King's College Hospital
NHS Foundation Trust

AGENDA

Meeting	Board of Directors
Time of meeting	3.30pm-5.30pm
Date of meeting	12th December 2019
Meeting Room	Dulwich Room, Hambleden Wing
Site	Denmark Hill

			Encl.	Lead	Time
1.	**STANDING ITEMS**			Chair	3.30pm
	1.1. Apologies				
	1.2. Declarations of Interest				
	1.3. Chair's Action				
	1.4. Minutes of Previous Meeting – 17/10/2019	FA	Enc		
2.	**PATIENT FOCUS**				3.35pm
	2.1. Patient Story	FD	Oral	Prof N Ranger	
3.	**PRODUCTIVITY**				4pm
	3.1. Chief Executive's Report	FD	Enc. 3.1	Prof C Kay	
	3.2. Performance – Month 7	FD	Enc 3.2	B Bluhm	
	3.3. Finance – Month 7	FD	Enc 3.3	L Woods	
	3.4. Safer Staffing	FD	Enc 3.4	Prof N Ranger	
	3.5. Safeguarding Children Annual Report	FA	Enc 3.5	Prof N Ranger	
	3.6. Nursing Establishment Review	FA	Enc 3.6	Prof N Ranger	
	3.7. Winter Plans	FA	Enc 3.7	B Bluhm	
4.	**GOVERNANCE**				5.00pm
	4.1. Report from the Risk and Governance Committee	FA	Enc 4.1	Prof C Kay	
	4.2. Report from the Finance and Commercial Committee	FD	Enc. 4.2	S Slipman	
	4.3. Report from the Quality, People and Performance Committee	FD	Enc 4.3	Prof J Cohen	
	4.4. Report from the Audit Committee	FD	Enc 4.4	C Stooke	
5.	**REPORT FROM THE GOVERNORS**	FR		J Allberry	5.20
6.	**FOR INFORMATION**				
	7.2 Minutes of FPC Sept 2019	FI	Enc		
	7.3 Minutes of QARC Oct 2019	FI	Enc		
7.	**ANY OTHER BUSINESS**			Chair	5.25
8.	**DATE OF NEXT MEETING**				
	12th March 2020 at 3.30pm				

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

King's College Hospital NHS
NHS Foundation Trust

Members:	
Sir Hugh Taylor	Interim Trust Chair *(Chair)*
Sue Slipman	Non-Executive Director *(Vice Chair)*
Faith Boardman	Non-Executive Director *(SID)*
Prof Ghulam Mufti	Non-Executive Director
Prof Jonathan Cohen	Non-Executive Director
Christopher Stooke	Non-Executive Director
Prof Richard Trembath	Non-Executive Director
Prof Clive Kay	Chief Executive
Lorcan Woods	Chief Finance Officer
Bernie Bluhm	Interim Chief Operating Officer
Prof Nicola Ranger	Chief Nurse
Prof Julia Wendon	Chief Medical Officer (Clinical Strategy)
Dr Kate Langford	Chief Medical Officer (Professional Practice)
Dawn Brodrick	Chief People Officer
Beverley Bryant (non-voting Board Member)	Chief Digital Information Officer
Caroline White (non-voting Board Member)	Executive Director of Integrated Governance
Attendees:	
Jackie Parrott	Chief Strategy Officer
Siobhan Coldwell	Trust Secretary and Head of Corporate Governance (Minutes)
Sao Bui-Van	Director of Communication
Apologies:	
Beverley Bryant	Chief Digital Information Officer
Circulation List:	
Board of Directors & Attendees	

Enc. 1.4

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 17th October 2019, at King's College Hospital, Demark Hill.

Members:

Sir Hugh Taylor	Trust Chair, Meeting Chair
Chris Stooke	Non-Executive Director
Prof Jonathon Cohen	Non-Executive Director
Prof Ghulam Mufti	Non-Executive Director
Sue Slipman	Non-Executive Director
Dr Alix Pryde	Non-Executive Director
Prof. Richard Trembath	Non-Executive Director
Dr Clive Kay	Chief Executive
Prof Nicola Ranger	Chief Nurse
Prof Julia Wendon	Chief Medical Officer – Clinical Strategy and Research
Dawn Brodrick	Chief People Officer
Lorcan Woods	Chief Finance Officer
Beverley Bryant	Chief Digital Information Officer

In attendance:

Siobhan Coldwell	Trust Secretary and Head of Corporate Governance (minutes)
Rachel Williams	Deputy Chief Operating Officer
Lesley Powls	Site Manager (DH)
Jessica Bush	Head of Engagement and Patient Experience
Chris North	Public Governor (Lambeth)
Sapna Radia	Consultant Orthodontist
Jessica Lag-McDowall	Head of Business Development NHS Professionals
Andy Pigott	Director of Business Development, NHS Professionals
Mike Sealy	Business Development, Liaison
Stephanie Harris	Public Governor (Southwark)
Jane Allberry	Lead Governor
Penny Dale	Public Governor (Bromley)
Gail Scott-Spicer	Chief Executive, King's College Hospital Charity
Claire Wilson	Staff Governor
Kirsty Alexander	Patient Governor (elect)
Victoria Silvester	Public Governor (Southwark)
Jashme Patel	Locum Consultant Oral Surgeon
Paul Cosh	Patient Governor
Andrea Towers	Patient Governor
Jane Clark	Bromley Governor

Apologies:

Faith Boardman	Non-Executive Director
Caroline White	Executive Director of Integrated Governance
Dr Kate Langford	Chief Medical Officer – Professional Practice
Bernie Bluhm	Chief Operating Officer

King's College Hospital NHS
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Subject **Action**

019/61 **Apologies**

Apologies were received from Faith Boardman, Bernie Bluhm, Caroline White and Dr Kate Langford.

The Chair welcomed Professor Nicola Ranger and Beverley Bryant to the Trust. He also noted that it was Dr Alix Pryde's final board meeting. Rachel Williams attended the Board on behalf of Bernie Bluhm.

019/62 **Declarations of Interest**

None.

019/63 **Chair's Actions**

No Chair's actions were reported.

019/64 **Minutes of the last meeting**

The minutes were agreed as an accurate record of the meeting held on 3rd July 2019.

019/65 **Patient Story**

Professor Ranger introduced Linda Drake, a local resident, a member of King's and a local practice nurse. Ms Drake had a serious accident earlier this year and was admitted as an emergency trauma patient. She spent three weeks on a ward on the Denmark Hill site. She was grateful for the excellent care received particularly from the Orthopaedic specialists that treated her. She paid tribute to the nursing staff who cared for her, noting the care she received was excellent. She was treated with kindness and compassion and staff were very mindful of her dignity. She was also full of praise for the volunteers, the hairdresser and the multi-faith chaplaincy. She noted that she had contact with many staff and it was not always clear who they were as their name badges were not always visible.

In respect of other aspects of her stay, she noted that the quality of the meals was generally good, and this is reflected in survey results, however she observed that access to drinks could be an issue, particularly for those who required support. It was possible that this was because mealtimes were protected, whereas drinks were available periodically through the day. She noted the most challenging aspect of her stay was the atmosphere at times on the wards and some of the behaviours that were exhibited towards King's staff. It was generally graciously handled, but staff should not have to tolerate such behaviours.

The Board thanked Ms Drake for sharing her experiences. The Board were concerned to hear about the negative behaviour towards staff. The Board noted that the Chief Nurse has established a working group with staff aimed at designing a response. It was also noted that whilst the security team are excellent, they cannot be the default response. Staff need the confidence to properly apply de-escalation processes and to feel more supported in doing so. The Board also discussed the "Hello, my name is…" campaign, noting it was about more than name badges

The Chair concluded by thanking Ms Drake for sharing her experiences with the Board.

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Subject **Action**

019/66 **Report from the Chief Executive**

Dr Kay provided the Board with a summary of his report. He welcomed the new members of the executive team, noting that the joint appointment of a Chief Digital Information Officer with Guy's and St Thomas' NHS Foundation Trust (GSTT) will be an important role for the future.

He went on to outline a number of staff engagement initiatives that had taken place since the Board last met, including that nominations for King's Stars, the annual staff awards, had opened. His report also summarised a number of regional and national developments including the new joint vision for London. Consideration is being given to how this plan will be operationalised and Prof Julia Wendon is ensuring it links clearly to the Trust's emerging clinical strategy.

The Board discussed the pensions consultation outlined in the report and whether there has been an impact of medical staff availability in the Trust. The Board noted that that overall, additional duty hours payments were either steady or had risen in recent months, but that there were difficulties in some speciality areas. The Chief People Officer noted that the Trust is working with GSTT and others to ensure that a shared response is developed.

The Board recorded its thanks to Professor John Moxham who retires after a forty year career at King's. He was an excellent medical director and during his tenure a number of super-specialties thrive because of him. His work in developing value based healthcare continues to underpin King's Health Partners.

The Board noted the contents of the Chief Executive's Report.

019/67 **Performance M5**

Rachel Williams, Deputy Chief Operating Officer, introduced the integrated performance report and focused on four areas of concern. The Trust is not meeting its Emergency Care Standard trajectory at either site, and performance in August was down slightly. The drivers at both sites are different, but discharge flow and therefore bed availability is a common issue. Recovery plans with clear governance are in place at both sites. At Denmark Hill, the focus is on improving patient streaming, implementing internal professional standards, developing new pathways and admission routes as well as optimising Urgent Care Centre (UCC) capacity. There have been a number of positive changes in recent weeks. At the PRUH, the UCC works well and the focus has been on embedding flow co-ordination and changing processes. Admission avoidance is a priority and the team is addressing site, ward and discharge management in order to create capacity.

The Trust has achieved some success in reducing the number of patients waiting over 52 weeks for treatment and now only two specialities are breaching the 52-week Referral to Treatment (RTT) target. Targeted plans are in place for both of these and additional capacity is being sought in other settings.

In respect of cancer targets, Ms Williams highlighted the 62 day target. There are concerns about three tumour groups - urology, lung and colorectal. There are a number of factors including a lack of focus at patient level, some workforce issues and access to diagnostics. Recovery plans are being developed, staff vacancies are being addressed and protected diagnostic time for each of the specialities has been created.

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Subject **Action**

019/67 cont **Performance M5 cont…**

Finally, in respect of diagnostics targets, Ms Williams noted that although the Trust is not meeting the target, it is ahead of trajectory. Additional weekend endoscopy capacity is now available at the PRUH and at the end of September, the 2/4/6 week waiting list was as low as it has been since 2017. There has also been a reduction in the surveillance list. She noted there were a number of risks associated with delivering the recovery programme but mitigations were in place.

The Board discussed contingency planning for the winter months, noting that the Trust does not have capacity to create escalation wards and there is a mandate to avoid impacting on elective lists. Plans are in place, particularly to reduce length of stay and improve discharge both within the Trust and with wider system partners. It was noted that there has been targeted modelling on demand and capacity for the winter months, but that the acuity is increasing and as a result the number of attendances that convert to admissions is also going up.

The Board noted the contents of the Integrated Performance Report.

019/68 **Month 5 Finance Report**

The Chief Finance Officer, Lorcan Woods, introduced the Month 5 finance report. He noted that the Trust has been focused on meeting its trajectory in order to re-establish credibility to deliver. To date targets are being met, and it is possible that there will be further improvements as the analysis is cautious with regard to income provisions. Agreement has also been reached in respect of RTT fines. He noted that month 6 data is now available and reinforces this trend. He noted that non-elective activity is higher than last year, and is being delivered within existing budgets. However, it is likely that outsourcing costs will go up in the second part of the year as the Trust focuses in addressing long waiting lists. In respect of income, Mr Woods noted that the Networked Care specialities including haematology, cardiovascular and neurology were doing well, and in areas where activity has fallen, pay costs have also reduced. In respect of capital expenditure it was hoped that the loan would be approved shortly.

The Board welcomed the news that targets were being met, and recognised the work the finance team has done to understand the budget. The Board were concerned however, with the underachievement of the CIP. It was noted that the programme is backloaded but the prediction for the year end out-turn is £36m. Of more concern is the need to reduce the monthly run-rate by £5m in order to meet the control total. The financial recovery team believe this is achievable particularly if pay discipline is maintained.

The Board noted the contents of the month 5 finance report.

019/69 **Safer Nurse Staffing**

Prof Nicola Ranger summarised the contents of the Safer Nursing Staffing report. She noted that vacancies rates are low compared to many Trusts and shifts are generally well staffed. Nevertheless, the Trust does experience red shifts and the vacancy rate has risen slightly in recent months. Turnover is 14.3% and reducing this will be a focus for her over coming months.

The Board noted the contents of the safer nurse staffing report.

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	Subject	Action
019/70	**Nursing Establishment Review**	
	Prof Ranger presented the mid-year review of the nurse establishment levels across the Trust. As a full review was undertaking during 2018/19, no changes are being recommended at this time. She noted that the CQC Use of Resources inspection will consider nurse staffing levels and that model hospital suggests staffing is high. The drivers for this are being investigated, but it is thought that patient acuity and challenging behaviours (as a result of high levels of dementia and mental ill health) are the principle causes. A further report will be presented to the Board in December.	
	The Board noted the contents of the report.	
019/71	**Preparations for Exiting the EU in the event of 'no-deal'**	
	The Board received a report that summarised the plans in place to minimise the potential disruption in the event of a 'no deal' exit from the EU. It was noted that plans were in place and had been tested several times, including a test with the winter plan. The risk areas remain unchanged since Board last considered this issue and are in line with the risks facing other Trusts; pharmacy, supplies, maintaining workforce and the management of overseas patients. A robust risk register is in place and the regional and national reporting regime starts on 23rd October.	
	The Board discussed overseas patients. It was noted that a number of countries have agreed that the EHIC regime will continue for 6-8 months. The Trust has been identifying the number of patients on a monthly basis and it is thought that the majority of patients would not be affected. The Trust has been communicating with patients that may be affected, particularly those in critical care, to reassure them they will be continue receive treatment.	
	The Board discussed availability of pharmaceutical products, particularly specialist treatments. Critical drugs have been identified in consultation with clinical directors and the Trust has sought assurances from suppliers. There are national plans in place with daily monitoring. The Board thanked Lesley Powls and her team for developing comprehensive plans.	
	The Board noted the contents of the report.	
019/72	**Terms of References for the new sub-committees of the Board**	
	The Board received a paper outlining draft terms of reference for the board sub-committees that were agreed at its meeting in July.	
	The Board agreed: • that due to the breadth of responsibilities of the Quality, People and Performance Committee, research and education will be moved to the Strategy and Partnerships Committee and it will be renamed to reflect this. • the Strategy and Partnerships Committee terms of reference should be explicit about its role with regard to King's College London in terms of both education and Kings Health Partners. • Freedom to Speak Up Guardians must retain the ability to report directly to the Chief Executive.	**Trust Secretary**

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	Subject	Action
19/72 cont	**Terms of References for the new sub-committees of the Board cont..**	
	• the Audit Committee quorum will require the attendance of the Chief Finance Officer or his deputy.	
	The Board agreed the recommendations in the paper subject to the changes outlined above, noting that each committee will ratify its terms of reference at its first meeting.	
019/73	**Nomination of the Responsible Officer**	
	Dr Kay introduced a report that sought approval from the Board to designate Dr Kate Langford as the Trust's Responsible Officer. The transfer of responsibility reflects the decision to create two chief medical officer roles, and the arrival of Dr Kate Langford as the Chief Medical Officer – Professional Standards.	
	The Board approved the recommendation in the report.	
019/74	**CQC Statement of Purpose**	
	The Board received a report that included the Trust's Statement of Purpose. The statement has been amended to reflect changes to community dental and ophthalmology services.	
	The Board noted the changes and approved the revised statement of purpose.	
019/75	**2019/20 Flu Plan**	
	The Board received a report that summarised the learning from the 2018/19 flu plan and the plans for 2019/20. The Trust received recognition as the most improved Trust of 2018/19, and it was noted that on 17th October 2019, 28.2% of staff had already been vaccinated. This is twice as high as the same point last year. The Board recorded its commitment to achieve 100% coverage and noted the contents of the report and the self-assessment therein.	
019/76	**Improving Board Visibility**	
	The Board received a report outlining a proposal to improve Board visibility around the Trust. A programme of visits will be shared with Board Members and each Board Member will be expected to undertake one visit per months. All sites will be included in the programme. The Board noted that governors had previously attended the Board 'Go-See' visits and a separate programme will be developed to replace this.	**Trust Secretary**
	The Board agreed the recommendations in the paper, noting visits should be to non-clinical areas too. The Board agreed the programme should be reviewed after 12 months.	
019/77	**Standing Financial Instructions**	
	Lorcan Woods, Chief Finance Officer, introduced the updated Standing Financial Instructions, noting that the format follows a standard NHS template. There have been minor changes to the document, reflecting changes to job descriptions, inclusion of the management of debt and authorisation of pricing.	

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	Subject	Action
19/77 cont	**Standing Financial Instructions cont…**	
	It was noted that this document had been discussed at Audit Committee and there was some concern that the issues discussed have not been adequately addressed in respect of executive sign-off.	**Chief Finance Officer**
	The Board agreed to approve the SFIs, noting the Audit Committee reservations. The Board also agreed they would be reviewed within six months and brought back for approval	
019/78	**Reports from the Audit Committee**	
	Dr Alix Pryde, Chair of the Audit Committee summarised the most recent meetings of the Audit Committee. in particular she noted that: • The committee had received a very useful review of the 2019/20 'year-end' and actions are in place to address weaknesses identified. • The committee has instituted tracking against enforcement undertakings. • The Board Assurance Framework is under review. • Counter-fraud direction is positive. • The Budget holder survey response was good and training is being delivered. • The committee conducted effectiveness reviews of audit committee and internal audit.	
	The Chair took the opportunity to thank Dr Pryde for her contribution as a non-executive director at King's and in particular to her achievements as chair of the Audit Committee.	
019/79	**Report from the Governors**	
	Jane Allberry welcomed the new appointments to the executive team. She reported that the Governors' concerns relate mainly to performance against constitutional standards and the potential impact of Winter in achieving further improvements.	
019/80	**Any Other Business**	
	No items of any other business were raised.	
019/81	**Date of the next Meeting**	
	3.30pm 12th December 2019, Denmark Hill site.	

BOARD OF DIRECTORS (PUBLIC MEETING) ACTION TRACKER

Date	Item	Action	Who	Due	Update
17/10/19	019/72	**Board Sub-Committee Terms of References** Terms of references must be updated to reflect changes agreed by the Board.	Trust Secretary	31/10/19	Terms of references have been amended and agreed by sub-committees with the exception of the Major Projects Committee. The next meeting of that committee is in January 2019.
17/10/19	019/76	**Improving Board Visibility** The Board agreed to a Board Walkaround Programme that would start in November 2019. A similar programme will be developed for Governors.	Trust Secretary	31/10/19	The Board Walkaround Programme has commenced and dates are in diaries for the next four months. Governors undertook a walk around as part of their development session on 29th November. A broader programme is in development.
17/10/19	019/77	**Standing Financial Instructions** A review will be undertaken within 6 months to ensure that concerns raised by the Audit Committee are fully addressed.	Chief Financial Officer	May 2020	

Action Status as at: 05/12/2019

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King's College Hospital NHS
NHS Foundation Trust

Report to: Board of Directors

Date of meeting: 12th December 2019

Subject: Chief Executive's Report

Author(s): Siobhan Coldwell, Trust Secretary

Presented by: Professor Clive Kay

Sponsor: Chief Executive

History: N/A

Status: Discussion

1. Background/Purpose

This paper outlines the key developments and occurrences from October to December 2019 that the Chief Executive wishes to discuss with the Board of Directors.

2. Action required

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

3. Key implications

Legal:	There are no legal issues arising out of this report
Financial:	There are no financial issues arising out of this report.
Assurance:	There are no assurance issues arising out of this report.
Clinical:	There are no clinical issues arising out of this report.
Equality & Diversity:	The Board should note the activity in relation to promoting equalities and diversity within the Trust.
Performance:	There are no performance implications arising out of this report.
Strategy:	The Board is asked to note the strategic implications of The Vision.
Workforce:	The Board is asked to note the workforce changes outlined in this report.
Estates:	There are no estates implications arising out of this report.
Reputation:	The Board should note the 'King's in the news' section.

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REPORT FROM THE CHIEF EXECUTIVE

SUMMARY

This paper outlines the key developments and occurrences from October to December 2019 that the Chief Executive wishes to discuss with the Board of Directors.

1. Internal engagement and events:

- The flu vaccination campaign continues. As at the 5th of December, 60.7% of our staff had been vaccinated. This is considerably better than the same point last year. The Trust target is 80%.
- The NHS Staff Survey went live in November and my Executive colleagues, supported by our communications team have worked hard to encourage participation. This annual survey is important for engaging staff satisfaction as well as allowing us to benchmark with similar Trusts.

2. King's in the News

- World AIDS Day (Launched November 29 2019) – To commemorate World AIDS Day the Trust featured Dr Liz Hamlyn, HIV and Clinical Lead in the Trust's "A Day In The Life" strand on Twitter. "A Day In The Life" showcases an individual or team's normal working day to underline the Trust's commitment to patient care.
- Lonsdale Ward Refurbishment – With the support of The Cystic Fibrosis Trust, the adult cystic fibrosis unit on Lonsdale Ward (Denmark Hill) has been refurbished to better utilise the available space and improve the facilities for patients.
- Clinical Recognition – Professor Kypros Nicolaides received the award for Best Neonatal Specialist at the Who Cares Wins Health awards supported by The Sun; and Mr Robert Bentley and Mr Duncan Bew were recognised for the trauma work in the Evening Standard's Progress 1000 list.
- Bromley Flu Campaign – The Trust worked with partners One Bromley to raise awareness and uptake in the local community for the flu jab. The campaign resulted in coverage in local media.

3. Stakeholder Engagement

- Southwark CCG Governing Body – Dr Kate Langford (Executive Medical Director for Professional Practice), Professor Nicola Ranger (Chief Nurse and Executive Director of Midwifery) and Bernie Bluhm (Chief Operating Officer) attended a meeting of Southwark CCG's Governing Body to update on the Trust's activities.
- Quality Provider Meeting (Lambeth CCG) – Dr Kate Langford and Professor Nicola Ranger attended the public Quality Provider Meeting for Lambeth CCG to provide an update on the Trust's activities.
- Health and Oversight Scrutiny Committees – The Trust attended the Health and Oversight Scrutiny Committees for the both Bromley and Bexley Councils. At both meetings Meredith Deane (Director of Operations, Princess Royal University Hospital) provided updates on the Trust's activities at the PRUH and South Sites.
- Princess Royal University Hospital – Car Deck Public Engagement – The Trust undertook local engagement of the patients, staff and the public in advance of submitting a planning application to install a new car deck at the Princess Royal University Hospital. The proposed car deck will create a 96-space car parking deck to improve access and circulation for both vehicles and pedestrians. Feedback from the

engagement activity has been used to inform the planning application to Bromley Council.

- Baroness Dido Harding, Chair of NHSI, visited the Trust on 21st October to meet with a number of our clinical services. She also spoke to our Senior Leaders' Group at our about her personal leadership values, and culture.
- Lord David Prior, Chair of NHSE, visited the Trust on 22nd October. He spent three hours walking around the site meeting a variety of clinical teams.
- Julian Kelly, CFO of NHSI/E, visited the Trust on 1st November to meet with some of our Clinical Leads and their teams, visiting four areas in total.
- The Chief Executive and Chairman of the Air Ambulance of Kent, Surrey and Sussex visited us at the end of November to meet with me, and to visit our trauma team and the Helipad.

4. Staff Recognition

Professor Kypros Nicolaides received the award for Best Neonatal Specialist at the Who Cares Wins Health awards supported by The Sun; and Mr Robert Bentley and Mr Duncan Bew were recognised for the trauma work in the Evening Standard's Progress 1000 list.

The MSK Chronic Pain Team, based at Queen Mary's Sidcup won an award at the Nursing Times Awards. This award is recognition of the work the team do to improve the quality of life of our patients and was in the Managing Long-Term Conditions: Chronic Pain category.

King's Stars
The Trust's staff make the organisation what it is. Our staff do great things on a daily basis and the King's Stars, our annual awards ceremony is one of the ways we recognise this. The awards, now in the second year, are based on nominations by staff and in the case of the Patient Choice award by patients. We received over 500 nominations this year and all the shortlisted staff and teams were invited to an awards ceremony at the Kia Oval. The Trust is grateful for the support of the King's Charity who provide funding for the event.

Below is a list of all the worthy winners.

Lifetime Achievement at King's Award
- Paula Harvey, KOPAL Lead Nurse, KOPAL Team

Inspirational Leader of the Year Award
- Dr Sharlene Greenwood, Consultant Renal Physiotherapist, Dulwich Hospital

Staff Health and Wellbeing Champion Award
- The Flu Working Group (cross site)

Clinical Research and Innovation Award
- Kirsty Hedditch, Research Facilitator, Research & Innovation

Exceptional Team of the Year Award
- King's Volunteer Service

Exceptional Patient Facing Team Award
- Speech & Language Therapy (cross site)

Exceptional Individual of the Year Award
- Edward Mannion, Pharmacy Assistant Technical Officer, Pharmacy

King's Culture Award - Living the Values
- Annette Lewis, Receptionist, Dermatology

Patient's Choice Award
- Dr Dennis Grigoratos, Consultant, Paediatrics

Educator of the Year Award
- Elton Gelandt, Senior Charge Nurse, Liver Intensive Therapy Unit

Volunteer of the Year Award
- Philip Lake, Stroke

Staff Fundraiser of the Year
- Mona Dave, Clinical Perfusion Scientist, Liver Transplant Theatres

Dignity Award for Outstanding Achievement
- Elaine Bowes and Team – Assisted Peritoneal Dialysis at Home, Denmark Hill
- Eliamma Koshy, Manager and the Stroke Team, PRUH

Overall Winner of the Quarterly Awards
- Patient Records Library (South Sites)

Chair winner
- Dr Sharlene Greenwood, Consultant Renal Physiotherapist, Dulwich Hospital

Chief Executive's Unsung Hero
- Celia Rickwood-Phillips, Discharge Team Manager, PRUH & Southern Sites

I am sure the Board will join me in congratulating all our incredible staff and their achievements.

Consultant appointments

AAC Date	Name of Post	Appointee
Honorary	Honorary Consultant	Dr Carolyn Elizabeth Yarr
1 PA 3 Years Fixed-term	Clinical Lead for Organ Donation (CLOD)	Dr Josep Ramon Andrew Macmillan
Honorary	Honorary Consultant in Palliative Medicine	Dr Amy Louise Proffitt
Locum Consultant	Locum Consultant Anaesthetist	Dr Faris Nadeem Qureshi

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15/03/2019	Consultant in Radiology (Acute Pathway Imaging and Abdominal Imaging)	Cheng Fang
18/09/2019	Consultant Nephrologist	Dr Helen Alston
Locum Consultant	Locum Consultant Obstetrician and Gynaecologist	Dr Kuhan Rajah Dharmarajah
21/08/2019	Consultant Radiologist	Dr Priyan Tantrige
24/07/2019	Consultant Urologist	Dr Nkwam Michael Nkwam
Locum Consultant	Locum Consultant in Emergency Medicine	Dr Tashfeen Siddiq Ali
27/08/2019	Consultant in Radiology with specialist interest in Acute Pathway and Haemato-oncological Imaging	Dr Ken Courtney
21/05/2019	Consultant in Endodontics	Mr Alexander William Mustard
Honorary	Honorary Consultant in Colorectal Surgery	Mr Andrew Richard H Emmanuel
17/10/2019	Consultant Neurosurgeon	Ms Eleni Maratos
Locum Consultant	Locum Consultant Gastroenterologist	Dr Danielle Motunrayo Adebayo
Locum Consultant	Locum Consultant in Acute Medicine	Dr Vivek Dubey
Locum Consultant	Locum Consultant in Acute Medicine	Dr Pradeep Singh
13/09/2019	Consultant Neuroradiologist Diagnostic	Dr Sina Kafiabadi
21/06/2019	Consultant Histopathologist with a special interest in Liver and Pancreato-biliary	Dr Claudia Mestre Alagarda

	Pathology	
Honorary	Honorary Consultant Neurologist	Dr Lorena Ester Flores Caimanque
Locum Consultant	Locum Consultant in Acute Medicine	Dr Silfat Azam
Locum Consultant	Locum Consultant in Emergency Medicine	Dr Martin Mahn Al-Soof
14/11/2019	Consultant in Acute Medicine	Dr Upinder Kaur Mattar Tinku Dial
12/11/2019	Consultant in Oral Surgery	Miss Jashme Kirit Patel
06/11/2019	Consultant Cardiologist	Dr Matteo Lancioni
21/11/2019	Consultant Dental & Maxillofacial Radiologist	Dr Lee William Feinberg
15/11/2019	Consultant in Critical Care	Dr Adrian View Kim Wong
08/11/2019	Consultant Neuroradiology	Dr Juveria Siddiqui
22/11/2019	Consultant Gastroenterologist with in a special interest in Bowel Cancer Screening	Dr Shraddha Gulati
26/11/2019	Consultant in Restorative Dentistry	Mr Amre Maglad (10PAs) Miss Despoina Chatzistavrianou (6PAs)

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

King's College Hospital NHS
NHS Foundation Trust

4

Report to:	Board of Directors
Date of meeting:	12 December 2019
Subject:	Integrated Performance Report 2019/20 Month 7 (October)
Author(s):	Adam Creeggan, Director of Performance and Planning; Steve Coakley, Assistant Director Performance and Planning
Presented by:	Bernie Bluhm, Chief Operating Officer
Sponsor:	Bernie Bluhm, Chief Operating Officer
History:	None
Status:	For Discussion

1. Background/Purpose

This report provides the details of performance achieved against key national performance, quality, and governance indicators defined in the NHSi Single Oversight Framework (SOF) as at Month 7 2019/20.

2. Action required

The Board is asked to approve the latest available 2019/20 M7 performance reported against the governance indicators defined in the Strategic Oversight Framework (SOF).

3. Key implications

Legal:	Report relates to performance against statutory requirements of the Trust license.
Financial:	Trust reported financial performance against published plan.
Assurance:	The summary report provides detailed performance against the operational metrics defined within the NHSi SOF.
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 annual plan forecasts and key objectives.
Workforce:	Links to effectiveness of workforce and forward planning.
Estates:	Links to effectiveness of estate use and forward planning.
Reputation:	Trust's quarterly and monthly results will be published by NHSi and the DoH.

Other:(please specify)	

4. Appendices

1 IPR
2 Integrated scorecard (summary)

4

King's College Hospital NHS
NHS Foundation Trust

Integrated Performance Report

Month 7 (October) 2019/20

Board of Directors

12th December 2019

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King's College Hospital NHS
NHS Foundation Trust

Report to:	*Board of Directors*
Date of meeting:	*12th December 2019*
Subject:	*Integrated Performance Report 2019/20 Month 7 (October)*
Author(s):	*Steve Coakley, Assistant Director of Performance & Planning;* *Adam Creeggan, Director of Performance & Planning*
Presented by:	*Bernie Bluhm, Chief Operating Officer*
Sponsor:	*Bernie Bluhm, Chief Operating Officer*
History:	*None*
Status:	*For Discussion*

Summary of Report

- *This report provides the details of the latest performance achieved against key national performance, quality, including an end-October forecast for the number of 52+ week wait patients.*
- *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 2019/20 M7 performance reported against the governance indicators defined in the Strategic Oversight Framework (SOF).*

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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Executive Summary 2019/20 Month 7

QUALITY

- The national Summary Hospital Mortality Index (SHMI) is 95.1 based on the latest data available, and performance on all Trust sites is better than the expected index of 100.
- HCAI – No MRSA bacteraemia cases reported to September; 3 new VRE bacteraemia cases reported in October which is below the target of 4 cases (YTD 44 cases v Plan 23 cases); E-Coli bacteraemia: 10 new cases reported in October which equals the target of 10 cases (YTD 70 cases v Plan 55 cases); 8 new C-difficile cases which is higher than the monthly quota of 7 cases (YTD 58 v Plan 57 cases).
- Friends & Family (FFT) Inpatient survey recommendation score remained static at 94.6% in October. FFT score for ED at Denmark Hill reduced from 81.7% in September to 79.9% for October, and reduced at PRUH from 78.7% in September to 76.4% in October.

PERFORMANCE

- Trust A&E compliance reduced from 73.20% in September to 72.23% in October, but remains below the recovery trajectory of 85.08%.
- Provisional data shows that cancer treatment within 62 days of post-GP referral is not compliant with the 85% target at 72.87% for October 2019. Treatment within 62 days following screening service referral is also not compliant with the 90% target at 87.27%. The two-week wait from GP referral standard of 93% is being achieved at 94.18%.
- The national target of <1% of patients waiting <6 weeks for diagnostic test was not achieved in October at 5.89%, but exceeds the planned recovery trajectory of 9.41%. This an improvement of 0.29% compared to September performance of 6.18%.
- RTT incomplete performance improved by 0.13% to 78.87% in October, compared to 78.74% in September, exceeding the revised target of 78.02%. The number of patients waiting >52 weeks increased by 24 to 184 cases in October, compared to 160 cases in September. This comprised of 180 admitted cases and 4 non-admitted cases.

WORKFORCE

- Appraisal rates: The overall appraisal rate has improved this month reaching 89.04%. This is just 0.96% below the 90% target.
- Statutory & Mandatory training: compliance decreased from 86.41% in September to 85.65% in October, and remains below the 90% target.
- Sickness rates: shows an increase of 0.21% from 3.70% in September to 3.92% in October. Of the 2,327 occurrences reported in October, 2,044 are classified as short-term and 283 as long-term instances.
- Vacancy rates: remained static at 11.05% for October, but is an increase of 1.36% compared to the rates reported in October 2018.
- Turnover rates: the voluntary turnover rate remained relatively static at 14.07% in October. 232 staff have left Kings in October of which 145 were voluntary. There have been 79 less leavers YTD compared to last year suggesting a better retention rate.

FINANCE

- At month 7, the Trust has a YTD deficit of £97.6m, which is £4.7m favourable to plan (excluding STF, FRF, MRET and Impairment). In month the Trust's variance has moved positively by £3.4m which is predominantly driven by:
  - £1.2m favourable variance in private patients due to £717K benefit in-month from private CAR-T patients and a £415k favourable variance on non CAR-T private patient work , and
  - £0.9m Education and Training positive variance in month following receipt of Q3 data
  - Release of £0.6m prior months Viapath accruals following agreement with Viapath regarding the disputed invoices
- Pay continues to underspend (£8.7m) YTD across all categories, and the run-rate has remained stable.
- Adverse variance of £2.6m YTD in non-pay costs, with a £4.94m adverse variance in pass through drugs and additional costs in RTT outsourcing.

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Executive Summary

Quality Heatmap

Quality

CQC level of inquiry: Caring

	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	YTD	Trend
Complaints															
HRWD															
Operational Engagement															
Other															
Summary															

CQC level of inquiry: Effective

	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	YTD	Trend
CQUIN															
Improving Outcomes															
Improving Outcomes - Child Birth															
Improving Outcomes for Older Patients															
Summary															

CQC level of inquiry: Safe

	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	YTD	Trend
Reportable to DoH															
All hospital-acquired Alert Orgs															
Antibiotic Stewardship															
Assurance Audits															
Care of IV Lines															
Clusters & Outbreaks															
Environment															
Infection Control Audit Composite															
Staffing Measures															
Incident Management															
Incident Reporting															
Safer Care															
Summary															

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Executive Summary

Performance and Workforce Heatmap

October 2019

Performance

	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	YTD	Trend
CQC level of inquiry: Responsive															
Access Management - Emergency Flow															
Access Management - RTT, CWT and Diagnostics															
Patient Flow															
RTT Data Quality															
Contract Monitoring (Operational Activity)															
Operational Strategic															
Demand & Capacity															
Productivity & Efficiency															
Emergency & Acute Care															
Kings Way for Wards															
Outpatient Productivity															
Theatre Productivity															
Summary															

Workforce

	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	YTD	Trend
CQC level of inquiry: Well Led															
Staff Feedback															
Staff Training & CPD															
Efficiency															
Staffing Capacity															
Summary															

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Executive Summary

Finance Heatmap

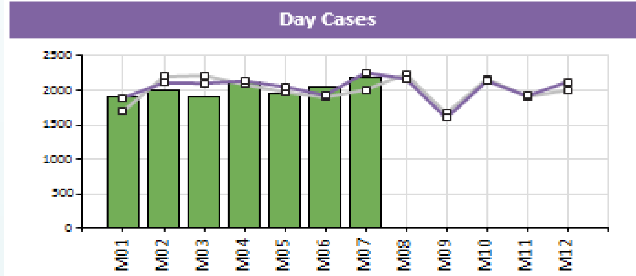
Finance

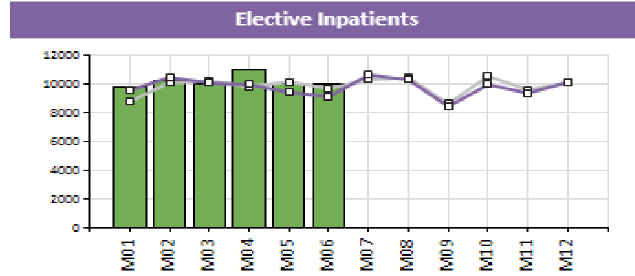
	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	YTD	Trend
Use of Resources															
Overall (000s)															
Income (000s)															
Nonpay - Financing (000s)															
Nonpay - Unallocated CIP (000s)															
Non-Pay (000s)															
Pay - Admin and Clerical (000s)															
Pay - Medical Staff (000s)															
Pay - Nursing Staff (000s)															
Pay - Other Staff (000s)															
Pay - Unallocated CIP (000s)															
SLR Recharges (000s)															
Summary															

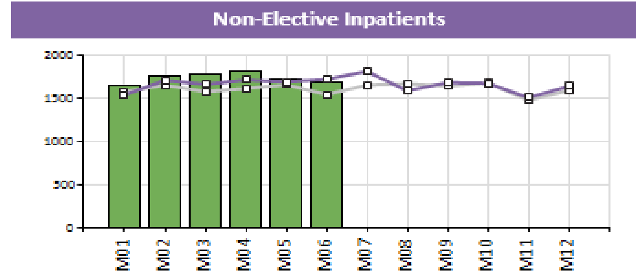
Executive Summary
Activity Trending

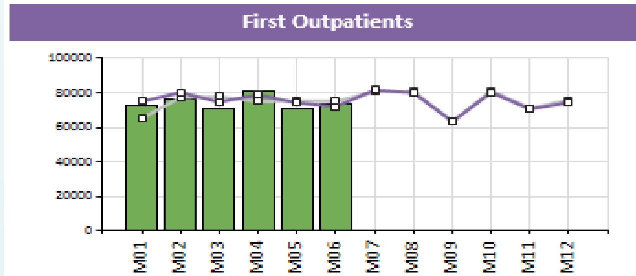
ACTIVITY TRENDS (TRUST)

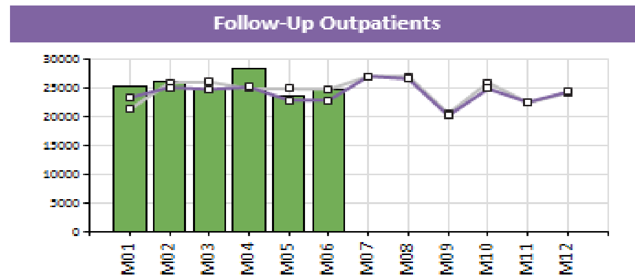
Key: Current Financial Year | Previous Financial Year | Previous+1 Financial Year

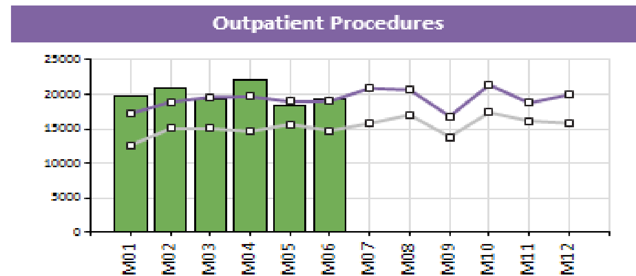
Day Cases


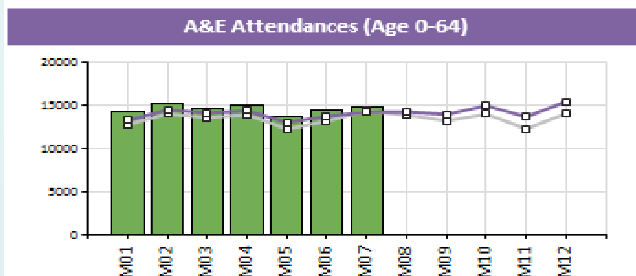
Elective Inpatients


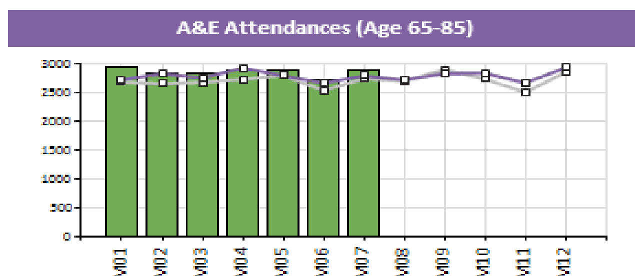
Non-Elective Inpatients


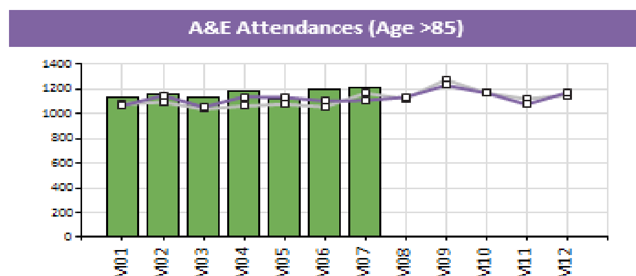
First Outpatients


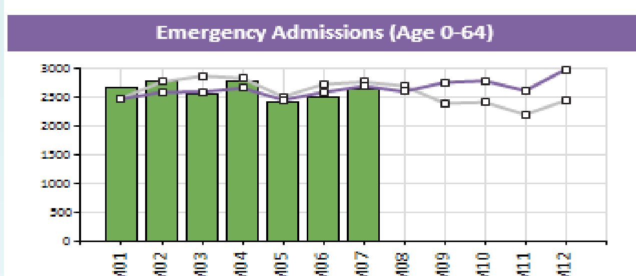
Follow-Up Outpatients


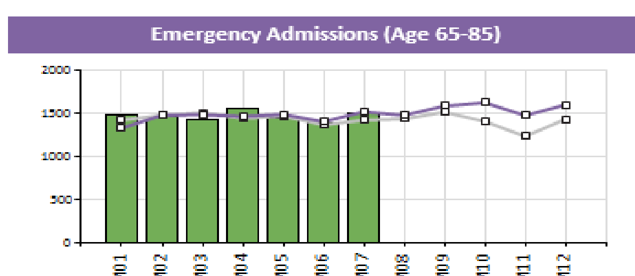
Outpatient Procedures


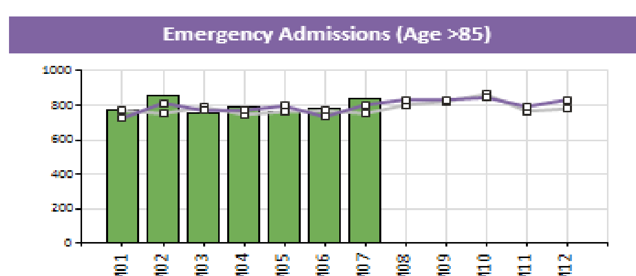
A&E Attendances (Age 0-64)


A&E Attendances (Age 65-85)


A&E Attendances (Age >85)


Emergency Admissions (Age 0-64)


Emergency Admissions (Age 65-85)


Emergency Admissions (Age >85)


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Executive Summary

Operational Productivity Headlines

OPERATIONAL PRODUCTIVITY HEADLINES (TRUST)

OUTPATIENT PATHWAYS	Referrals to Consultant-Led Services	OPA Hospital Cancellations	OPA Hospital Cancellations <6wks	Outpatient DNA Rate	New to Follow-Up Ratio	Clinic Utilisation	Number of Uncashed Appointments
Current Month	**33193**	**15014**	**7906**	**11.0%**	**2.29**	**51.1%**	**3320**
Last Month	31971	13383	6945	10.8%	2.32	52.4%	2989
Variance	1222	1631	961	0.14%	-0.02	-1.3%	331
12 Month Average	32918	12814	6760	11.0%	2.39	55.7%	2145.17
Variance to 12mth	0.83%	14.65%	14.50%	-0.11%	-4.18%	-8.97%	35.39%

THEATRES	On-Time Starts % Main Theatres	On-Time Starts % Day Surgery	Average Turnaround Main Theatres	Average Turnaround Day Surgery	Theatre Utilisation % Main Theatres	Theatre Utilisation % Day Surgery	On-the-Day Hospital Cancellations
Current Month	**38.5%**	**36.7%**	**27.52**	**7.85**	**80.7%**	**75.5%**	**184**
Last Month	35.4%	34.8%	31.18	9.96	81.8%	72.8%	188
Variance	3.1%	1.9%	-3.65	-2.11	-1.0%	2.7%	-4.00
12 Month Average	0	0	28	10.4	81.1%	75.0%	201.9
Variance to 12mth	10.34%	8.78%	-1.71%	-31.87%	-0.49%	0.67%	-9.74%

NON-ELECTIVE PATHWAY	Inlier Bed Days	Emergency Admissions	SDEC Activity	Dishcarges Before 11am (excl. Obstetrics)	Average Length of Stay (Non-Elective)	Zero Length of Stay (Non-Elective)	Pre-Operative Length of Stay (Non-Elective)
Current Month	**644.2**	**5017.0**	**1263.00**	**8.26%**	**6.27**	**821.0**	**2.04**
Last Month	633.7	4688.0	1500.00	7.09%	6.32	761.0	2.09
Variance	10.5	329.0	-237.00	1.17%	-0.05	60.0	-0.05
12 Month Average	657	5001	1101	7.59%	6.12	888.1	1.8
Variance to 12mth	-1.98%	0.32%	12.81%	8.13%	0.02	-8.17%	10.92%

ELECTIVE PATHWAY	Decisions to Admit	On-the-Day Hospital Cancellations	On-the-Day Patient Cancellations	Day Case Rate	Average Length of Stay (Elective)	Zero Length of Stay (Elective)	Pre-Operative Length of Stay (Elective)
Current Month	**8683.0**	**184.0**	**142.00**	**75.86%**	**3.84**	**629.0**	**0.44**
Last Month	8285.0	188.0	146.00	74.99%	3.83	586.0	0.49
Variance	398.0	-4.0	-4.00	0.87%	0.01	43.0	-0.04
12 Month Average	8216	202	129	75.05%	3.87	622.4	0.5
Variance to 12mth	5.38%	-9.74%	9.15%	1.06%	-1.03%	1.05%	-16.32%

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Domain 1: QUALITY

1. Key Metrics Scorecard
2. Infection
3. Incidents
4. Mortality
5. Friends and Family Test

Domain 1: Quality
Key Metrics Scorecard

Quality

		Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Safe																		
Reportable to DoH																		
2717	Number of DoH Reportable Infections	49	51	45	49	39	62	57	64	62	58	55	46	44	50	386	632	
Safer Care																		
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.00	0.04	0.04	0.06	0.16	0.12	0.09	0.10	0.11	0.08	0.17	0.17	0.14	0.19	0.12	0.11	
1897	Potentially Preventable Hospital Associated VTE	10	7	2	4	2	5	2	3	2	1	6	2	5	0	21	41	
538	Hospital Acquired Pressure Ulcers (Grade 3 or 4)	2	1	0	0	0	0	1	0	4	1	5	2	1	0			
945	Open Incidents			13						0			15			15	28	
Incident Reporting																		
520	Total Serious Incidents reported	17	13	15	17	20	16	12	15	14	14	10	24	28		117	198	
516	Moderate Harm Incidents	23	31	24	24	23	42	27	34	27	44	29	47	41		249	393	
509	Never Events	0	1	0	1	0	0	1	1	1	0	1	0	0	0	4	6	
CQC level of inquiry: Caring																		
HRWD																		
422	Friends & Family - Inpatients	94.4%	94.0%	93.5%	95.4%	93.9%	94.9%	93.1%	93.9%	94.7%	94.5%	95.1%	94.5%	94.6%	96.0%	94.4%	94.4%	
423	Friends & Family - ED	78.2%	78.6%	78.5%	74.9%	69.7%	73.4%	76.5%	74.6%	69.8%	77.9%	76.4%	80.6%	78.8%	86.0%	76.7%	76.1%	
774	Friends & Family - Outpatients	87.0%	87.2%	86.3%	88.4%	87.7%	87.8%	88.0%	88.3%	87.6%	87.3%	87.6%	87.4%	85.9%	92.0%	87.4%	87.5%	
775	Friends & Family - Maternity	94.9%	91.4%	91.2%	94.1%	93.7%	90.8%	92.9%	92.3%	94.3%	91.6%	94.0%	90.1%	94.3%	94.0%	92.9%	92.7%	
Complaints																		
619	Number of complaints	94	107	59	93	74	98	69	57	52	77	76	57	78	87	466	897	
Operational Engagement																		
620	Number of complaints not responded to within 25 Days	41	53	46	41	33	34	42	49	31	25	41	54	53	43	295	502	
3119	Number of PALS enquiries – unable to contact department	201	85	73	100	90	107	59	32	15	14	8	7		123		590	
Incident Management																		
660	Duty of Candour - Conversations recorded in notes	100.0%	97.6%	97.2%	94.3%	97.0%	95.7%	97.6%	91.9%	90.2%	67.9%	79.1%	65.5%	56.6%	98.0%	76.4%	83.8%	
661	Duty of Candour - Letters sent following DoC Incidents	100.0%	97.6%	94.4%	94.3%	93.9%	95.7%	90.2%	89.2%	85.4%	66.0%	79.1%	53.5%	41.5%	97.5%	69.6%	79.2%	
1617	Duty of Candour - Investigation Findings Shared	93.3%	90.2%	75.0%	77.1%	81.8%	80.9%	75.6%	56.8%	36.6%	24.5%	20.9%	6.9%	3.8%	88.6%	29.1%	48.5%	
CQC level of inquiry: Effective																		
Improving Outcomes																		
831	Standardised Readmission Ratio	89.6	89.0	89.4	89.6	90.1	90.2	90.0	90.1	89.4					105.0			
436	HSMR	86.6	85.9	85.7	85.6	86.3	85.5	85.9	86.3	87.5	87.4				100.0			
433	SHMI	99.9	99.5	99.6	98.3	97.9	95.3	95.0	94.6	95.1					105.0			
649	Patients receiving Fractured Neck of Femur surgery w/in 36hrs	78.7%	74.5%	79.0%	90.2%	93.1%	77.1%	77.8%	76.7%	64.9%	78.8%	81.8%	84.9%	84.2%	80.2%	77.8%	77.7%	
625	Diagnostic Results Acknowledgement	1.8%	2.1%	2.2%	2.4%	2.2%	2.2%	2.2%	2.4%	2.3%	2.4%	2.1%	2.1%	1.8%	2.2%	[illegible]	[illegible]	

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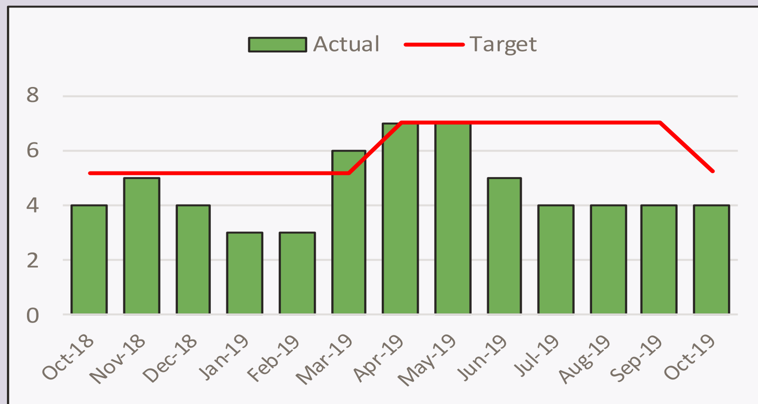
Domain 1: Quality
Infection

M7 -OCTOBER 2019 INFECTION PREVENTION AND CONTROL

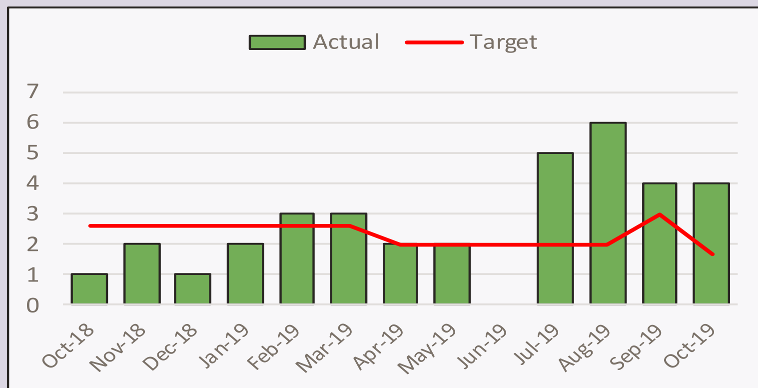
Infection	Current Month	*Denmark Hill*	*PRUH*	Previous Month	Variance	Target	Var. to Target
C.diff	8	*4*	*4*	8	0	7	1
CPE/CPO	9	*8*	*1*	13	-4	13	-4
E.coli	10	*8*	*2*	9	1	10	0
Klebsiella spp	9	*8*	*1*	6	3	8	1
MRSA	0	*0*	*0*	0	0	0	0
MSSA	1	*1*	*0*	2	-1	3	-2
P.aeruginosa	4	*4*	*0*	6	-2	5	-1
VRE	3	*2*	*1*	2	1	4	-1

C-DIFFICILE DELIVERY

C-difficile: Denmark Hill reported cases



C-difficile: PRUH reported cases



HCAI DELIVERY PLAN

Denmark Hill

C.difficile (CDI): The four cases occurred on different wards during this month: Friends Stroke Unit, David Marsden, RD Lawrence and Mary Ray wards.

E.Coli: The 8 case cases occurred in Post-Acute and Planned Urgent Care (3), Neurosciences (2), and one case in Haematology, Womens Health and the Variety Childrens Hospital.

VRE Cases: There were 2 VRE cases which occurred in Haematology and Post-Acute and Planned – Urgent Care.

PRUH

C.difficile (CDI): The 4 cases occurred in Post-Acute Medicine (2), Surgery and the Acute Medical Unit.

E.Coli: The 2 cases occurred In Post-Acute Medicine wards on Darwin 2 (S2) and Medical Ward 6.

C-DIFFICILE BENCHMARKING

National C. difficile infection: monthly data by prior trust exposure, Apr19 - Jul19

Trust	C-difficile Cases
University Hosp. Birmingham	188
Manchester University	129
Leeds Teaching Hospital	129
Barts Health	93
Nottingham Teaching Hospital	80
Cambridge University	72
Newcastle Upon Tyne	72
Imperial College	69
Kings College Hospital	69
UCLH	64
Oxford University	59
Royal Free	55
St George's	41
Guy's & St Thomas	32

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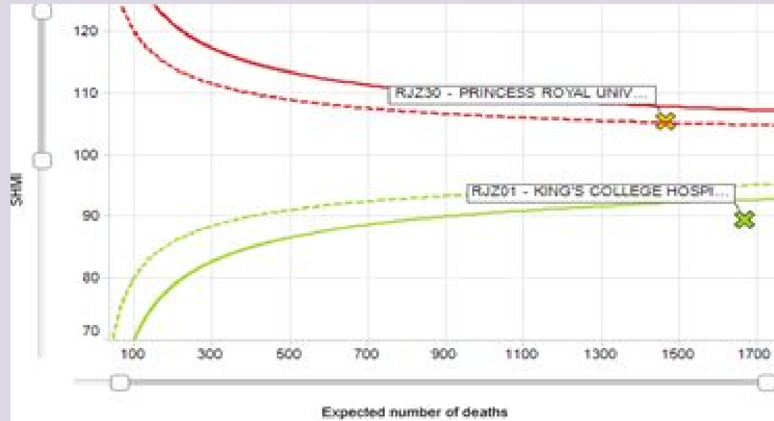
Domain 1: Quality
Mortality & Readmissions

MORTALITY AND READMISSIONS - SHMI, HSMR and RRR

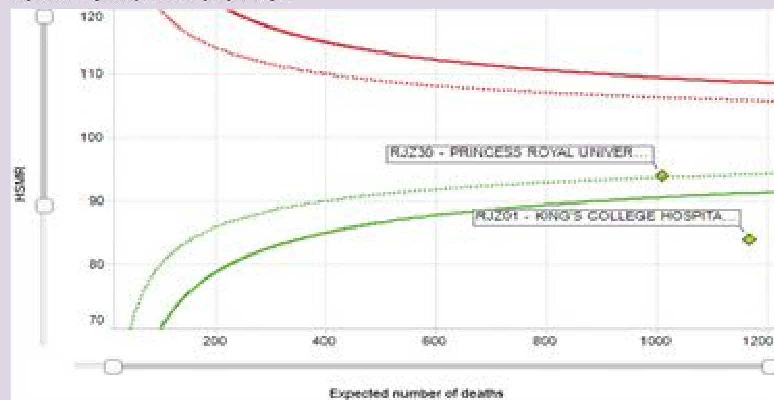
	Contextual indicators (March 2018 to February 2019)							
	Deaths			Admission Method		Palliative Care		Readmissions
	Total number of deaths	Deaths which occurred in hospital (%)	Deaths which occurred outside hospital within 30 days of discharge (%)	Crude in-hospital mortality rate (%) for elective admissions	Crude mortality rate (%) for non-elective admissions	In-hospital deaths with palliative care diagnosis coding (%)	SHMI adjusted for palliative care (95% Confidence Intervals)	Crude 30-day emergency readmissions rate to KCH or elsewhere (%)
Trust Value	3062	72.5%	27.5%	0.45%	3.4%	51.0%	82.9 (CI 79.9, 85.8)	12.4%
England Average		69.8%	30.2%	0.58%	3.4%	36.0%	97.9 (CI 97.1, 97.8)	14.4%

MORTALITY MEASURES

SHMI: Denmark Hill and PRUH



HSMR: Denmark Hill and PRUH



RISK-ADJUSTED MORTALITY (SHMI / HSMR)

Trust: below expected for SHMI/HSMR

- SHMI for July 2018 to June 2019 is 95.1 (95% CI 91.8, 98.5)
- HSMR for August 2018 to July 2019 is 87.36 (95% CI 83.52, 91.33)

Denmark Hill: below expected

- SHMI is within expected range for July 2018 to June 2019 is 89.49 (95% CI 85.0, 94.1)
- HSMR is within expected range for Aug 2018 to July 2019 is 83.51 (95% CI 78.35, 88.91).

PRUH:

- SHMI is within expected range for July 2018 to June 2019 at 105.45 (95% CI 100.3, 110.8)
- HSMR is below expected for August 2018 to July 2019 at 94.19 (95% CI 88.30, 100.37)

RISK-ADJUSTED READMISSION (RRR)

Trust: RRR is below expected (July 2018 to June 2019) at 89.4 (95% CI 87.7, 91.1).

Denmark Hill: RRR is below expected (July 2018 to June 2019) at 88.5 (95% CI 86.5, 90.7).

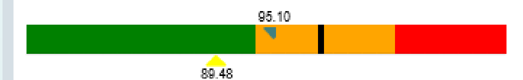
PRUH: RRR is below expected (July 2018 to June 2019) at 91.0 (95% CI 88.1, 93.9).

RISK-ADJUSTED MORTALITY AND READMISSIONS BENCHMARKING

Peer = Shelford Group

Mortality - SHMI (July 2018 - June 2019) **95.10**

Quartile Spinechart.
National: 34 out of 128 hospitals. — Trust
Peer: 6th out of 9 hospitals. — Peer



Mortality - HSMR - (Rebasing Period YTD) (August 2018 - July 2019) **87.36**

Quartile Spinechart.
National: 18 out of 130 hospitals. — Trust
Peer: 5th out of 9 hospitals. — Peer

Relative Risk Readmission Ratio - HRG4 (July 2018 - June 2019) **89.38**

Quartile Spinechart.
National: 4 out of 130 hospitals. — Trust
Peer: 2nd out of 9 hospitals. — Peer

King's

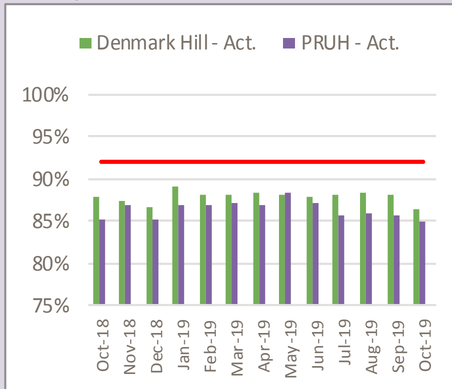
Domain 1: Quality
Friends & Family Test

M6 - SEPTEMBER 2019 FRIENDS & FAMILY

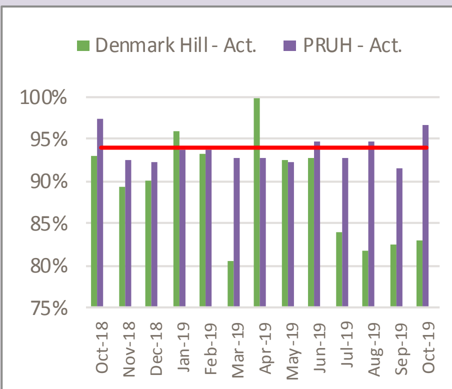
Metric	Inpatients	ED	Outpatients	Maternity
Current Month	94.62%	78.77%	85.92%	94.33%
Denmark Hill	*94.41%*	*79.87%*	*86.47%*	*83.05%*
PRUH	*95.01%*	*76.44%*	*84.82%*	*96.60%*
Previous Month	94.51%	80.57%	87.39%	90.08%
Variance	0.11%	-1.80%	-1.47%	4.25%
Target/Plan	96.00%	86.00%	92.00%	94.00%
Variance to target/plan	-1.38%	-7.23%	-6.08%	0.33%

FRIENDS AND FAMILY TEST

FFT Outpatient Scores



FFT Maternity Scores



PERFORMANCE DELIVERY

FFT - A&E

- FFT Trust-wide dropped back to 76% of patients recommending, and continues to fall behind London, Shelford and national averages. Latest London area data (for August 2019) shows 85% of patients recommending and 9% patients not recommending.

FFT - Inpatient

- The Inpatient FFT score remained at 95% of patients recommending with 2% not recommending.
- The overall '*How are we doing*' score for October was 91, one point higher than September. Q7 '*did doctors speak in front of you as if you weren't there?*' improved from a score of 77 in September to 82 in October, but still failed to meet the benchmark of 90 across all sites.

FFT - Outpatients

- A longer outpatient survey was introduced by SMS – initial results show positive feedback on the kindness and understanding of staff and being treated with dignity and respect. Organisation of appointments scores poorly with questions on waiting time and communication not meeting benchmarks.

FFT - Maternity

- The overall combined FFT score increased to 94% of women recommending, with 2% not recommending. This is back in line with London and national averages (Latest London average data for August showed 93% women recommending and 3% not recommending).

FFT BENCHMARKING (MONTH IN ARREARS)

FFT Test	Scope	Response Rate (%)	Score (% recom-mending)	Score (% not recom-mending)
Inpatients	**KCH**	**16**	**95**	**2**
Inpatients	London	26.5	95	2
Inpatients	England	25	96	2
ED	**KCH**	**7.2**	**81**	**8**
ED	London	14.3	85	9
ED	England	12.2	85	9
Outpatients	**KCH**		**87**	**5**
Outpatients	London		92	4
Outpatients	England		94	3
Maternity (A-N)	**KCH**		**n/a**	**n/a**
Maternity (A-N)	London		91	5
Maternity (A-N)	England		95	2

4

King's

Domain 2: PERFORMANCE

1. Key Metrics Scorecard
2. A&E – 4 Hour Waits
3. Cancer Waiting Times
4. Diagnostic Waiting Times
5. Referral To Treatment (18 Weeks)

King's

Domain 2: Performance
Key Metrics Scorecard

Performance

		Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Responsive																		
Access Management - RTT, CWT and Diagnostics																		
364	RTT Incomplete Performance	79.12%	79.03%	77.95%	77.89%	78.08%	76.95%	77.53%	78.80%	78.60%	78.37%	78.02%	78.73%	78.86%	92.00%	78.41%	78.23%	
632	Patients waiting over 52 weeks (RTT)	404	332	249	262	264	192	171	177	172	139	131	160	184	0	1134	2433	
412	Cancer 2 weeks wait GP referral	89.78%	90.00%	93.14%	91.20%	91.16%	92.12%	93.52%	92.95%	93.20%	92.37%	92.25%	92.54%	94.18%	93.00%	93.00%	92.90%	
413	Cancer 2 weeks wait referral - Breast	96.00%	97.60%	100.00%	73.33%	77.78%	92.54%	96.77%	89.36%	71.43%	82.61%	98.68%	96.10%	96.43%	93.00%	94.21%	93.96%	
419	Cancer 62 day referral to treatment - GP	77.40%	79.00%	85.70%	66.51%	80.00%	82.47%	76.79%	77.38%	67.32%	75.58%	74.36%	71.20%	72.87%	85.00%	73.74%	74.71%	
536	Diagnostic Waiting Times Performance > 6 Wks	8.61%	11.06%	14.81%	12.70%	9.22%	7.30%	8.17%	8.91%	6.30%	5.77%	7.10%	6.18%	5.89%	1.00%	6.89%	8.60%	
Access Management - Emergency Flow																		
459	A&E 4 hour performance (monthly SITREP)	78.10%	73.84%	71.67%	69.62%	70.39%	73.72%	71.73%	73.50%	69.97%	73.58%	73.00%	73.20%	72.23%	95.00%	72.46%	72.63%	
Patient Flow																		
399	Weekend Discharges	18.2%	18.4%	25.2%	19.9%	20.4%	23.7%	19.2%	20.1%	24.1%	18.4%	22.4%	21.5%	18.2%	21.1%	20.5%	20.9%	
404	Discharges before 1pm	18.1%	18.1%	18.6%	19.7%	18.6%	20.5%	18.8%	20.0%	19.6%	18.7%	18.9%	16.6%	18.0%	18.9%	18.7%	18.8%	
747	Bed Occupancy	92.3%	93.0%	89.9%	92.1%	93.1%	92.8%	91.4%	92.4%	91.8%	91.7%	90.8%	92.2%	93.2%	90.8%	91.9%	92.0%	
1357	Number of Stranded Patients (LOS 7+ Days)	570	607	647	594	531	582	600	585	572	574	554	549	577	592	4011	6972	
1358	Number of Super Stranded Patients (LOS 21+ Days)	234	237	247	227	218	225	266	246	239	242	247	232	243	440	1715	2869	
800	Delayed Transfer of Care Days (per calendar day)	9.4	10.0	6.6	10.5	10.0	12.5	13.3	17.2	18.9	13.8	15.4	15.0		0.0	15.6	13.0	
762	Ambulance Delays > 30 Minutes	155	251	461	381	294	274	241	329	280	176	188	144		0			
772	12 Hour DTAs	10	14	19	7	13	14	17	24	38	44	32	24	40	0			

King's

Domain 2: Performance

A&E / Emergency Care

M6 - SEPTEMBER 2019 EMERGENCY CARE DELIVERY

Metric	4hr Performance	12hr DTA Breaches	Walk-In Att.	Ambulance Att.	Total Attendances	% Treated <60m	Emergency Adm.	NEL ALOS	Stranded	Super-Stranded
Current Month	72.23%	40	18588	5787	24375	32.90%	5017	6.27	577	243
Type 1 Only	59.29%	-	-	-	14767	32.90%	-	0.00	-	-
Type 3 Only	92.17%	-	-	-	9608	0.00%	-	0.00	-	-
Previous Month	73.20%	24	18407	5342	23749	30.75%	4688	6.32	549	232
Variance	-0.97%	16	181	445	626	2.15%	329	-0.05	28	11
Target/Plan	74.70%	1	-	-	-	-	-	-	-	-
Variance to Target/Plan	-2.47%	39	-	-	-	-	-	-	-	-

ACTIONS TO RECOVER

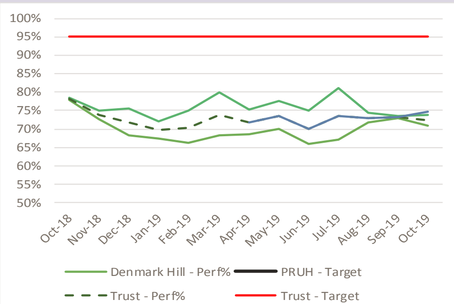
DH

- **UCC Development** – A working group has been established to lead the re-tender of the UCC (the current contract with Hurley expires end-June 2020). Additional Emergency Nurse Practitioners appointed this month.
- **Same Day Emergency Care** - SDEC facility for Surgery is continuing with a nurse-led model; although it's not open 7 days per week, it is seeing an average of 4-6 patients on the days it is open. ACU for Medicine continues to work well within CDU, and the team are focusing on reducing follow-up activity through the unit.
- **New Clinical Model in Ambulatory Majors** - RAT model continues to be in place for AMA. Working group that meets fortnightly has formed within ED, with representatives from each staff group in order to continue to change and improve processes. Small estates works have begun in order to maximise space within the area.

PRUH

- **Improving Flow within the Emergency Department** – recruitment underway to an Advanced Clinical Practitioner role which will support front door 'see and treat' model. Senior medical, nursing an operational urgent focus on ambulance offloads delays and developed plans to improve.
- **Frailty Strategy** – interim front door MDT model to go live w/c 11 November. Model tweaked following the pilot run over summer.
- **Ambulatory Emergency Care** - Extended operating hours in place 12hrs/day 7-days: substantive recruitment in progress. Ambulatory (medical and surgical) nurse to nurse referral embedded. Scoping surgical assessment (ESAC) and location to provide separate assessment activity from ambulatory.
- **Early Discharges** – 7-day discharge lounge and Golden patients list supported by improved site processes, with e-Board noting driving EDD and discharges.

PERFORMANCE



BENCHMARKING

	KCH	Highest (Eng.)	Lowest (Eng.)	Rank (Lon.)	Rank (Eng.)
Attendances (All Types)	24,415	43,657	126	8 of 32	14 of 232
Attendances (Type 1)	14,804	27,007	3,842	5 of 21	17 of 232
Total Emergency Admissions	5,015	16,100	2	7 of 21	39 of 232
Emergency Admissions via A&E	4,602	12,495	0	4 of 21	17 of 232
% Emergencies Admitted via A&E	91.8%	100%	0.0%	4 of 21	88 of 232
4hr performance % (All Types)	72.2%	100%	62.9%	28 of 32	197 of 232
4hr performance % (Type 1)	59.3%	98.0%	46.7%	15 of 21	112 of 232
12hr DTA breaches	40	63	0	20 of 21	227 of 232

Compliance by Activity Volume	No. of Trusts	Com-pliant	% Comp.
<10,000 att.	137	88	64.2%
>10,000 to <20,000	71	5	7.0%
>20,000 att. (inc. KCH)	24	0	0.0%

Domain 2: Performance

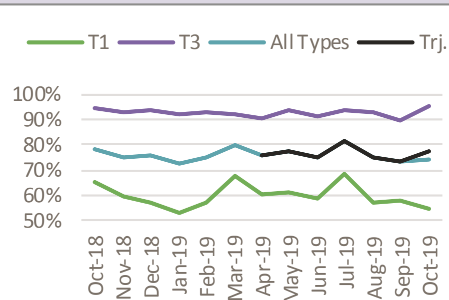
A&E / Emergency Care (Site Based)

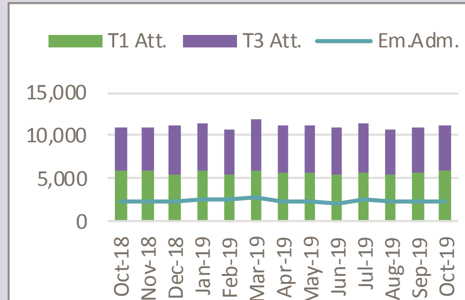
M6 - SEPTEMBER 2019 EMERGENCY CARE DELIVERY

Site		4hr Perf.%	12hr DTAs	Walk-In Att.	Ambul. Att.	Total Att.	%Treat<60m	Em. Adm.	NEL ALOS	Stranded	Super-S.
DENMARK HILL	Current Month	70.80%	18	9993	3182	13175	43.27%	2720	6.1046	370	161
	Type 1 Only	62.51%	-	-	-	8884	43.27%	-	-	-	-
	Type 3 Only	88.03%	-	-	-	4291	0.00%	-	-	-	-
	Previous Month	72.92%	13	9800	2922	12722	39.12%	2426	6.1633	366	161
	Variance	-2.12%	5	193	260	453	4.15%	294	-0.0587	4	0
	Target/Plan	72.30%	0	-	-	-	-	-	-	-	-
	Variance to Target/Plan	-1.50%	18	-	-	-	-	-	-	-	-
PRUH	Current Month	73.92%	22	8595	2605	11200	17.25%	2297	6.5218	207	82
	Type 1 Only	54.41%	0	0	-	5883	17.25%	-	-	-	-
	Type 3 Only	95.50%	0	0	-	5317	0.00%	-	-	-	-
	Previous Month	73.53%	11	8607	2420	11027	17.78%	2262	6.5504	183	71
	Variance	0.39%	11	-12	185	173	-0.53%	35	-0.0286	24	11
	Target/Plan	77.50%	1	-	-	-	-	-	-	-	-
	Variance to Target/Plan	-3.58%	21	-	-	-	-	-	-	-	-

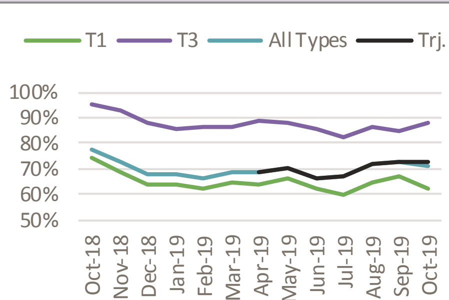
PERFORMANCE

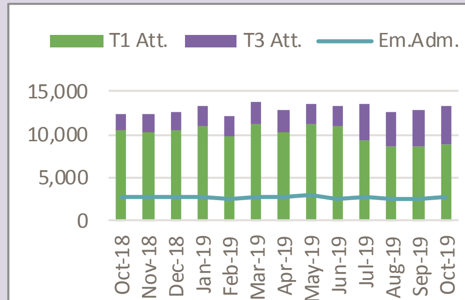
PRUH





DENMARK HILL





PERFORMANCE HIGHLIGHTS: PRUH

- ED all types performance improved from 73.53% in September to 73.92% in October which includes type 3 UCC patients seen by Greenbrook Healthcare. This remains below the revised site performance trajectory of 77.45%.
- Type 1 ED performance has only exceeded the baseline of 61.57% for 1 of the last 9 weeks to w/e 10 November. Performance reduced its lowest level of this period to 51.57% for w/e 27 October but has increased for the subsequent 2 weeks to 59.99%. Type 1 attendances have exceeded the baseline of 1,335 for 8 of the last 9 weeks.
- Type 3 UCC performance has achieved the national target of 95% for 3 of the last 9 weeks prior to w/e 10 November.

PERFORMANCE HIGHLIGHTS: DENMARK HILL

- ED all types performance has reduced from 72.92% in September to 70.80% in September which remains below the site performance trajectory of 72.31%.
- Type 1 ED performance has been above the baseline of 61.74% for 7 of the last 9 weeks to w/e 10 November, but the lowest level of performance at 58.82% was reported for that week.
- Type 3 performance has been above the baseline of 85.91% for 7 out of the last 9 weeks, achieving its highest performance over this period of 91.99% for the w/e 3 November.

King's

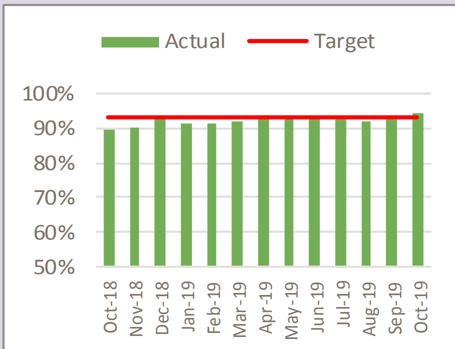
Domain 2: Performance
Cancer

M6 - SEPTEMBER 2019 CANCER DELIVERY

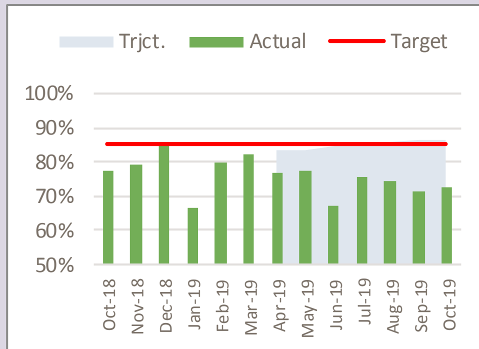
Metric	2WW Referrals Received	2WW Referrals Seen	2WW Referrals Seen <14 Days	% Seen within 14 Days	62-Day Total Treatments	Treatments within 62 Days	% Treatments within 62 Days	% Transfers In < Day 38	% Transfers Out < Day 38	Total Cancer PTL	>62 Days w/o Treatment	>100 Days w/o Treatment
Current Month	3146	2647	2493	94.18%	129	94	72.87%	62.26%	60.0%	3993	19	7
Denmark Hill	*1369*	*1227*	*1136*	*92.58%*	*45.5*	*27.5*	*60.44%*	*62.75%*	*64.5%*	*1761*	*10*	*3*
PRUH	*1777*	*1420*	*1357*	*95.56%*	*83.5*	*66.5*	*79.64%*	*50.00%*	*54.7%*	*2232*	*9*	*4*
Previous Month	2809	2480	2295	92.54%	95.5	68	71.20%	69.23%	58.7%	-	-	-
Variance	337	167	198	1.64%	33.5	26	1.67%	-6.97%	1.3%	-	-	-
Target/Plan	-	-	-	93.00%	-	-	86.70%	0.00%	0.0%	-	-	-
Var. to Target/Plan	-	-	-	1.18%	-	-	-13.83%	0.00%	0.0%	-	-	-

COMPLIANCE TRENDING

2-Week Performance



62-Day Performance



BENCHMARKING

	KCH	Highest (Eng.)	Lowest (Eng.)	Rank (Lon.)	Rank (Eng.)
2 week wait referrals seen	2,455	3,597	9	3 of 21	13 of 149
2 week wait performance %	92.26%	100%	62.07%	9 of 21	56 of 149
2 week wait (breast) performance %	98.67%	100%	3.83%	12 of 17	93 of 124
62 day GP referral performance % (1st treatment)	87.50%	100%	0.00%	12 of 22	89 of 148
62 day screening service performance % (1st treatment)	82.98%	100%	0.00%	5 of 17	44 of 128

PATHWAY REDESIGN & IMPROVEMENT

- PRUH prostate pathway: additional biopsy capacity in place, pathway reviewed and agreed including virtual clinic for review of MRI, MRI and biopsies to be booked concurrently.
- DH prostate pathway: additional ringfenced MRI slots to be put in place, meeting in late November to review whole pathway including biopsy capacity
- EBUS service has commenced at PRUH (initially for PRUH lung patients only, and then to be rolled out Trust wide).
- Additional HCC clinic to be set up to enable patients referred to Trust to be seen more swiftly

IMPROVING >38 DAY TERIARY REFERRALS

- ACN funded team in place at DH with pathway navigators supporting prostate , lung and colorectal pathway navigation. Further interviews for PRUH ACN staff in late November (one ACN manager in place)
- EBUS service in place to enable diagnostics for lung pathway to happen within Trust
- PRUH endoscopy and radiology business cases submitted
- TAC business cases provisionally approved at both sites to enable 100% of 2WW colorectal referrals to go through TAC at start of pathway.
- Job plans being reviewed to enable substantive colorectal virtual clinic capacity (both sites).
- Uro-pathology consultants appointed to enable faster reporting of prostate biopsies.

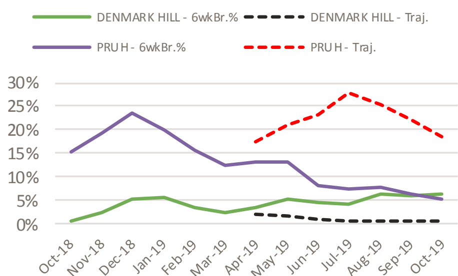
Domain 2: Performance
Diagnostics

M6 - SEPTEMBER 2019 DIAGNOSTICS DELIVERY

	ACTIVITY				WAITING LIST				WAITS BY MODALITY		
Metric	Planned	Unsched.	WL	Total	Total WL	Total 6+ Wks	Total 13+ Wks	% 6+ Wks	Endoscopy	Echocard.	MRI&CT
Current Month	3519	4611	19237	27367	13137	778	244	5.92%	690	34	26
Denmark Hill	1	3043	3003	6047	6544	423	149	6.46%	385	13	14
PRUH	10208	472	1608	12288	6593	355	95	5.38%	305	21	12
Previous Month	3221	4235	17743	25199	12293	765	169	6.22%	636	67	25
Variance	298	376	1494	2168	844	13	75	-0.30%	54	-33	1

ENDOSCOPY RECOVERY PROGRAMME

- DM01 diagnostic backlog has reduced from 685 for the w/e 26 May to 304 for the w/e 10 November, although above the internal backlog target.
- The number of surveillance patients waiting has also reduced from 552 to 193 for the same time period, but is above trajectory.
- **Next Steps /Risks** – No further referrals are being sent to DH due to insufficient booked staff and increases in DH demand.
- Additional lists in DSU at PRUH supported by the leased scopes, stack and Vanguard Decontamination unit are now delivering 8 lists each weekend.



ACTIONS TO SUSTAIN

- Echocardiography (DH) – backlog clearance remained on-track for the last 5 months, and action plan remains in place for Q3 for additional capacity/staffing, to return to compliance from end-November.
- Endoscopy – no further referrals are being sent from PRUH so that the focus for the DH service will be to reduce DM01 and surveillance backlogs based on clinical risk.
- Agency staff have been approved to support additional workforce for Radiology modalities at PRUH.
- Vanguard decontamination unit on the Orpington site is supporting the additional lists that have commenced in the PRUH-Day Surgery Unit.
- Business case to be submitted to the Investment Board for a longer term capital and revenue solution for Endoscopy.

KEY RISKS

- Current PRUH endoscopy recovery solution is challenging in terms of matching procedure capacity to patient and endoscopist. Sustaining additional weekend working at DH re: medical staffing cover across remainder 2019/20.
- Echocardiography – recruitment at PRUH is delayed and capacity does not meet demand. Improvement at DH reliant on temporary staff to cover maternity and additional sessions to match demand. Bank rates to be reviewed with HR.
- Imaging equipment – on-going unplanned downtime of scanners due to their age. Replacement of CT/MRI in-yer with NHSi Imaging Capital Fund now offered, and the Trust's capital loan to meet the related Estates enabling works.
- Radiology unable to meet demands from cancer and emergency pathways at PRUH, impacting on waiting times.

BENCHMARKING

	KCH	Highest (Eng.)	Lowest (Eng.)	Rank (Lon. Acute)	Rank (Eng.)
Planned tests/procedures	3,162	7,191	0	4 of 24	11 of 402
Unscheduled tests/proc.	4,091	8,453	0	5 of 24	24 of 402
Wait. list tests/proc. (ex. planned)	17,533	27,108	0	6 of 24	12 of 402
Total tests/procedures performed	24,786	41,052	0	4 of 24	10 of 402
Total waiting list	12,230	28,999	0	5 of 24	16 of 402
Number waiting 6+ weeks	759	2,036	0	5 of 24	17 of 402
% waiting 6+ weeks	6.2%	45.2%	0.0%	19 of 24	354 of 402

Compliance by Volume	No. of Trusts	<1% Comp.	% Comp.
<5,000 tests	311	233	74.92%
>5,000 to <13,000 tests	80	25	31.25%
>13,000 tests (inc. KCH)	11	4	36.36%

King's

Domain 2: Performance
RTT

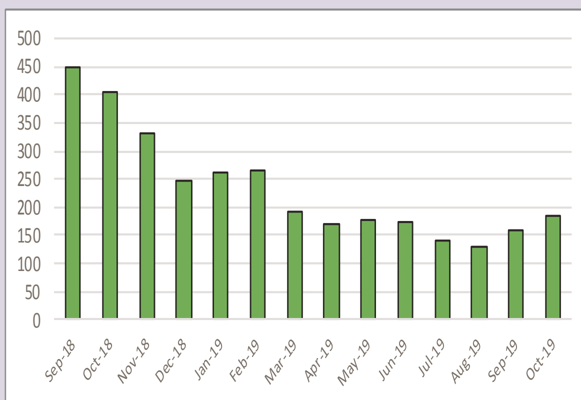
M6 - SEPTEMBER 2019 RTT DELIVERY

Metric	Clock Starts	Clock Stops	Total PTL	< 18 Weeks	> 18 Weeks	RTT Compliance	>30 Weeks	>40 Weeks	>52 Weeks
Current Month	26822	23855	73175	57715	15460	78.87%	5193	1490	184
Admitted	0	3821	15105	8131	6974	53.83%	3343	1177	180
Non-Admitted	0	20034	58070	49584	8486	85.39%	1850	313	4
Previous Month	24442	21102	74403	58587	15816	78.74%	5274	1837	160
Variance	2380	2753	-1228	-872	-356	0.13%	-81	-347	24
Target/Plan	28867	24485	74981	58500	16481	78.02%	-	1951	156
Var. to Target/Plan	-2045	-630	-1806	-785	-1021	0.85%	-	-461	28

LONG WAITERS

- Continued use of SWLEOC for T&O patients waiting over 30 weeks to release internal capacity.
- Working with clinical teams to further extend the scope of patient pooling in bariatrics.
- Zero tolerance approach to non-admitted breaches excluding of patient choice.
- Daily review and escalation of 52 weeks risks.
- Capacity extension via Locum consultants appointments in T&O, and roll out of virtual clinics in Ophthalmology.
- On-going discussions with Croydon Healthcare regarding repatriation of patients.

52 Week Breaches



ACTIONS TO RECOVER

- Launch of the new PTL performance dashboard
- Additional leadership support secured to progress elective recovery programme.
- Continued focus on management of long waiting patients, the planned waiting list and data quality.
- Revised governance structure including new site-based RTT Delivery Group and fortnightly COO lead assurance meeting.
- Regular PTL management training for all service managers and outpatient staff.
- Focus on all patients waiting weeks 43-51 to avoid further movement into 52 week position – working towards 40 weeks maximum wait and stretch to 30 weeks for improving specialties.

KEY RISKS

- Capacity for Bariatric surgery isolated to one surgeon.
- Capacity for PRUH endoscopy – longer term plan to be agreed.
- Medical workforce at PRUH associated with difficulty recruiting or single-handed sub-specialist.

BENCHMARKING

	KCH	Highest (Eng.)	Lowest (Eng.)	Rank (Lon.)	Rank (Eng.)
GP Referrals Made (all specs)	17,901	19,581	0	2 of 24	4 of 367
Elective G&A Total Admissions (FFCEs)	10,331	11,059	1226	2 of 24	8 of 367
PTL Size	74,187	91,764	20	20 of 22	177 of 182
New Waiting List Starts	31,324	24,343	5	21 of 23	176 of 182
Admitted Completed Pathways	3,390	5,022	6	22 of 23	172 of 183
Non-Admitted Completed Pathways	17,580	21,845	11	22 of 23	180 of 183
RTT Compliance	78.7%	100%	65.7%	5 of 22	28 of 182
>36 Weeks	2,674	3,556	0	22 of 22	181 of 182
>52 Weeks	159	159	0	22 of 22	182 of 182
% of PTL >36 Weeks	3.6%	7.9%	0.0%	22 of 22	171 of 182
% of PTL >52 Weeks	0.2%	0.4%	0.0%	21 of 22	176 of 182
Average(median) Waiting Times (in weeks)	9.6	12.5	1.8	20 of 22	166 of 182
92nd Percentile Waiting Time (in weeks)	28.8	35.9	5.4	21 of 22	172 of 182

Compliance by PTL Size	No.	>92%	% Comp
PTL <20,000	90	55	61.1%
PTL 20,000 - <50,000	76	11	14.5%
PTL 50,000 - <70,000	11	0	0.0%
PTL >70,000(inc. KCH)	6	0	0.0%

King's

Domain 3: WORKFORCE

1. Key Metrics Scorecard
2. Appraisal Rates
3. Training Rates
4. Sickness Rates
5. Staff Turnover Rates
6. Vacancy Rates

King's

Domain 3: Workforce

Key Metrics Scorecard

Workforce

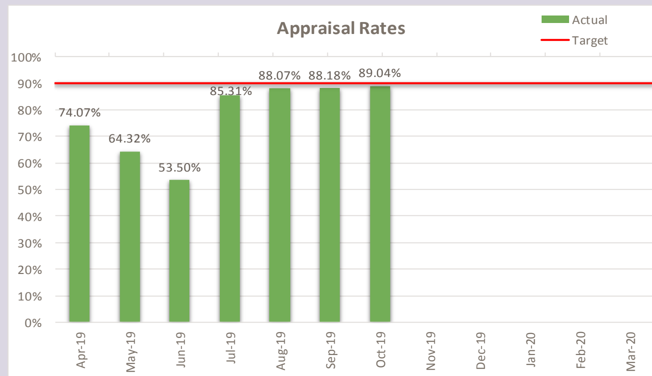
		Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Well Led																		
Staff Training & CPD																		
715	% appraisals up to date - Combined	89.41%	88.71%	88.64%	89.46%	89.85%	79.53%	74.07%	64.32%	53.50%	85.30%	88.07%	88.18%	89.04%	90.00%			
721	Statutory & Mandatory Training	81.77%	81.79%	81.96%	82.35%	81.48%	81.94%	82.07%	83.39%	84.18%	87.10%	86.18%	86.41%	85.70%	90.00%			
Staffing Capacity																		
875	Voluntary Turnover %	13.9%	14.0%	14.2%	14.4%	14.3%	14.4%	14.2%	14.3%	14.2%	13.7%	14.0%	14.0%	14.1%	14.0%			
732	Vacancy Rate %	9.69%	9.93%	10.88%	10.75%	11.07%	10.76%	10.88%	10.89%	10.55%	10.79%	11.64%	11.06%	11.05%	8.00%			
Efficiency																		
743	Monthly Sickness Rate	3.65%	3.77%	3.78%	3.91%	3.81%	3.55%	3.35%	3.20%	3.45%	3.70%	3.65%	3.70%	3.92%	3.50%			

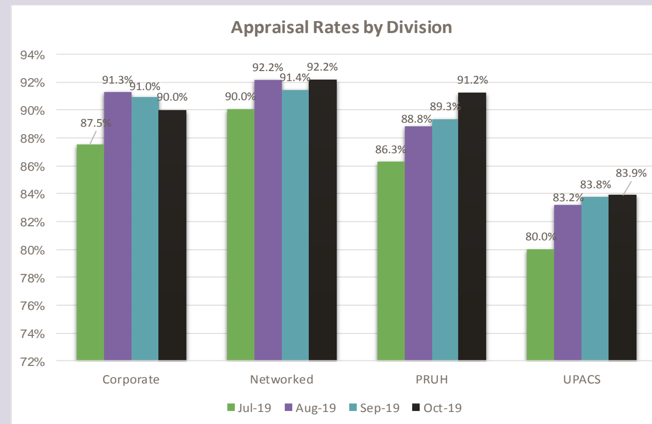
Domain 3: Workforce
Appraisals

M7 - OCTOBER 2019 APPRAISALS DELIVERY

	All Appraisals			Appraisal Rate By Staff Group								
	Medical Appraisal %	Non-Medical Appraisal %	Appraisal % (All Staff)	Add. Professional Scientific & Technical	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Registered Nurses & Midwifery	Students
Current Month	93.91%	88.18%	89.04%	85.29%	87.16%	83.21%	93.50%	97.80%	92.45%	93.91%	90.28%	0.00%
Denmark Hill	*93.65%*	*87.06%*	*88.04%*									
PRUH	*94.72%*	*90.59%*	*91.24%*									
Previous Month	94.54%	86.87%	88.18%	81.67%	85.83%	82.06%	91.72%	97.80%	91.40%	94.54%	89.10%	0.00%
Variance (from last month)	-0.63%	1.32%	0.87%	3.62%	1.33%	1.15%	1.78%	0.000%	1.05%	-0.63%	1.18%	0.00%
Plan KPI	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Variance to target/plan	3.91%	-1.82%	-0.96%	-4.71%	-2.84%	-6.79%	3.50%	7.80%	2.45%	3.91%	0.28%	-90.00%

OCTOBER 2019 DELIVERY





PERFORMANCE DELIVERY

- The overall appraisal rate has improved this month reaching 89.04%. This is just 0.96 decimal points short from the 90% target

ACTIONS TO SUSTAIN

- Appraisal data is being regularly reviewed by Divisional Teams and Workforce on a weekly basis.
- It has been mandated that this topic is to be discussed at all team members across the Trust.
- A high profile communication campaign has been running through the Appraisal window.
- Divisional Teams will be receiving lists of staff who remain uncompliant so that activities can be focused during the final weeks.

NATIONAL CONTEXT

- Quarterly Benchmarking figures as Q1: Apr to June 2019. From University Hospital Association.

* No Q1 data available, figures are Jun/Jul 2019 Board Papers.

** St. George's have not published a combined figure but 85.4% for medical and 72.5% for non medical.

Awaiting for quarter 2 data

Trust	Appraisal %
London North West Healthcare	88.90%
South London and Maudsley	86.43%
The Royal Marsden*	86.10%
Chelsea and Westminster Hospital	81.96%
Newcastle upon Tyne Hospitals	81.21%
Guy's and St Thoma's	80.76%
University Hospital Lewsham*	79.60%
Royal Free London	72.43%
King's College Hospital	**45.55%**
Imperial College Healthcare	32.77%
St George's University Hospitals**	-
University College London Hospitals	-

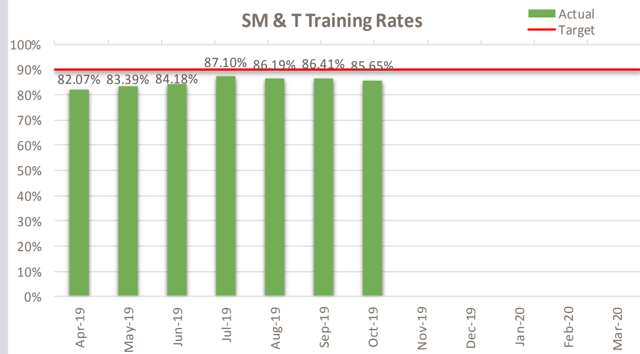
King's

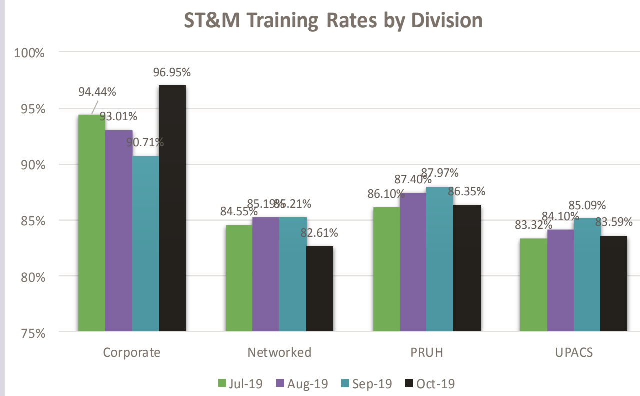
Domain 3: Workforce
Mandatory Training

M7 - OCTOBER 2019 TRAINING DELIVERY

	All Staff Statutory & Mandatory Training	Statutory & Mandatory Training Rate By Staff Group								
	Statutory & Mandatory Training %	Add. Professional Scientific & Technical	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Registered Nurses & Midwifery	Students
Current Month	85.65%	84.52%	85.80%	91.98%	93.32%	92.68%	82.00%	68.57%	87.91%	0.00%
Denmark Hill	*85.15%*									
PRUH	*86.35%*									
Previous Month	86.41%	85.62%	86.39%	93.33%	94.27%	92.88%	83.70%	69.88%	88.10%	0.00%
Variance (from last month)	-0.76%	-1.10%	-0.59%	-1.35%	-0.95%	-0.20%	-1.70%	-1.31%	-0.19%	0.00%
Plan KPI	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Variance to target/plan	-4.35%	-5.48%	-4.20%	1.98%	3.32%	2.68%	-8.00%	-21.43%	-2.09%	-90.00%

October 2019 DELIVERY





PERFORMANCE DELIVERY

- Statutory and Mandatory Training compliance shows a small decreased this month and remains below the Target of 90%

ACTIONS TO SUSTAIN

- Continue to promote Core Skills Update Day as main route for clinical staff to refresh 5 Statutory & Mandatory topics in one day. Sessions to enable PRUH staff to attend core skills update at PRUH site are in progress. Launch date 30th October 2019.
- LEAP reflects correct current stat/ man compliance and frequency. Phased approach to align the trust with all national guidelines, working with staff groups leads to improve compliance.
- Develop plan via new On boarding function on LEAP to roll out eLearning to new starters in advance of joining the Trust (this is already in place for medical staff).

NATIONAL CONTEXT

- Quarterly Benchmarking figures as Q1: April - June 2019. From University Hospital Association.

* No Q1 data available, figures are Jun/Jul 2019 Board Papers.

Awaiting for Quarter 2 data

Trust	S&M Training %
Chelsea and Westminster Hospital	92.00%
St George's University Hospitals*	91.00%
Imperial College Healthcare	90.82%
The Royal Marsden*	89.80%
London North West Healthcare	89.80%
University College London Hospitals*	89.00%
Guy's and St Thoma's	86.69%
Newcastle upon Tyne Hospitals	86.56%
South London and Maudsley	85.62%
King's College Hospital	**84.18%**
University Hospital Lewsham*	84.00%
Royal Free London	75.83%

King's

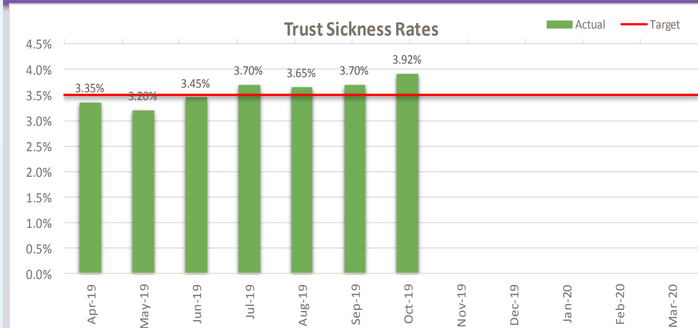
Domain 3: Workforce

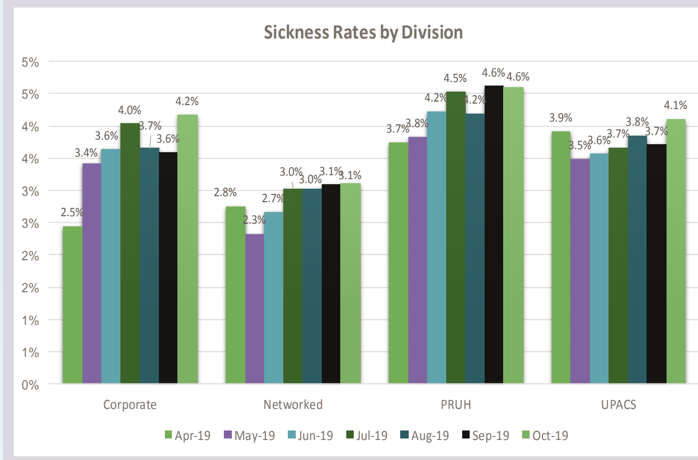
Sickness Absence

M7 - October 2019 SICKNESS DELIVERY

	All Staff Sickness				Sickness Rate By Staff Group								
	Sickness %	Short-Term (%)	Long-Term %	Occurrences	Add. Professional Scientific & Technical	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Registered Nurses & Midwifery	Students
Current Month	3.92%	2.09%	1.82%	2327	3.26%	5.72%	4.92%	3.13%	12.84%	2.06%	1.05%	4.13%	0.00%
Denmark Hill	*3.73%*	*2.08%*	*1.65%*	*1824*	*3.42%*	*5.22%*	*4.83%*	*3.12%*	*13.54%*	*2.12%*	*0.93%*	*3.90%*	*0.00%*
PRUH	*4.59%*	*2.14%*	*2.46%*	*503*	*0.16%*	*6.84%*	*5.46%*	*3.21%*			*1.48%*	*4.74%*	*0.00%*
Previous Month	3.70%	1.76%	1.95%	2035	2.80%	5.72%	5.04%	2.57%	7.34%	2.06%	0.82%	3.81%	0.00%
Variance (from last month)	0.21%	0.34%	-0.12%	292	0.46%	0.00%	-0.12%	0.56%	5.50%	0.00%	0.23%	0.32%	0.00%
Plan KPI	3.50%				3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
Variance to target/plan	-0.42%				0.24%	-2.22%	-1.42%	0.37%	-9.34%	1.44%	2.45%	-0.63%	3.50%

OCTOBER 2019 DELIVERY





PERFORMANCE DELIVERY

- The 12 months rolling sickness figure for M7 is 3.77%, which is higher than the one reported in the same period last year (3.38%). The monthly sickness rate is also higher than the one reported in October 18 (3.65%).
- The total number of occurrences reported in September were 2,327 of which, 2,044 are classified as short-term and 283 as long-term instances. The main reason recorded for short-term access is "Cold, Cough, Flu - Influenza" and "Anxiety /stress/depression/other psychiatric illness" is the highest reason for long-term absences.

ACTIONS TO SUSTAIN

- Monthly sickness report is cascaded to all Divisions.
- Active management for both long and short term sickness cases across the Trust is happening with oversight from Directorate teams and Workforce.
- Preventative welling being initiatives such as Younger Lives and improved access to Occupational Health Services is occurring.
- The introduction of SISU Wellness machine, one at Pru and one at Denmark Hill, is currently being planned for (expected next 1-2 months).
- A new Joint Pain Advisory Programme has started running as a pilot, this involves 70+ staff. This is a service that the Workforce Occupational Therapist are running which supports staff who suffer from chronic pain conditions in the work place. The Pilot will conclude in February2020.

NATIONAL CONTEXT

- Quarterly Benchmarking figures as Q1: April -June 2019. From University Hospital Association.

* No Q1 data available, figures are Jun/Jul 2019 Board Papers.

Awaiting for Quarter 2 data

Trust	Sickness %
Chelsea and Westminster Hospital	2.72%
South London and Maudsley	2.86%
London North West Healthcare	3.10%
St George's University Hospitals*	3.10%
Imperial College Healthcare	3.11%
The Royal Marsden*	3.20%
Guy's and St Thoma's	3.24%
Royal Free London	3.30%
University College London Hospitals*	3.40%
King's College Hospital	**3.57%**
University Hospital Lewsham*	4.10%
Newcastle upon Tyne Hospitals	4.24%

King's

Domain 3: Workforce

Staff Turnover Rates

M7 - OCTOBER 2019 DELIVERY

	All Staff Turnover				Voluntary Turnover Rate By Staff Group								
	Turnover %	Voluntary Turnover %	Non-Voluntary Turnover %	Stability Index	Add. Professional Scientific & Technical	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Registered Nurses & Midwifery	Students
Current Month	20.13%	14.07%	6.06%	81%	19.00%	14.19%	13.28%	18.63%	9.52%	9.90%	10.74%	15.25%	13.48%
Denmark Hill	*20.85%*	*14.39%*	*6.46%*	*81%*	*17.99%*	*13.00%*	*13.55%*	*19.07%*	*10.00%*	*10.27%*	*9.98%*	*16.90%*	*18.18%*
PRUH	*17.61%*	*12.94%*	*4.67%*	*82%*	*36.49%*	*16.84%*	*11.88%*	*13.46%*	*0.00%*	*0.00%*	*13.61%*	*10.90%*	*0.00%*
Previous Month	20.03%	14.03%	6.00%	82%	20.01%	13.88%	13.64%	18.74%	8.59%	11.51%	10.49%	15.03%	12.50%
Variance (from last month)	0.10%	0.04%	0.06%	0%	-1.01%	0.31%	-0.35%	-0.11%	0.94%	-1.61%	0.25%	0.22%	0.98%
Plan KPI	14.00%	14.00%	14.00%		14.00%	14.00%	14.00%	14.00%	14.00%	14.00%	14.00%	14.00%	14.00%
Variance to target/plan	6.13%	0.07%	-7.94%		5.00%	0.19%	-0.72%	4.63%	-4.48%	-4.10%	-3.26%	1.25%	-0.52%
Stability Index					89.28%	78.88%	88.24%	81.42%	87.13%	88.62%	63.33%	86.56%	41.67%

OCTOBER 2019 DELIVERY

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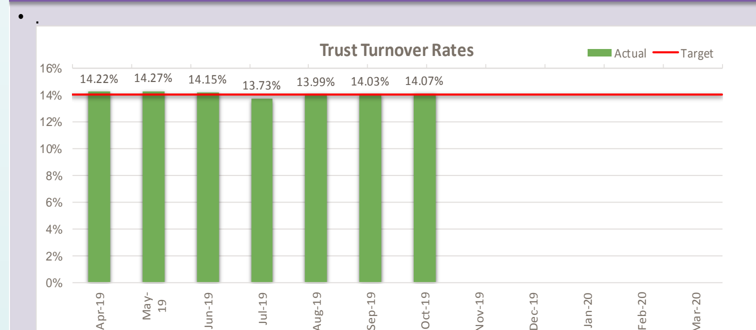
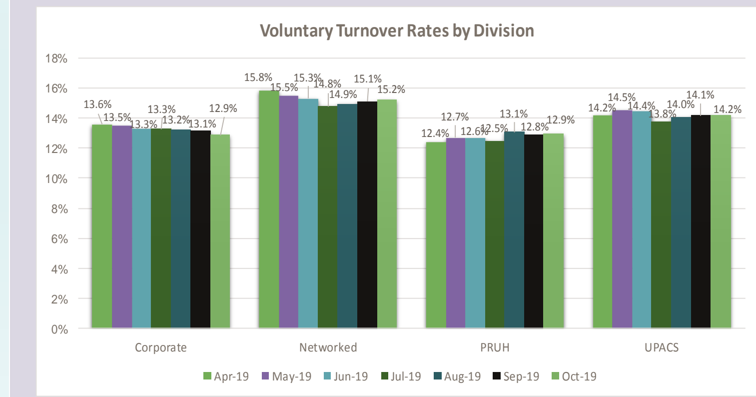




PERFORMANCE DELIVERY

- 232 staff have left King's in October, of which 145 are voluntary. The top main reasons for staff leaving voluntarily in October, excluding those recorded as "Other/Not Known" (30%), are Relocation (22%), Work Life Balance (15%) and Promotion (10%) .
- The total number of leavers since April 19 are 1662. This is 79 less leavers in the period of April 18 to October 18, suggesting a better retention rate.

ACTIONS TO SUSTAIN

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

NATIONAL CONTEXT

- Quarterly Benchmarking figures as Q1: April - June 2019. From University Hospital Association.

* No Q1 data available, figures are Jun/Jul 2019 Board Papers.

Awaiting for Quarter 2 data

Trust	Turnover %
Newcastle upon Tyne Hospitals	9.16%
Imperial College Healthcare	11.30%
London North West Healthcare	11.70%
University Hospital Lewsham*	12.50%
The Royal Marsden*	13.60%
University College London Hospitals*	14.00%
King's College Hospital	**14.15%**
Guy's and St Thoma's	15.35%
Royal Free London	16.16%
St George's University Hospitals*	17.12%
South London and Maudsley	17.59%
Chelsea and Westminster Hospital	18.28%

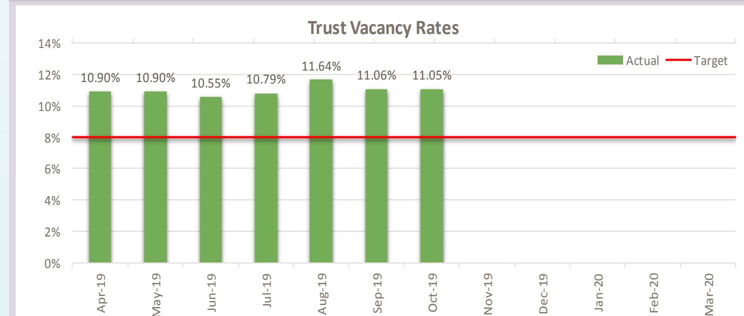
King's

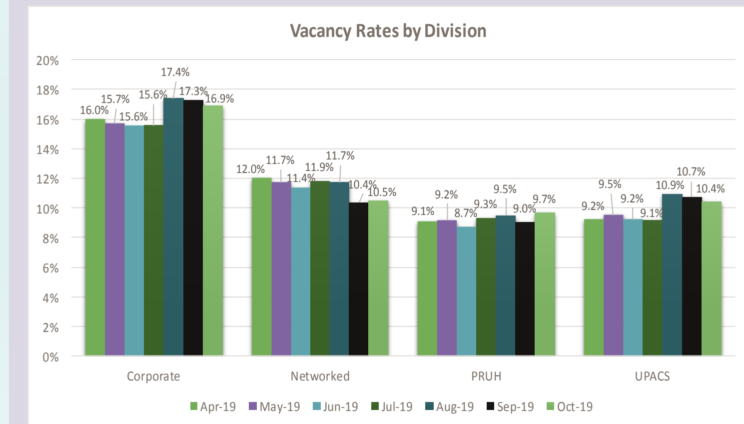
Domain 3: Workforce
Vacancies

M7- October 2019 DELIVERY

	All Staff Vacancy				Vacancy Rate By Staff Group								
	Establishment FTE	Vacant FTE	Vacancy % (substantive staff)	Vacancy % (substantive and B&A)	Add. Professional Scientific & Technical	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Registered Nurses & Midwifery	Students
Current Month	13245	1464	11.05%	2.00%	14.40%	12.62%	13.74%	10.18%	11.01%	11.33%	8.48%	9.87%	50.00%
Denmark Hill	*10384*	*1186*	*11.42%*	*3.22%*	*13.24%*	*12.57%*	*14.18%*	*9.32%*	*11.54%*	*11.78%*	*7.86%*	*11.15%*	*20.00%*
PRUH	*2861*	*278*	*9.70%*	*-2.44%*	*32.38%*	*12.74%*	*11.11%*	*19.33%*	*0.00%*	*0.00%*	*10.61%*	*6.29%*	*80.00%*
Previous Month	13238	1464	11.06%	2.46%	14.47%	11.27%	13.35%	9.98%	15.65%	11.96%	8.67%	10.43%	50.00%
Variance (from last month)	7	0	-0.01%	-0.46%	-0.07%	1.35%	0.39%	0.20%	-4.64%	-0.63%	-0.19%	-0.56%	0.00%
Plan KPI			8.00%		8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%
Variance to target/plan			3.05%		6.40%	4.62%	5.74%	2.18%	3.01%	3.33%	0.48%	1.87%	42.00%

OCTOBER 2019 DELIVERY





PERFORMANCE DELIVERY

- In October 19, 81.92 FTE were identified as 100% RCI posts. This FTE has been reduced from the vacancy FTE and vacancy rate.
- The reported vacancy for October is 11.05%, showing an increase (1.36% variance) from the one reported in October 18 of 9.69%.
- The increase of staff employed (64.91FTE) and reduction in turnover when compared to October 18 shows a small improvement in the retention margin.

ACTIONS TO SUSTAIN

- The Recruitment function is continuing with its extensive programme of regional, national and international recruitment. Campaigns are regularly monitored and assessed to ensure they deliver successful candidates.
- Work will continue on reducing voluntary turnover through a range of initiatives.
- Work will continue on managing the budgeted establishment of the Trust.
- Vacancies levels in certain departments are being explore to ensure that they reflect true vacancies, ie R&I.

NATIONAL CONTEXT

- Quarterly Benchmarking figures as Q1: April - June 2019. From University Hospital Association.

* No Q1 data available, figures are Jun/Jul 2019 Board Papers.

Awaiting for quarter 2 data

Trust	Vacancy %
Newcastle Upon Tyne Hospitals	5.22%
The Royal Marsden*	9.10%
St George's University Hospitals*	10.30%
King's College Hospital	**10.55%**
Chelsea and Westminster Hospital	10.57%
Imperial College Healthcare	11.70%
London North West Healthcare	11.70%
Guy's and St Thoma's	12.31%
Royal Free London	12.96%
University Hospital Lewsham*	13.50%
University College London Hospitals*	13.90%
South London and Maudsley	18.81%

King's

Domain 4: FINANCE

1. Key Metrics Scorecard
2. Financial Performance

King's

Domain 4: Finance
Key Metrics Scorecard

Finance

		Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
Overall (000s)																		
895	Actual - Overall	16,426	20,753	27,140	(1,318)	17,477	(4,778)	18,627	13,063	11,346	14,984	17,959	13,996	4,894	8,325	94,868	154,144	
896	Budget - Overall	9,074	10,315	16,751	10,297	14,747	2,656	17,845	14,062	14,740	13,196	15,684	15,978	8,324		99,830	154,596	
897	Variance - Overall	(7,352)	(10,439)	(10,389)	11,615	(2,730)	7,434	(782)	999	3,394	(1,787)	(2,275)	1,982	3,431	0	4,961	452	
Medical - Agency																		
602	Variance - Medical - Agency	(597)	(1,216)	(798)	(665)	(891)	(71)	(617)	(568)	(65)	(311)	(581)	(485)	(621)	0	(3,247)	(6,887)	
Medical Bank																		
1095	Variance - Medical Bank	(640)	(289)	(304)	(551)	(401)	(667)	(558)	(482)	(519)	(700)	(413)	(891)	(754)	0	(4,318)	(6,530)	
Medical Substantive																		
599	Variance - Medical Substantive	1,043	448	624	742	1,135	1,375	1,574	1,651	1,985	1,802	1,306	1,970	852	0	11,139	15,464	
Nursing Agency																		
603	Variance - Nursing Agency	(162)	(88)	(124)	(140)	(128)	(123)	(236)	(353)	(458)	(444)	(168)	(511)	(323)	0	(2,493)	(3,095)	
Nursing Bank																		
1104	Variance - Nursing Bank	(1,909)	(1,913)	(2,302)	(2,083)	(2,409)	(3,306)	(1,728)	(1,481)	(1,339)	(2,093)	(2,312)	(2,014)	(2,093)	0	(13,061)	(25,074)	
Nursing Substantive																		
606	Variance - Nursing Substantive	2,046	2,165	2,049	2,231	2,267	2,833	2,119	2,306	1,977	2,521	2,303	3,062	2,718	0	17,005	28,550	

King's

Domain 4: Finance

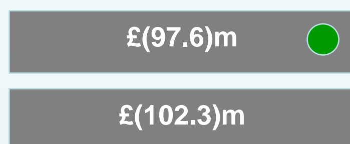
M7 (October) – Financial Performance

At Month 7 the Trust recorded a £97.6m, £4.7m favourable to plan.

The Trust is forecasting to meet its control total.

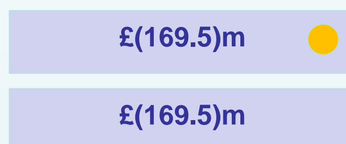
The Trust has also received it's capital loan and is forecasting to spend the revised £32m plan.

Surplus / (Deficit)



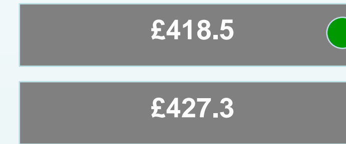
Value	
£(97.6)m	Actual
£(102.3)m	Plan

Forecast Surplus /(Deficit)



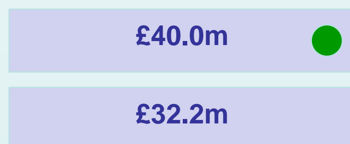
Value	
£(169.5)m	Forecast
£(169.5)m	Plan

Pay Variance

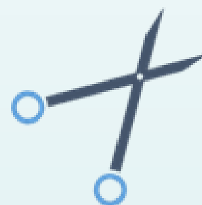


Value	
£418.5	Actual
£427.3	Plan

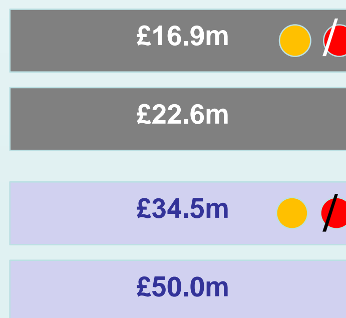
Capital



Value	
£40.0m	Forecast
£32.2m	Plan

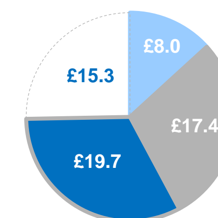


CIP Delivery (excl SIP)



Value	
£16.9m	Actual
£22.6m	Plan
£34.5m	Forecast
£50.0m	Plan

CIP & SIP Balance



Key Metrics - IPR Summary

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

Directorate: Trust (1000)

October 2019

Performance

		Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Responsive																		
Access Management - RTT, CWT and Diagnostics																		
364	RTT Incomplete Performance	79.12%	79.03%	77.95%	77.89%	78.08%	76.95%	77.53%	78.80%	78.60%	78.37%	78.02%	78.73%	78.86%	92.00%	78.41%	78.23%	
632	Patients waiting over 52 weeks (RTT)	404	332	249	262	264	192	171	177	172	139	131	160	184	0	1134	2433	
412	Cancer 2 weeks wait GP referral	89.78%	90.00%	93.14%	91.20%	91.16%	92.12%	93.52%	92.95%	93.20%	92.37%	92.25%	92.54%	94.18%	93.00%	93.00%	92.90%	
413	Cancer 2 weeks wait referral - Breast	96.00%	97.60%	100.00%	73.33%	77.78%	92.54%	96.77%	89.36%	71.43%	82.61%	98.68%	96.10%	96.43%	93.00%	94.21%	93.96%	
419	Cancer 62 day referral to treatment - GP	77.40%	79.00%	85.70%	66.51%	80.00%	82.47%	76.79%	77.38%	67.32%	75.58%	74.36%	71.20%	72.87%	85.00%	73.74%	74.71%	
536	Diagnostic Waiting Times Performance > 6 Wks	8.61%	11.06%	14.81%	12.70%	9.22%	7.30%	8.17%	8.91%	6.30%	5.77%	7.10%	6.18%	5.89%	1.00%	6.89%	8.60%	
Access Management - Emergency Flow																		
459	A&E 4 hour performance (monthly SITREP)	78.10%	73.84%	71.67%	69.62%	70.39%	73.72%	71.73%	73.50%	69.97%	73.58%	73.00%	73.20%	72.23%	95.00%	72.46%	72.63%	
Patient Flow																		
399	Weekend Discharges	18.2%	18.4%	25.2%	19.9%	20.4%	23.7%	19.2%	20.1%	24.1%	18.4%	22.4%	21.5%	18.2%	21.1%	20.5%	20.9%	
404	Discharges before 1pm	18.1%	18.1%	18.6%	19.7%	18.6%	20.5%	18.8%	20.0%	19.6%	18.7%	18.9%	16.6%	18.0%	18.9%	18.7%	18.8%	
747	Bed Occupancy	92.3%	93.0%	89.9%	92.1%	93.1%	92.8%	91.4%	92.4%	91.8%	91.7%	90.8%	92.2%	93.2%	90.8%	91.9%	92.0%	
1357	Number of Stranded Patients (LOS 7+ Days)	570	607	647	594	531	582	600	585	572	574	554	549	577	592	4011	6972	
1358	Number of Super Stranded Patients (LOS 21+ Days)	234	237	247	227	218	225	266	246	239	242	247	232	243	440	1715	2869	
800	Delayed Transfer of Care Days (per calendar day)	9.4	10.0	6.6	10.5	10.0	12.5	13.3	17.2	18.9	13.8	15.4	15.0		0.0	15.6	13.0	
762	Ambulance Delays > 30 Minutes	155	251	461	381	294	274	241	329	280	176	188	144		0			
772	12 Hour DTAs	10	14	19	7	13	14	17	24	38	44	32	24	40	0			

Quality

		Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Safe																		
Reportable to DoH																		
2717	Number of DoH Reportable Infections	49	51	45	49	39	62	57	64	62	58	55	46	44	50	386	632	
Safer Care																		
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.00	0.04	0.04	0.06	0.16	0.12	0.09	0.10	0.11	0.08	0.17	0.17	0.14	0.19	0.12	0.11	
1897	Potentially Preventable Hospital Associated VTE	10	7	2	4	2	5	2	3	2	1	6	2	5	0	21	41	
538	Hospital Acquired Pressure Ulcers (Grade 3 or 4)	2	1	0	0	0	0	1	0	4	1	5	2	1	0			
945	Open Incidents			13						0			15			15	28	

Business Intelligence Unit
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Created date: October 2019

Board Meeting (in public) 12th December 2019-12/12/19

Key Metrics - IPR Summary

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

Directorate: Trust (1000)

		Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
Incident Reporting																		
520	Total Serious Incidents reported	17	13	15	17	20	16	12	15	14	14	10	24	28		117	198	
516	Moderate Harm Incidents	23	31	24	24	23	42	27	34	27	44	29	47	41		249	393	
509	Never Events	0	1	0	1	0	0	1	1	1	0	1	0	0	0	4	6	
CQC level of inquiry: Caring																		
HRWD																		
422	Friends & Family - Inpatients	94.4%	94.0%	93.5%	95.4%	93.9%	94.9%	93.1%	93.9%	94.7%	94.5%	95.1%	94.5%	94.6%	96.0%	94.4%	94.4%	
423	Friends & Family - ED	78.2%	78.6%	78.5%	74.9%	69.7%	73.4%	76.5%	74.6%	69.8%	77.9%	76.4%	80.6%	78.8%	86.0%	76.7%	76.1%	
774	Friends & Family - Outpatients	87.0%	87.2%	86.3%	88.4%	87.7%	87.8%	88.0%	88.3%	87.6%	87.3%	87.6%	87.4%	85.9%	92.0%	87.4%	87.5%	
775	Friends & Family - Maternity	94.9%	91.4%	91.2%	94.1%	93.7%	90.8%	92.9%	92.3%	94.3%	91.6%	94.0%	90.1%	94.3%	94.0%	92.9%	92.7%	
Complaints																		
619	Number of complaints	94	107	59	93	74	98	69	57	52	77	76	57	78	87	466	897	
Operational Engagement																		
620	Number of complaints not responded to within 25 Days	41	53	46	41	33	34	42	49	31	25	41	54	53	43	295	502	
3119	Number of PALS enquiries – unable to contact department	201	85	73	100	90	107	59	32	15	14	8	7		123		590	
Incident Management																		
660	Duty of Candour - Conversations recorded in notes	100.0%	97.6%	97.2%	94.3%	97.0%	95.7%	97.6%	91.9%	90.2%	67.9%	79.1%	65.5%	56.6%	98.0%	76.4%	83.8%	
661	Duty of Candour - Letters sent following DoC Incidents	100.0%	97.6%	94.4%	94.3%	93.9%	95.7%	90.2%	89.2%	85.4%	66.0%	79.1%	53.5%	41.5%	97.5%	69.6%	79.2%	
1617	Duty of Candour - Investigation Findings Shared	93.3%	90.2%	75.0%	77.1%	81.8%	80.9%	75.6%	56.8%	36.6%	24.5%	20.9%	6.9%	3.8%	88.6%	29.1%	48.5%	
CQC level of inquiry: Effective																		
Improving Outcomes																		
831	Standardised Readmission Ratio	89.6	89.0	89.4	89.6	90.1	90.2	90.0	90.1	89.4					105.0			
436	HSMR	86.6	85.9	85.7	85.6	86.3	85.5	85.9	86.3	87.5	87.4				100.0			
433	SHMI	99.9	99.5	99.6	98.3	97.9	95.3	95.0	94.6	95.1					105.0			
649	Patients receiving Fractured Neck of Femur surgery w/in 36hrs	78.7%	74.5%	79.0%	90.2%	93.1%	77.1%	77.8%	76.7%	64.9%	78.8%	81.8%	84.9%	84.2%	80.2%	77.8%	77.7%	
625	Diagnostic Results Acknowledgement	1.8%	2.1%	2.2%	2.4%	2.2%	2.2%	2.2%	2.4%	2.3%	2.4%	2.1%	2.1%	1.8%	2.2%	2.2%	2.2%	

Workforce

		Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Well Led																		
Staff Training & CPD																		
715	% appraisals up to date - Combined	89.41%	88.71%	88.64%	89.46%	89.85%	79.53%	74.07%	64.32%	53.50%	85.30%	88.07%	88.18%	89.04%	90.00%			
721	Statutory & Mandatory Training	81.77%	81.79%	81.96%	82.35%	81.48%	81.94%	82.07%	83.39%	84.18%	87.10%	86.18%	86.41%	85.65%	90.00%			
Staffing Capacity																		
875	Voluntary Turnover %	13.9%	14.0%	14.2%	14.4%	14.3%	14.4%	14.2%	14.3%	14.2%	13.7%	14.0%	14.0%	14.1%	14.0%			

Business Intelligence Unit
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Created date: October 2019

Key Metrics - IPR Summary

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

Directorate: Trust (1000)

		Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
732	Vacancy Rate %	9.69%	9.93%	10.88%	10.75%	11.07%	10.76%	10.88%	10.89%	10.55%	10.79%	11.64%	11.06%	11.05%	8.00%			
Efficiency																		
743	Monthly Sickness Rate	3.65%	3.77%	3.78%	3.91%	3.81%	3.55%	3.35%	3.20%	3.45%	3.70%	3.65%	3.70%	3.92%	3.50%			

Finance

		Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Month Target	F-YTD Actual	Rolling 12mth	Trend
Overall (000s)																		
895	Actual - Overall	16,426	20,753	27,140	(1,318)	17,477	(4,778)	18,627	13,063	11,346	14,984	17,959	13,996	4,894	8,325	94,868	154,144	
896	Budget - Overall	9,074	10,315	16,751	10,297	14,747	2,656	17,845	14,062	14,740	13,196	15,684	15,978	8,324		99,830	154,596	
897	Variance - Overall	(7,352)	(10,439)	(10,389)	11,615	(2,730)	7,434	(782)	999	3,394	(1,787)	(2,275)	1,982	3,431	0	4,961	452	
Medical - Agency																		
602	Variance - Medical - Agency	(597)	(1,216)	(798)	(665)	(891)	(71)	(617)	(568)	(65)	(311)	(581)	(485)	(621)	0	(3,247)	(6,887)	
Medical Bank																		
1095	Variance - Medical Bank	(640)	(289)	(304)	(551)	(401)	(667)	(558)	(482)	(519)	(700)	(413)	(891)	(754)	0	(4,318)	(6,530)	
Medical Substantive																		
599	Variance - Medical Substantive	1,043	448	624	742	1,135	1,375	1,574	1,651	1,985	1,802	1,306	1,970	852	0	11,139	15,464	
Nursing Agency																		
603	Variance - Nursing Agency	(162)	(88)	(124)	(140)	(128)	(123)	(236)	(353)	(458)	(444)	(168)	(511)	(323)	0	(2,493)	(3,095)	
Nursing Bank																		
1104	Variance - Nursing Bank	(1,909)	(1,913)	(2,302)	(2,083)	(2,409)	(3,306)	(1,728)	(1,481)	(1,339)	(2,093)	(2,312)	(2,014)	(2,093)	0	(13,061)	(25,074)	
Nursing Substantive																		
606	Variance - Nursing Substantive	2,046	2,165	2,049	2,231	2,267	2,833	2,119	2,306	1,977	2,521	2,303	3,062	2,718	0	17,005	28,550	

Key Metrics - IPR Summary

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

Directorate: Trust (1000)

Item Definition	
364	The percentage of patients on an incomplete pathway waiting 18 weeks or more at the end of the month position. DOH submitted figures.
399	The number of patients discharged at the weekend expressed as a percentage of all patients discharged, excluding renal dialysis patients, patients discharged to other hospitals and zero LOS spells, based on discharging ward.
404	The number of patients discharged before 1pm expressed as a percentage of all patients discharged during the week, excluding renal dialysis patients, patients discharged to other hospitals and zero LOS spells, based on discharging ward.
412	The percentage of pathways acheiving a maximum two week wait from an urgent GP referral for suspected cancer to DATE FIRST SEEN by a specialist for all suspected cancers
413	The percentage of pathways achieving a maximum two week wait from referral for breast symptoms (where cancer is not initially suspected) to DATE FIRST SEEN.
419	The percentage of pathways acheiving a maximum two month (62-day) wait from urgent GP referral for suspected cancer to First Definitive Treatment for all cancers
422	The Friends and Family survey net promoter score for Inpatients and Day Cases submitted to the DH via the Unify system for the reported month.
423	The Friends and Family survey net promoter score for patients attending the A&E department, submitted to the DH via the Unify system for the reported month.
433	The national Summary Hospital Mortality Indicator (SHMI) is a risk adjusted mortality rate expressed as an index based on the actual number of patients discharged who died in hospital or within 30 days compared to the expected number of deaths. This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
436	The HSMR is a ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in-hospital deaths (multiplied by 100) for 56 diagnosis groups in a specified patient group (as per HED methodology). This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
459	Percentage of all patients who are admitted, transferred or discharged within 4 hours of arrival at A&E: excluding any type 2 and external type 3 activity (Type 3 activity = QMS/Erith UCC and 38% Beckenham Beacon)
509	The number of never events recorded based on the reported date on the Datix system.
516	The number of incidents recorded on Datix that resulted in moderate harm to patients. Based on the reported date recorded on Datix.
520	Number of Serious Incidents declared to Commissioners. Based on the StEIS (Strategic Executive Information System) reported date on Datix.
536	% of patients waiting greater than 6 weeks for a diagnostic test
538	Number of hospital acquired pressure ulcers - Grade 3 or Grade 4
599	Total surplus(+ve) or deficit(-ve) generated by Medical Staff
602	Total surplus(+ve) or deficit(-ve) generated by Medical Staff - Agency Staff
603	Total surplus(+ve) or deficit(-ve) generated by Nursing Staff - Agency Staff
606	Total surplus(+ve) or deficit(-ve) generated by Nursing Staff
619	The number of complaints received in the month.
620	The number of complaints not responded to within 25 working days .
629	Number of Inpatient slips, trips and falls by patients with moderate or major injury/ death reported based on the reported date recorded on Datix. Per 1000 bed days.
632	Number Patients waiting over 52 weeks (RTT). DOH submitted figures
649	Percentage of patients treated within 36hrs from the time of admission to the time that the patient was seen in theatre for a fractured neck of femur
660	The percentage of moderate/severe/death incidents where a Duty of Candour conversation was had following the incident. Based on the reported date recorded on Datix.
661	Percentage of Duty of Candour letters sent following moderate/severe/death incidents. Based on the reported date recorded on Datix.
715	Percentage of staff that have been appraised within the last 12 months (medical & non-medical combined).
721	Percentage of compliant with Statutory & Mandatory training.
732	The percentage of vacant posts compared to planned full establishment recorded on ESR
743	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.
747	The percentage occupancy of inpatient beds based on the midnight census
762	The number of times the LAS Arrival to Patient Handover Time is >30 mins during any calendar month

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

Created date: October 2019

BIU Business Intelligence Unit

Key Metrics - IPR Summary

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

Directorate: Trust (1000)

800	Calculated by total delayed days during the month / calendar days in month.
831	The relative risk of 30 day emergency readmissions (ie: the ratio (multiplied by 100) of observed number of emergency readmissions to the expected number of 30 day readmissions). This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
875	The total number of voluntary leavers in a 12 month period as a percentage of the average headcount of staff in post in the same 12 month period. Note: Voluntary turnover is determined by the reason of leaving recorded on ESR. Voluntary turnover excludes 'Death in service', 'Dismissal', 'End of fixed-term contract and 'Redundancy' (Compulsory).
945	All research related incidents which are open on Datix
1095	Variance for Medical Bank
1104	Variance for Nursing Bank
1357	Number of stranded patients. Ie: any patient who is in the hospital for 7 days or more.
1358	Number of super stranded patients. Ie: any patient who is in the hospital for 21 days or more.
1617	The percentage of moderate/severe/death incidents where findings from the RCA were shared. Based on the reported date recorded on Datix.
1897	Number of hospital associated VTE during an admission/within 90 days of discharge associated with inadequate VTE prevention according to local guidance
2717	Combined total for all Department of Health reportable infections: MRSA bacteraemias, VRE bacteraemias, post 48-hr CDT cases, MSSA bacteraemias, E.Coli bacteraemias, Klebsiella spp. bacteraemias, Pseudomonas aeruginosa bacteraemias and Cabapenemase producing organisms (confirmed CPE/CPO)

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Created date: October 2019

King's College Hospital NHS
NHS Foundation Trust

5

Report to: Trust Board -

Date of meeting: 12th December 2019

Subject: Finance Report M7

Author(s): Lorcan Woods

Presented by: Lorcan Woods

Sponsor: Lorcan Woods

History: Finance and Commercial Committee

Status: For Discussion

1. Background/Purpose

The paper attached at appendix one summarises the M7 financial positon.

2. Action required

The Board is asked to note the Month 7 monitoring report.

3. Key implications

Legal:	
Financial:	The paper addresses the Trust's financial position.
Assurance:	The paper aims to provide assurance that the Trust's finances are being effectively managed.
Clinical:	
Equality & Diversity:	
Performance:	
Strategy:	
Workforce:	
Estates:	The paper addresses the Trust's capital position
Reputation:	
Other:(please specify)	

4. Appendices

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M5 Finance Report.

5

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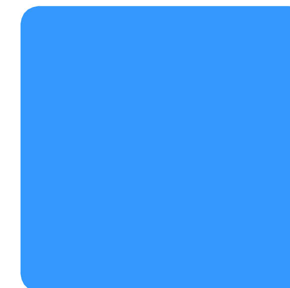
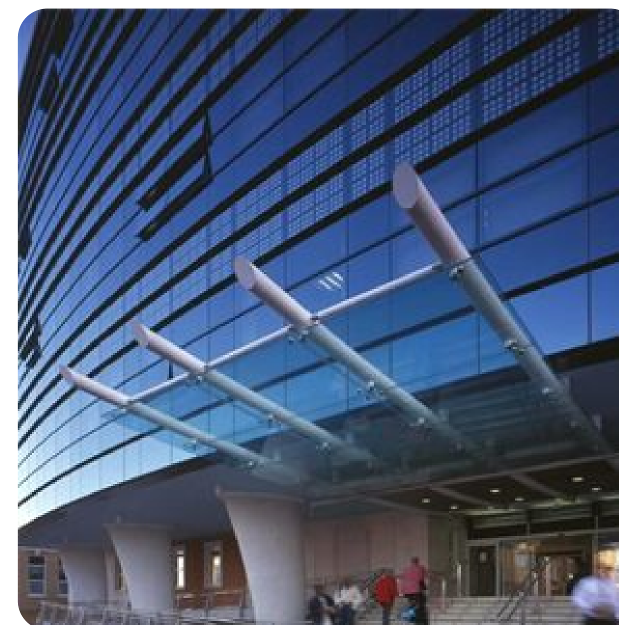
Month 07 Finance Report

Finance & Commercial Committee

26 November 2019





KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

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Summary of Year to Date Financial Position – M7

	Annual	Current Month			Year to Date		
Type	Budget	Budget	Actual	Variance	Budget	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Income	1,215,871	105,404	108,262	2,858	703,981	702,343	(1,639)
Pay	(737,701)	(60,209)	(60,749)	(539)	(427,247)	(418,509)	8,737
Nonpay	(585,809)	(49,557)	(48,435)	1,122	(348,773)	(351,350)	(2,577)
Financing	(47,661)	(3,972)	(3,972)	0	(27,802)	(27,352)	450
Operating deficit as per ledger	(155,301)	(8,334)	(4,894)	3,440	(99,839)	(94,868)	4,970
Less: Impairment, STF, FRF, MRET and donated items	14,250	1,604	1,610	6	2,419	2,714	295
Deficit as per control total	(169,551)	(9,938)	(6,504)	3,434	(102,258)	(97,582)	4,675

* Clinical income is based on month 1-5 freeze data, month 6 flex and month 7 estimate.

Overall Position

- The Trust has recorded a £97.6m deficit in first 7 months of the year which is £4.7m favourable to plan.
- In month the Trust had a £3.4m positive variance. This is predominantly driven by:
  - £1.2m favourable variance in private patients due to £0.7m benefit in month from private CAR-T patients and a £0.4m favourable variance on non CAR-T private patient work . CAR-T is now on plan (3 patients billed and 2 WIP) and forecast to meet plan. However, non CAR-T work is likely to dip as we head into winter.
  - £0.9m Education and Training positive variance in month following receipt of Q3 data. Increase driven by £200k of dental NMET funding and an increase in general NMET funding (£850k favourable variance in month).
  - Release of £0.6m prior months Viapath accruals following agreement with Viapath regarding disputed invoices.
- The current position does not reflect any receipt of NHSE over performance. Whilst NHSE have indicated that they will pay over performance for months 1-5, the Trust and NHSE are still to formally agree the level of over performance due. This will be upside to the current position once agreed.
- It should be noted that the Trust needs to be significantly ahead of plan at this stage as there is £18.7m of unidentified CIP phased into the last 5 months of the year. The current forecast is to achieve the control total but this requires the Trust to maintain its pay underspend and current level of NHSE over performance. The phasing of the budget is illustrated overleaf.

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Month 7 – Detail (1/2)

Type	Current Month Budget £'000	Current Month Actual £'000	Current Month Variance £'000	Year to Date Budget £'000	Year to Date Actual £'000	Year to Date Variance £'000
NHS Clinical Contract Income	78,099	76,446	(1,653)	518,885	519,292	407 (1)
Pass Through Devices - Income	1,522	1,827	305	10,655	11,561	905
Pass Through Drugs - Income	10,773	12,292	1,519	75,410	75,782	372 (2)
NHS Clinical Contract Income	**90,394**	**90,565**	**171**	**604,950**	**606,635**	**1,685**
Other NHS Clinical Income	419	487	68	2,930	2,619	(311)
Other NHS Clinical Income	**419**	**487**	**68**	**2,930**	**2,619**	**(311)**
RTA Income	305	464	159	2,135	2,347	212
Other Non-NHS Clinical	**305**	**464**	**159**	**2,135**	**2,347**	**212**
Overseas Visitor Income	547	450	(97)	3,831	2,683	(1,148)
Private Patient Income	1,766	2,946	1,180	12,362	12,622	259
Private Patient & Overseas	**2,313**	**3,396**	**1,082**	**16,193**	**15,304**	**(889)** (3)
Education & Training Income	3,634	4,594	961	25,252	25,571	319
Financial Recovery Fund (FRF)	1,481	1,481	0	6,663	6,663	0
Marginal Rate Emergency	144	144	0	1,008	1,008	0
Other Operating Income	3,518	3,931	413	25,980	23,672	(2,308)
R&I Income	1,155	1,158	3	9,682	9,335	(347)
Sustainability and	2,042	2,042	0	9,189	9,189	0
Other Operating income	**11,973**	**13,350**	**1,377**	**77,773**	**75,438**	**(2,335)** (4)
Income	**105,404**	**108,262**	**2,858**	**703,981**	**702,343**	**(1,639)**
Medical Agency	(129)	(750)	(621)	(905)	(4,152)	(3,247)
Medical Bank	(110)	(864)	(754)	(211)	(4,528)	(4,318)
Medical Substantive	(18,507)	(17,655)	852	(135,580)	(124,441)	11,139
Medical Staff	**(18,746)**	**(19,269)**	**(523)**	**(136,695)**	**(133,121)**	**3,575**
Nursing Agency	(56)	(379)	(323)	(394)	(2,886)	(2,493)
Nursing Bank	(747)	(2,841)	(2,093)	(4,922)	(17,983)	(13,061)
Nursing Substantive	(23,718)	(21,000)	2,718	(167,232)	(150,226)	17,005
Nursing staff	**(24,521)**	**(24,220)**	**302**	**(172,547)**	**(171,096)**	**1,451**
A&C agency	(0)	(287)	(287)	(0)	(1,790)	(1,790)
A&C Bank	(39)	(819)	(780)	(296)	(2,117)	(1,820)
A&C Substantive	(9,366)	(8,437)	929	(65,761)	(59,225)	6,536
Admin and Clerical	**(9,405)**	**(9,542)**	**(137)**	**(66,058)**	**(63,132)**	**2,926**
Other Agency Staff	(58)	(443)	(386)	(403)	(2,016)	(1,614)
Other Bank Staff	(41)	(229)	(188)	(289)	(1,113)	(825)
Other Substantive Staff	(7,661)	(7,045)	616	(52,897)	(48,031)	4,866
Other Staff	**(7,759)**	**(7,718)**	**42**	**(53,589)**	**(51,161)**	**2,428**
Pay Reserves	636	(0)	(636)	647	(0)	(647)
Pay Reserves	**636**	**(0)**	**(636)**	**647**	**(0)**	**(647)**
Unallocated CIP - Pay	(413)	(0)	413	996	(0)	(996)
Unallocated CIP - Pay	**(413)**	**(0)**	**413**	**996**	**(0)**	**(996)**
Pay	**(60,209)**	**(60,749)**	**(539)**	**(427,247)**	**(418,509)**	**8,737** (5)

1

Clinical Contract Income is £0.4m ahead of plan. Divisional over performance on NHSE contracts of approximately £9.0m is offset by £6.3m provisions for NHSE data challenges. A further £0.7m has been provided for stroke neutralisation, £0.4m for CQUIN and £0.5m for MRET. Key areas of over and under performance on NHSE contract are:

- Neuro £4.1m ahead of plan, mainly driven by a NEL favourable position of £2.7m, predominantly in Neurosurgery - Intracranial Telemetry.
- Haem is £3.4m ahead of plan, £1.3m CAR-T over performance 29 patients discharged so far (9 ahead of plan), £1.0m BMT over performance (7 patients ahead of plan) and £1.0m DC and EL over performance.
- Critical Care over performance of £1.3m although income plan has increased by £0.7m per month from month 7 due to assumption of CCU2 opening. So over performance will ebb away over next few months.
- Renal £1.3m favourable, still significant over performance in Satellite Units.
- Cardiovascular - £0.7m ahead of plan including the £1.8m full year/ £1.0m M1-6 CIP.
- Liver is £0.4m ahead of plan after the impact of the £1m full year/£0.6m M1-7 CIP mainly in NEL.
- Variety £2.6m behind plan although the run rate increased in October. The YTD underperformance is mainly due to NICU underperformance of £2.0m due to low occupancy rates and Neonatology underperformance of £0.9m.

It should be noted that £4.0m of currently unidentified income CIP is currently phased into the last 6 months.

2

Pass through Drugs is £0.4m favourable to plan although this is driven by £4.7m provision for drugs challenges.

3

Overseas Income is £1.1m adverse. This is due to fewer chargeable patients being identified and billed. Finance is working with the PP team to improve CCG billing and debt management as we currently write off 87% of overseas income. NHSI are supporting in relation to improving processes for identifying patients.

Private Patients (£0.3m favourable) – Private Patients income is over achieving (£10m revenue, against £9.8m target YTD). Private Patients CAR-T income is also on plan (£2.2M revenue against £2M target YTD). Favourable movements £0.2m YTD & £0.7m In month respectively. CAR-T has 3 patients billed and 2 WIP. 9 Patients are planned for 19/20 Financial Year

4

Other Operating Income (£2.3m adverse) – predominantly driven by:

- CIP under achievement (£1.2m)
- Network Care underperformance (£0.9m)

Education and Training income is £0.3m following receipt of Q3 data. Increase driven by £200k of dental NMET funding and an increase in general NMET funding (£850k favourable variance in month)

5

Pay continues to underspend across all categories YTD. The adverse medical staff variance in month is due to a £1m Network Care budget reduction relating to a month 1-7 NR CIP (offset by positive unidentified CIP variance). The medical and nursing pay run rate has remained stable. Nursing is now back in line with the first 3 months of the year following a rise in sickness over the holiday period and medical when adjusted for pay award is broadly in line with August run rate. There has been an increase in the A&C and other staff groups following recruitment to vacancies and business cases in August and September.

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Month 7 – Detail (2/2)

Type	Current Month Budget £'000	Current Month Actual £'000	Current Month Variance £'000	Year to Date Budget £'000	Year to Date Actual £'000	Year to Date Variance £'000
Clinical Supplies	(1,415)	(1,136)	280	(10,485)	(9,350)	1,135
Drugs	(2,341)	(1,752)	590	(16,408)	(14,895)	1,513
Pass Through Drugs -	(10,117)	(11,204)	(1,086)	(70,816)	(75,757)	(4,941) 6
Consultancy	(132)	(196)	(64)	(953)	(1,942)	(989)
External Services	(6,234)	(5,799)	435	(40,413)	(41,281)	(868) 7
Purchase of Healthcare from	(12,878)	(12,987)	(109)	(90,816)	(92,969)	(2,153) 8
Services from other NHS Bodies	(5,477)	(5,532)	(56)	(38,863)	(38,629)	234
Non-Clinical Supplies	(3,284)	(2,936)	348	(31,522)	(31,321)	201
Other Non-Pay	(2,211)	(2,741)	(531)	(15,545)	(16,143)	(598) 9
Reserves	(2,476)	(0)	2,476	(5,859)	(0)	5,859
Unallocated CIP - NonPay	1,161	(0)	(1,161)	1,971	(0)	(1,971)
Depreciation	(2,152)	(2,152)	0	(15,064)	(15,064)	0
Impairment	(2,000)	(2,000)	0	(14,000)	(14,000)	0
Nonpay	**(49,557)**	**(48,435)**	**1,122**	**(348,773)**	**(351,350)**	**(2,577)**
Interest payable	(4,009)	(4,009)	0	(28,065)	(28,065)	0
Interest receivable	42	37	(5)	292	663	371
Profit/Loss on Disposal of Fixed	(4)	(0)	4	(29)	50	79
Public Dividend Capital		(0)	0		(0)	0
Total	**(3,972)**	**(3,972)**	**(1)**	**(27,802)**	**(27,352)**	**450**
TRUST TOTAL (deficit per	**(8,334)**	**(4,894)**	**3,440**	**(99,839)**	**(94,868)**	**4,970**
Less Donated Depreciation	(63)	(63)	0	(441)	(441)	0
	(63)	(63)	0	(441)	(441)	0
Less Donated Income	(0)	6	6	(0)	295	295
Less FRF	1,481	1,481	0	6,663	6,663	0
Less Impairment	(2,000)	(2,000)	0	(14,000)	(14,000)	0
Less PSF funding	2,042	2,042	0	9,189	9,189	0
OPERATING DEFICIT	**(9,794)**	**(6,360)**	**3,434**	**(101,250)**	**(96,575)**	**4,675**

£97.6m once adjusted for £1.0m of MRET income.

6 Pass through drugs adverse variance is offset by positive £5.1m income variance if you exclude the challenge provision.

7 Variance largely driven by an adverse c.£1.0m commercial variance which is being investigated but predominantly relates to costs of pathology tender, RPI & PFI uplift which has not been drawn down from reserves and viapath tax accrual (£0.3m) due to change in case law and hence change in tax calculation.

In addition CEF has a £0.2m adverse variance on consultancy following money spent on compliance reviews.

8 Adverse variance predominantly driven by RTT outsourcing variance. This is £200k per month within UPAC and PRUH had £0.4m of additional cost relating bariatric outsourcing in months 4-7.

In addition there is £0.5m over performance on the pathology contract and an in month adverse variance of £1.0m relating to prior year enhanced supply chain invoices over and above the year end accrual. A review of year end accruals is being undertaken to understand this further.

KFM has recorded a month 7 surplus of £2.3m which is 0.3m worse than months 1-6 trend.

9 Other non pay includes net £2.1m one off benefit as a result of clearance of bad debt predominantly driven by money received from NHS England (£2.6m) which had previously been written off. This is partially offset by an in month increase in provision for overseas visitors (£0.7m) to reflect lack of progress in implementing changes to billing processes and other bad debt movements.

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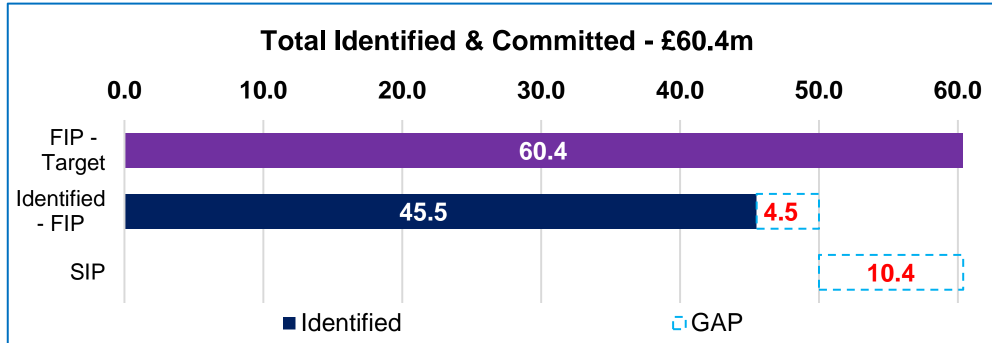
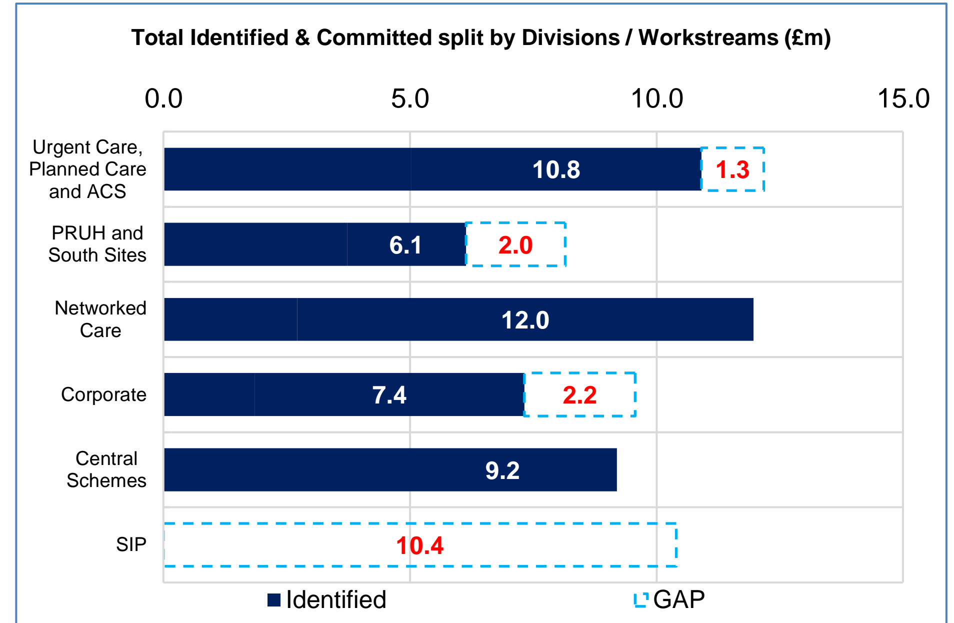
19/20 Programme Dashboard - Scheme development

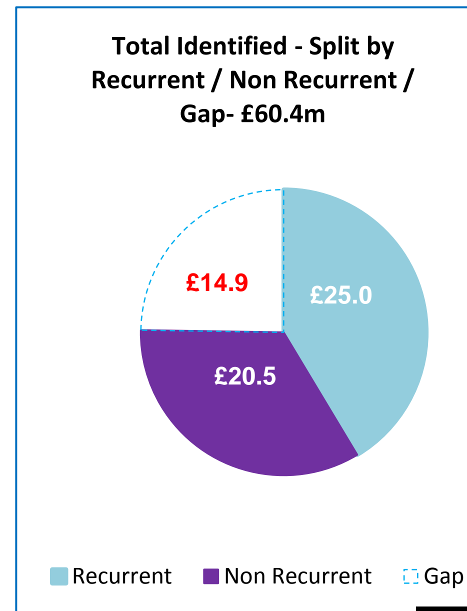


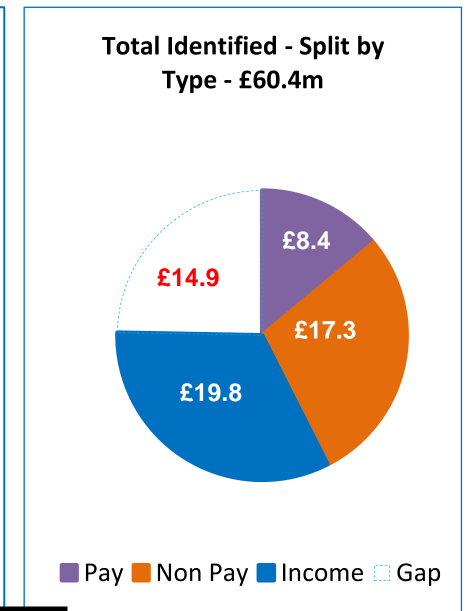


Total identification - Target vs. Identified							
Theme	**Target**	**Identified**	**Gap**	**Ideas**	**Dev**	**Dev: Conditional**	**Imp**
18-19 Flow Through	0.0	1.4	0.0	0.0	0.0	0.0	1.4
Clinical Divisions	31.8	27.5	(4.3)	2.4	9.0	7.4	8.7
Corporate	9.6	7.3	(2.3)	1.0	0.9	4.9	0.6
Central Schemes	8.6	9.2	0.6	2.4	2.2	4.6	0.0
SIP	10.4	0.0	(10.4)	0.0	0.0	0.0	0.0
Total	**60.4**	**45.5**	**(14.9)**	**5.8**	**12.0**	**17.0**	**10.7**

Total identification - Split by Type					
Type	**Identified**	**Ideas**	**Dev**	**Dev: Conditional**	**Imp**
18-19 Flow Through	1.4	0.0	0.0	0.0	1.4
Pay	7.8	1.6	3.0	2.3	0.9
Non Pay	17.0	2.4	2.1	10.1	2.2
Income	19.2	1.7	6.8	4.5	6.2
Total	**45.5**	**5.8**	**12.0**	**17.0**	**10.7**

Total Identification - Split by Recurrent / Non-recurrent					
Type	**Identified**	**Ideas**	**Dev**	**Dev: Conditional**	**Imp**
18-19 Flow Through	1.4	0.0	0.0	0.0	1.4
Recurrent	23.9	0.6	11.0	7.2	5.0
Non Recurrent	20.1	5.2	1.0	9.8	4.2
Total	**45.5**	**5.8**	**12.0**	**17.0**	**10.7**





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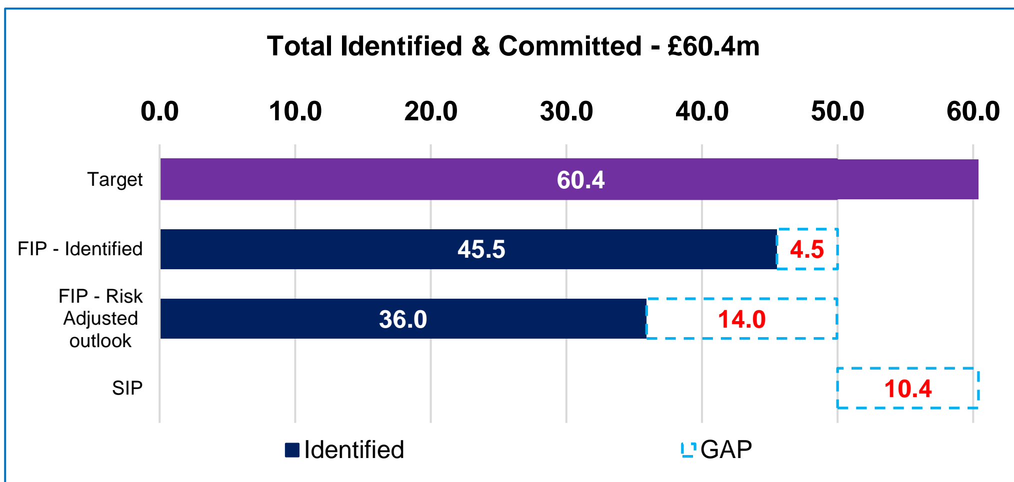
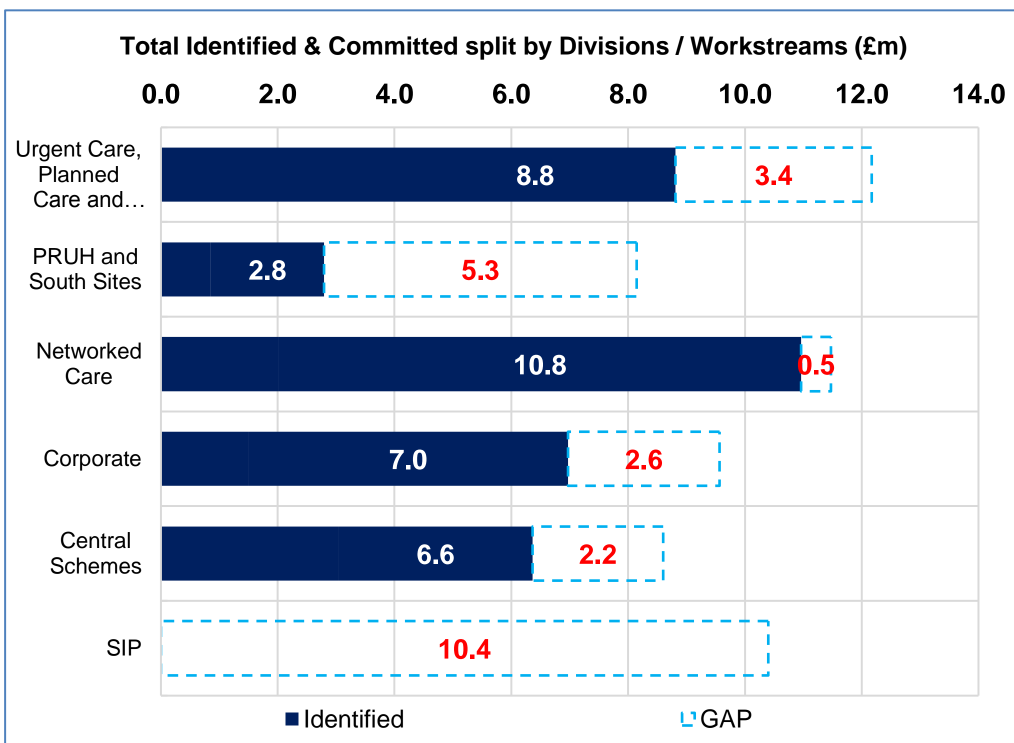
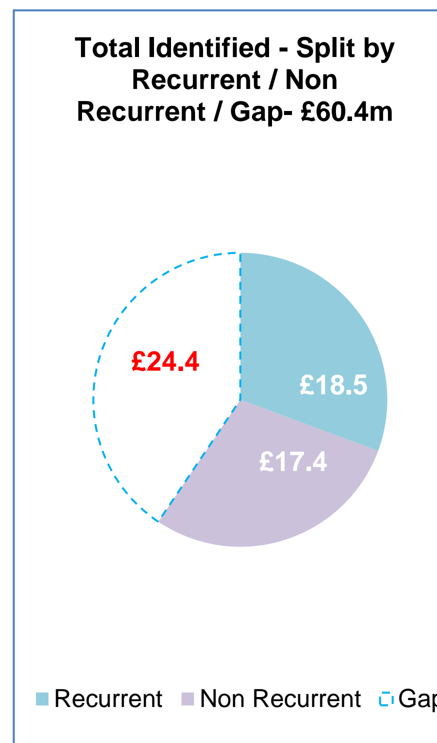
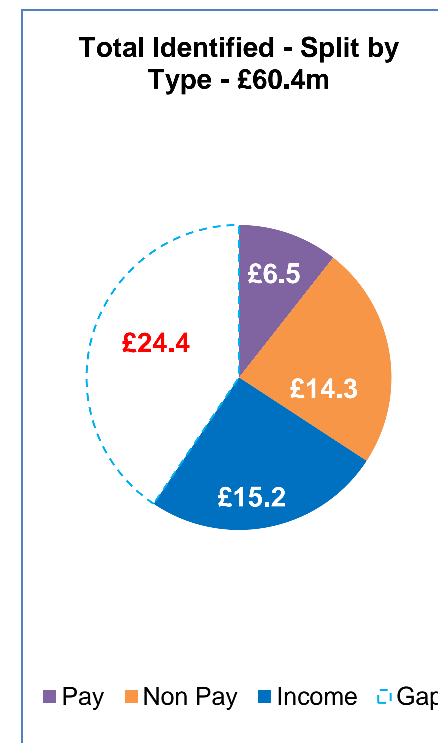
19/20 Programme Dashboard - Risk Adjusted M7



Theme	Identified	Red	Amber	C.A / Green
18-19 Flow Through	1.4	0.0	0.0	1.4
Clinical Divisions	21.3	1.4	5.5	14.3
Corporate	7.0	1.0	0.5	5.5
Central Schemes	6.4	1.7	1.4	3.3
Grand Total	**36.0**	**4.1**	**7.4**	**24.5**







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Cash Flow Summary

FY 2019 - 20 Cash Flow Summary - 01 Apr 19 to 21 Feb 20

£'m	FY 2019 - 20											FY 19-20 YTD	FY 2019 - 20	
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Act-Fcast	Forecast	Forecast	Forecast		Actual	Act-Fcast
	30-Apr	31-May	28-Jun	31-Jul	31-Aug	30-Sep	31-Oct	30-Nov	31-Dec	31-Jan	21-Feb	01 Apr 19 - 21 Feb 20	01 Apr 19 - 21 Feb 20	
Opening Balance	31.8	48.2	24.7	34.5	39.8	31.6	35.2	49.5	33.3	4.0	3.3	31.8	31.8	49.5
Receipts - Patient Care	86.4	97.0	92.1	97.3	88.9	98.0	89.3	85.4	85.4	86.2	82.4	988.6	649.1	339.4
Receipts - Non-Patient Care	29.4	5.1	12.1	56.1	18.4	7.3	34.1	10.7	11.7	23.6	8.2	216.6	162.4	54.2
Operating Receipts	115.8	102.1	104.2	153.4	107.3	105.4	123.4	96.1	97.1	109.8	90.6	1,205.1	811.5	393.6
Payments - Pay	(51.1)	(68.8)	(57.9)	(59.7)	(58.1)	(60.7)	(60.2)	(59.8)	(60.7)	(61.3)	(27.7)	(626.1)	(416.5)	(209.6)
Payments - Non-Pay	(51.1)	(50.8)	(54.5)	(96.3)	(68.3)	(61.4)	(61.5)	(58.0)	(68.8)	(65.4)	(37.4)	(673.4)	(443.9)	(229.6)
Operating Payments	(102.3)	(119.6)	(112.4)	(156.0)	(126.4)	(122.1)	(121.7)	(117.7)	(129.5)	(126.8)	(65.1)	(1,299.5)	(860.4)	(439.1)
Net Operating Cashflow	13.5	(17.5)	(8.2)	(2.6)	(19.1)	(16.7)	1.7	(21.6)	(32.4)	(17.0)	25.5	(94.3)	(48.9)	(45.5)
Capital Receipts	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.0	6.0	11.0	0.0	11.0
Capital payments	(2.2)	(3.5)	(2.9)	(2.1)	(0.2)	(2.6)	(0.8)	(4.5)	(7.2)	(5.0)	(3.4)	(34.3)	(14.2)	(20.1)
Facility Drawdown	5.5	0.0	22.9	10.9	11.8	26.3	13.8	12.5	13.5	17.5	15.9	150.6	91.2	59.4
Facility Repayments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Interest receipts	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.0
Interest payments	(0.5)	(2.6)	(2.1)	(1.0)	(0.7)	(3.4)	(0.6)	(2.6)	(3.2)	(1.2)	0.0	(17.8)	(10.9)	(6.9)
Capital/Financing Cashflow	2.9	(6.0)	17.9	7.9	11.0	20.4	12.5	5.5	3.1	16.3	18.5	109.8	66.5	43.3
Net Cashflow	16.4	(23.5)	9.8	5.3	(8.2)	3.6	14.2	(16.2)	(29.3)	(0.7)	44.0	15.5	17.6	(2.1)
Closing Balance	48.2	24.7	34.5	39.8	31.6	35.2	49.5	33.3	4.0	3.3	47.3	47.3	49.5	47.3

Key commentary:

- £13.8m revenue funding has been received in September 2019.
- Operating receipts and payments for the forecast period (01 Nov 19 to 21 Feb 20) are £394m and (£439m).

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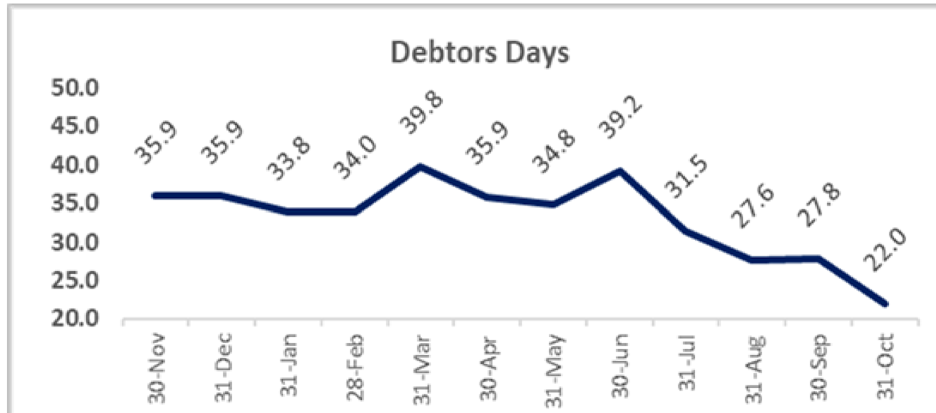
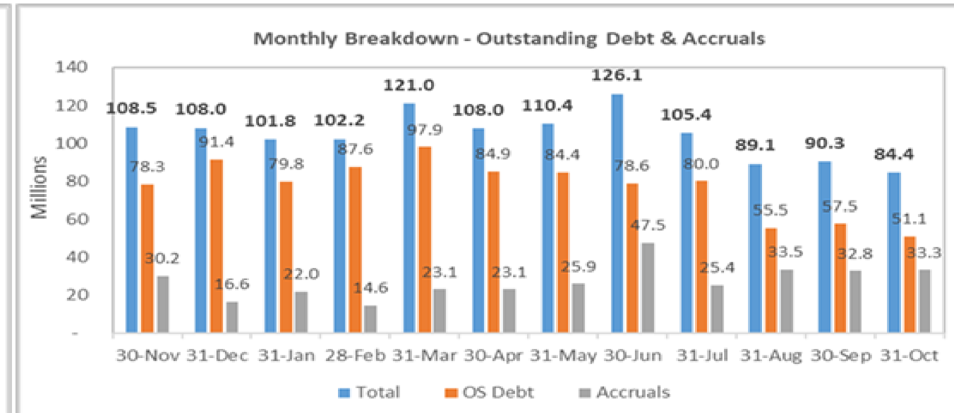
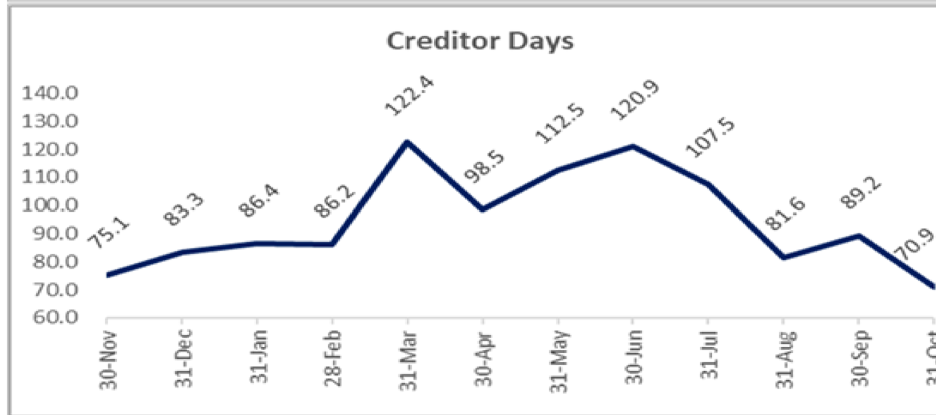
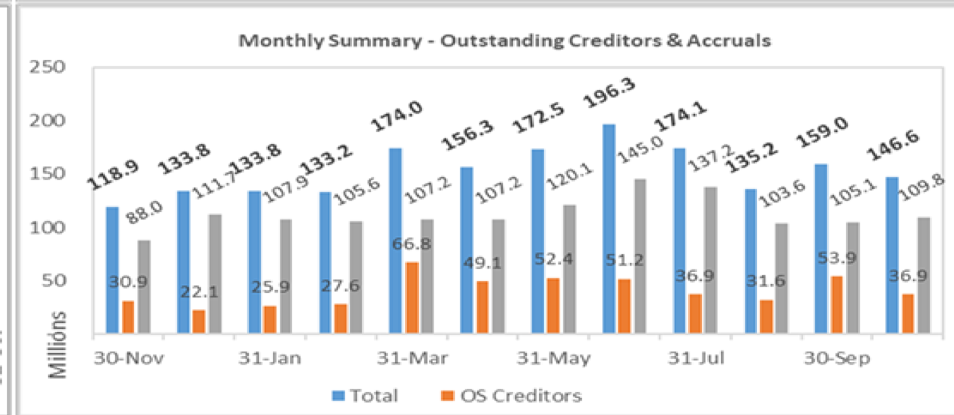
Debtors and Creditors Summary









Highlights for the period:

- Oct 19 Debtor days are 22 days (27.8 Days – Sep 19), favourable compared to previous month.
- Outstanding Debtors at 30 October are £84.4m (£90.3m – Sep 19) which includes £33.2m of accruals (£32.8m – Sep 19).
- Oct 19 Creditors days are 70.9 days (89.2 Days – Sep 19), favourable compared to previous month due to transfer of consumable purchases to KFM.
- Outstanding Creditors at 31 Oct are £146.6m (£159m – Sep 19) which includes £109.8m of accruals (£105m – Sep 19).

Planned activity for next period:

- Ongoing focus on the old debt and reconciliation of both sides of the ledger, resolution of queries and raising credits .
- Meeting with our key customers & partners to resolve the outstanding issues and arrange reciprocal payments on both sides of the ledger.

King's

Capital Update

- The Trust has reduced its capital programme by 20% to £32m to help secure release of capital loan funding.
- Year to date the Trust has spent £8.3m against the £32m plan.
- The Department of Health has confirmed the full £25.9m of loan funding with £16.7m to be received in the last quarter of 2019/20 and £9.2m to be received in the first quarter of 2020/21. This allows the Trust to progress with urgent capital schemes and critical backlog maintenance and equipment issues.
- In anticipation of the loan being approved :
  - A number of medical equipment business cases have been approved by IBG and business cases are being prepared for all of the remaining prioritised items to ensure that the full quantum is spent by year end.
  - A feasibility review has commenced on Angio 1 and CT 1 replacement.
  - ICT and CEF have been told to start spending their respective £4.0m and £5.0m prioritised quantums
- An ongoing review will take place to assess the feasibility of delivering planned capital projects (Endoscopy and ED expansion at the PRUH, Unit 6 and CCU) in year with view to distributing further amounts to ICT and medical equipment to ensure no capital underspend at year end.

Type		2019/20 Plan £000	2019/20 Reforecast £000	Actual Spend YTD (M7) £000
Building Works		21,145	21,145	2,948
Capital Maintenance		5,250	5,250	161
Enabling Works for Equipment		3,454	3,454	115
ICT Projects		5,477	5,477	1,515
Medical Equipment		11,544	11,544	3,564
Assumed Underspend		-6,885	-14,690	0
TOTAL PROJECTED CAPITAL SPEND		39,985	32,180	8,303
Available Funding	Depreciation Costs	25,824	25,824	
	Repayment of Capital Loans	(10,133)	(10,133)	
	Repayment of PFI Capital	(2,171)	(2,171)	
	Repayment of Finance Lease	(1,181)	(1,181)	
	Repayment of Other Loans (KCS on consolidation)	(154)	(154)	
	Net profit/(loss) of non-current assets disposed	(50)	(50)	
	18/19 DH loan confirmed	3,329	3,329	
	PDC Funding	0	0	
	Donated Funding	0	0	
	Approved Loan 19/20	0	0	
Available Internal and External Funding 18/19		15,464	15,464	
Funding Available to Commit / (Over-Committed)		(24,521)	(16,716)	

Appendices

Run Rate details

	Actuals 2018-19			Actuals 2019-20									
Category	**10 £000s**	**11 £000s**	**12 £000s**	**01 £000s**	**02 £000s**	**03 £000s**	**04 £000s**	**05 £000s**	**06 £000s**	**07 £000s**	**Average 2018-19**	**Average 2019-20**	**Average Comparison**
NHS Clinical Contract Income	81,212	77,940	86,511	81,298	87,552	89,481	85,356	85,116	87,268	90,565	80,333	86,662	6,329
Other NHS Clinical Income	420	357	232	374	339	244	363	312	501	487	378	374	(4)
Other Non-NHS Clinical Income	294	339	(1,348)	275	317	389	200	342	360	464	194	335	141
Other Operating income	9,107	9,917	20,403	9,421	9,345	9,679	12,328	9,542	11,772	13,350	9,986	10,777	791
Private Patient & Overseas Income	2,126	2,265	1,467	1,826	1,705	1,696	1,870	2,161	2,651	3,396	2,123	2,186	64
Income Total	**93,158**	**90,817**	**107,264**	**93,194**	**99,257**	**101,489**	**100,116**	**97,474**	**102,551**	**108,262**	**93,014**	**100,335**	**7,321**
Admin and Clerical	(6,910)	(9,589)	(8,057)	(8,948)	(9,004)	(8,770)	(8,543)	(9,293)	(9,033)	(9,542)	(8,281)	(9,019)	(738)
Medical Staff	(18,984)	(18,828)	(18,575)	(18,804)	(18,638)	(17,893)	(18,689)	(19,042)	(20,787)	(19,269)	(18,704)	(19,017)	(314)
Nursing staff	(23,495)	(23,626)	(24,224)	(24,483)	(24,196)	(24,138)	(24,497)	(24,968)	(24,595)	(24,220)	(23,632)	(24,442)	(810)
Other Staff	(6,916)	(7,075)	(7,266)	(7,310)	(7,214)	(7,175)	(7,026)	(7,134)	(7,584)	(7,718)	(6,986)	(7,309)	(323)
Pay Total	**(56,306)**	**(59,118)**	**(58,122)**	**(59,544)**	**(59,052)**	**(57,975)**	**(58,754)**	**(60,437)**	**(61,999)**	**(60,749)**	**(57,603)**	**(59,787)**	**(2,185)**
Clinical Supplies	(3,274)	(3,086)	(5,240)	(1,342)	(1,323)	(1,367)	(1,695)	(1,373)	(1,114)	(1,136)	(3,019)	(1,336)	1,683
Drugs	(2,703)	(1,938)	(2,120)	(2,276)	(2,035)	(2,255)	(2,568)	(2,965)	(1,044)	(1,752)	(2,243)	(2,128)	115
Pass Through Drugs - Expenditure	(9,372)	(11,240)	(9,370)	(9,930)	(10,537)	(10,873)	(10,504)	(10,096)	(12,612)	(11,204)	(9,348)	(10,822)	(1,474)
Consultancy	(1,690)	(105)	(781)	(252)	(428)	(248)	(239)	(204)	(374)	(196)	(1,347)	(277)	1,070
External Services	(5,771)	(7,361)	(4,945)	(6,147)	(5,915)	(5,812)	(5,770)	(5,713)	(6,125)	(5,799)	(5,309)	(5,897)	(588)
Purchase of Healthcare from Non-NHS Provider	(11,426)	(12,688)	(859)	(13,713)	(11,843)	(13,759)	(13,018)	(14,000)	(13,648)	(12,987)	(10,365)	(13,281)	(2,916)
Services from other NHS Bodies	(5,372)	(5,486)	(5,029)	(5,280)	(5,761)	(5,447)	(5,685)	(5,258)	(5,666)	(5,533)	(5,276)	(5,518)	(243)
Non-Clinical Supplies	(5,883)	(1,497)	(3,507)	(4,827)	(5,132)	(4,801)	(5,148)	(5,723)	(2,755)	(2,936)	(4,875)	(4,474)	401
Other Non-Pay	(3,013)	(589)	(9,251)	(467)	(2,097)	(2,239)	(3,750)	(1,632)	(3,216)	(2,741)	(2,622)	(2,306)	316
Depreciation	1,187	(1,935)	(3,474)	(2,152)	(2,152)	(2,152)	(2,152)	(2,152)	(2,152)	(2,152)	(2,083)	(2,152)	(69)
Impairment	15,362	(431)	4,938	(2,000)	(2,000)	(2,000)	(2,000)	(2,000)	(2,000)	(2,000)	17	(2,000)	(2,017)
Non Pay Total	**(31,954)**	**(46,356)**	**(39,639)**	**(48,386)**	**(49,224)**	**(50,952)**	**(52,530)**	**(51,115)**	**(50,707)**	**(48,435)**	**(46,470)**	**(50,193)**	**(3,723)**
Interest payable	(3,607)	(3,507)	(4,324)	(4,009)	(4,009)	(4,010)	(4,009)	(4,009)	(4,009)	(4,009)	(3,575)	(4,009)	(434)
Interest receivable	57	304	81	91	(7)	89	194	91	169	37	76	95	19
Profit/Loss on Disposal of Fixed Assets	(21)	373	(484)	28	(28)	28	0	22	0	0	(27)	7	34
Financing Total	**(3,570)**	**(2,830)**	**(4,726)**	**(3,891)**	**(4,045)**	**(3,893)**	**(3,815)**	**(3,896)**	**(3,840)**	**(3,972)**	**(3,526)**	**(3,907)**	**(381)**
Grand Total	**1,328**	**(17,487)**	**4,778**	**(18,627)**	**(13,063)**	**(11,331)**	**(14,983)**	**(17,974)**	**(13,996)**	**(4,894)**	**(14,585)**	**(13,553)**	**1,032**

The underlying position YTD includes the following one off items:

£6.7m Financial Recovery Fund (FRF)
£1.0m Marginal Rate Emergency Threshold (MRET)
£9.2m Sustainability and Transformation Fund
£2.1m Medical Pay Awards allocated in M06
£0.7m resolution of prior year dispute with Viapath
£2.1m RTT provision
£2.6m NHSE receipts which has previously been written off as bad debt
£0.8m Consultancy costs relating to Hunter Healthcare support with ED

King's

Network Care- Summary of Year to Date Financial Position

fom summary	annual budget	cm budget.	cm actual.	cm variance.	ytd budget	ytd actual	ytd variance
NHS Clinical Contract Income	458,369	40,111	42,658	2,546	265,607	280,727	15,121
Other NHS Clinical Income	4,415	368	468	100	2,575	2,571	(4)
Other Operating income	27,511	2,407	2,445	39	16,015	15,101	(914)
Private Patient & Overseas Income	612	51	67	16	357	202	(155)
	490,906	**42,937**	**45,638**	**2,701**	**284,554**	**298,602**	**14,048**
Admin and Clerical	(17,945)	(1,487)	(1,492)	(6)	(10,442)	(10,010)	432
Medical Staff	(82,909)	(6,153)	(6,794)	(641)	(48,028)	(47,537)	490
Nursing staff	(103,498)	(8,436)	(8,398)	38	(59,996)	(58,848)	1,148
Other Staff	(26,927)	(2,264)	(2,591)	(327)	(15,759)	(16,371)	(612)
Unallocated CIP - Pay	(210)	(993)	0	993	(726)	0	726
	(231,488)	**(19,333)**	**(19,276)**	**57**	**(134,951)**	**(132,767)**	**2,185**
Clinical Supplies	(10,470)	(796)	(1,111)	(315)	(6,108)	(6,694)	(587)
Drugs	(82,864)	(6,905)	(7,200)	(295)	(48,337)	(54,152)	(5,815)
External Services	(49,883)	(4,163)	(4,118)	46	(29,128)	(28,508)	620
Other Non-Pay	(1,101)	(323)	(145)	178	(1,282)	(1,785)	(504)
	(144,318)	**(12,187)**	**(12,574)**	**(386)**	**(84,854)**	**(91,139)**	**(6,285)**
	115,101	**11,417**	**13,789**	**2,372**	**64,748**	**74,696**	**9,947**

King's

PRUH - Summary of Year to Date Financial Position

fom summary	annual budget	cm budget.	cm actual.	cm variance.	ytd budget	ytd actual	ytd variance
NHS Clinical Contract Income	252,162	22,036	22,540	504	145,596	150,733	5,138
Other Non-NHS Clinical Income	479	40	90	50	280	231	(49)
Other Operating income	9,707	824	972	149	5,658	5,145	(513)
Private Patient & Overseas Income	55	5	0	(5)	32	0	(32)
	262,403	**22,904**	**23,602**	**698**	**151,566**	**156,109**	**4,544**
Admin and Clerical	(12,228)	(975)	(1,019)	(44)	(7,116)	(7,165)	(49)
Medical Staff	(51,783)	(4,333)	(4,635)	(302)	(30,294)	(30,636)	(342)
Nursing staff	(82,864)	(6,915)	(6,783)	132	(48,394)	(48,408)	(14)
Other Staff	(6,426)	(533)	(544)	(11)	(3,751)	(3,560)	191
Unallocated CIP - Pay	370	45	0	(45)	130	0	(130)
	(152,931)	**(12,711)**	**(12,981)**	**(270)**	**(89,425)**	**(89,769)**	**(344)**
Clinical Supplies	(2,646)	(220)	13	233	(1,545)	(1,318)	227
Drugs	(22,671)	(1,888)	(1,834)	54	(13,233)	(13,520)	(288)
External Services	(23,498)	(2,064)	(2,279)	(215)	(14,114)	(15,146)	(1,032)
Other Non-Pay	759	115	(149)	(264)	(600)	(925)	(324)
	(48,057)	**(4,057)**	**(4,249)**	**(191)**	**(29,493)**	**(30,909)**	**(1,417)**
	61,415	**6,135**	**6,372**	**236**	**32,648**	**35,431**	**2,783**

King's

UPAC - Summary of Year to Date Financial Position

fom summary	annual budget	cm budget.	cm actual.	cm variance.	ytd budget	ytd actual	ytd variance
NHS Clinical Contract Income	352,388	30,720	30,236	(484)	204,700	204,501	(199)
Other NHS Clinical Income	608	51	19	(32)	355	48	(307)
Other Non-NHS Clinical Income	3,180	265	375	110	1,855	2,116	261
Other Operating income	25,525	2,225	2,094	(131)	14,805	14,319	(487)
Private Patient & Overseas Income	183	15	41	26	107	94	(13)
	381,884	**33,276**	**32,765**	**(511)**	**221,821**	**221,078**	**(744)**
Admin and Clerical	(24,243)	(2,065)	(2,132)	(67)	(13,961)	(14,153)	(192)
Medical Staff	(92,586)	(7,732)	(7,358)	374	(54,163)	(50,786)	3,377
Nursing staff	(93,357)	(7,795)	(7,596)	200	(54,442)	(54,254)	188
Other Staff	(53,913)	(4,522)	(4,246)	276	(31,047)	(28,698)	2,349
Unallocated CIP - Pay	(422)	13	0	(13)	(452)	0	452
	(264,519)	**(22,101)**	**(21,332)**	**769**	**(154,065)**	**(147,891)**	**6,174**
Clinical Supplies	(2,525)	(207)	38	245	(1,489)	(77)	1,411
Drugs	(40,241)	(3,354)	(3,475)	(121)	(23,475)	(21,953)	1,522
External Services	(44,538)	(3,712)	(3,702)	10	(25,980)	(26,900)	(919)
Other Non-Pay	(4,173)	(508)	(440)	68	(2,551)	(3,773)	(1,222)
	(91,477)	**(7,781)**	**(7,580)**	**201**	**(53,495)**	**(52,702)**	**793**
	25,888	**3,395**	**3,854**	**459**	**14,262**	**20,484**	**6,223**

King's

CORPORATE - Summary of Year to Date Financial Position

fom summary	annual budget	cm budget.	cm actual.	cm variance.	ytd budget	ytd actual	ytd variance
NHS Clinical Contract Income	7,854	653	674	21	4,655	4,700	45
Other Operating income	20,090	1,536	1,558	22	12,426	12,240	(186)
	27,944	**2,190**	**2,233**	**43**	**17,080**	**16,939**	**(141)**
Admin and Clerical	(55,600)	(4,602)	(4,629)	(27)	(32,604)	(30,193)	2,411
Medical Staff	(6,148)	(467)	(418)	50	(3,811)	(3,783)	28
Nursing staff	(14,061)	(1,166)	(1,078)	88	(8,248)	(7,342)	907
Other Staff	(4,558)	(388)	(300)	88	(2,667)	(2,312)	355
Unallocated CIP - Pay	835	96	0	(96)	350	0	(350)
	(79,531)	**(6,527)**	**(6,425)**	**102**	**(46,980)**	**(43,629)**	**3,351**
Clinical Supplies	(236)	(21)	(36)	(15)	(147)	(433)	(285)
Drugs	(45)	(4)	(29)	(25)	(26)	(122)	(96)
External Services	(48,673)	(4,564)	(4,744)	(180)	(33,269)	(34,286)	(1,017)
Other Non-Pay	(54,465)	(3,078)	(3,135)	(57)	(33,323)	(34,013)	(690)
	(103,418)	**(7,667)**	**(7,943)**	**(277)**	**(66,766)**	**(68,854)**	**(2,088)**
	(155,005)	**(12,004)**	**(12,135)**	**(131)**	**(96,665)**	**(95,544)**	**1,122**

King's

Cash Flow & Revenue Support - Debtors and Creditors

Cash Position (Trust)	Cash Balance Forecast (31 October 2019)	Actual (31 October 2019)	Variance (Act - Fcast)
	£34.2m	£55.9m	£21.7m (F)

Trust's Borrowings	31 March 2019	30 September 2019	31 October 2019
Revenue Working Capital	(£514m)	(£588m)	(£602m)
Capital borrowings (incl. £47m re Windsor Walk)	(£140m)	(£133m)	(£133m)
PFI, Finance Leases & other borrowings	(£164m)	(£161m)	(£161m)
TOTAL	**(£818m)**	**(£883m)**	**(£897m)**

Outstanding Debtors	31 March 2019	30 September 2019	31 October 2019
	£121m	£88.8m	£84.4m
Debtor Days	39.8 Days	26.5 Days	22 Days

Outstanding Creditors	31 March 2019	30 September 2019	31 October 2019
	(£159.8m)	(£149.3m)	(£146.6m)
Creditor Days	112.4 Days	91.4 Days	70.9 Days

- Cash balance at 30 October is £55.9m, £21.7m favourable compared to forecast. The favourable variance is due to earlier than expected operating receipts; lower than anticipated operating payments due to delayed receipt of approved pathology and pharmacy invoices and lower than expected capital purchases (£2m).
- Total Revenue funding of £91.2m has been drawn down to the end of October 2019 to support the 19/20 YTD Trust revenue deficit position.
- The Trust has requested additional revenue funding of £12.5m for November 2019.
- Planned cash balances reflect the expectation that a minimum cash balance of £3m will be held, but due to timing of receipts and payments actual balances will fluctuate throughout the month.
- Revenue Loans due for repayment as from November 2019 to March 2020, totaling £175.9m, have been extended by 6 months and will now fall due from May 2020. NHSI continue to work with DHSC to confirm a long-term solution to the extension of these expiring loans recognizing that simply rolling forward on a short terms basis is not an appropriate long term solution.
- The Trust continues to run its weekly cash forecast process, to ensure accuracy of draw down requests, and control. Planned cash balances reflect the expectation that a minimum cash balance of £3m will be held, but due to timing of receipts and payments actual balances will fluctuate throughout the month.

King's

KFM - Summary of Year to Date Financial Position

Actual Phased by Month - 2019 YTD

Description	Actual Apr-19	Actual May-19	Actual Jun-19	Actual Jul-19	Actual Aug-19	Actual Sep-19	Actual Oct-19	7+5 Full Year
Income								
Total Income	**10,132**	**10,142**	**10,111**	**10,140**	**10,201**	**10,118**	**10,246**	**121,750**
Pay								
Procurement pay	(350)	(327)	(342)	(373)	(381)	(484)	(485)	**(4,895)**
Corporate pay	(231)	(221)	(213)	(231)	(235)	(174)	(218)	**(2,401)**
Professional & Technical Staff	(199)	(200)	(186)	(218)	(218)	(228)	(295)	**(2,609)**
Total Pay	**(781)**	**(747)**	**(741)**	**(822)**	**(834)**	**(886)**	**(999)**	**(9,905)**
Non-pay								
Medical Supplies	(2,522)	(2,889)	(2,177)	(2,237)	(2,806)	(1,492)	(2,737)	**(30,664)**
Medical Equipment	(1,471)	(895)	(1,769)	(1,479)	(1,832)	(1,829)	(1,891)	**(18,634)**
Medical Prostheses	(1,744)	(1,464)	(1,478)	(1,677)	(1,412)	(1,400)	(1,090)	**(16,551)**
Building Engineering	(473)	(305)	(374)	(385)	(103)	(755)	(497)	**(4,932)**
Dressings	(367)	(453)	(444)	(454)	(423)	(391)	(276)	**(4,468)**
Dental Optical Equipment	(158)	(195)	(159)	(174)	(178)	(187)	(266)	**(2,100)**
Chemicals Reagents	(147)	(128)	(273)	(164)	(142)	(224)	(108)	**(1,966)**
Office Equipment	(156)	(121)	(108)	(176)	(267)	(192)	(67)	**(1,740)**
Patient Appliances	(94)	(123)	(160)	(148)	(107)	(128)	(88)	**(1,500)**
Laboratory Equipment Services	(130)	(138)	(188)	(80)	(99)	(176)	(148)	**(1,597)**
Diagnostic Imaging	(92)	(89)	67	(53)	(60)	(51)	(53)	**(948)**
Bedding Linen Textiles	(105)	(114)	(143)	(117)	(81)	(78)	(82)	**(1,318)**
Subtotal Other Non Pay	(350)	(348)	(307)	(315)	(282)	(340)	(374)	**(3,900)**
Pharmaceuticals Products	(88)	(79)	(87)	(79)	(72)	(119)	(126)	**(1,121)**
Staff Clothing	(62)	(63)	(60)	(62)	(43)	(24)	(29)	**(641)**
Hotel Services	(29)	(32)	(42)	(22)	(56)	(39)	(46)	**(504)**
Carriage	(69)	(97)	(6)	(67)	(43)	(43)	(45)	**(534)**
Patients Clothing Footwear	(6)	(6)	(7)	(7)	(19)	(21)	(17)	**(200)**
Staff Patient Consulting	(32)	(35)	(64)	(26)	(35)	(43)	(83)	**(410)**
Provisions	(12)	(12)	(4)	(22)	2	(17)	(8)	**(151)**
Furniture Fittings	(44)	(9)	(15)	(20)	(8)	(25)	(13)	**(211)**
Transportation	(4)	(9)	(18)	(5)	(6)	(4)	(3)	**(77)**
Hardware Crockery	(3)	(4)	(4)	(5)	(2)	(4)	(4)	**(50)**
Unallocated Cost	0	(0)	(0)	0	0	0	0	**0**
Total Operational Non-pay	**(7,808)**	**(7,264)**	**(7,515)**	**(7,458)**	**(7,791)**	**(7,243)**	**(7,677)**	**(90,315)**
Depreciation	(180)	(180)	(265)	(196)	(250)	(187)	(208)	**(3,093)**
Non-Pay KFM	(111)	(109)	(106)	(131)	(13)	(150)	(97)	**(1,922)**
Non-Pay Managed Services	(72)	(22)	(75)	(127)	(44)	(157)	(60)	**(902)**
Trust Services Recharge	(987)	(996)	(1,001)	(1,002)	(992)	(1,020)	(998)	**(11,757)**
Total operating expenditure	**(9,939)**	**(9,318)**	**(9,702)**	**(9,736)**	**(9,924)**	**(9,643)**	**(10,039)**	**(117,894)**
Total Operating Profit/(Loss)	**193**	**824**	**409**	**404**	**276**	**475**	**207**	**3,855**
Interest	(59)	(59)	(60)	(60)	(37)	(89)	(59)	**(727)**
Finance gains / losses	1	0	0	0	0	0	0	**1**
Net Profit/(Loss)	**135**	**765**	**349**	**344**	**239**	**386**	**148**	**3,129**

YTD Performance:

- YTD other income is reflects the reclassification of rebates and pharmacy.
- Corporate Pay is higher than budget due to vacancy factor adjustment centrally held with Corporate (£270k).
- Professional & Technical Pay: Cost savings from vacancies in most managed services areas are offset by bank staff cost and pharmacy staff costs.
- Procurement Pay is lower than budget (£273k) as cost savings from Supply Chain vacancies offset agency spend in Procurement.
- Direct Medical consumables cost: YTD cost is £289k favourable to budget as year end adjustment of £2.4m (medical supplies) is offset against overspend in other categories.
- Dressings cost is (£536k) adverse to budget, driven predominantly by ESC recharges with no material expense item.
- YTD Depreciation is below budget driven mainly the phasing of the budget.
- KCH monthly recharges prior year accrual was £1.8m, invoiced year to date £1.7m, leaving a balance of £0.1m.
- KCH ESC recharges received by KFM to date includes prior year cost of £1m which has been prepaid and to be charged to KCH. KCH advised to increase the year end accrual at Trust to reflect the accurate intercompany balance.
- Trust Charges: Recharge cost higher than budget mainly due to Steris recharge costs. This has been offset by an income accrual (on SLA Contract line).

King's

KFM – Month 7 - I & E

Income & Expenditure

Description	In month (£000s)			Year to Date (£000s)			Annual £000s	
	Actual	vs FQ1	vs PY	Actual	vs FQ1	vs PY	Budget	PY
Income								
Total Income	**10,246**	*114*	*2,117*	**71,090**	*167*	*15,266*	**121,583**	**120,141**
	101.1%			100.2%				
Pay								
Procurement pay	(485)	*(54)*	*(308)*	(2,742)	*273*	*(1,010)*	(5,168)	(2,788)
Corporate pay	(218)	*(43)*	*87*	(1,524)	*(297)*	*501*	(2,104)	(3,681)
Professional & Technical Staff	(295)	*(82)*	*(110)*	(1,543)	*(51)*	*(297)*	(2,558)	(2,304)
Total Pay	**(999)**	***(180)***	***(331)***	**(5,809)**	***(76)***	***(806)***	**(9,829)**	**(8,773)**
Non-pay								
Medical Supplies	(2,737)	*24*	*(188)*	(16,860)	*2,467*	*53*	(33,131)	(28,776)
Medical Equipment	(1,891)	*(397)*	*(359)*	(11,167)	*(713)*	*(2,450)*	(17,921)	(35,866)
Medical Prostheses	(1,090)	*167*	*71*	(10,265)	*(1,465)*	*(1,925)*	(15,085)	(13,962)
Building Engineering	(497)	*(89)*	*(378)*	(2,893)	*(39)*	*(1,905)*	(4,893)	(3,001)
Dressings	(276)	*57*	*(34)*	(2,806)	*(480)*	*(1,322)*	(3,988)	(2,638)
Dental Optical Equipment	(266)	*(109)*	*(154)*	(1,317)	*(221)*	*(334)*	(1,879)	(1,671)
Chemicals Reagents	(108)	*48*	*(20)*	(1,186)	*(94)*	*(677)*	(1,871)	(913)
Office Equipment	(67)	*64*	*5*	(1,086)	*(172)*	*(644)*	(1,568)	(680)
Patient Appliances	(88)	*42*	*(56)*	(849)	*62*	*(529)*	(1,563)	(503)
Laboratory Equipment Services	(148)	*(21)*	*(60)*	(960)	*(69)*	*(681)*	(1,528)	(638)
Diagnostic Imaging	(53)	*71*	*123*	(331)	*532*	*503*	(1,480)	(1,397)
Bedding Linen Textiles	(82)	*37*	*(17)*	(720)	*116*	*(222)*	(1,434)	(843)
Subtotal Other Non Pay	(374)	*(58)*	*(287)*	(2,316)	*(99)*	*(814)*	(3,801)	(2,635)
Pharmaceuticals Products	(126)	*(32)*	*(133)*	(651)	*8*	*(11)*	(1,129)	(1,047)
Staff Clothing	(29)	*30*	*8*	(344)	*74*	*(131)*	(715)	(372)
Hotel Services	(46)	*1*	*(28)*	(267)	*63*	*(109)*	(567)	(210)
Carriage	(45)	*(11)*	*(18)*	(369)	*(138)*	*(203)*	(396)	(284)
Patients Clothing Footwear	(17)	*6*	*(15)*	(84)	*79*	*(62)*	(279)	(31)
Staff Patient Consulting	(83)	*(64)*	*(105)*	(318)	*(189)*	*(203)*	(221)	(466)
Provisions	(8)	*7*	*16*	(73)	*36*	*51*	(187)	(93)
Furniture Fittings	(13)	*3*	*(9)*	(134)	*(26)*	*(101)*	(185)	(67)
Transportation	(3)	*3*	*(1)*	(49)	*(9)*	*(29)*	(68)	(47)
Hardware Crockery	(4)	*0*	*(3)*	(27)	*4*	*(17)*	(54)	(18)
Unallocated Cost	0	*0*	*0*	0	*0*	*0*	0	0
Total Operational Non-pay	**(7,677)**	***(165)***	***(1,355)***	**(52,756)**	***(173)***	***(10,946)***	**(90,142)**	**(93,522)**
Depreciation	(208)	*177*	*(17)*	(1,466)	*200*	*(781)*	(3,293)	(2,004)
Non-Pay KFM	(97)	*193*	*9*	(717)	*375*	*98*	(2,297)	(1,082)
Non-Pay Managed Services	(60)	*9*	*(2)*	(557)	*(73)*	*(397)*	(830)	(216)
Trust Services Recharge	(998)	*(46)*	*88*	(6,997)	*(332)*	*622*	(11,424)	(13,485)
Total operating expenditure	**(10,039)**	***(12)***	***(1,607)***	**(68,302)**	***(79)***	***(12,210)***	**(117,816)**	**(119,082)**
	100.1%			100.1%				
Total Operating Profit/(Loss)	**207**	***102***	***510***	**2,789**	***89***	***3,056***	**3,767**	**1,059**
Interest	(59)	*2*	*52*	(424)	*0*	*(130)*	(727)	(538)
Finance gains / losses	0	*0*	*0*	1	*1*	*1*	0	0
Net Profit/(Loss)	**148**	***104***	***563***	**2,365**	***90***	***2,927***	**3,040**	**522**

In month Performance:

- The in month result includes accrued income of £116k for Pharmacy.
- Procurement Pay is higher than budget attributed to agency spend in Procurement, offset savings from Supply Chain vacancies (Buyers & Inventory co-ordinators 9 WTE vacant vs prior month 14.5 WTE). In month results includes PILON for HOP.
- Corporate Pay includes vacancy factor adjustment (£43k) and is in line with budget as cost pressures in HR (2WTE), as well as increased agency spend in Finance (2 Temps) are offset by savings generated by vacancies in Finance & PMO.
- Professional & Technical Pay is (£82k) adverse, predominantly attributed to pharmacy and bank staff cost offsetting vacancy cost savings.
- Direct medical consumables cost (consolidated) is £207k adverse to budget in the month and includes accruals for unreceipted PO s. Monthly spend on NHS Supply Chain at £1.7m is higher than the last two month average of £1.3m. ESC NHS Supply Chain charges was £677k in month (£564k prior month).
- Repairs & Maintenance is adverse to budget by (£89k) with no material spend on any line item.
- Dental & Optical cost is (£109k) adverse in month partly driven by material spend on consumables such as Istent Trabecula £42k , Metal brackets £38k, Vitrectomy packs £17k within Dental and Day surgery.
- Dressings is £57k adverse to budget. Total spend in month was £275k with £178k through NHS Supply chain with no material spend on any line item.
- Other Non pay is (£58k) adverse which is largely from an overspend in Staff patient consulting - Renal satellite units by (£64k) and offset by underspends in Staff clothing.
- Trust recharges: (£46k) over budget due primarily to Steris cost. True-up to be agreed in Q3.
- Depreciation is favourable in month due to budget phasing, assets capitalisation in the month was £104k.
- Interest cost is broadly in line with budget.
- Non-pay spend in KFM continues to be favourable due to £93k budget reserve not utilised and budget allocation which is expected to be resolved in FQ3.

King's College Hospital NHS
NHS Foundation Trust

6

Report to: Trust Board -

Date of meeting: 12th December 2019

Subject: Safer Staffing - Nursing

Author(s): Prof N Ranger

Presented by: Prof N Ranger

Sponsor: Prof N Ranger

History: n/a

Status: For Discussion/Assurance

1 Background

Since June 2014 it has been 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.

During 2013 NHS England produced guidance to support NHS Trusts in ensuring safe staffing requirements: How to ensure the right people, with the right skills are in the right place at the right time - A guide to nursing, midwifery and care staffing capacity and capability. This has been supported further by the recent guidance Developing workforce safeguards: Supporting providers to deliver high quality care through safe and effective staffing (NHSi, October 2018). This guidance contains new recommendations to support Trusts in making informed, safe and sustainable workforce decisions, and identifies examples of best practice within the NHS.

The international evidence demonstrates that the six critical issues for safe staffing, quality patient care and experience are the following:

1. Expert clinical leadership at Sister /Charge Nurse and Matron level
2. Appropriate skill mix for the acuity and dependency of the patient group
3. Appropriate establishment for the size / complexity of the unit
4. Ability to recruit the numbers required to fill the establishment
5. Good retention rates , ensuring staff are experienced in the clinical speciality and context / environment
6. Ability to flex at short notice to fill with temporary staff when there are unplanned vacancies / or to use staff from other areas.

This report provides evidence to the Board on the Nursing, Midwifery and care staff levels across the Trust for **October 2019**. This report includes high level data and information relating to nurse/midwifery staffing levels, CHPPD, bank and agency spend, and vacancies.

2. Action required

The Board is asked to note the report.

3. Key implications

Legal:	Trusts are required to report on safer staffing levels.
Financial:	None directly arising from this report.
Assurance:	The report aims to assure the Board that safer staffing levels are being achieved.
Clinical:	None directly arising from this report.
Equality & Diversity:	None directly arising from this report.
Performance:	None directly arising from this report.
Strategy:	None directly arising from this report.
Workforce:	The report highlights vacancy hotspots and how they are being addressed.
Estates:	None directly arising from this report.
Reputation:	Delivering safe staffing helps protect the Trust's reputation.
Other:(please specify)	

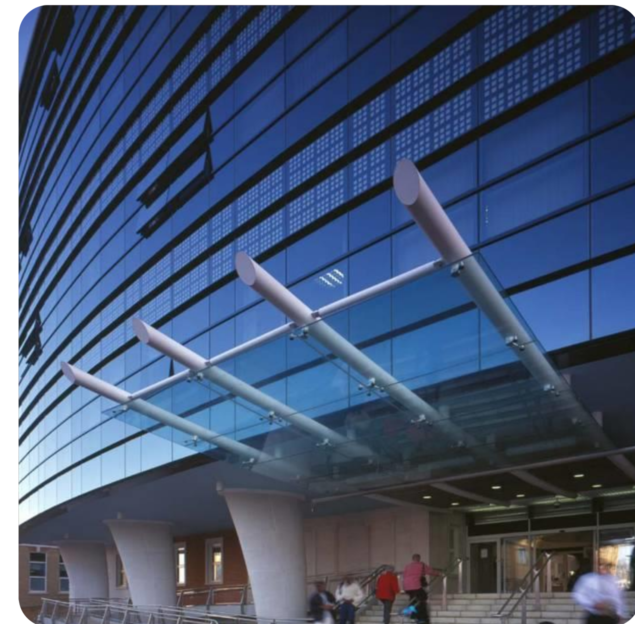
4. Appendices

M7 Safer Nursing Summary

King's

King's College Hospital NHS
NHS Foundation Trust

Monthly Safer Staffing Report for Nursing and Midwifery December 2019



Trust Board December 2019

Nicola Ranger
Chief Nurse

An Academic Health Sciences Centre for London

Pioneering better health for all

King's

Monthly Nursing Report

King's College Hospital NHS
NHS Foundation Trust

Background

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Introduction

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King's

Staffing Position

King's College Hospital NHS
NHS Foundation Trust

The number of staff required per shift is calculated using an evidence based tool, dependent on the acuity level of the 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 and is in line with NICE guidance. This provides the optimum planned number of staff per shift.

For each of the 79 clinical inpatient areas, the actual number of staff as a percentage of the planned number is recorded on a monthly basis. The table below represents the high level summary of the actual ward staffing levels reported for **October 2019.**

	% Fill Rates - Day & Night				Care Hours Per Patient Day (CHPPD)		
	Avg Fill Rate RN/Midwives (Day) %	Avg Fill Rate RN/Midwives (Night) %	Avg Fill Rate Care Staff (Day) %	Avg Fill Rate Care Staff (Night) %	RN & Midwives	Care Staff	Total CHPPD
Urgent Care, Planned Care and Allied Clinical Services	95%	95%	106%	118%	4.8	2.9	7.7
PRUH and South Sites	96%	96%	97%	109%	4.7	3.1	7.8
Networked Care	96%	96%	99%	107%	9.3	2.2	11.5
Commercial	84%	102%	187%	184%	5.8	2.7	8.5

Sep 2019 CHPPD:

RN & Midwives	Care Staff	Total CHPPD
4.9	3.1	8.0
4.7	3.2	7.9
9.3	2.4	11.7
5.7	2.6	8.3

Some clinical areas were unable to achieve the planned staffing levels due to vacancies and sickness, staffing levels are however maintained through the relocation of staff, use of bank staff and where necessary agency staff to ensure safety. This data does not differ significantly to September 2019 data.

Please note: CHPPD is a metric which reflects the number of hours of total nursing staff versus the number of in-patient admissions in a 24 hour period. 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.

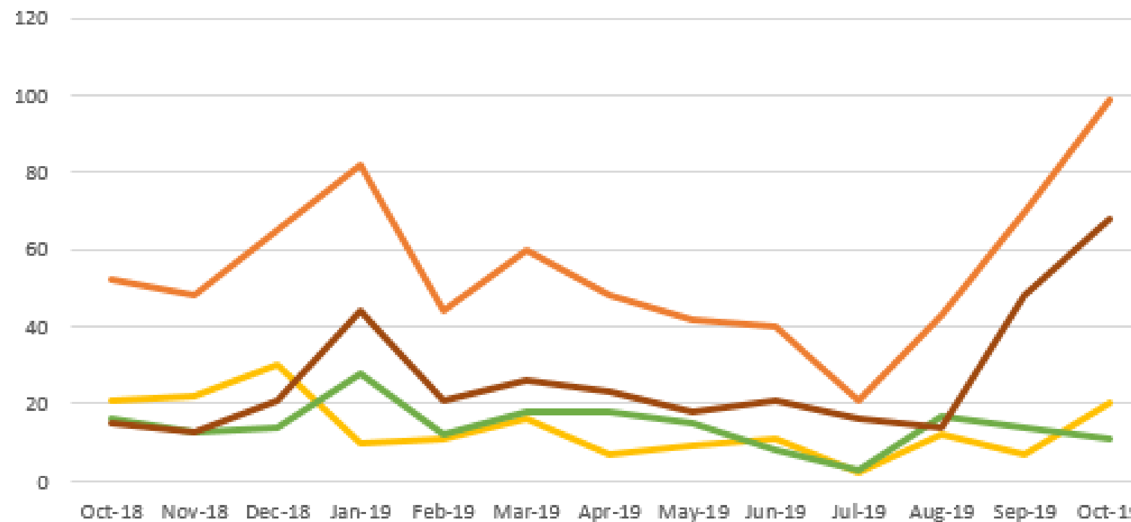
King's

Red Shifts

King's College Hospital NHS
NHS Foundation Trust

A red shift occurs when there is a shortfall in the expected numbers of staff to manage the acuity and dependency of the patients of a ward / department. Twice a day there is a trust wide red shift alert issued to senior nursing staff; this highlights the location of wards and departments with red shifts which in turn enables senior nursing staff to support these wards.

Since June 2019 the reporting of red shifts has changed, with staff being able to downgrade red shifts following mitigation. During October 2019 the total number of shifts that remained red were 99 across the trust. 31 were recorded at the Denmark Hill Site and 68 at the Princess Royal University Hospital; 67 of these red shifts occurred on day shifts.



	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
total red shifts	52	48	65	82	44	60	48	42	40	21	43	70	99
NetWorked	21	22	30	10	11	16	7	9	11	2	12	7	20
UPAC	16	13	14	28	12	18	18	15	8	3	17	14	11
PRUH	15	13	21	44	21	26	23	18	21	16	14	48	68

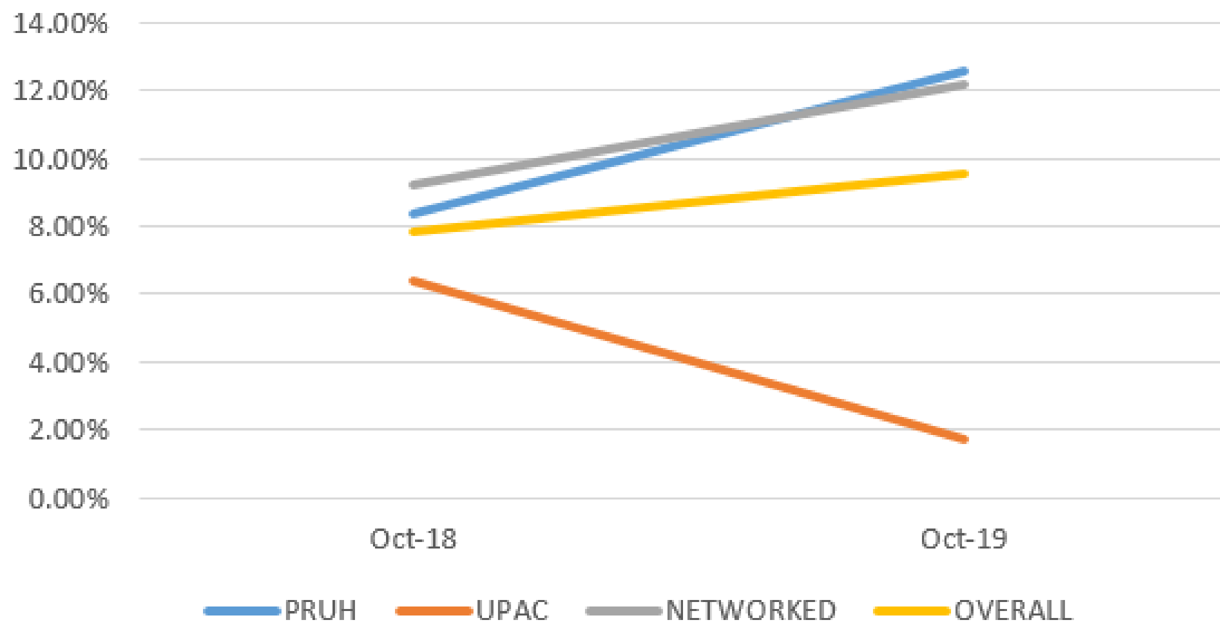
Nursing and Midwifery Vacancies: Band 2

King's

King's College Hospital NHS
NHS Foundation Trust

The current vacancy for October 2019 is 9.57% for Band 2 Nursing and Midwifery (unregistered) PRUH: 12.59%, UPAC: 1.74%, Networked: 12.20%. The graph below outlines this position showing an increase in overall Band 2 vacancies.

The vacancies are monitored closely within the Divisional Recruitment and Retention Meetings, by the nursing teams and HR colleagues and there will be further domestic recruitment drives in the 2020 to address the current vacancy. NHSE and NHSI are supporting Trusts, including King's, to review their HCSW vacancies, and reduce this alongside turnover. There is a monthly Trust Recruitment meeting which monitors progress against this KPI. The current work plan includes widening participation initiatives (promoting career opportunities at local schools and colleges), domestic recruitment campaigns and development/implementation of Bands 2-4 career pathways in the Trust (to include career clinics and improved access to continuing professional development/study days.)



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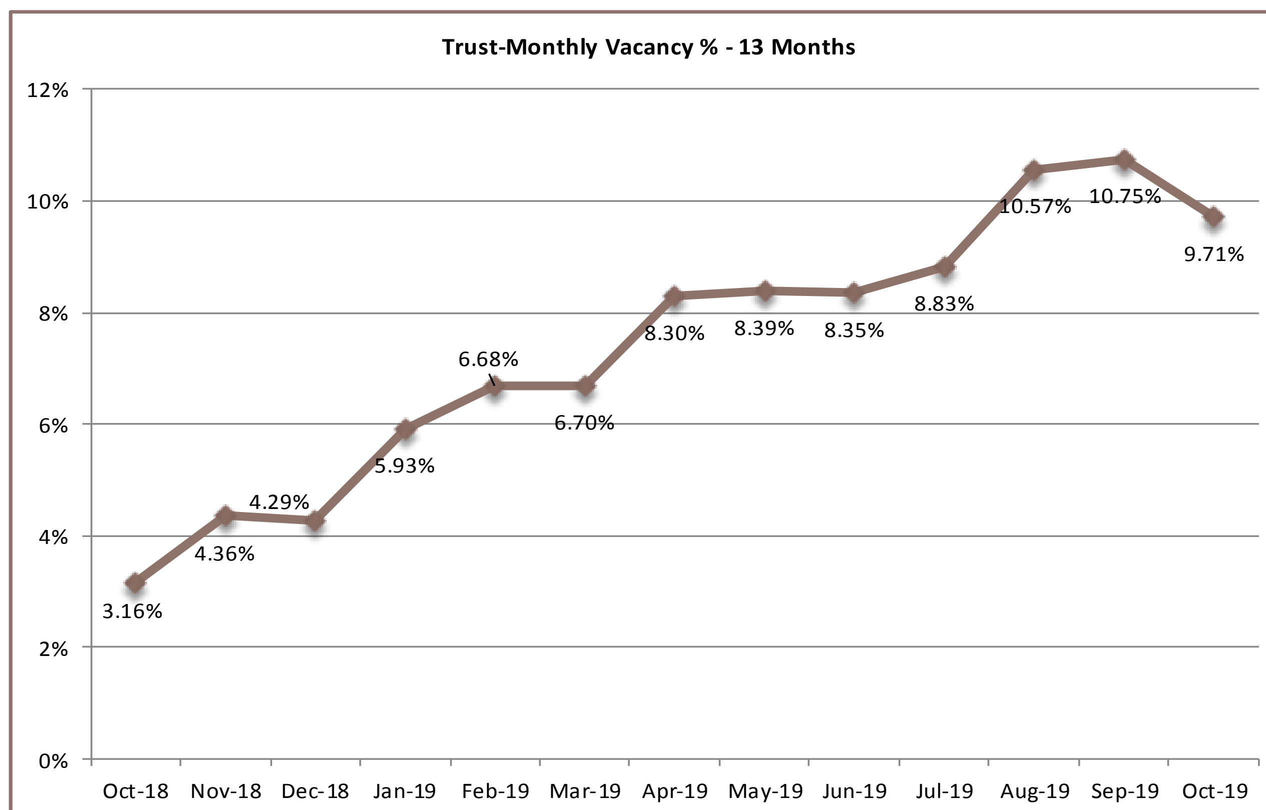
Nursing and Midwifery Vacancies: Band 5

King's College Hospital NHS
NHS Foundation Trust

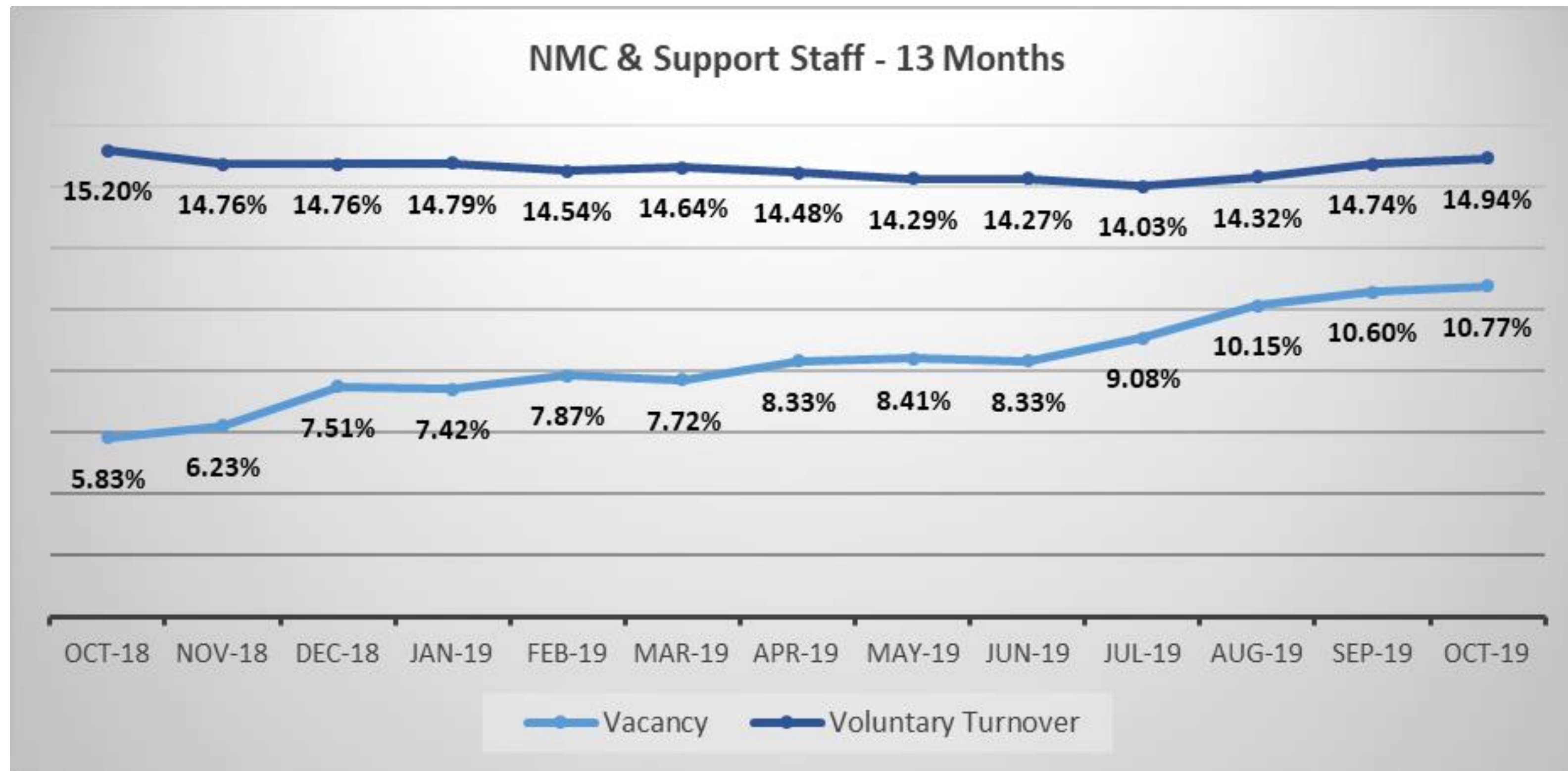
The current vacancy for October 2019 is 9.71% for Band 5 Nursing and Midwifery (registered.) In August/September 2019 there is a rise in the vacancy rate due to the delays in the newly qualified nurses (NQNs) starting whilst awaiting their start date or registration.

There is also a general upward trend to the vacancies however, this has reduced in October due to NQNs and a cohort of internationally educated nurses (IENs) starting. The graph below outlines this position.



As of October 2019 the voluntary turnover for registered nursing and midwifery staff is 15.02% and is currently 14.65% for the unregistered workforce. There is a monthly Trust retention meeting with three clear work plans (Support for Existing Staff, Leadership and Line Management, Learning, Development and Careers) with the aim to reduce voluntary turnover to 10% over the next two years.

The graph below outlines the current position.



Recruitment Hotspots

The aggregate nursing and midwifery staff vacancy for October 2019 has increased this month to 10.77%. This has steadily increased since October 2018 when the overall vacancy was 5.83%.

The registered nursing recruitment hotspots are outlined below. Various successful recruitment campaigns have decreased the vacancies, but some areas still remain with an above 15% vacancy rate. Inpatient areas with a vacancy rate above 15% are listed below:

DH: V&A HDU (29.32%), NICU (26.03%), Paediatric ED Nurses (25.04%), William Gilliatt (22.29%), Christine Brown ICU (18.54%) and Sam Oram Ward (17.03%) ED ENPs (16.26%)

PRUH: Chartwell CDU (37.4%)

Monthly Workforce Workshops are being scheduled from November 2019 to provide oversight of the Trust's 3-5 year plan for nursing and midwifery (N&M) and to enable the senior N&M team to forecast for the future workforce by monitoring the pipeline of new starters at both a strategic and ward level.

Work plans are being reviewed to improve the recruitment and retention of the Nursing and Midwifery staff across the Trust. It is recognised that the Trust has relied heavily on international recruitment; work is underway to review this and to address the Trust's current approach to domestic recruitment, with a view to increasing this in the New Year.

Student Nurse placements are also currently being reviewed with the aim being to increase numbers from 150 to 300 students per year over the next 2 years. With combined work on enhancing placement experience, refreshing/extending the current Preceptorship programme and promoting what is on offer to NQNs at King's, this in turn will increase the pipeline of NQNs into the Trust/retention of host students.

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

King's College Hospital NHS
NHS Foundation Trust

7

Report to:	Trust Board
Date of meeting:	12 December 2019
Subject:	Safeguarding Children Annual report 1st October 2018 – 30th September 2019
Author:	Cathy Honnah / Rosalinda James Head of Nursing Safeguarding Children
Presented by:	Jo Haworth, Deputy Chief Nurse
Sponsor:	Nicola Ranger, Chief Nurse
History:	9th Safeguarding Children Annual Report
Status:	Information/Assurance

1. Purpose

This report provides detail of safeguarding children activity for 2018/19, and provides assurance to the Trust Board that there are safe systems in place to minimise the risk of harm to children as outlined in Section 11 the Children Act 1989 and 2004.

2. Action required

The Trust Board is asked to note the safeguarding children activity for 2018/19 and key risks highlighted.

3. Key implications

Legal:	The Children Act 1989/2004 provides the statutory basis for services for children and young people
Financial:	Meeting child death overview panel requirements
Assurance:	This report identifies safeguarding activity in the Trust to protect children
Clinical:	Key issues that require action are highlighted
Equality & Diversity:	Actions in this report are not believed to disadvantage any groups of patients or staff.
Performance:	Staff compliance in safeguarding children training has been set at 85 %
Strategy:	Safeguarding training and providing training for safeguarding supervisors in maternity have been added to the Trust's risk register
Workforce:	The report highlights compliance with safeguarding mandatory training requirements.

Estates:	There are no direct estates implications
Reputation:	None

Executive Summary

This annual report provides a summary of key issues and activity in relation to Safeguarding Children 2018/2019 across both the Denmark Hill (DH) and Princess Royal Hospital (PRUH) sites respectively and addresses the Trust's responsibilities towards safeguarding the welfare of children and young people from pre-birth up to their 18th birthday. For the purpose of this report the term child or children will be used to denote anyone who has not yet reached their 18th birthday (Children Act 1989 &2004).

The Safeguarding Children Team have seen an increase in referrals across both sites during this period. At the DH site, contextual safeguarding issues involving adolescents featuring knife violence and abuse have been highlighted and challenging for the team. This has led to increase in referrals to Children Social Care Services of these cases with an increase from 30 incidents in 2017/18 to 79 in this reporting period

At the PRUH site the highest number of referrals were for young people presenting with complex mental health issues, this had not changed from 2017/18.

Concerns have been highlighted regarding the significant increase in number of young people presenting on both sites with complex mental health issues that require hospitalisation. There were 72 young people documented in this reporting period compared to 33 in 2017/18.

Maternity services at both sites, have also seen an increase in cases of pregnant mothers presented or identified with complex safeguarding/social needs and other vulnerabilities. At the DH site, 660 referrals were sent to Children Social Care for mothers with mental health, substance misuse, domestic abuse and other social issues such as inappropriate housing and no recourse to public funds. At the PRUH, there has been an increase in the number of new born babies identified with vulnerabilities resulting in a 'Child in Need' plan. 43 babies classified in this reporting period in comparison to 26 babies in 2017/18.

The Child Protection Information System (CP-IS) went live in March 2019; this system provides a safety net for children and young people on the Child Protection plan (CPP) and Children Looked After (LAC). So far, 282 children have been flagged up and information shared accordingly as per multi-agency CP-IS protocol across partner agencies.

The CQC inspection carried out in January/February 2019 identified actions in three areas; CP-IS which was not operational at the time, safeguarding children training compliance was low in some groups of staff and a recommendation to review the Safeguarding Committee. Actions have been taken to address these concerns.

Partnership working with the Local authorities, namely Bromley, Lambeth and Southwark continue to be developed as attendance at some of the multi-agency sub-group meetings have not been consistent.

Future reports will align with adult safeguarding and financial year reporting periods

1. INTRODUCTION

Safeguarding Children remains a key priority for the Trust under the leadership of the Chief Nurse and Deputy Chief Nurse. King's College NHS Foundation Trust is committed to working collaboratively in partnership with external Safeguarding Partners across the boroughs to safeguard the welfare of children, young people and their families.

In 2018/19, the Safeguarding Children Committee and Adult Safeguarding Committee amalgamated for close working relationship in line with the 'Think Child Think parents' model of safeguarding. The Safeguarding Committee advises the Executive Quality Board, the Quality People and Performance Committee, the Clinical Quality Review Group and the Trust board. The Trust's accountability for and commitment to safeguarding children is stated on the Trust website.

The Safeguarding Children Team is now fully established across both sites following a period of significant staff vacancy. The team is led by the newly appointed Head of Safeguarding Children/Named Nurse following retirement of the previous post holder.

7

2. NATIONAL SAFEUARDING CHILDREN CONTEXT

2.1 Legal Framework – Section 11

Section 11 of the Children Act 2004, places duties on the Trust to ensure their functions and any services, safeguard and promote the welfare of children. In order to fulfil its statutory function Local Safeguarding Children Partnership arrangements (LSCPs), all Provider organisations are required to participate and provide assurance to Commissioners of the Trust's compliance.

All actions from the 2017/18 Section 11 assurance report were completed within the agreed timeframes with the exception of the implementation of Child Protection Information System (CP-IS) in the Emergency Department. Unfortunately, this was not implemented in the required timeframe, but introduced in March 2019. The Trust also failed to reach a compliance rate of 85% in safeguarding children training. The trust wide compliance for all training was changed from 85% to 95% in October 2019.

Good progress has been made against the actions from the 2018/19 Section 11 report, with six of the nine actions completed; the remaining three actions are as follows and plans are in place to deliver against these within the required timeframes.

- The completion of a protocol for caring for young people remaining in the ED for longer than 12 hours, who have mental ill-health (due December 2019).
- Development of a substance misuse policy in maternity (due January 2020)
- Achieving compliance with training at 85% but this has now been changed to 95% in October 2019.

Appendix 1 provides details of the action plan.

2.2 Multi-agency Partnership Working

Partnership

The Children Act 2004, as amended by the Children and Social Work Act 2017, strengthens the duties placed on the local authority that can only be discharged with the full co-operation of other partners, many of whom have individual duties when carrying out their functions under section 11 of the Children Act 2004. New duties on key agencies in local areas have been strengthened, specifically the police, clinical commissioning groups and the local authority and these changes led to disbanding of the Local Safeguarding Children Boards to the newly formed Local Safeguarding Partners, led by the Police, Local Authority and the Clinical Commissioning Group.

Locally, King's College hospital is involved with three boroughs namely, Bromley, Lambeth and Southwark. Details of the local safeguarding arrangements can be found in appendix 2.

Performance dashboards

The Trust as part of contractual agreement with Commissioners and in line with Section 11 of the Children Act 2004 provides quarterly child protection data reports (dashboards) to the Safeguarding Boards of Southwark, Lambeth and Bromley. Details of the dashboards are located in appendix 3, 4 &5.

7

Child Deaths

The revised 'Working Together to Safeguard Children 2018 and Children and Social Work Act 2017', have made significant changes including the management and review of child death. The majority of child deaths in England arise from medical causes. Enquiries should keep an appropriate balance between forensic and medical requirements and supporting the family at a difficult time. The new Child Death Review panel (CDOP meeting) will be chaired by Public Health inviting key partners. To ensure compliance with the changes, a new structure and process has been established within the trust comprising of 4 Paediatric consultants, (representing in-patient wards, ED, PRUH and DH, Neonatology/Maternity, PICU) 2 clinical nurse specialists and an administrator to review all deaths of children.

The safeguarding children team will no longer play a role in child death reporting and review, unless the child has died as a result of neglect or abuse, or abuse was a complicating factor at the time of the child's death.

Case Reviews/Practice Reviews

The Trust continues to be involved in five serious case reviews / case reviews and is progressing with the immediate actions highlighted for the Trust. Any learning from such cases is shared via the Trust Safeguarding Committee and disseminated more widely via newsletters to relevant areas.

See Appendix 6 for further details of the cases

Reports to the Local Authority Designated Officer (LADO)

The Trust is required to identify and act on allegations against members of staff, which have implications for safeguarding children. The Named Nurse reports to and receives reports from the Local Authority Designated Officer. In the period of this report, there have been four LADO cases. Two involved members of staff in their private life, 1 involved making a referral to the LADO following a disclosure by a patient about a person with responsibility for children outside of the Trust. A young person in the Trust, which referred two members of staff to the LADO after an allegation of assault; these cases were not substantiated by the local authority.

CQC Inspection

The Trust was inspected in January /February 2019 and included a review of safeguarding practice. The inspection identified that:

1. The Child Protection Information Service (CP-IS) had not been installed in December 2018, as set out in the safeguarding children work plan. The delay had not been added to the Trust at risk register.

   The Child Protection Information System (CP-IS) NHS England and NHS Digital went live in March 2019, and helps children social care staff share information across England for children on the child protection plans (CPP) and Looked After Children (LAC). CP-IS is closely monitored by the Head of Safeguarding Children whose duties include informing children social care (allocated social workers) of children who are on child protection plan and LAC attending ED but not triggered on CP-IS. So far from March 2019 – August 2019, 282 children have been protected by information sharing across multi-agency.

   Although not referred to tin the CQC inspection it is worth noting that in maternity, Female Genital Mutilation information sharing (FGM-IS) is an NHS Digital requirement for the Trust to flag all female children of women and or families who have undergone FGM. This is reported monthly at NHS England.

2. Staff understood how to protect patients from abuse and had access to policies and procedures and safeguarding leads; however safeguarding training was not at 85% compliance with concerns highlighted particularly with the medical staff.

   There are plans to work closely with the training leads to explore recording of new staff training records onto our electronic monitoring system (LEAP).

3. The Joint Child and Adult Safeguarding Committee had not allocated sufficient time to discuss issues, representation from the divisions.

   As a result of the findings of the CQC inspection, the amount of time allocated to the Safeguarding Committee has been increased and the Deputy Chief Nurse has been active in ensuring that there are delegated staff member representing identified wards and departments.

3. SAFEGUARDING CHILDREN ACTIVITY ACROSS DENMARK HILL AND PRINCESS ROYAL HOSPITAL SITES

3.1 Safeguarding Activity

There have been 475 more referrals made to the SCT in 2018/9 compared to 2017/18, 400 of those were for children who attended services at DH. 200 referrals were for children living outside of local boroughs, which required the team to liaise with a number of multi-agency teams across the South East

The highest number of referrals at DH were for knife injuries (79) this is a significant rise from 2017/18 when 30 young people were referred. The Named Nurse has been participating in a

Thematic Review with Southwark Safeguarding Children's Partnership for victims of youth violence. Young people presenting with mental-ill health and safeguarding concerns also significantly increased at DH, 72 young people presented compared to 33 in 2017/18.

The PRUH SCT received 45 more referrals in this reporting period, 71% of referrals were for children who resided in Bromley, 140 16-17 years olds were referred to the team compared to 173 in 207/18.

The tables below outline the profile of referrals across the Trust.

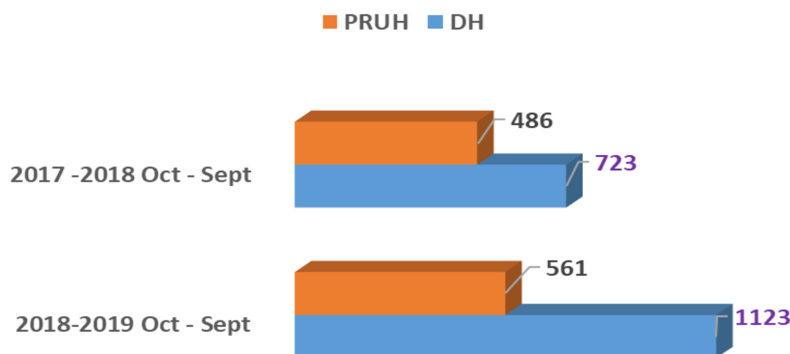


Table 1: No. of safeguarding referrals to the Safeguarding Children Team 17/ 18 – 18/19 (DH)

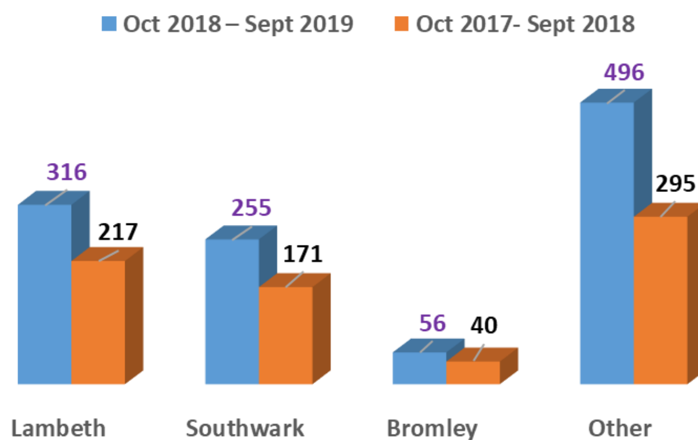


Table 2: DH safeguarding referrals by borough

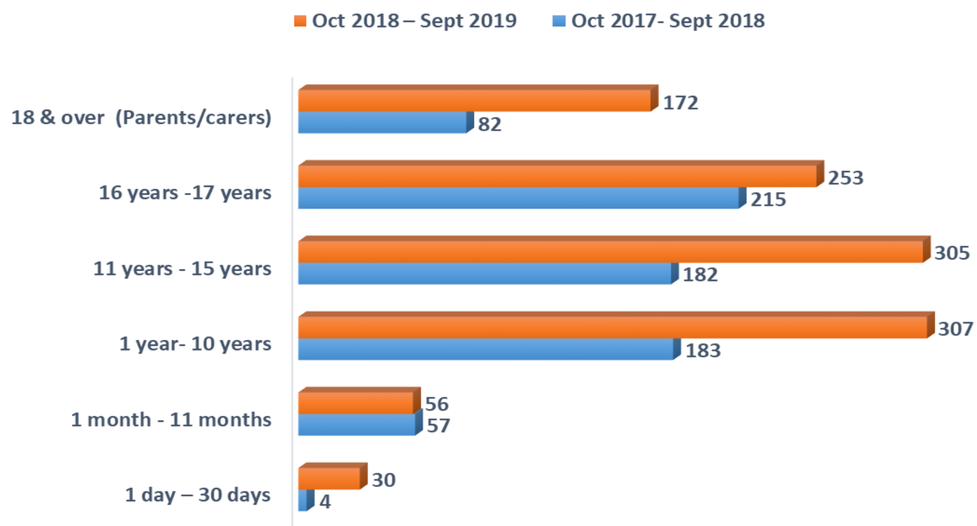


Table 3: Breakdown of referrals by age groups 17 / 18 and 18 / 19 (DH)

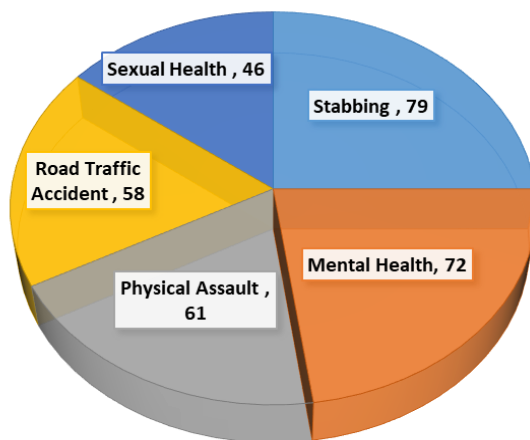


Table 4: Reason for referral (DH)

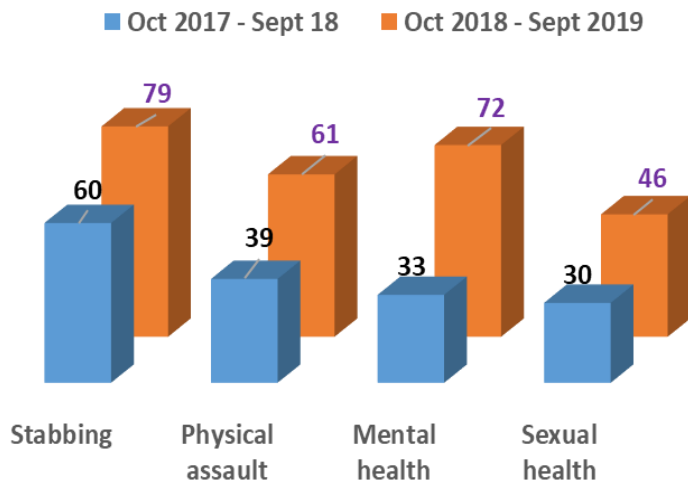


Table 5: Comparison of the most frequent referrals in 2017/18 to this reporting period (DH)

Safeguarding Children Activity at the PRUH site

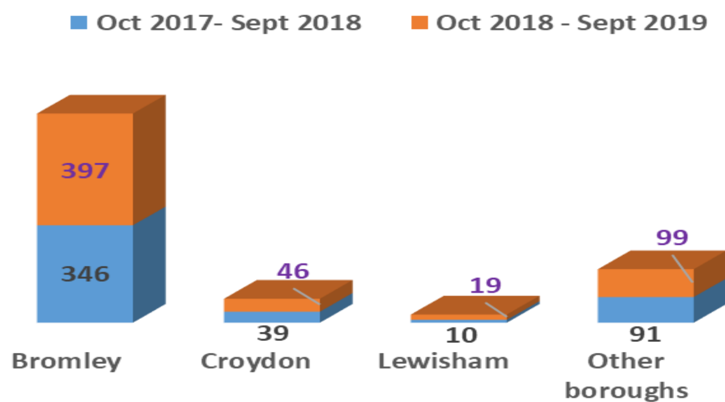


Table 6: Safeguarding children referrals at the PRUH by borough

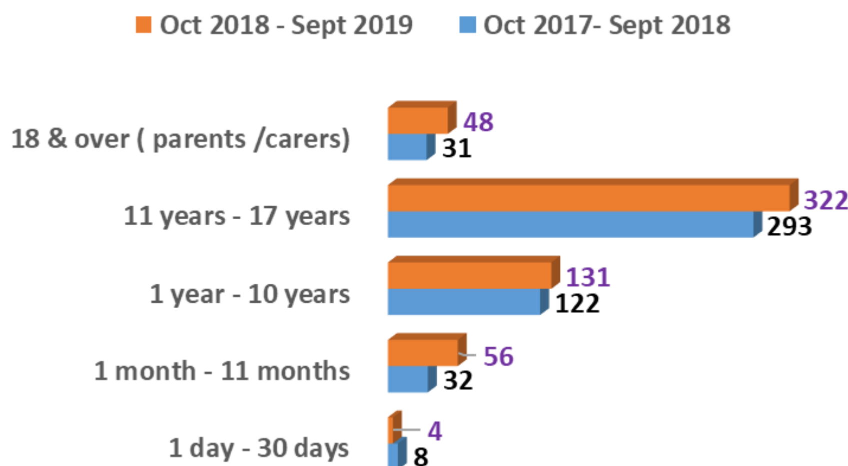


Table 7: Breakdown of referrals by age groups 17 / 18 and 18 / 19 (PRUH)

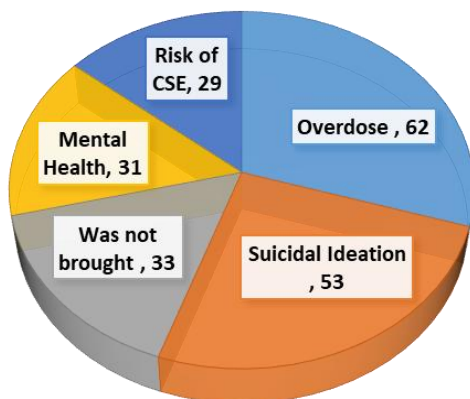


Table 8: Six most frequent referrals Oct 2018 – Sept 2019 (PRUH)

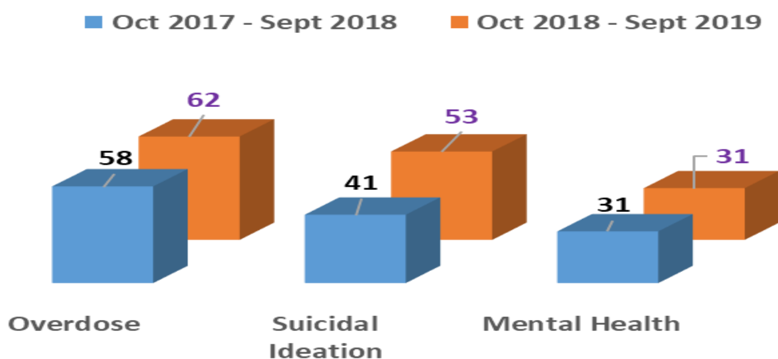


Table 9: Comparison of the most frequent referrals 2017/18 to this reporting period (PRUH)

Evidence from the information provided above highlights the increasing activity that is being seen across both sites and the increasing complexity of children's safeguarding activity. In view of this the Named Nurse, Named Doctor and Deputy Chief Nurse are in the process of reviewing the current work plan and developing a plan that will ensure that the trust is responsive to these changes in activity.

3.2 Safeguarding Activity in Midwifery across both sites

There were 4906 births at DH in this reporting period and 660 referrals were made to the Safeguarding Children Team, for vulnerable women. Although the number of babies placed on a Pre-Birth Child Protection Plan fell by 50%, there were a number of maternity cases that presented highly complex safeguarding concerns with combinations of high risk factors such as mental-ill health/substance misuse/ domestic violence/lack of social supports/ no recourse to public funds). 13 women were referred to the Trust's Safeguarding Adults team due to concerns about a possible learning difficulty. Of those, three had adequate support services in place, five were referred to Adult Social Care for assessment, five did not meet threshold for additional support. 138 women (October –June) were identified as having been subjected to FGM which was reported on FGM- IS.

There were 4365 births at the PRUH in this reporting period. There were slightly less babies issued with a CP plan (33 in 2018/9, 40 in 2017/18) but 17 more babies were issued with a CIN plan than in 2017/18. 25 women (Oct-June) were identified as having been subjected to FGM, which was reported on FGM-IS.

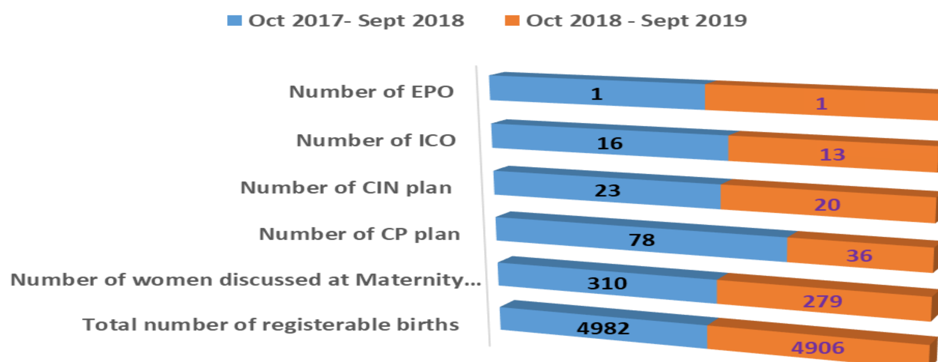


Table 10: Comparison of midwifery cases leading to statutory safeguarding intervention at DH

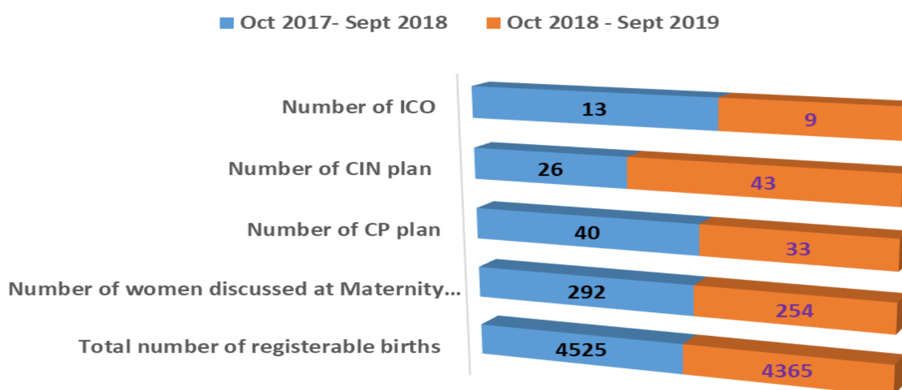


Table 11: Comparison of midwifery cases leading to statutory safeguarding intervention at the PRUH

A multi-agency audit with Lambeth SCB identified that there was an opportunity to strengthen pre-birth assessment and planning in Lambeth Children's Social Care. This led to the Named midwife delivering training to social workers on midwifery safeguarding practices and Trust's policy and procedures from the antenatal to post-natal periods. Work has proceeded throughout the year on updating Badgernet to ensure the system is working well in recording safeguarding matters. The number of areas in which social issues could be documented has been streamlined.

A pathway for managing suspected abduction of a new-born/child in maternity and the neonatal unit has been completed. It includes the necessary steps that staff should take if abduction is suspected and the de-escalation once the new-born/child has been located. This has been added to the Trust's safeguarding children policies and procedures.

In April 2019, it was identified that there were a number of midwifery supervisors were leaving the Trust, therefore contingency plans was put in put to mitigate this impact this might have in the teams. New midwifery supervisors have been identified and supervision training is currently being explored to get these new supervisors trained. This gap in the number of trained supervisors in maternity services have been identified as risk and will be placed on the Trust Risk Register.

3.3 Safeguarding Children Training

Safeguarding children training remains a priority for the Trust and changes to training at level 3 should support easier access to training. A breakdown of training compliance by staff group will be made available to each Safeguarding Committee.

Table 12: Safeguarding Children Training Compliance Rate overall

Level	Target	Sep-18	Sept 2019
Level 1	95%	84%	94%
Level 2	95%	79%	84%
Level 3	95%	79%	82%

Safeguarding Level 3 was updated following recommendations from the revised Intercollegiate Document 2019 that informs safeguarding practices, to include fabricated and induced illness, missing and trafficked children and learning from local case reviews. From the beginning of October 2019, level 3 safeguarding children training became a 'blended learning' programme, which includes e-learning and face-to-face training. Bespoke training sessions have also been delivered to key areas, including dermatology, community dentistry, PRUH medical and ED staff.

This has also included 'learning from local case reviews'. Maternity safeguarding mandatory training has focused on neglect, which included the Harrow Safeguarding Children's Board video on the 'voice of the child'.

Training compliance in September 2019, demonstrated improvement in training levels across the Trust, however, training compliance amongst medical staff is considerably below compliance. Consideration is being given by the Safeguarding Committee about adding this risk to the Trust risk register.

The table below shows safeguarding children training compliance by staff group highlighting areas requiring robust intervention to meet target.

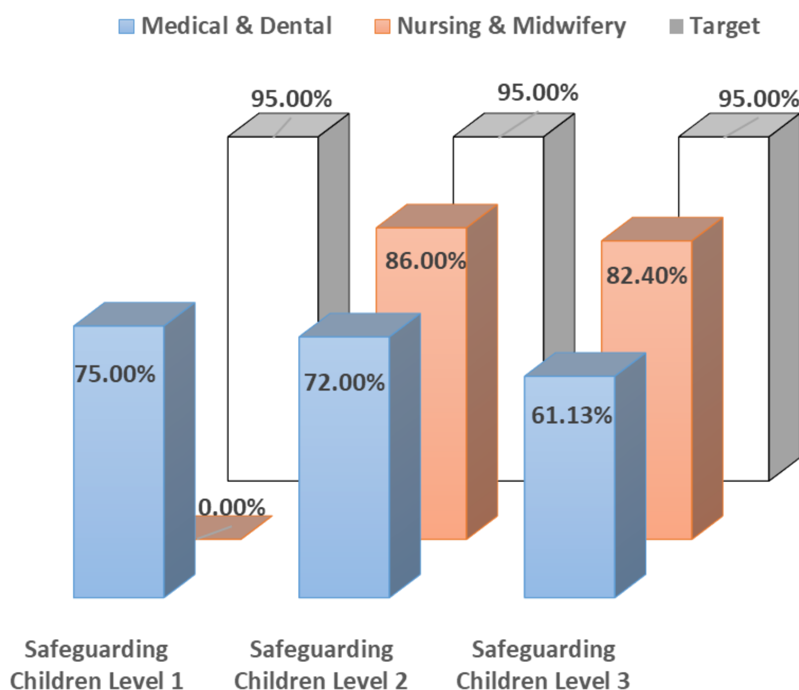


Table 13: Compliance rate by staff group across both sites

4. AUDIT

During this reporting period, the Safeguarding Children Team has regularly evaluated interventions undertaken to safeguard children, to provide assurance that the Trust has the right systems in place to make a positive difference to vulnerable children's lives. Five internal audits were carried out and three multi-agency audits (see Appendix 1 for full reports).

Internal Audits

- 'How we doing in safeguarding in maternity DH (July, 2019)
- 'Domestic abuse 'in maternity DH (October, 2018)
- 'Domestic abuse 'in maternity DH (April, 2019)
- Referrals to Children's Social Care by Paediatrics PRUH (April, 2019)
- Referrals to Children's Social Care by Maternity PRUH (April, 2019)

External Multi-agency Audit

- Review of multi-agency cases Lambeth LSCB (December, 2018)
- Getting Child Protection Right Lambeth LSCB (April, 2019)
- Domestic Abuse Lambeth (actions completed December, 2018)

See **Appendix 7** for details of findings and recommendations for all audits undertaken both internally and externally

5. RISKS AND CHALLENGES

This report provides assurance to that the Trust is discharging its responsibilities under Section 11 requirements.

- There continues to be significant increase in consultations from departments/wards leading to referrals to the Children Social Care that is reflected locally and nationally.
- Increase in complexity of safeguarding cases e.g. contextual child protection issues, mental health issues including overdose and self-harming of young people staying in Paediatric short stay units longer than 12 hours
- Maternity and perplexing presentations.
- Challenges in achieving safeguarding children training compliance of 95% and ensuring accuracy of data surrounding this.
- Lack of trained maternity safeguarding supervisors concerns raised and on the Trust's Risk Register.
- Safeguarding training for medical staff must remain a priority for the Trust and remain on the Trust's Risk Register
- To have an annual audit plan that is reflective of safeguarding children activities at both DH and PRUH.
- Training provision to be explored for staff working with 16-17 age group on contextual child protection issues.
- Staff reported they were often constrained by time and lacked confidence with this age group.

6. PRIORITIES

- A task and finish group was formed in maternity to develop a substance misuse pathway in maternity priority should be given to its completion in January 2020.
- Safeguarding children audit activity to be undertaken to highlight areas of good practice and improvements
- Ensure that the policy for 'Managers Supporting Staff Experiencing Domestic Abuse' is completed early 2020, (Joint policy for safeguarding children and adults).
- To engage and actively participate in multi-agency work and meetings with the Safeguarding children partners at Board and Sub-groups level.
- Continue to raise the Trusts' concerns about youth violence with the Safeguarding Partnership boards of Southwark and Lambeth.
- Consider how the Trust should respond to the recommendations of the Southwark SSCP Thematic Learning Review (serious youth violence) when recommendations have been finalised.
- Bite-size training sessions facilitated by the Safeguarding Children Team and Redthread to be repeated and be audited in the New Year to ensure the Trust is identifying young people at risk of harm.

7. CONCLUSION

The Board is asked to review this paper, in particular to note the increasing activity in safeguarding children's and the current risks and associated mitigation.

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APPENDICES

Appendix 1: Section 11 Action Plan 2018/2019

Compliance Standard	Actions to improve effectiveness	Actions	Timescales	
Standard 3	1. Develop a protocol for caring for young people remaining in the ED for longer than 12 hrs due to mental ill health.	Working group (ED staff/Consultant for adolescent health/CAMHS).	December 2019	Amber
	2. Increase the confidence/competence of staff in ED in identifying & supporting vulnerable young people.	Provide bite-sized training sessions. Annual mandatory training sessions	September 2019	Green
	3. Provide training for midwives on neglect.	Pathway completed and added to Safeguarding Children Policy and Procedures	September 2019	Green
	4. Child abduction pathway to support staff managing a suspected child abduction from the maternity or neonatal unit.	Completed and added to policies & procedures	March 2019	Green
	Internal Audits: Test the safeguarding system.	5 audits were completed	October 2019	Green
Standard 4	Monitor the effectiveness of CP-IS in identifying children & young people at risk	Review by Named Nurse and ED IT team	September 2019	Green
Standard 5	1. Develop a substance misuse in pregnancy policy	Maternity task and finish group	January 2020	Amber
	2. Participate SSCP serious thematic review	Named Nurse	October 2019	Green
Standard 7	**Training and Support** Monitor safeguarding training 85 % compliance to be achieved	SCNS/Named Nurse	Training has been updated to a ‘blended training programme’ at level 3 to aid compliance	Amber

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Appendix 2:

Safeguarding Children Boards Partnership Arrangements

Southwark arrangements

In Southwark, the new arrangements became operational in June 2019. A Safeguarding Executive was formed consisting of the Chief Executive Southwark council, the Accountable Officer Southwark Clinical Commissioning Group, the Borough Commander Southwark & Lambeth police. Southwark Children Partnership Board Partners was formed with representatives from the Local Authority, Health, Police, Probation and Education. Three sub-groups were formed: Practice, Development and Learning Sub-group, Quality & Effectiveness, Safeguarding Practice Review.

New-Safeguarding-Partnership-arrange

Lambeth arrangements

In Lambeth in September 2019, a Lambeth Safeguarding Children Partnership Executive was formed, which will have three partners, the Accountable Officer Clinical Commissioning Group, the Borough Commander Police, the strategic Director Children's Social care. A Safeguarding Children Forum brings together statutory and voluntary agencies; there will be an 'Independent Scrutineer' rather than Board Chair. Three sub-groups have been formed: Training & Development, Performance Quality & Safeguarding Incidents, and Safeguarding Adolescents. Three Learning Hubs will be established over the year to undertake audits and quality assurance activity.

LSCP future arrangements.pdf

Bromley arrangements

Following the endorsement of the Bromley Safeguarding Board function by Ofsted in November 2018, fewer changes have been made to safeguarding arrangements in Bromley. On the 1st September, the Bromley Safeguarding Partnership Children's Executive was formed with representation from the Metropolitan Police, Bromley Clinical Commissioning Group, Bromley Council. A Bromley Multi-Agency Safeguarding Children's Partnership (BSCP) was formed with the same organisations being represented as the Safeguarding Board. There will be three subgroups: Performance, Challenge & Impact, Serious Case Review, and Education Safeguarding Advisory Committee. Three other sub-groups will be focussed around BSCP priorities, currently these are vulnerable adolescents, community engagement and 'Voice of the Child'.

Bromley SCB Partnership Arrange

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Appendix 3:

King's College Performance Dataset requested by Lambeth Safeguarding Children October 2018 – September 2019

Indicator	Oct Dec 2018	January March 2019	April June 2019	July Sept 2019	Total
Number of young people from Lambeth who have attended ED following a stabbing/shooting/assault (KCH)	51	49	41	17	158
Assault	31	32	28	12	103
Stabbing	20	16	12	5	53
Shooting	0	1	1	0	2

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Appendix 4:

King's College Performance Dataset requested by Southwark Safeguarding Children October 2018 – September 2019

02017/18	Target	Q3 Oct-Dec	Q4 Jan-March	Q1 April June
Number of incidents of allegations against staff working with children		0	0	0
% Staff vacancy within:-				
Paediatrics		11.70 %	13.5%	13.94%
Special Care Baby Unit		25.52 %	28.56 %	30.58%
Maternity	**8%**	1.92 %	4.29 %	6.29%
Paediatrics		3.53 %	2.87 %	2.75%
% Staff sickness within:-				
Maternity	**3%**	6.65 %	4.33 %	3.81%
Special Care Baby Unit		6.03 %	5.87 %	6.11%
% Training Compliance				

02017/18	**Target**	**Q3** Oct-Dec	**Q4** Jan-March	**Q1** April June
Level 1	**80%**	84.82 %	86.20 %	92.6%
Level 2	**80%**	79.73 %	79.10 %	82.0%
Level 3	**80%**	84.51 %	84.51 %	80.2%
Level 4	**90%**	100 %	100 %	100%
Supervision				
Paediatrics	**90%**	90 %	90 %	100%
Midwifery	80%	46.15 %	23.00 %	58%
Safer Recruitment Practices				
Trust performance against 6 recruitment standards (ID , employment history, references, permit to work, OH, professional registration	**70%**	100 %	100 %	100%
% of new starters involved in regulatory activity with up to date Disclosure and Barring Service checks	**70%**	100 %	100 %	100%
Number of children missing appointments	No target	404	399	426
Number of Children missing appointments referred to the safeguarding team		4	2	8
Vulnerable Groups	No target			
No. of late bookers to maternity > 20 weeks		74	77	53
No. of children under 16 attending the sexual health clinic		19	20	25
No. of children presenting to Accident & Emergency with:-				
Suicide		0	0	0
Self-harm		1	5	4
Suicidal thoughts		6	13	3
Overdose		4	3	3
Other Mental Health issues		3	6	4
Substance /Alcohol Misuse		1	12	2
Stabbings		5	6	1
Shootings		0	0	0
Number of Serious Incidences (SI) involving		0	0	0

02017/18	**Target**	**Q3** Oct-Dec	**Q4** Jan-March	**Q1** April June
children				
Number of active Serious Case Reviews (SCR)/ Individual Management Reviews (IMR)		1	0	1
FGM notifications –pregnant women		17	22	22

Appendix 5:

King's College Performance Dataset requested by Bromley Safeguarding Children Board

Indicator Number	**Provider Name**	**Safeguarding Children Performance Data 2017/18**	***Target***	***Q3*** ***Oct Dec***	***Q4*** ***Jan Mar***	***Q1*** ***April June***
1.01	KCH	Number of incidents of allegations against staff working with children	**No Target**	0	0	0
1.05	KCH	Number of those allegations reported to the Designated Officer for the Local Authority (Working Together 2015)	**No Target**	0	0	0
1.09	KCH	Paediatric	**10%**	15.18%	20.83%	21.87 %
1.10	KCH	Neonates/ Special Care Baby Unit	**10%**	13.66%	15.75%	12.67 %

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1.11	KCH	Maternity	**10%**	0.00%	3.34%	3.59 %
1.12	KCH	Safeguarding Team/ Leads	**10%**	0.00%	0.00%	0.00 %
1.26	KCH	Paediatric	**3%**	6.73%	10.16%	5.02%
1.27	KCH	Neonates/ Special Care Baby Unit	**3%**	10.57%	7.49%	2.23%
1.28	KCH	Maternity	**3%**	6.11%	5.14%	4.40%
1.29	KCH	Safeguarding Team/Leads	**3%**	0.46%	0.00%	0.00%
2.01	KCH	Level 1	***90%***	84.82%	93.30%	94.84%
2.06	KCH	Level 2	***90%***	79.73%	83.00%	82.45%
2.10	KCH	Level 3	***90%***	84.51%	90.20%	84.46%
2.14	KCH	Level 4	***100%***	85.00%	85.00%	100.00%
3.01	KCH	Maternity	***90%***	64.00%	82.00%	75%
4.01	KCH	Trust performance against 6 recruitment standards (ID, employment history, references, permit to work, OH, professional registration [narrative required]	***90%***	100%	100%	100%
4.05	KCH	% of new starters involved in regulatory activity with up to date Disclosure and Barring Service checks [narrative required]	***90%***	100%	100%	100%
5.01	KCH	Number of referrals to Multi Agency Safeguarding Hub (MASH)	***No Target***	49	75	87
5.05	KCH	Number of Common Assessment Framework (CAF) completed	***No Target***	3	0	0
5.13a	KCH	Number of invites to pre-birth case conferences to Midwifery	***No Target***	12	6	10

5.13b	KCH	Percentage (%) of pre-birth case conferences attended by Midwifery Service	***100%***	100%	100%	90%
5.33	KCH	Number of children subject to a Child Protection Plan (CPP) presenting at the Emergency Department	***No Target***	9	10	14
5.37	KCH	Number of children subject to Children Looked After (CLA) presenting at the Emergency Department	***No Target***	9	9	10
6.01	KCH	Number of Children missing appointments referred to Bromley Multi-Agency Safeguarding Hub (MASH)	***No Target***	0	0	0
6.04	KCH	Number of late bookers to maternity > 20 weeks	***No Target***	88	84	93
6.05	KCH	Number of children under 16 attending the sexual health clinic	***No Target***	23	26	34
6.15	KCH	Number of Serious Safeguarding Incidences (SI) involving children (Bromley)	***No Target***	0	0	0
6.19	KCH	Number of Female Genital Mutilation (FGM) Identified - Under 18s	***No Target***	0	0	0
6.20	KCH	Number of Female Genital Mutilation (FGM) identified Over 18s	***No Target***	6	7	9
6.21	KCH	Number of children identified as Sexually Exploited (CSE) seen by service	***No Target***	0	37 at risk of CSE	7
6.28	KCH	Number of Multi Agency Risk Assessment Case Conference referred (MARAC) with children	***No Target***	5	7	8
176.30	KCH	Number of Young People (aged 16 and over) identified as victims of Domestic Abuse	***No Target***	0	0	17

7.01	KCH	Suicide [Narrative required]	***No Target***	0	1	0
7.02	KCH	Self-harm [Narrative required]	***No Target***	10	20	10
7.04	KCH	Suicidal thoughts [Narrative required]	***No Target***	36	41	29
7.06	KCH	Overdose [Narrative required]	***No Target***	25	27	17
7.08	KCH	Other mental health issues [Narrative required]	***No Target***	21	15	22
7.10	KCH	Substance /Alcohol Misuse [Narrative required]	***No Target***	17	9	13
7.12	KCH	Stabbings [Narrative required]	***No Target***	1	0	0
7.13	KCH	Shootings [Narrative required]	***No Target***	0	1	0

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Appendix 6

Case Reviews/Practice Reviews the Trust has been involved with

Case type	Case ID	Date	Actions
Case review	Bexley Child IBO	September 2018	The final report from the Bexley Safeguarding Children Partners has not yet been received. Trust recommendations have been actioned. ED staff were reminded that domestic abuse should be considered when pregnant women attend ED with physical injuries. ED were supported to reflect on disguised compliance by parents. Paediatric staff were reminded that when infants attend with an increasing head circumference they should be admitted while a medical and safeguarding investigation is completed, in accordance with Trust's protocol for non-accidental head injury (NAHI). A scenario on NAHI should be included in paediatric doctors' induction.
Case review	Bromley 'George'	July 2018	IMR submitted waiting for the outcome of the review.
Serious Case	Lambeth	2018	Not yet published

review	Child HA		
Serious case review	Greenwich Child Z	August 2018	Recommendations: following a referral for a child with complex social needs for Home Nutrition the SCT should be notified and an MDT held prior to transfer to the Trust. A multi-agency plan of support should be formulated. The referrer should be asked to submit a request to a Health Panel in order that a package of support to the family is available at the earliest opportunity. Paediatric gastroenterology service (PGS) should ensure their practice is in accordance with the Trust's 'Was Not Brought' policy. PGS service should consider their role in identifying neglect and how they work within the multi-agency to protect children. PGS should consider how the risk of harm to child is conveyed at Child Protection Conferences and Core Groups. Paediatric staff should ensure that reports written for child protection conference should be reviewed with the SCT before being submitted. Paediatric staff should ensure they are familiar with how to escalate concerns about the neglect of a child. Recommendations have been actioned. A case summary has been sent out to staff. A protocol for 'Referral for Home Parentral Nutrition Management' has been formulated.
Serious Case Review	Bromley 'Hannah'	August 2018	A case summary was sent out to staff. Learning from this review has been added to staff safeguarding training. An action plan of recommendations will be compiled and monitored by the Bromley Health Forum& the CCG.

Appendix 7: Audit

Internal audits

1. Domestic Abuse DH (October 2018)

Nice guidelines indicate women should be asked about domestic abuse on more than one occasion in their pregnancy. The Trust agreed that women should be asked 3 times in their pregnancy about abuse. Including the antenatal and postnatal period, the results were very mixed.

Midwifery Team	Total Women	Not asked	Asked - 1	Asked -2	Asked - 3	Asked - 4	Asked - 5	Asked - 6	Asked - 7	% asked	% asked >3
Juniper	14	1	3	1	8	1	0	0	0	93%	64%
Denmark Hill	116	2	32	38	23	15	4	1	1	98%	38%
YPMP	11	0	1	7	3	0	0	0	0	100%	27%
Horizon	45	0	21	17	4	3	0	0	0	100%	16%
Serenity	40	1	17	17	4	1	0	0	0	98%	13%
The Grove	13	1	6	5	1	0	0	0	0	92%	8%
Ivy Green	62	1	42	15	3	0	0	0	0	97%	5%
Sunflower	49	1	30	16	2	0	0	0	0	98%	4%
Birch Tree	9	3	4	2	0	0	0	0	0	67%	0%
BP Clinic	5	0	4	1	0	0	0	0	0	100%	0%
Electric	19	0	8	11	0	0	0	0	0	100%	0%
Ruskin	30	3	18	9	0	0	0	0	0	90%	0%
Woodvine	1	0	0	1	0	0	0	0	0	100%	0%
Totals	414	13	186	140	48	20	4	1	1	97%	18%

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Recommendations

1. Disseminate findings to midwives, midwives must ask women 3 times in pregnancy
2. Tick box reminder set up on maternity electronic notes Badgernet
3. Review booking letter sent to women as they will be seen alone at booking and some appointments
4. Supervisors to address ways of overcoming barriers to midwives asking about abuse
5. Re-audit in 6 months

2. Domestic Abuse DH re-audit (April 2019)

Midwifery Team	Total Women	Not asked	Asked - 1	Asked -2	Asked - 3	Asked - 4	Asked - 5	Asked - 6	% asked	% asked >3
Juniper	16	1	2	8	3	1	0	0	88%	25%
Denmark Hill	97	0	6	25	36	26	1	3	100%	68%
YPMP	10	0	0	4	3	1	2	0	100%	60%
Horizon	30	1	10	11	5	3	0	0	97%	27%
Serenity	49	1	4	23	10	11	0	0	98%	43%
The Grove	12	1	2	6	2	1	0	0	92%	25%
Ivy Green	45	1	24	14	5	1	0	0	98%	13%
Sunflower	36	0	21	14	1	0	0	0	100%	3%
Birch Tree	13	3	6	4	0	0	0	0	77%	0%
BP Clinic	5	1	1	1	2	0	0	0	80%	40%
Electric	11	0	5	1	3	0	1	0	91%	36%
Ruskin	16	1	5	7	2	1	0	0	94%	19%
Woodvine	0	0	0	0	0	0	0	0	0%	0%
Totals	340	10	86	118	72	45	4	3	96%	36%

Recommendations

1. Understand if midwives are enquiring about abuse but documenting in ‘free text’ rather than in ‘routine enquiry’ into domestic abuse on Badgernet?
2. Remind midwives to record only under ‘routine enquiry’
3. Disseminate findings of audit.
4. Midwives are asking at least once in the pregnancy, but further work to improve the number of times they are asking women about abuse

5. Add a reminder on Badgernet for midwives to ask about abuse
6. Re-audit in 6 months.

3. How are we doing in Maternity Safeguarding at Denmark Hill (July 2019)

Questionnaires were distributed to midwives (grades 5-8), 35 were returned.

The audit questions included:

Knowing the members of the safeguarding team? 100% responded yes

Knowing how to contact the team? 100%responded yes

Confident in what to do if they have a safeguarding concern about a baby? 60% yes, 34% sometimes, 6% no.

Confident in what to do if they have a safeguarding concern about an adult? 54% yes, 43 % sometimes, 3% no.

Aware of safeguarding policies and procedures? 77% yes, 14% no, 9% no answer given.

Was a response received from the safeguarding team in a timely way? 66% yes, 28% sometimes.

Know who to contact out of hours for advice & support ? 48%, 43% no.

Opportunities to discuss safeguarding? 30 respondents had an opportunity to discuss concerns with the safeguarding team, 13 at the maternity safeguarding meeting, 17 with senior maternity staff, and 11 in safeguarding supervision.

R**ecommendations**

- Distribution of out of hours contact information
- Drop-in sessions on making a referral to CSC
- Mandatory training in 2020 to include learning disability
- All recommendations have been actioned.

4. Referrals to Children's Social Care Paediatrics (PRUH)

Referrals made to Children's Social Care were made by PRUH staff in April 2018 were audited, 15 referrals were made with 11 made to Bromley Social care were audited.

Audit questions

Was consent obtained? 7 were informed.4 were not informed as the family had left the hospital or were not contactable by phone.

Was the referral timely? 6 were made in a timely way, 5 were made after review at the ED safeguarding meeting.

Were referrals legible? 9 were typed, 2 handwritten but legible.

Who made the referrals? 3 ED safeguarding meeting,

Did referrals met BSCP threshold for referral? 11 met agreed thresholds

Findings

2 cases presented issues of immediate danger for the child and were referred straight away to CSC. 1 other cases presented with some issues that could have led to the child being at risk of gang reprisals and should have been discussed immediately with CSC.

Recommendations

Disseminate the audit to staff

Feed- back that professionals were demonstrating child focussed practice.

Ensure professional curiosity and consent for referrals are raised in training.

5. **Referrals to Children's Social Care Maternity (PRUH)**

Referrals to Children's Social Care by PRUH maternity in April 2019 were reviewed.10 referrals were made, with 7 of those referrals being to Bromley Social Care.6 were made in the ante-natal period and 1 in the post-natal period., 1 was made by a member of nursing staff in SCBU.
Was consent obtained for referral? 5 parents gave consent for the referral, 2 parents were not informed the time of the referral. 1 parent was not contactable and the other parent did not speak English an initial referral had been sent by the G.P.
Were referrals made in a timely way? All the referrals were timely, 3 were completed at the booking clinic.
Were referrals legible? All referrals were sent electronically. Did they meet the BSCB threshold for referral? All met threshold.
If there was immediate, danger to a child, did the practitioner contact Children's Social Care to discuss those concerns? 2 cases were discussed, 1 due to substance misuse and the other due to concerns of trafficking.
Where referrals clear and succinct? Concerns were clearly set out. 1 referral lacked information about professionals involved.
Did the referral include details of significant family members? All the referrals included this information.
How many referrals were discussed with the safeguarding midwife? 4 were discussed with the safeguarding specialist midwife.
What was the outcome of the referrals? Children's Social Care opened 5 for assessments. 1 had support from the Bromley Children's project. 1 was closed with an instruction to re-refer when a father was released from prison.
Recommendations
Remind midwives at mandatory training: to send a copy of safeguarding referrals to the safeguarding midwife, to follow-up on the outcome of the referral. Disseminate the audit findings

Multi-agency Audit

1. **Lambeth case review (December 2018)**

7 cases were considered that included assessment of mothers, fathers and babies. Where midwives referred the unborn baby at early stages of pregnancy the referral was progressed in a timely way and multi-agency interventions were purposeful. Where assessments were

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completed late, safety plans were not always purposeful. A theme emerged during the reviews that social workers needed an opportunity to receive training on the roles of midwives and health visitors. Following this the Named midwife put together training for social workers.

2. **Multi-agency audit Lambeth 'Getting Child Protection Right' (April 2019)**

The Performance and Quality Assurance Subgroup randomly selected 20 cases. 6 cases had been managed though early help and 14 were open to Children's Social care. There was a range of cases, pre-birth, pre-school, school age and adolescents. Concerns included neglect, domestic abuse, parental substance misuse, mental ill health, child sexual abuse/risk of exploitation.

Findings

Early Help – children benefitted from well-co-ordinated early help services. 6 cases demonstrated effective multi-agency support.

Thresholds –Thresholds are understood in Lambeth; higher cases are escalated swiftly and are appropriately stepped down. Children in need of immediate protection receive a timely response that keeps them safe. There was good management oversite in supporting practitioners and directing practice.

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Recommendations

1. Further work is needed to ensure strategy discussions include all the relevant professionals.
2. Attendance at child protection conferences by police needs to be reviewed
3. There should be further representation in the Multi-Agency Safeguarding Hub by education.
4. Sharing of information by the probation service in a timely way needs consideration
5. There should be no pre-conference threshold meeting once a conference has been arranged.
6. Further work is required to look at the timeliness of child in need plans and the contribution from partner agencies
7. Promotion of training and development professionals providing supervision

3. **Lambeth Multi-agency audit on domestic abuse**

The purpose of the audit was to ascertain if there was evidence that:

- There was early intervention to offer support to both the victim, any child (Ren) in the household and the perpetrator.
- There was adequate Information sharing between agencies, with appropriate consent.
- Agencies had referred victims to a DV service for specialist support.
- There was effective risk management.

10 cases were randomly selected **and** multi-agency work over a 12-month period evaluated.

Findings

Basic information had been recorded and the history was clearly recorded. Referrals were appropriate and timely. Thresholds had been adhered to. Risk assessments had been completed. 7 cases were discussed at MARAC. The majority of cases had a plan on file. Multi-

agency interventions were in place and there was good communication across agencies. In one case, GAIA did not feel listen to and challenged CSC. There was evidence of management oversight. Multi-agency work was considered to have made a positive difference in six cases. Children's views had been listened to.

Recommendations

1. Threshold for referral to re-inforced by each agency
2. Escalation policy to be recirculated
3. Information sharing protocol to be followed
4. Child protection chairs to be offered domestic abuse training
5. MARAC plans should be on all case files
6. Risk assessment tools completed
7. Engagement with fathers and young people who are perpetrators of domestic abuse. This been referred to Safer Lambeth Partnership and the Adult Safeguarding Board.

All recommendations were actioned in December 2018.

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Report to: Board of Diretors

Date of meeting: 12th December 2019

Subject: Nursing Establishment Reviews

Author(s): Jo Haworth, Fahim Lunat, Emma Symes

Presented by: Professor Nicola Ranger

Sponsor: Professor Nicola Ranger

History KE

Status: Decision

1. Background/Purpose

This report outlines the process and recommendations from the November 2019 Nursing and Midwifery establishment review. The recommendation is to increase the overall headcount by 158.1 WTE at a cost of £10.0m. This will be funded from existing budget with an overall cost pressure of £1.2m. The cost pressure will be recovered through reduced bank spend during the financial year 2020/21.

2. Action required

King's Executive (KE) is asked to approve the below changes to in-patient nursing and midwifery establishments:

	Current Budgets (M6 1920)		Establishment Review 22%		Difference	
Division	M6	M6 Annual Budget	Proposed	Proposed Annual Budget	Increase / (decrease)	Increase / (decrease)
	WTE	£000	WTE	£000	WTE	£000
NWC	1,555.04	68,099	1,590.12	71,826	35.08	3,728
PRUH	980.55	40,429	1,051.54	43,511	70.99	3,082
UPAC	952.92	40,757	1,004.91	43,968	51.99	3,211
Total	**3,488.5**	**149,285**	**3,646.6**	**159,306**	**158.1**	**10,020**
Central Funding in Divisions						
Maternity Leave Funding						3,772
Temporary Staffing Premium Funding						951
Enhanced Care						3,720
Business case Funding (CAR-T & Brunel)						413
Total Central Funding for Nursing						**8,857**
Funding Required						**1,164**

	M6 Annual		Difference	Difference

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3. Key implications

Legal:	N/A
Financial:	Increased headcount in nursing and midwifery by 158.1 WTE at a cost of £10.0m. with assurance that run rate will be steadily decreased from April 2020 with this proposed budget in place. All wards will be expected to reduce the run rate between 17% – 30% with targets being set at the individual ward level. Achieving a 17% reduction on bank spend will offset the funding required for the 158.1 WTE headcount.
Assurance:	N/A
Clinical:	Increased headcount in nursing and midwifery inpatient areas by 158.1 WTE to improve staff to patient ratios and provide 24/7 nurse in charge supervisory cover.
Equality & Diversity:	N/A
Performance:	Improved staff to patient ratios in nursing and midwifery inpatient areas and increased Band 6s in some templates to assist with performance targets by providing oversight and senior leadership out of hours.
Strategy:	N/A
Workforce:	Increased headcount in nursing and midwifery inpatient areas by 158.1 WTE and alteration in budgeted headroom (nursing 22% and midwifery 24%) with assurance that run rate will be steadily decreased from April 2020 with this proposed budget in place.
Estates:	N/A
Reputation:	N/A
Other:(please specify)	

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4. Report

Nursing Establishment Reviews

Executive summary

This paper outlines the process and recommendations from the November 2019 Nursing and Midwifery establishment review. The recommendation is to increase the overall headcount by 158.1 WTE at a cost of £10.0m. This will be funded from existing budget with an overall cost pressure of £1.2m. The cost pressure will be recovered through reduced bank spend during the financial year 2020/21.

This paper provides assurance to KE that the review of staffing establishments in nursing and midwifery inpatient areas has been completed using recognised methodology and professional judgement and the proposed recommendations will enable the Trust to support frontline staff in delivering safe, high quality clinical care.

Recommendations

The suggested changes for areas reviewed are presented in Table 1 below.

Table 1: Overall Trust wide changes to nursing establishments as recommended by the establishment review

	Current Budgets (M6 1920)		Establishment Review 22%		Difference		Run Rate check		Run Rate Reduction		
Division	M6 WTE	M6 Annual Budget £000	Proposed WTE	Proposed Annual Budget £000	Increase / (decrease) WTE	Increase / (decrease) £000	Forecast Outturn 19/20 £000	*Run Rate change + / - £000*	10%	15%	30%
NWC	1,555.04	68,099	1,590.12	71,826	35.08	3,728	69,136	*2,690*	£227	£341	£682
PRUH	980.55	40,429	1,051.54	43,511	70.99	3,082	43,664	*-153*	£240	£360	£720
UPAC	952.92	40,757	1,004.91	43,968	51.99	3,211	46,287	*-2,318*	£247	£371	£741
Total	**3,488.5**	**149,285**	**3,646.6**	**159,306**	**158.1**	**10,020**	**159,087**	***219***	**£714**	**£1,072**	**£2,143**

Central Funding in Divisions	
Maternity Leave Funding	3,772
Temporary Staffing Premium Funding	951
Enhanced Care	3,720
Business case Funding (CAR-T & Brunel)	413
Total Central Funding for Nursing	**8,857**
Funding Required	**1,164**

Note: this excludes Elizabeth Ward which is shown separately below on page 8.

The current monthly average usage of bank is 248 WTE.

This request is to increase the establishment by a total of 158.1 WTE as seen in Table 1 above. However, achieving a run rate reduction of 17% will offset the funding requirement. This reduction is calculated on shift bookings on bank for sickness, enhanced care and maternity.

This report recommends that the ward areas are assigned 22% headroom and increasing in inpatient midwifery areas to 24% (to include additional study leave allowance.)

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In the financial year 19/20 nursing inpatient areas were allocated a 22% uplift however, the maternity leave budget was held centrally. Allocating this money locally into ward budgets will give managers better oversight and will allow increased control & challenge. In order to prevent over recruitment and increased spend the wards will only recruit to 95% of their total establishment. This will provide wards with sufficient budget to cover any temporary staffing requirements e.g. sick leave.

1. Background/Purpose

All Trusts must ensure National Quality Board's (NQB) 2018 guidance is formally embedded in their safe staffing guidance, which states:

- That the workforce consists of sufficient, suitably qualified, competent and experienced staff to meet care and treatment needs safely and effectively.
- That there is a systematic approach to determining the number of staff and range of skills required to meet the needs of people using the service to keep them safe at all times.
- When deciding on staffing Trusts must use an approach that reflects current legislation and guidance where it is available.

NQB's (2018) guidance states that the Trust must meet three expectations: deploying the right staff with the right skills at the right place and time. The Trust establishment review cycle in 2018, which was supported by NHSi resulted in a total decrease of 115 WTE/headcount (TBC) across the three divisions.

In July 2019 the Trust's new Chief Nurse, Nicola Ranger, started in post and instigated the establishment review process as of September 2019. This process included listening to nursing and midwifery staff and using professional judgement to implement safe staffing levels to ensure patient safety and high quality patient care. One of the key safety measures that this process has highlighted, is the absence of a supervisory nurse in charge in all clinical areas 24 hours per day. This role has therefore been included into nursing and midwifery templates where this was previously not in place. In addition, there has been an increase in Band 6s in some establishments to provide extra support, increase oversight and improve senior leadership out of hours.

To ensure a consistent approach across the Trust, the following principles have been applied:

- Acute wards should, where appropriate, have band 6 or above in charge
- Registered Nurse ratio to range between 1:4 and 1:8 in acute adult inpatient areas

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A summary outlining the services reviewed by division is presented in Table 3 below:

Table 3: summary table outlining the services reviewed by division

Division	Care Group
Networked Care	• Cardiovascular Sciences • Critical Care • Variety Children's Hospital • Haematology • Liver • Renal • Neurosciences
PRUH & South Sites	• Medical wards • Surgical wards • AMU • Maternity • Children's ward
UPAC	• Acute Medical Units • Post-Acute and Planned Medicine • Surgery & Major Trauma • Women's Health

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2. Recommendations

Following the utilisation of an evidence based, peer reviewed triangulation methodology the review proposes the following costings/changes to establishments:

NWC NURSING ESTABLISHMENT REVIEW 2019/20			Current Budgets (M6 1920)		Establishment Review 22%		Difference	
Department	Cost Code	Cost Code Name	M6	M6 Annual Budget	Proposed	Proposed Annual Budget	Increase / (decrease)	Increase / (decrease)
			WTE	£000	WTE	£000	WTE	£000
Cardiovascular Sciences	2153	Sam Oram Ward	47.17	2,173	51.33	2,401	4.16	227
	2160	Victoria & Albert	22.90	942	26.40	1,113	3.50	171
	2344	Cotton Ward	33.25	1,442	34.37	1,536	1.12	94
	205H	Victoria & Albert - HDU 10 Beds	29.77	1,184	34.73	1,519	4.96	335
	205G	Victoria & Albert - CRU 6 Beds	20.62	959	23.60	1,125	2.98	166
Total Cardiovascular Sciences			**153.7**	**6,700**	**170.4**	**7,694**	**16.7**	**994**
Critical Care	203E	Nursing Unit 1 (New Build)	109.36	4,927	104.92	5,130	-4.44	203
	2195	Liver Intensive Therapy Unit	123.69	5,772	119.76	5,790	-3.93	18
	2936	Christine Brown - ICU Ward	128.04	5,063	123.84	5,852	-4.20	789
	2993	Frank Stansil Critical Care Unit	89.61	4,293	86.52	4,016	-3.09	-277
Total Critical Care		**Total Critical Care**	**450.7**	**20,055**	**435.0**	**20,789**	**-15.7**	**734**
Variety Children's Hospital	2167	Toni & Guy	32.79	1,297	37.16	1,487	4.37	190
	2170	NICU	123.41	5,969	118.09	5,982	-5.32	14
	2171	Ray of Sunshine Ward	43.48	1,709	43.82	1,963	0.34	254
	2173	PICU	73.60	3,562	76.75	3,678	3.15	116
	2176	Children's Ambulatory	14.10	440	13.96	426	-0.14	-13
	2177	Children Surgical Ward	41.75	1,760	45.98	1,905	4.23	145
	2178	Paediatric Recovery Team	6.00	254	6.51	302	0.51	48
	2989	Paediatric Short Stay Ward	16.39	600	17.07	762	0.68	162
Total Variety Children's Hospital		**Total Variety Children's Hospital**	**351.5**	**15,591**	**359.4**	**16,506**	**7.8**	**915**
Haematology	2215	Derek Mitchell Unit	29.22	1,341	31.14	1,486	1.92	145
	2618	Davidson Ward	29.22	1,459	31.18	1,345	1.96	-114
	2899	New Waddington	18.96	905	26.12	1,281	7.16	376
	2988	Elf & Libra	29.22	1,338	33.65	1,463	4.43	125
Total Haematology		**Total Haematology**	**106.6**	**5,043**	**122.1**	**5,575**	**15.5**	**532**
Liver	2186	Dawson Ward	34.62	1,484	33.93	1,575	-0.69	92
	2198	Todd	39.75	1,683	40.03	1,762	0.28	79
	2854	Howard Ward	26.95	1,121	26.40	1,083	-0.55	-38
Total Liver		**Total Liver**	**101.3**	**4,288**	**100.4**	**4,421**	**-1.0**	**133**
Renal	2302	Fisk and Cheere Ward	44.61	1,962	48.76	2,184	4.15	222
Total Renal		**Total Renal**	**44.6**	**1,962**	**48.8**	**2,184**	**4.2**	**222**
Neurosciences	2205	Frank Cooksey Rehab Unit	31.05	1,260	30.42	1,281	-0.63	22
	2225	Friends Stroke Unit	64.57	2,762	63.36	2,604	-1.21	-158
	2242	Murray Falconer	55.14	2,215	54.43	2,086	-0.71	-129
	2246	Kinnier Wilson	43.04	1,729	42.19	1,765	-0.85	37
	2265	Charles Polkey Ward	45.89	1,946	47.34	1,940	1.45	-6
	2612	David Marsden	43.04	1,699	42.23	1,696	-0.81	-3
	2667	Neurosciences HDU	31.78	1,533	42.71	1,976	10.93	443
	2L18	Ontario Ward	32.05	1,317	31.42	1,309	-0.63	-7
Total Neurosciences		**Total Neurosciences**	**346.6**	**14,460**	**354.1**	**14,658**	**7.5**	**198**
Grand Total			**1,555.0**	**68,099**	**1,590.1**	**71,826**	**35.1**	**3,728**
Maternity Leave Funding								-1,343
Temporary Staffing Premium Funding								-210
Enhanced Care								-880
CAR-T Business case								-208
Total Central Funding for Nursing								-2,641
Funding Surplus/ (Deficit)								**1,086**

Networked Care Wards show an increase of 35.1 WTE at a cost of £3.7m. The centrally funded nursing pots amount to £2.6m which leaves a cost pressure of £1.1m in the ward nursing budgets.

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PRUH NURSING ESTABLISHMENT REVIEW 2019/20

Care Group	Cost Centre	Cost Centre Name	Current Budgets (M6 1920)		Establishment Review 22%		Difference	
			M6	M6 Annual Budget	Proposed	Proposed Annual Budget	Increase / (decrease)	Increase / (decrease)
			WTE	£000	WTE	£000	WTE	£000
WCCS	2A73	Surgical 8	24.09	996	25.40	1,018	1.31	22
WCCS	2C12	Childrens Ward	26.19	1,073	28.18	1,051	1.99	-22
WCCS	2C13	SCBU	22.84	1,140	25.51	1,293	2.67	153
WCCS	2A95	Labour Ward	69.97	3,798	71.10	3,890	1.13	92
WCCS	2A99	PRUH Postnatal Ward	44.66	2,046	54.95	2,401	10.29	355
WCCS	2B31	PRUH Maternal Assessment	7.80	323	7.79	329	-0.01	6
WCCS	2C10	Birthing Centre PRU	17.13	856	17.29	858	0.16	2
Total for WCCS			**212.7**	**10,232**	**230.2**	**10,840**	**17.5**	**608**
AMU	2A35	AMU	105.51	4,212	104.22	4,254	-1.29	42
Total for AMU			**105.5**	**4,212**	**104.2**	**4,254**	**-1.3**	**42**
PAM	2A43	Chartwell Ward	24.09	1,010	27.19	1,183	3.10	174
PAM	2A74	Farnborough Ward	42.05	1,575	42.36	1,497	0.31	-78
PAM	2A04	Stroke (M5) & HASU Ward	80.40	3,319	83.82	3,301	3.42	-19
PAM	2A68	Medical 1 Ward	24.09	971	26.22	1,061	2.13	90
PAM	2A21	Medical 2 Ward	29.22	1,096	32.41	1,181	3.19	85
PAM	2A27	Medical 3 Ward	30.22	1,145	32.20	1,266	1.98	122
PAM	2A23	Medical 4 Ward	30.42	1,107	32.20	1,254	1.78	147
PAM	2A26	Medical 6 Ward	31.78	1,165	38.67	1,491	6.89	326
PAM	2A28	Medical 7 Ward	29.22	1,129	33.76	1,288	4.54	159
PAM	2A25	CCU / M8 Ward	46.60	1,990	60.76	2,685	14.16	695
PAM	2A24	Darwin 1 Ward	36.91	1,373	39.84	1,531	2.93	158
PAM	2A37	Darwin 2 Ward	36.91	1,363	40.47	1,561	3.56	198
PAM	2L35	Elizabeth Ward					0.00	0
PAM	2L35	Churchill Ward	38.91	1,502	38.12	1,438	-0.79	-64
Total for PAM			**480.8**	**18,744**	**528.0**	**20,737**	**47.2**	**1,993**
STAE	2A36	Surgical Ward 3	28.48	1,108	28.29	1,159	-0.19	51
STAE	2A82	Surgical Ward 4	21.52	888	23.61	955	2.09	66
STAE	2A55	Surgical Ward 5	36.92	1,432	38.68	1,568	1.76	135
STAE	2A72	Surgical Ward 6	25.92	1,098	28.68	1,225	2.76	127
STAE	2A54	Surgical Ward 7	42.04	1,612	43.70	1,703	1.66	91
STAE	2L07	Boddington Ward	26.66	1,103	26.11	1,070	-0.55	-32
Total for STAE			**181.5**	**7,241**	**189.1**	**7,680**	**7.5**	**439**
Grand Total			**980.6**	**40,429**	**1051.5**	**43,511**	**71.0**	**3,082**
Maternity Leave Funding								-820
Temporary Staffing Premium Funding								-189
Enhanced Care								-1,100
Total Central Funding for Nursing								-2,109
Funding Surplus/ (Deficit)								973

PRUH Wards show an increase of 71.0 WTE at a cost of £3.1m. The centrally funded nursing pots amount to £2.1m which leaves a cost pressure of £1.0m in the ward nursing budgets.

Note: this excludes Elizabeth Ward which is shown separately below on page

Page **7** of **13**

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UPAC NURSING ESTABLISHMENT REVIEW 2019/20			Current Budgets (M6 1920)		Establishment Review 22%		Difference	
Care Group	Cost Code	Cost Code Name	M6	M6 Annual Budget	Proposed	Proposed Annual Budget	Increase / (decrease)	Increase / (decrease)
			WTE	£000	WTE	£000	WTE	£000
Acute & Emergency	2202	Annie Zunz Ward (TEAM)	46.83	1,962	50.85	2,108	4.02	146
	2841	Twining Ward	36.45	1,697	35.61	1,425	-0.84	-272
	2794	RDL (AMU)	46.83	2,015	50.85	2,183	4.02	168
Acute & Emergency Total			**130.1**	**5,673**	**137.3**	**5,715**	**7.2**	**42**
Post-Acute and Planned Medic	2206	Byron Ward (AHAU)	46.08	1,801	48.34	2,004	2.26	202
	2238	Donne Ward	46.04	1,723	48.34	1,984	2.30	260
	2239	Marjorie Warren Ward	46.04	1,853	48.34	2,017	2.30	164
	2497	Lonsdale Ward	38.34	1,621	40.80	1,674	2.46	53
	2935	MARY RAY WARD	45.30	1,692	47.62	1,831	2.32	138
	2G53	Matthew Whiting Ward	35.78	1,384	40.80	1,808	5.02	424
	2211	Oliver Ward	46.08	1,712	50.13	1,815	4.05	104
Post-Acute and Planned Medicine Total			**303.7**	**11,787**	**324.4**	**13,133**	**20.7**	**1,346**
Surgery & Major Trauma	2336	Brunel Ward	31.88	1,211	35.45	1,484	3.57	273
	2977	Coptcoat Ward	26.14	1,146	26.33	1,123	0.19	-23
	2842	Katherine Monk ASU	55.66	2,204	57.57	2,303	1.91	100
	2337	Lister Ward	38.43	1,698	47.47	1,876	9.04	178
	2349	Elective Orthopaedic Unit	18.65	757	18.29	822	-0.36	65
	2578	Trundle Ward	30.38	1,194	30.49	1,235	0.11	41
Surgery & Major Trauma Total			**201.1**	**8,210**	**215.6**	**8,844**	**14.5**	**634**
Womens Health	2283	Womens Surgical Unit	18.57	810	18.18	906	-0.39	96
	2284	Labour Ward	92.01	4,455	91.06	4,724	-0.95	270
	2294	William Gilliatt	63.27	2,749	67.23	2,955	3.96	206
	2286	Specialist Midwifery*	32.38	1,507	36.13	1,851	3.75	344
	2272	Community & Practice Midwi	98.13	4,888	98.13	5,066	-0.00	178
	2296	Maternal Assessment Unit	6.11	282	7.99	384	1.88	102
	2278	Harris Birthright Unit	7.54	397	8.93	392	1.39	-5
Womens Health Total			**318.0**	**15,088**	**327.6**	**16,277**	**9.6**	**1,189**
Grand Total			**952.9**	**40,757**	**1,004.9**	**43,968**	**52.0**	**3,211**
		*Excludes 8B post						
Maternity Leave Funding								-1,609
Temporary Staffing Premium Funding								-552
Enhanced Care								-1,740
Brunel Ward Escalation								-205
Total Central Funding for Nursing								-4,106
Funding Surplus/ (Deficit)								**(895)**

UPACS Wards show an increase of 52.0 WTE at a cost of £3.2m. The centrally funded nursing pots amount to £4.1m which is a saving of £0.9m against current nursing ward budgets. This will help offset the budgeted cost pressure across Networked Care and PRUH above.

Unfunded Ward

Elizabeth Ward at PRUH is currently unfunded and is excluded from the above analysis. If this were to be funded this would require 31.14 WTE at a cost of £1.3m. Funding this ward would benefit the Trust run rate by £0.2m as it is currently being staffed with bank and agency.

Unfunded Ward	M6 WTE	M6 Annual Budget	WTE 22%	Budget 22%	Difference WTE	Difference £000
Elizabeth Ward (PRUH)	0.00	0	31.14	1,281	31.14	1,281

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3. Delivery of Recommendations

The recommendations from the 2019 establishment reviews requiring KE approval are listed below:

- 24/7 nurse in charge added into templates out of hours (to be supervisory and not allocated their own patients) to provide oversight and support
- An increase in Band 6s in some departments to provide extra support, increase oversight and improve senior leadership out of hours
- An increase in substantive HCA WTE to reduce the need for bank HCAs to provide enhanced care and give greater oversight of enhanced care requirements
- To prevent over recruitment and increased spend the wards will only recruit to 95% of their total establishment
- There will be annual establishment reviews (with a mid-point review) as per the Annual Review Process for Nursing and Midwifery Workforce (Appendix 1.) Any further requests in-between must be managed through the same governance process via the Chief Nurse.
- An increase of nursing and midwifery inpatient headroom, detailed in Table 4 below.

Headroom is allocated to departmental establishments to allow for annual leave, sickness, maternity leave, training and development. The Trusts' current headroom is 22% for inpatient and specialist areas and 17% for ambulatory areas, with the recommendation that this is maintained at 22% in nursing inpatient areas and increased to 24% in midwifery inpatient areas with the entire budget for this being managed locally at departmental level.

Table 4: The Trusts' recommended headroom

Categories	Headroom Allowance – nursing inpatient areas	Headroom Allowance – midwife inpatient areas
Annual Leave	15%	15%
Sickness	3%	3%
Maternity Leave	2%	2%
Study Leave (and other)	2%	4%
Total	**22%**	**24%**

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To provide assurance that run rate will be steadily decreased with this proposed budget in place the following Trust wide initiatives are planned:

- Substantive staff will be allocated first to reduce the need for temporary staff
- Substantive staff will be recruited to 95% of the entire establishment and temporary staff will not be used to fill this newly created gap in the interim prior to recruitment
- The increase in substantive Health Care Assistant (HCA) WTE will reduce the need for bank HCAs to provide enhanced care and will give greater oversight of enhanced care requirements
- Targets will be agreed with each ward to achieve a 17-30% reduction in temporary staffing spend (factoring in the individual nuances of each department and the changes made in the establishment review)
- An overall standardised Trust process will be defined to ensure prospective review of bank shifts in each department
- Improved management of sickness with HR to continue the ongoing collaborative work on this between nursing and HR
- There will be a review (and refresh if required) of request reasons for temporary staffing to ensure accurate usage and therefore valid data

Run Rate Reduction		
10%	15%	30%
£227	£341	£682
£240	£360	£720
£247	£371	£741
£714	£1,072	£2,143

	WTE
Month 6 vacancies	303.7
Avg monthly bank usage	551.7
Mthly over establishment	-248.0

Current usage of bank is 248.0 WTE on average above establishment. The central funding for maternity, enhanced care and agency premium currently offset this cost, however increasing the establishments will allow for increased control of this spend, and reduce the usage over the next financial year. The forecast bank expenditure for the wards under this review is £7.1m in 2019/20 under the reason codes *Sickness, Enhanced Care and Maternity*. In order to cover the costs of funding the increased establishment, a reduction in run rate of 17% minimum will be required in the next financial year. Given the additional resource being allocated to the wards it is fully expected the wards will reduce the run-rate in 2020/21 by between 17% - 30%. Each ward will be allocated a fixed target before April 2020 and additional budgetary and roster training will be provided for the ward managers, matrons and heads of nursing to help deliver the expected expenditure reduction.

To provide further assurance that the decrease in run rate will be achieved if the proposed establishment changes are approved, a series of Trust wide initiatives will

be implemented as highlighted below:

- **Recruitment of substantive staff:** Substantive staff will be recruited to 95% of the entire establishment and temporary staff will not be used to fill this newly created gap in the interim prior to recruitment. Staff will be recruited domestically and internationally and will be allocated to fill existing vacancies first in order to reduce the need for temporary created gap in the interim prior to recruitment. Staff will be recruited domestically and internationally and will be allocated to fill existing vacancies first in order to reduce the need for temporary staff.
- **Focused work on enhanced care:** The increase in substantive Health Care Assistant (HCA) WTE will negate the need for bank HCAs to provide enhanced care and will give greater oversight of enhanced care requirements. Work with the Head of Nursing for Mental Health is also underway which will include a review and refresh of the Enhanced Care Policy and risk assessment, provision of further tools to staff to reduce spend on enhanced care and involvement in the Violence and Aggression work stream to look at extra support for wards.
- **Reduction in temporary staffing usage:** Targets will be agreed with each ward to achieve a 17-30% reduction in temporary staffing spend (factoring in the individual nuances of each department and the changes made in the establishment review.) The Ward Managers, Matrons and Heads of Nursing will be involved in meetings from January to March 2020 to agree these targets and the standardised Trust process to ensure adherence to these ensuring prospective reviews of bank shifts in each department. There will also be a review (and refresh if required) of request reasons to ensure accurate usage and therefore valid data for governance and challenge.
- **Improved management of sickness:** Ongoing work continues with nursing and midwifery teams and HR to ensure a more rigorous approach to manage staff sickness going forwards.
- **Masterclasses on managing budgets/headroom/e-rosters/staffing:** The Ward Managers, Matrons and Heads of Nursing will be expected to attend a masterclass from January to March 2020. These classes will provide further education and budget management training in line with the establishment changes and adjustments in headroom value. Importantly this will provide guidance on how to practically manage this at a departmental level. This process will be led by Executive Nursing and will require the support of finance and e-roster colleagues to ensure the proposals are rolled out in April 2020. Masterclasses will also continue beyond April 2020 to ensure that any new staff joining the trust are familiarised with the agreed processes. In addition a manual of guidance will be developed and distributed to all relevant staff.

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4. Conclusion

KE is asked to review this paper and note the following recommendations:

- To increase the headcount by 158.1 WTE and to fund the £1.2m shortfall
- To fund the proposed establishment for Elizabeth ward, 31.14 WTE at a cost of £1.3m.
- To approve the proposed actions that will be implemented to ensure that budgetary control is maintained and run rate reductions achieved.

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5. Related documents

https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

https://www.hee.nhs.uk/sites/default/files/documents/Nurses%20leaving%20practice%20-%20Literature%20Review.pdf

https://improvement.nhs.uk/documents/5940/20190903_UPDATED_Nursing_Midwifery_E-Rostering_Guidance_September_2019.pdf
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf

https://improvement.nhs.uk/documents/3320/Developing_workforce_safeguards.pdf

http://shelfordgroup.org/library/documents/130719_Shelford_Safer_Nursing_FINAL.pdf

https://quicktech.imperialinnovations.co.uk/i/Surveys_Questionnaires/SNCT_CandYP.html?item=SNCT_CandYP

https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf

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Appendices

Appendix One: Annual Review Process for Nursing and Midwifery Workforce 2019/2020

Month	Activity
September 2019	• Annual Ward Reviews with Chief Nurse and all stakeholders
October	• Annual Ward Reviews ongoing
November	• Final Annual Ward Reviews completed
December	• Establishment review paper to Trust Board
January 2020	• Meetings with all stakeholders to feedback establishment review confirmed changes (Jan-March)
Feburary	• Focussed Acuity & Dependency data collection (Cycle 1)
March	• Meetings with all stakeholders to feedback establishment review confirmed changes completed
April	• New budgets with establishment rv changes take effect
June	• 6 monthly Staffing paper to Trust Board • Focussed Acuity & Dependency data collection (Cycle 2)
September	• Annual Ward Reviews
October	• Final Annual Ward Reviews completed
November	• Focussed Acuity & Dependency data collection (Cycle 3)
December	• 6 monthly Staffing paper to Trust Board

**Monthly staffing paper to Trust Board*

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Report to:	Board of Directors
Date of meeting:	12th December 2019
Subject:	Winter Planning: Denmark Hill site
Author(s):	Lesley Powls, Head of Clinical Site and Embergency Planning
Presented by:	Bernie Bluhm, Chief Operating Officer
Sponsor:	Bernie Bluhm, Chief Operating Officer
History:	KE and QPP
Status:	Discussion/Information

Summary of Report

The plan describes the preparedness of the Denmark for winter 2019/2020- outlining the measures taken to manage the pressures associated with winter. The paper references a number of additional documents that should be read alongside the winter plan describing the sites response to specific risks. The plan contains six appendices, appendices 5 and 6 will be attached to the plan when rotas and schedules are finalised.

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Action Required

For noting

Key implications

Legal:	None
Financial:	Potential financial implication is referenced in winter schemes.
Assurance:	Internal assurance following best practice guidance.
Clinical:	None.
Equality & Diversity:	None
Performance:	There is a potential risk to performance associated with the impact of winter
Strategy:	None

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Workforce:	Temporary issues with workforce in relation to increased sickness/ absence and cold weather travel disruption.
Estates:	Requirement to manage inclement weather
Reputation:	Potential implications for regional and local reputations associated with the impacts of a reduction in performance.
Other:(please specify)	The current timing of a proposed EU Exit would see potential maximum impact across the winter period.

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DENMARK HILL SITE

WINTER OPERATIONAL PLAN 2019/20

9.1

*THIS PLAN SUPPORTS THE MANAGEMENT OF WINTER PRESSURES AND NOT EU EXIT - please refer to the separate EU Exit Plan

Approval By	King's Executive
Approval Date	
Title	Winter Operational Plan- Denmark Hill Site
Authors	Lesley Powls, Head of Clinical Site Management and Emergency Planning
Director Responsibility	COO
Start date	01.12.19
Review Date	31.03.20
Personnel Responsible for Updates	Lesley Powls
Distribution	Trustwide
Related Polices and Documents	*Full Capacity Protocol V.4- site* *Cold weather plan* *Inclement Weather and Travel Disruption Plan* *Pandemic Flu Plan* *Best Practice for Management of Discharge from an NHS Bed* *EU Exit Plan* *System Plan*

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Version Control

Date	Amendment	Reference
17.06.19	New Document- V1	LP1
16.08.19	First draft completed for review through EX Night King and sent for additional commentary	LP2
10.09.19	Reviewed following winter meeting with DDO's and commentary added for critical care and cardiac	LP3
03.10.19	Reviewed following winter meeting with CEF, and IPC	LP4
03.10.19	Additional commentary form integrated care DMT	LP5
15.10.19	Amendments following COO comments	LP6
16.10.19	Critical Care Escalation SOP addition	LP7
16.10.19	"Your next patient" procedure addition	LP8

9.1

Plan Objectives

1. To deliver safe, high quality services for patients including the effective management of infection, ensuring that patients are seen in the right place in a timely manner during winter
2. Achievement of the key areas of service performance including managing the 4 hour emergency care standard, maintaining ambulance turnaround times, and managing the waiting time standards for patients with suspected cancer and the 18 week referral-to-treatment standard

Contents

1. Key pressures posed by winter
2. Review of the 18/19 Winter plan
3. Lessons learned from the 18/19 Winter Plan
4. Demand Profile
5. Winter Plan for 19/20
6. Capacity and Demand- including critical care
7. Workforce
8. Discharges and Flow
9. Infection Control
10. Flu Campaign
11. System Resilience
12. Children's Services' winter considerations
13. EPRR and cold weather resilience
14. Key success factors for this plan
15. Monitoring of this plan- Governance.
16. Appendices
    - Procedure for cancelling elective operations
    - Standard Operating Procedure for critical care escalation
    - Procedure for activation of your next patient (to be used alongside the full capacity protocol)
    - Standard Operating Procedure for opening escalation beds
    - Workforce and Directory of Services for Christmas and New Year period
    - Same Day Emergency Care Pathways and Benefits realisation.

9.1

1. Key pressures posed by winter

This plan outlines the operational actions King's College Hospital - Denmark Hill (DH) site will take to ensure it is resilient to any potential pressures on its hospital services during the winter period of 2019/20. These plans are created around our patients to ensure they balance patient safety and as well as achieving NHS England's key performance and access standards. This plan is informed by learning from previous winter pressures, as well as the NHSE and NHSI Winter Planning Guidance and good practice good practice guide: *Focus on Improving Patient Flow*.

A number of key pressures require additional planning in winter and these include:

- More complex / acutely dependant case mix leading to an increase in length of stay (LOS) and a subsequent reduction in capacity
- Reduction in timely discharge of patients due to increased demands on community/social care
- Increased demand for acute services due to higher levels of infection within the community
- Significant peaks of bed closures due to sustained infection outbreaks
- Increase in medical outliers, cancelled operations and ambulance handover delays
- Pressures on critical care capacity
- Unplanned absence of staff due to seasonal illness
- Adverse weather impacting on discharge delays and staff shortages
- Increased risk of infrastructure failure during winter
- Potential impact of EU Exit (covered within a separate plan)

2. Review of the 18/19 Winter Plan

A review of the winter plan took place through a winter debrief session held on the 17th of April 2019. A further local system debrief took place in June 2019. Key themes and highlights from the discussion include:

- Escalation space
- Site management, flow and escalation
- Discharge and onward care
- Emergency access pathways
- Staff resilience
- Elective planning
- Admission / Conveyance avoidance

3. Review of the 18/19 Winter Plan - Lessons learned

18/19 was the first year a formal winter plan had been submitted; although the plan was signed off at King's Executive in December, and tested through a Trust wide table top exercise, a number of elements of the plan had already been enacted, leaving very limited options during times of system pressures.

Key Lessons Learnt	Actions going forward
Capacity Planning / bed modelling for winter should occur at an organisational level not divisional or care group level	• 2019/2020 planning to account for management of elective pressures and a reallocation of bed base for the winter period if required
Redefine the function of the site management office to a winter office including consistent updates on infection control risks, estates and infrastructure concerns, full visibility of ED and elective admissions plus a repatriation function allowing for full command and control	• Ensure operations centre is fit for purpose • Site team service management structure to be fully embedded • Include a daily review of infrastructure • Consistent approach to the running of all daily meetings • CUR to be embedded • Single point of contact for all escalations • Single point of contact for all emergency transfers into organization • Twice daily site calls with PRUH ensuring management of risk across both sites • Employ index team to support real time bed management
Delayed Transfers of Care (DToCs) and Super stranded review process started late into the winter period and were not embedded within all clinical areas, which led to very little impact on numbers of stranded patients. MADE events were used ad-hoc in response to pressures rather than to support effective discharge profiles	• Review of stranded patient review process • Embed new way of management of stranded patients ensuring multiagency representation • Platinum "clinics" rather than events to be planned throughout winter period and not to manage surge • Platinum week completed in September and learning identified
Discharges across weekends were poor limiting capacity early in the week	• Write standard operating procedure for the management of weekend discharges formalising the work undertaken in Spring 2019
Discharges occurred late in the day; 65% of discharges happened after 14.00 meaning that it was difficult to decompress ED in a timely manner	• Implement SAFER care bundle in CUR • Ensure discharge lounge staffing is robust • Campaign to raise awareness of discharge lounge with clinical champions

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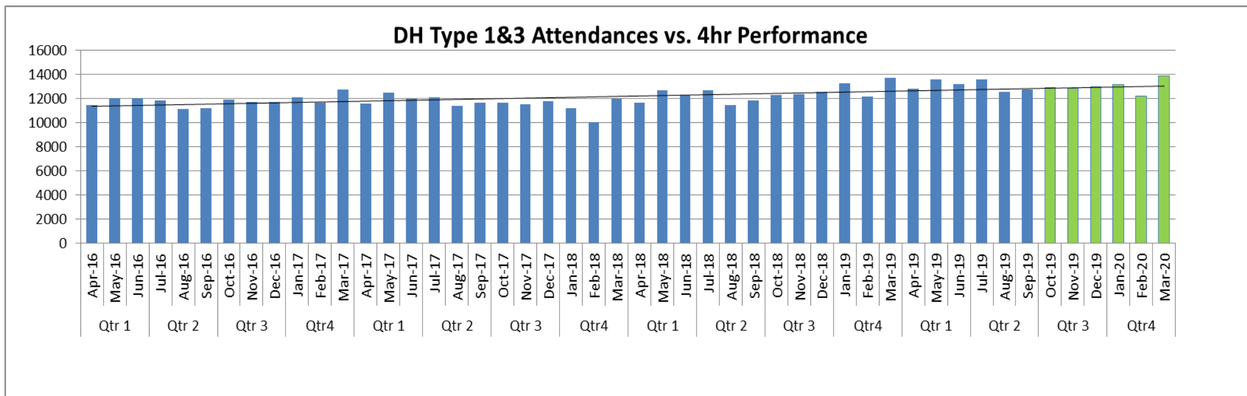
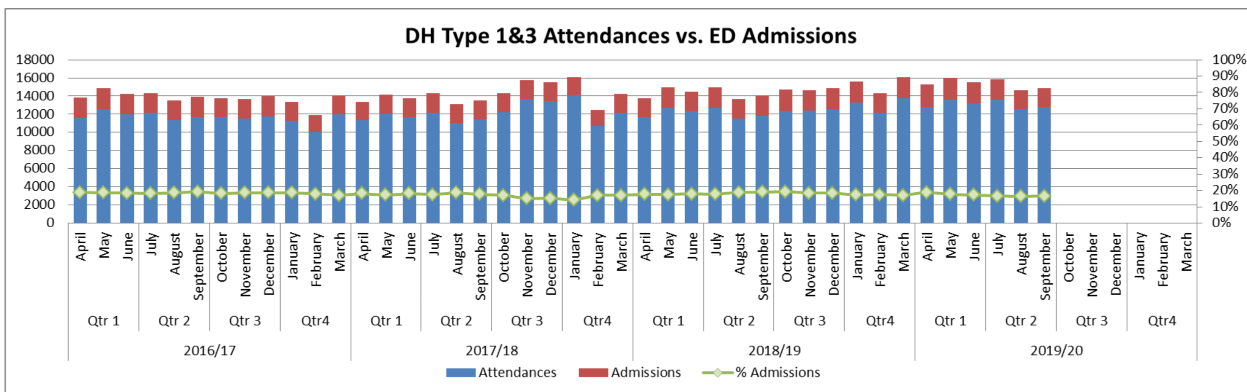
	• Embed and standardise EDD practice • Faster Moves Team trial to be extended into Network Care to support early moves and discharges
Escalation space on site is limited and was opened and used very early; once this had happened it could not be used flexibly to manage surge. This was mitigated in small part by the use of boarding but as this was not written into plan, areas had not been identified and the SOP to support boarding was written after the event	• Close escalation space on Twining and Marjory Warren by the 20th of December, and do NOT open the space until the week beginning 06.01.20 • "Your next patient" initiative to be attached to full capacity protocol
Flu A was seen early on the site as a result of inpatient transmission rather than community acquired. Side room availability became very quickly compromised.	• Flu campaign for staff to reflect the messages from 18/19 • Vaccination of inpatient vulnerable / at risk patient groups • Deep cleans and remedial works undertaken to clinical areas over summer to ensure estate options for management of IPC are maximised
Three new areas opened in ED over the winter period without the creation of any additional downstream areas, placing pressures on new ways of working on an already stressed department. The new areas caused a significant drop in performance early on in winter from which we did not recover.	• Ensure all pathways to support ambulant patients are in place and tested before winter • Review ED escalation and performance role and ensure embedded by December • Embed Internal Professional Standards escalation rota through site for escalation of speciality attends • Review ED Full Capacity Protocol and ensure the actions support surge rather than business as usual
Ambulance handover delays improved but then deteriorated and the Trust were unaware of any plans to avoid conveyances to hospital. Soft diverts were described to ED and a number of Trusts were in receipt of agreed diverts. Additionally the Trust were unaware of the expected amount of attends based upon LAS predictions for activity.	• Work with commissioners to understand winter plans within LAS and to review external support to avoid conveyances • Restart LAS monthly meeting to discuss plans • Circulate LAS conveyancing plan to avoid confusion about calling IRO/ diverts • Request, from system colleagues, daily information on expected LAS numbers across sector
Admission avoidance schemes were	• Review plans for vulnerable

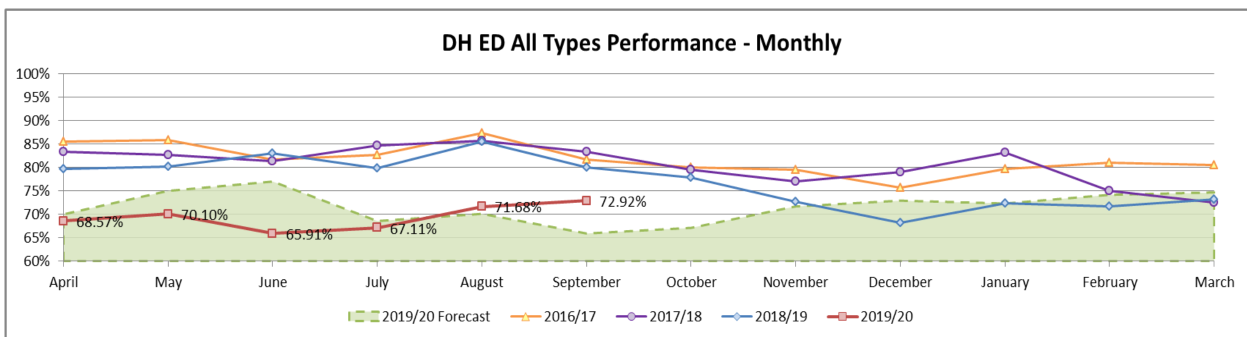
9.1

underdeveloped, not widely communicated and therefore difficult to support	admissions in relation to alcohol and social care with SLaM and system colleagues • Ensure an information repository is available for ED with bite size teaching on all winter admission avoidance schemes. • Review all high intensity users with third sector to support out of hospital review and case management
Weekend staffing was vulnerable across the ED and reflected is some parts of the main site. Additional shifts were added into the ED RN / ENP and GP staffing was reviewed late in winter.	• Open recruitment to all ED vacancies with particular focus on the RMN workforce • ED to work to red / amber and green shift notification assisting the organisation to support staffing.
Senior management experienced workforce fatigue through cover of out of hours Silver/ Gold role	• Rotas reviewed and time on call to be shortened • Additional recruitment to Silver role over the summer • Additional training put in place for Silver role • NHSE Gold training to take place in October
Workforce affected by seasonal illness and prolonged periods of pressure created stress and fatigue	• Staff flu planning to reflect the importance of vaccination to protect self and colleagues • Staff well-being events to be a focus of the winter
Full capacity cascade was not comprehensive and switchboards were unable to activate new campaign; therefore parts of the organisation were not alerted to surge and business as usual was maintained. Additionally support services were unaware of the need to provide extra response	• Switchboard to prioritise the creation of the FCP campaign • All action cards to be reviewed by divisions • Action cards to be created for E&F, soft FM, and transport • Additional integrated discharge calls to take place at 09.30 and 13.30 on both red and black escalation

4. Demand Profile







The trust has a recovery trajectory for ED performance of:

Trust Wide	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Trust trajectory	71.7%	73.5%	70.0%	73.6%	73.0%	73.2%	74.7%	76.3%	77.1%	78.0%	79.0%	80.0%
DH trajectory	68.6%	70.1%	65.9%	67.1%	71.7%	72.9%	72.3%	74.2%	74.7%	75.7%	76.4%	76.3%
PRUH/SS trajectory	75.3%	77.6%	74.9%	81.2%	74.5%	73.5%	77.5%	78.6%	79.8%	80.6%	81.7%	83.8%

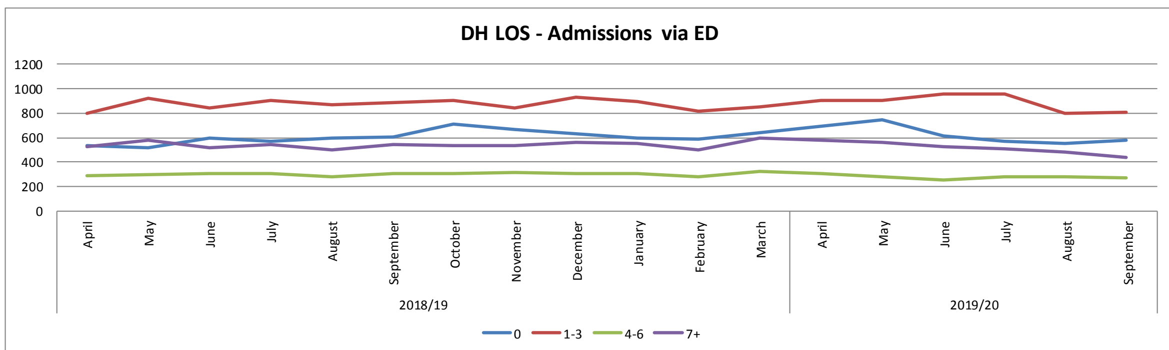
5. Winter Plan 19/20

The winter plan for 19/20 is based around ensuring we maximise the capacity on the site to meet the predicted demand throughout ED, and reviews options to improve capacity and reduce demand. Additionally sections covering workforce, discharges and flow, infection control and the management of seasonal flu are covered.

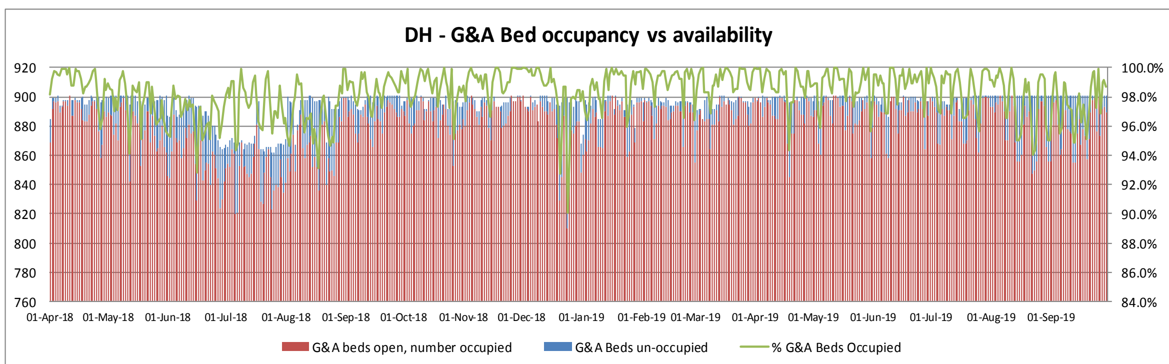
The site is undertaking a programme of transformation looking at the improvement in ED performance and the continued management of the RTT programme and cancer standards and these plans, although referenced in part, are not included within the winter plan, which is bespoke to the challenges faced during winter.

6. Capacity and Demand

THE DENMARK HILL SITE HAS NO EMPTY OR MOTHBALLED CLINICAL AREAS AND THEREFORE HAS NO ESCALATION SPACE TO BE USED OVER WINTER.



The chart below shows the typically high levels of general & acute (G&A) bed occupancy that is reported for the DH site, based on daily Sitrep submissions to NHSi, where levels above 98.7% can be seen for the Dec-Feb period.



It is clear that the increase in attends during the winter places demands upon the organisation that require an additional response outside of the opening of escalation space

Maximising Capacity- Adults (General)	**Description of Initiative**	**Intended Benefit / Start date**
Improved medical response time to ED Increased cover for medical patients during the winter period	Create a dedicated team for Medical outliers. There will be in effect a ward or plus, of patients outlying across a range of wards. Last winter, this caseload was being absorbed by teams already at capacity and unable to address patient needs in a timely and intensive manner. It is unsafe to have an additional ward plus, without thinking of a proper solution how these patients will be cared for. Creating a medical specialist team to manage outliers will ensure that patients receive timely and specialist access to treatment as they would on base wards.	This will ensure that we progress diagnostics, treatment and discharge planning to facilitate safe and fast transfer out of hospital where appropriate. The benefits to patient flow are obvious and discussed in next benefit. Providing reduction in inpatient LoS.
Setup rapid access lists for acute gallbladder procedures (low complexity only)	Patients can be discharged and booked back in for procedure on DSU rapid access list. Fewer patients to be admitted to inpatient beds waiting for a slot on CEPOD list.	Trial period started. Review underway re frequency of lists related to no. of suitable patients.
Develop PGD for bowel prep to prescribe from pre-assessment	Fewer elective colorectal patients will require admission the night before surgery for bowel prep it will be prescribed from pre-assessment.	Commenced from September
Embed SOP for elective admissions the day before surgery	Reduced instances of patients being admitted to beds the day before elective surgery.	01/01/20
Disciplined implementation of the “your next patient” SOP	To reduce risk of managing numbers of DTA’d patients in ED by moving patients to post-acute wards from admissions areas on identified discharges who	Escalation space is severely restricted and at times of surge, the risk of holding patients must be managed across the organisation rather than within ED

	may not have yet left, allowing ED to transfer patients to admitted areas	
Use of same day emergency care pathways	Reduce the number of patients in ED awaiting speciality opinions by moving patients through into SDEC pathways	Please see appendix for pathways and quantifiable benefit

Maximising Capacity- Adults (Critical Care)	**Description of the Initiative**
Ensure beds are occupied by appropriate patients	Ensure critical care stepdowns are considered for placement alongside the placement of patients from ED
Improving critical care repatriation	Thrice weekly reviews of all patients across the units identifying patients from out of area and pre alerting these patients as repats.
Potential admission avoidance	Increase in I-mobile support to assist non level 2 and 3 areas with patients trigger on NEWS2 and potentially avoiding admission
Escalation of critical care bed base	To provide 2 additional critical care bed spaces in main recovery.

7. Workforce

All Divisional teams have committed to ensuring that there are no gaps in senior decision makers over the Christmas/ New Year period. All rotas to cover the winter period and critically, the Christmas period, are created and signed off as complete by divisional teams six weeks in advance.

Additionally staffing for all clinical areas is reviewed through the ward safety huddles and staff are reallocated according to need. To support the "your next patient" initiative, the transfer team have been expanded to enable temporary resource to be deployed to clinical areas. The business continuity plans for the nurse bank have been refreshed and are held within emergency planning. During the winter period a member of the bookings team from within the nurse bank is present at the 08.30 and 09.15 site huddles.

A full rota is attached as part of the Directory of Services (DoS) for the period to cover 20.12.19 to 06.01.20.

8. Infection Control

The site is limited by the volume of side rooms available to nurse patients who might be infectious. As such, the need for rapid testing and diagnostics to enable appropriate isolation is imperative. Early identification and isolation of symptomatic patients on admission must be enforced.

From 01.12.19 a member of the infection control team will be present at all the site meetings from 08.30 to provide early review and escalation of isolation requirements.

An algorithm for the isolation of suspected Flu patients has been developed and will be available to support all clinical teams.

If required the IPC team can provide daily updates seven days a week of all flu positive patients within the organisation both internally and externally. Winter 18/19 saw confusion over the ability to rapid test for RSV and Flu and to limit confusion the following has been agreed:

RSV/ Flu swabs will be batched at four hourly intervals from ED and run through rapid testing with results available within 70 minutes. In recognition of the potential for limitations to the supply of personal protective equipment due to disruption post EU exit a buffer supply of kit has been purchased and is available on site.

A review of FIT testing and supply of FFP3 masks has been undertaken through the site management team, additionally a list of areas critical for FFP3 supply has been identified. A list of all FIT testers and those who have been FIT tested are help locally on LEAP.

Microbiology and Virology cover for the festive period is attached as part of the DoS

9. Flu Campaign - please reference the pandemic flu plan for management of flu pandemic

The staff flu campaign commenced on the 01.10.19 with an internal media campaign to encourage staff uptake of the vaccination. Vaccinations are available through regular flu clinics on all sites and the out of hours peer vaccination campaign. The aim of the campaign is to vaccinate 80% of front line staff.

Additionally the flu vaccine will be offered to all patients over 65 years of age who have been inpatients for over 6 weeks and to vulnerable patients who are deemed at risk; the list of patients is kept centrally through infection control and distributed through the site meetings and the stranded patient reviews.

10. System Resilience

Daily calls are held with the SEL Surge Hub at 09.45 and 16.00 hours daily to review the previous day's position and request help and support as required. Mental Health escalation also occurs for all patients for informal and formal admission to ease pressures on ED.

Work has progressed within the integrated care system to support the need to move patients through the acute system to support the lack of escalation space within the Denmark Hill site. Social care is based on site over the winter on weekends with the ability to restart packages of care, and social work is present within ED to support social admission avoidance.

An integrated care dashboard is available in the site office and packs are within clinical areas. Hampers are available to support early discharge, and good gym and Red Cross can be utilised to support simple discharges requiring enhanced support at home. Integrated local services have been added to the capacity alerts for Denmark Hill and provide the following enhanced support

A senior member of the Divisional Management Team (DMT) will be alerted by text to capacity pressures on the Denmark Hill site (Clinical Director, General Manager and Head of Nursing) and on receipt of this message they will then notify the rest of the DMT by email that Kings is challenged. They will then ring into the 8.30 bed meeting at Kings. They are responsible for the following:

1. Notify the rest of the DMT
2. Ring into the first bed meeting
3. Take notes of any challenges and anything Integrated Local Services can help unblock.
4. Provide capacity for the teams, particularly @home, Integrated care Southwark and Integrated care Lambeth.
5. Take notes of any challenges and anything Integrated Local Services can help unblock.
6. Ring into the 1.30 Kings bed meeting to provide an update on agreed actions.
7. If there are any further actions from the afternoon meeting, ensure these are followed up with the relevant Head of Service and provide feedback.

11. Children's Services

Winter pressures within children's services are commonly related to an increased need for critical care capability and an increase in respiratory admissions. Therefore, plans are:

PICU can be extended into HDU with ITU ventilated patients with a maximum of 11 (4 above 7 funded ITU beds) due to equipment.

ITU patients can be "doubled up "with a maximum of 2 doubles at any one time.

Annual Leave allocation is reduced over the winter period (PICU only)

Close working with the STRs to ensure timely repatriation.

Reviewing the need for a second paediatric site practitioner post to support the gap in I mobile support.

12. EPRR

Up to date Emergency Planning, Resilience, and Response plans are in place to manage issues for Winter 2019/20 including severe cold weather, business continuity incidents, and influenza.

Weekly communication has been put in place to ensure that key trust personnel are notified of risks such as planned estates, facilities, or IT/Telecoms works, major events, and weather or travel disruption. This information is targeted at key stakeholders for dissemination throughout the trust. For major issues such as industrial action or severe weather, messaging to all staff is undertaken in partnership with the Communications team using the dedicated staff information line.

13. Cold Weather Plan

The Cold Weather Plan aims to ensure that the Trust is able to prepare for and respond to severe cold weather between November 1st and March 31st each year, in line with the Department of Health National Cold Weather Plan.

The ICHT Cold Weather Plan levels are linked to the Alert Levels provided by the Met Office, and operate for the same part of the year. The Emergency Planning team are responsible for monitoring the Met Office National Severe Weather Warning Service and informing the Trust.

Cold Weather Plan levels	
Level 0	**Long-term planning** All year
Level 1	**Winter preparedness programme** 1 November – 31 March
Level 2	**Severe winter weather is forecast – alert and readiness** 60% risk of severe cold in the following days
Level 3	**Response to severe winter weather – Severe weather action** Temperature reached in one or more Met Office National Severe Weather Warning Service regions
Level 4	**Major incident – Emergency response** Exceptionally severe weather or threshold temperatures breached for more than six days

The Cold Weather Watch system comprises five main levels (Levels 0-4)

- **Level 0** is year round long term planning, so that longer term actions are taken to reduce the harm to health of cold weather when it occurs.
- General winter preparedness at **Level 1** is in place from 1st of November onwards, with the seasonal flu vaccination programme starting on 1st October. **Level 1** also includes planning for winter all year round.
- **Level 2** is triggered when the Met Office forecasts a 60% risk of severe winter weather in one or more defined geographical area in the days that follow. This usually occurs two to three days ahead of the event. A **Level 2** alert would be issued when a mean temperature of 2°C is predicted for at least 48 hours, with 60%

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confidence, and/or widespread ice and heavy snow is forecast, with the same confidence.
- **Level 3** is triggered when the weather described in Level 2 above occurs. It indicates that severe winter weather is happening, and is expected to impact on people's health and on health services.
- **Level 4** indicates a Major Incident due to severe weather conditions. It means that many parts of the country are experiencing exceptionally severe winter weather and the conditions are affecting critical services. Such weather conditions are likely to have significant impacts not only on health, but also on other sectors and critical infrastructure. A cross-governmental response may be required.

Under the Civil Contingencies Act 2004 all providers are required to ensure that they have robust on call arrangements, and this winter, with the potential for a no deal EU Exit, this is particularly important. The on call system has been reviewed to provide additional dedicated EU silver support, and training has taken place over all on call tiers prior to the commencement of winter.

The on call arrangements for the festive period will be published in a separate bank holiday plan. All critical services' business continuity plans have been reviewed prior to the enactment of this plan.

14. Key Success Factors of this plan

This plan has been prepared taking into account
1. Learning from last year's plan
2. Recommendations from external reviews of winter
3. EPRR assuredness
4. Benchmarking against other system plans
5. Consultation with division and support teams.

A central success factor of this plan is ensuring that we have effective focus on safe and effective discharges, already agreed and supported by the Trust but which require intensive work to embed.

Partnership working with integrated care is a key element of the delivery of this plan, and system wide collaboration is key to maximising capacity within and outside of the organisation with the best and most efficient use of resources.

15. Monitoring of the plan

- At the Denmark Hill daily site meeting
- Through divisional meetings reviewing length of stay, stranded patients, four-hour performance, bed occupancy and weekend discharges.
- Senior Operational Meeting
- Performance review meeting
- The A&E delivery board will hold the system to account

Appendix One- Cancellation of Elective Operations

Elective surgery should not be cancelled routinely to ease capacity pressures; the site should firmly commit to the commencement of every operating list at the start of the day whilst waiting clear plans around bed predictions.

To assist with theatre planning (and linking to EU Exit plans) all theatre planning with the exception of cancer cases should be planned at minimum of two weeks in advance.

Consideration of Cancellation of Electives

- Only to happen in Black Escalation when it is expected that the escalation pressure will continue for a minimum of eight hours.
- The decision to **review** electives can only be taken within working hours by the Head of Clinical Site Management or nominated deputy, following discussion with the COO or nominated deputy.
- All elective lists for the following 24 hour period will be reviewed at this point.
- A full review of bookings into private patients and critical care will be undertaken alongside this elective review.
- Clinical teams will be asked to clinically prioritize their lists, taking into account clinical diagnosis
- Each patient will have their waiting time on the PTL clearly identified on the elective list
- The COO or nominated deputy will be presented with the following review **before** making a decision on the cancellation of any electives.
  1. Clinical priority
  2. Length of wait
  3. Previous cancellation
  4. Any additional bed requirements (i.e. critical care that might be difficult to accommodate)
  5. Any reasons that patients could not be placed outside of their home bed base (infection status/ post op requirements)
  6. Planned LOS
  7. Current availability of PP beds and PP bookings
  8. Predicted discharges for the next 24 hours across the speciality
  9. Predicted discharges across the entire site for the next 24 hours.
- Once the decision has been made about the suitability of cancellation of any electives has been made- the decision will be communicated to the clinical and operational management team by site operations.
- Any arbitration or final clinical decision making required will be directed to the medical director or nominated deputy.

At weekends the same procedure for review must occur with Silver acting as the Head of Clinical Site Management and Gold as the COO.

Appendix 2- Critical Care Escalation SOP

Critical Care Escalation Plan – Main Recovery

The escalation plan will be implemented when there is no critical care capacity and there are no discharges from Critical Care beds due to acuity. The decision to escalate into recovery is a critical care decision and should only be considered when all other options are exhausted. The decision to deescalate back into the critical care units shall be made as soon as capacity allows.

- Must be escalated to and agreed by Critical Care Performance Manger 37745, HoN/CD (and can only happen with safe staffing levels)
- Site, Critical Care Bed Manager, Main Recovery, HoN Theatres, Matrons, on call Critical Care Consultants & nurse in charge of each Unit informed.
- Agreement agreed to open 2-4 escalation beds in main theatre recovery (Bays 9 to 12).
- 2 beds should be the default position for overnight capacity where the discharge profile predicts in unit capacity within 12-16 hours.
- 2-4 beds should be considered where high acuity and poor discharge profile is predicted to last at least 24-48 hours.
- Patient plans and potential to deescalate must be discussed at 08:45 CCBM each day.

Staffing

Nursing:

- FSCCU Matron holds overall responsibility for nurse staffing of escalation beds **(resources to be utilised from all units where required).**
- FSCCU Matron (or Performance Manager) to communicate plan to all staff involved in care of patients in recovery.
- 3 trained nurses (2 substantive & 1 temporary) staff area **OR** 2 trained & 1 HCA (based on dependency)
- All bank and agency contacted & lines of agency work offered if required.

Medical:

- FSCCU Consultant and clinical team cover.
- Support from 809/imobile and 983.

AHP:

- PT, SLT, OT, Dietician – all informed of plan.
- Daily AHP intervention to continue.

Pharmacy:

- Senior pharmacist informed.
- Use Recovery supply of drugs.
- Await confirmation of supply of medicines patient named if appropriate.
- Controlled Drugs: Recovery supply to be used. If 500mcg vials required to be supplied by pharmacy.
- Fluids to be used from recovery supplies (cross charges to be confirmed at later date).

Admission Criteria

- Patients for transfer selected by Matron, FSCCU NIC, FSCCU Consultant, Bed Manager (* starred consultant out of hours).
- Level 1 patients – not identified for discharge within next 12 hours or no available ward capacity for next 12 hours.
- Level 2 patients – to include stable post-op electives, NIV/CPAP, tracheostomies, minimal inotropic support, arterial line, central line.
- Level 3 patients – stable invasive ventilation through tracheostomy or ETT. Minimal inotropic support.
- NO RRT
- NO KNOWN INFECTION OR 2 OR MORE EPISODES OF TYPE 6 or 7 STOOL
- AVOID: agitated, confused and delirious patients.
- CONSIDER: workload & dependency of patients.

Patient Information

- Patients identified informed by Matron, NIC or Consultant.
- NOK informed of rationale to move & area location.
- Visiting: maximum 1 to 2 people at any one time, JSCCU facilities to be used.

Equipment

- Invasive monitoring available
- ETCO2 monitoring
- Double suction ports at 3 bed spaces
- Double oxygen connectors at 4 bed spaces
- Syringe drivers & volumetric pumps from Crit. Care in place (further to be obtained from units)
- Beds to be obtained from bed store when required – Ext. 31414
- Portable consumable trolley to be compiled by FSCCU & restocked from JSCCU (logistically closer)
- Commode to be obtained
- Wash trolley to be taken from Crit Care if required
- ABG access requested for nursing staff (Jason – Senior ODP)
- Computer access in corner (mini nursing station)
- Recovery bed side trolleys to be used as lecterns & storage
- Linen & sharps bins to be used from Recovery supply or excess from JSCCU

Medtrack

- Patients to be transferred as BED MOVE to E Beds on FSCCU
- Paper charts must be used for data collection and not ICCA CART
- Patients entered under FSCCU on PIMS & EPR

Administration

- Dedicated allocation book created & ready to use
- Contact list on allocation book

Cleaning

- Enhanced cleaning to be requested for each bed space between patients

Appendix Three- “Your next patient”

Operational and Ward processes for Your Next Patient

- Once activated the policy must be enacted immediately with all moves to be completed within one hour.
- Instigation of Your Next Patient will be communicated clearly and rapidly to the nurse in charge on all in scope wards through their Divisional and Care Group teams and performance flow managers within normal working hours, and at weekends.
- Step down from Your Next Patient must be communicated clearly and rapidly to the nurse in charge on all in scope wards by the same mechanism.
- Appropriate ED/AMU/SAU patients will be identified by relevant Nurse in Charge, in conjunction with the respective consultants or registrars when necessary and the Site Operations Centre. All such patients will ideally have been post-taked with a clear triage.
- All patients being considered for a move under the Your Next Patient protocol should be individually risk assessed and this risk assessment must be clearly documented in the patient record.
- In scope wards to which immediate patient moves are proposed will undergo a rapid risk assessment by the respective Divisional and Care Group in hours. During red and black escalation potential discharges by ward must be identified for the following day by the overnight Clinical Site Management team
- It is entirely within the scope of this policy that patients will arrive on wards before the next available care space has been freed by a discharge and that ward teams will work to expedite such discharges to reduce the risk of having extra patients within their area.
- A Registered Nurse or Support Worker, dependent on the patient/s acuity/dependency, must be clearly identified to look after the newly arriving patient/s in a suitable area.
- Only patients who are stable (EWS fewer than 3), not acutely confused, not receiving oxygen, and not receiving continuous cardiac monitoring will be considered for transfer from ED, AMU or SAU to the ward under this policy. End of Life patients are excluded from transfer under this policy.
- The above is clearly explained to patients prior to their being moved by the nurse-in-charge with patients to receive an apology about their experience.
- The Clinical Site Manager will coordinate the rapid transfer of selected patients to in scope wards with the help of the transfer team, flow coordinators, service management and corporate teams may also be called upon to assist at higher escalation levels.

Appendix 4- Opening of Escalation Beds

Escalation Space on the Denmark Hill site is limited to the following- THIS SPACE MUST BE CLOSED BY THE 20.12.19 to allow for reopening week ending the 05.01.20.

Escalation Space comprises of

8 Beds on Twining
2 additional bed spaces on Marjory Warren

In addition in extremis 2 additional spaces on Twining main ward plus 2 double bedded rooms using the MAC clinical rooms and an additional side room using the procedure room.

Escalation space should be opened in the following order

8- Twining
5- Mac space
2- Marjory Warren = 15 beds

Escalation space should be opened under the instruction of the clinical site management team in discussion with the Senior Operational Team in medicine in hours, and SILVER out of hours and at weekends. Before requesting the opening of escalation space the decision to open the areas must be based upon the following safety checks.

Criteria for opening escalation space

1. Black capacity status in place with no signs of de- escalation within 12 hours and limited bed capacity across the site
2. More than 8 unplaced medical patients within ED
3. Planned EDD's that ensure you will be able to close the MAC space and Marjory Warren beds within 36 hours of opening.
4. Suitable patients from AMU to move into escalation space

And the following safety criteria have been met

	Requested by & Date	Confirmed & Date
Beds will be made and ready for patients being transferred in		
Enough stores to support additional beds		
Beds opened on PIMS		
Ensure hoist and sliding sheets etc. are on ward		
Drugs in liaison with the ward pharmacist- stock volume updated		
Medirest		
Catering Services – additional stores of food & provisions on the ward and prepare for full service. Ensure meals available on day of patient transfer.		
Housekeeping arrange for and agree time for: • A complete clean of all surface areas, replacement of linen and curtains,		

• Bins are provided with appropriate bags (yellow for clinical waste and black for household) • Cleaning equipment (mops, refuse bags) • Soap & paper towel dispensers, toilet rolls etc		
Trust Communication		
Switchboard – Ensure all phones in place & working.		
Helpdesk & Duty CSM advised of patients moved. PIMs/EPR amended accordingly on day. List to duty CSM on 333 Wards staff advise relatives.		
Pathology advised of location of patients for results to be forwarded.		
IT advised to ensure any additional PAS terminals and PC's are functioning.		

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Appendix 5 - Workforce and Directory of Services for Christmas and New Year Period

This appendix will be added to the plan by the 18.11.19 when the final rota approval has taken place

Appendix 6- Same day emergency pathways and benefits realisation (awaits CC's roadmap)

King's College Hospital
NHS Foundation Trust

Report to:	Board of Directors
Date of meeting:	12th December 2019
Subject:	Winter Planning: Princess Royal University Hospital and South Sites
Author(s):	Meredith Deane: Director of Operations PRUH and South Sites
Presented by:	Meredith Deane
Sponsor:	Bernie Bluhm
History:	KE and QPP
Status:	Discussion/Information

1. Summary of Report

Background

- Over the past few years, the local Bromley health and social care system has seen increased pressure during the winter months, with all services seeing a surge of activity and patients presenting with a more complex range of needs challenged by seasonal presentations like Flu and norovirus. The additional pressures within the Bromley system in winter are primarily from older and frail people
- This plan was developed through the Bromley A&E Delivery Board in response to NHSe/I London Winter Planning and Assurance Guidance regarding local systems winter preparedness
- The whole system approach covers the 5 key domains: Demand, capacity, workforce, exit flow and external events such as flu vaccination

What is the purpose of presenting this report?

- To provide an update on winter plans for PRUH and South Sites and the wider healthcare economy

2. Action required

- The Board is asked to receive this report for information

3. Key implications

Legal:	CQC requirement to ensure that safe services are provided and that systems are robust to manage at times of surge and known/predicted increases in overall demand
Financial:	Winter schemes include: opening unfunded escalation areas, additional workforce to support flow and admission avoidance
Assurance:	Relationship with the Assurance Framework: risks have been identified in the ED following the last CQC inspection, the winter plan has been developed in response to this

9.2

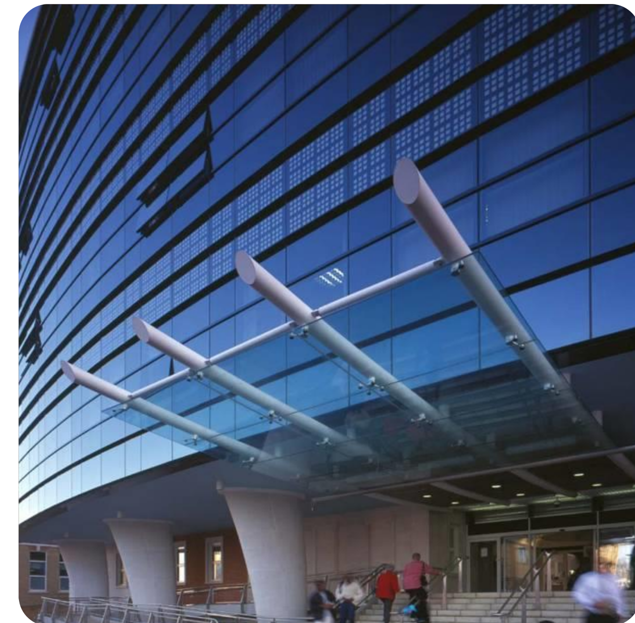
Clinical:	Winter plans focus on: keeping people well over winter, attendance prevention, admission avoidance, focus on community care and alternative emergency pathways and early supported discharge – this will improve quality of care in the acute setting and overall patient experience
Equality & Diversity:	No adverse impact of these schemes
Performance:	Winter plans have been impact assessed to: improve flow, achieve the 4-hr standard, 30% discharges before 11:00 and supporting the SDEC standards
Strategy:	Aligned to the Trust Strategic objectives
Workforce:	Additional workforce for winter schemes will align with the workforce strategy and local alternative workforce development
Estates:	No impact
Reputation:	Positive impact of developing a whole system approach to winter planning
Other:(please specify)	Not applicable

9.2

King's College Hospital NHS
NHS Foundation Trust

Winter Planning PRUH and South Sites

Board of Directors
12 December 2019



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King's

King's College Hospital NHS
NHS Foundation Trust

Report to:	*Quality, People and Performance Committee*
Date of meeting:	*26 November 2019*
Subject:	*Winter Planning: Princess Royal University Hospital and South Sites*
Author(s):	*Meredith Deane, Director of Operations*
Presented by:	*Meredith Deane*
Sponsor:	*Bernie Bluhm, Chief Operating Officer*
History:	*Not previously presented*
Status:	*Discussion/Information*

Summary of Report

Background

- Over the past few years, the local Bromley health and social care system has seen increased pressure during the winter months, with all services seeing a surge of activity and patients presenting with a more complex range of needs challenged by seasonal presentations like Flu and norovirus. The additional pressures within the Bromley system in winter are primarily from older and frail people
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What is the purpose of presenting this report

- To provide an update on winter plans for PRUH and South Sites and the wider healthcare economy

Action required

- The committee is asked to receive this report for information

Key implications

Legal:	*CQC requirement to ensure that safe services are provided and that systems are robust to manage at times of surge and known/predicted increases in overall demand*
Financial:	*Winter schemes include: opening unfunded escalation areas, additional workforce to support flow and admission avoidance*
Assurance:	*Relationship with the Assurance Framework: risks have been identified in the ED following the last CQC inspection, the winter plan has been developed in response to this*
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Equality & Diversity:	*No adverse impact of these schemes*
Performance:	*Winter plans have been impact assessed to: improve flow, achieve the 4-hr standard, 30% discharges before 11:00 and supporting the SDEC standards*
Strategy:	*Aligned to the Trust Strategic objectives*
Workforce:	*Additional workforce for winter schemes will align with the workforce strategy and local alternative workforce development*
Estates:	*No impact*
Reputation:	*Positive impact of developing a whole system approach to winter planning*

King's

King's College Hospital NHS
NHS Foundation Trust

1. PRUH Emergency Department: Key challenges

- Current weekly attendances and performance against standard

Metric Name	Unit	Baseline	Target	20190811	20190818	20190825	20190901	20190908	20190915	20190922	20190929	20191006	Trendline
A&E Attendances - All Types	No.	2676.33		2401	2277	2405	2488	2387	2607	2593	2686	2629	
A&E Attendances - Type 1	No.	1335.17		1196	1157	1244	1174	1150	1358	1339	1404	1357	
A&E Attendances - Type 3	No.	1341.17		1205	1120	1161	1314	1237	1249	1254	1282	1272	
ED Type 1 Performance - Non Admitted	%	68.39	95	61.68	66.18	68.68	58.29	70.22	60.71	61.29	56.41	68.03	
A&E Performance - All Types	%	77.11	95	72.84	76.86	77.51	70.42	79.18	72.69	71.96	71.52	77.79	
ED Type 3 Performance	%	92.57	95	92.37	92.32	91.56	89.35	90.54	88.31	89.39	93.29	94.34	
Ambulance handover delays - 30 to 60 minutes	No.	40.33	0	52	26	28	45	16	27	26	46	22	

- Key challenges and delivery plan following CQC Report
  - Capacity in the ED: developing a chair-centric model and HDU stepdown area
  - Same Day Emergency Care Pathways and roll-out of surgical ambulatory
  - Frailty Strategy aligned with One Bromley

2. Key Hospital Winter Schemes

2.1 Introduction

The quality, safety and performance of the PRUH emergency department is a barometer of the One Bromley health and social care system

We are working as a system through the A&E Delivery Board and One Bromley on improving pathways for our frail elderly population as well responding to the CQC findings to ensure the safety and quality of the ED service through winter 2019/20. We will aim to expand existing services wherever possible, rather than layering ah hoc services which exist only for winter

Key hospital schemes scheduled to start prior to winter or be piloted for winter:

2.2 Attendance and Admission Avoidance

- Community facing ambulatory service – October 2019 pilot service to provide comprehensive geriatric assessment and intravenous interventions unable to deliver in community. Interface with acute wards, Bromley Healthcare community services, GPs, Bromleag (GP practice for all care and nursing homes in Bromley), proactive care pathway. Impact: Attendance mitigation, LoS reduction. Active input to 6-8 patients per day

- ED based Acute Frailty Response Team – currently in pilot to move to BAU from November. Supports identification of frail patients on arrival to ED and undertakes comprehensive geriatric assessment. Impact: decrease in admission to main hospital bed base and reduced length of stay on CDU and in ED. Active input to 6-8 patients per day.

2.3 Improved flow to support admitted performance

- Redesign of Transfer of Care Bureau – review of model against hospital and patient needs with aim to move to improved model from November 2019. Impact: reduction in LoS of patients with complex discharge needs, reduction in admitted breaches due to bed availability

- Additional weekend MRI capacity – October onward 8am to noon weekend working to address identified weekend MRI capacity shortfall which delays clinical decision making and discharges. Subject to ability to attract staff to fill shifts. Impact: Reduced LoS

- Escalation bed capacity – Additional medical cover to ensure no increase in LoS. Planned Investigation Unit (9 beds); Elizabeth Ward (19 beds). Amended Elizabeth model to respond to known delays. Impact: No increase in admitted breaches due to bed availability

- Delivery of Safer/Red to Green across Post Acute Medicine – Enhanced grip on actions to move patients to next stage in their care; identification and resolution of systematic site issues. Impact: Reduced LoS across main general and acute bed base

- Flow co-ordinators at key parts of acute and post acute pathway – Impact: Reduced LoS

2.4 Enhanced ED and assessment capacity

- ED expansion – develop 2 x HDU beds enabling step downs from resus; additional fit to sit capacity. OBC approved for November IBG. Impact: reduction in non-admitted breaches, improved management of stepdown patients in ED

- Paediatric Assessment Unit – Pilot additional three beds in existing CYP ward as assessment space. Additional registrar in ED commenced from October. Impact: Reduction in paediatric breaches

2.5 Infection prevention and control

- Flu jab campaign – build on 2018/19 success for PRUH staff vaccination. Working with One Bromley partners to share resources and best practice. Impact: No increase in staff sickness rates; mitigate increase in LoS due to influenza, reduce admissions for flu-related systems

- Continued monitoring of infection in community and PRUH site – readiness to stand up control procedures, including handwashing at entrances and closure of ward to visitors. Impact: No increase in staff sickness rates; no increase in LoS due to influenza

2.6 Hospital operational and clinical resilience across the 7-day

- 7-day on site presence from senior nursing and operational teams – strengthen senior support on site on weekends through winter, this is in addition to on-site silver. Second discharge consultant and junior in place on weekends in PAM Impact: early escalation of delays, improved discharge profile across 7-days

King's

King's College Hospital NHS
NHS Foundation Trust

3. Summary of Social Care, community and voluntary schemes

3.1 Discharge, and community services to prevent inappropriate (re-)attendance

- Implement hospital referral to proactive care pathway – Part of One Bromley winter frailty plans: by October direct hospital referral in place. Impact: reduction in re-attendance of referred patients

- Additional CCG funded community primary care capacity – Additional capacity in GP rapid response service; additional GP hub slots. Impact: Mitigate increase in ED attendances

- Community in-reach to PRUH – Hospital based community clinicians to support pull model 8am to 6pm, 7 days a week. Building on pilot since July which has improved flow to Bromley Healthcare rehabilitation services. Impact: Reduction in patient LoS

- Bromley Healthcare pilot of tele monitoring – wearable vital signs monitoring in the community to allow more complex patients to be cared for in community. Impact: Reduced LoS

- Fast response / bridging care – additional funding to support night sits, live-in care, temporary and emergency placements and increases to existing packages of care and bridges of therapy, similarly 2-4 hour response for personal care. Impact: Reduction in patient LoS in acute

- Clinical triage within Bromley Healthcare Coordination centre - SPOA through CCC referring and liaising with community clinicians and services. Impact: reduces confusion of multiple pathways, reduction in LOS in acute, attendance prevention

- Weekend Dressing Clinic - redirect patients who are being followed up in UCC/ACU. Impact: reduce inappropriate attendances

- Additional GP Hub appointments – providing additional appointments during pressure times with new hub at the PRUH. Impact: UCC redirects for primary care conditions

- UCC Floor co-ordinator – 6-10pm 7 days/week to manage flow and surges in attendance. Impact: maintain 4 hr standard

- Deep clean/handyman service - 5 days a week. Impact: reduce LOS, admission avoidance

4. Appendices

- *London Winter Planning and Assurance Framework: Bromley AEDB*
- *2019/20 Winter Schemes with costs*
- *One Bromley Whole System Winter Plan 2019/20*

Bromley Whole System Winter Plan 2019/20

Version control

Date	Responsible person for changes	Version	Status
20.09.2019	Clive Moss – Urgent Care Lead	v0.1	Changed after Bromley AEDB discussion on 9 September 2019
30.09.2019	Clive Moss – Urgent Care Lead	V.02	To One Bromley Executive for comment

Document Maintenance

Document Name:	***Bromley Whole System Winter Assurance Plan***
Author:	Clive Moss – Urgent Care Lead – Bromley CCG
Plan Owner:	Bromley Clinical Commissioning Group
Agreed / Ratified	Bromley A&E Delivery Board
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Control

This a controlled document maintained by Bromley Clinical Commissioning Group

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2 Purpose of the Plan

2.1 Background:

Over the past few years, the local health and social care system has felt the increased pressure during the winter months, with most health and social care services seeing a surge of activity and demand with a more complex range of needs challenged by seasonal presentations like Flu and norovirus. The additional pressures on the health and social care system, which are primarily from older and frail people, during the winter months presents a challenging landscape. Bromley wider health and social care system leaders have developed this plan to manage safely and effectively the additional pressures during this period.

This plan was developed through the Bromley A&E Delivery Board, which delivers a whole systems approach to planning, improved performance and the development of a coherent local service framework for urgent and emergency care. This approach includes coordinated planning for and management of winter pressures, and other periods of enhanced demand on the care system. The Board is facilitated by Bromley CCG, working in partnership with King's College Hospital, London Borough of Bromley, Greenbrook Healthcare, Oxleas NHS Foundation Trust, Bromley Healthcare, Bromley GP Alliance, St Christopher's and London Ambulance Service.

2.2 Activity and Performance Analysis

PRUH Attendances

Type 1 attendances have remained fairly static when compared to the previous winter. The period of October to December saw a decrease in activity by an average variance of -3.9% with return to similar levels of activity over January and February (data quality issues for March). From April 2019 onwards has seen a return to an average decrease in variance of around -3.2%.

Figure 1: PRUH Type 1 A&E Attendances

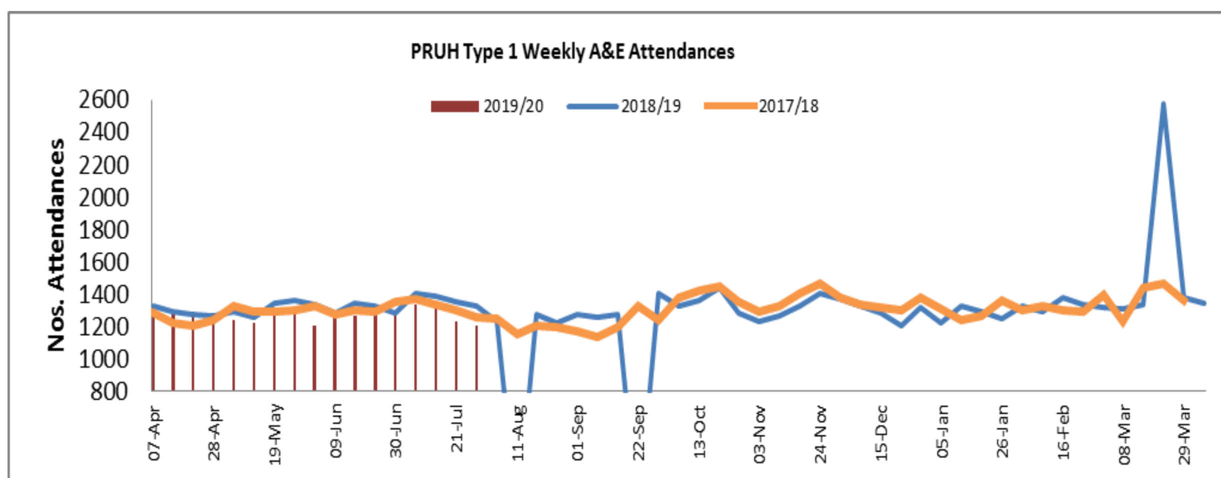


Figure 2: PRUH Type 1 A&E Attendances: Monthly Variance

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18 vs 18/19	2.5%	1.3%	0.4%	2.9%	6.4%	7.1%	**-3.7%**	**-3.5%**	**-4.4%**	**0.5%**	**0.3%**	**15.6%**
18/19 vs 19/20	0.5%	-4.8%	-3.9%	-4.7%	-3.2%							

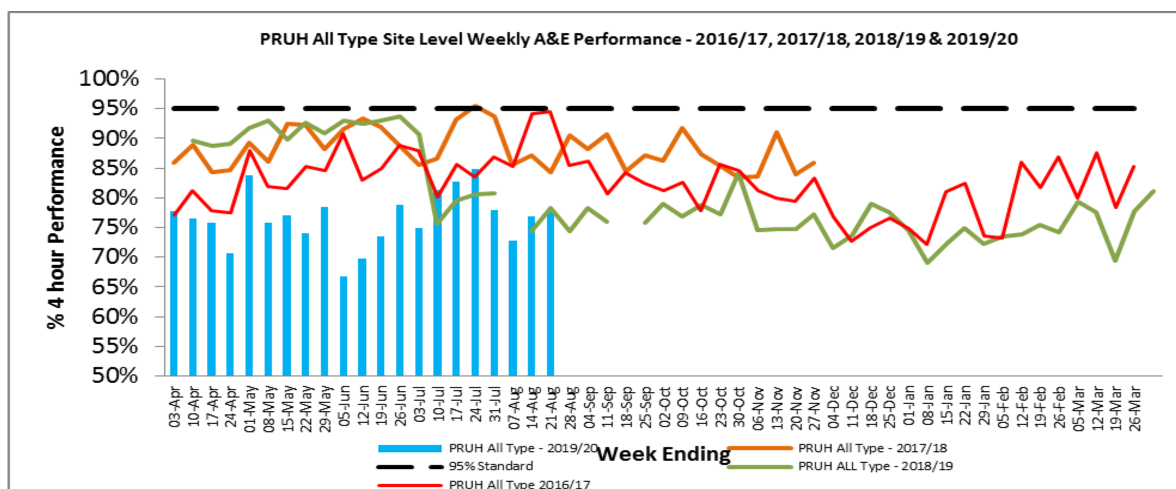
However, Figure 3 shows that the number of PRUH UCC patients treated rose consistently through December until March (and has continued into 19/20). The UCC has increased the number of patients seen and treated patients as a proportion of overall activity at the PRUH. This means that less patients have been unnecessarily been seen in A&E.

Figure 3: PRUH Type 3 UCC Attendances: Monthly Variance

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	5222	5574	5642	5513	5031	5107	5335	5143	5505	5146	4656	5410
2018/19	5243	5723	5402	5375	4780	5053	5050	5179	5565	5610	5367	5981
Difference	21	149	-240	-138	-251	-54	-285	36	60	464	711	571
% increase 17/18 vs 18/19	0.40%	2.60%	-4.4%	-2.6%	-5.3%	**-1.1%**	**-5.6%**	**0.7%**	**1.1%**	**8.3%**	**13.2%**	**9.5%**
2019/20	5650	5656	5549	5841	5319							
difference	407	-67	147	466	539							
% increase 18/19 vs 19/20	7.2%	-1.2%	2.6%	8%	10.1%							

Although difficult to ascertain a sole attributable reason for the static PRUH All Type attendances, as well as the mild weather, the significant added capacity over winter to the system to support people in the community will have contributed.

PRUH All Type Performance has decreased, although yearly this is not comparative to previous years due to the previous winter including non co-located UCCs (QMS and Beckenham Beacon) in All Type performance. Therefore the table below shows a significant decline in July 2018 when in fact this was a removal of that activity. Type 1 performance however has as stated above dipped in winter as it has in the two previous winters.



Non Elective Admissions:

Emergency admissions showed similar seasonal increase in admissions during the winter period to previous years. However, there was a much larger increase in admissions from Dec - March compared to previous years as shown in *Fig. 5 Monthly Variance* table. This could represent a higher acuity in patients coming through A&E in 18/19 as well as other contributing factors.

Figure 4: PRUH Emergency Admissions

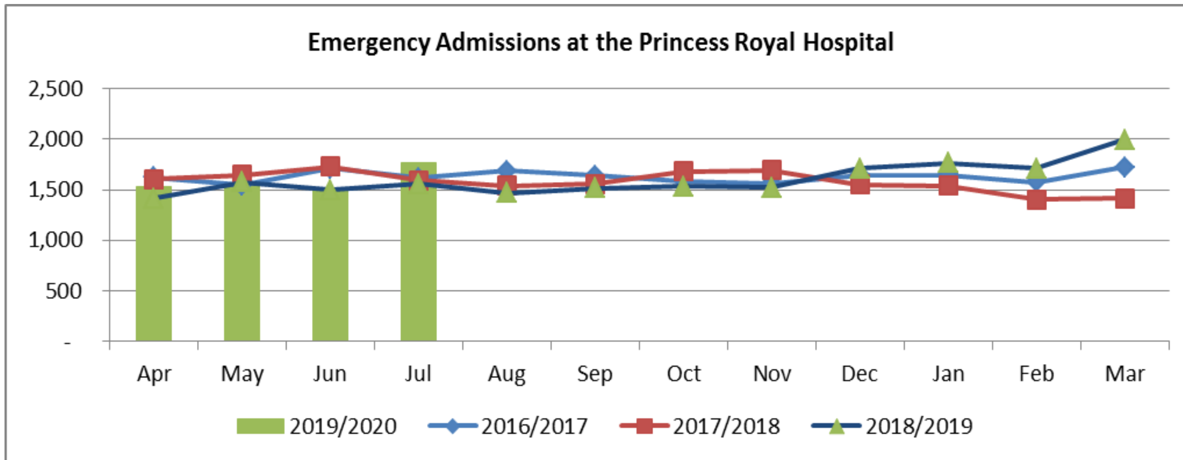


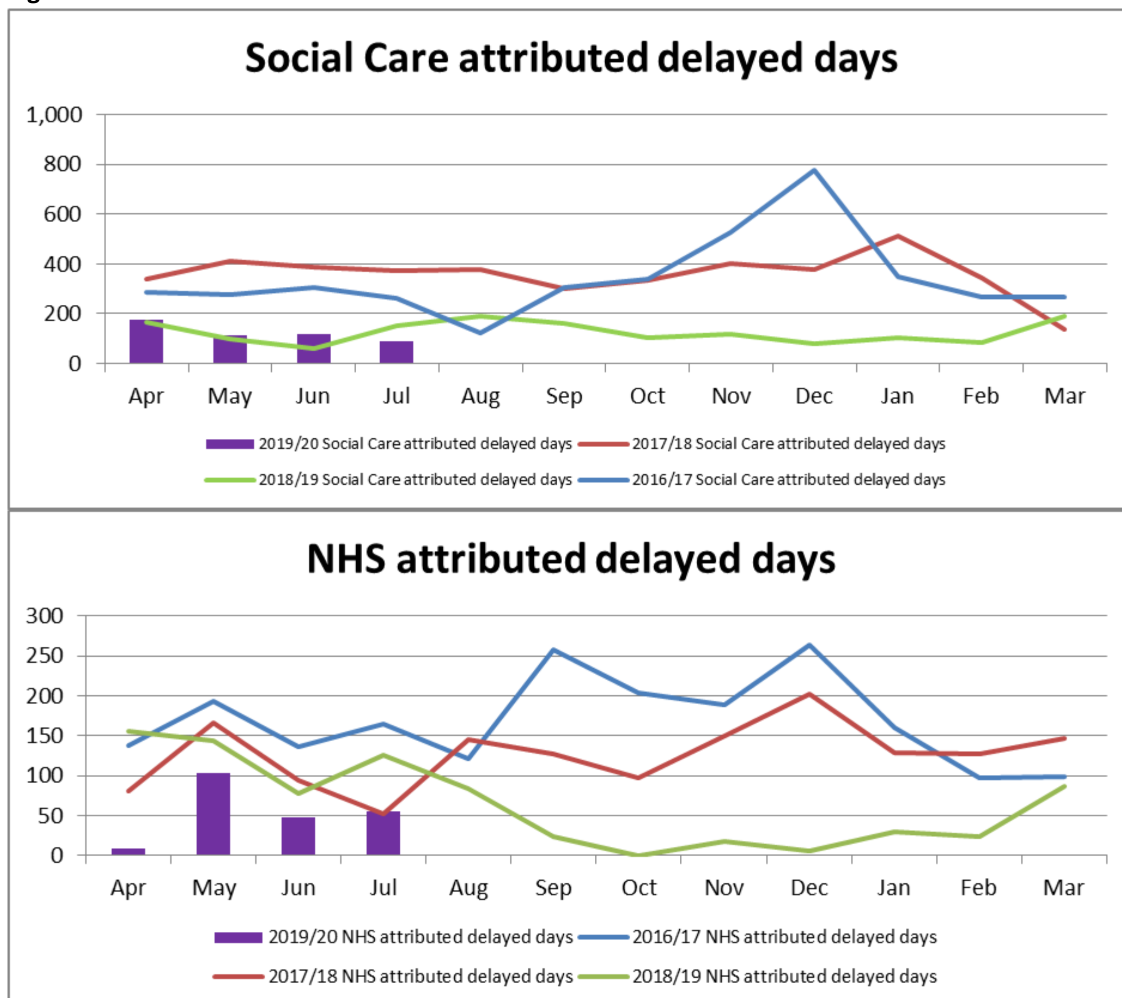
Figure 5: PRUH Emergency Admissions: Monthly Variance.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Grand Total
16/17 vs 17/18	-1.0%	6.6%	1.3%	-1.4%	-8.8%	-4.9%	6.2%	8.2%	-5.8%	-6.6%	-11.0%	-17.6%	-3.1%
17/18 vs 18/19	-11.8%	-4.2%	-13.3%	-2.1%	-4.8%	-2.8%	-9.1%	-10.1%	10.1%	14.8%	22.1%	40.6%	1.6%
18/19 vs 19/20	7.8%	-0.9%	0.9%	13.5%									

Delayed Transfers of Care (DTOCs):

As shown in Fig.6, there was a notable improvement in the reduction of reported Delayed Transfer of Care (DToC) for winter 2018/19, with an average decrease of 79% versus the previous year. Compared with 2016/17, winter 2018/19 has seen an 82% reduction of reported DToC's. This has led to a reduction of 416 (75%) lost hospital bed days compared to the previous year. Bromley is now ranked as one of the best performing Boroughs in London. Focus on Discharge to Assess Pathway and community Continuing Healthcare (CHC) assessments have increased the number of patients leaving the hospital earlier with temporary packages of care whilst the full assessment is done in the community. Over the past two financial quarters, Bromley CCG CHC have consistently met and surpassed the NHS England target of 85% of full Decision Support Tool (DST) assessments in the community.

Fig. 6: Social and NHS attributed DTOCs



2.3 Aims and Objectives

The overall aim of the plan is to provide a framework for health and social care partners in the Bromley health and social care system to manage surge and capacity issues affecting one or more partners at both tactical and strategic levels. Furthermore, to support the local health and social care system effectively manage winter pressures, the SEL UEC Board has asked for a winter assurance plan from each Local A&E Delivery Board for submission to NHS England. The whole health economy is encouraged to use this plan to manage pressures on respective parts of the system.

The purpose of this plan is therefore to both support and enhance the effectiveness of local procedures through proactive management processes at times of pressure and provide local and national assurance of how existing and additional resources will work together to respond to the additional seasonal demand. Objectives of this plan are:

- To establish a shared understanding of different surge and escalation criteria used across health and social care services
- To define a flexible framework for response which can be utilized irrespective of situation duration, scale and type
- To define procedures and processes about escalation to be utilised in the event of an

9.2

actual or potential surge and capacity issue(s)

- To provide a framework for identifying specific surge and escalation issues and for informing, coordinating and supporting the local health and social care services response to an incident
- To provide a framework for actively engaging with the public both in advance of and during surge and escalation situations with a view to assisting in the management of surge and escalation issues. Links to winter communication campaign.
- To provide a mechanism to escalate issues for joint resolution by partners at both a tactical and a strategic level
- To provide oversight of proactive work by all partners to reduce escalation of need and respond to increased pressures in the system

3 Approach to Escalation

3.1 Definitions

It is recognised that, at any one point in time across our system, organisations may be at different levels of escalation in line with their view on pressures that may be individual to their organisation. However, there is agreement that armed with knowledge about the pressures across the system and using principles of mutual aid the system will be in a better position to be able to cope.

Green	Amber	Red	Black
Business as usual. Low risk to patient safety and experience, slight effect on services where early signs of difficulty are being detected requirement management intervention	Moderate effect on services. Moderate risk to patient safety and experience where increasing flow issues are being detected requiring significant additional action	Severe and/or prolonged pressure on services. High risk to patient safety and experience where demand for services is outstripping supply or patient flow is severely impeded	Extreme effect on services. Significant Incident declared. Very high risk to patient safety and experience. Services are overwhelmed by levels of demand

The above table highlights the definition of each escalation stage, from green to Black, the system wide engagement and involvement is automatically triggered at the **Amber** stage and those involved will seek to return the system to **Green**. If this is not possible senior management escalation across the health and social care economy will be triggered at the **Red** status.

3.2 Escalation principles within Bromley

1) Each major service provider is expected to manage the escalation and de-escalation processes at local level and this framework outlines these arrangements
2) The CCG will use whole system daily Surge Hub calls to co-ordinate a response to an escalating situation.
3) Each major service provider must have a robust, up-to-date local escalation plan signed off at Board level which dovetails into this overarching CCG wide plan.
4) The acute trust is also required to have an ambulance services handover plan and to comply with its obligations (please refer to Section 5.3 for detail).
5) Within each organisation there are clear system leaders (including identification of organisation, role/s and responsibilities) which will oversee all levels of escalation, especially those where whole system action is needed to avoid or mitigate pressure, and where external support might be required (please refer to Appendix 1). Further escalation should be to the agreed Urgent and Emergency Care System Leader.

6) Where an organisation has undergone escalation of status a nominated staff member within each organisation will agree and lead the de-escalation process once review shows suitably reduced pressure.
7) Each organisation must have an identified individual who is responsible for ensuring that escalation plans are actioned and reviewed. This person must have suitable authority to ensure actions occur in a timely manner.
8) For any patients that are moved during escalation, plans must be in place for their repatriation (see Section 5.2).

Risk factors

The following factors increase the risk of there being a surge in demand for services:

- Severe winter weather (see appendix 7)
- Heatwave conditions
- A Major Incident with severe and multiple casualties
- Pandemic influenza or other infectious disease outbreaks
- Disruption to community care and/or social care services
- Extended Bank Holiday Weekends causing increased demand on both Acute Trust and OOHs services

Whole System Factors

Increased activity in the acute care setting could subsequently result in a delay in the community and social care settings as the demand for their services increase. Communication of a surge and the opening of escalation capacity with these groups will be essential for a return to normality following the surge. Failure to notify the following groups may further increase the surge in demand by creating feedback into the acute setting where patients are unsupported on discharge:

- PRUH Transfer of Care Bureau
- GP Practices
- London Borough of Bromley Adult and Children Social Services and Reablement
- Bromley Healthcare Care Coordination Centre (Rapid Response/ @Home, Bed Based / Home Based Rehab and Community Nursing)
- St Christopher's
- Oxleas Community Mental Health Teams
- Bromley GP Alliance and Bromleag Care Home Practive
- Bromley Third Sector Enterprise and Bromley Well

9.2

Escalation Communication Flowchart

4 System Escalation Protocols for Managing Surges

This section includes each of the Bromley acute and community provider escalation plans. This therefore will provide a first point of reference when managing surges across the system. There is a commitment from the Bromley A&E Delivery Board members to hold a Bromley surge management review meeting in October with system operational leaders to align and sign off all local system triggers and appropriate actions included in this section which will ensure that there is an appropriate Bromley system response at each OPEL category.

4.1 KCH PRUH

Trust Surge Management

KCH PRUH Senior Management Team recently refreshed the internal PRUH Flow and Escalation Policy Plan (see Appendix 3) to reflect OPEL scores and a range of action cards that link to a Full Capacity Protocol(see Appendix 4) ensuring that the site is able to decompress the ED at times of pressure to ensure front door ED flow is maintained. The policy covers the management of flow across the emergency and acute pathways, inpatient medical and surgical bed base, elective, outpatient and community services. It also identifies the triggers for escalation of mental health patients in the emergency department where there are delays in assessment and transfer of mental health patients to a suitable bed.

Demand and Capacity

9.2

Demand modelling has been carried out by King's Business Intelligence Unit based on 18/19 activity and allowing for growth, this has been shared with the care groups on both sites. The model allows for assumptions to be made on potential impact of improvement schemes and supports the need for delivery of the recovery plan to enable KCH to meet predicted demand.

The required discharge profile is informed by the demand modelling, discharges targets for each ward per day are set and monitored through the operations centre, actions within the Escalation plan enable early support to wards not likely to meet their discharge target. This approach has supported a sustained improvement in medical discharges and length of stay and is now being rolled out across the Surgical wards.

The aforementioned Full Capacity Protocol outlines the key actions to be taken by members of staff when PRUH Capacity is at its limit and, as a consequence the Emergency Department's (ED) ability to function is impeded and is likely to remain in this pressured state for an extended period.

This protocol is designed to minimise the potential risk to patients at times of pressure and that there is a pre-prescribed response to mitigate the risk across the PRUH, South sites and community.

Whilst the pressure of demand exceeding capacity first manifests itself within the ED, this is often as a consequence of poor flow throughout the rest of the hospital, whether that be due to insufficient discharges and/or shortage of community capacity, lack of senior review or decision making, access to diagnostics or other internal factors. It is not acceptable for this pressure and risk to be managed wholly within the ED; the risk must be spread throughout the sites whilst working to resolve whatever systems are failing to deliver core business.

The protocol is to be activated when there are several indicators of site-wide pressure. When there is flow and the ED remains congested this might be an indicator of either an escalating or resolving situation or simply due to local ED pressures such as staffing shortages or surges in attendances. In this instance the ED internal escalation plan should be activated to minimise the impact and time the department is under pressure. Other policies that support these two policies are (not attached)

- Critical Care Escalation Policy
- Paediatric Escalation
- Safe transfer of Patients Policy
- Maternity Services Escalation Policy
- Major incident plan
- Simple and Complex Discharge Policy

Leadership and workforce planning during winter pressures:

The PRUH Internal Flow and Escalation Policy sets out the roles and responsibilities at each level of the staff at times of pressure (see Appendix 3 – pages 9-19).

Escalation Beds:

Escalation areas will be used as flex capacity to support patient flow and safety. At times of extremis additional patients will be placed on wards (boarding) as detailed in the Full Capacity Protocol. The criteria for and process to open escalation areas is detailed in Appendix 4 and the policy for opening and closing ward areas should be referred to. The overriding principle in the identification of patients for escalation areas is that patient care can be safely met and they have an identified discharge date that is within 24-48 hrs of decision transfer to the area.

4.2 PRUH and Beckenham Beacon Urgent Care Centres (UCC) – Greenbrook Healthcare

Appropriate Escalation is crucial to the safe management of the UCC. The shift lead and Service Manager / Floor Coordinator should ensure he/she is always aware if the status of the department and complete a Sitrep if the department is not in a Green position. Actions should be followed and documented on the sitrep form. Greenbrook provide three times daily capacity and activity reports to the CCG and escalate to the contracts team where there may be issues with demand or capacity. See Appendix 5 for the UCC Activity Escalation Plans and Action Cards.

With regards to Surge Management, as part of the contingency planning, Greenbrook arranges for a standby GP and ENP to be available for short-notice deployment within South East London. In situations where there are foreseeable pressures on business continuity, we bring additional GP and ENP resource onto one of our sites by prior arrangement, then deploy as required.

Greenbrook is maintaining lists of staff who live within walking distance of each site in South East London in order to assist with deployment in situations of extreme weather/traffic etc. This is detailed in their Severe Weather Plan and Staff Sickness Contigency Plan. Rotas are being centrally

managed by a specific team to support last minute staff cancellations. Senior manager cover / presence will be on site to support critical days.

4.3 Bromley Healthcare

Surge Management:

BHC has an internal 0830 resilience call where capacity and demand is discussed broadly covering Bed Based Rehab, Home Based Rehab, Rapid Response and District Nursing. The AD Operations is present on the call and relays the information to the 0930 system surge call. BHC respond to any escalation or activity required in order to support acute with flow by flexing resources wherever possible. This is a commissioned community clinician (CFDT) based in the PRUH to help facilitate discharge and support patients on to the correct community pathway. This would be supported by dedicated clinicians based in the CCC who will ensure patients are moved seamlessly to the correct clinical intervention. This will be of particular benefit in supporting more complex discharges.

Agreed escalation process for managing surges

BHC report on the outcome of the 0830 and 0930 calls internally and any surge requirements are escalated through AD Ops to Director of Ops to CEO accordingly. BHC will dial into platinum class when required. BHC takes part in the daily surge call. When it is identified that the system is under pressure BHC will take the following actions:

- CFDT team to focus on patients with immediate discharge potential, ensuring they are able to be discharged in a timely manner
- Further review of all patients in BBR giving consideration to whether any patients could be discharged earlier with support from HBR
- Flexing capacity within HBR through the use of agency and bank staff
- If capacity allows consideration of bridging patients in BBR/HBR who may not meet the normal rehab criteria. BHC have completed demand and capacity analysis for BBR/HBR and Rapid Response / @Home.
- BHC have an Adverse Weather Policy to support any staffing issues.

4.4 Oxleas NHS Foundation Trust

Oxleas have an agreed internal escalation policy for managing surges. PRUH A&E will also escalate to SEL Surge Hub for any patients awaiting clinical review or an inpatient bed. There is a Business Continuity Plan for Green Parks House for dealing with inclement weather/severe travel disruption which includes bringing in extra staff as required.

Bed management plans are reviewed daily and escalated to senior managers if there are any delays. There is a weekly Mental Health DTOC meeting which has representation from community teams, PRUH Transfer of Care Bureau and CCG to unblock any issues.

<table>
<tr><th colspan="2">Bromley Winter Escalation Planning - 2018</th></tr>
<tr><th>In Hours</th><th>Out of Hours</th></tr>
<tr><td>Escalation Protocol – Mental Health Liaison Team (MHLT) protocol allows for a staged response to increased demand / surge within hours as follows:

• Additional Psychiatric Liaison Nurse cover booked as required in response to surge periods and staff sickness
• Escalation to Medic for both complex and standard assessments
• Cross cover of HTT staff to support MHLT function as part of BCP

Evening shift – An additional evening shift is scheduled in order to provide an additional PLN cover at this high demand period.

Planning during the afternoon allows MHLT Management to assesses demand and bring in additional staffing if required.

Consultant Support - Consultant Psychiatry of 1.40wte is in place for Mental Health Liaison Team (MHLT) covering 5 days a week with permanent Consultants now in place.

Consultant input is provided to the Emergency Department at PRUH, the PRUH Wards and targeted input to Orpington Hospital.</td><td>Escalation Protocol – Mental Health Liaison Team (MHLT) protocol allows for a staged response to increased demand / surge out of hours as follows:

• Additional PLN cover to be utilised if available
• On Call Duty Psychiatrist to attend ED and conduct assessments in response to demand surge
• On Call Specialist Registrar to be contacted to back up system
• On Call Consultant to be advised if initial escalation fails
• Senior Manager on Call to be advised as appropriate

Additional PLN cover for the evening will be booked in response to know demand and is intended to prevent escalation being necessary in most circumstances.

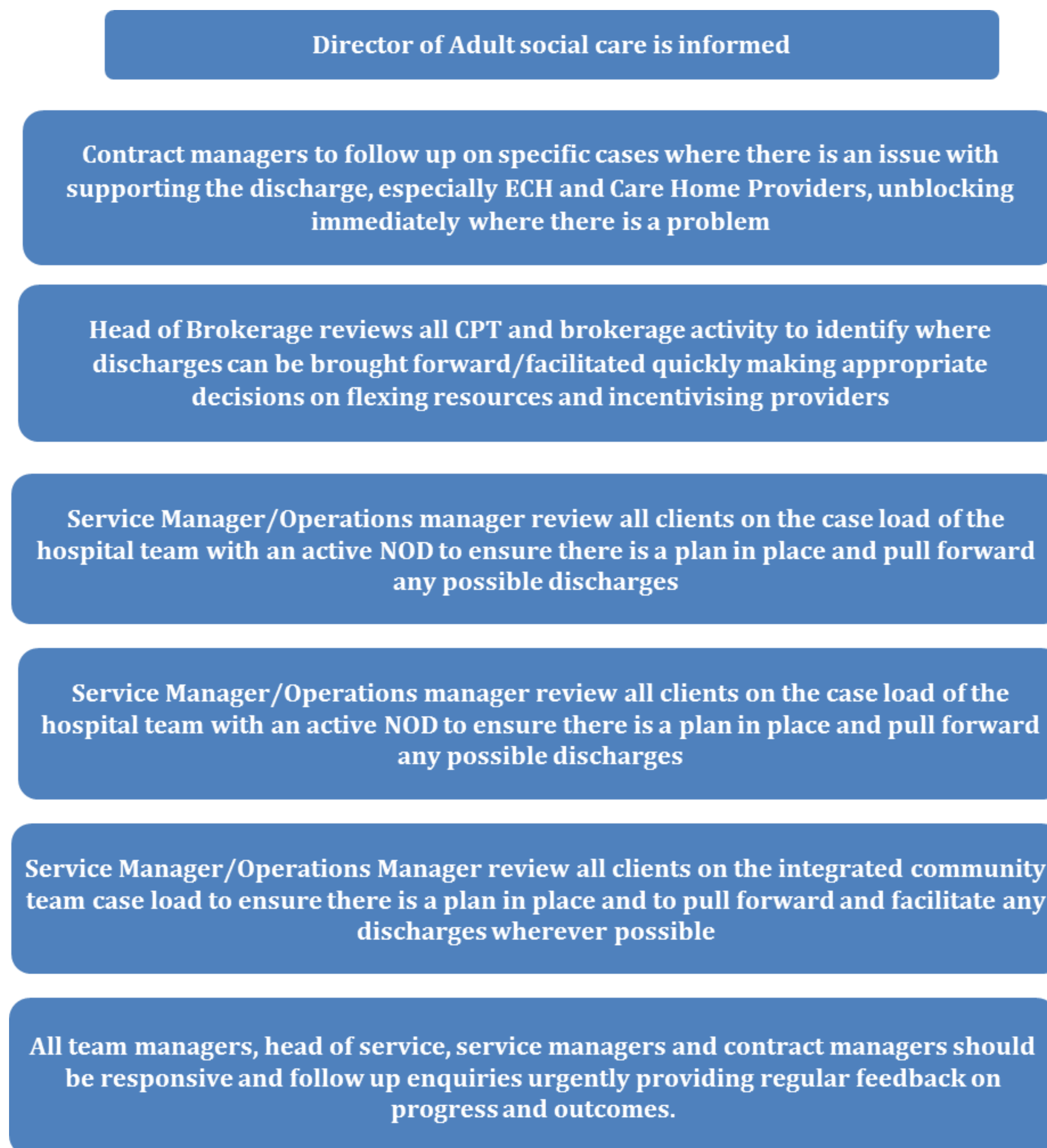
Evening shift – An additional evening shift is scheduled in order to provide an additional PLN cover at this high demand period.</td></tr>
</table>

Management Escalation - In Hours	Management Escalation - Out of Hours
First Line Escalation – Escalation to Kalifa Nottingham-Christmas, MHLT Manager 07949-513986 / Bridget Mhako, HTT / Crisis Manager 07983-416816 **Second Line Escalation –** Adrian Dorney, Associate Director 07917-503748 / Emma Willing, Service Manager **Third Line Escalation -** Lorraine Regan, Service Director – 07711 506056	**First Line Escalation -** Contact should first be made with the Psychiatric Liaison Nurse (PLN) or the Duty Senior Nurse (DSN) at GPH – 01689-880000 **Second Line Escalation -** Senior Manager on Call (SMoC) – Sleeping nights on call system contactable through the Bracton Centre Switchboard on 01322 294300

4.5 London Borough of Bromley

Response to Acute escalation:

The below Escalation Chart sets out LBB Adult Social Care escalation.



4.6 Bromley GP Alliance:

BGPA has in place escalation plans for all services for managing surge/capacity issues including Bromleag Care Home Practice. BGPA has in place a Severe Weather Plan. Care homes which are registered with Bromleag know to contact the practice in the event of a deteriorating or unwell patient. Clearly the pathway will strengthen as more homes are registered. The plan is for Bromleag to also strengthen links with the GP Liaison Lead and the frailty team at the PRUH

4.7 BROMLEY THIRD SECTOR ENTERPRISE (INCLUDING BROMLEY WELL SERVICES):

BTSE have has robust systems in place to minimise the risk to personnel and premises arising from unforeseen events. These include its Health & Safety Policy and its Risk Register which is reviewed annually by the Board and the Health & Safety Policies and Risk Registers of all sub-contracted organisations. As well as copies of relevant documents held electronically, hard copies of all the above are held off-site by the Chair and Partnership Manager.

Nevertheless, there remain circumstances that could lead to serious disruption to all or part of our business. Disasters can be manmade, natural, accidental or deliberate. BTSE aims to protect staff, premises, finance, the environment, assets and reputation.

BTSE is committed to ensuring that we will continue to provide services to our client groups, even in the event of a serious interruption to our business. The aim is to implement a level of resumed business activity appropriate to the circumstances. The Plan exists to ensure that each employee understands his or her role in the event of an emergency and that any disruption is minimised. Each of the five sub-contracted organisations delivering the Bromley Well service have their own Business Continuity Plans.

The Plan is intended to provide a framework to ensure the appropriate response by management and Board Directors in the event of a major incident.

4.8 ST CHRISTOPHER'S

St Christopher's operate their business continuity plan and escalation protocols throughout the year. The St Christopher's Single Point of Contact team hold twice daily MDT meetings, 7 days a week to discuss referrals for the In-patient unit. Emergency referrals can be discussed outside these times if necessary. The community teams do not have a maximum capacity and will prioritise referrals depending on patient need and complexity.

5 BROMLEY WINTER RESILIENCE SCHEMES 2019/20

5.1 CONTEXT:

For the past few years LB Bromley (LBB), NHS Bromley CCG (BCCG) and King's College Hospital Princess Royal University Hospital have made financial investment to provide additional capacity to the system during winter months to provide additional capacity in the system to ensure patients are seen in the appropriate care setting. This includes schemes to support patients in secondary, community and primary care.

Winter schemes also build on the One Bromley Urgent and Emergency Care programme, which is designed to deliver the One Bromley vision of developing an integrated urgent and emergency care system. In this system there will be a single point of access to a range of community services able to provide brief acute level interventions to support more people at home, preventing the need for hospital based care and support. The main areas of focus are set out below:

- One Bromley Frailty Pathway
- Princess Royal University Hospital Transfer of Care Bureau development
- Community Discharge Pathways development (including front door and admission avoidance).

5.2 LESSONS LEARNT FROM PREVIOUS WINTER:

From the evaluation of each organisation's previous winter schemes, stakeholders agreed that increasing capacity in existing services, whilst strengthening the community reactive / urgent response offer would be an effective use of resources for this winter.

There was a sense from referring clinicians into community services that needs to be pathway clarity and improved links between community services. For example the Advanced Nurse Practictioner led Home Visiting Service, the Rapid Response Service (urgent home visits within two hours) and the @Home service also started in autumn 2018, meaning that there were three 'separate' home visit services operating over winter.

Another lesson learnt from the previous winter was the principle of increasing capacity within existing services to support the smooth implementation and higher 'uptake' which has been shown to be sensible. Therefore funding should be utilised to complement the medium term system pathway development, potentially providing initial impetus or step change leading towards the longer term vision.

5.3 BROMLEY WINTER RESILIENCE SCHEMES 2019/20

The CCG winter resilience funding (£646k budget) and London Borough of Bromley winter resilience scheme funding (£1047k) have been allocated across the health and social care system to ensure there is additional capacity in the system to ensure patients are seen in the appropriate care setting. This includes schemes to support patients in secondary, community and primary care (i.e. the additional GP hub appointments for patients). Each scheme will have a robust monitoring and evaluation process ensuring that the agreed KPIs are delivered.

The Winter Resilience funding has been considered for the following schemes (please not all scheme costs have been finalised and are estimated) and are subject to Board approval) in response to comments made at both the SEL Winter Debrief in June and the Bromley A&E Delivery Board on

24th July and 9th September respectively. King's College Hospital NHS Foundation Trust have also submitted their proposed winter schemes (£1000k) which are being signed off internally. A full list of the schemes including financial investment and KPIs can be found in Appendix 6 - *Overall Bromley System Winter Scheme Spend 2019-20*.

The Winter Resilience funding schemes set out below have been considered with an integrated approach by the CCG and London Borough of Bromley (please note not all scheme costs have been finalised and are estimated) in response to winter preparation discussions had at both the SEL Winter Debrief in June and the Bromley A&E Delivery Board on 25th June and 9th September respectively. The CCG and LBB proposals for this year build on lessons learnt from the previous year and focuses on three joint strategic themes to increase capacity across the system which are:

- Avoiding unnecessary hospital attendances
- Maintaining hospital flow
- Reduction in delayed discharges through integrated working

Attendance and Admission Avoidance

- **Additional Rapid Response Capacity -** Provide healthcare professional support (including ANPs) to mitigate against the increase in demand for GP home visits by providing timely provision of visits therefore reducing demand on primary care and preventing escalation of need. This includes trialling **telehealth monitoring** of wearable armbands that monitors patient's vital signs and produces a live feed with alerts to a web based platform. This will allow for more complex patients to be cared for in the community whilst providing assurance to the hospital consultant about their wellbeing. Alerts would be monitored via the CCC triggering a response from Rapid Response with any variation from baseline.

- **Additional GP hub appointments -** Providing additional hub appointments in both existing hubs and additional hub slots during key pressure times meaning more people to be seen in primary care mitigating increase in UCC attendance, including **an additional hub on the PRUH Site.** Following Lambeth and Southwark successful roll out at St Thomas's, Bromley are proposing a similar model at PRUH to mitigate the increase in UCC attendance over the winter period in the evenings and weekends. The hub would see patients deemed suitable to been seen within a primary care setting. Appointments will be bookable from primary or secondary care.

- **Weekend dressings clinic –** piloting a weekend clinic as an alternative to UCC or the PRUH Ambulatory Unit for dressings. This would be aligned to the new weekday nurse clinics at Bromley Crown Medical Practice and would be bookable by primary care also.

- **Flu Winter Campaign 19/20** – funding to increase flu vaccination uptake in key patient cohorts and also health care professionals by undertaking communication and engagement campaign in line with national programme. Locally working with Primary Care, Social Care, Bromleag Care Practice and community providers to vaccinate patients, and health care professionals.

- **Additional social care staffing capacity** to enable a quick and efficient assessment service to vulnerable adults and their carers ensuring timely intervention with skilled staff who are familiar with the local area and Bromley procedures and processes.

Maintaining Flow:

- **Additional capacity in the UCC**
  - **A floor co-ordinator role** in evenings and weekends to impact positively on waiting time management and escalation with ED leading to improved 4 hour performance.
  - **Additional Healthcare Assistant capacity** which allows clinical staff to focus on treating and discharges more patients with HCAs completing ECGs, observations, plastering and some dressings.
  - **Additional GP rota fill** funding over Christmas / NY period which last year resulted in 100% rota fill across both sites including bank holidays and weekends enabling the UCCs to support ED and see as many patients as possible

- **Rapid patient testing for flu** in hospital which will enable quicker confirmation of flu which has been proven to help control potential outbreaks and also help flow as patients whom would have been otherwise been isolated or put in a side room would no longer need this, therefore freeing up capacity.
- **Respiratory pathway development** will enable freeing up of COPD consultant and nurse time in hospital to develop pathway for COPD patients.

Reduction in Delayed Discharges

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- **Additional capacity into community services**
  - **7 day community in reach into Hospital** to support 7 day working and an improved and integrated discharge patient experience between hospital and community and also support to the front door frailty team.
  - **Clinical Triage function within Bromley Healthcare Care Coordination.** All referrals from hospital and community to pass through a clinical team in the CCC who will identify the required clinical input and arrange directly with the required community clinicians. Referrers will no longer be required to understand multiple pathways that lead to confusion and a lack of appropriate referrals. Instead referrals will be made based on patient need rather than by service. This will be aided by Oxleas and Bromley Well integrating into the CCC and support the vision of an integrated single point of access into community services.
  - **Urgent response capacity within community physiotherapy and occupational therapy teams** to enable early supported hospital discharge for patients needing ongoing therapy maintenance. The additional staffing will allow us to a faster urgent response route for therapies where required to ease winter pressures.
- **Additional capacity into all year round social services such as:**
  - **Intensive Personal Care Service** offering night sits, live in care, temporary & emergency placements, increases to existing packages for a maximum of up to four weeks (available for the full year).

- **Fast Response bridging for Reablement providing** personal care within 2 - 4 hours of request to meet care needs to facilitate discharge prior to ongoing services being available.
- **Deep clean / handyman service** providing quick efficient service to clean the home environment and move furniture etc. to enable care and equipment to be provided.
- **Eight dedicated Extra Care Housing Assessment Flats** available within 24 hours to enable patients awaiting longer term placements to step down from hospital back into the community.

5.4 King's College Hospital PRUH site

For the King's College Hospital PRUH winter scheme spend please see Tab 3 'KCH PRUH' in the Appendix 6 - *Overall Bromley System Winter Resilience Scheme Spend*.

6 Further System Winter Planning:

6.1 KCH Christmas and New Year Workforce Assurance

To be added when operational plans have been confirmed at Trust level (usually early November)

6.2 Infection control including flu vaccinations

6.2.1 Population

As part of the Bromley PMS Premium Services that Bromley GP Practices are required to deliver Childhood and flu immunisations uptake and follow up of non-responders. The national target is 75% for over 65s. in 2018/19, Bromley GP practices achieved 68% uptake which is one of the highest rates in London (six practices achieved the national target). This service is configured to reward both activity by the practice to increase uptake and uptake outturn and allows for a phased approach for the latter. Pharmacies in Bromley also provide the flu jab for the local population.

For detailed KCH PRUH policy outlining the below, please see aims taken from the PRUH Infection Prevention and Control Policy.:

- the Trust's framework of measures to minimise the risk of infection to patients, visitors and staff and to support the Trust's commitment to achieving compliance with The Health and Social Care Act 2008.
- the responsibility of all staff to ensure that appropriate action is taken to minimise the risk to patients of acquiring an infection.
- The organisational infection prevention and control assurance framework
- Pandemix Influenza Preparedness Framework

6.2.2 Health and care Professionals

Last winter, Bromley was one of the best performing boroughs in London for vaccinating patients against the flu. We want to replicate this and ensure that our workforce, particularly those staff working in front line roles, are vaccinated and protected. This will have a number of benefits including:

- Protect patients so that they do not risk catching the flu from a member of staff. This is particularly important for those people working with patients in the 'at risk' groups.
- Patients are more likely to be vaccinated if they know their healthcare worker has also been vaccinated.
- Ensuring our staff do not go through the pain and discomfort of having flu.
- Reduce staff sickness absence levels.

King's College Hospital NHS Foundation Trust

- 2018/19 PRUH and South Sites uptake of the flu vaccine was highest level recorded. Aiming to build on this for 2019/20.
- Staff peer vaccinators will again operate across PRUH and South Sites. All staff vaccinated are recorded centrally and reported nationally.
- Since last winter, capital investment in additional ward doors to minimise infection spread.

- As per infection control plan, when indicated additional hand washing stations implemented, including at front door of hospital for all staff and visitors on arrival to site. Flow managed by security.
- Robust monitoring, cohorting, precautions and closure of beds and bays as per policy.

Bromley Healthcare

- Launched Flu campaign in CEO update on 6th September and then on the intranet with key messages. Ongoing messaging via screensavers on staff computers. There will be updates each week. We will be telling staff that we will be carrying out the flu vaccinations at staff meetings and in clinics around the borough.Additionally supporting information will be provided to explain the importance of the flu vaccination
- Educate staff about the facts of flu and address myths about the vaccination. News articles to be promoted on intranet to include facts and mythbuster. Screensaver with key messages to be created. Using an app through Flu Bee. Flu Bee is a unique online app which educates staff and improves vaccine uptake. It presents flu facts, busts vaccine myths and tells staff how to get vaccinated within the orgaisation. Flu Bee was developed by James Paget University Hospitals NHS Foundation Trust and has a track record pf supporting highly successful staff flu campaigns.
- Photos of senior leaders having their jab and promote these across staff forums/ communications.
- Provide flu vaccinations at team meetings - flu clinics to staff in the workplace – roving team to reach out to those working remotely – work around location and availability of staff rather than expecting staff to come into a certain place for the jab

Oxleas:
See Appendix 8 for the Oxleas Bromley Directorate Flu Campaign Action Plan for 2019-2020

London Borough of Bromley:
LBB front line staff are to be vaccinated at clinics provided by external pharmacy. Funding for this to be taken from BCF underspend. Public Health will be leading on this regarding the booking into slots for the clinics which will be spread across Adult and Children Social Care staff bases.

Bromley GP Alliance
There are thirty-seven members of staff within the BGPA who will be encouraged to access pharmacies within the locality to be vaccinated.The BGPA and BETH will be using their websites and the varying forms of social media (Instagram / twitter) to increase awareness and the importance of receiving the flu vaccination especially for those who are immediately eligible.

Staff can access their own GP practice / local pharmacy and /or the arrangement of a pharmacist who is qualified and has sufficient indemnity insurance to attend the office on a given day. The BGPA will record each staff member who has their vaccine with the date when this was undertaken.

Care Home Staff (vaccinations to be provided Bromley GP Alliance)
Those living in long stay residential care homes or other long stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality should be a prioritisation for vaccination. This also includes staff (clinical and non-clinical) who work within the care homes.

It will be planned to ensure all patients within the Care Homes within the responsibility of Bromleag are vaccinated on the basis permission is provided, although the vaccine will be encouraged. Staff will be encouraged to obtain the vaccination through community pharmacy and registered general

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practices. It is not the intention to replace any occupational health schemes already in place, but to assist in increasing the uptake within the community setting

St Christopher's Hospice

Whilst St Christopher's no longer offer internal Flu vaccinations, staff are encouraged to go to their GP or local pharmacy to be vaccinated.

Bromley Third Sector Enterprise (BTSE) including Bromley Well staff

Ensure that all staff and volunteers of the age of 65 know that they are able to access free flu jabs via GP or Chemist.

Ensure all staff working with vulnerable people across Bromley Well services (THS HAS Help at Home and Handy Person) are accessing the free service. Frontline staff will be encouraged to have the flu jab and, where appropriate, be provided with a letter to show to their GP, nurse or pharmacist.

6.3 PROCESS FOR MANAGING REPATRIATIONS

The London stroke pathway expects that all patients with suspected stroke will be managed through admission to a hyper-acute stroke unit with ongoing care as appropriate in a local stroke unit.

Following stabilisation patients are either transferred to a stroke unit that is local to their home if they require further inpatient rehabilitation or discharged home ongoing support.

A HASU may not close to patients with expected acute stroke, the following pathways are agreed:

- Stroke units must accept a patient from a HASU for which they are the defined stroke unit
- HASUs have the authority to repatriate patients to the relevant stroke unit
- If a patient transfer is delayed in excess of 24 hours after the agreed transfer time by a stroke unit, a HASU can**: a.** keep the patient in the HASU **b.** transfer the patient to the stroke unit in the same trust as the HASU **c**. seek an alternative stroke unit for the patient

To ensure there is HASU capacity there must be no delay in stepping down patients to the stroke unit, nor accepting repatriations from Denmark Hill for local patients requiring a stroke bed at the PRUH. It is recognised that out of borough (OOB) repatriations to a stroke unit is challenging to due to capacity constraints across the sector. Any delays over 24hrs must be escalated to the Director of Operations and at the 09:30 sector-wide surge call. Please see Appendix 3 for the SOP.

The PRUH must also work to support the repatriation of neurology (and other non-stroke) patients from Denmark Hill within 24 hrs to ensure these patients are being cared for and rehabilitated close to home and their families; and to free up capacity at the Denmark Hill site.

6.4 IMPROVING AMBULANCE HANDOVERS

Ambulance handover delays can be a consequence of a mismatch of capacity, demand and inadequacy of patient flow or a symptom of system-wide issues, and as such, handover delays must be recognised as a system-wide responsibility.

EDs must work to the standard that they accept handover of patients within 15 minutes of an ambulance arriving, the patient is the responsibility of the ED from the moment that the ambulance arrives outside the ED, regardless of the exact location of the patient.

Ambulance handover delays should be considered as 'not optional' and other processes should be in place to avoid delays and queues for assessment. In addition to redirecting patients to the most appropriate location in the hospital eg UCC, SAU/ACU and initiating 'boarding' of patients at times of

extreme pressure there should be an everyday response to safely offload and assess all LAS attendances within 15 minutes of arrival.

If there are more than 5 patients waiting for Ambulance handover (>15 minutes), then Ambulance Control (LAS) will be alerted that there will be delays in transfer of care to ED. In this situation, the ED should try and identify a nurse to continue supervise these patients, if there are no ED staff available then there should be a request to LAS if a single crew can be identified for these patients, allowing other crews to be released.

It is the responsibility of the Trust to clinically manage these patients in respect of their clinical condition after initial assessment. Fit to sit should continue in these circumstances with close liaison with ambulance crews.

There was a full audit against NHSE/NHSI Ambulance Handover Delay Actions undertaken in June 2019. All actions incorporated into PRUH ED improvement action plan. In place:

- Full utilisation of 'fit to sit' for patients arriving by ambulance (see below). ED expansion business case includes 10 addition fit to sit spaces.
- Safety huddles assess ED capacity 10 times per 24 hour period. Further huddles added if required by departmental safety risk. Escalation protocol in place for 30 minute and 60 minute ambulance handover delays.
- Use of doubling up cubical of assessed patients in times of extreme pressure. Corridor care will not be implemented given no space for bed-based corridor care.
- Direct ambulance access to UCC for type 3 patients where possible.
- Full capacity protocol in place to de-pressure ED in times of compromised flow.
- ED expansion business case to increase offload and assessment capacity, including RAT.

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6.4.1 Fit to Sit

Fit to Sit should be business as usual and alternative capacity to undertake this should be identified at times of extreme pressure.Most patients who come into majors end up on a hospital trolley; this means that the department very quickly becomes full.

'Fit to sit' at times of surge should be provided in another suitable environment if current areas are full of lodged patients – ACU, UCC or space could be utilised for 'fit' ED patients when the Full Capacity Protocol is triggered. This will allow 'cohorting' of this group of patients and prevent blocking of cubicles.

The principle is simple – recovery is quicker if patients stay mobile, and they should sit or stand when well enough. Encourage patients to walk if they can to prevent deconditioning, use a wheelchair rather than a trolley and keep patients clothed.

6.5 MINOR BREACH REDUCTION

As part of the SEL Minor Breaches Reduction plan, which forms part of the overall A & E Delivery Plan, KCH PRUH and Greenbrook UCCs are actioning the following to reduce breaches for 'minors' Type 3/4 attendance:

6.5.1 Urgent Treatment Centres and Community Based Care

- Two GP led Urgent Treatment Centres in Bromley provided by Greenbrooks one of which is on the same site as the PRUH – significant developments in partnership working and Standard Operating procedures are in place with the UCC to support effective streaming including direct

access from GP referrals and LAS bypassing ED. Clinician to clinician hand overs also in place with daily huddles between clinicians to ensure the pressure and resource across the system is shared and understood.

- Robust contingency planning to ensure plans are in place to mitigate for short notice surges and on the day sickness etc which could lead to drop in performance. GPs and nurses will be on call at weekends as contingency Greenbrook are centralising their rotas to ensure shift fill and flex across their sites, as well as completing a training programme for additional treatment nurses.
- Ensuring both UCCs meet the national for the new Urgent Treatment Centre specifications.
- Developing the community urgent response offer bringing together a range of existing resources to provide a responsive community based MDT to provide acute and sub-acute interventions in the community preventing attendances and avoiding hospital admission.
- An active GP out of hours service is in place with recent increase in capacity to support winter pressures. Ongoing review of supply and demand is undertaken by the CCG with flexible response to surge in activity.

6.5.2 Emergency Department

- Working to improve IT interface in place between Adastra and Symphony to have single system entry for all attendances seen through UCC. This will improve triage and streaming from UCC. IT project team in place and upgrade testing between the two systems completed week of 20 August. Results under review with team.
- UCC Referral to Assessment/ Ambulatory Units for Speciality Patients. Following trial of streaming patients in sub-acute to ambulatory (passed from UCC to ED), PRUH ED to continue to work with UCC on how to directly refer where appropriate.
- An advanced nurse practitioner triage system is in place at all times with dedicated frailty front door team placed within ED to identify and stream patients appropriately
- Significant transformation activity is taking place across the PRUH including refreshed ED surgical pathway, Frailty Assessment Unit and Rapid Assessment and Treatment (RATT) to provide dedicated specialities into ED and ensure people are streamed to the most appropriate place to meet their needs.
- A high intensity user meeting takes place with input from community services to identify interventions and support to reduce attendances. A High Intensity User Case Manager to This is further supported by the Proactive Care Pathway delivered through 3 Integrated Care Networks to support more people to remain independent in the community for longer.

6.5.3 System leadership and Governance

- The A&E Delivery Board provide system leadership to continue to reduce all type 1 breaches including level 4.
- Daily performance review is undertaken on all breaches across the system with a scrutiny report provided by providers to commissioners on reason and actions to address. Thematic analysis taking place on a monthly basis and fed into the A&EDB. Where capacity is an issue, a flexible approach to resources across the system is used. During seasonal and high pressure times additional primary care capacity is put in place to provide increased support to the system
- The A&E Delivery Board continues to provide oversight, scrutiny and leadership on system wide improvement around Urgent and Emergency care pathways and performance
- Within contractual agreements is has been made clear that the CCG have a zero tolerance response to breaches from all providers

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7 PROVISION OF AN BOROUGH-BASED AND SEL ESCALATION CONTACT LIST

Please see Appendix 1 and 2 for the Bromley and SEL Escalation Contact List which has been developed to ensure the correct professionals are in place to support any issues.

7.1 FURTHER PROVIDER ASSURANCE PLANS

In advance of winter, the CCG also asked providers to give assurance that there were plans in place to:

1) *Identify and proactively plan/track at risk residents and ensure all care plans are accessible should a crisis occur*
2) *Avoid emergency attendance and admissions:*
3) *Ensure timely discharge for medically fit patients requiring ongoing care and support e.g. trusted assessor, referring and assessment to community services pre-MSFT to ensure all in place once patient is MSFT, services accessed via single passport document not separate referral form*
4) *Maintain people in the community reducing escalation of need*
5) *Specific plans to ensure full 7 day service is in place*

7.1.1 Identify and proactively plan/track at risk residents and ensure all care plans are accessible should a crisis occur?

KCH PRUH

- Utilisation of Co-ordinate My Care for patients on and end of life care pathway. Rolling out additional access for Emergency Department staff.
- Piloting direct hospital referral to Proactive Care Pathway for suitable patients at risk of re-admission.
- Frequent attenders themes reviewed with community partners to identify challenges and next steps. CCG is commissioning a High Intensity User case manager to support these patients through the system to avoid unnecessary hospital attendances.
- Work with Oxleas regarding frequent attenders, linking with the home treatment and psychiatric liaison team working with LAS.

Bromley Healthcare

- The care of all BHC Priority 1 patients are covered within the Business Continuity Plan in case of internal incident, bad weather, extreme staff sickness etc. BHC run Health Roster report weekly and archived in case of IT failure to ensure staff are available to enable movement of staff when required. Priority patients schedules are also run and archived in case of an EMIS failure to ensure they are seen.
- Pro-actively ensure any at risk patients are referred through the relevant ICN stream including, Proactive Care Pathway and End of Life.
- EMIS BHC/GP shared care records are utilised to obtain up to date clinical information as well as the local Care Record to ensure recent clinical history and information is updated.
- Ensuring that all at risk patients have had a pre-winter care plan review where appropriate.

Oxleas

- Zoning meetings 3x a week where at risk residents are identified and plans put in place. Care plans on RIO so can be accessed by Crisis Team and Liaison Team. Team managers reviewing care plans in supervision to ensure they are updated. Patients and their carers have copies of their care plans.
- Patients who are at risk of becoming unwell are seen regularly in the community by their care teams, concerns and issues are highlighted in supervision and the zoning meeting and crisis plans updated and actions made to support the person
- Ward teams will ensure that patients are discharged with heating and other utilities etc. Patients with Care Coordinators have discharge meetings with ward teams and family members to ensure that such amenities are available.

Bromley GP Alliance

- Registration of all care home residents to Bromleag Care Home GP Practice is ongoing. Patients when they are registered are all being seen by a Care Practice GP for initial assessment and medication review. Ward rounds are taking place on either a weekly or two weekly basis depending on the size of the home. All homes are asked to contact Bromleag first when considering calling out an ambulance. Patients care plans will be added to Co-ordinate my care although this will be work in progress. A permanent practice manager has started and her ongoing liaison with the homes is aimed at speeding up the registration process and ensuring there are agreed processes to contact the practice for any emergency.

London Borough of Bromley

- Care & support plans uploaded onto CareFirst (data systems), accessible across the business as well as to health colleagues via Multi-Agency View (MAV) of CareFirst
- Proactive work with carers to ensure care and support plans and effective contingency plans are visible on both the carer and adult they care for record

Bromley Well

- Integrated Care Network 'Care Navigators' will use EMIS to monitor patients on the pathway and Bromley Well care plans are accessible by all Bromley Well staff.
- Service produces an emergency and contingency plan which helps to reduce any extra burden on Urgent Care.
- Mental Health Service will look to change groups to daytime only to accommodate the evenings getting darker earlier and will reduce the number of face-to-face appointments to accommodate for bad weather. As happened last year more concentrated mental health support will be provided during the lead up to Christmas.

St Christopher's

- The St Christopher's team will undertake discussions concerning Advance Care Planning and for many patients there is a DNACPR form in the home. This information is also recorded on the electronic database Coordinate My Care.
- The St Christopher's clinician will inform the GP when these discussions have taken place. St Christopher's staff also attend GSF meetings.

7.1.2 Avoid emergency attendance and admissions:

KCH PRUH

- Improving consistency of front door Rapid Assessment Team (RAT) for patients arriving at ED.

- Multi-disciplinary front door frailty team undertaking comprehensive geriatric assessment, linking patients with community services, ensuring existing care plans are accessed and honoured.
- Same Day Emergency Care pathways – 7day, 8-8 Ambulatory Streaming for medical and surgical referrals ambulatory. Developing paediatric ambulatory/assessment pathway to pilot for winter. Ambulatory frailty step up service pilot at Orpington to operate over winter which will accept referrals from ED as alternative to admission and as follow-up to discharge.

Bromley Healthcare

- Increase capacity within our rapid response service to ensure we have sufficient capacity to provide a 2 hour response to people in their own home rather than them needing to call LAS. This additional winter capacity worked well last year
- Additional capacity to provide a rapid access physio/ot service both to prevent admission and support discharge
- Clinical triage function within Care Coordination Centre to ensure patient is holistically assessed and triaged into the appropriate service with links into other community services such as Bromley Well, Oxleas or St Christopher's.

Greenbrook Urgent Care Centres

- Redirection arrangements including referrals to GP hubs, dentist, practice nurse, patient's own GP, and other community healthcare providers. We are currently working with the CCG and the GP Alliance to explore ways of increasing redirection for patients with non-urgent needs.
- Patient Champions on site to help patients navigate the health and social care system, including registering with a GP practice and accessing the voluntary sector.

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Oxleas

- Within all care plans there are crisis plans informing clients of what to do in an emergency, they can also contact the community teams during working hours to arrange additional support. Home Treatment Team are available 24/7 to provide additional support.
- Oxleas have a Pilot scheme in place with worker from Crisis/Home Treatment Team embedded in East Locality team so that additional support can be offered where a patient is at risk of admission.

Bromley GP Alliance

- Care homes which are registered with Bromleag know to contact the practice in the event of a deteriorating or unwell patient. Clearly the pathway will strengthen as more homes are registered. The plan is for Bromleag to also strengthen links with the GP Liaison Lead and the frailty team at the PRUH
- All care home patients (provided consent is not refused) registered with Bromleag Care Practice will receive the annual flu vaccination. In addition flu vaccinations will be offered by the practice to the care home staff.

London Borough of Bromley

- Social Workers in ICN
- Use of Winter Resilience funding to provide immediate access to 24 hour care at home, additional and enhanced fast response personal care and access to emergency placements where it is not safe for someone to remain at home in order to prevent an admission.

- More intensive community oversight to avoid admissions for vulnerable clients
- Dom-care providers are able to increase the level of care required for urgent & additional care as well as to remain with a client while a contingency plan is put in place to prevent hospital conveyance wherever possible
- Trusted assessor for access to domiciliary care via the Bromley @home service.
- Developed policy and process for avoiding emergency admissions via emergency placement for people who attend hospital enabling social attendances to be turned around at the front door

Bromley Well

- Workshops/sessions on the importance of the winter flu vaccination is being run across Bromley Well services. We'll also be promoting the easy read leaflet to people with learning disabilities https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/637939/PHE_Flu_easy_read_adult_flu_leaflet.pdf and including articles in newsletters.

St Christopher's

- London Ambulance Service frequently call St Christopher's if they have been called to a patient who they think is near the end of life. If the patient is known to St Christopher's we will give additional clinical information. If the patient is not known to us we will accept a telephone referral from the LAS if appropriate to avoid an unnecessary hospital admission.

7.1.3 Ensure timely discharge for medically fit patients requiring ongoing care / support

KCH PRUH

- Discharge Coordinator support to ward rounds to support parallel discharge planning.
- Review of functioning of Transfer of Care Bureau to better meet customer needs to facilitate patient discharge.
- Building on ECIST/Academy of Fabulous Stuff recommendations: Implementing system on pilot wards for patients to move to discharge lounge prior to TTO/EDN completion to act as driver for TTO/EDN finalisation. No patient will leave hospital prior to EDN completion.
- Implementation of SAFER, including:
  - Board rounds will be performed Monday to Friday, led by a consultant, registrar or specialty doctor. Expected discharge dates and diagnostics required before discharge will be identified as will referrals to therapies/social services.
  - Roll out of Red to Green across PRUH over next 13 months to ensure clarity on whether patient is progressing to the next stage of their care today. Live on 4 wards. Individual and systematic delays problem solved by ward staff or escalated.
  - Super-Stranded Patient reviews in place led by PRUH director or general manager on weekly basis. Identifies and prompts action for any long stay patients where plans are unclear or parallel discharge planning is not in place.

London Borough of Bromley

- Discharge to Assess (D2A)
- Additional Extra Care Housing step down units in place to support more people to be discharged to ECH from hospital
- Developed joint working of mental health Care Coordinators & hospital Social Workers/TOC Bureau to support discharge for people admitted to the PRUH with SMI

- St Christopher's Trusted Assessor model in place to support
- Re-starts available directly from the ward
- Additional domiciliary care provision being put in place through procurement from current provider market

Bromley Healthcare
- Community Facilitated Discharge Team (CFDT) pilot. This is a community clinician based in the PRUH to help facilitate discharge and support patients on to the correct community pathway. This would be supported by dedicated clinicians based in the CCC who will ensure patients are moved seamlessly to the correct clinical intervention. This will be of particular benefit in supporting more complex discharges.

Oxleas
- Representatives from community teams attend weekly bed management meetings to identify patients who may need additional work to support discharge such as a care package or placement.
- Green Parks House holds weekly bed management meetings with the wards to support teams to discharge patients in a timely manner.
- The working age wards hold a ward huddle Monday to Friday mornings to ensure that tasks, which may delay discharges, are carried out.
- Social Care funding is agreed at panel who meet fortnightly but we also have access to the chair of the panel for decisions for funding for placements and packages of care under section 117 out of panel.
- There is a process in place for referrals to the CCG for requests for continuing healthcare assessments.

St Christopher's:
- In Reach staff post at the PRUH to facilitate early discharge working alongside D2A team and visiting wards to proactively identify MSFT patients. Ensures knowledge of community teams including capacity is effectively communicated with hospital discharge team and ward staff.

7.1.4 Maintain people in the community reducing escalation of need

Bromley Healthcare
- Respiratory Team; Community Matrons; Children's Community Nursing Team; District Nursing Teams; Night nursing; Neuro Rehab team; Bed and Home Based rehab.
- BHC will ensure these wrap around services winter plans are in place at an early stage.
- BHC will ensure all patients and carers have relevant contact details and will ensure administrators in the CCC are briefed with regards to our winter plan.
- Telehealth monitoring in place with more vulnerable patients so a paid intervention can be put in place should they drop off their baseline in order to prevent a hospital admission

Oxleas
- Multidisciplinary Team(MDT) approach. People with complex needs under Care Programme Approach. Weekly clinical MDT meeting and zoning meetings 3x a week to identify those at risk. If people are at risk of relapse Care coordinators can refer to HTT which is now 24/7. We also have the crisis line operating 24 hours a day so that people can phone to get advice.

- All patients under the community teams have care plans and risk assessments to prevent admission to hospital for both physical and mental health needs.

Bromley GP Alliance

- GP Hub and GP extended hours BGPA is supporting three 3PCN's in the provision of extended hours although worth noting that all PCN's now have to provide this for the entire population. This will provide extended ours from 18:30-20:30 during the week, with availability although not at all sites on a Saturday morning.
- Proposed winter scheme to offer an additional GP Hub Service at PRUH site. The BGPA would occupy one room during the week and two rooms on a Saturday, working in collaboration with the Princess Royal University Hospital (PRUH), ensuring the appropriate patients were booked to the service.

London Borough of Bromley

- Reablement with increased capacity to support people to maintain their independence
- Contingency plan in the care & support plan of adult carers
- Early intervention service for people with declining needs
- Social Workers in the Integrated Care Network (ICN) to proactively manage people with complex health and social care needs
- Extra Care Housing (ECH) – tolerance policy (i.e. increase care for up to 2-4 weeks as trusted assessors)
- Targeted plan to ensure all Care and support reviews are up to date by the end of September

Bromley Well

- Hospital After Care: practical help in the community following a stay in hospital: Reduction of social isolation
- Sitting Service: post 24 hours can be flexible
- Carers Respite (paid for service)
- Help at Home low level domiciliary service providing help around the home. Paid for service.
- Handy Person Service, low level adaptations and other household jobs free to people when aiding discharge and to preventing hospital admission.
- Care Navigators in the proactive and end of life pathway.

St Christopher's

- St Christopher's offers support to patients and their families 24 hours a day, 7 days a week. If telephone advice is not sufficient the clinical team will visit the patient at home, including out of hours. Health Professionals can also call for advice 24/7.
- The St Christopher's team will undertake discussions concerning Advance Care Planning and for many patients there is a DNACPR form in the home. This information is also recorded on the electronic database Coordinate My Care.
- St Christopher's contact details are given to all their patients, staff encourage patients to call rather than 999. Fridge magnets with our phone number on are also placed in homes

7.1.5 Specific plans to ensure full 7 day service is in place

KCH PRUH

- Service flex between week-day and weekend. Where recruitment / rotas allow services will operate 7 days, with focus on improved operational support over 7 days.

- Senior discharge consultant to lead weekends and where possible increased DICSO support 7 days.
- Key challenge to discharge identified is weekend MRI capacity. Business case submitted for October sign off to operate morning weekend MRI slots to facilitate weekend discharges and de-compress start of week list demand.
- Silver on call manager on site Saturday and Sunday to ensure consistent delivery of weekend working protocols, including liaison with discharge consultant and team to unblock discharge challenges.

Greenbrook Healthcare (BB and PRUH UCCs)

- Out of hours our team will liaise with the Greenbrook On-Call Manager and the Trust's site manager as required. A weekend plan is submitted to the On-Call Manager and to the CCG each Friday, covering issues such as staffing, shift leadership, known operational issues.

London Borough of Bromley:

- Dedicated work with broader providers to ensure 7 day admission to care homes including offer of additional 'resource' to enable this to happen on a weekend
- Programmes Team will engage with providers to understand the barriers to admissions/returning to placements on a 7 day per week basis and seek solutions to make this possible.
- Other services that run on a 7 days a week basis:
    - Transfer of Care Bureau (TOCB) Care Managers
    - Transfer of Care Bureau Broker for Dom care, D2A packages of care and Restarts
    - Central Placements Team Broker for Placements (5 days per week)
    - Reablement
    - Mental Health Home Treatment Team
    - LD Respite Centre
    - Dom-care services
    - ECH 7 day re-admission
    - ECH 7 day Step Down admission

Community

- Bromley Healthcare - Rapid response, rehab services, District Nursing and CCNT are all full 7 day service and are supported by the CCC that operates 24/7, OOH GPs
- Oxleas - Acute Inpatient Wards, Liaison and Crisis Teams
- BGPA - The BGPA currently offers a seven day per week Access Hub Service which operates between hours of 16:00-20:00 during the working week and 08:00– 20:00 Saturday – Sunday, across three sites within the Bromley Borough throughout the year. This is a GP led Service.
- St Christopher's Hospice - urgent / emergency telephone advice for professionals available 24 hours, 7 days a week.

9.2

8 APPENDICES:

Appendix 1 – Bromley Escalation Contact Information List

Appendix 2 – South East London Escalation Contact Information List

Appendix 3 – PRUH Internal Flow and Escalation Policy

Appendix 4 – PRUH Full Capacity Protocol

Appendix 5 – Greenbrook PRUH and Beckenham Beacon UCC Escalation Plan

Appendix 6 - Overall Winter Scheme Spend - CCG-LBB-KCH PRUH

Appendix 7- Organisation Inclement Weather and Transport Disruption Plans

Appendix 8 – Organisation Infection Control and Flu Plans

Winter Schemes					
Organisation	**Scheme Title**	**Scheme Description**	**Scheme length**	**Estimated Cost**	**Expected Impact**
Bromley Healthcare	Community in-reach in PRUH	Creation of a hospital based team of community clinicians to support the discharge process and front door frailty from the hospital. Working 8am to 6pm across 7 days a week	Oct-March	TBD	Having a community based clinician based in the PRUH will help facilitate a pull model of discharge as well as supporting the discharge process while new systems are embedded. This will build on the pilot scheme which has been in place since July 19 and has evidenced a positive impact on flow
Bromley Healthcare	Clinical triage function within the Bromley Healthcare Care Coordination Centre	All referrals from hospital and community to pass through a clinical team in the CCC who will identify the required clinical input and arrange directly with the required community clinicians. Includes intial project management support for three months to deliver UEC changes.	Nov-March	£164,500	Referrers will no longer be required to understand multiple pathways that lead to confusion and a lack of appropriate referrals. Instead referrals will be made based on patient need rather than by service
Bromley Healthcare	Telehealth monitoring	Implementation of the current telehealth system, a wearable armband that monitors patients vital signs and produces a live feed with alerts to a web based platform	Oct-March	£25,471	This would allow for more complex patients to be cared for in the community whilst providing assurance to the hospital consultant about their wellbeing. Alerts would be monitored via the CCC triggering a response from Rapid Response with any variation from baseline.
Bromley Healthcare	Urgent response capacity within community therapy teams	Additional headcount in community occupational therapy and physio to facilitate a more urgent response for patients discharged from hospital over winter.	Nov-March	£66,176	Currently community physio and OT services are not set up to provide the kind of urgent response that is often required to facilitate a hospital discharge, waiting times have also acted as a deterrent for referrals from Primary Care. This additional staffing will allow us to set up a 2 day response route for therapies where required
Bromley Healthcare	Additional Rapid Response Capacity to Primary Care	Provide healthcare professional support (including ANPs) to undertake GP home visits, reducing demand on GP call outs	Nov-Feb	£71,000	To support increase in demand for home visiting providing timely provision of visits to reduce demand on primary care and preventing escalation of need such as hospital admission.
Bromley Healthcare / Bromley GP Alliance	Weekend Dressing Clinic	Nurse Clinic 9-5pm Sat/Sunday for dressings to redirect patients who are being followed up in UCC or Ambulatory Unit. Will be aligned to BGPA dressing clinics run every weekday.	Nov-March	£17,480	Reduction in innappropriate attendances to UCC / follow ups to Ambulatory Unit.
Bromley GP Alliance	Additional GP Hub appointments	Providing additional hub appointments during key pressure times. Providing new Hub at PRUH for patients who require primary care type intervention who come to Urgent Care Centre or A&E. Weekdays 6-10pm / Weekends - 11am-5pm	Nov-Mar	£120,000	Increase in surges in UCC from patients coming after 4pm who could be seen in primary care setting.More people to be seen in primary care mitigating increase in UTC attendance. Reduce impact of surges on UCC - Reduction in 4 Hour Breaches - Reduction in ED Handover breaches
BGPA	GPOOH over Christmas and New Year GPOOH resilience	Additional capacity for GPOOH over Christmas and and New Year period where previous years' there had been an surge in demand.	1st Dec-31st Jan	£13,838	More people to be seen in primary care mitigating increase in UTC attendance
Greenbrooks	Floor Co-Ordinator pilot / Additional HCAs / Enhanced rates over Christmas	1. A floor co-ordinator 6-10pm weekdays and Weekends to ensure flow is managed in PRUH UCC in times of increased attendance 2. Additional HCA cover in both UTC sites to add capacity over winter 3. GP Enhanced rates to ensure hard to fill sessions are filled in Dec-Jan.	Oct-Mar	£69,000	Maintain required performance during increased attendances. Reduction in Emergency Department attendances Reduction in admission Delivery of triage and 4 hour target Increased patient satisfaction over peak periods Ensuring complete rota fill across evenings and weekends to ensure more
CCG	Winter Communications	Flu Advertising Campaign - Digital and Leaflets	All Winter	£5,000	Ensure patient uptake of flu vaccinations is as high or higher than last year. Ensure healthcare staff in the community are aware of the need to get vaccinated and how to get vaccinated.
King's College Hospital	Respiratory rapid access	Consultant and nurse funding to support redesign of respiratory pathway between the community and hospital. Funding will include consultant and nurse time to design new pathway, along with time to support communtiy colleagues with advice and guidance through winter for patients with respiratory needs.	Nov-March	£30,000	Similarly to the above we do not currently have rapid access to specialist respiratory advice in the community. By designing this it will not only enhance hospital discharge allowing for strong links to be set up with the PRUH respiratory team but will also allow for rapid access to those with a long term issue in order to prevent an admission.
King's College Hospital	Near patient testing for flu	Near Patient flu testing to ensure side room capacity is only utilised when necessarily.	Nov-March	£20,000	Increase flow through hospital, freeing up side room capacity.
Total Spend				**£602,465**	

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2019/20 Winter Schemes - DRAFT

A & E Delivery Board:
Completed By: Tricia Wennell/Carol Brown
Total Budget: £1,047,540

Winter Schemes		
Organsation	**Scheme Title**	**Scheme Description**
London Borough of Bromley	Intensive Personal Care Service	Night sits, live in care, temporary & emergency placements, increases to existing packages for a maximum of up to four weeks available for the full year.
London Borough of Bromley	Fast Response/Bridging for Reablement	Personal care provided within 2 - 4 hours of request to meet care needs to facilitate discharge prior to ongoing services being available.
London Borough of Bromley	ECH step down schemes	8 dedicated Assessment flats available within 24 hours with an exit stratgey
London Borough of Bromley	Deep Clean/Handyman Service	Providing quick efficient service to clean the home environment and move furniture etc to enable care and equipment to be provided. Available for the full year
	Staffing	Providing quick efficient assessment service to vulnerable adults and their carers ensuring timely intervention with skilled staff who are familier with the local area and Bromley procedures and processes. Available for the full year
Total Spend		

Bromley

London Borough of Bromley

Cost	Expected Impact
£140,000	Facilitate Discharge and avoid admission to hospital and care homes
£19,840	Facilitate Discharge and avoid admission to hospital and care homes
£182,000	Facilitiate discharge and avoid re-admission or social admission
£30,000	Facilitate Discharge and avoid admission to hospital and care homes
£675,700	Facilitate Discharge and avoid admission to hospital and care homes. Mitigate significant risk in recruiting agency staff at short notice
£1,047,540	

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Priority this scheme addresses	Timescale for Implementation	Key Performance Indicator
1 to 6	1st october 19	
1 to 6	1st october 19	
1 to 6	1st october 19	
1 to 6	1st october 19	
1 to 6	1st october 19	

9.2

KPI Baseline	KPI Target	Lead Person and contact details
		Carol Brown
		Carol Brown
		Carol Brown
		Carol Brown
		Carol Brown, Alex Pringle, Jane Campbell, Ruth Wood.

2019/20 CCG Winter Schemes - KCH PRUH

A & E Delivery Board:
Organisation
Completed By:
Total Budget:

Winter Schemes

Organisation	Scheme Title	Scheme Description
PRUH	Funded: Patient Flow Co-Ordinators:	Clinical Administration role to chase diagostics requested & results, bridge to gap between ward teams and ToCB. Calling nursing homes, care homes etc to faciltate early return of patients. Ensure patient discharge checklists completed (eNDs, transport, D/C lounge notified, patient has keys, NOK informed etc). Posts attached to/ reports into Service Management Teams. Currently one post in operation, 2 to be added
PRUH	Funded: RMN for ED	Safety: Dedicated RMN to support patients on a mental health pathway within the department
PRUH	Business case: Weekend Inpatient MRI (funded pilot	Weekend MRI lists
PRUH	*Paediatric medical staffing*	Additional registrar to support early review of patients in ED
PRUH	Business case: Paediatric assessment unit (funded pilot)	Ambulatory padiatric service
PRUH	ED Expansion Business Case (to be considered October Investment Case)	Expansion of ED - fit to sit, resus.....
PRUH	ED Expansion Business Case: HCA for ED waiting room	Safety: Dedicated HCA for waiting room to ensure repeated observations and basic care requirements met for patients who are experiencing prolonged waiting times
PRUH	ED Expansion Business Case: Transfer team	Clinical support for transfer admitted patients to reduce delays to transfers due to waits for clinical support to porters
PRUH	ED Expansion Business Case: PRUH ED B5 Float nurse	Based within majors but provide flex to help in subacute or an additional fit to sit nurse to help increase flow through these areas inluding; RAT, triage- early abx, fluids and obs etc in those who are waiting for cubicles

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PRUH	ED Expansion Business Case: Additional ED shifts to meet ECIST decision maker recommendations	Senior clinical-decision maker to improve triage, to improve use of non-ED based medical and surgical pathways, and to reduce delays for first clinician. 12:00 to 20:00
PRUH	Business case: Churchill Ward Transition Team	Team of Health Care Assistants to support the discharge of patients from Churchill Ward into the community, providing care in patients' own homes after discharge and bridging packages of care.
PRUH	Business case: Inpatient cardiology ACS Nurse	Expand current 5 day working to 7 days and cross cover for annual leave. Current service improves waiting time for ACS cases with quicker diagnostics and treatrment
PRUH	Business case: Inpatient cardiology support weekends (primarily echo-cardiography)	Improve waiting time for patients with suspected acute heart failure and valvular disease including infective endocarditis

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Bromley
KCH PRUH
Elliott Ward
In baseline £1m

Scheme length	Estimated Cost	Expected Impact
6 months October to March	£33,100	Reduction in LoS. Based on current post holder = c200 YoY bed days a month across wards covered
Commence business as usual from winter 2019/20	Winter only cost £58,000	Improved safety for mental health and other patients in ED awaiting assessment and/or bed
Commence business as usual from winter 2019/20	Winter only cost £58,000	Prevention of MRI diagnostic delays, including discharge dependent at weekends.
6 months October to March	£102,220	Reduction in wait for paeds specialty in ED during peak periods
Commence business as usual from winter 2019/20	tbc	Reduction in paediatric waits in ED and paedictric admissions
Commence business as usual from winter 2019/20	c.£1.5m capital c.£10k/month revenue	Reduction in ambulance handover delays, 4 hour breaches due to waits to be seen due to no confidential space to assess patients and improved patient safety
Commence business as usual from winter 2019/20	Sub-set of ED Business Case - Winter only cost c. £30,000	Improved patient safety for patients in ED waiting area
Commence business as usual from winter 2019/20	Sub-set of ED Business Case - Winter only cost £42,600	Improved ED flow
Commence business as usual from winter 2019/20	Sub-set of ED Business Case - Winter only cost £65,000	Improved ED flow through sub-acute, fit to sit and majors as required

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Commence business as usual from winter 2019/20	Sub-set of ED Business Case - Winter only cost £120,000	Improved patient direction at ambulance front door
If approved, start in winter as business as usual	Winter only cost £48,000	Reduction in LoS. 2017 pilot saved 136 bed days across 6 weeks for Churchill patients
If approved, start in winter as business as usual	Winter only cost £34,000	More consistency to the reduction of LoS seen with current nurse from over 7 days for M8 and CCU to average 5 days or fewer.
If approved, start in winter as business as usual	Winter only cost £28,5000	Reduction in LoS for M8 and CCU

9.2

Key Performance Indicator	Lead and Contact Details
YoY LoS on FlowCo Wards compared with non FlowCo Wards	Paul White paulwhite3@nhs.net
MH Datix in ED	Hannah Jackson hannahjackson1@nhs.net
LoS MRI inpatient waiting list on Monday morning	Alison Mitchell-Hall a.mitchell-hall1@nhs.net
Wait for paediatric specialist opinion	Alison Mitchell-Hall a.mitchell-hall1@nhs.net
YoY paediatric admissons Pathway utilisation	Alison Mitchell-Hall a.mitchell-hall1@nhs.net
Ambulance handover delays 4 Hour performance	Hannah Jackson hannahjackson1@nhs.net
Recording of repeated observations in timescales stipulated	Hannah Jackson hannahjackson1@nhs.net
Ambulance handover delays 4 Hour performance	Hannah Jackson hannahjackson1@nhs.net
4 Hour performance	Hannah Jackson hannahjackson1@nhs.net

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Wait to first clinician Utlisation of ambulatory pathways	Hannah Jackson hannahjackson1 @nhs.net
YoY LoS for Churchill	Paul White paulwhite3@nhs .net
YoY LoS for M8 and CCU	Paul White paulwhite3@nhs .net
YoY LoS for M8 and CCU	Paul White paulwhite3@nhs .net

London Winter Planning & Assurance Process

NHS England and NHS Improvement

Design Process

London has established a Task and Finish Group to lead work on improvement over winter, this includes representation from STPs, Providers and Regional Leads for key areas of work relating to UEC Improvement.

A key aspect of this is winter planning and the national assurance process surrounding this.

A working group was established to agree a process between Regional/ STP/ Provider colleagues as outlined in this pack.

The process has been agreed across all parties and also discussed with the national team to ensure it meets their expectations for winter 2019/20.

This process should enable us to sufficiently assure local plans without placing too much burden upon systems in terms of templates and timescales. This should, in turn, allow us to assure National colleagues in regards to our preparedness for winter in line with their timescales.

Process

- STPs to work with AEDBs to develop and assure local system winter plans in line with, but not restricted to, national KLOEs
- London Region to assure STP plans and processes via submitted summaries and Check & Challenge Meetings
- London Region to also offer support in development of plans, as required, from identified SMEs for key areas, the below leads will act as gatekeepers to this resource:

Area	Lead
Acute Care	Diana Lacey
Integrated Urgent Care	Eileen Sutton
Ambulance Care	James Moore
Mental Health Care	Emma Christie
Primary Care	Liz Wise
Social/Community Care	Andre Lotz

Process

- Overarching STP Summary sent to Region covering:
  - AEDB Assurance Process
  - Leadership (Clinical)
  - Communications plan
  - Escalation process and management (OPEL Framework)
  - Plans for Mutual Support across organisational boundaries

- Individual AEDB one page summaries sent to Region covering areas of system risk (by exception), these are to be developed from AEDB local plans, utilising national KLOE across 5 domains:
  - Demand
  - Capacity
  - Workforce
  - Exit Flow
  - External Events

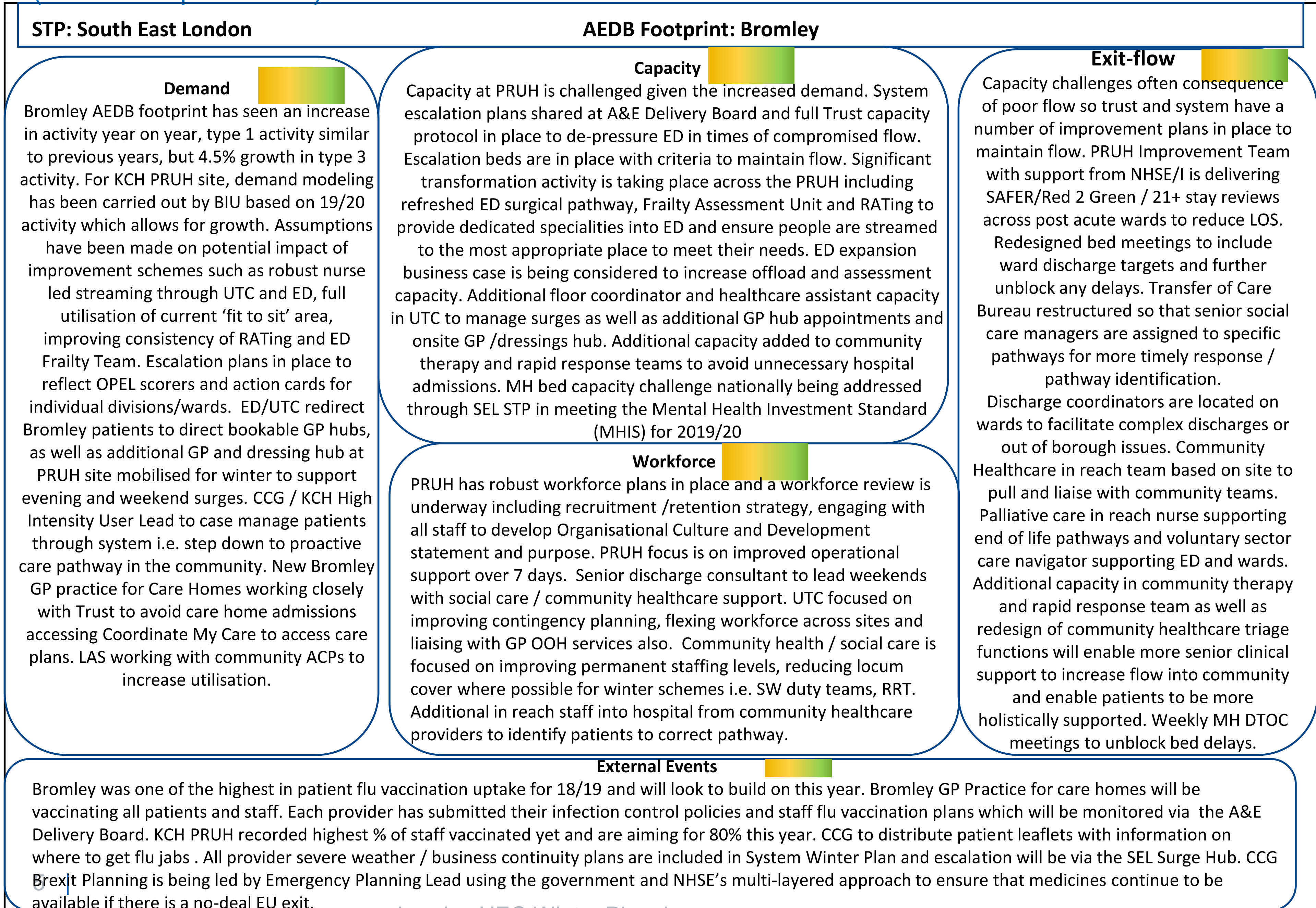
- Template flagging key risks (Appendix 1) with RAG rating each domain (Appendix 2)

- Risk Log per AEDB including AIM (Accept/ Ignore/ Mitigate) (Appendix 3)

- Check and Challenge sessions held with STPs, to include UEC Leads and other domain leads as required

- Proposed timescales:

Appendix 1: Winter Planning System-Flow Assessment
(Produced per AEDB)



STP: South East London **AEDB Footprint: Bromley**

Demand

Bromley AEDB footprint has seen an increase in activity year on year, type 1 activity similar to previous years, but 4.5% growth in type 3 activity. For KCH PRUH site, demand modeling has been carried out by BIU based on 19/20 activity which allows for growth. Assumptions have been made on potential impact of improvement schemes such as robust nurse led streaming through UTC and ED, full utilisation of current 'fit to sit' area, improving consistency of RATing and ED Frailty Team. Escalation plans in place to reflect OPEL scorers and action cards for individual divisions/wards. ED/UTC redirect Bromley patients to direct bookable GP hubs, as well as additional GP and dressing hub at PRUH site mobilised for winter to support evening and weekend surges. CCG / KCH High Intensity User Lead to case manage patients through system i.e. step down to proactive care pathway in the community. New Bromley GP practice for Care Homes working closely with Trust to avoid care home admissions accessing Coordinate My Care to access care plans. LAS working with community ACPs to increase utilisation.

Capacity

Capacity at PRUH is challenged given the increased demand. System escalation plans shared at A&E Delivery Board and full Trust capacity protocol in place to de-pressure ED in times of compromised flow. Escalation beds are in place with criteria to maintain flow. Significant transformation activity is taking place across the PRUH including refreshed ED surgical pathway, Frailty Assessment Unit and RATing to provide dedicated specialities into ED and ensure people are streamed to the most appropriate place to meet their needs. ED expansion business case is being considered to increase offload and assessment capacity. Additional floor coordinator and healthcare assistant capacity in UTC to manage surges as well as additional GP hub appointments and onsite GP /dressings hub. Additional capacity added to community therapy and rapid response teams to avoid unnecessary hospital admissions. MH bed capacity challenge nationally being addressed through SEL STP in meeting the Mental Health Investment Standard (MHIS) for 2019/20

Workforce

PRUH has robust workforce plans in place and a workforce review is underway including recruitment /retention strategy, engaging with all staff to develop Organisational Culture and Development statement and purpose. PRUH focus is on improved operational support over 7 days. Senior discharge consultant to lead weekends with social care / community healthcare support. UTC focused on improving contingency planning, flexing workforce across sites and liaising with GP OOH services also. Community health / social care is focused on improving permanent staffing levels, reducing locum cover where possible for winter schemes i.e. SW duty teams, RRT. Additional in reach staff into hospital from community healthcare providers to identify patients to correct pathway.

Exit-flow

Capacity challenges often consequence of poor flow so trust and system have a number of improvement plans in place to maintain flow. PRUH Improvement Team with support from NHSE/I is delivering SAFER/Red 2 Green / 21+ stay reviews across post acute wards to reduce LOS. Redesigned bed meetings to include ward discharge targets and further unblock any delays. Transfer of Care Bureau restructured so that senior social care managers are assigned to specific pathways for more timely response / pathway identification. Discharge coordinators are located on wards to facilitate complex discharges or out of borough issues. Community Healthcare in reach team based on site to pull and liaise with community teams. Palliative care in reach nurse supporting end of life pathways and voluntary sector care navigator supporting ED and wards. Additional capacity in community therapy and rapid response team as well as redesign of community healthcare triage functions will enable more senior clinical support to increase flow into community and enable patients to be more holistically supported. Weekly MH DTOC meetings to unblock bed delays.

External Events

Bromley was one of the highest in patient flu vaccination uptake for 18/19 and will look to build on this year. Bromley GP Practice for care homes will be vaccinating all patients and staff. Each provider has submitted their infection control policies and staff flu vaccination plans which will be monitored via the A&E Delivery Board. KCH PRUH recorded highest % of staff vaccinated yet and are aiming for 80% this year. CCG to distribute patient leaflets with information on where to get flu jabs . All provider severe weather / business continuity plans are included in System Winter Plan and escalation will be via the SEL Surge Hub. CCG Brexit Planning is being led by Emergency Planning Lead using the government and NHSE's multi-layered approach to ensure that medicines continue to be available if there is a no-deal EU exit.

Appendix 2: Proposed RAG definitions **DRAFT**

Demand	Capacity	Workforce	Exit-flow	External Events
Flow into the system is well understood by all partners with a good record of accurate forecasting. Intensive modelling has been undertaken across the system to understand where and when pressure may occur.	The regular and potential capacity of the system is understood and used dynamically to react to pressures as they occur. Escalation procedures are well rehearsed and all parties are well engaged with these.	The system makes efficient use of both its permanent and temporary workforce, taking innovative steps to cover potential shortfalls. Rostering is sophisticated and completed well in advance while contingencies are robust.	The system has good understanding of exit-flow points and how these can best be optimised. There is a good relationship between pre-acute, acute and post-discharge services to maximise exit speed and avoid re-entry.	The system has assessed the potential impact of known external factors and have sophisticated plans to react quickly to these. Proposals for maximising the uptake of HCW flu vaccine are also well developed.
There is a good understanding of demand across the system but some parts remain susceptible to surges in demand. Some modelling work has been done but this may lack some sophistication.	System capacity is understood well but can take some time to react to pressure. Escalation protocols and thresholds are understood but engagement is limited in some parts of the system.	While there is a good level of coverage amongst the permanent and temporary workforce there are resource gaps that limit system efficiency. Rostering is completed in good time but may lack some sophistication.	Exit-flows are well understood by the system and there are protocols in place to support resolution to any blockages. While protocols are understood some factors can limit the speed of exit and lead to some avoidable re-entry.	The system has considered the impact of external factors and understand these but response plans may be limited. Proposals for maximising flu vaccine uptake have been developed but require development.
Demand is well understood in pockets of the system but in many areas there are considerable gaps between expectations and reality. Some limited modelling has been done but this is very limited in sophistication.	While individual organisations have a good understanding of capacity this is not universal across the system. Reaction to pressure is often slow and system-wide engagement lacking, leading to internal solutions taking precedence over system actions.	There are considerable staffing shortfalls across the system which cannot be mitigated through temporary staffing and innovative approaches to resourcing are limited. Rostering practice is basic and is not routinely completed in good time .	The causes and impact of exit-block are understood by the system but limited actions are in place to resolve these. Protocols are limited and there can be slow movement through the system at exit points. Avoidable re-entry is not unusual.	The system has considered the impact of external factors but understanding of these is limited or proposed plans have not been developed. Proposals for maximising HCW flu vaccine uptake are limited and unlikely to result in improved outcomes.
The understanding of demand within the system is, for the most part, unsophisticated and does not align with lived experience. Any modelling that exists is basic and siloed at a provider level.	Regular capacity is understood but potential capacity either does not exist or cannot be used dynamically. Reaction to pressure is fragmented and responses slow, leading to compounding of issues.	There are major shortfalls of staffing across the system which cannot be filled except through extraordinary actions. There is little innovative practice in resourcing and rostering is very basic.	The system has limited understanding of the causes of exit-block and relationships are not conducive to resolving this. Movement at entry/exit points can be extremely slow and avoidable re-entry is common.	The system has not shown evidence of considering external factors and plans do not exist to respond to this. Proposals to maximise HCW flu vaccine uptake are very limited or undeveloped.

Appendix 3: Regional Winter Risk Register (Produced per AEDB)

There is a risk that…	Caused by…	Leads to…	Risk Owner	AIM (Accept, Ignore, Mitigate)	Local Action	Regional Action	National Action
Demand on PRUH ED cannot be managed and impacts ability to deliver Improvement Plan	• PRUH ED spatial configuration • Workforce challenges	4 hour performance decrease / ambulance handover delays	KCH PRUH / Bromley system.	Mitigate	• Business case submitted to address ED capacity challenges. • Fit to Sit model in place. • Full capacity protocol in place. Workforce strategy in place • Focus on permanent recruitment to vacancies.		
Recognised area of challenge, across our MH system	Mental Health demand over winter outstrips MH bed capacity	Increased A&E 12-hour breaches. Quality and Patient Safety risks	Bromley System	Accept and Mitigate	• Additional Psych Liaison Nurse post linking with community healthcare. • MH DTOC weekly meetings to unblock exit flow from beds. • MH Escalation protocols included in local winter plan. • 24/7 hr Crisis Line and 24/7 Home Treatment Team to avoid admissions.		
Urgent Care Centre demand increases	More walk in patients than anticipated	Minor breach increase	Greenbrook / Bromley System	Mitigate	• Winter Rotas started early • Additional funding for UCC capacity – HCAs / floor coordinator / rota fill • GP Hub on PRUH site 7 days a week to reduce pressure on UCC		
Primary Care and Community Healthcare demand increases	High elderly frail population	Increase in ED / UCC attendances	Bromley CCG	Mitigate	• Winter funding for additional capacity across system • Frailty front door team in place • Additional GP Hub appts and Hub on PRUH site.		
Flow is not maintained	Increase in demand	4 hour performance decrease	Transfer of Care Bureau (TOCB)	Mitigate	• Additional capacity in social care • TOCB to flex capacity across system to manage flow		
External events affect ability to manage system or put additional pressure on system	Flu outbreak / severe weather	4 hour performance decrease	Bromley System	Mitigate	• All Infection Control / Business continuity plans in place. • Flu vaccine for patients and staff planned across system		

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Report to:	Board Meeting
Date of meeting:	12th December 2019
Subject:	Report of the Risk and Governance Committee
Author(s):	Siobhan Coldwell
Presented by:	Professor Clive Kay
Sponsor:	Professor Clive Kay
History:	n/a
Status:	Discussion and Assurance

1. Background/Purpose

The Risk and Governance Committee met twice since the Board last met in October 2019. The paragraphs below highlight the work the committee has undertaken in the past three months.

2. Action required

The Board is asked to note the work of the risk and governance committee.

3. Key implications

Legal:	The NHS Code of Governance requires Trusts to have a system in place to manage risk and governance. The effective management of risk and governance mitigates the likelihood of legal challenge.
Financial:	Effective risk management and governance should minimise the financial risk to the Trust.
Assurance:	An effective governance and risk management system is key to effective assurance.
Clinical:	Consideration of clinical risk is a core element of a risk management system.
Equality & Diversity:	n/a
Performance:	Effective governance and risk management should support operational delivery.
Strategy:	n/a
Workforce:	Consideration of workforce risk is a core element of a risk management system.

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Estates:	Consideration of estates- based risk is a core element of a risk management system.
Reputation:	Consideration of reputational risk is a core element of a risk management system. An effective risk management system allows the Trust to protect its reputation

Main Report

The paragraphs below outline the key areas of focus for the risk and governance committee in the past three months. The committee's principle focus has been on ensuring the risk management regime within the Trust is fit for purpose; the committee has also considered policy governance, the Trust's wider governance framework and the work of the legal team. The committee has also had regular engagement with the Trust's internal auditors.

Key outcomes of the committee have been as follows:

- Revision of the risk management strategy. This has been shared with the Audit Committee and internal audit for comment and will be brought to the Board for agreement in the new year.

- Revision of the external reviews policy and reinvigorated the Trust's approach to the management of external reviews so that all reviews are centrally-collated and the implementation of recommendations is overseen in a more systematic way. This was reviewed by the Audit Committee and further changes were made.

- The committee received a paper on the King's Policy Framework, which outlines the current challenges that present a significant risk to the Trust. The challenges include management of version control, the existence of local guidelines and policies duplicating Trustwide policies, and the administration and up-keep of the policy databases. The Committee agreed to the following recommendations:

    - Extend the 'policy on policies' to cover guidelines, protocols and procedures.

    - Establish a sub-group of the Risk and Governance Committee to ensure rigour around policy development and ratification. The sub-group will also be responsible for the review of all the documents on Kingsdocs and archiving out-dated policies and other documents.

    - Review the list of Super-Users with a view to reducing the number of staff that can add documents to Kingsdocs.

- There is systematic review of the Corporate Risk Register at each meeting. Considerable effort has been devoted to ensuring the register clearly articulates the risks facing Trust. At each meeting, the register is reviewed and assurance is sought from risk owners to ensure that mitigating action plans are in place to address the risks.

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- Reviewing the 'red' risks on the Trust risk register. These are risks rated 15 or above, which have been raised by care groups. The Executive have been reviewing them to ensure that they are properly graded and that there are mitigation plans in place.

As noted above, the Trust's Corporate Risk Register is subject to regular review and a copy of the Register is attached at appendix one. The Board should note that work is ongoing with risk owners to ensure that the internal controls and assurances are clearly articulated and that progress against mitigating actions are evaluated to assess impact.

Recommendations

The Board is asked to:

- note the work of the Risk and Governance Committee.

- note the Corporate Risk Register and the actions being taken to mitigate each risk.

Corporate Risk Register - Dec 2019

ID	Opened	Site	Directorate	Risk Type	Risk Themes	Title	Description	Corporate/Exec Lead (Single)	Handler	Rating (initial)	Controls in place	Controls Assurance	Likelihood (current)	Consequence (current)	Rating (current)	Rating (Target)	Target Completion Date	Last reviewed	Action Plan	Principal objectives	Risk Change
209	13/04/2011	Trustwide (Risk Register Only)	Trustwide (for Risk Register ONLY)	Injury, Harm or Damage	ICT, Patient Safety	Missed or delayed diagnosis resulting from failure to review and act on completed diagnostic results	There is a risk of harm to patients due to missed or delayed diagnosis resulting from failure to review and act on available diagnostic results. This can be due to: A) Failure to get test results into EPR (histology and cardiac tests) B) Clinicians not being alerted to abnormal test results C) Clinicians not reviewing results requested, via EPR results acknowledgement	Kate Langford - Executive Medical Director	Donohoe, Paul	16	1. EPR result acknowledgement system shows all completed results for a clinician when they log into it. 2. Some teams receive weekly spreadsheet of all radiology reports. 3. Radiology phone through/email urgent/critical results (via Results Codes SOP) and have coding systems to add abnormal flags on CRIS. Suspected cancer cases automatically referred to cancer data team and onto the relevant cancer pathway. Suspected fracture x-rays are highlighted with a code in the ED to ensure follow-up. 4. Severely abnormal laboratory results are telephoned through to clinicians according to standard operating procedures.	TBC	Likely (4-Will probably occur given existing controls)	Major (4)	16	8	31/12/2019	15/10/2019	1. Business cases in development to improve test results getting into EPR 2. EPR upgrade will significantly improve functionality of flagging test results to clinicians (Jan 2020) 3. Task and Finish tracking EPR results acknowledgment SOP in each Care Group (Dec 2019)	KS2	Work in progress on updating controls
270	21/02/2011	Denmark Hill	Surgery and Trauma	Service Failure	Compliance and Regulation, Patient Safety, Performance	Risk of breaching 52 weeks waiting times	There is a risk of harm to patients waiting for over 52 weeks due to limited inpatient bed and theatre capacity. This also impacts on the Trust's reputation and lead to possible fines for breach of targets.	Bernie Bluhm - Chief Operating Officer (DH)	Rathbone, Leanna	12	1. 3 x weekly tracking of 52 week waits at specialty level 2. Weekly executive oversight of 52 week wait process 3. Validation of all waits over 18 weeks on the incomplete PTL 4. Significant outsourcing of inpatient procedures in orthopaedics, bariatrics and neurosurgery 5. Established governance structure from specialty to Executive oversight for management of all elective waiting lists 6. Monthly validation of data quality for 52 weeks 7. Aligned approaches for both main sites (utilising DH practice) 8. New T&O Consultants recruited 9. Director of Planned Care Improvement now in post	52 week wait data - 131 in Aug 19, 188 in October 2019, forecast for November currently 166.	Certain (5-Will occur given existing controls	Major (4)	20	8	01/12/2019	28/10/2019	1. On-going Root Cause Analysis review of all patients waiting over 52 weeks and if harm identified reported on Datix and managed through Serious Incident framework. Ensure this is tracked for compliance. Ongoing action 2. Explore opportunity to share bariatric workload across the STP and other pooling at Denmark Hill to be introduced. 3. Out of area consultant to be recruited for bariatric workload 4.Service-specific action plans developed to eliminate 52-week breaches by 31.03.2020	KS2, KS3	No Change
542	18/11/2011	Princess Royal University Hospital	Theatres	Service Failure	Performance	Lack of endoscopy capacity could impact on national waiting time targets and lead to possible missed cancers	There is a risk of harm to patients through delayed diagnosis (including possible cancer) and treatment following endoscopy referrals as there are long waits for endoscopy procedures. This is due to insufficient capacity to manage increasing demand from colorectal and gastroenterology services and urgent referrals being treated as routine. The delays to endoscopy will also impact on the ability of the Trust to meet referral to treatment targets (both the diagnostic target of 6 weeks for routine referrals, and the 18 week referral to treatment target). Cancer pathways may also be impacted. There is currently a backlog of 2000 referrals.	Bernie Bluhm - Chief Operating Officer (DH)	Kumar, Mayur	15	1. Weekend working ongoing - current two rooms in use 7 days a week. 2. Improved triage of surveillance referrals against national guidelines. 3. Ensuring lists are backfilled. 4. Additional endoscopy capacity at Denmark Hill at weekends 5. Work with commissioners to mitigate risk 6. Outsourcing has started with patients going to BMI and Croydon 7. full recovery plan for backlog and trajectory compliance agreed with NHS Improvement 8. Business case submitted to IB for backlog reduction and expansion of current service to meet future demand		Certain (5-Will occur given existing controls	Major (4)	20	6	24/09/2019	24/09/2019	TBC	KS2, KS3	Request from EQB in Oct to include on Corporate Register - Requires further work up and updates

Corporate Risk Register - Dec 2019

ID	Opened	Site	Directorate	Risk Type	Risk Themes	Title	Description	Corporate/Exec Lead (Single)	Handler	Rating (initial)	Controls in place	Controls Assurance	Likelihood (current)	Consequence (current)	Rating (current)	Rating (Target)	Target Completion Date	Last reviewed	Action Plan	Principal objectives	Risk Change
597	03/02/2012	Denmark Hill	Neurosciences	Service Failure	Patient Safety, Patient Outcomes, Performance, Estates	Limited neurosurgical bed and theatre capacity for elective work	There is a risk of delay to surgery and patients being cancelled multiple times for neurosurgery caused by limited theatre capacity, limited bed capacity and access to HDU to meet the demand for elective waiting lists. This impacts on patient safety and RTT18 performance.	Bernie Bluhm - Chief Operating Officer (DH)	Eales, James	16	Theatre capacity: 1.running Saturday theatre lists 2.additionally theatre list picked up through 6-4-2 reallocation process 3.operating on elective patients in emergency theatres 4.prioritisation of high risk patients through admissions meeting and RTT pathway oversight 5. Outsourcing simple surgery to local private provider, Beds 1. optimising MF LoS to increase throughput 2.daily reporting of repatriations and escalation to local provider partners exec teams 3. move all possible patients to day of surgery admission rather than night before (exc some tumour patients).		Likely (4-Will probably occur given existing controls)	Catastrophic (5)	20	10	24/07/2020	17/10/2019	1) Business case approval and action required by investment board - Oct 19 2) Outsourcing arrangements to be explored through expression of interest process.	KS2, KS3, KS4	No Change
1178	09/09/2014	Trustwide (Risk Register Only)	Trustwide (for Risk Register ONLY)	Injury, Harm or Damage	Patient Safety, Performance, Workforce	Inadequate assessment, placement or treatment of patients exhibiting challenging behaviour or mental health issues	There is a risk that patients with mental health conditions could abscond or self harm due to them having to wait in accident and emergency or other clinical areas for extended periods of time caused by A&E waiting times or limited mental health services such as CAMHS beds and delays to psychiatric assessment. This links to a number of risks across the organisation - 1178,3268,2333,3209	Nicola Ranger - Chief Nurse and Executive Director of Midwifery.	Shields, Gavin	20	1. Psychiatric Liaison Team on site at DH ED 2. Patients at significant risk of self-harm nursed on ground floor wards where possible. Two mental health assessment/waiting rooms in emergency department majors at Denmark Hill and 2 assessment areas in the Urgent care centre. 3. Clear process for following-up absconders (Police welfare checks etc.) 4. Trust-wide Challenging Patients Group & DH ED Mental Health Working Group 5. Missing Patients Policy 6. Use of RMNs and Healthcare Assistants following risk assessment from Mental Health In reach team where appropriate & ongoing liaison with MH partners e.g.. SLaM, Oxleas 7. Security staff support in managing challenging patients trained in restraint. 8. Adult pathway improved to reduce waiting time for a mental health bed in department. 9. King's, South London and Maudsley and Oxleas working towards the mental health compact standards. 10. Emergency Department at PRUH now complete MH risk assessment on arrival and correct actions implemented as a result of assessment. 11. PRU ED allocated space for safe	TBC	Possible (3-Could occur given existing controls)	Catastrophic (5)	15	5	01/04/2019	23/10/2019	1. Complete safer rooms. PRUH and DH completion - Nov 19 2. Review Enhanced Care Policy and standardise risk assessment across the trust and with GSTT. Dec 19 3. SI from February 2019 learning being disseminated across the Trust. Continued sharing - Dec 19 4. Developing mental health strategy - Jan 2020	KS2	No Change
2562	21/12/2016	Denmark Hill	Radiology & MEP	Service Failure	Facilities, Finance, ICT	Inability of Trust to provide interventional radiology treatments to patients or significant delay in service provision	There is a risk of delay to treatment and potential harm to patients requiring interventional radiology treatments due to there being limitations on the available IR machines. Two units now available to perform all procedures but one is 8 years old and now unreliable and therefore out of use on a regular basis, The third is limited to certain type of procedures only.	Bernie Bluhm - Chief Operating Officer (DH)	Briody, Ann	12	1. Scheduling of procedures in to appropriate lab managed on daily basis between IR radiologists, nurses and radiographers to minimise potential service disruption. 2. Optimise lay out of all required equipment for most common emergencies 3. Increasing threshold to accepting certain procedures requests based on clinical need 4. Angio suite 2 now upgraded and in place. There are now 2 working suites but suite 1 is requiring change in the future.	TBC	Likely (4-Will probably occur given existing controls)	Major (4)	16	8	31/03/2020	28/11/2019	1. Business case to be able staff lab 2 at full capacity was approved however Investment Board asked for Chief Nurse to review the amount that could be funded from nursing budget, therefore Nursing review to be completed in Nov 19 2. Plans for commercial partnership to fund other labs by Q3 2020/21 pending NHSE/I approval of business case 3. Complete feasibility study to change fluoroscopy room to third angio suite in radiology department. Nov 19. 4. Investment Board considering an immediate post/partial implementation plan as an interim solution.	KS2, KS4, KS3	No Change

Corporate Risk Register - Dec 2019

ID	Opened	Site	Directorate	Risk Type	Risk Themes	Title	Description	Corporate/Exec Lead (Single)	Handler	Rating (initial)	Controls in place	Controls Assurance	Likelihood (current)	Consequence (current)	Rating (current)	Rating (Target)	Target Completion Date	Last reviewed	Action Plan	Principal objectives	Risk Change
2679	25/04/2017	Trustwide (Risk Register Only)	Ophthalmology	Service Failure	Patient Safety, Performance	Lack of clinic capacity for pre-operative, post-operative and follow up appointments	There is a risk that patients will potentially lose vision because they are not seen within specified clinical time-frames due to insufficient service capacity and insufficient fail safe mechanisms currently in place. This has an impact on patient care and has led to patient harm in adverse incidents.	Bernie Bluhm - Chief Operating Officer (DH)	Moore, Mrs Dani	20	1. Use of community-based Minor Eye Complaints Service (MECS). Patients access this as first point of contact for rapid assessment and the MECS team triage into the hospital service and retain patients that can be managed in the community (with support and oversight of our consultants at the DH site). 2. All Denmark Hill clinic templates rebuilt to maximise available eRS capacity. 3. Recruitment of all new failsafe officers for all sites to minimise lost to follow up - November 2019. 4. Completed training programme for DH admin team on PIMS, RTT and ERS to improve patient pathway management. 5. Dependant Resources report developed in PIMS to ensure patients are given follow-up appointments in a clinically acceptable timeframe.	TBC	Likely (4-Will probably occur given existing controls)	Major (4)	16	8	31/03/2020	28/11/2019	1. Recruitment of key posts for admin and clinical vacancies. Business case approved and recruitment underway. Admin posts in place by Jan 2020, and clinical posts in place by April 2020 2. Completion of the roll out to partial booking (as per GIRFT business case) to proactively manage clinically safe timelines and flex capacity accordingly, interlinked with failsafe oversight - Jan 2020 3. Introduction of new and follow up virtual screening clinics which will double outpatient capacity within glaucoma services (excluding complex cases) to reduce waits. December 2019 4. Agreement that stable medical retinal patients are discharged back to Diabetic Eye Screening Programme (DESP) for on-going management (March 2020).	KS2	No Change
2739	14/06/2017	Denmark Hill	Theatres	Injury, Harm or Damage	Patient Safety, Performance	Limited capacity in main theatres for emergency treatment	There is a risk that there will be delays in emergency treatment and increasing the length of stay caused by a lack of capacity for emergency cases, major trauma and orthopaedic trauma cases. This could lead to an impact on patient treatment and outcomes.	Bernie Bluhm - Chief Operating Officer (DH)	McKenna, Anne	16	1. Unused elective theatre capacity is routinely converted to emergency theatre capacity. 2. New orthopaedic trauma timetable implemented from January 19 - increasing trauma operating provision by 32 hours per week at Denmark Hill. 3. Weekly trauma and orthopaedic planning meeting to flex theatre capacity between trauma and elective orthopaedics 4. Hot lap chole list set up in day surgery to reduce need for CEPOD slots for these cases. 5. Second CEPOD list implemented on some days as demand and capacity allows. 6. Ambulatory Surgical Consultant appointed at PRUH to deliver DSU lists to reduce pressure on CEPOD lists. This is to support control 4 above.	TBC	Likely (4-Will probably occur given existing controls)	Moderate (3)	12	6	01/04/2020	28/11/2019	1. Modelling of current CEPOD and trauma demand against protected trauma and CEPOD theatre space. Nov 19 2. Review underway of all cases performed on CEPOD lists to determine what can be done elsewhere (Day Surgery, procedure rooms, etc.) Dec 19 3. Approval required for business case to run a second CEPOD list every Saturday at Denmark Hill.Oct 19	KS2, KS3	No Change
2919	06/09/2017	Trustwide (Risk Register Only)	Trustwide (for Risk Register ONLY)	Injury, Harm or Damage	Patient Safety	Failure to recognise the deteriorating patient	Failure to recognise the deteriorating patient or failure to follow appropriate escalation process could lead to serious patient harm.	Nicola Ranger - Chief Nurse and Executive Director of Midwifery.	Ranger, Nicola	16	1.Hospital at Night Team in place (PRUH & DH) 2.Existence of standardised charts for tracking observations (NEWS2, BPEWS, MEOWS) 3.Common escalation algorithm (SBAR - Situation, Background, Assessment, Recommendation) in place (CHAPS for maternity) 4.Committee and governance structure for Deteriorating Patient's in place and revisited June 2017 (Deteriorating Patients Group, End Of Life Care Group etc.)for shared learning cross site 5. Standardised training for medical/nursing staff in the recognition and treatment of deteriorating patients (ALERT & ILS) 6. I-mobile (24/7 critical care outreach) in place at DH & PRUH including ED referrals 7.Auto-notification of creatinine levels beyond pre-defined thresholds now in place 8.Separate work stream for DP patients with mental health concerns has now been set up. 9.NEWS2 training and nursing risk assessments now rolled out across all sites. 10. Revision of RN update day has been completed 11. On-going education in high risk areas. 12. Medical education model in place	Incidents Reported - not reduced in all areas Unexpected admission to ITU - not reduced in all areas	Likely (4-Will probably occur given existing controls)	Major (4)	16	8	30/04/2020	23/10/2019	1. Implement regular assurance audits for NEWS 2 and nursing risk assessments by Dec 2019 2. Development of an observations guideline by end of Dec 2019 - draft under review. 3. Review data by department on deteriorating patients to identify non compliant areas - Dec 19 4. Explore and understand reasons why observations not done and acted upon - Dec 19 5. Develop an improvement plan for identification and escalation of deterioration - Dec 19	KS2	No Change

Corporate Risk Register - Dec 2019

ID	Opened	Site	Directorate	Risk Type	Risk Themes	Title	Description	Corporate/Exec Lead (Single)	Handler	Rating (initial)	Controls in place	Controls Assurance	Likelihood (current)	Consequence (current)	Rating (current)	Rating (Target)	Target Completion Date	Last reviewed	Action Plan	Principal objectives	Risk Change
2956	12/09/2017	Trustwide (Risk Register Only)	ICT and Informatics	Reputation or Compliance	Finance, ICT, Patient Safety	Continued risk of breach of Data Security Policy and Processes by Third party organisations impacting cyber security	There is a risk of data integrity, breach of cyber security, reputational harm, compliance and service delivery as third party organisations are installing Software and Hardware on KCH Network without appropriate review, testing, approval from KCH ICT and ISG and planning.	Beverley Bryant - Chief Digital Information Officer	McArdle, David	20	1. 3rd Party firewall purchased and in place with a number of third parties behind the wall 2. Monthly contract meeting with senior staff to mandate the following of trust policies and procedures and compliance with SLA 3. Multi skilled staff to act on Cyber attack. 4. Close management of annual leave	TBC	Likely (4-Will probably occur given existing controls)	Major (4)	16	8	31/01/2010	30/09/2019	1. Business case for additional staff in network and server storage teams to be submitted and approved - Dec 19	KS2	No Change
3772	06/11/2018	Trustwide (Risk Register Only)	Operations	Service Failure	Facilities, Finance, Patient Safety, Performance	Risk of failure of supply chain due to potential procurement and supply difficulties that could impact safety and cost	There is a risk of patient harm from a delay in treatment or inferior quality products being used due to lack in stock of medical devices/consumables and drugs supplied from Europe in the event of a no deal Brexit. This will impact on the supply chain services for the whole trust.	Bernie Bluhm - Chief Operating Officer (DH)	Powls, Mrs Lesley	15	1. Collaboration from NHS control centre and other trusts to ensure widespread availability of stock. 2. Contingency plans provided and assessed as robust from 95 out of 115 suppliers 3. 2 weekly meetings with Executive Lead 4. Meetings with sector and regional leads 5. Emergency supply list in place 6. Storage solution identified 7. Pharmacy have a system to mange drug shortages on a daily basis and will continue with this throughout the Brexit scenario. 8. Critical items list for buffer stock has been identified with a 7 day lead time to purchase. 9. Self assessment completed and submitted to NHSI/E - Trust Green.	TBC	Likely (4-Will probably occur given existing controls)	Catastrophic (5)	20	5	31/03/2020	28/10/2019	1. One week prior to Brexit date all suppliers contacted to ensure additional stocks available and ready for use. 2. Agree a communications plan - Oct 2019 3. Daily SITREP for readiness will commence when EU exit date has been agreed.	KS2, KS3	No Change
3864	22/01/2019		Trustwide (for Risk Register ONLY)	Injury, Harm or Damage	Estates, Finance	Risk of service interruption and delay to treatment due to breakdown of essential services within the estates infrastructure	There is a patient safety and experience risk that clinical areas may not be available or unsuitable due to the age and deteriorating nature of building fabric and mains infrastructure caused from previous poor investments and limited budget availability to maintain estate. The backlog work increases and the cost to funding temporary measures to mitigate maintenance impact are also continuing to increase.	Lorcan Woods - Chief Financial Officer	Sousa, Jorge	12	1. Backlog maintenance prioritised on essential services 2. Funding provided from NHSI for 2018/19 3. Funding bids submitted for 2019/20 4. Funding released for maintenance work to be completed 5. Essential backlog maintenance plan identified by Estates is being implemented.	TBC	Likely (4-Will probably occur given existing controls)	Major (4)	16	8	01/01/2021	29/10/2019	1. Complete estates masterplan and seek planning permission - On hold 2. Confirm funding from NHSI for 2019/20 - 26m capital funding confirmed. 3. Revise governance structure for Capital Estates and Facilities - Commenced Sept 19 to complete in April 2020 4. Identification of estates related risks on the complete risk register - Nov 19 5. Review backlog maintenance delivery plan against risks on the register - Dec 19	KS4	No Change
3865	22/01/2019	Trustwide (Risk Register Only)	Trustwide (for Risk Register ONLY)	Injury, Harm or Damage	Health and Safety, Patient Safety, Workforce	Risk of harm to staff from violence and aggression and bullying from patients/relatives	There is a risk that staff will be verbally abused or physically assaulted in a number of clinical settings due to the patient conditions treated and the increased number of patients with severe mental health conditions. This will impact on staff morale. This links to a number of risks in the organisation - 82,297,2430,575	Nicola Ranger - Chief Nurse and Executive Director of Midwifery.	Haworth, Joanna	12	1. Security employed in high risk areas across the trust 2. Pinpoint alarm system for staff in high risk areas, with neuro dept now included (DH only) 3. Enhanced care policy 4. Staff training programme on de-escalation techniques across the trust. South London and Maudsley (SLaM) are rolling out 15 half day sessions. This is a program for linking acute wards with SLaM sharing good practice. 5. New layout in ED at Denmark Hill for reception area. 6. Zero tolerance campaign in place - "not a target" 7.Lead nurse for mental health now in place 8. Violence and aggression reduction lead and steering group in place - Deputy Chief Nurse supported by Improvement Team.	Increase in reporting cases from staff Decrease in cases of harm to staff Improved staff survey	Likely (4-Will probably occur given existing controls)	Major (4)	16	12	01/04/2021	23/10/2019	1. Review and interrogate data to determine root causes and trends - Regular monthly reports provided by Head of Security 2. Staff forums with clinical staff - Nov 19 3. Bid submitted to STP for "We Can Talk" - successful bid. Education Team now developing roll out plan - December 2019. 4. Audits of the enhanced care policy ongoing action and focus work to improve compliance	KS1, KS2	No Change

Corporate Risk Register - Dec 2019

ID	Opened	Site	Directorate	Risk Type	Risk Themes	Title	Description	Corporate/Exec Lead (Single)	Handler	Rating (initial)	Controls in place	Controls Assurance	Likelihood (current)	Consequence (current)	Rating (current)	Rating (Target)	Target Completion Date	Last reviewed	Action Plan	Principal objectives	Risk Change
3866	22/01/2019	Trustwide (Risk Register Only)	Trustwide (for Risk Register ONLY)	Injury, Harm or Damage	Patient Safety, Workforce	Risk to clinical treatment due to medical staffing vacancies across a number of specialties	There is a risk that patients may not get prompt assessment or treatment due to lack of medical cover across a number of specialties because it has remained difficult to recruit into posts. This could impact on increased waiting lists, delay to treatment and patient flow through the hospitals. This links to a number of risks 3607,3152,3457,2274,3645,745,3173	Dawn Brodrick - Chief People Officer	Kate Langford - Executive Medical Director	12	1. Locum and agency staff appointed where essential 2. Alternative methods of cover in place where possible		Possible (3-Could occur given existing controls)	Major (4)	12	6		28/09/2019	1. Continue with recruitment and identifying innovative ideas to attract staff to the trust	KS1, KS2	No Change
3941	25/02/2019	Denmark Hill	Trustwide (for Risk Register ONLY)	Injury, Harm or Damage	Patient Safety, Performance	Risk of harm from delays to assess in Emergency Departments - 4 hr assessment target	There is a risk that patients could have an assessment and treatment delay or leave without being assessed due to the long waiting times in the Emergency Departments caused by increased attendances, slow patient flow through the hospital, lack of engagement with specialties to review and lack of space within the departments. This will also impact on the trust compliance to the national 4 hour standard. There are 4 related risks on the register to this: 290,956, 3761,2537, 4178	Bernie Bluhm - Chief Operating Officer (DH)	Morrisey, Lucy	16	1. Safety huddles 24/7 2. Redesign of the patient pathway through the ED 3. Bristol Safety Checklist in place and regularly audited 4. Full capacity protocol 5. Agreed measurable KPI checked weekly and Bi-weekly by Chief Operating Officer at Steering Group 6. Improvement workstreams aimed reducing length of stay, setting up SDEC services and improving flow through the ED 7. Some ENPs appointed in Urgent Care Centre 8. Adult Decision Unit (ADU) now fully functioning in new location and complies with clock stop requirements. This is part of clinical decision unit (CDU). Clear pathways in place for both CDU and ADU. 9. Introduced Ambulatory Care Unit (medicine) - now fully functioning 10. Launched a nurse-led surgical ACU 4 days per week reduced hours until clinical staff are appointed in November		Likely (4-Will probably occur given existing controls)	Catastrophic (5)	20	5	01/04/2020	28/10/2019	1. Complete recruitment and extending ENPs in the Urgent care centre - Ongoing as continuous recruitment 2. Improved process for triage and streaming of patients into the most appropriate clinical pathway to include the current Ambulatory Majors Area - Starts 2/9/19 and formal review in October of process. 3. Resource mapping being revised to address medical decision maker availability versus activity profile- Oct 19 4. Explore the future medical model for the Urgent Care Centre and confirm plan in preparation of tender so future model can be described to go out to tender.	KS2, KS3	No Change
3942	25/02/2019	Trustwide (Risk Register Only)	Trustwide (for Risk Register ONLY)	Injury, Harm or Damage	Patient Safety, Workforce	Risk of bullying and harassment identified through poor staff survey results	There is a risk that staff feel/are bullied or harassed by other members of staff or their managers due to poor line management, team behaviours, failure of trust to act on poor behaviour or lack of understanding from staff on impact of behaviours. This could result in staff feeling undervalued and poor engagement and poor staff survey results and increased staff turnover.	Dawn Brodrick - Chief People Officer	Brodrick, Dawn	16	1.Bullying and Harassment hotline 2. Targeted listening events from areas with known issues 3. Appraisal process 4. Reduced vacancy rates 5. Relationship policy 6. BAME network established 7. Manager learning programme 8. Staff FFT includes extra questions re harassment and bullying		Likely (4-Will probably occur given existing controls)	Major (4)	16	8	01/12/2022	29/10/2019	1. Business case for Organisational Development approved but recruitment now underway - Dec 19 2. Deputy Director of Organisational Development appointed and commences 11th November 3. Tender for external partner - Dec 19	KS1, KS2	No Change
3943	25/02/2019	Trustwide (Risk Register Only)	Finance	Financial	Finance	Risk of meeting financial recovery targets	There is a potential failure to achieve financial break even position across our portfolio by the end of 2023. This risk is reviewed on an annual basis to achieve each year recovery targets.	Lorcan Woods - Chief Financial Officer	Arthur Vaughan	20	1. Financial planning and reporting framework encompassing care groups, divisions, Kings Executive and Board with budget responsibility 2. Annual integrated activity and workforce financial plan with monthly reporting and re-forecasting 3. System of pay controls in place including investment board and VAP/WAP Panels 4. Cost improvement programme with financial recovery board with dedicated Director and PMO Team 5. Staffing in ESR aligned to pay budgets	Tracking ahead of phase plan by 1.2m Board reviewed financial forecast which indicates achieving control total likely to occur with some risks identified of up to 5m.	Possible (3-Could occur given existing controls)	Major (4)	12	8	01/04/2020	29/10/2019	1. Improve how operations, BIU and finance record and cost activity - Ongoing 2. continue to work with divisions and care groups to ensure understanding and responsibility of budgets and financial reporting - Ongoing 3. Enhance management reporting from Sprinter - Jan 2020 4. Additional training for budget holders following trust survey. Plan in place by Dec 19.	KS4	No Change
4001	29/03/2019	Trustwide (Risk Register Only)	Radiology & MEP	Service Failure	Facilities, ICT	Failure of radiology IT systems could impact on patient care	There is a risk of a failure in radiology IT systems (hardware and/or software) which will prevent clinicians accessing patient imaging and/or data in a timely manner. This may impact on patient care and treatment.	Lorcan Woods - Chief Financial Officer	Gray, Adam	25	1. If SECTRA fails images can be reviewed on the scanner 2. Antivirus system amended to prevent memory leakage to reduce failure 3. Working group now in place to drive new action plan 4. New staffing levels agreed for Radiology IT Team 5. Staff recruited to support out of hour cover 6. On call rota in place		Likely (4-Will probably occur given existing controls)	Major (4)	16	6	31/03/2020	29/10/2019	1. Completion of all actions on master action plan to resolve Sectra image transfer issues to be completed with Sectra/KFM/Trust ICT by March 2020.	KS2	No Change

Corporate Risk Register - Dec 2019

ID	Opened	Site	Directorate	Risk Type	Risk Themes	Title	Description	Corporate/Exec Lead (Single)	Handler	Rating (initial)	Controls in place	Controls Assurance	Likelihood (current)	Consequence (current)	Rating (current)	Rating (Target)	Target Completion Date	Last reviewed	Action Plan	Principal objectives	Risk Change
4053	07/05/2019	Denmark Hill	Trustwide (for Risk Register ONLY)	Injury, Harm or Damage	Facilities, Finance, Patient Safety	Risk of service interruption and delay to treatment due to medical device breakdown or unavailability	There is a patient safety and delays to service provision risk due to the lack of capital funding to replace medical equipment/devices, resulting in current devices remaining in service despite being beyond expected service life and declared "end of life" by the manufacturer. Such devices can not be serviced/repaired as the manufacturer has ceased to provide parts, service contracts and any technical support. There are a number of risks linked to this on the register such as 2738,889,1741,3558,2835	Bernie Bluhm - Chief Operating Officer (DH)	Deane, Colin	16	1. Urgent device replacement needs have been collated. Estimated £7m required. 2. Medical Device Investment Committee established to prioritise any available funding. 3. £0.77m capital assigned to the most urgent medical device replacement in Feb 2019. 4.Maintenance contracts for high risk equipment such as radiology 5. Medical Device Management Committee to oversee device governance in place 6. Business continuity plans in place.		Likely (4-Will probably occur given existing controls)	Major (4)	16	8	01/04/2021	28/10/2019	1. Confirm funding for medical device investment earlier in financial year to ensure competitive procurement and optimal allocation of available funding. - Prioritised list of equipment for this year and next year agreed and business cases developed accordingly to proceed with investments, this will all be dependent on NHS loan - Unknown as to date of NHS loan funding 2. Reviewing ways of replacing equipment other than capital. e.g. consumable deals, MES, PFI surplus for PRUH lease options - ongoing actions	KS2, KS4	No Change
4054	07/05/2019	Denmark Hill	Radiology & MEP	Service Failure	Facilities, Finance, Patient Safety	Risk to clinical treatment due to failure of radiology equipment.	There is a risk that patients may not be able to receive their imaging resulting in delay to treatment. This is to due lack of capital funding to replace old and unsupported radiology equipment causing short notice failure or longer term breakdown.70% DH equipment is over its recommended lifespan and at risk of failure. Radiology equipment is a KFM managed service. Other risks in Divisional register -	Bernie Bluhm - Chief Operating Officer (DH)	Gray, Adam	20	1. Maintenance contracts in place to cover high risk/ aged equipment 2. Use of mobile scanners and outsourcing to independent sector to re-direct activity where appropriate 3. Out of hours process developed for unexpected equipment failure 4. Business continuity plans in place		Likely (4-Will probably occur given existing controls)	Major (4)	16	2	21/05/2021	28/11/2019	1. Business cases for urgent equipment to be replaced 2019/20 have been developed and approved by investment board July 2019 to enable feasibility for top risk items to start to enable replacement when NHSI capital funding confirmed - Application to NHSI for capital funding done but awaiting confirmation. Funding confirmed 2. Plans for commercial partnership to include replacement and maintenance of all radiology equipment at Denmark Hill is an 18 -24 month program - outline case approved.	KS2, KS4	No Change
4055	07/05/2019		Trustwide (for Risk Register ONLY)	Service Failure	Patient Safety, Performance	Delays to triage of routine referrals	There is a risk of delay to assessment and treatment to patients because of the triage backlog from routine referrals. This can result in patients attending a booked clinic with the wrong specialty or clinician, a potential urgent case not identified from expert triage or attending a clinic without the appropriate tests completed. This risk also impacts on the efficiency of the outpatient services.	Bernie Bluhm - Chief Operating Officer (DH)	Codet-Boisse, Mrs Julie	20	1. DH - The specialties and Outpatient Appointment Centre (OPAC) have access to ERS system to see the worklist (referrals for review) of patients awaiting triage 2. DH - All specialties not managed by OPAC reviewed and cleared backlog 3- PRUH - ERS OPD Systems Manager reviewed worklist to ensure all triaged and has regular process now in place. 4. Lead in place and action plan to clear backlog of circa 5600 referrals for triage at DH, PRUH and South Sites 1500. 5. Dashboard in place to identify and track PTL performance		Certain (5-Will occur given existing controls	Moderate (3)	15	3	22/05/2020	28/11/2019	1. Establish clear protocols in each Division for monitoring the referral pathway and acting early on concerns. Nov 19 2. Complete recruitment and retention of appropriately trained OPAC workforce. Jan 2020 3. Establish clear leadership in OPAC with robust escalation plan. Jan 2020 4. Roll out Calypso at DH site. Jan 2020 5. Complete training of existing workforce to ensure systems and RTT rules applied correctly. Nov19.	KS2, KS3	No Change
4056	07/05/2019	Denmark Hill	Operations	Injury, Harm or Damage	Estates, Patient Safety, Performance	Risk of multi drug resistant infection and transmission to susceptible patients	There is a risk of harm from multi drug resistant infections due to immuno suppressed patients on wards, limited isolation facilities and environmental conditions within the whole Trust. This could impact on patient safety, patient flow and trust reputation. Linked risk 3518.	Nicola Ranger - Chief Nurse and Executive Director of Midwifery.	Mohammed-Klein, Roxanne	12	1. Patients prioritised based on needs and availability of rooms. 2. Site Team decision making conducted with Infection Prevention and Control team to determine bed allocation 3. Assurance audits are undertaken and reviewed at the HCAI Ops committee and Care Groups Governance meetings 4. Infection Prevention and Control Policies in place 5. Screening for CPE and Candida auris in high risk areas is above the recommendations set out in the PHE guidance 6. Surveillance data is reviewed monthly and actions taken to address any increase in alert organisms 7.Laboratory, and IPC and ward based surveillance also in place to detect outbreaks 8. Hand Hygiene and Cleaning action plans are in place with continuous monitoring and review. 9. Gram negative bloodstream infection Group monitor cases and agree actions	1. Monthly infection data tracking - Currently below target for Cdiff at DH Site.	Possible (3-Could occur given existing controls)	Major (4)	12	4	21/05/2021	29/10/2019	1. ICU new build will add to isolation bed pool but will be limited to critical care patients 2. Agree and deliver proposal in 2019/20 to create more side rooms.	KS2, KS3, KS4	No Change

Corporate Risk Register - Dec 2019

ID	Opened	Site	Directorate	Risk Type	Risk Themes	Title	Description	Corporate/Exec Lead (Single)	Handler	Rating (initial)	Controls in place	Controls Assurance	Likelihood (current)	Consequence (current)	Rating (current)	Rating (Target)	Target Completion Date	Last reviewed	Action Plan	Principal objectives	Risk Change
4191	02/08/2019	Denmark Hill	CEF (Capital, Estates & Facilities)	Injury, Harm or Damage	Estates, Finance, Patient Safety	Potential failure of plant, machinery and equipment	There is a risk of harm to patients, staff and visitors and non compliance to the Health and Safety at work act 1974 caused by sub optimal management and assurance of the estates infrastructure and fabric. There are limited records and evidence of planned maintenance for essential services resulting in potential failure of fire systems, plant, machinery and equipment. This could also impact on legislation and operational delivery.	Lorcan Woods - Chief Financial Officer	Balaam, Paul	20	1. Executive Team aware following commissioned review and as a result recruiting estates staff to restore establishment and have Guys and St Thomas's Estates Team on site to identify prioritisation. 2. Governance in place for monitoring 3. Lift inspections completed 4. Pseudomonas testing now in place 5. Theatre Ventilation checks completed 6. Appointed authorised engineers and training staff 7. Prioritisation list for the crucial work for DH site 8. Non compliance actions identified and plan in place to address this.	Lifts have regular maintenance programme in place and working Independent project lead checking actions to plan completed GSTT Team assessed our compliance checks and robust action plan	Likely (4-Will probably occur given existing controls)	Catastrophic (5)	20	10	01/04/2020	29/10/2019	1. Recruit Estates Staff (agency staff in place now to ensure full compliment but currently exploring options with GSTT as difficulty in recruitment) - Nov 19 2. Complete appointments for Authorised Persons - Jan 2020 3. Implement premises assurance model - Feb 2020 4. CEF management structure review and changes where required - Completed by April 2020 5. Complete prioritisation work for all sites - Nov 19 6. Review contracted out maintenance - Nov 19	KS2, KS4	No Change
4294	28/10/2019	Trustwide (Risk Register Only)	Trustwide (for Risk Register ONLY)	Injury, Harm or Damage	Patient Safety, Performance	RTT18 Pressure	There is a risk of harm to patients waiting too long for their treatment due to limited inpatient bed and theatre capacity. The difficulties in improving the RTT18 position could also impact on the Trust's reputation and lead to possible fines for breach of targets. Additionally, there are delays into specialist services such as neurosciences, Hepatobiliary,etc.	Bernie Bluhm - Chief Operating Officer (DH)	Bluhm, Bernadette	12	1. Validation of all waits over 18 weeks on the incomplete PTL 2. Significant outsourcing of inpatient procedures in orthopaedics, bariatrics and neurosurgery 3. Established governance structure from specialty to Executive oversight for management of all elective waiting lists 4. Director of Planned Care Improvement now in post 5. Aligned approaches for both main sites (utilising DH practice)		Possible (3-Could occur given existing controls)	Major (4)	12	8	01/09/2020	28/11/2019	1. Complete Outpatient utilisation maximisation programme run by central Transformation Team - ongoing improvement plan - April 2020 2. Intensive Support Team supporting Trust with Out-patient capacity and demand modelling to recast capacity to meet current and future demand (Jan 2020). 3. Revised governance structure led by Deputy Chief Operating Officer and Director of Planning and Performance to commence 4th Nov to include weekly assurance meetings with specialties and fortnightly Chief Operating Officer led meetings. 4. Focused work in ophthalmology tracked by revised governance structure detailed above.	KS3	No Change
4295	29/10/2019	Trustwide (Risk Register Only)	ICT and Informatics	Reputation or Compliance	Compliance and Regulation, ICT, Patient Safety	Unsecure committee records and duplication of policies	There is a risk of sensitive information contained in the Trust committee papers being available to all staff and old documents and policies being used in error or altered due to inadequate security to the "Kingsdocs" system. The search function pulls through old policies and some staff can also amend committee documents on the system without any control. This could impact on patient safety, data protection and Trust reputation.	Beverley Bryant - Chief Digital Information Officer	McArdle, David	12	1. Policies cannot be altered and remain on the system by staff unless they remove from the database. 2. Only certain users with permissions to upload can amend and alter documents on the system 3. Permissions have to be granted to be able to amend and approve documents.		Possible (3-Could occur given existing controls)	Major (4)	12	4	31/01/2019	29/10/2019	1. Project meeting to determine immediate actions and long term solution - Nov 19 2. Obtain list of staff with user permissions for KingsDocs	KS2, KS4	No Change
4297	29/10/2019	Princess Royal University Hospital	Acute & Emergency Medicine	Injury, Harm or Damage	Compliance and Regulation, Patient Safety, Performance	Risk of harm from delays to assess in Emergency Departments - 4 hr assessment target	There is a risk that patients could have an assessment and treatment delay or leave without being assessed due to the long waiting times in the Emergency Departments caused by significant internal exit block, limited alternative pathways and limited cubicle space. This will also impact on the trust compliance to the national 4 hour standard. There are 4 related risks on the register to this: 290,956, 3761,2537, 4178	Bernie Bluhm - Chief Operating Officer (DH)	Deane, Meredith	16	1. Established medical ambulatory unit 2. Regular bed meetings throughout the day 3. Bristol Safety Checklist in place and regularly audited 4. Escalation + Flow Policy and Full Capacity Protocol embedded with early boarding triggers 5. Successful recruitment to key medical consultant posts 6. Two hourly safety huddles in place 7. Flow meetings revised to provide timely discharge numbers, LLOS reviews enhanced with system Discharge Pathway Meeting commenced 01.11.19		Likely (4-Will probably occur given existing controls)	Catastrophic (5)	20	5	01/03/2020	28/11/2019	1.Implement and deliver on new improvement approach for the 3 new workstreams - Nov 19 2. Establish dedicated transformation PMO resource to support improvement programme - Nov 19 3. Complete and submit business case for physical space expansion (porta cabin, new build)and ED workforce - Nov 19 4. Develop plans to use empty space in MAU to establish a specialty assessment function - Dec 19 5. Consultant job planning commenced to support RAT and demand into ED - TBC 6. Frailty strategy/One Bromley to include PRUH and Orpington - step-up unit and assessment beds, Front Door MDT model being revised - TBC	KS2, KS3	No Change

ID	Opened	Site	Directorate	Risk Type	Risk Themes	Title	Description	Corporate/Exec Lead (Single)	Handler	Rating (initial)	Controls in place	Controls Assurance	Likelihood (current)	Consequence (current)	Rating (current)	Rating (Target)	Target Completion Date	Last reviewed	Action Plan	Principal objectives	Risk Change
4312	28/11/2019	Trustwide (Risk Register Only)	Trustwide (for Risk Register ONLY)	Injury, Harm or Damage	Compliance and Regulation, Patient Safety, Performance	Recording and tracking of outpatient follow up patients	There is a risk of patient harm due to a delay in being seen caused by the Trust not having a process for publication and routine review of patients waiting for outpatient follow up. In addition, the required timeframe for follow up is infrequently recorded generating risk that patients will incur excessive waits for review.	Bernie Bluhm - Chief Operating Officer (DH)	Creeggan, Adam	20	1. All outpatients waiting have been identified and cohorted 2. Trial of enhanced patient tracking underway in Ophthalmology		Certain (5-Will occur given existing controls	Major (4)	20	8	01/04/2020	28/11/2019	1. Roll out standard operating procedures for recording of outpatient follow up inclusive of review date 2. Roll out revised waiting list reports to ensure viability of outpatient waiting list 3. Embed routine review of compliance against planned review dates into RTT Governance at all levels i.e. specialty level delivery meetings, and Divisional and Corporate oversight and scrutiny groups. 4. Undertake full sampling of historic follow cohorts to cleanse data 5. Enact harm review process should delays to care be confirmed	KS2, KS3	New Risk Entry

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QUALITY, PEOPLE AND PERFORMANCE COMMITTEE MEETING
26th NOVEMBER 2019
SUMMARY OF KEY DISCUSSIONS

1. PRUH Dermatology Update

In addition to the cohort of 637 patients identified in October 2018 who had been lost to follow-up within the Dermatology service, a second cohort of patients has been discovered. Of this second cohort, 3 patients have come to harm, of which, one patient has come to severe harm. The harm review process is yet to be completed. The Committee were informed that duty of candour has been complied with.

The Committee heard that if the Trust is able to secure additional resource from NHSE, the review of patients within the second cohort could be completed in 2 to 3 months. There is a national shortage of Consultant Dermatologists but the Trust hopes to recruit to two posts in December.

2. Quality Report

The Committee heard that not all Care Groups are holding regular governance meetings and so the relevant concerns are not reliably being cascaded or addressed appropriately. The Executive Medical Director (Professional Practice) informed the Committee that the role of Clinical Directors was currently being reviewed to ensure accountability and responsibility for these issues.

The Committee raised concern about the number of moderate and above harm incidents. The Director of Quality Governance will be reviewing whether harm incidents are being categorised correctly.

Response time to complaints has increased because the team is adjusting to the change in personnel and changes to the quality of response letters. The Chief Nurse and Executive Medical Director (Professional Practice) are now responsible for Executive sign off for complaints. The Committee was told that once the new system had been embedded, response times should improve.

3. Patient Safety Report

Violence and aggression incidents are reported as a theme in several of the Care Groups. The Chief Nurse is leading on a focussed piece of work to develop a strategy on violence and aggression in conjunction with front line staff.

4. Patient Experience Report

There has been consistent improvement in FFT scores for the Emergency Department and the Inpatient response rate remains at a good level. The number of overdue complaints has risen sharply in recent months and doctors talking in front of patients as if they were not there continues to be red rated and is the poorest reported experience across all sites.

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5. Infection Prevention Control

An increase in Pseudomonas infections in Haematology had been previously reported. An action plan to improve and sustain best practice in infection prevention and control in Haematology has been put in place and the numbers of Pseudomonas bacteraemia have reduced. There is also now better surveillance from the Estates and Facilities teams with regard to the water outlets on the wards. A robust water plan is in place to address the on-going positive outlets on Wards, which remains an area of concern.

6. Health & Safety Committee

The Committee heard that the Executive Director of Integrated Governance has recently taken responsibility for health and safety and proposed that the Organisational Safety Committee should be replaced with a Health and Safety Committee that reports directly to the Quality, People and Performance Committee. The establishing of a Health and Safety Committee and its terms of reference were agreed.

A Compliance Review of the Trust highlighted some gaps in Trust safety. The Safety Risk Register is currently under review as there are concerns with the quality of entries and scoring. Work is currently taking place with regard to fire evacuation plans and fire risk assessments across many areas within the organisation.

7. Duty of Candour Compliance

There is currently a review of duty of candour compliance to establish the Trust's position and ensure on-going compliance with legal and contractual responsibilities. The review has revealed a bigger gap across the various elements of duty of candour than previously sighted on. Poor record keeping has meant that data entry for some cases has been identified as missing or requiring update. Resource for interim support has been agreed to focus on duty of candour compliance and carry out moderate harm investigations.

8. KCS Clinical Governance: Dubai Clinic

The Committee heard that quality data is regularly reviewed and that there was good clinical engagement at the monthly and quarterly governance meetings. The Clinic is currently working towards achieving JCI accreditation and certification.

9. Guardian of Safer Working

The number of junior doctors that submit exception reports is relatively low – 8 to 15%. The most frequent reasons for raising an exception report are due to having to work longer hours and missed formal education opportunities. The PRUH has seen a larger number of exception reports than Denmark Hill, which is a change since last year. This can be largely attributed to rota gaps and difficulty recruiting locums to the PRUH.

There is a new national framework, which the Trust should be compliant with by February 2020.

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10. Integrated Performance Summary Report - Month 7

The report offers trend and comparative data as well as benchmarking data. The following was noted:

- Trust A&E compliance reduced by 1% and remains below the recovery trajectory.
- There are very few alternative routes into the hospital. Establishing hot clinics and other routes into hospital is a priority.
- The current urgent care model is not fit for purpose. A working group has been established to lead the re-tender of the Urgent Care Centre as the current contract with Hurley expires at the end of June 2020.
- The breaches in Urology make up 1 in 3 of all breaches.
- Recovery actions for Trauma and Orthopaedics include continued used of SWLEOC for patients waiting over 30 weeks.
- Capacity extension through the use of locum consultant appointments in T&O, and roll out of virtual clinics in Ophthalmology.
- Bariatric recovery actions include extending the scope of patient pooling.
- A business case will be submitted for a longer term capital and revenue solution for Endoscopy.

Endoscopy – around 8,500 patients still require a harm review. This will demand a significant amount of additional resource. Provided that the additional resource can be identified, the reviews should be completed within 3 months.

11. Winter Planning

The Committee received and noted the winter plans which describe the operational preparedness of Denmark Hill and the PRUH for winter 2019/2020, outlining the measures taken to manage the pressures associated with winter. The plans are based around ensuring capacity is maximised to meet the predicted demand through ED, and reviews all options to improve capacity and reduce demand. Workforce, discharges and flow, infection control and the management of early onset of seasonal flu have also been considered.

12. Board Assurance Framework (BAF)

There is a new template for the Board Assurance Framework. The Committee Chair and Trust Secretariat will ensure that the BAF is populated with the relevant items so that the appropriate level of assurance can go to the Board.

The BAF would usually be populated with risks taken from the risk register. There is a significant amount of work to be done to improve the quality of the risk register.

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FINANCE AND COMMERCIAL COMMITTEE, 26 NOVEMBER 2019
BRIEF SUMMARY OF DISCUSSIONS

Subsidiaries Update

The Committee received an update on King's Commercial Services Strategy and discussed progress with the Trusts' international platforms.

Finance Report (Month 06 and 07)

The month 06 report was "out of committee" and was noted. Going forward, all out of committee reports would be uploaded to the reading room on diligent. In the first seven months, the Trust had recorded a £97.6m deficit which was £4.7m favourable to plan. In-month (07), the Trust had a £3.4m positive variance largely driven by a favourable variance in private patients due to an in month benefit from private CAR-T patients and on CAR-T private patients income. The pay position remained consistent and there was a slight increase in A&C recruitment to vacancies. There was good grip around nursing spend. In month, there was an adverse variance in non-pay spend due to RTT outsourcing. The Committee heard that the Trust's capital loan had been approved.

Month 5 Forecast outturn

Month 6 and 7 had seen favourable performance. The divisional forecast was currently forecasting a £193.4m deficit, which was a £23.9m adverse variance to the 19/20 plan. This was driven mainly by CIP and SIP under delivery, RTT fines, data issues, overseas and private patients costs, pay underspend excluding unallocated CIP. There was confidence though that the Trust would meet its control total. The Committee commended the finance function on the improved financial grip and its engagement with divisions.

Financial Improvement Programme Update

The Director of Financial Recovery updated that as at month 7, the Trust had delivered Financial Improvement of £16.9. The risk assessed end of year yield was £36m from the £45m. The Committee heard that meeting the gap in the programme was posing a challenge.

There was an update on the Trust's response to the CCG's steer to engage more with the System Improvement Programme. In Outpatients, the level of consultant triage was being tracked as was the number of patients diverted to the GP from A&E at the DH site. The numbers flowing to same day emergency care daily was also being tracked. At the PRUH, there was a higher level of diversion to AMU. The Trust was also reviewing its process for undertaking TAP 1 procedures and was adopting the Blutec system to remind all consultants regarding the conditionality on TAP 2. Service wide Pharmacy reductions were identified, but the opportunity has been moved into the FIP programme.

Other items discussed and noted:

- **Terms of Reference –** The Committee noted the ToR and commented as necessary. The Trust Secretary would take forward any relevant updates.
- **Board Assurance Framework -** This had been presented for noting. The framework was evolving and was presently a work in progress. The Trust Secretary would be leading on the population of the BAF over the coming months.

10.3

King's College Hospital NHS Foundation Trust

AUDIT COMMITTEE MEETING, 22 NOVEMBER 2019
SUMMARY OF KEY DISCUSSIONS

The Audit Committee considered updates from the internal and external auditors, counter-fraud service and Trust colleagues to provide assurance on the Trust's internal controls.

Internal Audit Reports
KPMG presented its progress report and review findings. They were moving from a hard systems and process assurance approach to a soft control approach to support behaviour and cultural change around risk management responsibilities. A first workshop had been held to facilitate this. The three reports presented at the meeting, were all finance related. These were **Budget reporting, CFS: Accounts Payable, CFS: Accounts Receivable Review.** All were amber-green rated which was positive as the finance function was a core driver of the internal audit opinion. IA advised against complacency as there remained significant assurance gaps around risk, data and governance which if not appropriately addressed could negatively impact the IA opinion.

Symbiant Report – Recommendation Tracker
Concerns were expressed at the number of overdue recommendations reported. The Committee heard that subsequent to the report being produced, updated information had been received which showed a more improved position. The Committee asked that an updated report be sent to the Auditors showing the completed and outstanding recommendations with an accompanying narrative on the drivers behind the outstanding recommendations.

External Audit Plan Update
The auditors noted improved engagement with the finance function. There was still work to do to finalise the subsidiaries accounts. There were concerns around further slippage given the imminent holiday period. The Committee noted the Trust was working with KFM to finalise their accounts and had been assured that this should be resolved shortly. The main concerns were with KCS capacity. The Committee highlighted the IFRS 16, which would be a big piece of work for the Trust and heard that compliance would depend on the adequacy of preparatory and planning work undertaken this year.

Governance Reports
The Committee received a number of Governance updates. The **Enforcement undertakings** schedule was noted. There had been little follow up from NHSI but this would remain a live document and six monthly updates would come to the Committee. **The BAF and Risk Register/Strategy,** though improved from previous iterations still require refinement. Two key comments were the need to reflect the Trust's emerging system and partnership role and an appreciation of the impact on the Trust's risk profile as well as the need for Board pace in addressing the trust wide skills gap in the areas of risk identification, management and scoring. As of 1 November, the Executive Director, Integrated Governance was named the executive lead for **FSU Assurance**. The present FSUGs lack protected time to take forward the role and the business case for a full time guardian had been declined. The Exec lead would be addressing these concerns. The refreshed external review policy was noted and would be updated with an appendix showing the review process. The **NHS Oversight Framework** was noted.

Finance Reports
The Committee received a number of finance reports and updates from the Director of Financial Operations. The **Financial Control Metrics Report** highlighted improvement in the journal entry process and in invoice processing. Invoices backlog were reducing due to daily processing. The Committee asked for a similar metrics report for KFM. Based on feedback from the last Committee on the **Year-End Action Plan,** RAG ratings were applied to the actions. The plan for the automation of invoicing and income journals spreadsheets was in progress as the technical feasibility was being determined.

With the **Value for Money Action plan update,** the estate strategy was red rated. Though there were areas of good practice regarding the prioritisation of projects and investments, estate backlog needed to be addressed and the Trust was collaborating with GSTT to support this. The Committee heard that an estate verification strategy plan had started two months ago and was progressing. The VFM update provided assurance about the scrutiny and oversight of the Trust's capital and estates projects. The Committee noted the **Debt Management Strategy**. Debt sale was not part of the Trust's strategy and this was explicit in the policy. The **Year to Date Write-offs** was noted.

Counter Fraud Progress Report
The progress report was a reflection of the CF programme of work over the last year. The Committee queried why the recovery of the £82k had not been resolved earlier and heard that limited capacity was the main driver. There were ongoing cases around the NHS pension which could see the recovery of about £110k. Assurance around monitoring the ordering and use of mobile phones was raised. The committee heard that data usage and overuse was flagged by network providers. However an audit of appropriate use of phones could potentially be undertaken

Other items discussed and noted:

- **Business of Other Committees** – The Committee noted the summaries and agendas of the August QARC and FPC meetings.
- **Budget Holder Training update** - Budget holder training had started in October and the feedback from attendees was positive. More staff had registered for the next session.
- **External Audit Effectiveness Survey** – Deloitte noted the findings and welcomed the Trust's suggestions for areas of improvement in their audit service
- **Brexit Planning Update** – The Committee noted the update.
- **PRUH low outlier status – National neonatal audit programme -** The Committee noted the report. The trust was no longer an outlier as it was subsequently found that this had been due to a data entry error rather than the quality of care provided

King's College Hospital
NHS Foundation Trust

Report to: Board of Directors

Date of meeting: 12th December 2019

Subject: Board Assurance Framework

Author(s): Siobhan Coldwell

Presented by: Siobhan Coldwell

Sponsor: Caroline White, Executive Director of Integrated Governance

History: Audit Committee and Risk and Governance Committee
Quality, People and Performance Committee and Finance and Commercial Committee

Status: For discussion

Summary of Report

Assurance goes to the heart of the work of board of directors. The provision of healthcare involves risk and being assured is a major factor in successfully controlling risk.

The board assurance framework (BAF) brings together in one place all of the relevant information on the risks to the board's strategic objectives. It is an essential tool for boards.

The BAF is presented to the Board on a quarterly basis, and should form the basis of the Board's workplan throughout the year. It is important that each of the Board's committees reviews the BAF in the context of their committee's remit. The current BAF is a work in progress and has recently been considered at a number of Trust Committees. The key risks outlined in the BAF (as attached) are, in the view of the Board's committees, the greatest threat to the Trust achieving its objectives. A more comprehensive document will be presented to the Board in March for consideration.

10.5

2. Action required

The Board is asked to:

- Consider the content of the BAF as presented, and provide comment as necessary.

Key implications

Legal:	Any risks relating to the Trust's statutory requirements will be highlighted by the BAF.
Financial:	Risks to achieving the Trust's financial objectives are addressed in the BAF.

Assurance:	An effective BAF will provide the Board with assurance that the risks to the Trust achieving its strategic objectives are being effectively managed.
Clinical:	Risks to achieving the Trust's clinical and quality objectives are addressed in the BAF.
Equality & Diversity:	Risks to achieving the Trust's EDI objectives are addressed in the BAF.
Performance:	Risks to achieving the Trust's constitutional and other performance targets are addressed in the BAF.
Strategy:	Risks to achieving the Trust's strategic objectives are addressed in the BAF.
Workforce:	Risks to achieving the Trust's workforce objectives are addressed in the BAF.
Estates:	Risks to the estate are addressed in the BAF
Reputation:	Ensuring risk is effectively managed with enable the Trust to protect its reputation more effectively.
Other:(please specify)	

Attached:
BAF

10.5

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

Minutes of the Finance and Performance Committee Meeting held on Tuesday 24 September 2019 at 9.00am, Dulwich Room, Denmark Hill

Present:

Christopher Stooke	Non-Executive Director (Chair)
Sue Slipman	Non-Executive Director
Prof Clive Kay	Chief Executive Officer (CEO)
Lorcan Woods	Chief Financial Officer (CFO)
Dawn Brodrick	Chief People Officer (CPO)
Caroline White	Executive Director, Integrated Governance and CRO
Prof Jules Wendon	Executive Medical Director, Clinical Strategy
Dr Kate Langford	Executive Medical Director, Professional Practice
Bernie Bluhm	Chief Operating Officer (COO)
Prof Nicola Ranger	Chief Nurse and Executive Director of Midwifery

In attendance:

Faith Boardman	Non-Executive Director
Nina Martin	Assistant Board Secretary (Minutes)
Siobhan Coldwell	Trust Secretary and Head of Governance
Carole Olding	Nurses and Midwives – Staff Governor
Rachael Wood	Director Financial Management Information and Analysis
Peter Pentecost	Financial Recovery Director
Zakar Hussain	Head of Finance, MI, Analysis & Reporting
Laura Gable	Director of Commercial & Contracting
Rob Lewis	General Manager, Haematology and Precision Medicine (item 5.1)
Robin Ireland	Consultant Haematologist (item 5.1)

Apologies

Paul Cosh	Patient Governor Observer
Adam Creegan	Director of Planning and Performance in Operations

Item	**Subject**	**Action**
019/104	**Introductions and Apologies for Absence** All introductions were made and apologies noted. The Committee welcomed Dr Kate Langford, Exec Medical Director, Professional Practice and Caroline White, Executive Director, Integrated Governance to the Trust and to the Committee.	
019/105	**Declarations of Interest** Ms Slipman declared her role as Chair of the Haematology Institute	
019/106	**Chair's Action** No Chairs' action was reported.	

Item	Subject	Action

019/107 **Minutes of the Previous Meeting – 20 August 2019**
The minutes of the meeting held on 20 August 2019, were noted and agreed as an accurate record.

019/108 **Matters Arising and Action Tracker –** The action tracker and updates were noted. On the matters arising, the Chief Operating Officer would update orally on the urology deep dive and the orthopaedic 52 week non-compliance under the performance report item of the agenda. Written reports would be circulated post meeting for information and noting. The Medical Director, Clinical Strategy updated on the following matter arising:

On the day theatre cancellation (OTDC) –From September 2018 to August 2019, there were 4033 OTDC (336 per month): 2260 (DH) and 1773 PRUH and south sites.

- Overall OTDC are represented by medical reasons for 29%, DNAs 21%, List over run / no time in 9% and operation no longer required 7% (126)
- Of the medical reasons for OTDC (493) 276 might be considered unavoidable whilst “avoidable issues” were seen in 49. For 142 there was lack of detailed information
- In 126 patients it was deemed the operation no longer required.
- Small numbers of OTDC relate to administrative issues (98) and bed availability (90)- of which 65 related to ward beds and 23 critical care beds.
- Lack of consultant staff was cited on 43 occasions for surgeons and 8 for anaesthesia
- Neurosurgery has a moderate incidence of OTDC (22 lists) related to emergent and urgent case priority.

The Committee commended the detailed report and noted that the next step was the development of an action plan to address these challenges. The Committee commented that the statistics around patients failing to fast suggested the need for a review of the Trust’s pre-assessment process. The level of ophthalmology DNAs, due to administrative challenges was also concerning. An review of improvement interventions would be carried out to evaluate their impact on the statistics.

The staff governor highlighted the wider issue of historically poor data collection processes within the Trust. The Chief Executive acknowledged the Trust’s challenge in this area and added that the appointment of a new Chief Digital Officer should support improvement in this area.

There was a discussion around the governance processes around theatre cancellations and the Committee heard that the governance lay within the theatre improvement programme.

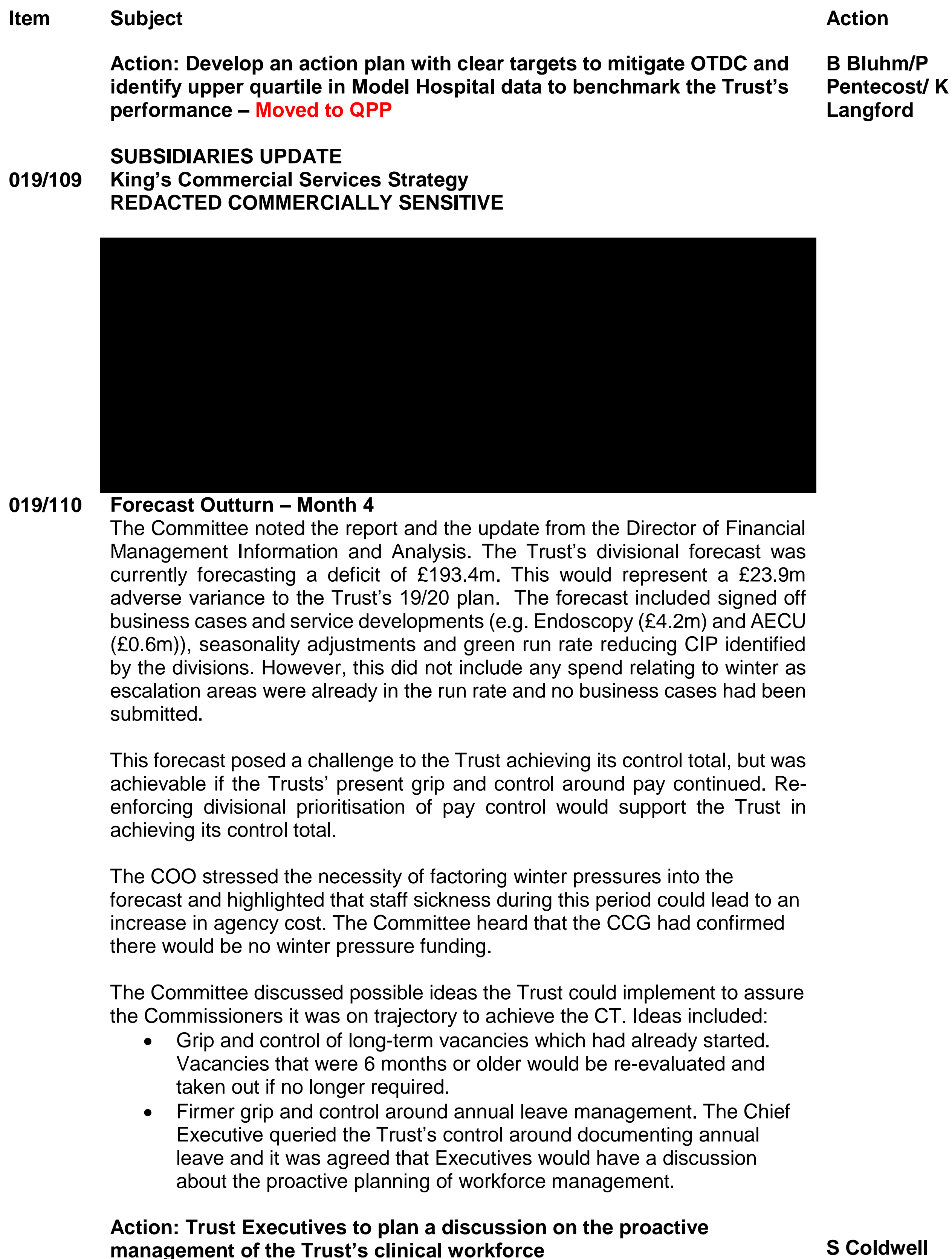
To determine what good would look like, the Trust would use Model Hospital data and benchmark itself against the upper quartile.

Item	Subject	Action
	Action: Develop an action plan with clear targets to mitigate OTDC and identify upper quartile in Model Hospital data to benchmark the Trust's performance – Moved to QPP	**B Bluhm/P Pentecost/ K Langford**

SUBSIDIARIES UPDATE

019/109 King's Commercial Services Strategy

REDACTED COMMERCIALLY SENSITIVE



019/110 Forecast Outturn – Month 4

The Committee noted the report and the update from the Director of Financial Management Information and Analysis. The Trust's divisional forecast was currently forecasting a deficit of £193.4m. This would represent a £23.9m adverse variance to the Trust's 19/20 plan. The forecast included signed off business cases and service developments (e.g. Endoscopy (£4.2m) and AECU (£0.6m)), seasonality adjustments and green run rate reducing CIP identified by the divisions. However, this did not include any spend relating to winter as escalation areas were already in the run rate and no business cases had been submitted.

This forecast posed a challenge to the Trust achieving its control total, but was achievable if the Trusts' present grip and control around pay continued. Re-enforcing divisional prioritisation of pay control would support the Trust in achieving its control total.

The COO stressed the necessity of factoring winter pressures into the forecast and highlighted that staff sickness during this period could lead to an increase in agency cost. The Committee heard that the CCG had confirmed there would be no winter pressure funding.

The Committee discussed possible ideas the Trust could implement to assure the Commissioners it was on trajectory to achieve the CT. Ideas included:

- Grip and control of long-term vacancies which had already started. Vacancies that were 6 months or older would be re-evaluated and taken out if no longer required.
- Firmer grip and control around annual leave management. The Chief Executive queried the Trust's control around documenting annual leave and it was agreed that Executives would have a discussion about the proactive planning of workforce management.

Action: Trust Executives to plan a discussion on the proactive management of the Trust's clinical workforce — **S Coldwell**

12.1

Item	Subject	Action
	IN YEAR FINANCIAL REPORTING 2019/20	
019/111	**Finance Report – Month 5** The Committee noted the report was consistent with the previous discussion on the month 4 forecast outturn.	
019/112	**Financial Improvement Programme Update – Month 5** The Committee noted the report. The Director of Financial Improvement updated that further progress had been made in the conversion of the divisional and corporate schemes' PODs, but there remained some challenges. Month 5 figures were now available and these indicated that year to date we had delivered a Financial Improvement of £11.1m against the £12.9m internal target (NHSI target is £9.0m). The Risk Assessed yield on the programme was currently £34m of the £45m identified out of the £50m FIP target total in year. The Director of Financial Recovery referenced the update on the four elements of the SIP from the CCGs and asked the Committee to note that work remained ongoing to deliver new schemes through service level reviews and model hospital data. Ms Slipman queried the approach to linking in with the community health delivery model and the Committee heard the Trust would divert appropriate patients to the community who presented at A&E. The COO added that this was already done by the Trust, but a more structure and coordinated approach was needed. The Chief Executive acknowledged that the Trust had not adequately addressed out of hospital care. **Action: Include the Trust's proposals to progress alignment with the community health delivery model in Improvement Programme update.**	**P Pentecost**
	TOP PRODUCTIVITY	
019/113	**Operational Performance Summary Report (month 5)** The COO presented this item. In-month RTT incomplete compliance declined from 78.37% in July to 78.02% in August. There had been improvement in 52- week breaches performance having reduced by 8 from month 4. There had been discussions with the commissioners on the 52-week breeches and they now had a clearer appreciation of the drivers behind the T&O challenges. A cohort of under 26 week waiters had gone to SWLEOC. There were challenges with the 52-week ophthalmology patients and this may increase during the service redesign. The Committee heard that the Trust was not on trajectory to reach "0" 52 week waiters with T&O by year end. The COO stated that there was reasonable assurance that by April 2020, there would be noticeable improvement in the Trust's compliance. Further to the query on the impact of the GIRFT programme on the ophthalmology and T&O performance, the Committee was reminded that the 52-week compliance challenge had preceded the GIRFT intervention and that	

12.1

Item	Subject	Action

ophthalmology nationally was challenged. Additionally, the Trust had a disjointed approach to the management of the ophthalmology service. There were also the previously discussed administrative challenges within the booking team, including the outdated and cumbersome booking system. Other historical drivers included lack of over sight and poor PTL management.

While the GIRFT programme advised of best practice, however it was up to the Trust to own and take forward best practice and improvement interventions.

Due to time, the Committee agreed to invite in the presenters and take the discussion on the Unit 6 Business case.

USE OF RESOURCES

019/114 Unit 6 Business Case

The General Manager, Haematology and Consultant Haematologist presented this item to the Committee. The Committee noted the business case proposal to move Haematology outpatients and the precision medicine lab to Unit 6. The Unit 6 business case was presented to the King's Executive meeting on 21 August 2019, where it was recommended that the case be brought back to King's Executive to confirm the assumptions underpinning this and the interdependencies with other activities, in particular the Haematology Institute and South East London pathology procurement (pathology tender), prior to going to the Finance Committee for approval on 24th September 2019.

The business case requested £14.6m capital funding (over three years) to facilitate the move of Haematology facilities to Unit 6. The Committee heard that the move was essential to the Trust retaining JACIE accreditation and that this body would need proof of the business case approval to take forward the Trust's accreditation.

Ms Slipman commended the case adding that at the last Board Away day, the importance of the Haematology Institute to the delivery of Trust's strategy had been acknowledged. Ms Slipman further added that the Trust was working together with GSTT who were supportive of the developments.

Dr Langford queried whether the business case proposals were integrated with the SEL pathology plans and the Committee heard that a separate paper would be presented to KE to discuss the various site options.

Ms Boardman expressed concerns around the Trust's historical challenges around implementing project plans and taking forward large scale projects.

Further to the discussion, the Committee approved the unit 6 business case proposals and the next stage of the plan and stressed the need to ensure stringent and skilled project management of the process.

Due to time, the Committee agreed the rest of the performance update would roll over to the November Quality, People and Performance Committee.

Item	Subject	Action
	ANY OTHER BUSINESS No other items of Business were raised except to remind that the next meeting would be of the first Finance and Commercial Committee.	
019/115	**DATE OF MEETING OF THE FINANCE AND COMMERCIAL COMMITTEE** Tuesday 26 November 2019 (09:00-11:00) in the Dulwich Room, Hambleden Wing, Denmark Hill.	

King's College Hospital
NHS Foundation Trust

Quality Assurance and Research Committee

Minutes of the Quality Assurance and Research Committee (QARC) meeting on **Tuesday 24th September 2019** at **11:30 – 13:30hrs** in the Dulwich Meeting Room, King's College Hospital, Denmark Hill, London

Present:

Professor Jon Cohen	Non - Executive Director (Chair)
Professor Ghulam Mufti	Non - Executive Director (Deputy Chair)
Bernie Bluhm	Interim Chief Operating Officer
Dr Kate Langford	Executive Medical Director (Professional Practice)
Professor Nicola Ranger	Chief Nurse
Professor Julia Wendon	Chief Medical Officer – Clinical Strategy

In attendance:

Siobhan Coldwell	Trust Secretary and Head of Corporate Governance
Ashley Parrott	Director of Quality Governance
Victoria Silvester	Public Governor (Observer)
Caroline White	Executive Director of Integrated Governance/Chief Risk Officer
Tara Knight	Corporate Governance Officer (Minutes)

Part meeting:

Professor Clive Kay	Chief Executive Officer

Apologies:

Professor Richard Trembath	Non - Executive Director

Item **Subject** **Action**

19/102 Welcome and Apologies

Apologies for absence were noted.

Membership and the Terms of Reference for the new Quality, People and Performance Committee will go to Board on 17th October 2019. The new Committee is scheduled to commence on 26th November 2019.

19/103 Declarations of Interest

No interests were declared.

19/104 Chair's Action

No actions for the Chair were reported.

19/105 Minutes of the Previous Meeting

12.2

Item	Subject	Action
	The minutes of the previous meeting held on 20th August 2019 were approved as an accurate record, subject to the following amendment:	
	1. 19/56: Action Tracker / Matters Arising - Overview of Complaints Process The annual report has already been received by the Committee. The Complaints Policy is still in the process of being reviewed.	
19/106	**Action Tracker / Matters Arising**	
	The Committee noted the action tracker and received the following updates:	
	1. 09/04/2019 (19/39): 4 hour Access Target – Progress on work The Chief Operating Officer informed the Committee that this update would be included in the Quality and Performance Report, which would feature as a regular agenda item on the new Quality, People and Performance Committee agenda. **(Action closed)**	
	2. 20/08/2019 (19/91): Quality and Performance Report – June/July 2019 Maternity Friends and Family Test – An error was made when the data table was populated. June data was averaged instead of July. The error has been amended. **(Action closed)**	
	3. 20/08/2019 (19/94): Patient Safety Quarterly Report – Quarter 1 The report was updated. Future reporting to include comparison with Shelford Group Trusts. **(Action closed)**	
	20/082019 (19/94): Patient Safety Quarterly Report – Quarter 1 **Duty of Candour:** The Committee agreed that the compliance rate for sharing reports under the Duty of Candour should be 100%, albeit on a trajectory, as it is a legal requirement. An interim target of 95% was agreed as reasonable. **(Action closed)**	
	4. 21/05/2019 (19/58): Management of 52-week waiting list – Progress Update Progress reports will be coming to the new Quality, People and Performance Committee on a regular basis. **(Action closed)**	
	5. 09/04/2019 (19/44): KCS Clinical Governance: Dubai Clinic The Executive lead for this item will now be Caroline White, Executive Director of Integrate Governance. **(Action updated)**	
	6. 20/08/2019 (19/90): PRUH Dermatology Update The Chief Operating Officer presented an update on PRUH Dermatology to the Committee. Some progress had been made in addressing the backlog with 84 of the cohort of 637 patients still waiting to be seen. 137 cases have been reviewed and closed as having no harm. All cases are to be harm reviewed by the end of October.	
	Action: The Committee requests a report that describes the harm assessment carried out on the cohort of patients who had been lost to follow-up within the Dermatology services at the PRUH.	**J Wendon**
	The Trust is actively seeking long term solutions to the shortage of Consultant Dermatologists. There is a proposal to work with GSTT and explore how better to integrate with St John's. The Service was described as having improved but still being at risk due to clinical cover. Other London Trusts are in a similar position in terms of Dermatology Services and discussions are taking place at STP level.	

12.2

Item	Subject	Action

7. 20/08/2019 (19/90): PRUH Dermatology Update

The Committee had requested more information on causes of death for the deceased patients that were part of the Cohort affected by the backlog in the Dermatology Service. Professor Wendon updated the Committee with the following information:

- 2 deaths were of causes unrelated to dermatology
- 1 death was as a result of a stroke linked to lung cancer

8. 20/08/2019 (19/91): Reportable Infections

The Chief Nurse and Executive Medical Director presented a report providing further information related to reportable infection rates at King's College Hospital over the last 12 months. There has been an increase in *E.coli*, which is largely in the community, and an increase in hospital acquired Pseudomonas. A high incidence of Pseudomonas bacteraemias has occurred in Haematology. A number of actions have been undertaken, including daily flushing, hand basin cleaning, PICC/Hickman line insertion training and training in aseptic techniques. There also remains a concern with the water outlets. Monthly testing of water outlets is in place. Investigations had found a high concentration of *Pseudomonas* contamination in water samples, although this has reduced following intensive action. It was pointed out that other high-risk areas (such as renal and ICU) should also be investigated. A follow up meeting has been arranged for the 30th September to review progress. The Chief nurse will bring an update to the next meeting.

N Ranger

Action: The Committee requests a short update report on reportable bacterial infections in high risk Services, including an update on bacterial contamination of the water supply.

19/107 Quality Report

The Committee received and noted the Quality report for August/September 2019. Ashley Parrott presented the Committee with an overview on patient safety, patient experience and patient outcome reports and the following was noted:

- The inpatient Friends and Family Test response rate was 47%. This response rate is one of the highest in the country for Acute Trusts.
- The Trust also scored 8.7 in the National Cancer Survey, the national average is 8.8.
- Violence and aggression remains one of the highest total incidents reported.
- The PALS team remains understaffed. They are still in the process of recruiting.

The Committee were concerned about the high incidence of violence and aggression. The Chief Nurse informed the Committee that the Quality Improvement Team will be analysing the data with the view of creating task and finish groups involving front line staff to address the issues. Their work would be fed back to the Quality, People and Performance Committee.

The Quality Report described an incident related to the delayed follow up of a sample from PRUH sent to the Liver histology service at DH. The Executive Medical Director agreed to investigate the details and report back. The Chair asked about the potential risk posed in view of the system currently in place for referring a potential cancer patient internally by a Consultant.

Item	Subject	Action
	Action: The Executive Medical Director to determine the circumstances around the delay in communicating a diagnosis from the Liver histology service.	**J Wendon**

The committee asked for clarification of an incident concerning internal referrals on the cancer pathway. The Chief Operating Officer explained that this was related to a lack of clarity among some staff on the correct procedures and provided assurance that this had now been rectified

PATIENT QUALITY AND FOCUS

19/108 PRUH Endoscopy Recovery Update

The Committee received and noted the PRUH Endoscopy Recovery Update report.

The Chief Operating Officer presented the report to the Committee.

In May 2019, the Trust identified a backlog of over 1000 patients requiring Endoscopy of whom 650 were waiting over 6 weeks, and 600 overdue for follow-up Endoscopy on the PRUH site. An Endoscopy recovery programme was set up to address the backlog, with weekly reporting to the Executive lead. The two areas of focus have been capacity management so that patients are seen, and a harm review process.

The harm review focused on patients that had a confirmed cancer and who experienced delays in the diagnostic pathway for endoscopy. The harm review did not review all Endoscopy patients that have been delayed. The harm review findings were as follows:

- Death – Total cases 3
- Severe Harm – Total cases 8
- Moderate Harm – Total cases 3

There has been a marked improvement in the number of patients waiting over 6 weeks for an appointment.

Action: The Committee requests a further Endoscopy Service update report in four months' time. — **B Bluhm**

The Chief Operating Officer confirmed that Duty of Candour requirements had been complied with.

Action: The Legal Department should be informed about cases involved in the harm review. — **B Bluhm**

12.2

19/109 Improving Quality in the Emergency Department at the PRUH

The Committee noted and received the report on Improving Quality in ED at the PRUH, which was presented by the Chief Nurse. The Committee thanked the authors of the report for capturing the positive work taking place.

19/110 ANY OTHER BUSINESS

Victoria Silvester, Public Governor for Southwark, read out a comment from David Jeffreys, Public Governor for Bromley, which was in response to the PRUH CQC

Item	Subject	Action
	Report. Victoria explained that the comment was not sent directly to her but believed it was important to feed back to QARC. The comment was fed back to the Committee as follows:	
	"*It would be remarkable if the Board was not monitoring the corrective action plan for the recommendations in the CQC report. I would have thought a non-executive director should be given the responsibility to oversee the response and report back monthly to the Board. The Board has to convince the residents and patients that they have a tight grip on the situation and that the CEO and his team are made personally accountable."*	
	The Chief Nurse explained that there is an Oversight Committee in place to review progress against the CQC action plan. The NEDs that attend QARC, which includes the Chair of QARC, hold the Executives to account at the meeting.	
	There was an acknowledgement that Board visibility is not as it should be and plans to address this will go to Board on 17th October 2019.	
	Action: The Trust Secretary is to convey the comment from David Jeffreys to the Trust Chairman for his response.	**S Coldwell**
19/111	**DATE OF NEXT MEETING**	
	New - Quality, People and Performance Committee	
	Provisional date: Tuesday 26th November, 11:30am	

12.2