

AGENDA

Meeting	Board of Directors
Time of meeting	3.30pm - 5.30pm
Date of meeting	Thursday 9th December 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 – 9 th September 2021	FA	Enc			
2. VIOLENCE AND AGGRESSION				Prof N Ranger	3.35pm
2.1 Staff Story					
2.2 Trust approach to reducing violence and aggression					
3. QUALITY, PEOPLE, FINANCE AND PERFORMANCE					
3.1 Report from the Chief Executive	FR	Enc		Prof C Kay	4.30pm
3.1.1. – Integrated Performance Review (M7)					
3.1.2. – Finance Report (M7)					
4. GOVERNANCE AND ASSURANCE					
5.1 Safer Nursing	FR	Enc		Prof N Ranger	5.10pm
5. REPORT FROM THE GOVERNORS	FR	Oral		J Allberry	5.15pm
6. FOR INFORMATION					
<u>Committee Minutes</u>	FI	Enc			
• Finance and Commercial Committee 22 nd June and 27 th Sept 2021					
• Audit Committee 1 st July and 16 th September 2021					
• Major Projects Committee 22 nd July 2021					
7. ANY OTHER BUSINESS				Sir H Taylor	5.25pm
8. DATE OF NEXT MEETING					
10 th March 2022 at 3.30pm					

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

Members: Sir Hugh Taylor Sue Slipman Prof Jonathan Cohen Prof Richard Trembath Nicholas Campbell-Watts Steve Weiner Dame Christine Beasley Prof Yvonne Doyle Akhter Mateen Prof Clive Kay Lorcan Woods Prof Nicola Ranger Dr Leonie Penna Mark Preston Julie Lowe Jonathan Lofthouse Beverley Bryant	Trust Chair (<i>Chair</i>) Non-Executive Director (<i>Deputy Chair</i>) Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Chief Finance Officer Chief Nurse and Executive Director of Midwifery Chief Medical Officer Chief People Officer Site CEO – Denmark Hill Site CEO – PRUH and South Sites Chief Digital Information Officer
Attendees: Funmi Onamusi Siobhan Coldwell Chris Rolfe Sophie Whelan	Director of Equality, Diversity and Inclusion AD Corporate Governance (Minutes) Director of Communications 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 9th September 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
Beverley Bryant
Mark Preston

Non-Executive Director
Chief Executive Officer
Chief Nurse and Executive Director of Midwifery
Chief Medical Officer
Site Chief Executive - Denmark Hill
Chief Financial Officer
Chief Digital Information Officer
Chief People Officer

In attendance:

Siobhan Coldwell

Associate Director, Corporate Governance (minutes)

Chris Rolfe
Funmi Onamusi
Sophie Whelan
Rob Chidlow

Director of Communications
Director of Equality, Diversity and Inclusion
Director of Corporate Affairs
Site Finance Director PRUH and South Sites (deputising for Jonathan Lofthouse)

Members of the Council of Governors
Members of the Public

Apologies:

Steve Weiner
Jonathan Lofthouse

Non-Executive Director
Site CEO – PRUH and South Sites

Subject

Action

021/50 Apologies

There were apologies for absence from Steve Weiner and Jonathan Lofthouse. The Chair welcomed Fummi Onamusi, Mark Preston, Chris Rolfe and Sophie Whelan to the meeting.

021/51 Declarations of Interest

None.

021/52 Chair's Actions

There were no Chair's Actions to report.

021/53 Minutes of the last meeting

The minutes of the meeting held on 10th June 2021 were agreed.

021/54 Patient Story

The Chief Medical Officer introduced HD, a patient who received treatment for COVID-19 during the summer. Having had relatively mild symptoms, HD's condition deteriorated after 7 days and they were brought to hospital by ambulance. After waiting for several hours in ED, HD self-discharged, only to be readmitted shortly afterwards. Within 2 hrs of readmission, HD was admitted to a ward and stayed for seven days. HD reported that the care was excellent, the facilities were very clean, although the ward was very warm. HD was treated with oxygen as well as Remdesivir, which was immediately effective. Whilst an inpatient, the BBC visited the Trust and HD was interviewed. This resulted in some unfortunate social media reaction, particularly from people with 'anti-vaccination' views. As learning HD recommended that patients are given guidance before participating in press interviews. The Chief Medical Officer thanked HD for being so open about their experience, particularly given the negative social media response. The Board discussed the initial admission and whether the Trust could have done anything different. On balance, HD believed that ED staff had treated them well, but perhaps HD's behaviour (chattiness) suggested that HD appeared less ill than they actually were. The Board discussed attitudes to vaccination and whether there was more the NHS could do to increase vaccination uptake, noting there is a balance to be struck between ensuring vaccines are easily accessible to anyone that wants one, and further entrenching anti-vaccination views.

The Board thanked HD for the frank and thoughtful presentation to the Board.

021/55 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. On behalf of the Board, he expressed his gratitude to the Trust's staff for the excellent contribution they continue to make despite ongoing difficult circumstances.

He began by noting that the Trust is facing a complex set of challenges including elective recovery, COVID-19 and staff health and wellbeing. In spite of this the Trust has produced a new Strategy and refreshed its values.

Subject

Action

**021/55 The Report from the Chief Executive cont.....
cont..**

In relation to quality and safety, the Board discussed violence and aggression from patients towards staff. A new programme is in place to work with wards and departments to support staff. This includes practical de-escalation techniques for staff, particularly healthcare assistants.

There is a continued focus on complaints and good progress is being made to reduce the backlog, particularly at the PRUH. The backlog of serious incidents has reduced and the Trust is meeting key duty of candour compliance targets. Work is underway to address the backlog on amber incidents. The Board discussed the importance of ensuring that complaints responses recognise where the Trust has not met expected standards and how it will learn from that incidents. The Chief Nurse reassured the Board that new processes will be much more patient focused, with an emphasis on early resolution.

Since the Board last met the CQC has undertaken an unannounced inspection of the ED at the PRUH. The report was complimentary about the progress the department has made and the department's rating has moved from 'inadequate' to 'requires improvement'.

The Board went on to discuss operational performance. Recovery has been slower than hoped due to increased COVID-19 activity, although progress is being made. On RTT, the Trust continues to make progress and is prioritising longer waiters and those in clinical need. The trajectory will ensure no patient waits more than 104 weeks by the end of March 2022 and no more than 52 weeks by end March 2023. There has also been good progress in reducing the number of patients waiting longer than 18 weeks.

Emergency care performance remains below target, with performance at Denmark Hill below that of the PRUH. The Board noted the medium to long term programmes in place to drive improvement including new assessment areas at the PURH which will open within the next fortnight. Good progress is being made in reducing the diagnostic backlog.

The Board discussed the vaccination programme. It has been announced that Clinically Extremely Vulnerable (CEV) patients will receive a third vaccination and the Trust is ready to roll out booster vaccinations for for staff, if guidance changes. The annual influenza vaccination programme will also be launched in October. Consultation is ongoing on whether vaccination (both COVID-19 and flu) should be mandatory for health and social care staff which will have implications for the Trust. The Trust is not currently able to accurately state what proportion of the workforce is vaccinated as not some staff will have chosen not to be vaccinated in the Trust. There have been concerns about low take-up levels in some staff groups including those based on wards. Compulsory vaccination for all frontline health staff will create risks for the Trust and discussions are underway to understand how these can be managed.

The Board noted the Trust's financial position. Since the Board last met, the 2020/21 accounts have been submitted to the regulator. The Trust continues to break-even during 2021/22 and the position in relation to the payment of suppliers is also improving.

Subject

Action

**021/40
cont..**

The capital programme for 2021/22 is approximately £50m and this has been allocated to priority programmes. The Trust will be required to make efficiency savings, but the target is yet to be agreed. The Board noted that the review of Elective Recovery Fund (ERF) calculation has now been resolved satisfactorily and will not impact on future activity. The Board welcomed the Government's recent announcements of additional funding earlier in the week although it is not yet clear what this may mean for King's.

The Board welcomed the staffing developments in recent months. Although the vacancy rate has increased this is generally due to new posts, rather than increased turnover. The Trust continues to work to improve staff wellbeing and the recent 'reflect and reconnect' exercise. From September all staff will be able to undertake a mental health assessment with SLAM. A travel advisory service has been set up to provide advice to staff on travel restrictions. The Board noted that the pay award is being implemented from September and will be backdated to April 2021.

The Board noted the plans in place to ensure the Trust is a diverse and inclusive organisation for its staff and patients.

The Board **NOTED** the report from the Chief Executive.

021/56

Trust Strategy

The Board received a paper outlining the next steps in implementing the new Trust Strategy, noting it was an ambitious document, produced under pressure. The feedback from staff and stakeholders has been excellent.

The paper sets out a comprehensive approach to building awareness and engagement with the Strategy. The Chief People Officer noted that there is a longer term programme of work needed to embed values including updating HR policy and process and recruitment, all aimed at driving culture change.

The Board is anxious to see an implementation plan and the paper outlines how this will be achieved by the end of December 2021. The Board noted that the strategy implementation plan and the values work, should be managed separately. The Board discussed the process that will be used to operationalise the strategy and development action plans. Work is underway to articulate deliverables and these will be discussed with the Board in October. Existing governance structures will be used to ensure that there is ownership and focus across the Trust to deliver the Trust's strategic ambition. Discussions are ongoing with staff across the organisation to ensure that there is co-production on action plans. Whilst there will be accountable officers, they will be encouraged empower staff to make local transformation in line with the strategy.

The Board noted that the delivery plan will be developed within a short period, but this will align with the national strategic review. This will be particularly helpful for prioritising capital investment programmes. The Board reflected that it is likely the Trust will face financial constraints in 2022/23 and may need to undertake further prioritisation. The Board noted that the strategy will need to be refreshed on a regular basis to ensure it remains relevant over the 5 year period. The Board noted that internal discussions are increasingly referencing the strategy and there is an opportunity to build on this. There also need to consider how well the values and behaviours being embedded and whether remedial actions are needed.

Subject

Action

- 021/58** In concluding the discussion, the Chair confirmed that the Board is very excited by the strategy and is encouraged by the focus on local engagement and empowerment. The Board is also committed to modelling the strategy and values and is looking forward to a session on being a kind respectful team later in the Autumn.

The Board:

- **NOTED** the progress to date in building awareness and engagement with the new strategy and values;
- **SUPPORTED** plans for further awareness-raising and engagement activity over autumn 2021;
- **SUPPORTED** 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).

021/57 **Revisions to the Constitution**

A working group was established by the Council of Governors to undertake a refresh of the Trust Constitution.

The Board **APPROVED** the revisions to the constitution. This included:

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

021/58 **Safer Staffing Report**

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 is on staff wellbeing to ensure 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.

The Board **NOTED** the report.

021/59 **Report from the Governors**

Jane Allberry, Lead Governor, welcomed the discussion in relation to the strategy. The Governors are keen that it drives demonstrable change and would welcome the opportunity to be able to support and challenge implementation. She noted that the new round of 'Meet the NED' sessions have been excellent. In relation to complaints, Governors worry about the number of patients that are not raising issues that worry them when they visit the Trust e.g. non-compliance with mask and social distancing mandates. The Governors welcome the Project Search initiative, but feel the Trust could do more to support staff with disabilities.

021/60 For Information

The minutes of the following meetings were received for information:

- Finance and Commercial 27th May 2021
- Quality, People and Performance 4th June 2021
- Audit Committee March 29th April and 22nd June 2021

021/61 Any Other Business

The Chair noted the Annual Members Meeting will take place virtually on 30th September at 6pm.

021/62 Date of the Next Meeting

3.30pm 9th December 2021

Violence and Aggression

Confident, Supported, Protected

King's



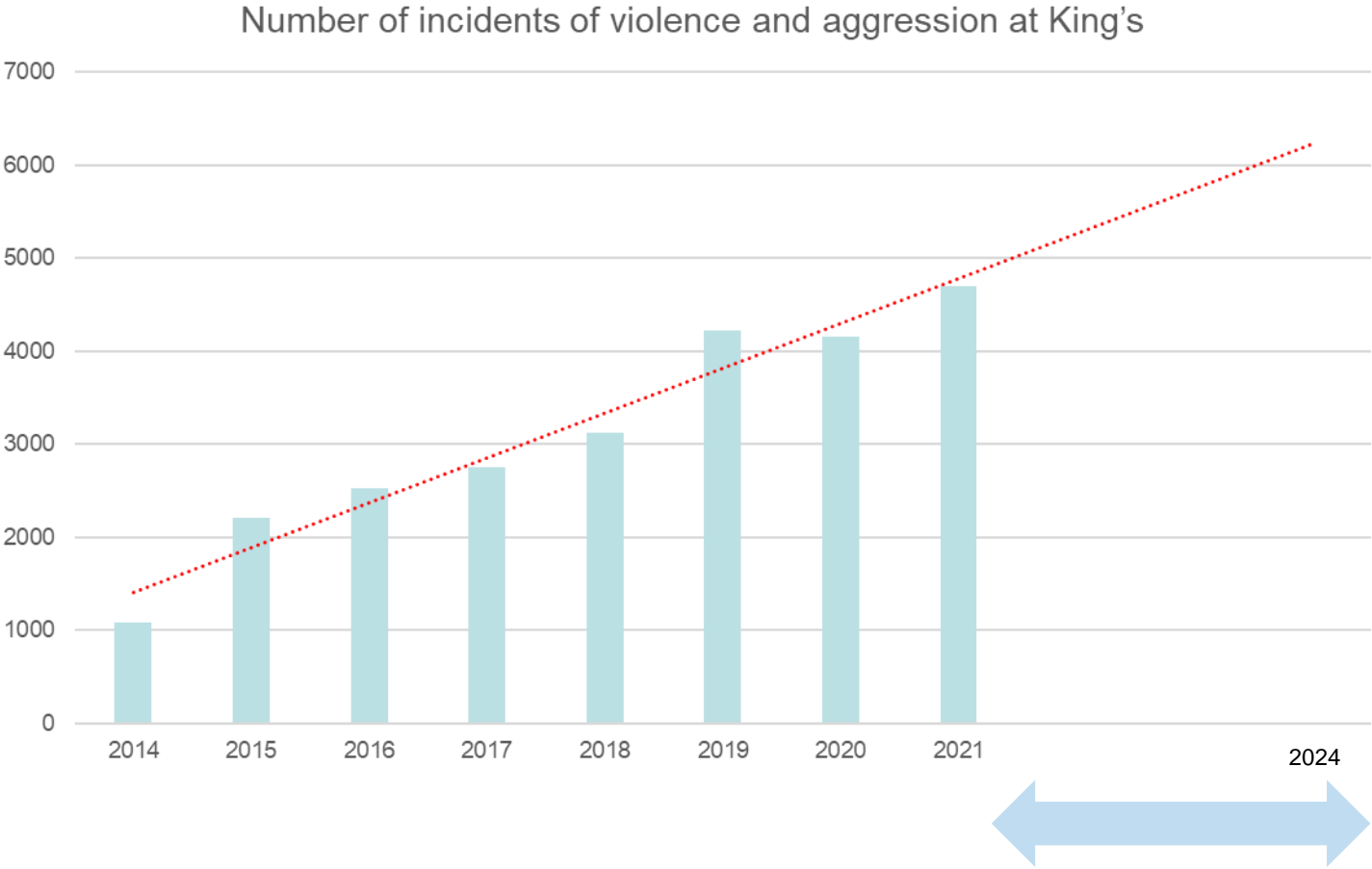
KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

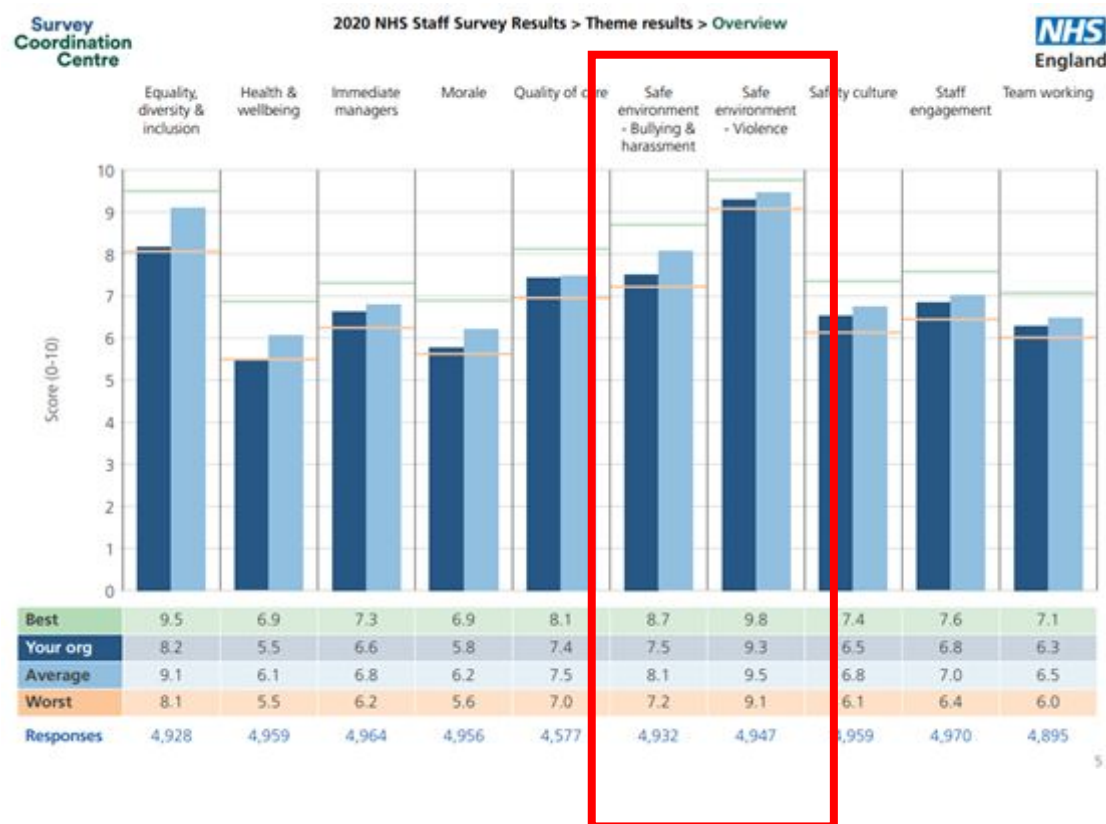


Overview



Current position

NHS Staff Survey (2020)



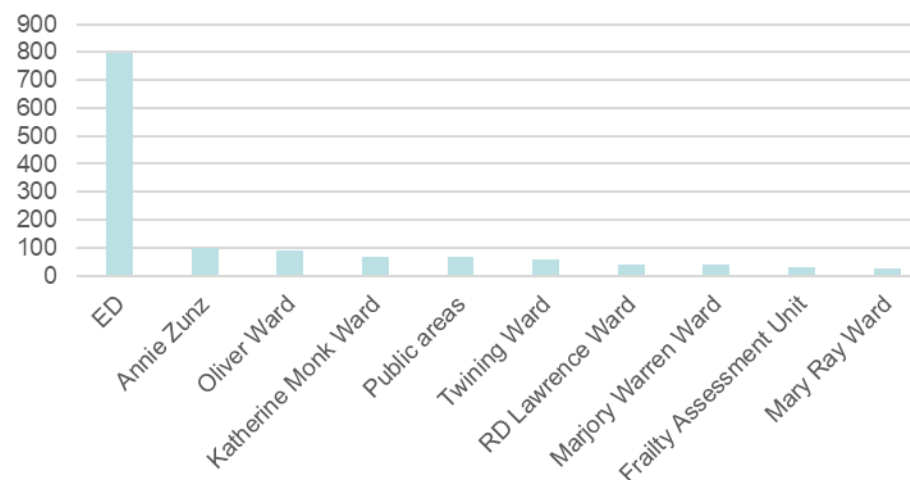
- Worst amongst Our Healthier South East London STP
- Joint worst amongst 5 London STPs

NHS organisation	Score	
University Hospitals Birmingham NHS Foundation Trust	8.1	9.4
Liverpool University Hospitals NHS Foundation Trust	8.2	9.4
Manchester University NHS Foundation Trust	8.2	9.6
Leeds Teaching Hospitals NHS Trust	8.1	9.3

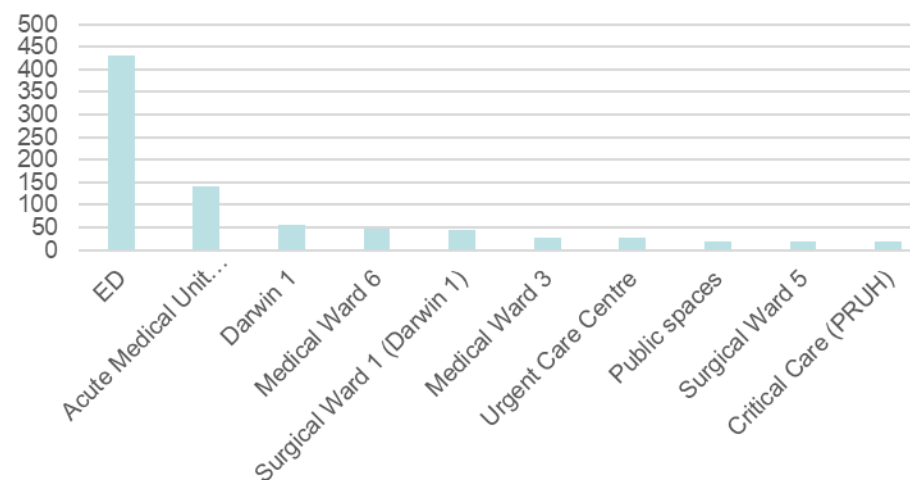
Current position

- 2984 incidents of V&A reported via Datix since April 2021
 - 1819 at Denmark Hill
 - 1076 at PRUH
 - 87 other sites

Incidents of V&A at DH since April 2021



Incidents of V&A at PRUH since April 2021



Security Team

- 24 hour service:
 - 8 security officers at DH
 - 4 security officers at PRUH
 - 2 security officers at Orpington
 - 1 security officer at Beckenham Beacon (12 hours)

Datix = On average respond to 16 incidents per day across all sites

- Collaborative work between Clinicians and Security
- Reducing V&A responsibility of all at King's
- Provision of Clinical support is essential

What we know



- Challenging to truly implement
- Lack of evidence-base regarding effectiveness
- Tackling the underlying causes is key – acknowledge these are complex
- Need to be **BOLD** with how we address this

What we know – pre Covid

Listening to our staff...

450 staff attended across DH and PRUH

High level themes identified:

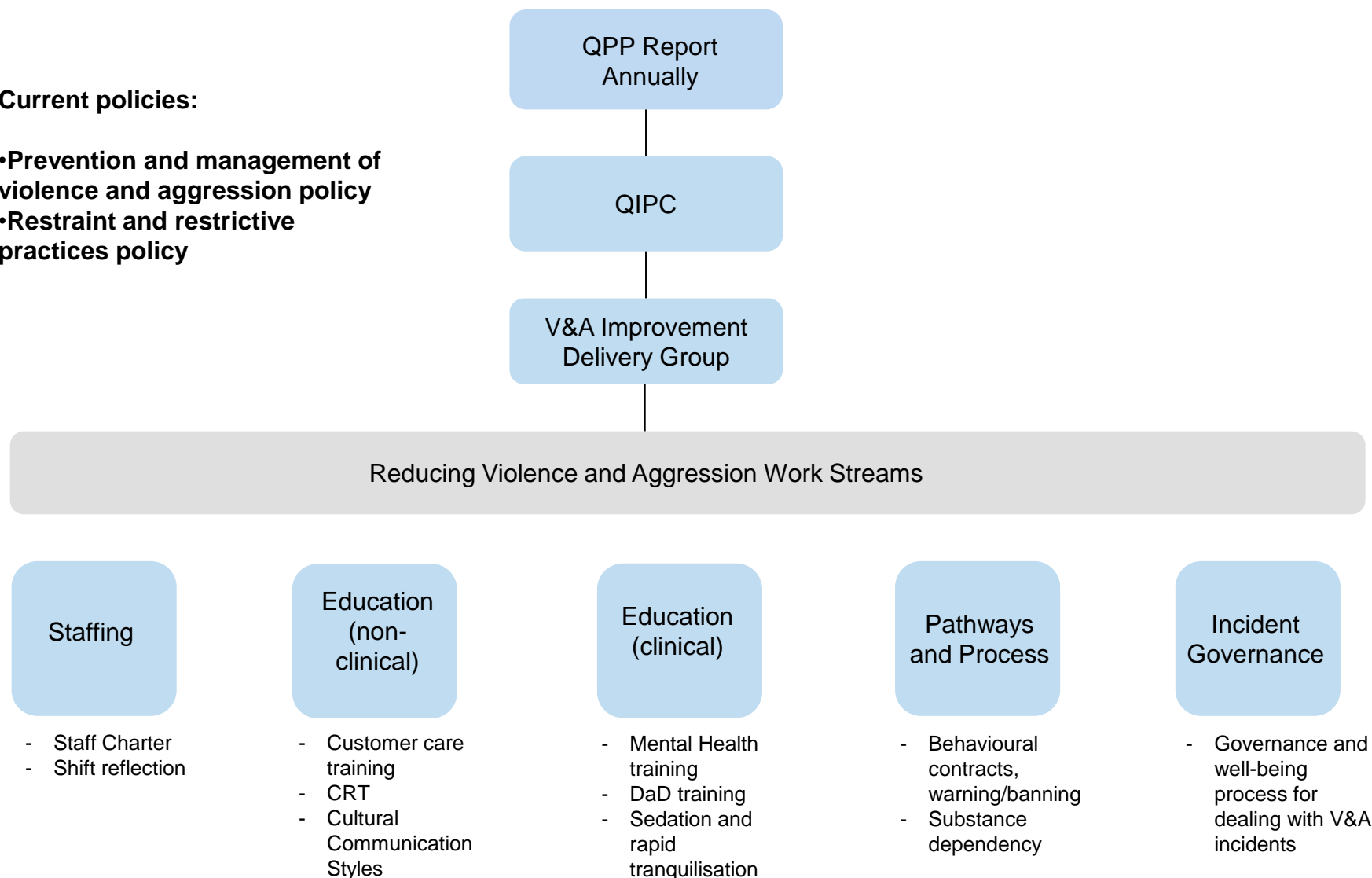
- Education and Training
- Staff attitude
- Communication
- Patient frustration/boredom
- Staff pressures and support
- Addiction and substance misuse
- Medication
- Environment



What we did

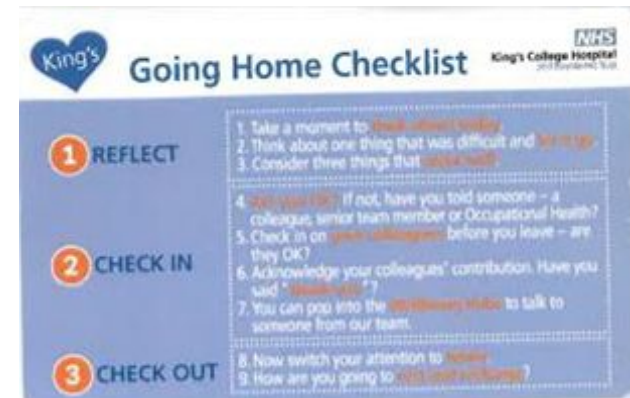
Current policies:

- Prevention and management of violence and aggression policy
- Restraint and restrictive practices policy



What we did

- Staffing:
 - **Shift reflection:** development of going home checklist, initial discussions with pilot areas
 - **Staff charter:** discussions with teams about content
- Education (Non-clinical):
 - Security Team bespoke training in CRT and breakaway
 - Online zoom CRT training for 'high risk' staff
- Education (clinical):
 - Tier 2 Dementia and Delirium training at DH and PRUH
 - DAD training for new HCSW on induction
 - Dementia friend training for Volunteers



What we did

Education (clinical)

Mental Health Awareness

5 courses (200 places)

Trust wide – 1 day

General introduction to MH conditions and acute trust challenges

Psych ED

5 courses (60 places)

ED specific - 1 day

MDT focus
Crisis management of challenging/agitated patients

Reducing Restrictive Practice

16 courses (192 places)

Ward based - 2 days

MDT focus
Management of agitated/aggressive patientsT

Mental Health Management

4 courses (160 places)

Trust wide – 1 day

Workshop providing enhanced MH management skills for 7s/8s

King's

Staff story

What Next - New Team

Joe Hague

Deputy Chief Nurse

Chelsie Sills

Violence Reduction Matron

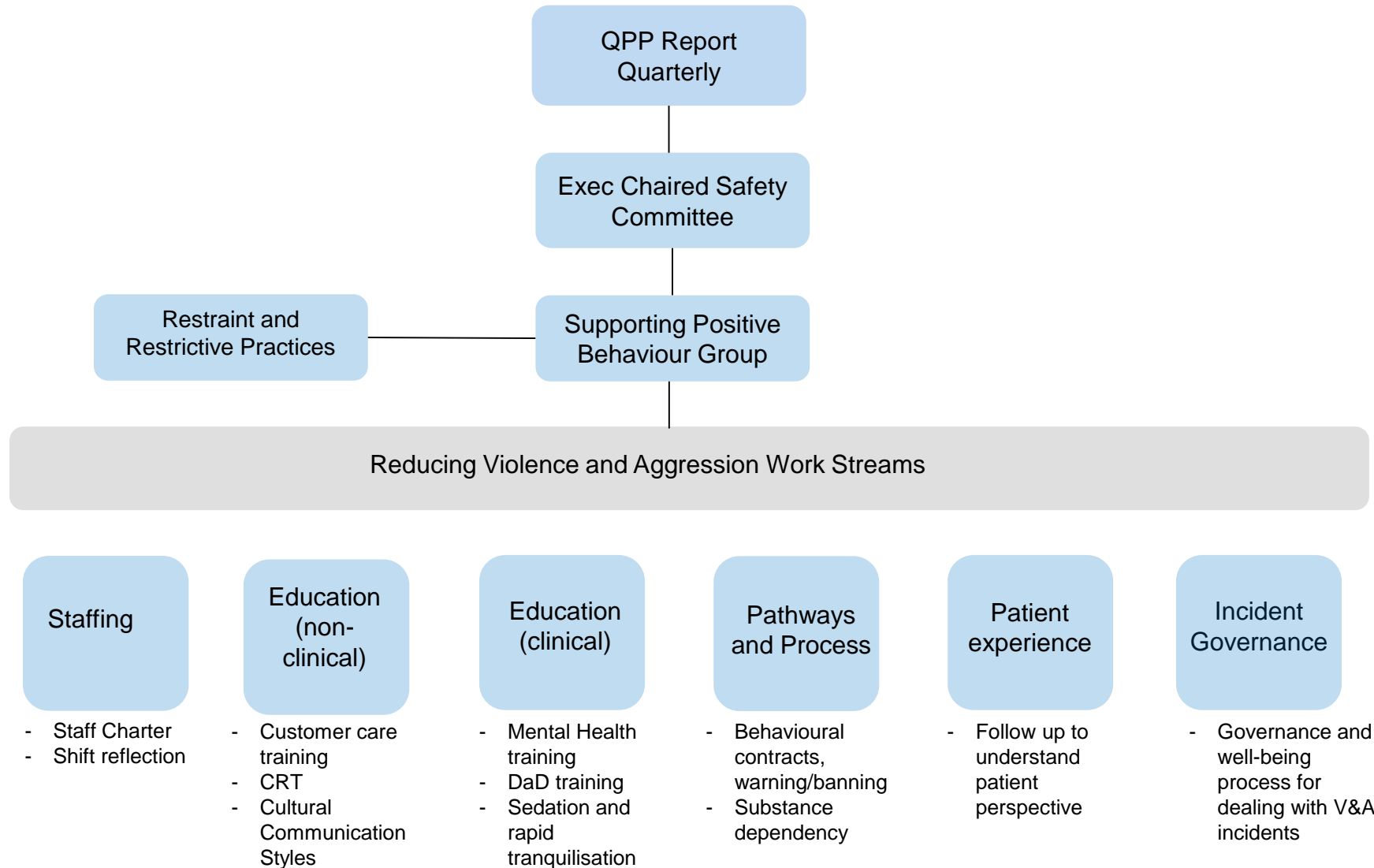
Kieran Quirke

Associate Director for Mental Health

Simon Arday

Network Manager Mental Health

Updated Governance structure



We want staff and patients to feel confident, supported, protected

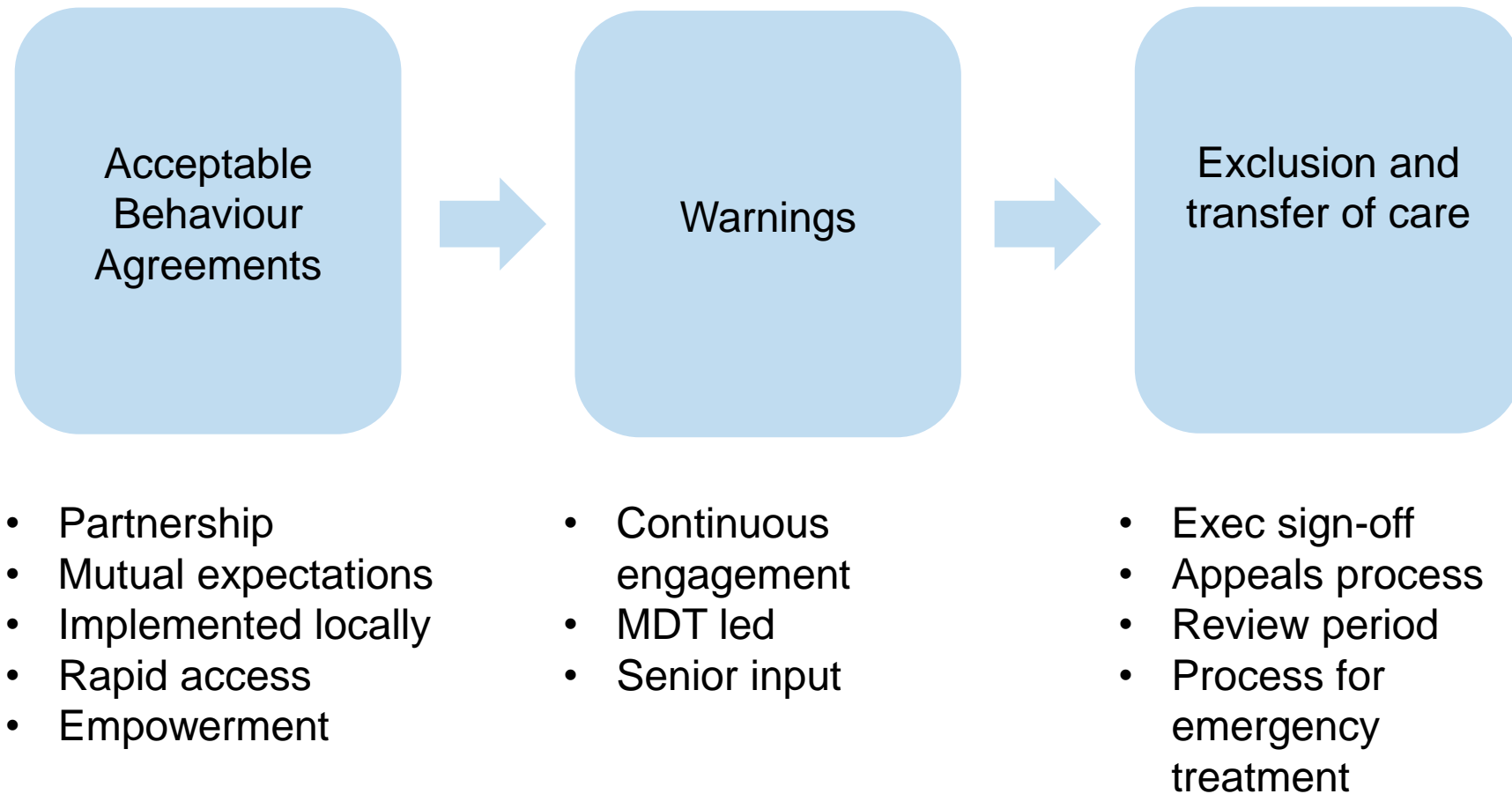
We want to provide staff with the tools to be **BOLD**



Violence prevention and reduction standard

PUBLIC BOARD MEETING-09/12/21

What we will do



What we will do

Staff Support:

- Standardised approach
- Escalation route to King's Exec
- Identified contact
- Protected recovery time
- Post incident follow-ups
- Manager support
- Access to staff well-being services and psychological support

What we will do

Education (Non-Clinical):

Review Conflict Resolution Training

All staff across all sites will receive a form of CRT

- Level 1 – 1 hour V&A e-learning module
- Level 2 – ½ day CRT
- Level 3 – ½ day CRT and ½ day breakaway
- Level 4 – 2 day CRT, breakaway, legal context, clinical safe holding
- Level 5 – Security team training

Opportunity to explore collaborative training within KHP/SEL

What we will do

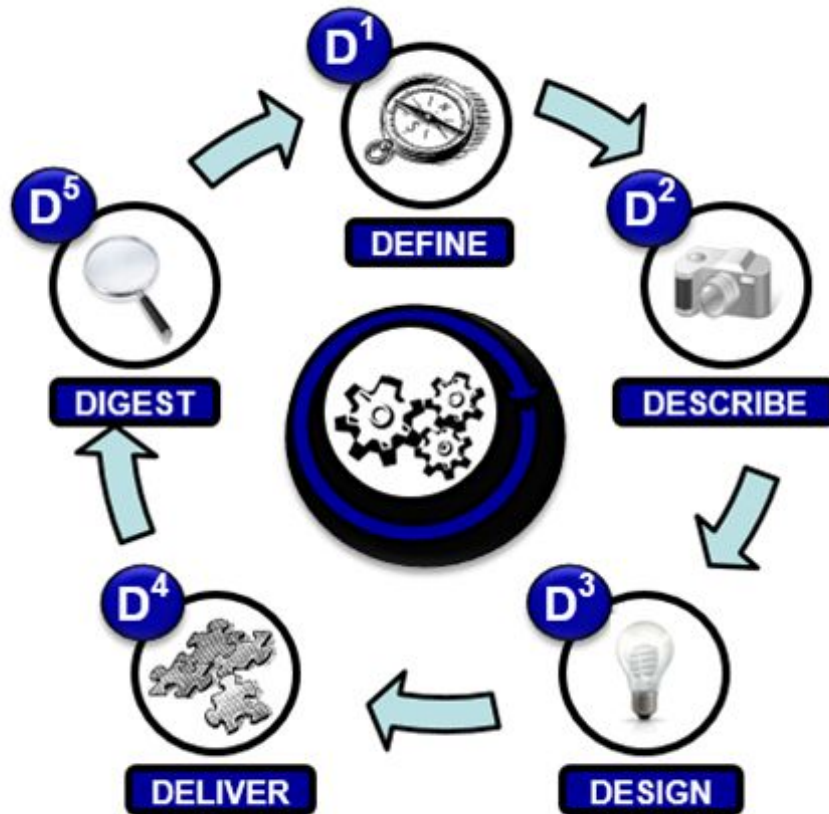
Education (clinical):

- Establish ongoing mental health training programme
- Continue Dementia and Delirium training

Incident governance:

- Establish V&A data pack, review risk assessment process
- Ensure incidents are investigated at an appropriate level and feedback provided to staff
- Ensure learning from trust wide incidents are collated and used to inform training, processes and future practice
- Share learning across the trust through established governance structures within care groups
- Engage with wider partners, share incidents and learn lessons with similar Trusts with similar local population

What we will do – Prevention



- Pilot preventative model using a CQI approach in hotspot areas at DH and PRUH
- Utilise evidence based models originating from MH settings
 - Trauma informed approach
 - Safewards approach

Share the learning:

- Regular trust wide comms/Kwiki updates
- SEL V&A Network
- Collaborate and learn from and with organisations nationally

The impact

Short term (1-2 years):

- Overall increase in reported incidents of Violence and Aggression
 - Greater awareness of V&A and reporting
- Reduction in number of incidents of assault or physical violence
- Reduction in use of physical and mechanical restraint

Long term (2+ years):

- Improvement in NHS Staff Survey metrics in relation to V&A and staff well-being
- Continuous feedback loop from incidents to inform training programmes and areas for improvement

References

National Staff Survey (2020). NHS Staff Survey Results 2020. [Results | Working to improve NHS staff experiences | NHS Staff Survey \(nhsstaffsurveys.com\)](https://www.nhs.uk/staffsurvey/2020/Results/)

ONS (2021) Crime in England and Wales: Police Force Area data tables. [Crime in England and Wales: Police Force Area data tables - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/crimeandjustice/crimeandjusticeinenglandandwales/dataandstatistics/datatables)

Report to: The Board of Directors
Date of meeting: 9th December 2021
Subject: Report from the Chief Executive Officer
Author(s): Siobhan Coldwell, Associate Director, Corporate Governance
Presented by: Professor Clive Kay
Sponsor: Chief Executive Officer
History: N/A
Status: Discussion

1. Background/Purpose

This paper outlines the key developments and occurrences since the last Board meeting held on 9th September 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**

CONTENTS PAGE

1. Introduction
2. Quality, Patient Experience, and Patient Safety Report
3. Operational Performance for the period Month 1 to Month 6
4. South East London Acute Provider Collaborative – Governance Review Next Steps
5. Financial Performance Month 7
6. Workforce Update
7. Equality, Diversity and Inclusion
8. Board Committee Meetings
9. Good News Stories

Appendix 1 – Consultant Appointments

1.0 Introduction

- 1.1. This paper outlines the key developments and occurrences since the last Board meeting on 9th Sept 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 ("the 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. Since then, 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 incredibly hard work and dedication in continuing to deliver compassionate care to all our patients in spite of the very significant operational pressures we face as an organisation.

2.0 Quality, Patient Experience and Safety

CQC

- 2.1 The Trust underwent an unannounced inspection of the Denmark Hill Emergency Department in July 2021. The report, which was published on 30th September 2021, confirmed that whilst the Department had been inspected, it had not been rated. This means that there is no change to the CQC rating for the Denmark Hill Emergency Department. It remains *Requires Improvement* overall, and is rated *Good* for Caring and Effective.
- 2.2 The report identified many examples of progress and good practice since the previous inspection including treating patients with compassion and kindness, respecting their privacy and dignity and taking into account their individual needs. It was also noted that we had enough nursing and support staff with the right qualifications, skills and training to keep patients from avoidable harm. The inspection found good levels of mandatory training in key skills and that nationally recognised early warning scores and sepsis reviews were properly completed.
- 2.3 The report also outlined a number of areas in which we can improve - including protecting patients from potential mixing with other patients who may have COVID-19 symptoms, reducing clutter in the department and mitigating ligature risks. Immediate action was taken in respect of the ligature risks and an improvement plan has been put in place to help to ensure that we make, and embed, the other improvements we need to in a way that continues to keep our patients safe.

Regulation 28 Report to Prevent Future Deaths

- 2.4 Following an inquest on the 4th August 2021, the coroner made a regulation 28 report to Prevent Future Deaths on 1st September in respect of the death of a patient at the Princess Royal University Hospital (PRUH). The patient was admitted following a fall at home in January 2021. The patient suffered a further fall on the ward. The patient sadly developed pneumonia and died following an operation to address the injuries

caused by the fall. This was recognised as a notifiable Duty of Candour incident and was investigated as a serious incident.

- 2.5 In his report the coroner raised concerns relating to falls risk assessment completion, call-bell responsiveness, and continence care. A comprehensive action plan has been developed and is being implemented with oversight from the Director of Nursing for PRUH and South Sites. This includes Practice Development Team-led training to support implementation of best practice for falls prevention and proactive continence care. The current call-bell system, which does not currently support data collection on response times, is being upgraded to increase functionality, including automatic reporting on response times.

Patient Experience

- 2.6 The Trust continues to make good progress in addressing the backlog of complaints accumulated during the pandemic peaks. Although the target of clearing the full backlog by the end of October 2021 has not been fully achieved, the Trust's position has improved significantly from 207 overdue complaints to 37 overdue complaints remaining. In September 2021, the Trust achieved the highest response rate since 2017.
- 2.7 Whilst the Friends and Family Test (FFT) scores have not reached the levels we had hoped for, qualitative analysis of patient feedback indicates that patients are appreciative of compassion, competency and support offered by staff. However, delays in gaining access to care has negatively affected their experience. A deep dive into the 'waiting' theme in our FFT data has been commissioned by the Patient Experience Committee to help focus improvement efforts. This was presented at the November Patient Experience Committee.
- 2.8 I am very pleased to report that 492 active volunteers have contributed 21,038 hours of service since April, equivalent to 42 WTE staff to the value of £249,088 with the service continuing to grow to make improvements. Key deliverables for the service throughout the reporting period include the re-introduction of volunteers into the Emergency Departments at Denmark Hill and Princess Royal University Hospital, supported by a new training package focussing on emotional support, de-escalation and support for patients at risk of falling; return of *Pets as Therapy* service with Alfie and Maple supporting Denmark Hill; our 'furry friends' will also soon be visiting Princess Royal University Hospital and Orpington Hospital and the expansion of Alcoholics Anonymous (AA) to Princess Royal University Hospital to provide specialist peer support for patients.

Patient Safety

- 2.9 There has been one Never Event in the Trust since the Board last met in September 2021. The incident involved wrong site surgery and occurred in KCH Dermatology. The patient was referred on a two week pathway for review and biopsy of a pigmented lesion to the right hand side of the nose. On examination, two lesions in close proximity were identified. The index lesion was not removed at the time of the consultation because the lesion treated looked more inflamed and concerning. The patient returned to have the correct index lesion removed five days later. The investigation is ongoing.

3.0 Operational Performance for the period M1 to M7 inclusive

- 3.1 Enforced cessation of elective activity to safely respond to COVID-19 admission waves from early March 2020, and again from January 2021, have had a profound impact on our elective waiting lists. At the end of February 2020 there were 143 patients waiting over 52 weeks and 14,558 patients waiting over 18 weeks on a Referral to Treatment (RTT) pathway. Due to the impact of COVID-19, the number of 52+ week waiters increased to a peak of 6,813 patients by the end of February 2021 and 20,590 patients waiting over 18 weeks.
- 3.2 The Trust continues to respond to sustained COVID-19 positive admission demand, whilst delivering a challenging elective recovery programme across Diagnostics, Cancer, and RTT pathways. In response to the unique challenges of elective recovery, an Elective Assurance Group was established to coordinate a number of key working groups including patient level clinical prioritisation, theatre and bed planning, theatre prioritisation, cancer, diagnostics, outpatients, and South East London independent sector capacity/mutual aid. Through this revised corporate oversight, a number of key interventions have been enacted:
- Implemented revised Royal College of Surgeons clinical prioritisation groupings during COVID-19 wave 1.
 - Targeted reallocation of capacity, with relocation of some services to Princess Royal Hospital/Orpington Hospital.
 - Secured additional investment in capacity schemes relating to elective, diagnostic and cancer recovery.
 - Provided targeted allocation of capacity focused on clinically urgent and then longest waits.
 - Established System Partnership working: Provision of mutual aid (capacity and subject matter expertise - validation and access management leadership delivered by KCH via South East London (SEL) Acute Provider Collaborative).
 - KCH provided the administration hub to enable transfer of patients between providers as part of mutual aid agreements and/or into the private sector as part of wider system recovery solutions.
- 3.3 Through these actions, the Trust has restored aggregate admission and attendance levels to 102.6% of the pre-COVID-19 baseline (2019/20). This is among the highest percentages of delivery versus baseline in England, allowing the Trust to meet its urgent elective treatment needs and drive significant improvement in the volume of long waiting patients. I would like to place on record my gratitude to all those who have been involved in delivering such significant improvement.
- 3.4 Elective recovery has been delivered against sustained non elective demand, with A&E attendances and emergency admissions 3.1% above the pre-COVID-19 2019/20 baseline. Emergency demand has meant associated bed occupancy has remained among the highest in England, being consistently above 95%.
- 3.5 COVID-19 demand has shown some variation in recent months with an increase in demand to 75 COVID-19 General and Acute beds occupied throughout all of August and early September. Associated conversion to the Intensive Care Unit (ICU) led to a peak in critical care bed demand of circa 30 COVID-19 beds in the second week of September. Although there was a slight reduction in overall numbers to approximately 60-65 COVID-19 inpatients, at the time of writing, these peak bed occupancy volumes have increased again, so that at the end of November there are 92 COVID-19 inpatients, including 18 receiving intensive care.

Referral to Treatment (RTT)

- 3.6 As a result of our elective recovery programme, the number of patients waiting more than 52 weeks has reduced to 962 cases at the end of October. This reflects a reduction of 5851 cases (-85.88%) on the February 2021 peak of 6,813, and represents one of the highest volume and percentage recovery figures in England.
- 3.7 In tandem, the Trust has committed to eliminate any wait of more than 104 weeks by March 2022. This requires the completion of treatment for 1,316 patients, and the Trust is significantly ahead of that delivery commitment with just 192 patients of that cohort remaining at the point of writing. Of the remaining patients, 110 have confirmed attendance/admission dates before the end of January 2022. All outstanding patients will be dated in the coming weeks for treatment by the end of February 2022.
- 3.8 Whilst the Trust has delivered a significant reduction in the volume of long waiting patients, new referral levels have increased dramatically as primary care returns to pre-pandemic caseload. This additional referral pressure is driving growth in the number of patients waiting 0-30 weeks and has led to an increase in the total waiting list size. This waiting list growth has been anticipated via our operational demand modelling, and as such our 2021/22 long waits recovery commitments are not at risk. Growth in waiting list size does, however, present a sustainability risk into 2022/23, and mitigating this risk is forefront in our Trust and wider South East London Sector planning for the forthcoming financial year.

Emergency Care Standard

- 3.9 A&E attendance volumes have increased consistently since January 2021 and are running at 3.1% higher than the pre-COVID-19 baseline range.
- 3.10 Performance at Trust level (all attendance types):
- 68.49% in October 2021 compared to 62.57% in September 2021 (95% target).
- 3.11 Performance at site level (all attendance types):
- 67.22% in October 2021 compared to 55.16% in September 2021 at Denmark Hill.
 - 70.03% in October 2021 compared to 71.02% in September 2021 at PRUH

Diagnostic waiting times

- 3.12 Through focussed recovery schemes, the percentage of patients waiting more than 6 weeks for a diagnostic test has continued to reduce to 6.73% by the end of October 2021. This represents a reduction in the total number of patients waiting over 6 weeks of 3,670 (-81.74%) cases from a peak of 4,490 waiting immediately after COVID-19 Wave Two (March 21) to 820 waiting at the end of October 2021.

Cancer

- 3.13 Delivery of the 2 Week Wait standard for attendance following an urgent GP referral was 91.44% in October (93% target), with 92.93% and 89.35% delivered at Denmark Hill and PRUH/SS sites respectively.

- 3.14 The Trust's aggregate performance for patients receiving first treatment following an urgent GP referral was 70.32% (85% target). The Trust's aggregate position comprised of 63.54% delivered at Denmark Hill, and 81.36% at PRUH/SS sites.
- 3.15 Further detail can be found in the **Integrated Performance Report** later in this set of papers.

4.0 COVID-19 Demand and Vaccinations

- 4.1 The number of COVID-19 patients across the Trust has remained relatively stable, with a total of between 60-90 General & Acute/Critical Care beds occupied at any time. Weekly admissions have broadly matched discharges with normal intraday variance ranges. Our baseline demand is now running at the equivalent of 3 wards. A doubling to the equivalent of 6 wards would present very significant operational challenges whilst maintaining a full range of services and managing the backlog of patients requiring elective treatment. Our winter plan anticipates a sustained increase in the baseline demand from COVID-19 positive patients. Before the end of November, the risk of a new wave was perceived to be low, due to the success of the vaccination programme. However, with the emergence of the new Omicron variant, there is now some uncertainty about whether another surge will be avoided.

Mandatory COVID-19 Vaccinations

- 4.2 The Government has announced that new regulations will be introduced next year which require those aged 18 and over working in frontline NHS roles to have received two doses of an approved COVID-19 vaccine (unless medically exempt) by 31 March 2022. National guidance is being issued by NHSE/I imminently and the Trust will manage this accordingly. A verbal update will be provided at the Board Meeting on the 9th December 2021.

COVID-19 and Influenza Vaccination programme

- 4.3 The Trust continues to run vaccination centres at Denmark Hill and Bromley Civic Centre. The focus is on booster doses and in the last week of November, the Government announced an expansion of the booster programme and we continue to work with colleagues to promote the benefits of vaccination.
- 4.4 Additionally, work is ongoing to ensure that all staff are offered COVID-19 vaccination and influenza vaccinations. As in previous years, we have roving teams delivering influenza vaccinations as well as 'drop-in' sessions e.g. at the Friends Shop at Denmark Hill.

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

- 5.1 I have updated the Board of Directors previously regarding the formation of the Acute Provider Collaborative (APC) in South East London (SEL) through the pandemic, and the work we have been collectively doing to ensure all our patients across South East London are seen in as timely a manner as possible. The APC consists of the three acute providers in SEL – Guy's and St Thomas', King's College Hospital, and Lewisham and Greenwich.

5.2 As APC CEO Lead, I have been working with colleagues to further formalise structures and governance for the APC and this will come to the Board for discussion and agreement before the end of the year.

5.3 The APC Chief Executives, and various executive groups, continue to meet on a regular basis and as noted above, elective recovery progress across SE London is positive. The APC has been instrumental in supporting mutual aid across the three providers during and following the pandemic surges.

6.0 Finance

Summary of the Financial Position (Month 7)

6.1 The Trust achieved a breakeven position for the first half of the year and has submitted a breakeven plan for months 7-12.

6.2 The Trust has recorded a surplus of £2.7m in month 7, £8.7m favourable to the H2 plan (pre-mitigations). This is predominantly driven by £6.7m income benefits relating to H1 Drugs and devices over performance and a £1.5m non-recurrent non pay benefit relating to a transfer of PFI costs from revenue to capital. Both of these items were items the Trust had identified for closing the £36m H2 planning gap.

6.3 During the M7-12 planning process a gap of £36m was identified based on NHS income allocations, current expenditure run rates and known cost pressures (largely relating to winter and recovery costs).

A review of the mitigations at month 7 indicated that the Trust has between £35-45m identified. In month 7 the Trust realised £9.7m of these identified mitigations.

7.0 Workforce update

King's Values

7.1 We continue to embed our new King's values, (Kind, Respectful, Team), across the Trust and have a programme of work being developed to support this, including holding our first Brilliant People week in September. We are reviewing our people policies and procedures to ensure our values are central to how we attract, recruit and retain our staff. In our first 'pulse survey' since the values were launched, the significant majority of our staff were aware of these. This is an excellent start as we now move to embed the values organisation-wide.

People and Culture Strategy

7.2 The Trust's new People and Culture strategy is being developed and will set out our ambition for King's to be the best place to work. It will be a key component of our overall Trust strategy - '**Strong Roots, Global Reach**'. There are five key themes that underpin the People and Culture strategy: *Belonging to King's; Being our best; Looking after our people; Inspiring Leadership; Ensuring our people thrive.*

Recruitment

7.3 The Trust has recently won the 2021 Recruitment Marketing Award for our 'Thank You' recruitment campaign, having previously won also won a RAD award. This

campaign significantly increased traffic on to the Trust's website and has provided us with striking new branding for future recruitment episodes.

- 7.4 The Trust's overall vacancy rate was 13.2% at the end of September - although this has increased from the previous month we continue to work towards reaching our target of a 10% vacancy rate by the end of March 2022.

National Staff Survey

- 7.5 The National Staff Survey provides an annual opportunity for our staff to provide feedback on their experience of working at King's across a number of key themes. The survey closed on 26th November and we will receive the data from this, which is benchmarked nationally, in February. We will use this feedback to develop action plans to address issues that have been raised by our people.

Industrial Action

- 7.6 The Trust has been notified by the GMB union that they are balloting their members to take industrial action, up to and including strike action, further to the Government agreeing a 3% pay award for 2021/22 for staff employed on Agenda for Change terms and conditions of service. Other unions have also stated their intention to take similar action.

Long Service Awards

- 7.7 Due to COVID-19 we have not been able to hold a celebratory gathering for our long service awardees. To compensate for this, we have developed an award pack that includes a virtual 'thank you', along with a certificate and gift which we will be sending to the awardees. We will hold our formal event as soon as we are able to, and I very much look forward to this.

Staff Health and Wellbeing

- 7.8 King's continues to prioritise our staff health and well-being programme. Our plans include permanent well-being hubs at Denmark Hill, PRUH and Orpington. These will provide staff with the opportunity to receive well-being interventions in purpose-built settings.
- 7.9 Along with this, we have introduced further support for staff impacted by COVID-19. We have set up a Long Covid clinic which is supporting staff to manage the effects of this and help them to return to work.
- 7.10 We have re-introduced our Schwartz Rounds which have given staff the opportunity to reflect and discuss their recent experiences in a 'safe space'. We continue to provide clinical psychological support alongside other support for mental and physical well-being, and we have commenced our annual flu vaccination programme.

Violence and Aggression

- 7.11 As noted elsewhere in this report, meeting demand and winter pressures have been challenging for King's and for the health system more generally. The number of people coming through with urgent problems is increasing. We are also seeing an increase in the violence and aggression being directed at our staff. This is not

acceptable and as a Trust, we cannot tolerate it. We cannot expect our staff to work in those conditions and furthermore it can be frightening for other patients. The Trust is committed to protecting and supporting staff and giving them the confidence to deal with difficult situations when they arise. A programme of staff support and training is in place aimed at prevention, protection and support.

8.0 Equality, Diversity and Inclusion

- 8.1 This section of the report will describe the achievements to date under the diversity and inclusion-related priority areas embedded in our ***Strong Roots, Global Reach*** strategy.

Leading the way by developing our culture and skill

- 8.2 The team has helped design, deliver or facilitate a number of training/engagement events which have included:
- Celebrating National Inclusion Week by running 3 awareness stalls on three sites, 2 inclusion conferences, 25 Ward visits and area visits, 1,000 educational tote bags, 110 completed surveys and 2,000 interactions. This was a core part of the 'Getting the basics right' priorities for EDI identified in July.
 - Four Active Bystander training sessions have taken place with 145 attendees, and we have now commissioned an additional 24 sessions for 2022. These are very effective sessions which support staff members to know how to act when behaviours that do not align with our values are taking place around them. Bespoke sessions for whole care groups are also being accommodated on request.
 - The Trust's core Cultural and Inclusion leadership training offer has now been designed and we will work with our Organisational Development team to agree a delivery structure and timetable. This training offer includes piloting a corporate induction EDI session as well as diverse panel training.
 - Bitesize training has taken place on mental health and inequalities, macro-aggressions and unconscious bias (the latter was shared with the Recruitment Team).
 - A working session with stakeholders has been organised and facilitated in order to agree principles as to how we work together across teams. This was accompanied by the establishment of a 'Culture Club' formed by the teams from Equality Diversity and Inclusion, Organisational Development, Psychology, Occupational Health, Health and Wellbeing, Employee Relations and Human Resources Business Partnering teams.
- 8.3 In addition to training/engagement events, the Trust has developed and launched the "Inclusive King's: Who can I talk to?" pathway tree following a collaborative session with stakeholders. This will be a dynamic document and will continue to be iterated as we obtain feedback from the organisation.
- 8.4 The Trust is also working collaboratively to agree a unified set of promotional dates that will be published in an equalities calendar designed specifically for the Trust around which we will shape our annual departmental communications plan, which will

provide a basis for a whole Trust approach to promoting and celebrating key diversity events throughout the year.

Being an anchor in the community and building community partnerships

- 8.5 Our work in relation to this priority area is increasing following the recruitment of a Head of Equality, Diversity and Inclusion for Patients and Communities on 1st November 2021. The departmental objectives under this theme are currently being developed in consultation with both internal and external stakeholders from across the Integrated Care System (ICS) and these will reflect a collaborative approach with our local partners.
- 8.6 Working with the Communications Team, we have also promoted the 'D' strand of the **Strong Roots, Global Reach Strategy** during 8-12 November. Our activities included:
- Creating an EDI Team video
 - The launch of the EDI News update
 - EDI case studies in action
 - Beckenham Beacon & Central Court Site Visits.

Tackling health inequalities

- 8.7 We have our clinicians working on the Prehabilitation Cancer Service to Barts, CliniQ, Our Networks, as well as City University, and we have supported the advertisement of a research fellowship, which will aim to establish a best practice approach to making Prehab services more accessible/approachable.
- 8.8 We have continued to support the configuration of the Apollo health record system by ensuring that the approach to recording patient demographic data is inclusive of the needs of our diverse patient population, while providing us with more robust data to target health inequalities.
- 8.9 We have also received requests for support from: Liver, Neurosciences, Acute Specialty Medicine, Renal & Urology and Ophthalmology and we are supporting these departments to create targeted action plans to address health inequalities.
- 8.10 The Team is also developing an EDI toolkit as well as a trans-friendly policy for patients and staff which has had significant input from a number of organisations and stakeholders.

.Next steps

- 8.11 We will refine, develop and socialise our EDI strategy and delivery roadmap, building on the feedback from the EDI awareness days, consultation with stakeholders and the ambitions set out in our **Strong Roots Global Reach strategy**.
- 8.12 The strategy and roadmap will be shared with the King's Executive for review in January.

9.0 Board Committee Meetings since the last Board of Directors Meeting (9th September 2021)

Audit Committee	16 Sept 2021
Bromley Committee	16 Sept 2021
Finance and Commercial Committee	27 Sept 2021
Annual Members Meeting	30 Sept 2021
Quality People and Performance Committee	30 Sept 2021
Major Projects Committee	14 Oct 2021
Board Development Day	21 Oct 2021
Finance and Commercial Committee	11 Nov 2021
Board Development Session	11 Nov 2021
Quality People and Performance Committee	18 Nov 2021
Audit Committee	25 Nov 2021

10.0 Good news stories

- 10.1 **David Furnish thanks King's sexual health and HIV team** - David Furnish, who is the husband of Sir Elton John, has thanked our sexual health and HIV team for their work on HIV Emergency Department testing at Denmark Hill. 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."*
- 10.2 **King's professor receives prestigious award** – Professor K Ray Chaudhuri, King's Research Director and Consultant Neurologist, has been awarded the Honorary Membership Award from the International Parkinson and Movement Disorders Society (MDS), for his world-leading research on defining the non-motor symptoms and genetic characteristics of Parkinson's disease.
- 10.3 **King's clinician named new Professor of Paediatric Critical Care** – Akash Deep, Director of Paediatric Intensive Care at King's and Staff Governor, has recently been made Professor of Paediatric Critical Care by King's College London.
- 10.4 **Patient given 2% chance of survival discharged** – King's patient Macy Window was applauded by staff after being discharged from hospital after a 400 day stay. Macy – whose story featured in the [Evening Standard](#) – underwent extensive surgery and rehabilitation at King's for injuries sustained in a car crash.
- 10.5 **Breast cancer survivor urges women to get themselves checked** - King's patient Liz Anderton spoke to the [Evening Standard](#) about her experience of breast cancer; the excellent care she's received at the PRUH and Queen Mary's Hospital, Sidcup; and the importance of women attending for regular breast check-ups and screening.
- 10.6 **King's supports young people to secure lifelong employment** - King's has partnered with colleges across Lambeth, Bromley and local councils to deliver an internship programme to young people with learning disabilities. Our interns – who joined the Trust in September – are supported in their roles, with access to a mentor and on-site job coach.
- 10.7 **ITV News - King's doctor urges pregnant women to get their COVID-19 jab** - NHS England reported in October that almost a fifth of the most critically ill COVID-19 patients in critical care were unvaccinated pregnant women. Dr Andre Vercueil, Consultant in Critical Care Medicine at King's, spoke to [ITV News](#) about why

pregnant women are more likely to become seriously unwell with COVID-19, and how having the vaccine can keep mothers and their babies safe and out of hospital.

- 10.8 **King's patient receives new treatment for rare blood condition** – King's patient Jess Ratcliffe spoke to [Mail Online](#) about a new treatment for paroxysmal nocturnal haemoglobinuria, a rare blood condition. King's is a specialist treatment centre for patients with the condition.
- 10.9 **Gene silencing drug trialled at King's transforms lives** – Gene silencing drug Givosiran, which was trialled at King's, has transformed the lives of two of our patients who were diagnosed with a rare genetic condition known as acute intermittent porphyria. King's specialist Professor David Rees was interviewed by the [BBC](#) about the drug, which acts by 'silencing' the genes responsible for the symptoms of porphyria, which include severe pain, paralysis and anxiety.
- 10.10 **London doctors develop AI programme to speed up treatment for strokes** - Professor James Teo, Consultant Neurologist at King's, was interviewed by the [Evening Standard](#) about the roll-out of Artificial Intelligence (AI) at King's to help diagnose stroke. Speaking about the importance of a speedy diagnosis, Professor Teo said: "The new technology can cut the time a clinician needs to look at scans from about 10 minutes to a minute."
- 10.11 **BBC London - King's responds to COVID-19 and winter pressures** – In October, BBC London visited our Denmark Hill site to talk to staff about COVID-19 and winter pressures. BBC London interviewed Dr Lalarukh Asim, Emergency Medicine Consultant; Helen Fletcher, Deputy Director of Nursing; and Professor Clive Kay, Chief Executive. They also visited our vaccination centre, and interviewed staff member Neil Marriott. You can watch the BBC London report [here](#).
- 10.12 **Channel 4 News – King's responds to record NHS waiting lists** - To coincide with the release of the latest NHS performance data, Channel 4 News spoke to King's staff at Denmark Hill about the pressures on our services, and the steps we are taking to manage demand. Channel 4 interviewed Dr Emer Sutherland, Clinical Director of Emergency Medicine, about pressures on emergency care, and the steps we are taking to ensure patients get the treatment they need. Dr Anneliese Rigby, Consultant Anaesthetist, talked about the work we are doing to reduce the number of people waiting a long time for routine procedures and operations. You can watch the Channel 4 news report [here](#).

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

AAC Date	Name of Post	Appointee	Post Type New / Replacement	Start Date	End Date
08/04/2021	Consultant Radiologist	Dr Husam Wassati	Replacement	01/10/2021	Permanent
27/04/2021	Consultant Physician in Clinical Gerontology and Frailty	Dr Ruth Helen Eyres	Replacement	25/10/2021	Permanent
28/05/2021	Consultant Geriatrician and General Physician	Dr Nicola Kathryn Lochrie	New	11/10/2021	Permanent
28/05/2021	Consultant Geriatrician and General Physician	Dr Ambika Irving	New	25/10/2021	Permanent
11/06/2021	Consultant Hepatologist	Dr Nicola Eve Owen	New	04/10/2021	Permanent
13/07/2021	Consultant Urologist (DH)	Mr Paul David Sturch	Replacement	01/11/2021	Permanent
10/08/2021	Consultant Physician – GM, Diabetes and Endocrinology	Dr Vasiliki Kolovou	New	13/10/2021	Permanent
26/08/2021	Consultant Anaesthetist (with special interest in perioperative medicine)	Dr Tarannum Rampal	Replacement	01/10/2021	Permanent
09/09/2021	Consultant Radiologist	Dr Nikhil Patel Dr Siok Li Chung	New	07/02/2022 TBC	Permanent
14/09/2021	Consultant Radiologist with a special interest in Cardiothoracic imaging	Dr Lucia Xiang Chen	New	01/11/2021	Permanent
16/09/2021	Consultant Cellular Pathologist x2 posts	Dr Kalnisha Naidoo Dr Afsheen Wasif	Replacement	06/12/2021 TBC	Permanent

AAC Date	Name of Post	Appointee	Post Type New / Replacement	Start Date	End Date
21/09/2021	Consultant Paediatric Haematologist	Dr John Nicholas Brewin	Replacement	01/11/2021	Permanent
23/09/2021	Consultant Neonatologist	Dr Mahesh Chandra Nanjundappa	Replacement	18/10/2021	Permanent
23/09/2021	Consultant Neonatologist	Dr Maria Carolina Zorro Rodriguez	Replacement	06/10/2021	Permanent
28/09/2021	Consultant Paediatric Surgeon 213-DH-0989 - DH Medway x2 213-DH-0991 - DH PRUH x1	Dr Rania Kronfli Dr Anindya Niyogi Dr Sara Gozzini	Replacement	04/04/2022 01/11/2021 08/11/2022	Permanent
12/10/2021	Consultant in Rehabilitation Medicine (6PA & 10PA)	Dr Alifa Isaacs-Itua (FT 10 PAs) Dr Kudret Ciftci Yelden (PT 6 PAs)	Replacement	06/12/2021 31/01/2022	Permanent
19/10/2021	Consultant Neurologist General 5 PAs (2 posts) Consultant Neuro-Oncologist 10 PAs x1post	Dr Diana Wei (5 PAs) Dr Kit Wu (5 PAs) Dr Dorothy Kar Ming Joe (10 PAs)	Replacement	31/01/2022 TBC TBC	Permanent
20/10/2021	Consultant in Acute Medicine	Dr Stacy Jane Smith Dr Andres Williams Acosta Lobos	New	TBC TBC	Permanent
28/10/2021	Consultant Haematologist with a Specialist Interest in Bone Marrow Failure and Myeloid Disease Consultant Haematologist with a Specialist Interest in Myeloid Disease and Stem Cell Transplantation	Dr Mili Naresh Shah Dr Roochi Trikha	Replacement	TBC TBC	Permanent

AAC Date	Name of Post	Appointee	Post Type New / Replacement	Start Date	End Date
02/11/2021	Consultant in Orthodontics (3 x Part-time Posts)	Mr Stuart Yeaton (5PAs) Miss Monika Cedro (2Pas) Ms Lynsey Tabrett (6PAs)	Replacement	06/01/2022 TBC TBC	Permanent
25/11/2021	Consultant in Microbiology and Infection	Dr Jasmin Aslam	Replacement	TBC	Permanent
Honorary	Honorary Consultant Radiologist	Dr Behnam Shaygi	Honorary	01/09/2021	31/08/2023
Honorary	Honorary Consultant Paediatrician	Dr Nitin Maheshwari	Honorary	28/09/2021	27/09/2022
Honorary	Honorary Consultant Anaesthetist	Dr Kate Rebecca Edna Jane Prior	Honorary	14/10/2021	13/10/2024
Honorary	Honorary Consultant Endoscopist	Dr Irfan Ahmed Khan	Honorary	01/11/2021	29/04/2022
Honorary	Honorary Consultant Haematologist	Dr Amal Saleh Abdulwahab	Honorary	01/11/2021	31/05/2022
Locum Consultant	Locum Consultant Stroke Physician	Dr Tanvir Singh Bajwa	Replacement	01/08/2021	30/09/2022
Locum Consultant	Locum Consultant Anaesthetist	Dr Keshava Reddy Burijinti Chenna	Replacement	02/08/2021	01/02/2022
Locum Consultant	Locum Consultant Anaesthetist	Dr Subha Brata Bagchi	Replacement	09/08/2021	08/02/2022
Locum Consultant	Locum Consultant Urologist	Mr David James Dryhurst	Replacement	12/08/2021	11/08/2022
Locum Consultant	Locum Consultant Gynaecologist	Dr Prashant Govind Purohit	New	16/08/2021	15/05/2022

AAC Date	Name of Post	Appointee	Post Type New / Replacement	Start Date	End Date
Locum Consultant	Locum Consultant Oral and Maxillofacial Surgeon	Mr Benjamin Ronald Robertson	Replacement	31/08/2021	30/06/2022
Locum Consultant	Locum Consultant Obstetrician and Gynaecologist	Dr Anna-Nektaria Varouxaki	Replacement	01/09/2021	28/02/2022
Locum Consultant	Locum Consultant in Acute Medicine	Dr Tamer Elsayed Ibrahim Salem Elderini	New	06/09/2021	05/09/2022
Locum Consultant	Locum Consultant Physician Specialising in Diabetes and Eating Disorders	Dr Jane Miranda Rosenthal	New	06/09/2021	31/03/2022
Locum Consultant	Locum Consultant Radiologist with a specialist interest in Musculoskeletal and Paediatric Imaging	Dr Andreas Panayiotou	New	06/09/2021	06/03/2022
Locum Consultant	Locum Consultant Anaesthetist	Dr Saad Mohamed Hassan Abdelrahman Elmor	Replacement	06/09/2021	05/09/2022
Locum Consultant	Locum Consultant in Emergency Medicine	Dr Martin Mahn Al-Soof	Replacement	14/09/2021	13/03/2022
Locum Consultant	Locum Consultant Emergency General Surgeon	Mr Muthana Haroon	Replacement	27/09/2021	26/09/2022
Locum Consultant	Locum Consultant General Paediatrician & Deputy Safeguarding Lead	Dr Shahid Karim	Replacement	27/09/2021	05/06/2022
Locum Consultant	Locum Consultant Anaesthetist	Dr James Andrew Kevan Gill	Replacement	01/10/2021	31/12/2021

AAC Date	Name of Post	Appointee	Post Type New / Replacement	Start Date	End Date
Locum Consultant	Locum Consultant Stroke Physician	Dr Swatiben Pravinchandra Trivedi	New	04/10/2021	03/10/2022
Locum Consultant	Locum Consultant Cardiac Electrophysiologist	Dr Benedict Mark Wiles	New	04/10/2021	31/03/2022
Locum Consultant	Locum Consultant Ophthalmologist	Mr James Emil Neffendorf	New	14/10/2021	13/04/2022
Locum Consultant	Locum Consultant in Paediatric Intensive Care/High Dependency Unit FTC	Dr Medhat Mohamad Shabana	New	18/10/2021	31/03/2022
Locum Consultant	Locum Consultant Haematologist with a Special Interest in Haemato-Oncology	Miss Asma Batool	Replacement	25/10/2021	24/04/2022
Locum Consultant	Locum Consultant in Paediatric Gastroenterology	Mrs Matilde Pescarin	New	25/10/2021	24/10/2022
Locum Consultant	Locum Consultant in Respiratory Medicine	Dr Ahmed Seedat	Replacement	25/10/2021	24/10/2022
Locum Consultant	Locum Consultant Urologist (DH)	Mr Sanjith Gnanappiragasam	Replacement	25/10/2021	24/10/2022
Locum Consultant	Locum Consultant Neurologist	Dr Oyinda Mlalkepo Ogunlaja	Replacement	01/11/2021	31/10/2022
Locum Consultant	Locum Consultant Neurologist	Dr David Moreno Ajona	Replacement	01/11/2021	31/10/2022

AAC Date	Name of Post	Appointee	Post Type New / Replacement	Start Date	End Date
Locum Consultant	Locum Consultant Cardiologist with a Special Interest in Structural Imaging & Echocardiography	Dr Mehdi Eskandari	New	01/11/2021	31/10/2022
Locum Consultant	Locum Consultant Ophthalmologist	Ms Genevieve Brigid Larkin	New	01/11/2021	30/06/2022
Locum Consultant	Locum Consultant Anaesthetist	Dr Nicholas Jonathan Hoare	New	03/11/2021	02/11/2022
Locum Consultant	Locum Consultant General Paediatrician	Dr Rahele Tavanayanfard	New	08/11/2021	31/03/2022

Integrated Performance Report

Month 7 (October) 2021/22
Board Committee

9 December 2021



Report to:	<i>Board Committee</i>
Date of meeting:	<i>9 December 2021</i>
Subject:	<i>Integrated Performance Report 2021/22 Month 7 (October)</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 October 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 M7 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 7

QUALITY

- Summary Hospital Mortality Index (SHMI) increased slightly from 96.8 to 97.7 – but better than the expected index of score of 100.
- HCAI:**
 - Zero MRSA bacteraemia cases reported in October. (3 cases YTD)
 - 7 new VRE bacteraemia cases reported in October, 51 cases YTD which is above the target of 48 cases;
 - E-Coli bacteraemia: 13 new cases reported in October, 66 cases YTD which equals the target of 66 cases;
 - 12 new C-difficile cases reported in October, 66 cases YTD which is above the quota of 61 cases.
- Most significant change is the reduction in the FFT maternity patient recommendation scores which has dropped from 96.3% for September to 83.1% reported in October, and below the Trust 91.2% target.

PERFORMANCE

- Trust A&E/ECS compliance improved from 62.57% in September to 68.49% in October. By Site: DH 67.22% and PRUH 70.03%.
- Cancer:
 - Treatment within 62 days of post-GP referral is not compliant and improved to 70.32% for October (target 85%).
 - Treatment within 62 days following screening service referral is not compliant at 63.64% for October (target 90%).
 - The two-week wait from GP referral standard improved to 91.44% (target 93%) for October but remains non-compliant.
- Diagnostics: performance improved by 1.60% to 6.73% of patients waiting >6 weeks for diagnostic test in October (target <1%).
- RTT incomplete performance improved by 0.20% to 77.41% in October (target 92%).
- RTT patients waiting >52 weeks reduced by 81 cases to 962 cases in October, compared to 1,043 cases in September.

WORKFORCE

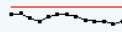
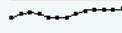
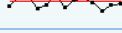
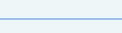
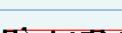
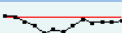
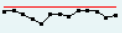

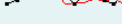
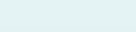
- The appraisal window for 2021/22 closed on 30 September, however appraisals will continue to be submitted - the final figure standing at 84.91% at the end of October 2021. Medical staff compliance has increased since August and compliance is 100% for Deanery doctors.
- Monthly non-COVID sickness absence rate increased to 4.40% in October 2021 from 4.11% in September. COVID-19 related sickness fell slightly in October to 0.54% from 0.61%.
- Statutory & Mandatory Training compliance increased to 87.17% compared to a target of 90% which is an increase on the previous month of 0.27%.
- The Trust vacancy rate has increased from 13.20% in September to 13.60% in October, largely due to the establishment increasing by 104 posts. The Trust voluntary turnover rate for October is reported as 12.51% which is an increase from 12.18% in September, against a target of 13%.

FINANCE

- The Trust has recorded a surplus of £2.7m in Month7, and is £8.7m favourable to the H2 plan (pre mitigations). This is predominantly driven by £6.7m income benefits relating to H1 Drugs and devices over performance and a £1.5m non recurrent non-pay benefit relating to a transfer of PFI costs from revenue to capital.
- Both of these items were mitigations the Trust had identified for closing the £36m H2 planning gap. The Trust is on target to breakeven.
- Overall Income is £7.9m favourable compared to the M7 NHSI plan.
- Employee Expenses (Pay) is £0.9m higher than plan due to increased medical and A&C costs, this is of concern as a number of the winter and recovery schemes included in the plan have not yet started.
- Operating Expended (Non pay) is £1.5m favourable to plan largely due to the movement of £1.5m PFI costs from revenue to capital. This was a planned movement and is again one of the non recurrent items identified as being required to bridge the £36m planning gap.

NHSi Dashboard - Strategic Oversight Framework

NHSi Dashboard

Domain	Indicator	Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend
		Aug 21	Sep 21	Oct 21	F-YTD Actual	Aug 21	Sep 21	Oct 21	F-YTD Actual	Aug 21	Sep 21	Oct 21	F-YTD Actual	
A&E	A&E Waiting times - Types 1 & 3 Depts (Target: > 95%)	62.41%	55.16%	67.22%	65.13%	75.31%	71.02%	70.03%	76.86%	68.50%	62.57%	68.49%	70.59%	
RTT	RTT Incomplete Performance	75.77%	76.10%	76.36%	73.54%	79.38%	78.99%	79.06%	75.50%	77.16%	77.21%	77.41%	74.34%	
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%)	93.37%	90.27%	92.93%	93.43%	81.02%	92.18%	89.35%	89.20%	87.99%	91.07%	91.44%	91.49%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: > 93%)		100.00%	100.00%	75.00%	88.24%	90.00%	75.36%	86.05%	88.24%	90.48%	75.71%	85.82%	
	31 days diagnosis to first treatment (Target: >96%)	80.83%	81.93%	97.12%	87.09%	93.55%	85.71%	91.30%	93.33%	85.16%	82.79%	95.70%	88.82%	
	31 days subsequent treatment - Drug (Target: >98%)	96.88%	91.67%	92.86%	92.06%	100.00%	66.67%		80.00%	97.06%	88.89%	92.86%	91.46%	
	31 days subsequent treatment - Surgery (Target: >98%)	83.78%	79.31%	82.93%	78.00%	75.00%	100.00%	100.00%	78.57%	82.93%	82.35%	84.09%	78.06%	
	62 days GP referral to first treatment (Target: >85%)	72.97%	56.83%	63.54%	66.53%	78.79%	80.88%	81.36%	81.80%	74.65%	64.73%	70.32%	72.03%	
	62 days NHS screening service referral to first treatment (Target: >90%)	64.86%	76.19%	53.33%	69.23%	61.54%	50.00%	85.71%	73.53%	64.00%	70.37%	63.64%	70.12%	
Patient Safety	Clostridium difficile infections (Year End Target: xx)	3	1	7	35	5	4	5	31	8	5	12	66	

A&E 4 Hour Standard

- A&E performance was non-compliant in October at 68.49%, below the national target of 95% but improved by 5.92% compared to 62.57% performance achieved in September 2021.

Cancer

- The latest interim 62-day performance for patients referred by their GP for first cancer treatment improved by 5.59% from 64.73% reported for September 2021 to 70.32% in October, but below the national target of 85%.

RTT

- RTT performance is validated at 77.41% for October which is an improvement of 0.20% compared to 77.21% performance achieved in September.

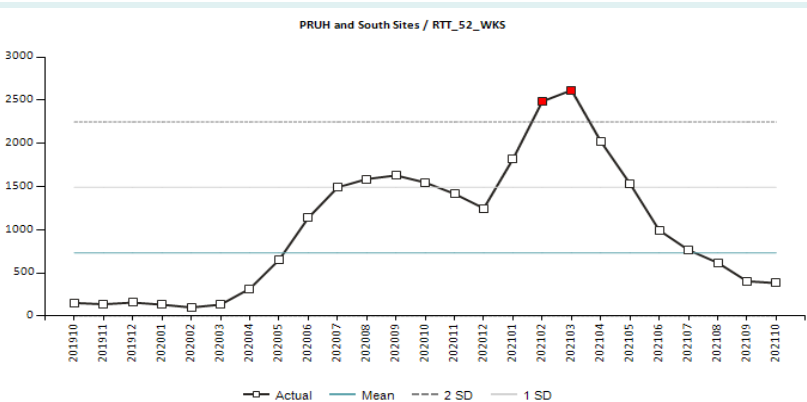
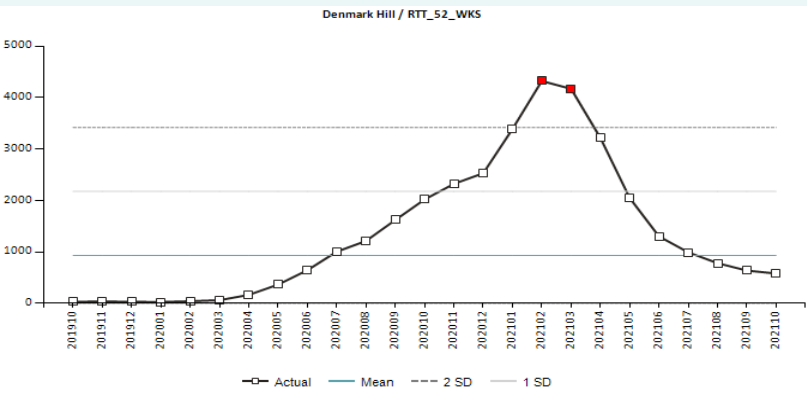
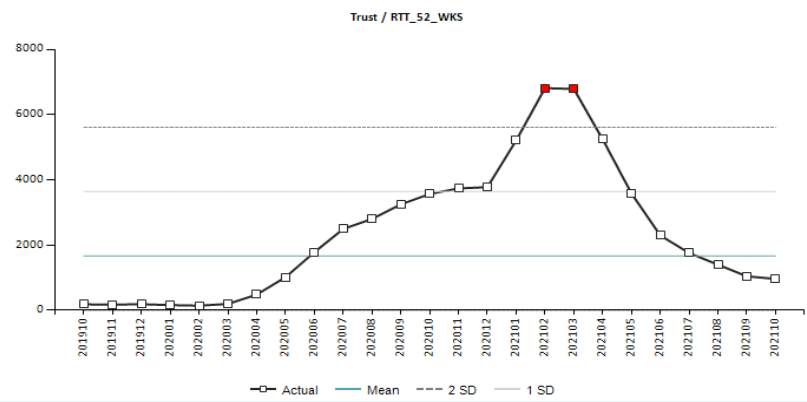
C-difficile

- There were 12 Trust attributed cases of C-Difficile in October 2021, 66 cases YTD which is above the cumulative YTD target of 61 cases.

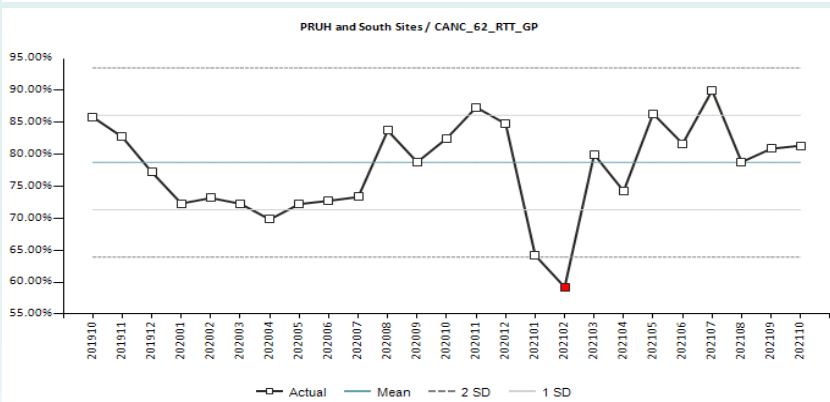
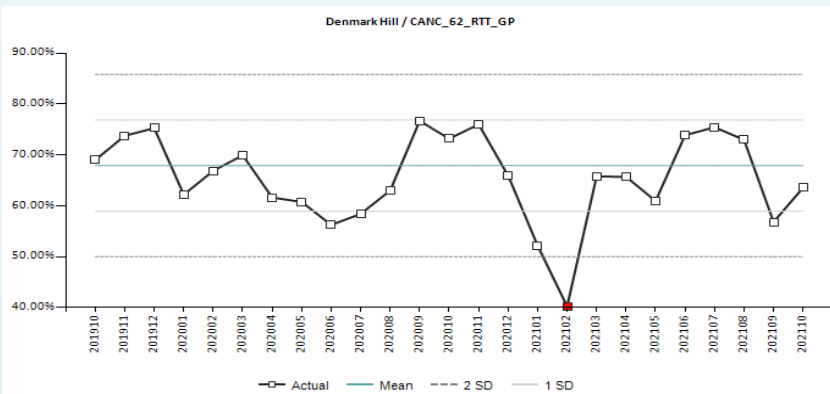
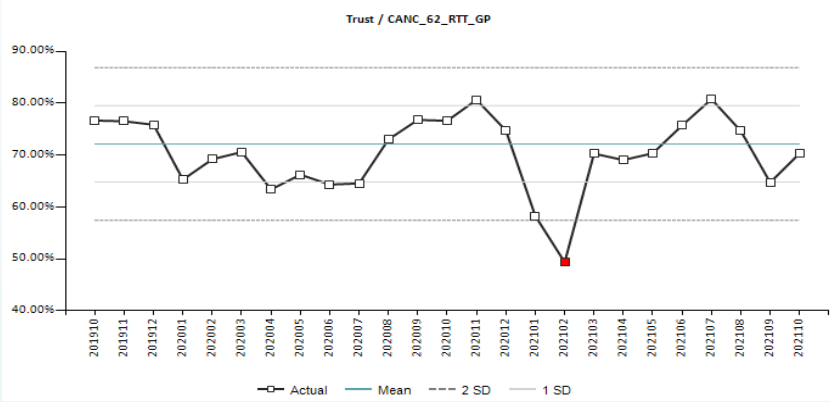
Selected Board Report NHSi Indicators

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

RTT Incomplete Pathways

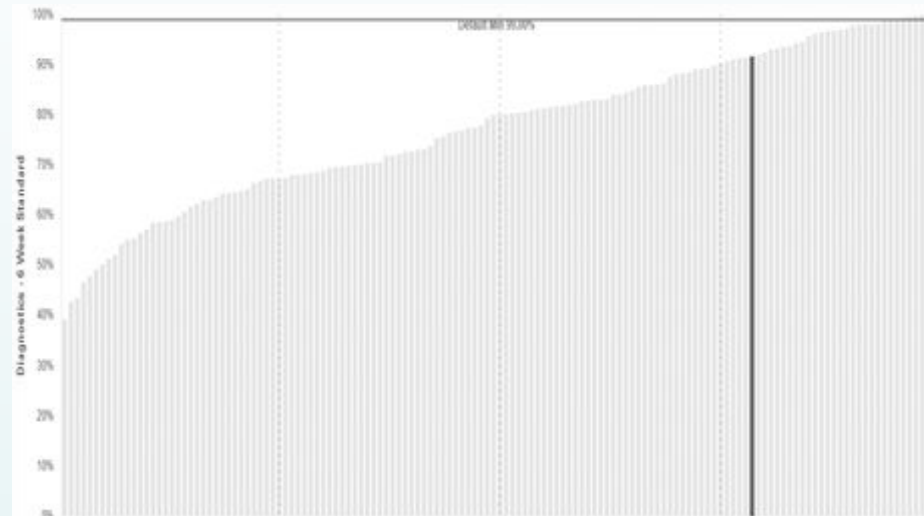


Cancer: 62 day standard

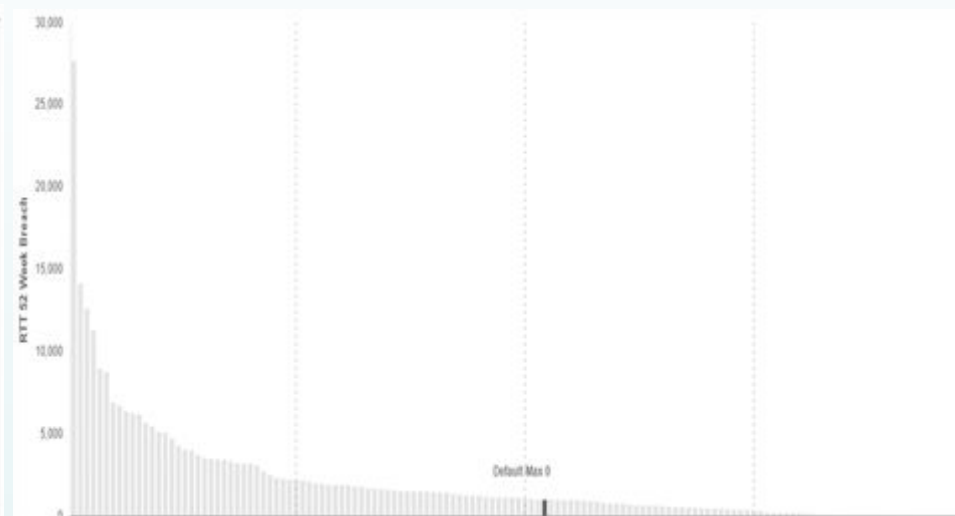


Selected Board Report NHSi Indicators

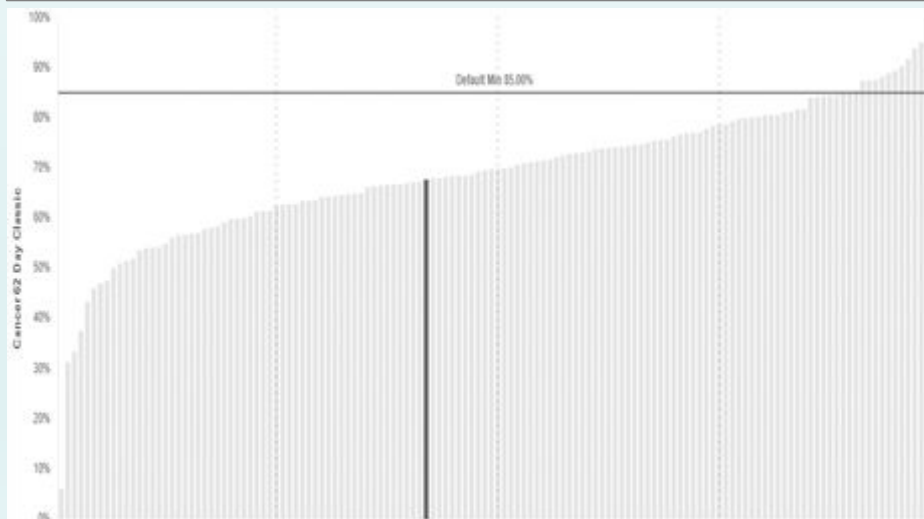
Based on data published from 'Public View'



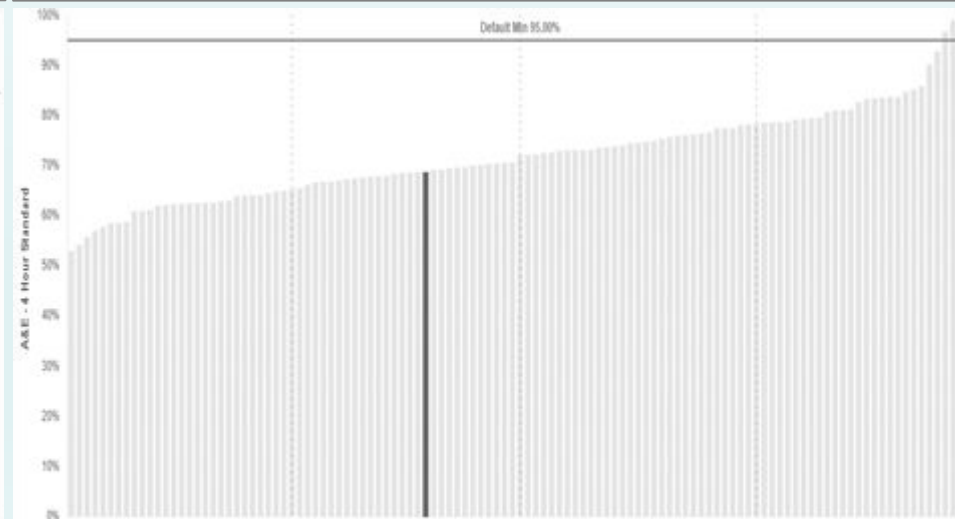
The chart above shows the national ranking against the DM01 diagnostic 6 week standard. Kings is ranked 29 out of 138 selected Trusts based on latest September 21 data published.



The chart above shows the national ranking against the RTT 52 week standard. Kings is ranked 66 out of 138 selected Trusts based on latest September 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 78 out of 134 selected Trusts based on latest September 2021 data published.



The chart above shows the national ranking against the 4 hour Emergency Care Standard. Kings is ranked 70 out of 115 selected Trusts based on latest October 2021 data published.

Safety Dashboard

Safe

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend	
		Aug 21	Sep 21	Oct 21	F-YTD Actual	Aug 21	Sep 21	Oct 21	F-YTD Actual	Aug 21	Sep 21	Oct 21	F-YTD Actual		
CQC level of inquiry: Safe															
Reportable to DoH															
2717	Number of DoH Reportable Infections	76	67	69	425	11	7	13	64	88	74	83	491		
Safer Care															
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.07	0.00	0.09	0.06	0.26	0.13	0.30	0.31	0.15	0.04	0.16	0.15		
1897	Potentially Preventable Hospital Associated VTE	0	1	1	6	0	4	4	13	0	5	5	19		
538	Hospital Acquired Pressure Ulcers (Grade 3 or 4)	0	0	0		1	0	1		1	0	1			
945	Open Incidents										36		72		
Incident Reporting															
520	Total Serious Incidents reported	7	5	10	36	7	2	10	58	14	7	21	97		
516	Moderate Harm Incidents	14	15	26	117	16	11	11	94	32	28	38	220		
509	Never Events	0	1	0	1	0	0	0	1	0	1	0	2		

HCAI

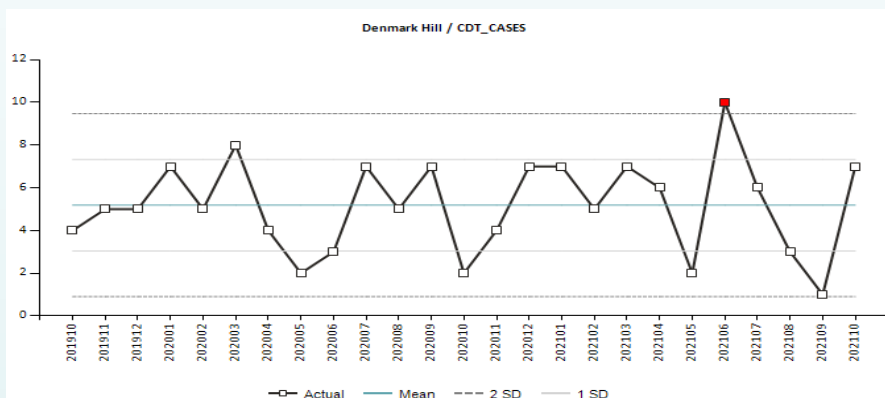
- There were zero MRSA bacteraemia cases reported for October with 3 cases reported YTD.
- 7 new VRE bacteraemia cases reported in October and there are now 51 cases YTD which is above the target of 48 cases.
- E-Coli bacteraemia: 13 new cases reported in October, 66 cases YTD which equals the cumulative target of 66 cases.
- 12 Trust attributed cases of c-Difficile in October, 66 cases YTD which is above the cumulative target of 61 cases.

Complaints

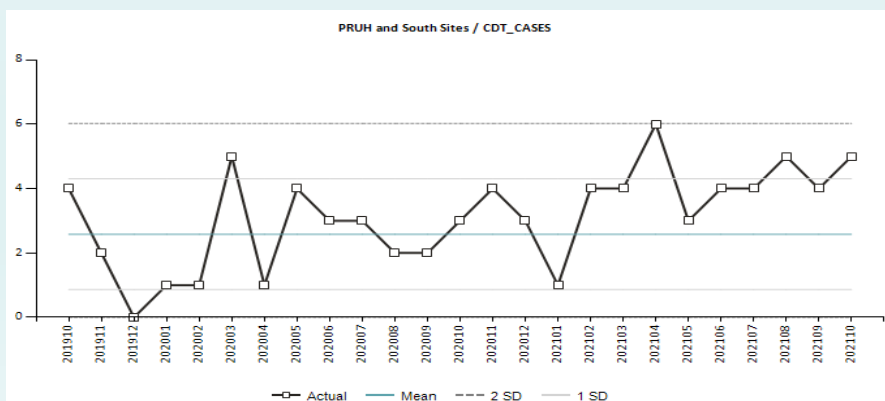
- There was a further increase in complaints received rated as high/severe to 38 complaints received in October - with 21 reported at Denmark Hill and 17 cases reported at PRUH/South Sites.

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 zero MRSA bacteraemia cases reported for October – which means there have been 3 cases reported this financial year, with the last case reported in September 2021.

VRE:

- 7 new VRE bacteraemia cases reported in October which includes 5 cases reported in critical care, 1 case reported in Liver and 1 case reported in Haematology. There were no cases reported at PRUH/South Sites. There are now 51 cases YTD which is above the cumulative target of 48 cases.

E-Coli:

- E-Coli bacteraemia: 13 new cases reported in October, 66 cases YTD which equals the cumulative target of 66 cases. There were 10 cases reported at Denmark Hill and 3 cases reported at PRUH/South Sites.

C-Difficile:

- 12 Trust attributed cases of c-Difficile in October, of which 7 were reported on the DH site and 5 cases reported at the PRUH site. 66 cases YTD which is above the cumulative target of 59 cases.
- At the PRUH site there were 3 cases reported in General Medicine wards (1 case in Darwin 2 (S2), Darwin 3 (S3) and Medical Ward 9); 1 case reported in Specialty Medicine (Chartwell ward) and 1 case reported in Adult Medicine (Medical Ward 3).
- At the DH site there were 2 cases reported in Critical Care wards, 1 case in Friends Stroke Unit, 1 case in Surgery (Brunel Short Stay Unit), 1 case in Adult Medicine (RD Lawrence ward), 1 case in Liver (Howard ward), and 1 case in Child Health (Toni & Guy ward)

Patient Experience Dashboard

Caring

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend			
		Aug 21	Sep 21	Oct 21	F-YTD Actual	Aug 21	Sep 21	Oct 21	F-YTD Actual	Aug 21	Sep 21	Oct 21	F-YTD Actual				
CQC level of inquiry: Caring																	
HRWD																	
422	Friends & Family - Inpatients	95.0%	95.2%	96.5%		94.8%	95.3%	95.5%	95.7%		95.4%	95.1%	95.3%	96.2%		95.0%	
423	Friends & Family - ED	73.1%	68.6%	71.3%		74.6%	72.1%	60.8%	74.0%		73.1%	72.8%	66.3%	72.9%		74.2%	
774	Friends & Family - Outpatients	88.1%	87.8%	87.6%		88.2%	88.4%	87.1%	86.8%		87.3%	88.2%	87.5%	87.2%		87.8%	
775	Friends & Family - Maternity	91.8%	95.9%	79.4%		90.4%	79.3%	96.6%	86.5%		92.1%	87.2%	96.3%	83.1%		91.2%	
Complaints																	
619	Number of complaints	59	73	62		449	21	29	38		193	81	107	103		662	
Operational Engagement																	
620	Number of complaints not responded to within 25 Days	56	43	58		345	19	21	21		148	77	66	82		508	
3119	Number of PALS enquiries – unable to contact department											27	41	42		250	
Incident Management																	
660	Duty of Candour - Conversations recorded in notes	93.3%	82.4%	64.3%		86.0%	95.2%	100.0%	93.8%		95.2%	86.1%	85.3%	72.9%		86.8%	
661	Duty of Candour - Letters sent following DoC Incidents	93.3%	82.4%	60.7%		86.0%	95.2%	92.3%	87.5%		94.2%	88.4%	82.4%	66.7%		86.8%	
1617	Duty of Candour - Investigation Findings Shared	0.0%	0.0%	0.0%		10.3%	4.8%	0.0%	6.3%		12.5%	2.3%	0.0%	2.1%		11.4%	

- **FFT - A&E:** Overall Trust score improved by 6.6% to 72.9% in October back to recommendation score levels reported in August. The DH score improved by 2.7% to 71.3% and the PRUH score improved by 13.2% to 74.0% in October. Waiting continues to be the key theme in patient comments with the number of negative comments increasing over the past few months.
- **FFT – Inpatient:** Trust score improved by 0.9% to 96.2% recommendation rate in October. DH score improved by 1.3% to 96.5% and PRUH improved by 0.2% to 95.7%, with both sites achieving target. CQC National Adult Inpatient Survey was published and action plans are being developed.
- **FFT – Outpatients:** Trust FFT score for outpatients reduced slightly by 0.3% to 87.2% in October. DH scores reduced by 0.2% to 87.6% and PRUH scores reduced by 0.3% to 86.8%.
- **FFT – Maternity combined:** Overall Trust combined FFT maternity score reduced by 13.2% to 83.1%. DH scores reduced by 16.5% to 79.4% in October. PRUH scores have bounced back by 17.3% from 79.3% in August to 96.6% in September, but then reduced by 10.1% in October down to 86.5% also below the 92.1% target.

Performance Dashboard

Performance

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend	
		Aug 21	Sep 21	Oct 21	F-YTD Actual	Aug 21	Sep 21	Oct 21	F-YTD Actual	Aug 21	Sep 21	Oct 21	F-YTD Actual		
CQC level of inquiry: Responsive															
Access Management - RTT, CWT and Diagnostics															
364	RTT Incomplete Performance	75.77%	76.10%	76.36%	73.54%	79.38%	78.99%	79.06%	75.50%	77.16%	77.21%	77.41%	74.34%		
632	Patients waiting over 52 weeks (RTT)	782	638	580	9559	618	404	382	6719	1400	1043	962	16281		
412	Cancer 2 weeks wait GP referral	93.37%	90.27%	92.93%	93.43%	81.02%	92.18%	89.35%	89.20%	87.99%	91.07%	91.44%	91.49%		
413	Cancer 2 weeks wait referral - Breast		100.00%	100.00%	75.00%	88.24%	90.00%	75.36%	86.05%	88.24%	90.48%	75.71%	85.82%		
419	Cancer 62 day referral to treatment - GP	72.97%	56.83%	63.54%	66.53%	78.79%	80.88%	81.36%	81.80%	74.65%	64.73%	70.32%	72.03%		
536	Diagnostic Waiting Times Performance > 6 Wks	10.58%	8.35%	7.38%	10.75%	23.29%	8.16%	0.35%	31.04%	12.31%	8.33%	6.73%	13.89%		
Access Management - Emergency Flow															
459	A&E 4 hour performance (monthly SITREP)	62.41%	55.16%	67.22%	65.13%	75.31%	71.02%	70.03%	76.86%	68.50%	62.57%	68.49%	70.59%		
Patient Flow															
399	Weekend Discharges	22.6%	20.6%	25.4%	22.3%	18.7%	15.7%	22.2%	18.8%	21.4%	19.2%	24.4%	21.2%		
404	Discharges before 1pm	16.3%	17.4%	14.5%	16.5%	15.2%	18.5%	16.6%	17.9%	16.0%	17.8%	15.2%	17.0%		
747	Bed Occupancy	85.7%	88.0%	89.9%	85.6%	88.7%	95.1%	91.6%	90.3%	86.8%	90.5%	90.5%	87.3%		
1357	Number of Stranded Patients (LOS 7+ Days)	318	341	348	2319	207	208	187	1372	525	549	535	3693		
1358	Number of Super Stranded Patients (LOS 21+ Days)	135	164	145	1044	61	64	66	422	196	228	211	1468		
762	Ambulance Delays > 30 Minutes	517	554		2784	100	92		518	617	646		3302		
772	12 Hour DTAs	13	24	32	201	25	98	95	309	38	122	127	510		
Theatre Productivity															
801	Day Case Rate	77.2%	78.8%	75.3%	78.0%	79.1%	81.1%	74.4%	79.7%	79.3%	80.7%	76.4%	80.0%		

A&E 4 Hour Standard

- A&E performance was non-compliant in October at 86.49% which has improved from the 62.57% performance achieved in September.

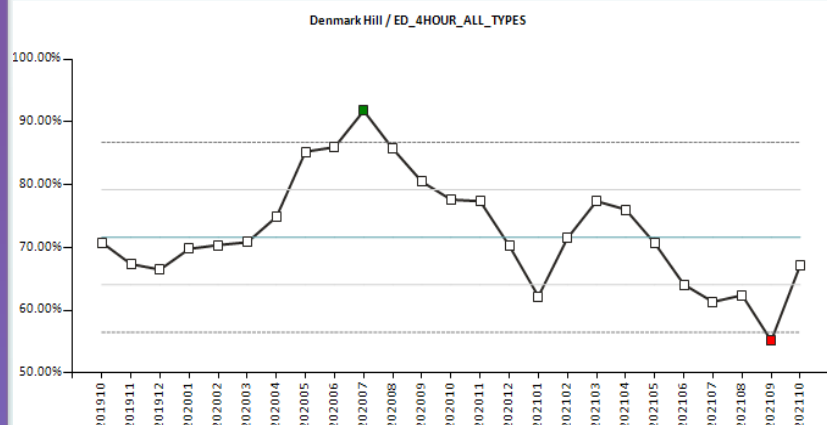
Cancer

- Treatment within 62 days of post-GP referral is not compliant and improved to 70.32% for October (target 85%), compared to 64.73% in September.
- The two-week wait from GP referral standard has reduced in-year and has not achieved the national 93% target since June 2021. However, performance has improved from a low of 87.99% in August to 91.07% in September, and improved further to 91.44% in October.

Emergency Care Standard

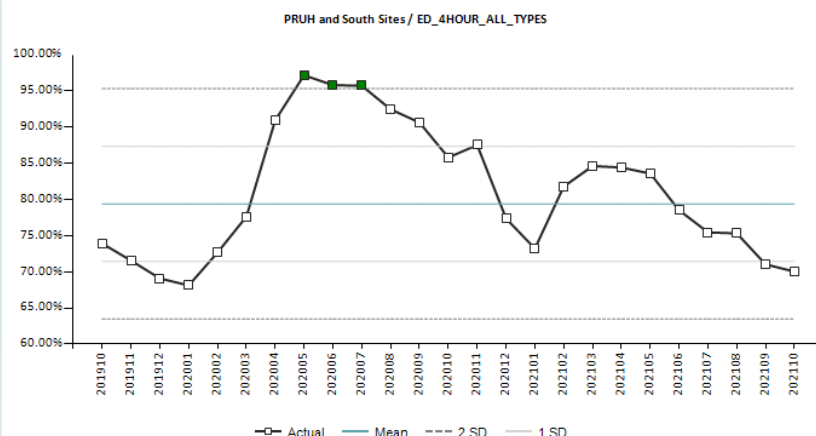
Denmark Hill performance:

- 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:

- There were 277 ambulance delays >60 minutes and 771 ambulance delays waiting 30-60 minute delays in October (un-validated) compared to 202 delays >60 minutes and 755 delays >30 minutes reported in September.

DH Actions:

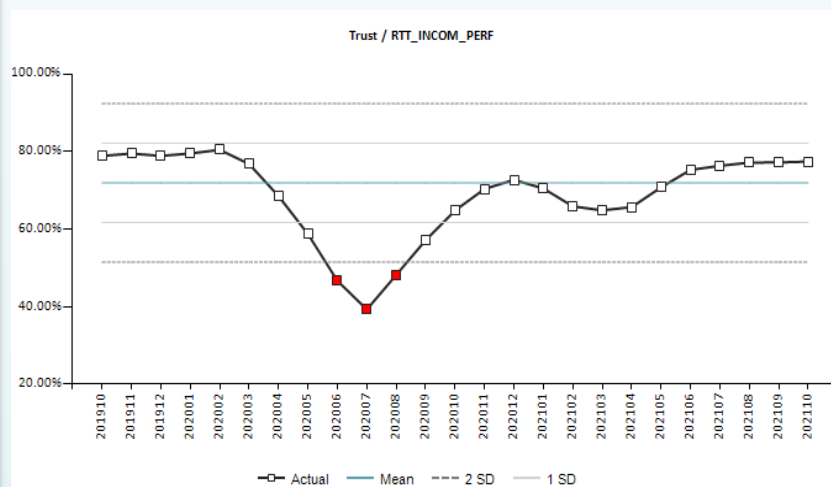
- New urgent and emergency care model went live as planned on 4 October although Greenbrook are not yet seeing paediatric patients. There has been some initial operational issues since going live and performance has been variable to-date, partly due to staffing levels.
- Site has implemented a new policy to reduce the number of DTAs waiting in ED known as Your Next Patient. Policy gets triggered when ED reach 15 DTAs and sees DTAs moved onto the wards
- Work continues to improve the escalation from ED to the rest of the site to reduce delays and further work underway to better understand the reason behind delays to first clinician now that new front door model is in place

PRUH Actions:

- ED Capacity:** A review is underway of space adjacent to the ED to create additional capacity for the sub acute area, to improve Type 1 performance for non-admitted attendances. A four space Consultant led RAT area has been mobilised from 23 November to improve ambulance handover times – this will also function as a cohort area at times of peak pressure.
- Frailty:** The Acute Frailty Assessment Unit opened w/c 22nd November, providing 14 dedicated spaces for patients identified as suitable for a frailty pathway, with the aim of avoiding the need for admission.
- Mental Health:** Oxleas Trust are progressing plans to open the Mental Health Assessment Unit on the 2nd floor of the ED Modular build. This is a purpose built space for patients presenting in mental health crisis and will avoid extensive waits within the ED. Start date is still to be confirmed by Oxleas Trust pending agreement of the SOP.

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:

- **Lack of POA capacity:** Move of Dental and KCL teams has started. Weekly meetings to review available slots and staffing. Quality Improvement team supporting development of non-face to face activity. Trial of administration to complete mail out and calling underway.

Current RTT Incomplete position:

- RTT performance is validated at 77.41% for October which is a slight improvement compared to 77.21% performance achieved in September. Total PTL increased by 897 to 67,157 pathways whilst the backlog increased by 75 to 15,174 pathways.

DH Actions

- **Scheduling and Galaxy System** – Galaxy contract approved and signed. Changes to ICT integration engine time-line may delay one site system version from December this year to February 2022.
- **Outpatients:** new eRS Performance and Training manager in post to assist with backlogs and validation across all sites. At present working with all services to clear outstanding appointments for booking worklists. The centralised team were in post from 8th November and will be supporting the whole of DH with e-RS management and clinic build requests.

PRUH Actions

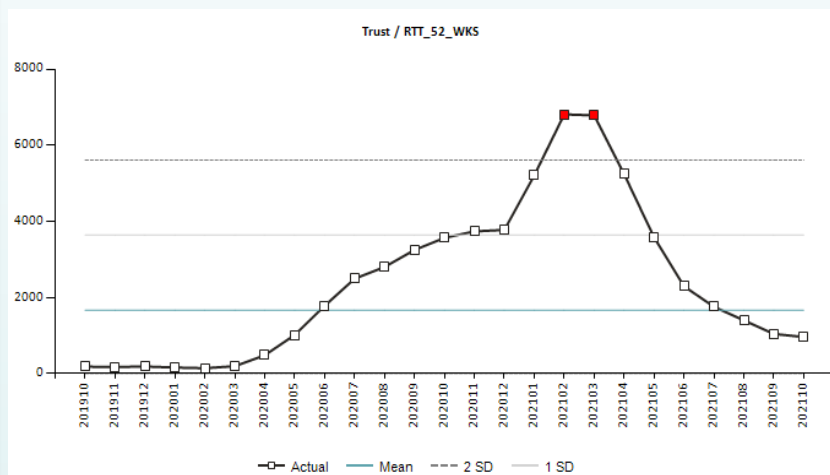
- Theatres Improvement Programme has commenced with a focus on DSU.
- Utilisation improvements seen in all theatre suites over the previous 4 weeks with the exception of Orpington.
- DSU has a full elective schedule across the 6 theatres, and is now well established as a 23-hour unit which has enabled the team to support the formation of a Urology hub with daily all day lists.
- Orpington theatres will move to 6 days a week, supporting Orthopaedic long waiters from across SEL.

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:

- Work has started on the Christmas plan for elective care, ensuring COVID testing is possible and patients are booked where possible.
- Transformation team are now supporting with both sites and the booking processes to ensure no lists are dropped unnecessarily.

52 Week position:

- Decrease of 357 breaches from 1,043 in September to 962 in October.
- The majority of the breaches are in T&O (161 patients), General Surgery (152 patients), Ophthalmology (105 patients), Bariatric Surgery (91 patients) and Neurosurgery (93 patients), Oral Surgery (74 patients).
- The number of 52 week breaches at Denmark Hill has reduced by 58 cases from 638 in September to 580 in October.
- The number of 52 week breaches at PRUH/South Sites reduced by 22 cases from 404 in September to 382 in October.

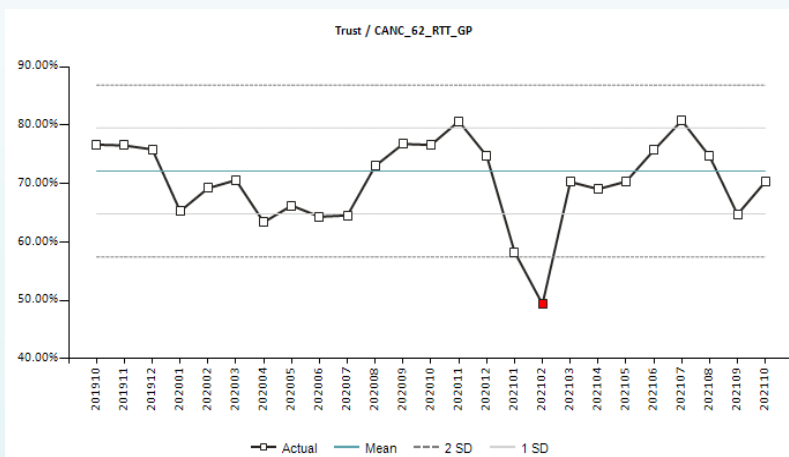
Actions

- **104 Weeks (DH):** There are 134 admitted patients waiting in the year-end 104+ weeks risk cohort with 57 un-booked. Critical work is on-going in particular with T&O, Bariatrics Surgery, General Surgery and Colorectal who make up over two-thirds of this risk cohort. 1 non-admitted patient is un-booked.
- **T&O long waiters (PRUH)** - T&O long-wait patients are complex and diabetic foot patients, previously only undertaken on the DH site. Orthopaedics continue the 6 additional sessions per week of complex patients within PRUH main theatres.
- **104 Week waits (PRUH)** – There are 23 admitted patients and 31 non-admitted patients waiting in the year-end 104+ weeks risk cohort. 11 of the admitted patients are not yet booked with 8 patients in Ophthalmology, and all of the non-admitted patients have been booked by December.

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 (for NET cancers) and PSMA PET-CT (prostate cancers).
- Oncology - long term plan to review provision of oncology services in South East London (as no current cover in the event of leave). Business case approved, key meetings scheduled in Q3 to discuss long term staffing models.
- Accelerated pathways – implementation of accelerated pathways for prostate, gynaecology and lung cancers (workshops being held, will require additional funding – to be initially supported by SELCA).

DH Actions

- Colorectal – implementation of breaking bad news slots within 24 hours of MDM required (to commence in November 2021).
- Interventional radiology – additional capacity provided for lung biopsies.
- Urology – to look at cross site capacity for template biopsies (with support from nurse consultant once training complete in Q4).
- Gynaecology – capacity to be reviewed in November consultant meeting.

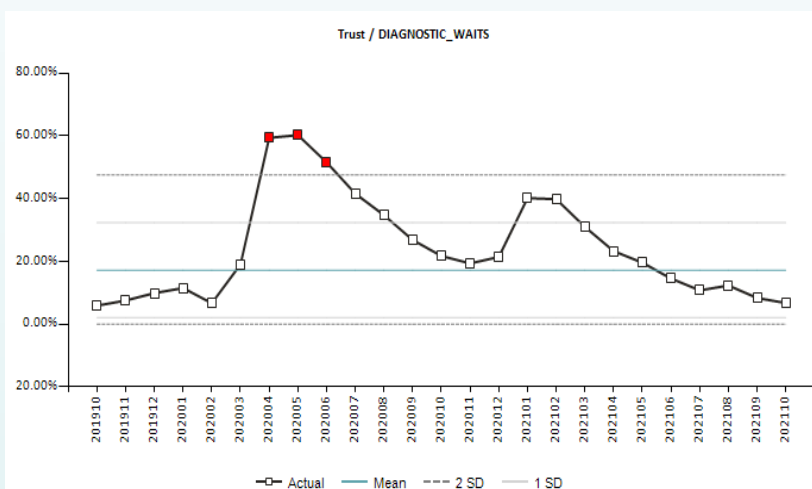
PRUH Actions

- Head & neck – Develop 1-stop clinic for PRUH patients – service to write business case.
- Skin – implementation of 1-stop clinics (to commence in Q3).
- Colorectal – Rapid diagnostic pathway commenced in October.
- Urology - breaking bad news ring-fenced slots required for PRUH prostate patients – capacity doubled from November 2021 but cover required for leave and on-call.
- Rapid diagnostic centre – Implementation underway on PRUH site (from Q1 2022/23) to reduce waiting times to diagnosis for complex pathways.

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:

- The number of diagnostic DM01 breaches has reduced from 3,427 in April at the start of this financial year to 817 in October which equates to 6.94% patients waiting <6 weeks.
- This position has been driven by PRUH/South Sites where breaches have reduced by over 1,500 cases to only 22 breaches at the end of October, with performance compliant at 0.44% with the national target of 1%.

DH Actions

- The new CT scanner is fully operational at the DH site, and the backlog has increased slightly to 11 with additional external IS provider support which commenced 10 April providing additional capacity to clear the current backlog.
- MRI backlog has increased from 273 to 337 over the last two weeks. Main challenges are particularly MRI's requiring GA and cardiac MRI, demand for which has grown by c.45% against pre-COVID levels.
- Non-obstetric ultrasound backlog is also recovering more slowly (although on a downward trajectory) due to vacancies. Recruitment is underway to replace and bank is sought to cover the gaps.
- Endoscopy recovery remains on track to deliver compliance in March 2022.

PRUH Actions

- Cardiac Echo backlog has increased from 22 to 35 breaches with compliance achieved for end-October.
- Endoscopy insourcing with Lyca Healthshare continues and recovery was compliant for end-October.
- CT has experienced some equipment failures which has affected imaging capacity but there are still only 9 breaches 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				13-Month Trend	
					Aug 21	Sep 21	Oct 21	F-YTD Actual	Aug 21	Sep 21	Oct 21	F-YTD Actual	Aug 21	Sep 21	Oct 21	F-YTD Actual		
CQC level of inquiry: Well Led																		
Staff Training & CPD																		
715	% appraisals up to date - Combined												65.14%	83.86%	85.96%			
721	Statutory & Mandatory Training												86.42%	86.90%	87.17%			
Staffing Capacity																		
875	Voluntary Turnover %				12.9%	12.1%	12.5%		13.5%	12.7%	12.9%		13.0%	12.2%	12.5%			
732	Vacancy Rate %				11.68%	11.81%	11.56%		13.11%	12.76%	14.10%		11.42%	13.20%	13.60%			
Efficiency																		
743	Monthly Sickness Rate				4.48%	4.68%	4.78%		3.88%	4.41%	4.91%		4.43%	4.73%	4.94%			

Appraisals

- The appraisal window for 2021/22 closed on 30 September, however appraisals will continue to be submitted. The final figure standing at 84.91% or 7,502 appraisals at the end of October 2021.
- Medical: Compliance in increasing and reached 85.96%. The compliance is 100% for Deanery doctors.

Sickness

- Monthly Non-COVID sickness absence rate in October 2021 increased to 4.40% from 4.11%. COVID-19 related sickness fell slightly in October to 0.54% from 0.61%. The proportion of sickness absence due to psychiatric/anxiety/stress remained at 7%.

Training

- Statutory and Mandatory Training compliance increased to 87.17% against a target of 90%. This is increase on the previous month of 0.27%.

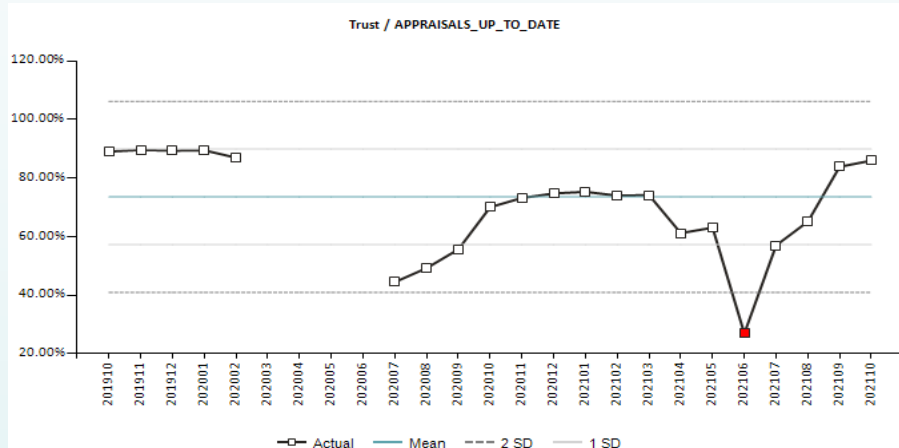
Staff Vacancy and Turnover

- The Trust vacancy rate has increased from 13.20% in September to 13.60% in October, largely due to the establishment increasing by 104 posts. The Trust voluntary turnover rate for October is reported as 12.51%, which is an increase from 12.18% in October, against a target of 13%.

Appraisal Rate

Appraisal Rate:

- Executive Owner: Mark Preston
- Management/Clinical Owner: tbc



Performance Delivery:

Non-Medical:

- The appraisal window for 2021/22 closed on 30 September, however, appraisals will continue to be submitted. The final figure standing at 84.91% or 7502 appraisals at the end of October 2021.
- This year, we have amended the appraisal process to incorporate a Reflect and Reconnect conversation as part of our wider post-COVID staff recovery programme.

Medical:

- Compliance has increased from M6. The compliance is 100% for Deanery doctors.
- The medical compliance is increasing and reached 85.96%
- Action plans are underway to achieve the target.

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.

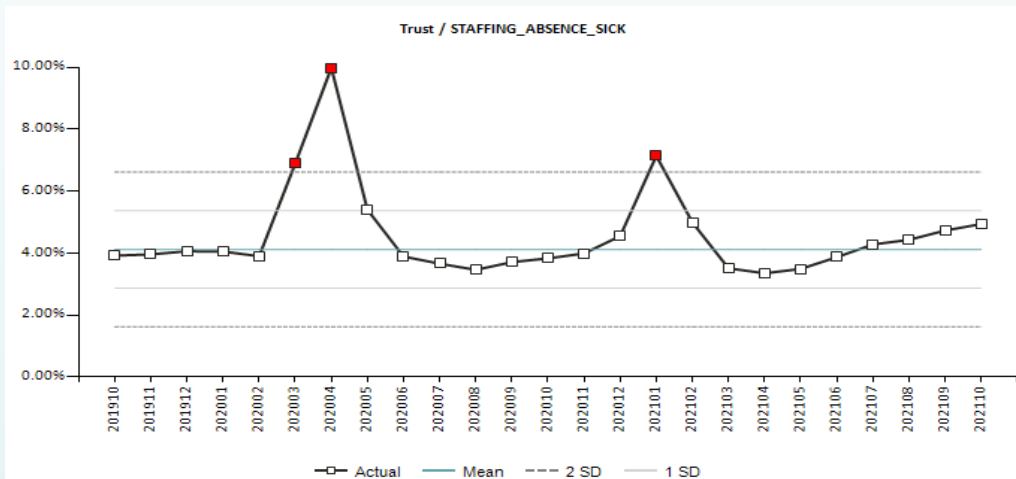
Medical:

- Monthly appraisal (weekly job planning) compliance report (by Care Group) is sent to CD's, Site MDs, 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 month non-compliant).
- Review 12-15 month non compliant list and escalate to CD's and Site MD's.
- Regular review of submitted appraisals on SARD pending sign-off - chase appraiser and appraisee to complete relevant sections of the appraisal.
- CD's to provide support to colleagues in their Care Group who have 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.
- Appraisal and Job Planning compliance now linked to LCEA award eligibility (consultants only).

Sickness Rate

Sickness Rate:

- Executive Owner: Mark Preston
- Management/Clinical Owner: tbc



Performance Delivery:

- Monthly non-COVID sickness absence rate in October 2021 increased to 4.40% from 4.11%. COVID-19 related sickness fell slightly in October to 0.54% from 0.61%.
- The proportion of sickness absence due to psychiatric/anxiety/stress remained at 7%.
- The rolling Long term sickness absence (12 months) accounts for a loss of 2.36% of available working time. Short term absence accounts for 2.04%. The rolling sickness rate is slightly higher at the PRUH 4.53% than at DH 4.37%.

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.

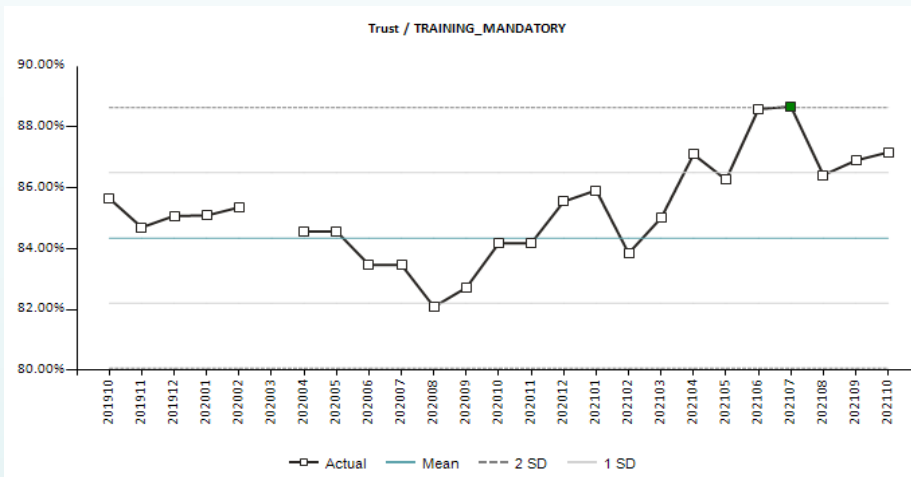
Actions to Sustain:

- 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 Employee Relations 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.
- The Employee Relations team continue to work with managers, staff and trade unions to improve attendance. The H&W team will also run further promotion of the support available through webinars and targeted comms for staff off sick.

Statutory and Mandatory Training

Statutory and Mandatory Training

- Executive Owner: Mark Preston
- Management/Clinical Owner: tbc



Performance Delivery:

- Training compliance increased to 87.17% against a target of 90%. This is an increase on the previous month of 0.27%.
- Commercial have seen the biggest improvement on the previous month by over 2%.
- Lower compliance is due to a variety of reasons.
- There has been a particular focus on departments and topics with the low compliance.

Background / target description:

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

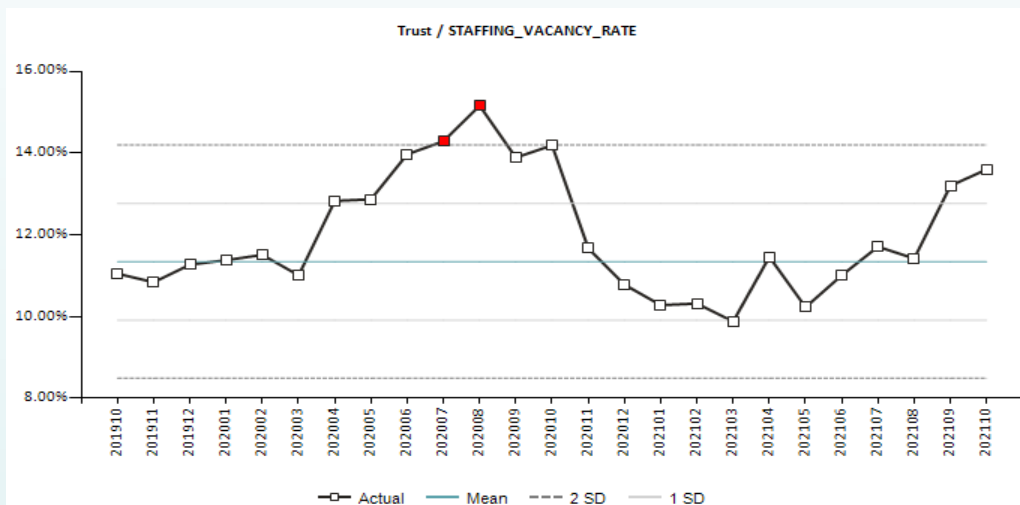
Actions to Sustain:

- Care groups to focus on lowest compliance, HRPB's are targeting areas with low compliance, fortnightly meetings with the HRBP'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 who have expired in a topic.
- 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: Mark Preston
- Management/Clinical Owner: tbc



Performance Delivery:

- The Trust vacancy rate has increased from 13.20% in September to 13.60% in October, largely due to the establishment increasing by 104 posts. The vacancy rate is ahead of the predicted target we anticipated at the start of the financial year but it is anticipated we will still end the financial year on target.
- The Nursing & Midwifery registered vacancy rate has decreased from 11.96% to 11.58% due to an increase in Band 5 recruits in October. Taking into account internationally recruited nurses who are undertaking adaptation, the vacancy rate reduces to 10.62%.
- The Admin & Clerical vacancy rate increased from 16.24% in September to 17.13% in October.

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.

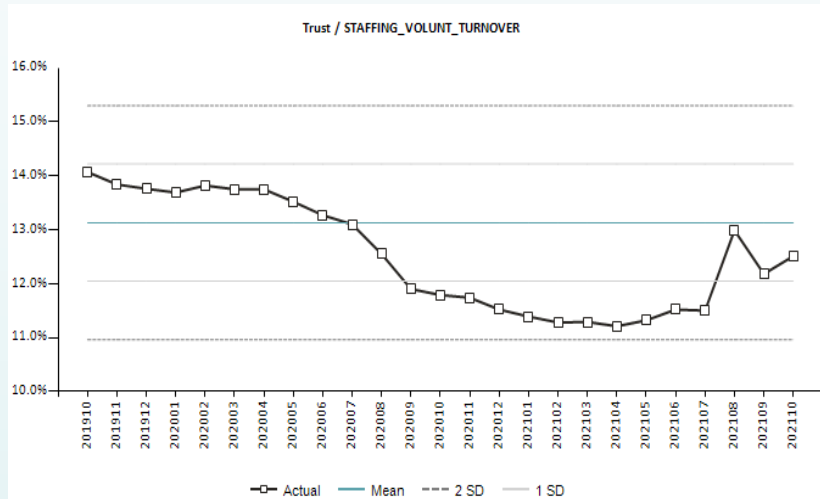
Priority areas of recruitment:

- 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

Turnover Rate

Turnover Rate:

- Executive Owner: Mark Preston
- 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 October is reported as 12.51%, which is an increase from 12.18% in October, against a target of 13%.
- The turnover rate has been below target for 12 consecutive months. Both sites are reporting turnover below the target, with PRUH at 12.96% and DH at 12.50%.
- The Trust gross turnover rate is 18.62% (this includes both voluntary and non-voluntary turnover).
- In October there were 157 voluntary leavers, a decrease of 23 from September. The top three reasons for leaving were relocation, promotion, and Work Life Balance.
- There were 32 voluntary leavers with less than one years service, a decrease of 4, with the top reason for leaving recorded as relocation and Work Life Balance.

Finance Dashboard

Finance

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend
		Aug 21	Sep 21	Oct 21	F-YTD Actual	Aug 21	Sep 21	Oct 21	F-YTD Actual	Aug 21	Sep 21	Oct 21	F-YTD Actual	
Overall (000s)														
895	Actual - Overall	13,451	17,164	3,792	71,995	6,076	9,236	4,844	37,614	24,132	1,268	842	20,484	
896	Budget - Overall	8,042	12,750	2,356	51,542	5,472	5,557	7,334	36,163	(1,623)	(902)	(405)	(7,116)	
897	Variance - Overall	(5,409)	(4,414)	(1,436)	(20,453)	(604)	(3,679)	2,490	(1,451)	(25,756)	(2,170)	(1,247)	(27,600)	
Medical - Agency														
602	Variance - Medical - Agency	(270)	(102)	(112)	(1,096)	(465)	(566)	(592)	(3,458)	(742)	(696)	(716)	(4,624)	
Medical Bank														
1095	Variance - Medical Bank	(653)	(738)	(1,136)	(6,475)	(320)	(189)	(352)	(2,659)	(976)	(913)	(1,495)	(9,192)	
Medical Substantive														
599	Variance - Medical Substantive	757	1,105	578	7,145	566	786	217	2,979	1,322	1,907	610	10,048	
Nursing Agency														
603	Variance - Nursing Agency	(306)	(316)	(261)	(2,527)	(104)	(119)	(112)	(898)	(420)	(452)	(421)	(3,558)	
Nursing Bank														
1104	Variance - Nursing Bank	(1,848)	(1,549)	(1,813)	(10,791)	(695)	(618)	(694)	(4,577)	(2,669)	(2,346)	(2,611)	(16,331)	
Nursing Substantive														
606	Variance - Nursing Substantive	1,863	1,784	2,303	14,034	789	1,112	1,057	5,814	2,867	3,127	3,507	21,435	

- Operating income:** Overall Income is £7.9m favourable to the M7 NHSI plan predominantly driven by:
 - ❑ £3.3m over performance on high cost tariff-excluded devices (HCTED) in M4 & M5
 - ❑ £3.4m over performance on drugs for M4 received in M7
 - ❑ £0.5m higher income for pay award than £9.0m accrued in H1
- Employee operation expenses:** Pay is £0.9m higher than plan due to increased medical and A&C costs, this is of concern as a number of the winter and recovery schemes included in the plan have not started. The increase in medical costs has been driven by increase in sickness, maternity, enhanced care and retrospective shifts (£0.4m). The A&C adverse variance is due to backdated pay and assumed to be non recurrent (£0.5m).
- Non Operating expenses:** Non pay is £1.5m favourable to plan largely due to the movement of £1.5m PFI costs from revenue to capital. This was a planned movement and is again one of the non recurrent items identified as being required to bridge the £36m planning gap.

Domain 4: Finance

M7 (October) – Financial Performance



Surplus / (Deficit)

£2.7m

Actual M07

£0.1m

Average M1-6
21/22

Pay

(£71.7m)

Actual M07

(£69.3m)

Average M1-6
21/22

Non Pay

(£55.5m)

Actual M07

(£55.2m)

Average M1-6
21/22

COVID Costs

£12.0m

Actuals Total
YTD

£4.0m

Pay YTD

£8.0m

Non Pay YTD



Payment Compliance

Debtor Days

11.7

Actual M06

11.1

Prior Month

Creditor Days

71.8

Actual M06

72.1

Prior Month



Capital

(£51.0m)

Annual Plan
21/22

(£25.5m)

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)

October 2021

Performance

	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Responsive																	
Access Management - RTT, CWT and Diagnostics																	
364 RTT Incomplete Performance	64.82%	70.36%	72.71%	70.47%	65.87%	64.84%	65.68%	70.79%	75.27%	76.32%	77.16%	77.21%	77.41%	92.00%	74.34%	72.14%	
632 Patients waiting over 52 weeks (RTT)	3568	3739	3777	5212	6813	6788	5242	3582	2295	1757	1400	1043	962	0	16281	42610	
4537 Patients waiting over 104 weeks (RTT)	5	0	0	3	7	10	17	15	25	46	44	43	43	0	233	253	
412 Cancer 2 weeks wait GP referral	90.65%	95.41%	95.63%	89.39%	90.97%	96.49%	89.71%	93.21%	94.38%	92.46%	87.99%	91.07%	91.44%	93.00%	91.49%	91.87%	
413 Cancer 2 weeks wait referral - Breast	92.00%	98.11%	86.96%	75.00%	75.00%	94.03%	74.00%	94.23%	100.00%	82.89%	88.24%	90.48%	75.71%	93.00%	85.82%	85.39%	
419 Cancer 62 day referral to treatment - GP	76.61%	80.66%	74.73%	58.28%	49.37%	70.29%	69.05%	70.35%	75.72%	80.79%	74.65%	64.73%	70.32%	85.00%	72.03%	68.47%	
536 Diagnostic Waiting Times Performance > 6 Wks	21.73%	19.34%	21.41%	40.16%	39.83%	30.98%	23.28%	19.60%	14.53%	10.76%	12.31%	8.33%	6.73%	1.00%	13.89%	20.83%	
Access Management - Emergency Flow																	
459 A&E 4 hour performance (monthly SITREP)	81.51%	82.26%	73.69%	67.38%	76.44%	80.85%	80.00%	76.72%	70.78%	67.90%	68.50%	62.57%	68.49%	95.00%	70.59%	71.72%	
Patient Flow																	
399 Weekend Discharges	21.3%	21.4%	17.7%	24.6%	20.0%	19.0%	18.7%	24.6%	19.2%	20.9%	21.4%	19.2%	24.4%	20.9%	21.2%	21.0%	
404 Discharges before 1pm	17.1%	17.0%	15.4%	15.3%	15.9%	16.3%	16.9%	17.8%	17.8%	17.8%	16.0%	17.8%	15.2%	16.7%	17.0%	16.6%	
747 Bed Occupancy	83.9%	82.2%	82.8%	80.4%	79.7%	79.1%	82.7%	86.0%	87.0%	87.7%	86.8%	90.5%	90.5%	78.2%	87.3%	84.6%	
1357 Number of Stranded Patients (LOS 7+ Days)	480	484	492	539	501	539	494	489	589	512	525	549	535		3693	6248	
1358 Number of Super Stranded Patients (LOS 21+ Days)	189	184	183	202	189	203	206	206	220	201	196	228	211		1468	2429	
800 Delayed Transfer of Care Days (per calendar day)														0.0			
762 Ambulance Delays > 30 Minutes	386	314	603	650	346	321	405	444	550	640	617	646		0	3302	5536	
772 12 Hour DTAs	53	69	249	245	74	70	36	29	63	95	38	122	127	0	510	899	
Theatre Productivity																	
801 Day Case Rate	80.6%	80.6%	79.4%	84.8%	83.6%	83.7%	81.8%	80.8%	80.9%	80.2%	79.3%	80.7%	76.4%	80.0%	80.0%	80.8%	

Business Intelligence Unit

Secure Email: kch-tr.performance-team@nhs.net

Created date: October 2019



Key Metrics - IPR Summary

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

Trust (100)

Quality

		Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Safe																		
Reportable to DoH																		
2717	Number of DoH Reportable Infections	48	73	76	72	87	55	46	53	82	65	88	74	83	63	491	854	
Safer Care																		
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.09	0.16	0.18	0.17	0.05	0.16	0.14	0.26	0.11	0.15	0.15	0.04	0.16	0.19	0.15	0.15	
1897	Potentially Preventable Hospital Associated VTE	4	6	7	7	3	2	3	3	1	2	0	5	5	0	19	44	
538	Hospital Acquired Pressure Ulcers (Grade 3 or 4)	0	0	0	0	0	0	3	0	0	1	1	0	1	0			
945	Open Incidents			34			17			36			36			72	123	
Incident Reporting																		
520	Total Serious Incidents reported	9	8	8	4	21	18	17	15	9	14	14	7	21		97	156	
516	Moderate Harm Incidents	29	21	22	24	31	34	38	32	23	29	32	28	38		220	352	
509	Never Events	1	0	0	0	1	2	0	1	0	0	0	1	0	0	2	5	
CQC level of inquiry: Caring																		
HRWD																		
422	Friends & Family - Inpatients	94.9%	94.0%	94.4%	93.8%	93.1%	94.3%	94.5%	94.7%	94.0%	94.3%	95.1%	95.3%	96.2%	96.0%	95.0%	94.8%	
423	Friends & Family - ED	83.6%	85.0%	81.6%	84.9%	85.7%	84.8%	81.2%	79.3%	73.0%	71.3%	72.8%	66.3%	72.9%	86.0%	74.7%	78.4%	
774	Friends & Family - Outpatients	89.1%	89.9%	88.6%	88.2%	89.7%	89.8%	88.8%	87.9%	87.4%	88.8%	88.2%	87.5%	87.2%	92.0%	87.8%	88.5%	
775	Friends & Family - Maternity	85.7%	93.3%	95.7%	92.1%	0.0%	97.7%	95.0%	93.2%	91.9%	90.1%	87.2%	96.3%	83.1%	94.0%	91.2%	91.8%	
Complaints																		
619	Number of complaints	129	124	92	75	77	100	90	83	97	101	81	107	103	85	662	1130	
Operational Engagement																		
620	Number of complaints not responded to within 25 Days	49	98	76	80	58	65	74	67	75	67	77	66	82	60	508	885	
3119	Number of PALS enquiries – unable to contact department	66	41	112	56	60	36	25	36	40	39	27	41	42	49	250	555	
Incident Management																		
660	Duty of Candour - Conversations recorded in notes	100.0%	87.5%	100.0%	92.3%	100.0%	100.0%	90.7%	93.0%	93.1%	90.0%	86.1%	85.3%	72.9%	97.8%	86.8%	90.6%	
661	Duty of Candour - Letters sent following DoC Incidents	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	93.0%	95.4%	89.7%	95.0%	88.4%	82.4%	66.7%	99.7%	86.8%	91.7%	
1617	Duty of Candour - Investigation Findings Shared	57.1%	41.7%	48.3%	46.2%	37.8%	30.8%	41.9%	9.3%	17.2%	7.5%	2.3%	0.0%	2.1%	52.2%	11.4%	22.6%	

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Key Metrics - IPR Summary

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

Trust (100)

CQC level of inquiry: Effective

Improving Outcomes

831	Standardised Readmission Ratio	87.1	86.9	86.0	86.7	87.5	88.8	88.6	88.7	88.8	88.5				105.0				
436	HSMR	88.2	89.8	90.2	93.1	94.4	93.0	91.6	93.4	94.2	96.2	97.0			100.0				
433	SHMI	97.6	99.4	99.9	100.4	100.3	97.6	96.8	97.7						105.0				
649	Patients receiving Fractured Neck of Femur surgery w/in 36hrs	86.8%	67.7%	91.4%	86.8%	85.4%	69.2%	73.8%	83.7%	56.8%	73.0%	80.4%	57.8%	95.0%	77.2%	73.3%	75.7%		
625	Diagnostic Results Acknowledgement	13.9%	13.2%	13.2%	14.0%	13.3%	14.2%	12.9%	14.8%	13.2%	13.2%	12.8%	11.9%	9.5%	13.6%	12.6%	13.0%		

Workforce

		Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Well Led																		
Staff Training & CPD																		
715	% appraisals up to date - Combined	70.05%	73.21%	74.74%	75.29%	73.98%	74.17%	61.19%	63.06%	26.93%	57.00%	65.14%	83.86%	85.96%	90.00%			
721	Statutory & Mandatory Training	84.18%	84.18%	85.55%	85.92%	83.85%	85.01%	87.10%	86.27%	88.59%	88.67%	86.42%	86.90%	87.17%	90.00%			
Staffing Capacity																		
875	Voluntary Turnover %	11.8%	11.7%	11.5%	11.4%	11.3%	11.3%	11.2%	11.3%	11.5%	11.5%	13.0%	12.2%	12.5%	14.0%			
732	Vacancy Rate %	14.19%	11.67%	10.78%	10.28%	10.32%	9.88%	11.46%	10.23%	11.01%	11.71%	11.42%	13.20%	13.60%	10.00%			
Efficiency																		
743	Monthly Sickness Rate	3.83%	3.99%	4.55%	7.14%	4.99%	3.51%	3.35%	3.49%	3.87%	4.28%	4.43%	4.73%	4.94%	3.50%			



Key Metrics - IPR Summary

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

Trust (100)

Finance

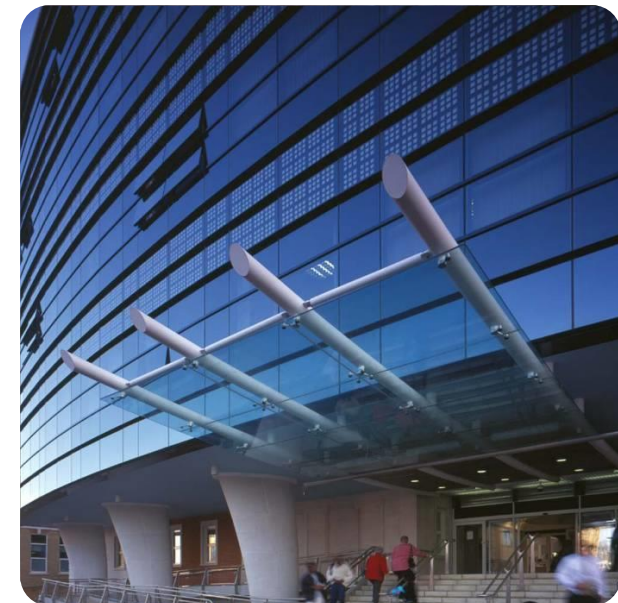
		Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Month Target	F-YTD Actual	Rolling 12mth	Trend
Overall (000s)																		
895	Actual - Overall	2,694	7,602	13,671	(5,965)	9,310	109,461	(5,195)	(598)	(1,853)	1,888	24,132	1,268	842	(405)	20,484	154,563	
896	Budget - Overall	14,695	14,579	14,490	28,683	22,115	23,811	(1,189)	(1,189)	(1,189)	(619)	(1,623)	(902)	(405)		(7,116)	96,563	
897	Variance - Overall	12,001	6,977	820	34,648	12,805	(85,650)	4,007	(591)	664	(2,507)	(25,756)	(2,170)	(1,247)	0	(27,600)	(58,000)	
Medical - Agency																		
602	Variance - Medical - Agency	(747)	(832)	(658)	(459)	(268)	(339)	(315)	(779)	(597)	(779)	(742)	(696)	(716)	0	(4,624)	(7,180)	
Medical Bank																		
1095	Variance - Medical Bank	(2,034)	(1,022)	(1,728)	(1,171)	(3,569)	(1,604)	(1,480)	(1,561)	(1,132)	(1,635)	(976)	(913)	(1,495)	0	(9,192)	(18,285)	
Medical Substantive																		
599	Variance - Medical Substantive	1,936	1,252	691	2,095	(24)	(2,479)	1,248	1,349	1,522	2,090	1,322	1,907	610	0	10,048	11,582	
Nursing Agency																		
603	Variance - Nursing Agency	(836)	(676)	(622)	(430)	(449)	(553)	(492)	(542)	(828)	(402)	(420)	(452)	(421)	0	(3,558)	(6,287)	
Nursing Bank																		
1104	Variance - Nursing Bank	(2,496)	(2,942)	(2,861)	(3,274)	(3,260)	(4,849)	(2,483)	(2,086)	(1,953)	(2,183)	(2,669)	(2,346)	(2,611)	0	(16,331)	(33,517)	
Nursing Substantive																		
606	Variance - Nursing Substantive	2,661	3,117	2,615	2,722	3,083	2,387	3,040	2,944	2,623	3,327	2,867	3,127	3,507	0	21,435	35,360	

Month 07 – October 2021 Finance Report

Trust Board

December 2021

King's



KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

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Executive Summary (1/2)

- For the first 6 months of the year King's achieved a breakeven position following the achievement of £15m of ERF. In the H2 the Trust has a gap of £36.5m to mitigate to achieve it's breakeven plan. This gap is driven by:
 - Loss of £15m ERF – activity projections indicate that the ICS will not achieve ERF thresholds in H2.
 - Efficiency factor in tariff - £15m (when offset pay award and non pay inflation against funding increases)
 - EPIC costs in H2 - £5m
 - Increased winter / recovery spend - £7-10m
 - Offset by £10m growth (largely uplift in pass through drugs income recognising over performance) and £5m capacity funding.
- The Trust is measuring care groups and sites against their H2 cost forecasts and run rate rather than budget. Centrally finance will look to bridge the £36.5m gap through:
 - Drugs over performance relating to M-3-6 which we did not recognise in H1 due to lack of transparency over NHSE baseline and late notification (this level of over performance is now in the H2 baseline).
 - £3-5m – ERF over and above the £15m which system has kept central in case centre discovers further vaccination and testing.
 - Release of £18m items from the Trust's balance sheet following M6 review

Summary of Year to Date Financial Position

The Trust has recorded a surplus of £2.7m in month 7, £8.7m favourable to the H2 plan (pre mitigations). This is predominantly driven by £6.7m income benefits relating to H1 Drugs and devices over performance and a £1.5m non recurrent non pay benefit relating to a transfer of PFI costs from revenue to capital. Both of these items were mitigations the Trust had identified for closing £36m H2 planning gap. The Trust is on target to breakeven.

	Last 3 Months			Current Month		Year to Date		Run Rate*	H2 Plan - M07		
NHSI Category	M4 £ M	M5 £ M	M6 £ M	Last Year £ M	Actual £ M	Last Year £ M	Actual £ M	Change £ M	Plan £ M	Actuals £ M	Variance £ M
Operating Income	130.1	115.1	136.5	119.1	132.9	835.0	899.3	5.1	125.0	132.9	7.9
Employee Operating Expenses	(67.7)	(67.7)	(77.0)	(65.6)	(71.7)	(456.7)	(487.7)	(2.3)	(70.8)	(71.7)	(0.9)
Operating Expenses Excluding Employee Expenses	(59.0)	(54.3)	(56.9)	(53.1)	(55.5)	(370.4)	(386.7)	(0.3)	(57.0)	(55.5)	1.5
Non Operating Expenses	(2.7)	(3.1)	(3.5)	(2.2)	(3.1)	(22.2)	(22.3)	0.1	(3.3)	(3.1)	0.2
Trust Total	0.7	(10.0)	(1.0)	(1.8)	2.6	(14.3)	2.6	2.6	(6.1)	2.7	8.7
Less Impairment, donated income	0.1	(0.0)	0.1	2.1	0.1	14.6	0.2	(0.1)			
Operating Total (including ERF)	0.8	(10.0)	(0.9)	0.3	2.7	0.3	2.8	2.5			
Less Elective Recovery Fund	(10.4)	7.6	0.0		(0.0)		(15.2)	(2.5)			
Operating Total (excluding ERF)	(9.6)	(2.4)	(0.9)	0.3	2.7	0.3	(12.4)	(0.1)	(6.1)	2.7	8.7

*run rate change – takes the average of M01-6 actuals and compares against the current month actuals (M07).

Key Messages:

Operating Income - £7.9m favourable to plan

- Overall Income is £7.9m favourable to the M7 NHSI plan predominantly driven by:
- £3.3m over performance on high cost tariff-excluded devices (HCTED) in M4 & M5
- £3.4m over performance on drugs for M4 received in M7
- £0.5m higher income for pay award than £9.0m accrued in H1

Under the block contract framework the baseline for high cost drugs and devices is not clear in the NHS England contract and therefore the Trust does not accrue for over performance until received. This means the Trust is likely to receive £10-15m of drugs and devices for M4-6 over performance in H2, this is factored into the plan as non recurrent 'CIP' to close the £36m gap. The baseline has been adjusted for H2 but it is likely the Trust will continue to over perform, this will likely be offset by higher than planned cost.

Employee Expenses (Pay) - £0.9m adverse to plan

Pay is £0.9m higher than plan due to increased medical and A&C costs, this is of concern as a number of the winter and recovery schemes included in the plan have not started.

- The increase in medical costs has been driven by increase in sickness, maternity, enhanced care and retrospective shifts (£0.4m)
- The A&C adverse variance is due to backdated pay and assumed to be non recurrent (£0.5m).

Operating Expenses (Non Pay) - £1.5m favourable to plan

Non pay is £1.5m favourable to plan largely due to the movement of £1.5m PFI costs from revenue to capital. This was a planned movement and is again one of the non recurrent items identified as being required to bridge the £36m planning gap.

Bridging the gap (£m)	
Realised in Month 1	
Drugs and Devices over performance M4	7.7
Higher income for pay award than £9.0m accrued in H1	0.5
PFI - Rev to Cap	1.5
Potential items likely to be realised	
Drugs and Devices over performance M5&6	10
ERF held by centre in H1	3.5
Additional HEE monies	2
M6 balance sheet	10-20

Key Messages (continued):

In month 7 the Trust realised £9.7m of identified mitigations.

Review of the mitigations identified during planning to close the £36.5m gap has indicated that the Trust has between £35-45m. This provides sufficient headroom to achieve the breakeven plan.

Detail (1/3) – Operating Income

Actuals	Last 3 Months			Current Month		Year to Date		Run Rate
	M4	M5	M6	Last Year	Actual	Last Year	Actual	Change
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
NHS England	42.6	45.5	44.4	39.4	51.1	371.9	313.4	7.4
Clinical Commissioning Groups	62.2	48.4	57.4	56.2	58.1	283.5	404.8	0.4
Pass Through Drugs Income	16.8	13.6	11.6	12.6	16.4	76.1	99.8	2.5
NHS Foundation Trusts	0.0			0.0		(0.1)	0.0	(0.0)
NHS Trusts	0.0	0.2	0.1	0.1	0.1	0.5	0.7	0.0
Local Authorities	0.3	0.3	0.3	0.3	0.4	2.1	1.8	0.2
NHS Other (Including Public Health England)	0.5	(0.0)	0.0	0.4	0.4	1.7	2.4	0.0
Non NHS: Private Patients	0.6	0.3	0.3	0.3	0.4	3.7	2.1	0.1
Non-NHS: Overseas Patients (Non-Reciprocal, Chargeable To Patient)	0.3	0.5	0.3	0.4	0.3	3.3	2.3	(0.1)
Injury Cost Recovery Scheme	0.2	0.4	0.3	0.3	0.3	2.1	2.1	0.0
Non NHS: Other								
Operating Income From Patient Care Activities	123.6	109.3	114.8	110.2	127.5	744.8	829.6	10.5
Research and Development	1.2	1.5	1.8	0.8	0.7	11.6	9.4	(0.8)
Education and Training	0.0	3.7	3.8	3.2	5.7	23.1	26.1	2.3
Cash Donations / Grants For The Purchase Of Capital Assets	0.0	0.1	0.0	0.0	0.0	0.0	0.5	(0.1)
Charitable and Other Contributions To Expenditure	0.0	(0.0)	(0.0)	0.0	0.0	0.1	(0.0)	0.0
Non-Patient Care Services To Other Non Wga Bodies	1.0	1.0	1.0	0.2	0.9	1.7	7.3	(0.1)
PSF, FRF, MRET funding and Top-Up	1.0	(3.8)	3.9		4.6	0.0	8.6	4.0
Income In Respect Of Employee Benefits Accounted On A Gross Basis	0.6	1.0	0.7	1.0	0.6	5.2	4.7	(0.1)
Rental Revenue From Operating Leases	0.1	0.1	0.1	0.1	0.1	0.5	0.6	(0.0)
Other (Operating Income)	2.5	2.2	10.4	3.6	(7.2)	48.0	12.6	(10.5)
Other Operating Income	6.6	5.9	21.7	8.9	5.4	90.2	69.8	(5.4)
Finance Income							(0.1)	0.0
Finance Income							(0.1)	0.0
Operating Income	130.1	115.1	136.5	119.1	132.9	835.0	899.3	5.1

Operating Income from Patient Care – an improvement of £12.7m against last month

£9m of this improvement is due to moving pay awards accrual (£9m) to NHS England. This was previously recorded under Other Income. Further, £9.5m has been receipted for pay awards this month which is £0.5m better than expected. Thus contributing to the overall improvement in performance here.

£3.4m over performance on drugs for M4 received in M7 has also contributed to this improvement.

Overall income is £8.0m ahead of NHSI plan largely due to over performance against high cost drugs and devices. As the NHS England guidance here is unclear, we can expect this over performance to continue and help bridge the £36m Trust gap.

Other Income – a deterioration of £16.3m against last month

E&T saw a £2m increase from last month as a result of updated schedules from HEE (£0.5m for additional posts for Q2 backdated and £1.4m catch up for H1).

R&D is showing a reduction of £1.3m due to reduced CTO income of £0.7m and £0.6m release of additional accruals no longer required following half yearly reviews.

Top up income includes funding for COVID activity such as patient testing. This had been moved between NHS England and Top-up categories in previous months.

Pay awards (£9m) has been moved to NHS England this month. This is the main reason for the overall movement in Other Operating Income.

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

Actuals	Last 3 Months			Current Month		Year to Date		Run Rate
	M4 £ M	M5 £ M	M6 £ M	Last Year £ M	Actual £ M	Last Year £ M	Actual £ M	Change £ M
NHSI Category								
Substantive Staff	(19.6)	(20.0)	(22.0)	(18.3)	(21.2)	(131.6)	(142.5)	(1.0)
Bank Staff	(1.7)	(1.0)	(0.9)	(2.1)	(1.5)	(10.0)	(9.4)	(0.2)
Agency / Contract	(0.9)	(0.8)	(0.8)	(0.9)	(0.8)	(3.9)	(5.1)	(0.1)
Medical Staff	(22.1)	(21.9)	(23.7)	(21.3)	(23.5)	(145.6)	(157.0)	(1.3)
Substantive Staff	(23.8)	(23.9)	(28.1)	(22.7)	(23.8)	(158.8)	(171.2)	0.8
Bank Staff	(2.8)	(3.3)	(3.0)	(3.1)	(3.3)	(19.9)	(20.7)	(0.4)
Agency / Contract	(0.5)	(0.5)	(0.6)	(0.9)	(0.5)	(4.8)	(4.3)	0.1
Nursing Staff	(27.1)	(27.8)	(31.7)	(26.7)	(27.6)	(183.5)	(196.2)	0.5
Substantive Staff	(9.7)	(9.5)	(11.2)	(9.7)	(10.8)	(67.7)	(70.8)	(0.8)
Bank Staff	(0.5)	(0.5)	(0.4)	(0.1)	(0.5)	(2.3)	(2.9)	(0.1)
Agency / Contract	(0.2)	(0.2)	(0.3)	(0.0)	(0.6)	(1.0)	(2.0)	(0.4)
Admin & Clerical	(10.3)	(10.3)	(12.0)	(9.8)	(11.9)	(71.0)	(75.8)	(1.3)
Substantive Staff	(7.6)	(7.5)	(9.2)	(7.5)	(8.0)	(52.6)	(55.6)	(0.1)
Substantive Staff (Apprentices)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	0.0
Bank Staff	(0.4)	(0.2)	(0.2)	(0.1)	(0.3)	(1.3)	(1.6)	(0.0)
Agency / Contract	(0.2)	(0.1)	(0.2)	(0.2)	(0.4)	(2.5)	(1.4)	(0.2)
Other Staff	(8.1)	(7.8)	(9.7)	(7.8)	(8.6)	(56.6)	(58.8)	(0.3)
CIP Target Pay								0.0
Pay Savings Target								0.0
Employee Operating Expenses	(67.7)	(67.7)	(77.0)	(65.6)	(71.7)	(456.7)	(487.7)	(2.3)
Substantive Staff Total	(60.7)	(61.1)	(70.6)	(58.2)	(63.8)	(410.9)	(440.2)	(1.1)
Bank Staff Total	(5.3)	(5.0)	(4.6)	(5.3)	(5.6)	(33.5)	(34.7)	(0.7)
Agency / Contract Total	(1.7)	(1.6)	(1.8)	(2.0)	(2.3)	(12.3)	(12.9)	(0.5)
Employee Operating Expenses	(67.7)	(67.7)	(77.0)	(65.6)	(71.7)	(456.7)	(487.7)	(2.3)

1 Medical – an improvement of £0.2m against last month

In-month increase in bank is a result of increased sickness, enhanced care and some retrospective shifts (£0.4m) in Surgery. However YTD variance continues to be driven by pressures across General Medicine due to rota gaps, sickness, vacancies and running of two outlier wards.

£2m in pay awards for M01-6 was paid last month.

2 Nursing – an improvement of £4.1m against last month

The improvement is largely due to the pay awards (£4m) paid last month for M1-6.

YTD continues to be driven by vacancies Planned Care, Children's and Critical Care.

3 A&C – an improvement of £0.1m

£1.6m was allocated last month for pay awards covering M1-6. The reduction this month has been offset by £0.5m backdated costs for staff working on Coldharbour works. We expect these costs to be recovered in future months.

Other – an improvement of £1.1m against last month

Driven by the allocation of pay awards last month for M1-6 of £1.3m.

4 Pay is slightly above trend this month (6%) due to enhanced care, sickness, backdated pay and retrospective shifts.

Pay includes YTD costs; reset & recovery (£2.2m), COVID (£2.9m) and mass vaccination (£1.5m).

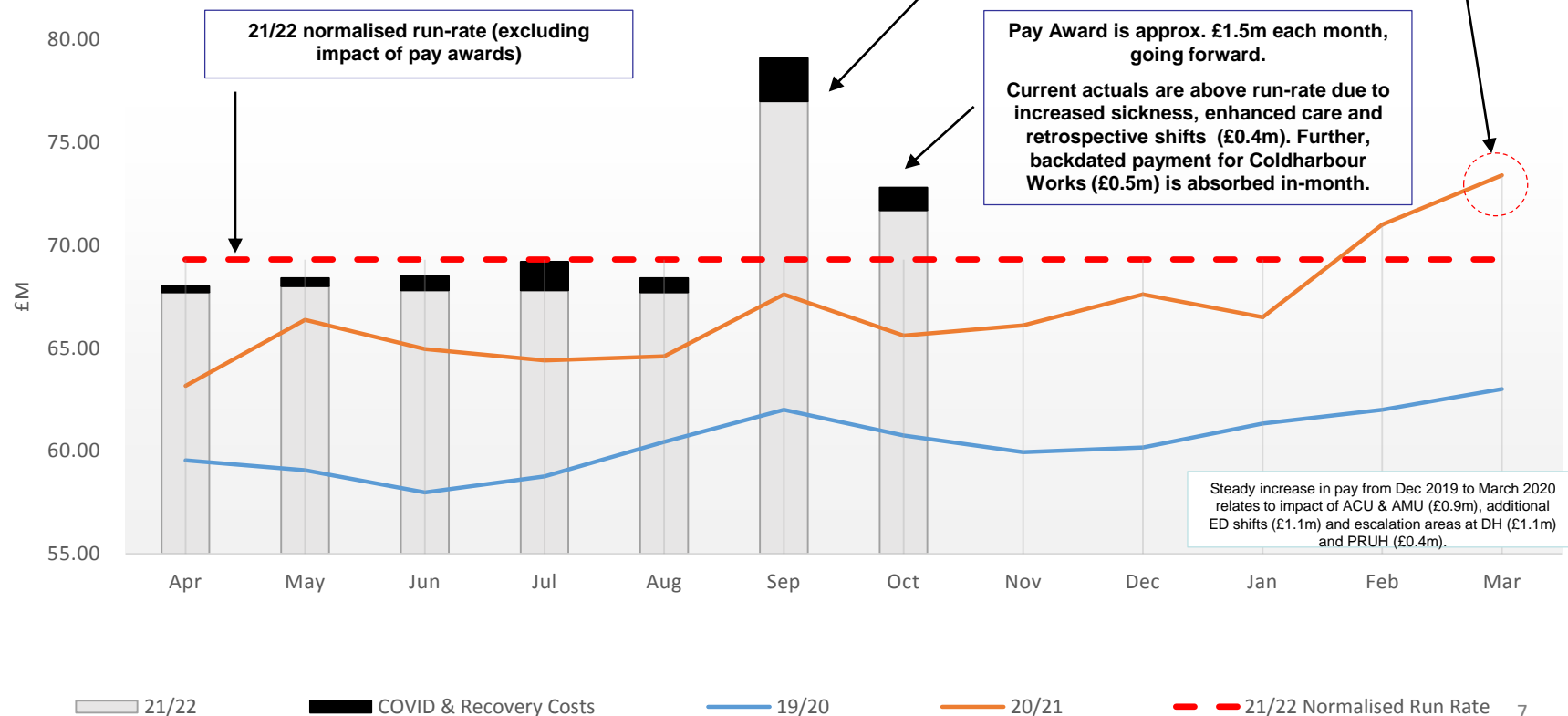
Year to Date - Pay run rate

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 (pre-pay award) but is expected to increase in line with plans for reset & recovery and winter.

Pay is inline with the 2020/21 average, £67.7m.
Pay includes YTD costs; reset & recovery (£1.6m), COVID (£2.5m) and mass vaccination (£1.3m).

3% Pay Award backdated (£9m) M1-6 for all staff groups.
Includes £1.5m COVID costs from previous months readjusted.

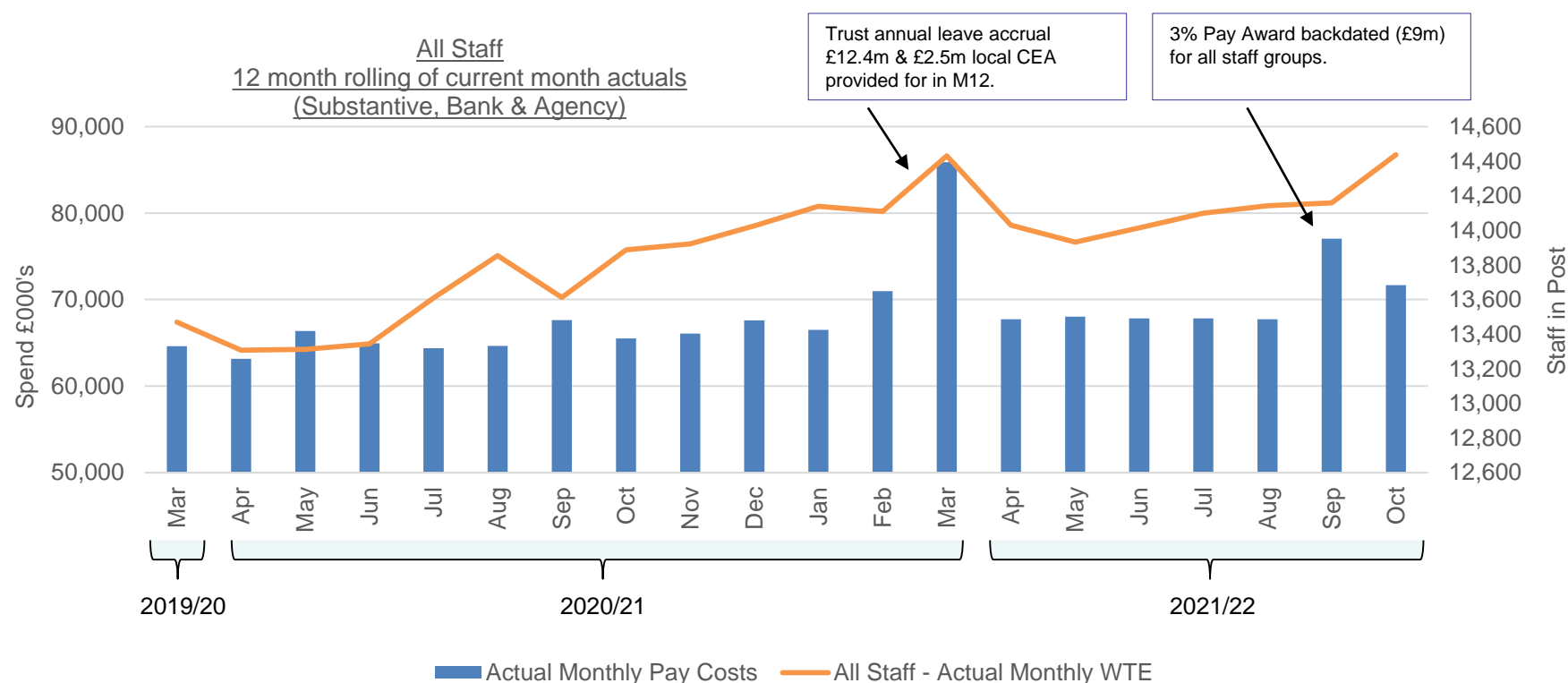
M12 excludes annual leave accrual £12.5m, but includes a £2.5m provision for unclaimed local CEA's accounted for at year end.



Year on Year – Pay Review

The Trust's underlying pay run-rate is consistent over M01-6 of this year. Overall, substantive recruitment has increased and this is being offset by reducing temporary staffing spend.

- The increase in M06 is due to the 3% pay award being implemented as per the Governments announcement for all NHS staff. Medical clinical excellence awards this year have been frozen and replaced with this pay award.



Detail (3/3) – Operating Expenses (Non-Pay)

Actuals	Last 3 Months			Current Month		Year to Date		Run Rate
	M4	M5	M6	Last Year	Actual	Last Year	Actual	Change
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Purchase Of Healthcare From NHS Bodies	(1.0)	(0.9)	(1.0)	(1.1)	(0.9)	(8.6)	(6.4)	0.0
Purchase Of Healthcare From Non-NHS Bodies	(18.3)	(14.8)	(15.8)	(15.1)	(16.1)	(100.4)	(110.8)	(0.4)
Supplies and Services - Clinical (Excluding Drugs Costs)	(2.1)	(3.5)	(2.5)	(0.5)	(3.1)	(8.4)	(17.6)	(0.7)
Supplies and Services - General	(0.1)	(0.1)	(4.2)	(0.1)	1.1	(0.8)	(3.7)	2.0
Drugs costs – on tariff	(2.8)	(4.1)	(4.5)	(4.3)	(4.5)	(16.7)	(27.5)	(0.6)
Pass Through Drugs Cost	(13.1)	(10.8)	(10.7)	(8.5)	(12.5)	(68.8)	(81.6)	(0.9)
Consultancy	(0.5)	0.2	(0.2)	(0.5)	(1.0)	(2.1)	(2.7)	(0.7)
Establishment	(1.1)	(0.9)	(1.1)	(0.6)	(0.9)	(5.4)	(7.2)	0.1
Premises - Business Rates Payable To Local Authorities	(0.4)	(0.4)	(0.4)	(0.5)	(0.4)	(3.2)	(2.7)	(0.0)
Premises - Other	(9.7)	(9.9)	(6.1)	(11.8)	(9.1)	(63.2)	(61.2)	(0.4)
Transport	(0.9)	(0.9)	(1.0)	(0.8)	(0.9)	(6.5)	(6.4)	(0.0)
Depreciation	(3.0)	(2.1)	(3.3)	(2.4)	(2.6)	(16.5)	(18.8)	0.0
Fixed Asset Impairments net of Reversals				(2.0)		(14.0)		0.0
Increase/(Decrease) In Impairment Of Receivables	(0.2)	(0.3)	(0.7)	(0.6)	(0.2)	(3.2)	(2.3)	0.2
Audit Fees and Other Auditor Remuneration	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.2)	(0.2)	0.0
Clinical Negligence	(4.2)	(4.2)	(4.1)	(4.6)	(4.1)	(32.0)	(28.4)	0.0
Research and Development - Non-Staff	(0.0)	(0.0)	(0.0)		(0.0)	(0.3)	(0.2)	(0.0)
Education and Training - Non-Staff	(0.4)	(0.3)	(0.4)	(0.2)	(0.5)	(2.7)	(2.7)	(0.1)
Operating Lease Expenditure (net)	(0.1)	(0.2)	(0.1)	0.0	(0.2)	(1.8)	(1.1)	(0.0)
Other	(0.9)	(1.1)	(0.8)	0.2	0.2	(15.5)	(5.1)	1.1
Operating Expenses Excluding Employee Expenses	(59.0)	(54.3)	(56.9)	(53.1)	(55.5)	(370.4)	(386.7)	(0.3)
CIP Target Non Pay			0.0	0.0	(0.0)	0.0	0.0	(0.0)
Non Pay Savings Target			0.0	0.0	(0.0)	0.0	0.0	(0.0)
Operating Expenses Excluding Employee Expenses	(59.0)	(54.3)	(56.9)	(53.1)	(55.5)	(370.4)	(386.7)	(0.3)
Finance Expense	(2.7)	(3.1)	(3.5)	(2.2)	(3.1)	(22.5)	(22.4)	0.1
Gains/(Losses) On Disposal Of Assets		0.0	0.0		0.0	0.3	0.0	(0.0)
Non Operating Expenses	(2.7)	(3.1)	(3.5)	(2.2)	(3.1)	(22.2)	(22.3)	0.1
Non Operating Expenses	(2.7)	(3.1)	(3.5)	(2.2)	(3.1)	(22.2)	(22.3)	0.1
Trust Total	0.7	(10.0)	(1.0)	(1.8)	2.6	(14.3)	2.6	2.6

Operating expenses – an improvement of £1.4m against last month

- 1 Supplies and services general includes £1.6m PFI costs capitalised this month. Pay awards (£0.7m) for KFM and PFI staff had also been accounted here last month. Further, £3m in COVID costs had been re-categorised last month between supplies and services and premises – other.

Other key movements include:

- An additional provision for Homecare drugs (£0.9m) was included this month to cover the risk of late billing – resulting in higher drug costs this month
- A reduction in the KFM profit share loss. Reducing from a £0.4m loss last month to £0.1m this month
- Costs have been included this month under Consultancy relating to a feasibility study to decamp modernising medicine (£0.7m)
- VAT reimbursement has been receipted this month (£1m) included under Other non-pay as one-off benefit.



Appendices

Appendices SEL Activity Trends

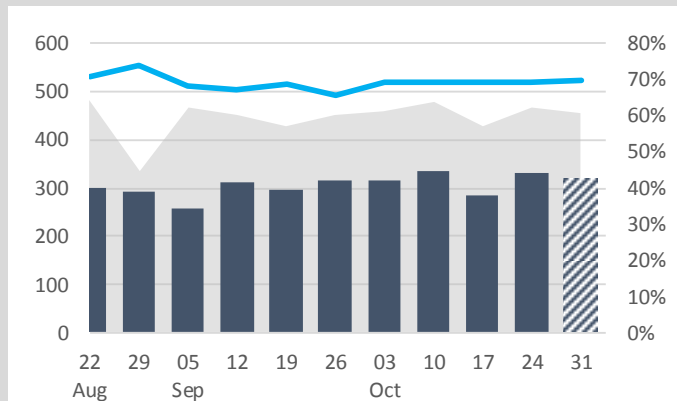
Week Ending 31 October 2021

Activity Trends - KCH

Activity - Elective Inpatients

321 (69.9% of BAU last 4 wks)

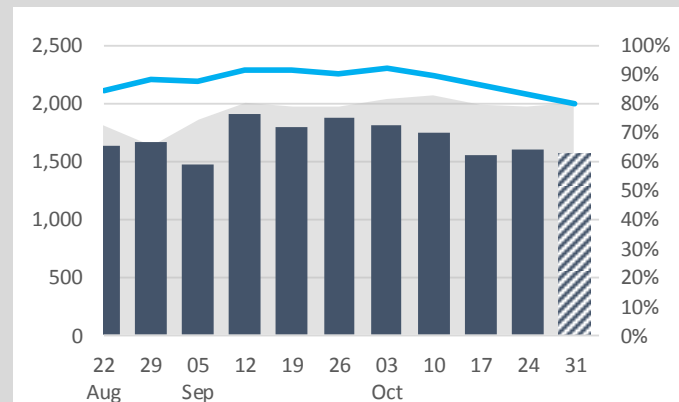
-134 vs baseline ◀▶



Activity - Day Case

1,571 (80.3% of BAU last 4 wks)

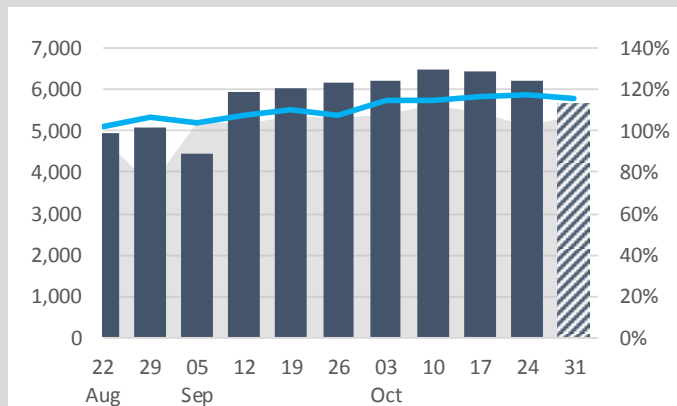
-442 vs baseline ▼



Activity - Outpatient - First

5,673 (115.3% of BAU last 4 wks)

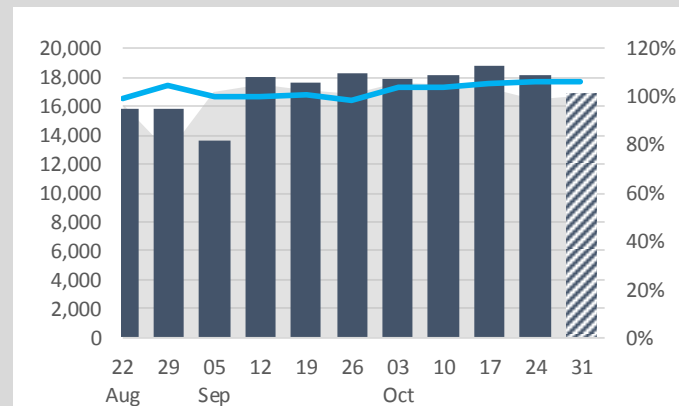
+332 vs baseline ▼



Activity - Outpatient - Follow-up

16,817 (105.9% of BAU last 4 wks)

+90 vs baseline ▼



Activity Trends – Elective

COMBINED Inpatient & Day Case Activity - over the last 4 weeks (03-Oct to 24-Oct)

TFC	Treatment Function	GSTT	KCH	LGT	RBH	SEL	Combined GSTT+RBH
0	Other	84%	85%	84%	67%	82%	80%
100	General Surgery	49%	77%	47%	100%	68%	54%
110	Trauma & Orthopaedics	73%	67%	63%		68%	73%
370	Medical Oncology	117%	22%	73%		63%	117%
300	General Medicine	367%	72%	77%		75%	367%
303	Clinical Haematology	173%	94%	67%		89%	173%
130	Ophthalmology	95%	74%			82%	95%
320	Cardiology	96%	62%	76%	98%	86%	98%
101	Urology	65%	90%	103%		76%	65%
502	Gynaecology	84%	81%	77%		80%	84%
172	Cardiac Surgery	47%			68%	61%	61%
120	Ear, Nose & Throat (ENT)	99%	66%	68%		82%	99%
171	Paediatric Surgery	93%	73%	48%	58%	65%	85%
400	Neurology	65%	93%	112%		91%	65%
800	Clinical Oncology (previously Radiotherapy)	113%	14%			32%	113%
321	Paediatric Cardiology	108%			74%	91%	91%
420	Paediatrics	100%	95%	77%	100%	83%	110%
150	Neurosurgery		88%			88%	
221	Paediatric Cardiac Surgery	32%			88%	58%	58%
170	Cardiothoracic Surgery		84%			84%	
104	Colorectal Surgery	89%	90%	138%		120%	89%
301	Gastroenterology	102%	107%	116%		105%	102%
	Total	86.9%	80.5%	82.7%	75.4%	82.6%	84.4%

Activity Trends – Outpatients

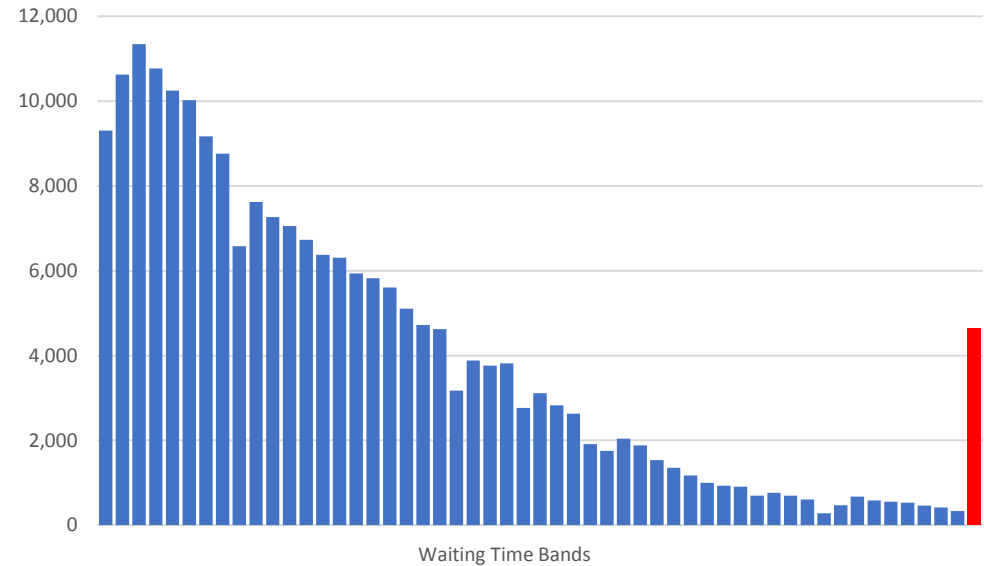
COMBINED First & Follow-up Outpatient Activity - over the last 4 weeks (03-Oct to 24-Oct)

TFC	Treatment Function	GSTT	KCH	LGT	RBH	SEL	Combined GSTT+RBH
0	Other	87%	112%	108%	43%	96%	80%
320	Cardiology	86%	96%	58%	71%	76%	77%
110	Trauma & Orthopaedics	92%	92%	89%		91%	92%
130	Ophthalmology	83%	99%	100%		92%	83%
172	Cardiac Surgery	74%			0%	30%	30%
120	Ear, Nose & Throat (ENT)	80%	79%	127%	5%	95%	78%
101	Urology	88%	96%	128%		97%	88%
300	General Medicine	66%	121%	66%		93%	66%
321	Paediatric Cardiology	112%	74%	103%	76%	95%	95%
330	Dermatology	101%	102%	92%	50%	99%	101%
221	Paediatric Cardiac Surgery	5%			0%	2%	2%
800	Clinical Oncology (previously Radiotherapy)	101%	0%	50%		99%	101%
810	Radiology				100%	100%	100%
171	Paediatric Surgery	146%	99%	60%	40%	102%	139%
150	Neurosurgery		109%			109%	
420	Paediatrics	90%	95%	103%	13450%	115%	201%
502	Gynaecology	80%	133%	113%		105%	80%
370	Medical Oncology	102%	153%	140%		114%	102%
100	General Surgery	103%	103%	160%	0%	122%	102%
400	Neurology	113%	118%	143%	0%	120%	112%
170	Cardiothoracic Surgery		98%		17129%	625%	17129%
303	Clinical Haematology	132%	122%	122%		126%	132%
Total		90.0%	108.8%	104.6%	61.9%	96.9%	85.6%

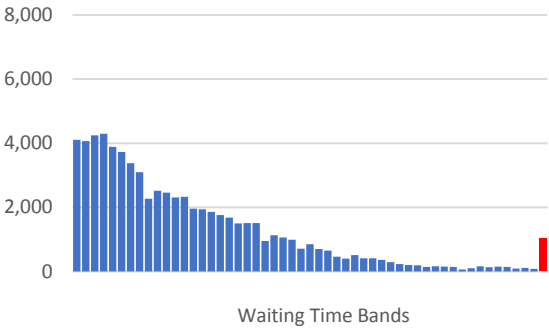
King's

Activity Trends – Waiting Lists

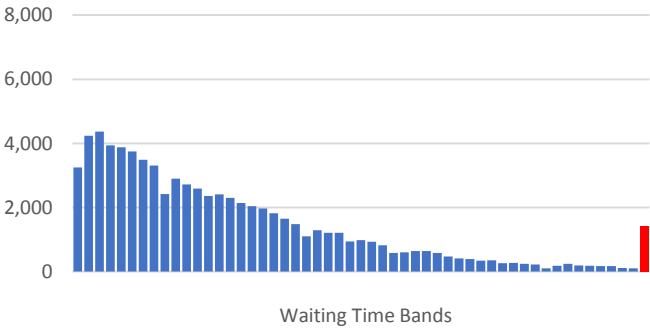
SEL Acute Trust Total - Waiting List Profile



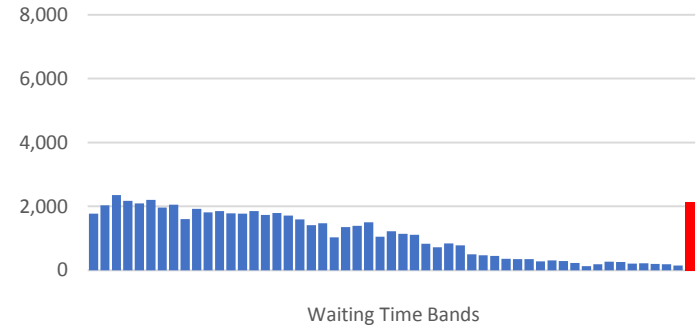
KCH - Waiting List Profile



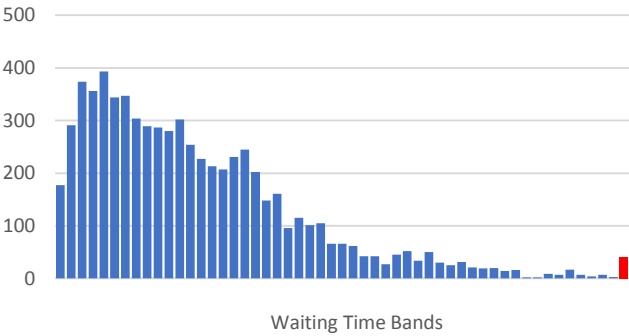
GSTT - Waiting List Profile



LGT - Waiting List Profile



RBH - Waiting List Profile



Appendices Glossary

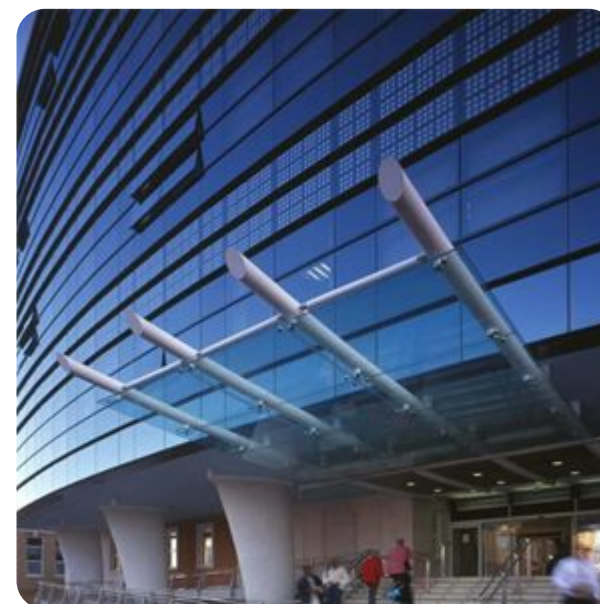
Appendix 4.0 – Glossary

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	

3 Monthly Safer Staffing Report for Nursing and Midwifery August 2021 – October 2021

Trust Board December 2021

Nicola Ranger
Chief Nurse



KING'S HEALTH PARTNERS

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Background

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

King's College Hospital



NHS Foundation Trust

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 80 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 October 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
92%	93%	89%	105%	6.8	3.0	9.7

- Total CHPPD at 9.7 is reasonable although lower RN/Midwives fill rates are noted due to some clinical areas not achieving planned staffing levels due to vacancies/sickness and raised levels of maternity leave. 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. It should also be noted this has reduced from 110% at the last 3 month review.

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.

Registered N&M Vacancies

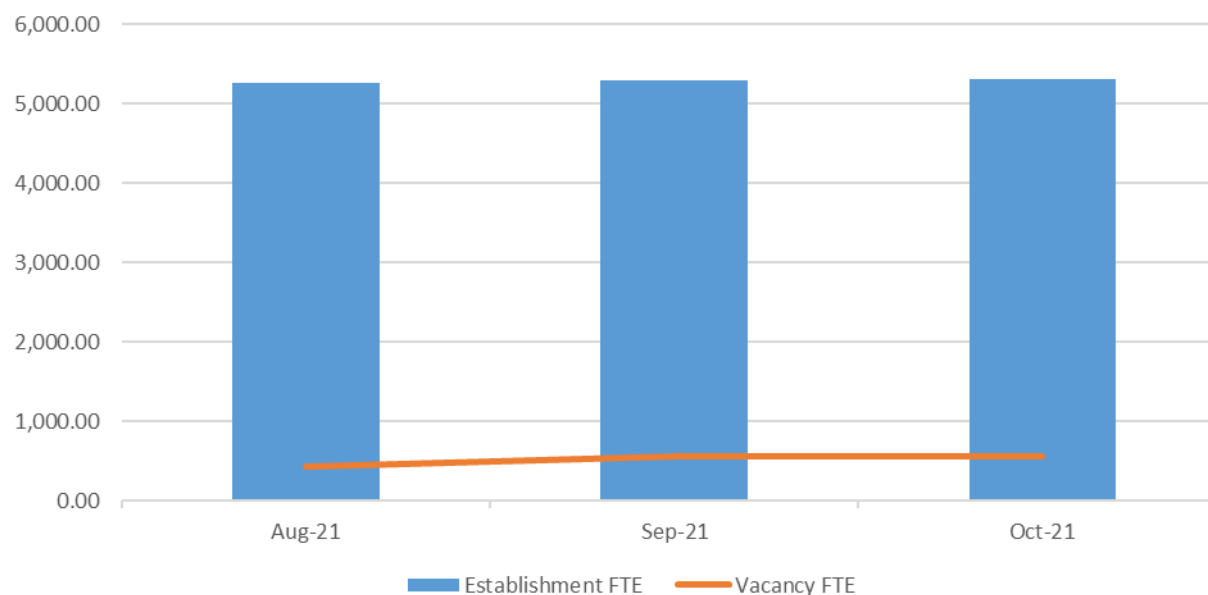
King's College Hospital



NHS Foundation Trust

- The current vacancy for October 2021 is 10.62% 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 tracking in line the Trust N&M target of 10% (Aug-21: 8.26%, Sept-21: 10.62% and Oct-21: 10.62%)
- **Registered vacancies have risen slightly between Aug-21 – Oct-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.
 - Local NQN recruitment has also been impacted by Covid-19 as clinical placements were deferred/interrupted - larger NQN cohorts are expected in Jan 22

N&M Registered Vacancy Vs Establishment



HCA & CSW Vacancies

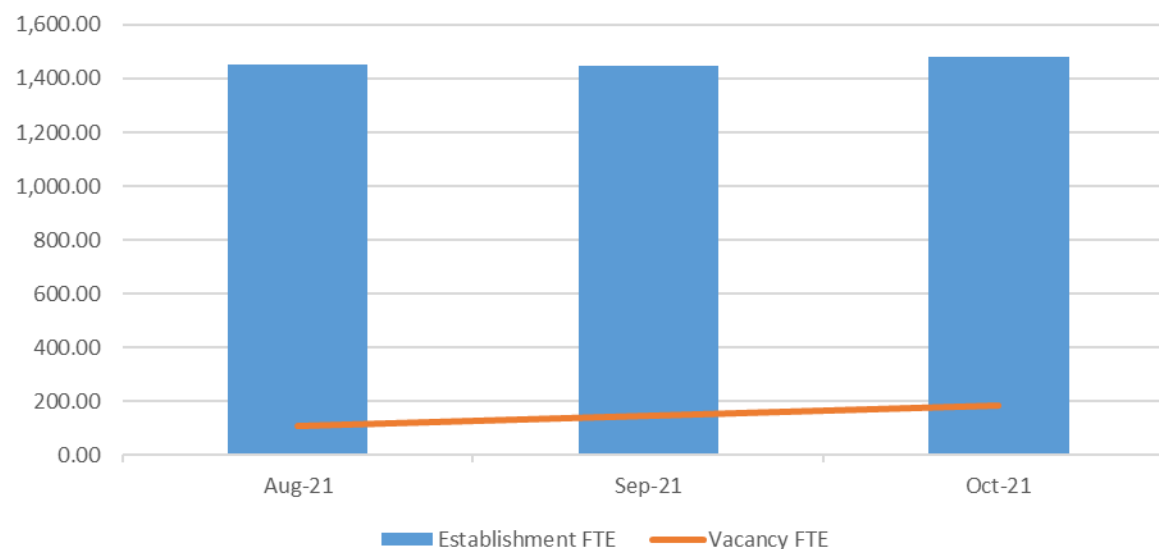
King's College Hospital



NHS Foundation Trust

- The current vacancy for October 2021 is 12.5% for all unregistered Nursing and Midwifery staff bands 2-3.
- **Unregistered vacancies have risen slightly between from May-21 – Jul-21:**
 - There are challenges in attracting applicants particularly around the PRUH and SS this is in line with the reopening of alternative retail/service industry roles
 - 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 has commenced on NHSI/E direct support programme for the recruitment of health care support workers.
 - Benching marking with local trusts ongoing around pre-assessment maths/english questions as this has been a barrier for many applicants

N&M Unregistered Vacancy Vs Establishment bands 2-3



Nursing and Midwifery Turnover

King's College Hospital

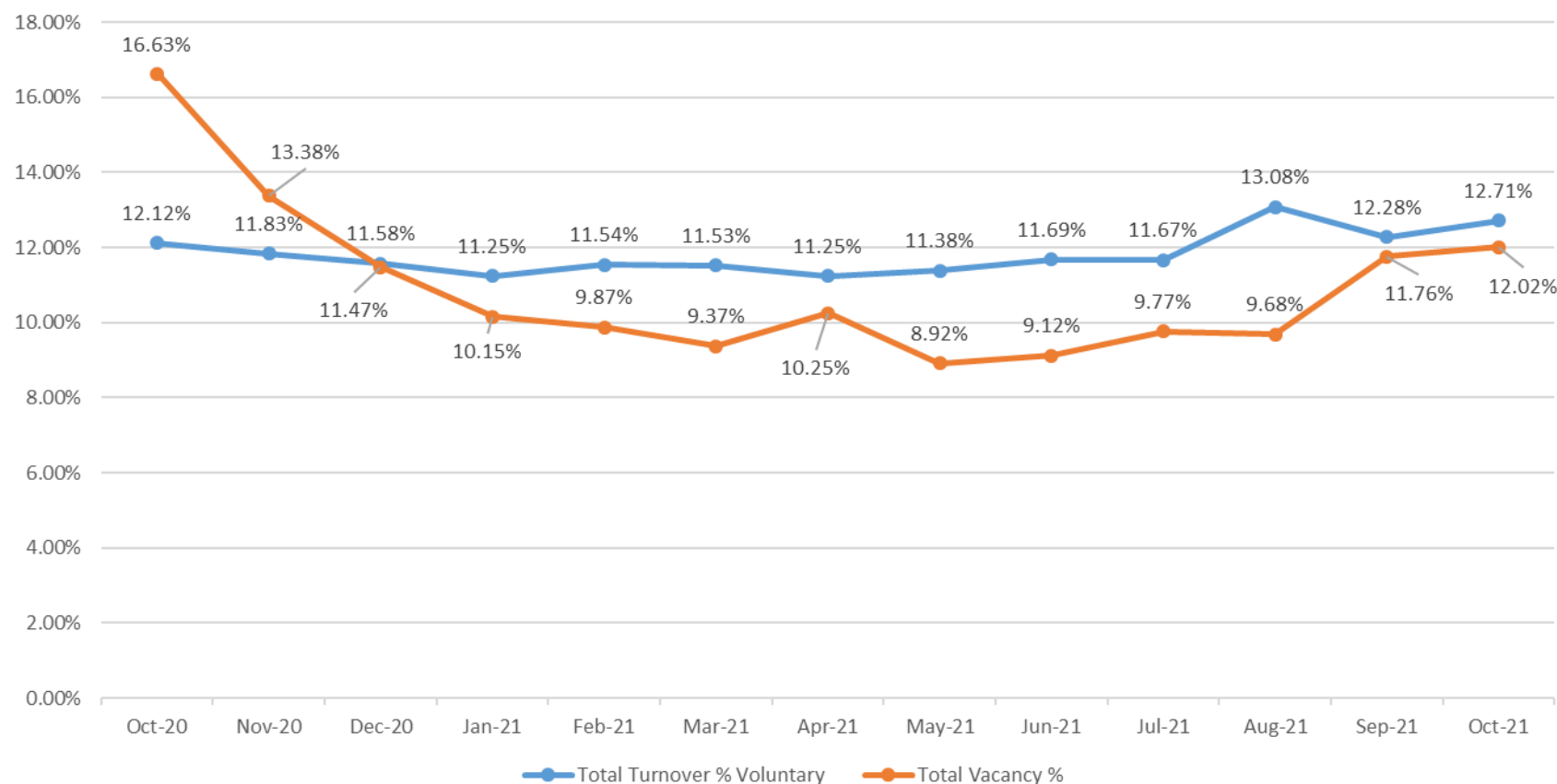


NHS Foundation Trust

As of October 2021, the voluntary turnover for registered nursing and midwifery staff is 11.57% and is currently 16.66% for the unregistered workforce however this number includes roles beyond CSW's including TNA's and other unregistered roles within the organisation. 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:

NMC & Support Staff Vacancy and Turnover



Recruitment Hotspot & Next Steps

The aggregate nursing and midwifery staff vacancy for October 2021 is 12.02%. This represents an increase from July 2021. 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 October 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 inpatient areas with a total vacancy rate above 20%. These areas are being supported via various means to address these challenges including weekly pipeline reviews with HoNs matrons and recruitment partners monitoring time to shortlist and any delays are being picked up with relevant areas to assist.

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

- **DH:** Adult ED (27.16%)
- **DH:** Paediatric ED (22.89%)
- **PRUH:** Chartwell CDU (20.35%)

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 end of March 2022

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: New ACP lead appointed who is focusing revising and standardising JD's and recruitment pathways
- Ongoing Workforce reviews are being undertaken with all clinical areas 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: 29 arriving on 17th December all having met UK vaccine requirements so no need to isolate – senior N&M leads providing pastoral support over festive period. 35 currently booked for OSCE in December. Pass rate April-Sept 81% 1st attempt (144 IENs) OET cohorts 2 and 3 in progress.
- Revised Host trust recruitment process - launch in April 2022, part of Pre-reg careers month with a focus of on day job offers
- HR and N&M teams attending face-to-face recruitment events following relaunch post easing of COVID-19 restrictions

Target - 10% vacancy RN and HCA turnover by the end March 2022

Retention:

- IEN/Preceptorship graduation – first event held at the Oval at the end of November and was a great success, this will continue as an annual even
- Career conversations, drop-in clinics and Local Faculty Groups are ongoing with our unregistered and newly registered practitioners cross site – relaunch in process with in line new trust values with focus on agile virtual delivery December 2021
- Preceptorship: Preceptorship team are launching two additional programmes early 2021 Year 2 and a bespoke IEN Preceptorship programme.
- Education and training: Launch of revised CPD application process to increase accessibility and transparency for clinical staff of all bandings alongside updated training for managers
- HCA Celebration day – Cross site celebration supported by onward activities; stalls; online programmes and career conversation facilitated by senior and executive N&M staff

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

Minutes of the Finance and Commercial Committee meeting held on Thursday 22 July 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 (part)
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
Rachael Wood	Director, Financial Management Information
Arthur Vaughan	Deputy Chief Financial Officer (DCFO)
David Tyler	Patient Governor Observer
Dr Akash Deep	Staff Governor Observer
Mike Joyce	KCS Director (part)
Jirina Baker	Head of Medical Ed and Recruitment (part)
Andy Lockwood	KFM Managing Director (part)
Stuart Sheehy	KFM Financial Director (part)
Mike Brown	KFM Chair (part)

Apologies:

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

Item	Subject	Action
021/41	Introductions and Apologies for Absence The relevant introductions were made and apologies noted.	
021/42	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.	
021/43	Chair's Action No Chair's action was reported.	

021/44 Minutes of the Previous meeting on 27/05/21

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

021/45 Matters Arising and action tracker

Item 021/34 – As a matter arising, the Chair asked for an update on the Oversight Framework discussed at the last Committee and at the Private Board in June and the proposed criteria to support King's exit from financial special measures. The Trust was placed in SOF four where the level of support was yet to be agreed. The Trust has tried to develop a set of SMART criteria.

The first criteria would be to support the ICS by achieving the ICS' and Trusts' planned surpluses in the first and second half of the year. The second criteria relates to the financial plan for 21/22 and 22/23 and ensuring our stakeholders have assurance around the achievability of the plan. This will require effective demand and capacity modelling and a workforce plan. Board assurance on the trajectories and deliverables would be required.

The Trust presently is unable to commit to reducing its run rate due to the operational issues over the next few months. There will be a focus on bank and agency % of expenditure and getting this in line with the rest of London. The PRUH had done a great deal of work to reduce bank and agency spend.

The Trust strategy had been finalised and launched. KCH would need to work with partners around the portfolio of ICS services to identify where services can be consolidated across the ICS to make future financial savings.

Another proposed criteria would to evidence a clean external audit. This had been achieved last year but the Trust would need to show that the processes to achieve this were now embedded within the Trust.

As our undertakings had been linked to past governance failings, the Trust plans to build on the outcome of its well-led review and would be looking at final actions from the review that needs to implemented. The final criteria was around embedding new leadership structure at both site and service levels

The criteria are largely finance focused. The risk was that the Centre may want to expand these to include urgent and emergency care criteria as they may view these services as part of the drivers of our financial position. The Finance and Commercial Committee will continue to monitor progress with this process.

All due actions were either completed or included in the meeting reports or on the meeting agenda.

IN-YEAR FINANCIAL REPORTING

021/46 Month 3 Financial Position

The Committee noted the report and the Director of Financial Management Information presented the key highlights. The Trust was on track to achieve the control total of 7.1m surplus for the first 6 months of this year. However, the threshold for ERF payment was under review and this could impact the amount the Trust receives. KCH was achieving 105% of elective activity, but the system was not at this level of achievement.

There was an adverse position due to reset and recovery costs at £1.6m year to date (.2m pay, 1.4m non-pay). This cost may be understated and was being reviewed. The Trust was expecting to receive funding to cover that cost. Pay was consistent in year though the run rate was expected to rise.

The Committee received assurance that pay including the potential staff pay rise had been factored into the overall plan.

Regarding month 7-12 planning, an internal high level forecast was undertaken this month and a bottom up forecast would be carried out next month. These will ensure the Trust is in a better position to proactively monitor potential spend and ensure an informed planning round.

It was agreed that separate site summaries would be added to the report to help track performance against site plans but it was important to note that there were plans to move services between sites.

There was a discussion around the distribution of ERF payments. In Q1, ICS had looked at performance across partners and divided funds between trusts. They calculated that KCH would get £12m but this could change as the Trust was awaiting clarification from the Centre about months one and two achievements. Collectively, the ICS had performed well in the first quarter. KCH received 105% on activity performance but on the basis of value we will be paid on about 95%. It was proposed that both numbers (activity and value) be included in the report going forward.

Given the collective impact of partners' performance on ERF payments, the Chair queried at what point the Trust would be able to analyse ICS activity performance. It was also noted that at the APC level as well as providing relevant mutual support, there would need to be provision for KCH to hold partners to account for performance. A decision was needed on where in our governance framework discussions on the financial impact of ICS performance on KCH can be held.

There was a discussion on the role of the NEDs in ensuring the welfare of KCH and how they can intervene if needed on behalf of KCH.

Action: It was proposed that a discussion on provision to hold partners to account for performance come to a Board Development session.

**S
Coldwell**

021/47 Group Capital Envelope and Forecast

The Committee noted the report. The KCH group had been allocated a capital envelope of £43.1m in line with the system distribution. The trust has also secured funds from central programmes. The trust currently has a total capital envelope of £50.7m. The draft plan for how the internal capital envelope would be spent has been finalised and includes timelines and commitments made of all projects and programmes of work. The trust has carried out a forecast to understand the planned expenditure on the major and regular portfolio programmes of work.

As at M3 KCH was forecasting expenditure of £54.1m which results in an adverse variance of £3.4m against plan. There was likely to be some slippage which would cover any overspend. The Trust was discussing with the Centre the possibility of funding additional capital which could go toward the completion of the CCU. There was no additional capital available this financial year for new service developments or reset and recovery initiatives.

There was the potential for capital pressure in year relating to the restarting of work on the CCU. KCH infrastructure was also under significant pressure especially in relation to ventilation and fire safety issues.

Haematology spend will be fully discussed at the Major Projects Committee. There was a planned JACIE interim inspection in November. By this time they will have access to a robust set of plans which should provide them with the required level of assurance around the financial commitment to the project.

Steve Weiner gave apologies and left the meeting.

SUBSIDIARIES

021/48 King's Facilities Management (KFM) Update

Andy Lockwood presented this update. KFM had won a prestigious HSJ award and the team looked forward to this raising the profile and exposure of KFM. This can help the subsidiary accelerate its business development objectives. A key objective was to supply procurement and supply chain services to seven private health providers. Ideally, these seven should be consolidating to provide services. Their previous attempts to do this were unsuccessful which was largely due to not having an independent consolidator. This was the service KFM proposed to provide.

The providers have asked for help in achieving better prices. KFM could earn revenue of £127m and a profit of £5-6m annually from this opportunity. Cromwell/BUPA Hospital was the most matured opportunity and are ready to sign a rolling contract with KFM.

The Committee heard that the contract with these providers would be separate from the KCH contract. In approaching suppliers, KFM will explain the need for a new contract to supply goods to the private healthcare providers and would ask that prices be reflective of total purchasing volume.

The Trust Chair proposed having a risk assessment process in place particularly around liability noting that extra resource within the team would be needed. There had been a KFM workshop attended by KCH CFO and Chief Nurse to look at the proposals. Further to this there was a level of assurance around the risks being minimal and acceptable given the scope of opportunity.

Action: KCH would welcome a meeting to better understand the potential impact these new opportunities could have on KFM service provision to KCH.

KFM

021/49 REDACTED COMMERCIALY SENSITIVE

021/50 Sustainable Healthcare for All: King's Green Plan 2021-2026

The Committee noted the report. The plans had been reviewed by KE in June and was aligned with the NHS plan.

Clinical staff members had been invited to update on green initiatives within their areas of work. Laura-Jane Smith, Respiratory Consultant updated that given the link between the climate crisis and physical health and on health inequalities, it was the responsibility of health providers to monitor the impact of their practices on the climate and in particular air pollution. Breaches had been found in the air quality at

King's. An initiative was ongoing to embed a planet focussed approach to the catering in the hospital.

The Committee also heard from Adrian Dabrowicz, Consultant Anaesthetist on the sustainability initiatives within theatres one of which included the reduction of desflurane given its proven detrimental environmental impact. He noted that KCH was the biggest user of this product in the country.

The enthusiasm and engagement of clinical teams with the sustainability agenda was commended by the Committee as this was key to the effectiveness of the strategy.

As waste management was also a key focus, it was important to engage our contractors in our sustainability agenda. Recycling and zero waste was one of the seven workstreams within the sustainability plan and Capital and Estates was looking at how it could achieve sustainability in construction.

Ms Slipman highlighted the role of KCH as an anchor organisation in the community and proposed the possibility of separate a workstream to plan and take this forward.

021/51 Any other Business
REDACTED COMMERCIALY SENSITIVE

021/52 Date Of Next Meeting
Due to GSTT away day, the September FCC was rescheduled from the 23rd to the 27 September, 9-11

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

Minutes of the Finance and Commercial Committee meeting held on Monday 27 September at 9.00am, via MS Teams

Present

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

In attendance:

Nina Martin	Assistant Board Secretary (minutes)
Siobhan Coldwell	Associate Director, Corporate Governance
Sophie Whelan	Director of Corporate Affairs and Trust Sec
Arthur Vaughan	Deputy Chief Financial Officer (DCFO)
David Tyler	Patient Governor Observer
Dr Akash Deep	Staff Governor Observer
Mike Joyce	KCS Director – item 3.2.1
David Sharif	Head of Performance, PRUH & south sites – item 2.3

Apologies:

Sue Slipman
 Dr Leonie Penna
 Funmi Onamusi

Item	Subject	Action
021/53	Introductions and Apologies for Absence The relevant introductions were made and apologies noted. Hugh Taylor would chair today's FCC in Sue Slipman's absence. Richard Trembath would leave the meeting earlier at 10.30	
021/54	Declarations of Interest The KCS report as well as the private patient scoping paper had not been made visible to Steve Weiner due to his declared in Mediclinic. Steve will leave the meeting for these discussions. Lorcan Woods and Nicola Ranger – KFM Directors Lorcan Woods - KCS Director	

021/55 Chair's Action

No Chair's action was reported.

021/56 Minutes of the Previous meeting on 22/07/21

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

021/57 Matters Arising and action tracker

The due items were either completed or on the meeting's agenda for update and discussion.

IN-YEAR FINANCIAL REPORTING

021/58 Month 5 Financial Position

The Committee noted the report and the key updates from the Deputy Financial Officer. The Trust reported a £10m deficit for M05, resulting in a YTD surplus of £1.1m (before adjusting for ERF). This was largely driven by a £7m reduction in the expected ERF and a £4m income provision in relation to COVID-19 testing and vaccination income.

In quarter 2, NHSEI had changed its' approach to ERF arrangements. In quarter one most Trusts were meeting the set trajectories and NHSEI was unable to afford the payments. Subsequently, in quarter 2, the ERF threshold was increased to 95%. Neither the SEL ICS nor KCH had qualified in Q2 for additional payments.

Regarding Covid-19 costs, it was noted that the biggest impact on the run rate would be for testing. Staff testing costs were fairly minimal. Patient testing and vaccination costs were funded by the Centre and this was expected to continue. Other Covid-19 costs may provide greater risk. The Committee noted the importance of identifying recurrent Covid-19 costs for the next finance planning rounds.

There was some concern that cash reserves would be depleted by December as the advance payments from the Centre during the Covid-19 response had now stopped. The cash had supported reduction of the Trusts' creditors which had been the steer from the Centre. NHSEI was aware of the Trusts' potential cash challenges.

The Trust was awaiting detailed guidance on the ICS envelope. With the higher ERF threshold and the winter pressures most Trusts could struggle to meet the threshold target. Efficiencies would need to be reintroduced though the Committee flagged that this could pose a challenge to the workforce. The introduction of efficiencies would need to be carefully planned and communicated to staff.

Oversight framework - The Trust had been placed in Single Oversight Framework – SOF 4. KCH had developed a set of specific SMART exit criteria which had been presented and discussed at the July FCC. The Trust was awaiting approval from the centre on the proposed criteria.

By the end of the financial year, the Trust hoped to be able to assess progress against these and be positioned to liaise with the centre around moving up to SOF 3.

Mr Weiner proposed that all previous five year plans be removed from circulation to avoid confusion and suggested the inclusion of separate site financials in the financial plans.

021/59 Draft Provider Intentions Letter

The contracting process had been suspended during 2021/22, due to Covid-19, but the Trust hoped to send the provider intentions letter to commissioners before 30 September 2021, in line with the normal process. The letter set out the Trust's main aims for the 2022/23 contract and this was noted by the Committee.

Key comments from the Committee:

- More informed comments would be made once the financials are added to the intentions.
- Assumptions around Covid-19 costs for next year should be included.
- Further clarity was needed around Item 2.1 (Waiting lists) and the funding of the referral to treatment backlog activity.
- Some concern was expressed around the inclusion of the ECMO service given the requisite resource and planning commitment.
- It was clarified that at the moment, the Trust carries out 24/7 Thrombectomy alongside St. George's Hospital as neither Trust has enough radiologists to do this on their own.

The Committee noted the letter and acknowledged that further work would be needed before finalising and approval by the Committee.

Action: A revised letter would be circulated post the meeting further to comments from the two site Chief Executives.

A Vaughan

021/60 Public View Software

The Head of Performance, PRUH & south sites gave this update. The software was aimed at senior NHS Leadership and can be used to access data at both the ICS and individual Trust level. Through a separate tool it was possible to upload PRUH specific data and then compare with District General Hospitals comparable in size with the PRUH.

The Committee queried the validity of the data given as it included both historic and current data and heard that this was nationally recorded and would be what regulators were privy to.

Action: It is possible that the software could be aligned to EPIC but this would need to be confirmed with the Chief Digital Information Officer.

**D Sharif/
J
Lofthouse**

Action: Instructions for accessing the system would be circulated after the Committee.

021/61 KCH Group Capital Envelope and Forecast

The Committee noted the report and the CFO provided a brief update. The Trust was reasonably on trajectory with its core plan though EPIC and CCU were as yet unfunded. There were ongoing discussions with the centre to secure funding and the Trust was awaiting clarity on how the £500m funding for health and social care would be devolved to the system and individual organisations.

PARAGRAPH REDACTED: COMMERCIAL IN CONFIDENCE

021/62 SUSTAINABILITY Sustainability Strategy Update

Having been well received by staff, work remained ongoing to embed and promote the plan within the Trust. Some members of staff had asked the Trust to declare a climate emergency statement. This could potentially proceed if a significant number of staff agree that this was needed and if the Trust could evidence that this would make a substantial difference to the progress of the sustainability agenda.

Action: It was agreed that the Trust's approach and plan to link the sustainability strategy to its anchor organisation role would be discussed at the next Board Away Day. The new requirement to include a 10% social value criteria in the procurement process would also form part of the Board Away day discussion.

L Woods

SUBSIDIARIES

021/63 King's Facilities Management (KFM) Contract – Funding Proposal

It had been previously agreed that KFM and the Trust would work up a new funding proposal which would help to reduce the KFM loan due to KCH to a sustainable repayment level and take account of the fact KFM are purchasing equipment over and above depreciation. The loan balance as at August 2021 was £63m (Aug 21). The loan increase results from capital spend above depreciation (by more than £30m in 20/21), predominantly as a result of the pandemic.

Various methods to reduce the KFM loan payable to KCH had been explored. The method proposed for approval was twofold which included putting a capital charge in or increasing KFM capital margin to enable them to generate cash and repay the loan for 3 years and then review. A key aim is to ensure suppliers have confidence that KFM is not over geared.

This proposal should help support and improve collaboration between KFM and the care groups and VAT advisors had given assurance for the proposal.

Mr Mateen assured that the 1-3 gearing ratio was a corporate norm adding that good performing companies worked to keep this under three.

Steve Weiner left the meeting for the following two items due to declared interests.

021/64 REDACTED – COMMERCIALY SENSITIVE

021/65 REDACTED – COMMERCIALY SENSITIVE

021/66 Any other Business

No other item of business was raised.

021/67 Date Of Next Meeting

The next Committee is scheduled for Thursday, 11th November, 9-11

Audit Committee – Minutes

Minutes of the meeting of the Audit Committee held on Thursday 01 July 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:

Sir Hugh Taylor	Trust Chair
Prof Clive Kay	Chief Executive
Beverley Bryant	Chief Digital Information Officer (CDIO)
Lorcan Woods	Chief Financial Officer (CFO)
Dr Mairi Bell	Director of Financial Operations
Arthur Vaughan	Deputy Financial Officer (DFO)
Nina Martin	Assistant Board Secretary (<i>Minutes</i>)
Siobhan Coldwell	Trust Secretary and Head of Corporate Governance
Paul Dossett	External Audit (Grant Thornton)
Neil Hewitson	Internal Audit (KPMG)
Charles Medley	Internal Audit (KPMG)
Jane Allberry	Lead Governor
Roisin Mulvaney	Director of Quality Governance (for Nicola Ranger)

Apologies:

Steve Weiner	Non-Executive Director
Nicola Ranger	Chief Nurse

Item	Subject	Action
	2. STANDING ITEMS	
021/68	Welcome and Apologies The Chair welcomed all to the meeting	
021/69	Declarations of Interest No interests were declared.	
021/70	Chair's Action There were no Chair's actions to report since the last Committee.	
021/71	Minutes of the Previous Meeting The minutes of the meeting held on 22 June 2021 were approved.	
021/72	Action Tracker and Matters Arising 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. Operational	

Item	Subject	Action
	<p>Performance data would now come to the September Committee. The HR data will come to November due to change in executive leadership</p> <p>The Annual Report and Accounts were signed off and submitted in time.</p> <p>All other items were either closed or on the meeting agenda.</p>	
021/73	<p>3. EXTERNAL ASSURANCE</p> <p>Progress Report and Recommendation Tracker</p> <p>The Committee noted the report. The DSPT toolkit had been finalised the day before and would come to the September Audit Committee. The A&E Data quality review was being finalised and would also be presented to the next Committee. The Infection Prevention and control, and the Synlab contract reviews were ongoing and had been forecasted as amber green by management.</p> <p>The recommendation tracker had been discussed at the 22 June Integrated Risk and Governance Committee. Though there were considerably less overdue recommendations, seven remained overdue. KPMG had carried out an independent validation of actions reported as implemented and will continue to work closely with management to track and monitor progress with overdue recommendations. Revised deadlines were needed for the overdue recommendations.</p> <p>The digital strategy was reported as overdue and the Chief Digital Information Officer (CDIO) apologised for not providing a revised date. The Trust had hoped to meet the 30 June deadline. The CDIO added that there was a draft digital strategy and the hope is to launch the strategy together with the wider clinical strategy. This could potentially be on the 01 September.</p> <p>The Chief Financial Officer (CFO) updated that the KCS recommendations had largely been progressed. There was now clinical representation on the KCS Board. The appointment of a Non-Trust Non-Executive Director was being considered but as yet an appropriate candidate had not been identified.</p> <p>The CFO also welcomed feedback on the appropriateness of appointing a Trust NED to the KCS Board. A Trust NED on the KCS Board raised issues with Conflicts of Interest in relation to their involvement with the Finance and Commercial Committee.</p> <p>Action: The Committee agreed that this was not a decision for the Audit Committee. The Board will assess whether an independent advisory voice is appropriate and whether this should be a Trust NED or someone external who could join FCC as a KCS Board member.</p>	
021/74	<p>Expenses Review</p> <p>This had received an amber-red RAG rating due to the high priority recommendations. In particular, the auditors referenced the finding that one in four expense claims did not have receipts and so no evidence trail. It was difficult to make a comparison with other Trusts as expense claims were largely dependent on location and the number and nature of services. The main comparison would be the variance between the Trust's south sites and Denmark Hill.</p> <p>The level of mileage claims at the PRUH was also flagged and this could have been driven by location and the services provided.</p>	

Item	Subject	Action
	<p>Action: The CFO proposed bringing the discussion on the mileage claims at the PRUH to the Executive Risk and Governance Committee.</p> <p>It was confirmed that if the system allowed for management to confirm having had sight of a receipt, this would be sufficient evidence to validate a claim. This can be incorporated as part of the approval process going forward and the expenses system providers would be approached to address this.</p> <p>The Committee Chair noted that this was an ongoing issue in many trusts and other organisations and could be resolved by clarifying policy and automating the process as much as possible.</p> <p>The Committee sought assurance that the proposed timelines were achievable. If not there was a risk that these can become overdue.</p>	Trust Sec
	<p>Action: The CFO will liaise with Peter Absalom to confirm whether the 30 September deadline to update the expenses systems was feasible as this was dependent on the software supplier. If not, the timeline would be revised.</p>	CFO
021/75	<p>Counter Fraud Progress Report and 20/21 Annual Report</p> <p>The Committee noted the reports.</p> <p>Mr Cohen asked for clarity around the Trust's approach to identifying overseas and private patients. There was a clear way on the Trust system to flag someone as an overseas visitor or a private patient. While an overall process was in place, management of the process was a challenge. This was a resource intensive process requiring going around the wards to monitor or alternatively asking consultants to confirm patients status, which they may not feel comfortable doing.</p> <p>Findings from the previous NHSI reviews had highlighted areas for improvement and the actions needed to take this forward. These actions would need to be revisited and reinforced.</p> <p>The CFO assured the Committee that anyone presenting with Covid-19 symptoms would not be denied treatment.</p> <p>As the report identified clear cases of fraud at significant liability to the Trust, assurance was needed on the robustness of the process. In the 21/22 plan, KPMG proposed taking a risk based review of overseas patients and this was planned for August. This would hopefully provide assurance later in the year around the control environment. The Auditors would also be working with clinical staff across the Trust to support their management of overseas patients.</p>	
	<p>Action: Revisit the actions from NHSI audit on the Trust's overseas and private patients identification process and to assess progress against these</p> <p>Ms Slipman referenced a case outstanding since the first quarter of 20/21 and queried if this was the norm. The Committee heard that these cases can take time to resolve especially when the Home Office is unable to trace the relevant patient. If a patient's eligibility for treatment is undetermined, the case cannot be processed appropriately</p>	CFO

Item	Subject	Action
	and they are entitled to treatment. The Auditors will be meeting with the overseas team this week to assess progress with these cases.	
	Action: Update on progress with these longstanding open cases would come to the next Committee.	KPMG
	For assurance and given the cost to the Trust, the committee requested a fuller discussion at another Committee.	
	Action: KPMG will reformat their report to highlight more clearly those cases added between meetings and to differentiate the completed from the open cases. As requested by the Committee, more details on what actions are being taken on those cases that have been opened for a while will be included.	KPMG
021/76	Pre-contract review This was the second of three compliance reviews the Auditors were required to carry out. This looked at how trust policies and processes align with guidance from the Counter Fraud Authority. Trust management was comfortable with the timelines for the proposed recommendations and the CFO had engaged with KFM around the meeting of the timelines.	
021/77	LCFS 21/22 plan The plan was presented to the Committee for approval. There had been a significant refresh in terms of the Counter Fraud authority's guidance which changed the way auditors structured their reviews. Auditors now had more freedom to determine what areas they reviewed and can develop a more tailored plan for the Trust. Three risk based reviews are planned. These are cyber-security, overseas patients and sickness absence. Additionally, there was one mandated review around declarations of interest. As there would be both an Internal Audit cyber security review and a Counter fraud review, the Committee received assurance that there would be two separate reports and these will be coordinated to provide better assurance. The Committee agreed the 21/22 LCFS plan.	
021/78	RISK MANAGEMENT Risk Management Strategy Implementation The Director of Quality Governance provided this update to the Committee. The Trust was working with the Good Governance Institute (GGI) to support the roll out of the strategy. A survey had been carried out with senior leaders to get their views on where they are in the process and where they want to be. The GGI was presently compiling the feedback from the survey. <ul style="list-style-type: none"> • A risk management training programme was being planned with GGI which will be tailored to suit the needs of KCH staff. This will be rolled out in July. A training needs analysis was developed to support this process. • The GGI was supporting the triumvirate in the care groups to identify risks through their standard governance process. Work is ongoing to standardise Terms of References for care group governance committees. • A maturity self-assessment exercise undertaken showed that people rated themselves immature in the identification of risk scale and the GGI sees this as positive and realistic. 	

Item	Subject	Action
	<ul style="list-style-type: none"> The GGI and Head of Risk were working on the dashboard. This should be ready for presenting in the next few months. <p>Action: The Committee asked for a project plan by way of milestones and implementation status of the strategy for care groups or sub care groups level. It is understood that this won't be a universally embedded exercise and that some variance is to be expected.</p> <p>The Committee sought assurance that risks were being escalated to the Risk and Governance Committee. At the moment there seems to be good escalation from care group to site and from site to corporate registers but there was work to be done in improving the reporting and escalation structures.</p> <p>Action: The Committee thought it would be helpful to have look at the disparity between the corporate view of risk in the organisation compared to what is happening within the care groups.</p> <p>By the later part of the year, the Trust will be transitioning to Datix Cloud IQ which was a more sophisticated risk management system. The move was progressing well, but changes won't be seen until about 6 months.</p>	Chief Nurse/Dir Quality Gov
021/79	<p>Risk and Governance Committee Update (22 June 2021)</p> <p>The Chief Executive presented this update. The agenda and the discussions at these meetings have steadily improved. The QPPC Chair attend these meetings regularly. Some of what was discussed at the June Committee is on today's Audit Committee agenda. Through the Committee and the discussions, risk management is being embedded as business as usual within the organisation. Some of the key updates and discussions at the Committee were as follows:</p> <ul style="list-style-type: none"> The recommendation tracker and progress with the actions was reviewed. The Committee reviewed the corporate risk register and discussed how to review the register on a consistent and meaningful basis to be better able to identify areas of concern and where risk mitigation needs to be more robust. Risks associated with the pandemic had been added to the corporate register. Escalations from the organisation was discussed to validate whether these should be on the corporate register. Capacity within radiology to manage ultra sound at DH had been escalated as a risk. On discussion this was not added to the register as the DH site executive assessed that we had not taken all the appropriate steps to mitigate the risks at departmental level. All risks escalated should be signed off by clinical lead and the executive sponsor. Risks in relation to duty of candour had been reviewed. The Trust position had improved and the register would be amended to reflect this improvement. Management of committee records and risk of unsecured records and duplication of policies was discussed and would be prioritised at KE. Risks around infection control and trust estate were flagged The Trust Secretary updated on the BAF and Register of Interests. An update on inquests was received. There had been a backlog due to the Covid-19 response. Director of midwifery presented on the midwifery review and updated on the proposed clinical structure changes. At the PRUH maternity was being taken out of combined group to create a single Trust maternity service. 	

Item	Subject	Action
	<ul style="list-style-type: none"> An SOP is being developed to support the identification and review of serious incidents. <p>The Committee queried whether risk profiling/heat mapping formed part of the approach to risk management as this would support the monitoring of trends with those risks escalated to the Risk and Governance Committee.</p> <p>There is a risk rating document which can be circulated and could be the basis for a discussion at a future committee though there was some concern about the reliability and robustness of the approach to risk rating at the care group level.</p>	
021/80	<p>GOVERNANCE</p> <p>Board Assurance Framework Update</p> <p>The Trust Secretary updated the Committee. This had been discussed at the Board development session. Committee approval of the framework was requested in order to merge it with the wider risk management strategy.</p> <p>The Committee noted movement with the BAF in developing as a useful tool though there remained work to do by way of narrative and population of the BAF.</p> <p>Updates would be presented to each of the Committee over the next few weeks as well as to the Board.</p>	
021/81	<p>Register of Interests</p> <p>The Trust Secretary presented this item. The register was presented to the Committee largely for assurance that there was now a functioning register for very senior roles within the Trust.</p> <p>Some of the IA recommendations following their review had been progressed. The Conflict of Interest policy had been updated and guidance on the process had been added to the Trust intranet. All registers were now centralised. There are still some gaps which needed to be addressed. With the updated policy, consultants are required to complete a form as part of the job planning process. A third of the Trusts' 1000 consultants have returned their forms. Additionally, relevant new staff will need to complete the form upon onboarding.</p> <p>The Committee queried the planned approach to updating and reviewing the register and its planned use. The requirement is an annual return, most of which will be confirming no changes. Consultants do their job plan annually so this will take care of itself.</p> <p>The register will be particularly useful with procurement decisions. KFM can use it to verify declarations. Internally managers have access to the register and can cross reference as needed when making decisions.</p> <p>There was concern by the Committee that Sponsorship could pose a challenge and though referenced in the Conflicts policy, its scope and guidance may need to be broadened. A more robust policy was proposed given the potential reputational impact on the Trust.</p>	
	<p>Action: It was proposed the Board consider a review of the relationship between sponsorship and Conflict of Interests.</p>	Trust Sec

Item	Subject	Action
	The Audit Committee felt assured that the register was on route to being compliant and it was agreed that this would be helped with a clear policy so staff can understand the process and be cognizant of their responsibility to comply.	
021/82	Any other Business No other business was highlighted.	
021/83	Date and time of next Meeting The next meeting was scheduled for 16 September, 9-12.	

Major Projects Committee Meeting

Minutes of the part one meeting held on **Thursday 22 July 2021, 11.00**
 MS Teams/Video Conference

Present:

Beverley Bryant	Chief Digital Information Officer (Joint GSTT)
Jonathan Lofthouse	Site Chief Executive, PRUH & South Sites
Julie Lowe	Site Chief Executive, DH
Lorcan Woods	Chief Financial Officer
Akhter Mateen	Non-Executive Director
Steve Weiner	Non-Executive Director (Chair)

In attendance:

Siobhan Coldwell	Trust Secretary
Sir Hugh Taylor	Trust Chairman
Professor Clive Kay	Chief Executive
Nicholas Campbell-Watts	Non-Executive Director
Eric Munro	CEF Director
Devendra Singh Banker	Public Governor – Bromley
Sultana Akther	Corporate Governance Officer (Minutes)

Apologies:

Marcus Ward	Public Governor – Lambeth
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Item	Subject	Action
021/19	WELCOME, INTRODUCTIONS AND APOLOGIES	
	The Chair welcomed the Committee and apologies were noted.	
021/20	DECLARATION OF INTEREST	
	There were no declaration of interests.	
021/21	CHAIR'S ACTIONS	
	There were no Chair's actions to report.	
021/22	MINUTES OF THE PREVIOUS MEETING ON 22.04.2021 AND 29.06.2021	
	The Committee approved the minutes as an accurate record of the meetings.	
021/23	MATTERS ARISING/ACTION TRACKER	
	The Committee noted the summary of projects in progress. Members were asked to envision this with the list of SRO's, the key milestones and then RAG ratings against these.	
021/24	CAPITAL ENVELOPE	
021/25	The Chief Financial Officer provided an update on programmes of work and expenditure forecasted for this financial year. The following points were highlighted: <ul style="list-style-type: none"> The CCU is currently excluded from the capital envelope for this year. There are discussion on how the Trust can fund £7m of additional capital 	

relating to the completion of the CCU either through slippage of revenue to capital transfer

- The expenditure of £15m on the Haematology project was proposed based on the Board's previous commitment in October 2019. Other solutions that are within that envelope would be explored. This is reflected in the capital forward view rather than the full cost of the project.

A meeting scheduled in mid-February 2022 would allow for flexibility and approvals of major and regular programmes of work.

021/26 PROGRESS ON SIGNIFICANT PROGRAMMES

Unit 6 Haematology Development

A number of issues identified with the service needed to be addressed from an estates point of view. Options had been set out associated with the size of the building and its use:

- The preferred option was for a four-storey building with a basement dependant on the cost appetite.
- The Haematology service would be allocated on two floors, with the remaining two floors being offered for use by either KCL or Synlab. KCL had declined the offer and Synlab were not prepared to make a decision until a service review had been conducted which was due in November. Synlab would seek to restrict the cost by minimising the use of the space and would consider the synergies of locating all precision medicine laboratories together on one floor.
- There were discussions with regard to the utilisation of the space including considering a private outpatient facility as part of a wider revamp of the private patient service across the site.

The Committee was asked to approve the planning, feasibility and procurement work for a four-story building option with a risk on the 2 remaining floors. The Trust needed to maximise on the opportunity for height and mass whilst constructing a new building and considering the funding streams to support this. Consultation with the planning authority has been positive, with agreement for a roof plan space going up to five storeys. A benefit of this with regard to the estates strategy is that this would allow for the development of other areas of the sites.

The Trust sought to pursue the option to progress with the larger four-storey building with support from partners to facilitate the development. The contingency plan in place would be to build a Haematology unit as a new two-storey building. From an estates perspective, a basement (approx. £4m of expenditure) would provide good space for the IT server and extra storage. There was discussion on the option for a phase build involving an initial two-storey build with a view to adding another two storeys in the future. This would be hugely disruptive and operationally problematic.

The Committee discussed the decant plan, by the time of unit 6 demolition, the current occupants of the 1st floor would be moved to the new outpatients building and the current occupants of the ground floor would be moved to unit 3. This high-level plan had been conveyed to all of current unit 6 occupants including to the stem cell lab.

Action: The relocation of current occupants of unit 6 would need to be clearly documented in the full decant plan. This would be presented to KE for Executive review.

**Eric Munro
& Lorcan
Woods**

With regard to the JACIE accreditation, work was being undertaken on the Haematology Davidson ward to support retaining JACIE accreditation. It was suggested that a mock inspection would be helpful preparation.

The Committee approved the preferred option of the four-storey building with a two-storey risk. There was a need to agree the design work to acquire planning permission. The next step would be to consider the partners to support the project and the risk appetites. The Haematology Board would need to engage with the King's Board/Joint Board before the FBC can be approved.

REDACTED COMMERCIAL SENSITIVE

021/27 PATHOLOGY MOBILISATION/GO LIVE

The Site Chief Executive for DH provided an update. There had been good progress in the transition and transformation process and Synlab was integrating well with regard to Viapath. The following issues were being addressed:

1. Rework on the pricing. There was agreement that once in the transition phase, pricing bundles of tests would be done differently. The new methodology resulted in a big pricing variation for DH. This would be worked through and resolved.
2. Transition of the Bexley, Greenwich and Lewisham GP work. The original pathology network project included LGT and six boroughs of GP activity. LGT subsequently withdrew, as they did not wish to pursue a commercial partnership. However, the GP volumes from Bexley, LGT needed to move into the south-east London network, work needed to be transferred to LGT labs to Viapath. LGT Clinicians have raised IG concerns which were being worked through. The transfer has been delayed from July to October and engagement work was ongoing with LGT to complete the transition.

021/28 ANY OTHER BUSINESS

There was no other business to discuss.

021/29 DATE OF NEXT MPC MEETING

Thursday 14 October 2021, 11.30am-1.30pm