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

**AGENDA**

| Meeting | Board of Directors |
|---|---|
| Time of meeting | 15:30 – 17:30 |
| Date of meeting | Thursday 16 June 2022 |
| Meeting Room | MS Teams |

| No | Agenda item | Lead | Format | Purpose | Time |
|---|---|---|---|---|---|
| | **STANDING ITEMS** | | | | |
| 1 | Apologies for absence | Chair | Verbal | Information | **15.30** |
| 2 | Declarations of Interest | Chair | Verbal | Information | |
| 3 | Chair's Actions | Chair | Verbal | Approval | |
| 4 | Minutes of the Meeting held 10 March 2022 | Chair | Enclosure | Approval | |
| 5 | Staff Story: COVID-19 Reflections | Chief People Officer | Verbal | Information | **15.35** |
| | **PERFORMANCE & STRATEGY** | | | | |
| 6 | Report from the Chief Executive | Chief Executive | Enclosure | Information | **15.55** |
| 6.1 | Integrated Performance Report | Site CEOs | Enclosure | Assurance | |
| 6.2 | Finance Performance Report | Chief Finance Officer | Enclosure | Assurance | |
| 7 | Annual Staff Survey – 2021 | Chief People Officer | Enclosure | Information | **16.25** |
| | **QUALITY & SAFETY** | | | | |
| 8 | Maternity Services | Chief Nurse | Presentation | Assurance | **16.35** |
| 9 | Safe Nurse Staffing Report | Chief Nurse | Enclosure | Assurance | **16.55** |
| 10 | Annual Complaints Report – 2021/22 | Chief Nurse | Enclosure | Assurance | **17.00** |
| | **GOVERNANCE & ASSURANCE** | | | | |
| 11 | Remuneration & Appointments Committee – Terms of Reference | Director of Corporate Affairs | Enclosure | Approval | **17.10** |
| 12 | Board Assurance Framework – Q4 | Director of Corporate Affairs | Enclosure | Approval | **17.15** |
| 13 | Council of Governors' Update | Lead Governor | Verbal | Information | **17.20** |
| **Items for information– not scheduled for discussion unless notified in advance** | | | | | |
| 14 | Register of documents signed under seal 2021/22 | Director of Corporate Affairs | Enclosure | Information | |
| 15 | Board Committee reports | Committee Chairs | Enclosure | Assurance | |
| | **OTHER** | | | | |
| 16 | Any other business | Chair | Verbal | Information | **17.25** |
| | **DATE OF NEXT MEETING** | | | | |
| 17 | **The next public Trust Board meeting will be held on Thursday 15 September 2022 at 15:30** | | | | |

**OUR VALUES: AT KING'S WE ARE A KIND, RESPECTFUL TEAM**

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

Tab 4 Minutes of the meeting held on 10th March 2022

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

**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 10 March 2022, by MS Teams.

**Members:**

| | |
|---|---|
| Sir Hugh Taylor | Trust Chair, Meeting Chair |
| Nicholas Campbell-Watts | Non-Executive Director |
| Prof Richard Trembath | Non-Executive Director |
| Sue Slipman | Non-Executive Director |
| Steve Weiner | Non-Executive Director |
| Prof Yvonne Doyle | Non-Executive Director |
| Dame Christine Beasley | Non-Executive Director |
| Prof Clive Kay | Chief Executive Officer |
| Prof Nicola Ranger | Chief Nurse and Executive Director of Midwifery |
| Dr Leonie Penna | Chief Medical Officer |
| Julie Lowe | Site Chief Executive - Denmark Hill |
| Jonathan Lofthouse | Site Chief Executive – PRUH and South Sites |
| Lorcan Woods | Chief Financial Officer |
| Beverley Bryant | Chief Digital Information Officer |
| Mark Preston | Chief People Officer |

**In attendance:**

| | |
|---|---|
| Siobhan Coldwell | Associate Director, Corporate Governance (minutes) |
| Funmi Onamusi | Director of Equality, Diversity and Inclusion |
| Chris Rolfe | Director of Communications |
| Sophie Whelan | Director of Corporate Affairs |
| Members of the Council of Governors | |
| Members of the Public | |

| **Subject** | **Action** |
|---|---|

**022/01   Welcome and apologies**

Apologies for absence were received from Prof Jon Cohen and Akhter Mateen. The Chair started by meeting with a few moments of reflection in light of events in Ukraine

**022/02   Declarations of Interest**

None.

**022/03   Chair's Actions**

There were no Chair's Actions to report.

Tab 4 Minutes of the meeting held on 10th March 2022

King's College Hospital NHS
NHS Foundation Trust

**Subject**                                                                                      **Action**

022/04   **Minutes of the last meeting**

The minutes of the meeting held on 9th December 2021 were agreed.

022/05   **Patient Story**

The patient story was introduced by Dr Leonie Penna, Chief Medical Officer. His case is a testament to the ability of King's to respond to extreme situations but also a celebration of the great care offered by King's paramedic colleagues and the Helicopter Emergency Medical Service (HEMS) team.  PC was a very fit man in his early 40s who was involved in a kayaking incident which led to him developing critical hypothermia. He had a cardiac arrest on his return to dry land. As PC was in hypothermic cardiac arrest, defibrillation was not possible. The only viable treatment was to provide CPR whilst he was rewarmed.

The responding HEMS crew were able to use an automated cardiac compressor to maintain highly effective chest compressions whilst he was flown to King's. On arrival in King's the extracorporeal membrane oxygenation (ECMO) team were waiting and he was put on ECMO before being transferred to CCU where he was slowly rewarmed and the effects of his hypothermia were managed. His survival was due to everyone at all stages in the "chain of survival" doing their job perfectly.

Although unconscious for part of his treatment, PC reported that his care had been extraordinary throughout, from first responder to post-discharge outpatient engagement. The staff including clinical and support staff were amazing and explained at every step to him and his family what they were doing and why. They were careful to protect his dignity at all time. The housekeeping staff were efficient, respectful and friendly. The only area where he felt there could have been improvement, was discharge which had been delayed by difficulties in obtaining the medicines he had been prescribed. In the event, one of his family members had to return the following day to collect the prescription.

The Board discussed the importance of Major Trauma Networks and specialist centres, including air ambulances that are funded by charities. That specialist treatment is what ensured that PC has made a full recovery.

022/06   **The Report from the Chief Executive (including the Integrated Performance Report and the Finance Report)**

The Board considered a report from the Chief Executive, which highlighted the key developments in a number of areas since the Board last met.  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.

The Board discussed the Trust response to events in Ukraine. The Trust is keen to provide humanitarian support to Ukraine and has also reviewed supply chains to ensure that sanctions are not being inadvertently broken. Staff have been provided with details on fundraising and the Trust has been approached about supporting refugees who are clinically trained. The Trust has provided surplus medical supplies as part of a wider NHS response. There is also a plan in place to treat specialist patients from Ukraine. Staff support is also in place, including specialist support for those most affected.

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Tab 4 Minutes of the meeting held on 10th March 2022

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

| **Subject** | **Action** |
|---|---|

**022/06 cont**

The CEO moved on to the substantive detail in his report highlighting ongoing issues in relation to COVID-19 on patients and staff absence as well impacting the Trust's plan to recover elective activity and improve the urgent and emergency care response. A number of quality and safety issues were highlighted including a 'never event' of wrong site surgery in dermatology, which has resulted in a peer review. There has been some positive improvement in the CQC emergency and urgent care and in-patient surveys. It is positive that the hydration and nutrition figures have improved, as that has been an area of focused improvement activity. The CQC maternity survey scores were disappointing. The Board noted that the Trust has received a Prevention of Future Deaths (PFD) Report following the inquest of a child. The Trust has accepted the findings of the Coroner in relation to the need to improve the approach to deteriorating patients.

Data has been published on Hospital Acquired Infection (HAI) in relation to COVID-19. The Trust performed extremely well, which is testament to the hard work of clinical and operational staff, and learning from earlier waves. Effective infection prevention and control is important for elective recovery. The Trust continues to manage COVID-19 and activity is in line with other Trusts. During the Omicron wave, the Trust has managed to keep activity going but there has been additional impact on waiting lists. The Trust is working with system partners to eliminate 104week waits by the end of March. There has been significant progress across all planned care metrics over the past 12 months, given the focus on treating the right patients at the right time. Performance against the emergency care standard remains weak.

In respect of living with COVID-19, the Trust has agreed a set of guidelines including ongoing use of masks, regular lateral flow testing for staff and self-isolation following COVID-19 diagnosis. Visiting arrangements have been relaxed but masks must be worn and social distancing maintained. The vaccination centres remain operational at Denmark Hill and Bromley.

The Board discussed the Summary Hospital Mortality Indicator (SHMI) indicator and the reasons for the deterioration. The Board noted that it is carefully tracked and the reasons for changes include late presentation of symptoms of illness due to COVID-19 and acute heart attack outcomes. The Board will review the data over time, through the Quality, People and Performance Committee.

In respect of the budget, it anticipated that the Trust will break-even on the 2021/22 Budget. The Trust has incurred extra costs during the Omicron wave. This included the staff bonus. Planning is ongoing for 2022/23 and the key priority is maximising activity to reduce long waits.

The Board noted that the people and culture strategy has been agreed and will be launched in in the Spring. Recruitment remains a priority and turnover has reduced. The national staff survey results have been received by the Trust and are being analysed.

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

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Tab 4 Minutes of the meeting held on 10th March 2022

King's College Hospital **NHS**

NHS Foundation Trust

**Subject**                                                                                          **Action**

**022/07**  **Maternity Services - Ockenden Recommendations and Maternity Staffing**

The Board considered a report from the Chief Nurse and Executive Director of Midwifery, which outlined how the Trust has responded to the recommendations made in the Ockenden Report (published Dec 2020). All maternity services are required to work towards meeting the standards set out in the report. The Trust's progress has been peer-reviewed and King's is now compliant in 46 of the 47 standards. Metrics are monitored monthly and reported quarterly to Maternity Board. Consistency between sites will be the focus of improvement activity over coming months.

Recruitment remains challenging. The Trust has received additional funding and is looking at creative options for filling vacancies. NHS England is undertaking quality performance visits over coming months and will visit both sites. The final Ockenden review is due to be published later in March and it is likely there will be further recommendations for maternity services.

The Board noted the importance of providing high quality and safe maternity services and that there has been scrutiny through QPPC.

In respect of the red-rated areas in the action plan, there is monthly review in place and there is also quarterly audit to monitor progress. It is anticipated that five of the seven areas will turn amber/green by the next return. The Board discussed how the service engages with patients, noting that there is a friends and family test at four stages through pathway. The services has a text feedback facility which has improved feedback. They also hold a listening clinic so that service users can feedback in person. The digital offer is improving as a result of investment in a more interactive platform. The Board agreed that listening is a culture and the Trust needs to ensure that this is fully embedded within the professional and clinical skill set. The Board was assured that this was included in the Service's action plan.

As maternity champion Sue Slipman re-iterated the importance of creating the right cultures. She noted that since becoming maternity champion, there has been a significant improvement in governance and the approach to discussions about difficult issues has improved and encourages a learning culture. Establishing a cross site care group was the right decision but need there is a need to ensure that site teams are communicating effectively.

The Board welcomed the improvements in staffing but recognised this is a fragile area and will continue to keep it under review.

The Board **NOTED** the Ockenden Review and the Maternity Staffing Report.

**022/08**  **Safer Staffing Report**

The Board received the quarterly review of nurse staffing levels from the Chief Nurse. The vacancy rate has increased since the Board last met. Much of this is within the unregistered workforce (healthcare assistants) but some is increased establishment. The Trust is monitoring vacancies rates very carefully and now have 14 areas with 20%. Overall establishment numbers are good but the team is not complacent. Recruitment remains a priority for the registered and non-registered workforce. The Maths and English test requirements have been updated and there is a focus on retaining students by offering them jobs early in order to anchor them.

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Tab 4 Minutes of the meeting held on 10th March 2022

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

| **Subject** | **Action** |
| --- | --- |

**022/08 cont**  Retention rates have improved marginally and are kept under review. As part of this, an internal secondment programme is under consideration, in order to give nurses a break from what they have been doing during COVID. Career development is important as it is a relatively young workforce.

The Board **NOTED** the report.

**022/09**  **Board Assurance Framework**

The Director of Corporate Affairs presented the revised Board Assurance Framework. The new approach has been developed following a review of the Trust Risk Management Strategy and the publication of the new Trust Strategy 'Strong Roots, Global Reach'. She highlighted the red risks (recruitment and retention, financial sustainability, maintenance of the Trust estate and demand and capacity), noting that mitigations are in place and progress will be reported to the board on a quarterly basis.

The Board thanked the Director of Corporate Affairs and the Chief Nurse for the work done over the past year to ensure the Board is sighted on the risks facing the Trust.

**022/010**  **Report from the Governors**

Jane Allberry, Lead Governor, noted that the Governors continue to engage as much as possible to reflect the voice of patients and staff. Recognition of the demand and capacity constraints on the Trust is welcome as is progress on reducing the elective backlog. Governors are conscious staff are working very hard, remain concerned about communication, and patients are worried about when they are going to be seen. Plans for addressing nursing and midwifery vacancies are welcome, and Governors have sought assurance that workforce planning is in other areas e.g. medical and allied health professionals.

The Chair recognised the concerns raised by the governors, noting that these issues will be addressed through the work plans of the Board Committees. The Board acknowledges that patient communication is an ongoing challenge and is committed to learning from other trusts.

The Chair went on to note that running rolling recruitment campaigns for nursing and midwifery staff is effective due to numbers. Filling vacancies in other professions requires a more targeted approach. The Trust is fortunate to have the links to academic institutions including King's College London. There is also a significant piece of work across the ICS to look at workforce requirements with a view to establishing robust supply plans.

**022/011**  **Question from a member of the public**

The Trust received a question from a member of the public in relation to the waiting times for new patient referrals to the Multidisciplinary Team at the Neurovascular Department. The Board noted there have been multiple cancellations due to COVID-19 between December 2021 and February 2022. There has been on-going prioritisation of patients and additional resources have been provided including the appointment of an additional consultant. It is anticipated the team will be meeting national standards by the end of April 2022.

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Tab 4 Minutes of the meeting held on 10th March 2022

King's College Hospital **NHS**

NHS Foundation Trust

**Subject**                                                                                          **Action**

**022/012**   **For Information**
The minutes of the following meetings were received for information:
- Quality People and Performance Committee 19 November 2021
- Audit Committee 25 November 2021
- Strategy, Research and Partnership Committee 9th September 2021

**022/013**   **Any Other Business**

There were no items of any other business.

**022/014**   **Date of the Next Meeting**

3.30pm 16th June 2022

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Tab 6 Report from the Chief Executive

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

| Meeting: | Board of Directors | Date of meeting: | 16th June 2022 |
|---|---|---|---|
| Report title: | Report from the Chief Executive | Item: | 6.1 |
| Author: | Siobhan Coldwell | Enclosure: | 6.1 |
| Executive sponsor: | Professor Clive Kay | | |
| Report history: | n/a | | |

## Purpose of the report

This paper outlines the key developments and occurrences since the last Board meeting held on 10th March that the Chief Executive wishes to discuss with the Board of Directors.

## Board/ Committee action required (please tick)

| Decision/ Approval | | Discussion | ✓ | Assurance | ✓ | Information | ✓ |
|---|---|---|---|---|---|---|---|

The Board/ Committee is asked to note the contents of the report.

## Executive summary

The paper covers quality and safety, finance and performance as well as key workforce activity.

## Strategy

| Link to the Trust's BOLD strategy (Tick as appropriate) | | Link to Well-Led criteria (Tick as appropriate) | |
|---|---|---|---|
| ✓ | **Brilliant People:** *We attract, retain and develop passionate and talented people, creating an environment where they can thrive* | ✓ | **Leadership, capacity and capability** |
| | | ✓ | **Vision and strategy** |
| ✓ | **Outstanding Care**: *We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to* | ✓ | **Culture of high quality, sustainable care** |
| | | ✓ | **Clear responsibilities, roles and accountability** |
| ✓ | **Leaders in Research, Innovation and Education:** *We continue to develop and deliver world-class research, innovation and education* | ✓ | **Effective processes, managing risk and performance** |
| | | ✓ | **Accurate data/ information** |
| ✓ | **Diversity, Equality and Inclusion at the heart of everything we do:** *We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people* | ✓ | **Engagement of public, staff, external partners** |
| | | | **Robust systems for learning, continuous improvement and innovation** |

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Tab 6 Report from the Chief Executive

| Person- centred | Sustainability | | |
|---|---|---|---|
| Digitally-enabled | Team King's | | |

| Key implications | |
|---|---|
| **Strategic risk - Link to Board Assurance Framework** | The report outlines how the Trust is responding to a number of strategic risks in the BAF including:<br>-    Recruitment and retention<br>-    Culture and values<br>-    Financial sustainability<br>-    High quality care<br>-    Demand and capacity<br>-    Partnership working. |
| **Legal/ regulatory compliance** | n/a |
| **Quality impact** | The paper addresses a number of clinical issues facing the Foundation Trust. |
| **Equality impact** | The Board of Directors should note the activity in relation to promoting equality and diversity within the Foundation Trust. |
| **Financial** | The paper summarises the latest Foundation Trust financial position. |
| **Comms & Engagement** | N/A |
| **Committee that will provide relevant oversight**<br>n/a | |

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Tab 6 Report from the Chief Executive

**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 10

4. COVID-19 Update

5. South East London Acute Provider Collaborative and South East London Integrated Care Board

6. Financial Performance Month 10

7. Workforce Update

8. Equality, Diversity and Inclusion

9. Board Committee Meetings

10. Good News Stories

    Appendix 1 – Consultant Appointments

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Tab 6 Report from the Chief Executive

**1.0    Introduction**

1.1.    This paper outlines the key developments and occurrences since the last Board meeting on 10th March 2022 that the Chief Executive Officer (CEO) wishes to discuss with the Board of Directors.

1.2.    Since the last Board of Directors meeting, operational activity (both non-elective and elective) has been very high. The Trust has continued to treat COVID-19 patients and is working hard to recover its elective position. Demand for urgent and emergency care has been very significant and this continues to impact on our ability to meet the Emergency Care Standard four hour target. Recovery plans are in place on both sites.

1.3.    I would like to commend all of our teams, and all our colleagues, for their incredible hard work and dedication in continuing to deliver compassionate care to all our patients despite the very significant operational pressures we continue to face as an organisation.

**2.0    Quality, Patient Experience and Safety**

**Patient Safety**

2.1    There have been two Never Events (NE) since March 2022, and three in total since the start of 2022.

2.2    The first incident involved a retained swab following a caesarean section at the PRUH which was identified at the patient's home three days post-natally. The investigation into this case is awaiting completion and is being presented at the Serious Incident Committee in June 2022 and includes a reference to four previous NEs at PRUH since 2016.

2.3    The second incident involved a misplaced naso-gastric tube, which was not detected prior to use, in a patient on the critical care unit at DH. This is the first reported naso-gastric Tube Never Event at the Trust since February 2018.  The investigation into this incident is scheduled to be completed in July 2022.

2.4    We continue to work collaboratively with colleagues in the Healthcare Safety Investigation Branch (HSIB) particularly in relation to significant maternity and neonatal patient safety incidents. There have been three maternal and neonatal patient safety incidents referred to the HSIB since March 2022.A review of previous HSIB recommendations forms part of the Trust's action plan (the plan) in response, is being carried out by the Women's Health Care Group. The plan will be presented at two extraordinary Action Plan Reviews (part of the Serious Incident Committee process), which are being scheduled for June 2022.

2.5    Work continues to prepare the Trust for the transition to the new NHS Patient Safety Incident Response Framework, which is expected to be published in June 2022. This is a key component of the NHS Patient Safety Strategy 2021 and will significantly change all aspects of the management of patient safety incidents. This work includes

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Tab 6 Report from the Chief Executive

trialling alternative approaches to investigations including after action reviews, thematic analyses and observational studies.

**Patient Experience**

2.6    Performance in relation to the timeliness of complaint responses has stabilised with no further deterioration noted. However, it is recognised that further improvements are needed. Targeted work on significantly overdue complaints is underway and a new head of patient experience has been recruited to support sustained improvement in the longer term. A new approach to working with the care groups has also been developed in anticipation of the roll-out of the new Parliamentary and Health Services Ombudsman's Complaints Standards.

2.7    In response to the Care Quality Commission's inpatient survey results, work on improving patient experience of discharge alongside enhancing the quality of patient information commenced in April 2022. The projects are being supported by expert patients, nursing and medical staff and pharmacy colleagues to ensure that information is clinically appropriate and accessible across our diverse patient population.

2.8    The Patient experience team supported more than 180 women and birthing people to share their experiences of our maternity services and to articulate improvements we need to make. Visits to maternity using the 15 steps methodology were undertaken and closer working relationships with Maternity Voice Partnerships are being established.

2.9    Continually improving the accessibility of our services is a key focus and over the last quarter, the patient experience team, in partnership with the Equality, Diversity and Inclusion team, funded hearing loops for outpatients' clinics. The team have also taken on responsibility for the portable hearing loop loan service for inpatient areas. The Patient Experience team also led on introduction of the Wheelshare scheme at Denmark Hill. Wheelshare gives our patients the flexibility to hire wheelchairs at no cost to individuals to make it easier for those with limited mobility to move across the site. The scheme also limits the patient's dependence on portering services meaning that patients do not wait long periods of time to be supported.

2.10   We formally rolled out the new patient entertainment portal in the last quarter as planned. Within days of the launch, the system had been accessed by 144,738 unique visitors with an additional 3,142 hours of entertainment provided via 92 loaned devices.

**Quality Governance**

2.11   The Dental Department had an unannounced CQC inspection in March 2022 as part of a CQC pilot. The report was published in April 2022 and although the service was not formally rated, the report contains a lot of positive feedback including:

- Staff worked well together for the benefit of patients, advised them on how to live healthier lives and support them to make decisions about their care.

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Tab 6 Report from the Chief Executive

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- The service managed safety events, learned lessons from them and were committed to improving services.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued.

There were no '*must do'* actions arising from the inspection. An action plan is in place for the '*should do'* actions and is being monitored closely by the trust's CQC operational committee.

2.12 The Trust has received and is responding to a regulatory request from the CQC for further information in connection with the preventing future deaths report issued by the coroner in February 2022.

2.13 The Trust has now concluded a project undertaken in collaboration with the Good Governance Institute which focussed on standardising and enhancing the quality governance structures at care group level. The support to embed this work will be undertaken by the site executive leadership teams in conjunction with the corporate Quality Governance team.

2.14 Work has started on a new Education and Training Academy for nurses, midwives and allied healthcare professionals (AHPs), which will open its doors in 2023. The new state-of-the-art facility will provide dedicated simulation, teaching and conference rooms for nursing, midwifery and AHP staff, and education facilities. The facility is being funded by, and delivered in partnership with, King's Commercial Services, which works in the UK and internationally on a range of projects and initiatives to generate funds for the Trust to support staff, and to improve care for NHS patients.

**3.0 Operational Performance for the period M1**

3.1 Following the rapid growth in COVID-19 positive admissions experienced by the Trust during December 2021, culminating in 347 COVID-positive in-patients, we have seen the number of COVID-positive inpatients steadily reduce to 217 inpatients by the end of March, and down to 177 inpatients (21 patients in Intensive Care Unit beds and 156 patients in General & Acute (G&A beds) by the end of April 2022.

3.2 At the time of writing this report, the number of COVID-positive in-patients that we are treating has reduced further to 13 patients in ICU beds and 96 patients in G&A ward beds – with 53 COVID patients on our Denmark Hill site and 56 patients on our PRUH/South Sites. Operational pressures on our emergency departments and beds remains high, and during April the average daily adult ward bed occupancy was over 96.4% at a Trust level – with an average daily occupancy of 95.2% on the Denmark Hill site and over 98.4% on the PRUH site.

3.3 Our elective recovery programme continues to be monitored via the Elective Assurance Group with a focus on diagnostic, cancer, referral to Treatment (RTT) and theatre utilisation. The 'Enhanced Theatre Support Programme' was launched w/c 25th April with senior leadership presence at all scheduling meetings, and a daily sit-rep providing a forward and backward look of activity and sessions throughout all the

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Tab 6 Report from the Chief Executive

theatre complex. The new Theatre 4 has also opened on a phased implementation on the Orpington site.

3.4    Elective inpatient activity was achieving 65-70% Business as Usual (BAU) levels during April and has increased to over 80% for two weeks in May.  Elective day case activity has also increased to nearly 97% BAU levels by the last week in April, and exceeded BAU activity to nearly 104% for the last week in May compared to 2019/20 activity.  Outpatient attendances have remained consistently above historic BAU activity levels.  Diagnostic activity in imaging modalities such as CT and MRI, as well as endoscopy, has exceeded pre-pandemic activity levels throughout April and May.

**Referral to Treatment (RTT)**

3.5    Since the end of December 2021, the number of patients waiting more than 52 weeks has increased from 760 cases to 971 by the end of April 2022, in part impacted by the enforced cessation of elective activity until mid-January.

3.6    At the end of March 2022, there were 4 patients waiting more than 104 weeks – with 3 patients waiting at Denmark Hill and 1 patient at PRUH/South Sites. The Trust has committed to eliminate any patient waits of more than 104 weeks by June 2022 as part of the FY2022/23 Operating Plan commitments which we remain on-track to deliver.

**3.7**    Since the beginning of February 2022, the overall Patient Tracking List (PTL) size has increased by 9% over the previous 18 weeks with 81,010 patients currently waiting.  With this overall increase there has been an increase of nearly 5,400 patients (8.0%) growth in the number of patients waiting 0-30 weeks, and an increase of over 1,400 patients (19.5%) growth in the number of patients waiting over 30 weeks.  This change in the number of patients waiting across our PTL waiting time groups, presents a significant risk to sustainable long wait reduction and is reflected in our Operating Plan submission where we have forecast an increase in the number of patients waiting more than 52 weeks to 1,398 by the end of the year in March 2023.

3.8    Lateral flow device testing (LFT) commenced in the Day Surgery Unit (DSU) from 21 March on the Denmark Hill site and as from 2 May, new guidance was implemented for pre-operative swabbing of elective inpatients with a transition from PCR to LFT. At PRUH/South Sites, on the day Lateral Flow testing has gone live in three out of four theatre complexes, with the further two finalising process and space.

**Emergency Care Standard**

3.9    Monthly A&E attendance volumes peaked last financial year in March 2022 with over 26,400 patients seen in both of our ED and Urgent Care Centres.  Compared to the pre-COVID-19 baseline financial year of 2019/20, attendances in April 2022 are 5.7% lower at PRUH but are 4.1% higher at Denmark Hill.

3.10    Performance at Trust level (all attendance types):
- 63.22% in April 2022 compared to 61.22% in March 2022 (95% target).

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Tab 6 Report from the Chief Executive

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3.11 Performance at site level (all attendance types):
- 60.36% in April 2022 compared to 57.38% in March 2022 at Denmark Hill. The main drivers for performance not reaching our internal recovery target are increased patient acuity (in paediatrics/trauma) and the rise in overall attendance numbers (consistently rising since February 2022), available SDEC capacity and beds.
- 66.85% in April 2022 compared to 66.17% in March 2021 at PRUH. Monthly meetings of the Integrated Patient Flow Board have now been established where its members report on workstreams covering ED flow, AMU Flow, Optimising Same Day Emergency Care (SDEC), Frailty and Improving Discharges.

**Diagnostic waiting times**

3.12 The percentage of patients waiting more than six weeks for a diagnostic test reduced during quarter 4 last year to 5.25% by the end of March 2022 but increased slightly to 5.67% at the end of April 2022. There were 655 patients waiting over six weeks by the end of April 2022 which is a reduction of 1,300 cases compared to the 1,955 patients waiting at the end of April 2021 last year.

3.13 Performance at site group level:
- 5.25% in March 2022 and 5.67% in April 2021 at Denmark Hill with particular pressures in paediatric gastroscopy and cardiac echocardiography.
- 0.25% in March and 0.42% in April 2022 and therefore compliant with the national 1% target for these two consecutive months at PRUH/South Sites.

3.14 MRI long waiters are increasing and the main challenges are due to the number of patients awaiting specialist cardiac MRIs and neuro-logical/-surgical MRIs who require general anaesthetic. Outsourcing has commenced for cardiac MRIs and working with anaesthetics to increase capacity for the neuro MRIs.

**Cancer**

3.15 Delivery of the two week wait standard for attendance following an urgent GP referral for a suspected cancer diagnosis reduced to 92.05% in April (93% target), with 90.01% delivered at Denmark Hill and a compliant position of 95.36% delivered at PRUH/SS sites. The two week wait standard was compliant in February 2022 at 95.89% as well as in March 20221 at 94.92% at a Trust level.

3.16 The Trust's aggregate performance for patients receiving first treatment following an urgent GP referral was 62.87% (85% target). The Trust's aggregate position comprised of 54.92% delivered at Denmark Hill, and 84.44% at PRUH/SS sites.

3.17 The new Rapid Diagnostic Centre service went live from 26 April to reduce waiting times to diagnosis for complex pathways.

3.18 Further detail can be found in the **Integrated Performance Report** later in this set of papers.

**4.0 COVID-19**

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Tab 6 Report from the Chief Executive

**4.1**   COVID-19 continues to circulate in the community and the Trust continues to treat patients. Over the past three months, there have there have been c100 in-patients at any given time in the Trust. Of these patients, approximately 50% have COVID-19 as their primary illness. The Trust continues to deliver a vaccination service.

**5.0   SOUTH EAST LONDON (SEL) ACUTE PROVIDER COLLABORATIVE (APC)**

5.1   I have updated the Board of Directors previously regarding the work  of the Acute Provider Collaborative (APC) in South East London (SEL), 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.

5.2   In my role as APC CEO Lead, I have been working with colleagues to further formalise structures and governance for the APC. A formal Governance structure involving a Committee in Common, a CEO Committee, and a number of executive-led committees is now in place which formalises the collaborative work already in place.  There is a lot of hard work ahead in order to implement the proposals and bring them to life across the APC.

5.3   The APC Chief Executives, and various executive groups, continue to meet on a regular basis and as noted above, South East London continues to make very good progress in relation to elective recovery. The APC has been instrumental in supporting mutual aid across the three providers both during and following the pandemic surges, as well supporting surges in demand for urgent and emergency care.

5.4   The legislation underpinning the development of Integrated Care Systems and Boards has now passed in to law. The shadow South East London Integrated Care Board (ICB) has now had its constitution approved by NHSI/E. The ICB holds responsibility for planning NHS services, including those previously planned by clinical commissioning groups. It is a statutory organisation, with a governing board, and will be established from 1st July 2022. The ICB membership includes five partner members, one each drawn from local government, acute care, mental health care, community care and primary care - bringing the perspective of these sectors to the ICB.

5.5   The constitution requires these members to hold senior executive roles within their respective areas. Each member will continue in their existing role at their respective organisations, alongside their new position on the Integrated Care Board. On 1st June, it was announced that I have been appointed as the partner member for acute care. David Bradley, Chief Executive at South London and Maudsley NHS Foundation Trust, has been appointed as a partner member for mental health, and Dr Ify Okocha, Chief Executive at Oxleas NHS Foundation Trust, has been appointed as a partner member for community services.

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Tab 6 Report from the Chief Executive

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

**6.0    Finance**

**Summary of the Financial Position (Month 12)**

6.1    The Trust recorded a surplus of £1.7m in month 12 and a full year £0.2m surplus, achieving the plan to breakeven. Meeting this target represents a significant achievement for the Trust.

6.2    The Trust exits 2021/22 with a pay bill of £828.5m (excluding £31.2m year-end pension adjustment, and also a £1.8m decrease to the annual leave provision) resulting in an average of £69m.  In comparison, the 2020/21 pay bill (excluding pension adjustment of £29.1m and annual leave provision increase of £12.5m) was £813m, an average of £67.7m.  The year on year increase is predominantly due to the 3% pay award.

6.3    High level analysis of the Trust's underlying position indicates an average H2 underlying deficit of £23.4m a month (£281m annualised) accounting for normalising adjustments and non-recurrent items. The £11m deterioration in the underlying deficit from £270m identified in H1 is largely driven by H2 efficiency factor (1.5-2%) which has not been offset by run rate reducing CIP. The current planning envelopes suggests a further 2% efficiency will be required next year.

6.4    The capital plan for 2021/22 had changed throughout the year as more internally-generated external funding and donations became available. The final envelope was £91.5m for this financial year.

6.5    The Trust has spent £91.5m on capital (subject to Audit approval) as at the end of this financial year; this is 100% of the available envelope resulting in a break even position against the plan.

6.6    Overall the majority of projects delivered as planned, however there are some projects which have slipped by small values. A detailed review is ongoing to identify the overall impact of the flow through schemes that have started this year and have commitments into next – all of which will be funded from the respective site or programme envelopes for 2022/23.

**Planning for 2022/23**

6.7    The Trust continues to work with ICS partners to develop a system-wide Operational and Financial Plan. Each ICS has been instructed to plan to achieve financial balance and to have stretching but realistic activity targets. The final plan is due to be submitted on 20th June 2022, and will be subject to agreement by the Board of Directors.

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Tab 6 Report from the Chief Executive

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

**7.0   WORKFORCE UPDATE**

**People and Culture Plan**

7.1   The new King's People and Culture Plan was launched on 7 June. A number of events were held as part of our Brilliant People week to celebrate the formal launch of the Plan.

7.2   The Plan focuses on five key themes: *Belonging to King's; Being our best; Looking after our people; Inspiring Leadership; Ensuring our people thrive,* which will further support the development of King's as an employer of choice.

**Recruitment**

7.3   King's continues to recruit widely, having recruitment campaigns focussed on local, national and international candidates. In the current financial year, the Trust is on target to have recruited c.350 Internationally Educated Nurses (IENs).

7.4   At the end of M1, the Trust's overall vacancy rate was 16.35%. A number of factors have contributed to this including an increase in the Trust's establishment, (by 273 wte). Overall recruitment remains strong and in M1 King's had a higher number of starters joining the Trust than leavers.

7.5   The Trust is currently undertaking an establishment stocktake to ensure that vacancies are managed accordingly and substantive recruitment is undertaken to fill posts.

**Monkeypox**

7.6   The Occupational Health Department has to date assessed 18 colleagues who have been exposed to the Monkeypox Virus during the course of their work.  Of the staff who have been assessed, vaccinations have been arranged for seven colleagues. Four staff have been requested to isolate from work for 21 days along with having a vaccination recommended. Affected staff are being actively monitored for symptoms on a daily basis.

7.7   From 8 June, staff in the Trust's Sexual Health Teams will begin to be vaccinated. The situation is being actively monitored by our Infection, Prevention and Control team, along with colleagues in Microbiology, Occupational Health and the Senior Operational Team, with early proactive work being undertaken to communicate the elevated PPE requirements for staff at higher risk of exposure to a Monkeypox patient.

**Cost of Living**

7.8   The rising cost of living is having an impact on our people.  This is likely to continue with on-going increases in inflation and higher NHS pension contributions for our lowest paid people taking effect in October.  We already enable people to access a range of savings opportunities through their employment with King's, including supermarket reductions and salary sacrifice schemes for cars and bicycles.  In

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Tab 6 Report from the Chief Executive

response to the cost of living crisis we will build on and expand our financial well-being benefits.  We will ensure that our current offer is given a higher profile through our internal communications; we will provide people access to financial education seminars and debt management advisory services; we will explore new benefits such as early access to pay; and will secure accreditation as a London Living Wage Employer.  The formation of a new cost of living working group will ensure that we continue to develop our offer over the course of this year.

**Partnership Working**

7.9     The Trust enjoys strong, positive relationships with its trade union partners. At a recent ACAS facilitated review of partnership working, all parties renewed their commitment to work collaboratively for the success of the Trust.  It was agreed to draft a new partnership agreement and consider ways in which we can better publicise how strong collaborative working contributes to the effective running of the Trust and the interests of our people.

**Staff Health and Wellbeing**

7.10    The permanent hospital well-being hub at Denmark Hill has now opened and is being regularly used by our people. The well-being hubs at PRUH and Orpington are under construction and we are keeping people on those sites updated on the progress of this. I am very grateful to all those involved in delivering this project - including those from our estates Team, our HR Department, and King's College Hospital Charity.

7.11    To mark the Queen's Platinum Jubilee, the Trust provided hampers for the teams who were on site during the celebrations. Our patients were also treated to a cream tea to mark the occasion.

**HPMA Awards 2022**

7.12    The Trust has been shortlisted as a finalist for two categories in the HPMA Excellence in People Awards 2022. These are for:

- HST talent acquisition strategy of the year, (Our entry, "Talent Acquisition through staff engagement" reflects the work of the 'Thank You' recruitment campaign).

- Health Education and Improvement award for the working smarter category (Our entry is "Responding to Covid-19 by transforming classroom training into interactive online HealthRoster training").

**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.

8.2     During the week commencing the 23rd May, we published and launched our first ever Roadmap to Inclusion (2022 – 2004). The Roadmap set out the steps we will take to

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Tab 6 Report from the Chief Executive

develop our organisational inclusive practices, which was communicated to our staff and patients via a week of engagement activities in order to:

**1) Engage**
- Increase visibility of the EDI agenda to patients, public and staff.
- Promote projects within the Roadmap.
- Achieve meaningful face to face engagement.

**2) Empower**
- Gain patient and people insight on EDI.
- Capture insights, experience and feedback.
- Promote inclusive speaking up pathways.

**3) Equip**
- Explain what EDI means and how it impacts on our people, patients and public.
- Engage with people, patients and public.
- Promote different ways in which the EDI service can be accessed.

To do this we:
- Visited seven sites across the Trust
- Had more than 300 interactions with members of the public
- Delivered four inclusion conferences that had a total of 843 attendees
- Visited 48 wards across the Trust

**Leading the way by developing our culture and skill**

8.3    We continued to support the growth and development of our Staff Diversity Networks:
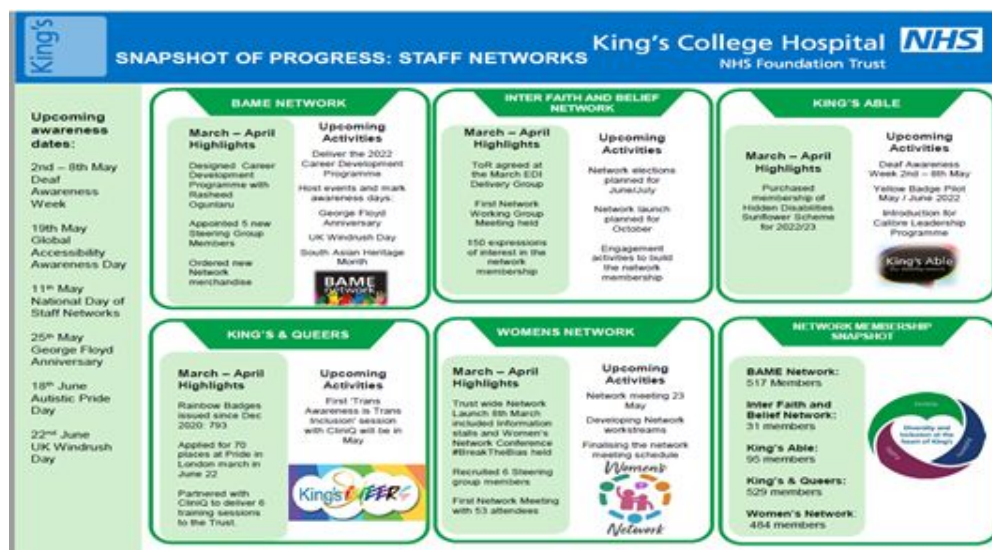


8.4    In line with our goal to increase representation of our staff in senior levels, we explored suitable positive action programmes, such as running Black, Asian and

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Tab 6 Report from the Chief Executive

minority ethnic career development workshops for staff. This will now roll out as part of our Roadmap to Inclusion ambitions later this year.

8.5 We worked with a broad range of internal and external stakeholders to mark and celebrate key diversity dates including World Hearing Day, International Women's Day, International Trans Day of Visibility (TDoV), Ramadan, Autism Acceptance Week, International Asexuality Day, and Lesbian Visibility Day.

8.6 We organised a review of our approach to race equality in line with the *Race Equality Code*. As a precursor to the assessment carried out by RSM UK, we have arranged for a survey to be circulated to the Trust's senior leaders in June.

8.7 We finalised the content of an Inclusive Recruitment training module, which is being delivered alongside the Trust's Recruitment team. At least two sessions will now take place every month going forward for staff involved in the recruitment process.

8.8 We procured and launched >20 interactive bite size EDI training sessions which staff ae now accessing via our LEAP training platform.

**Being an anchor in the community and Building Community Partnerships**

8.9 We worked with one of our partner colleges, Southbank University Technical College, to deliver an '*Employer's Project Day'*, where representatives from EDI, Therapies, Nursing, Dementia, and OH teams delivered presentations to >100 Health & Social Care students to inform and inspire them about potential future NHS careers.

**Tackling Health Inequalities**

8.10 Our proposal for a Trust wide programme of activity for '*Tackling Health Inequalities'* was approved by KE – the programme was officially launched as part of our Roadmap launch activities.

8.11 We upgraded and launched new fixed hearing loops in >60 Outpatient reception areas, alongside portable hearing loops at the main receptions in DH and PRUH. Additionally, the first stage of the new wheelchair hire scheme was launched at our DH site.

8.12 We worked with the Friends of King's Shop to review their stock list to make it more inclusive of our diverse patient groups, by facilitating discussions with our Diversity Networks and Patient and Public Access Group.

8.13 We supported the Cancer Quality Improvement Team to produce a Patient Voices video that captured the experiences of women of different ethnicities utilising cancer services at King's.

8.14 We supported Southeast London ICS to carry out the 'High Volume Low Complexity' (HVLC) services stocktake, commissioned by NHSE/I, to identify progress against 11 recommendations identified to reduce health inequalities in elective recovery areas.

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Tab 6 Report from the Chief Executive

**Next Steps**

**Embed**

8.15    Building on the success of our Equality Risk Assessment Framework (ERAF) session during our Roadmap to Inclusion launch week, we will embed our newly created resources on the Trust's EDI Kwiki page. We will also continue to support staff in completing ERAFs for policy reviews, project development and service reviews.

**Equip and Empower**

8.16    We will host the 'Empathy Museum' at the end of June. With a focus on storytelling and dialogue, the travelling museum explores how empathy can transform our personal relationships but also help tackle global challenges such as prejudice, conflict and inequality. The Museum will be at the PRUH on 27th and 28th June, and at Denmark Hill on30th June and 1st July.

8.17    We will commence the launch of King's reverse mentoring programme, which will enable staff to learn about the lived experiences of colleagues who possess different protected characteristics. The first phase is scheduled to launch in September 2022 and will enable mentees to learn from colleagues for 4-5 hours over a six month period.

**Evolve**

8.18    We will establish the first stage of our health inequalities programme by mapping the work already underway across the Trust and preparing the first stage 'data and gap analysis' set out in the proposal approved by KE.

**9.0    Board Committee Meetings since the last Board of Directors Meeting (10th March 2022)**

| | |
|---|---|
| Finance and Commercial Committee | 24 Mar 2022 |
| Audit Committee | 25 Mar 2022 |
| Quality People and Performance Committee | 31 Mar 2022 |
| Audit Committee | 25 Apr 2022 |
| Major Projects Committee | 3 May 2022 |
| Strategy, Research and Partnerships | 12 May 2022 |
| Governor Strategy Committee | 19 May 2022 |
| Governor Patient Experience and Safety Committee | 9 Jun 2022 |
| Audit Committee | 9 Jun 2022 |

**10.0    GOOD NEWS STORIES**

10.1    **King's discusses rise of COVID-19 hospital admissions:** In March, Lesley Powls, Director of Operations at our Denmark Hill site, spoke to BBC News about our ongoing response to Covid-19 and efforts to reduce waiting lists for routine operations. Lesley said: "We know how important routine operations are - and the recent uptick in COVID-19 cases isn't holding us back."Dr Will McNulty, Consultant in Respiratory Medicine, was also interviewed.

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Tab 6 Report from the Chief Executive

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

10.2 **King's patient lives life to the fullest whilst managing Parkinson's diagnosis:** Following a press release that was shared by the media team, My London News reported in March that King's patient Kathy French – who was diagnosed with Parkinson's in 2018 – has responded well to treatment and is symptom-free. The story also included a quote from Consultant Neurologist Professor K Ray Chaudhuri, who has overseen Kathy's treatment.

10.3 **King's manages rise of COVID-19 admissions:** In March, the media team arranged for **ITV News** to interview staff at Denmark Hill about how the Trust was managing the rise in COVID-19 admissions, whilst working hard to reduce waiting lists. Dr LJ Smith, Respiratory Consultant, talked about the latest rise in COVID-19 positive patients, and how it compared to previous peaks in admissions due to the virus.

10.4 **King's features in Channel 4 *Emergency* documentary series:** King's was one of four hospitals to feature in this series about London's network, which treats the most critically injured patients. The series was broadcast over four consecutive nights in April 2022.

10.5 **Groundbreaking COVID-19 vaccine trialled at King's: ITV London** reported in April that one of the world's first COVID-19 booster vaccines targeting multiple variants was being trialled at King's. The media team arranged for Dr Jimstan Periselneris, Dr Deepak Nagra and patient Matthew Ross – who was due to take part in the trial – to speak to ITV London about the potential benefits of the treatment.

10.6 **King's consultant discusses rise in child hepatitis cases:** In mid-April, the national media reported that health officials were investigating over 100 cases of sudden-onset hepatitis - or liver inflammation - in children in the UK. Reports suggested possible links to adenovirus, and that eight children needed to have a liver transplant, with three taking at King's.

10.7 Dr Tassos Grammatikopoulos, Consultant in Paediatric Hepatology at King's, was interviewed by Sky News and The Telegraph about the rise of hepatitis cases seen in young children and how King's – one of three specialist liver units in England – were managing the cases.

10.8 The Sky News segment also included an interview with the family of three-year-old Lola Rose, who underwent liver transplant surgery at King's in April after contracting hepatitis. Lola Rose's story and details about her treatment at King's was also featured by the Daily Mail and i news.

10.9 **King's announces plans for new training academy:** Last month (May) Nursing Times reported that King's is developing a new training academy for nurses, midwives and allied healthcare professions (AHPs). The article featured a quote from our Chief Nurse and Executive Director of Midwifery, Professor Nicola Ranger, on how the facility will provide dedicated simulation, teaching and conference rooms for staff.

10.10 **King's discusses plans to speed up patient access to routine treatments:** In late-May, King's staff spoke to BBC London News about how we are boosting our

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Tab 6 Report from the Chief Executive

capacity across the Trust to support our COVID-19 recovery plan. The media team arranged for the BBC to interview Professor Clive Kay, our Chief Executive, about steps we are taking to reduce our waiting lists by expanding patient facilities through our new outpatient building.

10.11   The BBC also spoke to consultant gastroenterologist Dr Bu Hayee about our work across endoscopy to improve patient care and deputy director of nursing, Helen Fletcher about the ongoing pressures on staff.

10.12   **NHS Providers podcast – Providers Deliver series:** Mr Ranj Bhangoo, consultant neurosurgeon and Professor Clive Kay, chief executive were interviewed for an NHS Providers' podcast about steps we've taken across the Trust – and as part of the South East London Acute Provider Collaborative - to reduce our waiting lists. The podcast is accessible online, and King's was one of a small number of Trusts chosen to take part as examples of best practice.

10.13   I would like to place on record my thanks to the Trust's Communications team for all its help and support.

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Tab 6 Report from the Chief Executive

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

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

| AAC Date | Name of Post | Appointee | Post Type New / Replacement | Start Date | |
|---|---|---|---|---|---|
| 28/09/2021 | Consultant Paediatric Surgeon | Miss Rania Kronfli | Replacement | 04/04/2022 | N/A |
| 20/10/2021 | Consultant in Acute Medicine / General Medicine | Dr Andres Acosta Lobos | New | 01/04/2022 | |
| 20/10/2021 | Consultant in Acute Medicine / General Medicine | Dr Stacy Smith | New | 08/04/2022 | N/A |
| 15/12/2021 | Consultant in General Neurology | Dr Marianna Sarchioto | New | 04/04/2022 | N/A |
| 08/02/2022 | Consultant Rheumatologist | Dr Chris Wincup | Replacement | 04/04/2022 | N/A |
| 16/02/2022 | Consultant Anaesthetist | Dr Sylvia Martin | New | 01/04/2022 | N/A |
| 22/02/2022 | Consultant in Clinical Neurophysiology with a Special Interest in EEG Telemetry | Dr Ioannis Stavropoulos | Replacement | 01/04/2022 | N/A |
| 22/02/2022 | Consultant in Endodontics | Mr Mohammadreza Aryafar | New | 04/04/2022 | N/A |
| 08/03/2022 | Consultant Orthopaedic Surgeon - Lower Limb Arthroplasty, Pelvic, Acetabular | Mr Ibrahim El Daly | New | 04/04/2022 | N/A |
| 09/03/2022 | Consultant Haematologist with a Specialist Interest in Diagnostics & Haemato-Oncology | Dr Paula Garland | New | 04/04/2022 | N/A |
| 29/03/2022 | Consultant Obstetrician and Gynaecologist, Termination of Pregnancy Services | Dr Amelia Schamroth | New | 18/04/2022 | N/A |
| 07/04/2022 | Consultant Anaesthetist, with an Interest in Pain Management | Dr Maissara Katran Al -Rikabi | New | TBC | N/A |

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Tab 6 Report from the Chief Executive

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

| AAC Date | Name of Post | Appointee | Post Type New / Replacement | Start Date | |
|---|---|---|---|---|---|
| 22/04/2022 | Consultant Laparoscopic Colorectal Surgeon and Interventional Endoscopist<br><br>Consultant Colorectal Surgeon | Mr Andrew Emmanuel<br><br><br><br>Mr Christo Lapa | New | TBC<br><br>TBC | N/A |
| 26/04/2022 | Consultant Clinical Lead, Havens Adult Service | Dr Kate Arabella Shardlow | Replacement | TBC | N/A |
| 28/04/2022 | Consultant in Endocrinology with GIM<br>Consultant in Diabetes and Endocrinology | Dr Rakshit Kumar - D & GIM)<br>Dr Danielle Dixon - (D&E)<br>Dr Adrian Li - (D&E) | New / Replacement | TBC<br>TBC<br>TBC | N/A |
| **Locum Consultant** | Locum Consultant in General Medicine | Dr Madawi Ismail | New | 04/04/2022 | 31/03/2023 |
| **Locum Consultant** | Locum Consultant in GIM | Dr Sania Shoeb | Replacement | 11/04/2022 | 10/04/2023 |
| **Locum Consultant** | Locum Consultant - Interventional Radiology | Dr Nicholas Heptonstall | Replacement | 11/04/2022 | 10/04/2023 |
| **Locum Consultant** | Locum Consultant Urologist | Dr Wing-Hong Chu | Replacement | 04/04/2022 | 03/04/2023 |
| 02/11/2021 | Consultant in Orthodontics | Ms Lynsey Marie Tabrett | Replacement | 02/03/2022 | N/A |
| 15/12/2021 | Consultant in General Neurology | Dr Valentina Leta | Replacement | 01/03/2022 | N/A |
| 20/01/2022 | Consultant Neonatologist | Dr Russell Stuart Pryce | Replacement | 01/03/2022 | N/A |
| 20/01/2022 | Consultant Neonatologist | Dr Lekshmi Sasidharan | Replacement | 01/03/2022 | N/A |

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Tab 6 Report from the Chief Executive

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

| AAC Date | Name of Post | Appointee | Post Type New / Replacement | Start Date | |
|---|---|---|---|---|---|
| 08/03/2022 | Consultant Orthopaedic Surgeon With Special Interest In Trauma and Limb Reconstruction Surgery | Dr Aaron Kumar Saini | Replacement | 28/03/2022 | N/A |
| 09/03/2022 | Consultant Haematologist with a Specialist Interest in Diagnostics & Haemato-Oncology | Dr Paula Garland | Replacement | 04/04/2022 | N/A |
| 10/03/2022 | Consultant in Obstetrics and Gynaecology (With Special Interest in Early Pregnancy) | Dr Catherine Magee | Replacement | TBC | N/A |
| 17/03/2022 | Consultant Radiologist with Specialist Interest in Cardiothoracic Imaging | Dr Linas Gudauskas | Replacement | 01/08/2022 | N/A |
| 29/03/2022 | Consultant Obstetrics & Gynaecology, Termination of Pregnancy Services x 2 | Dr Amelia Schamroth | Replacement | TBC | N/A |
| Locum Consultant | Locum Consultant in General Surgery | Dr Mohammad Imtiaz | New | 01/03/2022 | 31/08/2022 |
| Locum Consultant | Locum Consultant | Ms Lazha Ahmed Talat Sharief | New | 01/03/2022 | 31/05/2022 |
| Locum Consultant | Locum Consultant Neonatologist | Dr Brindha Soundaram Muthusamy | New | 07/03/2022 | 06/03/2023 |
| Locum Consultant | Locum Consultant Neuroanaesthetist | Dr Romualdas Tartilas | Replacement | 08/03/2022 | 07/09/2022 |
| Locum Consultant | Locum Consultant Anaesthetist | Dr Marouf Mudasir Dhar | Replacement | 09/03/2022 | 08/09/2022 |

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Tab 6 Report from the Chief Executive

| AAC Date | Name of Post | Appointee | Post Type New / Replacement | Start Date | |
|---|---|---|---|---|---|
| Locum Consultant | Locum Consultant Anaesthetist | Dr Amina  Sajid | Replacement | 14/03/2022 | 13/09/2022 |

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Tab 6.1 Integrated Performance Report M1

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

# Integrated Performance Report

## Month 1 (April) 2022/23

## Board Committee

## 16 June 2022

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Tab 6.1 Integrated Performance Report M1

King's College Hospital **NHS**

NHS Foundation Trust
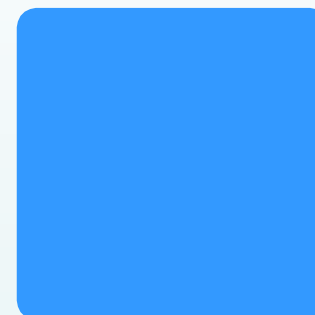
| Report to: | *Board Committee* |
|---|---|
| Date of meeting: | *16 June 2022* |
| Subject: | *Integrated Performance Report 2022/23 Month 1 (April)* |
| Author(s): | *Adam Creeggan, Director of Performance & Planning;* |
| | *Steve Coakley, Assistant Director of Performance & Planning;* |
| Presented by: | *Jonathan Lofthouse, Site Chief Executive – PRUH & South Sites* |
| Sponsor: | *Jonathan Lofthouse, Site Chief Executive – PRUH & South Sites* |
| History: | *None* |
| Status: | *For Discussion* |

**Summary of Report**

- *This report provides the details of the latest performance achieved against key national performance, quality and patient waiting times targets, noting that our required Trust response to COVID-19 continues to impact activity delivery and performance for April 2022 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 2022/23 M1 performance reported against the governance indicators defined in the Strategic Oversight Framework (SOF).*

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Tab 6.1 Integrated Performance Report M1

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

## 3.    Key implications

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

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Tab 6.1 Integrated Performance Report M1

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| Domain 2: Performance | 12 - 17 |
| Domain 3: Workforce | 18 - 23 |
| Domain 4: Finance | 24 – 25 |

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Tab 6.1 Integrated Performance Report M1

# Executive Summary
## 2021/22 Month 1

King's

### QUALITY

- Summary Hospital Mortality Index (SHMI) remains relatively static at 104.4 – which is above the expected index of score of 100.
- **HCAI**:
  - ❏ Zero MRSA bacteraemia cases reported in April and the last case reported in November 2021;
  - ❏ 2 new VRE bacteraemia cases reported in April.
  - ❏ E-Coli bacteraemia: 11 new cases reported in April which is below the target of 14 cases for the month;
  - ❏ 9 new C-difficile cases reported in April which is consistent with the quota of 9 cases for the month.
- FFT inpatient recommendation scores reduced by 2.0% in April to 92.6% and is below the 96.0% target.
- FFT ED recommendation scores improved by 2.3% to 66.8% but remains below the 86.0% Trust target.

### PERFORMANCE

- Trust A&E/ECS compliance improved from 61.22% in March to 63.22% in April. By Site: DH 60.36% and PRUH 66.85%.
- Cancer:
  - ❏ Treatment within 62 days of post-GP referral is not compliant and reduced to 62.87% for April (target 85%).
  - ❏ Treatment within 62 days following screening service referral is not compliant at 69.57% for April (target 90%).
  - ❏ The two-week wait from GP referral standard reduced to 92.05% and not compliant with the 93% target 93% for April.
- Diagnostics: performance worsened by 0.38% to 5.01% of patients waiting >6 weeks for diagnostic test in April (target <1%).
- RTT incomplete performance reduced by 2.13% to 71.93% in April (target 92%).
- RTT patients waiting >52 weeks increased by 106 cases to 971 cases in April, compared to 865 cases in March.

### WORKFORCE

- The Appraisal window has opened with a new simpler form which is aligned to Trust values, is in use. Appraisal rates for all staff is 20.96% for the end of April position.
- Sickness rate has reduced by 0.76% to 4.96% for April.
- Statutory and Mandatory Training compliance achieved its 90% target for the third consecutive month at 91.14% in April.
- The Trust Vacancy rate has increased this month to 16.35% due a large number of business cases being added to the establishment for Month 1 (April).
- The Trust voluntary turnover rate has risen by 0.21% this month to 14.37%.

### FINANCE

- The Trust has recorded a deficit of -£6.8m in Month 1 which is £2.5m behind plan. This is predominantly driven by income with delivery of the financial plan dependent on the £55m cost & income improvement plans.
- Overall Income: has reduced compared to 2021/22 run rate due to block income which has reduced by £3.7m per month compared to 2021/22 due to reduction in the COVID top-up.
- Employee Expenses: within pay, the run rate has increased compared to the average underlying run rate in 2021/22 due to:
  - ➢ Employer's NI contributions increasing by 1.25% in 2022/23 (c£0.5m).
  - ➢ Pay award of 2% is being accrued monthly (£1.3m).
- Operating Expenses (Non Pay): are in line with 2021/22 run rate and £1m below budget. Inflation tracking on clinical supplies remains below 1% at the moment.

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Tab 6.1 Integrated Performance Report M1

# NHSi Dashboard - Strategic Oversight Framework

## NHSi Dashboard

| Domain | Indicator | Denmark Hill Site Group | | | | PRUH/SS Site Group | | | | Trust | | | | 13-Month Trend |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Feb 22 | Mar 22 | Apr 22 | F-YTD Actual | Feb 22 | Mar 22 | Apr 22 | F-YTD Actual | Feb 22 | Mar 22 | Apr 22 | F-YTD Actual | |
| A&E | A&E Waiting times - Types 1 & 3 Depts (Target: > 95%) | 60.90% | 57.38% | 60.36% | 60.36% | 74.21% | 66.17% | 66.85% | 66.85% | 66.80% | 61.22% | 63.22% | 63.22% | |
| RTT | RTT Incomplete Performance | 73.21% | 72.68% | 71.67% | 71.67% | 75.29% | 73.23% | 71.74% | 71.74% | 74.10% | 73.06% | 71.93% | 71.93% | |
| Cancer (Please note that all Cancer indicators show interim, unvalidated positions for the lastest month (Feb-21) in this report | 2 weeks from referral to first appointment all urgent referrals (Target: > 93%) | 95.46% | 93.67% | 90.01% | 90.01% | 96.56% | 96.71% | 95.36% | 95.36% | 95.89% | 94.92% | 92.05% | 92.05% | |
| | 2 weeks from referral to first appointment all Breast symptomatic referrals (Target: > 93%) | | | | | 92.16% | 95.83% | 93.10% | 93.10% | 92.16% | 95.83% | 93.10% | 93.10% | |
| | 31 days diagnosis to first treatment (Target: >96%) | 89.19% | 82.55% | 88.89% | 88.89% | 97.37% | 86.27% | 88.64% | 88.64% | 90.91% | 83.50% | 88.83% | 88.83% | |
| | 31 days subsequent treatment - Drug (Target: >98%) | 91.67% | 85.71% | 85.00% | 85.00% | 100.00% | 100.00% | 100.00% | 100.00% | 92.31% | 87.50% | 88.46% | 88.46% | |
| | 31 days subsequent treatment - Surgery (Target: >98%) | 93.10% | 80.65% | 84.38% | 84.38% | 100.00% | 66.67% | 50.00% | 50.00% | 93.75% | 78.38% | 80.56% | 80.56% | |
| | 62 days GP referral to first treatment (Target: >85%) | 46.30% | 63.16% | 54.92% | 54.92% | 85.71% | 79.22% | 84.44% | 84.44% | 55.45% | 67.97% | 62.87% | 62.87% | |
| | 62 days NHS screening service referral to first treatment (Target: >90%) | 64.86% | 68.00% | 68.85% | 68.85% | 100.00% | 85.71% | 75.00% | 75.00% | 72.34% | 71.88% | 69.57% | 69.57% | |
| Patient Safety | Clostridium difficile infections (Year End Target: xx) | 3 | 6 | 7 | 7 | 1 | 1 | 2 | 2 | 4 | 7 | 9 | 9 | |

## A&E 4 Hour Standard

- A&E performance was non-compliant in April at 63.22%, below the national target of 95% but improving by 2.00% compared to 61.22% performance achieved in March 2022.

## Cancer

- The latest interim 62-day performance for patients referred by their GP for first cancer treatment reduced by 5.12% from 67.97% reported for March 2022 to 62.87% in April, and below the national target of 85%.

## RTT

- RTT performance is validated at 71.93% for April which is a reduction of 1.13% compared to 73.06% performance achieved in March.
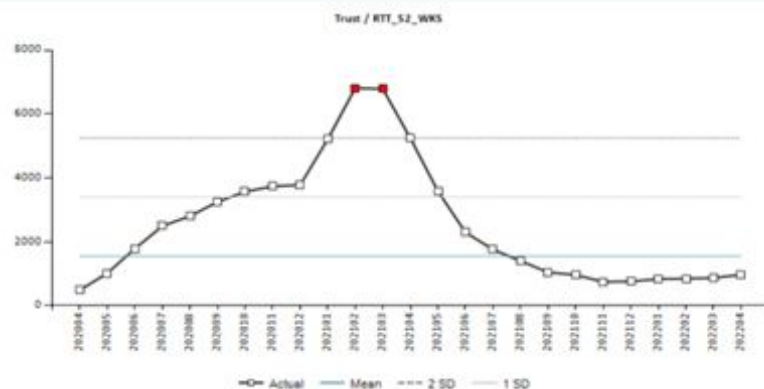
## C-difficile

- There were 9 Trust attributed cases of C-Difficile in April 2022 which is consistent the quota of 9 cases for the month.

Tab 6.1 Integrated Performance Report M1



**King's**

## Selected Board Report NHSi Indicators
### Statistical Process Control Charts for the last 25 Months Apr-20 to Apr-22

**RTT Incomplete Pathways**

**Cancer: 62 day standard**
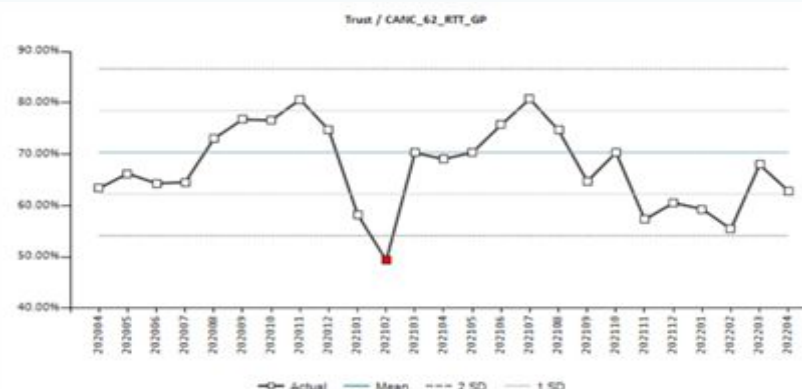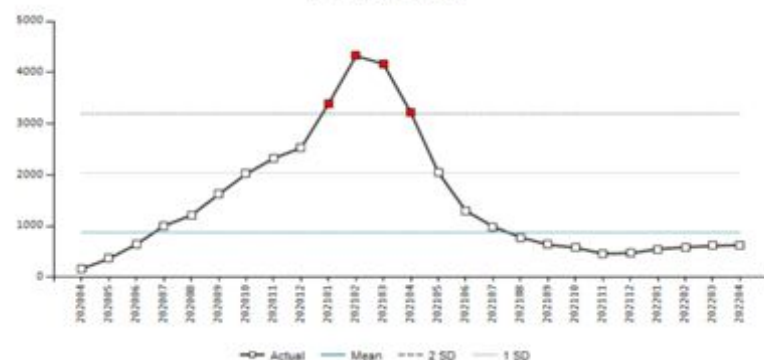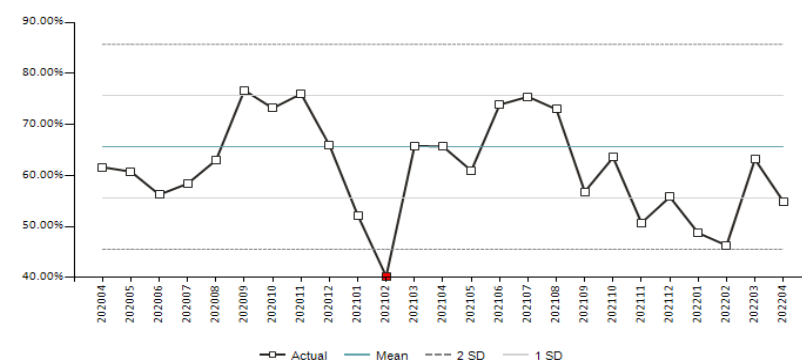
7

Tab 6.1 Integrated Performance Report M1
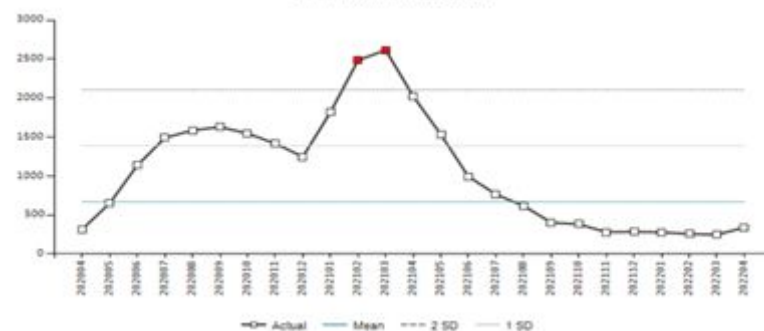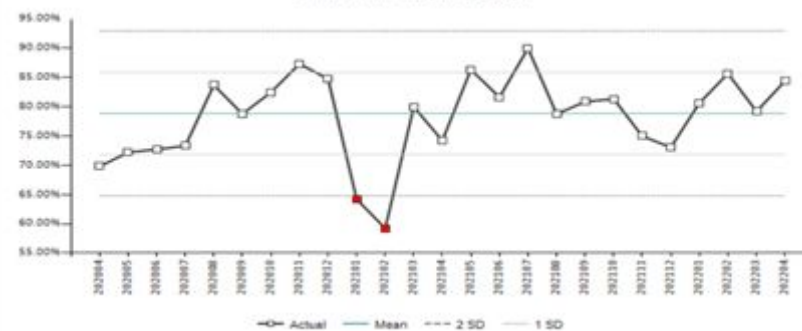
# Selected Board Report NHSi Indicators
## Based on data published from '*Public View*'
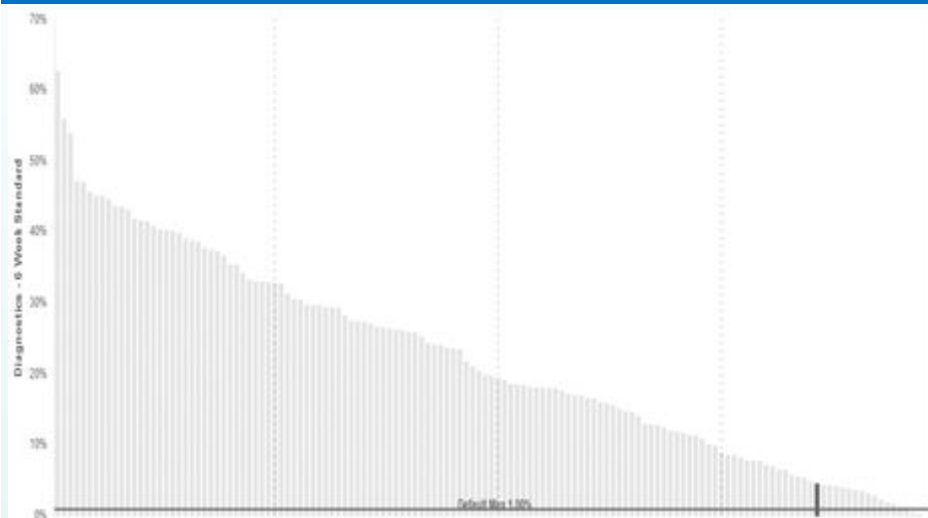


The chart above shows the national ranking against the DM01 diagnostic 6 week standard. Kings is ranked 19 out of 138 selected Trusts based on latest March 2022 data published.
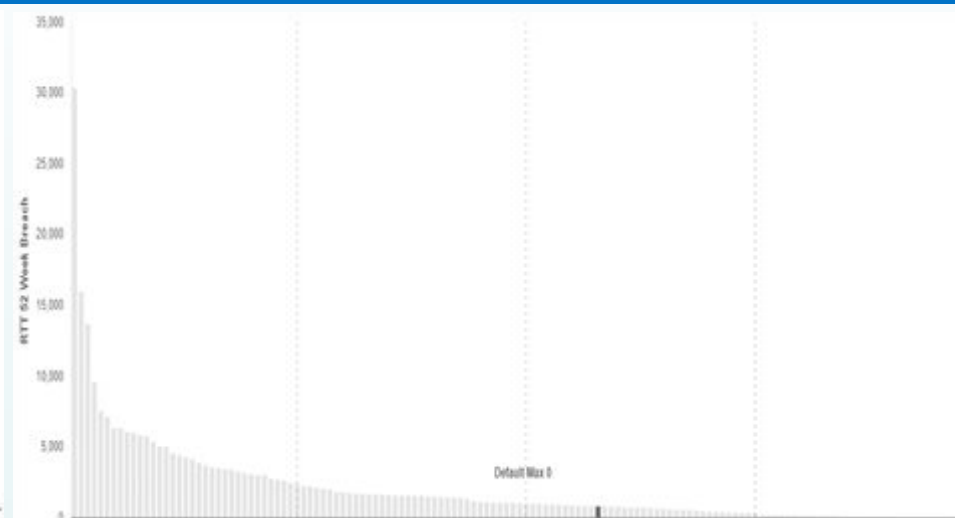


The chart above shows the national ranking against the RTT 52 week standard. Kings is ranked 58 out of 138 selected Trusts based on latest March 2022 data published.
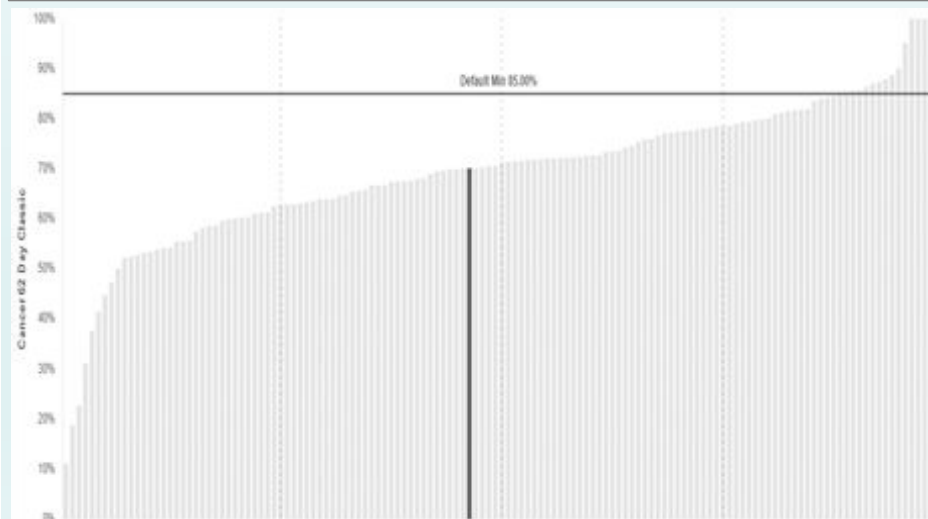


The chart above shows the national ranking against the cancer standard for patients receiving first definitive treatment within 62 days of an urgent GP referral. Kings is ranked 72 out of 134 selected Trusts based on latest March 2022 data published.
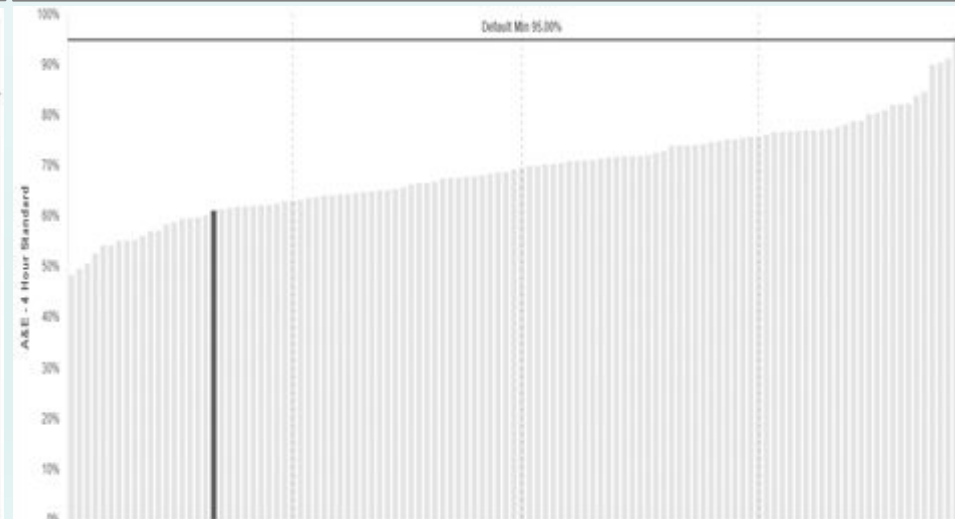


The chart above shows the national ranking against the 4 hour Emergency Care Standard. Kings is ranked 97 out of 115 selected Trusts based on latest March 2022 data published.

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Tab 6.1 Integrated Performance Report M1

# Safety Dashboard

## Safe

| | | Denmark Hill Site Group | | | | PRUH/SS Site Group | | | | Trust | | | | 13-Month Trend |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Feb 22 | Mar 22 | Apr 22 | F-YTD Actual | Feb 22 | Mar 22 | Apr 22 | F-YTD Actual | Feb 22 | Mar 22 | Apr 22 | F-YTD Actual | |
| **CQC level of inquiry: Safe** | | | | | | | | | | | | | | |
| **Reportable to DoH** | | | | | | | | | | | | | | |
| 2717 | Number of DoH Reportable Infections | 44 | 50 | 50 | 50 | 6 | 4 | 5 | 5 | 50 | 54 | 55 | 55 | |
| **Safer Care** | | | | | | | | | | | | | | |
| 629 | Falls resulting in moderate harm, major harm or death per 1000 bed days | 0.15 | 0.13 | 0.16 | 0.16 | 0.07 | 0.25 | 0.13 | 0.13 | 0.12 | 0.17 | 0.15 | 0.15 | |
| 1897 | Potentially Preventable Hospital Associated VTE | 0 | 0 | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 1 | 2 | 2 | |
| 538 | Hospital Acquired Pressure Ulcers (Grade 3 or 4) | 2 | 0 | 0 | | 0 | 0 | 0 | | 2 | 0 | 0 | | |
| 945 | Open Incidents | | | | | | | | | | 46 | | | |
| **Incident Reporting** | | | | | | | | | | | | | | |
| 520 | Total Serious Incidents reported | 6 | 7 | 4 | 4 | 9 | 7 | 7 | 7 | 15 | 14 | 11 | 11 | |
| 516 | Moderate Harm Incidents | 25 | 17 | 22 | 22 | 9 | 18 | 14 | 14 | 34 | 36 | 37 | 37 | |
| 509 | Never Events | 0 | 0 | 1 | 1 | 0 | 1 | 0 | | 0 | 1 | 1 | 1 | |

### HCAI
- There were no MRSA bacteraemia cases reported for April and the last case reported in November 2021.
- 2 new VRE bacteraemia cases reported in April.
- E-Coli bacteraemia: 11 new cases reported in April which is below the target of 14 cases for the month.
- 9 Trust attributed cases of c-Difficile in April which is consistent with the target of 9 cases for the month.

### Complaints
- The number of complaints received rated as high/severe reduced from 27 cases in March to 13 cases in April and the total number of complaints also reduced from 145 cases in March to 96 cases in April (63 for the DH site group and 32 for the PRUH/SS site group) which is above the target of 94 cases.
- The number of complaints not responded to within 25 days reduced from 87 cases in March to 85 cases in April, above the target of 73.

### Never Events
- There was a never event declared at Denmark Hill in critical care in April related to a misplaced naso-gastric tube in a patient's lung which was not detected prior to use.

Tab 6.1 Integrated Performance Report M1

## King's

# HCAI

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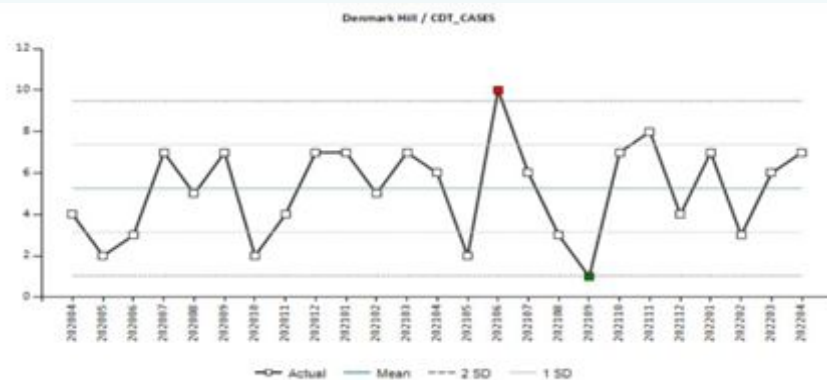


**PRUH performance:**
- Executive Owner: Nicola Ranger, Chief Nurse & Executive Director of Midwifery
- Management/Clinical Owner: Ashley Flores, Director of Infection Prevention & Control
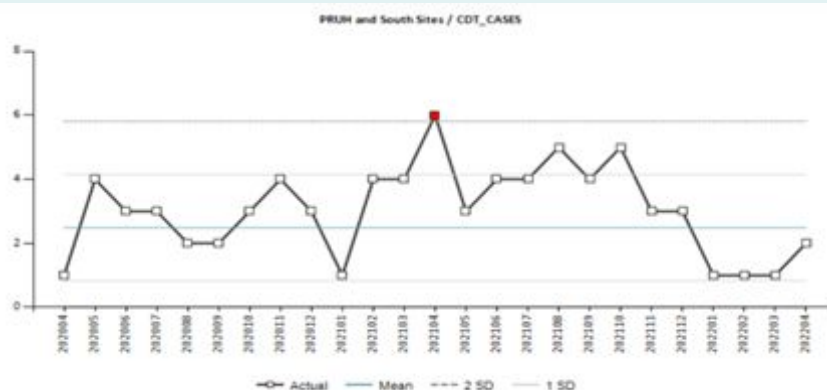


**MRSA:**
- There were no MRSA bacteraemia cases reported for April. The last case was reported in November 2021 on a cardiac ward at the Denmark Hill site.

**VRE:**
- 2 new VRE bacteraemia cases reported in April which were both on the Denmark Hill site. There was 1 case reported in Acute Medicine and 1 case reported in critical care.

**E-Coli:**
- E-Coli bacteraemia: 11 new cases reported in April which is below the target of 14 cases for the month. There were 10 cases reported at Denmark Hill and 1 case reported at PRUH/South Sites.

**C-Difficile:**
- 9 Trust attributed cases of c-Difficile in April which is consistent with the plan of 9 cases for the month. There were 7 cases reported on the DH site and 2 cases reported at the PRUH site.
- At the PRUH site there was 1 case reported in Adult Medicine and 1 case reported in General Medicine.
- At the DH site there were 5 cases reported in Acute Medicine wards, and 1 case on a Cardiovascular ward and 1 case on a Neurosciences ward.

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Tab 6.1 Integrated Performance Report M1

# Patient Experience Dashboard

## Caring

| | | Denmark Hill Site Group | | | | PRUH/SS Site Group | | | | Trust | | | | 13-Month Trend |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Feb 22 | Mar 22 | Apr 22 | F-YTD Actual | Feb 22 | Mar 22 | Apr 22 | F-YTD Actual | Feb 22 | Mar 22 | Apr 22 | F-YTD Actual | |
| **CQC level of inquiry: Caring** | | | | | | | | | | | | | | |
| **HRWD** | | | | | | | | | | | | | | |
| 422 | Friends & Family - Inpatients | 95.1% | 94.5% | 92.9% | 92.9% | 95.3% | 94.9% | 92.2% | 92.2% | 95.2% | 94.6% | 92.6% | 92.6% | |
| 423 | Friends & Family - ED | 71.3% | 58.9% | 64.3% | 64.3% | 77.2% | 73.6% | 69.9% | 69.9% | 73.7% | 64.5% | 66.8% | 66.8% | |
| 774 | Friends & Family - Outpatients | 91.4% | 90.2% | 91.2% | 91.2% | 89.5% | 88.1% | 87.8% | 87.8% | 90.7% | 89.4% | 90.0% | 90.0% | |
| 775 | Friends & Family - Maternity | 90.7% | 83.7% | 92.8% | 92.8% | 93.9% | 91.0% | 88.7% | 88.7% | 92.4% | 87.2% | 91.0% | 91.0% | |
| **Complaints** | | | | | | | | | | | | | | |
| 619 | Number of complaints | 58 | 91 | 63 | 63 | 27 | 45 | 32 | 32 | 87 | 145 | 96 | 96 | |
| **Operational Engagement** | | | | | | | | | | | | | | |
| 620 | Number of complaints not responded to within 25 Days | 31 | 59 | 47 | 47 | 22 | 25 | 30 | 30 | 54 | 87 | 85 | 85 | |
| 3119 | Number of PALS enquiries – unable to contact department | | | | | | | | | 25 | 35 | 26 | 26 | |
| **Incident Management** | | | | | | | | | | | | | | |
| 660 | Duty of Candour - Conversations recorded in notes | 100.0% | 92.6% | 87.5% | 87.5% | 88.9% | 100.0% | 92.6% | 92.6% | 94.3% | 95.6% | 90.7% | 90.7% | |
| 661 | Duty of Candour - Letters sent following DoC Incidents | 81.8% | 90.5% | 75.0% | 75.0% | 100.0% | 94.4% | 96.0% | 96.0% | 89.7% | 92.3% | 86.7% | 86.7% | |
| 1617 | Duty of Candour - Investigation Findings Shared | 3.5% | 0.0% | 0.0% | 0.0% | 8.3% | 3.9% | 17.4% | 17.4% | 4.9% | 2.0% | 7.4% | 7.4% | |

- **FFT – Inpatient**: Trust score decreased by 2% to a 92.6% recommendation rate in April. Please note from April 2022, the additional Quality Metrics nutrition, hydration and emotional support have been removed from our internal surveying programme. During April, patients supported with the testing on the new hearing loop installation and the King's Young People's Forum met to support developments in paediatrics.
- **FFT - A&E**: Overall Trust score increased slightly to 66.8% in April, although it still remains below target and is only 2.3% higher than the lowest recommendation rate in the last financial year. A Trust-wide action plan based on the National CQC Urgent and Emergency Patient Experience Survey results has been drafted with local site action plans to complement. In Pain management - whilst waiting remains a key issue whilst patients are in the department, new posters have been co-designed with patients to clearly explain the process and to support patients in asking for help.
- **FFT – Outpatients**: Trust FFT score for outpatients rose marginally to 90% in April. Further cross-trust conversations have begun around standardising patient correspondence across the EPIC system and *MyChart* as part of the Apollo deployment Programme.
- **FFT – Maternity combined**: Overall Trust combined FFT maternity score has rose by 2.8% to 91.0%. Feedback by SMS is now live for women across all key touchpoints; antenatal, labour and birth and community postnatal.

Tab 6.1 Integrated Performance Report M1

## King's Performance Dashboard

### Performance

| | | Denmark Hill Site Group | | | | PRUH/SS Site Group | | | | Trust | | | | 13-Month Trend |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Feb 22 | Mar 22 | Apr 22 | F-YTD Actual | Feb 22 | Mar 22 | Apr 22 | F-YTD Actual | Feb 22 | Mar 22 | Apr 22 | F-YTD Actual | |
| **CQC level of inquiry: Responsive** | | | | | | | | | | | | | | |
| **Access Management - RTT, CWT and Diagnostics** | | | | | | | | | | | | | | |
| 364 | RTT Incomplete Performance | 73.21% | 72.68% | 71.67% | 71.67% | 75.29% | 73.23% | 71.74% | 71.74% | 74.10% | 73.06% | 71.93% | 71.93% | |
| 632 | Patients waiting over 52 weeks (RTT) | 589 | 616 | 631 | 631 | 257 | 249 | 340 | 340 | 847 | 865 | 971 | 971 | |
| 4537 | Patients waiting over 104 weeks (RTT) | 15 | 3 | 1 | 1 | 14 | 1 | 2 | 2 | 29 | 4 | 3 | 3 | |
| 4557 | RTT P2 Admitted Pathways | 1372 | 1224 | 1249 | 1249 | 672 | 689 | 636 | 636 | 2047 | 1918 | 1888 | 1888 | |
| 4558 | RTT P2 Admitted Pathways waiting >4 weeks | 54.2% | 52.2% | 51.2% | 51.2% | 59.5% | 54.1% | 64.6% | 64.6% | 55.9% | 52.9% | 55.8% | 55.8% | |
| 412 | Cancer 2 weeks wait GP referral | 95.46% | 93.67% | 90.01% | 90.01% | 96.56% | 96.71% | 95.36% | 95.36% | 95.89% | 94.92% | 92.05% | 92.05% | |
| 413 | Cancer 2 weeks wait referral - Breast | | | | | 92.16% | 95.83% | 93.10% | 93.10% | 92.16% | 95.83% | 93.10% | 93.10% | |
| 419 | Cancer 62 day referral to treatment - GP | 46.30% | 63.16% | 54.92% | 54.92% | 85.71% | 79.22% | 84.44% | 84.44% | 55.45% | 67.97% | 62.87% | 62.87% | |
| 536 | Diagnostic Waiting Times Performance > 6 Wks | 5.87% | 5.25% | 5.67% | 5.67% | 1.56% | 0.25% | 0.42% | 0.42% | 5.41% | 4.63% | 5.01% | 5.01% | |
| **Access Management - Emergency Flow** | | | | | | | | | | | | | | |
| 459 | A&E 4 hour performance (monthly SITREP) | 60.90% | 57.38% | 60.36% | 60.36% | 74.21% | 66.17% | 66.85% | 66.85% | 66.80% | 61.22% | 63.22% | 63.22% | |
| **Patient Flow** | | | | | | | | | | | | | | |
| 399 | Weekend Discharges | 22.2% | 19.5% | 22.2% | 22.2% | 17.3% | 14.5% | 19.4% | 19.4% | 20.7% | 18.0% | 21.3% | 21.3% | |
| 404 | Discharges before 1pm | 16.6% | 16.2% | 15.3% | 15.3% | 17.3% | 16.6% | 18.1% | 18.1% | 16.9% | 16.4% | 16.1% | 16.1% | |
| 747 | Bed Occupancy | 89.8% | 89.7% | 91.5% | 91.5% | 95.1% | 93.0% | 94.3% | 94.3% | 91.7% | 90.9% | 92.5% | 92.5% | |
| 1357 | Number of Stranded Patients (LOS 7+ Days) | 359 | 379 | 355 | 355 | 215 | 220 | 210 | 210 | 575 | 600 | 567 | 567 | |
| 1358 | Number of Super Stranded Patients (LOS 21+ Days) | 172 | 176 | 169 | 169 | 80 | 85 | 80 | 80 | 253 | 262 | 251 | 251 | |
| 762 | Ambulance Delays > 30 Minutes | | | | | | | | | | | | | |
| 772 | 12 Hour DTAs | 42 | 82 | 78 | 78 | 145 | 214 | 391 | 391 | 187 | 296 | 469 | 469 | |
| **Theatre Productivity** | | | | | | | | | | | | | | |
| 801 | Day Case Rate | 75.9% | 76.8% | 76.5% | 76.5% | 73.1% | 70.4% | 72.5% | 72.5% | 76.1% | 76.2% | 76.2% | 76.2% | |

### A&E 4 Hour Standard
- A&E performance was non-compliant in April at 63.22% which has reduced from 61.22% performance achieved in March.

### Cancer
- Treatment within 62 days of post-GP referral is not compliant – and reducing to 62.87% for April (target 85%) compared to 67.97% in March.
- The two-week wait from GP referral standard reduced to 92.05% in April which is below the national 93% target, despite being compliant in February (95.89%) and March (94.92%).

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Tab 6.1 Integrated Performance Report M1

# Emergency Care Standard

**Denmark Hill performance:**
- Executive Owner: Julie Lowe, Site Chief Executive
- Management/Clinical Owner: Emer Sutherland, CD
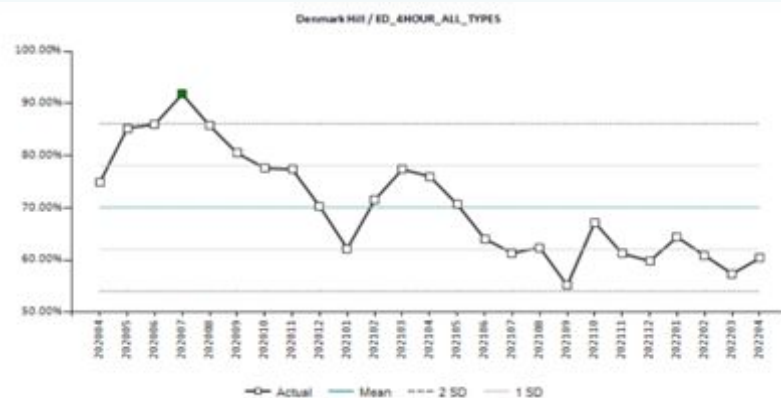


**PRUH performance:**
- Executive Owner: Jonathan Lofthouse, Site Chief Executive
- Management/Clinical Owner: tbc



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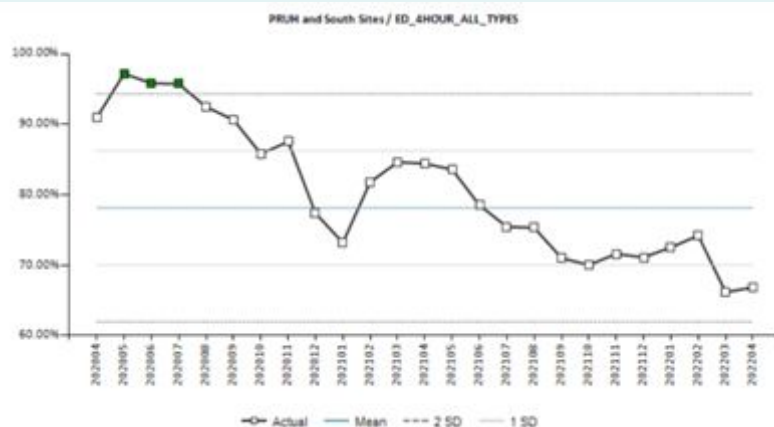
**Background / target description:**
- Ensure at least 95% of attendees to A&E are admitted, transferred or discharged within 4 hours of arrival.

**Underlying issues:**
- There were 264 ambulance delays >60 minutes and 742 ambulance delays waiting 30-60 minute delays in April (un-validated) compared to 206 delays >60 minutes and 744 delays >30 minutes reported in March.
- Increase in patient acuity (paeds/trauma) and the rise in overall attendance numbers (consistently rising since Feb-22), available SDEC capacity and beds.

**DH Actions:**
- Mobilising immediate actions from the Missed Opportunities Audit and the Deep Dive Audit.
- Addressing flow into SDEC (ACU) to improve non-admitted performance working collaboratively with the services, Site MD, Site DoN to review SDEC footprint and immediate options.
- Continuing with a rapid transfer team to improve admitted patient flow from ED.
- Reviewing overnight bed cleaning provision to reduce bed turnaround times and improve admitted patient flow from ED.

**PRUH Actions:**
- Twice-weekly MDT mini-MADE events held with system partners focusing on both LLoS and patients with no criteria to reside. For the latter, we continue to over-achieve against the ask of a 30% increase in the number of patients with no criteria to reside who are discharged on the day – with a best performance of 87%.
- LAS direct conveyance to MAU continues with the aim of reducing conveyances to ED. The Stroke team are also exploring direct conveyance to the Stroke Unit.
- The Senior Transformation Lead for Urgent Emergency Care who commenced on site in the w/c 4 April 2022 has established monthly meetings of the Integrated Patient Flow Board where its members report on workstreams covering ED flow, AMU Flow, Optimising SDEC, Frailty and Improving Discharges. The next meeting is on 9 June 2022.

Tab 6.1 Integrated Performance Report M1

# King's

# RTT

**RTT Incomplete performance:**
- Executive Owner: Jonathan Lofthouse, Site Chief Executive
- Management/Clinical Owner:



Trust / RTT_INCOM_PERF

Actual — Mean --- 2 SD — 1 SD
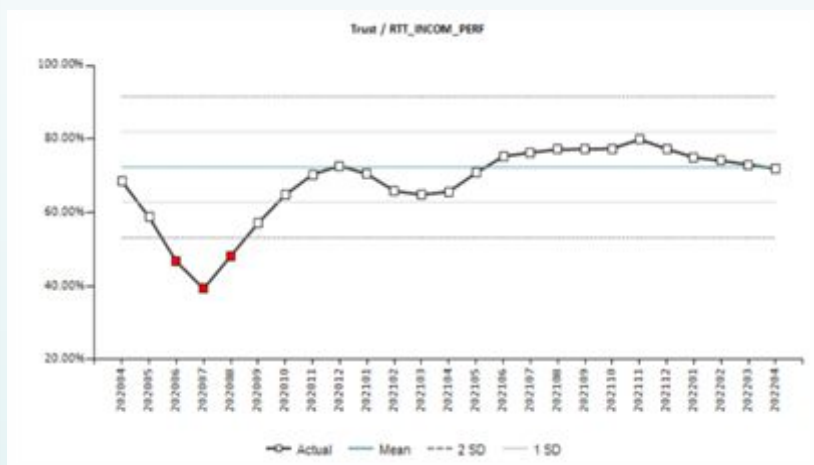
**Background / target description:**
- Ensure 92% of patients are treated within 18 weeks of referral.

**Underlying issues:**
- Theatre staffing is still a risk across PRUH and South Sites and leads to offered-out lists not being staffed and therefore lost.

**Current RTT Incomplete position:**
- RTT performance of 71.93% for April compared to 73.06% performance achieved in March. Total PTL increased by 1,690 to 77,672 pathways and the backlog increased by 1,336 to 21,805 pathways.

**DH Actions**
- Review of Inpatient theatre demand and capacity has been completed and signed off by site executive, with a key focus on in-session productivity. Trust Transformation team to commence in DSU from 11 April.
- LFT testing commenced in DSU from 21 March. As from 2 May, new guidance will be implemented for pre-op swabbing of elective inpatients with a transition from PCR to lateral flow device (LTF).
- Colorectal / General Surgery - Surgery care group have re-commenced inpatient operating at the PRUH (Theatre 6) which will support backlog reduction.

**PRUH Actions**
- LFT on the day has gone live in three out of four theatre complex, with the further two finalising process and space.
- The 'Enhanced Theatre Support Programme' was launched w/c 25th April, with senior leadership presence at all scheduling meetings, a daily sitrep providing a forward and backward look of activity and sessions through all theatre complex.
- There has been an increase in both sessions undertaken, utilisation and cases per session. Through this programme the team have also begun targeted work to improve pre-assessment capacity and throughput, with revised clinic templates to enable 480 pre-ops per week to launch in May.

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Tab 6.1 Integrated Performance Report M1

# RTT – 52 Weeks

**King's**

## RTT Incomplete performance:
- Executive Owner: Jonathan Lofthouse, Site Chief Executive
- Management/Clinical Owner:

## RTT 52+ Week waiters:



Trust / RTT_52_WKS

Legend: Actual — Mean — 2 SD — 1 SD
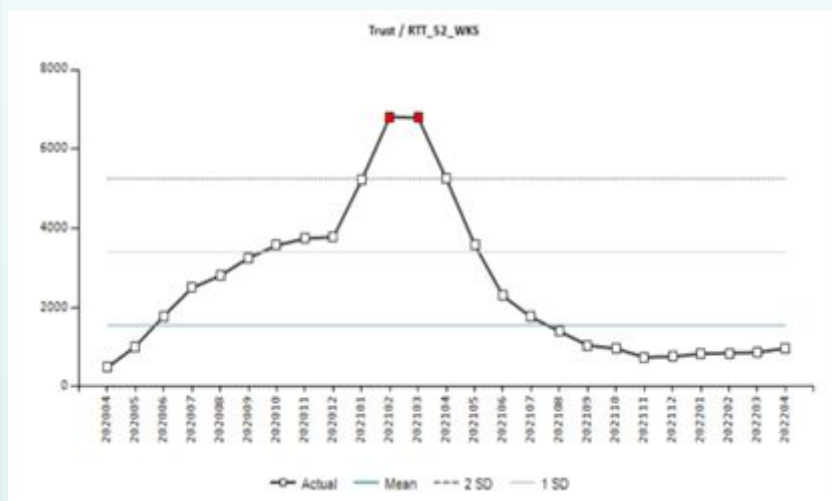
## Background / target description:
- Zero patients waiting over 52 weeks.

## 52 Week position:
- Increase of 106 breaches from 865 in March to 971 in April.
- The majority of the breaches are in T&O (163 patients), Allergy (142 patients), General Surgery (133 patients) and Neurosurgery (79 patients).
- The number of 52 week breaches at Denmark Hill has increased by 15 cases from 616 in March to 631 in April.
- The number of 52 week breaches at PRUH/South Sites increased by 91 cases from 249 in March to 340 in April.

## Actions:
- Allergy has one of the highest volume of 52+ week patients, and is the main area of totally unmitigated risk for 52+ and 78+ week breaches in FY22-23. As part of system mutual aid, we have agreed to transfer an initial 50 patient 52+ week pathways to GSTT with ca 20 patient per month thereafter, and are working on further mitigations to be enacted in FY22-23.
- **Theatres:** Phased increase in the use of the new T4 at Orpington.
- Pre-Operative Assessment re-launch first phase will increase POA slots by 100 per week to support booking further in advance. Development work in progress to have better visibility of patient POA status in the RTT PTL.

- **104 Weeks (DH):** There were only 3 patients waiting over 104 weeks at the end of March, and 1 patient waiting at the end of April in HpB.
- **104 Week waits (PRUH)** – There was only 1 patient in Ophthalmology waiting over 104 weeks by the end of March, and 2 patients waiting at the end of April in Ophthalmology.

Tab 6.1 Integrated Performance Report M1

# Cancer 62 day standard

**King's**

## 62 days GP referral to first treatment performance:

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

Trust / CANC_62_RTT_GP



-□- Actual  — Mean  --- 2 SD  — 1 SD
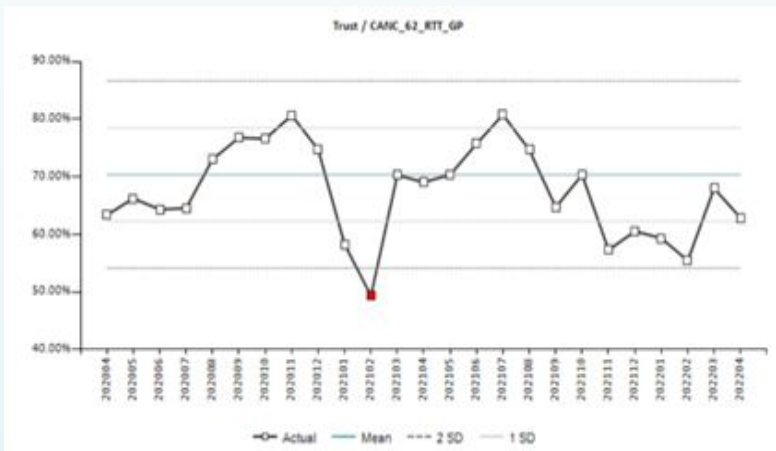
| CANCER SITE | TARGET | CASES | BREACHES | NO BREACH | PERF |
|---|---|---|---|---|---|
| Breast | 85% | 16.0 | 1.0 | 15.0 | 93.8% |
| Colorectal | 85% | 10.0 | 4.0 | 6.0 | 60.0% |
| Gynaecology | 85% | 1.5 | 0.5 | 1.0 | 66.7% |
| Haematology | 85% | 3.0 | 1.0 | 2.0 | 66.7% |
| Lung | 85% | 1.5 | 0.5 | 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% |

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## 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:
- **Oncology** - long term expansion of oncology services from business case approval in 2022/23. Additional uro-oncologist (Trust wide), breast oncologists (DH) and colorectal oncologist (PRUH) in place. Recruitment underway for uro-oncology CNS. Challenges remain for uro-oncology capacity pending CNS recruitment. Demand and capacity review meeting to be held in M2.
- **Accelerated pathways** – implementation of accelerated pathways for prostate and lung cancers. Prostate – additional postholders to start late M3 to support faster diagnosis. Lung business case required in Q1 as additional funding required on top of SELCA funding.

## DH Actions
- **Colorectal** – implementation of breaking bad news slots within 24 hours of MDM (start date M2).
- **HpB** – job description being finalised for additional HCC consultant to improve timeliness for post MDM OPAs. Wider review of liver cancer pathways underway in the long term.
- **Breast** - Additional theatre capacity in place for DH breast patients with further capacity permanently added from M2 (for 31-day standard)

## PRUH Actions
- **Head & neck** – Develop 1-stop clinic for PRUH patients. 50% of activity to commence in M3, remainder requires business case submission in Q1 2022/23
- **Rapid Diagnostic Centre** – service went live from 26 April to reduce waiting times to diagnosis for complex pathways.
- **PRUH pathology** - reviewing and redesigning laboratory processes to improve turnaround time for 2WW pathology reporting – complete with processes live for challenged specialties although short term staffing challenges. To undertake process mapping for other specialties at the PRUH.

Tab 6.1 Integrated Performance Report M1

# Diagnostic Waiting Times

**King's**

## DM01 performance:
- Executive Owner: Jonathan Lofthouse/Julie Lowe, Site Chief Executive
- Management/Clinical Owner: tbc



Trust / DIAGNOSTIC_WAITS

Legend: Actual — Mean --- 2 SD — 1 SD
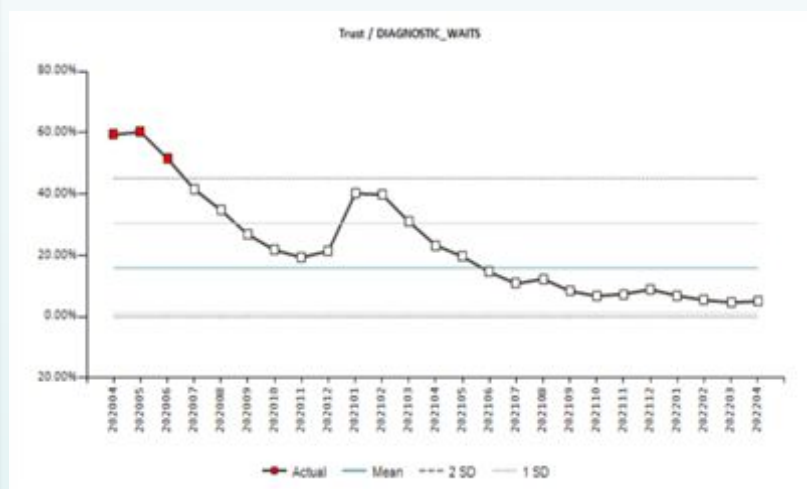
## Background / target description:
- The percentage of patients not seen within six weeks for 15 tests reported in the DM01 diagnostic waiting times return.

## Underlying issues:
- The number of diagnostic DM01 breaches increased from 606 in March to 662 in April which equates to 5.01% patients waiting <6 weeks.
- Performance for the Denmark Hill site group reduced from 5.25% in March to 5.67% in April. Performance at the PRUH/South Sites site group remains compliant at 0.42% for April compared to 0.25% for March.
- MRI long waiters are increasing and the main challenges are due to the number of specialist cardiac MRIs and neuro MRIs that require general anesthetic. Outsourcing has commenced for cardiac MRIs and working with anaesthetics to increase capacity for the neuro MRIs.

## DH Actions
- Recovery trajectories for all modalities will be signed off and implemented before end of quarter 1.
- Paediatric gastroscopy also has a demand and capacity gap. There have also been some issues regarding data management of patients on the diagnostic waiting list. Training has started to address the data management issue and this will result in an improvement in the May position. Work is underway with the endoscopy team to identify additional slots – this is challenging as paediatric patients have to be managed differently in recovery and also require GA. This challenge is being mitigated by a small business case for equipment to purchase video capsules which will reduce the demand for endoscopies – case will go to Sub-Investment Board in June.
- Adult endoscopy and MRI continue to improve with other diagnostic modalities remaining stable and compliant.

## PRUH Actions
- DM01 standard remained compliant for April and is on track to be compliant for May.
- This is subject to full validation of sleep studies breaches.

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Tab 6.1 Integrated Performance Report M1

# Workforce Dashboard

## Workforce

| | | Denmark Hill Site Group | | | | PRUH/SS Site Group | | | | Trust | | | | 13-Month Trend |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Feb 22 | Mar 22 | Apr 22 | F-YTD Actual | Feb 22 | Mar 22 | Apr 22 | F-YTD Actual | Feb 22 | Mar 22 | Apr 22 | F-YTD Actual | |
| **CQC level of inquiry: Well Led** | | | | | | | | | | | | | | |
| **Staff Training & CPD** | | | | | | | | | | | | | | |
| 715 | % appraisals up to date - Combined | | | | | | | | | 86.89% | 85.66% | 20.96% | | |
| 721 | Statutory & Mandatory Training | | | | | | | | | 90.46% | 90.70% | 91.14% | | |
| **Staffing Capacity** | | | | | | | | | | | | | | |
| 875 | Voluntary Turnover % | 13.5% | 13.9% | 14.1% | | 13.9% | 14.6% | 14.9% | | 13.6% | 14.2% | 14.4% | | |
| 732 | Vacancy Rate % | 13.30% | 12.51% | 14.11% | | 16.34% | 14.60% | 16.83% | | 15.22% | 14.47% | 16.35% | | |
| **Efficiency** | | | | | | | | | | | | | | |
| 743 | Monthly Sickness Rate | 5.07% | 5.69% | 5.27% | | 5.27% | 6.38% | 4.74% | | 5.01% | 5.72% | 4.96% | | |

**Appraisals**
- The Appraisal window has opened - a new simpler form which is aligned to Trust values, is in use.
- Appraisal rates for all staff is 20.96% for the end of April position.

**Sickness**
- Sickness rate has reduced by 0.76% to 4.96% for April.

**Training**
- Statutory and Mandatory Training compliance achieved its 90% target for the third consecutive month at 91.14% in April.

**Staff Vacancy and Turnover**
- The Trust Vacancy rate has increased this month to 16.35% due a large number of business cases being added to the establishment for month 1.
- The Trust voluntary turnover rate has risen by 0.21% this month to 14.37% for April which is above the internal 14% target.

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Tab 6.1 Integrated Performance Report M1

## Appraisal Rate

**Appraisal Rate:**
- Executive Owner: Mark Preston
- Management/Clinical Owner: tbc



**Performance Delivery:**
- The Appraisal window has opened - a new simpler form which is aligned to Trust values, is in use.
- Appraisal rates for all staff is 20.96% for the end of April position.

**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 requirement for an appraisal session to be held is being well communicated within the Trust. 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 intervals 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.

Tab 6.1 Integrated Performance Report M1

# Sickness Rate

**King's**

## Sickness Rate:
- Executive Owner: Mark Preston
- Management/Clinical Owner: tbc



Trust / STAFFING_ABSENCE_SICK

Legend: Actual — Mean — – – 2 SD — 1 SD
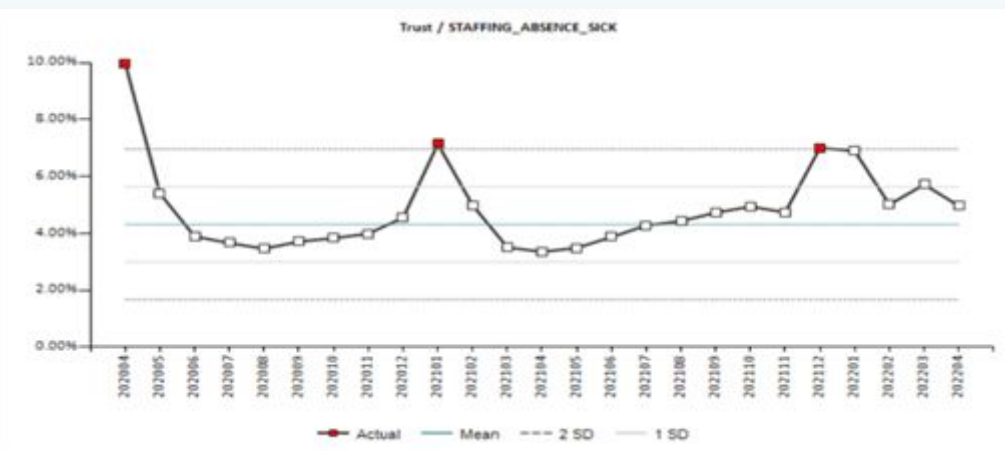
## Performance Delivery:
- Sickness rate has reduced by 0.76% to 4.96% for April.

## 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:

- 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.

- Increase in Psychological and pastoral support staff are now in place to support the management of absence.

- The ER Team is increasing awareness of the EAP service / Occupational Health 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.

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Tab 6.1 Integrated Performance Report M1

# Statutory and Mandatory Training

**King's**

## Statutory and Mandatory Training
- Executive Owner: Mark Preston
- Management/Clinical Owner: tbc



Trust / TRAINING_MANDATORY

Legend: Actual — Mean --- 2 SD — 1 SD

**Background / target description:**
- The percentage of staff compliant with Statutory & Mandatory training.

**Actions going forward:**
- We are continuing on work to improve LEAP, our learning management system.
- 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.

**Performance Delivery:**
- Statutory and Mandatory Training compliance achieved its 90% target for the third consecutive month at 91.14% in April.

Tab 6.1 Integrated Performance Report M1

# Vacancy Rate

**King's**

## Vacancy Rate:
- Executive Owner: Mark Preston
- Management/Clinical Owner: tbc



Trust / STAFFING_VACANCY_RATE

## Performance Delivery:
- Trust Vacancy rate has increased this month due a large number of business cases being added to the establishment for month 1.

- The budgeted posts associated to this increase is being checked to ensure recruitment is underway. For those post where recruitment has not yet started, the phasing of the post will be adjusted and removed from the establishment until needed.

- The vacancy review project is underway - this involves an active review of all vacancies across the Trust.

## 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:

## 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.

- Targeted nursing campaigns are in progress with several open day having taken place over the last few months and more planned.

- 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.

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Tab 6.1 Integrated Performance Report M1

# Turnover Rate

King's

**Turnover Rate:**
- Executive Owner: Mark Preston
- Management/Clinical Owner: tbc



Trust / STAFFING_VOLUNT_TURNOVER

Legend: —O— Actual —— Mean - - - 2 SD —— 1 SD

**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:**
- A Kings People Experience Committee has been created, one element of this work will be to support a reduction of turnover.

- Work is being undertaken to review the experience of new starters to Kings, this will involve refreshing the Kings Welcome.

- In response to staff survey results, each Care Group are developing an action plan for their top 3 priorities.

**Performance Delivery:**
- The Trust voluntary turnover rate has risen by 0.21% this month to 14.37%.

- Other Trusts are seeing an increase in this metric.

Tab 6.1 Integrated Performance Report M1

# Finance Dashboard

## Finance

| | | Denmark Hill Site Group | | | | PRUH/SS Site Group | | | | Trust | | | | 13-Month Trend |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Feb 22 | Mar 22 | Apr 22 | F-YTD Actual | Feb 22 | Mar 22 | Apr 22 | F-YTD Actual | Feb 22 | Mar 22 | Apr 22 | F-YTD Actual | |
| **Overall (000s)** | | | | | | | | | | | | | | |
| 895 | Actual - Overall | 18,851 | 15,011 | 65,263 | 65,263 | 7,435 | 5,520 | 20,398 | 20,398 | 30,633 | 22,029 | 11,122 | 11,122 | |
| 896 | Budget - Overall | 10,519 | 1,971 | 67,041 | 67,041 | 5,214 | 5,207 | 20,353 | 20,353 | (80) | 298 | 4,388 | 4,388 | |
| 897 | Variance - Overall | (8,331) | (13,040) | 1,778 | 1,778 | (2,220) | (314) | (45) | (45) | (30,713) | (21,731) | (6,734) | (6,734) | |
| **Medical - Agency** | | | | | | | | | | | | | | |
| 602 | Variance - Medical - Agency | (288) | (248) | (253) | (253) | (413) | (360) | (283) | (283) | (710) | 39 | (563) | (563) | |
| **Medical Bank** | | | | | | | | | | | | | | |
| 1095 | Variance - Medical Bank | (732) | (834) | (948) | (948) | (378) | (281) | (432) | (432) | (1,110) | 1,154 | (1,379) | (1,379) | |
| **Medical Substantive** | | | | | | | | | | | | | | |
| 599 | Variance - Medical Substantive | 617 | (460) | 277 | 277 | 577 | 383 | 408 | 408 | 842 | 2,754 | 706 | 706 | |
| **Nursing Agency** | | | | | | | | | | | | | | |
| 603 | Variance - Nursing Agency | (384) | (328) | (332) | (332) | (123) | (144) | (79) | (79) | (538) | (496) | (422) | (422) | |
| **Nursing Bank** | | | | | | | | | | | | | | |
| 1104 | Variance - Nursing Bank | (1,374) | (2,188) | (1,749) | (1,749) | (542) | (479) | (602) | (602) | (2,435) | (3,866) | (2,484) | (2,484) | |
| **Nursing Substantive** | | | | | | | | | | | | | | |
| 606 | Variance - Nursing Substantive | 2,573 | 2,242 | 2,207 | 2,207 | 875 | 1,069 | 770 | 770 | 3,644 | 3,658 | 3,152 | 3,152 | |

- **Operating income**: – an adverse variance of £3.8m against budget
  - ❑ Included in the plan is £20m of income improvement above block contracts, which has been phased equally throughout the year (£1.7m in month). This has not been delivered in month 1, but is likely to be back weighted.
  - ❑ Month 1 income figures have not included any over performance for Drugs and Devices as we do not have the data available for month 1, However we do anticipate receiving this later in the year and this is likely to be c£0.5m a month.
- **Employee operation expenses (Pay):** was £0.8m overspent against budget due to:
  - ❑ Planned cost improvement target of £23.3m has been phased equally across the year (£1.9m per month) and not yet achieved, so is reported as an overspend.
  - ❑ Budget for business cases/cost pressures of £6.4m has been phased equally across the year (£0.7m per month), not been utilised, so is reported as an underspend. The remaining underspend is due to vacancies across both DH and PRUH.
- **Operating expenses (Non pay)**: Non-Pay costs are in line with 2021/22 run rate and £1m below budget.
  - ❑ For 2022/23, we are going to track the impact of inflation on costs of our major contracts, such as ICT, Energy & Utilities in conjunction with KiFM. Inflation tracking on clinical supplies remains below 1% at the moment.

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Tab 6.1 Integrated Performance Report M1

# Domain 4: Finance
## M1 (April) – Financial Performance

**King's**

### Surplus / (Deficit)

| | |
|---|---|
| (£7.0m) | Actual M1 22/23 |
| (£0.9m) | Average 21/22 |

### Pay

| | |
|---|---|
| (£72.8m) | Actual M1 22/23 |
| (£70.5m) | Average 21/22 |

### Non Pay

| | |
|---|---|
| (£56.3m) | |
| (£55.8m) | |

### COVID Costs

| | |
|---|---|
| £1.8m | Total YTD |
| £0.3m | Pay YTD |
| £1.5m | Non Pay YTD |

### Capital

| | |
|---|---|
| (£69.1m) | Annual Plan 22/23 |
| (£4.1m) | Actual YTD 22/23 |

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PUBLIC BOARD MEETING 16th June 2022-16/06/22

Tab 6.1 Integrated Performance Report M1

# **Key** Metrics - IPR Summary

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

Trust (100)

April 2022

## Performance

| | | May 21 | Jun 21 | Jul 21 | Aug 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 | Jan 22 | Feb 22 | Mar 22 | Apr 22 | Month Target | F-YTD Actual | Rolling 12mth | Trend |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **CQC level of inquiry: Responsive** | | | | | | | | | | | | | | | | | |
| **Access Management - RTT, CWT and Diagnostics** | | | | | | | | | | | | | | | | | |
| 364 | RTT Incomplete Performance | 70.79% | 75.27% | 76.32% | 77.16% | 77.21% | 77.41% | 79.89% | 77.32% | 75.00% | 74.10% | 73.06% | 71.93% | 92.00% | 71.93% | 75.39% | |
| 632 | Patients waiting over 52 weeks (RTT) | 3582 | 2295 | 1757 | 1400 | 1043 | 962 | 745 | 760 | 832 | 847 | 865 | 971 | 0 | 971 | 16059 | |
| 4537 | Patients waiting over 104 weeks (RTT) | 15 | 25 | 46 | 44 | 43 | 43 | 57 | 49 | 53 | 29 | 4 | 3 | 0 | 3 | 411 | |
| 4557 | RTT P2 Admitted Pathways | 1906 | 2220 | 2136 | 2147 | 2147 | 2221 | 2291 | 2214 | 2108 | 2047 | 1918 | 1888 | 2087 | 1888 | 25243 | |
| 4558 | RTT P2 Admitted Pathways waiting >4 weeks | 51.5% | 50.4% | 57.7% | 58.1% | 55.0% | 57.3% | 52.2% | 64.1% | 62.7% | 55.8% | 52.9% | 55.8% | 56.1% | 55.8% | 56.2% | |
| 412 | Cancer 2 weeks wait GP referral | 93.21% | 94.38% | 92.46% | 87.99% | 91.07% | 91.44% | 94.49% | 90.82% | 90.59% | 95.89% | 94.92% | 92.05% | 93.00% | 92.05% | 92.52% | |
| 413 | Cancer 2 weeks wait referral - Breast | 94.23% | 100.00% | 82.89% | 88.24% | 90.48% | 75.71% | 87.50% | 72.34% | 68.18% | 92.16% | 95.83% | 93.10% | 93.00% | 93.10% | 86.91% | |
| 419 | Cancer 62 day referral to treatment - GP | 70.35% | 75.72% | 80.79% | 74.65% | 64.73% | 70.32% | 57.29% | 60.53% | 59.34% | 55.45% | 67.97% | 62.87% | 85.00% | 62.87% | 66.18% | |
| 536 | Diagnostic Waiting Times Performance > 6 Wks | 19.60% | 14.53% | 10.76% | 12.31% | 8.33% | 6.73% | 7.37% | 8.86% | 6.83% | 5.41% | 4.63% | 5.01% | 1.00% | 5.01% | 9.27% | |
| **Access Management - Emergency Flow** | | | | | | | | | | | | | | | | | |
| 459 | A&E 4 hour performance (monthly SITREP) | 76.72% | 70.78% | 67.90% | 68.50% | 62.57% | 68.49% | 65.87% | 64.88% | 68.01% | 66.80% | 61.22% | 63.22% | 95.00% | 63.22% | 67.08% | |
| **Patient Flow** | | | | | | | | | | | | | | | | | |
| 399 | Weekend Discharges | 24.6% | 19.2% | 20.8% | 21.4% | 19.2% | 24.3% | 19.8% | 19.0% | 23.2% | 20.7% | 18.0% | 21.2% | 20.8% | 21.2% | 21.0% | |
| 404 | Discharges before 1pm | 17.8% | 17.8% | 17.8% | 16.0% | 17.7% | 15.1% | 17.6% | 16.2% | 17.8% | 16.9% | 16.4% | 16.0% | 17.0% | 16.0% | 16.9% | |
| 747 | Bed Occupancy | 86.3% | 87.0% | 87.9% | 87.0% | 90.8% | 90.7% | 92.9% | 88.5% | 88.2% | 91.3% | 90.5% | 92.2% | 88.6% | 92.2% | 89.4% | |
| 1357 | Number of Stranded Patients (LOS 7+ Days) | 492 | 592 | 515 | 528 | 552 | 537 | 590 | 584 | 534 | 575 | 600 | 567 | | 567 | 6666 | |
| 1358 | Number of Super Stranded Patients (LOS 21+ Days) | 209 | 223 | 204 | 199 | 231 | 214 | 257 | 252 | 248 | 253 | 262 | 251 | | 251 | 2803 | |
| 800 | Delayed Transfer of Care Days (per calendar day) | | | | | | | | | | | | | 0.0 | | | |
| 762 | Ambulance Delays > 30 Minutes | 444 | 550 | 640 | 617 | 646 | 617 | 593 | | | | | | 0 | | 4107 | |
| 772 | 12 Hour DTAs | 29 | 63 | 95 | 38 | 122 | 127 | 173 | 187 | 161 | 187 | 296 | 469 | 0 | 469 | 1947 | |
| **Theatre Productivity** | | | | | | | | | | | | | | | | | |
| 801 | Day Case Rate | 80.8% | 80.9% | 80.2% | 79.4% | 80.8% | 76.5% | 75.4% | 73.6% | 76.8% | 76.1% | 76.2% | 76.3% | 78.3% | 76.3% | 77.8% | |

## Quality

| | | May 21 | Jun 21 | Jul 21 | Aug 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 | Jan 22 | Feb 22 | Mar 22 | Apr 22 | Month Target | F-YTD Actual | Rolling 12mth | Trend |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

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

Created date: October 2019

Tab 6.1 Integrated Performance Report M1

# **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: Safe

**Reportable to DoH**

| ID | Metric | | | | | | | | | | | | | | | Total | Chart |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2717 | Number of DoH Reportable Infections | 53 | 82 | 65 | 89 | 74 | 83 | 63 | 62 | 66 | 50 | 54 | 55 | 66 | 55 | 796 | |

**Safer Care**

| ID | Metric | | | | | | | | | | | | | | | Total | Chart |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 629 | Falls resulting in moderate harm, major harm or death per 1000 bed days | 0.24 | 0.09 | 0.15 | 0.15 | 0.04 | 0.17 | 0.15 | 0.17 | 0.11 | 0.12 | 0.17 | 0.13 | 0.19 | 0.13 | 0.14 | |
| 1897 | Potentially Preventable Hospital Associated VTE | 3 | 1 | 2 | 0 | 4 | 4 | 2 | 2 | 0 | 2 | 1 | 2 | 0 | 2 | 23 | |
| 538 | Hospital Acquired Pressure Ulcers (Category 3 or 4) | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | | | |
| 945 | Open Incidents | | 36 | | | 36 | | | 52 | | | 46 | | | | 170 | |

**Incident Reporting**

| ID | Metric | | | | | | | | | | | | | | | Total | Chart |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 520 | Total Serious Incidents reported | 15 | 9 | 13 | 14 | 7 | 21 | 15 | 8 | 11 | 15 | 14 | 11 | | 11 | 153 | |
| 516 | Moderate Harm Incidents | 31 | 19 | 29 | 33 | 31 | 33 | 39 | 43 | 29 | 34 | 36 | 38 | | 38 | 395 | |
| 509 | Never Events | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 5 | |

## CQC level of inquiry: Caring

**Friends & Family Test**

| ID | Metric | | | | | | | | | | | | | | | Total | Chart |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 422 | Friends & Family - Inpatients | 94.6% | 93.9% | 94.3% | 95.1% | 95.3% | 96.1% | 94.5% | 94.6% | 96.3% | 95.2% | 94.6% | 92.6% | 96.0% | 92.6% | 94.8% | |
| 423 | Friends & Family - ED | 79.3% | 73.0% | 71.3% | 72.8% | 66.3% | 72.9% | 74.6% | 72.2% | 78.8% | 73.7% | 64.5% | 66.8% | 86.0% | 66.8% | 73.0% | |
| 774 | Friends & Family - Outpatients | 87.9% | 87.4% | 88.8% | 88.2% | 87.5% | 87.2% | 89.3% | 90.3% | 90.7% | 90.7% | 89.4% | 90.0% | 92.0% | 90.0% | 89.1% | |
| 775 | Friends & Family - Maternity | 93.2% | 91.9% | 90.1% | 87.2% | 96.3% | 83.1% | 87.5% | 83.3% | 89.2% | 92.4% | 87.2% | 91.0% | 94.0% | 91.0% | 89.9% | |

**Complaints**

| ID | Metric | | | | | | | | | | | | | | | Total | Chart |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 619 | Number of complaints | 83 | 96 | 100 | 81 | 105 | 97 | 89 | 80 | 68 | 85 | 144 | 91 | 93 | 91 | 1119 | |

**Operational Engagement**

| ID | Metric | | | | | | | | | | | | | | | Total | Chart |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 620 | Number of complaints not responded to within 25 Days | 67 | 75 | 68 | 76 | 66 | 80 | 92 | 69 | 65 | 54 | 86 | 85 | 73 | 85 | 883 | |
| 3119 | Number of PALS enquiries – unable to contact department | 36 | 40 | 39 | 27 | 41 | 42 | 36 | 41 | 28 | 25 | 35 | 27 | 35 | 27 | 417 | |

**Incident Management**

| ID | Metric | | | | | | | | | | | | | | | Total | Chart |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 660 | Duty of Candour - Conversations recorded in notes | 100.0% | 97.3% | 96.7% | 100.0% | 95.1% | 90.6% | 84.6% | 84.2% | 88.1% | 94.3% | 95.5% | 95.1% | 93.2% | 95.1% | 93.3% | |
| 661 | Duty of Candour - Letters sent following DoC Incidents | 100.0% | 97.6% | 92.9% | 100.0% | 90.5% | 87.5% | 64.3% | 57.6% | 80.0% | 89.7% | 92.1% | 86.4% | 87.1% | 86.4% | 86.3% | |
| 1617 | Duty of Candour - Investigation Findings Shared | 22.0% | 25.0% | 15.0% | 27.9% | 11.1% | 14.6% | 9.3% | 15.7% | 16.3% | 9.8% | 2.1% | 4.0% | 17.2% | 4.0% | 13.8% | |

## CQC level of inquiry: Effective

**Improving Outcomes**

| ID | Metric | | | | | | | | | | | | | | | Total | Chart |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 831 | Standardised Readmission Ratio | 90.2 | 90.5 | 90.8 | 90.8 | 91.5 | 92.8 | 94.2 | 95.3 | 94.9 | | | | 105.0 | | | |
| 436 | HSMR | 94.3 | 95.0 | 97.2 | 98.0 | 99.1 | 100.2 | 100.3 | 100.3 | 98.8 | 96.8 | | | 100.0 | | | |
| 433 | SHMI | 98.2 | 99.5 | 101.4 | 102.4 | 102.8 | 104.3 | 104.6 | 104.2 | 104.4 | | | | 105.0 | | | |

Tab 6.1 Integrated Performance Report M1

**BIU** Business Intelligence Unit

# **Key** Metrics - IPR Summary
A selection of core metrics for aggregate KCH performance to Board/FPC and organisational review

Trust (100)

| | | May 21 | Jun 21 | Jul 21 | Aug 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 | Jan 22 | Feb 22 | Mar 22 | Apr 22 | Month Target | F-YTD Actual | Rolling 12mth | Trend |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 649 | Patients receiving Fractured Neck of Femur surgery w/in 36hrs | 83.7% | 56.8% | 73.0% | 80.4% | 57.8% | 91.2% | 72.2% | 75.0% | 86.8% | 80.0% | 73.8% | 89.7% | 75.3% | 89.7% | 76.3% | |
| 625 | Diagnostic Results Acknowledgement | 15.0% | 13.5% | 13.8% | 13.8% | 13.9% | 12.8% | 12.0% | 12.5% | 12.4% | 11.6% | 10.3% | 9.7% | 12.8% | 9.7% | 12.6% | |

# Workforce

| | | May 21 | Jun 21 | Jul 21 | Aug 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 | Jan 22 | Feb 22 | Mar 22 | Apr 22 | Month Target | F-YTD Actual | Rolling 12mth | Trend |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **CQC level of inquiry: Well Led** | | | | | | | | | | | | | | | | | |
| **Staff Training & CPD** | | | | | | | | | | | | | | | | | |
| 715 | % appraisals up to date - Combined | 63.06% | 26.93% | 57.00% | 65.14% | 83.86% | 85.96% | 96.29% | 87.25% | 87.25% | 86.89% | 85.66% | 20.96% | 90.00% | | | |
| 721 | Statutory & Mandatory Training | 86.27% | 88.59% | 88.67% | 86.42% | 86.90% | 87.17% | 88.82% | 89.91% | 90.19% | 90.46% | 90.70% | 91.14% | 90.00% | | | |
| **Staffing Capacity** | | | | | | | | | | | | | | | | | |
| 875 | Voluntary Turnover % | 11.3% | 11.5% | 11.5% | 13.0% | 12.2% | 12.5% | 12.7% | 12.5% | 13.3% | 13.6% | 14.2% | 14.4% | 14.0% | | | |
| 732 | Vacancy Rate % | 10.23% | 11.01% | 11.71% | 11.42% | 13.20% | 13.60% | 13.30% | 14.19% | 15.17% | 15.22% | 14.47% | 16.35% | 10.00% | | | |
| **Efficiency** | | | | | | | | | | | | | | | | | |
| 743 | Monthly Sickness Rate | 3.49% | 3.87% | 4.28% | 4.43% | 4.73% | 4.94% | 4.74% | 7.01% | 6.89% | 5.01% | 5.72% | 4.96% | 3.50% | | | |

# Finance

| | | May 21 | Jun 21 | Jul 21 | Aug 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 | Jan 22 | Feb 22 | Mar 22 | Apr 22 | Month Target | F-YTD Actual | Rolling 12mth | Trend |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Overall (000s)** | | | | | | | | | | | | | | | | | |
| 895 | Actual - Overall | (598) | (1,853) | 1,888 | 24,132 | 1,268 | 842 | 6,807 | 7,923 | 9,030 | 30,633 | 22,029 | 10,277 | 4,388 | 10,277 | 112,380 | |
| 896 | Budget - Overall | (1,189) | (1,189) | (619) | (1,623) | (902) | (405) | (68) | (79) | (89) | (80) | 298 | 4,388 | | 4,388 | (1,557) | |
| 897 | Variance - Overall | (591) | 664 | (2,507) | (25,756) | (2,170) | (1,247) | (6,876) | (8,002) | (9,120) | (30,713) | (21,731) | (5,889) | 0 | (5,889) | (113,937) | |
| **Medical - Agency** | | | | | | | | | | | | | | | | | |
| 602 | Variance - Medical - Agency | (779) | (597) | (779) | (742) | (696) | (716) | (672) | (577) | (718) | (710) | 39 | (563) | 0 | (563) | (7,509) | |
| **Medical Bank** | | | | | | | | | | | | | | | | | |
| 1095 | Variance - Medical Bank | (1,561) | (1,132) | (1,635) | (976) | (913) | (1,495) | (1,018) | (929) | (1,948) | (1,110) | 1,154 | (1,379) | 0 | (1,379) | (12,944) | |
| **Medical Substantive** | | | | | | | | | | | | | | | | | |
| 599 | Variance - Medical Substantive | 1,349 | 1,459 | 2,090 | 1,322 | 1,907 | 610 | 1,185 | 1,027 | 965 | 842 | 2,754 | 706 | 0 | 706 | 16,215 | |
| **Nursing Agency** | | | | | | | | | | | | | | | | | |
| 603 | Variance - Nursing Agency | (542) | (828) | (402) | (420) | (452) | (421) | (424) | (492) | (495) | (538) | (496) | (422) | 0 | (422) | (5,933) | |
| **Nursing Bank** | | | | | | | | | | | | | | | | | |

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Created date: October 2019

Tab 6.1 Integrated Performance Report M1

# **Key** Metrics - IPR Summary

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

Trust (100)

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1104 | Variance - Nursing Bank | (2,086) | (1,953) | (2,183) | (2,669) | (2,346) | (2,611) | (2,322) | (2,895) | (4,115) | (2,435) | (3,866) | (2,484) | 0 | (2,484) | (31,966) |
| **Nursing Substantive** | | | | | | | | | | | | | | | | |
| 606 | Variance - Nursing Substantive | 2,944 | 2,623 | 3,327 | 2,867 | 3,127 | 3,507 | 3,137 | 3,147 | 1,863 | 3,644 | 3,658 | 3,152 | 0 | 3,152 | 36,996 |

Tab 6.2 Finance Report - M12

King's

# Month 12 – Finance Report

# Board of Directors

**April 2022**

King's

KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

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Tab 6.2 Finance Report - M12

# Contents

Tab 6.2 Finance Report - M12

# King's

# Summary of Year to Date Financial Position – Consolidated Group

**The KCH Group has recorded a surplus of £1.7m in month 12. Year to date the Group is reporting a £0.2m surplus. The Trust is reporting a (£(0.9)m deficit in H2), £35.7m favourable to H2 plan (pre mitigations). The Group achieved the plan to breakeven.**

| | Last 3 Months | | | Current Month | | Year to Date | | Run Rate | H2 Plan - HTD @ M12 | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | M9 | M10 | M11 | Last Year | Actual | Last Year | Actual | Change | Plan | Actuals | Variance |
| NHSI Category | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M |
| Operating Income | 122.4 | 134.0 | 130.6 | 42.9 | 171.3 | 1,511.5 | 1,590.5 | 37.9 | 750.0 | 825.7 | 75.7 |
| Employee Operating Expenses | (72.8) | (77.5) | (70.9) | (116.6) | (97.3) | (857.4) | (889.0) | (29.7) | (424.8) | (455.6) | (30.8) |
| Operating Expenses Excluding Employee Expenses | (52.8) | (57.8) | (43.5) | (26.4) | (69.0) | (670.0) | (659.3) | (16.0) | (342.0) | (348.4) | (6.4) |
| Non Operating Expenses | (4.1) | (3.6) | (3.3) | (3.7) | (6.1) | (40.8) | (42.7) | (2.8) | (19.8) | (23.1) | (3.3) |
| Group Total | (7.3) | (4.9) | 12.9 | (103.8) | (1.1) | (56.7) | (0.4) | (10.6) | (36.6) | (1.5) | 35.1 |
| Total Impairment, donated income | 0.1 | (2.4) | (0.0) | 34.4 | 2.8 | 57.0 | 0.6 | 0.7 | 0.0 | 0.5 | 0.5 |
| Group Operating Total (including ERF) | (7.2) | (7.3) | 12.8 | (69.4) | 1.7 | 0.3 | 0.2 | (9.9) | (36.6) | (0.9) | 35.7 |
| Less Elective Recovery Fund | | (0.7) | (0.2) | | (0.2) | | (19.6) | (1.6) | | (4.4) | (4.4) |
| Group Operating Total (excluding ERF) | (7.2) | (8.0) | 12.7 | (69.4) | 1.5 | 0.3 | (19.4) | (11.5) | (36.6) | (5.3) | 31.3 |

*run rate change – takes the average of M01-11 actuals and compares against the current month actuals (M12).

Key Messages:

**See appendices for summary of H2 Plan in month and HTD

The Trust's year end final position is £0.2m favourable and delivers the breakeven forecast for the Trust. The Trust is £35.7m favourable to the H2 plan (pre mitigations). This positive variance is driven by the Trust realising £35m of non recurrent mitigations in H2.

The Trust's full year plan is based on the Month 1 to Month 6 actuals and the H2 plan (pre-mitigations). In the first 6 months of the year the Trust broke even, so the variance analysis will be based on the last 6 months compared to the H2 plan.

**Operating Income - £75.7m favourable to H2 plan**

Overall Income is £75.7m favourable YTD to the H2 NHSI plan predominantly driven by:

- £31.2m income relating to the M12 pension contribution.
- £18.2m COVID income
- £11m Drugs and Devices over performance income
- £4.5m favourable variance on PPE income offset by increased expenditure
- £19.6m additional ERF
- £0.5m CAR-T private patients
- £0.5m relating to the pay award funding
- £2.9m donated asset for CHW

**Employee Expenses (Pay) - £30.8m adverse variance to H2 plan**

The main reason for this variance is the £31.2m pension contribution recognised in month 12.

Included in the pay position are one off payments
- £2.3m cost of the £150 'Thank You' bonus awarded in M10 (DH £1.5m, PRUH £0.6m, Corporate £0.2m)

**Operating Expenses (Non Pay) - £6.4m adverse variance to H2 plan**

The Non pay adverse variance is largely due to:

- £3.7m adverse variance in depreciation as a result of increase capital programme
- £2.8m adverse associated with education, training and estates maintenance costs

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Tab 6.2 Finance Report - M12

# King's

# Underlying position

High level analysis of the Trust's underlying position indicates an average H2 underlying deficit of £23.4m a month (£281m annualised) once you adjust for normalising adjustments and non recurrent items. The £11m deterioration in the underlying deficit from £270m identified in H1 is largely driven by H2 efficiency factor (1.5-2%) which has not been offset by run rate reducing CIP. The current planning envelopes suggests a further 2% efficiency will be required next year.

| NHSI Category | M7 £ M | M8 £ M | M9 £ M | M10 £ M | M11 £ M | M12 £ M |
|---|---|---|---|---|---|---|
| Operating Income | 132.9 | 128.1 | 129.9 | 131.0 | 132.2 | 171.5 |
| Employee Operating Expenses | (71.7) | (70.1) | (71.3) | (75.9) | (70.9) | (95.7) |
| Operating Expenses Excluding Employee Expenses | (55.5) | (57.9) | (55.2) | (57.9) | (56.4) | (74.5) |
| Non Operating Expenses | (3.1) | (3.0) | (3.2) | (3.2) | (3.2) | (7.4) |
| **Trust Total** | **2.6** | **(3.0)** | **0.2** | **(6.0)** | **1.7** | **(6.0)** |
| Less Impairment, donated income | 0.1 | | 0.1 | (2.4) | (0.0) | 2.8 |
| **Operating Total (including ERF)** | **2.7** | **(3.0)** | **0.3** | **(8.4)** | **1.7** | **(3.3)** |
| **Normalising adjustments:** | | | | | | |
| H1 Pay award income higher than accrual | (0.5) | | | | | |
| H1 drug overperformance | (3.4) | | (4.3) | | | |
| H1 HCTED Devices overperformance | (3.3) | | | | | |
| PFI - Cap to Rev | (1.5) | | | | | |
| H1 ERF | | (3.4) | | (0.7) | (0.2) | (0.2) |
| CCG surplus income | | | | (1.1) | (1.7) | (0.5) |
| UTC Contract | (0.4) | 0.4 | | | | |
| Prior year Pathology provision release | | | (1.2) | | | |
| Non recurrent pay award (£150 thank you bonus) | | | | 2.3 | | |
| Increased rates and bank holiday pay | | | (1.5) | 1.5 | | |
| COVID pass through | 0.6 | 0.6 | 0.6 | 0.6 | (1.2) | |
| Pathology prior year VAT rebate | | | | | (1.2) | |
| CNST rebate | 0.2 | 0.2 | 0.2 | 0.2 | (2.4) | |
| H2 Drugs and Devices over performance estimate (£0.5m received in M10 and 11 for M7 and 8 respectively - assumed same rate) | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 |
| **Deficit post normalising adjustments:** | **(5.1)** | **(4.7)** | **(5.4)** | **(5.1)** | **(4.5)** | **(3.5)** |
| Backlog recovery costs | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 |
| System top up (excluding PFI support) | (13.9) | (13.9) | (13.9) | (13.9) | (13.9) | (13.9) |
| System COVID funding | (5.3) | (5.3) | (5.3) | (5.3) | (5.3) | (5.3) |
| Winter Funding | (0.8) | (0.8) | (0.8) | (0.8) | (0.8) | (0.8) |
| Winter Costs | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 |
| **Underlying position** | **(23.8)** | **(23.4)** | **(24.1)** | **(23.8)** | **(23.2)** | **(22.2)** |

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Tab 6.2 Finance Report - M12

# King's

# Detail (1/3) – Operating Income

| Actuals | Last 3 Months | | | Current Month | | Year to Date | | Run Rate Change | |
|---|---|---|---|---|---|---|---|---|---|
| | M9 | M10 | M11 | Last Year | Actual | Last Year | Actual | M12 vs Ave | M12 vs M11 |
| **NHSI Category** | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M |
| NHS England | 48.2 | 45.1 | 45.7 | 74.3 | 77.4 | 610.6 | 572.7 | 32.3 | 31.7 |
| Clinical Commissioning Groups | 55.8 | 56.1 | 56.8 | 53.8 | 54.4 | 571.1 | 688.1 | (3.2) | (2.4) |
| Pass Through Drugs Income | 13.5 | 15.0 | 14.3 | 15.4 | 16.5 | 132.5 | 172.5 | 2.3 | 2.2 |
| NHS Foundation Trusts | 0.0 | (0.2) | 0.0 | 0.0 | 0.0 | (0.1) | (0.1) | 0.0 | 0.0 |
| NHS Trusts | (0.0) | 0.1 | (0.0) | (0.4) | (0.3) | 0.5 | 0.6 | (0.4) | (0.3) |
| Local Authorities | 0.3 | 0.8 | 0.3 | 0.3 | 0.3 | 3.5 | 3.7 | (0.0) | (0.0) |
| NHS Other (Including Public Health England) | 0.1 | (0.1) | 0.8 | 0.4 | 0.0 | 3.3 | 3.4 | (0.3) | (0.8) |
| Non NHS: Private Patients | 0.7 | 0.3 | 1.0 | 0.6 | 1.0 | 6.3 | 5.6 | 0.6 | 0.1 |
| Non-NHS: Overseas Patients (Non-Reciprocal, Chargeable To Patient) | 0.4 | 0.3 | 0.2 | 0.8 | 0.3 | 5.7 | 3.7 | 0.0 | 0.1 |
| Injury Cost Recovery Scheme | 0.3 | 0.3 | 0.2 | 0.3 | 0.3 | 3.6 | 3.4 | (0.0) | 0.1 |
| Non NHS: Other | | | | | | | 0.0 | | |
| **Operating Income From Patient Care Activities** | 119.3 | 117.6 | 119.2 | 145.4 | 149.9 | 1,337.0 | 1,453.7 | 31.4 | 30.6 |
| Research and Development | 2.4 | 2.2 | 2.1 | 1.8 | 1.1 | 19.0 | 18.6 | (0.5) | (1.0) |
| Education and Training | 3.4 | 3.2 | 3.9 | 4.9 | 3.9 | 44.9 | 44.1 | 0.3 | (0.0) |
| Cash Donations / Grants For The Purchase Of Capital Assets | 0.0 | 2.5 | 0.1 | 1.8 | 3.4 | 2.1 | 6.7 | 3.1 | 3.2 |
| Charitable and Other Contributions To Expenditure | | 0.0 | | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 |
| Non-Patient Care Services To Other Non Wga Bodies | 1.0 | 1.0 | 1.1 | 0.7 | 0.9 | 3.9 | 12.2 | (0.1) | (0.1) |
| PSF, FRF, MRET funding and Top-Up | 2.1 | 1.2 | 3.8 | 0.7 | 1.1 | 40.3 | 18.2 | (0.5) | (2.7) |
| Income In Respect Of Employee Benefits Accounted On A Gross Basis | 0.5 | 1.1 | 0.4 | 0.7 | 1.1 | 8.5 | 8.1 | 0.5 | 0.7 |
| Rental Revenue From Operating Leases | 0.1 | 0.1 | 0.1 | 0.4 | 0.3 | 1.2 | 1.4 | 0.2 | 0.2 |
| Other (Operating Income) | 1.1 | 1.9 | 1.4 | 27.4 | 7.8 | 46.3 | 27.3 | 6.1 | 6.4 |
| **Other Operating Income** | 10.6 | 13.3 | 13.0 | 38.3 | 19.7 | 166.4 | 136.6 | 9.1 | 6.7 |
| Finance Income | | 0.0 | | 0.1 | 2.0 | 0.1 | 1.9 | 2.0 | 2.0 |
| **Finance Income** | | 0.0 | | 0.1 | 2.0 | 0.1 | 1.9 | 2.0 | 2.0 |
| **Operating Income** | 129.9 | 131.0 | 132.2 | 183.8 | 171.5 | 1,503.5 | 1,592.1 | 42.4 | 39.3 |

**① Operating Income from Patient Care – an improvement of £30.6m against last month**

The improvement of £30.6m is driven by income of £31.2m recorded in month 12 to fund the year end pension adjustment. This offsets the pay cost and has no impact to the Trust bottom line.

Overall income is £75.7m ahead of NHSI plan largely due to over performance against high cost drugs and devices (£20.8m) and ERF (£19.6m), in addition to the pensions funding mentioned above (£31.2m).

**Other Operating Income – an improvement of £6.7m against last month**

**②** The improvement of £6.7m in month is driven by the line Other (Operating Income) where there is an improvement of £6.4m:

- A year end adjustment of £4.5m has been made for centrally procured PPE, this is offset in Non-Pay costs and has no bottom line impact

- An improvement of £1.8m in Denmark Hill site, relating to a YTD correction of Genomics testing income. The final income figure recorded for the year is correct.

**③**

Other movements include Cash donations for the purchase of Capital Assets (£3.2m) offset by a reduction in Covid income (£2.7m) compared to M11, when the Q3 E-Plex PCR tests were funded. Guidance is unclear whether this will be funded for Q4.

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Tab 6.2 Finance Report - M12

# King's

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

| Actuals | Last 3 Months | | | Current Month | | Year to Date | | Run Rate Change | |
|---|---|---|---|---|---|---|---|---|---|
| | M9 | M10 | M11 | Last Year | Actual | Last Year | Actual | M12 vs Ave | M12 vs M11 |
| **NHSI Category** | **£ M** | **£ M** | **£ M** | **£ M** | **£ M** | **£ M** | **£ M** | **£ M** | **£ M** |
| Substantive Staff | (21.0) | (21.2) | (21.0) | (22.8) | (19.5) | (232.2) | (246.2) | 1.1 | 1.5 |
| Bank Staff | (1.0) | (2.0) | (1.1) | (1.6) | 1.1 | (19.3) | (13.4) | 2.4 | 2.3 |
| Agency / Contract | (0.6) | (0.8) | (0.8) | (0.5) | (0.0) | (7.2) | (8.1) | 0.7 | 0.7 |
| **Medical Staff** | **(22.6)** | **(24.0)** | **(23.0)** | **(24.9)** | **(18.4)** | **(258.6)** | **(267.7)** | **4.2** | **4.5** |
| Substantive Staff | (24.7) | (26.1) | (24.4) | (23.6) | (24.1) | (274.7) | (295.0) | 0.5 | 0.2 |
| Bank Staff | (3.5) | (4.7) | (3.1) | (5.5) | (4.5) | (40.2) | (39.5) | (1.3) | (1.4) |
| Agency / Contract | (0.6) | (0.6) | (0.6) | (0.6) | (0.6) | (8.0) | (7.3) | 0.0 | 0.0 |
| **Nursing Staff** | **(28.7)** | **(31.4)** | **(28.1)** | **(29.7)** | **(29.2)** | **(323.0)** | **(341.8)** | **(0.8)** | **(1.2)** |
| Substantive Staff | (10.3) | (10.8) | (10.9) | (21.4) | (7.7) | (127.8) | (120.5) | 2.6 | 3.2 |
| Bank Staff | (0.4) | (0.8) | (0.4) | (0.8) | (0.3) | (4.0) | (5.3) | 0.1 | 0.1 |
| Agency / Contract | (0.4) | (0.0) | (0.1) | (0.4) | (0.2) | (2.3) | (3.0) | 0.0 | (0.1) |
| **Admin & Clerical** | **(11.1)** | **(11.6)** | **(11.4)** | **(22.6)** | **(8.2)** | **(134.0)** | **(128.8)** | **2.7** | **3.1** |
| Substantive Staff | (8.3) | (8.5) | (8.2) | (8.2) | (8.1) | (92.0) | (96.9) | (0.0) | 0.0 |
| Substantive Staff (Apprentices) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.2) | (0.2) | (0.0) | (0.0) |
| Bank Staff | (0.2) | (0.4) | (0.2) | (0.2) | (0.4) | (2.1) | (3.0) | (0.1) | (0.2) |
| Agency / Contract | (0.2) | 0.0 | (0.1) | (0.3) | (0.1) | (3.7) | (2.1) | 0.1 | 0.1 |
| **Other Staff** | **(8.8)** | **(8.9)** | **(8.5)** | **(8.7)** | **(8.6)** | **(98.1)** | **(102.2)** | **(0.0)** | **(0.1)** |
| CIP Target Pay | | | | | | | | 0.0 | 0.0 |
| **Pay Savings Target** | | | | | | | | 0.0 | 0.0 |
| Substantive Staff (Pension Charge) | | | | (29.1) | (31.2) | (29.1) | (31.2) | (31.2) | (31.2) |
| **Pay Reserves** | | | | (29.1) | (31.2) | (29.1) | (31.2) | (31.2) | (31.2) |
| **Employee Operating Expenses** | **(71.3)** | **(75.9)** | **(70.9)** | **(115.1)** | **(95.7)** | **(842.8)** | **(871.7)** | **(25.1)** | **(24.8)** |
| Substantive Staff Total | (64.3) | (66.7) | (64.4) | (105.2) | (90.7) | (756.1) | (790.0) | (27.1) | (26.2) |
| Bank Staff Total | (5.1) | (7.8) | (4.8) | (8.1) | (4.0) | (65.6) | (61.1) | 1.1 | 0.7 |
| Agency / Contract Total | (1.8) | (1.4) | (1.7) | (1.8) | (1.0) | (21.2) | (20.6) | 0.8 | 0.7 |
| **Employee Operating Expenses** | **(71.3)** | **(75.9)** | **(70.9)** | **(115.1)** | **(95.7)** | **(842.8)** | **(871.7)** | **(25.1)** | **(24.8)** |

**1**

**Medical – an improvement of £4.5m against last month**

In month 12, we posted a year to date adjustment based on improved information regarding retrospective shifts. This affected mainly bank pay and the year to date figures are now correct.

In month 12, national Clinical Excellence Awards (CEA) were paid of £0.3m, in addition to local CEAs which were under accrued by £0.4m. An adjustment of £0.2m was made to previously underpaid PA's, and £0.1m of one off payments made in month.

Generally, pressures continue due to rota gaps, sickness and vacancies.

**2**

**Nursing – a deterioration of £1.2m against last month**

In month 12, £0.8m of holiday pay was paid to bank staff (compared to an average of £0.3m per month).

Also, bank pay has increased in month 12 compared to month 11 due to there being more days in the month and so more shifts booked. Nursing bank pay is back in line with run rate.

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

**3**

**A&C – an improvement of £3.1m against last month**

The improvement in admin and clerical pay is due largely to an adjustment of £1.8m to reduce the annual leave provision in year, and also £1m of pay costs for the Apollo project that have been capitalised in month.

**Other – a deterioration of £0.1m against last month**

**4**

Also incurred in month is the cost of the year end pensions adjustment of £31.2m (last year 2020/21 was £29.1m). This is offset by income and has no impact on the Trust bottom line.
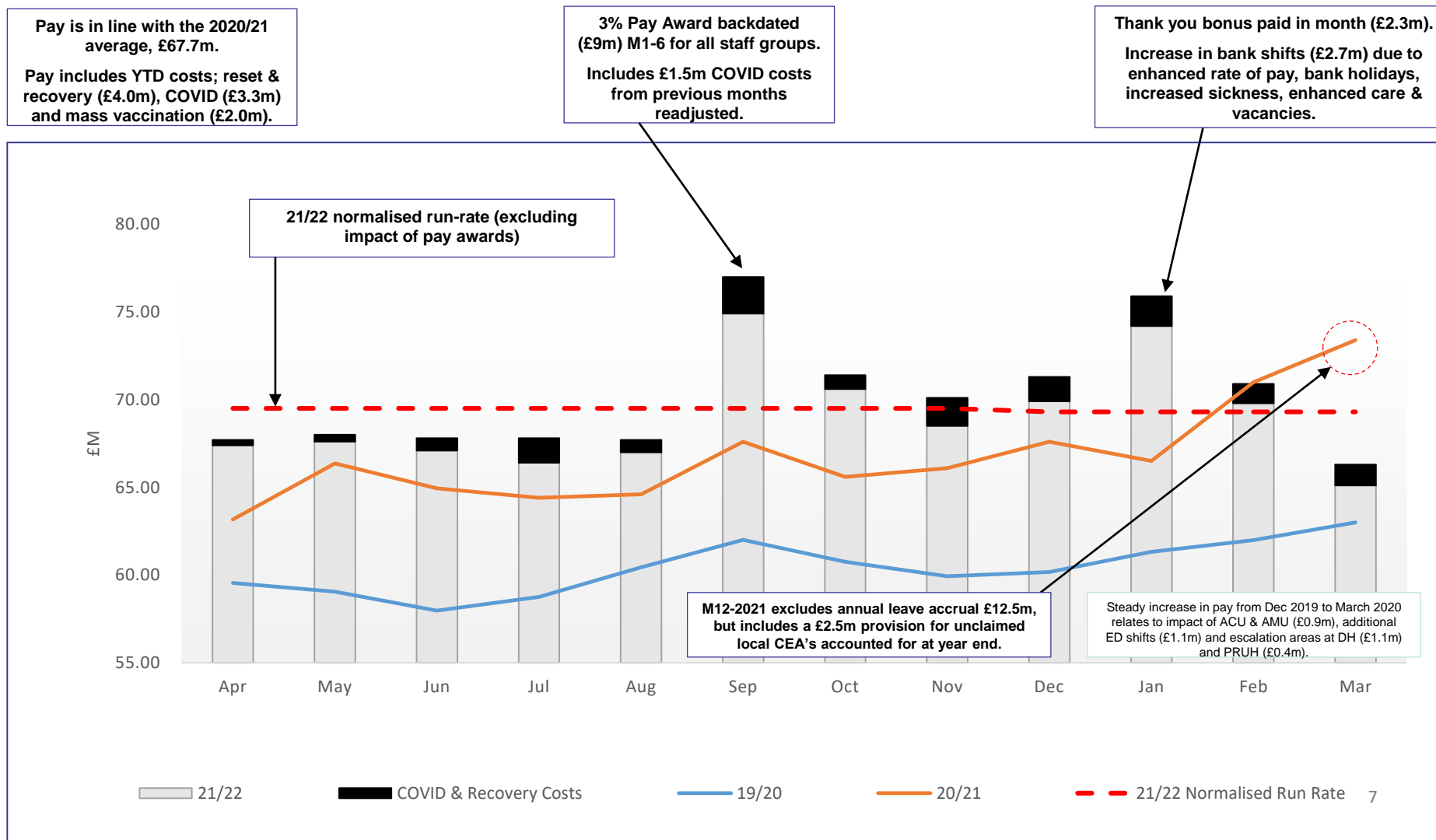
Overall, pay is in line with trend this month.

**Pay includes YTD costs; reset & recovery (£6.1m), COVID (£4.53m) and mass vaccination (£2.6m).**

Tab 6.2 Finance Report - M12

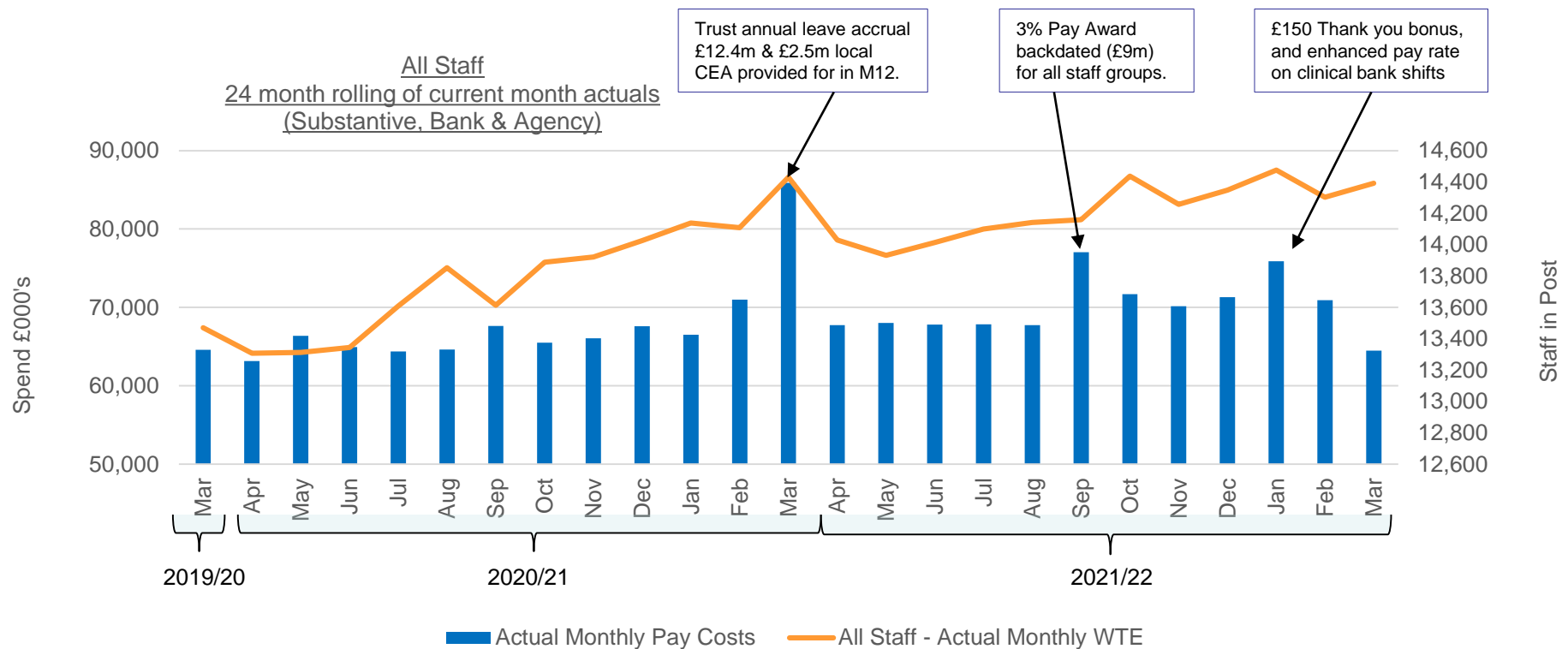# Year to Date - Pay run rate

**King's**

The Trust exits 2021/22 with a pay bill of £828.5m (excluding £31.2m year end pension adjustment, and also a £1.8m decrease to the annual leave provision) resulting in an average of £69m. In comparison, the 2020/21 pay bill (excluding pension adjustment of £29.1m and annual leave provision increase of £12.5m) was £813m, an average of £67.7m. The year on year increase is predominantly due to the 3% pay award.

Pay is in line with the 2020/21 average, £67.7m.

Pay includes YTD costs; reset & recovery (£4.0m), COVID (£3.3m) and mass vaccination (£2.0m).

3% Pay Award backdated (£9m) M1-6 for all staff groups.

Includes £1.5m COVID costs from previous months readjusted.

Thank you bonus paid in month (£2.3m).

Increase in bank shifts (£2.7m) due to enhanced rate of pay, bank holidays, increased sickness, enhanced care & vacancies.

21/22 normalised run-rate (excluding impact of pay awards)

M12-2021 excludes annual leave accrual £12.5m, but includes a £2.5m provision for unclaimed local CEA's accounted for at year end.

Steady increase in pay from Dec 2019 to March 2020 relates to impact of ACU & AMU (£0.9m), additional ED shifts (£1.1m) and escalation areas at DH (£1.1m) and PRUH (£0.4m).



Legend: 21/22 — COVID & Recovery Costs — 19/20 — 20/21 — 21/22 Normalised Run Rate

Tab 6.2 Finance Report - M12

## King's

# Year on Year – Pay Review

**The Trust's underlying pay run-rate is consistent over M01-12 of this year. Overall, substantive recruitment has increased and this is being offset by reducing temporary staffing spend.**

- The increase in M06 (Sep) 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.

- The increase in M10 (Jan) is due to the £150 'thank you' bonus awarded to staff (£2.3m) and increased bank costs (£2.7m) due the impact of temporarily enhancing the pay rates, as well as bank holidays, increased sickness and vacancies, and retrospective shifts booked.



All Staff
24 month rolling of current month actuals
(Substantive, Bank & Agency)

Trust annual leave accrual £12.4m & £2.5m local CEA provided for in M12.

3% Pay Award backdated (£9m) for all staff groups.

£150 Thank you bonus, and enhanced pay rate on clinical bank shifts

Legend: Actual Monthly Pay Costs — All Staff - Actual Monthly WTE

8

Tab 6.2 Finance Report - M12

## King's

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

| Actuals | Last 3 Months | | | Current Month | | Year to Date | | Run Rate Change | |
|---|---|---|---|---|---|---|---|---|---|
| | M9 | M10 | M11 | Last Year | Actual | Last Year | Actual | M12 vs Ave | M12 vs M11 |
| **NHSI Category** | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M |
| Purchase Of Healthcare From NHS Bodies | (1.1) | (1.2) | (0.7) | (6.1) | (0.2) | (18.3) | (10.5) | 0.7 | 0.5 |
| Purchase Of Healthcare From Non-NHS Bodies | (18.8) | (19.8) | (14.6) | (10.1) | (21.4) | (172.0) | (203.2) | (4.9) | (6.8) |
| Non-Executive Directors | | | | (0.1) | (0.2) | (0.1) | (0.2) | (0.2) | (0.2) |
| Supplies and Services - Clinical (Excluding Drugs Costs) | (3.2) | (2.9) | (3.1) | (16.6) | (6.3) | (30.6) | (36.3) | (3.6) | (3.2) |
| Supplies and Services - General | (0.3) | (0.5) | 0.1 | (0.2) | (0.6) | (1.4) | (5.3) | (0.1) | (0.7) |
| Drugs costs – on tariff | (4.2) | (3.7) | (2.9) | (22.6) | (3.7) | (54.0) | (46.7) | 0.2 | (0.8) |
| Pass Through Drugs Cost | (11.9) | (12.1) | (13.1) | (12.2) | (13.0) | (123.1) | (142.9) | (1.2) | 0.1 |
| Consultancy | (0.2) | (0.1) | (3.6) | (6.8) | 1.8 | (4.3) | (4.2) | 2.3 | 5.4 |
| Establishment | (0.9) | (2.4) | (0.2) | (1.7) | (0.6) | (9.9) | (12.2) | 0.4 | (0.4) |
| Premises - Business Rates Payable To Local Authorities | (0.4) | (0.4) | (0.4) | 0.1 | (0.5) | (4.5) | (4.7) | (0.1) | (0.1) |
| Premises - Other | (5.2) | (3.6) | (10.7) | 1.6 | 45.6 | (91.6) | (45.5) | 53.9 | 56.3 |
| Transport | (0.9) | (0.9) | (0.9) | (1.4) | (0.7) | (11.3) | (10.9) | 0.2 | 0.1 |
| Depreciation | (2.7) | (4.6) | (1.8) | (6.2) | (4.3) | (31.8) | (35.0) | (1.5) | (2.4) |
| Fixed Asset Impairments net of Reversals | | | | (40.6) | (6.0) | (62.6) | (6.0) | (6.0) | (6.0) |
| Increase/(Decrease) In Impairment Of Receivables | (0.3) | (0.1) | (0.2) | 4.5 | 0.9 | (0.9) | (1.4) | 1.1 | 1.0 |
| Audit Fees and Other Auditor Remuneration | (0.0) | (0.0) | (0.0) | 0.0 | 0.1 | (0.3) | (0.2) | 0.1 | 0.1 |
| Clinical Negligence | (4.1) | (4.1) | (1.8) | 0.1 | (4.1) | (43.7) | (46.4) | (0.2) | (2.2) |
| Research and Development - Non-Staff | (0.1) | (0.0) | (0.5) | (0.0) | 0.2 | (0.4) | (0.7) | 0.3 | 0.7 |
| Education and Training - Non-Staff | (0.4) | (0.8) | (0.7) | (2.4) | (2.0) | (6.9) | (7.1) | (1.5) | (1.3) |
| Operating Lease Expenditure (net) | (0.1) | (0.1) | (0.3) | (0.1) | (0.1) | (2.0) | (1.8) | 0.0 | 0.2 |
| Charges To Operating Expenditure For Ifric 12 Schemes (E.G. PFI / LIFT) On Ifrs Basis | | | | | (61.6) | | (61.6) | (61.6) | (61.6) |
| Other | (0.5) | (0.6) | (1.0) | 2.6 | 2.4 | (22.7) | (5.7) | 3.2 | 3.4 |
| **Operating Expenses Excluding Employee Expenses** | **(55.2)** | **(57.9)** | **(56.4)** | **(118.1)** | **(74.5)** | **(692.5)** | **(688.6)** | **(18.6)** | **(18.0)** |
| CIP Target Non Pay | 0.0 | | | | | 0.0 | 0.0 | (0.0) | 0.0 |
| **Non Pay Savings Target** | **0.0** | | | | | **0.0** | **0.0** | **(0.0)** | **0.0** |
| **Operating Expenses Excluding Employee Expenses** | **(55.2)** | **(57.9)** | **(56.4)** | **(118.1)** | **(74.5)** | **(692.5)** | **(688.6)** | **(18.6)** | **(18.0)** |
| Finance Expense | (3.2) | (3.2) | (3.2) | (0.2) | (7.2) | (36.3) | (42.2) | (4.0) | (4.0) |
| Gains/(Losses) On Disposal Of Assets | 0.0 | | 0.0 | 0.0 | (0.2) | 0.0 | (0.1) | (0.2) | (0.2) |
| **Non Operating Expenses** | **(3.2)** | **(3.2)** | **(3.2)** | **(0.2)** | **(7.4)** | **(36.3)** | **(42.3)** | **(4.3)** | **(4.2)** |
| **Non Operating Expenses** | **(3.2)** | **(3.2)** | **(3.2)** | **(0.2)** | **(7.4)** | **(36.3)** | **(42.3)** | **(4.3)** | **(4.2)** |
| **Trust Total** | **0.2** | **(6.0)** | **1.7** | **(49.5)** | **(6.0)** | **(68.2)** | **(10.5)** | **(5.6)** | **(7.7)** |

**1**

**1** **Operating expenses – a deterioration of £18m against last month**

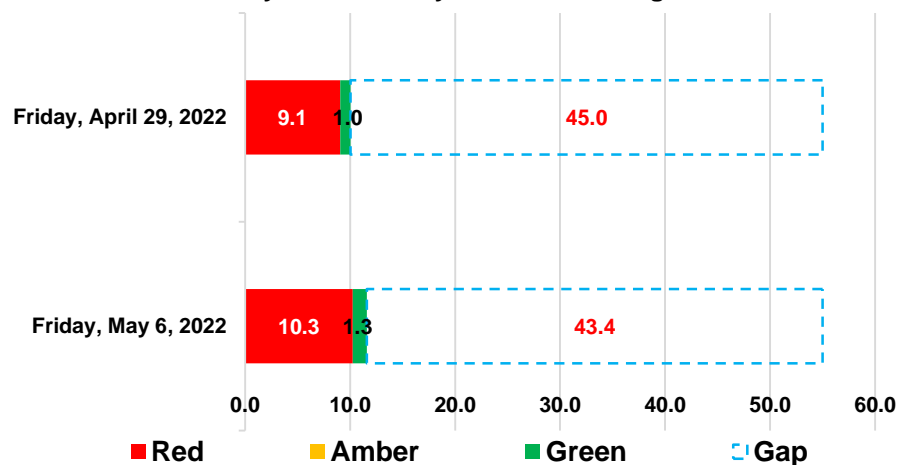This is driven by the following increased costs in month 12:

- £2.0m of invoices received in month 12 associated with independent sector elective recovery

- £4.8m additional costs in Corporate directorate (£1m Education and Training expenditure in month 12, offset by year to date income, £2.0 Apollo project costs, £1.5m Estates and Facilities maintenance works completed throughout year, £0.2m additional training courses completed receipted in month 12).

- £2.3m increase in Depreciation costs compared to month 11 (when there was a YTD adjustment to the useful life of assets on the register)

- £1.5m increase in drugs costs due to increased activity, offset by income

- £4.5m year end adjustment to Centrally procured PPE (offset by income, no bottom line impact)

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Tab 6.2 Finance Report - M12

## King's

# The KCH Group Efficiency Programme has identified schemes to the total value of £11.6m and has a further £16.8m in pipeline.

**Headlines**:
- The Kings Group Efficiency Programme target is £55m.
- The Kings Group Efficiency Programme target is £55m.
- The programme to date has identified £11.6m of schemes and has a further £16.8m in the pipeline which are being worked up with care groups. The identified CIP is broken down as £10.3m in red, £0.0m in amber and £1.3m in Green. This leaves an unidentified efficiency gap of £26.6m.
- The identified schemes are currently split recurrent £10.9m (94%) and non-recurrent £0.9m (6%).

### Weekly Movement by PMO RAG Rating - £m



Friday, April 29, 2022 — Red 9.1, Green 1.0, Gap 45.0

Friday, May 6, 2022 — Red 10.3, Green 1.3, Gap 43.4

Legend: ■ Red ■ Amber ■ Green ⬚ Gap

### Total identification - Target vs. Identified

| Site | Target | Pipeline Scheme | Identified | Gap | Red | Amber | Green |
|---|---|---|---|---|---|---|---|
| Denmark Hill | 31.7 | 4.1 | 5.6 | (26.1) | 5.6 | 0.0 | 0.0 |
| PRUH and South Sites | 11.9 | 0.0 | 0.2 | (11.7) | 0.2 | 0.0 | 0.0 |
| Corporate | 6.6 | 7.0 | 0.3 | (6.3) | 0.0 | 0.0 | 0.3 |
| Commercial | 4.8 | 0.0 | 0.0 | (4.8) | 0.0 | 0.0 | 0.0 |
| Unallocated | 0.0 | 5.7 | 5.5 | 5.5 | 4.5 | 0.0 | 1.0 |
| **Total** | **55.0** | **16.8** | **11.6** | **(43.4)** | **10.3** | **0.0** | **1.3** |

### Total Identified - Split by Recurrent / Non Recurrent / Gap- £55.0m



£10.9, £0.7, -£43.4

Legend: ■ Recurrent ■ Non Recurrent ⬚ Gap
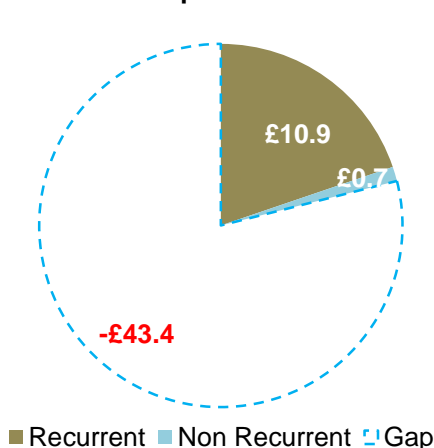
### Total Identified - Split by Type - £55.0m



£1.0, £5.0, £5.6, -£43.4

Legend: ■ Pay ■ Non Pay ■ Income ⬚ Gap
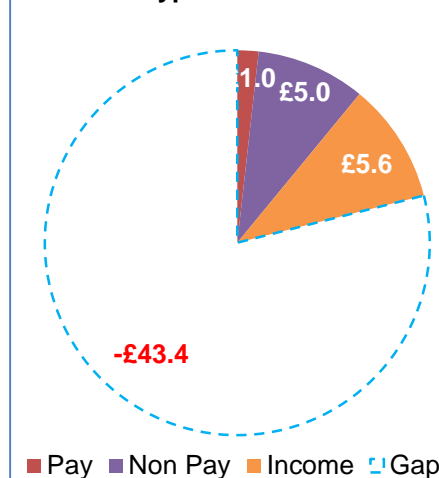
### Total Identified split by Divisions / Workstreams (£m)



- Digitisation: 0.0
- Workforce Temporary Staffing: 2.5
- Workforce Clinical Productivity: 3.5
- Theatres Transformation: 5.0
- OPT Transformation: 5.0
- Care Group General Efficiency: 12.4
- Medicines Management: .5
- Procurement: 3.5
- Commercial (Cross Site): 4.8
- Corporate (Cross Site): 6.3

Legend: ■ Red ■ Amber ■ Green ⬚ Gap

Tab 6.2 Finance Report - M12

**King's**

# Appendices

Tab 6.2 Finance Report - M12
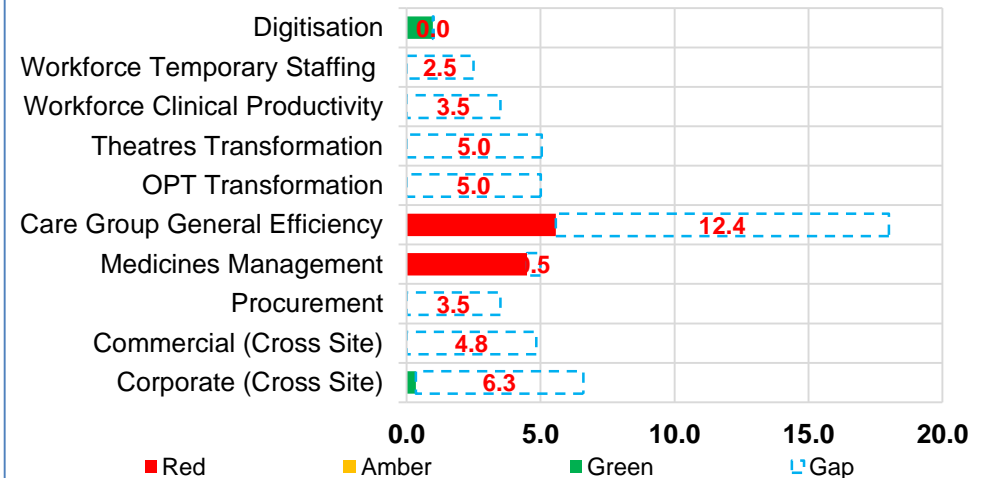
# Consolidated & IC position

| | NHSI Category | Last 3 Months | | | Current Month | | Year to Date | | | Run Rate |
|---|---|---|---|---|---|---|---|---|---|---|
| | | M9 £ M | M10 £ M | M11 £ M | Last Year £ M | Actual £ M | Last Year £ M | Actual £ M | 20/21 to 21/22 £ M | Change £ M |
| Consolidated | Operating Income | 122.4 | 134.0 | 130.6 | 42.9 | 171.3 | 1,511.5 | 1,590.5 | 79.0 | 37.9 |
| | Employee Operating Expenses | (72.8) | (77.5) | (70.9) | (116.6) | (97.3) | (857.4) | (889.0) | (31.6) | (29.7) |
| | Operating Expenses Excluding Employee Expenses | (52.8) | (57.8) | (43.5) | (26.4) | (69.0) | (670.0) | (659.3) | 10.7 | (16.0) |
| | Non Operating Expenses | (4.1) | (3.6) | (3.3) | (3.7) | (6.1) | (40.8) | (42.7) | (1.8) | (2.8) |
| | Group Total | (7.3) | (4.9) | 12.9 | (103.8) | (1.1) | (56.7) | (0.4) | 56.3 | (10.6) |
| | Total Impairment, donated income | 0.1 | (2.4) | (0.0) | 34.4 | 2.8 | 57.0 | 0.6 | (56.4) | 0.7 |
| | Group Operating Total (including ERF) | (7.2) | (7.3) | 12.8 | (69.4) | 1.7 | 0.3 | 0.2 | (0.1) | (9.9) |
| | Less Elective Recovery Fund | | (0.7) | (0.2) | | (0.2) | | (19.6) | (19.6) | (1.6) |
| | Group Operating Total (excluding ERF) | (7.2) | (8.0) | 12.7 | (69.4) | 1.5 | 0.3 | (19.4) | (19.7) | (11.5) |

| | NHSI Category | Last 3 Months | | | Current Month | | Year to Date | | | Run Rate |
|---|---|---|---|---|---|---|---|---|---|---|
| | | M9 £ M | M10 £ M | M11 £ M | Last Year £ M | Actual £ M | Last Year £ M | Actual £ M | Variance £ M | Change £ M |
| King's College Hospital | Operating Income | 122.9 | 131.0 | 130.6 | 174.5 | 168.3 | 1,494.2 | 1,580.4 | (54.9) | 48.8 |
| | Employee Operating Expenses | (71.3) | (75.9) | (70.9) | (115.1) | (95.7) | (842.8) | (871.7) | 44.9 | (29.3) |
| | Operating Expenses Excluding Employee Expenses | (46.7) | (42.5) | (43.5) | (24.9) | (53.5) | (540.0) | (522.1) | (129.2) | (14.0) |
| | Non Operating Expenses | (4.1) | (3.3) | (3.3) | (1.1) | (5.8) | (37.3) | (42.3) | 2.0 | (2.6) |
| | TRUST TOTAL (deficit per ledger) | 0.8 | 9.2 | 12.9 | 33.5 | 13.3 | 74.1 | 144.3 | (137.2) | 2.9 |
| | Less Depr On Donated Assets | 0.1 | 0.1 | 0.1 | 0.2 | 0.1 | 1.1 | 1.3 | (0.3) | 0.0 |
| | Less Donated Assets Income | (0.0) | (2.5) | (0.1) | (0.4) | (3.4) | (0.8) | (6.7) | 6.6 | (3.4) |
| | Less Donated equipment from DHSC for COVID (non-cash) | | | | (1.4) | | (1.4) | | | 0.0 |
| | Less Financial recovery fund (FRF) | | | | | | | | | 0.0 |
| | Less Fixed Asset Impairments | | | | 36.1 | 6.0 | 58.1 | 6.0 | (6.0) | 4.0 |
| | Less Provider Sustainability Fund (PSF) | | | | | | | | | 0.0 |
| | STF Total: | 0.1 | (2.4) | (0.0) | 0.1 | 2.8 | 57.0 | 0.6 | 0.2 | 0.7 |
| | OPERATING DEFICIT (excluding STF) | 0.9 | 6.8 | 12.8 | 67.9 | 16.0 | 131.1 | 144.9 | (136.9) | 3.6 |
| King's Commercial Services | Operating Income | | | | 7.3 | | 7.3 | | | (0.0) |
| | Employee Operating Expenses | 0.0 | (0.0) | | (0.0) | (0.0) | (0.5) | 0.0 | 0.0 | 0.0 |
| | Operating Expenses Excluding Employee Expenses | 0.0 | (0.0) | 0.0 | (0.1) | (0.0) | (0.1) | 0.1 | (0.1) | (0.0) |
| | Non Operating Expenses | 0.0 | (0.1) | 0.0 | (3.3) | (0.3) | (3.4) | (0.1) | (0.1) | (0.1) |
| | | 0.0 | (0.8) | 0.0 | 3.9 | (0.3) | 3.4 | (0.0) | (0.2) | (0.1) |
| KCH Management | Operating Income | 0.2 | (0.3) | 0.0 | 0.2 | (0.3) | 2.3 | 3.5 | (3.5) | (0.4) |
| | Employee Operating Expenses | (0.1) | (0.1) | 0.0 | (0.2) | (0.1) | (0.4) | (1.0) | 1.0 | (0.1) |
| | Operating Expenses Excluding Employee Expenses | (0.0) | (0.0) | 0.0 | (0.2) | (0.0) | (1.4) | (1.1) | 1.1 | 0.1 |
| | Non Operating Expenses | 0.0 | (0.1) | 0.0 | (0.3) | (0.1) | (0.3) | (0.3) | 0.3 | (0.1) |
| | | 0.1 | (0.5) | 0.0 | (0.4) | (0.5) | 0.2 | 1.1 | (1.1) | (0.5) |
| KCH Facilities Management | Operating Income | (0.7) | 3.3 | 0.0 | (139.2) | 3.3 | 7.7 | 6.7 | (6.7) | (10.5) |
| | Employee Operating Expenses | (1.5) | (1.5) | 0.0 | (1.3) | (1.5) | (13.7) | (16.4) | 16.4 | (0.4) |
| | Operating Expenses Excluding Employee Expenses | (6.1) | (15.3) | 0.0 | (1.3) | (15.3) | (128.5) | (135.9) | 135.9 | (2.1) |
| | Non Operating Expenses | 0.1 | (0.1) | 0.0 | 1.0 | (0.1) | 0.1 | (0.2) | 0.2 | (0.1) |
| | | (8.1) | (13.6) | 0.0 | (140.8) | (13.6) | (134.4) | (145.8) | 145.8 | (13.0) |
| | SUBSIDIARY TOTAL (deficit per ledger) | (8.1) | (14.8) | 0.0 | (137.3) | (14.2) | (130.8) | (144.6) | 144.4 | (13.5) |
| | GROUP TOTAL (deficit per ledger) | (7.2) | (8.0) | 12.8 | (69.4) | 1.9 | 0.3 | 0.2 | 7.5 | (9.9) |

Tab 6.2 Finance Report - M12

# H2 Plan and Full Year Plan

## H2 Plan with in month and HTD Actuals and variances:

| NHSI Category | H2 Plan - Current month (M12) | | | H2 Plan – HTD (@ M12) | | |
|---|---|---|---|---|---|---|
| | Plan £ M | Actuals £ M | Variance £ M | Plan £ M | Actuals £ M | Variance £ M |
| Operating Income | 125.0 | 171.5 | 46.5 | 750.0 | 825.7 | 75.7 |
| Employee Operating Expenses | (70.8) | (95.7) | (24.9) | (424.8) | (455.6) | (30.8) |
| Operating Expenses Excluding Employee Expenses | (57.0) | (74.5) | (17.5) | (342.0) | (348.4) | (6.4) |
| Non Operating Expenses | (3.3) | (7.4) | (4.1) | (19.8) | (23.1) | (3.3) |
| **Trust Total** | **(6.1)** | **(6.0)** | **0.1** | **(36.6)** | **(1.5)** | **35.1** |
| Less Impairment, donated income | | 2.8 | 2.8 | | 0.5 | 0.5 |
| **Operating Total (including ERF)** | **(6.1)** | **(3.3)** | **2.8** | **(36.6)** | **(0.9)** | **35.7** |
| Less Elective Recovery Fund | | (0.2) | (0.2) | | (4.4) | (4.4) |
| **Operating Total (excluding ERF)** | **(6.1)** | **(3.4)** | **2.7** | **(36.6)** | **(5.3)** | **31.3** |

## Full Year Plan YTD Actuals and variances:

| NHSI Category | FY Plan - YTD @ M12 | | |
|---|---|---|---|
| | Plan £ M | Actuals £ M | Variance £ M |
| Operating Income | 1,516.5 | 1,592.1 | 75.7 |
| Employee Operating Expenses | (840.9) | (871.7) | (30.8) |
| Operating Expenses Excluding Employee Expenses | (673.1) | (688.6) | (15.5) |
| Non Operating Expenses | (39.0) | (42.3) | (3.3) |
| **Trust Total** | **(36.5)** | **(10.5)** | **26.0** |
| Less Impairment, donated income | | 0.6 | 0.6 |
| **Operating Total (including ERF)** | **(36.5)** | **(9.8)** | **26.7** |
| Less Elective Recovery Fund | | (19.6) | (19.6) |
| **Operating Total (excluding ERF)** | **(36.5)** | **(29.4)** | **7.1** |

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Tab 6.2 Finance Report - M12

# King's

# Appendices
# Run Rate Detail M12

Tab 6.2 Finance Report - M12

# Run Rate Detail – Operating Income

| 12 Months Rolling Run Rate | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-22 | Feb-22 | Mar-22 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **NHSI Category** | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M |
| NHS England | 43.9 | 42.5 | 43.4 | 42.6 | 45.5 | 44.4 | 51.1 | 43.0 | 48.2 | 45.1 | 45.7 | 77.4 | 572.7 |
| Clinical Commissioning Groups | 69.3 | 51.8 | 57.5 | 62.2 | 48.4 | 57.4 | 58.1 | 60.3 | 55.8 | 56.1 | 56.8 | 54.4 | 688.1 |
| Pass Through Drugs Income | 0.0 | 24.8 | 16.7 | 16.8 | 13.6 | 11.6 | 16.4 | 13.3 | 13.5 | 15.0 | 14.3 | 16.5 | 172.5 |
| NHS Foundation Trusts | 0.0 | 0.0 | (0.0) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | (0.2) | 0.0 | 0.0 | (0.1) |
| NHS Trusts | 0.1 | (0.1) | 0.3 | 0.0 | 0.2 | 0.1 | 0.1 | 0.2 | (0.0) | 0.1 | (0.0) | (0.3) | 0.6 |
| Local Authorities | 0.3 | (0.1) | 0.3 | 0.3 | 0.3 | 0.3 | 0.4 | 0.2 | 0.3 | 0.8 | 0.3 | 0.3 | 3.7 |
| NHS Other (Including Public Health England) | 0.1 | 1.1 | 0.3 | 0.5 | (0.0) | 0.0 | 0.4 | 0.2 | 0.1 | (0.1) | 0.8 | 0.0 | 3.4 |
| Non NHS: Private Patients | 0.2 | 0.2 | 0.2 | 0.6 | 0.3 | 0.3 | 0.4 | 0.4 | 0.7 | 0.3 | 1.0 | 1.0 | 5.6 |
| Non-NHS: Overseas Patients (Non-Reciprocal, Chargeable To | 0.4 | 0.2 | 0.3 | 0.3 | 0.5 | 0.3 | 0.3 | 0.2 | 0.4 | 0.3 | 0.2 | 0.3 | 3.7 |
| Injury Cost Recovery Scheme | 0.3 | 0.2 | 0.4 | 0.2 | 0.4 | 0.3 | 0.3 | 0.2 | 0.3 | 0.3 | 0.2 | 0.3 | 3.4 |
| Non NHS: Other | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **Operating Income From Patient Care Activities** | **114.5** | **120.6** | **119.4** | **123.6** | **109.3** | **114.8** | **127.5** | **118.0** | **119.3** | **117.6** | **119.2** | **149.9** | **1,453.7** |
| Research and Development | 1.5 | 1.2 | 1.4 | 1.2 | 1.5 | 1.8 | 0.7 | 1.4 | 2.4 | 2.2 | 2.1 | 1.1 | 18.6 |
| Education and Training | 4.3 | 4.4 | 4.1 | 0.0 | 3.7 | 3.8 | 5.7 | 3.4 | 3.4 | 3.2 | 3.9 | 3.9 | 44.1 |
| Cash Donations / Grants For The Purchase Of Capital Assets | 0.0 | 0.4 | 0.1 | 0.0 | 0.1 | 0.0 | 0.0 | 0.1 | 0.0 | 2.5 | 0.1 | 3.4 | 6.7 |
| Charitable and Other Contributions To Expenditure | 0.0 | 0.0 | 0.0 | 0.0 | (0.0) | (0.0) | 0.0 | (0.0) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Non-Patient Care Services To Other Non Wga Bodies | 0.3 | 1.9 | 1.1 | 1.0 | 1.0 | 1.0 | 0.9 | 0.9 | 1.0 | 1.0 | 1.1 | 0.9 | 12.2 |
| PSF, FRF, MRET funding and Top-Up | 1.0 | 1.0 | 0.9 | 1.0 | (3.8) | 3.9 | 4.6 | 1.5 | 2.1 | 1.2 | 3.8 | 1.1 | 18.2 |
| Income In Respect Of Employee Benefits Accounted On A Gross | 0.7 | 0.7 | 0.5 | 0.6 | 1.0 | 0.7 | 0.6 | 0.2 | 0.5 | 1.1 | 0.4 | 1.1 | 8.1 |
| Rental Revenue From Operating Leases | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.2 | 0.1 | 0.1 | 0.1 | 0.3 | 1.4 |
| Other (Operating Income) | 1.1 | 1.6 | 2.0 | 2.5 | 2.2 | 10.4 | (7.2) | 2.4 | 1.1 | 1.9 | 1.4 | 7.8 | 27.3 |
| **Other Operating Income** | **9.0** | **11.3** | **10.1** | **6.6** | **5.9** | **21.7** | **5.4** | **10.1** | **10.6** | **13.3** | **13.0** | **19.7** | **136.6** |
| Finance Income | (0.1) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 2.0 | 1.9 |
| **Finance Income** | **(0.1)** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **2.0** | **1.9** |
| **Operating Income** | **123.5** | **131.8** | **129.5** | **130.1** | **115.1** | **136.5** | **132.9** | **128.1** | **129.9** | **131.0** | **132.2** | **171.5** | **1,592.1** |

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Tab 6.2 Finance Report - M12

# Run Rate Detail – Employee Expenses

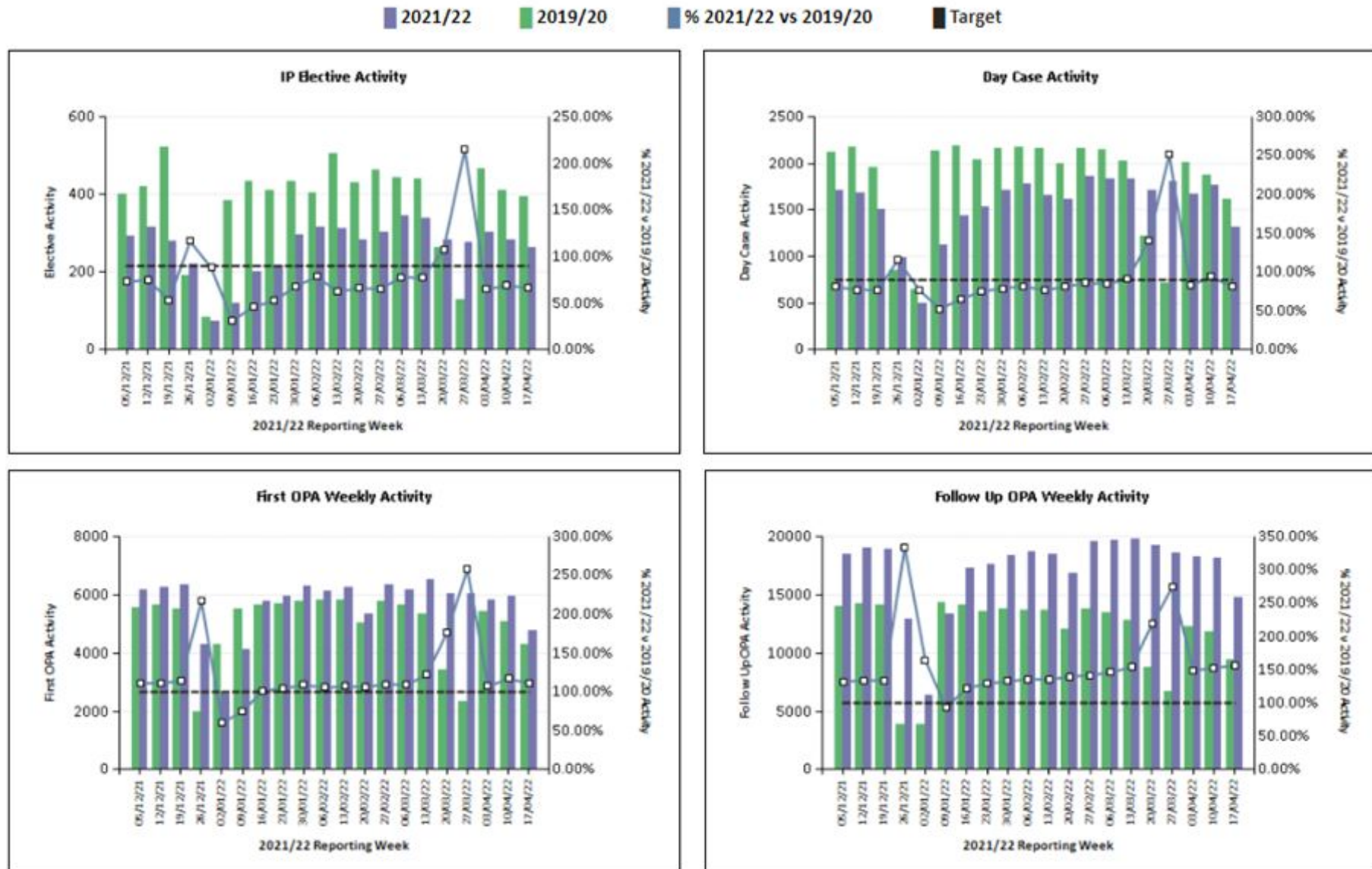| 12 Months Rolling Run Rate | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-22 | Feb-22 | Mar-22 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **NHSI Category** | **£ M** | **£ M** | **£ M** | **£ M** | **£ M** | **£ M** | **£ M** | **£ M** | **£ M** | **£ M** | **£ M** | **£ M** | **£ M** |
| Substantive Staff | (19.9) | (19.9) | (19.9) | (19.6) | (20.0) | (22.0) | (21.2) | (20.9) | (21.0) | (21.2) | (21.0) | (19.5) | (246.2) |
| Bank Staff | (1.5) | (1.6) | (1.2) | (1.7) | (1.0) | (0.9) | (1.5) | (1.0) | (1.0) | (2.0) | (1.1) | 1.1 | (13.4) |
| Agency / Contract | (0.4) | (0.9) | (0.7) | (0.9) | (0.8) | (0.8) | (0.8) | (0.7) | (0.6) | (0.8) | (0.8) | (0.0) | (8.1) |
| **Medical Staff** | **(21.8)** | **(22.3)** | **(21.7)** | **(22.1)** | **(21.9)** | **(23.7)** | **(23.5)** | **(22.7)** | **(22.6)** | **(24.0)** | **(23.0)** | **(18.4)** | **(267.7)** |
| Substantive Staff | (23.6) | (23.8) | (24.1) | (23.8) | (23.9) | (28.1) | (23.8) | (24.6) | (24.7) | (26.1) | (24.4) | (24.1) | (295.0) |
| Bank Staff | (3.1) | (2.7) | (2.6) | (2.8) | (3.3) | (3.0) | (3.3) | (3.0) | (3.5) | (4.7) | (3.1) | (4.5) | (39.5) |
| Agency / Contract | (0.6) | (0.7) | (0.9) | (0.5) | (0.5) | (0.6) | (0.5) | (0.5) | (0.6) | (0.6) | (0.6) | (0.6) | (7.3) |
| **Nursing Staff** | **(27.3)** | **(27.1)** | **(27.6)** | **(27.1)** | **(27.8)** | **(31.7)** | **(27.6)** | **(28.1)** | **(28.7)** | **(31.4)** | **(28.1)** | **(29.2)** | **(341.8)** |
| Substantive Staff | (10.1) | (9.7) | (9.8) | (9.7) | (9.5) | (11.2) | (10.8) | (10.0) | (10.3) | (10.8) | (10.9) | (7.7) | (120.4) |
| Bank Staff | (0.1) | (0.5) | (0.4) | (0.5) | (0.5) | (0.4) | (0.5) | (0.5) | (0.4) | (0.8) | (0.4) | (0.3) | (5.3) |
| Agency / Contract | (0.2) | (0.3) | (0.2) | (0.2) | (0.2) | (0.3) | (0.6) | (0.3) | (0.4) | (0.0) | (0.1) | (0.2) | (3.0) |
| **Admin & Clerical** | **(10.4)** | **(10.5)** | **(10.4)** | **(10.3)** | **(10.3)** | **(12.0)** | **(11.9)** | **(10.8)** | **(11.1)** | **(11.6)** | **(11.4)** | **(8.2)** | **(128.8)** |
| Substantive Staff | (7.9) | (7.6) | (7.7) | (7.6) | (7.5) | (9.2) | (8.0) | (8.2) | (8.3) | (8.5) | (8.2) | (8.1) | (96.9) |
| Substantive Staff (Apprentices) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.2) |
| Bank Staff | (0.2) | (0.2) | (0.2) | (0.4) | (0.2) | (0.2) | (0.3) | (0.2) | (0.2) | (0.4) | (0.2) | (0.4) | (3.0) |
| Agency / Contract | (0.1) | (0.2) | (0.3) | (0.2) | (0.1) | (0.2) | (0.4) | (0.3) | (0.2) | 0.0 | (0.1) | (0.1) | (2.1) |
| **Other Staff** | **(8.2)** | **(8.1)** | **(8.2)** | **(8.1)** | **(7.8)** | **(9.7)** | **(8.6)** | **(8.6)** | **(8.8)** | **(8.9)** | **(8.5)** | **(8.6)** | **(102.2)** |
| CIP Target Pay | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **Pay Savings Target** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** |
| Substantive Staff (Pension Charge) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | (31.2) | (31.2) |
| **Pay Reserves** | | | | | | | | | | | | **(31.2)** | **(31.2)** |
| **Employee Operating Expenses** | **(67.7)** | **(68.0)** | **(67.9)** | **(67.7)** | **(67.7)** | **(77.0)** | **(71.7)** | **(70.1)** | **(71.3)** | **(75.9)** | **(70.9)** | **(95.7)** | **(871.7)** |
| Substantive Staff Total | (61.5) | (61.0) | (61.6) | (60.7) | (61.1) | (70.6) | (63.8) | (63.6) | (64.3) | (66.7) | (64.4) | (90.7) | (789.9) |
| Bank Staff Total | (4.9) | (5.0) | (4.2) | (5.3) | (5.0) | (4.6) | (5.6) | (4.7) | (5.1) | (7.8) | (4.8) | (4.0) | (61.1) |
| Agency / Contract Total | (1.3) | (2.0) | (2.1) | (1.7) | (1.6) | (1.8) | (2.3) | (1.8) | (1.8) | (1.4) | (1.7) | (1.0) | (20.6) |
| **Employee Operating Expenses** | **(67.7)** | **(68.0)** | **(67.9)** | **(67.7)** | **(67.7)** | **(77.0)** | **(71.7)** | **(70.1)** | **(71.3)** | **(75.9)** | **(70.9)** | **(95.7)** | **(871.7)** |

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Tab 6.2 Finance Report - M12

# King's
# Run Rate Detail – Operating Expenses

| 12 Months Rolling Run Rate | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-22 | Feb-22 | Mar-22 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **NHSI Category** | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M | £ M |
| Purchase Of Healthcare From NHS Bodies | (0.9) | (1.0) | (0.6) | (1.0) | (0.9) | (1.0) | (0.9) | (1.0) | (1.1) | (1.2) | (0.7) | (0.2) | (10.5) |
| Purchase Of Healthcare From Non-NHS Bodies | (15.3) | (15.3) | (15.1) | (18.3) | (14.8) | (15.8) | (16.1) | (17.8) | (18.8) | (19.8) | (14.6) | (21.4) | (203.2) |
| Non-Executive Directors | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | (0.2) | (0.2) |
| Supplies and Services - Clinical (Excluding Drugs Costs) | (0.9) | (3.6) | (1.9) | (2.1) | (3.5) | (2.5) | (3.1) | (3.3) | (3.2) | (2.9) | (3.1) | (6.3) | (36.3) |
| Supplies and Services - General | (0.1) | (0.4) | 0.1 | (0.1) | (0.1) | (4.2) | 1.1 | (0.2) | (0.3) | (0.5) | 0.1 | (0.6) | (5.3) |
| Drugs costs – on tariff | (4.0) | (3.5) | (4.1) | (2.8) | (4.1) | (4.5) | (4.5) | (4.6) | (4.2) | (3.7) | (2.9) | (3.7) | (46.7) |
| Pass Through Drugs Cost | (12.1) | (9.5) | (12.9) | (13.1) | (10.8) | (10.7) | (12.5) | (11.1) | (11.9) | (12.1) | (13.1) | (13.0) | (142.9) |
| Consultancy | (0.3) | (0.5) | (0.6) | (0.5) | 0.2 | (0.2) | (1.0) | 0.7 | (0.2) | (0.1) | (3.6) | 1.8 | (4.2) |
| Establishment | (1.1) | (1.0) | (1.0) | (1.1) | (0.9) | (1.1) | (0.9) | (0.9) | (0.9) | (2.4) | (0.2) | (0.6) | (12.2) |
| Premises - Business Rates Payable To Local Authorities | (0.4) | (0.4) | (0.4) | (0.4) | (0.4) | (0.4) | (0.4) | (0.4) | (0.4) | (0.4) | (0.4) | (0.5) | (4.7) |
| Premises - Other | (9.0) | (8.5) | (8.9) | (9.7) | (9.9) | (6.1) | (9.1) | (10.3) | (5.2) | (3.6) | (10.7) | 45.6 | (45.5) |
| Transport | (1.2) | (0.6) | (0.9) | (0.9) | (0.9) | (1.0) | (0.9) | (1.0) | (0.9) | (0.9) | (0.9) | (0.7) | (10.9) |
| Depreciation | (2.8) | (2.4) | (2.6) | (3.0) | (2.1) | (3.3) | (2.6) | (2.8) | (2.7) | (4.6) | (1.8) | (4.3) | (35.0) |
| Fixed Asset Impairments net of Reversals | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | (6.0) | (7.4) |
| Increase/(Decrease) In Impairment Of Receivables | (1.0) | (0.5) | 0.5 | (0.2) | (0.3) | (0.7) | (0.2) | 0.5 | (0.3) | (0.1) | (0.2) | 0.9 | (1.4) |
| Audit Fees and Other Auditor Remuneration | (0.0) | (0.1) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | (0.0) | 0.1 | (0.2) |
| Clinical Negligence | (3.9) | (4.0) | (4.0) | (4.2) | (4.2) | (4.1) | (4.1) | (4.1) | (4.1) | (4.1) | (1.8) | (4.1) | (46.4) |
| Research and Development - Non-Staff | (0.1) | (0.0) | 0.0 | (0.0) | (0.0) | (0.0) | (0.0) | (0.1) | (0.1) | (0.0) | (0.5) | 0.2 | (0.7) |
| Education and Training - Non-Staff | (0.4) | (0.3) | (0.4) | (0.4) | (0.3) | (0.4) | (0.5) | (0.5) | (0.4) | (0.8) | (0.7) | (2.0) | (7.1) |
| Operating Lease Expenditure (net) | (0.2) | (0.1) | (0.2) | (0.1) | (0.2) | (0.1) | (0.2) | (0.1) | (0.1) | (0.1) | (0.3) | (0.1) | (1.8) |
|  | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | (61.6) | (61.6) |
| Other | (0.7) | (1.1) | (0.6) | (0.9) | (1.1) | (0.8) | 0.2 | (0.9) | (0.5) | (0.6) | (1.0) | 2.4 | (5.7) |
| **Operating Expenses Excluding Employee Expenses** | **(54.6)** | **(52.8)** | **(53.5)** | **(59.0)** | **(54.3)** | **(56.9)** | **(55.5)** | **(57.9)** | **(55.2)** | **(57.9)** | **(56.4)** | **(74.5)** | **(690.0)** |
| CIP Target Non Pay | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | (0.0) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **Non Pay Savings Target** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **(0.0)** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** |
| **Operating Expenses Excluding Employee Expenses** | **(54.6)** | **(52.8)** | **(53.5)** | **(59.0)** | **(54.3)** | **(56.9)** | **(55.5)** | **(57.9)** | **(55.2)** | **(57.9)** | **(56.4)** | **(74.5)** | **(690.0)** |
| Finance Expense | (3.3) | (3.3) | (3.2) | (2.7) | (3.1) | (3.5) | (3.1) | (3.0) | (3.2) | (3.2) | (3.2) | (7.2) | (42.2) |
| Gains/(Losses) On Disposal Of Assets | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | (0.2) | (0.1) |
| **Non Operating Expenses** | **(3.3)** | **(3.3)** | **(3.2)** | **(2.7)** | **(3.1)** | **(3.5)** | **(3.1)** | **(3.0)** | **(3.2)** | **(3.2)** | **(3.2)** | **(7.4)** | **(42.3)** |
| **Non Operating Expenses** | **(3.3)** | **(3.3)** | **(3.2)** | **(2.7)** | **(3.1)** | **(3.5)** | **(3.1)** | **(3.0)** | **(3.2)** | **(3.2)** | **(3.2)** | **(7.4)** | **(42.3)** |
| **Trust Total** | **(2.1)** | **7.6** | **4.9** | **0.7** | **(10.0)** | **(1.0)** | **2.6** | **(3.0)** | **0.2** | **(6.0)** | **1.7** | **(6.0)** | **(11.8)** |
| Less Depr On Donated Assets | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 1.3 |
| Less Donated Assets Income | 0.0 | (0.4) | (0.1) | 0.0 | (0.1) | (0.0) | (0.0) | (0.1) | (0.0) | (2.5) | (0.1) | (3.4) | (6.7) |
| Less Fixed Asset Impairments | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 6.0 | 7.4 |
| **Less Impairment, donated income** | **0.1** | **(0.3)** | **0.1** | **0.1** | **(0.0)** | **0.1** | **0.1** | **(0.0)** | **0.1** | **(2.4)** | **(0.0)** | **2.8** | **2.0** |
| **Operating Total (including ERF)** | **(2.0)** | **7.4** | **4.9** | **0.8** | **(10.0)** | **(0.9)** | **2.7** | **(3.0)** | **0.3** | **(8.4)** | **1.7** | **(3.3)** | **(9.8)** |
| Less Elective Recovery Fund | 0.0 | 0.0 | (12.4) | (10.4) | 7.6 | 0.0 | (0.0) | (3.4) | 0.0 | (0.7) | (0.2) | (0.2) | (19.6) |
| **Operating Total (excluding ERF)** | **(2.0)** | **7.4** | **(7.4)** | **(9.6)** | **(2.4)** | **(0.9)** | **2.7** | **(6.4)** | **0.3** | **(9.1)** | **1.5** | **(3.4)** | **(29.4)** |

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Tab 6.2 Finance Report - M12

# Appendices
# Activity Trends

# Week Ending 03 April 2022

Tab 6.2 Finance Report - M12

# Inpatient and Outpatient Weekly Activity v Previous Year- KCH



Legend: 2021/22 | 2019/20 | % 2021/22 vs 2019/20 | Target

Charts: IP Elective Activity, Day Case Activity, First OPA Weekly Activity, Follow Up OPA Weekly Activity

Tab 6.2 Finance Report - M12

# Diagnostic Weekly Activity v Previous Year - KCH

Tab 6.2 Finance Report - M12

# Diagnostic Weekly Activity v Previous Year - KCH

Tab 6.2 Finance Report - M12
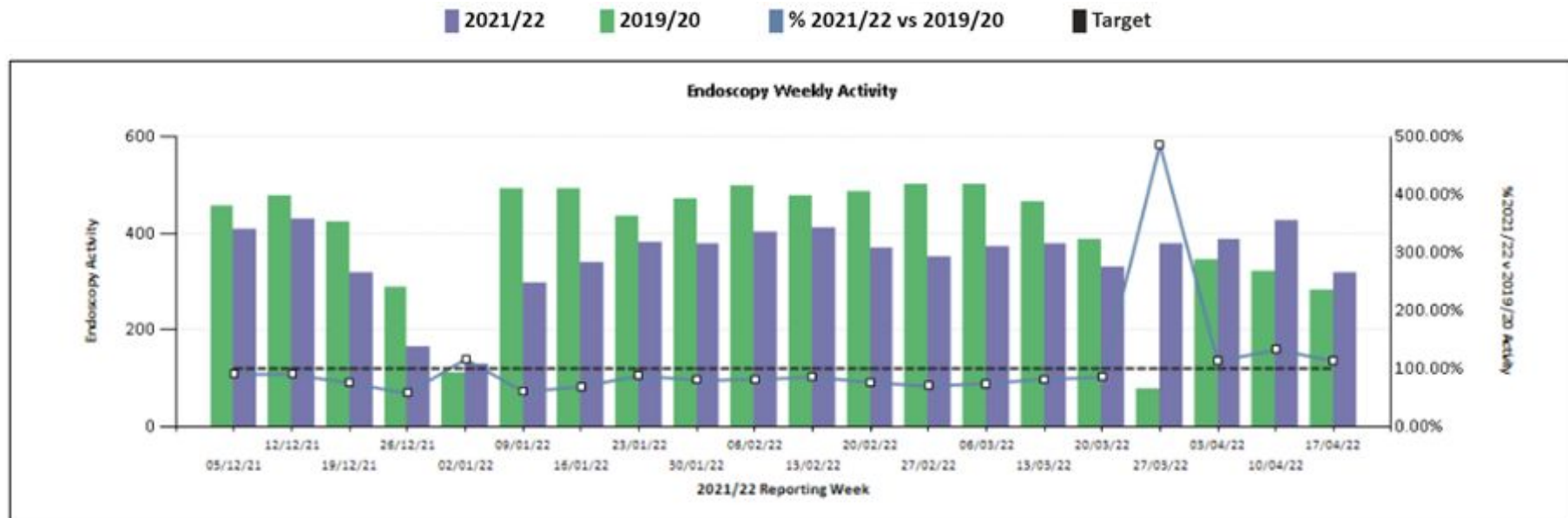
# Appendix 5.0 – Glossary

**King's**

## Glossary of Terms

| OLD (Aptos) | | NEW (NEP Oracle) | |
|---|---|---|---|
| **FOM Type** | **FOM Summary** | **NHSI Type** | **NHSI Category** |
| Income | NHS Clinical Contract Income | Operating Income | |
| | Private Patient & Overseas Income | | Operating Income from Patient Care Activities |
| | Other Non-NHS Clinical Income | | |
| | Other Operating 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 | |
| | Clinical Supplies | | |
| | External Services | | Operating Expenses Excluding Employee Expenses |
| | Other Non-Pay | | |
| | Capital | | |
| Financing | Finance Expense | Non Operating Expenses | |
| | Gains/(Losses) on Disposal of Assets | | |

| | **FOM Lookup** | | **NHSI Sub Type** |
|---|---|---|---|
| *a few examples:* | RTA Income | | Injury Cost Recovery Scheme |
| | Salary Recharge | | Income In Respect Of Employee Benefits Accounted On A Gross Basis |
| | Pass Through Drugs Expenditure Drugs | | Drugs Costs (Drug Inventory Consumed and Purchase Of Non-Inventory Drugs) |
| | Other Non-Pay (Bad Debt) | | Increase/(Decrease) in Impairment of Receivables |

| | **Other: Abbreviations** | |
|---|---|---|
| | PSF | Provider Sustainability Fund |
| | FRF | Financial Recovery Fund |
| | MRET | Marginal Rate Emergency Funding |

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Tab 7 Annual Staff Survey Results 2021

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

| Meeting: | Board of Directors | Date of meeting: | 16th June 2022 |
|---|---|---|---|
| Report title: | 2021 National Staff Survey Results | Item: | 7 |
| Author: | Nathaniel Price-Whittle, Deputy Director of Learning and OD | Enclosure: | 7 |
| Executive sponsor: | Mark Preston, Chief People Officer | | |
| Report history: | Quality, People and Performance Committee | | |

## Purpose of the report

This report sets out the Trust-wide results for the 2021 National Staff Survey including our overall staff engagement score, NHS People Promises scores and WRES and WDES indicators. The report includes the Trust's approach to communicating and utilising the results to inform schemes of work relating to staff engagement and experience.

## Board/ Committee action required (please tick)

| Decision/ Approval | | Discussion | | Assurance | ✓ | Information | |
|---|---|---|---|---|---|---|---|

## Executive summary

The 2021 National Staff Survey (NSS) was run between 4 October and 28 November 2021. The Trust had 5027 responses which equates to a 38% response rate. This compared to an Acute and Acute Community Trust (our benchmarking sector) average of 46%.

Our *staff survey Engagement theme score for 2021 is 6.7.* This is a 0.1 point decrease from our 2020 score of 6.8 which King's held consistently since 2017. However, it should also be noted that the average score for our sector has also dropped for the first time since 2017, decreasing 0.2 points from 7.0 to 6.8.

With the support of the Trust's learning & OD team, HRBPs and EDI partners, care groups and corporate departments have developed their key People priorities for their teams. This will ensure we can deliver a robust *"you said, we did/are doing"* campaign through the summer and before the 2022 NSS launches in October.

## Strategy

| Link to the Trust's BOLD strategy | | Link to Well-Led criteria | |
|---|---|---|---|
| ✓ | **Brilliant People**: *We attract, retain and develop passionate and talented people, creating an environment where they can thrive* | ✓ | **Leadership, capacity and capability** |
| | **Outstanding Care**: *We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to* | | **Vision and strategy** |
| | | | **Culture of high quality, sustainable care** |
| | | | **Clear responsibilities, roles and accountability** |
| | **Leaders in Research, Innovation and Education**: *We continue to develop and deliver world-class research, innovation and education* | | **Effective processes, managing risk and performance** |
| | | | **Accurate data/ information** |

Tab 7 Annual Staff Survey Results 2021

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

| ✓ | **Diversity, Equality and Inclusion at the heart of everything we do:** *We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people* | | ✓ | **Engagement of public, staff, external partners** |
|---|---|---|---|---|
| | | | | **Robust systems for learning, continuous improvement and innovation** |
| ✓ | **Person- centred** | **Sustainability** | | |
| | **Digitally- enabled** | **Team King's** | | |

| **Key implications** | |
|---|---|
| **Strategic risk - Link to Board Assurance Framework** | 1. Recruitment and Retention<br>2. King's Culture & Values |
| **Legal/ regulatory compliance** | The results are publicly available and used by regulators and commissioners. They also provide an indication to potential employees of the experience staff have at the Trust |
| **Quality impact** | Research shows that staff experience directly impacts patient experience |
| **Equality impact** | The survey is central to understanding the experience of our workforce |
| **Financial** | n/a |
| **Comms & Engagement** | Staff engagement is a key feature of the survey. |
| **Committee that will provide relevant oversight**<br><br>Quality, People and Performance Committee | |

Tab 7 Annual Staff Survey Results 2021

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

**MAIN REPORT**

**1    Response rate and survey redesign**

The 2021 National Staff Survey (NSS) was run between 4 October and 28 November 2021. The Trust had 5027 responses which equates to a 38% response rate. This compared to an Acute and Acute Community Trust (our benchmarking sector) average of 46%. Although this was a decrease on our 2020 response rate of 40%, *we heard from more staff in the 2021 staff survey (5027 compared to 4980 in 2020).*

The NSS was redesigned in 2021 to align with the NHS People Promises which are shown in the infographic below. The promises have replaced the themes that have been reported in the NSS since 2013. The only themes to remain in the 2021 NSS are 'staff engagement' and 'morale'.

| We are compassionate and inclusive | We are recognised and rewarded | We each have a voice that counts | We are safe and healthy | We are always learning | We work flexibly | We are a team | Staff Engagement | Morale |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |

The main implication of this change is that we are unable to report trend or historical data on the promises as they comprise different questions than those within the original themes. However, this provides the Trust with *a unique opportunity to take a future focused approach to our results*, building on the 2021 survey as our baseline, in the context of new organisational and people and culture strategies and EDI roadmap.

**3.   Staff engagement score**

Our *staff survey engagement theme score for 2021 is 6.7*. This is a 0.1 point decrease from our 2020 score of 6.8 which King's held consistently since 2017. However, it should also be noted that the average score for our sector has also dropped for the first time since 2017, decreasing 0.2 points from 7.0 to 6.8.

The 9 questions within the staff engagement theme are shown below compared to the 2021 sector average and King's in 2020. Where the King's 2021 score is better than the comparator, the comparator score is shown in green and if King's 2021 score is worse, the comparator is marked in red.

| | Question | King's 2021 | Sector 2021 | King's 2020 |
| --- | --- | --- | --- | --- |
| **Advocacy** | Care of patients is my organisations top priority | 76.6% | 75.5% | 79.5% |
| | I would recommend the Trust as a place to work | 55.4% | 58.4% | 60.1% |
| | If a friend of relative needed treatment I would recommend the Trust | 67.7% | 66.9% | 71.9% |
| **Motivation** | I look forward to going to work | 50.1% | 52% | 54.7% |
| | I am enthusiastic about my job | 62% | 67.6% | 68% |
| | Time passes quickly when I am working | 69.1% | 72.9% | 71.4% |
| **Involvement** | There are frequent opportunities to show initiative | 71.0% | 72.4% | 71.1% |
| | I can make suggestions to the work of my team or department | 67.1% | 69.8% | 69.5% |
| | I am able to make improvements happen in my area of work | 53.9% | 53.3% | 52.7% |

Tab 7 Annual Staff Survey Results 2021

Compared to our 2020 results, there is a decrease in all but one of the questions, however we compare favourably against our sector in three questions.

It is pertinent to note that for our sector, the scores decreased in 8 of the 9 questions with one increase in the question: "there are frequent opportunities to show initiative".

**National Quarterly Pulse Survey (NQPS)**

Since July 2021 it has been a mandatory requirement for all NHS Trust's to run a quarterly pulse survey running in Q1 – April, Q2 – July and Q4 – January. The NSS acts as the Q3 survey. The 9 staff engagement questions are asked in the NQPS to enable an ongoing track of staff engagement throughout the year. The King's results for the staff engagement questions in the Q2 and Q4 NQPS are shown below.

| | Question | Q2 NQPS July 2021 3914 responses | Q3 2021 NSS Oct-Nov 2021 5027 responses | Q4 NQPS Jan 2022 2528 responses |
|---|---|---|---|---|
| **Advocacy** | Care of patients is my organisations top priority | 77% | 76.6% | 72% |
| | I would recommend the Trust as a place to work | 57% | 55.4% | 62% |
| | If a friend of relative needed treatment I would recommend the Trust | 70% | 67.7% | 68% |
| **Motivation** | I look forward to going to work | 51% | 50.1% | 47% |
| | I am enthusiastic about my job | 64% | 62% | 62% |
| | Time passes quickly when I am working | 73% | 69.1% | 75% |
| **Involvement** | There are frequent opportunities to show initiative | 60% | 71.0% | 57% |
| | I can make suggestions to the work of my team or department | 62% | 67.1% | 61% |
| | I am able to make improvements happen in my area of work | 52% | 53.9% | 53% |

## 4. Promise scores

The overall results for the promises are shown below. We score below average in 6 of the 7 promises. We score above average in *'we are always learning'*. This is a particular positive as this promise has the lowest scoring average nationally which demonstrates it is a significant challenge for the NHS.

Tab 7 Annual Staff Survey Results 2021

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



| | We are compassionate and inclusive | We are recognised and rewarded | We each have a voice that counts | We are safe and healthy | We are always learning | We work flexibly | We are a team | Staff Engagement | Morale |
|---|---|---|---|---|---|---|---|---|---|
| **Best** | 7.8 | 6.5 | 7.3 | 6.5 | 6.0 | 6.7 | 7.1 | 7.4 | 6.5 |
| **Your org** | 7.0 | 5.7 | 6.5 | 5.7 | 5.5 | 5.7 | 6.5 | 6.7 | 5.6 |
| **Average** | 7.2 | 5.8 | 6.7 | 5.9 | 5.2 | 5.9 | 6.6 | 6.8 | 5.7 |
| **Worst** | 6.7 | 5.3 | 6.1 | 5.5 | 4.3 | 5.4 | 6.2 | 6.3 | 5.3 |
| **Responses** | 5,009 | 4,998 | 4,967 | 4,990 | 4,842 | 4,979 | 4,999 | 5,017 | 5,016 |

We are doing further reporting to understand the statistical significance of our promise results.

**4.    Workforce race and disability equality standards (WRES and WDES)**

**WRES**

The below table includes the results for the questions that comprise the WRES. The 2021 scores are coloured green or red depending on whether they are an improvement on 2020. *The scores for BME staff on all 4 questions have improved since 2020.*

| Question | 2021 BME | 2020 BME | 2021 White | 2020 White |
|---|---|---|---|---|
| Staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months | 34.8% | 37.8% | 36.8% | 35.8% |
| Staff experiencing harassment, bullying or abuse from staff | 33.5% | 33.6% | 28.2% | 31.6% |
| Staff believing the Trust provides equal opportunities for career progression or promotion | 40.3% | 39.3% | 54.1% | 53.7% |
| Staff experiencing discrimination from manager/ team leader of colleague | 20.3% | 20.4% | 8.5% | 9.7% |

Tab 7 Annual Staff Survey Results 2021

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

**WDES**

The below table includes the results for the questions that comprise the WDES comparing staff with or without a long-term condition (LTC). *The scores show for staff with a LTC, two questions having improved since 2020.*

| Question | 2021 Staff with LTC | 2020 Staff with LTC | 2021 Staff without LTC | 2020 Staff without LTC |
|---|---|---|---|---|
| Staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months | 40.5% | 42.3% | 35.1% | 35.8% |
| Staff experiencing harassment, bullying or abuse from managers | 13.4% | 15.5% | 23.2% | 24.1% |
| Staff experiencing harassment, bullying or abuse from other staff | 33.7% | 32.3% | 23.9% | 24.4% |
| Staff saying that the last time they experienced harassment, bullying or abuse they reported it | 47.5% | 51.4% | 42.7% | 44.4% |
| Staff believing the Trust provides equal opportunities for career progression or promotion | 40.5% | 40.5% | 48.7% | 48% |
| Staff feeling pressure for their manager to come to work despite not feeling well enough | 35.2% | 35.3% | 24.5% | 28.1% |
| Staff satisfaction with the extent the Trust values their work | 30.2% | 32.7% | 42% | 44.8% |
| Staff saying the Trust has made adequate adjustments to enable them to carry out their work | 64.2% | 66.5% | 70.9% | 75.5% |
| Overall staff engagement score (org average 6.7) | 6.2 | 6.4 | 6.8 | 6.9 |

## 5. Brilliant People Priorities

To ensure we see a year-on-year improvement in both response rates and results, it is crucial that our results are well communicated across the Trust and used to enact change in staff engagement locally. This responsibility sits at all levels of the Trust but should be owned by our care groups and corporate functions.

As such, each care group and corporate directorate have identified *three brilliant people priorities* to focus on. These have been developed into action plans which the care groups and corporate teams are working to deliver on at present. We will be engaging with our people throughout the delivery of the plans to ensure they are aware of the actions that are being taken on the basis of the feedback they have provided.

This will also allow us to undertake a robust *"you said, we did/are doing"* campaign through the summer and before the 2022 NSS launches in October.

Along with this, there are three Trust-wide actions we are undertaking based on the survey feedback, which are:

- King's has scored lowest for staff experiencing MSK problems for the past two years and the Occupational Health Department are working up a campaign around back care and other MSK issues

- The Trust response rate was below the national average and was lowest in London amongst our peer group and our APC colleagues. We are undertaking a review of the areas of low uptake and will be developing a plan to increase our response rate over the next two years, primarily related to 'you said, we did'

Tab 7 Annual Staff Survey Results 2021

- Our staff engagement score is below the national average and we have set up the King's People Experience Committee to work with staff to understand their experience of working at the Trust and what further actions are required to improve this

Our aim is to develop a culture at King's where we understand and act on feedback, ensuring our people are engaged in this process so we can develop a positive working experience which supports the attraction, recruitment and retention of top talent at the Trust. Our response to the feedback received from the National Staff Survey will be a key component of this.

Tab 9 Safer Staffing

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

# 3 Monthly Safer Staffing Report for
# Nursing and Midwifery
## February 2021 – April 2022

King's

Trust Board June 2022

Nicola Ranger

Chief Nurse
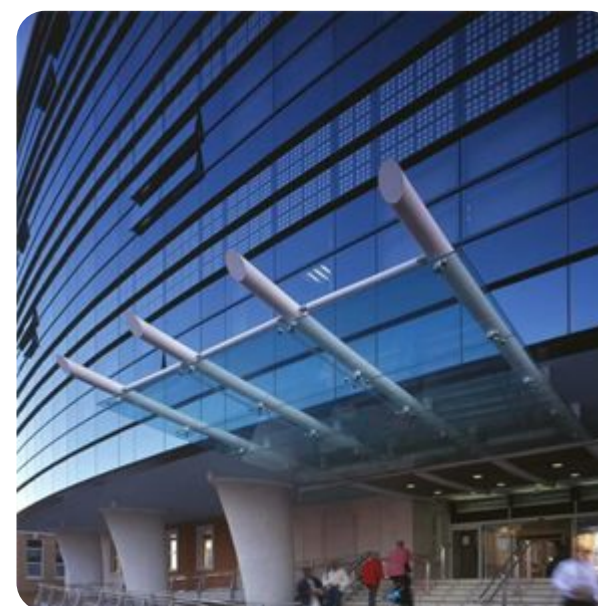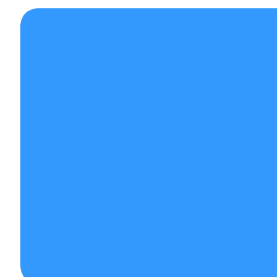
**KING'S HEALTH PARTNERS**

An Academic Health Sciences Centre for London

Pioneering better health for all

1

Tab 9 Safer Staffing

# 3 Monthly Nursing Report

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

## 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.)

2

Tab 9 Safer Staffing

# Staffing Position

## King's College Hospital NHS
### 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 May 2022, 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 |
| 89% | 92% | 94% | 104% | 6.5 | 2.9 | 9.5 |

- Total CHPPD at 9.5 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 significant 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. However not fully reflected in these figures (inc CHPPD) has been the informal redeployment/support of CNS, managerial and Education registered staff supporting clinical areas in particular Pediatrics to maintain safe and effective care for our patients

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

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

3

Tab 9 Safer Staffing

# Registered N&M Vacancies

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

- The current vacancy for April 2022 is 14.46% (790.32 WTE) for registered Nursing and Midwifery staff.

- The Trust's national N&M recruitment campaign (with TMP) fully launched in Nov 20-Jan 21. This award-winning campaign is now in the process of being revised and relaunched with new images and targeted print and media adverts in early summer 2022

- **Registered vacancies have risen marginally between Feb-22 – April-22:**

  - Post COVID-19 we have seen the return of the Trust's usual international recruitment activity however, there are still some restrictions in place. In person recruitment has recommended improving pipeline but this began late May 2022. Additionally Visa delays due to Ukraine crisis impacted recent IEN deployment figures.

  - It is important to note between March – April the trust saw the addition of **90.25 WTE** positions into the establishment in line with Q1 of financial year. Additionally registered N&M establishment has increased by **296.59 WTE since April 2021**. This represents the CCU expansion and an increase in posts within non-core areas.



N&M Registered Vacancy Vs Establishment

4

Tab 9 Safer Staffing

# Unregistered N&M Vacancies

## King's College Hospital NHS
### NHS Foundation Trust
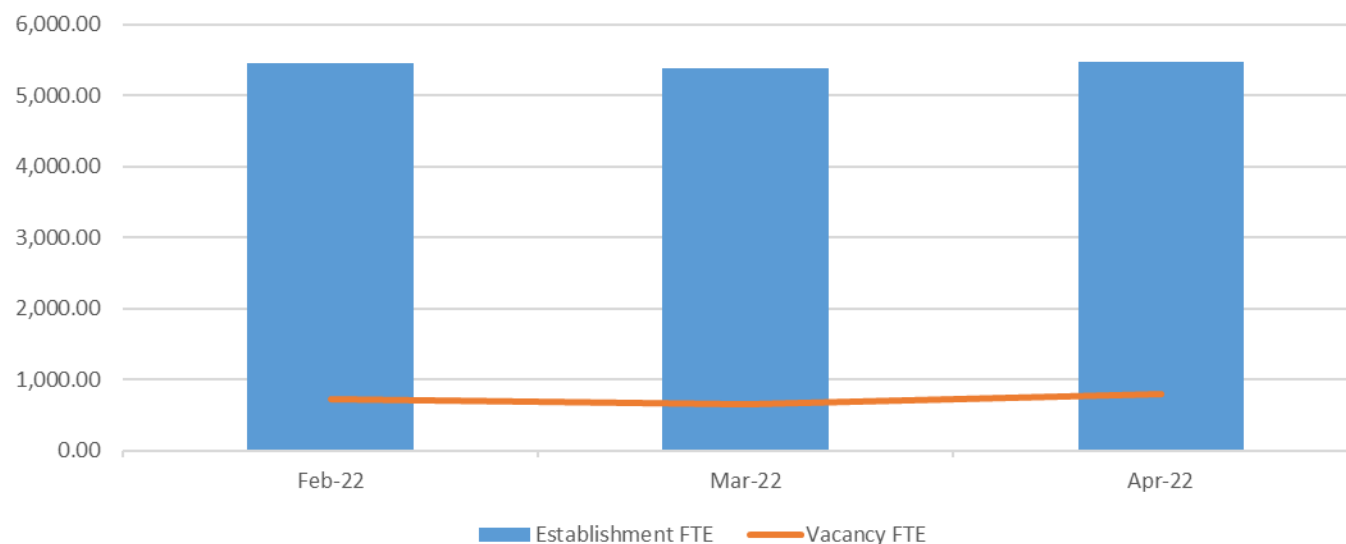
- The current vacancy for April 2022 is 19.57% (289.98 FTE) for unregistered Nursing and Midwifery staff bands 2-3.
- **Unregistered vacancies has dropped lightly between from Feb-22 – April-22:**
  - HCA advertising, recruitment centers and widening participation work has been increased in line with the national drive to tackle Health Care Support Worker vacancies with support from NHSE/I.
  - HCA Recruitment event at the Oval on 26th February saw 98 attendees, 83 on the day interviews and approx. 40 job offers while our second event (2nd April) focusing on our PRUH and SS division resulted in 91 successful job offers. This second event was supported by Indeed via NHSEI funding support and we plan to continue working with them at our next events scheduled on June 25th (Oval) and July 9th (PRUH).
  - It is also important to note this data is not reflectively of purely HCSW it also includes many non-clinical administrative roles. The actual HSCW unregistered vacancy is 232.34 (57.64 WTE difference). Additionally unregistered N&M establishment has increased by 90.28 WTE since April 2021.



N&M Unregistered Vacancy Vs Establishment

5

Tab 9 Safer Staffing
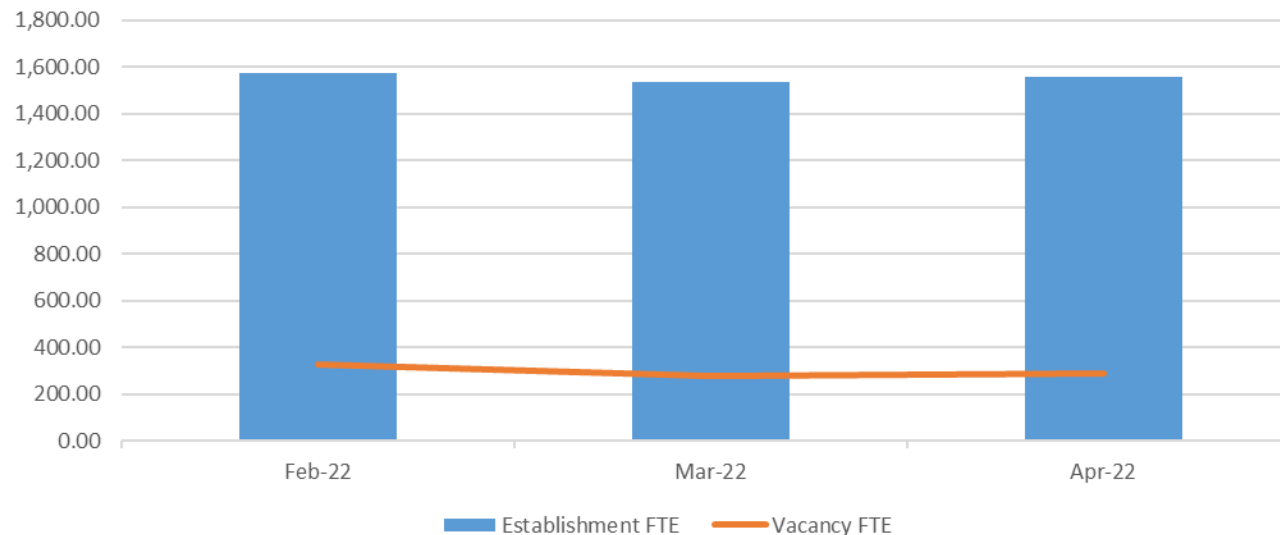
# Nursing and Midwifery Vacancy and Turnover

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

As of January 2022, the voluntary turnover for registered nursing and midwifery staff is 14% and is currently 19.57% for the unregistered workforce. The monthly Trust wide N&M Workforce Governance meeting will monitor vacancies alongside care group-specific recruitment and retention work plans with the aim to reduce registered vacancies below 10% and reduce total voluntary turnover to 10% by the end of 2022.

The graph below outlines the current position:

### Total N&M Vacancy and Turnover %

| Month | Total Vacancy % | Total Turnover % Voluntary |
|---|---|---|
| Apr-21 | 10.25% | 11.25% |
| May-21 | 8.92% | 11.38% |
| Jun-21 | 9.12% | 11.69% |
| Jul-21 | 9.77% | 11.67% |
| Aug-21 | 9.68% | 13.08% |
| Sep-21 | 11.76% | 12.28% |
| Oct-21 | 12.02% | 12.71% |
| Nov-21 | 11.68% | 13.01% |
| Dec-21 | 12.60% | 13.00% |
| Jan-22 | 14.94% | 13.75% |
| Feb-22 | 14.98% | 13.91% |
| Mar-22 | 13.40% | 14.76% |
| Apr-22 | 15.39% | 15.22% |

6

Tab 9 Safer Staffing
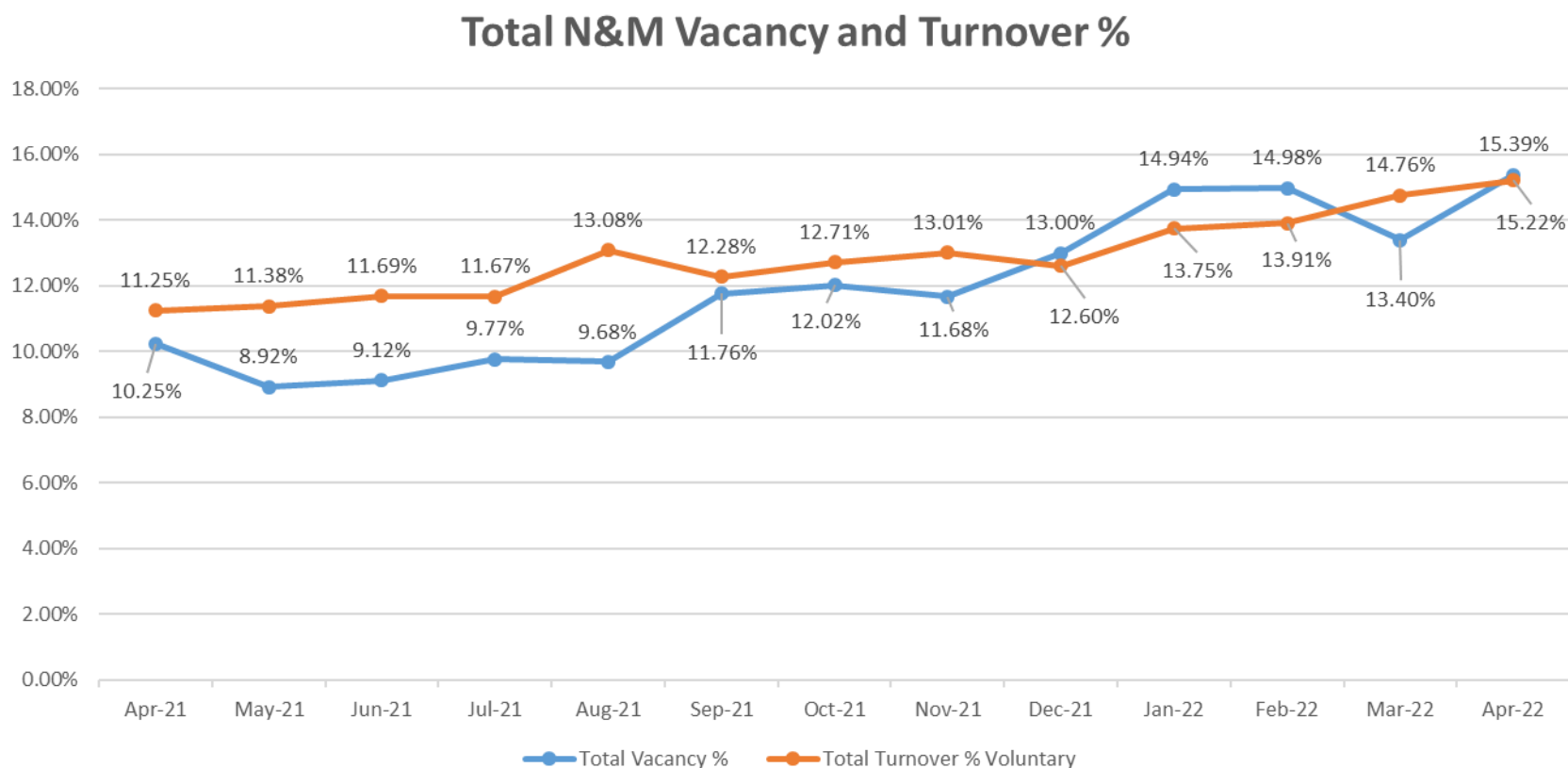
# Recruitment Hotspot & Next Steps

King's College Hospital **NHS**

NHS Foundation Trust

The aggregate nursing and midwifery staff vacancy for April 2022 is 15.39%. This represents an increase from January 2022. 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.

Due to some recruitment challenges during the national and international response and recovery COVID-19 there are several department with a total vacancy rate above 20%

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

- **DH:** Children Surgical Ward (31.37%)
- **DH:** Children's Ambulatory (23.78%)
- **DH:** Children Surgical Ward (21.74)
- **DH:** Ray of Sunshine Ward (20.62%)
- **DH:** Nursing Unit 1 (New Build) (26.09%)
- **DH:** Adult ED Nurses (27.20%)
- **DH:** Paediatric ED Nurses (23.08%)

- **DH:** Charles Polkey (23.06%)
- **PRUH:** Paeds Inpatient (PRUH) (30.77%)
- **PRUH:** S.C.B.U. Nursing (25.38%)
- **PRUH:** Medical Units 4 (22.88%)
- **PRUH:** Stroke Ward PRUH (25.05%)
- **PRUH:** ED PRUH Nursing (20.99%)

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
- 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.**

Tab 9 Safer Staffing

# Recruitment & Retention Next Steps

## King's College Hospital NHS

### NHS Foundation Trust

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

**Target -** 10% vacancy RN and 0 WTE HCA vacancies by the end of 2022

**Recruitment:**

- Undertaking the NHSI/E HCSW direct support programme to support the accelerated recruitment of HCSW into our vacancies
- <u>Workforce transformation</u>: Planned revision and relaunch of NA programme in September with planned cohort of 30 positions and targeted cluster placement of trainees to ensure their roles are embedded into everyday clinical workforce
- Revised establishment reviews specifically targeting the bands 2-4 workforce will be commencing in early July 2022
- <u>International nurse recruitment</u>: Due to the international humanitarian crisis in Ukraine the home office has prioritised visa's for Ukrainian refugees, this significantly effected the May 22 cohort with only 6 IEN's arriving in the UK. However those IEN's delayed have been incorporated into our July 1st cohort which now consists of 54 IENs.
- In person international recruitment has recommenced with the first trip to Philippines successfully recruiting 122 RN's with an additional 8 trips scheduled through to March 2023
- First KCH Paeds IEN passed OSCE in May 2022 representing a significant new Paeds pipeline for recruitment
- A revised IEN bootcamp programme will be commencing with the July 1st cohort with the aim of providing a more structured and holistic experience incorporating extensive onsite simulation.
- To support our increased numbers and to offer increased Pastoral care an additional band 7 PD and 0.5 8a Matron have been added to the IEN team
- <u>Recruitment events & widening participation</u>
- HR and N&M teams attending face-to-face recruitment events following relaunch post easing of COVID-19 restrictions
- Widening participation work ongoing in the local community with organized visits to Sixth Form Colleges & Job Centres
- HCA Recruitment event at the PRUH on 2nd April saw 120+ attendees, approx. 110 on the day interviews and 91 job offers – next recruitment event is planned at the Oval for Saturday 25th April. The trust has also been approached by NHSEI to submit a case study based on the success of these in-person events.
- We have successfully recruited 149 Adult NQN's (96 Host trust students and 53 external) and 59 Paediatric NQN's (34 Host trust students and 25 external) these newly qualified practitioners will be joining our teams in Q3/Q4 2022

Tab 9 Safer Staffing

# Recruitment & Retention Next Steps

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

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

**Retention:**
- The DH ED R+R working group has seen significant success with vacancy data for W/C 08/06/22 (inc pipeline) showing % Vacancy drops of 7.4% for Adult ED and 11.08% for Paeds ED. This success will hopefully be replicated in similar models commencing for Midwifery and Paediatric services this month
- Career taster evenings are planned for late summer to offer our registered nurses insights into some of the wider career opportunities they can access within the organisation outside of the traditional ward structure
- drop-in clinics and Local Faculty Groups are ongoing with our unregistered and newly registered practitioners cross site which feedback into the local education boards
- Preceptorship: Preceptorship team are working with IEN team to launch a dedicated IEN Preceptorship programme which focuses on helping orientate them to the NHS while crediting their extensive experience as healthcare practitioners
- Education and training: A revised KAM model is being used to ensure improved dialogue with academic partner institutions. A variety of WBL programmes are being developed with the support of our internal PD teams and progress on the academy continues with a soft launch target of Q4 2022
- IEN's Following the success of IEN graduations biannual dates are being planned to act as both a celebration of their accomplishment the next schedule date in June 24th 2022

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Tab 10 Annual Complaints Report 2021/22

**NHS**
**King's College Hospital**
**NHS Foundation Trust**
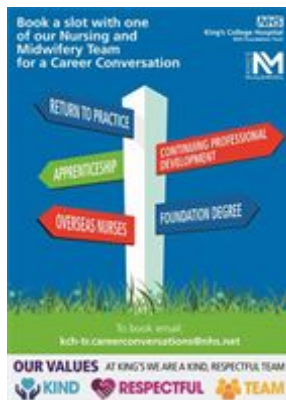
| Meeting: | Trust Board | Date of meeting: | 16th June 2022 |
|---|---|---|---|
| Report title: | Annual Complaints Report | Item: | 10 |
| Author: | Patricia Mecinska – Assistant Director of Patient Experience | Enclosure: | 10 |
| Executive sponsor: | Prof. Nicola Ranger, Chief Nurse and Executive Director of Midwifery | | |
| Report history: | King's Executive Committee Patient Experience Committee | | |

| Purpose of the report |
|---|
| To present an annual review of patient feedback received through the Trust's complaints and Patient Advice & Liaison Service.  It includes activity performance data regarding volume and responsiveness. It highlights key themes and offers assurance regarding pathways to learn lessons from patient feedback. |

| Board/ Committee action required (please tick) |
|---|

| Decision/ Approval | | Discussion | | Assurance | ✓ | Information | ✓ |
|---|---|---|---|---|---|---|---|

The Board/ Committee is asked to note the information and endorse the plans set out for further improvement in 2022.

| Executive summary |
|---|

Brief overview of areas for Board to focus on:
- The Trust received 1166 complaints in 2021-22 which is 12.9% increase 2021/22 than the previous year at an average rate of 97 complaints per month.
- During the year 40.3% of complaints were responded to within the agreed timescale. Although this is an improvement on 2020-21 performance we recognise that further work is being completed to address the challenges.
- There were 6,881 patient contacts through the Patient Advise and Liaison Service which represents a 2.5% reduction from the previous year. Individuals contacted the Patient Advice and Liaison Service for help with resolution of issues like: delays in getting outpatient appointments, difficulties contacting services directly and rescheduling of appointments.
- As a result of patient feedback and in line with the Trust's commitment to learning, a wide range of changes have been made to improve the quality of care that we deliver at King's College Hospital. From reviewing pathways through developing new policy documents to hosting 200+ reflecting sessions, learning from complaints and Patient Advice and Liaison Service contacts is embedded as part of King's College Hospital's approach to improving patient experience.

| Strategy |
|---|

| Link to the Trust's BOLD strategy | | Link to Well-Led criteria | |
|---|---|---|---|
| | **Brilliant People**: *We attract, retain and develop passionate and talented people, creating an environment where they can thrive* | | **Leadership, capacity and capability** |
| | | | **Vision and strategy** |
| ✓ | **Outstanding Care**: *We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to* | ✓ | **Culture of high quality, sustainable care** |
| | | | **Clear responsibilities, roles and accountability** |
| | **Leaders in Research, Innovation and Education**: *We continue to develop and deliver world-class research, innovation and education* | | **Effective processes, managing risk and performance** |
| | | | **Accurate data/ information** |

Tab 10 Annual Complaints Report 2021/22

| | | | |
|---|---|---|---|
| **Diversity, Equality and Inclusion at the heart of everything we do:** *We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people* | | ✓ | **Engagement of public, staff, external partners** |
| | | ✓ | **Robust systems for learning, continuous improvement and innovation** |
| **Person- centred** | **Sustainability** | | |
| **Digitally- enabled** | **Team King's** | | |

| Key implications | |
|---|---|
| **Strategic risk - Link to Board Assurance Framework** | BAF Risk 7 - High Quality Care |
| **Legal/ regulatory compliance** | Timeliness of complaints management is considered under the 'Responsive' domain by the CQC. The well led domain requires us to have robust processes in place for learning lessons from patient feedback. |
| **Quality impact** | Patient feedback highlights areas where patient experience and safety could be improved across the Trust. |
| **Equality impact** | |
| **Financial** | |
| **Comms & Engagement** | |
| **Committee that will provide relevant oversight** | |
| Patient Experience Committee | |

Tab 10 Annual Complaints Report 2021/22

# Patient Advice and Liaison Service and Patient Complaints

# Annual Report

# 2021-22

**Compiled May 2022**

**King's College Hospital NHS Foundation Trust**
**Denmark Hill**
**London**
**SE5 9RS**

**Kch-tr.complaints@nhs.net**

Tab 10 Annual Complaints Report 2021/22

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Tab 10 Annual Complaints Report 2021/22

## 1. Executive Summary

King's College Hospital NHS Foundation Trust provides services to local people across Bromley, Lambeth, Lewisham and Southwark from one of its five sites that include Denmark Hill, Princess Royal University Hospital, Orpington Hospital, Beckenham Beacon and Queen Mary's Hospital (with the latter four referred to as Princess Royal University Hospital and South Sites).

This report provides a summary of feedback received through the Trust's complaints team and Patient Advice and Liaison Service received between 1st April 2021 and 31st March 2022. Throughout the period, the Trust received 1,166 formal complaints which represents a12.9% increase in the volume of activity compared to the previous year. Analysis of data indicates that key themes arising from complaints include communication with patient, communication with relative and attitude of medical staff.

During the year 40.3% of complaints were responded to within the agreed timescale. Although this is an improvement on 2020-21 performance we recognise that further work is being completed to address the challenges.

Between 1st April 2021 and 31st March 2022, our Patient Advice and Liaison Service recorded 6,881 contacts across all sites. This represents a 2.5% reduction compared to recorded contacts in 2020/2021 (7,060). Individuals contacted the Patient Advice and Liaison Service for help with resolution of issues like: delays in getting outpatient appointments, difficulties contacting services directly and rescheduling of appointments.

As a result of patient feedback and in line with the Trust's commitment to learning, a wide range of changes have been made to improve the quality of care that we deliver at King's College Hospital. From reviewing pathways through developing new policy documents to hosting 200+ reflecting sessions, learning from complaints and Patient Advice and Liaison Service contacts is embedded as part of King's College Hospital's approach to improving patient experience.

The introduction of the Parliamentary and Health Service Ombudsman's Complaints Standard scheduled for 2022/2023 will create further opportunities for King's College Hospital to transform its approach to managing complaints. The teams will also focus on improving accessibility of their services with a strong drive to deliver Key Performance Indicators agreed.

Tab 10 Annual Complaints Report 2021/22

## 2. Complaints

In 2021/22, King's College Hospital received 1,166 formal complaints; this represents an organisational increase of 12.9% compared to 2020/2021 where 1,016 complaints were received. Throughout the year, complaints were received at an average rate of 97 per month.

The table below shows the volume of complaints and Patient Advice and Liaison Service contacts in relation to inpatient and outpatient attendances only, excluding maternity services and emergency care. Throughout 2021/2022, King's College Hospital had a higher rate of complaints and contacts regarding inpatient attendances at Princess Royal University Hospital and South Sites whilst Denmark Hill attracted higher rates where outpatients services are concerned.

| Denmark Hill site | 2021/2022 | Princess Royal University Hospital and South Sites | 2021/2022 |
|---|---|---|---|
| **Inpatient attendances** | | **Inpatient attendances** | |
| Number of inpatient complaints | 220 | Number of inpatient complaints | 173 |
| Inpatient episodes | 133,299 | Inpatient episodes | 64,207 |
| Complaints per 1,000 attendances | 1.6 | Complaints per 1,000 attendances | 2.7 |
| PALS contacts | 873 | PALS contacts | 747 |
| PALS per 1,000 attendances | 6.5 | PALS per 1,000 attendances | 11.6 |
| **Outpatient attendances** | | **Outpatient attendances** | |
| Number of outpatient complaints | 402 | Number of outpatient complaints | 130 |
| Outpatient episodes | 785,819 | Outpatient episodes | 460,495 |
| Complaints per 1,000 attendances | 0.5 | Complaints per 1,000 attendances | 0.3 |
| PALS contacts | 3,073 | PALS contacts | 1,701 |
| PALS per 1,000 attendances | 3.9 | PALS per 1,000 attendances | 3.7 |

Figure 1. Feedback (complaints and PALS queries) measured against Trust activity

### 2.1 Complaints for Denmark Hill site

Between 1st April 2021 and 31st March 2022, King's College Hospital received 773 complaints relating to its Denmark Hill site. This constitutes a 19% increase when compared to the previous year where 651 complaints were received. Just under 7% of complaints (57) were re-opened during the year.

Tab 10 Annual Complaints Report 2021/22

Denmark Hill - number of complaints by quarter since 2017/18
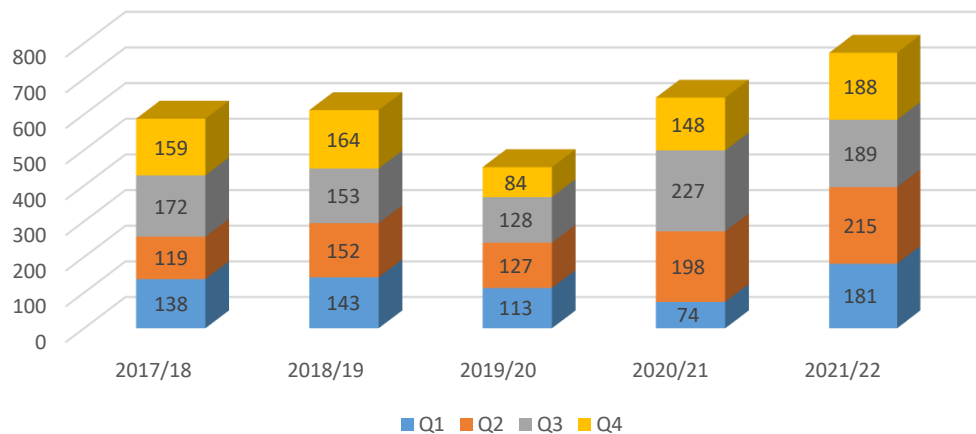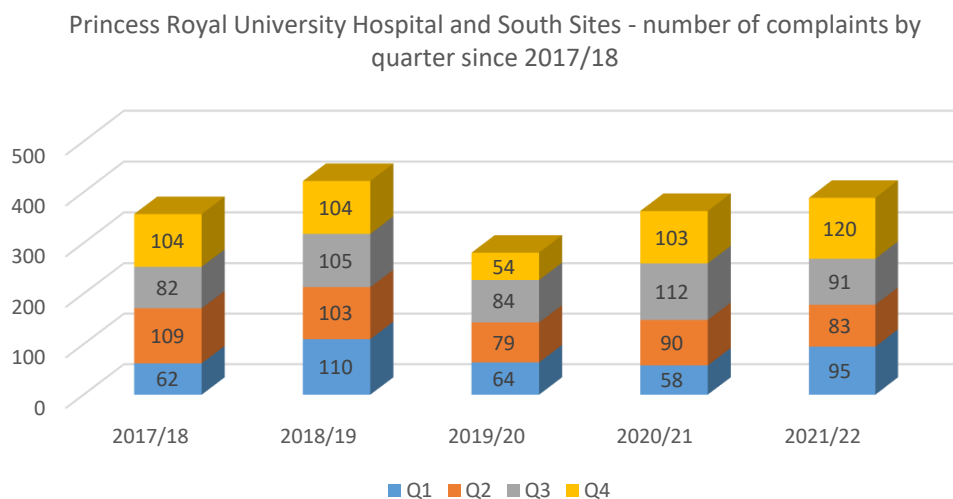


At Denmark Hill site, complaints related to:

| | No. of complaints | % of total complaints in 2020/2021 | % of total complaints in 2021/2022 | |
|---|---|---|---|---|
| Inpatients | 220 | 35% | 28% | ⬇ |
| Outpatients | 402 | 48% | 52% | ⬆ |
| Emergency Department | 98 | 9% | 13% | ⬆ |
| Maternity | 43 | 7% | 6% | ⬇ |

Denmark Hill complaints by service area 2020/2021 and 2021/2022

Tab 10 Annual Complaints Report 2021/22
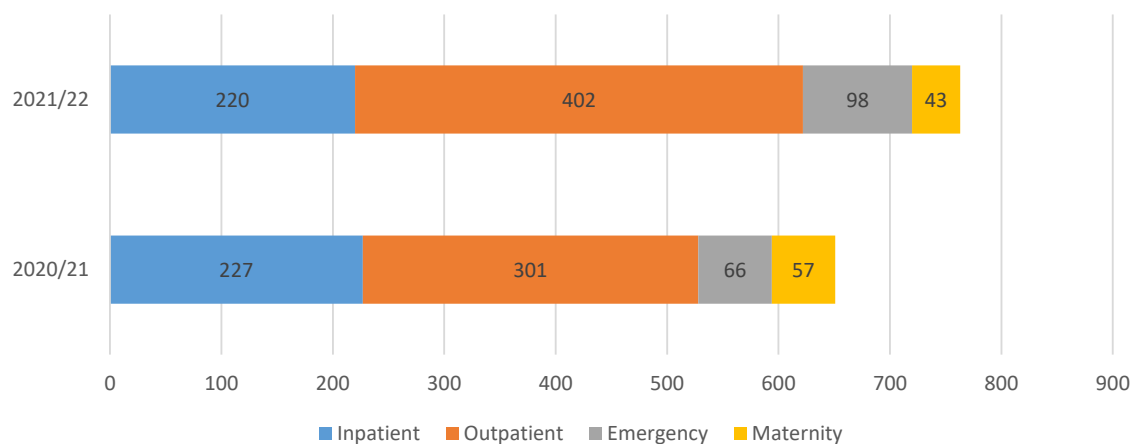
## 2.2 Complaints for Princess Royal University Hospital and South Sites

During the reporting period, 389 complaints were received in 2021/2022 for Princess Royal University Hospital and South Sites. This constitutes a 7% increase when compared to the previous year where 365 complaints were received. 7% of complaints (26) were re-opened during the year.

Princess Royal University Hospital and South Sites - number of complaints by quarter since 2017/18



At Princess Royal University Hospital and South Sites, complaints related to:

| | No. of complaints | % of total complaints in 2020/2021 | % of total complaints in 2021/2022 | |
|---|---|---|---|---|
| Inpatients | 173 | 44% | 44% | → |
| Outpatients | 132 | 33% | 32% | ↓ |
| Emergency Department | 60 | 19% | 15% | ↓ |
| Maternity | 23 | 10% | 6% | ↓ |

Tab 10 Annual Complaints Report 2021/22

Princess Royal University Hospital and South Sites complaints by service area 2020/2021 and 2021/2022
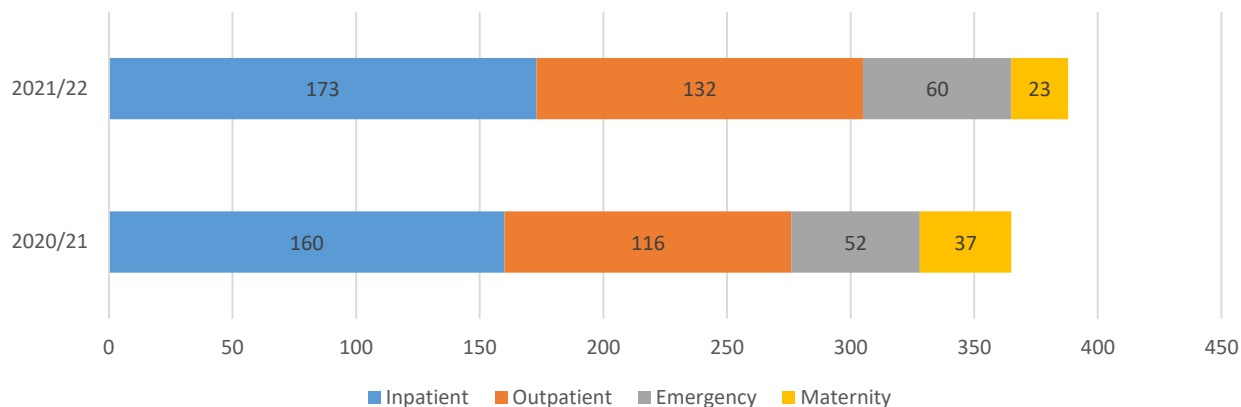


## 2.3  Other resolution pathways

In 2021/2022, 4 concerns were raised and logged as complaints but were effectively resolved through Patient Advice and Liaison Service with the consent of the patients/ relatives/ carers.

## 2.4 Complaints themes

Review of 1,166 complaints received in 2021/2022 reveals that Trust-wide complainants shared concerns with regard to:

| | | |
|---|---|---|
| Access to treatment or drugs | 12 | 1% |
| Admissions, discharges and transfers | 85 | 8% |
| Appointments inc. delays and cancellations | 75 | 7% |
| Clinical treatment | 326 | 30% |
| Communications | 243 | 22% |
| Consent to treatment | 8 | 1% |
| End of life care | 3 | 0% |
| Facilities | 11 | 1% |
| Patient care | 97 | 9% |
| Prescribing errors | 20 | 2% |
| Privacy, dignity and wellbeing | 30 | 3% |
| Restraint | 2 | 0% |
| Staffing numbers | 1 | 0% |
| Trust admin | 17 | 1% |
| Values and behaviours | 103 | 10% |
| Waiting times | 43 | 4% |
| Others | 90 | 1% |
| Total: | 1166 | |

Tab 10 Annual Complaints Report 2021/22

This puts the following themes as top five most complained about matters in 2021/2022:

Clinical Treatment (provided by a doctor/dentist)     30%

Communications         22%

Values and Behaviours (staff)      10%

Patient Care      9%

Admissions, discharges & transfers      8%
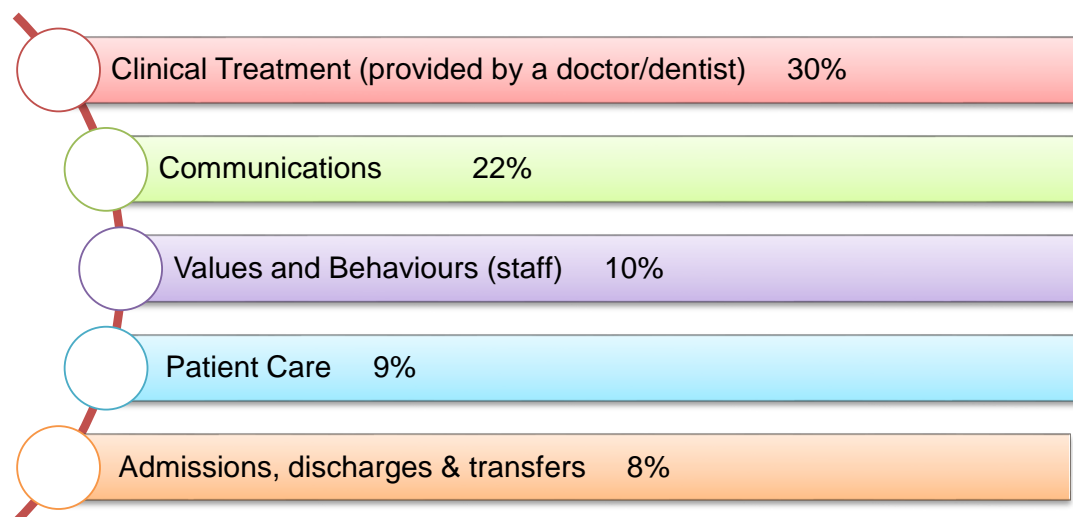
Please note that 'clinical treatment' refers to concerns predominantly about care provided by a doctor. A separate 'patient care' category is used to categorise complaints which relate predominantly to nurse-led care, which includes patient nutrition and hydration.

Clinical treatment concerns noted include:

- delay/failure to diagnose (18 complaints)
- delay/failure to follow up (15 complaints)
- failure in treatment/procedure (14 complaints)

## 2.5 Complaints response rate

The Trust set its target at 100% of complaints responded to within the deadline. For 2021/2022, the overall response rate was 40.3% (up from 33.5% in 2020/21) broken down as follows:

| Trust-wide | Denmark Hill site | Princess Royal University Hospital and South Sites |
|---|---|---|
| 453 / 1124 (40.3%) | 311 / 688 (45.2%) | 142 / 436 (32.6%) |

The plans to improve performance are set out in the final section of the report.
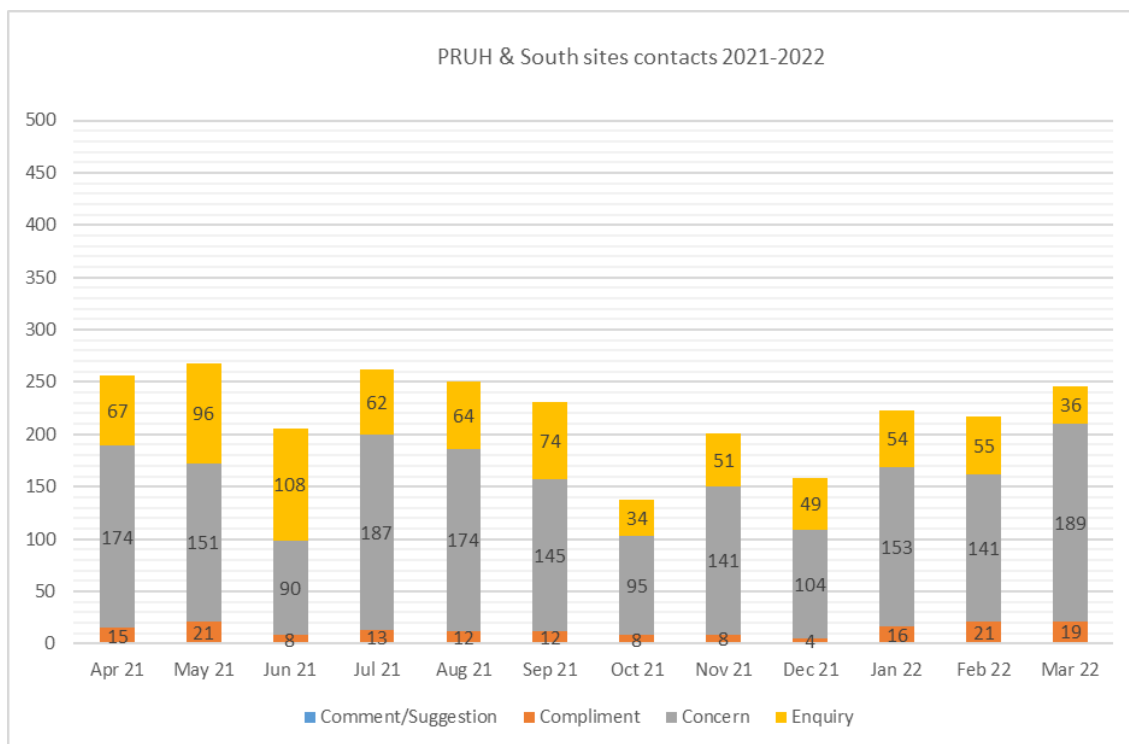
## 3. Patient Advice and Liaison Service

During 2021/2022, Patient Advice and Liaison Service recorded 6,881 contacts across all sites. This represents a 2.5% reduction compared to recorded contacts in 2020/2021 (7,060). The table below shows the activity levels reported over a three-year period; concerns at Denmark Hill have increased by 88% compared to pre-Covid pandemic levels.

Tab 10 Annual Complaints Report 2021/22

**Patient Advice and Liaison contact 2019 - 2022**

| Year | DH PALS contacts | PRUH & SS PALS contacts |
|------|------------------|-------------------------|
| 19/20 | 2242 | 1887 |
| 20/21 | 3864 | 3203 |
| 21/22 | 4226 | 2655 |
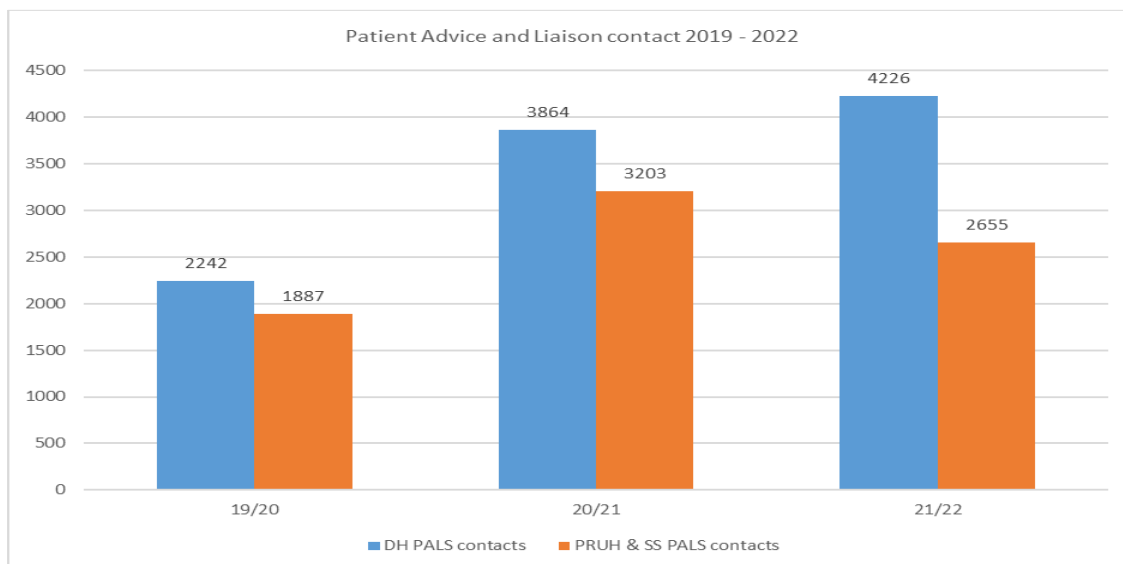
Denmark Hill recorded 4,226 contacts, averaging 352 per month, with 2,655 contacts for Princess Royal University Hospital and South Sites, averaging 221 per month. In addition, 343 compliments were received during the year and these represent 5% of the overall contacts made.

The breakdown of PALS contacts for each site is set out in the charts below:

**Denmark Hill contacts 2021-2022**

| Month | Compliment | Concern | Enquiry |
|-------|-----------|---------|---------|
| Apr 21 | 9 | 133 | 180 |
| May 21 | 19 | 151 | 181 |
| Jun 21 | 19 | 214 | 227 |
| Jul 21 | 19 | 196 | 173 |
| Aug 21 | 11 | 122 | 172 |
| Sep 21 | 14 | 233 | 148 |
| Oct 21 | 13 | 231 | 65 |
| Nov 21 | 14 | 260 | 177 |
| Dec 21 | 11 | 173 | 134 |
| Jan 22 | 12 | 169 | 172 |
| Feb 22 | 29 | 123 | 112 |
| Mar 22 | 16 | 197 | 85 |

Legend: Comment/Suggestion, Compliment, Concern, Enquiry

Tab 10 Annual Complaints Report 2021/22



PRUH & South sites contacts 2021-2022

Measuring Patient Advice and Liaison Service casework against Trust activity shows that there were 3.8 outpatient related contacts per 1,000 outpatient attendances and 9 inpatient related contacts per 1,000 inpatient admissions. Overall, outpatient issues represented 70% of the reported casework. We observed higher rates of concerns (based on volume of outpatient attendances) at the DH site and higher rates of concerns (based on inpatient admissions) at the PRUH site.

Our patients and their families are predominantly seeking help in relation to Communication pathways with the clinical teams and information about outpatient appointments, including all radiological investigations. The graph below shows these and other top causes of contact as a proportion of overall casework.



Main themes recorded by Patient Advice and Liaison 2021-2022

**10** | King's College Hospital NHS Foundation Trust Complaints Annual Report 2021/22

Tab 10 Annual Complaints Report 2021/22
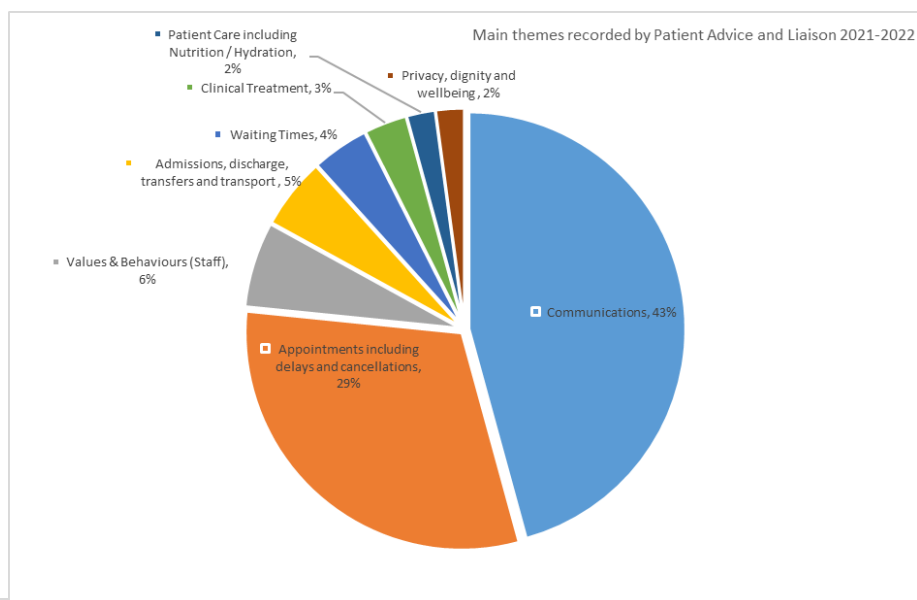
Notable themes supported by Patient Advice and Liaison Service are listed below:

- delay (including length of wait) for an outpatient appointment
- inability to contact staff/department/wards on advertised telephone numbers
- rescheduling of appointments
- length of wait for elective surgery and cancelled procedures
- quality and timeliness of appointment notifications
- delay in providing follow up appointments or other discharge plan recommendations
- communication with relatives/carers in regard to inpatient care, treatment and discharge decisions
- delay in reporting back to patients/ GP Practices on test results.

The following graph demonstrates Care Groups with the most Patient Advice and Liaison Service contacts recorded in 2021-2022.



Care Groups with most Patient Advice and Liaison Service contacts 2021-2022
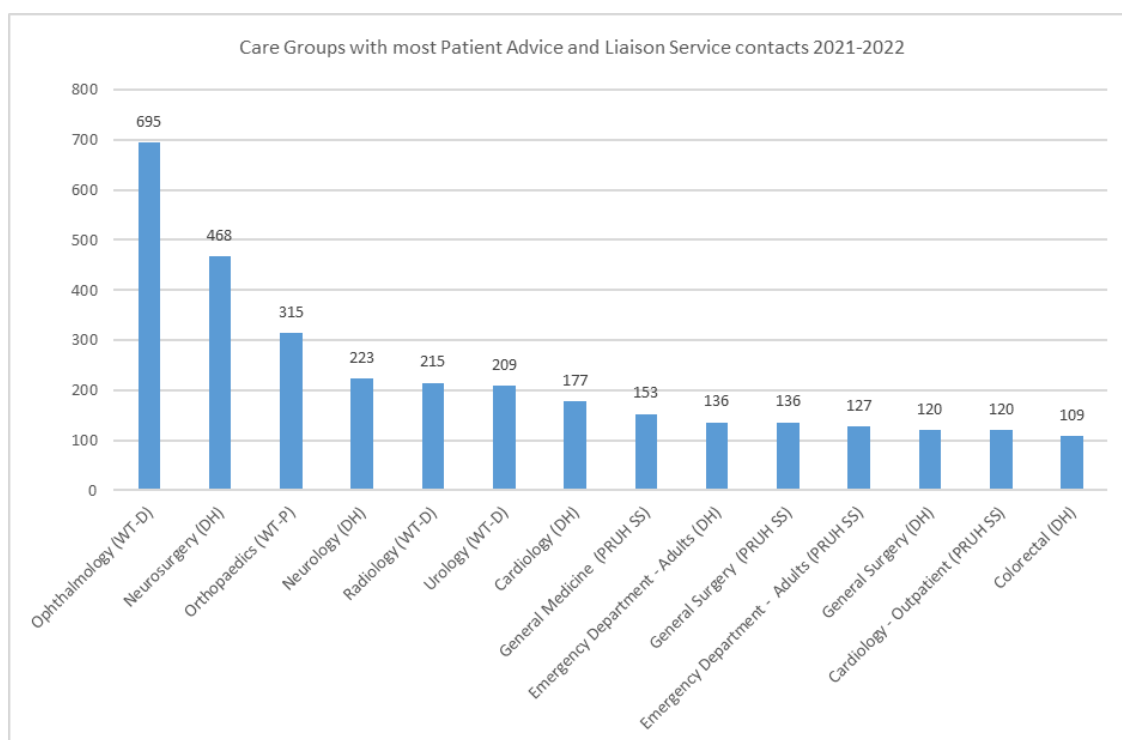
## 4. Learning from feedback

Patient feedback generates opportunities for learning and service improvements and King's College Hospital is fully committed to utilising complaints and Patient Advice and Liaison Service data to transform services to meet the needs of our diverse communities. To facilitate information sharing and to drive improvements, King's College Hospital:

- regularly reports themes and trends to:
  - care groups
  - King's Executive Team

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King's

Tab 10 Annual Complaints Report 2021/22

o Patient Experience Committee

- develops and implements action plans where processes or quality of care delivered were below the high expectations that we set for ourselves

- designs and delivers bespoke training for staff or staff groups where concerns about the quality of care delivered have been raised

Of 1,166 complaints received in 2021/2022, 521 (44.7%) were upheld or partially upheld with key learning points including:

- review of patient pathways in Orthopaedics, Urgent and Emergency Care to reduce the number of cancelled procedures
- development of a new process to follow-up patients who 'Did Not Attend' their appointments to ensure that these patients are supported and aware of escalation routes
- improvements in communication skills through deployment of customer service training
- development of new communication tools for patients
- 200+ learning sessions facilitated with staff and teams to reflect on feedback and conduct to improve quality of care provided in the future

In addition, as a direct result of feedback we set up a new dedicated friends and family line for the Emergency Department at Denmark Hill. The line, manned 24/7, enables relatives and friends to directly speak with their loved one. This has helped to free up clinical time to care in addition to improving patient experience.

## 5. Parliamentary and Health Service Ombudsman

The Parliamentary and Health Service Ombudsman investigates complaints where an organisation has not been able to resolve the complaint to the complainant's satisfaction at a local level. Where a complaint spans health and social care, it is investigated by the Joint Working Team between the Parliamentary and Health Service Ombudsman and the Local Government Ombudsman. In 2021/2022, the Parliamentary and Health Service Ombudsman or the Local Government Ombudsman requested records or started initial enquiries for 14 cases.

4 PHSO cases concluded in 2021/22. In one of these cases, the Trust was required to make a payment for distress, in two cases the Trust was asked to issue a letter of apology for poor experience. There was no action required of the Trust in the fourth case.

## 6. Plans for 2022/ 2023

The introduction of the Parliamentary and Health Service Ombudsman's Complaints Standard scheduled for 2022/2023 will create further opportunities for King's College Hospital to transform its approach to managing complaints where the focus will shift from written responses to working alongside the complaints to secure desired outcomes. This closely aligns with the co-production work outlined in the Trust's strategy, 'Strong roots, global reach'.

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For complaints and Patient Advice and Liaison Service the focus throughout 2022/2023 will also be on:

- deploying co-designed complaints information and ward welcome packs to make the services more accessible to our diverse communities

- ensuring that feedback received from patients and relatives at King's College Hospital reflects the diverse communities that we serve

- achieving Key Performance Indicators for the services that include:

  o all Patient Advice and Liaison Service queries being addressed within 5 working days
  o 100% of complaints being resolved within 6 months' period
  o recording 100% compliance with the Parliamentary and Health Service Ombudsman complaints standards

- launching printed and digital patient experience newsletter with editions available across various staff areas with features on volunteering and spiritual care to promote uptake of other services

Tab 11 Remuneration and Appointments Committee - Terms of Reference

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

| Meeting: | Board of Directors | Date of meeting: | 16 June 2022 |
|---|---|---|---|
| Report title: | Remuneration & Appointments Committee Terms of Reference | Item: | 11 |
| Author: | Sophie Whelan, Director of Corporate Affairs | Enclosure: | 11 |
| Sponsor: | Sir Hugh Taylor, Chair | | |
| Report history: | Remuneration & Appointments Committee – 1 June 2022 | | |

| Purpose of the report |
|---|
| The purpose of the paper is to provide the Board with the revised terms of reference for the Remuneration and Appointments Committee for review and approval following the Committee's review. |

| Board/ Committee action required (please tick) |
|---|

| Decision/ Approval | ✓ | Discussion | | Assurance | | Information | |
|---|---|---|---|---|---|---|---|

**The Board is asked to approve the revised terms of reference for the Remuneration and Appointments Committee.**

| Executive summary |
|---|
| The Remuneration and Appointments Committee agreed that a review of the Terms of Reference should be undertaken to refresh the existing Terms of Reference.<br><br>The Terms of Reference have been reviewed and refreshed and the updated terms of reference are included for the Board's review and approval. |

| Strategy | |
|---|---|
| **Link to the Trust's BOLD strategy:** | **Link to Well-Led criteria:** |

| | Link to the Trust's BOLD strategy: | | Link to Well-Led criteria: |
|---|---|---|---|
| ✓ | **Brilliant People:** *We attract, retain and develop passionate and talented people, creating an environment where they can thrive* | ✓ | **Leadership, capacity and capability** |
| | **Outstanding Care**: *We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to* | | **Vision and strategy** |
| | | | **Culture of high quality, sustainable care** |
| | **Leaders in Research, Innovation and Education:** *We continue to develop and deliver world-class research, innovation and education* | ✓ | **Clear responsibilities, roles and accountability** |
| | | | **Effective processes, managing risk and performance** |
| | | | **Accurate data/ information** |
| | **Diversity, Equality and Inclusion at the heart of everything we do:** *We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people* | | **Engagement of public, staff, external partners** |
| | | | **Robust systems for learning, continuous improvement and innovation** |

| | |
|---|---|
| **Person- centred** | **Sustainability** |
| **Digitally- enabled** | **Team King's** |

Tab 11 Remuneration and Appointments Committee - Terms of Reference

| Key implications | |
|---|---|
| **Strategic risk - Link to Board Assurance Framework** | BAF Risk 1 – Recruitment & Retention |
| **Legal/ regulatory compliance** | The terms of reference outlines the Committee's responsibilities regarding compliance with relevant regulation and good practice. |
| **Quality impact** | |
| **Equality impact** | |
| **Financial** | |
| **Comms & Engagement** | |
| **Committee that will provide relevant oversight** | |
| Remuneration & Appointments Committee | |

Tab 11 Remuneration and Appointments Committee - Terms of Reference

King's College Hospital **NHS**

NHS Foundation Trust

**REMUNUERATION & APPOINTMENTS COMMITTEE**

**TERMS OF REFERENCE**

1. **Authority**

    **1.1** The Remuneration and Appointments Committee is constituted as a standing committee of the Board of Directors. The Committee is a Non-Executive Committee and has no executive powers other than those specifically delegated in these terms of reference. The terms of reference can only be amended with the approval of the Trust Board.

    **1.2** The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to cooperate with any request made by the Committee.

    **1.3** The Committee is authorised by the Board of Directors to obtain legal, remuneration or other independent professional advice on any matters within its terms of reference.

2. **Purpose**

    **2.1** The Remuneration and Appointments Committee will act under the delegated authority of the Board of Directors to approve and oversee the arrangements for the appointment, remuneration and terms of service of the Chief Executive and all Executive Directors.

    **2.2** The Committee will also be responsible for agreeing the remuneration of any other VSM posts with remuneration outside of the Agenda for Change framework and Medical & Dental Terms and Conditions of Service.

3. **Membership**

    **3.1** The membership of the Remuneration and Appointments Committee will include the Chair of the Trust and all of the Non-Executive Directors.

    **3.2** The Committee shall be chaired by the Chair of the Trust or their appointed Non-Executive Director deputy.

4. **Attendance**

    **4.1** The quorum necessary for the transaction of business will be three members of the Committee, including the Committee Chair (or their appointed Non-Executive Director deputy).

    **4.2** The Chief Executive and the Chief People Officer shall be invited to attend meetings except for any items relating to their own roles, performance or remuneration.

    **4.3** Other Trust staff will be invited to attend for specific agenda items with the agreement of the Committee Chair as required.

5. **Secretary**

1

Tab 11 Remuneration and Appointments Committee - Terms of Reference

King's College Hospital **NHS**

NHS Foundation Trust

**5.1** The Chief People Officer shall act as the Secretary of the Committee and will ensure that the Committee receives information in a timely manner to enable full and proper consideration to be given to the issues.

## 6. Frequency of meetings

**6.1** The Committee will meet at least twice a year and then as required to fulfil its responsibilities, as determined by the Chair

## 7. Minutes and reporting

**7.1** The minutes of all meetings of the Committee shall be formally recorded.

**7.2** The Committee will report, where required, to the Board of Directors following each meeting to highlight any matters that require disclosure or escalation to the Board.

**7.3** The Committee shall provide a description of its work in the annual report in line with the requirements of the Code of Governance.

## 8. Specific duties

The Committee shall:

**Remuneration**

**8.1** Determine the policy and framework for the remuneration of the Chief Executive, Executive Directors and other very senior managers (VSM) whose remuneration is greater than the upper pay point of the Agenda for Change framework having due regard to national and local benchmarking information, all relevant laws and regulations, and all relevant national policy requirements and guidance.

**8.2** Review and agree the remuneration and terms and conditions of office of the Chief Executive, Executive Directors and other VSMs.

**Performance**

**8.3** Receive and review a report on the objective setting and annual appraisals of Executive Directors including the extent to which their objectives have been achieved.

**Appointments**

**8.4** Review the structure, size and composition of the executive members of the Board and make recommendations to the Board of Directors where appropriate.

**8.5** To consider succession planning and talent management arrangements for Executive Directors and other VSMs, taking into account the challenges and opportunities facing the Trust and the skills and expertise required.

**8.6** Agree and oversee the recruitment and selection process for the appointment of the Chief Executive. The appointment shall be subject to the approval of the Council of Governors (in accordance with the Trust's Constitution).

2

Tab 11 Remuneration and Appointments Committee - Terms of Reference

King's College Hospital **NHS**

NHS Foundation Trust

**8.7** Agree and oversee the recruitment and selection process, including the preparation of a description of the role and capabilities required, for the appointment of Executive Directors.

**8.8** Approve the appointment of Executive Directors based on the recommendation of the appointments panel agreed by the Committee.

**8.9** Receive assurance reports in relation to compliance with the Fit and Proper Persons requirements in accordance with national regulations and Trust policy.

**Other matters**

**8.10** Give due consideration to all relevant laws and regulations, the provisions of the Code and published guidelines or recommendations regarding the remuneration of the Executive Directors.

**8.11** Undertake any other responsibilities as delegated by the Board of Directors.

**9.  Review**

**9.1** The Committee shall review its terms of reference annually and recommend any changes it considers necessary to the Trust Board for approval.

3

Tab 12 Board Assurance Framework - Q4

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

| Meeting: | Board of Directors | Date of meeting: | 16 June 2022 |
|---|---|---|---|
| Report title: | Board Assurance Framework Summary – Q4 | Item: | 12 |
| Author: | Sophie Whelan, Director of Corporate Affairs | Enclosure: | 12 |
| Executive sponsor: | Prof Clive Kay, Chief Executive | | |
| Report history: | Audit Committee – 9 June 2022 | | |

| **Purpose of the report** |
|---|
| The purpose of the paper is to provide the Board with an update on the Board Assurance Framework and proposed actions following review by the Trust's Audit Committee. A summary of all risks is included in **Appendix A**. |

| **Board/ Committee action required (please tick)** |
|---|

| Decision/ Approval | ✓ | Discussion | | Assurance | | Information | |
|---|---|---|---|---|---|---|---|

**The Board is asked to note the update to the Board Assurance Framework and approve the recommend change to the risk scoring of BAF Risk 1.**

| **Executive summary** |
|---|

There are currently 10 strategic risks included on the BAF. Four of the 10 risks are rated 'Red' with a score of 20 or 16 including:

- Recruitment and Retention (BAF 1)
- Financial Sustainability (BAF 3)
- Maintenance and development of the Trust's estate (BAF 4); and
- Demand and Capacity (BAF 9).

Each risk has been reviewed and the BAF has been updated to reflect any additional controls and/or mitigations and sources of assurance. The actions to address any identified gaps in controls and/or assurance have also been updated where relevant. A decrease in the risk score from 20 to 16 for BAF Risk 1 (Recruitment and Retention) is proposed to reflect the withdrawal of 'vaccination as a condition of deployment' (VCOD) requirements.

A summary of the Q4 updates is presented in **Table 1**. The updates have been considered by the Audit Committee. Regarding BAF Risk 3 (Financial Sustainability) the Audit Committee noted the Financial and Commercial Committee's discussions and highlighted the increased financial risk associated with the 2022/23 financial plan. Whilst the risk scoring for Q4 2021/22 had not been increased from Q3 the risk scoring was expected to increase for Q1 2022/23.

The Audit Committee recommended a review of the target risk scores, based on the Trust's level of risk appetite, to enable the mitigation time horizon to be identified. The review of the target risk scores will be completed for Q1.

Tab 12 Board Assurance Framework - Q4

## Strategy

| Link to the Trust's BOLD strategy: | Link to Well-Led criteria: |
|---|---|
| ✔ **Brilliant People**: *We attract, retain and develop passionate and talented people, creating an environment where they can thrive* | | Leadership, capacity and capability |
| ✔ **Outstanding Care**: *We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to* | | Vision and strategy |
| | | Culture of high quality, sustainable care |
| ✔ **Leaders in Research, Innovation and Education**: *We continue to develop and deliver world-class research, innovation and education* | | Clear responsibilities, roles and accountability |
| | ✔ Effective processes, managing risk and performance |
| | | Accurate data/ information |
| ✔ **Diversity, Equality and Inclusion at the heart of everything we do**: *We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people* | | Engagement of public, staff, external partners |
| | | Robust systems for learning, continuous improvement and innovation |
| ✔ **Person- centred**   **Sustainability**  **Digitally- enabled**   **Team King's** | |

## Key implications

| | |
|---|---|
| **Strategic risk - Link to Board Assurance Framework** | All BAF risks |
| **Legal/ regulatory compliance** | The BAF reflects the Trust's strategic risks, including regulatory, quality and financial and links to the Corporate Risk Register. Actions have been identified to address gaps in controls and/or assurances. |
| **Quality impact** | |
| **Equality impact** | |
| **Financial** | |
| **Comms & Engagement** | |
| **Committee that will provide relevant oversight** Audit Committee | |

Tab 12 Board Assurance Framework - Q4

**Table 1: Summary of key changes from Q3**

| BAF Risk | Key updates |
|---|---|
| **1. Recruitment & Retention** | **Risk score**<br><br>• Risk score reduced from 20 to 16 following withdrawal of vaccination as a condition of deployment (VCOD) requirement<br><br>**Controls and mitigations**<br><br>• Development of the People & Culture Plan<br><br>• Launch of King's Kaleidoscope to coordinate learning and development offers for staff<br><br>• Launch of refreshed appraisal approach |
| **2. King's Culture & Values** | **Controls and mitigations**<br><br>• Development of the Equality, Diversity & Inclusion Roadmap 2022-24<br><br>• Re-launch of the People & Culture Committee |
| **3. Financial Sustainability** | **Assurance**<br><br>• Financial Planning/budgetary responsibility internal audit review – *significant assurance with minor improvement opportunities* |
| **4. Maintenance and Development of the Trust's Estate** | **Assurance**<br><br>• Major Estates Projects internal audit review – *significant assurance with minor improvement opportunities* |
| **7. High Quality Care** | **Controls and mitigations**<br><br>• Datix IQ implementation to support the identification of quality trends<br>• Thematic review process developed for 'amber-rated' incidents<br>• Implementation of the 'Outstanding Care' programme<br><br>**Assurance**<br><br>• Risk management internal audit review – *significant assurance with minor improvement opportunities*<br>• Adult safeguarding internal audit review – *significant assurance with minor improvement opportunities*<br>• GGI Quality Governance Programme – Final Report |
| **8. Partnership Working** | **Assurance**<br><br>• Anchor Programme progress update |
| **9. Demand and Capacity** | **Controls and mitigations**<br><br>• DH Emergency Care Standard improvement plan<br>**Assurance**<br><br>• Site Governance internal audit review – *significant assurance with minor improvement opportunities*<br>• Modernising Medicine programme updates reported to Major Projects Committee to support the oversight of delivery and KPI performance<br>• PRUH & SS site and service development updates reported to Major Projects Committee |

Tab 12 Board Assurance Framework - Q4

**Appendix A: Board Assurance Framework Summary - Q4 2021/22**

| Ref | Risk Summary | Executive Lead(s) | Assurance Committee | Current risk (LxC) | Change from previous quarter | Target Risk Score* |
|---|---|---|---|---|---|---|
| 1 | **Recruitment & Retention** If the Trust is unable to recruit and retain sufficient staff with the appropriate skills, this will affect our ability to deliver our services and future strategic ambitions which may adversely impact patient outcomes and staff and patient experience | Chief People Officer | Quality, People & Performance | **16 (4 x 4)** | ↓ | 12 |
| 2 | **King's Culture & Values** If the Trust does not implement effective actions to develop the 'Team Kings' culture and embed the Trust values, staff engagement and wellbeing may deteriorate, adversely impacting our ability to provide compassionate and culturally competent care to our patients and each other | Chief People Officer & Director of Equality, Diversity & Inclusion | Quality, People & Performance | **12 (3 x 4)** | ↔ | 9 |
| 3 | **Financial Sustainability** If the Trust is unable to improve the financial sustainability of the services it provides, then we may not achieve our financial plans, adversely impacting our ability to deliver our investment priorities and improve the quality of services for our patients in the future | Chief Finance Officer & Executive Director of CEF | Finance & Commercial | **16 (4 x 4)** | ↔ | 8 |
| 4 | **Maintenance and Development of the Trust's Estate** If the Trust is unable to maintain and develop the estate sufficiently, our ability to deliver safe, high quality and sustainable services will be adversely impacted | CFO & Executive Director of CEF | Major Projects | **16 (4 x 4)** | ↔ | 8 |
| 5 | **Apollo Implementation** If the Trust fails to deliver the Apollo Electronic Patient Record (EPR) transformation programme effectively then the clinical and operational benefits may not be realised | Chief Digital Information Officer | Major Projects | **12 (3 x 4)** | ↔ | 9 |
| 6 | **Research & Innovation** If the Trust fails to capitalise on innovative and pioneering research opportunities, this may affect our ability to support the development of new treatments and technologies for patients now and in the future, adversely impacting the Trust's ambitions as a world-leading research and innovation centre | Chief Medical Officer | Strategy, Research & Partnerships | **9 (3 x 3)** | ↔ | 6 |
| 7 | **High Quality Care** If the Trust does not have adequate arrangements to support the delivery and oversight of high quality care, this may result in an adverse impact on patient outcomes and patient experience and lead to an increased risk of avoidable harm | Chief Nurse & Executive Director of Midwifery | Quality, People & Performance | **12 (3 x 4)** | ↔ | 6 |
| 8 | **Partnership Working** If the Trust does not collaborate effectively with key stakeholders and partners to plan and deliver care, this may adversely impact our ability to improve services for local people and reduce health inequalities | Chief Executive | Strategy, Research & Partnerships | **9 (3 x 3)** | ↔ | 9 |
| 9 | **Demand and Capacity** If the Trust is unable to restore services (as a result of the COVID-19 pandemic) and sustain sufficient capacity to manage increased demand for services, patient waiting times may increase, potentially resulting in an adverse impact on patient outcomes and experience and/or patient harm | Site Chief Executive DH & Site Chief Executive PRUH/SS | Quality, People & Performance | **16 (4 x 4)** | ↔ | 9 |
| 10 | **IT Systems** If the Trust's IT infrastructure is not adequately protected systems may be comprised, resulting in reduced access to critical patient and operational systems and/or the loss of data | Chief Digital Information Officer | Audit | **12 (3 x 4)** | ↔ | 4 |

- *Target risk scores to be reviewed*

**OUR VALUES: AT KING'S WE ARE A KIND, RESPECTFUL TEAM**

Tab 12 Board Assurance Framework - Q4

- **Current risk –** the risk remaining after the controls put in place to mitigate the gross (inherent) risk have been applied. The risk score is calculated by multiplying the likelihood score (1 to 5) by the consequence/ impact score (1 to 5).

- **Target risk –** the acceptable risk score based on the Trust's risk appetite for the risk type

- **Change from previous quarter:**

| Change | Description |
|---|---|
| ↑ | The current risk score has increased since previous quarter |
| ↓ | The current risk score has decreased since previous quarter |
| ↔ | The current risk score is consistent with previous quarter |

Tab 14 Register of Sealings

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

| Meeting: | Board of Directors | Date of meeting: | 16 June 2022 |
|---|---|---|---|
| Report title: | Register of Sealings | Item: | 14 |
| Author: | Siobhan Coldwell, Associate Director Corporate Governance | Enclosure: | 14 |
| Executive sponsor: | Sophie Whelan, Director of Corporate Affairs | | |
| Report history: | n/a | | |

| **Purpose of the report** |
|---|
| In line with the Board of Directors Standing Orders, the Board of Directors receives an annual report which details the documents to which the Trust seal was affixed. |

| **Board action required** |
|---|

| Decision/ Approval | | Discussion | | Assurance | | Information | ✓ |
|---|---|---|---|---|---|---|---|

The Board is asked to note the Register of Sealings for the period April 2021 to March 2022.

| **Strategy** | | | |
|---|---|---|---|
| **Link to the Trust's BOLD strategy** | | **Link to Well-Led criteria** | |
| | **Brilliant People:** *We attract, retain and develop passionate and talented people, creating an environment where they can thrive* | | **Leadership, capacity and capability** |
| | | | **Vision and strategy** |
| | **Outstanding Care**: *We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to* | | **Culture of high quality, sustainable care** |
| | | | **Clear responsibilities, roles and accountability** |
| | **Leaders in Research, Innovation and Education:** *We continue to develop and deliver world-class research, innovation and education* | ✓ | **Effective processes, managing risk and performance** |
| | | | **Accurate data/ information** |
| | **Diversity, Equality and Inclusion at the heart of everything we do:** *We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people* | | **Engagement of public, staff, external partners** |
| | | | **Robust systems for learning, continuous improvement and innovation** |
| **Person- centred** | **Sustainability** | | |
| **Digitally- enabled** | **Team King's** | | |

| **Key implications** | |
|---|---|
| **Strategic risk - Link to BAF** | n/a |
| **Legal/ regulatory compliance** | Reporting is in line with the Trust Constitution and Board standing orders. |
| **Quality impact** | n/a |
| **Equality impact** | n/a |
| **Financial** | n/a |
| **Comms & Engagement** | n/a |
| **Committee that will provide relevant oversight: n/a** | |

Tab 14 Register of Sealings

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

## Register of Sealings 21/22

| Registry Entry Number | Date | Description | Signatory 1 | Signatory 2 |
|---|---|---|---|---|
| 400 | 01/04/2021 | Lease in relation to Part Ground Floor (South Block), Central Court, Knoll Rise, Orpington, Kent, BR6 OJA | Clive Kay | Lorcan Woods |
| 401 | 08/09/2021 | Arup Collateral Warranty (CCU) | Clive Kay | Lorcan Woods |
| 402 | 08/09/2021 | BMJ Consultant Appointment (CCU) | Clive Kay | Lorcan Woods |
| 403 | 08/09/2021 | SPECT CT Scanner Variation at King's College Hospital (DH PFI) | Clive Kay | Lorcan Woods |
| 404 | 06/12/2021 | Lease of Coldharbour Works 245a Coldharbour Lane, London SW9 0RR and car park at 26-28 Hinton Road, London SE24 0HJ | Clive Kay | Lorcan Woods |
| 405 | 01/02/2022 | Letter of Indemnity: External Bed Store and Drug Cooling Units (PRUH PFI) | Clive Kay | Lorcan Woods |
| 406 | 07/02/2022 | LED Variation at King's College Hospital (DH PFI) | Clive Kay | Lorcan Woods |
| 407 | 14/03/2022 | Deed of Indemnity in relation to Radiology Works (PRUH PFI) | Clive Kay | Lorcan Woods |
| 408 | 28/03/2022 | LTHW Variation at King's College Hospital (DH PFI) | Clive Kay | Lorcan Woods |

Tab 15 Board Committee Reports

| Committee Highlight Report for Trust Board | | | |
|---|---|---|---|
| Committee Chair | Akhter Mateen | Date of Meeting | 25 April 2022 |
| Committee: | Audit Committee | | |

| Agenda ref | Item | Link to BAF |
|---|---|---|
| 3.1 | **Summary Hospital-Level Mortality Indicator (SHMI)**<br>The Chair of the Mortality Monitoring Committee provided an overview of the Trust's SHMI data monitoring arrangements following a query from the external auditors regarding a variance between the Trust's SHMI data reporting and NHS Digital data. Two data sets are used internally to monitor the Trust's indicator and the Committee recommended that the HES-based indicator is re-named to provide further clarity. | BAF 7 – High Quality Care |
| 4 | **Draft Annual Accounts 2021/22**<br>The draft financial accounts 2021/22 were presented to the Committee ahead of submission to NHS England and Improvement. The accounts had been prepared on a going concern basis.<br>The accounts would be presented to the Audit Committee in May following the external audit review ahead of being presented to the Board for approval in June. | BAF 3 – Financial Sustainability |
| 5.1 | **Internal Audit**<br><br>**2021/22 reports**<br>Two internal audit reports were presented to the Committee:<br>• Risk Management<br>• Budget Setting and Budgetary Responsibility.<br>Both reviews had an assurance rating of significant assurance with minor improvement opportunities.<br>Action had been agreed to address the recommendations identified.<br><br>**Internal Audit Plan 2022/23**<br>The Committee approved the 2022/23 Internal Audit Plan. A draft plan had been reviewed by the Committee at the March meeting. The plan included 12 reviews. | All |
| 5.2 | **Counter Fraud**<br>The Committee approved the 2022/23 Local Counter Fraud Plan. A draft plan had been reviewed by the Committee at the March meeting. | |
| 5.3 | **External Audit**<br>Work to progress the annual accounts audit and Value for Money assessment was underway. A report detailing the findings would be presented to the Committee at the June meeting ahead of the Board's review of the annual accounts and annual report. | BAF 3 – Financial Sustainability |

Tab 15 Board Committee Reports

| Committee Highlight Report for Trust Board | | | |
|---|---|---|---|
| Committee Chair | Sir Hugh Taylor | Date of Meeting | 12 May 2022 |
| Committee: | Strategy, Research and Partnerships Committee | | |

| Agenda ref | Item | Link to BAF |
|---|---|---|
| 2.1 | **Strategy Delivery Plan**<br>Work had been completed to progress the strategy delivery plan and launch the 'Plan for Action for 2022-23'. A planning toolkit had been created to support teams to align their plans with the Trust's. A performance dashboard template had also been developed to support progress reporting. The Committee provided feedback on the template. | All |
| 2.2 | **King's Anchor Programme**<br>The Committee received an update on the Trust's role as an 'Anchor Organisation' in South East London. | BAF 8 – Partnership working |
| 3.1 | **South East London Integrated Care Board (ICB)**<br>The Committee received an update on the development of the ICB and the recent Board appointments. The ICB will be established as a statutory body from July 2022. | BAF 8 – Partnership working |
| 3.2 | **South East London Acute Provider Collaborative (APC) Governance**<br>The Committee received an update on the developments of the APC governance model. The model had been updated following engagement with the three partner trusts' boards. An action plan had been developed to support the implementation of the proposed model. | BAF 8 – Partnership working |
| 3.3 | **South London neuroscience network related to specialised commissioning in 2022/23**<br>The Committee received an overview of the proposed changes to the operation of the neurosciences networks and partnerships for 2022/23 and the establishment of the South London Neurosurgical Network. | BAF 8 – Partnership working |
| 3.4 | **King's Health Partners (KHP) Cardiovascular memorandum of understanding (MoU)**<br>A memorandum of understanding had been developed between KCH, GSTT and KCL, outlining how the relationship for cardiovascular clinical-academic service will work practically. The Committee reviewed and approved the MoU. | BAF 8 – Partnership working |
| 4 | **Board Assurance Framework (BAF)**<br>The Committee, as the lead oversight committee for two of the Trust's strategic risks, Research and Innovation (Risk 6) and Partnership Working (Risk 8), considered the risks and proposed updates to reflect the assurance provided following the Anchor Programme presentation. No changes to the risk scoring were proposed. | BAF 6 – Research & Innovation and BAF 8 – Partnership working |

Tab 15 Board Committee Reports

| Committee Highlight Report for Trust Board | | | |
|---|---|---|---|
| Committee Chair | Sue Slipman | Date of Meeting | 19 May 2022 |
| Committee: | Finance and Commercial Committee | | |

| Agenda ref | Item | Link to BAF |
|---|---|---|
| 2.1 | **Finance Report Month 12**<br>The Trust reported a surplus of £1.7m in Month 12 and had achieved the breakeven plan (subject to audit). Operating income was favourable to the H2 plan largely due to income relating to the M12 pension contribution, COVID-19 income and drugs and devices over-performance. | BAF 3 – Financial Sustainability |
| 2.2 | **Capital Plan**<br>The Trust had delivered a £91.5m (subject to audit) capital plan in 2021/22. A review was underway to identify the impact of flow through of schemes from 2021/22 to 2022/23. | BAF 4 – Maintenance & development of the Trust's estate |
| 3 | **Financial Planning 2022/23**<br>Following discussions with the Board, the Trust had submitted a draft financial plan for 2022/23. The Committee discussed the potential risks, including inflation, delivery of elective activity plans and the efficiency programme target. Further work was underway with system partners to consider 2022/23 planning. The final plan will be discussed at the Board ahead of submission in June. | BAF 3 |
| 4 | **Commercial Data Partnership Policy**<br>A policy to support increased engagement in research and innovation projects with commercial partners safety and effectively had been developed and was presented to the Committee for review. A patient engagement project will be established to support transparency and support the implementation of the policy once approved. | |
| 6 | **Sustainability Annual Report 2021/22**<br>The Committee noted the progress to deliver the King's Green Plan 'Sustainable Healthcare for all' and the key successes in 2021/22. A summary of progress will also be included in the Trust's 2021/22 Annual Report, due to be presented to the Trust Board in June. | BAF 3 |
| 7 | **Board Assurance Framework Q4**<br>The Committee reviewed BAF Risk 3 regarding financial sustainability. The risk had been updated to reflect recent external assurances including the positive assurance (*significant assurance with minor improvement opportunities)* received following the financial planning and budgetary responsibility internal audit review.<br><br>Whilst the risk scoring for Q4 2021/22 had not increased the Committee highlighted the increased financial risk associated with the 2022/23 plan and agreed that the risk scoring was likely to increase in Q1 as a result. | BAF 3 |

Tab 15 Board Committee Reports

| Committee Highlight Report for Trust Board | | | |
|---|---|---|---|
| Committee Chair | Prof Jon Cohen | Date of Meeting | 25 May 2022 |
| Committee: | Quality, People & Performance Committee | | |

| Agenda ref | Item | Link to BAF |
|---|---|---|
| 2.1<br><br><br><br><br><br>4.1.1. | **Integrated performance report – Month 12**<br>The Committee received the Month 12 Integrated Performance Report. The Trust's Emergency Care Standard compliance was reported to be 61.2% in March (M12), which reflected a decrease from the previous month (66.8%).<br>**Focus Review – Emergency Care**<br>The Site Chief Executives also led a focused discussion regarding emergency care performance as part of the Committee's rolling review of 'Red Risks' | BAF 9 – Demand and Capacity |
| 3.1 | **Guardian of Safe Working Q4**<br>The Committee received a summary of the Trust's Q4 exception report data and the actions to address issues arising and to provide increased resilience. At the PRUH a new rota had recently been implemented for medicine. | |
| 3.2 | **National Staff Survey update**<br> The Chief People Officer provided the Committee with an overview of the Trust's approach to respond to the results and feedback from the Staff Survey. Care group and corporate team leads had been working with HR Business Partners to develop plans to support improvements. | BAF 1 – Recruitment & Retention<br>BAF 2 – Culture |
| 3.4 | **Equality, Diversity and Inclusion Q4**<br> Phase 1 of the EDI dashboard had been completed and work had been undertaken to analyse and benchmark the Trust's Gender Pay Gap. The Committee received an update on EDI activities, including the launch of the Women's Network. The EDI roadmap 2022-24 had been approved was due to be launched w/c 23 May. | BAF 2 – Culture |
| 4.1 | **Review of QPPC Red Corporate Risks**<br>The 'red' corporate risks (assigned to the Committee for oversight) and the actions were noted. A focused review of the emergency care risk was undertaken (4.1.1). | BAF 1, 2, 4, 7, 9 |
| 5.1 | **Ockenden Report**<br>The final Ockenden report included 15 Immediate and Essential Actions (IEAs). The Trust had completed an initial assessment against the IEAs. A further update will be presented to the Board at the June meeting. | BAF 7 – High Quality Care |
| 5.2 & 5.3 | **Maternity staffing and midwifery continuity of carer (MCoC)**<br>The Committee discussed the national context for MCoC and the areas for consideration for the Trust, including safe staffing requirements. An update will be presented to the Trust Board at the June meeting. | BAF 7 – High Quality Care |
| 5.4 | **CQC**<br>Inspection of dental services – The Trust had an unannounced inspection of the acute dental service and community-based dental services. The service was not rated. No 'must do' actions were identified and the Trust's CQC Executive Oversight Committee was overseeing the action plan developed to address the findings.<br>Maternity Focus Groups – The CQC held a series of focus groups with maternity staff in February 2022. A task and finish group has been established to support the areas for improvement identified. | BAF 7 – High Quality Care |

Tab 15 Board Committee Reports

| Agenda ref | Item | Link to BAF |
|---|---|---|
| 5.5 | **Patient Safety Q4**<br>The Committee considered the number of open serious incident and 'amber-rated' investigations and the key themes. A weekly review process is in place to support the management of serious incidents. The Trust's arrangements for overseeing the investigation of incidents is being developed to support the implementation of the Patient Safety Incident Response Framework (PSIRF). | BAF 7 – High Quality Care |
| 5.6 | **Patient experience**<br>The number of complaints received had increased by c.10% from the previous quarter and the percentage of complaints responded to within the deadline had decreased after a period of improvement. The Trust had appointed a Head of Patient Feedback to support the management of complaints | BAF 7 – High Quality Care |
| 5.7 | **Patient Outcomes Q4**<br>The Chair of the Mortality Monitoring Committee provided a detailed overview of the Trust's Summary Hospital-Level Mortality Indicator (SHMI) data monitoring arrangements and the differences in the two data sources used by the Trust. For internal monitoring purposes, the Trust also uses HED HES-based SHMI because it provides data in advance of NHS Digital and facilitates a prompt response. The differences in the data used by the two sources tended to result in the HED HES-based SHMI being higher. Both sources were reported to be 'within expected range' and based on a review of more recent BIU hospital data and a second risk-adjusted mortality measure (the Hospital Standardised Mortality Ratio) it was predicted that that the SHMI will fall when the December 2021 data is available (Q1). | BAF 7 – High Quality Care |
| 5.8 | **Quality Account 2021/22**<br>The Committee received the draft 2021/22 Quality Account and noted the Trust's progress against the 4 quality priorities. Progress had been affected by the COVID-19 pandemic. The Committee approved the Quality Account pending the completion of the outstanding actions reported. | BAF 7 – High Quality Care |
| 5.9 | **Duty of Candour compliance Q4**<br>Duty of candour compliance (verbal and written) had improved in Q4 from Q3 but further progress was required regarding the timeliness of sharing of investigations. | BAF 7 – High Quality Care |
| 5.10 | **Legal update**<br>The Trust received a Prevention of Future Deaths (PFD) report in February 2022. A response, detailing the actions being taken, had been shared with the Coroner and the family. The Trust's Patient Safety Committee reviews learning from legal cases. | BAF 7 – High Quality Care |
| 5.11 | **Health & Safety Q4 report**<br>The Committee received a summary of reported health and safety incidents. There had been 7 incidents which met the criteria for RIDDOR reporting. | |