King's College Hospital
NHS Foundation Trust

AGENDA

Meeting	Board of Directors
Time of meeting	**3.30pm-5.30pm**
Date of meeting	**18th June 2020**
Meeting Room	**By Video Conference**
Site	**N/A**

		Encl.	Lead	Time
1.	**STANDING ITEMS**		**Sir H Taylor**	**3.30pm**
	1.1. Apologies			
	1.2. Declarations of Interest			
	1.3. Chair's Action			
	1.4. Minutes of Previous Meeting – 12/03/2020	**FA** Enc		
	QUALITY, PEOPLE FINANCE AND PERFORMANCE			**3.35pm**
2.	**Report from the Chief Executive**	Enc	**Prof C Kay**	
	Quality, People and Performance	Enc	**Prof C Kay**	
	2.1 COVID-19 Review		**Prof C Kay**	
	2.2 Report from the Chief Executive		**Prof J Cohen**	
	2.3 Report from the Quality, People and Performance Committee			
	2.4 Operational Performance M1		**J Palmer**	
	2.5 Safer Staffing		**Prof N Ranger**	
	2.6 Safeguarding Children Annual Report 2019/20		**Prof N Ranger**	
	2.7 Safeguarding Adults Annual Report 2019/20		**Prof N Ranger**	
	Finance			
	2.8 Report from the Finance and Commercial Committee		**Sue Slipman**	
	2.9 Finance Report M1		**L Woods**	
3.	**GOVERNANCE**			**5.00pm**
	3.1. Board Assurance Framework	**FA** Enc 4.4	**S Coldwell**	
	3.2. Report from the Audit Committee	**FD** Enc 4.6	**C Stooke**	
4.	**REPORT FROM THE GOVERNORS**	**FR** Oral	**J Allberry**	**5.20**
5.	**FOR INFORMATION**			
	QPCC Minutes – 4th April 2020	**FI** Enc		
	FCC Minutes 23rd March 2020			
6.	**ANY OTHER BUSINESS**		**Sir H Taylor**	**5.25**
7.	**DATE OF NEXT MEETING**			
	10thSeptember 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)*
Prof Ghulam Mufti	Non-Executive Director
Prof Jonathan Cohen	Non-Executive Director
Christopher Stooke	Non-Executive Director
Prof Richard Trembath	Non-Executive Director
Nicholas Campbell-Watts	Non-Executive Director
Steve Weiner	Non-Executive Director
Prof Clive Kay	Chief Executive
Lorcan Woods	Chief Finance Officer
Prof Nicola Ranger	Chief Nurse
Prof Julia Wendon	Executive Medical Director – Clinical Strategy and Research
Dr Leonie Penna	Chief Medical Officer
Louise Clark	Director of Workforce
John Palmer	Deputy Chief Executive and Site CEO – Denmark Hill
Jonathan Lofthouse	Site CEO – PRUH and South Sites
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)
Circulation List:	
Board of Directors & Attendees	

Tab 1.4 Minutes of the Previous Meeting - 12/03/2020

1.4

Enc. 1.4

King's College Hospital **NHS**

NHS Foundation Trust

King's College Hospital NHS Foundation Trust Board of Directors

Draft Minutes of the Meeting of the Board of Directors held at 3.30pm on 12th March 2020, in the Boardroom at King's College Hospital, Demark Hill.

Members:

Sir Hugh Taylor	Trust Chair, Meeting Chair
Faith Boardman	Non-Executive Director
Prof Jonathon Cohen	Non-Executive Director
Prof Ghulam Mufti	Non-Executive Director
Prof. Richard Trembath	Non-Executive Director
Nicholas Campbell-Watts	Non-Executive Director
Steve Weiner	Non-Executive Director
Chris Stooke	Non-Executive Director
Sue Slipman	Non-Executive Director
Prof Clive Kay	Chief Executive
Prof Nicola Ranger	Chief Nurse
Prof Julia Wendon	Executive Medical Director – Clinical Strategy and Research
Dr Leonie Penna	Chef Medical Officer – Professional Standards
Bernie Bluhm	Site CEO – Denmark Hill
Dawn Brodrick	Chief People Officer
Lorcan Woods	Chief Finance Officer
Caroline White	Executive Director of Integrated Governance
Jackie Parrott	Chief Strategy Officer
Jonathan Lofthouse	Site CEO – PRUH
Beverley Bryant	Chief Digital Information Officer

In attendance:

Siobhan Coldwell	Trust Secretary and Head of Corporate Governance (minutes)
Sao Bui-Van	Director of Communications
Dr Phidelma Lisowska	Staff Side Stakeholder Governor
Anthony Churr	Member of the Public

Apologies:

Professor Ghulam Mufti	Non-Executive Director

Tab 1.4 Minutes of the Previous Meeting - 12/03/2020

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King's College Hospital NHS
NHS Foundation Trust

Subject   **Action**

020/01   **Apologies**

Apologies were received from Professor Ghulam Mufti.

020/02   **Declarations of Interest**

None.

020/03   **Chair's Actions**

The Chair noted that the meeting was taking place under unusual circumstances as social distancing has become necessary and the Trust is limiting the number of visitors to the Trust due to COVID-19. He noted that the Council of Governors and members of the public were observing the meeting via video conference.

020/04   **Minutes of the last meeting**

The minutes were agreed as an accurate record of the meeting held on 12th December 2019.

020/05   **Report from the Chief Executive**

The Board received a report from the Chief Executive that brought a number of issues to their attention including operational and financial performance, the results of the staff survey and the successful completion of the 2019/20 flu vaccination campaign. The report highlighted the internal and external engagement that had been carried out since the previous Board meeting and provided on update on a number of initiatives being delivered by community partners. An update on closer collaboration with Guy's and St Thomas' NHS Foundation Trust was also included.

Professor Kay provided an update on the Trust's preparations in light of the increasing prevalence of COVID-19. He noted that the Trust has instigated a major incident response, with standard Gold and Silver command. A number of tactical groups have also been established to address specific issues including workforce and infection prevention and control. Routine, elective activity has been suspended and inpatient activity has been limited to emergency and cancer patients. Outpatient activity is being reviewed. The Trust is following Public Health England (PHE) guidance, which is being updated on a regular basis.

The Trust has made a number of ward changes to ensure that COVID-19 patients are cohorted and a plan is in place, should more wards be needed. Work is ongoing to ensure there are sufficient critical care beds available and to create more capacity at both sites. The Trust is working very closely with partners and commissioners to ensure that all medically fit patients are discharged and supported in the community.

The Board discussed critical care capacity, noting that discussions were ongoing to expedite the completion of the new CCU building. The Board noted the importance of communication to staff and patients over the coming weeks, particularly to those with underlying health issues.

In concluding the discussion, the Chair expressed the Board's gratitude for all the efforts being made by staff to ensure the Trust is well placed to respond to the emerging challenge. He noted that the Board would continue to oversee developments, with a particular focus on risk and safety.

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Tab 1.4 Minutes of the Previous Meeting - 12/03/2020

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King's College Hospital NHS
NHS Foundation Trust

020/06   **Report from the chair of the Quality, People and Performance Committee (QPPC)**

The Board received a report from Professor Jon Cohen, chair of the QPPC. The report highlighted a number of performance challenges facing the Trust and noted that the Committee had received assurance that appropriate were in place. The Committee highlighted a number of concerns including diagnostics, cancer, and RTT trajectories. The proportion of 'on the day' cancellations was also raised. The Committee welcomed the interventions being implemented to address quality issues but noted more could be done to improve the patient focus. The Committee also noted ongoing concerns in relation patients receiving the support they needed to eat and drink. Consideration is needed as to how this will be resolved, particularly if the visitor policy is changed as a result of COVID-19.

020/07   **Care Quality Commission (CQC) Inspection**

The CQC conducted unannounced inspections at both Emergency Departments in November 2019 and their findings were published at the end of February 2020. There was no change to the ratings, but the CQC reported some improvements. The Chief Nurse noted that detailed action plans are in place and there is a focus on leadership, culture and engagement. The Board was concerned that morale would be impacted by their finding that a culture of 'learned helplessness' exists. The Board noted that the leadership of the PRUH had recently changed. The Board agreed that action plans need to be implemented but some realism would be needed in the short term, as a result of the emerging COVID-19 response.

020/08   **Safer staffing**

The Chief Nurse provided the Board with a report aimed at providing assurance that safe nurse staffing levels are being maintained across the Trusts. She noted that 'red' shifts and overall vacancy levels are monitored very closely. The vacancy rate for band 6 and 7 nurses has fallen since December 2019, but the level of band 5 (i.e. more senior) vacancies is still too high. Plans for international recruitment have been put on hold, so there is increased focus on retention. Higher sickness absence as a result of COVID-19 is an emerging concern and plans are being developed to address this. The Board discussed the need to ensure recruitment processes continued and noted that plans were being developed address this.

020/09   **Staff Survey**

The NHS national staff survey was published in February 2020. The King's response rate improved but is still too low. The Trust has seen positive movement against nine of the themes including morale and management. There has also been improvement in the responses to the equality, diversity and inclusion question. Whilst there has been some movement in the bullying and harassment scores, there has been a deterioration in the colleague environment score. More generally, the Board noted that improvements have been achieved in the areas that were priorities for management focus as a result of the 2019 results. There has been more stability in key leadership roles and an enhanced training offer for staff.

Moving forward, the Executive will prioritise organisational development, behaviours and health and well-being. The impact of the physical environment, particularly at Denmark Hill site will be more difficult to resolve.

The Board noted the report and welcomed the progress, recognising that stronger focus will be needed over the next year.

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Tab 1.4 Minutes of the Previous Meeting - 12/03/2020

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King's College Hospital **NHS**

NHS Foundation Trust

020/10   **Operational Performance**

The Board received the Trust's Month 10 Integrated Performance Report. The Chief Executive reported that current performance was not acceptable but the Executive has recognised this and a comprehensive set of plans and transformation programmes are being implemented, including an extensive Modernising Medicine workstream. Organisational changes at both sites, with site Chief Executives and new executive teams will leader to improved operational support and better integration with community partners.

The Board noted that the Trust was on target to meet the trajectory of 58 52-week Referral to Treatment (RTT) breaches by year-end although this may be at risk due to COVID-19. The Board also noted that performance at the PRUH had been challenged during January 2020, but that plans were in place that were beginning to deliver improvements.

The Board noted the drop in duty of candour responses. It was reported that a change in recording practices was in part responsible but a review was underway to ensure the Trust was meeting the requirements of the regulations.

020/11   **Report of the chair of FCC**

The Board received a report from Sue Slipman, chair of the Finance and Commercial Committee. The Committee had received a good presentation from KFM that provided some assurance that they had made progress although the Audit Committee had highlighted some concerns about capacity. The Trust's overall financial position has improved and the committee is assured by the strength of the finance team.

020/12   **Finance M10 REPORT**

The Board received a report outlining the M10 financial position. The Chief Finance Officer noted that M11 results had since become available. The Trust is showing a deficit of £148m, £13m ahead of plan. This has been achieved through better control of the cost base, particularly pay. Control of non-pay expenditure requires improvement. The Board noted that there had been strong activity and income growth in the second half of the year in key specialities such as haematology, liver, car-t and neurology. The specialist commissioning regime will change in 2020/21 with a move to block contracts, although it is likely that some activity e.g. specialised treatments, drugs and devices will be dealt with separately.

The Board noted the Government's intention to switch debt (revenue loan funding) to public dividend capital. The Trust will be a significantly beneficiary. Capital funding has recently been announced and the Trust is ensuring it has a strong case outlining the need for a capital loan.

The Board discussed the developing regulatory oversight framework for challenged Trusts. The recovery support regime will aim to rebalance regulation, and the Trust Recovery Plan outlines what support is needed. It is not clear how this will be taken forward, particularly in the current context.

The Board noted that that the new funding regime created risk for the Trust. Nevertheless, the progress being made to improve the Trust's underlying financial position is positive and builds confidence. During 2020/21, the focus will need to be on delivering significant cost improvement.

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Tab 1.4 Minutes of the Previous Meeting - 12/03/2020

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King's College Hospital **NHS**

NHS Foundation Trust

020/13   **Responsible Officer Designation**

Prof Kay introduced a report that sought approval from the Board to designate Dr Chris Palin as the Trust's Responsible Officer following the departure of Dr Kate Langford. The Board noted the report and Board approved the recommendation in the report.

020/14   **Risk Management Strategy**

The new risk management strategy was presented to the Board for approval. The document sets out a clear strategy for the effective management of risk. It details the system and processes in place to manage risk and highlights roles, responsibilities and accountabilities. It also articulates the Board's appetite for risk in key areas. The Board approved the strategy and signalled support for its implementation.

020/15   **Committee-in-Common Terms of Reference**

With increasing amounts of joint working and closer strategic alignment between King's College Hospital NHS Foundation Trust and Guy's and St Thomas' NHS Foundation Trust, both Boards agreed that a committee-in-common should be established to align decision making between the two Trusts and to provide oversight of joint working between the two organisations. The Board approved the draft terms of reference for this new committee.
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020/16   **Board Assurance Framework (BAF)**

The Board reviewed the BAF, noting the need to strengthen assurance. The BAF will be reframed in the context of the Trust Recovery Plan and the Joint Clinical Strategy over the course of the next six months.

020/17   **Report from the Governors**

Due to the late changes to the format of the meeting there was not report from the Governors. The Chair noted the intention to ensure the governors remained engaged during the forthcoming period.

020/18   **Report from the Audit Committee**

The chair of the Audit Committee Chris Stooke provided a summary of the committee's most recent meeting, highlighting a number of internal audit reports that had recently been agreed.

020/19   **For Information**

The minutes of the November 2019 QPP meeting were received for information.

020/20   **Any Other Business**

The Chair noted that that this would the last Board meeting for Chris Stooke and thanked him for his contribution to King's over a number of years. He noted that the Nominations Committee were currently recruiting a new Non-Executive Director.

020/21   **Date of the Next Meeting**

3.30pm 18th June 2020

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Tab 2.1 Covid-19 Review

NHS
King's College Hospital
NHS Foundation Trust

2.1

Report to:	Trust Board
Date of meeting:	18th June 2020
Subject:	COVID-19 Review
Author(s):	Phil Freeman, Programme Manager
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 March to June 2020 that the Chief Executive wishes to discuss with the Board of Directors, as they relate to the Trust's response to COVID-19.

2. Action required

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

3. Key implications

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

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Tab 2.1 Covid-19 Review

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NHS
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2.1 COVID-19 Review

Contents

1. **Introduction**

2. **Initial response**

3. **Specific issues**
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   b. **Testing**
   c. **Social distancing**

4. **Staff engagement**
   a. **Staff Absence**
   b. **Health and wellbeing**
   c. **Travel and accommodation**
   d. **Vulnerable groups**
   e. **Volunteers**
   f. **King's College Hospital Charity**

5. **Communications**
   a. **Daily Bulletin**
   b. **Ask the Chief Executive**
   c. **All Staff Broadcasts**

6. **Reset and Recovery**

7. **System collaboration**

8. **Current status**

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Tab 2.1 Covid-19 Review

NHS
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1. introduction

The Trust treated our first COVID-19 patient in March 2020. Patient numbers have steadily increased since then, and sadly many lives have been lost. Clearly this has been an incredibly challenging time for the Trust, as it has been for health systems all over the world.

COVID-19 has led to us facing significant operational, clinical and workforce challenges, and the response of our staff has been phenomenal. They have delivered exceptional care in some of the most difficult circumstances, and have come together in numerous ways to provide each other with support.

Many of our staff have been, and continue to be, personally impacted by COVID-19, and tragically we have lost some of our people to the virus. This has been difficult to deal with and we have tried to ensure that those teams and individuals affected have been given access to emotional support.

I would like to take this opportunity to thank all of the staff at King's who have done such an exceptional job during this time. No one has found dealing with this pandemic to be easy. Few of us will have faced such a challenging situation, and this has inevitably led to a great deal of uncertainty, and in some cases anxiety about the future. I would also like to re-state a point that I have tried to make a number of times, that both the Executive team and I are wholly committed to ensuring that staff are safe and supported whilst they are at King's. I am grateful for all that our colleagues have done, and all they continue to do, and I am also extremely proud to be the Chief Executive of an organisation filled with such extraordinary people.

This is the first report I have produced since the pandemic reached its peak. It provides a detailed overview of the Trust's response, and of the challenges we have faced, both as an organisation and individuals. Clearly, we have not done everything right, and where this has been the case we plan to reflect on the learning so that we can improve. The pace at which the Trust has responded to COVID-19 has meant that some mistakes will have been made. However, I am extremely proud of everything that has been achieved, and of the resilience, dedication and hard work all our staff have shown to provide our patients with the highest possible quality of care. COVID-19 is likely to stay with us for some time to come, but I am confident that through our continued efforts, we will overcome the challenges it presents, and that we will do so together.

This report outlines the different elements of the Trust's response to COVID-19, of the key issues that have been faced, and of our future plans as we work towards recovery.

2. Initial response

It is very important to highlight the speed at which the COVID-19 pandemic impacted the Trust. We received our first positive patient on 3 March 2020, and subsequently the number of patients rapidly increased. Our peak number of COVID-19 inpatients was 552, and for Critical Care the peak was 102.

King's has, in fact, been one of the largest treatment centres for COVID-19 in the country, and this has led to a number of significant operational, clinical and workforce challenges.

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Tab 2.1 Covid-19 Review

The Trust's response has been rapid, as we sought to make the changes that were needed to treat our patients and support out staff. The pace at which these changes were implemented was amazing, and is a testament to the highly skilled staff here at the Trust.

On the 4 March, shortly after we received our first positive inpatient, the Trust declared a Critical Incident. The Trust then declared a Major Incident on the 12 March 2020, and moved into a seven day a week Incident Response. An enhanced on-call rota was established to provide capacity to manage business as usual and COVID-19 issues, in order to maintain prepared resilience. The Command and Control structure has been a fundamental element of the Trust's response. This is the standard structure mandated from the Government during a National Incident, and ensures that a controlled governance structure is in place during times of uncertainty. This becomes increasingly relevant during a pandemic, because a Silver command group is required to control the organisational response, whilst allowing Gold to respond to the emerging demands of the local system, regional and national issues.

The initial part of the response was to translate national directives into an organisational response. This was demonstrated in our approach to ensuring that staff were able to travel to work, despite the disruption to public transport. The Trust's COVID-19 response pulls together three or four different emergency plans.

From a governance perspective, the Trust has formally established a COVID-19 Sub-committee of the Board of Directors. The role of the COVID-19 Sub-committee has been, and continues to, record progress and key decisions and to provide assurance on risk management and safety. The committee has met weekly throughout the pandemic, and was authorised by the Board of Directors to investigate any activity within its terms of reference, and from time to time, to act on behalf of the Board. The duties of the committee have included making considerations around patient and staff safety, monitoring any risks, and considering financial implications in the Trust's response to COVID-19.

Once the governance was in place, the Trust, in line with the increased demand, began to make the operational changes across the different sites, to address the high volume of COVID-19 positive inpatients, many of whom required Critical Care beds.

Denmark Hill: 12 General and Acute (G&A) wards were re-designated to care specifically for COVID-19 patients. Others, including theatres, were converted to Critical Care wards. The process for allocating wards was done incrementally, and was based on a daily COVID-19 sitrep, which was designed specifically as part of the response.

In order to make the necessary changes, from non-COVID-19 to COVID-19 wards, a number of key steps then had to be taken. These included making changes on Electronic Patients Records (EPR), changes to pharmacy, ensuring linen support was available, providing scrubs instead of uniforms, adapting stocks to reflect the new Personal Protective Equipment (PPE) requirements, and increasing the cleaning schedule. Wellbeing support was put in place, and psychologists were made available for staff on the wards, to manage any anxiety which may have arisen as a result of the situation.

The Silver Command structure established a number of tactical working groups, which were responsible for writing and enacting live planning elements of the response. These included Silver's rapid assessment of the need for additional mortuary capacity, and changing the way patients were managed at the end of life stages. Additional mortuary capacity was procured and installed as a result of the increased demand, and changes were made to the

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Tab 2.1 Covid-19 Review

NHS
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2.1

process relating to death notifications. Additional space was found, to manage a larger volume of property belonging to patients.

Princess Royal Hospital (PRUH) and Orpington: On 13 March, shortly after the Major Incident was declared, wards quickly began changing to meet the demand due to the increasing number of COVID-19 patients. This started with Farnborough Ward, with 29 single rooms, the opening of a second Intensive Care Unit in the recovery ward, again specifically to treat COVID-19 patients, and the opening of a third Intensive Care Unit on 25 March. By the end of March, the PRUH site was locked down, the Emergency Department and radiology were divided into COVID-19 and non-COVID-19 areas, and all outpatients were moved off the PRUH site. Other changes included the closing of the Medical Ambulatory Unit, as acute physicians were preoccupied caring for COVID-19 patients. By early April, most wards were COVID-19, with AMU1 protected as non-COVID-19 capacity.

By the end of April, all surgical wards started to revert back to non-COVID-19 use, either as medical wards or for emergency surgery, and by May most medical wards reverted back also. At this point, only one medical ward, respiratory High Dependency Unit (HDU), and one ICU were used for COVID-19. At the peak in April, the total number of beds designated for COVID-19 exceeded 300.

A significant operational change enacted across all sites concerned PPE. These were implemented by Silver Command, and included fit testing for all PPE, and the donations we received. This included fit testing all frontline clinical staff on every central release of FP3 masks (there were six central releases), and translating all of the national guidance on PPE into clear Trust-wide communications, including a range of posters and online videos. Since the start of the pandemic, over 1,300 individual changes to either clinical, or operational guidance, locally and nationally were translated, to ensure they were disseminated throughout the organisation. As part of the national mandate relating to major incidents, all decisions were logged throughout the pandemic.

The Trust worked in partnership with South London and the Maudsley (SLaM), which allowed us to utilise one of their wards, during the peak of the pandemic. This increased our capacity considerably, with 60 patients accepted on to the ward, 40 of whom have been discharged back to their communities. We are deeply grateful to SLaM for their help and support during this time.

Changes to elective activity: As a result of COVID-19, the Trust made the decision to stop all routine elective activity. This was done to ensure the safety of our non-COVID-19 patients, and also to re-direct resource to the increasing number of COVID-19 patients. There were exceptions, however, including where patients had life or limb- threatening conditions, or where national guidance suggested otherwise.

All clinical areas were told they could move to digital outpatients, if it was appropriate to do so. This would enable patients to continue to receive care, without needing to visit the Trust. As a result of this development, the Trust has changed from 7% non-face-to-face activity before COVID-19, to 27% currently.

Specific pathways were prioritised based on clinical need, including cancer, urgent and emergency care. The decision-making process was fully aligned to the Command Structure. This meant that clinical teams decided on the most appropriate way to run their services, based on National and Royal College guidance, and ultimately the final agreement was made by Silver and Gold Command.

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Tab 2.1 Covid-19 Review

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System-wide engagement: During the height of the COVID-19 outbreak, engagement with the wider South East London system has been critical. There was considerable cooperation between the three acute providers. For example, critical care beds were managed on a network basis across the six sites (St Thomas', Guy's, Denmark Hill, PRUH, Lewisham and Queen Elizabeth, Woolwich) with a dedicated retrieval team moving patients between critical care units to ensure we were able to care for everyone who needed specialist support.

The Trust has also worked closely with King's Health Partners (KHP) during this time. On a very practical level, the KHP staff passport has enabled individuals to move between organisations and to be redeployed to the areas of greatest need. KHP colleagues have also provided support and capacity on COVID-19 testing.

Workforce: Mobilising staff to the areas of greatest need was also one of our key priorities as the situation developed. Staff redeployment was a central part of our response, with a Staff Co-ordination Centre being established at Denmark Hill and a Workforce Hub at the PRUH. The purpose of these was to coordinate the training and redeployment of staff, ensuring our critical services were appropriately resourced. They fulfilled a number of core functions; identifying new roles that were needed, identifying and delivering training and upskilling needs, co-ordinating the temporary redeployment of our staff, filling ad hoc staff shortages, and providing support to our redeployed staff where needed.

The response from staff has been excellent. We redeployed 979 staff at Denmark Hill, and 188 at the PRUH. The number of staff who have been trained, or upskilled is 2,102 and 207 people have been fast-tracked to join the King's Bank.

Our colleagues' experiences of redeployment have been incredibly positive. Not only has it provided a vital service during this time of need, it has also given our people an opportunity to use their existing skills, and to develop new ones, across a range of teams. We have also received feedback from staff who have requested that we explore ways of continuing this programme in some form, as part of personal development plans. This is an area which will be reviewed, in light of the benefits to staff and the organisation.

3. Specific issues

Clearly, COVID-19 has put unprecedented levels of strain on the health service, and King's has felt this in a number of areas. These are outlined in more detail below:

a. PPE

The situation with PPE has been one of the most highly-publicised areas throughout the COVID-19 pandemic. Clearly there have been a number of challenges in this area, both locally and nationally, and these have been well-documented. The demand for PPE has risen dramatically with the increase in numbers of COVID-19 patients, and this has led to some challenges with the supply chain. Despite these considerable challenges, we have not run out of stock at any point, meaning our staff have been supplied with PPE throughout the pandemic. Where we have experienced shortages in particular types of masks or equipment, we have had to source other types, which has led to the need for increased fit testing for staff.

The Trust has kept abreast of the national PPE guidance, and has also worked closely with our partners in South East London to support the development of our policies in this area.

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Tab 2.1 Covid-19 Review

In order to ensure we are protecting the supply of PPE, we have issued clear guidance to our staff, highlighting the specific areas where PPE should and should not be worn. This guidance has been made available on our intranet and has also been displayed locally on the wards. Where PPE has been worn inappropriately (i.e. in non-COVID-19 areas) staff have been politely challenged on this.

Through the Command structure, we have been able to review our supplies of PPE on a daily basis, highlighting areas where we have had shortages, and implementing plans accordingly to ensure we address these.

I would also like to take the opportunity to acknowledge the local businesses and members of the community who have generously supplied us with PPE. In order to deal with the sheer volume of donations, we implemented a system to log the specific items, to ensure they met the quality and safety regulations and then to distribute them accordingly across the Trust. This was a very welcome solution to some of our PPE challenges, and we are grateful to our local partners for their support.

PPE will continue to be a priority for the Trust going forward. Although we are currently caring for fewer COVID-19 patients, we need to ensure our preparedness in the case of another peak. This will mean continuing with the measures we have in place that have been successful and also learning from areas which were challenging.

b. Testing

This has been an area of intense focus since the start of the COVID-19 pandemic. Testing has been absolutely essential for keeping our staff and patients safe, by limiting spread of the virus and enabling people to return to work safely and, if done effectively, will limit the spread of the virus.

Patient testing: Patient testing was offered at the Trust well in advance of the pandemic being declared. This was offered though PHE Collingdale, a research centre to begin with, and then rapidly via an in-house solution. Initially, we tested every patient who was symptomatic who presented at the Emergency Department, and subsequently every patient who was being admitted.

Staff testing: As of 9th June, the Trust has carried out a total 5,223 staff tests (both symptomatic and asymptomatic). Symptomatic testing was offered to all staff, seven days a week. Results were made available to them within 24 hours, and where appropriate household members were also tested. This enabled us to keep staff well at work where possible.

As part of a national pilot, we also tested 600 asymptomatic staff at the Trust. Again, this was done by prioritising specific teams, based on a set of agreed criteria.

Anti-body testing: This was implemented across the Trust at the end of May. This blood test, which detects whether a person has developed antibodies following an infection with the SARS-CoV-2 virus, is part of a national drive to better understand the disease.

The Trust aim was (and continues to be), to offer the antibody test to all staff groups. In order to manage the flow, the following groups were prioritised:

As of 9 June, the Trust recorded 2,226 antibody tests. Of the 1,675 results which have come back from back the lab, 25% have tested positive, and 75% tested negative for antibodies.

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The antibody testing programme will continue, with the aim of offering the test to all staff across the Trust should they wish to have it.

c. Social distancing

Social distancing has been identified by the Government as one of the key measures of the COVID-19 response. Here at the Trust we have followed the guidance as far as is practicable to ensure the environment is safe for our patients, staff and visitors. As more staff return to work, we will continue to enforce these guidelines.

Across the Trust, we have implemented several measures on the Estate to support with social distancing. On the Denmark Hill site, we have limited access to the main hospital on the site. Currently, the Hambleden Wing entrance is the only access point to the main hospital building for staff, patients and visitors. All other entrances/exits, including Golden Jubilee Wing, Ruskin Wing and the Variety Children's Hospital are closed.

4. Staff engagement

a. Staff absence

Supporting the workforce has been a priority since the COVID-19 pandemic began. COVID-19 has impacted – and continues to impact – staff absences in a number of ways, and has led to significant challenges from a workforce perspective. These include staff who are absent due to testing positive, due to a family member being symptomatic, or because they are shielding, due to being classified as vulnerable. Staff absences reached a peak on 1 April, with 1,980 off work due to COVID-19. Of those, 996 were symptomatic.

As of 1 June, 97 staff are currently absent with COVID-19 symptoms, and 47 are subject to 14 day self-isolation due to a household contact. A further 423 staff are being shielded, although most of these are still working in some capacity. We have reviewed roles and shifted responsibilities to enable those who are shielding to continue to contribute, albeit in a different way.

b. Health and Wellbeing

Unsurprisingly, COVID-19 has had a huge impact on people's mental health. Here at the Trust, staff have gone above and beyond to care for our patients, and this is truly commendable. This situation has been exhausting for everyone, and is made more so by the specific challenges brought about by treating this novel virus. As a result of this, it has been vital to provide staff with sufficient wellbeing support.

A key tenet of our Health and Wellbeing strategy has been the establishment of six hubs across our sites. We have used the hubs to distribute some of the kind donations we received from businesses and members of the community, to our staff. I would like to thank the local businesses and members of the community who have supported us in this regard.

The Health and Wellbeing hubs provided support to staff, and a quiet place to rest and recharge. Refreshments have been made available in the hubs and on the wards, and 'thank you' walls set up with messages from local communities. Feedback we have received has been that staff have greatly appreciated the hubs and would like them to remain, even as the impact of COVID-19 starts to lessen.

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The Trust is well aware that staff have been undertaking very difficult work since this pandemic began, and many will not have dealt with such pressures in their careers to date. In order to provide an enhanced level of support, we have been working closely with colleagues at South London and the Maudsley (SLaM) to ensure that psychological support is available for those who need it. This support is provided to individuals and teams.

COVID-19 has led to increased demand in other areas, including domestic violence, drug and alcohol abuse, and we have put additional support in place in these areas also.

c. **Travel and accommodation**

During the peak of the COVID-19 pandemic, there were a number of issues around public transport. In some cases, staff who relied on public transport were unable to get to work due to planned cancellations that were executed as part of safety measures. Where this has been the case, we have worked closely with our local authorities to provide free parking for staff. In addition, we introduced a range of additional measures to ensure people were able to get to work. We are keen to ensure people are supported to cycle, and are reviewing our bike storage and shower facilities on our sites.

Accommodation has also been problematic for some of our staff, particularly for those who share a household with symptomatic people, or who are symptomatic themselves. Where this has been the case, the Trust made arrangements with a number of local hotels, to provide discounted room rates.

d. **Vulnerable groups**

Throughout the COVID-19 pandemic, we have learned that certain groups are more vulnerable than others. Although there is still more to be learned about the specific reasons for this, we know that people from Black, Asian and Minority Ethnic (BAME) backgrounds, older people and males all fall within this category.

This is an area of concern for many of us and an issue that we are taking extremely seriously at Executive level, and have put in place a number of interventions to help staff to feel supported whilst they are at work. Clearly this is a complex issue, and the guidance around how best to do this is still being refined. With this in mind, the Trust has developed a strategy around supporting our vulnerable staff.

In May, I sent a letter to all BAME staff, where I acknowledged people's concerns and I outlined the specific support in place at the Trust. This came on the back of the emerging evidence, which suggested the disproportionate impact of COVID-19 on BAME individuals.

A key part of this was the Risk Assessment, which we have amended in light of this evidence, including the risk to our BAME staff. The Risk Assessment Tool provides a framework for individuals and line managers to work through the risk of exposure to COVID-19, assess the likelihood and severity of the risk, and agree a solution. In order to support managers with completing the Risk Assessment, a series of workshops were organised. These were well-attended, and provided the opportunity for staff to ask questions and feedback on the process.

We also prioritised our vulnerable groups for interventions such as testing, which can be done immediately on-site, should staff members develop symptoms whilst at work. Where staff fall into multiple high risk categories, a decision has been made that they be shielded, and their roles adapted.

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We have a very active BAME Network Steering Group, which we are in regular communication with, and who have provide guidance on how to best support our BAME staff. They played a key role in helping to plan the series of calls we organised, to explain the risk assessment process to line managers, along with other interventions, and also to obtain feedback on additional measures the Trust can take to support.

In addition, staff would have access to PPE if they work in specified areas, and have been encouraged to make use of the wellbeing hubs, which sign-post to a range of available support provision.

As the Trust moves to re-starting our services, we are fully committed to ensuring all of our staff are safe and supported. We will continue to review the support we have put in place, based on feedback from our staff, and on the most up-to-date PHE guidance. This will also be shared with staff as it is made available.

e. **Volunteers**

Here at King's, we have always had tremendous support from our volunteers, and they are a key part of life at the Trust. Our volunteers have done a great amount throughout the COVID-19 pandemic. Their role has been fundamental and I would like to extend my sincere thanks to them for their support. Volunteers have been working alongside staff in supporting our response to the pandemic. Over these past three months, volunteers have contributed approximately 3,400 hours of their time.

Volunteers initially supported the Trust in three key roles: Health and Wellbeing Hubs; at Trust entrances; and also in a role that is called 'Pick and Pack'. At entrances, volunteers greeted staff, patients and visitors encouraging them to wash their hands but also provided wheelchair support, information and guidance to ensure patients and visitors reached their destination. In the Health and Wellbeing Hubs, volunteers provided support by comforting staff and assisting in the distribution of meals, refreshments and other donations. Volunteers also supported with the distribution of food to the wards. With the overwhelming non-food donations, volunteers were supporting a team based in the Weston Education Centre, assisting with deliveries, unpacking of goods and packing and distributing over a thousand wellbeing packs for both staff and patients. More recently, the Trust has reopened the role of patient befriender on non-COVID-19 wards. With this role, volunteers talk with patients, distribute magazines and books, engaging in activities, and also provide support at mealtimes.

f. **The King's College Hospital Charity**

The King's College Hospital Charity has provide a great deal of support during the COVID-19 outbreak. In March, the Charity launched their Hospital Heroes Appeal to raise funds to support staff, patients and their families. The response from existing donors and new supporters alike has been incredible and to date they have raised £670,000 from thousands of supporters, including a £10,000 gift from the Friends of King's. The funds were put to good use from the outset: providing entertainment and communication tools for staff and patients on wards; as well as supporting the Health and Wellbeing Hubs with equipment, toiletries and supplies, including donated goods from many supportive companies and the local community. This support has been fundamental in making the Health and Wellbeing Hubs the success they have been.

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The Charity is working closely with the Trust to support bereaved families with condolence communications and specialist bereavement counselling support. The Charity will also be providing funding for community-based patient rehabilitation and support packages for staff affected by their experiences. On behalf of the Foundation Trust I would like to thank the Charity, their supporters and our local communities for working so hard to support us during this time and for the funds that they have raised so far.

5. Communications

We have significantly increased our internal communications activity during the COVID-19 pandemic, and this has been met with positive feedback from our staff. This has been a conscious decision, as we fully understand that during these uncertain times staff want to understand the latest information as it relates to them and their roles. We have attempted to communicate through a range of different channels, in order to reach as many staff as possible. Some of these are outlined below.

a. Daily Bulletin

The Chief Executive's Bulletin became a daily circulation to reflect the rapidly changing environment. The bulletin has been a channel for promoting updated, and in some cases new, operational and clinical policies, and has also been used to highlight the positive work being done across the Trust through Team Spotlights.

b. Ask the Chief Executive

Keeping with the theme of engaging with workforce, we have run a series of *Ask the Chief Executive* live events. Using MS Teams, these events have enabled staff to ask questions that matter to them, either relating to our COVID-19 response or more general questions, and to put these questions to members of the Executive team. These events have been very well-received, with questions ranging from PPE and testing, to annual leave and the Trust's recovery plan. They have helped to inform decision making, as they give a clear indication to members of the Executive Team as to the issues that are important to staff. These live events will also continue for the time-being.

c. All Staff Broadcasts

In response to feedback from members of staff, we have produced a series of weekly All Staff Broadcasts. These have featured specific areas of importance, to raise awareness amongst staff, and in some cases to cascade key information. They are also a vehicle for raising the profile of members of the Executive team, which can be challenging in an organisation of this size, who can share their visions and ideas as they relate to their areas of work. We have covered a wide range of areas, including nursing (to coincide with International Nurses Day), the Command Structure and a tribute to our volunteers, to coincide with Volunteers' Week. We plan to continue to produce these films for the foreseeable future.

The Trust has also piloted a number of new communications channels in order to reach out more people across the workforce. This has been a necessity, as in-person meetings are increasingly difficult due to social distancing measures. MS Teams has been a positive addition, and this is now being used by numerous teams across the Trust.

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6. Reset and Recovery

The response to COVID-19 has accelerated transformation within King's. In just six weeks we have delivered some significant improvements in the way we care for our patients, which were previously expected to take several months. The Recovery and Reset Programme provides a real opportunity to reshape how we operate, and to ensure we are well-prepared in the case of future surges of COVID-19.

Some of the key highlights include:

- Expansion of Critical Care capacity by 140% in five weeks
- New Critical Care Unit opened within six weeks
- Rapid increase in non-face-to-face outpatient appointments from 2% to 19% over the last seven days
- Video consultations, medication pathways and bulk text messaging introduced for outpatients
- Increased team-working across disciplines with over 900 staff redeployed
- Increased system-working with close collaboration across South East London
- Innovative workforce models including upskilling staff for acute medicine and critical care.

The Recovery and Reset Programme seeks to build on these COVID-19 induced achievements whilst aligning to the 2020-21 King's Recovery and Sustainable Improvement Plan.

7. System collaboration

During the COVID-19 response, there has been a step-change in system working with our community providers (most notably GSTT for Denmark Hill and Bromley Healthcare for PRUH/ South Sites). This work has focused on ensuring that patients are supported to remain at home wherever possible and only come to hospital where the benefit outweighs the risk.

Emergency variations in the Care Act have also changed the way that the Trust works with local authorities with London Borough of Lambeth acting as the lead local authority for Denmark Hill and London Borough of Bromley for PRUH/ South Sites. There has been considerable work to streamline patient assessment and to ensure that discharges take place as soon as possible.

Our COVID-19 response has also been supported by our mental health partner organisations, SLaM and Oxleas. SLaM has also operated a Clinical Assessment Unit on the Maudsley site which has diverted patients with no physical health problems from Denmark Hill Emergency Department. Through One Bromley, Oxleas have supported a holistic response to keeping patients in community settings wherever possible which has helped reduce the pressure on PRUH.

As we turn to recovery, the newly-formed South East London Acute Provider Collaborative (APC) is looking at ways that we can together look after the backlog of patients waiting for elective care at a time when we also need to maintain our capacity to care for COVID-19 patients. The APC will be supported by a Committee in Common of the three Trusts (GSTT,

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King's and Lewisham & Greenwich). This will help us explore longer term collaboration to enable us to make best use of our available capacity as we recover from the COVID-19 outbreak. Some patients may need to be treated on different sites and we are planning to use independent sector hospitals over the next 12 months (continuing with arrangements established by NHS England at the height of the outbreak), so that we can meet the infection control practices that are needed to keep patients and staff safe. In the longer term we will be looking at the best ways of working collaboratively to improve care for local residents and those from a wider geography who come to South East London to receive specialist care.

8. Current status

Since the pandemic began, we have admitted 2,756 inpatients with COVID-19. Of these, 311 were treated in our Critical Care Units. This number reflects our approach to increase our Critical Care capacity, which we have done considerably, in order to meet the demand.

Sadly, the number of deaths relating to COVID-19 at the Trust has reached 499 (as of 1 June). This is incredibly tragic, and our thoughts go out to the loved ones of those who have died.

As this situation has developed, one of the key metrics which often gets overlooked is the number of discharged. As of June 2020, the number of our patients who have been discharged stands at 2,142. These people are now recovering in their communities, and this is a testament to the exceptional levels of care King's staff have provided.

Since early May, we have seen a significant decrease in demand here at the Trust, and with this a decline in the number of deaths. This is welcome news, however we remain prepared as we move towards the future, particularly as some of the lockdown measures are being relaxed.

As of 10 June, we currently have 125 inpatients with COVID-19 at the Trust, with 19 of those being cared for in our Critical Care Units. As a result of this, we are able to resume some of the services which have been paused as part of our response.

As this report shows, the COVID-19 response has been the major focus of the Trust's work since the first patient came to King's in March. The pandemic led to a number of significant challenges which impacted on operational, clinical and workforce activity. I would like to take this opportunity to thank staff who have demonstrated incredibly resilience, hard work, dedication and skill in how they have responded. There will be further challenges ahead, and I appreciate their willingness to continue, despite the unprecedented levels of pressures this has brought about, to ensure our patients receive the highest quality of care. As Chief Executive of King's, this has been both inspiring and heartening, and I feel incredibly privileged to be part of the organisation.

King's has been one of the largest treatment centres for COVID-19 in the country, and no doubt this will change the way we deliver services in the future. Our focus now is on re-starting as many of our services as possible, whilst ensuring we are prepared for further surges of COVID-19 in the future. Although these are clearly difficult times, I am confident in the Trust's ability to rise to the challenge.

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Tab 2.2 Report from the Chief Executive

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Report to:	Board
Date of meeting:	18th June 2020
Subject:	Report from the Chief Executive
Author(s):	Phil Freeman, Programme Manager
Presented by:	Professor Clive Kay
Sponsor:	Chief Executive
History:	N/A
Status:	Discussion

Executive Summary

1. Background/Purpose

This paper outlines the key developments and occurrences from March to June 2020 that the Chief Executive wishes to discuss with the Board of Directors.

2. Action required

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

3. Key implications

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

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Tab 2.2 Report from the Chief Executive

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REPORT FROM THE CHIEF EXECUTIVE

SUMMARY

This paper outlines the key developments and occurrences from April to June 2020 that the Chief Executive wishes to discuss with the Board of Directors.

1. **Report from the Chief Executive June 2020**
   a. Financial Performance
   b. Operational Performance
   c. Executive Team Recruitment

2. **Quality, Patient Experience and Safety**
   a. Patient safety and risk
   b. Patient experience

3. **Workforce Update**
   a. New appointments
   b. Equality, diversity and inclusion

4. **External Communications**

5. **Internal Engagement**

6. **External Engagement**

   a. King's site visit – Sir Simon Stevens, Chief Executive Officer, NHS England/Improvement – 14 April 2020
   b. King's site visit – Dr Vin Diwakar, London Regional Medical Director, NHS England/Improvement – 17 April 2020

7. **Stakeholder Engagement**
   a. King's Health Partners

8. **Appendices**

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Tab 2.2 Report from the Chief Executive

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1. Headlines

a. Financial Performance

Type	Annual Budget £m	Current Month Budget £m	Current Month Actual £m	Current Month Variance £m	Year to Date Budget £m	Year to Date Actual £m	Year to Date Variance £m
Income	1,217.9	106.1	112.2	6.1	1,217.9	1,224.1	6.2
Pay	(740.2)	(65.1)	(64.3)	0.9	(740.2)	(726.2)	14.1
Nonpay	(632.9)	(45.9)	(35.8)	10.1	(632.9)	(623.1)	9.9
TRUST TOTAL (deficit per ledger)	**(155.3)**	**(5.0)**	**12.1**	**17.0**	**(155.3)**	**(125.2)**	**30.1**
Less Impairement, STF, FRF, MRET etc	(14.3)	(4.2)	(23.9)	(19.6)	(14.3)	(34.8)	(20.6)
OPERATING DEFICIT	**(169.6)**	**(9.2)**	**(11.8)**	**(2.6)**	**(169.6)**	**(160.0)**	**9.5**
Consolidating Group Accounts							
KFM Prior Year Loss			(2.4)	(2.4)	(2.4)	(2.4)	(2.4)
KFM Surplus			5.8	5.8	5.8	5.8	5.8
KCS Surplus			1.4	1.4	1.4	1.4	1.4
REVISED OPERATING DEFICIT	**(169.6)**	**(9.2)**	**(7.0)**	**2.2**	**(164.8)**	**(155.2)**	**14.3**

In the last financial year (19/20), the Trust achieved its financial target ("the control total") for the first time in many years reporting a control total deficit of £155m against a deficit of £189m in the previous year. Once financial recovery funding is included, the actual deficit was £125m.

This improved performance was due to income rising by 9% while costs were kept under control. Overall activity grew by nearly 4% as services such as Liver, Neurosurgery, Bone Marrow Transplantation and chimeric antigen receptor T-cell (CAR-T) all delivered strongly. The remainder of the growth was as a result of negotiating better contracts with commissioners than was previously the case.

It was very pleasing that we were able to deliver this activity through greater clinical efficiency whilst keeping costs under control, and that we were able to fill vacancies in some support functions. We know that King's costs benchmark higher than other Trusts, but this performance is a good start to addressing this productivity gap.

b. Operational Performance

The Trust's required response to managing the current COVID-19 pandemic has put increased pressure on delivery of all key patient access and waiting time targets from March this year. However, we have seen further improvement in our performance against the 4-hour emergency care standard at both sites, but particularly at the PRUH.

Referral to Treatment (RTT)

- RTT performance reduced further from 76.79% for March 2020 to 68.50% for April 2020. Reduced treatments and a number of referrals into the Trust has led to a change in the shape of our Patient Tracking List (PTL). The total number of patients waiting on our RTT waiting lists has reduced from 72,100 in March to 68,489 in April.
- Despite a reduction in overall PTL size, the overall 18+ week backlog has increased from 16,731 in March to 21,571 in April.
- There are only two medical specialties that are compliant with the national target of 92% for April. They are General Medicine and Geriatric Medicine.
- The number of patients waiting over 52 weeks has also increased as a result of the elective restrictions that were put into place from the middle of March, with the number of breaches increasing by 287 cases, from 196 in March to 483 in April.

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Emergency Care Standard

- Compared to pre-COVID-19 activity levels, we have seen a reduced number of patients attending the Emergency Department at Denmark Hill, as well as at both the Emergency Department and Urgent Care Centre (UCC) at the PRUH site. However following the first COVID-19 peak wave, we are not starting to see an increasing number of patients attend our emergency departments, especially into May and June.
- Trust performance has improved for the fourth consecutive month to 82.82% for April compared to 73.99% achieved for March. By site performance:
  - improved from 70.84% in March to 74.87% in April at Denmark Hill.
  - improved from 77.63% in March to 90.97% in April at the PRUH.

Diagnostic waiting times

- 59.35% of patients waited longer than 6 weeks for diagnostic tests in April 2020 due to the limited number of diagnostic tests that we have been able to deliver, and is a significant reduction from the performance of 19.03% that we reported in March.

Cancer

- 2 Week Wait standard: 87.39% (93% target)
- 62 day GP referred First treatments: at 52.10% (85% target)
- 62 day referral following screening at 73.68% (90% target)

Further detail can be found in the performance report later in this set of papers.

c. Executive Team Recruitment

Since the last Board meeting, we have made a number of changes to the Board of Directors.

- John Palmer joined the Trust on 18 May 2020 as the Denmark Hill Site Chief Executive and Group Deputy Chief Executive. He joins us from Cwn Taf Morgannwg, where he was Chief Operating Officer. I would like to welcome John to the Trust.

- Bernie Bluhm left the Trust in May 2020. Bernie joined us in February 2019, as Interim Chief Operating Officer. She then became the Interim Denmark Hill Site Chief Executive. Bernie was a great addition to the King's Executive team and I would like to wish her well for the future.

- Dawn Brodrick, Chief People Officer, will leave the Trust at the end of June 2020. Dawn joined the Trust in October 2015. I would like to thank Dawn for all of her hard work during her time at the Trust, and to wish her well for the future.

- Jonathan Lofthouse, who has been providing interim cover as Site Chief Executive at the PRUH and South Sites, was appointed to the role on a permanent basis from 1 June 2020. Jonathan joined the Trust in February 2020. He will continue to be responsible for the overall management of the PRUH, Orpington Hospital and the services we provide at Beckenham Beacon and Queen Mary's Hospital, Sidcup (South Sites). I extend my sincere congratulations to Jonathan.

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2. Quality, Patient Experience and Safety

a. Patient safety and risk

Since the start of the major incident, processes have been in place to capture and address patient safety and risk issues. In response to identifying that incident reporting had declined, systems were put in place to make reporting easier and were set up to flag COVID-19 related issues as well as general patient safety issues, and rapid review of incidents and escalation processes have been in place. The Chief Medical Officer has reported weekly to the sub-committee, highlighting key issues.

Incident themes can be themed as follows:

- infection prevention and control/PPE
- communication and handover
- clinical care and treatment
- deteriorating patients
- ways of working and behaviours
- medication-related incidents.

b. Patient experience

The Trust has been conscious throughout that patient experience has been significantly impacted by COVID-19. For infection prevention and control (IPC) reasons, the Trust policy on visitors has had to change and for many families this has been made much harder as a result of the need for IPC, particularly at the end of life.

The Trust is contacting all patients that have been discharged following a COVID-19 diagnosis. This is in part a welfare check, as many patients will have been very sick whilst in our care, but the calls also aim to identify areas where patient experience can be improved. Summaries of emerging findings have been reported to the sub-committee on a weekly basis.

Bereavement for families has been significantly different because many relatives/carers would not have been with their loved ones in the last few days or at the time of death. As a result, the following work has been completed to date by an established bereavement workstream:

- Bereavement Hub at DH started on 29 April. 166 relatives have been contacted.
- Feedback from the Bereavement Hub at DH has been positive relating to communication and the care received on wards. Issues identified relate to patient property and funeral arrangements.
- The PRUH bereavement hub is expected to go live 1 June. Delays have been caused due to sourcing additional staff.
- Psychology support services have been made available for staff should they wish to use it.
- Weekly training sessions have been set up by the Social Care team to provide coaching on how to handle conversations with bereaved relatives.
- Condolence cards and seeds will be posted to relatives w/c 26 May.
- Design of property bags is in progress; temporary bags have been ordered and distributed to the wards.
- Property pathway is being reviewed across sites as a separate strand of work.
- The Communications team is supporting the planning and scoping of the memorial service.

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- A condolence candle will be included as part of the memorial service invitation.

3. Workforce update

   a. New Consultant appointments – see Appendix 1

   b. Equality, Diversity and Inclusion

It has never been more important to stress our commitment to a diverse and inclusive workplace. We know that a large proportion of our staff are at risk of being disproportionately impacted by COVID-19 and we have responded to this robustly. We have developed a risk assessment for all staff to undertake to ensure they are able to work safely. I have written to all our Black, Asian, minority ethnic (BAME) colleagues to assure them of our commitment, and we will be holding two BAME staff sessions to offer practical support and advice. In a letter to all staff, I reiterated that we will not tolerate any form of discrimination or unfair treatment in the workplace, and on the 9 June, we held a minute's silence in support of the Black Lives Matter movement. We will continue to work with all of our staff networks to ensure our staff are supported during this challenging time.

4. External Communications

Print and Online Media

Violinist performs during brain surgery

Professor Ashkan Keyoumars (Professor of Neurosurgery), performed an operation one of our patients, Dagmar Turner, a professional violinist, to remove a tumour from her brain. Ms Turner was roused from a six-hour surgical procedure, in order to play the violin. This was to ensure the area of her brain responsible for delicate hand movement and coordination – crucial components when playing violin – were not inadvertently damaged during the millimetre-precise procedure.

COVID-19

The Trust has, in co-ordination with NHS England/Improvement Communications, proactively liaised with media regarding the Trust's response to the pandemic.

Highlights included:

- Sunday Times (29 March 2020): Coronavirus: Behind the plastic, sweat and tears pour down: Interviews with Dr Jacqui Butler (Consultant in Emergency Medicine); Revd Alfred Banya (Lead Chaplain); Mick Dowling (Head of Nursing for Critical Care) and Lesley Powls, (Emergency Planning Lead)

   Note: One of the key photographs was used in the PHE/Department of Health public awareness campaigns for COVID-19

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- Sunday Times (29 March 2020): [Coronavirus doctor: 'Each day we wonder – is tomorrow the day we get overwhelmed?'](#) : Diary by Dr Jacqui Butler (Emergency Medicine Consultant).
- Grazia (April) [Terrified. Emotional. Uncertain. Lonely. Four tales from the NHS frontline](#): Richenda Browne (Emergency Department) was one of four front line NHS staff interviewed and featured on the front cover.
- The Observer (2 May 2020): [Hospital staff urge meal donors to feed the needy as well](#): Ainne Dolan interviewed regarding the Trust's health and wellbeing portfolio of support for staff.

Between March and June, the Trust has collaborated with the local newspaper to our hospitals, including the Southwark News and the Bromley News Shopper, providing them with stories for their rolling coverage online and in print. With stories appearing on an almost weekly basis, it has provided an opportunity to thank the local community for their support of King's staff. Highlights have included:

- [King's College Hospital appeal receives £20k from anonymous donor](#)
- ["I'm finding it hard to show empathy through masks – I rely so heavily on my facial expressions"](#)
- [Coronavirus: King's College Hospital volunteer says 'it feels like a privilege to be here'](#)
- [Bromley group's homemade ear protectors ease strain on NHS mask wearers](#)
- [Nurse switches from neurosurgery to Covid-19 front line](#)
- [Four month old baby becomes King's College Hospital's youngest COVID-19 survivor](#)

Television and Radio

The Trust has also worked with broadcasters during the pandemic. Key highlights include:

- Today Programme: Dr James Galloway (Consultant Rheumatologist) recorded an audio diary for BBC Radio 4's Today programme.
- BBC Radio 4: Palliative Care Nurse, Chris Bridges recorded a personal insight into his role for the radio station's COVID Chronicles series.
- Woman's Hour: Miss Kenga Sivarajah, (Locum Consultant Obstetrician and Lead for Perinatal Mental Health) participated in a panel discussion on pregnancy during COVID-19.
- BBC News: Professor of Thrombosis and Haemostasis, Roopen Arya was interviewed about the prevalence of blood clots in COVID-19 positive patients. The story was also covered by the [Daily Mail](#)

Trust Website

The Trust published information and guidance for patients and visitors on its two websites. This included Public Health England and NHS England guidance on COVID-19, visiting restrictions and changes to clinical services.

There was a 7% increase in the number of users visiting the Trust's website with a specific increase in the number of visits to the Trust's news pages and in particular information and

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Tab 2.2 Report from the Chief Executive

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King's College Hospital
NHS Foundation Trust

guidance relating to COVID-19. There was also a resultant decrease in traffic to pages relating to specific services, information on getting to the hospitals and ward pages.

Social Media (To May 31 2020)

The Trust continues to use a number of social media channels to communicate with our patients and the public. These are effective methods by which we share important information as it relates to activity here at the Trust.

International Nurses Day

Senior Nurse Felicia Kwaku was invited to host the Trust's first Instagram Takeover for International Nurses Day resulting in a total reach for the day of 59,485 people. This is one of the highest performing Instagram days since the account was launched

5. Internal Engagement

The key focus for internal communications and engagement has been keeping staff informed of the Trust's response to COVID-19. The detail of this is covered in the COVID-19 section of the Board Report. This section will focus predominately on the non-COVID-19 communications activity, and the pre-COVID-19 activity.

Kingsweb Mobile

A key part of the Communications team's response to COVID-19 was the development and launch of a mobile intranet – Kingsweb Mobile. This new platform was developed and launched within two weeks of commission. It has enabled staff to access key updates, news and documentation relating to COVID-19 on multiple platforms.

Non-COVID-19 Campaigns

Key campaigns were also delivered over and above COVID-19 focus communications. Again, these campaigns were also transferred onto the Trust's social media channels for maximum exposure and awareness raising.

- International Nurses & Midwifery Days: These were celebrated both at Denmark Hill and the PRUH. Communications supported key events on both sites and also created an internal and external campaign to highlight the Trust's nursing and midwifery cohort. Communications will continue to support International Year of the Nurse throughout 2020 with a series of targeted campaigns.
- Volunteers' Week (1-7 June 2020): A week-long campaign showcasing volunteer stories

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Tab 2.2 Report from the Chief Executive

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6. External Engagement

a. King's site visit – Sir Simon Stevens, Chief Executive Officer, NHS England/Improvement – 14 April 2020

The purpose of this visit was to highlight the 15,000 student nurses, midwives and medical students who had joined frontline NHS staff as part of the COVID-19 response. It was also to provide an
opportunity for Sir Simon to meet with members of staff at the Trust. As part of the visit, Sir Simon visited our Critical Care Unit and our respiratory wards. He also spent time with some of our trainee doctors and nurses.

b. King's site visit – Dr Vin Diwakar, London Regional Medical Director, NHS England/Improvement – 17 April 2020

The purpose of this visit was to provide the London Regional Medical Director to learn more about the Trust's response to the COVID-19 pandemic, and to meet with members of King's staff, across a number of different areas. The visit involved a guided tour of the Denmark Hill site, including the Critical Care Unit, and other key wards that had been re-purposed to treat our COVID-19 patients. He also visited our Virology laboratories and the Mortuary team. We received excellent feedback from the London Regional Director, who commented specifically on the dedication, commitment and resourcefulness of our staff. He also informed us that what he learned on the visit would go on to shape regional and national policy.

7. Stakeholder Engagement

a. King's Health Partners (KHP)

King's Health Partners (KHP) has been successful in its application to be designated as an NIHR-NHSE/I Academic Health Science Centre (AHSC) for a further five years, from 1 April 2020. KHP brings together world-class research, education and clinical practice. The Trust is one of the four organisations which are part of KHP, the others being Guy's and St Thomas (GSTT), South London and the Maudsley (SLaM) and King's College London (KCL).

In being part of KHP, we work together to improve the health and wellbeing of our local populations, and to speed up the pace at which research translates to clinical practice. The local and global components of KHP are absolutely vital, and this feels even more so during the current environment we are operating in. Our work with KHP also helps to ensure that we are collaborating across the South East London health system, as well as with our colleagues from GST, SLaM and KCL. We are delighted with this news, and we look forward to continuing being part of KHP well into the future.

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King's College Hospital
NHS Foundation Trust

APPENDICES

Appendix 1: List of Consultant appointments

AAC Date	Ref	Name of Post	Appointee	Post Type New / Replacement	Start Date	End Date
Honorary	213-HON-MAR-1299	Honorary Consultant in Hepatology	Mr Aimen Omran Saleh Amer	Honorary	02/03/2020	03/04/2020
Honorary	213-HON-FEB-1287	Honorary Consultant in Hepatology	Mr Ankur Jyotindra Shah	Honorary	15/03/2020	15/06/2020
Honorary	213-HON-MAR-1316	Honorary Consultant in Neurology	Prof. Leone Lorna Ridsdale	Honorary	21/04/2020	20/04/2021
Honorary	213-HON-JAN-1240	Honorary Consultant Surgeon	Mr Joseph Patrick Martin Ellul	Honorary	10/03/2020	09/03/2022
Honorary	213-HON-MAR-1307	Honorary Consultant in Cardiology	Dr Khaled Mohamed Ali Alfakih	Honorary	01/04/2020	31/03/2022
Honorary	213-HON-MAR-1324	Honorary Consultant GUM	Dr Gillian Margaret Claire Holdsworth	Honorary	18/05/2020	17/05/2022
Honorary	213-HON-JAN-1216	Honorary Consultant Neurologist	Dr Oliver David Howes	Honorary	01/03/2020	28/02/2023
Locum Consultant	213-UPACS-4191	Locum Consultant Obstetrician with Special Interest in Fetal Medicine	Dr Dan Andrei Dumitrascu-Biris	Replacement	01/04/2020	30/09/2020
Locum Consultant	213-UPACS-3715	Locum Consultant Cataract Theatre Back Fill & General	Miss Marta Joanna Latasiewicz	New	15/04/2020	31/03/2021

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Tab 2.2 Report from the Chief Executive

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King's College Hospital
NHS Foundation Trust

AAC Date	Ref	Name of Post	Appointee	Post Type New / Replacement	Start Date	End Date
Locum Consultant	213-UPACS-3652	Locum Consultant Respiratory Physician	Dr Rajiv Madula	New	28/04/2020	13/04/2021
Locum Consultant	213-UPACS-4246	Locum Consultant Obstetrician & Gynaecologist	Dr Mohamed Maged Refat Hosni	New	11/05/2020	10/11/2020
Locum Consultant	213-NC-3921	Locum Paediatric Surgical Consultant	Dr Sara Gozzini	New	12/05/2020	11/11/2020
Locum Consultant	213-ADHOC-0111	Locum Consultant Paediatric Respiratory Medicine	Dr Ema Kavaliunaite	Replacement	26/05/2020	25/08/2020
Locum Consultant	213-ADHOC-0112	Locum Consultant	Dr Khalid Ballal	Replacement	26/05/2020	25/09/2020
19/02/2020	213-UPACS-3960	Consultant in Obstetrics Lead for Maternal Assessment Unit Bereavement and Patient Experience	Dr Daniela Maria Paraschiv	New	29/02/2020	Permanent
18/10/2019	213-UPACS-3228	Consultant Ophthalmologist	Mr Sami Habal	New	02/03/2020	Permanent
08/01/2020	213-NC-3725	Consultant Neurosurgeon with Special Interest in Functional Neurosurgery	Mr Harutomo Hasegawa	Replacement	02/03/2020	Permanent
12/02/2020	213-UPACS-2913-A	Consultant in Acute Medicine	Dr Daniela Sergi	New	02/03/2020	Permanent
Permanent 1 PA	213-ADHOC-0091	Paediatric Consultant Hepatologist	Dr Emer Fitzpatrick	New	20/03/2020	Permanent

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Tab 2.2 Report from the Chief Executive

AAC Date	Ref	Name of Post	Appointee	Post Type New / Replacement	Start Date	End Date
18/10/2019	213-UPACS-2467-A	Consultant Ophthalmologist with Special Interest in Glaucoma	Mr Obeda Kailani	Replacement	25/03/2020	Permanent
20/12/2019	213-UPACS-3388	Consultant in Paediatric Dentistry	Miss Maalini Jayesh Patel	New	30/03/2020	Permanent
19/12/2020	213-PRUH-3580	Consultant Physician in Clinical Gerontology	Dr Laurenny Guzman	Replacement	30/03/2020	Permanent
12/02/2020	213-UPACS-2453-A	Consultant Geriatrician	Dr Frederick Charles Boyle	Replacement	08/04/2020	Permanent
20/02/2020	213-NC-3876	Consultant Nuclear Medicine Physician or Radionuclide Radiologist	Dr Sachin Vithal Kamat	Replacement	08/04/2020	Permanent
08/11/2019	213-NC-3416	Consultant Interventional Neuroradiologist	Dr Juveria Siddiqui	New	13/04/2020	Permanent
15/11/2019	213-NC-3376-A	Consultant in Critical Care	Dr Adrian View Kim Wong	Replacement	13/04/2020	Permanent
03/03/2020	213-NC-3871	Respiratory Consultant - Paediatrics	Dr James William Andrew Cook	Replacement	15/04/2020	Permanent
03/03/2020	213-NC-3871	Consultant Paediatric Respiratory Medicine (Part-time & Full-Time)	Dr James Cook 10 PAs (FT) Dr Katherine Harmen 8PAs (PT)	Replacement	15/04/2020 07/09/2020	Permanent
12/03/2020	213-PRUH-3930	Consultant Physician in Respiratory Medicine	Dr William Owen	Replacement	22/04/2020	Permanent
21/11/2019	213-NC-3435	Consultant Dental and Maxillofacial Radiologist	Dr Lee William Feinberg	Replacement	27/04/2020	Permanent

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Tab 2.2 Report from the Chief Executive

AAC Date	Ref	Name of Post	Appointee	Post Type New / Replacement	Start Date	End Date
19/03/2020	213-PRUH-3982	Consultant Urologist	Dr Nicholas Alexander Faure Walker	Replacement	27/04/2020	Permanent
29/04/2020	213-UPACS-3895	Consultant Rheumatologist	Dr Arti Mahto	Replacement	30/04/2020	Permanent
25/03/2020	213-UPACS-3894	Consultant & Co-Clinical Lead The Havens Sexual Assault Referral Centres	Dr Rebecca Jane Adlington	Replacement	01/05/2020	Permanent
11/03/2020	213-UPACS-3967	Consultant in General Surgery/Urology and Trauma Anaesthesia	Dr Merle Patricia Annie Cohen Dr Ravi Bhatia Dr Adrian Dabrowicz Dr Joanna Elizabeth Roberts	New	05/08/2020 TBC 01/05/2020 16/07/2020	Permanent
22/11/2020	213-UPACS-2646	Consultant Gastroenterologist	Dr Shraddha Gulati	Replacement	08/05/2020	Permanent
06/09/2020	213-UPACS-2453	Consultant Geriatrician	Dr Oenone Poole-Wilson	Replacement	12/05/2020	Permanent
23/01/2020	213-PRUH-2723-A	Consultant Radiologist	Dr Yameen Majid Wani	New	15/05/2020	Permanent
06/05/2020	213-UPACS-4002	Consultant Oral and Maxillofacial Surgeon	Dr Francine Mariko Ryba	Replacement	01/06/2020	Permanent
AAC Date	Ref	Name of Post	Appointee	Post Type New / Replacement	Start Date	End Date

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Tab 2.2 Report from the Chief Executive

AAC Date	Ref	Name of Post	Appointee	Post Type New / Replacement	Start Date	End Date
18/03/2020	213-NC-2242-D	Consultant in Medical Microbiology & Infection (2 Posts)	Dr Julia Marie Colston Dr Carmel Curtis Dr Mauricio Alberto Arias	Replacement / New	05/10/2020 09/07/2020 05/08/2020	Permanent
13/03/2020	213-UPACS-4168 213-UPACS-4159	213-UPACS-4168 Consultant In Trauma & Orthopaedic Surgery With A Special Interest In Paediatric And Limb Reconstruction Surgery 213-UPACS-4159 Consultant in Trauma & Orthopaedic Surgery with a Special Interest in Foot & Ankle Surgery	Miss Sarah McMahon Mr Thomas Hester	New	23/07/2020 17/08/2020	Permanent
07/05/2020	213-PRUH-3774-B	Consultant Microbiologist	Dr Martin Neville Brown	Replacement	01/09/2020	Permanent
03/04/2020	213-NC-3416-A	Consultant Interventional Neuroradiologist	Dr Sara Sciacca	Replacement	01/10/2020	Permanent
22/04/2020	213-UPACS-4177	Consultant Respiratory Physician with an interest in Lung Cancer	Dr David Peter Walder	New	12/10/2020	Permanent

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Tab 2.3 Report from the Quality, People and Performance Committee

NHS

King's College Hospital
NHS Foundation Trust

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SUMMARY OF KEY DISCUSSIONS

QUALITY, PEOPLE AND PERFORMANCE COMMITTEE MEETING
2nd April 2020

1.   **Arrangements for Managing Covid-19 and Progress Report (Workforce, Operation and Clinical)**
     An update was provided on the Trusts response to and arrangements for managing Covid-19.

2.   **Immediate Items for Information**
     The Committee noted the Trust Statement of Purpose. The Trust had opened a ward on the SLAM site as part of the response to Covid-19, the Statement of Purpose would be amended to reflect this. CQC required this to be reviewed by the Board prior to submission.

3.   **Quality Account – Annual Report**
     The Committee received and noted the Quality Accounts report.

4.   **Pharmacy Aseptic Review**
     The Committee noted the following:

     - The Investment Board had approved replenishments to the aseptic unit to mitigate the risk of liability to the Trust for failing air handling and particle count standards and work would commence in April 2020.
     - The isolators were signed off on 31st March. The order had been placed but this would not be progressed until the estates work is carried out. The estates work will be sub-contracted. Works will commence 3-4 months from the day an order is placed.
     - The current capacity of the aseptic unit to deliver the Trust requirements for commercial and non-commercial clinical trials was not feasible due to increased workload. A separate business case could be developed, for a dedicated pharmacy clinical trials aseptic facility to dispense commercial and non-commercial clinical trials for the Trust. The business case would be for the porter cabin space identified to be utilised as the facility.
     - Category 3 facilities on DH were important for storage of samples from Covid-19 patients for research purposes. This could be included in the business case for the new build aseptic facility within the proposed haematology institute.

     The Committee was reassured that despite the increase in demand for investigations within the aseptic unit, patients were not being disadvantaged in relation to their needs. This was ensured in two ways:
     1) the commercial sector was being approached to provide medical products,
     2) Staff were being asked to work longer hours. This, however, was not sustainable.

5.   **Medicine Audits 2019-20 – Q4 Results**
     The Committee received and noted the Medicine Audits 2019-20 results.

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Tab 2.3 Report from the Quality, People and Performance Committee

NHS
King's College Hospital
NHS Foundation Trust

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6. **Integrated Performance Summary Report - Month 11**
The BIU would provide additional metrics to clarify the overall compliance in relation to duty of candour on a rolling basis. There was a lag period in relation to sharing investigation findings as data was being captured on a monthly basis from the Datix system and some SI investigations have a leading time of 45-60 days. The Committee would be privy on a month by month basis to the previous month's figures as the reports are finalised and shared.

There was concern that the overall summary in the Quality Heat map, the CQC level enquiry safe section was red rated. A number of staff were retained to monitor Covid-19 related incidents being reported and identifying specific risks. Staff had also been redeployed to conduct a review of other incidents and specifically address the backlog of any open incidents awaiting review or under investigation to make sure they can be progressed. An update on progress would be provided at the next meeting.

A sub-group from the Silver command was established to focus on work around regular risk management and risk register reviews to ensure this is monitored. The Committee agreed that all mitigations needed to be properly documented from a recording and risk management perspective.

7. **Board Assurance Framework (BAF)**
The Covid-19 response had not hugely impacted the organisation meeting its year-end targets. The Trust would not meet any of its constitutional or operational targets so this remains red rated.

The Covid-19 tactical response included recovery, when the Trust would revert to business as usual and also considered next steps. Performance was below target in some areas including vacancies, appraisals and stat/man training. However, the staff survey results indicated good progress in other areas.

8. **Any Other Business**
The Chairman received a letter from Val Davison, Chair of Lewisham and Greenwich NHS, expressing thanks to KCH and GSTT for the support given in recent weeks through critical care.

The Committee commended Kings Health Partner for its **re-accreditation** as an Academic Science Centre.

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Tab 2.4 Operational Performance M1

Integrated Performance Report

Month 1 (April) 2019/20

Trust Board

18 June 2020

King's College Hospital
NHS Foundation Trust

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King's College Hospital NHS
NHS Foundation Trust

Report to:	*Trust Board*
Date of meeting:	*18 June 2020*
Subject:	*Integrated Performance Report 2020/21 Month 1 (April)*
Author(s):	*Adam Creeggan, Director of Performance & Planning;* *Steve Coakley, Assistant Director of Performance & Planning;*
Presented by:	*John Palmer, Deputy Group Chief Executive & Site Chief Executive - Denmark Hill*
Sponsor:	*John Palmer, Deputy Group Chief Executive & Site Chief Executive - Denmark Hill*
History:	*Quality People and Performance Committee 4th June 2020*
Status:	*For Discussion*

Summary of Report

- *This report provides the details of the latest performance achieved against key national performance, quality and patient waiting times targets, noting that our required Trust response to COVID-19 continues to impact activity delivery and performance for April 2020 returns.*
- *The report provides a site specific operational performance update on patient access target performance, with a focus on delivery and recovery actions and key risks.*

Action required
- *The Board is asked to approve the latest available 2020/21 M1 performance reported against the governance indicators defined in the Strategic Oversight Framework (SOF).*

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Tab 2.4 Operational Performance M1

King's College Hospital
NHS Foundation Trust

3.   Key implications

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

Tab 2.4 Operational Performance M1

King's

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Domain 2: Performance	16 - 22
Domain 3: Workforce	23 - 29
Domain 4: Finance	30 – 32

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Tab 2.4 Operational Performance M1

Executive Summary
2020/21 Month 1

QUALITY

- Summary Hospital Mortality Index (SHMI) was 94.7 - significantly better than the expected index of score of 100.
- HCAI:
  - ❑ 2 MRSA bacteraemia cases reported in April;
  - ❑ 11 new VRE bacteraemia cases reported in April which is above the target of 6 cases;
  - ❑ E-Coli bacteraemia: 3 new cases reported in April which is below the target of 10 cases;
  - ❑ 5 new C-difficile cases which is above the monthly quota of 8 cases .
- National FFT reporting for Inpatients and Maternity has been suspended from March due to COVID-19.
- Trust ED FFT score improved significantly to 89.6% of patients recommending, which puts Kings above London and national average for the first time since the FFT was introduced in 2013.

PERFORMANCE

- Trust A&E/ECS compliance improved for the fourth consecutive month to 82.82% in April. By Site: DH 74.87% and PRUH 90.97%.
- Cessation of elective activity due to the COVID-19 outbreak had a significant impact on access metrics.
- Cancer:
  - ❑ Treatment within 62 days of post-GP referral is not compliant at 52.10% for April 2020 (target 85%).
  - ❑ Treatment within 62 days following screening service referral was not compliant at 73.68% (target 90%).
  - ❑ The two-week wait from GP referral standard was not compliant at 87.39% (target 93%).
- Diagnostics: 59.35% of patients waited greater than 6 weeks for diagnostic test in April (National target <1%).
- RTT incomplete performance reduced significantly to 68.50% in April. Patients waiting >52 weeks increased by 287 cases to 483 cases in April, compared to 196 cases in March.

WORKFORCE

- Appraisal rates for March and April 2020 were not available at the time of reporting.
- Sickness rates are showing a steep increase across all staff groups for April 2020 to 6.89%, compared to 3.90% reported in March, inflated by COVID-19 related absences.
- Vacancy rates increased by 1.83% in April to 12.83%. This includes a planned increase in the nursing establishment of 165.98 FTE, and recruitment is not planned to commence until June. The Trust's usual international recruitment activity has been temporarily suspended until COVID -19 restrictions have been lifted
- Voluntary turnover reduced slightly from 13.82% in March to 13.75% in April. 126 staff have left Kings in April, of which 117 leavers were voluntary.

FINANCE

- For the first 4 months of 2020/21 the Trust has been provided block contract income of £103.6m with the anticipation that this will allow the Trust to break even.
- In Month 1,The Trust has reported a deficit of £5.3m. This deficit is predominantly driven by:
  - ❑ An income gap of c.£3.0m when comparing average 2019/20 income and expenditure run rate of months 1-9 to central income calculation and apply pay inflation and the CNST uplift.
  - ❑ COVID related costs (c£5.7m) have been recognised in Apr 2020. This is broken down by c.£1.9m against Pay and £3.8m against Non-Pay. The Trust is finalising its central reporting of these costs.
  - ❑ The above has been partially offset by a c.£3.0m reduction in the non pay run rate as a result of reduced elective activity.

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King's

Executive Summary
Quality Heatmap

Quality

	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	YTD	Trend
CQC level of inquiry: Caring															
Complaints															
HRWD															
Operational Engagement															
Other															
Summary															
CQC level of inquiry: Effective															
CQUIN															
Improving Outcomes															
Improving Outcomes – Child Birth															
Improving Outcomes for Older Patients															
Summary															
CQC level of inquiry: Safe															
Reportable to DoH															
All hospital-acquired Alert Orgs															
Antibiotic Stewardship															
Assurance Audits															
Care of IV Lines															
Clusters & Outbreaks															
Environment															
Infection Control Audit Composite															
Incident Management															
Incident Reporting															
Safer Care															
Summary															

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Tab 2.4 Operational Performance M1

Executive Summary
Performance and Workforce Heatmap

Performance

CQC level of inquiry: Responsive	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	YTD	Trend
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

CQC level of inquiry: Well Led	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	YTD	Trend
Staff Feedback															
Staff Training & CPD															
Efficiency															
Staffing Capacity															
Summary															

Tab 2.4 Operational Performance M1

King's

Executive Summary
Finance Heatmap

Finance

Use of Resources	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	YTD	Trend
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		↘	↗	↘	↗	↗	→	↘	→	↗	↗	↘	↘		

Tab 2.4 Operational Performance M1

King's

Executive Summary
Activity Trending

ACTIVITY TRENDS (TRUST)

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

Day Cases
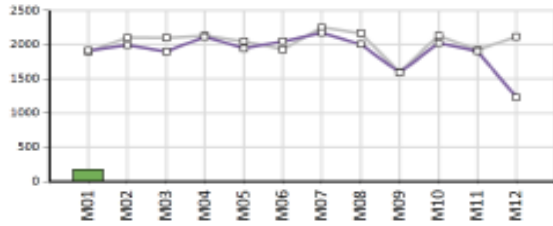
Elective Inpatients
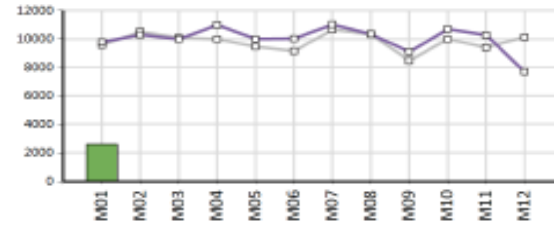
Non-Elective Inpatients
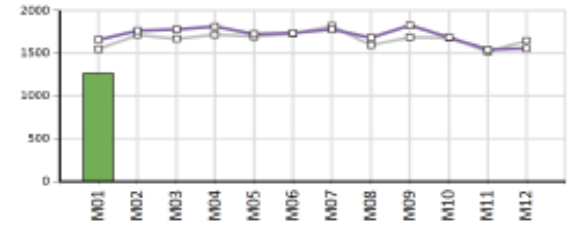
First Outpatients
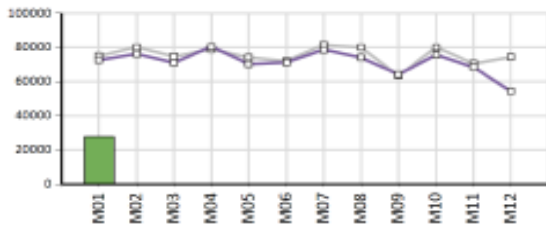
Follow-Up Outpatients
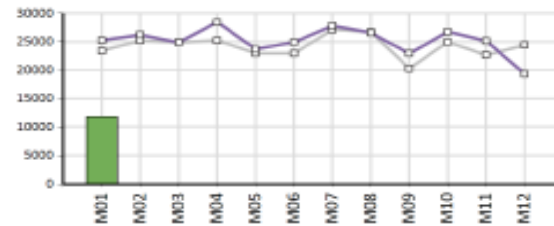
Outpatient Procedures
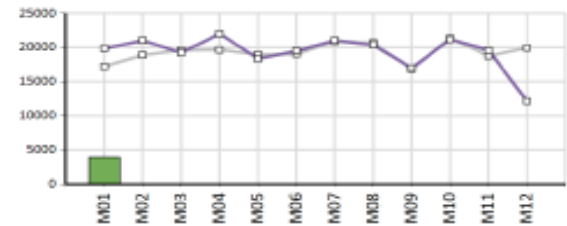
A&E Attendances (Age 0-64)
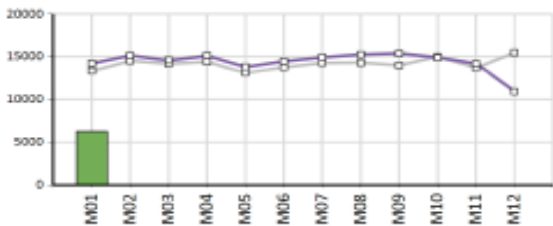
A&E Attendances (Age 65-85)
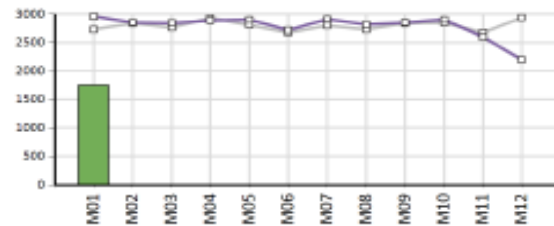
A&E Attendances (Age >85)
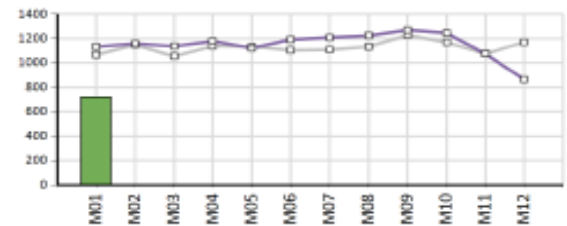
Emergency Admissions (Age 0-64)
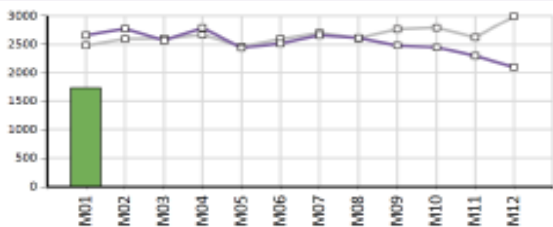
Emergency Admissions (Age 65-85)

Emergency Admissions (Age >85)

2.4

Tab 2.4 Operational Performance M1
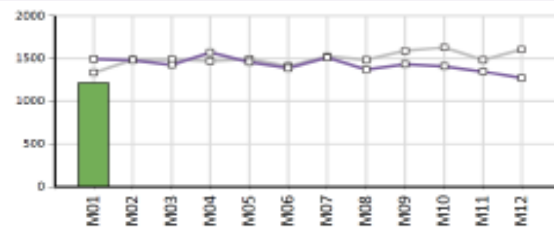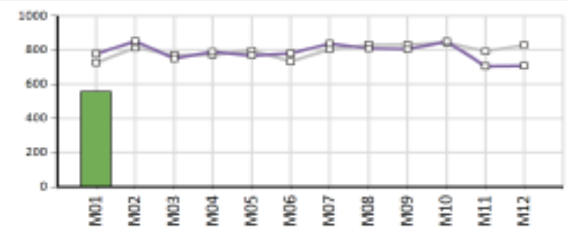
Executive Summary
Operational Productivity Headlines

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	15254	32416	25088	8.2%	2.00	22.9%	5633
Last Month	24615	31541	21992	12.8%	2.24	35.8%	8741
Variance	-9361	875	3096	-4.64%	-0.24	-12.9%	-3108
12 Month Average	31539	16530	9772	11.0%	2.25	47.7%	3547.00
Variance to 12mth	-106.76%	49.01%	61.05%	-35.03%	-12.47%	-108.30%	37.03%

| 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	90.8%	77.0%	66.30	16.32	7.6%	18.6%	13
Last Month	50.2%	45.5%	20.87	19.35	56.7%	55.2%	158
Variance	40.6%	31.6%	45.43	-3.03	-49.1%	-36.6%	-145.00
12 Month Average	0	0	31	11.3	72.5%	68.3%	183.3
Variance to 12mth	54.50%	50.53%	53.75%	30.91%	-854.75%	-267.54%	-1309.62%

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	335.7	3509.0	20.00	7.97%	7.16	605.0	1.28
Last Month	551.6	4079.0	749.00	6.41%	7.22	638.0	2.17
Variance	-216.0	-570.0	-729.00	1.56%	-0.06	-33.0	-0.89
12 Month Average	616	4628	1163	7.49%	6.47	749.7	1.9
Variance to 12mth	-83.56%	-31.89%	-5714.58%	6.02%	0.10	-23.91%	-50.76%

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	2152.0	13.0	4.00	73.05%	6.79	90.0	1.40
Last Month	5528.0	158.0	82.00	76.25%	4.74	397.0	0.63
Variance	-3376.0	-145.0	-78.00	-3.20%	2.05	-307.0	0.77
12 Month Average	7601	183	111	75.48%	4.26	522.3	0.6
Variance to 12mth	-253.21%	-1309.62%	-2670.83%	-3.33%	37.22%	-480.28%	57.69%

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Tab 2.4 Operational Performance M1

King's

Domain 1: QUALITY

1. Key Metrics Scorecard

2. Infection

3. Incidents

4. Mortality

5. Friends and Family Test

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Domain 1: Quality
Key Metrics Scorecard

Quality

		Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Safe																		
Reportable to DoH																		
2717	Number of DoH Reportable Infections	57	64	62	58	55	46	44	43	52	50	47	47	55	52	55	623	
Safer Care																		
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.09	0.10	0.11	0.08	0.17	0.09	0.10	0.08	0.18	0.16	0.21	0.09	0.14	0.19	0.14	0.13	
1897	Potentially Preventable Hospital Associated VTE	2	3	2	1	6	3	6	6	10	1	1			4		39	
538	Hospital Acquired Pressure Ulcers (Grade 3 or 4)	1	0	4	1	5	1	1	0	0	0	2	0	0	0			
945	Open Incidents			0			15			23							38	
Incident Reporting																		
520	Total Serious Incidents reported	12	15	14	14	10	22	26	11	9	15	20	13	9		9	178	
516	Moderate Harm Incidents	23	31	27	40	27	34	32	39	24	50	38	20	25		25	387	
509	Never Events	1	1	1	0	1	0	0	1	0	0	0	1	0	0		5	
CQC level of inquiry: Caring																		
HRWD																		
422	Friends & Family - Inpatients	93.1%	93.9%	94.7%	94.5%	95.1%	94.5%	94.6%	94.4%	95.2%	94.4%	92.4%	95.2%	95.7%	96.0%	95.7%	94.4%	
423	Friends & Family - ED	76.5%	74.6%	69.8%	77.9%	76.4%	80.6%	78.8%	80.9%	78.0%	80.7%	81.5%	83.7%	89.6%	86.0%	89.6%	79.9%	
774	Friends & Family - Outpatients	88.0%	88.3%	87.6%	87.3%	87.6%	87.4%	85.9%	84.3%	84.2%	83.8%	85.2%	86.2%	88.5%	92.0%	88.5%	86.6%	
775	Friends & Family - Maternity	92.9%	92.3%	94.3%	91.6%	94.0%	90.1%	94.3%	93.8%	86.7%	94.2%	95.6%	89.7%	89.1%	94.0%	89.1%	92.5%	
Complaints																		
619	Number of complaints	69	57	51	77	77	56	78	79	49	45	44	41	20	60	20	674	
Operational Engagement																		
620	Number of complaints not responded to within 25 Days	42	49	31	24	41	55	53	48	49	32	18	25	37	39	37	462	
3119	Number of PALS enquiries – unable to contact department	59	31	15	14	8	7	8	7	5	71	73	44	9	29	9	292	
Incident Management																		
660	Duty of Candour - Conversations recorded in notes	100.0%	100.0%	97.5%	98.0%	100.0%	97.7%	88.4%	95.6%	87.9%	83.3%	87.5%	80.8%	75.0%	93.0%	75.0%	91.4%	
661	Duty of Candour - Letters sent following DoC Incidents	100.0%	100.0%	92.5%	98.0%	100.0%	93.0%	90.7%	95.6%	87.9%	85.0%	83.3%	76.9%	60.7%	92.0%	60.7%	89.6%	
1617	Duty of Candour - Investigation Findings Shared	94.4%	85.7%	77.5%	85.7%	80.0%	51.2%	37.2%	26.7%	30.3%	6.7%	6.3%	3.9%	3.6%	47.6%	3.6%	41.6%	
CQC level of inquiry: Effective																		
Improving Outcomes																		
831	Standardised Readmission Ratio	90.2	90.4	90.0	89.9	89.5	89.3	89.0	89.0	88.5	87.5				105.0			
436	HSMR	84.9	85.2	86.4	86.5	88.4	87.7	88.1	88.8	88.3	87.8	87.0			100.0			
433	SHMI	93.4	93.6	94.7	93.9	94.6	94.5	95.1	95.0	94.4	94.7				105.0			
649	Patients receiving Fractured Neck of Femur surgery w/in 36hrs	77.8%	76.7%	64.9%	78.8%	81.8%	76.3%	78.6%	89.5%	90.0%	88.1%	81.6%	69.0%	71.4%	80.0%	71.4%	79.6%	
625	Diagnostic Results Acknowledgement	2.5%	2.4%	2.4%	2.5%	2.3%	2.4%	2.4%	2.5%	2.6%	2.7%	2.5%	2.4%	1.8%	2.5%	1.8%	2.4%	

Tab 2.4 Operational Performance M1

Domain 1: Quality
Infection

King's

M12 - MARCH 2020 INFECTION PREVENTION AND CONTROL

Infection	Current Month	Denmark Hill	PRUH	Previous Month	Variance	Target	Var. to Target
C.diff	5	4	1	13	-8	8	-3
CPE/CPO	18	18	0	10	8	13	5
E.coli	3	1	2	9	-6	10	-7
Klebsiella spp	12	11	1	5	7	7	5
MRSA	2	1	1	0	2	0	2
MSSA	0	0	0	1	-1	3	-3
P.aeruginosa	4	3	1	2	2	5	-1
VRE	11	9	2	7	4	6	5

C-DIFFICILE DELIVERY

C-difficile: Denmark Hill reported cases
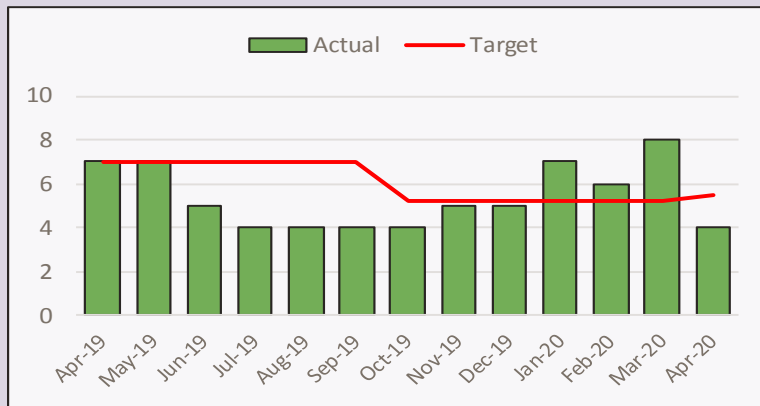
C-difficile: PRUH reported cases
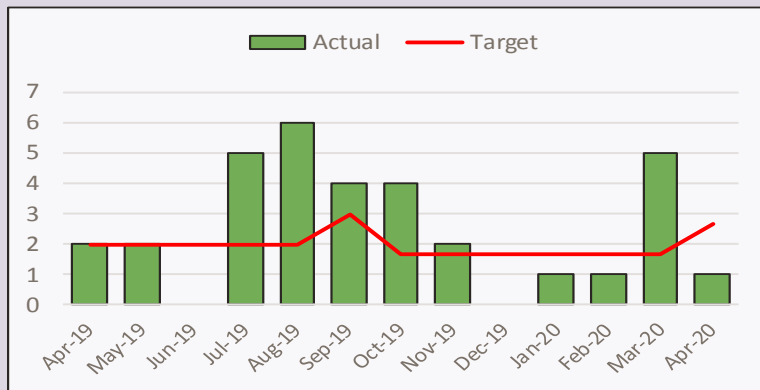
HCAI DELIVERY PLAN

Denmark Hill

MRSA: There was 1 case reported on Thomas Cook HDU ward.
C.difficile (CDI): There were 4 cases reported during April which is above the target of 6 cases. There was 1 case in each of Neurosciences, Critical Care, Haematology and Liver.
E.Coli: There was 1 case reported (in Renal) which is lower than the target of 8 cases.
VRE Cases: There were 9 cases reported which is above the target of 5 cases for the month. These occurred in different care groups and wards - 4 in Critical Care, 4 in Haematology and 1 in Theatre Recovery ward.

PRUH

MRSA: There was 1 case reported on Medical Ward 4.
C.difficile (CDI): There was 1 case reported (on Surgical Ward 7) which is below the target of 3 cases.
E.Coli: There were 2 cases which equals the target of 2 cases. These occurred in ICU and Day Surgery Unit.

C-DIFFICILE BENCHMARKING

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

Trust	C-difficile Cases
University Hosp. Birmingham	337
Leeds Teaching Hospital	238
Manchester University	240
Nottingham Teaching Hospital	228
Barts Health	176
Cambridge University	147
Kings College Hospital	153
Newcastle Upon Tyne	148
Imperial College	137
Oxford University	116
Royal Free	111
UCLH	107
St George's	73
Guy's & St Thomas	60

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Tab 2.4 Operational Performance M1

Domain 1: Quality
Mortality & Readmissions

King's

MORTALITY AND READMISSIONS - SHMI, HSMR and RRR

| | Contextual indicators (September 2018 to August 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	2984	72.0%	28.1%	0.46%	3.35%	51.0%	85.87 (CI 82.8, 89.0)	12.6%
England Average		69.2%	30.8%	0.58%	3.48%	36.0%	100.7 (CI 100.4, 101.1)	14.6%

MORTALITY MEASURES

SHMI: Denmark Hill and PRUH
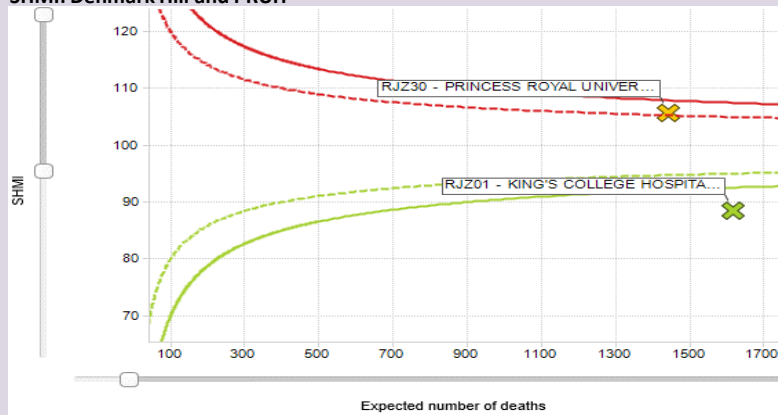
HSMR: Denmark Hill and PRUH
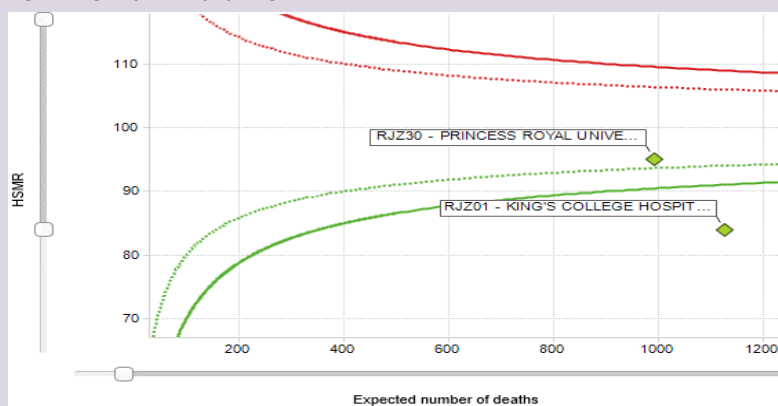
RISK-ADJUSTED MORTALITY (SHMI / HSMR)

Trust:
Risk-adjusted mortality is below expected:
- SHMI for January 2019 to December 2019 is 94.66 (95% CI 91.30, 98.20).
- HSMR is below expected for February 2019 to January 2020 is 87.84 (95% CI 83.95, 91.87).

Denmark Hill:
Risk-adjusted mortality is below expected:
- SHMI for January 2019 to December 2019 is 88.43 (95% CI 83.90, 93.10).
- HSMR is below expected for February 2019 to January 2020 is 84.10 (95% CI 78.83, 89.63).

PRUH:
- SHMI is within expected range for January 2019 to December 2019 at 105.64 (95% CI 100.40, 111.10).
- HSMR is below expected for February 2019 to January 2020.

RISK-ADJUSTED READMISSION (RRR)

Trust:
RRR is below expected (January 2019 to December 2019) at 88.5 (95% CI 86.8, 90.2).
Denmark Hill: RRR is below expected (January 2019 to December 2019) at 86.9 (95% CI 84.8, 89.0).
PRUH: RRR is below expected (January 2019 to December 2019) at 91.4 (95% CI 88.5, 94.2).

RISK-ADJUSTED MORTALITY AND READMISSIONS BENCHMARKING

Peer = Shelford Group

Mortality - SHMI
(November 2018 - October 2019)   **94.95**

Quartile Spinechart.
National: 33 out of 126 hospitals.
Peer: 6th out of 9 hospitals.
▼ Trust   ▲ Peer

94.95 / 88.96
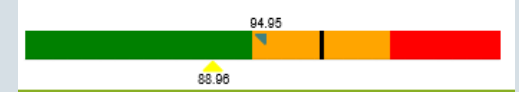
Mortality - HSMR - (Rebasing Period YTD)
(January 2019 - December 2019)   **87.57**

Quartile Spinechart.
National: 19 out of 130 hospitals.
Peer: 5th out of 9 hospitals.
▼ Trust   ▲ Peer

87.57 / 91.21
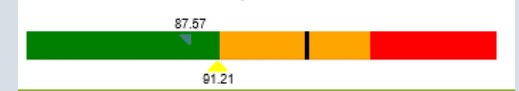
Relative Risk Readmission Ratio - HRG4
(December 2018 - November 2019)   **88.20**

Quartile Spinechart.
National: 3 out of 130 hospitals.
Peer: 2nd out of 9 hospitals.
▼ Trust   ▲ Peer

88.20 / 99.40

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Tab 2.4 Operational Performance M1

Domain 1: Quality
Friends & Family Test

King's

M1 - APRIL 2020				
Metric	**Inpatients**	**ED**	**Outpatients**	**Maternity**
Current Month	95.72%	89.64%	88.51%	89.05%
Denmark Hill	*95.09%*	*88.45%*	*88.84%*	*42.86%*
PRUH	*96.81%*	*92.26%*	*87.79%*	*91.54%*
Previous Month	95.17%	83.67%	86.19%	89.71%
Variance	0.55%	5.97%	2.32%	-0.66%
Target/Plan	96.00%	86.00%	92.00%	94.00%
Variance to target/plan	-0.28%	3.64%	-3.49%	-4.95%

FRIENDS AND FAMILY TEST

FFT Outpatient Scores
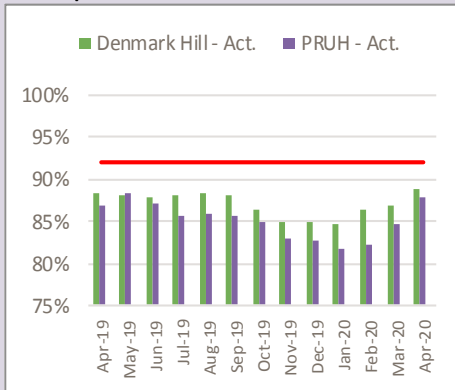
FFT Maternity Scores
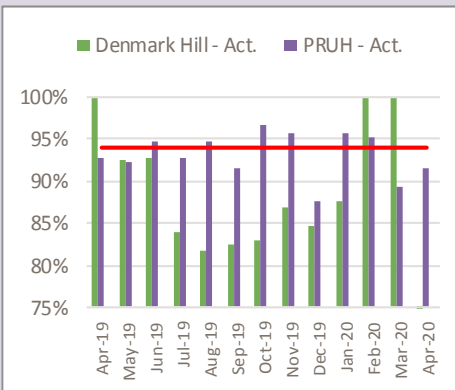
PERFORMANCE DELIVERY

FFT - A&E
- Overall Trust performance up significantly to 89.6% of patients recommending. This score puts King's above both the London and national average for the first time since the FFT was introduced in 2013. Significantly the percentage of patients not recommending is under 4%.
- DH increased score to 88.5% with PRUH rising from 82.5% to an impressive 92%, with an increase of two points to 83% for patients recommending, the highest score over the last six months.

FFT - Inpatient
- Due to COVID-19, surveys were suspended in March.
- However, telephone interviews with COVID-19 patients have been on-going and over the first four weeks, 70 patients gave feedback with an overall rating of care of 81%
- Initially the project will cover the first eight weeks of COVID-discharges from 24 February which includes peak discharge weeks of 6 and 13 March 2020.

FFT - Outpatients
- The overall FFT score for outpatients improved by two points to 88.6%. DH increased by two points to 88% with PRUH increasing from 83% to 88.6%.
- The closure of the majority of OP clinics may well be skewing the results despite including patients using virtual clinics in the sample.
- **FFT - Maternity**
- Labour, birth and post natal FFT has not been run during COVID-19.

FFT BENCHMARKING (MONTH IN ARREARS)

FFT Test	Scope	Response Rate (%)	Score (% recom-mending)	Score (% not recom-mending)
Inpatients	**KCH**	18.4	92	2
Inpatients	London	25.3	95	2
Inpatients	England	24.4	96	2
ED	**KCH**	11.3	81	10
ED	London	14.1	84	10
ED	England	11.7	85	9
Outpatients	**KCH**		85	5
Outpatients	London		92	3
Outpatients	England		94	3
Maternity (A-N)	**KCH**		n/a	n/a
Maternity (A-N)	London		91	5
Maternity (A-N)	England		95	2

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Tab 2.4 Operational Performance M1

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)

2.4

Tab 2.4 Operational Performance M1

King's

Domain 2: Performance
Key Metrics Scorecard

Performance

		Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Responsive																		
Access Management - RTT, CWT and Diagnostics																		
364	RTT Incomplete Performance	77.53%	78.80%	78.60%	78.37%	78.02%	78.74%	78.87%	79.49%	78.88%	79.51%	80.44%	76.79%	68.50%	92.00%	68.50%	77.98%	
632	Patients waiting over 52 weeks (RTT)	171	177	172	139	131	160	184	175	188	160	143	196	483	0	483	2308	
412	Cancer 2 weeks wait GP referral	93.52%	92.95%	93.20%	92.37%	92.25%	92.54%	94.18%	93.74%	90.43%	87.42%	92.00%	93.05%	87.39%	93.00%	87.39%	92.09%	
413	Cancer 2 weeks wait referral - Breast	96.77%	89.36%	71.43%	82.61%	98.68%	96.10%	96.43%	97.22%	97.83%	98.86%	95.40%	95.70%	95.45%	93.00%	95.45%	95.82%	
419	Cancer 62 day referral to treatment - GP	76.79%	77.38%	67.32%	75.58%	74.36%	71.20%	72.87%	74.14%	73.13%	64.63%	68.56%	66.83%	52.10%	85.00%	52.10%	70.82%	
536	Diagnostic Waiting Times Performance > 6 Wks	8.17%	8.91%	6.30%	5.77%	7.10%	6.18%	5.89%	7.53%	9.88%	11.51%	6.66%	19.03%	59.35%	1.00%	59.35%	11.72%	
Access Management - Emergency Flow																		
459	A&E 4 hour performance (monthly SITREP)	71.73%	73.50%	69.97%	73.58%	73.00%	73.20%	72.23%	69.30%	67.69%	69.02%	71.42%	73.99%	82.82%	95.00%	82.82%	71.92%	
Patient Flow																		
399	Weekend Discharges	19.2%	20.1%	24.1%	18.4%	22.4%	21.5%	18.2%	22.9%	21.2%	18.5%	22.6%	19.8%	19.5%	20.7%	19.5%	20.8%	
404	Discharges before 1pm	18.8%	20.0%	19.6%	18.7%	18.9%	16.6%	17.9%	18.2%	18.3%	18.7%	18.9%	16.1%	18.7%	18.4%	18.7%	18.4%	
747	Bed Occupancy	91.4%	92.4%	91.8%	91.7%	90.7%	91.8%	93.3%	94.1%	92.3%	94.7%	94.0%	81.6%	62.2%	91.6%	62.2%	89.2%	
1357	Number of Stranded Patients (LOS 7+ Days)	600	585	572	574	554	549	577	575	659	596	599	389	342		342	6571	
1358	Number of Super Stranded Patients (LOS 21+ Days)	266	246	239	242	247	232	243	242	267	259	273	177	120		120	2787	
800	Delayed Transfer of Care Days (per calendar day)	13.3	17.2	18.9	13.8	15.4	15.0	15.7	18.3	18.3	21.3				0.0		17.1	
762	Ambulance Delays > 30 Minutes	241	329	280	176	188	144	235	462	641					0			
772	12 Hour DTAs	17	24	38	44	32	24	42	28	65	166	76	43	13	0			

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Tab 2.4 Operational Performance M1

Domain 2: Performance
A&E / Emergency Care

King's

M12 - MARCH 2020 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	82.82%	13	7082	4054	11136	84.53%	3509	0.00	342	120
Type 1 Only	76.03%	-	-	-	7117	84.53%	-	0.00	-	-
Type 3 Only	94.85%	-	-	-	4019	0.00%	-	0.00	-	-
Previous Month	73.99%	43	13245	4662	17907	50.35%	4079	7.16	389	177
Variance	8.83%	-30	-6163	-608	-6771	34.18%	-570	0.00	-47	-57
Target/Plan	77.06%	0	-	-	-	-	-	-	-	-
Variance to Target/Plan	5.76%	13	-	-	-	-	-	-	-	-

ACTIONS TO RECOVER

Denmark Hill:
- Due to COVID-19, the Urgent Treatment Centre procurement process has been put on hold for a new go live date of 31 March 2021. However, the Urgent Care Centre and Emergency Nurse Practitioner workforce is being used flexibly throughout the Department.
- Areas within the department have been divided for respiratory and non-respiratory patients.
- As attendances begin to shift towards non-COVID, the departmental segregation is aligned to meet the changing clinical demand profile
- ED is part of the Trust's Reset and Recovery Programme, and will work to ensure SDEC arrangements developed during the COVID outbreak remain in place.

PRUH
- **Workforce remodeling** - Rapid review of all workforce across site to support critical, emergency and acute pathways. Blue and green teams established within the emergency department with senior clinical leadership for each area to ensure timely assessment and decision making.
- **Blue and Green Zoning** – Emergency department implemented blue and green zones at both walk-in and ambulance entrances with fully contained blue area including resus cubicles. Each area had a dedicated nursing and medical team to support which allowed streaming and social distancing of all patients presenting.
- **Ambulatory, Short Stay and Assessment Units** – established a surgical assessment unit which operates 24/7 and expanded pathways to include all suitable patients within surgical specialties. Also developed a paediatric short stay unit pathway to include four assessment beds on the paediatric ward for green zone patients to be triaged from ED directly to the ward for paediatric team assessment. Gynae/early pregnancy assessment unit implemented for all gynae referrals to avoid coming through ED. Within the last two months, ED breaches associated with specialty delays have reduced by 80%.

PERFORMANCE

Legend: Denmark Hill - Perf%, PRUH - Target, Trust - Perf%, Trust - Target

BENCHMARKING

	KCH	Highest (Eng.)	Lowest (Eng.)	Rank (Lon.)	Rank (Eng.)
Attendances (All Types)	11,148	18,564	0	4 of 31	10 of 229
Attendances (Type 1)	7,125	14,723	0	6 of 21	24 of 229
Total Emergency Admissions	3,366	8,100	0	4 of 21	27 of 229
Emergency Admissions via A&E	3,114	6,720	0	3 of 21	17 of 229
% Emergencies Admitted via A&E	92.5%	100%	0.0%	5 of 21	16 of 229
4hr performance % (All Types)	82.8%	100%	77.0%	20 of 31	180 of 229
4hr performance % (Type 1)	76.0%	99.6%	64.6%	12 of 21	105 of 229
12hr DTA breaches	13	139	0	28 of 31	219 of 229

Compliance by Activity Volume	No. of Trusts	Com-pliant	% Comp.
<10,000 att.	204	96	47.1%
>10,000 to <20,000	18	0	0.0%
>20,000 att. (inc. KCH)	0	0	0.0%

2.4

Tab 2.4 Operational Performance M1

Domain 2: Performance
A&E / Emergency Care (Site Based)

M12 - MARCH 2020 EMERGENCY CARE DELIVERY											
		4hr Perf.%	12hr DTAs	Walk-In Att.	Ambul. Att.	Total Att.	%Treat<60m	Em. Adm.	NEL ALOS	Stranded	Super-S.
DENMARK HILL	Current Month	74.87%	9	3476	2155	5631	105.33%	1669	0	231	101
	Type 1 Only	68.08%	-	-	-	3940	105.33%	-	-	-	-
	Type 3 Only	90.68%	-	-	-	1691	0.00%	-	-	-	-
	Previous Month	70.84%	34	6968	2623	9591	61.02%	2078	7.1415	292	150
	Variance	4.03%	-25	-3492	-468	-3960	44.31%	-409	0	-61	-49
	Target/Plan	74.67%	0	-	-	-	-	-	-	-	-
	Variance to Target/Plan	0.20%	9	-	-	-	-	-	-	-	-
PRUH	Current Month	90.97%	4	3606	1899	5505	58.73%	1840	0	111	19
	Type 1 Only	85.90%	0	0	-	3177	58.73%	-	-	-	-
	Type 3 Only	97.90%	0	0	-	2328	0.00%	-	-	-	-
	Previous Month	77.63%	9	6277	2039	8316	33.05%	2001	7.1893	97	27
	Variance	13.34%	-5	-2671	-140	-2811	25.68%	-161	0	14	-8
	Target/Plan	79.78%	0	-	-	-	-	-	-	-	-
	Variance to Target/Plan	11.19%	4	-	-	-	-	-	-	-	-

PERFORMANCE

PRUH
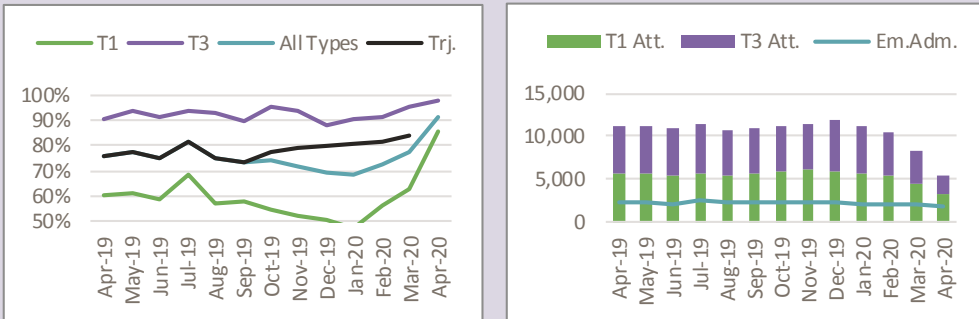
DENMARK HILL
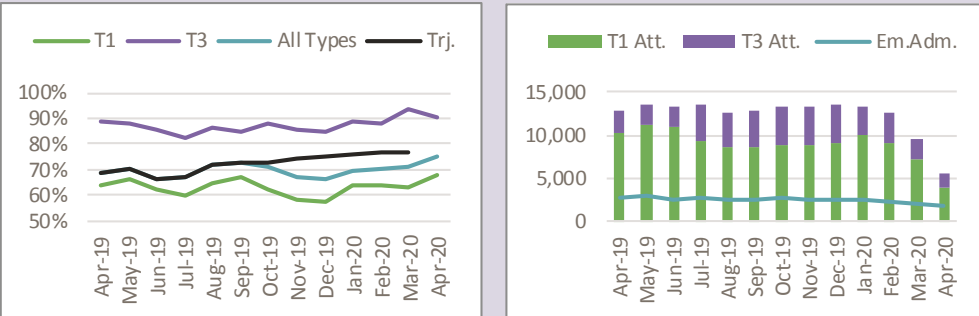
PERFORMANCE HIGHLIGHTS: PRUH

- ED type 1 performance has improved significantly from 62.44% in March to 85.90% in April.
- ED all types performance improved from 77.63% in March to 90.97% in April – the highest level of performance achieved in the last 13 months.
- There were 1,273 fewer ED Type 1 attendances in April compared to March which is nearly a 29% decrease, however the number of COVID cases presenting increased by 15% for this period.
- The number of 12-hour DTA breaches reduced from 13 in March (12 mental health and 1 paediatric) to 1 in April due to a delay awaiting an appropriate mental health bed.

PERFORMANCE HIGHLIGHTS: DENMARK HILL

- Type 1 ED performance improved from 63.32% in March to 68.08% in April. Type 3 performance reduced from 93.69% to 90.68%..
- ED all types performance improved from 70.84% in March to 74.87% in April – the highest level of performance achieved in the last 13 months.
- There were 3,292 fewer ED attendances in April compared to March, and 684 fewer Type 3 attendances. This represents a ~41% reduction in activity volumes.

2.4

Tab 2.4 Operational Performance M1

Domain 2: Performance
Cancer

King's

M12 - MARCH 2020 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	1051	920	804	87.39%	59.5	31	52.10%	48.72%	43.1%	2161	12	3
Denmark Hill	435	362	287	79.28%	27.5	13.5	49.09%	48.72%	41.7%	883	8	2
PRUH	616	558	517	92.65%	32	17.5	54.69%	0.00%	43.8%	1278	4	1
Previous Month	1981	2229	2074	93.05%	104	69.5	66.83%	63.41%	58.9%	-	-	-
Variance	-930	-1309	-1270	-5.66%	-44.5	-38.5	-14.73%	-14.69%	-15.8%	-	-	-
Target/Plan	-	-	-	93.00%	-	-	85.85%	0.00%	0.0%	-	-	-
Var. to Target/Plan	-	-	-	-5.61%	-	-	-33.75%	0.00%	0.0%	-	-	-

COMPLIANCE TRENDING

2-Week Performance
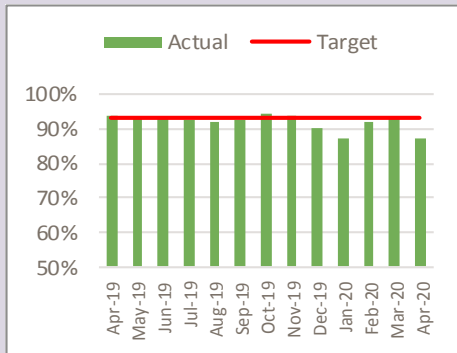
62-Day Performance
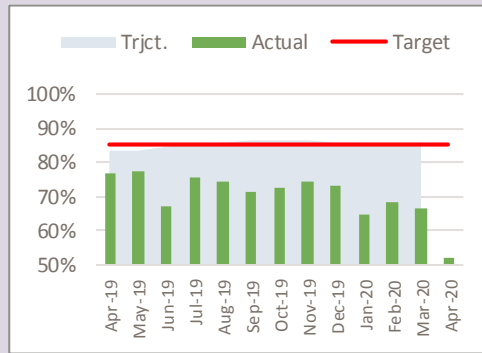
BENCHMARKING

	KCH	Highest (Eng.)	Lowest (Eng.)	Rank (Lon.)	Rank (Eng.)
2 week wait referrals seen	2,235	3,433	1	4 of 22	16 of 151
2 week wait performance %	92.44%	100%	67.51%	10 of 22	46 of 151
2 week wait (breast) performance %	93.18%	100%	6.64%	8 of 18	33 of 123
62 day GP referral performance % (1st treatment)	74.78%	100%	0.00%	7 of 22	39 of 151
62 day screening service performance % (1st treatment)	93.10%	100%	0.00%	13 of 19	90 of 132

PERFORMANCE HIGHLIGHTS:

- **2WW referrals**: Significant reduction in 2WW referrals with 900 in April compared to monthly average of ca 2,000 two-week wait appointments. All services are providing telephone or virtual consultations for the majority of new appointments (except for straight to test pathways where patients are attending).
- **Screening**: Bowel screening has re-opened for "on hold" and new patients and the backlog should be cleared in June. Breast and cervical screening remain closed for new patients but services have re-opened for existing patients.
- **Diagnostics**: Radiology and pathology has provided a full service for cancer pathway patients through the COVID-19 pandemic. In line with national guidance, endoscopy units have re-opened with limited capacity and a significant backlog on the PRUH site. Capacity is regularly reviewed and gradually being increased on a weekly basis as further options become available. PRUH are exploring additional capacity on site and via an external provider. A small number of other diagnostic procedures are on-hold due to the pandemic with services routinely evaluating such procedures to see if they can come forward as areas re-open with appropriate infection control measures.
- **Oncology**: Oncology treatment is continuing where clinically appropriate. Both chemotherapy units at PRUH and DH have continued to run throughout the pandemic, but with more patients having home treatment. Oral treatments are delivered to patients homes to reduce attendances to the unit.
- **Surgery**: The Cancer hub in South East London is now well established for both cancer surgery and cancer diagnostics under general anaesthetic. Patients needing surgery are clinically reviewed on a weekly basis by the clinical prioritisation group for South East London. A review of the cancer PTL has shown there are 43 patients across PRUH and DH with a decision to treat whose surgery is currently on hold (of which 19 is due to patient choice).
- **Multi-Disciplinary Meetings**: MDM meetings continue to run at the same frequency as before, but are being done so virtually.
- **PTL management**: Cancer PTLs are being managed normally in line with clinically agreed pathways during the pandemic.

2.4

Tab 2.4 Operational Performance M1

Domain 2: Performance
Diagnostics

M12 - MARCH 2020 DIAGNOSTICS DELIVERY

Metric	ACTIVITY				WAITING LIST				WAITS BY MODALITY		
	Planned	Unsched.	WL	Total	Total WL	Total 6+ Wks	Total 13+ Wks	% 6+ Wks	Endoscopy	Echocard.	MRI&CT
Current Month	380	4082	4936	9398	9740	5781	619	59.35%	1222	1057	1831
Denmark Hill	8	1	274	283	6252	3790	487	60.62%	691	677	1440
PRUH	2437	2417	106	4960	3488	1991	132	57.08%	531	380	391
Previous Month	2034	4741	14147	20922	9624	1831	245	19.03%	477	43	656
Variance	-1654	-659	-9211	-11524	116	3950	374	40.33%	745	1014	1175

ENDOSCOPY RECOVERY PROGRAMME

- DM01 diagnostic backlog has increased during COVID-19 with 470 waiters for w/e 24 May 2020.
- The number of surveillance patients waiting also increased to 148 .
- **Next Steps /Risks** – IS capacity being made available for Endoscopy at BMI Chelsfield Park.
- The Endoscopy harm review was ceased due to COVID and the Medical Director is aiming to restart this with the support of Clinicians who may have to work from home.

PERFORMANCE HIHLIGHTS

- The number of patients waiting over 6 weeks increased from 1,831 at the end of March to 5,780 at the end of April, which meant that 59.35% of patients were waiting over 6 weeks compared to 19.03% for March.
- There were 11,524 fewer (DM01) tests performed in April compared to March which represents a 55.1% reduction across planned, waiting list and un-scheduled activity.
- **Denmark Hill**: 60.62% of patients on the diagnostic PTL were waiting over 6 weeks at the end of April . The number of patients waiting over 6 weeks increased from 1,831 at the end of March to 5,781 at the end of April, which meant that 59.35% of patients were waiting over 6 weeks compared to 19.03% for March.
- **PRUH**: 57.08% of patients on the diagnostic PTL were waiting over 6 weeks at the end of April.

KEY ACTIONS AND RISKS

- With the cessation of routine diagnostic test during the COVID pandemic, there are increasing backlogs in Endoscopy, CT, Dexa scans, Non-obstetric Ultrasound and Cystoscopy.
- Plans are being developed for re-starting diagnostic tests with the appropriate clean pathways and social distancing. One aim is to minimise the patient footfall to the PRUH site, and to maximise diagnostic access at Orpington and Beckenham Beacon sites.
- **Radiology** – there is capacity available to commence semi-urgent work, and additional Independent capacity is being brought on-line including CT at BMI Blackheath.
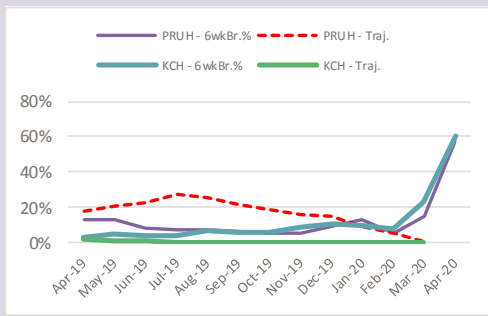
BENCHMARKING

	KCH	Highest (Eng.)	Lowest (Eng.)	Rank (Lon. Acute)	Rank (Eng.)
Planned tests/procedures	1,997	7,687	0	6 of 24	13 of 397
Unscheduled tests/proc.	4,658	7,984	0	3 of 24	7 of 397
Wait. list tests/proc. (ex. planned)	14,030	21,310	0	3 of 24	9 of 397
Total tests/procedures performed	20,685	30,917	0	2 of 24	7 of 397
Total waiting list	9,559	25,177	0	5 of 24	22 of 397
Number waiting 6+ weeks	1,815	2,973	0	3 of 24	8 of 397
% waiting 6+ weeks	19.0%	100.0%	0.0%	21 of 24	364 of 397

Compliance by Volume	No. of Trusts	<1% Comp.	% Comp.
<5,000 tests	326	209	64.11%
>5,000 to <13,000 tests	65	1	1.54%
>13,000 tests (inc. KCH)	6	0	0.00%

2.4

King's

Domain 2: Performance
RTT

M12 - MARCH 2020 RTT DELIVERY

Metric	Clock Starts	Clock Stops	Total PTL	< 18 Weeks	> 18 Weeks	RTT Compliance	>30 Weeks	>40 Weeks	>52 Weeks
Current Month	12128	11252	68489	46918	21571	68.50%	7904	3062	483
Admitted	0	394	15452	6288	9164	40.69%	4678	2237	441
Non-Admitted	0	10858	53037	40630	12407	76.61%	3226	825	42
Previous Month	17023	15425	72100	55369	16731	76.79%	5598	1911	196
Variance	-4895	-4173	-3611	-8451	4840	-8.29%	2306	1151	287
Target/Plan	23458	18699	74026	57755	16271	78.02%	-	1899	120
Var. to Target/Plan	-11330	-7447	-5537	-10837	5300	-9.52%	-	1163	363

LONG WAITERS

- Increase of 196 breaches from 196 in March 2020 to 483 in April 2020.
- The majority of the breaches are in T&O (160 patients), General/Bariatric Surgery (120 patients), Ophthalmology (86 patients), ENT (25 patients) and 13 patients in both Colorectal Surgery and HpB.
- The number of breaches has increased due to the early decision which the Trust took to restrict elective and outpatient activity from w/c 16 March as part of its COVID-19 response.

52 Week Breaches
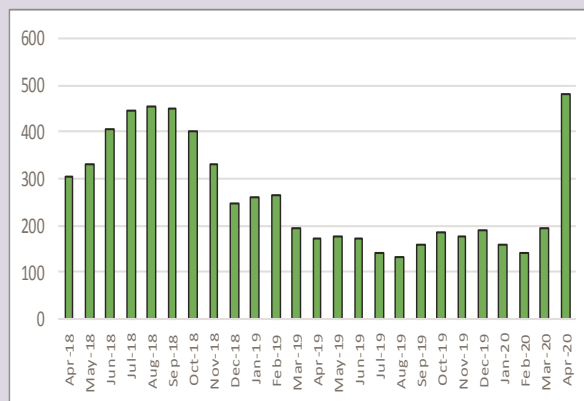
ACTIONS TO RECOVER

- Due to the impact of COVID-19 and the elective and referral restrictions put in place from mid-March, incomplete performance reduced from 76.79% in March to 68.50% in April. There were over 2,000 fewer RTT admitted clock-stops in April compared to March, and nearly 2,160 fewer non-admitted completed pathways.
- The Trust has setup a Reset and Recovery programme and a gateway process has been put in place to re-start elective, outpatient and diagnostic activity.
- All patients on the admitted waiting list are being validated and prioritised by the clinical prioritization group. DH patients are being allocated to IS locations but PRUH has no plans to use IS capacity.
- On the PRUH site, the Day Surgery Unit has remained a clean/non-COVID environment and has maintained CEPOD and trauma activity throughout as a 23-hour unit.
- Main theatres on the PRUH/Orpington sites are having the required maintenance and cleaning to return to elective operating.
- Emergency and urgent outpatients are being seen but routine appointments are only being booked virtually.

BENCHMARKING

	KCH	Highest (Eng.)	Lowest (Eng.)	Rank (Lon.)	Rank (Eng.)
GP Referrals Made (all specs)	12,866	16,879	1	1 of 24	3 of 365
Elective G&A Total Admissions (FFCEs)	7,803	10,974	6	2 of 24	8 of 365
PTL Size	71,827	98,580	11	2 of 23	4 of 180
New Waiting List Starts	16,917	24,623	11	3 of 23	8 of 180
Admitted Completed Pathways	2,396	4,066	3	2 of 23	20 of 180
Non-Admitted Completed Pathways	12,908	22,474	11	2 of 23	9 of 180
RTT Compliance	76.8%	100%	58.1%	8 of 23	56 of 180
>36 Weeks	3,085	4,245	1	22 of 23	176 of 180
>52 Weeks	196	196	1	23 of 23	180 of 180
% of PTL >36 Weeks	4.3%	11.0%	0.0%	21 of 23	160 of 180
% of PTL >52 Weeks	0.3%	0.6%	0.0%	22 of 23	170 of 180
Average(median) Waiting Times (in weeks)	10	15.0	0.00%	18 of 23	155 of 180
92nd Percentile Waiting Time (in weeks)	29.71	38.642	0	21 of 23	157 of 180

Compliance by PTL Size	No.	>92%	% Comp
PTL <20,000	92	34	37.0%
PTL 20,000 - <50,000	73	0	0.0%
PTL 50,000 - <70,000	10	0	0.0%
PTL >70,000(inc. KCH)	5	0	0.0%

2.4

Domain 3: WORKFORCE

1. Key Metrics Scorecard

2. Appraisal Rates

3. Training Rates

4. Sickness Rates

5. Staff Turnover Rates

6. Vacancy Rates

Tab 2.4 Operational Performance M1

Domain 3: Workforce
Key Metrics Scorecard

King's

Workforce

		Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Well Led																		
Staff Training & CPD																		
715	% appraisals up to date - Combined	74.07%	64.32%	53.50%	85.30%	88.07%	88.18%	89.04%	89.61%	89.36%	89.47%	86.95%			90.00%			
721	Statutory & Mandatory Training	82.07%	83.39%	84.18%	87.10%	86.18%	86.41%	85.65%	84.70%	85.08%	85.09%	85.36%			90.00%			
Staffing Capacity																		
875	Voluntary Turnover %	14.2%	14.3%	14.2%	13.7%	14.0%	14.0%	14.1%	13.8%	13.8%	13.7%	13.8%	13.8%	13.8%	14.0%			
732	Vacancy Rate %	10.88%	10.89%	10.55%	10.79%	11.64%	11.06%	11.05%	10.84%	11.27%	11.38%	11.51%	11.01%		8.00%			
Efficiency																		
743	Monthly Sickness Rate	3.35%	3.20%	3.45%	3.70%	3.65%	3.70%	3.92%	3.96%	4.06%	4.05%	3.90%	6.89%	9.98%	3.50%			

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2.4

Tab 2.4 Operational Performance M1

Domain 3: Workforce
Appraisals

M1 - APRIL 2020 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												
Denmark Hill												
PRUH												
Previous Month	92.23%	85.87%	86.96%	80.65%	83.28%	82.46%	91.84%	97.73%	88.48%	92.23%	88.11%	0.00%
Variance (from last month)	-92.23%	-85.87%	-86.96%	-80.65%	-83.28%	-82.46%	-91.84%	-97.73%	-88.48%	-92.23%	-88.11%	0.00%
Plan KPI	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Variance to target/plan	-90.00%	-90.00%	-90.00%	-90.00%	-90.00%	-90.00%	-90.00%	-90.00%	-90.00%	-90.00%	-90.00%	-90.00%

APRIL 2020 DELIVERY

Trust Appraisal Rates

Legend: Actual, Target

64.32%, 53.50%, 85.31%, 88.07%, 88.18%, 89.04%, 89.61%, 89.36%, 89.47%, 86.96%

(May-19, Jun-19, Jul-19, Aug-19, Sep-19, Oct-19, Nov-19, Dec-19, Jan-20, Feb-20, Mar-20, Apr-20)

Appraisal Rates by Division

(Corporate, Networked, PRUH, UPACS)

Legend: Jul-19, Aug-19, Sep-19, Oct-19, Nov-19, Dec-19, Jan-20, Feb-20, Mar-20, Apr-20
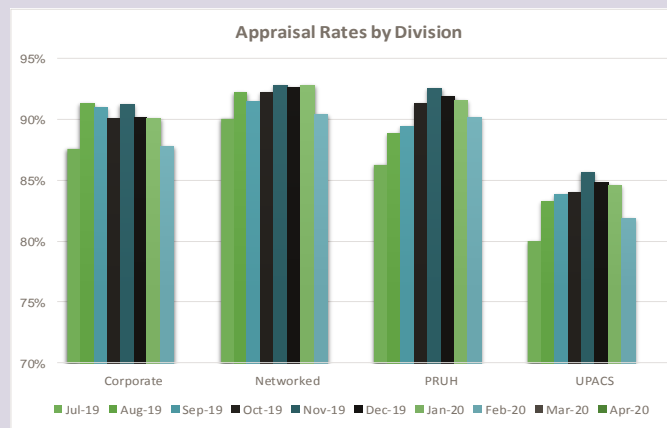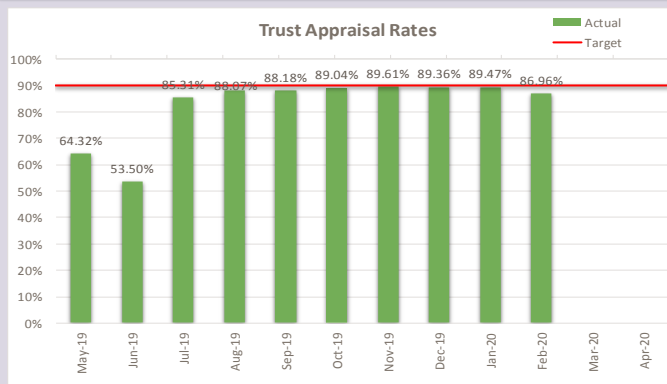
PERFORMANCE DELIVERY

- Appraisal figures for Mar-20 and Apr-20 not available at the time of reporting.

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 meetings 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.

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	-

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2.4

Tab 2.4 Operational Performance M1

Domain 3: Workforce
Mandatory Training

M1 -APRIL 2020 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	84.58%	83.29%	82.05%	91.24%	90.12%	92.33%	81.63%	73.67%	86.48%	0.00%
Denmark Hill	84.44%									
PRUH	85.06%									
Previous Month	85.37%	83.39%	85.66%	91.39%	92.79%	90.84%	82.24%	71.83%	87.53%	0.00%
Variance (from last month)	-0.79%	-0.10%	-3.61%	-0.15%	-2.67%	1.49%	-0.61%	1.84%	-1.05%	0.00%
Plan KPI	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Variance to target/plan	-5.42%	-6.71%	-7.95%	1.24%	0.12%	2.33%	-8.37%	-16.33%	-3.52%	-90.00%

APRIL 2020 DELIVERY

Trust S&M Training Rates

Legend: Actual, Target

Values: 83.39%, 84.18%, 87.10%, 86.19%, 86.41%, 85.65%, 84.71%, 85.08%, 85.09%, 85.37%, 85.37%, 84.58%
(May-19, Jun-19, Jul-19, Aug-19, Sep-19, Oct-19, Nov-19, Dec-19, Jan-20, Feb-20, Mar-20, Apr-20)

ST&M Training Rates by Division

Divisions: Corporate, Networked, PRUH, UPACS
Legend: Jul-19, Aug-19, Sep-19, Oct-19, Nov-19, Dec-19, Jan-20, Feb-20, Mar-20, Apr-20
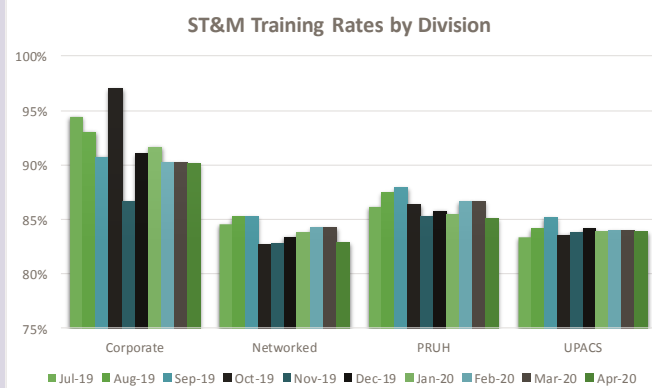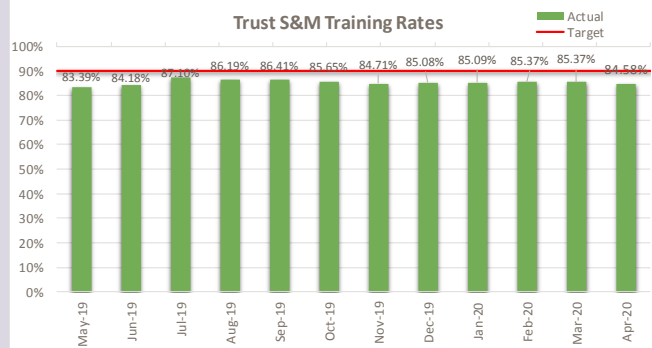
PERFORMANCE DELIVERY

- The ST&M training rate report in April 2019 was 82.07%.

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.

- 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.

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%

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Tab 2.4 Operational Performance M1

Domain 3: Workforce
Sickness Absence

M1 - APRIL 2020 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	6.89%	5.02%	1.86%	3738	6.07%	9.38%	7.27%	5.68%	14.23%	4.38%	4.40%	7.09%	0.00%
Denmark Hill	6.78%	5.08%	1.69%	2915	6.01%	8.99%	7.39%	5.84%	13.70%	4.48%	4.58%	6.89%	0.00%
PRUH	7.29%	4.82%	2.46%	823	7.30%	10.21%	6.52%	3.78%	23.87%	0.90%	3.80%	7.62%	0.00%
Previous Month	3.90%	1.99%	1.91%	2021	2.97%	6.37%	4.96%	2.89%	10.69%	1.91%	0.97%	3.92%	0.00%
Variance (from last month)	2.99%	3.03%	-0.05%	1717	3.10%	3.02%	2.31%	2.79%	3.54%	2.47%	3.43%	3.17%	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	-3.39%				-2.57%	-5.88%	-3.77%	-2.18%	-10.73%	-0.88%	-0.90%	-3.59%	3.50%

APRIL 2020 DELIVERY

Trust Sickness Rates
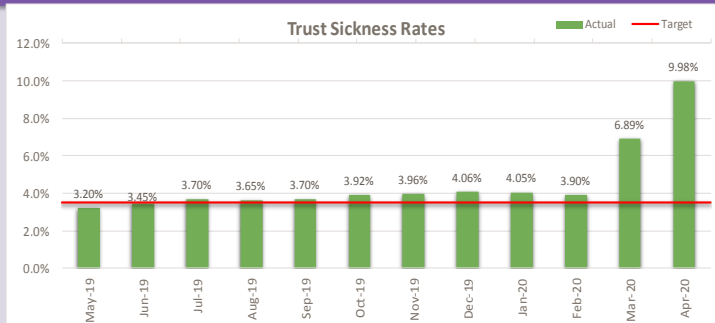
Sickness Rates by Division
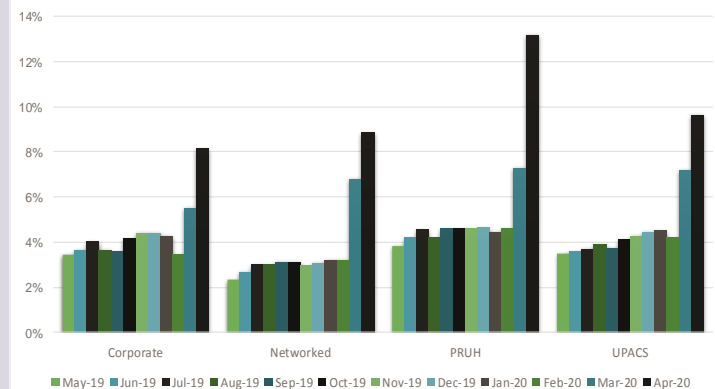
PERFORMANCE DELIVERY

- The rolling 12 months sickness rate in April was 4.56% which is one percentage point higher than the one reported in the same period last year.

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 wellbeing initiatives such as Younger Lives and improved access to Occupational Health Services is occurring.

- The introduction of SISU Wellness machine, one at PRUH 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.

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.

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 Lewisham*	4.10%
Newcastle upon Tyne Hospitals	4.24%

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Tab 2.4 Operational Performance M1

King's

Domain 3: Workforce
Staff Turnover Rates

M1 - APRIL 2020 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	19.61%	13.75%	5.86%	81.8%	17.12%	13.23%	11.91%	18.01%	9.72%	10.93%	10.63%	15.81%	0.00%
Denmark Hill	*20.03%*	*13.88%*	*6.15%*	*81.7%*	*16.68%*	*12.79%*	*11.79%*	*17.38%*	*10.22%*	*11.33%*	*9.88%*	*17.07%*	*0.00%*
PRUH	*18.12%*	*13.31%*	*4.81%*	*82.2%*	*25.81%*	*14.21%*	*12.56%*	*25.79%*	*0.00%*	*0.00%*	*13.40%*	*12.52%*	*0.00%*
Previous Month	19.74%	13.82%	5.92%	81.7%	17.52%	12.70%	12.36%	17.76%	9.65%	10.21%	10.67%	15.98%	0.00%
Variance (from last month)	-0.14%	-0.07%	-0.07%		-0.40%	0.53%	-0.45%	0.25%	0.08%	0.72%	-0.03%	-0.18%	0.00%
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	5.61%	-0.25%	-8.14%		3.12%	-0.77%	-2.09%	4.01%	-4.28%	-3.07%	-3.37%	1.81%	-14.00%
Stability Index					93.20%	79.56%	89.44%	81.41%	82.24%	90.00%	64.38%	85.50%	66.67%

APRIL 2020 DELIVERY

Trust Turnover Rates — Actual / Target
14.27% 14.15% 13.73% 13.99% 14.03% 14.07% 13.84% 13.76% 13.69% 13.82% 13.75% 13.75%
(May-19 through Apr-20)

Voluntary Turnover Rates by Division
Corporate, Networked, PRUH, UPACS
May-19, Jun-19, Jul-19, Aug-19, Sep-19, Oct-19, Nov-19, Dec-19, Jan-20, Feb-20, Mar-20, Apr-20

PERFORMANCE DELIVERY

- 117 leavers of the total 126 left voluntarily. The top main reasons for staff leaving voluntarily, excluding those recorded as "Other/Not Known" are Work Life Balance (15%), Relocation (14%), Promotion (10%).

ACTIONS TO SUSTAIN

- Exit interview data is being reviewed.

- The retention working group is currently working on various initiatives.

- Initiatives such as the launch of the Feel Good Fund and King's Stars presentation evening, hopefully will drive an improvement in retention.

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.

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%

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Tab 2.4 Operational Performance M1

Domain 3: Workforce
Vacancies

M1 - APRIL 2020 DELIVERY

	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
		All Staff Vacancy						**Vacancy Rate By Staff Group**					
Current Month	13908	1784	12.83%	4.64%	15.36%	13.91%	12.86%	13.71%	7.73%	14.45%	10.43%	13.05%	60.00%
Denmark Hill	*10877*	*1393*	*12.80%*	*5.43%*	*13.97%*	*13.75%*	*12.75%*	*12.34%*	*8.10%*	*14.48%*	*9.50%*	*14.03%*	*40.00%*
PRUH	*3031*	*392*	*12.93%*	*1.80%*	*37.79%*	*14.27%*	*13.48%*	*28.65%*	*0.00%*	*13.69%*	*13.44%*	*10.36%*	*80.00%*
Previous Month	13491	1486	11.00%	0.56%	11.39%	7.06%	11.41%	13.75%	8.95%	14.35%	10.21%	12.09%	60.00%
Variance (from last month)	417	299	1.83%	4.08%	3.97%	6.85%	1.45%	-0.04%	-1.22%	0.10%	0.22%	0.96%	0.00%
Plan KPI			10.00%		8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%
Variance to target/plan			2.83%		7.36%	5.91%	4.86%	5.71%	-0.27%	6.45%	2.43%	5.05%	52.00%

APRIL 2020 DELIVERY

Trust Vacancy Rates
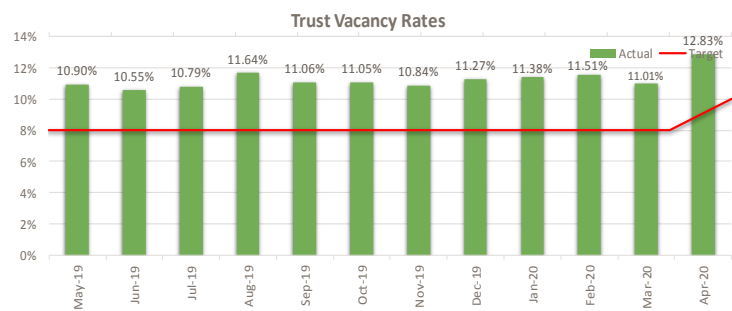
Vacancy Rates by Division
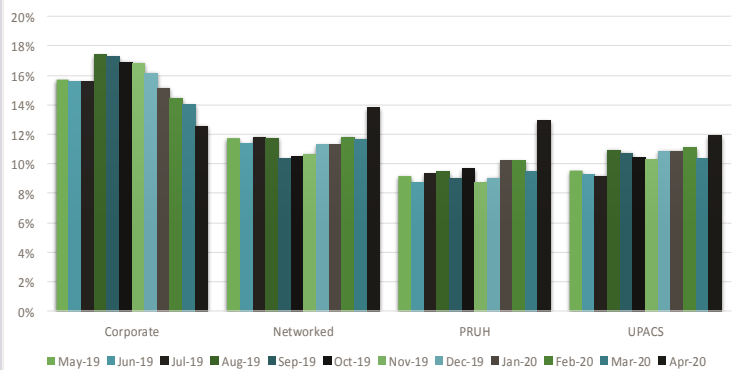
PERFORMANCE DELIVERY

- In M1 a planned increase in the nursing establishment of 165.98 FTE was added, following the approval of a business case. Recruitment to these posts will start from M3, therefore the vacancy rate will show as increased from the last financial year until these positions have been filled. They will however be available for filling via bank.
- Due to COVID-19, the Trust's usual international recruitment activity has been temporarily suspended which will affect the vacancy rate in the coming months until restrictions have been lifted.
- 82.53 FTE have been identified as 100% RCI posts. This FTE has been reduced from the vacancy FTE and vacancy rate.

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.

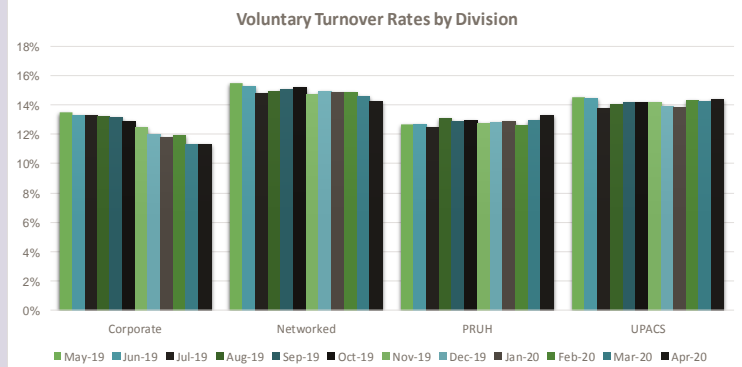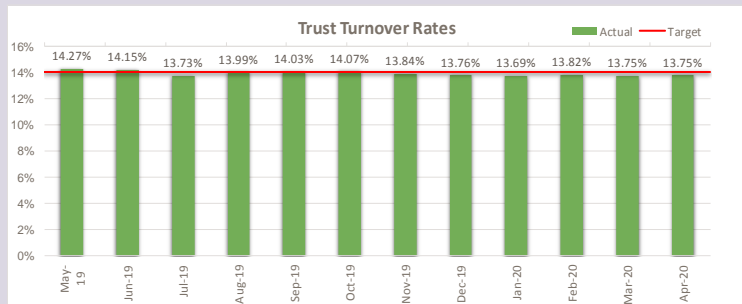- * No Q1 data available, figures are Jun/Jul 2019 Board Papers.

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%

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Tab 2.4 Operational Performance M1

King's

Domain 4: FINANCE

1. Key Metrics Scorecard

2. Financial Performance

Tab 2.4 Operational Performance M1

King's

Domain 4: Finance
Key Metrics Scorecard

Finance

		Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	Month Target	F-YTD Actual	Rolling 12mth	Trend
Overall (000s)																		
895	Actual - Overall	18,627	13,063	11,346	14,957	17,959	13,970	4,894	8,339	14,070	13,010	6,550	(12,305)	4,797	19,224	4,797	110,648	
896	Budget - Overall	17,845	14,062	14,740	13,196	15,684	15,978	8,324	10,611	16,616	10,389	12,883	4,972	19,224		19,224	156,679	
897	Variance - Overall	(782)	999	3,394	(1,760)	(2,275)	2,008	3,430	2,272	2,546	(2,621)	6,333	17,276	14,427	0	14,427	46,031	
Medical - Agency																		
602	Variance - Medical - Agency	(617)	(568)	(65)	(311)	(581)	(485)	(621)	(430)	(440)	(553)	(428)	562	(364)	0	(364)	(4,282)	
Medical Bank																		
1095	Variance - Medical Bank	(558)	(482)	(519)	(700)	(413)	(891)	(754)	(358)	(761)	(949)	(1,376)	(1,539)	(944)	0	(944)	(9,686)	
Medical Substantive																		
599	Variance - Medical Substantive	1,574	1,651	1,985	1,802	1,306	1,970	852	892	1,513	1,627	1,419	662	1,082	0	1,082	16,759	
Nursing Agency																		
603	Variance - Nursing Agency	(236)	(353)	(458)	(444)	(168)	(511)	(323)	(312)	(711)	(547)	(534)	(848)	(473)	0	(473)	(5,682)	
Nursing Bank																		
1104	Variance - Nursing Bank	(1,728)	(1,481)	(1,339)	(2,093)	(2,312)	(2,014)	(2,093)	(1,546)	(1,861)	(2,340)	(2,547)	(2,995)	(2,442)	0	(2,442)	(25,064)	
Nursing Substantive																		
606	Variance - Nursing Substantive	2,119	2,306	1,977	2,521	2,303	3,062	2,718	2,853	2,627	2,600	2,867	3,088	3,344	0	3,344	32,265	

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2.4

Tab 2.4 Operational Performance M1

Domain 4: Finance
M1 (April) – Financial Performance

Surplus / (Deficit)

(£5.3m)	Actual M1
(£12.9m)	Average 19/20

Pay

(£63.2m)	Actual M1
(£62.6m)	Average Q4 19/20

Non Pay

(£50.7m)	Actual M1
(£42.6m)	Average Q4 19/20

COVID Costs

£5.7m	Actuals M1 – Total
£1.9m	Pay M1
£3.8m	Non Pay M1

Payment Compliance

Debtor Days

39.1	Actual M1
32.4	Prior Month

Creditor Days

101	Actual M1
101.8	Prior Month

Capital

(£54.3m)	Annual Plan
(£0.8m)	Actual YTD

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Tab 2.4 Operational Performance M1

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)

April 2020

Performance

CQC level of inquiry: Responsive

		Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	Month Target	F-YTD Actual	Rolling 12mth	Trend
Access Management - RTT, CWT and Diagnostics																		
364	RTT Incomplete Performance	77.53%	78.80%	78.60%	78.37%	78.02%	78.74%	78.87%	79.49%	78.88%	79.51%	80.44%	76.79%	68.50%	92.00%	68.50%	77.98%	
632	Patients waiting over 52 weeks (RTT)	171	177	172	139	131	160	184	175	188	160	143	196	483	0	483	2308	
412	Cancer 2 weeks wait GP referral	93.52%	92.95%	93.20%	92.37%	92.25%	92.54%	94.18%	93.74%	90.43%	87.42%	92.00%	93.05%	87.39%	93.00%	87.39%	92.09%	
413	Cancer 2 weeks wait referral - Breast	96.77%	89.36%	71.43%	82.61%	98.68%	96.10%	96.43%	97.22%	97.83%	98.86%	95.40%	95.70%	95.45%	93.00%	95.45%	95.82%	
419	Cancer 62 day referral to treatment - GP	76.79%	77.38%	67.32%	75.58%	74.36%	71.20%	72.87%	74.14%	73.13%	64.63%	68.56%	66.83%	52.10%	85.00%	52.10%	70.82%	
536	Diagnostic Waiting Times Performance > 6 Wks	8.17%	8.91%	6.30%	5.77%	7.10%	6.18%	5.89%	7.53%	9.88%	11.51%	6.66%	19.03%	59.35%	1.00%	59.35%	11.72%	
Access Management - Emergency Flow																		
459	A&E 4 hour performance (monthly SITREP)	71.73%	73.50%	69.97%	73.58%	73.00%	73.20%	72.23%	69.30%	67.69%	69.02%	71.42%	73.99%	82.82%	95.00%	82.82%	71.92%	
Patient Flow																		
399	Weekend Discharges	19.2%	20.1%	24.1%	18.4%	22.4%	21.5%	18.2%	22.9%	21.2%	18.5%	22.6%	19.8%	19.5%	20.7%	19.5%	20.8%	
404	Discharges before 1pm	18.8%	20.0%	19.6%	18.7%	18.9%	16.6%	17.9%	18.2%	18.3%	18.7%	18.9%	16.1%	18.7%	18.4%	18.7%	18.4%	
747	Bed Occupancy	91.4%	92.4%	91.8%	91.7%	90.7%	91.8%	93.3%	94.1%	92.3%	94.7%	94.0%	81.6%	62.2%	91.6%	62.2%	89.2%	
1357	Number of Stranded Patients (LOS 7+ Days)	600	585	572	574	554	549	577	575	659	596	599	389	342		342	6571	
1358	Number of Super Stranded Patients (LOS 21+ Days)	266	246	239	242	247	232	243	242	267	259	273	177	120		120	2787	
800	Delayed Transfer of Care Days (per calendar day)	13.3	17.2	18.9	13.8	15.4	15.0	15.7	18.3	18.3	21.3				0.0		17.1	
762	Ambulance Delays > 30 Minutes	241	329	280	176	188	144	235	462	641					0			
772	12 Hour DTAs	17	24	38	44	32	24	42	28	65	166	76	43	13	0			

Quality

CQC level of inquiry: Safe

		Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	Month Target	F-YTD Actual	Rolling 12mth	Trend
Reportable to DoH																		
2717	Number of DoH Reportable Infections	57	64	62	58	55	46	44	43	52	50	47	47	55	52	55	623	
Safer Care																		
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.09	0.10	0.11	0.08	0.17	0.09	0.10	0.08	0.18	0.16	0.21	0.09	0.14	0.19	0.14	0.13	
1897	Potentially Preventable Hospital Associated VTE	2	3	2	1	6	3	6	6	10	1	1			4		39	
538	Hospital Acquired Pressure Ulcers (Grade 3 or 4)	1	0	4	1	5	1	1	0	0	0	2	0	0	0			
945	Open Incidents			0		15			23								38	
Incident Reporting																		
520	Total Serious Incidents reported	12	15	14	14	10	22	26	11	9	15	20	13	9		9	178	
516	Moderate Harm Incidents	23	31	27	40	27	34	32	39	24	50	38	20	25		25	387	
509	Never Events	1	1	1	0	1	0	0	1	0	0	0	1	0	0		5	

CQC level of inquiry: Caring

		Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	Month Target	F-YTD Actual	Rolling 12mth	Trend
HRWD																		
422	Friends & Family - Inpatients	93.1%	93.9%	94.7%	94.5%	95.1%	94.5%	94.6%	94.4%	95.2%	94.4%	92.4%	95.2%	95.7%	96.0%	95.7%	94.4%	
423	Friends & Family - ED	76.5%	74.6%	69.8%	77.9%	76.4%	80.6%	78.8%	80.9%	78.0%	80.7%	81.5%	83.7%	89.6%	86.0%	89.6%	79.9%	
774	Friends & Family - Outpatients	88.0%	88.3%	87.6%	87.3%	87.6%	87.4%	85.9%	84.3%	84.2%	83.8%	85.2%	86.2%	88.5%	92.0%	88.5%	86.6%	
775	Friends & Family - Maternity	92.9%	92.3%	94.3%	91.6%	94.0%	90.1%	94.3%	93.8%	86.7%	94.2%	95.6%	89.7%	89.1%	94.0%	89.1%	92.5%	

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	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	Month Target	F-YTD Actual	Rolling 12mth	Trend
Complaints																	
619 Number of complaints	69	57	51	77	77	56	78	79	49	45	44	41	20	60	20	674	
Operational Engagement																	
620 Number of complaints not responded to within 25 Days	42	49	31	24	41	55	53	48	49	32	18	25	37	39	37	462	
3119 Number of PALS enquiries – unable to contact department	59	31	15	14	8	7	8	7	5	71	73	44	9	29	9	292	
Incident Management																	
660 Duty of Candour - Conversations recorded in notes	100.0%	100.0%	97.5%	98.0%	100.0%	97.7%	88.4%	95.6%	87.9%	83.3%	87.5%	80.8%	75.0%	93.0%	75.0%	91.4%	
661 Duty of Candour - Letters sent following DoC Incidents	100.0%	100.0%	92.5%	98.0%	100.0%	93.0%	90.7%	95.6%	87.9%	85.0%	83.3%	76.9%	60.7%	92.0%	60.7%	89.6%	
1617 Duty of Candour - Investigation Findings Shared	94.4%	85.7%	77.5%	85.7%	80.0%	51.2%	37.2%	26.7%	30.3%	6.7%	6.3%	3.9%	3.6%	47.6%	3.6%	41.6%	
CQC level of inquiry: Effective																	
Improving Outcomes																	
831 Standardised Readmission Ratio	90.2	90.4	90.0	89.9	89.5	89.3	89.0	89.0	88.5	87.5				105.0			
436 HSMR	84.9	85.2	86.4	86.5	88.4	87.7	88.1	88.8	88.3	87.8	87.0			100.0			
433 SHMI	93.4	93.6	94.7	93.9	94.6	94.5	95.1	95.0	94.4	94.7				105.0			
649 Patients receiving Fractured Neck of Femur surgery w/in 36hrs	77.8%	76.7%	64.9%	78.8%	81.8%	76.3%	78.6%	89.5%	90.0%	88.1%	81.6%	69.0%	71.4%	80.0%	71.4%	79.6%	
625 Diagnostic Results Acknowledgement	2.5%	2.4%	2.4%	2.5%	2.3%	2.4%	2.4%	2.5%	2.6%	2.7%	2.5%	2.4%	1.8%	2.5%	1.8%	2.4%	

Workforce

CQC level of inquiry: Well Led

	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	Month Target	F-YTD Actual	Rolling 12mth	Trend
Staff Training & CPD																	
715 % appraisals up to date - Combined	74.07%	64.32%	53.50%	85.30%	88.07%	88.18%	89.04%	89.61%	89.36%	89.47%	86.95%			90.00%			
721 Statutory & Mandatory Training	82.07%	83.39%	84.18%	87.10%	86.18%	86.41%	85.65%	84.70%	85.08%	85.09%	85.36%			90.00%			
Staffing Capacity																	
875 Voluntary Turnover %	14.2%	14.3%	14.2%	13.7%	14.0%	14.0%	14.1%	13.8%	13.8%	13.7%	13.8%	13.8%	13.8%	14.0%			
732 Vacancy Rate %	10.88%	10.89%	10.55%	10.79%	11.64%	11.06%	11.05%	10.84%	11.27%	11.38%	11.51%	11.01%	12.83%	10.00%			
Efficiency																	
743 Monthly Sickness Rate	3.35%	3.20%	3.45%	3.70%	3.65%	3.70%	3.92%	3.96%	4.06%	4.05%	3.90%	6.89%	9.98%	3.50%			

Finance

	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	Month Target	F-YTD Actual	Rolling 12mth	Trend
Overall (000s)																	
895 Actual - Overall	18,627	13,063	11,346	14,957	17,959	13,970	4,894	8,339	14,070	13,010	6,550	(12,305)	4,797	19,224	4,797	110,648	
896 Budget - Overall	17,845	14,062	14,740	13,196	15,684	15,978	8,324	10,611	16,616	10,389	12,883	4,972	19,224	19,224	19,224	156,679	
897 Variance - Overall	(782)	999	3,394	(1,760)	(2,275)	2,008	3,430	2,272	2,546	(2,621)	6,333	17,276	14,427	0	14,427	46,031	
Medical - Agency																	
602 Variance - Medical - Agency	(617)	(568)	(65)	(311)	(581)	(485)	(621)	(430)	(440)	(553)	(428)	562	(364)	0	(364)	(4,282)	
Medical Bank																	
1095 Variance - Medical Bank	(558)	(482)	(519)	(700)	(413)	(891)	(754)	(358)	(761)	(949)	(1,376)	(1,539)	(944)	0	(944)	(9,686)	
Medical Substantive																	
599 Variance - Medical Substantive	1,574	1,651	1,985	1,802	1,306	1,970	852	892	1,513	1,627	1,419	662	1,082	0	1,082	16,759	
Nursing Agency																	
603 Variance - Nursing Agency	(236)	(353)	(458)	(444)	(168)	(511)	(323)	(312)	(711)	(547)	(534)	(848)	(473)	0	(473)	(5,682)	
Nursing Bank																	
1104 Variance - Nursing Bank	(1,728)	(1,481)	(1,339)	(2,093)	(2,312)	(2,014)	(2,093)	(1,546)	(1,861)	(2,340)	(2,547)	(2,995)	(2,442)	0	(2,442)	(25,064)	
Nursing Substantive																	
606 Variance - Nursing Substantive	2,119	2,306	1,977	2,521	2,303	3,062	2,718	2,853	2,627	2,600	2,867	3,088	3,344	0	3,344	32,265	

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Created date: October 2019

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Tab 2.4 Operational Performance M1

Key Metrics - IPR Summary

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

Directorate: Trust (1000)

Item	Definition
364	The percentage of patients on an incomplete pathway waiting less than 18 weeks 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 (Hosnital 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

Created date: October 2019

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Tab 2.4 Operational Performance M1

Key Metrics - IPR Summary

A selection of core metrics for aggregate KCH performance to Board/EPC 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 (note that this data is only available quarterly)
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

2.4

Tab 2.5 Safer Staffing

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

3 Monthly Safer Staffing Report for Nursing and Midwifery
Feb – April 2020

Trust Board June 2020

Nicola Ranger

Chief Nurse

King's

KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

Tab 2.5 Safer Staffing

Monthly Nursing Report

King's College Hospital
NHS Foundation Trust
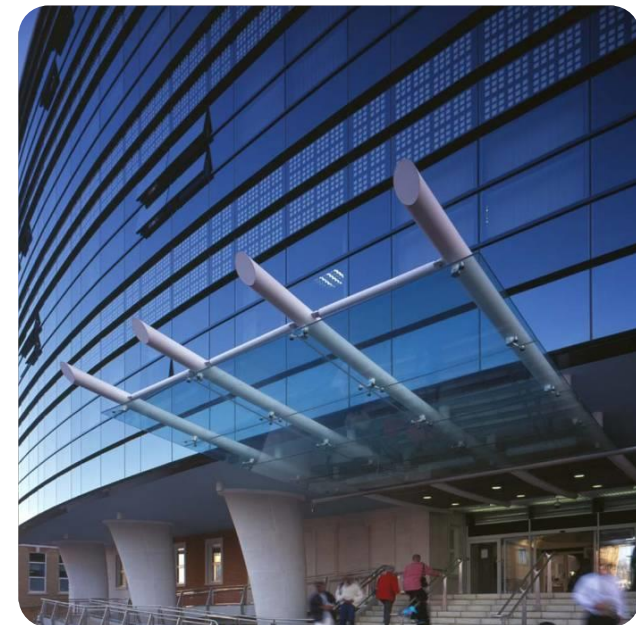
Background

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

- NHS Improvement's Developing Workforce Safeguards report provides recommendations to support Trusts in making informed, safe and sustainable workforce decisions, and identifies examples of best practice in the NHS, this builds on the National Quality Board's (NQB) guidance. NQB's guidance states that the Trust must deploy sufficient suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively (through the use of e-rostering, clinical site management and operational meetings and decisions.)

- The Trust's compliance will be assessed with the 'triangulated approach' to deciding staffing requirements described in NQB's guidance. This combines evidence-based tools, professional judgement and outcomes to ensure the right staff with the right skills are in the right place at the right time. It is based on patients' needs, acuity, dependency and risks, and as a Trust this should be monitored from ward to board.

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

- Monthly assurance will be monitored through the Trust wide Recruitment and Retention meetings.

Tab 2.5 Safer Staffing

Staffing Position

King's College Hospital
NHS Foundation Trust

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

For each of the 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 Feb 2020 (national CHPPD reporting was ceased for Mar and Apr 20 due to COVID-19, this will recommence monthly from May 2020.)

	% 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	92%	100%	100%	120%	4.7	2.8	7.5
PRUH and South Sites	96%	97%	95%	109%	4.7	3.1	7.8
Networked Care	93%	96%	96%	108%	9.0	2.2	11.3
Commercial	82%	101%	262%	282%	4.9	3.3	8.2

- Care staff usage on night shifts was increased in February due to a higher demand for enhanced care/specialling of patients (this was particularly high across the medical wards on the DH site.)
- 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.

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

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Tab 2.5 Safer Staffing

Red Flags

King's College Hospital
NHS Foundation Trust

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

'Staffing' Red Flags
- A shortfall of more than eight hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement of the shift
- Fewer than two registered nurses present on a ward during any shift

'Patient Safety/ Quality' Red Flags
- Unplanned omission in providing patient medications
- Delay of more than 30 minutes in providing pain relief
- Patient vital signs not assessed or recorded as outlined in the care plan
- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outline in the care plan (intentional rounding)

- The purpose of a Red Flag being raised is to identify those times where either essential nursing care has not been delivered, or where there is a risk that the quality of patient care may be impacted. If clinical areas do not have enough nurses on duty with the right skills to safely meet the needs of your ward/unit, they will raise a Red Flag.

- Updated process for raising Red Flags:
  - Ward nurse to inform Matron (in hours) and Clinical Site Manager (out of hours)
  - All Red Flags reported will be reviewed at the time by the senior nurse receiving this information and any mitigating actions taken
  - All Red Flags must be recorded on Datix once the above operational process has been followed and any mitigating actions taken

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Tab 2.5 Safer Staffing

Red Shifts

King's College Hospital
NHS Foundation Trust

At present, a red shift is reported 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 highlighting the location of wards and departments with red shifts which in turn enables senior nursing staff to support these wards. From July 2020 reporting of red shifts will be encompassed within 'Red Flags' to prevent duplication.

Please note: This data has been affected by the Trust's response to COVID. For example, the critical care bed base on the DH site has increased from 69 beds to 108 beds during this time, 29 of the red shifts reported in Apr-20 are from DH critical care units.

Red shifts by month (Feb-Apr 2020)

	Feb-20	Mar-20	Apr-20
Total red shifts	80	65	118
Networked	15	18	39
UPAC	23	22	31
PRUH	41	25	48

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Tab 2.5 Safer Staffing

Nursing and Midwifery Vacancies

King's College Hospital
NHS Foundation Trust
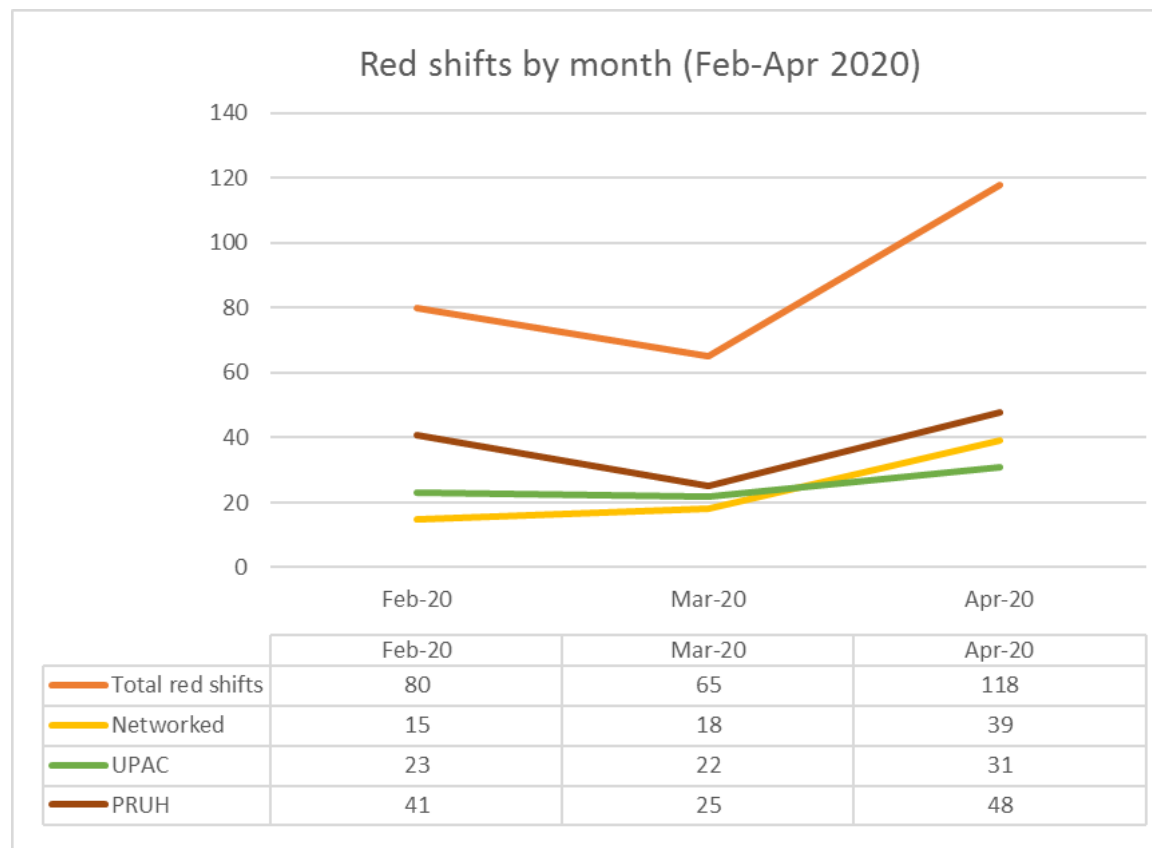
- The current vacancy for April 2020 is 13.21% for Band 5 Nursing and Midwifery (registered.)

- **There has been a reduction in vacancies from Mar 20:**

  - This is due to focussed domestic recruitment and NQN/host Trust student starters who were Feb 20 qualifiers

  - In M1 a planned increase in the nursing establishment of 165.98 FTE was added following the approval of a business case. Recruitment to these posts will start from M3, therefore the vacancy rate will show as increased from the last financial year until these positions have been filled.

  - Due to Covid-19, the Trust's usual international recruitment activity has been temporarily suspended which will affect the vacancy rate in the coming months until restrictions have been lifted.

  - The graph below outlines this position:

Band 5 N&M Vacancies Feb 20-Apr 20

	Feb-20	Mar-20	Apr-20
PRUH	11.87%	10.15%	8.90%
UPAC	16.75%	16.59%	15.78%
NETWORKED	14.40%	15.21%	14.14%
OVERALL	14.34%	14.19%	13.21%

Tab 2.5 Safer Staffing

HCA & CSW Vacancies

King's College Hospital
NHS Foundation Trust
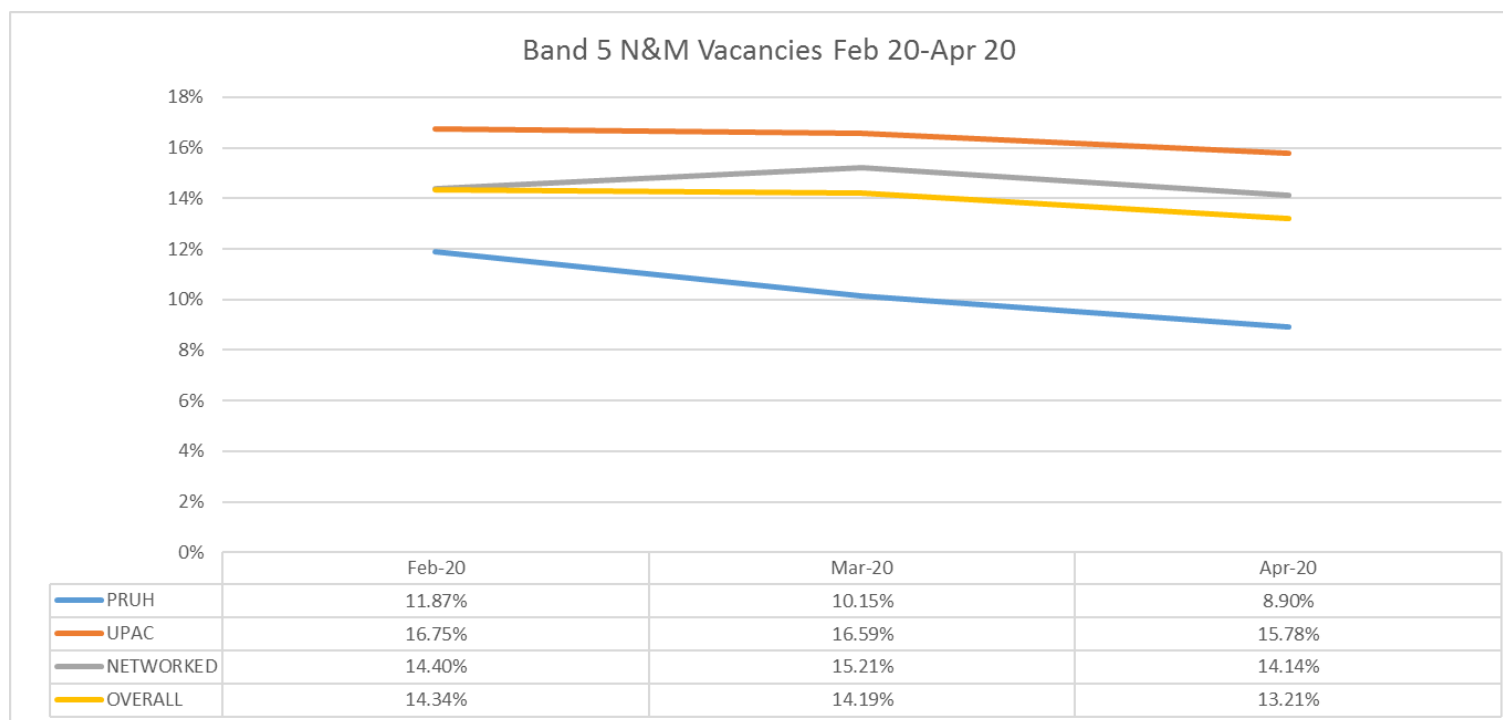
- The current vacancy for April 2020 is 14.67% for Band 2 Nursing and Midwifery (unregistered.)

- **There has been an upward trend to the vacancies from Mar 20 – Apr 20:**

  - In M1 a planned increase in the nursing establishment of 165.98 FTE was added following the approval of a business case. Recruitment to these posts will start from M3, therefore the vacancy rate will show as increased from the last financial year until these positions have been filled.

  - Due to Covid-19, the Trust's usual HCA mass recruitment via assessment centres had been temporarily suspended and was restarted with smaller numbers social distancing plus utilising virtual testing. This has and will continue to affect the vacancy rate in the coming months until restrictions have been lifted.

  - The graph below outlines this position:

HCA & CSW Vacancies Feb 20-Apr 20

	Feb-20	Mar-20	Apr-20
PRUH	10.82%	9.60%	14.67%
UPAC	13.86%	11.46%	16.26%
NETWORKED	12.87%	11.09%	17.29%
OVERALL	12.68%	10.81%	16.43%

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Tab 2.5 Safer Staffing

Nursing and Midwifery Turnover

King's College Hospital
NHS Foundation Trust
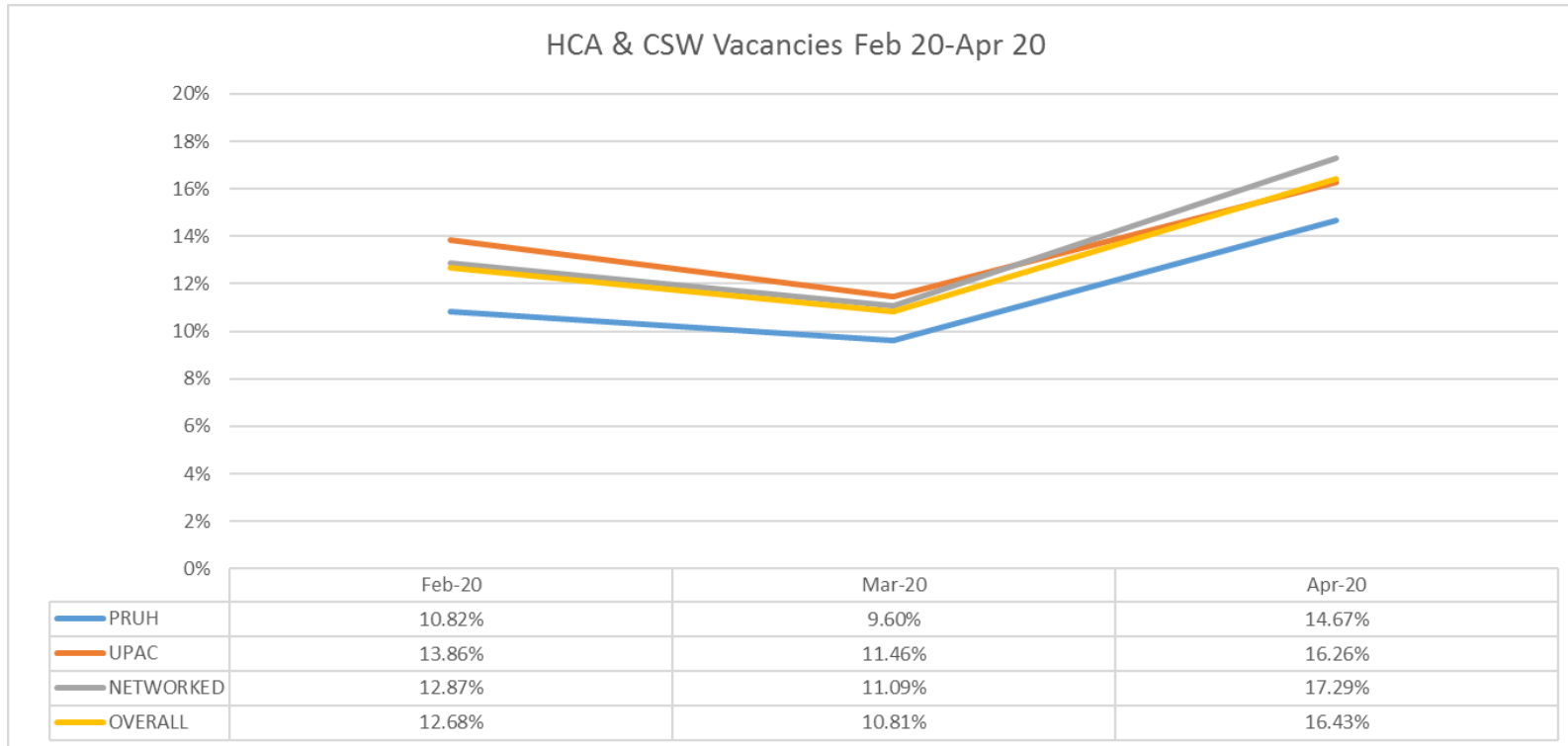
As of April 2020, the voluntary turnover for registered nursing and midwifery staff is 17.64% and is currently 13.82% for the Band 2 unregistered workforce. The monthly Trust wide Retention meeting will govern progress on the three clear retention work plans (Support for Existing Staff, Leadership and 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.

NMC & Support Staff - 13 Months

Month	Voluntary Turnover	Vacancy
APR-19	14.48%	8.33%
MAY-19	14.29%	8.41%
JUN-19	14.27%	8.33%
JUL-19	14.03%	9.08%
AUG-19	14.32%	10.15%
SEP-19	14.74%	10.60%
OCT-19	14.94%	10.77%
NOV-19	14.56%	9.86%
DEC-19	14.81%	11.20%
JAN-20	15.05%	11.50%
FEB-20	15.20%	11.30%
MAR-20	14.95%	10.65%
APR-20	15.17%	13.87%

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Tab 2.5 Safer Staffing

Recruitment Hotspots

King's College Hospital
NHS
NHS Foundation Trust
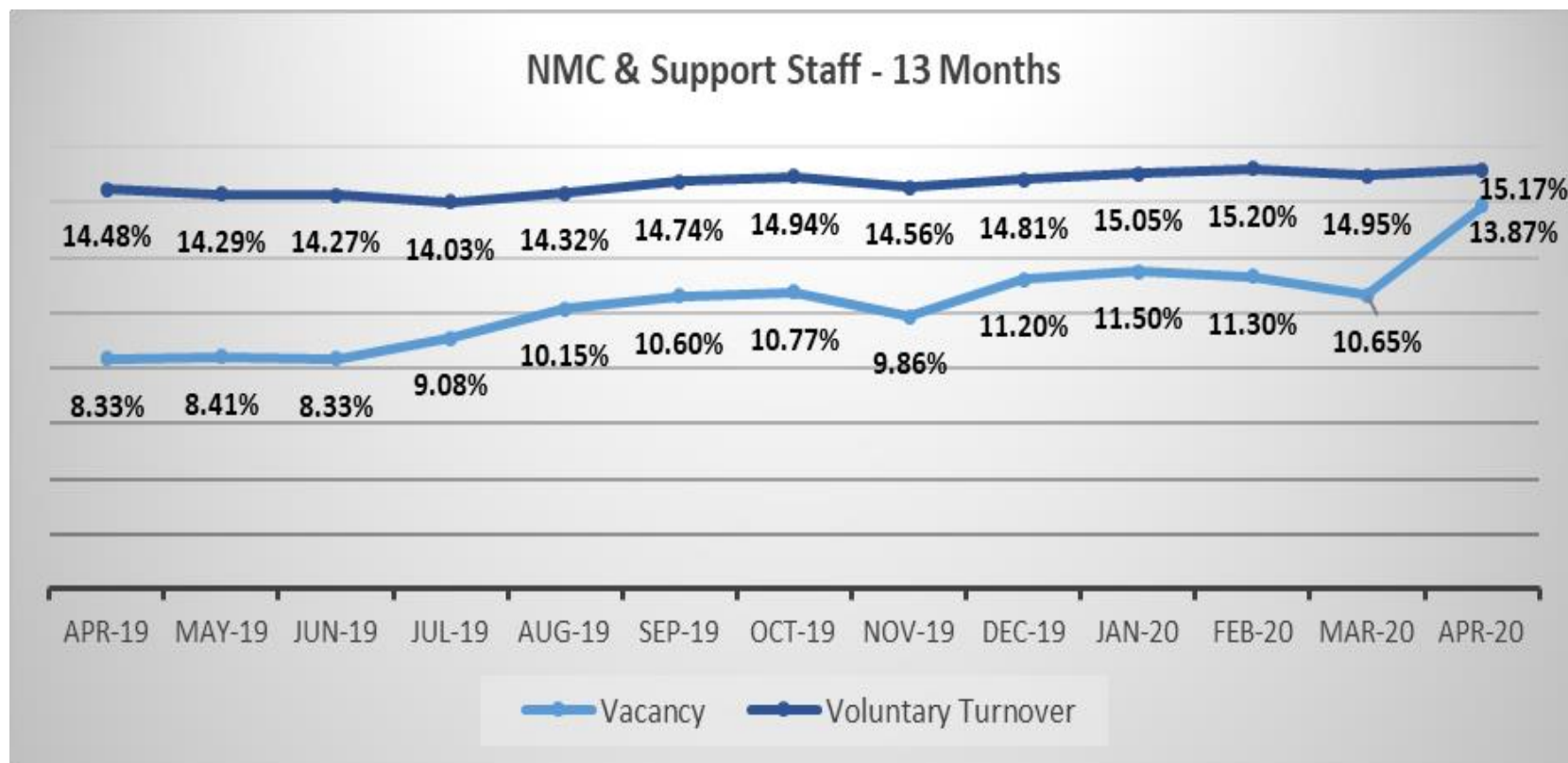
The aggregate nursing and midwifery staff vacancy for April 2020 has increased this month to 13.87%. This has steadily increased since October 2018 when the overall vacancy was 6.23%.

The registered N&M recruitment hotspots are outlined below, plans for these areas are actioned departmentally with support from the divisional recruitment partner. Some inpatient areas still remain with an above 30% vacancy rate due to recent establishment review changes as well as some recruitment challenges during the national and international response to COVID-19. Inpatient areas with a vacancy rate above 30% are listed below:

- **DH**: V&A HDU (34.22%), Harris Birthright Unit (34.12%), Lonsdale (31.71%),

- **PRUH**: Paeds Inpatients (32.42%)

Aspirant Nurses and Midwives:

- There are currently 118 aspirant nurses (3rd year students) and 113 contracted student nurses (2nd year students) in posts across DH and the PRUH and SS on fixed term contracts till the end of August 2020. They are providing direct patient care and bolstering our current unregistered nursing workforce as part of the COVID-19 response.
- All of the 113 contracted student nurses have been given details to join the nursing bank in a HCA capacity.
- There are currently 25 aspirant midwives (3rd year students) and 31 contracted student midwives (2nd year students) in posts across DH and the PRUH and SS on fixed term contracts till the end of August 2020. They are providing direct care to our women and bolstering our current unregistered midwifery workforce.

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Tab 2.5 Safer Staffing

Next Steps and recommendations

King's College Hospital
NHS Foundation Trust

NHS

- The monthly Trust wide Recruitment and Retention meetings will provide an overview of governance related to workforce issues in nursing and midwifery. The monthly meetings focus on the pathways to successful recruitment and the key principles of retention. The groups support the Heads of Nursing and Midwifery to lead on identifying, securing and developing a stable workforce for their designated areas.

  - Work plans are being reviewed to improve the recruitment and retention of the Nursing and Midwifery staff across the Trust. 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.

  - There are robust divisional-specific recruitment plans to support hot spot areas, local talent pools of HCAs creating a pipeline for each care group plus a number of Bands 2-7 staff currently on-boarding waiting to fill the above vacancies.

  - These monthly meetings have oversight of the Trust's 3-5 year plan for nursing and midwifery (N&M) to enable the senior N&M team, alongside HR/ Workforce colleagues, to forecast for the future workforce by monitoring the pipeline of new starters at both a strategic and ward level.

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

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Tab 2.6 Safeguarding Children Annual Report 2019/20

King's College Hospital NHS
NHS Foundation Trust

Report to:	Trust Board of Directors
Date of meeting:	18/06/20
Subject:	Safeguarding Children Annual Report 2019-2020
Author(s): Presented by:	Cathy Honnah – Head of Safeguarding Children
	Jo Haworth – Deputy Chief Nurse
Sponsor:	Nicola Ranger – Chief Nurse
History:	10th Safeguarding Children Report
Status:	Information/ Assurance

1. Background/Purpose

To provide assurance that the Trust has safeguarding systems in place which are actively protecting children by reporting on:

- safeguarding activity in the Trust
- external partnership/multi-agency review
- safeguarding training
- COVID-19 challenges

2. Action required

The Board is asked to note the safeguarding Children activity for 2019/20, the associated risks and consider the priorities for 2020/21

3. Key implications

Legal:	Children Acts 1989 &2004 provides the statutory framework for children, young people and their families
Financial:	N/A
Assurance:	The report identifies safeguarding activity in the Trust to protect children
Clinical:	Key issues that require action are highlighted
Equality & Diversity:	This report has been subjected to an equality impact assessment. Actions in this report are not believed to disadvantage any groups of patients or staff.
Performance:	N/A
Strategy:	N/A
Workforce:	Safeguarding Children training compliance has not been achieved in all clinical areas
Estates:	N/A
Reputation:	Non - compliance with Safeguarding Children training may impact reputation

1

SG Annual report 2019/2020

Tab 2.6 Safeguarding Children Annual Report 2019/20

EXECUTIVE SUMMARY

The report demonstrates the continued performance of the Trust within the safeguarding arena which covers Safeguarding Children and Maternity Services.

Whilst safeguarding responsibilities lie within the profiles of the Chief and Deputy Chief Nurses, the safeguarding agenda threads through all aspects of the Trust business and the Trust takes its safeguarding responsibilities seriously and play an active part within wider safeguarding multiagency partnership.

Significant areas of concerns are the increasing number of contextual safeguarding presentations. Contextual safeguarding is an approach to understanding and recognising young people's experiences of harm beyond their families. It also recognises that the relationships that young people have in their communities, schools, peer groups have a significant influence on them and at times can be harmful. It recognises that young people can experience harm outside of their families.

In this reporting period, two age groups of children, 0-5 and 13-17 years have had high numbers of presentation via the Emergency Departments (ED).

These two age groups require significant input from the safeguarding team and are very complex in nature, especially the 13 – 17 group who are often presenting to ED with issues relating to gang and knife injuries alongside mental health issues that require intervention and support.

In Maternity, there has been an increase in the number of women who book late and increasing numbers of women presenting with domestic abuse, no recourse to public funds, mental health and other complex social issues.

Safeguarding children training compliance across services especially the medical professional groups remains a challenge.

During 2020, there are plans to work closely with the safeguarding adults' team on joint ventures.

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SG Annual report 2019/2020

Tab 2.6 Safeguarding Children Annual Report 2019/20

INTRODUCTION

The purpose of the report is to provide King's College Foundation NHS Trust with an annual report of the work undertaken during 2019-20. It gives assurance that the Trust is compliant with its safeguarding duties and those responsibilities specified under section 11 0f the Children Act 2004, and the NHS Assurance Framework 2015.

Legislative Background

The revised guidance "Safeguarding Children, Young People and Adults at risk in the NHS: Accountability and Assurance Framework" (NHS England 2019) sets out the safeguarding roles, duties and responsibilities for all NHS Health and Social Care. The Trust has a range of statutory duties for safeguarding children and is required to give assurance to both Local Safeguarding Partners and Commissioners to demonstrate that there are effective safeguarding arrangements in place. Safeguarding forms part of the NHS national contract (service condition 32) and Clinical Commissioning Groups monitors performance via contract monitoring processes.

Since the statutory inquiry into the death of Victoria Climbie (2003), and the first Joint Chief Inspectors' report on safeguarding children (2002), highlighted the act of priority status given to safeguarding; there has been a consistent process of review and change of legislation.

In 2018, the face of safeguarding children started to emphasise early help rather than punitive action, and as such the number of children requiring statutory intervention and child protection plans continues to vary accordingly.

Safeguarding and promoting the welfare of children is defined in Working Together (2018) as:
- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes

Safeguarding children is everyone's responsibility, Section 11 of the Children Act 2004 places a duty on key persons and bodies to make arrangements to ensure that in discharging their functions, they have regards to the need to safeguard and promote the welfare of children.

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Tab 2.6 Safeguarding Children Annual Report 2019/20

Safeguarding Children Activity: April 2019 - March 2020

The total number of referrals to the Safeguarding Children Team decreased between 2018/19 (1,684) and 2019/20 (1,243). There were 441 fewer referrals in 2019/20, which represents a 27% reduction. This reverses the trend seen in both of the previous two years when the total numbers of referrals increased.

Table 1 Number of referrals to Safeguarding Children Team compared to previous year
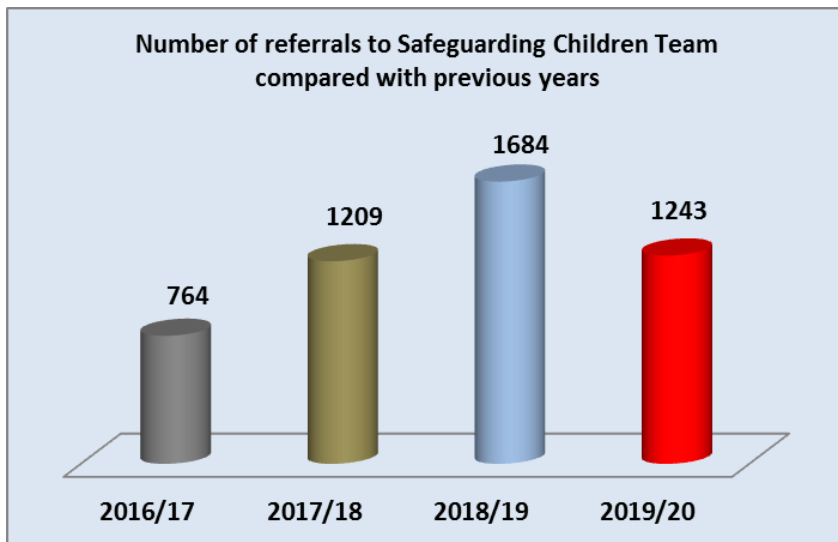
The number of referrals increased from April - June 2019 (363) to July – September 2019 (386), then reduced to 247 for each of the last two quarters. The increased referrals between April and September 2019, which include the Easter and summer holidays, coincide with periods when young people are not at school and possibly exhibiting risky behaviours. A contributory factor to the low number of referrals during the final quarter could be related to the COVID-19 pandemic.

Table 2 Total number of referrals to Safeguarding Children Team by quarter

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Tab 2.6 Safeguarding Children Annual Report 2019/20

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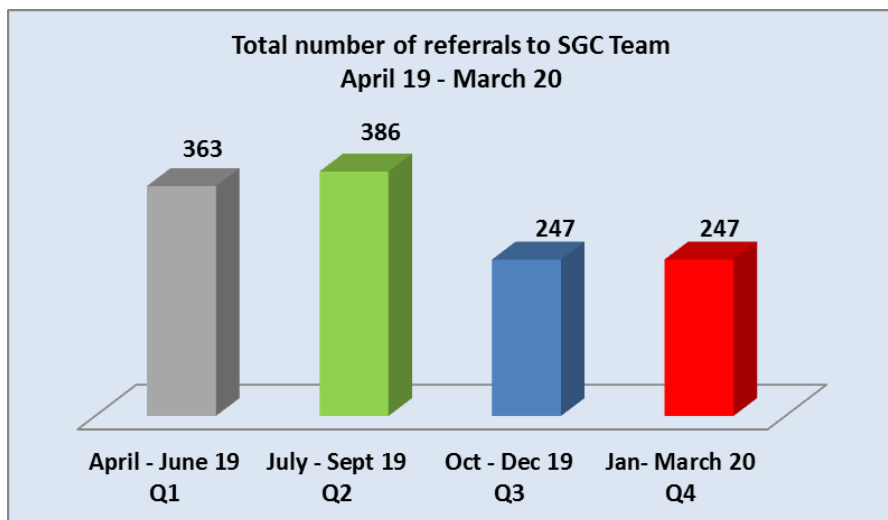
This pattern of reducing referrals for 2019/20 was seen in both the Denmark Hill (DH) and the Princess Royal Hospital (PRUH) sites. It is unclear at present why the referral rate is reducing however this pattern will continue to be monitored to ensure that referrals are made and children appropriately safeguarded.

Table 3 Total number of referrals to Safeguarding Children Team by sites
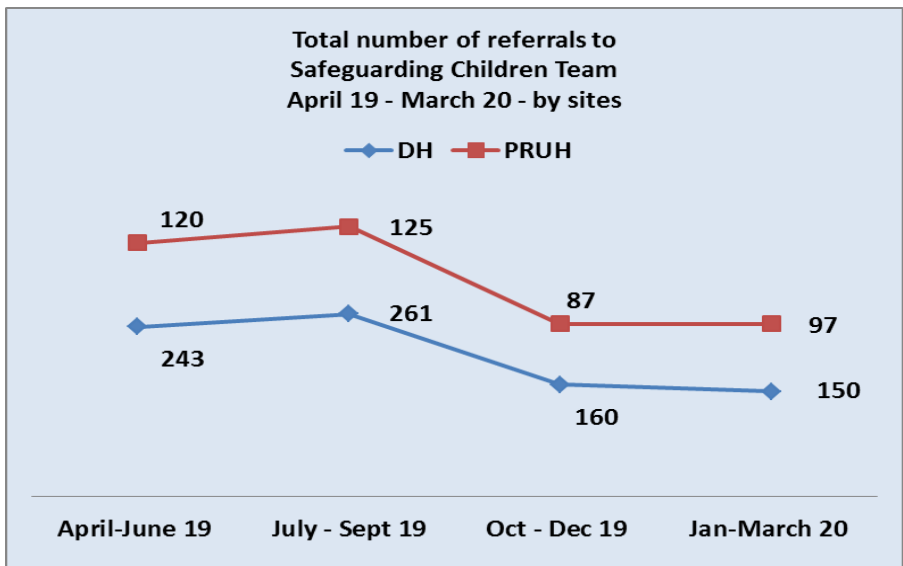
Locality

It is interesting to note that the majority of the total referrals to the Safeguarding Children Team are from boroughs other than Bromley, Lambeth and Southwark.

Table 4 Total number of referrals to Safeguarding Children Team from April 2019 – March 2020 by Borough/percentage

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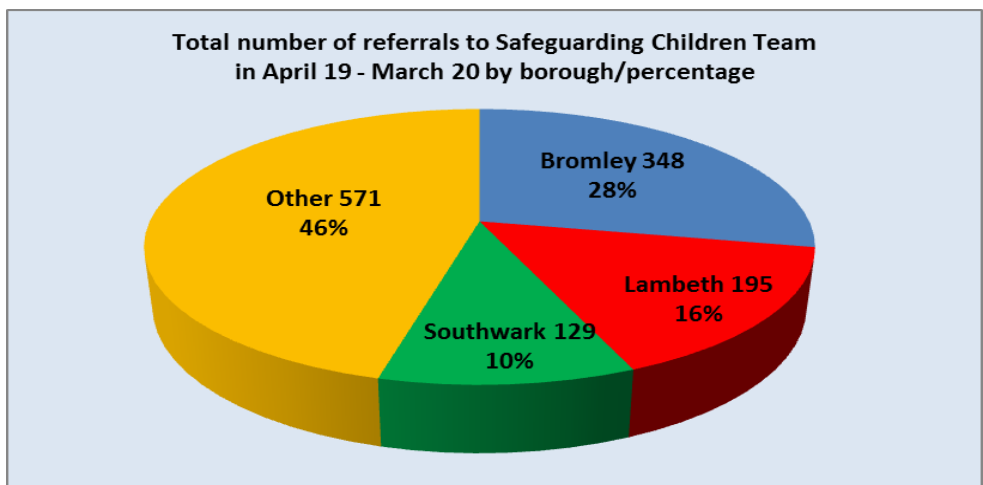
However, there is a different pattern between the DH and PRUH sites. 59% of DH's referrals are from outside of Lambeth and Southwark, whereas only 36% of PRUH's are from outside of Bromley.

Table 5 Number of referrals to Safeguarding Children Team at DH from April 2019 – March 2020 by Borough/percentage
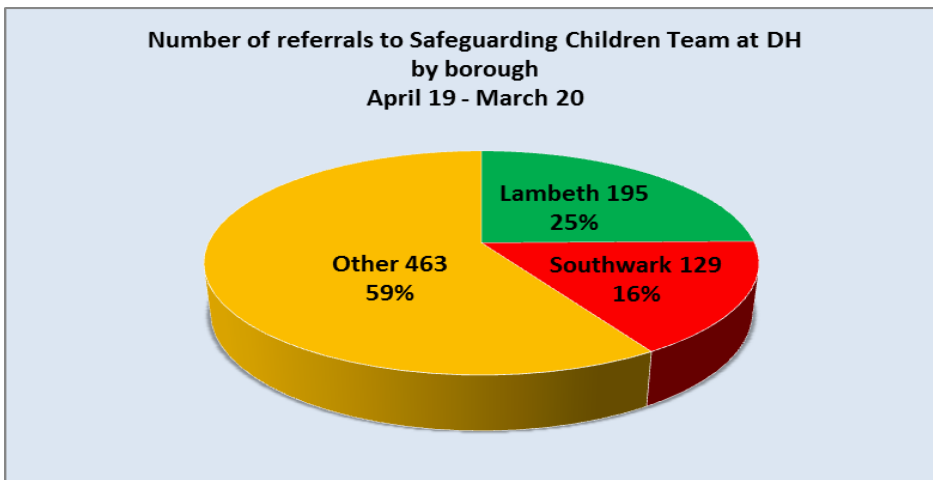
The difference between the DH and PRUH figures could be explained by the major trauma centre at the DH site. One would expect increased referrals to DH as a result of major trauma incidents which could not be dealt within the regions where the incidents occurred.

Table 6 Number of referrals to Safeguarding Children Team at PRUH from April 2019 – March 2020 by Borough/percentage

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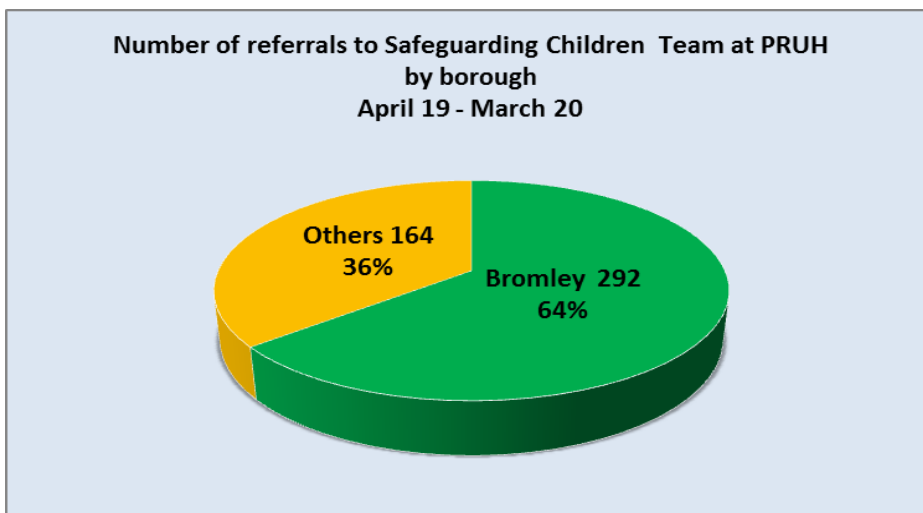
Reasons for referrals - DH

The most frequent referral reasons at the DH site were broadly similar during each of the first two quarters, as follows:

- Mental ill-health
- Physical assault
- Road traffic accidents
- Stabbing

The number of referrals for mental ill-health remained broadly similar during each quarter of the year. However, for the last two quarters there were significant reductions in the number of referrals for physical assault and road traffic accidents. The number of stabbing referrals remained similar for the first three quarters, but then halved for the fourth quarter, this could be related to the COVID-19 pandemic and the associated lockdown measures that have been seen.

Table 7 Most frequent referrals reasons at DH site during the reporting period

	April - June 19 Q1	July - Sept 19 Q2	Oct - Dec 19 Q3	Jan- March 20 Q4	Total
Mental ill-health	21	18	16	15	**70**
Physical assault	20	16	7	5	48
Road traffic accident	17	20	5	5	47
Stabbing	16	19	20	10	**65**

Reasons for referrals - PRUH

For the PRUH site the most frequent referral reasons are as follows:

- Suicidal ideation
- Overdose
- CSE risk

The PRUH referrals do not show much variance throughout the year, although the most significant exception to this is a large increase in overdose referrals in the second quarter - 46% of the annual overdose referrals occurred during these three months (17 referrals out of 37 for the year). The concerns about overdose presentation at the PRUH are being explored by Bromley CCG as part of a bigger piece of work across the borough on adolescent mental health, which the safeguarding team are part of.

Table 8 Most frequent referral reasons at PRUH site during the reporting period

	Q1 April - June 19	Q2 July - Sept	Q3 Oct-Dec	Q4 Jan - March 20	Total
Suicidal ideation	10	7	11	13	**41**
At risk of CSE	8	7	8	8	**31**
Overdose	8	17	3	9	**37**
Self -harm	6	3	3	9	21
Was not brought	6	10	5	3	24

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Tab 2.6 Safeguarding Children Annual Report 2019/20

Referrals by age

The most notable feature of the total referrals received during this period is that 47% were for children aged 13-17 years (575 out of 1,243 referrals). This is the case at both the DH and PRUH sites (44% and 51% respectively).

The age category with the second highest number of referrals is 0-5 years with 25% (308 out of 1,243 referrals). This is the case at both the DH and PRUH sites (24% and 27% respectively).

This pattern of age presentation reflects the national picture and in particular contextual safeguarding that is seen in adolescents Contextual safeguarding is reflective of knowledge about adolescent development and that adolescence is a period where peer group influence/importance increases and parental influence decreases. In addition contextual safeguarding recognises the risks that young people face within their communities and the interplay of the contexts they live in and relationships they have. The team are abreast of the local and national work that is being carried out in regard to contextual safeguarding and will look to implement any new guidance that is developed.

Table 9 Total number of referral received during the reporting period – by age

Total number of referrals by age
April 19 - March 20

Age	Count
0-5 years	308
6-12 years	193
13-17 years	575
18 years & over	167
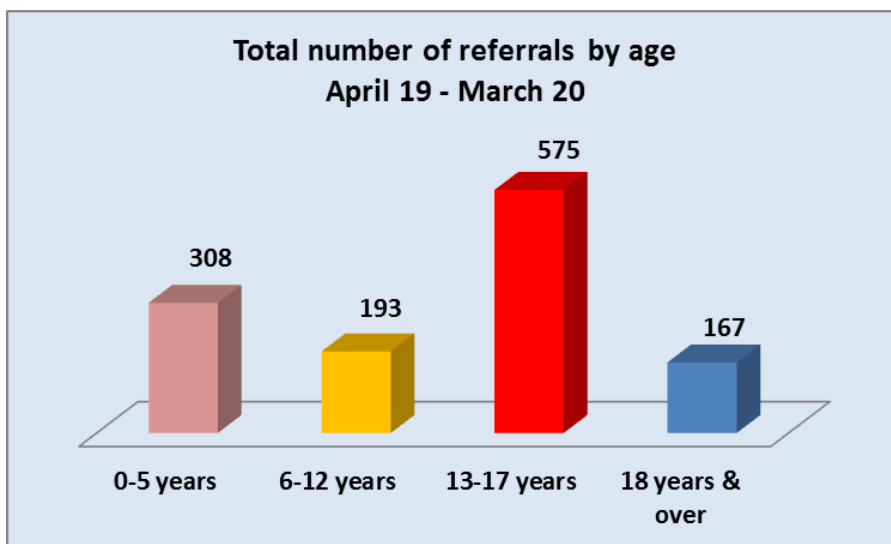
Table 10 Referrals to Safeguarding Children Team at DH site during the reporting period age

	April -June 19	July - Sept 19	Oct- Dec 19	Jan-March 20	Trend
0-5 years	61	55	40	38	
6-12 years	40	51	15	24	
13-17 years	99	98	89	70	
18 years & over	44	56	16	18	
Total	**244**	**260**	**160**	**150**	**814**

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Table 11 Referrals to Safeguarding Children Team at PRUH site during the reporting period by age

	April - June 19	July - Sept 19	Oct - Dec 19	Jan-March 20	Trend
0-5 years	32	33	28	21	
6-12 years	14	24	12	13	
13- 17 years	60	53	45	61	
18 years & over	6	15	2	10	
Total	**112**	**125**	**87**	**105**	**429**

The trend on both sites is that referrals to the safeguarding children team have decreased between 2018/19 and 2019/20. The concern is whether this is reflective of reported cases. There is also a concern as to whether the number of cases will continue to fall or there will be a return to levels of referrals seen in pre COVID – 19 times as restrictions are lifted and attendances start to increase. For example; It is notable that the decreased number of stabbing referrals might be as a result of lockdown measures put in place because of COVID-19 and the concern is will the number of stabbings increase as the restrictions are lifted.

The numbers of referrals by age show that the 13-17 year age group has the highest referral rate, while the 0-5 year olds have the second highest referral rate.

A challenge is to ensure we have resources in place to identify and support these vulnerable age groups before safeguarding issues become an issue. This will continue to be monitored and provision reviewed regularly to ensure that the team is able to meet the changing demands of the safeguarding children profile. Consideration is being given to whether an adolescent safeguarding post is required to support this emerging picture of this group of young people.

Maternity Safeguarding

Activity

Maternity continues to see an increase in the referrals to the team throughout 2019/2020, with overall referrals increased by 50%. Comparing referral activities by sites, Denmark Hill have an increase by 52% whilst the Princess Royal Hospital (PRUH) account for 42.6%. The reasons for the increase in referrals can be attributed to the pre-existing safeguarding concerns identified in the ante-natal period.

During this financial year, like the previous, there has been an increase in the number of women presenting on both sites with no recourse to public funds and reporting to staff that they are unable to return to their temporary address with their babies. There has also been an increase in women presenting late and with concealed pregnancies.

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Table 12 Total number of referrals to Maternity Safeguarding from April 2019 – March 2020
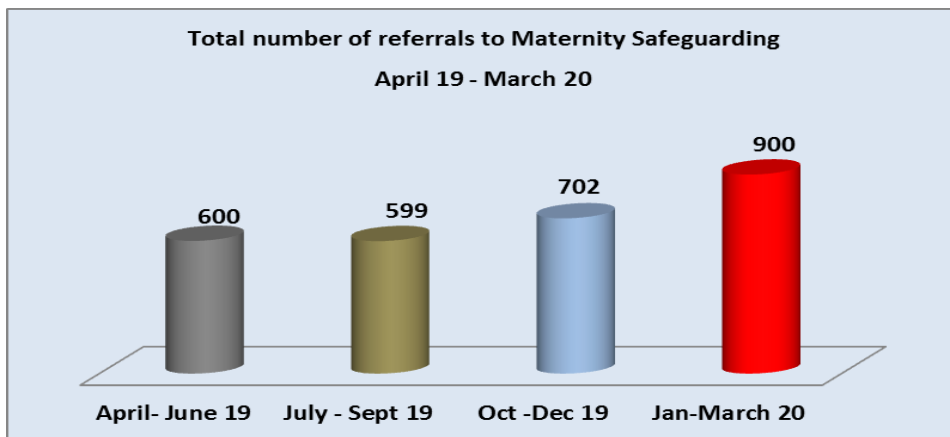
In addition to the increasing number of cases, at the Denmark Hill site, cases presented has been complex and challenging with two of the cases requiring application to the Court of Protection. Equally at the PRUH site, has seen high level of cases with significant mental health and domestic abuse presentations.

Table 13 Total number of referrals received during the reporting period – by sites
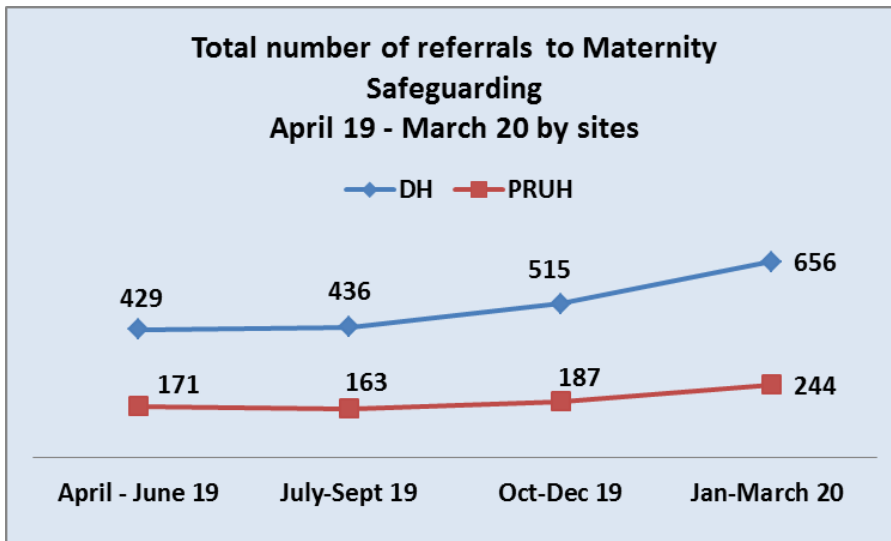
The graph below shows the number of cases discussed in the safeguarding meeting over the year period. Quarter 4 was impacted by the current pandemic as meetings were suspended prior to virtual meetings being organised to continue this services, hence the decrease in cases discussed. It is anticipated that with the new ways of working will mean that the activity will return to the pre – COVID 19 levels

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Table 14 Total number of women discussed at maternity Safeguarding Meeting
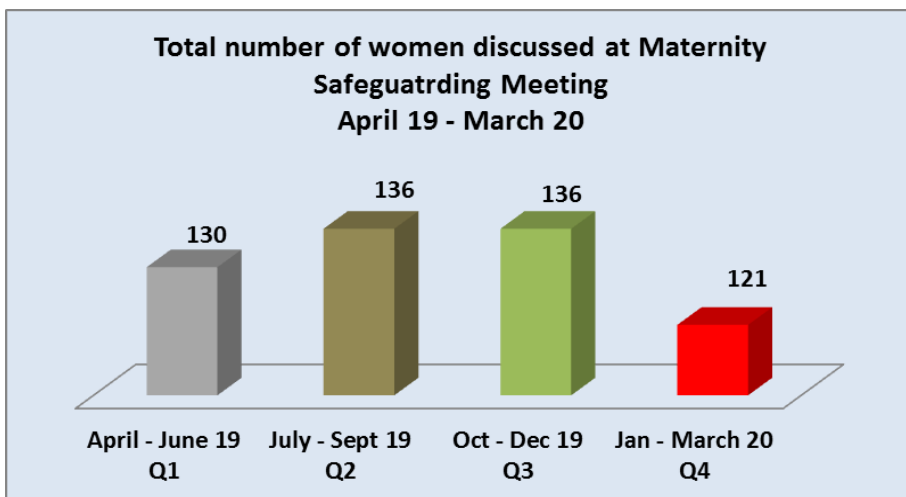
The graph below illustrates a reduction in the number of women discussed at maternity safeguarding meetings by site during this pandemic.

Table 15 number of women discussed at Maternity Safeguarding Meeting by sites
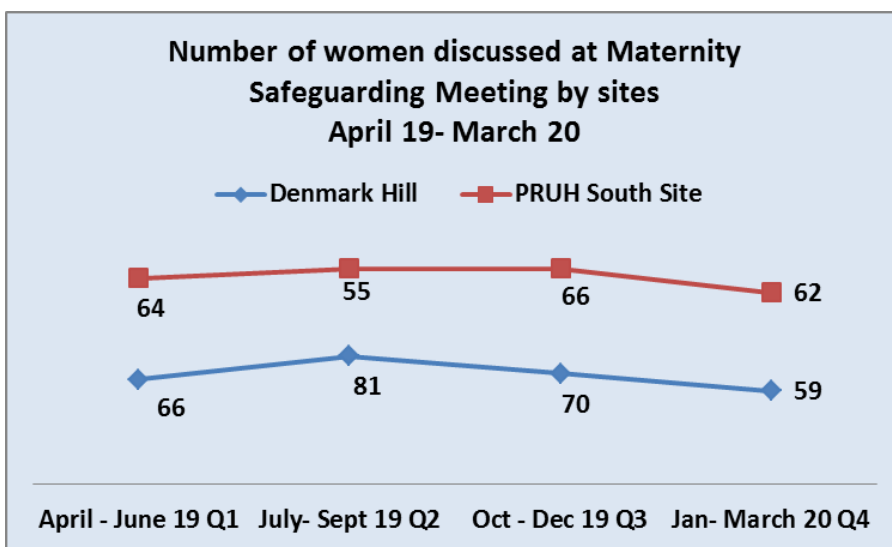
Statutory Interventions

The number of cases subject to statutory interventions has decreased slightly. The exact cause of this reduction is not immediately obvious and there is a history of variance in this, however this will continue to be monitored on a monthly basis.

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Table16 Number of cases leading to statutory intervention
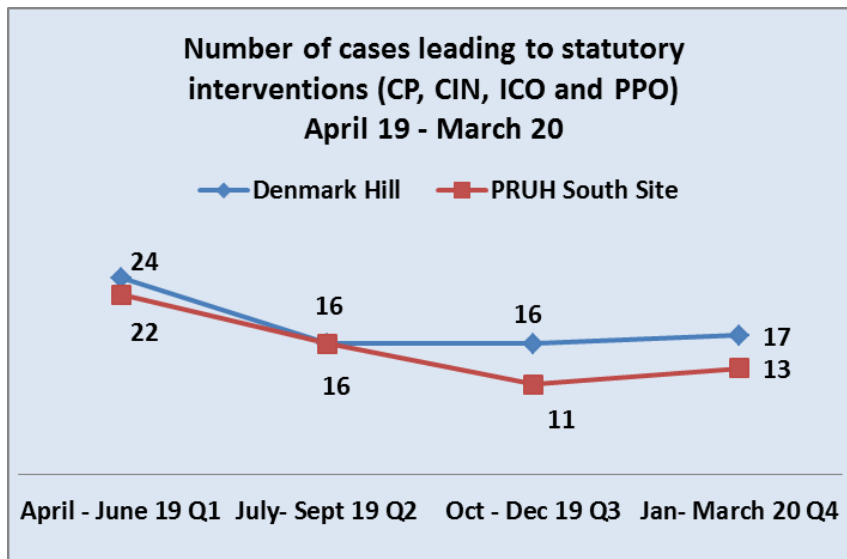
The Maternity Safeguarding service has provided additional training to the midwifery teams on both sites to support the care of young parents following redesign of the community midwifery teams. This has strengthened the skillset of this group of midwives and has been well received.

Following a review of the service at DH provided to migrant women and women with substance misuse issues a new team has been created and is being supported by the maternity safeguarding team.

A similar review is being undertaken at the PRUH looking at the service for vulnerable women and those with significant mental health issues; the maternity safeguarding team are working closely with maternity services to ensure a best practice model is developed for this.

At both sites, collaborative working with the Clinical Commissioning Groups and other partner agencies continues such as the review of Pre-Birth Assessment Guidelines with Lambeth CCG, and at Bromley close working and presentation and information sharing at Multi Agency Risk Assessment Committee, which has continued virtually during the pandemic.

During the current Pandemic the safeguarding maternity leads jointly with the teams have focused on ensuring a smooth transition from hospital to community care given the reduction in postnatal face to face visits. The team have also focused on relieving the clinical staff as much as possible which has entailed attending virtual Initial Child Protection Case Conferences (ICPCCs), core groups, strategy meetings and discharge planning meetings.

There has been strengthening of the multi-agency collaboration with partner agencies, which has ensured that all cases with identified safeguarding concerns have been seen in the community setting with face to face visits as appropriate.

As a result of the reduction in the number of antenatal face to face visits and an increase in virtual assessments, the safeguarding midwives have worked with

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colleagues to ensure that every face to face appointment is used as an opportunity to ask the 'routine enquiry' into domestic abuse with support from the maternity safeguarding team.

Safeguarding Children Training

Level 3 training compliance for many staff, especially medical staff remains non-compliant. A key challenge to this is accurate recording of data, as it is known there is a high turnover of junior doctors whose data is not accurately captured.

Similarly there are challenges with accurate recording of data of doctors who join KCH from another Trust and are already compliant with level 3 training. There have been ongoing discussions with the LEAP team on how to capture this information. This work with LEAP will continue as part of a bigger piece of work to ensure that all possible measures are in place to achieve compliance.

Table 17 Safeguarding Children Compliance reported between April 2019 – March 2020

	April - June 19 Q1	July - Sep 19 Q2	Oct - Dec19 Q3	Jan-March 20 Q4
Level 1	92.60%	94.00%	92.70%	90.00%
Level2	82.00%	84.00%	80.40%	80.50%
Level 3	80.20%	82.00%	77.50%	70.50%

Due to the COVID -19 pandemic, safeguarding children level 3 face to face training was temporarily suspended across both sites. Plans are being discussed to formulate a virtual safeguarding children training with a roll out date for the beginning of July 2020

In Maternity safeguarding training has been facilitated by virtual sessions using online training and this has been received well by the team. The CCG's have also developed safeguarding children level 3 virtual training which can be accessed by all partner agencies

COVID-19

During the COVID-19 crisis the Safeguarding Children Team has been working remotely while still maintaining a virtual presence on the wards and during meetings. In addition a limited weekend service was provided during the peak of the pandemic in order to relieve the pressure from the clinical facing staff.

It is recognised that the changes in working patterns could lead to a small number of cases being missed or not responded to in a timely manner because of the lack of face-face meetings. In view of this potential risk, the current working arrangements are being reviewed to increase visibility.

External Partnerships

Safeguarding Children boards have been reviewed in line with the revised Working Together to Safeguard Children 2019 and the new arrangement lies with the Safeguarding partners namely, the Clinical Commissioning Groups, Police and Local

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Authority. They have statutory accountability and responsibilities for all safeguarding activities across the health and social care economy by co-ordinating the safeguarding work of member agencies so that it is effective. 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.

The Trust is represented by the Executive Leads and Head of Safeguarding at the following Boards.

- Southwark Safeguarding Board
- Lambeth Safeguarding Board
- Bromley Safeguarding Board

The Safeguarding children team have continued to work closely with Children Social Care and other partner agencies, this has been unaffected by COVID -19 and the team continue to be committed to improving and strengthening relationships with partner agencies and the safeguarding adult team.

Serious Case Reviews (SCRs).

A SCR is always carried out by the Safeguarding partners when a child dies and abuse or neglect is known, or suspected, to be a factor in the death. Working Together (2018) guidance also states that LSCB should consider holding an SCR where a child has sustained a life threatening injury through abuse or neglect, serious sexual assault, or through serious and permanent impairment of health or development through abuse or neglect. The purpose of an SCR is to establish what lessons can be learnt about the way professionals and organisations worked together, how they will be acted upon and what is expected to change in order to improve inter-agency working and improve safeguarding practice to children. Currently, King's College hospital is not involved in any SCR.

Risks and Challenges

- Lack of trained maternity safeguarding supervisors
- Safeguarding training compliance for medical staff remains challenging
- Staffing issues in the safeguarding children team due to long term sickness
- Defining a new way of working for the team that ensures all safeguarding activity is captured and visibility of the team within the clinical areas in the context of COVID -19 restrictions

Priorities for Children Safeguarding and Maternity Services 2020 -2021

- Achieve safeguarding children training compliance
- Safeguarding Team visibility
- Safeguarding Supervision
- Increase Audit activity, including safeguarding referrals, contextual safeguarding, and adolescence presentation
- Re-establish Safeguarding Children Forums
- Rewrite the substance misuse substance misuse in pregnancy guideline, the aim is to have concluded this by the end of Quarter 2
- Contribute and develop the overarching safeguarding strategy for the Trust.

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Tab 2.6 Safeguarding Children Annual Report 2019/20

CONCLUSION

This annual report demonstrates the Trust's commitment to safeguarding children and the robustness of the arrangements in place. The Trust is a large organisation that spans in three Clinical Commissioning group areas. There are effective partnership arrangements in place. Equally, within the Trust, the focus remains to shape and develop practice in respect of safeguarding, intrinsic in this is workforce engagement and development for 2020-2021.

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Tab 2.6 Safeguarding Children Annual Report 2019/20

Appendix 1. Trauma Data

Table A. total number of trend presented to ED due to trauma.
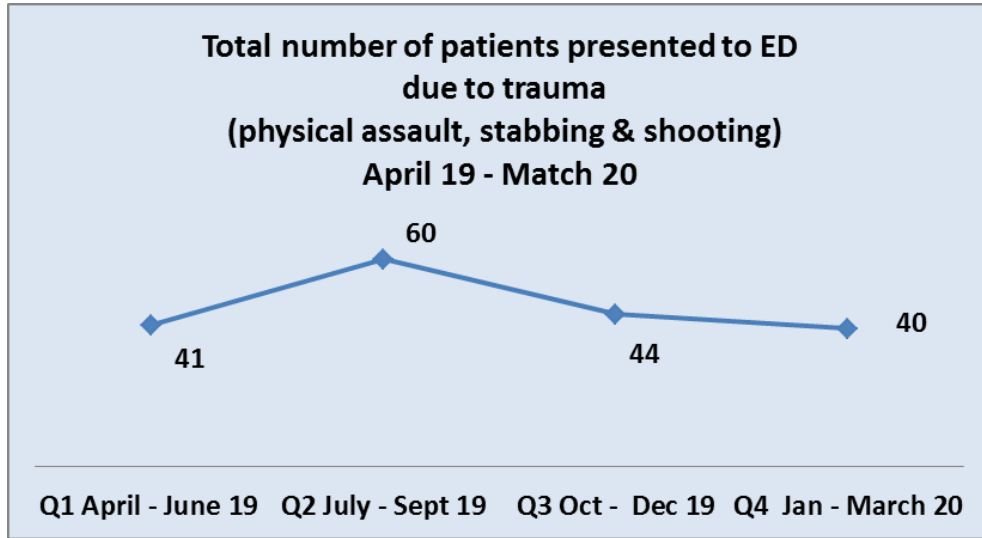
Table B. total number of patients attended in Ed due to Trauma by presentations

Total number of patients attended in ED due to trauma by presentation April 19 - March 20						
Presentation	Q1	Q2	Q3	Q4	Trend	Total
Physical assault	28	42	30	27		127
Stabbing	12	16	14	13		55
Shooting	1	2	0	0		3
Total	41	60	44	40		185

Table C. By presentations the total number of patients attended in ED due to trauma

Total number of patients attended in ED due to trauma by presentation April 19 - March 20						
Presentation	Q1	Q2	Q3	Q4	Trend	Total
Physical assault	28	42	30	27		127
Stabbing	12	16	14	13		55
Shooting	1	2	0	0		3
Total	41	60	44	40		185

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Tab 2.6 Safeguarding Children Annual Report 2019/20

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Table D. Percentage of patients attended ED due to trauma – April 2019 – March 2020

Number of patients attended to ED due to trauma
April 19 - March 20

Shooting - 3
1%

Stabbing - 55
30%

Physical assault - 127
69%
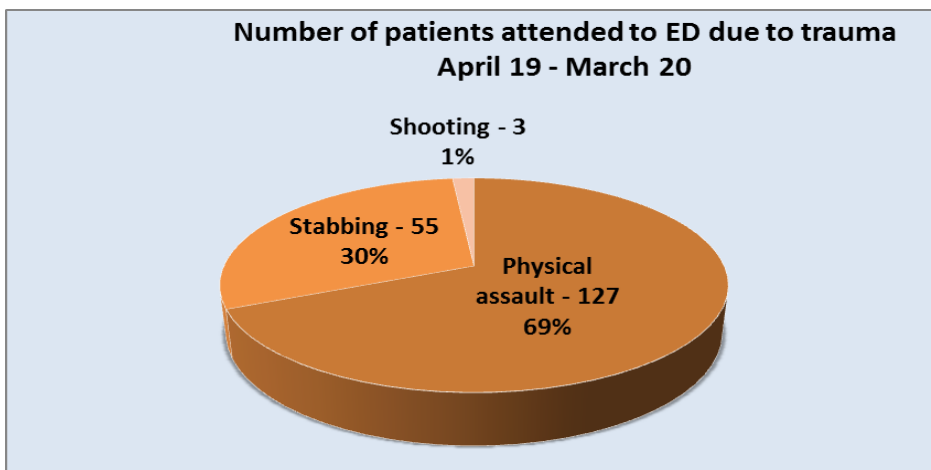
Table E. Total number by borough presented in ED due to trauma (physical assault, stabbing and shooting.

Borough	Q1	Q2	Q3	Q4	Trend	Total
Total number of patients attended in ED due to trauma (physical assault, stabbing and shooting)- by borough						
Lambeth	14	27	17	15		73
Southwark	13	15	13	10		51
Lewisham	2	5	3	6		16
Croydon	1	1	1	7		10
Bromley	2	3	1	0		6
Bexley	0	2	2	1		5
Greenwich	0	1	3	0		4
Kent	0	1	1	0		2
Merton	0	1	1	0		2
Hillingdon	2	0	0	0		2
Westminster	2	0	0	0		2
Thanet	0	0	1	0		1
Wansdworth	0	0	1	0		1
Unknown	0	0	0	1		1
Bedfordshire	0	1	0	0		1
Brent	0	1	0	0		1
Cambridgeshire	0	1	0	0		1
Tower Hamlet	0	1	0	0		1

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Tab 2.6 Safeguarding Children Annual Report 2019/20

Table F. Presentations by borough

Total number of patients attended in ED due to trauma April 2019- March 20				
Borough	**Physical assault**	**Stabbing**	**Shooting**	**Total**
Lambeth	55	17	1	73
Southwark	38	13	0	51
Lewisham	**7**	**9**	**0**	**16**
Croydon	**7**	**3**	**0**	**10**
Greenwich	3	6	0	9
Bromley	4	2	0	6
Bexley	3	1	1	5
Hillingdon	1	1	0	2
Kent	1	1	0	2
Merton	2	0	0	2
Westminster	1	0	1	2
Bedfordshire	1	0	0	1
Brent	1	0	0	1
Cambridgeshire	1	0	0	1
Thanet	1	0	0	1
Tower Hamlet	0	1	0	1
Unknown	1	0	0	1
Wansdworth	0	1	0	1

Table G. Boroughs with highest number of patients presented to ED due to trauma: April 2019 – March 2020.

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Tab 2.7 Safeguarding Adults Annual Report 2019/20
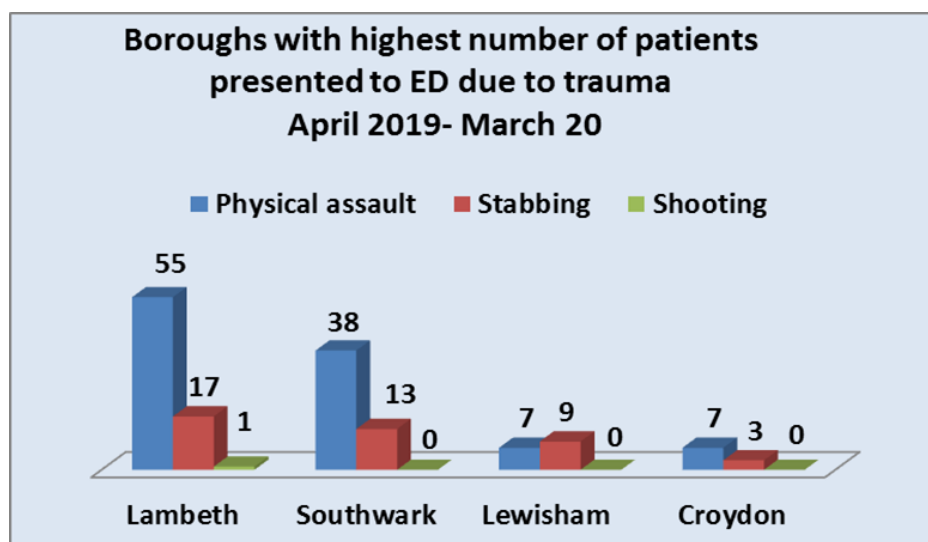
King's College Hospital **NHS**

NHS Foundation Trust

Report to:	Trust Board
Date of meeting:	18/06/2020
Subject:	Safeguarding Adults Annual Report 2019/2020
Author(s):	Heather Payne, Head of Adult Safeguarding
Presented by:	Jo Haworth, Deputy Chief Nurse/ Heather Payne, Head of Adult Safeguarding
Sponsor:	Professor Nicola Ranger, Chief Nurse
History:	N/A
Status:	Information/ Assurance

1. Background/Purpose

This report provides detail of the Safeguarding Adult activity for 2019/2020, including compliance with safeguarding requirements outlined in the Care Act 2014.

2. Action required

The Board is asked to note the Safeguarding Adult activity for 2019/20 the associated key risks for this period and comment on the priorities for 2020/21.

3. Key implications

Legal:	The report highlights the potential risk of non-compliance with the Liberty Protection Safeguards due to lack of government guidance.
Financial:	N/A
Assurance:	The report outlines the Trust position against statutory safeguarding requirements outlined in the Care Act 2014.
Clinical:	The report outlines the safeguarding adult activity seen in clinical services. Mandatory training compliance in some clinical areas and for some clinical staff groups does not meet the trust target; this could impact on effective safeguarding of patients.
Equality & Diversity:	There is no direct impact on equality and diversity issues.
Performance:	N/A
Strategy:	N/A
Workforce:	The report highlights compliance with safeguarding mandatory training requirements.
Estates:	N/A
Reputation:	The report gives an update on actions that were required following the findings of the CQC June 2019 report.

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ASG Annual Report 2019/2020

Tab 2.7 Safeguarding Adults Annual Report 2019/20

Executive Summary

The purpose of this report is to provide assurance that King's College Hospital NHS Foundation Trust (KCH) safeguarding arrangements for adults are effective.

2019/20 has been another busy year for the Safeguarding Adults Service. There has been an increase in Deprivation of Liberty applications and Learning disability notifications continue to rise each quarter. There has been a focus on service development; including the Learning Disability service provision and alignment with the Child Safeguarding service as part of the 'Think Family' ethos.

The three highest categories of abuse concerns for KCH are Neglect, Self-Neglect and Domestic abuse; which reflects the national profile.

The service has continued to engage with the local Safeguarding Adults Boards (LSAB) and actively participates in the sub-groups of these boards contributing to the wider safeguarding agenda.

The last two weeks in March 2020 saw the Adult Safeguarding service adapt to new ways of working to ensure business continuity through the Covid 19 pandemic.

Safeguarding adults remains a priority and is everyone's responsibility.

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ASG Annual Report 2019/2020

Tab 2.7 Safeguarding Adults Annual Report 2019/20

1. Introduction

Safeguarding adults remains a key priority for KCH under the leadership of the Deputy and Chief Nurse. The Safeguarding Adult Service (SGA) service is closely aligned with the Child Safeguarding Service and together the services promote the 'Think Family' approach. KCH is committed to working in partnership with key stakeholders to ensure that adults at risk in the local boroughs are identified early and protected from harm.

Safeguarding adults is the process of supporting adults with care and support needs who may be at risk of abuse and neglect. The Local Authority is the lead agency and NHS Trusts have a statutory duty to work alongside them in the multi-agency setting to support those adults identified as being at risk.

The Safeguarding Adults Service includes Specialists for Safeguarding Adults, Learning Disabilities, Deprivation of Liberty Safeguards and a Safeguarding Administrator. The team is multi-professional and does include a social worker, which brings a huge benefit the team's skillset.

A priority for 2019/20 was to increase capacity within the service, specifically with in Learning Disability; this has been achieved (see Appendix 1). Affiliated with the service is the Independent Domestic Abuse Advocates who are employed by Victim Support. The service works across all of KCH sites.

The Adult and Child Safeguarding quarterly committee advises the Quality, People and Performance Committee, the Clinical Quality Review Group and the Trust Board on how its statutory obligations are met.

The purpose of this report is to:

• Provide an overview of the Trust's safeguarding activity during 2019/2020,
• Provide assurance that the organisation is compliant with its safeguarding duties and,
• Outline the safeguarding risks and priorities for the 2020/2021.

2. Safeguarding activity - Adult Safeguarding

During the reporting period, the Safeguarding Adults Service received 1737 safeguarding concerns from services across the Trust. 709 referrals were triaged as a level 2[1] and referred on to the relevant local authority to be considered for a Section 42 enquiry. 1034 were categorised as level 1[2] concerns. Level 1 referrals have been decreasing from 2017/18. This is positive and reflects an increase in the quality of referrals; Level 2 referrals are considered to be a better quality referral.

Critical safeguarding work for the team is ensuring that staff (making the safeguarding referrals) are seeking the views and wishes of the individuals concerned. Safeguarding best practice requires a person centred approach under the Making Safeguarding Personal agenda.

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[1] A level 2 referral is where the SGA service determines that the adult with care and support needs have been potentially subjected to neglect and abuse and pass this on to the relevant Local Authority for consideration of a section 42 enquiry under the Care Act 2014 (a s.42 is the statutory duty to make enquiries into a safeguarding concern by the Local Authority).

[2] A level 1 referral is where staff have concerns for an 'at risk' adult. The SGA service provide advice and support and often sign posting on to supportive services for example Social Services for an assessment of support needs.

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Figures 1 and 2 below outline the referrals by quarter for this reporting period.

Figure 1: Total number of concerns raised per quarter in 2019/20

Total number of concerns per quarter 2019/2020

Apr-Jun19	Jul- Sep19	Oct-Dec19	Jan-Mar20
443	568	395	331
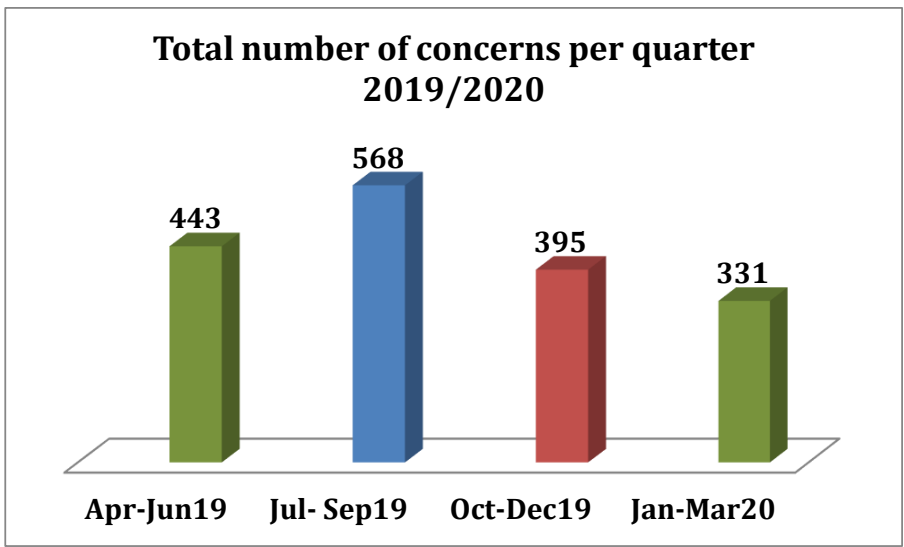
Figure 2: Showing Level 1(series1) and Level 2(series 2) per quarter 2029/20

Level1 and Level 2 concerns per quarter 2021

— Series1   — Series2

	Apr-Jun19	Jul- Sep19	Oct-Dec19	Jan-Mar20
Series1	286	421	180	141
Series2	157	147	215	190

0
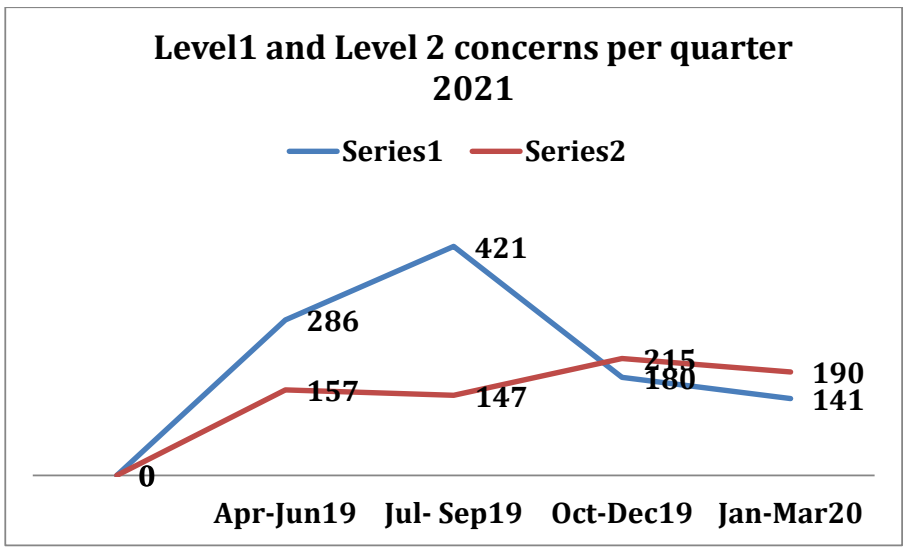
During the course of 2019/20 the SGA service has reported concerns about disproportionally low referral numbers from the PRUH site. The quarter 4 safeguarding committee meeting reported on 85 % of total referrals come from the DMH site whereas 15% come from the PRUH site. This concern was added to the risk register in October 2019 and actions are being taken by the SGA to improve this, which includes increasing the visibility of the team on the PRUH site

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Categories of Abuse

The KCH local picture shows the three main abuse groups are neglect, self-neglect and domestic abuse as reflected in Figure 3.

Figure 3: Main abuse categories in 2019/20

Highest categories of concerns 2019/20

■ **Domestic abuse**   ■ **Neglect**   ■ **Self-neglect**

	Apr-Jun19	Jul-Sep19	Oct-Dec19	Jan-Mar20
Self-neglect	73	58	28	28
Neglect	86	49	51	37
Domestic abuse	59	53	51	49
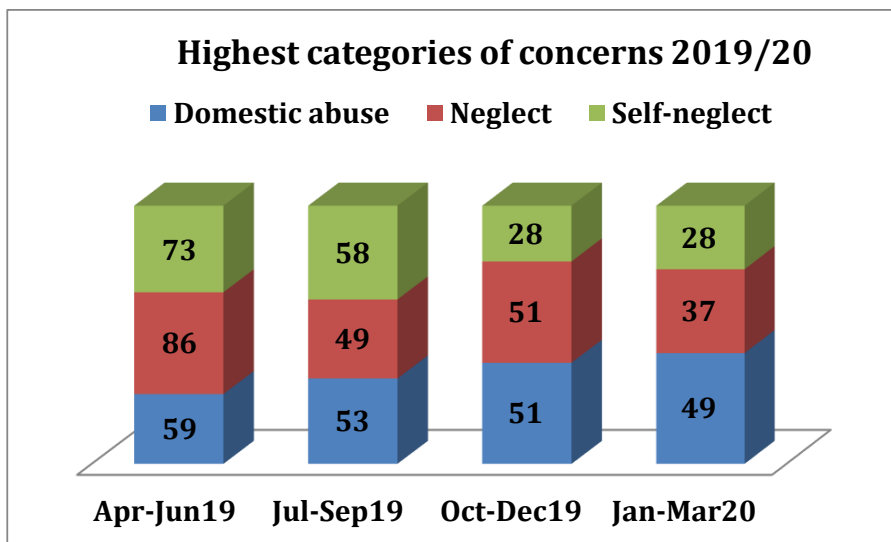
Domestic abuse and self-neglect were included under adult safeguarding abuse categories for the first time with the introduction of the Care Act 2014. These are considered 'new' areas of work within the field of adult safeguarding and there is a lack of national guidance on how these cases are managed. The Head of SGA is currently leading on a task and finish group set up to develop a complex case pathway to support self-neglect cases for the Bromley Safeguarding Adult Board; this work is being supported by Southwark and Lambeth colleagues as well.

Within the reporting period there has been 45 KCH implicated safeguarding referrals. In 2018/19 the service reported 76 cases. Of the 45 cases an outcome of investigation has been received from the local authority in 23 cases 20 have been concluded with no abuse substantiated. Three cases have been substantiated. Lessons learned include; poor communication between community services and other agencies, poor documentation and record keeping and unsafe discharge. The local teams are aware of these findings and are working to make the necessary improvements.

9 Cases are with the relevant local authority awaiting decision making. In 13 cases the local authority are waiting on KCH to submit internal investigation reports; these have been delayed due to the Covid 19 pandemic, however prior to this, mechanisms were put in place to improve the Trust responsiveness and oversight of these cases.

Gaining outcomes from the Local Authority for safeguarding referrals does however continue to be problematic despite previous escalation to the Directors of Adult Social Services for each borough.

Domestic Abuse

The Independent Domestic Abuse Advocates (IDVAs) are part of the SGA Service. They are employed by Victim Support and co-located at both the DMH and PRUH sites.

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Frontline staff are also able to access support for domestic abuse (DA) through training and on line resources. Referrals are made through the adult safeguarding team or directly to the IDVA service. The service offers support to both service users and KCH employees who may be experiencing domestic abuse.

A total of 343 referrals for service users for the reporting period have been recorded. In 2018/19 there were 368 referrals. There were also a total of 49 Multi Agency Risk Assessment Conference (MARAC[3]) referrals for the reporting period compared with 45 referrals the previous year.

In September 2019 the Trust hosted a Domestic Abuse Awareness Day with a specific focus on domestic abuse in the work place. This event was well attended and received very positive feedback from attendees, with an associated increase in staff referrals received in the following months.

The SGA service is currently working with Human Resources and Occupational Health to develop a domestic abuse policy to support managers to support staff who are victims and perpetrators of domestic abuse. This is currently in draft format and will be published in the quarter 2 of 2020/21

Learning Disability

The Learning Disability (LD) service has benefited from the additional role of an LD Liaison Nurse and has been fully staffed since November 2019. The LD service supports frontline staff to support people with a learning disability who access KCH services.

Notifications are critical as they inform the LD service of admissions. Raising awareness of the duty to complete notifications is on-going work for the service. Figure 5 shows the breakdown of notifications across sites; the PRUH site referrals have historically been low however these have been slowly rising showing improvement in this area.

Figure 4: Learning Disability Notifications per quarter 2019/2020
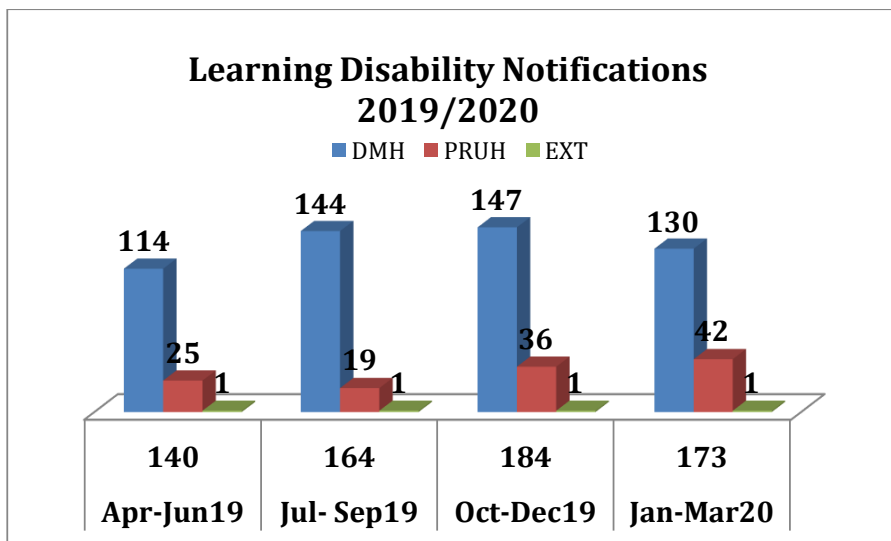
[3] A Multi Agency Risk Assessment Conference (MARAC) is a victim focused information sharing and risk management meeting attended by all key agencies, where high risk cases are discussed.

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Figure 5: Learning Disability Notifications per year

Learning Disability Notifications per year

■ DMH   ■ PRUH   ■ EXT

Year	DMH	PRUH	EXT
2016/17	374	52	23
2017/18	443	80	10
2018/19	605	116	12
2019/20	535	122	4
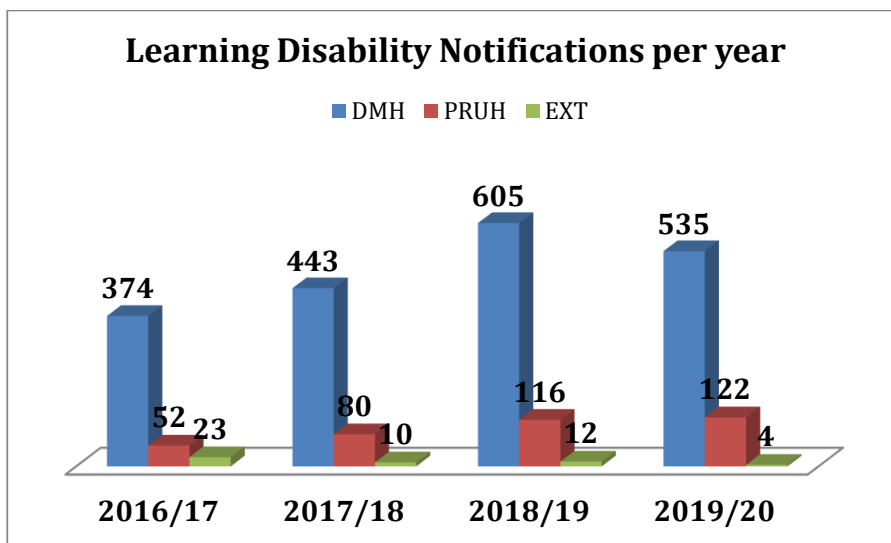
KCH has participated in the national learning disabilities improvement standards project/ Benchmark audit for the second consecutive year. Participation in the project identifies the Trust's baseline position against three standards; respecting and protecting rights, inclusion and engagement and workforce, against which future progress can be monitored.

Outcomes (for the 2018/2019 audit) received in the reporting period has shown the following gaps;

- waiting lists do not highlight people who have a LD
- wait times for someone with an LD are not monitored/ reviewed
- sites lack changing stations
- Accessible appointment letters are not provided.

Supporting changes to address these gaps will be part of the 2020/21 LD work plan.

The LD service is also in the process of developing a 3 year strategy which is aligned with the King's Health Partners LD strategy. Following review of best practice and engagement with service users the aims will focus on;

- person centred care and service user involvement
- developing clear pathways
- skilled workforce
- collaborative working

The LD service has strengthened the collaborative working with the community LD services during this period, this helps to ensure our LD patient group are well supported while accessing KCH services and on discharge.

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3. Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act (MCA)

The SGA Service provides support to frontline staff through training (core and bespoke), consultations, intranet resources, MCA Policy and practical support for complex cases.

As part of SGA services objectives to increase awareness of the MCA the service has teamed with legal services to provide MCA/DoLS "big talks". This involves guest speakers from 39 Essex Chambers (a barrister's chambers) who provide guidance on latest case law judgements. These sessions have been well attended and evaluated.

The SGA service provided support for 3 complex cases that were referred to the Court of Protection[4] (COP) in the reporting period. Involving the COP is evidence of good practice.

Deprivation of Liberty Safeguards (DoLS)

The SGA Service continues to coordinate and monitor the DoLS applications for the Trust. The DoLS Coordinator and the wider service assist frontline staff with the practical application of the legislation. In the reporting period the service processed 742 applications (see figures 6 &7) which is an increase of 42% from the applications made in 2018/19. This significant increase demonstrates an increased awareness of the safeguards amongst front line staff.

The DoLS Coordinator has worked with 29 boroughs to manage these applications; key boroughs are Lambeth, Southwark, Bromley, Lewisham, Bexley and Kent (see appendix 3, figure 10).

Figure 6: DoLS applications per quarter 2019/2020

DoLS applications per quarter 2019/20

	194	194
180	174	
Apr-Jun19	Jul- Sep19	Oct-Dec19 Jan-Mar20

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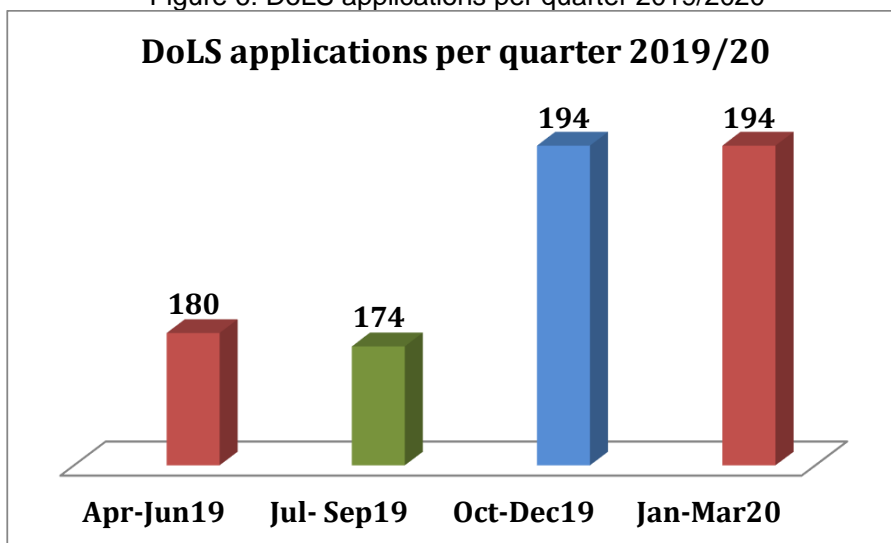
[4] The Court of Protection makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made (they 'lack mental capacity').

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Figure 7: DoLS applications per year

DoLS applications per year
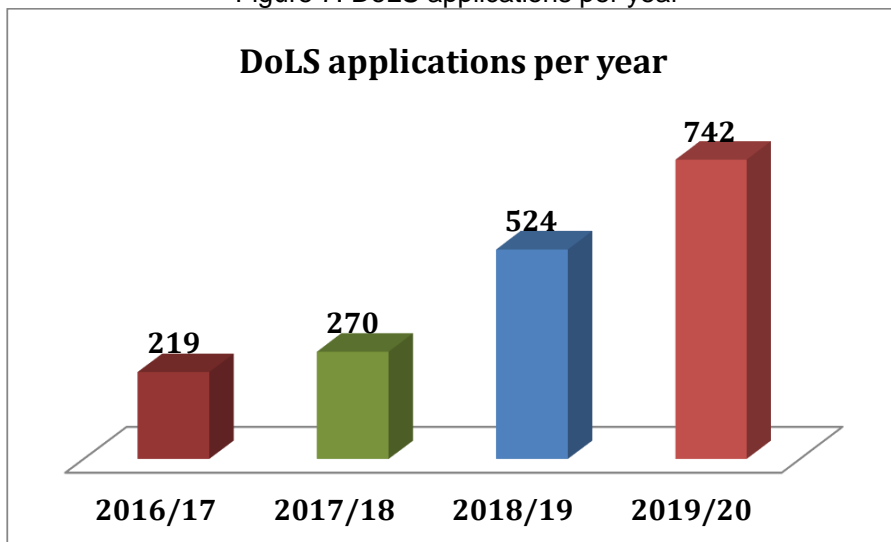
In the reporting year quarterly data has tracked application rate per site (see appendix 5, figure 9). In the 2018/19 annual report the service reported a quarter on quarter increase in applications from the DMH site, whereas the application rate on PRUH site remained static. In this reporting period both sites have increased their application numbers, demonstrating an increased awareness and understanding of the legislation, which is extremely positive.

Liberty Protection Safeguards (LPS)

The Mental Capacity (Amendment) Act received Royal Assent in May 2019. The Deprivation of Liberty Safeguards will be replaced with the Liberty Protection Safeguards (LPS). A new Code of Practice that will provide guidance / instruction for the LPS was originally expected in spring 2020, but has been delayed. Currently there is no implementation date for the LPS[5].

The new legislation means a significant change for NHS Trusts in the way a patient's liberty is protected during an in-patient admission and where they are unable to consent to their hospital stay. Currently the relevant local authority oversees the authorisation process for the safeguards. The new legislation requires NHS Trusts to take over this responsibility. The applicable age will also drop from 18 years to 16 years, meaning children services will also be involved in the change.

An LPS working group was established in January 2020 to prepare the Trust for these changes. As a result of some of the uncertainty around LPS this has been added to the Trust Risk Register due to the lack of government guidance; which is in line with other NHS Trusts across South East London. The SGA service is also part of the South East London LPS working group to ensure joined up working. Please see Appendix 3 for the LPS briefing report.

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[5] Initial implementation date was given as 1/10/20 but this has since been revoked.

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Prevent

Prevent is part of the Government's strategy for counter terrorism (CONTEST) and seeks to reduce the risks and impact of terrorism on the UK. Health is a key partner in the Prevent agenda and raising awareness of Prevent among front line staff providing health care is crucial.

The SGA service has referred 3 cases to Prevent Leads in 2019/20 and has had 1 request for information to support a case going through the Channel panel[6]. Section 5 of this report provides an update on Trust compliance with Prevent training.

4. External partnership working

Partnerships

The SGA Service works closely and is well supported by the Designated Nurses from Bromley, Southwark and Lambeth CCGs. The SGA service has submitted quarterly datasets to Southwark and Bromley CCG's and provides an annual assurance report to Lambeth SAB[7]. In order to improve efficiency and productivity KCH has requested a single adult safeguarding dataset from the SEL CCG for 2020/21, this is currently under review.

Maintaining engagement with the Safeguarding Adults Boards and associated sub-groups has been a priority for 2019/20. KCH has membership of Bromley, Southwark and Lambeth SABs and the SGA service has active membership of their associated subgroups. This commitment to partnership working has been reflected in positive feedback received from partner agencies.

Multi-agency reviews

The SGA service supports and coordinates a number of multi-agency reviews, namely Safeguarding Adult Reviews (SARS), Domestic Homicide Reviews (DHRS) and Learning Disabilities Mortality Review (LeDeR[8]) reviews. KCH is contributing to 13 DHRs and 3 SARS.

In the reporting period, 19 people with a learning disability have died, these cases are now subject to a LeDeR. The learning from local LeDeR reviews (not all the individuals' involved accessed KCH services) to date includes:

- Application of the Mental Capacity Act
- Developing the role of the LD specialist role in combating unconscious bias and promoting duties under the Equalities Act
- Quality End of Life care for people with LD

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 Channel is an early intervention multi-agency panel designed to safeguard vulnerable individuals from being drawn into extremist or terrorist behaviour. Channel works in a similar way to existing multi-agency partnerships for vulnerable individuals. It is a voluntary process allowing the individual to withdraw from the programme at any time.
[7] Safeguarding Adults Board
[8] Reviews of deaths carried out with a view to improve the standard and quality of care for people with a learning disability.

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- Developing the quality of an Annual Health Check, including opportunity to be professionally curious.
- Management of Deep Vein Thrombosis
- Management of GI/ Bowel Cancer
- Considering LD access to Domestic Abuse services and Drug/Alcohol services

Learning that is appropriate for KCH will be addressed in the strategy which informs the LD work plan.

5. CQC Update

In response to the CQC inspection and report (2019) the following action plan for Safeguarding was developed;

- The annual report format to be revised to ensure that all risks are clearly highlighted to the Trust Board
- Mandatory training and poor compliance to be added to the corporate risk register and additional training and initiatives to improve compliance with mandatory training will be developed -
- The Deputy Chief Nurse to write to the Directors of Adult Social Care regarding the lack of information from Section 42 enquiries
- The length of the joint Adult and Child Safeguarding Committee meeting to be lengthened to ensure there is sufficient time to cover all areas

All of these actions are now complete with the exception of training compliance, which is addressed in section 6 of this report.

6. Training

KCH is committed to ensuring its workforce is sufficiently skilled in safeguarding training. Over the last year, training compliance figures have seen a quarter on quarter improvement for adult safeguarding training packages. The table below shows compliance percentages at the end of 2019/2020. The Trust has not yet met the 85% target for 3 of the 5 packages however figure 8 shows the Trusts year on year improvement with compliance percentages.

Audience Name	Trust wide March 2020		
	LEAP Audience	No.of staff compliant	Compliant %
Preventing Radicalisation Level 1 & 2	4183	3689	88.2
Preventing Radicalisation Level 3	8264	6843	82.8
Mental Capacity & Consent	7628	6430	84.3
Safeguarding Adults Level 1	2678	2611	97.5
Safeguarding Adults Level 2	9814	8205	83.6

Figure 8: Training percentages from 2016/17 to 2019/20

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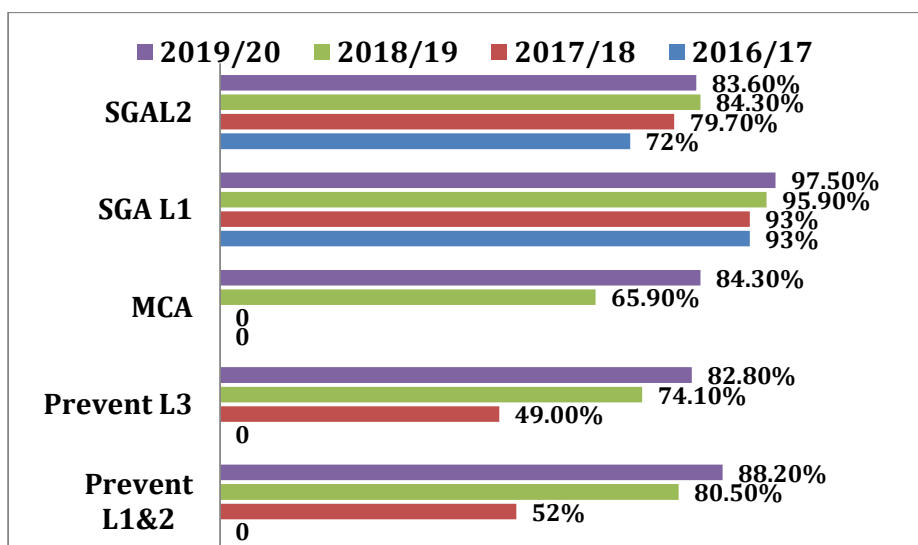
In addition to the core training packages the SGA service has delivered bespoke training on request on individual subjects including learning disabilities, MCA, DoLS and safeguarding adullts.

A safeguarding training working group has been set up to review existing training packages (in order to be compliant with the changes brought about by the Inter Collegiate Document, which outlines the mandated training by job role) and to support compliance with safeguarding training.

7. Covid

The last 2 weeks of March 2020 saw the SGA service reorganise itself and adapt to the restrictions, brought about by the pandemic, and ensure business continuity. This has included remote working, daily virtual meetings to discuss critical business, extending service hours to cover weekends and bank holidays and simplifying referrals to the Domestic Abuse and Learning Disability Services. Collaboration with partners has been critical; including fortnightly virtual meetings with local provider and CCG Safeguarding leads. The pandemic also influenced a change in training delivery; safeguarding adults training has moved to online training and bespoke training sessions deferred, but will resumed once a suitable solution has been determined

8. Risks and challenges

- Training compliance; the Trust has not achieved the target of 85% compliance for all the training sets this therefore remains a risk. The training working group in place will be addressing compliance issues

- LPS; the latest update from the Government is that in light of Covid this should not be a priority for Health and Social care. It was added to the Trust risk register in March 2020

- Low numbers of safeguarding referrals from PRUH site; this is being addressed by a support/ engagement plan

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- Section 42 outcomes; on-going work within the multi-agency setting. This has been raised with the Directors of Adult Social Care and with the Safeguarding Adults Boards.

9. Priorities

The priorities for 2020/21 for the SGA team are outlined below:

- Continue with the engagement / support plan for the PRUH site

- Resume planned work to prepare for the legislative changes when the Liberty Protection Safeguards are implemented

- Complete the LD strategy

- Complete population of reasonable adjustments flag for people with a learning disability (work has commenced with GSTT to align register of LD service users)

- Disseminating lessons learned/ outcomes from safeguarding enquiries to KCH workforce.

- Work with the Safeguarding Children team to develop an updated safeguarding strategy for the Trust

10. Conclusion

The Safeguarding Adults Service has concluded another extremely busy year. The service has clear priorities for 2020/21. In addition the service will be working towards the 'new normal' and adapting the service to ensure the needs of patients and staff are met whilst complying with the restrictions of Covid.

The SGA service faces the challenge of increasing areas of work as the speciality continues to develop nationally at a fast moving pace, however the service remains committed to supporting all staff to up hold their responsibilities to safeguard at risk adults.

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11. Appendices

Appendix 1: Safeguarding Adults Service Organogram 2019/2020

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                          ┌─────────────────────────┐
                          │ Head of Adult Safeguarding │
                          │        B8C 1WTE          │
                          └─────────────────────────┘
        ┌──────────────────────┬──────────────┬─────────────────────┐
┌───────────────────┐ ┌──────────────────┐ ┌──────────────────┐ ┌──────────────────────┐
│ Clinical Nurse    │ │ Safeguarding     │ │ Deprivation of   │ │ Independent Domestic │
│ Specialist for    │ │ Adults           │ │ Liberty          │ │ Violence Advocate    │
│ Learning          │ │ Specialist       │ │ Safeguards       │ │ Service              │
│ Disabilities      │ │ B8A 1 WTE        │ │ Coordinator      │ │                      │
│ B8A 1 WTE         │ │                  │ │ B4 1 WTE         │ │                      │
└───────────────────┘ └──────────────────┘ └──────────────────┘ └──────────────────────┘
    ┌─────────────────┐  ┌──────────────────┐ ┌──────────────────┐ ┌──────────────────────┐
    │ LD Liason Nurse │  │ Safeguarding     │ │ Safeguarding     │ │ Senior IDVA – Based  │
    │ B7 1 WTE        │  │ Adults Nurse     │ │ Adults           │ │ at PRUH              │
    │ (vacant)        │  │ B7 1WTE          │ │ Administrator    │ │ 1 WTE (Recruited)    │
    └─────────────────┘  └──────────────────┘ │ B4 1 WTE         │ └──────────────────────┘
                                              └──────────────────┘ ┌──────────────────────┐
                                                                   │ IDVA – Based at DMH  │
                                                                   │ 1 WTE                │
                                                                   └──────────────────────┘
                                                                   ┌──────────────────────┐
                                                                   │ IDVA – Based at DMH  │
                                                                   │ 0.5 WTE              │
                                                                   └──────────────────────┘
                                                                   ┌──────────────────────┐
                                                                   │ IDVA- Based atDMH    │
                                                                   │ 0.5 WTE (vacant)     │
                                                                   └──────────────────────┘
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Appendix 2: Deprivation of Liberty Safeguards data

Figure 9: DoLS applications per site 2018/19 and 2019/20

DoLS applications per site 2018/19 and 2019/20

■ 2018/19 ■ 2019/20

543

384

199

140

DMH   PRUH/SS
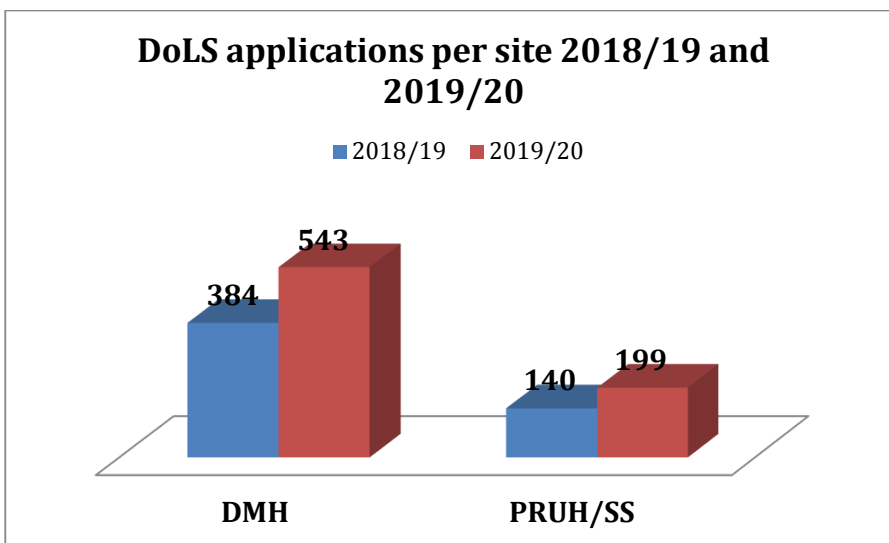
Figure 10: Key Boroughs managing DoLS applications in 2019/20

Key Boroughs managing DoLS applications in 2019/20

■ Southwark ■ Lambeth ■ Bromley
■ Lewisham ■ Kent ■ Bexley

8%

10%

7%

20%

23%

32%

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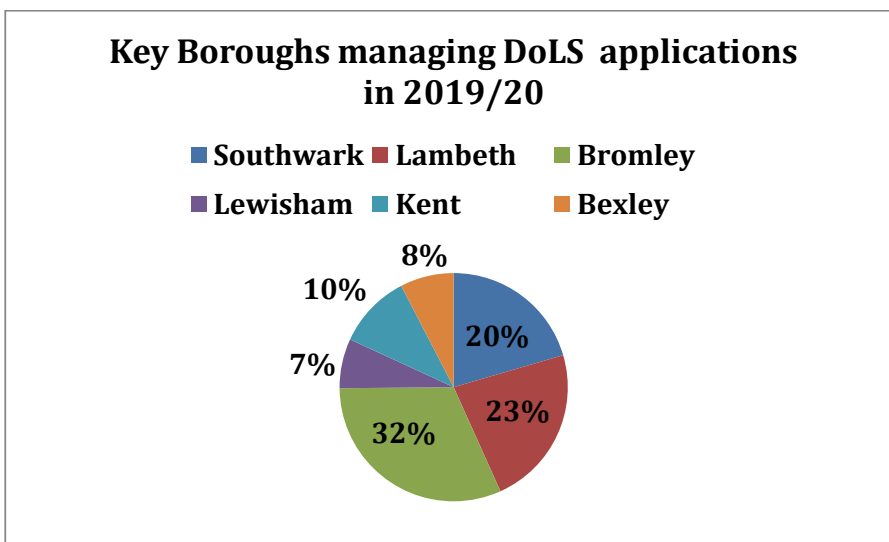
Appendix 3: Liberty Protection Safeguards (LPS) briefing report

Background
- 2004 The Bournewood Judgement; HR vs United Kingdom the rejection of legal informality
- 2005 Mental Capacity Act (MCA)
- 2007 Deprivation of Liberty of Safeguards (through the MHA)
- 2009 Deprivation of Liberty of Safeguards (DoLS) implemented (initially viewed as out of the ordinary)
- 2014 Critical House of Lords PLS report; DoLS is unworkable and not fit for practice
- 2014 Cheshire West judgement; expands the meaning of DoLS (now viewed as common place and part of 'normal treatment') significant resource implications.
- 2019 Mental Capacity (Amendment) Act containing Liberty Protection Safeguards (replaces DoLS)
- Spring 2020 Code of Practice to be published -delayed
- 1st October 2020 Implementation date-revoked

What LPS means
- The service provision decision + best interests = LPS
- No court authorisations needed, rather based on local decision making
- Focus on authorising arrangements; arrangements can be authorised for enabling the care or treatment of a person aged 16+ that give rise to deprivation of liberty, can be in any setting & multiple settings can include means and manner of transport
- Interface with Child and family legislation due to age threshold
- Cannot be used to authorise restricted contact with friends/ family or the delivery of care and treatment
- Portability a key feature
- Meaning of deprivation of liberty, no statutory definition; continues to mean the same as Article 5(1) ECHR (Cheshire west still applies i.e. the acid test), code of practice must include guidance on the meaning and regular code of practice must be regularly updated after 3 years and then 5 yearly

Responsible Body
- If arrangements mainly carried out in an NHS hospital , the NHS manager (e.g. NHS Trust)
- If arrangements mainly carried out in an Independent Hospital , the LA or the LA which hospital is situated or LHB (wales)
- If arrangements mainly carried out by CHC , the CCG or LHB (wales
- Otherwise the LA (meeting the person's needs or where the person is ordinarily resident)

Authorisation process (how do we do this!) no time limit for this period
1. **The conditions (3 things!)**

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Capacity assessment; person lacks capacity to consents to the arrangements **Doctors, Social workers, Occupational Therapists, Speech and Language therapists, Nurses**

- Medical assessment; person has a mental disorder as defined under the MHA (as required by Article 5) **Doctors (not just psychiatrists)**
- Necessary and proportionate assessment (wording used in ECHR); necessary to prevent harm to person and proportionate to likelihood and seriousness of such harm, is there a less restrictive option **Doctors, Social workers, Occupational Therapists, Speech and Language therapists, Nurses**
- Must have regard to person's wishes and feelings

2. **The assessors**
   - Determinations must be made on assessment
   - Ability to rely upon previous/ equivalent capacity & medical assessments and determinations (e.g. information from a Care Act assessments)
   - No minimum number of assessors & no requirement that they must be independent from each other (expect to see clarification in the Code of Practice)

3. **Consultation with (main purpose to ascertain the persons feelings and wishes about the arrangements)**

   - The person
   - Any named person
   - Carer or anyone interested in the person's welfare
   - Any deputy or attorney
   - IMCA or appropriate person

4. **Pre-authorisation review (72 hours)**
   - Person reviews the information
   - Determines if reasonable for RB to conclude conditions are met
   If there are objections then
   - AMCP reviews the information & determines if conditions are met
   - Meets with the person and consults others

MESSAGE Clinical staff need to skill up and learn MCA or risk Trust not complying with LPS
5. **Approved Mental Capacity Professionals**
   - LA keep registers approve training and provide sufficient professionals
   - Gov sets out AMCP training
   - Likely to be BIAs (OT, Nurses, SW)

6. **Rights to information**
   - Duty on Responsible body (RB) to publish specific information about the authorisations (effect, process, rights)

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- RB must ensure person and any other appropriate person understands the arrangements and the specific information
- RB must ensure authorisation record given to person, IMCA, appropriate person
- If not provided within 72 hours RB must review and record why not
- Post authorisation, RB must ensure the person understands the specific information

7. **Authorisation record (Care plan) Critical**
- All arrangements that have been authorised
- Responsible body
- When the authorisation begins and ends
- Programme for reviewing the authorisation
- How the rights to an IMCA / appropriate person have been complied with

8. **Reviews**
- more frequently if there are objections
- P becomes subject to MH
- Substantial change in conditions
- P starts to object

9. **Rights to an IMCA (looking at a potential large increase in advocacy)**

- Must appoint an IMCA if: there is no appropriate person, only exceptional circumstances would this not apply
- Applies when arrangements are being proposed and lasts throughout assessment and authorisation
- Who is appropriate; suitable, in agreement, not in a professional capacity,
- Appropriate person has a right to an advocate too!

10. **Court of Protection**
- Person, IMCA, appropriate person can apply without permission
- Court can determine any part of the application/authorisation
- Can vary or terminate the authorisation
- Rights to legal aid remain

11. **Monitoring and reporting**
- Gov to prescribe one or more bodies to monitor & report on the LPS
- Potential authority to visit, meet person, access and inspect records

12. **Key features**
- Power to give authorisation if condition is met
- Can have effect immediately or within 28 days
- Provides defence/ civil liabilities
- Can last for up to 12 months & renewed for up to 12 months and then up to 3 years

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- Power to renew rather than start from scratch
- No formal termination process- ceases if responsible body believes conditions are not met

13. Interim & emergency DoL
- 3 instances, pending a court decision, pending assessment under LPS, in an emergency
- Must be reasonable belief in lack of capacity & DoL must be necessary to deliver life-sustaining treatment or carry out a vital act (to prevent a serious deterioration in the persons condition as set out in the MHA)

14. Mental Health Act interface (no change from DoLS)
- LPS can't be used for psych treatment for a patient detained in hospital under the MHA
- LPS can be used alongside one of the community powers of the MHA (e.g. CTO or Guardianship)

15. Next steps
- Training and workforce strategy due out in summer 2019
- Impact assessment summer 2019
- Transitional arrangements will be in place, no new DoLS applications after 1st October 2020
- Existing DoLS authorisations to remain in place for up to a year

Specific NHS duties
- Publish information on effect of authorisation, process of authorisation/ assessments/ determinations/ consultation/ pre authorisation review/ referral of AMCP (get in with third sector)
- Accessible to and appropriate to the needs of the cared for persons
- ? standard forms- but modified for specific patient groups
- Identifying patients who may need LPS
- Specific considerations; advanced consent to planned operations and post-op delirium, advanced consent to palliative care, the exception of ordinary life-saving treatment (Code should clarify- A&E and ICU)
- What stages of admission to discharge should dol be considered
- Who will do relevant tasks; age considerations, should arrangements be MH or will they clash with MH (interface between MHA and MCA), capacity assessment, medical assessments, N&P assessment, Pre-authorisation reviews (there is discretion at final review)
- How much can be integrated into care planning and at what stages from admission to discharge
- Who will be our AMCPs (that LA approves) will they be sufficiently independent.

Early planning
KCH scoping/ impact

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ASG Annual Report 2019/2020

Tab 2.7 Safeguarding Adults Annual Report 2019/20

- Understand impact regarding 16&17 year olds
- Resources
- Consultation with key staff groups
- Escalation to Trust Board
- Agreement of which staff groups will carry out the assessments

What we need
Professional roles
- Capacity assessments – use existing staff
- Medical assessment – use existing staff
- Necessary and proportionate assessment; care plan and best interests (in place) - use existing staff
- Reviewer * / Authorising on behalf of Trust (independent of patient's clinical team) – need to decide, senior role required
- <u>Who</u> signs off Authorisations on behalf of the Trust?
- AMCP, most likely previously known as BIAs - need a source, Some SW KCH staff are BIA trained
- IMCAs (LPS) and advocates – need a source, likely LA

Communication of the changes to DoLS/ LPS
Training Requirements
- MCA
- LPS

Resources Required
- Forms / care plans/ pathways/ guidance and policy/ patient information

Monitoring
- Database
- Record keeping
- Review program
- LPS coordinator role

Risks
- Lack of compliance with the LPS legislation, breech of Article 5 of ECHR
- KCH implicated referrals, SI's, Complaints

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ASG Annual Report 2019/2020

Tab 2.8 Report from the Finance and Commercial Committee

NHS
King's College Hospital
NHS Foundation Trust

2.8

FINANCE AND COMMERCIAL COMMITTEE, 23 MARCH
BRIEF SUMMARY OF DISCUSSIONS

Subsidiaries Update – King's Facilities Management (KFM)

There was an update and discussion on KFM's risk register, governance capability and the governance processes in place between the Trust and KFM. The Exec Director, Integrated Governance had conducted a session on risk management principles with KFM. KFM's Risk Register was reviewed through the contract management meetings and committees. Patient experience had been identified as the main risk given the outpatient service environment. To address social distancing a proposed mitigation would be to deliver/courier prescriptions to patients. Dispensing errors had been linked to inadequate training and this had since been addressed.

Covid- 19 Update

The Chief Finance Officer updated the Committee on the Trust's COVID-19 response. Both the Denmark Hill and PRUH sites would be repurposed to put in additional capacity. To deal with the increasing number of COVID-19 patients, there were plans to increase the number of critical care beds over the coming weeks. More PPE equipment for staff would be made available and arrangements were being made to support staff by way of travel, accommodation and car parking during this period. Executive capacity would be increased and each corporate function was preparing business continuity plans to define essential services and to identify staff that could be redeployed.

Operational Plan update

The Trust's Covid response would take priority over this plan for the foreseeable future.

Covid costs update

NHSI had committed to funding costs based on the month 1-9 figures in addition to all Covid related expenses. While there would be no planned private patient work in the coming months, this loss in income would be ascribed to Covid expenses. Pay for extra hours and overtime would be a COVID expense for which the Trust would be reimbursed.

Tracking costs was key as any missed Covid costs won't be recouped and this would impact cash flow. All Covid related costs were being tracked through the Executive finance leads. The costs were hard to predict as they depended on the Trust's ability to find bank and agency staff for staff escalation areas and replace substantive employees in isolation. The Trust's costs included the loss of private patient income as this activity had been cancelled and any incremental costs, which were directly attributable to Covid-19. The Trust was forecasting costs to be between £2.0m and £3.5m per month for March, April and May based on current operational plans.

Finance Report – Month 11

The Trust had recorded a £147.8m deficit in the first 11 months of the year which was £12.6m favorable to plan. Pass through drugs was £4.6m favorable to plan though this would be further investigated due to backlog in homecare invoicing. The Department of Health had 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 would help the Trust to progress with urgent capital schemes, critical backlog maintenance and equipment issues.

Board Assurance Framework

The Trust Secretary updated the Committee on the BAF. There had not been much movement since the last iteration to the Committee.

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Tab 2.8 Report from the Finance and Commercial Committee

2.8

NHS
King's College Hospital
NHS Foundation Trust

FINANCE AND COMMERCIAL COMMITTEE, 21 MAY
BRIEF SUMMARY OF DISCUSSIONS

Subsidiaries Update - King's Facilities Management (KFM)
There was a brief progress update on the performance of the subsidiary. KFM had played a key role in the Covid response particularly with the procurement, supply chain and critical care technicians. The requirements pressure during the pandemic had improved joint working between KFM and KCH. KFM reported a net profit of £5.8m in 19/20.   Covid pressures had delayed agreement on the 20/21 operating budget and contract. An open book budget as opposed to a fixed price contract would be the preferred option. As part of this new contract a reduced set of KPIs will be agreed.

Month 12 Financial report and year on year analysis
The Committee noted the month 12 report and the accompanying supplementary year on year analysis. The Trust's unaudited outturn for 19/20 is a deficit of £155.2m, including consolidation of the subsidiary company accounts for KFM and KCS. This position was £14.3m better than plan and £4.8m better than forecast. This improved performance from the previous year was due to income rising by 9% while costs were kept under control.

Overall activity grew by nearly 4%. The remainder of the growth was as a result of negotiating better contracts with commissioners than took place in previous years.   Looking ahead to 20/21, key metrics/KPIs were needed to start the process of tracking spend. Bank and agency run rate metrics would be essential to re-establishing grip and control.   A key focus in 20/21 would be to maintain grip on cost as it relates to activity and to ensure the accurate recording of activity so that the Trust receives correct payment from the commissioners.

2020/21 (Month 01) Finance Report
The Trust recorded a deficit of £5.3m In M01 2020-21, following consolidation of the subsidiary accounts for KFM and KCS. However, for the first 4 months of 2020/21, the Trust had been provided block contract income of £103.6m with the anticipation that this will allow the Trust to break even.

KCL was anticipating a deficit due to the impact of Covid on international student numbers. The Committee discussed how this would also impact the Trust.   Once clarity was received on the likely deficit, the Trust would work with KCL and be in a better position to agree the level of support it could provide. The impact of a KCL deficit would be added to the Trusts' risk register.

2020/21 Capital Plan
The Committee noted the plan which outlined the proposal for prioritising the £40-50m available for capital investment. Further clarity was needed from the centre on the availability of Covid capital to cover the 12 expectations from the centre (mainly capital costs of increased critical care capacity, moving to virtual by default and segregation of the hospital site into Covid and Non Covid areas).   If no clarity is received the proposal was to prioritise COVID segregation, critical care capacity and virtual by default within existing budgets.

Board Assurance Framework
The Trust Secretary updated the Committee on the BAF. There had not been much movement since the last iteration to the Committee.

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Tab 2.9 Finance Report M2

Month 02 Finance Report

Trust Board

18 June 2020
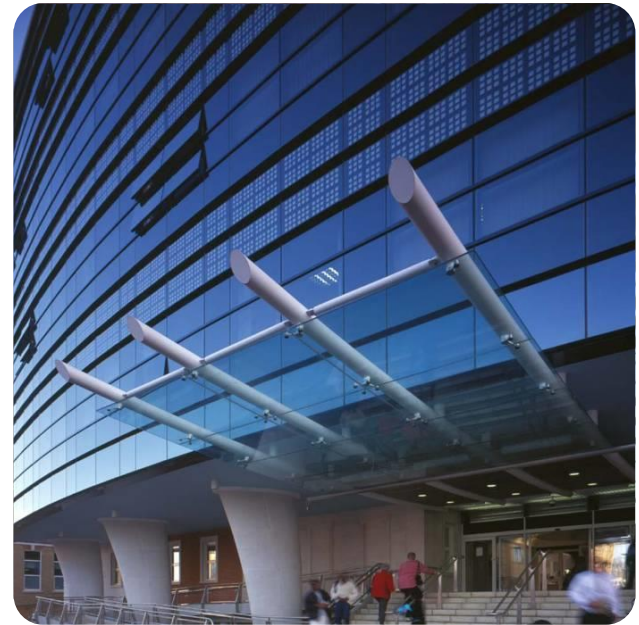
KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

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Tab 2.9 Finance Report M2

King's

Summary of Year to Date Financial Position – M02

As at month 2, the Trust has recorded an operating deficit of £4.3m in-month and £9.0m YTD before additional top up income.

Trust Summary M02	Outturn	Annual	Last Month	Current Month				Year to Date				LY v CY YTD
Category	Last Year	Budget	M1	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	Change
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%
Income	1,224.1	1,212.8	112.8	99.3	100.4	113.5	13.0	192.5	200.9	226.3	25.4	20%
Pay	(726.2)	(754.2)	(63.2)	(59.1)	(64.3)	(66.4)	(2.1)	(118.6)	(128.8)	(129.5)	(0.8)	-9%
Nonpay	(575.7)	(603.5)	(50.7)	(49.2)	(52.4)	(51.4)	0.9	(97.6)	(104.8)	(102.2)	2.7	-5%
Financing	(47.3)	(33.0)	(3.7)	(4.0)	(2.8)	(4.1)	(1.3)	(7.9)	(5.5)	(7.8)	(2.3)	2%
Trust Total	(125.2)	(178.0)	(4.8)	(13.1)	(19.0)	(8.4)	10.6	(31.7)	(38.2)	(13.2)	25.0	73%
Less Donated income, Impairment, Depr	(34.8)	22.9	(0.5)	0.3	1.9	4.1	(2.8)	0.3	3.8	4.2	(0.4)	
Trust Operating Total	(160.0)	(155.1)	(5.3)	(12.7)	(17.1)	(4.3)	7.8	(31.4)	(34.4)	(9.0)	24.6	
NHSE Retrospective Top Up			4.8			4.3	4.3			9.0	9.0	
Adjusted Operating Total	(160.0)	(155.1)	(0.5)	(12.7)	(17.1)	(0.0)	12.1	(31.4)	(34.4)	(0.0)	33.6	

*Clinical Income for 2020-21 is now on a block contract due to COVID.
 ** Last year outturn excludes consolidation of KFM, KCS and Viapath. This is included in YTD figure.

For the first 4 months of 2020/21 the Trust has been provided block contract income of £103.6m with the anticipation that this will allow the Trust to break even.

In M01, the Trust recorded a £4.7m retrospective top up income to help the Trust breakeven in line with the Financial Guidance set out this year from NHSE whilst we navigate through COVID. For month 2 (M2), the Trust has reported a deficit of £4.3m.

Adjusting for the retrospective top up Income expected of £4.3m for M2, the Trust will be reporting a breakeven position.

This £9.0m YTD deficit (pre top up) is predominantly driven by:

* An income gap (c.£5m YTD) largely attributed to reductions in Private Patient & Overseas (£2.5m), KCS (£0.5m) and out of area commissioners and NCA activity (c£2m), as a result of a difference between income levels received last year and the month 1-4 block contract income calculation.

* COVID related costs c.£12m have been recorded YTD (m2 are being validated). This is only partially offset by benefits from reduced drug expenditure (c£3m) and an increased KFM surplus as a result of reduced clinical supplies costs (£6.6m) relating to reduced elective activity.

It is worth noting that pay has worsened by £3.2m compared to M01 and is £10.9m more than the 19/20 YTD figure (only £3.0m-£3.5m relates to inflation). This is an area the Trust will need to monitor closely over the next few months as COVID pressures ease and we look to bring spend back in line with planned establishment.

Tab 2.9 Finance Report M2

Month 02 – Detail (1/3) - Income

Trust Summary M02	Outturn	Annual	Last Month	Current Month				Year to Date				LY v CY YTD
Sub-Category	Last Year	Budget	M1	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	Change
	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	%
NHS Clinical Contract Income	899.7	908.0	90.1	75.3	75.7	91.4	15.7	144.5	151.3	181.5	30.2	26%
Pass Through Devices - Income	19.5	20.2	1.7	1.6	1.7	1.7	0.0	3.1	3.4	3.4	0.0	8%
Pass Through Drugs - Income	127.6	137.1	11.4	10.7	11.4	11.4	0.0	21.2	22.8	22.8	0.0	8%
NHS Clinical Contract Income ①	**1,046.4**	**1,065.3**	**103.2**	**87.6**	**88.8**	**104.5**	**15.7**	**168.8**	**177.5**	**207.7**	**30.2**	**23%**
Education & Training Income	46.0	43.5	3.7	3.1	3.6	4.1	0.5	6.5	7.3	7.7	0.5	19%
Financial Recovery Fund (FRF)	14.8	0.0	0.0	0.7	0.0	0.0	0.0	1.5	0.0	0.0	0.0	-100%
Marginal Rate Emergency Threshold (MRET)	1.7	0.0	0.0	0.1	0.0	0.0	0.0	0.3	0.0	0.0	0.0	-100%
Other Operating Income	46.9	56.3	2.2	3.0	4.1	2.2	(1.8)	6.2	8.1	4.5	(3.7)	50%
R&I Income	16.4	15.4	2.3	1.3	1.3	1.2	(0.1)	2.3	2.6	3.5	1.0	55%
Sustainability and Transformation Fund	20.4	0.0	0.0	1.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	-100%
Other Operating income ②	**146.2**	**115.2**	**8.2**	**9.3**	**9.0**	**7.6**	**(1.4)**	**18.8**	**18.0**	**15.8**	**(2.2)**	**9%**
Overseas Visitor Income	4.8	4.6	0.3	0.1	0.4	0.4	(0.0)	0.3	0.8	0.7	(0.1)	100%
Private Patient Income	18.9	20.0	0.6	1.6	1.7	0.4	(1.3)	3.2	3.3	1.0	(2.4)	-70%
Private Patient & Overseas Income ③	**23.7**	**24.6**	**0.9**	**1.7**	**2.0**	**0.7**	**(1.3)**	**3.5**	**4.1**	**1.6**	**(2.5)**	**-54%**
Other NHS Clinical Income	3.7	4.1	0.2	0.3	0.3	0.3	(0.0)	0.7	0.7	0.5	(0.2)	-27%
Other NHS Clinical Income	**3.7**	**4.1**	**0.2**	**0.3**	**0.3**	**0.3**	**(0.0)**	**0.7**	**0.7**	**0.5**	**(0.2)**	**-27%**
RTA Income	4.0	3.7	0.3	0.3	0.3	0.3	0.0	0.6	0.6	0.7	0.0	10%
Other Non-NHS Clinical Income	**4.0**	**3.7**	**0.3**	**0.3**	**0.3**	**0.3**	**0.0**	**0.6**	**0.6**	**0.7**	**0.0**	**10%**
Income	**1,224.1**	**1,212.8**	**112.8**	**99.3**	**100.4**	**113.5**	**13.0**	**192.5**	**200.9**	**226.3**	**25.4**	**20%**

① Clinical Contract Income – £1.3m improved from last month

Clinical Contract Income has been moved to block as part of the response to COVID 19 with the usual payment by tariff on suspension. The block in 2020-21 is made up of £89m and £14.3m top-up, resulting in a monthly block value of £103.2m.

Clinical Income has improved by £1.3m overall which is attributed to an improvement in Local Authority billing (£0.25m), progress in income debt recovery (£0.3m) and a catch up NHSE block payment top up receipted this month of £0.7m. A further increase of £0.4m had been recognised for HEE COVID nurses that had started in M02.

② Other Operating Income – £0.6m worsened from last month

This is predominantly driven by R&I income which has deteriorated by £1m in M2. This is driven by accounting for CTO income (£0.8m) in M01 which had to be deferred. This has now been adjusted for in M02, hence the swing in months but corrected YTD position.

③ Private Patient & Overseas – £0.1m worsened from last month

Guthrie continues to remain closed and income has further reduced in M2 due to reduced WIP.

Month 02 – Detail (2/3) - Pay

Trust Summary M02	Outturn	Annual	Last Month	Current Month			Year to Date				LY v CY YTD
Sub-Category	Last Year	Budget	M1	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	Change
	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	%
Medical Agency	(6.0)	(1.6)	(0.5)	(0.7)	(0.1)	(0.5)	(0.4)	(1.4)	(0.3)	(1.0)	(0.7)	27%
Medical Bank	(9.8)	(0.5)	(1.0)	(0.5)	(0.0)	(1.9)	(1.9)	(1.1)	(0.1)	(2.9)	(2.8)	-100%
Medical Substantive	(215.7)	(235.0)	(18.5)	(17.5)	(19.6)	(19.3)	0.3	(35.0)	(39.2)	(37.8)	1.4	-8%
Medical Staff ①	**(231.4)**	**(237.1)**	**(20.0)**	**(18.6)**	**(19.8)**	**(21.7)**	**(1.9)**	**(37.4)**	**(39.6)**	**(41.7)**	**(2.2)**	**-11%**
Nursing Agency	(6.1)	(1.1)	(0.6)	(0.4)	(0.1)	(0.5)	(0.4)	(0.7)	(0.2)	(1.1)	(0.9)	-46%
Nursing Bank	(32.7)	(7.3)	(3.0)	(2.2)	(0.7)	(2.8)	(2.1)	(4.6)	(1.2)	(5.8)	(4.6)	-26%
Nursing Substantive	(256.8)	(304.4)	(22.1)	(21.6)	(25.5)	(22.8)	2.6	(43.3)	(50.9)	(44.9)	6.0	-4%
Nursing staff ②	**(295.7)**	**(312.9)**	**(25.6)**	**(24.2)**	**(26.2)**	**(26.1)**	**0.1**	**(48.7)**	**(52.3)**	**(51.7)**	**0.5**	**-6%**
A&C agency	(2.7)	0.0	(0.1)	(0.4)	0.0	(0.1)	(0.1)	(0.6)	0.0	(0.3)	(0.3)	55%
A&C Bank	(3.4)	(0.4)	(0.3)	(0.3)	0.0	(0.4)	(0.5)	(0.5)	(0.1)	(0.7)	(0.7)	-34%
A&C Substantive	(104.8)	(116.3)	(9.3)	(8.3)	(9.7)	(9.1)	0.6	(16.8)	(19.4)	(18.4)	1.1	-9%
Admin and Clerical	**(110.2)**	**(116.6)**	**(9.7)**	**(9.0)**	**(9.7)**	**(9.6)**	**0.0**	**(18.0)**	**(19.5)**	**(19.4)**	**0.1**	**-8%**
Other Agency Staff	(2.8)	(1.0)	(0.5)	(0.4)	(0.1)	(0.6)	(0.5)	(0.8)	(0.2)	(1.1)	(0.9)	-36%
Other Bank Staff	(2.2)	(0.0)	(0.1)	(0.1)	(0.0)	(0.2)	(0.2)	(0.3)	(0.0)	(0.4)	(0.3)	-33%
Other Substantive Staff	(83.9)	(99.2)	(7.2)	(6.7)	(8.4)	(8.0)	0.4	(13.5)	(16.6)	(15.3)	1.3	-13%
Other Staff ③	**(88.9)**	**(100.2)**	**(7.8)**	**(7.2)**	**(8.5)**	**(8.9)**	**(0.4)**	**(14.5)**	**(16.7)**	**(16.7)**	**0.0**	**-15%**
Pay Reserves	0.0	(9.0)	0.0	0.0	(0.1)	0.0	0.1	0.0	(0.7)	0.0	0.7	0%
Pay Reserves	**0.0**	**(9.0)**	**0.0**	**0.0**	**(0.1)**	**0.0**	**0.1**	**0.0**	**(0.7)**	**0.0**	**0.7**	**0%**
Unallocated CIP - Pay	0.0	21.7	0.0	0.0	0.0	0.0	(0.0)	0.0	0.0	0.0	(0.0)	0%
Unallocated CIP - Pay	**0.0**	**21.7**	**0.0**	**0.0**	**0.0**	**0.0**	**(0.0)**	**0.0**	**0.0**	**0.0**	**(0.0)**	**0%**
Pay	**(726.2)**	**(754.2)**	**(63.2)**	**(59.1)**	**(64.3)**	**(66.4)**	**(2.1)**	**(118.6)**	**(128.8)**	**(129.5)**	**(0.8)**	**-9%**

① **Medical Pay - £1.7m worsened from last month**

R&D had recorded £0.7m provision following the review of released provisions at year end. Due to new information regarding research grants a provision has been provided in anticipation of new costs.

PRUH had recognised £0.5m in Medical Bank costs following review of prior months COVID activity relating to consultant additional shifts and hours worked. A further £0.5m has been recorded across DH for COVID related activity, particularly Urgent Care.

£0.5m has been recorded for Agency Invoices relating to prior year which have now materialised and an appropriate provision provided for these.

② **Nursing Pay – £0.4m worsened from last month**

This is driven by 99 WTE HEE funded COVID nurses starting in M02. Income has been recognised in line with this additional new cost.

③ **Other Staff – £1m worsened from last month**

This is driven by the increase use in therapists in response to running 7 day wards and additional shifts as a result of COVID.

R&D have recorded £0.4m provision following the review of released provisions at year end. Due to new information regarding research grants a provision has been provided in anticipation of new costs.

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Tab 2.9 Finance Report M2

Month 02 – Detail (3/3) – Non Pay

Trust Summary M02	Outturn	Annual	Last Month	Current Month				Year to Date				LY v CY YTD
Sub-Category	Last Year	Budget	M1	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	Change
	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	%
Pass Through Drugs - Expenditure	(125.9)	(124.1)	(10.3)	(10.5)	(10.3)	(8.5)	1.8	(20.5)	(20.7)	(18.8)	1.9	8%
Drugs	(23.6)	(29.8)	(2.3)	(2.0)	(2.5)	(1.8)	0.7	(4.3)	(5.0)	(4.1)	0.9	5%
Drugs ①	(149.5)	(153.9)	(12.6)	(12.6)	(12.8)	(10.3)	2.5	(24.8)	(25.7)	(22.9)	2.8	8%
Clinical Supplies	(15.1)	(18.3)	(2.8)	(1.3)	(1.5)	(0.2)	1.4	(2.7)	(3.1)	(3.0)	0.1	-12%
Clinical Supplies	(15.1)	(18.3)	(2.8)	(1.3)	(1.5)	(0.2)	1.4	(2.7)	(3.1)	(3.0)	0.1	-12%
Consultancy	(8.9)	(2.6)	(0.3)	(0.4)	(0.2)	(0.6)	(0.3)	(0.7)	(0.4)	(0.9)	(0.4)	-26%
External Services	(77.1)	(72.2)	(6.0)	(5.9)	(6.0)	(5.2)	0.8	(12.1)	(12.0)	(11.2)	0.8	7%
Purchase of Healthcare from Non-NHS Provider	(178.6)	(173.9)	(10.8)	(11.8)	(14.5)	(11.3)	3.2	(25.6)	(28.9)	(22.1)	6.7	13%
Services from other NHS Bodies	(52.2)	(62.3)	(5.7)	(5.8)	(5.9)	(5.8)	0.1	(11.0)	(11.9)	(11.6)	0.3	-5%
External Services ②	(316.9)	(310.9)	(22.8)	(23.9)	(26.6)	(22.9)	3.7	(49.3)	(53.2)	(45.7)	7.5	7%
Non-Clinical Supplies	(45.8)	(54.8)	(4.8)	(5.1)	(4.7)	(5.2)	(0.6)	(10.0)	(9.4)	(10.1)	(0.7)	-1%
Other Non-Pay	(22.3)	(30.5)	(5.5)	(2.1)	(2.5)	(6.4)	(3.8)	(2.6)	(5.1)	(11.8)	(6.7)	-100%
Reserves	(6.0)	(4.8)	(0.0)	0.0	0.1	(0.0)	(0.1)	0.0	0.2	(0.0)	(0.2)	-100%
Unallocated CIP - NonPay	0.0	20.8	0.0	0.0	(0.0)	0.0	0.0	0.0	(0.0)	0.0	0.0	0%
Other Non-Pay ③	(68.1)	(69.3)	(10.3)	(7.2)	(7.1)	(11.6)	(4.5)	(12.5)	(14.3)	(21.9)	(7.5)	-75%
Depreciation	(23.4)	(27.0)	(2.2)	(2.2)	(2.3)	(2.5)	(0.2)	(4.3)	(4.5)	(4.7)	(0.1)	-8%
Impairment	(2.6)	(24.0)	0.0	(2.0)	(2.0)	(4.0)	(2.0)	(4.0)	(4.0)	(4.0)	(0.0)	0%
Capital ④	(26.1)	(51.0)	(2.2)	(4.2)	(4.3)	(6.5)	(2.2)	(8.3)	(8.5)	(8.7)	(0.1)	-4%
Nonpay	(575.7)	(603.5)	(50.7)	(49.2)	(52.4)	(51.4)	0.9	(97.6)	(104.8)	(102.2)	2.7	-5%
Interest payable	(48.4)	(33.5)	(4.0)	(4.0)	(2.8)	(4.1)	(1.3)	(8.0)	(5.6)	(8.1)	(2.5)	-1%
Interest receivable	1.3	0.5	0.0	(0.0)	0.0	0.0	(0.0)	0.1	0.1	0.0	(0.1)	-69%
Profit/Loss on Disposal of Fixed Assets	(183.0)	(0.0)	0.2	(0.0)	(0.0)	0.0	0.0	0.0	(0.0)	0.3	0.3	100%
Public Dividend Capital	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0%
Financing	(47.3)	(33.0)	(3.7)	(4.0)	(2.8)	(4.1)	(1.3)	(7.9)	(5.5)	(7.8)	(2.3)	2%
Financing	(47.3)	(33.0)	(3.7)	(4.0)	(2.8)	(4.1)	(1.3)	(7.9)	(5.5)	(7.8)	(2.3)	2%
Trust Total	(125.2)	(178.0)	(4.8)	(13.1)	(19.0)	(8.4)	10.6	(31.7)	(38.2)	(13.2)	25.0	73%

① Drugs - £2.3 improvement from last month

Reduced elective activity has led to a reduced cost in drugs being recognised. It is expected that this will normalise as COVID eases and the Trust's elective work begins to grow again.

② Clinical Supplied - £2.6m improvement from last month

Commercial has improved by £1.7m due to re-categorising costs from here to External Services, this amounted to £0.8m. £0.8m is due to the release of prior year provisions in Urgent Care.

③ Other Non-Pay – £1.3m deterioration from last month

Includes COVID related costs. There has been an increase of £1.2m across DH and another £0.3m across PRUH.

Commercial have also recorded a £0.3m bad debt provided Viapath Invoices that are due.

④ Capital Costs - £4.3m deterioration from last month

This is a result of adjusting for impairment (£4.0m) in-month for M01 & M02.

Commercial have recognised a bad debt provision in relation to old Viapath Invoices this month.

Tab 2.9 Finance Report M2

King's

Appendices

Tab 2.9 Finance Report M2

Appendix 1 – Run Rate Detail - Income (1/3)

12 month rolling actuals	Q1	Q2			Q3			Q4			Q1	
Sub-Category	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
NHS Clinical Contract Income	74,174	75,750	72,935	75,503	76,446	79,831	71,805	74,402	74,136	79,813	90,119	91,410
Pass Through Devices - Income	1,820	1,564	1,539	1,689	1,827	1,786	1,602	1,425	1,536	1,562	1,685	1,685
Pass Through Drugs - Income	13,488	8,041	10,642	10,076	12,292	9,261	9,048	9,975	14,500	9,076	11,424	11,424
NHS Clinical Contract Income	**89,481**	**85,356**	**85,116**	**87,268**	**90,565**	**90,878**	**82,456**	**85,802**	**90,171**	**90,450**	**103,228**	**104,519**
Education & Training Income	3,246	4,145	3,554	3,531	4,594	3,737	3,702	3,194	3,718	6,047	3,655	4,085
Financial Recovery Fund (FRF)	741	987	987	987	1,481	1,481	1,480	1,727	1,727	1,729	0	0
Marginal Rate Emergency Threshold (MRET)	144	144	144	144	144	144	144	144	144	144		
Other Operating Income	3,407	4,088	2,343	3,727	3,931	3,615	254	5,119	4,493	8,856	2,239	2,246
R&I Income	1,121	1,604	1,153	2,021	1,158	2,358	1,067	1,159	1,692	795	2,310	1,230
Sustainability and Transformation Fund	1,021	1,361	1,361	1,362	2,042	2,042	2,042	2,382	2,382	2,384	0	0
Other Operating income	**9,679**	**12,328**	**9,542**	**11,772**	**13,350**	**13,376**	**8,690**	**13,725**	**14,157**	**19,956**	**8,204**	**7,561**
Overseas Visitor Income	137	356	611	811	450	532	212	1,107	803	(487)	274	378
Private Patient Income	1,559	1,514	1,550	1,840	2,946	771	1,961	2,068	913	563	606	357
Private Patient & Overseas Income	**1,696**	**1,870**	**2,161**	**2,650**	**3,396**	**1,303**	**2,173**	**3,175**	**1,715**	**75**	**880**	**735**
Other NHS Clinical Income	244	363	312	501	487	71	267	536	348	(98)	191	330
Other NHS Clinical Income	**244**	**363**	**312**	**501**	**487**	**71**	**267**	**536**	**348**	**(98)**	**191**	**330**
RTA Income	389	200	342	360	464	140	290	347	411	444	343	307
Other Non-NHS Clinical Income	**389**	**200**	**342**	**360**	**464**	**140**	**290**	**347**	**411**	**444**	**343**	**307**
Income	**101,489**	**100,116**	**97,474**	**102,551**	**108,262**	**105,769**	**93,875**	**103,585**	**106,802**	**110,828**	**112,845**	**113,453**

King's

Appendix 1 – Run Rate Detail - Pay (2/3)

12 month rolling actuals	Q1	Q2			Q3			Q4			Q1	
Sub-Category	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Medical Agency	(146)	(542)	(713)	(614)	(750)	(559)	(535)	(648)	(523)	467	(498)	(519)
Medical Bank	(535)	(716)	(429)	(911)	(864)	(429)	(817)	(1,000)	(1,434)	(1,590)	(988)	(1,901)
Medical Substantive	(17,211)	(17,431)	(17,899)	(19,261)	(17,655)	(18,406)	(17,854)	(17,828)	(18,197)	(18,939)	(18,511)	(19,306)
Medical Staff	**(17,893)**	**(18,689)**	**(19,042)**	**(20,787)**	**(19,269)**	**(19,394)**	**(19,206)**	**(19,476)**	**(20,154)**	**(20,062)**	**(19,997)**	**(21,725)**
Nursing Agency	(480)	(497)	(224)	(567)	(379)	(368)	(767)	(604)	(590)	(904)	(567)	(511)
Nursing Bank	(2,037)	(2,579)	(3,216)	(2,710)	(2,841)	(2,252)	(2,500)	(3,037)	(3,243)	(3,691)	(3,003)	(2,777)
Nursing Substantive	(21,621)	(21,422)	(21,528)	(21,318)	(21,000)	(21,226)	(21,207)	(21,631)	(21,239)	(21,298)	(22,057)	(22,827)
Nursing staff	**(24,138)**	**(24,497)**	**(24,968)**	**(24,595)**	**(24,220)**	**(23,847)**	**(24,475)**	**(25,272)**	**(25,072)**	**(25,893)**	**(25,628)**	**(26,116)**
A&C agency	(166)	(3)	(258)	(447)	(287)	(557)	(139)	(122)	(31)	(67)	(146)	(138)
A&C Bank	(257)	(213)	(243)	(44)	(819)	(63)	(309)	(279)	(266)	(407)	(280)	(445)
A&C Substantive	(8,347)	(8,327)	(8,792)	(8,543)	(8,437)	(8,572)	(8,621)	(8,514)	(8,771)	(10,686)	(9,305)	(9,052)
Admin and Clerical	**(8,770)**	**(8,543)**	**(9,293)**	**(9,033)**	**(9,542)**	**(9,191)**	**(9,070)**	**(8,915)**	**(9,067)**	**(11,160)**	**(9,731)**	**(9,636)**
Other Agency Staff	(271)	16	(126)	(396)	(443)	(328)	(141)	(302)	(311)	224	(456)	(628)
Other Bank Staff	(135)	(167)	(132)	(185)	(229)	(106)	(205)	(230)	(224)	(295)	(117)	(235)
Other Substantive Staff	(6,769)	(6,875)	(6,876)	(7,004)	(7,045)	(7,070)	(7,074)	(7,128)	(7,168)	(7,385)	(7,236)	(8,025)
Other Staff	**(7,175)**	**(7,026)**	**(7,134)**	**(7,584)**	**(7,718)**	**(7,505)**	**(7,420)**	**(7,659)**	**(7,703)**	**(7,455)**	**(7,809)**	**(8,888)**
Pay Reserves	0	0	0	0	0	0	0	0	0	0	0	0
Pay Reserves	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Unallocated CIP - Pay	0	0	0	0	0	0	0	0	0	0	0	0
Unallocated CIP - Pay	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Pay	**(57,975)**	**(58,754)**	**(60,436)**	**(61,999)**	**(60,749)**	**(59,938)**	**(60,170)**	**(61,323)**	**(61,996)**	**(64,570)**	**(63,165)**	**(66,365)**

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2.9

Tab 2.9 Finance Report M2

Appendix 1 – Run Rate Detail – Non Pay (3/3)

12 month rolling actuals	Q1	Q2			Q3			Q4			Q1	
Sub-Category	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**	**Apr-20**	**May-20**
Pass Through Drugs - Expenditure	(10,873)	(10,504)	(10,096)	(12,612)	(11,204)	(9,973)	(10,232)	(9,307)	(10,735)	(9,936)	(10,319)	(8,497)
Drugs	(2,255)	(2,568)	(2,965)	(1,044)	(1,752)	(1,434)	(2,339)	(2,056)	(2,063)	(803)	(2,269)	(1,811)
Drugs	**(13,128)**	**(13,073)**	**(13,061)**	**(13,656)**	**(12,955)**	**(11,407)**	**(12,571)**	**(11,364)**	**(12,798)**	**(10,739)**	**(12,587)**	**(10,307)**
Clinical Supplies	(1,367)	(1,695)	(1,373)	(1,114)	(1,136)	(1,652)	(1,733)	(2,057)	(1,288)	1,141	(2,820)	(158)
Clinical Supplies	**(1,367)**	**(1,695)**	**(1,373)**	**(1,114)**	**(1,136)**	**(1,652)**	**(1,733)**	**(2,057)**	**(1,288)**	**1,141**	**(2,820)**	**(158)**
Consultancy	(248)	(239)	(204)	(374)	(196)	(210)	(1,280)	(291)	(497)	(4,714)	(297)	(559)
External Services	(5,812)	(5,770)	(5,713)	(6,125)	(5,799)	(6,067)	(6,159)	(6,090)	(6,214)	(11,310)	(5,998)	(5,190)
Purchase of Healthcare from Non-NHS Provider	(13,759)	(13,018)	(14,000)	(13,648)	(12,987)	(15,018)	(13,153)	(15,667)	(14,863)	(26,323)	(10,797)	(11,346)
Services from other NHS Bodies	(5,447)	(5,685)	(5,258)	(5,666)	(5,532)	(4,718)	(2,515)	(4,889)	(566)	1,338	(5,735)	(5,826)
External Services	**(25,266)**	**(24,713)**	**(25,174)**	**(25,813)**	**(24,515)**	**(26,012)**	**(23,107)**	**(26,937)**	**(22,140)**	**(41,009)**	**(22,827)**	**(22,920)**
Non-Clinical Supplies	(4,800)	(5,148)	(5,723)	(2,755)	(2,936)	(4,257)	(4,338)	(4,751)	(4,814)	3,674	(4,829)	(5,227)
Other Non-Pay	(2,239)	(3,724)	(1,632)	(3,189)	(2,741)	(2,701)	2,061	(2,045)	(2,527)	837	(5,452)	(6,373)
Reserves	0	0	0	0	0	0	(2)	(2)	0	(2)	(0)	(1)
Unallocated CIP - NonPay	0	0	0	0	0	0	0	0	0	0	0	0
Other Non-Pay	**(7,040)**	**(8,871)**	**(7,355)**	**(5,945)**	**(5,678)**	**(6,958)**	**(2,280)**	**(6,797)**	**(7,341)**	**4,509**	**(10,281)**	**(11,601)**
Depreciation	(2,152)	(2,152)	(2,152)	(2,152)	(2,152)	(2,152)	(2,152)	(2,152)	(2,152)	(2,150)	(2,197)	(2,453)
Impairment	(2,000)	(2,000)	(2,000)	(2,000)	(2,000)	(2,000)	(2,000)	(2,000)	(2,000)	19,354	0	(4,000)
Capital	**(4,152)**	**(4,152)**	**(4,152)**	**(4,152)**	**(4,152)**	**(4,152)**	**(4,152)**	**(4,152)**	**(4,152)**	**17,204**	**(2,197)**	**(6,453)**
Nonpay	**(50,952)**	**(52,504)**	**(51,115)**	**(50,680)**	**(48,435)**	**(50,181)**	**(43,842)**	**(51,307)**	**(47,719)**	**(28,895)**	**(50,713)**	**(51,440)**
Interest payable	(4,010)	(4,009)	(4,009)	(4,009)	(4,009)	(4,009)	(4,010)	(4,009)	(4,009)	(4,938)	(4,017)	(4,066)
Interest receivable	89	194	91	169	37	44	49	44	363	126	24	2
Profit/Loss on Disposal of Fixed Assets	28	0	22	0	0	0	3	0	0	(236)	244	7
Public Dividend Capital	0	0	0	0	0	0	0	0	0	0		
Financing	**(3,893)**	**(3,815)**	**(3,896)**	**(3,840)**	**(3,972)**	**(3,965)**	**(3,957)**	**(3,965)**	**(3,646)**	**(5,049)**	**(3,750)**	**(4,057)**
Financing	**(3,893)**	**(3,815)**	**(3,896)**	**(3,840)**	**(3,972)**	**(3,965)**	**(3,957)**	**(3,965)**	**(3,646)**	**(5,049)**	**(3,750)**	**(4,057)**
Trust Total	**(11,331)**	**(14,957)**	**(17,974)**	**(13,970)**	**(4,894)**	**(8,315)**	**(14,094)**	**(13,010)**	**(6,559)**	**12,314**	**(4,782)**	**(8,409)**
Less Donated income, Impairment, Depr	(157)	632	226	719	1,610	1,671	2,078	2,328	2,174	23,881	(500)	4,100
Trust Operating Total	**(11,174)**	**(15,588)**	**(18,200)**	**(14,689)**	**(6,504)**	**(9,986)**	**(16,172)**	**(15,338)**	**(8,733)**	**(11,567)**	**(5,282)**	**(4,309)**

Tab 3.1 Board Assurance Framework

NHS
King's College Hospital
NHS Foundation Trust

3.1

Report to:	Board of Directors
Date of meeting:	18th March 2020
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. It has also recently been subject of an internal audit review, which highlighted a number of gaps. 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. It should be noted that the Trust's risk register is being reviewed in light of the impact of COVID-19 and a number of other emerging risks such as the UK exiting the EU at the end of the year.

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.

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Tab 3.1 Board Assurance Framework

3.1

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

2 of 2

Tab 3.2 Summary from the Chair of the Audit Committee

NHS
King's College Hospital
NHS Foundation Trust

3.2

Meeting:	**Board of Directors**
Date:	**18th June 2020**
Title:	**Audit Committee, 24th April 2020 - Summary of Key Discussions**

1. PROGRESS REPORT

The internal auditors highlighted the following:

- It was planned that five reports would go to this meeting, which would close the 19/20 programme of work, however the following reports are being finalised with management and will brought to the next Audit Committee Meeting:
    - Data Quality Assurance Report
    - Access and Activity Data Report
    - KIFM Governance Report
- The amendments that are to be made to the above reports will not affect the overall preliminary conclusions and opinion.

Counter Fraud Service

- KPMG have taken on responsibility for the Counter Fraud Service since the beginning of this financial year.
- In the first few weeks, the focus has been on awareness and engagement with key stakeholders. Work to establish channels of access to the Service is also taking place.
- The plan includes relevant revisions in response to COVID-19.
- The handover of referrals has gone smoothly. There have been several referrals, some of which have been closed as they were not found to be fraud issues.

2. BOARD ASSURANCE FRAMEWORK REVIEW

The Committee received the review of the Board Assurance Framework and noted the following:

- The internal auditors provided an assurance rating of amber-red - 'Partial Assurance with significant improvements required'. This is in line with Management's forecast.
- It was recommended that the Trust tighten risk descriptions and assurance to mitigate risks.
- The BAF for the Trust has been benchmarked against other clients in terms of the content and the calibration of the BAF.
- Opportunity to refocus the presentation of the BAF to look further into the future; over the next 12 to 18 months.
- It was agreed that the improvements to the risk register as identified in the report are essential.

3. GROUP GOVERNANCE

- The group governance arrangements were reviewed and an amber-red rating was provided - 'partial assurance with improvements required'. This is in line with Management's forecast.
- Four recommendations have been made, two of which are high priority. All recommendations have been accepted by management.
- The high priority recommendations are:
    - Strategic review of group components and structure

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Tab 3.2 Summary from the Chair of the Audit Committee

NHS
King's College Hospital
NHS Foundation Trust

3.2

- Compliance with Trust policies and procedures.
- The timetable for implementation (31.12.20) may need to be reviewed in light of the current climate.
- It was suggested that the Committee should acknowledge that there are a range of contextual relationships which are likely to be imposed upon the Trust as a result of cross organisation working. The Trust should remain aware of the governance challenges that these potential relationships might bring and this should be captured in the report.
- The second high priority recommendation is related to obtaining clarity around the adoption of Trust policies and procedures across group components.
- There is a piece of work required to understand which entities within the group structure have adopted Trust policies and procedures. Once this has been established, a process should be implemented to ensure there is a means by which components are alerted to updates to Trust policies and procedures and then provide positive confirmations that the polices have been implemented.

4. **DRAFT ANNUAL REPORT 2019/20 AND HEAD OF INTERNAL AUDIT OPINION**

Positive assurances that have been secured in 19/20 are included in the report. The internal auditors recommend that the Head of Internal Auditor's opinion is carried over into the Trust's annual governance statement along with the supporting commentary. This should help to ensure that the annual report reflects the broader context to support the opinion.

The KIFM review is yet to be finalised along with the data quality reviews. The auditors do not anticipate that there will be any material changes to the annual report. The opinion is one of 'partial assurance with improvements required'.

5. **DRAFT INTERNAL AUDIT PLAN 2020/21**

The Committee received the draft internal audit plan for 20/21 and noted the following:

- The auditors will be introducing a soft controls methodology and looking into how data will be utilised relating to culture and behaviour. This will be used to identify priority areas for the internal audit programme.
- The Committee inquired as to whether there was a way to measure the level of clinical engagement with future planning. The auditors agreed to include this.
- The report now includes three new COVID-19 related reviews:
  - Key learning from COVID-19 response
  - Financial governance and control during COVID-19
  - Financial planning for potential loss of income
- The Committee felt it would be helpful to include changing methods of practice and how these can be incorporated into standard practice – for example, non-facing outpatient appointments.
- The Committee is supportive of the three new COVID-19 reviews within the plan. Timing, particularly of the financial planning, should be carefully considered.

6. **FINANCIAL GOVERNANCE UPDATE**

In light of the COVID-19 situation, the financial governance was reviewed and the Committee was informed of the following:

- Some minor changes have been made but there have been no relaxations of financial controls.

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Tab 3.2 Summary from the Chair of the Audit Committee

NHS
King's College Hospital
NHS Foundation Trust

3.2

- Changes have been made to the supplier set up arrangements to accelerate the process. The Trust has made no changes in relation to making payments in advance.
- The team has been made aware of the increased fraud risk at this time.

7. CHANGES TO FUNDING ARRANGEMENTS

The Committee received and noted the paper on the funding arrangements for 2020/21. The Trust has been forward funded during the COVID-19 pandemic, which is expected to continue until July.

8. ACCOUNTS COMMENTARY

The Committee received the Accounts Commentary and noted the following:

- The submission timetable for the accounts has been extended by NHSI due to the current COVID-19 pandemic. The accounts will be submitted by the Trust on 1st May.
- The overall performance being reported is a deficit of £155m, which is £14m under the control total for the year. This shows that the Trust's productivity is improving.
- Four areas of significant risk were identified by external auditors:
  - Going concern status
  - Land and buildings valuation
  - Revenue recognition and provisions
  - Management override of controls
- There has been some uncertainty with the Viapath position in terms of the tender process. Viapath continues to provide pathology services to the Trust. A legal provision has been recognised in respect of potential costs associated with an ongoing challenge to the tender process.
- Plans to significantly increase the capacity of the Critical Care Unit were accelerated in response to the COVID-19 pandemic. This involved bringing the CCU into use for patients much sooner than expected. Significant additional safety measures were put in place to ensure the unit would be safe for patients.
- During completion of its separate accounts for 2018-19, KIFM auditors identified a number of errors within the accounts. These resulted in an adverse change to the numbers which had been consolidated into the finalised group accounts.
- The Trust considered whether a prior period adjustment would be appropriate within the Trust's consolidated accounts. Following review, it was concluded that the value was not material within the Trust's accounts and would be accounted in full within the 2019-20 position.

9. REVENUE RECOGNITION AND DEBT PROVISIONS

The Committee received the overview paper on revenue and provisions and noted the following:

- A very significant majority of the Trust's income is related to commissioning work. A number of major CCGs are already on block contracts for the year. Ongoing discussions are taking place with smaller CCGs.
- There has been a 7% growth in income from CCG input which is a good news story and should be reflected in the commentary.
- Significant provisions come in from private patients and overseas patients. The largest adjustment was to the private patient position. The Trust has now ceased overseas private patient activity.

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Tab 3.2 Summary from the Chair of the Audit Committee

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10. VALUATION OF LAND AND BUILDINGS

The Trust commissioned a full site valuation of its property portfolio, which was completed at the end of February. There has been a moderate uplift across the sites for land and buildings. Some parts of the site are deteriorating in condition and other areas are increasing in value.

COVID-19 has had a significant impact on a number of economic measures, including the market value of property. At present, the valuers have indicated that there is no requirement to adjust the current valuations, however, there is an expectation of additional disclosures that should be included in the account alongside the valuations. Standard wording from RICS around material uncertainty has been provided.

11. GOING CONCERN STATEMENT REVIEW

The Trust has strengthened its going concern status since last year. The Trust expects to have sufficient cash balances available to discharge its responsibilities over the next 12 months.

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Tab 3.2 Summary from the Chair of the Audit Committee

King's College Hospital NHS Foundation Trust

BOARD ASSURANCE FRAMEWORK: Quarter 1 2020/21
The Board has overall responsibility for ensuring systems and controls are in place, sufficient to mitigate any significant risks which may threaten the achievement of the organisation's strategic objectives. Assurance can be secured through a range of sources, but wherever possible, it should be systematic, consistent, independently verified and incorporated within a robust governance process. The Board achieves this primarily through the work of its assurance committees, through audit and other sorts of independent review, and by the systematic collection and analysis of performance data, to demonstrate the achievement of its strategic objectives. The Board Assurance Framework is a live document that will continue to be populated and amended as risks and assurances associated with the organisational objectives are identified

BOARD ASSURANCE FRAMEWORK						Q1 2020/21			
Assurance Overview						Date		June 2020	
Strategic Objective		Current Assurance Level	Reason for Assurance Level	Executive Lead	Assuring Committee	Quarterly assurance ratings			
						19/20		20/21	
						Q3	Q4	Q1	Q2
1	An Engaged and Empowered Workforce	(amber)	A number of workforce targets are being missed and in key areas, performance is not as good as the same point last year. The Freedom to Speak Up annual report identifies a number areas for improvement. Programmes are underway to address key leadership and engagement issues, building on good staff engagement throughout the COVID-19 response. The Trust has a diverse workforce and working is being done to ensure that programmes to meet the diverse needs of the workforce are fit for purpose.	Chief People Officer	Quality, Performance and People	(amber)	(amber)	(amber)	(amber)
2	Deliver Excellent Local Care	(amber)	The reports presented to QPP on 4/6 present a mixed quality picture, with concerns about patient safety. The quality heatmap in the IPR indicates weak performance in a number of assurance areas including infection control audits and assurance audit. As the impact of COVID-19 on core services reduces, work is underway to focus on patient experience and patient safety. Patient outcomes remain good.	Chief Nurse and Chief Medical Officer - Professional Standards	Quality, Performance and People	(amber)	(amber)	(amber)	(amber)
3	Deliver our Operational Plan	(red)	The Trust continues to miss key constitutional targets and is below trajectory in ECS and RTT. Reset and Recovery plans are being agreed to restore services as the COVID-19 impact lessens. Key focus is patient flow, outpatients and modernizing medicine. New infection prevention and control requirements are likely to lead to less efficient services.	Deputy Chief Executive and Site Chief Executive (DH) and Site Chief Executive (PRUH)	Quality, Performance and People	(red)	(red)	(red)	(amber)
4	Using Our Resources Effectively	(red)	The Trust delivered its 2019/20 control total, and has improved its ability to deliver against forecast as well as its budgetary controls. The Trust's maintenance backlog is significant and funding for the capital programme is uncertain. There are risk associated with 20/21 funding changes, although it remains unclear at this point whether these will be fully implemented following COVID-19.	Chief Finance Officer	Finance and Commercial and Major Projects	(red)	(red)	(red)	(amber)

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Tab 3.2 Summary from the Chair of the Audit Committee

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

	Strategic Objective	Current Assurance Level	Reason for Assurance Level	Executive Lead	Assuring Committee	Quarterly assurance ratings				Risk	
4	Using Our Resources Effectively		The Trust delivered its control total in 2019/19, and has improved its ability to deliver against forecast. Financial control has improved nevertheless, the Trust has a significant deficit. The Trust's maintenance backlog is significant and funding for the capital programme is uncertain. There are risk associated with 20/21 funding changes, although it remains unclear at this point whether these will be fully implemented following COVID-19.	Chief Finance Officer	Finance and Commercial and Major Projects	🟥	🟥	🟧	🟧		
5	Being at the Cutting Edge of Research and Innovation.		The Trust has a research and innovation strategy in place and the programme is actively managed. The Trust is the second highest recruiter nationally, and although the number of trials is down, commercial income is up year on year.	Chief Medical Officer (Clinical Strategy and Research)	Strategy Research and Partnerships	🟩	🟩				
6	Being an active and engaged partner.		The Trust is becoming more engaged in ICS and other partnerships and this has improved significantly during the COVID-19 period. Trust governance and oversight of partnerships is being strengthened and a programme of engagement with the Strategy and Partnerships committee is being established.	Chief Medical Officer (Clinical Strategy and Research)	Strategy Research and Partnerships	🟧	🟧	🟩	🟩		

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Tab 3.2 Summary from the Chair of the Audit Committee

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

BOARD ASSURANCE FRAMEWORK	Strategic Objective	1	An Empowered and Engaged Workforce		19/20		20/21	
					Q3	Q4	Q1	Q2
Executive Lead	Dawn Brodrick		**Assuring Committee**	**Quality Performance and People**	**Assurance Level**			

Positive Assurance

Date	Assurance	Source
April 2019	Workforce Plan in place	IPR
Feb 2020	Update on activity to improve workforce diversity and experience of BAME staff.	Workforce Plan
April 2019	Senior Leadership Programme launched	QPP paper
November 2019	Work Underway to develop a programme to address violence and aggression	Reported to Council of Governors Dec '19
On-going	Staff Networks	
March 2020	Increased responses to staff survey and responses improved year on year in most areas. .	Board papers.

Negative Assurance

Date	Assurance	Source
March 2020	Stat/man training improving but is below the 90% target (although marginally improved), medical completion rates are significantly lower. Sickness rate above target. Vacancy rate above target, although workforce has grown.	IPR IPR/workforce report IPR Workforce metrics FSUG annual report Workforce metrics

Gaps in Assurance

Staff survey data only produced annually.

Rationale for Assurance Level

- Although key targets not being hit (vacancies and sickness), there is active management in place e.g. regular review of data, identification of non-compliant staff (appraisal), promotion of core skills days. Positively, turnover is lower than the same point last year.
- Freedom to Speak Up annual report identifies opportunities for improvement.
- Medical stat/man training completion rates remain a concern (c69%).
- Update on EDI activity provides assurance that the Trust is addressing issues. Outcome data not yet available.

Key performance Indicator	Principal Risk (s)	Potential consequences	Composite risk rating				Component risks	
			Initial	Target	Current	Direction of travel	Number	Highest Current
A Vacancy rate at 8% B Sickness rate at 3.5%	Low staff morale caused by bullying and harassment, poor staff engagement, limited health and well-being and poor leadership.	Poor engagement increased turnover, potential impact Trust's ability to drive performance and quality improvements. Inability to attract and retain high quality staff.	16		16	No change		
C Mandatory Training at 90% D Appraisal rate at 90%	Risk that staff will be verbally or physically assaulted in clinical settings due to the patient condition and increased numbers of patients arriving with mental health conditions. Impacts on morale and on the ability to treat patients effectively.	Poor engagement, increased turnover, potential impact Trust's ability to drive performance and quality improvements. Inability to attract and retain high quality staff.	16		16	No change		

High level controls	Gaps in Controls	Routine Sources of Information	Risk appetite
Workforce Plan 2019/20 People Committee Recruitment safeguards A2E processes Divisional VAP/WAP Staff survey WRES Bullying and Harassment policy and procedures Relationship Policy	Inconsistent leadership Staff survey data (timeliness and completion rates) Violence and Aggression Reduction Programme yet to be developed.	Workforce data Safer staffing levels Appraisal levels Stat/man training Bullying and harassment data Sickness levels (including long term sickness) Freedom to Speak Up referrals	

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Tab 3.2 Summary from the Chair of the Audit Committee

King's College Hospital NHS
NHS Foundation Trust

Tab 3.2 Summary from the Chair of the Audit Committee

King's College Hospital NHS Foundation Trust

BOARD ASSURANCE FRAMEWORK	Strategic Objective	1	An Engaged and Empowered Workforce	Action Plan to address gaps in Controls and Assurance
Executive Lead	Louise Clark		**Assuring Committee**	**Quality Performance and People**

		Date of update	June 2020	
Accountability		**Responsibility**		
Lead	**Oversight/governance structure**	**Lead**		**Work-stream/operational group**
Louise Clark	QPP			

Objective	**1**	Low staff morale caused by bullying and harassment, poor staff engagement, limited health and well-being and poor leadership.							
No	**Action**		**Lead**	**Date Assigned**	**Scheduled**	**Status**	**Actual Completion**	**Comments**	**Evidence**
	Investment from the King's Charity to support staff well-being.		LC					Programmes being reviewed in light of COVID-19 response.	
	Leadership programme in place		LC	April 2019					
	Health and Wellbeing programme being implemented.		LC	Feb 2020					

Objective	**2**	Risk that staff will be verbally or physically assaulted in clinical settings due to the patient condition and increased numbers of patients arriving with mental health conditions. Impacts on morale and on the ability to treat patients effectively.							
No	**Action**		**Lead**	**Date Assigned**	**Scheduled**	**Status**	**Actual Completion**	**Comments**	**Evidence**
1	Violence and aggression reduction programme being developed.		NR/JH	Nov 2019					

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Tab 3.2 Summary from the Chair of the Audit Committee

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

BOARD ASSURANCE FRAMEWORK	Strategic Objective	2	Deliver Excellent Local Care				19/20		20/21	
					Assurance Level		Q2	Q3	Q4	Q1
Executive Lead	Dr Leonie Penna, Professor Nicola Ranger		Assuring Committee	Quality Committee						

Positive Assurance			Negative Assurance			Gaps in Assurance	Rationale for Assurance Level
Date	Assurance	Source	Date	Assurance	Source		Confidence:
MONTHLY	Corporate risk register review	Risk and Governance Committee	**MONTHLY**	Serious Incident Report	QPP		
QUARTERLY	Board Visibility Update Learning from Deaths Patient Experience Patient Safety Patient outcomes Guardian of Safe Working Hours Duty of Candor Infection control data	QPP	**QUARTERLY**	Leadership Walk round Update Learning from Deaths Patient Experience Patient Safety Patient outcomes Guardian of Safe Working Hours Duty of Candor	QPP		
ANNUALLY	FTSU annual report Patient experience report Safeguarding report (s) High priority audit plan Quality Account Annual Report from the Director of Infection Control Security Report Maternity Report Health and Safety Report	Quality Committee Quality	**ANNUALLY**	FTSU annual report Patient experience report Safeguarding report (s) High priority audit plan Quality Account Annual Report from the Director of Infection Control **Security Report** Maternity Report	QPP		

Key performance Indicator	Principal Risk (s)	Potential consequences	Composite risk rating				Component risks	
			Initial	Target	Current	Direction of	Number	Highest Current
1	Failure to recognize deteriorating patients or failure to follow appropriate escalation procedures (rr3864)	Patient Harm. Patient outcomes and patient experience negatively affected.	16	8	16	No change		
2	Inadequate assessment, placement or treatment of patients exhibiting challenging behavior and/or mental ill health.	Patient Harm. Patient outcomes and patient experience negatively affected.	20	15	15			
3	Risk of multi-drug resistant infection and transmission to susceptible patients.	Patient harm, patient safety	12	12	4	No change		

High level controls	Gaps in Controls	Routine Sources of Information	Risk appetite
Quality dashboard Sub-Committees of the Quality Committee National Audit Programme Performance Recovery Plans Policy and procedure related to the management of precursor incidents (e.g. incidents/claims/complaints) Risk management strategy CQC steering group CQC compliance action plan Workforce development plans External reviews (CQC, HEE, MRHA etc)	Lack of real time reporting of quality information	Ward to board reporting and the committee structures Patient experience report Risk management report CQC compliance reporting Safeguarding reports Friends and Family Test Patient Survey Dashboards Quality elements of the Integrated Dashboard National reports Infection incidence data	

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Tab 3.2 Summary from the Chair of the Audit Committee

King's College Hospital NHS
NHS Foundation Trust

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Tab 3.2 Summary from the Chair of the Audit Committee

King's College Hospital **NHS**
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BOARD ASSURANCE FRAMEWORK	Strategic Objective	2	Deliver Excellent Local Care	Action Plan to address Gaps in Controls and Assurance

		Date of update	

Accountability		Responsibility	
Lead	**Oversight/governance structure**	**Lead**	**Work-stream/operational group**

Objective	1	Failure to recognize deteriorating patients or failure to follow appropriate escalation procedures (rr3864)

No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
1	Programme being reviewed in light of COVID-19 learning.	NR						

Objective	2	Inadequate assessment, placement or treatment of patients exhibiting challenging behavior and/or mental ill health.

No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
1	Mental Health Strategy	NR	March 2020	Ongoing			Strategy presented to KE In March 2020. Implementation delayed due to COVID-19.	

Objective	2	Risk of multi-drug resistant infection and transmission to susceptible patients.

No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
1	Infection Prevention and control strategy.							

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Tab 3.2 Summary from the Chair of the Audit Committee

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

BOARD ASSURANCE FRAMEWORK	Strategic Objective	3	Deliver our Operational Plan	Assurance Level	2019/20		20/21	
					Q3	Q4	Q1	Q2
Executive Lead	John Palmer/Jonathan Lofthouse		Assuring Committee	Quality People and Performance				

Positive Assurance (bold received in quarter)

Date	Assurance	Source
Monthly	Integrated Performance Report Recovery Plans (ECS, RTT, Cancer, Endoscopy) Divisional IPR processes	Report to KE/ Executive Finance and Oversight Committee
Bi-monthly	Integrated performance Report	Report to Quality, People and Performance Committee
Annual	Annual Report Audit of the annual report and Quality Report Annual Governance Statement	Report to Audit Committee

Negative Assurance (bold received in quarter)

Date	Assurance	Source
Monthly	Integrated Performance Report Recovery Plans (ECS, RTT, Cancer, Endoscopy)	Report to KE/ Executive Finance and Oversight Committee
Bi-monthly	Integrated performance Report	Report to Quality, People and Performance Committee
Annual	Annual Report Audit of the annual report and quality report Annual Governance Statement	Report to Quality Committee

Gaps in Assurance

Rationale for Assurance Level

	Key performance Indicator	Principal Risk (s)	Potential consequences	Composite risk rating				Component risks	
				Initial	Target	Current	Direction of	Number	Highest Current
1	RTT 18 and 52 weeks	Risk of breaching key RTT targets as a result of a demand and capacity mismatch and ineffective management of PTL and patient pathways.	Patient harm, patient experience and outcomes	16	4	16	No change	4	20
2	ECS 4 hour target	Risk of harm from delays to asses in ED	Patient harm, patient experience and outcomes	16	5	20		2	20
3	Diagnostics	Missed or delayed diagnosis resulting from failure to review and act on completed diagnostic results	Patient harm	16	8	12	deteriorating		
4	Cancer Targets	Delays in meeting 2week and 62 day targets	Patient harm						

High level controls	Gaps in Controls	Routine Sources of Information	Risk appetite
Reset and Recovery programmes Risk management strategy Performance Recovery Programmes PRUH Transformation Progamme	Cultures and behaviours Staff capacity and capability Integrated IT systems that drive efficiency and productivity Inability to manage demand	BIU – Daily/weekly/Monthly data returns, performance dashboards	

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Tab 3.2 Summary from the Chair of the Audit Committee

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

BOARD ASSURANCE FRAMEWORK	Strategic Objective	3	Deliver our Operational Plan	Action Plan to address Gaps in Controls and Assurance

		Date of update	

Accountability			**Responsibility**	
Lead	**Oversight/governance structure**		**Lead**	**Work-stream/operational group**
John Palmer	Quality, Performance and People Committee			

Objective	1	100 Day Recovery Plan – NB Plans are in development.

No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence

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Tab 3.2 Summary from the Chair of the Audit Committee

King's College Hospital **NHS**

NHS Foundation Trust

BOARD ASSURANCE FRAMEWORK	Strategic Objective	4	Using Our Resources Effectively		**19/20**			**20/21**
				Assurance Level	Q2	Q3	Q4	Q1
Executive Lead	Lorcan Woods		Assuring Committee	Finance and Commercial				

BOARD ASSURANCE FRAMEWORK	Strategic Objective	4	Using Our Resources Effectively		**19/20**		**20/21**	
				Assurance Level	Q3	Q4	Q1	Q2
Executive Lead	Lorcan Woods		Assuring Committee	Finance and Commercial				

Positive Assurance

Date	Assurance	Source
May 2020	The Trust end of year out-turn was ahead of forecast, and the Trust over performed against the control total, delivering a consolidated group outturn deficit of £155.2m. This was driven by over performance on specialist commissioning.	M12 Finance Report

Negative Assurance

Date	Assurance	Source
May 2020	The Trust failed to meet its cost improvement targets for the year.	M12 Finance Report

Gaps in Assurance

Definitive plans in place to secure full value of CIP requirement

Rationale for Assurance Level

The Trust over-performed against its financial plan, beating forecasts and the control total. Cost improvement plans were not delivered in full and the future remains uncertain, as a result of COVID-19.

Key performance Indicator	Principal Risk(s)	Potential consequences	Composite risk rating				Component risks	
			Initial	Target	Current	Direction of travel	Number	Highest Current
Deliver the agreed 2019/20 control total	Risk of non-delivery through failure to meet income targets or to maintain/reduce current expenditure.	Risk of fines, reputational risk	20	8	12	↑		

High level controls	Gaps in Controls	Routine Sources of Information	Risk appetite
Executive led CIP Programme	Cultures and behaviours	Monthly finance out-turn	
Monthly FOMs	Lack of capital funding	Regular budget forecast reports	
Monthly executive finance and performance oversight	Contract management approach is not mature.	CIP dashboard	
Bi-monthly FCC	Outdated finance system	CCU update report	
Integrated financial and activity planning	Gap in the CIP programme	Estates compliance update report	
SFIs and Scheme of Delegation	Financial reporting tools require improvement	KFM dashboard	
Investment Board process		Internal Audit Reports	
Budget manager training			
Estates compliance programme			
CCU oversight			
Budget forecast process.			
KFM contract management			
Estates Maintenance Programme			
Finance Improvement Programme			
Debt Management Policy			
Weekly monitoring report (Bank and Agency)			

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Tab 3.2 Summary from the Chair of the Audit Committee

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

BOARD ASSURANCE FRAMEWORK	Strategic Objective	4	Use Our Resources Effectively	Action Plan to address Gaps in Controls and Assurance

Risk of meeting financial recovery target Risk of plant and machinery failure		Date of update	15/5/2020

Accountability		Responsibility	
Lead	**Oversight/governance structure**	**Lead**	**Work-stream/operational group**
Chief Finance Officer	Finance and Commercial Committee		

Objective	1	To address gaps in controls that compromise the assurance related to this strategic objective

No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
Risk no 3943	**Risk of meeting financial recovery targets** 1. Improve how operations, BIU and finance record and cost activity - **COMPLETE** 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 - **COMPLETE** 4. Additional training for budget holders following trust survey. Plan in place by Dec 19. **COMPLETE**	LW	25/2/19 Action update provided 15/5/20	1/4/20			Control total achieved in 2019/20 Monthly contract monitoring meetings with one version of financial numbers. Budget holder training and roll out of consistent reporting is complete. A 20/21 plan and budget has been developed but will need to be revised and signed off by divisions post COVID. 20/21 non pay reporting will improve with ESC completely transferred to KFM. Budget training has now been completed, although will continue to be offered to all staff.	Year end outturn

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Tab 3.2 Summary from the Chair of the Audit Committee

King's College Hospital NHS Foundation Trust

BOARD ASSURANCE FRAMEWORK	Strategic Objective	5	Be at the Cutting Edge of Research and Innovation	Assurance Level	19/20			20/21
					Q2	Q3	Q4	Q1
Executive Lead	Prof Jules Wendon		Assuring Committee	Strategy, Research and Partnerships				

Positive Assurance

Date	Assurance	Source
12/12/2019		Research Programme Update

Negative Assurance

Date	Assurance	Source

Gaps in Assurance

Rationale for Assurance Level

IN DEVELOPMENT

					Direction of travel	Component risks	
						Number	Highest Current

High level controls	Gaps in Controls	Routine Sources of Information	Risk appetite
Research and Innovation Strategy with key performance indicators Research management structures Audit programme	Outdated finance system	Research dashboard	

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Tab 3.2 Summary from the Chair of the Audit Committee

King's College Hospital NHS
NHS Foundation Trust

BOARD ASSURANCE FRAMEWORK	Strategic Objective	5	Be at the Cutting Edge of Research and innovation	Action Plan to address gaps in Controls and Assurance

		Date of update	
Accountability		**Responsibility**	
Lead	**Oversight/governance structure**	**Lead**	**Work-stream/operational group**
	Strategy, Research and Partnership Committee		

Objective		1	To address gaps in controls that compromise the assurance related to this strategic objective		
No	Action				Evidence

IN DEVELOPMENT

Objective					
No	Action				Evidence

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Tab 3.2 Summary from the Chair of the Audit Committee

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

BOARD ASSURANCE FRAMEWORK	Strategic Objective	6	Be an Active and Engaged Partner	Assurance Level	19/20			20/21
					Q2	Q3	Q4	Q1
Executive Lead	Prof Jules Wendon		Assuring Committee	Strategy, Research and Partnerships				

Positive Assurance

Date	Assurance	Source

Negative Assurance

Date	Assurance	Source

Gaps in Assurance

Rationale for Assurance Level

IN DEVELOPMENT

Key perform...

Component risks

	...ion of ...vel	Number	Highest Current

High LevelControls	Gaps in Control	Routine Information Sources	Risk appetite

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Tab 3.2 Summary from the Chair of the Audit Committee

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

BOARD ASSURANCE FRAMEWORK	Strategic Objective	6	Be an Active and Engaged Partner	Action Plan to address gaps in Controls and Assurance

		Date of update	
Accountability		**Responsibility**	
Lead	Oversight/governance structure	Lead	Work-stream/operational group
	Strategy, Research and Partnership Committee		

IN DEVELOPMENT

Objective				ce
No	Action			

Objective				ce
No	Action			

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Tab 3.2 Summary from the Chair of the Audit Committee

King's College Hospital **NHS**

NHS Foundation Trust

Appendix : Board Assurance Framework Legend				
Descriptors		**Defining risk appetite**		
Principal Risk	What could prevent the Strategic Objective from being achieved?	0	Avoid	Avoidance of risk is a key organisational objective
High Level Controls	What controls/systems do we have in place to assist secure delivery of the objectives?	1	Minimal	(as little as reasonable possible) preference for ultra- safe delivery options that have a low degree of inherent risk
Gaps in Controls	Are there any gaps in the effectiveness of controls or systems?			
Sources of assurance	Where can we gain evidence in relation to the effectiveness of the controls/systems which we are relying on?	2	Cautious	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
Positive Assurance	What evidence have we of progress towards or achievement of our strategic objective?			
Negative Assurance	What evidence have we of progress towards our strategic objectives being compromised?	3	Open	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward
Gaps in Assurance	Where can we improve the evidence about the effectiveness of one or more of the key controls/systems which we are relying on?			
Rationale for assurance level	(see Appendix 2) a description of the reason for the decision in relation to assurance level agreed by the assuring committee	4	Seek	Eager to be innovative and to choose options offering potentially higher business rewards
Risk Appetite	The level of risk the organisation is prepared to tolerate in relation to the secure delivery of each individual strategic objective	5	Mature	Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust

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Tab 3.2 Summary from the Chair of the Audit Committee

King's College Hospital **NHS**

NHS Foundation Trust

Levels of assurance		
little or no confidence	Low. No evidence of necessary structure/processes supporting mitigation of risk associated with the achievement of strategic objective	Risk
limited confidence	Compromised. Limited evidence of necessary structure/processes mitigation of risk associated with the achievement of strategic objective	Risk
confidence	Confident. Range of structures and processes in place supporting mitigation of risk associated with the achievement of strategic objective available and used by the organisation	Opportunities for change and improvement
High Confidence	Trust. Comprehensive evidence of effective and sustainable mitigation of risk associated with achievement of the strategic objectives	Opportunities for learning

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Tab 3.2 Summary from the Chair of the Audit Committee

King's College Hospital **NHS**

NHS Foundation Trust

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Risk Appetite Statement

The Board recognises that it is impossible and not always appropriate to eliminate all risks. Systems of control must be balanced in order that innovation and the use of limited resources are supported when applied to healthcare. The Board also recognises the complexity of risk issues in decision-making and that each case requires the exercise of judgement. However, the Risk Appetite Statement can be used to inform decision-making in connection with risk and what limits may be deemed as outside their tolerance.

The Risk Appetite Statement does not negate the opportunity to potentially make decisions that result in risk taking that is outside of the risk appetite however these instances would usually be required to be referred to the Board.

The Trust recognises that its long-term sustainability depends upon the delivery of its strategic objectives and its relationships with its patients, staff, the local community and strategic partners.

The lowest risk appetite relates to safety and compliance objectives, including employee health and safety, with a higher risk appetite towards strategic, reporting, and operations objectives. This means that reducing to reasonably practicable levels the risks originating from various clinical systems, equipment, and our work environment, and meeting our legal obligations will take priority over other business objectives.

As such, the Trust has a minimal appetite for risks that impact on quality of care, specifically anything that compromises or has the potential to compromise its ability to be safe and effective in providing a positive patient experience. Interrelated, the Trust has a minimal risk appetite relating to regulatory non-compliance.

The Trust has significant appetite to pursue innovation and challenge current working practices in pursuance of its commitment to clinical excellence, providing that patient safety and experience is not adversely affected.

The Trust has a moderate appetite to take considered risks in terms of their impact on financial stability and reputation in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.

Similarly, the Board has only a moderate appetite to risks associated with the development of its people and demonstrating effective leadership recognising that both of these elements are key to ensuring quality service and care to patients and achieving the Trust objectives.

The Board has greatest appetite in seeking strategic transformation of healthcare across South East London, as well as developing wider effective partnerships, alliances and commercial

Tab 3.2 Summary from the Chair of the Audit Committee

King's College Hospital **NHS**

NHS Foundation Trust

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ventures where positive gains can be anticipated, providing they are done so within the regulatory environment in which we operate.

The Trust may be willing to accept a certain level of risk when the cost of mitigating the risk is high in comparison to the potential severity of the risk and the likelihood of it occurring.

Tab 5.1 Minutes of QPPC - 2nd April 2020

NHS
King's College Hospital
NHS Foundation Trust

NED Briefing/Quality, People and Performance Committee

Minutes of the NED briefing**/**Quality, People and Performance Committee (QPPC) meeting
Thursday 2nd April 2020 at **11:00am – 1:00pm (Video-Conference)**

5.1

Present:

Professor Jon Cohen	Non - Executive Director (Chair)
Professor Ghulam Mufti	Non - Executive Director
Sue Slipman	Non - Executive Director
Nicholas Campbell-Watts	Non - Executive Director
Christopher Stooke	Non - Executive Director
Richard Trembath	Non - Executive Director
Steve Weiner	Non - Executive Director
Sir Hugh Taylor	Chairman
Caroline White	Executive Director of Integrated Governance

In attendance:

Siobhan Coldwell	Trust Secretary
Tara Knight	Corporate Governance Officer
Sultana Akther	Corporate Governance Officer (Minutes)

Part Meeting:

Clive Kay	Group CEO
Roger Fernandes	Chief Pharmacist/Chief Director

Apologies:

Dawn Broderick	Chief People Officer
Bernie Bluhm	Interim Site Chief Executive, DH
Nicola Ranger	Chief Nurse and Executive Director of Midwifery
Dr Leonie Penna	Acting Chief Medical Officer
Jonathan Lofthouse	Site Chief Executive, PRUH and South Sites

Item	Subject	Action
20/29	**COVID 19 – Update**	

Arrangements for Managing Covid-19 and Progress Report (Workforce, Operation and Clinical)

The Group Chief Executive provided an update on the arrangement for managing Covid-19. The following points were discussed:

1. Testing of staff

Testing of staff would be prioritised and a formal notification detailing the logistics in place to conduct the testing was received. Currently testing capacity is at 15% however there is a limit on the number of scrubs available and its effective use. The Committee recognised that there is merit in standardising the approach to testing in London and the need to upscale the testing capabilities which requires a co-ordinated effort.

The Committee discussed the capacity at universities to conduct testing, GSTT was keen to be involved and would support this testing. This would be explored further.

Clive Kay & Richard Trembath

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Item	Subject	Action

2. Well-being of staff

The Committee was informed that the Trust had started to implement a number of measures, both practical and emotional, to provide support to staff in the work place. This included the following:
- Well-being hubs, two at Denmark Hill and one at the PRUH for staff to recharge and recuperate.
- 41 clinical psychologists
- Community help
- Drop-in sessions
- Financial support for low income staff
- Support for ED and critical care staff
- Support with accommodation

5.1

A team had been established to manage the redeployment of clinical and non-clinical staff in order to support the delivery of care to patients. Further information on this would be circulated to the Non-Executive Directors.

Siobhan Coldwell

The Committee discussed the deployment of volunteers from the volunteer centre. Further details on this was yet to be confirmed.

3. Trust Reconfiguration

In terms of the Governance structure, there would be an additional Gold meeting to manage effective clinical delivery. The Trust reconfiguration would see 10 wards transformed into Covid-19 wards, this was currently in the phasing stage and 8 wards were planned to open in the next few days. The focus would be on patients who require ventilation and general and acute beds. The Trust would supply staff to the Nightingale Hospital which was expected to go fully operational this week. Initial training was offered to staff earlier in the week with a view to them working in a setting with critically and acutely unwell patients.

4. Personal Protective Equipment (PPE)

New guidance on PPE was expected, the biggest issue was in relation to the lack of available equipment to frontline healthcare workers. The Trust needed to ensure that patients were being provided with high levels of care and that the correct number of patients were in receipt of ventilation care. The Group Chief Executive would provide an update on the PPE at next meeting.

Clive Kay

Implications for Non Covid-19 Activity and Associated Risk Management

The Committee was informed that urgent non-Covid-19 patients would be prioritised and redirected for care. Outpatients were being tracked and virtual clinics were taking place to continue with outpatient care.

The Group Chief Executive expressed thanks to the Chairman, working together with GSTT was very impressive and staff were providing exceptional support, particular in relation to human resources. The Committee agreed it would be useful to have further discussions on collaborative working with GSTT to ensure operational alignment.

20/30 Apologies

Apologies for absence were noted.

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Item	Subject	Action

20/31 Declaration of Interests

No interests were declared.

20/32 Chair's Action

There were no Chair's actions.

20/33 Action Tracker/Matters Arising

The Committee noted the action tracker and was informed that all actions and papers on outpatients and transformation would be put on hold given the current climate and any outstanding actions would be followed up in good time.

20/34 Minutes of the Previous Meeting – 06.02.2020

The Committee noted the minutes of the previous meeting held on 06.02.2020. The minutes would be amended to record that Nicholas Campbell-Watts was present at the meeting.

20/35 Immediate Items for Information

Trust Statement of Purpose

The Committee noted the Trust Statement of Purpose. The Trust had opened a ward on the SLAM site as part of the response to Covid-19, the Statement of Purpose would be amended to reflect this. CQC required this to be reviewed by the Board prior to submission.

20/36 Quality Account – Annual Report

The Committee received and noted the Quality Accounts report.

20/37 Pharmacy Aseptic Review

The Chief Pharmacist presented the Aseptic Review to the Committee. The following pointed were discussed:

- Refurbishments to the fabric of the aseptic unit was required.
- Replenishment of the unit to correct the daily risk of the Trust being liable to failing air handling and particle count standards. This had been approved at the Trust Investment Board and work would commence in April 2020.
- In terms of timescales, the isolators were signed off on the 31st March, the order had been placed but this would not be progressed until the estates work is carried out. The estates work will be sub-contracted to a third party contractor so the expectation is that refurbishment works will commence 3-4 months from the day an order is placed.
- Due to increased workload, the current capacity of the aseptic unit to deliver the Trust requirements for commercial and non-commercial clinical trials is not possible. A separate business case could be developed, for a dedicated pharmacy clinical trials aseptic facility to dispense commercial and non-commercial clinical trials for the Trust. The business case would be for the porter cabin space identified to be utilised as the facility.
- Category 3 facilities on DH was important for storage of samples from Covid-19 patients for research purposes. This could therefore be added to the business case for the new build aseptic facility within the proposed haematology institute.

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The Committee was reassured that despite the increase in demand for investigations within the aseptic unit at the expense of the NHS patient capacity, patients are not being disadvantaged in relation to their needs.

This is ensured in two ways:
1) the commercial sector is approached to provide medical products, and/or
2) staff are asked to work longer hours, however this was not sustainable.

20/38   Medicine Audits 2019-20 – Q4 Results

The Committee received and noted the Medicine Audits 2019-20 results.

20/39   Guardian of Safe Working – Compliance with Junior Doctor Contract

This item was not discussed and would be addressed at a future meeting.

5.1

20/40   Integrated Performance Summary Report - Month 11

The Executive Director of Integrated Governance gave an update on the Integrated Performance Summary Report. The BIU would provide additional metrics to clarify the overall compliance in relation to duty of candour on a rolling basis. The Committee was informed that there is a lag period particularly in relation to sharing investigation findings. This a result of data being captured on a monthly basis from the Datix system and some SI investigations have a leading time of 45-60 days. The Committee would be privy on a month by month basis to the previous month's figures as the reports are finalised and shared.

The Committee discussed concern that the overall summary in the Quality Heat map, the CQC level enquiry Safe section was red rated. It was important to ensure that safety and quality were not compromised in the current Covid-19 climate. A number of staff were retained to monitor Covid-19 related incidents being reported and identifying specific risks. Separately staff had been redeployed to conduct a review of other incidents and specifically address the backlog of any open incidents awaiting review or under investigation to make sure they can be progressed. The relevant leads/teams would address these issues and an update on progress would be provided at the next meeting.

Caroline White

A sub-group from the Silver command was established to focus on work around regular risk management and risk register reviews to ensure this is monitored. The Committee agreed that for future proofing, all mitigations needed to be properly documented from a recording and risk management perspective.

GOVERNANCE

20/41   Board Assurance Framework (BAF) – Review

The Trust Secretary presented the BAF to the Committee. The Covid-19 response had not had a huge impact in terms of the organisation meeting its year-end targets. The Trust would not meet any of its constitutional or operational target so this remains red rated. The main issue relates to the impact on the Trust's trajectory to deliver key targets next year.

The Committee noted that the Covid-19 tactical response includes recovery and at what point the Trust reverts to business as usual and considering the next steps. It was highlighted that performance is below target in areas including vacancies, appraisals and stat/man training however the staff survey results indicated good progress in other areas.

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FOR REPORTING & DISCUSSION BY EXCEPTION

20/42   Sub-Committee Minutes

The Committee noted the minutes from the following Sub-Committees:

- Cancer Committee
- Patient Safety Committee
- Health and Safety Committee
- Medication Safety Committee

ANY OTHER BUSINESS

5.1

20/43   Letter of thanks from Val Davison

The Chairman received a letter from Val Davison, Chair of Lewisham and Greenwich NHS, expressing thanks to KCH and GSTT for the support given in recent weeks through critical care.

KHP Re-accreditation

The Committee commended Kings Health Partner for its re-accreditation as an Academic Science Centre.

20/44   DATE OF NEXT MEETING

Thursday 4th June 2020, 09:30am – 3:30pm
Dulwich Room, Hambleden Wing
King's College Hospital

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NHS
King's College Hospital
NHS Foundation Trust

5.2

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

Minutes of the Finance and Performance Committee Meeting held on Monday 23 March at 9.00am, Chair's Office, 1st Fl, Hambleden Wing and Dial-in

Present:

Sue Slipman	Non-Executive Director (Chair) dial-in
Christopher Stooke	Non-Executive Director - dial-in
Prof Richard Trembath	Non-Executive Director - dial-in
Sir Hugh Taylor	Trust Chair - dial-in
Steve Weiner	Non-Executive Director - dial-in
Caroline White	Executive Director, Integrated Governance
Lorcan Woods	Chief Financial Officer (CFO)
Beverley Bryant	Chief Digital Information Officer (SIRO) dial-in

In attendance:

Nina Martin	Assistant Board Secretary (minutes) - dial-in
Arthur Vaughn	Deputy Chief Executive Officer - dial-in
Lauren Gable	Director of Commercial & Contracting - dial-in
Siobhan Coldwell	Trust Secretary

Apologies

Bernie Bluhm	Site Chief Executive Denmark Hill

Item	Subject	Action
020/17	**Introductions and Apologies for Absence** All introductions were made and apologies noted.	
020/18	**Declarations of Interest** Lorcan Woods is a director of KFM, KCS and Viapath.	
020/19	**Chair's Action** No Chair's action was reported.	
020/20	**Minutes of previous meeting - 30 January 2020** The minutes of the previous meeting was agreed.	
020/21	**Matters Arising and Action tracker** The action updates were noted.	
020/22	**Subsidiaries** **King's Facilities Management (KFM)** Andy Lockwood introduced the KFM governance capability item and outlined the processes used between the Trust and KFM. The Executive Director of Integrated Governance (Dir IG) had carried out an	

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Item	Subject	Action

introductory session on risk management principles. There was a need to better understand whether the subsidiaries were using their own policies. A decision was also needed on whether we focus on red rated risks or all identified risks and the Exec Dir, Integrated Governance was liaising with KFM's Head of Governance on this as well as on the targets highlighted in the risk register.

The Director of Commercial Contracting added that the risk register was reviewed through the contract management meetings and committees to assure the Committee that there was a framework to facilitate challenge.

It was also noted that the audit committee regularly reviewed the Trust's financial metrics and it was proposed that this include KFM metrics to provide further assurance of challenge and monitoring. The Committee heard that the KCH and KFM finance function was taking this forward.

The Trust Chair commended the emphasis on the outpatient pharmacy clinical risk given the less than ideal service delivery environment and queried the level of assurance around the risk management processes in this environment of social distancing.

The Committee heard that that the main risk was around patient experience but there had also been a small number of dispensing errors in January. This was driven by a lack of training and had since been addressed. Social distancing was a risk and plans were being developed to address this such as delivering via courier or royal mail to prevent people coming to collect their prescriptions.

Mr Lockwood took the opportunity to highlight the staff survey result and the positive engagement scores. Satisfaction and advocacy scores were below that of the Trust and they were working with Trust colleagues to address this.

020/23   COVID-19 Update
The Chief Financial Officer updated the Committee on the Trust's COVID-19 response. Both the Denmark Hill and PRUH sites would be repurposed to put in additional capacity. To deal with the increasing number of COVID-19 patients, plans were being developed to move from 76 critical care beds in the CCU to 400 beds over the coming weeks.

The rest of site would be repurposed to treat general Covid-19 patients and this should all be implemented in the coming weeks. The original plan had been for 200 beds but this had changed over the weekend due to the rising admissions level.

CCU 2 would be operational within the next few weeks and the Committee was given assurance that there would be enough oxygen capacity and staff to deliver an effective service. However, more ventilators, relevant drugs and other supplies would need to be acquired.

The NEDs sought assurance about the availability of PPE Equipment for staff and were informed that the Trust received a delivery last Friday

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Item	Subject	Action

which should be sufficient for the next few days. The Committee heard that staff had raised concerns about the PPE being unfit for purpose as set out by WHO guidelines. The Health and Safety lead was addressing this.

Action: Ms Slipman had been sent handbooks on lessons learnt by the Chinese COVID-19 Medical Team which she had shared with Kate Barlow. This would be shared with the Trust Secretary for circulation to the Committee.

SS/Trust Sec

Prof Trembath asked what support was being offered to staff by way of travel and accommodation. The Trust would be offering staff 50 rooms each at the Brixton and Orpington Premier Inn. A staff command centre would be set up to handle the process.

The Trust was working to address staff concerns around car parking fees and restrictions. One option would be to increase parking capacity from KCL and would also approach local authorities to relax parking restrictions. The reduction in visitors would also release parking capacity. Shuttle services would be an option should public transport become a major issue and through the chain of command taxis would be an option for staff.

Mr Weiner queried the wellbeing of the Trust's senior executive team. The Trust policy was to keep staff well at work and would not be supporting staff to work from home at this point. This was linked to capacity and the option of redeploying non-clinical staff. Attempts were being made to minimise face to face meetings.

The Interim Site Chief Executive was the gold commander and the Chief Financial Officer, the Deputy for this role. The need for increased executive capacity had been identified and this was being progressed. The principle was that each Executive would need a deputy to cover their role as needed.

Each corporate function, was preparing a business continuity plan to define essential services and to identify staff that could be redeployed.

020/24   VIAPATH/SERCO BUYOUT
The CFO left the meeting and the Committee took forward the discussion to approve the SERCO buyout proposal (minuted separately)

The CFO was invited back into the meeting following the discussion. The committee discussed the impact on Viapath of both the pathology procurement the cancellation of all elective and non-co-vid activity. NHSI had proposed the Trust continue to pay them but their revenue from other NHS volume was also uncertain. If unable to secure volume from other contracts, the Trust would need to fund Viapath over the next few months.

The finance team was presently working through the liquidity costs. The COVID costs was more straightforward as the Trust would be reimbursed for all COVID expenses

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Item	Subject	Action

The Committee Chair asked if a discussion was needed before the May FCC. The CFO doesn't see this as particularly controversial, and can circulate paperwork as needed. The aim of the update was to raise awareness with the Committee. The non-Kings/GSTT work was the main concern.

020/25 Operational Plan Update
The CFO updated that given the present circumstances, the present plan was now irrelevant for the foreseeable future. NHSI had committed to funding costs based on the month 1-9 figures in addition to all COVID related expenses.

Ms Slipman asked for clarity on the terminology of the clinical strategy as was uncertain when it had moved from an aligned strategy to a joint strategy. There is a danger that the Executive driven action that is essential for dealing with the current health emergency, gets ahead of the governance arrangements through the Committee in Common (which has yet to meet) and which should report to each individual board for approval and the longer term closer co-operation and working relationships between GSTT and KCH. We need to be clear about the status of these so that they can be clearly communicated to staff and other stakeholders.

While there would be no planned private patient work in the coming months, this loss in income would be ascribed to COVID expenses. Pay for extra hours and overtime would be a COVID expense for which the Trust would be reimbursed.

The Committee stressed the importance of tracking costs as any missed COVID costs won't be recouped and this would impact cash flow.

No non-COVID related business case would be approved.

020/26 COVID costs update
The Committee noted the update. All COVID related costs were being tracked through the CFO and the Deputy CFO. The costs were hard to predict as they depended on the Trust's ability to find bank and agency staff to staff escalation areas and replace substantive employees in isolation.

The Trust's costs included the Trust's loss of private patient income as this activity had been cancelled and any incremental costs, which were directly attributable to Covid-19. The Trust was forecasting costs to be between £2.0m and £3.5m per month for March, April and May based on current operational plans.

020/27 In-year financial reporting 2019/20
Finance Report – Month 11 – The Deputy CFO outlined the month 11 performance. The Trust had recorded a £147.8m deficit in the first 11 months of the year which was £12.6m favorable to plan. Pass through drugs was £4.6m favorable to plan though this needed to be investigated further due to backlog in homecare invoicing.

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Item	Subject	Action

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.

The Trust would be spending more capital in one month than in the preceding 11 months. Board support would be potentially needed by way of approving or delegating approval rights to the Committee on any spend over £1m in keeping with standing financial instructions.

The CFO had met with Julian Kelly at NHSI following last week's audit committee. He had proposed the Trust stay on trajectory with the year-end financial reporting timetable. However, the timeline and the completion of the annual report would be extended to 25 June.

Further to the discussion, the CFO proposed and it was agreed that the Trust stay on course with its present timelines as the timely finalizing these of the year end work would help the Trust to prioritise its COVID response.

Stocktaking would not be possible as there was limited access to clinical areas in the present climate and KFM's focus needs to be elsewhere.

NHSI's guidance on the submission of the Quality Report would be sought and the Chair of QPPC would be updated once clarity had been received. The Committee heard that a working draft had been completed.

020/28   Board Assurance Framework (BAF)
The Committee noted the report. The Trust Secretary updated that there had not been much movement since the last iteration to the Committee. Further to the Committee Chair's observation, the reference to Major Projects Committee would be removed.

020/29   ANY OTHER BUSINESS
The CFO updated that the plan was to mobilise CCU2 within two weeks and pace would be accelerated over the weekend. While there may be some remedial works to take forward, risk prioritisation was necessary. The clinical risk of patients being harmed from lack of beds was higher than the risk of fire.

However, the Committee must note that once the Trust makes use of the facilities, legally this would be viewed as practical completion. There would be a financial and commercial impact to the Trust of early occupation but as yet the CFO could not estimate the magnitude

The COVID situation was escalating nationally and so the Trust was planning a local response including ensuring there is sufficient critical care capacity. A proposal to make temporary use of the space in CCU1 within 4-6 weeks is in development.

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Item	Subject	Action

020/30   **DATE OF NEXT MEETING OF THE FINANCE AND COMMERCIAL COMMITTEE**
Thursday 21 May 2020 (09:00-11:00) in the Dulwich Room, Hambleden Wing, Denmark Hill.

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