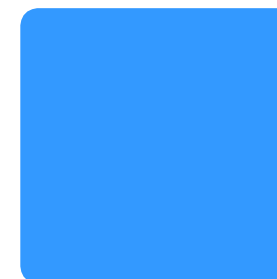
Geographical Constituencies: (Annex 1 in the Constitution)

<i>Previously just Lewisham</i> SEL System constituency	All of the electoral wards in the London Boroughs of Bexley, Greenwich and Lewisham	20	1
<i>New</i> Public Constituency– the rest of England and Wales	All other electoral wards and boroughs in England and Wales not included above	20	1

3 Monthly Safer Staffing Report for Nursing and Midwifery May 2021 – July 2021

Trust Board September 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 (relaunched 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 June 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.)

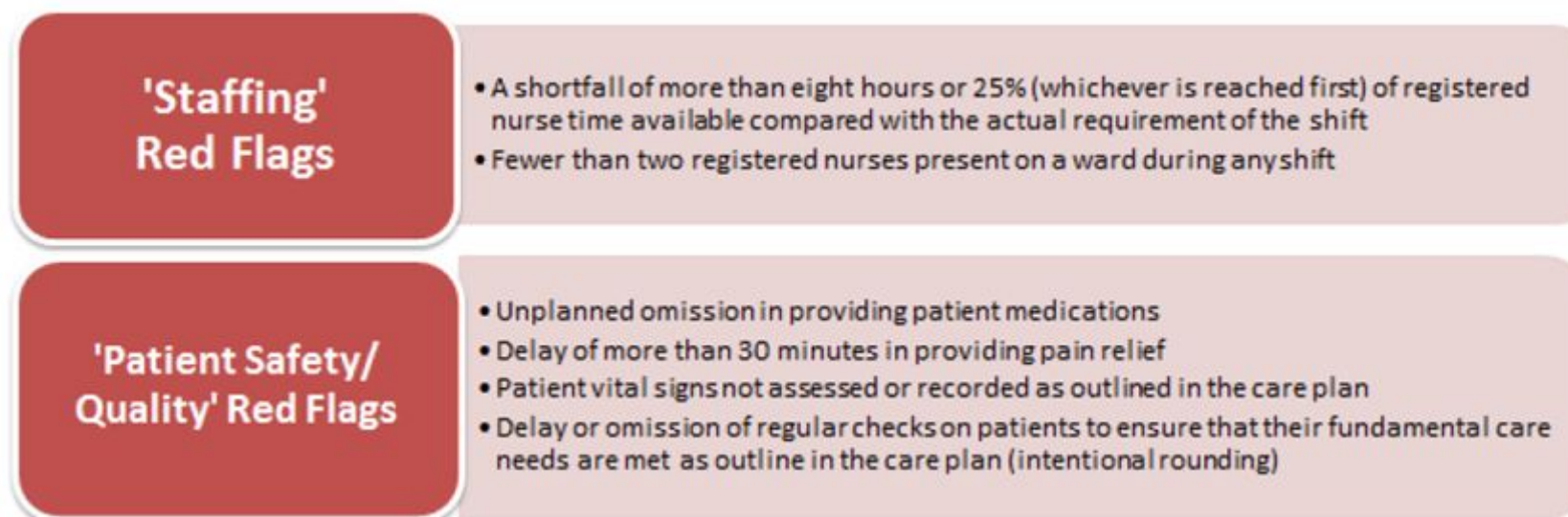
	% Fill Rates - Day & Night				Care Hours Per Patient Day (CHPPD)		
	Avg Fill Rate RN/Midwives (Day) %	Avg Fill Rate RN/Midwives (Night) %	Avg Fill Rate Care Staff (Day) %	Avg Fill Rate Care Staff (Night) %	RN & Midwives	Care Staff	Total CHPPD
	93%	93%	98%	110%	6.8	3.1	9.9

- Total CHPPD at 9.9 is reasonable although 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.
- There is a raised unregistered Care Staff fill rate for nights due to ongoing 1:1/specializing needs. Work to address this is included as part of the ongoing N&M workforce reviews in collaboration with Heads of Nursing and the new Associate Director of Nursing for Mental Health.

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.

Red Flags

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. This data is accessed and validated by the HoNs and shared at N&M Workforce Governance.
- 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

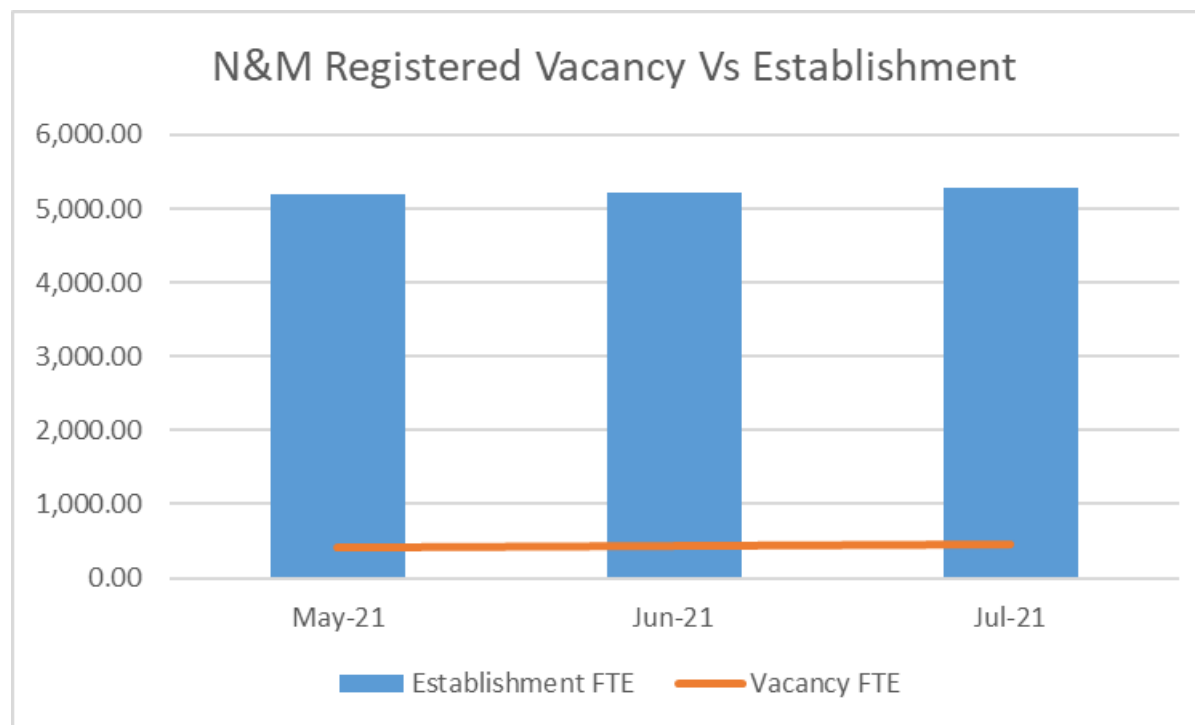
Registered N&M Vacancies

King's College Hospital



NHS Foundation Trust

- The current vacancy for July 2021 is 8.86% 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 the Trust N&M target of 10% (May-21: 7.94%, June-21: 8.30% and July-21: 8.86%)
- **Registered vacancies have remained mostly static between May-21 – July-21:**
 - Post Wave 1 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:



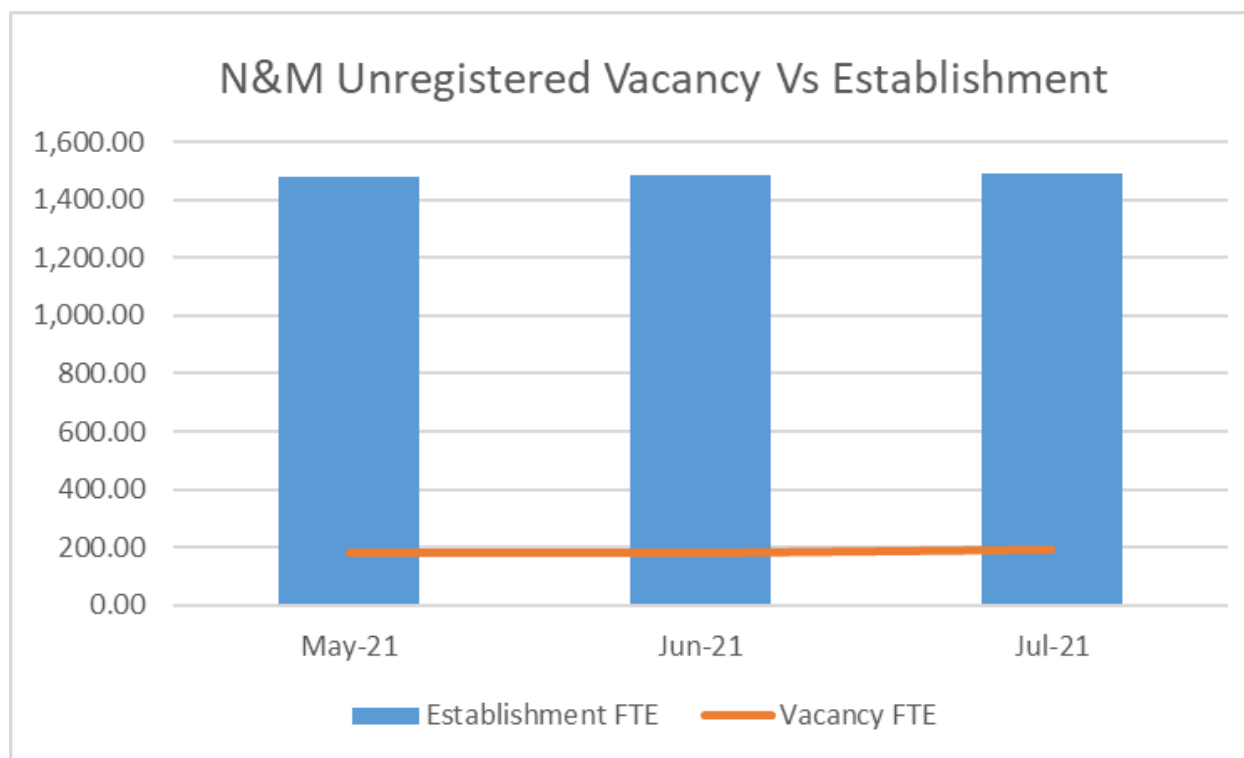
HCA & CSW Vacancies

King's College Hospital



NHS Foundation Trust

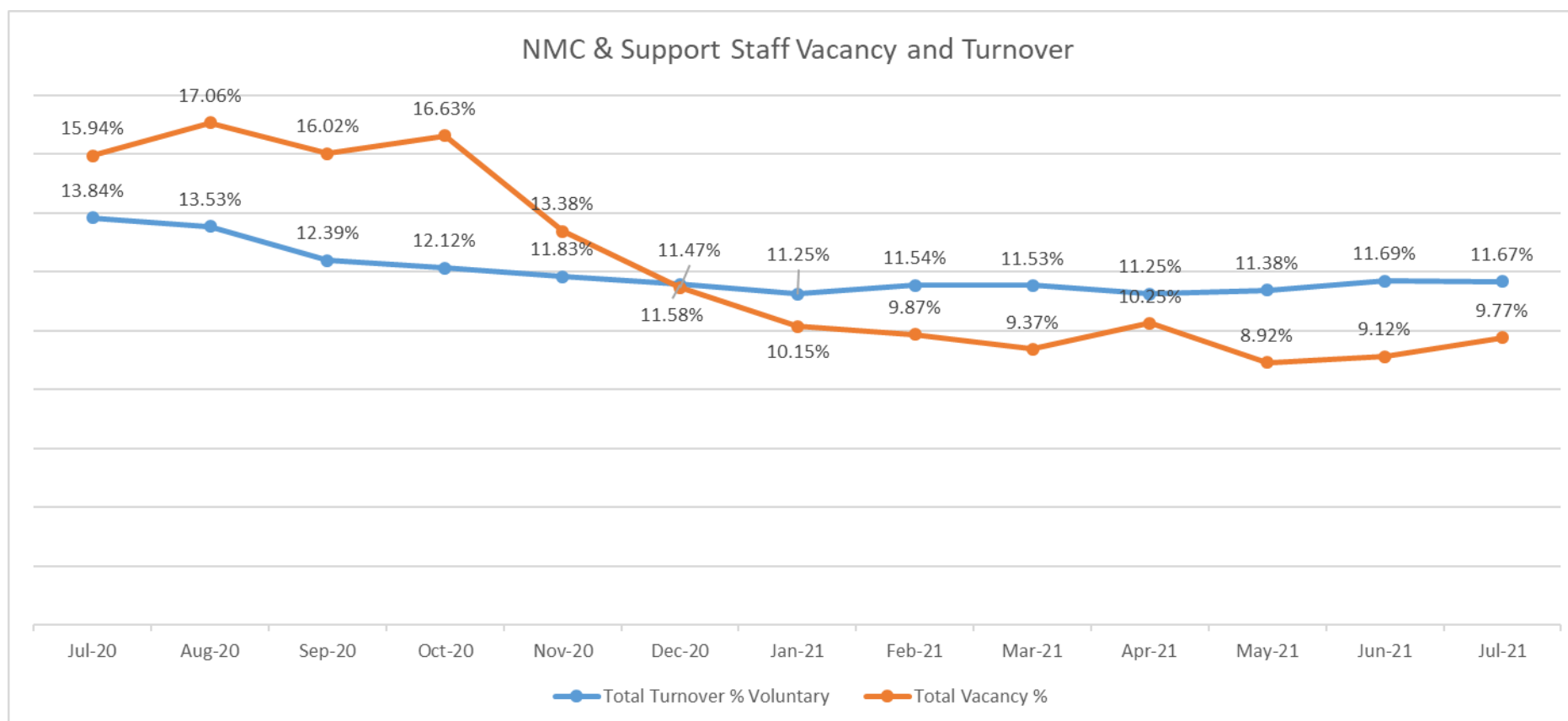
- The current vacancy for July 2021 is 12.97% for all unregistered Nursing and Midwifery staff.
- **Registered vacancies have remained mostly static between from May-21 – Jul-21:**
 - HCA advertising, recruitment centres and widening participation work has been increased in line with the national drive 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 and will be commencing on the NHSI/E direct support programme for the recruitment of health care support workers.
 - The graph below outlines the current position:



Nursing and Midwifery Turnover

As of July 2021, the voluntary turnover for registered nursing and midwifery staff is 11.08% and is currently 13.67% 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 July 2021 is 9.77%. This is a slight increase from May 2021 but there has been a significant reduction over the last 3 months from April 2021 at 10.25%. The current N&M hotspots are outlined below, plans for these areas are being actioned departmentally with support from the divisional recruitment partners and will be flagged at monthly site based recruitment meetings.

As of July 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 are 3 department with a total vacancy rate above 20% however these should resolve in line with new starters joining in Q4 post qualification and the September transfer window

Inpatient areas with a vacancy rate above 20% are listed below:

- **DH:** Adult ED (25.3%)
- **DH:** Katherine Monk (23.52%)
- **PRUH:** SCBU (22.77%)

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
- Undertaking the NHSI/E HCSW direct support programme to support the accelerated recruitment of HCSW into our vacancies
- Workforce transformation: 8 Trainee Nursing Associates (TNA) commenced programmes in May and June with 4 more commencing in September
- Ongoing Workforce reviews are being undertaken with all clinical areas (August - September 2021) reviewing our current skills mix and challenging how we could utilise and develop additional roles to best deliver care to our patients
- International nurse recruitment: recent IEN deployments May – 31 IENs, June – 19 IENs, July – 31 IENs. In addition, 30 IENs took their OSCE in July with 22 passing on their first attempt
- Recruitment events & widening participation
- HR and N&M teams attending face-to-face recruitment events following relaunch post easing of COVID-19 restrictions
- Widening participation work ongoing in the local community with organised visits to Sixth Form Colleges & Job Centres

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

Retention:

- Career conversations, drop-in clinics and Local Faculty Groups are ongoing with our unregistered and newly registered practitioners cross site
- Preceptorship: Preceptorship team are working with recruitment and clinical areas to directly facilitate the transfer window process. The Trust Preceptorship programme has been shortlisted as part of the Nursing Times Workforce Awards 2021.
- Education and training: allocation of CPD finalised for the next academic year with ongoing review of in-house modules and the Trust's post grad offer.

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

Minutes of the Finance and Commercial Committee meeting held on Thursday 27 May at 9.00am, via MS Teams video conference

Present

Sue Slipman	Non-Executive Director (Chair)
Sir Hugh Taylor	Trust Chair
Akhter Mateen	Non-Executive Director
Steve Weiner	Non-Executive Director
Professor Clive Kay	Chief Executive
Julie Lowe	Site Chief Executive, DH
Professor Nicola Ranger	Chief Nurse and Executive Director of Midwifery
Dr Leonie Penna	Chief Medical Officer
Jonathan Lofthouse	Site Chief Exec, PRUH/South sites
Lorcan Woods	Chief Financial Officer (CFO)

In attendance:

Nina Martin	Assistant Board Secretary (minutes)
Siobhan Coldwell	Trust Secretary and Head of Governance
Lauren Gable	Director of Commercial & Contracting
Arthur Vaughan	Deputy Chief Financial Officer (DCFO)
Carole Olding	Governor Observer
Paul Cosh	Governor Observer

Apologies:

Professor Richard Trembath	Non-Executive Director
Beverley Bryant	Joint Chief Digital Information Officer

Item	Subject	Action
021/28	Introductions and Apologies for Absence All introductions were made and apologies noted. The Chair informed that this was the last meeting for both Governor observers. Paul Cosh and Carole Olding were stepping down from their roles as patient and staff governor respectively. The Chair thanked both for their contribution to the Trust and the Committee. Lauren Gable, the Director of Commercial and Contracting was also moving on from the Trust and this would be her last Committee. The Committee commended her contribution to the pathology tender and KCS.	
021/29	Declarations of Interest The KCS operational and finance performance report had not been made visible to Steve Weiner due to his declared interest in Mediclinic.	

021/30 Chair's Action

No Chair's action was reported.

021/31 Minutes of the Previous meeting on 25/03/21

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

021/32 Matters Arising and action tracker

The Chair raised a matter arising concerning the Sustainability Strategy and asked the CFO to update on how this would be aligned with the Trust corporate strategy particularly in relation to the Trust's role as an anchor organisation.

Good progress had been made with the sustainable strategy with help from Essential (ETL) over the last 6 months. The strategy would be presented to KE next week for discussion and agreement. The Sustainability Committee had been running a number of events to raise the profile of the work and a number of communication activities were planned over the coming weeks. Some of these were timed around the NHS day of sustainability next week.

The Deputy Director of Strategy had given assurance that there was alignment between the sustainability and the wider Trust strategy. The anchor organisation was more widely linked to the environmental aspect which was a theme in the trust strategy. The aim is to see how this develops and is addressed within the trust strategy. A decision would then be made on which Committee would provide oversight of this piece of work.

The CFO would liaise with the Strategy Lead for assurance around the expertise within the Trust to progress the work of the anchor organisation and it's alignment with the wider environmental work.

All due actions were either completed or on the meeting agenda. As this would be the last Committee for the Director of Commercial and Contracting, her actions would be transferred to the Deputy Chief Financial Officer.

IN-YEAR FINANCIAL REPORTING

These updates were provided by the Deputy Chief Financial Officer.

021/33 Planning and Underlying position paper

The Committee noted the report. The financial framework for the next 6 months was 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 in line with its 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. However, 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 through the elective incentive scheme (ERF).

The aim is to achieve elective performance over and above national thresholds to maximise the Trust's income through the ERF and pay for additional recovery and reset initiatives. Compared to other Trusts, KCH was performing better in elective activity so our month one ERF was fairly high though this would come back into line when the thresholds of the other Trusts rise.

Processes have been put in place so spending can be tracked through separate cost centres. The Trust was trying to keep BAU budget separate from recovery and reset.

Mr. Weiner asked for clarity around the capital and cash positions. The capital position had been discussed at the March Committee and had formed a separate negotiation for the system. The Trust ended up receiving £43m for capital which was sufficient for our major projects.

Action: The present capital figures were very high level. To provide Board assurance around our loan funding the Finance team would bring back a more detailed and phased plan to the Committee.

**A
Vaughan**

The cash provisions were being worked up. This was challenging as it was dependent on revenue positions and ERF flows. The Trust ended the last year with significant cash reserves as we were being paid in advance but this ended in April 2021. Consequently, in May/June the Trust's cash position would revert back to a pre-pandemic position. This will be monitored closely to be able to determine when we may need to draw down further cash.

There was discussion around how the Trust would be paid for delivering above the activity thresholds. Payment was dependent on the system making the activity target. Partners not meeting the threshold target will result in less money from the center. As yet, there have been no discussions with the Commissioners on the allocation of these funds. It's about working collaboratively as the Trust won't receive money if the system is not on board.

Given the importance of collaboration, the Chief Executive suggested the Committee focus on the performance of all three Trusts and not only KCH. At the last ICS meeting, the steer was that in the first six months of the year, cost should not deter the delivery of as much elective activity as possible.

A key focus should be on non-recurrent costs and maximizing capacity to do as much activity as possible without increasing recurrent BAU costs/budget. At this stage whatever we invest we must be able to cost out.

The PRUH and south Sites Chief Executive, noted that KCH was outperforming partners in delivering elective activity. This was driven by good planning and support from finance and performance colleagues.

The Chair queried the process to determine that we are getting the appropriate return on activity. As a triumverate we have a plan showing what was undertaken by way of cost, volume and capacity which Performance Directors work with weekly. A version of this report can be brought to FCC if needed.

There was an information database showing LGT/GSTT Q1 performance and which showed their returns against SEL activity but this data set will be a month in arrears. The collaboration can only be effective if all three trusts have access to transparent data which they recognize.

At some stage clarity was needed on system structural issues which are unique to KCH due to the nature of the activity we are being paid for. Our narrative should address the nature and value of our activity and if this leaves us at a disadvantage it would need to be addressed at a system level.

Action: The Chair summarized that analytical data across the system was needed to avoid the risk of undermining the collaborative work. The Committee would like to see collaborative analysis of the data.

**A
Vaughan**

Underlying Position Paper

The Trust's exit run rate (excluding COVID and reset and recovery) is estimated to have increased from £155m at the end of 2019/20 to an underlying deficit of c£240-260m. The Deputy CFO highlighted the key drivers of this such as non-achievement of CIP, loss of private patient income, unfunded investment in ICU beds and a shortfall in Specialist Commissioning income.

The Trust Chair commented that the deficit of £155m was an artificial figure. Given this, there were two tasks to take forward this year, bearing in mind we are also being subsidised this year. The Trust needed to understand our budget position and ensure cost is built in. Given the cost of ICU beds, we need to forecast how many will be required. Proper coding of specialised services was also vital. Extended planning for 22/23 should begin as early as possible. It was noted that we are carrying risks which can impact negatively on the next year's planning round which should be addressed and mitigated as soon as possible.

The Chair queried where the Trust would achieve its productivity gains and the process for achieving this. For assurance this should be monitored by FCC. Use can be made of GIRFT benchmarking to assess how services are performing.

The Site Chief Executive (PRUH and south Sites) updated that KCH had bought a benchmarking tool called Public view which facilitates benchmarking against other Trusts. This will be available to use in the next few weeks. While not perfect it's a step forward as it allows for quicker access to data benchmarking.

Action: Benchmarking data to assess productivity gains to be brought to FCC to monitor and track performance

**J
Lofthouse**

021/34 Oversight Framework - Consultation

The Committee noted the update. The Chair recommends that this item be a wider Board discussion at a Board Development Session. The Trust was first involved with the consultation in January of this year and had attended workshops for Trust Executives, led by Amanda Pritchard. The Trust had submitted a response to the draft consultation and was awaiting the final outcome. Further clarity was needed on the recovery programme support framework.

There were only slight differences to the initial FSM framework:

- The Trust would engage with the Centre indirectly via the ICS. This additional layer of communication meant running the risk of the message not getting through.
- There were four different segments in which the Trust and ICS could be categorised. As the Trust was in FSM, it may be placed in segment 4 (similar to Financial Special Measures) which could be problematic if the ICS was placed in segment 3 (enhanced oversight).

The Chief Executive proposed the Trust push to be in segment 3 while accepting that there was a level of risk.

The region and national centre have to address the Trust's deficit. ICS will not have control over the framework as it will not have the total budget. The Trust would need to determine how the Board is expected to manage Kings within the ICS with a sensible view of its budget and also how to move forward collectively as an ICS.

The Committee Chair also summarised that the ICS needs to be aligned with King's in respect of the deficit position when dealing with the centre. The Trust should also work with the centre on how it will approach the new regime intelligently, and prevent the creation of an unwieldy process.

The Committee made the recommendation that this discussion comes to the Board

021/35 Month 12 Capital Report and 21/22 proposed capital plan

The Committee noted the report. The CFO presented the following key highlights:

- Works on CCU1 was due to commence.
- Fire protection between theatres and the CCU building was completed.
- The contractors can now finalise various outstanding pieces of work.
- There had been some change to project leadership. Steven Bannister was stepping away as project lead and Eric Munro was gradually taking responsibility for the project.

Regarding the remediation process, the differences of opinion around the fire strategy had been addressed. A conference was held regarding this the week before and an approach had been agreed. This had informally been called a 60 minutes strategy. This meant the building should protect everyone inside for 60mins to allow for evacuation in the event of a fire.

The Committee noted the improvement in the project management skill mix within the capital team.

SUBSIDIARIES

021/36 King's Facilities Management Performance Update

Stuart Sheehy, KFM Chief Financial Officer, presented the key updates. The financials presented were based on the March forecast.

- KFM was making an £8.2m contribution to the Trust.
- Core activity had been reduced by 15m but KFM had borne significant Covid costs.
- £34m had been spent on new capital.
- The working capital position had improved.
- Cash flow forecast depicted receipts and payments as more natural cash rather than the traditional accounting. This format was more granular and helps to focus on cash on a weekly basis.
- The loan cap had increased to £80m in March 2021 and a change to the loan cap was not anticipated going forward which will allow KFM to not have an £80m loan on its balance sheet even though it's internal.

Action: A report was being developed detailing an approach to creating a relationship between KCH and KFM. This paper will be brought to the September Committee.

S Sheehy

021/37 Viapath and Pathology Tender Update

The Director of Commercial and Contracting provided this update. It was noted that the Viapath arrangements had been the subject of a FOI request and some press enquiry.

The Committee was updated on Viapath year-end position after closing in December and how this had impacted KCS and the Trust position. Key transactions included the buy-out of SERCO shares equally with GSTT. At 31 December, Viapath received a profit of £7m of which the Trust received £3.8m and this benefitted both the KCS and the group bottomline. Synlab had bought 51% of the King's share of this company. Other updates included:

- There were now two Trust executives on the Viapath Board.
- No profit was expected from the Viapath subsidiary group during the term of the contract. Any profit made was ringfenced for Synlab and conversely any losses will be borne by Synlab.
- There was an update on the governance of the SEL Pathology Programme. Julie Lowe had joined the programme board.
- The Transition and Transformation Board for the SEL pathology programme will report into the Trust Major Projects Committee.

It is recommended that there are no further Viapath updates to the committee and that formal oversight of SEL pathology programme will move to the Major Projects Committee

021/38 King's Commercial Services (KCS): 20/21 Year end operational and finance performance

Steve Weiner logged out of the meeting for this discussion.

REDACTED – COMMERCIAL SENSITIVE

021/39 Any other Business

The Committee again commended the Governors Paul Cosh and Carole Olding and Lauren Gable for their valued contribution to the work of the Trust in their respective roles.

021/40 Date Of Next Meeting

Thursday 22 July, 2021 (09:00-11:00) via MS Teams.

Quality, People and Performance Committee

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

Thursday 03 June 2021 at 09:30 – 13:30hrs

MS Teams, Video Conference

Present:

Professor Jonathan Cohen	Non – Executive Director (Chair)
Sir Hugh Taylor	Trust Chairman
Nicholas Campbell-Watts	Non – Executive Director
Louise Clark	Acting Chief People Officer
Jonathan Lofthouse	Site Chief Executive Officer, PRUH & South Sites
Dr Leonie Penna	Chief Medical Officer
Professor Nicola Ranger	Chief Nurse & Executive Director of Midwifery

In attendance:

Claudette Elliott	Director of Equality, Diversity and Inclusion
Siobhan Coldwell	Trust Secretary & Head of Corporate Governance
Kirsty Alexander	Patient Governor (Observer)
Victoria Silvester	Southwark Governor (Observer)
Tara Knight	Corporate Governance Officer (Minutes)

Part Meeting:

Jacqueline Coles	Freedom to Speak Up Guardian
Dr Paul Donohoe	Corporate Medical Director, Quality Governance and Risk
Roger Fernandes	Chief Pharmacist
Dr Ed Glucksman	Guardian of Safer Working, Clinical Director for Medicine DH ED
Samantha Gradwell	Head of Patient Safety
Julie Lowe	Interim Site Chief Executive, Denmark Hill
Gemma Morelli	Guardian of Safe Working, PRUH & South Sites
Sheila Murphy	Interim Head of Legal Department
Claire Palmer	Head of Patient Outcomes
William Pitt	Head of Health and Safety
Seetal Puaar	Consultant Pharmacist, Medication Safety Officer

Apologies:

Professor Clive Kay	Chief Executive Officer
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Item	Subject	Action
21/39	Introduction and Apologies	
	Apologies were received and noted for Professor Clive Kay, Chief Executive Officer.	
21/40	Declaration of Interests	
	No interests were declared.	
21/41	Chair's Action	
	There were no actions for the Chair.	
21/42	Minutes of Previous Meetings	
	The Committee noted the minutes of the previous meeting held on 15.04.2021 and accepted them as an accurate record of the meeting.	

Item	Subject	Action
21/43	Action Tracker/Matters Arising	
	The action tracker was reviewed and the following updates were received:	
	<ul style="list-style-type: none"> – Action 20/72: QPPC Dashboard The new benchmarking dashboard was delayed in commissioning but went live yesterday. Instant benchmarking is now available with other acute Trusts, of any size, against 164 metrics. The tool is also calibrated to mirror the CQC algorithm, which enables assessment of the likelihood of CQC scoring. The dashboard tool will be presented at the next QPPC meeting. 	J Lofthouse
	Work is still taking place with the Chief Nurse/Site Chief Executive's team on the linking of the current quality data set with a risk stratified dashboard. It will take a few more months to complete.	
	<ul style="list-style-type: none"> – Action 20/56: Adolescents and CAMHS Care The Committee received an update on the mental health work streams for children and adolescents currently underway within the organisation. There continues to be an increased length of stay in ED and an increase in breaches. The Committee were informed that this is a system problem not confined to this organisation. The Chairman and Chief Executive Officer will raise this at system level. A report will come to QPPC in 6 months' time outlining the work taking place at partnership level. 	H Taylor C Kay J Lowe
	The organisation has collaborated with KCL and GSTT to develop and offer, for the first time, a graduate physical and mental health nursing degree programme.	
	<ul style="list-style-type: none"> – Action 21/36-1: Oversight of Elective Recovery Performance Reporting on elective recovery will continue to QPPC. The Executive team are updated on a fortnightly basis. There is also a site based fortnightly review of elective recovery. A monitoring tool is currently being developed. The next IPR will include an appendix on the elective recovery position. 	
21/44	Immediate Items for Information	
	The Chief Nurse informed the Committee that there has been an increase in the number of COVID patients and the Trust has had to open a COVID ward. There has also been an increase in Haematology patients presenting with Flu.	
	A comprehensive review of harm for 500 Gynaecology patients lost to follow up will be going to the King's Executive Group meeting and will then come to the QPPC meeting in July.	
		L Penna
21/45	COVID-19/Vaccination Programme Update	
	The Site Chief Executive for Denmark Hill updated the Committee on COVID-19/Vaccination Programme at the Trust and the following was noted:	
	COVID-19 Update	
	<ul style="list-style-type: none"> • There has been a slight increase in the number of COVID patients, which is also the experience for GSTT but seemingly not at the PRUH or Lewisham & Greenwich. • The delta variant is clearly the prevalent strain at the moment. There is some nervousness about restrictions easing on 21st June and international travel being permitted. The Government is yet to announce a decision on it. 	

Item	Subject	Action
	<ul style="list-style-type: none"> The Trust is making preparation for a third wave. 	
	Vaccination Programme	
	<ul style="list-style-type: none"> The mass vaccination centre at the Denmark Hill site is fully operational at the Weston Education Centre. It is likely that the WEC and the Bromley centre will run for several months and offer third booster vaccinations but they will need to be on a more sustainable footing since they were initially set up to be temporary sites. The first national webinar with NHSE/I on the national statutory COVID-19 inquiry into how the Government, NHS and others responded to the pandemic, took place yesterday. A paper on what the Trust is being asked to do to prepare for the Inquiry will go to KE and to the Board. The Inquiry is not expected to begin until Spring 2022, however, the Trust is already starting to plan and prepare for it. 	
	PERFORMANCE	
21/46	Integrated Performance Summary Report	
	<p>The Committee received the Integrated Performance Report. The next report will have an appendix detailing the elective recovery position. The following points were noted:</p> <ul style="list-style-type: none"> Emergency Care Standard: Both ED sites are a lot busier and are still challenged in performance against the Emergency Care Standards. GP service provision may be affecting the high volume of patients being seen in EDs across London. <p>There are new Emergency Care metrics which monitor the total time in ED. The Denmark Hill ED improvement plan went to the King's Executive Meeting this week. These plans will be mirrored at the PRUH.</p> <ul style="list-style-type: none"> RTT: The longest waiters list is being reduced by roughly 310 patients per week, which should continue into the Autumn period. The various waves of COVID have created an ongoing backlog. Risk stratification of patients requiring elective surgery is robust and working well. 93% of elective work has been risk stratified within a 7-10 day period. The committee received assurance that patients were individually made aware of the risk assessment process & had an opportunity to input to it. <p>Activity continues to be migrated between the two core sites and the wider health service. It is anticipated that the Trust will be taking on an extra 730 neurosurgical procedures this year at Denmark Hill.</p> <ul style="list-style-type: none"> Cancer: Low compliance with the 2 week and 62 day cancer targets. The ability to address cancer performance is directly influenced by the DMO1 diagnostic standards. Work continues to reach the national standard within the next 20 weeks. Areas of vulnerability are MRI and Echocardiography. The Trust continues to require additional outsourcing in these modalities. Virtual Outpatients Activity: The Trust has been given a commissioner target to move 25% of all outpatient activity to a virtual format. The Trust will face contractual penalties if this is not complied with. The Trust is currently at 14% and is on track to meet this target by the end of the financial year. 	

Item	Subject	Action
	GOVERNANCE	
21/47	Red Risk Review: Bullying and Harassment	
	<p>The Chief People Officer presented the Committee with an update on the work taking place to reduce bullying and harassment within the organisation. The following points were noted:</p> <ul style="list-style-type: none"> • Bullying and harassment is on the risk register due to the negative impact it has on staff morale, engagement and staff turnover. • In the most recent staff survey 24% of staff say that they have been bullied by a colleague and 16% say they have been bullied by a manager. • There are a number of actions that the Trust is taking to reduce bullying and harassment and improve overall staff experience. <ul style="list-style-type: none"> ○ Refresh of Trust Values and Behaviours - The next step is launching and embedding the values. ○ Development of the People & Culture Strategy. ○ Early Resolution Policy - This has replaced the Bullying and Harassment Policy and Grievance Policy and seeks to resolve concerns and conflict at an early stage and informally wherever possible. ○ Respectful Resolution Training & Effective People Management Training. ○ 'Reflect and Reconnect' conversations included in the appraisal process. ○ Leadership training interventions which emphasise the principles of supportive and compassionate leadership, valuing diversity and engaging staff in change. ○ The introduction of a Pastoral Support and Wellbeing Lead. ○ The Trust will appoint and train Harassment Advisors who can provide impartial advice and support to staff who feel that they are being subjected to harassment. ○ Mediation service. <p>The committee were reassured that there was a significant package of measures in place to mitigate this risk but recognised that there was still a way to go to address the significant concerns of staff.</p>	
	PEOPLE	
21/48	Workforce Metrics	
	<p>The Chief People Office provided the Committee with an overview of the core workforce priorities and key performance indicators. The following was noted:</p> <ul style="list-style-type: none"> • The vacancy rate target was very nearly met. Peter Absalom and the recruitment team were thanked for their work and support, particularly with international nurse and midwifery recruitment. • The Nurses 'Thank You' campaign won a prestigious RAD (Recruitment Advertising) Award in March. • The Trust has maintained a strong (i.e. low) turnover rate over the last year and will consider reducing the target rate. It is expected that the turnover rate will increase, however, once the global pandemic subsides. • The sickness absence levels have decreased and the target of 3.5% was met. • There has been a general increase in compliance with statutory and mandatory training across all areas. There has been substantial effort to support 	

Item	Subject	Action
	<p>compliance with Safeguarding Children Level 3 compliance. The compliance rate increased by more than 10%.</p> <ul style="list-style-type: none"> • The medical appraisal rate remains below target and the Consultant job planning rate remains significantly below target. The Chief Medical Officer has set out a programme for improving this and a clear trajectory to meet the target has been agreed. • The health and wellbeing team were awarded the HSJ Workforce Initiative of the Year award for the health and wellbeing response during COVID-19. • The next report will include an update on the 6 workstreams in staff recovery. 	

21/49 Disciplinary WRES Data Update

The Committee received an update on the outcomes of formal disciplinary cases reported by ethnicity, pay band and staff group. The following was noted:

- Following the introduction of a Triage Panel and Oversight Group, chaired by the Chief People Officer, 56% of disciplinary cases have been resolved without the need to commission a formal investigation.
- Black, Asian and Minority Ethnic (BAME) employees still account for a higher proportion of employees entering the disciplinary process. The rate has increased over the last 6 months.
- The highest number of cases were concentrated in pay band 2 followed by pay bands 5 and 4. The data shows that BAME staff in those pay scales are disproportionately represented entering the disciplinary process.
- The most frequent reason for disciplinary action is recorded as 'inappropriate behaviour'.
- Following an independent report into a tragic event involving a staff member at a London NHS Trust, Baroness Harding set out guidance relating to management and oversight of local investigation and disciplinary procedures. The report set out seven recommendations that Trusts were asked to consider implementing. Trusts were also asked to undertake a review of their Disciplinary procedures against the recommendations.
- A further review has been undertaken against the seven recommendations and a full review of our disciplinary policy – appendix 2 of the report.

The committee questioned whether there was a good understanding of why the data showed that BAME members of staff were disproportionately represented in disciplinary procedures. The Acting Chief People Officer responded by acknowledging that this was not fully understood, that it was seen at other Trusts in London and that there was a cross-London group working together to try and gain a better understanding. The Chair asked about the ethnic diversity of the review and disciplinary panels. The Committee were informed that initial triage discussion is between the line manager and HR. Ethnic diversity is very much dependent on the banding of line management and the Trust does not have a proportionate number of BAME employees in senior leadership positions. It is also not always possible to have a diverse panel for every disciplinary case. The Senior Oversight Group, which reviews the fairness of decisions made, consists of the Chief People Officer, Director of EDI, Deputy Chief Nurse and alternately, one of the Site Chief Executives. The Committee were concerned that the review and disciplinary panels are not consistently ethnically diverse, & suggested that this was something that required further attention. The acting Chief People Officer shared the Committee's concern that as long as there was a disproportionate level of BAME employees in senior roles, the issue will remain. The EDI agenda continues to move forward and is endeavouring to address this.

The Chair noted that in section 1.6 in appendix 2 of the report, it states that:

Item	Subject	Action
	<i>'Where a person who is the subject of an investigation or disciplinary procedure suffers any form of serious harm...this should be treated as a 'never event' ... [and] therefore [be the] subject of an immediate independent investigation commissioned and received by the board.'</i>	
	Action: The Trust Secretary to confirm whether this practice has been taking place and report back to the Committee Chair.	S Coldwell
21/50	Guardian of Safe Working Update	
	The Committee received an update on compliance with safer working hours for quarters 2 and 3 and noted the following:	
	<ul style="list-style-type: none"> The Trust appointed a second Guardian of Safe Working (Dr Gemma Morelli) in October 2020 to give PRUH and South sites their own Guardian to assist with contractual issues. The Trust continues to try to ensure that there is a culture of openness to facilitate Exception Reports so that doctors do not feel intimidated by raising concerns. Work on revising regular rotas was resumed as part of Reset and Recovery to ensure rota compliance across the Trust. Of 169 rotas, 21 were found to be non-compliant. The Guardian of Safe Working Team have reduced this number to 3 with only minor compliance issues which are expected to be resolved after the restart of the Junior Doctors Forum in April. During the pandemic, as per national consensus, junior doctors were, on the whole, compensated financially rather than with time off in lieu. There was a significant decrease in the number of reports during the first wave of the pandemic. There was a spike in reporting in September 2020 due to a technical error. The new Care Group structure reporting was introduced in quarter 3. All reports were due to working over hours and rest breaks not taken. Reports were mainly from the acute specialities. Mainly the most junior doctors are submitting exception reports. 	
21/51	Freedom to Speak Up Guardian Report	
	The Committee were informed that the National Guardian published their annual Freedom to Speak Up Index Report last week. The report monitors 'speaking up culture' in the NHS based on four questions from the annual NHS staff survey, which offers a more objective approach than focusing on just the volume of cases. A new question will be added to the staff survey to ask whether staff feel safe to speak up about anything that concerns them in the organisation. At the moment, based on the Trust's current staff survey results, work is still needed in this area.	
	An action tracker has been developed with associated action owners and time lines, so that tracking can be reported on quarterly basis.	
	BREAK: 11:30 – 11:40am	
	QUALITY	
21/52	Concluding Clinical Harm Reviews – Dermatology, Ophthalmology, Endoscopy	
	The Committee received a paper summarising the outcome of harm reviews in PRUH Endoscopy, Ophthalmology and Dermatology.	

Item	Subject	Action
	PRUH Endoscopy	
	<ul style="list-style-type: none"> Incidents reported in 2018/19 and 2019/20 highlighted delays in endoscopy leading to delayed diagnoses of cancer. A serious incident was reported and an oversight group set up to oversee the recovery plan for the waiting times and conduct a harm review. A total of 614 cases were reviewed and 7 cases were categorised as serious harm, three of whom had died. An additional, more extensive mortality/harm review were carried out on 330 patients that died on PRUH Endoscopy pathway. Three minor harm cases came out of the review. The summary of harm from the review as a whole found that there were 6 cases of minor harm, 1 case of moderate harm, 7 cases of severe harm - 3 of whom died. A longer term solution to the demand for endoscopy has been agreed, which has seen significant capital and revenue investment to build a stand-alone unit and refurbish the existing unit at the PRUH. 	
	Ophthalmology	
	<ul style="list-style-type: none"> It was decided in 2019 to perform an external review of 47 patients who had been graded as avoidable moderate harm within the service. The cases were reviewed by colleagues from the Royal College of Ophthalmologists. Of the cases reviewed, 13 cases were found to have resulted in moderate harm and 10 cases were upgraded to severe harm. 5 cases were upgraded from amber to red and resulted from operational failures. 1 case was upgraded from amber to red and resulted from clinical failure. 1 case was upgraded from amber to red and resulted from combined clinical and operational failure. There is a shortage of capacity within Kings Ophthalmology, which is on the risk register. Virtual clinics have been set up for suitable patients. Saturday clinics are also being run. The Validation team is currently undertaking a piece of work to identify lost to follow-up patients and is flagging any patients of concern to the Operational team. 	
	<p>The Committee pointed out that the failsafe officer is pending recovery staffing implementation at Denmark Hill and so, is not yet in place. The Committee were informed that this would be completed in three months' time.</p>	
	Dermatology	
	<ul style="list-style-type: none"> Two cohorts of Dermatology outpatients were found to have been lost to follow-up in 2018/2019. Dermatology is a growing, high-volume specialty and there is a national scarcity of suitably trained consultants. A total of 200 patients were identified as requiring a harm review from the first cohort. 2 patients came to moderate harm. In the second cohort, 194 cases were reviewed and 1 patient came to severe harm, and 4 patients to moderate harm. The severe harm case was lost to follow up twice. Actions around capacity have been implemented, which include a partial booking system and insourcing. A business case has also been approved for more Consultant capacity. The specialities are making full use of dashboards and work is taking place to embed learning. 	
	<p>The committee agreed that these helpful reports concluded the investigations, that the appropriate actions had been taken and that that these reviews no longer need to come back to the Committee.</p>	

Item	Subject	Action
21/53	Medication Safety Report	
	<p>The Committee received the Medication Safety Report and the following points were highlighted:</p> <ul style="list-style-type: none"> – It is believed that only 5% of medication incidents are reported within the Trust, although amongst the highest reporting organisations and second highest in London. Medication Safety Newsletter and posters are used for shared learning and to promote the need to report medication incidents. – Achievements include increased number of medication incident reports, a reduced proportion of incidents resulting in harm, and increased proportion of no harm and near miss incidents. The overall reduction in reported incidents in 2020 is attributed to the COVID-19 pandemic response. – Serious incidents occurred in clinical areas that frequently use high-risk drugs in complex patient populations. Clinical areas with the highest proportion of incidents that caused moderate or severe harm were Haematology and Pathology, Cancer Network and Theatres and Anaesthetics. 	
21/54	Patient Outcomes Report	
	<p>The Committee received the Patient Outcomes Report for quarter 4 and noted the following:</p> <ul style="list-style-type: none"> • The Trust has recently relaunched a refreshed Patient Outcomes Strategy, which sets out ambitions and actions to drive outcomes measurement within the organisation. The Patient Outcomes Committee has been re-established to oversee the delivery of this work. • Mortality and non-mortality outcomes reported this quarter have not identified any concerns. • There is an ongoing issue in relation to Time to Surgery for patients with hip fractures at the Denmark Hill site, which is more related to an operational issue rather than outcomes. • There have been 24 national audits this quarter. Many of the national audits paused data collection during the height of the pandemic. 	
21/55	Inquests & Litigations Update	
	<p>The Interim Head of Legal presented an update on legal services within the Trust. The Committee noted the following:</p> <ul style="list-style-type: none"> • The Trust has received a large number of claims. When the report was written, there were 953 case, since then there has been an additional 23 cases, 12 more Inquests and 8 more claims have been reported to NHR. • The challenge for the team is to try to identify learning & risk quickly. The Legal team are working towards triangulating with the Patient Safety and Complaints teams. • Historically, the Trust had not been utilising the free legal advice available through NHS Resolution. The Legal Team restructure has allowed for a robust process of utilising external legal support. 	
21/56	Safeguarding Children Annual Report	
	<p>The Committee received and noted the Safeguarding Children Annual Report.</p> <p>There has been an increase by nearly 10% in maternity safeguarding cases. There has also been an increase in mental health cases in the 13-17 years age group</p>	

Item	Subject	Action
	<p>across the organisation. The Committee was informed that there has been an increase in stabbings and violent crimes affiliated with gang crime at the Denmark Hill site. The Trust has invested in having a more permanent presence at both sites by recruiting safeguarding leads.</p> <p>There are concerns regarding non-attendance to routine appointments and the risks associated with virtual clinics due to the cancellation of face to face appointments.</p> <p>The Committee queried whether the Trust was measuring whether the systems in place actually keep children safe. The system level issues should be discussed with cross borough partners, Local Authorities and the Police.</p>	
21/57	<p>Patient Safety Report</p> <p>The Committee received the Patient Safety report for quarter 4 and noted the following:</p> <ul style="list-style-type: none"> • Security incidents were the highest reported incidents, which is correlated to the increase in ED activity. • There has been an increase in the number of Amber reports and the associated harm levels. • There has been a significant increase in the number of reported Serious Incidents. • 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. • There have been 2 Never Events in quarter 4. 1 case in Ophthalmology and 1 medication incident. <p>The Committee were concerned that some aspects of the improvement plan have yet to be implemented and so cannot have full assurance that lessons have been learned. The Committee were informed that the Specialties and Departments involved have taken actions to prevent the same incidents from occurring and/or to correct the immediate problem.</p> <p>Never Events Review 2017 – 2021</p> <p>The Committee received an update on the number and nature of Never Events across the organisation in comparison with other Trusts in the country. The Committee noted that KCH is not an outlier in terms of the number of cases, nor were there any particular themes or consistent areas of concern. .</p> <p>Never Events Update – Ophthalmology</p> <p>The Committee received an update on a review of all Ophthalmology Serious Incidents and Never Events from January 2020 to present.</p> <p>The Committee were informed that delays in the Service were related to capacity and large scale service cancellations. The validation and tracking process is in operation at PRUH and the South sites, however, implementation at the Denmark Hill site was disrupted due to the pandemic.</p>	
21/58	<p>Duty of Candour Report</p> <p>The Committee received and noted the Duty of Candour report for April 2021.</p>	

Item	Subject	Action
	<p>The Trust is at 100% compliance with having the initial conversation within 10 working days and patients being sent a follow up letter following the initial conversation, within 15 working days of it being reported onto Datix. Compliance for the final investigation report to be shared with the patient, is at 63%. This compliance rate is impacted by the delay with reports being signed off by the CCG. A meeting has been arranged with them to discuss the backlog. A decision has been made to send reports to patients before CCG sign off, clearly marked as draft versions.</p>	
21/59	Patient Experience Report	
	<p>The Committee received the Patient Experience Report for quarter 4.</p> <p>The Committee noted the poor response rates for FFT in maternity and were informed that COVID restrictions meant that there were strict limitations on birthing partners and visitors within the service, and these restrictions were thought to underlie the poor response. The committee will wish to see the maternity FFT scores improve following the lifting of these restrictions. There was also the removal of paper feedback forms.</p> <p>There have been improvements in the volunteer service and the responsive and engaged chaplaincy service was commended.</p> <p>The Committee were informed that a new Director of Clinical Governance and Patient Experience Lead have been recruited.</p>	
21/60	Health & Safety Update Report	
	<p>The Head of Health and Safety presented the Health & Safety Report for quarter 4 to the Committee.</p> <p>The Committee were informed that two HSE lines of enquiries have now been closed off. Due to the pandemic and lack of resources, it has not been possible to complete Health & Safety audits in quarter 4. Gaps remain in some areas regarding anti-ligature assessments throughout the Trust. The higher risk areas have now all been assessed, however, the areas deemed to be a lesser risk have only received preliminary assessments. These areas will be prioritised and assessed once they can be safely accessed.</p> <p>HSE will be carrying out spot checks to assess compliance with social distancing and the use of PPE.</p> <p>FOR INFORMATION/REPORTING & DISCUSSION BY EXCEPTION</p>	
21/61	Neuropathology Internal Audit Review (6 monthly)	
	<p>The Committee noted the Neuropathology Internal Audit Review and a decision was made that it will not need to come back to the Committee.</p>	
21/62	Sub-Committee Minutes	
	<p>The Committee noted the approved minutes from the following meetings:</p> <ul style="list-style-type: none"> – Health & Safety Committee, 13 April 2021 – Maternity & Neonatal Board, 02 March 2021 – Medication Safety Committee, 14 April 2021 	

Item	Subject	Action
21/63	<p>ANY OTHER BUSINESS</p> <p>No other items of business were discussed.</p> <p>DATE OF NEXT MEETING Thursday 29th July 2021, 09:30am – 3:00pm MS Teams</p>	

Audit Committee – Minutes

Minutes of the meeting of the Audit Committee held on Thursday 29 April 2021 at 9.05am
via MS Teams

Present:

Akhter Mateen	Non-Executive Director (Chair)
Sue Slipman	Non-Executive Director
Jon Cohen	Non-Executive Director

In attendance:

Lorcan Woods	Chief Finance Officer
Beverley Bryant	Chief Digital Information Officer (CDIO)
Dr Mairi Bell	Director of Financial Operations
Arthur Vaughan	Deputy Financial Officer
Nina Martin	Assistant Board Secretary (<i>Minutes</i>)
Siobhan Coldwell	Trust Secretary and Head of Corporate Governance
Neil Hewitson	Internal Audit (KPMG)
Charles Medley	Internal Audit (KPMG)
Paul Dossett	External Audit (Grant Thornton)
Ellen Millington	External Audit (Grant Thornton)
Jane Allberry	Lead Governor (part)

Apologies:

Clive Kay	Chief Executive
Sir Hugh Taylor	Trust Chair
Steve Weiner	Non-Executive Director

Item	Subject	Action
	2. STANDING ITEMS	
021/35	Welcome and Apologies The Chair welcomed all to the meeting	
021/36	Declarations of Interest No interests were declared.	
021/37	Chair's Action There were no Chair's actions to report since the last Committee.	
021/38	Minutes of the Previous Meeting The minutes of the meeting held on 04 March 2021 were approved.	
021/39	Action Tracker and Matters Arising Recommendation Tracker – An updated report had been included in today's meeting papers. While there was still a high volume of outstanding recommendations, most were within their due dates. The Risk and Governance Committee were reasonably assured with the progress of the recommendations.	

Item	Subject	Action
	<p>The Committee heard that the tracker presented to the Risk and Governance Committee had status updates regardless of whether the actions are due or not and these are also RAG rated.</p> <p>The other actions on the tracker were either closed or on the agenda for update</p>	
021/40	<p>3. RISK AND RISK MANAGEMENT</p> <p>Risk Management Strategy, Risk Management Policy and Improvement Plan and Good Governance Institute (GGI) External Support update</p> <p>The Chief Nurse updated that Ashley Parrott, the Director of Quality Governance was moving on from the Trust and took this opportunity to thank him on behalf of the Executive and the Committee for his contribution and work in progressing the risk management strategy.</p> <p>A key part of the risk strategy was embedding risk assurance and management as part of the care group's day to day business. The Good Governance Institute had been asked to support the Trust in taking this forward and to help the care groups understand the risk management process. Trust Patient Safety and Quality leads would be working alongside the Institute. Work was ongoing on the outline plan along with timescales to give assurance on risk management and implementation. A more detailed plan once developed can come back to the Committee for discussion.</p> <p>The Committee queried the planned approach to monitoring the effectiveness of the work of the GGI. A plan to monitor the effectiveness of the Institute's intervention would be needed to mitigate the risk of the work being more process than outcome focussed. At the last audit Committee, there had been a proposal to develop a scorecard to monitor progress with the embedding of the strategy at relevant committees. The Chief Nurse updated that a scorecard had been developed and that this was presently with the GGI for review. Once completed this would be brought to the Committee for discussion and review. A care group to Board reporting structure was needed and the hope is that the Institute would support this.</p> <p>Action: Develop tangible measurement outcomes to provide assurance on the embedding of the risk strategy in the care groups with the support of the Institute. Share the diagnostic once implemented to see how far from standardised practice we are in the care groups to give a clearer view of where we are and how much work needs to be done</p> <p>The Chair asked for and received assurance that risk review and recommendations follow ups were going forward in parallel with the work of the Institute. The GGI will be supporting the ongoing risk management work.</p> <p>The committee acknowledged the progress made with the risk management process and added it was important to get the process right as this was a crucial foundation for the Trusts' internal controls and strategy implementation.</p> <p>This item would be regularly reviewed at the Committee. Until a substantive appointments to the Director of Quality role it was proposed that some of the recommendations from the IA review be pushed back.</p>	

Item	Subject	Action
021/41	<p>Risk and Governance Committee update</p> <p>The COVID Risk Register was now down to ten. Three of these had ratings of 16 and above. They are all continuing ongoing risks and will be transferred from the Covid register to the main risk register.</p> <p>FINANCE REPORTS</p> <p>The Director of Financial Operations presented these updates</p>	
021/42	<p>Draft Accounts and High level Commentary</p> <p>The Committee noted the report and accompanying appendices. KCH has achieved a close to break-even position for 2020-21, recording a small surplus of £380k for the group, after excluding allowable transactions (the impact of valuation impairments and donated assets within the SOCI). During the year the Trust has also achieved a close to break-even position (vs plan) on its capital expenditure, delivering a capital programme of £95m.</p> <p>There were some significant items impacting the accounts in year. These included the change in the income regime due to the Covid-19 pandemic and the receipt of block funding. The Trust also did not have the level of debt accruals it would normally have in a typical year end and previous loans have been converted to public dividend capital reducing the Trust's borrowing figure.</p> <p>The 380k surplus was the Trust's accountable outturn, for which NHSI/E would hold it accountable. What has been excluded from consideration is the market value movement on fixed assets property portfolio and also any donated assets received and holding by the Trust. Prior to adjusting for these items, the bottom line is a deficit of £57m.</p> <p>There were some specific transactions in year. The CCU moved out from assets under construction and was now part of our land and business portfolio. It was now in scope for valuation and there is now a significant impairment against that driven by the nature and complexity of the construction. .</p> <p>There was a discussion on the CCU £50m impairment. This was a large amount and the Committee asked how much of this was due to its Denmark Hill location versus other construction issues. Impairment was driven on a valuation basis and had been discussed with the valuers. There was assurance that the Valuers had seen the site and had carried out a detailed visit in January 2020 and had not highlighted any concerns around unnecessary costs.</p> <p>Action: Further to the discussion it was proposed bringing this discussion on the CCU to a future MPC to support learning from major projects. This should be timed with the completion and opening of the CCU when there will be a more comprehensive picture of spend, variances and the drivers behind these.</p> <p>With the Trust's capital spend, its land and building portfolio had increased. There had also been major movements in KCS related to the ownership and structure of Viapath. In year GSTT and KCH had bought out shares previously owned by SERCO which were subsequently sold to Synlab. The number of transactions flowing through KCS relating to these Viapath movements reflects in a positive contribution to the Group bottom line. There had also been some one off transactions such as the early settlement of the transaction and the Trust and Foetal medicine institute.</p>	

Item	Subject	Action
	<p>Mr Cohen asked whether the outturn breakeven position will impact the Trust's Financial Special Measures. As there was still a structural deficit, the outturn would not impact FSM. The Trust had met its control total over the last two years which was a positive for the Trust as it evidenced financial grip and control.</p> <p>There was a consultation on new recovery support programme giving set criteria for entry and exit from FSM. The framework was quite complex and it might be helpful to bring this to the Board for better discussion and understanding.</p> <p>Ms Slipman asked that the item also comes to the FCC to have a discussion on how the Trust can meet the relevant criteria for exiting special measures and for more clarity on the structural deficit. There was also the need to identify what support and advice KCH will need from the local system to support its exit from FSM.</p> <p>Action: A report on our underlying deficit was brought to KE in November. This will be updated as part of planning and brought to FCC for update. Additionally, an update and discussion on new special measures regime would come to the FCC to support understanding of the new criteria for exiting FSM.</p>	
021/43	<p>Key Estimates</p> <p>The Committee noted the report. Under new auditing standards in place from the current accounting period, additional focus on management judgements and key estimates is required. Key areas of estimation and/or judgement have been considered by management and auditors, with the following list agreed upon: Land and Buildings Valuation; Provisions (under IAS 37); Significant Expenditure Accruals; Significant Income Accruals; Provisions for Credit Losses; Depreciation; PFI Liabilities</p>	
021/44	<p>Going Concern</p> <p>There had been a clear steer that there was no expectation about declaring uncertainties. As such, the Trust accounts had been prepared on a going concern basis. The Trust had until 11 May to submit the final accounts to NHSI/E. This will be submitted within the next week and a copy circulated to the Audit Committee as well for visibility. The finalised version of the accounts would come to June Audit Committee for approval.</p>	
021/45	<p>Annual Report (AR) - Draft</p> <p>The Committee noted the draft report. The Trust Secretary was awaiting submissions from colleagues to progress the report. The narrative around the staff report had been received the day before and this would be included. The Annual Governance Statement remains a working draft with the narrative around risk and risk management needing the most attention and will be prioritised over the next few days.</p> <p>The Committee would submit comments via email offline to the Trust Secretary. The Annual Report and Quality Account would go through a proof reading process to address any editorial issues</p> <p>The CFO proposed taking the draft Annual Report to KE for discussion and for oversight of their relevant areas. The Trust Secretary feels sufficiently supported by KE and added that the major challenge was the data validation process.</p>	

Item	Subject	Action
021/46	<p>Quality Account – Draft</p> <p>The Chief Nurse informed that this was very draft iteration of the Quality Account and added that there was work to do to make the draft more user friendly as it was presently very clinical.</p> <p>Given past year, the Committee noted that the narrative for both the Annual Report and the Quality Account would be crucial from a communications perspective as the Trust had an emerging better story to convey. The Annual Report this year would have greater significance and prominence than in previous years in telling the Trust's story.</p> <p>There was a discussion on DATIX and its reference in the Annual Report. Mr Cohen proposed that given the challenges with its implementation oversight of this should be at a Board Committee level. It was proposed that it come to QPPC for oversight and the Audit Committee for discussion and assurance.</p> <p>The future strategy document should be aligned with the annual report as it's an important part of the journey. The planned Trust and People Strategy would be ready in July and alignment with these strategies would depend on when the Annual Report is laid before Parliament. Once audited and approved by Board in June, no changes can be made to the Report. One proposal was to signpost or reference the strategy in the Chief Executive's commentary and/or in the strategic objectives parts of the report.</p>	
021/47	<p>EXTERNAL ASSURANCE</p> <p>Internal Audit (IA) Progress Report (incl Counter Fraud)/ Reviews)</p> <p>The three remaining reviews from 20/21 had been finalised, completing the year's planned programme of work. Work had begun on the 21/22 programme of reviews. Two were underway and a third due to start.</p> <p>The last substantive counter fraud report, on invoice and mandate fraud was being finalised and would come to the next Audit Committee. Once this was completed the Counter Fraud Annual Report would be submitted. It is expected that the submission to the regulator would be more amber/red than it had been in the prior year due to change in regulatory standards. This would not be unique to KCH but will impact Trusts nationally. The 21/22 Counter Fraud plan will be presented for approval at the next Audit Committee.</p>	
021/48	<p>Recommendation Tracker</p> <p>The auditors informed the Committee that whilst there was a high volume of open recommendations, there was much stronger performance in terms of implementing recommendations on time. The Risk and Governance Committee was bringing a sharper focus on implementing the recommendations. There was one overdue, low priority recommendation, and a revised due date for implementation had been agreed.</p> <p>The Committee commended the progress with the recommendations and with the evidence to support the progress and added that there should be focus on the medium priority actions to ensure these do not become overdue</p>	
021/49	<p>Draft Annual Report and Head of Internal Audit Opinion 2020/21</p> <p>Since the last Audit Committee, nothing new was added to the report apart from the inclusion of the finalised assurance ratings and the recommendations of the three reviews on today's agenda. The key part of the report was the commentary on the IA opinion and this had been expanded to reflect improvements in year around financial control and intentions around the Trust to actively pursue improvement.</p>	

Item	Subject	Action
021/50	<p>Learning From Covid – Wave One</p> <p>The Committee noted the review. The rating was positive due to ownership, monitoring and the support of the executives. Overall, this was a positive report, although the auditors flagged that many of the recommendations were quite high level and holistic and not in the Trust's gift to control.</p> <p>It was noted that a separate Covid risk register had not been properly sighted by the Board.</p>	
021/51	<p>Risk Management</p> <p>Due to the nature of the review, no RAG rating had been ascribed. The auditors had undertaken a review on the design of the process and not a review of how it works. No specific concerns had been flagged. The key recommendations focussed on changing culture and behaviour to ensure the embedding of risk management as business as usual. The hope is that the Good Governance Institute would support this.</p>	
021/52	<p>Data Quality Diagnostics</p> <p>This review had achieved an amber/red RAG rating. The Chief Digital Information Officer noted that the review had been discussed at the last Risk and Governance Committee. KE had found this helpful and the PRUH and South Sites lead would be undertaking a further deep dive on data quality across wider areas and not only on diagnostics. Most of the challenges in data quality was linked to the volume of manual systems in data processing. The team does a good job in trying to validate and consolidate data however, an integrated Electronic Health System like Apollo, will improve data validation. However its implementation would not be for a few years. The Trust would need to find solutions to improve data quality in the interim</p> <p>There was a discussion around the Trust utilising kite marking as a source of assurance around the validity, quality and accuracy of data.</p> <p>Action: The Chair proposed including data quality assurance framework as part of the Audit committee workplan for regular updates and discussion.</p> <p>Ms Slipman raised the issue of poor communication with patients resulting in DNAs and where this fit within our governance structures. This could possibly be a future IA review but a review on patient experience would need to be scoped and agreed. In light of the findings of the data quality review, there was potential to have an IA review on this in the future</p> <p>Before going forward with this, the Committee would like clarity on how the Trust Executive received assurance on the validity and reliability of data. This can be followed by an IA review on the effectiveness of these assurance mechanisms.</p> <p>The Chair proposed having a Board discussion where executive data owners can RAG rate their assurance level on the validity of their data sets followed by deep dives into their reliability and accuracy utilising a kite marking approach.</p> <p>Action: To get his coordinated, the proposal can go to the Chief Executive. The Trust Secretary would liaise with the Chief Executive and update the Chair outside of the meeting</p>	

Item	Subject	Action
021/53	<p>External Audit</p> <p>Audit Progress Report - The Committee noted the report. There had been a timing change in the VFM report which had been updated by the National Audit Office. There had been some progress against risk assessments.</p> <p>The main area with outstanding items was with Trust IT. This has been escalated and Trust leads were chasing this up as a priority.</p> <p>The requisite information from the subsidiaries had since been submitted to the EA. The Auditors gave assurance that the audit was on course for completion for the first date once all the data requested had been received.</p> <p>The Committee wants to meet the first deadline submission as this would reflect positively on the Trust.</p>	
021/54	<p>Any other business</p> <p>No other item of business was raised.</p>	
021/55	<p>Date and time of the next meeting</p> <p>The next meeting will be on 7 June, 9-11am</p>	

Audit Committee – Minutes

Minutes of the meeting of the Audit Committee held on Tuesday 22 June 2021 at 9.05am
via MS Teams

Present:

Akhter Mateen	Non-Executive Director (Chair)
Sue Slipman	Non-Executive Director
Jon Cohen	Non-Executive Director

In attendance:

Prof Clive Kay	Chief Executive
Prof Nicola Ranger	Chief Nurse
Lorcan Woods	Chief Finance Officer
Dr Mairi Bell	Director of Financial Operations
Arthur Vaughan	Deputy Financial Officer
Nina Martin	Assistant Board Secretary (<i>Minutes</i>)
Siobhan Coldwell	Trust Secretary and Head of Corporate Governance
Paul Dossett	External Audit (Grant Thornton)
Ellen Millington	External Audit (Grant Thornton)
Gareth Norris	External Audit (Grant Thornton)
Oliver Durbin	External Audit (Grant Thornton)
Jane Allberry	Lead Governor
Kudzai Mika	Quality Governance Manager (part)
Roisin Mulvaney	Director of Quality Governance (part)
Stuart Sheehy	KFM, Chief Financial Officer

Apologies:

Sir Hugh Taylor	Trust Chair
Steve Weiner	Non-Executive Director
Beverley Bryant	Chief Digital Information Officer (CDIO)

Item	Subject	Action
	2. STANDING ITEMS	
021/56	Welcome and Apologies The Chair welcomed all to the meeting	
021/57	Declarations of Interest No interests were declared.	
021/58	Chair's Action There were no Chair's actions to report since the last Committee.	
021/59	Minutes of the Previous Meeting The minutes of the meeting held on 29 April 2021 were approved.	

Item	Subject	Action
021/60	<p>Action Tracker and Matters Arising</p> <p>Item 3.1 – Risk Management Strategy Implementation and update – The Chief Nurse updated that the Good Governance Institute (GGI) were working to roll out the strategy at care group level. Any observations will come back at the next committee. They were also holding meetings with individual teams and were identifying what outcomes we can measure and evaluate. This could be ready by next week but the Chief Nurse would need to confirm.</p> <p>Items 6.1.6 - Internal Audit Review: Data Quality Diagnostics – The Trust Secretary was liaising with data owners on the approach to RAG rating the data. The plan is to focus on those RAG rated red and this will be brought to the July meeting.</p> <p>All other items were either closed or on the meeting agenda.</p>	
021/61	<p>3. GOVERNANCE REPORTS</p> <p>Draft Quality Account 2020/21</p> <p>The Committee noted the report. The Chief Nurse commended Kudzai Mika, Quality Governance Manager and Roisin Mulvaney, Director of Quality Governance for the significant amount of work that was put into the preparation of the report. Since the last iteration at the April Audit Committee, the language and wording had been made more user friendly.</p> <p>The report provided a good overview on what the Trust aimed to achieve. Due to the pandemic response there were some challenges to achieving all the objectives. Public and staff will see progress in addressing violence and aggression. The Trust continued to offer leadership programmes on 24 wards. There had been and continues to be a great deal of focus on improving nutrition and hydration. Patient property had been a key priority for patients during the pandemic. In 21/22 the plan would be to monitor progress with priorities on a bi-monthly basis.</p> <p>Those 20/21 objectives not progressed would be carried over to 21/22. It was confirmed that a draft of the report had been discussed at QPPC at which the Committee Chair had asked that more clarity and robustness be applied to the measurement of outcomes.</p> <p>Ms Slipman queried the rationale for describing the combatting violence and staff harassment objective as partially achieved, given that it had gotten worst. This was largely due to the great deal of effort that had gone into addressing this issue and the extensive engagement with frontline staff on their experiences and getting their views on how this can be dealt with. The implementing of these ideas would make a great deal of difference. The training on dealing with violence and aggression also supported the partially achieved rating.</p> <p>The Committee received assurance that KE and governors were engaged in the selection of priorities. The selection was also informed by the Trust's risk register and clinical concerns raised by staff. The selection of quality priorities was also discussed at QPPC.</p> <p>The Chair queried the Trust's response and approach to dealing with the comments made by stakeholders and in particular the response from our Healthwatch partners. The Trust engages with stakeholders to address their feedback. This year was a challenge given the Covid pandemic and fluctuating national deadlines for reporting. This meant consultation this year was a bit rushed. The plan in the coming year was to</p>	

Item	Subject	Action
	<p>invest more time and capacity into engagement with our stakeholders. The new AD of Patient Experience who previously had a senior role at Healthwatch would help drive this process</p> <p>The draft report was approved for presentation to the Board next week. Once approved this will go to NHSI along with the Annual Report and Financial accounts</p>	
021/62	<p>Draft Annual Report</p> <p>The Committee noted the report and the Trust Secretary provided the key highlights. This was a nearly finalised version of the report. There was likely to be some updates to some of the figures due to subsequent adjustments to the accounts but these were not likely to be material. The report contained the usual four sections: Performance, Accountability and Remuneration Report, the Staff report and the Annual Governance statement. IA findings and opinion was also part of the commentary. The Trust Secretary updated on the key updates included in these sections.</p> <p>The Committee commended progress with the report. Further comments related to:</p> <ul style="list-style-type: none"> • P20 and the achievements ascribed to Research, innovation and education. More substance was needed around this narrative to give a fuller picture of what was achieved in this domain. • P24 – Infection control a number was missing and the report would be updated to reflect. <p>The External Auditors were awaiting final version of the report with the adjusted finance figures to review and were still finalising queries on the remuneration table.</p> <p>The Committee looked forward to receiving the updated final report incorporating all comments at next week's Trust Board.</p>	
021/63	<p>FINANCE REPORTS</p> <p>Draft Account and High level summary</p> <p>The Director of Financial Operations presented the update on the report and the Committee noted the changes made since the last Audit Committee and the draft sent to NHSI at the end of April. The main change related to enhanced disclosure around judgments and estimates regarding the CCU especially where judgement was made on the timing of the asset recognition. In terms of estimates, there were some changes to the workings around our valuation and estimates around the future value of PFI. Other than that changes were more presentational.</p> <p>Since Friday there had been some adjustments to the asset valuation. The changes do not impact the Trust's reported outturn</p> <p>The Chair referenced 1.4.1 accounting policies and observed that there seemed to be too much narrative for what was essentially a simple judgement.</p> <p>Action: KCH leads will liaise with external auditors to discuss how this can be simplified.</p>	Dir Fin Ops

Item	Subject	Action
021/64	<p>EXTERNAL ASSURANCE</p> <p>External Audit findings</p> <p>Being their first audit, Grant Thornton and KCH finance team were getting to know each other over the past few months. The Auditors had requested a large volume of samples for response and acknowledged the patience of the KCH team in processing these.</p> <p>The wider regulatory regime had stressed a focus on asset valuation and other big financial figures in the auditing of all Trusts' account. This had been a challenge given the size of King's and the number of assets.</p> <p>There had been issues nationally where some NHS organisations were trying to manage their financial position through the use of accruals and provisions which was not an appropriate approach. Audit forms were placing a great deal of scrutiny in these areas. In engagement with KCH leads the Auditors had found nothing of concern in this area.</p> <p>The auditors updated on the significant risks identified in the audit plan. This included management override of controls which encompasses audit work around journal entries made to the general ledger and also estimates and judgements made during the course of the audit. Findings on journal entries largely rose from findings on the IT general control environment. While many had been closed down due to move to oracle during the year there remained some residual issues which impacted entries to the ledger during 2020/21. Recommendations had been made and responded to by the finance team</p> <p>Revenue recognition was a significant risk for all organisations. In year, the regime for funding the trust had changed from previous years. There were no concerns to report.</p> <p>Expenditure recognition could present a risk linked to pressure to meet outturn position. No concerns were identified with the Trust unlike other organisations. Additional work was done on the accruals and the auditors feel comfortable with the findings. There had been good and open engagement with the finance team in recognising expenditure. The Chair commended the finance team as this provided good assurance</p> <p>Valuation of land and buildings was also an area of focussed scrutiny. The auditors had engaged external valuers and there had been good engagement with finance teams. This was on track to conclude without any significant issues.</p> <p>With the KFM audit, the main issues related to finance leases and trying to understand the nature of the agreements between KCH and KFM and to ensure this was accounted for appropriately. There were different leasing accounting standards for the Trust and KFM so this provided more of a challenge.</p> <p>The deadline for the submission of the VFM report was 20 September. So far no significant issues had been identified.</p> <p>The audit team reviewed both oracle and sprinter. No weaknesses were identified in the newly implemented oracle system. More significant recommendations were set out in final IT general report and there were a few further recommendations which affected oracle e.g. sharing of generic user names but these were low priority.</p> <p>The CFO asked for clarity on whether the sharing of passwords was an issue with oracle. The Auditors would revert to the IT report and feedback on the key findings from their</p>	

Item	Subject	Action
	<p>review of the new system but added that the issues that were affecting both systems were not high priority.</p> <p>The audit report would be qualified because the prior year audit report was qualified in respect of the inventory balances and a technical review process was being undertaken to finalise the wording. By the next year this should be resolved. Normally a qualified review would be of concern but given the circumstances, NHSI will not take this stance. This was more of a technical qualification.</p> <p>VFM reporting was due in a few months and the CFO queried whether the auditors anticipated any issues with the Trust moving from the FSM regulatory regime to the new recovery support regime. It would be helpful in liaising with regulators to have an opinion on value for money. The Committee was assured that any significant concerns would have been included in this report and flagged.</p> <p>The Letter of representation had been drafted and shared with finance team and will be finalised in time to present to the Board. Holding out just in case anything comes out of the remaining areas of the audit.</p>	
021/65	<p>KFM Findings</p> <p>The audit was in a similar position to the main Trust audit. The remaining two subsidiaries audits will be carried out at a later date. The report presented shows the status of the audit as at end of last week. There had been some movement in the last few days and both teams were working to complete this week ahead and be ready for sign off next week</p> <p>Similar to the Trust, the audit opinion would be qualified but this was more of a technical qualification. In terms of this year's stock, the auditors were comfortable with the closing balance and do not anticipate a modification of the audit opinion.</p> <p>Regarding the qualified stock opinion, it was noted that other Trusts were largely in the same position. But the Committee queried whether organisations similar to KFM were in the same position or would KFM need to focus on how it communicates the qualified opinion. While Stock qualification was not usual outside the NHS sector, the auditors assured that that this won't be an areas of concern given the context within which it was being reported.</p> <p>Further key updates included:</p> <ul style="list-style-type: none"> • Revenue recognition was found to be appropriate. • There had been good engagement with KFM management but there had been delays in getting information back and getting journal listings when requested. The KFM CFO updated that transaction listing was a complex piece of work. Being new to the role, the approach was for the Financial Controller to check data before submission. While this slowed the process the approach was thought to be necessary. • Inventories – No errors or issues on the Ominicell system but were unable to find how inventories were tracked and consumed. There was no log of stock taken out. The final report would highlight this as a control issue. The KFM CFO updated that Omnicell gives live tracking and KFM was considering expanding and increasing investment in Omnicell. • Going concern –This was ongoing as the auditors were awaiting final disclosures from financial statements. 	

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	<p>Ms Slipman queried the reasons for KFM delays in feeding back information as this had been a historical issue. While the quality of information received was good, the delay could be linked to reliance on one or a few individuals to respond. Another reason could be a lack of shared understanding of the timetable for the subsidiaries audit.</p> <p>Regarding Viapath, the auditors were working with management to better understand the technical treatment but were so far comfortable with the approach being taken.</p> <p>Given the imminent departure of the Director of Commercial and Contracting, the CFO proposed the auditors liaise with her to address any issues around samples/PIC notes as they relate to the KCS audit. It was noted that the auditors evaluation specialists were reviewing the PIC note(s).</p>	
021/66	<p>Any other business</p> <p>No other item of business was raised.</p>	
021/67	<p>Date and time of the next meeting</p> <p>The next meeting will be on 01 July, 9-12 noon</p>	